Nebraska Minorities

Disparity Facts Chart Book

2016

Office of Health Disparities and Health Equity

Division of Public Health

Nebraska Department of Health and Human Services

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Acknowledgements

Introduction

The Office of Health Disparities and Health Equity (OHDHE) represents and advances the interests of the minority population of Nebraska for the purpose of reducing health disparities between racial and ethnic minorities and non-minorities.

For some Nebraskans, specifically racial and ethnic minorities, the good life is elusive when it comes to overall health and quality of life. There continues to be significant gaps in disparities for health and wellness. It has become increasingly apparent that health care professionals, community advocates, and consumers must develop effective ways of meeting the challenges presented by our culturally diverse and rapidly changing communities.

The health status of the entire state cannot be at its best when many racial and ethnic minorities experience poor health. Health reports and data fact sheets are important tools which can measure the quality of health of all residents in Nebraska and can lead to efforts focused on improving the health of Nebraskans.

This report illustrates how socioeconomic and health care differences among Nebraska's racial and ethnic minority groups still exist. It is formatted to provide a user-friendly summary of data, including highlights of selected minority health indicators and issues.

The topics covered in this report provide benchmarks upon which Nebraska's minority health status and disparities are consistently gauged.

All information and data are derived from the Nebraska Department of Health and Human Services Vital Statistics, Nebraska Behavioral Risk Factor Surveillance System (BRFSS), HIV Prevention Program, the Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS), and other programs, as well as national resource materials. All rates included are age-adjusted, unless noted otherwise, to the 2000 U.S. Population Standard. Population data is derived from Census and Vital Statistics data.

Some caution should be exercised while interpreting, analyzing, and/or using data herein, as some are based on small numbers. With some charts, 95% confidence intervals are provided if available.

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Demographics

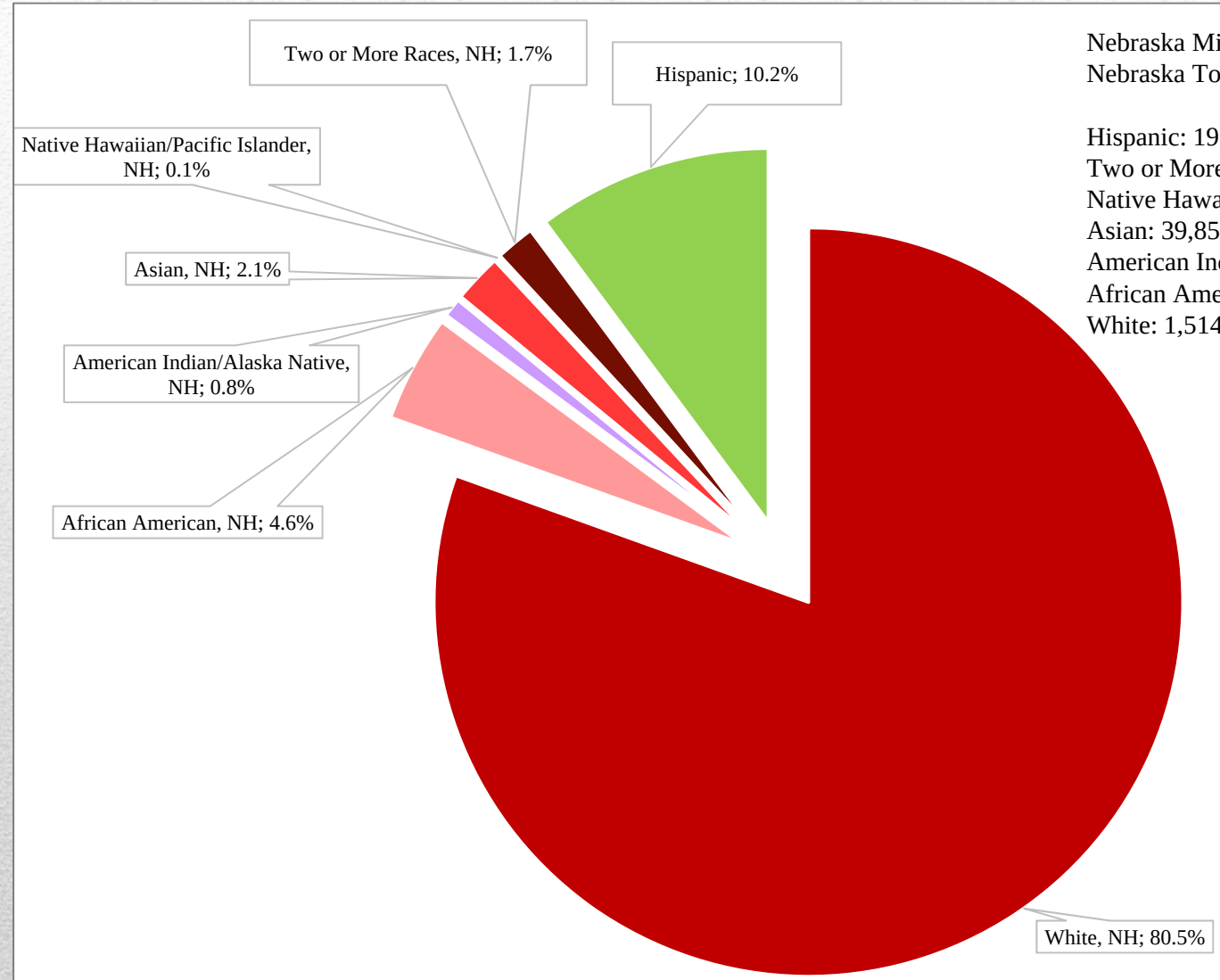
Minorities represented 19.5% of the total Nebraska population (1,881,503) according to 2014 estimates.

Between 2010 and 2014, Nebraska's racial and ethnic minority population grew from 324,634 to 367,117, an increase of 13.1%, while the non-Hispanic White population increased by only 0.8%.[1] Most notably, the Asian population grew by 24%, the largest of any racial and ethnic group.

Hispanics were the largest minority group, at 10.2% of the state population and African Americans were the second largest minority group, at 4.6%.

Hispanics accounted for 52% (191,325) of the total minority population (367,117), while African Americans, Asians, and American Indians/Alaska Natives accounted for 24%, 11%, and 4.2%, respectively.[2]

Nebraska's Population by Race and Ethnicity
2014 Estimates



Nebraska Minority Population: 367,117
Nebraska Total Population: 1,881,503

Hispanic: 191,325
Two or More Races: 31,990
Native Hawaiian/Pacific Islander: 1,140
Asian: 39,854
American Indian/Alaska Native: 15,459
African American: 87,349
White: 1,514,386

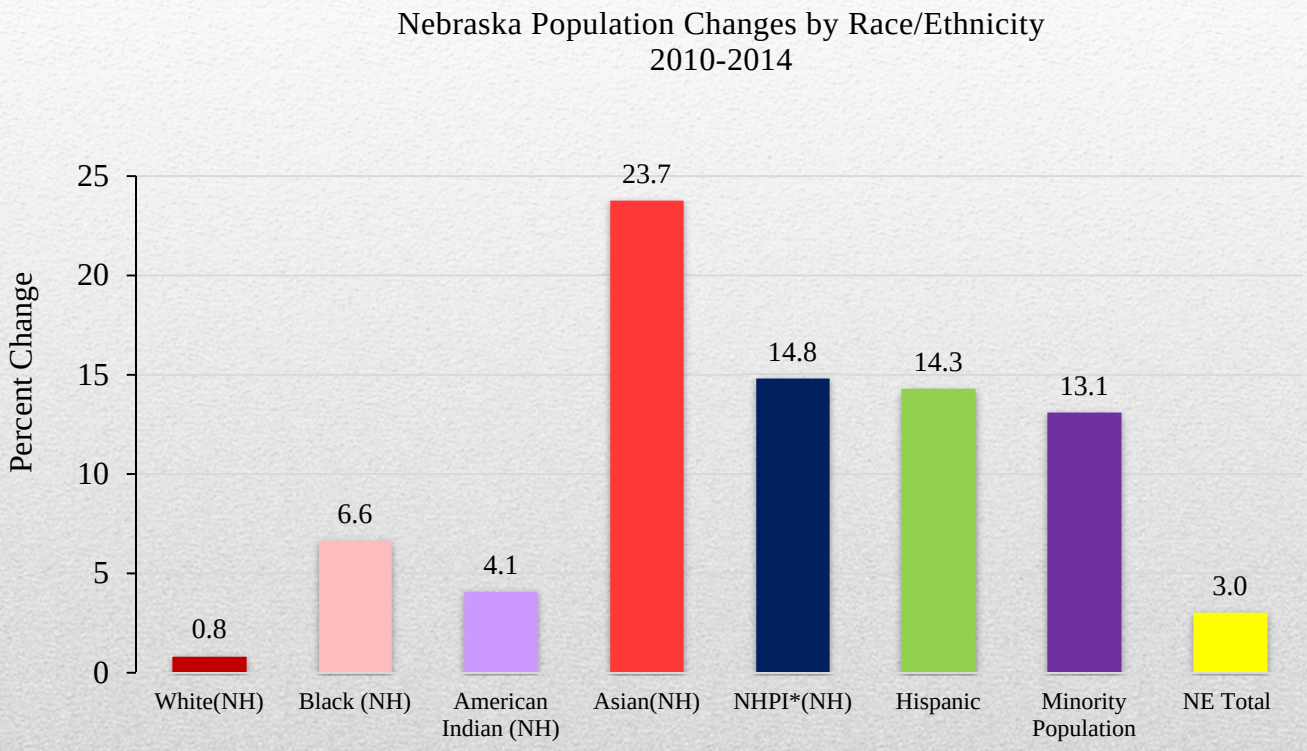
Source: U.S. Census Bureau, Population Division. 2014 Population Estimates
Note: Due to small proportion size, the slice of the chart for Native Hawaiian/Pacific Islander is not visible.

Change in Minority Populations

Between 2010 and 2014, Nebraska's total population changed by 3%, with a 13% growth in minorities.

The largest minority population change was among Asians (24%), followed by Hispanics and Native Hawaiians/Pacific Islanders who had similar percent changes (~14%).

In 2014, minorities constituted nearly 20% of the total Nebraska population.



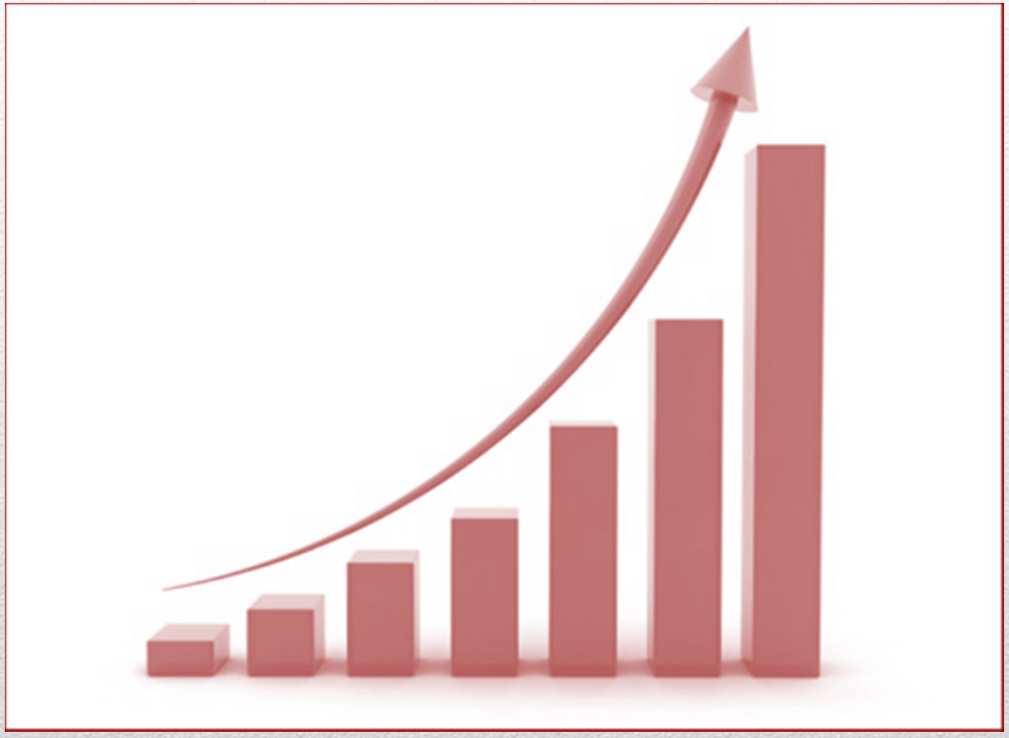
Data source: U.S. Census Bureau, 2010 Estimates Base and 2014 Population Estimates.
* Native Hawaiian or Other Pacific Islander.
NH : Not Hispanic

Projections and Change in Minority Populations

In the mid-1990s, the U.S. Census Bureau projected the minority population in Nebraska would reach 15% of the total population[3] by the year 2025.

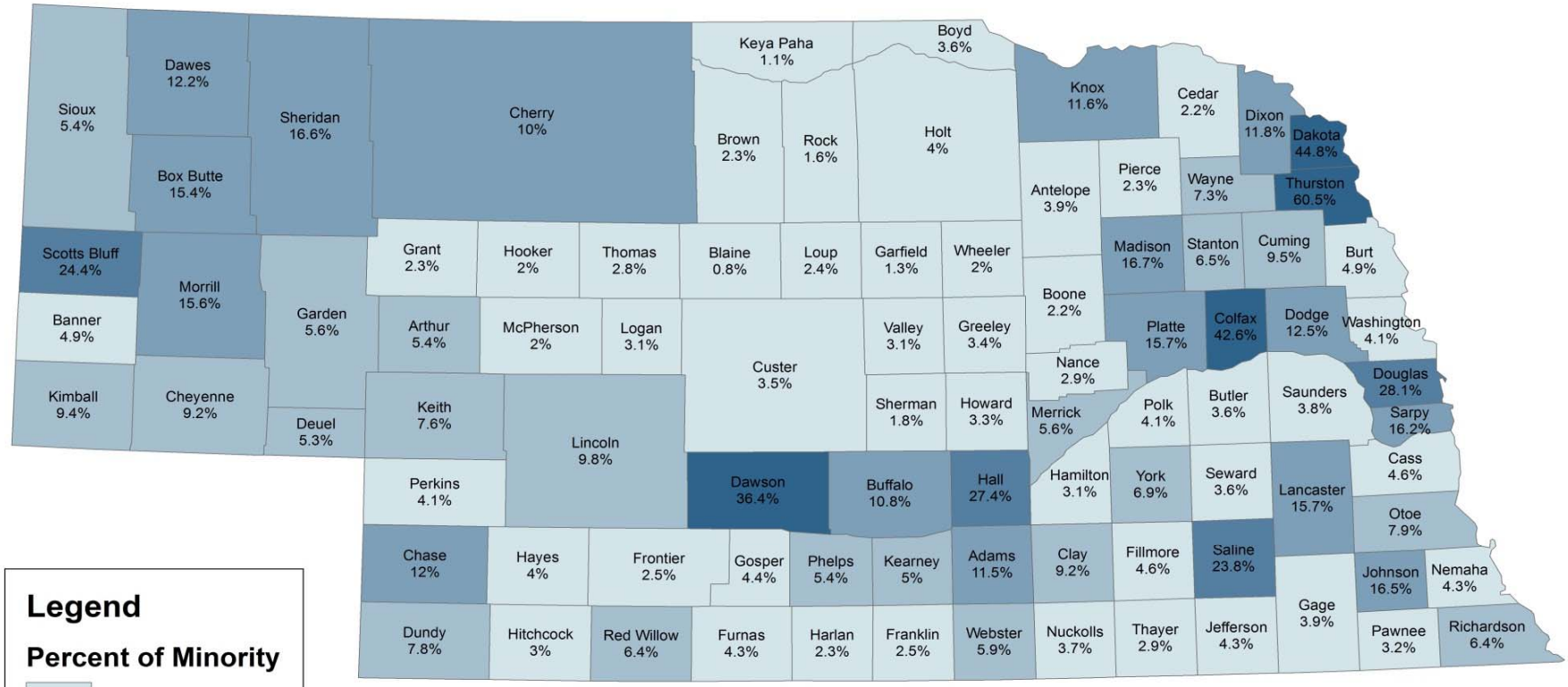
It was also estimated that the number of Hispanic Americans in Nebraska would reach approximately 111,000 by 2025.[4] The Hispanic population was 167,405 in 2010, 50.8% more than the U.S. Census Bureau's 1995 projection.

The trend in racial and ethnic minority population growth will likely continue for the foreseeable future. It has been estimated that the White population will increase 7% during the 2005-2025 period, while the Asian/PI population will increase by 45%, the American Indian population by 39%, and the African American population by 33%.[5] With this expected growth in minority populations in Nebraska, it is imperative that efforts be made now to eliminate disparities in health and wellness.



Percent Minority Population by County, Nebraska, 2010

Nebraska Minorities represented 17.9% of the state population



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

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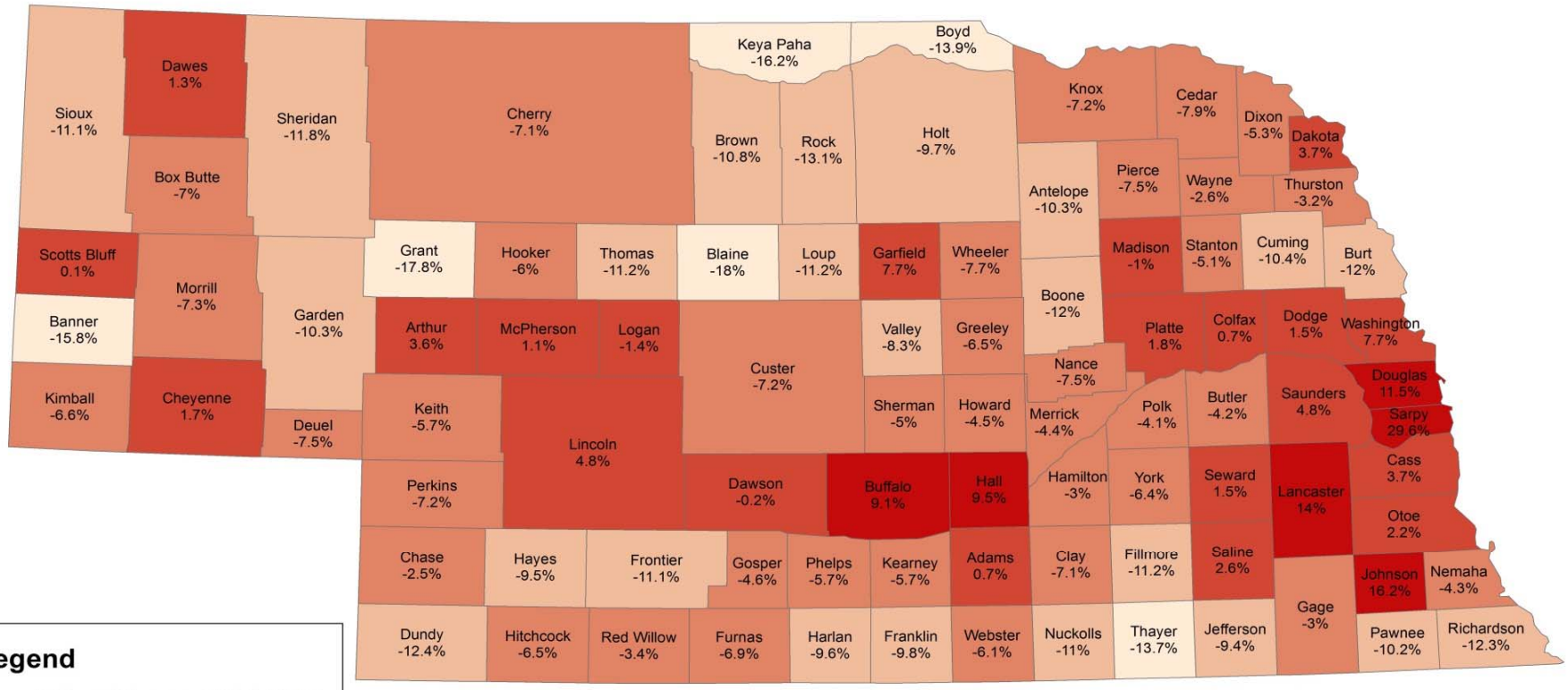
Percent Change in Population by County, Nebraska, 2000 to 2010

Nebraska population change: 6.7%



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

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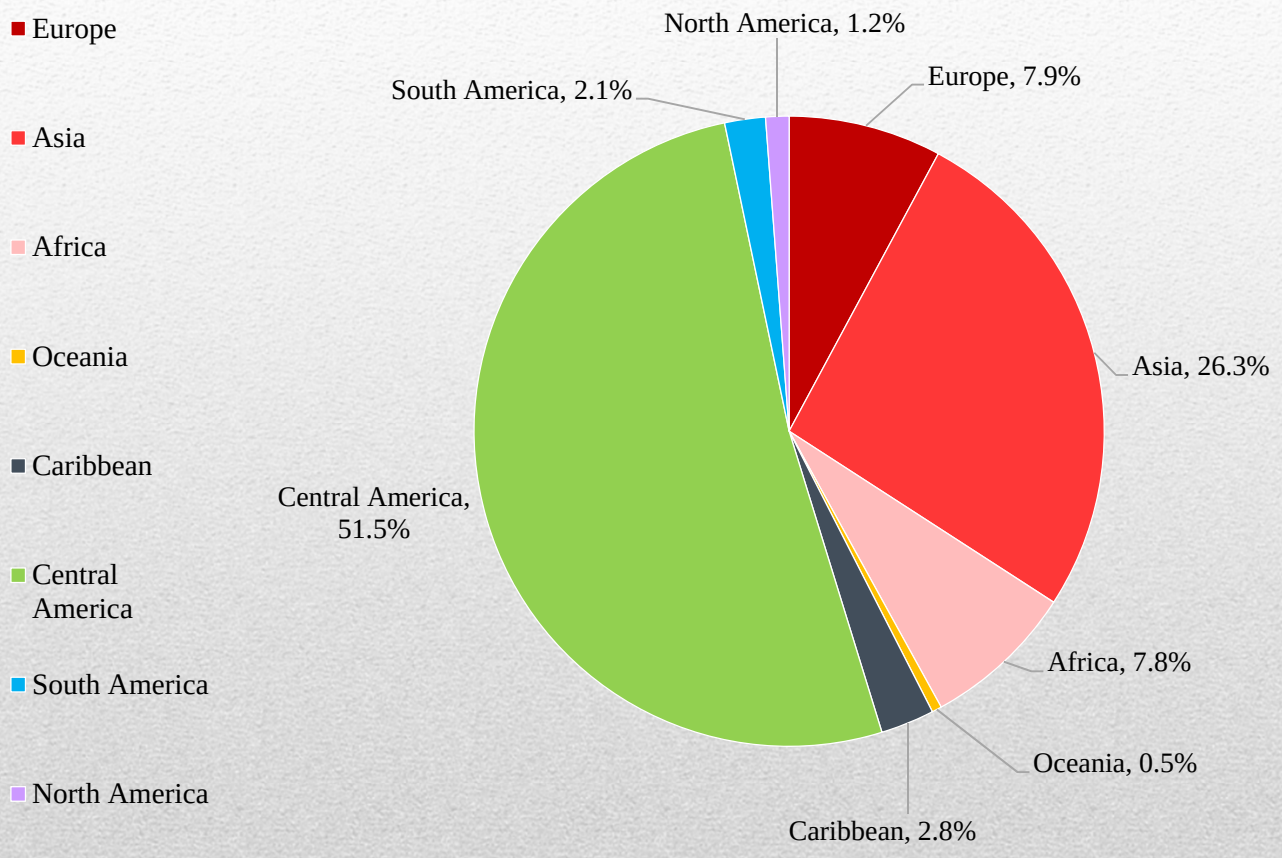
Foreign-Born Population

For the years 2010-2014, the American Community Survey and the U.S. Census Bureau estimated that the number of foreign-born residents in Nebraska was 120,417. This number represented 6.5% of Nebraska's overall population.

The largest share of residents (56.3%) were from Latin America (South America, Central America, and the Caribbean) and 26.3% from Asia. There were similar proportions of people from Europe (7.9%) and Africa (7.8%).



Total Foreign Born Population: 120,417
Percent of Nebraska Population: 6.5%

Source: 2010-2014 American Community Survey

Social Determinants of Health

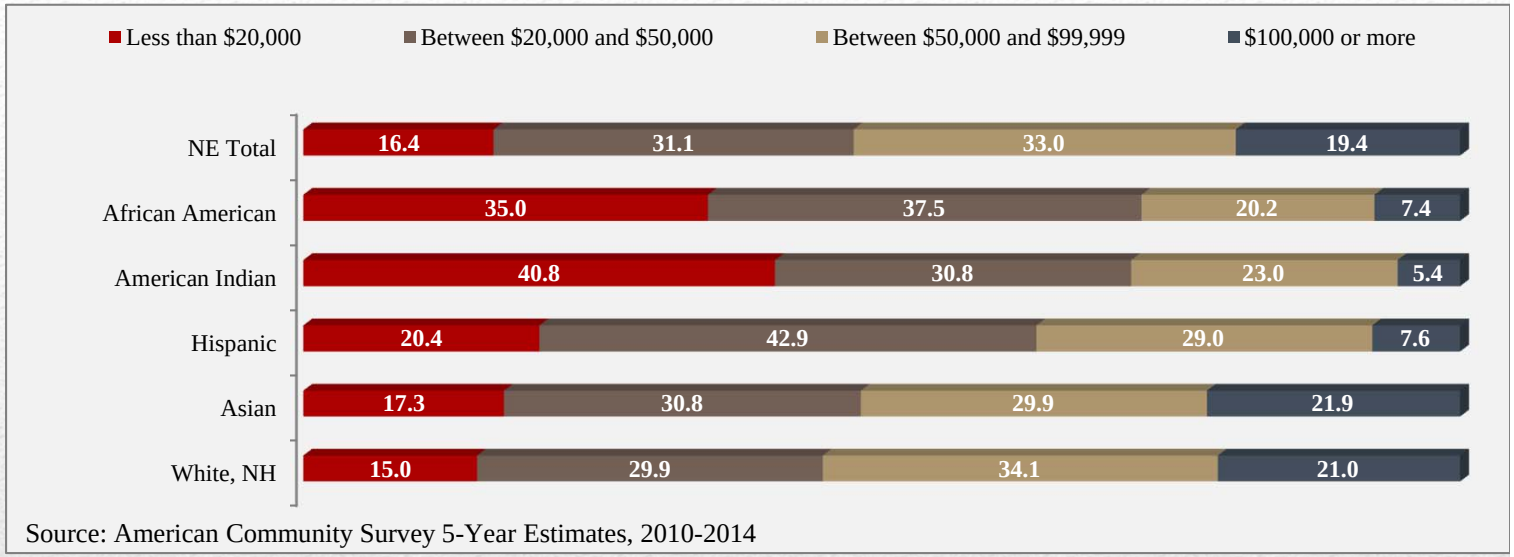
Health disparities are not results of a single component. Multiple factors combine to influence the health status of a person. Social determinants of health are circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.

In simpler terms, visualize rungs on a ladder depicting economic resources necessary to live a healthy life. Each separate rung represents education, comfortable housing, equitable employment, and social and familial networks. All of these rungs are intricately connected, thus, providing a clearer synopsis of where we live, work, learn, and play.

As inequities are addressed through better social policies, the ladder to better health will be less steep, and more rungs within grasp for more people, as they experience greater access to education, livable income, employment, and safe neighborhoods and housing.

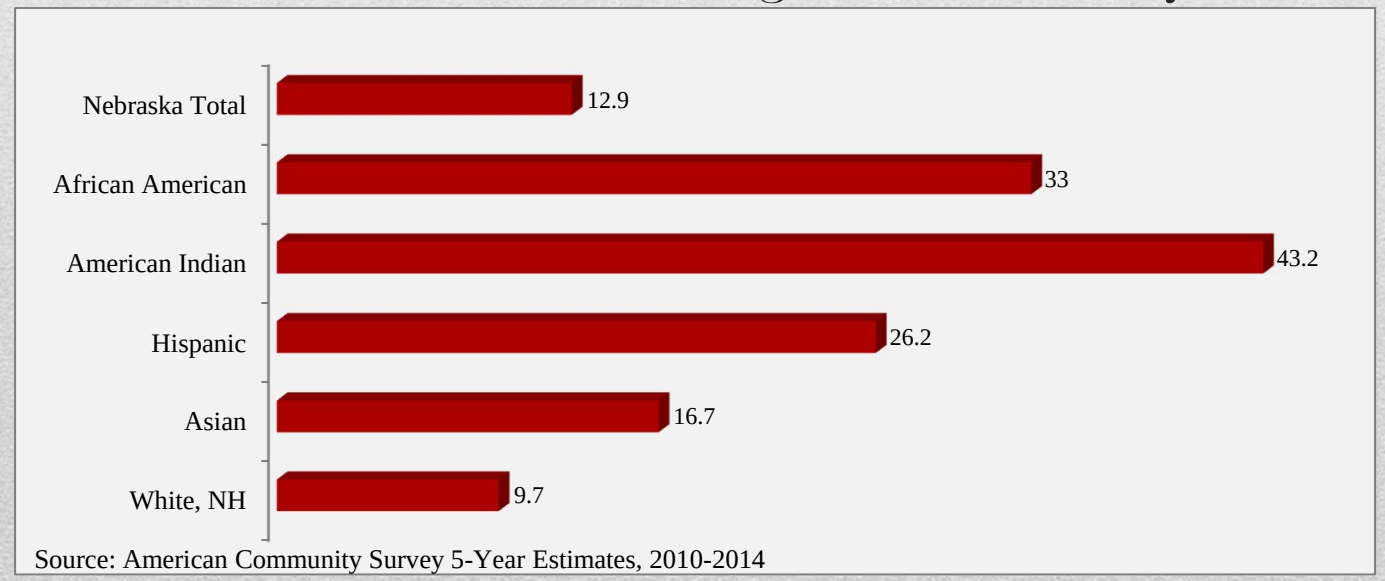
Household Income

American Indians and African Americans had higher percentages of household income less than $20,000 (40.8% and 35%, respectively) than non-Hispanic Whites (15%). Among minority groups, Hispanics had the highest percentage of household income of $20,000 - 50,000 (42.9%), followed by African Americans (37.5%), compared to non-Hispanic Whites (29.9%). This chart uses 2014 inflation-adjusted dollars.



Source: American Community Survey 5-Year Estimates, 2010-2014

Percent Living Under Poverty Level

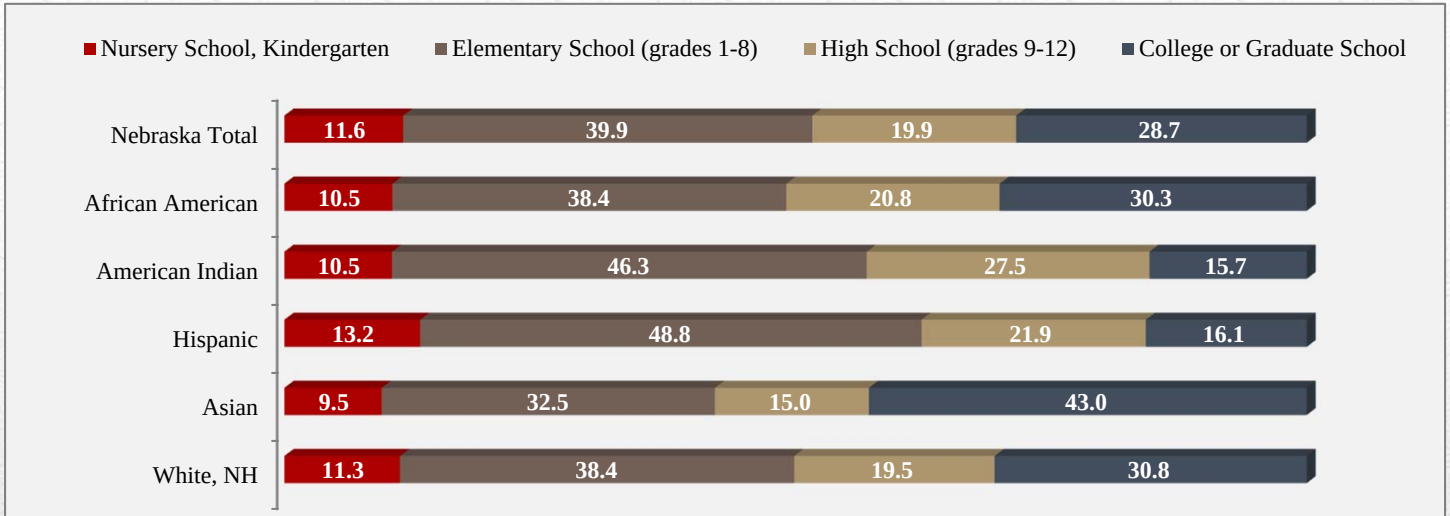


Source: American Community Survey 5-Year Estimates, 2010-2014

Of all racial and ethnic groups, American Indians/Alaska Natives had the highest proportion of people living below the federal poverty level (43.2%). They were followed by African Americans (33%) and Hispanics (26.2%).

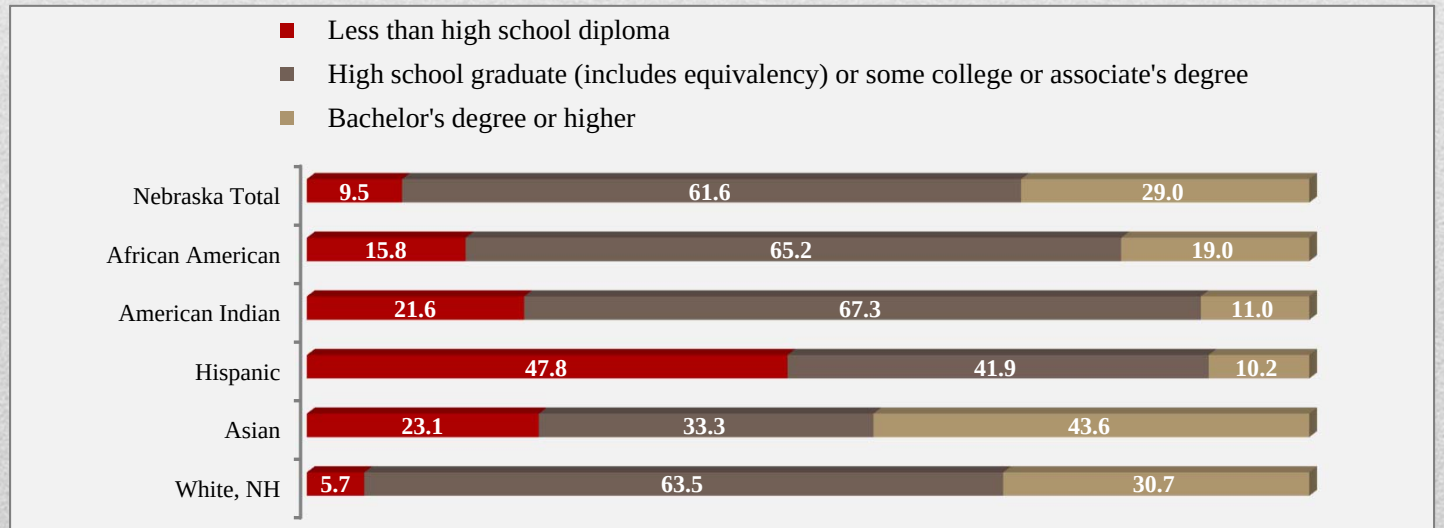
School Enrollment

Among Asians enrolled in school, 43% of them were in college or graduate school– this was the highest proportion of all racial and ethnic groups. The largest proportion of Hispanics (48.8%) were enrolled in elementary school. Of American Indians/Alaska Natives enrolled in school, the largest proportion were in high school (27.5%).



Source: American Community Survey 5-Year Estimates, 2010-2014

Educational Attainment

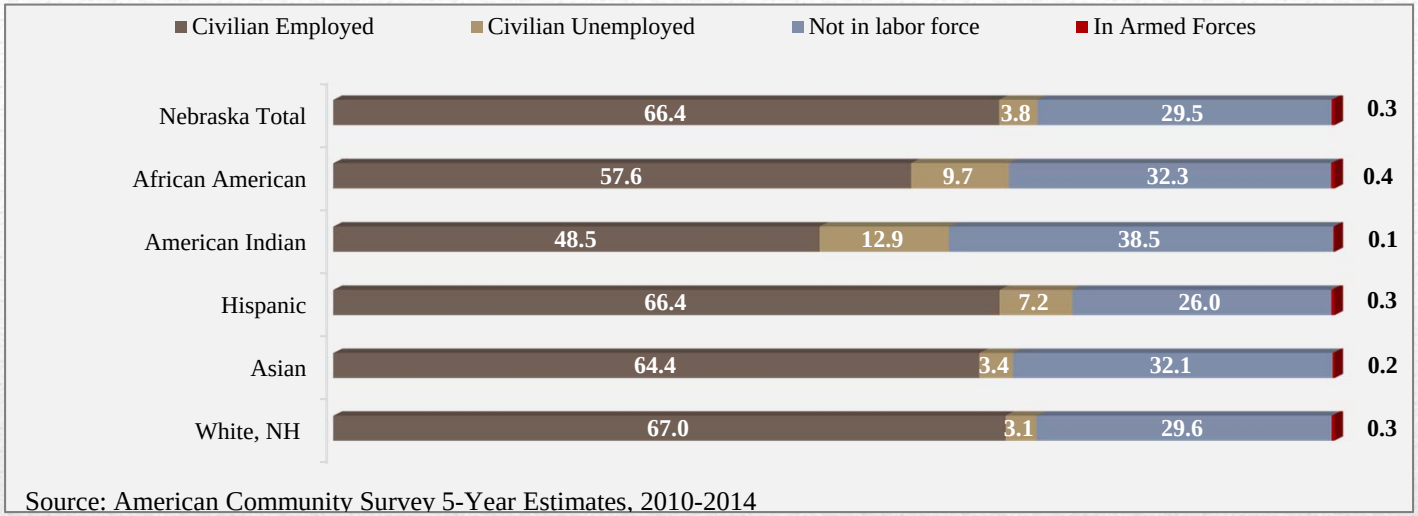


Source: American Community Survey 5-Year Estimates, 2010-2014

Among people 25 years old and older, nearly half of Asians had a bachelor's degree or higher (43.6%), which was more than any other group including non-Hispanic Whites (30.7%); Hispanics had the lowest (10.2%). About half of Hispanics were less than high school graduates, while this was true for 5.7% of Whites.

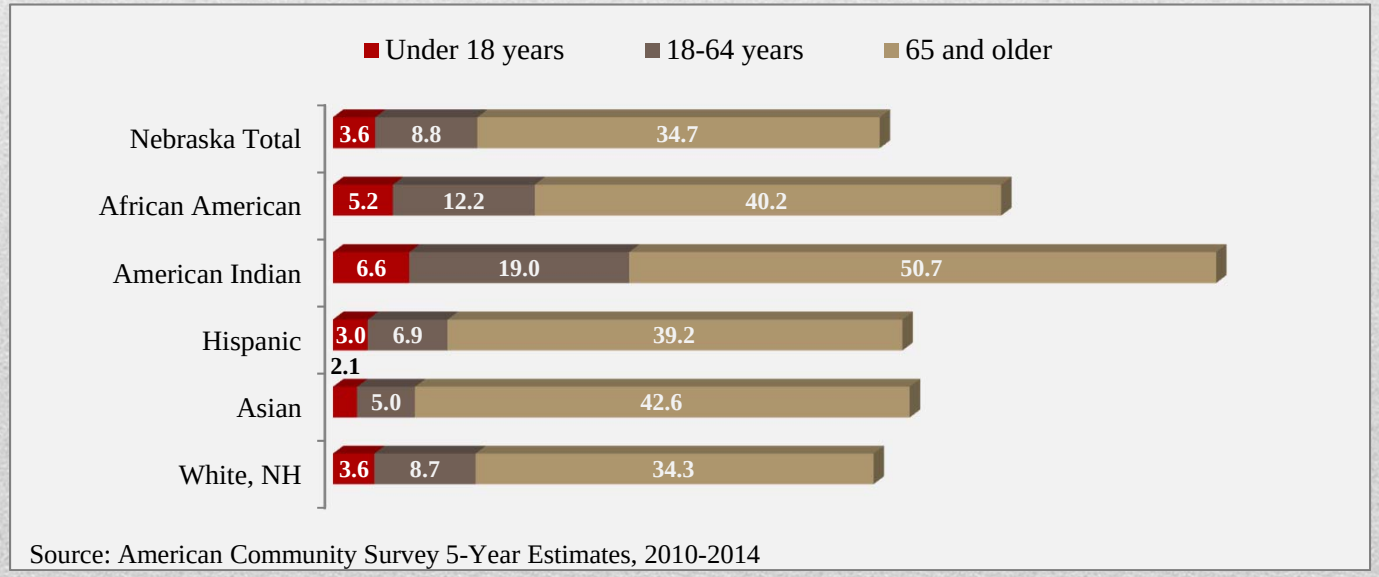
Employment Status

Among people 16 years old and older, minorities had a higher proportions of unemployed populations than non-Hispanic Whites (3.1%). American Indians had the highest proportion not in the labor force (38.5%), while African Americans (32.3%) and Asians (32.1%) had similar proportions as non-Hispanic Whites (29.6%). American Indians also had the highest proportion of people who were unemployed (12.9%), followed by Hispanics (7.2%).



Source: American Community Survey 5-Year Estimates, 2010-2014

Disability Status

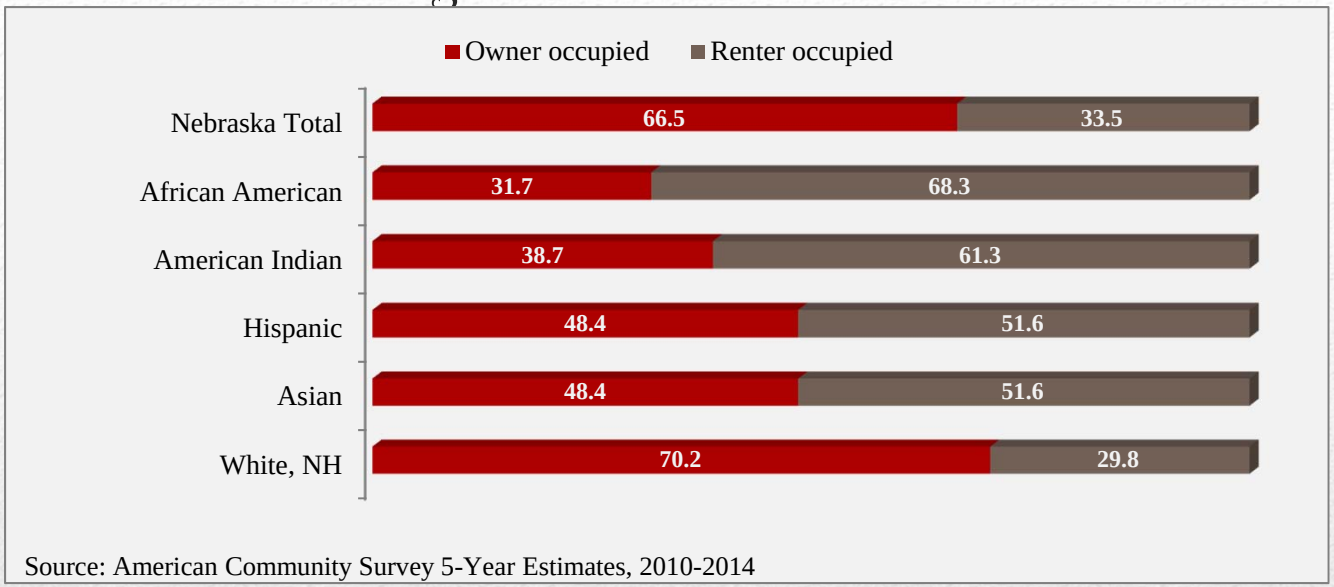


Source: American Community Survey 5-Year Estimates, 2010-2014

Among American Indians/Alaska Natives under 18 years old, 6.6% of them were disabled; additionally a little more than 50% of the American Indian population 65 and older reported the same. American Indians also had the largest proportion of 18-64 year-olds who were disabled. Hispanics and Asians reported similar proportions for all age groups. Non-Hispanic Whites generally had lower percentages than the other groups.

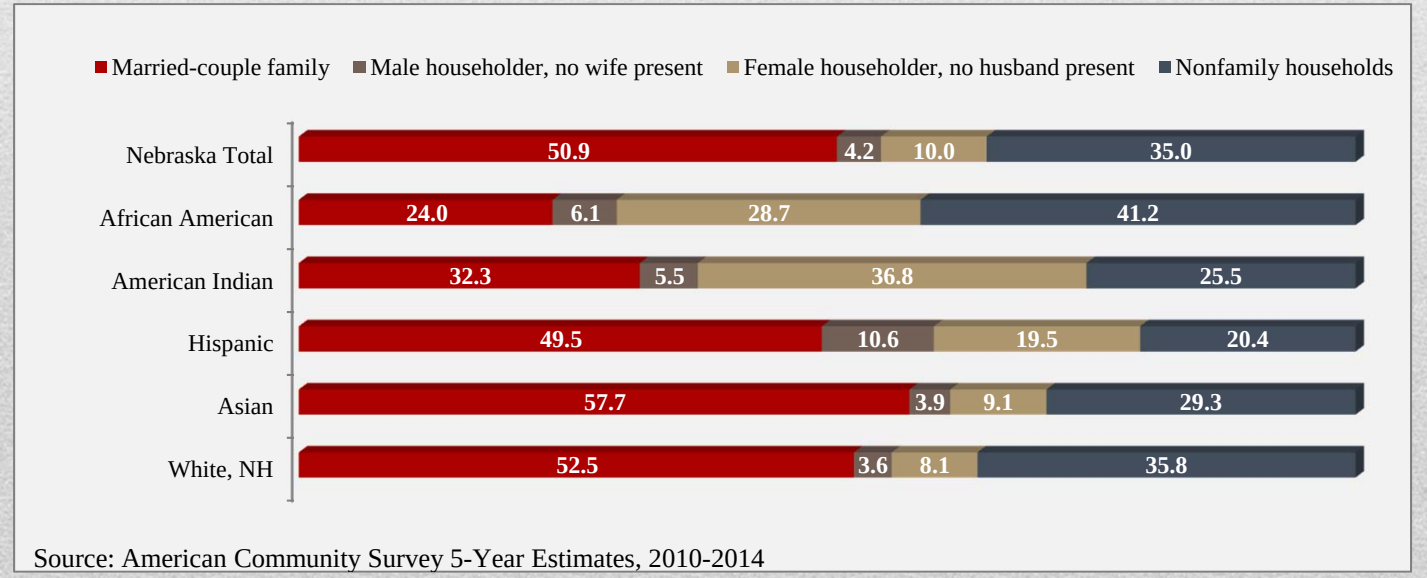
Housing Tenure

Of minority groups, Hispanics and Asians had the highest proportion of owner occupied households (48.4%) and African Americans (31.7%) had the lowest. In comparison, 70.2% of non-Hispanic White households and 66.5% of the total Nebraska households were owner-occupied homes.



Source: American Community Survey 5-Year Estimates, 2010-2014

Household Type

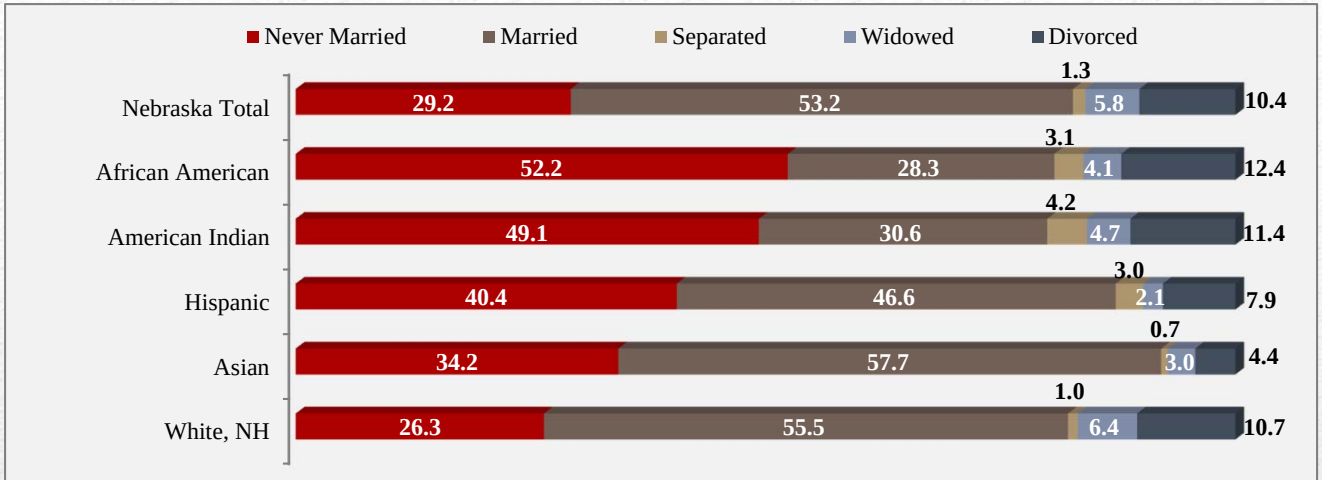


Source: American Community Survey 5-Year Estimates, 2010-2014

A smaller proportion of African American households (24%) were maintained by married couples than all other racial and ethnic groups. Far more American Indian (36.8%) households were maintained by a female with no husband present than non-Hispanic White households (8.1%).

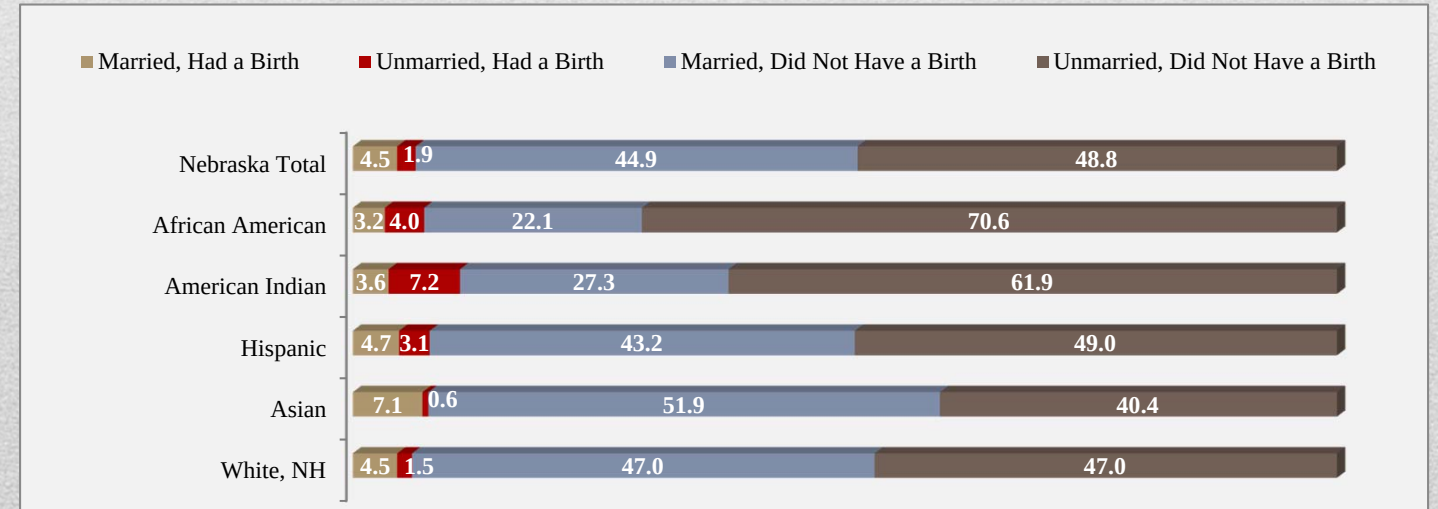
Marital Status

Nebraska minorities had a larger proportion of never married people (34-52%) than non-Hispanic Whites (26.3%). Nebraska minority groups also had a larger separated population percentage than non-Hispanic Whites (3.0-4.2% versus 1.0%) except for Asian Americans (0.7%). African Americans (12.4%) and American Indians (11.4%) had higher proportions of people who were divorced than non-Hispanic Whites (10.7%)



Source: American Community Survey 5-Year Estimates, 2010-2014

Fertility (Ages 15-50)

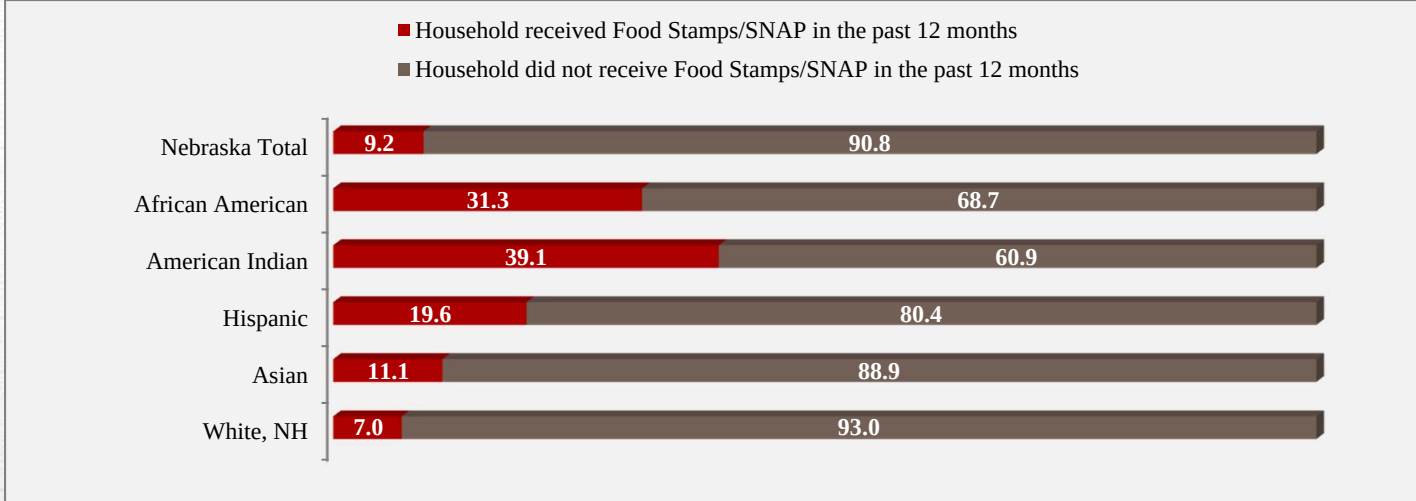


Source: American Community Survey 5-Year Estimates, 2010-2014

Among those 15 to 50 years old, minority women had a higher fertility rate than non-Hispanic White women (6%). A higher percentage of African American (4.0%), American Indian (7.2%), and Hispanic or Latino mothers (3.1%) who had given birth were unmarried compared to non- Hispanic White (1.5%) and Asian (0.6%) mothers.

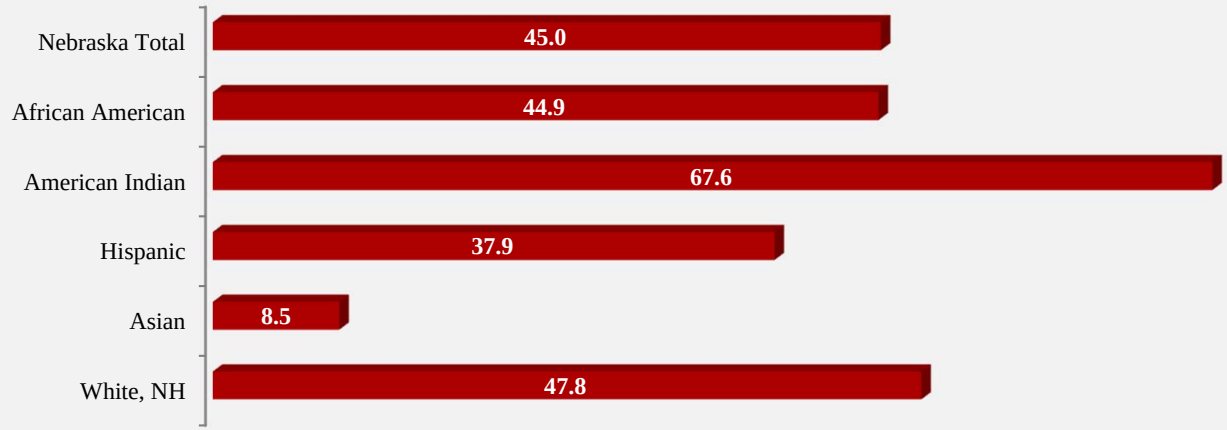
Receipt of Food Stamps/SNAP

American Indians (39.1%) were 5.5 times as likely, and African Americans (31.3%) 4.5 times as likely, to receive food stamps as non-Hispanic Whites (7.0%). The proportions of non-Hispanic Whites (7.0%) and Asians (11.1%) who received food stamps were most similar, but higher for Asians.



Source: American Community Survey 5-Year Estimates, 2010-2014

Grandparents Responsible for Grandchildren

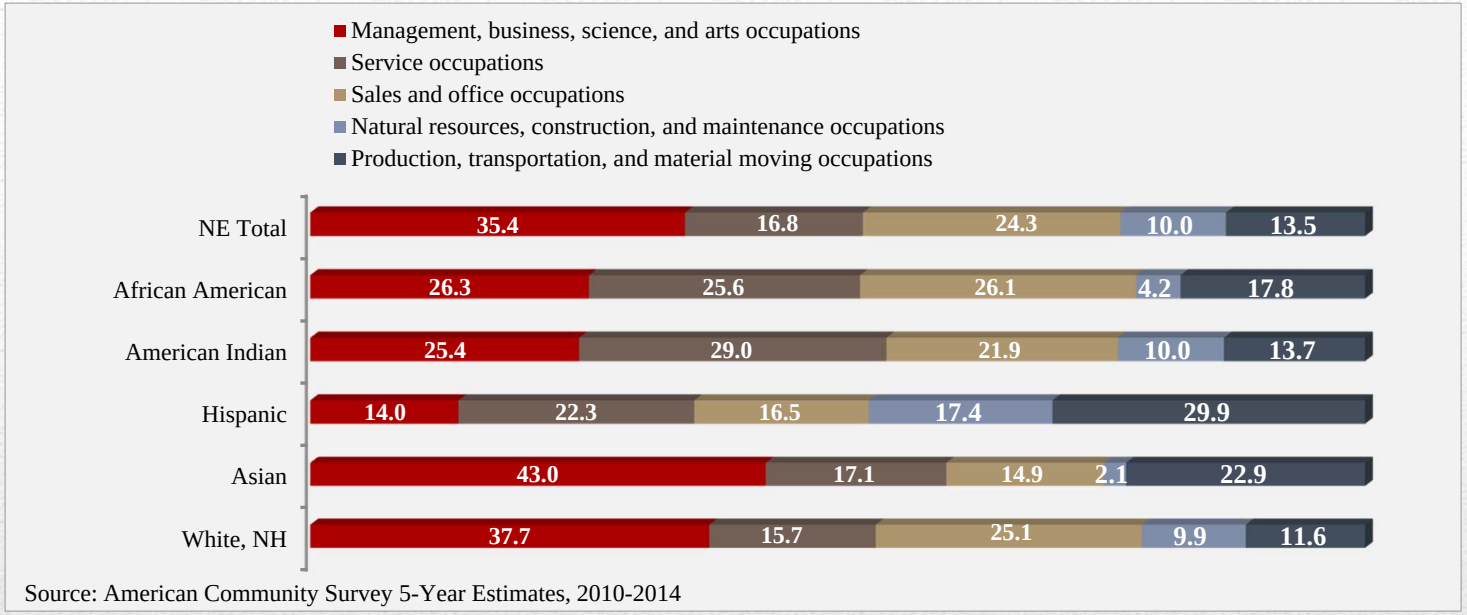


Source: American Community Survey 5-Year Estimates, 2010-2014

Among grandparents living with grandchildren, a larger proportion of American Indian grandparents were responsible for their grandchildren's care than White grandparents (67.6% versus 47.8%). Of all groups, Asians had the smallest percentage of grandparents who were responsible for their grandchildren at 8.5%.

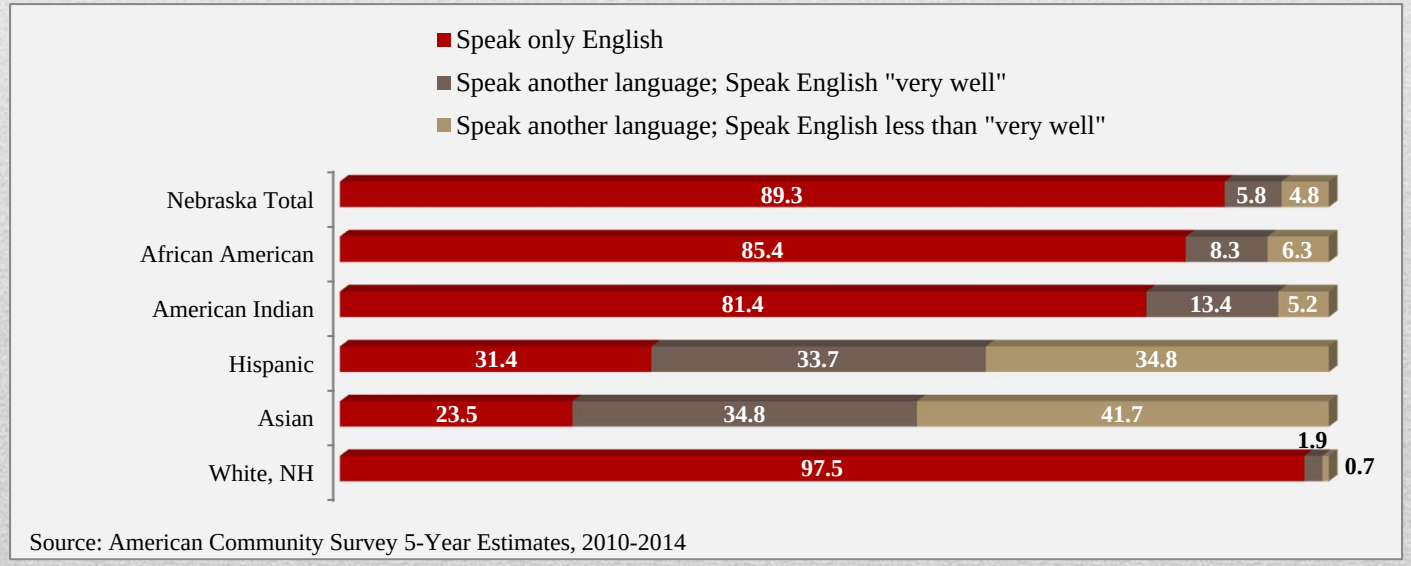
Occupation

Hispanics (29.9%) were more likely to work in production, transportation, and material-moving jobs than other minorities and non-Hispanic Whites (11.6%). African Americans (25.6%) and American Indians (29%) were more likely to work in service occupations, whereas this was only true for 15.7% of non-Hispanic Whites.



Source: American Community Survey 5-Year Estimates, 2010-2014

Language Spoken at Home



Source: American Community Survey 5-Year Estimates, 2010-2014

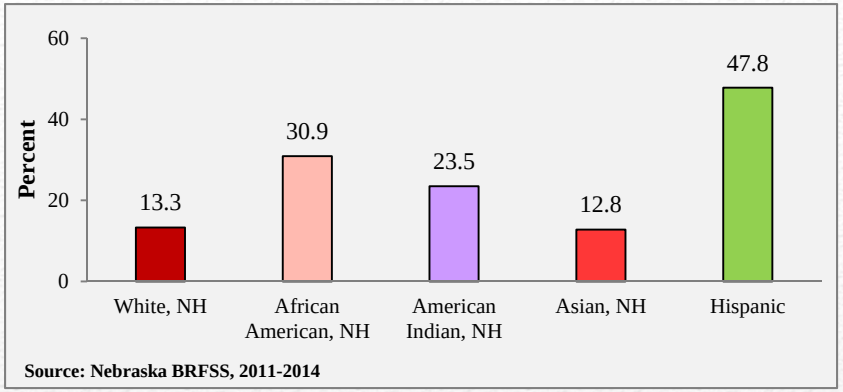
A higher percentage of the minority population (5.2%-41.7%) than non-Hispanic White population (0.7%) spoke English less than “very well.” Asians and Hispanics had the highest percentages of individuals with non-English homes and spoke English less than “very well” (41.7% and 34.8%, respectively).

Access to Care

Minorities in America are less likely to have access to regular, quality healthcare. This leads to further problems when considering preventative services and care for chronic diseases; the absence of regular care often results in poorer health outcomes for minorities.

No Health Insurance

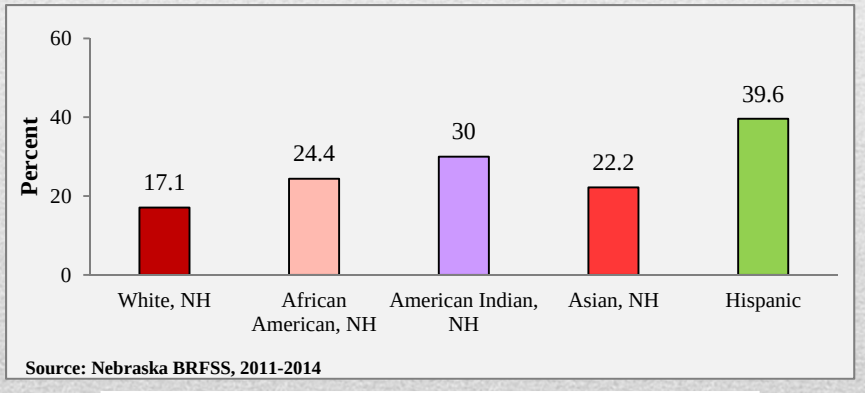
Overall, most minority groups had higher proportions of their populations without insurance (23.5-47.8%) compared to Whites (13.3%). Hispanics were the least likely group to be insured at 47.8%. American Indians (30.9%) and African Americans (23.5%) also had noteworthy proportions without health insurance.



Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	12.9	13.8
African American, Non-Hispanic	27.4	34.6
American Indian, Non-Hispanic	18.1	29.8
Asian, Non-Hispanic	9.8	16.6
Hispanic	45.2	50.4

No Personal Physician

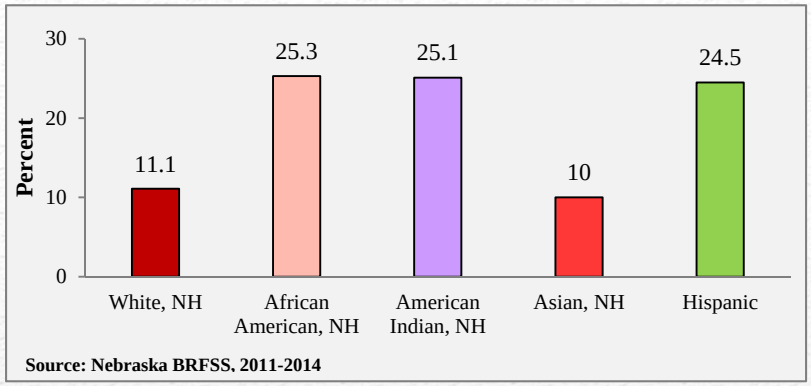
Hispanics (39.6%) had the highest proportion with no reported personal physician—this was 2.3x higher than non-Hispanic Whites. American Indians (30%) also had nearly twice the proportion of individuals who reported no personal physician compared to Whites (17.1%).



Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	16.6	17.6
African American, Non-Hispanic	21.6	27.5
American Indian, Non-Hispanic	25.3	35.3
Asian, Non-Hispanic	18.8	26
Hispanic	37.2	41.9

Could Not See a Physician Due to Cost

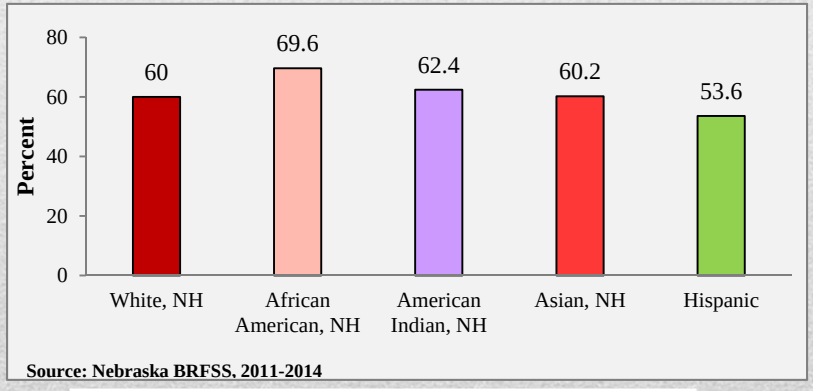
Most minority groups had a higher proportion of individuals report that they were unable to see a physician due to cost when compared to Whites (11.1%). African Americans (25.3%), American Indians/Alaska Natives (25.1%), and Hispanics (24.5%) reported similar proportions of the inability to see a physician due to cost.



Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	10.7	11.5
African American, Non-Hispanic	22.5	28.3
American Indian, Non-Hispanic	20.3	30.5
Asian, Non-Hispanic	7.4	13.5
Hispanic	22.4	26.7

Routine Check-Up in Past Year

Of all groups, African Americans had the highest proportion of individuals who had a routine check-up in the past year (70%). Hispanics had the lowest proportion of all racial and ethnic groups (53.6%).



Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	59.4	60.6
African American, Non-Hispanic	66.5	72.6
American Indian, Non-Hispanic	56.7	67.8
Asian, Non-Hispanic	54.6	65.6
Hispanic	51.3	56

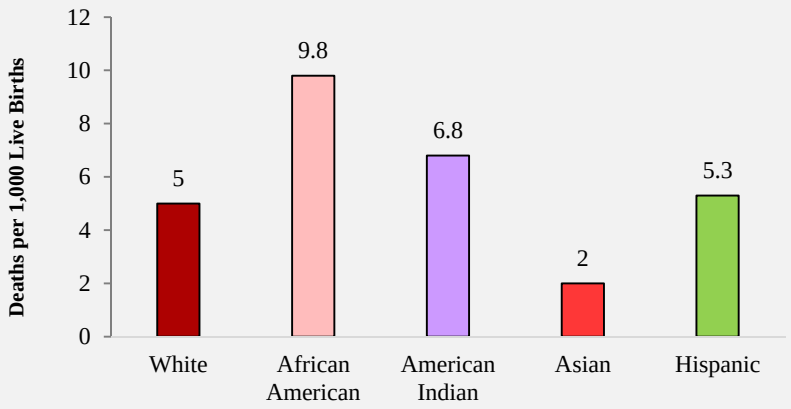
Maternal and Child Health

The well-being of mothers, infants, and children is vital in determining health outcomes for generations to come. In particular, the infant mortality rate is recognized as a measure of health status and social well-being because infant mortality is associated with socioeconomic status, access to health care, and the overall health status of women.

Infant Mortality Rates

Often considered the benchmark of the existence of unmet health needs, maternal and child health in Nebraska is first assessed by infant mortality rates.

From 2010 to 2014, African Americans (9.8/1,000 live births) experienced an infant mortality rate that was almost two times higher than Whites (5.0/1,000 population). American Indians and Hispanics had rates that were slightly higher than Whites, while Asians had a rate that was lower than Whites.

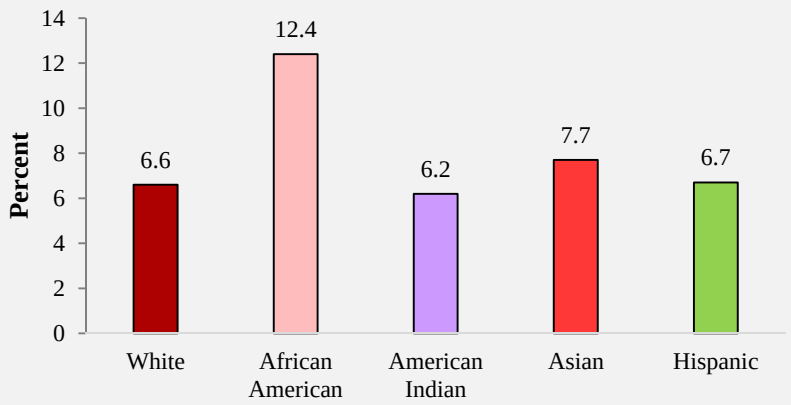


Source: Nebraska DHHS Vital Statistics, 2010-2014

Low Birth Weight

A newborn is considered to be low weight if he or she weighs less than 2,500 grams (five pounds, eight ounces) at birth. These babies experience higher rates of illness and death than other infants.

From 2010 to 2014, African Americans had the highest proportion of low birth weight babies (12.4%), especially when compared to Whites (6.6%) and American Indians (6.2%). Asians had the second highest proportion of low birth weight babies (7.7%).

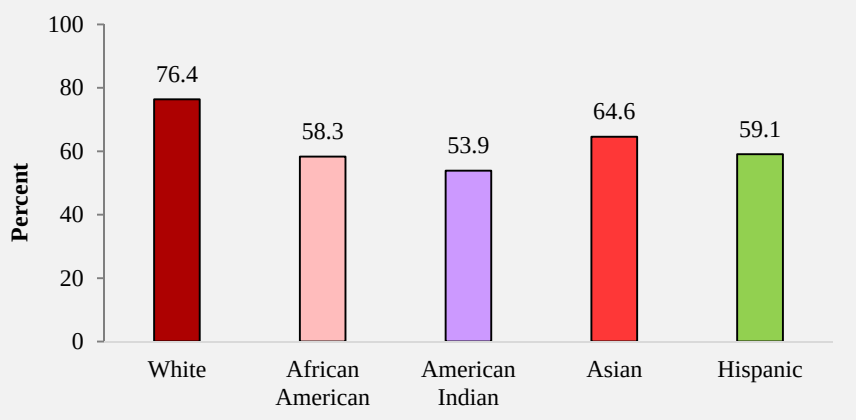


Source: Nebraska DHHS Vital Statistics, 2010-2014

First Trimester Prenatal Care

An important index of maternal and child health is early prenatal care, since prenatal care is more likely to be effective if women receive it early in pregnancy.

All racial/ethnic minorities had a smaller proportion of women who received prenatal care in the first trimester of their pregnancy compared to Whites. Most notably, American Indians experienced the lowest proportion of mothers receiving prenatal care in the first trimester.



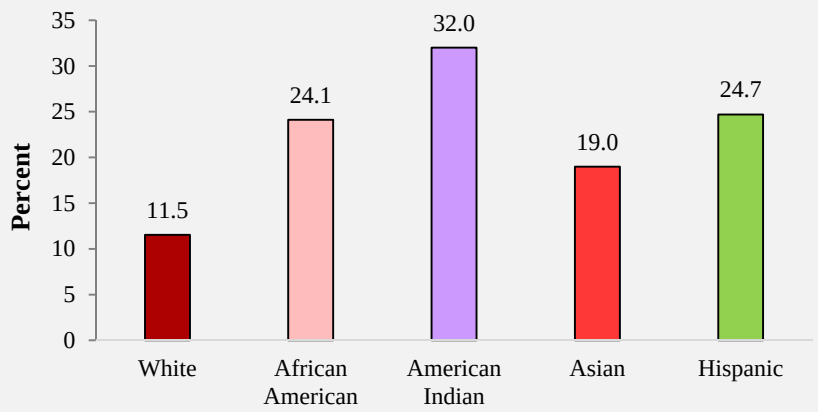
Source: Nebraska DHHS Vital Statistics, 2010-2014

Kotelchuck Index

Inadequate Prenatal Care

The Kotelchuck Index measures adequacy of prenatal care using a formula calculated with the number of prenatal visits, gestation, and the trimester that prenatal care began. Shown below are the proportions for each group who received **inadequate** prenatal care.

Nearly one-third of American Indian women did not receive adequate prenatal care (32%). African Americans and Hispanics had similar proportions of women who received inadequate prenatal care, each much larger than that of Whites. The proportion of Asians receiving inadequate care was lowest among the racial and ethnic minorities, but was still nearly twice as large as the percent for Whites.

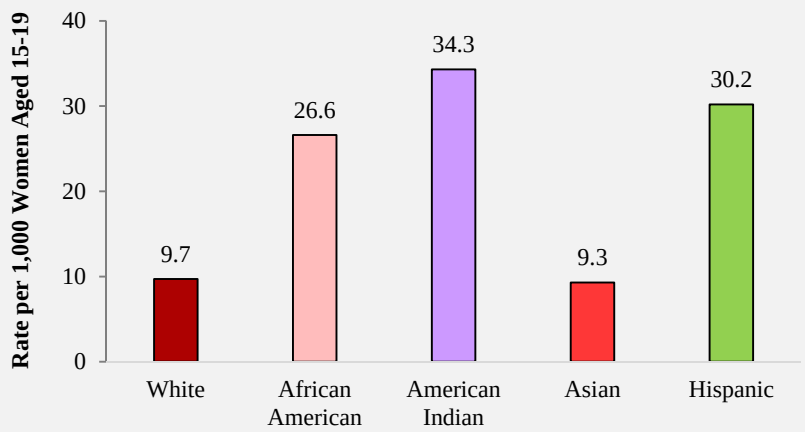


Source: Nebraska DHHS Vital Statistics, 2009-2013

Teen Birth Rates

In Nebraska, teen (females aged 15-19) birth rates for American Indians, African Americans, and Hispanic Americans were higher than the rate for non-Hispanic Whites. The rates presented below are per 1,000 women aged 15-19.

From 2010 to 2014, teen birth rates for American Indian (34.3/1,000) teens were 3.5 times the rate for White (9.71/1,000) teens. Hispanic and African American teens had similar rates (26.6/1,000 for African American; 30.2/100 for Hispanic), each 2.5 times the rate for White teens.

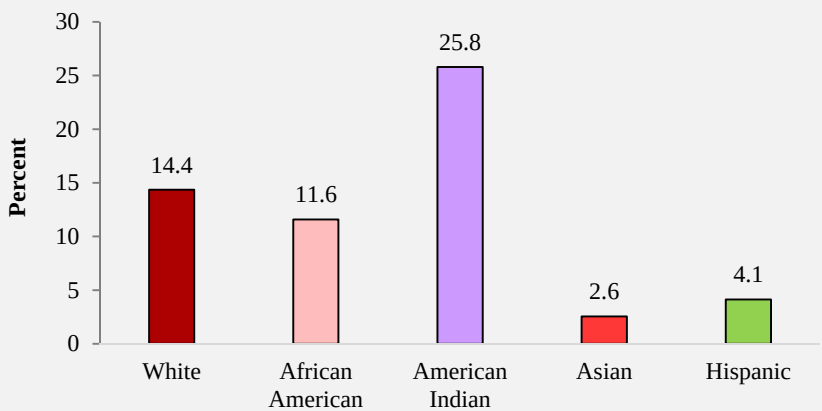


Source: Nebraska DHHS Vital Statistics, 2010-2014

Cigarette Smoking During Pregnancy

Nebraska has an objective of increasing the proportion of women who abstain from cigarette smoking during pregnancy to 98%.

From 2009 through 2013, the lowest smoking rates were recorded for Asian (2.6%) and Hispanic (4.1%) women. American Indians (25.8%) reported the highest rates of smoking during pregnancy of all groups. African Americans (11.6%) had a rate similar to, but lower than, Whites (14.4%).



Source: Nebraska DHHS Vital Statistics, 2009-2013

PRAMS and Breastfeeding

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. In Nebraska, PRAMS is a joint research project between the Nebraska Department of Health and Human Services and the Centers for Disease Control and Prevention.

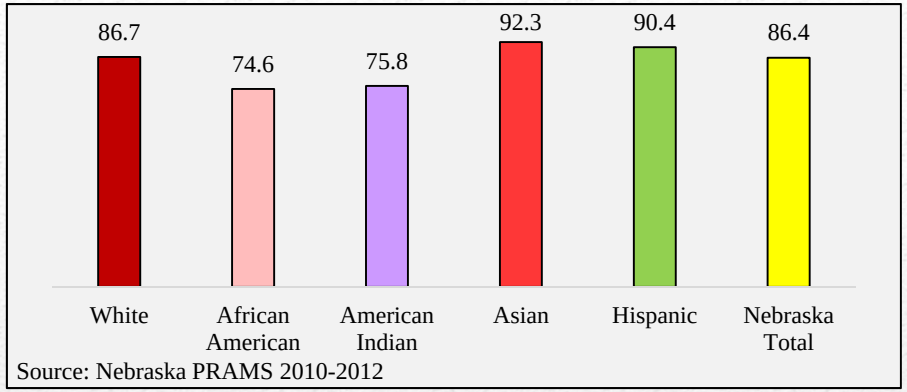
It is an initiative to reduce infant mortality and low birth weight and was developed to supplement vital records by providing state-specific data to be used for planning and evaluating prenatal health programs. The data presented reflect live births of Nebraska mothers during the years of 2010-2012.

Breastfeeding strengthens the immune systems of infants and has also been associated with a decreased risk of pre-menopausal breast cancer in women. [4]

Breastfeeding remains low among some groups of women, such as women who are young, Black, below the federal poverty threshold, unmarried, or with less than a college education.[5] Many women stop breastfeeding soon after initiation for various reasons, including smoking, medication used, physical and mental health issues, or the need to return to work.[6]

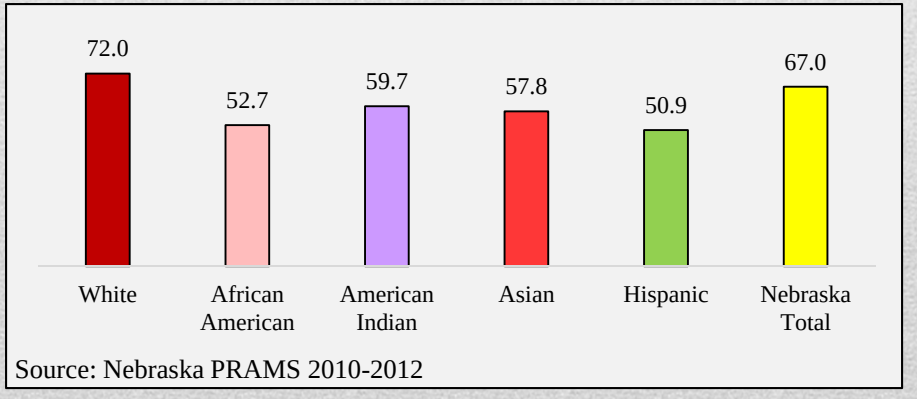
Initiating Breastfeeding

The prevalence of breastfeeding initiation among White mothers during this period was 86.7%, while African American mothers' breastfeeding initiation was 74.6%, and American Indian mothers' breastfeeding initiation was 75.8%. There were higher proportions of Hispanic and Asian mothers who initiated breastfeeding compared to White mothers.



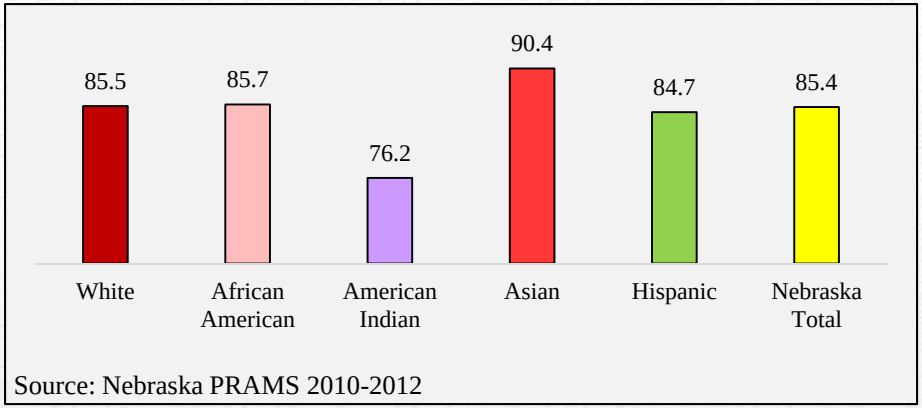
Baby was Only Fed Breast Milk at Hospital

The highest proportion of mothers reported feeding their babies only breast milk while at the hospital was among the White population. African American and Hispanic mothers were two of the lowest proportions (52.7% and 50.9%, respectively). There was a large difference between the proportion of White mothers and mothers of all other racial and ethnic groups (up to a 20% difference).



Hospital Staff Taught How to Breastfeed

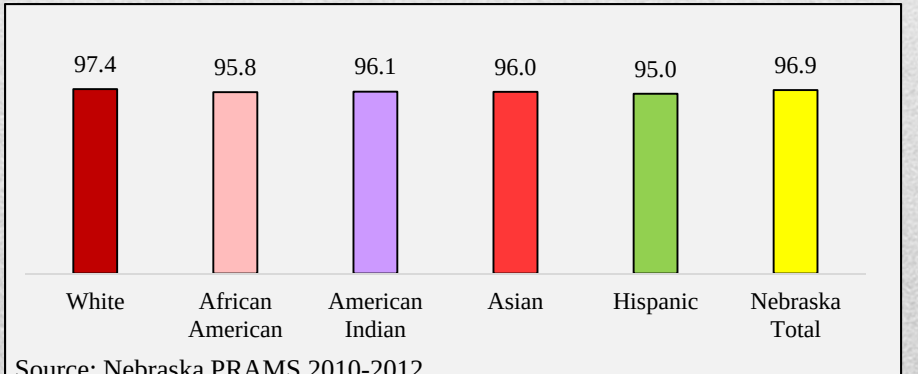
Asians had the highest proportion of mothers who reported breastfeeding assistance from hospital staff. White, African American, and Hispanic mothers all had similar proportions (~85%) and American Indian mothers had the lowest proportion; there was almost a 10% difference between American Indians and Whites.



Source: Nebraska PRAMS 2010-2012

Hospital Gave Breastfeeding Information

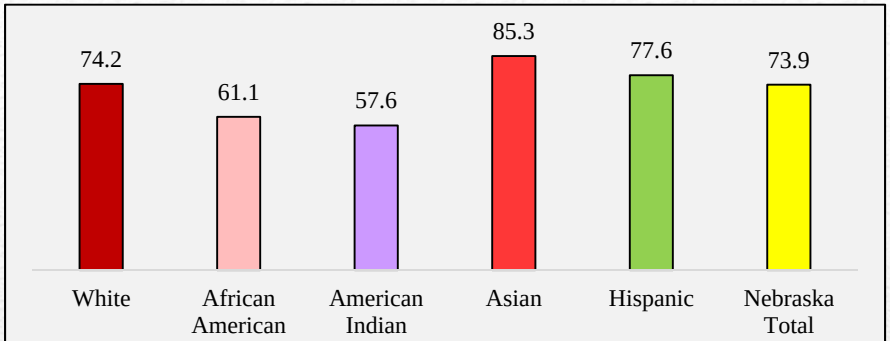
The largest difference in receiving information from the hospital was between White (97.4%) and Hispanic (95.0%) mothers. Reporting similar proportions who received information were Asian (96.0%), African American (95.8%), and American Indian (96.1%) mothers.



Source: Nebraska PRAMS 2010-2012

Continued Breastfeeding At Least 4 Weeks

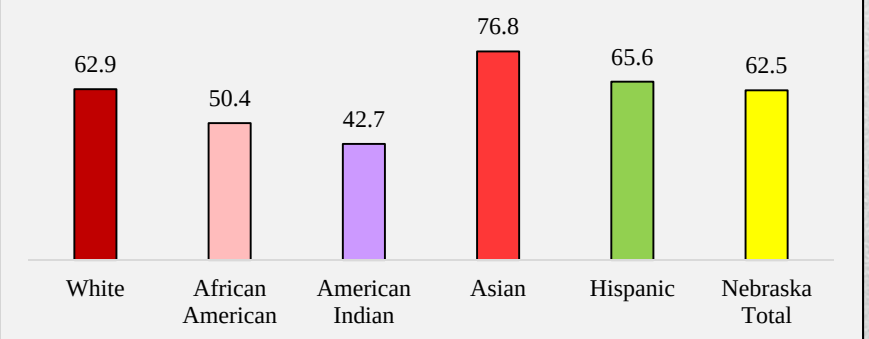
Continued breastfeeding at 4 weeks was estimated among those who initiated it. Asian (85.3%) and Hispanic (77.6%) mothers had a larger proportion of mothers breastfeeding at 4 weeks, African American (61.1%) and American Indian (57.6%) mothers had lower proportions.



Source: Nebraska PRAMS 2010-2012

Continued Breastfeeding At Least 8 Weeks

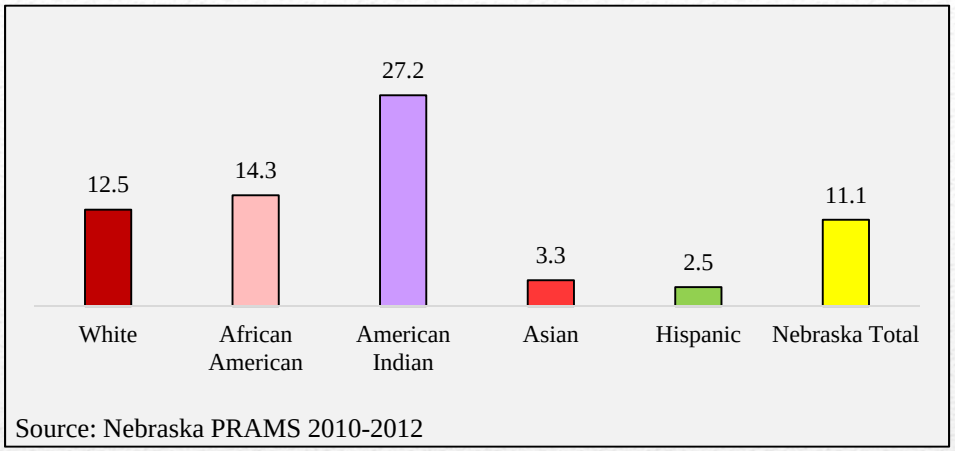
Asians had the highest proportion of mothers who breastfed their babies at least eight weeks after giving birth. Hispanic and White mothers had similar proportions (65.6% and 62.9%, respectively). American Indians had the lowest of all groups (42.7%).



Source: Nebraska PRAMS 2010-2012

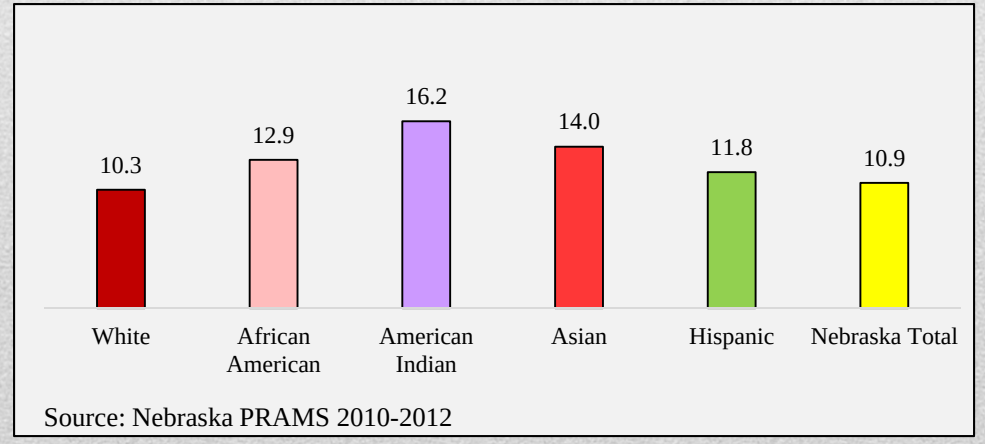
Smoked During Last Three Months of Pregnancy

The proportion of American Indian women who reported smoking during their last trimester was almost 2.2 times higher than the proportion of White women. Hispanics and Asians had the lowest and second lowest proportions of women who smoked during the last trimester (2.5% and 3.3%, respectively).



Indicator of Postpartum Depression

All racial and ethnic minority groups had higher proportions of women who indicated postpartum depression than White women. American Indians had the highest proportion (16.2%), and were followed by Asians (14%), African Americans (12.9%), and Hispanics (11.8%).

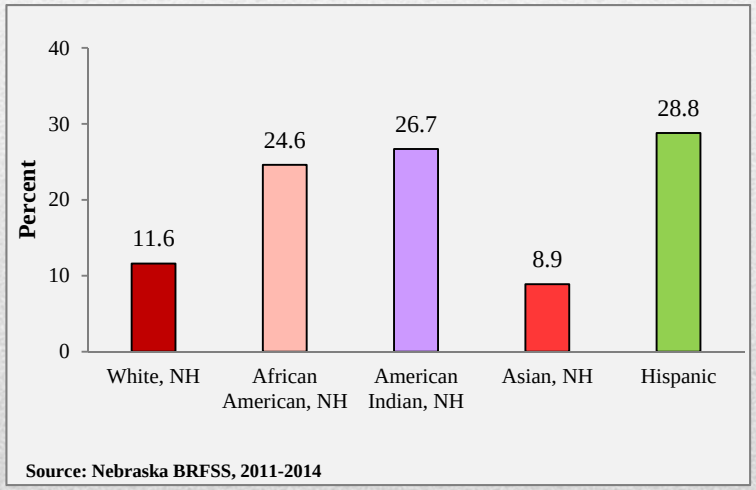


Health Behavior Risk Factors for Illness

Minority populations generally experience poorer health outcomes compared to Whites. The prevalence of risk behaviors associated with these adverse health outcomes among minorities in Nebraska is not well documented. We sought to describe the prevalence of selected health risk behaviors and document the disparities experienced by minorities. The CDC Behavioral Risk Factor Surveillance System (BRFSS) survey is used in Nebraska, and nationwide, to better understand health problems and risk behaviors among adults.

Fair or Poor Health Status

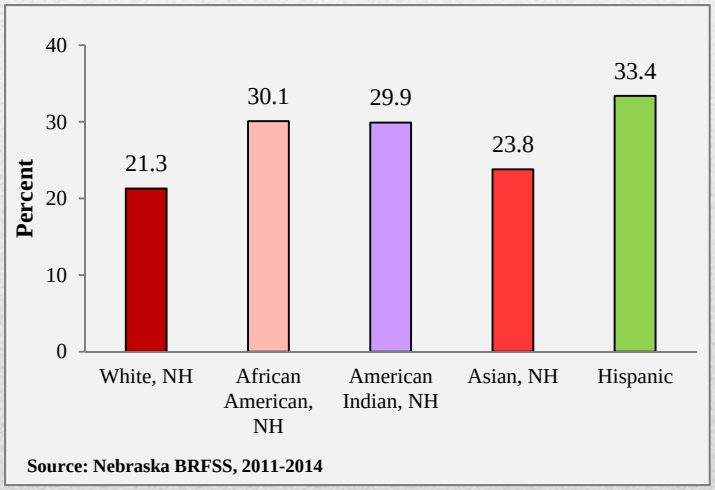
The 2011-2014 Nebraska BRFSS results indicated that 28.8% of Hispanics and 26.7% of American Indians rated their health status as either “fair” or “poor.” About 24.6% of African American adults rated their health status as either “fair” or “poor,” compared to 11.6% of White Nebraskans. All groups, except Asians, had higher a proportion that reported a “fair” or “poor” health status than Whites.



Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	11.2	11.9
African American, Non-Hispanic	22	27.3
American Indian, Non-Hispanic	22.3	31.6
Asian, Non-Hispanic	6.3	12.6
Hispanic	26.6	31

Physically Inactive

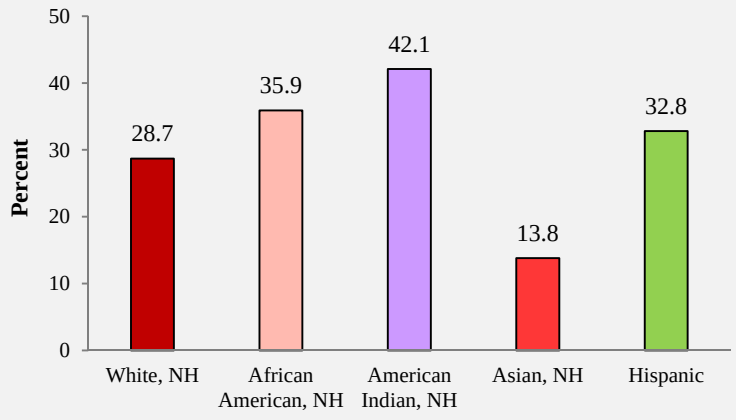
Similar proportions of Hispanic (33.4%), American Indian (29.9%), and African American (30.1%) adults had been physically inactive in the past month of being surveyed. These figures were higher than that of non-Hispanic Whites.



Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	20.9	21.8
African American, Non-Hispanic	27.1	33.3
American Indian, Non-Hispanic	25.1	35.2
Asian, Non-Hispanic	19.3	28.9
Hispanic	31.1	35.8

Obesity

On average, American Indians (42.1%) were more likely to be obese than African American (35.9%), Hispanic (32.8%), and White BRFSS respondents (28.7%). Asians have a much lower proportion of the population that is obese (13.8%) compared to other groups.

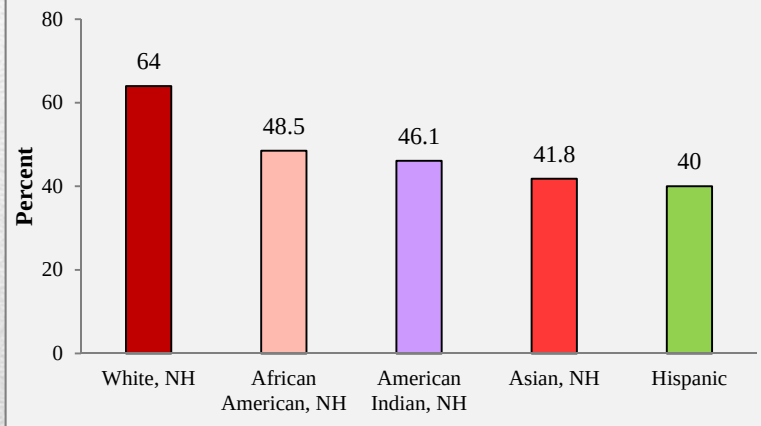


Source: Nebraska BRFSS, 2011-2014

Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	28.1	29.2
African American, Non-Hispanic	32.8	39.2
American Indian, Non-Hispanic	36.4	48
Asian, Non-Hispanic	10.1	18.6
Hispanic	30.4	35.3

Alcohol Use

Non-Hispanic Whites had the highest proportion of individuals who reported any alcohol consumption in the past 30 days (64%). The racial and ethnic minorities had proportions between 40% and 49% according to the BRFSS survey.

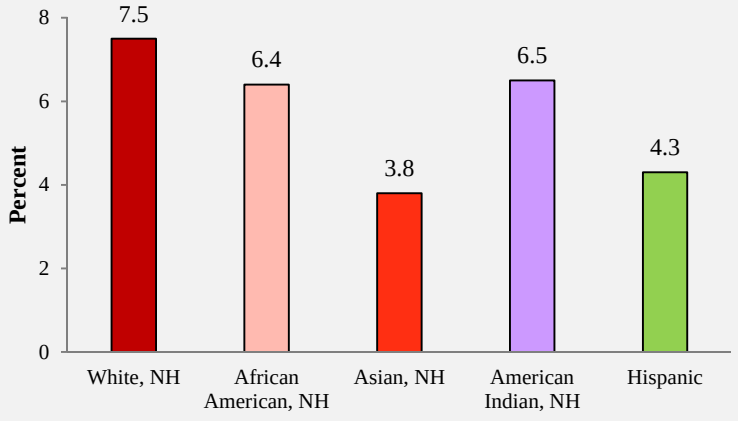


Source: Nebraska BRFSS, 2011-2014

Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	63.4	64.6
African American, Non-Hispanic	45.1	52
American Indian, Non-Hispanic	40.4	51.8
Asian, Non-Hispanic	36.2	47.6
Hispanic	37.6	42.5

Heavy Drinking

Non-Hispanic Whites had the highest proportion of people who reported heavy drinking (7.5%). American Indians and African Americans reported the second and third highest proportions of heavy drinking (6.5% and 6.4%, respectively). Asians had the lowest proportion of reported heavy drinking.

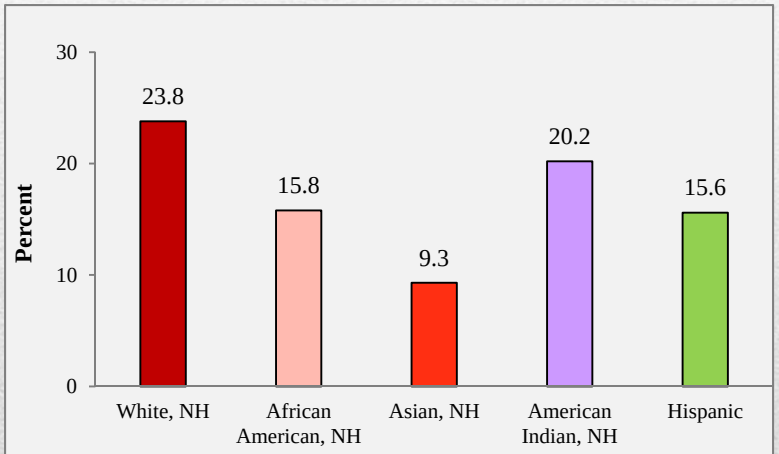


Source: Nebraska BRFSS, 2011-2014

Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	7.1	7.8
African American, Non-Hispanic	4.8	8.4
American Indian, Non-Hispanic	2.1	7
Asian, Non-Hispanic	4.1	10.2
Hispanic	3.3	5.6

Binge Drinking

Similar to heavy drinking data, non-Hispanic Whites reported the highest proportion of people who participated in binge drinking (23.8%). American Indians had the second highest proportion (20.2%), while Hispanics and African Americans had similar percentages (15.6-15.8%).



Source: Nebraska BRFSS, 2011-2014

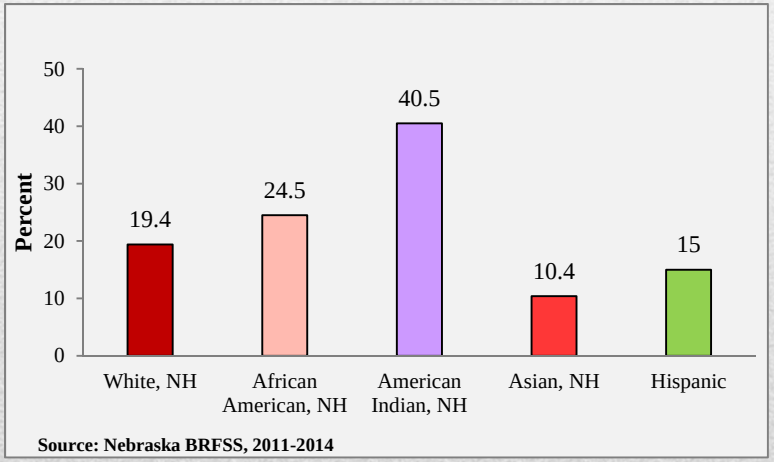
Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	23.3	24.4
African American, Non-Hispanic	13.5	18.5
American Indian, Non-Hispanic	6.8	12.5
Asian, Non-Hispanic	16.1	25.1
Hispanic	13.8	17.6

Tobacco Use

Current Smoking

At present, cigarette smoking is defined as having smoked at least 100 cigarettes during a lifetime and currently smoking every day or on some days.

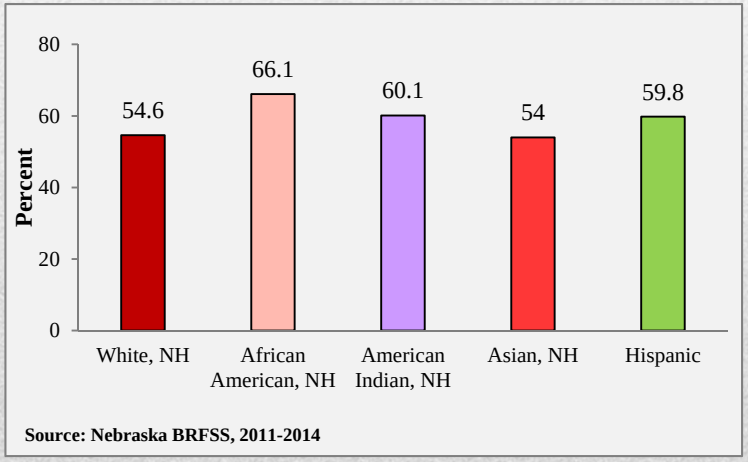
American Indian adults were more likely than adults of all other racial and ethnic groups to smoke cigarettes. This proportion was four times as high as that for Asians and double the proportion for Whites.



Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	18.9	20
African American, Non-Hispanic	21.7	27.6
American Indian, Non-Hispanic	35.1	46.3
Asian, Non-Hispanic	7.2	14.6
Hispanic	13.3	16.8

Quitting Smoking

Of those who reported current smoking, at least half reported trying to quit– even for a day– within the past year among all racial and ethnic groups. African Americans had the highest proportion of smokers who tried to quit in the past year (66.1%). Similar proportions of non-Hispanic Whites and Asians tried to quit smoking in the past year. Likewise, similar proportions of American Indians and Hispanics reported the same.



Race/Ethnicity	Lower CI	Upper CI
White, Non-Hispanic	53.2	55.9
African American, Non-Hispanic	59.1	72.4
American Indian, Non-Hispanic	52.1	67.7
Asian, Non-Hispanic	36.7	70.4
Hispanic	53.6	65.7

Mortality

In Nebraska, heart disease and cancer were two of the leading causes of death from 2003 to 2012 among five major racial and ethnic populations. Heart disease was the leading cause of death among Whites, while cancer was the leading cause of death among American Indians, African Americans, Asians and Hispanics.

Unintentional injury was the third leading cause of death among American Indians and Hispanics. Cerebrovascular disease (strokes) ranked among the top five leading causes of death for Whites, African Americans, and Asians. Among African Americans, American Indians, and Hispanics, diabetes mellitus was the fourth leading cause of death.

Leading Causes of Death (2003-2012)

White (145,001 deaths)	%	**African American** (5,210 deaths)	%	**American Indian** (1,055 deaths)	%	**Asian** (558 deaths)	%	**Hispanic** (2,576 deaths)	%
Heart Disease	23.3	Cancer	21.8	Cancer	15.2	Cancer	31.9	Cancer	18.6
Cancer	22.4	Heart Disease	19.0	Heart Disease	14.1	Heart Disease	14.3	Heart Disease	14.4
Chronic Lower Respiratory Disease	6.4	Cerebrovascular	5.9	Unintentional Injury	8.5	Cerebrovascular	7.3	Unintentional Injury	13.5
Cerebrovascular	6.0	Diabetes Mellitus	5.4	Diabetes Mellitus	8.4	Unintentional Injury	7.0	Diabetes Mellitus	5.1
Unintentional Injury	4.6	Unintentional Injury	4.6	Liver disease	7.9	Chronic Lower Respiratory Disease	3.6	Perinatal Period	4.2
Alzheimer's	3.6	Homicide	4.3	Chronic Lower Respiratory Disease	4.7	Diabetes Mellitus	3.4	Cerebrovascular	3.9
Diabetes Mellitus	2.8	Chronic Lower Respiratory Disease	4.2	Cerebrovascular	3.5	Suicide	2.3	Homicide	3.1
Influenza & Pneumonia	2.2	Nephritis	2.9	Nephritis	2.7	Congenital Abnormalities	1.8	Congenital Anomalies	3.0
Nephritis	1.7	Perinatal Period	2.2	Suicide	2.7	Hypertension	1.8	Liver disease	2.6
Suicide	1.2	Hypertension	1.9	Septicemia	2.7			Suicide	2.5

Source: National Center for Health Statistics, National Vital Statistics System, 2003-2012

Leading Causes of Death: Males (2003-2012)

White (69,977 deaths)	%	**African American** (2,742 deaths)	%	**American Indian** (548 deaths)	%	**Asian** (278 deaths)	%	**Hispanic** (1,548 deaths)	%
Cancer	24.2	Cancer	21.7	Heart Disease	15.9	Cancer	32.0	Cancer	17.6
Heart Disease	23.6	Heart Disease	18.6	Cancer	14.8	Heart Disease	14.4	Unintentional Injury	15.8
Chronic Lower Respiratory Disease	6.9	Homicide	7.0	Unintentional Injury	11.1	Unintentional Injury	9.4	Heart Disease	14.7
Unintentional Injury	5.6	Cerebrovascular	5.4	Diabetes Mellitus	8.6	Cerebrovascular	5.8	Diabetes Mellitus	4.4
Cerebrovascular	4.9	Unintentional Injury	5.1	Liver Disease	8.6	Chronic Lower Respiratory Disease	3.6	Perinatal Period	4.3
Diabetes Mellitus	2.8	Diabetes Mellitus	4.3	Suicide	4.4	Suicide	3.6	Homicide	3.8
Alzheimer's	2.2	Chronic Lower Respiratory Disease	4.1	Chronic Lower Respiratory Disease	3.1	All Others	31.3	Suicide	3.5
Suicide	2.1	Nephritis	2.6	Cerebrovascular	2.9			Cerebrovascular	3.4
Influenza & Pneumonia	2.0	Perinatal Period	2.3	Homicide	2.6			Liver disease	3.4
Nephritis	1.7	Hypertension	1.8	Septicemia	2.0			Congenital Anomalies	2.6

The top two leading causes of death for males among a majority of races in Nebraska were heart disease and cancer. White and African American males have the highest percentages of deaths (23.6% and 18.6%) due to heart disease. Asians, Whites, and African Americans had the highest percentages of deaths overall (32%, 24.2%, 21.7% respectively) due to cancer. Unintentional injury was also a major leading cause of death for Hispanics, American Indians, and Asians.

Source: National Center for Health Statistics, National Vital Statistics System, 2003-2012

Leading Causes of Death: Females (2003-2012)

White (75,024 deaths)	%	**African American** (2,468 deaths)	%	**American Indian** (507 deaths)	%	**Asian** (280 deaths)	%	**Hispanic** (1,028 deaths)	%
Heart Disease	23.0	Cancer	21.9	Cancer	15.6	Cancer	31.8	Cancer	19.9
Cancer	20.6	Heart Disease	19.4	Heart Disease	12.2	Heart Disease	14.3	Heart Disease	13.9
Cerebrovascular	7.0	Diabetes Mellitus	6.6	Diabetes Mellitus	8.3	Cerebrovascular	8.9	Unintentional Injury	10.1
Chronic Lower Respiratory Disease	6.0	Cerebrovascular	6.4	Liver disease	7.1	Unintentional Injury	4.6	Diabetes Mellitus	6.1
Alzheimer's	4.9	Chronic Lower Respiratory Disease	4.3	Chronic Lower Respiratory Disease	6.5	Chronic Lower Respiratory Disease	3.6	Cerebrovascular	4.6
Unintentional Injury	3.7	Unintentional Injury	4.0	Unintentional Injury	5.7	Diabetes Mellitus	3.6	Perinatal Period	4.2
Diabetes Mellitus	2.8	Nephritis	3.3	Cerebrovascular	4.1	All Others	33.2	Congenital Anomalies	3.5
Influenza & Pneumonia	2.5	Perinatal Period	2.2	Nephritis	3.9			Chronic Lower Respiratory Disease	2.5
Nephritis	1.6	Alzheimer's	2.1	Septicemia	3.4			Alzheimer's	2.4
Hypertension	1.5	Hypertension	2.1	Homicide	2.0			Nephritis	2.3

The leading causes of death among Nebraska females were heart disease and cancer. Asian and African American females had the highest percentages of death due to cancer (31.8% and 21.9%, respectively). White, African American, and Asian females had the highest percentages of cause of death due to heart disease (23%, 19.4%, and 14.3%, respectively). Heart disease and cancer constitute over a third of the total causes of death among Whites and minority groups in Nebraska.

Source: National Center for Health Statistics, National Vital Statistics System, 2003-2012

Leading Causes of Death: Whites (2003-2012)

	AGE GROUPS										
Rank	**<1**	**1-4**	**5-9**	**10-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**	**All Ages**
1	Congenital Anomalies 328	Unintentional Injury 89	Unintentional Injury 55	Unintentional Injury 91	Unintentional Injury 817	Unintentional Injury 543	Unintentional Injury 623	Cancer 2,317	Cancer 5,245	Heart Disease 29,066	Heart Disease 33,742
2	SIDS 147	Cancer 37	Cancer 37	Cancer 26	Suicide 271	Suicide 261	Cancer 576	Heart Disease 1,461	Heart Disease 2,514	Cancer 23,966	Cancer 32,439
3	Short Gestation 115	Congenital Anomalies 24	Congenital Anomalies 15	Suicide 26	Cancer 91	Cancer 150	Heart Disease 504	Unintentional Injury 810	Chronic Low. Respiratory Disease 765	Chronic Low. Respiratory Disease 8,308	Chronic Low. Respiratory Disease 9,327
4	Placenta Cord Membranes 81	Homicide 20	Homicide ---	Congenital Anomalies ---	Homicide 54	Heart Disease 134	Suicide 322	Suicide 388	Unintentional Injury 581	Cerebrovascular 7,943	Cerebrovascular 8,697
5	Maternal Pregnancy Comp. 76	Heart Disease ---	Eight Tied* ---	Heart Disease ---	Heart Disease 32	Homicide 70	Liver Disease 94	Liver Disease 318	Diabetes Mellitus 466	Alzheimer's 5,165	Unintentional Injury 6,700
6	Unintentional Injury 40	Chronic Low. Respiratory Disease ---		Homicide ---	Congenital Anomalies 20	Diabetes Mellitus 23	Cerebrovascular 79	Cerebrovascular 226	Cerebrovascular 413	Diabetes Mellitus 3,252	Alzheimer's 5,228
7	Respiratory Distress 27	Anemia's ---		Nephritis ---	Influenza & Pneumonia 11	Influenza & Pneumonia 22	Diabetes Mellitus 69	Diabetes Mellitus 226	Liver Disease 308	Unintentional Injury 3,051	Diabetes Mellitus 4,041
8	Atelectasis 26	Cerebrovascular ---		Septicemia ---	Complicated Pregnancy ---	Congenital Anomalies 21	Homicide 65	Chronic Low. Respiratory Disease 202	Suicide 244	Influenza & Pneumonia 2,950	Influenza & Pneumonia 3,245
9	Circulatory System Disease 24	Influenza & Pneumonia ---		Six Tied** ---	Cerebrovascular ---	Cerebrovascular 20	HIV 53	Influenza & Pneumonia 87	Nephritis 164	Nephritis 2,159	Nephritis 2,407
10	Neonatal Hemorrhage 19	Septicemia ---			Chronic Low Respiratory Disease ---	Liver Disease 16	Influenza & Pneumonia 32	Viral Hepatitis 82	Septicemia 125	Two Tied 1,638	Suicide 1,806

*Cerebrovascular, Chronic Low. Respiratory Disease, Heart Disease, Meningitis, Nephritis, Nutritional Deficiencies, Perinatal Period, and Septicemia
**Cerebrovascular, Chronic Low. Respiratory Disease, Diseases of Appendix, Meningitis, Perinatal Period, and Pneumonitis

Source: National Center for Health Statistics, National Vital Statistics System, 2003-2012

Leading Causes of Death: African Americans (2003-2012)

	AGE GROUPS										
Rank	**<1**	**1-4**	**5-9**	**10-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**	**All Ages**
1	SIDS 40	Unintentional Injury 12	Unintentional Injury ---	Chronic Low. Respiratory Disease ---	Homicide 98	Homicide 67	Heart Disease 65	Cancer 172	Cancer 263	Cancer 645	Cancer 1,135
2	Congenital Anomalies 33	Cancer ---	Chronic Low. Respiratory Disease ---	Unintentional Injury ---	Unintentional Injury 29	Unintentional Injury 45	Unintentional Injury 37	Heart Disease 142	Heart Disease 181	Heart Disease 565	Heart Disease 989
3	Short Gestation 32	Congenital Anomalies ---	Cancer ---	Homicide ---	Suicide 19	Heart Disease 24	Cancer 29	Cerebrovascular 51	Cerebrovascular 59	Diabetes Mellitus 189	Cerebrovascular 308
4	Maternal Pregnancy Comp. 26	Homicide ---	Homicide ---	Congenital Anomalies ---	Chronic Low. Respiratory Disease ---	Suicide 11	Homicide 28	Unintentional Injury 38	Diabetes Mellitus 47	Cerebrovascular 180	Diabetes Mellitus 280
5	Respiratory Distress ---	Cerebrovascular ---	Influenza & Pneumonia ---	Heart Disease ---	Heart Disease ---	Cancer ---	HIV 13	Diabetes Mellitus 26	Chronic Low. Respiratory Disease 45	Chronic Low. Respiratory Disease 127	Unintentional Injury 238
6	Placenta Cord Membranes ---	Perinatal Period ---	Pneumonitis ---	Cancer ---	Cancer ---	HIV ---	Diabetes Mellitus 12	Chronic Low. Respiratory Disease 23	Nephritis 28	Nephritis 105	Homicide 226
7	Unintentional Injury ---	Anemias ---	---	---	Cerebrovascular ---	Diabetes Mellitus ---	Cerebrovascular ---	Liver Disease 19	Hypertension 23	Alzheimer's 75	Chronic Low. Respiratory Disease 220
8	Necrotizing Enterocolitis ---	Heart Disease ---	---	---	Complicated Pregnancy ---	Anemias ---	Chronic Low. Respiratory Disease ---	HIV 16	Liver Disease 20	Hypertension 66	Nephritis 153
9	Homicide ---	Meningitis ---	---	---	Anemias ---	Complicated Pregnancy ---	Nephritis ---	Homicide 15	Unintentional Injury 19	Influenza & Pneumonia 43	Perinatal Period 117
10	Septicemia ---	---	---	---	Congenital Anomalies ---	Two Tied* ---	Two Tied** ---	Septicemia 14	Septicemia 14	Septicemia 39	Hypertension 101

*Cerebrovascular, and Chronic Low. Respiratory Disease
**Influenza & Pneumonia, and Suicide

Source: National Center for Health Statistics, National Vital Statistics System, 2003-2012

Leading Causes of Death: American Indian/Alaska Native (2003-2012)

	AGE GROUPS										
Rank	**<1**	**1-4**	**5-9**	**10-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**	**All Ages**
1	SIDS ---	Homicide ---	Congenital Anomalies ---	Unintentional Injury ---	Unintentional Injury 19	Unintentional Injury 21	Unintentional Injury 18	Heart Disease 28	Cancer 45	Cancer 85	Cancer 160
2	Congenital Anomalies ---	Cerebrovascular ---	Unintentional Injury ---	Suicide ---	Suicide 13	Suicide ---	Liver Disease 17	Liver Disease 24	Heart Disease 29	Heart Disease 75	Heart Disease 149
3	Homicide ---	Influenza & Pneumonia ---	---	---	Homicide 11	Liver Disease ---	Heart Disease 11	Cancer 21	Liver Disease 29	Diabetes Mellitus 45	Unintentional Injury 90
4	Short Gestation ---	Perinatal Period ---	---	---	Heart Disease ---	Diabetes Mellitus ---	Cancer ---	Unintentional Injury 18	Diabetes Mellitus 23	Chronic Low. Respiratory Disease 32	Diabetes Mellitus 89
5	Maternal Pregnancy Comp. ---	---	---	---	Liver Disease ---	Homicide ---	Suicide ---	Diabetes Mellitus 13	Chronic Low. Respiratory Disease ---	Cerebro-vascular 22	Liver Disease 83
6	Bacterial Sepsis ---	---	---	---	Cancer ---	Heart Disease ---	Diabetes Mellitus ---	Cerebrovascular ---	Septicemia ---	Nephritis 18	Chronic Low. Respiratory Disease 50
7	Circulatory System Disease ---	---	---	---	---	Gallbladder Disorders ---	Nephritis ---	Chronic Low. Respiratory Disease ---	Nephritis ---	Septicemia 12	Cerebrovascular 37
8	Influenza & Pneumonia ---	---	---	---	---	HIV ---	Septicemia ---	Septicemia ---	Unintentional Injury ---	Influenza & Pneumonia 10	Nephritis 29
9	Placenta Cord Membranes ---	---	---	---	---	Cancer ---	Three Tied** ---	Nephritis ---	Cerebrovascular ---	Alzheimer's ---	Suicide 29
10	Four Tied* ---	---	---	---	---	Pneumonitis ---		Viral Hepatitis ---	Three Tied*** ---	Liver Disease ---	Septicemia 28

*Chronic Respiratory Disease, Gastritis, Hydrops Fetalis, and Respiratory Disease
**Cerebrovascular, HIV, and Homicide
***Influenza & Pneumonia, Meningitis, and Viral Hepatitis

Source: National Center for Health Statistics, National Vital Statistics System, 2003-2012

Leading Causes of Death: Asian/Pacific Islanders (2003-2012)

	AGE GROUPS										
Rank	**<1**	**1-4**	**5-9**	**10-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**	**All Ages**
1	Congenital Anomalies ---	Congenital Anomalies ---	Unintentional Injury ---	---	Unintentional Injury 10	Cancer ---	Cancer 10	Cancer 25	Cancer 44	Cancer 92	Cancer 178
2	Maternal Pregnancy Comp. ---	Heart Disease ---	---	---	Suicide ---	Unintentional Injury ---	Suicide ---	Heart Disease ---	Heart Disease ---	Heart Disease 61	Heart Disease 80
3	Intrauterine Hypoxia ---	---	---	---	Homicide ---	Heart Disease ---	Unintentional Injury ---	Unintentional Injury ---	Cerebrovascular ---	Cerebrovascular 32	Cerebrovascular 41
4	Short Gestation ---	---	---	---	Influenza & Pneumonia ---	Homicide ---	Influenza & Pneumonia ---	Cerebrovascular ---	Unintentional Injury ---	Chronic Low. Respiratory Disease 18	Unintentional Injury 39
5	Congenital Pneumonia ---	---	---	---	Cancer ---	Suicide ---	Nephritis ---	Nephritis ---	Diabetes Mellitus ---	Diabetes Mellitus 16	Chronic Low. Respiratory Disease 20
6	Cancer ---	---	---	---	Septicemia ---	Influenza & Pneumonia ---	---	Chronic Low. Respiratory Disease ---	Parkinson's Disease ---	Alzheimer's ---	Diabetes Mellitus 19
7	Placenta Cord Membranes ---	---	---	---	---	---	---	Congenital Anomalies ---	Viral Hepatitis ---	Hypertension ---	Suicide 13
8	SIDS ---	---	---	---	---	---	---	Liver Disease ---	Five Tied* ---	Unintentional Injury ---	Congenital Anomalies 10
9	Unintentional Injury ---	---	---	---	---	---	---	Suicide ---		Nephritis ---	Hypertension 10
10	---	---	---	---	---	---	---	Tuberculosis ---		Parkinson's Disease ---	Two Tied** ---

*Anemias, Chronic Low. Respiratory Disease, Hypertension, Septicemia, and Suicide
**Alzheimer's and Perinatal Period

Source: National Center for Health Statistics, National Vital Statistics System, 2003-2012

Leading Causes of Death: Hispanics (2003-2012)

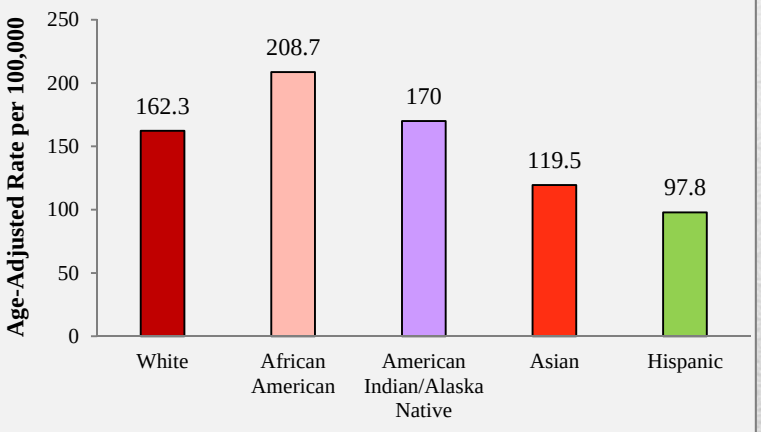
	AGE GROUPS										
Rank	**<1**	**1-4**	**5-9**	**10-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**	**All Ages**
1	Congenital Anomalies 59	Unintentional Injury 21	Unintentional Injury ---	Unintentional Injury 16	Unintentional Injury 97	Unintentional Injury 62	Unintentional Injury 46	Cancer 86	Cancer 92	Cancer 236	Cancer 478
2	Short Gestation 24	Cancer ---	Congenital Anomalies ---	Cancer ---	Homicide 27	Homicide 24	Cancer 33	Heart Disease 45	Heart Disease 52	Heart Disease 230	Heart Disease 370
3	Maternal Pregnancy Comp. 22	Homicide ---	Cancer ---	Congenital Anomalies ---	Suicide 18	Suicide 17	Heart Disease 25	Unintentional Injury 43	Diabetes Mellitus 25	Diabetes Mellitus 86	Unintentional Injury 348
4	SIDS 21	Congenital Anomalies ---	---	Nephritis ---	Cancer ---	Cancer 14	Homicide 14	Liver Disease 23	Unintentional Injury 19	Cerebrovascular 55	Diabetes Mellitus 131
5	Placenta Cord Membranes 12	Heart Disease ---	---	Septicemia ---	Complicated Pregnancy ---	Heart Disease ---	Liver Disease 10	Cerebrovascular 18	Liver Disease 17	Chronic Low. Respiratory Disease 41	Perinatal Period 109
6	Atelectasis ---	Anemias ---	---	Suicide ---	Cerebrovascular ---	HIV ---	HIV ---	Diabetes Mellitus 13	Cerebrovascular 14	Nephritis 40	Cerebrovascular 100
7	Unintentional Injury ---	Cerebrovascular ---	---	---	Congenital Anomalies ---	Influenza & Pneumonia ---	Suicide ---	Suicide 12	Suicide ---	Alzheimer's 36	Homicide 81
8	Circulatory System Disease ---	Chronic Low. Respiratory Disease ---	---	---	Heart Disease ---	Cerebrovascular ---	Cerebrovascular ---	HIV ---	Benign Neoplasms ---	Unintentional Injury 30	Congenital Anomalies 76
9	Homicide ---	Meningitis ---	---	---	HIV ---	Congenital Anomalies ---	Diabetes Mellitus ---	Viral Hepatitis ---	Viral Hepatitis ---	Influenza & Pneumonia 22	Liver Disease 68
10	Influenza & Pneumonia ---	Perinatal Period ---	---	---	Perinatal Period ---	Diabetes Mellitus ---	Influenza & Pneumonia ---	Chronic Low. Respiratory Disease ---	Two Tied* ---	Hypertension 19	Suicide 64

*Chronic Low. Respiratory Disease and Homicide

Source: National Center for Health Statistics, National Vital Statistics System, 2003-2012

Cancer Mortality

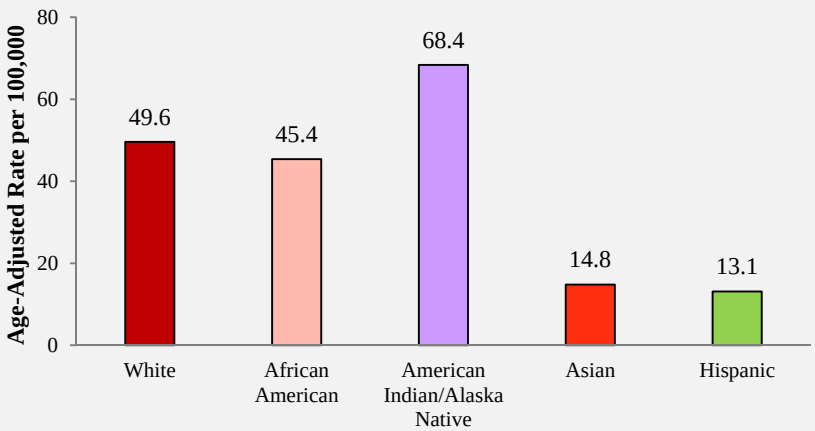
Between 2010-2014, Nebraska had a cancer mortality rate of 163.3 cancer deaths per 100,000 people. In this five-year period, African Americans (208.7/100,000) had the highest rate of cancer deaths of any racial or ethnic groups in Nebraska, while Hispanics (97.8/100,000) had the lowest. American Indians (170/100,000) had a similar, but slightly higher, rate as Whites (162.3/100,000).



Source: Nebraska Vital Statistics, Death Certificates 2010-2014

Chronic Obstructive Pulmonary Disorder Mortality

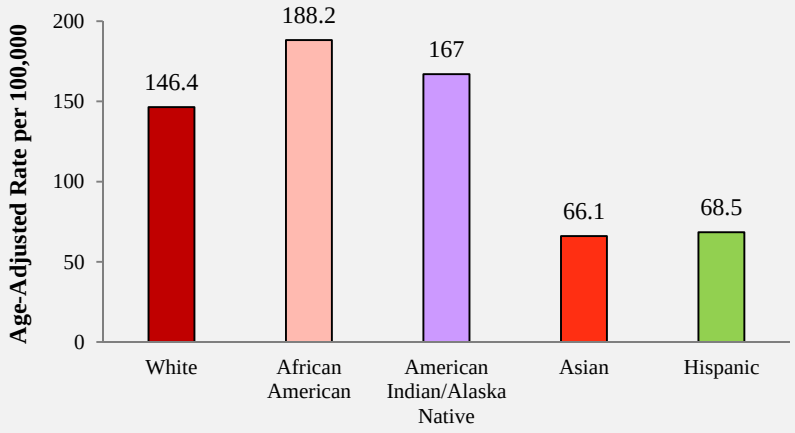
American Indians/Alaska Natives had the highest mortality rate due to Chronic Obstructive Pulmonary Disorder (COPD) (68.4 per 100,000 people). Non-Hispanic Whites and African Americans had similar rates, as did Asians and Hispanics. However, the rates of Asians and Hispanics were much lower than the other racial and ethnic groups.



Source: Nebraska Vital Statistics, Death Certificates 2010-2014

Heart Disease Mortality

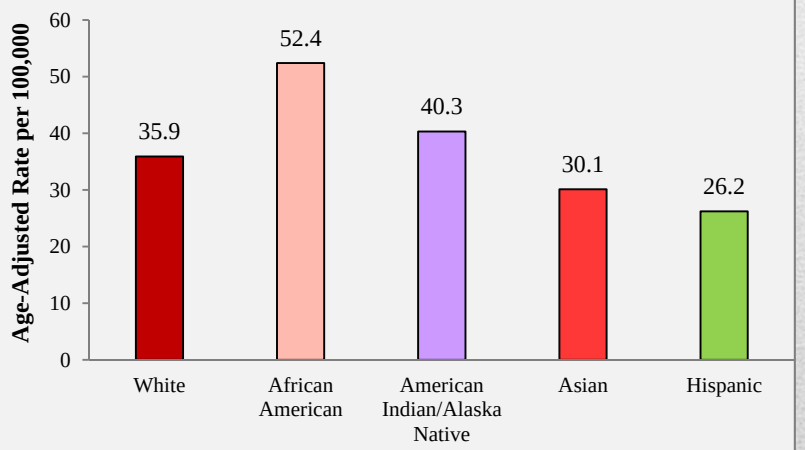
African Americans were more likely to die from heart disease than any other racial or ethnic group in Nebraska with a rate of 188.2/100,000. American Indians/Alaska Natives had the second highest mortality rate due to heart disease (167/100,000). Asians (66.1/100,000) and Hispanics (68.5/100,000) had the lowest mortality rates due to heart disease.



Source: Nebraska Vital Statistics, Death Certificates 2010-2014

Stroke Mortality

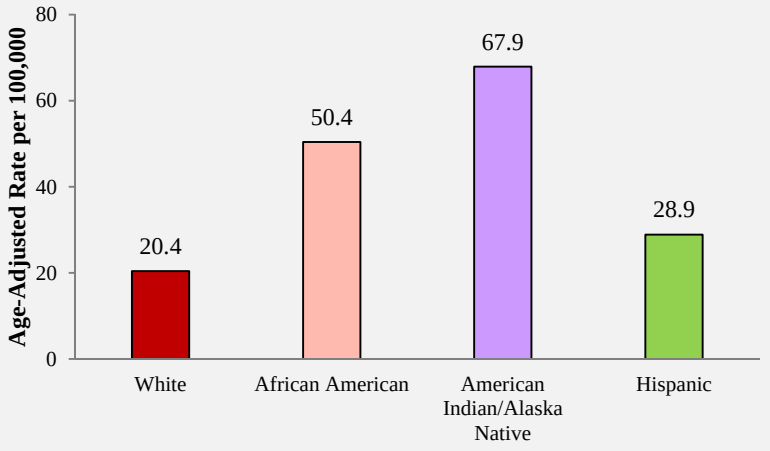
African Americans' (52.4/100,000) stroke rate was higher than any other racial or ethnic group in Nebraska, while Hispanics had the lowest (26.2/100,000). The death rate due to stroke for Whites (35.9/100,000) was higher than the death rate experienced by Hispanics and Asians but lower than the rate experienced by African Americans and American Indians.



Source: Nebraska Vital Statistics, Death Certificates 2010-2014

Diabetes Mellitus Mortality

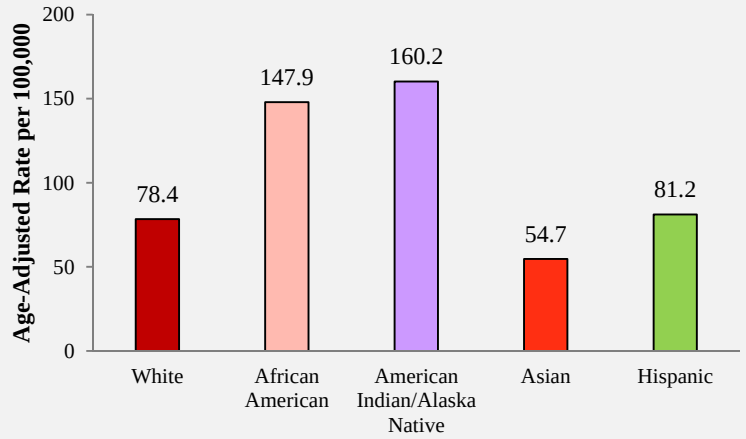
From 2010-2014, American Indians had the highest death rate (67.9/100,000) due to diabetes, which was 3.3 times the rate for Whites (20.4/100,000). The rate for African Americans (50.4/100,000) was 2.5 times the rate for Whites.



Source: Nebraska Vital Statistics, Death Certificates 2010-2014
Asian category removed due to small numbers

Diabetes-Related Mortality

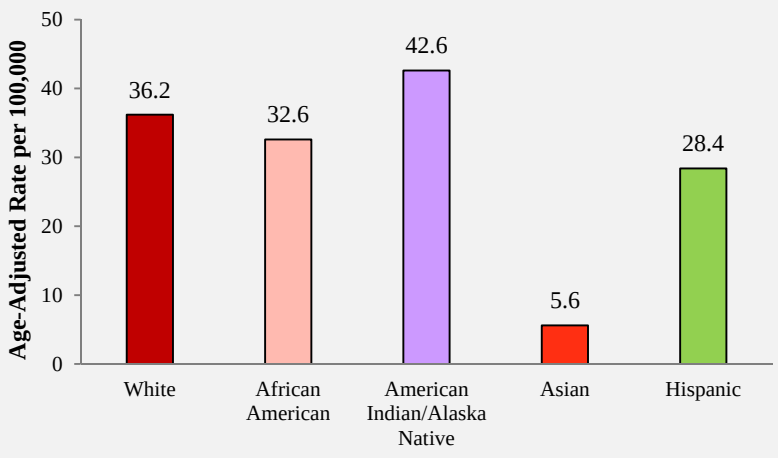
During the 5-year period from 2010-2014, American Indians had the highest rate of diabetes-related mortality (160.2/100,000), which was twice the rate for Whites (78.4/100,000). African Americans (147.9/100,000) rate of diabetes-related mortality was 1.9 times the rate for Whites. Both Hispanics (81.2/100,000) and Asians (54.7/100,000) had rates that were less than Whites.



Source: Nebraska Vital Statistics, Death Certificates 2010-2014

Accidental Deaths

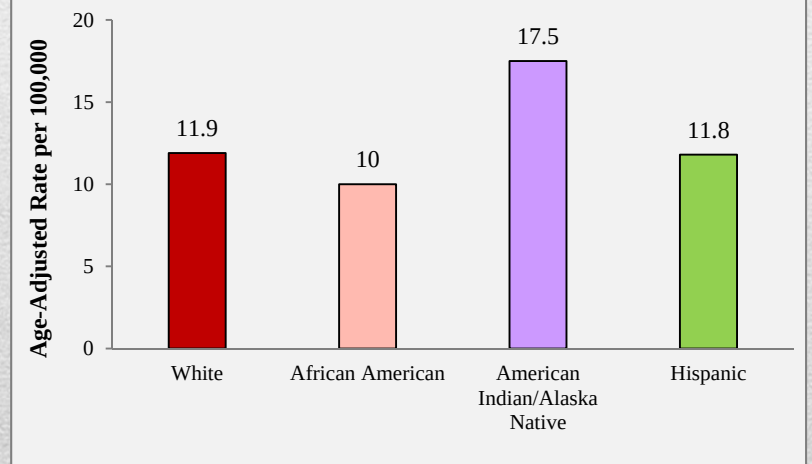
American Indians were more likely than all other racial and ethnic groups to die unintentionally. From 2010 to 2014, the accidental death rate was about as high for White (36.2/100,000) Nebraskans as American Indians (42.6/100,000). The accidental death rate for Asians was the lowest of all racial and ethnic groups (5.6/100,000).



Source: Nebraska Vital Statistics, Death Certificates 2010-2014

Motor Vehicle Accidents

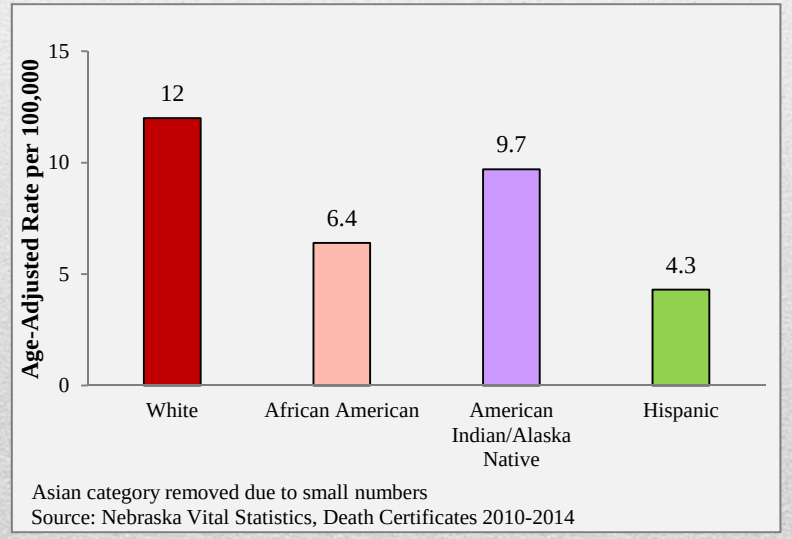
American Indians reported the highest mortality rate (17.5/100,000) due to motor vehicle accidents for 2010-2014. Of all groups for which sufficient data were available, African Americans (10/100,000) had the lowest motor vehicle accident death rate. However, non-Hispanic Whites, Hispanics, and African Americans all had similar mortality rates due to motor vehicle accidents.



Asian category removed due to small numbers
Source: Nebraska Vital Statistics, Death Certificates 2010-2014

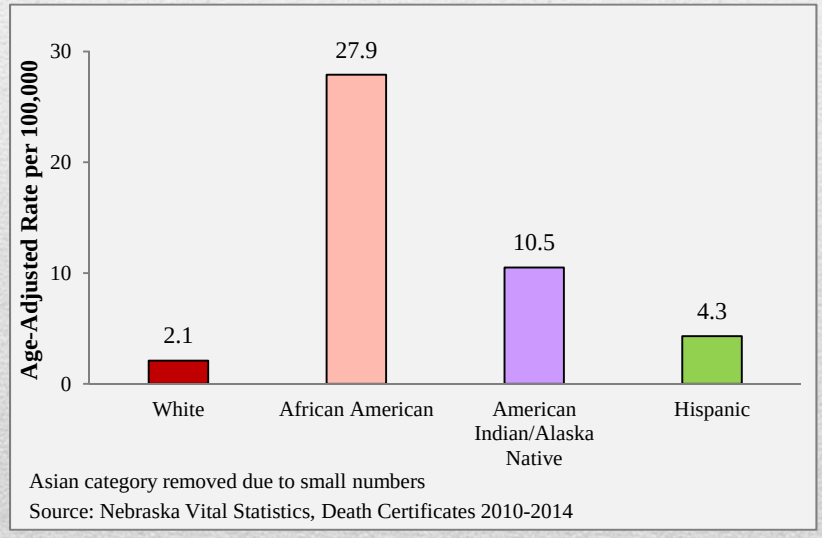
Suicide

American Indians had the second highest death rate due to suicide of any minority racial or ethnic group in Nebraska: 9.7 per 100,000. The highest death rate due to suicide was among Non-Hispanic Whites (12 per 100,000). Hispanics had the lowest death rate due to suicide, at 4.3/100,000.



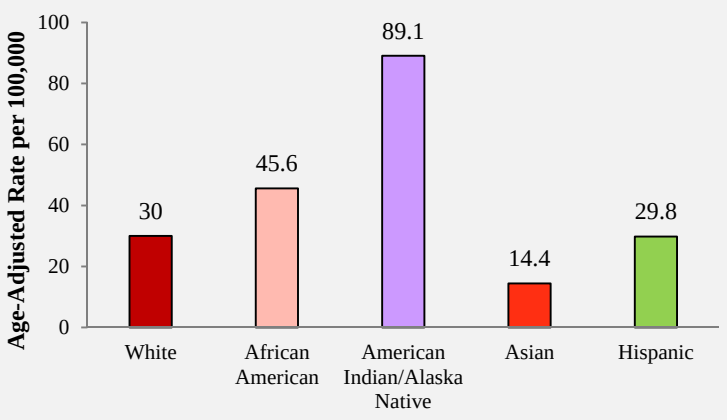
Homicide

Homicide was the sixth leading cause of death for African Americans in Nebraska from 2003 to 2012. From 2010-2014, the age-adjusted mortality rate due to homicide was 14 times higher for African Americans (27.9/100,000 population) than Whites (2.1/100,000). American Indians (10.5/100,000) had a death rate due to homicide that was five times higher than the rate for Whites.



Alcohol-Related Mortality

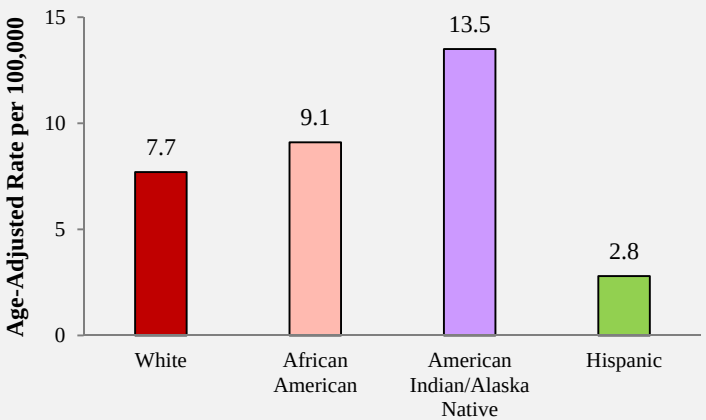
American Indians (89.1/100,000 population) had an alcohol-related mortality rate three times greater than Whites (30/100,000 population). African Americans (45.6/100,000 population) had the second highest rate of alcohol-related deaths. The only population with rate lower than that of Whites was Asians (14.4/100,000 population), though Hispanics (29.8/100,000) had a rate similar to Whites.



Source: Nebraska Vital Statistics, Death Certificates 2010-2014

Drug-Related Mortality

American Indians (13.5/100,000 population) and African Americans (9.1/100,000 population) each had a rate that was greater than Whites for drug-related mortality. However, the rate for non-Hispanic Whites was relatively similar to that of African Americans. Hispanics had the lowest rate among the racial and ethnic groups (where sufficient data were available).



Asian category removed due to small numbers
Source: Nebraska Vital Statistics, Death Certificates 2010-2014

Life Expectancy at Birth: State of Nebraska

The average life expectancy between 2012 to 2014 of an American Indian person was 75.7 years, approximately four years less than that of a White person, at 80.0 years. The average life expectancy of an African American person was 74.7, or nearly 6 years less than a White person.

YEARS	TOTAL (Years)	MALES (Years)	FEMALES (Years)
2012-2014	79.8	77.5	82.0
2011-2013	79.8	77.6	82.0
2010-2012	79.8	77.5	82.0
2009-2011	79.9	77.6	82.0
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
2001-2003	78.4	75.9	80.7
2000-2002	78.3	75.7	80.8
1999-2001	78.2	75.6	80.7
1998-2000	78.2	75.5	80.8
1997-1999	77.7	74.8	80.5
1996-1998	77.6	74.7	80.4
1994-1996	77.4	74.3	80.3
1989-1991	77	73.7	80.3
1984-1986	76.4	72.8	80
1979-1981	75.7	71.8	79.6

Source: Nebraska DHHS Vital Statistics

Life Expectancy at Birth for Whites

YEARS	TOTAL (Years)	MALES (Years)	FEMALES (Years)
2012-2014	80.0	77.8	82.2
2011-2013	80.1	77.9	82.2
2010-2012	80.1	77.9	82.2
2009-2011	80.1	78.0	82.2
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
2001-2003	78.6	76.2	80.9
2000-2002	78.3	75.7	80.8
1999-2001	78.3	75.6	80.9
1998-2000	78.3	75.5	80.9
1997-1999	78.1	75.2	80.9
1996-1998	77.9	75.1	80.7
1994-1996	77.7	74.6	80.6
1989-1991	77.5	73.9	80.6
1984-1986	76.6	72.9	80.3
1979-1981	75.7	72	79.8

Source: Nebraska DHHS Vital Statistics

Life Expectancy at Birth for African Americans

YEARS	TOTAL (Years)	MALES (Years)	FEMALES (Years)
2012-2014	74.7	72.3	77.4
2011-2013	74.3	71.1	77.2
2010-2012	74.0	71.0	77.2
2009-2011	74.1	71.1	77.1
2008-2010	73.7	71.2	76.1
2007-2009	73.0	70.6	75.2
2006-2008	73.0	70.6	75.4
2005-2007	72.8	70.3	75.3
2004-2006	72.7	69.8	75.4
2003-2005	72.3	69.2	75.3
2002-2004	72.2	69.1	75.3
2001-2003	71.7	68.1	75.3
2000-2002	71.6	68.1	75.1
1999-2001	71.4	68.4	74.4
1998-2000	71.4	68.8	73.9
1997-1999	70.4	67.9	72.8
1996-1998	70.1	67.3	72.7
1994-1996	70.0	66.4	73.5
1989-1991	70.7	67.1	74.2
1984-1986	70.1	66.6	73.6
1979-1981	68.5	64.9	72.1

Source: Nebraska DHHS Vital Statistics

Life Expectancy at Birth for American Indians

YEARS	TOTAL (Years)	MALES (Years)	FEMALES (Years)
2012-2014	75.7	74.0	76.9
2011-2013	76.4	74.3	77.5
2010-2012	76.2	74.3	77.5
2009-2011	76.1	74.3	77.1
2008-2010	75.5	71.7	78.4
2007-2009	77.0	74.8	78.9
2006-2008	74.0	71.6	76.1
2005-2007	70.2	67.9	72.5
2004-2006	70.1	66.7	75.2
2003-2005	70.4	66.9	74.0
2002-2004	70.7	66.7	75.2
2001-2003	69.0	66.5	71.3
2000-2002	67.9	65.6	70.1
1999-2001	66.5	65.8	67.4
1998-2000	66.7	65	68.3
1997-1999	65.9	63.5	67.9
1996-1998	68.1	64.2	72.3
1994-1996	67.6	62.6	73.2
1989-1991	66.6	62.9	70.4
1984-1986	67.4	63.5	72.0
1979-1981	63.7	59.7	67.8

Source: Nebraska DHHS Vital Statistics

Life Expectancy at Birth for Asians

YEARS	TOTAL (Years)	MALES (Years)	FEMALES (Years)
2012-2014	88.0	86.9	88.8
2011-2013	87.5	86.4	86.1
2010-2012	86.0	86.4	86.1
2009-2011	86.8	86.4	87.4
2008-2010	88.5	92.0	88.1
2007-2009	91.1	88.0	93.6
2006-2008	91.5	87.3	97.8
2005-2007	87.2	84.0	92.9
2004-2006	86.5	85.2	88.5
2003-2005	86.2	88.1	84.9
2002-2004	85.5	84.4	87.5

Source: Nebraska DHHS Vital Statistics

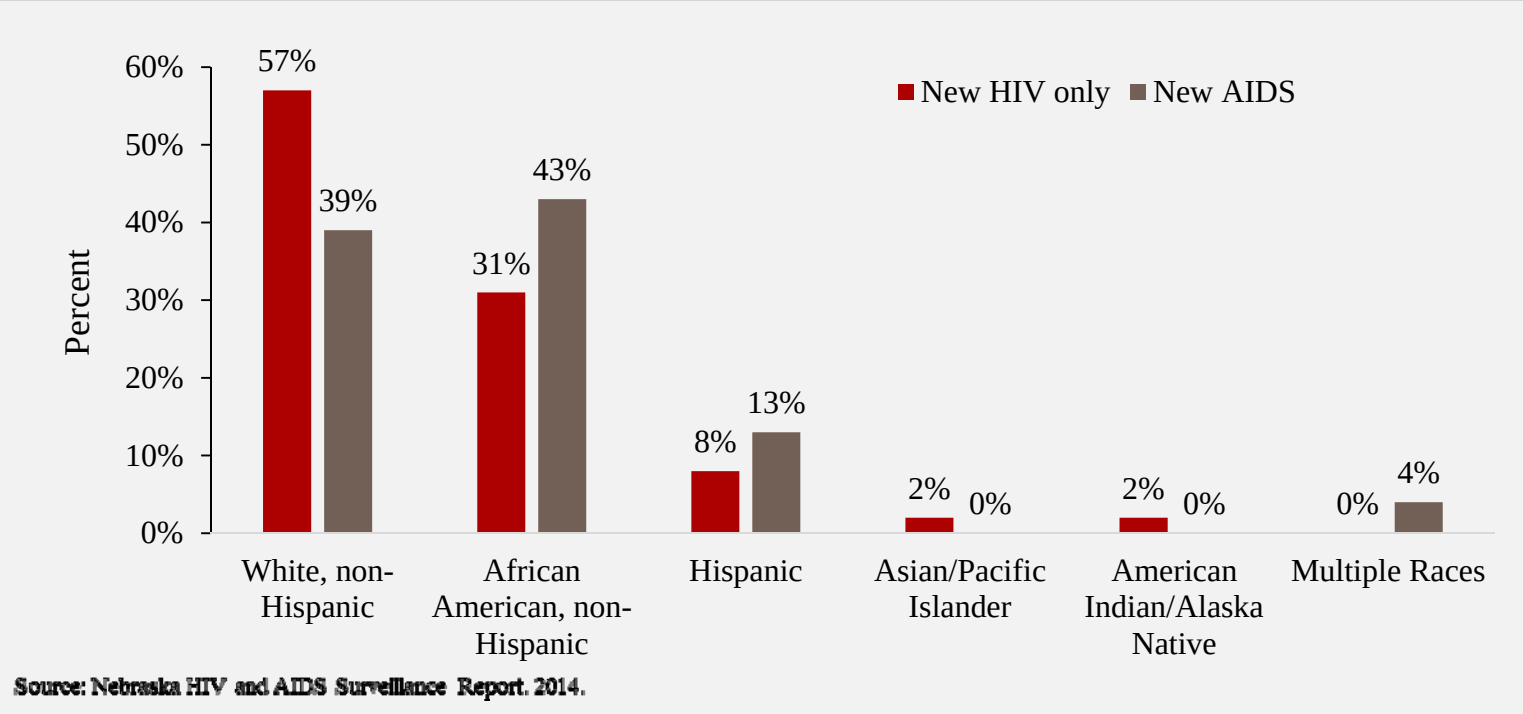
Infectious Diseases

In the United States, it is estimated that more than one million people are living with HIV, and one in eight people living with HIV are unaware of their infection.

African Americans, as of 2010, represented 12% of the U.S. population and approximately 44% of new HIV infections. Similarly, Hispanics represented 16% of the U.S. population in 2010, but accounted for 21% of new HIV infections.[7]

Not only did we see a very pervasive epidemic within U.S. communities, but we also saw tremendous health disparities that need to be addressed.

New HIV and AIDS cases in 2014[1]



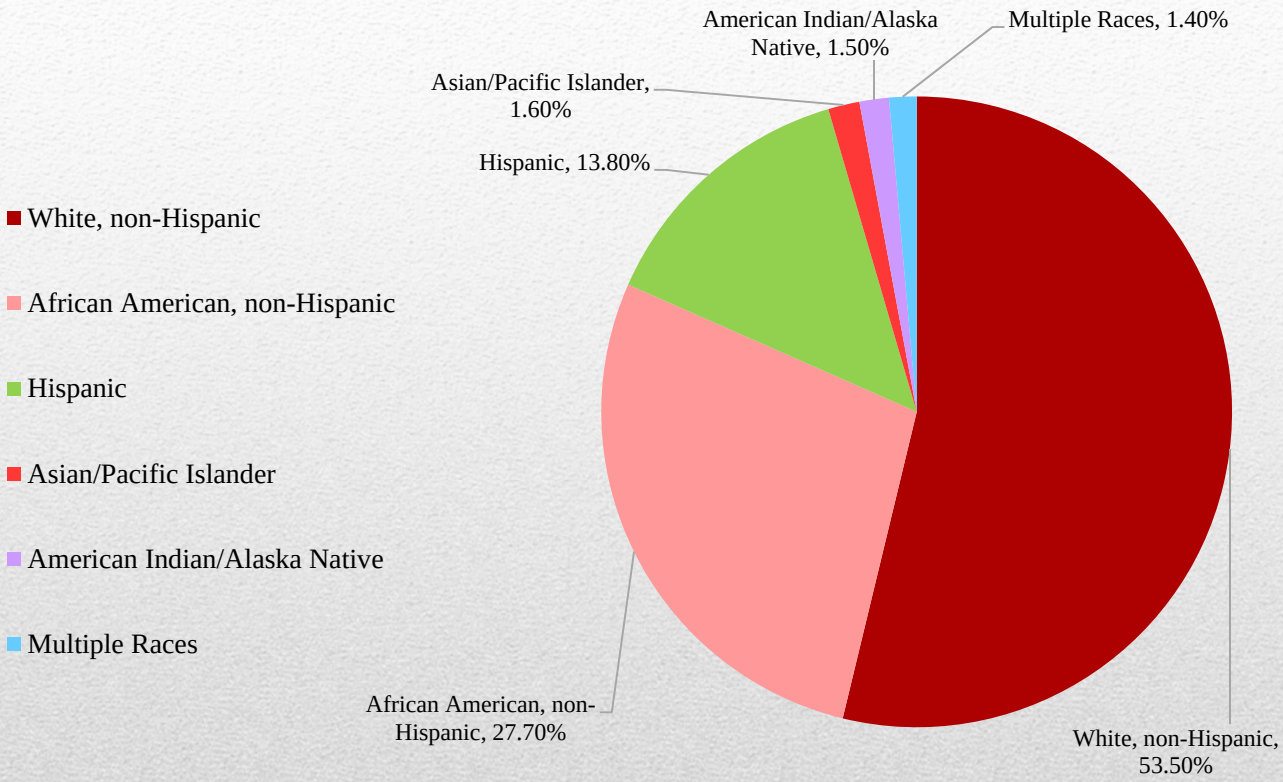
Source: Nebraska HIV and AIDS Surveillance Report. 2014.

The majority of newly diagnosed HIV cases were among non-Hispanic Whites; with regard to minority groups, the highest proportion of newly diagnosed HIV cases were among African Americans. Although they had a lower percentage of new HIV cases, African Americans had the highest percentage of newly diagnosed AIDS cases in Nebraska (43%). This was 4% higher than non-Hispanic Whites, and much higher than the other minority groups.

The disparities that exist in HIV/AIDS among different racial and ethnic groups are more readily seen when they are compared to the larger population. According to 2014 estimates, African Americans made up 4.6% of the Nebraska population but accounted for nearly one-third of new HIV cases and 43% of new AIDS cases. The proportion of new AIDS cases is alarming because Whites made up 80.5% of the 2014 population, but only accounted for a smaller proportion of new AIDS diagnoses in 2014 compared to African Americans.

[1]New HIV cases reflect those who were NE residents at the time of diagnosis; this excludes cases that were subsequently diagnosed with AIDS. New AIDS diagnoses include those who first learned of their HIV status when they were diagnosed with AIDS
Source: Nebraska HIV and AIDS Surveillance Report. 2014. http://dhhs.ne.gov/publichealth/Documents/HIVSurveillanceEndOfYearReport2014.pdf

All living HIV/AIDS cases through 2014[1]



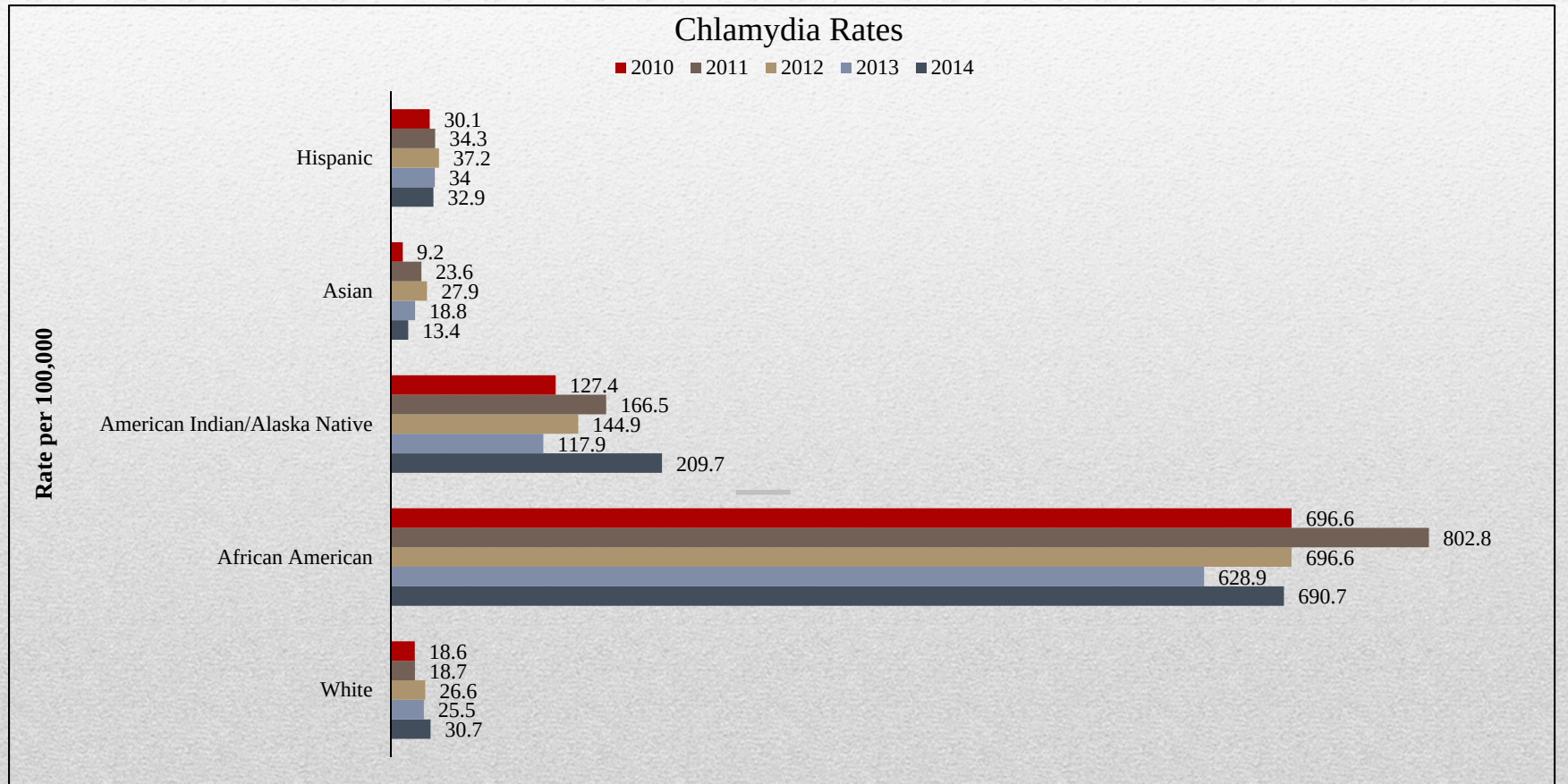
The majority of HIV/AIDS cases in Nebraska through 2014 were in non-Hispanic White Nebraskans (53.5%). Among the minority groups, African Americans had the highest proportion of the HIV/AIDS diagnoses and American Indians/Alaska Natives had the lowest.

[1] All living HIV/AIDS cases reflects persons diagnosed with HIV or AIDS who were residents of NE and who were living on December 31, 2014.

Source: HIV and AIDS Surveillance Program Summary Report. 2014. (http://dhhs.ne.gov/publichealth/Documents/HIVSurveillanceProgramSummaryReportThrough2014.pdf)

Chlamydia

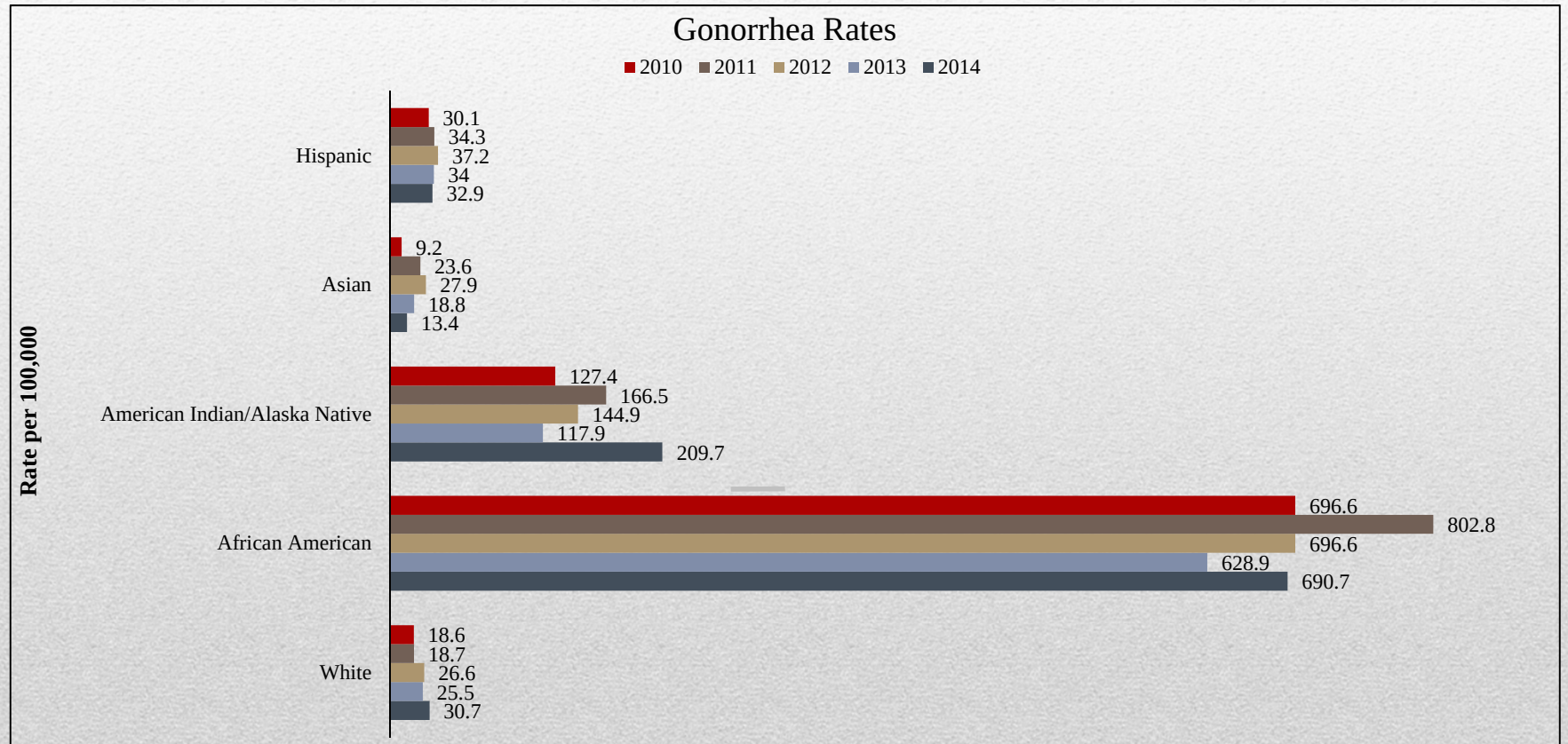
For each year, the rate of chlamydia among African Americans was much larger than other racial and ethnic groups. American Indians/Alaska Natives had the second highest rates, but the rates were less than half that of the rates for African Americans. The high prevalence of chlamydia among African Americans demonstrates a dire need for STI education, prevention, and testing efforts. Please note that these rates are not age-adjusted.



Source: CDC NCHHSTP Atlas, 2010-2014

Gonorrhea

Similar to the data for chlamydia, the rate for gonorrhea among African Americans was far greater than the rate for other races and ethnicities for each of the five years. The rate of gonorrhea reached a high of 802.8 in 2011; this was 4.8 times greater than the rate for American Indians, who had the second highest rates, in the same year. Please note that these rates are not age-adjusted.



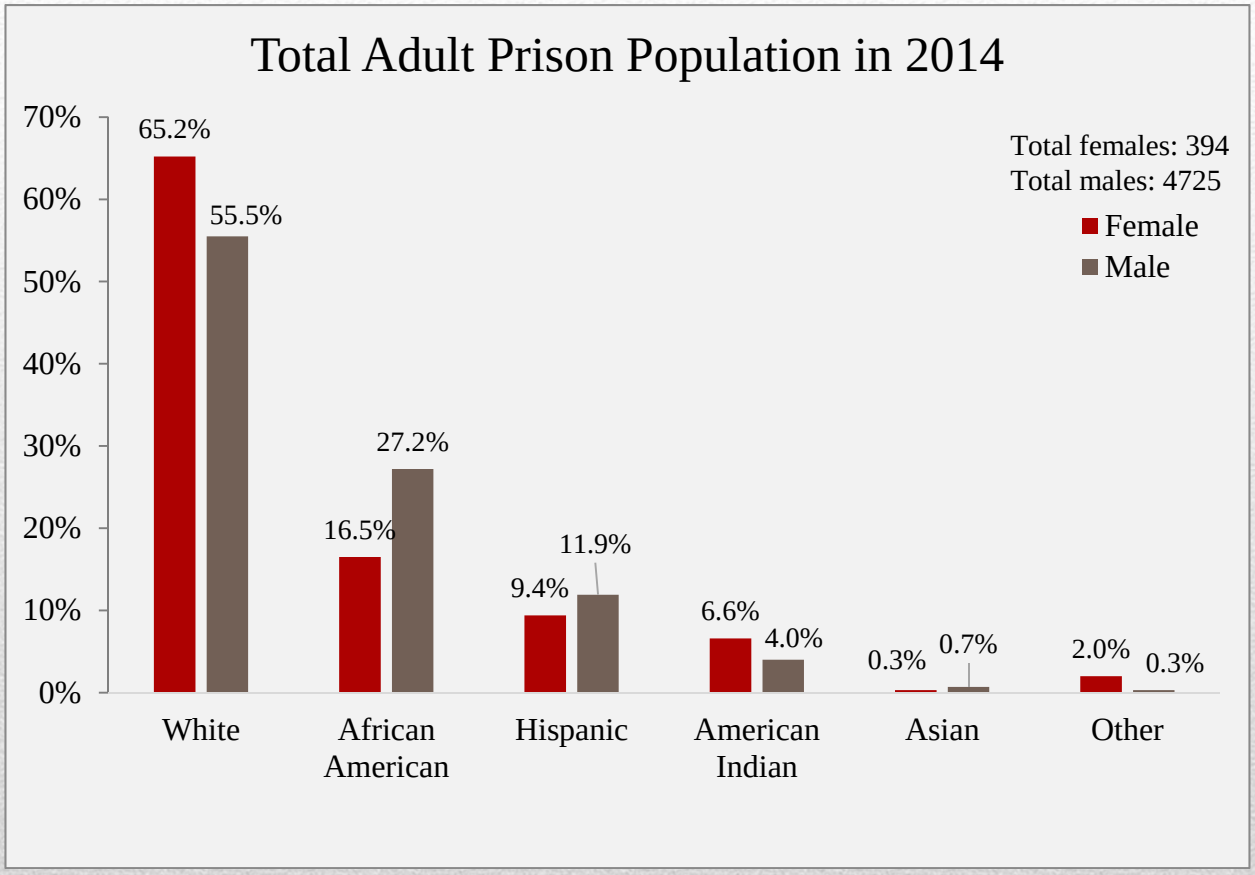
Source: CDC NCHHSTP Atlas, 2010-2014

Nebraska's Prison Population

In Nebraska (2014), a vast majority of inmate residents were male (92%), and the leading offenses were sexual offenses, assault, homicide, drugs, weapons, and robbery. For women, the leading offenses included drugs, fraud, theft, child abuse, motor vehicle, and homicide.

Nebraska's Prison Population

White females represented nearly two-thirds of the total female population in Nebraska facilities. Similarly, non-Hispanic White males also represented the majority of imprisoned males in Nebraska. The second highest proportions were found among the African American population, representing 16.5% of females and 27.2% of males in statewide facilities.



Source: Nebraska Department of Correctional Services 40th Annual Report and Statistical Summary. 2014.
http://www.corrections.nebraska.gov/pdf/annualreports/2014%20NDCS%20Annual%20Report.pdf

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Glossary of Terms

Age-Adjusted Death Rate: A weighted average of a crude death rate according to a standard distribution. Age adjusting is a process by which the age composition of a population is held constant so that fluctuation due to changes and differences in age composition of the population can be eliminated. Age adjusting also allows for meaningful comparisons over time. It is necessary since death rates increase with age, so older populations have higher death rates. The death rates in this report have been adjusted according to the age distribution of the United States population in 2000. It is calculated by the sum of age-specific death rates for each age group, multiplied by standard population in each age group, and divided by the total standard population.

Death Rate: The number of deaths per specific number of people. This is the most widely used measure to determine the overall health of a community. Death rates are usually computed per 100,000 population.

Body Mass Index (BMI): A measure of weight relative to height. A BMI of less than 25 is considered ideal or healthy; a BMI of 25-29 is considered overweight; and a BMI greater than 30 is considered to be indicative of obesity. BMI is calculated by dividing an individual's weight (kilograms) by the individual's height (meters squared).

Diabetes: Often called diabetes mellitus, is a disease of the pancreas in which the body does not produce or properly use insulin, a hormone that is needed to convert glucose into energy. According to the CDC, "Diabetes mellitus is a group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can be associated with serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications."

Employed: All civilians 16 years old and over who were either (1) "at work" - did any work during the reference week as paid employees, worked in their own business or profession or farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business; or (2) were "with a job but not at work" - did not work during the reference week but had jobs or businesses from which they were temporarily absent due to illness, bad weather, industrial dispute, vacation, or other personal reasons. Excluded from the employed are people whose only activity consisted of work around the house or unpaid volunteer work for religious, charitable, and similar organizations; and people on active duty in the United States Armed Forces. The reference week is the calendar week preceding the date on which the respondents completed their questionnaires or were interviewed and may not be the same for all respondents.

Household: Includes all the people who occupy a housing unit. (Those not living in households are classified as living in group quarters.) A family household consists of a householder and one or more people living together who are related to the householder by birth, marriage, or adoption. It may also include people unrelated to the householder. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living arrangements.

Incidence: An estimate of the number of new cases of disease that develop in a population in a specified time period, usually one year. It is often used as an indicator of the need for preventive measures, or to evaluate the effectiveness of existing programs.

Infant Mortality Rate: The number of infant deaths per 1,000 live births, calculated as number of infant deaths divided by number of live births, multiplied by 1,000.

Infant Death: Death of a person under one year of age.

Kotelchuck Index: It is a prenatal care index formulated by Dr. Milton Kotelchuck. The index characterizes births as inadequate, intermediate, adequate and intensive/adequate plus as evaluated for when prenatal care began, weeks' gestation, and number of recommended physician's visits. It is also known as the Adequacy of Prenatal Care Utilization Index (APNCU). The Office of Health Care Information uses data collected on birth certificates and combines the month of pregnancy when prenatal care began with the number of prenatal visits to a health care provider during pregnancy. It also takes into account the length of gestation.

Labor Force: All people classified in the civilian labor force plus members of the U.S. Armed Forces (people on active duty with the United States Army, Air Force, Navy, Marine Corps, or Coast Guard).

Not in Labor Force: All people 16 years old and older who are not classified as members of the labor force. This category consists mainly of students, housewives, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week).

Morbidity: Used to describe disease, sickness or illness as a departure from normal physiological and psychological conditions. Normally expressed as a morbidity rate, which gives the closest frame of the quality of life and health status in a given population.

Mortality: Normally expressed as a rate, it is the proportion of a particular population who die of one or more diseases or of all causes during a specified unit of time. It is also the probability of dying within a specified time period. It is also called the "crude death rate."

Poverty: Following the Office of Management and Budget's Directive 14, the U.S. Census Bureau uses a set of income thresholds that vary by family size and composition. If the total income falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below the poverty level."

Unemployed: All civilians 16 years old and over who (1) were neither "at work" nor "with a job but not at work" during the reference week, (2) were actively looking for work during the last 4 weeks, and (3) were available to accept a job. Also included were civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off, and were available for work except for temporary illness.

Unemployment Rate: The unemployment rate represents the number of unemployed people as a percentage of the civilian labor force.

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