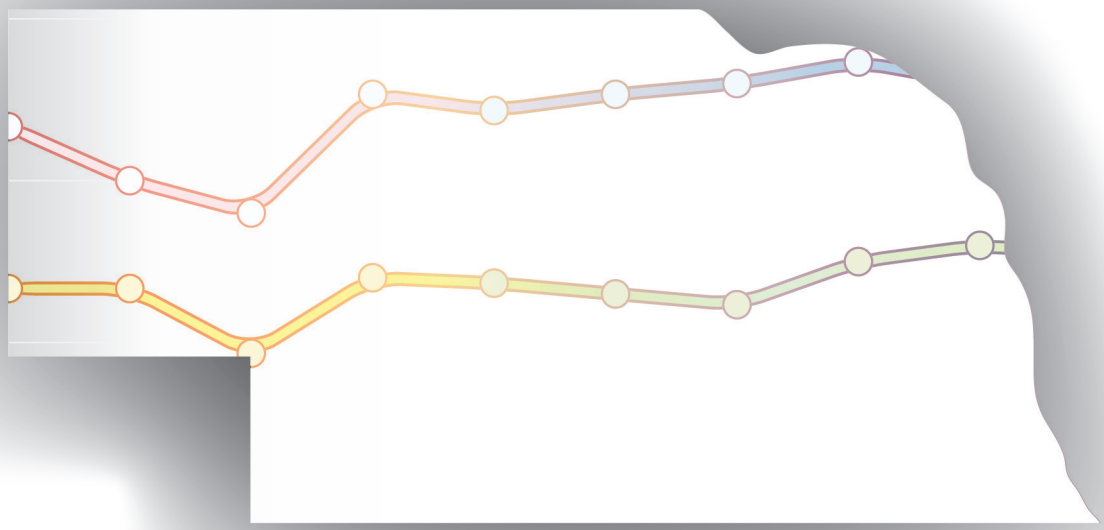
Nebraska Behavioral Risk Factor Surveillance System Report

2007-2008



Nebraska Department of Health and Human Services

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DHHS
NEBRASKA

Nebraska Behavioral Risk Factor Surveillance System Report

2007-2008

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Executive Summary

Introduction

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

Methodology

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

Telephone surveys with 27,199 randomly selected Nebraska residents aged 18 and older were conducted by the Nebraska Department of Health and Human Services during 2007 and 2008.

Summary of Results

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

Access to Health Care

Nebraska fared slightly better than the United States as a whole in the proportion of adults aged 18 to 64 without health insurance.

Health Status

The self-reported health status of Nebraskans was a little better than that of Americans overall, with the proportion of adults who said their general health was "fair" or "poor" two percentage points lower than the nationwide rate. The proportion of adults who reported that their activities were limited by physical, mental or emotional problems was also somewhat smaller in Nebraska than in the U.S. overall. For most of the other measures of health status shown in Table 1 (prevalence of chronic conditions such as diabetes, asthma, high blood pressure, and elevated blood cholesterol), Nebraska rates were only slightly lower.

Risk Factors

Differences in prevalence of risk factors were generally small, with prevalence rates for Nebraska and the nation nearly identical for cigarette smoking, obesity, physical inactivity, and heavy drinking. Prevalence of binge drinking was higher for adults in Nebraska, compared to the U.S. rate.

Good Health Habits

Nebraska adults were somewhat more likely than American adults overall to participate in the recommended level of moderate/vigorous physical activity in a usual week. The proportion of Nebraskans who engage in vigorous physical activity was also somewhat higher than the national median rate.

Preventive Measures

Adults in Nebraska were less likely than Americans overall to take certain preventive screening measures. Despite recent improvements in rates, the proportion of Nebraskans aged 50 and older who ever had a colonoscopy or sigmoidoscopy to screen for colorectal cancer still lags behind the national rate. The proportion of women aged 40 and older who reported having a mammogram to screen for breast cancer in the past two years was also somewhat lower than the U.S. rate.

In other preventive measures, Nebraska performed better than the nation. A greater proportion of adults aged 65 and older had a flu shot in the past 12 months. Nebraskans in this age group were also more likely than adults nationwide to report ever having a pneumonia vaccination.

Population Subgroups

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

premature death and disability than the non-Hispanic white population of the state.

Although for many risk factors prevalence was similar in rural and urban areas of the state, some differences were found. Rural residents were at greater risk than those living in urban counties due to lack of health insurance. Rural residents were also less likely to have received some kinds of recommended health screening and preventive care. Prevalence of some risk behaviors, such as not always wearing seat belts, was also high for rural respondents.

There were several indicators for which a large number of local/district health departments (LHDs) reported rates that were significantly worse than the state. Twelve of the 20 LHDs had significantly lower proportions of adults aged 50 or older who ever had a colonoscopy or sigmoidoscopy to screen for colorectal cancer. Several LHDs reported significantly smaller proportions of adults who had visited the dentist or had their teeth cleaned in the past 12 months. The proportions of persons aged 65 and older who had a flu shot in the past 12 months or ever had a pneumonia vaccination were also significantly lower than the corresponding state rates for several LHDs. Six LHDs reported significantly lower proportions of adults who had visited a physician for a routine checkup in the past 12 months.

Highlights for Specific Risk Factors

Access to Health Care

- Among Nebraskans aged 18 to 64 years, 14.5 percent stated they did not have any type of health insurance at the time of the survey.
- From 1993 to 2000, the proportion of uninsured adults under age 65 remained fairly steady at 10 to 11 percent. Since than, rates have ranged from 14 to 17 percent.
- A similar proportion of adults (15.1 percent) do not have a personal doctor or health care provider.
- One in ten BRFSS respondents reported that, at least once in the past 12 months, they had been unable to see a doctor due to the potential cost of care.
- The proportion of adults who visited a physician for a routine checkup in the past 12 months decreased. Although 61.8 percent of adults stated they had their last routine checkup within the past 12 months, 12.5 percent said that it had been more than five years since they had a checkup or they had never seen a physician for this purpose.

General Emergency Preparedness

- BRFSS respondents were asked a series of questions about large-scale disasters or emergencies. The interviewers explained to them that this means "any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornadoes, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts."
- Only 26.0 percent of Nebraska adults rated their household well-prepared for such an occurrence, while 16.1 percent said they were "not prepared at all."
- Three-fourths of BRFSS respondents (75.9 percent) stated that they had no disaster evacuation plan in place.
- More than one-half (54.7 percent) indicated their household did not have a three-day supply of water on hand, while 16.7 percent did not have a three-day supply of non-perishable food. Although the majority of respondents reported having a three-day supply of prescription drugs for household members, 15.3 percent said they did not.
- Five out of six adults reported that their household does have a working battery-operated radio and batteries for them to use if the electricity is out. However, 16.6 percent said they did not have this kind of radio. Nearly all respondents (96.6 percent) did have a working flashlight and batteries that they could use in an emergency.
- The great majority of BRFSS respondents (95.2 percent) indicated that they would evacuate from their community if public authorities announced a mandatory evacuation. Only 4.8 percent said they would not leave home if evacuation was required.
- Most respondents (73.4 percent) said they would rely on their cell phones to communicate with relatives and friends in the event of a large-scale disaster. More than one-half (56.8 percent) reported that their main method of getting information from the authorities in a disaster would be the radio, while 17.7 percent said television broadcasts would be their method of choice.

Health-Related Quality of Life

- As in past studies, the majority of Nebraska adults (88.0 percent) rated their general health "good" to "excellent". However, 12.0 percent characterized their health as "fair" or "poor".
- Respondents reported an average of 2.8 days in the past 30 days when they felt their physical health was

"not good", while their mental health was "not good" on 2.5 days in the past month, on average.

- Adults who reported one or more days of poor physical or mental health averaged 3.3 days in the past month when their health kept them from participating in their usual activities.

Disability

- The proportion of adults who experienced limitation in one or more activities because of physical, mental, or emotional problems has gradually increased from 15 percent in 2001-2003 to 17.8 percent in 2007-2008.
- A smaller proportion of adults (6.1 percent) said they have a health problem that requires them to use special equipment, such as a cane or wheelchair.
- Respondents who reported having an activity limitation or a health problem requiring use of special equipment are defined in this study as having a disability.
- Nearly one-half of the adults participating in the BRFSS (48.3 percent) stated they "always" get the social and emotional support they need. Almost as many (44.5 percent) reported that they were "very satisfied" with their lives.

Reactions to Race

- Overall, 61.0 percent of adults in Nebraska said they never think about their race. Smaller proportions said they think about it more often, with frequency ranging from once a year to thinking about their race constantly. However, significant differences were found by race and ethnic origin of respondents. Hispanic Americans (32.8 percent) and Native Americans (18.3 percent) were significantly more likely than non-Hispanic whites (1.3 percent), Asian Americans (1.9 percent), and non-Hispanic persons of "other" races (3.4 percent) to say they think about their race "constantly". Among African Americans, 26.8 percent reported thinking about their race this frequently.
- In the workplace, Hispanic Americans (9.8 percent) and Native Americans (8.8 percent) were significantly more likely than non-Hispanic whites (1.3 percent) to report being treated worse than people of other races. Among African Americans, 29.2 percent felt they were treated worse than persons of other races at their place of employment.
- Significantly greater proportions of African Americans (9.0 percent) and Native Americans (7.8 percent) stated that their experiences in seeking health care were worse than that for people of other races, compared to non-Hispanic whites (1.4 percent) and non-Hispanic persons of "other" races (0.9 percent). However, the majority of all racial/ethnic groups said their experiences were the same as those among people of other races.
- Only a small proportion of respondents (1.9 percent) stated they had any physical symptoms such as headache, upset stomach, tensing of muscles, or a pounding heart in the past month due to the way they were treated based on their race. Prevalence of these physical symptoms was significantly more common among Hispanic Americans (9.8 percent), African Americans (7.3 percent), and non-Hispanic persons of "other" races (8.0 percent) than among non-Hispanic white (1.0 percent) respondents. Among Native Americans, 21.0 percent reported having physical symptoms in these circumstances.
- A similar pattern was evident in responses to a question asking if they had "felt emotionally upset, for example angry, sad, or frustrated" as a result of how they were treated due to their race in the past 30 days.

Mental Health

- In 2007, BRFSS respondents were asked a series of questions about how they had been feeling during the past 30 days (the K-6 scale), in order to determine prevalence of "serious psychological distress" (SPD) among adults. Based on these questions, 2.6 percent of adults in Nebraska had SPD in the month prior to the survey.
- Prevalence rates for two chronic diseases--coronary heart disease and diabetes--were significantly greater among persons who had SPD in the past 30 days than among those who did not. Prevalence rates for two unhealthy behaviors—physical inactivity and obesity--were also significantly higher among persons with SPD than among those who did who did not have this condition.
- One in nine adults (10.9 percent) stated they were currently taking medication or receiving treatment from a physician or other health care provider for a mental health condition or emotional problem.
- The majority of adults in this study strongly agreed (68.0 percent) or slightly agreed (25.7 percent) with the statement that "Treatment can help people with mental illness lead normal lives." Persons who had mental illness and were receiving treatment for it (81.0 percent) were much more likely than those who had SPD but were not being treated for it (66.5 percent) to strongly agree that treatment can help.
- Compared to their level of agreement that treatment can help people with mental illness lead normal lives, fewer respondents strongly agreed (21.1 percent) with the statement that "People are generally caring and

sympathetic to people with mental illness."

Mental Health—Anxiety/Depression

- In 2008, 8.7 percent of adults were categorized as currently having depression.
- A total of 16.5 percent of adults indicated they had ever been told by a health professional that they have a depressive disorder, while 10.2 percent had been diagnosed with an anxiety disorder.
- Asthma was significantly more prevalent among persons with current depression, persons with a lifetime diagnosis of depression, and those with a lifetime diagnosis of anxiety. Prevalence of stroke and diabetes were both significantly greater among adults with a lifetime diagnosis of depression than among those who had never been told they have depression.
- In addition, the mean number of chronic diseases reported was significantly higher for respondents with current depression, a lifetime diagnosis of depression, and a lifetime diagnosis of an anxiety disorder. These findings suggest an association between chronic diseases in general and these mental illnesses.
- In this study, depression was associated with more unhealthy behaviors than was anxiety. Prevalence rates for physical inactivity and obesity were significantly higher for respondents with depression (either current or lifetime) than rates for those who never had depression. Prevalence of current smoking was significantly higher among respondents with current depression than among those who weren't currently depressed.
- Prevalence rates for current smoking and physical inactivity were significantly greater among persons with a lifetime diagnosis of an anxiety disorder than among those who had never been diagnosed with this condition.
- The average number of unhealthy behaviors reported per respondent was significantly higher for persons with depression (current or ever diagnosed) or anxiety than for those who never had these illnesses.

Sleep

- In 2008, 70.1 percent of adults reported at least one day in the past 30 days when they felt they did not get enough sleep or rest. Nearly nine percent of all adults stated they had insufficient rest or sleep every day during the past month.
- Overall, adults in Nebraska averaged 8.1 days out of the past 30 days when they did not get enough sleep.

Cardiovascular Disease

- About four percent of adults said they had ever been told they had a heart attack (3.9 percent) or that they have angina or coronary heart disease (4.0 percent). Fewer respondents reported ever being told by a health professional that they had a stroke (2.4 percent).
- More than one-fourth of respondents to the 2007 Nebraska BRFSS (26.5 percent) said they had been told by a health professional that their blood pressure is high. An additional 1.5 percent said they were told that their blood pressure is "borderline high" or that they are "pre-hypertensive".
- Although the proportion of adults in Nebraska who have been told they have high blood pressure has not changed a great deal over time, prevalence appears to be moving gradually upward.
- Among respondents who have ever been told their blood pressure is high, 79.7 percent said they are currently taking medication for this condition.
- Nearly three-fourths of Nebraska adults (73.8 percent) had their blood cholesterol level tested within the past five years.
- Among respondents who ever had their blood cholesterol level checked, more than one-third (36.6 percent) said their doctor or other health professional told them it was high.
- Prevalence of elevated cholesterol levels has increased over the years, from 24 percent in 1989-1990 to the current high of nearly 37 percent in 2007.

Diabetes

- In 2007-2008, 7.4 percent of adults in Nebraska said a doctor had told them they have diabetes.
- Prevalence of diabetes among the adult population remained fairly constant at 4 to 5 percent between 1994 and 2001. Prevalence rose to 6 percent in 2002, then continued upward to 7.8 percent in 2008.

Arthritis

- In 2007-2008, 41.7 percent of BRFSS respondents were categorized as having probable or diagnosed arthritis.
- One-third (32.2 percent) of persons with probable or diagnosed arthritis reported activity limitations due to physical, mental, or emotional problems. In comparison, 17.8 percent of adults overall reported activity limitations due to these problems.

Asthma

- Among Nebraska adults, 10.9 percent said a doctor or other health professional had at some time told them they had asthma. When asked if they still have asthma, 7.6 percent of all respondents said they do.
- In 2007-2008, 8.5 percent of randomly-selected children in surveyed households were ever diagnosed with asthma. A smaller proportion (6.3 percent) were reported to currently have this disease.

Gastrointestinal Disease

- In 2007, 16.4 percent of adults stated that they had diarrhea that began within the previous 30 days. Of these, 12.7 percent said they visited a doctor for this illness.

Injury Prevention

- Seven out of ten adults (70.2 percent) reported that they "always" use a seat belt when driving or riding in a car.
- Falls are the second leading cause of unintentional injury deaths in Nebraska. Eighteen percent of individuals aged 45 and older said they had at least one fall in the past three months. Among those who had fallen, 25.8 percent stated that they had been injured.

Overweight and Obesity

- In Nebraska, 27.3 percent of BRFSS respondents reported heights and weights that placed them in the "obese" category in 2007-2008. More than one-third (37.0 percent were classified as "overweight but not obese". Thus, a total of 64.3 percent of Nebraska adults were categorized as "overweight or obese" with a Body Mass Index reading of 25.0 or greater.
- The proportion of adults who are at risk due to overweight or obesity has increased considerably over the years. Prevalence has increased by 18 percentage points—from 46 percent in 1989 to 64 percent in the current study. However, prevalence has remained stable in the past four years (at 63 to 64 percent).
- The greatest share of the increase in overweight and obesity has occurred in the obese category. Prevalence of obesity among adult Nebraskans has more than doubled between 1992 (12 percent) and 2008 (28 percent).

Consumption of Fruits and Vegetables

- Three-fourths of adults in Nebraska (75.9 percent) ate fruits and vegetables less frequently than the five or more times recommended for good nutrition in the 2000 Dietary Guidelines for Americans. However, some improvement was noted in 2007 when the proportion of respondents meeting the "five-a-day" recommendation increased to 24 percent, after remaining steady at 18 to 22 percent since 1990.

Physical Activity Levels

- In 2007-2008, 23.4 percent of adults stated that they had not participated in any physical activities or exercise outside of their regular job in the past month. Prevalence of physical inactivity has remained fairly stable since 2002, ranging from 21 to 25 percent.
- More than one-half of adults in Nebraska (52.0 percent) engaged in activities meeting the requirements for moderate and/or vigorous physical activity in a usual week. "Moderate" physical activities cause "small increases in breathing or heart rate." To achieve the recommended activity level, participants performed 30 or more minutes per day of moderate physical activity for five or more days per week and/or 20 or more minutes per day of vigorous physical activity on three or more days per week.
- In a "usual week", 30.6 percent of Nebraska BRFSS respondents participated in "vigorous" physical activity (i.e., activities causing large increases in breathing or heart rate) for 20 or more minutes per day on three or more days per week.

Tobacco Use

- In 2007-2008, 19.2 percent of Nebraskans aged 18 and older stated that they currently smoke cigarettes. Smoking prevalence remained fairly steady between 1993 and 2002 (at about 22 percent). Since then, it has edged downward, averaging 19 percent over the past three years.
- When asked if they had quit smoking for one day or more in the past year, 51.8 percent of current smokers in the 2007-2008 BRFSS said they had. The proportion of smokers who tried quitting ranged from 51 to 57 percent since 2001, up from the mid-40's for most years from 1994 through 2000.

Alcohol Misuse

- Binge drinking was much more prevalent than either heavy drinking or drinking and driving among BRFSS respondents. In 2007-2008, 18.5 percent of adults stated that they had five or more alcoholic drinks (four or more for women) on at least one occasion in the past month (i.e., binge drinking).
- Heavy drinking is defined here as an average consumption of more than two alcoholic drinks per

day for men and more than one alcoholic drink per day for women in the past month. Prevalence of heavy drinking was 4.5 percent in 2007-2008 in Nebraska.

- Overall, 6.8 percent of respondents to the Nebraska BRFSS said they drove a motor vehicle after having consumed too much alcohol at least once in the past 30 days.

Cancer Screening

- In 2007-2008, 58.7 percent of women aged 40 and over had a mammogram within the past year and 73.6 percent had this examination within the past two years.
- Screening rates increased considerably between 1993 and 1999. Since then, the rate has leveled off, with 60 to 62 percent of women in 1999 through 2007 having a mammogram in the past year. The 2008 rate of 58 percent represents a slight decrease from these earlier rates.
- The majority of women aged 18 and older (76.9 percent) reported having a Pap test within the past three years. The proportion of women who had this test in the last three years surpassed 80 percent each year since 1999, until the current study when the rate declined.
- More than three-fourths of men aged 50 and older in the 2008 Nebraska BRFSS (78.7 percent) reported ever having a Prostate-Specific Antigen (PSA) test to screen for prostate cancer. More than one-half of all males in this age group (55.4 percent) indicated they had a PSA test in the last 12 months.
- Eight out of ten men aged 50 and older (81.3 percent) in this study said they ever had a digital rectal examination (DRE). Less than one-half (44.0 percent) had this exam in the past year.
- More than one-half of persons aged 50 and older (57.1 percent in 2007-2008) reported ever having a sigmoidoscopy or colonoscopy to check for colorectal cancer. The proportion of respondents who ever had one of these tests increased from 38 percent in the 2001 BRFSS to nearly 59 percent in 2008.
- Among respondents in this age group, only 22 percent stated they had a blood stool test (using a home kit) within the past two years to screen for colorectal cancer.

HIV/AIDS

- In 2007-2008, 30.8 percent of all BRFSS respondents aged 18 to 64 years said they had ever been tested for HIV infection.
- More than one-half of the respondents who ever had this test (56.7 percent) reported having their last HIV test between 2004 and 2008.

Immunizations

- In 2007-2008, three-fourths of adults aged 65 and older (76.3 percent) reported having a flu shot in the 12 months prior to the survey.
- Seven out of ten adults in this age group (71.2 percent) indicated they ever had a vaccination for pneumonia.
- Hepatitis B is a serious disease caused by a virus that attacks the liver. Routine vaccination of children aged birth through 18 years and vaccination of persons of all ages in high risk groups is recommended. In 2007, 35.2 percent of all Nebraska BRFSS respondents stated they had ever received hepatitis B vaccine.
- More than one-half of persons who were classified as "at risk" for hepatitis B infection (52 percent) reported being vaccinated for this disease. This rate represents an increase from the 2006 rate of 45 percent.

Oral Health

- In 2008, 70.6 percent of adults said they had visited a dentist within the past year. The proportion of adults who reported a dental visit within the past 12 months has been gradually declining since 2005. From 2001 through 2004, prevalence rates were steady at 74 to 75 percent, but have decreased each year since then to the current rate of 70.6 percent.
- The proportion of adults who had their teeth cleaned in the past 12 months has gradually declined over the past 8 years, moving from 77 percent in 2001 to 70 percent in 2008.
- The majority of adults (60.6 percent) reported they had lost no teeth due to tooth decay or gum disease. However, 34.7 percent said they had lost at least one permanent tooth (but not all teeth) and 4.7 percent had all their teeth extracted because of these dental problems.

Estimated Number of People at Risk

The 2007-2008 Nebraska BRFSS shows that a substantial proportion of the adult population of the state is at risk for one or more of the factors studied. Table 2 presents estimates of the number of persons aged 18 and older in Nebraska (based on 2007 U.S. Census estimates) who are at risk due to individual factors.

For some behaviors where certain age groups are most affected (such as HIV testing, flu shots, or mammograms), appropriate population subgroups have

been used to estimate the number of persons at risk.
Relevant age groups are noted in Table 2.

TABLE 1
Comparison of Prevalence
Selected Behavioral Risk Factors and Preventive Health Measures
Nebraska vs. United States
2007-2008

	Nebraska %	U.S. %
Access to Health Care		
No health care coverage among adults 18-64 years old	14.5	16.8
Health Status		
Reported general health to be "fair" or "poor"	12.0	14.6
Activities limited by physical, mental, or emotional problems (2007 only)	17.8	19.7
Health problems requiring use of special equipment (2007 only)	6.1	7.1
Ever told by health professional that they have:		
• coronary heart disease/angina	3.9	4.2
• diabetes	7.4	8.1
• asthma (current prevalence)	7.6	8.6
• high blood pressure	26.5	27.8
• high blood cholesterol	36.6	37.6
Risk Factors		
Cigarette smoking	19.1	19.0
Obesity (Body Mass Index = 30 +)	26.8	26.4
Overweight but not obese (Body Mass Index = 25.0 - 29.9)	37.6	36.5
No leisure-time physical activity	23.4	23.6
Binge drinking (5 or more alcoholic drinks on at least 1 occasion in the past 30 days)	18.5	15.7
Heavy drinking (>2 alcoholic drinks for men or >1 alcoholic drink for women per day)	4.5	5.2
Had all teeth extracted due to decay or gum disease (aged 65 and older)	17.2	18.5
Good Health Habits		
Consume fruits/vegetables at least 5 times per day (2007 only)	24.1	24.4
Participate in recommended level of moderate/vigorous physical activity in a usual week (2007 only)	52.0	49.5
Participate in vigorous physical activity in a usual week (2007 only)	30.6	28.3
Preventive Measures		
Blood cholesterol level checked in past 5 years	73.8	74.8
Ever had sigmoidoscopy or colonoscopy--adults aged 50 and older	58.6	62.1
Had Pap test in past 3 years--women aged 18 and older	83.7	82.8
Had mammogram in past 2 years--women aged 40 and older	72.7	76.0
Flu shot in past 12 months (adults aged 65 and older)	76.2	71.5
Ever had pneumonia vaccination (adults aged 65 and older)	71.2	67.1
Visited dentist in past 12 months	71.3	71.2

TABLE 2
Percentage and Number of Persons at Risk Due to Specific Factors
Nebraska Residents Aged 18 and Older
2007-2008

Risk Factor	Estimated % at Risk	Estimated # at Risk
General health is fair/poor	12.0	159,411
Activities limited by physical, mental, or emotional problems	17.8	236,460
No health insurance (aged 18 - 64)	14.5	158,308
No personal health care provider	15.1	200,592
Ever had a heart attack	3.9	51,809
Ever had a stroke	2.4	31,882
Told by a doctor they have diabetes	7.4	98,304
Currently have asthma	7.6	100,960
Currently have depression (Severity of Depression Index)	8.7	115,573
Serious Psychological Distress in past 30 days	2.6	34,539
Do not always wear seatbelt when driving or riding in a motor vehicle	29.8	395,871
Alcohol misuse		
• Heavy drinking	4.5	59,779
• Binge drinking	18.5	245,759
• Drinking and driving	6.8	90,333
Cigarette smoking	19.1	253,729
Obesity (BMI = 30+)	26.8	356,018
Overweight but not obese (BMI = 25.0 - 29.9)	37.6	499,488
Consume fruits/vegetables less than 5 times per day	24.1	320,151
No leisure-time physical activity	23.4	310,852
Ever told blood pressure is high	26.5	352,033
Not had cholesterol level checked in past 5 years	26.2	348,048
Not had sigmoidoscopy/colonoscopy to screen for colorectal cancer (aged 50+)	41.4	227,584
Not had mammogram in past 2 years (women aged 40 and older)	27.3	114,674
Never been tested for HIV (aged 18 - 64)	69.2	756,777
No flu shot in past 12 months (aged 65 and older)	23.8	56,322
Have not visited dentist in past 12 months	28.7	381,258

*Estimated number at risk = % at risk x Nebraska population aged 18 and older (unless otherwise noted).
Population data: 2007 U.S. Census estimates.

Introduction

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

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

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

The current report presents results of interviews conducted in 2007 and 2008. It addresses major health risk factors, such as smoking and physical inactivity; preventive health behaviors, such as immunizations and cancer screening; measures of health status, such as prevalence of diabetes or disability; and health care issues such as health insurance coverage.

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

The current report also summarizes major findings by local health district and compares these results to prevalence estimates for the state overall.

Methodology

Telephone surveys with 27,199 randomly-selected Nebraska residents aged 18 years or older were conducted by the Nebraska Department of Health and Human Services during 2007 and 2008. The sample was stratified on 20 local health department regions, so that the number of persons who were interviewed in each region was adequate for analysis.

As in the studies conducted in 1993 through 2006, core questions were used by all the states. However, some of these questions were not asked every year. In addition to core questions, a variety of optional modules containing questions that were developed cooperatively between CDC and the states were available. Several of these modules were selected and used in the 2007-2008 Nebraska BRFSS.

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

Prevalence estimates are based on weighted data rather than raw numbers of responses to a question. The weights adjust for over- or under-sampling of age/gender groups. Age-adjustment was used for prevalence estimates by race and ethnic origin and by local health department.

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

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

TABLE 3
Demographic Distribution of Respondents
2007-2008 **Nebraska Behavioral Risk Factor Surveillance System**

	2007 - 2008 BRFSS Survey Sample		Weighted to 2007 Population	
	Number	Percent	Number	Percent
All adults aged 18 and older	27,199	100	2,672,025	100
Gender				
Male	10,383	38	1,308,703	49
Female	16,816	62	1,363,322	51
Age				
18 - 29	1,884	7	534,067	20
30 - 44	5,529	20	770,968	29
45 - 64	10,872	40	875,490	33
65 +	8,765	32	477,743	18
Unknown/Refused	149	1	13,757	1
Education				
Less than High School	2,273	8	195,370	7
High School Graduate/GED	10,084	37	835,696	31
Some College/Technical School	7,616	28	749,970	28
College Graduate	7,187	26	887,858	33
Unknown/Refused	39	0	3,131	0
Income				
Under $15,000	2,474	9	157,468	6
$15,000 - $24,999	4,371	16	324,088	12
$25,000 - $49,999	8,002	29	700,562	26
$50,000 - $74,999	4,270	16	494,120	18
$75,000 +	4,821	18	702,767	26
Unknown/Refused	3,261	12	293,019	11
Race				
White NH	25,247	93	2,358,580	88
African American NH	194	1	76,571	3
Asian American NH	88	0	24,316	1
Native American NH	194	1	14,833	1
Other NH	396	1	61,463	2
Hispanic Origin (May be any race)	1,018	4	131,845	5
Unknown/Refused	62	0	4,417	0
Place of Residence*				
Urban	3,950	15	1,355,484	51
Rural	23,249	85	1,316,541	49

*Urban residents are defined as persons living in Douglas, Sarpy or Lancaster Counties.
All other counties are considered rural.
SOURCE: 2005 Population Estimates, U.S. Bureau of Census, July 1, 2005 estimates.

Results and Discussion—Part I

State-Level Data

Access to Health Care

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

According to the National Health Interview Survey, 14.5 percent of Americans in all groups (43.3 million persons) had no health insurance in 2007.

No Health Care Plan

Definition

No Health Care Coverage (i.e., Uninsured): "No" to the question, "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?"

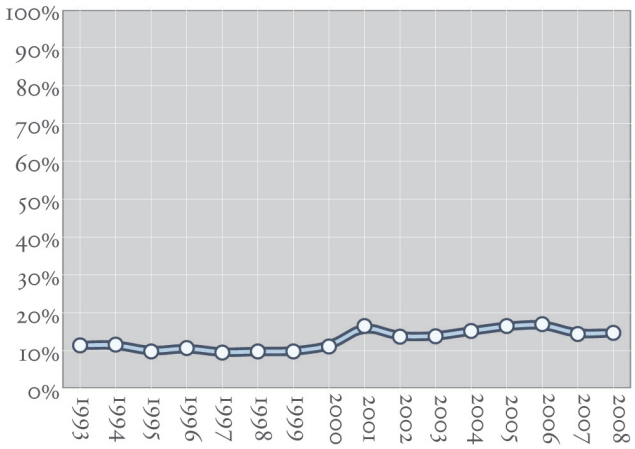
Current Prevalence

Among Nebraska adults aged 18 to 64 years in 2007-2008, 14.5 percent stated that they did not have any type of health care coverage.

Trend over Time

From 1993 through 2000, the proportion of uninsured adults under aged 65 remained fairly steady at 10 to 11 percent in Nebraska (Figure 1). In 2001, the rate rose sharply to 17 percent but dropped back to 14 percent in 2002 and 2003. In 2005 and 2006, the proportion of uninsured adults rose again to 17 percent, followed by rates of nearly 15 percent in 2007 and in 2008.

Figure 1. Trend in Proportion of Adults Aged 18-64 Who Are Uninsured (1993-2008)



Who Does Not Have Coverage in Nebraska?

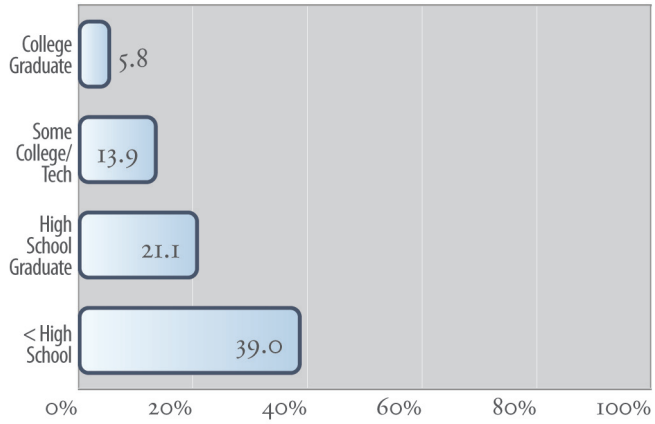
Men (14.8 percent) and women (14.3 percent) in the 18 to 64 age group were about equally likely to report having no health care plan at the time of the survey (Table 4).

The proportion of respondents with no health care coverage was significantly higher among younger adults than among older respondents. More than one-fourth (28.0 percent) of young adults aged 18 to 24 stated they had no health care coverage, compared to 17.9 percent of adults aged 25 to 34 and 11.0 percent or less of adults aged 35 to 64. These differences are statistically significant.

Residents of rural counties in Nebraska (16.4 percent) were significantly more likely than urban residents (12.9 percent) to indicate they had no health care coverage.

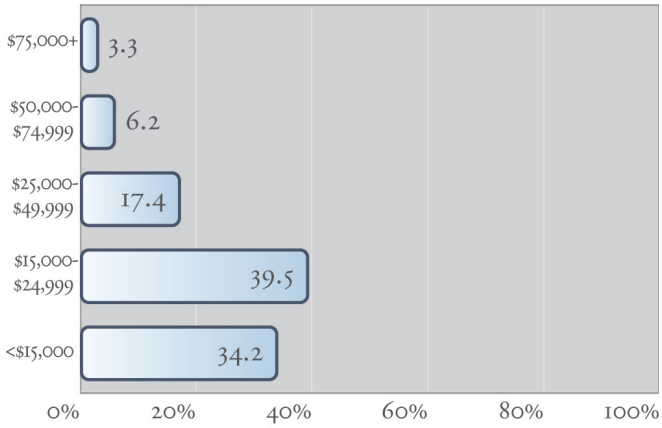
Statistically significant differences in uninsured rates were also noted by educational attainment, with the proportion of uninsured respondents decreasing significantly with each increasing level of education (Figure 2). Persons who had not completed high school (39.0 percent) were significantly more likely than those with more education to say they had no health insurance. High school graduates (21.1 percent) were significantly more likely than respondents with some college or technical school (13.9 percent) and those with a college education (5.8 percent) to be without health insurance, and so on.

Figure 2. Adults Aged 18-64 Who Are Uninsured by Education--Nebraska (2007-2008)



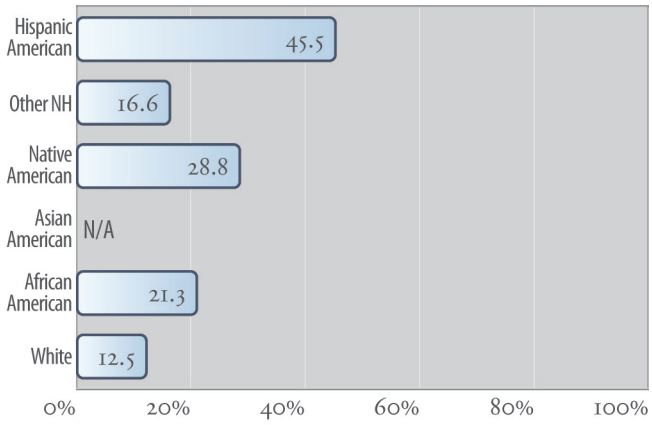
Uninsured rates were significantly higher for respondents with household incomes under $25,000 per year (34.2 percent to 39.5 percent) than for those with annual incomes of $25,000 or higher (Figure 3). Respondents in the $25,000 to $49,999 bracket (17.4 percent) were also significantly more likely than persons with incomes of $50,000 to $74,999 (6.2 percent) or $75,000 or more (3.3 percent) to report having no health care plan.

Figure 3. Adults Aged 18-64 Who Are Uninsured by Income--Nebraska (2007-2008)



Hispanic Americans (45.5 percent) were significantly more likely than non-Hispanic whites (12.5 percent), African Americans (21.3 percent), and non-Hispanic persons of "other" races (16.6 percent) to indicate they did not have health insurance at the time of the survey (Figure 4). Native Americans (28.8 percent) were significantly more likely than non-Hispanic whites to be without health insurance.

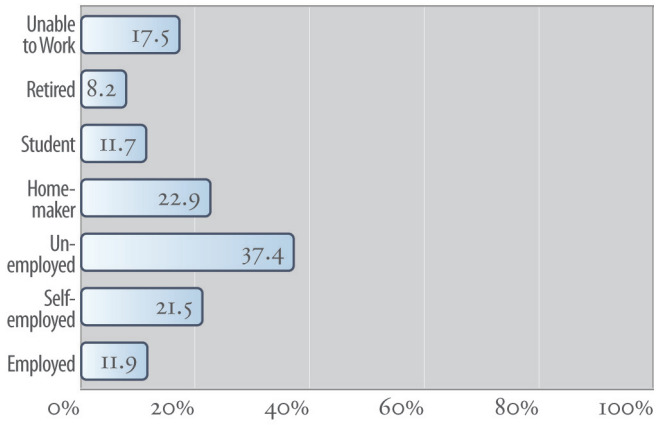
Figure 4. Adults Aged 18-64 Who Are Uninsured by Race/Ethnicity--Nebraska (2007-2008)



Uninsured rates were significantly greater for respondents who had never married (28.2 percent) or who had been previously married (22.8 percent) than for currently married respondents (9.0 percent).

Due to the availability of Medicare for most retired persons, only 8.2 percent of retirees said they had no health insurance--significantly fewer than any other employment group except employed adults (11.9 percent) and students (11.7 percent) (Figure 5). On the other hand, 37.4 percent of unemployed adults were without health insurance at the time of the survey--significantly more than for any other employment group. Self-employed persons (21.5 percent) and homemakers (22.9 percent) were significantly more likely than employed adults to have no insurance. In addition, a significantly greater proportion of homemakers were uninsured, compared to students.

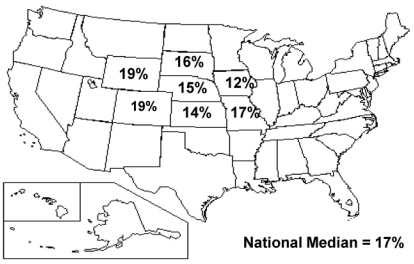
Figure 5. Adults Aged 18-64 Who Are Uninsured by Employment Status (2007-2008)



Nebraska and the Nation

For purposes of comparison, rates in this section have not been age-adjusted. Nationwide, 17 percent of BRFSS respondents aged 18 through 64 reported that they had no health insurance (Figure 6), compared to nearly 15 percent in Nebraska. Of the six surrounding states, uninsured rates were highest in Colorado (19 percent) and Wyoming (19 percent). Iowa (12 percent) reported the lowest rate, while Kansas (14 percent) fared a little better than South Dakota (16 percent) and Missouri (17 percent).

Figure 6. Adults Aged 18-64 Who Are Uninsured (2007-2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives

	Proportion of adults aged 18-64 who have no health insurance. (Data are not age-adjusted)
Nebraska 2010 Target	0%
Nebraska BRFSS 2007-08	14.5%
US BRFSS 2007-08	16.8%
US 2010 Target	0%

No Personal Health Care Provider

Definition

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

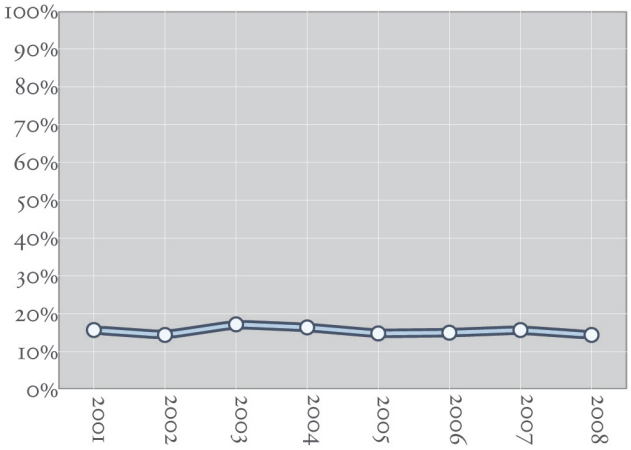
Current Prevalence

In the 2007-2008 BRFSS, 15.1 percent of adult Nebraskans stated that they do not have someone they consider their personal doctor or health care provider (Table 4).

Trend over Time

The proportion of adults who have no personal health care provider remained fairly stable between 2001 and 2008, ranging from 14 to 17 percent over the six-year period (Figure 7).

Figure 7. Trend in Proportion of Nebraska Adults with No Personal Health Care Provider (2001-2008)



Who Does Not Have a Personal Health Care Provider?

Men (19.8 percent) were significantly more likely than women (10.5 percent) to say they do not have a personal doctor or health care provider.

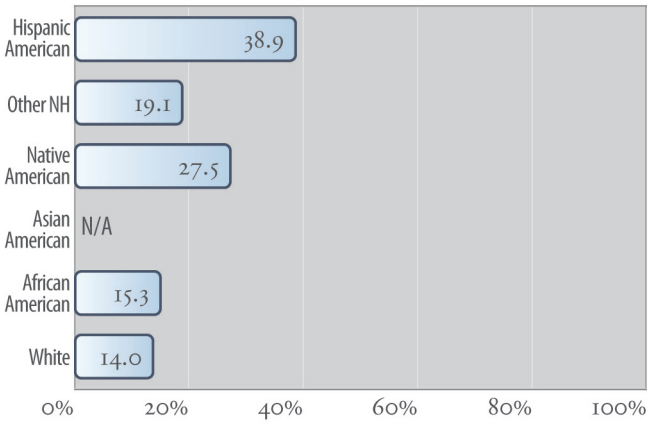
The proportion of adults without a personal health care provider decreased significantly with advancing age. A significantly greater proportion of respondents aged 18 to 24 (32.4 percent) and those aged 25 through 34 (22.2 percent) indicated they do not have a personal physician, compared to rates for those in each of the older age brackets. Rates for respondents aged 35 to 44 (15.0 percent) and those aged 45 to 54 (12.7 percent) were also significantly higher then rates for persons aged 55 and older. Only 7.6 percent of persons aged 55 to 64 and 5.0 percent of those aged 65 and older stated they do not have a personal physician.

Three out of ten BRFSS respondents who had not completed high school (30.1 percent) indicated they did not have a personal health care provider. This proportion was significantly higher than the proportions reported for persons with more education (12.4 to 15.3 percent).

The proportion of adults with no personal physician was significantly greater among respondents with annual incomes of $15,000 to $24,999 (22.9 percent) than among those with higher incomes. Respondents with incomes under $15,000 (19.6 percent) and those earning $25,000 to $74,999 (13.9 to 15.6 percent) were significantly more likely than persons with incomes of $75,000 or more (9.1 percent) to report that they did not have a personal health care provider.

Hispanic Americans (38.9 percent) were significantly more likely than non-Hispanic whites (14.0 percent), African Americans (15.3 percent), and non-Hispanic persons of "other" races (19.1 percent) to say they did not have anyone they consider their personal health care provider (Figure 8). Native Americans (27.5 percent) were also significantly more likely than non-Hispanic white Nebraskans to report having no personal physician.

Figure 8. Adults with No Personal Health Care Provider by Race/Ethnicity--Nebraska (2007-2008)



The proportion of respondents without a personal health care provider was significantly greater among adults who had never married (30.6 percent) than among those who were currently married (11.6 percent) or previously married (11.9 percent).

Retirees (5.1 percent) and persons who were unable to work (7.7 percent) were significantly less likely than respondents in each of the other employment categories to state they did not have a personal physician. Proportions of adults without their own physician in the other employment categories ranged from 15.4 percent for self-employed persons to 25.7 percent for students.

The difference between rates for urban and rural residents was not statistically significant.

Unable to See a Doctor Due to Cost

Definition

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

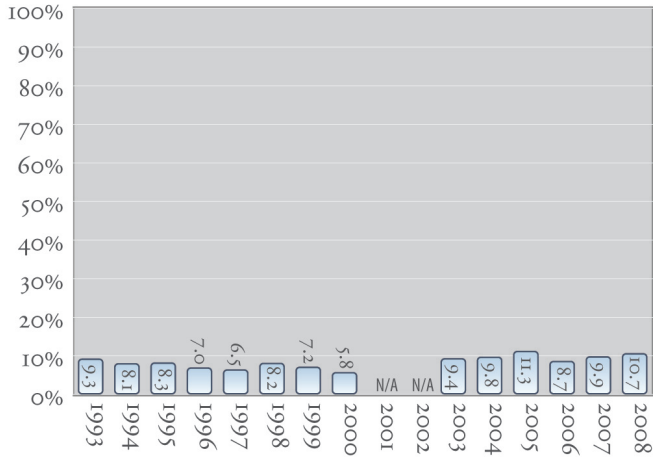
Current Prevalence

In 2007-2008, 10.3 percent of adult Nebraskans reported that, at least once in the past 12 months, they had been unable to see a doctor due to potential cost of care (Table 4).

Trend over Time

The proportion of respondents who said the cost of health care kept them from visiting a physician when they needed to continued to move upward in 2007-2008 (Figure 9). In 1996 to 2000, this rate averaged 7 percent, followed by an increase to 9 to 11 percent in 2003 through 2008.

Figure 9. Trend in Proportion of Adults in Nebraska Who Could Not See Doctor Due to Cost (1993-2008)



Who's at Risk in Nebraska?

The proportion of respondents who indicated that cost prevented them from getting needed medical care was significantly higher among women (12.1 percent) than among men (8.5 percent) (Table 4).

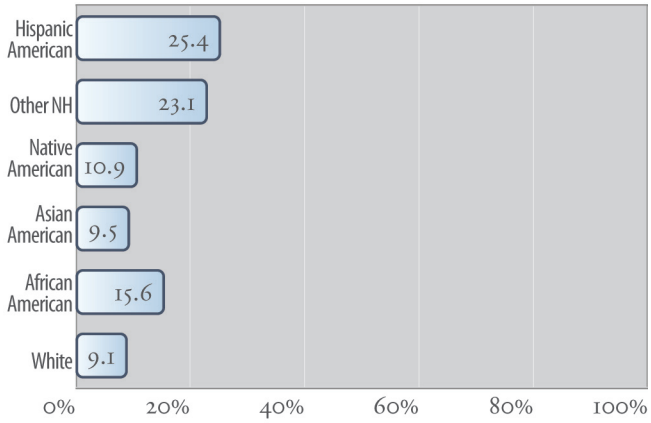
Younger adults aged 18 to 54 were significantly more likely than adults aged 55 and older to report that, at least once in the past year, they had been unable to see a physician because of cost of care. Among these younger respondents, 10.8 to 15.6 percent were not able to afford medical care, compared to 7.5 percent of persons aged 55 to 64. Among respondents aged 65 and older, only 3.2 percent reported forgoing care because of the potential cost. Respondents aged 25 to 34 (15.6 percent) were also significantly more likely than those aged 35 to 54 (10.8 percent) to give this response.

The proportion of respondents unable to see a doctor due to cost decreased significantly with increasing levels of education. More than one-fifth of persons with less than a high school education (21.7 percent) reported being unable to get medical care for this reason, compared to only 6.0 percent of college graduates.

Similarly, persons with incomes below $25,000 per year (22.8 to 23.6 percent) were significantly more likely than respondents in all higher income brackets to state they had been unable to get medical care because of potential cost. Adults with incomes of $25,000 to $49,999 (12.7 percent) were also significantly more likely to give this response than those with annual incomes of $50,000 to $74,999 (5.1 percent) or $75,000 (2.2 percent).

The proportion of Hispanic Americans (25.4 percent) who reported they had been unable to see a physician because of cost in the past year was significantly higher than the proportions of non-Hispanic white Nebraskans (9.1 percent) and Native Americans (10.9 percent) who gave this response (Figure 10). Non-Hispanic persons of "other" races (23.1 percent) were also significantly more likely than non-Hispanic whites to say they couldn't get medical care due to cost.

Figure 10. Adults Who Could Not See Doctor Due to Cost by Race/Ethnicity--Nebraska (2007-2008)



Previously married (15.1 percent) and never married (15.8 percent) adults were significantly more likely than currently married (7.8 percent) persons to indicate they had been unable to afford needed medical care.

Unemployed respondents (29.0 percent) were significantly more likely than persons in all other employment categories, except persons who were unable to work (22.7 percent) to report being unable to see a doctor because of cost in the past year. On the other hand, retired persons (3.4 percent) were significantly less likely than respondents in all other employment categories to be unable to see a physician due to cost.

Last Checkup

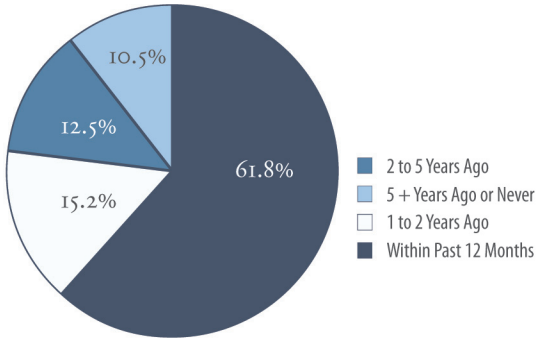
Definition

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

Current Prevalence

In 2007-2008, 61.8 percent of adults surveyed in the Nebraska BRFSS stated they had their last routine checkup within the past 12 months (Figure 11). For 15.2 percent, it had been one to two years ago, while 10.5 percent said their last routine checkup occurred between two and five years ago. The remaining 12.5 percent stated that it had been more than five years or they never had visited a doctor for this purpose.

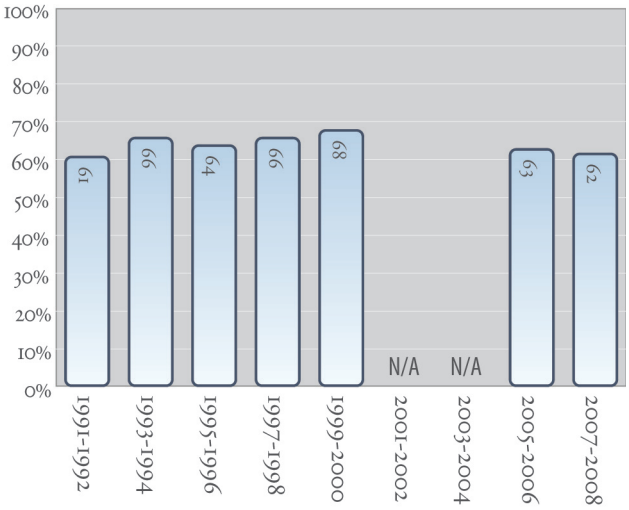
Figure 11. Time Since Last Physician Checkup Adults Aged 18+ (2007-2008)



Trend over Time

The proportion of respondents who had their last checkup with a physician in the past year ranged from a low of 61 percent in 1991-1992 to a high of 68 percent in 1999-2000 (Figure 12). In 2007-2008, the rate decreased to the lowest it has been since 1991-1992 (62 percent).

Figure 12. Trend in Proportion of Respondents Who Had Last Physician Checkup in Past 12 Months (1991-2008)



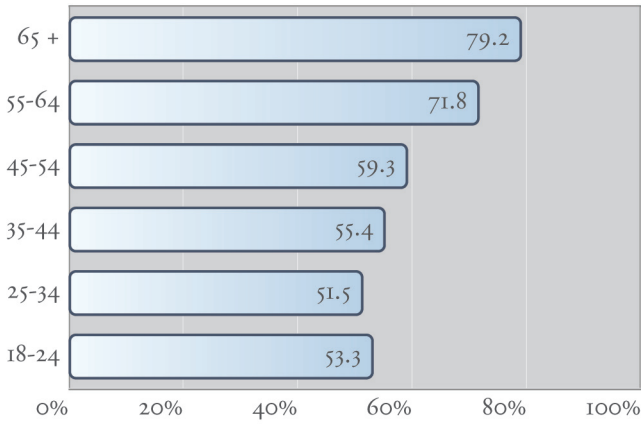
Who Has Received This Care in Nebraska?

Women (69.9 percent) were significantly more likely than men (53.4 percent) to say they had their last physician checkup within the past 12 months.

A significantly greater proportion of persons aged 65 and older reported having a checkup in the past year (79.2 percent), compared to younger respondents

(Figure 13). Persons aged 55 to 64 (71.8 percent) also were significantly more likely than younger adults (51.5 to 59.3 percent) to have had a routine exam within the past 12 months.

Figure 13. Respondents Who Had Last Physician Checkup Within the Past 12 Months by Age (2007-2008)



The proportion of urban adults who had a checkup within the past year (63.8 percent) was significantly larger than the proportion of rural adults (59.8 percent).

Compared to persons with household incomes of $25,000 to $49,999 (59.5 percent), a significantly greater proportion of respondents in the highest income bracket ($75,000 or more per year) said they had a routine checkup in the last 12 months (64.6 percent).

Native Americans (73.6 percent) were significantly more likely than non-Hispanic whites (61.0 percent) or non-Hispanic persons of "other" races (54.3 percent) to say they had visited the doctor for a routine exam in the past year.

The proportion of currently married (63.5 percent) and previously married (66.2 percent) adults who had a checkup in the last year was significantly larger than the proportion of never-married adults (51.4 percent).

Retired persons (79.2 percent) were significantly more likely than respondents in each of the other employment categories, except persons unable to work (75.0 percent), to report a checkup during this time period. Respondents who were currently unable to work were significantly more likely than employed (57.7 percent), self-employed (52.4 percent) and unemployed (52.2 percent) adults, as well as students (59.3 percent), to give this response. Homemakers (70.0 percent) were also significantly more likely than employed, self-employed, and unemployed persons to say they had a routine checkup this recently.

TABLE 4
Health Care Access
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	No Health Insurance (Respondents Aged 18-64)			Does Not Have a Personal Health Care Provider			Could Not See Physician Due to Cost			Last Routine Checkup in Past Year		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	18,240	14.5	13.4-15.7	27,135	15.1	14.0-16.2	27,145	10.3	9.5-11.2	26,745	61.8	60.5-63.1
Gender												
Male	7,385	14.8	13.1-16.6	10,356	19.8	18.0-21.8	10,361	8.5	7.3-9.9	10,229	53.4	51.3-55.4
Female	10,855	14.3	12.8-15.8	16,779	10.5	9.4-11.8	16,784	12.1	10.9-13.3	16,516	69.9	68.4-71.3
Age												
18-24	753	28.0	22.6-34.1	771	32.4	26.5-38.8	780	14.0	10.0-19.2	757	53.3	46.9-59.6
25-34	2,604	17.9	15.4-20.7	2,605	22.2	19.2-25.5	2,601	15.6	13.1-18.5	2,558	51.5	48.0-55.0
35-44	4,023	10.5	9.1-12.1	4,021	15.0	13.1-17.1	4,016	10.8	9.4-12.4	3,963	55.4	52.7-58.2
45-54	5,481	11.0	9.6-12.6	5,473	12.7	11.1-14.5	5,477	10.8	9.5-12.4	5,425	59.3	57.0-61.6
55-64	5,379	9.1	8.0-10.5	5,380	7.6	6.4-8.8	5,377	7.5	6.5-8.5	5,316	71.8	69.8-73.8
65+	--	--	--	8,737	5.0	4.2-5.8	8,745	3.2	2.6-4.1	8,590	79.2	77.8-80.6
Place of Residence												
Urban	2,968	12.9	11.0-15.1	3,943	16.1	14.2-18.4	3,943	10.3	8.8-12.0	3,906	63.8	61.3-66.1
Rural	15,272	16.4	15.5-17.2	23,192	14.0	13.3-14.7	23,202	10.4	9.8-11.0	22,839	59.8	58.9-60.7
Education												
<High School	1,097	39.0	33.1-45.2	2,261	30.1	25.5-35.2	2,261	21.7	17.4-26.7	2,201	58.8	54.0-63.4
High School	5,755	21.1	18.6-23.8	10,051	15.3	13.4-17.4	10,060	11.1	9.6-12.7	9,909	62.4	60.1-64.7
Some College	5,515	13.9	12.0-16.1	7,607	14.1	12.1-16.3	7,605	11.6	10.0-13.4	7,492	60.1	57.7-62.5
College Degree	5,861	5.8	4.5-7.3	7,177	12.4	10.6-14.4	7,180	6.0	4.9-7.3	7,109	63.3	61.1-65.5

TABLE 4
Health Care Access
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	No Health Insurance (Respondents Aged 18-64)			Does Not Have a Personal Health Care Provider			Could Not See Physician Due to Cost			Last Routine Checkup in Past Year		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Income												
Under $15,000	1,164	34.2	28.8-40.0	2,466	19.6	15.5-24.4	2,463	23.6	19.8-27.9	2,405	60.5	55.5-65.2
$15,000 - $24,999	2,147	39.5	35.0-44.2	4,358	22.9	19.5-26.6	4,364	22.8	19.8-26.20	4,289	59.4	55.9-62.8
$25,000 - $49,999	5,533	17.4	15.0-20.0	7,988	15.6	13.6-17.8	7,992	12.7	11.1-14.5	7,924	59.5	57.1-61.8
$50,000 - $74,999	3,630	6.2	4.5-8.4	4,266	13.9	11.3-17.1	4,263	5.1	3.9-6.6	4,231	60.7	57.4-63.8
$75,000 +	4,312	3.3	2.4-4.5	4,815	9.1	7.6-10.8	4,821	2.2	1.5-3.2	4,795	64.6	62.0-67.1
Race (Age Adjusted)												
White NH*	16,645	12.5	11.3-13.8	25,061	14.0	12.8-15.3	25,071	9.1	8.2-10.1	24,733	61.0	59.6-62.4
African American NH*	160	21.3	13.1-32.7	193	15.3	8.7-25.6	193	15.6	10.0-23.5	191	70.8	61.0-79.0
Asian American NH*	72	##	##	87	##	##	87	9.5	3.5-23.4	85	##	##
Native American NH*	162	28.8	19.8-39.8	193	27.5	21.5-34.4	193	10.9	6.2-18.4	192	73.6	64.3-81.1
Other Race NH*	270	16.6	10.6-25.0	389	19.1	13.5-26.4	389	23.1	15.4-33.2	379	54.3	45.3-63.0
Hispanic American	903	45.5	39.4-51.7	1,009	38.9	33.6-44.5	1,008	25.4	20.6-30.7	978	60.4	54.9-65.6
Marital Status												
Currently Married	12,623	9.0	8.0-9.9	16,853	11.6	10.6-12.6	16,850	7.8	7.0-8.6	16,679	63.5	62.1-64.9
Previously Married	3,188	22.8	20.0-25.9	7,546	11.9	10.4-13.6	7,553	15.1	13.1-17.2	7,389	66.2	63.8-68.5
Never Married	2,402	28.2	24.4-32.4	2,693	30.6	26.4-35.0	2,698	15.8	12.8-19.3	2,635	51.4	47.1-55.8
Employment												
Employed	11,848	11.9	10.5-13.3	12,964	16.6	15.1-18.2	12,965	9.8	8.7-11.0	12,814	57.7	55.9-59.5
Self-employed	2,588	21.5	18.0-25.3	3,238	15.4	12.9-18.3	3,242	12.9	10.2-16.2	3,196	52.4	49.0-55.7
Unemployed	496	37.4	29.9-45.6	568	22.8	16.9-29.9	567	29.0	22.4-36.6	559	52.2	43.7-60.6
Homemaker	1,245	22.9	18.5-28.0	2,123	16.1	12.1-21.0	2,123	13.7	10.4-18.0	2,090	70.0	65.6-74.1
Student	322	11.7	7.4-18.2	336	25.7	17.4-36.2	340	8.6	4.6-15.6	335	59.3	49.4-68.5
Retired	763	8.2	6.0-11.1	6,625	5.1	4.2-6.1	6,630	3.4	2.6-4.5	6,518	79.2	77.5-80.8
Unable to Work	957	17.5	13.2-22.8	1,239	7.7	5.6-10.5	1,236	22.7	18.8-27.3	1,193	75.0	70.5-79.0

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N < 50.
- Data not reported due to confidence interval width > 20.0.

General Emergency Preparedness

The possibility of natural disasters such as hurricanes and wildfires, man-made disasters such as chemical spills and radiation leaks, along with potential terrorist attacks and pandemic influenza, have made it advisable for public health officials and the general public to take action to be prepared for such emergency situations.

The American Red Cross recommends three actions that everyone can take to be prepared in case of large-scale disasters or other emergencies. First, each household should have an emergency preparedness kit, containing food, water, prescription medications and other supplies that would be necessary in a disaster. In addition, people should develop a family disaster plan, addressing such issues as what to do in case family members become separated during an emergency and what to do in case an evacuation is necessary. The third recommended action is for people to determine how they could stay informed in the event of a disaster by learning how local authorities would disseminate information to the public and making certain they are equipped to receive needed information.

Preparedness Module

Definition

Respondents were read a brief introduction to a series of questions explaining the situations to which "general preparedness" would be referring. "The next series of questions asks about large-scale disasters or emergencies. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornadoes, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts."

Household Preparedness

Definition

General Preparedness: Responses to the question, "How prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say: Well prepared? Somewhat prepared? Not prepared at all?"

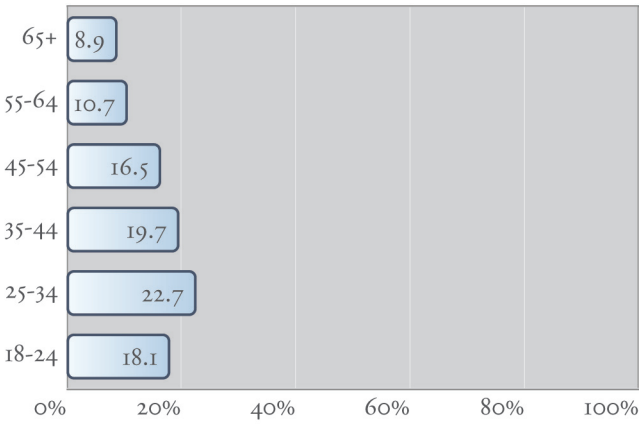
Current Prevalence

In 2007-2008, more than one-half of Nebraska BRFSS respondents (57.9 percent) stated that they were "somewhat prepared" to handle a large-scale disaster or emergency, while 16.1 percent said they were "not prepared at all" (Table 5). Only 26.0 percent rated their household "well-prepared" for such an occurrence.

Who Is Not Prepared for a Major Disaster?

Younger respondents were significantly more likely to state that they were "not prepared at all" for a large-scale disaster than adults aged 55 and older (Figure 14). Only about one in ten persons aged 55 to 64 (10.7 percent) said they were not prepared, compared to 22.7 percent of 25- to 34-year-olds and 19.7 percent of 35- to 44-year-olds. People in each of the age brackets under age 55 were significantly more likely than respondents aged 65 and older (8.9 percent) to report being "not prepared at all" for an emergency of this kind.

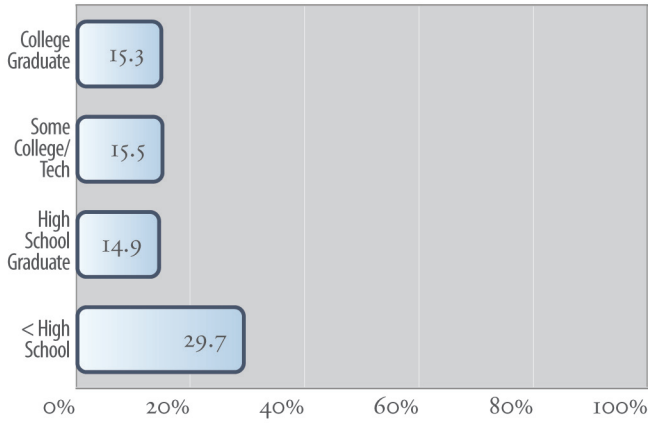
Figure 14. Households Not Prepared for Major Disaster by Age of Respondent--Adults 18+ (2007-2008)



Residents of urban counties in Nebraska (18.9 percent) were significantly more likely than persons living in rural counties (13.7 percent) to say they were unprepared for a disaster.

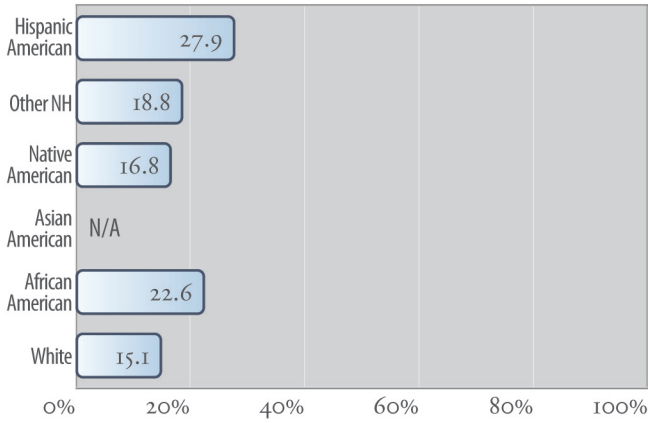
Adults who had not completed high school (29.7 percent) were about twice as likely as persons with higher levels of education (14.9 to 15.5 percent) to indicate they were not prepared for such an occurrence (Figure 15). These differences are statistically significant.

Figure 15. Households Not Prepared for Disaster by Educational Level Adults Aged 18+ (2007-2008)



Compared to non-Hispanic white respondents (15.1 percent), Hispanic Americans (27.9 percent) were significantly more likely to say their household was not prepared at all for a large-scale disaster (Figure 16).

Figure 16. Households Not Prepared for Disaster by Race/Ethnic Origin--Adults Aged 18+ (2007-2008)



Respondents who had never married (23.2 percent) were significantly more likely than currently married persons (14.2 percent) to be unprepared to deal with a possible large-scale emergency (Table 5).

Significantly greater proportions of employed adults (17.3 percent) and persons who were unable to work (20.7 percent) reported that they were "not prepared at all" for a major disaster, compared to retired persons (9.4 percent).

No significant differences were found in the proportions of households not prepared for a disaster by gender or age of respondents.

Disaster Evacuation Plans

Definition

Has No Disaster Evacuation Plan: "No" to the question, "Does your household have a disaster evacuation plan, a written plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation?"

Current Prevalence

In the 2007-2008 BRFSS, three-fourths of Nebraska adults (75.9 percent) stated that they had no disaster evacuation plan in place.

Who Currently Has No Disaster Evacuation Plan?

Adults aged 55 to 64 (78.3 percent) were significantly more likely than adults aged 65 and older (71.6 percent) to report they had no written evacuation plan, in case of a large-scale emergency. However, other differences by age group were small, with rates ranging from 77.2 for 35- to 44-year-olds to 78.2 for persons aged 25 to 34.

The proportion of college graduates who had not prepared an evacuation plan (84.3 percent) was significantly greater than the rates for persons with lower levels of education. Two-thirds of persons with less than a high school education (66.7 percent) reported having no plan, as did 69.0 percent of high school graduates. Three-fourths of adults with some college or technical training (76.2 percent) stated they had not formulated a written plan to use in case evacuation was required.

Respondents with household incomes of $75,000 or more per year (83.6 percent) were significantly more likely than persons earning less than $50,000 annually to say they did not have an evacuation plan. Respondents with incomes of $50,000 to $74,999 (80.0 percent) were significantly more likely than those earning $15,000 to $24,999 (66.7 percent) to report having no plan to use in case of emergency.

The proportion of non-Hispanic white adults (78.3 percent) who indicated that they did not have a disaster

evacuation plan was significantly greater than the proportion of Hispanic American adults (59.0 percent) in Nebraska.

Although some differences in proportion of respondents without an evacuation plan were evident by gender, marital status, and employment, none were statistically significant.

Supplies

Definition

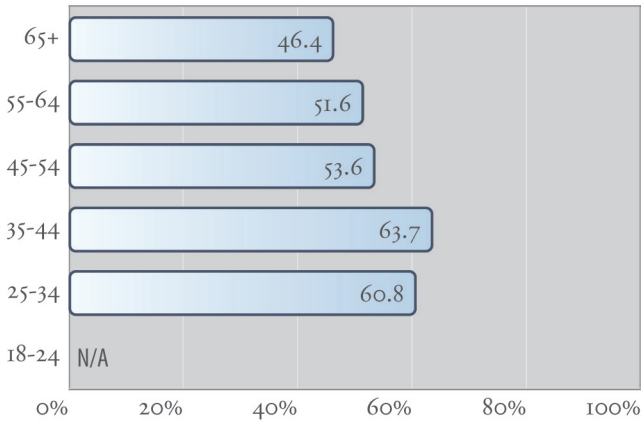
Have a 3-Day Water Supply: "Yes" to the question, "Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day."

Current Prevalence

More than one-half of Nebraska adults (54.7 percent) stated their household did not have a three-day supply of water on hand (Table 6).

The proportion of adults aged 35 to 44 who did not have a sufficient supply of water (63.7 percent) was significantly greater than the proportions for older respondents (46.4 to 53.6 percent) (Figure 17). Young adults aged 25 to 34 (60.8 percent) and adults aged 45 to 54 (53.6 percent) were also significantly more likely than persons aged 65 and older (46.4 percent) to report they did not have a three-day supply of water on hand.

Figure 17. Households without a Three-Day Supply of Water by Age of Respondent--Adults Aged 18+ (2007-2008)



The proportion of college graduates (59.4 percent) who indicated they did not have the recommended three-day supply of water was significantly greater than the proportion of high school graduates (51.2 percent) (Table 6).

Respondents with annual incomes of $50,000 to $74,999 (61.7 percent) were significantly more likely than persons with household incomes under $15,000 per year (46.3 percent) to state they did not have a three-day supply of water.

The proportion of non-Hispanic whites (55.6 percent) who did not have a three-day supply of water was significantly larger than the proportion of Hispanic Americans (43.1 percent) in Nebraska.

More than one-half of employed respondents (57.9 percent) were without an adequate supply of water—a significantly greater proportion than that reported for self-employed individuals (49.1 percent), retirees (46.1 percent) or persons who were unable to work (41.5 percent).

Definition

Have a 3-Day Food Supply: "Yes" to the question, "Does your household have a 3-day supply of non-perishable food for everyone who lives there? By non-perishable, we mean food that does not require refrigeration or cooking."

Current Prevalence

Only one in six respondents to the 2007-2008 Nebraska BRFSS (16.7 percent) reported that they did not have a three-day supply of non-perishable food.

More than one-fourth of adults aged 25 to 34 (26.4 percent) said they did not have this much food on hand—a significantly greater proportion than that reported by persons aged 35 to 44 (14.7 percent) and by those aged 55 and older (10.2 to 12.1 percent). Persons aged 45 to 54 (17.5 percent) were also significantly more likely than persons aged 65 and older (10.2 percent) to say they had less than a three-day supply of food.

Employed adults (17.7 percent) and homemakers (20.9 percent) were significantly more likely than retired persons (10.2 percent) to report that they did not currently have this much non-perishable food on hand.

Definition

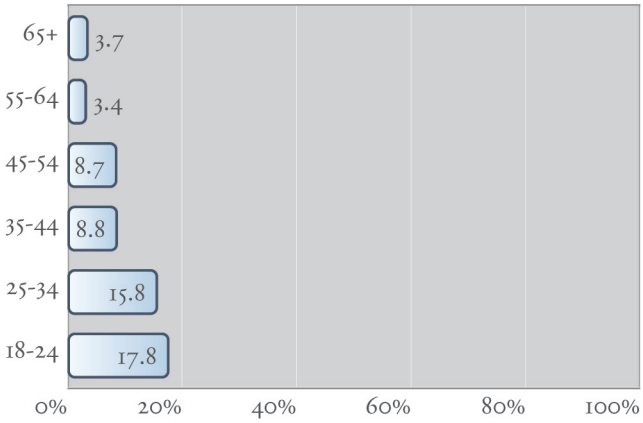
Have a 3-Day Supply of Prescription Drugs: "Yes" to the question, "Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines?"

Current Prevalence

While the majority of respondents indicated they have a three-day supply of prescription drugs for each member of their household who takes these medicines, 15.3 percent stated they did not.

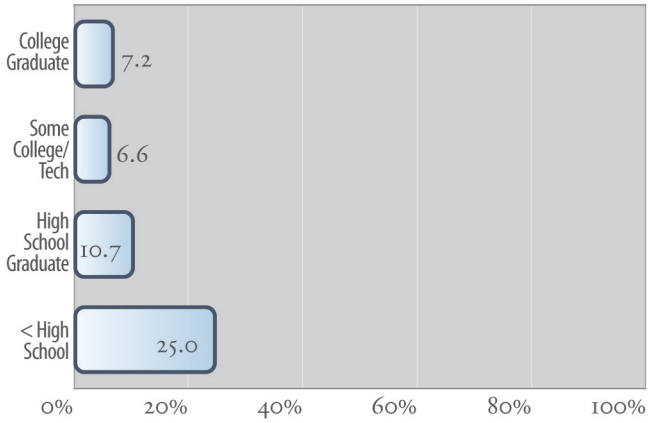
Young adults under age 35 (15.8 to 17.8 percent) were four to five times as likely as respondents aged 55 and older (3.4 to 3.7 percent) to say they did not have a three-day supply of needed prescription medication on hand (Figure 18). These younger adults and adults aged 35 to 54 (8.7 to 8.8 percent) were significantly more likely than persons aged 55 and older to report not having enough prescription drugs to last three days or more.

Figure 18. Households without a Three-Day Supply of Needed Prescription Drugs by Age--Adults Aged 18+ (2007-2008)



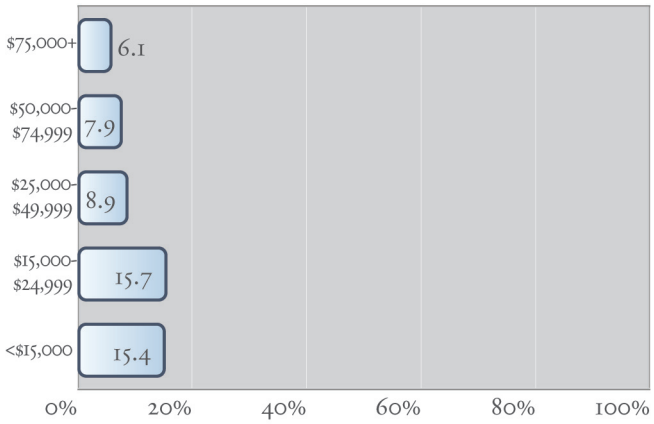
Respondents who had not completed high school were significantly more likely than adults with more education to indicate they did not have a three-day supply of the prescription medications needed for household members (25.0 percent) (Figure 19). In comparison, 10.7 percent of high school graduates, 6.6 percent of persons with some college or technical training, and 7.2 percent of college graduates said they were without a three-day supply.

Figure 19. Households without a Three-Day Supply of Needed Prescription Drugs by Educational Level Adults Aged 18+ (2007-2008)



Similarly, significantly greater proportions of adults with incomes below $25,000 per year (15.4 to 15.7 percent) did not have the recommended supply of prescription drugs available for persons in their households who needed them, compared to adults with incomes of $75,000 or more (6.1 percent) (Figure 20).

Figure 20. Households without a Three-Day Supply of Needed Prescription Drugs by Income--Adults Aged 18+ (2007-2008)



Hispanic Americans (23.1 percent) were significantly more likely than non-Hispanic white Nebraskans (7.4 percent) to say they did not have a three-day supply of medications on hand.

Respondents who had never married (19.1 percent) were significantly more likely than currently married (7.5 percent) or previously married (6.7 percent) to say they were without three days worth of the prescriptions required for their household.

Employed adults (10.2 percent) and homemakers (15.5 percent) were also significantly more likely than self-employed (4.8 percent) or retired (3.6 percent) respondents to indicate they did not have this much medication on hand.

Battery-Operated Radio

Definition

Do Not Have a Battery-Operated Radio: "No" to the question, "Does your household have a working battery-operated radio and working batteries for your use if the electricity is out?"

Current Prevalence

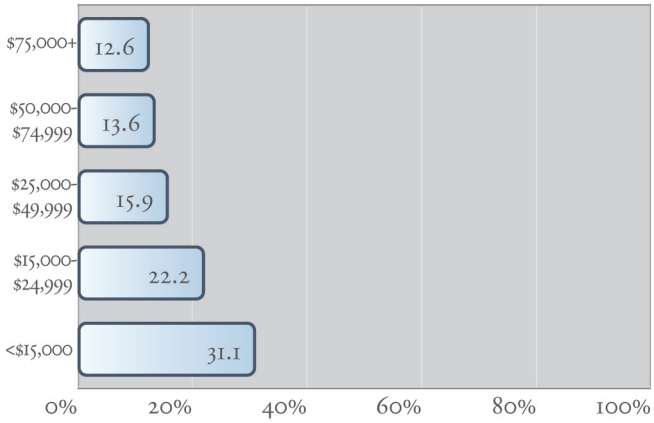
Five out of six adults reported that their household does have a working battery-operated radio and batteries for them to use if the electricity if out. However, 16.6 percent of respondents stated that they did not have this type of radio (Table 7).

Females (19.8 percent) were significantly more likely than males (13.4 percent) to say they did not have a battery-powered radio.

A significantly greater proportion of respondents who did not finish high school (25.1 percent) indicated they did not have a working battery-operated radio to use, compared to high school graduates (15.6 percent).

Adults from lower income households were significantly more likely than those with higher incomes to report not having this kind of a radio (Figure 21). Nearly one-third of respondents with incomes below $15,000 per year (31.1 percent) did not have a battery-powered radio to use when the electricity is out. This rate is significantly higher than rates for persons earning $25,000 or more (12.6 to 15.9 percent). Persons with household incomes of $15,000 to $24,999 (22.2 percent) were also significantly more likely than those with incomes of $75,000 or more (12.6 percent) to report not having this kind of radio.

Figure 21. Households with No Working Battery-Powered Radio by Income--Adults Aged 18+ (2007-2008)



The proportion of Hispanic Americans (34.9 percent) who did not have a battery-powered radio was significantly larger than the proportion of non-Hispanic whites (15.3 percent) in Nebraska.

Previously married respondents (23.8 percent) were significantly more likely than currently married individuals (14.3 percent) to be without a battery-operated radio.

No significant differences in proportion of households with battery-powered radios were found by age, place of residence, or employment status of respondents.

Battery-Operated Flashlight

Definition

Do Not Have a Battery-Operated Flashlight: "No" to the question, "Does your household have a working flashlight and working batteries for your use if the electricity is out?"

Current Prevalence

Nearly all BRFSS respondents (96.6 percent) stated that they currently have a working flashlight and batteries they could use if electrical power was out (Table 7).

Young adults aged 18 to 24 were somewhat more likely than older respondents to say they did not have a working flashlight (6.8 percent). However, the only significant difference was in comparison to persons aged 55 to 64 (1.3 percent).

Respondents who had not finished high school (7.4 percent) were significantly more likely than high school

graduates (3.3 percent) and college graduates (2.7 percent) to report not having a flashlight that works.

Similarly, persons with household incomes under $15,000 per year (10.4 percent) were significantly more likely than respondents earning $25,000 to $49,999 (2.1 percent) or $75,000 or more (0.7 percent) to have no working flashlight.

Hispanic Americans (10.1 percent) were significantly more likely than non-Hispanic whites (2.6 percent) to report not having a battery-powered flashlight they could use in an emergency.

The proportions of previously married (6.8 percent) and never married (5.9 percent) adults who said they did not have a working flashlight were significantly greater than the proportion of currently married respondents (1.9 percent).

No significant differences were found in proportion of respondents without a working flashlight by gender, place of residence or employment status.

Plans to Evacuate

Definitions

Would Not Evacuate If Mandatory: "No" to the question, "If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate?"

Reasons You Might Not Evacuate, If Asked to Do So: Responses to the question, "What would be the main reason you might not evacuate if asked to do so: Lack of transportation? Lack of trust in public officials? Concern about leaving property behind? Concern about personal safety? Concern about family safety? Concern about leaving pets? Other?"

Current Prevalence

The great majority of 2007-2008 BRFSS respondents in Nebraska (95.2 percent) indicated that they would evacuate from their community if public authorities announced a mandatory evacuation. Only 4.8 percent said they would not leave home if evacuation was required (Table 8).

Men (8.0 percent) were significantly more likely than women (2.0 percent) to state they would not leave home if asked to do so by public authorities.

Respondents with incomes below $15,000 per year (8.6 percent) were significantly more likely to refuse to leave their homes if evacuation was ordered than persons with annual incomes of $25,000 to $49,999.

The proportion of self-employed adults who said they would not leave their homes if evacuation was required (8.1 percent) was significantly greater than the proportion of employed individuals who stated they would refuse to leave (4.1 percent).

No significant differences were apparent by age group, place of residence, educational level, race/ethnic origin, or marital status of respondents.

Reasons for Not Evacuating

Thirteen percent of the respondents who said they might not evacuate if asked to do so (13.4 percent) mentioned lack of trust in public officials as their main reason for hesitating to evacuate, while 11.2 percent expressed concerns about leaving their property behind (Table 9). Family safety was the primary reason for 7.2 percent and 4.9 percent stated they did not want to leave their pets behind. Some respondents said concern for their personal safety (3.2 percent) or transportation issues (1.4 percent) might prevent them from evacuating if asked to do so. A variety of other reasons were mentioned by the remaining 58.7 percent of respondents.

Communication

Definitions

Main method of communicating with relatives/friends: Responses to the question, "In a large-scale disaster or emergency, what would be your main method of communicating with relatives and friends: Regular home telephones? Cell phones? E-mail? Pager? 2-way radios? Other?"

Main method of getting information from authorities: Responses to the question, "What would be your main method of getting information from authorities in a large-scale disaster or emergency?"

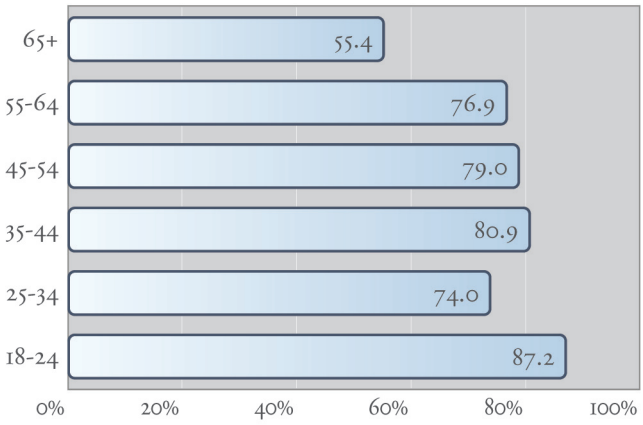
Communication with Relatives and Friends

Current Prevalence

When asked what their main method of communicating with relatives and friends would be in a large-scale disaster or emergency, nearly three-fourths of adults (73.4 percent) said it would be their cell phones, while 20.9 percent stated they would use their regular home telephone. Less than one percent each mentioned e-mail, pagers, or two-way radios, while 4.6 percent mentioned other methods.

Adults aged 65 and older (55.4 percent) were significantly less likely than adults in each of the younger age brackets to say they would use a cell phone to maintain communication with friends and relatives (Table 10, Figure 22). On the other hand, respondents aged 18 to 24 (87.2 percent) were significantly more likely than persons aged 55 to 64 (76.9 percent) and aged 25 to 34 (74.0 percent) to indicate a cell phone would be their primary method of communication in an emergency.

Figure 22. Households That Would Use Cell Phones as Primary Means of Communication in Disaster by Age Adults Aged 18+ (2007-2008)

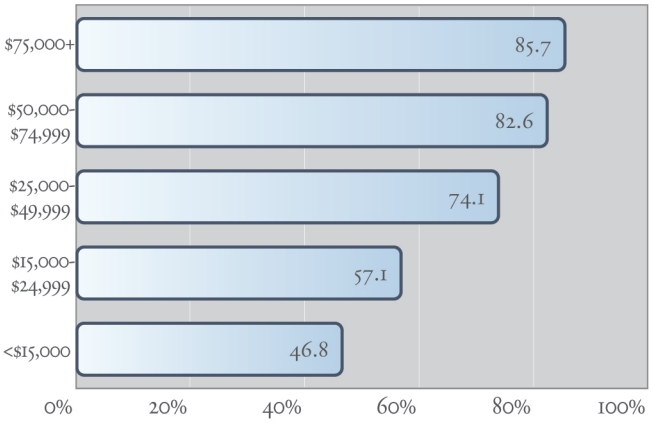


A significantly greater proportion of urban residents (77.2 percent) would use cellular phones for communication, compared to rural adults (71.9 percent).

College graduates (80.2 percent) and adults with some college or technical school (78.9 percent) were significantly more likely than high school graduates (69.9 percent) or persons who had not completed high school (50.8 percent) to rely on cell phones for communication in a disaster or emergency. High school graduates were also more likely than persons without a high school diploma to use their cell phones for this purpose.

Respondents with annual household incomes of $50,000 or more (82.6 to 85.7 percent) were significantly more likely than persons with lower incomes to say they would use their cell phones to communicate with family and friends in an emergency (Figure 23). A significantly greater proportion of persons earning $25,000 to $49,999 annually would use cell phones for this purpose (74.1 percent), compared to respondents with household incomes under $25,000 (46.8 to 57.1 percent).

Figure 23. Households That Would Use Cell Phones as Primary Means of Communication in a Disaster by Income--Adults Aged 18+ (2007-2008)



Non-Hispanic white respondents to this survey (75.7 percent) were significantly more likely to use a cell phone for emergency communication than Hispanic Americans (56.6 percent).

Compared to persons who were previously married (56.7 percent), significantly greater proportions of currently married (78.6 percent) and never married (74.5 percent) persons stated that a cell phone would be their main method of communication in a large-scale emergency.

The proportion of students (91.8 percent) who would use a cell phone to maintain communication was significantly larger than proportions recorded for each of the other employment categories. Employed (80.4

percent) and self-employed (81.0 percent) adults were significantly more likely to use cell phones in this situation than homemakers (64.3 percent) and retirees (55.2 percent).

Information from Authorities

Current Prevalence

More than one-half of 2007-2008 BRFSS respondents (56.8 percent) reported that their main method of getting information from the authorities in a large-scale disaster would be the radio. Television broadcasts were the method of choice for 17.7 percent of respondents, while 2.8 percent said they would use the Internet to keep up to date. A few respondents mentioned neighbors (1.7 percent) or newspapers (less than one percent). A variety of other means of obtaining information were listed by 20.8 percent of respondents.

A significantly greater proportion of men (60.7 percent) than women (53.0 percent) said they would use the radio to get needed information in a disaster.

Respondents in the middle age brackets were generally more likely to depend on a radio than either younger or older persons. Two-thirds of persons aged 55 to 64 (66.0 percent), 60.6 percent of 45- to 54-year-olds, and 63.1 percent of 35- to 44-year-olds said they would use this method, compared to 51.6 percent of persons 65 and older. (These differences are statistically significant). Persons aged 55 to 64 were also significantly more likely than persons in the 25 to 34 age group (55.3 percent) to rely on a radio to stay informed in a disaster.

High school graduates (53.6 percent), persons with some college (58.5 percent), and college graduates (62.0 percent) were all significantly more likely than persons who had not completed high school (37.6 percent) to use the radio as their main source of information in an emergency. The proportion of college graduates mentioning the radio as their primary information source was also significantly larger than the proportion of high school graduates who did.

Respondents with annual household incomes of $25,000 or more (54.6 to 63.8 percent) were significantly more likely than persons earning less than $15,000 per year (39.7 percent) to say the radio would be their first choice for keeping informed during a disaster.

The proportion of non-Hispanic whites (57.2 percent) who mentioned the radio as their main information source was significantly greater than the proportion of Hispanic Americans (38.7 percent) who gave this response.

A significantly greater proportion of currently married respondents (62.0 percent) said they would rely on the radio, compared to previously married (49.9 percent) and never married (42.1 percent) adults.

Self-employed adults (63.8 percent) were significantly more likely to cite the radio as their main source of information in an emergency than retirees (53.7 percent) or persons who were unable to work (43.5 percent). Employed adults (58.2 percent) were also significantly more likely than adults who were unable to work to depend on their radio for information.

TABLE 5
General Emergency Preparedness in Nebraska
Nebraska Adults (2007-2008 BRFSS)
(with 95% Confidence Intervals--SUDAAN)

	Household Not Prepared for Major Disaster			Household Has No Disaster Evacuation Plan		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	10,068	16.3	14.6-18.2	10,094	75.9	73.8-77.8
Gender						
Male	3,791	13.7	11.2-16.7	3,793	74.5	71.2-77.7
Female	6,277	18.8	16.5-21.3	6,301	77.1	74.6-79.5
Age						
18-24	289	18.1	11.8-26.8	286	##	##
25-34	988	22.7	17.6-28.9	987	78.2	72.5-83.0
35-44	1,489	19.7	15.8-24.3	1,488	77.2	72.6-81.1
45-54	2,043	16.5	13.4-20.2	2,040	78.0	73.9-81.6
55-64	1,962	10.7	8.5-13.4	1,975	78.3	74.7-81.5
65+	3,256	8.9	7.2-11.1	3,279	71.6	68.8-74.3
Place of Residence						
Urban	1,467	18.9	15.8-22.6	1,467	77.1	73.1-80.6
Rural	8,601	13.7	12.6-14.8	8,627	74.6	73.1-76.1
Education						
<High School	806	29.7	21.0-40.2	815	66.7	57.7-74.7
High School	3,701	14.9	12.2-18.1	3,717	69.0	64.7-72.9
Some College	2,869	15.5	12.4-19.3	2,867	76.2	72.4-79.6
College Degree	2,681	15.3	12.7-18.3	2,684	84.3	81.5-86.8
Income						
Under $15,000	880	23.3	17.5-30.4	884	71.5	64.9-77.3
$15,000 - $24,999	1,643	22.0	16.5-28.7	1,640	66.7	60.5-72.3
$25,000 - $49,999	3,031	14.5	11.7-17.8	3,034	73.1	68.9-77.0
$50,000 - $74,999	1,606	15.7	12.4-19.8	1,603	80.0	74.9-84.3
$75,000 +	1,802	14.5	10.9-18.9	1,808	83.6	80.0-86.7
Race/Ethnic Origin						
White NH*	9,353	15.1	13.4-17.0	9,374	78.3	76.1-80.2
African American NH*	62	22.6	16.6-29.9	62	##	##
Asian American NH*	25	#	#	24	#	#
Native American NH*	61	16.8	8.3-31.0	61	##	##
Other Race NH*	146	18.8	9.8-33.0	146	##	##
Hispanic American	359	27.9	20.2-37.1	366	59.0	49.3-68.0
Marital Status						
Currently Married	6,327	14.2	12.4-16.2	6,330	76.9	74.6-79.1
Previously Married	2,711	17.1	14.4-20.1	2,740	73.6	69.8-77.0
Never Married	1,020	23.2	17.5-30.2	1,014	74.0	66.6-80.3
Employment						
Employed	4,841	17.3	15.0-19.9	4,842	76.2	73.1-79.0
Self-employed	1,169	13.8	10.1-18.6	1,168	77.3	71.4-82.3
Unemployed	189	##	##	190	##	##
Homemaker	786	19.1	11.8-29.4	785	80.3	73.7-85.6
Student	132	##	##	133	##	##
Retired	2,483	9.4	7.4-11.8	2,503	71.9	68.6-75.0
Unable to Work	457	20.7	13.7-30.0	461	##	##

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width > 20.0.

TABLE 6
General Emergency Preparedness in Nebraska--Supplies
Nebraska Adults (2007-2008 BRFSS)
(with 95% Confidence Intervals--SUDAAN)

	Does Not Have 3-Day Supply of Drinking Water			Does Not Have 3-Day Supply of Non-Perishable Food			Does Not Have 3-Day Supply of Prescription Drugs		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	10,101	54.7	52.4-57.0	10,125	16.7	14.9-18.6	5,104	15.3	13.1-17.7
Gender									
Male	3,801	51.6	48.1-55.2	3,804	15.7	13.0-18.8	3,804	8.1	6.0-11.0
Female	6,300	57.6	54.8-60.4	6,321	17.6	15.3-20.1	6,338	10.8	8.7-13.3
Age									
18-24	284	##	##	290	16.2	9.8-25.6	286	17.8	11.0-27.5
25-34	989	60.8	54.4-66.8	987	26.4	20.7-33.0	987	15.8	11.1-21.9
35-44	1,491	63.7	58.8-68.3	1,492	14.7	11.7-18.2	1,490	8.8	5.8-13.2
45-54	2,046	53.6	49.5-57.7	2,051	17.5	14.5-21.0	2,051	8.7	6.2-12.1
55-64	1,968	51.6	47.2-55.9	1,974	12.1	9.4-15.5	1,981	3.4	2.3-4.9
65+	3,282	46.4	43.3-49.4	3,294	10.2	8.4-12.3	3,306	3.7	2.6-5.1
Place of Residence									
Urban	1,470	55.5	51.3-59.7	1,476	18.5	15.3-22.3	1,479	11.3	8.5-14.9
Rural	8,631	53.9	52.2-55.4	8,649	14.8	13.6-16.0	8,663	7.6	6.6-8.7
Education									
<High School	817	46.9	38.2-55.8	817	20.3	12.6-31.0	823	25.0	16.3-36.3
High School	3,722	51.2	47.2-55.2	3,733	15.5	12.9-18.6	3,740	10.7	8.2-13.9
Some College	2,869	55.2	50.9-59.4	2,879	14.1	11.4-17.3	2,880	6.6	4.7-9.4
College Degree	2,682	59.4	55.4-63.3	2,685	19.1	15.7-23.1	2,688	7.2	4.8-10.6
Income									
Under $15,000	893	46.3	38.9-53.8	895	17.7	12.8-23.8	897	15.4	10.3-22.3
$15,000 - $24,999	1,652	55.4	49.5-61.2	1,650	20.6	14.8-27.9	1,657	15.7	9.8-24.3
$25,000 - $49,999	3,025	54.4	50.2-58.4	3,032	15.6	12.7-19.1	3,035	8.9	6.4-12.1
$50,000 - $74,999	1,604	61.7	56.5-66.6	1,608	20.2	15.4-25.9	1,607	7.9	5.2-12.0
$75,000 +	1,805	54.2	49.4-58.9	1,809	13.4	10.6-16.8	1,809	6.1	3.8-9.5
Race/Ethnic Origin									
White NH*	9,377	55.6	53.2-58.0	9,405	15.7	13.9-17.6	9,416	7.4	6.0-9.1
African American NH*	65	##	##	65	##	##	64	##	##
Asian American NH*	25	#	#	25	#	#	26	#	#
Native American NH*	60	##	##	61	##	##	61	6.5	2.2-17.7
Other Race NH*	146	##	##	144	##	##	146	##	##
Hispanic American	364	43.1	34.6-52.0	365	17.0	12.3-23.2	366	23.1	15.6-32.8
Marital Status									
Currently Married	6,339	55.5	52.9-58.0	6,343	15.8	14.0-18.0	6,350	7.5	6.0-9.2
Previously Married	2,737	50.8	46.8-54.7	2,749	14.1	11.8-16.8	2,759	6.7	5.0-8.8
Never Married	1,015	55.1	47.6-62.3	1,023	21.6	15.6-29.0	1,023	19.1	13.3-26.6
Employment									
Employed	4,851	57.9	54.7-61.1	4,850	17.7	15.2-20.4	4,856	10.2	8.1-12.7
Self-employed	1,170	49.1	43.8-54.5	1,174	13.3	9.6-18.2	1,173	4.8	2.8-8.0
Unemployed	190	##	##	190	##	##	189	6.6	2.9-14.3
Homemaker	789	61.4	53.4-68.9	791	20.9	13.2-31.2	796	15.5	8.7-26.2
Student	129	##	##	133	##	##	131	##	##
Retired	2,504	46.1	42.6-49.7	2,513	10.2	8.3-12.3	2,521	3.6	2.5-5.4
Unable to Work	456	41.5	32.0-51.6	462	16.6	11.0-24.3	464	##	##

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width > 20.0.

TABLE 7
General Emergency Preparedness in Nebraska--Battery-Powered Radio and Flashlight
Nebraska Adults (2007-2008 BRFSS)
(with 95% Confidence Intervals--SUDAAN)

	Household Has No Working Battery-Powered Radio			Household Has No Working Battery-Powered Flashlight		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	10,054	16.6	15.0-18.4	10,151	3.4	2.6-4.4
Gender						
Male	3,781	13.4	11.2-15.9	3,817	3.4	2.2-5.4
Female	6,273	19.8	17.5-22.2	6,334	3.4	2.7-4.3
Age						
18-24	288	22.8	15.2-32.7	287	6.8	3.0-14.9
25-34	985	17.7	13.4-23.1	991	3.3	2.1-5.0
35-44	1,482	13.7	11.1-16.7	1,491	4.3	2.4-7.6
45-54	2,034	15.1	12.3-18.5	2,049	2.5	1.5-4.1
55-64	1,953	14.9	12.0-18.4	1,977	1.3	0.7-2.2
65+	3,272	17.5	15.5-19.7	3,316	3.3	2.4-4.6
Place of Residence						
Urban	1,471	15.8	13.9-20.1	1,479	3.7	2.4-5.7
Rural	8,583	16.5	15.3-17.8	8,672	3.1	2.6-3.7
Education						
<High School	819	25.1	18.5-33.1	823	7.4	4.7-11.5
High School	3,710	15.6	13.1-18.3	3,749	3.3	2.4-4.6
Some College	2,854	16.5	13.6-19.8	2,879	3.2	1.7-6.2
College Degree	2,660	15.9	13.0-19.3	2,689	2.7	1.6-4.6
Income						
Under $15,000	892	31.1	24.3-38.9	896	10.4	6.5-16.2
$15,000 - $24,999	1,646	22.2	17.1-28.2	1,660	6.9	4.8-9.7
$25,000 - $49,999	3,013	15.9	13.2-19.0	3,039	2.1	1.4-3.0
$50,000 - $74,999	1,591	13.6	10.4-17.8	1,607	4.0	1.5-9.8
$75,000 +	1,786	12.6	9.7-16.2	1,807	0.7	0.4-1.1
Race/Ethnic Origin						
White NH*	9,330	15.3	13.6-17.1	9,424	2.6	1.9-3.4
African American NH*	65	##	##	65	##	##
Asian American NH*	25	#	#	26	#	#
Native American NH*	60	16.0	8.5-28.0	61	3.3	0.8-12.1
Other Race NH*	143	##	##	147	5.1	2.0-12.2
Hispanic American	368	34.9	26.2-44.7	366	10.1	7.0-14.5
Marital Status						
Currently Married	6,283	14.3	12.6-16.2	6,349	1.9	1.3-2.8
Previously Married	2,738	23.8	20.6-27.4	2,768	6.8	5.2-9.0
Never Married	1,023	19.0	13.9-25.5	1,024	5.9	3.3-10.4
Employment						
Employed	4,821	15.9	13.6-18.5	4,858	3.2	2.2-4.8
Self-employed	1,164	16.1	12.3-20.7	1,174	3.2	1.6-6.3
Unemployed	190	13.6	8.1-21.8	191	5.7	2.6-11.9
Homemaker	784	17.0	12.7-22.4	793	3.0	1.6-5.6
Student	130	##	##	132	2.9	0.9-8.9
Retired	2,496	17.2	15.0-19.6	2,528	2.8	2.0-3.9
Unable to Work	457	##	##	463	6.7	3.6-12.2

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width > 20.0.

TABLE 8
General Emergency Preparedness in Nebraska--Refusal to Evacuate
Nebraska Adults (2007-2008 BRFSS)
(with 95% Confidence Intervals--SUDAAN)

	Household Would Not Leave Home if Evacuation Required		
	Total # of Respondents	%	Confidence Interval
Total	9,366	4.8	3.9-6.0
Gender			
Male	3,427	8.0	6.1-10.3
Female	5,939	2.0	1.5-2.6
Age			
18-24	273	3.4	1.6-7.0
25-34	933	6.3	3.3-11.7
35-44	1,395	3.1	2.0-4.6
45-54	1,840	5.4	4.0-7.4
55-64	1,813	5.3	3.8-7.2
65+	3,075	4.7	3.4-6.3
Place of Residence			
Urban	1,378	3.8	2.3-6.2
Rural	7,988	5.9	5.1-6.7
Education			
<High School	770	10.0	4.0-23.0
High School	3,462	4.5	3.5-5.7
Some College	2,634	5.9	4.1-8.4
College Degree	2,489	3.1	2.2-4.2
Income			
Under $15,000	845	8.6	5.3-13.8
$15,000 - $24,999	1,541	6.8	3.1-14.3
$25,000 - $49,999	2,819	3.9	3.0-5.0
$50,000 - $74,999	1,479	3.7	2.2-6.2
$75,000 +	1,657	4.7	3.0-7.2
Race/Ethnic Origin			
White NH*	8,697	4.9	3.8-6.1
African American NH*	64	7.1	2.3-20.2
Asian American NH*	24	#	#
Native American NH*	58	10.4	4.2-23.9
Other Race NH*	118	##	##
Hispanic American	349	5.0	2.0-12.1

TABLE 8
General Emergency Preparedness in Nebraska--Refusal to Evacuate
Nebraska Adults (2007-2008 BRFSS)
(with 95% Confidence Intervals--SUDAAN)

	Household Would Not Leave Home if Evacuation Required		
	Total # of Respondents	%	Confidence Interval
Marital Status			
Currently Married	5,840	4.5	3.6-5.6
Previously Married	2,569	5.9	4.2-8.2
Never Married	947	5.1	2.4-10.6
Employment			
Employed	4,487	4.1	3.1-5.4
Self-employed	1,034	8.1	5.8-11.1
Unemployed	174	4.5	2.0-9.7
Homemaker	738	##	##
Student	127	3.0	0.9-9.3
Retired	2,360	4.3	3.1-6.0
Unable to Work	435	5.5	3.2-9.3

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width > 20.0.

TABLE 9
General Emergency Preparedness in Nebraska
Reasons for Refusal to Evacuate
Nebraska Adults (2007-2008 BRFSS)

Reasons for Refusal to Evacuate	Weighted Percent
Lack of trust in public officials	13.4
Concerns about leaving property behind	11.2
Family safety	7.2
Did not want to leave pets behind	4.9
Personal safety	3.2
Transportation issues	1.4
Other reasons	58.7

TABLE 10
General Emergency Preparedness in Nebraska--Communication Methods
Nebraska Adults (2007-2008 BRFSS)
(with 95% Confidence Intervals--SUDAAN)

	Household Would Use Cell Phone as Main Source of Communication			Household Would Use Radio as Main Source of Information		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	9,651	74.6	72.7-76.4	9,596	56.8	54.4-59.4
Gender						
Male	3,666	73.9	70.9-76.7	3,675	60.7	57.0-64.2
Female	5,985	75.3	72.9-77.5	5,921	53.0	50.0-55.9
Age						
18-24	267	87.2	81.1-91.5	261	##	##
25-34	943	74.0	67.8-79.4	942	55.3	48.7+61.6
35-44	1,428	80.9	76.6-84.5	1,435	63.1	57.9-68.0
45-54	1,970	79.0	75.6-82.0	1,967	60.6	56.4-64.6
55-64	1,898	76.9	73.3-80.2	1,880	66.0	61.7-70.1
65+	3,107	55.4	52.3-58.4	3,074	51.6	48.5-54.8
Place of Residence						
Urban	1,410	77.2	73.7-80.4	1,412	56.2	51.8-60.4
Rural	8,241	71.9	70.5-73.3	8,184	57.4	55.7-59.0
Education						
<High School	755	50.8	41.5-60.1	722	37.6	28.6-47.6
High School	3,502	69.9	66.5-73.1	3,512	53.6	49.6-57.6
Some College	2,765	78.9	75.7-81.7	2,754	58.5	54.1-62.7
College Degree	2,619	80.2	76.9-83.2	2,597	62.0	57.8- 66.0
Income						
Under $15,000	824	46.8	38.8-54.9	823	39.7	32.4-47.6
$15,000 - $24,999	1,540	57.1	50.7-63.3	1,532	52.5	46.2-58.7
$25,000 - $49,999	2,903	74.1	70.5-77.4	2,898	54.6	50.2-58.8
$50,000 - $74,999	1,573	82.6	78.7-85.9	1,561	63.8	58.4-68.9
$75,000 +	1,767	85.7	81.9-88.8	1,762	62.7	57.8-67.4
Race/Ethnic Origin						
White NH*	8,973	75.7	73.8-77.4	8,930	57.2	54.8-59.5
African American NH*	62	##	##	59	##	##
Asian American NH*	24	#	#	24	#	#
Native American NH*	56	##	##	59	##	##
Other Race NH*	138	##	##	139	##	##
Hispanic American	341	56.6	48.4-64.5	328	38.7	31.3-46.6
Marital Status						
Currently Married	6,095	78.6	76.5-80.5	6,083	62.0	59.4-64.5
Previously Married	2,597	56.7	52.7-60.6	2,555	49.9	45.8-54.1
Never Married	950	74.5	68.1-80.0	949	42.1	34.8-49.6
Employment						
Employed	4,675	80.4	77.9-82.7	4,621	58.2	54.8-61.6
Self-employed	1,137	81.0	77.3-84.2	1,136	63.8	58.8-68.5
Unemployed	173	##	##	185	##	##
Homemaker	737	64.3	54.4-73.1	746	54.9	46.5-63.1
Student	125	91.8	86.5-95.1	124	##	##
Retired	2,371	55.2	51.6-58.8	2,343	53.7	50.0-57.3
Unable to Work	421	##	##	430	43.5	34.0-53.5

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width > 20.0.

Health-Related Quality of Life

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

General Health

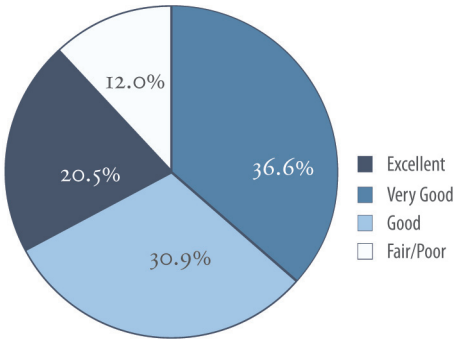
Definition

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

Current Prevalence

When asked to rate their health in general, the majority of adults said it was "excellent" (20.5 percent) or "very good" (36.6 percent) in 2007-2008. An additional 30.9 percent considered their health to be "good". However, 12.0 percent rated it as "fair" (9.2 percent) or "poor" (2.8 percent) (Figure 24).

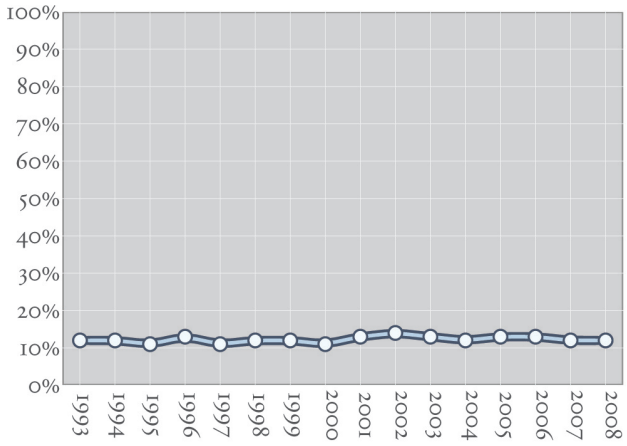
Figure 24. Self-Reported General Health Status (2007-2008)



Trend over Time

The proportion of respondents categorizing their health as fair or poor generally held steady at 11 to 12 percent from 1993 through 2000, then edged upward to about 13 percent in 2001 through 2006. In 2007 and 2008, the rate was back down to 12 percent (Figure 25).

Figure 25. Trend in Proportion of Adults Who Report "Fair" or "Poor" Health (1993-2008)

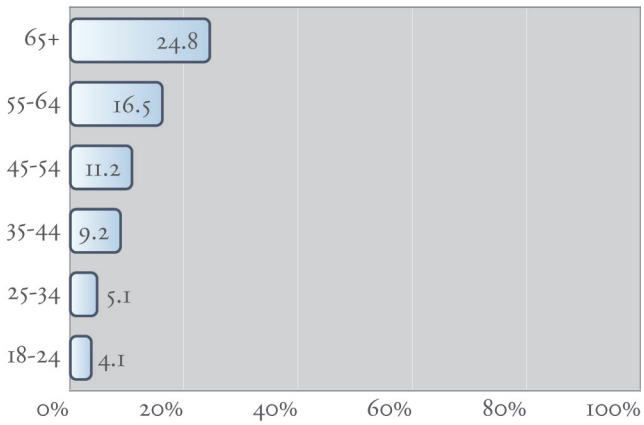


Who's at Risk in Nebraska?

Nebraska men (11.4 percent) and women (12.5 percent) were about equally likely to report being in fair or poor health in 2007-2008 (Table 11).

The proportion of adults with fair or poor health increased significantly with advancing age (Figure 26). One-fourth of adults aged 65 and older (24.8 percent) and 16.5 percent of those aged 55 to 64 indicated they had fair or poor health. In comparison, 11.2 percent of persons aged 45 to 54 and 9.2 percent of persons aged 35 to 44 had fair to poor health. Among respondents in the two youngest age groups (18- to 34-year-olds), only 4 to 5 percent rated their health this poorly.

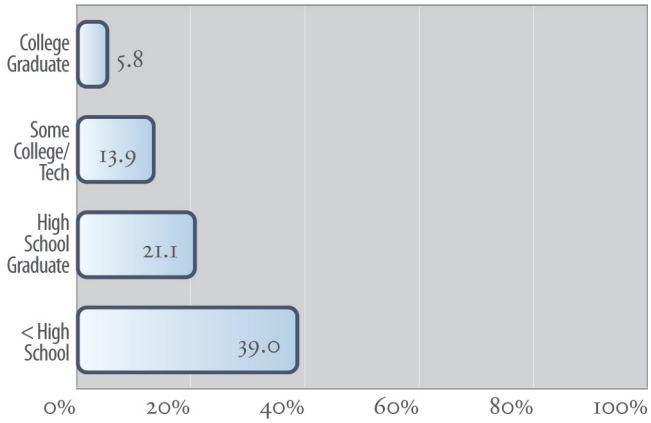
Figure 26. Respondents Self-Reporting "Fair" or "Poor" Health Status by Age (2007-2008)



Residents of rural Nebraska counties (14.0 percent) were significantly more likely than residents of urban counties (9.9 percent) to say their general health was just "fair" or "poor".

Adults with a lower level of education have significantly higher rates of fair or poor health than adults with higher levels of education. Nearly one-third of adults with less than a high school education (31.5 percent) reported being in fair or poor health (Figure 27), compared to only 15.3 percent of high school graduates. Only 10.3 percent of persons with technical training or some college and 5.9 percent of college graduates rated their health this way.

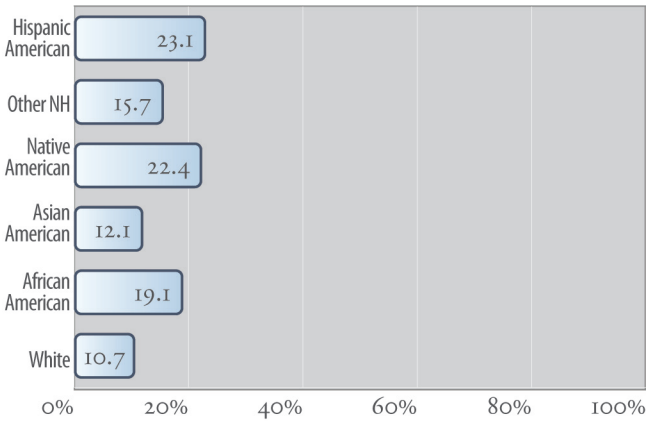
Figure 27. Adults Self-Reporting "Fair" or "Poor" Health Status by Educational Level (2007-2008)



A similar pattern is evident by household income of respondents. Persons with lower annual incomes were significantly more likely than those with higher incomes to indicate their health was fair or poor. More than one-third of respondents with incomes below $15,000 per year (35.3 percent) indicated they had fair or poor health, as did 23.5 percent of those with incomes between $15,000 and $24,999 and 22.5 percent of adults in the middle income range ($25,000 to $49,999). Among those with annual incomes of $50,000 or above, only 4.1 to 5.9 percent said their health was fair or poor.

Significant differences in self-reported health status were also identified by race and ethnicity of respondents (Figure 28). Hispanic American (23.1 percent), Native American (22.4 percent), and African American (19.1 percent) adults in Nebraska were all significantly more likely than non-Hispanic white (10.7 percent) adults to have fair or poor health.

Figure 28. Respondents Self-Reporting "Fair" or "Poor" Health Status by Race/Ethnicity (2007-2008)



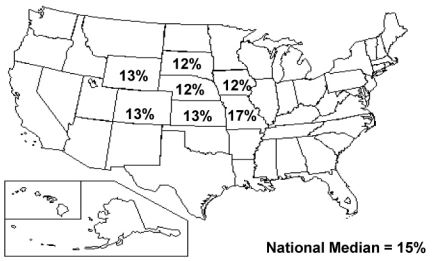
A significantly greater proportion of respondents who were previously married (24.1 percent) reported having fair or poor health, compared to those who were currently married (10.2 percent) or had never married (8.2 percent).

By employment status, respondents who were unable to work (63.8 percent) were significantly more likely than all other groups to say they have fair or poor health. Retired persons (24.6 percent) reported significantly greater prevalence of fair or poor health than employed (6.6 percent) or self-employed (8.2 percent) respondents or those who were homemakers (12.4 percent) or students (2.7 percent).

Nebraska and the Nation

Of the seven neighboring states, Nebraska, Iowa, and South Dakota reported the smallest proportion of adults who perceive their general health to be fair or poor (12 percent each). These three states, along with Colorado, Kansas, and Wyoming (all with 13 percent prevalence of fair or poor health) all ranked below the 2007-2008 national median of 15 percent (Figure 29). Of these seven states, only in Missouri (17 percent) was prevalence of fair/poor health higher than the national median.

Figure 29. Respondents Who Self-Reported Their Health Status as "Fair" or "Poor" (2007-2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Physical Health

Definition

Average (mean) Number of Days Physical Health Not Good: Based on responses to the question, "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"

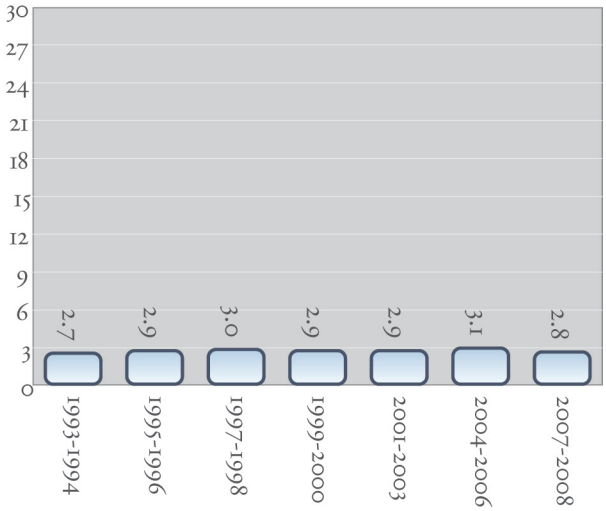
Current Status

In 2007-2008, adults in Nebraska reported an average of 2.8 days out of the past 30 days when they felt their physical health was not good (Table 11).

Trend over Time

The average number of days when physical health was not good was slightly lower than in the last 12 years, when averages of 2.9 to 3.1 days were reported (Figure 30).

Figure 30. Mean Number of Days During Past 30 Days When Adults' Physical Health Was "Not Good" (1993-2008)



Who's at Risk in Nebraska?

On average, females (3.2 days) reported a significantly greater number of days when their physical health was not good than did males (2.4 days) (Table 11).

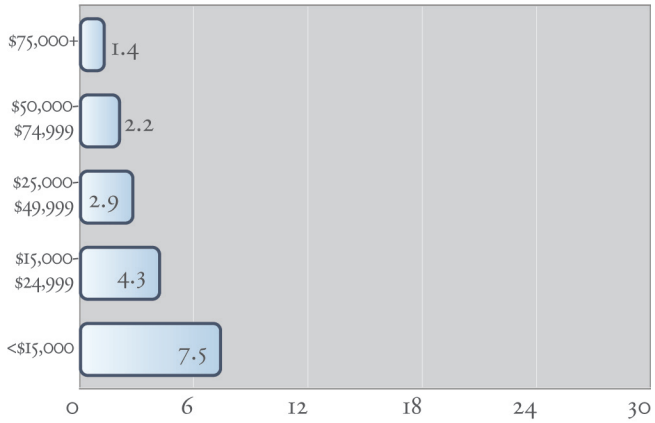
The average number of days when physical health was not good increased with increasing age of respondent. Elderly people aged 65 and older reported significantly more days in the past month when their physical health was not good (4.9 days) than people in each of the younger age groups. In addition, people aged 55 to 64 (3.7 days) and those aged 45 to 54 (2.9 days) indicated significantly more days when their physical health was not good, compared to younger respondents. The youngest age group (18- to 24-year-olds) averaged only 1.5 days in the past month when their physical health was not good.

Persons with less than a high school education reported significantly more days when their physical health was not good (4.9 days) than persons in all other educational categories. High school graduates (3.3 days) and persons with some college or technical training (2.8 days) averaged significantly more days when health was not good than college graduates (1.9 days).

Significant differences were also apparent by annual household income of respondents (Figure 31). Persons with incomes in the two lowest income brackets—below $15,000 (7.5 days) and $15,000 to $24,999 (4.3 days)

per year—had significantly more days of poor physical health than persons in all higher income categories. Persons earning $25,000 to $49,999 annually (2.9 days) and those earning $50,000 to $74,999 per year (2.2 days) averaged significantly more of these days than persons with incomes of $75,000 or more (1.4 days).

Figure 31. Mean Number of Days During Past 30 Days When Adults' Physical Health Was "Not Good" By Household Income (2007-2008)



Native Americans (5.1 days) and non-Hispanic persons of "other" races (4.6 days) reported significantly more days when their physical health was not good than non-Hispanic white (2.7 days) respondents.

Previously married respondents (5.0 days) averaged significantly more days when their physical health was not good than did either currently married (2.6 days) or never married (1.9 days) persons. The average number of days when health was not good was also significantly higher for currently married than for never married individuals.

Respondents who were unable to work reported significantly more days when their physical health was poor (17.1 of the past 30 days) than respondents in all other employment categories. Retired persons (4.9 days), unemployed respondents (4.1 days), and homemakers (3.0 days) all estimated significantly more days with poor health than employed (1.7 days) or self-employed (1.7 days) adults or students (1.4 days).

Mental Health

Definition

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

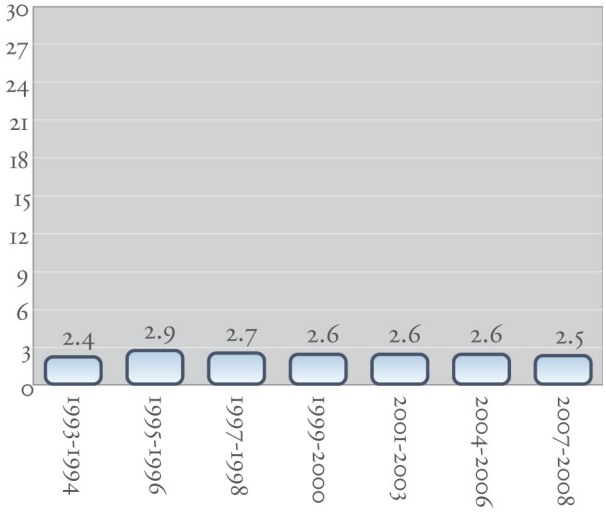
Current Status

In 2007-2008, adults aged 18 and older in Nebraska reported an average of 2.5 days in the 30 days prior to the survey when their mental health was not good (Table 11).

Trend over Time

Average number of days when mental health was not good has remained nearly steady from 1997-1998 through the present (Figure 32).

Figure 32. Mean Number of Days During Past 30 Days When Adults' Mental Health Was "Not Good" (1993-2008)



Who's at Risk in Nebraska?

Women experienced a significantly greater number of days in the past month (3.0 days) when their mental health was not good than did men (2.0 days) (Table 11).

In contrast to physical health where the opposite was true, respondents aged 65 and older tended to report fewer days when their mental health was not good (1.8 days) than younger respondents. In fact, they averaged

significantly fewer days than persons in each of the younger age groups (2.5 to 2.8 days) except 18- to 24-year-olds (2.7 days).

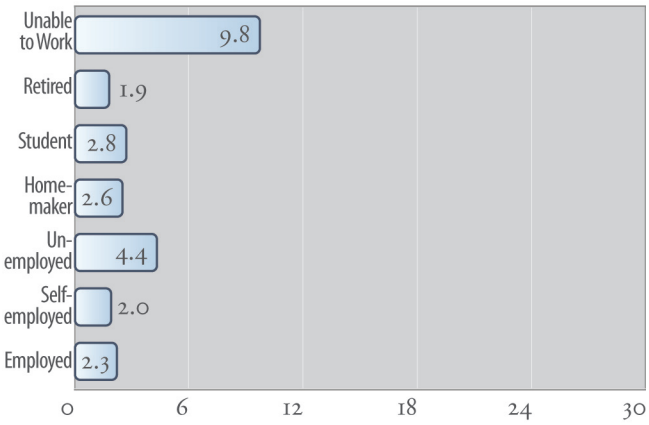
College graduates reported significantly fewer days when their mental health was not good (2.0 days) than respondents with less education did. High school graduates (2.6 days) averaged significantly fewer of these days than did persons with less than a high school education (3.9 days).

The average number of days when mental health was not good declined significantly with increasing household income. Persons with annual incomes below $15,000 (5.3 days) and those earning $15,000 to $24,999 (3.5 days) reported significantly more days in the past month when mental health was not good than each of the higher income groups. Persons in the middle income category ($25,000 to $49,999) averaged 2.6 days—significantly more than the average for respondents earning $75,000 or more annually (1.5 days).

Currently married individuals experienced 2.1 days in the past 30 days when their mental health was not good. This average is significantly lower than the number reported for previously married (3.8 days) or never married (3.0 days) respondents.

Persons who were unable to work averaged 9.8 days in the past month when their mental health was not good—a significantly greater number than those reported for each of the other employment categories (Figure 33). Unemployed persons (4.4 days) indicated a significantly greater number of days with poor mental health than employed (2.3 days) or self-employed (2.0 days) adults or retired persons (1.9 days).

Figure 33. Mean Number of Days During Past 30 Days When Adults' Mental Health Was "Not Good" By Employment Status (2007-2008)



Activity Limitations

Definition

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

Current Status

BRFSS respondents who reported in previous questions that either their physical health or mental health or both were "not good" for one or more days in the past month were asked for how many days their activities were limited by these conditions. In 2007-2008, adults aged 18 and older reported an average of 3.3 days in the past month when poor health kept them from participating in their usual activities (Table 11).

Trend over Time

Average number of days with limited activity in the current study was slightly lower than in the four previous studies, when averages ranged from 3.5 to 3.8 days (Figure 34).

Figure 34. Mean Number of Days During Past 30 Days When Adults' Activities Were Limited Due to Poor Physical or Mental Health (1997-2008)

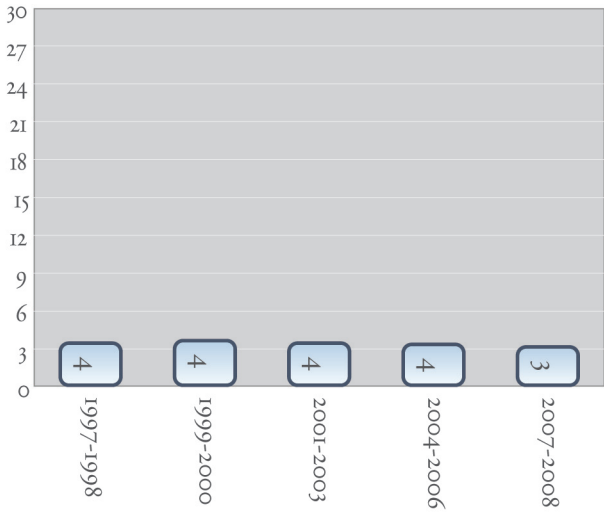
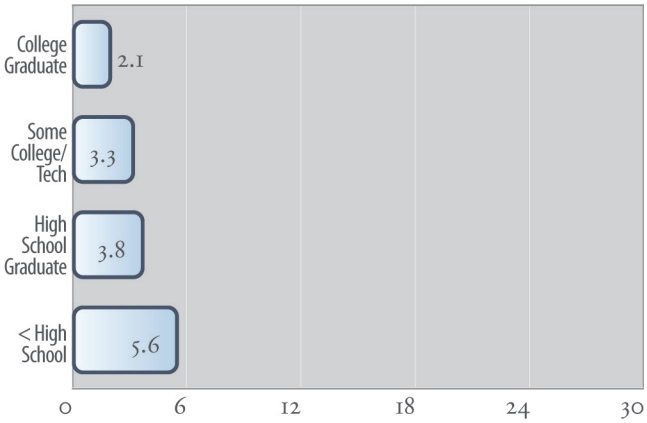


Figure 35. Mean Number of Days During Past 30 Days When Adults' Activities Were Limited Due to Poor Physical or Mental Health by Educational Level (2007-2008)



Who's at Risk in Nebraska?

Older respondents generally reported significantly more days when poor physical or mental health kept them from doing their usual activities. Respondents aged 65 and older had 5.7 days of limited activities in the past month—significantly more than the number reported indicated by respondents under age 55 (Table 11). Respondents aged 45 to 54 (3.7 days) and 55 to 64 (4.5 days) also noted significantly more of these days than persons under age 45 who averaged 1.7 to 2.4 days of limited activity.

Adults living in rural counties (3.7 days) reported significantly more days with limited activity than adults in urban counties (2.9 days) in Nebraska.

Persons who had not completed high school (5.6 days) reported significantly more activity-limited days than persons with some college (3.3 days) or persons who had graduated from college (2.1 days) (Figure 35). Respondents with a high school diploma (3.8 days) or who had some college or technical training also averaged significantly more of these days than persons with a college education.

A similar pattern was noted by household income of respondents. The average number of days when activities were limited by poor health was significantly greater for persons whose household incomes were under $15,000 (8.1 days) or in the $15,000 to $24,999 bracket (5.0 days), compared to the higher income categories. Respondents with annual incomes of $25,000 to $49,999 (2.9 days) experienced significantly more days of limited activity than persons in the top income bracket (1.5 days).

Native Americans (6.9 days) reported a significantly greater number of limited-activity days due to poor health in the past month than non-Hispanic white (3.2 days) Nebraskans.

Previously married respondents (5.4 days) experienced a significantly greater number of days in the past month when their usual activities were limited by poor health than did currently married (3.0 days) or never married (2.4 days) persons.

Persons who were unable to work (14.7 days) averaged significantly more days with limited-activity due to poor health than respondents in all other employment categories. The number of limited-activity days mentioned by retirees (5.9 days) was significantly greater than the average reported by employed (1.6 days) or self-employed (2.8 days) adults, homemakers (3.1 days), or students (1.8 days). Unemployed adults (5.1 days) also averaged significantly more limited-activity days than employed persons or students.

TABLE 11
Self-Reported Health Status and Activity Limitations
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Fair or Poor Health			Mean Number of Days When Physical Health Was Not Good			Mean Number of Days When Mental Health Was Not Good			Mean Number of Days When Activities Were Limited by Poor Physical or Mental Health		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	Mean # of days	Confidence Interval	Total # of Respondents	Mean # of days	Confidence Interval	Total # of Respondents	Mean # of days	Confidence Interval
Total	27,140	12.0	11.3-12.6	26,675	2.8	2.7-3.0	26,814	2.5	2.4-2.7	12,814	3.3	3.0-3.5
Gender												
Male	10,365	11.4	10.4-12.5	10,214	2.4	2.2-2.6	10,255	2.0	1.8-2.3	4,199	3.1	2.7-3.4
Female	16,775	12.5	11.7-13.4	16,461	3.2	3.0-3.4	16,559	3.0	2.8-3.2	8,615	3.4	3.1-3.7
Age												
18-24	781	4.1	2.4-6.7	763	1.5	1.1-2.0	774	2.7	2.0-3.4	433	1.7	0.8-2.6
25-34	2,605	5.1	3.9-6.7	2,590	1.7	1.4-1.9	2,584	2.8	2.4-3.3	1,310	1.9	1.6-2.3
35-44	4,019	9.2	7.7-10.9	3,995	2.1	1.8-2.4	3,985	2.6	2.3-3.0	2,072	2.4	2.0-2.8
45-54	5,480	11.2	9.8-12.7	5,442	2.9	2.6-3.3	5,430	2.8	2.4-3.1	2,572	3.7	3.2-4.3
55-64	5,380	16.5	14.8-18.3	5,308	3.7	3.3-4.1	5,331	2.5	2.2-2.9	2,501	4.5	3.8-5.2
65+	8,727	24.8	23.3-26.3	8,436	4.9	4.5-5.2	8,566	1.8	1.5-2.0	3,877	5.7	5.1-6.2
Place of Residence												
Urban	3,944	9.9	8.8-11.2	3,911	2.6	2.4-2.9	3,919	2.7	2.4-2.9	1,961	2.9	2.5-3.3
Rural	23,196	14.0	13.5-14.6	22,764	3.0	2.9-3.2	22,895	2.4	2.3-2.5	10,853	3.7	3.5-3.9
Education												
<High School	2,260	31.5	27.6-35.8	2,151	4.9	4.1-5.6	2,198	3.9	3.0-4.8	1,133	5.6	4.2-7.0
High School	10,064	15.3	14.0-16.6	9,843	3.3	3.0-3.6	9,918	2.6	2.4-2.9	4,654	3.8	3.4-4.3
Some College	7,597	10.3	9.2-11.5	7,515	2.8	2.5-3.1	7,529	2.7	2.4-3.0	3,732	3.3	2.8-3.7
College Degree	7,181	5.9	5.1-6.9	7,129	1.9	1.7-2.1	7,134	2.0	1.8-2.2	3,276	2.1	1.8-2.4

TABLE 11
Self-Reported Health Status and Activity Limitations
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Fair or Poor Health			Mean Number of Days When Physical Health Was Not Good			Mean Number of Days When Mental Health Was Not Good			Mean Number of Days When Activities Were Limited by Poor Physical or Mental Health		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	Mean # of days	Confidence Interval	Total # of Respondents	Mean # of days	Confidence Interval	Total # of Respondents	Mean # of days	Confidence Interval
Income												
Under $15,000	2,464	35.3	31.6-39.3	2,364	7.5	6.6-8.4	2,399	5.3	4.5-6.0	1,578	8.1	7.0-9.2
$15,000 - $24,999	4,360	23.5	21.1-26.0	4,269	4.3	3.8-4.8	4,316	3.5	3.0-3.9	2,232	5.0	4.3-5.6
$25,000 - $49,999	7,995	22.5	21.2-24.0	7,917	2.9	2.6-3.1	7,932	2.6	2.3-2.9	3,775	2.9	2.6-3.3
$50,000 - $74,999	4,267	5.9	4.6-7.4	4,239	2.2	1.8-2.5	4,245	2.3	1.9-2.7	1,867	2.5	1.8-3.2
$75,000 +	4,818	4.1	3.2-5.1	4,800	1.4	1.2-1.5	4,804	1.5	1.3-1.7	1,946	1.5	1.2-1.8
Race (Age Adjusted)												
White NH*	25,071	10.7	10.0-11.3	24,643	2.7	2.5-2.8	24,776	2.6	2.4-2.7	11,818	3.2	2.9-3.4
African American NH*	191	19.1	13.7-26.0	192	3.3	1.9-4.8	190	2.5	1.3-3.8	103	4.3	2.1-6.5
Asian American NH*	87	12.1	5.0-26.3	86	3.2	0.2-6.2	85	3.0	0.0-5.9	31	#	#
Native American NH*	192	22.4	15.0-32.2	187	5.1	2.9-7.3	189	4.4	2.1-6.7	120	6.9	4.1-9.6
Other Race NH*	390	15.7	11.1-21.6	383	4.6	3.2-6.0	385	3.6	2.4-4.8	226	4.8	3.1-6.4
Hispanic American	1,006	23.1	19.0-27.8	989	2.8	2.2-3.4	995	2.3	1.8-2.8	441	3.6	2.6-4.6
Marital Status												
Currently Married	16,856	10.2	9.5-11.0	16,653	2.6	2.4-2.7	16,706	2.1	2.0-2.3	7,472	3.0	2.7-3.2
Previously Married	7,536	24.1	22.3-26.0	7,326	5.0	4.6-5.5	7,409	3.8	3.3-4.2	3,897	5.4	4.8-6.0
Never Married	2,704	8.2	6.6-10.0	2,653	1.9	1.6-2.2	2,657	3.0	2.5-3.5	1,428	2.4	1.8-3.1
Employment												
Employed	12,975	6.6	5.9-7.4	12,876	1.7	1.6-1.9	12,872	2.3	2.1-2.4	5,942	1.6	1.4-1.8
Self-employed	3,238	8.2	6.3-10.6	3,209	1.7	1.4-1.9	3,215	2.0	1.5-2.5	1,235	2.8	1.6-4.0
Unemployed	568	21.5	15.1-29.6	560	4.1	3.1-5.1	558	4.4	3.2-5.7	343	5.1	3.6-6.7
Homemaker	2,121	12.4	10.1-15.2	2,072	3.0	2.4-3.6	2,090	2.6	2.0-3.2	1,025	3.1	2.4-3.9
Student	340	2.7	1.5-4.9	336	1.4	1.0-1.9	338	2.8	1.7-3.8	205	1.8	0.9-2.6
Retired	6,621	24.6	22.8-26.5	6,409	4.9	4.5-5.4	6,500	1.9	1.6-2.3	3,000	5.9	5.2-6.7
Unable to Work	1,236	63.8	59.3-69.0	1,176	17.1	15.8-18.4	1,203	9.8	8.6-11.0	1,048	14.7	13.2-16.1

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.

Disability and Quality of Life

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

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

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

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

Prevalence of Disability

Activity Limitation

Definition

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

Current Prevalence of Activity Limitations

In 2007-2008, 17.8 percent of adults responding to the Nebraska BRFSS stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems (Table 12).

Trend Over Time

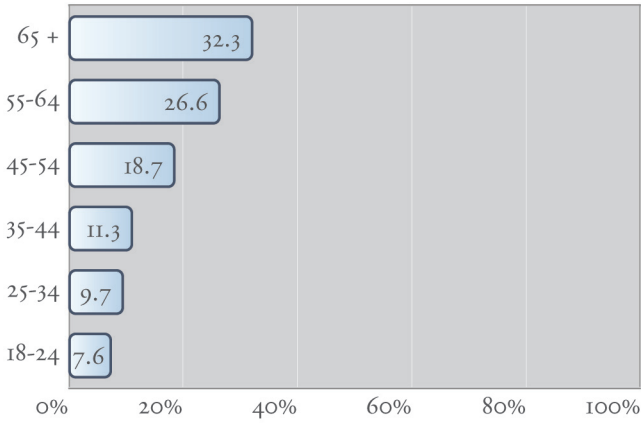
The proportion of adults who experienced these limitations has gradually increased from 15 percent in 2001-2003 to 17.8 percent in 2007-2008.

Who Has Activity Limitation?

Similar proportions of men (16.7 percent) and women (19.0 percent) reported that they were limited in their activities.

Older respondents (aged 45 and older) were significantly more likely than younger ones (aged 18 to 44) to say they were limited in any way in any activity due to physical, mental, or emotional problems (Figure 36). In addition, prevalence declined significantly for each decreasing ten-year age bracket within the three oldest groups. Nearly one-third of respondents aged 65 and older (32.3 percent) mentioned activity limitations, compared to 26.6 percent of those aged 55 to 64 and 18.7 percent of those 45 to 54 years of age. Significantly fewer persons aged 18 to 44 (7.6 to 11.3 percent) reported activity limitations due to these problems.

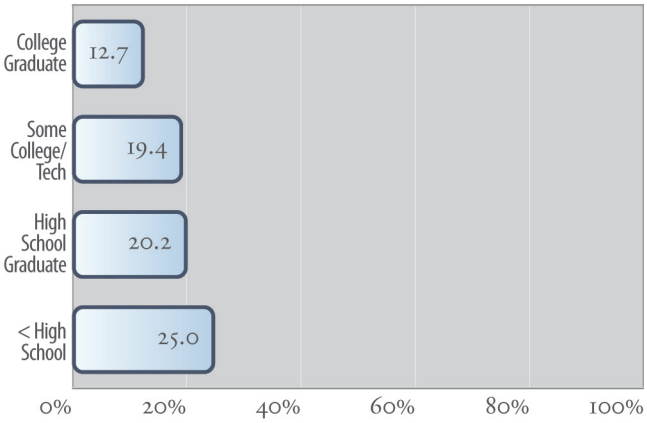
Figure 36. Activity Limitation Due to Physical, Mental or Emotional Problems by Age (2007-2008)



Prevalence of activity limitations was similar for rural (18.9 percent) and urban (16.8 percent) residents of Nebraska.

Respondents with college degrees (12.7 percent) were significantly less likely than persons at each of the three lower educational levels to state they had activity limitations due to physical, mental, or emotional problems (Figure 37). One-fourth of respondents who had not finished high school (25.0 percent) and one-fifth each of high school graduates (20.2 percent) and persons with some college (19.4 percent) reported experiencing activity limitations.

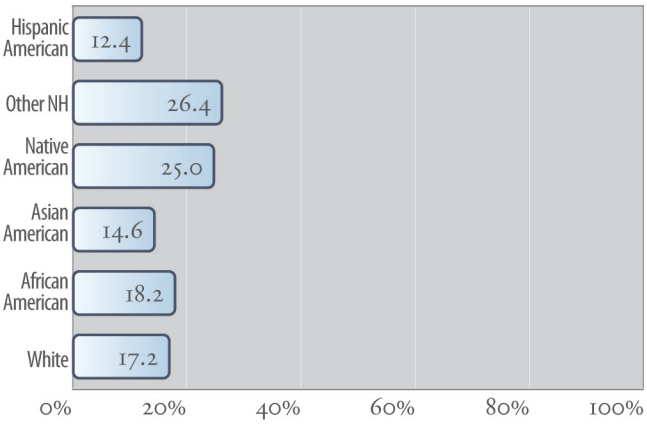
Figure 37. Activity Limitation Due to Physical, Mental or Emotional Problems by Educational Level (2007-2008)



A similar pattern is evident by household income, with lower-income respondents significantly more likely than higher-income individuals to have limitations in activities due to these problems. Rates ranged from a high of 44.1 percent for persons earning less than $15,000 per year to a low of 9.6 percent for those with annual incomes of $75,000 or more.

The rate of reported activity limitations was significantly higher for non-Hispanic persons of "other" races (26.4 percent) than for Hispanic Americans (12.4 percent) and non-Hispanic whites (17.2 percent) in Nebraska (Figure 38). Native Americans (25.0 percent) and non-Hispanic whites were also significantly more likely than Hispanic Americans to experience activity limitations.

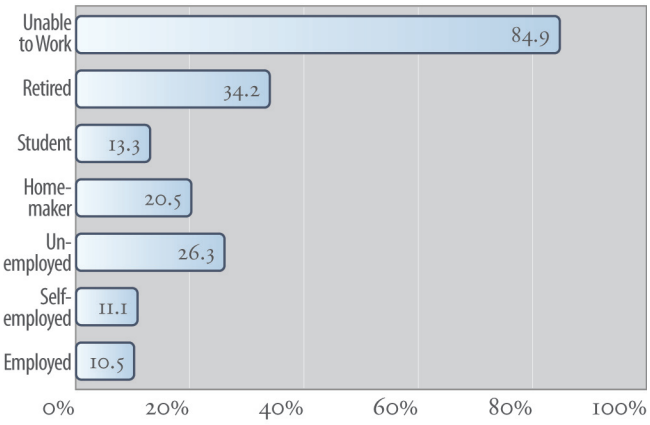
Figure 38. Activity Limitation Due to Physical, Mental or Emotional Problems by Race/Ethnicity (2007-2008)



Previously married respondents (32.4 percent) were significantly more likely than those who had never married (12.8 percent) or who were currently married (15.9 percent) to report activity limitations due to physical, mental, or emotional problems.

Among persons who were unable to work (84.9 percent), the proportion who experienced activity limitations was significantly higher than rates for all other employment groups (Figure 39). Retirees (34.2 percent) were also significantly more likely than respondents who were employed (10.5 percent), self-employed (11.1 percent), homemakers (20.5 percent) or students (13.3 percent) to say they had these limitations. Unemployed adults (26.3 percent) and homemakers were also significantly more likely than employed or self-employed persons to indicate they had activity limitations resulting from physical, mental, or emotional problems.

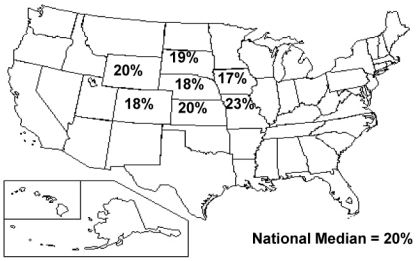
Figure 39. Activity Limitation Due to Physical, Mental or Emotional Problems by Employment Status (2007-2008)



Nebraska and the Nation

Compared to the nation (20 percent), Nebraska (18 percent) reported a somewhat lower percentage of persons with limited activity due to physical, mental, or emotional problems in 2007-2008 (Figure 40). Of the surrounding states, only Iowa reported a slightly lower rate (17 percent) and Colorado (18 percent) matched the Nebraska rate. Missouri (23 percent) exceeded the national median.

Figure 40. Activity Limitations Due to Physical, Mental or Emotional Problems (2007-2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Health Problems Requiring Use of Special Equipment

Definition

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

Current Prevalence

Six percent of adults participating in the 2007-2008 Nebraska BRFSS (6.1 percent) said they now have a health problem that requires them to use special equipment (Table 12).

Who Has Health Problems Requiring Special Equipment?

The proportion of women (6.9 percent) who needed to use special equipment because of a health problem was significantly greater than the proportion of men (5.4 percent).

Respondents aged 55 to 64 (7.8 percent) and aged 65 and older (17.5 percent) were significantly more likely than younger respondents to need special equipment due to a health problem. Among respondents aged 45 to 54, 5.1 percent used special equipment, while rates ranged from 0.4 percent to 2.4 percent for those aged 18 to 44.

The proportion of rural residents who reported that they require special equipment (6.9 percent) was significantly larger than the rate among urban adults (5.4 percent).

One in nine persons with less than a high school education (11.4 percent) had a health problem necessitating use of special equipment. This rate is significantly higher than the rates for persons with more education. In fact, as levels of education increased, the proportion of persons needing special equipment declined significantly.

Significant differences were also noted by household income of respondents, with persons in the lowest income bracket (19.0 percent) much more likely than those with higher incomes to need special equipment due to a health problem. One in nine respondents with incomes of $15,000 to $24,999 (11.2 percent) stated they used special equipment due to their health. For persons with higher incomes, rates ranged from 6.0 percent for those earning $25,000 to $49,999 annually down to 2.3 percent for respondents earning $75,000 or more per year.

Non-Hispanic persons of "other" races (12.6 percent) were significantly more likely than non-Hispanic whites (5.6 percent), Hispanic Americans (4.3 percent) or Asian Americans (2.2 percent) to report that they needed to use special equipment because of health problems. Native Americans (12.4 percent) were also significantly more likely than Hispanic Americans and non-Hispanic whites in Nebraska to indicate a need for special equipment.

Previously married (15.9 percent) adults were significantly more likely than currently married (4.7 percent) or never married (3.2 percent) persons to say they needed to use special equipment.

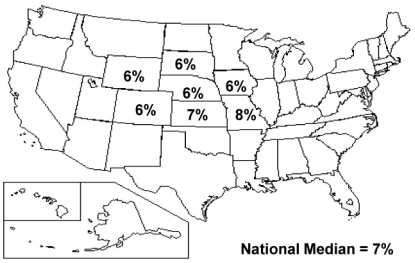
The proportion of adults who had health problems necessitating use of special equipment was by far the highest among respondents who were unable to work (43.9 percent), with this rate significantly higher than rates reported for any other employment group. Retirees (17.3 percent) reported significantly higher rates than all other groups, except those unable to work. Homemakers also were significantly more likely than employed (2.1 percent) or self-employed (2.6 percent) adults and students (0.9 percent) to say they needed special equipment due to health problems.

Nebraska and the Nation

In 2007-2008, the proportion of Nebraska adults who had health problems requiring use of special equipment (6 percent) was one percentage point below the national median of 7 percent (Figure 41). Of the six surrounding states, Missouri reported the highest rate (8 percent),

followed by Kansas (7 percent) which matched the national rate. The four remaining states reported rates of 6 percent.

Figure 41. Health Problems Requiring Use of Special Equipment (2007-2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS.

Emotional Support and Life Satisfaction

Emotional Support

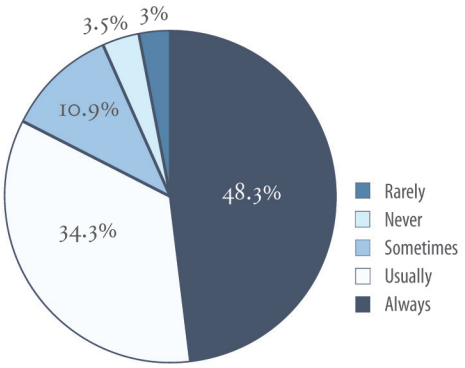
Definition

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

Current Prevalence

A little less than one-half of the respondents to the 2007-2008 BRFSS (48.3 percent) stated that they "always" get the social and emotional support they need (Figure 42). An additional 34.3 percent said they "usually" do. Fewer respondents (10.9 percent) reported "sometimes" receiving this level of support, while 3.0 percent felt they "rarely" get the emotional support they need and 3.5 percent "never" did.

Figure 42. Frequency of Emotional Support Among Nebraska Adults (2007-2008)



Who Receives the Emotional Support They Need?

More than one-half of adults aged 65 and older (53.0 percent) reported always receiving the social and emotional support they need (Table 13). These respondents were significantly more likely than persons aged 35 to 44 (44.7 percent) and those 45 to 54 (43.8 percent) to rate the level of support they get this positively.

Respondents with household incomes of $50,000 to $74,999 (51.5 percent) and those earning $75,000 or more (50.0 percent) were significantly more likely than persons with annual incomes under $25,000 (41.8 to 42.9 percent) to say they always get the emotional support they need.

The proportion of currently married adults receiving the emotional support they need (50.2 percent) was significantly greater than the proportion of previously married respondents (42.3 percent) who said they did.

The proportions of students (59.0 percent) and retired persons (54.1 percent) who always received the emotional support they need were significantly greater than the proportions for employed (46.9 percent) and self-employed (45.2 percent) persons and for those who were unable to work (43.5 percent).

No significant differences were found by gender, place of residence, educational level, or race/ethnicity.

Life Satisfaction

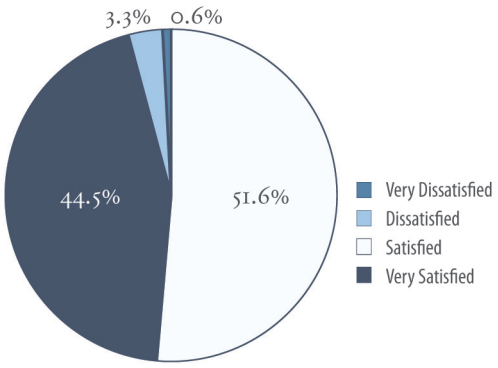
Definition

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

Current Prevalence

In the 2007-2008 BRFSS, 44.5 percent of adults stated that they were "very satisfied" with their lives (Figure 43), while 51.6 percent said they were "satisfied." Thus, 96.1 percent rated their life satisfaction positively. Only 3.3 percent were "dissatisfied" and 0.6 percent "very dissatisfied".

Figure 43. Nebraska Adults--Satisfaction with Their Lives (2005-2006)



Who Is "Very Satisfied" with Their Life?

Level of life satisfaction increased significantly with increasing level of education (Table 13). Respondents with college degrees (54.5 percent) were significantly more likely to say they were very satisfied with their lives, compared to respondents with less education. Persons with some college or technical training (43.0 percent) were also significantly more likely than high school graduates (37.9 percent) or those who had not completed high school (32.2 percent) to state they were very satisfied with their lives.

The proportion of persons who were very satisfied with their lives also increased significantly with household income. Fewer than three in 10 respondents with incomes below $15,000 (27.3 percent) or incomes of $15,000 to $24,999 (27.1 percent) considered their lives very satisfactory. Satisfaction rates rose significantly with each higher income level, reaching a high of 58.0 percent among respondents with incomes of $75,000 or more.

Non-Hispanic white Nebraskans (44.8 percent) were significantly more likely to rate their lives very satisfactory than African Americans (31.6 percent) in the state.

One-half of currently married adults (50.7 percent) stated they were very satisfied with their lives. These respondents were significantly more likely than previously married (30.8 percent) or never married (33.3 percent) persons to rate their lives this positively.

Persons who were unable to work (19.3 percent) and unemployed persons (22.9 percent) were significantly less likely to be very satisfied with their lives than respondents in all other employment categories.

No significant differences in proportions of respondents who reported being very satisfied with their lives were found by gender, age, or place of residence.

TABLE 12
Prevalence of Disability
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Activities Limited due to Physical, Mental, or Emotional Problems			Health Problem Requiring Use of Special Equipment		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	27,013	17.8	17.0-18.7	27,091	6.1	5.6-6.6
Gender						
Male	10,305	16.7	15.4-18.1	10,346	5.4	4.6-6.2
Female	16,708	19.0	17.9-20.1	16,745	6.9	6.3-7.5
Age						
18-24	778	7.6	4.9-11.5	781	0.4	0.1-1.2
25-34	2,599	9.7	7.7-12.1	2,603	2.4	1.3-4.4
35-44	3,998	11.3	9.8-13.1	4,003	2.3	1.7-3.0
45-54	5,452	18.7	16.9-20.7	5,466	5.1	4.2-6.2
55-64	5,359	26.6	24.6-28.7	5,371	7.8	6.8-9.1
65+	8,683	32.3	30.6-34.0	8,721	17.5	16.2-18.8
Place of Residence						
Urban	3,923	16.8	15.3-18.5	3,934	5.4	4.6-6.3
Rural	23,090	18.9	18.2-19.5	23,157	6.9	6.5-7.2
Education						
<High School	2,248	25.0	21.0-29.4	2,262	11.4	8.4-15.2
High School	10,009	20.2	18.8-21.8	10,035	7.5	6.7-8.3
Some College	7,563	19.4	17.7-21.3	7,591	5.4	4.7-6.2
College Degree	7,155	12.7	11.5-14.0	7,164	4.3	3.6-5.1
Income						
Under $15,000	2,457	44.1	39.7-48.7	2,458	19.0	16.4-21.9
$15,000 - $24,999	4,341	27.0	24.3-30.0	4,356	11.2	9.2-13.6
$25,000 - $49,999	7,956	19.6	18.0-21.4	7,972	6.0	5.2-6.9
$50,000 - $74,999	4,248	12.1	10.5-14.0	4,257	3.3	2.6-4.2
$75,000 +	4,806	9.6	8.3-11.0	4,813	2.3	1.7-3.1
Race (Age-Adjusted)						
White NH*	24,949	17.2	16.3-18.1	25,018	5.6	5.2-6.2
African American NH*	190	18.2	12.3-25.9	192	7.3	4.4-12.0
Asian American NH*	87	14.6	7.0-28.1	87	2.2	0.6-7.4
Native American NH*	191	25.0	17.6-34.2	193	12.4	6.7-21.8
Other Race NH*	389	26.4	19.5-34.8	391	12.6	8.1-18.9
Hispanic American	1,008	12.4	9.9-15.4	1,009	4.3	3.0-6.2
Marital Status						
Currently Married	16,777	15.9	15.0-16.8	16,819	4.7	4.2-5.2
Previously Married	7,510	32.4	30.1-34.7	7,531	15.9	14.4-17.5
Never Married	2,685	12.8	10.5-15.5	2,698	3.2	2.0-4.9
Employment						
Employed	12,914	10.5	9.6-11.4	12,943	2.1	1.7-2.5
Self-employed	3,218	11.1	9.6-12.7	3,232	2.6	2.0-3.3
Unemployed	565	26.3	19.9-34.0	567	5.6	3.2-9.4
Homemaker	2,119	20.5	16.8-24.7	2,123	6.9	4.2-10.9
Student	338	13.3	7.8-21.8	340	0.9	0.3-2.7
Retired	6,586	34.2	32.2-36.2	6,612	17.3	15.8-18.9
Unable to Work	1,234	84.9	80.8-88.3	1,232	43.9	39.0-49.0

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.

TABLE 13
Emotional Support and Life Satisfaction
Nebraska Adults Aged 18+ (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	"Always" Get Social and Emotional Support You Need			In General, "Very Satisfied" with My Life		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	26,085	48.3	47.0-49.6	26,297	44.5	43.2-45.8
Gender						
Male	9,853	49.6	47.5-51.6	9,996	44.1	42.0-46.1
Female	16,232	47.1	45.5-48.7	16,301	44.9	43.3-46.5
Age						
18-24	756	52.8	46.5-59.0	755	40.0	33.9-46.2
25-34	2,524	48.2	44.7-51.8	2,530	46.5	43.0-50.0
35-44	3,898	44.7	41.9-47.5	3,905	45.7	42.9-48.5
45-54	5,288	43.8	41.4-46.1	5,324	42.5	40.2-44.8
55-64	5,186	49.0	46.6-51.3	5,223	45.6	43.2-48.0
65+	8,312	53.0	51.2-54.8	8,440	44.9	43.1-46.8
Place of Residence						
Urban	3,792	48.8	46.4-51.2	3,809	45.6	43.2-48.0
Rural	22,293	47.7	46.8-48.6	22,488	43.4	42.5-44.3
Education						
<High School	2,096	47.7	42.8-52.5	2,154	32.2	27.9-36.8
High School	9,581	49.5	47.2-51.9	9,687	37.9	35.7-40.2
Some College	7,365	47.3	44.8-49.7	7,385	43.0	40.6-45.4
College Degree	7,009	48.1	45.9-50.4	7,038	54.5	52.3-56.8
Income						
Under $15,000	2,360	41.8	37.2-46.6	2,369	27.3	22.9-32.2
$15,000 - $24,999	4,171	42.9	39.5-46.3	4,226	27.1	24.6-29.8
$25,000 - $49,999	7,736	46.9	44.6-49.2	7,788	40.2	37.9-42.5
$50,000 - $74,999	4,153	51.5	48.3-54.7	4,171	50.0	46.8-53.2
$75,000 +	4,685	50.0	47.3-52.7	4,705	58.0	55.3-60.6
Race (Age-Adjusted)						
White NH*	24,158	48.2	46.8-49.7	24,335	44.8	43.3-46.2
African American NH*	178	51.4	41.6-61.1	174	31.6	23.3-41.2
Asian American NH*	80	##	##	81	##	##
Native American NH*	186	49.0	39.4-58.7	188	##	##
Other Race NH*	372	46.2	38.9-53.6	382	41.8	33.8-50.3
Hispanic American	943	46.4	40.7-52.2	968	43.4	37.8-49.1
Marital Status						
Currently Married	16,253	50.2	48.7-51.6	16,371	50.7	49.2-52.1
Previously Married	7,198	42.3	40.0-44.7	7,273	30.8	28.6-33.0
Never Married	2,598	46.3	42.0-50.7	2,619	33.3	29.4-37.5
Employment						
Employed	12,506	46.9	45.1-48.7	12,568	45.2	43.4-47.0
Self-employed	3,128	45.2	41.9-48.4	3,147	46.4	43.1-49.8
Unemployed	544	44.4	36.0-53.0	547	22.9	16.8-30.3
Homemaker	2,061	48.0	43.6-52.4	2,070	50.3	45.9-54.7
Student	331	59.0	49.4-68.0	332	48.5	38.7-58.4
Retired	6,289	54.1	52.0-56.2	6,410	45.9	43.7-48.0
Unable to Work	1,190	43.5	38.2-49.0	1,185	19.3	15.7-23.6

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width > 20.0.

Reactions to Race

Racial or cultural discrimination may occur when individuals are seeking health care, which limits their access to needed health resources (such as health information and high-quality health care) and leads to poorer health outcomes for those lacking access to care.

Studies have also shown that poor health outcomes can be associated with perceptions of racial discrimination and experiences of racist events in any setting. The influence of these factors on health is thought to result from the cumulative effects of physiologic stress induced when discrimination or other negative experiences occur. As time goes on, these repeated physiologic reactions to stress cause changes in the body that lead to disease.

Respondents to this BRFSS module were asked several questions about the way their race impacts the way they are treated at work and in situations where they are seeking health care. They were also asked about their physical symptoms or emotional responses to the way they are treated based on their race.

Please note that in the "Reactions to Race" section, rates will be shown for all racial/ethnic groups, even though there may be less than 50 respondents in a cell or confidence interval widths may exceed the stated limit. In these instances, results should be used with caution. Differences in prevalence that are statistically significant will still be identified in the narrative.

Thinking about Their Race

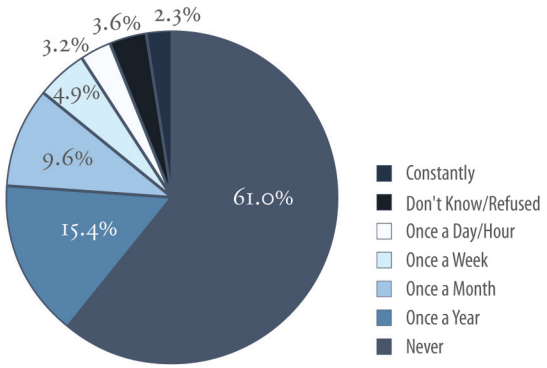
Definition

How Often You Think About Your Race: Responses to the question, "How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

Current Prevalence

In 2008, 60.8 of adult Nebraskans said they never think about their race (Figure 44), while smaller proportions said they think about it once a year (15.4 percent), once a month (9.7 percent), or more frequently. Some respondents (3.6 percent) reported thinking about their race constantly.

Figure 44. How Often Respondents Think About Their Race Adults Aged 18+ (2008)

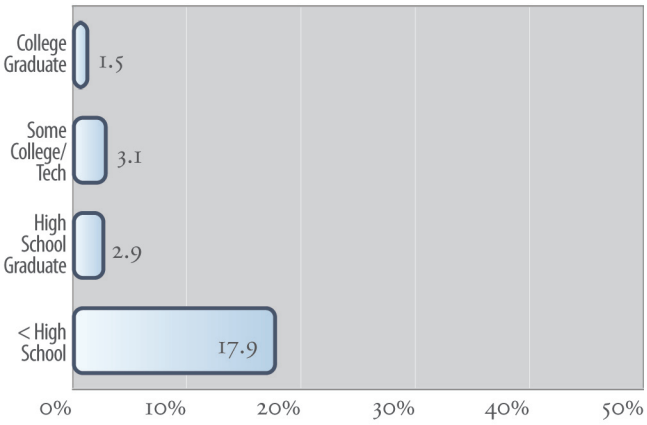


Significant Differences in How Often Respondents Think about Their Race

Persons aged 25 to 34 (5.7 percent) were significantly more likely than respondents aged 55 to 64 (1.7 percent) or 65 and older (2.9 percent) to state they think about their race constantly (Table 14). Persons aged 35 to 44 (4.3 percent) were also significantly more likely than 55- to 64-year-olds to think about race this frequently.

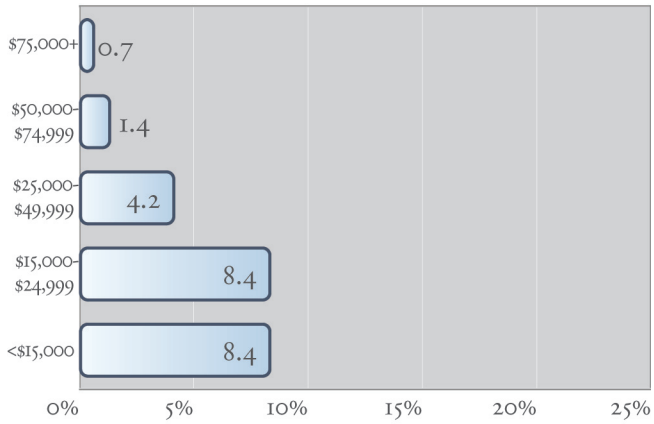
The proportion of adults with less than a high school education who thought about their race constantly (17.9 percent) was more than five times higher than the proportions for persons with more education (Figure 45). Respondents who had not finished high school were significantly more likely than high school graduates (2.9 percent), persons with some college or technical training (3.1 percent), or college graduates (1.5 percent) to say they thought about this topic constantly.

Figure 45. Respondents Who Think About Their Race "Constantly" by Educational Level (2008)



Respondents with lower incomes were generally more likely than persons with higher household incomes to report thinking about their race constantly (Figure 46). The proportion of adults with annual household incomes of $15,000 to $24,999 (8.4 percent) who thought about their race this often was significantly greater than the rates for those earning $25,000 to $49,999 (4.2 percent), $50,000 to $74,999 (1.4 percent) or $75,000 or more (0.7 percent). Respondents earning less than $15,000 annually (8.4 percent) or $25,000 to $49,999 were also significantly more likely than persons earning $50,000 or more to indicate they think about their race constantly.

Figure 46. Respondents Who Think About Their Race "Constantly" by Household Income (2008)



Hispanic Americans (32.8 percent), African Americans (26.8 percent) and Native Americans (18.3 percent) were significantly more likely than non-Hispanic whites (1.3 percent), Asian Americans (1.9 percent), or non-Hispanic persons of "other" races (3.4 percent) to say they think about their race constantly (Figure 47).

Figure 47. Respondents Who Think About Their Race Constantly by Race/Ethnicity (2008)

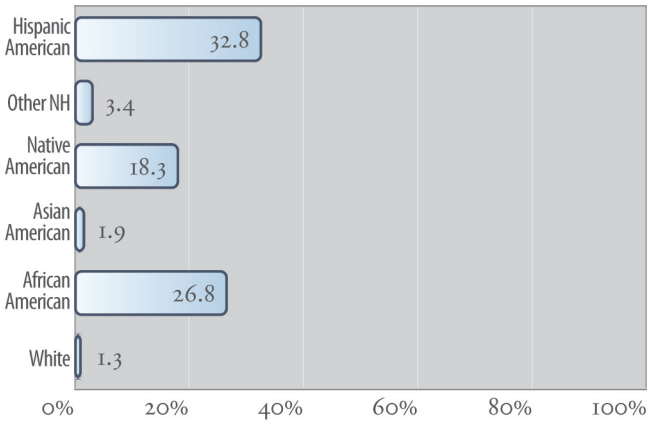


Table 15 presents frequencies for other answers to the question asking how often respondents think about their race. Nine out of ten non-Hispanic white adults (90.2 percent) said "never" (64.9 percent), "once a year" (16.0 percent) or "once a month" (9.4 percent). Among Asian Americans, 85.0 percent reported thinking about their race this rarely, as did 78.2 percent of non-Hispanic persons of "other" races.

For African Americans (52.7 percent), Native Americans (38.1 percent), and Hispanic Americans (35.6 percent), smaller proportions of respondents said they thought about their race this rarely (never, once a year, or once a month).

No significant differences were found by gender, place of residence, marital status, or employment of respondents.

Treatment at Work

Definition

How You Were Treated at Work: Responses to the question, "Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?" (This question was only asked of those who are employed for wages, self-employed, or out of work for less than one year).

Current Prevalence

When asked how they were treated at work in the past year compared to people of other races, the majority (86.7 percent) of respondents overall indicated they were treated the same as people of other races (Table 16). Only 2.4 percent of respondents stated they were

treated "worse than" people of other races, while 3.6 percent felt they received "better" treatment. The remaining 7.3 percent said they only encountered persons of the same race, didn't know, or refused to answer.

At Work, Who Is Treated Worse Than Persons of Other Races?

The proportion of adults aged 35 to 44 who reported they are treated worse than people of other races at their place of employment (4.0 percent) was significantly greater than the proportion of adults aged 18 to 24 (0.9 percent) (Table 14).

Persons who had not completed high school (10.3 percent) were significantly more likely than respondents with more education to say they were treated worse than people of other races. In comparison, 2.8 percent of high school graduates, 2.0 percent of persons with some college or technical training, and 1.6 percent of college graduates felt they were treated worse than persons of other races.

Respondents with household incomes of $15,000 to $24,999 (4.9 percent) were significantly more likely than those with incomes of $50,000 to $74,999 (1.3 percent) or $75,000 or more (1.6 percent) to say they were treated worse than persons or other races at their job.

Hispanic Americans (9.8 percent) and Native Americans (8.8 percent) were significantly more likely than non-Hispanic whites (1.3 percent) to report being treated worse than people of other races at work. Among African Americans, 29.2 percent felt they were treated worse than persons of other races at their place of employment.

Compared to currently married respondents (2.0 percent), a significantly greater proportion of persons who had previously been married (4.4 percent) felt they were treated worse than people of other races at their place of employment.

Unemployed adults (8.8 percent) were significantly more likely than currently employed persons (2.2 percent) to say they were treated worse than persons of other races at work.

Treatment When Seeking Health Care

Definition

How You Were Treated When Seeking Health Care: Responses to the question, "Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

Current Prevalence

When asked how they were treated when seeking health care, the majority of people overall (75.9 percent) rated their experiences the same as people of other races and 10.9 percent said they were treated better than persons of other races (Table 17). Overall, 1.7 percent of respondents said they were treated worse.

When Seeking Health Care, Who Is Treated Worse Than Persons of Other Races?

Adults aged 35 to 44 (2.9 percent) were significantly more likely than persons aged 65 and older (0.8 percent) to say they were treated worse when seeking health care than people of other races (Table 14).

Compared to respondents with less education, a significantly smaller proportion of college graduates (0.5 percent) felt their experiences in seeking health care were worse than persons of other races. The proportions of persons who felt their experiences were worse due to their race ranged from 1.9 percent for high school graduates to 2.7 percent for respondents who had not finished high school.

A similar pattern was evident by household income, with lower-income respondents significantly more likely to say they had worse experiences when seeking health care than people of other races. Among adults with household incomes below $25,000 per year, 3.2 to 4.1 percent felt their experiences were worse. Among those with incomes of $50,000 or more, less than one percent felt they were treated worse than people of other races when seeking health care.

Significantly greater proportions of African Americans (9.0 percent) and Native Americans (7.8 percent) stated that their experiences in seeking health care were worse than that for people of other races, compared to non-Hispanic whites (1.4 percent) and non-Hispanic persons of "other" races (0.9 percent). However, the majority of all racial/ethnic groups said their

experiences were the same as those among people of other races (Table 17). In fact, 16.3 percent of Native Americans and 16.5 percent of Hispanic Americans surveyed felt they had better treatment than people of other races.

Previously married respondents (2.9 percent) were significantly more likely than currently married adults (1.3 percent) to say their experiences in seeking health care were worse due to their race.

Self-employed (4.2 percent) and unemployed (2.9 percent) adults, and those who were unable to work (4.8 percent) were significantly more likely than homemakers (0.8 percent) and retired persons (0.9 percent) to say their experiences with the health care system were worse because of their race. Self-employed respondents and adults who were unable to work were also significantly more likely than employed adults (1.3 percent) to give this response.

Physical and Emotional Symptoms

Physical Symptoms

Definition

Had Physical Symptoms Resulting from Your Treatment Based on Race: "Yes" to the question, "Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?"

Current Prevalence

Only a small proportion of respondents to the 2008 BRFSS (1.9 percent) stated they had any physical symptoms such as headache, an upset stomach, tensing of their muscles, or a pounding heart in the past month due to treatment of them based on their race (Table 18).

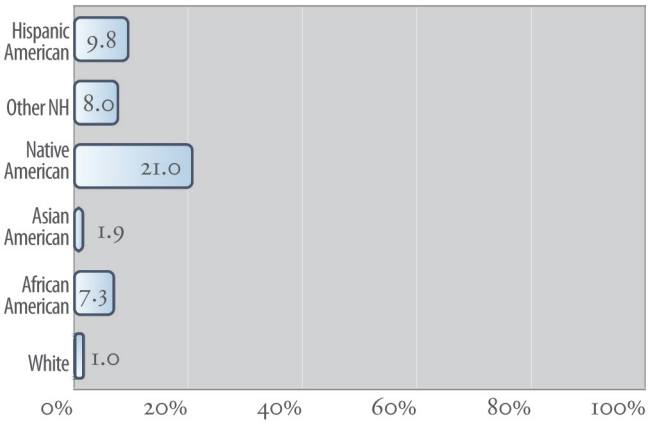
Who Has Experienced Physical Symptoms?

Respondents who had not completed high school (7.4 percent) were nearly five times as likely as persons with more education to say they had experienced physical symptoms due to the way they were treated due to their race. Prevalence of these symptoms was significantly greater for these respondents than for high school graduates (1.5 percent), persons with some college or technical training (1.5 percent), and college graduates (1.3 percent).

Similarly, respondents with household incomes under $15,000 per year (4.2 percent) were significantly more likely than persons with incomes of $25,000 or higher (0.7 to 1.8 percent) to report that they had physical symptoms in the past month because of others' treatment of them based on their race. Respondents earning $15,000 to $24,999 were also significantly more likely than persons earning $75,000 or more (0.7 percent) to say they had these symptoms.

Hispanic Americans (9.8 percent), African Americans (7.3 percent) and non-Hispanic persons of "other" races (8.0 percent) were all significantly more likely than non-Hispanic white adults (1.0 percent) to have experienced physical symptoms as a result of this treatment (Figure 48). Hispanic Americans were also significantly more likely than Asian Americans (1.9 percent) to say they had physical symptoms due to the way they were treated due to their race. Among Native Americans, 21.0 percent reported physical symptoms resulting from this treatment.

Figure 48. Experienced Physical Symptoms Due to Treatment Based on Their Race in Past 30 Days--by Race/Ethnicity (2008)



Among persons who were unable to work (6.0 percent), a significantly greater proportion had physical symptoms resulting from treatment based on their race compared to employed (1.6 percent), self-employed (1.3 percent), unemployed (1.6 percent), and retired (1.1 percent) persons (Table 18). Homemakers (3.9 percent) were also significantly more likely to report physical symptoms than retirees.

Emotionally Upset

Definition

Were Emotionally Upset Resulting from Your Treatment Based on Race: "Yes" to the question, "Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?"

Current Prevalence

Overall, 3.2 percent of respondents to the 2008 Nebraska BRFSS said they had felt emotionally upset in the past 30 days as a result of how they were treated based on their race.

Who Has Felt Emotionally Upset Due to This Treatment?

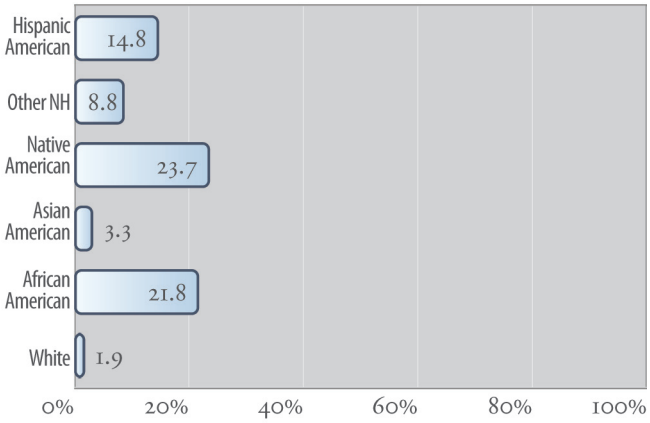
Persons aged 35 to 44 (4.1 percent) and those aged 45 to 54 (3.3 percent) were significantly more likely than adults aged 65 and older (1.7 percent) to have been emotionally upset because of the way they were treated based on their race.

Prevalence of emotional upset due to racially-based treatment was significantly greater among persons who had not finished high school (8.9 percent) than among those with more education. Rates ranged from 2.1 percent among college graduates to 3.4 percent among respondents with some college or technical training.

Respondents with household incomes below $15,000 per year (8.8 percent) were significantly more likely than persons with incomes of $25,000 or higher to say they had experienced emotional upset due to the way they were treated based on their race within the past month. Respondents earning $15,000 to $24,999 annually (5.0 percent) were also significantly more likely than adults earning $50,000 or more (1.9 percent) to have felt emotionally upset for this reason.

Prevalence of emotional upset due to racially-related treatment was significantly greater among Hispanic Americans (14.8 percent) than among non-Hispanic whites (1.9 percent) and Asian Americans (3.3 percent) (Figure 49). A significantly greater proportion of non-Hispanic persons of "other" races (8.8 percent) reported feeling emotionally upset, compared to non-Hispanic whites. Among African Americans, 21.8 percent indicated they had been emotionally upset as a result of this kind of treatment, as did 23.7 percent of Native Americans.

Figure 49. Emotionally Upset Due to Treatment Based on Their Race in Past 30 Days-- by Race/Ethnicity (2008)



Respondents who were unable to work (8.2 percent) were significantly more likely than employed (2.9 percent) or retired (1.7 percent) persons to report feeling emotionally upset in the past month due to the way they were treated based on their race. Prevalence of emotional upset resulting from this cause was also significantly greater among unemployed adults (6.2 percent) and homemakers (4.5 percent) than among retirees.

TABLE 14
Reactions to Race
Nebraska Adults (2008)
(with 95% Confidence Intervals--SUDAAN)

	How Often You Think About Your Race: Constantly			At Work: Treated Worse Than People of Other Races			When Seeking Health Care: Experiences Worse Than for People of Other Races		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	15,810	3.6	3.0-4.3	9,593	2.4	1.9-3.1	15,788	1.7	1.4-2.2
Gender									
Male	5,973	4.1	3.2-5.4	4,177	3.1	2.2-4.2	5,964	2.1	1.4-2.9
Female	9,837	3.1	2.5-3.8	5,416	1.7	1.2-2.3	9,824	1.4	1.0-1.9
Age									
18-24	454	3.7	1.9-7.1	284	0.9	0.4-2.1	451	1.3	0.4-3.7
25-34	1,474	5.7	3.9-8.2	1,193	1.9	0.9-3.7	1,471	1.6	0.8-3.1
35-44	2,243	4.3	3.2-5.9	1,941	4.0	2.6-6.1	2,241	2.9	1.8-4.6
45-54	3,187	2.9	2.0-4.2	2,785	2.0	1.3-3.0	3,186	1.8	1.3-2.6
55-64	3,218	1.7	1.1-2.6	2,343	3.2	1.9-5.3	3,216	1.8	1.1-3.0
65+	5,152	2.9	2.2-3.8	1,000	1.1	0.3-4.4	5,142	0.8	0.5-1.3
Place of Residence									
Urban	2,337	3.6	2.6-4.9	1,492	2.5	1.7-3.8	2,334	1.7	1.1-2.7
Rural	13,473	3.6	3.1-4.2	8,101	2.3	1.9-2.8	13,454	1.7	1.5-2.0
Education									
<High School	1,305	17.9	14.2-22.2	466	10.3	6.0-17.3	1,300	2.7	1.5-4.7
High School	5,743	2.9	2.2-3.8	3,061	2.8	1.8-4.1	5,732	1.9	1.3-2.9
Some College	4,497	3.1	2.0-5.0	2,922	2.0	1.2-3.4	4,491	2.6	1.7-3.7
College Degree	4,250	1.5	1.0-2.2	3,140	1.6	1.0-2.5	4,250	0.5	0.3-0.9
Income									
Under $15,000	1,424	8.4	5.7-12.2	387	4.9	2.2-10.5	1,423	4.1	2.7-6.1
$15,000 - $24,999	2,495	8.4	6.3-11.1	1,122	4.9	3.0-8.0	2,488	3.2	1.9-5.2
$25,000 - $49,999	4,644	4.2	3.0-5.8	3,017	2.6	1.6-4.2	4,638	2.3	1.5-3.5
$50,000 - $74,999	2,552	1.4	0.6-2.9	2,004	1.3	0.7-2.5	2,551	0.9	0.4-1.8
$75,000 +	2,860	0.7	0.4-1.3	2,412	1.6	0.9-2.9	2,858	0.8	0.3-1.7
Race (Age-Adjusted)									
White NH*	14,697	1.3	1.0-1.8	8,914	1.3	1.0-1.8	14,678	1.4	1.1-1.9
African American NH*	105	26.8	15.7-41.7	65	29.2	16.7-45.8	105	9.0	3.5-21.6
Asian American NH*	47	1.9	0.5-6.8	35	0.0	--	47	0.0	--
Native American NH*	106	18.3	10.4-30.3	55	8.8	3.6-19.7	105	7.8	3.7-15.7
Other Race NH*	228	3.4	1.1-9.9	137	3.8	1.0-14.0	228	0.9	0.4-2.4
Hispanic American	570	32.8	26.0-40.3	359	9.8	5.7-16.4	568	3.1	1.5-6.2
Marital Status									
Currently Married	9,775	2.9	2.3-3.6	6,640	2.0	1.5-2.7	9,763	1.3	1.0-1.8
Previously Married	4,443	4.8	3.5-6.5	1,833	4.4	2.8-6.8	4,435	2.9	2.0-4.2
Never Married	1,567	5.2	3.4-7.9	1,100	2.9	1.5-5.2	1,565	2.1	1.1-4.1
Employment									
Employed	7,423	3.4	2.7-4.2	7,417	2.2	1.7-2.9	7,415	1.3	0.9-1.9
Self-employed	1,952	1.8	0.6-4.8	1,951	2.1	0.8-5.3	1,949	4.2	2.3-7.4
Unemployed	369	7.1	3.3-14.8	225	8.8	4.4-16.8	367	2.9	1.6-5.4
Homemaker	1,276	6.3	4.2-9.3	--	--	--	1,274	0.8	0.4-1.5
Student	190	4.1	1.9-8.8	--	--	--	188	2.5	0.9-7.0
Retired	3,863	2.9	2.1-4.0	--	--	--	3,859	0.9	0.5-1.5
Unable to Work	711	2.8	1.7-4.6	--	--	--	710	4.8	3.0-7.6

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

TABLE 15
How Often Respondents Think About Their Race
by Race and/or Ethnic Origin (Weighted Percents)
Nebraska Adults (2008)

How Often You Think About Your Race	White NH	African American NH	Asian American NH	Native American NH	Other Race NH	Hispanic American	TOTAL
	N=14,697	N=105	N=47	N=106	N=228	N=570	N=15,753
Never	64.9	27.9	43.5	26.2	41.2	22.0	61.0
Once a Year	16.0	9.6	16.8	6.3	18.0	7.3	15.4
Once a Month	9.4	15.2	24.7	5.5	19.0	6.3	9.7
SUBTOTAL	90.2	52.7	85.0	38.1	78.2	35.6	86.0
Once a Week	4.2	3.2	11.9	5.6	4.3	16.3	4.9
Once a Day	2.2	9.3	0.0	32.4	11.5	10.4	3.1
Once an Hour	0.1	0.0	0.0	1.6	0.0	1.2	0.1
Constantly	1.3	26.8	1.9	18.3	3.4	32.8	3.6
Don't Know/Refused	2.0	8.1	1.2	4.0	2.6	3.9	2.3

TABLE 16
At Work, How Respondents Are Treated Compared to Persons of Other Races
by Race and/or Ethnic Origin (Weighted Percents)
Nebraska Adults (2008)

	White NH	African American NH	Asian American NH	Native American NH	Other Race NH	Hispanic American	TOTAL
	N=8,914	N=65	N=35	N=55	N=137	N=359	N=9,535
Same	87.7	64.4	92.0	87.4	90.3	75.4	86.7
Better	3.3	2.3	2.4	0.0	1.8	11.4	3.6
Worse	1.3	29.2	0.0	8.8	3.8	9.8	2.4
Encounter same race	4.3	0.0	0.0	0.9	1.0	0.5	3.9
Other	0.2	0.0	1.1	0.0	0.8	1.1	0.2
Don't Know/Refused	3.2	4.2	4.5	2.9	2.3	1.8	3.1

TABLE 17
Experiences in Seeking Health Care Compared to Persons of Other Races
by Race and/or Ethnic Origin (Weighted Percents)
Nebraska Adults (2008)

	White NH	African American NH	Asian American NH	Native American NH	Other Race NH	Hispanic American	TOTAL
	N=14,678	N=105	N=47	N=105	N=228	N=568	N=15,731
Same	76.1	70.5	89.8	64.5	86.6	69.0	75.9
Better	10.9	5.9	4.8	16.3	4.1	16.5	10.9
Worse	1.4	9.1	0.0	7.8	0.9	3.1	1.7
Encounter same race	0.7	0.0	0.0	0.5	0.0	0.0	0.6
Other	0.1	0.0	0.0	0.0	0.2	0.1	0.1
Don't Know/Refused	10.8	14.6	5.4	11.0	8.1	11.4	10.8

TABLE 18
Reactions to Race--Physical and Emotional Symptoms
Nebraska Adults (2008)
(with 95% Confidence Intervals--SUDAAN)

	Physical Symptoms in Past 30 Days Resulting from Treatment Based on Race			Felt Emotionally Upset in Past 30 Days Resulting from Treatment Based on Race		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	15,778	1.9	1.5-2.3	15,769	3.2	2.7-3.9
Gender						
Male	5,962	1.7	1.2-2.5	5,957	3.3	2.4-4.5
Female	9,816	2.0	1.5-2.6	9,812	3.2	2.6-3.9
Age						
18-24	450	2.3	1.1-4.6	450	3.8	1.8-7.8
25-34	1,471	2.0	1.1-3.5	1,470	3.6	2.3-5.6
35-44	2,240	2.5	1.6-3.9	2,239	4.1	2.8-6.0
45-54	3,185	2.0	1.4-3.0	3,183	3.3	2.5-4.3
55-64	3,214	1.3	0.8-2.0	3,214	3.3	2.3-4.6
65+	5,137	1.2	0.8-1.8	5,132	1.7	1.2-2.3
Place of Residence						
Urban	2,333	1.6	1.0-2.4	2,331	3.2	2.3-4.4
Rural	13,445	2.2	1.8-2.7	13,438	3.3	2.8-3.9
Education						
<High School	1,299	7.4	4.9-11.0	1,297	8.9	6.3-12.4
High School	5,727	1.5	1.1-2.1	5,726	3.1	2.3-4.1
Some College	4,487	1.5	1.0-2.3	4,484	3.4	2.2-5.0
College Degree	4,250	1.3	0.7-2.3	4,247	2.1	1.4-3.1
Income						
Under $15,000	1,421	4.2	2.9-6.2	1,419	8.8	5.1-15.0
$15,000 - $24,999	2,486	3.3	2.0-5.2	2,486	5.0	3.4-7.1
$25,000 - $49,999	4,637	1.8	1.2-2.8	4,636	3.2	2.3-4.5
$50,000 - $74,999	2,548	1.2	0.7-2.2	2,546	1.9	1.2-2.9
$75,000 +	2,858	0.7	0.2-1.9	2,856	1.9	1.1-3.3
Race (Age-Adjusted)						
White NH*	14,669	1.0	0.8-1.3	14,662	1.9	1.5-2.4
African American NH*	105	7.3	3.6-14.3	105	21.8	13.0-34.2
Asian American NH*	47	1.9	0.6-5.8	47	3.3	1.2-8.8
Native American NH*	104	21.0	9.6-39.8	104	23.7	12.0-41.6
Other Race NH*	228	8.0	2.57-22.2	228	8.8	3.2-22.2
Hispanic American	568	9.8	6.4-14.9	566	14.8	10.3-20.9
Marital Status						
Currently Married	9,758	1.7	1.2-2.3	9,753	2.8	2.2-3.4
Previously Married	4,431	2.7	2.0-3.7	4,429	4.3	3.3-5.6
Never Married	1,564	1.8	1.0-2.9	1,562	4.1	2.5-6.8
Employment						
Employed	7,412	1.6	1.1-2.2	7,408	2.9	2.3-3.7
Self-employed	1,949	1.3	0.7-2.2	1,948	2.9	1.4-5.8
Unemployed	366	1.6	0.8-3.1	366	6.2	3.2-11.8
Homemaker	1,273	3.9	2.2-7.0	1,273	4.5	2.7-7.5
Student	188	3.6	1.4-9.1	188	5.2	1.5-16.5
Retired	3,855	1.1	0.7-1.9	3,851	1.7	1.1-2.6
Unable to Work	709	6.0	3.7-9.4	709	8.2	5.6-12.0

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.

Mental Health

Mental disorders are common in the United States and throughout the world. According to the National Institute of Mental Health, an estimated 26.2 percent of Americans aged 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion (about 6 percent) who suffer from a serious mental illness. In addition, mental disorders are the leading cause of disability in the United States for adolescents and young adults aged 15 to 44.

Serious Psychological Distress (SPD)

Definition

Serious Psychological Distress (SPD): To determine whether or not a respondent was experiencing "serious psychological distress", they were asked six questions "about how you have been feeling during the past 30 days" (the K-6 scale). These questions are:

1. "About how often during the past 30 days did you feel **nervous**—would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?"
2. "During the past 30 days, about how often did you feel **hopeless—all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?"
3. "During the past 30 days, about how often did you feel **restless** or fidgety?"
4. "During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?"
5. "During the past 30 days, about how often did you feel that everything was an effort?"
6. "During the past 30 days, about how often did you feel worthless?"

Responses to the six questions above were each allocated a score of 0 to 4 (where 0=none of the time, 1=a little of the time, 2=some of the time, 3=most of the time and 4=all of the time). These scores were then summed, resulting in an overall score of 0 to 24 for each respondent. Survey participants with scores of 13 or higher were classified as having SPD.

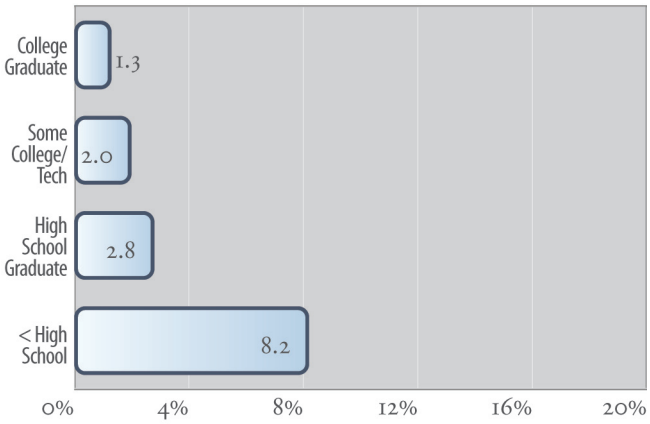
Current Prevalence

Based on responses to the above questions and this scoring algorithm, 2.6 percent of adults participating in the 2007 Nebraska BRFSS had serious psychological distress (SPD) in the 30 days prior to the survey (Table 19).

Respondents aged 45 to 54 (4.8 percent) were significantly more likely than younger adults aged 25 to 34 (1.0 percent) to have SPD in the past month.

Respondents who had not completed high school (8.2 percent) were significantly more likely than persons with more education to be categorized as having SPD (Figure 50). In comparison, 2.8 percent of high school graduates, 2.0 percent of respondents with some college or technical training, and 1.3 percent of college graduates gave responses indicating they had SPD in the past month.

Figure 50. Prevalence of Serious Psychological Distress (SPD) by Educational Level among Adults Aged 18+ (2007)



Prevalence of SPD was significantly greater among persons with household incomes under $25,000 (7.4 to 8.0 percent) than among those with annual incomes of $25,000 or more (Table 19). Respondents earning $25,000 to $49,999 per year (1.9 percent) were significantly more likely than persons earning $75,000 or more (0.3 percent) to have had SPD in the last 30 days.

Previously married adults (4.6 percent) were significantly more likely than persons who never

married (1.6 percent) to give responses indicating they had SPD.

Differences in prevalence of SPD by gender, place of residence, race/ethnic origin, and employment status of respondents were not statistically significant.

Prevalence of Selected Chronic Diseases and Unhealthy Behaviors Among Persons with Serious Psychological Distress (SPD)

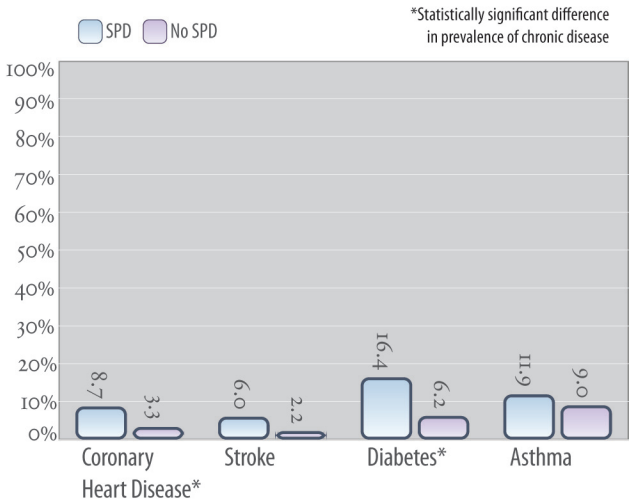
For this analysis, prevalence rates for four chronic diseases (coronary heart disease, stroke, diabetes, and asthma) were calculated for persons with serious psychological distress (based on the Kessler-6 scale) and for those without this condition (Table 20).

In addition, prevalence rates for five unhealthy behaviors (current smoking, no leisure-time physical activity, obesity, binge drinking, and heavy drinking) were calculated for persons with SPD and for those without this condition.

Chronic Diseases

Prevalence of coronary heart disease was significantly greater among persons who had SPD in the past 30 days (8.7 percent) than among those who did not have it (3.3 percent) (Figure 51). Prevalence of diabetes was more than twice as high among respondents with SPD (16.4 percent) as it was among adults who did not experience SPD (6.2 percent) in the last month. Although prevalence rates for stroke and asthma were also higher among persons with SPD, differences were not statistically significant.

Figure 51. Prevalence of Chronic Disease by Presence of Serious Psychological Distress (SPD) in Past Month (2007)

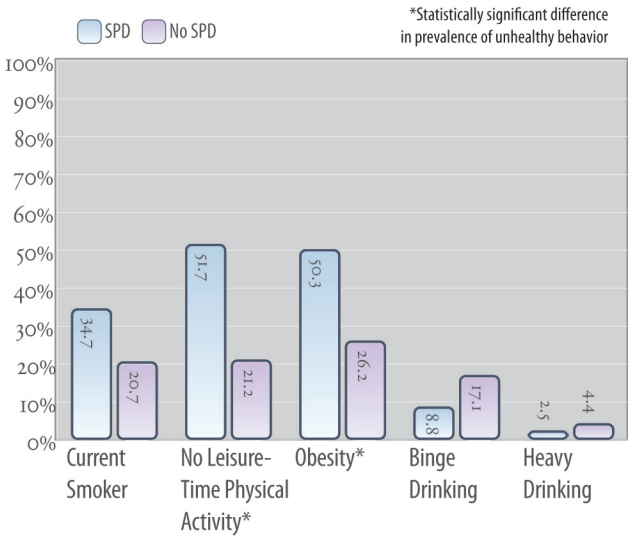


When the mean (average) numbers of multiple chronic conditions were compared (Table 20), persons with SPD were found to have a significantly greater average number of chronic conditions (0.42) than persons who did not have SPD in the past month (0.18 conditions).

Unhealthy Behaviors

Prevalence rates for two of the five unhealthy behaviors were significantly higher among persons with SPD than among those who did who did not have this condition (Figure 52). More than one-half of all respondents with SPD (51.7 percent) did not participate in any leisure-time physical activity, while only 21.2 percent of those without SPD were physically inactive.

Figure 52. Prevalence of Unhealthy Behavior by Presence of Serious Psychological Distress (SPD) in Past Month (2007)



One-half of the respondents who had SPD (50.3 percent) reported heights and weights that placed them in the "obese" category. In comparison, a significantly smaller proportion of adults who did not have SPD in the past month (26.2 percent) were classified as obese.

More than one-third of persons with SPD (34.7 percent) reported that they currently smoked cigarettes, compared to 20.7 percent of those who did not have this condition. However, this difference was not statistically significant.

Prevalence of binge drinking was about twice as high among persons who did not have SPD (17.1 percent) as it was for respondents with SPD (8.8 percent). Similar results were found for heavy drinking (4.4 percent versus 2.5 percent for persons with SPD).

The average number of unhealthy behaviors reported by persons with SPD in the last month (1.31 behaviors per person) was higher than the average for those who did not have SPD (1.03), but this difference was not statistically significant (Table 20).

Days When Mental Health/Emotions Prevented Usual Activities

Definition

Days of Limited Activity Due to Mental Health/Emotions: Average (mean) number of days reported in response to the question, "The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?" (If asked, "usual activities" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation).

Average (Mean) Number of Days of Limited Activity

The majority of respondents to this question (92.5 percent) reported that there were no days during the past month when a mental health condition or emotional problem kept them from doing their work or other usual activities. A few respondents (4.4 percent) said these conditions prevented them from these activities one to six days in the last month, while 1.0 percent estimated 7 to 13 days when they were unable to work at their usual activities. Less than one percent of respondents reported 14 to 20 days (0.7 percent), 21 to 29 days (0.3 percent) or all 30 days (0.6 percent).

Medication/Treatment for Mental Health Condition or Emotional Problem

Definition

Receiving Medication or Treatment: "Yes" to the question, "Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?"

Current Prevalence

One in nine adults responding to the 2007 BRFSS (10.9 percent) stated they were currently taking medication or receiving treatment from a physician or other health care provider for some type of mental health condition or emotional problem (Table 19).

Who's Receiving Medication or Treatment?

Compared to men (7.6 percent), a significantly greater proportion of women (13.7 percent) were taking medicine or receiving treatment from a health professional for a mental health condition or emotional problem.

Respondents with annual household incomes under $15,000 (19.8 percent) were significantly more likely

than persons earning $25,000 to $49,999 per year (10.6 percent) to say they were currently receiving treatment or taking medication for a mental health condition.

Although differences in prevalence of mental health treatment were noted by age, place of residence, educational level, race/ethnic origin, marital status, or employment status of respondents, none of these were statistically significant.

Stigma of Mental Illness

Agreement that Treatment Can Be Helpful

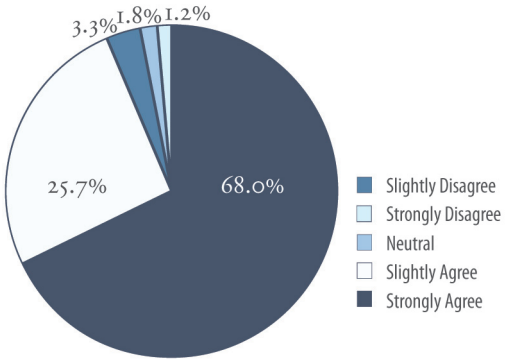
Definition

Agreement that Treatment Can Help People with Mental Illness: "Agree strongly" or "agree slightly" with statement that "Treatment can help people with mental illness lead normal lives."

Current Prevalence

Overall, 68.0 percent of the adults participating in the 2007 BRFSS "strongly" agreed that treatment can help people with mental illness lead normal lives, while 25.7 percent agreed "slightly" (Figure 53). Thus, 93.7 percent overall expressed agreement with this statement. Only 4.5 percent disagreed and 1.8 percent neither agreed nor disagreed.

Figure 53. Agreement with Statement that "Treatment can help people with mental illness lead normal lives." Adults Aged 18+ (2007)



Among those respondents who reported having SPD in the past 30 days, fewer (43.7 percent) strongly agreed with the statement that treatment can be helpful to people with mental illness (Table 21). Altogether, 84.1 percent of those with SPD agreed and 13.9 percent disagreed with this statement, while 2.0 percent were neutral.

Persons who had mental illness and were receiving treatment for it were more likely than those who had mental illness but were not being treated for it to agree that treatment can help people with mental illness lead normal lives (Table 22). Eight out of ten respondents receiving treatment (81.0 percent) strongly agreed that treatment can help them "lead normal lives". In comparison, 66.5 percent of those not receiving treatment expressed strong agreement with this statement.

Agreement That People Are Caring and Sympathetic

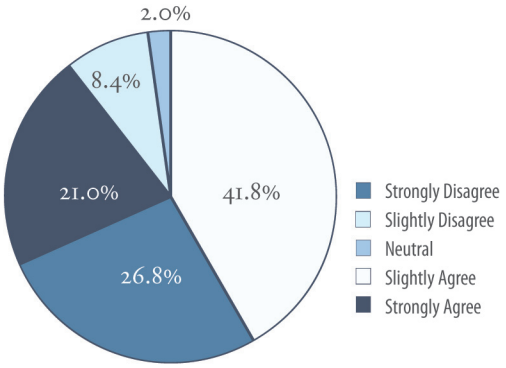
Definition

Agreement that People Are Caring and Sympathetic to Those with Mental Illness: "Agree strongly" or "agree slightly" with statement that "People are generally caring and sympathetic to people with mental illness."

Current Prevalence

Compared to their level of agreement with the statement that "treatment can help people with mental illness lead normal lives", fewer respondents agreed that "people are generally caring and sympathetic to people with mental illness" (Figure 54). About one-fifth of all respondents (21.0 percent) strongly agreed with this statement and 41.8 percent slightly agreed (a total of 62.9 percent in agreement). On the other hand, 26.8 percent said they slightly disagreed with the statement that people are generally caring and sympathetic to persons with mental illness, and 8.4 percent strongly disagreed.

Figure 54. Agreement with Statement "People are generally caring and sympathetic to people with mental illness." Adults Aged 18+ (2007)



Respondents who had SPD in the past 30 days were less likely to agree that people are caring and sympathetic to individuals with mental illness (Table 23). Only 17.8 percent strongly agreed and 28.0 percent slightly agreed with this statement—a total of 45.8 percent in agreement. More than one-half of the adults with SPD (52.4 percent) disagreed that people are generally caring and sympathetic to persons with this illness.

Respondents who were currently taking medication or being treated for a mental health condition or emotional problem (51.3 percent) were somewhat less likely than persons not being treated for this kind of condition (64.0 percent) to express agreement with the above statement (Table 24).

Prevalence of Anxiety and Depression

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

Definitions

Respondents to the 2008 BRFSS were told, "Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past two weeks.

1. Over the last two weeks, how many days have you had little interest or pleasure in doing things?
2. Over the last two weeks, how many days have you felt down, depressed, or hopeless?
3. Over the last two weeks, how many days have you had trouble in falling asleep or staying asleep or sleeping too much?
4. Over the last two weeks, how many days have you felt tired or had little energy?
5. Over the last two weeks, how many days have you had a poor appetite or eaten too much?
6. Over the last two weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?
7. Over the last two weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?
8. Over the last two weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?"

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

Current Prevalence of Depression

Based on the Severity of Depression Index described above, 8.7 percent of adults responding to the 2008 Nebraska BRFSS had scores of 10 or higher in the past two weeks and were categorized as having depression (Table 25). This prevalence estimate is higher than the 2006 estimate of 6 percent.

Who Currently Has Depression?

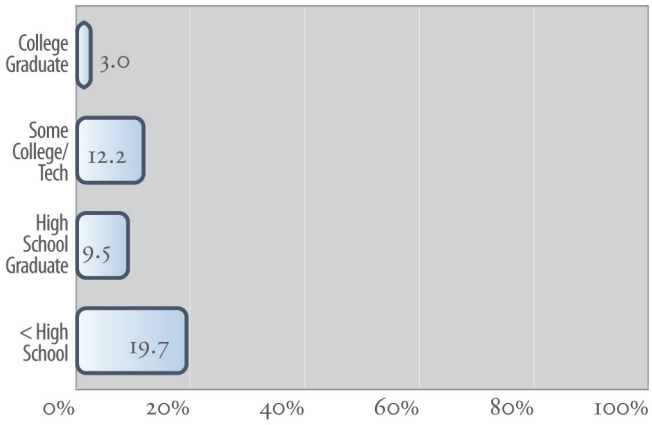
Men (6.9 percent) were somewhat less likely than women (10.5 percent) to give responses indicating they were currently depressed. However, differences by gender were not statistically significant.

Respondents aged 65 and older (6.3 percent) were a little less likely than younger respondents to report depressive symptoms scoring 10 or more on the Severity

of Depression Index. However, differences were not statistically significant.

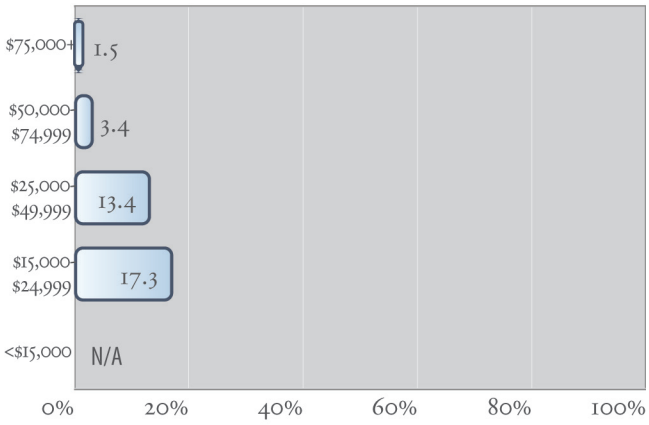
Prevalence of current depression was significantly lower among college graduates (3.0 percent) than among persons with less education (Figure 55). Nearly one-fifth of adults who had not completed high school (19.7 percent) currently had depression, as did 12.2 percent of respondents who had some college or technical training. Among high school graduates, 9.5 met the criteria for current depression.

Figure 55. Prevalence of Current Depression by Educational Level Adults Aged 18+ (2008)



Respondents with household incomes under $50,000 were significantly more likely to have current depression than persons with annual incomes of $50,000 to $74,999 (3.4 percent) or $75,000 or more (1.5 percent) (Figure 56). Rates of current depression for lower-income respondents were 13.4 percent for those earning $25,000 to $49,999 and 17.3 percent for persons earning $15,000 to $24,999 annually.

Figure 56. Prevalence of Current Depression by Household Income Adults Aged 18+ (2008)



Prevalence of current depression was significantly higher among previously married adults (15.5 percent) than among currently married individuals (6.2 percent).

Differences in prevalence of current depression by place of residence, race/ethnicity, and employment status were not statistically significant.

Lifetime Diagnosis of Depression

Definition

Ever Told You Have a Depressive Disorder (Lifetime Diagnosis of Depression): "Yes" to the question, "Has a doctor or other health care provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

Current Prevalence

In 2008, 16.5 percent of Nebraska BRFSS respondents indicated that they had ever been told by a health professional that they have a depressive disorder (Table 25). In 2006, 16 percent of adults reported ever being diagnosed with depression.

Who Has Been Diagnosed with a Depressive Disorder?

Women (19.7 percent) were significantly more likely than men (13.3 percent) to say they were ever diagnosed with a depressive disorder.

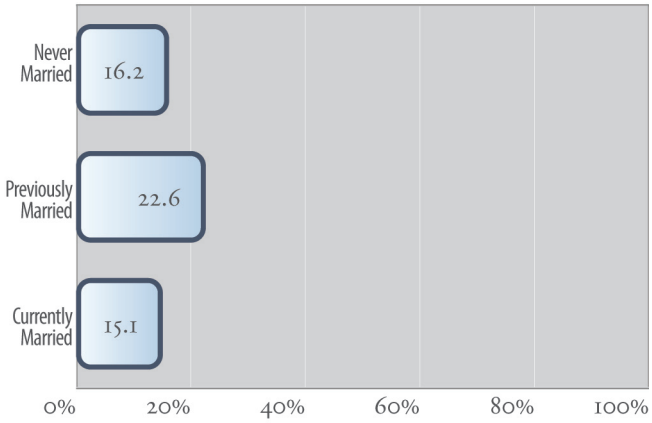
Prevalence of diagnosed depression among respondents aged 45 to 54 (22.8 percent) was significantly greater than prevalence among persons aged 65 and older (12.0 percent).

Nearly one-fourth of respondents with household incomes under $15,000 per year (24.5 percent) stated they had been diagnosed with a depressive disorder at some time in their lives. These respondents and those with incomes of $15,000 to $24,999 (19.5 percent) or $25,000 to $49,999 (19.9 percent) were all significantly more likely than persons earning $50,000 to $74,999 (9.9 percent) to report that they had ever been diagnosed with depression.

Prevalence of diagnosed depression was significantly greater among non-Hispanic persons of "other" races (38.0 percent) than among non-Hispanic white (16.4 percent) or Hispanic American (13.8 percent) respondents.

Previously married persons (i.e., those who were divorced, separated, or widowed) were significantly more likely (22.6 percent) than currently married adults (15.1 percent) to say they had ever been told by a health professional that they had a depressive disorder (Figure 57).

Figure 57. Lifetime Prevalence of Diagnosed Depression* by Marital Status of Respondent--Adults 18+ (2008)



Differences in prevalence of diagnosed depression by place of residence, educational level, and employment status of respondent were not statistically significant.

Lifetime Diagnosis of Anxiety

Definition

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

Current Prevalence

Overall, 10.2 percent of respondents to the 2008 Nebraska BRFSS stated that a doctor or other health care provider told them that they had an anxiety disorder of some kind (Table 25). Prevalence of a lifetime diagnosis of anxiety has not changed from the 2006 estimate of 10 percent.

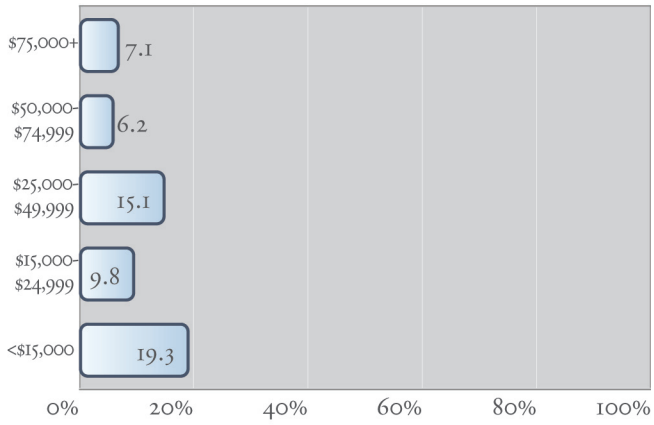
Who Has Been Diagnosed with an Anxiety Disorder?

Lifetime prevalence of an anxiety disorder was significantly greater among persons 35 to 44 (12.3 percent) than among adults aged 65 and older (6.4 percent).

Respondents with some college or technical training (14.3 percent) were significantly more likely than those with college degrees (7.5 percent) to report ever being told by a health care professional that they had an anxiety disorder.

Nearly one-fifth of respondents with incomes below $15,000 per year (19.3 percent) indicated they ever had an anxiety disorder diagnosed by a physician or other health professional (Figure 58). This proportion is significantly greater than the rates reported for persons earning $50,000 to $74,999 (6.2 percent) or $75,000 or more (7.1 percent). Adults with incomes of $25,000 to $49,999 (15.1 percent) were also significantly more likely than persons earning $50,000 to $74,999 to have a lifetime diagnosis of anxiety.

Figure 58. Lifetime Prevalence* of Diagnosed Anxiety Disorder by Household Income--Adults Aged 18+ (2008)



Prevalence of a diagnosed anxiety disorder was significantly greater among adults who had previously been married (15.1 percent) than among currently married persons (8.9 percent).

No significant differences in prevalence were noted by gender, place of residence, race/ethnic origin, or employment status of respondents.

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

For this analysis, prevalence rates for four chronic diseases (coronary heart disease, stroke, diabetes, and asthma) were calculated for persons with current depression (based on the Severity of Depression Index) and for those without this condition (Table 26). A similar analysis was performed for respondents with and without lifetime diagnoses of depression or anxiety.

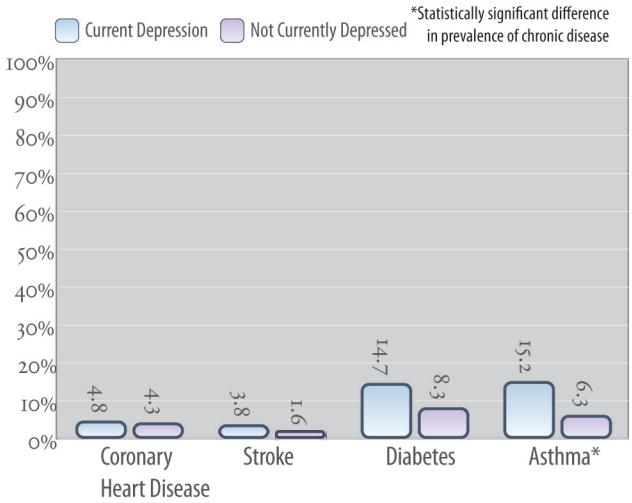
In addition, prevalence rates for five unhealthy behaviors (current smoking, no leisure-time physical activity, obesity, binge drinking, and heavy drinking) were calculated for persons with current depression (based on the Severity of Depression Index) and for those without this condition. A similar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

Current Depression

Chronic Diseases

Prevalence of asthma was significantly higher among persons who currently had depression (based on the Severity of Depression Index) than among those who did not (15.2 percent versus 6.3 percent) (Figure 59). Although prevalence of each of the other three chronic conditions mentioned above was somewhat higher among adults classified as having current depression, rates were not significantly different from those calculated for persons who did not currently have depression.

Figure 59. Prevalence of Chronic Diseases by Current Depression--2008

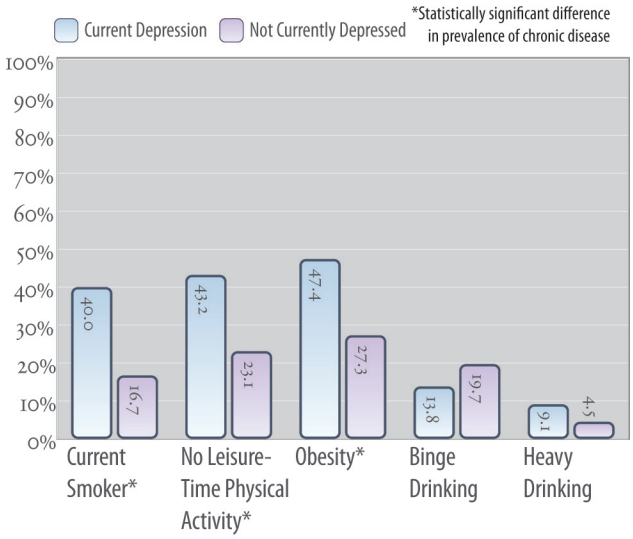


When the mean (average) numbers of multiple chronic conditions were compared, persons with current depression were found to have a significantly greater average number of chronic conditions (0.38) than persons who did not currently have depression (0.20 conditions).

Unhealthy Behaviors

Prevalence rates for three of the five unhealthy behaviors were significantly higher among persons with current depression than among those who were not currently depressed. Forty percent of respondents with current depression (40.0 percent) reported currently smoking cigarettes, compared to only 16.7 percent of those who weren't depressed (Figure 60).

Figure 60. Prevalence of Unhealthy Behaviors by Current Depression--2008



More than four out of ten respondents with current depression (43.2 percent) did not participate in any leisure-time physical activity, while only 23.1 percent of those without current depression were physically inactive.

Nearly one-half of currently depressed adults (47.4 percent) reported heights and weights that place them in the "obese" category. Among those who were not depressed, a significantly smaller proportion (27.3 percent) were classified as obese.

No significant differences in prevalence of binge drinking or heavy drinking were found between persons who had current depression and those who did not.

The average number of unhealthy behaviors reported by persons with current depression (1.54 behaviors per person) was significantly larger than the average for persons who were not currently depressed (0.92 behaviors) (Table 26).

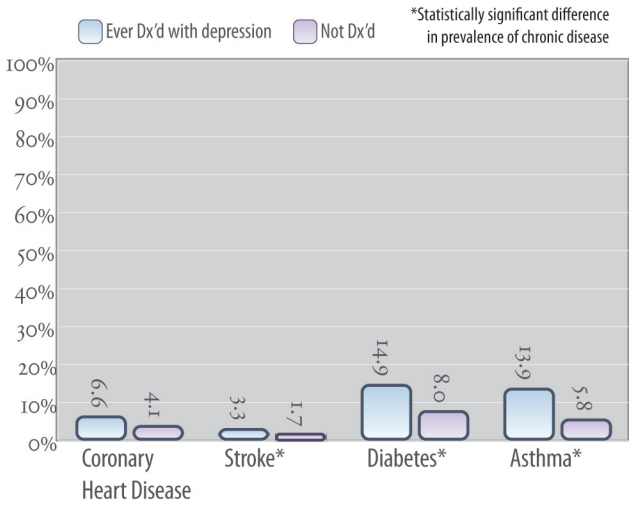
Lifetime Diagnosis of Depression

Chronic Diseases

Prevalence of coronary heart disease was only slightly higher for persons who had ever been told by a doctor or other health care provider that they have a depressive disorder (6.6 percent) than for those who were never diagnosed with this condition (4.1 percent).

However, significant differences were found in prevalence of each of the other three chronic diseases according to whether or not respondents had a lifetime diagnosis of depression (Figure 61). Prevalence of stroke among persons who had ever been diagnosed with a depressive disorder (3.3 percent) was significantly greater than prevalence among those who had never been diagnosed with depression (1.7 percent). A significantly larger proportion of respondents with a lifetime diagnosis of depression reported having diabetes (14.9 percent), compared to 8.0 percent among those who had never been told they had a depressive disorder. Asthma was also significantly more prevalent among those with a lifetime diagnosis of this condition (13.9 percent) than among those without it (5.8 percent).

Figure 61. Prevalence of Chronic Diseases by Lifetime Diagnosis of Depression--(2008)



In addition, the mean number of chronic conditions was twice as high among persons who had ever been diagnosed with depression (0.38 conditions) as among those who had not (0.19 conditions). This difference is statistically significant.

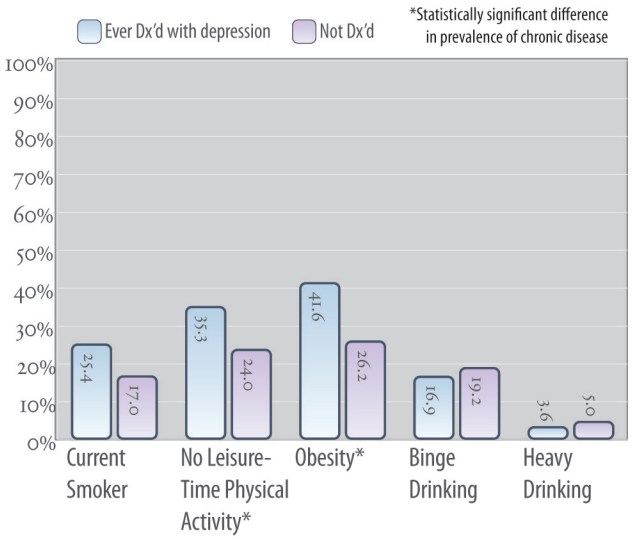
Unhealthy Behaviors

Persons who had ever been told by a health professional that they had a depressive disorder were significantly more likely than persons who had not been diagnosed with this condition to report two of the five unhealthy behaviors listed in Table 26.

More than one-third of respondents with a lifetime diagnosis of depression (35.3 percent) stated that they did not participate in any leisure-time physical activity in the past month, while 24.0 percent of those who were

never told they had depression were physically inactive (Figure 62).

Figure 62. Prevalence of Unhealthy Behaviors by Lifetime Diagnosis of Depression--2008



Prevalence of obesity was also significantly higher among persons who were ever told they had depression (41.6 percent) than among those who had never been told they had it (26.2 percent).

Differences in rates of current smoking, binge drinking and heavy drinking between persons with a lifetime diagnosis of depression and those without were not statistically significant.

The mean number of unhealthy behaviors reported by adults with a lifetime diagnosis of depression was 1.23 behaviors per person, compared to 0.92 for those who had never been told they had depression. This difference is statistically significant.

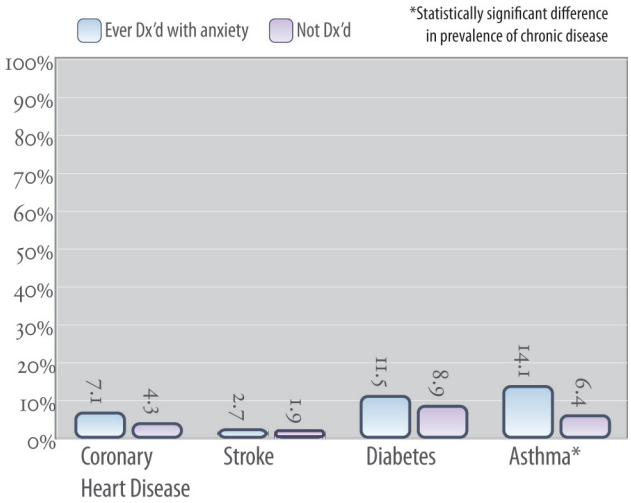
Lifetime Diagnosis of Anxiety

Chronic Diseases

Although somewhat higher rates of coronary heart disease, stroke, and diabetes were found among persons who had ever been told they had an anxiety disorder than among those who had not, differences were not statistically significant (Table 26).

However, asthma prevalence rates were significantly higher among persons who had ever been diagnosed with an anxiety disorder (14.1 percent) than among those who had not (6.4 percent) (Figure 63).

Figure 63. Prevalence of Chronic Diseases by Lifetime Diagnosis of Anxiety--2008

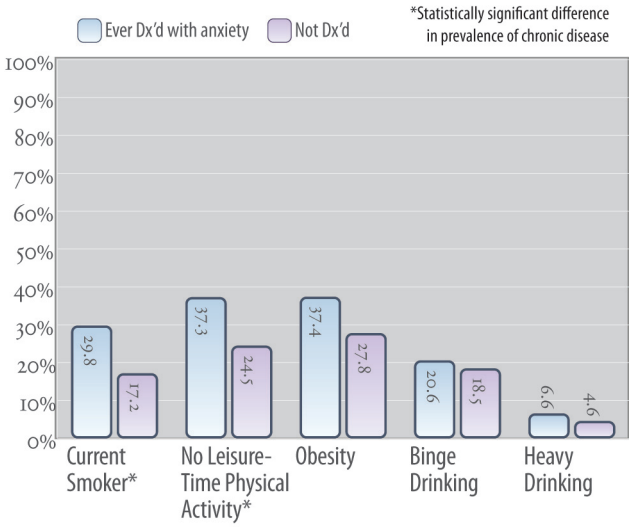


The mean number of chronic conditions was also significantly higher among respondents with a lifetime diagnosis of anxiety (0.34 conditions) than among respondents who had never received this diagnosis (0.21) (Table 26).

Unhealthy Behaviors

Prevalence of two of the five unhealthy behaviors studied was significantly higher among persons who had ever been told they had an anxiety disorder (Figure 64). Three out of ten respondents who had a lifetime diagnosis of anxiety reported that they currently smoked cigarettes (29.8 percent). In comparison, only 17.2 percent of those who had never been diagnosed with anxiety stated that they were current smokers.

Figure 64. Prevalence of Unhealthy Behaviors by Lifetime Diagnosis of Anxiety--2008



Prevalence of physical inactivity was also significantly higher among persons with a lifetime diagnosis of an anxiety disorder (37.3 percent), compared to those who had never received such a diagnosis (24.5 percent).

Prevalence rates for obesity, binge drinking, and heavy drinking were all somewhat higher among persons who had ever been told they had an anxiety disorder than among those who had not, but differences were not statistically significant.

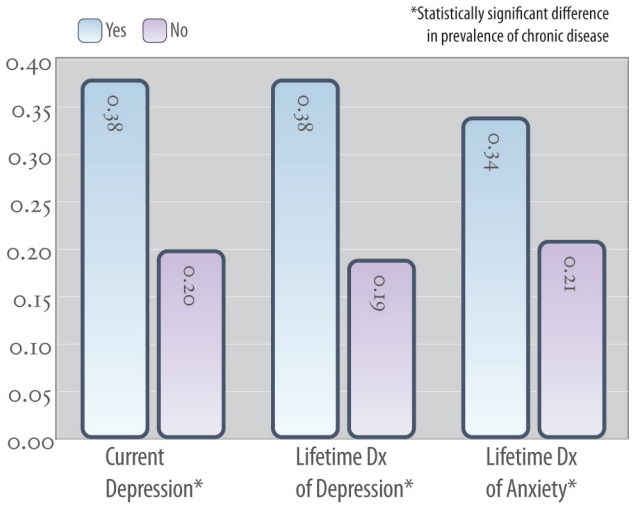
Still, the mean number of unhealthy behaviors reported by persons with a diagnosed anxiety disorder (1.34 behaviors per person) was significantly higher than the mean number for persons who never had this diagnosis (0.93 behaviors) (Table 26).

Summary of Associations Between Anxiety/Depression and Chronic Illness

Asthma was the only one of the four chronic conditions studied to be significantly more prevalent among persons with current depression, persons with a lifetime diagnosis of depression, and those with a lifetime diagnosis of anxiety. Prevalence of stroke and diabetes were both significantly greater among adults with a lifetime diagnosis of depression than among those who had never been told they have depression.

In addition, the mean number of chronic diseases reported was significantly higher for respondents with current depression, a lifetime diagnosis of depression, and a lifetime diagnosis of an anxiety disorder (Figure 65). These findings suggest an association between chronic diseases in general and these mental illnesses.

Figure 65. Mean Number of Chronic Diseases per Respondent by Current Depression, Lifetime Depression Diagnosis, and Lifetime Anxiety Diagnosis (2008)



Summary of Associations Between Anxiety/Depression and Unhealthy Behaviors

Prevalence rates for smoking, physical inactivity, and obesity were significantly higher for respondents with current depression than rates for those who do not have depression. Respondents with a lifetime diagnosis of depression were significantly more likely to be physically inactive and to be obese than those who were never diagnosed with depression.

Prevalence rates for current smoking and physical inactivity were significantly greater among persons with a lifetime diagnosis of an anxiety disorder than among those who had never been diagnosed with this condition.

The average number of unhealthy behaviors reported per respondent was significantly higher for persons with depression (current or ever diagnosed) or anxiety than for those who never had these illnesses (Figure 66).

Figure 66. Mean Number of Unhealthy Behaviors per Respondent by Current Depression, Lifetime Depression Diagnosis, and Lifetime Anxiety Diagnosis--2008

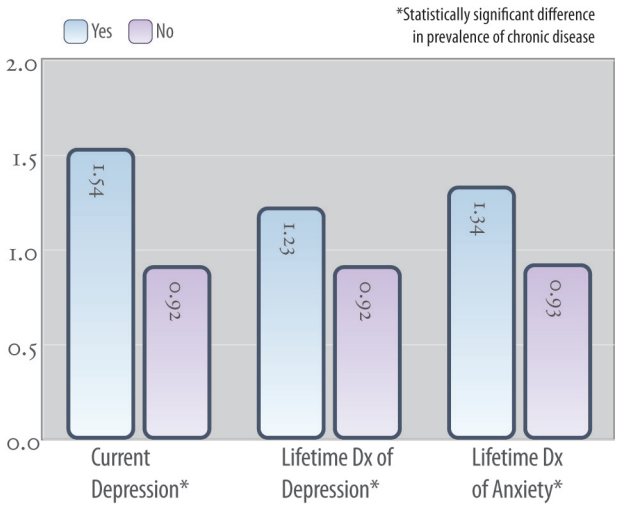


TABLE 19
Serious Psychological Distress
Nebraska Adults (2007 Only)
(with 95% Confidence Intervals--SUDAAN)

	Had Serious Psychological Distress (SPD) in Past 30 Days			Now Getting Treatment/ Taking Medication for Mental Health Condition or Emotional Problems		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	5,103	2.6	1.9-3.4	5,174	10.9	9.3-12.6
Gender						
Male	1,946	1.8	1.2-2.9	1,968	7.6	5.7-10.8
Female	3,157	3.3	2.3-4.6	3,206	13.7	11.7-16.0
Age						
18-24	162	1.0	0.4-2.8	163	7.3	2.6-18.7
25-34	478	1.0	0.6-1.7	483	10.1	6.2-16.0
35-44	812	2.9	1.7-4.7	810	12.0	9.1-15.7
45-54	1,071	4.8	2.6-8.7	1,079	13.3	10.0-17.4
55-64	981	2.3	1.4-3.8	995	13.1	10.0-16.9
65+	1,585	2.6	1.7-3.9	1,629	8.6	6.7-10.9
Place of Residence						
Urban	707	2.3	1.3-4.0	713	11.5	8.8-15.0
Rural	4,396	2.8	2.3-3.4	4,461	10.2	9.1-11.5
Education						
<High School	427	8.2	3.9-16.4	439	10.8	6.9-16.6
High School	1,938	2.8	2.1-3.8	1,975	10.7	8.2-13.8
Some College	1,415	2.0	1.2-3.6	1,425	10.2	7.8-13.2
College Degree	1,318	1.3	0.6-2.8	1,330	11.6	8.6-15.5
Income						
Under $15,000	456	7.4	4.8-11.1	469	19.8	14.3-26.7
$15,000 - $24,999	868	8.0	4.8-12.8	888	13.4	10.0-17.7
$25,000 - $49,999	1,510	1.9	1.0-3.6	1,520	10.6	7.8-14.1
$50,000 - $74,999	776	1.6	0.6-4.1	782	10.4	7.2-14.7
$75,000 +	906	0.3	0.1-0.7	906	10.1	6.6-15.0
Race (Age-Adjusted)						
White NH*	4,751	2.1	1.6-2.8	4,812	10.4	8.7-12.4
African American NH*	38	#	#	39	#	#
Asian American NH*	11	#	#	12	#	#
Native American NH*	26	#	#	27	#	#
Other Race NH*	69	2.5	0.8-8.0	72	##	##
Hispanic American	194	##	##	197	9.9	4.6-20.1
Marital Status						
Currently Married	3,214	2.4	1.6-3.5	3,238	10.2	8.5-12.3
Previously Married	1,346	4.6	3.1-6.9	1,385	14.2	11.3-17.6
Never Married	536	1.6	0.9-2.7	544	10.4	6.2-16.9
Employment						
Employed	2,501	1.3	0.7-2.3	2,513	9.6	7.6-12.2
Self-employed	575	2.1	0.6-7.8	582	8.5	5.0-14.2
Unemployed	89	4.7	1.7-12.2	89	##	##
Homemaker	379	1.9	1.0-3.6	384	7.6	4.8-11.8
Student	62	0.6	0.1-3.4	63	3.7	1.3-10.1
Retired	1,250	2.6	1.6-4.1	1,284	10.4	7.8-13.8
Unable to Work	241	##	##	251	##	##

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

TABLE 20
Prevalence and Mean Number of Selected Chronic Conditions and Unhealthy Behaviors By Presence of Serious Psychological Distress (SPD) in Past 30 Days
2007 Nebraska BRFSS with 95% Confidence Intervals (SUDAAN)

	Presence of SPD in Past 30 Days			
	Had SPD in Past 30 Days (Score of 13+ on Kessler-6 Scale)		Did NOT Have SPD in Past 30 Days (Score of <13 of Kessler-6 Scale)	
	%	Confidence Interval	%	Confidence Interval
Chronic Conditions				
Coronary Heart Disease	**8.7**	**4.5-16.2**	**3.3**	**2.7-4.2**
Stroke	6.0	2.6-13.2	2.2	1.7-2.9
Diabetes	**16.4**	**8.1-30.3**	**6.2**	**5.2-7.3**
Asthma	11.9	7.2-19.1	9.0	7.3-11.1
Mean Number of Multiple Chronic Conditions	**0.42**	**0.24-0.61**	**0.18**	**0.18-0.23**
Unhealthy Behaviors				
Current Smoker	34.7	23.3-48.1	20.7	18.1-23.6
No Leisure-Time Physical Activity	**51.7**	**38.2-65.0**	**21.2**	**19.1-23.4**
Obesity	**50.3**	**37.4-63.3**	**26.2**	**23.8-28.7**
Binge Drinking	8.8	4.3-17.0	17.1	14.9-19.6
Heavy Drinking	2.5	0.7-8.9	4.4	3.4-5.7
Mean Number of Multiple Unhealthy Behaviors	1.31	1.02-1.60	1.03	0.97-1.09

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

TABLE 21
Agreement that Treatment Can Help People with Mental Illness Lead Normal Lives by Presence of Serious Psychological Distress (SPD) in Past 30 Days
Nebraska Adults (2008)--Weighted Percents

	Had SPD	Did Not Have SPD	TOTAL
	N=151	N=4,706	N=4,857
Strongly Agree	43.7	69.3	68.5
Slightly Agree	40.4	24.7	25.2
Neither	2.0	1.8	1.8
Slightly Disagree	9.3	3.2	3.4
Strongly Disagree	4.6	1.1	1.2

TABLE 22
Agreement that Treatment Can Help People with Mental Illness Lead Normal Lives by Currently Taking Medicine or Getting Treatment for Mental Health Condition
Nebraska Adults (2008)--Weighted Percents

	Currently Taking Meds/ Getting Treatment	NOT Taking Meds/ Getting Treatment	TOTAL
	N=559	N=4,358	N=4,917
Strongly Agree	81.0	66.5	68.1
Slightly Agree	15.2	26.9	25.7
Neither	0.3	2.0	1.8
Slightly Disagree	2.2	3.4	3.3
Strongly Disagree	1.3	1.2	1.2

TABLE 23
Agreement that People Are Generally Caring and Sympathetic to People with Mental Illness by Presence of Serious Psychological Distress (SPD) in Past 30 Days
Nebraska Adults (2008)--Weighted Percents

	Had SPD	Did Not Have SPD	TOTAL
	N=154	N=4,702	N=4,856
Strongly Agree	17.8	21.1	21.0
Slightly Agree	28.0	42.2	41.8
Neither	1.8	2.0	2.0
Slightly Disagree	29.9	26.8	26.8
Strongly Disagree	22.5	8.0	8.4

TABLE 24
Agreement that People Are Generally Caring and Sympathetic to People with Mental Illness by Currently Taking Medicine or Getting Treatment for Mental Health Condition
Nebraska Adults (2008)--Weighted Percents

	Currently Taking Meds/ Getting Treatment	NOT Taking Meds/ Getting Treatment	TOTAL
	N=564	N=4,354	N=4,918
Strongly Agree	17.0	21.6	21.1
Slightly Agree	34.3	42.4	41.5
SUBTOTAL	51.3	64.0	62.6
Neither	2.3	2.1	2.1
Slightly Disagree	32.3	26.1	26.8
Strongly Disagree	14.1	7.8	8.5

TABLE 25
Anxiety and Depression
Nebraska Adults (2008 Only)
(with 95% Confidence Intervals--SUDAAN)

	Current Depression (Severity Index Score = 10+)			Lifetime Diagnosis of Depression			Lifetime Diagnosis of Anxiety		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	4840	8.7	6.9-10.8	5,221	16.5	14.5-18.7	5,223	10.2	8.6-12.1
Gender									
Male	1,864	6.9	4.5-10.4	2,006	13.3	10.2-17.1	2,007	8.0	5.6-11.3
Female	2,976	10.5	8.2-13.4	3,215	19.7	17.3-22.4	3,216	12.4	10.4-14.8
Age									
18-24	152	11.7	5.0-24.8	158	11.6	5.8-22.0	158	9.1	3.9-19.6
25-34	433	11.4	6.4-19.6	447	19.1	13.4-26.5	449	13.6	8.5-21.1
35-44	732	7.2	4.8-10.6	756	15.4	11.9-19.7	755	12.3	8.8-16.9
45-54	1,064	7.9	5.5-11.1	1,100	22.8	18.0-28.4	1,105	9.6	7.3-12.7
55-64	1,010	8.3	6.1-11.3	1,072	16.1	13.2-19.6	1,072	10.2	7.7-13.3
65+	1,429	6.3	4.2-9.2	1,664	12.0	9.4-15.3	1,660	6.4	4.6-8.7
Place of Residence									
Urban	703	10.4	7.2-14.6	745	17.6	14.0-21.9	747	11.6	8.6-15.4
Rural	4,137	6.9	5.8-8.2	4,476	15.4	13.9-17.0	4,476	8.8	7.6-10.1
Education									
<High School	370	19.7	12.0-30.6	425	21.1	14.0-30.5	426	12.9	7.8-20.8
High School	1,718	9.5	6.1-14.4	1,897	14.7	10.9-19.5	1,896	8.9	5.8-13.4
Some College	1,365	12.2	8.5-17.2	1,462	19.8	16.2-24.0	1,463	14.3	11.0-18.4
College Degree	1,385	3.0	2.0-4.5	1,434	14.6	11.6-18.1	1,435	7.5	5.6-10.0
Income									
Under $15,000	426	##	##	485	24.5	16.6-34.5	486	19.3	12.2-29.1
$15,000 - $24,999	756	17.3	11.9-24.5	826	19.5	14.5-25.6	825	9.8	7.2-13.2
$25,000 - $49,999	1,438	13.4	9.0-19.6	1,538	19.9	15.9-24.7	1,538	15.1	11.1-20.2
$50,000 - $74,999	815	3.4	2.1-5.6	840	9.9	7.3-13.3	840	6.2	4.2-9.1
$75,000 +	917	1.5	0.9-2.7	840	15.2	10.9-20.9	941	7.1	4.2-11.8
Race (Age-Adjusted)									
White NH*	4,485	8.3	6.4-10.8	4,828	16.4	14.2-18.8	4,825	10.6	8.7-12.9
African American NH*	38	#	#	43	#	#	45	#	#
Asian American NH*	14	#	#	16	#	#	17	#	#
Native American NH*	30	#	#	34	#	#	35	#	#
Other Race NH*	66	9.6	4.2-20.5	71	38.0	23.9-54.4	71	10.4	3.7-25.7
Hispanic American	177	11.3	5.8-20.6	191	13.8	8.0-22.6	192	8.6	4.4-16.0
Marital Status									
Currently Married	3,057	6.2	4.5-8.4	3,240	15.1	12.8-17.8	3,241	8.9	7.1-11.0
Previously Married	1,289	15.5	12.0-19.9	1,456	22.6	18.6-27.3	1,457	15.1	11.6-19.4
Never Married	489	12.2	6.6-21.4	518	16.2	10.7-23.8	518	11.0	6.4-18.4
Employment									
Employed	2,334	7.3	5.1-10.4	2,428	14.3	11.7-17.4	2,429	8.6	6.6-11.1
Self-employed	620	5.4	3.3-8.6	659	11.5	8.3-15.8	659	6.7	4.4-9.9
Unemployed	129	14.0	7.8-24.0	137	##	##	136	##	##
Homemaker	401	10.9	5.6-20.2	440	22.4	15.6-31.0	439	14.5	8.5-23.5
Student	52	##	##	55	##	##	55	##	##
Retired	1,105	6.9	4.4-10.6	1,265	12.7	9.8-16.2	1,266	7.9	5.7-10.8
Unable to Work	192	##	##	229	##	##	230	##	##

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

TABLE 26

Prevalence and Mean Number of Selected Chronic Conditions and Unhealthy Behaviors By Status of Current Depression and Lifetime Diagnosis of Depression and Anxiety

2008 Nebraska BRFSS with 95% Confidence Intervals (SUDAAN)

	Current Depression				Lifetime Diagnosis of Depression				Lifetime Diagnosis of Anxiety			
	Have Current Depression (Severity Index Score = 10+)		**Do NOT Have Current Depression (Severity Index Score < 10)**		**Ever Diagnosed with Depressive Disorder**		**NOT Diagnosed with Depressive Disorder**		**Ever Diagnosed with Anxiety Disorder**		**NOT Diagnosed with Anxiety Disorder**	
	%	Confidence Interval	%	Confidence Interval	%	Confidence Interval	%	Confidence Interval	%	Confidence Interval	%	Confidence Interval
Chronic Conditions												
Coronary Heart Disease	4.8	2.4-9.4	4.3	3.5-5.3	6.6	4.4-9.7	4.1	3.4-5.1	7.1	4.3-11.5	4.3	3.5-5.2
Stroke	3.8	2.0-6.8	1.6	1.3-2.0	**3.3**	**2.2-4.9**	**1.7**	**1.3-2.1**	2.7	1.6-4.5	1.9	1.5-2.3
Diabetes	14.7	9.6-22.0	8.3	7.0-9.8	**14.9**	**11.3-19.4**	**8.0**	**6.7-9.5**	11.5	7.8-16.6	8.9	7.6-10.4
Asthma	**15.2**	**9.9-22.6**	**6.3**	**5.0-7.7**	**13.9**	**9.9-19.2**	**5.8**	**4.8-7.2**	**14.1**	**9.1-21.2**	**6.4**	**5.2-7.7**
Mean Number of Multiple Chronic Conditions	**0.38**	**0.26-0.50**	**0.20**	**0.18-0.23**	**0.38**	**0.30-0.45**	**0.19**	**0.17-0.22**	**0.34**	**0.26-0.42**	**0.21**	**0.19-0.24**
Unhealthy Behaviors												
Current Smoker	**40.0**	**29.7-51.3**	**16.7**	**14.6-19.0**	25.4	19.5-32.3	17.0	14.8-19.5	**29.8**	**21.8-39.2**	**17.2**	**15.1-19.6**
No Leisure-Time Physical Activity	**43.2**	**33.1-53.8**	**23.1**	**21.0-25.4**	**35.3**	**29.0-42.1**	**24.0**	**21.8-26.3**	**37.3**	**28.6-46.9**	**24.5**	**22.4-26.7**
Obesity	**47.4**	**36.7-58.4**	**27.3**	**24.8-29.9**	**41.6**	**35.0-48.6**	**26.2**	**23.7-28.8**	37.4	28.7-47.0	27.8	25.4-30.4
Binge Drinking	13.8	8.1-22.5	19.7	17.2-22.4	16.9	12.0-23.2	19.2	16.7-21.9	20.6	13.6-30.0	18.5	16.2-21.1
Heavy Drinking	9.1	4.3-18.4.	4.5	3.4-6.0	3.6	2.1-6.0	5.0	3.7-6.8	6.6	3.5-12.1	4.6	3.4-6.1
Mean Number of Multiple Unhealthy Behaviors	**1.54**	**1.29-1.79**	**0.92**	**0.87-0.97**	**1.23**	**1.09-1.37**	**0.92**	**0.86-0.98**	**1.34**	**1.14-1.55**	**0.93**	**0.88-0.99**

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

Sleep

According to the Institute of Medicine, chronic sleep loss is a public health problem that has been under-recognized in the past, but has a cumulative effect on physical and mental health. Sleep loss and sleep disorders can reduce quality of life and productivity, increase the use of health care services, and result in injuries, illness, or death. Sleep loss and disorders are associated with depression, anxiety, mental distress, obesity, high blood pressure, diabetes, elevated cholesterol and adverse health behaviors such as physical inactivity and cigarette smoking.

Recent studies have shown that average duration of sleep among American adults has decreased over the past 20 years. A 2005 National Sleep Foundation poll found that American adults sleep an average of 6.9 hours per night, despite a need for most adults to get 7 to 9 hours of sleep nightly to be fully rested. According to CDC, an estimated 50 to 70 million persons in the United States have chronic sleep and wakefulness disorders.

Insufficient Sleep

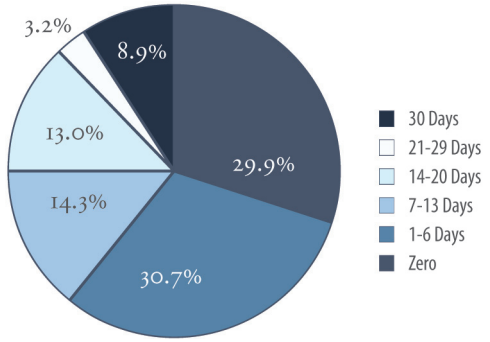
Definition

Insufficient Sleep: Respondents' perceived days of insufficient sleep, as reported in response to the following question, "During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?"

Current Prevalence

In 2008, 29.9 percent of adults in the Nebraska BRFSS reported no days in the past month when they felt they did not get enough sleep (Figure 67), while 8.9 percent stated they had insufficient rest or sleep every day during the past 30 days. Nearly one-third of adults (30.7 percent) estimated from one to six days when they did not have enough sleep, while 14.3 percent reported seven to thirteen days. Thirteen percent of respondents (13.0 percent) felt they had gotten insufficient sleep for 14 to 20 of the last 30 days and 3.2 percent estimated 21 to 29 days without enough sleep.

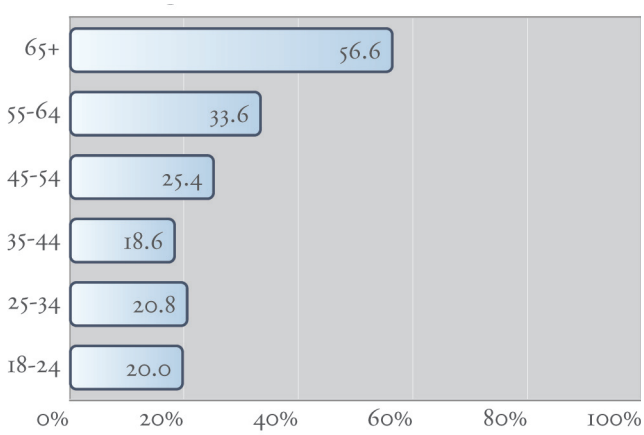
Figure 67. Number of Days without Enough Sleep or Rest Percent of Adults Aged 18+ (2008)



Who Has Had Sufficient Sleep?

Prevalence of no days of insufficient sleep increased with age, with adults aged 55 to 64 (33.6 percent) and those aged 65 and older (56.6 percent) significantly more likely than younger respondents to say they got enough rest or sleep every day during the past month (Table 27, Figure 68). Among respondents aged 45 to 54, 25.4 indicated they got sufficient sleep every day—a significantly greater proportion than that reported by adults aged 35 to 44 (18.6 percent). About one-fifth of adults aged 18 to 34 said there were no days in the last month when they did not get enough sleep or rest.

Figure 68. Proportion of Adults Who Reported Zero Days without Enough Sleep in Past 30 Days by Age of Respondent (2008)



Rural Nebraskans (33.7 percent) were significantly more likely than urban residents (25.6 percent) to report sufficient sleep every day in the past month.

Respondents who had less than a high school education (41.5 percent) or were high school graduates (35.9 percent) were significantly more likely than those with

some college (27.6 percent) or college degrees (23.1 percent) to state there were no days when they got insufficient sleep.

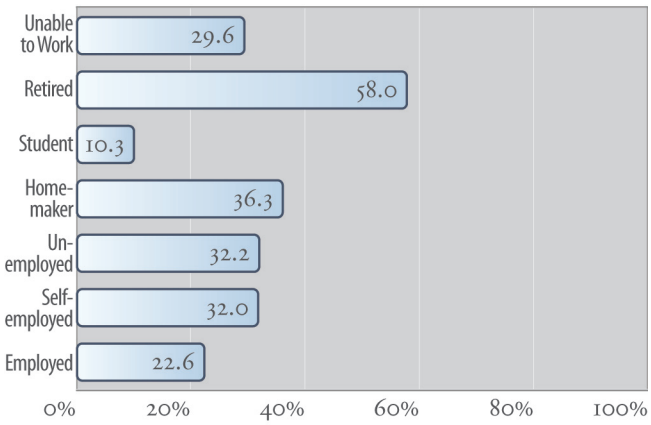
The proportions of persons in income brackets below $50,000 (ranging from 31.8 to 38.1 percent) were significantly greater than the rates reported by persons with incomes of $50,000 or higher (22.6 to 24.7 percent).

Hispanic Americans (40.6 percent) were significantly more likely than non-Hispanic whites (28.8 percent) in Nebraska to indicate no days of insufficient sleep in the past month.

A significantly greater proportion of previously married adults (40.2 percent) estimated no days in the past 30 days when they did not get enough sleep, compared to currently married (28.6 percent) or never married (24.2 percent) adults.

Retired persons (58.0 percent) were significantly more likely than respondents in all other employment categories to state there were no days in the last month when they had insufficient sleep (Figure 69). Homemakers (36.3 percent) and self-employed adults (32.0 percent) were also significantly more likely than currently employed adults (22.6 percent) to rate their sleep this way. On the other hand, significantly fewer students (10.3 percent) reported no days with insufficient sleep than persons in all other employment groups.

Figure 69. Proportion of Adults Who Reported Zero Days without Enough Sleep in Past 30 Days by Employment Category (2008)

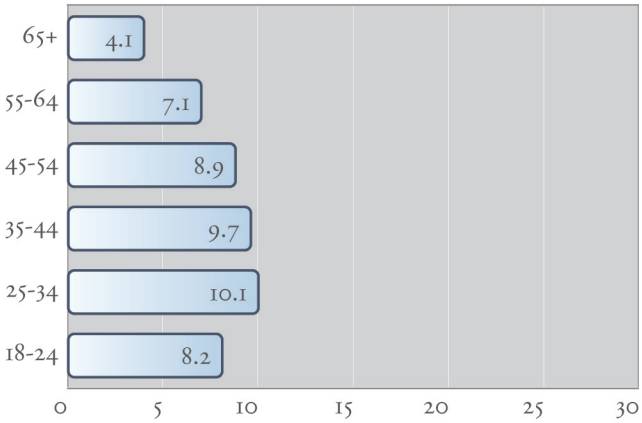


Average (Mean) Number of Days of Insufficient Sleep

Overall, adults reported an average of 8.1 days out of the past 30 days when they did not get enough sleep (Table 27).

Younger adults aged 18 to 54 estimated a significantly greater number of days without sufficient sleep than respondents aged 65 and older did (Figure 70). In fact, average numbers of days for these respondents (8.2 to 10.1 days) were double the number of days without enough sleep reported for persons aged 65 and older (4.1 days). Adults aged 25 to 54 also reported a significantly greater number of these days than persons aged 55 to 64 (7.1 days).

Figure 70. Average (Mean) Number of Days without Enough Sleep in Past 30 Days by Age of Respondent (2008)



Urban residents (8.6 days) averaged significantly more days without adequate sleep than rural respondents (7.5 days).

On average, adults who had some college or technical training (8.7 days) estimated significantly more days with insufficient sleep than high school graduates (7.4 days).

Non-Hispanic persons of "other" races (11.6 days) reported a significantly greater average number of these days than non-Hispanic white (8.2 days) or Hispanic Americans (6.7 days) adults.

Respondents who were unable to work (12.6 days) averaged a significantly larger number of days without enough sleep than persons in each of the other employment categories except unemployed persons

(9.4 days). The average number of days with insufficient sleep for employed adults (9.0 days) was significantly higher than that estimated by homemakers (7.3 days) and retirees (3.9 days). In fact, retired persons averaged significantly fewer days without adequate sleep than each of the other employment groups.

TABLE 27
Sleep
Nebraska Adults (2008)
(with 95% Confidence Intervals--SUDAAN)

	% of Adults with NO Days in Past Month When They Did Not Get Enough Sleep			Average (Mean) Number of Days in Past Month When Adults Did Not Get Enough Sleep		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	Mean # of days	Confidence Interval
Total	16,255	29.6	28.2-31.0	15,971	8.1	7.8-8.4
Gender						
Male	6,176	31.2	29.0-33.5	6,086	7.8	7.3-8.4
Female	10,079	28.0	26.4-29.7	9,885	8.3	8.0-8.6
Age						
18-24	467	20.0	14.7-26.4	461	8.2	6.8-9.5
25-34	1,507	20.8	17.4-24.7	1,489	10.1	9.2-11.0
35-44	2,297	18.6	16.2-21.4	2,274	9.7	9.0-10.4
45-54	3,281	25.4	22.9-28.1	3,249	8.9	8.3-9.5
55-64	3,303	33.6	31.1-36.2	3,262	7.1	6.6-7.7
65+	5,300	56.6	54.4-58.8	5,144	4.1	3.7-4.4
Place of Residence						
Urban	2,413	25.6	23.3-28.2	2,387	8.6	8.0-9.2
Rural	13,842	33.7	32.6-34.8	13,584	7.5	7.3-7.8
Education						
<High School	1,350	41.5	36.5-46.7	1,296	7.2	6.1-8.2
High School	5,949	35.9	33.3-38.6	5,817	7.4	6.9-7.9
Some College	4,609	27.6	25.2-30.1	4,555	8.7	8.1-9.4
College Degree	4,330	23.1	20.8-25.4	4,287	8.4	7.8-8.9
Income						
Under $15,000	1,466	38.1	31.7-44.9	1,440	8.3	7.2-9.3
$15,000 - $24,999	2,561	37.0	33.4-40.6	2,511	8.1	7.3-8.9
$25,000 - $49,999	4,739	31.8	29.4-34.4	4,679	8.2	7.6-8.8
$50,000 - $74,999	2,612	24.7	21.8-27.8	2,584	8.4	7.5-9.2
$75,000 +	2,925	22.6	20.2-25.2	2,908	8.2	7.7-8.7
Race (Age-Adjusted)						
White NH*	15,088	28.8	27.4-30.2	14,746	8.2	7.9-8.5
African American NH*	114	##	##	112	9.3	6.4-12.1
Asian American NH*	53	##	##	53	6.7	3.1-10.2
Native American NH*	110	##	##	109	7.4	5.5-9.2
Other Race NH*	233	##	##	227	11.6	9.0-14.1
Hispanic American	595	40.6	32.9-48.7	580	6.7	5.4-7.9
Marital Status						
Currently Married	10,053	28.6	27.1-30.1	9,916	8.1	7.8-8.5
Previously Married	4,560	40.2	37.3-43.2	4,444	7.7	7.1-8.2
Never Married	1,612	24.2	20.2-28.8	1,582	8.3	7.3-9.3
Employment						
Employed	7,644	22.6	20.8-24.4	7,559	9.0	8.5-9.4
Self-employed	2,002	32.0	28.5-35.7	1,975	7.8	7.0-8.5
Unemployed	380	32.2	23.6-42.3	376	9.4	7.5-11.2
Homemaker	1,314	36.3	31.8-41.0	1,276	7.3	6.4-8.2
Student	192	10.3	5.5-18.6	191	7.3	6.0-8.6
Retired	3,965	58.0	55.4-60.6	3,858	3.9	3.5-4.3
Unable to Work	731	29.6	24.0-35.9	713	12.6	11.0-14.1

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

Cardiovascular Disease

Cardiovascular disease (CVD) encompasses all diseases of the heart and blood vessels, including heart disease, stroke, congestive heart failure, hypertension, and atherosclerosis. According to the American Heart Association, 80 million Americans were estimated to have CVD in 2006.

Heart disease is the leading cause of death in the United States and in Nebraska, while stroke ranks third. In 2007, heart disease accounted for 3,517 deaths and stroke resulted in 920 deaths in Nebraska.

The American Heart Association estimates that the total cost of CVD, including stroke, was about $475.3 billion in the United States in 2008.

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

History of Heart Attack

Definition

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

Current Prevalence

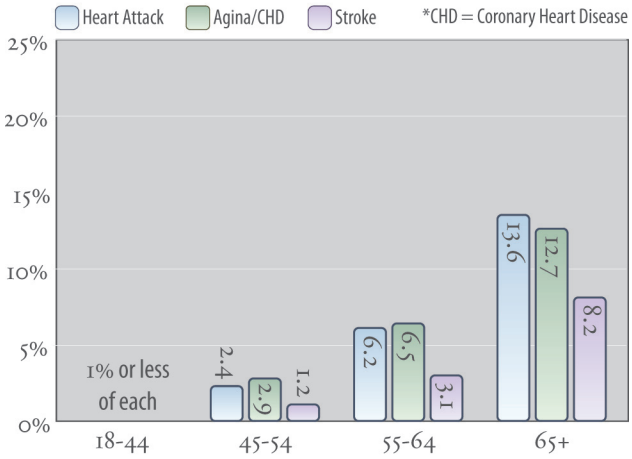
In 2007-2008, 3.9 percent of adults responding to the BRFSS said they had ever been told by a health professional that they had a heart attack (Table 28). This proportion has remained stable since the 2003 study, when 4 percent reported ever having a heart attack.

Who Has Had a Heart Attack?

Males (5.2 percent) were significantly more likely than females (2.8 percent) to have been told by a doctor or other health professional that they had a heart attack.

Persons aged 65 and older (13.6 percent) were significantly more likely than younger persons to have ever had a heart attack (Figure 71). Only 6.2 percent of persons aged 55 to 64 and 2.4 percent of those aged 45 to 54 reported that they ever had a heart attack, while less than one percent of respondents under age 45 had ever had one.

Figure 71. Adults Ever Told by Health Professional That They Had a Heart Attack, Angina/CHD*, or Stroke by Age of Respondent (2007-2008)



A significantly greater proportion of respondents living in rural counties (4.6 percent) stated that they had ever been told they had a heart attack, compared to residents of urban counties (3.3 percent) (Table 28).

The proportion of adults who ever had a heart attack decreased with increasing levels of education. Respondents with college degrees (2.0 percent) were significantly less likely than persons with less education (3.8 to 6.9 percent) to report ever having a heart attack.

Significant differences were also found by household income. Eight percent of respondents earning less than $15,000 per year had ever been told they had a heart attack, while 6.9 percent of persons with incomes of $15,000 to $24,999 had a heart attack. These rates were significantly higher than rates for respondents earning $25,000 or more (1.5 to 4.5 percent). Heart attack rates also declined significantly with increasing income bracket, from 4.5 percent for persons earning $25,000 to $49,999 annually to 1.5 percent for those with incomes of $75,000 or more.

Native Americans (8.6 percent) and non-Hispanic persons of "other" races (7.2 percent) were significantly more likely than non-Hispanic whites (3.7 percent) in Nebraska to indicate they were ever told they had a heart attack.

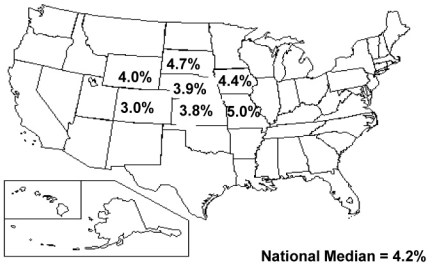
Eight percent of previously married persons (8.0 percent) reported having a heart attack, compared to 3.9 percent of currently married individuals and only 0.7 percent of persons who had never married. These differences are statistically significant.

Significantly greater proportions of retired persons (13.8 percent) and persons who were unable to work (13.5 percent) had ever had a heart attack, compared to respondents in all other employment categories. Self-employed adults (3.0 percent) were also significantly more likely than employed (1.6 percent) and unemployed (1.2 percent) respondents, as well as students (0.1 percent), to report having a heart attack.

Nebraska and the Nation

In 2007-2008, 3.9 percent of respondents to the Nebraska BRFSS reported that they were ever told they had a heart attack (Figure 72), very close to the national median of 4.2 percent. There was little variation in prevalence in neighboring states, with rates ranging from a low of 3.0 percent in Colorado to a high of 5.0 in Missouri.

Figure 72. Ever Told by Health Professional They Had a Heart Attack Adults Aged 18+ (2007-2008) (Data not age-adjusted)



History of Angina/Coronary Heart Disease

Definition

History of Angina or Coronary Heart Disease: "Yes" to the question, "Has a doctor, nurse or other health professional ever told you that you had any of the following: Angina or coronary heart disease?"

Current Prevalence

In 2007-2008, 4.0 percent of adults said they had ever been told they had angina or coronary heart disease (CHD) (Table 28). This rate has remained steady, with 4 percent of respondents in the 2003 and 2005-2006 studies reporting a history of these conditions.

Who Has Angina or Coronary Heart Disease?

A significantly greater proportion of males (4.8 percent) had been told they have angina or CHD, compared to females (3.1 percent).

Adults aged 65 and older (12.7 percent), 55 to 64 (6.5 percent), and 45 to 54 (2.9 percent) were all significantly more likely than adults in each of the younger age groups to have angina or CHD (Figure 71). Among respondents under age 45, only one percent or less had ever been diagnosed with these conditions.

Respondents with incomes below $15,000 per year were significantly more likely to say they had angina or CHD (7.8 percent), compared to respondents with annual incomes of $25,000 or more (Table 28). In addition, persons with household incomes of $15,000 to $24,999 (5.8 percent) or $25,000 to $49,999 (4.9 percent) were significantly more likely to have been told they have CHD than respondents earning $50,000 to $74,999 (2.6 percent) or $75,000 or more (2.0 percent).

Prevalence of angina or CHD was significantly greater among previously married persons (7.5 percent) than among those who were currently married (4.0 percent) or never married (1.0 percent). Persons who were currently married were also significantly more likely than individuals who had never married to report being diagnosed with these conditions.

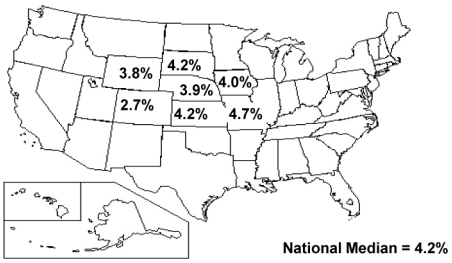
By employment status, significantly greater proportions of respondents who were retired (12.8 percent) had been told they had CHD or angina, compared to those in all other employment categories (except persons who are not able to work). Those who were unable to work (12.6 percent) were significantly more likely than all other categories except unemployed persons (4.1 percent) and retirees to have CHD or angina. Employed (1.8 percent), self-employed (2.7), or unemployed (4.1 percent) respondents, as well as homemakers (3.2 percent), were all significantly more likely than students (0.1 percent) to say they had either of these conditions.

Nebraska and the Nation

In Nebraska, 3.9 percent of adults responding to the 2007-2008 BRFSS said they had ever been told they had coronary heart disease (or angina), compared to 4.2 percent nationwide (Figure 73). Colorado reported a lower prevalence of coronary heart disease (2.7 percent), but rates in the remaining five neighboring

states were near the national median ranging from 3.8 percent in Wyoming to 4.7 percent in Missouri.

Figure 73. Ever Told by Health Professional They Have Angina or Coronary Heart Disease--Adults Aged 18+ (2007-2008)
(Data not age-adjusted)



History of Stroke

Definition

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

Current Prevalence

As with the prevalence of heart attack and of angina/CHD, the proportion of adults that reported ever being told by a doctor or other health professional that they had a stroke (2.4 percent) (Table 28) has remained the same since 2002 (about 2 percent).

Who Has Had a Stroke?

As with heart attacks and CHD, the proportion of adults aged 65 and older who had ever been told they had a stroke (8.2 percent) was significantly higher than rates for younger adults (Figure 71). Only 3.1 percent of persons aged 55 to 64 and 1.2 percent of those aged 45 to 54 had been diagnosed as having a stroke. Among respondents aged 18 to 44, less than one percent reported ever having a stroke.

Persons who had not completed high school (4.9 percent) were significantly more likely to have ever had a stroke than persons with college degrees (1.2 percent) or those who had some college or technical training (2.1 percent) (Table 28). Prevalence of stroke was also significantly higher among high school graduates (3.2 percent) than among college graduates.

The likelihood of having a stroke was significantly greater among low-income persons, with 6.8 percent of those with annual incomes under $15,000 and 5.4 percent of those with incomes between $15,000 and $24,999 reporting they ever had a stroke. These prevalence rates are significantly greater than rates for respondents in higher income groups (0.6 percent to 2.0 percent). Persons in the middle income bracket ($25,000 to $49,999) also reported a significantly higher prevalence of stroke (2.0 percent) than persons in the highest income bracket (0.6 percent)

Native Americans (6.6 percent) were significantly more likely than non-Hispanic whites (2.1 percent) and Hispanic persons (1.5 percent) to have ever experienced a stroke. Prevalence of stroke was also significantly higher among African Americans (5.5 percent) than among non-Hispanic white persons in Nebraska.

Previously married respondents (5.8 percent) were significantly more likely than currently married (2.0 percent) or never married (0.8 percent) persons to have ever been told they had a stroke. Prevalence was also significantly higher among currently married individuals than among those who had never married.

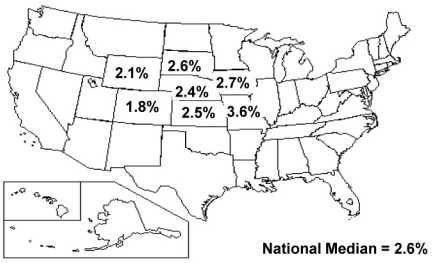
Retired persons (8.5 percent) and those who were unable to work (11.3 percent) were significantly more likely than persons in all other employment categories to have been diagnosed with a stroke. Homemakers (2.1 percent) also reported significantly greater prevalence of stroke than employed persons (0.8 percent).

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

Nebraska and the Nation

When asked if they had ever been told by a health professional that they had a stroke, 2.4 percent of Nebraska adults stated that they had, compared to a national median of 2.6 percent in 2007-2008 (Figure 74). Four of the surrounding states reported similar results, with prevalence rates ranging from 2.1 percent in Wyoming to 2.7 percent in Iowa. In Colorado, only 1.8 percent had ever been diagnosed with a stroke, while 3.6 percent of adults Missouri stated they ever had a stroke.

Figure 74. Ever Told by Health Professional They Had a Stroke Adults Aged 18+ (2007-2008) (Data not age-adjusted)



High Blood Pressure

High blood pressure (also known as hypertension) is a major risk factor for coronary heart disease and stroke, two of the leading causes of death in Nebraska and the nation. It is defined as a condition in which blood pressure is consistently elevated (systolic pressure of 140 mm Hg or higher and/or diastolic pressure of 90 mm Hg or higher). Pre-hypertension is systolic pressure of 120-139 mm Hg, or diastolic pressure of 80-89 mm Hg.

According to the American Heart Association, an estimated 73.6 million Americans had high blood pressure and 57,356 died from it in 2005. An additional 53.6 million are thought to have pre-hypertension.

Definition

Have High Blood Pressure: Respondents who reported they had ever been told by a doctor, nurse, or other health professional that they have high blood pressure.

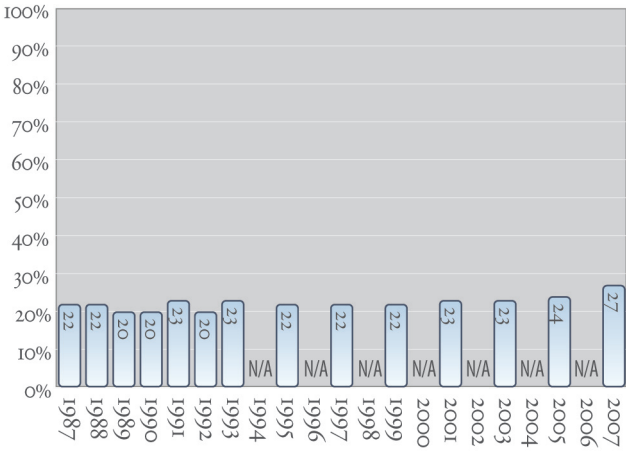
Current Prevalence

Using this definition, 26.5 percent of respondents to the 2007 Nebraska BRFSS said they had been told by a health professional that their blood pressure is high (Table 29). An additional 1.5 percent said they were told that their blood pressure is "borderline high" or that they are "pre-hypertensive".

Trend over Time

Although the proportion of adults in Nebraska who have ever been told they have high blood pressure remained fairly steady between 1987 and 1999 at about 22 percent, since then prevalence appears to be gradually moving upward (Figure 75). The proportion of adults rose to 23 percent in 2001 and 2003, then to 24 percent in 2005, and finally to the 2007 rate of 26.5 percent.

Figure 75. Trend in Proportion of Adults Ever Told Their Blood Pressure Is High (1987-2007)

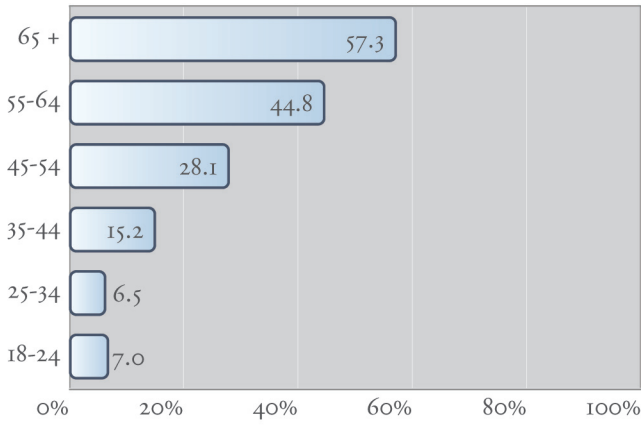


Who's at Risk in Nebraska?

In 2007, the proportion of men who were ever told they have high blood pressure (27.1 percent) was slightly, but not significantly, higher than the proportion of women (26.0 percent) (Table 29).

Prevalence of high blood pressure increased significantly with advancing age (Figure 76). The proportion of 35- to 44-year-olds with hypertension (15.2 percent) was more than twice as high as the proportion among respondents under age 35 (6.5 to 7.0 percent). Among adults aged 45 to 54, 28.1 percent had been diagnosed with hypertension, while 44.8 percent of 55- to 64-year-olds had been told they have this condition. Among adults aged 65 and older, more than one-half (57.3 percent) had been told by a health professional that their blood pressure is high.

Figure 76. Adults Ever Told Their Blood Pressure Is High by Age of Respondent (2007)



Respondents who had not completed high school (30.9 percent) were significantly more likely than college graduates (21.9 percent) to report having high blood pressure (Table 29). High school graduates (32.0 percent) were significantly more likely than both college graduates and persons with some college or technical training (24.4 percent) to say they were ever told their blood pressure is high.

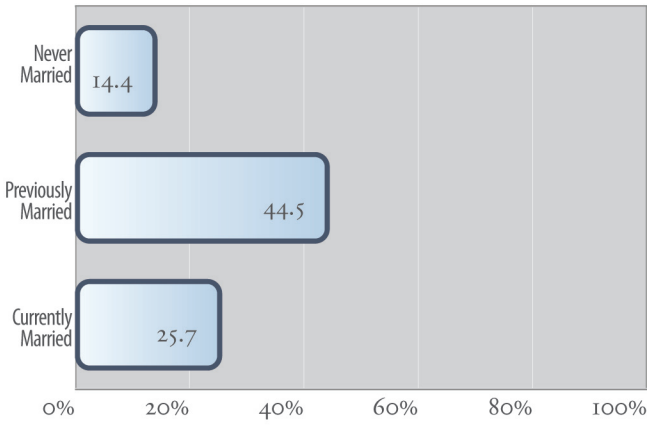
Persons with household incomes under $15,000 per year (38.2 percent) were significantly more likely than persons earning $25,000 or more to report having high blood pressure. The proportion of respondents with incomes of $15,000 to $24,999 who had diagnosed hypertension (32.2 percent) was significantly higher than rates for those earning $50,000 or more per year (21.4 percent).

Prevalence of diagnosed hypertension was significantly higher among non-Hispanic whites (27.4 percent) than among Hispanic Americans (11.6 percent) in Nebraska.

Previously married adults (44.5 percent) were significantly more likely than currently married (25.7 percent) or never married (14.4 percent) respondents to be diagnosed with high blood pressure (Figure 77).

Currently married adults were also significantly more likely than persons who had never married to have been told their blood pressure is high.

Figure 77. Adults Ever Told Their Blood Pressure Is High by Marital Status (2007)

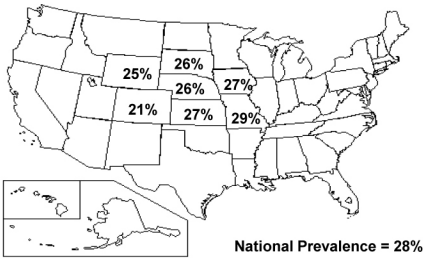


Respondents who were retired (56.8 percent) were significantly more likely than persons in all other employment categories to have been told by a health professional that they have high blood pressure. Adults who were unable to work (43.3 percent) were significantly more likely than self-employed (24.7 percent) or employed (19.6 percent) adults and homemakers (21.4 percent) to report being diagnosed with hypertension.

Nebraska and the Nation

Prevalence of diagnosed hypertension was slightly lower among Nebraska adults (26 percent) than the national median rate of 28 percent in 2007 (Figure 78). Of the surrounding states, Colorado (21 percent) reported the lowest rate, followed by Wyoming (25 percent) and South Dakota (26 percent). In Missouri, 29 percent of adults had been told they had high blood pressure.

Figure 78. Adults Who Were Ever Told Their Blood Pressure Was High (2007) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives

	Proportion of adults aged 18+ with high blood pressure, among those who ever had it checked. (Data are not age-adjusted)
Nebraska 2010 Target	16%
Nebraska BRFSS 2007	26.5%
US BRFSS 2007	27.8%
US 2010 Target	16%

Medication for High Blood Pressure

Definition

Currently Taking Medication for High Blood Pressure: "Yes" to the question, "Are you currently taking medicine for your high blood pressure?" among respondents ever told their blood pressure is high.

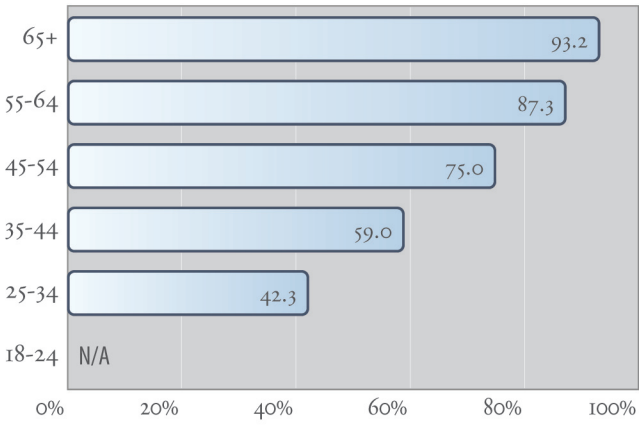
Current Prevalence

Among respondents who had ever been told by a doctor or other health professional that their blood pressure is high, 79.7 percent said they were currently taking medication for this condition (Table 29).

Who's Taking Medication for High Blood Pressure?

The proportion of respondents who were taking medication for high blood pressure rose significantly with increasing age of respondents (Figure 79). Among persons aged 45 to 54, 75.0 percent were taking drugs for this condition. Significantly greater proportions of 55- to 64-year-olds (87.3 percent) and persons aged 65 and older (93.2 percent) reported taking medication for it.

Figure 79. Adults Currently Taking Medication for High Blood Pressure* by Age of Respondent (2007)



Retired persons (93.0 percent) were significantly more likely than employed (73.0 percent) or self-employed (77.5 percent) adults to state they currently take medication for hypertension.

Other differences in proportion of adults taking medication for their high blood pressure by gender, place of residence, education, household income, race/ethnic origin, and marital status of respondents were not statistically significant.

Cholesterol Screening

High blood cholesterol is a major risk factor for coronary heart disease. Persons with elevated blood cholesterol levels (total cholesterol of 200 mg/dL or higher) are at increased risk of developing coronary artery disease. An estimated 98.6 million Americans have total blood cholesterol levels of 200 mg/dL or higher, according to the American Heart Association. Of these, about 34.4 million have levels of 240 or higher, placing them at high risk for coronary heart disease.

The National Cholesterol Education Program recommends that blood cholesterol levels be checked at least once every five years in healthy adults aged 20 and older. For those with elevated readings, recommended lifestyle changes include a diet low in saturated fat and cholesterol, increasing physical activity, and losing excess weight. For many people with high cholesterol, diet and exercise alone are enough to bring it down to a satisfactory level. For the remainder, cholesterol-lowering drugs are available that may be effective in reducing cholesterol levels.

Ever Checked/Checked Within Last Five Years

Definitions

Ever Checked: "Yes" to the question, "Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?"

Checked Within the Last Five Years: Respondents whose replies to the question, "About how long has it been since you last had your blood cholesterol checked?", indicate testing within the last five years.

Current Prevalence

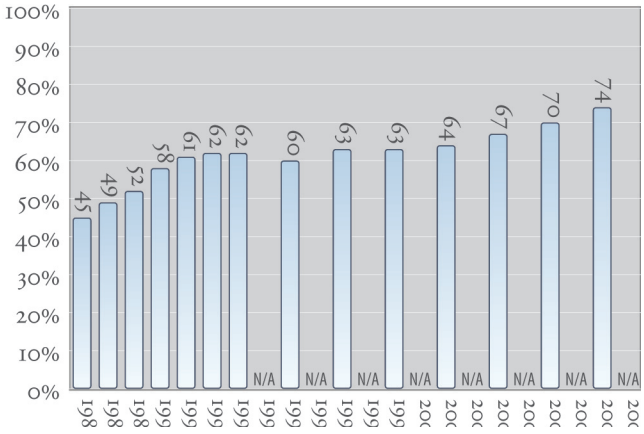
More than three-fourths of respondents to the 2007 BRFSS (78.1 percent) stated they had at some time had their blood cholesterol level checked. Thus, 21.9 percent of adult Nebraskans were at risk since they never had their cholesterol level checked (Table 30).

The majority of survey respondents (73.8 percent) said they had their blood cholesterol level tested within the past five years.

Trend over Time

The proportion of Nebraskans who had a blood cholesterol test done in the past five years has increased substantially since 1987 when fewer than one-half (45 percent) reported having this screening done in the five years prior to the study (Figure 80). Prevalence of cholesterol testing rose steadily between 1987 and 1991, then leveled off at 60 to 62 percent through 1995. Since then, prevalence has increased to the 2007 rate of 74 percent.

Figure 80. Trend in Proportion of Respondents Who Had Cholesterol Screening in Past Five Years (1987-2007)

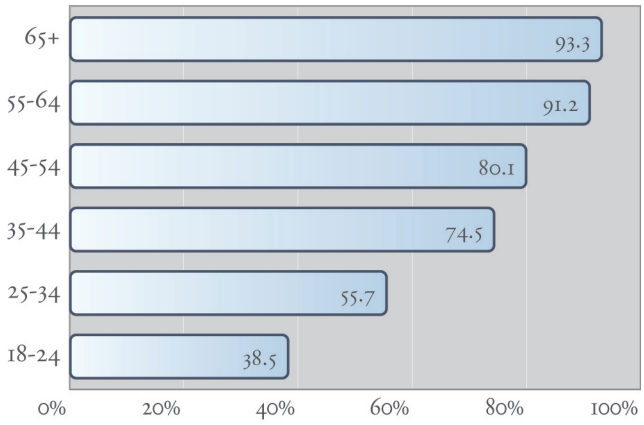


Who's Received Screening in the Past Five Years in Nebraska?

Nebraska women (77.2 percent) were significantly more likely than men in the state (70.3 percent) to indicate they had their cholesterol level checked within the past five years (Table 30).

Differences were found in prevalence of screening by age group, with older respondents significantly more likely than younger ones to say that they had this testing done in the past five years (Figure 81). Among respondents aged 18 to 24, only 38.5 percent reported having this testing, while a significantly greater proportion of 25- to 34-year-olds (55.7 percent) did. Prevalence of screening was significantly higher among respondents aged 35 to 44 (74.5 percent) and those aged 45 to 54 (80.1 percent). Persons aged 55 to 64 (91.2 percent) and those aged 65 and older (93.3 percent) reported significantly greater screening rates than any of the younger age groups.

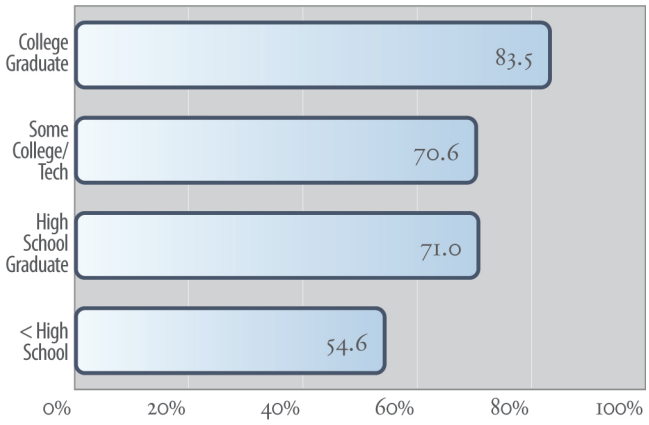
Figure 81. Proportion of Respondents Who Had Cholesterol Screening in Past Five Years by Age (2007)



More than three-fourths of urban adults (76.4 percent) had their cholesterol level checked in the past five years, compared to 71.1 percent of rural residents—a significant difference (Table 30).

College graduates (83.5 percent) were significantly more likely than respondents with less education to say they had their cholesterol level checked in the past five years (Figure 82). Respondents who had some college or technical training (70.6 percent) and those who had graduated from high school (71.0 percent) were also significantly more likely than persons who had not completed high school (54.6 percent) to have cholesterol screening in the last five years.

Figure 82. Proportion of Respondents Who Had Cholesterol Screening in Past Five Years by Educational Level (2007)



A similar pattern is evident by household income of respondents, with persons in the higher income brackets significantly more likely to have their cholesterol tested in the past five years than those with lower household incomes. Prevalence of screening within the targeted time period was significantly higher among Nebraska adults with incomes of $75,000 or higher (82.1 percent) than among those earning less than $50,000 per year (65.1 to 70.3 percent).

A significantly greater proportion non-Hispanic whites (73.0 percent) reported having a cholesterol check in the past five years, compared to Hispanic Americans (53.3 percent).

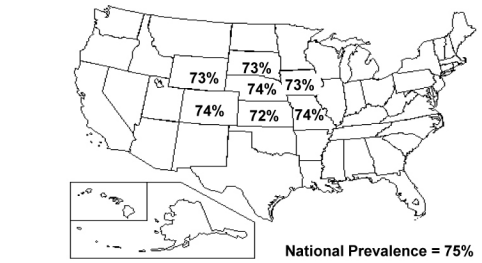
Currently married (78.8 percent) and previously married (81.8 percent) adults were significantly more likely to have had a blood cholesterol test in the last five years than never married respondents (48.1 percent).

Retired respondents (94.1 percent) were significantly more likely to have a cholesterol test in the past five years than persons in each of the other employment categories.

Nebraska and the Nation

The proportion of adults in Nebraska who had their blood cholesterol checked within the last five years (74 percent) was slightly lower than the national median (75 percent) in 2007 (Figure 83). Rates for the six states surrounding Nebraska were similar, ranging from 72 percent for Kansas to 74 percent for Missouri and Colorado.

Figure 83. Proportion of Adults Aged 18+ Who Had Cholesterol Checked in Past Five Years (2007) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Ever Told Cholesterol Is High

Definition

Ever Told Cholesterol Is High: Respondents who have ever had their blood cholesterol checked and were told it was high by a doctor, nurse, or other health professional.

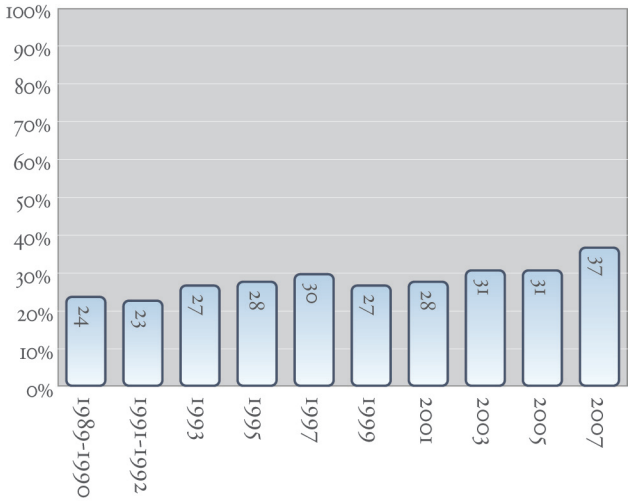
Current Prevalence

Among 2007 BRFSS respondents who reported ever having their blood cholesterol level checked, 36.6 percent said their doctor or other health professional told them it was high.

Trend over Time

The proportion of respondents who had ever been told their cholesterol level is high has increased since the 1989-1990 BRFSS (Figure 84), when 24 percent of those who had the screening done were told it was high. The proportion with high blood cholesterol levels rose to 31 percent in 2003 and 2005, then to 37 percent in the current study.

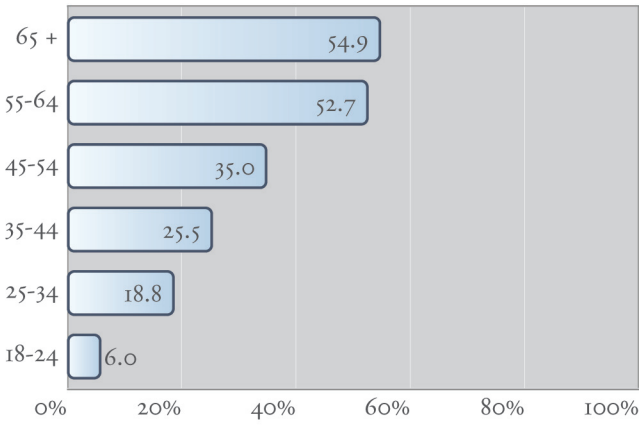
Figure 84. Trend in Proportion of Respondents Who Have Been Told Their Cholesterol Is High (1989-2007)



Who's at Risk in Nebraska?

The proportion of respondents who were told they have elevated blood cholesterol levels increased significantly with advancing age for the age brackets shown (Figure 85). Only 6.0 percent of 18- to 24-year-olds and 18.8 percent of 25- to 34-year-olds reported high cholesterol, compared to 25.5 percent of respondents aged 35 to 44. More than one-third of adults aged 45 to 54 (35.0 percent) were told they have high cholesterol—a significantly greater proportion than the rates reported for the three younger age groups. More than one-half of the respondents aged 55 to 64 (52.7 percent) and aged 65 and older (54.9 percent) had been told by a health professional that their blood cholesterol was elevated. These rates were significantly higher than those recorded for all younger age groups.

Figure 85. Respondents Ever Told Their Cholesterol Is High by Age of Respondent (2007)



Persons who had not completed high school (43.6 percent) and high school graduates (41.1 percent) were significantly more likely than respondents with college degrees (31.9 percent) to say that a health professional told them their cholesterol was high (Table 30).

A significantly greater proportion of persons in the lowest household income bracket (49.0 percent) indicated they had ever been told their cholesterol was high, compared to persons earning $25,000 or more annually (31.1 to 36.9 percent). Respondents earning $15,000 to $24,999 per year (43.8 percent) were significantly more likely to have elevated blood cholesterol than those with incomes of $50,000 or higher (31.1 to 33.1 percent).

Prevalence of elevated cholesterol levels was significantly higher among previously married respondents (45.1 percent) than among currently married (36.8 percent) or never married (22.6 percent) persons. Those who were currently married also were significantly more likely than "never married" respondents to report having high blood cholesterol.

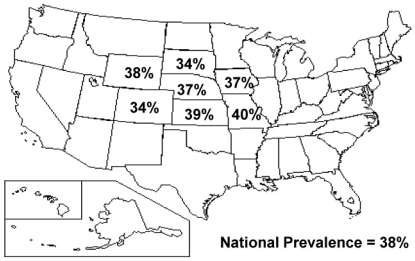
Retirees (54.4 percent) were significantly more likely to report being told their cholesterol level was elevated than persons in all employment categories but one—those who were unable to work (54.3 percent). Respondents who were currently unable to work were significantly more likely to have high cholesterol levels than employed adults (31.2 percent), self-employed (35.3 percent) adults, and homemakers (35.2 percent).

No significant differences in prevalence of high blood cholesterol level were evident by gender, place of residence, or race/ethnic origin of respondents.

Nebraska and the Nation

Prevalence of elevated blood cholesterol levels was slightly lower among Nebraska adults (37 percent) than the national median rate of 38 percent in 2007 (Figure 86). Of the surrounding states, Colorado (34 percent) and South Dakota (34 percent) reported lower prevalence of high cholesterol. Prevalence was highest in Missouri (40 percent).

Figure 88. Prevalence of Elevated Blood Cholesterol Adults 18+ (2007) (data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

TABLE 28
Prevalence of Cardiovascular Disease
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Told by Health Professional That You Had a Myocardial Infarction			Told by Health Professional That You Have Coronary Heart Disease			Told by Health Professional That You Had a Stroke		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	27,061	3.9	3.6-4.3	26,915	4.0	3.6-4.3	27,140	2.4	2.1-2.6
Gender									
Male	10,327	5.2	4.6-5.8	10,270	4.8	4.2-5.5	10,367	2.4	2.0-2.9
Female	16,734	2.8	2.4-3.2	16,645	3.1	2.8-3.5	16,773	2.3	2.0-2.6
Age									
18-24	781	0.1	0.1-0.4	780	0.1	0.0-0.1	781	0.1	0.0-0.2
25-34	2,607	0.0	0.1-0.7	2,602	0.1	0.0-0.2	2,606	0.5	0.2-1.3
35-44	4,019	0.8	0.5-1.4	4,015	1.1	0.6-2.1	4,020	0.7	0.4-1.3
45-54	5,466	2.4	1.8-3.2	5,455	2.9	2.2-3.9	5,478	1.2	0.8-1.8
55-64	5,366	6.2	5.2-7.4	5,341	6.5	5.5-7.8	5,381	3.1	2.4-4.0
65+	8,676	13.6	12.3-15.0	8,576	12.7	11.4-14.0	8,730	8.2	7.2-9.3
Place of Residence									
Urban	3,939	3.3	2.7-3.9	3,917	3.5	2.9-4.2	3,944	2.2	1.7-2.7
Rural	23,122	4.6	4.4-5.0	22,998	4.5	4.2-4.8	23,196	2.6	2.4-2.8
Education									
<High School	2,242	6.9	5.4-8.7	2,219	4.8	3.6-6.4	2,258	4.9	3.6-6.5
High School	10,019	5.5	4.8-6.3	9,949	4.8	4.2-5.5	10,065	3.2	2.7-3.8
Some College	7,587	3.8	3.3-4.5	7,540	4.0	3.4-4.6	7,598	2.1	1.7-2.7
College Degree	7,175	2.0	1.6-2.4	7,169	3.0	2.4-3.7	7,181	1.2	0.9-1.7
Income									
Under $15,000	2,445	8.0	6.6-9.6	2,422	7.8	6.3-9.5	2,463	6.8	5.3-8.7
$15,000 - $24,999	4,343	6.9	5.8-8.1	4,298	5.8	4.9-7.0	4,357	5.4	4.3-6.7
$25,000 - $49,999	7,977	4.5	3.8-5.3	7,937	4.9	4.1-5.8	7,991	2.0	1.6-2.5
$50,000 - $74,999	4,256	2.7	2.1-3.5	4,251	2.6	2.0-3.4	4,266	1.3	0.9-2.0
$75,000 +	4,817	1.5	1.1-2.1	4,810	2.0	1.5-2.6	4,819	0.6	0.4-1.1
Race (Age-Adjusted)									
White NH*	25,000	3.7	3.4-4.0	24,852	3.8	3.4-4.1	25,071	2.1	1.9-2.4
African American NH*	191	1.7	0.6-4.6	190	1.6	0.6-4.5	193	5.5	2.7-10.6
Asian American NH*	87	3.3	1.1-9.2	85	2.6	0.8-8.7	87	##	##
Native American NH*	191	8.6	4.2-16.6	192	6.6	2.8-14.9	191	6.6	2.8-14.6
Other Race NH*	387	7.2	4.5-11.3	387	4.7	2.8-7.9	390	2.7	1.5-4.9
Hispanic American	1,007	3.0	1.9-4.6	1,009	2.2	1.4-3.5	1,010	1.5	0.8-2.7
Marital Status									
Currently Married	16,817	3.9	3.5-4.4	16,744	4.0	3.5-4.4	16,854	2.0	1.7-2.3
Previously Married	7,502	8.0	7.0-9.2	7,436	7.5	6.4-8.6	7,540	5.8	4.9-6.8
Never Married	2,699	0.7	0.5-1.1	2,692	1.0	0.5-1.9	2,703	0.8	0.4-1.5
Employment									
Employed	12,967	1.6	1.3-2.0	12,929	1.8	1.5-2.2	12,975	0.8	0.6-1.1
Self-employed	3,232	3.0	2.3-4.0	3,230	2.7	2.1-3.5	3,243	1.0	0.6-1.5
Unemployed	569	1.2	0.7-2.1	569	4.1	1.6-10.3	566	0.8	0.4-1.4
Homemaker	2,115	2.8	1.9-4.0	2,098	3.2	2.2-4.6	2,125	2.1	1.4-3.0
Student	338	0.1	0.0-0.3	339	0.1	0.0-0.3	340	0.3	0.1-2.3
Retired	6,583	13.8	12.3-15.4	6,503	12.8	11.4-14.4	6,615	8.5	7.3-9.8
Unable to Work	1,215	13.5	10.8-16.8	1,205	12.6	10.0-15.7	1,235	11.3	8.8-14.4

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

TABLE 29
Hypertension Screening and Awareness
Nebraska Adults (2007)
(with 95% Confidence Intervals--SUDAAN)

	Ever Told by Health Professional Have High Blood Pressure			Currently Taking Medication for High Blood Pressure (among those ever told BP is high)		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	10,929	26.5	25.0-28.1	3,800	79.7	76.5-82.7
Gender						
Male	4,199	27.1	24.7-29.6	1,450	76.2	70.9-80.8
Female	6,730	26.0	24.2-27.9	2,350	83.3	79.3-86.6
Age						
18-24	314	7.0	3.3-14.3	19	#	#
25-34	1,098	6.5	4.2-9.8	67	42.3	23.5-63.5
35-44	1,725	15.2	12.3-18.6	254	59.0	47.5-69.5
45-54	2,203	28.1	24.7-31.8	583	75.0	67.4-81.3
55-64	2,084	44.8	41.2-48.4	928	87.3	83.5-90.4
65+	3,456	57.3	54.6-60.0	1,935	93.2	91.1-94.8
Place of Residence						
Urban	1,534	24.9	22.2-27.8	505	76.7	70.1-82.2
Rural	9,395	28.2	27.1-29.2	3,295	82.5	80.7-84.2
Education						
<High School	917	30.9	25.1-37.5	388	79.7	65.3-89.1
High School	4,130	32.0	29.3-35.0	1,649	82.6	77.2-87.0
Some College	3,004	24.4	21.8-27.2	1,008	80.2	73.9-85.3
College Degree	2,856	21.9	19.4-24.7	747	75.3	68.5-81.0
Income						
Under $15,000	1,007	38.2	33.2-43.5	467	85.4	77.3-90.9
$15,000 - $24,999	1,806	32.2	28.2-36.4	778	82.1	75.2-87.3
$25,000 - $49,999	3,260	27.1	24.4-29.9	1,101	80.4	75.3-84.7
$50,000 - $74,999	1,656	21.4	18.1-25.0	460	82.0	73.0-88.5
$75,000 +	1,895	21.4	18.4-24.7	471	71.7	62.5-79.4
Race (Age-Adjusted)						
White NH*	10,148	27.4	25.8-29.0	3,592	80.6	77.3-83.6
African American NH*	79	##	##	25	#	#
Asian American NH*	35	##	##	11	#	#
Native American NH*	84	##	##	24	#	#
Other Race NH*	162	##	##	57	##	##
Hispanic American	421	11.6	8.4-15.7	91	##	##
Marital Status						
Currently Married	6,817	25.7	24.0-27.5	2,129	82.9	79.4-85.9
Previously Married	3,005	44.5	41.1-47.9	1,424	83.9	79.0-87.8
Never Married	1,093	14.4	10.7-19.1	244	##	##
Employment						
Employed	5,338	19.6	17.8-21.6	1,374	73.0	67.6-77.7
Self-employed	1,242	24.7	20.8-29.1	337	77.5	67.8-84.9
Unemployed	189	##	##	49	##	##
Homemaker	811	21.4	17.0-26.5	284	##	##
Student	148	##	##	14	#	#
Retired	2,676	56.8	53.6-60.0	1,491	93.0	90.7-94.7
Unable to Work	510	43.3	36.0-50.8	245	85.4	76.5-91.3

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

TABLE 30
Cholesterol Screening and Awareness
Nebraska Adults (2007)
(with 95% Confidence Intervals--SUDAAN)

	Ever Had Cholesterol Checked			Had Cholesterol Checked in Past 5 Years (as % of Total Respondents)			Ever Told by Health Professional That Cholesterol Is High		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	10,787	78.1	76.2-79.9	10,664	73.8	71.9-75.7	8,930	36.6	34.7-38.5
Gender									
Male	4,161	75.2	72.1-78.1	4,128	70.3	67.1-73.3	3,356	38.4	35.3-41.5
Female	6,626	81.0	78.6-83.1	6,536	77.2	74.9-79.4	5,574	34.9	32.7-37.2
Age									
18-24	294	41.0	31.6-51.2	290	38.5	29.2-48.7	108	6.0	1.7-19.2
25-34	1,063	59.2	53.8-64.5	1,056	55.7	50.2-61.0	572	18.8	14.2-24.5
35-44	1,708	80.7	77.4-83.5	1,700	74.5	71.0-77.6	1,268	25.5	21.7-29.7
45-54	2,185	86.9	84.0-89.2	2,168	80.1	77.0-82.9	1,843	35.0	31.3-39.0
55-64	2,074	94.8	93.2-95.9	2,053	91.2	89.2-92.8	1,918	52.7	48.9-56.4
65+	3,414	95.3	94.2-96.2	3,348	93.3	92.1-94.3	3,181	54.9	52.1-57.8
Place of Residence									
Urban	1,516	80.0	76.3-83.2	1,496	76.4	72.7-79.8	1,324	34.6	31.3-38.0
Rural	9,271	76.2	74.8-77.5	9,168	71.1	69.7-72.5	7,606	38.7	37.4-40.1
Education									
<High School	898	57.0	49.0-64.6	881	54.6	46.6-62.3	620	43.6	35.5-51.9
High School	4,083	75.0	71.4-78.3	4,030	71.0	67.3-74.4	3,374	41.1	37.8-44.5
Some College	2,961	75.6	71.6-79.1	2,935	70.6	66.6-74.2	2,444	36.4	33.1-39.9
College Degree	2,824	88.0	85.5-90.0	2,798	83.5	80.9-85.8	2,473	31.9	28.7-35.2
Income									
Under $15,000	988	72.9	67.3-77.9	970	68.9	63.1-74.2	781	49.0	42.8-55.2
$15,000 - $24,999	1,786	69.3	63.4-74.6	1,768	65.1	59.4-70.5	1,412	43.8	38.9-48.8
$25,000 - $49,999	3,223	75.6	72.0-78.9	3,197	70.3	66.6-73.8	2,633	36.9	33.4-40.5
$50,000 - $74,999	1,641	80.0	74.9-84.2	1,634	74.8	69.8-79.3	1,389	31.1	26.9-35.6
$75,000 +	1,880	85.6	81.5-88.9	1,870	82.1	78.1-85.5	1,678	33.1	29.4-36.9
Race (Age-Adjusted)									
White NH*	9,975	77.0	74.9-79.0	9,858	73.0	70.8-75.1	8,405	31.8	30.1-33.5
African American NH*	80	##	##	80	##	##	65	##	##
Asian American NH*	32	#	#	32	#	#	23	#	#
Native American NH*	79	##	##	77	##	##	54	##	##
Other Race NH*	158	85.8	76.3-92.0	157	##	##	129	##	##
Hispanic American	414	56.2	48.1-63.9	411	53.3	45.4-61.0	214	28.3	20.7-37.4
Marital Status									
Currently Married	6,754	83.2	81.3-84.9	6,693	78.8	76.9-80.6	5,719	36.8	34.7-39.1
Previously Married	2,956	87.2	85.1-89.0	2,912	81.8	79.1-84.2	2,544	45.1	41.3-48.9
Never Married	1,063	51.3	44.9-57.8	1,045	48.1	41.7-54.6	658	22.6	17.3-29.0
Employment									
Employed	5,284	77.3	74.8-79.6	5,247	72.2	69.6-74.6	4,243	31.2	28.7-33.8
Self-employed	1,225	74.5	68.9-79.5	1,214	68.8	63.2-73.8	966	35.3	30.2-40.7
Unemployed	185	##	##	183	##	##	117	##	##
Homemaker	798	74.2	65.5-81.3	787	72.0	63.5-79.2	635	35.2	29.0-42.0
Student	139	##	##	138	##	##	63	##	##
Retired	2,643	95.9	94.7-96.8	2,592	94.1	92.8-95.2	2,470	54.4	51.1-57.7
Unable to Work	498	82.9	73.4-89.4	489	77.6	68.1-84.9	423	54.3	46.3-62.0

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

Diabetes

The number of newly-diagnosed cases of diabetes has risen rapidly in the United States, with an estimated 1.6 million new cases developing in 2007. With obesity on the increase, it is likely that the number of cases will continue this upward trend.

As of 2007, an estimated 23.6 million people in the United States (7.8 percent of the population) have diabetes. Of these, 5.7 million have the disease, but have not been diagnosed and are unaware that they have diabetes. According to the American Diabetes Association, 24 percent of diabetes cases are currently undiagnosed, down from 30 percent in 2005 and 50 percent 10 years ago.

In addition to the 23.6 million Americans who currently have this condition, an estimated 57 million adults are at high risk for developing diabetes. They have pre-diabetes; that is, their blood sugar is elevated but not high enough for them to be classified as having diabetes.

Each year, more than 15,000 children and adolescents are diagnosed with type 1 diabetes. However, incidence of type 2 diabetes (a disease usually diagnosed in adults aged 40 and older) has risen substantially among U.S. children and adolescents in the last 20 years. Obesity and insufficient physical activity are thought to be important factors in the growing prevalence of diabetes among children and youth.

Diabetes was the seventh leading underlying cause of death in 2007 in Nebraska and the nation, accounting for 472 deaths in the state and more than 72,500 deaths nationwide. Diabetes was also listed as a contributing factor for more than 233,600 U.S. deaths in 2005.

Definition

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

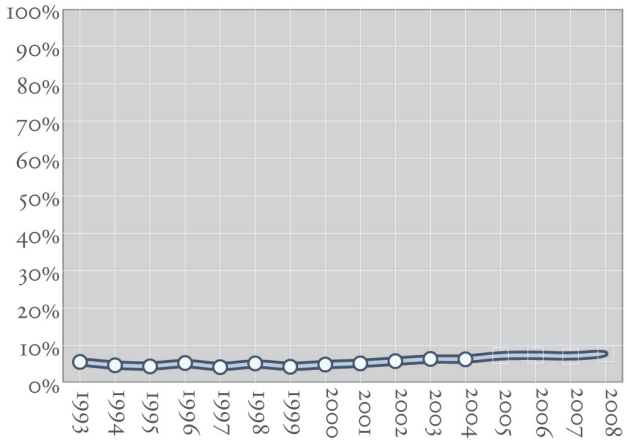
Current Prevalence

Altogether, 7.4 percent of adults in the 2007-2008 Nebraska BRFSS said a doctor had told them they have diabetes (Table 31). If women who were told only during pregnancy that they have diabetes (gestational diabetes) were included, prevalence would be increased by less than one percentage point.

Trend over Time

Prevalence of diabetes among the adult population remained fairly constant at 4 to 5 percent between 1994 and 2001 (Figure 87). Prevalence rose to about six percent in 2002 through 2004, then on to 7.8 percent in 2008.

Figure 87. Trend in Prevalence of Diagnosed Diabetes Nebraska 1993-2008

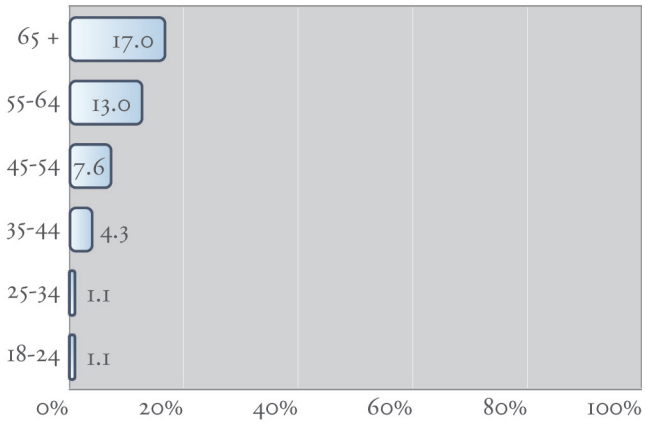


Who's at Risk in Nebraska?

Although men (8.0 percent) were somewhat more likely than women (6.9 percent) to say they had ever been diagnosed with diabetes, this difference in prevalence was not statistically significant (Table 31).

Prevalence of diabetes increased significantly with advancing age group of respondent (Figure 88). Persons aged 65 and older (17.0 percent) and those aged 55 to 64 (13.0 percent) were significantly more likely than younger persons to indicate they have diabetes. Respondents in the 45-to-54 age group (7.6 percent) were also significantly more likely than those aged 35 to 44 (4.3 percent) and those aged 18 to 34 (1.1 percent) to say they have diabetes.

Figure 88. Prevalence of Diagnosed Diabetes by Age Nebraska (2007-2008)

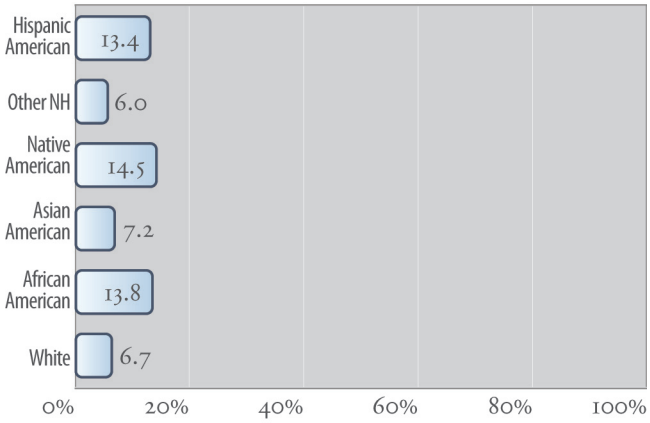


Adults who had not completed high school (11.1 percent) were significantly more likely to have been diagnosed with diabetes than respondents who had some college or technical training (7.2 percent) or had gotten a college degree (5.7 percent). Prevalence of diabetes was also significantly greater among high school graduates (8.6 percent) than among college graduates.

Diabetes prevalence rates for respondents with household incomes under $15,000 (14.3 percent) and for those earning $15,000 to $24,999 (11.9 percent) were significantly higher than rates for persons in all higher income brackets (4.7 percent to 7.4 percent). Prevalence of diabetes was also significantly greater for persons with incomes of $25,000 to $49,999 (7.4 percent) than for those in earning $75,000 or more (4.7 percent).

Native Americans (14.5 percent), African Americans (13.8 percent), and Hispanic Americans (13.4 percent) all experienced significantly higher rates of diagnosed diabetes than non-Hispanic whites (6.7 percent) and non-Hispanic persons of "other" races (6.0 percent) (Figure 89). Among Asian Americans, 7.2 percent stated they had been diagnosed with diabetes.

Figure 89. Prevalence of Diagnosed Diabetes by Race/ Ethnicity Nebraska (2007-2008)



Prevalence of diabetes among never married persons (3.5 percent) was significantly lower than rates for currently married (7.3 percent) and previously married (12.6 percent) individuals. The rate for currently married adults was also significantly lower than the rate for those who had been married previously.

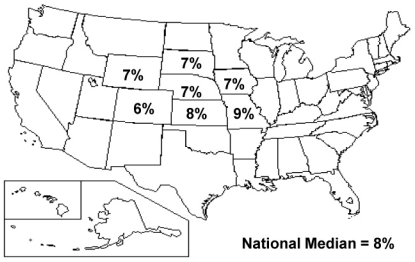
Respondents who were unable to work (25.1 percent) were significantly more likely to have ever been diagnosed with diabetes than persons in all other employment categories. Prevalence of diabetes was also significantly higher among retired adults (17.7 percent) than among employed (4.5 percent) or self-employed (5.4 percent) adults, homemakers (6.0 percent), and students (2.4 percent). Unemployed respondents (10.8 percent) were also significantly more likely than respondents who were employed to report that they have diabetes.

No significant difference in diabetes prevalence rates was found by place of residence of respondents.

Nebraska and the Nation

The proportion of respondents to the Nebraska BRFSS (7 percent) who had ever been told by a doctor that they have diabetes (not including gestational diabetes) was a little lower than the 2007-2008 national median of 8 percent (Figure 90). Four of the six surrounding states also reported lower prevalence rates than the nation (6 to 7 percent). Only Missouri reported a higher rate (9 percent) than the U.S. median.

Figure 90. Prevalence of Diagnosed Diabetes 2007-2008 (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives

	Overall prevalence rate of clinically diagnosed diabetes (adults aged 18+). (Data are not age-adjusted)
Nebraska 2010 Target	2.5%
Nebraska BRFSS 2007-08	7.4%
US BRFSS 2007-08	8.1%
US 2010 Target	2.5%

TABLE 31
Diabetes
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Ever Told You Have Diabetes (Not Including Gestational Diabetes)		
	Total # of Respondents	%	Confidence Interval
Total	27,174	7.4	6.9-8.0
Gender			
Male	10,373	8.0	7.1-8.9
Female	16,801	6.9	6.3-7.6
Age			
18-24	780	1.1	0.3-3.5
25-34	2,606	1.1	0.7-1.6
35-44	4,021	4.3	3.3-5.7
45-54	5,482	7.6	6.4-9.0
55-64	5,386	13.0	11.3-14.8
65+	8,751	17.0	15.6-18.4
Place of Residence			
Urban	3,946	7.0	6.1-8.1
Rural	23,228	7.8	7.5-8.2
Education			
<High School	2,267	11.1	8.9-13.8
High School	10,070	8.6	7.8-9.6
Some College	7,613	7.2	6.4-8.2
College Degree	7,186	5.7	4.7-6.8
Income			
Under $15,000	2,472	14.3	12.1-16.9
$15,000 - $24,999	4,363	11.9	10.0-14.0
$25,000 - $49,999	7,997	7.4	6.5-8.5
$50,000 - $74,999	4,270	6.1	5.0-7.5
$75,000 +	4,819	4.7	3.8-5.8
Race/Ethnic Origin			
White NH*	25,099	6.7	6.2-7.3
African American NH*	193	13.8	8.9-20.9
Asian American NH*	87	7.2	2.2-21.1
Native American NH*	193	14.5	8.8-22.8
Other Race NH*	391	6.0	4.1-8.6
Hispanic American	1,008	13.4	10.3-17.2
Marital Status			
Currently Married	16,869	7.3	6.7-8.0
Previously Married	7,557	12.6	11.2-14.1
Never Married	2,704	3.5	2.5-4.8
Employment			
Employed	12,978	4.5	4.0-5.2
Self-employed	3,244	5.4	4.3-6.7
Unemployed	568	10.8	6.3-17.9
Homemaker	2,128	6.0	4.6-7.7
Student	339	2.4	0.7-8.2
Retired	6,633	17.7	16.0-19.6
Unable to Work	1,242	25.1	21.2-29.5

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.

Arthritis

According to the National Institute of Arthritis and Musculoskeletal and Skin Diseases, arthritis and related conditions affect about 46 million Americans. By 2030, it is estimated that 67 million Americans will be affected by arthritis and one-third of these will have limited activity as a result of this condition.

Osteoarthritis is the most common type of arthritis, affecting about 26.9 million adults in the United States in 2005. It is characterized by deterioration of the cartilage cushioning the ends of the bones within the joint. The tissue lining of the joint can become inflamed, the ligaments looser, and the muscles weaker, resulting in pain when the joint is used.

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

Definitions

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

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

Prevalence of Probable Arthritis

In Nebraska, 33.1 percent of adults responding to the 2007 BRFSS met the criteria for "probable arthritis" (Table 32). That is, they reported having symptoms of pain, aching, or stiffness in or around a joint during the past month and their joint symptoms first began more than three months ago. Prevalence is down slightly from the 2001-2003 and the 2004-2005 BRFSS estimates of 35 percent of adults with probable arthritis.

Prevalence of Diagnosed Arthritis

In 2007, all respondents were asked if they had ever been told by a doctor or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. More than one-fourth (28.0 percent) said they had. This rate has been increasing gradually from 2001-2003 (when 25 percent of respondents reported being diagnosed with arthritis or a related condition) and 2004-2005 (when this rate increased to 26 percent).

Prevalence of Probable or Diagnosed Arthritis

Altogether, 41.7 percent of respondents to the 2007 Nebraska BRFSS had either "probable" or "diagnosed" arthritis (Table 33). This rate represents a decrease from 2004-2005, when 43 percent were categorized as having probable or diagnosed arthritis and from the 2001-2003 study when prevalence was 45 percent.

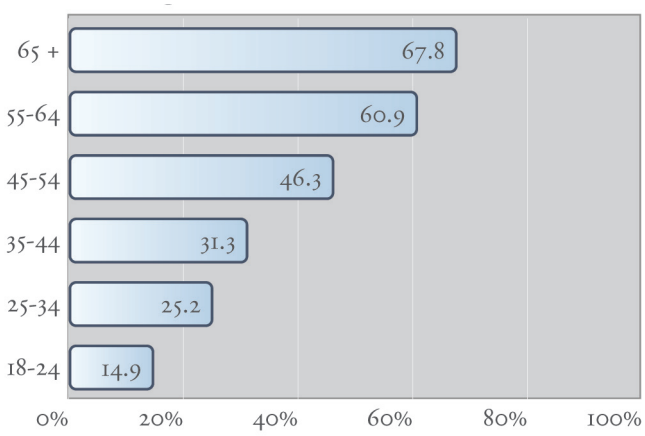
Who Has Probable or Diagnosed Arthritis?

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

In 2007, men (41.9 percent) and women (41.5 percent) were about equally likely to have probable or diagnosed arthritis. However, women (30.8 percent) were significantly more likely than men (25.1 percent) to indicate they had ever been told by a health professional that they have arthritis or a related condition.

Prevalence of arthritis increased significantly with advancing age group. Two-thirds (67.8 percent) of respondents aged 65 and older have probable or diagnosed arthritis, compared to 60.9 percent of 55- to 64-year-olds and 46.3 percent of 45- to 54-year-olds (Figure 91). Fewer younger persons have probable or diagnosed arthritis, ranging from 14.9 percent of respondents aged 18 to 24 to 31.3 percent of those aged 35 to 44.

Figure 91. Prevalence of Probable or Diagnosed Arthritis by Age (2007)



College graduates (35.3 percent) were significantly less likely to report having arthritis than high school graduates (44.8 percent), persons with some college or technical training (44.4 percent), and those who had not completed high school (46.2 percent) (Table 33).

Six out of ten adults with household incomes below $15,000 per year (61.6 percent) gave responses indicating that they have arthritis. This rate is significantly higher than rates in each of the higher income brackets. Persons in each of the middle income categories ($15,000 to $74,999 annually) were also significantly more likely than those earning $75,000 or more (32.9 percent) to have this condition.

Non-Hispanic white respondents (41.1 percent) were significantly more likely than Hispanic Americans (26.6 percent) to say they have arthritis.

The proportion of previously married adults who have arthritis (57.3 percent) was significantly greater than the proportions of currently married (42.0 percent) or never married (27.6 percent) respondents. Prevalence of arthritis was also significantly greater among currently married persons than among those who had never married.

Respondents who were unable to work (76.9 percent) were significantly more likely to have arthritis than persons in each of the other employment categories, except retirees (66.3 percent). Prevalence of arthritis was significantly higher among retired persons than among all other groups. A significantly smaller proportion of students had arthritis (15.3 percent), compared to all other employment categories.

Activity Limitation Among Persons with Arthritis

Definition

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

Current Prevalence

In 2007, nearly one-third of respondents with probable or diagnosed arthritis (32.2 percent) reported activity limitations due to physical, mental or emotional problems. In comparison, only 17.8 percent of adults overall said they had activity limitations due to these problems.

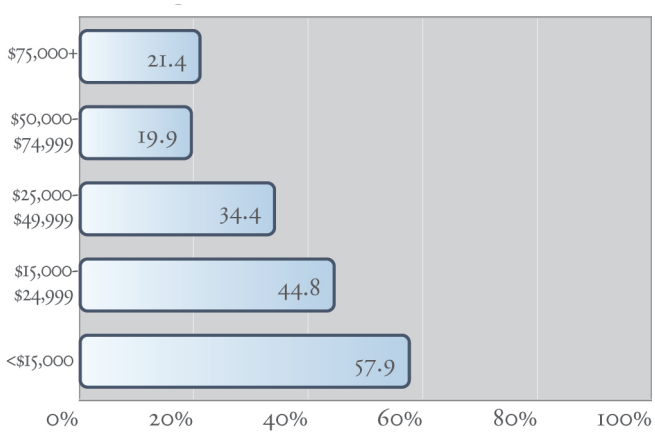
Who Has Activity Limitations?

Men (30.4 percent) and women (34.0 percent) with arthritis were about equally likely to say they had activity limitations due to physical, mental or emotional problems.

Respondents aged 55 to 64 (39.8 percent) and those aged 65 and older (37.5 percent) who had arthritis were significantly more likely than respondents aged 35 to 44 (27.1 percent) to report activity limitations.

Activity limitations among people with arthritis were significantly more common among respondents with incomes below $15,000 per year (57.9 percent) than among those with household incomes of $25,000 or more (Figure 92). Persons earning $15,000 to $49,999 annually were also significantly more likely (34.4 to 44.8 percent) than respondents with incomes of $50,000 or more to report activity limitations (19.9 to 21.4 percent).

Figure 92. Prevalence of Activity Limitation due to Physical, Mental, or Emotional Problems among Persons with Arthritis* by Household Income (2007)



Previously married persons with arthritis (44.8 percent) were significantly more likely than those who were currently married with arthritis (29.2 percent) to indicate they had activity limitations due to physical, mental, or emotional problems (Table 33).

Adults with arthritis who were unable to work (89.9 percent) were significantly more likely than respondents with arthritis in all other employment categories to report activity limitations. Retirees (42.0 percent) with arthritis were significantly more likely to report activity limitations than employed (21.5 percent) or self-employed (19.1 percent) persons who had arthritis.

No significant differences in prevalence of activity limitations among persons with arthritis were found by gender, place of residence, educational level, or race/ethnic origin of respondents.

Use of Special Equipment by Adults with Arthritis

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

Current Prevalence

Among persons with probable or diagnosed arthritis, 11.2 percent indicated they have health problems that require them to use special equipment, such as a cane or wheelchair. In comparison, only 6.1 percent of all adults in the 2007 BRFSS reported needing to use special equipment.

Who Needs to Use Special Equipment?

Older respondents with arthritis (i.e., those aged 65 and older) were significantly more likely than persons aged 35 to 64 to say they need to use special equipment due to health problems. One-fifth of these adults aged 65 and older (20.2 percent) reported use of special aids such as a cane or wheelchair, compared to only 3.7 percent of respondents aged 35 to 44, 8.3 percent of those aged 45 to 54, and 10.7 percent of 55- to 64-year-olds. Respondents aged 45 to 64 were also significantly more likely than those aged 35 to 44 years to state that they need special equipment because of health issues.

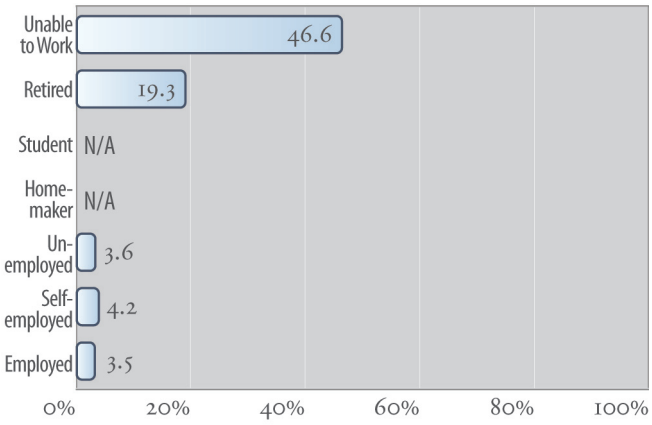
High school graduates with arthritis (13.1 percent) were significantly more likely than respondents with some college or technical training (8.5 percent) to report needing to use special equipment.

A similar pattern was evident by household income of respondents with arthritis. Prevalence of special equipment use was significantly greater among adults with incomes under $25,000 per year (20.0 to 27.0 percent) than among persons with higher annual incomes (4.4 to 10.1 percent). Respondents in the middle income bracket ($25,000 to $49,999) were also significantly more likely than those earning $50,000 to $74,999 to require special equipment because of health problems (10.1 versus 4.4 percent).

A significantly greater proportion of previously married persons with arthritis (22.2 percent) reported needing special equipment, compared to currently married persons (8.1 percent).

Among persons with arthritis, those who were unable to work (46.6 percent) were significantly more likely than respondents in any other employment category to say they need to use special equipment (Figure 93). Retired persons (19.3 percent) with arthritis were significantly more likely than employed (3.5 percent), self-employed (4.2 percent), or unemployed (3.6 percent) adults with arthritis to say they are required to have special equipment because of health issues.

Figure 93. Have Health Problem Requiring Use of Special Equipment among Persons with Arthritis by Employment Status (2007)



No significant differences in prevalence of need for special equipment were found by gender, place of residence, or race/ethnic origin of respondents with arthritis.

TABLE 32
Prevalence of Arthritis
Nebraska Adults (2007)
(with 95% Confidence Intervals--SUDAAN)

	Have "Probable Arthritis" (Pain, Aching, or Stiffness in or Around Joint in Past 30 Days and Joint Symptoms for >3 Months)			Have "Diagnosed Arthritis" (Told by Health Professional Have Arthritis, Rheumatoid Arthritis, Gout, Lupus, or Fibromyalgia)		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	10,875	33.1	31.3-34.8	10,787	28.0	26.5-29.6
Gender						
Male	4,187	34.0	31.2-37.0	4,147	25.1	22.8-27.6
Female	6,688	32.1	30.1-34.2	6,640	30.8	28.8-32.9
Age						
18-24	314	11.5	6.7-19.1	314	3.9	1.7-8.7
25-34	1,098	22.5	18.0-27.8	1,091	11.6	8.3-16.1
35-44	1,719	25.4	22.0-29.1	1,700	16.5	13.7-19.8
45-54	2,195	39.0	35.5-42.7	2,182	28.7	25.4-32.2
55-64	2,064	50.1	46.5-53.7	2,054	45.5	41.8-49.2
65+	3,437	46.0	43.2-48.8	3,400	58.8	56.0-61.5
Place of Residence						
Urban	1,525	31.9	28.7-35.2	1,514	26.3	23.5-29.2
Rural	9,350	34.3	33.1-35.5	9,273	29.8	28.7-31.0
Education						
<High School	912	34.7	27.8-42.3	906	32.6	26.0-39.9
High School	4,105	35.2	32.2-38.31	4,074	32.3	29.6-35.2
Some College	2,990	35.6	32.4-39.0	2,964	28.7	25.8-31.8
College Degree	2,846	28.4	25.5-31.6	2,821	22.2	19.6-25.0
Income						
Under $15,000	999	50.1	44.6-55.6	997	45.0	39.8-50.4
$15,000 - $24,999	1,804	35.6	30.8-40.7	1,787	36.3	31.7-41.2
$25,000 - $49,999	3,242	35.2	31.9-38.5	3,218	31.2	28.2-34.4
$50,000 - $74,999	1,652	34.2	29.6-39.0	1,640	23.0	19.5-26.8
$75,000 +	1,890	26.7	23.5-30.2	1,880	20.1	17.3-23.2
Race (Age-Adjusted)						
White NH*	10,055	32.6	30.8-34.4	9,970	27.2	25.6-28.7
African American NH*	80	##	##	78	##	##
Asian American NH*	34	#	#	34	#	#
Native American NH*	83	##	##	83	27.9	19.0-38.8
Other Race NH*	157	##	##	159	##	##
Hispanic American	418	17.5	12.6-23.8	417	20.2	14.9-26.6
Marital Status						
Currently Married	6,787	33.0	31.0-35.1	6,743	28.0	26.2-29.8
Previously Married	2,984	43.8	40.4-47.2	2,949	45.1	41.8-48.6
Never Married	1,092	24.1	19.0-29.9	1,082	14.0	10.3-18.8
Employment						
Employed	5,316	28.6	26.3-30.9	5,270	20.0	18.1-22.0
Self-employed	1,238	35.8	30.9-41.1	1,222	25.5	21.4-30.1
Unemployed	188	##	##	188	##	##
Homemaker	805	31.0	24.5-38.4	806	30.0	23.7-37.1
Student	148	15.2	7.8-27.3	148	1.9	0.9-4.2
Retired	2,658	46.4	43.2-49.7	2,631	56.8	53.5-60.0
Unable to Work	507	68.6	60.0-76.1	507	66.5	57.8-74.2

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

TABLE 33

Prevalence of Probable or Diagnosed Arthritis and Activity Limitations/Use of Special Equipment (Among Persons with Arthritis) Nebraska Adults (2007)
(with 95% Confidence Intervals--SUDAAN)

	Have "Probable" or Diagnosed Arthritis			Have Activity Limitations due to Physical, Mental or Emotional Problems (Among Persons with Probable or Diagnosed Arthritis)			Have Health Problem Requiring Use of Special Equipment (Among Persons with Probable or Diagnosed Arthritis)		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	10,722	41.7	39.8-43.6	5,399	32.2	29.8-34.7	5,415	11.2	9.7-13.0
Gender									
Male	4,127	41.9	38.9-44.9	1,983	30.4	26.6-34.6	1,986	9.1	6.6-12.2
Female	6,595	41.5	39.2-43.7	3,416	34.0	31.1-37.0	3,429	13.4	11.6-15.4
Age									
18-24	313	14.9	9.3-22.8	44	#	#	44	#	#
25-34	1,088	25.2	20.5-30.4	232	23.7	14.4-36.3	237	##	##
35-44	1,693	31.3	27.6-35.3	552	27.1	21.0-34.1	551	3.7	2.4-5.6
45-54	2,174	46.3	42.7-50.0	1,025	30.1	25.4-35.2	1,028	8.3	5.9-11.7
55-64	2,035	60.9	57.2-64.4	1,227	39.8	35.2-44.5	1,228	10.7	8.2-13.8
65+	3,374	67.8	65.1-70.3	2,297	37.5	34.4-40.8	2,305	20.2	17.7-22.9
Place of Residence									
Urban	1,502	39.5	36.1-43.0	697	31.5	27.0-36.5	700	10.0	7.2-13.7
Rural	9,220	44.0	42.6-45.3	4,702	32.9	31.2-34.6	4,715	12.4	11.3-13.6
Education									
<High School	895	46.2	38.8-53.7	480	43.4	32.3-55.2	482	##	##
High School	4,048	44.8	41.5-48.1	2,224	32.8	29.4-36.4	2,230	13.1	11.0-15.5
Some College	2,947	44.4	40.9-48.0	1,518	31.7	27.5-36.3	1,524	8.5	6.6-10.9
College Degree	2,810	35.3	32.2-38.6	1,164	28.7	24.2-33.8	1,166	8.7	6.4-11.7
Income									
Under $15,000	988	61.6	56.0-67.0	669	57.9	51.3-64.2	670	27.0	21.7-33.0
$15,000 - $24,999	1,781	48.2	43.1-53.3	1,007	44.8	37.7-52.0	1,012	20.0	13.8-28.1
$25,000 - $49,999	3,199	43.6	40.1-47.1	1,607	34.4	29.9-39.2	1,610	10.1	7.8-12.9
$50,000 - $74,999	1,634	41.8	37.0-46.8	727	19.9	15.4-25.3	728	4.4	2.8-7.0
$75,000 +	1,874	32.9	29.4-36.7	734	21.4	16.6-27.1	736	5.3	3.0-9.2
Race (Age-Adjusted)									
White NH*	9,912	41.1	39.2-43.1	5,099	28.2	24.6-32.0	5,113	8.9	6.8-11.5
African American NH*	78	##	##	28	#	#	28	#	#
Asian American NH*	34	#	#	14	#	#	14	#	#
Native American NH*	83	##	##	33	#	#	33	#	#
Other Race NH*	156	##	##	90	##	##	91	11.4	6.6-19.2
Hispanic American	414	26.6	20.5-33.7	113	##	##	114	4.2	1.9-9.2
Marital Status									
Currently Married	6,705	42.0	39.9-44.2	3,190	29.2	26.5-32..0	3,198	8.1	6.7-9.6
Previously Married	2,927	57.3	53.7-60.7	1,822	44.8	40.5-49.1	1,825	22.2	18.9-25.9
Never Married	1,079	27.6	22.4-33.5	381	##	##	386	10.4	4.2-23.6
Employment									
Employed	5,245	35.1	32.6-37.6	2,139	21.5	18.4-25.0	2,148	3.5	2.3-5.2
Self-employed	1,218	42.5	37.3-47.7	568	19.1	15.0-23.9	570	4.2	2.6-6.5
Unemployed	187	##	##	91	##	##	92	3.6	1.6-8.0
Homemaker	797	39.6	32.7-46.9	396	##	##	396	##	##
Student	148	15.3	8.0-27.4	34	#	#	35	#	#
Retired	2,609	66.3	63.2-69.2	1,749	42.0	38.0-46.0	1,756	19.3	16.4-22.5
Unable to Work	503	76.9	67.6-84.2	415	89.9	84.6-93.5	411	46.6	38.9-54.4

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

Asthma

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

Asthma is a serious health problem in the United States. About 22.9 million Americans have asthma, including 6.7 million children under age 18. There were more than 3,600 deaths nationwide for this disease in 2006. Asthma was the cause of 27 deaths in Nebraska in 2007.

Prevalence of Asthma Among Adults

Definition

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

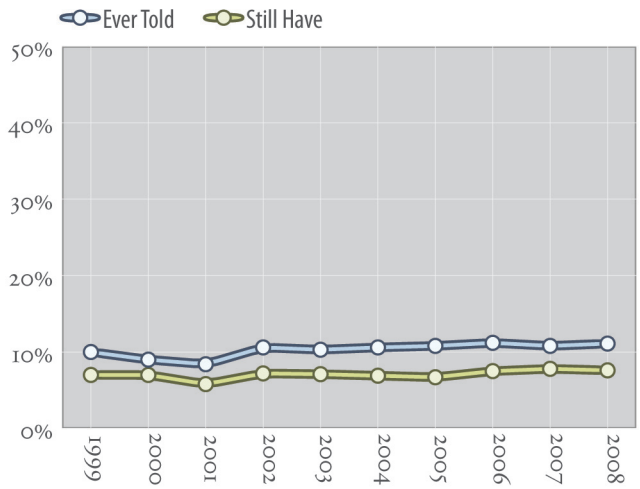
Prevalence of Asthma

In the 2007-2008 Nebraska BRFSS, 10.9 percent of adults aged 18 and older stated that a doctor or other health professional had at sometime told them they had asthma (Table 34). When asked whether or not they still have asthma, the majority said they do. Altogether, 7.6 percent of adults surveyed reported that they currently have asthma.

Trend over Time

Lifetime prevalence estimates (i.e., ever told they have asthma) have remained steady at about 11 percent since 2002 (Figure 94). From 2002 through 2005, current prevalence of asthma has stayed at 7 percent, then edged upward to nearly 8 percent for 2006 through 2008.

Figure 94. Trend in Asthma Prevalence (1999-2008)



Who in Nebraska Currently Has Asthma?

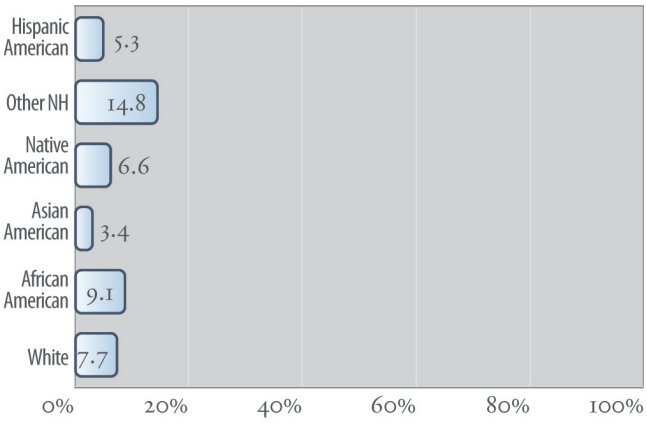
Women (8.4 percent) were somewhat more likely than men (6.7 percent) to say they currently have asthma, but the difference was not statistically significant (Table 34).

No significant differences were found in current prevalence of asthma by age of respondent. However, lifetime prevalence of asthma was significantly higher for young adults aged 25 to 34 (13.2 percent) than for adults aged 65 and older (9.1 percent).

Respondents earning less than $15,000 per year (19.3 percent) were significantly more likely than persons with incomes of $25,000 or above (9.5 to 9.9 percent) to ever have been told they have asthma. Respondents with annual incomes under $15,000 (13.7 percent) were also significantly more likely than persons with incomes of $25,000 or more to currently have asthma (6.0 to 7.3 percent).

Non-Hispanic persons of "other" races (14.8 percent) were significantly more likely than non-Hispanic whites (7.7 percent) and Hispanic Americans (5.3 percent) to say they currently have asthma (Figure 95). Non-Hispanic persons of "other" races (23.6 percent) were also significantly more likely to report ever being diagnosed with asthma (lifetime prevalence), compared to non-Hispanic whites (10.9 percent), Asian Americans (4.5 percent), Native Americans (9.4 percent), and Hispanic Americans (7.9 percent).

Figure 95. Adult Nebraskans Who Currently Have Asthma by Race/Ethnicity (2007-2008)



Both lifetime and current prevalence of asthma was significantly greater among previously married and never married persons, compared to currently married individuals. Only 6.5 percent of currently married respondents stated they now have asthma, while 9.9 percent each of previously married and never married adults reported still having this disease.

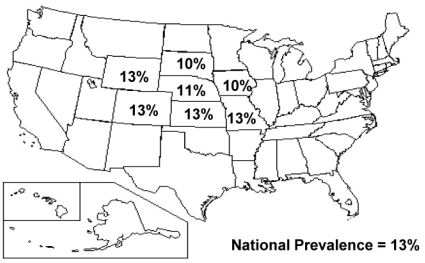
Persons who were unable to work (21.0 percent) were significantly more likely to currently have asthma than respondents in all other employment categories, except students (11.4 percent). A similar pattern was evident for lifetime prevalence of asthma by employment status.

No significant differences were found in either current or lifetime prevalence of asthma by place of residence or by education.

Nebraska and the Nation

The proportion of adults in Nebraska who reported they were ever told by a health professional that they had asthma (11 percent) is lower than the national median of 13 percent for 2007-2008 (Figure 96). Of the surrounding states, Iowa and South Dakota with lifetime prevalence rates of 10 percent each were also below the national median. The remaining four states reported lifetime prevalence rates of 13 percent.

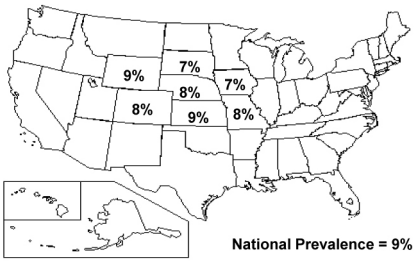
Figure 96. Adults Ever Told by Health Professional That They Have Asthma (2007-2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Current asthma prevalence for Nebraska adults (8 percent) was also somewhat lower than the national median of 9 percent (Figure 97). Of the six states surrounding Nebraska, South Dakota (7 percent) and Iowa (7 percent) reported the lowest rates, while current asthma prevalence for Kansas and Wyoming matched the national rate of 9 percent in 2007-2008.

Figure 97. Proportion of Adults Who Currently Have Asthma (2007-2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Prevalence of Asthma Among Children

Definition

In 2007-2008, adults living in households with children under age 18 were asked questions about one randomly-selected child from their household. Information on gender, age, and race/ethnicity of this child was also collected.

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

Prevalence of Asthma

In 2007-2008, 8.5 percent of the randomly-selected children in surveyed households were ever diagnosed by a health professional as having asthma (Table 35). A smaller proportion (6.3 percent) were reported to still have this disease.

Children aged 10 to 14 (12.9 percent) and those aged 15 to 18 (11.7 percent) were more likely than younger children aged 5 to 9 (8.2 percent) and aged 1 to 4 (2.9 percent) to have ever been diagnosed with asthma. One in ten children aged 10 to 14 (10.5 percent) were said to still have asthma, as were 7.3 percent of 15- to 18-year-olds and 6.2 percent of 5- to 9-year-olds.

Female children in this study were somewhat less likely to have ever been diagnosed with asthma (6.1 percent), compared to male children (10.8 percent). They were also a little less likely to still have asthma.

African American children were much more likely than children in other racial or ethnic groups to have been diagnosed with asthma (21.6 percent) and to currently have this disease (19.1 percent). In comparison, 8.0 percent of non-Hispanic white and 7.8 percent of Hispanic children in Nebraska were ever diagnosed with asthma, while 5.9 percent of non-Hispanic white and 5.3 percent of Hispanic children were reported to still have asthma. Among Native American children, 9.1 percent were ever diagnosed with asthma and 7.8 percent were reported to currently have this disease.

TABLE 34
Lifetime and Current Prevalence of Asthma
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Lifetime Prevalence of Asthma			Current Prevalence of Asthma		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	27,109	10.9	10.1-11.8	27,046	7.6	6.9-8.3
Gender						
Male	10,353	10.0	8.8-11.4	10,334	6.7	5.7-7.9
Female	16,756	11.7	10.7-12.8	16,712	8.4	7.5-9.4
Age						
18-24	779	13.9	10.2-18.7	773	8.8	5.9-13.1
25-34	2,602	13.2	10.8-16.0	2,594	8.7	6.8-11.0
35-44	4,012	10.4	8.9-12.2	4,002	6.9	5.7-8.4
45-54	5,465	9.9	8.6-11.4	5,453	7.0	5.9-8.4
55-64	5,375	9.6	8.3-11.0	5,366	7.2	6.1-8.6
65+	8,728	9.1	8.1-10.2	8,711	7.2	6.3-8.3
Place of Residence						
Urban	3,936	11.6	10.1-13.2	3,927	8.2	6.9-9.6
Rural	23,173	10.2	9.6-10.8	23,119	7.0	6.6-7.5
Education						
<High School	2,256	11.6	8.4-15.8	2,250	8.9	5.9-13.1
High School	10,053	10.7	9.2-12.4	10,029	7.7	6.6-9.1
Some College	7,592	12.1	10.5-13.8	7,573	8.4	7.2-9.8
College Degree	7,170	10.0	8.6-11.4	7,156	6.5	5.4-7.8
Income						
Under $15,000	2,463	19.3	15.6-23.6	2,456	13.7	11.4-16.5
$15,000 - $24,999	4,355	13.3	10.8-16.3	4,341	10.4	8.0-13.3
$25,000 - $49,999	7,982	9.9	8.6-11.4	7,966	7.3	6.2-8.6
$50,000 - $74,999	4,262	9.5	7.6-11.9	4,253	6.1	4.6-7.9
$75,000 +	4,813	9.9	8.3-11.6	4,807	6.0	4.9-7.4
Race (Age-Adjusted)						
White NH*	25,042	10.9	10.0-11.9	24,987	7.7	6.8-8.5
African American NH*	193	13.5	8.6-20.7	192	9.1	5.2-15.2
Asian American NH*	87	4.5	1.5-13.2	87	3.4	0.8-13.2
Native American NH*	192	9.4	5.7-15.2	192	6.6	3.8-11.4
Other Race NH*	389	23.6	16.3-33.0	386	14.8	9.6-22.0
Hispanic American	1,004	7.9	5.4-11.3	1,001	5.3	3.3-8.3
Marital Status						
Currently Married	16,829	9.7	8.8-10.6	16,798	6.5	5.8-7.2
Previously Married	7,541	13.1	11.2-15.2	7,521	9.9	8.4-11.6
Never Married	2,695	13.4	10.8-16.6	2,683	9.9	7.5-13.0
Employment						
Employed	12,953	10.2	9.1-11.4	12,930	6.9	6.0-7.9
Self-employed	3,236	8.8	7.0-10.9	3,233	5.8	4.3-7.7
Unemployed	567	13.4	9.2-19.0	563	8.9	5.5-14.1
Homemaker	2,120	11.6	8.4-15.7	2,112	7.2	4.4-11.3
Student	338	16.8	10.9-24.8	336	11.4	6.8-18.4
Retired	6,623	9.3	8.2-10.5	6,607	7.5	6.5-8.7
Unable to Work	1,230	26.1	21.8-30.9	1,223	21.0	17.1-25.5

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.

TABLE 35
Asthma Prevalence Among Children Under Age 18 Years, Nebraska (2007-2008)

	Ever Told by Health Professional Child Has Asthma (Lifetime Prevalence)		Child Currently Has Asthma	
	Total Number	Wtd. Percent	Total Number	Wtd. Percent
All Children	7,399	8.5	7,376	6.3
Age of Child (Years)				
0 - 1	165	0.2	165	0.0
1 - 4	1,404	2.9	1,400	2.3
5 - 9	1,817	8.2	1,812	6.2
10 - 14	2,030	12.9	2,022	10.5
15 - 18	1,984	11.7	1,978	7.3
Gender of Child				
Male	3,781	10.8	3,765	7.8
Female	3,618	6.1	3,611	4.6
Race/Ethnicity of Child				
White NH	6,395	8.0	6,376	5.9
African American NH	116	21.6	116	19.1
Asian American NH	73	5.1	73	0.0
Native American NH	99	9.1	99	7.8
Other NH	52	6.6	52	6.6
Hispanic American	634	7.8	632	5.3

Gastrointestinal Disease

Diarrheal Illness

According to the National Digestive Diseases Information Clearinghouse, people of all ages can get diarrhea and the average adult has a bout of acute diarrhea about four times a year. Acute diarrhea is a common problem that usually lasts one or two days and goes away on its own without special treatment. Prolonged diarrhea may be a sign of a more serious problem and poses the risk of dehydration. Dehydration is particularly dangerous in children and older people and must be treated promptly to avoid serious health problems.

Acute diarrhea is often related to a viral, parasitic, or bacterial infection (such as those caused by organisms in contaminated food or water). Food intolerances or reaction to medicines may also result in diarrhea. Chronic diarrhea is usually related to functional disorders such as irritable bowel syndrome.

Definition

Had Diarrheal Illness: "Yes" to the question, "In the past 30 days, did you have diarrhea that began within the 30-day period? Diarrhea is defined as 3 or more loose stools in a 24-hour period."

Current Prevalence

In the 2007 Nebraska BRFSS, 16.4 percent of adults aged 18 and older stated that they had diarrhea that began within the 30-day period (Table 36).

Who in Nebraska Had a Diarrheal Illness in the Past Month?

Adults with annual household incomes of $75,000 or more (13.4 percent) were significantly less likely than respondents earning less than $15,000 per (23.5 percent) to report having a bout of diarrhea within the last 30 days.

The proportion of previously married persons who had diarrhea during the last month (21.0 percent) was significantly greater than the proportion reported by currently married persons (15.4 percent).

Respondents who were unable to work (34.1 percent) were significantly more likely to indicate they had diarrhea in the last 30 days than persons in all other employment categories except unemployed persons (16.9 percent). Employed (15.8 percent) and self-employed (19.1 percent) adults, as well as retirees (16.4 percent), were significantly more likely to report having this illness during the past month than students (6.8 percent).

Differences in prevalence were not significant by gender, age, place of residence, educational level, or race/ethnic origin of respondents.

Doctor Visits for Diarrheal Illness

Respondents who reported having diarrhea at some time within the past month were asked if they had visited "a doctor, nurse or other health professional for this diarrheal illness". Altogether, 12.7 percent of those who had this illness said they had visited a health professional for it.

Younger adults aged 35 to 44 (6.7 percent) were significantly less likely than adults 55 and older to see the doctor for this diarrheal illness. Respondents aged 45 to 54 (7.7 percent) were also significantly less likely than adults 65 and older (20.2 percent) to seek medical care for this condition.

A significantly smaller proportion of self-employed persons (5.2 percent) visited the doctor for diarrheal illness in the past month, compared to retirees (17.3 percent).

Differences in prevalence of doctor visits for diarrhea by gender, place of residence, educational level, income, race/ethnicity, and marital status were not statistically significant.

Provision of Stool Sample for Testing

Respondents who had diarrhea in the past month and visited a health professional for this illness were also asked, "When you visited your health care professional, did you provide a stool sample for testing?" More than one-third of these adults (37.1 percent) said that they did. Further analysis by demographic groups was not possible due to small number of respondents per cell.

Injury Prevention

Seat Belt Usage

In 2007, 256 people in Nebraska died as a result of motor vehicle crashes and an additional 18,983 people were injured. Seat belts, when worn correctly, are the most effective way to reduce risk of death and serious injury in a motor vehicle crash. The Nebraska Office of Highway Safety states that, in 2005, 60 percent of all vehicle occupant fatalities occurred among persons who were not wearing their seat belts.

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

Definition

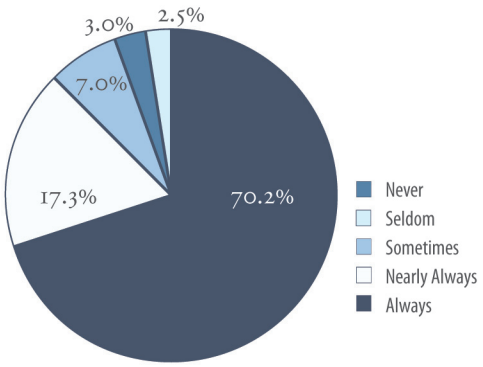
Not at Risk: "Always" use a seat belt when driving or riding in a car.

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

Current Prevalence

Seven out of ten adults Nebraskans surveyed in the 2008 BRFSS (70.2 percent) reported that they "always" use a seat belt when driving or riding in a car (Figure 98). An additional 17.3 percent stated they "nearly always" do, while 7.0 percent indicated they only use seat belts "sometimes". Few respondents said they "seldom" (3.0 percent) or "never" (2.4 percent) use these safety restraints when driving or riding in a motor vehicle.

Figure 98. Safety Belt Usage Nebraska Adults Aged 18 and Older (2008)



Trend over Time

Seat belt questions were only asked in four of the last twelve years. In 1997, 58 percent of respondents stated that they always wear a seat belt with driving or riding in a motor vehicle. In 2002, the proportion always wearing seat belts increased to 69 percent, but dropped back to 66 percent in 2006. However, in the 2008, prevalence increased to 70 percent. (The Nebraska Office of Highway Safety reports an "observed" rate of seat belt use of 82.7 percent in 2008).

Who "Always" Wears Seat Belts in Nebraska?

Among women aged 18 and older, 79.8 percent indicated they always wear their seat belts when driving or riding in a motor vehicle (Table 37). This proportion is significantly greater than the 60.2 percent recorded for men in the 2008 BRFSS.

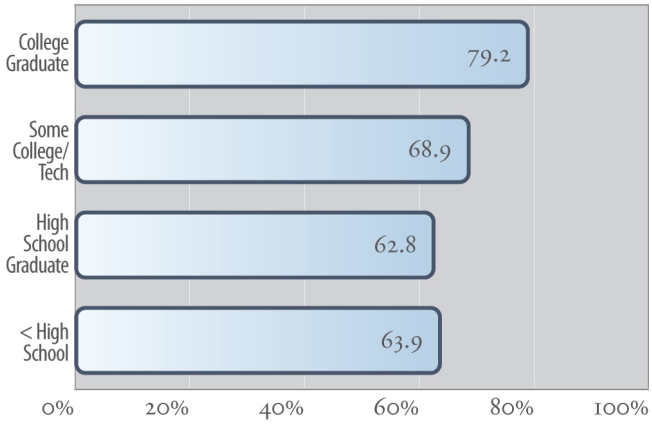
Nebraskans aged 65 and older (75.4 percent) and those aged 55 to 64 (73.3 percent) were significantly more likely than adults aged 18 to 24 (60.3 percent) to say they always wear their seat belts. Adults aged 65 and older were also more likely to always wear seat belts than persons in the three middle age groups (aged 25 to 54 years).

Eight out of ten residents of urban Nebraska counties (80.3 percent) stated they always wear their seat belts—a significantly greater proportion than the 59.8 percent of respondents reported for rural counties.

College graduates (79.2 percent) were significantly more likely than respondents with less education to always use these safety restraints when riding in or driving a motor vehicle (Figure 99). Prevalence of this level of seat belt use was also significantly greater among adults who had some college or technical training (68.9

percent) than among high school graduates (62.8 percent).

Figure 99. Safety Belt Usage By Educational Level of Respondents (2008)



Compared to persons with annual incomes of $15,000 to $49,999 (65.9 to 66.9 percent), a significantly greater proportion of adults with incomes of $75,000 or higher (74.5 percent) always wear their seat belts (Table 37).

Prevalence of seat belt use was significantly greater among currently married (71.6 percent) and previously married (72.7 percent) adults than among never married persons (62.6 percent).

The proportion of homemakers (83.5 percent) who reported always using their seat belts when driving or riding in a motor vehicle was significantly larger than proportions for each of the other employment categories. Retired adults (78.1 percent) were significantly more likely than persons in all other employment groups (except homemakers) to always use seat belts. In addition, employed respondents (70.4 percent) were significantly more likely than self-employed persons (54.9 percent) to always use these safety restraints.

Nebraska 2010 Objectives

	Proportion of adults aged 18+ who always wear seat belts when driving or riding in a motor vehicle. (Data are not age-adjusted)
Nebraska 2010 Target	92%
Nebraska BRFSS 2007	70.2%
US BRFSS 2007	N/A
US 2010 Target	92%

Falls

Falls are the second-leading cause of unintentional injury deaths in Nebraska, accounting for 161 deaths (7.6 deaths per 100,000 population) in 2007. Nationwide, falls are the leading cause of injury deaths for adults aged 65 and older; they are also the most common cause of injuries and hospital admissions due to trauma for elderly persons. It is estimated that one-third of persons aged 65 and older fall each year.

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

Definition

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

Current Prevalence

Altogether, 18.0 percent of individuals aged 45 and older said they had a least one fall in the past three months (Table 37).

Trend over Time

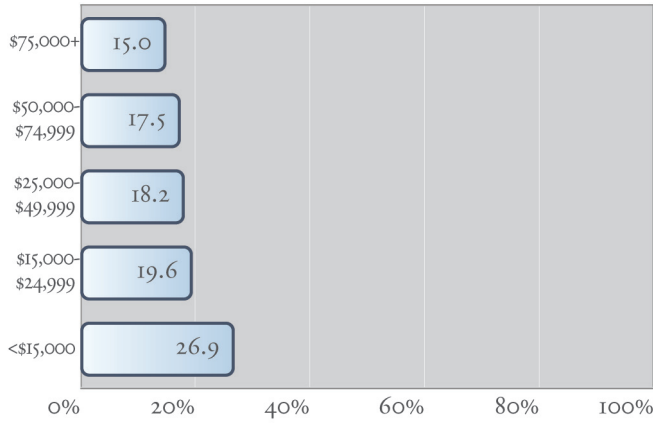
Prevalence of falls among persons in this age group has increased somewhat from 12 percent in 2003 and 14 percent in 2006, to the current rate of 18 percent.

Who's at Risk in Nebraska due to Falls?

The prevalence of falls was significantly greater for adults aged 45 and older in rural counties (19.9 percent), compared to urban counties (16.8 percent).

The proportion of respondents who had a fall in the past three months varied somewhat by annual household income, with falls generally more common among respondents in the lower income brackets (Figure 100). Persons with incomes below $15,000 per year were significantly more likely to have experienced a fall in the last three months (26.9 percent) than persons earning $25,000 to $49,999 (18.2 percent), $50,000 to $74,999 (17.5 percent) or those earning $75,000 (15.0 percent) annually.

Figure 100. Prevalence of Falls among Adults Age 45 and Older by Household Income (2008)



Respondents who were employed (15.3 percent), self-employed (22.2 percent), homemakers (13.4 percent), or retired (18.0 percent) were all significantly less likely than respondents who were unable to work (39.1 percent) to report having fallen during the past three months.

No significant differences in prevalence of falls were found by gender, age group, educational level, race/ethnic origin, or marital status of respondents.

Injuries due to Falls

Definition

Responses of 1 or more times to following question, "How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor."

Of the 18.0 percent of respondents aged 45 or older who had fallen one or more times in the past three months, 25.8 percent stated that they had been injured.

Women who had fallen were significantly more likely than men (31.1 percent versus 20.5 percent of men) to report they had been injured as a result of falling during the last three months.

Respondents with incomes under $15,000 per year (36.7 percent) were significantly more likely than those earning $25,000 to $49,999 (22.6 percent) to have been injured due to a fall in the past three months.

Adults who were unable to work were significantly more likely to have been injured when they fell (43.3 percent) than employed (24.4 percent), self-employed (19.3 percent), or retired (26.2 percent) adults.

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

Overweight and Obesity

The prevalence of overweight and obesity among adults, adolescents, and children has risen considerably over the past two decades in the United States and in Nebraska, although prevalence has leveled off somewhat in the last few years. Being overweight or obese has been linked to increased risk of death. In addition, being overweight or obese substantially raises the risk of illness from: heart disease and stroke; high blood pressure; elevated blood cholesterol levels; type 2 diabetes; endometrial, breast, and colon cancers; liver and gallbladder disease; arthritis; sleep disturbances; and breathing problems. Obese persons (both children and adults) may also suffer from social stigmatization, discrimination, and lowered self-esteem.

Since individual lifestyle choices are so important in development of overweight and obesity, CDC states that "policy and environmental change initiatives that make healthy choices in nutrition and physical activity available, affordable, and easy will likely prove most effective in combating obesity."

Prevalence of Overweight and Obesity

Definitions

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

- Overweight or Obese: A BMI reading of 25.0 or greater.
- Obese: A BMI reading of 30.0 or greater.
- Overweight but Not Obese: A BMI reading of 25.0 to 29.9.

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

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

Current Prevalence

In Nebraska, 27.3 percent of BRFSS respondents reported heights and weights that placed them in the "obese" category in 2007-2008 (Table 38). More than one-third (37.0 percent) were classified as "overweight but not obese". Thus, a total of 64.3 percent of Nebraska adults were categorized as "overweight or obese" with a BMI reading of 25.0 or greater.

Trend over Time

The proportion of adults who are risk due to overweight or obesity (BMI=25+) has increased considerably over the years. Prevalence has increased by 18 percentage points—from 46 percent in 1989 to nearly 64 percent in 2008 (Figure 101). However, prevalence has remained steady in the past four years (at 63 to 64 percent).

Overall, 35.8 percent of adults were classified as overweight but not obese (BMI=25.0-29.9) in 2008. This proportion is higher than that reported in 1989 (33 percent), but the greatest share of the increase in overweight and obesity has occurred in the obese category (Figures 102 and 103). From 1989 through 1992, the proportion of adults who were obese was stable at 12 to 13 percent. Since then, prevalence of obesity has more than doubled, so that 28 percent were categorized as obese in 2008.

Figure 101. Trend in Prevalence of Overweight and Obesity (BMI*=25+) Nebraska Adults (1989-2008)

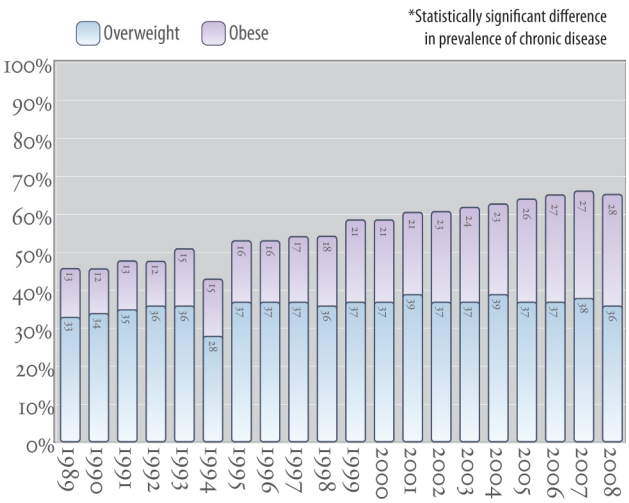


Figure 102. Trend in Prevalence of Obesity (BMI*=30+) Nebraska Adults (1989-2008)

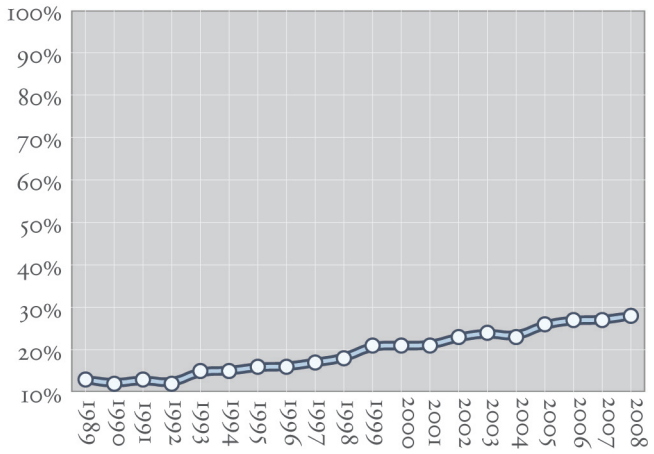
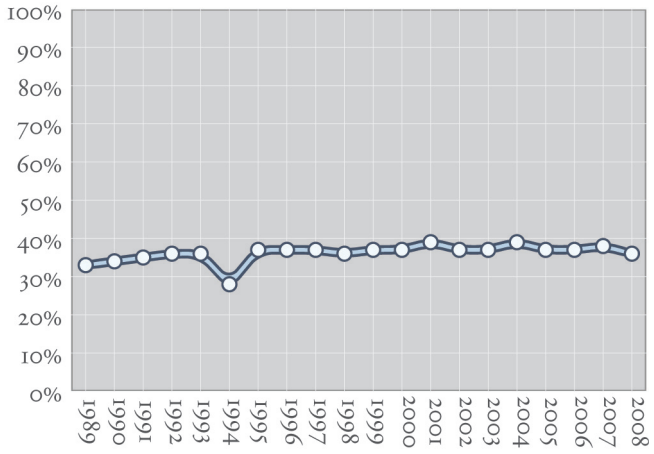


Figure 103. Trend in Prevalence of Overweight (BMI*=25-29) Nebraska Adults (1989-2008)

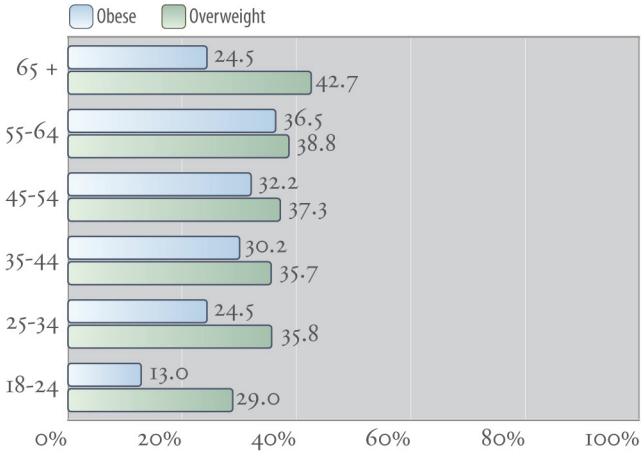


Who's at Risk in Nebraska?

Men (28.9 percent) were significantly more likely than women (25.8 percent) in the 2007-2008 BRFSS to report heights and weights that placed them in the obese category (Table 38). The difference was even greater when comparing the proportions of men (45.0 percent) and women (28.8 percent) who were overweight but not obese (also a statistically significant difference).

Prevalence of obesity increased significantly with advancing age of respondent through age 64 (Figure 104). The proportion of adults who were obese was lowest among young adults aged 18 to 24 (13.0 percent). Prevalence increased significantly in the 25-to-34 (24.5 percent) and 35-to-44 (30.2 percent) age groups. Obesity prevalence continued to rise in the 45-to-54 (32.2 percent) and 55-to-64 (36.5 percent) age groups, then dropped back to 24.5 percent among respondents aged 65 and older. Obesity was significantly more prevalent among those aged 65 and older than among the youngest respondents, however.

Figure 104. Prevalence of Overweight (BMI*=25.0-29.9) and Obesity (BMI*=30+) by Age (2007-2008)



Looking at proportion of respondents who are overweight but not obese, a slightly different pattern emerges. Prevalence of overweight is significantly lower among young adults aged 18 to 24 (29.0 percent) than among adults aged 55 to 64 (38.8 percent) and those aged 65 and older (42.7 percent). Persons in all groups under age 55 were also significantly less than likely than those aged 65 and older to be overweight but not obese.

Adult residents of urban counties (25.3 percent) in Nebraska were significantly less likely to be obese than residents of rural counties (29.4 percent). However, prevalence of overweight did not differ significantly for urban (35.8 percent) and rural (38.2 percent) residents.

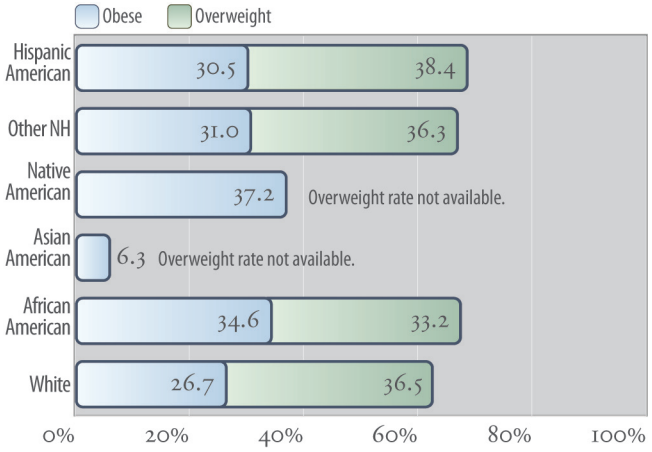
College graduates (23.6 percent) were significantly less likely than persons with less education (28.4 to 30.1 percent) to be categorized as obese. No significant differences were found in prevalence of overweight by educational level of respondents.

Respondents with household incomes of $75,000 or more (23.1 percent) reported a significantly lower prevalence of obesity than respondents in all lower income brackets. Obesity rates ranged from 29.0

percent for persons earning $50,000 to $74,999 per year to 32.1 percent for those with annual incomes below $15,000. Looking at the proportion of respondents who were overweight but not obese, prevalence was significantly greater among those with incomes of $75,000 or more (40.0 percent), compared to respondents with incomes of $25,000 or less (31.2 to 33.5 percent).

Two-thirds of Hispanic Americans (68.9 percent), African Americans (67.8 percent), and non-Hispanic persons of "other" races (67.3 percent) in the 2007-2008 Nebraska BRFSS were either obese or overweight in 2007-2008, as were 63.2 percent of whites (Figure 105).

Figure 105. Prevalence of Obesity (BMI*=30+) and Overweight (BMI*=25.0-29.9) by Race/Ethnic Origin (2007-2008)

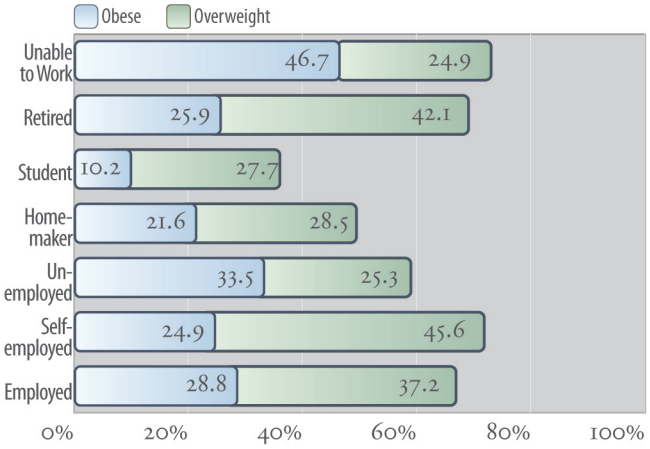


Native American adults (37.2 percent) were significantly more likely to be obese than white (26.7 percent) or Asian American (6.3 percent) adults in Nebraska in 2007-2008. No significant differences were found in proportions of respondents who were "overweight but not obese" by race/ethnic origin. Prevalence of overweight ranged from 33.2 percent among African Americans to 38.4 percent among Hispanic Americans.

Persons who were previously married (30.5 percent) or were currently married (27.9 percent) were significantly more likely to be classified as "obese" than persons who had never married (22.6 percent). However, respondents who were currently married (39.4 percent) were significantly more likely to be "overweight but not obese" than either previously married (34.8 percent) or never married (29.9 percent) individuals.

Prevalence of obesity was significantly higher among respondents who were unable to work (46.7 percent) than among all other employment categories except unemployed adults (33.5 percent) (Figure 106). Respondents who were employed (28.8 percent) also reported significantly higher rates of obesity than homemakers (21.6 percent) or students (10.2 percent). In fact, obesity rates were significantly lower for students than for any of the other employment groups.

Figure 106. Prevalence of Obesity (BMI*=30+) and Overweight (BMI*=25.0-29.9) by Employment Status (2007-2008)



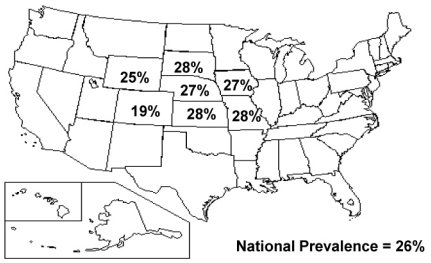
Looking at the proportion of adults who were overweight but not obese, some significant differences were also noted. Self-employed adults (45.6 percent) and retired adults (42.1 percent) were significantly more likely to be overweight than employed (37.2 percent) or unemployed (25.3 percent) adults, homemakers (28.5 percent), students (27.7 percent), or adults who were unable to work (24.9 percent). Employed adults were also significantly more likely to be overweight than homemakers or adults who were unemployed or unable to work.

Combining the proportion of respondents who are obese with the proportion of those who are overweight but not obese in each of the employment categories, prevalence of overweight/obesity is the greatest among persons who are unable to work (71.6 percent) or self-employed (70.5 percent). However, about two-thirds of employed persons (66.0 percent) and retirees (68.0 percent) also reported heights and weights that placed them in the "overweight or obese" category.

Nebraska and the Nation

Prevalence of obesity in Nebraska (27 percent) was near the national median (26 percent), based on the 2007-2008 BRFSS (Figure 107). All of the surrounding states, except Colorado, reported similar rates, ranging from 25 to 28 percent. In Colorado, only 19 percent of adults were obese.

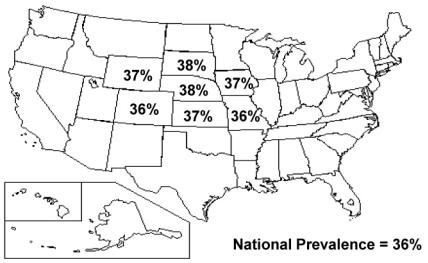
Figure 107. Prevalence of Obesity (BMI*=30+) Adults Aged 18 and Older (2007-2008) (Data not age-adjusted)



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

Proportion of BRFSS respondents who were overweight but not obese varied little among Nebraska (38 percent), the nation (36 percent) and the surrounding states in 2007-2008 (Figure 108). Prevalence estimates ranged from 36 percent to 38 for all.

Figure 108. Prevalence of Overweight (BMI*=25.0-29.9) Adults Aged 18 and Older (2007-2008) (Data not age-adjusted)



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

TABLE 36
Gastrointestinal Disease--Diarrheal Illness
Nebraska Adults Aged 18+ (2007)
(with 95% Confidence Intervals--SUDAAN)

	Had Diarrhea in the Past 30 Days			Visited Doctor for This Diarrheal Illness		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	10,541	16.4	14.9-17.9	1,670	12.7	9.7-16.5
Gender						
Male	4,057	15.5	13.2-18.1	565	10.9	6.1-18.5
Female	6,484	17.2	15.4-19.1	1,105	14.4	11.2-18.3
Age						
18-24	302	12.2	7.2-19.8	39	#	#
25-34	1,050	17.7	13.5-22.8	160	10.0	3.9-23.3
35-44	1,658	17.7	14.4-21.4	277	6.7	3.7-11.6
45-54	2,137	16.0	13.6-18.8	341	7.7	4.8-12.2
55-64	2,024	17.1	14.5-20.0	347	18.0	12.0-26.0
65+	3,328	15.9	13.8-18.1	504	20.2	15.4-26.1
Place of Residence						
Urban	1,473	18.1	15.4-21.1	264	12.4	7.6-19.4
Rural	9,068	14.6	13.7-15.6	1,406	13.2	11.3-15.4
Education						
<High School	865	15.9	11.0-22.3	132	##	##
High School	3,954	16.6	14.1-19.4	614	15.9	10.1-24.0
Some College	2,916	16.5	14.0-19.3	491	10.9	7.1-16.4
College Degree	2,786	16.2	13.5-19.2	429	10.5	5.7-18.5
Income						
Under $15,000	974	23.5	19.2-28.5	222	20.0	13.3-28.9
$15,000 - $24,999	1,735	15.6	11.9-20.2	265	16.6	10.0-26.4
$25,000 - $49,999	3,151	18.8	15.8-22.1	524	12.4	7.1-20.8
$50,000 - $74,999	1,619	15.9	12.5-19.9	247	7.4	3.9-13.5
$75,000 +	1,844	13.4	10.8-16.5	236	9.0	3.3-22.2
Race (Age-Adjusted)						
White NH*	9,790	16.0	14.5-17.5	1,579	10.6	8.6-12.9
African American NH*	77	##	##	13	#	#
Asian American NH*	33	#	#	7	#	#
Native American NH*	81	7.7	3.1-17.5	8	#	#
Other Race NH*	157	##	##	23	#	#
Hispanic American	403	11.7	6.7-19.7	40	#	#
Marital Status						
Currently Married	6,593	15.4	13.8-17.2	973	13.0	8.9-18.6
Previously Married	2,883	21.0	18.2-24.1	524	17.4	12.7-23.4
Never Married	1,053	15.9	11.7-21.3	172	6.5	2.8-14.0
Employment						
Employed	5,137	15.8	13.8-18.0	809	9.2	5.2-15.6
Self-employed	1,200	19.1	14.1-25.3	169	5.2	2.6-10.0
Unemployed	178	16.9	9.3-28.6	37	#	#
Homemaker	796	14.8	10.4-20.5	109	#	#
Student	142	6.8	3.5-12.6	21	#	#
Retired	2,578	16.4	13.9-19.1	383	17.3	12.4-23.8
Unable to Work	497	34.1	26.5-42.6	141	##	##

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width > 20.0.

TABLE 37
Injury Prevention
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Always Use Seat Belts (2008 Only)			Fall in Past 3 Months--Age 45+ (2008 Only)			Injured 1+ Times from Falls in Past 3 Months--Age 45+ (2008 Only)		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	16,051	70.2	68.7-71.6	11,709	18.0	16.9-19.2	2,182	25.8	23.0-28.7
Gender									
Male	6,078	60.2	57.6-62.6	4,403	19.5	17.6-21.5	893	20.5	16.8-24.8
Female	9,973	79.8	78.3-81.2	7,303	16.8	15.5-18.2	1,289	31.1	27.3-35.2
Age									
18-24	461	60.3	52.5-67.7	--	--	--	--	--	--
25-34	1,494	69.9	66.0-73.6	--	--	--	--	--	--
35-44	2,279	70.1	66.7-73.2	--	--	--	--	--	--
45-54	3,239	69.2	66.4-71.8	3,235	18	15.6-19.8	607	25.6	20.5-31.5
55-64	3,259	73.3	70.9-75.6	3,252	18	16.1-20.6	630	24.7	20.0-30.0
65+	5,227	75.4	73.7-77.0	5,219	18	16.7-20.1	945	26.8	22.8-31.2
Place of Residence									
Urban	2,384	80.3	77.6-82.8	1,571	15.7	13.6-18.2	251	23.6	17.9-30.3
Rural	13,667	59.8	58.6-61.0	10,135	19.9	19.0-20.9	1,931	27.2	24.9-29.6
Education									
<High School	1,331	63.9	58.6-68.8	985	19.4	16.0-23.2	203	34.6	26.4-43.8
High School	5,853	62.8	59.7-65.7	4,765	18.3	16.4-20.3	864	26.4	22.0-31.3
Some College	4,556	68.9	66.1-71.5	3,214	18.3	16.2-20.5	614	23.7	19.3-28.8
College Degree	4,296	79.2	77.1-81.2	2,731	17.2	15.0-19.7	499	24.8	19.2-31.4
Income									
Under $15,000	1,446	72.7	67.2-77.5	1,203	26.9	22.3-32.0	287	36.7	27.8-46.5
$15,000 - $24,999	2,535	65.9	62.0-69.6	2,010	19.6	17.1-22.4	377	34.1	27.2-41.6
$25,000 - $49,999	4,699	66.9	64.3-69.3	3,435	18.2	16.3-20.2	662	22.6	18.6-27.2
$50,000 - $74,999	2,582	69.2	65.4-72.8	1,679	17.5	14.6-20.9	283	21.9	15.0-30.8
$75,000 +	2,894	74.5	71.5-77.3	1,881	15.0	12.7-17.7	304	24.4	17.6-32.8
Race (Age-Adjusted)									
White NH*	14,824	69.6	68.0-71.2	11,132	18.2	17.0-19.4	2,066	25.4	22.6-28.5
African American NH*	107	##	##	65	##	##	10	#	#
Asian American NH*	51	79.0	70.2-85.7	23	#	#	3	#	#
Native American NH*	108	##	##	55	13.1	6.3-25.0	9	#	#
Other Race NH*	229	##	##	167	19.2	12.1-29.0	44	#	#
Hispanic American	586	71.3	64.9-76.9	223	16.9	11.5-24.2	41	#	#
Marital Status									
Currently Married	9,930	71.6	70.1-73.1	7,028	17.9	16.5-19.3	1,305	23.8	20.5-27.4
Previously Married	4,495	72.7	69.9-75.3	4,006	18.8	16.8-20.9	758	32.2	27.2-38.6
Never Married	1,598	62.6	57.2-67.7	659	17.1	11.6-24.6	117	23.7	12.5-40.2
Employment									
Employed	7,540	70.4	68.4-72.4	4,589	15.3	13.6-17.1	739	24.4	19.7-29.9
Self-employed	1,983	54.9	51.0-58.8	1,500	22.2	19.2-25.5	346	19.3	14.0-25.9
Unemployed	376	59.4	49.4-68.7	227	##	##	43	#	#
Homemaker	1,300	83.5	80.0-86.6	878	13.4	10.4-17.1	133	#	#
Student	190	##	##	13	#	#	3	#	#
Retired	3,913	78.1	76.2-79.8	3,884	18.0	16.1-20.1	691	26.2	21.7-31.3
Unable to Work	723	67.6	61.6-73.2	594	39.1	32.8-45.8	224	43.3	34.1-53.0

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

TABLE 38
Prevalence of Overweight and Obesity
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

		Overweight But Not Obese (BMI=25-29)		Obese (BMI=30+)	
	Total # of Respondents	%	Confidence Interval	%	Confidence Interval
Total	25,834	37.0	35.7-38.2	27.3	26.2-28.4
Gender					
Male	10,194	45.0	43.0-47.0	28.9	27.2-30.6
Female	15,640	28.8	27.5-30.2	25.8	24.5-27.1
Age					
18-24	736	29.0	23.3-35.4	13.0	9.7-17.1
25-34	2,475	35.8	32.4-39.3	24.5	21.6-27.6
35-44	3,808	35.7	33.0-38.4	30.2	27.7-32.9
45-54	5,232	37.3	35.0-39.6	32.2	30.0-34.5
55-64	5,127	38.8	36.6-41.1	36.5	34.2-38.8
65+	8,370	42.7	40.9-44.6	24.5	23.0-26.0
Place of Residence					
Urban	3,752	35.8	33.5-38.1	25.3	23.4-27.3
Rural	22,082	38.2	37.3-39.1	29.4	28.6-30.3
Education					
<High School	2,013	32.0	27.8-36.4	28.4	24.6-32.6
High School	9,544	36.4	34.2-38.6	28.7	26.7-30.7
Some College	7,306	37.0	34.6-39.4	30.1	28.0-32.2
College Degree	6,946	38.4	36.3-40.6	23.6	21.8-25.5
Income					
Under $15,000	2,338	31.2	27.2-35.5	32.1	28.4-36.1
$15,000 - $24,999	4,135	33.5	30.5-36.6	31.2	28.2-34.3
$25,000 - $49,999	7,720	37.1	34.9-39.4	30.1	28.1-32.2
$50,000 - $74,999	4,154	37.8	34.8-41.0	29.0	26.3-34.9
$75,000 +	4,722	40.0	37.4-42.6	23.1	21.0-25.2
Race (Age-Adjusted)					
White NH*	24,096	36.5	35.1-38.0	26.7	25.6-27.9
African American NH*	174	33.2	24.1-43.7	34.6	25.7-44.7
Asian American NH*	85	##	##	6.3	2.5-15.1
Native American NH*	186	##	##	37.2	28.0-47.4
Other Race NH*	371	36.3	28.1-45.5	31.0	23.5-39.8
Hispanic American	788	38.4	32.7-44.4	30.5	25.4-36.0
Marital Status					
Currently Married	16,102	39.4	38.0-40.8	27.9	26.6-29.2
Previously Married	7,157	34.8	32.6-37.0	30.5	28.4-32.8
Never Married	2,545	29.9	26.0-34.1	22.6	19.6-25.9
Employment					
Employed	12,381	37.2	35.4-39.0	28.8	27.2-30.4
Self-employed	3,145	45.6	42.3-49.0	24.9	22.4-27.5
Unemployed	528	25.3	19.2-32.5	33.5	25.8-42.1
Homemaker	1,926	28.5	24.8-32.5	21.6	18.4-25.1
Student	324	27.7	19.7-37.5	10.2	6.5-15.5
Retired	6,339	42.1	40.0-44.2	25.9	24.1-27.9
Unable to Work	1,155	24.9	21.1-29.2	46.7	41.5-52.0

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

Consumption of Fruits and Vegetables

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

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

Definitions

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

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

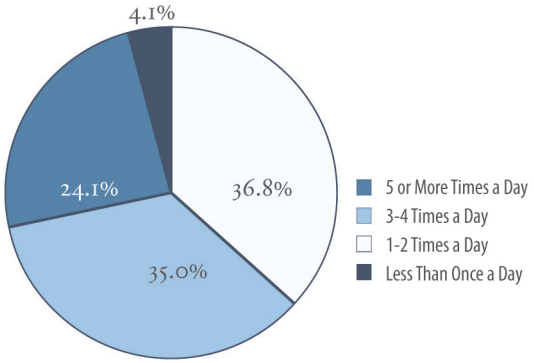
They were also asked how many servings of vegetables they usually eat (not counting carrots, potatoes, or salad).

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

Current Prevalence

Altogether, nearly one-fourth of respondents to the 2007 Nebraska BRFSS (24.1 percent) reported consuming fruits and vegetables the recommended five or more times daily (Figure 109). Nearly equal proportions of respondents stated they eat these food items "three or four times a day" (35.0 percent) or "one or two times a day" (36.8 percent). A few respondents (4.1 percent) said they consume fruits and vegetables less than once a day or never do. Overall, three-fourths of adults (75.9 percent) ate fruits and vegetables less frequently than the five or more times daily needed for good nutrition.

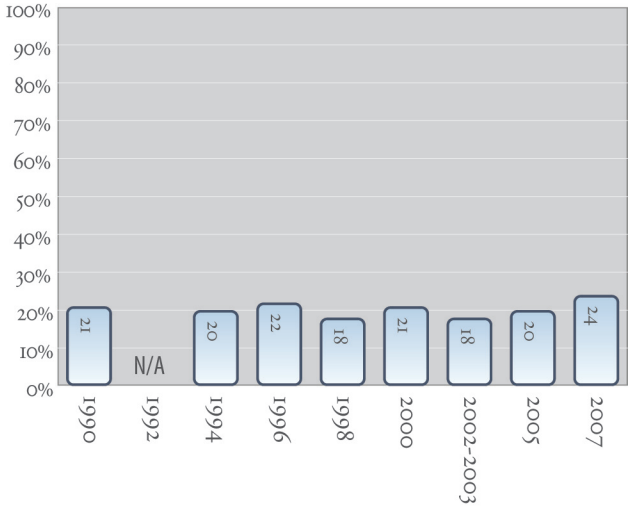
Figure 109. Daily Consumption of Fruits and Vegetables (2007)



Trend over Time

Since 1990, the proportion of respondents who reported consuming these foods five or more times per day varied little, ranging from 18 to 22 percent (Figure 110). However, the 2007 prevalence rate of 24 percent does represent an increase from previous years.

Figure 110. Trend in Consumption of Fruits and Vegetables Five or More Times Daily (1990-2007)



Who's at Risk in Nebraska?

Women (28.7 percent) were significantly more likely than men (19.4 percent) in Nebraska to consume fruits and vegetables five or more times daily (Table 39).

Adults aged 65 and older (30.6 percent) were significantly more likely to report adequate levels of fruits and vegetables in their diets than persons aged 35 to 44 (22.6 percent), 45 to 54 (20.4 percent), and 55 to 64 (23.7 percent). Persons aged 18 to 24 (19.9 percent) and those aged 25 to 34 (25.4 percent) also were less likely than persons in the 65-plus age group to consume these foods the recommended five or more times daily, but prevalence was not significantly smaller.

The proportion of respondents with college degrees (28.5 percent) who met the five-a-day guidelines was significantly higher than the proportion reported for high school graduates (19.7 percent).

A significantly greater proportion of persons with annual household incomes of $75,000 or more reported consuming fruits and vegetables five or more times daily (26.8 percent), compared to those earning $50,000 to $74,999 per year (19.6 percent).

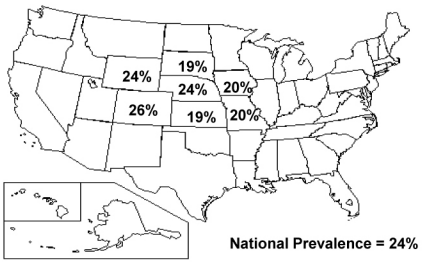
Homemakers (32.5 percent) and retired persons (28.3 percent) were significantly more likely than employed adults (22.0 percent) to consume fruits and vegetables five or more times per day.

No significant differences were found in fruit and vegetable consumption by place of residence, race/ethnic origin, or marital status of respondents.

Nebraska and the Nation

Nearly one-fourth of BRFSS respondents nationwide (24 percent) reported consuming fruits and vegetables five or more times per day in 2007 (Figure 111). In Nebraska (24 percent), Wyoming (24 percent), and Colorado (26 percent), levels were very close to the U.S. rate. The other states surrounding Nebraska did not fare quite as well with rates of 19 percent for Kansas and South Dakota and 20 percent for Iowa and Missouri.

Figure 111. Adults Who Consumed Fruits and Vegetables Five or More Times Daily (2007) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

TABLE 39
Fruit and Vegetable Consumption
Nebraska Adults (2007)
(with 95% Confidence Intervals--SUDAAN)

	Eat 5+ Fruits or Vegetables Daily		
	Total # of Respondents	%	Confidence Interval
Total	10,765	24.1	22.5-25.8
Gender			
Male	4,142	19.4	16.8-22.2
Female	6,623	28.7	26.6-30.8
Age			
18-24	310	19.9	13.0-29.2
25-34	1,084	25.4	20.9-30.4
35-44	1,699	22.6	19.2-26.4
45-54	2,176	20.4	17.6-23.6
55-64	2,050	23.7	20.7-27.0
65+	3,403	30.6	28.1-33.2
Place of Residence			
Urban	1,510	25.6	22.5-28.8
Rural	9,255	22.6	21.6-23.7
Education			
<High School	906	20.0	14.6-26.6
High School	4,061	19.7	17.1-22.6
Some College	2,957	25.3	22.2-28.6
College Degree	2,820	28.5	25.4-31.7
Income			
Under $15,000	995	23.4	19.2-28.3
$15,000 - $24,999	1,780	21.5	17.9-25.6
$25,000 - $49,999	3,215	26.0	22.7-29.6
$50,000 - $74,999	1,641	19.6	16.5-23.2
$75,000 +	1,869	26.8	23.3-30.5
Race (Age-Adjusted)			
White NH*	9,952	23.3	21.4-25.2
African American NH*	79	##	##
Asian American NH*	33	#	#
Native American NH*	83	19.6	11.6-31.1
Other Race NH*	159	21.1	13.2-32.1
Hispanic American	416	23.7	16.6-32.5
Marital Status			
Currently Married	6,725	25.2	23.2-27.2
Previously Married	2,950	21.7	19.2-24.4
Never Married	1,077	22.2	17.3-28.1
Employment			
Employed	5,252	22.0	19.8-24.5
Self-employed	1,222	23.7	19.8-28.2
Unemployed	187	##	##
Homemaker	806	32.5	26.2-39.5
Student	146	##	##
Retired	2,629	28.3	25.6-31.2
Unable to Work	509	20.9	15.8-27.0

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width >20.0.

Physical Activity Levels

Regular physical activity is important at all stages of life for maintaining health, enhancing quality of life, and preventing premature death. On average, physically active people outlive those who are inactive.

For good health, it is recommended that people engage in at least 30 minutes of moderate-intensity physical activity (such as brisk walking) on five or more days per week or engage in vigorous physical activity for at least 20 minutes on three or more days per week. For those who do not currently participate in any leisure-time physical activity, beginning to exercise at any level of intensity or for even small periods of time is preferable to continuing to get no exercise at all. For anyone just starting to exercise, experts agree that it is best to begin with "small steps"—starting out slowly and gradually increasing the frequency and duration of physical activity—as the key to successful behavior change.

Physically Inactive

Definition

Physically Inactive: "No" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

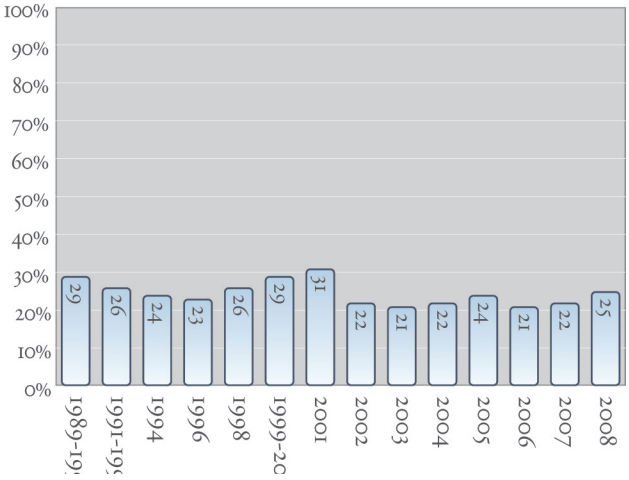
Current Prevalence

In 2007-2008, 23.4 percent of Nebraska adults stated that they had not participated in any physical activities or exercise outside of their regular job in the past month (Table 40).

Trend over Time

The proportion of adults who were physically inactive during the month prior to the survey has varied since 1989-1990, with prevalence declining in the mid-1990s than rising to a high of 31 percent in 2001 (Figure 112). Since then, prevalence has ranged from 21 to 25 percent.

Figure 112. Trend in Physical Inactivity Among Adults (1989-2008)



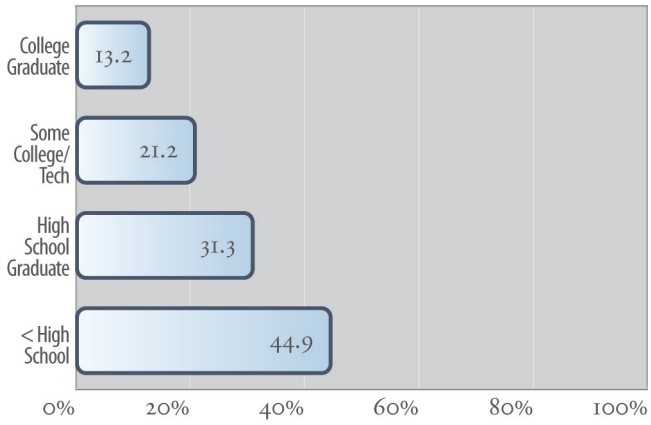
Who's at Risk in Nebraska?

In general, older adults were significantly more likely than younger respondents to say they were physically inactive (Table 40). More than one-third of respondents aged 65 and older (34.7 percent) stated they had not participated in any physical activities or exercise outside of work in the past month. This proportion is significantly greater than physical inactivity rates for each of the younger age groups. Persons aged 55 to 64 (27.0 percent) were also significantly more likely than those aged 18 to 44 (16.6 to 20.4 percent) to be physically inactive.

Prevalence of physical inactivity was significantly greater among adults living in rural counties (27.1 percent) than among those residing in urban counties (19.9 percent) in Nebraska.

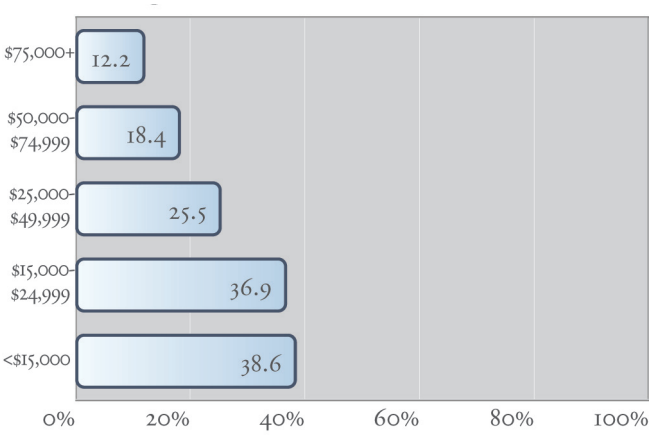
Prevalence of physical inactivity was highest among respondents with the least education. In fact, significant differences were noted between each of the educational levels reported (Figure 113). Among respondents with less than a high school education, 44.9 percent reported no leisure-time physical activity during the past month, compared to 31.3 percent of high school graduates. Prevalence was significantly lower among persons with some college or technical training (21.2 percent) and among college graduates (13.2).

Figure 113. Prevalence of Physical Inactivity by Educational Level (2007-2008)



Similarly, persons with lower incomes were significantly more likely than those with higher household incomes to report getting no exercise during their leisure hours (Figure 114). Respondents with incomes under $25,000 per year (36.9 to 38.6 percent) were significantly more likely than those in each of the higher income categories to report being physically inactive during the past 30 days. In addition, among respondents in the income brackets of $25,000 or above, prevalence of physical inactivity decreased significantly as income category increased, declining from 25.5 percent for those earning $25,000 to $49,999 to only 12.2 percent for those earning $75,000 or more annually.

Figure 114. Prevalence of Physical Inactivity by Household Income (2007-2008)



Prevalence of physical inactivity outside the workplace was significantly lower among non-Hispanic whites (22.1 percent) than among Hispanic Americans (35.2 percent) in the state.

Previously married (36.1 percent) respondents were significantly more likely than currently married (21.3 percent) and never married (20.7 percent) persons to say they did not participate in any physical activity or exercise in the past month.

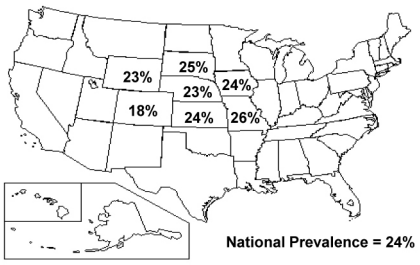
Prevalence of physical inactivity was significantly greater among persons who were unable to work (50.4 percent) than among persons in all other employment categories. Retirees (30.8 percent), self-employed adults (27.1 percent), and homemakers (26.1 percent) were also significantly more likely than employed adults (19.7 percent) and students (14.3 percent) to say they had not engaged in any leisure-time physical activity in the past 30 days.

No significant difference in prevalence of physical inactivity was found by gender of respondent.

Nebraska and the Nation

Nationwide, 24 percent of adult Americans reported no leisure-time physical activity during the past 30 days in 2007-2008 (Figure 115). In Nebraska and Wyoming, 23 percent of adults were physically inactive in the past month. Prevalence of physical inactivity was substantially lower in Colorado (18 percent) and somewhat higher in South Dakota (25 percent) and Missouri (26 percent).

Figure 115. No Leisure-Time Physical Activity in Past Month Adults Aged 18 and Older (2007-2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives

	Proportion of adults aged 18+ who did not participate in any leisure-time physical activity in past month. (Data are not age-adjusted)
Nebraska 2010 Target	15%
Nebraska BRFSS 2007	23.4%
US BRFSS 2007	23.6%
US 2010 Target	20%

Moderate and Vigorous Physical Activity Levels

Definitions

Respondents were read an introduction to the physical activity questions that explains the difference between "vigorous" and "moderate" activities. It states that, "Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate." Examples of vigorous and moderate activities are given in the questions, with vigorous activities including "running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate." Examples of moderate exercise given are "brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate."

Meets Recommended (Moderate and/or Vigorous) Physical Activity Guidelines: 30 or more minutes per day of moderate physical activity for five or more days per week and/or 20 or more minutes per day of vigorous physical activity on three or more days per week.

Meets Vigorous Physical Activity Guidelines: 20 or more minutes per day of vigorous physical activity on three or more days per week.

Recommended Moderate and/or Vigorous Physical Activity

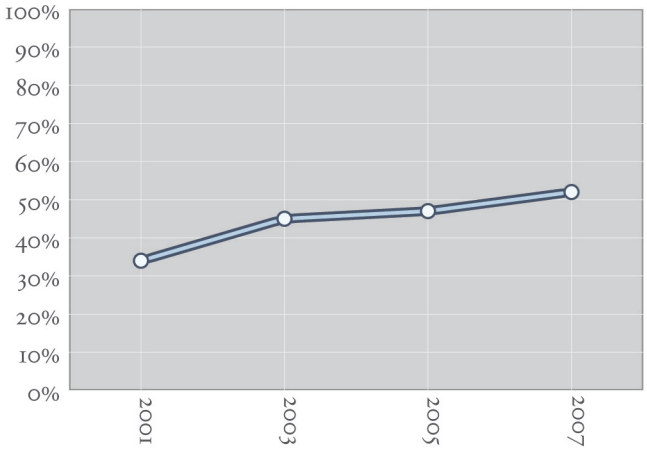
Current Prevalence

In 2007, 52.0 percent of adults in Nebraska participated in activities meeting the requirements for moderate and/or vigorous physical activity in a usual week, as defined above (Table 40).

Trend over Time

As with vigorous physical activity, prevalence estimates are only available for 2001 through 2007 due to changes in definitions before then. Prevalence of moderate/ vigorous physical activity rose from 34 percent in 2001 to 52 percent in 2007 (Figure 116).

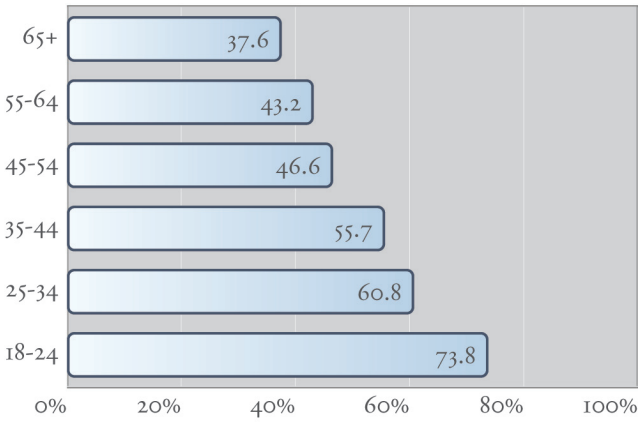
Figure 116. Trend in Prevalence of Recommended (Moderate and/or Vigorous) Physical Activity (2001-2007)



Who Meets Recommended Guidelines for Moderate/Vigorous Physical Activity?

The proportion of respondents aged 65 and older (37.6 percent) who said they participated in moderate and/or vigorous physical activity in a usual week was significantly lower than rates for each of younger age groups, except those aged 55 to 64 (43.2 percent) (Figure 117). On the other hand, nearly three-fourths of adults aged 18 to 24 (73.8 percent) engaged in the recommended level of physical activity. This group, those aged 25 to 34 (60.8 percent), and those aged 35 to 44 (55.7 percent) were all significantly more likely than older respondents to meet the guidelines for moderate/vigorous physical activity.

Figure 117. Prevalence of Recommended (Moderate and/or Vigorous) Physical Activity by Age of Respondent (2007)

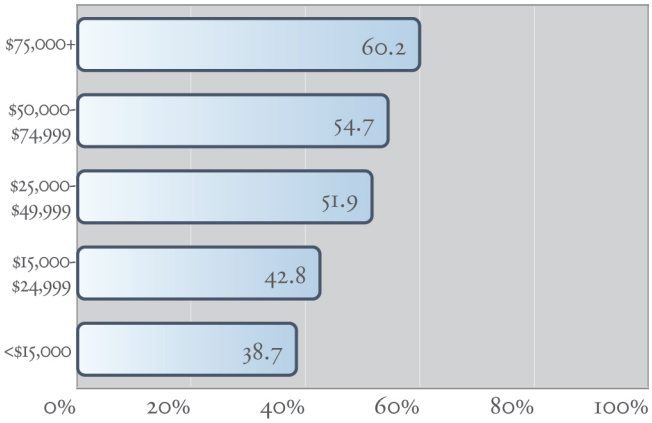


A significantly greater proportion of urban adults (55.0 percent) participated in the recommended level of moderate and/or vigorous physical activity in 2007, compared to rural adults (48.8 percent) (Table 40).

Adults who had not completed high school (40.2 percent) were significantly less likely than those with some college or technical training (55.5 percent) or college graduates (55.4 percent) to report moderate/vigorous physical activity in a usual week.

The proportion of respondents participating in the recommended level of activity was significantly greater among those with household incomes of $75,000 or higher (60.2 percent) than among respondents earning less than $50,000 annually (38.7 to 51.9 percent). Adults with incomes of $25,000 to $74,999 also were significantly more likely than those earning less than $15,000 per year (38.7 percent) to report the recommended level of moderate and/or vigorous exercise in a usual week (Figure 118).

Figure 118. Prevalence of Recommended (Moderate and/or Vigorous) Physical Activity by Household Income (2007)



The proportion of non-Hispanic white Nebraskans (53.7 percent) indicating participation in moderate/vigorous physical activity was significantly greater than the proportion of Hispanic Americans (40.4 percent).

Respondents who had never married (61.2 percent) were significantly more likely than those who were currently (52.4 percent) or previously (39.0 percent) married to achieve the recommended level of exercise. Currently married adults were also significantly more likely than previously married persons to report this level of participation.

Adults who were unable to work (32.1 percent) and retirees (41.0 percent) were significantly less likely than persons in all other employment categories to have engaged in moderate and/or vigorous physical activity in a usual week.

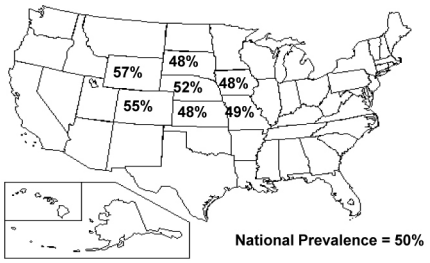
No significant differences in prevalence of this recommended level of physical activity was found by gender of respondents.

Nebraska and the Nation

The proportion of adult Nebraskans who indicated they participated in the recommended levels of moderate and/or vigorous physical activity in a usual week (52 percent) was higher than the national median of 50 percent in 2007 (Figure 119). Of the six surrounding states, Wyoming (57 percent) and Colorado (55 percent) reported higher rates of this level of physical activity than Nebraska and the nation, while South Dakota (48 percent), Iowa (48 percent), Kansas (48

percent) and Missouri (49 percent) all reported lower rates.

Figure 119. Participation in Recommended Level of Moderate/Vigorous Physical Activity in a Usual Week Adults Aged 18+ (2007) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Vigorous Physical Activity

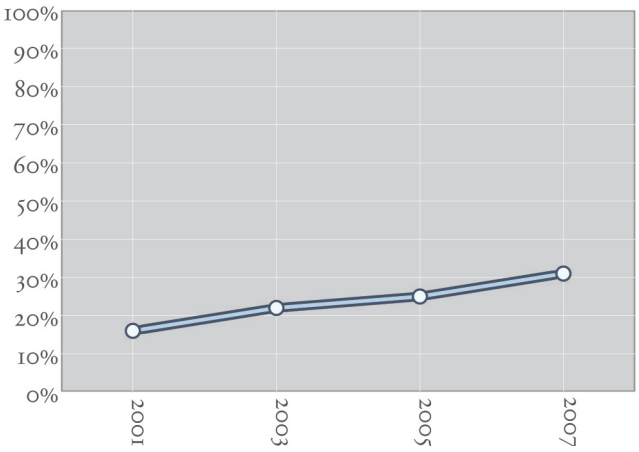
Current Prevalence

In 2007, nearly one-third of Nebraska BRFSS respondents aged 18 and older (30.6 percent) participated in activities meeting the definition for vigorous physical activity stated above in a usual week (Table 40).

Trend over Time

Due to changes in definitions, prevalence estimates are only available since 2001. Prevalence of vigorous physical activity rose steadily from 16 percent in 2001 to nearly 31 percent in 2007 (Figure 120).

Figure 120. Trend in Prevalence of Vigorous Physical Activity (2001-2007)

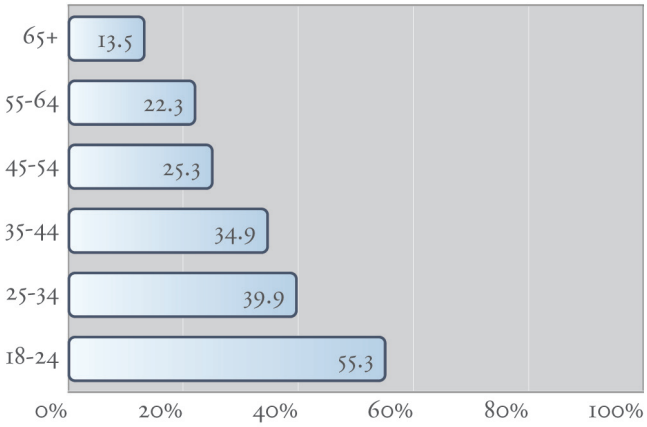


Who Meets Vigorous Physical Activity Guidelines?

Men (35.7 percent) were significantly more likely than women (25.6 percent) to meet the recommended guidelines for vigorous physical activity.

More than one-half of 18- to 24-year-olds responding to the 2007 BRFSS (55.3 percent) reported engaging in vigorous physical activity in a usual week (Figure 121). Rates of participation in vigorous physical activity decreased significantly with advancing age groups, with rates ranging from 39.9 percent for persons aged 25 to 34 down to only 13.5 percent of respondents aged 65 and older.

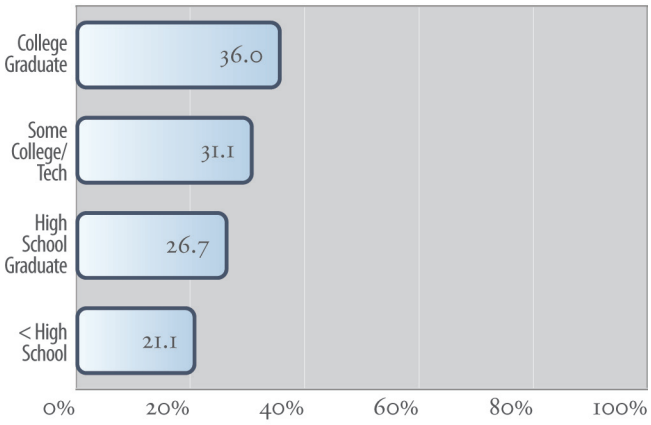
Figure 121. Prevalence of Vigorous Physical Activity by Age of Respondent (2007)



A significantly greater proportion of urban Nebraskans (35.9 percent) indicated that they participated in vigorous physical activity outside of their regular job in a usual week, compared to rural residents (25.0 percent).

College graduates (36.0 percent) were significantly more likely to report vigorous physical activity in a usual week than high school graduates (26.7 percent) or persons who had not completed high school (21.1 percent) (Figure 122).

Figure 122. Prevalence of Vigorous Physical Activity by Educational Level (2007)



The proportion of respondents participating in vigorous physical activity was significantly greater among those with annual incomes of $75,000 or higher (43.2 percent) than among persons in each of the lower income brackets. Among respondents earning $50,000 to $74,999, 32.9 percent engaged in vigorous physical activity in a usual week—a significantly greater rate than that reported for persons with incomes under $15,000 (15.7 percent) or incomes of $15,000 to $24,999 (19.7 percent) per year.

Previously married respondents (17.0 percent) were significantly less likely than currently married (29.9 percent) or never married (44.4 percent) persons to engage in exercise meeting the guidelines for vigorous physical activity.

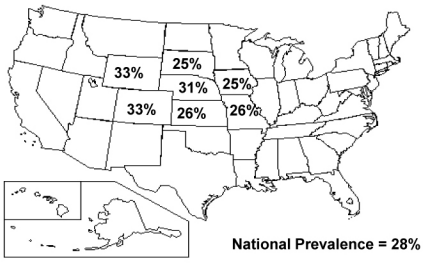
Prevalence of vigorous physical activity was significantly lower among adults who were unable to work (12.1 percent) and retirees (16.9 percent) than among persons in each of the other employment categories.

Rates of vigorous physical activity were not significantly different by race or ethnicity of respondents, with prevalence ranging from 24.9 percent among Hispanic Americans to 32.2 percent among non-Hispanic white Nebraskans.

Nebraska and the Nation

On average, 28 percent of American adults participating in the 2007 BRFSS said they participate in vigorous physical activity in a usual week (Figure 123). Prevalence was higher in Nebraska (31 percent), Colorado (33 percent) and Wyoming (33 percent), but lower in the other four states surrounding Nebraska.

Figure 123. Participation in Vigorous Physical Activity in a Usual Week Adults Aged 18 and Older (2007) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives

	Proportion of adults aged 18+ who engaged in vigorous physical activity for at least 20 minutes per day, 3 or more days per week. (Data are not age-adjusted)
Nebraska 2010 Target	30%
Nebraska BRFSS 2007	30.6%
US BRFSS 2007	28.3%
US 2010 Target	30%

TABLE 40
Physical Activity
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	No Physical Activity Outside Work			Meets Recommended (Moderate and/or Vigorous) Physical Activity Guidelines (2007 Only)			Meets Vigorous Physical Activity Guidelines (2007 Only)		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	27,160	23.4	22.4-24.4	10,137	52.0	50.0-54.0	10,431	30.6	28.6-32.6
Gender									
Male	10,368	22.5	21.0-24.1	3,927	53.5	50.4-56.7	3,997	35.7	32.5-39.0
Female	16,792	24.3	23.0-25.6	6,210	50.5	48.0-53.0	6,434	25.6	23.3-28.1
Age									
18-24	779	16.6	12.6-21.5	294	73.8	64.8-81.1	297	55.3	45.6-64.7
25-34	2,603	17.4	15.2-19.9	1,042	60.8	55.4-65.9	1,049	39.9	34.5-45.6
35-44	4,021	20.4	18.3-22.6	1,627	55.7	51.4-60.0	1,659	34.9	30.8-39.1
45-54	5,484	23.3	21.4-25.4	2,096	46.6	43.0-50.3	2,127	25.3	22.2-28.5
55-64	5,379	27.0	25.0-29.1	1,927	43.2	39.5-46.9	1,984	22.3	19.2-25.8
65+	8,747	34.7	33.0-36.5	3,115	37.6	34.8-40.5	3,274	13.5	11.4-15.9
Place of Residence									
Urban	3,949	19.9	18.2-21.8	1,444	55.0	51.4-58.6	1,477	35.9	32.3-39.7
Rural	23,211	27.1	26.3-27.8	8,693	48.8	47.4-50.2	8,954	25.0	23.7-26.4
Education									
<High School	2,268	44.9	40.4-49.5	809	40.2	32.5-48.4	852	21.1	14.4-29.9
High School	10,068	31.3	29.3-33.3	3,770	48.1	44.5-51.8	3,908	26.7	23.2-30.5
Some College	7,605	21.2	19.5-23.0	2,801	55.5	51.9-59.0	2,881	31.1	27.4-35.1
College Degree	7,182	13.2	11.9-14.6	2,740	55.4	51.9-58.8	2,770	36.0	32.6-39.6
Income									
Under $15,000	2,466	38.6	34.6-42.9	919	38.7	33.3-44.4	954	15.7	11.6-20.8
$15,000 - $24,999	4,365	36.9	33.8-40.0	1,650	42.8	37.5-48.3	1,719	19.7	15.2-25.2
$25,000 - $49,999	7,995	25.5	23.6-27.4	3,065	51.9	48.3-55.5	3,122	28.2	24.5-32.1
$50,000 - $74,999	4,267	18.4	16.3-20.6	1,578	54.7	49.7-59.6	1,608	32.9	28.0-38.2
$75,000 +	4,821	12.2	10.7-13.9	1,827	60.2	56.1-64.1	1,834	43.2	39.0-47.5
Race (Age-Adjusted)									
White NH*	25,086	22.1	21.0-23.2	9,377	53.7	51.6-55.8	9,644	32.2	30.0-34.5
African American NH*	193	30.9	23.0-40.2	73	##	##	75	##	##
Asian American NH*	87	##	##	31	#	#	33	#	#
Native American NH*	193	26.8	18.5-37.1	79	##	##	82	##	##
Other Race NH*	391	28.0	20.3-37.4	146	##	##	154	31.7	23.2-41.6
Hispanic American	1,009	35.2	30.2-40.5	395	40.4	33.0-48.4	402	24.9	18.8-32.3
Marital Status									
Currently Married	16,860	21.3	20.2-22.3	6,391	52.4	50.1-54.6	6,517	29.9	27.7-32.2
Previously Married	7,554	36.1	33.9-38.4	2,720	39.0	35.6-42.6	2,855	17.0	14.2-20.1
Never Married	2,702	20.7	17.7-24.0	1,015	61.2	54.8-67.2	1,047	44.4	37.9-51.1
Employment									
Employed	12,975	19.7	18.4-21.0	5,010	52.8	50.0-55.5	5,097	32.5	29.9-35.3
Self-employed	3,241	27.1	24.4-29.9	1,152	55.2	49.9-60.4	1,181	31.3	26.0-37.1
Unemployed	569	25.3	19.0-32.9	175	##	##	184	##	##
Homemaker	2,122	26.1	22.6-30.1	747	53.5	46.0-60.8	771	28.3	21.2-36.7
Student	340	14.3	9.1-21.9	140	##	##	143	##	##
Retired	6,635	30.8	28.9-32.7	2,427	41.0	37.7-44.4	2,548	16.9	14.2-20.1
Unable to Work	1,236	50.4	45.3-55.5	476	32.1	25.2-39.8	494	12.1	7.5-18.9

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

Tobacco Use

Tobacco use remains the single most preventable cause of disease and death in the United States today. Cigarette smoking is responsible for approximately 443,000 deaths annually—about one-fifth of all deaths in this country. An additional 8.9 million Americans have a serious illness caused by smoking.

Cigarette smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung disease. Smoking may also result in injuries and environmental damage due to fires. Smoking during pregnancy increases the risk of miscarriages, premature delivery, and sudden infant death syndrome (SIDS). Secondhand smoke is responsible for an estimated 49,000 deaths among nonsmokers in the United States each year due to lung cancer, cardiovascular diseases and other causes.

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

According to CDC, costs of cigarette smoking are estimated to be approximately $193 billion each year in the United States for the medical care of people with smoking-related illness and for lost wages and productivity.

Cigarette Smoking

Definitions

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

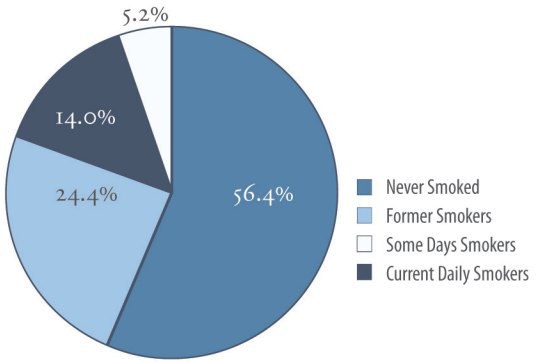
Current "Some Days" Smokers: Persons who reported smoking at least 100 cigarettes in their lifetime, currently smoke, and smoked some (1 to 29) of the past 30 days.

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

Current Prevalence

In 2007-2008, 19.2 percent of Nebraskans aged 18 and older stated that they are current smokers (Figure 124). Respondents who said they smoke cigarettes on a daily basis comprise 14.0 percent of adults, while 5.2 percent indicated they are current smokers but smoke less frequently than every day. One-fourth of respondents (24.4 percent) are former smokers and 56.4 percent have never smoked.

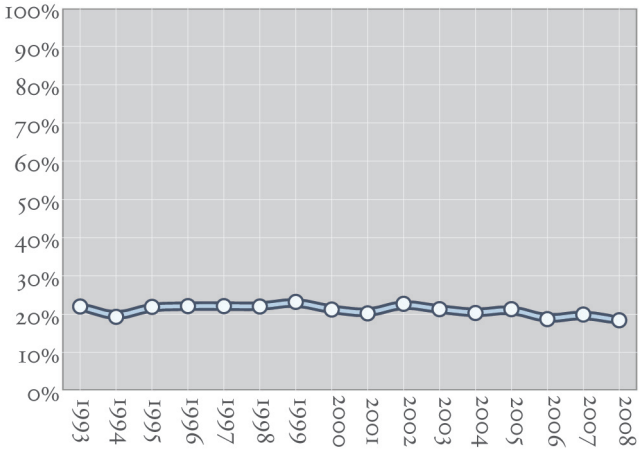
Figure 124. Cigarette Smoking Status (2007-2008)



Trend over Time

Smoking prevalence remained fairly steady at about 22 percent between 1993 and 2002 (Figure 125). Prevalence has edged downward since then, averaging 19 percent over the past three years. (These prevalence estimates include both daily and "some days" smokers).

Figure 125. Trend in Cigarette Smoking Prevalence (Daily and "Some Days" Smokers) 1993-2008



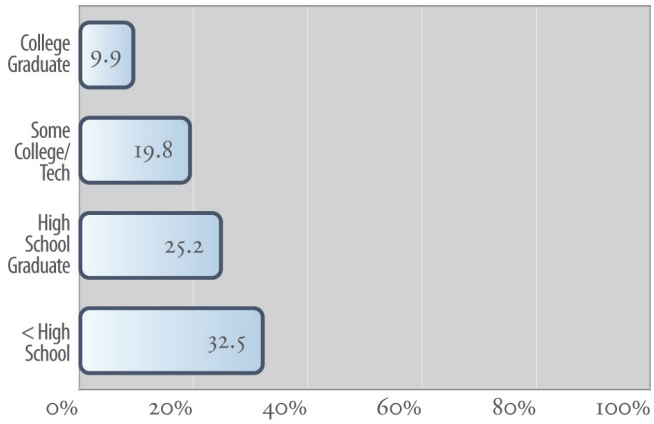
Who's at Risk in Nebraska?

Men (21.7 percent) were significantly more likely than women (16.8 percent) to be current smokers (Table 41).

Young adults aged 18 to 24 (26.9 percent) and aged 25 to 34 (23.4 percent) were significantly more likely than adults aged 55 to 64 (16.8 percent) and those aged 65 and older (7.8 percent) to report they were current smokers. In fact, prevalence of cigarette smoking was significantly greater in all the younger age brackets than among adults aged 65 and over.

Smoking prevalence decreased significantly with increasing educational level of respondents (Figure 126). Nearly one-third of adults who had not completed high school (32.5 percent) indicated they currently smoke cigarettes, while more than one-fourth of high school graduates (25.2 percent) stated they currently smoke. Prevalence decreased to 19.8 percent among persons with some college or technical training. College graduates reported by far the lowest smoking rate (9.9 percent).

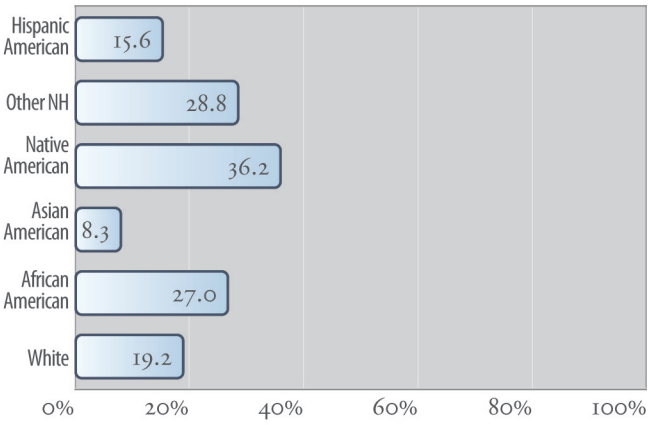
Figure 126. Cigarette Smoking Prevalence by Educational Level (2007-2008)



Results were similar when smoking prevalence was tabulated by income bracket. Respondents with annual incomes under $15,000 (31.1 percent) and those earning $15,000 to $24,999 per year (27.1 percent) were significantly more likely than those with incomes of $25,000 or more to say they currently smoke cigarettes. Respondents in the middle income category (21.2 percent) were also significantly more likely than those with incomes of $50,000 or higher (12.9 to 16.4 percent) to smoke.

Native Americans (36.2 percent) and non-Hispanic persons of "other" races (28.8 percent) reported significantly higher proportions of current smokers than non-Hispanic whites (19.2 percent), Asian Americans (8.3 percent), and Hispanic Americans (15.6 percent) (Figure 127). Non-Hispanic whites and African Americans (27.0 percent) also were significantly more likely than Asian American respondents to say they currently smoke cigarettes.

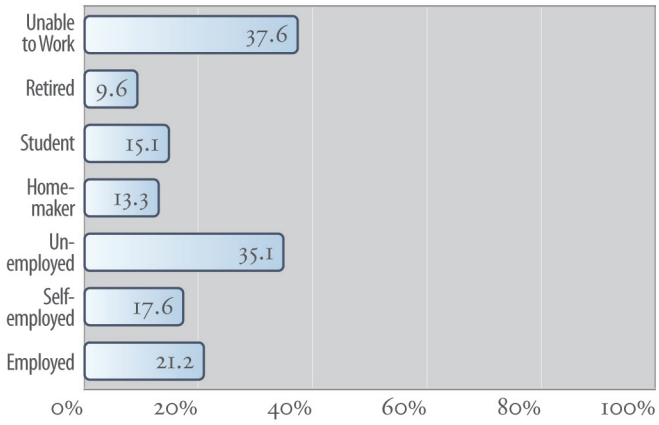
Figure 127. Cigarette Smoking Prevalence by Race/ Ethnicity (2007-2008)



Previously married (25.4 percent) and never married (28.9 percent) adults were significantly more likely than currently married (15.0 percent) persons to say they now smoke cigarettes.

Prevalence of smoking was significantly higher among respondents who were unable to work (37.6 percent) or unemployed (35.1 percent) than among employed (21.2 percent) and self-employed (17.6 percent) respondents, homemakers (13.3 percent), students (15.1 percent) and retirees (9.6 percent) (Figure 128). Smoking prevalence was also significantly higher among employed persons than among homemakers or retirees, while self-employed adults were significantly more likely than retirees to currently smoke cigarettes.

Figure 128. Cigarette Smoking Prevalence by Employment Status (2007-2008)

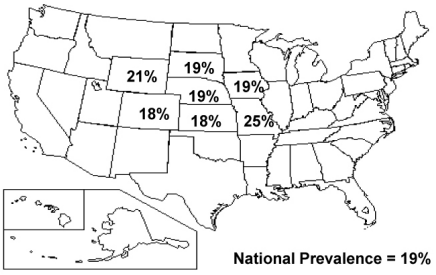


No significant difference was found in smoking prevalence in respondents from rural versus urban counties.

Nebraska and the Nation

Nebraska's smoking prevalence rate (19 percent) matched the national median for the same period (Figure 129). Of the six surrounding states, Missouri reported the highest rate (25 percent), followed by Wyoming (21 percent). Smoking prevalence was lowest in Kansas and Colorado (18 percent each).

Figure 129. Current Smoking Prevalence Nebraska Adults Aged 18 and Older (2007-2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

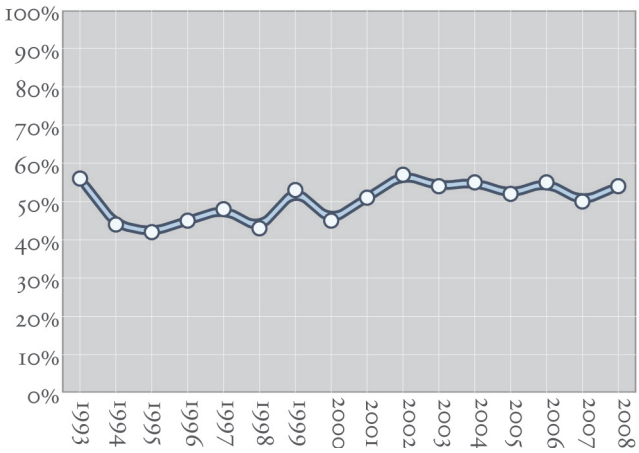
Current Smokers Who Quit Smoking for One Day or More

Definition

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

When asked if they had quit smoking for one day or more in the past year, 51.8 percent of current smokers in the 2007-2008 Nebraska BRFSS said they had (Table 41). The proportion of smokers who tried quitting ranged from 51 to 57 percent since 2001, up from the mid-40s for most years from 1994 through 2000 (Figure 130).

Figure 130. Trend in Proportion of Current Smokers Who Quit Smoking for 1+ Days in Past Year (1993-2008)



Although there were some differences in the proportion of smokers who had attempted to quit smoking in the past year by demographic and socioeconomic category, none of these differences were statistically significant.

Smokeless Tobacco

Definition

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

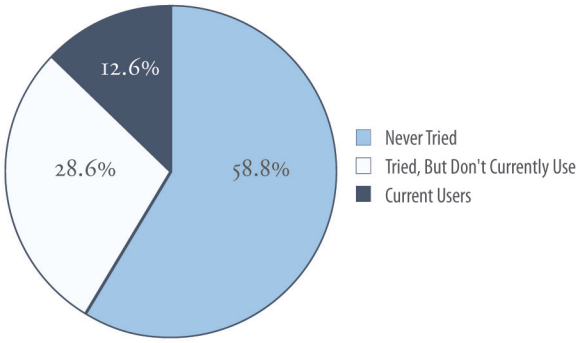
Current Smokeless Tobacco Users: Respondents who currently use chewing tobacco or snuff "every day" or "some days".

Current Prevalence Among Males

In 2008, 12.6 percent of all Nebraska men aged 18 and older stated that they currently use smokeless tobacco (Figure 131). More than one-fourth (28.6 percent) said that they have tried these products, but do not currently

use them. The remaining 58.8 percent indicated that they have never tried smokeless tobacco.

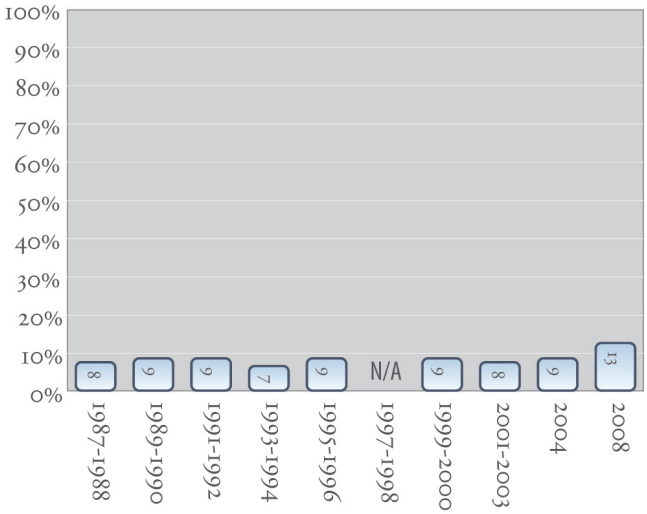
Figure 131. Smokeless Tobacco Use--Males Age-Adjusted Rates (2008)



Trend over Time

The prevalence of smokeless tobacco use among adult men held fairly steady at 8 to 9 percent from 1987-1988 through 2004. In the current study, however, this rate rose to about 13 percent (Figure 132).

Figure 132. Trend in Smokeless Tobacco Use--Males (1987-2008)



Who's at Risk in Nebraska?

Men aged 65 and older (9.0 percent) were significantly less likely than men aged 35 to 44 (17.9 percent) to say they currently use snuff or chewing tobacco (Table 42). Prevalence rates for the other age groups ranged from 7.7 percent for 18- to 24-year-olds to 13.7 percent for men aged 45 to 54.

Prevalence of smokeless tobacco use was significantly greater among men in rural counties (17.2 percent) than those in urban counties (8.2 percent) in Nebraska.

The proportion of Hispanic men who reported currently using smokeless tobacco (2.6 percent) was significantly lower than rates for non-Hispanic white males (13.0 percent).

Retired men (7.1 percent) were significantly less likely than self-employed men (18.1 percent) to say they currently use smokeless tobacco.

Although there was some variation in prevalence rates by educational level, household income, and marital status of respondents, none of these differences were statistically significant.

TABLE 41
Cigarette Smoking
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Currently Smoke Cigarettes			Quit Smoking for 1+ Days in Past Year (Among Current Smokers)		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	27,108	19.2	18.1-20.3	4,410	51.8	48.5-55.1
Gender						
Male	10,347	21.7	19.9-23.6	1,838	48.1	43.2-53.1
Female	16,761	16.8	15.6-18.0	2,572	56.4	52.4-60.4
Age						
18-24	779	26.9	21.6-33.0	186	56.3	43.6-68.2
25-34	2,603	23.4	20.4-26.6	597	50.2	42.6-57.8
35-44	4,012	20.5	18.3-22.9	797	55.9	49.5-62.0
45-54	5,472	21.3	19.4-23.4	1,132	51.4	46.1-56.8
55-64	5,372	16.8	15.1-18.6	926	47.3	41.6-53.0
65+	8,724	7.8	6.9-8.7	748	46.0	39.9-52.1
Place of Residence						
Urban	3,936	20.3	18.3-22.4	654	51.2	45.4-57.0
Rural	23,172	18.0	17.3-18.8	3,756	52.5	50.2-54.8
Education						
<High School	2,263	32.5	27.8-37.7	509	55.7	45.2-65.7
High School	10,047	25.2	23.1-27.6	1,893	50.8	45.3-56.2
Some College	7,597	19.8	17.9-21.8	1,342	49.2	43.8-54.7
College Degree	7,164	9.9	8.6-11.4	660	55.5	48.0-62.8
Income						
Under $15,000	2,465	31.1	27.1-35.3	643	53.1	45.3-60.7
$15,000 - $24,999	4,357	27.1	24.0-30.5	897	48.8	41.4-56.2
$25,000 - $49,999	7,981	21.2	19.1-23.4	1,357	52.7	46.7-58.6
$50,000 - $74,999	4,254	16.4	14.2-18.8	649	53.6	46.1-61.0
$75,000 +	4,813	12.9	11.1-15.0	507	51.9	43.6-60.0
Race (Age-Adjusted)						
White NH*	25,035	19.2	18.0-20.4	3,980	51.2	48.0-54.5
African American NH*	192	27.0	19.1-36.8	51	40.4	26.2-56.4
Asian American NH*	87	8.3	3.7-17.8	13	#	#
Native American NH*	193	36.2	26.9-46.6	82	67.5	52.1-79.9
Other Race NH*	391	28.8	21.5-37.5	110	53.2	39.4-66.5
Hispanic American	1,009	15.6	11.9-20.3	141	55.1	41.8-67.8
Marital Status						
Currently Married	16,825	15.0	13.9-16.2	2,219	52.3	48.1-56.4
Previously Married	7,539	25.4	23.2-27.6	1,524	52.2	47.0-57.3
Never Married	2,701	28.9	25.1-32.9	657	50.8	42.6-58.9
Employment						
Employed	12,955	21.2	19.6-22.8	2,432	53.8	49.5-58.0
Self-employed	3,236	17.6	14.7-20.8	459	50.9	40.9-60.8
Unemployed	567	35.1	27.1-44.1	182	41.5	27.9-56.6
Homemaker	2,122	13.3	9.8-17.8	235	47.1	31.8-63.0
Student	340	15.1	9.9-22.3	66	62.6	41.1-80.0
Retired	6,609	9.6	8.4-10.9	629	42.8	36.3-59.6
Unable to Work	1,238	37.6	32.5-43.0	404	52.2	42.5-61.8

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.

TABLE 42
Smokeless Tobacco
Nebraska Males Aged 18+ (2008)
(with 95% Confidence Intervals--SUDAAN)

	Currently Use Smokeless Tobacco (Males Only)		
	Total # of Respondents	%	Confidence Interval
Total	2,410	12.6	11.1-15.4
Age			
18-24	92	7.7	3.8-15.1
25-34	277	12.6	8.8-17.8
35-44	501	17.9	13.0-24.2
45-54	594	13.7	9.7-19.0
55-64	477	12.0	8.3-17.0
65+	458	9.0	6.2-12.8
Place of Residence			
Urban	298	8.2	5.0-12.9
Rural	2,112	17.2	15.2-19.5
Education			
<High School	177	10.6	5.8-18.5
High School	879	16.3	12.4-21.0
Some College	721	12.3	9.1-16.4
College Degree	631	11.3	8.0-15.8
Income			
Under $15,000	148	6.8	3.5-12.8
$15,000 - $24,999	260	15.7	9.1-25.8
$25,000 - $49,999	790	14.3	11.1-18.1
$50,000 - $74,999	489	14.8	11.3-19.2
$75,000 +	574	12.6	8.5-18.2
Race (Age-Adjusted)			
White NH*	2,273	13.0	11.0-15.2
African American NH*	9	#	#
Asian American NH*	3	#	#
Native American NH*	17	#	#
Other Race NH*	51	##	##
Hispanic American	38	2.6	0.5-11.6
Marital Status			
Currently Married	1,692	13.7	11.3-16.4
Previously Married	422	17.5	10.6-27.4
Never Married	294	8.8	5.6-13.5
Employment			
Employed	1,307	13.3	10.8-16.4
Self-employed	519	18.1	12.8-25.0
Unemployed	60	##	##
Homemaker	5	#	#
Student	31	#	#
Retired	377	7.1	4.6-10.9
Unable to Work	107	9.7	5.3-17.1

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width >20.0.

Alcohol Misuse

The Centers for Disease Control and Prevention report that there were approximately 79,000 preventable deaths and 2.3 million years of potential life lost (YPLL), due to excessive alcohol consumption in the United States in 2005. Excessive use of alcohol is currently the third leading lifestyle-related cause of death for people in the United States each year.

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

Alcohol Use

Nearly six out of every ten respondents to the 2007-2008 Nebraska BRFSS (56.7 percent) reported consuming at least one drink of an alcoholic beverage (such as beer, wine, wine coolers, liquor or cocktails) during the past month. The proportion of respondents who described patterns of consumption indicating misuse of alcohol was much smaller.

Binge Drinking

Definition

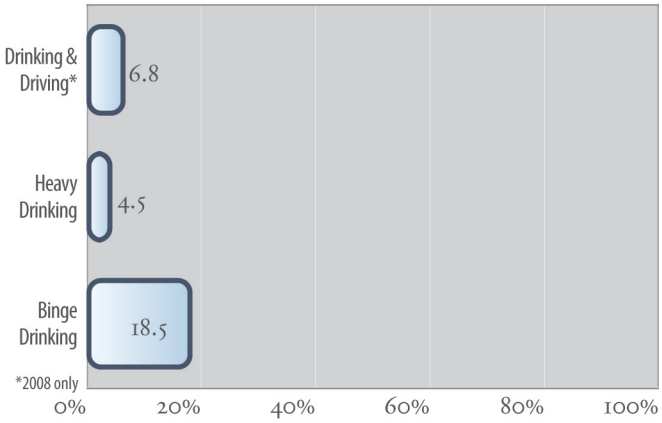
Binge Drinking: For men--five or more drinks of alcohol (beer, wine, wine coolers, cocktails, or liquor) on an occasion, one or more times during the past 30 days.

For women—four or more drinks of alcohol (beer, wine, wine coolers, cocktails, or liquor) on an occasion, one or more times during the past 30 days.

Current Prevalence

Binge drinking was much more prevalent than either heavy drinking or drinking and driving among survey respondents (Figure 133). In 2007-2008, 18.5 percent of adults in Nebraska stated that they had at least five or more alcoholic drinks (four or more for women) on at least one occasion in the past month. In contrast, only 4.5 percent reported heavy drinking and 6.8 percent said they drove a motor vehicle after drinking alcohol in the month prior to the survey.

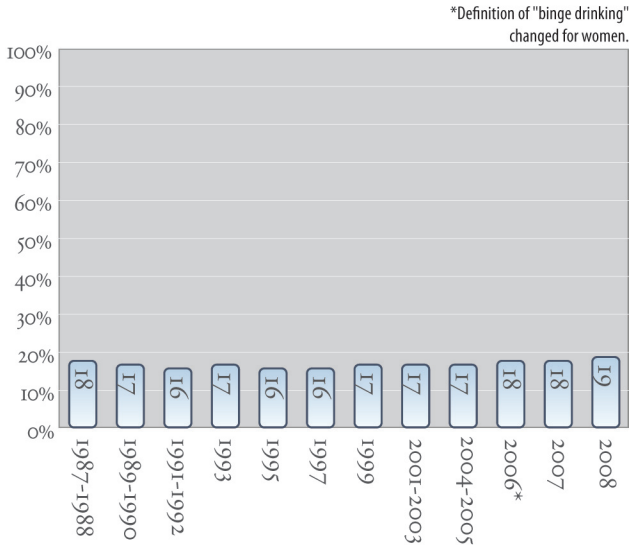
Figure 133. Prevalence of Alcohol Misuse Nebraska Adults (2007-2008)



Trend over Time

Prevalence of binge drinking among adults aged 18 and older was estimated to be 18 percent in the 1987-1988 Nebraska BRFSS (Figure 134). From 1989-1990 through 2005, the rate of binge drinking remained steady at 16 to 17 percent. With the change in the definition of binge drinking for women from "5 or more" to "4 or more" drinks on an occasion, the rate increased to 18 to 19 percent for 2006 through 2008.

Figure 134. Trend in Prevalence of Binge Drinking Nebraska Adults (1987-2008)

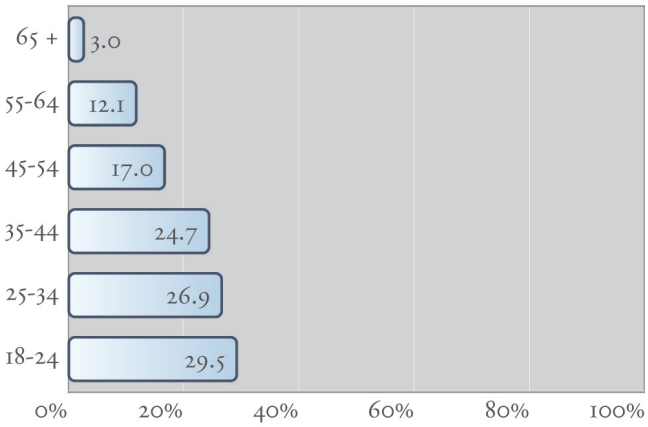


Who's at Risk in Nebraska?

Among adults aged 18 and older, men (24.7 percent) were significantly more likely than women (12.6 percent) to report binge drinking in the past 30 days (Table 43).

Significant differences were also seen in binge drinking rates by age of respondent, with younger respondents significantly more likely than older ones to report this pattern of alcohol consumption (Figure 135). Nearly three out of ten 18- to 24-year-olds (29.5 percent) indicated they had participated in binge drinking in the past month, as did 26.9 percent of respondents aged 25 to 34 and 24.7 percent of those aged 35 to 44. Binge drinking rates for all three of these age groups were significantly higher than for each of the older groups. Significant decreases in binge drinking were also noted with advancing age among the three older groups, with rates declining from 17.0 percent for persons aged 45 to 54 to only 3.0 percent for those aged 65 and older.

Figure 135. Prevalence of Binge Drinking by Age of Respondent (2007-2008)

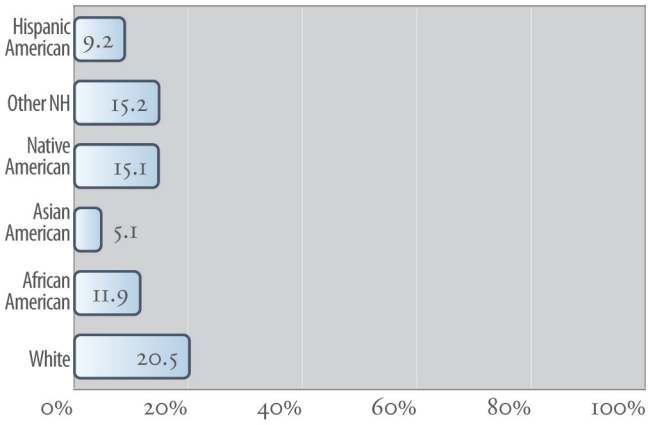


Among respondents who had not completed high school, a significantly smaller proportion engaged in binge drinking (11.3 percent), compared to persons with a high school education (18.1 percent), some college or technical training (19.6 percent) or college graduates (19.6 percent).

Respondents with annual incomes of $25,000 or more (17.6 to 25.4 percent) were significantly more likely than those earning less than $25,000 per year (10.4 to 11.6 percent) to report participating in binge drinking. Persons in the highest income bracket (25.4 percent) were also significantly more likely than respondents with incomes of $25,000 to $49,999 (17.6 percent) to binge drink.

Prevalence of binge drinking was significantly lower among Asian Americans aged 18 and older (5.1 percent) and Hispanic Americans in this age group (9.2 percent) than among non-Hispanic white Nebraskans (20.5 percent) (Figure 136).

Figure 136. Prevalence of Binge Drinking Among Adults by Race/Ethnicity (2007-2008)



Adults who had never married (26.4 percent) were significantly more likely to report binge drinking in the past month than those who were currently married (17.9 percent) or previously married (12.0 percent). Prevalence of binge drinking was also significantly higher among currently married adults, compared to those who were previously married.

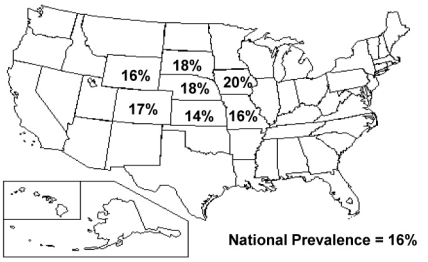
Prevalence of binge drinking was significantly lower among homemakers (7.1 percent), retirees (4.5 percent), and persons who were unable to work (7.6 percent) than among adults who were employed (22.9 percent), self-employed (22.6 percent), unemployed (22.7 percent), or students (25.1 percent).

No significant difference in prevalence of binge drinking was found by place of residence of respondents.

Nebraska and the Nation

Nebraska's binge drinking prevalence rate in 2007-2008 (18 percent) exceeded the national rate (16 percent) and the rates for the surrounding states except Iowa (20 percent) and South Dakota (18 percent) (Figure 137). Kansas (14 percent) reported the lowest rate of binge drinking of these seven states.

Figure 137. Prevalence of Binge Drinking* among Adults Aged 18 and Older (2007-2008) (Data not age-adjusted)



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

Heavy Drinking

Definition

Heavy Drinking: Average daily consumption of more than two alcoholic drinks for men and one alcoholic drink for women. Respondents were told, "One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor".

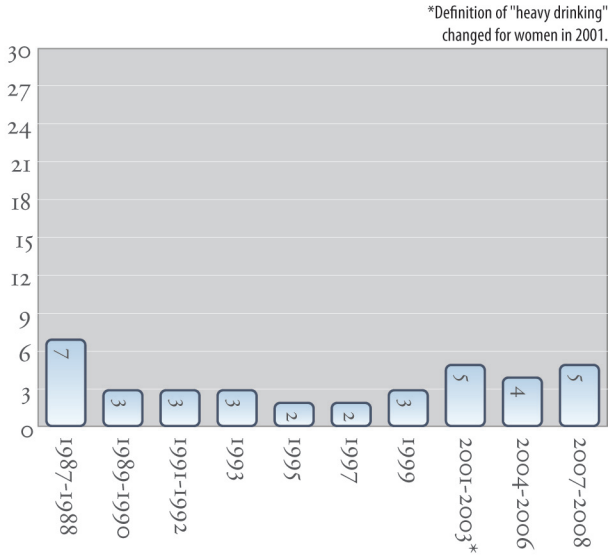
Current Prevalence

In 2007-2008, 4.5 percent of Nebraska adults were categorized as "heavy drinkers" based on the above definitions (Table 43).

Trend over Time

Prevalence of heavy drinking decreased from seven percent in the 1987-1988 BRFSS to two or three percent from 1989 through 1999 (Figure 138). In the 2001-2003 study, the definition of "heavy drinking" for women was changed from "more than two drinks per day" to "more than one drink per day," thus possibly affecting prevalence estimates. Beginning in 2001-2003 and continuing through 2007-2008, prevalence has risen and remained at 4 to 5 percent.

Figure 138. Trend in Prevalence of Heavy Drinking Nebraska Adults (1987-2008)



Who's at Risk in Nebraska?

Differences in heavy drinking prevalence between men (5.2 percent) and women (3.9 percent) were not statistically significant.

Prevalence of heavy drinking was significantly lower for persons aged 65 and older (2.2 percent) than for persons in the younger age brackets (4.8 to 5.7 percent).

The proportion of adults reporting heavy drinking was significantly higher among those with household incomes of $75,000 or more (6.0 percent) than among adults earning less than $15,000 annually (2.8 percent).

Hispanic Americans (2.0 percent) were significantly less likely than non-Hispanic whites (4.7 percent) or Native Americans (7.8 percent) to report heavy drinking.

Prevalence of heavy drinking was significantly higher for persons who had never married (6.6 percent) than for currently married (4.0 percent) or previously married (4.2 percent) adults in Nebraska.

Employed (5.4 percent) and self-employed (6.0 percent) persons were significantly more likely than homemakers (2.0 percent) or retired persons (2.3 percent) to indicate they had participated in heavy drinking in the past month.

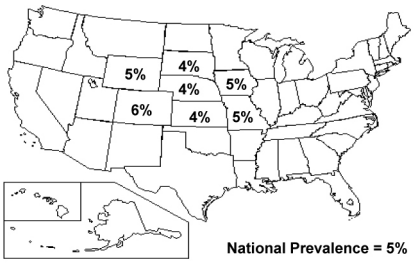
Although some variations in heavy drinking prevalence were noted by place of residence and educational level

of respondents, differences were generally not large.

Nebraska and the Nation

In 2007-2008, prevalence of heavy drinking in Nebraska (4 percent) was slightly less than the national median (5 percent) (Figure 139). Heavy drinking rates for the six surrounding states varied little, ranging from 4 percent for South Dakota and Kansas to 6 percent for Colorado.

Figure 139. Prevalence of Heavy Drinking* Among Adults Aged 18 and Older (2007-2008) (Data not age-adjusted)



*More than 2 alcoholic drinks per day for men or more than 1 per day for women in the past month.
Nebraska Department of Health and Human Services: BRFSS

Drinking and Driving

Definition

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

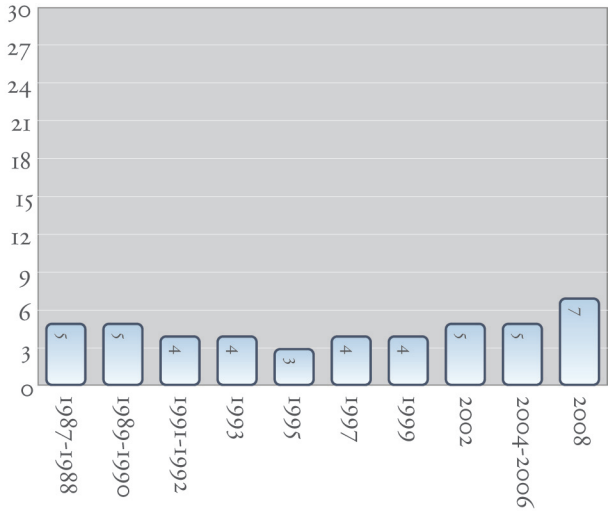
Current Prevalence

Overall, 6.8 percent of adults in the 2008 Nebraska BRFSS reported that, in the month prior to the survey, they had driven a motor vehicle after having consumed too much alcohol.

Trend over Time

The proportion of adults reporting drinking and driving decreased slightly from 5 percent between 1987-1988 and 1995, but gradually climbed back up to 5 percent for 2002 through 2006. The current rate of nearly 7 percent represents an increase from past years (Figure 140).

Figure 140. Trend in Prevalence of Drinking and Driving Nebraska Adults (1987-2008)

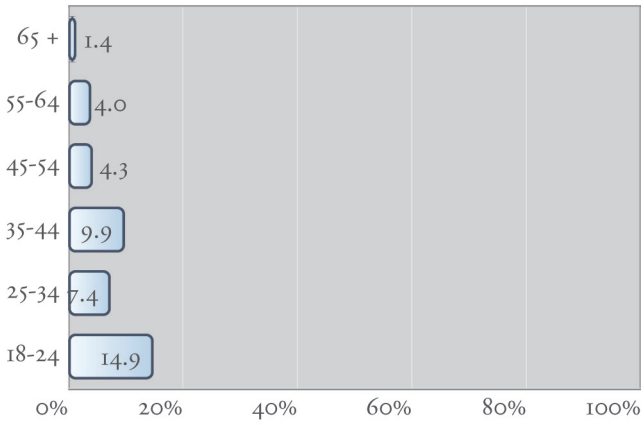


Who's at Risk in Nebraska?

Males (9.3 percent) were significantly more likely than females (3.7 percent) to report drinking and driving in the past month (Table 43).

Young adults aged 18 to 24 were the age group most likely to say they had driven after drinking too much alcohol (14.9 percent) (Figure141). This age group and respondents aged 35 to 44 (9.9 percent) reported significantly greater prevalence of drinking and driving than persons aged 45 and older (1.4 to 4.3 percent prevalence). Persons aged 25 to 34 (7.4 percent) were also significantly more likely than those aged 65 and older (1.4 percent) to report drinking and driving.

Figure 141. Prevalence of Drinking and Driving by Age of Respondent (2008)



Prevalence of drinking and driving was significantly higher among high school graduates (9.7 percent) than among persons who had not completed high school (2.6 percent).

Respondents in the middle income bracket ($25,000 to $49,999) were significantly more likely than those earning less than $15,000 annually (9.3 percent vs. 2.7 percent) to indicate they had participated in drinking and driving in the past month.

Respondents who had never married (15.4 percent) were significantly more likely than currently married (5.1 percent) or previously married (5.2 percent) adults to say they had engaged in drinking and driving in the past month.

Persons who were employed (7.7 percent) or self-employed (9.8 percent) reported significantly greater rates of drinking and driving than homemakers (0.8 percent) or retirees (1.5 percent). Self-employed respondents were also significantly more likely to drink and drive than students (1.8 percent).

No significant differences in prevalence of drinking and driving were identified by place of residence or race/ethnicity of respondents.

TABLE 43
Alcohol Consumption
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	At Least One Drink of Alcohol in Past Month			Binge Drinking			Heavy (Chronic) Drinking			Drinking and Driving (2008 Only)		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	27,060	56.7	55.4-57.9	26,680	18.5	17.4-19.6	26,587	4.5	4.0-5.1	7,992	6.8	5.6-8.4
Gender												
Male	10,328	64.4	62.5-66.3	10,099	24.7	22.9-26.5	10,064	5.2	4.4-6.1	3,693	9.3	7.4-11.7
Female	16,732	49.3	47.7-50.9	16,581	12.6	11.4-13.9	16,523	3.9	3.2-4.7	4,299	3.7	2.3-5.8
Age												
18-24	778	57.3	51.2-63.3	764	29.5	24.1-35.6	761	5.7	3.5-9.1	234	14.9	7.8-26.6
25-34	2,607	60.2	56.7-63.5	2,569	26.9	24.0-30.0	2,563	5.1	3.7-6.9	959	7.4	5.1-10.6
35-44	4,011	65.6	63.1-68.1	3,957	24.7	22.3-27.3	3,939	4.8	3.7-6.1	1,388	9.9	7.3-13.4
45-54	5,457	62.1	59.9-64.3	5,374	17.0	15.3-18.8	5,371	5.1	4.2-6.1	1,921	4.3	3.2-5.7
55-64	5,359	55.9	53.6-58.2	5,292	12.1	10.6-13.8	5,277	4.9	3.9-6.1	1,665	4.0	2.7-6.0
65+	8,714	38.9	37.1-40.6	8,597	3.0	2.4-3.8	8,554	2.2	1.6-2.9	1,792	1.4	0.7-2.8
Place of Residence												
Urban	3,926	60.0	57.7-62.2	3,881	19.4	17.5-21.5	3,865	4.7	3.8-5.8	1,371	7.7	5.5-10.7
Rural	23,134	53.3	52.4-54.2	22,799	17.5	16.8-18.3	22,722	4.4	4.0-4.8	6,621	5.9	5.1-6.7
Education												
<High School	2,262	30.5	26.4-34.9	2,228	11.3	8.7-14.5	2,223	2.9	1.6-5.1	337	2.6	1.2-5.7
High School	10,018	50.0	47.7-52.3	9,835	18.1	16.1-20.2	9,804	4.8	3.8-5.9	2,615	9.7	6.6-14.0
Some College	7,577	59.4	57.0-61.6	7,486	19.6	17.7-21.6	7,457	4.6	3.8-5.4	2,349	6.8	4.8-9.6
College Degree	7,166	66.5	64.4-68.5	7,096	19.6	17.7-21.6	7,070	4.6	3.7-5.9	2,685	5.4	3.8-7.6
Income												
Under $15,000	2,467	32.2	27.5-37.4	2,438	10.4	7.6-14.0	2,428	2.8	1.7-4.4	366	2.7	1.2-5.9
$15,000 - $24,999	4,351	37.8	34.8-41.0	4,286	11.6	9.5-14.1	4,280	5.0	3.2-7.6	906	5.5	2.9-10.0
$25,000 - $49,999	7,967	54.2	51.9-56.4	7,881	17.6	15.6-19.6	7,856	4.3	3.5-5.3	2,420	9.3	6.1-13.9
$50,000 - $74,999	4,255	63.7	60.6-66.8	4,206	21.8	19.2-24.5	4,193	4.2	3.4-5.3	1,609	5.6	4.1-7.7
$75,000 +	4,810	74.3	72.0-76.4	4,762	25.4	23.0-28.0	4,752	6.0	4.8-7.3	2,058	7.6	5.3-10.8

TABLE 43
Alcohol Consumption
Nebraska Adults (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	At Least One Drink of Alcohol in Past Month			Binge Drinking			Heavy (Chronic) Drinking			Drinking and Driving (2008 Only)		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Race (Age Adjusted)												
White NH*	25,006	59.9	58.6-61.3	24,671	20.5	19.3-21.8	24,587	4.7	4.2-5.4	7,580	7.1	5.6-8.9
African American NH*	189	33.4	24.8-43.3	183	11.9	6.5-21.0	184	4.2	1.2-14.0	39	#	#
Asian American NH*	87	##	##	84	5.1	1.7-14.6	85	0.0	--	18	#	#
Native American NH*	193	##	##	188	15.1	9.6-22.8	189	7.8	4.2-13.8	42	#	#
Other Race NH*	390	46.7	37.6-56.0	382	15.2	8.2-26.5	378	6.4	2.3-16.8	97	2.8	1.2-6.7
Hispanic American	1,007	34.8	29.6-40.3	993	9.2	6.9-12.2	989	2.0	1.1-3.6	157	3.8	1.5-9.0
Marital Status												
Currently Married	16,796	60.4	59.0-61.7	16,573	17.9	16.7-19.1	16,513	4.0	3.5-4.6	5,506	5.2	4.2-6.4
Previously Married	7,529	43.4	41.2-45.7	7,430	12.0	10.4-13.8	7,394	4.2	3.3-5.3	1,688	5.1	2.9-8.6
Never Married	2,696	54.4	50.1-58.6	2,641	26.4	22.7-30.4	2,645	6.6	4.8-9.0	786	15.4	9.8-23.2
Employment												
Employed	12,919	65.3	63.6-66.9	12,711	22.9	21.4-24.5	12,684	5.4	4.6-6.3	4,558	7.7	5.9-9.8
Self-employed	3,229	62.3	59.0-65.4	3,190	22.6	19.7-25.7	3,168	6.0	4.5-8.0	1,166	9.8	6.9-13.8
Unemployed	565	55.2	47.1-63.0	556	22.7	16.2-30.9	552	4.0	2.3-6.9	164	##	##
Homemaker	2,120	36.7	32.8-40.8	2,103	7.1	5.0-9.8	2,095	2.0	1.2-3.2	454	0.8	0.3-2.0
Student	339	47.5	37.9-57.3	336	25.1	17.5-34.6	334	2.9	1.4-6.1	94	1.8	0.5-6.6
Retired	6,606	40.7	38.6-42.7	6,519	4.5	3.6-5.6	6,490	2.3	1.6-3.1	1,406	1.5	0.7-3.2
Unable to Work	1,240	22.8	18.5-27.7	1,226	7.6	4.6-12.5	1,226	4.3	1.8-10.0	142	3.6	0.7-17.6

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width >20.0.

Breast Cancer Screening

Breast cancer is the most frequently diagnosed cancer among women in the United States and in Nebraska. Breast cancer ranks second only to lung cancer as a cause of cancer deaths among women. In Nebraska, this disease caused the deaths of 232 women in 2007.

According to the American Cancer Society, mammography is very valuable as an early detection tool because it can identify breast cancer at an early stage, usually before physical symptoms develop. Studies have shown that early detection saves lives and increases treatment options.

The American Cancer Society recommends that women aged 40 and older have a mammogram each year. Clinical breast exams are recommended every three years for women in their twenties and thirties and annually for women aged 40 and older. All women should perform monthly breast self-examinations.

Ever Had a Mammogram

Definition

Ever Had a Mammogram: Women in the survey were read a statement describing a mammogram as "an x-ray of each breast to look for breast cancer." They were then asked if they "ever had a mammogram."

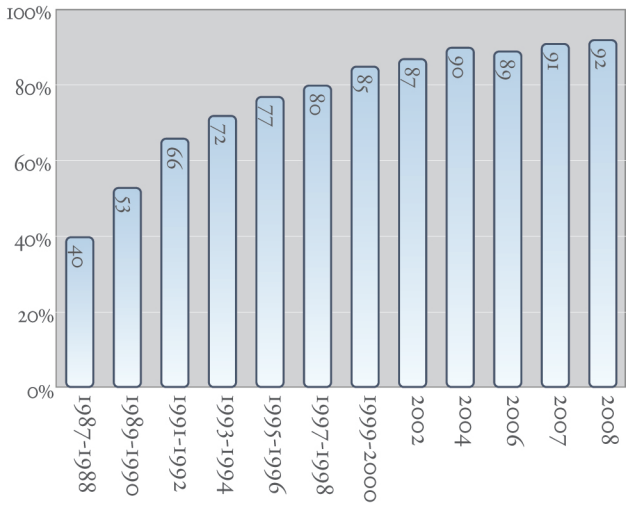
Current Prevalence

The majority of women aged 40 and older (91.2 percent) in 2007-2008 reported ever having a mammogram (Table 44). However, 8.8 percent were at risk because they never had this recommended screening.

Trend over Time

The proportion of Nebraska women aged 40 and older who ever had a mammogram has more than doubled since 1987-1988 when only 40 percent said they ever had this screening performed (Figure 142). Screening rates have remained near 90 percent since 2004.

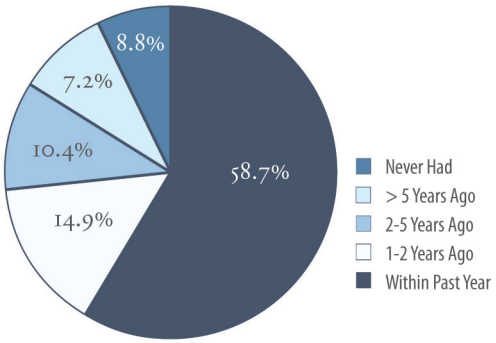
Figure 142. Trend in Proportion of Women Aged 40+ Who Ever Had a Mammogram (1987-2008)



Length of Time Since Last Mammogram

In 2007-2008, 58.7 percent of all female respondents aged 40 and over had a mammogram within the past year (Figure 143). An additional 14.9 percent had this exam one to two years ago, while it had been two to five years for 10.4 percent of respondents. For the remaining women, it had been more than five years (7.2 percent) or they had never had a mammogram (8.8 percent).

Figure 143. Time Since Last Mammogram Women Aged 40+ (2007-2008)

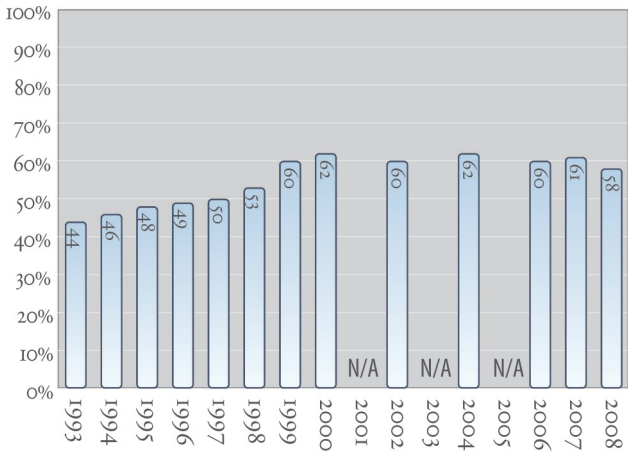


Trend in Mammograms in Past Year

The proportion of women in this age group who have had a mammogram in the last year has increased considerably since the BRFSS began tracking prevalence, moving from 44 percent in 1993 to about 60 percent in 1999 through 2007 (Figure 144). The 2008 rate of 58

percent represents a slight decrease from these earlier rates.

Figure 144. Trend in Proportion of Women Aged 40+ Who Had Mammogram in Past Year (1993-2008)



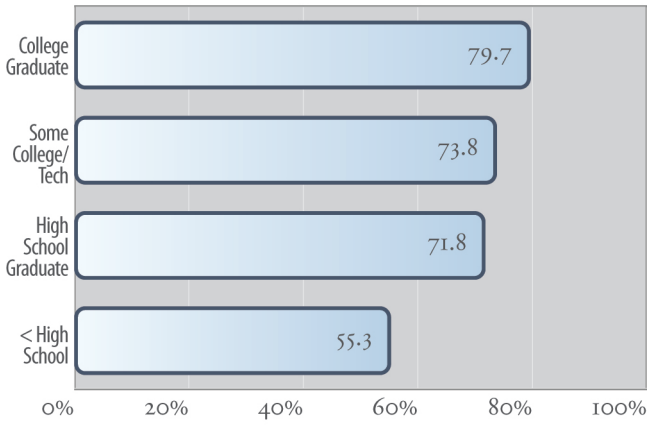
Who Has Received Screening in the Past Two Years?

More than three-fourths of female respondents aged 55 to 64 (79.4 percent) reported having a mammogram in the past two years (Table 44). This screening rate is significantly higher than the rates for women aged 65 and older (73.2 percent) and those aged 40 to 44 (62.6 percent). Among women aged 45 to 54, 75.2 percent had a mammogram within the last two years.

Women living in urban counties in Nebraska (77.2 percent) were significantly more likely than those living in rural counties in the state (70.4 percent) to report having a mammogram in the past two years.

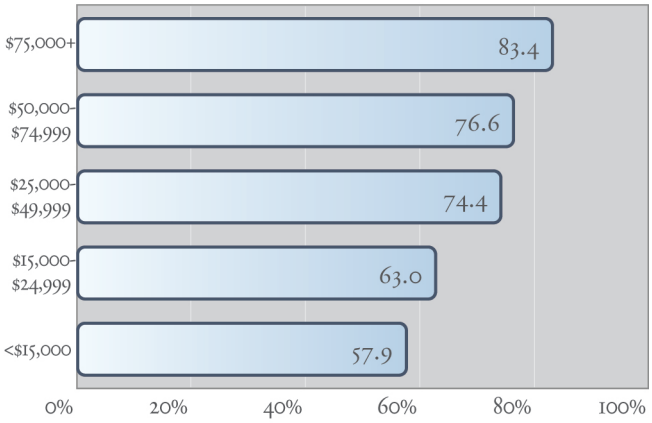
Women with college degrees (79.7 percent) were significantly more likely than female respondents with less education to have had a mammogram during the past two years (Figure 145). High school graduates (71.8 percent) and women with some college (73.8 percent) were also significantly more likely to have this screening within the last two years than females who had not completed high school (55.3 percent).

Figure 145. Women Aged 40+ Who Had Mammogram in Past Two Years by Educational Level (2007-2008)



Screening rates for women aged 40 and older with annual household incomes of $25,000 to $49,999 (74.4 percent), $50,000 to $74,999 (76.6 percent), and $75,000 or more (83.4 percent) were significantly higher than rates for women with lower incomes (Figure 146). About six in every ten women earning less than $15,000 per year (57.9 percent) and 63.0 percent of those with incomes of $15,000 to $24,999 had a mammogram in the past two years.

Figure 146. Women Aged 40+ Who Had Mammogram in Past Two Years by Household Income (2007-2008)



Currently married women (76.6 percent) were significantly more likely than women who were previously married (67.2 percent) to say they had this screening within the last two years.

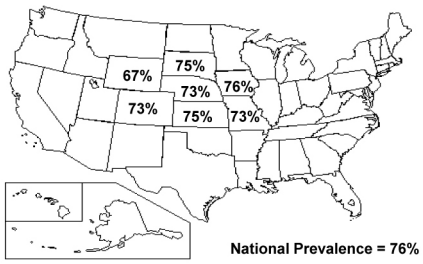
Women who were currently unable to work (60.8 percent) were significantly less likely to have a

mammogram in the past two years, compared to employed women (75.6 percent), homemakers (74.4 percent), or retired women (73.7 percent).

Nebraska and the Nation

The proportion of women aged 40 and older who had a mammogram in the past two years was lower in Nebraska (73 percent), compared to the national median of 76 percent in 2008 (Figure 147). Of the surrounding states, only Iowa (76 percent) matched the national median, followed by South Dakota (75 percent) and Kansas (75 percent). The remaining states reported lower screening rates ranging from 67 percent in Wyoming to 73 percent in Missouri and Colorado.

Figure 147. Had Mammogram in Past Two Years Women Aged 40 and Older (2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives

	Proportion of women aged 40+ who've had a mammogram in the past two years. (Data are not age-adjusted)
Nebraska 2010 Target	75%
Nebraska BRFSS 2007	72.7%
US BRFSS 2007	76.0%
US 2010 Target	75%

Clinical Breast Exams

Definition

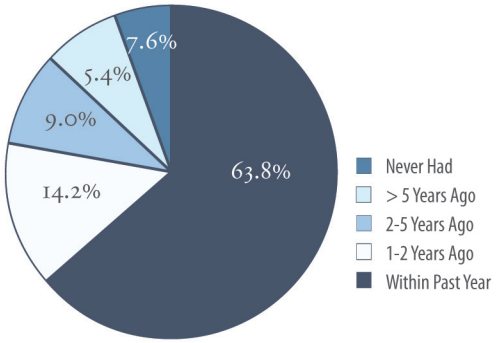
Women in this survey were read the following description of a clinical breast exam: "A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps." They were then asked if they ever had a clinical breast exam.

Current Prevalence

Nine out of ten women aged 18 or older in the 2007-2008 Nebraska BRFSS (92.4 percent) said they had at some time had a clinical breast examination (CBE).

More than six out of ten female respondents in this age group (63.8 percent) reported having a CBE in the last 12 months (Figure 148). An additional 14.2 percent had this exam one to two years ago, while 9.0 percent indicated it had been two to five years since their last CBE. For 5.4 percent of women, it had been five or more years. Only 7.6 percent stated they had never had this kind of an exam.

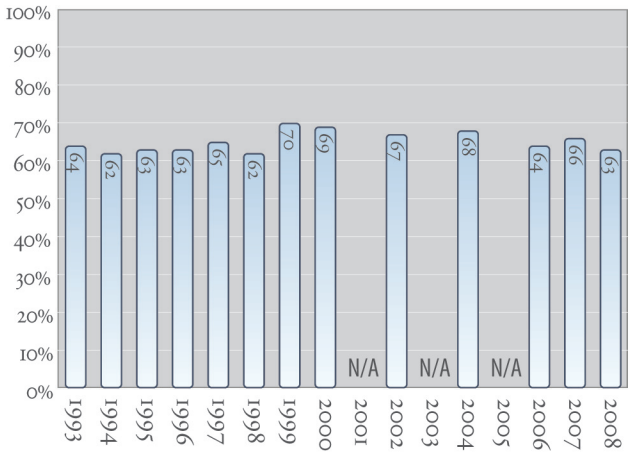
Figure 148. Time Since Last Clinical Breast Exam Women Aged 18+ (2007-2008)



Trend over Time

The proportions of women aged 18 and over who stated they had a CBE in the past year were lower in 2007 (66 percent) and 2008 (63 percent) than rates recorded for 1999 through 2004 (67 to 70 percent) (Figure 149).

Figure 149. Trend in Proportion of Women Aged 18+ Who Had CBE* in Past Year (1993-2008)



Who Has Received Screening?

The proportion of women aged 65 and older who had their last CBE within the past 12 months (55.4 percent) was significantly lower than the proportion of women aged 25 to 64 (64.9 to 68.5 percent) (Table 44).

Urban women (68.1 percent) were significantly more likely than rural women (59.4 percent) to indicate they had a CBE during the 12 months preceding the survey.

Compared to women with less education, a significantly greater proportion of women with college degrees (73.7 percent) reported having a CBE in the past year. Respondents who had graduated from high school (58.2 percent) or had some college or technical training (63.0 percent) were significantly more likely than women who had not finished high school (44.1 percent) to have had a CBE this recently.

The proportion of women who had a CBE in the past year increased significantly with increasing household income. Women with annual household incomes under $15,000 (50.6 percent) were significantly less likely than those with incomes of $25,000 or more to say they had this exam in the last 12 months. Screening prevalence was also significantly lower among respondents earning $15,000 to $24,999 (53.1 percent) than among women with incomes of $50,000 or more. Among women with incomes of $25,000 or more, screening rates increased significantly with each higher income bracket, ranging from 60.6 percent for persons in the $25,000 to $49,999 bracket to 78.1 percent for women in the $75,000 and higher bracket.

Non-Hispanic white women (64.4 percent) were significantly more likely than Hispanic American women (53.4 percent) to report having a CBE within the last 12 months.

Prevalence of CBE screening in the past year was significantly greater among currently married women (68.1 percent) than among previously married (54.8 percent) or never married (57.4 percent) women.

Women who were employed at the time of the survey (67.7 percent) were significantly more likely than retired (55.2 percent) women to say they had a CBE in the last 12 months. Self-employed women (64.2 percent) and homemakers (64.5 percent) were also significantly more likely than retired women to report having this exam in the past year.

TABLE 44
Women's Health: Breast Cancer Screening
Nebraska Women (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Ever Had a Mammogram (Women Aged 40+)			Had a Mammogram Within Past 2 Years (Women Aged 40+)			Had Clinical Breast Exam in Past Year (Women Aged 18+)		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	10,608	91.2	90.3-92.1	10,523	73.6	72.1-75.1	12,986	63.8	62.0-65.4
Age									
18-24	--	--	--	--	--	--	340	##	##
25-34	--	--	--	--	--	--	1,278	68.4	64.1-72.4
35-44	985	77.6	73.3-81.4	983	62.6	57.5-67.4	1,870	67.3	64.0-70.6
45-54	2,561	92.6	90.5-94.3	2,555	75.2	72.1-78.0	2,546	64.9	61.7-68.0
55-64	2,460	95.5	94.4-96.3	2,446	79.4	76.7-81.9	2,435	68.5	65.6-71.3
65+	4,602	93.2	92.0-94.1	4,539	73.2	70.9-75.3	4,456	55.4	52.9-57.9
Place of Residence									
Urban	1,471	93.0	91.0-94.6	1,462	77.2	74.2-80.0	1,914	68.1	64.8-71.2
Rural	9,137	89.6	88.8-90.4	9,061	70.4	69.2-71.5	11,072	59.4	58.1-60.6
Education									
<High School	849	84.2	77.6-89.1	834	55.3	48.5-62.0	1,037	44.1	37.9-50.6
High School	4,235	91.7	90.3-92.8	4,197	71.8	69.4-74.1	4,699	58.2	55.1-61.3
Some College	3,095	91.4	89.6-92.9	3,077	73.9	71.1-76.5	3,863	63.0	59.8-66.0
College Degree	2,419	92.2	90.1-93.8	2,405	79.7	76.9-82.3	3,374	73.7	70.8-76.4
Income									
Under $15,000	1,199	87.1	84.3-89.4	1,181	57.9	52.7-62.9	1,342	50.6	44.2-56.8
$15,000 - $24,999	1,974	87.8	84.1-90.8	1,959	63.0	58.8-67.0	2,315	53.1	48.4-57.6
$25,000 - $49,999	2,862	92.1	90.5-93.4	2,854	74.4	71.6-77.0	3,591	60.6	57.5-63.7
$50,000 - $74,999	1,441	91.1	88.6-93.1	1,436	76.6	72.8-80.0	1,920	71.3	68.0-74.3
$75,000 +	1,496	94.8	92.6-96.4	1,492	83.4	80.0-86.3	2,004	78.1	75.0-80.9
Race (Age Adjusted)									
White NH*	10,086	86.0	83.8-88.0	10,007	69.8	67.3-72.1	12,038	64.4	62.4-66.4
African American NH*	58	93.7	83.2-97.8	57	##	##	87	##	##
Asian American NH*	32	#	#	32	#	#	38	#	#
Native American NH*	50	##	##	49	##	##	87	##	##
Other Race NH*	125	##	##	124	##	##	157	##	##
Hispanic American	238	##	##	236	##	##	495	53.4	44.8-61.7
Marital Status									
Currently Married	5,903	91.9	90.6-93.0	5,875	76.6	74.8-78.4	7,535	68.1	66.3-69.9
Previously Married	4,157	90.8	89.2-92.1	4,104	67.2	64.4-69.9	4,328	54.8	51.8-57.8
Never Married	532	85.1	79.4-89.4	529	71.4	64.4-77.4	1,103	57.6	50.7-64.3
Employment									
Employed	4,497	90.3	88.6-91.8	4,482	75.6	73.2-77.8	6,088	67.7	65.2-70.2
Self-employed	773	90.3	86.2-93.3	769	70.9	65.5-75.7	960	64.2	59.0-69.0
Unemployed	184	85.8	76.6-91.8	182	##	##	274	##	##
Homemaker	1,228	91.5	89.0-93.5	1,219	74.4	70.3-78.1	1,641	64.5	60.4-68.4
Student	18	#	#	18	#	#	163	##	##
Retired	3,332	93.8	92.6-94.9	3,287	73.7	70.9-76.3	3,244	55.2	52.2-58.1
Unable to Work	563	90.4	86.6-93.2	555	60.8	53.4-67.8	601	58.9	51.9-65.6

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width >20.0.

Cervical Cancer Screening

The American Cancer Society estimates that 4,070 women in the United States will die as a result of cervical cancer in 2009. In Nebraska, there were 15 deaths due to cervical cancer in 2007.

Pap tests are used to detect cervical cancer in women. Early cervical pre-cancers or cancers often have no signs or symptoms, so it is important for women to have regular Pap tests. The American Cancer Society recommends that women who are, or have been, sexually active or have reached 21 years of age should have a Pap test performed annually, along with a pelvic exam. At or after age 30 and after three or more consecutive annual exams with normal results, the Pap test may be performed less frequently at the discretion of the physician.

Infection with the human papilloma virus (HPV) is an important risk factor for development of cervical cancer. Vaccines are now available to protect people against certain types of HPV, although they are not effective in treating these infections. The American Cancer Society states that these vaccines do not protect against all cancer-causing types of HPV, so Pap tests are still necessary.

Ever Had a Pap Test

Definition

Female respondents were read this description of a Pap test: "A Pap test is a test for cancer of the cervix." They were then asked if they "ever had a Pap test."

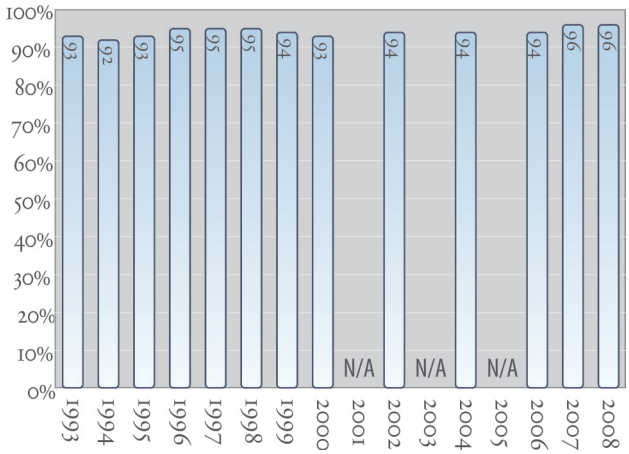
Current Prevalence

In the 2007-2008 survey, 95.8 percent of women aged 18 and older reported having a Pap test at some time in their lives (Table 45).

Trend over Time

The proportion of women who had ever had a Pap test has varied little since 1993 (Figure 150), ranging from 92 to 96 percent.

Figure 150. Trend in Proportion of Women Aged 18+ Who Ever Had Pap Test (1993-2008)



Had a Pap Test in the Past Three Years

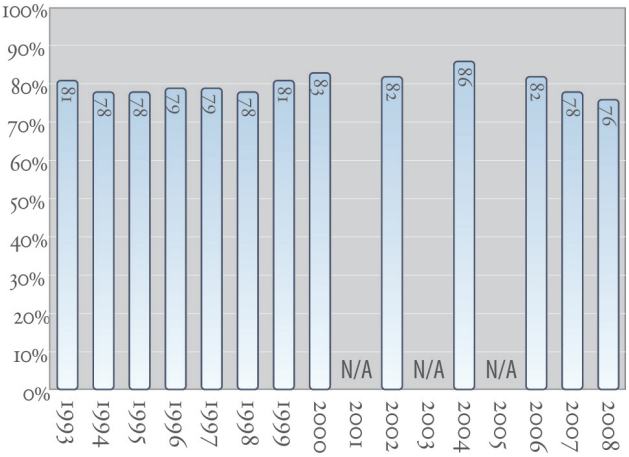
Current Prevalence

The majority of women participating in the 2007-2008 BRFSS (76.9 percent) reported that they had this test performed within the past three years (Table 45).

Trend over Time

The proportion of women aged 18 and older who had a Pap test in the last three years surpassed 80 percent each year since 1999, until the current study when the screening rate declined to 77 percent (Figure 151).

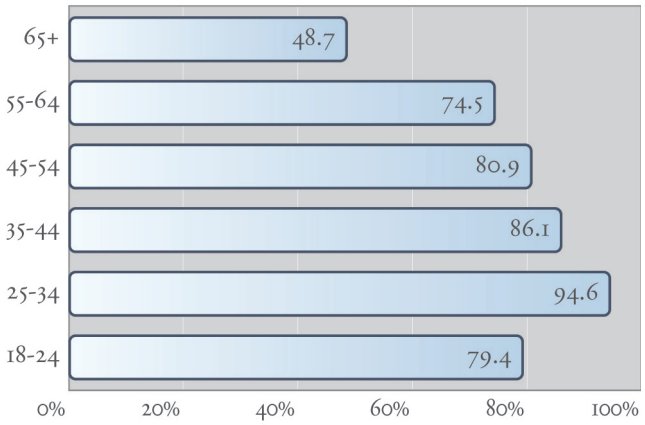
Figure 151. Trend in Proportion of Women Aged 18+ Who Had Pap Test in Past 3 Years (1993-2008)



Who Has Received Screening in the Past Three Years?

The proportion of women who reported having a Pap test in the past three years decreased significantly with advancing age bracket of respondent after age 34 (Figure 152). The screening rate was significantly higher for women aged 25 to 34 (94.6 percent) than for all older age categories. In fact, the proportion of women who had a Pap test in the last three years decreased significantly with each higher age bracket. The screening rate dropped off sharply for women aged 65 and older, with less than one-half (48.7 percent) stating they had this test in the past three years.

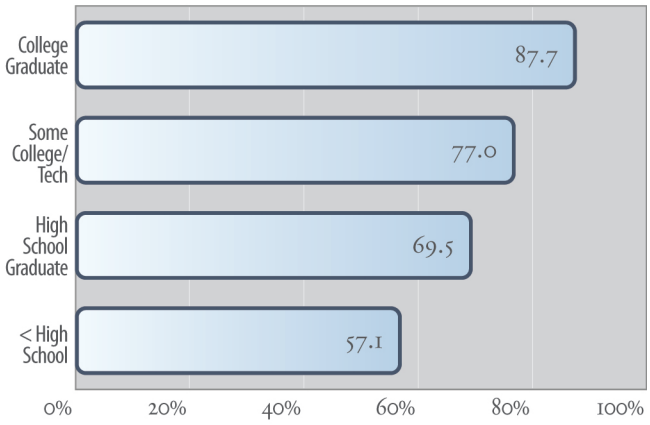
Figure 152. Proportion of Women Who Had Pap Test in Past 3 Years by Age of Respondent (2007-2008)



Women in urban counties (81.1 percent) were significantly more likely than those living in rural areas (72.7 percent) of Nebraska to report having a Pap test in the last three years.

The screening rate for college graduates (87.7 percent) was significantly higher than rates for women at each of the lower educational levels, with rates declining significantly with each lower level of education (Figure 153). Among female respondents with some college or technical training, 77.0 percent reported having a Pap test in the past three years, while 69.5 percent of women with high school diplomas had this exam during this time period. Among women who had not completed high school, 57.1 percent had this screening within the last three years.

Figure 153 Proportion of Women Who Had Pap Test in Past Three Years by Educational Level (2007-2008)



The proportion of women who had a Pap test in the past three years was significantly higher among those with incomes of $50,000 to $74,999 (85.2 percent) or $75,000 or more (89.7 percent) than the proportions reported for women with household incomes below $50,000 per year. Female respondents with incomes of $25,000 to $49,999 (76.7 percent) were also significantly more likely than those earning less than $25,000 annually (58.9 to 64.7 percent) to have had this test in the three years preceding the survey.

A significantly larger proportion of currently married women (82.2 percent) reported having this exam in the past three years, compared to women who were previously (59.8 percent) married. Women who had never married (77.2 percent) were also significantly more likely than previously married women to report having this screening in the past three years.

Employed women (84.9 percent) were significantly more likely than women who were self-employed (76.5 percent), unable to work (61.8 percent), or retired (48.7 percent) to say they had a Pap test in the last three years. Women who were homemakers (81.2 percent) or self-employed were also significantly more likely to report having this exam than women who were unable to work or retired. Unemployed women (77.2 percent) and female students (76.3 percent) were significantly more likely than retired women to have a Pap test within the past three years.

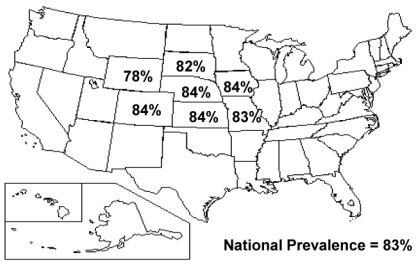
Differences in screening rates by race/ethnic origin of respondents were not statistically significant.

Nebraska and the Nation

The proportion of women aged 18 and older in Nebraska who had a Pap test in the past three years (84 percent) was near the national median (83 percent) in 2008 (Figure 154). In comparison, Wyoming (78 percent) reported a lower rate. Screening prevalence rates for the remaining states were near the median, ranging from 82 percent in South Dakota to 84 percent in Iowa, Kansas and Colorado.

Please note that the Nebraska rate used here (84 percent) represents prevalence of Pap tests only among women aged 18 and older who have *not* had a hysterectomy. The rate cited earlier in this section (76.9 percent) represents prevalence among *all* women in this age group. It was necessary to use the higher rate here for comparability to rates for other states and the U.S.

Figure 154. Had Pap Test in Past 3 Years Women Aged 18+ (2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives

	Proportion of women aged 18+ who had a Pap test in the past three years. (Data are not age-adjusted)
Nebraska 2010 Target	90%
Nebraska BRFSS 2007	83.7%
US BRFSS 2007	82.8%
US 2010 Target	90%

TABLE 45
Women's Health: Pap Tests
Nebraska Women Aged 18+ (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Ever Had a Pap Test			Had a Pap Test in Past 3 Years		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	13,152	95.8	94.8-96.7	12,942	76.9	75.6-78.2
Age						
18-24	341	79.4	70.4-86.2	341	79.4	70.4-86.2
25-34	1,285	97.9	96.7-98.7	1,279	94.6	93.0-95.9
35-44	1,872	98.9	97.8-99.4	1,867	86.1	83.5-88.3
45-54	2,559	99.3	97.9-99.8	2,546	80.9	78.0-83.4
55-64	2,456	98.7	97.7-99.3	2,439	74.5	71.7-77.2
65+	4,576	94.3	93.3-95.1	4,409	48.7	46.2-51.2
Place of Residence						
Urban	1,939	96.2	94.1-97.6	1,914	81.1	78.6-83.4
Rural	11,213	95.5	94.7-96.1	11,028	72.7	71.6-73.8
Education						
<High School	1,067	87.1	79.9-92.0	1,032	57.1	50.4-63.6
High School	4,777	95.2	93.1-96.7	4,686	69.5	66.9-72.0
Some College	3,899	96.1	94.2-97.4	3,841	77.0	74.5-79.3
College Degree	3,396	98.1	96.6-99.0	3,370	87.7	85.8-89.4
Income						
Under $15,000	1,375	91.8	88.1-94.3	1,332	58.9	53.0-64.6
$15,000 - $24,999	2,340	95.0	92.6-96.7	2,302	64.7	60.6-68.5
$25,000 - $49,999	3,613	97.3	96.2-98.2	3,581	76.7	74.2-79.0
$50,000 - $74,999	1,933	98.5	96.2-99.4	1,923	85.2	82.6-87.4
$75,000 +	2,006	98.6	96.2-99.5	2,003	89.7	87.2-91.7
Race (Age-Adjusted)						
White NH*	12,185	95.4	94.0-96.5	11,988	78.4	76.8-79.9
African American NH*	88	97.4	90.3-99.3	88	78.7	67.7-86.7
Asian American NH*	40	#	#	40	#	#
Native American NH*	86	85.3	83.6-98.8	84	81.5	69.6-89.4
Other Race NH*	161	##	##	158	##	##
Hispanic American	502	93.1	89.4-95.6	498	72.1	63.9-79.1
Marital Status						
Currently Married	7,593	98.7	98.2-99.0	7,534	82.2	80.9-83.5
Previously Married	4,426	95.4	94.4-96.3	4,296	59.8	57.0-62.6
Never Married	1,112	84.8	78.9-89.3	1,091	77.2	71.4-82.2
Employment						
Employed	6,122	97.0	95.1-98.1	6,092	84.9	83.0-86.6
Self-employed	964	97.5	94.9-98.8	957	76.5	72.0-80.4
Unemployed	275	93.3	88.0-86.3	272	77.2	67.9-84.5
Homemaker	1,664	97.4	96.1-98.2	1,620	81.2	78.3-83.8
Student	164	78.0	66.8-86.2	164	76.3	65.0-84.8
Retired	3,333	95.1	94.1-95.8	3,220	48.7	45.8-51.6
Unable to Work	613	93.5	85.5-97.2	601	61.8	54.4-68.7

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.

Prostate Cancer Screening

Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) among males in the United States. It is estimated that more than 192,280 new cases of prostate cancer will be diagnosed in the United States in 2009. Although deaths due to prostate cancer have been declining in recent years, this disease is expected to result in 27,360 deaths nationwide in 2009. The American Cancer Society estimates that there will be 1,410 new cases of prostate cancer diagnosed due to this form of cancer in Nebraska in 2009.

There has been a lack of consensus about the usefulness of prostate cancer screening. Two methods are commonly used. The digital rectal exam (DRE) has been used for years as a screening test, but its ability to detect prostate cancer is limited. The prostate-specific antigen (PSA) test measures the level of PSA in the blood. The level of PSA can rise naturally as men age or if prostate abnormalities are present.

Currently, the American Cancer Society recommends that the PSA test and the digital rectal exam be offered annually, beginning at age 50, to men who have a life expectancy of at least 10 years. Men at high risk (African American men and men with a strong family history of prostate cancer at an early age) should begin testing at age 45. Information should be provided about the benefits and limitations of early detection and treatment of prostate cancer so that men can make an informed decision about testing.

Prostate-Specific Antigen (PSA) Testing

Definitions

Ever Had a PSA Test: "Yes" to the question, "A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?"

Last PSA Test: Responses to the question, "How long has it been since you had your last PSA test?"

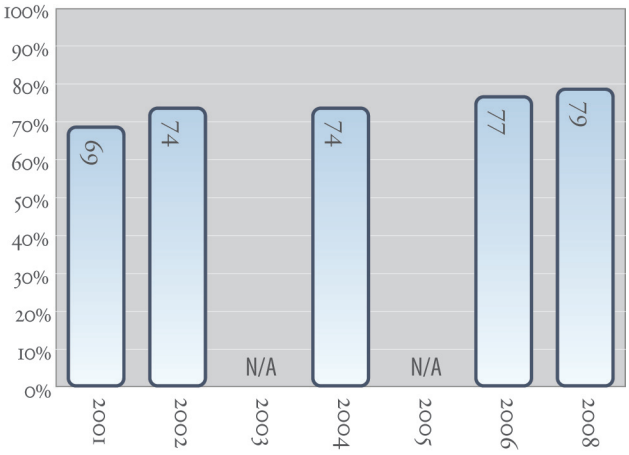
Ever Had a PSA Test

Overall, 78.7 percent of men aged 50 and older in the 2008 Nebraska BRFSS reported ever having a PSA test.

Trend over Time

The proportion of men in this age group who reported ever having a PSA test increased from 69 percent in 2001 to nearly 79 percent in 2008 (Figure 155).

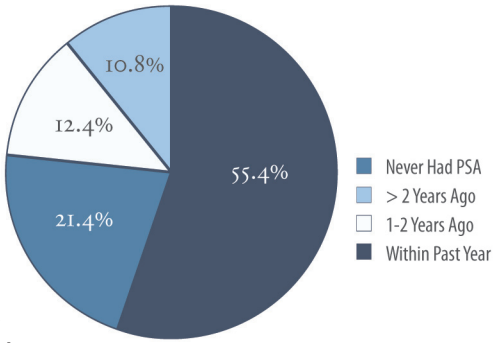
Figure 155. Trend in Proportion of Men Aged 50+ Who Ever Had Prostate-Specific Antigen (PSA) Test (2008)



Last PSA Test

More than one-half of all male respondents aged 50 and older (55.4 percent) reported having a PSA test in the last 12 months (Figure 156), while 12.4 percent had this test one to two years ago. One in ten men in this age group (10.8 percent) said it had been more than two years ago when they last had this exam. About one-fifth (21.4 percent) said they never had a PSA test to screen for possible prostate cancer.

Figure 156. Last Prostate-Specific Antigen Test Men Aged 50+ (2008)



Who Had a PSA Test in the Past Year?

Men aged 55 to 64 (57.7 percent) and those aged 65 and older (63.9 percent) were significantly more likely

than men aged 50 to 54 (38.2 percent) to say they had their last PSA test within the past 12 months (Table 46).

Men with college degrees (61.6 percent) were significantly more likely to have had a PSA test in the past year than men with a high school education (49.7 percent) or those who had not finished high school (45.9 percent). Among men with some college or technical training, 57.4 percent reported having a PSA test in the past year.

The PSA screening rate for Nebraska men aged 50 and older with annual household incomes of $75,000 or more (65.4 percent) was significantly higher than the rates for all lower income categories, except persons earning less than $15,000 annually (51.5 percent).

Men who were currently married (58.4 percent) were significantly more likely than men who were previously married (46.0 percent) or never married (34.7 percent) to say they had a PSA test in the past year.

Retired men (63.0 percent) were significantly more likely to have had this exam within the last 12 months than employed men (52.2 percent).

Differences in testing rates by place of residence or by race/ethnicity were not significant.

Digital Rectal Examination (DRE)

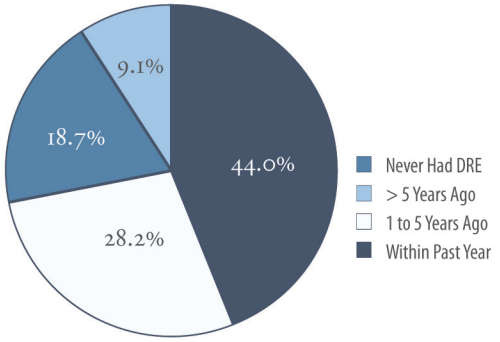
Definition

Ever Had a Digital Rectal Exam: "Yes" to the question, "A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?"

Current Prevalence

Eight out of ten men aged 50 and older (81.3 percent) in the 2008 Nebraska BRFSS reported ever having a digital rectal exam. Less than one-half of all respondents to these questions (44.0 percent) said they had a DRE within the past year, while 28.2 percent had this screening between one and five years ago (Figure 157). Nearly one-fifth (18.7 percent) stated they never had this kind of examination.

Figure 157. Last Digital Rectal Exam (DRE) Men Aged 50+ (2008)



Trend over Time

The proportion of men in this age group who ever had a DRE has remained at 81 to 83 percent from 2004 to 2008 after prevalence rates of 70 percent in 2001 and 2002 (Figure 158).

Figure 158. Trend in Proportion of Men Aged 50+ Who Ever Had Digital Rectal Exam (2001-2008)

Who Has Had a DRE in the Past Year?

A significantly greater proportion of men aged 65 and over (49.1 percent) indicated they had a DRE in the last 12 months, compared to men aged 50 to 54 (34.5 percent).

Men aged 50 and older living in urban counties (49.4 percent) were significantly more likely than those living in rural Nebraska counties (39.9 percent) to report having this exam in the past year.

College graduates (50.9 percent) were significantly more likely than men with a high school diploma (40.8

percent) or those who had not completed high school (32.6 percent) to have a DRE this recently.

A significantly greater proportion of men with household incomes of $75,000 or more per year (54.0 percent) reported having a DRE in the past 12 months, compared to respondents with lower incomes. Prevalence rates ranged from 35.9 percent among men earning less than $15,000 annually to 42.4 percent among those with incomes of $25,000 to $49,999.

The proportion of men aged 50 and older who had a DRE in the last year was significantly greater among married men (46.8 percent) than among previously (33.8 percent) or never (28.0 percent) married men.

Retired men (49.2 percent) were significantly more likely than self-employed men (39.2 percent) to report having this exam in the past 12 months.

Differences in screening rates by race or ethnic origin of respondents were not statistically significant.

TABLE 46
Men's Health: Prostate Cancer Screening
Nebraska Men Aged 50 and Older (2008)
(with 95% Confidence Intervals--SUDAAN)

	Had a PSA Blood Test in Past Year			Had a Digital Rectal Exam in Past Year		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	3,623	55.4	52.8-58.0	3,682	44.0	41.4-46.6
Age						
50-54	651	38.2	32.4-44.3	665	34.5	28.9-40.6
55-64	1,331	57.7	53.3-62.0	1,345	44.9	40.3-49.6
65+	1,641	63.9	60.3-67.4	1,672	49.1	45.5-52.7
Place of Residence						
Urban	481	56.5	50.9-61.9	496	49.4	43.9-55.0
Rural	3,142	54.7	52.6-56.7	3,186	39.9	38.0-41.9
Education						
<High School	330	45.9	38.3-53.6	343	32.6	25.6-40.5
High School	1,422	49.7	45.7-53.8	1,450	40.8	36.8-44.9
Some College	886	57.4	52.3-62.3	891	42.3	37.1-47.6
College Degree	981	61.6	56.4-66.4	994	50.9	45.8-56.1
Income						
Under $15,000	262	51.5	42.4-60.5	278	35.9	27.3-45.5
$15,000 - $24,999	533	47.6	41.3-54.0	545	36.5	30.4-43.1
$25,000 - $49,999	1,262	53.2	49.2-57.2	1,278	42.4	38.5-46.4
$50,000 - $74,999	579	51.5	44.6-58.3	591	40.2	33.8-47.0
$75,000 +	736	65.4	59.8-70.6	736	54.0	48.2-59.8
Race (Age-Adjusted)						
White NH*	3,442	55.0	52.3-57.7	3,496	43.4	40.8-46.1
African American NH*	27	#	#	25	#	#
Asian American NH*	3	#	#	3	#	#
Native American NH*	15	#	#	18	#	#
Other Race NH*	62	##	##	63	##	##
Hispanic American	53	##	##	57	##	##
Marital Status						
Currently Married	2,559	58.4	55.4-61.4	2,597	46.8	43.8-49.9
Previously Married	822	46.0	40.5-51.6	840	33.8	28.6-39.4
Never Married	241	34.7	26.5-43.9	244	28.0	20.9-36.4
Employment						
Employed	1,256	52.2	47.6-56.7	1,286	42.9	38.4-47.5
Self-employed	791	54.3	49.0-59.6	784	39.2	33.9-44.8
Unemployed	67	##	##	64	##	##
Homemaker	6	#	#	6	#	#
Student	4	#	#	4	#	#
Retired	1,314	63.0	58.8-66.9	1,343	49.2	45.2-53.3
Unable to Work	177	##	##	185	##	##

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due confidence interval width > 20.0.

Colorectal Cancer Screening

Colorectal cancer is the second leading cause of cancer deaths in Nebraska, accounting for 369 deaths in 2007. Risk factors for colorectal cancer include: increasing age, personal or family history of colorectal cancer or polyps, personal or family history of inflammatory bowel disease, physical inactivity, obesity, high alcohol consumption, and cigarette smoking.

Since about three-fourths of all colorectal cancer occurs in people with no known risk factors, regular screening is important. Screening guidelines published by the American Cancer Society state that screening for asymptomatic persons with no personal or family history of colorectal cancer or related conditions should begin at age 50. Recommended screening methods include: flexible sigmoidoscopy every five years, colonoscopy every ten years, CT colonography (virtual colonoscopy) every five years, double contrast barium enema every five years, fecal occult blood testing annually, or some combination of these approaches. In addition, guidelines advise that high-risk individuals begin screening before age 50, increase the frequency of screening, or both.

Only respondents who were 50 years of age or older were asked questions about blood stool testing and sigmoidoscopy/colonoscopy.

Sigmoidoscopy or Colonoscopy Exams

Definition

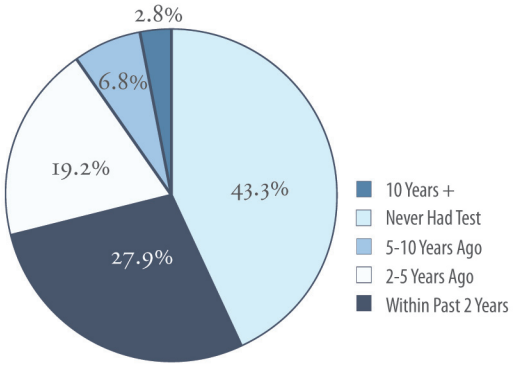
Ever Had a Sigmoidoscopy or Colonoscopy: "Yes" to the question, "Sigmoidoscopy and colonoscopy are exams in which a tube is inserted into the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?"

Current Prevalence

More than one-half of persons aged 50 and older responding to the 2007-2008 Nebraska BRFSS (57.1 percent) reported ever having a sigmoidoscopy or colonoscopy (Table 47).

More than one-fourth of all adults aged 50 and older (27.9 percent) had their last sigmoidoscopy or colonoscopy within the last two years (Figure 159). One-fifth (19.2 percent reported last having this exam between two and five years ago, while 6.8 percent said it had been five to ten years since they had this procedure done and 2.8 percent stated it was ten or more years ago. Thus, 56.7 percent of respondents had this test within the last ten years, while 43.3 percent never had either of these examinations.

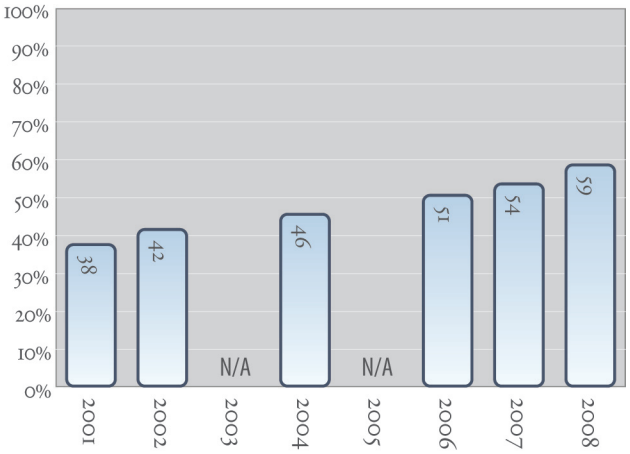
Figure 159. Time Since Last Sigmoidoscopy or Colonoscopy Respondents Aged 50+ (2007- 2008)



Trend over Time

The proportion of respondents who ever had one of these tests increased from 38 percent in the 2001 study to nearly 59 percent in 2008 (Figure 160).

Figure 160. Trend in Proportion of Adults Age 50+ Who Ever Had Sigmoidoscopy or Colonoscopy (2001-2008)



Who Has Received Screening?

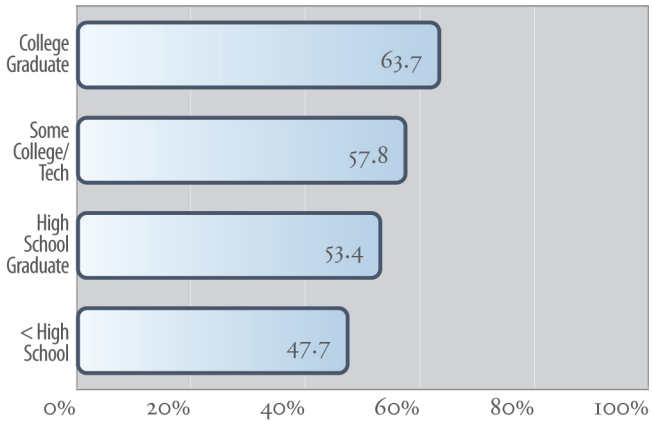
Similar proportions of men (55.9 percent) and women (58.1 percent) reported ever having a sigmoidoscopy or colonoscopy.

A significantly greater proportion of respondents aged 65 and older (65.4 percent) indicated they ever had either of these tests, compared to younger persons. The proportion of persons aged 55 to 64 who ever had a sigmoidoscopy or colonoscopy (59.0 percent) was also significantly greater than the proportion of 50- to 54-year-olds (39.1 percent).

Adults living in urban counties (64.3 percent) were significantly more likely than adults in rural counties (51.4 percent) to say they ever had these tests.

Persons with higher levels of education were significantly more likely than those with less education to say they ever had a colonoscopy or sigmoidoscopy (Figure 161). Screening rates ranged from a low of 47.7 percent among respondents who had not completed high school to a high of 63.7 percent among college graduates.

Figure 161. Proportion of Adults Aged 50+ Who Ever Had Sigmoidoscopy or Colonoscopy by Educational Level (2007-2008)



A significantly greater proportion of respondents with annual household incomes of $75,000 or more (63.7 percent) ever had a sigmoidoscopy or colonoscopy, compared to persons earning less than $50,000 per year. Persons earning $50,000 to $74,999 per year (58.4 percent) were significantly more likely than those with incomes below $15,000 (47.7 percent) to report ever having this screening.

The proportion of currently married respondents (59.3 percent) who ever had a sigmoidoscopy or colonoscopy was significantly greater than the rates for previously married (54.1 percent) or never married (39.9 percent) persons. Previously married adults were also significantly more likely than those who had never married to report ever having this screening.

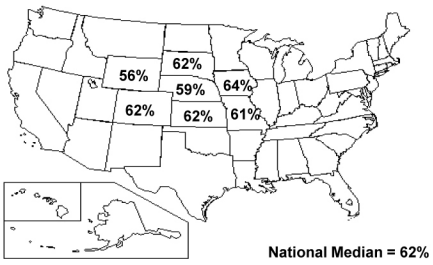
Retired persons (67.2 percent) were significantly more likely than persons in all other employment categories, except homemakers (60.5 percent), to say they ever had either of these procedures. Screening prevalence was significantly higher for homemakers than for employed (50.9 percent) and self-employed (48.7 percent) respondents.

Differences in screening rates by race/ethnicity were not statistically significant.

Nebraska and the Nation

In 2008, Nebraska (59 percent) was below the national median of 62 percent in proportion of adults aged 50 and older who ever had a sigmoidoscopy or colonoscopy exam (Figure 162). The Nebraska rate was also lower than the rates for all the surrounding states except Wyoming (56 percent).

Figure 162. Ever Had a Sigmoidoscopy or Colonoscopy Adults Aged 50 or Older (2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives

	Proportion of adults aged 50+ who ever had sigmoidoscopy or colonoscopy. (Data are not age-adjusted)
Nebraska 2010 Target	50%
Nebraska BRFSS 2007	58.6%
US BRFSS 2007	62.1%
US 2010 Target	50%

Blood Stool Testing

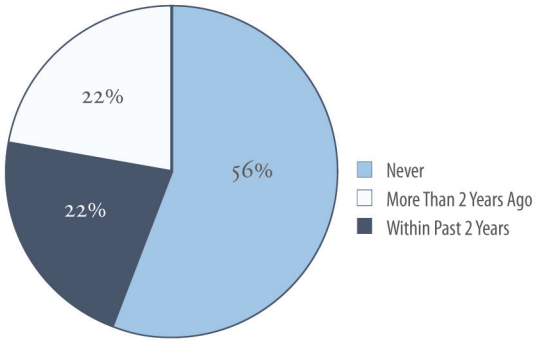
Definition

Ever Had a Blood Stool Test: "Yes" to the question, "A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?"

Current Prevalence

Of all respondents aged 50 and older in the 2007-2008 BRFSS, 44 percent reported ever having a blood stool test, using a home kit. Of adults in this age group, 22 percent stated that they had this test done within the past two years (Figure 163) and 22 percent said it had been more than two years ago. The remaining 56 percent had never had this screening done.

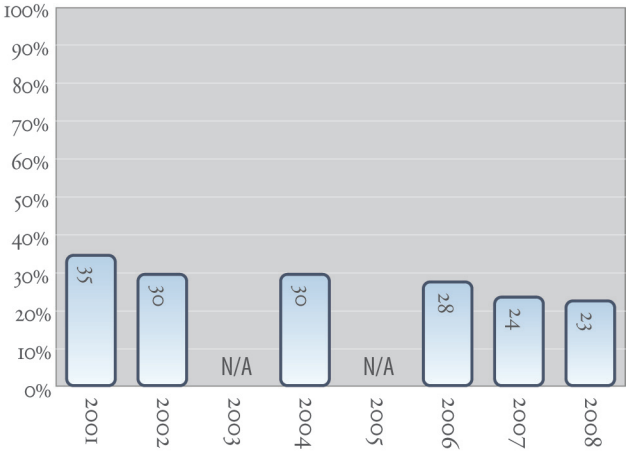
Figure 163. When Respondent Had Last Blood Stool Test Respondents Aged 50 or Older (2007-2008)



Trend over Time

The proportion of adults aged 50 and older who reported having a blood stool test in the two years prior to the survey has decreased from 35 percent in 2001 to 28 percent in 2006, then to 23 percent in 2008 (Figure 164).

Figure 164. Trend in Proportion of Adults Age 50+ Who Had Blood Stool Test in Past Two Years (2001-2008)



Who Has Received This Screening in the Past Two Years?

About one-fifth of men (21.7 percent) and 24.8 percent of women stated they had a blood stool test in the preceding two years (Table 47).

A significantly greater proportion of adults aged 65 and older (29.3 percent) stated they had used a home kit to test for blood in the stools in the last two years, compared to younger adults. Persons aged 55 to 64 (22.1 percent) were also significantly more likely to have used a blood stool test than persons aged 50 to 54 (14.9 percent).

Respondents with household incomes of $75,000 or more (20.3 percent) were significantly less likely than persons earning $15,000 to $24,999 per year (27.0 percent) to indicate that they used a blood stool test within the past two years.

Non-Hispanic white adults (23.1 percent) were significantly more likely than Hispanic Americans (10.4 percent) in Nebraska to indicate they had a blood stool test in the last two years.

Retired persons (30.5 percent) were significantly more likely than employed (19.5 percent), self-employed

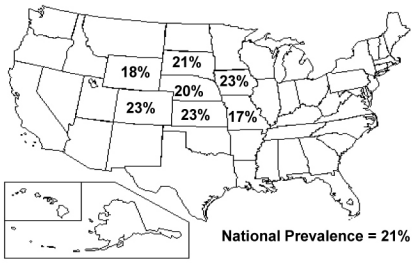
(15.2 percent), or unemployed (17.2 percent) respondents to say they had this test during the two years preceding the survey. Significantly greater proportions of homemakers (24.5 percent) and persons who were unable to work (25.1 percent) also reported having a blood stool test within this time period, compared to self-employed individuals.

Although some differences in screening rates were noted by place of residence, educational level, and marital status of respondents, differences were not statistically significant.

Nebraska and the Nation

Nationwide, 21 percent of adults aged 50 and older participating in the 2008 BRFSS reported having a blood stool test in the past two years (Figure 165). Prevalence of this screening was similar in Nebraska (20 percent) and South Dakota (21 percent). Rates were higher in Kansas (23 percent), Iowa (23 percent), and Colorado (23 percent), but lower in Missouri (17 percent) and Wyoming (18 percent).

Figure 165. Had Blood Stool Test in Past Two Years Adults Aged 50 or Older (2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives

	Proportion of adults aged 50+ who had blood stool test in past 2 years (as % of total. (Data are not age-adjusted)
Nebraska 2010 Target	50%
Nebraska BRFSS 2007	20.0%
US BRFSS 2007	20.9%
US 2010 Target	50%

TABLE 47
Colorectal Cancer Screening: Sigmoidoscopy, Colonoscopy, Blood Stool Test
Nebraska Adults Aged 50 and Older (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Ever Had Sigmoidoscopy or Colonoscopy			Had a Sigmoidoscopy or Colonoscopy Within Past 10 Years			Had a Blood Stool Test (Fecal Occult Blood Test) Within Past 2 Years		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	13,270	57.1	55.6-58.5	12,832	49.9	48.4-51.4	12,031	23.4	22.1-24.7
Gender									
Male	4,923	55.9	53.6-58.2	4,797	49.3	46.9-51.6	4,569	21.7	19.8-23.6
Female	8,347	58.1	56.3-59.9	8,035	50.5	48.6-52.3	7,462	24.8	23.1-26.6
Age									
50-54	2,255	39.1	35.7-42.5	2,210	34.6	31.3-38.1	2,141	14.9	12.5-17.7
55-64	4,230	59.0	56.5-61.4	4,136	51.4	48.8-54.0	3,865	22.1	20.0-24.4
65+	6,785	65.4	63.5-67.2	6,486	57.2	55.2-59.2	6,025	29.3	27.3-31.3
Place of Residence									
Urban	1,719	64.3	61.3-67.2	1,673	56.9	53.8-59.9	1,510	24.1	21.5-26.9
Rural	11,551	51.4	50.3-52.5	11,159	44.4	43.3-45.5	10,521	22.8	21.9-23.8
Education									
<High School	1,197	47.7	43.0-52.6	1,151	40.2	35.4-45.1	1,111	19.2	15.9-23.0
High School	5,550	53.4	51.2-55.6	5,372	47.6	45.4-49.8	5,063	23.7	21.8-25.7
Some College	3,553	57.8	55.0-60.5	3,434	49.4	46.6-52.3	3,194	23.0	20.6-25.6
College Degree	2,956	63.7	60.6-66.7	2,862	55.9	52.7-59.0	2,652	24.4	21.8-27.2
Income									
Under $15,000	1,434	47.7	43.2-52.2	1,373	41.4	37.0-46.0	1,306	23.3	19.5-27.5
$15,000 - $24,999	2,427	54.0	50.7-57.3	2,344	46.0	42.6-49.4	2,219	27.0	23.9-30.2
$25,000 - $49,999	3,922	54.8	52.1-57.4	3,819	48.2	45.5-50.9	3,576	23.6	21.4-26.0
$50,000 - $74,999	1,775	58.4	54.6-62.1	1,734	52.8	48.9-56.6	1,617	23.2	19.9-26.8
$75,000 +	1,887	63.4	59.7-66.9	1,842	54.6	50.8-58.3	1,711	20.3	17.5-23.5
Race (Age Adjusted)									
White NH*	12,686	56.5	55.0-58.0	12,264	49.5	48.0-51.1	11,480	23.1	21.8-24.4
African American NH*	67	##	##	67	##	##	66	##	##
Asian American NH*	27	#	#	26	#	#	24	#	#
Native American NH*	52	##	##	51	##	##	50	##	##
Other Race NH*	181	##	##	174	##	##	167	15.4	9.2-24.7
Hispanic American	221	45.2	35.8-55.0	216	34.6	27.0-43.0	211	10.4	6.8-15.6
Marital Status									
Currently Married	7,797	59.3	57.5-61.0	7,581	52.2	50.4-54.0	7,087	23.5	21.9-25.1
Previously Married	4,782	54.1	51.5-56.7	4,582	46.5	43.9-49.1	4,315	23.7	21.4-26.2
Never Married	680	39.9	33.5-46.6	658	33.5	27.2-40.3	617	19.8	14.8-26.0
Employment									
Employed	4,641	50.9	48.3-53.4	4,547	45.3	42.8-47.9	4,310	19.5	17.6-21.6
Self-employed	1,579	48.7	44.8-52.6	1,532	41.3	37.3-45.3	1,458	15.2	12.8-17.8
Unemployed	222	##	##	215	##	##	200	17.2	10.4-27.0
Homemaker	996	60.5	55.3-65.6	949	50.8	45.4-56.2	873	24.5	19.7-30.1
Student	13	#	#	13	#	#	13	#	#
Retired	5,102	67.2	65.0-69.3	4,890	58.6	56.3-60.9	4,526	30.5	28.2-32.8
Unable to Work	692	57.3	50.7-63.7	661	51.6	44.8-58.4	628	25.1	19.1-32.2

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width >20.0.

HIV/AIDS

AIDS (acquired immunodeficiency syndrome) is a chronic, life-threatening condition caused by the human immunodeficiency virus (HIV). By damaging or destroying the cells of a person's immune system, HIV interferes with the body's ability to effectively fight off bacteria, viruses, and fungi that cause disease. This makes the person more susceptible to opportunistic infections that the body would normally be able to resist.

Since 1981, more than 583,000 people in the United States have died from HIV/AIDS as of 2007. Although the annual number of new cases is down from a high of more than 150,000 per year in the 1980s, approximately 56,300 new HIV infections occurred in this country in 2006. In Nebraska, there has been a cumulative total of 2,241 reported cases of HIV or AIDS as of December 31, 2006.

HIV Testing

Ever Tested for HIV

Definition

Ever Tested for HIV: "Yes" to the question, "Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth."

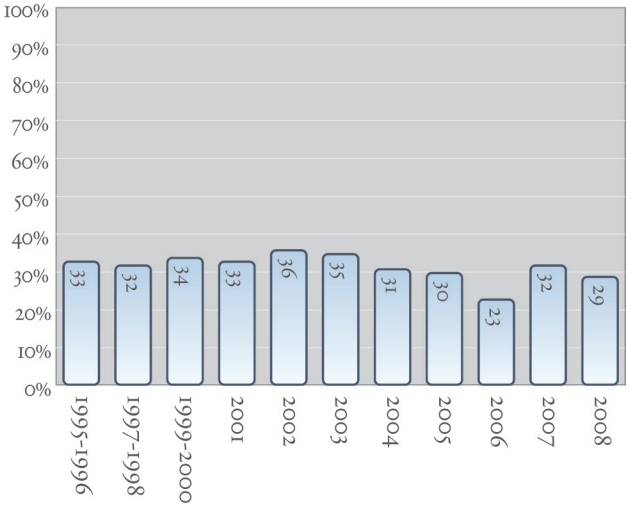
Current Prevalence

In the 2007-2008 Nebraska BRFSS, 30.8 percent of all respondents aged 18 to 64 years said they had ever been tested for HIV (Table 48).

Trend over Time

The proportion of respondents who stated that they ever had a test for HIV infection changed little between 1995-1996 and 2003, ranging from 32 percent to 36 percent (Figure 166). However, since then the prevalence of HIV testing declined somewhat reaching a low of 23 percent in 2006, but rising again to 32 percent in 2007 and 29 percent in 2008.

Figure 166. Trend in Proportion of Respondents Aged 18-64 Who Were Ever Tested for HIV (1995-2008)

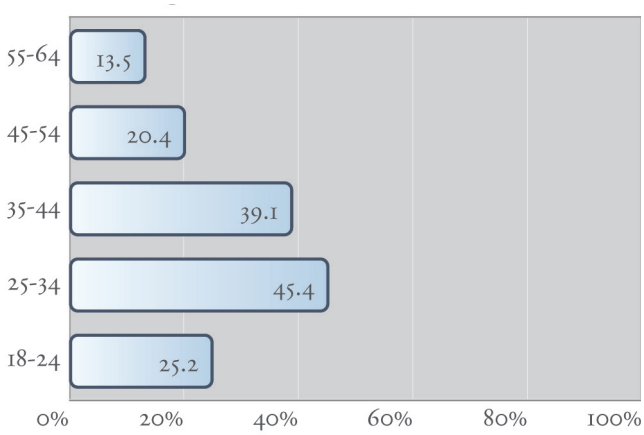


Who Has Been Tested?

A significantly smaller proportion of men (27.6 percent) reported ever being tested, compared to women (34.1 percent) (Table 48).

Only 13.5 percent of respondents aged 55 to 64 stated that they had ever been tested for HIV infection (Figure 167). This proportion was significantly lower than that reported for all other age groups. Persons aged 45 to 54 (20.4 percent) and those aged 18 to 24 (25.2 percent) were also significantly less likely than those aged 25 to 34 (45.4 percent) and those aged 35 to 44 (39.1 percent) to say they had been tested for HIV.

Figure 167. Respondents Aged 18-64 Who Were Ever Tested for HIV by Age (2007-2008)



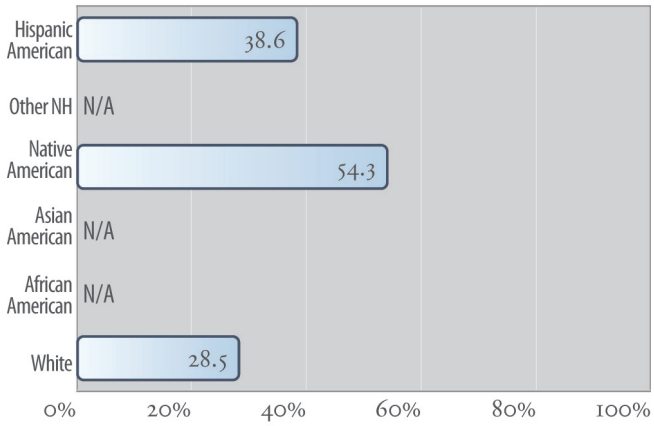
A significantly greater proportion of urban residents (35.3 percent) reported being tested for HIV infection, compared to residents of rural counties (25.5 percent) in Nebraska.

Respondents with some college (33.4 percent) were significantly more likely to have ever been tested for HIV than high school graduates (26.9 percent).

Persons with household incomes below $15,000 per year (40.0 percent) were significantly more likely than persons with incomes of $25,000 or more to state they ever had an HIV test. Prevalence of HIV testing for these income groups ranged from 29.3 percent for those earning $50,000 to $74,999 to 30.9 percent for persons with annual incomes of $25,000 to $49,999.

The proportions of Native Americans (54.3 percent) and Hispanic Americans (38.6 percent) who reported ever being tested for HIV were significantly higher than the proportion of non-Hispanic white adults (28.5 percent) who said they were ever tested for this disease (Figure 168).

Figure 168. Respondents Aged 18 to 64 Who Were Ever Tested for HIV by Race/Ethnicity (2007-2008)



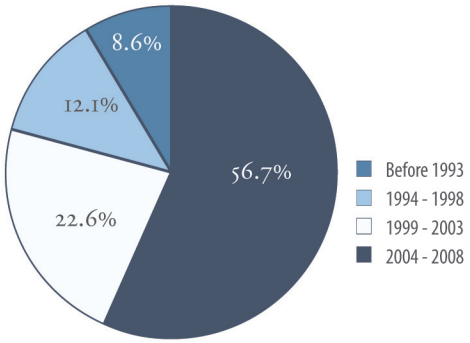
Respondents who had previously been married (42.9 percent) were significantly more likely to have had an HIV test than currently married (31.5 percent) or never married (31.9 percent) persons.

Homemakers (38.7 percent) and respondents who were unable to work (40.1 percent) were significantly more likely to have had HIV testing done than employed persons (30.7 percent).

Last HIV Test

More than one-half of the BRFSS respondents who ever had an HIV test (56.7 percent) reported having their last test between 2004 and 2008 (Figure 169). An additional 22.6 percent said they last had this testing done in the five-year period 1999 to 2003, while 12.1 percent stated their last HIV test occurred in 1994-1998. The remaining 8.6 percent had their last test for this disease before 1993.

Figure 169. Last HIV Test--Respondents Aged 18-64 (2007-2008)



Site of Most Recent HIV Test

When asked where they had their last HIV test, four out of ten respondents (40.2 percent) said a private doctor or HMO (Table 49) did the testing. One-fifth (21.3 percent) reported being tested for HIV at a clinic, while 16.4 percent cited a hospital as the testing site. One in ten respondents (9.7 percent) stated they were tested at a drug treatment facility and 4.7 percent at a counseling and testing site.

TABLE 48
HIV/AIDS
Nebraska Adults Aged 18 - 64 (2007-2008)
(With 95% Confidence Intervals--SUDAAN)

	Ever Tested for HIV (Except Blood Donations)		
	Total # of Respondents	%	Confidence Interval
Total	17,550	30.8	29.3-32.3
Gender			
Male	7,082	27.6	25.4-29.9
Female	10,468	34.1	32.2-36.1
Age			
18-24	755	25.2	20.0-31.2
25-34	2,509	45.4	41.9-49.0
35-44	3,861	39.1	36.3-41.9
45-54	5,274	20.4	18.4-22.5
55-64	5,151	13.5	11.7-15.4
65+	--	--	--
Place of Residence			
Urban	2,834	35.3	32.8-37.9
Rural	14,716	25.5	24.4-26.5
Education			
<High School	1,067	29.9	24.7-35.8
High School	5,480	26.9	24.1-29.9
Some College	5,318	33.4	30.8-36.1
College Degree	5,673	30.5	27.8-33.3
Income			
Under $15,000	1,107	40.0	34.6-45.6
$15,000 - $24,999	2,076	31.7	27.8-36.0
$25,000 - $49,999	5,326	30.9	28.0-34.0
$50,000 - $74,999	3,518	29.3	26.0-32.7
$75,000 +	4,152	30.2	27.1-33.5
Race (Age Adjusted)			
White NH*	16,019	28.5	27.0-30.1
African American NH*	148	##	##
Asian American NH*	68	##	##
Native American NH*	159	54.3	44.2-64.0
Other Race NH*	255	##	##
Hispanic American	874	38.6	32.5-45.0
Marital Status			
Currently Married	12,143	31.5	28.9-34.2
Previously Married	3,042	42.9	37.4-48.5
Never Married	2,341	31.9	28.3-35.8
Employment			
Employed	11,388	30.7	28.8-32.7
Self-employed	2,493	29.8	24.0-36.2
Unemployed	477	34.0	26.7-42.2
Homemaker	1,202	38.7	33.3-44.3
Student	323	##	##
Retired	743	##	##
Unable to Work	906	40.1	32.9-47.7

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due to confidence interval width >20.0.

TABLE 49
Site of Most Recent HIV Blood Test
Adults Aged 18-64 (2007-2008)

	Percent
Private doctor or HMO	40.2
Clinic	21.3
Hospital	16.4
Drug treatment facility	9.7
Counseling and testing site	4.7
Prison	0.6
Somewhere else	6.5
Unknown	0.7
TOTAL	**100.0**

Immunizations

According to the National Center for Health Statistics, immunizations against influenza and pneumococcal disease can prevent serious illness and death. Pneumonia and influenza deaths combined together constitute the sixth leading cause of death in the United States, with 849 influenza deaths and 55,477 pneumonia deaths in 2006. In Nebraska, there were 2 deaths due to influenza and 329 deaths due to pneumonia in 2007.

Influenza vaccine (i.e., a "flu shot" or the nasal spray vaccine) can be very effective in preventing illness from the flu. According to the Centers for Disease Control and Prevention (CDC), in years when the vaccine strains and the virus strains are well-matched, the vaccine can reduce the chances of getting the flu by 70 to 90 percent in healthy adults. The CDC currently recommends flu shots for everyone 6 months and older. The nasal spray flu vaccine is recommended for healthy people aged 2 to 49 years. It is not recommended for pregnant women.

Pneumonia vaccine can prevent more than one-half of all pneumococcal infections, although it will not protect against other types of pneumonia. It is recommended that adults aged 65 and older receive a one-time immunization against pneumococcal disease.

Influenza Vaccinations

Definition

Had a Flu Shot in the Past 12 Months: "Yes" to the question, "A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?"

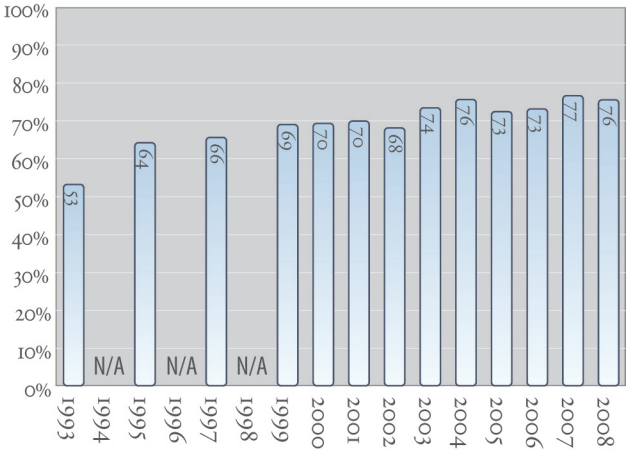
Current Prevalence

In 2007-2008, 76.3 percent of Nebraska BRFSS respondents aged 65 and older reported having a flu shot within the past 12 months (Table 50).

Trend over Time

The proportion of respondents aged 65 and older who had flu shots in the past 12 months rose substantially between 1993 and 1995, then remained steady at nearly 70 percent between 1999 and 2002 (Figure 170). Since 2003, prevalence has been somewhat higher (at 73 to 76 percent).

Figure 170. Trend in Proportion of Adults Aged 65+ Who Had Flu Shot in Past 12 Months (1993-2008)



Who Has Been Vaccinated in Nebraska?

Men (75.7 percent) and women (76.6 percent) aged 65 and older were about equally likely to say they had received a flu shot in the past 12 months (Table 50).

Respondents in this age group who lived in urban counties (80.6 percent) were significantly more likely to have had a flu shot in the last year than those living in rural counties (73.4 percent) in Nebraska.

The proportion of respondents who received a flu shot in the past year was significantly greater among those earning $75,000 or more annually (81.2 percent) than among those in the lowest income bracket (70.4 percent).

Retired persons aged 65 and older (78.7 percent) were significantly more likely to have gotten a flu shot than persons in this age group who were currently employed (70.0 percent) or self-employed (64.9 percent). Homemakers (75.3 percent) were also more likely than self-employed respondents to have been vaccinated for influenza in the past year.

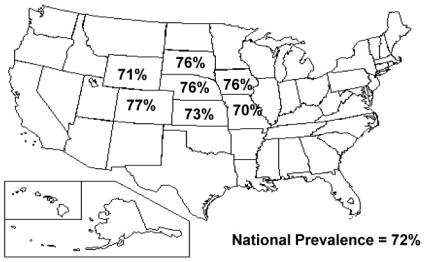
No significant differences were noted in vaccination rates by educational level, race/ethnic origin, or marital status of respondents.

Nebraska and the Nation

The proportion of people aged 65 and over who had received an influenza vaccination in the past 12 months was higher in Nebraska (76 percent) than the national median of 72 percent in 2007-2008 (Figure 171).

Vaccination rates were also higher than the national median in four of the six surrounding states, ranging from 73 percent in Kansas to 77 percent in Colorado. Rates were lower in Missouri (70 percent) and Wyoming (71 percent).

Figure 171. Influenza Vaccination in Last 12 Months Adults Aged 65 + (2007-2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives

	Proportion of adults aged 65+ who had a flu shot in the past 12 months. (Data are not age-adjusted)
Nebraska 2010 Target	90%
Nebraska BRFSS 2007	76.2%
US BRFSS 2007	71.5%
US 2010 Target	90%

Pneumonia Vaccinations

Definition

Ever Had a Pneumonia Shot: "Yes" to the question, "A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?"

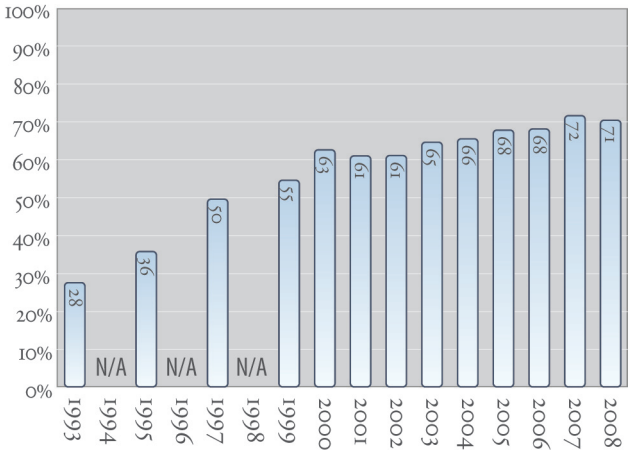
Current Prevalence

In the 2007-2008 Nebraska BRFSS, seven out of ten respondents aged 65 and older (71.2 percent) reported ever having a vaccination for pneumonia.

Trend over Time

The proportion of respondents aged 65 and over who ever had a pneumonia vaccination has increased considerably since 1993 when data for this question were first collected in the Nebraska BRFSS (Figure 172). Prevalence nearly doubled from 28 percent in 1993 to 55 percent in 1999, then has continued to increase gradually to the 2008 rate of 71 percent.

Figure 172. Trend in Proportion of Adults Aged 65+ Who Ever Had a Pneumonia Vaccination (1993-2008)



Who Has Been Vaccinated in Nebraska?

Urban residents in this age bracket (77.9 percent) were significantly more likely than rural residents (66.9 percent) to report ever having a pneumonia vaccination (Table 50).

The vaccination rate for pneumonia among previously married persons (74.3 percent) was significantly higher than the rate for currently married persons (69.3 percent).

Homemakers (68.9 percent), retirees (75.6 percent), and persons who were unable to work (77.8 percent) were all significantly more likely than employed (55.5 percent) and self-employed (52.3 percent) respondents to have ever been vaccinated for pneumonia.

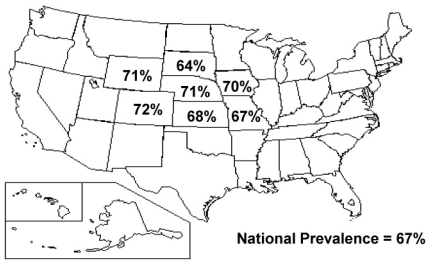
No significant trends were apparent by gender, educational level, household income or race/ethnic origin of respondents.

Nebraska and the Nation

Nebraska (71 percent) ranked above the national median (67 percent) in proportion of adults aged 65

and older who ever received a pneumonia vaccination (Figure 173). Of the six surrounding states, South Dakota (64 percent) reported a lower rate, while Missouri's rate (67 percent) matched the national median. Rates for the remaining four states ranged from 68 percent for Kansas to 72 percent for Colorado.

Figure 173. Ever Had Pneumonia Vaccination Adults Aged 65+ (2007-2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives

	Proportion of adults aged 65+ who ever had a pneumonia vaccination. (Data are not age-adjusted)
Nebraska 2010 Target	90%
Nebraska BRFSS 2007	71.2%
US BRFSS 2007	67.1%
US 2010 Target	90%

Hepatitis B Vaccination

Hepatitis B is a serious disease caused by a virus that attacks the liver. This hepatitis B virus (HBV) can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Transmission of HBV occurs when blood from an infected person enters the body of an uninfected person. The virus is spread through sexual contact, by sharing drugs or needles when injecting drugs, through needle-sticks on the job, or from an infected mother to her baby during birth.

According to CDC, about 43,000 new cases of hepatitis B infection occurred in 2007 in the United States. Approximately 800,000 to 1.4 million Americans are chronically infected with hepatitis B.

Routine vaccination of all children aged birth through 18 years and vaccination of persons of all ages in high risk groups are recommended.

At Risk for Hepatitis B

Definition

At Risk for Hepatitis B Infection: Respondents were asked to indicate if any of the following statements were true for them. (They were asked NOT to tell the interviewer WHICH statement or statements were true for them, just if ANY of them are).

- "You have hemophilia and have received clotting factor concentrate.
- You are a man who has had sex with other men, even just one time.
- You have taken street drugs by needle, even just one time.
- You traded sex for money or drugs, even just one time.
- You have tested positive for HIV.
- You have had sex (even just one time) with someone who would answer 'yes' to any of these statements.
- You had more than two sex partners in the past year."

Overall, only 4.4 percent of Nebraska adults aged 18 and older stated that any of the above statements describing risk behaviors for hepatitis B infection were true for them (Table 51).

Who's at Risk for Hepatitis B Infection?

Younger persons aged 18 to 24 (11.3 percent), aged 25 to 34 (7.8 percent), and those aged 35 to 44 (4.0 percent) were significantly more likely than persons aged 55 to 64 (1.1 percent) or 65 and older (0.3 percent) to report having a hepatitis B risk factor. Respondents aged 18 to 24 were also significantly more likely than those aged 35 to 44 or 45 to 54 (3.3 percent) to indicate they have one of the risk factors mentioned above.

The proportion of "never married" persons who stated they have one or more hepatitis B risk factors (12.1

percent) was significantly greater than the proportion among "currently married" persons (1.8 percent).

Persons who were unable to work (10.7 percent) were significantly more likely than homemakers (1.3 percent) or retirees (0.6 percent) to report having risk factors for hepatitis B.

Otherwise, no significant trends were found by gender, place of residence, educational level, household income, or race/ethnic origin of respondents.

Hepatitis B Vaccination

Definition

Ever Received Hepatitis B Vaccination: "Yes" to the question, "Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given."

Current Prevalence

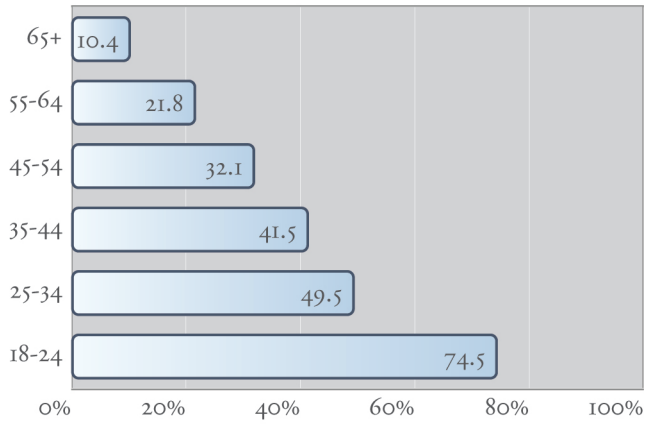
In 2007, 35.2 percent of Nebraska BRFSS respondents reported that they ever received hepatitis B vaccine.

Who Has Been Vaccinated for Hepatitis B?

Thirty-eight percent of women aged 18 and older indicated that they had been vaccinated for hepatitis B, compared to 32.0 percent of men. This difference is statistically significant.

Nearly three-fourths of BRFSS respondents aged 18 to 24 (74.5 percent) had received hepatitis B vaccine—a significantly greater proportion than that reported for any other age group (Figure 174). One-half of the adults aged 25 to 34 (49.5 percent) also had been vaccinated against this disease, significantly more than the proportions of adults aged 45 and older. In fact, starting with respondents aged 35 to 44 (41.5 percent), vaccination rates decreased significantly with each advancing age group. Among persons aged 65 and older, only 10.4 percent had ever received hepatitis B vaccine.

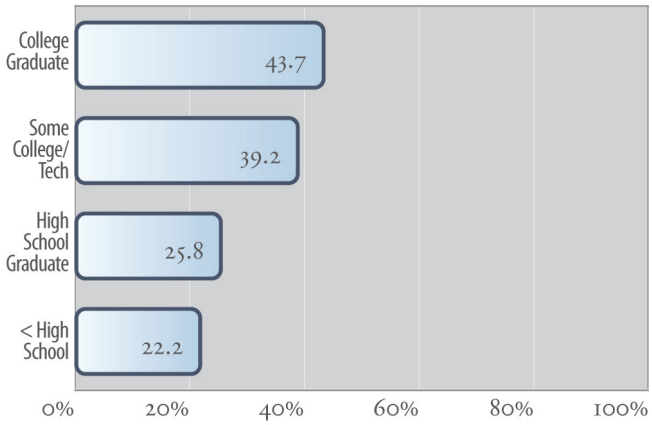
Figure 174. Ever Had Hepatitis B Vaccination by Age of Respondent (2007)



Urban residents (37.9 percent) were significantly more likely than those from rural counties (32.6 percent) to have been vaccinated for this disease.

The proportion of respondents with a college degree (43.7 percent) or some college (39.2 percent) who had received hepatitis B vaccine was significantly greater than the proportions for respondents with a high school diploma (25.8 percent) or with less than a high school education (22.2 percent) (Figure 175).

Figure 175. Ever Had Hepatitis B Vaccination by Educational Level (2007)



Persons with annual incomes of $50,000 to $74,999 (43.4 percent) or $75,000 and over (40.6 percent) were significantly more likely than respondents with incomes below $25,000 (25.0 to 25.8 percent) to have been vaccinated for hepatitis B. Respondents earning $25,000 to $49,999 per year (35.1 percent) were also significantly more likely than those with incomes of

$15,000 to $24,999 (25.0 percent) to have received this vaccination.

More than one-half of never married respondents (53.7 percent) stated they had been vaccinated for this disease—a significantly higher rate than those reported for currently married (33.6 percent) or previously married (23.1 percent) individuals. Currently married adults were also significantly more likely than previously married adults to have received this vaccination.

Students (86.4 percent) were significantly more likely than persons in all other employment categories to state they had been vaccinated for hepatitis B. On the other hand, retired persons (12.0 percent) were significantly less likely than persons in other categories to have had this shot. The proportion of employed persons receiving this preventive measure (41.7 percent) was also significantly higher than rates for those who were self-employed (27.1 percent), unable to work (27.0 percent), or homemakers (23.6 percent).

No statistically significant differences in hepatitis B vaccination rates were found by race/ethnic origin of respondents.

Vaccination of Persons at Risk for Hepatitis B Infection

In 2007, 52 percent of persons who were classified as "at risk" for hepatitis B infection (based on the above questions) reported that they had received vaccination for this disease. This rate represents an increase from the 2006 rate of 45 percent.

TABLE 50
Influenza and Pneumonia Vaccinations
Nebraska Adults Aged 65 and Older (2007-2008)
(with 95% Confidence Intervals--SUDAAN)

	Flu Shot in Past 12 Months			Ever Had Pneumonia Vaccination		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	8,695	76.3	74.8-77.7	8,507	71.2	69.6-72.7
Gender						
Male	2,894	75.7	73.3-78.0	2,800	69.0	66.4-71.6
Female	5,801	76.6	74.8-78.4	5,707	72.7	70.8-74.6
Place of Residence						
Urban	942	80.6	77.2-83.6	923	77.9	74.3-81.1
Rural	7,753	73.4	72.2-74.6	7,584	66.9	65.6-68.1
Education						
<High School	1,138	72.7	68.6-76.5	1,109	68.0	63.3-72.4
High School	4,219	75.4	73.3-77.4	4,140	70.2	67.9-72.4
Some College	2,048	77.1	73.8-80.2	2,005	72.9	69.6-75.9
College Degree	1,269	79.2	75.5-82.5	1,232	73.8	70.1-77.2
Income						
Under $15,000	1,295	70.4	65.6-74.7	1,259	70.8	66.6-74.7
$15,000 - $24,999	2,186	76.6	73.9-79.1	2,162	71.2	68.2-74.1
$25,000 - $49,999	2,430	76.4	73.6-79.1	2,377	70.7	67.6-73.6
$50,000 - $74,999	623	76.7	71.5-81.2	613	70.7	65.3-75.6
$75,000 +	492	81.2	75.6-85.8	480	72.2	66.0-77.7
Race (Age-Adjusted)						
White NH*	8,367	76.9	75.4-78.3	8,194	71.2	69.6-72.8
African American NH*	31	#	#	29	#	#
Asian American NH*	15	#	#	14	#	#
Native American NH*	31	#	#	31	#	#
Other Race NH*	120	##	##	114	##	##
Hispanic American	105	##	##	100	##	##
Marital Status						
Currently Married	4,118	76.2	74.1-78.0	4,033	69.3	67.1-71.4
Previously Married	4,304	76.8	74.5-78.8	4,216	74.3	72.0-76.4
Never Married	268	71.2	61.5-79.2	254	70.6	61.5-78.2
Employment						
Employed	1,044	70.0	64.7-74.8	1,021	55.5	50.0-60.9
Self-employed	624	64.9	59.6-69.9	617	52.3	46.2-58.3
Unemployed	65	##	##	60	##	##
Homemaker	868	75.3	70.2-79.8	851	68.9	62.9-74.3
Student	5	#	#	5	#	#
Retired	5,790	78.7	77.0-80.3	5,664	75.6	73.9-77.3
Unable to Work	280	72.6	63.9-79.9	271	77.8	70.9-83.3

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due confidence interval width > 20.0.

TABLE 51
Hepatitis B: At Risk and Ever Vaccinated
Nebraska Adults Aged 18 and Older (2007 Only)
(with 95% Confidence Intervals--SUDAAN)

	At Risk for Hepatitis Infection			Ever had Vaccination for Hepatitis B		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	10,899	4.4	3.4-5.5	9,703	35.2	33.2-37.2
Gender						
Male	4,186	5.2	3.7-7.2	3,619	32.0	28.8-35.4
Female	6,713	3.5	2.5-4.9	6,084	38.0	35.5-40.6
Age						
18-24	313	11.3	6.7-18.5	252	74.5	64.6-82.5
25-34	1,099	7.8	5.1-11.9	891	49.5	43.7-55.4
35-44	1,725	4.0	2.6-6.2	1,451	41.5	37.2-46.0
45-54	2,196	3.3	2.1-5.1	1,997	32.1	28.6-35.7
55-64	2,078	1.1	0.5-2.5	1,899	21.8	19.0-24.8
65+	3,440	0.3	0.1-0.5	3,169	10.4	8.7-12.4
Place of Residence						
Urban	1,533	5.5	3.8-7.8	1,306	37.9	34.1-41.9
Rural	9,366	3.2	2.6-3.9	8,397	32.6	31.2-34.0
Education						
<High School	913	3.8	1.6-8.4	820	22.2	16.8-28.9
High School	4,117	5.0	3.2-7.6	3,706	25.8	22.5-29.3
Some College	3,000	5.3	3.5-7.9	2,649	39.2	35.3-43.3
College Degree	2,848	3.1	2.0-4.8	2,506	43.7	40.0-47.5
Income						
Under $15,000	999	7.6	4.6-12.1	894	25.8	20.9-31.4
$15,000 - $24,999	1,804	4.8	2.5-9.0	1,623	25.0	20.9-29.6
$25,000 - $49,999	3,258	4.6	3.0-7.2	2,910	35.1	31.4-38.9
$50,000 - $74,999	1,655	3.8	2.0-7.1	1,462	43.4	38.1-49.0
$75,000 +	1,894	4.0	2.4-6.7	1,659	40.6	36.3-45.0
Race (Age-Adjusted)						
White NH*	10,122	4.1	3.1-5.3	9,030	35.0	32.9-37.2
African American NH*	79	##	##	65	##	##
Asian American NH*	35	#	#	25	#	#
Native American NH*	84	##	##	72	##	##
Other Race NH*	160	7.1	2.6-17.9	140	47.9	33.5-62.7
Hispanic American	419	2.7	1.4-5.3	371	34.9	26.6-44.3
Marital Status						
Currently Married	6,806	1.8	1.1-2.8	6,042	33.6	31.3-35.9
Previously Married	2,990	6.3	4.4-8.8	2,724	23.1	20.0-26.6
Never Married	1,089	12.1	8.4-17.2	925	53.7	46.9-60.3
Employment						
Employed	5,329	4.8	3.6-6.4	4,679	41.7	38.9-44.6
Self-employed	1,237	3.6	1.4-9.0	1,098	27.1	21.5-33.4
Unemployed	187	7.6	3.8-14.7	171	##	##
Homemaker	810	1.3	0.6-2.6	726	23.6	17.9-30.4
Student	148	##	##	122	86.4	76.8-92.4
Retired	2,665	0.6	0.2-1.5	2,446	12.0	9.9-14.5
Unable to Work	508	10.7	5.2-20.8	448	27.0	20.1-35.2

NOTE: "Number" and "Percent" exclude missing, don't know, and refused responses.
*NH = Non-Hispanic
- Data not reported due to N<50.
- Data not reported due confidence interval width > 20.0.

Oral Health

Millions of people nationwide experience dental cavities or periodontal disease. Many more have lost all their teeth. Early tooth loss caused by dental decay in children can result in failure to thrive, impaired speech development, absence from and inability to concentrate in school and reduced self-esteem. Children may also develop permanent disabilities that affect their ability to learn and grow. One-half of American children aged five to nine years have at least one dental cavity or filling.

Untreated dental decay in older persons can lead to pain, abscesses, and eventual loss of teeth. Periodontal disease is a leading cause of bleeding, pain, infection, tooth mobility, and tooth loss. It is also a chronic inflammatory disease linked to other serious health risks, such as diabetes, cardiovascular disease, and pre-term/low weight births.

Nationwide, one-fourth of adults over age 60 have lost all their teeth. Even when missing teeth are replaced with dentures, there may be limitations in speech, ability to chew, and overall quality of life.

Dental disease is one of the most preventable of health problems. Proper dental hygiene and good eating habits, combined with regular professional dental care, decrease the risk of developing cavities and periodontal disease.

Visits to the Dentist

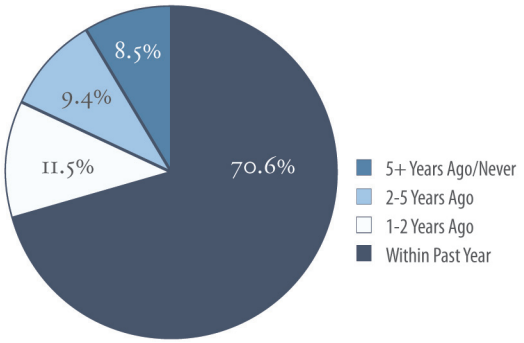
Definition

Visited the Dentist in the Past 12 Months: Responses to following question indicating a visit anytime less than 12 months ago, "How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists."

Current Prevalence

Seven out of ten adults surveyed in the 2008 Nebraska BRFSS (70.6 percent) said they had visited the dentist within the past year (Figure 176). For 11.5 percent, it had been one to two years since their last visit. Nearly one out of ten respondents (9.4 percent) stated that it had been two to five years, while 8.5 percent reported that their last visit was five or more years ago or said that they had never visited a dentist.

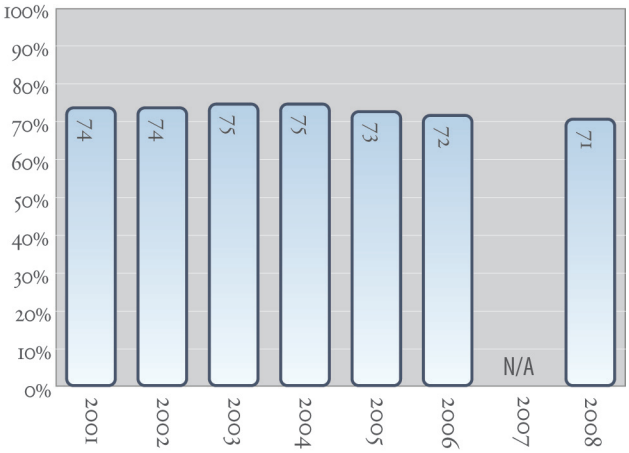
Figure 176. Last Visit to Dentist Adults Aged 18+ Years (2008)



Trend over Time

The proportion of adults who reported a dental visit within the last 12 months has been gradually declining beginning in 2005 (Figure 177). From 2001 through 2004, prevalence rates were steady at 74 to 75 percent, but have decreased each year since then to the current rate of 71 percent in 2008.

Figure 177. Trend--Last Visited the Dentist in Past 12 Months (2001-2008)



Who Has Visited the Dentist in the Past Year?

A significantly greater proportion of women (73.4 percent) said they had seen a dentist in the past 12 months, compared to men (67.7 percent) (Table 52).

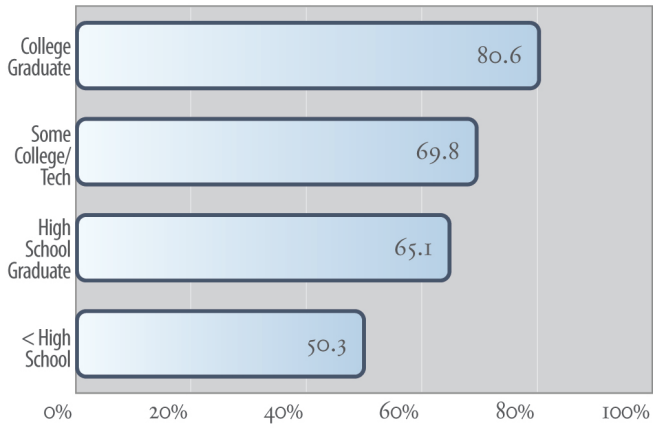
The proportion of respondents who had visited the dentist in the past year was significantly larger in the 55 to 64 age group (75.6 percent) than among respondents aged 25 to 34 (68.9 percent), 45 to 54 (70.2 percent) and 65 and older (66.9 percent).

Respondents aged 35 to 44 (73.1 percent) were also significantly more likely than those aged 65 and older to have seen a dentist in the past 12 months.

Urban adults (75.1 percent) were significantly more likely than rural residents (66.0 percent) to indicate they had seen the dentist in the last year.

A significantly greater proportion of college graduates (80.6 percent) reported a dental visit during the last 12 months, compared to persons in each of the lower educational categories (Figure 178). Respondents with some college (69.8 percent) and high school graduates (65.1 percent) were also significantly more likely than those with less than a high school education (50.3 percent) to say they had gone to the dentist in the last year.

Figure 178. Last Visited Dentist in Past 12 Months by Educational Level (2008)



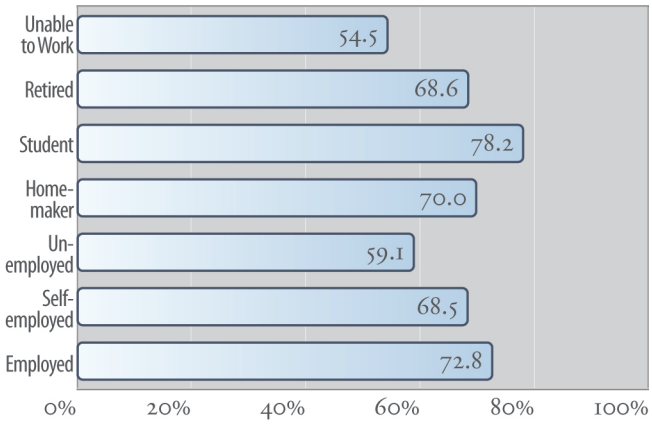
A similar trend is evident by household income of respondents. The likelihood of a dental visit within the last 12 months increased significantly as income brackets rose. Persons earning $50,000 to $74,999 (77.3 percent) or $75,000 or more annually (82.7 percent) were significantly more likely to have visited the dentist this recently than persons at lower income levels. Respondents with incomes of $25,000 to $49,999 per year (64.9 percent) were also significantly more likely than persons earning $15,000 to $24,999 (52.7 percent) to have gone to the dentist in the past year.

A significantly greater proportion of non-Hispanic whites (71.8 percent) reported visiting the dentist in the last twelve months, compared to Hispanic Americans (56.8 percent)

Prevalence of a dental visit within the past year was significantly greater among currently married adults (74.2 percent) than among those who were previously married (61.7 percent) or never married (65.1 percent).

Respondents who were employed (72.8 percent) were significantly more likely than respondents who were unemployed (59.1 percent) or unable to work (54.5 percent) to say they had visited the dentist within the past 12 months (Figure 179). Self-employed adults (68.5 percent), homemakers (70.0 percent), students (78.2 percent) and retirees (68.6 percent) were all significantly more likely to have seen a dentist during the past year than respondents who were unable to work.

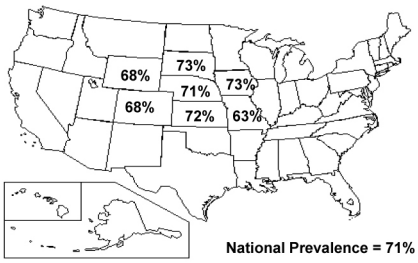
Figure 179. Last Visited Dentist in Past 12 Months by Employment Status (2008)



Nebraska and the Nation

In 2008, 71 percent of adults nationwide and in Nebraska stated their last visit to the dentist occurred during the past 12 months (Figure 180). Iowa (73 percent), South Dakota (73 percent), and Kansas (72 percent) all reported rates near the national median. Rates were somewhat lower for Colorado (68 percent), Wyoming (68 percent), and Missouri (63 percent).

Figure 180. Proportion of Adults Aged 18+ Who Visited Dentist in Past 12 Months (2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Teeth Cleaning

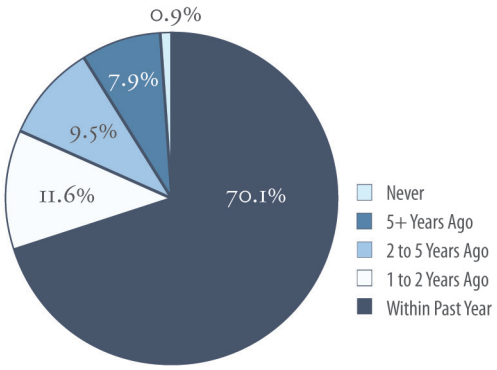
Definition

Responses to the question indicating any time less than 12 months ago, "How long has it been since you had your teeth cleaned by a dentist or dental hygienist?" This question was asked only of respondents who had ever been to the dentist and who had not had all their teeth extracted.

Current Prevalence

Seven out of ten respondents to the 2008 Nebraska BRFSS (70.1 percent) said they had their teeth cleaned within the past year (Figure 181). For 11.6 percent, it had been one to two years since their last cleaning. One in ten respondents (9.5 percent) said it had been two to five years ago, while 7.9 percent stated it had been five years or more since they last had a dentist or dental hygienist clean their teeth. Less than one percent had never had their teeth cleaned.

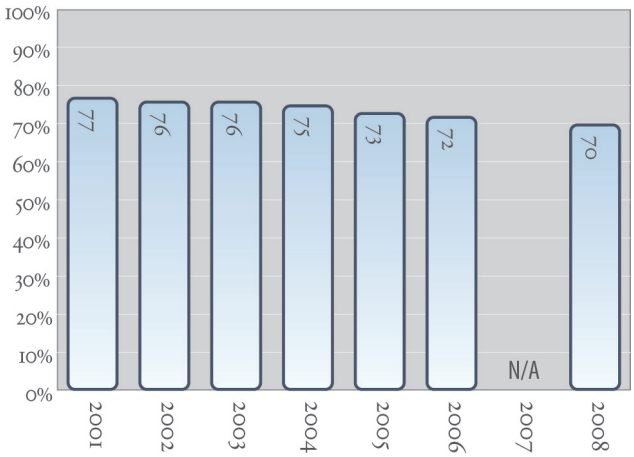
Figure 181. Last Time Respondents Had Their Teeth Cleaned (2008)



Trend over Time

The proportion of Nebraska adults who had their teeth cleaned in the past 12 months has gradually declined over the past eight years, moving from 77 percent in 2001 to 70 percent in 2008 (Figure 182).

Figure 182. Trend--Last Dental Cleaning in Past 12 Months (2001-2008)



Who Has Had Their Teeth Cleaned?

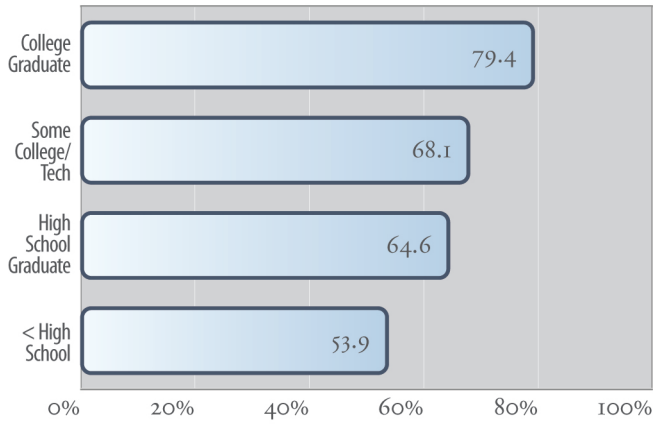
A significantly greater proportion of women (73.6 percent) had their teeth cleaned in the past year, compared to men (66.6 percent) (Table 52).

Persons aged 55 to 64 (75.3 percent) were significantly more likely than young adults aged 25 to 34 (66.6 percent) and adults aged 45 to 54 (69.6 percent) to say they had their teeth cleaned in the last year. Other differences among age groups were not significant.

In comparison to rural Nebraskans (65.3 percent), urban residents (74.6 percent) were significantly more likely to have had a dental cleaning in the past 12 months.

The proportion of adults who had a dental visit for teeth cleaning in the past year increased significantly with increasing educational level (Figure 183). Only 53.9 percent of persons who had not completed high school had their teeth cleaned within the past year. In contrast, 79.4 percent of college graduates reported having a dental cleaning within this time period.

Figure 183. Had Teeth Cleaned in Past 12 Months by Education (2008)



A similar trend is apparent by household income of respondents (Table 52). Only 51.7 percent of those earning $15,000 to $24,999 annually said they had their teeth cleaned during the past 12 months, while persons in the next higher income bracket ($25,000 to $49,999) were significantly more likely to report a dental cleaning (64.3 percent). Respondents in the two highest income categories (76.0 to 81.3 percent) were significantly more likely than those with incomes under $50,000 per year to report having their teeth cleaned in the past year.

The proportion of non-Hispanic white adults indicating they had their teeth cleaned in the past year (70.9 percent) was significantly higher than the proportion reported by Hispanic Americans (59.8 percent) in Nebraska.

Currently married respondents (73.3 percent) were significantly more likely than previously married (63.9 percent) or never married persons (63.4 percent) to have had their teeth cleaned during this time period.

Persons who were unable to work (52.9 percent) were significantly less likely to have a dental cleaning than persons in all other employment categories.

Loss of Permanent Teeth

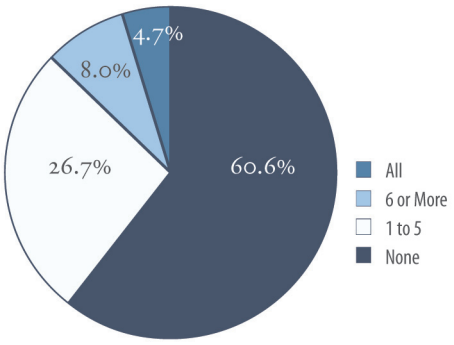
Definition

Number of Permanent Teeth Lost: Responses to the question, "How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics."

Current Prevalence

In 2008, the majority of adults (60.6 percent) reported that they had lost no teeth due to these dental problems (Figure 184). However, 26.7 percent said they had one to five teeth removed due to decay or gum disease. Eight percent (8.0 percent) of respondents had lost six or more teeth (but not all) while 4.7 percent had all their teeth removed.

Figure 184. Number of Permanent Teeth Removed Due to Tooth Decay or Gum Disease (2008)



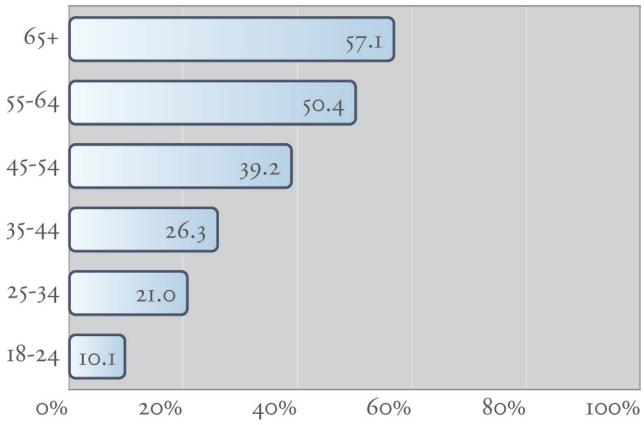
Trend over Time

The proportion of adults who have lost one or more teeth due to decay or gum disease has changed little from the past two studies. In 2001-2003, 36 percent reported loss of one of more teeth, compared to 35 percent in 2004-2006 and in the current study (Table 53).

Who Has Lost One or More Permanent Teeth?

The proportion of persons who lost one or more permanent teeth to tooth decay or gum disease increased significantly with age of respondent, ranging from only 10.1 percent of 18- to 24-year-olds to 57.1 percent of persons aged 65 and older (Figure 185).

Figure 185. Proportion of Adults with One or More Permanent Teeth Extracted by Age of Respondent (2008)



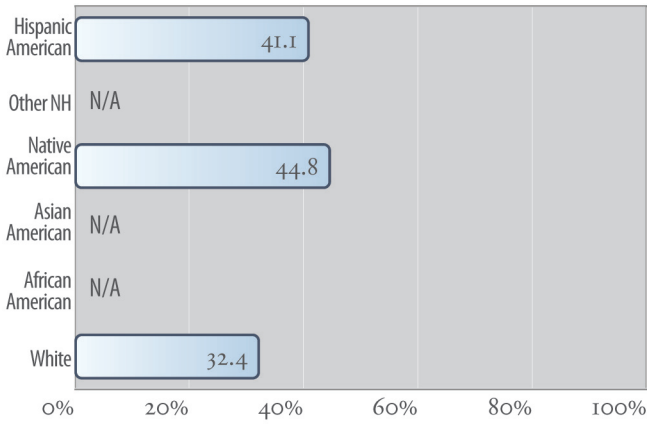
A significantly greater proportion of rural adults (38.4 percent) indicated they had lost one or more of their permanent teeth, compared to residents of urban counties (31.0 percent).

Significant differences were also noted by educational level of respondent. Nearly one-half of those with less than a high school education (48.0 percent) reported loss of at least one permanent tooth, as did 44.5 percent of high school graduates. A significantly smaller proportion of respondents with some college or technical training (34.5 percent) had lost one or more teeth. The proportion of college graduates who ever had at least one permanent tooth removed due to decay or gum disease (23.1 percent) was significantly smaller than rates for persons at all three lower educational levels.

Similarly, lower-income respondents were significantly more likely than respondents with higher incomes to have lost one or more permanent teeth. Among persons with annual incomes below $50,000, prevalence rates for tooth loss ranged from 42.6 percent to 47.4 percent of respondents. These rates were significantly higher than the rates for persons earning $50,000 to $74,999 annually (31.9 percent) or those with household incomes of $75,000 or more (22.5 percent). The rate for adults in the highest income bracket was also significantly lower than that reported for persons with incomes of $50,000 to $74,999 per year.

Among non-Hispanic white adults in Nebraska, only one-third (32.4 percent) stated they had one or more permanent teeth removed due to decay or periodontal disease (Figure 186). Prevalence of tooth loss was significantly smaller for this group than the proportions reported for Native Americans (44.8 percent) and Hispanic Americans (41.1 percent).

Figure 186. Proportion of Adults with One or More Permanent Teeth Extracted by Race/Ethnicity (2008)



Persons who were previously married (48.8 percent) or currently married (35.1 percent) were significantly more likely to report the loss of one or more permanent teeth than never married individuals (21.2 percent). Prevalence of tooth loss was also significantly greater for those who had been married in the past than for those were currently married.

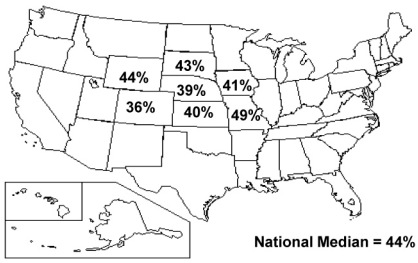
A significantly greater proportion of retired adults (56.6 percent) reported losing one or more teeth to gum disease or tooth decay, compared to persons in all other employment categories except respondents who were unable to work (53.2 percent). Adults who were currently unable to work were significantly more likely to report loss of one or more teeth than employed (29.3 percent) or self-employed (36.4 percent) persons, homemakers (36.2 percent) or students (12.3 percent). Employed, self-employed, and unemployed (38.4 percent) persons and homemakers were all significantly more likely than students to have lost one or more teeth due to these conditions.

Nebraska and the Nation

The proportion of adults reporting loss of one or more teeth due to gum disease or tooth decay was 39 percent in Nebraska in 2008 (Figure 187). This rate is lower than the national median of 44 percent. Rates were similar in Iowa (41 percent) and Kansas (40 percent)

and only one of the surrounding six states reported a lower rate of tooth loss—Colorado, with 36 percent. Rates in South Dakota (43 percent), Wyoming (44 percent), and Missouri (49 percent) all exceeded the Nebraska rate.

Figure 187. Proportion of Adults Aged 18+ Who Had One or More Teeth Extracted due to Decay or Gum Disease (2008)
(Data not age-adjusted)



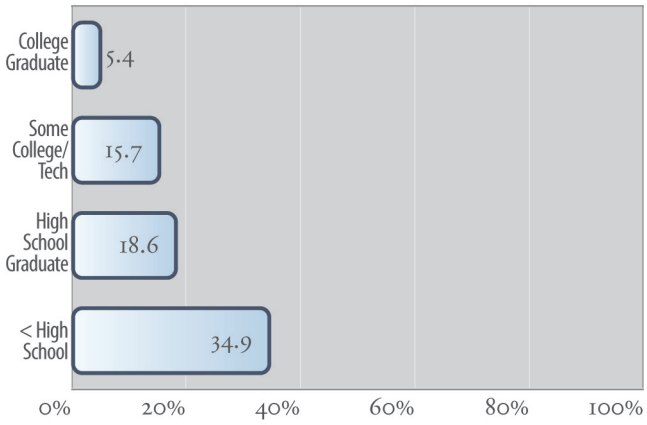
Nebraska Department of Health and Human Services: BRFSS

Tooth Loss Among Respondents Aged 65 and Older

In 2008, 17.3 percent of Nebraskans aged 65 and older reported that all of their permanent teeth had been removed due to decay or periodontal disease.

More than one-third of respondents in this age group who had not completed high school (34.9 percent) had lost all of their teeth (Figure 188). This proportion is significantly greater than rates reported for persons with more education. High school graduates (18.6 percent) and respondents with some college or technical training (15.7 percent) in the 65 and older age group were also significantly more likely than college graduates (5.4 percent) to report having all their permanent teeth removed due to decay or gum disease.

Figure 188. Proportion of Adults Aged 65+ Who Had All Teeth Extracted by Educational Level (2008)



A similar pattern is evident by household income of respondents aged 65 and over (Table 53). One-third of respondents with incomes below $15,000 (33.6 percent) and nearly one-fourth of those earning $15,000 to $24,999 (24.1 percent) indicated they had lost all of their teeth. These rates are significantly higher than rates for persons earning $25,000 or more. In addition, respondents with incomes of $25,000 to $49,999 (14.6 percent) were significantly more likely than those earning $75,000 or more (3.1 percent) to report loss of all their teeth.

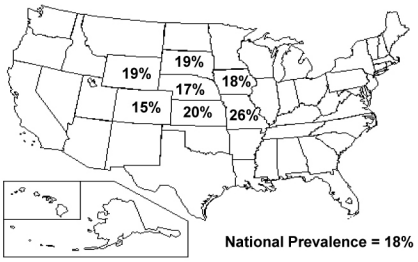
The proportion of previously married persons in the 65 and older age group (22.9 percent) who had all of their teeth removed was significantly greater than proportions among currently married (14.1 percent) or never married (11.3 percent) respondents.

No statistically significant differences in prevalence of loss of all permanent teeth were found by gender, place of residence, race/ethnic origin, or employment status of respondents.

Nebraska and the Nation

In 2008, the median proportion of adults aged 65 and older who had all their teeth extracted due to decay or gum disease was 18 percent for the nation (Figure 189), compared to 17 percent in Nebraska. Of the neighboring states, only Colorado reported a lower rate of tooth loss (15 percent). The proportion of adults in this age group who had lost all their teeth was highest in Missouri (26 percent).

Figure 189. Proportion of Adults Aged 65+ Who Had All Their Teeth Extracted due to Decay or Gum Disease (2008) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

TABLE 52
Oral Health
Nebraska Adults (2008)
(with 95% Confidence Intervals--SUDAAN)

	Visited Dentist in Past 12 Months			Dental Cleaning in Past 12 Months**		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	16,066	70.6	69.1-72.1	14,657	70.1	84.5-71.7
Gender						
Male	6,107	67.7	65.2-70.2	5,627	66.6	63.9-69.1
Female	9,959	73.4	71.7-75.0	9,030	73.6	71.7-75.3
Age						
18-24	461	69.5	61.3-76.6	460	66.4	58.1-73.8
25-34	1,488	68.9	64.8-72.6	1,479	66.6	62.5-70.5
35-44	2,278	73.1	70.0-76.0	2,245	71.1	67.9-74.1
45-54	3,263	70.2	67.4-72.9	3,138	69.6	66.7-72.4
55-64	3,286	75.6	73.3-77.8	3,024	75.3	72.8-77.6
65+	5,194	66.9	64.7-69.0	4,223	71.9	69.6-74.2
Place of Residence						
Urban	2,394	75.1	72.2-77.7	2,283	74.6	71.6-77.4
Rural	13,672	66.0	67.8-67.2	12,374	65.3	64.0-66.5
Education						
<High School	1,305	50.3	44.9-55.8	996	53.9	47.6-60.0
High School	5,860	65.1	62.2-67.9	5,142	64.6	61.4-67.7
Some College	4,574	69.8	66.9-72.6	4,292	68.1	65.0-71.0
College Degree	4,314	80.6	78.1-82.8	4,215	79.4	76.9-81.7
Income						
Under $15,000	1,429	57.3	50.8-63.7	1,096	60.4	53.0-67.2
$15,000 - $24,999	2,522	52.7	48.6-56.8	2,133	51.7	47.2-56.2
$25,000 - $49,999	4,696	64.9	62.0-67.7	4,373	64.3	61.2-67.3
$50,000 - $74,999	2,608	77.3	73.8-80.4	2,533	76.0	72.4-79.2
$75,000 +	2,918	82.7	79.9-85.2	2,869	81.3	78.3-84.0
Race (Age-Adjusted)						
White NH*	14,854	71.8	70.1-73.4	13,537	70.9	69.2-72.6
African American NH*	113	##	##	102	##	##
Asian American NH*	48	##	##	48	##	##
Native American NH*	109	##	##	98	##	##
Other Race NH*	228	##	##	200	##	##
Hispanic American	566	56.8	49.8-63.6	541	59.8	52.7-66.6
Marital Status						
Currently Married	9,985	74.2	72.6-75.6	9,412	73.3	71.7-74.8
Previously Married	4,473	61.7	58.7-64.6	3,710	63.9	60.5-67.2
Never Married	1,578	65.1	59.4-70.4	1,507	63.4	57.6-68.9
Employment						
Employed	7,586	72.8	70.6-74.9	7,293	71.1	68.8-73.2
Self-employed	1,991	68.5	65.1-71.7	1,896	67.7	64.0-71.2
Unemployed	372	59.1	48.9-68.5	331	##	##
Homemaker	1,290	70.0	65.2-74.4	1,173	68.3	63.3-73.0
Student	191	78.2	67.0-86.4	189	80.1	69.0-87.9
Retired	3,890	68.6	66.2-71.0	3,187	73.3	70.6-75.9
Unable to Work	721	54.5	48.0-60.9	568	52.9	45.5-60.0

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

TABLE 53
Oral Health--Tooth Loss
Nebraska Adults (2008)
(with 95% Confidence Intervals--SUDAAN)

	One or More Permanent Teeth Removed Due to Decay or Periodontal Disease			All Permanent Teeth Removed Due to Decay or Periodontal Disease (Aged 65+)		
	Total # of Respondents	%	Confidence Interval	Total # of Respondents	%	Confidence Interval
Total	15,992	34.6	33.2-36.1	5,136	17.3	15.6-19.0
Gender						
Male	6,100	33.0	30.8-35.2	1,722	16.0	13.4-19.0
Female	9,892	36.2	34.4-38.1	3,414	18.2	16.2-20.4
Age						
18-24	466	10.1	6.2-16.2	--	--	--
25-34	1,499	21.0	17.7-24.7	--	--	--
35-44	2,284	26.3	23.3-29.5	--	--	--
45-54	3,256	39.2	36.4-42.1	--	--	--
55-64	3,263	50.4	47.5-53.3	--	--	--
65+	5,136	57.1	54.9-59.4	5,136	17.3	15.6-19.0
Place of Residence						
Urban	2,385	31.0	28.4-33.7	562	15.1	11.7-19.2
Rural	13,607	38.4	37.3-39.5	4,574	18.7	17.4-20.0
Education						
<High School	1,319	48.0	42.5-53.4	663	34.9	29.2-41.0
High School	5,823	44.5	41.6-47.4	2,461	18.6	16.3-21.2
Some College	4,544	34.5	31.8-37.3	1,237	15.7	12.2-19.9
College Degree	4,290	23.1	21.0-25.3	765	5.4	3.3-8.6
Income						
Under $15,000	1,426	43.4	37.0-50.1	754	33.6	28.2-39.4
$15,000 - $24,999	2,512	47.4	43.3-51.5	1,266	24.1	20.5-28.2
$25,000 - $49,999	4,691	42.6	39.8-45.4	1,468	14.6	11.6-18.1
$50,000 - $74,999	2,597	31.9	28.7-35.2	404	6.9	3.8-12.5
$75,000 +	2,909	22.5	20.2-25.1	301	3.1	1.6-5.8
Race (Age-Adjusted)						
White NH*	14,763	32.4	31.0-33.9	4,933	16.8	15.2-18.6
African American NH*	111	##	##	22	#	#
Asian American NH*	52	##	##	8	#	#
Native American NH*	108	44.8	35.2-54.7	16	#	#
Other Race NH*	230	##	##	72	##	##
Hispanic American	586	41.1	35.1-47.4	60	##	##
Marital Status						
Currently Married	9,932	35.1	33.5-36.8	2,446	14.1	12.1-16.5
Previously Married	4,432	48.8	45.6-51.9	2,520	22.9	20.2-25.8
Never Married	1,598	21.2	17.4-25.5	166	11.3	7.0-17.7
Employment						
Employed	7,575	29.3	27.4-31.3	614	12.6	9.2-16.9
Self-employed	1,981	36.4	32.7-40.3	382	15.5	9.2-25.1
Unemployed	372	38.4	29.7-48.0	51	##	##
Homemaker	1,290	36.2	31.8-40.8	536	14.2	10.8-18.5
Student	192	12.3	6.7-21.6	3	#	#
Retired	3,842	56.6	53.9-59.2	3,376	18.0	15.9-20.2
Unable to Work	714	53.2	46.4-59.8	159	##	##

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

*NH = Non-Hispanic

- Data not reported due to N<50.

- Data not reported due to confidence interval width > 20.0.

Results and Discussion—Part II

Local and District Health Department Data

Statewide Summary of 2007-2008 Findings by Health Topic Area

Changes in Prevalence at the State Level

Statistically significant changes over time were noted for only three indicators at the state level between 2005 and 2007-2008. The proportion of adults aged 18 and older who visited a physician for a routine checkup in the 12 months preceding the survey decreased significantly from 70.9 percent in 2005 to 61.1 percent in 2007-2008. On the other hand, the proportion of adults with "good" to "excellent" health increased from 85.0 percent to 88.5 percent during this time period. In addition, the proportion of respondents who participated in the recommended level of moderate or vigorous physical activity in a usual week rose significantly from 37.6 percent in 2005 to 53.0 percent in 2007-2008.

Please note that comparisons with 2005 data were not possible for some 2007-2008 indicators, since not all questions were asked in both studies.

Comparison of State and LHD Prevalence Rates by Health Topic

Table 54 presents a comparison of the overall number of indicators for each health department where rates were significantly better, significantly worse, or not significantly different compared to Nebraska rates.

Table 55 summarizes the number of health districts where rates differed significantly from corresponding Nebraska rates for each of 63 indicators. Differences for men and women are also included, as appropriate.

Appendix A contains a set of 174 tables (one for each indicator for total respondents and with additional tables by gender, wherever possible.) with 2007-2008 prevalence rates and 2005 rates, where available. Shading of rows denotes LHDs where significant changes in rates occurred from the baseline and/or LHDs where rates differ significantly from state rates.

Appendix B contains graphs for each of the indicators mentioned above, showing prevalence rates for each of the LHDs.

Overall Results

There were several indicators for which a large number of LHDs reported rates that were significantly worse than the state.

- Twelve of the 20 LHDs had significantly lower proportions of adults aged 50 or older who ever had a colonoscopy or sigmoidoscopy to screen for colorectal cancer. Screening prevalence for blood stool testing was also significantly lower in four LHDs, compared to the state.
- Seven LHDs reported significantly smaller proportions of adults who had visited the dentist in the past 12 months. The proportion of respondents who had their teeth cleaned within the last year was significantly lower than the Nebraska average for eight LHDs.
- For six LHDs, the proportion of persons aged 65 and older who had a flu shot in the past 12 months was significantly lower than the state rate. Pneumonia vaccination rates ("ever had") were significantly lower in seven LHD areas, compared to Nebraska.
- Six LHDs reported significantly lower proportions of adults who had a routine checkup in the past 12 months.

Results by Health Topic

Health Care Access

- Only one of the four "health care access" indicators for which comparisons were available over time experienced statistically significant changes at the state and LHD levels. The proportion of adults who visited a physician for a routine checkup in the past 12 months decreased significantly statewide and in seven LHD areas, declining from 70.9 percent in 2005 to 61.1 percent in 2007-2008 in the state overall (Table A-10). Prevalence of routine checkups in the past year was also significantly lower for six LHDs and significantly higher for one LHD than for Nebraska in 2007-2008.
- In 2007-2008, 15.0 percent of adults aged 18 to 64 years stated that they had no health insurance coverage (Table A-1). Four LHDs reported

significantly higher proportions of uninsured adults than the state, while one experienced a significantly lower proportion of adults who were uninsured.

- Nearly one in six adult Nebraskans (15.7 percent) said they did not have a personal physician or health care provider in 2007-2008 (Table A-4). Compared to the state overall, the proportion of adults with no personal health care provider was significantly larger in three LHDs and significantly smaller in two LHDs.
- In 2007-2008, 10.5 percent of adults in Nebraska stated they had been unable to see a physician in the past year due to potential cost of care (Table A-7). In three LHDs, this rate was significantly higher, but one LHD reported a significantly lower rate.

General Emergency Preparedness

The emergency preparedness module was not used in the 2005 study, so no comparisons over time can be made.

- In 2007-2008, one out of six Nebraska BRFSS respondents (16.6 percent) stated that they were "not prepared at all" to handle a large-scale disaster or emergency (Table A-13). The proportion of adults who gave this response was significantly smaller in one LHD.
- When asked whether or not they had "a written plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation", three-fourths of Nebraska adults (75.8 percent) stated that they had no disaster evacuation plan in place (Table A-16). In only one LHD was the proportion of households with no evacuation plan significantly lower.
- More than one-half of Nebraska adults (54.9 percent) stated their household did not have a three-day supply of water on hand (Table A-19). The proportion of BRFSS respondents without a sufficient supply of water was significantly lower in one LHD.
- Only one in six respondents to the 2007-2008 Nebraska BRFSS (16.7 percent) reported that they did not have a three-day supply of non-perishable food for everyone in their household (Table A-22). A significantly lower proportion of households without an adequate food supply for a large-scale disaster was reported in one LHD.
- While the majority of respondents indicated they have a three-day supply of prescription drugs for each member of their household who takes these medicines, 9.2 percent of BRFSS respondents stated they did not (Table A-25). No significant differences in prevalence were reported for any LHD compared to the Nebraska rate.
- Five out of six adults reported that their household does have a working battery-operated radio and batteries for them to use if the electricity is out. However, 16.8 percent of respondents stated that they did not have this type of radio (Table A-28). Significantly fewer respondents in one LHD reported not having a battery-operated radio.
- Only 3.5 percent of BRFSS respondents stated that they currently do not have a working flashlight and batteries they could use if electrical power was out (Table A-31). No significant differences were reported for any LHD compared to the overall rate for the state.
- The great majority of 2007-2008 BRFSS respondents in Nebraska (95.2 percent) indicated that they would evacuate from their community if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency. Only 4.8 percent said they would not leave home if evacuation was required (Table A-34). A significantly greater proportion of respondents in one LHD stated they would not leave their home in this situation.
- When asked what their main method of communicating with relatives and friends would be in a large-scale disaster or emergency, three-fourths of adults (75.1 percent) said it would be their cell phones (Table A-37). A significantly greater proportion of respondents in one LHD stated they would use their cell phone for this purpose, while significantly smaller proportions of adults in three LHDs gave this response.
- More than one-half of 2007-2008 BRFSS respondents (56.2 percent) reported that their main method of getting information from the authorities in a large-scale disaster would be the

radio (Table A-40). The proportion that would depend on their radio to get needed information was significantly greater in one LHD.

Health-Related Quality of Life

- In 2007-2008, a significantly greater proportion of adults in Nebraska (88.5 percent) rated their general health as "good" to "excellent" than in 2005 (85.0 percent) (Table A-43). Three LHDs also showed significant increases in the proportion of adults rating their health this positively between 2005 and 2007-2008.
- Compared to the Nebraska rate, a significantly greater proportion of respondents in one LHD area said they had good to excellent health, while proportions were significantly lower than the state rate for respondents in two LHD areas.
- In 2007-2008, Nebraska BRFSS respondents who said they had poor physical or mental health at some time in the past month reported an average of 3.3 days out of the last 30 days when their usual activities were limited due to poor physical or mental health (Table A-52). This estimate is not significantly different from the 3.6 days reported in 2005. A significantly higher average number of days was noted for one LHD in the current study.

Disability

- In 2007-2008, 17.2 percent of adults responding to the Nebraska BRFSS stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems (Table A-55). A significantly greater proportion of adults in one LHD reported activity limitations due to these problems.
- Among adults participating in the 2007-2008 Nebraska BRFSS, 5.9 percent said they now have a health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone (Table A-58). Prevalence of these health problems was not significantly different from the state rate in any of the LHDs.

Mental Health

- Based on responses to a series of questions "about how you have been feeling during the past 30 days" (the K-6 scale), 2.4 percent of adults participating in the 2007 Nebraska BRFSS had serious psychological distress (SPD) in the month prior to the survey (Table A-61). (Survey participants with scores of 13 or higher were classified as having SPD). The proportion of respondents with SPD was significantly larger than the Nebraska rate in one LHD and significantly smaller in another LHD.
- The Severity of Depression index is based on adults' responses to the PHQ-8, a series of questions asking them to state the number of days within the past two weeks that they have been affected by a particular mood. In 2008, 8.6 percent of adults responding to the Nebraska BRFSS were categorized as currently having depression (Table A-64). Prevalence of current depression was not significantly different from the Nebraska rate in any of the LHDs.
- In 2008, 16.8 percent of Nebraska BRFSS respondents indicated that they had ever been told by a health professional that they have a depressive disorder (including depression, major depression, dysthymia, or minor depression) (Table A-67). Compared to the rate for the state overall, prevalence of a lifetime diagnosis of depression was significantly higher in one LHD and significantly lower in another LHD.
- Overall, 10.7 percent of respondents to the 2008 Nebraska BRFSS stated that a doctor or other health care provider ever told them that they had an anxiety disorder of some kind (including acute stress disorder, panic disorder, phobia, post traumatic stress disorder, or social anxiety disorder) (Table A-70). Compared to the Nebraska rate, prevalence of a lifetime diagnosis of an anxiety disorder was significantly lower in one LHD.

Cardiovascular Disease

- On average, 3.7 percent of Nebraska adults in 2007-2008 said they had ever been told they had a heart attack (Table A-73) and the same proportion (3.7 percent) reported being told by a

health professional that they have coronary heart disease or angina (Table A-76). Fewer adults (2.2 percent) said they had ever been told they had (Table A-79) a stroke. No significant differences in prevalence were found when LHD rates were compared to the state.

- In 2007, 25.4 percent of adults were ever told by a physician or other health care provider that they have high blood pressure (Table A-82). Prevalence did not change significantly from the 2005 rate of 26.8 percent. There were no significant differences between the Nebraska rate and rates for LHDs in 2007.
- The majority of 2007 BRFSS respondents (72.0 percent) had their cholesterol level tested within the past five years, up slightly from 70.2 percent in 2005. (Table A-88) Cholesterol five-year screening rates were significantly lower than the Nebraska rate for five LHDs in 2007.
- Among 2007 BRFSS respondents who reported ever having their blood cholesterol level tested, one-third (31.9 percent) were told it was high, compared to 33.8 percent in the 2005 study (Table A-91). Prevalence of elevated blood cholesterol was significantly lower than the state rate in two LHDs. Prevalence decreased from the 2005 baseline for one LHD.

Diabetes

- Diabetes prevalence remained steady among Nebraska adults between 2005 (6.9 percent) and 2007-2008 (7.0 percent). (Table A-94) One LHD recorded significantly higher prevalence of diabetes than the state overall in the current study.

Arthritis

- More than one-fourth of 2007 Nebraska BRFSS respondents (26.8 percent) stated that had ever been told they have arthritis (Table A-97). No LHD reported an arthritis prevalence estimate that differed significantly from the rate for Nebraska.

Asthma

- Lifetime prevalence of asthma was down slightly (but not significantly) in Nebraska in 2007-2008 (11.1 percent), compared to 2005 (12.9 percent) (Table A-100). Only one LHD reported a significantly lower proportion of adults who were ever told they had asthma. This LHD area also experienced a decrease in lifetime prevalence of asthma.
- Current prevalence of asthma among adults statewide was 7.7 percent in 2007-2008, up slightly from 2005 (6.7 percent) (Table A-103). Current prevalence of asthma was significantly lower in two LHDs than in Nebraska overall in 2007-2008.

Overweight and Obesity

- In 2007-2008, 36.8 percent of adults in the state were classified as "overweight" with a Body Mass Index reading of 25.0 to 29.9 (Table A-109). This rate is down somewhat from 2005 when 39.2 percent were overweight, but the difference is not statistically significant.
- An additional 26.9 percent of adult Nebraskans reported height and weights that placed them in the "obese" category (Body Mass Index = 30.0 or higher) in 2007-2008 (Table A-106). Prevalence of obesity had risen (although not significantly) since 2005, when 23.8 percent of adults were obese.
- One LHD reported a significantly greater proportion of adults that were obese in 2007-2008, compared to the state. No LHD reported prevalence of overweight that differed significantly from the Nebraska rate.

Fruit and Vegetable Consumption

- In 2007, less than one-fourth of adults in Nebraska (24.0 percent) said they eat fruits and vegetables five or more times daily (Table A-112). This rate is up somewhat from 2005, when 21.5 percent reported this level of fruit and vegetable consumption.
- One LHD achieved a significant increase in the proportion of adults eating these foods five or more times a day. Compared to the state average, two LHDs reported significantly lower proportions of BRFSS respondents who consume fruits and/or vegetables this frequently.

Physical Activity

- In 2007-2008, 23.0 percent of adults in the state said they had not participated in any physical activity outside of work in the past 30 days (Table A-115). This rate is down slightly (but not significantly) from 2005, when 24.6 percent were physically inactive. One LHD recorded a significantly lower rate of physical inactivity than the state. Rates were significantly higher for four LHDs in 2007-2008.
- More than one-half of adults statewide (53.0 percent) participated in activities meeting the recommended levels for moderate and/or vigorous activity in a usual week in 2007 (Table A-118). The current rate represents a significant increase from 2005, when 37.6 percent of adults engaged in recommended levels of physical activity. Significant increases were also noted in ten of the LHDs. Prevalence of the recommended levels of physical activity was significantly lower in one LHD, compared to the state, in the current study.
- In 2007, nearly one-third of BRFSS respondents (31.8 percent) engaged in activities meeting the recommended guidelines for vigorous physical activity in a usual week (Table A-121). (Please note that individual respondents may be classified as having participated in both "recommended moderate and/or vigorous" and "recommended vigorous" physical activity; thus, totals may exceed 100%). Prevalence of vigorous physical activity rose from the 2005 baseline of 27.6 percent, but the increase was not statistically significant.
- In one LHD, the proportion of adults participating in "recommended vigorous" activity was significantly higher than the statewide rate. However, in two LHDs, rates were significantly lower than in Nebraska overall.

Tobacco Use

- In 2007-2008, 19.5 percent of BRFSS respondents statewide reported that they currently smoke cigarettes, down only slightly from 2005 (20.3 percent) (Table A-124). Smoking prevalence rates were not significantly different from the Nebraska rate in any of the LHDs. However, one LHD reported a significant decline in the smoking rate in 2007-2008, compared to 2005.
- One-half of current adult cigarette smokers in the state (51.1 percent) reported they tried to quit smoking in the past 12 months, about the same as the proportion noted for 2005 (50.3 percent) (Table A-127). No significant differences were found in the proportion of smokers attempting to quit for any LHD when compared to the Nebraska rate.

Alcohol Consumption

- Fifty-eight percent of Nebraska adults (58.0 percent) in 2007-2008 stated they had at least one drink of alcohol in the past month, remaining about the same as in 2005 (57.8 percent) (Table A-132). In five LHDs, the proportion of adults who had at least one alcoholic drink was significantly lower than the Nebraska rate.
- In 2007-2008, 18.7 percent of Nebraskans aged 18 and older engaged in binge drinking in the past 30 days (Table A-135). Binge drinking rates were not significantly different from the state rate in any of the LHDs.
- Chronic (heavy) drinking was reported by 4.6 percent of adults in the state in 2007-2008 (Table A-138). Differences between heavy drinking rates for LHDs and the Nebraska rate were not statistically significant.
- In 2008, 6.9 percent of adults in Nebraska indicated that had engaged in drinking and driving in the 30 days prior to the survey (Table A-141). Rates in the LHDs were not significantly different from the overall rate for the state.

Cancer Screening

- In 2007-2008, seven out of ten women aged 40 and older (69.6 percent) stated they had a mammogram in the past two years (Table A-144). Two LHDs reported screening rates that were significantly lower than this.
- The majority of women aged 18 and older (95.5 percent) said they ever had a Pap test to screen for cervical cancer (Table A-145). Three-fourths of Nebraska women in this age group (78.3 percent) had a Pap test in the last three years (Table A-146). One LHD achieved screening rates that were significantly higher for both of these

indicators. The proportion of women who had a Pap test in the last three years was significantly lower than the Nebraska rate for two LHDs.

- Among men aged 50 and older in the 2008 BRFSS, the majority (81.5 percent) said they ever had a prostate-specific antigen (PSA) test to screen for prostate cancer (Table A-147), while 69.7 percent reported having this test in the past two years (Table A-148). The two-year screening rate was significantly lower than the state rate in one Nebraska LHD.
- Most men aged 50 and older (82.8 percent) indicated they ever had a digital rectal exam (DRE) to screen for prostate cancer (Table A-149) and 57.1 percent said they had a DRE within the last two years (Table A-150). No LHD reported a rate that was significantly different.
- In 2007-2008, 56.1 percent of Nebraska adults aged 50 or older stated they had ever had a sigmoidoscopy or colonoscopy, up from 38 percent in 2001 (Table A-151). In 12 out of 20 LHDs, a significantly lower proportion of respondents in this age group reported ever having either of these exams. For two LHDs, the proportion who ever had this kind of exam was significantly higher than the overall rate for the state.
- Only 22.8 percent of adults aged 50 and older said they had a blood stool test in the past two years (Table A-154). In two LHDs, the screening rate for this test was significantly higher, but the rate was significantly lower in four LHDs.

Immunization

- In 2007-2008, more than three-fourths of Nebraska adults aged 65 and older (76.3 percent) had been vaccinated for influenza in the past 12 months (Table A-157). This rate was somewhat higher than the rate in 2005 (71.8 percent), but the difference was not statistically significant. The proportion of adults in this age group who had a flu shot within the past year was significantly higher in one LHD, but significantly lower in six other LHDs.
- More than two-thirds of Nebraskans aged 65 and older in the 2007-2008 BRFSS (71.2 percent) reported ever having a pneumonia vaccination (Table A-160). A significantly greater vaccination rate was reported for one LHD, but significantly smaller rates were noted for seven other LHDs in the state.

Oral Health

- Seven out of ten respondents to the 2008 Nebraska BRFSS (70.7 percent) said they had visited the dentist in the past 12 months (Table A-163). The proportion who reported a dental visit in the last year was significantly higher in one LHD, but significantly lower in seven other LHDs.
- Similar results were found when respondents were asked about the last time they had their teeth cleaned. Overall, 70.1 percent indicated they had their teeth cleaned in the last 12 months, with a significantly higher rate noted for one LHD and significantly lower rates for nine LHDs (Table A-166).
- One-third of Nebraska adults (33.6 percent) in the 2008 study stated they had one or more teeth extracted as a result of decay or gum disease (Table A-169). Two LHDs reported significantly greater proportions of adults who had lost at least one tooth due to these conditions.
- Among older adults (aged 65 and older), 17.1 percent had all of their teeth removed as a result of decay or gum disease (Table A-172). Significantly higher rates of complete tooth loss were reported for two LHDs.

Table 54
Comparison of Individual Health Departments to State Overall
Number of Indicators with Significantly Worse, Significantly Better
or Not Significantly Different Results (Based on 95% Confidence Intervals)
2007-2008 **Nebraska BRFSS**

	Number of Indicators		
	Not Significantly Different	Signficantly Worse	Significantly Better
Central District Health Department	61	1	1
Dakota County Health Department	50	12	1
Douglas County Health Department	59	0	4
East Central District Health Department	53	8	2
Elkhorn Logan Valley Public Health Department	58	4	1
Four Corners Health Department	59	2	2
Lincoln-Lancaster County Health Department	56	0	7
Loup Basin Public Health Department	53	10	0
North Central District Health Department	50	8	5
Northeast Nebraska Public Health Department	53	8	2
Panhandle Public Health Department	51	12	0
Public Health Solutions	59	3	1
Sarpy/Cass Department of Health and Wellness	59	0	4
Scotts Bluff County Health Department	49	14	0
South Heartland District Health Department	59	2	2
Southeast District Health Department	59	3	1
Southwest Nebraska Public Health Department	52	11	0
Three Rivers Public Health Department	62	1	0
Two Rivers Public Health Department	58	5	0
West Central District Health Department	56	5	2

NOTE: Comparisons are made only for total respondents for indicators, except for those where respondents are male only (prostate cancer screening or smokeless tobacco) or female only (mammograms and Pap tests).

Table 55
Number of Health Districts (out of 20) that Differed Significantly from the State Overall per Indicator by Gender Based on Age-Adjusted 95 Percent Confidence Limits

Indicators	Number of Districts (out of 20) that Differed Significantly from the State Overall		
	Total	Men	Women
Health Care Access			
1. No health care coverage among adults 18-64 years old	5	3	2
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	5	1	4
3. Needed to see a doctor in past year but could not because of cost	4	2	2
4. Visited a doctor for a routine checkup within the past year	7	3	3
General Emergency Preparedness			
1. Household not prepared for major disaster	1	1	0
2. Household has no disaster evacuation plan	1	1	0
3. Does not have at least 3-day supply of water	1	0	0
4. Does not have at least 3-day supply of non-perishable food	1	2	0
5. Does not have at least 3-day supply of prescription drugs	0	1	2
6. Household has no working battery-powered radio	1	0	1
7. Household has no working battery-powered flashlight	0	0	0
8. Household would not leave home if evacuation were required	1	1	0
9. Household would use cell phone as main source of communication	4	2	1
10. Household would use radio as main source of information	1	0	0
Health-Related Quality of Life			
1. General health was 'good' to 'excellent'	2	2	2
2. Average number of days (in past month) that physical health was not good	4	1	3
3. Average number of days (in past month) that mental health was not good	1	0	2
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	2	2	1
Disability			
1. Limited in any way in any activities due to physical, mental or emotional problems	1	2	2
2. Have health problems requiring use of special equipment	0	0	0
Mental Health			
1. Had serious psychological distress (SPD) in past 30 days	2	0	1
2. Have current depression (based on Severity of Depression score of 10+)	0	1	1
3. Lifetime diagnosis of depressive disorder	2	2	0
4. Lifetime diagnosis of anxiety disorder	1	1	1
Cardiovascular Disease			
1. Ever told they had a heart attack or myocardial infarction	0	1	0
2. Ever told they had angina or coronary heart disease	0	0	1
3. Ever told they had a stroke	0	1	1
4. Ever told blood pressure was high	0	0	0
5. Ever had cholesterol level checked	4	2	4
6. Had cholesterol level checked during the past five years	5	2	5
7. Ever told cholesterol was high, among those who had ever been screened	2	0	1

Table 55
Number of Health Districts (out of 20) that Differed Significantly from the State Overall per Indicator by Gender Based on Age-Adjusted 95 Percent Confidence Limits

Indicators	Number of Districts (out of 20) that Differed Significantly from the State Overall		
	Total	Men	Women
Diabetes			
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1	0	0
Arthritis			
1. Ever diagnosed with arthritis	0	0	0
Asthma			
1. Ever told they had asthma	1	2	1
2. Currently have asthma	2	0	0
Overweight and Obesity			
1. Obese (BMI=30+)	1	0	1
2. Overweight (BMI=25.0-29.9)	0	1	0
Fruit and Vegetable Consumption			
1. Consumed fruits and vegetables 5 or more times per day	2	2	0
Physical Activity			
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	5	5	2
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	1	2	1
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	3	3	3
Tobacco Use			
1. Currently smoke cigarettes (either every day or on some days of the month)	0	1	2
2. Attempted to quit smoking in past 12 months (among current smokers)	0	0	2
3. Ever used smokeless tobacco (males)	--	3	--
4. Currently use smokeless tobacco (males)	--	4	--
Alcohol Consumption			
1. Engaged in binge drinking in the past 30 days	0	0	1
2. Engaged in heavy (chronic) drinking in the past 30 days	0	2	3
3. Engaged in drinking and driving in the past 30 days	0	0	1
Cancer Screening			
1. Among women aged 40+, had a mammogram in the past two years	--	--	2
2. Among women aged 18+, ever had a Pap test	--	--	1
3. Among women aged 18+, had a Pap test in the past three years	--	--	3
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	0	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	1	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	0	--
7. Among men aged 50+, had a DRE in past two years	--	0	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	14	7	10
9. Among adults aged 50+, had a blood stool test in past two years	6	4	6
Immunization			
1. Had a flu shot in past 12 months (aged 65+)	7	3	3
2. Ever had a pneumonia vaccination (aged 65+)	8	3	5
Oral Health			
1. Visited the dentist in past 12 months	8	4	4
2. Had teeth cleaned in past 12 months	10	5	6
3. Had one or more teeth extracted due to decay or gum disease	2	1	0
4. Had all of their teeth extracted (aged 65+)	2	1	1

Results by Local and District Health Department

For data discussed in each of the following local/district health department summaries, please refer to the Summary Table at the end of each health department's narrative section.

Central District Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, prevalence of sigmoidoscopies/colonoscopies was significantly worse in the Central District, while prevalence of blood stool testing was significantly better in this District compared to the state overall.

Summary of Significant Differences over Time

- In 2007, significant improvement was noted in prevalence of high blood cholesterol levels among Central District adults, compared to 2005.

Health Care Access

In 2007-2008, 15.1 percent of Central District residents aged 18 to 64 years reported having no health insurance at the time of the survey.

Among Central District adults, 13.5 percent did not have a personal doctor or health care provider.

One in ten District adults (9.7 percent) stated that, at some time in the past year, they needed to see a doctor but could not due to the potential cost of care. Women (13.5 percent) in this District were significantly more likely than men (6.0 percent) to report being unable to visit a physician due to cost of health care.

Six out of ten adults (61.3 percent) reported visiting a doctor for a routine checkup in the past year. Central District women (69.0 percent) were significantly more likely than men in this area (53.9 percent) to have had a checkup in the last 12 months.

General Emergency Preparedness

In the Central District, 15.3 percent of adults indicated their household was not prepared for a major disaster. Women (26.6 percent) were significantly more likely than men (4.9 percent) in this District to report being unprepared. Central District men were also significantly less likely than men statewide to say they were not at all prepared for a large-scale emergency.

Three-fourths of adults in this District (74.3 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in the Central District (54.3 percent) did not have a three-day supply of water on hand. Women (65.5 percent) were significantly more likely than men (41.3 percent) to report being without an adequate supply of water, in case of an emergency.

Although most Central District households had a three-day supply of non-perishable food, respondents from 15.5 percent of households said they did not. Similarly, 9.2 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

One in seven households (14.9 percent) did not have a working battery-powered radio and 3.6 percent did not have a working battery-powered flashlight, at the time of the survey.

The great majority of BRFSS respondents in the Central District said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 4.4 percent stated they would not do so. Men (7.5 percent) were significantly more likely than women (1.2 percent) in this District to refuse to evacuate if requested.

Three-fourths of Central District adults (75.0 percent) would use a cell phone as their primary means of communication with family and friends in an emergency situation. More than one-half (56.5 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among Central District adults, 86.2 percent considered their general health "good", "very good", or "excellent.

Central District adults averaged 3.1 days in the past month when their physical health was "not good" and 2.5 days when their mental health was "not good". Women averaged a significantly greater number of days (3.5 days) with poor mental health than men (1.5 percent) did.

Among Central District adults who reported days when physical or mental health was "not good", these

problems prevented them from participating in their usual activities an average of 3.9 days in the past month.

Disability

In 2007-2008, 18.3 percent of adults in this District stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 5.7 percent of adults in the Central District.

Mental Health

One in twenty Central District adults (4.8 percent) reported serious psychological distress (SPD) in the past 30 days in 2007.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 11.5 percent of adults in 2008.

A slightly larger proportion of adults (16.1 percent) said they had ever been diagnosed with a depressive disorder, while 11.8 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life. Women in the Central District (21.5 percent) were significantly more likely than men (4.7 percent) to have a lifetime diagnosis of anxiety.

Cardiovascular Disease

In the Central District, 4.5 percent of adults said they ever had a heart attack. A significantly greater proportion of men (7.0 percent) reported ever having a heart attack, compared to women (2.2 percent).

The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 4.3 percent in the Central District, while 2.7 percent said they were ever told they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 23.3 percent in 2007.

The majority of Central District respondents (71.6 percent) ever had their cholesterol level checked and 68.7 percent had it tested in the past five years.

Among respondents who ever had their blood cholesterol level checked, 26.8 percent had been told it was high. This current rate is significantly lower than the 2005 rate of 40.2 percent.

Diabetes

Among Central District residents, 7.9 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

More than one-fourth of adults in this District (27.9 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults who had ever been told they had asthma was 11.6 percent, while 7.6 percent currently have this disease.

Overweight and Obesity

More than three in ten adults residing in the Central District (30.8 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 38.2 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, more than two-thirds of adults (69.0 percent) were overweight or obese in 2007-2008.

Men in this District (44.5 percent) were significantly more likely than women (31.5 percent) to report heights and weights that placed them in the overweight category.

Fruit and Vegetable Consumption

Nearly one-fourth of Central District adults (24.0 percent) consumed fruits and/or vegetables five or more times daily.

Physical Activity

More than one-fourth of respondents in this District (27.0 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

However, nearly one-half (48.9 percent) had participated in the recommended level of "moderate

and/or vigorous" physical activity in a usual week. The recommended level of "vigorous" physical activity in a usual week was reported by 27.6 percent of Central District respondents.

Tobacco Use

About one-sixth of Central District adults (16.5 percent) said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 52.2 percent reported trying to quit smoking at least once in the past 12 months.

In the Central District, 43.5 percent of men said they had ever used smokeless tobacco, while 15.3 percent report currently using these tobacco products.

Alcohol Consumption

Binge drinking was reported by 14.1 percent of District adults, with men (19.4 percent) significantly more likely than women (8.6 percent) to say they participated in this pattern of alcohol consumption.

A much smaller proportion of Central District respondents (3.3 percent) indicated they engaged in heavy drinking in the past 30 days, while 3.6 percent reported drinking and driving in the last month.

Cancer Screening

Among women aged 40 and older in this District, 63.3 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 94.5 percent reported ever having a Pap test, while 73.5 percent said they had this test within the past three years.

Most men aged 50 and older (82.2 percent) in the Central District indicated that they ever had a PSA test to screen for prostate cancer, while 68.8 percent said they had this test in the past two years.

In the Central District, a significantly smaller proportion of adults aged 50 and older (49.2 percent) reported ever having a colonoscopy or sigmoidoscopy, compared to Nebraska. Women in this District (46.5 percent) were also significantly less likely than women statewide to have ever had this exam.

On the other hand, rates of blood stool testing among adults in the Central District were significantly higher than statewide rates for men (31.2 percent), women (32.6 percent), and total adults (31.7 percent).

Immunization

Three-fourths of adults aged 65 and older in this Health District (76.0 percent) said they had been vaccinated for influenza in the past 12 months.

Two-thirds of Central District adults in this age group (68.5 percent) reported ever having a pneumonia vaccination.

Oral Health

Seven out of ten adults in this District had visited a dentist (71.3 percent) and had their teeth cleaned (70.8 percent) in the past 12 months.

One-third of adults (34.1 percent) stated they had one or more teeth extracted due to decay or gum disease.

Among adults aged 65 and older, 20.5 percent reported having all their teeth extracted because of these dental problems.

Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	924	15.1	NS	362	15.4	NS	562	14.8	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,329	13.5	NS	493	16.3	NS	836	10.7	NS	No
3. Needed to see a doctor in past year but could not because of cost	1,329	9.7	NS	495	6.0	NS	834	13.5	NS	Yes
4. Visited a doctor for a routine checkup within the past year	1,315	61.3	NS	489	53.9	NS	826	69.0	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	505	15.3	NS	172	4.9	Sig	333	26.6	NS	Yes
2. Household has no disaster evacuation plan	500	74.3	NS	172	70.1	NS	328	78.5	NS	No
3. Does not have at least 3-day supply of water	498	54.3	NS	171	41.3	NS	327	65.5	NS	Yes
4. Does not have at least 3-day supply of non-perishable food	502	15.5	NS	170	14	NS	332	16.7	NS	No
5. Does not have at least 3-day supply of prescription drugs	507	9.2	NS	173	5.4	NS	334	12.9	NS	No
6. Household has no working battery-powered radio	500	14.9	NS	171	8.8	NS	329	21.0	NS	No
7. Household has no working battery-powered flashlight	506	3.6	NS	172	1.8	NS	334	5.6	NS	No
8. Household would not leave home if evacuation were required	470	4.4	NS	153	7.5	NS	317	1.2	NS	Yes
9. Household would use cell phone as main source of communication	477	75.0	NS	167	74.4	NS	310	75.7	NS	No
10. Household would use radio as main source of information	483	56.5	NS	167	62.5	NS	316	51.9	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,332	86.2	NS	495	87.4	NS	837	84.9	NS	No
2. Average number of days (in past month) that physical health was not good	1,301	3.1	NS	481	2.8	NS	820	3.4	NS	No
3. Average number of days (in past month) that mental health was not good	1,312	2.5	NS	485	1.5	NS	827	3.5	NS	Yes
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	625	3.9	NS	204	4.4	NS	421	3.6	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,323	18.3	NS	490	18.7	NS	833	17.9	NS	No
2. Have health problems requiring use of special equipment	1,327	5.7	NS	494	5.6	NS	833	5.7	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	271	4.8	NS	95	3.7	NS	176	6.4	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	228	11.5	NS	91	10.5	NS	137	13.8	NS	No
3. Lifetime diagnosis of depressive disorder	247	16.1	NS	99	8.1	NS	148	25.3	NS	No
4. Lifetime diagnosis of anxiety disorder	249	11.8	NS	101	4.7	NS	148	21.5	NS	Yes

Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,327	4.5	NS	492	7.0	NS	835	2.2	NS	Yes
2. Ever told they had angina or coronary heart disease	1,312	4.3	NS	487	5.1	NS	825	3.8	NS	No
3. Ever told they had a stroke	1,328	2.7	NS	491	2.6	NS	837	2.8	NS	No
4. Ever told blood pressure was high	557	23.3	NS	209	25.3	NS	348	20.9	NS	No
5. Ever had cholesterol level checked	547	71.6	NS	205	71.4	NS	342	72.1	NS	No
6. Had cholesterol level checked during the past five years	543	68.7	NS	203	68.4	NS	340	69.5	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	458	26.8	NS	171	30.3	NS	287	23.5	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,331	7.9	NS	495	9.3	NS	836	6.7	NS	No
Arthritis										
1. Ever diagnosed with arthritis	548	27.9	NS	207	26.2	NS	341	29.0	NS	No
Asthma										
1. Ever told they had asthma	1,329	11.6	NS	494	10.8	NS	835	12.4	NS	No
2. Currently have asthma	1,325	7.6	NS	493	7.1	NS	832	8.1	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,265	30.8	NS	486	34.5	NS	779	26.8	NS	No
2. Overweight (BMI=25.0-29.9)	1,265	38.2	NS	486	44.5	NS	779	31.5	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	10,682	24.0	NS	207	21.0	NS	340	28.9	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,329	27.0	NS	494	25.6	NS	835	28.1	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	507	48.9	NS	189	47.5	NS	318	50.2	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	524	27.6	NS	193	28	NS	331	26.9	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,325	16.5	NS	491	17.4	NS	834	15.5	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	195	52.2	NS	81	51.7	NS	114	53.0	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	277	43.5	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	107	15.3	NS	--	--	--	--

Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	553	14.1	NS	206	19.4	NS	347	8.6	NS	Yes
2. Engaged in heavy (chronic) drinking in the past 30 days	1,298	3.3	NS	477	4.3	NS	821	2.2	NS	No
3. Engaged in drinking and driving in the past 30 days	360	3.6	NS	161	4.6	NS	199	2.3	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	518	63.3	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	660	94.5	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	653	73.5	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	63	82.2	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	63	68.8	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	63	87.4	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	62	58.1	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	652	49.2	Sig.	233	52.4	NS	419	46.5	Sig.	No
9. Among adults aged 50+, had a blood stool test in past two years	610	31.7	Sig.	223	31.2	Sig.	387	32.6	Sig.	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	403	76.0	NS	132	76.8	NS	271	75.4	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	399	68.5	NS	130	72.3	NS	269	65.7	NS	No
Oral Health										
1. Visited the dentist in past 12 months	764	71.3	NS	282	72.0	NS	482	70.8	NS	No
2. Had teeth cleaned in past 12 months	694	70.8	NS	265	70.4	NS	429	70.9	NS	No
3. Had one or more teeth extracted due to decay or gum disease	760	34.1	NS	281	34.1	NS	479	34.2	NS	No
4. Had all of their teeth extracted (aged 65+)	235	20.5	NS	79	13.7	NS	156	25.9	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska percentage/mean, based on age-adjusted 95% confidence interval overlap.

Dakota County Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, the rate for the adult population was significantly better for one indicator. Fewer Dakota County adults currently have asthma.
- Compared to the state, Dakota County rates were significantly worse than Nebraska rates for 12 indicators. A greater proportion of Dakota County respondents stated they had no health insurance and more adults said there had been at least one time in the past 12 months when they had not been able to visit the doctor due to cost of care. Fewer adults reported having their cholesterol level checked in the past five years or ever having it tested at all. More adults indicated they had not participated in any leisure-time physical activity in the past month. A smaller proportion of adults aged 50 and older ever had a colonoscopy or sigmoidoscopy and fewer adults aged 65 and older ever had a pneumonia vaccination or had a flu shot in the past 12 months. In addition, fewer adults had visited the dentist or had their teeth cleaned in the past year and more adults aged 65 and older had lost all of their teeth to tooth decay or gum disease.

Summary of Significant Differences over Time

- The proportion of adults in this county who reported having "good" to "excellent" health was also significantly lower than the state rate. However, the rate for this indicator improved significantly in Dakota County in 2007-2008, compared to 2005.

Health Care Access

In 2007-2008, 24.4 percent of Dakota County residents aged 18 to 64 years reported having no health insurance at the time of the survey. This rate is significantly worse than the rate for Nebraska.

Among Dakota County adults, 17.9 percent did not have a personal doctor or health care provider.

At some time in the past year, 15.3 percent of Dakota County adults needed to see a doctor but could not due to the potential cost of care. Adults and women (18.7 percent) in this County were significantly more likely than their counterparts statewide to report being unable to visit a physician due to cost of health care.

Six out of ten adults (63.8 percent) reported visiting a doctor for a routine checkup in the past year. Men in Dakota County (61.6 percent) were significantly more likely than men statewide to have had a checkup in the last 12 months.

General Emergency Preparedness

In Dakota County, 16.7 percent of adults indicated their household was not prepared for a major disaster. Nearly three-fourths of adults in this county (72.0 percent) stated that they did not have a written disaster evacuation plan.

One-half of BRFSS respondents in Dakota County (49.9 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 14.8 percent of households said they did not. Similarly, 10.0 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

One in six households (17.4 percent) did not have a working battery-powered radio and 4.6 percent did not have a working battery-powered flashlight, at the time of the survey.

The great majority of BRFSS respondents in Dakota County said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 3.6 percent stated they would not do so.

Approximately three-fourths of Dakota County adults (72.3 percent) would use a cell phone as their primary means of communication with family and friends in an emergency situation. One-half (51.0 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among Dakota County adults, 82.4 percent considered their general health "good", "very good", or "excellent. This proportion was significantly lower than the

Nebraska rate. However, the rate for this indicator improved significantly compared to 2005 (66.8 percent). Prevalence of good to excellent health was also significantly lower for both males and females in this county than the state rates by gender.

Dakota County adults averaged 2.8 days in the past month when their physical health was "not good" and 3.0 days when their mental health was "not good". Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 3.3 days in the past month.

Disability

In 2007-2008, 14.9 percent of adults in this county stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 5.5 percent of adults in Dakota County.

Mental Health

Only 3.7 percent of Dakota County adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 6.5 percent of adults.

A larger proportion of adults (12.0 percent) said they had ever been diagnosed with a depressive disorder, while 10.0 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In Dakota County, 3.1 percent of adults said they ever had a heart attack. A significantly greater proportion of men (5.1 percent) reported ever having a heart attack, compared to women (1.3 percent).

The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 3.6 percent in this county, while 2.6 percent said they were ever told they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 28.8 percent in 2007.

More than six of every ten respondents (63.9 percent) ever had their cholesterol level checked and 59.0 percent had it tested in the past five years. These screening rates were significantly lower than the rates for Nebraska. In addition, prevalence of cholesterol screening was significantly lower for males and for females in this county, compared to Nebraska rates.

Among respondents who ever had their blood cholesterol level checked, 29.4 percent had been told it was high.

Diabetes

Among Dakota County residents, 8.3 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

More than one-fourth of adults in this county (27.7 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults who had ever been told they had asthma was 8.6 percent, while 4.9 percent currently have this disease. The proportion that currently have asthma is significantly smaller than the Nebraska rate of 7.7 percent.

Overweight and Obesity

More than three in ten adults residing in Dakota County (31.2 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 39.8 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, seven in ten adults (71.0 percent) were overweight or obese in 2007-2008.

Men in this county (46.2 percent) were significantly more likely than women (33.3 percent) to report heights and weights that placed them in the overweight category.

Fruit and Vegetable Consumption

One-fifth of Dakota County adults (19.5 percent) consume fruits and/or vegetables five or more times daily.

Physical Activity

Nearly one-third of respondents in this county (31.4 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month. This rate is significantly greater than the Nebraska rate. In addition, physical inactivity was significantly more prevalent among both men (30.7 percent) and women (31.9 percent) in Dakota County than corresponding rates for men and women in Nebraska overall.

However, 46.7 percent had participated in the recommended level of "moderate and/or vigorous" physical activity in a usual week. The recommended level of "vigorous" physical activity in a usual week was reported by 28.3 percent of Dakota County respondents, with a significantly greater proportion of men (35.8 percent) reporting this level of activity, compared to women (20.7 percent).

Tobacco Use

Among Dakota County adults, 18.4 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 48.6 percent reported trying to quit smoking at least once in the past 12 months.

In this county, 37.4 percent of men said they had ever used smokeless tobacco, while 14.8 percent report currently using these tobacco products.

Alcohol Consumption

Binge drinking was reported by 16.2 percent of Dakota County adults, while a much smaller proportion of respondents (3.9 percent) indicated they engaged in heavy drinking in the past 30 days.

Drinking and driving was reported by 3.3 percent of adults in this county in the last month.

Cancer Screening

Among women aged 40 and older in Dakota County, 66.3 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 94.3 percent reported ever having a Pap test, while 73.3 percent said they had this test within the past three years.

Most men aged 50 and older (76.4 percent) in Dakota County indicated that they ever had a PSA test to screen for prostate cancer, while 59.6 percent said they had this test in the past two years.

A significantly smaller proportion of adults aged 50 and older in Dakota County (48.5 percent) reported ever having a colonoscopy or sigmoidoscopy, compared to Nebraska.

One-fifth of respondents in this age group in this county (21.0 percent) stated they had blood stool testing done in the past two years.

Immunization

Less than two-thirds of adults aged 65 and older in Dakota County (65.2 percent) said they had been vaccinated for influenza in the past 12 months—a significantly smaller proportion than the rate for Nebraska overall. Vaccination rates were also significantly lower for men (63.0 percent) and women (66.8 percent) in this county than they were for their counterparts statewide.

The proportion of adults aged 65 and older who ever had a pneumonia vaccination was significantly lower in Dakota County (61.4 percent) than in Nebraska overall and for women in this age group (63.6 percent) in this county, compared to women statewide.

Oral Health

Only 61.8 percent of adults in Dakota County had visited a dentist in the past 12 months and 59.9 percent had their teeth cleaned within the last year. Both these rates are significantly lower than the corresponding rates for adult Nebraskans. Significantly smaller proportions of Dakota County women also reported a dental visit or a dental cleaning in the last year, compared to women statewide.

More than one-third of adults in this county (38.9 percent) stated they had one or more teeth extracted due to decay or gum disease.

Compared to the state, significantly greater proportions of adults (28.4 percent) and men (31.3 percent) aged 65 and older reported having all their teeth extracted because of these dental problems.

Dakota County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	818	24.4	Sig.	326	22.6	Sig.	492	26.3	Sig.	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,168	17.9	NS	431	22.8	NS	737	13.0	NS	Yes
3. Needed to see a doctor in past year but could not because of cost	1,168	15.3	Sig.	431	11.8	NS	737	18.7	Sig.	No
4. Visited a doctor for a routine checkup within the past year	1,147	63.8	NS	426	61.6	Sig.	721	66.0	NS	No
General Emergency Preparedness										
1. Household not prepared for major disaster	424	16.7	NS	163	11.2	NS	261	22.4	NS	No
2. Household has no disaster evacuation plan	426	72.0	NS	161	70.8	NS	265	73.3	NS	No
3. Does not have at least 3-day supply of water	426	49.9	NS	160	45.2	NS	266	54.6	NS	No
4. Does not have at least 3-day supply of non-perishable food	429	14.8	NS	162	11.8	NS	267	18.8	NS	No
5. Does not have at least 3-day supply of prescription drugs	428	10.0	NS	163	10.1	NS	265	9.6	NS	No
6. Household has no working battery-powered radio	426	17.4	NS	161	11.7	NS	265	22.7	NS	No
7. Household has no working battery-powered flashlight	427	4.6	NS	161	3.4	NS	266	6.0	NS	No
8. Household would not leave home if evacuation were required	399	3.6	NS	148	4.6	NS	251	2.7	NS	No
9. Household would use cell phone as main source of communication	412	72.3	NS	161	70.0	NS	251	74.3	NS	No
10. Household would use radio as main source of information	401	51.0	NS	158	55.4	NS	243	48.5	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,167	82.4	Sig.	430	82.9	Sig.	737	81.7	Sig.	No
2. Average number of days (in past month) that physical health was not good	1,149	2.8	NS	424	2.3	NS	725	3.2	NS	No
3. Average number of days (in past month) that mental health was not good	1,156	3.0	NS	428	2.3	NS	728	3.6	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	539	3.3	NS	166	3.2	NS	373	3.5	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,166	14.9	NS	430	13.4	NS	736	16.2	NS	No
2. Have health problems requiring use of special equipment	1,166	5.5	NS	429	5.4	NS	737	5.4	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	215	3.7	NS	73	0.9	NS	142	6.4	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	214	6.5	NS	76	3.9	NS	138	8.1	NS	No
3. Lifetime diagnosis of depressive disorder	227	12.0	NS	85	6.3	NS	142	16.8	NS	No
4. Lifetime diagnosis of anxiety disorder	228	10.0	NS	85	5.6	NS	143	14.3	NS	No

Dakota County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,160	3.1	NS	425	5.1	NS	735	1.3	NS	Yes
2. Ever told they had angina or coronary heart disease	1,156	3.6	NS	426	4.7	NS	730	2.7	NS	No
3. Ever told they had a stroke	1,169	2.6	NS	431	3.8	NS	738	1.6	NS	No
4. Ever told blood pressure was high	473	28.8	NS	169	32.2	NS	304	25.0	NS	No
5. Ever had cholesterol level checked	461	63.9	Sig.	166	63.3	Sig.	295	64.8	Sig.	No
6. Had cholesterol level checked during the past five years	458	59.0	Sig.	166	58.0	Sig.	292	60.3	Sig.	No
7. Ever told cholesterol was high, among those who had ever been screened	340	29.4	NS	121	32.6	NS	219	26.2	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,168	8.3	NS	431	8.6	NS	737	8.1	NS	No
Arthritis										
1. Ever diagnosed with arthritis	465	27.7	NS	164	24.4	NS	301	30.5	NS	No
Asthma										
1. Ever told they had asthma	1,169	8.6	NS	431	7.7	NS	738	9.2	NS	No
2. Currently have asthma	1,166	4.9	Sig.	430	3.5	NS	736	6.1	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,087	31.2	NS	412	32.0	NS	675	30.3	NS	No
2. Overweight (BMI=25.0-29.9)	1,087	39.8	NS	412	46.2	NS	675	33.3	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	465	19.5	NS	164	15.0	NS	301	23.5	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,168	31.4	Sig.	432	30.7	Sig.	736	31.9	Sig.	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	438	46.7	NS	156	48.3	NS	282	44.6	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	450	28.3	NS	158	35.8	NS	292	20.7	NS	Yes
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,169	18.4	NS	431	17.8	NS	738	19.0	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	226	48.6	NS	89	48.4	NS	137	49.7	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	248	37.4	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	88	14.8	NS	--	--	--	--

Dakota County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	465	16.2	NS	164	21.0	NS	301	11.3	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,140	3.9	NS	418	5.1	NS	722	2.7	NS	No
3. Engaged in drinking and driving in the past 30 days	285	3.3	NS	133	4.6	NS	152	1.6	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	426	66.3	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	578	94.3	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	571	73.3	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	49	76.4	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	47	59.6	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	51	85.0	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	49	53.8	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	496	48.5	Sig.	172	46.4	NS	324	50.2	NS	No
9. Among adults aged 50+, had a blood stool test in past two years	453	21.0	NS	163	19.2	NS	290	22.5	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	349	65.2	Sig.	105	63.0	Sig.	244	66.8	Sig.	No
2. Ever had a pneumonia vaccination (aged 65+)	346	61.4	Sig.	104	58.5	NS	242	63.6	Sig.	No
Oral Health										
1. Visited the dentist in past 12 months	682	61.8	Sig.	254	63.3	NS	428	60.2	Sig.	No
2. Had teeth cleaned in past 12 months	602	59.9	Sig.	228	60.1	NS	374	59.5	Sig.	No
3. Had one or more teeth extracted due to decay or gum disease	683	38.9	NS	259	39.9	NS	424	37.9	NS	No
4. Had all of their teeth extracted (aged 65+)	207	28.4	Sig.	68	31.3	Sig.	139	26.2	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Douglas County Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, rates for the adult population were significantly better for four indicators in Douglas County, compared to Nebraska. More women aged 18 and older reported ever having a Pap test and having a Pap test in the past three years. A greater proportion of adults aged 50 and older in Douglas County ever had a colonoscopy or sigmoidoscopy. More adults aged 65 and older had a flu shot in the past 12 months.

Summary of Significant Differences over Time

- The proportion of adults in this county who reported consuming five or more servings of fruits and vegetables daily increased significantly from the baseline rate. In addition, a significantly greater proportion of adults participated in the recommended levels of moderate and/or vigorous physical activity in 2007-2008, compared to 2005.

Health Care Access

In 2007-2008, 14.7 percent of Douglas County residents aged 18 to 64 years reported having no health insurance at the time of the survey.

One-sixth (16.8 percent) did not have a personal doctor or health care provider, with men (22.3 percent) significantly more likely than women (11.2 percent) to be without a personal physician.

At some time in the past year, 12.9 percent of Douglas County adults needed to see a doctor but could not due to the potential cost of care.

Nearly two-thirds of respondents (64.6 percent) reported visiting a doctor for a routine checkup in the past year. Men in Douglas County (56.2 percent) were significantly less likely than women (72.9 percent) in this county to have had a checkup in the last 12 months.

General Emergency Preparedness

In Douglas County, 16.1 percent of adults indicated their household was not prepared for a major disaster. Three-fourths of adults (75.3 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in Douglas County (58.0 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 18.0 percent of households said they did not.

Similarly, 10.8 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them. Female respondents (16.9 percent) were significantly more likely than male respondents (4.8 percent) to say they did not have a three-day supply of Rxs.

Nearly one-fifth of Douglas County households (19.0 percent) did not have a working battery-powered radio, with women (27.1 percent) significantly more likely than men (10.8 percent) to be without one.

Only 4.7 percent of households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in Douglas County said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 2.8 percent stated they would not do so. Men (5.1 percent) were significantly more likely than women (0.8 percent) to say they would refuse to leave.

Three-fourths of Douglas County adults (77.4 percent) would use a cell phone as their primary means of communication with family and friends in an emergency situation. More than one-half (54.4 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among Douglas County adults, 88.6 percent considered their general health "good", "very good", or "excellent.

Douglas County adults averaged 2.7 days in the past month when their physical health was "not good" and 2.7 days when their mental health was "not good". Among adults who reported days when physical or mental health was "not good", these problems prevented

them from participating in their usual activities an average of 3.4 days in the past month.

Disability

In 2007-2008, 17.4 percent of adults in this county stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 5.7 percent of adults in Douglas County.

Mental Health

Only 3.1 percent of Douglas County adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 11.2 percent of adults.

A larger proportion of adults (17.0 percent) said they had ever been diagnosed with a depressive disorder, while 12.5 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In Douglas County, 3.8 percent of adults said they ever had a heart attack. The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 3.6 percent in this county, while 2.3 percent said they were ever told they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 27.0 percent in 2007.

Eight of every ten respondents (80.6 percent) ever had their cholesterol level checked and 78.1 percent had it tested in the past five years. Among respondents who ever had their blood cholesterol level checked, 29.8 percent had been told it was high.

Diabetes

Among Douglas County residents, 7.6 perrcent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

More than one-fourth of adults in this county (26.5 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults who had ever been told they had asthma was 11.6 percent, while 7.8 percent currently have this disease.

Overweight and Obesity

One-fourth of all adults residing in Douglas County (25.6 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 35.0 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, six in ten adults (60.6 percent) were overweight or obese in 2007-2008.

Men in this county (46.3 percent) were significantly more likely than women (23.7 percent) to report heights and weights that placed them in the overweight category.

Fruit and Vegetable Consumption

One-fourth of Douglas County adults (25.8 percent) consume fruits and/or vegetables five or more times daily. This rate has increased significantly from the 2005 prevalence rate of 15.5 percent.

Physical Activity

One-fifth of respondents in this county (21.7 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

More than one-half of Douglas County adults (52.0 percent) participated in the recommended level of "moderate and/or vigorous" physical activity in a usual week. The current rate represents a significant increase from 33.5 percent in 2005.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 32.8 percent of respondents from this county.

Tobacco Use

Among Douglas County adults, 20.8 percent said they currently smoke cigarettes, either daily or on some days of the month. A significantly greater proportion of men (24.9 percent) indicated they currently smoke, compared to women (16.6 percent) in this county.

Among current smokers, 47.5 percent reported trying to quit smoking at least once in the past 12 months.

One-third of Douglas County men (33.6 percent) said they had ever used smokeless tobacco, while only 5.2 percent stated they currently use these tobacco products.

Alcohol Consumption

Binge drinking was reported by 18.2 percent of Douglas County adults, while a much smaller proportion of respondents (4.7 percent) indicated they engaged in heavy drinking in the past 30 days.

Drinking and driving was reported by 7.0 percent of adults in this county in the last month.

Cancer Screening

Among women aged 40 and older in Douglas County, 73.5 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 98.2 percent reported ever having a Pap test, while 83.9 percent said they had this test within the past three years. These screening rates are significantly higher than corresponding rates for Nebraska women overall.

Most men aged 50 and older (87.0 percent) in Douglas County indicated that they ever had a PSA test to screen for prostate cancer, while 74.9 percent said they had this test in the past two years.

A significantly larger proportion of adults aged 50 and older in Douglas County (64.8 percent) reported ever having a colonoscopy or sigmoidoscopy, compared to Nebraska. Douglas County women in this age group (66.7 percent) were also significantly more likely than Nebraska women overall to say they ever had one of these examinations.

More than one-fifth of respondents in this age group in this county (22.5 percent) stated they had blood stool testing done in the past two years.

Immunization

Among adults aged 65 and older in Douglas County, 83.2 percent said they had been vaccinated for influenza in the past 12 months. This rate is significantly higher than the Nebraska rate (76.3 percent).

Three-fourths of adults aged 65 and older in this county indicated they ever had a pneumonia vaccination (77.9 percent).

Oral Health

Three-fourths of adults in Douglas County (73.6 percent) had visited a dentist in the past 12 months and 73.3 percent had their teeth cleaned within the last year.

One-third of adults (33.4 percent) stated they had one or more teeth extracted due to decay or gum disease, while 16.8 percent of respondents aged 65 and older reported having all their teeth extracted due to decay or gum disease.

Douglas County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	1,151	14.7	NS	409	14.3	NS	742	15.0	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,510	16.8	NS	537	22.3	NS	973	11.2	NS	Yes
3. Needed to see a doctor in past year but could not because of cost	1,510	12.9	NS	539	11.2	NS	971	14.7	NS	No
4. Visited a doctor for a routine checkup within the past year	1,505	64.6	NS	537	56.2	NS	968	72.9	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	579	16.1	NS	196	11.1	NS	383	21.9	NS	No
2. Household has no disaster evacuation plan	578	75.3	NS	195	72.6	NS	383	79.8	NS	No
3. Does not have at least 3-day supply of water	581	58.0	NS	197	51.4	NS	384	63.0	NS	No
4. Does not have at least 3-day supply of non-perishable food	582	18.0	NS	197	14.3	NS	385	21.1	NS	No
5. Does not have at least 3-day supply of prescription drugs	582	10.8	NS	196	4.8	NS	386	16.9	NS	Yes
6. Household has no working battery-powered radio	578	19.0	NS	194	10.8	NS	384	27.1	NS	Yes
7. Household has no working battery-powered flashlight	583	4.7	NS	197	5.1	NS	386	3.9	NS	No
8. Household would not leave home if evacuation were required	543	2.8	NS	178	5.1	NS	365	0.8	NS	Yes
9. Household would use cell phone as main source of communication	565	77.4	NS	193	77.5	NS	372	76.7	NS	No
10. Household would use radio as main source of information	555	54.4	NS	191	60.4	NS	364	51.0	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,510	88.6	NS	539	88.3	NS	971	88.8	NS	No
2. Average number of days (in past month) that physical health was not good	1,499	2.7	NS	535	2.3	NS	964	3.1	NS	No
3. Average number of days (in past month) that mental health was not good	1,495	2.7	NS	537	2.2	NS	958	3.1	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	735	3.4	NS	237	2.9	NS	498	3.7	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,503	17.4	NS	538	16.5	NS	965	18.3	NS	No
2. Have health problems requiring use of special equipment	1,509	5.7	NS	539	5.2	NS	970	6.0	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	286	3.1	NS	101	2.5	NS	185	3.6	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	260	11.2	NS	98	10.9	NS	162	11.3	NS	No
3. Lifetime diagnosis of depressive disorder	275	17.0	NS	102	17.1	NS	173	17.1	NS	No
4. Lifetime diagnosis of anxiety disorder	277	12.5	NS	103	10.5	NS	174	14.2	NS	No

Douglas County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,509	3.8	NS	538	5.3	NS	971	2.7	NS	No
2. Ever told they had angina or coronary heart disease	1,501	3.6	NS	536	4.9	NS	965	2.6	NS	No
3. Ever told they had a stroke	1,510	2.3	NS	539	2.9	NS	971	1.8	NS	No
4. Ever told blood pressure was high	598	27.0	NS	210	28.5	NS	388	25.4	NS	No
5. Ever had cholesterol level checked	592	80.6	NS	210	79.2	NS	382	82.2	NS	No
6. Had cholesterol level checked during the past five years	583	78.1	NS	207	76.9	NS	376	79.7	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	512	29.8	NS	182	31.1	NS	330	28.6	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,512	7.6	NS	539	9.1	NS	973	6.3	NS	No
Arthritis										
1. Ever diagnosed with arthritis	593	26.5	NS	210	26.1	NS	383	27.0	NS	No
Asthma										
1. Ever told they had asthma	1,507	11.6	NS	538	12.0	NS	969	11.3	NS	No
2. Currently have asthma	1,504	7.8	NS	537	7.8	NS	967	7.9	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,439	25.6	NS	529	25.2	NS	910	25.6	NS	No
2. Overweight (BMI=25.0-29.9)	1,439	35.0	NS	529	46.3	NS	910	23.7	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	590	25.8	NS	210	23.2	NS	380	28.2	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,513	21.7	NS	540	20.7	NS	973	22.5	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	562	52.0	NS	204	50.9	NS	358	53.4	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	577	32.8	NS	208	37.4	NS	369	28.5	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,508	20.8	NS	536	24.9	NS	972	16.6	NS	Yes
2. Attempted to quit smoking in past 12 months (among current smokers)	269	47.5	NS	111	40.2	NS	158	55.5	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	309	33.6	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	100	5.2	NS	--	--	--	--

Douglas County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	605	18.2	NS	222	20.9	NS	383	15.7	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,474	4.7	NS	521	4.8	NS	953	4.6	NS	No
3. Engaged in drinking and driving in the past 30 days	536	7.0	NS	223	10.7	NS	313	3.1	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	560	73.5	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	761	98.2	Sig.	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	749	83.9	Sig.	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	67	87.0	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	65	74.9	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	67	87.1	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	65	64.6	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	650	64.8	Sig.	237	62.7	NS	413	66.7	Sig.	No
9. Among adults aged 50+, had a blood stool test in past two years	564	22.5	NS	203	18.5	NS	361	25.7	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	355	83.2	Sig.	126	84.1	NS	229	82.7	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	347	77.9	NS	122	76.1	NS	225	79.2	NS	No
Oral Health										
1. Visited the dentist in past 12 months	905	73.6	NS	325	69.9	NS	580	77.1	NS	No
2. Had teeth cleaned in past 12 months	859	73.3	NS	309	69.3	NS	550	77.4	NS	No
3. Had one or more teeth extracted due to decay or gum disease	905	33.4	NS	326	31.7	NS	579	34.7	NS	No
4. Had all of their teeth extracted (aged 65+)	213	16.8	NS	79	17.2	NS	134	16.5	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

East Central District Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, the rate for the adult population was significantly better for two indicators in the East Central District, compared to Nebraska. A smaller proportion of adults had ever been diagnosed with asthma and fewer indicated that they currently have asthma, compared to the state.
- Rates were significantly worse for eight indicators in this District than they were for the state overall. Fewer adults visited the doctor for a routine checkup in the past year. In the event of a large-scale disaster, a smaller proportion of adults would use a cell phone as their main source of communication. The proportions of adults who ever had their cholesterol checked and who had it checked within the past five years were lower, compared to the state. Fewer adults participated in the recommended level of vigorous physical activity in a usual week. A smaller proportion of women aged 18 and older had a Pap test in the last three years. Fewer adults aged 65 and older in this District were ever vaccinated for pneumonia. More adults reported having one or more teeth extracted due to decay or gum disease.

Summary of Significant Differences over Time

- The proportion of adults who were ever diagnosed with asthma decreased significantly from the 2005 baseline in the East Central District.

Health Care Access

In 2007-2008, 19.5 percent of East Central District residents aged 18 to 64 years reported having no health insurance at the time of the survey.

Nearly one in six adults (15.6 percent) did not have a personal doctor or health care provider, with men (19.9 percent) significantly more likely than women (11.4 percent) to be without a personal physician.

At some time in the past year, 7.8 percent of East Central adults needed to see a doctor but could not due to the potential cost of care.

Little more than one-half of all respondents (54.4 percent) reported visiting a doctor for a routine checkup in the past year—a significantly smaller proportion than the statewide rate. Men in the East Central District (45.5 percent) were significantly less likely than women (64.4 percent) in this District and than Nebraska men overall (53.2 percent) to have had a checkup in the last 12 months.

General Emergency Preparedness

In the East Central District, 14.0 percent of adults indicated their household was not prepared for a major disaster. Seven out of ten adults (70.3 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in this District (53.4 percent) did not have a three-day supply of water on hand. Although most households in this area had a three-day supply of non-perishable food, respondents from 13.6 percent of households said they did not. Similarly, 9.1 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

Nearly one-fifth of District households (18.5 percent) did not have a working battery-powered radio, while only 5.2 percent of households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in the East Central District said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 6.8 percent stated they would not do so. Men (11.1 percent) were significantly more likely than women (2.9 percent) to say they would refuse to leave.

Two-thirds of East Central adults (68.1 percent) would use a cell phone as their primary means of communication with family and friends in an emergency situation. However, this rate is significantly lower than the statewide average.

More than one-half (54.6 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among East Central adults, 86.5 percent considered their general health "good", "very good", or "excellent.

East Central District adults averaged 2.7 days in the past month when their physical health was "not good" and 2.6 days when their mental health was "not good". Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 3.4 days in the past month.

Disability

In 2007-2008, 16.8 percent of adults in this county stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 5.3 percent of adults in this District.

Mental Health

Only 3.9 percent of East Central District adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 5.9 percent of adults.

A larger proportion of adults (17.8 percent) said they had ever been diagnosed with a depressive disorder, while 8.6 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In the East Central District, 4.1 percent of adults said they ever had a heart attack. Men (6.1 percent) were significantly more likely than women (2.3 percent) to report having a heart attack.

The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 3.3 percent in this District, with men (4.8 percent) significantly more likely than women (1.9 percent) to say they were diagnosed with coronary heart disease.

Only 1.6 percent of East Central respondents said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 23.4 percent in 2007.

Two-thirds of East Central adults (68.2 percent) ever had their cholesterol level checked and 62.2 percent had it tested in the past five years. These screening rates were significantly lower than the overall rates for the state. Screening rates for women in this District were also significantly lower than the Nebraska rates for women.

Among respondents who ever had their blood cholesterol level checked, 38.7 percent had been told it was high.

Diabetes

Among East Central adults, 6.1 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

One-fourth of adults in this county (24.4 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults who had ever been told they had asthma was 7.4 percent, while 4.9 percent currently have this disease (significantly lower than the statewide rate of 7.7 percent). Lifetime prevalence of asthma in the East Central District had decreased significantly from the 2005 rate and was significantly lower than this rate for Nebraska overall.

Overweight and Obesity

More than one-fourth of all adults residing in the East Central District (27.9 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 38.9 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, two-thirds of adults (66.8 percent) were overweight or obese in 2007-2008.

Men in this District (48.1 percent) were significantly more likely than women (27.9 percent) to report heights and weights that placed them in the overweight category.

Fruit and Vegetable Consumption

One-fourth of East Central adults (25.0 percent) consume fruits and/or vegetables five or more times daily.

Physical Activity

One-fourth of respondents in this District (26.8 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

Nearly one-half of East Central adults (47.2 percent) participated in the recommended level of "moderate and/or vigorous" physical activity in a usual week.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 24.1 percent of respondents from this District. This rate is significantly lower than the Nebraska rate, as was the rate for men in this District (24.9 percent).

Tobacco Use

Among East Central adults, 16.9 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 55.1 percent reported trying to quit smoking at least once in the past 12 months.

One-third of East Central men (35.7 percent) said they had ever used smokeless tobacco, while 12.8 percent stated they currently use these tobacco products.

Alcohol Consumption

Binge drinking was reported by 22.0 percent of East Central adults, with men (29.1 percent) significantly more likely than women (14.1 percent) to say they had participated in binge drinking in the last month.

Five percent of respondents (5.0 percent) indicated they engaged in heavy drinking in the past 30 days.

Drinking and driving was reported by 10.3 percent of adults in this county in the last month.

Cancer Screening

Among women aged 40 and older in the East Central District, 61.8 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 93.4 percent reported ever having a Pap test, while 72.0 percent said they had this test within the past three years. The three-year screening rate was significantly lower than the corresponding rate for Nebraska women overall.

Most men aged 50 and older (79.7 percent) in this District indicated that they ever had a PSA test to screen for prostate cancer, while 61.4 percent said they had this test in the past two years.

Among East Central adults aged 50 and older, 53.6 percent reported ever having a colonoscopy or sigmoidoscopy, while 19.2 percent said they had a blood stool test in the past two years.

Immunization

Three-fourths of all adults aged 65 and older in the East Central District (74.6 percent) said they had been vaccinated for influenza in the past 12 months.

A smaller proportion of adults in this age group indicated they ever had a pneumonia vaccination (61.7 percent). This rate and the vaccination rate for women (62.4 percent) were both significantly smaller than the corresponding state rates.

Oral Health

Two-thirds of the adults in the East Central District (68.1 percent) had visited a dentist in the past 12 months and 66.2 percent had their teeth cleaned within the last year.

Thirty-nine percent of District respondents (39.0 percent) stated they had one or more teeth extracted due to decay or gum disease—significantly higher than the Nebraska rate.

Among respondents aged 65 and older, 14.3 percent reported having all their teeth extracted due to decay or gum disease.

East Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	932	19.5	NS	392	21.3	NS	540	17.7	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,353	15.6	NS	525	19.9	NS	828	11.4	NS	Yes
3. Needed to see a doctor in past year but could not because of cost	1,353	7.8	NS	522	6.9	NS	831	8.8	NS	No
4. Visited a doctor for a routine checkup within the past year	1,336	54.4	Sig.	515	45.5	Sig.	821	64.4	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	512	14.0	NS	204	9.4	NS	308	18.9	NS	No
2. Household has no disaster evacuation plan	518	70.3	NS	207	66.5	NS	311	74.6	NS	No
3. Does not have at least 3-day supply of water	515	53.4	NS	205	46.3	NS	310	59.8	NS	No
4. Does not have at least 3-day supply of non-perishable food	512	13.6	NS	204	11.0	NS	308	17.2	NS	No
5. Does not have at least 3-day supply of prescription drugs	518	9.1	NS	207	8.3	NS	311	10.7	NS	No
6. Household has no working battery-powered radio	510	18.5	NS	204	15.2	NS	306	23.8	NS	No
7. Household has no working battery-powered flashlight	517	5.2	NS	205	2.4	NS	312	9.5	NS	No
8. Household would not leave home if evacuation were required	478	6.8	NS	183	11.1	NS	295	2.9	NS	Yes
9. Household would use cell phone as main source of communication	497	68.1	Sig.	201	67.4	NS	296	68.1	NS	No
10. Household would use radio as main source of information	488	54.6	NS	199	54.7	NS	289	54.1	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,353	86.5	NS	525	87.8	NS	828	84.5	NS	No
2. Average number of days (in past month) that physical health was not good	1,331	2.7	NS	519	2.4	NS	812	3.1	NS	No
3. Average number of days (in past month) that mental health was not good	1,338	2.6	NS	521	2.1	NS	817	3.0	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	628	3.4	NS	198	3.5	NS	430	3.3	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,346	16.8	NS	522	15.1	NS	824	19.0	NS	No
2. Have health problems requiring use of special equipment	1,351	5.3	NS	524	4.9	NS	827	5.6	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	281	3.9	NS	116	0.9	NS	165	7.0	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	220	5.9	NS	84	5.1	NS	136	6.8	NS	No
3. Lifetime diagnosis of depressive disorder	239	17.8	NS	91	14.9	NS	148	22.2	NS	No
4. Lifetime diagnosis of anxiety disorder	238	8.6	NS	91	6.9	NS	147	11.1	NS	No

East Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,347	4.1	NS	523	6.1	NS	824	2.3	NS	Yes
2. Ever told they had angina or coronary heart disease	1,342	3.3	NS	519	4.8	NS	823	1.9	NS	Yes
3. Ever told they had a stroke	1,355	1.6	NS	525	1.9	NS	830	1.5	NS	No
4. Ever told blood pressure was high	595	23.4	NS	246	23.5	NS	349	21.5	NS	No
5. Ever had cholesterol level checked	587	68.2	Sig.	243	67.6	NS	344	68.2	Sig.	No
6. Had cholesterol level checked during the past five years	581	62.2	Sig.	242	60.1	NS	339	64.3	Sig.	No
7. Ever told cholesterol was high, among those who had ever been screened	461	38.7	NS	183	42.5	NS	278	30.1	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,354	6.1	NS	524	5.8	NS	830	6.4	NS	No
Arthritis										
1. Ever diagnosed with arthritis	591	24.4	NS	244	21.2	NS	347	27.1	NS	No
Asthma										
1. Ever told they had asthma	1,353	7.4	Sig.	524	6.6	NS	829	8.3	Sig.	No
2. Currently have asthma	1,350	4.9	Sig.	523	3.7	NS	827	6.2	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,267	27.9	NS	513	28.3	NS	754	27.1	NS	No
2. Overweight (BMI=25.0-29.9)	1,267	38.9	NS	513	48.1	NS	754	27.9	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	587	25.0	NS	244	20.3	NS	343	31.0	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,355	26.8	NS	525	26.7	NS	830	26.1	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	554	47.2	NS	233	46.7	NS	321	51.3	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	564	24.1	Sig.	235	24.9	Sig.	329	26.2	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,350	16.9	NS	523	20.4	NS	827	13.3	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	199	55.1	NS	95	55.1	NS	104	54.1	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	269	35.7	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	84	12.8	NS	--	--	--	--

East Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	541	22.0	NS	212	29.1	NS	329	14.1	NS	Yes
2. Engaged in heavy (chronic) drinking in the past 30 days	1,317	5.0	NS	509	6.7	NS	808	3.1	NS	No
3. Engaged in drinking and driving in the past 30 days	395	10.3	NS	165	13.4	NS	230	5.2	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	507	61.8	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	639	93.4	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	626	72.0	Sig.	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	52	79.7	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	52	61.4	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	53	78.6	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	51	52.8	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	635	53.6	NS	231	54.6	NS	404	52.6	NS	No
9. Among adults aged 50+, had a blood stool test in past two years	587	19.2	NS	217	23.3	NS	370	16.0	Sig.	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	415	74.6	NS	128	73.7	NS	287	75.2	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	405	61.7	Sig.	124	60.7	NS	281	62.4	Sig.	No
Oral Health										
1. Visited the dentist in past 12 months	750	68.1	NS	274	66.3	NS	476	70.6	NS	No
2. Had teeth cleaned in past 12 months	694	66.2	NS	259	61.2	NS	435	71.8	NS	No
3. Had one or more teeth extracted due to decay or gum disease	744	39.0	Sig.	273	40.4	NS	471	37.8	NS	No
4. Had all of their teeth extracted (aged 65+)	237	14.3	NS	66	12.8	NS	171	15.5	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Elkhorn Logan Valley Public Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, the rate for the adult population was significantly better for one indicator in the Elkhorn Logan Valley (E-LV) area, compared to Nebraska. Respondents averaged a smaller number of days when their physical health was not good.
- Rates were significantly worse for four indicators in this area than they were for the state overall. Fewer adults had one or more persons they considered their personal doctor and a smaller proportion of adults visited the doctor for a routine checkup in the past year. Among adults aged 50 and older, a smaller proportion ever had a colonoscopy or sigmoidoscopy, compared to Nebraska overall. A greater proportion of adults aged 65 and older reported having all of their teeth extracted due to decay or gum disease.

Summary of Significant Differences over Time

- The proportion of adults who visited a physician for a routine checkup in the past year decreased significantly from the 2005 baseline in the E-LV area. The proportion of adults who participated in the recommended level of moderate or vigorous physical activity in the past month increased significantly from the 2005 rate.

Health Care Access

In 2007-2008, 18.6 percent of Elkhorn Logan Valley area residents aged 18 to 64 years reported having no health insurance at the time of the survey.

One-fifth of E-LV respondents (21.3 percent) did not have a personal doctor or health care provider—a significantly greater proportion than the rate for Nebraska. Women in the E-LV area were also more likely than women statewide to say they did not have a personal health care provider.

At some time in the past year, 9.7 percent of adults in this area needed to see a doctor but could not due to the potential cost of care.

Little more than one-half of all respondents (54.4 percent) reported visiting a doctor for a routine checkup in the past year—a significantly smaller proportion than the statewide rate (61.1 percent). This rate has also decreased significantly since the 2005 study. Men in the E-LV area (46.1 percent) were significantly less likely than women (63.3 percent) in this area to have had a checkup in the last 12 months.

General Emergency Preparedness

In the E-LV area, 11.8 percent of adults indicated their household was not prepared for a major disaster. Three-fourths of the respondents (77.9 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in this area (54.6 percent) did not have a three-day supply of water on hand. Although most households in this area had a three-day supply of non-perishable food, respondents from 16.2 percent of households said they did not. Similarly, 6.2 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

Nearly one-sixth of E-LV households (15.6 percent) did not have a working battery-powered radio, while only 4.2 percent of households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in the Elkhorn-Logan Valley area said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 4.6 percent stated they would not do so.

More than two-thirds of E-LV area adults (71.2 percent) would use a cell phone as their primary means of communication with family and friends in an emergency situation.

Six in ten respondents (62.1 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among E-LV adults, 86.7 percent considered their general health “good”, “very good”, or “excellent.

Adults in this area averaged 2.2 days in the past month when their physical health was "not good"—significantly lower than the Nebraska average. Women in the E-LV area also reported significantly fewer days (2.3 days) when their physical health was poor, compared to Nebraska women overall.

E-LV respondents averaged 2.1 days when their mental health was "not good".

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 2.5 days in the past month. Women in the E-LV area reported significantly fewer days (2.4) with limited activity compared to women statewide.

Disability

In 2007-2008, 14.6 percent of adults in this area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 5.2 percent of adults in the E-LV area.

Mental Health

Only 2.0 percent of E-LV adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 12.4 percent of adults.

A somewhat larger proportion of adults (16.5 percent) said they had ever been diagnosed with a depressive disorder, while 9.3 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In the E-LV area, 4.2 percent of adults said they ever had a heart attack. Men (6.6 percent) were significantly more likely than women (2.1 percent) to report having a heart attack.

The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 3.2 percent in this area, while 2.6 percent of E-LV respondents said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 24.0 percent in 2007.

Nearly three-fourths of E-LV adults (74.2 percent) ever had their cholesterol level checked and 67.4 percent had it tested in the past five years.

Among respondents who ever had their blood cholesterol level checked, 29.4 percent had been told it was high.

Diabetes

Among E-LV adults, 5.6 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

Nearly one-fourth of adults in this area (22.7 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults who had ever been told they had asthma was 8.3 percent, while 5.3 percent currently have this disease.

Overweight and Obesity

More than one-fourth of all adults residing in the E-LV area (28.5 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 38.6 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, two-thirds of adults (67.1 percent) were overweight or obese in 2007-2008.

Men in this area (45.0 percent) were significantly more likely than women (32.1 percent) to report heights and weights that placed them in the overweight category.

Fruit and Vegetable Consumption

Nearly one-fourth of E-LV adults (23.1 percent) consumed fruits and/or vegetables five or more times daily.

Physical Activity

One-fourth of respondents in this area (24.8 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

The proportion of E-LV area adults who participated in the recommended level of "moderate and/or vigorous" physical activity in a usual week increased significantly from 36.4 percent in 2005 to 55.2 percent in 2007-2008.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 27.9 percent of respondents from this area.

Tobacco Use

One-fifth of E-LV adults (19.9 percent) said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 50.1 percent reported trying to quit smoking at least once in the past 12 months.

Four out of ten men in this area (43.5 percent) said they had ever used smokeless tobacco, while 12.5 percent stated they currently use these tobacco products.

Alcohol Consumption

Binge drinking was reported by 21.0 percent of E-LV adults in 2007-2008.

A smaller proportion of respondents (3.7 percent) indicated they engaged in heavy drinking in the past 30 days, with men (5.3 percent) significantly more likely than women (1.9 percent) in E-LV to report this pattern of alcohol use. Women in the E-LV area were also significantly less likely than Nebraska women overall to report heavy drinking in the last month.

Drinking and driving was reported by 5.7 percent of adults in this area in the last month.

Cancer Screening

Among women aged 40 and older in the E-LV area, 64.2 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 91.7 percent reported ever having a Pap test, while 73.6 percent said they had this test within the past three years.

Most men aged 50 and older (82.7 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 71.9 percent said they had this test in the past two years.

Among E-LV adults aged 50 and older, 47.8 percent reported ever having a colonoscopy or sigmoidoscopy. This rate is significantly lower than the statewide screening rate. Women in this area were also significantly less likely to have ever had these tests than women in Nebraska overall.

One-fifth of adults in this area (21.1 percent) said they had a blood stool test in the past two years, with women (26.7 percent) significantly more likely to give this response than men (15.5 percent).

Immunization

Nearly three-fourths of all adults aged 65 and older in the E-LV area (72.2 percent) said they had been vaccinated for influenza in the past 12 months.

A similar proportion of adults in this age group indicated they ever had a pneumonia vaccination (69.1 percent).

Oral Health

Nearly two-thirds of the adults in the E-LV area (65.9 percent) had visited a dentist in the past 12 months and 66.0 percent had their teeth cleaned within the last year.

More than one-third (38.7 percent) stated they had one or more teeth extracted due to decay or gum disease.

Among respondents aged 65 and older in the E-LV area, 25.2 percent reported having all their teeth extracted due to decay or gum disease. This rate is significantly higher than the statewide average of 17.1 percent. The proportion of E-LV women in this age group who had lost all their teeth (29.1 percent) was also significantly greater than the rate for their counterparts statewide.

Elkhorn Logan Valley Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	892	18.6	NS	395	18.6	NS	497	18.7	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,347	21.3	Sig.	527	25.7	NS	820	16.8	Sig.	No
3. Needed to see a doctor in past year but could not because of cost	1,349	9.7	NS	529	7.6	NS	820	12.1	NS	No
4. Visited a doctor for a routine checkup within the past year	1,330	54.4	Sig.	524	46.1	NS	806	63.3	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	502	11.8	NS	205	12.2	NS	297	11.8	NS	No
2. Household has no disaster evacuation plan	504	77.9	NS	205	77.2	NS	299	78.9	NS	No
3. Does not have at least 3-day supply of water	501	54.6	NS	204	51.1	NS	297	58.2	NS	No
4. Does not have at least 3-day supply of non-perishable food	501	16.2	NS	203	13.7	NS	298	18.4	NS	No
5. Does not have at least 3-day supply of prescription drugs	503	6.2	NS	202	5.9	NS	301	6.4	NS	No
6. Household has no working battery-powered radio	501	15.6	NS	205	14.9	NS	296	15.8	NS	No
7. Household has no working battery-powered flashlight	505	4.2	NS	205	5.6	NS	300	3.3	NS	No
8. Household would not leave home if evacuation were required	465	4.6	NS	185	5.6	NS	280	3.7	NS	No
9. Household would use cell phone as main source of communication	481	71.2	NS	193	73.5	NS	288	71.8	NS	No
10. Household would use radio as main source of information	477	62.1	NS	194	69.4	NS	283	56.8	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,348	86.7	NS	529	86.1	NS	819	87.5	NS	No
2. Average number of days (in past month) that physical health was not good	1,328	2.2	Sig.	522	2.1	NS	806	2.3	Sig.	No
3. Average number of days (in past month) that mental health was not good	1,331	2.1	NS	522	1.5	NS	809	2.6	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	604	2.5	NS	203	2.6	NS	401	2.4	Sig.	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,336	14.6	NS	519	13.7	NS	817	15.2	NS	No
2. Have health problems requiring use of special equipment	1,340	5.2	NS	525	5.5	NS	815	4.8	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	273	2.0	NS	109	1.7	NS	164	2.5	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	230	12.4	NS	84	13.2	NS	146	11.9	NS	No
3. Lifetime diagnosis of depressive disorder	250	16.5	NS	92	13.6	NS	158	19.9	NS	No
4. Lifetime diagnosis of anxiety disorder	249	9.3	NS	92	6.8	NS	157	11.9	NS	No

Elkhorn Logan Valley Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,345	4.2	NS	528	6.6	NS	817	2.1	NS	Yes
2. Ever told they had angina or coronary heart disease	1,340	3.2	NS	526	4.3	NS	814	2.5	NS	No
3. Ever told they had a stroke	1,349	2.6	NS	530	2.8	NS	819	2.7	NS	No
4. Ever told blood pressure was high	598	24.0	NS	241	23.5	NS	357	24.6	NS	No
5. Ever had cholesterol level checked	594	74.2	NS	240	74.0	NS	354	74.4	NS	No
6. Had cholesterol level checked during the past five years	589	67.4	NS	239	66.2	NS	350	68.5	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	494	29.4	NS	196	28.4	NS	298	30.1	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,347	5.6	NS	527	5.7	NS	820	5.5	NS	No
Arthritis										
1. Ever diagnosed with arthritis	588	22.7	NS	235	18.2	NS	353	26.4	NS	No
Asthma										
1. Ever told they had asthma	1,345	8.3	NS	529	7.7	NS	816	8.9	NS	No
2. Currently have asthma	1,343	5.3	NS	528	4.0	NS	815	6.7	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,297	28.5	NS	522	30.2	NS	775	26.4	NS	No
2. Overweight (BMI=25.0-29.9)	1,297	38.6	NS	522	45.0	NS	775	32.1	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	587	23.1	NS	235	18.7	NS	352	27.4	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,350	24.8	NS	530	28.2	NS	820	21.1	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	545	55.2	NS	218	54.4	NS	327	56.0	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	570	27.9	NS	228	28.7	NS	342	27.1	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,345	19.9	NS	529	20.5	NS	816	19.3	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	214	50.1	NS	91	52.1	NS	123	46.8	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	284	43.5	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	109	12.5	NS	--	--	--	--

Elkhorn Logan Valley Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	549	21.0	NS	212	27.8	NS	337	13.9	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,321	3.7	NS	513	5.3	NS	808	1.9	Sig.	Yes
3. Engaged in drinking and driving in the past 30 days	394	5.7	NS	189	8.7	NS	205	2.0	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	524	64.2	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	623	91.7	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	613	73.6	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	57	82.7	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	57	71.9	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	57	80.8	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	54	64.5	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	658	47.8	Sig.	238	48.1	NS	420	47.8	Sig.	No
9. Among adults aged 50+, had a blood stool test in past two years	602	21.1	NS	220	15.5	NS	382	26.7	NS	Yes
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	454	72.2	NS	132	69.3	NS	322	74.2	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	440	69.1	NS	126	68.6	NS	314	69.5	NS	No
Oral Health										
1. Visited the dentist in past 12 months	741	65.9	NS	287	62.9	NS	454	68.6	NS	No
2. Had teeth cleaned in past 12 months	666	66.0	NS	266	63.4	NS	400	68.5	NS	No
3. Had one or more teeth extracted due to decay or gum disease	740	38.7	NS	285	40.5	NS	455	37.6	NS	No
4. Had all of their teeth extracted (aged 65+)	233	25.2	Sig.	62	19.9	NS	171	29.1	Sig.	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Four Corners Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, rates for the adult population were significantly better for two indicators related to emergency preparedness in the Four Corners area, compared to Nebraska. A greater proportion of adults indicated that they are currently equipped with a working battery-powered radio and more Four Corners residents say they would use a cell phone as their main source of communication in a disaster.
- Rates were significantly worse for two indicators in the Four Corners area than they were for the state overall. Fewer women aged 40 and older reported having a mammogram within the past two years. A smaller proportion of adults aged 50 and older in this area had a blood stool test in the past two years.

Summary of Significant Differences over Time

- No significant changes in prevalence occurred between the 2005 baseline and current rates in the Four Corners area.

Health Care Access

Eleven percent of Four Corners respondents aged 18 to 64 years reported having no health insurance at the time of the survey.

In 2007-2008, 13.3 percent of adults in this area stated they did not have a personal doctor or health care provider.

At some time in the past year, 8.8 percent of Four Corners adults needed to see a doctor but could not due to the potential cost of care.

Six out of ten respondents (60.1 percent) reported visiting a doctor for a routine checkup in the past year. Men in the Four Corners area (48.9 percent) were significantly less likely than women (71.6 percent) in this area to have had a checkup in the last 12 months.

General Emergency Preparedness

In the Four Corners area, 17.1 percent of adults indicated their household was not prepared for a major disaster. Eight out of ten adults (80.8 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in this area (55.3 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 12.1 percent of households said they did not. Similarly, 5.3 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

A significantly smaller proportion of Four Corners households (11.0 percent) did not have a working battery-powered radio, compared to Nebraska overall. Only 1.7 percent of households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in the Four Corners area said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 5.7 percent stated they would not do so. Men (10.1 percent) were significantly more likely than women (1.2 percent) to say they would refuse to leave.

Compared to Nebraskans overall, a significantly greater proportion of Four Corners residents (82.0 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation. Men in this area (83.3 percent) were significantly more likely than men statewide to say they would use their cell phone to communicate under these circumstances.

More than one-half of respondents in this area (52.4 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among Four Corners adults, 89.0 percent considered their general health "good", "very good", or "excellent.

Adults in this area averaged 2.5 days in the past month when their physical health was "not good" and 2.1 days when their mental health was "not good". Women (2.7 days) in the Four Corners area reported significantly

more days with poor mental health than men in this area (1.5 days).

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 3.0 days in the past month.

Disability

In 2007-2008, 14.6 percent of adults in the Four Corners area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems. Men in this area (11.9 percent) were significantly less likely than Nebraska men overall (16.6 percent) to report limitations resulting from these problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 5.2 percent of adults in this area.

Mental Health

Only 1.1 percent of Four Corners adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 4.6 percent of adults. Women in the Four Corners area (3.3 percent) were significantly less likely than women statewide (10.8 percent) to have current depression.

A larger proportion of adults (14.9 percent) said they had ever been diagnosed with a depressive disorder, while 10.2 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In the Four Corners area, 3.5 percent of adults said they ever had a heart attack. Men (5.6 percent) were significantly more likely than women (1.6 percent) to report having a heart attack.

The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 3.8 percent in this area, while 1.4 percent of Four Corners respondents said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 23.3 percent in 2007.

Nearly three-fourths of Four Corners adults (72.6 percent) ever had their cholesterol level checked and 70.0 percent had it tested in the past five years.

Among respondents who ever had their blood cholesterol level checked, 27.5 percent had been told it was high. A significantly smaller proportion of women in this area (20.1 percent) had elevated blood cholesterol, compared to women statewide (29.3 percent). These women were also significantly less likely than men in the Four Corners area (40.2 percent) to have been told their cholesterol was high.

Diabetes

Among Four Corners adults, 7.0 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

One-fourth of adults in this area (24.1 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the Four Corners area who had ever been told they had asthma was 11.4 percent, while 7.1 percent currently have this disease.

Overweight and Obesity

More than one-fourth of all adults residing in the Four Corners area (28.7 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 33.6 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 62.3 percent of adults in this area were overweight or obese in 2007-2008.

Men in this area (41.1 percent) were significantly more likely than women (26.3 percent) to report heights and weights that placed them in the overweight category.

Fruit and Vegetable Consumption

One-fourth of Four Corners adults (24.2 percent) consume fruits and/or vegetables five or more times

daily. Women in this area (33.0 percent) were significantly more likely than men (16.3 percent) to consume these foods the recommended five or more time per day.

Physical Activity

One-fourth of respondents in this area (25.5 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

One-half of Four Corners adults (52.3 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 29.2 percent of respondents from this area. Men in the Four Corners area were significantly less likely (25.4 percent) than Nebraska men overall (36.6 percent) to participate in vigorous physical activity.

Tobacco Use

Among Four Corners adults, 15.9 percent said they currently smoke cigarettes, either daily or on some days of the month. Women in this area (11.5 percent) were significantly less likely than women statewide (17.3 percent) to report currently smoking cigarettes

Among current smokers, 52.0 percent reported trying to quit smoking at least once in the past 12 months.

Four out of ten Four Corners men (41.2 percent) said they had ever used smokeless tobacco, while 18.6 percent stated they currently use these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 19.0 percent of adults in this area, while 5.7 percent engaged in heavy drinking in the past 30 days.

Drinking and driving was reported by 6.1 percent of adults in this area in the last month.

Cancer Screening

Among women aged 40 and older in the Four Corners area, 59.0 percent stated they had a mammogram in the past two years. This rate is significantly lower than the Nebraska rate of 69.6 percent.

Among women aged 18 and older, 95.0 percent reported ever having a Pap test, while 73.2 percent said they had this test within the past three years.

Most men aged 50 and older (77.0 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 61.5 percent said they had this test in the past two years.

Among Four Corners adults aged 50 and older, 53.6 percent reported ever having a colonoscopy or sigmoidoscopy.

Among persons in this age group, 13.7 percent said they had a blood stool test in the past two years—a significantly smaller proportion than the Nebraska rate of 22.8 percent. Women in the Four Corners area (12.1 percent) were also significantly less likely than women statewide (24.2 percent) to report having this test in the last two years.

Immunization

Three-fourths of all adults aged 65 and older in the Four Corners area (75.5 percent) said they had been vaccinated for influenza in the past 12 months.

A smaller proportion of adults in this age group indicated they ever had a pneumonia vaccination (65.6 percent).

Oral Health

Three-fourths of the adults in the Four Corners area (73.5 percent) had visited a dentist in the past 12 months and 71.8 percent had their teeth cleaned within the last year.

Nearly one-third of area respondents (31.9 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 11.6 percent reported having all their teeth extracted due to decay or gum disease.

Four Corners Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	932	11.0	NS	415	11.5	NS	517	10.2	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,427	13.3	NS	587	17.1	NS	840	9.2	NS	No
3. Needed to see a doctor in past year but could not because of cost	1,429	8.8	NS	589	7.9	NS	840	9.8	NS	No
4. Visited a doctor for a routine checkup within the past year	1,410	60.1	NS	581	48.9	NS	829	71.6	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	527	17.1	NS	198	16.3	NS	329	17.9	NS	No
2. Household has no disaster evacuation plan	526	80.8	NS	197	79.3	NS	329	82.6	NS	No
3. Does not have at least 3-day supply of water	525	55.3	NS	198	54.1	NS	327	55.9	NS	No
4. Does not have at least 3-day supply of non-perishable food	525	12.1	NS	197	11.2	NS	328	12.9	NS	No
5. Does not have at least 3-day supply of prescription drugs	525	5.3	NS	195	4.8	NS	330	5.7	NS	No
6. Household has no working battery-powered radio	522	11.0	Sig.	197	8.1	NS	325	13.9	NS	No
7. Household has no working battery-powered flashlight	529	1.7	NS	198	1.7	NS	331	1.5	NS	No
8. Household would not leave home if evacuation were required	490	5.7	NS	178	10.1	NS	312	1.2	NS	Yes
9. Household would use cell phone as main source of communication	496	82.0	Sig.	189	83.3	Sig.	307	81.1	NS	No
10. Household would use radio as main source of information	491	52.4	NS	187	51.5	NS	304	53.9	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,430	89.0	NS	589	89.2	NS	841	89.0	NS	No
2. Average number of days (in past month) that physical health was not good	1,406	2.5	NS	583	2.1	NS	823	2.8	NS	No
3. Average number of days (in past month) that mental health was not good	1,414	2.1	NS	583	1.5	NS	831	2.7	NS	Yes
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	666	3.0	NS	240	3.0	NS	426	3.0	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,419	14.6	NS	584	11.9	Sig.	835	17.3	NS	No
2. Have health problems requiring use of special equipment	1,424	5.2	NS	586	5.2	NS	838	5.0	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	238	1.1	NS	83	1.0	NS	155	1.1	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	263	4.6	NS	117	5.5	NS	146	3.3	Sig.	No
3. Lifetime diagnosis of depressive disorder	280	14.9	NS	128	10.9	NS	152	17.9	NS	No
4. Lifetime diagnosis of anxiety disorder	278	10.2	NS	127	10.5	NS	151	9.6	NS	No

Four Corners Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,426	3.5	NS	588	5.6	NS	838	1.6	NS	Yes
2. Ever told they had angina or coronary heart disease	1,413	3.8	NS	581	4.3	NS	832	3.3	NS	No
3. Ever told they had a stroke	1,430	1.4	NS	588	1.4	NS	842	1.4	NS	No
4. Ever told blood pressure was high	521	23.3	NS	208	26.2	NS	313	20.0	NS	No
5. Ever had cholesterol level checked	517	72.6	NS	205	66.7	NS	312	78.8	NS	No
6. Had cholesterol level checked during the past five years	510	70.0	NS	204	65.5	NS	306	74.8	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	434	27.5	NS	163	40.2	NS	271	20.1	Sig.	Yes
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,431	7.0	NS	589	6.9	NS	842	7.3	NS	No
Arthritis										
1. Ever diagnosed with arthritis	513	24.1	NS	204	25.0	NS	309	22.9	NS	No
Asthma										
1. Ever told they had asthma	1,430	11.4	NS	587	13.3	NS	843	9.4	NS	No
2. Currently have asthma	1,427	7.1	NS	586	7.3	NS	841	6.8	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,380	28.7	NS	583	31.5	NS	797	25.2	NS	No
2. Overweight (BMI=25.0-29.9)	1,380	33.6	NS	583	41.1	NS	797	26.3	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	511	24.2	NS	203	16.3	NS	308	33.0	NS	Yes
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,429	25.5	NS	587	28.1	NS	842	22.4	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	480	52.3	NS	197	48.6	NS	283	57.0	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	494	29.2	NS	197	25.4	Sig.	297	34.1	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,425	15.9	NS	587	20.0	NS	838	11.5	Sig.	No
2. Attempted to quit smoking in past 12 months (among current smokers)	184	52.0	NS	94	45.6	NS	90	64.8	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	370	41.2	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	131	18.6	NS	--	--	--	--

Four Corners Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	540	19.0	NS	216	21.4	NS	324	16.3	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,402	5.7	NS	574	8.1	NS	828	3.2	NS	No
3. Engaged in drinking and driving in the past 30 days	466	6.1	NS	234	8.1	NS	232	3.0	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	560	59.0	Sig.	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	685	95.0	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	674	73.2	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	78	77.0	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	78	61.5	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	85	78.1	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	85	51.8	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	745	53.6	NS	295	50.8	NS	450	56.4	NS	No
9. Among adults aged 50+, had a blood stool test in past two years	674	13.7	Sig.	272	15.8	NS	402	12.1	Sig.	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	494	75.5	NS	171	73.2	NS	323	77.3	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	478	65.6	NS	164	60.1	NS	314	69.7	NS	No
Oral Health										
1. Visited the dentist in past 12 months	904	73.5	NS	380	71.2	NS	524	75.8	NS	No
2. Had teeth cleaned in past 12 months	844	71.8	NS	359	70.1	NS	485	73.5	NS	No
3. Had one or more teeth extracted due to decay or gum disease	895	31.9	NS	376	30.3	NS	519	33.6	NS	No
4. Had all of their teeth extracted (aged 65+)	306	11.6	NS	113	9.0	NS	193	13.6	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Lincoln-Lancaster County Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, rates for the adult population were significantly better for seven indicators in Lincoln-Lancaster County (LLC), compared to Nebraska. A greater proportion of LLC adults considered their general health "good" to "excellent". Fewer adults in this area were physically inactive and a greater proportion participated in the recommended level of vigorous physical activity in a usual week. More adults aged 50 and older reported ever having a colonoscopy or sigmoidoscopy. A greater proportion of LLC adults aged 65 and older ever had a pneumonia vaccination. More adults in this area visited the dentist and had their teeth cleaned within the past 12 months.

Summary of Significant Differences over Time

- The proportion of adults who participated in the recommended level of moderate and/or vigorous physical activity increased significantly from the 2005 baseline in LLC in 2007-2008.

Health Care Access

In LLC, 12.2 percent of BRFSS respondents aged 18 to 64 years reported having no health insurance at the time of the survey.

In 2007-2008, 12.4 percent of adults in this area stated they did not have a personal doctor or health care provider.

At some time in the past year, 7.5 percent of LLC adults needed to see a doctor but could not due to the potential cost of care.

Six out of ten respondents (61.8 percent) reported visiting a doctor for a routine checkup in the past year. Men (54.2 percent) were significantly less likely than women (70.5 percent) in this area to have had a checkup in the last 12 months.

General Emergency Preparedness

In LLC, 19.3 percent of adults indicated their household was not prepared for a major disaster. Three-fourths of all adults (77.4 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in this area (54.2 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 22.3 percent of households said they did not. Men in LLC (27.9 percent) were significantly more likely than men statewide (16.0 percent) to be without a three-day supply of food.

One in ten respondents in this area (9.5 percent) indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

Fourteen percent of LLC households (14.0 percent) did not have a working battery-powered radio. Women in this area (11.4 percent) were significantly less likely than Nebraska women overall (20.3 percent) to say they did not have this kind of radio.

Only 2.9 percent of LLC households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in the LLC area said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 5.6 percent stated they would not do so.

The majority of adults in LLC (76.1 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation.

More than one-half of respondents in this area (53.9 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Compared to adult Nebraskans overall (88.5 percent), a significantly greater proportion of LLC adults (90.9 percent) rated their general health "good", "very good", or "excellent.

Adults in this area averaged 2.8 days in the past month when their physical health was "not good" and 2.7 days when their mental health was "not good".
Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 2.8 days in the past month.

Disability

In 2007-2008, 17.3 percent of adults in LLC stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 6.1 percent of adults in this area.

Mental Health

Only 1.1 percent of LLC adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 11.3 percent of adults.

A somewhat larger proportion of LLC adults (16.7 percent) said they had ever been diagnosed with a depressive disorder, while 10.2 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In LLC, 3.2 percent of adults said they ever had a heart attack, while 3.6 percent were ever told they had angina or coronary heart disease.

Fewer LLC respondents (2.4 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults in LLC who had ever been told by a doctor or other health professional that they have high blood pressure was 24.8 percent in 2007.

Eight out of ten adults in this area (81.4 percent) ever had their cholesterol level checked and 76.5 percent had it tested in the past five years. Among respondents who ever had their blood cholesterol level checked, 36.8 percent had been told it was high.

Diabetes

Among LLC adults, 7.4 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

Three out of ten adults in this area (30.2 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults who had ever been told they had asthma was 11.5 percent, while 9.0 percent currently have this disease.

Overweight and Obesity

Nearly one-fourth of all adults residing in LLC (24.3 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 35.5 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 59.8 percent of adults in this area were overweight or obese in 2007-2008.

Men in this area (43.6 percent) were significantly more likely than women (27.5 percent) to report heights and weights that placed them in the overweight category.

Fruit and Vegetable Consumption

One-fourth of LLC adults (26.3 percent) consume fruits and/or vegetables five or more times daily.

Physical Activity

Compared to Nebraska overall (23.0 percent), a significantly smaller proportion of adults in this area (18.0 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month. Men in LLC (15.5 percent) were also significantly less likely than men statewide (22.4 percent) to report being physically inactive.

Six out of ten LLC adults (59.6 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week. This current rate represents a significant increase from the 2005 rate of 47.3 percent.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 40.2 percent of respondents from this area. This rate is significantly greater than the average for Nebraska adults (31.8 percent).

Tobacco Use

One-fifth of LLC adults (19.9 percent) said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 54.8 percent reported trying to quit smoking at least once in the past 12 months.

More than one-third of LLC men (37.8 percent) said they had ever used smokeless tobacco, while 8.9 percent stated they currently use these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 16.8 percent of adults in this area, while 4.3 percent engaged in heavy drinking in the past 30 days.

Drinking and driving was reported by 7.6 percent of adults in this area in the last month.

Cancer Screening

Among women aged 40 and older in LLC, 71.9 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 93.4 percent reported ever having a Pap test, while 76.1 percent said they had this test within the past three years.

Most men aged 50 and older (86.9 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 78.6 percent said they had this test in the past two years.

Among LLC adults aged 50 and older, 62.9 percent reported ever having a colonoscopy or sigmoidoscopy. This proportion is significantly greater than the Nebraska rate of 56.1 percent.

Among persons in this age group, 27.7 percent said they had a blood stool test in the past two years. Compared to Nebraska men overall (21.4 percent), a significantly greater proportion LLC men aged 50 and older (30.9 percent) had this screening done in the last two years.

Immunization

Three-fourths of adults aged 65 and older (76.5 percent) said they had been vaccinated for influenza in the past 12 months.

Compared to the Nebraska average of 71.2 percent, a significantly larger proportion of LLC adults aged 65 and older (80.6 percent)indicated they ever had a pneumonia vaccination. Men in this area (82.3 percent) were also significantly more likely than men statewide (69.1 percent) to have ever had this preventive measure.

Oral Health

Adults in LLC (77.6 percent) were significantly more likely than adults statewide (70.7 percent) to have visited a dentist in the past 12 months.

They were also significantly more likely (78.0 percent) than Nebraska adults overall (70.1 percent) to state they had their teeth cleaned within the last year. A significantly greater proportion of LLC men (77.2 percent) reported having a dental cleaning in the past 12 months, compared to men statewide (66.7 percent).

Three out of ten LLC respondents (30.3 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 13.4 percent reported having all their teeth extracted due to decay or gum disease.

Lincoln-Lancaster County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	1,039	12.2	NS	421	13.9	NS	618	10.4	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,419	12.4	NS	546	15.0	NS	873	9.4	NS	No
3. Needed to see a doctor in past year but could not because of cost	1,417	7.5	NS	546	6.5	NS	871	8.6	NS	No
4. Visited a doctor for a routine checkup within the past year	1,401	61.8	NS	542	54.2	NS	859	70.5	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	520	19.3	NS	190	20.8	NS	330	17.4	NS	No
2. Household has no disaster evacuation plan	523	77.4	NS	192	82.3	NS	331	72.1	NS	No
3. Does not have at least 3-day supply of water	525	54.2	NS	192	59.5	NS	333	48.1	NS	No
4. Does not have at least 3-day supply of non-perishable food	528	22.3	NS	193	27.9	Sig.	335	15.4	NS	No
5. Does not have at least 3-day supply of prescription drugs	528	9.5	NS	193	13.7	NS	335	3.7	NS	No
6. Household has no working battery-powered radio	526	14.0	NS	194	16.9	NS	332	11.4	Sig.	No
7. Household has no working battery-powered flashlight	528	2.9	NS	194	3.4	NS	334	2.4	NS	No
8. Household would not leave home if evacuation were required	488	5.6	NS	173	9.9	NS	315	1.6	NS	No
9. Household would use cell phone as main source of communication	496	76.1	NS	181	69.0	NS	315	83.2	NS	No
10. Household would use radio as main source of information	503	53.9	NS	186	59.6	NS	317	47.8	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,419	90.9	Sig.	546	90.9	NS	873	90.7	NS	No
2. Average number of days (in past month) that physical health was not good	1,406	2.8	NS	543	2.5	NS	863	3.1	NS	No
3. Average number of days (in past month) that mental health was not good	1,412	2.7	NS	544	2.3	NS	868	3.1	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	715	2.8	NS	237	2.9	NS	478	2.8	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,408	17.3	NS	542	17.8	NS	866	17.3	NS	No
2. Have health problems requiring use of special equipment	1,411	6.1	NS	545	5.8	NS	866	6.3	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	249	1.1	NS	89	1.5	NS	160	0.9	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	268	11.3	NS	103	10.5	NS	165	12.8	NS	No
3. Lifetime diagnosis of depressive disorder	287	16.7	NS	114	12.0	NS	173	21.9	NS	No
4. Lifetime diagnosis of anxiety disorder	287	10.2	NS	114	8.5	NS	173	12.3	NS	No

Lincoln-Lancaster County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,416	3.2	NS	544	4.4	NS	872	2.3	NS	No
2. Ever told they had angina or coronary heart disease	1,407	3.6	NS	543	4.9	NS	864	2.6	NS	No
3. Ever told they had a stroke	1,420	2.4	NS	547	3.2	NS	873	1.9	NS	No
4. Ever told blood pressure was high	546	24.8	NS	200	28.2	NS	346	21.2	NS	No
5. Ever had cholesterol level checked	537	81.4	NS	197	80.2	NS	340	82.4	NS	No
6. Had cholesterol level checked during the past five years	530	76.5	NS	193	74.0	NS	337	78.9	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	471	36.8	NS	168	42.1	NS	303	30.4	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,418	7.4	NS	546	8.8	NS	872	6.4	NS	No
Arthritis										
1. Ever diagnosed with arthritis	539	30.2	NS	197	28.9	NS	342	31.5	NS	No
Asthma										
1. Ever told they had asthma	1,416	11.5	NS	544	10.3	NS	872	12.9	NS	No
2. Currently have asthma	1,411	9.0	NS	544	8.3	NS	867	9.9	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,352	24.3	NS	536	26.5	NS	816	21.7	NS	No
2. Overweight (BMI=25.0-29.9)	1,352	35.5	NS	536	43.6	NS	816	27.5	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	538	26.3	NS	196	22.7	NS	342	29.5	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,420	18.0	Sig.	547	15.5	Sig.	873	20.5	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	513	59.6	NS	187	63.5	NS	326	55.7	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	525	40.2	Sig.	191	47.0	NS	334	33.4	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,414	19.9	NS	545	21.4	NS	869	18.2	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	227	54.8	NS	91	54.9	NS	136	58.7	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	337	37.8	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	118	8.9	NS	--	--	--	--

Lincoln-Lancaster County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	557	16.8	NS	210	20.6	NS	347	13.1	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,399	4.3	NS	535	3.8	NS	864	4.8	NS	No
3. Engaged in drinking and driving in the past 30 days	483	7.6	NS	223	9.3	NS	260	5.3	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	532	71.9	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	689	93.4	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	679	76.1	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	69	86.9	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	67	78.6	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	74	79.5	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	73	62.8	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	662	62.9	Sig.	258	64.6	NS	404	61.8	NS	No
9. Among adults aged 50+, had a blood stool test in past two years	583	27.7	NS	235	30.9	Sig.	348	25.1	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	379	76.5	NS	126	79.1	NS	253	74.7	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	372	80.6	Sig.	124	82.3	Sig.	248	79.3	NS	No
Oral Health										
1. Visited the dentist in past 12 months	866	77.6	Sig.	342	76.5	NS	524	78.6	NS	No
2. Had teeth cleaned in past 12 months	825	78.0	Sig.	330	77.2	Sig.	495	78.6	NS	No
3. Had one or more teeth extracted due to decay or gum disease	862	30.3	NS	344	29.8	NS	518	30.8	NS	No
4. Had all of their teeth extracted (aged 65+)	229	13.4	NS	84	12.2	NS	145	14.2	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Loup Basin Public Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, rates for the adult population were significantly worse for ten indicators in the Loup Basin area, compared to Nebraska. Fewer Loup Basin adults had their cholesterol level checked within the past five years. More adults in this area did not engage in any physical activity (outside of work) in the past month. Greater proportions of men in this area reported ever using or currently using smokeless tobacco. Fewer adults aged 50 and older ever had a colonoscopy or sigmoidoscopy and a smaller proportion of adults in this age group had a blood stool test in the past two years. Adults aged 65 and older in the Loup Basin were less likely to have had a flu shot within the past 12 months or to have ever had a pneumonia vaccination. Fewer adults in this area visited the dentist or had their teeth cleaned in the last 12 months, compared to Nebraska.

Summary of Significant Differences over Time

- No significant changes in prevalence occurred between the 2005 baseline and current rates in the Loup Basin area.

Health Care Access

Fifteen percent of Loup Basin respondents aged 18 to 64 years reported having no health insurance at the time of the survey.

In 2007-2008, 13.7 percent of adults in this area stated they did not have a personal doctor or health care provider. Men (18.9 percent) were significantly more likely than women (8.4 percent) in the Loup Basin to report not having a personal physician.

At some time in the past year, 8.9 percent of Loup Basin adults needed to see a doctor but could not due to the potential cost of care.

In the current study, 58.3 percent adults in this area reported visiting a doctor for a routine checkup in the past year. Men (50.9 percent) were significantly less likely than women (64.6 percent) in this area to have had a checkup in the last 12 months.

General Emergency Preparedness

In the Loup Basin, 11.9 percent of adults indicated their household was not prepared for a major disaster.

Eight out of ten adults (81.1 percent) stated that they did not have a written disaster evacuation plan. Men in this area (85.0 percent) were significantly more likely than men statewide (74.7 percent) to say they had not prepared such a plan.

More than one-half of BRFSS respondents in this area (53.4 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 14.5 percent of households said they did not.

Similarly, 10.4 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them. Women in the Loup Basin (4.8 percent) were significantly less likely than women statewide (10.8 percent) to say they did not have a three-day supply of prescriptions for household members.

Seventeen percent of households in this area (17.0 percent) did not have a working battery-powered radio, while 8.1 percent of households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in the Loup Basin area said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 6.4 percent stated they would not do so.

Seven out of ten respondents in this area (69.8 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation. Six out of ten adults (61.5 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among Loup Basin adults, 85.9 percent considered their general health "good", "very good", or "excellent. Men in this area (83.4 percent) were significantly less likely

than Nebraska men overall (88.5 percent) to rate their health good to excellent.

Adults in this area averaged 2.8 days in the past month when their physical health was "not good" and 2.2 days when their mental health was "not good". Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 3.7 days in the past month.

Disability

In 2007-2008, 17.7 percent of adults in the Loup Basin stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 5.6 percent of adults in this area.

Mental Health

Only 3.0 percent of Loup Basin adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 8.1 percent of adults..

A larger proportion of adults (13.8 percent) said they had ever been diagnosed with a depressive disorder, while 7.0 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In the Loup Basin area, 4.3 percent of adults said they ever had a heart attack. Men (6.2 percent) were significantly more likely than women (2.6 percent) to report having a heart attack.

The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 4.7 percent in this area, with men (6.5 percent) significantly more likely than women (3.0 percent) to say they have this condition.

Slightly fewer Loup Basin respondents (2.8 percent) said they had ever been told by a health professional that they had a stroke. A significantly larger proportion of Loup Basin women were ever diagnosed with a stroke (3.6 percent), compared to Nebraska women (2.0 percent).

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 23.5 percent in 2007.

Seven out of ten Loup Basin adults (69.4 percent) ever had their cholesterol level checked and 63.5 percent had it tested in the past five years. The five-year screening rate was significantly lower in the Loup Basin than it was in Nebraska (72.0 percent).

Among area respondents who ever had their blood cholesterol level checked, 30.7 percent had been told it was high.

Diabetes

Among Loup Basin adults, 5.6 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

More than one-fourth of adults in this area (29.1 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the Loup Basin who had ever been told they had asthma was 9.6 percent, while 6.5 percent currently have this disease.

Overweight and Obesity

More than one-fourth of all adults residing in the Loup Basin (29.0 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 34.3 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 63.3 percent of adults in this area were overweight or obese in 2007-2008.

Fruit and Vegetable Consumption

Nearly one-fourth of Loup Basin adults (23.6 percent) consume fruits and/or vegetables five or more times daily. Women in this area (35.1 percent) were significantly more likely than men (13.8 percent) to

consume these foods the recommended five or more time per day.

Physical Activity

Compared to the state overall (23.0 percent), a significantly greater proportion of respondents in this area (27.7 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month. Men in the Loup Basin (30.8 percent) were significantly more likely than men statewide (22.4 percent) to be physically inactive.

One-half of Loup Basin adults (50.7 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 27.3 percent of respondents from this area.

Tobacco Use

Among Loup Basin adults, 15.0 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 58.7 percent reported trying to quit smoking at least once in the past 12 months. Women in this area (75.3 percent) were significantly more likely than women statewide (55.8 percent) to indicate they tried to quit smoking in the last 12 months. Loup Basin women were also significantly more likely than men in the area (48.2 percent) to have attempted to stop smoking.

A significantly greater proportion of Loup Basin men (57.1 percent) said they had ever used smokeless tobacco, compared to Nebraska men overall (41.4 percent). Loup Basin men (22.2 percent) were also significantly more likely than men statewide (12.6 percent) to report currently using these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 16.7 percent of adults in this area, while 4.5 percent engaged in heavy drinking in the past 30 days.

Drinking and driving was reported by 6.3 percent of adults in this area in the last month.

Cancer Screening

Among women aged 40 and older in the Loup Basin, 64.1 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 94.5 percent reported ever having a Pap test, while 76.1 percent said they had this test within the past three years.

Most men aged 50 and older (87.3 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 78.3 percent said they had this test in the past two years.

A significantly smaller proportion of Loup Basin adults aged 50 and older (44.6 percent) reported ever having a colonoscopy or sigmoidoscopy, compared to the Nebraska average of 56.1 percent. Men in this area (42.4 percent) were also significantly less likely than men statewide (55.4 percent) to indicate they ever this kind of exam. Loup Basin women (46.6 percent) were also significantly less likely than their counterparts statewide (56.8 percent) to have had a colonoscopy or sigmoidoscopy.

Among persons in this age group in the Loup Basin, 16.6 percent said they had a blood stool test in the past two years—a significantly smaller proportion than the Nebraska rate of 22.8 percent. Women in the Loup Basin (15.8 percent) were also significantly less likely than women statewide (24.2 percent) to report having this test in the last two years.

Immunization

Seven out of ten adults aged 65 and older in the Loup Basin (69.4 percent) said they had been vaccinated for influenza in the past 12 months. This rate is significantly lower than the Nebraska rate of 76.3 percent. Loup Basin women (69.2 percent) were also significantly less likely than Nebraska women overall (76.6 percent) to have a flu shot within the past 12 months.

Compared to the pneumonia vaccination rate for all Nebraskans aged 65 and older (71.2 percent), a significantly smaller proportion of Loup Basin adults (61.5 percent) indicated they ever had a pneumonia vaccination. As with flu shots, the proportion of women in this area (62.2 percent) who ever had a shot for pneumonia was significantly smaller than the corresponding statewide rate for women (72.8 percent).

Oral Health

Compared to Nebraska (70.7 percent), a significantly smaller proportion of adults in the Loup Basin area (60.8 percent) had visited a dentist in the past 12 months. Men in this area (55.3 percent) were significantly less likely than men statewide (67.7 percent) to have visited a dentist within the past year.

Similarly, a significantly smaller proportion of Loup Basin adults (59.2 percent) reported having their teeth cleaned during the past 12 months, compared to Nebraska (70.1). Both men (53.9 percent) and women (64.5 percent) in this area were significantly less likely than men (66.7 percent) and women (73.4 percent) statewide to have their teeth cleaned.

More than one-third of area respondents (38.2 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 21.5 percent reported having all their teeth extracted due to decay or gum disease.

Loup Basin Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	843	15.0	NS	357	15.8	NS	486	14.1	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,361	13.7	NS	531	18.9	NS	830	8.4	NS	Yes
3. Needed to see a doctor in past year but could not because of cost	1,364	8.9	NS	532	7.1	NS	832	10.9	NS	No
4. Visited a doctor for a routine checkup within the past year	1,345	58.3	NS	525	50.9	NS	820	64.6	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	510	11.9	NS	195	9.4	NS	315	14.3	NS	No
2. Household has no disaster evacuation plan	513	81.1	NS	192	85.0	Sig.	321	77.9	NS	No
3. Does not have at least 3-day supply of water	517	53.4	NS	195	41.8	NS	322	62.3	NS	No
4. Does not have at least 3-day supply of non-perishable food	519	14.5	NS	195	14.9	NS	324	12.9	NS	No
5. Does not have at least 3-day supply of prescription drugs	517	10.4	NS	193	14.1	NS	324	4.8	Sig.	No
6. Household has no working battery-powered radio	510	17.0	NS	192	15.6	NS	318	14.3	NS	No
7. Household has no working battery-powered flashlight	515	8.1	NS	194	8.5	NS	321	4.2	NS	No
8. Household would not leave home if evacuation were required	462	6.4	NS	164	9.5	NS	298	3.7	NS	No
9. Household would use cell phone as main source of communication	499	69.8	NS	191	66.9	NS	308	72.0	NS	No
10. Household would use radio as main source of information	498	61.5	NS	190	68.4	NS	308	52.5	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,363	85.9	NS	531	83.4	Sig.	832	88.0	NS	No
2. Average number of days (in past month) that physical health was not good	1,341	2.8	NS	522	2.5	NS	819	3.2	NS	No
3. Average number of days (in past month) that mental health was not good	1,339	2.2	NS	520	1.7	NS	819	2.7	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	622	3.7	NS	211	4.4	NS	411	3.5	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,356	17.7	NS	526	17.2	NS	830	18.7	NS	No
2. Have health problems requiring use of special equipment	1,361	5.6	NS	530	6.3	NS	831	4.8	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	264	3.0	NS	102	0.6	NS	162	5.2	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	254	8.1	NS	106	7.0	NS	148	11.9	NS	No
3. Lifetime diagnosis of depressive disorder	271	13.8	NS	114	13.4	NS	157	13.2	NS	No
4. Lifetime diagnosis of anxiety disorder	271	7.0	NS	114	7.8	NS	157	6.0	NS	No

Loup Basin Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,360	4.3	NS	530	6.2	NS	830	2.6	NS	Yes
2. Ever told they had angina or coronary heart disease	1,349	4.7	NS	524	6.5	NS	825	3.0	NS	Yes
3. Ever told they had a stroke	1,361	2.8	NS	531	1.9	NS	830	3.6	Sig.	No
4. Ever told blood pressure was high	554	23.5	NS	219	25.0	NS	335	21.8	NS	No
5. Ever had cholesterol level checked	543	69.4	NS	218	64.3	NS	325	75.6	NS	No
6. Had cholesterol level checked during the past five years	537	63.5	Sig.	217	57.9	NS	320	70.2	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	439	30.7	NS	170	30.7	NS	269	30.5	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,365	5.6	NS	532	6.8	NS	833	4.6	NS	No
Arthritis										
1. Ever diagnosed with arthritis	544	29.1	NS	214	27.1	NS	330	32.6	NS	No
Asthma										
1. Ever told they had asthma	1,361	9.6	NS	530	7.9	NS	831	10.9	NS	No
2. Currently have asthma	1,357	6.5	NS	529	5.2	NS	828	7.6	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,317	29.0	NS	529	29.7	NS	788	28.3	NS	No
2. Overweight (BMI=25.0-29.9)	1,317	34.3	NS	529	38.9	NS	788	30.6	NS	No
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	546	23.6	NS	216	13.8	NS	330	35.1	NS	Yes
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,364	27.7	Sig.	532	30.8	Sig.	832	25.0	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	513	50.7	NS	199	53.4	NS	314	47.7	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	526	27.3	NS	204	29.4	NS	322	25.2	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,358	15.0	NS	530	16.9	NS	828	12.4	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	180	58.7	NS	82	48.2	NS	98	75.3	Sig.	Yes
3. Ever used smokeless tobacco (males)	--	--	--	299	57.1	Sig.	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	150	22.2	Sig.	--	--	--	--

Loup Basin Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	551	16.7	NS	219	20.7	NS	332	12.1	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,327	4.5	NS	513	5.5	NS	814	3.7	NS	No
3. Engaged in drinking and driving in the past 30 days	362	6.3	NS	176	7.8	NS	186	4.0	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	539	64.1	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	659	94.5	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	648	76.1	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	75	87.3	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	74	78.3	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	75	78.9	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	73	49.7	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	712	44.6	Sig.	271	42.4	Sig.	441	46.6	Sig.	No
9. Among adults aged 50+, had a blood stool test in past two years	651	16.6	Sig.	253	17.6	NS	398	15.8	Sig.	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	516	69.4	Sig.	174	69.8	NS	342	69.2	Sig.	No
2. Ever had a pneumonia vaccination (aged 65+)	501	61.5	Sig.	164	60.5	NS	337	62.2	Sig.	No
Oral Health										
1. Visited the dentist in past 12 months	802	60.8	Sig.	308	55.3	Sig.	494	66.3	NS	No
2. Had teeth cleaned in past 12 months	715	59.2	Sig.	276	53.9	Sig.	439	64.5	Sig.	No
3. Had one or more teeth extracted due to decay or gum disease	794	38.2	NS	307	39.2	NS	487	37.4	NS	No
4. Had all of their teeth extracted (aged 65+)	308	21.5	NS	102	22.5	NS	206	20.6	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

North Central District Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, rates for the adult population of the North Central District were significantly better for five indicators, compared to Nebraska. Fewer adults in this District said they were unprepared for a major disaster and fewer said they did not have at least a three-day supply of non-perishable food on hand. Smaller proportions of North Central adults reported ever being diagnosed with depression or with an anxiety disorder. Among respondents who ever had their cholesterol checked, a smaller proportion were told that it was high.
- Rates were significantly worse for eight indicators in the North Central District than they were for the state overall. Fewer adults would use a cell phone as their main source of communication with family and friends in a large-scale emergency. A greater proportion of adults in this District reported being physically inactive in the past month. More North Central men currently use smokeless tobacco, compared to men statewide. Fewer adults aged 50 and older reported ever having a colonoscopy or sigmoidoscopy. Smaller proportions of adults aged 65 and older in this area had a flu shot in the last 12 months or indicated they were ever vaccinated for pneumonia. Compared to Nebraskan adults overall, North Central adults were less likely to have visited the dentist or to have had their teeth cleaned within the past 12 months.

Summary of Significant Differences over Time

- Compared to 2005, significantly fewer North Central adults in the current study visited a doctor for a routine checkup in the past year.
- On the positive side, the proportion of adults who participated in the recommended level of moderate and/or vigorous physical activity in the current study increased significantly from the 2005 baseline.

Health Care Access

One-fifth of North Central respondents aged 18 to 64 years (19.5 percent) reported having no health insurance at the time of the survey. Men in this District (22.4 percent) were significantly more likely than Nebraska men overall (15.2 percent) to say they had no health insurance.

In 2007-2008, 19.0 percent of adults in this area stated they did not have a personal doctor or health care provider. North Central men (25.3 percent) were significantly more likely than women in this area (11.9 percent) to indicate they did not have a personal physician.

At some time in the past year, 9.6 percent of North Central adults needed to see a doctor but could not due to the potential cost of care.

Six out of ten respondents in this area (58.3 percent) reported visiting a doctor for a routine checkup in the past year. This rate is down significantly from the 2005 study when 71.4 percent of adults said they had a checkup this recently. Men in the North Central area (47.3 percent) were significantly less likely than women (70.3 percent) in this area to have had a checkup in the last 12 months.

General Emergency Preparedness

In the North Central District, only 10.3 percent of adults indicated their household was not prepared for a major disaster—a significantly smaller proportion than the Nebraska average of 16.6 percent.

Three-fourths of adults in this district (73.4 percent) stated that they did not have a written disaster evacuation plan.

One-half of BRFSS respondents in this district (50.1 percent) did not have a three-day supply of water on hand. North Central women (58.8 percent) were significantly more likely than men in this district (41.0 percent) to say they did not have this large a supply.

Although most households in this district had a three-day supply of non-perishable food, respondents from 9.1 percent of North Central households said they did not. However, this proportion is significantly smaller than the statewide average of 16.7 percent. Men in this district were also significantly less likely (6.1 percent) than

Nebraska men overall (16.0 percent) to report less than a three-day supply of food.

When asked whether or not they had a three-day supply of prescription drugs on hand for all household members who required them, only 4.3 percent of respondents in this district said they did not. North Central women (3.4 percent) were significantly less likely than Nebraska women overall (10.8 percent) to state they did not have enough prescription medication to last for three days.

Among all North Central households, 18.6 percent did not have a working battery-powered radio. Only 4.3 percent of households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in the North Central area said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 7.6 percent stated they would not do so.

Compared to Nebraskans overall, a significantly smaller proportion of North Central residents (66.3 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation. Women in this area (66.3 percent) were significantly less likely than women statewide (76.2 percent) to say they would use their cell phone to communicate under these circumstances.

More than one-half of respondents in this area (56.1 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among North Central adults, 88.0 percent considered their general health "good," "very good," or "excellent."

Adults in this area averaged 2.5 days in the past month when their physical health was "not good" and 2.0 days when their mental health was "not good." Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 3.7 days in the past month.

Disability

In 2007-2008, 15.9 percent of adults in the North Central District stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 5.5 percent of adults in this area.

Mental Health

Only 1.6 percent of North Central adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 4.5 percent of adults.

A somewhat larger proportion of North Central adults (8.7 percent) said they had ever been diagnosed with a depressive disorder, although this rate is significantly lower than the overall rate for Nebraska (16.8 percent). Men in this district (4.1 percent) were also significantly less likely than men statewide (13.3 percent) to say they had ever been diagnosed with depression.

Only 3.9 percent of North Central adults had ever been told they had an anxiety disorder—a significantly smaller proportion than the Nebraska prevalence rate of 10.7 percent. Only 1.2 percent of men in this district stated they had received a diagnosis of an anxiety disorder at some time in their life. This prevalence rate is significantly lower than the average for men statewide (8.3 percent) and is significantly lower than the rate for women in the North Central District (6.6 percent).

Cardiovascular Disease

In the North Central District, 4.2 percent of adults said they ever had a heart attack. Men (6.6 percent) were significantly more likely than women (2.3 percent) to report having a heart attack.

The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 3.4 percent in this district. North Central men (5.1 percent) were significantly more likely than women in this district (2.1 percent) to say they were diagnosed with coronary heart disease.

A slightly smaller proportion of North Central respondents (2.5 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 22.5 percent in 2007.

Nearly three-fourths of North Central adults (72.9 percent) ever had their cholesterol level checked and 69.4 percent had it tested in the past five years.

Among respondents who ever had their blood cholesterol level checked, 25.5 percent had been told it was high. This proportion is significantly smaller than the Nebraska rate of 31.9 percent.

Diabetes

Among North Central adults, 7.1 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

One-fourth of adults in this area (25.8 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the North Central District who had ever been told they had asthma was 9.6 percent, while 6.5 percent currently have this disease.

Overweight and Obesity

More than one-fourth of all adults residing in the North Central District (26.4 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 40.3 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 66.7 percent of adults in this area were overweight or obese in 2007-2008.

Men in this area (49.0 percent) were significantly more likely than women (30.9 percent) to report heights and weights that placed them in the overweight category.

Fruit and Vegetable Consumption

One-fourth of North Central adults (23.5 percent) consumed fruits and/or vegetables five or more times daily.

Physical Activity

Compared to the average for Nebraska (23.0 percent), a significantly greater proportion of respondents in this district (28.6 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month. Prevalence of physical inactivity among men was also significantly higher in the North Central District (32.5 percent) than in Nebraska overall (22.4 percent).

Nearly one-half of North Central adults (49.2 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week. The current rate represents a significant increase from the 34.3 percent participation rate recorded in 2005 for respondents in this district.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 25.5 percent of respondents from this area.

Tobacco Use

Among North Central adults, 17.8 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 51.1 percent reported trying to quit smoking at least once in the past 12 months.

Nearly one-half of men in the North Central District (48.4 percent) said they had ever used smokeless tobacco, while 29.8 percent stated they currently use these tobacco products. This current rate is significantly higher than the statewide rate of 12.6 percent.

Alcohol Consumption

Binge drinking in the past month was reported by 16.6 percent of adults in this district, with men (24.7 percent) significantly more likely than women (8.4 percent) to report this pattern of alcohol consumption.

A smaller proportion of North Central adults (5.1 percent) engaged in heavy drinking in the past 30 days. Men in this district (7.2 percent) were significantly

more likely than women (2.3 percent) to indicate they participated in heavy drinking in the past month.

Drinking and driving was reported by 7.6 percent of adults in this area in the last month, with a significantly greater proportion of men (12.6 percent) engaging in this behavior compared to women (1.6 percent).

Cancer Screening

Among women aged 40 and older in the North Central area, 63.5 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 95.9 percent reported ever having a Pap test, while 75.2 percent said they had this test within the past three years.

Most men aged 50 and older (76.4 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 64.6 percent said they had this test in the past two years.

Among North Central adults aged 50 and older, 45.6 percent reported ever having a colonoscopy or sigmoidoscopy—a significantly lower rate than the overall Nebraska rate (56.1 percent). Men in this district (37.7 percent) were also significantly less likely than men statewide (55.4 percent) to have ever had this kind of exam.

Among persons in this age group, 21.2 percent said they had a blood stool test in the past two years.

Immunization

Seven out of ten adults aged 65 and older in the North Central District (69.6 percent) said they had been vaccinated for influenza in the past 12 months. This rate is significantly lower than the Nebraska vaccination rate of 76.3 percent for this age group.

North Central adults in this age group (64.7 percent) were also significantly less likely than respondents statewide (71.2 percent) to say they ever had a pneumonia vaccination.

Oral Health

Compared to adults statewide (70.7 percent), a significantly smaller proportion of adults in the North Central District (63.0 percent) had visited a dentist in the past 12 months. Men in this district (57.4 percent) were also significantly less likely than Nebraska men overall (67.7 percent) and North Central women (68.9 percent) to have visited the dentist in the last year.

A similar pattern is evident for teeth cleaning. Adults in the North Central District (61.8 percent) were significantly less likely than Nebraska adults overall (70.1 percent) to have their teeth cleaned in the last year. The proportion of men in this district who had received this service in the past 12 months (55.0 percent) was significantly lower than the corresponding statewide rate for men (66.7 percent) and the rate for women in this District (68.3 percent).

More than one-third of area respondents (36.3 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 20.7 percent reported having all their teeth extracted due to decay or gum disease.

North Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	901	19.5	NS	374	22.4	Sig.	527	16.1	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,405	19.0	NS	532	25.3	NS	873	11.9	NS	Yes
3. Needed to see a doctor in past year but could not because of cost	1,406	9.6	NS	534	7.9	NS	872	11.4	NS	No
4. Visited a doctor for a routine checkup within the past year	1,393	58.3	NS	530	47.3	NS	863	70.3	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	512	10.3	Sig.	183	8.1	NS	329	12.4	NS	No
2. Household has no disaster evacuation plan	511	73.4	NS	183	77.3	NS	328	69.1	NS	No
3. Does not have at least 3-day supply of water	511	50.1	NS	183	41.0	NS	328	58.8	NS	Yes
4. Does not have at least 3-day supply of non-perishable food	515	9.1	Sig.	185	6.1	Sig.	330	11.9	NS	No
5. Does not have at least 3-day supply of prescription drugs	515	4.3	NS	185	5.6	NS	330	3.4	Sig.	No
6. Household has no working battery-powered radio	506	18.6	NS	181	18.2	NS	325	18.6	NS	No
7. Household has no working battery-powered flashlight	515	4.3	NS	186	6.6	NS	329	2.0	NS	No
8. Household would not leave home if evacuation were required	475	7.6	NS	169	11.3	NS	306	4.2	NS	No
9. Household would use cell phone as main source of communication	489	66.3	Sig.	178	66.9	NS	311	66.3	Sig.	No
10. Household would use radio as main source of information	481	56.1	NS	177	57.4	NS	304	54.8	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,406	88.0	NS	535	87.3	NS	871	88.7	NS	No
2. Average number of days (in past month) that physical health was not good	1,383	2.5	NS	524	2.5	NS	859	2.5	NS	No
3. Average number of days (in past month) that mental health was not good	1,391	2.0	NS	529	1.6	NS	862	2.4	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	623	3.7	NS	215	3.2	NS	408	2.9	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,400	15.9	NS	531	15.2	NS	869	15.8	NS	No
2. Have health problems requiring use of special equipment	1,403	5.5	NS	532	6.0	NS	871	5.1	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	255	1.6	NS	93	0.8	NS	162	2.4	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	263	4.5	NS	105	3.6	NS	158	5.5	NS	No
3. Lifetime diagnosis of depressive disorder	281	8.7	Sig.	112	4.1	Sig.	169	13.6	NS	No
4. Lifetime diagnosis of anxiety disorder	282	3.9	Sig.	113	1.2	Sig.	169	6.6	NS	Yes

North Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,402	4.2	NS	532	6.6	NS	870	2.3	NS	Yes
2. Ever told they had angina or coronary heart disease	1,386	3.4	NS	525	5.1	NS	861	2.1	NS	Yes
3. Ever told they had a stroke	1,405	2.5	NS	534	3.4	NS	871	1.7	NS	No
4. Ever told blood pressure was high	565	22.5	NS	222	22.3	NS	343	21.5	NS	No
5. Ever had cholesterol level checked	561	72.9	NS	222	67.7	NS	339	78.5	NS	No
6. Had cholesterol level checked during the past five years	552	69.4	NS	219	62.2	NS	333	76.7	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	466	25.5	Sig.	172	24.1	NS	294	26.7	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,409	7.1	NS	535	7.6	NS	874	6.6	NS	No
Arthritis										
1. Ever diagnosed with arthritis	558	25.8	NS	219	22.1	NS	339	29.0	NS	No
Asthma										
1. Ever told they had asthma	1,405	9.6	NS	535	7.5	NS	870	11.8	NS	No
2. Currently have asthma	1,402	6.5	NS	533	4.7	NS	869	8.4	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,361	26.4	NS	530	28.1	NS	831	25.2	NS	No
2. Overweight (BMI=25.0-29.9)	1,361	40.3	NS	530	49.0	NS	831	30.9	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	553	23.5	NS	216	19.1	NS	337	28.4	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,406	28.6	Sig.	534	32.5	Sig.	872	24.2	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	510	49.2	NS	200	48.4	NS	310	49.3	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	529	25.5	NS	208	30.0	NS	321	20.0	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,403	17.8	NS	532	17.0	NS	871	18.3	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	202	51.1	NS	74	51.7	NS	128	51.0	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	301	48.4	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	141	29.8	Sig.	--	--	--	--

North Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	565	16.6	NS	218	24.7	NS	347	8.4	NS	Yes
2. Engaged in heavy (chronic) drinking in the past 30 days	1,382	5.1	NS	519	7.2	NS	863	2.3	NS	Yes
3. Engaged in drinking and driving in the past 30 days	425	7.6	NS	199	12.6	NS	226	1.6	NS	Yes
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	567	63.5	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	694	95.9	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	681	75.2	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	73	76.4	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	72	64.6	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	72	75.5	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	71	46.2	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	700	45.6	Sig.	248	37.7	Sig.	452	52.6	NS	--
9. Among adults aged 50+, had a blood stool test in past two years	629	21.2	NS	228	20.8	NS	401	21.7	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	501	69.6	Sig.	158	68.7	NS	343	70.1	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	483	64.7	Sig.	150	62.3	NS	333	66.5	NS	No
Oral Health										
1. Visited the dentist in past 12 months	838	63.0	Sig.	312	57.4	Sig.	526	68.9	NS	Yes
2. Had teeth cleaned in past 12 months	753	61.8	Sig.	281	55.0	Sig.	472	68.3	NS	Yes
3. Had one or more teeth extracted due to decay or gum disease	830	36.3	NS	310	35.3	NS	520	37.4	NS	No
4. Had all of their teeth extracted (aged 65+)	278	20.7	NS	80	21.1	NS	198	20.3	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Northeast Nebraska Public Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, rates for the adult population of the Northeast Nebraska area were significantly better for two indicators, compared to the state. The average number of days when physical health was not good was smaller for adults in this area. The proportion of Northeast Nebraska adults who were ever told there cholesterol level was high was smaller than the statewide rate.
- Rates were significantly worse for eight indicators in the Northeast Nebraska area than they were for the state overall. More adults aged 18 to 64 in this area did not have health insurance at the time of the survey. The proportion of respondents who would use a cell phone as their main source of communication with family and friends in a large-scale emergency was smaller than the Nebraska rate. Fewer men aged 50 and older had a prostate-specific antigen (PSA) test in the last two years. A smaller proportion of adults aged 50 and older reported ever having a colonoscopy or sigmoidoscopy. Smaller proportions of adults aged 65 and older in this area had a flu shot in the last 12 months or indicated they were ever vaccinated for pneumonia. Compared to Nebraska adults overall, Northeast Nebraska adults were less likely to have had their teeth cleaned within the past 12 months. They were also more likely to have lost one or more teeth due to decay or gum disease.

Summary of Significant Differences over Time

- No significant differences were found in current prevalence rates for Northeast Nebraska adults, compared to 2005 rates.

Health Care Access

Compared to the Nebraska rate for persons in this age-group (15.0 percent), a significantly greater proportion of Northeast Nebraska respondents aged 18 to 64 years (21.7 percent) reported having no health insurance at the time of the survey. Women in this area (21.2 percent) were also significantly more likely than Nebraska women overall (14.8 percent) to say they had no health insurance.

In 2007-2008, 18.3 percent of adults in this area stated they did not have a personal doctor or health care provider.

At some time in the past year, 11.2 percent of Northeast Nebraska adults needed to see a doctor but could not due to the potential cost of care.

Nearly six out of ten respondents in this area (58.2 percent) reported visiting a doctor for a routine checkup in the past year. Men in the Northeast Nebraska area (51.7 percent) were significantly less likely than women (64.4 percent) in this area to have had a checkup in the last 12 months.

General Emergency Preparedness

In the Northeast Nebraska area, 18.3 percent of adults indicated their household was not prepared for a major disaster. Three-fourths of adults in this district (76.0 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in this district (57.6 percent) did not have a three-day supply of water on hand. Although most households in this district had a three-day supply of non-perishable food, respondents from 12.3 percent of Northeast Nebraska households said they did not.

When asked whether or not they had a three-day supply of prescription drugs on hand for all household members who required them, 7.6 percent of respondents in this area said they did not.

Among all Northeast Nebraska households, 22.5 percent did not have a working battery-powered radio. Only 3.3 percent of households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in the Northeast Nebraska area said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 8.8 percent stated they would not do so. Men in the Northeast Nebraska area (13.7 percent) were significantly more likely than women in this area (2.7 percent) to say they would refuse to leave.

Compared to Nebraskans overall, a significantly smaller proportion of Northeast Nebraska residents (64.3 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation. Men in this area (60.7 percent) were significantly less likely than men statewide (73.8 percent) to say they would use their cell phone to communicate under these circumstances.

More than one-half of respondents in this area (52.5 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among Northeast Nebraska adults, 87.8 percent considered their general health "good", "very good", or "excellent".

Adults in this area averaged 2.2 days in the past month when their physical health was "not good"—significantly fewer than the 2.7 days reported statewide. Women in the Northeast Nebraska area also reported significantly fewer days with poor physical health (2.4) than women in Nebraska overall (3.1).

Northeast Nebraska adults averaged 2.3 days when their mental health was "not good". Women in this area (2.2 days) reported significantly fewer days with poor mental health than Nebraska women overall (3.1 days).

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 3.3 days in the past month.

Disability

In 2007-2008, 15.0 percent of adults in the Northeast Nebraska area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems. Women in this area (12.6 percent) were significantly less likely than women statewide (17.9 percent) to report this activity limitation.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 4.6 percent of adults in this area.

Mental Health

Only 2.9 percent of Northeast Nebraska adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 7.3 percent of adults, while a somewhat larger proportion of Northeast Nebraska adults (12.2 percent) said they had ever been diagnosed with a depressive disorder.

A lifetime diagnosis of an anxiety disorder was reported by 10.7 percent of Northeast Nebraska adults.

Cardiovascular Disease

In the Northeast Nebraska area, 2.8 percent of adults said they ever had a heart attack. Men in this area (2.9 percent) were significantly less likely than men statewide (5.3 percent) to report having a heart attack.

The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 2.9 percent in this district.

A smaller proportion of Northeast Nebraska respondents (1.4 percent) said they had ever been told by a health professional that they had a stroke. Men in this area (0.9 percent) were significantly less likely than Nebraska men overall (2.5 percent) to have ever had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 22.0 percent in 2007.

The majority of Northeast Nebraska adults (70.7 percent) ever had their cholesterol level checked and 66.4 percent had it tested in the past five years. Among respondents who ever had their blood cholesterol level checked, 24.7 percent had been told it was high. This proportion is significantly smaller than the Nebraska rate of 31.9 percent.

Diabetes

Among Northeast Nebraska adults, 6.0 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

A little less than one-fourth of adults in this area (22.7 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the Northeast Nebraska who had ever been told they had asthma was 9.2 percent, while 6.4 percent currently have this disease. Women in this area (9.2 percent) were significantly more likely than men (3.8 percent) to say they currently have asthma.

Overweight and Obesity

Nearly one-third of all adults residing in the Northeast Nebraska area (31.6 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 38.3 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 69.9 percent of adults in this area were overweight or obese in 2007-2008.

Women in this area (32.8 percent) were significantly more likely than women statewide (25.2 percent) to report heights and weights that placed them in the obese category.

Fruit and Vegetable Consumption

One-fourth of Northeast Nebraska adults (24.9 percent) consumed fruits and/or vegetables five or more times daily.

Physical Activity

More than one-fourth of respondents in this area (27.0 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

In 2007-2008, 45.9 percent of Northeast Nebraska adults engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week. Women in this area (41.2 percent) were significantly less likely than women statewide (51.8 percent) to participate in this level of activity.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 23.4 percent of respondents from this area. Women in the Northeast Nebraska area (15.6 percent) were significantly less likely than Nebraska women overall (27.0 percent) and significantly less likely than Northeast Nebraska men (31.4 percent) to engage in vigorous physical activity.

Tobacco Use

Among Northeast Nebraska adults, 21.7 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 60.3 percent reported trying to quit smoking at least once in the past 12 months. Women in the Northeast Nebraska area (71.1 percent) were significantly more likely than women statewide (55.8 percent) to have attempted to stop smoking in the last year.

Nearly one-half of male respondents in the Northeast Nebraska area (45.4 percent) said they had ever used smokeless tobacco, while 16.0 percent stated they currently use these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 22.9 percent of adults in this area, with men (32.8 percent) significantly more likely than women (12.2 percent) to report this pattern of alcohol consumption.

A smaller proportion of Northeast Nebraska adults (7.8 percent) engaged in heavy drinking in the past 30 days. Men in this area (11.9 percent) were significantly more likely than men statewide (5.2 percent) and than women in the Northeast area (2.9 percent) to report drinking heavily.

Drinking and driving was reported by 6.8 percent of adults in this area in the last month. Northeast Nebraska men (10.4 percent) were significantly more likely than women in this area (2.7 percent) to report drinking and driving.

Cancer Screening

Among women aged 40 and older in the Northeast Nebraska area, 63.3 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 96.4 percent reported ever having a Pap test, while 79.0 percent said they had this test within the past three years.

The majority of men aged 50 and older (68.8 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 51.5 percent said they had this test in the past two years. The two-year screening rate for men in the Northeast Nebraska area was significantly lower than the rate for Nebraska men in this age group overall (69.7 percent).

Among Northeast Nebraska adults aged 50 and older, 44.4 percent reported ever having a colonoscopy or sigmoidoscopy—a significantly lower rate than the overall Nebraska rate (56.1 percent). Men in this district (39.8 percent) were also significantly less likely than men statewide (55.4 percent) to have ever had this kind of exam. The proportion of Northeast Nebraska women who ever had this testing done (48.8 percent) was also significantly smaller than the overall rate for Nebraska women (56.8 percent).

Among persons aged 50 and older, 19.6 percent said they had a blood stool test in the past two years.

Immunization

Two-thirds of all adults aged 65 and older in the Northeast Nebraska area (66.9 percent) said they had been vaccinated for influenza in the past 12 months. This rate is significantly lower than the Nebraska vaccination rate of 76.3 percent for this age group. Men in this area (64.8 percent) were less likely to have had a flu shot within the last year than men statewide (75.7 percent). A similar pattern was evident for women in this area (68.5 vs. 76.7 percent).

Northeast Nebraska adults in this age group (60.4 percent) were significantly less likely than respondents statewide (71.2 percent) to say they ever had a pneumonia vaccination. Male respondents aged 65 and older (53.3 percent) were also significantly less likely than Nebraska men overall (69.1 percent) to have ever been vaccinated for pneumonia.

Oral Health

Nearly two-thirds of adults in the Northeast Nebraska area (64.7 percent) had visited a dentist in the past 12 months.

Adults in the Northeast Nebraska area (63.2 percent) were significantly less likely than Nebraska adults overall (70.1 percent) to have their teeth cleaned in the last year. The proportion of men in this district who had received this service in the past 12 months (55.2 percent) was significantly lower than the corresponding statewide rate (66.7 percent) and the rate for women in this area (71.2 percent).

Four out of ten area respondents (40.4 percent) stated they had one or more teeth extracted due to decay or gum disease. This rate is significantly higher than the Nebraska average rate of 33.6 percent.

Among respondents aged 65 and older, 20.1 percent reported having all their teeth extracted due to decay or gum disease.

Northeast Nebraska Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	933	21.7	Sig.	380	20.3	NS	553	21.2	Sig.	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,374	18.3	NS	522	21.6	NS	852	15.2	NS	No
3. Needed to see a doctor in past year but could not because of cost	1,370	11.2	NS	517	11.8	NS	853	10.6	NS	No
4. Visited a doctor for a routine checkup within the past year	1,351	58.2	NS	517	51.7	NS	834	64.4	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	513	18.3	NS	206	15.0	NS	307	20.8	NS	No
2. Household has no disaster evacuation plan	509	76.0	NS	205	72.8	NS	304	80.7	NS	No
3. Does not have at least 3-day supply of water	514	57.6	NS	205	52.8	NS	309	62.3	NS	No
4. Does not have at least 3-day supply of non-perishable food	514	12.3	NS	206	8.2	NS	308	16.5	NS	No
5. Does not have at least 3-day supply of prescription drugs	513	7.6	NS	205	6.8	NS	308	7.7	NS	No
6. Household has no working battery-powered radio	506	22.5	NS	205	17.2	NS	301	26.9	NS	No
7. Household has no working battery-powered flashlight	514	3.3	NS	206	1.9	NS	308	3.8	NS	No
8. Household would not leave home if evacuation were required	468	8.8	NS	180	13.7	NS	288	2.7	NS	Yes
9. Household would use cell phone as main source of communication	477	64.3	Sig.	196	60.7	Sig.	281	67.0	NS	No
10. Household would use radio as main source of information	489	52.5	NS	198	59.5	NS	291	43.3	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,374	87.8	NS	522	86.2	NS	852	88.7	NS	No
2. Average number of days (in past month) that physical health was not good	1,343	2.2	Sig.	512	1.9	NS	831	2.4	Sig.	No
3. Average number of days (in past month) that mental health was not good	1,351	2.3	NS	508	2.3	NS	843	2.2	Sig.	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	604	3.3	NS	199	3.6	NS	405	3.0	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,369	15.0	NS	518	17.5	NS	851	12.6	Sig.	No
2. Have health problems requiring use of special equipment	1,373	4.6	NS	520	4.9	NS	853	4.4	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	263	2.9	NS	104	1.9	NS	159	3.7	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	238	7.3	NS	86	4.9	NS	152	11.2	NS	No
3. Lifetime diagnosis of depressive disorder	259	12.2	NS	94	8.7	NS	165	15.2	NS	No
4. Lifetime diagnosis of anxiety disorder	259	10.7	NS	94	7.7	NS	165	12.6	NS	No

Northeast Nebraska Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,372	2.8	NS	520	2.9	Sig.	852	2.7	NS	No
2. Ever told they had angina or coronary heart disease	1,363	2.9	NS	517	3.6	NS	846	2.3	NS	No
3. Ever told they had a stroke	1,373	1.4	NS	522	0.9	Sig.	851	1.9	NS	No
4. Ever told blood pressure was high	584	22.0	NS	216	20.5	NS	368	23.2	NS	No
5. Ever had cholesterol level checked	571	70.7	NS	211	67.3	NS	360	74.0	NS	No
6. Had cholesterol level checked during the past five years	562	66.4	NS	209	64.8	NS	353	68	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	460	24.7	Sig.	162	24.5	NS	298	24.8	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,375	6.0	NS	522	6.0	NS	853	6.0	NS	No
Arthritis										
1. Ever diagnosed with arthritis	578	22.7	NS	214	19.5	NS	364	25.5	NS	No
Asthma										
1. Ever told they had asthma	1,372	9.2	NS	521	7.1	NS	851	11.3	NS	No
2. Currently have asthma	1,369	6.4	NS	520	3.8	NS	849	9.2	NS	Yes
Overweight and Obesity										
1. Obese (BMI=30+)	1,317	31.6	NS	514	31.4	NS	803	32.8	Sig.	No
2. Overweight (BMI=25.0-29.9)	1,317	38.3	NS	514	43.5	NS	803	34.0	NS	No
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	577	24.9	NS	213	18.3	NS	364	31.5	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,376	27.0	NS	522	26.7	NS	854	28.8	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	543	45.9	NS	199	50.8	NS	344	41.2	Sig.	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	558	23.4	NS	203	31.4	NS	355	15.6	Sig.	Yes
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,370	21.7	NS	519	24.4	NS	851	18.5	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	222	60.3	NS	91	51.8	NS	131	71.1	Sig.	No
3. Ever used smokeless tobacco (males)	--	--	--	298	45.4	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	125	16.0	NS	--	--	--	--

Northeast Nebraska Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	548	22.9	NS	205	32.8	NS	343	12.2	NS	Yes
2. Engaged in heavy (chronic) drinking in the past 30 days	1,353	7.8	NS	508	11.9	Sig.	845	2.9	NS	Yes
3. Engaged in drinking and driving in the past 30 days	397	6.8	NS	188	10.4	NS	209	2.7	NS	Yes
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	509	63.3	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	641	96.4	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	624	79.0	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	45	68.8	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	45	51.5	Sig.	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	45	77.4	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	45	51.8	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	616	44.4	Sig.	221	39.8	Sig.	395	48.8	Sig.	No
9. Among adults aged 50+, had a blood stool test in past two years	562	19.6	NS	210	17.0	NS	352	22.1	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	441	66.9	Sig.	141	64.8	Sig.	300	68.5	Sig.	No
2. Ever had a pneumonia vaccination (aged 65+)	434	60.4	Sig.	139	53.3	Sig.	295	65.8	NS	No
Oral Health										
1. Visited the dentist in past 12 months	783	64.7	NS	305	59.8	NS	478	69.0	NS	No
2. Had teeth cleaned in past 12 months	707	63.2	Sig.	282	55.2	Sig.	425	71.2	NS	Yes
3. Had one or more teeth extracted due to decay or gum disease	779	40.4	Sig.	301	40.5	NS	478	40.3	NS	No
4. Had all of their teeth extracted (aged 65+)	256	20.1	NS	81	16.4	NS	175	22.9	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Panhandle Public Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, rates for the adult population were significantly worse for 12 indicators in the Panhandle PHD area, compared to Nebraska. More Panhandle adults aged 18 to 64 had no health insurance and more adults aged 18 and older needed to see a doctor in the past year but could not due to the cost of health care. Fewer adults had a personal physician or health care provider. Panhandle adults averaged more days in the past month when their physical health was not good. A greater proportion of adults in the Panhandle area stated that they would not leave their homes if an evacuation were required due to a major disaster. Greater proportions of men in this area reported ever using or currently using smokeless tobacco. Fewer adults aged 50 and older ever had a colonoscopy or sigmoidoscopy Adults aged 65 and older in the Panhandle area were less likely to have had a flu shot within the past 12 months. Fewer adults in this area visited the dentist or had their teeth cleaned in the last 12 months, compared to Nebraska.

Summary of Significant Differences over Time

- The proportion of adults who participated in the recommended level of moderate and/or vigorous physical activity in a usual week increased significantly from the 2005 baseline.

Health Care Access

Compared to Nebraskans aged 18 to 64 years, a significantly greater proportion of Panhandle residents in this age group (21.2 percent) reported having no health insurance at the time of the survey.

In 2007-2008, 20.5 percent of adults in this area stated they did not have a personal doctor or health care provider—a significantly greater proportion than the statewide rate of 15.7 percent. Women in the Panhandle (16.9 percent) were significantly more likely than women (11.2 percent) in Nebraska overall to report not having a personal physician.

At some time in the past year, 15.6 percent of Panhandle adults needed to see a doctor but could not due to the potential cost of care, compared to only 10.5 percent statewide (a statistically significant difference). Women in this area (21.9 percent) were significantly more likely than Nebraska women overall (12.7 percent) and Panhandle men (9.4 percent) to have been unable to see a physician because of cost.

In the current study, 56.9 percent adults in this area reported visiting a doctor for a routine checkup in the past year. Women in the Panhandle (58.4 percent) were significantly less likely than women statewide (69.2 percent) to have had a checkup in the last 12 months.

General Emergency Preparedness

In the Panhandle region, 18.2 percent of adults indicated their household was not prepared for a major disaster. Three-fourths (74.7 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in this area (52.8 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 14.6 percent of households said they did not. Similarly, 7.4 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

One-fifth of households in this area (19.7 percent) did not have a working battery-powered radio, while 3.1 percent of households did not have a working battery-powered flashlight at the time of the survey.

The majority of BRFSS respondents in the Panhandle said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 10.4 percent stated they would not do so. This proportion is significantly greater than the statewide average (4.8 percent). Male respondents in this area (18.6 percent) were significantly more likely than men statewide (7.9 percent) and women in the Panhandle (1.9 percent) to say they would refuse to leave.

Three-fourths of respondents in this area (76.8 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an

emergency situation. Six out of ten adults (63.3 percent) said they would use a radio to get information from public officials in the event of a disaster.

Health-Related Quality of Life

Among Panhandle area adults, 86.3 percent considered their general health "good", "very good", or "excellent.

Adults in this area averaged 3.4 days in the past month when their physical health was "not good"—significantly higher than the Nebraska average of 2.7 days.

Respondents in the Panhandle averaged 3.2 days when their mental health was "not good". Women in this area reported significantly more days with poor mental health (4.7 days) than Nebraska women overall (3.1 days). They also averaged significantly more days with poor mental health than men in the Panhandle (2.1 days).

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 4.1 days in the past month.

Disability

In 2007-2008, 18.5 percent of adults in the Panhandle area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 6.2 percent of adults in this area.

Mental Health

Only 1.8 percent of Panhandle adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 7.7 percent of adults..

A larger proportion of adults (20.9 percent) said they had ever been diagnosed with a depressive disorder, while 11.4 percent stated they had received a diagnosis of an anxiety disorder at some time in their life.

Cardiovascular Disease

In the Panhandle area, 3.7 percent of adults said they ever had a heart attack.

The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 3.9 percent in this area, with women in the Panhandle (4.3 percent) significantly more likely than women statewide (2.8 percent) to say they have this condition.

Fewer Panhandle respondents (2.4 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 27.7 percent in 2007.

Three-fourths of Panhandle area adults (73.4 percent) ever had their cholesterol level checked and 66.3 percent had it tested in the past five years. The five-year screening rate was significantly lower among Panhandle women (65.5 percent) than among Nebraska women overall (74.7 percent).

Among area respondents who ever had their blood cholesterol level checked, 29.5 percent had been told it was high.

Diabetes

Among Panhandle adults, 6.6 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

Three out of ten adults in this area (30.9 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the Panhandle area who had ever been told they had asthma was 13.6 percent, while 10.0 percent currently have this disease.

Overweight and Obesity

More than one-fourth of all adults residing in the Panhandle area (29.0 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 36.7 percent were

classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 65.7 percent of adults in this area were overweight or obese in 2007-2008.

Men in the Panhandle (43.5 percent) were significantly more likely than women in this area (30.4 percent) to report heights and weights that placed them in the overweight category.

Fruit and Vegetable Consumption

One-fifth of Panhandle adults (21.5 percent) consumed fruits and/or vegetables five more times daily.

Physical Activity

One-fourth of respondents in this area (24.6 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

One-half of Panhandle adults (49.7 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week. The current rate represents a significant increase from the 31.9 percent reported in 2005.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 26.7 percent of respondents from this area.

Tobacco Use

Among Panhandle adults, 23.4 percent said they currently smoke cigarettes, either daily or on some days of the month. Women in this area (23.5 percent) were significantly more likely than women statewide (17.3 percent) to say they were current smokers.

Among current smokers, 48.8 percent reported trying to quit smoking at least once in the past 12 months.

A significantly greater proportion of Panhandle men (60.5 percent) said they had ever used smokeless tobacco, compared to Nebraska men overall (41.4 percent). Men in this area (27.7 percent) were also significantly more likely than men statewide (12.6 percent) to report currently using these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 22.2 percent of adults in this area, while 2.8 percent engaged in heavy drinking in the past 30 days.

Drinking and driving was reported by 4.8 percent of adults in this area in the last month.

Cancer Screening

Among women aged 40 and older in the Panhandle, 57.9 percent stated they had a mammogram in the past two years. This rate is significantly lower than the Nebraska rate for women in this age group (69.9 percent).

Among women aged 18 and older, 96.0 percent reported ever having a Pap test, while 77.5 percent said they had this test within the past three years.

Most men aged 50 and older (69.4 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 59.7 percent said they had this test in the past two years.

A significantly smaller proportion of Panhandle adults aged 50 and older (48.6 percent) reported ever having a colonoscopy or sigmoidoscopy, compared to the Nebraska average of 56.1 percent. Women in this area (46.5 percent) were also significantly less likely than women statewide (56.8 percent) to indicate they ever had this kind of exam.

Among persons in this age group in the Panhandle area, 20.3 percent said they had a blood stool test in the past two years.

Immunization

Two-thirds of adults aged 65 and older in the Panhandle (68.5 percent) said they had been vaccinated for influenza in the past 12 months. This rate is significantly lower than the Nebraska rate of 76.3 percent. Panhandle men (61.1 percent) were also significantly less likely than Nebraska men overall (75.7 percent) to have a flu shot within the past 12 months.

Two-thirds of Panhandle adults aged 65 and older (65.2 percent) also indicated they ever had a pneumonia vaccination.

Oral Health

Compared to Nebraska (70.7 percent), a significantly smaller proportion of adults in the Panhandle area (59.2 percent) had visited a dentist in the past 12 months. Women in this area (56.9 percent) were significantly less likely than women statewide (73.6 percent) to have visited a dentist within the past year.

Similarly, a significantly smaller proportion of adults in this area (59.4 percent) reported having their teeth cleaned during the past 12 months, compared to Nebraska (70.1). Women in this area (57.2 percent) were significantly less likely than women (73.4 percent) statewide to have their teeth cleaned.

More than one-third of area respondents (36.3 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 17.1 percent reported having all their teeth extracted due to decay or gum disease.

Panhandle Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	924	21.2	Sig.	382	22.4	NS	542	19.9	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,396	20.5	Sig.	537	23.6	NS	859	16.9	Sig.	No
3. Needed to see a doctor in past year but could not because of cost	1,398	15.6	Sig.	538	9.4	NS	860	21.9	Sig.	Yes
4. Visited a doctor for a routine checkup within the past year	1,377	56.9	NS	533	54.4	NS	844	58.4	Sig.	No
General Emergency Preparedness										
1. Household not prepared for major disaster	523	18.2	NS	194	10.5	NS	329	26.2	NS	No
2. Household has no disaster evacuation plan	525	74.7	NS	195	69.8	NS	330	81.6	NS	No
3. Does not have at least 3-day supply of water	526	52.8	NS	195	46.3	NS	331	61.1	NS	No
4. Does not have at least 3-day supply of non-perishable food	526	14.6	NS	196	13.6	NS	330	15.3	NS	No
5. Does not have at least 3-day supply of prescription drugs	526	7.4	NS	195	3.2	NS	331	12.8	NS	No
6. Household has no working battery-powered radio	522	19.7	NS	193	15.2	NS	329	24.5	NS	No
7. Household has no working battery-powered flashlight	526	3.1	NS	196	0.6	NS	330	5.1	NS	No
8. Household would not leave home if evacuation were required	479	10.4	Sig.	175	18.6	Sig.	304	1.9	NS	Yes
9. Household would use cell phone as main source of communication	508	76.8	NS	188	76.7	NS	320	76.4	NS	No
10. Household would use radio as main source of information	498	63.3	NS	187	64.6	NS	311	60.3	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,395	86.3	NS	537	88.4	NS	858	83.9	NS	No
2. Average number of days (in past month) that physical health was not good	1,381	3.4	Sig.	534	3.1	NS	847	3.7	NS	No
3. Average number of days (in past month) that mental health was not good	1,377	3.2	NS	529	2.1	NS	848	4.7	Sig.	Yes
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	695	4.1	NS	236	4.1	NS	459	4.0	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,394	18.5	NS	535	17.0	NS	859	20.2	NS	No
2. Have health problems requiring use of special equipment	1,395	6.2	NS	536	5.7	NS	859	6.6	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	280	1.8	NS	95	0.9	NS	185	2.6	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	230	7.7	NS	95	3.4	NS	135	12.5	NS	No
3. Lifetime diagnosis of depressive disorder	253	20.9	NS	99	11.0	NS	154	31.0	NS	No
4. Lifetime diagnosis of anxiety disorder	254	11.4	NS	100	5.2	NS	154	18.0	NS	No

Panhandle Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,391	3.7	NS	534	4.1	NS	857	3.3	NS	No
2. Ever told they had angina or coronary heart disease	1,387	3.9	NS	536	3.4	NS	851	4.3	Sig.	No
3. Ever told they had a stroke	1,396	2.4	NS	537	3.1	NS	859	1.8	NS	No
4. Ever told blood pressure was high	597	27.7	NS	216	30.9	NS	381	24.6	NS	No
5. Ever had cholesterol level checked	587	73.4	NS	212	73.1	NS	374	73.5	NS	No
6. Had cholesterol level checked during the past five years	579	66.3	NS	211	66.3	NS	368	65.5	Sig.	No
7. Ever told cholesterol was high, among those who had ever been screened	492	29.5	NS	173	28.1	NS	319	30.7	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,400	6.6	NS	538	6.8	NS	862	6.5	NS	No
Arthritis										
1. Ever diagnosed with arthritis	1,400	6.6	NS	538	6.8	NS	862	6.5	NS	No
Asthma										
1. Ever told they had asthma	1,395	13.6	NS	536	13.9	NS	859	12.7	NS	No
2. Currently have asthma	1,394	10.0	NS	536	10.1	NS	858	9.2	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,327	29.0	NS	528	29.4	NS	799	30.0	NS	No
2. Overweight (BMI=25.0-29.9)	1,327	36.7	NS	528	43.5	NS	799	30.4	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	589	21.5	NS	214	16.5	NS	375	25.2	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,398	24.6	NS	538	25.7	NS	860	24.3	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	556	49.7	NS	205	49.6	NS	351	48.3	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	570	26.7	NS	205	31.3	NS	365	21.7	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,395	23.4	NS	538	22.1	NS	857	23.5	Sig.	No
2. Attempted to quit smoking in past 12 months (among current smokers)	279	48.8	NS	105	39.6	NS	174	50.0	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	313	60.5	Sig.	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	161	27.7	Sig.	--	--	--	--

Panhandle Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	548	22.2	NS	195	26.1	NS	353	21.5	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,373	2.8	NS	521	3.4	NS	852	2.3	NS	No
3. Engaged in drinking and driving in the past 30 days	391	4.8	NS	197	4.9	NS	194	4.5	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	544	57.9	Sig.	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	661	96.0	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	653	77.5	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	70	69.4	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	69	59.7	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	71	75.8	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	70	52.5	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	708	48.6	Sig.	267	50.9	NS	441	46.5	Sig.	No
9. Among adults aged 50+, had a blood stool test in past two years	656	20.3	NS	249	23.2	NS	407	18.2	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	468	68.5	Sig.	152	61.1	Sig.	316	74.0	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	463	65.2	NS	150	59.2	NS	313	69.7	NS	No
Oral Health										
1. Visited the dentist in past 12 months	793	59.2	Sig.	317	58.5	NS	476	56.9	Sig.	No
2. Had teeth cleaned in past 12 months	712	59.4	Sig.	286	58.0	NS	426	57.2	Sig.	No
3. Had one or more teeth extracted due to decay or gum disease	793	36.3	NS	317	33.2	NS	476	39.7	NS	No
4. Had all of their teeth extracted (aged 65+)	274	17.1	NS	101	17.1	NS	173	17.1	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Public Health Solutions Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, the rate for the adult population was significantly better for one indicator in the Public Health Solutions (PHS) area. Compared to Nebraska, prevalence of serious psychological distress was lower.
- Rates for three indicators were worse in the PHS area than statewide. Fewer adults engaged in the recommended level of moderate and/or vigorous physical activity in a usual week. Fewer adults aged 50 and older ever had a colonoscopy or sigmoidoscopy, compared to the state overall. Fewer adults aged 65 and older had a flu shot in the last 12 months.

Summary of Significant Differences over Time

- The proportion of adults who visited a doctor for a routine checkup in the past year decreased significantly from the 2005 baseline in the Public Health Solutions area.

Health Care Access

Among respondents aged 18 to 64 years in the PHS area, 14.3 percent reported having no health insurance at the time of the survey.

In 2007-2008, 13.1 percent of adults in this area stated they did not have a personal doctor or health care provider.

At some time in the past year, 9.4 percent of PHS adults needed to see a doctor but could not due to the potential cost of care.

In the current study, 60.1 percent of adults in this area reported visiting a doctor for a routine checkup in the past year. This rate represents a significant decrease from the 2005 baseline rate of 71.6 percent. Men (50.8 percent) were significantly less likely than women (69.5 percent) in this area to have had a checkup in the last 12 months.

General Emergency Preparedness

In the PHS area, 13.7 percent of adults indicated their household was not prepared for a major disaster. Seven out of ten adults (70.2 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in this area (52.6 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 18.4 percent of households said they did not. Similarly, 7.8 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

In this area, 14.5 percent of respondents did not have a working battery-powered radio, while 2.1 percent of households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in the PHS area said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 4.5 percent stated they would not do so. Men in this area (7.7 percent) were significantly more likely than PHS women (1.3 percent) to say they would refuse to leave their homes.

Seven out of ten respondents in this area (72.1 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation. About one-half (53.1 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among PHS adults, 88.7 percent considered their general health "good", "very good", or "excellent.

Adults averaged 2.4 days in the past month when their physical health was "not good". Women in this area (3.0 days) averaged significantly more days when their physical health was poor than men did (1.8 percent).

Respondents in the PHS area averaged 2.5 days when their mental health was "not good", with women reporting significantly more days with poor mental health than men (3.4 vs. 1.5 days for men).

Among adults who reported days when physical or mental health was "not good", these problems prevented

them from participating in their usual activities an average of 2.6 days in the past month.

Disability

In 2007-2008, 15.9 percent of adults in the PHS area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 6.0 percent of adults in this area.

Mental Health

Only 0.5 percent of PHS adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days. Prevalence of SPD in this area was significantly lower than the statewide rate (2.4 percent). Prevalence among women in this area (0.3 percent) was also significantly lower than the rate for women in Nebraska (3.0 percent).

Current depression (based on a Severity of Depression score of 10 or more) was reported by 9.4 percent of adults. Women in the PHS area (15.9 percent) were significantly more likely than men (1.6 percent) to have current depression.

A larger proportion of adults (12.1 percent) said they had ever been diagnosed with a depressive disorder, while 5.6 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In the Public Health Solutions area, 3.4 percent of adults said they ever had a heart attack. The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 3.4 percent in this area. Fewer PHS respondents (2.1 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 23.1 percent in 2007.

Seven out of ten PHS area adults (71.4 percent) ever had their cholesterol level checked and 67.1 percent had it tested in the past five years. Among area respondents who ever had their blood cholesterol level checked, 34.1 percent had been told it was high.

Diabetes

Among PHS area adults, 6.0 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

One-fourth of adults in this area (23.6 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the PHS area who had ever been told they had asthma was 12.6 percent, while 8.0 percent currently have this disease.

Overweight and Obesity

Nearly one-third of respondents in the PHS area (31.3 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 34.8 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 66.1 percent of adults in this area were overweight or obese in 2007-2008.

Men in the PHS area (41.8 percent) were significantly more likely than women (27.8 percent) to report heights and weights that placed them in the "overweight" category.

Fruit and Vegetable Consumption

One-fifth of PHS area adults (20.0 percent) consume fruits and/or vegetables five or more times daily.

Physical Activity

One-fourth of respondents in this area (24.1 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

Less than one-half of PHS area adults (43.6 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week—a significantly lower rate than the Nebraska average of 53.0 percent. Men in this area (41.8 percent) were also

significantly less than men statewide (54.2 percent) to participate in this level of physical activity.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 26.0 percent of respondents from this area.

Tobacco Use

Among PHS area adults, 15.9 percent said they currently smoke cigarettes, either daily or on some days of the month. Men in this area (14.0 percent) were significantly less likely than Nebraska men overall (21.6 percent) to indicate they are current smokers.

Among current smokers, 53.9 percent reported trying to quit smoking at least once in the past 12 months.

The proportion of male respondents who said they had ever used smokeless tobacco was 41.5 percent in the PHS area, while 10.5 percent stated they currently use these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 17.9 percent of adults in this area, while 7.4 percent engaged in heavy drinking in the past 30 days. Women in the PHS area (9.0 percent) were significantly more likely than women statewide (4.0 percent) to indicate they drank heavily in the past month.

Drinking and driving was reported by 7.6 percent of adults in this area in the last month.

Cancer Screening

Among women aged 40 and older in the PHS area, 66.4 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 95.9 percent reported ever having a Pap test, while 75.3 percent said they had this test within the past three years.

Most men aged 50 and older (76.2 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 66.6 percent said they had this test in the past two years.

A significantly smaller proportion of PHS area adults aged 50 and older (47.6 percent) reported ever having a colonoscopy or sigmoidoscopy, compared to the Nebraska average of 56.1 percent. Men in this area (45.2 percent) were also significantly less likely than men statewide (55.4 percent) to indicate they ever had this kind of exam.

Among persons in this age group in the PHS area, 19.2 percent said they had a blood stool test in the past two years.

Immunization

Compared to the statewide rate of 76.3 percent, a significantly smaller proportion of adults aged 65 and older in this area (70.5 percent) said they had been vaccinated for influenza in the past 12 months. Two-thirds (68.0 percent) reported ever having a pneumonia vaccination.

Oral Health

Seven out of ten adults in the PHS area (69.2 percent) had visited a dentist in the past 12 months, while 67.8 percent had their teeth cleaned within the past year.

One-third of area respondents (33.0 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 17.2 percent reported having all their teeth extracted due to decay or gum disease.

Public Health Solutions: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	829	14.3	NS	342	14.1	NS	487	15.1	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,321	13.1	NS	520	15.2	NS	801	11.1	NS	No
3. Needed to see a doctor in past year but could not because of cost	1,319	9.4	NS	521	9.0	NS	798	9.5	NS	No
4. Visited a doctor for a routine checkup within the past year	1,302	60.1	NS	509	50.8	NS	793	69.5	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	495	13.7	NS	203	9.1	NS	292	18.0	NS	No
2. Household has no disaster evacuation plan	498	70.2	NS	204	68.9	NS	294	72.7	NS	No
3. Does not have at least 3-day supply of water	503	52.6	NS	205	47.0	NS	298	57.6	NS	No
4. Does not have at least 3-day supply of non-perishable food	503	18.4	NS	208	19.2	NS	295	17.6	NS	No
5. Does not have at least 3-day supply of prescription drugs	503	7.8	NS	207	6.0	NS	296	9.2	NS	No
6. Household has no working battery-powered radio	498	14.5	NS	207	13.7	NS	291	15.0	NS	No
7. Household has no working battery-powered flashlight	504	2.1	NS	208	2.3	NS	296	1.8	NS	No
8. Household would not leave home if evacuation were required	471	4.5	NS	188	7.7	NS	283	1.3	NS	Yes
9. Household would use cell phone as main source of communication	480	72.1	NS	197	71.2	NS	283	74.2	NS	No
10. Household would use radio as main source of information	477	53.1	NS	204	52.3	NS	273	55.0	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,318	88.7	NS	519	90.2	NS	799	86.7	NS	No
2. Average number of days (in past month) that physical health was not good	1,294	2.4	NS	514	1.8	NS	780	3.0	NS	Yes
3. Average number of days (in past month) that mental health was not good	1,308	2.5	NS	519	1.5	NS	789	3.4	NS	Yes
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	617	2.6	NS	193	2.2	NS	424	2.9	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,315	15.9	NS	521	14.1	NS	794	17.7	NS	No
2. Have health problems requiring use of special equipment	1,318	6.0	NS	521	4.4	NS	797	7.5	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	264	0.5	Sig.	103	0.8	NS	161	0.3	Sig.	No
2. Have current depression (based on Severity of Depression score of 10+)	221	9.4	NS	85	1.6	NS	136	15.9	NS	Yes
3. Lifetime diagnosis of depressive disorder	237	12.1	NS	90	8.5	NS	147	15.4	NS	No
4. Lifetime diagnosis of anxiety disorder	238	5.6	NS	90	3.2	NS	148	7.7	NS	No

Public Health Solutions: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,316	3.4	NS	519	5.2	NS	797	2.0	NS	No
2. Ever told they had angina or coronary heart disease	1,310	3.4	NS	516	3.8	NS	794	3.2	NS	No
3. Ever told they had a stroke	1,320	2.1	NS	521	2.4	NS	799	1.9	NS	No
4. Ever told blood pressure was high	559	23.1	NS	223	25.0	NS	336	21.3	NS	No
5. Ever had cholesterol level checked	554	71.4	NS	222	68.9	NS	332	73.6	NS	No
6. Had cholesterol level checked during the past five years	538	67.1	NS	218	64.8	NS	320	69.2	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	464	34.1	NS	175	37.1	NS	289	31.4	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,323	6.0	NS	521	6.2	NS	802	6.0	NS	No
Arthritis										
1. Ever diagnosed with arthritis	550	23.6	NS	221	22.6	NS	329	24.3	NS	No
Asthma										
1. Ever told they had asthma	1,317	12.6	NS	519	12.7	NS	798	12.1	NS	No
2. Currently have asthma	1,313	8.0	NS	519	7.8	NS	794	8.0	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,268	31.3	NS	510	35.3	NS	758	26.8	NS	No
2. Overweight (BMI=25.0-29.9)	1,268	34.8	NS	510	41.8	NS	758	27.8	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	550	20.0	NS	220	15.5	NS	330	24.2	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,322	24.1	NS	520	24.1	NS	802	23.7	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	522	43.6	Sig.	210	41.8	Sig.	312	45.7	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	536	26.0	NS	214	27.8	NS	322	24.2	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,321	15.9	NS	519	14.0	Sig.	802	17.7	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	185	53.9	NS	65	57.4	NS	120	52.9	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	292	41.5	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	117	10.5	NS	--	--	--	--

Public Health Solutions: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	520	17.9	NS	203	19.7	NS	317	16.2	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,287	7.4	NS	508	6.0	NS	779	9.0	Sig.	No
3. Engaged in drinking and driving in the past 30 days	389	7.6	NS	197	11.2	NS	192	2.7	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	510	66.4	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	622	95.9	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	611	75.3	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	61	76.2	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	61	66.6	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	60	75.3	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	60	60.3	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	672	47.6	Sig.	260	45.2	Sig.	412	50.2	NS	No
9. Among adults aged 50+, had a blood stool test in past two years	620	19.2	NS	245	18.6	NS	375	20.0	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	488	70.5	Sig.	177	68.9	NS	311	71.8	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	473	68.0	NS	167	62.9	NS	306	71.7	NS	No
Oral Health										
1. Visited the dentist in past 12 months	751	69.2	NS	295	67.8	NS	456	70.6	NS	No
2. Had teeth cleaned in past 12 months	676	67.8	NS	267	64.8	NS	409	70.7	NS	No
3. Had one or more teeth extracted due to decay or gum disease	750	33.0	NS	297	32.6	NS	453	33.6	NS	No
4. Had all of their teeth extracted (aged 65+)	281	17.2	NS	102	15.3	NS	179	18.6	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Sarpy/Cass Department of Health and Wellness

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, rates for the adult population were significantly better for four indicators in the Sarpy/Cass Department of Health and Wellness area. Compared to Nebraska, fewer adults had no health insurance at the time of the survey. A smaller proportion of respondents needed to see the doctor in the past year, but could not due to potential cost of care. More adults in this area visited a physician in the past year for a routine checkup. In the event of a large-scale disaster, a greater proportion of Sarpy/Cass residents would use their radio as the primary source of information from authorities.

Summary of Significant Differences over Time

- The proportion of adults who visited a doctor for a routine checkup in the past year decreased significantly from the 2005 rate in the Sarpy/Cass area.
- The proportion of adults who participated in the recommended level of moderate and/or vigorous physical activity increased from the 2005 baseline.

Health Care Access

Among respondents aged 18 to 64 years in the Sarpy/Cass area, 9.7 percent reported having no health insurance at the time of the survey. This rate is significantly lower than Nebraska rate of 15.0 percent who were uninsured.

In 2007-2008, 19.4 percent of adults in this area stated they did not have a personal doctor or health care provider.

At some time in the past year, 6.2 percent of Sarpy/Cass adults needed to see a doctor but could not due to the potential cost of care—significantly lower than the Nebraska average of 10.5 percent. Men in this area (3.3 percent) were significantly less likely than men statewide (8.5 percent) to be unable to obtain medical care because of cost. Sarpy/Cass area men were also significantly less likely than women in this area (8.9 percent) to have to forego care due to potential cost.

In the current study, 67.1 percent of adults in this area reported visiting a doctor for a routine checkup in the past year. This rate represents a significant decrease from the 2005 baseline rate of 78.7 percent. However, this rate is still significantly higher than the Nebraska rate of 61.1 percent. Men (60.2 percent) were significantly less likely than women (73.8 percent) in this area to have had a checkup in the last 12 months.

General Emergency Preparedness

In the Sarpy/Cass area, 24.5 percent of adults indicated their household was not prepared for a major disaster. Eight out of ten adults (80.6 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in this area (51.3 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 11.3 percent of households said they did not. Similarly, 11.0 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

In this area, 14.6 percent of respondents did not have a working battery-powered radio, while 2.1 percent of households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in the Sarpy/Cass area said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 3.8 percent stated they would not do so. Men in this area (6.9 percent) were significantly more likely than women (0.8 percent) to say they would refuse to leave their homes.

Three-fourths of the respondents in this area (75.4 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation.

Two-thirds (66.9 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster. This rate is significantly higher than the rate for Nebraska overall (56.2 percent).

Health-Related Quality of Life

Among Sarpy/Cass adults, 90.3 percent considered their general health "good", "very good", or "excellent.

Adults averaged 2.5 days in the past month when their physical health was "not good".

Respondents in this area averaged 2.3 days when their mental health was "not good", with women reporting significantly more days with poor mental health than men (3.0 vs. 1.6 days for men).

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 2.5 days in the past month. Males in the Sarpy/Cass area (1.8 days) averaged significantly fewer days with restricted activity, compared to males statewide (3.2 days).

Disability

In 2007-2008, 17.3 percent of adults in this area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 5.9 percent of adults in this area.

Mental Health

Only 0.9 percent of Sarpy/Cass adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 3.8 percent of adults. Men in this area (1.5 percent) were significantly less likely than men statewide (6.7 percent) to have current depression.

A larger proportion of adults (19.6 percent) said they had ever been diagnosed with a depressive disorder, while 13.3 percent stated they had received a diagnosis of an anxiety disorder at some time in their life.

Cardiovascular Disease

In the Sarpy/Cass area, 3.9 percent of adults said they ever had a heart attack. Men (6.4 percent) were significantly more likely than women in the area (1.9 percent) to report ever having a heart attack.

The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 4.6 percent in this area, with men (7.0 percent) significantly more likely than women (2.4 percent) to have been diagnosed with this condition.

Fewer Sarpy/Cass respondents (2.7 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 27.3 percent in 2007.

Three-fourths of Sarpy/Cass adults (75.7 percent) ever had their cholesterol level checked and 71.9 percent had it tested in the past five years. Among area respondents who ever had their blood cholesterol level checked, 31.5 percent had been told it was high.

Diabetes

Among adults in this area, 6.5 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

One-fourth of adults in this area (24.7 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the Sarpy/Cass area who had ever been told they had asthma was 11.1 percent, while 7.7 percent currently have this disease.

Overweight and Obesity

One-fourth of respondents in this area (26.2 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 39.9 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 66.1 percent of adults in this area were overweight or obese in 2007-2008.

Men in the Sarpy/Cass area (48.2 percent) were significantly more likely than women (31.2 percent)

to report heights and weights that placed them in the "overweight" category.

Fruit and Vegetable Consumption

One-fifth of Sarpy/Cass adults (22.2 percent) consumed fruits and/or vegetables five or more times daily.

Physical Activity

One-fifth of respondents in this area (20.2 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

One-half of Sarpy/Cass adults (51.8 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week. The current rate represents a significant increase from the 2005 rate of 33.7 percent.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 33.3 percent of respondents from this area.

Tobacco Use

Among adults in the Sarpy/Cass area, 16.3 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 46.2 percent reported trying to quit smoking at least once in the past 12 months.

The proportion of male respondents who said they had ever used smokeless tobacco was 41.9 percent in the Sarpy/Cass area, while 10.1 percent stated they currently use these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 22.1 percent of adults in this area, while 5.1 percent engaged in heavy drinking in the past 30 days.

Drinking and driving was reported by 7.3 percent of adults in this area in the last month.

Cancer Screening

Among women aged 40 and older in the Sarpy/Cass area, 75.1 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 95.5 percent reported ever having a Pap test, while 80.2 percent said they had this test within the past three years.

Most men aged 50 and older (72.0 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 66.5 percent said they had this test in the past two years.

In the Sarpy/Cass area, 61.0 percent of adults aged 50 and older reported ever having a colonoscopy or sigmoidoscopy, while 21.3 percent said they had a blood stool test in the past two years.

Immunization

More than three-fourths of adults aged 65 and older in this area (78.3 percent) said they had been vaccinated for influenza in the past 12 months, while 69.7 percent reported ever having a pneumonia vaccination.

Oral Health

Three-fourths of the adults in the Sarpy/Cass area (74.0 percent) had visited a dentist in the past 12 months, while 72.7 percent had their teeth cleaned within the past year.

Three out of ten area respondents (30.1 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 13.2 percent reported having all their teeth extracted due to decay or gum disease.

Sarpy/Cass Department of Health and wellness: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	1,020	9.7	Sig.	414	8.1	NS	606	10.9	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,310	19.4	NS	517	24.5	NS	793	14.4	NS	No
3. Needed to see a doctor in past year but could not because of cost	1,312	6.2	Sig.	519	3.3	Sig.	793	8.9	NS	Yes
4. Visited a doctor for a routine checkup within the past year	1,293	67.1	Sig.	518	60.2	NS	775	73.8	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	464	24.5	NS	170	24.0	NS	294	24.3	NS	No
2. Household has no disaster evacuation plan	463	80.6	NS	170	76.1	NS	293	85.0	NS	No
3. Does not have at least 3-day supply of water	461	51.3	NS	170	52.6	NS	291	50.2	NS	No
4. Does not have at least 3-day supply of non-perishable food	463	11.3	NS	169	12.0	NS	294	11.0	NS	No
5. Does not have at least 3-day supply of prescription drugs	465	11.0	NS	170	10.5	NS	295	11.7	NS	No
6. Household has no working battery-powered radio	464	14.6	NS	170	9.8	NS	294	18.6	NS	No
7. Household has no working battery-powered flashlight	465	2.1	NS	170	0.6	NS	295	3.7	NS	No
8. Household would not leave home if evacuation were required	432	3.8	NS	152	6.9	NS	280	0.8	NS	Yes
9. Household would use cell phone as main source of communication	441	75.4	NS	163	77.4	NS	278	74.1	NS	No
10. Household would use radio as main source of information	445	66.9	Sig.	164	73.9	NS	281	61.3	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,311	90.3	NS	519	89.0	NS	792	91.2	NS	No
2. Average number of days (in past month) that physical health was not good	1,298	2.5	NS	515	2.4	NS	783	2.8	NS	No
3. Average number of days (in past month) that mental health was not good	1,304	2.3	NS	517	1.6	NS	787	3.0	NS	Yes
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	644	2.5	NS	214	1.8	Sig.	430	3.1	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,308	17.3	NS	519	15.7	NS	789	19.0	NS	No
2. Have health problems requiring use of special equipment	1,310	5.9	NS	520	5.3	NS	790	6.4	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	225	0.9	NS	89	0.9	NS	136	1.0	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	261	3.8	NS	107	1.5	Sig.	154	6.1	NS	No
3. Lifetime diagnosis of depressive disorder	274	19.6	NS	111	19.0	NS	163	20.2	NS	No
4. Lifetime diagnosis of anxiety disorder	274	13.3	NS	110	15.9	NS	164	11.0	NS	No

Sarpy/Cass Department of Health and wellness: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,309	3.9	NS	519	6.4	NS	790	1.9	NS	Yes
2. Ever told they had angina or coronary heart disease	1,304	4.6	NS	514	7.0	NS	790	2.4	NS	Yes
3. Ever told they had a stroke	1,312	2.7	NS	520	2.0	NS	792	3.4	NS	No
4. Ever told blood pressure was high	494	27.3	NS	209	27.7	NS	285	26.4	NS	No
5. Ever had cholesterol level checked	490	75.7	NS	208	72.0	NS	282	79.0	NS	No
6. Had cholesterol level checked during the past five years	485	71.9	NS	206	66.1	NS	279	77.4	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	427	31.5	NS	183	32.7	NS	244	30.3	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,313	6.5	NS	520	8.1	NS	793	5.2	NS	No
Arthritis										
1. Ever diagnosed with arthritis	486	24.7	NS	206	21.4	NS	280	27.6	NS	No
Asthma										
1. Ever told they had asthma	1,309	11.1	NS	519	7.7	NS	790	14.3	NS	No
2. Currently have asthma	1,307	7.7	NS	519	5.7	NS	788	9.5	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,248	26.2	NS	510	29.9	NS	738	22.5	NS	No
2. Overweight (BMI=25.0-29.9)	1,248	39.9	NS	510	48.2	NS	738	31.2	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	487	22.2	NS	206	16.0	NS	281	28.5	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,312	20.2	NS	519	19.0	NS	793	21.5	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	471	51.8	NS	203	57.5	NS	268	47.4	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	476	33.3	NS	201	40.9	NS	275	27.3	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,311	16.3	NS	520	16.9	NS	791	15.9	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	212	46.2	NS	83	43.7	NS	129	48.9	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	302	41.9	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	106	10.1	NS	--	--	--	--

Sarpy/Cass Department of Health and wellness: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	518	22.1	NS	208	25.6	NS	310	19.3	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,290	5.1	NS	510	3.3	NS	780	6.5	NS	No
3. Engaged in drinking and driving in the past 30 days	466	7.3	NS	198	6.9	NS	268	6.7	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	500	75.1	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	640	95.5	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	636	80.2	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	65	72.0	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	65	66.5	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	66	92.2	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	66	60.5	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	570	61.0	NS	218	61.5	NS	352	60.4	NS	No
9. Among adults aged 50+, had a blood stool test in past two years	516	21.3	NS	207	16.3	NS	309	25.9	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	288	78.3	NS	104	82.3	NS	184	75.2	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	284	69.7	NS	100	67.2	NS	184	71.7	NS	No
Oral Health										
1. Visited the dentist in past 12 months	814	74.0	NS	309	71.9	NS	505	76.0	NS	No
2. Had teeth cleaned in past 12 months	774	72.7	NS	292	70.1	NS	482	75.4	NS	No
3. Had one or more teeth extracted due to decay or gum disease	809	30.1	NS	310	29.3	NS	499	31.0	NS	No
4. Had all of their teeth extracted (aged 65+)	173	13.2	NS	66	14.7	NS	107	11.9	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Scotts Bluff County Health Department

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, rates for the adult population were significantly worse for 14 indicators in Scotts Bluff County (SBC), compared to Nebraska. More SBC adults aged 18 to 64 had no health insurance and more adults aged 18 and older needed to see a doctor in the past year but could not due to the cost of health care. Fewer adults visited a doctor for a routine checkup in the last year. Adults in SBC averaged more days in the past month when their physical health and/or their mental health was not good, and when their usual activities were limited due to poor health. A greater proportion of adults in this county also had activity limitations due to physical, mental, or emotional problems. More adults reported ever being diagnosed with a depressive disorder. A significantly greater proportion of adults in SBC were ever told they had diabetes. Fewer adults aged 50 and older ever had a colonoscopy or sigmoidoscopy or had a blood stool test within the past two years. Adults aged 65 and older in SBC were less likely to have ever had a pneumonia vaccination. Fewer adults in this area visited the dentist or had their teeth cleaned in the last 12 months, compared to adults Nebraskans overall.

Summary of Significant Differences over Time

- No significant differences in indicator rates were noted in the current study, compared to the 2005 baseline.

Health Care Access

Compared to Nebraskans aged 18 to 64 years (15.0 percent), a significantly greater proportion of SBC residents in this age group (22.5 percent) reported having no health insurance at the time of the survey. Men in this county (27.4 percent) were significantly more likely than Nebraska men overall (15.2 percent) to be uninsured.

In 2007-2008, 19.2 percent of adults in SBC stated they did not have a personal doctor or health care provider. Men in this county (25.7 percent) were significantly more likely than women (13.0 percent) to report not having a personal physician.

At some time in the past year, 17.9 percent of SBC adults needed to see a doctor but could not due to the potential cost of care, compared to only 10.5 percent statewide (a statistically significant difference). Men in this county (18.1 percent) were significantly more likely than Nebraska men overall (8.5 percent) to have been unable to see a physician because of cost.

In the current study, 53.6 percent adults in SBC reported visiting a doctor for a routine checkup in the past year—a significantly smaller proportion than the Nebraska average (61.1 percent). Women in this county (60.4 percent) were significantly more likely than men (46.8 percent) to have had a checkup in the last 12 months. However, SBC women were significantly less likely than Nebraska women overall (69.2 percent) to have a checkup in the past year.

General Emergency Preparedness

In SBC, 16.8 percent of adults indicated their household was not prepared for a major disaster. Three-fourths (76.8 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in SBC (56.9 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 18.7 percent of households said they did not. Similarly, 7.7 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

In SBC, 15.3 percent of households did not have a working battery-powered radio and 4.0 percent did not have a working battery-powered flashlight at the time of the survey.

The majority of BRFSS respondents in this county said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 3.4 percent stated they would not do so.

Three-fourths of respondents in this county (72.0 percent) indicated they would use a cell phone as

their primary means of communication with family and friends in an emergency situation. More than one-half (56.5 percent) said they would use a radio to get information from public officials in the event of a disaster.

Health-Related Quality of Life

Among SBC adults, 85.9 percent considered their general health "good", "very good", or excellent.

Adults in this county averaged 4.0 days in the past month when their physical health was "not good"—significantly higher than the Nebraska average of 2.7 days. Women in SBC (4.1 days) averaged significantly more days than Nebraska women overall (3.1 days) when their physical health was poor.

Respondents in SBC also averaged significantly more days when their mental health was "not good" (3.8 days), compared to Nebraska adults (2.6 days).

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 4.5 days in the past month—significantly more than the Nebraska average of 3.3 days.

Disability

In 2007-2008, 21.5 percent of adults in SBC stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems—a significantly higher rate than statewide (17.2 percent). The rate for SBC men (24.0 percent) was also significantly higher than the comparable rate for Nebraska men (16.6 percent).

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 6.2 percent of adults in this county.

Mental Health

Only 1.0 percent of SBC adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 10.8 percent of adults.

A significantly larger proportion of adults in this county (35.2 percent) said they had ever been diagnosed with a depressive disorder, compared to Nebraskans overall (16.8 percent). SBC men (32.2 percent) were also significantly more likely than men statewide (13.3 percent) to report a lifetime diagnosis of depression.

About one-fifth of BRFSS respondents in this county (19.2 percent) stated they had received a diagnosis of an anxiety disorder at sometime in their life. Women in SBC (28.7 percent) were significantly more likely than Nebraska women overall (13.0 percent) to report a lifetime diagnosis of an anxiety disorder.

Cardiovascular Disease

In SBC, 3.7 percent of adults said they ever had a heart attack, while 2.9 percent were ever told they had angina or coronary heart disease.

Fewer respondents in this county (1.8 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 25.4 percent in 2007.

Two-thirds of SBC adults (68.5 percent) ever had their cholesterol level checked and 64.5 percent had it tested in the past five years. Among respondents who ever had their blood cholesterol level checked, 34.5 percent had been told it was high.

Diabetes

Compared to prevalence of diabetes among Nebraska adults (7.0 percent), a significantly greater proportion of SBC adults (9.3 percent) had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

One-fourth of the adults in this county (26.0 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in SBC who had ever been told they had asthma was 8.0 percent, while 6.0 percent currently have this disease.

Men in SBC (5.1 percent) were significantly less likely than Nebraska men overall (10.2 percent) to report ever being diagnosed with asthma. Men in this county were also significantly less likely than women in SBC (10.8 percent) to have ever been told they have asthma.

Overweight and Obesity

More than one-fourth of all adults residing in SBC (29.3 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 32.5 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 61.8 percent of adults in this county were overweight or obese in 2007-2008.

Men in SBC (33.2 percent) were significantly less likely than men statewide (45.1 percent) to report heights and weights that placed them in the overweight category.

Fruit and Vegetable Consumption

One-fourth of SBC adults (26.0 percent) consumed fruits and/or vegetables five or more times daily.

Physical Activity

One-fourth of respondents in this county (27.4 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

One-half of SBC adults (52.6 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 22.9 percent of respondents from this county. Men (22.2 percent) in SBC were significantly less likely than men statewide (36.6 percent) to participate in this level of activity.

Tobacco Use

Among SBC adults, 23.2 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 44.0 percent reported trying to quit smoking at least once in the past 12 months.

In SBC, 45.3 percent of men said they had ever used smokeless tobacco, while 12.6 percent reported currently using these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 14.9 percent of adults in this county. Women in SBC (3.3 percent) were significantly less likely than Nebraska women in general (14.3 percent) to participate in binge drinking. They were also significantly less likely than SBC men (26.7 percent) to binge drink.

Heavy drinking was reported by 3.8 percent of county respondents in the past 30 days. Drinking and driving was reported by 2.8 percent of adults in this area in the last month.

Cancer Screening

Among women aged 40 and older in SBC, 59.8 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 93.5 percent reported ever having a Pap test, while 75.0 percent said they had this test within the past three years.

Most men aged 50 and older (74.3 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 58.9 percent said they had this test in the past two years.

A significantly smaller proportion of SBC adults aged 50 and older (45.0 percent) reported ever having a colonoscopy or sigmoidoscopy, compared to the Nebraska average of 56.1 percent. Both men (43.8 percent) and women (46.3 percent) in this county were significantly less likely than their counterparts statewide (55.4 percent of men and 56.8 percent of women) to indicate they ever this kind of exam.

Among persons in this age group in SBC, 16.3 percent said they had a blood stool test in the past two years. This screening rate is significantly lower than the statewide rate of 22.8 percent. SBC women (16.4 percent) were also significantly less likely than Nebraska women overall (24.2 percent) to report having this test in the last two years.

Immunization

Three-fourths of respondents aged 65 and older in SBC (78.9 percent) said they had been vaccinated for influenza in the past 12 months.

Less than two-thirds of adults aged 65 and older in this county (62.3 percent) indicated they ever had a pneumonia vaccination. This rate is significantly lower than the Nebraska rate of 71.2 percent. Women in SBC (64.7 percent) were also significantly less likely than women statewide (72.8 percent) to have ever had this preventive measure.

Oral Health

Compared to Nebraska (70.7 percent), a significantly smaller proportion of adults in SBC (58.8 percent) had visited a dentist in the past 12 months. Men in this area (50.8 percent) were significantly less likely than men statewide (67.7 percent) to have visited a dentist within the past year. They were also significantly less likely than women in this county (67.0 percent) to have seen the dentist this recently.

Similarly, a significantly smaller proportion of adults in this area (53.6 percent) reported having their teeth cleaned during the past 12 months, compared to Nebraska (70.1 percent). Both men (45.0 percent) and women in this county (62.4 percent) were significantly less likely than their counterparts statewide (66.7 percent of men and 73.4 percent of women) to have had their teeth cleaned. SBC men were also significantly less likely than SBC women to report having a dental cleaning in the past year.

More than one-third of county respondents (38.2 percent) stated they had one or more teeth extracted due to decay or gum disease. Men in SBC (42.4 percent) were significantly more likely than men statewide (32.9 percent) to have lost at least one tooth to decay or gum disease.

Among respondents aged 65 and older, 17.6 percent reported having all their teeth extracted due to decay or gum disease.

Scotts Bluff County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	804	22.5	Sig.	312	27.4	Sig.	492	18.1	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,265	19.2	NS	471	25.7	NS	794	13.0	NS	Yes
3. Needed to see a doctor in past year but could not because of cost	1,267	17.9	Sig.	471	18.1	Sig.	796	17.8	NS	No
4. Visited a doctor for a routine checkup within the past year	1,244	53.6	Sig.	466	46.8	NS	778	60.4	Sig.	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	466	16.8	NS	173	19.3	NS	293	14.3	NS	No
2. Household has no disaster evacuation plan	471	76.8	NS	173	79.7	NS	298	73.9	NS	No
3. Does not have at least 3-day supply of water	468	56.9	NS	173	60.3	NS	295	53.4	NS	No
4. Does not have at least 3-day supply of non-perishable food	470	18.7	NS	173	22.5	NS	297	14.4	NS	No
5. Does not have at least 3-day supply of prescription drugs	473	7.7	NS	174	6.9	NS	299	8.7	NS	No
6. Household has no working battery-powered radio	463	15.3	NS	169	10.2	NS	295	20.5	NS	No
7. Household has no working battery-powered flashlight	470	4.0	NS	174	2.2	NS	296	5.8	NS	No
8. Household would not leave home if evacuation were required	431	3.4	NS	154	4.3	NS	277	3.1	NS	No
9. Household would use cell phone as main source of communication	441	72.0	NS	165	73.0	NS	276	71.3	NS	No
10. Household would use radio as main source of information	434	56.5	NS	162	55.5	NS	272	58.0	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,267	85.9	NS	471	87.4	NS	796	84.4	NS	No
2. Average number of days (in past month) that physical health was not good	1,252	4.0	Sig.	467	3.7	NS	785	4.1	Sig.	No
3. Average number of days (in past month) that mental health was not good	1,251	3.8	Sig.	468	3.5	NS	783	4.1	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	664	4.5	Sig.	214	5.2	NS	450	4.0	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,267	21.5	Sig.	470	24.0	Sig.	797	19.2	NS	No
2. Have health problems requiring use of special equipment	1,267	6.2	NS	470	5.0	NS	797	7.2	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	225	1.0	NS	80	0.0	--	145	1.9	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	228	10.8	NS	92	6.3	NS	136	18.7	NS	No
3. Lifetime diagnosis of depressive disorder	255	35.2	Sig.	100	32.2	Sig.	155	34.0	NS	No
4. Lifetime diagnosis of anxiety disorder	256	19.2	NS	99	17.4	NS	157	28.7	Sig.	No

Scotts Bluff County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,262	3.7	NS	472	4.2	NS	790	3.3	NS	No
2. Ever told they had angina or coronary heart disease	1,253	2.9	NS	464	3.3	NS	789	2.4	NS	No
3. Ever told they had a stroke	1,266	1.8	NS	473	2.2	NS	793	1.5	NS	No
4. Ever told blood pressure was high	485	25.4	NS	170	20.6	NS	315	29.1	NS	No
5. Ever had cholesterol level checked	483	68.5	NS	168	68.1	NS	315	70.8	NS	No
6. Had cholesterol level checked during the past five years	478	64.5	NS	166	64.5	NS	312	66.5	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	387	34.5	NS	130	37.9	NS	257	31.8	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,269	9.3	Sig.	473	10.1	NS	796	8.6	NS	No
Arthritis										
1. Ever diagnosed with arthritis	483	26.0	NS	168	22.7	NS	315	29.0	NS	No
Asthma										
1. Ever told they had asthma	1,264	8.0	NS	472	5.1	Sig.	792	10.8	NS	Yes
2. Currently have asthma	1,259	6.0	NS	470	4.1	NS	789	7.8	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,209	29.3	NS	463	30.3	NS	746	28.2	NS	No
2. Overweight (BMI=25.0-29.9)	1,209	32.5	NS	463	33.2	Sig.	746	31..4	NS	No
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	482	26.0	NS	168	29.6	NS	314	25.1	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,269	27.4	NS	473	27.5	NS	796	27.1	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	446	52.6	NS	156	51.6	NS	290	54.1	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	462	22.9	NS	159	22.2	Sig.	303	21.8	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,269	23.2	NS	473	26.4	NS	796	20.4	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	229	44.0	NS	95	36.7	NS	134	53.2	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	294	45.3	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	113	12.6	NS	--	--	--	--

Scotts Bluff County Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	509	14.9	NS	189	26.7	NS	320	3.3	Sig.	Yes
2. Engaged in heavy (chronic) drinking in the past 30 days	1,261	3.8	NS	467	5.9	NS	794	1.8	NS	No
3. Engaged in drinking and driving in the past 30 days	316	2.8	NS	146	4.0	NS	170	1.4	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	520	59.8	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	626	93.5	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	616	75.0	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	73	74.3	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	73	58.9	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	74	78.7	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	74	52.9	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	668	45.0	Sig.	250	43.8	Sig.	418	46.3	Sig.	No
9. Among adults aged 50+, had a blood stool test in past two years	605	16.3	Sig.	228	16.8	NS	377	16.4	Sig.	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	463	78.9	NS	158	69.4	NS	305	73.7	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	456	62.3	Sig.	155	58.7	NS	301	64.7	Sig.	No
Oral Health										
1. Visited the dentist in past 12 months	775	58.8	Sig.	301	50.8	Sig.	474	67.0	NS	Yes
2. Had teeth cleaned in past 12 months	696	53.6	Sig.	269	45.0	Sig.	427	62.4	Sig.	Yes
3. Had one or more teeth extracted due to decay or gum disease	774	38.2	NS	300	42.4	Sig.	474	34.4	NS	No
4. Had all of their teeth extracted (aged 65+)	268	17.6	NS	100	20.4	NS	168	15.6	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

South Heartland District Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, rates for the adult population were significantly better for two indicators in the South Heartland District Health Department area. A smaller proportion of adults said they did not have a personal doctor or health care provider, compared to Nebraska. More adults aged 50 and older reported having a blood stool test in the past two years.
- Rates for two indicators were significantly worse in the South Heartland District, compared to the state. A greater proportion of adults reported symptoms indicating they experienced serious psychological distress (SPD) in the past 30 days. Fewer adults aged 50 and older ever had a colonoscopy or sigmoidoscopy.

Summary of Significant Differences over Time

- Improvements were noted in the South Heartland District for two indicators. The proportion of adults who participated in the recommended level of moderate and/or vigorous physical activity increased significantly from the 2005 baseline.
- Prevalence of current cigarette smoking decreased significantly from the 2005 rate.

Health Care Access

Among respondents aged 18 to 64 years in the South Heartland, 15.9 percent reported having no health insurance at the time of the survey.

In 2007-2008, 10.6 percent of adults stated they did not have a personal doctor or health care provider—a significantly lower rate than the state average of 15.7 percent. Men in the South Heartland (12.8 percent) were also significantly less likely than men statewide (20.1 percent) to report not having a personal physician.

At some time in the past year, 9.5 percent of South Heartland adults needed to see a doctor but could not due to the potential cost of care.

In the current study, 60.5 percent of adults in this area reported visiting a doctor for a routine checkup in the past year. Men (54.5 percent) were significantly less likely than women (66.6 percent) in this area to have had a checkup in the last 12 months.

General Emergency Preparedness

In the South Heartland District, 10.5 percent of adults indicated their household was not prepared for a major disaster. Eight out of ten adults (78.2 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in this area (56.0 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 13.0 percent of households said they did not. Similarly, 6.9 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

In this area, 14.5 percent of respondents did not have a working battery-powered radio, while 2.7 percent of households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in the South Heartland said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 6.3 percent stated they would not do so.

Three-fourths of the respondents in this district (73.3 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation.

More than one-half (53.3 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among South Heartland adults, 85.0 percent considered their general health "good", "very good", or "excellent. Women in this district (83.0 percent) were significantly less likely than Nebraska women overall (88.3 percent) to rate their health this positively.

Adults averaged 3.2 days in the past month when their physical health was "not good", while they reported an average of 2.8 days when their mental health was "not good".

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 3.8 days in the past month.

Disability

In 2007-2008, 18.6 percent of adults in this area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 6.1 percent of adults in this area.

Mental Health

Compared to Nebraska adults overall (2.4 percent), a significantly larger proportion of South Heartland adults (7.0 percent) reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 5.2 percent of adults in this district.

A larger proportion of adults (14.0 percent) said they had ever been diagnosed with a depressive disorder, while 6.9 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In the South Heartland area, 4.3 percent of adults said they ever had a heart attack. Men (6.7 percent) were significantly more likely than women in the area (2.3 percent) to report ever having a heart attack.

The proportion of BRFSS respondents who were ever told they had angina or coronary heart disease was 4.4 percent in this area.

Fewer South Heartland respondents (1.9 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 25.4 percent in 2007.

Three-fourths of South Heartland adults (75.0 percent) ever had their cholesterol level checked and 71.5 percent had it tested in the past five years. Women were significantly more likely than men to say they ever had their cholesterol checked (83.4 percent vs. 67.2 percent for men). They were also significantly more likely than to report having this test during the past five years (80.1 percent for women vs. 63.3 percent for men).

Among respondents who ever had their blood cholesterol level checked, 35.2 percent had been told it was high.

Diabetes

Among adults in this district, 7.1 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

Nearly one-fourth of adults in this area (23.0 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the South Heartland who had ever been told they had asthma was 11.7 percent, while 9.3 percent currently have this disease.

Overweight and Obesity

Three out of ten respondents in this district (29.8 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 33.3 percent were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 63.1 percent of adults in this district were overweight or obese in 2007-2008.

Men in the South Heartland area (39.2 percent) were significantly more likely than women (27.0 percent) to report heights and weights that placed them in the "overweight" category.

Fruit and Vegetable Consumption

Less than one-fifth of South Heartland adults (18.7 percent) consumed fruits and/or vegetables five or more times daily.

Physical Activity

One-fourth of the respondents in this district (25.0 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

One-half of South Heartland adults (49.7 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week. The current rate represents a significant increase from the 2005 rate of 34.2 percent.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 25.4 percent of respondents from this area. Women in this district (17.3 percent) were significantly less likely than women statewide (27.0 percent) to engage in this level of activity. They were also significantly less likely than men in this district (32.7 percent) to have participated in vigorous physical activity.

Tobacco Use

Among adults in the South Heartland District, 18.1 percent said they currently smoke cigarettes, either daily or on some days of the month. This rate represents a significant decrease in prevalence from 30.0 percent in this district in 2005.

In the current study, women in the South Heartland (13.5 percent) were significantly less likely to smoke cigarettes than men (22.6 percent).

Among current smokers, 58.9 percent reported trying to quit smoking at least once in the past 12 months.

The proportion of male respondents who said they had ever used smokeless tobacco was 39.8 percent in the South Heartland area, while 9.8 percent stated they currently use these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 18.1 percent of adults in this area, with men in this district (27.8 percent) significantly more likely than women (8.4 percent) to engage in binge drinking.

Heavy drinking during the past 30 days was reported by 3.6 percent of adults in the South Heartland.

Drinking and driving was reported by 6.5 percent of adults in this area in the last month. Men in this district (10.3 percent) were significantly more likely than women (0.5 percent) to state that they engaged in this risk behavior. South Heartland women were also significantly less likely than Nebraska women overall (3.8 percent) to report drinking and driving.

Cancer Screening

Among women aged 40 and older in the South Heartland, 67.5 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 93.5 percent reported ever having a Pap test, while 73.2 percent said they had this test within the past three years.

Most men aged 50 and older (80.1 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 66.7 percent said they had this test in the past two years.

In the South Heartland District, 43.7 percent of adults aged 50 and older reported ever having a colonoscopy or sigmoidoscopy. This screening rate was significantly lower than the Nebraska rate (56.1 percent). Screening prevalence for men in this district (44.2 percent) was also significantly lower than the rate for men statewide (55.4 percent), as was screening for women (43.6 percent vs. 56.8 for women statewide).

Prevalence of blood stool testing in the past two years among persons aged 50 and older in the South Heartland District (33.1 percent) was significantly higher than the Nebraska rate (22.8 percent). Two-year screening rates were also significantly higher for South Heartland men (29.9 percent) and women (36.1 percent) than they were for Nebraska men (21.4 percent) and women (24.2 percent).

Immunization

More than three-fourths of adults aged 65 and older in this district (78.9 percent) said they had been vaccinated for influenza in the past 12 months, while 73.5 percent reported ever having a pneumonia vaccination.

Oral Health

Seventy percent of respondents in the South Heartland (70.0 percent) had visited a dentist in the past 12 months, while 69.9 percent had their teeth cleaned within the past year. Women in this district (77.1 percent) were significantly more likely than men (62.5 percent) to have had their teeth cleaned within the last 12 months.

Three out of ten district respondents (31.1 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 16.2 percent reported having all their teeth extracted due to decay or gum disease.

South Heartland District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	873	15.9	NS	367	17.5	NS	506	14.2	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,316	10.6	Sig.	515	12.8	Sig.	801	8.4	NS	No
3. Needed to see a doctor in past year but could not because of cost	1,319	9.5	NS	515	6.3	NS	804	12.6	NS	No
4. Visited a doctor for a routine checkup within the past year	1,293	60.5	NS	504	54.5	NS	789	66.6	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	487	10.5	NS	196	6.7	NS	291	15.0	NS	No
2. Household has no disaster evacuation plan	489	78.2	NS	195	76.3	NS	294	80.2	NS	No
3. Does not have at least 3-day supply of water	491	56.0	NS	198	52.2	NS	293	59.1	NS	No
4. Does not have at least 3-day supply of non-perishable food	489	13.0	NS	196	11.8	NS	293	14.7	NS	No
5. Does not have at least 3-day supply of prescription drugs	492	6.9	NS	197	3.7	NS	295	10.5	NS	No
6. Household has no working battery-powered radio	487	14.5	NS	193	11.6	NS	294	17.8	NS	No
7. Household has no working battery-powered flashlight	489	2.7	NS	196	2.8	NS	293	2.7	NS	No
8. Household would not leave home if evacuation were required	451	6.3	NS	178	10.6	NS	273	3.3	NS	No
9. Household would use cell phone as main source of communication	456	73.3	NS	185	72.7	NS	271	74.5	NS	No
10. Household would use radio as main source of information	463	53.3	NS	190	53.7	NS	273	53.9	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,317	85.0	NS	515	86.8	NS	802	83.0	Sig.	No
2. Average number of days (in past month) that physical health was not good	1,282	3.2	NS	504	3.2	NS	778	3.2	NS	No
3. Average number of days (in past month) that mental health was not good	1,298	2.8	NS	509	2.6	NS	789	3.1	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	656	3.8	NS	231	4.4	NS	425	3.4	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,309	18.6	NS	513	18.8	NS	796	18.5	NS	No
2. Have health problems requiring use of special equipment	1,313	6.1	NS	514	5.3	NS	799	6.9	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	244	7.0	Sig.	110	5.4	NS	134	8.1	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	231	5.2	NS	92	4.2	NS	139	6.2	NS	No
3. Lifetime diagnosis of depressive disorder	252	14.0	NS	98	9.4	NS	154	19.2	NS	No
4. Lifetime diagnosis of anxiety disorder	250	6.9	NS	97	5.2	NS	153	8.4	NS	No

South Heartland District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,315	4.3	NS	514	6.7	NS	801	2.3	NS	Yes
2. Ever told they had angina or coronary heart disease	1,309	4.4	NS	513	5.7	NS	796	3.4	NS	No
3. Ever told they had a stroke	1,315	1.9	NS	514	1.7	NS	801	1.9	NS	No
4. Ever told blood pressure was high	508	25.4	NS	206	26.6	NS	302	23.3	NS	No
5. Ever had cholesterol level checked	503	75.0	NS	204	67.2	NS	299	83.4	NS	Yes
6. Had cholesterol level checked during the past five years	499	71.5	NS	202	63.3	NS	297	80.1	NS	Yes
7. Ever told cholesterol was high, among those who had ever been screened	437	35.2	NS	170	37.3	NS	267	33.7	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,321	7.1	NS	516	7.1	NS	805	7.4	NS	No
Arthritis										
1. Ever diagnosed with arthritis	495	23.0	NS	201	21.6	NS	294	24.2	NS	No
Asthma										
1. Ever told they had asthma	1,314	11.7	NS	514	10.9	NS	800	12.4	NS	No
2. Currently have asthma	1,313	9.3	NS	513	8.4	NS	800	10.3	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,261	29.8	NS	511	32.0	NS	750	27.3	NS	No
2. Overweight (BMI=25.0-29.9)	1,261	33.3	NS	511	39.2	NS	750	27.0	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	498	18.7	NS	203	13.6	NS	295	24.2	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,319	25.0	NS	515	25.8	NS	804	24.1	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	468	49.7	NS	195	55.4	NS	273	43.2	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	488	25.4	NS	200	32.7	NS	288	17.3	Sig.	Yes
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,314	18.1	NS	512	22.6	NS	802	13.5	NS	Yes
2. Attempted to quit smoking in past 12 months (among current smokers)	197	58.9	NS	102	52.8	NS	95	64.6	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	304	39.8	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	113	9.8	NS	--	--	--	--

South Heartland District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	519	18.1	NS	216	27.8	NS	303	8.4	NS	Yes
2. Engaged in heavy (chronic) drinking in the past 30 days	1,288	3.6	NS	496	5.0	NS	792	2.2	NS	No
3. Engaged in drinking and driving in the past 30 days	366	6.5	NS	181	10.3	NS	185	0.5	Sig.	Yes
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	526	67.5	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	626	93.5	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	611	73.2	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	59	80.1	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	59	66.7	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	59	76.0	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	59	42.4	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	701	43.7	Sig.	259	44.2	Sig.	442	43.6	Sig.	No
9. Among adults aged 50+, had a blood stool test in past two years	648	33.1	Sig.	245	29.9	Sig.	403	36.1	Sig.	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	442	78.9	NS	145	81.5	NS	297	77.1	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	435	73.5	NS	141	70.0	NS	294	75.9	NS	No
Oral Health										
1. Visited the dentist in past 12 months	808	70.0	NS	308	63.8	NS	500	76.2	NS	No
2. Had teeth cleaned in past 12 months	729	69.9	NS	283	62.5	NS	446	77.1	NS	Yes
3. Had one or more teeth extracted due to decay or gum disease	799	31.1	NS	309	30.7	NS	490	31.6	NS	No
4. Had all of their teeth extracted (aged 65+)	278	16.2	NS	82	11.9	NS	196	19.4	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Southeast District Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, the rate for the adult population was significantly better for one indicator in the Southeast District Health Department area. A smaller proportion of adults said they did not have a personal doctor or health care provider, compared to Nebraska.
- Rates for three indicators were significantly worse in the Southeast District, compared to the state. A greater proportion of adults reported heights and weights that categorized them as obese. Fewer adults visited the dentist or had their teeth cleaned within the last 12 months.

Summary of Significant Differences over Time

- No significant differences in indicator rates were noted in the current study, compared to the 2005 baseline.

Health Care Access

Among respondents aged 18 to 64 years in the Southeast District, 16.6 percent reported having no health insurance at the time of the survey.

In 2007-2008, 10.5 percent of adults stated they did not have a personal doctor or health care provider—a significantly lower rate than the state average of 15.7 percent. Men in the Southeast District (16.3 percent) were significantly more likely than women (4.9 percent) to report not having a personal physician. Women in the Southeast District were also significantly less likely than Nebraska women overall (11.2 percent) to say they did not have a personal physician.

At some time in the past year, 10.9 percent of Southeast District adults needed to see a doctor but could not due to the potential cost of care. Women in this district (16.5 percent) were significantly more likely than men (5.6 percent) to say they were unable to see a physician because of the cost.

In the current study, 59.6 percent of adults in this area reported visiting a doctor for a routine checkup in the past year. Men (51.1 percent) were significantly less likely than women (68.3 percent) in this area to have had a checkup in the last 12 months.

General Emergency Preparedness

In the Southeast District, 15.8 percent of adults indicated their household was not prepared for a major disaster. Seven out of ten adults (71.1 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in this district (55.9 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 19.2 percent of households said they did not.

Similarly, 6.4 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them. Men in the Southeast District (1.7 percent) were significantly less likely than men statewide (7.5 percent) to be without an adequate supply of prescriptions. They were also significantly less likely than women in the Southeast District (10.0 percent) to report not having a three-day supply of needed medications.

In this area, 17.6 percent of respondents did not have a working battery-powered radio, while 2.3 percent of households did not have a working battery-powered flashlight at the time of the survey.

The great majority of BRFSS respondents in the Southeast District said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 3.2 percent stated they would not do so.

Seven out of ten respondents in this district (71.8 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation.

More than one-half (56.1 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among Southeast adults, 86.4 percent considered their general health “good”, “very good”, or “excellent.

Adults averaged 3.0 days in the past month when their physical health was "not good", while they reported an average of 2.6 days when their mental health was "not good".

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 3.5 days in the past month.

Disability

In 2007-2008, 20.5 percent of adults in this area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems. Women in the Southeast District (23.3 percent) were significantly more likely than women statewide (17.9 percent) to have experienced these limitations.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 6.5 percent of adults in this area.

Mental Health

In 2007, 5.9 percent of Southeast District adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 7.3 percent of adults in this district.

A larger proportion of adults (14.6 percent) said they had ever been diagnosed with a depressive disorder, while 11.3 percent stated they had received a diagnosis of an anxiety disorder at some time in their life.

Cardiovascular Disease

In the Southeast District, 3.2 percent of adults said they ever had a heart attack, while 3.6 percent were ever told they had angina or coronary heart disease.

Fewer Southeast respondents (1.9 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 28.6 percent in 2007.

Three-fourths of Southeast District adults (75.0 percent) ever had their cholesterol level checked and 68.7 percent had it tested in the past five years. Among respondents who ever had their blood cholesterol level checked, 34.8 percent had been told it was high.

Diabetes

Among adults in this district, 7.2 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

One-fourth of adults in this area (26.6 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the Southeast District who had ever been told they had asthma was 8.8 percent, while 6.6 percent currently have this disease. Women in this district (9.7 percent) were significantly more likely than men (3.6 percent) to say they currently have asthma.

Overweight and Obesity

Three out of ten respondents in this district (31.7 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). Prevalence of obesity was significantly higher in the Southeast than in Nebraska overall (26.9 percent).

An additional 35.2 percent of Southeast District respondents were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 66.9 percent of adults in this district were overweight or obese in 2007-2008.

Fruit and Vegetable Consumption

Nearly one-fourth of Southeast adults (23.2 percent) consumed fruits and/or vegetables five or more times daily.

Physical Activity

One-fourth of the respondents in this district (26.7 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month. Women in this district (29.2 percent) were

significantly more likely than women statewide (23.4 percent) to be physically inactive.

One-half of Southeast District adults (51.2 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week. Men in this district (61.6 percent) were significantly more likely than women (42.6 percent) to indicate they participated in this level of physical activity.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 27.7 percent of respondents from this area.

Tobacco Use

Among adults in the Southeast District, 21.4 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 56.0 percent reported trying to quit smoking at least once in the past 12 months.

The proportion of male respondents who said they had ever used smokeless tobacco was 46.4 percent in the Southeast District, while 19.5 percent stated they currently use these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 18.1 percent of adults in this area, while 5.3 percent of respondents indicated they had participated in heavy drinking during the past 30 days. Southeast District men (8.0 percent) were significantly more likely than women in this District (2.8 percent) to report drinking heavily.

Drinking and driving was reported by 7.2 percent of adults in this district in the last month.

Cancer Screening

Among women aged 40 and older in the Southeast District, 68.9 percent stated they had a mammogram in the past two years. Among women aged 18 and older, 97.8 percent reported ever having a Pap test, while 77.2 percent said they had this test within the past three years.

Most men aged 50 and older (70.1 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 56.1 percent said they had this test in the past two years.

In the Southeast District, 52.9 percent of adults aged 50 and older stated they ever had a colonoscopy or sigmoidoscopy.

Blood stool testing in the past two years among persons aged 50 and older was reported among 20.7 of respondents in the Southeast District.

Immunization

More than three-fourths of adults aged 65 and older in this district (77.9 percent) said they had been vaccinated for influenza in the past 12 months.

Two-thirds of respondents in this age group (67.3 percent) reported ever having a pneumonia vaccination. Men in the Southeast District (50.6 percent) were significantly less likely than men statewide (69.1 percent) to say they were ever vaccinated for pneumonia. They were also significantly less likely than women in this district (78.2 percent) to have taken this preventive measure.

Oral Health

Less than two-thirds of respondents in the Southeast District (63.5 percent) had visited a dentist in the past 12 months—a significantly smaller proportion than the Nebraska average (70.7 percent). Women in this district (66.1 percent) were also significantly less likely than women statewide (73.6 percent) to say they had visited a dentist in the last year.

Six out of ten adults in the Southeast District (61.3 percent) reported having had their teeth cleaned within the last 12 months—a significantly smaller proportion than the rate for Nebraska adults overall (70.1 percent). Women in this district (65.2 percent) were significantly less likely than Nebraska women overall (73.4 percent) to have a dental cleaning in the past year.

Three out of ten district respondents (38.4 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 19.2 percent reported having all their teeth extracted due to decay or gum disease.

Southeast District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	845	16.6	NS	322	15.8	NS	523	17.6	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,326	10.5	Sig.	484	16.3	NS	842	4.9	Sig.	Yes
3. Needed to see a doctor in past year but could not because of cost	1,327	10.9	NS	484	5.6	NS	843	16.5	NS	Yes
4. Visited a doctor for a routine checkup within the past year	1,299	59.6	NS	473	51.1	NS	826	68.3	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	477	15.8	NS	156	13.3	NS	321	16.7	NS	No
2. Household has no disaster evacuation plan	479	71.1	NS	156	67.3	NS	323	73.4	NS	No
3. Does not have at least 3-day supply of water	483	55.9	NS	158	52.7	NS	325	57.5	NS	No
4. Does not have at least 3-day supply of non-perishable food	484	19.2	NS	157	17.4	NS	327	20.2	NS	No
5. Does not have at least 3-day supply of prescription drugs	481	6.4	NS	158	1.7	Sig.	323	10.0	NS	Yes
6. Household has no working battery-powered radio	480	17.6	NS	155	11.9	NS	325	21.0	NS	No
7. Household has no working battery-powered flashlight	484	2.3	NS	158	2.5	NS	326	1.7	NS	No
8. Household would not leave home if evacuation were required	443	3.2	NS	139	5.1	NS	304	1.7	NS	No
9. Household would use cell phone as main source of communication	456	71.8	NS	154	76.4	NS	302	72.7	NS	No
10. Household would use radio as main source of information	446	56.1	NS	149	63.1	NS	297	50.8	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,322	86.4	NS	482	87.6	NS	840	84.8	NS	No
2. Average number of days (in past month) that physical health was not good	1,284	3.0	NS	471	2.7	NS	813	3.4	NS	No
3. Average number of days (in past month) that mental health was not good	1,308	2.6	NS	482	2.0	NS	826	3.1	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	627	3.5	NS	196	3.3	NS	431	3.8	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,319	20.5	NS	481	17.6	NS	838	23.3	Sig.	No
2. Have health problems requiring use of special equipment	1,320	6.5	NS	480	5.8	NS	840	7.2	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	234	5.9	NS	87	2.0	NS	147	7.1	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	255	7.3	NS	94	4.6	NS	161	9.8	NS	No
3. Lifetime diagnosis of depressive disorder	276	14.6	NS	98	12.1	NS	178	17.7	NS	No
4. Lifetime diagnosis of anxiety disorder	275	11.3	NS	98	7.4	NS	177	15.5	NS	No

Southeast District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,316	3.2	NS	479	3.9	NS	837	2.7	NS	No
2. Ever told they had angina or coronary heart disease	1,313	3.6	NS	479	4.4	NS	834	3.1	NS	No
3. Ever told they had a stroke	1,325	1.9	NS	483	1.8	NS	842	2.0	NS	No
4. Ever told blood pressure was high	491	28.6	NS	187	31.7	NS	304	25.8	NS	No
5. Ever had cholesterol level checked	485	75.0	NS	187	76.9	NS	298	72.7	NS	No
6. Had cholesterol level checked during the past five years	484	68.7	NS	187	68.5	NS	297	68.3	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	407	34.8	NS	156	40.1	NS	251	28.1	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,327	7.2	NS	484	8.6	NS	843	6.0	NS	No
Arthritis										
1. Ever diagnosed with arthritis	486	26.6	NS	185	23.0	NS	301	30.1	NS	No
Asthma										
1. Ever told they had asthma	1,321	8.8	NS	481	6.2	NS	840	11.6	NS	No
2. Currently have asthma	1,319	6.6	NS	480	3.6	NS	839	9.7	NS	Yes
Overweight and Obesity										
1. Obese (BMI=30+)	1,266	31.7	Sig.	477	32.8	NS	789	30.5	NS	No
2. Overweight (BMI=25.0-29.9)	1,266	35.2	NS	477	38.4	NS	789	32.2	NS	No
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	484	23.2	NS	185	20.6	NS	299	26.0	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,323	26.7	NS	482	24.2	NS	841	29.2	Sig.	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	454	51.2	NS	173	61.6	NS	281	42.6	NS	Yes
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	467	27.7	NS	175	36.5	NS	292	20.6	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,324	21.4	NS	483	21.5	NS	841	21.3	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	242	56.0	NS	96	53.1	NS	146	57.6	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	290	46.4	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	110	19.5	NS	--	--	--	--

Southeast District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	515	18.1	NS	179	24.9	NS	336	11.4	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,293	5.3	NS	461	8.0	NS	832	2.8	NS	Yes
3. Engaged in drinking and driving in the past 30 days	390	7.2	NS	169	8.6	NS	221	5.1	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	563	68.9	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	682	97.8	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	665	77.2	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	61	70.1	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	61	56.1	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	62	76.4	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	62	41.4	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	708	52.9	NS	253	53.7	NS	455	52.5	NS	No
9. Among adults aged 50+, had a blood stool test in past two years	640	20.7	NS	235	18.6	NS	405	22.2	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	476	77.9	NS	160	72.3	NS	316	81.7	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	463	67.3	NS	152	50.6	Sig.	311	78.2	NS	Yes
Oral Health										
1. Visited the dentist in past 12 months	822	63.5	Sig.	290	60.7	NS	532	66.1	Sig.	No
2. Had teeth cleaned in past 12 months	742	61.3	Sig.	267	57.2	NS	475	65.2	Sig.	No
3. Had one or more teeth extracted due to decay or gum disease	821	38.4	NS	291	37.8	NS	530	39.4	NS	No
4. Had all of their teeth extracted (aged 65+)	294	19.2	NS	96	12.3	NS	198	23.6	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Southwest Nebraska Public Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, rates for the adult population in the Southwest Nebraska Public Health Department area were significantly worse for 11 indicators, compared to the state. More adults stated they did not have a personal doctor and fewer respondents visited a physician for a routine checkup in the past year. Smaller proportions of adults had their cholesterol level checked in the past five years or ever had it checked. More respondents in Southwest Nebraska did not participate in any physical activity outside of work in the past 30 days and fewer respondents in this area engaged in vigorous physical activity in a usual week. A greater proportion of male respondents in the Southwest Nebraska area reported currently using smokeless tobacco compared to the state overall. Fewer women aged 18 and older had a Pap test in the past three years and fewer adults aged 50 and older reported ever having a colonoscopy or sigmoidoscopy. Among respondents aged 65 and older, a smaller proportion ever had a pneumonia vaccination. Fewer adults in this area had their teeth cleaned within the last 12 months.

Summary of Significant Differences over Time

- The proportion of Southwest Nebraska adults who considered their general health "good" to "excellent" increased significantly in the current study, compared to the 2005 baseline.

Health Care Access

Among respondents aged 18 to 64 years in the Southwest Nebraska area, 17.4 percent reported having no health insurance at the time of the survey.

One-fifth of Southwest Nebraska adults (20.4 percent) stated they did not have a personal doctor or health care provider—a significantly higher rate than the state average of 15.7 percent. Men in this area (27.2 percent) were significantly more likely than women (13.2 percent) to report not having a personal physician.

At some time in the past year, 11.7 percent of Southwest Nebraska adults needed to see a doctor but could not due to the potential cost of care.

Compared to Nebraska adults overall (61.1 percent), a significantly smaller proportion of adults in this area (55.2 percent) reported visiting a doctor for a routine checkup in the past year. Southwest Nebraska women (61.7 percent) were significantly less likely than women statewide (69.2 percent) to have had a routine checkup in the last 12 months. Men in this area (49.2 percent) were significantly less likely than women to report having a checkup in the last 12 months.

General Emergency Preparedness

In the Southwest Nebraska area, 13.8 percent of adults indicated their household was not prepared for a major disaster. Three-fourths of adults (74.4 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of BRFSS respondents in this area (56.9 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 14.9 percent of households said they did not.

Similarly, 7.7 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them. Men in Southwest Nebraska (2.2 percent) were significantly less likely than women in this area (10.9 percent) to report not having a three-day supply of needed medications.

In this area, 15.8 percent of respondents did not have a working battery-powered radio, while 3.4 percent of households did not have a working battery-powered flashlight at the time of the survey.

The majority of BRFSS respondents in Southwest Nebraska said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 5.8 percent stated they would not do so.

Three-fourths of the respondents in this area (73.4 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation.

More than one-half (57.4 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among Southwest Nebraska adults, 86.4 percent considered their general health "good", "very good", or "excellent. This rate represents a significant increase from the 2005 baseline of 78.9 percent.

Adults in this area averaged 3.2 days in the past month when their physical health was "not good", while they reported an average of 2.9 days when their mental health was "not good".

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 4.1 days in the past month. Men in Southwest Nebraska averaged a significantly greater number of days with restricted activity (5.1 days) than Nebraska men overall (3.2 days).

Disability

In 2007-2008, 18.8 percent of adults in this area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 6.0 percent of adults in this area.

Mental Health

In 2007, 4.5 percent of Southwest Nebraska adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 7.2 percent of adults in this area.

A larger proportion of adults (21.0 percent) said they had ever been diagnosed with a depressive disorder, while 10.6 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In the Southwest Nebraska area, 4.0 percent of adults said they ever had a heart attack, while 3.9 percent were ever told they had angina or coronary heart disease. Men in the Southwest area (5.5 percent) were significantly more likely than women (2.4 percent) to have ever been diagnosed with coronary heart disease.

Fewer Southwest Nebraska respondents (2.3 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 28.6 percent in 2007.

Compared to Nebraska adults overall (76.2 percent), a significantly smaller proportion of Southwest Nebraska adults (66.6 percent) ever had their cholesterol level checked. The proportion who had it tested in the past five years was also significantly smaller in Southwest Nebraska (62.5 percent), compared to the statewide rate (72.0 percent). Women in this area were also significantly less likely than Nebraska women overall to say they ever had their cholesterol level tested (66.0 percent vs. 78.3 percent for Nebraska women) and to say they had their cholesterol level checked within the past five years (62.7 percent vs. 74.7 percent for Nebraska women).

Among Southwest Nebraska respondents who ever had their blood cholesterol level checked, 32.5 percent had been told it was high.

Diabetes

Among adults in this area, 6.8 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

One-fourth of adults in this area (24.5 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in Southwest Nebraska who had ever been told they had asthma was 12.5 percent, while 8.2 percent currently have this disease.

Overweight and Obesity

Three out of ten respondents in this area (29.8 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 36.5 percent of Southwest Nebraska respondents were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 66.3 percent of adults in this district were overweight or obese in 2007-2008.

Men in the Southwest Nebraska area (41.8 percent) were significantly more likely than women (31.0 percent) to report heights and weights that placed them in the "overweight" category.

Fruit and Vegetable Consumption

Nearly one-fourth of Southwest Nebraska adults (23.2 percent) consumed fruits and/or vegetables five or more times daily.

Physical Activity

Compared to Nebraska adults overall (23.0 percent), a significantly greater proportion of the respondents in this area (28.6 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month. Men in this area (32.8 percent) were significantly more likely than men statewide (22.4 percent) to be physically inactive.

Nearly one-half of Southwest Nebraska adults (48.2 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 22.7 percent of respondents from this area. This rate is significantly lower than the rate for adults statewide (31.8 percent). Women in Southwest Nebraska (15.5 percent) were also significantly less likely than Nebraska women overall (27.0 percent) to participate in vigorous physical activity. In addition, Southwest Nebraska women were significantly less likely than men in this area (29.7 percent) to report engaging in vigorous activity in a usual week.

Tobacco Use

Among adults in the Southwest area, 19.6 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 52.8 percent reported trying to quit smoking at least once in the past 12 months.

The proportion of male respondents who said they had ever used smokeless tobacco was 50.3 percent in Southwest Nebraska. More than one-fourth (27.5 percent) of men in this area stated they currently use these tobacco products—a significantly greater rate than the rate for Nebraska men overall (12.6 percent).

Alcohol Consumption

Binge drinking in the past month was reported by 19.7 percent of adults in this area, while 4.5 percent of respondents indicated they had participated in heavy drinking during the past 30 days.

Drinking and driving was reported by 5.8 percent of adults in this district in the last month.

Cancer Screening

Among women aged 40 and older in Southwest Nebraska, 64.8 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 93.4 percent reported ever having a Pap test, while 70.5 percent said they had this test within the past three years. The three-year screening rate for the Southwest area was significantly lower than the Nebraska rate (78.3 percent).

Most men aged 50 and older (84.1 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 77.1 percent said they had this test in the past two years.

Southwest Nebraska respondents aged 50 and older (43.5 percent) were significantly less likely than Nebraska BRFSS respondents in this age group (56.1 percent) to say they ever had a colonoscopy or sigmoidoscopy. Men in the Southwest area (40.2 percent) were also significantly less likely to have ever had this kind of exam than men statewide (55.4 percent), as were women (47.0 percent vs. 56.8 percent statewide).

Blood stool testing in the past two years among persons aged 50 and older was reported by 21.3 percent of respondents in the Southwest Nebraska area.

Immunization

Seven out of ten adults aged 65 and older in this area (71.8 percent) said they had been vaccinated for influenza in the past 12 months.

Compared to Nebraska overall (71.2 percent), a significantly smaller proportion of respondents in this age group (61.5 percent) reported ever having a pneumonia vaccination. Women in the Southwest area (59.9 percent) were significantly less likely than women statewide (72.8 percent) to say they were ever vaccinated for pneumonia.

Oral Health

Less than two-thirds of respondents in Southwest Nebraska (65.2 percent) had visited a dentist in the past 12 months, Women in this area (65.3 percent) were significantly less likely than women statewide (73.6 percent) to say they had visited a dentist in the last year.

Six out of ten adults in the Southwest area (63.4 percent) reported having had their teeth cleaned within the last 12 months—a significantly smaller proportion than the rate for Nebraska adults overall (70.1 percent). Women in this area (63.0 percent) were significantly less likely than Nebraska women overall (73.4 percent) to have a dental cleaning in the past year.

Three out of ten Southwest respondents (31.5 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 19.1 percent reported having all their teeth extracted due to decay or gum disease.

Southwest Nebraska Public Health department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	802	17.4	NS	299	15.8	NS	503	19.1	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,259	20.4	Sig.	454	27.2	NS	805	13.2	NS	Yes
3. Needed to see a doctor in past year but could not because of cost	1,255	11.7	NS	452	9.2	NS	803	14.3	NS	No
4. Visited a doctor for a routine checkup within the past year	1,232	55.2	Sig.	443	49.2	NS	789	61.7	Sig.	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	471	13.8	NS	164	8.6	NS	307	16.9	NS	No
2. Household has no disaster evacuation plan	476	74.4	NS	165	77.3	NS	311	73.7	NS	No
3. Does not have at least 3-day supply of water	476	56.9	NS	164	58.0	NS	312	59.4	NS	No
4. Does not have at least 3-day supply of non-perishable food	475	14.9	NS	165	11.2	NS	310	16.9	NS	No
5. Does not have at least 3-day supply of prescription drugs	477	7.7	NS	164	2.2	NS	313	10.9	NS	Yes
6. Household has no working battery-powered radio	475	15.8	NS	164	14.7	NS	311	15.7	NS	No
7. Household has no working battery-powered flashlight	479	3.4	NS	165	2.9	NS	314	3.2	NS	No
8. Household would not leave home if evacuation were required	434	5.8	NS	153	7.5	NS	281	4.1	NS	No
9. Household would use cell phone as main source of communication	456	73.4	NS	161	76.9	NS	295	73.0	NS	No
10. Household would use radio as main source of information	455	57.4	NS	162	57.8	NS	293	55.4	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,257	86.4	NS	454	85.5	NS	803	87.2	NS	No
2. Average number of days (in past month) that physical health was not good	1,229	3.2	NS	446	3.2	NS	783	3.3	NS	No
3. Average number of days (in past month) that mental health was not good	1,238	2.9	NS	450	2.8	NS	788	3.1	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	598	4.1	NS	201	5.1	Sig.	397	3.5	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,249	18.8	NS	449	20.2	NS	800	17.1	NS	No
2. Have health problems requiring use of special equipment	1,256	6.0	NS	453	6.5	NS	803	5.4	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	252	4.5	NS	91	1.2	NS	161	6.6	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	218	7.2	NS	87	6.5	NS	131	7.9	NS	No
3. Lifetime diagnosis of depressive disorder	242	21.0	NS	95	15.0	NS	147	27.3	NS	No
4. Lifetime diagnosis of anxiety disorder	242	10.6	NS	95	8.0	NS	147	13.2	NS	No

Southwest Nebraska Public Health department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,248	4.0	NS	450	5.7	NS	798	2.6	NS	No
2. Ever told they had angina or coronary heart disease	1,252	3.9	NS	452	5.5	NS	800	2.4	NS	Yes
3. Ever told they had a stroke	1,257	2.3	NS	454	2.6	NS	803	2.1	NS	No
4. Ever told blood pressure was high	511	28.6	NS	185	32.3	NS	326	24.0	NS	No
5. Ever had cholesterol level checked	499	66.6	Sig.	183	67.6	NS	316	66.0	Sig.	No
6. Had cholesterol level checked during the past five years	497	62.5	Sig.	183	62.5	NS	314	62.7	Sig.	No
7. Ever told cholesterol was high, among those who had ever been screened	391	32.5	NS	141	32.0	NS	250	32.7	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,258	6.8	NS	454	6.5	NS	804	7.3	NS	No
Arthritis										
1. Ever diagnosed with arthritis	507	24.5	NS	184	23.0	NS	323	25.6	NS	No
Asthma										
1. Ever told they had asthma	1,254	12.5	NS	452	13.2	NS	802	12.1	NS	No
2. Currently have asthma	1,249	8.2	NS	449	7.7	NS	800	8.9	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,207	29.8	NS	450	30.8	NS	757	29.0	NS	No
2. Overweight (BMI=25.0-29.9)	1,207	36.5	NS	450	41.8	NS	757	31.0	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	508	23.2	NS	183	16.1	NS	325	30.4	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,258	28.6	Sig.	454	32.8	Sig.	804	24.5	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	474	48.2	NS	176	50.8	NS	298	44.6	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	495	22.7	Sig.	180	29.7	NS	315	15.5	Sig.	Yes
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,258	19.6	NS	454	20.3	NS	804	19.0	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	207	52.8	NS	80	55.9	NS	127	50.1	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	264	50.3	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	124	27.5	Sig.	--	--	--	--

Southwest Nebraska Public Health department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	503	19.7	NS	188	26.6	NS	315	11.7	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,239	4.5	NS	444	5.8	NS	795	3.1	NS	No
3. Engaged in drinking and driving in the past 30 days	336	5.8	NS	156	9.1	NS	180	1.3	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	522	64.8	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	631	93.4	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	619	70.5	Sig.	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	64	84.1	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	63	77.1	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	67	83.6	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	65	55.4	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	659	43.5	Sig.	238	40.2	Sig.	421	47.0	Sig.	No
9. Among adults aged 50+, had a blood stool test in past two years	589	21.3	NS	218	18.9	NS	371	23.8	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	452	71.8	NS	155	72.5	NS	297	71.3	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	438	61.5	Sig.	148	63.8	NS	290	59.9	Sig.	No
Oral Health										
1. Visited the dentist in past 12 months	732	65.2	NS	261	65.3	NS	471	65.3	Sig.	No
2. Had teeth cleaned in past 12 months	660	63.4	Sig.	233	63.7	NS	427	63.0	Sig.	No
3. Had one or more teeth extracted due to decay or gum disease	737	31.5	NS	265	27.8	NS	472	35.4	NS	No
4. Had all of their teeth extracted (aged 65+)	278	19.1	NS	94	17.8	NS	184	20.0	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Three Rivers Public Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, the rate was significantly worse for only one indicator for the adult population in the Three Rivers Public Health Department area, compared to the state. A smaller proportion of adults in this area consumed fruits and vegetables the recommended five or more times daily.

Summary of Significant Differences over Time

- The proportion of Three Rivers adults who visited their doctor for a routine checkup in the past 12 months decreased significantly in the current study, compared to the 2005 baseline.
- The proportion of adults who participated in the recommended level of moderate and/or vigorous physical activity in a usual week increased significantly from the 2005 baseline.

Health Care Access

Among respondents aged 18 to 64 years in the Three Rivers area, 17.5 percent reported having no health insurance at the time of the survey.

One out of eight Three Rivers adults (12.1 percent) stated they did not have a personal doctor or health care provider. Men in this area (16.4 percent) were significantly more likely than women (6.9 percent) to report not having a personal physician. Women in the Three Rivers area were significantly less likely than women statewide (11.2 percent) to say they did not have a personal physician.

At some time in the past year, 11.7 percent of Three Rivers adults needed to see a doctor but could not due to the potential cost of care.

Six out of ten adults in this area (61.0 percent) reported visiting a doctor for a routine checkup in the past year. This rate represents a significant decrease from 2005 when 76.6 percent of respondents had seen their doctor for a checkup in the last 12 months. Men in this area (53.2 percent) were significantly less likely than women (69.2 percent) to report having a checkup in the last year.

General Emergency Preparedness

In the Three Rivers area, 15.7 percent of adults indicated their household was not prepared for a major disaster. Three-fourths of adults (74.3 percent) stated that they did not have a written disaster evacuation plan.

Six out of ten BRFSS respondents in this area (62.1 percent) did not have a three-day supply of water on hand. Although most households in this county had a three-day supply of non-perishable food, respondents from 17.8 percent of households said they did not.

Similarly, 10.2 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

In this area, 19.1 percent of respondents did not have a working battery-powered radio, while 2.6 percent of households did not have a working battery-powered flashlight at the time of the survey.

The majority of BRFSS respondents in the Three Rivers area said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 6.7 percent stated they would not do so.

Three-fourths of the respondents in this area (74.1 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation.

More than one-half (58.8 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among Three Rivers adults, 89.7 percent considered their general health "good", "very good", or "excellent.

Adults in this area averaged 2.4 days in the past month when their physical health was "not good". Three Rivers men (1.6 days) reported significantly fewer days with poor physical health than men statewide (2.4 days). They also averaged significantly fewer of these days than Three Rivers women (3.3 days).

In the Three Rivers area, respondents averaged of 2.2 days out of the last 30 days when their mental health was

"not good". Women (2.9 days) reported significantly more days with poor mental health than men in this area (1.5 days).

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 3.3 days in the past month.

Disability

In 2007-2008, 17.9 percent of adults in this area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 6.2 percent of adults in this area. Three Rivers women (9.1 percent) were significantly more likely than men in this area (3.7 percent) to indicate they have a need for special equipment due to a health problem.

Mental Health

In 2007, 1.5 percent of Three Rivers adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 6.5 percent of adults in this area.

A larger proportion of adults (14.0 percent) said they had ever been diagnosed with a depressive disorder, while 6.6 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In the Three Rivers area, 3.7 percent of adults said they ever had a heart attack, while 3.6 percent were ever told they had angina or coronary heart disease.

Fewer respondents in this area (1.5 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 24.2 percent in 2007.

Three-fourths of Three Rivers adults (76.2 percent) ever had their cholesterol level checked and 70.7 percent had this testing done within the last five years. Among respondents who ever had their blood cholesterol level checked, 38.6 percent had been told it was high.

Diabetes

Among adults in this area, 6.6 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

More than one-fourth of adults in this area (28.6 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the Three Rivers area who had ever been told they had asthma was 10.0 percent, while 6.5 percent currently have this disease.

Overweight and Obesity

Three out of ten respondents in this area (29.3 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 40.1 percent of Three Rivers respondents were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 69.4 percent of adults in this district were overweight or obese in 2007-2008.

Men in this area (47.1 percent) were significantly more likely than women (33.5 percent) to report heights and weights that placed them in the "overweight" category.

Fruit and Vegetable Consumption

Less than one-fifth of Three Rivers adults (17.9 percent) consumed fruits and/or vegetables five more times daily. This rate is significantly lower than the statewide rate of 24.0 percent. Men in this area (10.6 percent) were significantly less likely than Nebraska men overall (19.6 percent) to eat fruits and vegetables this frequently. They were also significantly less likely than Three Rivers women (25.0 percent) to eat these foods five or more times a day.

Physical Activity

One-fourth of the respondents in this area (25.9 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

More than one-half of Three Rivers adults (56.0 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week. This rate represents a significant increase over the 2005 baseline rate of 42.2 percent.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 28.1 percent of respondents from this area.

Tobacco Use

Among adults in the Three Rivers area, 22.6 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 52.7 percent reported trying to quit smoking at least once in the past 12 months.

The proportion of male respondents who said they had ever used smokeless tobacco was 47.6 percent in this area and 16.2 percent currently use these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 22.1 percent of adults in this area. Three Rivers men (30.9 percent) were significantly more likely than women in this area (13.3 percent) to engage in binge drinking.

Heavy drinking was reported by 5.3 percent of respondents. A similar proportion of Three Rivers adults (4.7 percent) said they engaged in drinking and driving in the past month. Men in this area (7.6 percent) were significantly more likely than women (0.9 percent) to drink and drive.

Cancer Screening

Among women aged 40 and older in the Three Rivers area, 71.1 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 97.3 percent reported ever having a Pap test, while 80.7 percent said they had this test within the past three years.

Most men aged 50 and older (85.0 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 71.9 percent said they had this test in the past two years.

Six out of ten Three Rivers respondents aged 50 and older (60.9 percent) ever had a colonoscopy or sigmoidoscopy. One-fourth of adults in this age group (25.1 percent) stated they had a blood stool test in the past two years.

Immunization

Three-fourths of adults aged 65 and older in this area (75.9 percent) said they had been vaccinated for influenza in the past 12 months.

A smaller proportion of respondents in this age group (68.9 percent) reported ever having a pneumonia vaccination.

Oral Health

Two-thirds of respondents in the Three Rivers area (68.5 percent) had visited a dentist in the past 12 months. A similar proportion (67.6 percent) had their teeth cleaned within the last 12 months.

One-third of the adults in this area (35.5 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 16.8 percent reported having all their teeth extracted due to decay or gum disease.

Three Rivers Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	921	17.5	NS	393	18.2	NS	528	14.8	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,329	12.1	NS	536	16.4	NS	793	6.9	Sig.	Yes
3. Needed to see a doctor in past year but could not because of cost	1,330	11.7	NS	539	10.9	NS	791	11.7	NS	No
4. Visited a doctor for a routine checkup within the past year	1,313	61.0	NS	529	53.2	NS	784	69.2	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	512	15.7	NS	208	12.7	NS	304	18.9	NS	No
2. Household has no disaster evacuation plan	512	74.3	NS	209	72.8	NS	303	76.4	NS	No
3. Does not have at least 3-day supply of water	509	62.1	NS	207	55.3	NS	302	66.9	NS	No
4. Does not have at least 3-day supply of non-perishable food	513	17.8	NS	209	13.5	NS	304	18.8	NS	No
5. Does not have at least 3-day supply of prescription drugs	511	10.2	NS	206	9.5	NS	305	8.2	NS	No
6. Household has no working battery-powered radio	510	19.1	NS	208	19.5	NS	302	18.6	NS	No
7. Household has no working battery-powered flashlight	514	2.6	NS	210	2.8	NS	304	2.0	NS	No
8. Household would not leave home if evacuation were required	484	6.7	NS	192	8.8	NS	292	3.8	NS	No
9. Household would use cell phone as main source of communication	494	74.1	NS	201	71.3	NS	293	79.6	NS	No
10. Household would use radio as main source of information	487	58.8	NS	200	62.3	NS	287	52.6	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,331	89.7	NS	539	91.5	NS	792	88.2	NS	No
2. Average number of days (in past month) that physical health was not good	1,307	2.4	NS	530	1.6	Sig.	777	3.3	NS	Yes
3. Average number of days (in past month) that mental health was not good	1,318	2.2	NS	532	1.5	NS	786	2.9	NS	Yes
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	614	3.3	NS	201	2.3	NS	413	4.3	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,322	17.9	NS	534	16.6	NS	788	18.4	NS	No
2. Have health problems requiring use of special equipment	1,333	6.2	NS	539	3.7	NS	794	9.1	NS	Yes
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	251	1.5	NS	96	1.6	NS	155	1.4	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	242	6.5	NS	76	2.9	NS	166	9.8	NS	No
3. Lifetime diagnosis of depressive disorder	257	14.0	NS	83	7.7	NS	174	21.2	NS	No
4. Lifetime diagnosis of anxiety disorder	255	6.6	NS	83	3.6	NS	172	9.7	NS	No

Three Rivers Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,328	3.7	NS	538	4.3	NS	790	3.3	NS	No
2. Ever told they had angina or coronary heart disease	1,319	3.6	NS	535	4.5	NS	784	3.0	NS	No
3. Ever told they had a stroke	1,331	1.5	NS	539	1.8	NS	792	1.3	NS	No
4. Ever told blood pressure was high	516	24.2	NS	210	24.4	NS	306	23.8	NS	No
5. Ever had cholesterol level checked	515	76.2	NS	209	72.6	NS	306	80.3	NS	No
6. Had cholesterol level checked during the past five years	509	70.7	NS	207	66.8	NS	302	75.5	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	445	38.6	NS	178	46.5	NS	267	36.8	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,331	6.6	NS	538	7.2	NS	793	6.2	NS	No
Arthritis										
1. Ever diagnosed with arthritis	510	28.6	NS	208	24.3	NS	302	32.9	NS	No
Asthma										
1. Ever told they had asthma	1,330	10.0	NS	539	8.9	NS	791	11.0	NS	No
2. Currently have asthma	1,324	6.5	NS	538	5.7	NS	786	7.3	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,260	29.3	NS	531	30.7	NS	729	27.0	NS	No
2. Overweight (BMI=25.0-29.9)	1,260	40.1	NS	531	47.1	NS	729	33.5	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	512	17.9	Sig.	209	10.6	Sig.	303	25.0	NS	Yes
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,329	25.9	NS	536	24.4	NS	793	26.8	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	490	56.0	NS	197	56.8	NS	294	55.2	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	501	28.1	NS	203	26.5	NS	298	30.8	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,328	22.6	NS	537	25.3	NS	791	19.6	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	244	52.7	NS	114	50.6	NS	130	54.5	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	318	47.6	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	123	16.2	NS	--	--	--	--

Three Rivers Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	522	22.1	NS	182	30.9	NS	340	13.3	NS	Yes
2. Engaged in heavy (chronic) drinking in the past 30 days	1,300	5.3	NS	520	7.1	NS	780	2.9	NS	No
3. Engaged in drinking and driving in the past 30 days	440	4.7	NS	204	7.6	NS	236	0.9	NS	Yes
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	517	71.1	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	635	97.3	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	627	80.7	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	41	85.0	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	41	71.9	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	41	82.7	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	40	58.4	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	639	60.9	NS	240	61.5	NS	399	60.3	NS	No
9. Among adults aged 50+, had a blood stool test in past two years	568	25.1	NS	212	21.6	NS	356	28.2	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	401	75.9	NS	142	70.4	NS	259	80.0	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	398	68.9	NS	141	65.8	NS	257	71.2	NS	No
Oral Health										
1. Visited the dentist in past 12 months	811	68.5	NS	329	64.6	NS	482	73.2	NS	No
2. Had teeth cleaned in past 12 months	759	67.6	NS	308	63.2	NS	451	72.6	NS	No
3. Had one or more teeth extracted due to decay or gum disease	800	35.5	NS	324	34.0	NS	476	36.4	NS	No
4. Had all of their teeth extracted (aged 65+)	254	16.8	NS	90	17.1	NS	164	16.6	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Two Rivers Public Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, the rate was significantly worse for five indicators for the adult population in the Two Rivers Public Health Department area, compared to the state. Fewer adults visited a doctor for a routine checkup in the past year. Fewer adults had their cholesterol level checked in the last five years or ever had it checked. A smaller proportion of adults in this area consumed fruits and vegetables the recommended five or more times daily. Fewer adults aged 50 and older ever had a colonoscopy or sigmoidoscopy.

Summary of Significant Differences over Time

- The proportion of Two Rivers adults who visited their doctor for a routine checkup in the past 12 months decreased significantly in the current study, compared to the 2005 baseline.
- Prevalence of "good" to "excellent" general health among adults in this area increased significantly from the 2005 baseline.
- The proportion of adults who participated in the recommended level of moderate and/or vigorous physical activity in a usual week increased significantly from the 2005 baseline.

Health Care Access

Among respondents aged 18 to 64 years in the Two Rivers area, 16.4 percent reported having no health insurance at the time of the survey.

One out of seven adults in this area (14.5 percent) stated they did not have a personal doctor or health care provider. Men in this area (19.3 percent) were significantly more likely than women (9.9 percent) to report not having a personal physician.

At some time in the past year, 10.9 percent of Two Rivers adults needed to see a doctor but could not due to the potential cost of care. Women in the Two Rivers area (15.4 percent) were significantly more likely than men (6.5 percent) to say they could not visit the doctor for needed medical care due to cost.

More than one-half of the adults in this area (55.8 percent) reported visiting a doctor for a routine checkup in the past year. This rate is significantly lower than the Nebraska average (6.1. percent). It represents a significant decrease from 2005 when 71.9 percent of respondents had seen their doctor for a checkup in the last 12 months. Men in this area (48.1 percent) were significantly less likely than women (63.3 percent) to report having a checkup in the last year.

General Emergency Preparedness

In the Two Rivers area, 12.8 percent of adults indicated their household was not prepared for a major disaster. Three-fourths of adults (76.8 percent) stated that they did not have a written disaster evacuation plan.

More than one-half of the BRFSS respondents in this area (54.1 percent) did not have a three-day supply of water on hand. Although most households in this area had a three-day supply of non-perishable food, respondents from 12.0 percent of households said they did not.

Similarly, 6.7 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

In this area, 16.0 percent of respondents did not have a working battery-powered radio, while 3.0 percent of households did not have a working battery-powered flashlight at the time of the survey.

The majority of BRFSS respondents in the Two Rivers area said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 5.7 percent stated they would not do so.

Three-fourths of the respondents in this area (75.9 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation.

More than one-half (58.4 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among Two Rivers adults, 88.9 percent considered their general health "good", "very good", or "excellent. This

rate represents a significant increase from the 2005 baseline rate of 81.8 percent.

Adults in this area averaged 2.6 days in the past month when their physical health was "not good", while respondents averaged 2.3 days out of the last 30 days when their mental health was "not good".

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 3.5 days in the past month.

Disability

In 2007-2008, 15.6 percent of adults in this area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 5.5 percent of adults in this area.

Mental Health

In 2007, 3.0 percent of Two Rivers adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 5.3 percent of adults in this area. Two Rivers women (13.5 percent) were significantly more likely than men in this area (1.9 percent) to have current depression.

A larger proportion of adults (21.1 percent) said they had ever been diagnosed with a depressive disorder, with women (31.1 percent) significantly more likely than men (12.4 percent) to have a lifetime diagnosis of depression.

Among Two Rivers adults, 7.8 percent stated they had received a diagnosis of an anxiety disorder at some time in their life. Women in this area (18.2 percent) were significantly more likely than men (1.8 percent) to report ever being diagnosed with an anxiety disorder.

Cardiovascular Disease

In the Two Rivers area, 3.3 percent of adults said they ever had a heart attack. Men (4.6 percent) were significantly more likely than women (2.4 percent) to have ever been told they had a heart attack.

A similar proportion of Two Rivers adults (3.5 percent) were ever told they had angina or coronary heart disease.

Fewer respondents in this area (2.2 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 23.0 percent in 2007.

Compared to Nebraska adults overall (76.2 percent), a significantly smaller proportion of Two Rivers adults (64.8 percent) ever had their cholesterol level checked. The proportion who had it tested in the past five years was also significantly smaller in the Two Rivers area (58.9 percent), compared to the statewide rate (72.0 percent). Men and women in this area were also significantly less likely than their counterparts statewide to say they ever had their cholesterol level tested and to say they had their cholesterol level checked within the past five years.

Among respondents who ever had their blood cholesterol level checked, 31.2 percent had been told it was high.

Diabetes

Among adults in this area, 6.0 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

One-fourth of adults in this area (25.7 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the Two Rivers area who had ever been told they had asthma was 10.7 percent, while 7.0 percent currently have this disease.

Overweight and Obesity

One-fourth of the respondents in this area (26.3 percent) reported heights and weights that placed them

in the "obese" category (Body Mass Index = 30.0+). An additional 39.9 percent of Two Rivers respondents were classified as "overweight" (Body Mass Index = 25.0-29.9). Thus, 66.2 percent of adults in this district were overweight or obese in 2007-2008.

Men in this area (47.1 percent) were significantly more likely than women (32.9 percent) to report heights and weights that placed them in the "overweight" category.

Fruit and Vegetable Consumption

Less than one-fifth of Two Rivers adults (16.9 percent) consumed fruits and/or vegetables five or more times daily. This rate is significantly lower than the statewide rate of 24.0 percent. Men in this area (9.6 percent) were significantly less likely than Nebraska men overall (19.6 percent) to eat fruits and vegetables this frequently. They were also significantly less likely than Two Rivers women (23.8 percent) to eat these foods five or more times a day.

Physical Activity

One-fourth of the respondents in this area (25.0 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

More than one-half of Two Rivers adults (52.0 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week. This rate represents a significant increase over the 2005 baseline rate of 37.2 percent.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 31.0 percent of respondents from this area.

Tobacco Use

Among adults in the Two Rivers area, 18.2 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 51.2 percent reported trying to quit smoking at least once in the past 12 months.

The proportion of male respondents who said they had ever used smokeless tobacco was 51.6 percent in this area and 14.1 percent currently use these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 19.3 percent of adults in this area.

Heavy drinking was reported by 4.3 percent of respondents, with men in the Two Rivers area (7.7 percent) significantly more likely than women (1.2 percent) to participate in this pattern of alcohol consumption. Women in this area were significantly less likely than women statewide (4.0 percent) to drink heavily.

A similar proportion of Two Rivers adults (3.9 percent) said they engaged in drinking and driving in the past month.

Cancer Screening

Among women aged 40 and older in the Two Rivers area, 71.8 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 95.7 percent reported ever having a Pap test, while 77.9 percent said they had this test within the past three years.

Most men aged 50 and older (75.3 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 64.2 percent said they had this test in the past two years.

About one-half of Two Rivers respondents aged 50 and older (47.7 percent) ever had a colonoscopy or sigmoidoscopy. This rate is significantly lower than the overall rate for Nebraskans in this age group (56.1 percent). Women in the Two Rivers area (47.9 percent) were also significantly less likely than women statewide (56.8 percent) to ever have a colonoscopy or sigmoidoscopy.

One-fourth of adults in this age group (26.4 percent) stated they had a blood stool test in the past two years.

Immunization

Three-fourths of adults aged 65 and older in this area (76.6 percent) said they had been vaccinated for influenza in the past 12 months.

Slightly fewer respondents in this age group (72.8 percent) reported ever having a pneumonia vaccination.

Oral Health

Two-thirds of respondents in the Two Rivers area (65.5 percent) had visited a dentist in the past 12 months. A similar proportion (65.1 percent) had their teeth cleaned within the last 12 months.

One-third of the adults in this area (33.9 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 17.6 percent reported having all their teeth extracted due to decay or gum disease.

Two Rivers Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	897	16.4	NS	355	15.8	NS	542	17.1	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,351	14.5	NS	519	19.3	NS	832	9.9	NS	Yes
3. Needed to see a doctor in past year but could not because of cost	1,353	10.9	NS	517	6.5	NS	836	15.4	NS	Yes
4. Visited a doctor for a routine checkup within the past year	1,329	55.8	Sig.	509	48.1	NS	820	63.3	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	504	12.8	NS	195	12.2	NS	309	13.8	NS	No
2. Household has no disaster evacuation plan	506	76.8	NS	198	78.2	NS	308	75.0	NS	No
3. Does not have at least 3-day supply of water	502	54.1	NS	197	54.0	NS	305	54.2	NS	No
4. Does not have at least 3-day supply of non-perishable food	507	12.0	NS	197	9.3	NS	310	14.2	NS	No
5. Does not have at least 3-day supply of prescription drugs	505	6.7	NS	197	6.3	NS	308	7.6	NS	No
6. Household has no working battery-powered radio	503	16.0	NS	196	12.0	NS	307	20.0	NS	No
7. Household has no working battery-powered flashlight	508	3.0	NS	198	4.1	NS	310	2.1	NS	No
8. Household would not leave home if evacuation were required	470	5.7	NS	179	8.7	NS	291	2.7	NS	No
9. Household would use cell phone as main source of communication	491	75.9	NS	192	74.2	NS	299	77.8	NS	No
10. Household would use radio as main source of information	487	58.4	NS	194	62.1	NS	293	54.4	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,353	88.9	NS	518	88.0	NS	835	89.6	NS	No
2. Average number of days (in past month) that physical health was not good	1,327	2.6	NS	505	2.5	NS	822	2.8	NS	No
3. Average number of days (in past month) that mental health was not good	1,337	2.3	NS	512	2.1	NS	825	2.5	NS	No
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	604	3.5	Sig.	192	4.5	NS	412	2.6	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,347	15.6	NS	518	17.9	NS	829	13.3	NS	No
2. Have health problems requiring use of special equipment	1,352	5.5	NS	519	5.5	NS	833	5.5	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	256	3.0	NS	114	3.7	NS	142	2.2	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	245	5.3	NS	99	1.9	NS	146	13.5	NS	Yes
3. Lifetime diagnosis of depressive disorder	260	21.1	NS	105	12.4	NS	155	31.1	NS	Yes
4. Lifetime diagnosis of anxiety disorder	261	7.8	NS	105	1.8	NS	156	18.2	NS	Yes

Two Rivers Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,348	3.3	NS	515	4.6	NS	833	2.4	NS	Yes
2. Ever told they had angina or coronary heart disease	1,345	3.5	NS	514	4.3	NS	831	2.9	NS	No
3. Ever told they had a stroke	1,354	2.2	NS	519	2.9	NS	835	1.7	NS	No
4. Ever told blood pressure was high	555	23.0	NS	224	24.6	NS	331	21.4	NS	No
5. Ever had cholesterol level checked	548	64.8	Sig.	222	61.8	Sig.	326	67.0	Sig.	No
6. Had cholesterol level checked during the past five years	546	58.9	Sig.	222	57.2	Sig.	324	60.0	Sig.	No
7. Ever told cholesterol was high, among those who had ever been screened	441	31.2	NS	171	34.4	NS	270	32.7	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,352	6.0	NS	518	6.6	NS	834	5.4	NS	No
Arthritis										
1. Ever diagnosed with arthritis	553	25.7	NS	225	23.8	NS	328	28.8	NS	No
Asthma										
1. Ever told they had asthma	1,354	10.7	NS	518	7.3	NS	836	14.4	NS	No
2. Currently have asthma	1,354	7.0	NS	518	4.4	NS	836	9.6	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,293	26.3	NS	511	27.8	NS	782	24.4	NS	No
2. Overweight (BMI=25.0-29.9)	1,293	39.9	NS	511	47.1	NS	782	32.9	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	549	16.9	Sig.	223	9.6	Sig.	326	23.8	NS	Yes
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,354	25.0	NS	518	25.9	NS	836	24.4	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	521	52.0	NS	212	52.1	NS	309	50.4	NS	No
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	532	31.0	NS	213	37.0	NS	319	23.1	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,351	18.2	NS	517	20.9	NS	834	15.7	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	207	51.2	NS	94	47.2	NS	113	57.4	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	284	51.6	NS	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	127	14.1	NS	--	--	--	--

Two Rivers Public Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	543	19.3	NS	226	24.7	NS	317	13.5	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,328	4.3	NS	506	7.7	NS	822	1.2	Sig.	Yes
3. Engaged in drinking and driving in the past 30 days	394	3.9	NS	174	6.0	NS	220	1.2	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	523	71.8	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	643	95.7	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	634	77.9	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	68	75.3	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	67	64.2	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	66	83.6	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	66	47.9	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	695	47.7	Sig.	274	48.4	NS	421	47.9	Sig.	No
9. Among adults aged 50+, had a blood stool test in past two years	639	26.4	NS	261	24.9	NS	378	28.1	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	452	76.6	NS	160	72.5	NS	292	79.6	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	442	72.8	NS	156	70.0	NS	286	74.8	NS	No
Oral Health										
1. Visited the dentist in past 12 months	788	65.5	NS	290	60.3	NS	498	70.3	NS	No
2. Had teeth cleaned in past 12 months	710	65.1	NS	263	61.4	NS	447	68.6	NS	No
3. Had one or more teeth extracted due to decay or gum disease	789	33.9	NS	292	32.9	NS	497	34.9	NS	No
4. Had all of their teeth extracted (aged 65+)	266	17.6	NS	93	16.4	NS	173	18.5	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

West Central District Health Department Summary

Summary of Significant Differences Compared to Nebraska

- In 2007-2008, the rate was significantly better for two indicators for the adult population in the West Central District Health Department area, compared to the state. With regard to emergency preparedness, a smaller proportion of adults in this area said they did not have a written disaster evacuation plan. Fewer adults also said they did not have a three-day supply of water on hand in case of a large-scale disaster.
- Current rates were significantly worse for five indicators in the West Central District than they were for Nebraska overall. Fewer adults visited a doctor for a routine checkup in the past year. More West Central men reported ever using smokeless tobacco, compared to men statewide. Fewer adults aged 50 and older had a blood stool test in the last two years. Fewer adults in this district visited the dentist or had their teeth cleaned in the last year.

Summary of Significant Differences over Time

- The proportion of West Central adults who visited their doctor for a routine checkup in the past 12 months decreased significantly in the current study, compared to the 2005 baseline.
- The proportion of adults who participated in the recommended level of moderate and/or vigorous physical activity in a usual week increased significantly from the 2005 baseline.

Health Care Access

Among respondents aged 18 to 64 years in the West Central District, 17.4 percent reported having no health insurance at the time of the survey.

One out of eight adults in this district (11.9 percent) stated they did not have a personal doctor or health care provider. Men in this area (17.1 percent) were significantly more likely than women (6.7 percent) to report not having a personal physician.

At some time in the past year, 12.7 percent of West Central adults needed to see a doctor but could not due to the potential cost of care.

Compared to Nebraska (61.1 percent), significantly fewer respondents in this district (53.9 percent) reported visiting a doctor for a routine checkup in the past year. This rate also represents a significant decrease from 2005 when 72.9 percent of respondents had seen their doctor for a checkup in the last 12 months. Men in this area (44.1 percent) were significantly less likely than women (63.7 percent) to report having a checkup in the last year. West Central men were also significantly less likely than Nebraska men overall (53.2 percent) to report a doctor visit for this purpose.

General Emergency Preparedness

In the West Central District, 15.7 percent of adults indicated their household was not prepared for a major disaster. Two-thirds of adults (67.1 percent) stated that they did not have a written disaster evacuation plan. This rate was significantly better than the state average of 75.8 of respondents without such a plan.

Less than one-half of BRFSS respondents in this area (45.4 percent) did not have a three-day supply of water on hand—significantly better than the Nebraska rate of 54.9 percent without the recommended supply of water.

Although most households in this county had a three-day supply of non-perishable food, respondents from 15.4 percent of households said they did not.

Similarly, 8.9 percent of respondents indicated they did not have a three-day supply of prescription drugs on hand for all household members who required them.

In this area, 16.5 percent of respondents did not have a working battery-powered radio. Women in the West Central District (24.2 percent) were significantly more likely than men (8.6 percent) to say they did not have this kind of radio.

Only 4.0 percent of households in this district did not have a working battery-powered flashlight at the time of the survey.

The majority of BRFSS respondents in the West Central District said they would leave their homes if public authorities announced a mandatory evacuation due to a large-scale disaster or emergency, but 5.1 percent stated they would not do so.

Three-fourths of the respondents in this area (74.2 percent) indicated they would use a cell phone as their primary means of communication with family and friends in an emergency situation.

More than one-half (58.0 percent) said they would use a radio as their means of getting information from public officials in the event of a disaster.

Health-Related Quality of Life

Among West Central adults, 87.9 percent considered their general health "good", "very good", or "excellent.

Adults in this area averaged 3.7 days in the past month when their physical health was "not good".

In the West Central District, respondents averaged of 2.3 days out of the last 30 days when their mental health was "not good". Women (3.3 days) reported significantly more days with poor mental health than men in this area (1.4 days).

Among adults who reported days when physical or mental health was "not good", these problems prevented them from participating in their usual activities an average of 4.2 days in the past month.

Disability

In 2007-2008, 17.3 percent of adults in this area stated that they have experienced limitation in one or more activities due to physical, mental, or emotional problems.

A health problem that requires them to use special equipment such as a cane, wheelchair, a special bed, or a special telephone was reported by 7.2 percent of adults in this area.

Mental Health

In 2007, 3.8 percent of West Central adults reported symptoms indicating that they experienced serious psychological distress (SPD) in the past 30 days.

Current depression (based on a Severity of Depression score of 10 or more) was reported by 4.6 percent of adults in this area.

A larger proportion of adults (14.7 percent) said they had ever been diagnosed with a depressive disorder, while 7.7 percent stated they had received a diagnosis of an anxiety disorder at sometime in their life.

Cardiovascular Disease

In the West Central District, 4.5 percent of adults said they ever had a heart attack, with men (6.6 percent) significantly more likely than women (2.7 percent) to have ever been told they had a heart attack.

A similar proportion of adults (4.5 percent) were ever told they had angina or coronary heart disease.

Fewer respondents in this area (1.8 percent) said they had ever been told by a health professional that they had a stroke.

The proportion of adults who had ever been told by a doctor or other health professional that they have high blood pressure was 26.2 percent in 2007.

Three-fourths of West Central adults (76.6 percent) ever had their cholesterol level checked and 70.3 percent had this testing done within the last five years. Among respondents who ever had their blood cholesterol level checked, 37.9 percent had been told it was high.

Diabetes

Among adults in this area, 6.9 percent had ever been told they have diabetes. (This estimate does not include persons told they had gestational diabetes or pre-diabetes).

Arthritis

More than one-fourth of adults in this area (28.8 percent) reported ever being diagnosed with arthritis.

Asthma

The proportion of adults in the West Central District who had ever been told they had asthma was 14.5 percent. Men in this district (16.6 percent) were significantly more likely than men statewide (10.2 percent) to have ever been told they had this disease.

One in ten adults in this district (9.7 percent) currently have asthma.

Overweight and Obesity

About one-fourth of BRFSS respondents in this area (26.8 percent) reported heights and weights that placed them in the "obese" category (Body Mass Index = 30.0+). An additional 38.5 percent of West Central respondents were classified as "overweight" (Body Mass

Index = 25.0-29.9). Thus, 65.3 percent of adults in this district were overweight or obese in 2007-2008.

Men in this area (47.7 percent) were significantly more likely than women (29.0 percent) to report heights and weights that placed them in the "overweight" category.

Fruit and Vegetable Consumption

One-fourth of West Central adults (25.9 percent) consumed fruits and/or vegetables five more times daily.

Physical Activity

One-fifth of the respondents in this area (21.1 percent) stated that they had not participated in any leisure-time physical activity (outside of work) in the past month.

More than one-half of West Central adults (57.7 percent) engaged in the recommended level of "moderate and/or vigorous" physical activity in a usual week. This rate represents a significant increase over the 2005 baseline rate of 39.3 percent. Men in this district (66.6 percent) were significantly more likely than men statewide (54.2 percent) to participate in this level of physical activity. West Central men were also significantly more likely than women in this district (48.6 percent) to report this activity level in a usual week.

Participation in the recommended level of "vigorous" physical activity in a usual week was reported by 32.2 percent of respondents from this area.

Tobacco Use

Among adults in the West Central District, 20.0 percent said they currently smoke cigarettes, either daily or on some days of the month.

Among current smokers, 58.1 percent reported trying to quit smoking at least once in the past 12 months.

The proportion of male respondents who said they had ever used smokeless tobacco was 57.6 percent in this area—a significantly greater percentage than the Nebraska rate for men (41.4 percent). About one-fifth of West Central men (22.5 percent) currently use these tobacco products.

Alcohol Consumption

Binge drinking in the past month was reported by 20.9 percent of adults in this area, while 6.9 percent engaged in heavy drinking. West Central men (10.0 percent) were significantly more likely than men statewide (5.2 percent) to drink heavily.

Drinking and driving was reported by 7.6 percent of West Central adults.

Cancer Screening

Among women aged 40 and older in the West Central area, 66.8 percent stated they had a mammogram in the past two years.

Among women aged 18 and older, 95.4 percent reported ever having a Pap test, while 78.7 percent said they had this test within the past three years.

Most men aged 50 and older (85.7 percent) in this area indicated that they ever had a PSA test to screen for prostate cancer, while 69.0 percent said they had this test in the past two years.

Among West Central respondents aged 50 and older, 53.8 percent ever had a colonoscopy or sigmoidoscopy.

Only 14.0 percent of adults in this age group stated they had a blood stool test in the past two years—a significantly smaller proportion than the Nebraska average (22.8 percent). Men in the West Central District (10.8 percent) were also significantly less likely than men statewide (21.4 percent) to report having this test in the last two years.

Immunization

Three-fourths of adults aged 65 and older in this area (74.5 percent) said they had been vaccinated for influenza in the past 12 months.

Seven out of ten respondents aged 65 and older in the West Central District (70.7 percent) reported ever having a pneumonia vaccination.

Oral Health

Compared to the state overall (70.7 percent), a significantly smaller proportion of respondents in the West Central District (61.2 percent) had visited a dentist in the past 12 months. Men in this district (55.7 percent) were also significantly less likely than men statewide (67.7 percent) to have seen the dentist in the last year.

The proportion of West Central adults who had their teeth cleaned within the last 12 months (60.5 percent) was also significantly smaller than the overall rate for the state (70.1 percent).

One-third of the adults in this area (33.2 percent) stated they had one or more teeth extracted due to decay or gum disease. Among respondents aged 65 and older, 19.3 percent reported having all their teeth extracted due to decay or gum disease.

West Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Health Care Access										
1. No health care coverage among adults 18-64 years old	865	17.4	NS	340	16.1	NS	525	18.7	NS	No
2. Did not have one or more than one person that they thought of as their personal doctor or health care provider	1,287	11.9	NS	480	17.1	NS	807	6.7	NS	Yes
3. Needed to see a doctor in past year but could not because of cost	1,287	12.7	NS	480	11.0	NS	807	14.3	NS	No
4. Visited a doctor for a routine checkup within the past year	1,264	53.9	Sig.	472	44.1	Sig.	792	63.7	NS	Yes
General Emergency Preparedness										
1. Household not prepared for major disaster	478	15.7	NS	192	8.6	NS	286	22.7	NS	No
2. Household has no disaster evacuation plan	482	67.1	Sig.	193	63.4	NS	289	70.3	NS	No
3. Does not have at least 3-day supply of water	481	45.4	Sig.	195	40.6	NS	286	50.8	NS	No
4. Does not have at least 3-day supply of non-perishable food	483	15.4	NS	194	11.8	NS	289	19.0	NS	No
5. Does not have at least 3-day supply of prescription drugs	484	8.9	NS	195	8.1	NS	289	9.5	NS	No
6. Household has no working battery-powered radio	479	16.5	NS	194	8.6	NS	285	24.2	NS	Yes
7. Household has no working battery-powered flashlight	485	4.0	NS	195	3.1	NS	290	4.9	NS	No
8. Household would not leave home if evacuation were required	449	5.1	NS	178	7.7	NS	271	2.6	NS	No
9. Household would use cell phone as main source of communication	456	74.2	NS	182	79.0	NS	274	69.9	NS	No
10. Household would use radio as main source of information	460	58	NS	190	62.3	NS	270	53.9	NS	No
Health-Related Quality of Life										
1. General health was 'good' to 'excellent'	1,287	87.9	NS	480	89.0	NS	807	86.8	NS	No
2. Average number of days (in past month) that physical health was not good	1,268	3.7	NS	474	3.8	NS	794	3.7	NS	No
3. Average number of days (in past month) that mental health was not good	1,263	2.3	NS	473	1.4	NS	790	3.3	NS	Yes
4. Average number of days (in past month) that poor physical or mental health prevented usual activities	630	4.2	NS	192	3.7	NS	438	4.7	NS	No
Disability										
1. Limited in any way in any activities due to physical, mental or emotional problems	1,280	17.3	NS	477	14.8	NS	803	19.7	NS	No
2. Have health problems requiring use of special equipment	1,282	7.2	NS	479	7.3	NS	803	6.9	NS	No
Mental Health										
1. Had serious psychological distress (SPD) in past 30 days	242	3.8	NS	104	2.4	NS	138	5.1	NS	No
2. Have current depression (based on Severity of Depression score of 10+)	228	4.6	NS	74	1.2	NS	154	8.0	NS	No
3. Lifetime diagnosis of depressive disorder	247	14.7	NS	80	8.1	NS	167	21.5	NS	No
4. Lifetime diagnosis of anxiety disorder	248	7.7	NS	80	2.3	NS	168	11.0	NS	No

West Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Cardiovascular Disease										
1. Ever told they had a heart attack or myocardial infarction	1,284	4.5	NS	477	6.6	NS	807	2.7	NS	Yes
2. Ever told they had angina or coronary heart disease	1,273	4.5	NS	472	5.5	NS	801	3.8	NS	No
3. Ever told they had a stroke	1,286	1.8	NS	480	1.6	NS	806	2.0	NS	No
4. Ever told blood pressure was high	531	26.2	NS	203	23.8	NS	328	28.6	NS	No
5. Ever had cholesterol level checked	525	76.6	NS	203	78.8	NS	322	74.0	NS	No
6. Had cholesterol level checked during the past five years	519	70.3	NS	201	71.6	NS	318	68.9	NS	No
7. Ever told cholesterol was high, among those who had ever been screened	436	37.9	NS	171	43.5	NS	265	32.2	NS	No
Diabetes										
1. Ever told they had diabetes (excluding gestational and pre-diabetes)	1,287	6.9	NS	480	6.8	NS	807	6.9	NS	No
Arthritis										
1. Ever diagnosed with arthritis	524	28.8	NS	202	30.8	NS	322	26.7	NS	No
Asthma										
1. Ever told they had asthma	1,282	14.5	NS	478	16.6	Sig.	804	12.3	NS	No
2. Currently have asthma	1,279	9.7	NS	477	10.4	NS	802	9.2	NS	No
Overweight and Obesity										
1. Obese (BMI=30+)	1,237	26.8	NS	474	24.9	NS	763	28.9	NS	No
2. Overweight (BMI=25.0-29.9)	1,237	38.5	NS	474	47.7	NS	763	29.0	NS	Yes
Fruit and Vegetable Consumption										
1. Consumed fruits and vegetables 5 or more times per day	522	25.9	NS	202	21.3	NS	320	30.1	NS	No
Physical Activity										
1. Did not engage in any leisure-time physical activity, outside of work, in past 30 days	1,285	21.1	NS	479	18.3	NS	806	23.8	NS	No
2. Participated in recommended level of moderate or vigorous physical activity in a usual week	496	57.7	NS	197	66.6	Sig.	299	48.6	NS	Yes
3. Participated in vigorous physical activity 20+ minutes per day, 3+ days per week in a usual week	508	32.2	NS	200	38.8	NS	308	25.7	NS	No
Tobacco Use										
1. Currently smoke cigarettes (either every day or on some days of the month)	1,289	20.0	NS	480	19.1	NS	809	21.0	NS	No
2. Attempted to quit smoking in past 12 months (among current smokers)	243	58.1	NS	86	56.5	NS	157	59.5	NS	No
3. Ever used smokeless tobacco (males)	--	--	--	272	57.6	Sig.	--	--	--	--
4. Currently use smokeless tobacco (males)	--	--	--	143	22.5	NS	--	--	--	--

West Central District Health Department: Summary Table

Indicators	Overall			Men			Women			
	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Sample Size	Weighted % or Mean	Compared to State	Gender Difference Significant?
Alcohol Consumption										
1. Engaged in binge drinking in the past 30 days	507	20.9	NS	189	26.9	NS	318	14.9	NS	No
2. Engaged in heavy (chronic) drinking in the past 30 days	1,267	6.9	NS	469	10.0	Sig.	798	3.5	NS	No
3. Engaged in drinking and driving in the past 30 days	351	7.6	NS	161	9.4	NS	190	4.9	NS	No
Cancer Screening										
1. Among women aged 40+, had a mammogram in the past two years	--	--	--	--	--	--	501	66.8	NS	--
2. Among women aged 18+, ever had a Pap test	--	--	--	--	--	--	617	95.4	NS	--
3. Among women aged 18+, had a Pap test in the past three years	--	--	--	--	--	--	616	78.7	NS	--
4. Among men aged 50+, ever had a Prostate-Specific Antigen (PSA) test	--	--	--	50	85.7	NS	--	--	--	--
5. Among men aged 50+, had a Prostate-Specific Antigen (PSA) test in past two years	--	--	--	50	69.0	NS	--	--	--	--
6. Among men aged 50+, ever had a digital rectal exam (DRE)	--	--	--	51	83.5	NS	--	--	--	--
7. Among men aged 50+, had a DRE in past two years	--	--	--	49	45.2	NS	--	--	--	--
8. Among adults aged 50+, ever had a colonoscopy or sigmoidoscopy	667	53.8	NS	248	56.5	NS	419	50.5	NS	No
9. Among adults aged 50+, had a blood stool test in past two years	582	14.0	Sig.	232	10.8	Sig.	350	17.3	NS	No
Immunization										
1. Had a flu shot in past 12 months (aged 65+)	422	74.5	NS	139	76.7	NS	283	72.8	NS	No
2. Ever had a pneumonia vaccination (aged 65+)	414	70.7	NS	134	73.3	NS	280	68.8	NS	No
Oral Health										
1. Visited the dentist in past 12 months	753	61.2	Sig.	273	55.7	Sig.	480	65.9	NS	No
2. Had teeth cleaned in past 12 months	674	60.5	Sig.	244	55.5	NS	430	64.8	NS	No
3. Had one or more teeth extracted due to decay or gum disease	750	33.2	NS	272	30.4	NS	478	36.8	NS	No
4. Had all of their teeth extracted (aged 65+)	244	19.3	NS	77	16.9	NS	167	21.0	NS	No

NOTES:
"Weighted % or mean" is weighted by health district, gender, and age.
"NS" = Not Significant and "Sig." = Significant. These denote whether or not the district percentage/mean is significantly different from the State of Nebraska

Appendix A

Prevalence Rates for Indicators by Local/District Health Department (Tables A-1 through A-174)

Table A-1
Adults Aged 18-64 with No Health Care Coverage
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	18,145	15.0	13.8-16.3	5,483	15.6	13.6-17.8
Central District Health Department	924	15.1	11.9-18.9	320	22.0	14.8-31.3
Dakota County Health Department	818	24.4	20.8-28.4	101	27.4	17.0-41.0
Douglas County Health Department	1,151	14.7	11.9-18.0	353	14.5	9.8-20.8
East Central District Health Department	932	19.5	16.1-23.4	292	27.0	19.5-36.1
Elkhorn Logan Valley Public Health Department	892	18.6	15.1-22.7	282	12.9	8.2-19.9
Four Corners Health Department	932	11.0	8.1-14.7	288	12.0	7.5-18.8
Lincoln-Lancaster County Health Department	1,039	12.2	9.2-15.8	363	15.4	10.3-22.3
Loup Basin Public Health Department	843	15.0	11.8-18.8	272	25.4	18.3-34.2
North Central District Health Department	901	19.5	16.0-23.6	288	24.3	17.4-32.9
Northeast Nebraska Public Health Department	933	21.7	18.0-25.8	222	12.0	7.7-18.3
Panhandle Public Health Department	924	21.2	17.4-25.6	199	23.8	16.7-32.7
Public Health Solutions	829	14.3	10.9-18.6	270	11.6	7.4-17.6
Sarpy/Cass Department of Health and Wellness	1,020	9.7	6.7-13.7	349	6.8	4.3-10.5
Scotts Bluff County Health Department	804	22.5	18.1-27.7	97	20.3	11.4-33.4
South Heartland District Health Department	873	15.9	12.6-19.9	293	20.2	13.5-29.0
Southeast District Health Department	845	16.6	13.1-20.8	294	12.9	8.3-19.5
Southwest Nebraska Public Health Department	802	17.4	14.1-21.3	289	20.8	15.2-27.8
Three Rivers Public Health Department	921	17.5	14.0-21.8	296	11.3	7.0-17.8
Two Rivers Public Health Department	897	16.4	12.8-20.8	324	20.0	13.7-28.3
West Central District Health Department	865	17.4	13.7-21.9	291	15.9	10.2-23.9

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate or have changed significantly from 2005 baseline.

Table A-2
Males Aged 18-64 with No Health Care Coverage
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	7,357	15.2	13.4-17.1
Central District Health Department	362	15.4	10.5-22.1
Dakota County Health Department	326	22.6	17.3-28.9
Douglas County Health Department	409	14.3	10.3-19.5
East Central District Health Department	392	21.3	16.4-27.3
Elkhorn Logan Valley Public Health Department	395	18.6	13.6-24.8
Four Corners Health Department	415	11.5	7.3-17.7
Lincoln-Lancaster County Health Department	421	13.9	9.4-19.9
Loup Basin Public Health Department	357	15.8	11.1-21.9
North Central District Health Department	374	22.4	17.2-28.6
Northeast Nebraska Public Health Department	380	20.3	15.6-26.1
Panhandle Public Health Department	382	22.4	16.7-29.3
Public Health Solutions	342	14.1	9.3-21.0
Sarpy/Cass Department of Health and Wellness	414	8.1	4.4-14.5
Scotts Bluff County Health Department	312	27.4	19.6-36.9
South Heartland District Health Department	367	17.5	12.5-24.0
Southeast District Health Department	322	15.8	10.9-22.4
Southwest Nebraska Public Health Department	299	15.8	11.1-22.2
Three Rivers Public Health Department	393	18.2	13.4-24.1
Two Rivers Public Health Department	355	15.8	10.6-22.8
West Central District Health Department	340	16.1	10.6-23.7

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-3
Females Aged 18-64 with No Health Care Coverage
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,788	14.8	13.2-16.5
Central District Health Department	562	14.8	11.2-19.1
Dakota County Health Department	492	26.3	21.8-31.4
Douglas County Health Department	742	15.0	11.5-19.4
East Central District Health Department	540	17.7	13.5-22.8
Elkhorn Logan Valley Public Health Department	497	18.7	14.2-24.2
Four Corners Health Department	517	10.2	7.3-14.1
Lincoln-Lancaster County Health Department	618	10.4	7.1-14.8
Loup Basin Public Health Department	486	14.1	10.3-18.9
North Central District Health Department	527	16.1	12.1-21.1
Northeast Nebraska Public Health Department	553	21.2	16.8-26.3
Panhandle Public Health Department	542	19.9	15.4-25.3
Public Health Solutions	487	15.1	10.7-21.0
Sarpy/Cass Department of Health and Wellness	606	10.9	7.0-16.5
Scotts Bluff County Health Department	492	18.1	13.9-23.2
South Heartland District Health Department	506	14.2	10.4-19.1
Southeast District Health Department	523	17.6	13.5-22.6
Southwest Nebraska Public Health Department	503	19.1	15.0-23.9
Three Rivers Public Health Department	528	14.8	10.9-19.7
Two Rivers Public Health Department	542	17.1	12.3-23.2
West Central District Health Department	525	18.7	14.3-24.1

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-4
Adults Aged 18+ with No Personal Health Care Provider
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	26,853	15.7	14.6-16.9	8,065	17.1	15.1-19.3
Central District Health Department	1,329	13.5	10.8-16.8	448	18.5	12.6-26.3
Dakota County Health Department	1,168	17.9	14.9-21.3	135	10.8	5.1-21.7
Douglas County Health Department	1,510	16.8	14.1-19.8	482	18.0	13.1-24.3
East Central District Health Department	1,353	15.6	12.9-18.8	438	18.3	12.4-26.1
Elkhorn Logan Valley Public Health Department	1,347	21.3	18.0-24.9	428	16.4	11.8-22.4
Four Corners Health Department	1,427	13.3	10.3-17.0	433	16.2	9.8-25.7
Lincoln-Lancaster County Health Department	1,419	12.4	9.5-15.8	471	17.3	12.8-23.1
Loup Basin Public Health Department	1,361	13.7	11.0-17.0	465	15.4	10.0-22.9
North Central District Health Department	1,405	19.0	16.0-22.6	473	16.8	11.7-23.6
Northeast Nebraska Public Health Department	1,374	18.3	15.4-21.6	289	18.8	12.3-27.6
Panhandle Public Health Department	1,396	20.5	17.2-24.2	297	23.6	16.6-32.4
Public Health Solutions	1,321	13.1	10.2-16.5	420	13.2	8.4-19.9
Sarpy/Cass Department of Health and Wellness	1,310	19.4	15.6-23.9	448	18.1	13.1-24.4
Scotts Bluff County Health Department	1,265	19.2	15.4-23.6	173	15.3	8.0-27.1
South Heartland District Health Department	1,316	10.6	8.2-13.5	428	16.3	11.1-23.5
Southeast District Health Department	1,326	10.5	7.9-14.0	428	7.7	4.6-12.6
Southwest Nebraska Public Health Department	1,259	20.4	17.0-24.1	456	19.4	13.9-26.4
Three Rivers Public Health Department	1,329	12.1	9.4-15.6	453	14.2	8.9-21.8
Two Rivers Public Health Department	1,351	14.5	11.5-18.2	472	15.3	10.1-22.4
West Central District Health Department	1,287	11.9	8.9-15.8	428	11.1	6.8-17.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-5
Males Aged 18+ with No Personal Health Care Provider
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,264	20.1	18.3-22.1
Central District Health Department	493	16.3	11.8-22.1
Dakota County Health Department	431	22.8	18.0-28.4
Douglas County Health Department	537	22.3	18.1-27.1
East Central District Health Department	525	19.9	15.9-24.7
Elkhorn Logan Valley Public Health Department	527	25.7	20.8-31.4
Four Corners Health Department	587	17.1	12.5-23.0
Lincoln-Lancaster County Health Department	546	15.0	10.6-20.7
Loup Basin Public Health Department	531	18.9	14.5-24.3
North Central District Health Department	532	25.3	20.5-30.8
Northeast Nebraska Public Health Department	522	21.6	17.1-26.8
Panhandle Public Health Department	537	23.6	18.9-29.2
Public Health Solutions	520	15.2	11.0-20.7
Sarpy/Cass Department of Health and Wellness	517	24.5	18.4-31.8
Scotts Bluff County Health Department	471	25.7	19.1-33.7
South Heartland District Health Department	515	12.8	9.1-17.7
Southeast District Health Department	484	16.3	11.5-22.5
Southwest Nebraska Public Health Department	454	27.2	21.8-33.4
Three Rivers Public Health Department	536	16.4	12.1-21.8
Two Rivers Public Health Department	519	19.3	14.7-25.0
West Central District Health Department	480	17.1	12.0-23.8

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-6
Females Aged 18+ with No Personal Health Care Provider
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,589	11.2	9.9-12.5
Central District Health Department	836	10.7	8.0-14.1
Dakota County Health Department	737	13.0	10.1-16.5
Douglas County Health Department	973	11.2	8.5-14.6
East Central District Health Department	828	11.4	8.2-15.7
Elkhorn Logan Valley Public Health Department	820	16.8	13.0-21.4
Four Corners Health Department	840	9.2	6.1-13.5
Lincoln-Lancaster County Health Department	873	9.4	6.6-13.3
Loup Basin Public Health Department	830	8.4	6.0-11.5
North Central District Health Department	873	11.9	9.1-15.6
Northeast Nebraska Public Health Department	852	15.2	11.6-19.7
Panhandle Public Health Department	859	16.9	12.7-22.3
Public Health Solutions	801	11.1	7.6-15.8
Sarpy/Cass Department of Health and Wellness	793	14.4	10.4-19.8
Scotts Bluff County Health Department	794	13.0	9.5-17.6
South Heartland District Health Department	801	8.4	5.8-12.0
Southeast District Health Department	842	4.9	3.0-7.9
Southwest Nebraska Public Health Department	805	13.2	10.2-17.1
Three Rivers Public Health Department	793	6.9	4.8-9.8
Two Rivers Public Health Department	832	9.9	6.8-14.1
West Central District Health Department	807	6.7	4.1-10.5

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-7
Adults Aged 18+ Who Were Unable to See Physician at Least Once in Past 12 Months Due to Cost
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	26,862	10.5	9.6-11.5	8,060	10.6	9.3-12.0
Central District Health Department	1,329	9.7	7.7-12.1	450	18.0	11.9-26.1
Dakota County Health Department	1,168	15.3	12.8-18.1	136	21.3	13.1-32.7
Douglas County Health Department	1,510	12.9	10.5-15.6	481	7.7	5.2-11.4
East Central District Health Department	1,353	7.8	6.2-9.8	442	13.8	9.5-19.7
Elkhorn Logan Valley Public Health Department	1,349	9.7	7.5-12.4	428	9.9	6.7-14.4
Four Corners Health Department	1,429	8.8	6.8-11.3	436	9.4	5.5-15.6
Lincoln-Lancaster County Health Department	1,417	7.5	5.5-10.2	470	10.6	7.1-15.5
Loup Basin Public Health Department	1,364	8.9	7.1-11.1	464	12.1	8.4-17.1
North Central District Health Department	1,406	9.6	7.6-12.1	472	14.5	8.8-22.8
Northeast Nebraska Public Health Department	1,370	11.2	8.3-15.0	290	12.0	7.9-17.9
Panhandle Public Health Department	1,398	15.6	12.9-18.6	297	15.2	10.2-22.3
Public Health Solutions	1,319	9.4	6.9-12.6	420	7.8	4.2-14.2
Sarpy/Cass Department of Health and Wellness	1,312	6.2	4.5-8.4	447	7.0	4.5-10.6
Scotts Bluff County Health Department	1,267	17.9	14.5-21.9	172	10.1	5.3-18.4
South Heartland District Health Department	1,319	9.5	7.4-12.0	425	14.4	9.6-21.1
Southeast District Health Department	1,327	10.9	8.9-13.3	428	13.6	9.3-19.5
Southwest Nebraska Public Health Department	1,255	11.7	9.3-14.6	453	15.6	11.0-21.6
Three Rivers Public Health Department	1,330	11.7	9.3-14.5	450	12.5	8.2-18.6
Two Rivers Public Health Department	1,353	10.9	8.6-13.7	472	13.3	8.7-19.8
West Central District Health Department	1,287	12.7	9.8-16.2	427	13.2	8.8-19.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-8
Males Aged 18+ Who Were Unable to See Physician at Least Once in Past 12 Months Due to Cost
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,270	8.5	7.3-9.8
Central District Health Department	495	6.0	4.1-8.8
Dakota County Health Department	431	11.8	8.6-16.0
Douglas County Health Department	539	11.2	8.1-15.4
East Central District Health Department	522	6.9	4.6-10.1
Elkhorn Logan Valley Public Health Department	529	7.6	5.0-11.3
Four Corners Health Department	589	7.9	5.1-12.0
Lincoln-Lancaster County Health Department	546	6.5	3.7-11.0
Loup Basin Public Health Department	532	7.1	4.8-10.4
North Central District Health Department	534	7.9	5.4-11.5
Northeast Nebraska Public Health Department	517	11.8	7.0-19.0
Panhandle Public Health Department	538	9.4	6.4-13.6
Public Health Solutions	521	9.0	5.3-15.0
Sarpy/Cass Department of Health and Wellness	519	3.3	1.9-5.6
Scotts Bluff County Health Department	471	18.1	12.6-25.1
South Heartland District Health Department	515	6.3	3.8-10.3
Southeast District Health Department	484	5.6	3.8-8.1
Southwest Nebraska Public Health Department	452	9.2	6.0-14.0
Three Rivers Public Health Department	539	10.9	7.8-15.2
Two Rivers Public Health Department	517	6.5	4.2-10.0
West Central District Health Department	480	11.0	6.8-17.3

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-9
Females Aged 18+ Who Were Unable to See Physician at Least Once in Past 12 Months Due to Cost
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,589	11.2	9.9-12.5
Central District Health Department	836	10.7	8.0-14.1
Dakota County Health Department	737	13.0	10.1-16.5
Douglas County Health Department	973	11.2	8.5-14.6
East Central District Health Department	828	11.4	8.2-15.7
Elkhorn Logan Valley Public Health Department	820	16.8	13.0-21.4
Four Corners Health Department	840	9.2	6.1-13.5
Lincoln-Lancaster County Health Department	873	9.4	6.6-13.3
Loup Basin Public Health Department	830	8.4	6.0-11.5
North Central District Health Department	873	11.9	9.1-15.6
Northeast Nebraska Public Health Department	852	15.2	11.6-19.7
Panhandle Public Health Department	859	16.9	12.7-22.3
Public Health Solutions	801	11.1	7.6-15.8
Sarpy/Cass Department of Health and Wellness	793	14.4	10.4-19.8
Scotts Bluff County Health Department	794	13.0	9.5-17.6
South Heartland District Health Department	801	8.4	5.8-12.0
Southeast District Health Department	842	4.9	3.0-7.9
Southwest Nebraska Public Health Department	805	13.2	10.2-17.1
Three Rivers Public Health Department	793	6.9	4.8-9.8
Two Rivers Public Health Department	832	9.9	6.8-14.1
West Central District Health Department	807	6.7	4.1-10.5

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-10
Adults Aged 18+ Who Visited a Physician for a Routine Checkup in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	26,479	61.1	59.8-62.4	7,913	70.9	68.5-73.1
Central District Health Department	1,315	61.3	57.4-65.1	445	68.4	60.0-75.6
Dakota County Health Department	1,147	63.8	59.9-67.4	132	74.8	63.9-83.3
Douglas County Health Department	1,505	64.6	61.1-67.8	477	72.6	66.1-78.4
East Central District Health Department	1,336	54.4	50.9-57.8	433	63.9	56.6-70.6
Elkhorn Logan Valley Public Health Department	1,330	54.4	50.6-58.0	416	68.3	60.9-74.9
Four Corners Health Department	1,410	60.1	55.7-64.2	421	63.6	55.3-71.2
Lincoln-Lancaster County Health Department	1,401	61.8	58.0-65.5	468	68.4	61.6-74.4
Loup Basin Public Health Department	1,345	58.3	54.5-62.0	450	66.0	58.4-72.8
North Central District Health Department	1,393	58.3	54.5-62.1	462	71.4	64.8-77.2
Northeast Nebraska Public Health Department	1,351	58.2	54.4-61.8	282	61.7	53.4-69.4
Panhandle Public Health Department	1,377	56.9	52.9-60.8	288	68.7	59.9-76.3
Public Health Solutions	1,302	60.1	56.1-64.0	414	71.6	64.8-77.6
Sarpy/Cass Department of Health and Wellness	1,293	67.1	62.6-71.2	442	78.7	73.4-83.2
Scotts Bluff County Health Department	1,244	53.6	49.2-58.0	172	70.8	56.3-82.0
South Heartland District Health Department	1,293	60.5	56.6-64.3	421	68.2	60.9-74.7
Southeast District Health Department	1,299	59.6	55.3-63.8	417	68.1	60.5-74.9
Southwest Nebraska Public Health Department	1,232	55.2	51.2-59.2	445	64.5	57.6-70.8
Three Rivers Public Health Department	1,313	61.0	57.1-64.8	448	76.6	69.1-82.8
Two Rivers Public Health Department	1,329	55.8	51.8-59.6	463	71.9	65.0-77.9
West Central District Health Department	1,264	53.9	49.6-58.1	417	72.9	64.3-78.4

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate or have changed significantly from 2005 baseline.

Table A-11
Males Aged 18+ Who Visited a Physician for a Routine Checkup in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,142	53.2	51.2-55.2
Central District Health Department	489	53.9	47.7-60.0
Dakota County Health Department	426	61.6	55.7-67.1
Douglas County Health Department	537	56.2	50.9-61.3
East Central District Health Department	515	45.5	40.6-50.4
Elkhorn Logan Valley Public Health Department	524	46.1	40.9-51.4
Four Corners Health Department	581	48.9	43.4-54.5
Lincoln-Lancaster County Health Department	542	54.2	48.6-59.7
Loup Basin Public Health Department	525	50.9	45.5-56.4
North Central District Health Department	530	47.3	41.6-53.0
Northeast Nebraska Public Health Department	517	51.7	45.7-57.7
Panhandle Public Health Department	533	54.4	48.7-59.9
Public Health Solutions	509	50.8	44.7-56.8
Sarpy/Cass Department of Health and Wellness	518	60.2	53.6-66.6
Scotts Bluff County Health Department	466	46.8	40.2-53.5
South Heartland District Health Department	504	54.5	48.7-60.2
Southeast District Health Department	473	51.1	43.9-58.2
Southwest Nebraska Public Health Department	443	49.2	42.9-55.5
Three Rivers Public Health Department	529	53.2	47.3-58.9
Two Rivers Public Health Department	509	48.1	42.3-54.0
West Central District Health Department	472	44.1	37.9-50.5

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-12
Females Aged 18+ Who Visited a Physician for a Routine Checkup in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,337	69.2	67.6-70.8
Central District Health Department	826	69.0	64.5-73.2
Dakota County Health Department	721	66.0	61.0-70.7
Douglas County Health Department	968	72.9	68.8-76.7
East Central District Health Department	821	64.4	59.8-68.7
Elkhorn Logan Valley Public Health Department	806	63.3	58.2-68.1
Four Corners Health Department	829	71.6	66.2-76.3
Lincoln-Lancaster County Health Department	859	70.5	65.9-74.6
Loup Basin Public Health Department	820	64.6	59.5-69.4
North Central District Health Department	863	70.3	66.0-74.2
Northeast Nebraska Public Health Department	834	64.4	59.5-68.9
Panhandle Public Health Department	844	58.4	52.9-63.6
Public Health Solutions	793	69.5	64.8-73.8
Sarpy/Cass Department of Health and Wellness	775	73.8	68.8-78.3
Scotts Bluff County Health Department	778	60.4	55.2-65.4
South Heartland District Health Department	789	66.6	61.6-71.2
Southeast District Health Department	826	68.3	63.6-72.6
Southwest Nebraska Public Health Department	789	61.7	57.0-66.3
Three Rivers Public Health Department	784	69.2	63.7-74.3
Two Rivers Public Health Department	820	63.3	57.8-68.4
West Central District Health Department	792	63.7	58.5-68.5

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-13
Adults Aged 18+ with Their Household "Not Prepared at All" for a Major Disaster
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	9,981	16.6	14.8-18.6
Central District Health Department	505	15.3	11.2-20.6
Dakota County Health Department	424	16.7	12.7-21.7
Douglas County Health Department	579	16.1	12.2-20.8
East Central District Health Department	512	14.0	10.8-18.0
Elkhorn Logan Valley Public Health Department	502	11.8	7.9-17.3
Four Corners Health Department	527	17.1	12.0-23.8
Lincoln-Lancaster County Health Department	520	19.3	14.1-26.0
Loup Basin Public Health Department	510	11.9	8.8-16.1
North Central District Health Department	512	10.3	7.2-14.5
Northeast Nebraska Public Health Department	513	18.3	14.1-23.4
Panhandle Public Health Department	523	18.2	12.9-24.9
Public Health Solutions	495	13.7	9.8-18.9
Sarpy/Cass Department of Health and Wellness	464	24.5	17.5-33.2
Scotts Bluff County Health Department	466	16.8	11.0-24.9
South Heartland District Health Department	487	10.5	7.1-15.3
Southeast District Health Department	477	15.8	10.5-23.1
Southwest Nebraska Public Health Department	471	13.8	9.1-20.2
Three Rivers Public Health Department	512	15.7	11.2-21.6
Two Rivers Public Health Department	504	12.8	9.1-17.8
West Central District Health Department	478	15.7	11.0-21.8

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-14
Males Aged 18+ with Their Household "Not Prepared at All" for a Major Disaster
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,763	13.9	11.3-16.9
Central District Health Department	172	4.9	2.4-9.7
Dakota County Health Department	163	11.2	6.5-18.5
Douglas County Health Department	196	11.1	6.4-18.3
East Central District Health Department	204	9.4	5.9-14.8
Elkhorn Logan Valley Public Health Department	205	12.2	6.2-22.7
Four Corners Health Department	198	16.3	8.8-28.3
Lincoln-Lancaster County Health Department	190	20.8	13.1-31.5
Loup Basin Public Health Department	195	9.4	5.2-16.3
North Central District Health Department	183	8.1	4.3-14.9
Northeast Nebraska Public Health Department	206	15.0	9.7-22.5
Panhandle Public Health Department	194	10.5	5.4-19.4
Public Health Solutions	203	9.1	5.0-16.1
Sarpy/Cass Department of Health and Wellness	170	24.0	14.2-37.7
Scotts Bluff County Health Department	173	19.3	9.9-34.3
South Heartland District Health Department	196	6.7	3.8-11.5
Southeast District Health Department	156	13.3	7.0-24.0
Southwest Nebraska Public Health Department	164	8.6	3.9-18.0
Three Rivers Public Health Department	208	12.7	7.4-20.9
Two Rivers Public Health Department	195	12.2	7.2-20.0
West Central District Health Department	192	8.6	4.7-15.3

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-15
Females Aged 18+ with Their Household "Not Prepared at All" for a Major Disaster
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,218	19.5	16.9-22.3
Central District Health Department	333	26.6	20.2-34.1
Dakota County Health Department	261	22.4	16.3-29.8
Douglas County Health Department	383	21.9	16.1-29.0
East Central District Health Department	308	18.9	13.9-25.2
Elkhorn Logan Valley Public Health Department	297	11.8	7.8-17.4
Four Corners Health Department	329	17.9	12.2-25.5
Lincoln-Lancaster County Health Department	330	17.4	11.4-25.8
Loup Basin Public Health Department	315	14.3	10.1-20.0
North Central District Health Department	329	12.4	8.2-18.3
Northeast Nebraska Public Health Department	307	20.8	15.5-27.2
Panhandle Public Health Department	329	26.2	18.9-35.1
Public Health Solutions	292	18.0	12.2-25.6
Sarpy/Cass Department of Health and Wellness	294	24.3	15.9-35.3
Scotts Bluff County Health Department	293	14.3	9.8-20.5
South Heartland District Health Department	291	15.0	9.2-23.3
Southeast District Health Department	321	16.7	10.9-24.7
Southwest Nebraska Public Health Department	307	16.9	11.1-24.9
Three Rivers Public Health Department	304	18.9	12.1-28.4
Two Rivers Public Health Department	309	13.8	8.7-21.1
West Central District Health Department	286	22.7	15.2-32.4

Table A-16
Adults Aged 18+ with No Disaster Evacuation Plan for Their Household
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,009	75.8	73.6-77.9
Central District Health Department	500	74.3	67.2-80.3
Dakota County Health Department	426	72.0	65.9-77.5
Douglas County Health Department	578	75.3	69.5-80.4
East Central District Health Department	518	70.3	64.4-75.6
Elkhorn Logan Valley Public Health Department	504	77.9	72.0-82.9
Four Corners Health Department	526	80.8	74.9-85.6
Lincoln-Lancaster County Health Department	523	77.4	70.7-83.0
Loup Basin Public Health Department	513	81.1	76.5-85.0
North Central District Health Department	511	73.4	67.3-78.6
Northeast Nebraska Public Health Department	509	76.0	69.3-81.6
Panhandle Public Health Department	525	74.7	68.0-80.5
Public Health Solutions	498	70.2	62.5-76.9
Sarpy/Cass Department of Health and Wellness	463	80.6	73.6-86.2
Scotts Bluff County Health Department	471	76.8	70.1-82.4
South Heartland District Health Department	489	78.2	72.4-83.1
Southeast District Health Department	479	71.1	63.4-77.8
Southwest Nebraska Public Health Department	476	74.4	66.6-80.8
Three Rivers Public Health Department	512	74.3	68.5-79.3
Two Rivers Public Health Department	506	76.8	69.3-82.9
West Central District Health Department	482	67.1	60.4-73.2

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-17
Males Aged 18+ with No Disaster Evacuation Plan for Their Household
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,767	74.7	71.4-77.8
Central District Health Department	172	70.1	57.7-80.1
Dakota County Health Department	161	70.8	61.0-79.0
Douglas County Health Department	195	72.6	63.2-80.3
East Central District Health Department	207	66.5	57.8-74.2
Elkhorn Logan Valley Public Health Department	205	77.2	67.5-84.6
Four Corners Health Department	197	79.3	68.8-86.9
Lincoln-Lancaster County Health Department	192	82.3	73.5-88.6
Loup Basin Public Health Department	192	85.0	78.2-89.9
North Central District Health Department	183	77.3	68.8-84.1
Northeast Nebraska Public Health Department	205	72.8	63.0-80.8
Panhandle Public Health Department	195	69.8	60.1-78.1
Public Health Solutions	204	68.9	56.6-79.0
Sarpy/Cass Department of Health and Wellness	170	76.1	64.8-84.7
Scotts Bluff County Health Department	173	79.7	70.4-86.6
South Heartland District Health Department	195	76.3	67.4-83.3
Southeast District Health Department	156	67.3	53.4-78.8
Southwest Nebraska Public Health Department	165	77.3	65.3-86.1
Three Rivers Public Health Department	209	72.8	63.9-80.2
Two Rivers Public Health Department	198	78.2	66.5-86.6
West Central District Health Department	193	63.4	54.4-71.6

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-18
Females Aged 18+ with No Disaster Evacuation Plan for Their Household
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,242	77.3	74.2-80.1
Central District Health Department	328	78.5	71.9-83.9
Dakota County Health Department	265	73.3	65.6-79.8
Douglas County Health Department	383	79.8	73.8-84.7
East Central District Health Department	311	74.6	67.3-80.7
Elkhorn Logan Valley Public Health Department	299	78.9	71.3-84.9
Four Corners Health Department	329	82.6	76.7-87.2
Lincoln-Lancaster County Health Department	331	72.1	60.8-81.2
Loup Basin Public Health Department	321	77.9	71.6-83.1
North Central District Health Department	328	69.1	61.3-76.0
Northeast Nebraska Public Health Department	304	80.7	74.7-85.6
Panhandle Public Health Department	330	81.6	75.6-86.4
Public Health Solutions	294	72.7	64.5-79.6
Sarpy/Cass Department of Health and Wellness	293	85.0	79.5-89.3
Scotts Bluff County Health Department	298	73.9	65.0-81.2
South Heartland District Health Department	294	80.2	72.4-86.2
Southeast District Health Department	323	73.4	64.5-80.8
Southwest Nebraska Public Health Department	311	73.7	65.6-80.5
Three Rivers Public Health Department	303	76.4	68.9-82.6
Two Rivers Public Health Department	308	75.0	64.7-83.1
West Central District Health Department	289	70.3	60.8-78.4

Table A-19
Adults Aged 18+ Who Do Not Have a Three-Day Supply of Water
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,013	54.9	52.5-57.3
Central District Health Department	498	54.3	47.1-61.3
Dakota County Health Department	426	49.9	43.3-56.5
Douglas County Health Department	581	58.0	52.2-63.6
East Central District Health Department	515	53.4	47.5-59.1
Elkhorn Logan Valley Public Health Department	501	54.6	48.0-61.0
Four Corners Health Department	525	55.3	48.5-61.9
Lincoln-Lancaster County Health Department	525	54.2	47.7-60.6
Loup Basin Public Health Department	517	53.4	44.9-61.6
North Central District Health Department	511	50.1	43.7-56.4
Northeast Nebraska Public Health Department	514	57.6	51.3-63.7
Panhandle Public Health Department	526	52.8	46.0-59.5
Public Health Solutions	503	52.6	45.2-59.8
Sarpy/Cass Department of Health and Wellness	461	51.3	43.5-59.0
Scotts Bluff County Health Department	468	56.9	49.6-64.0
South Heartland District Health Department	491	56.0	49.2-62.6
Southeast District Health Department	483	55.9	48.3-63.2
Southwest Nebraska Public Health Department	476	56.9	49.2-64.3
Three Rivers Public Health Department	509	62.1	55.7-68.1
Two Rivers Public Health Department	502	54.1	48.1-60.0
West Central District Health Department	481	45.4	39.2-51.7

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-20
Males Aged 18+ Who Do Not Have a Three-Day Supply of Water
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,772	51.8	48.2-55.4
Central District Health Department	171	41.3	32.4-50.9
Dakota County Health Department	160	45.2	35.9-54.9
Douglas County Health Department	197	51.4	42.3-60.4
East Central District Health Department	205	46.3	38.0-54.8
Elkhorn Logan Valley Public Health Department	204	51.1	41.2-60.9
Four Corners Health Department	198	54.1	43.9-64.1
Lincoln-Lancaster County Health Department	192	59.5	49.7-68.5
Loup Basin Public Health Department	195	41.8	31.1-53.4
North Central District Health Department	183	41.0	32.4-50.2
Northeast Nebraska Public Health Department	205	52.8	44.2-61.2
Panhandle Public Health Department	195	46.3	36.4-56.4
Public Health Solutions	205	47.0	36.1-58.3
Sarpy/Cass Department of Health and Wellness	170	52.6	41.7-63.4
Scotts Bluff County Health Department	173	60.3	49.6-70.2
South Heartland District Health Department	198	52.2	42.7-61.5
Southeast District Health Department	158	52.7	39.5-65.5
Southwest Nebraska Public Health Department	164	58.0	47.1-68.1
Three Rivers Public Health Department	207	55.3	46.2-64.0
Two Rivers Public Health Department	197	54.0	45.0-62.8
West Central District Health Department	195	40.6	32.5-49.3

Table A-21
Females Aged 18+ Who Do Not Have a Three-Day Supply of Water
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,241	57.3	54.3-60.3
Central District Health Department	327	65.5	58.9-71.6
Dakota County Health Department	266	54.6	46.0-62.8
Douglas County Health Department	384	63.0	55.8-69.7
East Central District Health Department	310	59.8	52.6-66.7
Elkhorn Logan Valley Public Health Department	297	58.2	50.2-65.7
Four Corners Health Department	327	55.9	47.1-64.3
Lincoln-Lancaster County Health Department	333	48.1	40.6-55.7
Loup Basin Public Health Department	322	62.3	52.9-70.9
North Central District Health Department	328	58.8	51.3-65.9
Northeast Nebraska Public Health Department	309	62.3	53.2-70.6
Panhandle Public Health Department	331	61.1	53.8-67.9
Public Health Solutions	298	57.6	48.5-66.3
Sarpy/Cass Department of Health and Wellness	291	50.2	40.2-60.3
Scotts Bluff County Health Department	295	53.4	44.6-62.0
South Heartland District Health Department	293	59.1	49.8-67.8
Southeast District Health Department	325	57.5	48.9-65.6
Southwest Nebraska Public Health Department	312	59.4	51.3-67.1
Three Rivers Public Health Department	302	66.9	55.6-76.6
Two Rivers Public Health Department	305	54.2	45.8-62.4
West Central District Health Department	286	50.8	41.6-59.9

Table A-22
Adults Aged 18+ Without at Least a 3-Day Supply of Non-Perishable Food
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,040	16.7	14.9-18.6
Central District Health Department	502	15.5	11.7-20.3
Dakota County Health Department	429	14.8	11.2-19.3
Douglas County Health Department	582	18.0	14.1-22.8
East Central District Health Department	512	13.6	10.3-17.7
Elkhorn Logan Valley Public Health Department	501	16.2	12.6-20.6
Four Corners Health Department	525	12.1	8.6-16.9
Lincoln-Lancaster County Health Department	528	22.3	16.9-28.9
Loup Basin Public Health Department	519	14.5	10.1-20.3
North Central District Health Department	515	9.1	6.2-13.2
Northeast Nebraska Public Health Department	514	12.3	9.3-16.1
Panhandle Public Health Department	526	14.6	10.9-19.1
Public Health Solutions	503	18.4	13.8-24.2
Sarpy/Cass Department of Health and Wellness	463	11.3	7.9-16.0
Scotts Bluff County Health Department	470	18.7	13.1-25.9
South Heartland District Health Department	489	13.0	9.1-18.3
Southeast District Health Department	484	19.2	14.5-25.0
Southwest Nebraska Public Health Department	475	14.9	10.7-20.5
Three Rivers Public Health Department	513	17.8	13.1-23.6
Two Rivers Public Health Department	507	12.0	8.6-16.4
West Central District Health Department	483	15.4	11.1-21.1

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-23
Males Aged 18+ Without at Least a 3-Day Supply of Non-Perishable Food
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,776	16.0	13.4-19.1
Central District Health Department	170	14.0	8.6-22.0
Dakota County Health Department	162	11.8	7.2-18.8
Douglas County Health Department	197	14.3	9.0-22.0
East Central District Health Department	204	11.0	7.0-16.7
Elkhorn Logan Valley Public Health Department	203	13.7	8.8-20.8
Four Corners Health Department	197	11.2	6.2-19.5
Lincoln-Lancaster County Health Department	193	27.9	19.5-38.2
Loup Basin Public Health Department	195	14.9	9.3-23.1
North Central District Health Department	185	6.1	2.8-12.9
Northeast Nebraska Public Health Department	206	8.2	4.7-13.9
Panhandle Public Health Department	196	13.6	8.7-20.6
Public Health Solutions	208	19.2	12.8-27.7
Sarpy/Cass Department of Health and Wellness	169	12.0	7.3-19.2
Scotts Bluff County Health Department	173	22.5	13.4-35.2
South Heartland District Health Department	196	11.8	6.8-19.6
Southeast District Health Department	157	17.4	10.6-27.3
Southwest Nebraska Public Health Department	165	11.2	6.3-19.3
Three Rivers Public Health Department	209	13.5	8.3-21.2
Two Rivers Public Health Department	197	9.3	5.0-16.7
West Central District Health Department	194	11.8	7.0-19.3

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate.

Table A-24
Females Aged 18+ Without at Least a 3-Day Supply of Non-Perishable Food
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,264	17.1	15.0-19.3
Central District Health Department	332	16.7	12.2-22.3
Dakota County Health Department	267	18.8	13.4-25.9
Douglas County Health Department	385	21.1	15.8-27.5
East Central District Health Department	308	17.2	12.2-23.5
Elkhorn Logan Valley Public Health Department	298	18.4	13.6-24.3
Four Corners Health Department	328	12.9	8.8-18.5
Lincoln-Lancaster County Health Department	335	15.4	10.6-21.8
Loup Basin Public Health Department	324	12.9	7.5-21.2
North Central District Health Department	330	11.9	7.8-17.7
Northeast Nebraska Public Health Department	308	16.5	12.2-22.0
Panhandle Public Health Department	330	15.3	10.5-21.7
Public Health Solutions	295	17.6	11.6-25.7
Sarpy/Cass Department of Health and Wellness	294	11.0	6.5-18.1
Scotts Bluff County Health Department	297	14.4	10.0-20.3
South Heartland District Health Department	293	14.7	9.3-22.5
Southeast District Health Department	327	20.2	14.8-26.9
Southwest Nebraska Public Health Department	310	16.9	11.6-23.9
Three Rivers Public Health Department	304	18.8	13.9-24.8
Two Rivers Public Health Department	310	14.2	9.9-19.8
West Central District Health Department	289	19.0	12.9-27.1

Table A-25
Adults Aged 18+ Without at Least a 3-Day Supply of Prescription Drugs (for Those with Prescriptions)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,053	9.2	7.7-10.9
Central District Health Department	507	9.2	6.3-13.3
Dakota County Health Department	428	10.0	6.7-14.7
Douglas County Health Department	582	10.8	7.5-15.1
East Central District Health Department	518	9.1	6.0-13.6
Elkhorn Logan Valley Public Health Department	503	6.2	3.1-12.4
Four Corners Health Department	525	5.3	3.5-7.9
Lincoln-Lancaster County Health Department	528	9.5	5.4-16.2
Loup Basin Public Health Department	517	10.4	6.2-17.0
North Central District Health Department	515	4.3	2.1-8.6
Northeast Nebraska Public Health Department	513	7.6	4.6-12.5
Panhandle Public Health Department	526	7.4	4.6-11.6
Public Health Solutions	503	7.8	4.6-13.0
Sarpy/Cass Department of Health and Wellness	465	11.0	6.5-18.0
Scotts Bluff County Health Department	473	7.7	4.8-12.3
South Heartland District Health Department	492	6.9	4.2-11.1
Southeast District Health Department	481	6.4	3.9-10.4
Southwest Nebraska Public Health Department	477	7.7	4.8-12.4
Three Rivers Public Health Department	511	10.2	6.4-16.0
Two Rivers Public Health Department	505	6.7	3.5-12.5
West Central District Health Department	484	8.9	5.2-14.8

Table A-26
Males Aged 18+ Without at Least a 3-Day Supply of Prescription Drugs (for Those with Prescriptions)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,775	7.5	5.5-10.1
Central District Health Department	173	5.4	2.3-12.5
Dakota County Health Department	163	10.1	5.3-18.4
Douglas County Health Department	196	4.8	2.2-10.1
East Central District Health Department	207	8.3	4.4-15.1
Elkhorn Logan Valley Public Health Department	202	5.9	1.8-18.1
Four Corners Health Department	195	4.8	2.7-8.6
Lincoln-Lancaster County Health Department	193	13.7	7.1-24.9
Loup Basin Public Health Department	193	14.1	8.4-22.5
North Central District Health Department	185	5.6	2.0-14.6
Northeast Nebraska Public Health Department	205	6.8	3.1-14.3
Panhandle Public Health Department	195	3.2	1.2-8.4
Public Health Solutions	207	6.0	2.3-14.7
Sarpy/Cass Department of Health and Wellness	170	10.5	5.0-21.0
Scotts Bluff County Health Department	174	6.9	3.1-15.0
South Heartland District Health Department	197	3.7	1.8-7.7
Southeast District Health Department	158	1.7	0.7-4.2
Southwest Nebraska Public Health Department	164	2.2	1.0-5.0
Three Rivers Public Health Department	206	9.5	5.2-16.5
Two Rivers Public Health Department	197	6.3	1.7-20.1
West Central District Health Department	195	8.1	4.0-15.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-27
Females Aged 18+ Without at Least a 3-Day Supply of Prescription Drugs (for Those with Prescriptions)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,278	10.8	8.7-13.3
Central District Health Department	334	12.9	8.8-18.5
Dakota County Health Department	265	9.6	6.0-15.2
Douglas County Health Department	386	16.9	11.6-24.0
East Central District Health Department	311	10.7	6.3-17.8
Elkhorn Logan Valley Public Health Department	301	6.4	3.6-11.1
Four Corners Health Department	330	5.7	3.3-9.8
Lincoln-Lancaster County Health Department	335	3.7	1.6-8.4
Loup Basin Public Health Department	324	4.8	2.7-8.5
North Central District Health Department	330	3.4	1.7-6.7
Northeast Nebraska Public Health Department	308	7.7	4.7-12.4
Panhandle Public Health Department	331	12.8	7.6-20.8
Public Health Solutions	296	9.2	4.9-16.4
Sarpy/Cass Department of Health and Wellness	295	11.7	6.6-19.9
Scotts Bluff County Health Department	299	8.7	5.0-14.5
South Heartland District Health Department	295	10.5	5.8-18.4
Southeast District Health Department	323	10	6.1-16.1
Southwest Nebraska Public Health Department	313	10.9	6.6-17.5
Three Rivers Public Health Department	305	8.2	4.2-15.6
Two Rivers Public Health Department	308	7.6	4.2-13.5
West Central District Health Department	289	9.5	4.6-18.7

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-28
Adults Aged 18+ Who Do Not Have a Battery-Operated Radio
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	9,966	16.8	15.0-18.6
Central District Health Department	500	14.9	10.9-20.0
Dakota County Health Department	426	17.4	13.5-22.3
Douglas County Health Department	578	19.0	14.6-24.3
East Central District Health Department	510	18.5	14.8-23.0
Elkhorn Logan Valley Public Health Department	501	15.6	11.7-20.4
Four Corners Health Department	522	11.0	8.1-14.9
Lincoln-Lancaster County Health Department	526	14.0	10.1-19.1
Loup Basin Public Health Department	510	17.0	10.9-25.5
North Central District Health Department	506	18.6	13.9-24.4
Northeast Nebraska Public Health Department	506	22.5	17.9-27.7
Panhandle Public Health Department	522	19.7	14.8-25.8
Public Health Solutions	498	14.5	10.6-19.6
Sarpy/Cass Department of Health and Wellness	464	14.6	10.2-20.4
Scotts Bluff County Health Department	463	15.3	11.4-20.3
South Heartland District Health Department	487	14.5	10.4-19.9
Southeast District Health Department	480	17.6	12.9-23.6
Southwest Nebraska Public Health Department	475	15.8	11.4-21.4
Three Rivers Public Health Department	510	19.1	14.1-25.4
Two Rivers Public Health Department	503	16.0	11.1-22.4
West Central District Health Department	479	16.5	11.9-22.5

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-29
Males Aged 18+ Who Do Not Have a Battery-Operated Radio
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,753	13.4	11.2-15.9
Central District Health Department	171	8.8	4.5-16.5
Dakota County Health Department	161	11.7	7.2-18.3
Douglas County Health Department	194	10.8	6.5-17.5
East Central District Health Department	204	15.2	10.5-21.5
Elkhorn Logan Valley Public Health Department	205	14.9	9.8-22.0
Four Corners Health Department	197	8.1	5.0-12.7
Lincoln-Lancaster County Health Department	194	16.9	10.5-25.9
Loup Basin Public Health Department	192	15.6	9.0-25.9
North Central District Health Department	181	18.2	11.0-28.5
Northeast Nebraska Public Health Department	205	17.2	11.4-25.1
Panhandle Public Health Department	193	15.2	9.5-23.4
Public Health Solutions	207	13.7	9.1-20.0
Sarpy/Cass Department of Health and Wellness	170	9.8	5.6-16.5
Scotts Bluff County Health Department	169	10.2	5.6-17.9
South Heartland District Health Department	193	11.6	6.4-20.1
Southeast District Health Department	155	11.9	7.3-18.6
Southwest Nebraska Public Health Department	164	14.7	9.1-22.8
Three Rivers Public Health Department	208	19.5	12.6-29.0
Two Rivers Public Health Department	196	12.0	5.6-23.9
West Central District Health Department	194	8.6	5.0-14.4

Table A-30
Females Aged 18+ Who Do Not Have a Battery-Operated Radio
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,213	20.3	17.7-23.1
Central District Health Department	329	21.0	15.5-27.9
Dakota County Health Department	265	22.7	17.0-29.7
Douglas County Health Department	384	27.1	20.6-34.7
East Central District Health Department	306	23.8	17.8-31.0
Elkhorn Logan Valley Public Health Department	296	15.8	10.9-22.5
Four Corners Health Department	325	13.9	9.3-20.4
Lincoln-Lancaster County Health Department	332	11.4	7.3-17.4
Loup Basin Public Health Department	318	14.3	10.2-19.7
North Central District Health Department	325	18.6	13.4-25.2
Northeast Nebraska Public Health Department	301	26.9	21.2-33.5
Panhandle Public Health Department	329	24.5	17.2-33.5
Public Health Solutions	291	15.0	9.8-22.3
Sarpy/Cass Department of Health and Wellness	294	18.6	12.0-27.5
Scotts Bluff County Health Department	295	20.5	14.8-27.8
South Heartland District Health Department	294	17.8	12.0-25.5
Southeast District Health Department	325	21.0	14.9-28.8
Southwest Nebraska Public Health Department	311	15.7	10.4-23.0
Three Rivers Public Health Department	302	18.6	11.8-28.2
Two Rivers Public Health Department	307	20.0	13.4-28.8
West Central District Health Department	285	24.2	16.6-33.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-31
Adults Aged 18+ Who Do Not Have a Battery-Operated Flashlight
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,063	3.5	2.7-4.6
Central District Health Department	506	3.6	2.0-6.2
Dakota County Health Department	427	4.6	2.8-7.6
Douglas County Health Department	583	4.7	2.5-8.5
East Central District Health Department	517	5.2	3.1-8.6
Elkhorn Logan Valley Public Health Department	505	4.2	1.7-9.9
Four Corners Health Department	529	1.7	0.9-3.2
Lincoln-Lancaster County Health Department	528	2.9	1.7-4.9
Loup Basin Public Health Department	515	8.1	3.4-18.1
North Central District Health Department	515	4.3	1.8-9.7
Northeast Nebraska Public Health Department	514	3.3	1.4-7.6
Panhandle Public Health Department	526	3.1	1.5-6.6
Public Health Solutions	504	2.1	0.9-4.6
Sarpy/Cass Department of Health and Wellness	465	2.1	1.0-4.4
Scotts Bluff County Health Department	470	4.0	2.2-7.2
South Heartland District Health Department	489	2.7	1.4-5.1
Southeast District Health Department	484	2.3	0.9-6.1
Southwest Nebraska Public Health Department	479	3.4	1.6-7.1
Three Rivers Public Health Department	514	2.6	1.4-4.9
Two Rivers Public Health Department	508	3.0	1.3-6.8
West Central District Health Department	485	4.0	2.0-7.8

Table A-32
Males Aged 18+ Who Do Not Have a Battery-Operated Flashlight
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,788	3.4	2.2-5.4
Central District Health Department	172	1.8	0.6-5.6
Dakota County Health Department	161	3.4	1.2-8.9
Douglas County Health Department	197	5.1	2.0-12.3
East Central District Health Department	205	2.4	1.0-5.6
Elkhorn Logan Valley Public Health Department	205	5.6	1.6-18.0
Four Corners Health Department	198	1.7	0.6-4.7
Lincoln-Lancaster County Health Department	194	3.4	1.5-7.7
Loup Basin Public Health Department	194	8.5	3.4-19.9
North Central District Health Department	186	6.6	2.4-17.1
Northeast Nebraska Public Health Department	206	1.9	0.3-10.6
Panhandle Public Health Department	196	0.6	0.2-2.5
Public Health Solutions	208	2.3	0.6-8.2
Sarpy/Cass Department of Health and Wellness	170	0.6	0.1-3.2
Scotts Bluff County Health Department	174	2.2	0.8-6.2
South Heartland District Health Department	196	2.8	1.1-6.9
Southeast District Health Department	158	2.5	0.6-10.9
Southwest Nebraska Public Health Department	165	2.9	1.2-6.7
Three Rivers Public Health Department	210	2.8	1.1-6.8
Two Rivers Public Health Department	198	4.1	1.2-13.1
West Central District Health Department	195	3.1	0.7-12.7

Table A-33
Females Aged 18+ Who Do Not Have a Battery-Operated Flashlight
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,275	3.5	2.7-4.5
Central District Health Department	334	5.6	3.0-10.4
Dakota County Health Department	266	6.0	3.5-10.1
Douglas County Health Department	386	3.9	1.9-7.6
East Central District Health Department	312	9.5	5.3-16.4
Elkhorn Logan Valley Public Health Department	300	3.3	1.3-7.9
Four Corners Health Department	331	1.5	0.7-3.3
Lincoln-Lancaster County Health Department	334	2.4	1.3-4.6
Loup Basin Public Health Department	321	4.2	2.0-9.0
North Central District Health Department	329	2.0	0.8-4.8
Northeast Nebraska Public Health Department	308	3.8	1.7-8.5
Panhandle Public Health Department	330	5.1	2.3-10.9
Public Health Solutions	296	1.8	0.8-4.3
Sarpy/Cass Department of Health and Wellness	295	3.7	1.6-8.3
Scotts Bluff County Health Department	296	5.8	2.9-11.2
South Heartland District Health Department	293	2.7	1.1-6.4
Southeast District Health Department	326	1.7	0.8-3.5
Southwest Nebraska Public Health Department	314	3.2	1.3-8.0
Three Rivers Public Health Department	304	2.0	1.0-4.2
Two Rivers Public Health Department	310	2.1	0.8-5.2
West Central District Health Department	290	4.9	2.5-9.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-34
Adults Aged 18+ Who Would Not Evacuate if It Were Ordered
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	9,282	4.8	3.8-5.9
Central District Health Department	470	4.4	2.3-8.5
Dakota County Health Department	399	3.6	1.7-7.5
Douglas County Health Department	543	2.8	1.6-4.7
East Central District Health Department	478	6.8	4.4-10.4
Elkhorn Logan Valley Public Health Department	465	4.6	2.4-8.5
Four Corners Health Department	490	5.7	3.4-9.3
Lincoln-Lancaster County Health Department	488	5.6	2.5-12.1
Loup Basin Public Health Department	462	6.4	4.1-9.7
North Central District Health Department	475	7.6	4.7-12.1
Northeast Nebraska Public Health Department	468	8.8	5.1-14.5
Panhandle Public Health Department	479	10.4	6.2-16.9
Public Health Solutions	471	4.5	2.7-7.4
Sarpy/Cass Department of Health and Wellness	432	3.8	1.3-10.4
Scotts Bluff County Health Department	431	3.4	1.5-7.5
South Heartland District Health Department	451	6.3	3.6-11.0
Southeast District Health Department	443	3.2	1.8-5.4
Southwest Nebraska Public Health Department	434	5.8	3.3-9.9
Three Rivers Public Health Department	484	6.7	3.7-11.7
Two Rivers Public Health Department	470	5.7	3.1-10.4
West Central District Health Department	449	5.1	2.5-10.1

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-35
Males Aged 18+ Who Would Not Evacuate if It Were Ordered
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,399	7.9	6.1-10.3
Central District Health Department	153	7.5	3.5-15.2
Dakota County Health Department	148	4.6	1.7-11.8
Douglas County Health Department	178	5.1	2.9-8.8
East Central District Health Department	183	11.1	6.7-17.9
Elkhorn Logan Valley Public Health Department	185	5.6	2.1-14.2
Four Corners Health Department	178	10.1	6.0-16.4
Lincoln-Lancaster County Health Department	173	9.9	4.1-22.2
Loup Basin Public Health Department	164	9.5	5.4-16.3
North Central District Health Department	169	11.3	6.3-19.3
Northeast Nebraska Public Health Department	180	13.7	8.1-22.4
Panhandle Public Health Department	175	18.6	11.5-28.7
Public Health Solutions	188	7.7	4.3-13.3
Sarpy/Cass Department of Health and Wellness	152	6.9	2.2-19.2
Scotts Bluff County Health Department	154	4.3	1.9-9.2
South Heartland District Health Department	178	10.6	5.3-19.9
Southeast District Health Department	139	5.1	2.5-9.8
Southwest Nebraska Public Health Department	153	7.5	3.9-13.9
Three Rivers Public Health Department	192	8.8	4.7-15.8
Two Rivers Public Health Department	179	8.7	4.2-17.1
West Central District Health Department	178	7.7	3.2-17.2

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-36
Females Aged 18+ Who Would Not Evacuate if It Were Ordered
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,883	1.8	1.4-2.4
Central District Health Department	317	1.2	0.5-2.8
Dakota County Health Department	251	2.7	0.9-7.4
Douglas County Health Department	365	0.8	0.2-2.7
East Central District Health Department	295	2.9	1.3-6.4
Elkhorn Logan Valley Public Health Department	280	3.7	1.8-7.4
Four Corners Health Department	312	1.2	0.3-5.1
Lincoln-Lancaster County Health Department	315	1.6	0.6-4.5
Loup Basin Public Health Department	298	3.7	1.8-7.5
North Central District Health Department	306	4.2	2.1-8.5
Northeast Nebraska Public Health Department	288	2.7	1.3-5.5
Panhandle Public Health Department	304	1.9	0.9-4.2
Public Health Solutions	283	1.3	0.4-4.2
Sarpy/Cass Department of Health and Wellness	280	0.8	0.3-1.9
Scotts Bluff County Health Department	277	3.1	0.7-12.3
South Heartland District Health Department	273	3.3	1.6-6.5
Southeast District Health Department	304	1.7	0.8-3.6
Southwest Nebraska Public Health Department	281	4.1	1.4-11.3
Three Rivers Public Health Department	292	3.8	1.0-13.0
Two Rivers Public Health Department	291	2.7	0.9-8.2
West Central District Health Department	271	2.6	1.2-5.4

Table A-37
Adults Aged 18+ Who Would Communicate Using a Cellphone in a Disaster
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	9,568	75.1	73.2-76.9
Central District Health Department	477	75.0	68.6-80.4
Dakota County Health Department	412	72.3	66.6-77.4
Douglas County Health Department	565	77.4	72.6-81.5
East Central District Health Department	497	68.1	62.6-73.1
Elkhorn Logan Valley Public Health Department	481	71.2	64.7-76.9
Four Corners Health Department	496	82.0	77.8-85.5
Lincoln-Lancaster County Health Department	496	76.1	69.9-81.4
Loup Basin Public Health Department	499	69.8	61.5-77.0
North Central District Health Department	489	66.3	60.4-71.7
Northeast Nebraska Public Health Department	477	64.3	58.1-70.1
Panhandle Public Health Department	508	76.8	72.3-80.7
Public Health Solutions	480	72.1	65.1-78.1
Sarpy/Cass Department of Health and Wellness	441	75.4	68.1-81.5
Scotts Bluff County Health Department	441	72.0	64.7-78.3
South Heartland District Health Department	456	73.3	66.6-79.1
Southeast District Health Department	456	71.8	64.9-77.8
Southwest Nebraska Public Health Department	456	73.4	67.1-78.9
Three Rivers Public Health Department	494	74.1	68.3-79.2
Two Rivers Public Health Department	491	75.9	69.5-81.3
West Central District Health Department	456	74.2	67.7-79.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-38
Males Aged 18+ Who Would Communicate Using a Cellphone in a Disaster
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,638	73.8	70.9-76.6
Central District Health Department	167	74.4	64.1-82.4
Dakota County Health Department	161	70.0	61.0-77.7
Douglas County Health Department	193	77.5	69.8-83.7
East Central District Health Department	201	67.4	59.1-74.7
Elkhorn Logan Valley Public Health Department	193	73.5	65.4-80.4
Four Corners Health Department	189	83.3	76.8-88.2
Lincoln-Lancaster County Health Department	181	69.0	58.4-77.9
Loup Basin Public Health Department	191	66.9	53.0-78.3
North Central District Health Department	178	66.9	57.9-74.9
Northeast Nebraska Public Health Department	196	60.7	51.8-69.0
Panhandle Public Health Department	188	76.7	69.1-82.9
Public Health Solutions	197	71.2	61.6-79.2
Sarpy/Cass Department of Health and Wellness	163	77.4	67.0-85.2
Scotts Bluff County Health Department	165	73.0	60.9-82.4
South Heartland District Health Department	185	72.7	62.9-80.8
Southeast District Health Department	154	76.4	67.8-83.2
Southwest Nebraska Public Health Department	161	76.9	70.0-82.7
Three Rivers Public Health Department	201	71.3	62.0-79.1
Two Rivers Public Health Department	192	74.2	63.1-82.9
West Central District Health Department	182	79.0	70.9-85.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-39
Females Aged 18+ Who Would Communicate Using a Cellphone in a Disaster
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,930	76.2	73.8-78.5
Central District Health Department	310	75.7	68.3-81.9
Dakota County Health Department	251	74.3	66.8-80.7
Douglas County Health Department	372	76.7	70.4-82.0
East Central District Health Department	296	68.1	60.9-74.6
Elkhorn Logan Valley Public Health Department	288	71.8	65.1-77.7
Four Corners Health Department	307	81.1	75.7-85.5
Lincoln-Lancaster County Health Department	315	83.2	77.3-87.8
Loup Basin Public Health Department	308	72.0	63.3-79.3
North Central District Health Department	311	66.3	59.0-72.9
Northeast Nebraska Public Health Department	281	67.0	57.8-75.1
Panhandle Public Health Department	320	76.4	70.8-81.2
Public Health Solutions	283	74.2	65.5-81.2
Sarpy/Cass Department of Health and Wellness	278	74.1	64.1-82.0
Scotts Bluff County Health Department	276	71.3	62.6-78.7
South Heartland District Health Department	271	74.5	65.4-81.8
Southeast District Health Department	302	72.7	65.8-78.6
Southwest Nebraska Public Health Department	295	73.0	65.8-79.2
Three Rivers Public Health Department	293	79.6	74.6-83.9
Two Rivers Public Health Department	299	77.8	70.7-83.6
West Central District Health Department	274	69.9	60.0-78.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-40
Adults Aged 18+ Who Would Get Disaster Information from the Radio
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	9,518	56.2	53.8-58.6
Central District Health Department	483	56.5	48.7-64.0
Dakota County Health Department	401	51.0	44.4-57.6
Douglas County Health Department	555	54.4	48.2-60.4
East Central District Health Department	488	54.6	48.8-60.4
Elkhorn Logan Valley Public Health Department	477	62.1	55.7-68.2
Four Corners Health Department	491	52.4	45.5-59.3
Lincoln-Lancaster County Health Department	503	53.9	47.1-60.6
Loup Basin Public Health Department	498	61.5	53.3-69.1
North Central District Health Department	481	56.1	49.3-62.7
Northeast Nebraska Public Health Department	489	52.5	46.4-58.4
Panhandle Public Health Department	498	63.3	56.6-69.5
Public Health Solutions	477	53.1	45.9-60.3
Sarpy/Cass Department of Health and Wellness	445	66.9	58.7-74.2
Scotts Bluff County Health Department	434	56.5	48.1-64.6
South Heartland District Health Department	463	53.3	46.5-60.1
Southeast District Health Department	446	56.1	48.6-63.3
Southwest Nebraska Public Health Department	455	57.4	50.2-64.3
Three Rivers Public Health Department	487	58.8	52.3-64.9
Two Rivers Public Health Department	487	58.4	51.4-65.1
West Central District Health Department	460	58.0	50.8-64.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-41
Males Aged 18+ Who Would Get Disaster Information from the Radio
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,649	60.6	57.1-64.1
Central District Health Department	167	62.5	51.4-72.5
Dakota County Health Department	158	55.4	45.9-64.6
Douglas County Health Department	191	60.4	50.9-69.2
East Central District Health Department	199	54.7	46.1-63.1
Elkhorn Logan Valley Public Health Department	194	69.4	60.6-77.0
Four Corners Health Department	187	51.5	41.9-60.9
Lincoln-Lancaster County Health Department	186	59.6	49.2-69.2
Loup Basin Public Health Department	190	68.4	57.5-77.6
North Central District Health Department	177	57.4	46.5-67.7
Northeast Nebraska Public Health Department	198	59.5	51.4-67.2
Panhandle Public Health Department	187	64.6	55.0-73.2
Public Health Solutions	204	52.3	41.8-62.6
Sarpy/Cass Department of Health and Wellness	164	73.9	61.0-83.6
Scotts Bluff County Health Department	162	55.5	42.9-67.4
South Heartland District Health Department	190	53.7	44.5-62.7
Southeast District Health Department	149	63.1	49.3-75.0
Southwest Nebraska Public Health Department	162	57.8	47.2-67.8
Three Rivers Public Health Department	200	62.3	53.3-70.6
Two Rivers Public Health Department	194	62.1	51.2-71.9
West Central District Health Department	190	62.3	52.4-71.4

Table A-42
Females Aged 18+ Who Would Get Disaster Information from the Radio
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,869	52.2	49.0-55.5
Central District Health Department	316	51.9	44.2-59.5
Dakota County Health Department	243	48.5	40.0-57.1
Douglas County Health Department	364	51.0	43.0-58.9
East Central District Health Department	289	54.1	46.6-61.5
Elkhorn Logan Valley Public Health Department	283	56.8	49.3-63.9
Four Corners Health Department	304	53.9	45.5-62.0
Lincoln-Lancaster County Health Department	317	47.8	40.0-55.7
Loup Basin Public Health Department	308	52.5	45.6-59.4
North Central District Health Department	304	54.8	47.2-62.2
Northeast Nebraska Public Health Department	291	43.3	34.1-52.9
Panhandle Public Health Department	311	60.3	51.3-68.6
Public Health Solutions	273	55.0	46.0-63.7
Sarpy/Cass Department of Health and Wellness	281	61.3	50.8-70.8
Scotts Bluff County Health Department	272	58.0	48.8-66.7
South Heartland District Health Department	273	53.9	44.5-63.0
Southeast District Health Department	297	50.8	42.8-58.6
Southwest Nebraska Public Health Department	293	55.4	47.4-63.2
Three Rivers Public Health Department	287	52.6	41.6-63.4
Two Rivers Public Health Department	293	54.4	45.5-63.1
West Central District Health Department	270	53.9	44.1-63.5

Table A-43
Adults Aged 18+ Who Reported Having "Good" to "Excellent" Health
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	26,860	88.5	87.8-89.1	8,059	85.0	83.5-86.3
Central District Health Department	1,332	86.2	84.2-88.0	447	83.3	78.6-87.2
Dakota County Health Department	1,167	82.4	79.7-84.8.	135	66.8	54.3-77.3
Douglas County Health Department	1,510	88.6	86.6-90.4	482	85.8	81.4-89.4
East Central District Health Department	1,353	86.5	84.2-88.5	442	87.1	83.2-90.2
Elkhorn Logan Valley Public Health Department	1,348	86.7	84.1-89.0	429	82.1	75.1-87.5
Four Corners Health Department	1,430	89.0	86.7-91.0	433	90.1	86.6-92.7
Lincoln-Lancaster County Health Department	1,419	90.9	89.3-92.3	471	88.2	83.6-91.6
Loup Basin Public Health Department	1,363	85.9	83.4-88.0	462	90.2	87.3-92.5
North Central District Health Department	1,406	88.0	85.7-89.9	473	83.5	77.9-87.9
Northeast Nebraska Public Health Department	1,374	87.8	84.5-90.6	291	89.0	83.8-92.7
Panhandle Public Health Department	1,395	86.3	83.8-88.4	297	79.7	72.0-85.7
Public Health Solutions	1,318	88.7	86.7-90.4	416	86.9	81.3-91.0
Sarpy/Cass Department of Health and Wellness	1,311	90.3	87.5-92.5	448	84.6	79.6-88.5
Scotts Bluff County Health Department	1,267	85.9	83.5-88.0	173	78.5	67.7-86.5
South Heartland District Health Department	1,317	85.0	82.1-87.6	426	81.4	74.8-86.6
Southeast District Health Department	1,322	86.4	84.2-88.3	428	80.1	74.4-84.8
Southwest Nebraska Public Health Department	1,257	86.4	84.2-88.4	455	78.9	72.8-83.9
Three Rivers Public Health Department	1,331	89.7	88.0-91.2	452	84.1	78.6-88.4
Two Rivers Public Health Department	1,353	88.9	86.9-90.6	471	81.8	75.5-86.8
West Central District Health Department	1,287	87.9	85.7-89.8	428	85.1	80.0-89.1

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate or have changed significantly from 2005 baseline.

Table A-44
Male Adults Aged 18+ Who Reported Having "Good" to "Excellent" Health
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,275	88.5	87.5-89.5
Central District Health Department	495	87.4	84.4-89.9
Dakota County Health Department	430	82.9	78.7-86.3
Douglas County Health Department	539	88.3	84.9-91.0
East Central District Health Department	525	87.8	84.4-90.6
Elkhorn Logan Valley Public Health Department	529	86.1	81.8-89.5
Four Corners Health Department	589	89.2	85.3-92.2
Lincoln-Lancaster County Health Department	546	90.9	88.4-92.8
Loup Basin Public Health Department	531	83.4	79.5-86.6
North Central District Health Department	535	87.3	83.8-90.2
Northeast Nebraska Public Health Department	522	86.2	79.9-90.7
Panhandle Public Health Department	537	88.4	85.1-91.0
Public Health Solutions	519	90.2	87.8-92.2
Sarpy/Cass Department of Health and Wellness	519	89.0	83.8-92.7
Scotts Bluff County Health Department	471	87.4	84.2-90.0
South Heartland District Health Department	515	86.8	83.3-89.7
Southeast District Health Department	482	87.6	84.6-90.1
Southwest Nebraska Public Health Department	454	85.5	82.2-88.3
Three Rivers Public Health Department	539	91.5	89.0-93.5
Two Rivers Public Health Department	518	88.0	84.7-90.6
West Central District Health Department	480	89.0	85.5-91.7

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-45
Female Adults Aged 18+ Who Reported Having "Good" to "Excellent" Health
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,585	88.3	87.4-89.1
Central District Health Department	837	84.9	82.1-87.4
Dakota County Health Department	737	81.7	77.9-84.9
Douglas County Health Department	971	88.8	86.2-91.0
East Central District Health Department	828	84.5	80.9-87.5
Elkhorn Logan Valley Public Health Department	819	87.5	84.0-90.3
Four Corners Health Department	841	89.0	86.4-91.2
Lincoln-Lancaster County Health Department	873	90.7	88.4-92.5
Loup Basin Public Health Department	832	88.0	85.2-90.4
North Central District Health Department	871	88.7	86.1-90.9
Northeast Nebraska Public Health Department	852	88.7	85.0-91.6
Panhandle Public Health Department	858	83.9	79.7-87.5
Public Health Solutions	799	86.7	83.3-89.5
Sarpy/Cass Department of Health and Wellness	792	91.2	88.4-93.5
Scotts Bluff County Health Department	796	84.4	80.8-87.5
South Heartland District Health Department	802	83.0	78.3-86.9
Southeast District Health Department	840	84.8	81.5-87.6
Southwest Nebraska Public Health Department	803	87.2	84.2-89.7
Three Rivers Public Health Department	792	88.2	85.6-90.3
Two Rivers Public Health Department	835	89.6	86.9-91.7
West Central District Health Department	807	86.8	83.9-89.2

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-46
Mean Number of Days During Past 30 Days When Adults' Physical Health Was "Not Good"
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Mean # of days	95% Confidence Interval
Nebraska	26,409	2.7	2.6-2.9
Central District Health Department	1,301	3.1	2.6-3.6
Dakota County Health Department	1,149	2.8	2.4-3.2
Douglas County Health Department	1,499	2.7	2.3-3.0
East Central District Health Department	1,331	2.7	2.3-3.2
Elkhorn Logan Valley Public Health Department	1,328	2.2	1.9-2.5
Four Corners Health Department	1,406	2.5	2.1-2.8
Lincoln-Lancaster County Health Department	1,406	2.8	2.3-3.2
Loup Basin Public Health Department	1,341	2.8	2.4-3.2
North Central District Health Department	1,383	2.5	2.1-2.9
Northeast Nebraska Public Health Department	1,343	2.2	1.8-2.5
Panhandle Public Health Department	1,381	3.4	3.0-3.9
Public Health Solutions	1,294	2.4	2.0-2.8
Sarpy/Cass Department of Health and Wellness	1,298	2.5	2.0-3.0
Scotts Bluff County Health Department	1,252	4.0	3.2-4.7
South Heartland District Health Department	1,282	3.2	2.7-3.6
Southeast District Health Department	1,284	3.0	2.5-3.5
Southwest Nebraska Public Health Department	1,229	3.2	2.7-3.7
Three Rivers Public Health Department	1,307	2.4	2.0-2.9
Two Rivers Public Health Department	1,327	2.6	2.2-3.1
West Central District Health Department	1,268	3.7	2.9-4.5

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-47
Mean Number of Days During Past 30 Days When Male Adults' Physical Health Was "Not Good"
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Mean # of days	95% Confidence Interval
Nebraska	10,125	2.4	2.2-2.6
Central District Health Department	481	2.8	1.9-3.7
Dakota County Health Department	424	2.3	1.7-2.8
Douglas County Health Department	535	2.3	1.7-2.8
East Central District Health Department	519	2.4	1.8-3.1
Elkhorn Logan Valley Public Health Department	522	2.1	1.5-2.6
Four Corners Health Department	583	2.1	1.5-2.6
Lincoln-Lancaster County Health Department	543	2.5	1.8-3.2
Loup Basin Public Health Department	522	2.5	2.0-3.1
North Central District Health Department	524	2.5	1.9-3.1
Northeast Nebraska Public Health Department	512	1.9	1.4-2.4
Panhandle Public Health Department	534	3.1	2.5-3.7
Public Health Solutions	514	1.8	1.4-2.3
Sarpy/Cass Department of Health and Wellness	515	2.4	1.5-3.2
Scotts Bluff County Health Department	467	3.7	2.4-5.1
South Heartland District Health Department	504	3.2	2.3-4.0
Southeast District Health Department	471	2.7	2.0-3.4
Southwest Nebraska Public Health Department	446	3.2	2.5-3.9
Three Rivers Public Health Department	530	1.6	1.2-2.0
Two Rivers Public Health Department	505	2.5	1.7-3.2
West Central District Health Department	474	3.8	2.5-5.1

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-48
Mean Number of Days During Past 30 Days When Female Adults' Physical Health Was "Not Good"
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Mean # of days	95% Confidence Interval
Nebraska	16,284	3.1	2.9-3.3
Central District Health Department	820	3.4	2.8-4.0
Dakota County Health Department	725	3.2	2.7-3.8
Douglas County Health Department	964	3.1	2.5-3.6
East Central District Health Department	812	3.1	2.5-3.6
Elkhorn Logan Valley Public Health Department	806	2.3	1.9-2.7
Four Corners Health Department	823	2.8	2.3-3.3
Lincoln-Lancaster County Health Department	863	3.1	2.6-3.6
Loup Basin Public Health Department	819	3.2	2.6-3.8
North Central District Health Department	859	2.5	2.1-3.0
Northeast Nebraska Public Health Department	831	2.4	2.0-2.8
Panhandle Public Health Department	847	3.7	3.0-4.4
Public Health Solutions	780	3.0	2.4-3.6
Sarpy/Cass Department of Health and Wellness	783	2.8	2.1-3.4
Scotts Bluff County Health Department	785	4.1	3.5-4.7
South Heartland District Health Department	778	3.2	2.6-3.7
Southeast District Health Department	813	3.4	2.6-4.1
Southwest Nebraska Public Health Department	783	3.3	2.7-4.0
Three Rivers Public Health Department	777	3.3	2.5-4.0
Two Rivers Public Health Department	822	2.8	2.2-3.4
West Central District Health Department	794	3.7	3.0-4.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-49
Mean Number of Days During Past 30 Days When Adults' Mental Health Was "Not Good"
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Mean # of days	95% Confidence Interval
Nebraska	26,541	2.6	2.4-2.7
Central District Health Department	1,312	2.5	2.0-3.0
Dakota County Health Department	1,156	3.0	2.5-3.4
Douglas County Health Department	1,495	2.7	2.3-3.1
East Central District Health Department	1,338	2.6	2.1-3.1
Elkhorn Logan Valley Public Health Department	1,331	2.1	1.6-2.5
Four Corners Health Department	1,414	2.1	1.7-2.4
Lincoln-Lancaster County Health Department	1,412	2.7	2.2-3.2
Loup Basin Public Health Department	1,339	2.2	1.8-2.7
North Central District Health Department	1,391	2.0	1.6-2.5
Northeast Nebraska Public Health Department	1,351	2.3	1.7-2.9
Panhandle Public Health Department	1,377	3.2	2.6-3.9
Public Health Solutions	1,308	2.5	1.9-3.0
Sarpy/Cass Department of Health and Wellness	1,304	2.3	1.9-2.8
Scotts Bluff County Health Department	1,251	3.8	2.9-4.8
South Heartland District Health Department	1,298	2.8	2.3-3.4
Southeast District Health Department	1,308	2.6	2.0-3.1
Southwest Nebraska Public Health Department	1,238	2.9	2.4-3.5
Three Rivers Public Health Department	1,318	2.2	1.8-2.6
Two Rivers Public Health Department	1,337	2.3	1.8-2.8
West Central District Health Department	1,263	2.3	1.9-2.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-50
Mean Number of Days During Past 30 Days When Male Adults' Mental Health Was "Not Good"
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Mean # of days	95% Confidence Interval
Nebraska	10168	2.0	1.8-2.3
Central District Health Department	485	1.5	1.1-2.0
Dakota County Health Department	428	2.3	1.7-3.0
Douglas County Health Department	537	2.2	1.6-2.9
East Central District Health Department	521	2.1	1.5-2.8
Elkhorn Logan Valley Public Health Department	522	1.5	0.8-2.2
Four Corners Health Department	583	1.5	1.1-2.0
Lincoln-Lancaster County Health Department	544	2.3	1.7-3.0
Loup Basin Public Health Department	520	1.7	1.1-2.4
North Central District Health Department	529	1.6	1.0-2.2
Northeast Nebraska Public Health Department	508	2.3	1.2-3.4
Panhandle Public Health Department	529	2.1	1.6-2.6
Public Health Solutions	519	1.5	0.8-2.2
Sarpy/Cass Department of Health and Wellness	517	1.6	1.1-2.1
Scotts Bluff County Health Department	468	3.5	2.0-5.1
South Heartland District Health Department	509	2.6	1.7-3.4
Southeast District Health Department	482	2.0	1.3-2.7
Southwest Nebraska Public Health Department	450	2.8	2.0-3.7
Three Rivers Public Health Department	532	1.5	1.0-1.9
Two Rivers Public Health Department	512	2.1	1.3-2.9
West Central District Health Department	473	1.4	0.9-2.0

Table A-51
Mean Number of Days During Past 30 Days When Female Adults' Mental Health Was "Not Good"
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Mean # of days	95% Confidence Interval
Nebraska	16,373	3.1	2.8-3.3
Central District Health Department	827	3.5	2.6-4.3
Dakota County Health Department	728	3.6	2.9-4.2
Douglas County Health Department	958	3.1	2.5-3.7
East Central District Health Department	817	3.0	2.3-3.6
Elkhorn Logan Valley Public Health Department	809	2.6	1.9-3.3
Four Corners Health Department	831	2.7	2.1-3.3
Lincoln-Lancaster County Health Department	868	3.1	2.4-3.7
Loup Basin Public Health Department	819	2.7	2.1-3.4
North Central District Health Department	862	2.4	1.8-3.0
Northeast Nebraska Public Health Department	843	2.2	1.7-2.6
Panhandle Public Health Department	848	4.7	3.4-6.0
Public Health Solutions	789	3.4	2.7-4.2
Sarpy/Cass Department of Health and Wellness	787	3.0	2.3-3.6
Scotts Bluff County Health Department	783	4.1	3.2-5.1
South Heartland District Health Department	789	3.1	2.5-3.7
Southeast District Health Department	826	3.1	2.4-3.9
Southwest Nebraska Public Health Department	788	3.1	2.4-3.8
Three Rivers Public Health Department	786	2.9	2.3-3.6
Two Rivers Public Health Department	825	2.5	1.9-3.1
West Central District Health Department	790	3.3	2.5-4.0

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-52
Mean Number of Days During Past 30 Days When Adults' Activities Were Limited Due to Poor Physical or Mental Health
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Mean # of days	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	12,710	3.3	3.0-3.5	3,957	3.6	3.3-3.9
Central District Health Department	625	3.9	3.2-4.5	206	4.5	3.3-5.8
Dakota County Health Department	539	3.3	2.7-4.0	36	*	*
Douglas County Health Department	735	3.4	2.7-4.0	602	3.7	3.0-4.4
East Central District Health Department	628	3.4	2.6-4.3	106	2.7	1.6-3.8
Elkhorn Logan Valley Public Health Department	604	2.5	2.0-3.0	103	3.4	1.8-5.1
Four Corners Health Department	666	3.0	2.4-3.5	77	2.9	1.3-4.4
Lincoln-Lancaster County Health Department	715	2.8	2.3-3.3	396	3.4	2.7-4.2
Loup Basin Public Health Department	622	3.7	3.0-4.4	125	3.9	2.5-5.4
North Central District Health Department	623	3.1	2.3-3.9	135	3.2	1.8-4.6
Northeast Nebraska Public Health Department	604	3.3	2.5-4.1	62	2.3	0.9-3.7
Panhandle Public Health Department	695	4.1	3.4-4.8	361	3.7	2.9-4.5
Public Health Solutions	617	2.6	2.2-3.1	71	4.3	1.1-7.4
Sarpy/Cass Department of Health and Wellness	644	2.5	1.9-3.2	199	3.4	2.4-4.4
Scotts Bluff County Health Department	664	4.5	3.6-5.4	263	3.3	2.3-4.2
South Heartland District Health Department	656	3.8	3.0-4.6	146	3.8	2.3-5.3
Southeast District Health Department	627	3.5	2.9-4.2	66	5.0	2.5-7.4
Southwest Nebraska Public Health Department	598	4.1	3.4-4.9	225	3.0	1.8-4.1
Three Rivers Public Health Department	614	3.3	2.2-4.3	146	3.1	1.9-4.3
Two Rivers Public Health Department	604	3.5	2.6-4.5	330	3.9	2.7-5.0
West Central District Health Department	630	4.2	3.4-4.9	302	3.4	2.5-4.2

NOTE: Shading indicates LHDs with rates that differ significantly from the current Nebraska rate or have changed significantly from 2005 baseline.

Table A-53
Mean Number of Days During Past 30 Days When Male Adults' Activities Were Limited Due to Poor Physical or Mental Health
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Mean # of days	95% Confidence Interval
Nebraska	4,180	3.2	2.8-3.5
Central District Health Department	204	4.4	3.2-5.6
Dakota County Health Department	166	3.2	2.3-4.1
Douglas County Health Department	237	2.9	1.9-3.9
East Central District Health Department	198	3.5	2.3-4.6
Elkhorn Logan Valley Public Health Department	203	2.6	1.7-3.6
Four Corners Health Department	240	3.0	2.1-3.8
Lincoln-Lancaster County Health Department	237	2.9	2.1-3.7
Loup Basin Public Health Department	211	4.4	3.0-5.8
North Central District Health Department	215	3.2	2.0-4.5
Northeast Nebraska Public Health Department	199	3.6	2.2-4.9
Panhandle Public Health Department	236	4.1	3.1-5.1
Public Health Solutions	193	2.2	1.5-2.9
Sarpy/Cass Department of Health and Wellness	214	1.8	1.1-2.5
Scotts Bluff County Health Department	214	5.2	3.5-6.9
South Heartland District Health Department	231	4.4	3.0-5.8
Southeast District Health Department	196	3.3	2.3-4.3
Southwest Nebraska Public Health Department	201	5.1	3.9-6.4
Three Rivers Public Health Department	201	2.3	1.4-3.1
Two Rivers Public Health Department	192	4.5	2.7-6.3
West Central District Health Department	192	3.7	2.6-4.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-54
Mean Number of Days During Past 30 Days When Female Adults' Activities Were Limited Due to Poor Physical or Mental Health
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	8,530	3.4	3.1-3.7
Central District Health Department	421	3.6	2.8-4.3
Dakota County Health Department	373	3.5	2.6-4.4
Douglas County Health Department	498	3.7	2.9-4.6
East Central District Health Department	430	3.3	2.3-4.2
Elkhorn Logan Valley Public Health Department	401	2.4	1.8-2.9
Four Corners Health Department	426	3.0	2.3-3.7
Lincoln-Lancaster County Health Department	478	2.8	2.2-3.4
Loup Basin Public Health Department	411	3.5	2.6-4.3
North Central District Health Department	408	2.9	2.0-3.8
Northeast Nebraska Public Health Department	405	3.0	2.3-3.6
Panhandle Public Health Department	459	4.0	3.1-4.9
Public Health Solutions	424	2.9	2.3-3.5
Sarpy/Cass Department of Health and Wellness	430	3.1	2.0-4.1
Scotts Bluff County Health Department	450	4.0	3.2-4.8
South Heartland District Health Department	425	3.4	2.6-4.1
Southeast District Health Department	431	3.8	2.8-4.7
Southwest Nebraska Public Health Department	397	3.5	2.6-4.5
Three Rivers Public Health Department	413	4.3	2.4-6.3
Two Rivers Public Health Department	412	2.6	2.1-3.2
West Central District Health Department	438	4.7	3.6-5.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-55
Adults Aged 18+ Who Reported Being "Limited in Any Way in Any Activities Because of Physical, Mental, or Emotional Problems"
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	26,736	17.2	16.4-18.1
Central District Health Department	1,323	18.3	16.0-20.9
Dakota County Health Department	1,166	14.9	12.8-17.3
Douglas County Health Department	1,503	17.4	15.3-19.8
East Central District Health Department	1,346	16.8	14.7-19.2
Elkhorn Logan Valley Public Health Department	1,336	14.6	12.7-16.8
Four Corners Health Department	1,419	14.6	12.4-17.2
Lincoln-Lancaster County Health Department	1,408	17.3	14.9-20.1
Loup Basin Public Health Department	1,356	17.7	15.2-20.6
North Central District Health Department	1,400	15.9	13.4-18.8
Northeast Nebraska Public Health Department	1,369	15.0	12.2-18.4
Panhandle Public Health Department	1,394	18.5	16.2-21.0
Public Health Solutions	1,315	15.9	14.0-18.1
Sarpy/Cass Department of Health and Wellness	1,308	17.3	14.8-20.2
Scotts Bluff County Health Department	1,267	21.5	18.2-25.4
South Heartland District Health Department	1,309	18.6	16.2-21.3
Southeast District Health Department	1,319	20.5	17.8-23.6
Southwest Nebraska Public Health Department	1,249	18.8	16.4-21.4
Three Rivers Public Health Department	1,322	17.9	15.5-20.6
Two Rivers Public Health Department	1,347	15.6	13.5-18.0
West Central District Health Department	1,280	17.3	14.6-20.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-56
Males Aged 18+ Who Reported Being "Limited in Any Way in Any Activities Because of Physical, Mental, or Emotional Problems"
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,217	16.6	15.3-18.0
Central District Health Department	490	18.7	15.1-22.9
Dakota County Health Department	430	13.4	10.3-17.2
Douglas County Health Department	538	16.5	13.4-20.3
East Central District Health Department	522	15.1	12.1-18.6
Elkhorn Logan Valley Public Health Department	519	13.7	10.7-17.3
Four Corners Health Department	584	11.9	9.4-15.1
Lincoln-Lancaster County Health Department	542	17.8	13.9-22.6
Loup Basin Public Health Department	526	17.2	13.7-21.4
North Central District Health Department	531	15.2	11.6-19.6
Northeast Nebraska Public Health Department	518	17.5	12.5-24.0
Panhandle Public Health Department	535	17.0	14.0-20.6
Public Health Solutions	521	14.1	11.5-17.1
Sarpy/Cass Department of Health and Wellness	519	15.7	11.9-20.5
Scotts Bluff County Health Department	470	24.0	18.2-30.9
South Heartland District Health Department	513	18.8	15.2-23.0
Southeast District Health Department	481	17.6	13.6-22.5
Southwest Nebraska Public Health Department	449	20.2	16.4-24.7
Three Rivers Public Health Department	534	16.6	13.3-20.5
Two Rivers Public Health Department	518	17.9	14.3-22.1
West Central District Health Department	477	14.8	10.8-19.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-57
Females Aged 18+ Who Reported Being "Limited in Any Way in Any Activities Because of Physical, Mental, or Emotional Problems"
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,519	17.9	16.8-19.0
Central District Health Department	833	17.9	15.3-21.0
Dakota County Health Department	736	16.2	13.4-19.3
Douglas County Health Department	965	18.3	15.6-21.4
East Central District Health Department	824	19.0	16.1-22.2
Elkhorn Logan Valley Public Health Department	817	15.2	12.9-17.8
Four Corners Health Department	835	17.3	13.7-21.5
Lincoln-Lancaster County Health Department	866	17.3	14.5-20.5
Loup Basin Public Health Department	830	18.7	15.1-23.1
North Central District Health Department	869	15.8	13.4-18.5
Northeast Nebraska Public Health Department	851	12.6	10.4-15.3
Panhandle Public Health Department	859	20.2	16.8-24.0
Public Health Solutions	794	17.7	14.9-20.8
Sarpy/Cass Department of Health and Wellness	789	19.0	15.8-22.7
Scotts Bluff County Health Department	797	19.2	16.1-22.7
South Heartland District Health Department	796	18.5	15.4-22.1
Southeast District Health Department	838	23.3	19.6-27.3
Southwest Nebraska Public Health Department	800	17.1	14.5-20.0
Three Rivers Public Health Department	788	18.4	15.4-21.8
Two Rivers Public Health Department	829	13.3	11.4-15.5
West Central District Health Department	803	19.7	16.5-23.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-58
Adults Aged 18+ Who Have Health Problems Requiring Use of Special Equipment
2007-2008 **Nebraska BRFSS (Age-Adjusted Rates)**

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	26,811	5.9	5.4-6.3
Central District Health Department	1,327	5.7	4.7-7.0
Dakota County Health Department	1,166	5.5	4.3-7.1
Douglas County Health Department	1,509	5.7	4.6-7.0
East Central District Health Department	1,351	5.3	4.3-6.6
Elkhorn Logan Valley Public Health Department	1,340	5.2	4.2-6.3
Four Corners Health Department	1,424	5.2	4.2-6.4
Lincoln-Lancaster County Health Department	1,411	6.1	4.6-8.2
Loup Basin Public Health Department	1,361	5.6	4.4-6.9
North Central District Health Department	1,403	5.5	4.5-6.9
Northeast Nebraska Public Health Department	1,373	4.6	3.7-5.7
Panhandle Public Health Department	1,395	6.2	5.0-7.6
Public Health Solutions	1,318	6.0	4.8-7.5
Sarpy/Cass Department of Health and Wellness	1,310	5.9	4.6-7.5
Scotts Bluff County Health Department	1,267	6.2	5.2-7.5
South Heartland District Health Department	1,313	6.1	5.0-7.4
Southeast District Health Department	1,320	6.5	5.4-7.9
Southwest Nebraska Public Health Department	1,256	6.0	4.9-7.3
Three Rivers Public Health Department	1,333	6.2	4.6-8.3
Two Rivers Public Health Department	1,352	5.5	4.3-7.1
West Central District Health Department	1,282	7.2	5.3-9.6

Table A-59
Males Aged 18+ Who Have Health Problems Requiring Use of Special Equipment
2007-2008 **Nebraska BRFSS (Age-Adjusted Rates)**

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,255	5.4	4.7-6.3
Central District Health Department	494	5.6	4.1-7.8
Dakota County Health Department	429	5.4	3.5-8.1
Douglas County Health Department	539	5.2	3.7-7.4
East Central District Health Department	524	4.9	3.3-7.0
Elkhorn Logan Valley Public Health Department	525	5.5	4.0-7.5
Four Corners Health Department	586	5.2	3.8-7.2
Lincoln-Lancaster County Health Department	545	5.8	3.4-9.8
Loup Basin Public Health Department	530	6.3	4.5-8.9
North Central District Health Department	532	6.0	4.3-8.3
Northeast Nebraska Public Health Department	520	4.9	3.5-6.9
Panhandle Public Health Department	536	5.7	4.1-7.8
Public Health Solutions	521	4.4	3.1-6.1
Sarpy/Cass Department of Health and Wellness	520	5.3	3.5-8.0
Scotts Bluff County Health Department	470	5.0	3.7-6.9
South Heartland District Health Department	514	5.3	3.9-7.2
Southeast District Health Department	480	5.8	4.4-7.6
Southwest Nebraska Public Health Department	453	6.5	4.8-8.8
Three Rivers Public Health Department	539	3.7	2.5-5.4
Two Rivers Public Health Department	519	5.5	3.5-8.5
West Central District Health Department	479	7.3	4.4-11.8

Table A-60
Females Aged 18+ Who Have Health Problems Requiring Use of Special Equipment
2007-2008 **Nebraska BRFSS (Age-Adjusted Rates)**

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,556	6.2	5.6-6.7
Central District Health Department	833	5.7	4.5-7.2
Dakota County Health Department	737	5.4	4.0-7.4
Douglas County Health Department	970	6.0	4.6-7.8
East Central District Health Department	827	5.6	4.3-7.2
Elkhorn Logan Valley Public Health Department	815	4.8	3.8-6.2
Four Corners Health Department	838	5.0	3.9-6.4
Lincoln-Lancaster County Health Department	866	6.3	5.0-7.9
Loup Basin Public Health Department	831	4.8	3.7-6.3
North Central District Health Department	871	5.1	3.9-6.7
Northeast Nebraska Public Health Department	853	4.4	3.3-5.8
Panhandle Public Health Department	859	6.6	5.0-8.6
Public Health Solutions	797	7.5	5.5-10.1
Sarpy/Cass Department of Health and Wellness	790	6.4	4.8-8.5
Scotts Bluff County Health Department	797	7.2	5.7-9.1
South Heartland District Health Department	799	6.9	5.3-9.0
Southeast District Health Department	840	7.2	5.5-9.4
Southwest Nebraska Public Health Department	803	5.4	4.2-7.0
Three Rivers Public Health Department	794	9.1	5.8-14.0
Two Rivers Public Health Department	833	5.5	4.3-7.0
West Central District Health Department	803	6.9	5.4-8.7

Table A-61
Adults with Serious Psychological Distress (SPD) in the Past 30 Days
2007 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,068	2.4	1.8-3.2
Central District Health Department	271	4.8	2.6-8.5
Dakota County Health Department	215	3.7	1.8-7.5
Douglas County Health Department	286	3.1	1.6-5.8
East Central District Health Department	281	3.9	2.0-7.4
Elkhorn Logan Valley Public Health Department	273	2.0	1.0-4.2
Four Corners Health Department	238	1.1	0.3-3.2
Lincoln-Lancaster County Health Department	249	1.1	0.4-2.8
Loup Basin Public Health Department	264	3.0	1.5-5.8
North Central District Health Department	255	1.6	0.7-3.6
Northeast Nebraska Public Health Department	263	2.9	0.8-9.5
Panhandle Public Health Department	280	1.8	0.8-3.8
Public Health Solutions	264	0.5	0.2-1.6
Sarpy/Cass Department of Health and Wellness	225	0.9	0.3-2.7
Scotts Bluff County Health Department	225	1.0	0.2-4.5
South Heartland District Health Department	244	7.0	3.3-13.9
Southeast District Health Department	234	5.9	2.3-14.1
Southwest Nebraska Public Health Department	252	4.5	1.8-10.9
Three Rivers Public Health Department	251	1.5	0.6-3.4
Two Rivers Public Health Department	256	3.0	1.3-6.7
West Central District Health Department	242	3.8	1.7-8.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-62
Males with Serious Psychological Distress (SPD) in the Past 30 Days
2007 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	1,934	1.9	1.2-2.9
Central District Health Department	95	3.7	1.4-9.4
Dakota County Health Department	73	0.9	0.1-6.4
Douglas County Health Department	101	2.5	0.8-7.3
East Central District Health Department	116	0.9	0.2-3.9
Elkhorn Logan Valley Public Health Department	109	1.7	0.5-5.3
Four Corners Health Department	83	1.0	0.1-6.7
Lincoln-Lancaster County Health Department	89	1.5	0.5-4.5
Loup Basin Public Health Department	102	0.6	0.2-2.6
North Central District Health Department	93	0.8	0.2-3.2
Northeast Nebraska Public Health Department	104	1.9	0.5-7.1
Panhandle Public Health Department	95	0.9	0.2-3.7
Public Health Solutions	103	0.8	0.2-3.4
Sarpy/Cass Department of Health and Wellness	89	0.9	0.1-6.3
Scotts Bluff County Health Department	80	0.0	--
South Heartland District Health Department	110	6.4	1.9-19.8
Southeast District Health Department	87	2.0	0.5-7.6
Southwest Nebraska Public Health Department	91	1.2	0.3-5.1
Three Rivers Public Health Department	96	1.6	0.4-5.8
Two Rivers Public Health Department	114	3.7	1.1-12.0
West Central District Health Department	104	2.4	0.7-7.8

Table A-63
Females with Serious Psychological Distress (SPD) in the Past 30 Days
2007 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,134	3.0	2.2-4.1
Central District Health Department	176	6.4	3.0-13.2
Dakota County Health Department	142	6.4	3.0-13.1
Douglas County Health Department	185	3.6	1.6-7.8
East Central District Health Department	165	7.0	3.5-13.6
Elkhorn Logan Valley Public Health Department	164	2.5	1.0-6.1
Four Corners Health Department	155	1.1	0.3-3.8
Lincoln-Lancaster County Health Department	160	0.9	0.2-4.3
Loup Basin Public Health Department	162	5.2	2.5-10.3
North Central District Health Department	162	2.4	1.0-5.9
Northeast Nebraska Public Health Department	159	3.7	0.7-17.4
Panhandle Public Health Department	185	2.6	1.1-6.1
Public Health Solutions	161	0.3	0.0-1.8
Sarpy/Cass Department of Health and Wellness	136	1.0	0.3-3.1
Scotts Bluff County Health Department	145	1.9	0.4-8.6
South Heartland District Health Department	134	8.1	3.4-18.1
Southeast District Health Department	147	7.1	2.8-16.8
Southwest Nebraska Public Health Department	161	6.6	2.8-14.7
Three Rivers Public Health Department	155	1.4	0.5-4.2
Two Rivers Public Health Department	142	2.2	0.9-5.5
West Central District Health Department	138	5.1	1.8-13.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-64
Adults Aged 18+ with Current Depression
Based on Severity of Depression Score of 10 or Higher
2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	4,797	8.6	7.0-10.6
Central District Health Department	228	11.5	7.1-18.1
Dakota County Health Department	214	6.5	3.6-11.2
Douglas County Health Department	260	11.2	7.1-17.3
East Central District Health Department	220	5.9	3.4-10.2
Elkhorn Logan Valley Public Health Department	230	12.5	7.0-21.2
Four Corners Health Department	263	4.6	2.1-9.6
Lincoln-Lancaster County Health Department	268	11.3	7.0-17.8
Loup Basin Public Health Department	254	8.1	4.1-15.5
North Central District Health Department	263	4.5	2.4-8.2
Northeast Nebraska Public Health Department	238	7.4	3.7-14.0
Panhandle Public Health Department	230	7.7	4.8-12.2
Public Health Solutions	221	9.4	5.3-16.0
Sarpy/Cass Department of Health and Wellness	261	3.8	2.0-7.4
Scotts Bluff County Health Department	228	10.8	6.4-17.6
South Heartland District Health Department	231	5.3	3.0-9.1
Southeast District Health Department	255	7.3	4.2-12.4
Southwest Nebraska Public Health Department	218	7.2	4.0-12.7
Three Rivers Public Health Department	242	6.5	3.9-10.5
Two Rivers Public Health Department	245	5.3	1.9-14.0
West Central District Health Department	228	4.6	2.8-7.6

Table A-65
Males Aged 18+ with Current Depression
Based on Severity of Depression Score of 10 or Higher
2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	1,851	6.7	4.5-9.8
Central District Health Department	91	10.5	4.6-22.3
Dakota County Health Department	76	3.9	1.4-10.8
Douglas County Health Department	98	10.9	5.0-22.2
East Central District Health Department	84	5.1	2.1-11.8
Elkhorn Logan Valley Public Health Department	84	13.2	5.8-27.0
Four Corners Health Department	117	5.5	1.8-15.7
Lincoln-Lancaster County Health Department	103	10.5	4.7-21.8
Loup Basin Public Health Department	106	7.0	2.7-16.8
North Central District Health Department	105	3.6	1.7-7.2
Northeast Nebraska Public Health Department	86	4.9	2.0-12.0
Panhandle Public Health Department	95	3.4	1.4-8.0
Public Health Solutions	85	1.6	0.4-6.0
Sarpy/Cass Department of Health and Wellness	107	1.5	0.5-4.3
Scotts Bluff County Health Department	92	6.3	2.4-15.7
South Heartland District Health Department	92	4.2	1.7-10.1
Southeast District Health Department	94	4.6	2.0-10.4
Southwest Nebraska Public Health Department	87	6.5	2.5-15.9
Three Rivers Public Health Department	76	2.9	0.9-9.2
Two Rivers Public Health Department	99	1.9	0.6-5.6
West Central District Health Department	74	1.2	0.3-4.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-66
Females Aged 18+ with Current Depression
Based on Severity of Depression Score of 10 or Higher
2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	2,946	10.8	8.4-13.8
Central District Health Department	137	13.8	7.5-24.0
Dakota County Health Department	138	8.1	4.2-15.3
Douglas County Health Department	162	11.3	6.4-19.2
East Central District Health Department	136	6.8	3.2-13.9
Elkhorn Logan Valley Public Health Department	146	11.9	5.8-22.7
Four Corners Health Department	146	3.3	1.6-6.4
Lincoln-Lancaster County Health Department	165	12.8	7.3-21.7
Loup Basin Public Health Department	148	11.9	4.8-26.8
North Central District Health Department	158	5.5	2.3-12.5
Northeast Nebraska Public Health Department	152	11.2	5.1-22.8
Panhandle Public Health Department	135	12.5	7.3-20.7
Public Health Solutions	136	15.9	9.2-26.2
Sarpy/Cass Department of Health and Wellness	154	6.1	2.7-13.1
Scotts Bluff County Health Department	136	18.7	10.0-32.4
South Heartland District Health Department	139	6.2	3.0-12.6
Southeast District Health Department	161	9.8	4.9-18.4
Southwest Nebraska Public Health Department	131	7.9	3.8-15.8
Three Rivers Public Health Department	166	9.8	5.7-16.4
Two Rivers Public Health Department	146	13.5	9.1-19.5
West Central District Health Department	154	8.0	4.6-13.5

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-67
Adults Aged 18+ Who Were Ever Told They Had a Depressive Disorder (Lifetime Diagnosis of Depression)
2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,169	16.8	14.8-19.1
Central District Health Department	247	16.1	11.0-23.0
Dakota County Health Department	227	12.0	8.2-17.3
Douglas County Health Department	275	17.0	12.4-23.0
East Central District Health Department	239	17.8	11.9-25.6
Elkhorn Logan Valley Public Health Department	250	16.5	10.8-24.4
Four Corners Health Department	280	14.9	10.4-20.7
Lincoln-Lancaster County Health Department	287	16.7	12.0-22.6
Loup Basin Public Health Department	271	13.8	8.9-20.7
North Central District Health Department	281	8.7	5.4-13.7
Northeast Nebraska Public Health Department	259	12.2	8.5-17.2
Panhandle Public Health Department	253	20.9	14.3-29.4
Public Health Solutions	237	12.1	7.7-18.4
Sarpy/Cass Department of Health and Wellness	274	19.6	12.9-28.6
Scotts Bluff County Health Department	255	35.2	28.0-43.0
South Heartland District Health Department	252	14.0	9.6-19.8
Southeast District Health Department	276	14.6	10.2-20.5
Southwest Nebraska Public Health Department	242	21.0	15.0-28.6
Three Rivers Public Health Department	257	14.0	9.5-20.1
Two Rivers Public Health Department	260	21.1	14.8-29.1
West Central District Health Department	247	14.7	10.7-19.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-68
Males Aged 18+ Who Were Ever Told They Had a Depressive Disorder (Lifetime Diagnosis of Depression)
2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	1,990	13.3	10.3-16.9
Central District Health Department	99	8.1	3.1-19.2
Dakota County Health Department	85	6.3	3.2-11.8
Douglas County Health Department	102	17.1	9.8-28.0
East Central District Health Department	91	14.9	7.9-26.5
Elkhorn Logan Valley Public Health Department	92	13.6	6.9-25.1
Four Corners Health Department	128	10.9	5.5-20.5
Lincoln-Lancaster County Health Department	114	12.0	6.0-22.4
Loup Basin Public Health Department	114	13.4	7.1-23.9
North Central District Health Department	112	4.1	2.2-7.7
Northeast Nebraska Public Health Department	94	8.7	4.6-15.7
Panhandle Public Health Department	99	11.0	5.0-22.3
Public Health Solutions	90	8.5	3.0-21.7
Sarpy/Cass Department of Health and Wellness	111	19.0	11.4-29.9
Scotts Bluff County Health Department	100	32.2	21.8-44.6
South Heartland District Health Department	98	9.4	4.8-17.2
Southeast District Health Department	98	12.1	6.6-21.0
Southwest Nebraska Public Health Department	95	15.0	7.8-26.8
Three Rivers Public Health Department	83	7.7	3.5-16.1
Two Rivers Public Health Department	105	12.4	6.5-22.3
West Central District Health Department	80	8.1	3.9-16.1

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-69
Females Aged 18+ Who Were Ever Told They Had a Depressive Disorder (Lifetime Diagnosis of Depression)
2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,179	20.3	17.8-23.1
Central District Health Department	148	25.3	16.7-36.4
Dakota County Health Department	142	16.8	11.0-24.9
Douglas County Health Department	173	17.1	11.7-24.4
East Central District Health Department	148	22.2	14.1-33.2
Elkhorn Logan Valley Public Health Department	158	19.9	12.1-31.1
Four Corners Health Department	152	17.9	12.2-25.5
Lincoln-Lancaster County Health Department	173	21.9	15.9-29.5
Loup Basin Public Health Department	157	13.2	7.4-22.2
North Central District Health Department	169	13.6	7.4-23.6
Northeast Nebraska Public Health Department	165	15.2	9.8-22.7
Panhandle Public Health Department	154	31.0	21.1-43.0
Public Health Solutions	147	15.4	9.8-23.3
Sarpy/Cass Department of Health and Wellness	163	20.2	12.8-30.2
Scotts Bluff County Health Department	155	34.0	23.1-46.9
South Heartland District Health Department	154	19.2	12.0-29.2
Southeast District Health Department	178	17.7	11.5-26.3
Southwest Nebraska Public Health Department	147	27.3	18.8-37.9
Three Rivers Public Health Department	174	21.2	13.6-31.4
Two Rivers Public Health Department	155	31.1	23.0-40.7
West Central District Health Department	167	21.5	15.5-29.2

Table A-70
Adults Aged 18+ Who Were Ever Told They Had an Anxiety Disorder (Lifetime Diagnosis of Anxiety)
2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,171	10.7	8.9-12.8
Central District Health Department	249	11.8	7.4-18.4
Dakota County Health Department	228	10.0	6.6-15.0
Douglas County Health Department	277	12.5	8.4-18.2
East Central District Health Department	238	8.6	5.1-14.4
Elkhorn Logan Valley Public Health Department	249	9.3	5.2-15.9
Four Corners Health Department	278	10.2	6.5-15.8
Lincoln-Lancaster County Health Department	287	10.2	6.6-15.5
Loup Basin Public Health Department	271	7.0	4.2-11.4
North Central District Health Department	282	3.9	2.3-6.8
Northeast Nebraska Public Health Department	259	10.7	6.6-17.0
Panhandle Public Health Department	254	11.4	6.5-19.2
Public Health Solutions	238	5.6	3.4-9.2
Sarpy/Cass Department of Health and Wellness	274	13.3	7.8-21.8
Scotts Bluff County Health Department	256	19.2	12.6-28.0
South Heartland District Health Department	250	6.9	4.1-11.4
Southeast District Health Department	275	11.3	7.2-17.4
Southwest Nebraska Public Health Department	242	10.6	6.4-17.1
Three Rivers Public Health Department	255	6.6	4.1-10.6
Two Rivers Public Health Department	261	7.8	3.7-15.9
West Central District Health Department	248	7.7	3.6-15.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-71
Males Aged 18+ Who Were Ever Told They Had an Anxiety Disorder (Lifetime Diagnosis of Anxiety)
2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	1,991	8.3	5.8-11.6
Central District Health Department	101	4.7	1.9-11.0
Dakota County Health Department	85	5.6	2.6-11.4
Douglas County Health Department	103	10.5	4.9-21.1
East Central District Health Department	91	6.9	2.5-18.0
Elkhorn Logan Valley Public Health Department	92	6.8	2.3-18.5
Four Corners Health Department	127	10.5	5.1-20.1
Lincoln-Lancaster County Health Department	114	8.5	3.9-17.6
Loup Basin Public Health Department	114	7.8	4.0-14.7
North Central District Health Department	113	1.2	0.4-3.3
Northeast Nebraska Public Health Department	94	7.7	3.3-17.1
Panhandle Public Health Department	100	5.2	1.6-15.5
Public Health Solutions	90	3.2	1.2-8.2
Sarpy/Cass Department of Health and Wellness	110	15.9	8.9-26.8
Scotts Bluff County Health Department	99	17.4	8.6-32.0
South Heartland District Health Department	97	5.2	2.2-11.8
Southeast District Health Department	98	7.4	3.1-16.6
Southwest Nebraska Public Health Department	95	8.0	3.1-19.2
Three Rivers Public Health Department	83	3.6	1.0-11.3
Two Rivers Public Health Department	105	1.8	0.5-6.5
West Central District Health Department	80	2.3	0.5-9.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-72
Females Aged 18+ Who Were Ever Told They Had an Anxiety Disorder (Lifetime Diagnosis of Anxiety)
2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,180	13.0	10.7-15.8
Central District Health Department	148	21.5	13.1-33.1
Dakota County Health Department	143	14.3	8.8-22.3
Douglas County Health Department	174	14.2	9.0-21.6
East Central District Health Department	147	11.1	6.1-19.1
Elkhorn Logan Valley Public Health Department	157	11.9	6.3-21.4
Four Corners Health Department	151	9.6	5.7-15.5
Lincoln-Lancaster County Health Department	173	12.3	7.6-19.2
Loup Basin Public Health Department	157	6.0	2.8-12.4
North Central District Health Department	169	6.6	3.5-12.1
Northeast Nebraska Public Health Department	165	12.6	7.2-21.2
Panhandle Public Health Department	154	18.0	10.2-29.6
Public Health Solutions	148	7.7	4.2-13.6
Sarpy/Cass Department of Health and Wellness	164	11.0	6.4-18.3
Scotts Bluff County Health Department	157	28.7	22.4-36.0
South Heartland District Health Department	153	8.4	4.4-15.6
Southeast District Health Department	177	15.5	9.3-24.7
Southwest Nebraska Public Health Department	147	13.2	7.3-22.6
Three Rivers Public Health Department	172	9.7	5.9-15.5
Two Rivers Public Health Department	156	18.2	12.7-25.4
West Central District Health Department	168	11.0	5.2-21.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-73
Adults Aged 18+ Who Were Told by Health Professional That They Had a Heart Attack (Myocardial Infarction)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	26,781	3.7	3.4-4.1
Central District Health Department	1,327	4.5	3.5-5.7
Dakota County Health Department	1,160	3.1	2.2-4.2
Douglas County Health Department	1,509	3.8	3.0-5.0
East Central District Health Department	1,347	4.1	3.2-5.2
Elkhorn Logan Valley Public Health Department	1,345	4.2	3.2-5.5
Four Corners Health Department	1,426	3.5	2.7-4.5
Lincoln-Lancaster County Health Department	1,416	3.2	2.5-4.2
Loup Basin Public Health Department	1,360	4.3	3.4-5.4
North Central District Health Department	1,402	4.2	3.4-5.3
Northeast Nebraska Public Health Department	1,372	2.8	2.1-3.7
Panhandle Public Health Department	1,391	3.7	2.9-4.7
Public Health Solutions	1,316	3.4	2.6-4.6
Sarpy/Cass Department of Health and Wellness	1,309	3.9	2.8-5.4
Scotts Bluff County Health Department	1,262	3.7	3.0-4.6
South Heartland District Health Department	1,315	4.3	3.2-5.6
Southeast District Health Department	1,316	3.2	2.5-4.1
Southwest Nebraska Public Health Department	1,248	4.0	3.1-5.2
Three Rivers Public Health Department	1,328	3.7	2.7-5.1
Two Rivers Public Health Department	1,348	3.3	2.6-4.2
West Central District Health Department	1,284	4.5	3.5-5.6

Table A-74
Males Aged 18+ Who Were Told by Health Professional That They Had a Heart Attack (Myocardial Infarction)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,237	5.3	4.8-5.9
Central District Health Department	492	7.0	5.2-9.4
Dakota County Health Department	425	5.1	3.5-7.4
Douglas County Health Department	538	5.3	3.7-7.5
East Central District Health Department	523	6.1	4.5-8.3
Elkhorn Logan Valley Public Health Department	528	6.6	4.8-9.0
Four Corners Health Department	588	5.6	4.1-7.5
Lincoln-Lancaster County Health Department	544	4.4	3.1-6.2
Loup Basin Public Health Department	530	6.2	4.7-8.2
North Central District Health Department	532	6.6	5.1-8.6
Northeast Nebraska Public Health Department	520	2.9	2.0-4.4
Panhandle Public Health Department	534	4.1	3.0-5.8
Public Health Solutions	519	5.2	3.9-7.0
Sarpy/Cass Department of Health and Wellness	519	6.4	4.3-9.3
Scotts Bluff County Health Department	472	4.2	3.0-5.8
South Heartland District Health Department	514	6.7	4.7-9.3
Southeast District Health Department	479	3.9	2.8-5.5
Southwest Nebraska Public Health Department	450	5.7	4.1-7.8
Three Rivers Public Health Department	538	4.3	3.0-6.3
Two Rivers Public Health Department	515	4.6	3.3-6.3
West Central District Health Department	477	6.6	4.9-8.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-75
Females Aged 18+ Who Were Told by Health Professional That They Had a Heart Attack (Myocardial Infarction)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,544	2.4	2.1-2.8
Central District Health Department	835	2.2	1.5-3.2
Dakota County Health Department	735	1.3	0.8-2.1
Douglas County Health Department	971	2.7	1.8-3.9
East Central District Health Department	824	2.3	1.6-3.2
Elkhorn Logan Valley Public Health Department	817	2.1	1.4-3.1
Four Corners Health Department	838	1.6	1.1-2.4
Lincoln-Lancaster County Health Department	872	2.3	1.6-3.3
Loup Basin Public Health Department	830	2.6	1.7-4.0
North Central District Health Department	870	2.3	1.5-3.3
Northeast Nebraska Public Health Department	852	2.7	1.8-3.9
Panhandle Public Health Department	857	3.3	2.4-4.7
Public Health Solutions	797	2.0	1.1-3.9
Sarpy/Cass Department of Health and Wellness	790	1.9	1.1-3.0
Scotts Bluff County Health Department	790	3.3	2.4-4.4
South Heartland District Health Department	801	2.3	1.6-3.3
Southeast District Health Department	837	2.7	1.8-4.0
Southwest Nebraska Public Health Department	798	2.6	1.7-4.1
Three Rivers Public Health Department	790	3.3	1.9-5.6
Two Rivers Public Health Department	833	2.4	1.7-3.2
West Central District Health Department	807	2.7	2.0-3.8

Table A-76
Adults Aged 18+ Who Were Told by Health Professional That They Have Coronary Heart Disease (Angina)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	26,634	3.7	3.4-4.1
Central District Health Department	1,312	4.3	3.4-5.4
Dakota County Health Department	1,156	3.6	2.6-5.0
Douglas County Health Department	1,501	3.6	2.8-4.8
East Central District Health Department	1,342	3.3	2.5-4.4
Elkhorn Logan Valley Public Health Department	1,340	3.2	2.4-4.3
Four Corners Health Department	1,413	3.8	2.8-5.0
Lincoln-Lancaster County Health Department	1,407	3.6	2.8-4.5
Loup Basin Public Health Department	1,349	4.7	3.8-5.8
North Central District Health Department	1,386	3.4	2.7-4.4
Northeast Nebraska Public Health Department	1,363	2.9	2.2-3.8
Panhandle Public Health Department	1,387	3.9	3.1-4.9
Public Health Solutions	1,310	3.4	2.5-4.5
Sarpy/Cass Department of Health and Wellness	1,304	4.6	3.3-6.4
Scotts Bluff County Health Department	1,253	2.9	2.2-3.7
South Heartland District Health Department	1,309	4.4	3.6-5.4
Southeast District Health Department	1,313	3.6	2.8-4.7
Southwest Nebraska Public Health Department	1,252	3.9	3.0-5.0
Three Rivers Public Health Department	1,319	3.6	2.7-5.0
Two Rivers Public Health Department	1,345	3.5	2.8-4.4
West Central District Health Department	1,273	4.5	3.5-5.7

Table A-77
Males Aged 18+ Who Were Told by Health Professional That They Have Coronary Heart Disease (Angina)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,179	4.9	4.3-5.5
Central District Health Department	487	5.1	3.7-6.9
Dakota County Health Department	426	4.7	3.1-7.1
Douglas County Health Department	536	4.9	3.4-7.2
East Central District Health Department	519	4.8	3.4-6.8
Elkhorn Logan Valley Public Health Department	526	4.3	3.0-6.1
Four Corners Health Department	581	4.3	2.9-6.2
Lincoln-Lancaster County Health Department	543	4.9	3.5-6.8
Loup Basin Public Health Department	524	6.5	5.0-8.6
North Central District Health Department	525	5.1	3.7-7.0
Northeast Nebraska Public Health Department	517	3.6	2.5-5.2
Panhandle Public Health Department	536	3.4	2.4-4.9
Public Health Solutions	516	3.8	2.7-5.3
Sarpy/Cass Department of Health and Wellness	514	7.0	4.6-10.5
Scotts Bluff County Health Department	464	3.3	2.3-4.9
South Heartland District Health Department	513	5.7	4.3-7.5
Southeast District Health Department	479	4.4	3.2-6.0
Southwest Nebraska Public Health Department	452	5.5	3.9-7.6
Three Rivers Public Health Department	535	4.5	3.2-6.3
Two Rivers Public Health Department	514	4.3	3.1-5.9
West Central District Health Department	472	5.5	4.0-7.5

Table A-78
Females Aged 18+ Who Were Told by Health Professional That They Have Coronary Heart Disease (Angina)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,455	2.8	2.4-3.1
Central District Health Department	825	3.8	2.7-5.2
Dakota County Health Department	730	2.7	1.7-4.5
Douglas County Health Department	965	2.6	1.7-3.8
East Central District Health Department	823	1.9	1.3-2.7
Elkhorn Logan Valley Public Health Department	814	2.5	1.5-4.1
Four Corners Health Department	832	3.3	2.1-5.0
Lincoln-Lancaster County Health Department	864	2.6	1.8-3.7
Loup Basin Public Health Department	825	3.0	2.2-4.2
North Central District Health Department	861	2.1	1.5-2.9
Northeast Nebraska Public Health Department	846	2.3	1.4-3.7
Panhandle Public Health Department	851	4.3	3.2-5.8
Public Health Solutions	794	3.2	2.0-5.1
Sarpy/Cass Department of Health and Wellness	790	2.4	1.5-4.0
Scotts Bluff County Health Department	789	2.4	1.7-3.4
South Heartland District Health Department	796	3.4	2.6-4.6
Southeast District Health Department	834	3.1	2.0-4.7
Southwest Nebraska Public Health Department	800	2.4	1.7-3.4
Three Rivers Public Health Department	784	3.0	1.6-5.2
Two Rivers Public Health Department	831	2.9	2.1-4.0
West Central District Health Department	801	3.8	2.6-5.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-79
Adults Aged 18+ Who Were Told by Health Professional That They Had a Stroke
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	26,862	2.2	2.0-2.5
Central District Health Department	1,328	2.7	2.0-3.7
Dakota County Health Department	1,169	2.6	1.8-3.8
Douglas County Health Department	1,510	2.3	1.6-3.2
East Central District Health Department	1,355	1.6	1.1-2.3
Elkhorn Logan Valley Public Health Department	1,349	2.6	1.8-3.8
Four Corners Health Department	1,430	1.4	1.0-2.1
Lincoln-Lancaster County Health Department	1,420	2.4	1.8-3.2
Loup Basin Public Health Department	1,361	2.8	2.1-3.8
North Central District Health Department	1,405	2.5	1.9-3.3
Northeast Nebraska Public Health Department	1,373	1.4	1.0-2.1
Panhandle Public Health Department	1,396	2.4	1.7-3.3
Public Health Solutions	1,320	2.1	1.6-2.8
Sarpy/Cass Department of Health and Wellness	1,312	2.7	1.8-4.2
Scotts Bluff County Health Department	1,266	1.8	1.3-2.5
South Heartland District Health Department	1,315	1.9	1.4-2.6
Southeast District Health Department	1,325	1.9	1.4-2.6
Southwest Nebraska Public Health Department	1,257	2.3	1.7-3.1
Three Rivers Public Health Department	1,331	1.5	1.0-2.2
Two Rivers Public Health Department	1,354	2.2	1.6-3.1
West Central District Health Department	1,286	1.8	1.3-2.5

Table A-80
Males Aged 18+ Who Were Told by Health Professional That They Had a Stroke
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,278	2.5	2.2-3.0
Central District Health Department	491	2.6	1.6-4.3
Dakota County Health Department	431	3.8	2.4-6.0
Douglas County Health Department	539	2.9	1.8-4.7
East Central District Health Department	525	1.9	1.2-3.2
Elkhorn Logan Valley Public Health Department	530	2.8	1.8-4.1
Four Corners Health Department	588	1.4	0.8-2.7
Lincoln-Lancaster County Health Department	547	3.2	2.1-4.8
Loup Basin Public Health Department	531	1.9	1.2-3.0
North Central District Health Department	534	3.4	2.4-5.0
Northeast Nebraska Public Health Department	522	0.9	0.5-1.8
Panhandle Public Health Department	537	3.1	1.9-5.2
Public Health Solutions	521	2.4	1.6-3.6
Sarpy/Cass Department of Health and Wellness	520	2.0	1.1-3.7
Scotts Bluff County Health Department	473	2.2	1.3-3.4
South Heartland District Health Department	514	1.7	1.0-2.9
Southeast District Health Department	483	1.8	1.1-2.9
Southwest Nebraska Public Health Department	454	2.6	1.7-4.1
Three Rivers Public Health Department	539	1.8	1.0-3.3
Two Rivers Public Health Department	519	2.9	1.8-4.5
West Central District Health Department	480	1.6	0.9-2.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-81
Females Aged 18+ Who Were Told by Health Professional That They Had a Stroke
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,584	2.0	1.7-2.3
Central District Health Department	837	2.8	2.0-3.9
Dakota County Health Department	738	1.6	1.0-2.6
Douglas County Health Department	971	1.8	1.1-2.8
East Central District Health Department	830	1.5	0.9-2.7
Elkhorn Logan Valley Public Health Department	819	2.7	1.4-4.9
Four Corners Health Department	842	1.4	0.9-2.2
Lincoln-Lancaster County Health Department	873	1.9	1.2-2.9
Loup Basin Public Health Department	830	3.6	2.5-5.3
North Central District Health Department	871	1.7	1.1-2.5
Northeast Nebraska Public Health Department	851	1.9	1.2-3.0
Panhandle Public Health Department	859	1.8	1.2-2.6
Public Health Solutions	799	1.9	1.3-2.9
Sarpy/Cass Department of Health and Wellness	792	3.4	1.9-6.0
Scotts Bluff County Health Department	793	1.5	0.9-2.3
South Heartland District Health Department	801	1.9	1.3-2.9
Southeast District Health Department	842	2.0	1.3-3.0
Southwest Nebraska Public Health Department	803	2.1	1.3-3.2
Three Rivers Public Health Department	792	1.3	0.7-2.2
Two Rivers Public Health Department	835	1.7	1.1-2.7
West Central District Health Department	806	2.0	1.4-3.0

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-82
Adults Aged 18+ Who Were Ever Told by Health Professional That They Have High Blood Pressure
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	10,838	25.4	24.0-26.8	8,073	26.8	25.0-28.6
Central District Health Department	557	23.3	20.0-26.9	448	26.3	22.5-30.6
Dakota County Health Department	473	28.8	24.7-33.2	136	39.6	28.6-51.7
Douglas County Health Department	598	27.0	23.4-30.9	482	27.1	22.5-32.3
East Central District Health Department	595	23.1	19.4-27.3	443	23.2	19.3-27.6
Elkhorn Logan Valley Public Health Department	598	24.0	20.9-27.4	430	23.6	19.9-27.6
Four Corners Health Department	521	23.3	19.7-27.3	434	21.3	17.8-25.4
Lincoln-Lancaster County Health Department	546	24.8	20.9-29.1	471	26.1	21.3-31.5
Loup Basin Public Health Department	554	23.5	20.3-27.0	465	24.9	20.7-29.7
North Central District Health Department	565	22.5	18.9-26.6	473	22.0	18.4-26.2
Northeast Nebraska Public Health Department	584	22.0	18.8-25.5	291	30.0	22.8-38.4
Panhandle Public Health Department	597	27.7	23.5-32.3	296	27.1	21.2-34.0
Public Health Solutions	559	23.1	19.8-26.9	419	31.8	25.2-39.3
Sarpy/Cass Department of Health and Wellness	494	27.3	23.3-31.6	449	26.1	21.5-31.4
Scotts Bluff County Health Department	485	25.4	21.4-29.9	172	28.5	19.1-40.2
South Heartland District Health Department	508	25.4	21.3-30.1	426	26.6	22.1-31.7
Southeast District Health Department	491	28.6	24.0-33.8	429	26.4	22.0-31.3
Southwest Nebraska Public Health Department	511	28.6	23.9-33.9	455	33.7	28.0-39.9
Three Rivers Public Health Department	516	24.2	20.9-27.9	454	25.4	21.2-30.1
Two Rivers Public Health Department	555	23.0	20.3-26.0	472	30.6	24.0-38.0
West Central District Health Department	531	26.2	22.1-30.7	428	26.7	21.9-32.1

Table A-83
Males Aged 18+ Who Were Ever Told by Health Professional That They Have High Blood Pressure
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	4,173	26.9	24.7-29.2
Central District Health Department	209	25.3	19.9-31.5
Dakota County Health Department	169	32.2	25.7-39.4
Douglas County Health Department	210	28.5	22.8-35.1
East Central District Health Department	246	23.5	18.3-29.5
Elkhorn Logan Valley Public Health Department	241	23.5	19.5-28.2
Four Corners Health Department	208	26.2	20.5-32.7
Lincoln-Lancaster County Health Department	200	28.2	21.8-35.7
Loup Basin Public Health Department	219	25.0	19.6-31.2
North Central District Health Department	222	22.3	17.0-28.6
Northeast Nebraska Public Health Department	216	20.5	16.0-25.8
Panhandle Public Health Department	216	30.9	24.9-37.8
Public Health Solutions	223	25.0	19.6-31.2
Sarpy/Cass Department of Health and Wellness	209	27.7	21.6-34.9
Scotts Bluff County Health Department	170	20.6	16.0-26.1
South Heartland District Health Department	206	26.6	20.2-34.2
Southeast District Health Department	187	31.7	24.2-40.4
Southwest Nebraska Public Health Department	185	32.3	24.3-41.5
Three Rivers Public Health Department	210	24.4	19.6-30.0
Two Rivers Public Health Department	224	24.6	20.3-29.4
West Central District Health Department	203	23.8	18.8-29.7

Table A-84
Females Aged 18+ Who Were Ever Told by Health Professional That They Have High Blood Pressure
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,665	23.7	22.1-25.3
Central District Health Department	348	20.9	17.6-24.6
Dakota County Health Department	304	25.0	20.4-30.2
Douglas County Health Department	388	25.4	21.2-30.1
East Central District Health Department	349	21.5	17.7-25.9
Elkhorn Logan Valley Public Health Department	357	24.6	20.1-29.7
Four Corners Health Department	313	20.0	16.2-24.5
Lincoln-Lancaster County Health Department	346	21.2	17.3-25.6
Loup Basin Public Health Department	335	21.8	18.4-25.7
North Central District Health Department	343	21.5	18.1-25.3
Northeast Nebraska Public Health Department	368	23.2	18.8-28.3
Panhandle Public Health Department	381	24.6	19.0-31.2
Public Health Solutions	336	21.3	17.3-25.8
Sarpy/Cass Department of Health and Wellness	285	26.4	21.9-31.5
Scotts Bluff County Health Department	315	29.1	23.5-35.5
South Heartland District Health Department	302	23.3	19.6-27.4
Southeast District Health Department	304	25.8	20.9-31.4
Southwest Nebraska Public Health Department	326	24.0	20.0-28.5
Three Rivers Public Health Department	306	23.8	19.5-28.8
Two Rivers Public Health Department	331	21.4	18.1-25.2
West Central District Health Department	328	28.6	22.6-35.4

Table A-85
Adults Aged 18+ Who Ever Had Their Cholesterol Level Checked
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,699	76.2	74.3-78.1
Central District Health Department	547	71.6	65.8-76.8
Dakota County Health Department	461	63.9	58.5-69.0
Douglas County Health Department	592	80.6	75.8-84.6
East Central District Health Department	587	68.2	63.2-72.8
Elkhorn Logan Valley Public Health Department	594	74.2	68.3-79.4
Four Corners Health Department	517	72.6	67.6-77.0
Lincoln-Lancaster County Health Department	537	81.4	75.1-86.3
Loup Basin Public Health Department	543	69.4	63.3-75.0
North Central District Health Department	561	72.9	67.2-78.0
Northeast Nebraska Public Health Department	571	70.7	65.1-75.6
Panhandle Public Health Department	587	73.4	67.8-78.4
Public Health Solutions	554	71.4	65.5-76.7
Sarpy/Cass Department of Health and Wellness	490	75.7	69.5-81.0
Scotts Bluff County Health Department	483	68.5	61.0-75.2
South Heartland District Health Department	503	75.0	68.7-80.4
Southeast District Health Department	485	75.0	68.1-80.9
Southwest Nebraska Public Health Department	499	66.6	61.0-71.8
Three Rivers Public Health Department	515	76.2	71.2-80.5
Two Rivers Public Health Department	548	64.8	59.6-69.7
West Central District Health Department	525	76.6	70.9-81.5

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-86
Males Aged 18+ Who Ever Had Their Cholesterol Level Checked
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	4,135	74.3	71.2-77.1
Central District Health Department	205	71.4	61.4-79.7
Dakota County Health Department	166	63.3	54.8-71.1
Douglas County Health Department	210	79.2	71.5-85.3
East Central District Health Department	243	67.6	60.3-74.1
Elkhorn Logan Valley Public Health Department	240	74.0	64.9-81.4
Four Corners Health Department	205	66.7	59.9-72.9
Lincoln-Lancaster County Health Department	197	80.2	70.5-87.3
Loup Basin Public Health Department	218	64.3	55.0-72.6
North Central District Health Department	222	67.7	59.3-75.1
Northeast Nebraska Public Health Department	211	67.3	58.4-75.2
Panhandle Public Health Department	212	73.1	65.0-79.9
Public Health Solutions	222	68.9	59.6-76.9
Sarpy/Cass Department of Health and Wellness	208	72.0	63.4-79.3
Scotts Bluff County Health Department	168	68.1	58.0-76.7
South Heartland District Health Department	204	67.2	58.3-75.0
Southeast District Health Department	187	76.9	66.0-85.0
Southwest Nebraska Public Health Department	183	67.6	58.0-75.9
Three Rivers Public Health Department	209	72.6	66.5-78.0
Two Rivers Public Health Department	222	61.8	53.4-69.4
West Central District Health Department	203	78.8	69.3-86.0

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-87
Females Aged 18+ Who Ever Had Their Cholesterol Level Checked
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,564	78.3	75.8-80.6
Central District Health Department	342	72.1	66.0-77.5
Dakota County Health Department	295	64.8	58.2-71.0
Douglas County Health Department	382	82.2	76.3-86.9
East Central District Health Department	344	68.2	62.3-73.6
Elkhorn Logan Valley Public Health Department	354	74.4	67.6-80.1
Four Corners Health Department	312	78.8	71.5-84.7
Lincoln-Lancaster County Health Department	340	82.4	74.0-88.5
Loup Basin Public Health Department	325	75.6	68.5-81.4
North Central District Health Department	339	78.5	70.8-84.6
Northeast Nebraska Public Health Department	360	74.0	67.4-79.6
Panhandle Public Health Department	375	73.5	65.0-80.6
Public Health Solutions	332	73.6	66.4-79.7
Sarpy/Cass Department of Health and Wellness	282	79.0	71.5-84.9
Scotts Bluff County Health Department	315	70.8	62.6-77.8
South Heartland District Health Department	299	83.4	75.7-89.1
Southeast District Health Department	298	72.7	65.4-78.9
Southwest Nebraska Public Health Department	316	66.0	59.9-71.6
Three Rivers Public Health Department	306	80.3	72.4-86.4
Two Rivers Public Health Department	326	67.0	61.6-72.0
West Central District Health Department	322	74.0	67.3-79.7

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-88
Adults Aged 18+ Who Had Their Cholesterol Level Checked Within the Past Five Years
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	10,579	72.0	70.0-74.0	7,966	70.2	68.8-71.6
Central District Health Department	543	68.7	62.9-73.9	417	67.5	61.5-73.0
Dakota County Health Department	458	59.0	53.6-64.2	84	70.6	57.9-80.8
Douglas County Health Department	583	78.1	73.3-82.3	1,122	73.0	69.8-75.9
East Central District Health Department	581	62.2	57.4-66.9	237	63.0	55.1-70.2
Elkhorn Logan Valley Public Health Department	589	67.4	61.5-72.7	258	65.7	58.0-72.6
Four Corners Health Department	510	70.0	64.9-74.7	151	64.3	56.2-71.7
Lincoln-Lancaster County Health Department	530	76.5	70.2-81.9	725	71.4	67.5-75.0
Loup Basin Public Health Department	537	63.5	57.4-69.2	256	59.2	52.4-65.7
North Central District Health Department	552	69.4	63.5-74.6	312	68.3	61.4-74.4
Northeast Nebraska Public Health Department	562	66.4	60.8-71.6	130	63.1	54.5-71.0
Panhandle Public Health Department	579	66.3	60.9-71.3	758	65.3	60.7-69.7
Public Health Solutions	538	67.1	61.2-72.6	165	75.0	66.8-81.7
Sarpy/Cass Department of Health and Wellness	485	71.9	65.8-77.4	385	78.9	73.6-83.3
Scotts Bluff County Health Department	478	64.5	57.1-71.2	510	62.7	57.5-67.7
South Heartland District Health Department	499	71.5	65.3-77.0	295	70.2	63.4-76.3
Southeast District Health Department	484	68.7	61.4-75.2	118	73.9	62.9-82.5
Southwest Nebraska Public Health Department	497	62.5	56.8-67.9	456	58.6	53.3-63.7
Three Rivers Public Health Department	509	70.7	65.6-75.3	317	66.5	59.8-72.6
Two Rivers Public Health Department	546	58.9	53.8-63.9	678	63.8	59.5-68.0
West Central District Health Department	519	70.3	64.5-75.5	592	68.6	63.9-73.0

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-89
Males Aged 18+ Who Had Their Cholesterol Level Checked Within the Past Five Years
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	4,102	69.5	66.5-72.4
Central District Health Department	203	68.1	58.2-76.6
Dakota County Health Department	166	58.0	49.7-65.9
Douglas County Health Department	207	76.9	69.3-83.1
East Central District Health Department	242	60.1	52.9-66.8
Elkhorn Logan Valley Public Health Department	239	66.2	57.4-74.0
Four Corners Health Department	204	65.5	58.6-71.8
Lincoln-Lancaster County Health Department	193	74.0	64.3-81.9
Loup Basin Public Health Department	217	57.9	48.7-66.6
North Central District Health Department	219	62.2	53.9-69.9
Northeast Nebraska Public Health Department	209	64.8	55.7-72.9
Panhandle Public Health Department	211	66.3	58.1-73.6
Public Health Solutions	218	64.8	55.6-73.0
Sarpy/Cass Department of Health and Wellness	206	66.1	57.5-73.8
Scotts Bluff County Health Department	166	64.5	54.9-73.0
South Heartland District Health Department	202	63.3	54.6-71.2
Southeast District Health Department	187	68.5	57.8-77.6
Southwest Nebraska Public Health Department	183	62.5	52.8-71.3
Three Rivers Public Health Department	207	66.8	60.4-72.7
Two Rivers Public Health Department	222	57.2	49.1-64.9
West Central District Health Department	201	71.6	61.9-79.6

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-90
Females Aged 18+ Who Had Their Cholesterol Level Checked Within the Past Five Years
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,477	74.7	72.1-77.1
Central District Health Department	340	69.5	63.3-75.0
Dakota County Health Department	292	60.3	53.6-66.7
Douglas County Health Department	376	79.7	73.7-84.6
East Central District Health Department	339	64.3	58.3-69.9
Elkhorn Logan Valley Public Health Department	350	68.5	61.7-74.5
Four Corners Health Department	306	74.8	67.1-81.2
Lincoln-Lancaster County Health Department	337	78.9	70.5-85.4
Loup Basin Public Health Department	320	70.2	63.3-76.3
North Central District Health Department	333	76.7	68.9-83.0
Northeast Nebraska Public Health Department	353	68.0	61.3-74.1
Panhandle Public Health Department	368	65.5	58.7-71.7
Public Health Solutions	320	69.2	61.9-75.7
Sarpy/Cass Department of Health and Wellness	279	77.4	69.9-83.4
Scotts Bluff County Health Department	312	66.5	58.3-73.8
South Heartland District Health Department	297	80.1	72.2-86.2
Southeast District Health Department	297	68.3	61.8-74.1
Southwest Nebraska Public Health Department	314	62.7	56.6-68.5
Three Rivers Public Health Department	302	75.5	67.1-82.3
Two Rivers Public Health Department	324	60.0	54.4-65.4
West Central District Health Department	318	68.9	62.1-75.0

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-91
Adults Aged 18+ Who Were Told by Health Professional That Their Cholesterol Is High (Among Those Who Ever Had Their Cholesterol Checked)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	8,862	31.9	30.1-33.8	6,575	33.8	31.6-36.1
Central District Health Department	458	26.8	22.5-31.5	363	40.2	31.6-49.6
Dakota County Health Department	340	29.4	24.2-35.2	98	32.7	19.4-49.6
Douglas County Health Department	512	29.8	26.0-33.8	401	34.8	29.2-40.8
East Central District Health Department	461	38.7	30.2-48.0	349	31.1	23.5-39.7
Elkhorn Logan Valley Public Health Department	494	29.4	25.3-33.9	343	34.3	26.2-43.5
Four Corners Health Department	434	27.5	23.3-32.3	354	27.0	21.1-33.7
Lincoln-Lancaster County Health Department	471	36.8	30.8-43.3	393	32.0	26.6-37.9
Loup Basin Public Health Department	439	30.7	26.2-35.5	361	25.6	19.9-32.3
North Central District Health Department	466	25.5	21.7-29.8	382	32.8	26.8-39.4
Northeast Nebraska Public Health Department	460	24.7	21.0-28.9	213	28.9	20.4-39.3
Panhandle Public Health Department	492	29.5	25.3-34.0	234	38.6	31.0-46.7
Public Health Solutions	464	34.1	28.8-39.8	352	35.8	27.7-44.8
Sarpy/Cass Department of Health and Wellness	427	31.5	26.8-36.6	379	33.9	29.2-38.8
Scotts Bluff County Health Department	387	34.5	28.1-41.5	141	30.7	18.9-45.6
South Heartland District Health Department	437	35.2	29.2-41.6	366	38.2	31.2-45.7
Southeast District Health Department	407	34.8	28.6-41.5	355	43.6	35.0-52.6
Southwest Nebraska Public Health Department	391	32.5	27.3-38.3	361	37.6	29.2-46.9
Three Rivers Public Health Department	445	38.6	33.5-44.0	392	33.8	28.2-40.0
Two Rivers Public Health Department	441	31.2	26.7-36.0	381	36.2	29.2-43.7
West Central District Health Department	436	37.9	31.2-45.2	357	32.5	27.5-38.0

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate or have changed significantly from 2005 baseline.

Table A-92
Males Aged 18+ Who Were Told by Health Professional That Their Cholesterol Is High (Among Those Who Ever Had Their Cholesterol Checked)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3336	34.6	31.5-37.8
Central District Health Department	171	30.3	23.4-38.3
Dakota County Health Department	121	32.6	24.3-42.0
Douglas County Health Department	182	31.1	25.3-37.6
East Central District Health Department	183	42.5	31.6-54.2
Elkhorn Logan Valley Public Health Department	196	28.4	22.4-35.3
Four Corners Health Department	163	40.2	31.8-49.3
Lincoln-Lancaster County Health Department	168	42.1	32.8-52.1
Loup Basin Public Health Department	170	30.7	23.8-38.6
North Central District Health Department	172	24.1	17.7-31.9
Northeast Nebraska Public Health Department	162	24.5	18.6-31.6
Panhandle Public Health Department	173	28.1	22.2-34.8
Public Health Solutions	175	37.1	28.4-46.7
Sarpy/Cass Department of Health and Wellness	183	32.7	26.1-40.1
Scotts Bluff County Health Department	130	37.9	27.7-49.4
South Heartland District Health Department	170	37.3	27.4-48.4
Southeast District Health Department	156	40.1	30.9-50.1
Southwest Nebraska Public Health Department	141	32.0	23.9-41.3
Three Rivers Public Health Department	178	46.5	37.6-55.6
Two Rivers Public Health Department	171	34.4	26.9-42.8
West Central District Health Department	171	43.5	32.6-55.0

Table A-93
Females Aged 18+ Who Were Told by Health Professional That Their Cholesterol Is High (Among Those Who Ever Had Their Cholesterol Checked)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,526	29.3	27.4-31.3
Central District Health Department	287	23.5	19.0-28.9
Dakota County Health Department	219	26.2	20.4-33.0
Douglas County Health Department	330	28.6	24.0-33.7
East Central District Health Department	278	30.1	25.0-35.7
Elkhorn Logan Valley Public Health Department	298	30.1	24.8-36.1
Four Corners Health Department	271	20.1	16.0-25.0
Lincoln-Lancaster County Health Department	303	30.4	24.9-36.5
Loup Basin Public Health Department	269	30.5	24.8-36.8
North Central District Health Department	294	26.7	22.3-31.5
Northeast Nebraska Public Health Department	298	24.8	20.2-30.0
Panhandle Public Health Department	319	30.7	25.1-37.0
Public Health Solutions	289	31.4	25.4-38.0
Sarpy/Cass Department of Health and Wellness	244	30.3	24.0-37.5
Scotts Bluff County Health Department	257	31.8	24.2-40.5
South Heartland District Health Department	267	33.7	26.5-41.8
Southeast District Health Department	251	28.1	22.2-35.2
Southwest Nebraska Public Health Department	250	32.7	26.3-39.7
Three Rivers Public Health Department	267	36.8	30.1-44.1
Two Rivers Public Health Department	270	32.7	26.9-39.1
West Central District Health Department	265	32.2	25.2-40.1

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-94
Adults Aged 18+ Who Were Ever Told They Have Diabetes
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	26,891	7.0	6.5-7.5	8,088	6.9	6.0-7.9
Central District Health Department	1,331	7.9	6.4-9.7	449	6.4	4.4-9.3
Dakota County Health Department	1,168	8.3	6.8-10.1	136	13.7	7.4-24.1
Douglas County Health Department	1,512	7.6	6.2-9.2	482	7.1	4.7-10.6
East Central District Health Department	1,354	6.1	5.0-7.5	443	7.4	4.9-11.0
Elkhorn Logan Valley Public Health Department	1,347	5.6	4.5-7.0	429	6.2	4.2-8.9
Four Corners Health Department	1,431	7.0	5.7-8.6	436	6.5	4.5-9.2
Lincoln-Lancaster County Health Department	1,418	7.4	6.0-9.1	471	5.4	3.7-7.8
Loup Basin Public Health Department	1,365	5.6	4.5-6.9	465	4.6	3.3-6.4
North Central District Health Department	1,409	7.1	5.7-8.8	475	7.0	4.4-11.1
Northeast Nebraska Public Health Department	1,375	6.0	4.9-7.3	291	5.2	2.5-10.5
Panhandle Public Health Department	1,400	6.6	5.5-8.0	298	8.5	5.0-13.9
Public Health Solutions	1,323	6.0	4.9-7.4	420	4.9	3.2-7.6
Sarpy/Cass Department of Health and Wellness	1,313	6.5	5.0-8.3	449	6.3	4.3-9.1
Scotts Bluff County Health Department	1,269	9.3	7.8-11.1	173	13.2	6.0-26.6
South Heartland District Health Department	1,321	7.1	5.9-8.5	429	9.4	6.4-13.6
Southeast District Health Department	1,327	7.2	5.8-8.8	429	8.0	5.0-12.6
Southwest Nebraska Public Health Department	1,258	6.8	5.5-8.4	456	7.2	5.1-10.1
Three Rivers Public Health Department	1,331	6.6	5.3-8.0	454	7.8	5.2-11.5
Two Rivers Public Health Department	1,352	6.0	4.8-7.4	474	7.6	5.6-10.1
West Central District Health Department	1,287	6.9	5.7-8.3	429	5.6	3.8-8.2

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate or have changed significantly from 2005 baseline.

Table A-95
Males Aged 18+ Who Were Ever Told They Have Diabetes
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,282	7.9	7.1-8.8
Central District Health Department	495	9.3	6.7-12.6
Dakota County Health Department	431	8.6	6.5-11.3
Douglas County Health Department	539	9.1	7.0-11.9
East Central District Health Department	524	5.8	4.2-8.1
Elkhorn Logan Valley Public Health Department	527	5.7	4.0-8.0
Four Corners Health Department	589	6.9	5.3-8.9
Lincoln-Lancaster County Health Department	546	8.8	6.5-11.8
Loup Basin Public Health Department	532	6.8	4.9-9.3
North Central District Health Department	535	7.6	5.3-10.6
Northeast Nebraska Public Health Department	522	6.0	4.3-8.2
Panhandle Public Health Department	538	6.8	5.0-9.1
Public Health Solutions	521	6.2	4.5-8.3
Sarpy/Cass Department of Health and Wellness	520	8.1	5.8-11.3
Scotts Bluff County Health Department	473	10.1	7.8-13.0
South Heartland District Health Department	516	7.1	5.6-9.1
Southeast District Health Department	484	8.6	6.4-11.6
Southwest Nebraska Public Health Department	454	6.5	4.7-8.9
Three Rivers Public Health Department	538	7.2	5.3-9.8
Two Rivers Public Health Department	518	6.6	5.0-8.8
West Central District Health Department	480	6.8	5.0-9.3

Table A-96
Females Aged 18+ Who Were Ever Told They Have Diabetes
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,609	6.3	5.8-6.9
Central District Health Department	836	6.7	5.2-8.5
Dakota County Health Department	737	8.1	6.1-10.7
Douglas County Health Department	973	6.3	4.8-8.2
East Central District Health Department	830	6.4	5.0-8.1
Elkhorn Logan Valley Public Health Department	820	5.5	4.2-7.1
Four Corners Health Department	842	7.3	5.2-10.2
Lincoln-Lancaster County Health Department	872	6.4	5.0-8.2
Loup Basin Public Health Department	833	4.6	3.5-6.0
North Central District Health Department	874	6.6	5.1-8.4
Northeast Nebraska Public Health Department	853	6.0	4.6-7.7
Panhandle Public Health Department	862	6.5	5.1-8.2
Public Health Solutions	802	6.0	4.5-7.9
Sarpy/Cass Department of Health and Wellness	793	5.2	3.7-7.3
Scotts Bluff County Health Department	796	8.6	6.8-10.9
South Heartland District Health Department	805	7.4	5.7-9.6
Southeast District Health Department	843	6.0	4.5-7.9
Southwest Nebraska Public Health Department	804	7.3	5.4-9.8
Three Rivers Public Health Department	793	6.2	4.6-8.3
Two Rivers Public Health Department	834	5.4	3.9-7.6
West Central District Health Department	807	6.9	5.5-8.6

Table A-97
Adults Aged 18+ Who Were Told They Have Arthritis
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,700	26.8	25.4-28.2
Central District Health Department	548	27.9	24.3-31.8
Dakota County Health Department	465	27.7	23.6-32.3
Douglas County Health Department	593	26.5	23.2-30.1
East Central District Health Department	591	24.4	21.5-27.6
Elkhorn Logan Valley Public Health Department	588	22.7	19.8-25.9
Four Corners Health Department	513	24.1	20.3-28.4
Lincoln-Lancaster County Health Department	539	30.2	25.4-35.5
Loup Basin Public Health Department	544	29.1	25.1-33.5
North Central District Health Department	558	25.8	22.7-29.3
Northeast Nebraska Public Health Department	578	22.7	19.5-26.2
Panhandle Public Health Department	589	30.9	27.1-35.0
Public Health Solutions	550	23.6	20.4-27.2
Sarpy/Cass Department of Health and Wellness	486	24.7	20.4-29.6
Scotts Bluff County Health Department	483	26.0	22.5-29.9
South Heartland District Health Department	495	23.0	19.5-26.9
Southeast District Health Department	486	26.6	23.1-30.4
Southwest Nebraska Public Health Department	507	24.5	21.0-28.3
Three Rivers Public Health Department	510	28.6	25.0-32.5
Two Rivers Public Health Department	553	25.7	21.3-30.6
West Central District Health Department	524	28.8	24.3-33.8

Table A-98
Males Aged 18+ Who Were Told They Have Arthritis
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	4,122	24.9	22.8-27.1
Central District Health Department	207	26.2	21.1-32.0
Dakota County Health Department	164	24.4	18.6-31.3
Douglas County Health Department	210	26.1	21.0-31.9
East Central District Health Department	244	21.2	16.9-26.2
Elkhorn Logan Valley Public Health Department	235	18.2	14.2-23.0
Four Corners Health Department	204	25.0	19.1-31.9
Lincoln-Lancaster County Health Department	197	28.9	21.9-37.2
Loup Basin Public Health Department	214	27.1	21.4-33.7
North Central District Health Department	219	22.1	17.6-27.4
Northeast Nebraska Public Health Department	214	19.5	14.8-25.2
Panhandle Public Health Department	214	27.2	21.8-33.4
Public Health Solutions	221	22.6	17.9-28.1
Sarpy/Cass Department of Health and Wellness	206	21.4	15.5-28.8
Scotts Bluff County Health Department	168	22.7	17.7-28.5
South Heartland District Health Department	201	21.6	16.3-28.1
Southeast District Health Department	185	23.0	18.1-28.7
Southwest Nebraska Public Health Department	184	23.0	17.7-29.2
Three Rivers Public Health Department	208	24.3	19.7-29.5
Two Rivers Public Health Department	225	23.8	19.3-29.0
West Central District Health Department	202	30.8	23.5-39.2

Table A-99
Females Aged 18+ Who Were Told They Have Arthritis
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,578	28.4	26.6-30.3
Central District Health Department	341	29.0	24.4-34.1
Dakota County Health Department	301	30.5	25.4-36.1
Douglas County Health Department	383	27.0	22.9-31.7
East Central District Health Department	347	27.1	23.2-31.4
Elkhorn Logan Valley Public Health Department	353	26.4	22.6-30.7
Four Corners Health Department	309	22.9	18.5-27.9
Lincoln-Lancaster County Health Department	342	31.5	25.5-38.1
Loup Basin Public Health Department	330	32.6	26.4-39.4
North Central District Health Department	339	29.0	24.7-33.7
Northeast Nebraska Public Health Department	364	25.5	21.5-30.0
Panhandle Public Health Department	375	34.2	29.0-39.8
Public Health Solutions	329	24.3	20.3-28.8
Sarpy/Cass Department of Health and Wellness	280	27.6	21.8-34.2
Scotts Bluff County Health Department	315	29.0	24.1-34.3
South Heartland District Health Department	294	24.2	20.1-28.9
Southeast District Health Department	301	30.1	25.4-35.3
Southwest Nebraska Public Health Department	323	25.6	21.3-30.5
Three Rivers Public Health Department	302	32.9	27.5-38.8
Two Rivers Public Health Department	328	28.8	21.5-37.5
West Central District Health Department	322	26.7	22.0-32.1

Table A-100
Adults Aged 18+ Who Were Ever Told They Have Asthma (Lifetime Prevalence)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	26,827	11.1	10.2-12.0	8,073	12.9	11.3-14.6
Central District Health Department	1,329	11.6	9.3-14.5	448	9.8	6.9-13.7
Dakota County Health Department	1,169	8.6	6.8-10.9	136	11.3	5.4-22.0
Douglas County Health Department	1,507	11.6	9.5-14.2	481	12.2	8.7-16.8
East Central District Health Department	1,353	7.4	5.9-9.3	443	15.0	10.2-21.6
Elkhorn Logan Valley Public Health Department	1,345	8.3	6.3-10.7	430	11.8	7.8-17.5
Four Corners Health Department	1,430	11.4	8.8-14.7	435	7.9	5.1-12.1
Lincoln-Lancaster County Health Department	1,416	11.5	9.2-14.3	470	17.7	13.2-23.3
Loup Basin Public Health Department	1,361	9.6	7.2-12.5	464	9.6	6.4-14.1
North Central District Health Department	1,405	9.6	7.5-12.4	474	11.9	7.8-17.8
Northeast Nebraska Public Health Department	1,372	9.2	7.4-11.4	289	11.6	7.3-17.9
Panhandle Public Health Department	1,395	13.6	10.9-17.0	297	8.4	5.2-13.4
Public Health Solutions	1,317	12.6	9.9-16.0	420	7.1	4.9-10.3
Sarpy/Cass Department of Health and Wellness	1,309	11.1	8.7-14.1	448	14.4	10.1-20.1
Scotts Bluff County Health Department	1,264	8.0	6.1-10.4	173	12.6	5.1-27.8
South Heartland District Health Department	1,314	11.7	9.3-14.5	429	13.4	9.4-18.9
Southeast District Health Department	1,321	8.8	7.0-11.2	429	9.6	6.2-14.4
Southwest Nebraska Public Health Department	1,254	12.5	10.2-15.3	456	15.7	10.6-22.5
Three Rivers Public Health Department	1,330	10.0	7.8-12.8	452	11.3	6.7-18.5
Two Rivers Public Health Department	1,354	10.7	8.3-13.7	472	11.2	7.4-16.7
West Central District Health Department	1282	14.5	11.4-18.4	427	12.4	8.6-17.5

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate or have changed significantly from 2005 baseline.

Table A-101
Males Aged 18+ Who Were Ever Told They Have Asthma (Lifetime Prevalence)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,261	10.2	8.9-11.6
Central District Health Department	494	10.8	7.5-15.3
Dakota County Health Department	431	7.7	5.2-11.4
Douglas County Health Department	538	12.0	8.8-16.2
East Central District Health Department	524	6.6	4.5-9.7
Elkhorn Logan Valley Public Health Department	529	7.7	5.0-11.6
Four Corners Health Department	587	13.3	9.3-18.7
Lincoln-Lancaster County Health Department	544	10.3	7.0-14.9
Loup Basin Public Health Department	530	7.9	4.9-12.4
North Central District Health Department	535	7.5	4.8-11.5
Northeast Nebraska Public Health Department	521	7.1	4.9-10.2
Panhandle Public Health Department	536	13.9	9.9-19.3
Public Health Solutions	519	12.7	8.7-18.3
Sarpy/Cass Department of Health and Wellness	519	7.7	5.4-10.8
Scotts Bluff County Health Department	472	5.1	3.4-7.7
South Heartland District Health Department	514	10.9	7.7-15.2
Southeast District Health Department	481	6.2	4.0-9.4
Southwest Nebraska Public Health Department	452	13.2	9.8-17.7
Three Rivers Public Health Department	539	8.9	6.0-12.9
Two Rivers Public Health Department	518	7.3	4.8-10.8
West Central District Health Department	478	16.6	11.9-22.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-102
Females Aged 18+ Who Were Ever Told They Have Asthma (Lifetime Prevalence)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,566	12.0	10.8-13.3
Central District Health Department	835	12.4	9.5-16.0
Dakota County Health Department	738	9.2	7.0-12.0
Douglas County Health Department	969	11.3	8.7-14.6
East Central District Health Department	829	8.3	6.4-10.7
Elkhorn Logan Valley Public Health Department	816	8.9	6.5-12.1
Four Corners Health Department	843	9.4	6.6-13.3
Lincoln-Lancaster County Health Department	872	12.9	10.1-16.3
Loup Basin Public Health Department	831	10.9	8.1-14.6
North Central District Health Department	870	11.8	9.0-15.4
Northeast Nebraska Public Health Department	851	11.3	8.5-14.9
Panhandle Public Health Department	859	12.7	9.8-16.3
Public Health Solutions	798	12.1	9.2-15.8
Sarpy/Cass Department of Health and Wellness	790	14.3	10.6-19.1
Scotts Bluff County Health Department	792	10.8	7.8-14.8
South Heartland District Health Department	800	12.4	9.3-16.5
Southeast District Health Department	840	11.6	8.8-15.1
Southwest Nebraska Public Health Department	802	12.1	9.2-15.6
Three Rivers Public Health Department	791	11.0	7.9-15.1
Two Rivers Public Health Department	836	14.4	10.4-19.4
West Central District Health Department	804	12.3	9.2-16.2

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-103
Adults Aged 18+ Who Currently Have Asthma
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	26,765	7.7	6.9-8.5	8,213	6.7	5.9-7.5
Central District Health Department	1,325	7.6	5.8-10.0	437	6.8	4.5-10.2
Dakota County Health Department	1,166	4.9	3.6-6.7	84	2.8	0.8-9.0
Douglas County Health Department	1,504	7.8	6.1-9.8	1,150	6.1	4.6-8.0
East Central District Health Department	1,350	4.9	3.7-6.5	245	5.7	3.1-10.0
Elkhorn Logan Valley Public Health Department	1,343	5.3	3.9-7.0	264	5.8	3.2-10.1
Four Corners Health Department	1,427	7.1	5.1-9.7	158	7.0	3.9-12.0
Lincoln-Lancaster County Health Department	1,411	9.0	6.9-11.6	742	7.9	5.8-10.6
Loup Basin Public Health Department	1,357	6.5	4.5-9.3	267	6.2	3.1-12.0
North Central District Health Department	1,402	6.5	4.8-8.8	321	5.7	3.3-9.7
Northeast Nebraska Public Health Department	1,369	6.4	5.1-8.2	136	3.2	1.2-7.9
Panhandle Public Health Department	1,394	10.0	7.6-13.2	777	7.6	5.5-10.5
Public Health Solutions	1,313	8.0	5.9-10.7	167	8.2	4.0-16.1
Sarpy/Cass Department of Health and Wellness	1,307	7.7	5.7-10.4	395	6.3	3.9-9.9
Scotts Bluff County Health Department	1,259	6.0	4.3-8.2	528	7.2	4.9-10.4
South Heartland District Health Department	1,313	9.3	7.2-12.0	313	5.4	3.3-8.8
Southeast District Health Department	1,319	6.6	5.0-8.7	128	10.4	5.0-20.3
Southwest Nebraska Public Health Department	1,249	8.2	6.4-10.3	469	10.0	7.1-13.9
Three Rivers Public Health Department	1,324	6.5	4.6-8.9	327	6.3	4.1-9.6
Two Rivers Public Health Department	1,354	7.0	5.0-9.6	700	6.8	4.9-9.3
West Central District Health Department	1,279	9.7	7.2-13.1	605	8.6	5.7-12.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate or have changed significantly from 2005 baseline.

Table A-104
Males Aged 18+ Who Currently Have Asthma
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,242	6.8	5.8-8.0
Central District Health Department	493	7.1	4.5-11.0
Dakota County Health Department	430	3.5	1.8-6.5
Douglas County Health Department	537	7.8	5.4-11.1
East Central District Health Department	523	3.7	2.2-6.1
Elkhorn Logan Valley Public Health Department	528	4.0	2.5-6.3
Four Corners Health Department	586	7.3	4.6-11.5
Lincoln-Lancaster County Health Department	544	8.3	5.2-12.9
Loup Basin Public Health Department	529	5.2	2.7-9.6
North Central District Health Department	533	4.7	2.7-8.2
Northeast Nebraska Public Health Department	520	3.8	2.4-5.9
Panhandle Public Health Department	536	10.1	6.6-15.2
Public Health Solutions	519	7.8	4.7-12.8
Sarpy/Cass Department of Health and Wellness	519	5.7	3.7-8.7
Scotts Bluff County Health Department	470	4.1	2.5-6.5
South Heartland District Health Department	513	8.4	5.5-12.7
Southeast District Health Department	480	3.6	2.0-6.3
Southwest Nebraska Public Health Department	449	7.7	5.3-11.1
Three Rivers Public Health Department	538	5.7	3.4-9.5
Two Rivers Public Health Department	518	4.4	2.5-7.6
West Central District Health Department	477	10.4	6.4-16.6

Table A-105
Females Aged 18+ Who Currently Have Asthma
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,523	8.6	7.6-9.7
Central District Health Department	832	8.1	5.9-11.1
Dakota County Health Department	736	6.1	4.4-8.5
Douglas County Health Department	967	7.9	5.7-10.8
East Central District Health Department	827	6.2	4.5-8.4
Elkhorn Logan Valley Public Health Department	815	6.7	4.6-9.7
Four Corners Health Department	841	6.8	4.4-10.4
Lincoln-Lancaster County Health Department	867	9.9	7.4-13.1
Loup Basin Public Health Department	828	7.6	5.3-10.9
North Central District Health Department	869	8.4	6.2-11.3
Northeast Nebraska Public Health Department	849	9.2	6.8-12.3
Panhandle Public Health Department	858	9.2	6.9-12.1
Public Health Solutions	794	8.0	6.0-10.6
Sarpy/Cass Department of Health and Wellness	788	9.5	6.5-13.8
Scotts Bluff County Health Department	789	7.8	5.2-11.6
South Heartland District Health Department	800	10.3	7.5-13.9
Southeast District Health Department	839	9.7	7.1-13.1
Southwest Nebraska Public Health Department	800	8.9	6.6-12.0
Three Rivers Public Health Department	786	7.3	4.7-11.2
Two Rivers Public Health Department	836	9.6	6.4-14.3
West Central District Health Department	802	9.2	6.6-12.6

Table A-106
Adults Aged 18+ Who Are Obese (Body Mass Index=30.0+)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	25,658	26.9	25.8-28.0	7,683	23.8	22.0-25.8
Central District Health Department	1,265	30.8	27.4-34.5	420	27.6	21.5-34.7
Dakota County Health Department	1,087	31.2	27.8-34.8	130	28.3	19.9-38.5
Douglas County Health Department	1,439	25.6	22.9-28.4	458	19.0	14.9-23.9
East Central District Health Department	1,267	27.9	24.9-31.1	427	24.6	18.8-31.4
Elkhorn Logan Valley Public Health Department	1,297	28.5	25.1-32.1	401	23.6	18.5-29.6
Four Corners Health Department	1,380	28.7	25.1-32.5	414	21.1	16.2-27.0
Lincoln-Lancaster County Health Department	1,352	24.3	21.3-27.4	445	26.8	21.1-33.3
Loup Basin Public Health Department	1,317	29.0	25.6-32.6	450	25.1	19.6-31.5
North Central District Health Department	1,361	26.4	23.5-29.5	450	24.3	18.9-30.7
Northeast Nebraska Public Health Department	1,317	31.6	27.8-35.6	281	24.1	18.0-31.6
Panhandle Public Health Department	1,327	29.0	25.4-32.9	281	29.4	22.6-37.3
Public Health Solutions	1,268	31.3	27.7-35.1	399	24.8	19.2-31.5
Sarpy/Cass Department of Health and Wellness	1,248	26.2	22.5-30.3	427	22.7	17.8-28.5
Scotts Bluff County Health Department	1,209	29.3	25.9-33.0	165	29.1	18.8-42.1
South Heartland District Health Department	1,261	29.8	26.4-33.5	410	26.0	21.4-33.0
Southeast District Health Department	1,266	31.7	28.2-35.4	408	27.4	21.3-34.6
Southwest Nebraska Public Health Department	1,207	29.8	26.5-33.5	434	31.6	26.0-37.7
Three Rivers Public Health Department	1,260	29.3	25.9-33.0	429	25.4	19.9-31.8
Two Rivers Public Health Department	1,293	26.3	23.3-29.4	443	27.5	20.8-35.4
West Central District Health Department	1,237	26.8	23.7-30.1	411	22.8	18.0-28.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate or have changed significantly from 2005 baseline.

Table A-107
Males Aged 18+ Who Are Obese (Body Mass Index=30.0+)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,119	28.4	26.7-30.1
Central District Health Department	486	34.5	29.0-40.5
Dakota County Health Department	412	32.0	26.9-37.6
Douglas County Health Department	529	25.2	21.2-29.7
East Central District Health Department	513	28.3	24.0-33.1
Elkhorn Logan Valley Public Health Department	522	30.2	25.1-35.7
Four Corners Health Department	583	31.5	26.2-37.3
Lincoln-Lancaster County Health Department	536	26.5	21.9-31.7
Loup Basin Public Health Department	529	29.7	24.8-35.1
North Central District Health Department	530	28.1	23.8-32.9
Northeast Nebraska Public Health Department	514	31.4	25.7-37.6
Panhandle Public Health Department	528	29.4	24.3-35.0
Public Health Solutions	510	35.3	29.7-41.4
Sarpy/Cass Department of Health and Wellness	510	29.9	23.9-36.6
Scotts Bluff County Health Department	463	30.3	24.8-36.3
South Heartland District Health Department	511	32.1	27.1-37.6
Southeast District Health Department	477	32.8	27.5-38.7
Southwest Nebraska Public Health Department	450	30.8	25.6-36.4
Three Rivers Public Health Department	531	30.7	25.8-36.1
Two Rivers Public Health Department	511	27.8	23.2-33.0
West Central District Health Department	474	24.9	20.6-29.7

Table A-108
Females Aged 18+ Who Are Obese (Body Mass Index=30.0+)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	15539	25.2	23.9-26.6
Central District Health Department	779	26.8	23.0-30.9
Dakota County Health Department	675	30.3	26.1-34.9
Douglas County Health Department	910	25.6	22.4-29.2
East Central District Health Department	754	27.1	23.2-31.4
Elkhorn Logan Valley Public Health Department	775	26.4	22.4-31.0
Four Corners Health Department	797	25.2	21.0-30.0
Lincoln-Lancaster County Health Department	816	21.7	18.4-25.5
Loup Basin Public Health Department	788	28.3	23.8-33.3
North Central District Health Department	831	25.2	21.1-29.9
Northeast Nebraska Public Health Department	803	32.8	27.8-38.1
Panhandle Public Health Department	799	30.0	25.2-35.2
Public Health Solutions	758	26.8	23.1-31.0
Sarpy/Cass Department of Health and Wellness	738	22.5	18.7-26.9
Scotts Bluff County Health Department	746	28.2	24.3-32.6
South Heartland District Health Department	750	27.3	22.9-32.2
Southeast District Health Department	789	30.5	26.4-35.0
Southwest Nebraska Public Health Department	757	29.0	24.9-33.4
Three Rivers Public Health Department	729	27.0	22.9-31.6
Two Rivers Public Health Department	782	24.4	21.1-28.0
West Central District Health Department	763	28.9	24.5-33.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-109
Adults Aged 18+ Who Are Overweight (Body Mass Index= 25.0-29.9)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	25,658	36.8	35.4-38.1	7,683	39.2	36.7-41.7
Central District Health Department	1,265	38.2	34.6-41.9	420	41.4	33.5-49.8
Dakota County Health Department	1,087	39.8	35.9-43.8	130	41.9	31.0-53.6
Douglas County Health Department	1,439	35.0	31.6-38.5	458	42.8	36.2-49.6
East Central District Health Department	1,267	38.9	35.4-42.5	427	38.3	31.3-45.9
Elkhorn Logan Valley Public Health Department	1,297	38.6	34.9-42.3	401	36.1	29.9-42.8
Four Corners Health Department	1,380	33.6	30.0-37.3	414	40.1	32.9-47.8
Lincoln-Lancaster County Health Department	1,352	35.5	32.0-39.2	445	31.6	26.1-38.2
Loup Basin Public Health Department	1,317	34.3	31.1-37.7	450	38.6	31.7-45.9
North Central District Health Department	1,361	40.3	36.6-44.2	450	45.9	38.4-53.6
Northeast Nebraska Public Health Department	1,317	38.3	34.9-41.7	281	46.3	38.2-54.5
Panhandle Public Health Department	1,327	36.7	33.3-40.2	281	36.9	29.5-44.9
Public Health Solutions	1,268	34.8	31.2-38.5	399	45.4	38.2-52.7
Sarpy/Cass Department of Health and Wellness	1,248	39.9	35.4-44.5	427	42.9	36.4-49.6
Scotts Bluff County Health Department	1,209	32.5	28.4-36.8	165	31.0	21.6-42.1
South Heartland District Health Department	1,261	33.3	29.7-37.1	410	40.4	33.2-48.0
Southeast District Health Department	1,266	35.2	31.6-39.0	408	35.9	29.1-43.2
Southwest Nebraska Public Health Department	1,207	36.5	32.8-40.4	434	37.3	30.7-44.3
Three Rivers Public Health Department	1,260	40.1	36.4-43.8	429	37.0	30.4-44.0
Two Rivers Public Health Department	1,293	39.9	35.9-43.9	443	37.5	31.2-44.3
West Central District Health Department	1,237	38.5	34.4-42.7	411	36.6	29.8-44.0

Table A-110
Males Aged 18+ Who Are Overweight (Body Mass Index= 25.0-29.9)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,119	45.1	43.0-47.2
Central District Health Department	486	44.5	39.2-49.9
Dakota County Health Department	412	46.2	40.2-52.3
Douglas County Health Department	529	46.3	40.9-51.7
East Central District Health Department	513	48.1	42.9-53.4
Elkhorn Logan Valley Public Health Department	522	45.0	39.5-50.6
Four Corners Health Department	583	41.1	36.1-46.3
Lincoln-Lancaster County Health Department	536	43.6	37.9-49.4
Loup Basin Public Health Department	529	38.9	34.0-44.1
North Central District Health Department	530	49.0	43.4-54.6
Northeast Nebraska Public Health Department	514	43.5	38.4-48.8
Panhandle Public Health Department	528	43.5	38.4-48.8
Public Health Solutions	510	41.8	36.1-47.6
Sarpy/Cass Department of Health and Wellness	510	48.2	41.3-55.2
Scotts Bluff County Health Department	463	33.2	27.5-39.5
South Heartland District Health Department	511	39.2	33.7-45.0
Southeast District Health Department	477	38.4	32.7-44.4
Southwest Nebraska Public Health Department	450	41.8	36.0-47.8
Three Rivers Public Health Department	531	47.1	41.6-52.6
Two Rivers Public Health Department	511	47.1	41.3-52.9
West Central District Health Department	474	47.7	41.2-54.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-111
Females Aged 18+ Who Are Overweight (Body Mass Index= 25.0-29.9)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	15,539	28.3	26.8-29.8
Central District Health Department	779	31.5	27.4-36.0
Dakota County Health Department	675	33.3	28.8-38.3
Douglas County Health Department	910	23.7	20.4-27.3
East Central District Health Department	754	27.9	24.2-31.9
Elkhorn Logan Valley Public Health Department	775	32.1	27.6-37.0
Four Corners Health Department	797	26.3	21.8-31.4
Lincoln-Lancaster County Health Department	816	27.5	23.6-31.8
Loup Basin Public Health Department	788	30.6	26.2-35.4
North Central District Health Department	831	30.9	26.7-35.5
Northeast Nebraska Public Health Department	803	34.0	29.5-38.8
Panhandle Public Health Department	799	30.4	26.1-35.0
Public Health Solutions	758	27.8	23.8-32.1
Sarpy/Cass Department of Health and Wellness	738	31.2	26.2-36.8
Scotts Bluff County Health Department	746	31.4	26.8-36.4
South Heartland District Health Department	750	27.0	22.8-31.7
Southeast District Health Department	789	32.2	27.9-36.9
Southwest Nebraska Public Health Department	757	31.0	26.7-35.6
Three Rivers Public Health Department	729	33.5	28.9-38.4
Two Rivers Public Health Department	782	32.9	27.8-38.5
West Central District Health Department	763	29.0	24.6-33.8

Table A-112
Adults Aged 18+ Who Consume Fruits and Vegetables Five or More Times per Day
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	10,682	24.0	22.3-25.9	8,079	21.5	19.8-23.3
Central District Health Department	547	25.3	20.2-31.1	449	17.7	13.7-22.6
Dakota County Health Department	465	19.5	15.5-24.2	136	15.1	9.5-23.1
Douglas County Health Department	590	25.8	21.5-30.7	482	15.5	11.8-20.2
East Central District Health Department	587	25.0	21.0-29.5	442	25.1	20.0-31.0
Elkhorn Logan Valley Public Health Department	587	23.1	18.1-28.9	429	23.8	18.5-30.1
Four Corners Health Department	511	24.2	19.1-30.1	435	26.4	21.0-32.7
Lincoln-Lancaster County Health Department	538	26.3	21.5-31.7	470	25.2	20.2-30.9
Loup Basin Public Health Department	546	23.6	19.3-28.5	465	16.9	13.3-21.2
North Central District Health Department	553	23.5	19.2-28.5	474	21.1	16.3-26.9
Northeast Nebraska Public Health Department	577	24.9	20.2-30.1	291	25.1	19.5-31.6
Panhandle Public Health Department	589	21.5	17.6-26.1	297	19.7	14.5-26.2
Public Health Solutions	550	20.0	16.0-24.6	420	22.2	16.9-28.5
Sarpy/Cass Department of Health and Wellness	487	22.2	16.8-28.6	449	27.4	21.7-33.9
Scotts Bluff County Health Department	482	26.0	19.4-34.0	173	26.1	15.6-40.4
South Heartland District Health Department	498	18.7	14.8-23.4	428	23.1	17.2-30.1
Southeast District Health Department	484	23.2	18.6-28.5	427	21.0	16.1-27.0
Southwest Nebraska Public Health Department	508	23.2	18.6-28.4	456	21.3	16.3-27.4
Three Rivers Public Health Department	512	17.9	14.5-21.9	454	25.3	19.6-32.0
Two Rivers Public Health Department	549	16.9	13.8-20.6	473	19.9	15.7-24.8
West Central District Health Department	522	25.9	21.0-31.6	429	24.6	17.1-24.0

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate or have changed significantly from 2005 baseline.

Table A-113
Males Aged 18+ Who Consume Fruits and Vegetables Five or More Times per Day
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	4,117	19.6	17.0-22.6
Central District Health Department	207	21.0	13.5-31.3
Dakota County Health Department	164	15.0	9.6-22.7
Douglas County Health Department	210	23.2	16.7-31.3
East Central District Health Department	244	20.3	15.1-26.7
Elkhorn Logan Valley Public Health Department	235	18.7	11.7-28.4
Four Corners Health Department	203	16.3	11.2-23.2
Lincoln-Lancaster County Health Department	196	22.7	15.9-31.5
Loup Basin Public Health Department	216	13.8	9.0-20.5
North Central District Health Department	216	19.1	13.2-26.7
Northeast Nebraska Public Health Department	213	18.3	12.4-26.3
Panhandle Public Health Department	214	16.5	11.2-23.5
Public Health Solutions	220	15.5	10.2-22.9
Sarpy/Cass Department of Health and Wellness	206	16.0	9.3-26.2
Scotts Bluff County Health Department	168	29.6	21.9-38.6
South Heartland District Health Department	203	13.6	9.1-19.7
Southeast District Health Department	185	20.6	14.3-28.8
Southwest Nebraska Public Health Department	183	16.1	10.1-24.8
Three Rivers Public Health Department	209	10.6	7.0-15.8
Two Rivers Public Health Department	223	9.6	6.6-13.7
West Central District Health Department	202	21.3	14.5-30.1

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-114
Females Aged 18+ Who Consume Fruits and Vegetables Five or More Times per Day
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,565	28.1	25.9-30.5
Central District Health Department	340	28.9	23.1-35.5
Dakota County Health Department	301	23.5	18.3-29.7
Douglas County Health Department	380	28.2	23.0-34.1
East Central District Health Department	343	31.0	24.7-37.9
Elkhorn Logan Valley Public Health Department	352	27.4	21.8-33.8
Four Corners Health Department	308	33.0	25.1-42.0
Lincoln-Lancaster County Health Department	342	29.5	23.5-36.3
Loup Basin Public Health Department	330	35.1	28.2-42.7
North Central District Health Department	337	28.4	22.0-35.7
Northeast Nebraska Public Health Department	364	31.5	25.3-38.5
Panhandle Public Health Department	375	25.2	20.6-30.5
Public Health Solutions	330	24.2	18.7-30.7
Sarpy/Cass Department of Health and Wellness	281	28.5	21.5-36.8
Scotts Bluff County Health Department	314	25.1	19.0-32.5
South Heartland District Health Department	295	24.2	17.9-32.0
Southeast District Health Department	299	26.0	20.1-32.9
Southwest Nebraska Public Health Department	325	30.4	24.4-37.3
Three Rivers Public Health Department	303	25.0	19.7-31.2
Two Rivers Public Health Department	326	23.8	18.7-29.7
West Central District Health Department	320	30.1	23.6-37.6

Table A-115
Adults Aged 18+ Who Did Not Participate in Any Leisure-Time Physical Activity in the Past Month
2007-2008 **Nebraska BRFSS (Age-Adjusted Rates)**

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	26,879	23.0	22.0-24.0	8,067	24.6	22.8-26.5
Central District Health Department	1,329	27.0	24.0-30.2	450	32.1	25.2-39.7
Dakota County Health Department	1,168	31.4	28.1-34.9	136	31.8	22.6-42.6
Douglas County Health Department	1,513	21.7	19.2-24.5	482	23.2	18.8-28.3
East Central District Health Department	1,355	26.8	23.8-30.0	440	26.0	19.9-33.3
Elkhorn Logan Valley Public Health Department	1,350	24.8	21.8-28.0	428	33.5	26.6-41.2
Four Corners Health Department	1,429	25.5	22.0-29.2	436	29.1	21.5-38.0
Lincoln-Lancaster County Health Department	1,420	18.0	15.6-20.8	470	19.5	14.8-25.1
Loup Basin Public Health Department	1,364	27.7	24.8-30.8	464	29.7	22.7-37.7
North Central District Health Department	1,406	28.6	25.3-32.2	473	26.1	20.9-31.9
Northeast Nebraska Public Health Department	1,376	27.0	23.8-30.5	287	27.7	20.9-35.8
Panhandle Public Health Department	1,398	24.6	21.5-28.0	298	27.3	20.7-35.0
Public Health Solutions	1,322	24.1	21.1-27.4	418	26.9	20.8-34.1
Sarpy/Cass Department of Health and Wellness	1,312	20.2	16.9-23.9	449	20.3	15.6-26.0
Scotts Bluff County Health Department	1,269	27.4	24.0-31.2	173	30.3	20.8-41.8
South Heartland District Health Department	1,319	25.0	21.9-28.5	426	25.0	19.7-31.3
Southeast District Health Department	1,323	26.7	23.6-30.1	427	34.5	26.6-43.3
Southwest Nebraska Public Health Department	1,258	28.6	25.3-32.1	454	24.2	18.9-30.3
Three Rivers Public Health Department	1,329	25.9	22.7-29.5	454	23.3	17.3-30.5
Two Rivers Public Health Department	1,354	25.0	22.0-28.2	473	31.2	25.0-38.2
West Central District Health Department	1,285	21.1	18.6-23.9	429	25.8	19.5-33.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate or have changed significantly from 2005 baseline.

Table A-116
Males Aged 18+ Who Did Not Participate in Any Leisure-Time Physical Activity in the Past Month
2007-2008 **Nebraska BRFSS (Age-Adjusted Rates)**

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,277	22.4	20.9-24.0
Central District Health Department	494	25.6	21.1-30.8
Dakota County Health Department	432	30.7	25.7-36.1
Douglas County Health Department	540	20.7	16.8-25.3
East Central District Health Department	525	26.7	22.4-31.6
Elkhorn Logan Valley Public Health Department	530	28.2	23.6-33.3
Four Corners Health Department	587	28.1	23.1-33.8
Lincoln-Lancaster County Health Department	547	15.5	12.4-19.3
Loup Basin Public Health Department	532	30.8	26.3-35.8
North Central District Health Department	534	32.5	27.6-37.9
Northeast Nebraska Public Health Department	522	26.7	22.1-31.9
Panhandle Public Health Department	538	25.7	21.2-30.9
Public Health Solutions	520	24.1	19.5-29.3
Sarpy/Cass Department of Health and Wellness	519	19.0	14.1-25.2
Scotts Bluff County Health Department	473	27.5	21.8-34.0
South Heartland District Health Department	515	25.8	21.0-31.3
Southeast District Health Department	482	24.2	19.7-29.3
Southwest Nebraska Public Health Department	454	32.8	27.6-38.5
Three Rivers Public Health Department	536	24.4	19.9-29.6
Two Rivers Public Health Department	518	25.9	21.5-30.8
West Central District Health Department	479	18.3	14.9-22.2

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-117
Females Aged 18+ Who Did Not Participate in Any Leisure-Time Physical Activity in the Past Month
2007-2008 **Nebraska BRFSS (Age-Adjusted Rates)**

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,602	23.4	22.1-24.7
Central District Health Department	835	28.1	24.4-32.0
Dakota County Health Department	736	31.9	27.8-36.4
Douglas County Health Department	973	22.5	19.5-25.9
East Central District Health Department	830	26.1	22.6-30.0
Elkhorn Logan Valley Public Health Department	820	21.1	17.7-25.0
Four Corners Health Department	842	22.4	18.3-27.1
Lincoln-Lancaster County Health Department	873	20.5	17.0-24.5
Loup Basin Public Health Department	832	25.0	21.2-29.2
North Central District Health Department	872	24.2	20.3-28.6
Northeast Nebraska Public Health Department	854	28.8	24.5-33.4
Panhandle Public Health Department	860	24.3	20.0-29.1
Public Health Solutions	802	23.7	20.3-27.4
Sarpy/Cass Department of Health and Wellness	793	21.5	17.6-26.0
Scotts Bluff County Health Department	796	27.1	23.3-31.3
South Heartland District Health Department	804	24.1	20.3-28.4
Southeast District Health Department	841	29.2	25.1-33.7
Southwest Nebraska Public Health Department	804	24.5	20.7-28.7
Three Rivers Public Health Department	793	26.8	22.1-32.0
Two Rivers Public Health Department	836	24.4	20.5-28.9
West Central District Health Department	806	23.8	20.2-27.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-118
Adults Aged 18+ Who Participated in Recommended Level of Moderate or Vigorous Physical Activity in a Usual Week
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	10,064	53.0	51.0-54.9	7,408	37.6	35.3-40.0
Central District Health Department	507	48.9	42.8-55.2	420	36.5	29.3-44.3
Dakota County Health Department	438	46.7	41.0-52.4	120	31.9	22.4-43.1
Douglas County Health Department	562	52.0	47.0-57.0	452	33.5	27.6-39.8
East Central District Health Department	554	47.2	41.9-52.7	396	42.5	35.0-50.4
Elkhorn Logan Valley Public Health Department	545	55.2	50.7-59.6	393	36.4	29.2-44.3
Four Corners Health Department	480	52.3	45.0-59.6	400	38.6	31.8-45.9
Lincoln-Lancaster County Health Department	513	59.6	54.2-64.7	447	47.3	41.0-53.7
Loup Basin Public Health Department	513	50.7	44.6-56.8	424	37.7	30.5-45.5
North Central District Health Department	510	49.2	43.3-55.2	427	34.3	28.0-41.1
Northeast Nebraska Public Health Department	543	45.9	39.8-52.2	265	33.9	26.5-42.2
Panhandle Public Health Department	556	49.7	44.3-55.1	270	31.9	24.7-40.0
Public Health Solutions	522	43.6	37.9-49.5	373	40.6	33.4-48.2
Sarpy/Cass Department of Health and Wellness	471	51.8	45.0-58.5	419	33.7	27.7-40.2
Scotts Bluff County Health Department	446	52.6	45.9-59.1	162	37.2	26.8-49.0
South Heartland District Health Department	468	49.7	43.5-55.9	391	34.2	27.7-41.4
Southeast District Health Department	454	51.2	44.7-57.6	388	44.5	37.4-51.9
Southwest Nebraska Public Health Department	474	48.2	42.3-54.2	414	40.2	33.2-47.6
Three Rivers Public Health Department	491	56.0	50.9-61.0	419	42.2	35.0-49.7
Two Rivers Public Health Department	521	52.0	45.7-58.2	432	37.2	31.0-43.8
West Central District Health Department	496	57.7	52.1-63.1	396	39.3	32.0-47.1

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate or have changed significantly from 2005 baseline.

Table A-119
Males Aged 18+ Who Participated in Recommended Level of Moderate or Vigorous Physical Activity in a Usual Week
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,906	54.2	51.2-57.3
Central District Health Department	189	47.5	36.8-58.4
Dakota County Health Department	156	48.3	39.7-57.0
Douglas County Health Department	204	50.9	42.9-58.9
East Central District Health Department	233	46.7	39.2-54.4
Elkhorn Logan Valley Public Health Department	218	54.4	47.7-60.9
Four Corners Health Department	197	48.6	38.1-59.1
Lincoln-Lancaster County Health Department	187	63.5	55.6-70.7
Loup Basin Public Health Department	199	53.4	44.0-62.6
North Central District Health Department	200	48.4	39.8-57.1
Northeast Nebraska Public Health Department	199	50.8	40.8-60.7
Panhandle Public Health Department	205	49.6	42.4-56.9
Public Health Solutions	210	41.8	33.7-50.2
Sarpy/Cass Department of Health and Wellness	203	57.5	47.4-67.0
Scotts Bluff County Health Department	156	51.6	41.5-61.6
South Heartland District Health Department	195	55.4	46.4-64.0
Southeast District Health Department	173	61.6	52.4-70.0
Southwest Nebraska Public Health Department	176	50.8	41.6-59.9
Three Rivers Public Health Department	197	56.8	49.3-63.9
Two Rivers Public Health Department	212	52.1	43.5-60.6
West Central District Health Department	197	66.6	58.9-73.5

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-120
Females Aged 18+ Who Participated in Recommended Level of Moderate or Vigorous Physical Activity in a Usual Week
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6158	51.8	49.3-54.4
Central District Health Department	318	50.2	43.6-56.9
Dakota County Health Department	282	44.6	37.7-51.6
Douglas County Health Department	358	53.4	47.5-59.2
East Central District Health Department	321	51.3	44.5-58.1
Elkhorn Logan Valley Public Health Department	327	56.0	50.1-61.6
Four Corners Health Department	283	57.0	48.2-65.3
Lincoln-Lancaster County Health Department	326	55.7	48.3-62.8
Loup Basin Public Health Department	314	47.7	40.1-55.3
North Central District Health Department	310	49.3	41.3-57.4
Northeast Nebraska Public Health Department	344	41.2	34.6-48.1
Panhandle Public Health Department	351	48.3	39.8-56.9
Public Health Solutions	312	45.7	38.2-53.4
Sarpy/Cass Department of Health and Wellness	268	47.4	39.3-55.7
Scotts Bluff County Health Department	290	54.1	46.4-61.6
South Heartland District Health Department	273	43.2	35.3-51.5
Southeast District Health Department	281	42.6	35.2-50.3
Southwest Nebraska Public Health Department	298	44.6	37.8-51.6
Three Rivers Public Health Department	294	55.2	47.8-62.3
Two Rivers Public Health Department	309	50.4	41.7-59.1
West Central District Health Department	299	48.6	40.9-56.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-121
Adults Aged 18+ Who Participated in Vigorous Physical Activity (20+ minutes per day, 3+ days per week) in a Usual Week
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	10,352	31.8	29.7-33.9	7,805	27.6	25.4-29.8
Central District Health Department	524	27.6	21.9-34.0	434	25.2	19.0-32.7
Dakota County Health Department	450	28.3	23.4-33.8	133	21.8	13.6-33.0
Douglas County Health Department	577	32.8	28.0-38.0	466	27.2	21.7-33.6
East Central District Health Department	564	24.1	19.6-29.3	430	26.4	20.2-33.6
Elkhorn Logan Valley Public Health Department	570	27.9	22.6-34.1	406	27.5	20.6-35.7
Four Corners Health Department	494	29.2	23.1-36.1	417	26.7	20.7-33.7
Lincoln-Lancaster County Health Department	525	40.2	34.8-45.7	463	29.0	25.8-37.5
Loup Basin Public Health Department	526	27.3	21.9-33.6	446	19.0	13.9-25.4
North Central District Health Department	529	25.5	20.4-31.3	456	22.5	16.8-29.5
Northeast Nebraska Public Health Department	558	23.4	18.0-29.8	285	28.6	21.4-37.0
Panhandle Public Health Department	570	26.7	21.6-32.6	284	21.3	15.3-28.9
Public Health Solutions	536	26.0	21.1-31.6	400	24.8	18.6-32.2
Sarpy/Cass Department of Health and Wellness	476	33.3	27.2-40.0	439	34.2	28.3-40.5
Scotts Bluff County Health Department	462	22.9	16.9-30.3	171	29.0	18.2-42.8
South Heartland District Health Department	488	25.4	20.1-31.7	413	20.2	15.0-27.7
Southeast District Health Department	467	27.7	22.0-34.3	415	22.8	16.7-30.2
Southwest Nebraska Public Health Department	495	22.7	17.7-28.6	434	24.9	18.9-32.0
Three Rivers Public Health Department	501	28.1	23.0-33.9	442	27.1	21.2-33.9
Two Rivers Public Health Department	532	31.0	25.2-37.4	455	26.1	20.0-33.4
West Central District Health Department	508	32.2	26.4-38.6	416	29.1	21.9-37.5

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate or have changed significantly from 2005 baseline.

Table A-122
Males Aged 18+ Who Participated in Vigorous Physical Activity (20+ minutes per day, 3+ days per week) in a Usual Week
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,975	36.6	33.6-39.7
Central District Health Department	193	28.0	18.6-40.0
Dakota County Health Department	158	35.8	28.0-44.4
Douglas County Health Department	208	37.4	29.9-45.6
East Central District Health Department	235	24.9	18.7-32.4
Elkhorn Logan Valley Public Health Department	228	28.7	19.9-39.4
Four Corners Health Department	197	25.4	19.0-33.0
Lincoln-Lancaster County Health Department	191	47.0	39.2-54.9
Loup Basin Public Health Department	204	29.4	21.3-39.1
North Central District Health Department	208	30.0	22.5-38.8
Northeast Nebraska Public Health Department	203	31.4	22.1-42.5
Panhandle Public Health Department	205	31.3	24.0-39.6
Public Health Solutions	214	27.8	20.7-36.1
Sarpy/Cass Department of Health and Wellness	201	40.9	31.2-51.3
Scotts Bluff County Health Department	159	22.2	14.5-32.4
South Heartland District Health Department	200	32.7	24.5-42.0
Southeast District Health Department	175	36.5	27.3-46.7
Southwest Nebraska Public Health Department	180	29.7	22.1-38.5
Three Rivers Public Health Department	203	26.5	19.3-35.1
Two Rivers Public Health Department	213	37.0	29.0-45.7
West Central District Health Department	200	38.8	30.0-48.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-123
Females Aged 18+ Who Participated in Vigorous Physical Activity (20+ minutes per day, 3+ days per week) in a Usual Week
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,377	27.0	24.4-29.7
Central District Health Department	331	26.9	21.0-33.8
Dakota County Health Department	292	20.7	15.5-27.0
Douglas County Health Department	369	28.5	22.8-34.9
East Central District Health Department	329	26.2	20.1-33.4
Elkhorn Logan Valley Public Health Department	342	27.1	21.4-33.6
Four Corners Health Department	297	34.1	25.0-44.5
Lincoln-Lancaster County Health Department	334	33.4	26.4-41.1
Loup Basin Public Health Department	322	25.2	18.7-33.1
North Central District Health Department	321	20.0	13.9-28.1
Northeast Nebraska Public Health Department	355	15.6	12.0-20.0
Panhandle Public Health Department	365	21.7	14.3-31.6
Public Health Solutions	322	24.2	18.1-31.7
Sarpy/Cass Department of Health and Wellness	275	27.3	20.9-34.8
Scotts Bluff County Health Department	303	21.8	15.5-29.6
South Heartland District Health Department	288	17.3	12.1-24.2
Southeast District Health Department	292	20.6	14.8-27.8
Southwest Nebraska Public Health Department	315	15.5	11.3-20.9
Three Rivers Public Health Department	298	30.8	24.2-38.3
Two Rivers Public Health Department	319	23.1	16.7-31.1
West Central District Health Department	308	25.7	18.6-34.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-124
Adults Aged 18+ Who Currently Smoke Cigarettes
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	26,827	19.5	18.3-20.7	8,064	20.3	18.5-22.3
Central District Health Department	1,325	16.5	13.8-19.5	449	16.8	12.4-22.4
Dakota County Health Department	1,169	18.4	15.8-21.3	135	21.4	13.3-32.5
Douglas County Health Department	1,508	20.8	18.0-23.9	482	20.2	13.9-23.1
East Central District Health Department	1,350	16.9	14.4-19.8	441	18.5	13.6-24.5
Elkhorn Logan Valley Public Health Department	1,345	19.9	16.8-23.4	429	23.5	17.7-30.5
Four Corners Health Department	1,425	15.9	12.9-19.4	435	20.8	13.8-30.1
Lincoln-Lancaster County Health Department	1,414	19.9	16.8-23.5	470	18.5	13.7-24.4
Loup Basin Public Health Department	1,358	15.0	12.1-18.5	464	20.5	14.5-28.1
North Central District Health Department	1,403	17.8	14.9-21.2	473	24.8	18.6-32.3
Northeast Nebraska Public Health Department	1,370	21.7	18.3-25.5	289	23.6	17.2-31.6
Panhandle Public Health Department	1,395	23.4	20.1-27.0	295	19.4	13.9-26.4
Public Health Solutions	1,321	15.9	13.2-19.0	419	17.1	12.7-22.7
Sarpy/Cass Department of Health and Wellness	1,311	16.3	13.3-19.9	447	20.1	15.2-26.2
Scotts Bluff County Health Department	1,269	23.2	19.5-27.5	172	25.8	16.5-37.9
South Heartland District Health Department	1,314	18.1	15.1-21.5	429	30.0	23.1-37.8
Southeast District Health Department	1,324	21.4	18.1-25.1	425	30.7	23.5-39.0
Southwest Nebraska Public Health Department	1,258	19.6	16.4-23.2	455	20.6	15.7-26.6
Three Rivers Public Health Department	1,328	22.6	19.3-26.3	454	28.6	22.1-36.1
Two Rivers Public Health Department	1,351	18.2	15.2-21.6	472	17.4	12.8-23.2
West Central District Health Department	1,289	20.0	16.8-23.8	429	27.2	20.7-34.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate or have changed significantly from 2005 baseline.

Table A-125
Males Aged 18+ Who Currently Smoke Cigarettes
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,256	21.6	19.8-23.5
Central District Health Department	491	17.4	13.3-22.5
Dakota County Health Department	431	17.8	14.1-22.3
Douglas County Health Department	536	24.9	20.4-30.0
East Central District Health Department	523	20.4	16.5-25.0
Elkhorn Logan Valley Public Health Department	529	20.5	15.9-26.0
Four Corners Health Department	587	20.0	15.2-25.8
Lincoln-Lancaster County Health Department	545	21.4	16.6-27.2
Loup Basin Public Health Department	530	16.9	12.7-22.2
North Central District Health Department	532	17.0	12.8-22.1
Northeast Nebraska Public Health Department	519	24.4	19.0-30.7
Panhandle Public Health Department	538	22.1	17.5-27.5
Public Health Solutions	519	14.0	10.1-19.1
Sarpy/Cass Department of Health and Wellness	520	16.9	12.3-22.8
Scotts Bluff County Health Department	473	26.4	19.9-34.1
South Heartland District Health Department	512	22.6	17.9-28.1
Southeast District Health Department	483	21.5	16.6-27.3
Southwest Nebraska Public Health Department	454	20.3	15.4-26.4
Three Rivers Public Health Department	537	25.3	20.4-30.8
Two Rivers Public Health Department	517	20.9	16.4-26.2
West Central District Health Department	480	19.1	14.1-25.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-126
Females Aged 18+ Who Currently Smoke Cigarettes
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,571	17.3	15.9-18.7
Central District Health Department	834	15.5	12.4-19.3
Dakota County Health Department	738	19.0	15.6-22.9
Douglas County Health Department	972	16.6	13.6-20.1
East Central District Health Department	827	13.3	10.5-16.5
Elkhorn Logan Valley Public Health Department	816	19.3	15.3-24.0
Four Corners Health Department	838	11.5	8.6-15.3
Lincoln-Lancaster County Health Department	869	18.2	14.7-22.4
Loup Basin Public Health Department	828	12.4	9.4-16.2
North Central District Health Department	871	18.3	14.6-22.8
Northeast Nebraska Public Health Department	851	18.5	15.0-22.6
Panhandle Public Health Department	857	23.5	19.4-28.2
Public Health Solutions	802	17.7	14.2-21.8
Sarpy/Cass Department of Health and Wellness	791	15.9	12.2-20.5
Scotts Bluff County Health Department	796	20.4	16.5-24.9
South Heartland District Health Department	802	13.5	10.2-17.6
Southeast District Health Department	841	21.3	17.4-25.7
Southwest Nebraska Public Health Department	804	19.0	15.3-23.2
Three Rivers Public Health Department	791	19.6	15.6-24.4
Two Rivers Public Health Department	834	15.7	12.1-20.1
West Central District Health Department	809	21.0	17.2-25.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-127
Adults Aged 18+ Who Attempted to Quit Smoking in the Past Twelve Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	4,363	51.1	48.1-54.2	1,541	50.3	47.0-53.7
Central District Health Department	195	52.2	43.6-60.6	75	41.1	29.8-53.5
Dakota County Health Department	226	48.6	40.8-56.5	18	*	*
Douglas County Health Department	269	47.5	40.0-55.0	251	52.5	45.2-59.6
East Central District Health Department	199	55.1	46.8-63.1	36	*	*
Elkhorn Logan Valley Public Health Department	214	50.1	42.1-58.1	51	47.9	34.9-61.2
Four Corners Health Department	184	52.0	42.7-61.3	28	*	*
Lincoln-Lancaster County Health Department	227	54.8	46.2-63.1	124	47.2	38.3-56.2
Loup Basin Public Health Department	180	58.7	48.6-68.2	30	*	*
North Central District Health Department	202	51.1	42.4-59.7	54	41.6	29.8-54.5
Northeast Nebraska Public Health Department	222	60.3	50.8-69.0	23	*	*
Panhandle Public Health Department	279	48.8	41.0-56.7	164	57.9	49.2-66.1
Public Health Solutions	185	53.9	45.4-62.2	32	*	*
Sarpy/Cass Department of Health and Wellness	212	46.2	36.3-56.4	75	50.6	37.8-63.4
Scotts Bluff County Health Department	229	44.0	35.3-53.0	103	46.9	36.8-57.2
South Heartland District Health Department	197	58.9	50.1-67.2	56	56.6	42.9-69.4
Southeast District Health Department	242	56.0	48.2-63.6	27	*	*
Southwest Nebraska Public Health Department	207	52.8	44.4-61.0	76	46.4	35.1-58.1
Three Rivers Public Health Department	244	52.7	44.7-60.5	66	51.7	38.7-64.4
Two Rivers Public Health Department	207	51.2	42.9-59.5	122	51.2	40.3-61.9
West Central District Health Department	243	58.1	49.5-66.2	130	49.7	40.8-58.5

*Less than 50 respondents. Rate not reported.

Table A-128
Males Aged 18+ Who Attempted to Quit Smoking in the Past Twelve Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	1,819	47.3	42.9-51.9
Central District Health Department	81	51.7	38.9-64.3
Dakota County Health Department	89	48.4	36.2-60.9
Douglas County Health Department	111	40.2	30.7-50.5
East Central District Health Department	95	55.1	43.7-66.0
Elkhorn Logan Valley Public Health Department	91	52.1	41.3-62.7
Four Corners Health Department	94	45.6	33.8-58.0
Lincoln-Lancaster County Health Department	91	54.9	43.2-66.1
Loup Basin Public Health Department	82	48.2	34.5-62.1
North Central District Health Department	74	51.7	39.0-64.2
Northeast Nebraska Public Health Department	91	51.8	38.4.-64.9
Panhandle Public Health Department	105	39.6	28.6-51.8
Public Health Solutions	65	57.4	45.6-68.4
Sarpy/Cass Department of Health and Wellness	83	43.7	30.8-57.5
Scotts Bluff County Health Department	95	36.7	25.5-49.4
South Heartland District Health Department	102	52.8	41.6-63.8
Southeast District Health Department	96	53.1	39.3-66.4
Southwest Nebraska Public Health Department	80	55.9	44.2-67.0
Three Rivers Public Health Department	114	50.6	40.2-61.0
Two Rivers Public Health Department	94	47.2	36.2-58.4
West Central District Health Department	86	56.5	42.2-69.8

Table A-129
Females Aged 18+ Who Attempted to Quit Smoking in the Past Twelve Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	2,544	55.8	51.9-59.6
Central District Health Department	114	53.0	42.5-63.3
Dakota County Health Department	137	49.7	39.6-59.8
Douglas County Health Department	158	55.5	45.8-64.8
East Central District Health Department	104	54.1	43.6-64.2
Elkhorn Logan Valley Public Health Department	123	46.8	36.5-57.3
Four Corners Health Department	90	64.8	54.0-74.2
Lincoln-Lancaster County Health Department	136	58.7	48.2-68.4
Loup Basin Public Health Department	98	75.3	65.9-82.8
North Central District Health Department	128	51.0	39.3-62.6
Northeast Nebraska Public Health Department	131	71.1	62.4-78.5
Panhandle Public Health Department	174	50.0	42.3-57.8
Public Health Solutions	120	52.9	41.0-64.4
Sarpy/Cass Department of Health and Wellness	129	48.9	36.2-61.8
Scotts Bluff County Health Department	134	53.2	42.0-64.1
South Heartland District Health Department	95	64.6	53.5-74.4
Southeast District Health Department	146	57.6	48.8-66.0
Southwest Nebraska Public Health Department	127	50.1	39.6-60.6
Three Rivers Public Health Department	130	54.5	42.7-65.9
Two Rivers Public Health Department	113	57.4	46.6-67.6
West Central District Health Department	157	59.5	50.3-68.1

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-130
Males Aged 18+ Who Ever Used Smokeless Tobacco
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,925	41.4	38.8-44.0
Central District Health Department	277	43.5	35.8-51.6
Dakota County Health Department	248	37.4	30.4-45.1
Douglas County Health Department	309	33.6	27.7-40.1
East Central District Health Department	269	35.7	29.0-43.0
Elkhorn Logan Valley Public Health Department	284	43.5	36.5-50.7
Four Corners Health Department	370	41.2	34.5-48.3
Lincoln-Lancaster County Health Department	337	37.8	30.9-45.2
Loup Basin Public Health Department	299	57.1	50.5-63.5
North Central District Health Department	301	48.4	41.8-55.1
Northeast Nebraska Public Health Department	298	45.4	38.9-51.9
Panhandle Public Health Department	313	60.5	53.1-67.5
Public Health Solutions	292	41.5	34.8-48.5
Sarpy/Cass Department of Health and Wellness	302	41.9	33.7-50.6
Scotts Bluff County Health Department	294	45.3	38.1-52.8
South Heartland District Health Department	304	39.8	33.0-47.0
Southeast District Health Department	290	46.4	38.7-54.3
Southwest Nebraska Public Health Department	264	50.3	42.2-58.4
Three Rivers Public Health Department	318	47.6	40.3-55.0
Two Rivers Public Health Department	284	51.6	43.9-59.2
West Central District Health Department	272	57.6	48.1-66.5

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-131
Males Aged 18+ Who Currently Use Smokeless Tobacco
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	2,390	12.6	10.8-14.8
Central District Health Department	107	15.3	9.1-24.8
Dakota County Health Department	88	14.8	8.5-24.3
Douglas County Health Department	100	5.2	2.1-12.0
East Central District Health Department	84	12.8	6.4-24.0
Elkhorn Logan Valley Public Health Department	109	12.5	6.2-23.7
Four Corners Health Department	131	18.6	10.6-30.7
Lincoln-Lancaster County Health Department	118	8.9	4.6-16.3
Loup Basin Public Health Department	150	22.2	15.3-30.9
North Central District Health Department	141	29.8	20.4-41.3
Northeast Nebraska Public Health Department	125	16.0	10.1-24.4
Panhandle Public Health Department	161	27.7	19.2-38.2
Public Health Solutions	117	10.5	6.0-17.6
Sarpy/Cass Department of Health and Wellness	106	10.1	4.8-20.1
Scotts Bluff County Health Department	113	12.6	7.0-21.6
South Heartland District Health Department	113	9.8	5.5-16.7
Southeast District Health Department	110	19.5	12.0-30.2
Southwest Nebraska Public Health Department	124	27.5	19.3-37.7
Three Rivers Public Health Department	123	16.2	10.3-24.5
Two Rivers Public Health Department	127	14.1	8.5-22.6
West Central District Health Department	143	22.5	13.8-34.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-132
Adults Aged 18+ Who Had At Least One Drink of Alcohol in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	15,980	58.0	56.4-59.7	8,238	57.8	56.3-59.2
Central District Health Department	771	49.9	45.5-54.2	437	52.2	46.3-58.0
Dakota County Health Department	694	46.9	42.0-51.9	84	45.1	33.7-57.0
Douglas County Health Department	901	60.8	56.4-65.0	1152	59.6	56.3-62.8
East Central District Health Department	758	57.4	52.8-61.9	247	61.0	52.9-68.6
Elkhorn Logan Valley Public Health Department	750	63.1	58.3-67.7	264	58.7	51.2-65.9
Four Corners Health Department	905	57.6	53.1-62.0	160	54.9	46.2-63.4
Lincoln-Lancaster County Health Department	870	58.8	54.3-63.2	746	63.4	59.1-67.4
Loup Basin Public Health Department	807	53.9	49.3-58.5	267	53.8	46.6-60.9
North Central District Health Department	836	59.5	54.8-64.0	320	54.6	47.7-61.4
Northeast Nebraska Public Health Department	787	57.5	52.8-62.0	136	59.8	51.1-67.9
Panhandle Public Health Department	800	57.8	52.7-62.7	784	53.8	49.4-58.0
Public Health Solutions	757	58.3	53.0-63.3	166	58.3	49.3-66.8
Sarpy/Cass Department of Health and Wellness	817	59.7	54.7-64.6	397	61.8	56.1-67.2
Scotts Bluff County Health Department	782	45.7	40.6-51.0	530	47.3	41.8-52.9
South Heartland District Health Department	809	49.2	44.6-53.9	312	53.5	47.0-59.9
Southeast District Health Department	832	57.2	52.5-61.8	129	51.5	41.2-61.8
Southwest Nebraska Public Health Department	744	51.4	46.7-56.0	472	47.4	41.8-53.0
Three Rivers Public Health Department	810	62.7	58.1-67.1	328	61.3	54.6-67.6
Two Rivers Public Health Department	794	57.5	52.7-62.1	700	52.4	47.9-57.0
West Central District Health Department	756	55.5	49.2-61.5	607	52.9	47.8-58.0

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-133
Males Aged 18+ Who Had At Least One Drink of Alcohol in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,074	66.5	64.0-68.9
Central District Health Department	285	57.7	50.6-64.4
Dakota County Health Department	261	56.5	49.2-63.6
Douglas County Health Department	318	68.7	62.0-74.8
East Central District Health Department	278	64.0	57.3-70.1
Elkhorn Logan Valley Public Health Department	288	69.5	63.0-75.3
Four Corners Health Department	378	67.2	61.0-72.9
Lincoln-Lancaster County Health Department	344	67.9	61.1-74.0
Loup Basin Public Health Department	311	61.3	54.4-67.9
North Central District Health Department	309	65.8	58.3-72.6
Northeast Nebraska Public Health Department	303	68.6	62.5-74.1
Panhandle Public Health Department	322	65.7	59.0-71.7
Public Health Solutions	297	68.5	61.1-75.1
Sarpy/Cass Department of Health and Wellness	310	68.3	61.0-74.8
Scotts Bluff County Health Department	302	53.1	45.1-61.0
South Heartland District Health Department	308	60.7	53.6-67.4
Southeast District Health Department	295	63.9	56.3-70.8
Southwest Nebraska Public Health Department	268	58.4	51.3-65.2
Three Rivers Public Health Department	328	71.1	64.8-76.8
Two Rivers Public Health Department	293	66.3	59.5-72.5
West Central District Health Department	276	57.5	49.2-65.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-134
Females Aged 18+ Who Had At Least One Drink of Alcohol in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	9,906	50.0	47.8-52.1
Central District Health Department	486	42.1	37.2-47.2
Dakota County Health Department	433	37.5	31.5-43.8
Douglas County Health Department	583	53.7	48.2-59.1
East Central District Health Department	480	50.7	45.0-56.4
Elkhorn Logan Valley Public Health Department	462	57.6	50.8-64.1
Four Corners Health Department	527	48.3	42.4-54.2
Lincoln-Lancaster County Health Department	526	49.6	44.1-55.0
Loup Basin Public Health Department	496	45.8	40.0-51.6
North Central District Health Department	527	53.7	48.0-59.2
Northeast Nebraska Public Health Department	484	45.3	39.3-51.5
Panhandle Public Health Department	478	53.4	47.4-59.3
Public Health Solutions	460	48.7	41.1-56.3
Sarpy/Cass Department of Health and Wellness	507	51.6	45.0-58.1
Scotts Bluff County Health Department	480	39.1	32.8-45.7
South Heartland District Health Department	501	37.5	32.0-43.5
Southeast District Health Department	537	51.5	45.8-57.1
Southwest Nebraska Public Health Department	476	44.8	39.1-50.7
Three Rivers Public Health Department	482	52.6	45.5-59.6
Two Rivers Public Health Department	501	48.8	42.4-55.1
West Central District Health Department	480	56.1	51.1-60.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-135
Adults Aged 18+ Who Engaged in Binge Drinking in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,678	18.7	17.0-20.5
Central District Health Department	553	14.1	10.7-18.4
Dakota County Health Department	465	16.2	12.3-21.0
Douglas County Health Department	605	18.2	14.3-22.9
East Central District Health Department	541	22.0	17.5-27.1
Elkhorn Logan Valley Public Health Department	549	21.0	16.3-26.7
Four Corners Health Department	540	19.0	14.5-24.5
Lincoln-Lancaster County Health Department	557	16.8	12.7-21.9
Loup Basin Public Health Department	551	16.7	12.5-22.1
North Central District Health Department	565	16.6	12.3-22.2
Northeast Nebraska Public Health Department	548	22.9	18.1-28.5
Panhandle Public Health Department	548	22.2	16.7-28.8
Public Health Solutions	520	17.9	13.6-23.3
Sarpy/Cass Department of Health and Wellness	518	22.1	16.6-28.8
Scotts Bluff County Health Department	509	14.9	9.7-22.1
South Heartland District Health Department	519	18.1	13.7-23.6
Southeast District Health Department	515	18.1	13.1-24.4
Southwest Nebraska Public Health Department	503	19.7	14.5-26.2
Three Rivers Public Health Department	522	22.1	17.5-27.6
Two Rivers Public Health Department	543	19.3	14.9-24.7
West Central District Health Department	507	20.9	15.8-27.1

Table A-136
Males Aged 18+ Who Engaged in Binge Drinking in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	4,059	23.4	20.8-26.2
Central District Health Department	206	19.4	13.7-26.7
Dakota County Health Department	164	21.0	14.6-29.4
Douglas County Health Department	222	20.9	15.0-28.2
East Central District Health Department	212	29.1	22.1-37.4
Elkhorn Logan Valley Public Health Department	212	27.8	20.4-36.6
Four Corners Health Department	216	21.4	15.3-28.9
Lincoln-Lancaster County Health Department	210	20.6	14.3-28.6
Loup Basin Public Health Department	219	20.7	13.7-30.0
North Central District Health Department	218	24.7	17.2-34.1
Northeast Nebraska Public Health Department	205	32.8	25.5-41.0
Panhandle Public Health Department	195	26.1	18.3-35.8
Public Health Solutions	203	19.7	13.4-28.1
Sarpy/Cass Department of Health and Wellness	208	25.6	17.1-36.4
Scotts Bluff County Health Department	189	26.7	16.9-39.6
South Heartland District Health Department	216	27.8	20.4-36.5
Southeast District Health Department	179	24.9	15.8-36.9
Southwest Nebraska Public Health Department	188	26.6	18.0-37.3
Three Rivers Public Health Department	182	30.9	23.6-39.3
Two Rivers Public Health Department	226	24.7	17.8-33.3
West Central District Health Department	189	26.9	19.1-36.4

Table A-137
Females Aged 18+ Who Engaged in Binge Drinking in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,619	14.3	12.2-16.6
Central District Health Department	347	8.6	5.6-13.1
Dakota County Health Department	301	11.3	7.6-16.6
Douglas County Health Department	383	15.7	10.8-22.1
East Central District Health Department	329	14.1	9.8-19.9
Elkhorn Logan Valley Public Health Department	337	13.9	8.8-21.2
Four Corners Health Department	324	16.3	10.9-23.7
Lincoln-Lancaster County Health Department	347	13.1	8.4-20.1
Loup Basin Public Health Department	332	12.1	8.0-17.8
North Central District Health Department	347	8.4	5.0-13.7
Northeast Nebraska Public Health Department	343	12.2	7.9-18.3
Panhandle Public Health Department	353	21.5	15.9-28.3
Public Health Solutions	317	16.2	11.1-22.9
Sarpy/Cass Department of Health and Wellness	310	19.3	13.2-27.4
Scotts Bluff County Health Department	320	3.3	1.7-6.1
South Heartland District Health Department	303	8.4	4.9-14.1
Southeast District Health Department	336	11.4	7.6-16.7
Southwest Nebraska Public Health Department	315	11.7	7.2-18.3
Three Rivers Public Health Department	340	13.3	8.5-20.0
Two Rivers Public Health Department	317	13.5	9.2-19.4
West Central District Health Department	318	14.9	9.3-22.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-138
Adults Aged 18+ Who Engaged in Chronic (Heavy) Drinking in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	26,339	4.6	4.0-5.2
Central District Health Department	1,298	3.3	2.2-4.7
Dakota County Health Department	1,140	3.9	2.7-5.5
Douglas County Health Department	1,474	4.7	3.4-6.3
East Central District Health Department	1,317	5.0	3.5-7.1
Elkhorn Logan Valley Public Health Department	1,321	3.7	2.4-5.6
Four Corners Health Department	1,402	5.7	4.1-7.9
Lincoln-Lancaster County Health Department	1,399	4.3	3.1-5.8
Loup Basin Public Health Department	1,327	4.5	3.2-6.4
North Central District Health Department	1,382	5.1	3.4-7.7
Northeast Nebraska Public Health Department	1,353	7.8	5.1-11.7
Panhandle Public Health Department	1,373	2.8	2.0-4.1
Public Health Solutions	1,287	7.4	5.2-10.3
Sarpy/Cass Department of Health and Wellness	1,290	5.1	3.0-8.8
Scotts Bluff County Health Department	1,261	3.8	2.2-6.3
South Heartland District Health Department	1,288	3.6	2.4-5.3
Southeast District Health Department	1,293	5.3	3.7-7.5
Southwest Nebraska Public Health Department	1,239	4.5	3.0-6.8
Three Rivers Public Health Department	1,300	5.3	3.5-7.9
Two Rivers Public Health Department	1,328	4.3	2.9-6.5
West Central District Health Department	1,267	6.9	4.5-10.5

Table A-139
Males Aged 18+ Who Engaged in Chronic (Heavy) Drinking in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	9,989	5.2	4.4-6.1
Central District Health Department	477	4.3	2.6-7.0
Dakota County Health Department	418	5.1	3.2-8.0
Douglas County Health Department	521	4.8	3.0-7.7
East Central District Health Department	509	6.7	4.3-10.2
Elkhorn Logan Valley Public Health Department	513	5.3	3.2-8.8
Four Corners Health Department	574	8.1	5.3-12.1
Lincoln-Lancaster County Health Department	535	3.8	2.5-5.7
Loup Basin Public Health Department	513	5.5	3.5-8.7
North Central District Health Department	519	7.2	4.5-11.4
Northeast Nebraska Public Health Department	508	11.9	7.1-19.3
Panhandle Public Health Department	521	3.4	2.0-5.9
Public Health Solutions	508	6.0	4.2-8.6
Sarpy/Cass Department of Health and Wellness	510	3.3	1.1-9.4
Scotts Bluff County Health Department	467	5.9	3.2-10.7
South Heartland District Health Department	496	5.0	3.0-8.1
Southeast District Health Department	461	8.0	5.1-12.4
Southwest Nebraska Public Health Department	444	5.8	3.3-10.0
Three Rivers Public Health Department	520	7.1	4.4-11.2
Two Rivers Public Health Department	506	7.7	4.9-11.9
West Central District Health Department	469	10.0	6.2-15.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-140
Females Aged 18+ Who Engaged in Chronic (Heavy) Drinking in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	16,350	4.0	3.3-4.9
Central District Health Department	821	2.2	1.3-3.8
Dakota County Health Department	722	2.7	1.6-4.6
Douglas County Health Department	953	4.6	3.1-6.6
East Central District Health Department	808	3.1	1.8-5.1
Elkhorn Logan Valley Public Health Department	808	1.9	1.2-3.1
Four Corners Health Department	828	3.2	1.9-5.4
Lincoln-Lancaster County Health Department	864	4.8	3.1-7.3
Loup Basin Public Health Department	814	3.7	2.1-6.4
North Central District Health Department	863	2.3	1.3-4.0
Northeast Nebraska Public Health Department	845	2.9	1.6-5.5
Panhandle Public Health Department	852	2.3	1.5-3.6
Public Health Solutions	779	9.0	5.4-14.7
Sarpy/Cass Department of Health and Wellness	780	6.5	3.7-11.1
Scotts Bluff County Health Department	794	1.8	0.8-4.0
South Heartland District Health Department	792	2.2	1.2-4.0
Southeast District Health Department	832	2.8	1.6-4.8
Southwest Nebraska Public Health Department	795	3.1	1.8-5.4
Three Rivers Public Health Department	780	2.9	1.6-5.1
Two Rivers Public Health Department	822	1.2	0.7-2.2
West Central District Health Department	798	3.5	1.6-7.6

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-141
Adults Aged 18+ Who Engaged in Drinking and Driving in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	7,942	6.9	5.5-8.5
Central District Health Department	360	3.6	1.9-6.7
Dakota County Health Department	285	3.3	1.7-6.4
Douglas County Health Department	536	7.0	4.4-11.1
East Central District Health Department	395	10.3	6.5-15.7
Elkhorn Logan Valley Public Health Department	394	5.7	3.3-9.6
Four Corners Health Department	466	6.1	3.8-9.7
Lincoln-Lancaster County Health Department	483	7.6	4.5-12.7
Loup Basin Public Health Department	362	6.3	4.0-9.8
North Central District Health Department	425	7.6	4.5-12.6
Northeast Nebraska Public Health Department	397	6.8	4.5-10.1
Panhandle Public Health Department	391	4.8	2.8-8.1
Public Health Solutions	389	7.6	4.2-13.3
Sarpy/Cass Department of Health and Wellness	466	7.3	3.5-14.6
Scotts Bluff County Health Department	316	2.8	1.3-5.7
South Heartland District Health Department	366	6.5	4.0-10.5
Southeast District Health Department	390	7.2	4.5-11.4
Southwest Nebraska Public Health Department	336	5.8	3.1-10.5
Three Rivers Public Health Department	440	4.7	2.7-8.0
Two Rivers Public Health Department	394	3.9	2.0-7.5
West Central District Health Department	351	7.6	4.6-12.2

Table A-142
Males Aged 18+ Who Engaged in Drinking and Driving in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,674	9.2	7.2-11.7
Central District Health Department	161	4.6	2.1-9.7
Dakota County Health Department	133	4.6	2.1-9.7
Douglas County Health Department	223	10.7	6.2-17.8
East Central District Health Department	165	13.4	8.1-21.5
Elkhorn Logan Valley Public Health Department	189	8.7	4.6-15.9
Four Corners Health Department	234	8.1	4.7-13.7
Lincoln-Lancaster County Health Department	223	9.3	5.1-16.4
Loup Basin Public Health Department	176	7.8	4.5-13.1
North Central District Health Department	199	12.6	7.0-21.4
Northeast Nebraska Public Health Department	188	10.4	6.6-16.0
Panhandle Public Health Department	197	4.9	2.3-10.0
Public Health Solutions	197	11.2	5.9-20.2
Sarpy/Cass Department of Health and Wellness	198	6.9	3.1-14.6
Scotts Bluff County Health Department	146	4.0	1.6-9.6
South Heartland District Health Department	181	10.3	6.3-16.4
Southeast District Health Department	169	8.6	5.0-14.5
Southwest Nebraska Public Health Department	156	9.1	4.6-17.0
Three Rivers Public Health Department	204	7.6	4.2-13.2
Two Rivers Public Health Department	174	6.0	2.9-12.0
West Central District Health Department	161	9.4	4.9-17.2

Table A-143
Females Aged 18+ Who Engaged in Drinking and Driving in the Past 30 Days
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	4,268	3.8	2.3-6.1
Central District Health Department	199	2.3	0.8-6.4
Dakota County Health Department	152	1.6	0.3-7.0
Douglas County Health Department	313	3.1	1.5-6.3
East Central District Health Department	230	5.2	2.5-10.3
Elkhorn Logan Valley Public Health Department	205	2.0	0.6-6.7
Four Corners Health Department	232	3.0	1.3-7.0
Lincoln-Lancaster County Health Department	260	5.3	1.7-15.2
Loup Basin Public Health Department	186	4.0	1.8-8.9
North Central District Health Department	226	1.6	0.6-4.0
Northeast Nebraska Public Health Department	209	2.7	1.1-6.2
Panhandle Public Health Department	194	4.5	2.0-9.9
Public Health Solutions	192	2.7	0.8-8.3
Sarpy/Cass Department of Health and Wellness	268	6.7	2.4-17.6
Scotts Bluff County Health Department	170	1.4	0.5-3.8
South Heartland District Health Department	185	0.5	0.1-2.1
Southeast District Health Department	221	5.1	2.1-11.6
Southwest Nebraska Public Health Department	180	1.3	0.3-5.3
Three Rivers Public Health Department	236	0.9	0.3-2.4
Two Rivers Public Health Department	220	1.2	0.4-3.7
West Central District Health Department	190	4.9	2.5-9.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-144
Females Aged 40+ Who Had Mammogram in the Past Two Years
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	10,468	69.6	67.1-72.0
Central District Health Department	518	63.3	55.2-70.7
Dakota County Health Department	426	66.3	57.1-74.3
Douglas County Health Department	560	73.5	66.9-79.2
East Central District Health Department	507	61.8	53.8-69.1
Elkhorn Logan Valley Public Health Department	524	64.2	56.2-71.5
Four Corners Health Department	560	59.0	51.4-66.2
Lincoln-Lancaster County Health Department	532	71.9	64.9-77.9
Loup Basin Public Health Department	539	64.1	56.5-70.9
North Central District Health Department	567	63.5	55.9-70.4
Northeast Nebraska Public Health Department	509	63.2	55.8-70.0
Panhandle Public Health Department	544	57.9	49.9-65.5
Public Health Solutions	510	66.4	58.5-73.5
Sarpy/Cass Department of Health and Wellness	500	75.1	66.4-82.2
Scotts Bluff County Health Department	520	59.8	51.8-67.4
South Heartland District Health Department	526	67.5	58.0-75.7
Southeast District Health Department	563	68.9	60.7-76.1
Southwest Nebraska Public Health Department	522	64.8	55.6-73.0
Three Rivers Public Health Department	517	71.1	63.7-77.6
Two Rivers Public Health Department	523	71.8	63.7-78.6
West Central District Health Department	501	66.8	58.0-74.6

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-145
Females Aged 18+ Who Ever Had Pap Test
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	13,012	95.5	94.3-96.4
Central District Health Department	660	94.5	90.9-96.8
Dakota County Health Department	578	94.3	91.1-96.3
Douglas County Health Department	761	98.2	96.7-99.0
East Central District Health Department	639	93.4	89.5-95.9
Elkhorn Logan Valley Public Health Department	623	91.7	86.9-94.9
Four Corners Health Department	685	95.0	91.7-97.0
Lincoln-Lancaster County Health Department	689	93.4	89.0-96.1
Loup Basin Public Health Department	659	94.5	89.7-97.1
North Central District Health Department	694	95.9	92.6-97.7
Northeast Nebraska Public Health Department	641	96.4	93.2-98.1
Panhandle Public Health Department	661	96.0	90.7-98.3
Public Health Solutions	622	95.9	92.5-97.8
Sarpy/Cass Department of Health and Wellness	640	95.5	90.5-97.9
Scotts Bluff County Health Department	626	93.5	88.4-96.5
South Heartland District Health Department	626	93.5	89.2-96.1
Southeast District Health Department	682	97.8	95.0-99.0
Southwest Nebraska Public Health Department	631	93.4	89.5-95.9
Three Rivers Public Health Department	635	97.3	94.0-98.8
Two Rivers Public Health Department	643	95.7	90.3-98.1
West Central District Health Department	617	95.4	91.5-97.6

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-146
Females Aged 18+ Who Had Pap Test in the Past Three Years
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	12,806	78.3	76.9-79.7
Central District Health Department	653	73.5	69.3-77.4
Dakota County Health Department	571	73.3	67.8-78.2
Douglas County Health Department	749	83.9	81.2-86.3
East Central District Health Department	626	72.0	67.3-76.2
Elkhorn Logan Valley Public Health Department	613	73.6	68.6-78.1
Four Corners Health Department	674	73.2	69.0-77.1
Lincoln-Lancaster County Health Department	679	76.1	71.8-80.0
Loup Basin Public Health Department	648	76.1	71.5-80.2
North Central District Health Department	681	75.2	70.9-79.0
Northeast Nebraska Public Health Department	624	79.0	75.0-82.5
Panhandle Public Health Department	653	77.5	72.7-81.7
Public Health Solutions	611	75.3	71.4-78.8
Sarpy/Cass Department of Health and Wellness	636	80.2	74.9-84.7
Scotts Bluff County Health Department	616	75.0	70.1-79.4
South Heartland District Health Department	611	73.2	68.1-77.7
Southeast District Health Department	665	77.2	73.4-80.6
Southwest Nebraska Public Health Department	619	70.5	65.4-75.1
Three Rivers Public Health Department	627	80.7	76.7-84.2
Two Rivers Public Health Department	634	77.9	73.2-81.9
West Central District Health Department	616	78.7	74.4-82.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-147
Males Aged 50+ Who Ever Had a Prostate-Specific Antigen (PSA) Test
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	1,240	81.5	77.8-84.6
Central District Health Department	63	82.2	70.1-90.1
Dakota County Health Department	49	76.4	59.6-87.6
Douglas County Health Department	67	87.0	75.2-93.6
East Central District Health Department	52	79.7	65.6-88.9
Elkhorn Logan Valley Public Health Department	57	82.7	70.6-90.5
Four Corners Health Department	78	77.0	64.8-85.9
Lincoln-Lancaster County Health Department	69	86.9	76.8-93.0
Loup Basin Public Health Department	75	87.3	76.2-93.7
North Central District Health Department	73	76.4	65.1-84.8
Northeast Nebraska Public Health Department	45	68.8	53.6-80.8
Panhandle Public Health Department	70	69.4	56.4-80.0
Public Health Solutions	61	76.2	62.1-86.2
Sarpy/Cass Department of Health and Wellness	65	72.0	55.4-84.2
Scotts Bluff County Health Department	73	74.3	61.4-84.0
South Heartland District Health Department	59	80.1	66.8-88.9
Southeast District Health Department	61	70.1	56.2-81.1
Southwest Nebraska Public Health Department	64	84.1	71.5-91.8
Three Rivers Public Health Department	41	85.0	69.2-93.4
Two Rivers Public Health Department	68	75.3	60.1-86.1
West Central District Health Department	50	85.7	71.6-93.4

Table A-148
Males Aged 50+ Who Had a Prostate-Specific Antigen (PSA) Test in the Past Two Years
2007-2008 Nebraska BRFSS (Age-Adjusted Rates).

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	1,229	69.7	65.5-73.7
Central District Health Department	63	68.8	56.2-79.1
Dakota County Health Department	47	59.6	43.8-73.7
Douglas County Health Department	65	74.9	61.4-84.9
East Central District Health Department	52	61.4	47.4-73.7
Elkhorn Logan Valley Public Health Department	57	71.9	58.6-82.2
Four Corners Health Department	78	61.5	48.9-72.7
Lincoln-Lancaster County Health Department	67	78.6	67.1-86.8
Loup Basin Public Health Department	74	78.3	65.9-87.1
North Central District Health Department	72	64.6	52.1-75.4
Northeast Nebraska Public Health Department	45	51.5	38.3-64.5
Panhandle Public Health Department	69	59.7	47.0-71.3
Public Health Solutions	61	66.6	52.2-78.4
Sarpy/Cass Department of Health and Wellness	65	66.5	50.9-79.2
Scotts Bluff County Health Department	73	58.9	46.0-70.6
South Heartland District Health Department	59	66.7	52.8-78.1
Southeast District Health Department	61	56.1	42.6-68.8
Southwest Nebraska Public Health Department	63	77.1	63.6-86.6
Three Rivers Public Health Department	41	71.9	54.3-84.6
Two Rivers Public Health Department	67	64.2	49.9-76.4
West Central District Health Department	50	69.0	53.4-81.2

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-149
Males Aged 50+ Who Ever Had a Digital Rectal Exam (DRE)
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	1,259	82.8	79.4-85.7
Central District Health Department	63	87.4	72.5-94.8
Dakota County Health Department	51	85.0	67.8-93.8
Douglas County Health Department	67	87.1	75.4-93.7
East Central District Health Department	53	78.6	61.0-89.6
Elkhorn Logan Valley Public Health Department	57	80.8	68.7-88.9
Four Corners Health Department	85	78.1	66.9-86.4
Lincoln-Lancaster County Health Department	74	79.5	67.6-87.8
Loup Basin Public Health Department	75	78.9	66.2-87.7
North Central District Health Department	72	75.5	63.4-84.6
Northeast Nebraska Public Health Department	45	77.4	62.4-87.6
Panhandle Public Health Department	71	75.8	62.7-85.4
Public Health Solutions	60	75.3	61.1-85.6
Sarpy/Cass Department of Health and Wellness	66	92.2	83.0-96.6
Scotts Bluff County Health Department	74	78.7	66.5-87.3
South Heartland District Health Department	59	76.0	61.8-86.1
Southeast District Health Department	62	76.4	62.3-86.4
Southwest Nebraska Public Health Department	67	83.6	71.4-91.2
Three Rivers Public Health Department	41	82.7	69.8-90.8
Two Rivers Public Health Department	66	83.6	70.1-91.7
West Central District Health Department	51	83.5	69.3-91.9

Table A-150
Males Aged 50+ Who Had Digital Rectal Exam (DRE) in the Past Two Years
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	1,239	57.1	52.6-61.5
Central District Health Department	62	58.1	44.0-71.0
Dakota County Health Department	49	53.8	39.3-67.6
Douglas County Health Department	65	64.6	51.2-76.1
East Central District Health Department	51	52.8	37.3-67.8
Elkhorn Logan Valley Public Health Department	54	64.5	51.7-75.4
Four Corners Health Department	85	51.8	40.1-63.4
Lincoln-Lancaster County Health Department	73	62.8	50.1-74.0
Loup Basin Public Health Department	73	49.7	37.2-62.4
North Central District Health Department	71	46.2	34.3-58.6
Northeast Nebraska Public Health Department	45	51.8	39.0-64.4
Panhandle Public Health Department	70	52.5	39.6-65.1
Public Health Solutions	60	60.3	46.0-73.0
Sarpy/Cass Department of Health and Wellness	66	60.5	43.4-75.3
Scotts Bluff County Health Department	74	52.9	40.3-65.2
South Heartland District Health Department	59	42.4	29.6-56.3
Southeast District Health Department	62	41.4	28.6-55.5
Southwest Nebraska Public Health Department	65	55.4	41.7-68.2
Three Rivers Public Health Department	40	58.4	40.9-74.1
Two Rivers Public Health Department	66	47.9	35.0-61.0
West Central District Health Department	49	45.2	30.5-60.8

Table A-151
Adults Aged 50+ Who Ever Had Colonoscopy or Sigmoidoscopy
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	13,213	56.1	54.6-57.6
Central District Health Department	652	49.2	44.9-53.6
Dakota County Health Department	496	48.5	42.6-54.4
Douglas County Health Department	650	64.8	60.2-69.1
East Central District Health Department	635	53.6	49.2-58.0
Elkhorn Logan Valley Public Health Department	658	47.8	43.5-52.2
Four Corners Health Department	745	53.6	49.3-57.8
Lincoln-Lancaster County Health Department	662	62.9	58.5-67.1
Loup Basin Public Health Department	712	44.6	40.4-49.0
North Central District Health Department	700	45.6	41.3-50.0
Northeast Nebraska Public Health Department	616	44.4	40.0-49.0
Panhandle Public Health Department	708	48.6	44.4-52.7
Public Health Solutions	672	47.6	43.3-52.0
Sarpy/Cass Department of Health and Wellness	570	61.0	55.2-66.6
Scotts Bluff County Health Department	668	45.0	40.8-49.2
South Heartland District Health Department	701	43.7	39.6-47.9
Southeast District Health Department	708	52.9	48.5-57.3
Southwest Nebraska Public Health Department	659	43.5	39.0-48.1
Three Rivers Public Health Department	639	60.9	56.1-65.5
Two Rivers Public Health Department	695	47.7	43.5-52.0
West Central District Health Department	667	53.8	48.8-58.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-152
Males Aged 50+ Who Ever Had Colonoscopy or Sigmoidoscopy
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	4,911	55.4	53.1-57.7
Central District Health Department	233	52.4	45.4-59.2
Dakota County Health Department	172	46.4	38.4-54.5
Douglas County Health Department	237	62.7	55.3-69.5
East Central District Health Department	231	54.6	47.7-61.4
Elkhorn Logan Valley Public Health Department	238	48.1	41.5-54.8
Four Corners Health Department	295	50.8	44.7-56.9
Lincoln-Lancaster County Health Department	258	64.6	57.5-71.0
Loup Basin Public Health Department	271	42.4	35.9-49.1
North Central District Health Department	248	37.7	31.5-44.3
Northeast Nebraska Public Health Department	221	39.8	33.1-47.0
Panhandle Public Health Department	267	50.9	44.2-57.6
Public Health Solutions	260	45.2	38.7-51.9
Sarpy/Cass Department of Health and Wellness	218	61.5	52.1-70.1
Scotts Bluff County Health Department	250	43.8	37.4-50.5
South Heartland District Health Department	259	44.2	38.1-50.6
Southeast District Health Department	253	53.7	46.8-60.4
Southwest Nebraska Public Health Department	238	40.2	33.4-47.5
Three Rivers Public Health Department	240	61.5	54.4-68.2
Two Rivers Public Health Department	274	48.4	42.1-54.7
West Central District Health Department	248	56.5	49.3-63.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-153
Females Aged 50+ Who Ever Had Colonoscopy or Sigmoidoscopy
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	8,302	56.8	54.9-58.7
Central District Health Department	419	46.5	41.2-52.0
Dakota County Health Department	324	50.2	41.5-58.9
Douglas County Health Department	413	66.7	60.9-72.0
East Central District Health Department	404	52.6	46.9-58.2
Elkhorn Logan Valley Public Health Department	420	47.8	42.2-53.5
Four Corners Health Department	450	56.4	50.6-62.0
Lincoln-Lancaster County Health Department	404	61.8	56.2-67.1
Loup Basin Public Health Department	441	46.6	41.1-52.3
North Central District Health Department	452	52.6	46.9-58.2
Northeast Nebraska Public Health Department	395	48.8	43.1-54.6
Panhandle Public Health Department	441	46.5	41.3-51.8
Public Health Solutions	412	50.2	44.4-56.0
Sarpy/Cass Department of Health and Wellness	352	60.4	52.9-67.3
Scotts Bluff County Health Department	418	46.3	40.9-51.7
South Heartland District Health Department	442	43.6	38.2-49.1
Southeast District Health Department	455	52.5	46.9-58.0
Southwest Nebraska Public Health Department	421	47.0	41.4-52.7
Three Rivers Public Health Department	399	60.3	53.8-66.4
Two Rivers Public Health Department	421	47.9	42.4-53.4
West Central District Health Department	419	50.5	43.9-57.0

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-154
Adults Aged 50+ Who Had Blood Stool Test in Past Two Years
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	11,978	22.8	21.5-24.1
Central District Health Department	610	31.7	27.8-35.9
Dakota County Health Department	453	21.0	16.8-25.9
Douglas County Health Department	564	22.5	18.8-26.8
East Central District Health Department	587	19.2	15.9-23.1
Elkhorn Logan Valley Public Health Department	602	21.1	17.6-25.0
Four Corners Health Department	674	13.7	11.0-17.0
Lincoln-Lancaster County Health Department	583	27.7	23.8-32.0
Loup Basin Public Health Department	651	16.6	13.4-20.3
North Central District Health Department	629	21.2	17.8-25.0
Northeast Nebraska Public Health Department	562	19.6	16.2-23.5
Panhandle Public Health Department	656	20.3	17.0-24.0
Public Health Solutions	620	19.2	16.1-22.8
Sarpy/Cass Department of Health and Wellness	516	21.3	17.2-26.0
Scotts Bluff County Health Department	605	16.3	13.1-20.0
South Heartland District Health Department	648	33.1	29.1-37.4
Southeast District Health Department	640	20.7	17.2-24.6
Southwest Nebraska Public Health Department	589	21.3	17.7-25.5
Three Rivers Public Health Department	568	25.1	21.2-29.4
Two Rivers Public Health Department	639	26.4	22.8-30.3
West Central District Health Department	582	14.0	9.2-20.6

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-155
Males Aged 50+ Who Had Blood Stool Test in Past Two Years
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	4,556	21.4	19.6-23.3
Central District Health Department	223	31.2	25.4-37.7
Dakota County Health Department	163	19.2	13.4-26.8
Douglas County Health Department	203	18.5	13.2-25.4
East Central District Health Department	217	23.3	17.8-29.8
Elkhorn Logan Valley Public Health Department	220	15.5	11.2-21.1
Four Corners Health Department	272	15.8	11.5-21.1
Lincoln-Lancaster County Health Department	235	30.9	24.9-37.8
Loup Basin Public Health Department	253	17.6	13.1-23.2
North Central District Health Department	228	20.8	15.8-26.8
Northeast Nebraska Public Health Department	210	17.0	12.3-23.0
Panhandle Public Health Department	249	23.2	17.9-29.5
Public Health Solutions	245	18.6	14.2-24.1
Sarpy/Cass Department of Health and Wellness	207	16.3	11.5-22.5
Scotts Bluff County Health Department	228	16.8	12.1-22.9
South Heartland District Health Department	245	29.9	24.1-36.4
Southeast District Health Department	235	18.6	13.6-25.0
Southwest Nebraska Public Health Department	218	18.9	13.6-25.6
Three Rivers Public Health Department	212	21.6	16.1-28.4
Two Rivers Public Health Department	261	24.9	19.8-30.8
West Central District Health Department	232	10.8	7.2-15.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-156
Females Aged 50+ Who Had Blood Stool Test in Past Two Years
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	7,422	24.2	22.5-26.0
Central District Health Department	387	32.6	27.5-38.0
Dakota County Health Department	290	22.5	16.7-29.7
Douglas County Health Department	361	25.7	20.7-31.4
East Central District Health Department	370	16.0	12.3-20.6
Elkhorn Logan Valley Public Health Department	382	26.7	21.6-32.6
Four Corners Health Department	402	12.1	8.8-16.4
Lincoln-Lancaster County Health Department	348	25.1	20.3-30.6
Loup Basin Public Health Department	398	15.8	11.5-21.3
North Central District Health Department	401	21.7	17.3-26.8
Northeast Nebraska Public Health Department	352	22.1	17.5-27.6
Panhandle Public Health Department	407	18.2	14.2-22.9
Public Health Solutions	375	20.0	15.9-24.9
Sarpy/Cass Department of Health and Wellness	309	25.9	19.8-33.0
Scotts Bluff County Health Department	377	16.4	12.4-21.4
South Heartland District Health Department	403	36.1	30.7-41.7
Southeast District Health Department	405	22.2	17.8-27.2
Southwest Nebraska Public Health Department	371	23.8	19.1-29.2
Three Rivers Public Health Department	356	28.2	23.0-34.2
Two Rivers Public Health Department	378	28.1	23.4-33.4
West Central District Health Department	350	17.3	9.0-30.6

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-157
Adults Aged 65+ Who Had a "Flu Shot" in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)			Baseline (2005)		
	N	Weighted Percent	95% Confidence Interval	N	Weighted Percent	95% Confidence Interval
Nebraska	8,659	76.3	74.8-77.7	2,582	71.8	68.3-75.0
Central District Health Department	403	76.0	70.9-80.5	130	72.8	61.3-82.0
Dakota County Health Department	349	65.2	58.9-71.0	35	75.4	52.7-89.4
Douglas County Health Department	355	83.2	78.1-87.4	129	71.0	58.0-81.3
East Central District Health Department	415	74.6	69.8-78.8	149	69.8	58.8-78.9
Elkhorn Logan Valley Public Health Department	454	72.2	67.3-76.6	146	75.7	66.8-82.8
Four Corners Health Department	494	75.5	71.1-79.5	146	76.4	67.2-83.6
Lincoln-Lancaster County Health Department	379	76.5	71.3-81.1	108	70.8	58.3-80.8
Loup Basin Public Health Department	516	69.4	64.6-73.8	191	74.2	66.7-80.5
North Central District Health Department	501	69.6	65.0-73.8	187	66.1	57.2-73.9
Northeast Nebraska Public Health Department	441	66.9	61.8-71.7	69	63.0	49.0-75.1
Panhandle Public Health Department	468	68.5	63.1-73.4	98	74.4	63.7-82.8
Public Health Solutions	488	70.5	66.0-74.7	149	69.7	58.8-78.8
Sarpy/Cass Department of Health and Wellness	288	78.3	71.8-83.7	99	70.1	55.6-81.4
Scotts Bluff County Health Department	463	72.0	67.1-76.4	76	75.3	62.1-85.0
South Heartland District Health Department	442	78.9	74.0-83.1	136	82.8	74.7-88.7
Southeast District Health Department	476	77.9	73.6-81.8	132	78.9	70.5-85.4
Southwest Nebraska Public Health Department	452	71.8	66.8-76.3	163	73.6	65.0-80.7
Three Rivers Public Health Department	401	75.9	70.6-80.4	155	71.7	61.5-80.1
Two Rivers Public Health Department	452	76.6	72.0-80.7	147	72.5	61.8-81.2
West Central District Health Department	422	74.5	69.2-79.1	137	59.6	48.5-69.8

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate or have changed significantly from 2005 baseline.

Table A-158
Adult Males Aged 65+ Who Had a "Flu Shot" in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	2,885	75.7	73.3-78.0
Central District Health Department	132	76.8	68.0-83.9
Dakota County Health Department	105	63.0	52.2-72.7
Douglas County Health Department	126	84.1	75.1-90.2
East Central District Health Department	128	73.7	65.3-80.7
Elkhorn Logan Valley Public Health Department	132	69.3	60.4-77.0
Four Corners Health Department	171	73.2	65.2-80.0
Lincoln-Lancaster County Health Department	126	79.1	69.6-86.3
Loup Basin Public Health Department	174	69.8	61.5-76.9
North Central District Health Department	158	68.7	60.6-75.8
Northeast Nebraska Public Health Department	141	64.8	56.0-72.8
Panhandle Public Health Department	152	61.1	51.2-70.1
Public Health Solutions	177	68.9	61.1-75.7
Sarpy/Cass Department of Health and Wellness	104	82.3	72.1-89.3
Scotts Bluff County Health Department	158	69.4	60.8-76.9
South Heartland District Health Department	145	81.5	73.8-87.3
Southeast District Health Department	160	72.3	64.0-79.3
Southwest Nebraska Public Health Department	155	72.5	63.9-79.6
Three Rivers Public Health Department	142	70.4	60.8-78.5
Two Rivers Public Health Department	160	72.5	64.3-79.4
West Central District Health Department	139	76.7	68.7-83.2

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-159
Adult Females Aged 65+ Who Had a "Flu Shot" in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,774	76.7	74.8-78.4
Central District Health Department	271	75.4	69.1-80.8
Dakota County Health Department	244	66.8	59.0-73.8
Douglas County Health Department	229	82.7	75.9-87.9
East Central District Health Department	287	75.2	69.7-80.0
Elkhorn Logan Valley Public Health Department	322	74.2	68.7-79.1
Four Corners Health Department	323	77.3	72.1-81.8
Lincoln-Lancaster County Health Department	253	74.7	68.2-80.2
Loup Basin Public Health Department	342	69.2	63.4-74.4
North Central District Health Department	343	70.1	64.6-75.1
Northeast Nebraska Public Health Department	300	68.5	62.4-74.0
Panhandle Public Health Department	316	74.0	68.4-78.9
Public Health Solutions	311	71.8	66.1-76.9
Sarpy/Cass Department of Health and Wellness	184	75.2	66.4-82.4
Scotts Bluff County Health Department	305	73.7	68.0-78.7
South Heartland District Health Department	297	77.1	70.3-82.7
Southeast District Health Department	316	81.7	76.9-85.7
Southwest Nebraska Public Health Department	297	71.3	65.0-76.9
Three Rivers Public Health Department	259	80.0	74.0-84.8
Two Rivers Public Health Department	292	79.6	74.0-84.2
West Central District Health Department	283	72.8	65.7-78.9

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-160
Adults Aged 65+ Who Ever Had a Pneumonia Vaccination
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	8,471	71.2	69.7-72.7
Central District Health Department	399	68.5	63.2-73.4
Dakota County Health Department	346	61.4	55.3-67.2
Douglas County Health Department	347	77.9	72.5-82.6
East Central District Health Department	405	61.7	56.4-66.8
Elkhorn Logan Valley Public Health Department	440	69.1	64.1-73.8
Four Corners Health Department	478	65.6	60.5-70.3
Lincoln-Lancaster County Health Department	372	80.6	75.9-84.6
Loup Basin Public Health Department	501	61.5	56.4-66.3
North Central District Health Department	483	64.7	59.9-69.3
Northeast Nebraska Public Health Department	434	60.4	55.1-65.5
Panhandle Public Health Department	463	65.2	59.9-70.2
Public Health Solutions	473	68.0	63.3-72.4
Sarpy/Cass Department of Health and Wellness	284	69.7	62.1-76.5
Scotts Bluff County Health Department	456	62.3	57.2-67.2
South Heartland District Health Department	435	73.5	68.6-77.9
Southeast District Health Department	463	67.3	62.2-72.1
Southwest Nebraska Public Health Department	438	61.5	56.2-66.6
Three Rivers Public Health Department	398	68.9	63.4-74.0
Two Rivers Public Health Department	442	72.8	68.1-77.0
West Central District Health Department	414	70.7	65.5-75.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-161
Adult Males Aged 65+ Who Ever Had a Pneumonia Vaccination
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	2,791	69.1	66.4-71.6
Central District Health Department	130	72.3	63.1-79.9
Dakota County Health Department	104	58.5	47.5-68.7
Douglas County Health Department	122	76.1	66.9-83.4
East Central District Health Department	124	60.7	51.5-69.3
Elkhorn Logan Valley Public Health Department	126	68.6	59.4-76.5
Four Corners Health Department	164	60.1	51.4-68.2
Lincoln-Lancaster County Health Department	124	82.3	74.0-88.4
Loup Basin Public Health Department	164	60.5	51.7-68.7
North Central District Health Department	150	62.3	53.8-70.0
Northeast Nebraska Public Health Department	139	53.3	44.2-62.2
Panhandle Public Health Department	150	59.2	49.4-68.3
Public Health Solutions	167	62.9	54.7-70.3
Sarpy/Cass Department of Health and Wellness	100	67.2	52.9-78.8
Scotts Bluff County Health Department	155	58.7	49.9-67.0
South Heartland District Health Department	141	70.0	61.4-77.3
Southeast District Health Department	152	50.6	41.7-59.4
Southwest Nebraska Public Health Department	148	63.8	54.6-72.0
Three Rivers Public Health Department	141	65.8	56.4-74.1
Two Rivers Public Health Department	156	70.0	61.8-77.0
West Central District Health Department	134	73.3	64.4-80.6

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-162
Adult Females Aged 65+ Who Ever Had a Pneumonia Vaccination
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,680	72.8	70.9-74.6
Central District Health Department	269	65.7	59.2-71.6
Dakota County Health Department	242	63.6	56.4-70.2
Douglas County Health Department	225	79.2	72.0-84.9
East Central District Health Department	281	62.4	56.1-68.3
Elkhorn Logan Valley Public Health Department	314	69.5	63.7-74.8
Four Corners Health Department	314	69.7	63.7-75.1
Lincoln-Lancaster County Health Department	248	79.3	73.3-84.2
Loup Basin Public Health Department	337	62.2	56.2-67.8
North Central District Health Department	333	66.5	60.7-71.9
Northeast Nebraska Public Health Department	295	65.8	59.7-71.4
Panhandle Public Health Department	313	69.7	64.0-74.9
Public Health Solutions	306	71.7	65.9-76.9
Sarpy/Cass Department of Health and Wellness	184	71.7	63.7-78.6
Scotts Bluff County Health Department	301	64.7	58.5-70.5
South Heartland District Health Department	294	75.9	69.9-81.0
Southeast District Health Department	311	78.2	72.9-82.7
Southwest Nebraska Public Health Department	290	59.9	53.3-66.2
Three Rivers Public Health Department	257	71.2	64.5-77.2
Two Rivers Public Health Department	286	74.8	69.0-79.9
West Central District Health Department	280	68.8	62.4-74.6

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-163
Adults Aged 18+ Who Visited the Dentist in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	15,882	70.7	69.1-72.2
Central District Health Department	764	71.3	66.8-75.4
Dakota County Health Department	682	61.8	56.6-66.8
Douglas County Health Department	905	73.6	69.4-77.4
East Central District Health Department	750	68.1	63.7-72.2
Elkhorn Logan Valley Public Health Department	741	65.9	60.7-70.6
Four Corners Health Department	904	73.5	69.2-77.4
Lincoln-Lancaster County Health Department	866	77.6	73.3-81.5
Loup Basin Public Health Department	802	60.8	55.7-65.6
North Central District Health Department	838	63.0	59.0-66.9
Northeast Nebraska Public Health Department	783	64.7	60.1-69.1
Panhandle Public Health Department	793	59.2	53.9-64.4
Public Health Solutions	751	69.2	63.9-74.0
Sarpy/Cass Department of Health and Wellness	814	74.0	68.8-78.6
Scotts Bluff County Health Department	775	58.8	53.5-63.9
South Heartland District Health Department	808	70.0	65.6-74.1
Southeast District Health Department	822	63.5	58.5-68.1
Southwest Nebraska Public Health Department	732	65.2	60.3-69.8
Three Rivers Public Health Department	811	68.5	63.3-73.3
Two Rivers Public Health Department	788	65.5	60.3-70.3
West Central District Health Department	753	61.2	54.8-67.2

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-164
Adult Males Aged 18+ Who Visited the Dentist in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,042	67.7	65.2-70.2
Central District Health Department	282	72.0	64.8-78.1
Dakota County Health Department	254	63.3	55.9-70.1
Douglas County Health Department	325	69.9	63.2-75.9
East Central District Health Department	274	66.3	59.5-72.4
Elkhorn Logan Valley Public Health Department	287	62.9	55.3-69.8
Four Corners Health Department	380	71.2	64.6-76.9
Lincoln-Lancaster County Health Department	342	76.5	69.2-82.5
Loup Basin Public Health Department	308	55.3	47.7-62.6
North Central District Health Department	312	57.4	51.6-62.9
Northeast Nebraska Public Health Department	305	59.8	53.1-66.2
Panhandle Public Health Department	317	58.5	50.6-65.9
Public Health Solutions	295	67.8	60.2-74.5
Sarpy/Cass Department of Health and Wellness	309	71.9	63.6-79.0
Scotts Bluff County Health Department	301	50.8	42.7-58.8
South Heartland District Health Department	308	63.8	56.8-70.3
Southeast District Health Department	290	60.7	52.4-68.3
Southwest Nebraska Public Health Department	261	65.3	57.1-72.6
Three Rivers Public Health Department	329	64.6	56.2-72.1
Two Rivers Public Health Department	290	60.3	52.6-67.6
West Central District Health Department	273	55.7	45.8-65.1

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-165
Adult Females Aged 18+ Who Visited the Dentist in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	9,840	73.6	71.8-75.3
Central District Health Department	482	70.8	65.1-75.9
Dakota County Health Department	428	60.2	53.0-67.0
Douglas County Health Department	580	77.1	72.8-80.9
East Central District Health Department	476	70.6	65.1-75.6
Elkhorn Logan Valley Public Health Department	454	68.6	61.5-74.9
Four Corners Health Department	524	75.8	69.9-80.8
Lincoln-Lancaster County Health Department	524	78.6	73.6-82.9
Loup Basin Public Health Department	494	66.3	59.7-72.4
North Central District Health Department	526	68.9	63.6-73.7
Northeast Nebraska Public Health Department	478	69.0	62.3-75.0
Panhandle Public Health Department	476	56.9	51.5-62.1
Public Health Solutions	456	70.6	62.5-77.5
Sarpy/Cass Department of Health and Wellness	505	76.0	69.4-81.5
Scotts Bluff County Health Department	474	67.0	61.4-72.2
South Heartland District Health Department	500	76.2	71.1-80.7
Southeast District Health Department	532	66.1	60.4-71.4
Southwest Nebraska Public Health Department	471	65.3	59.8-70.5
Three Rivers Public Health Department	482	73.2	66.6-78.8
Two Rivers Public Health Department	498	70.3	63.8-76.0
West Central District Health Department	480	65.9	58.7-72.4

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-166
Adults Aged 18+ Who Had Their Teeth Cleaned in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	14,491	70.1	68.5-71.7
Central District Health Department	694	70.8	66.1-75.1
Dakota County Health Department	602	59.9	54.4-65.0
Douglas County Health Department	859	73.3	69.0-77.2
East Central District Health Department	694	66.2	61.7-70.4
Elkhorn Logan Valley Public Health Department	666	66.0	60.8-70.8
Four Corners Health Department	844	71.8	67.5-75.8
Lincoln-Lancaster County Health Department	825	78.0	73.6-81.9
Loup Basin Public Health Department	715	59.2	54.0-64.2
North Central District Health Department	753	61.8	57.1-66.2
Northeast Nebraska Public Health Department	707	63.2	58.3-67.8
Panhandle Public Health Department	712	59.4	54.1-64.5
Public Health Solutions	676	67.8	62.3-72.9
Sarpy/Cass Department of Health and Wellness	774	72.7	67.2-77.6
Scotts Bluff County Health Department	696	53.6	48.4-58.8
South Heartland District Health Department	729	69.9	65.2-74.3
Southeast District Health Department	742	61.3	56.1-66.2
Southwest Nebraska Public Health Department	660	63.4	58.4-68.2
Three Rivers Public Health Department	759	67.6	62.4-72.4
Two Rivers Public Health Department	710	65.1	59.9-70.0
West Central District Health Department	674	60.5	54.0-66.6

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-167
Male Adults Aged 18+ Who Had Their Teeth Cleaned in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,567	66.7	64.2-69.2
Central District Health Department	265	70.4	63.1-76.8
Dakota County Health Department	228	60.1	52.3-67.4
Douglas County Health Department	309	69.3	62.6-75.4
East Central District Health Department	259	61.2	54.5-67.6
Elkhorn Logan Valley Public Health Department	266	63.4	55.7-70.4
Four Corners Health Department	359	70.1	63.6-76.0
Lincoln-Lancaster County Health Department	330	77.2	69.9-83.1
Loup Basin Public Health Department	276	53.9	46.2-61.4
North Central District Health Department	281	55.0	48.0-61.8
Northeast Nebraska Public Health Department	282	55.2	48.2-61.9
Panhandle Public Health Department	286	58.0	50.3-65.3
Public Health Solutions	267	64.8	56.8-72.0
Sarpy/Cass Department of Health and Wellness	292	70.1	61.2-77.7
Scotts Bluff County Health Department	269	45.0	37.1-53.0
South Heartland District Health Department	283	62.5	55.1-69.4
Southeast District Health Department	267	57.2	48.6-65.4
Southwest Nebraska Public Health Department	233	63.7	55.3-71.4
Three Rivers Public Health Department	308	63.2	54.8-70.8
Two Rivers Public Health Department	263	61.4	53.5-68.7
West Central District Health Department	244	55.5	45.5-65.0

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-168
Female Adults Aged 18+ Who Had Their Teeth Cleaned in the Past 12 Months
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	8,924	73.4	71.5-75.3
Central District Health Department	429	70.9	64.9-76.3
Dakota County Health Department	374	59.5	51.9-66.6
Douglas County Health Department	550	77.4	72.7-81.4
East Central District Health Department	435	71.8	66.2-76.8
Elkhorn Logan Valley Public Health Department	400	68.5	61.2-74.9
Four Corners Health Department	485	73.5	67.5-78.7
Lincoln-Lancaster County Health Department	495	78.6	73.2-83.1
Loup Basin Public Health Department	439	64.5	57.7-70.7
North Central District Health Department	472	68.3	62.4-73.6
Northeast Nebraska Public Health Department	425	71.2	64.4-77.2
Panhandle Public Health Department	426	57.2	51.7-62.6
Public Health Solutions	409	70.7	62.5-77.7
Sarpy/Cass Department of Health and Wellness	482	75.4	68.5-81.2
Scotts Bluff County Health Department	427	62.4	56.4-68.0
South Heartland District Health Department	446	77.1	71.8-81.7
Southeast District Health Department	475	65.2	59.4-70.7
Southwest Nebraska Public Health Department	427	63	57.2-68.5
Three Rivers Public Health Department	451	72.6	66.0-78.3
Two Rivers Public Health Department	447	68.6	61.9-74.5
West Central District Health Department	430	64.8	57.4-71.5

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-169
Adults Aged 18+ Who Have Had One or More Teeth Removed
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	15,814	33.6	32.3-35.0
Central District Health Department	760	34.1	30.4-38.0
Dakota County Health Department	683	38.9	34.6-43.4
Douglas County Health Department	905	33.4	29.9-37.2
East Central District Health Department	744	39.0	35.3-43.0
Elkhorn Logan Valley Public Health Department	740	38.7	34.6-43.0
Four Corners Health Department	895	31.9	28.9-35.0
Lincoln-Lancaster County Health Department	862	30.3	26.7-34.1
Loup Basin Public Health Department	794	38.2	34.2-42.4
North Central District Health Department	830	36.3	32.5-40.3
Northeast Nebraska Public Health Department	779	40.4	36.4-44.6
Panhandle Public Health Department	793	36.3	32.4-40.4
Public Health Solutions	750	33.0	29.3-36.9
Sarpy/Cass Department of Health and Wellness	809	30.1	26.5-33.9
Scotts Bluff County Health Department	774	38.2	34.1-42.5
South Heartland District Health Department	799	31.1	27.7-34.7
Southeast District Health Department	821	38.4	34.3-42.7
Southwest Nebraska Public Health Department	737	31.5	27.9-35.3
Three Rivers Public Health Department	800	35.5	31.8-39.3
Two Rivers Public Health Department	789	33.9	29.8-38.4
West Central District Health Department	750	33.2	29.1-37.7

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-170
Male Adults Aged 18+ Who Have Had One or More Teeth Removed
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	6,039	32.9	30.9-34.9
Central District Health Department	281	34.1	28.6-40.2
Dakota County Health Department	259	39.9	33.6-46.5
Douglas County Health Department	326	31.7	26.3-37.6
East Central District Health Department	273	40.4	34.6-46.4
Elkhorn Logan Valley Public Health Department	285	40.5	34.6-46.6
Four Corners Health Department	376	30.3	26.2-34.8
Lincoln-Lancaster County Health Department	344	29.8	24.9-35.2
Loup Basin Public Health Department	307	39.2	33.0-45.7
North Central District Health Department	310	35.3	29.7-41.3
Northeast Nebraska Public Health Department	301	40.5	34.8-46.4
Panhandle Public Health Department	317	33.2	27.6-39.3
Public Health Solutions	297	32.6	27.2-38.5
Sarpy/Cass Department of Health and Wellness	310	29.3	24.1-35.0
Scotts Bluff County Health Department	300	42.4	35.7-49.5
South Heartland District Health Department	309	30.7	26.0-35.9
Southeast District Health Department	291	37.8	31.9-44.2
Southwest Nebraska Public Health Department	265	27.8	22.7-33.5
Three Rivers Public Health Department	324	34.0	28.5-39.9
Two Rivers Public Health Department	292	32.9	27.4-39.0
West Central District Health Department	272	30.4	24.8-36.6

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-171
Female Adults Aged 18+ Who Have Had One or More Teeth Removed
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	9,775	34.5	32.7-36.4
Central District Health Department	479	34.2	29.5-39.3
Dakota County Health Department	424	37.9	32.1-44.1
Douglas County Health Department	579	34.7	30.3-39.4
East Central District Health Department	471	37.8	33.0-42.8
Elkhorn Logan Valley Public Health Department	455	37.6	31.6-43.9
Four Corners Health Department	519	33.6	29.5-38.0
Lincoln-Lancaster County Health Department	518	30.8	26.1-36.0
Loup Basin Public Health Department	487	37.4	31.9-43.4
North Central District Health Department	520	37.4	32.4-42.6
Northeast Nebraska Public Health Department	478	40.3	34.5-46.3
Panhandle Public Health Department	476	39.7	34.0-45.7
Public Health Solutions	453	33.6	28.4-39.2
Sarpy/Cass Department of Health and Wellness	499	31.0	26.2-36.2
Scotts Bluff County Health Department	474	34.4	29.7-39.4
South Heartland District Health Department	490	31.6	27.0-36.5
Southeast District Health Department	530	39.4	34.0-45.0
Southwest Nebraska Public Health Department	472	35.4	30.5-40.6
Three Rivers Public Health Department	476	36.4	32.0-41.1
Two Rivers Public Health Department	497	34.9	29.2-41.2
West Central District Health Department	478	36.8	30.6-43.5

Table A-172
Adults Aged 65+ Who Have Had All of Their Teeth Removed
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	5,112	17.1	15.5-18.9
Central District Health Department	235	20.5	15.6-26.6
Dakota County Health Department	207	28.4	22.4-35.4
Douglas County Health Department	213	16.8	11.7-23.5
East Central District Health Department	237	14.3	10.2-19.8
Elkhorn Logan Valley Public Health Department	233	25.2	19.4-31.9
Four Corners Health Department	306	11.6	8.3-16.0
Lincoln-Lancaster County Health Department	229	13.4	9.2-19.0
Loup Basin Public Health Department	308	21.5	16.8-26.9
North Central District Health Department	278	20.7	16.0-26.2
Northeast Nebraska Public Health Department	256	20.1	15.3-26.0
Panhandle Public Health Department	274	17.1	12.9-22.3
Public Health Solutions	281	17.2	13.1-22.2
Sarpy/Cass Department of Health and Wellness	173	13.2	8.3-20.2
Scotts Bluff County Health Department	268	17.6	13.2-23.1
South Heartland District Health Department	278	16.2	12.0-21.3
Southeast District Health Department	294	19.2	14.0-25.7
Southwest Nebraska Public Health Department	278	19.1	14.6-24.5
Three Rivers Public Health Department	254	16.8	11.5-23.8
Two Rivers Public Health Department	266	17.6	13.4-22.8
West Central District Health Department	244	19.3	13.7-26.3

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Table A-173
Males Aged 65+ Who Have Had All of Their Teeth Removed
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	1,715	16.0	13.3-19.0
Central District Health Department	79	13.7	7.3-24.0
Dakota County Health Department	68	31.3	21.4-43.2
Douglas County Health Department	79	17.2	9.3-29.7
East Central District Health Department	66	12.8	6.5-23.7
Elkhorn Logan Valley Public Health Department	62	19.9	11.1-33.2
Four Corners Health Department	113	9.0	4.8-16.3
Lincoln-Lancaster County Health Department	84	12.2	6.0-23.0
Loup Basin Public Health Department	102	22.5	15.0-32.4
North Central District Health Department	80	21.1	13.4-31.7
Northeast Nebraska Public Health Department	81	16.4	9.6-26.6
Panhandle Public Health Department	101	17.1	10.4-26.6
Public Health Solutions	102	15.3	9.6-23.5
Sarpy/Cass Department of Health and Wellness	66	14.7	7.1-27.9
Scotts Bluff County Health Department	100	20.4	12.9-30.8
South Heartland District Health Department	82	11.9	6.4-21.0
Southeast District Health Department	96	12.3	7.1-20.3
Southwest Nebraska Public Health Department	94	17.8	11.1-27.2
Three Rivers Public Health Department	90	17.1	8.4-31.7
Two Rivers Public Health Department	93	16.4	10.0-25.7
West Central District Health Department	77	16.9	9.9-27.3

Table A-174
Females Aged 65+ Who Have Had All of Their Teeth Removed
2007-2008 Nebraska BRFSS (Age-Adjusted Rates)

	Current (2007-2008)		
	N	Weighted Percent	95% Confidence Interval
Nebraska	3,397	18.0	16.0-20.2
Central District Health Department	156	25.9	19.2-33.9
Dakota County Health Department	139	26.2	19.3-34.5
Douglas County Health Department	134	16.5	10.6-24.8
East Central District Health Department	171	15.5	10.7-21.8
Elkhorn Logan Valley Public Health Department	171	29.1	22.2-37.2
Four Corners Health Department	193	13.6	9.2-19.8
Lincoln-Lancaster County Health Department	145	14.2	9.2-21.4
Loup Basin Public Health Department	206	20.6	15.4-27.1
North Central District Health Department	198	20.3	15.2-26.7
Northeast Nebraska Public Health Department	175	22.9	16.7-30.6
Panhandle Public Health Department	173	17.1	12.1-23.5
Public Health Solutions	179	18.6	13.4-25.3
Sarpy/Cass Department of Health and Wellness	107	11.9	6.7-20.3
Scotts Bluff County Health Department	168	15.6	10.9-22.0
South Heartland District Health Department	196	19.4	14.1-26.2
Southeast District Health Department	198	23.6	16.3-33.0
Southwest Nebraska Public Health Department	184	20.0	14.7-26.8
Three Rivers Public Health Department	164	16.6	11.2-23.9
Two Rivers Public Health Department	173	18.5	13.3-25.0
West Central District Health Department	167	21.0	13.6-31.1

NOTE: Shading indicates LHDs with rates that differ significantly from the Nebraska rate.

Appendix B

Graphs with Indicator Prevalence Rates by Local/District Health Department (Figures B-1 through B-58)

Figure B-1. Adults Aged 18-64 with No Health Insurance by Local/District Health Department (2007-2008)

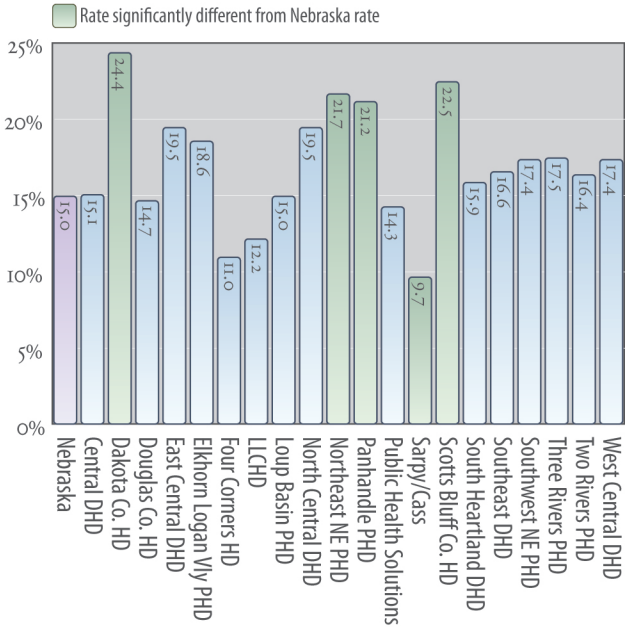


Figure B-2. Adults Aged 18+ with No Personal Health Care Provider by Local/District Health Department (2007-2008)

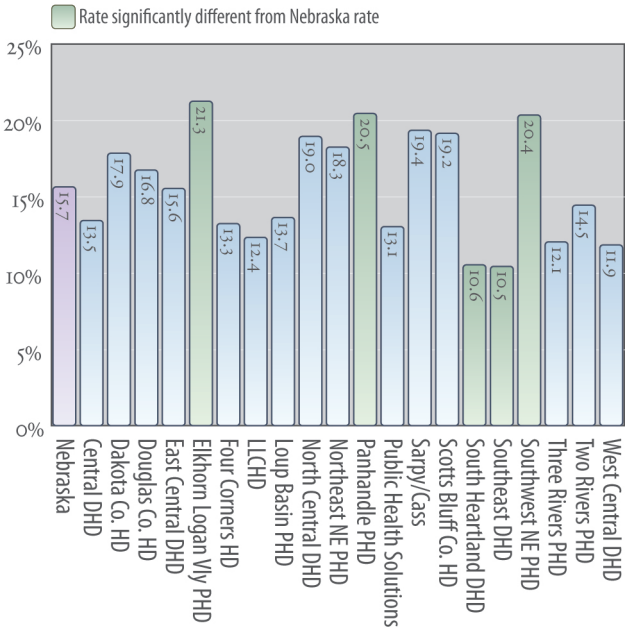


Figure B-3. Adults Aged 18+ Unable to See Physician at Least Once in Past 12 Months due to Cost by Local/District Health Department (2007-2008)

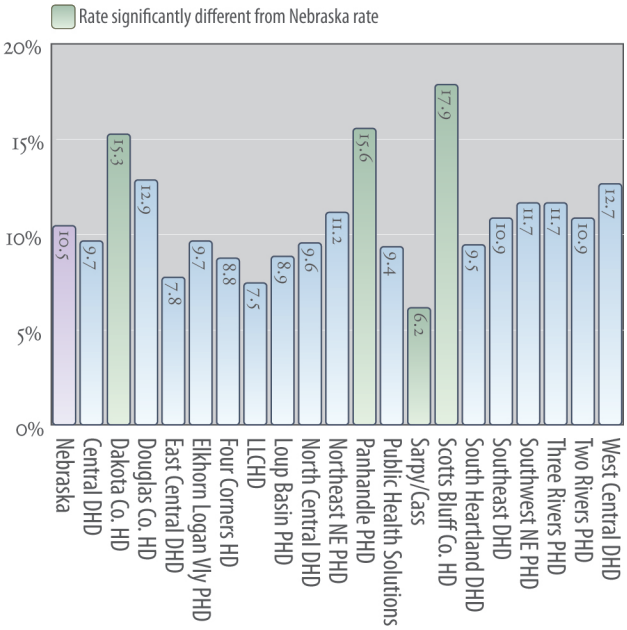


Figure B-4. Adults Aged 18+ Who Visited Physician for Routine Checkup in Past Year by Local/District Health Department (2007-2008)

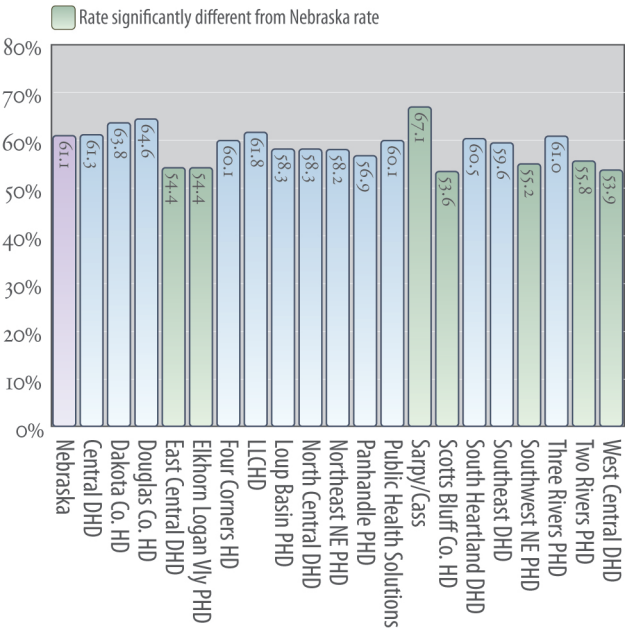


Figure B-5. Adults Aged 18+ with Household "Not Prepared at All" for Major Disaster by Local/District Health Department (2007-2008)

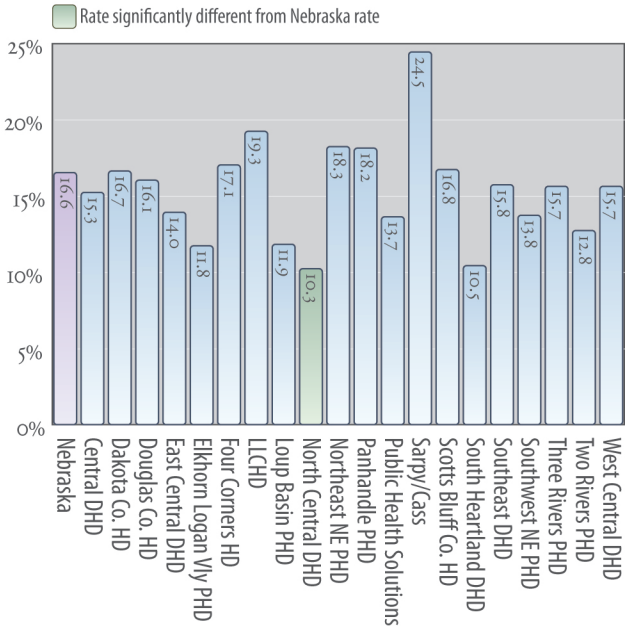


Figure B-6. Adults Aged 18+ with No Disaster Evacuation Plan for Their Household by Local/District Health Department (2007-2008)

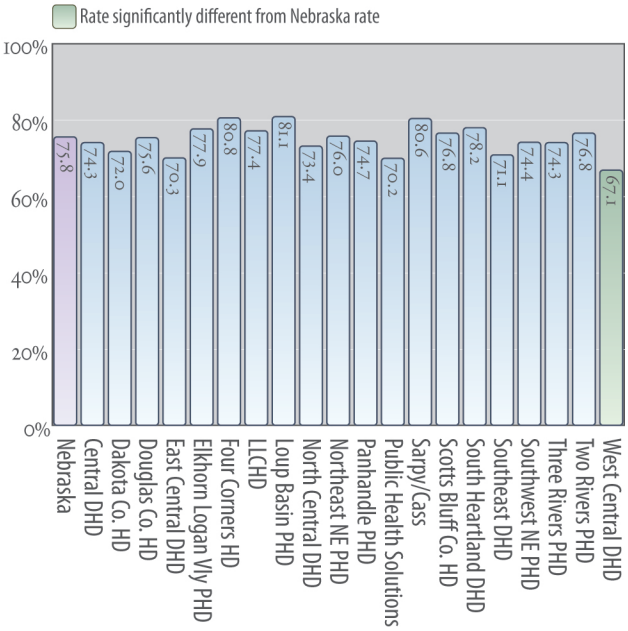


Figure B-7. Adults Aged 18+ Without a 3-Day Supply of Water for Their Household by Local/District Health Department (2007-2008)

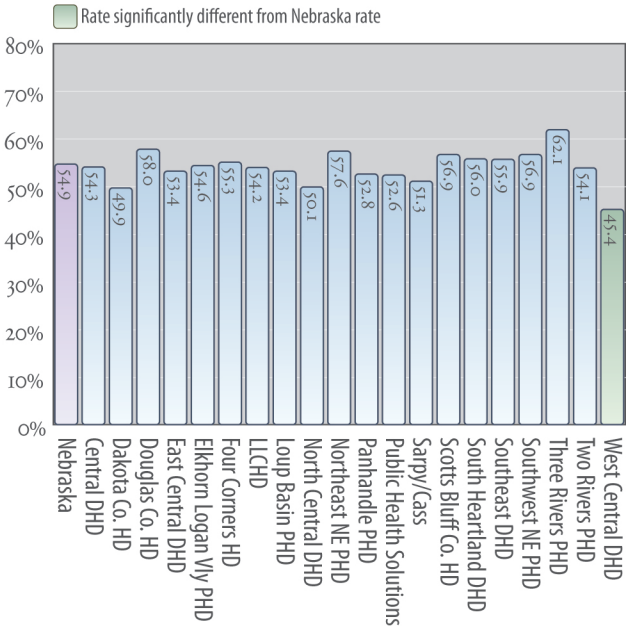


Figure B-8. Adults Aged 18+ Without a 3-Day Supply of Non-Perishable Food for Their Household by Local/District Health Department (2007-2008)

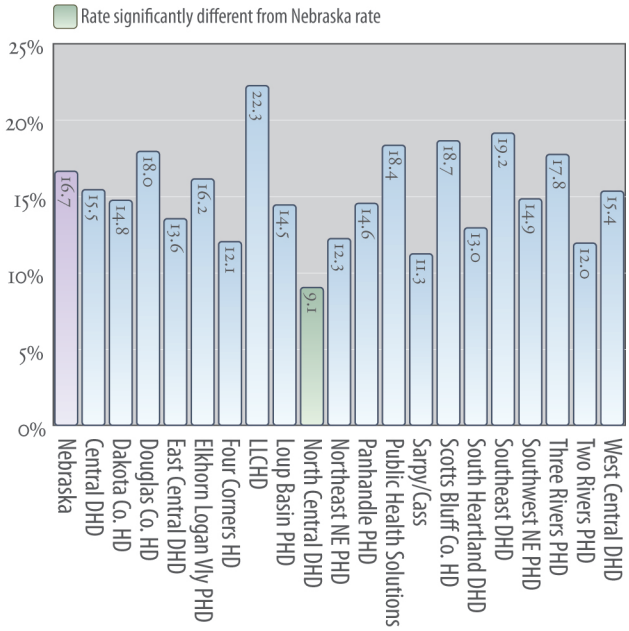


Figure B-9. Adults Aged 18+ without a 3-Day Supply of Prescription Drugs for Their Household by Local/District Health Department (2007-2008)

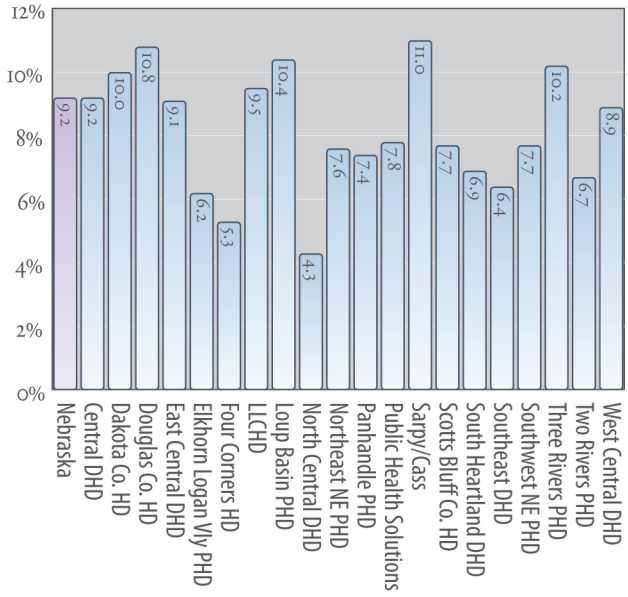


Figure B-10. Adults Aged 18+ without Battery-Operated Radio by Local/District Health Department (2007-2008)

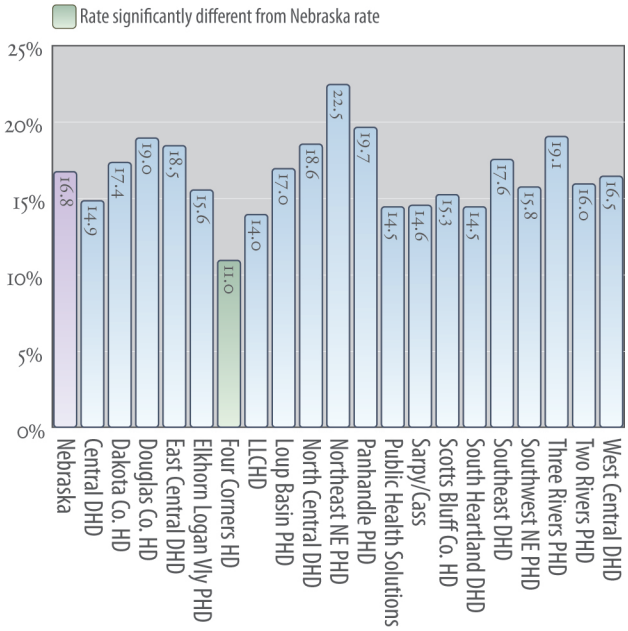


Figure B-11. Adults Aged 18+ without a Battery-Operated Flashlight by Local/District Health Department (2007-2008)

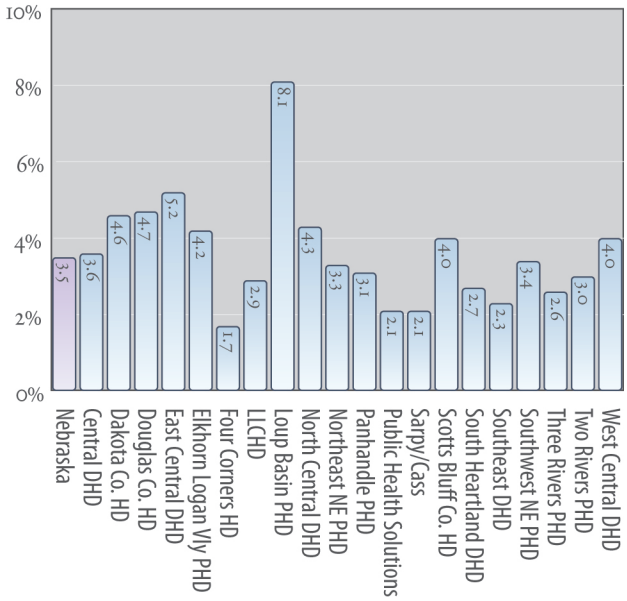


Figure B-12. Adults Aged 18+ Who Would Not Evacuate if It Were Ordered by Local/District Health Department (2007-2008)

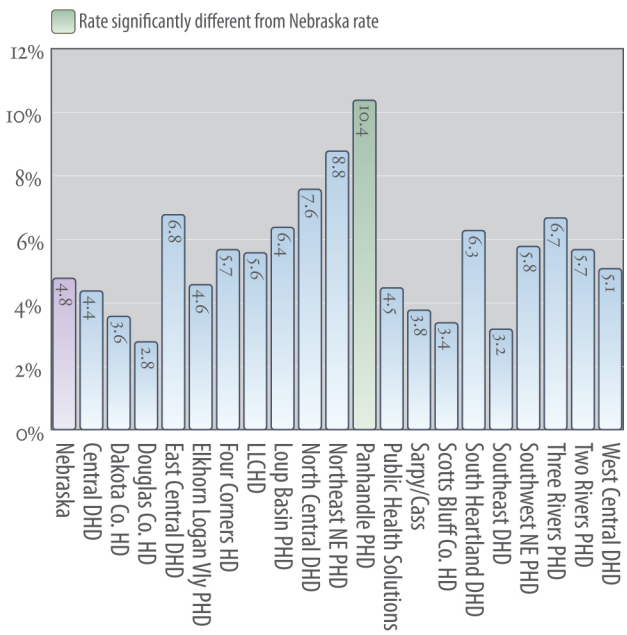


Figure B-13. Adults Aged 18+ Who Would Communicate via Cellphone During a Disaster by Local/District Health Department (2007-2008)

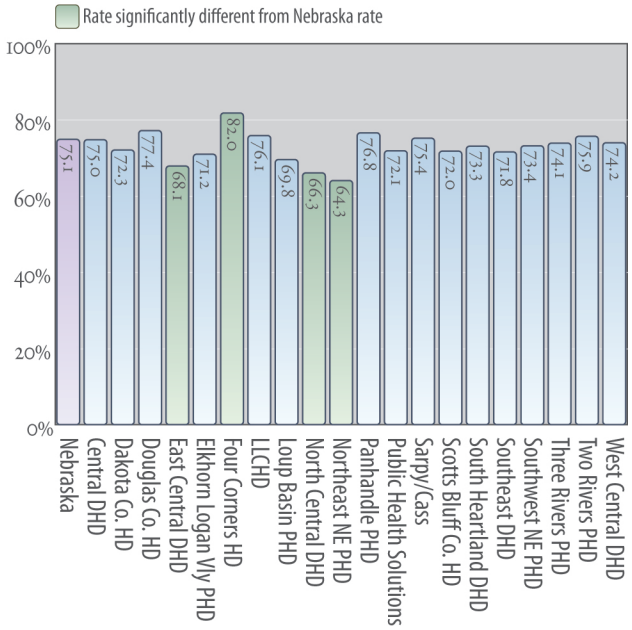


Figure B-14. Adults Aged 18+ Who Would Get Disaster Information from the Radio by Local/District Health Department (2007-2008)

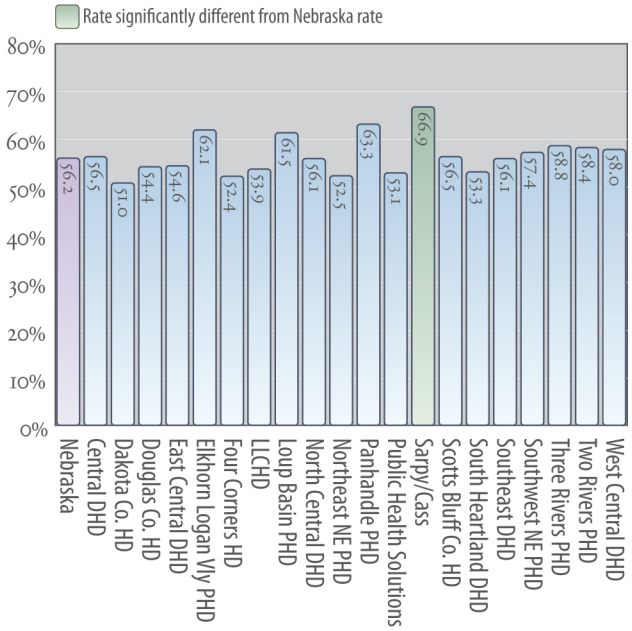


Figure B-15. Adults Aged 18+ Who Reported Having "Good" to "Excellent" Health by Local/District Health Department (2007-2008)

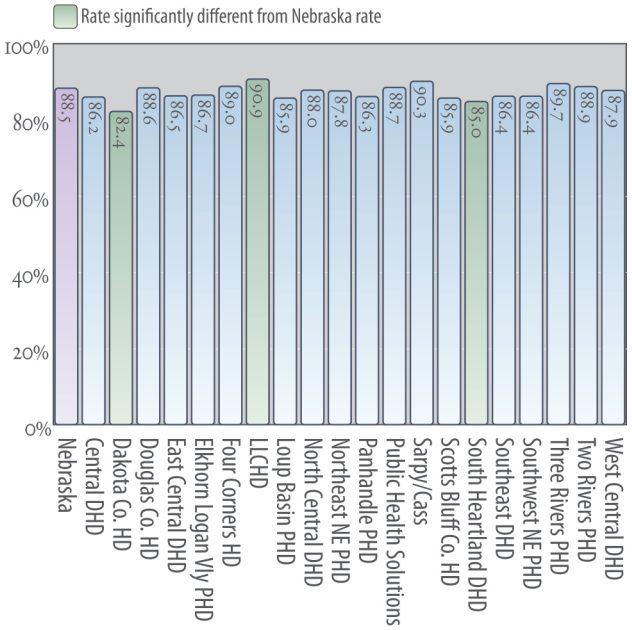


Figure B-16. Mean Number of Days in Past Month When Adults' Physical Health Was "Not Good" by Local/District Health Department (2007-2008)

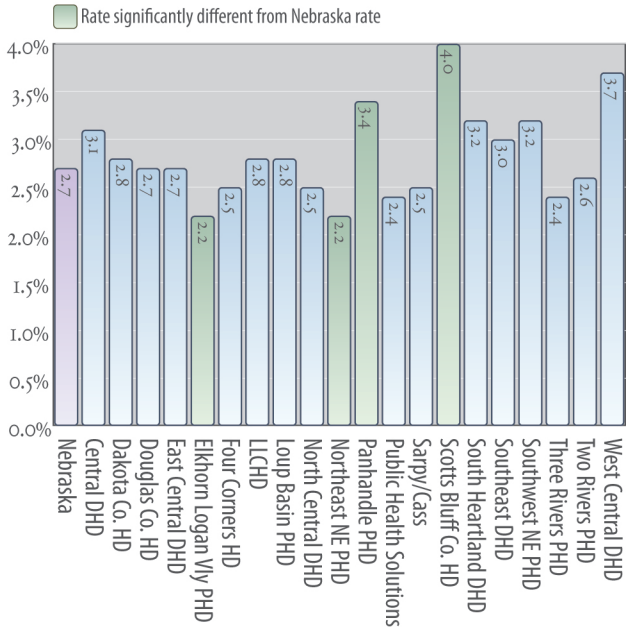


Figure B-17. Mean Number of Days in Past Month When Adults' Mental Health Was "Not Good" by Local/District Health Department (2007-2008)

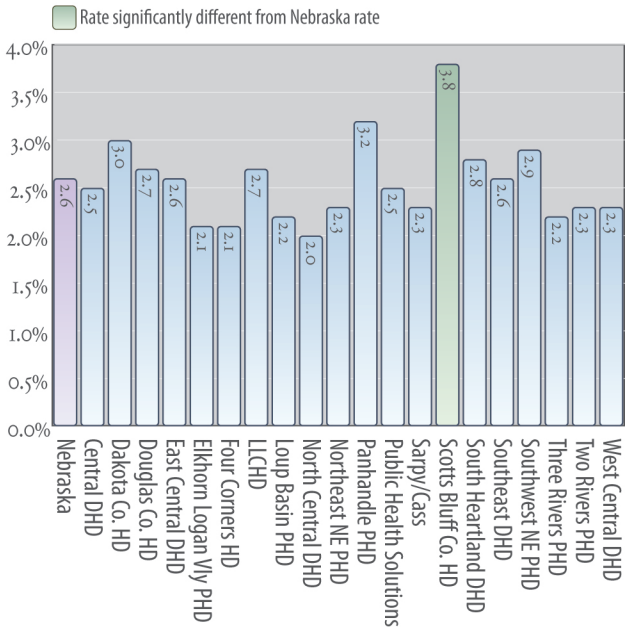


Figure B-18. Mean Number of Days in the Past Month When Adults' Activities Were Limited due to Poor Physical/Mental Health by Local/District Health Department (2007-2008)

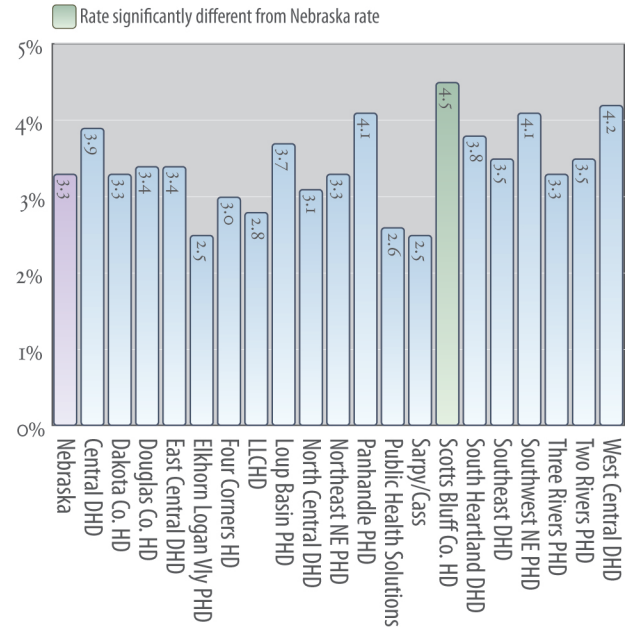


Figure B-19. Adults Aged 18+ Who Report Being Limited in Activities due to Physical, Mental, or Emotional Problems by Local/District Health Department (2007-2008)

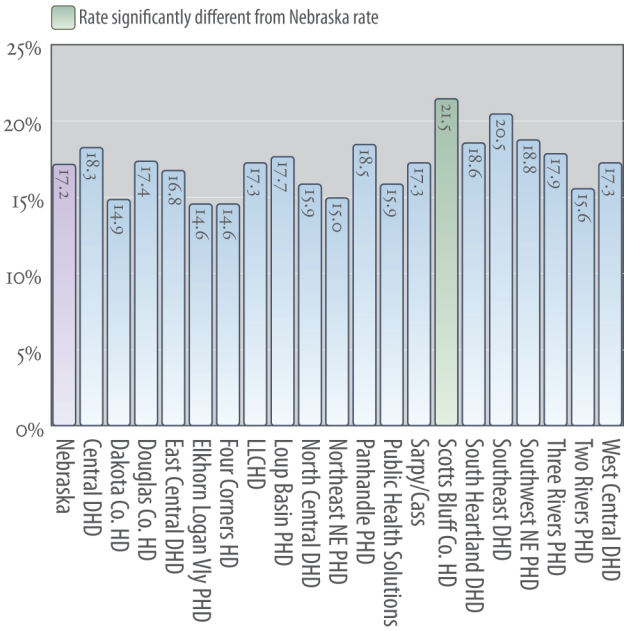


Figure B-20. Adults Aged 18+ with Health Problems Requiring Use of Special Equipment by Local/District Health Department (2007-2008)

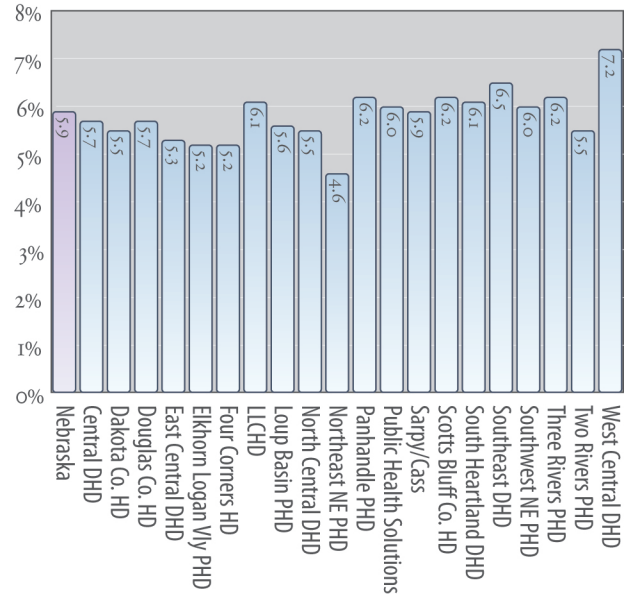


Figure B-21. Adults Aged 18+ with Serious Psychological Distress (SPD) in the Past 30 Days by Local/District Health Department (2007)

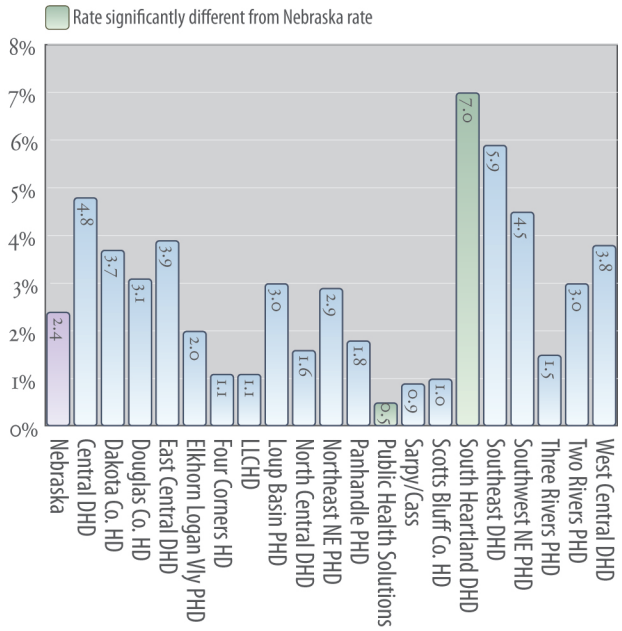


Figure B-22. Adults Aged 18+ with Current Depression (Based on Severity of Depression Score of 10+) by Local/District Health Department (2008)

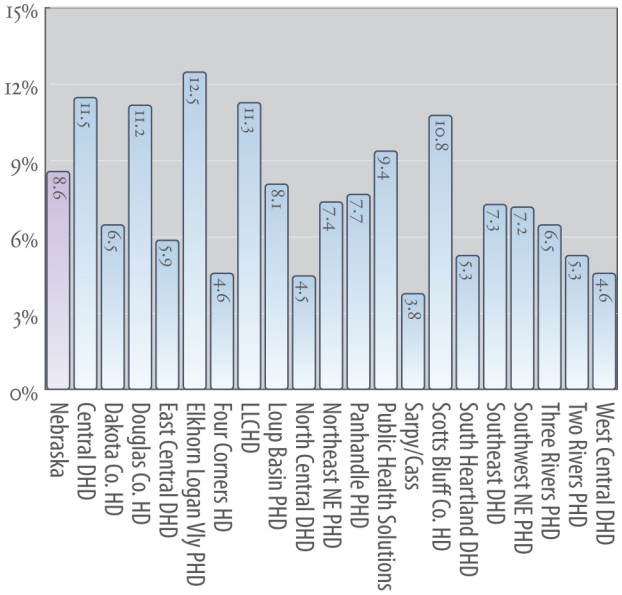


Figure B-23. Adults Aged 18+ Who Were Ever Told They Had Depressive Disorder (Lifetime Diagnosis of Depression) by Local/District Health Department (2008)

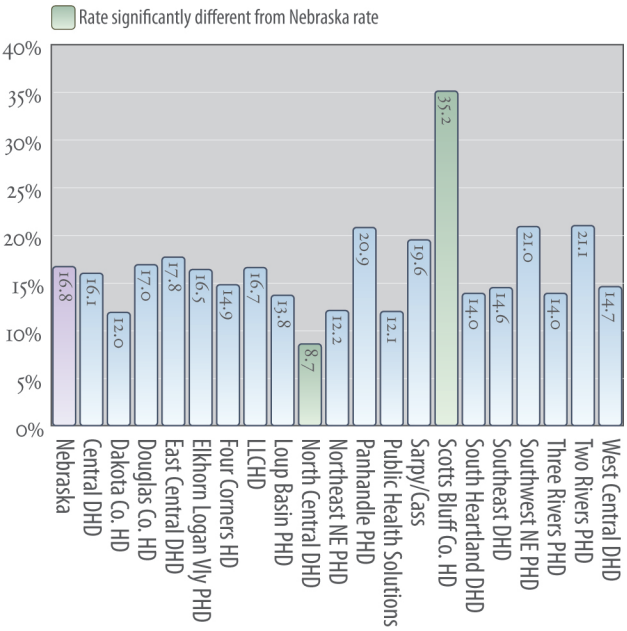


Figure B-24. Adults Aged 18+ Ever Told They Had Anxiety Disorder (Lifetime Diagnosis of Anxiety) by Local/District Health Department (2008)

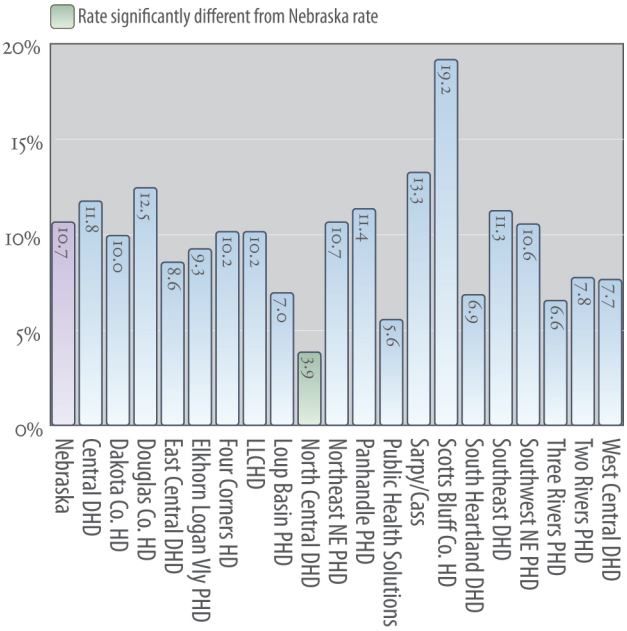


Figure B-25. Adults Aged 18+ Ever Told by Health Professional That They Had Heart Attack by Local/District Health Department (2007-2008)

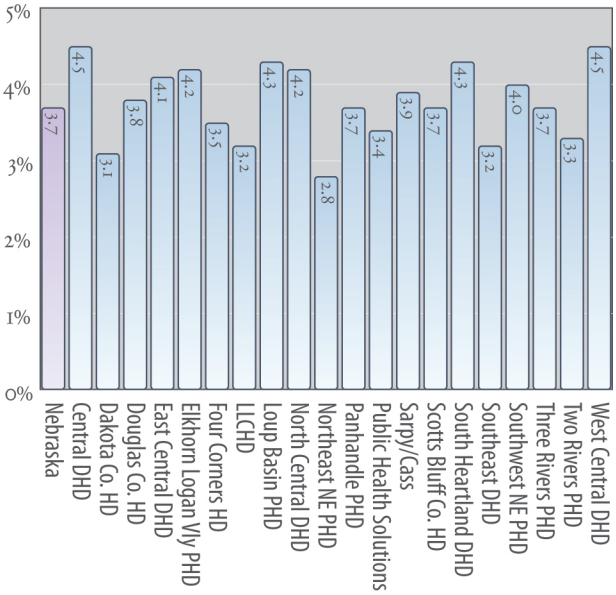


Figure B-26. Adults Ever Told by Health Professional That They Have Coronary Heart Disease/Angina by Local/District Health Department (2007-2008)

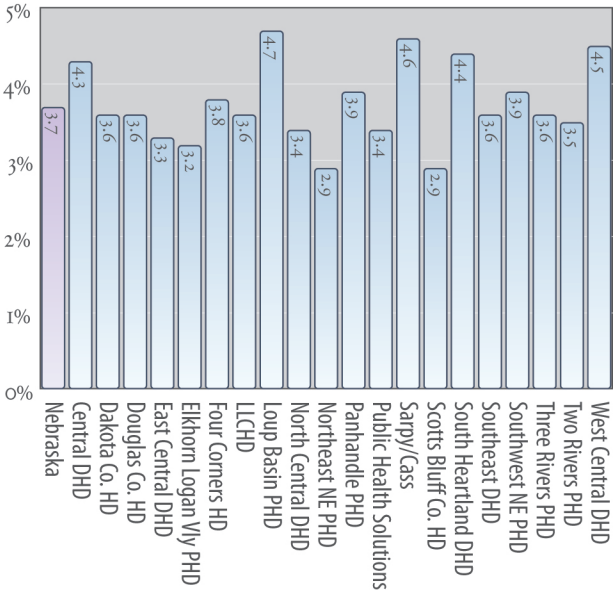


Figure B-27. Adults Aged 18+ Told by Health Professional That They Had a Stroke by Local/District Health Department (2007-2008)

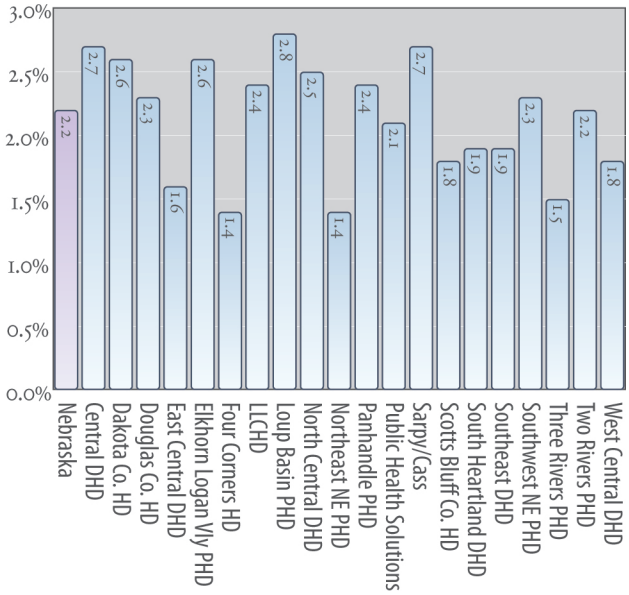


Figure B-28. Adults Aged 18+ Who Were Told by Health Professional That They Have High Blood Pressure by Local/District Health Department (2007-2008)

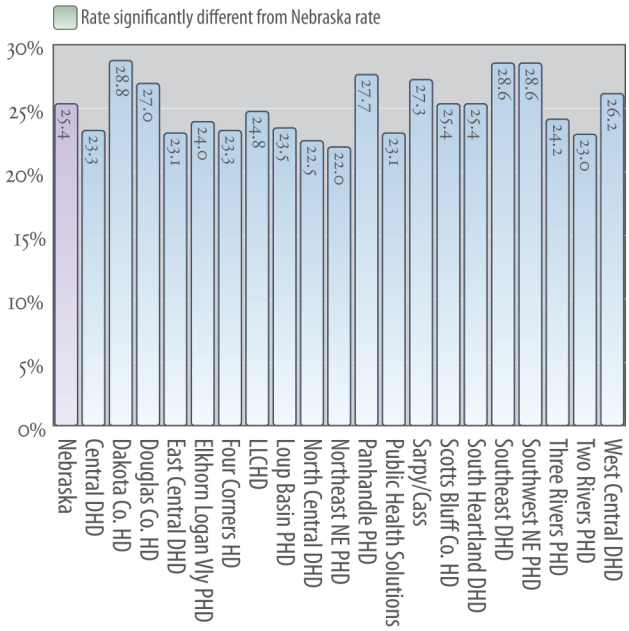


Figure B-29. Adults Aged 18+ Who Had Cholesterol Level Checked in Past 5 Years by Local/District Health Department (2007-2008)

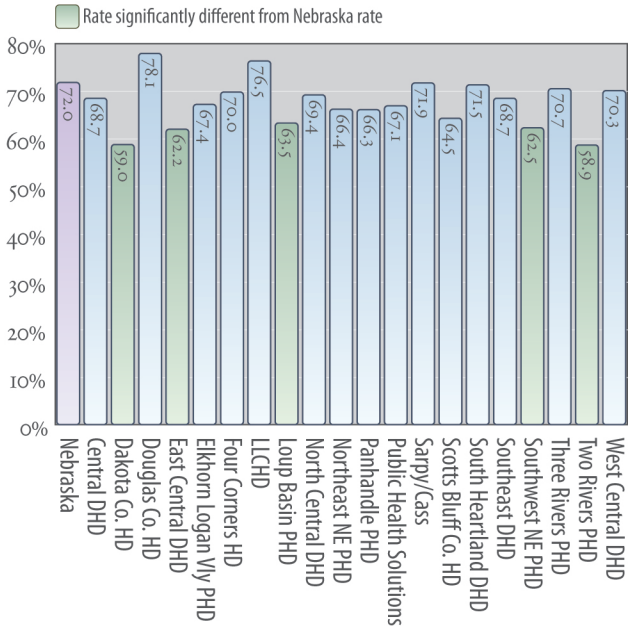


Figure B-30. Adults Aged 18+ Told by Health Professional That Their Cholesterol Level Is High by Local/District Health Department (2007-2008)

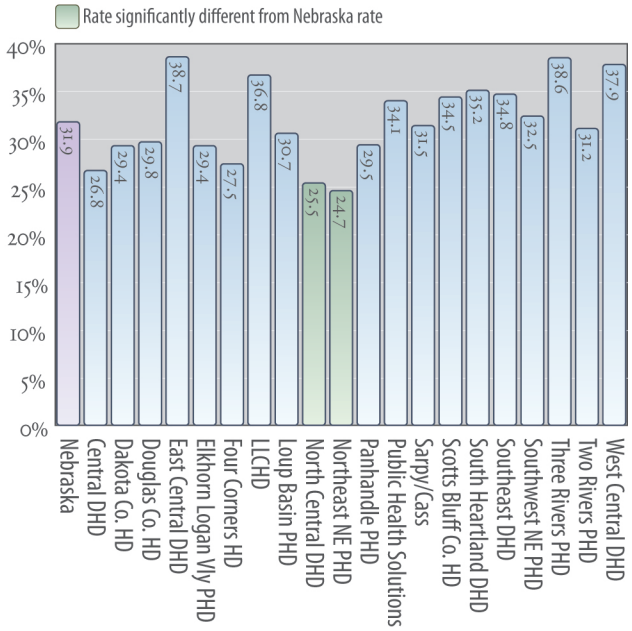


Figure B-31. Adults Aged 18+ Who Were Ever Told They Have Diabetes by Local/District Health Department (2007-2008)

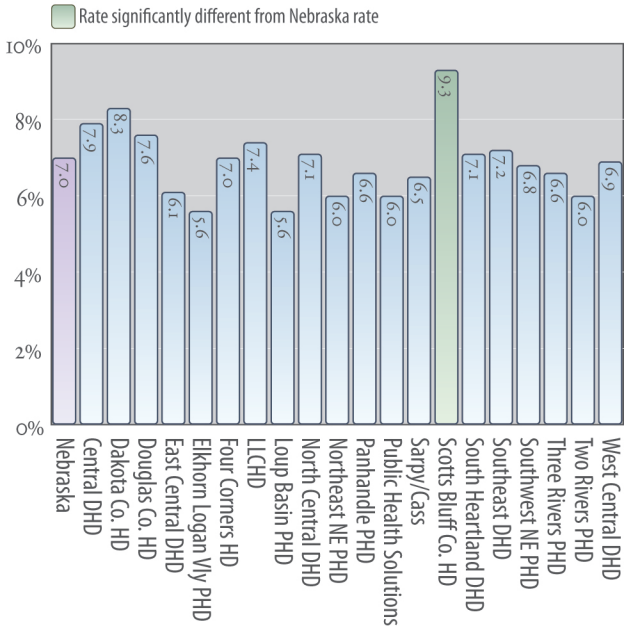


Figure B-32. Adults Aged 18+ Who Were Told by a Health Professional That They Have Arthritis by Local/District Health Department (2007-2008)

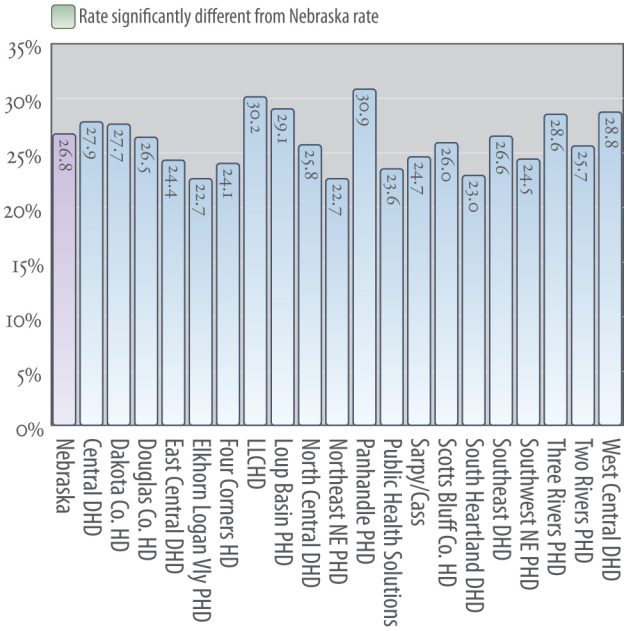


Figure B-33. Adults Aged 18+ Who Were Ever Told They Have Asthma by Local/District Health Department (2007-2008)

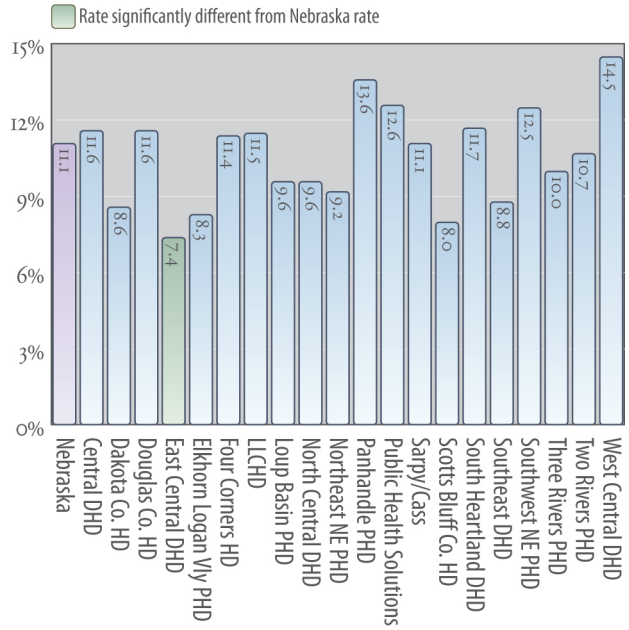


Figure B-34. Adults Aged 18+ Who Currently Have Asthma by Local/District Health Department (2007-2008)

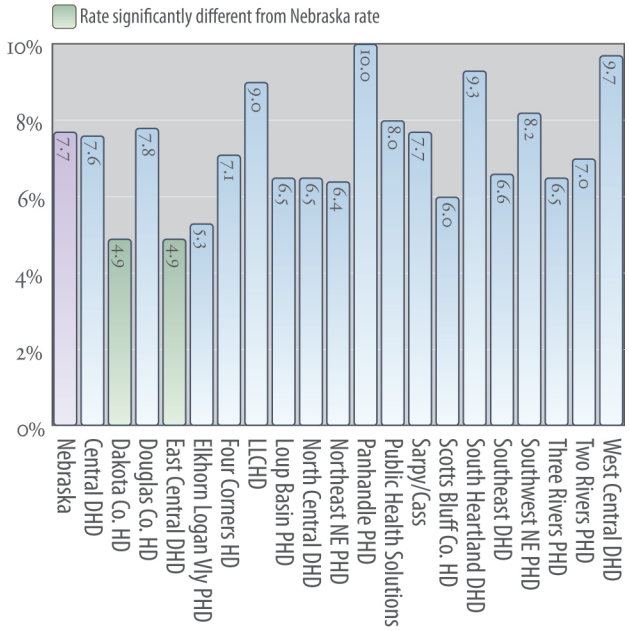


Figure B-35. Adults Aged 18+ Who Are Obese (Body Mass Index=30.0+) by Local/District Health Department (2007-2008)

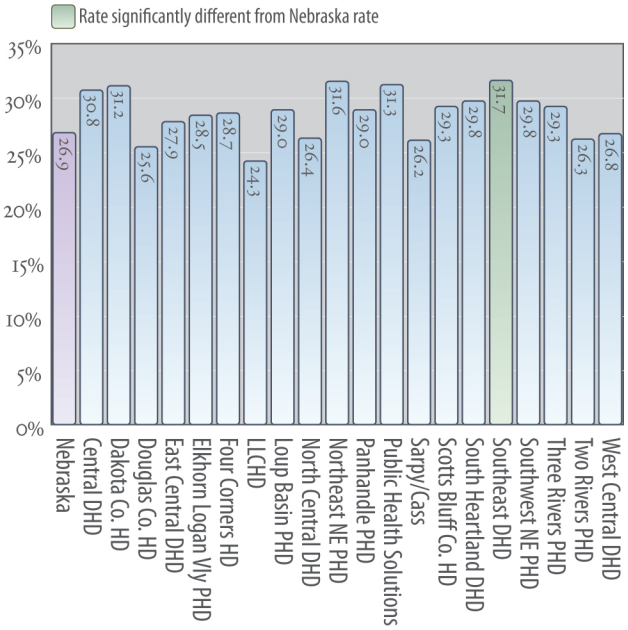


Figure B-36. Adults Aged 18+ Who Are Overweight (Body Mass Index=25.0-29.9) by Local/District Health Department (2007-2008)

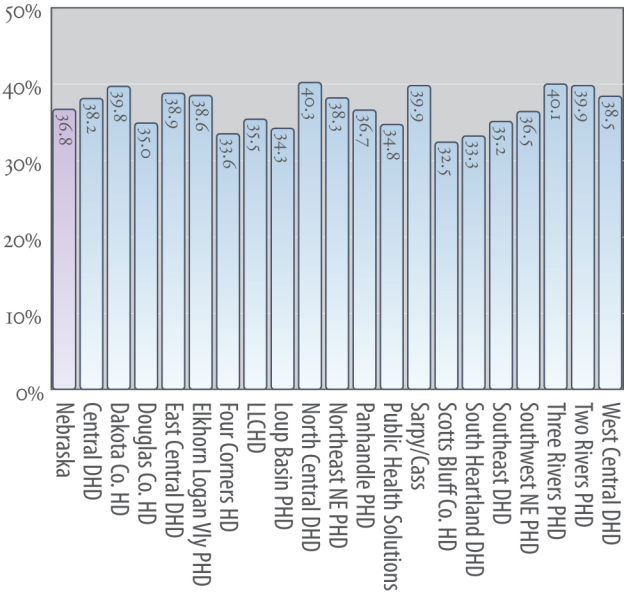


Figure B-37. Adults Aged 18+ Who Consume Fruits and Vegetables 5+ Times a Day by Local/District Health Department (2007-2008)

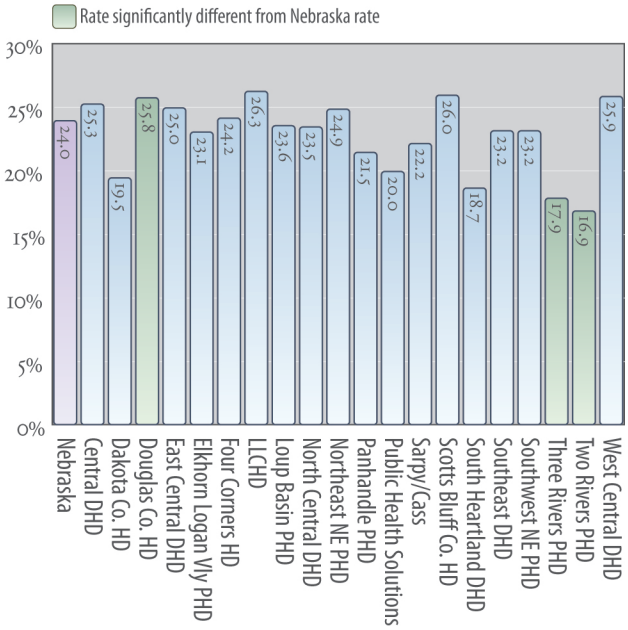


Figure B-38. Adults Aged 18+ Who Did Not Participate in Any Leisure-Time Physical Activity in Past Month by Local/District Health Department (2007-2008)

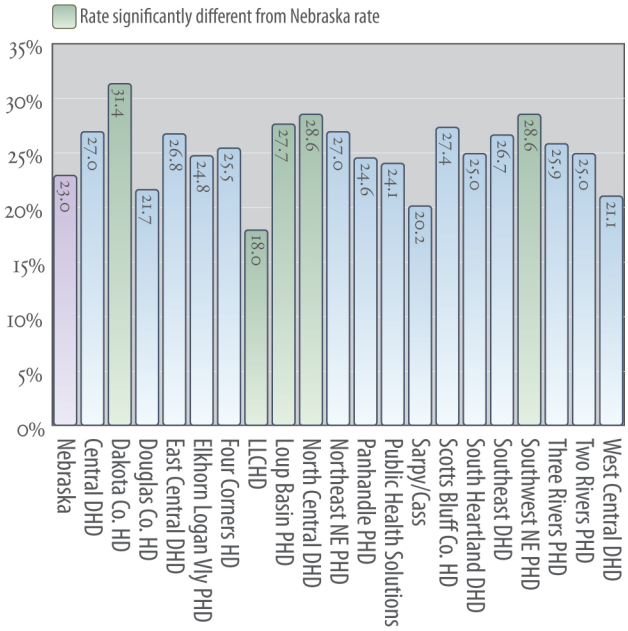


Figure B-39. Adults Aged 18+ Who Participated in Recommended Level of Moderate and/or Vigorous Physical Activity in a Usual Week by Local/District Health Departemnt (2007-2008)

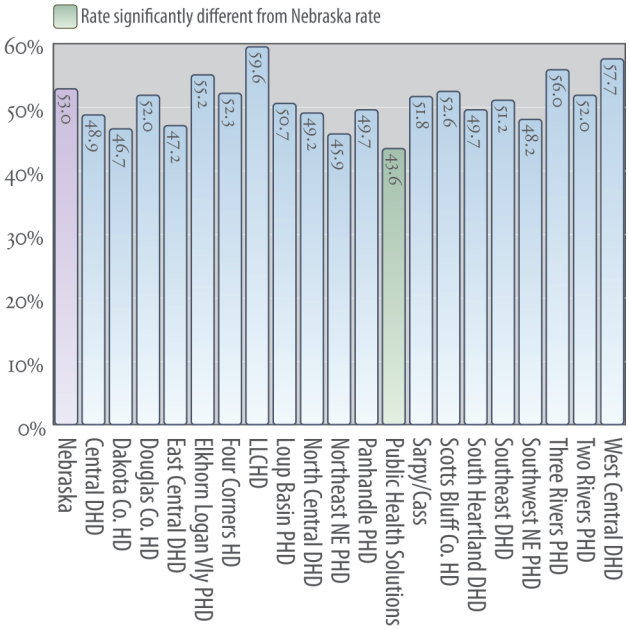


Figure B-40. Adults Aged 18+ Who Participated in Vigorous Physical Activity in a Usual Week by Local/District Health Department (2007-2008)

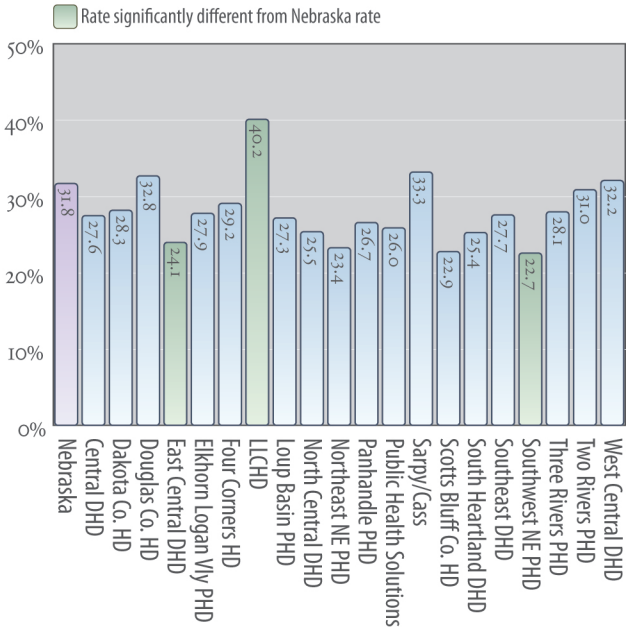


Figure B-41. Adults Aged 18+ Who Currently Smoke Cigarettes by Local/District Health Department (2007-2008)

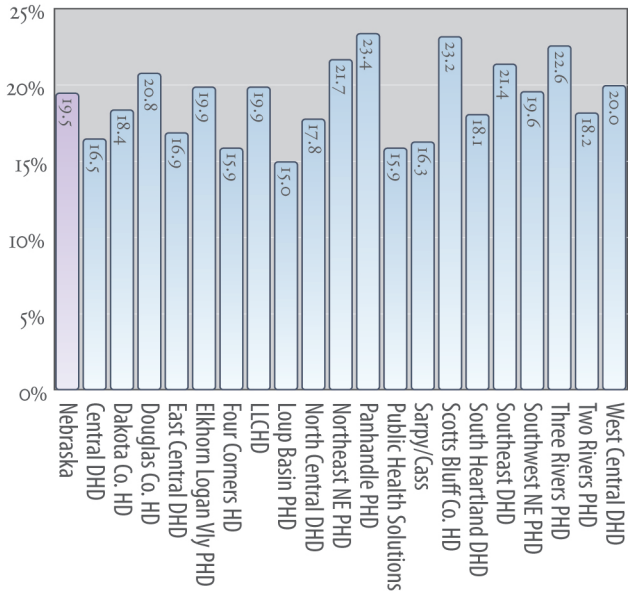


Figure B-42. Current Smokers Aged 18+ Who Attempted to Quit Smoking in the Past Year by Local/District Health Department (2007-2008)

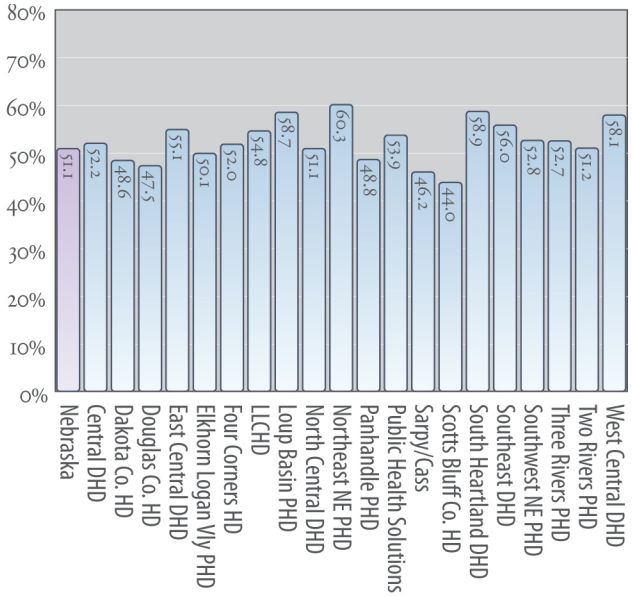


Figure B-43. Males Aged 18+ Who Currently Use Smokeless Tobacco by Local/District Health Department (2007-2008)

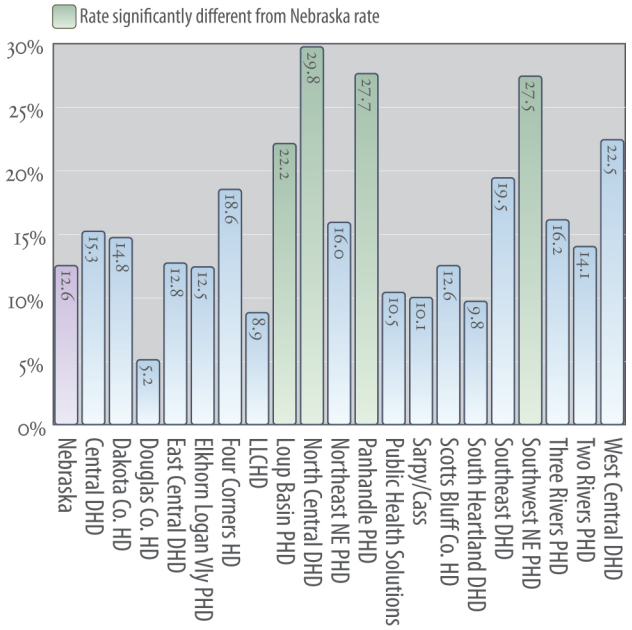


Figure B-44. Adults Aged 18+ Who Engaged in Binge Drinking in the Past Month by Local/District Health Department (2007-2008)

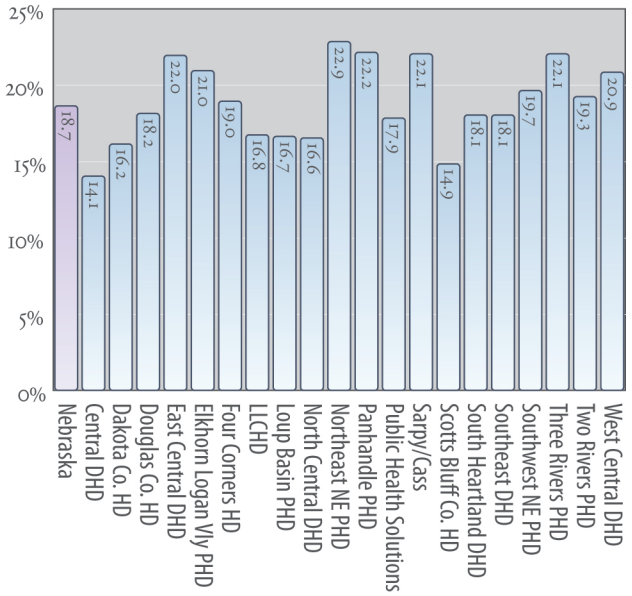


Figure B-45. Adults Aged 18+ Who Engaged in Chronic (Heavy) Drinking in the Past Month by Local/District Health Department (2007-2008)

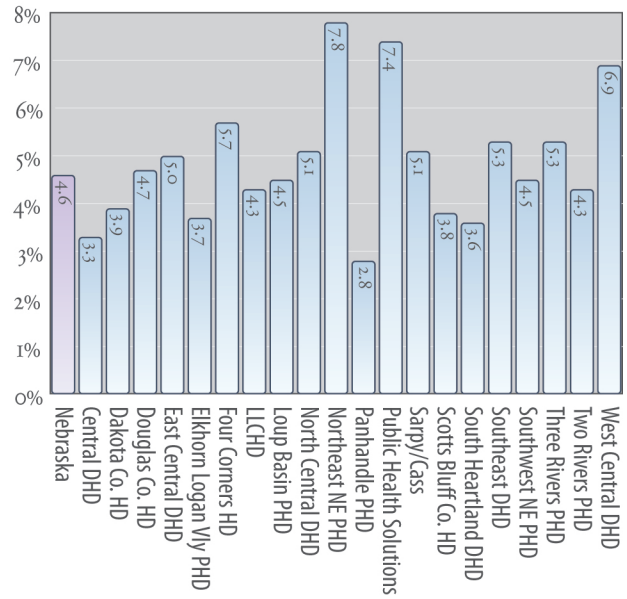


Figure B-46. Adults Aged 18+ Who Engaged in Drinking and Driving in the Past Month by Local/District Health Department (2007-2008)

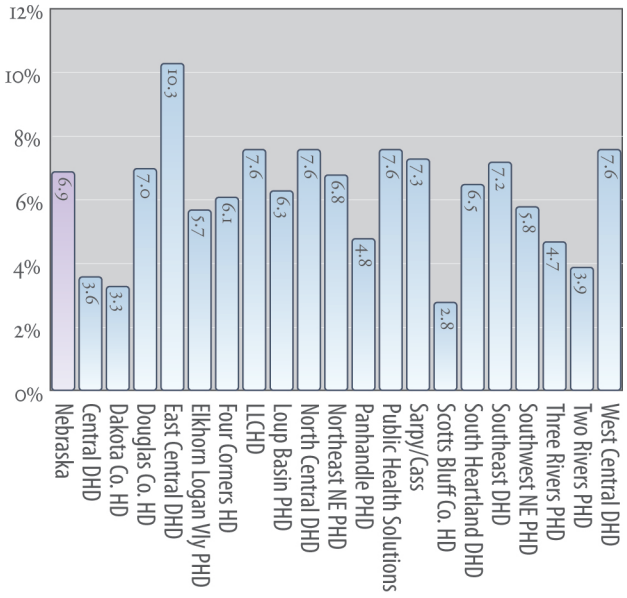


Figure B-47. Females Aged 40+ Who Had Mammogram in Past Two Years by Local/District Health Department (2007-2008)

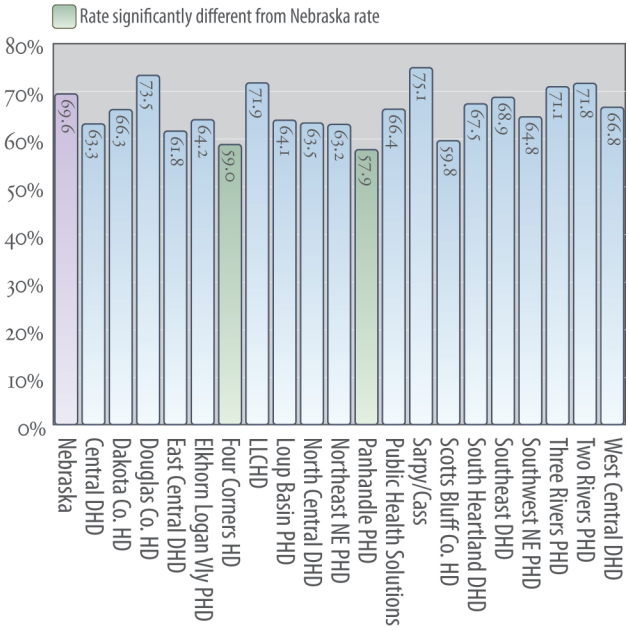


Figure B-48. Females Aged 18+ Who Had Pap Test in the Past Three Years by Local/District Health Department (2007-2008)

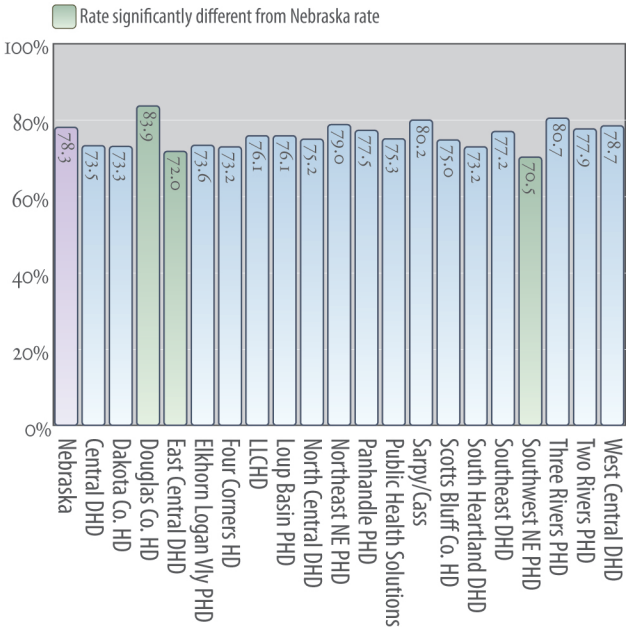


Figure B-49. Males Aged 50+ Who Had Prostate-Specific Antigen (PSA) Test in Past Two Years by Local/District Health Department (2007-2008)

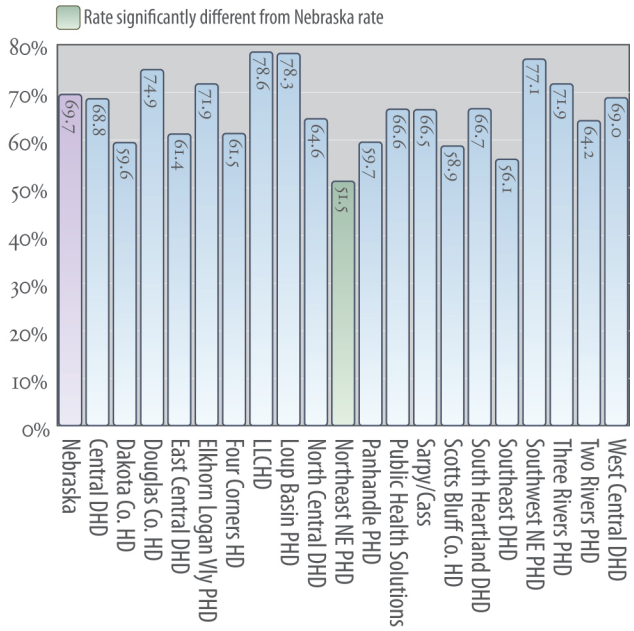


Figure B-50. Males Aged 50+ Who Had Digital Rectal Exam (DRE) in Past Two Years by Local/District Health Department

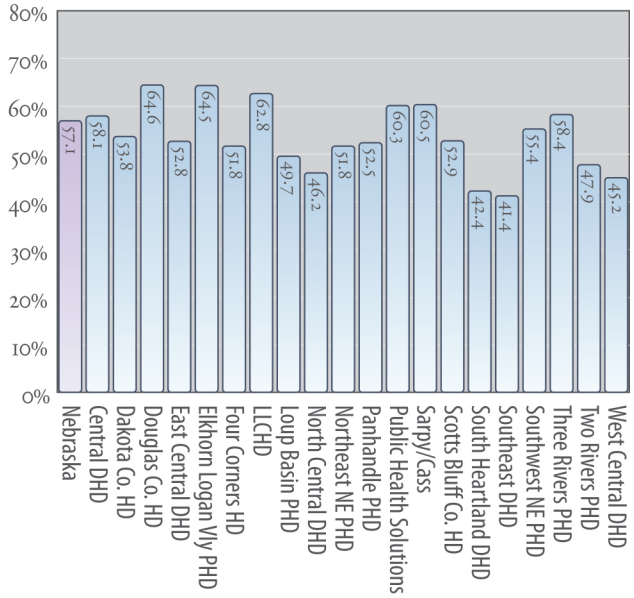


Figure B-51. Adults Aged 50+ Who Ever Had Colonoscopy or Sigmoidoscopy by Local/District Health Department (2007-2008)

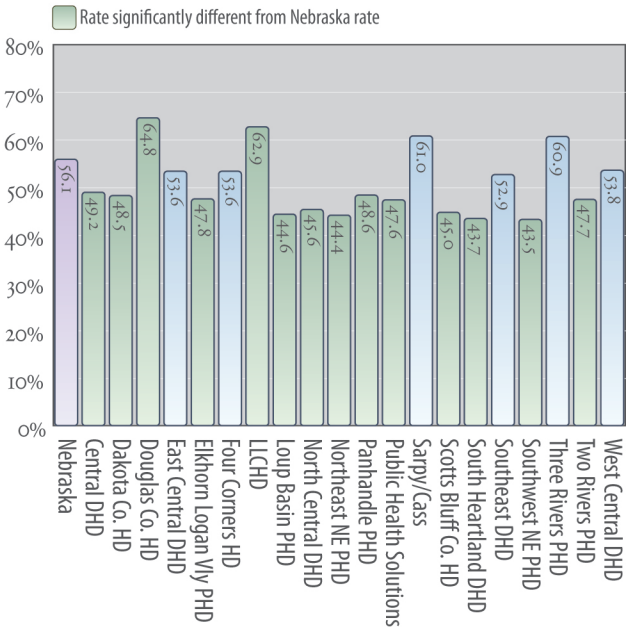


Figure B-52. Adults Aged 50+ Who Had Blood Stool Test in Past 2 Years by Local/District Health Department (2007-2008)

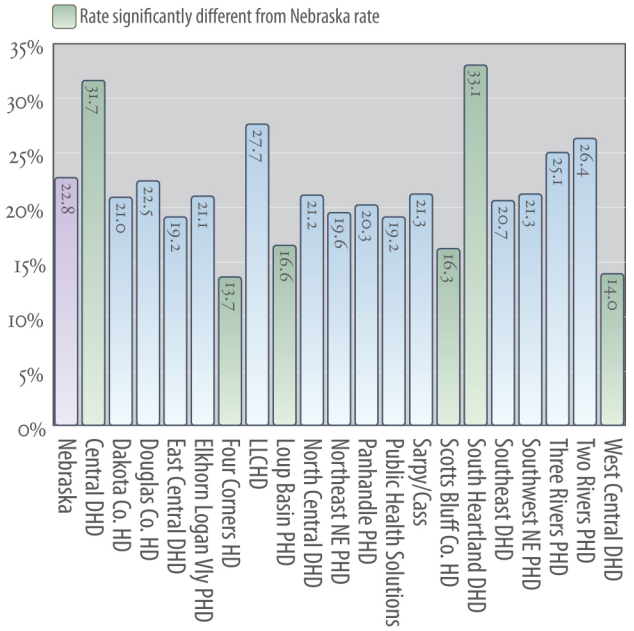


Figure B-53. Adults Aged 65+ Who Had Flu Shot in Past 12 Months by Local/District Health Department (2007-2008)

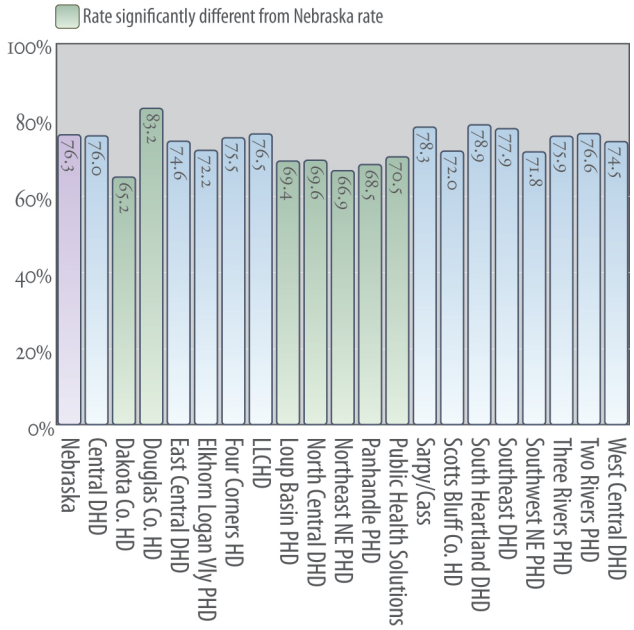


Figure B-54. Adults Aged 65+ Who Ever Had a Pneumonia Vaccination by Local/District Health Department (2007-2008)

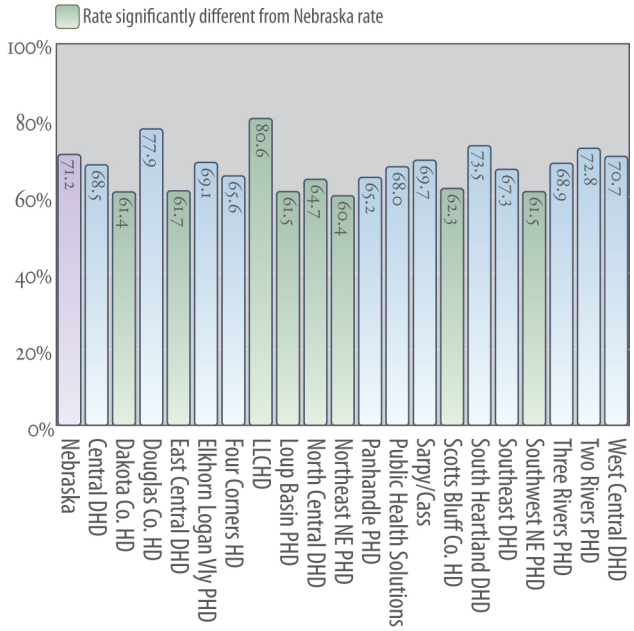


Figure B-55. Adults Aged 18+ Who Visited the Dentist in the Past 12 Months by Local/District Health Department (2007-2008)

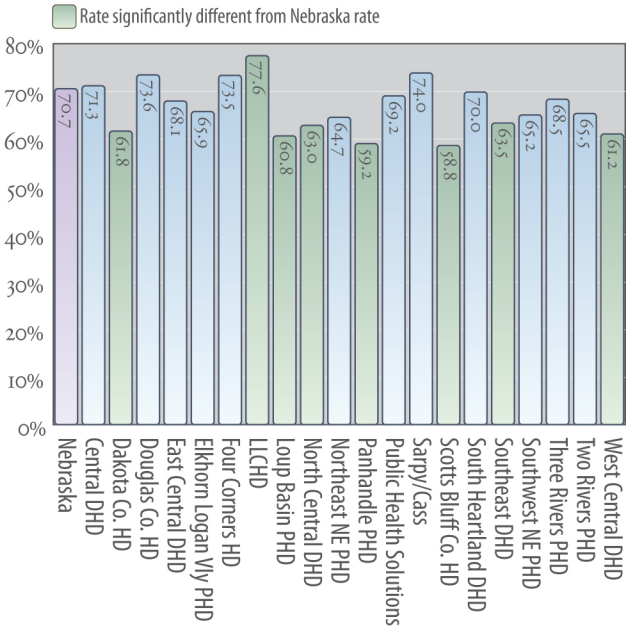


Figure B-56. Adults Aged 18+ Who Had Their Teeth Cleaned in Past Year by Local/District Health Department (2007-2008)

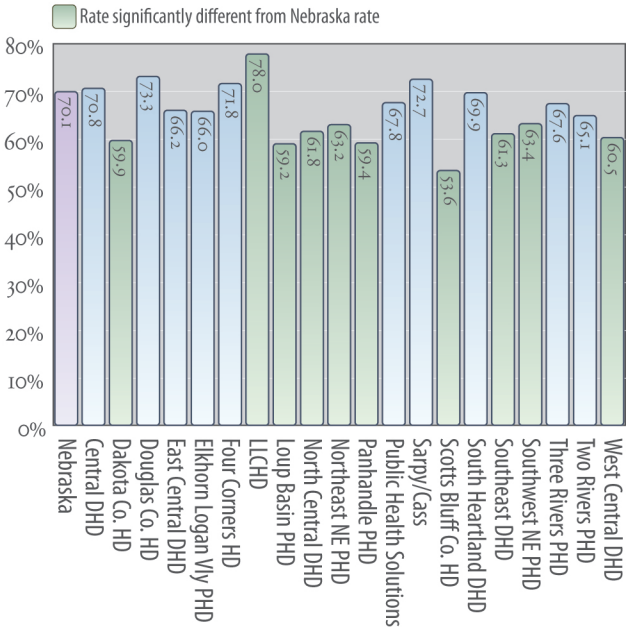


Figure B-57. Adults Aged 18+ Who Had One or More Teeth Removed by Local/District Health Department (2007-2008)

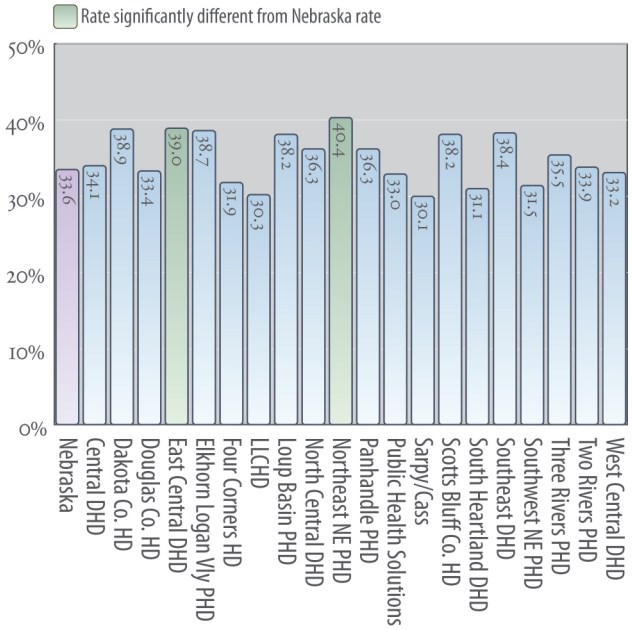
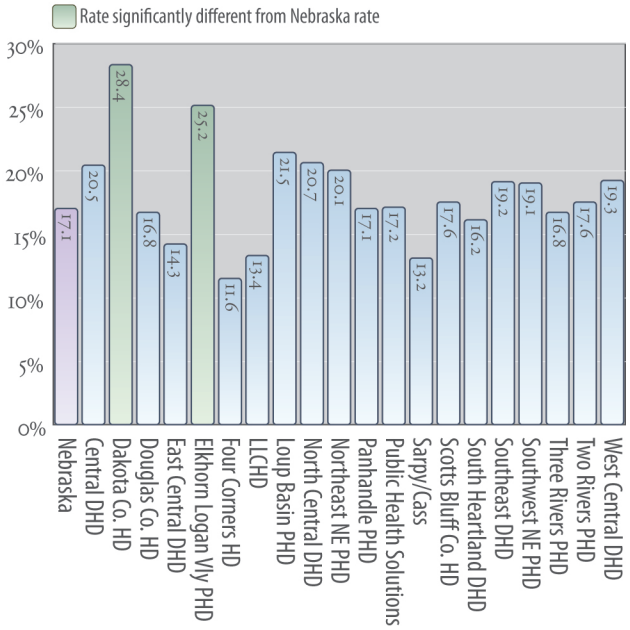


Figure B-58. Adults Aged 65+ Who Had All Teeth Removed by Local/District Health Department (2007-2008)



Appendix C

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