

Health Status of Hispanics in Nebraska



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Executive Summary

The Hispanic Health Status Report shows comprehensive Hispanic health disparity data. The data represents the ethnic minority health facts and socioeconomic status in Nebraska.

Highlights of the report include:

- Almost 26% of Hispanics are living in poverty, compared to 9.5% of non-Hispanic Whites. Forty-four percent of Hispanic female householders with no husband present are living in poverty, compared to 24% of non-Hispanic Whites.
- Approximately 50% of Hispanics ages 25 and older were less than high school graduates, and about 9% had a bachelor's degree or higher education.
- The median annual income of Hispanic households was about \$37,952. This is over \$14,000 less than the median income of Non-Hispanic White households, which was roughly \$52,683.
- Almost 34% of Hispanics work in production, transportation, and material moving occupations; 21% work in service occupations.
- During 2006-2010, Hispanic men were 1.8 times less likely to die from all death causes as Non-Hispanic/Latino White men. Hispanic women were over 1.6 times less likely to die from all death causes as Non-Hispanic White women.
- In 2006-2010, Hispanic males were less likely to die from heart disease, as compared to White males. Hispanic females were also less likely as White females to die from heart disease.
- Hispanic males were less likely to die from all cancer cases (109.2 per 100,000) than Non-Hispanic/Latino White males (211.9 per 100,000). Hispanic females were less likely to die from cancer (91 per 100,000) in contrast to Non-Hispanic/Latino White females (144 per 100,000).
- The infant mortality rate was the same for Hispanics as Non-Hispanic Whites.
- The incidence rate of sexually transmitted diseases was more than double among Hispanics than Whites.
- In Nebraska, during 2006-2010, Hispanics had an incident rate for Chlamydia of 433.3 per 100,000 population, which was about 2.3 times higher than that for Non-Hispanic Whites.
- For 2006-2010, the Hispanic population had a total death rate of 8.7 per 100,000 population due to chronic lung disease.

It is our hope this report will serve as a data resource for the Hispanic communities in Nebraska and for those who work for and with Hispanics in Nebraska. The purpose of writing this report was to provide a resource to individuals interested in

this type of Hispanic data. The data in this report represents health facts and socioeconomic status of Nebraska's Hispanic population.

Overall, the death data represents the major causes of death for

Hispanics in Nebraska. Maternal and child health data shows the Nebraska's Hispanic infant health status and the well-being of young Hispanic mothers. PRAMS data presents Hispanic mothers' breastfeeding situation and the support they are provided. BRFSS data comes from the database of the behavioral risk factor surveillance system which collects data by conducting surveys on the

prevalence of major health risk factors among adults. The data presented in this report can be used to target Hispanic health education and risk reduction activities throughout Nebraska to lower rates of premature death and disability. In this report, the Hispanic data is summarized and compared to total state of Nebraska data and Non-Hispanic White data to reveal the disparity status for various health issues.

Introduction

The Office of Health Disparities and Health Equity (OHDHE) strives to provide a more comprehensive look at health disparities among racial/ethnic minorities in Nebraska. As a building block toward that goal, the OHDHE has compiled this data report based on the most recent statistical information available. This report presents health status facts coupled with socioeconomic status information on the Hispanic population in Nebraska, and will illustrate the contrast between this minority population and that of Non-Hispanic/Latino White (White) majority population. The statistical information contained here spans several different health issues including: mortality, chronic diseases, cancer, HIV and sexually transmitted diseases, heart disease, stroke, diabetes, and infectious diseases.

For the purpose of this report, 'race and ethnicity' as defined by the United States Census Bureau and the Federal Office of Management and Budget (OMB), are "self-identification data items in which residents choose the race or races with which they most closely identify, and indicate whether or not they are of Hispanic or Latino origin (ethnicity)." The racial classifications used by the Census Bureau adhere to the October 30, 1997 Federal Register Notice entitled *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* issued by the OMB.¹ The OMB defines a minimum of five race categories: White, African American, Hispanic, Asian, and Native Hawaiian or Other Pacific Islander. For the purpose of this report, an additional category, *some other race*, was added with OMB approval. In addition to the five race groups, the OMB also states that respondents should be offered the option of selecting one or more races.

The following definition is provided by OMB and the U.S. Census Bureau to identify ethnicity:²

Hispanic: A person having origins in any of the original peoples of Cuba, Mexico, Puerto Rico, South or Central American or other Spanish culture or origin regardless of race. People who identify their origin as "Spanish," "Hispanic" or "Latino" may be of any race

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "*White*," or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.

Non-Hispanic White: A White person who does not consider themselves to be of Spanish, Hispanic, or Latino origin.

This report is one of a four-part series. The Nebraska minority health disparities facts reports focus on one racial/ethnic group per report. The information, and analysis methodology presented here are consistent in producing the report series which provides a multi-dimensional view and captures/tracks trends in disparities, while quantifying the potential for future progress in meeting quality goals.

¹ <http://www.whitehouse.gov/omb/fedreg/ombdir15.html>

² <http://www.whitehouse.gov/omb/fedreg/ombdir15.html>

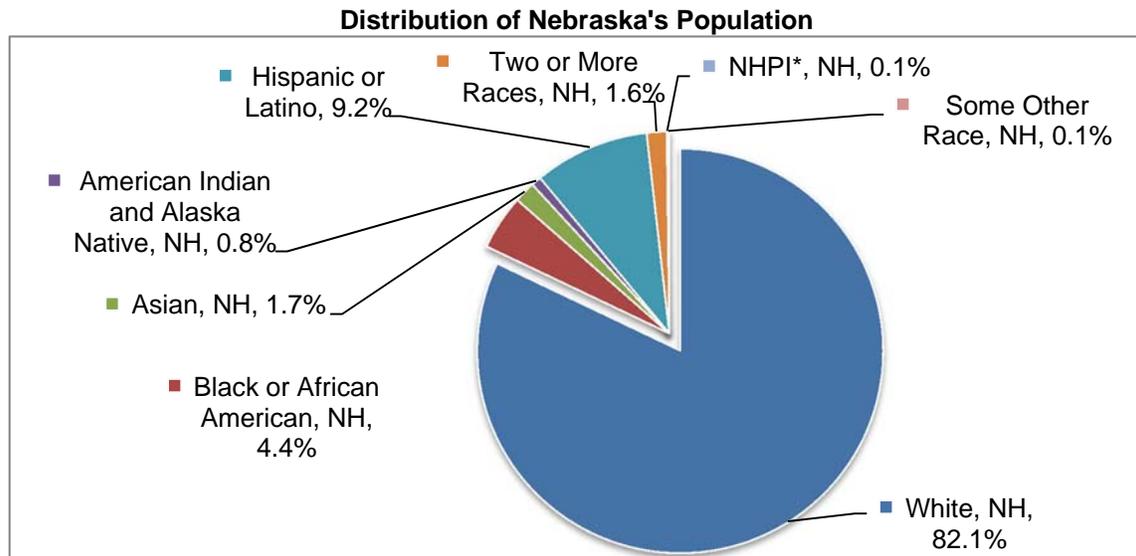
2000 Census of Population, Public Law 94-171 Redistricting Data File: Race. U.S. Census Bureau.

Data Sources

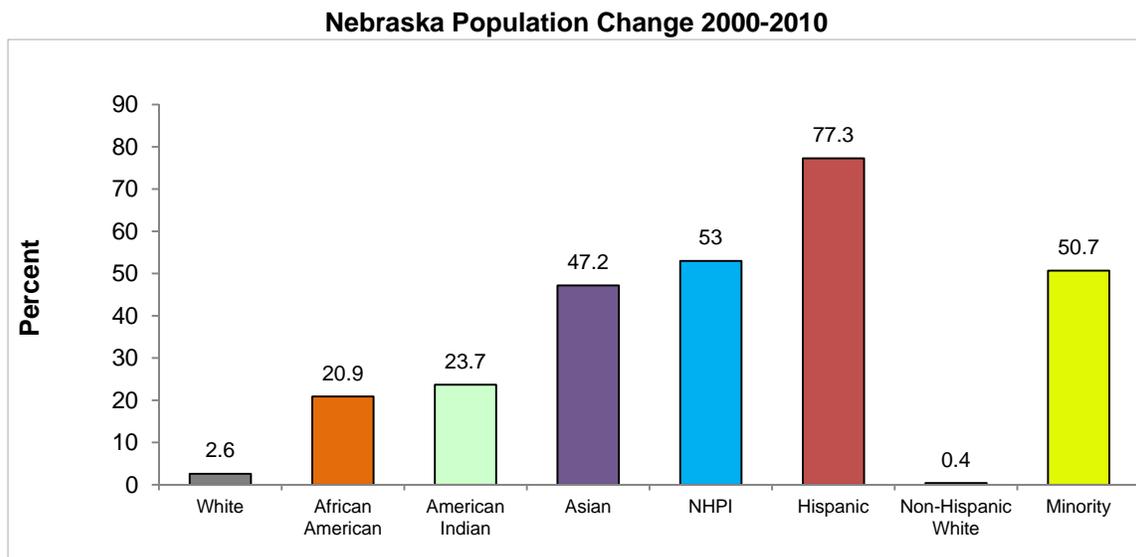
The data sources for this report come from the U.S. Census Bureau, the Nebraska Department of Health and Human Services Vital Statistics, Nebraska Behavioral Risk Factor Surveillance System (BRFSS), Cancer Registry, HIV Prevention Program, the Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS), and other programs. Population counts data come from the 2010 census. The socioeconomic data is from U.S. Census Bureau, 2009-2011 American Community Service three-year estimates. This report only presents part of the socioeconomic picture for Hispanics in Nebraska, for a more in depth look please look for the Nebraska Hispanic Socioeconomic Profile. From Vital Statistics, different ethnic groups' data are presented in the format of age-adjusted rate per 100,000 for populations. Age adjustment is a statistical technique for calculating the rates or percentages for different populations as if they all had the age distribution of a standard population. Rates adjusted to the same standard population can be directly compared or contrasted to each other, that way any differences attributed to factors of the population are more readily seen. The BRFSS rates presented in this fact sheet are age-adjusted as well, and surveys have been conducted annually since 1986 for the purpose of data collection 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 Nebraska in order to lower rates of premature death and disability. In this report, minority data will be summarized and compared to, when possible, total State of Nebraska data and Non-Hispanic/Latino White data, to reveal the disparity status for various health issues.

Demographics and Socioeconomics

Nebraska has a rapidly growing minority population comprised increasingly by persons of Hispanic/Latino origin. Hispanics are the fastest-growing minority group in Nebraska. The Hispanic/Latino population increased from 36,969 in 1990 to 94,425 in 2000, to 167,405 in the year 2010. These numbers represent a 352.8% increase of the Hispanic population in the state between 1990 and 2010, a 155.4% increase between 1990 and 2000, and a 77.3% increase between 2000 and 2010. In 1990, the population of Nebraska was 1,578,385, of that number the Hispanic population accounted for 2.3%. In 2000, the population of Nebraska was 1,711,263 and the Hispanic population accounted for 5.5%. In 2010, the population of Nebraska had risen to 1,826,341 and the Hispanic population accounted for 9.2% of Nebraska's total population.



Total Population: 1,826,341
 Note: *NHPI: Native Hawaiian or Other Pacific Islander; NH: non-Hispanic
 U.S. Census Bureau, 2010 Census



Note: *Native Hawaiian or Other Pacific Islander; NH: non-Hispanic
 U.S. Census Bureau, 2010 Census

Hispanic Population Distribution

According to the 2010 US Census³, there were 167,405 Hispanics in Nebraska. This number represented approximately 9.2% of the total Nebraska population.

Table 1: Distribution of Hispanic Population 2010

Subject	Number	Percent
RACE		
Total Nebraska population	1,826,341	
Hispanic or Latino (of any race)	167,405	9.2
Not Hispanic or Latino	1,658,936	90.8
Hispanic or Latino by Type		
Hispanic or Latino (of any race)	167,405	9.2
Mexican	128,060	7.0
Puerto Rican	3,242	0.2
Cuban	2,152	0.1
Dominican (Dominican Republic)	358	0.0
Central American (excludes Mexican)	17,242	0.9
Costa Rican	166	0.0
Guatemalan	8,616	0.5
Honduran	1,547	0.1
Nicaraguan	347	0.0
Panamanian	398	0.0
Salvadoran	6,016	0.3
Other Central American	152	0.0
South American	2,824	0.2
Argentinean	243	0.0
Bolivian	86	0.0
Chilean	228	0.0
Colombian	974	0.1
Ecuadorian	233	0.0
Paraguayan	38	0.0
Peruvian	628	0.0
Uruguayan	24	0.0
Venezuelan	319	0.0
Other South American	51	0.0
Other Hispanic or Latino	13,527	0.7
Spaniard	1,644	0.1
Spanish	1,373	0.1
Spanish American	63	0.0
All other Hispanic or Latino	10,447	0.6

Source: U.S. Census Bureau, 2010 Census.

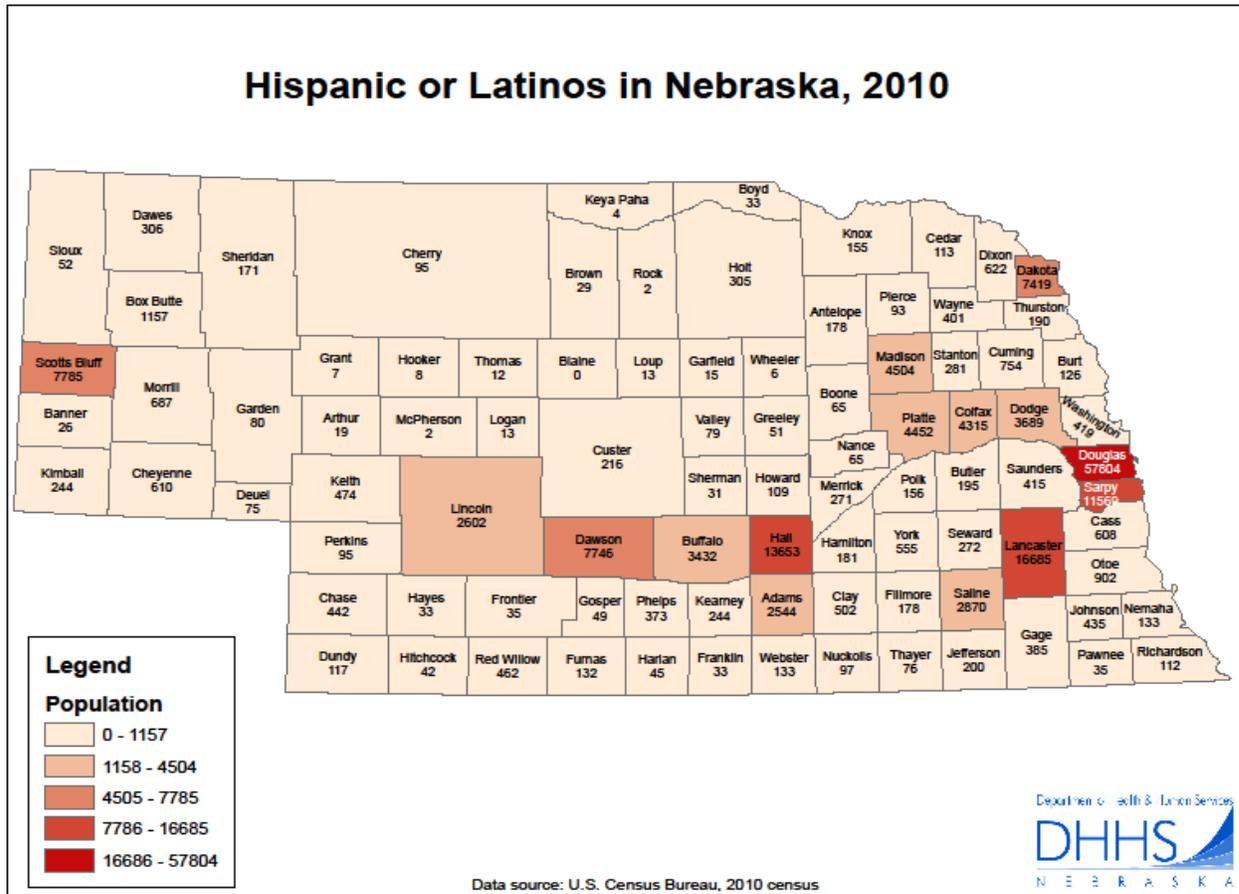
Notes: The race concept "alone or in combination" includes people who reported a single race alone and people who reported that race in combination with one or more of the other race groups. The "alone or in combination" concept, therefore, represents the maximum number of people who reported as that race group, either alone, or in combination with another race(s). The sum of the six individual race "alone or in combination" categories may add to more than the total population because people who reported more than one race are tallied in each race category.

³ Population Division, U.S. Census Bureau, Estimates of the Population by Race and Hispanic Origin for the United States and States

Hispanic Population by County

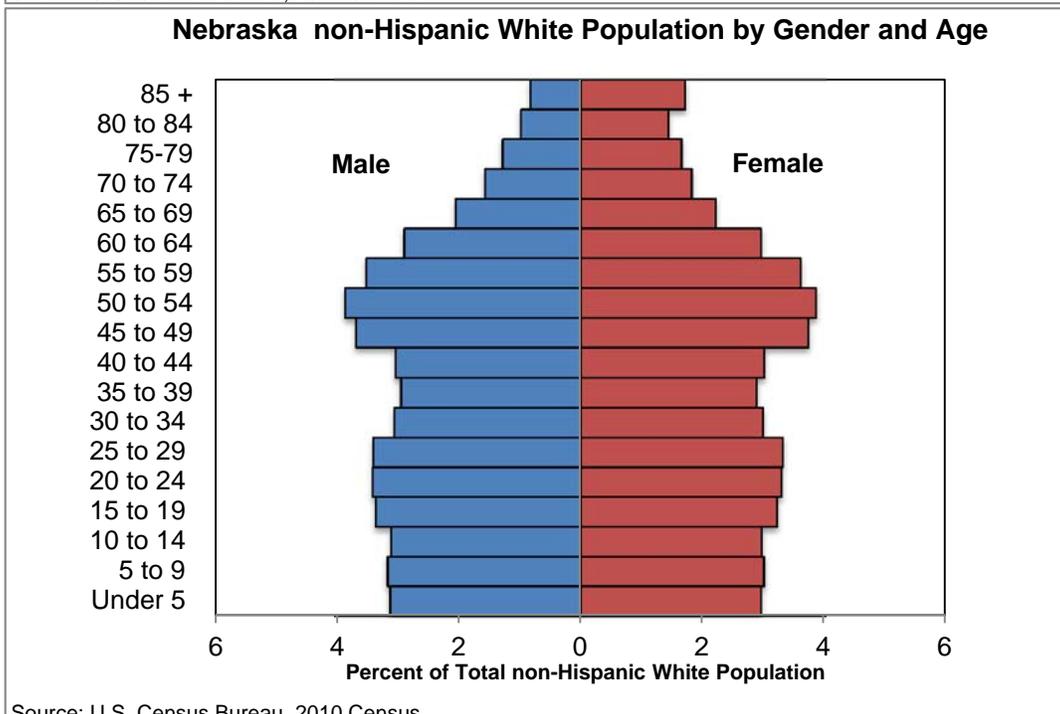
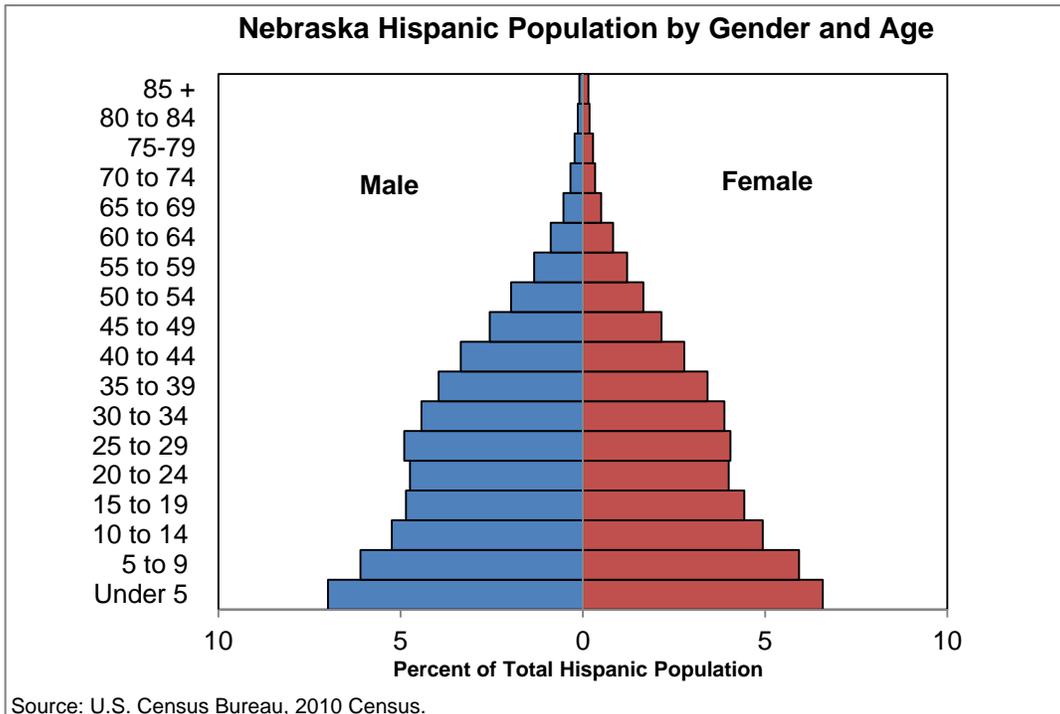
According to the U.S. Census Bureau, the total Hispanic population in the State of Nebraska was 167,405 in 2010. The map below illustrates the spread of this population over the different counties in Nebraska. The majority of the state's Hispanic population lived in the counties

of: Douglas (57,804), Lancaster (16,685), Hall (13,653) and Sarpy (11,569). Other counties with a Hispanic population greater than 7,000 individuals are Scotts Bluff (7,785), Dawson (7,746), and Dakota (7,419).



Hispanic Population by Age and Gender

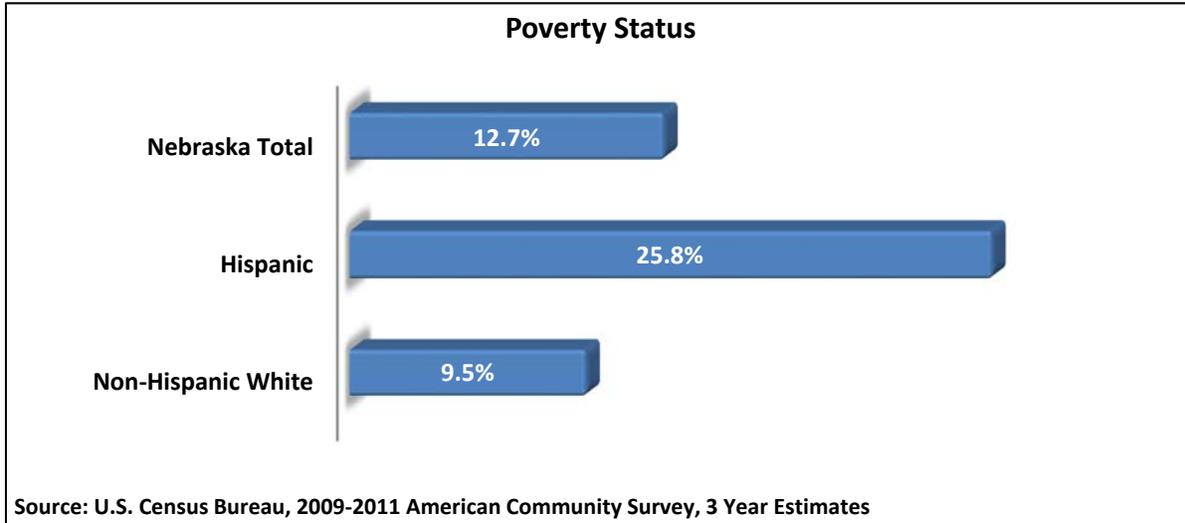
Compared with the non-Hispanic White population, Hispanics had a larger proportion of young people and a smaller proportion of older people. In 2010, about one-third (36%) of Hispanics were under 15 years old, about 89% of Hispanics were younger than 45, while only 3% of Hispanics were 65 and older, compared to 18% of non-Hispanic Whites 15 and older, 56% younger than 45, and 16% 65 and older.



Poverty Status

Over 2.5 times as many Hispanics (of all ages) as non-Hispanic Whites reported living below the federal poverty level in

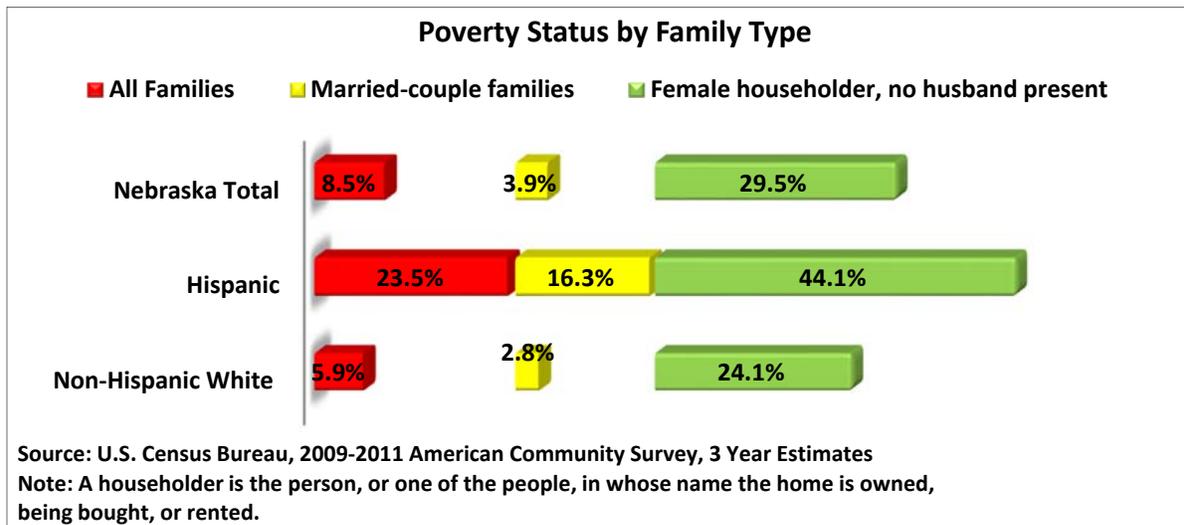
the past 12 months (25.8% and 9.5%, respectively).



Poverty Status by Family Type

Hispanic families were almost 4 times as likely as non-Hispanic White families to be below the poverty level in the past 12 months. Twice as many Hispanic female householder, no husband present families (44.1%) as non-Hispanic White families of the same

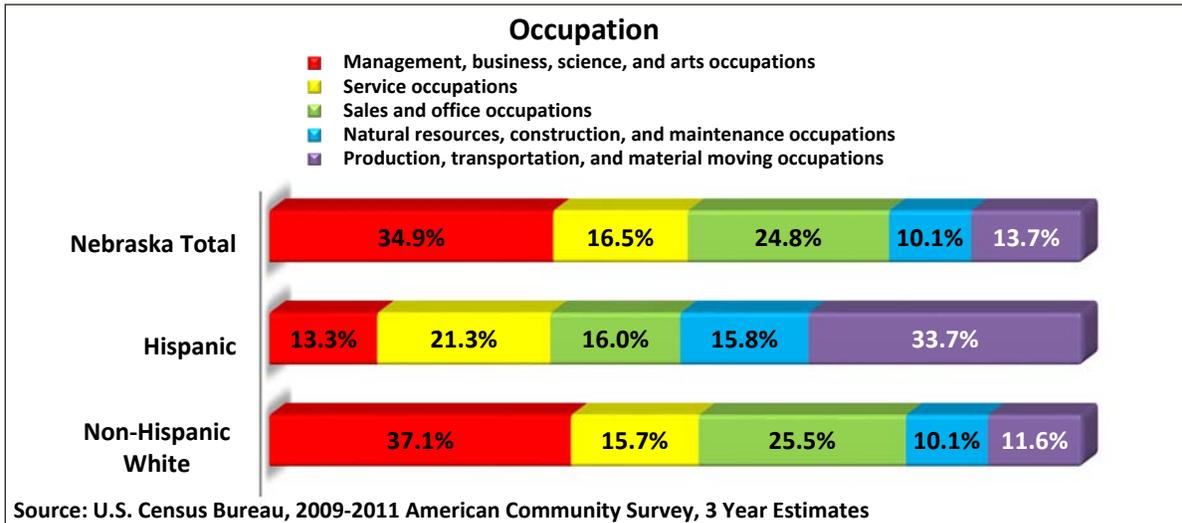
type (24.1%) were reported to be below the federal poverty level in the past 12 months. Hispanics (16.3%) were almost 6 times more likely than non-Hispanic Whites (2.8%) from married-couple families to be below the poverty level in the past 12 months.



Occupation

Hispanics (33.7%) were more likely than non-Hispanic Whites (11.6%) to work in a service, production, transportation, and material moving occupations. Non-

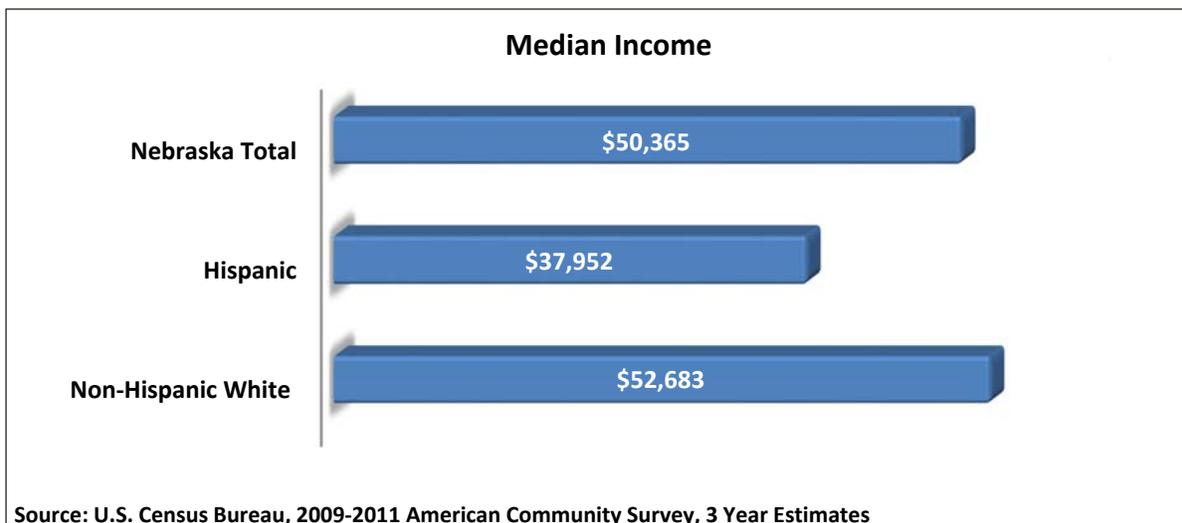
Hispanic Whites (37.1%) were over 2.5 times more likely than Hispanics (13.3%) to work in management, business, science, and art occupations.



Median Income

For non-Hispanic White households in Nebraska, the median income is almost

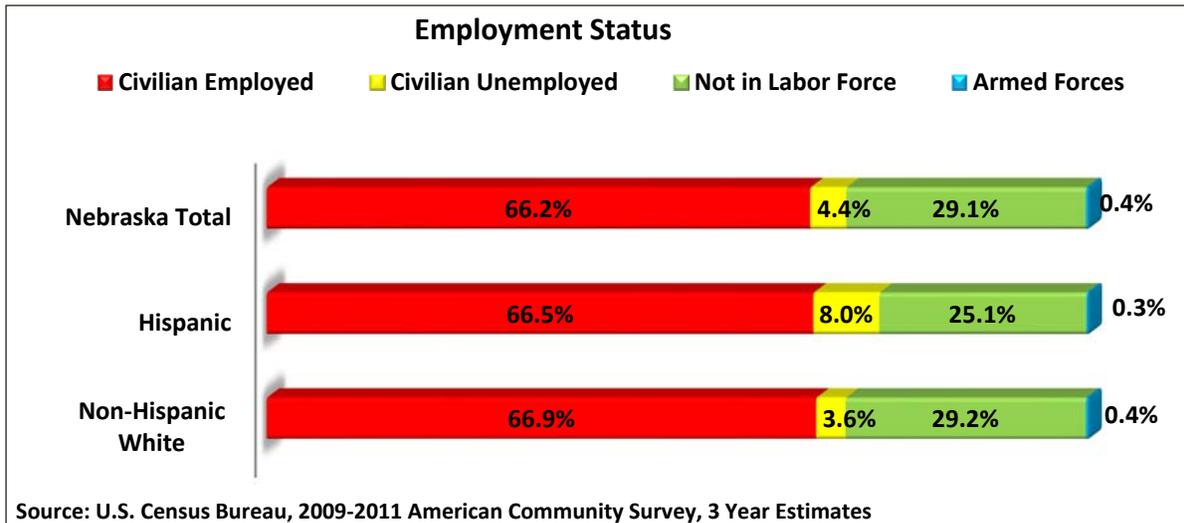
1.5 times that of Hispanics (\$52,683 and \$37,952, respectively).



Employment Status

Hispanics (8%) were over two times more likely than non-Hispanic Whites (3.6%) to be civilian unemployed. While slightly less Hispanics (25.1%) 16 and

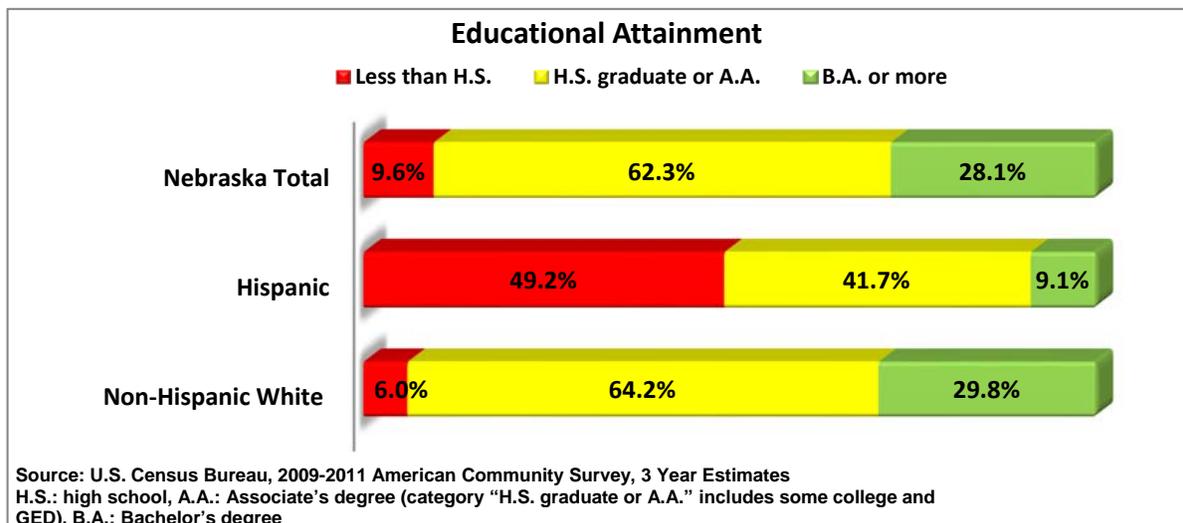
over were not in the labor force at all, compared to non-Hispanic Whites (29.2%).



Educational Attainment

Hispanics were almost 8 times more likely (49.2%) than non-Hispanic Whites (6.0%) to achieve less than a high school education. Overall, almost three

times as many non-Hispanic Whites completed a bachelor's degree or higher compared to Hispanics (9.1% and 29.8%, respectively).



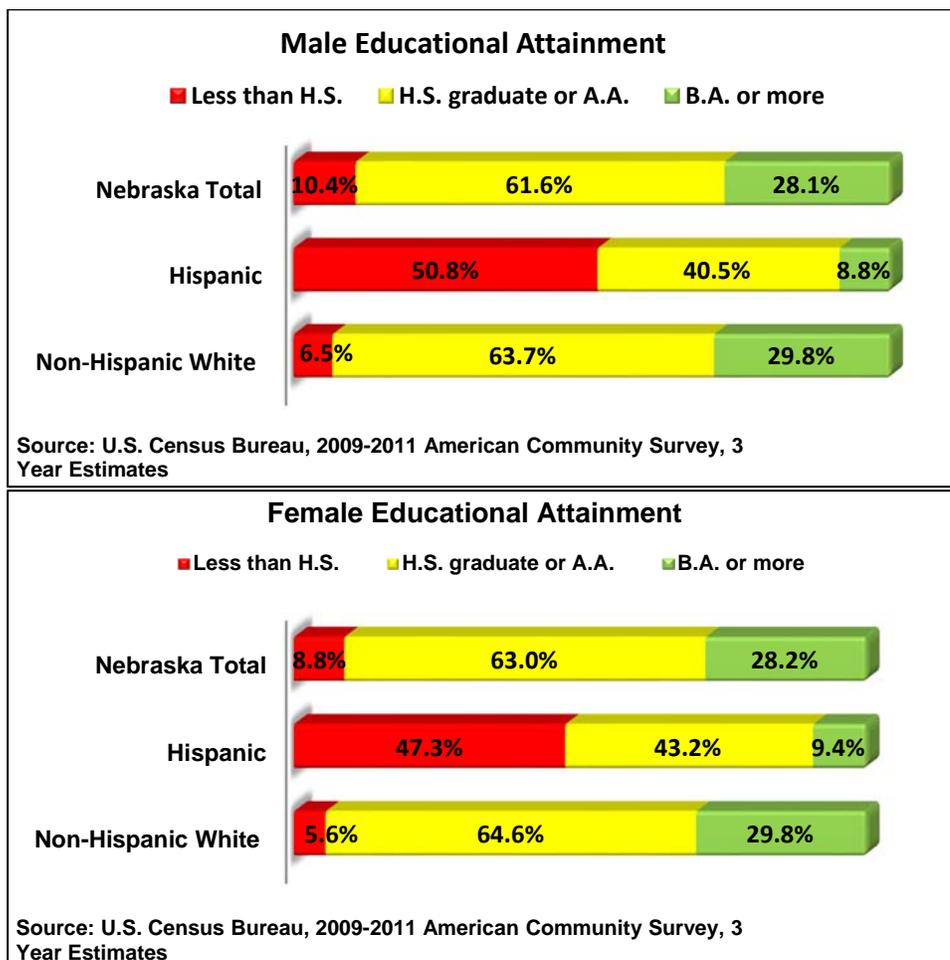
Educational Attainment by Gender

Fifty percent of Hispanic males and 47.3% of Hispanic females in Nebraska have less than a high school diploma, compared to approximately 6% (for either sex) of non-Hispanic Whites.

Approximately 40% of both Hispanic males and females have a high school diploma or associate's degree,

compared to around 64% of non-Hispanic Whites.

The disparity grows again when looking at bachelor's degree attainment or higher; only 8.8% of Hispanic males and 9.4% of Hispanic females have a bachelor's degree or higher, compared to 29.8% of non-Hispanic Whites, both male and female.

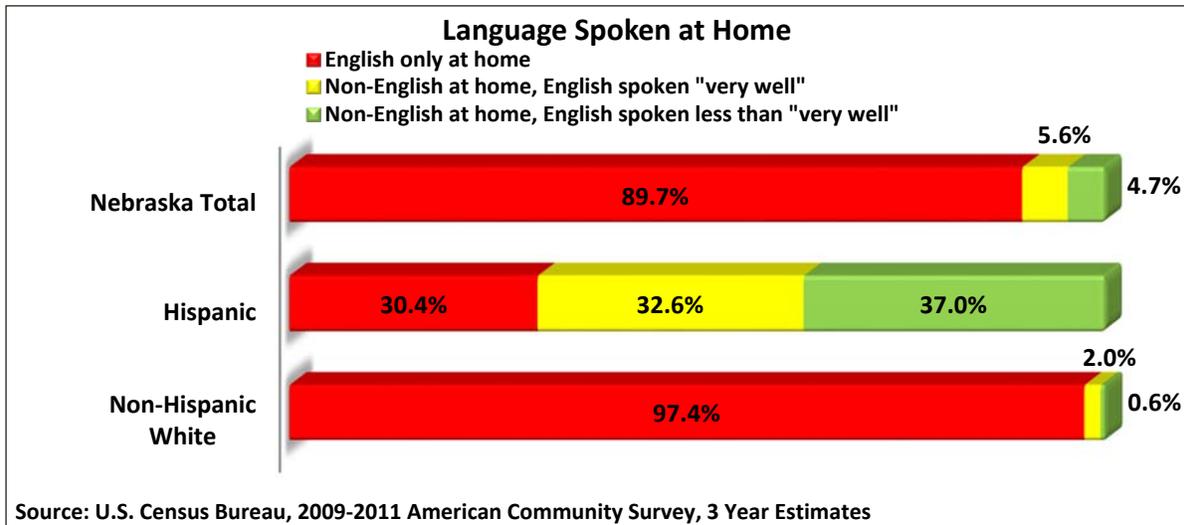


*H.S.: high school, A.A.: Associate's degree, B.A.: Bachelor's degree

Language Spoken at Home

Throughout Nebraska, it is uncommon for non-Hispanic Whites to speak any other language besides English at home; this is not necessarily the case for minority groups in Nebraska. Only 30.4% of Hispanics speak English-only at home, compared to over 97% of non-

Hispanic Whites. Almost 33% of Hispanics do not speak English at home, but otherwise speak English “very well”. Thirty-seven percent of Hispanics do not speak English at home and English is *not* spoken “very well”.

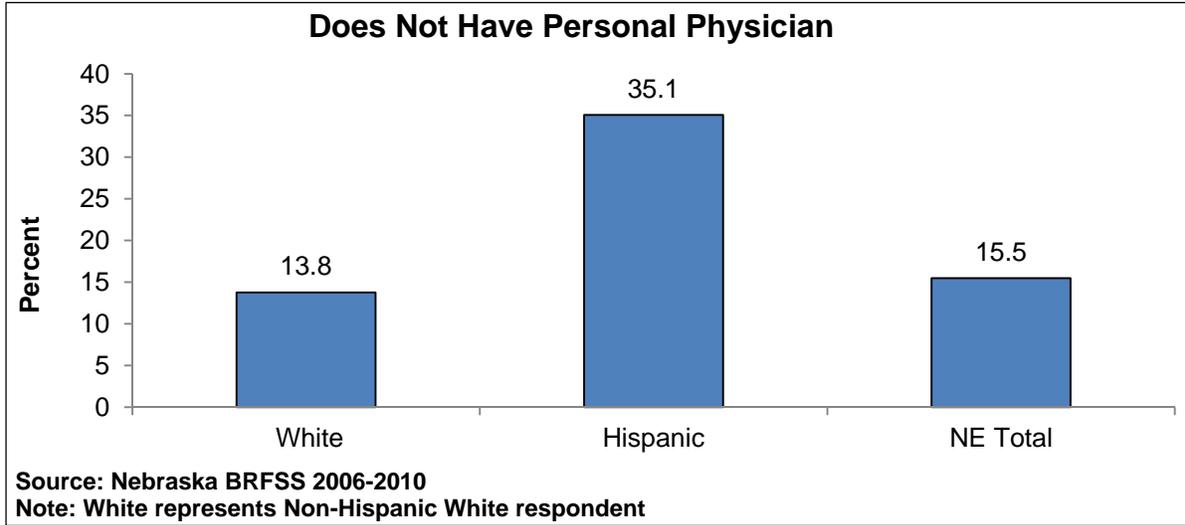


Access to Healthcare

Does Not Have a Personal Physician

Altogether, 15.5% of adults in the 2006-2010 Nebraska BRFSS said they did not have a personal physician. Thirty-five

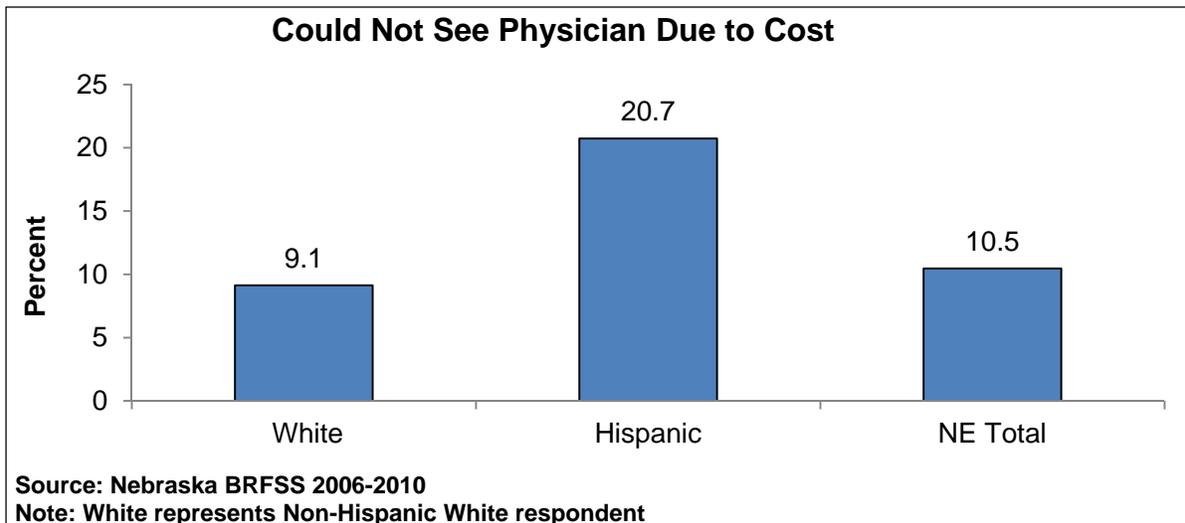
percent of Hispanics experienced much higher rates of not having a personal physician than Whites at 13.8%.



Could Not See Physician Due to Cost

Altogether, 10.5% of adults in the 2006-2010 Nebraska BRFSS said they could not see a physician due to cost. Hispanics (20.7%) experienced

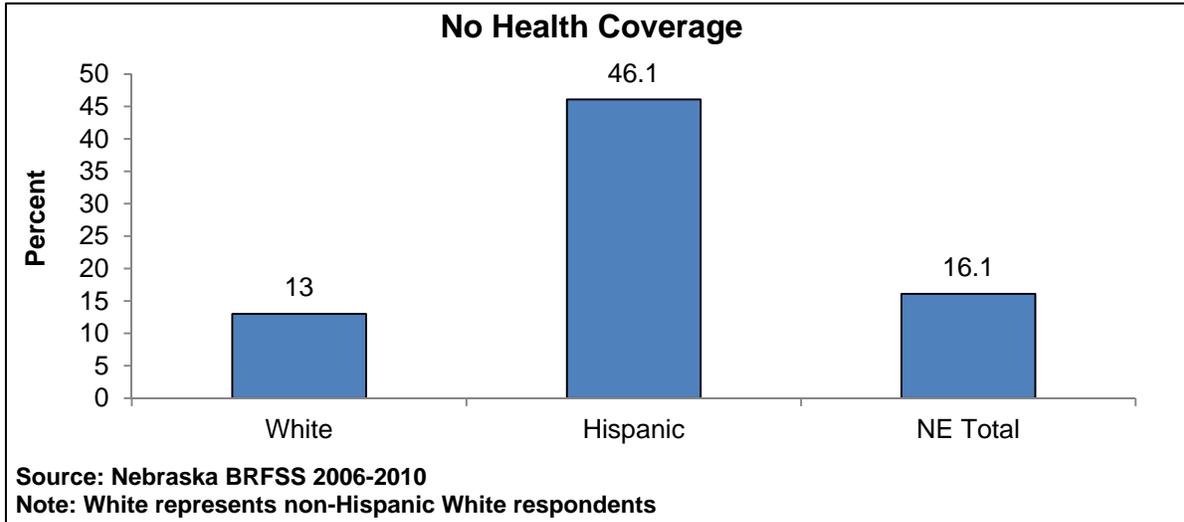
significantly higher rates of inability to see a physician due to cost than Whites (9.1%).



No Health Coverage

Overall 16% of adults in Nebraska in 2006-2010 reported they have no health insurance. Approximately 46% of

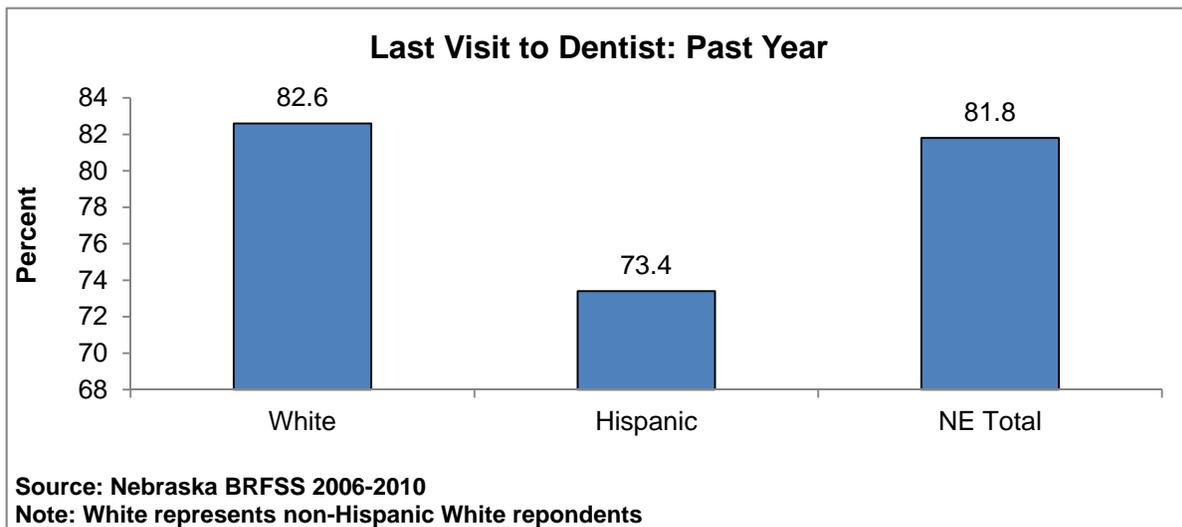
Hispanics in Nebraska are not covered by health insurance, compared to only 13% of Whites.



Dentist Visit

Approximately 82% of Nebraska adults reported visiting the dentist in the previous year. About 73% of Hispanics

last visited the dentist within the previous year, compared to 82.6% of Whites.



Life Expectancy at Birth

The results show that the Hispanic population has higher life expectancy at birth than Whites. The life expectancy at birth in 2008-2010 for Hispanics was 87.3 years compared to 79.8 years for Whites. In 2008-2010, the life expectancy gap between Hispanics and Whites was 7.5 years. The life

expectancy for non-Hispanic Whites has not changed much since 2002-2004, increasing from 78.9 to 79.8. Whereas, there has been a steady increase in life expectancy at birth for Hispanics during the same timeframe, increasing from 83.7 to 87.3.

Life Expectancy at Birth: Whites

YEARS	TOTAL/YRS	MALES/YRS	FEMALES/YRS
2008-2010	79.8	77.5	82.0
2007-2009	79.7	77.3	81.9
2006-2008	79.5	77.0	81.9
2005-2007	79.5	77.0	81.9
2004-2006	79.5	76.9	82.0
2003-2005	79.2	76.8	81.6
2002-2004	78.9	76.4	81.2
Source: Nebraska DHHS Vital Statistics			

Life Expectancy at Birth: Hispanics

YEARS	TOTAL/YRS	MALES/YRS	FEMALES/YRS
2008-2010	87.3	84.3	90.4
2007-2009	86.0	84.9	87.7
2006-2008	85.2	83.8	87.2
2005-2007	85.1	84.3	86.6
2004-2006	75.9	73.7	78.4
2003-2005	71.3	69.3	73.9
2002-2004	83.7	81.1	86.7
Source: Nebraska DHHS Vital Statistics			

Life Expectancy at Birth: Nebraska Total

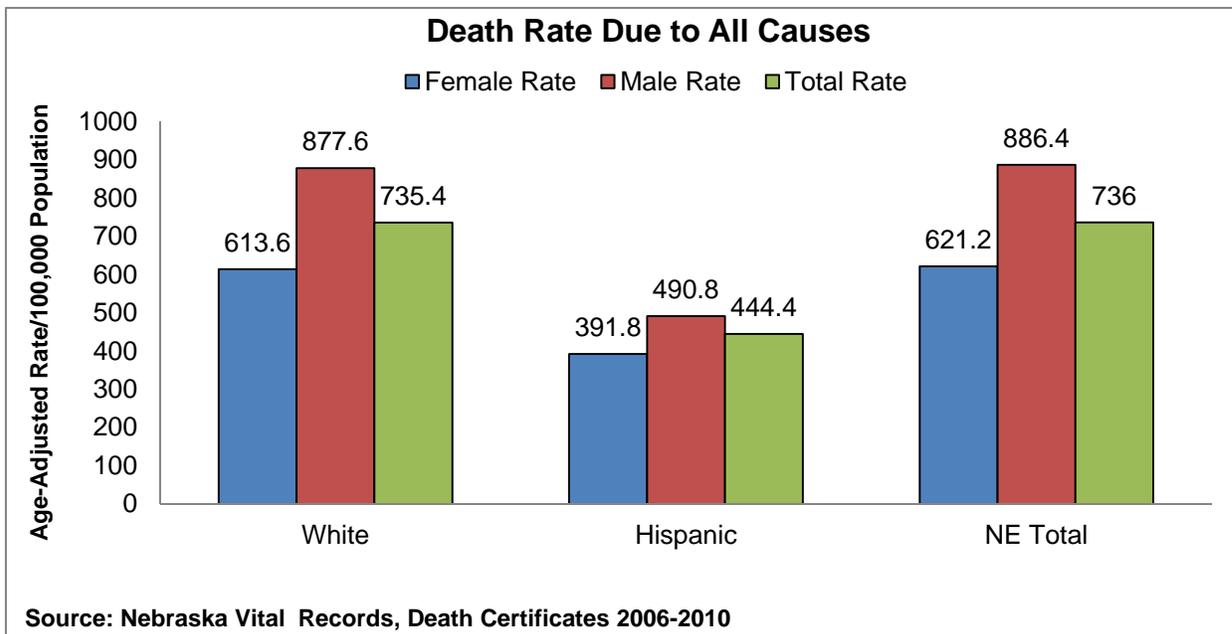
YEARS	TOTAL/YRS	MALES/YRS	FEMALES/YRS
2008-2010	79.8	77.6	82.0
2007-2009	79.4	77.0	81.6
2006-2008	79.2	76.7	81.6
2005-2007	79.2	76.7	81.6
2004-2006	79.3	76.7	81.8
2003-2005	79.0	76.5	81.3
2002-2004	78.6	76.2	81.0
Source: Nebraska DHHS Vital Statistics			

Mortality

Mortality data acts as a mirror for current health problems and suggests patterns of risk across population subgroups. Many causes of death are preventable or treatable and therefore warrant the attention of public health prevention efforts. Mortality data is an important indicator of where federal, state, and local prevention efforts should be placed in building healthy

communities. Mortality data is one of the best sources of information in relation to the health of communities.

An overview chart of the death rates from all causes is shown below. During the years 2006-2010, Hispanic men and women were less likely to die of all diseases as compared to whites.



Leading Causes of Death for Hispanics

Age distribution of a population influences the death rate, as such, these rates are usually age-adjusted to account for differences in racial and ethnic subgroups. The table below shows the 10 leading causes of death by race and gender for both Hispanic and Whites for the years 2006-2010. When looking at total death number, the

Top 5 leading causes of death breakdown as follows:

Hispanics – cancer, heart disease, unintentional injury, diabetes related, and stroke are the top five.

Whites – heart disease, cancer, stroke, chronic lung disease, and unintentional injury account for the top five.

Leading Causes of Death Total – Both Genders (2006-2010)

Frequency	Number (Hispanics)	Percentage	Frequency	Number (Whites)	Percentage
Cancer	240	18.6%	Heart	16,439	22.9%
Heart	193	14.9%	Cancer	16,293	22.6%
Unintentional Injury	180	13.9%	Stroke	4,192	5.8%
Diabetes	60	4.6%	Chronic Lung	4,187	5.8%
Stroke	59	4.6%	Unintentional Injury	3,213	4.5%
Prenatal Conditions	48	3.7%	Alzheimer's	2,700	3.8%
Homicide	43	3.3%	Diabetes	2,061	2.9%
Cirrhosis	31	2.4%	Pneumonia	1,452	2.0%
Suicide	26	2.0%	Nephritis/Nephrosis	1,235	1.7%
Other	411	31.5%	Other	20,168	28%
Total	1291	100.0%	Total	71,940	100%

Source: National Center for Health Statistics, National Vital Statistics System, 2001-2010

Leading Causes of Death for Males

Hispanic males – The top five causes of death were cancer, unintentional injury, heart disease, stroke, and homicide.

White males – The top five causes of death were cancer, heart disease, chronic lung disease, stroke, and unintentional injury.

Leading Causes of Death: Males (2006-2010)					
Frequency	Number (Hispanics)	Percentage	Frequency	Number (Whites)	Percentage
Cancer	128	16.6%	Cancer	8,539	24.7%
Unintentional Injury	127	16.5%	Heart	7,978	23.1%
Heart	114	14.8%	Chronic Lung	2,136	6.2%
Stroke	31	4.0%	Unintentional Injury	1,891	5.5%
Homicide	31	4.0%	Stroke	1,645	4.8%
Diabetes	30	3.9%	Diabetes	996	2.9%
Perinatal Condition	30	3.9%	Alzheimer's	783	2.3%
Cirrhosis	27	3.5%	Suicide	725	2.1%
Suicide	21	2.7%	Pneumonia	633	1.8%
Other	230	29.9%	Other	9,284	26.8%
Total	769	100%	Total	3,4610	100.0%

Source: National Center for Health Statistics, National Vital Statistics System, 2001-2010

Leading Causes of Death for Females

Hispanic females – The top five causes of death for Hispanic women were cancer, heart disease, unintentional injury, diabetes, and stroke.

White females – The top five causes of death for White women were heart disease, cancer, stroke, chronic lung disease, and Alzheimer's disease.

Leading Causes of Death: Females (2006-2010)					
Frequency	Number (Hispanics)	Percentage	Frequency	Number (Whites)	Percentage
Cancer	112	21.5%	Heart	8,461	22.7%
Heart	79	15.2%	Cancer	7,754	20.8%
Unintentional Injury	53	10.2%	Stroke	2,547	6.8%
Diabetes	30	5.8%	Chronic Lung	2,051	5.5%
Stroke	28	5.4%	Alzheimer's	1,917	5.1%
Perinatal Condition	17	3.3%	Unintentional Injury	1,322	3.5%
Pneumonia	12	2.3%	Diabetes	1,065	2.9%
Homicide	12	2.3%	Pneumonia	819	2.2%
Nephritis/Nephrosis	11	2.0%	Nephritis/Nephrosis	630	1.7%
Other	167	32%	Other	10,763	28.8%
Total	521	100%	Total	37,329	100.0%

Source: National Center for Health Statistics, National Vital Statistics System, 2001-2010

Mortality by Age

Unintentional injury is the leading cause of death between the ages of 1 and 44 years. However, cancer is the leading cause of death for all ages and accounts for 152 deaths between 45 and 64 years old. Heart disease accounts for 233 deaths among those 65 and older.

Rank	Hispanic - Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 55	Unintentional Injury 20	Unintentional Injury ---	Unintentional Injury 12	Unintentional Injury 101	Unintentional Injury 64	Unintentional Injury 46	Malignant Neoplasms 73	Malignant Neoplasms 78	Heart Disease 233	Malignant Neoplasms 444
2	Short Gestation 24	Homicide ---	Congenital Anomalies ---	Malignant Neoplasms ---	Homicide 23	Homicide 26	Malignant Neoplasms 36	Heart Disease 44	Heart Disease 43	Malignant Neoplasms 233	Heart Disease 360
3	SIDS 22	Congenital Anomalies ---	Malignant Neoplasms ---	Congenital Anomalies ---	Suicide 12	Suicide 13	Heart Disease 25	Unintentional Injury 37	Diabetes Mellitus 17	Diabetes Mellitus 85	Unintentional Injury 327
4	Maternal Pregnancy Comp. 21	Heart Disease ---	Cerebrovascular ---	Nephritis ---	Malignant Neoplasms ---	Malignant Neoplasms 11	Suicide 12	Cerebrovascular 20	Liver Disease 14	Cerebrovascular 53	Diabetes Mellitus 120
5	Placenta Cord Membranes 12	Malignant Neoplasms ---	---	Suicide ---	Cerebrovascular ---	Heart Disease ---	HIV 11	Liver Disease 19	Cerebrovascular 13	Nephritis 46	Perinatal Period 110
6	Homicide ---	Anemias ---	---	---	Complicated Pregnancy ---	HIV ---	Homicide 10	Diabetes Mellitus 12	Unintentional Injury 10	Chronic Low. Respiratory Disease 35	Cerebrovascular 100
7	Unintentional Injury ---	Cerebrovascular ---	---	---	Heart Disease ---	Diabetes Mellitus ---	Liver Disease 10	Suicide ---	Nephritis ---	Alzheimer's Disease 24	Homicide 78
8	Atelectasis ---	Chronic Low. Respiratory Disease ---	---	---	---	Cerebrovascular ---	Cerebrovascular ---	HIV ---	Suicide ---	Unintentional Injury 21	Congenital Anomalies 70
9	Gastritis ---	Meningitis ---	---	---	---	Influenza & Pneumonia ---	Influenza & Pneumonia ---	Viral Hepatitis ---	---	Influenza & Pneumonia 20	Liver Disease 60
10	Influenza & Pneumonia ---	Perinatal Period ---	---	---	---	---	---	Homicide ---	---	Liver Disease 15	Nephritis 56

Source: National Center for Health Statistics, National Vital Statistics System, 2001-2010; Note: '---' indicates less than 10 cases

Years of Potential Life Lost

Years of potential life lost is a measure of premature death as well as a measure of the relative impact of various diseases and other causes of mortality in a population. Death before age 75 is considered premature mortality because the average life expectancy in the United States is now

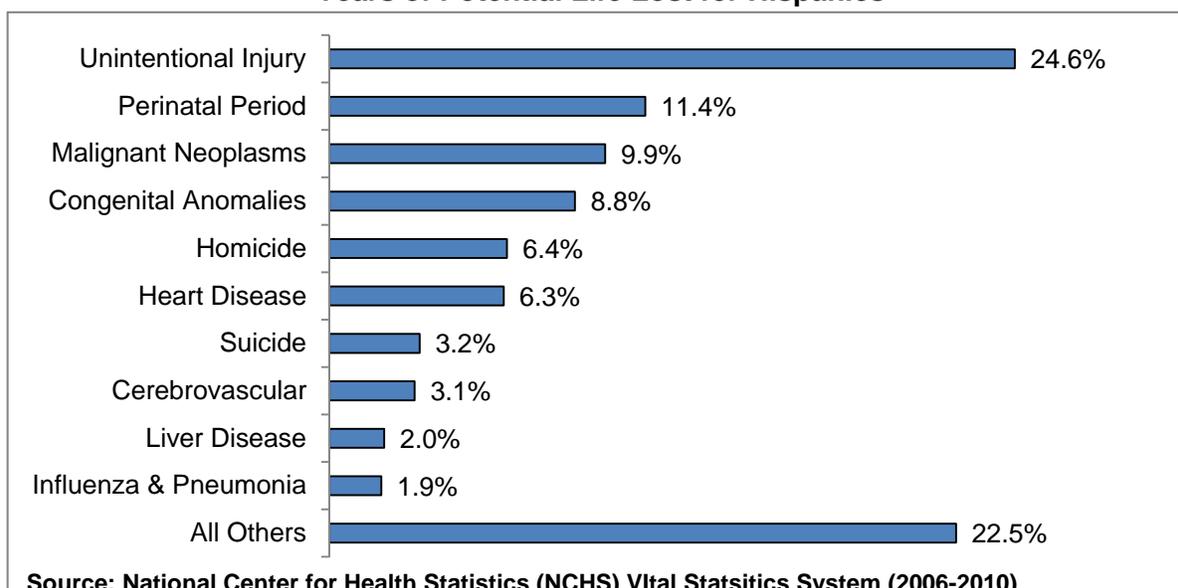
over 75 years. For each person who died prematurely, the age at death is subtracted from 75; for example, a person dying at age 50 would contribute 25 years of potential life lost. The total years of potential life lost in the population is then divided by the size of the population under age 75.

Years of Life Lost for Hispanics

Among the 33,029 total years, before age 75, of life lost among Hispanics between 2006 and 2010, 24.9% are attributed to unintentional injury.

Approximately 11% of years of life lost are attributed to the perinatal period. Cancer is responsible for 10% of years of life lost.

Years of Potential Life Lost for Hispanics



Years of Potential Life Lost* by Cause of Death for Hispanics

Causes of Death	YPLL	Percent
All Causes	33,029	100%
Unintentional Injury	8,132	24.6%
Perinatal Period	3,749	11.4%
Malignant Neoplasms	3,273	9.9%
Congenital Anomalies	2,914	8.8%
Heart Disease	2,107	6.4%
Homicide	2,069	6.3%
Suicide	1,071	3.2%
Cerebrovascular	1,011	3.1%
Liver Disease	650	2.0%
Diabetes Mellitus	617	1.9%
All Others	7,436	22.5%

*Years of Potential Life Lost between 2006-2010

Chronic Diseases

During the 20th century, chronic diseases replaced infectious diseases (e.g., pneumonia, tuberculosis, and diarrhea) as leading causes of death in the United States. Chronic diseases – including all cardiovascular diseases, all cancers, diabetes mellitus, and chronic lower respiratory diseases – accounted

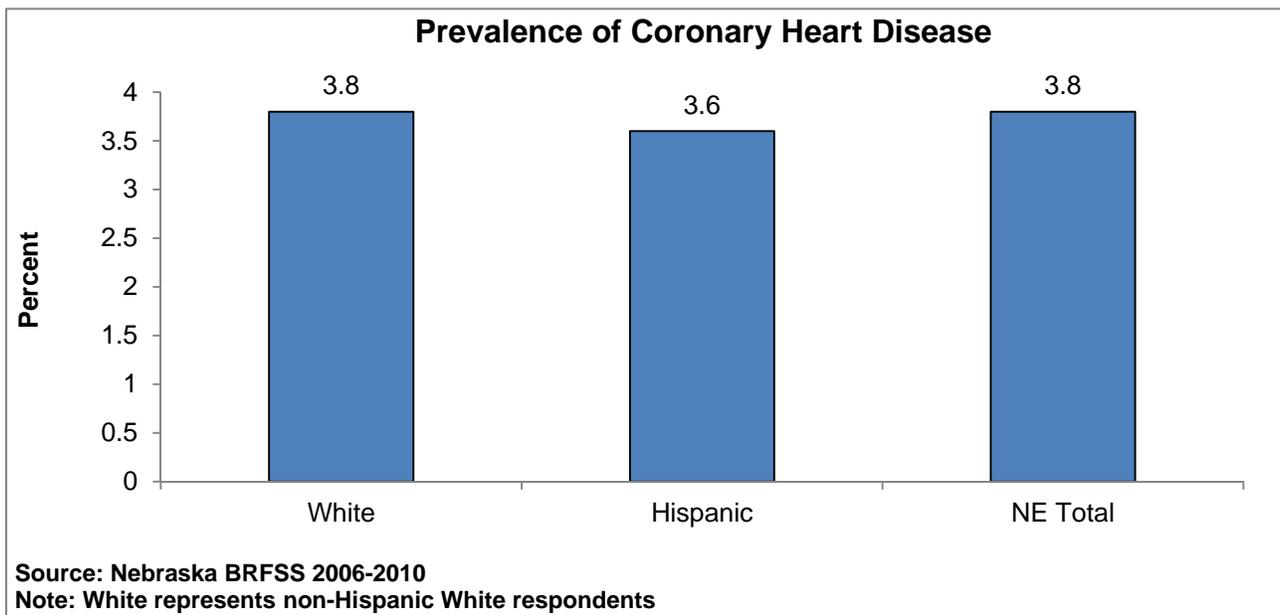
for a large portion of all deaths among Nebraska residents during 2006-2010. Cancer, heart disease, diabetes, tobacco use, and motor vehicle accidents are discussed in the sections below.

Heart Disease

Prevalence of Coronary Heart Disease

Cardiovascular disease involves the body's vascular or circulatory system, which is responsible for supplying oxygen and nutrients to the organs and cells. Heart disease and cerebrovascular disease (stroke) are

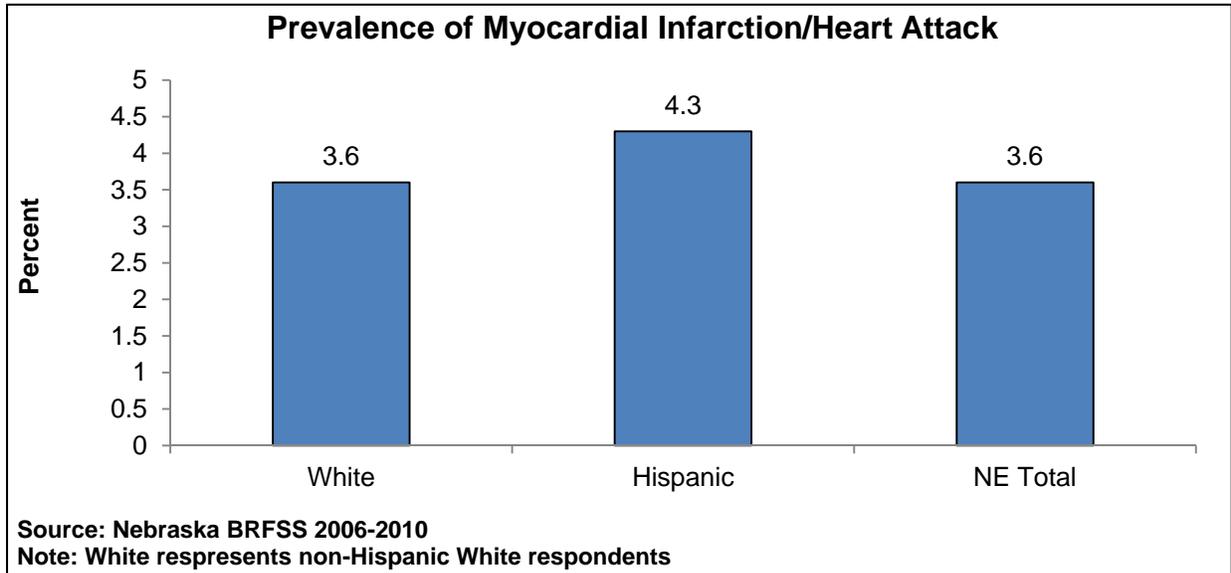
major cardiovascular diseases and the leading causes of death in Nebraska. Hispanic Nebraskans (3.6%) and White Nebraskans (3.8%) see similar proportions of people with coronary heart disease.



Prevalence of Heart Attack

Approximately 4% of Hispanic Nebraskans have been told by a health professional that they have had a heart

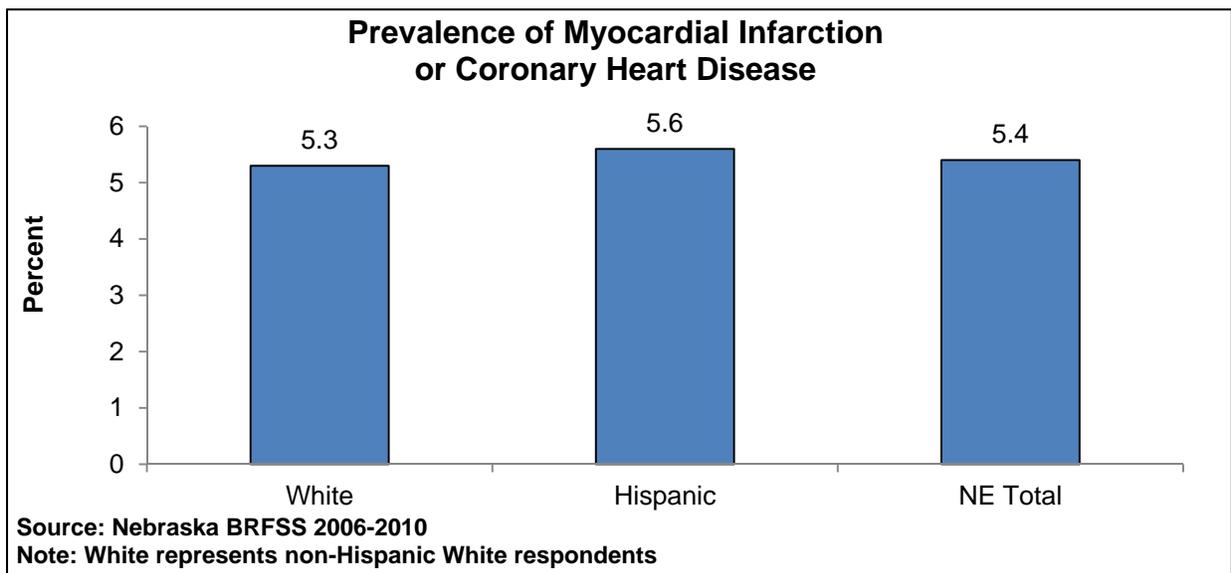
attack (myocardial infarction), compared to 3.6% of Whites.



Prevalence of Heart Attack or Coronary Heart Disease

In 2006-2010, 5.6% of Hispanics had experienced a heart attack (myocardial

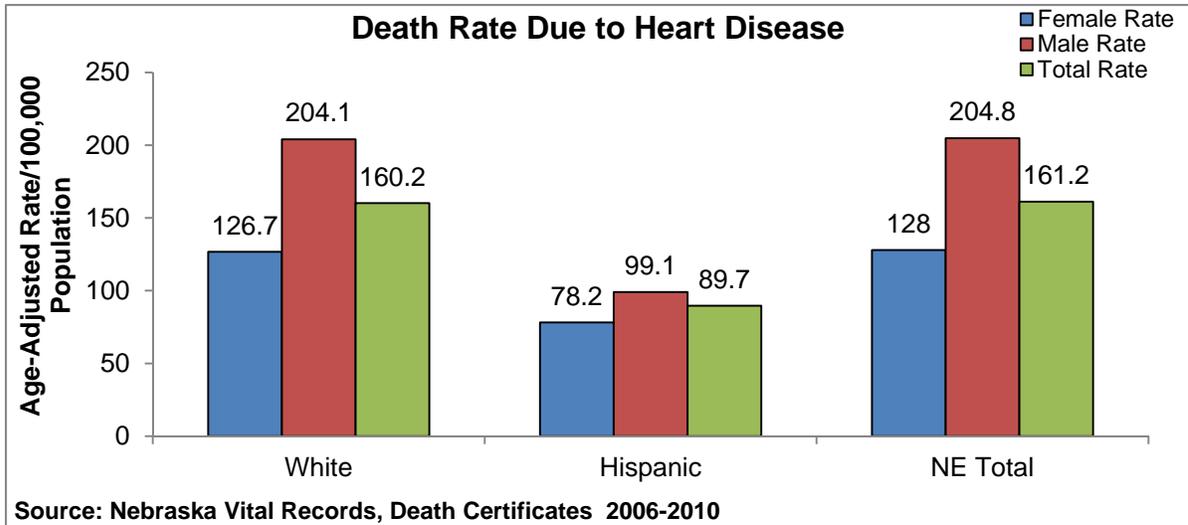
infarction) or had coronary heart disease, compared to 5.3% of Whites.



Heart Disease Mortality

In 2006-2010, Hispanic males were less likely to die from heart disease, as compared to White males. Hispanic

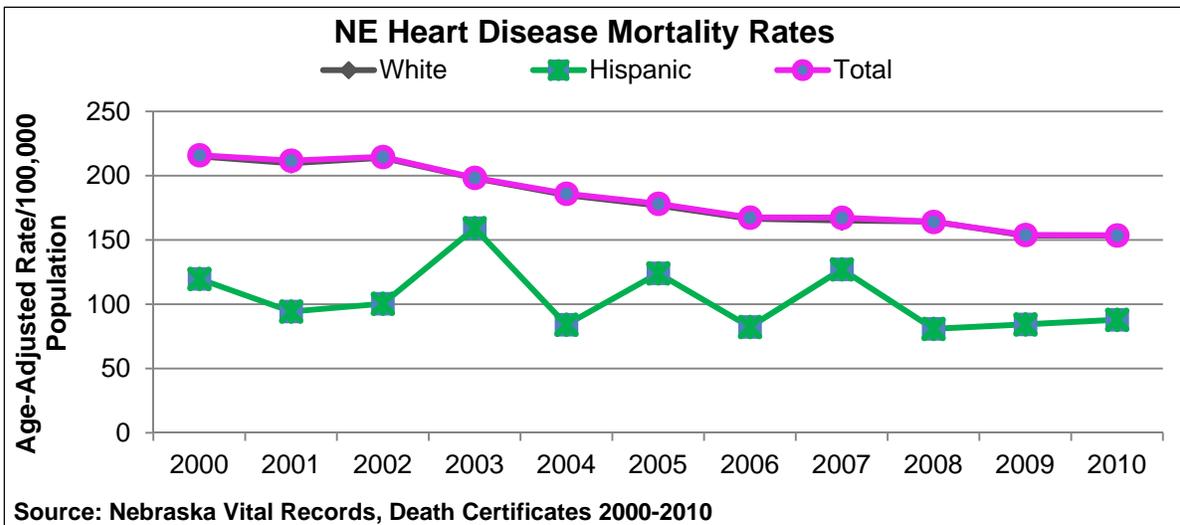
females were also less likely as White females to die from heart disease.



Heart Disease Mortality: Trends

Looking at heart disease mortality data from the years 2000-2010, there was a downward trend in deaths for Hispanics. While both Hispanic and White trend

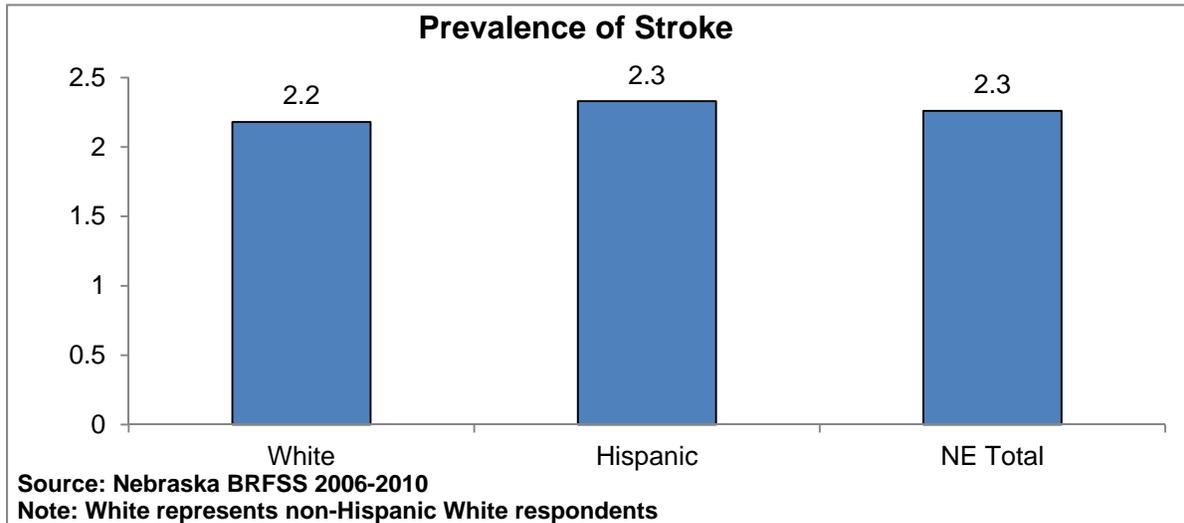
lines show a downward trend, Hispanics experienced a lower death rate due to heart disease than Whites.



Stroke

Prevalence of Stroke

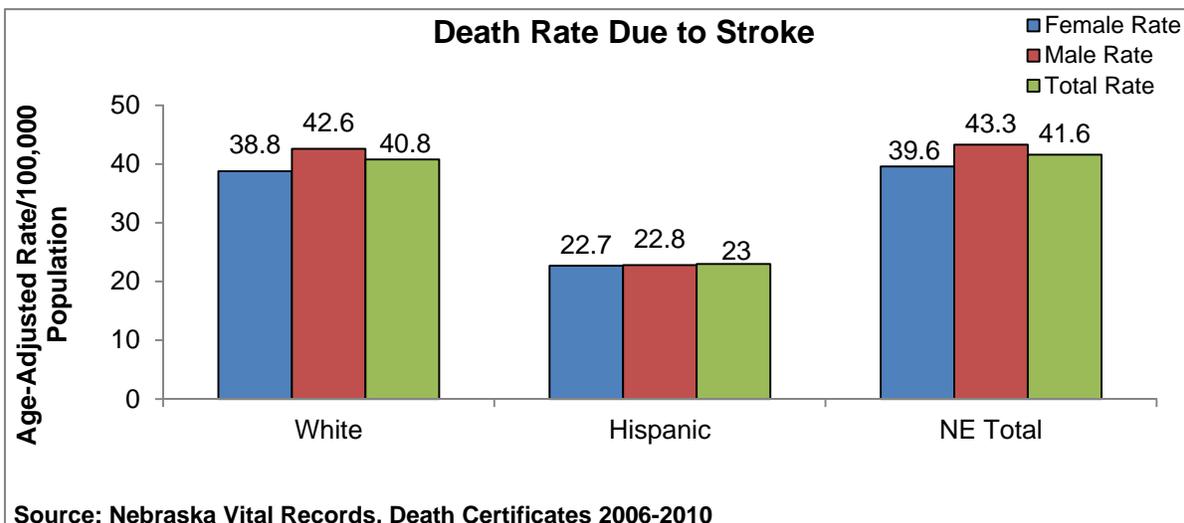
Approximately 2% of Hispanics in Nebraska experienced a stroke between 2006 and 2010.



Stroke Mortality

Stroke is the most severe clinical manifestation of cerebrovascular disease. From 2006-2010, Hispanic males were less likely than their Non-Hispanic/Latino White counterparts to

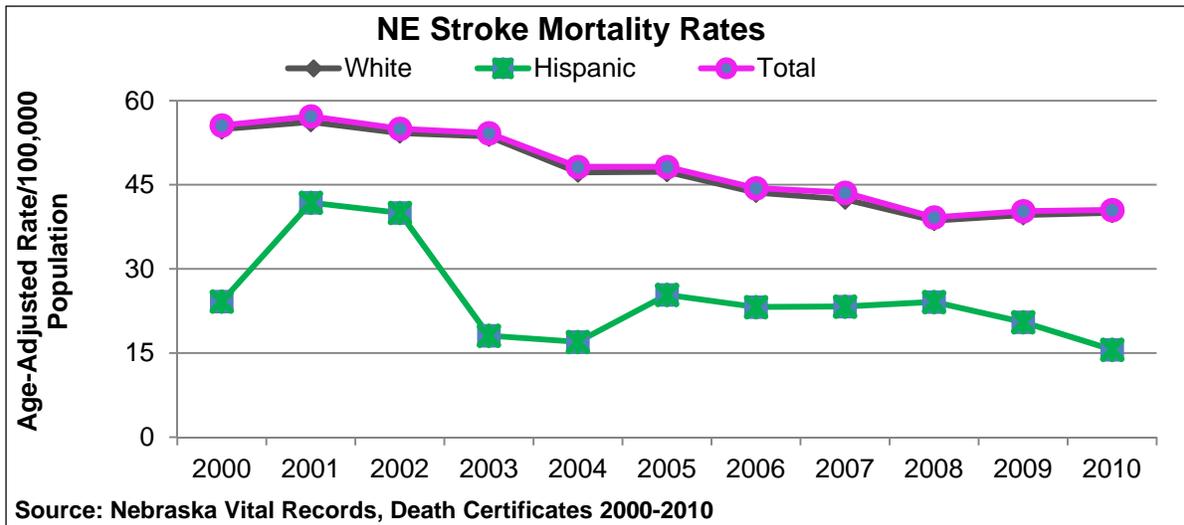
have a stroke; the same is the case for females. As a group, Hispanics were less likely as Non-Hispanic/Latino Whites to die from stroke.



Stroke Mortality: Trends

Stroke mortality data from year 2000-2010 shows that both Hispanics and Whites have a steady decline in death

rates. However, stroke mortality rates remain lower among Hispanics as compared to Whites.

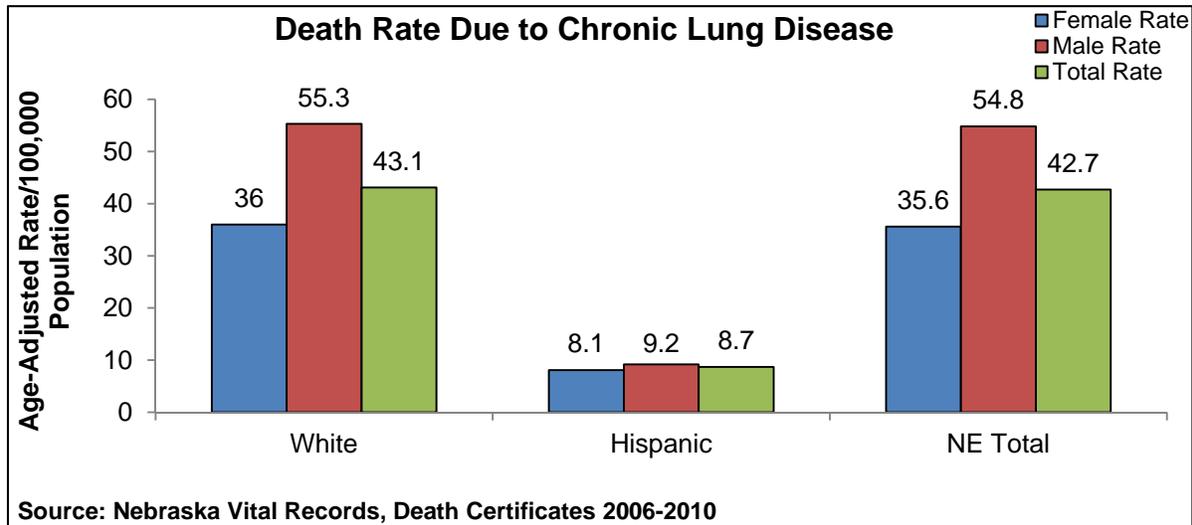


Chronic Lung Disease

Chronic Lung Disease Mortality

For 2006-2010, the Hispanic population had a total death rate of 8.7 per 100,000 population due to chronic lung disease. With a death rate of 9.2, Hispanic males attributed to the disease less as

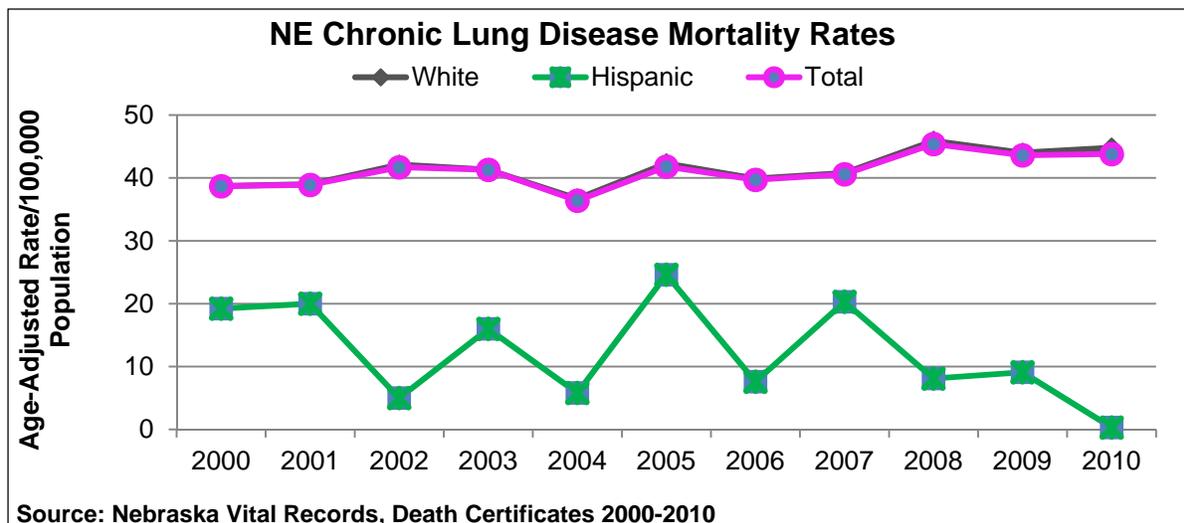
compared to White males with 55.3. The death rate for Hispanic females was 8.1 deaths versus white female death rate of 36.



Chronic Lung Disease Mortality: Trends

Chronic Lung Disease mortality data illustrates Hispanics' sporadic trend through the 2000-2010 decade. Since

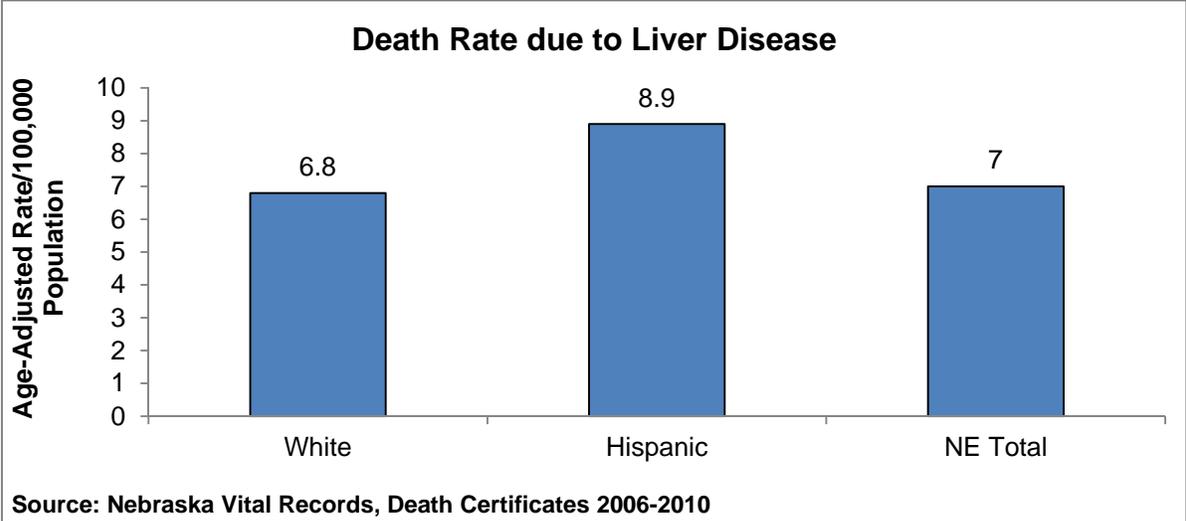
2007, there has been a consistent decrease in chronic lung disease mortality in the Hispanic community.



Liver Disease

Liver Disease Mortality

The Hispanic liver disease death was 8.9 between 2006-2010, compared to 6.8 among Whites.

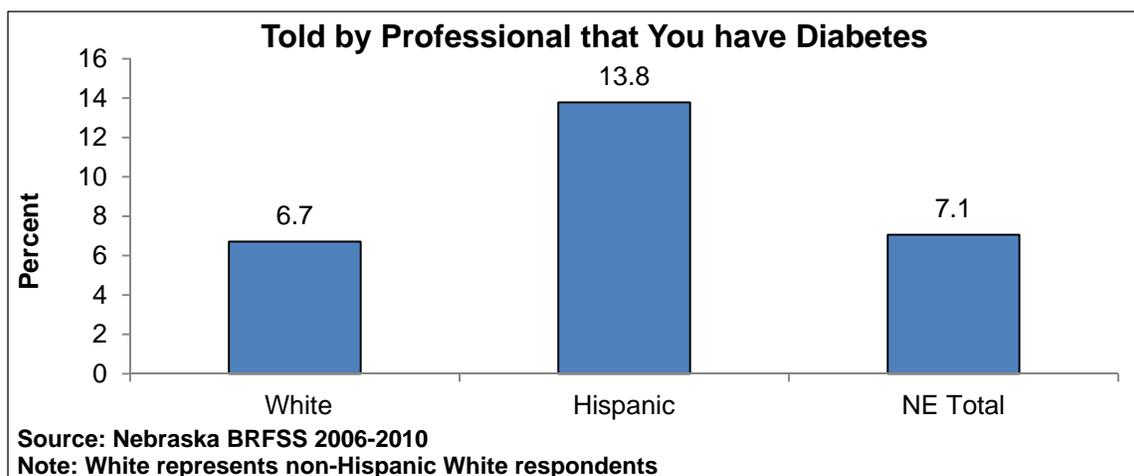


Diabetes

Prevalence of Diabetes

Diabetes mellitus is characterized by high levels of blood glucose, which result from deficient insulin production and/or insulin action. Respondents were asked whether they had ever been told by a doctor that they had diabetes. These numbers do not include women who were told by a doctor of the

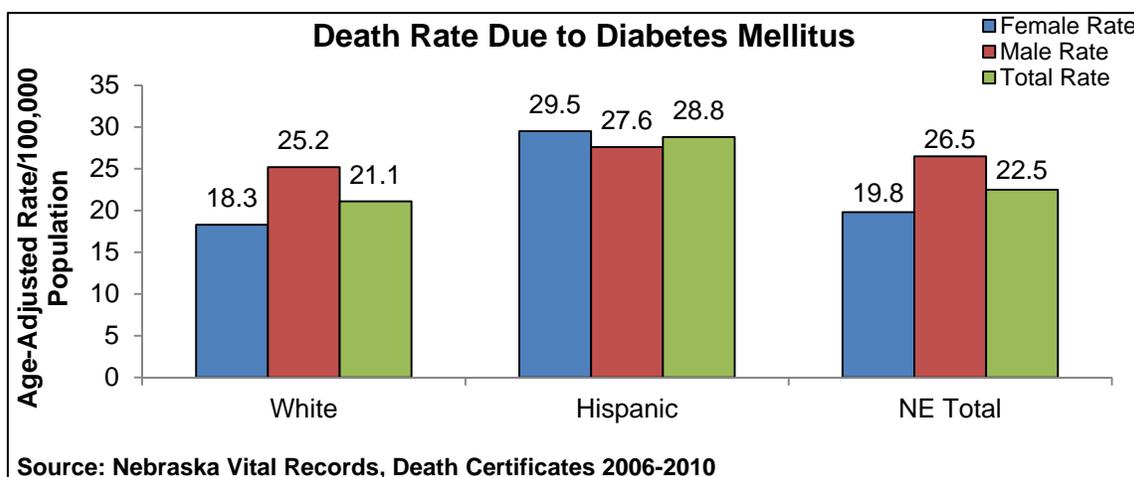
presence of gestational diabetes during their pregnancy. Altogether, 7.1% of Nebraskan adults reported a doctor had told them they have diabetes. Hispanics (13.8%) experienced significantly higher rates of diagnosed diabetes than Whites (6.7%).



Diabetes Mortality

In 2006-2010, diabetes death rates were much higher for both Hispanic males and females as compared with those of Whites. Hispanic males were about 1.1 times more likely than White males to

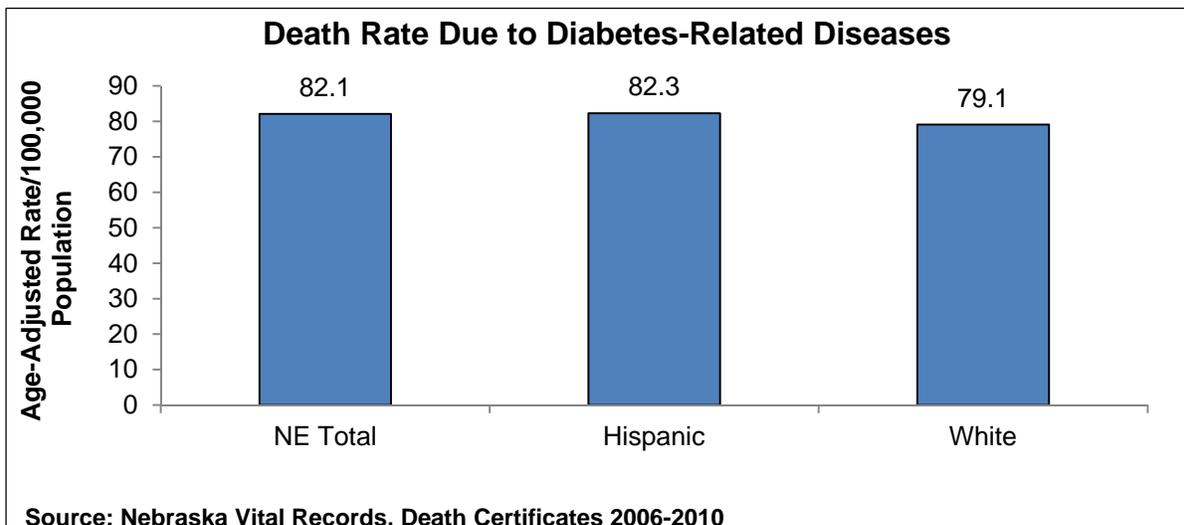
die from diabetes. Hispanic females had nearly 1.6 times the death rate in contrast to White females for diabetes. Hispanics were 36.5% more likely to die from diabetes compared to Whites.



Diabetes-Related Mortality

Diabetes is associated with serious complications and premature death, and people with diabetes are at increased risk for many adverse health outcomes, including heart disease and stroke. Most people with diabetes die from related complications rather than directly from the disease itself; therefore, examination

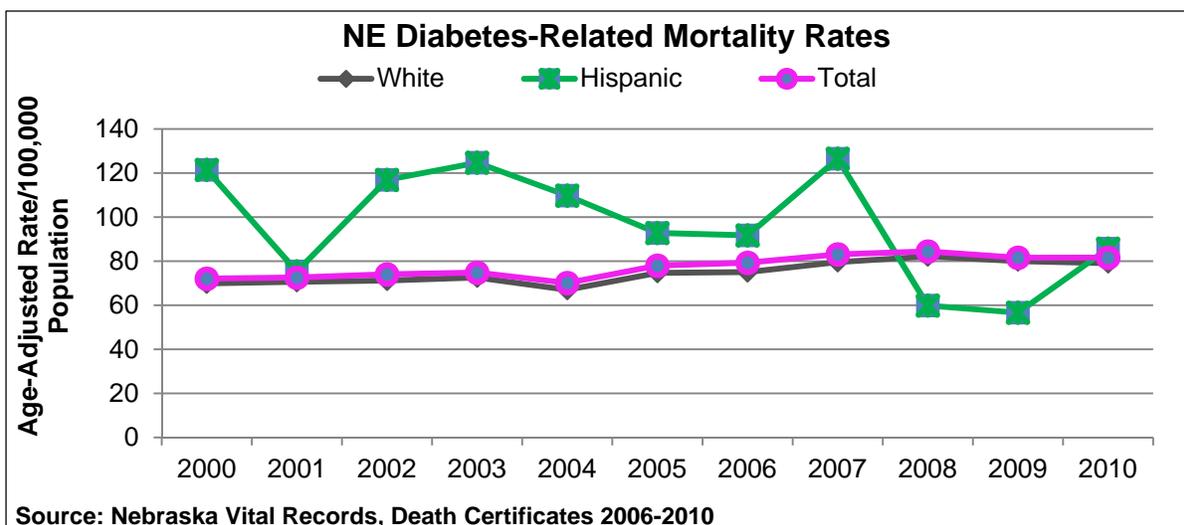
of diabetes as the underlying cause of death alone does not accurately represent its extensive contribution to overall mortality. During 2006-2010, diabetes-related death rates were higher for Hispanics as compared with those of Whites.



Diabetes-Related Mortality: Trends

Diabetes mortality data shows that Hispanics have had a decrease in diabetes-related death rates between 2000 and 2010. However, until 2007

Hispanics have had a higher death rate per 100,000 population as compared to the White.

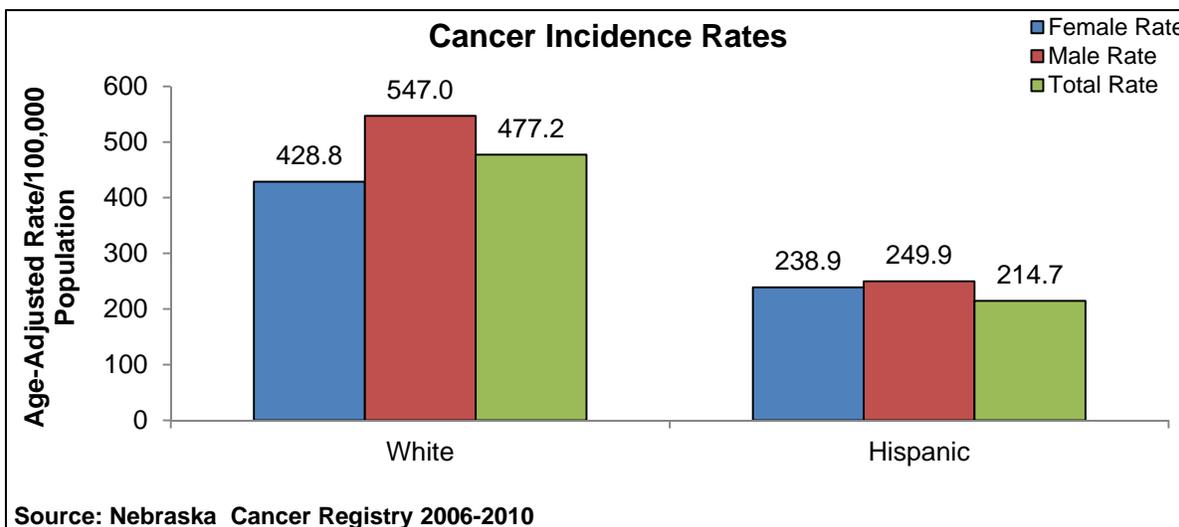


Cancer

Cancer Incidence

The figure below shows the cancer incidence rates for Hispanics and Whites during the period of 2006-2010. Overall, cancer incidence rates for males are higher than for females for

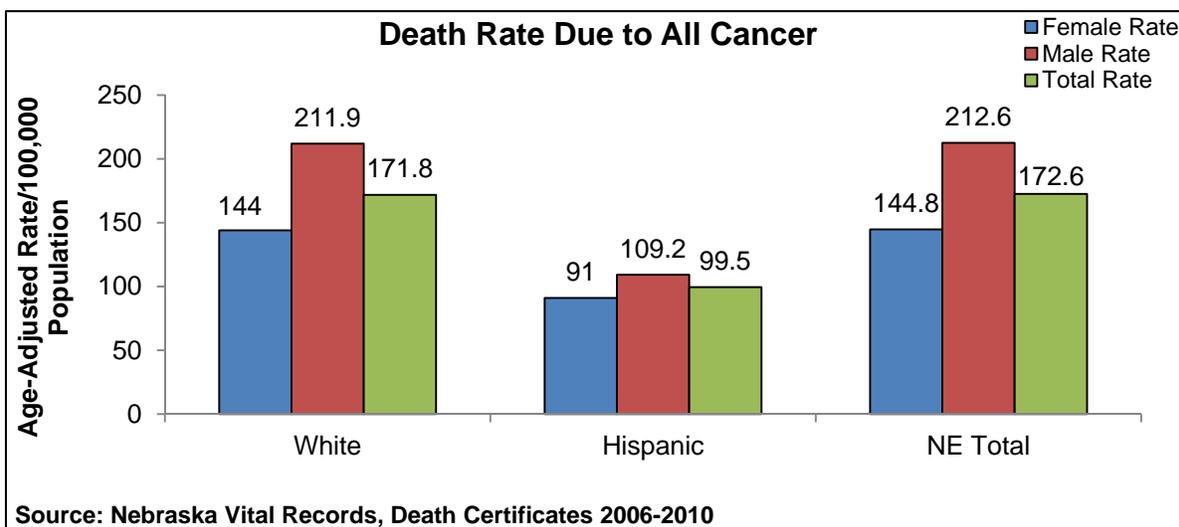
both Hispanic and Whites. White incidence rates for cancer among both genders appear to be higher than for Hispanic population.



Cancer Mortality

Hispanic males were less likely to die from all cancer cases (109.2 per 100,000) than Non-Hispanic/Latino White males (211.9 per 100,000).

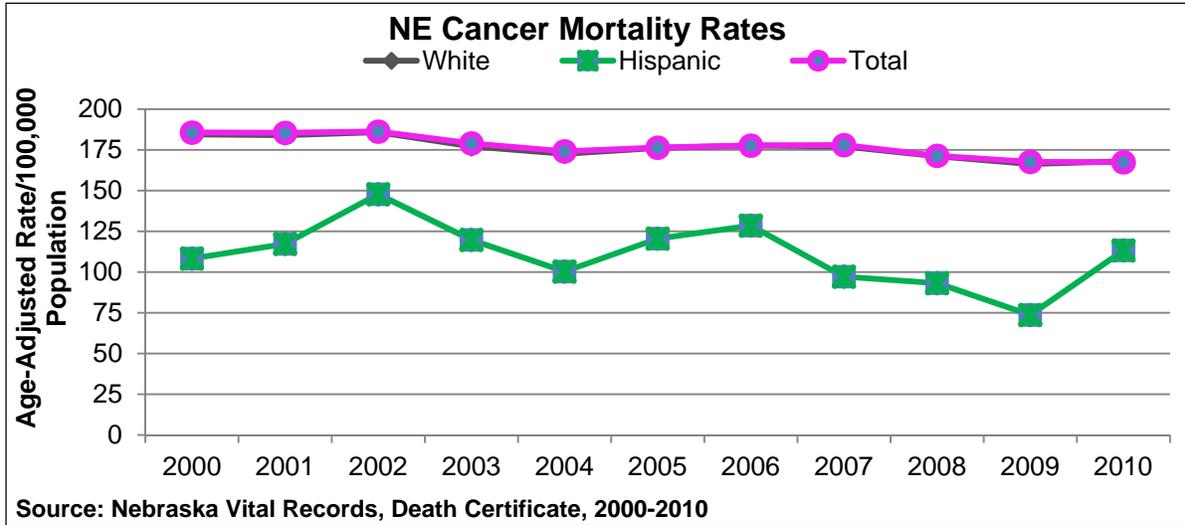
Hispanic females were less likely to die from cancer (91 per 100,000) in contrast to Non-Hispanic/Latino White females (144 per 100,000).



Cancer Mortality: Trends

Cancer mortality data from year 2000-2010 shows that both Hispanics and Whites experienced a decline in cancer

mortality. Cancer mortality rates remained lower among Hispanics as compared to Whites.



Lung and Bronchus Cancer Mortality

In 2006-2010, Hispanic females were about 50% less likely to die from lung and bronchus cancer, compared to White females. Hispanic males were

37% less likely to die from lung and bronchus cancer, compared to White males.

