

# Nebraska Minorities

## *Disparity Facts: A Chart Book*



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Office of Health Disparities and Health Equity  
Division of Public Health  
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[www.dhhs.ne.gov/healthdisparities](http://www.dhhs.ne.gov/healthdisparities)

# Nebraska Minorities: *Disparity Facts*

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N E B R A S K A

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# Introduction

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

As a whole, most people in Nebraska enjoy a relatively healthy and good quality of life, as natural life expectancy and overall health continues to improve. Nevertheless, 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.

Since the establishment of OHDHE in 1992, 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 effectively measure and help improve the quality of health of all residents in Nebraska.

This document illustrates how notable socioeconomic and health care differences—among Nebraska’s racial and ethnic minority groups—still exist. It is formatted to provide a more user-friendly summary of data providing capstone highlights of selected minority health indicators and issues.

All issues and health indicators included are vital as they provide benchmarks upon which Nebraska’s minority health status and disparities are consistently gauged. This report also provides selections and highlighted data relevant to issues in minority health.

All information and data are derived from 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, as well as, National Resource Materials. All rates included are age-adjusted 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.

## Section 1 Demographics

Nebraska continues to become more diverse.

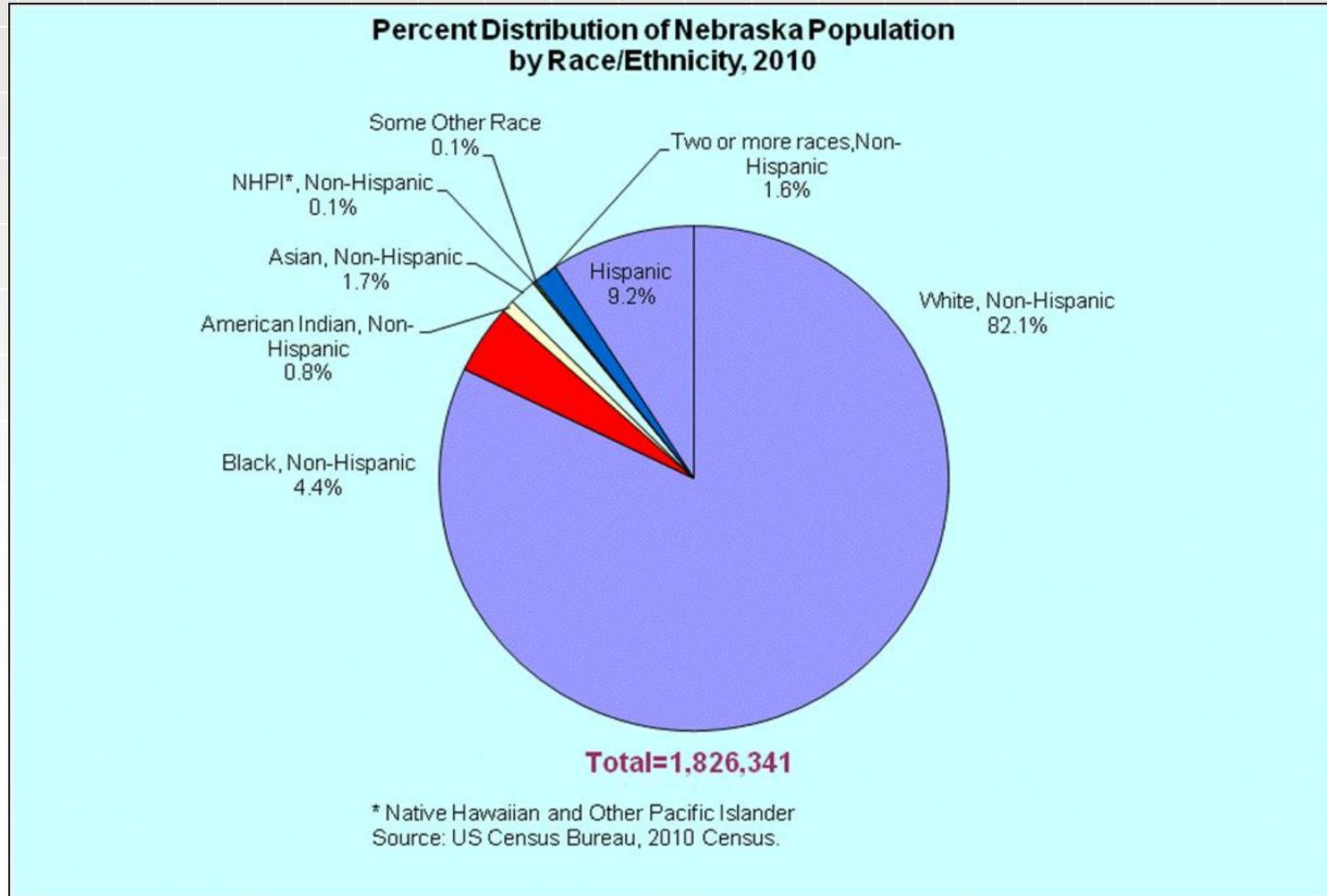
The overall population was 1,826,341 in 2010. Of that number, minorities represented 17.9% of the total population.

Hispanics were the largest minority group at 9.2% of the state population, and African Americans were the second largest minority group at 4%, followed by Asians,

American Indians/Alaska Natives, and Native Hawaiian or other Pacific Islanders.

Hispanics also accounted for 51% of the total minority population (326,588), while African Americans, Asians, and American Indians, Alaska Natives accounted for 25%, 10%, and 5.6%, respectively.<sup>1</sup>

# 1.1 Nebraska's Population by Race and Ethnicity



## 1.2 Change in Minority Population

### NEBRASKA POPULATION BY RACE AND ETHNICITY 2000 AND 2010

Race/Ethnicity	Population (April 1,2000)	% Population (2000)	Population (July 1,2010)	% Population (2010)	Change (00-10)	% Change (00-10)
<b>Nebraska Total</b>	1,711,263	100.0	1,826,341	100.0	115,078	6.7
<b>White</b>	1,533,261	89.6	1,572,838	86.1	39,577	2.6
<b>African American</b>	68,541	4.0	82,885	4.5	14,344	20.9
<b>American Indian</b>	14,896	0.9	18,427	1.0	3,531	23.7
<b>Asian</b>	21,931	1.3	32,293	1.8	10,362	47.2
<b>NHPI*</b>	836	-	1,279	0.1	443	53.0
<b>Hispanic</b>	94,425	5.5	167,405	9.2	72,980	77.3
<b>White Non- Hispanic</b>	1,494,494	87.3	1,499,753	82.1	5,259	0.4
<b>Minority Population</b>	216,769	12.7	326,588	17.9	109,819	50.7

The minority population in Nebraska has been increasing more rapidly than the non-Hispanic (NH) White population.

According to the U.S. Census Bureau, between 2000 and 2010, Nebraska's racial and ethnic minority population grew from 216,769 to 326,588, an increase of 50.7% while the non-Hispanic White population had only a 0.4% increase.<sup>2</sup>

\* NHPI: Native Hawaiian and Other Pacific Islander.

Source: U.S. Census Bureau, 2010 Census and 2000 Census

## 1.3 Projected Minority Population

In the mid-1990s, the U.S. Census Bureau's projections for the minority populations in Nebraska were expected to reach an all-time high, of 15% of the total population,<sup>3</sup> by the year 2025.

In 2006, almost 19 years ahead of those projections, the racial/ethnic minority population of Nebraska was estimated to already be at 15.1%.

It also has been estimated that the number of Hispanic Americans in Nebraska will reach approximately 111,000 by 2025,<sup>4</sup> although the Hispanic population was already 130,304 in 2006, 17.4% more than the U.S. Census Bureau's 1995 projection.

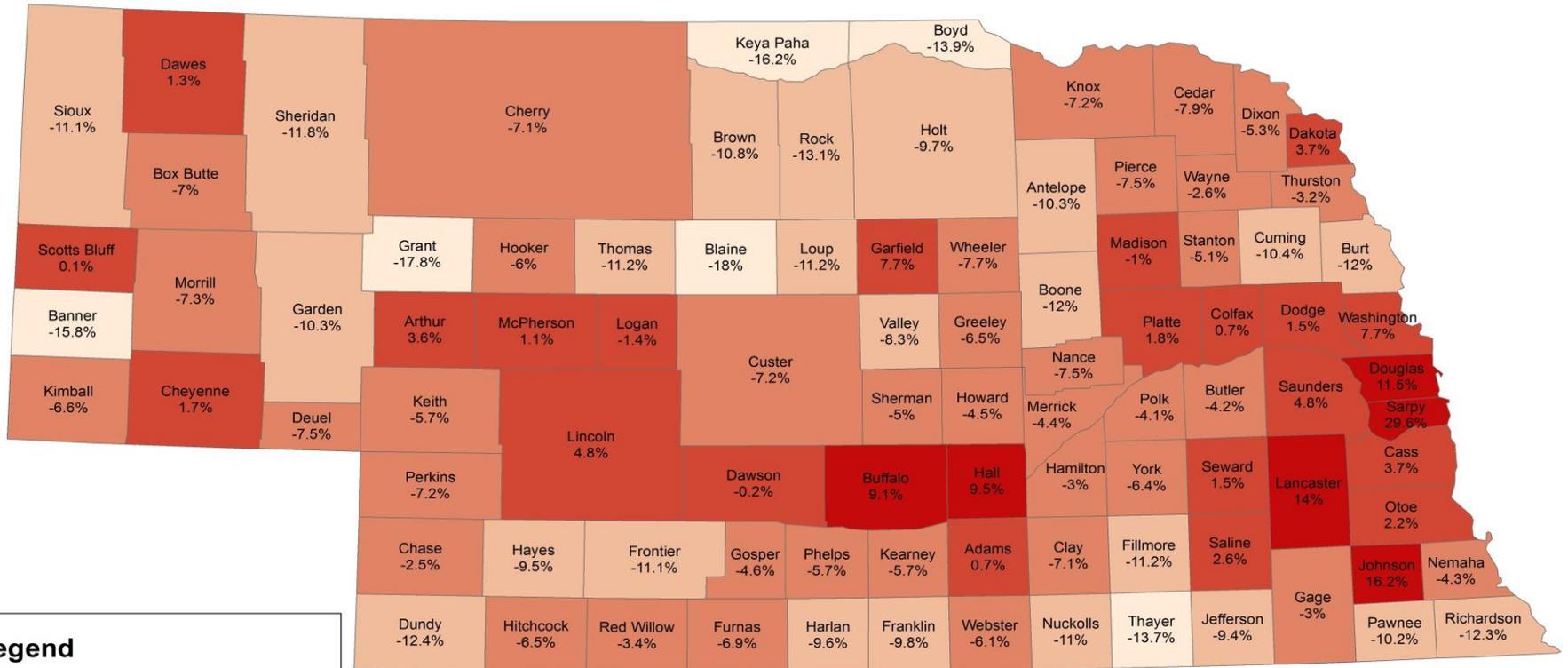
Based on the U.S. Census Bureau's projections, the trend in racial and ethnic minority population growth will continue for the foreseeable future. It has been estimated the White population is expected to increase 7% during the 2005-2025 period, while the Asian/PI population is expected to increase 45%, the American Indian population is expected to increase 39%, and the Black/African American population is expected to increase 33%.<sup>5</sup> 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 Change in Population by County, Nebraska, 2000 to 2010

Nebraska population change: 6.7%



## Legend

### Population Change 2000-2010



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

Department of Health & Human Services

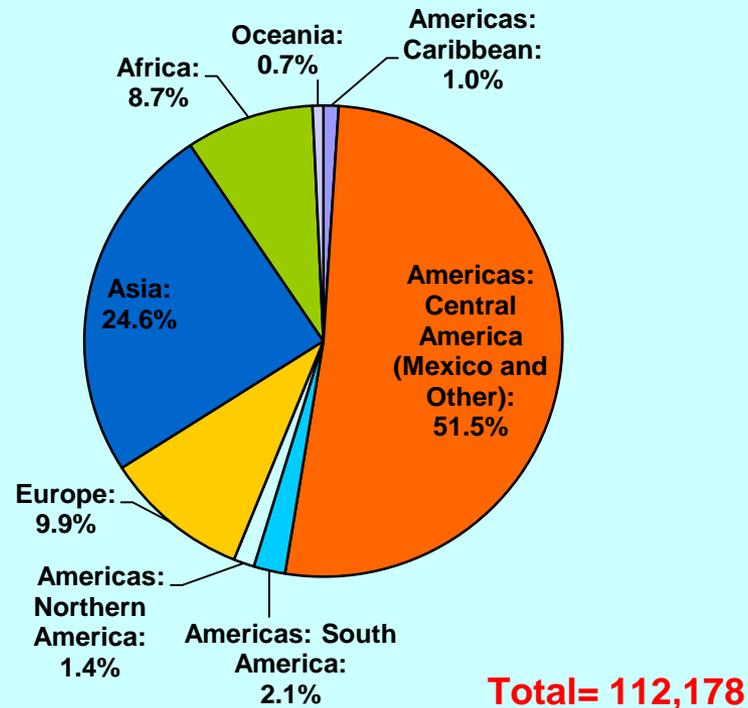


## 1.6 Foreign-Born Population

In 2010, the American Community Survey and the U.S. Census Bureau estimated that the number of foreign-born residents in Nebraska was about 112,178 people. This number represents 6% of Nebraska's overall population.

The largest share of residents (55%) were from Latin America (South America, Central America and the Caribbean), 24.6% are from Asia, 9.9% are from Europe, 8.7% reign from Africa, 1.4% from Northern America, and 1% from Oceania (which includes Australia, New Zealand, etc.)

**Place of Birth for the Foreign-Born Population, Nebraska, 2010**



Source: U.S. Census Bureau, 2010 American Community Survey

## Section 2 Social Determinants of Health

"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.

In using this data presented herein, rather than seeing 'health disparities' solely as the result of a genetic determinant, one must recognize how socioeconomic determinants directly impact the health status of a population.

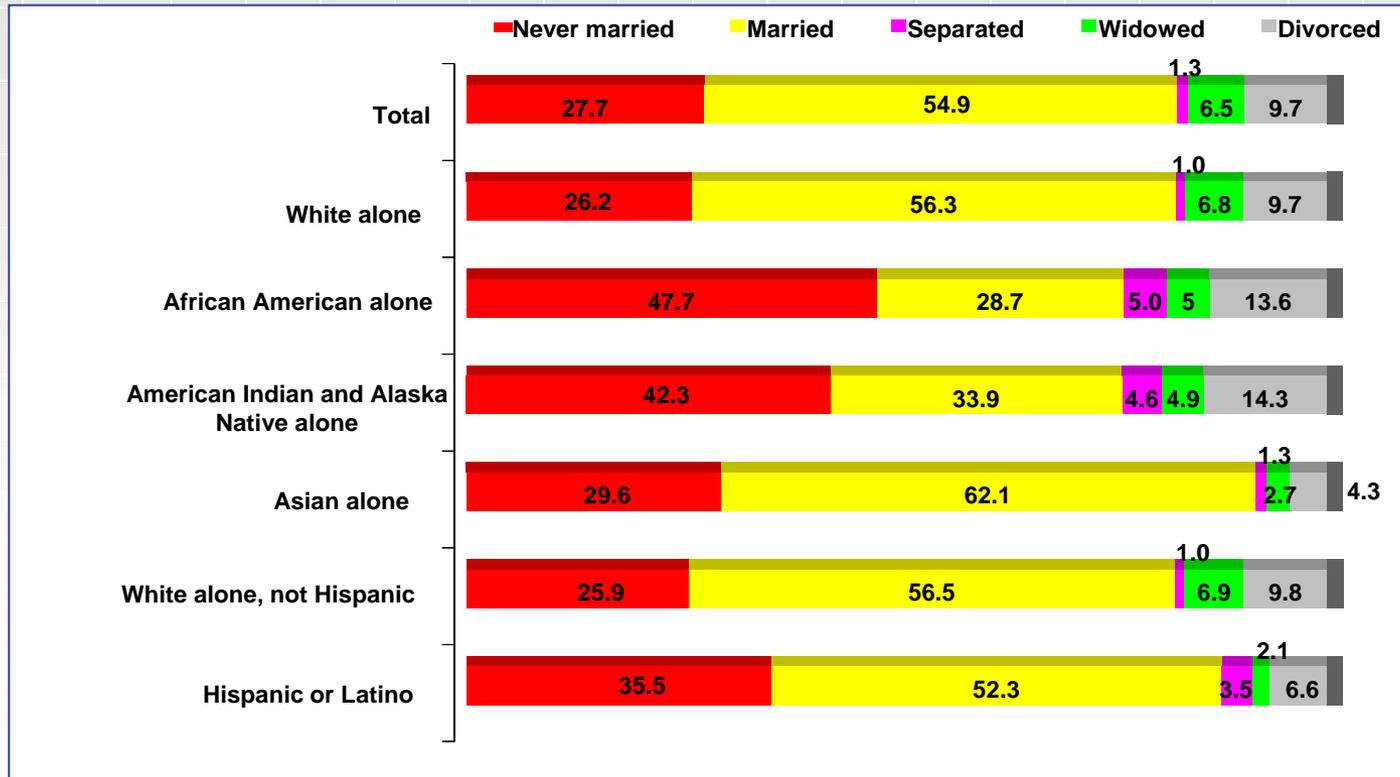
As inequities are addressed through better social policies, the 'ladder' to better health outcomes will be less steep, and more rungs within grasp, as more people experience greater access to education, livable income, employment, and safe neighborhoods and housing.



## 2.1 Marital Status

Nebraska's minorities aged 15 and older had a larger proportion of never married people (30-48%) than non-Hispanic Whites. Non-Hispanic Whites aged 15 and older were less likely to be in never married status (about 26%).

African Americans, had the highest percentage of never married people among minority groups at (48%), whereas the Asian population had the lowest percentage (30%).



Note: Some percentages do not sum to 100.0 due to rounding.

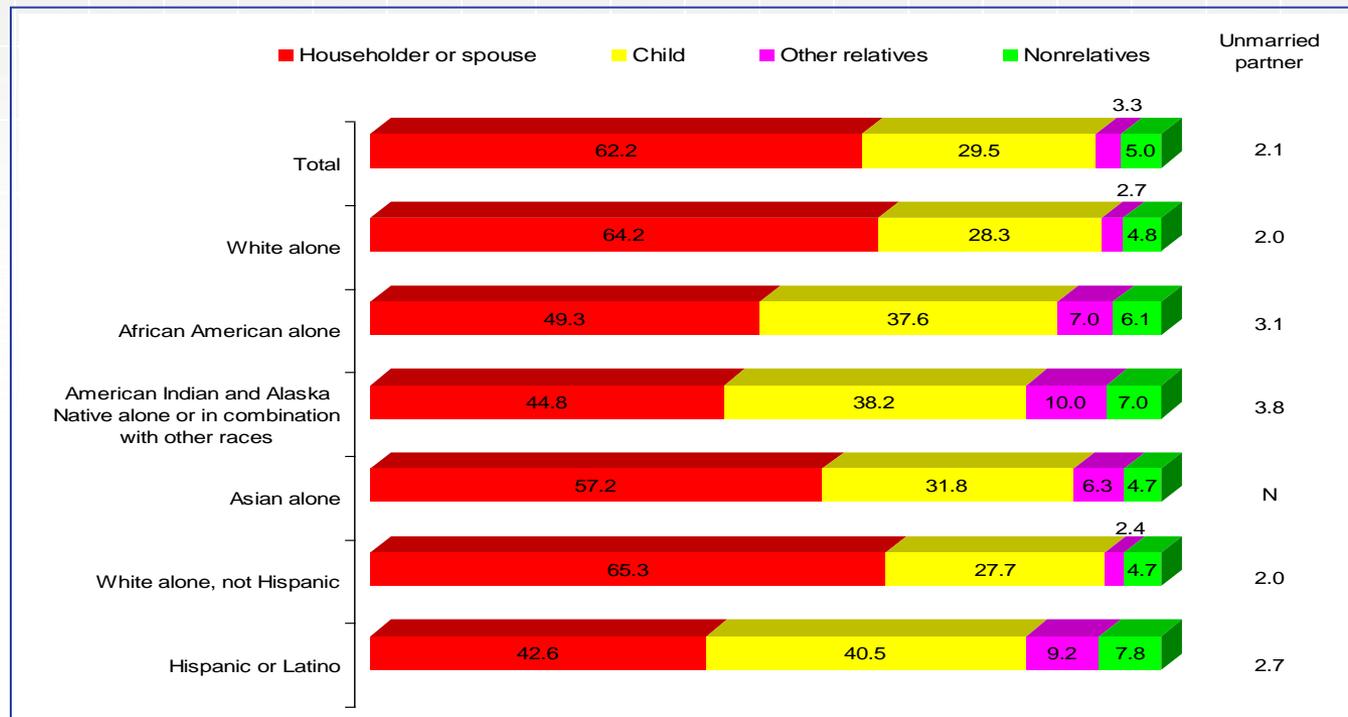
Source: U.S. Census Bureau, 2005-2007 American Community Survey, Detailed Tables.

A larger proportion of African Americans and American Indians than non-Hispanic Whites were divorced (about 14% versus 10%) and Asians and Hispanics had a smaller proportion of divorced couples (4% and 7%) than non-Hispanic Whites. Nebraska minority groups had a smaller widowed population than non-Hispanic Whites (about 2-5% versus 7%); among minority groups, African Americans are the highest (5%) and Hispanics are the lowest (2%). A higher proportion of minorities (about 1-5%) than non-Hispanic Whites (about 1%) were separated; among minority groups, African Americans are the highest (5%) and Asians are the lowest (about 1%).

## 2.2 Household Relationships

In Nebraska, minority households had a smaller proportion of householder or spouse relationships in households, and a larger proportion of children in households compared with non-Hispanic White households (about 65% and 28% respectively). Among minority groups, Hispanics had the lowest percentage of householder or spouse relationships in households and the highest percentage of children in households (about 43% and 41%, respectively), followed by American Indians (about 45% and 38%)

and African Americans (49% and 38%). Asians had the highest percentage of householder or spouse relationships (about 57%) and the lowest percentage of households with children (about 32%). A higher proportion of minority households (about 11-17%) than non-Hispanic White households (about 7%) lived with other relatives or non-relatives in their households. Among minority groups, Hispanics and American Indians were the highest (both about 17%), and Asians were the lowest (11%).



Note: Some percentages do not sum to 100.0 due to rounding.

Source: U.S. Census Bureau, 2005-2007 American Community Survey, Detailed Tables.

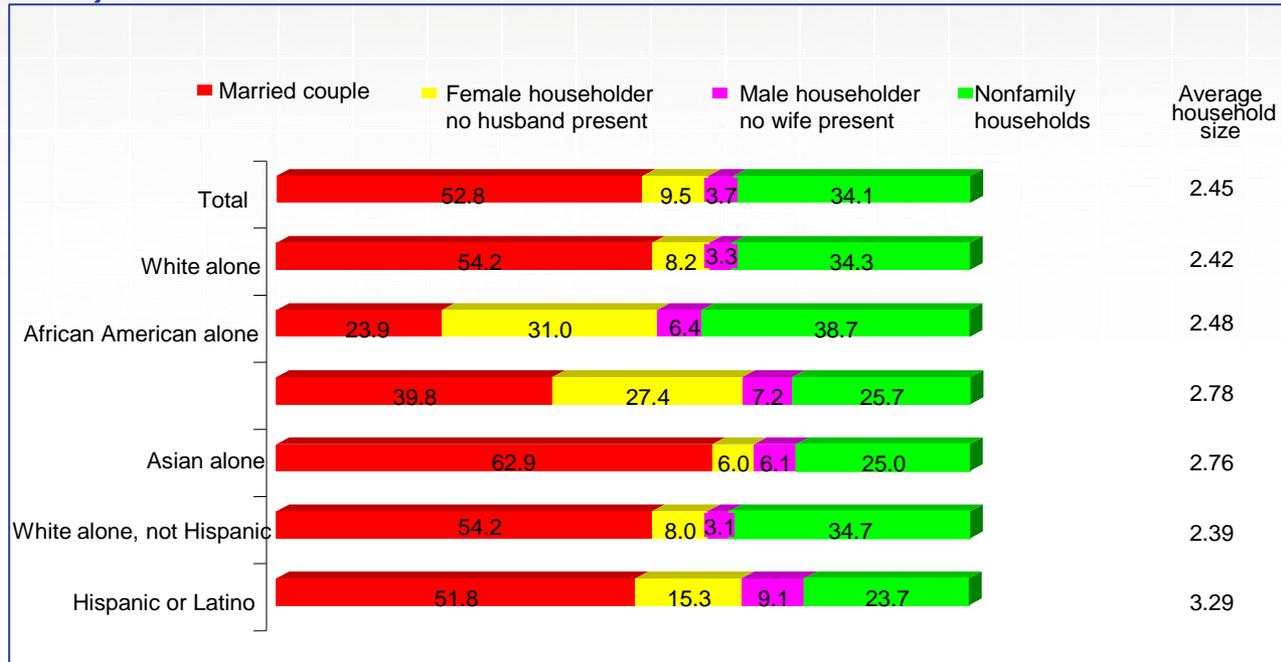
## 2.3 Household Type

A smaller proportion of African Americans (24%), American Indians (40%), and Hispanics or Latinos households (52%) were families maintained by married couples than non-Hispanic White households (about 54%). Asian households had the highest percentage of families maintained by married couples (about 63%).

A higher percentage of African Americans (about 31%), American Indians (about 27%), and Hispanics or Latinos households (about 15%) were families maintained by a woman with no husband present than non-Hispanic White households (about 8%).

A higher proportion of minority households (about 6-9%) than non-Hispanic White households (about 3%) were families maintained by a man with no wife present.

All minority households had a larger household size on average than non-Hispanic White households (2.4 people). Among minority groups, Hispanic or Latino households had the highest, 3.3 people on average, and African American households had the lowest, 2.5 people on average.



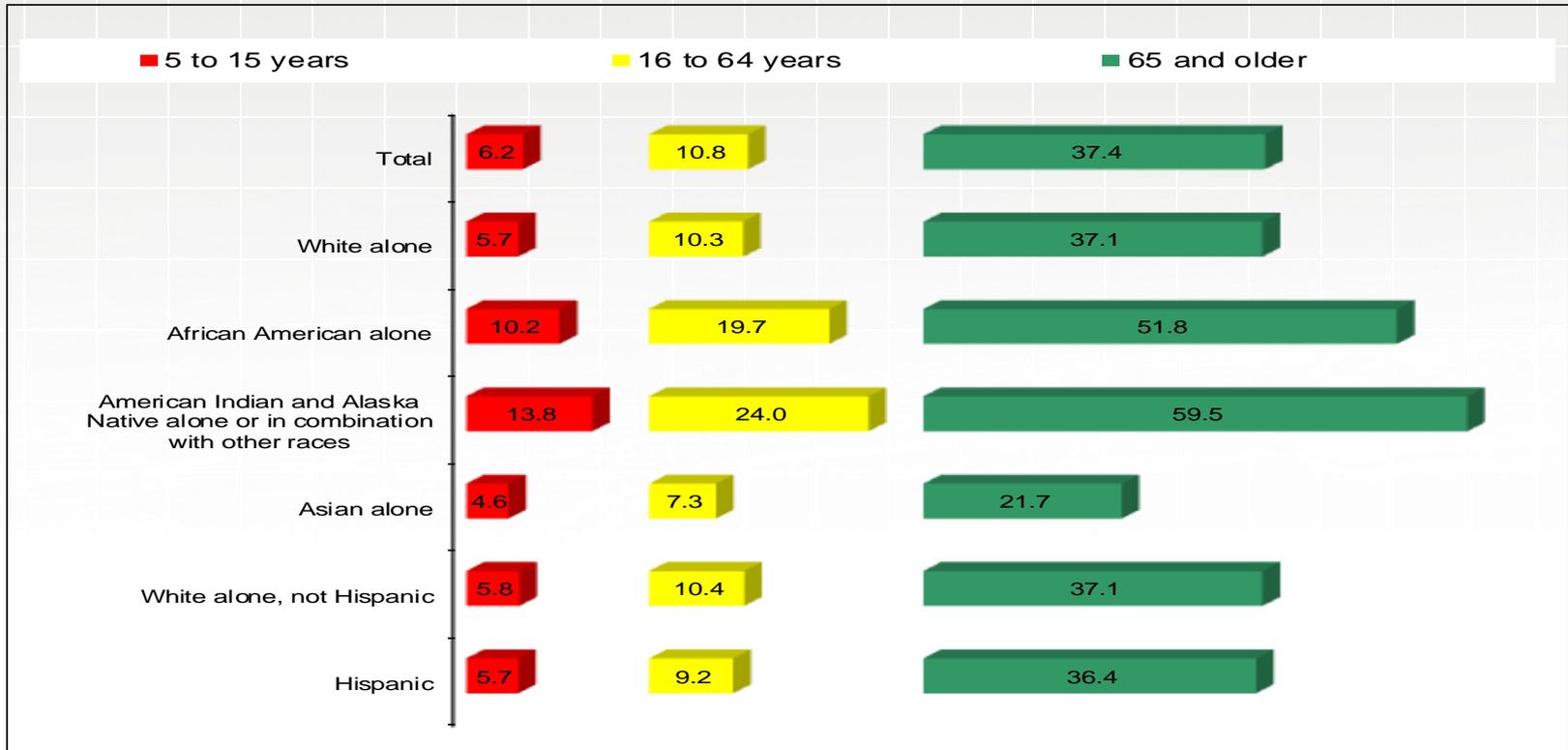
*Notes: Some percentages do not sum to 100.0 due to rounding.*

*Source: U.S. Census Bureau, 2005-2007 American Community Survey, Detailed Tables*

## 2.4 Disability Status

In Nebraska, African Americans (about 20%) and American Indians (about 24%) aged 16 to 64 had a higher proportion of disabilities than non-Hispanic Whites (about 10%) aged 16 to 64. Asians and Hispanics aged 16 to 64 had a smaller proportion of disabilities (about 7 and 9%).

About 60% of American Indians and 52% of African Americans aged 65 and older had a disability, compared with about 37% of non-Hispanic Whites aged 65 and older. Asians had the lowest percentage of disability for ages 65 and older (about 22%).



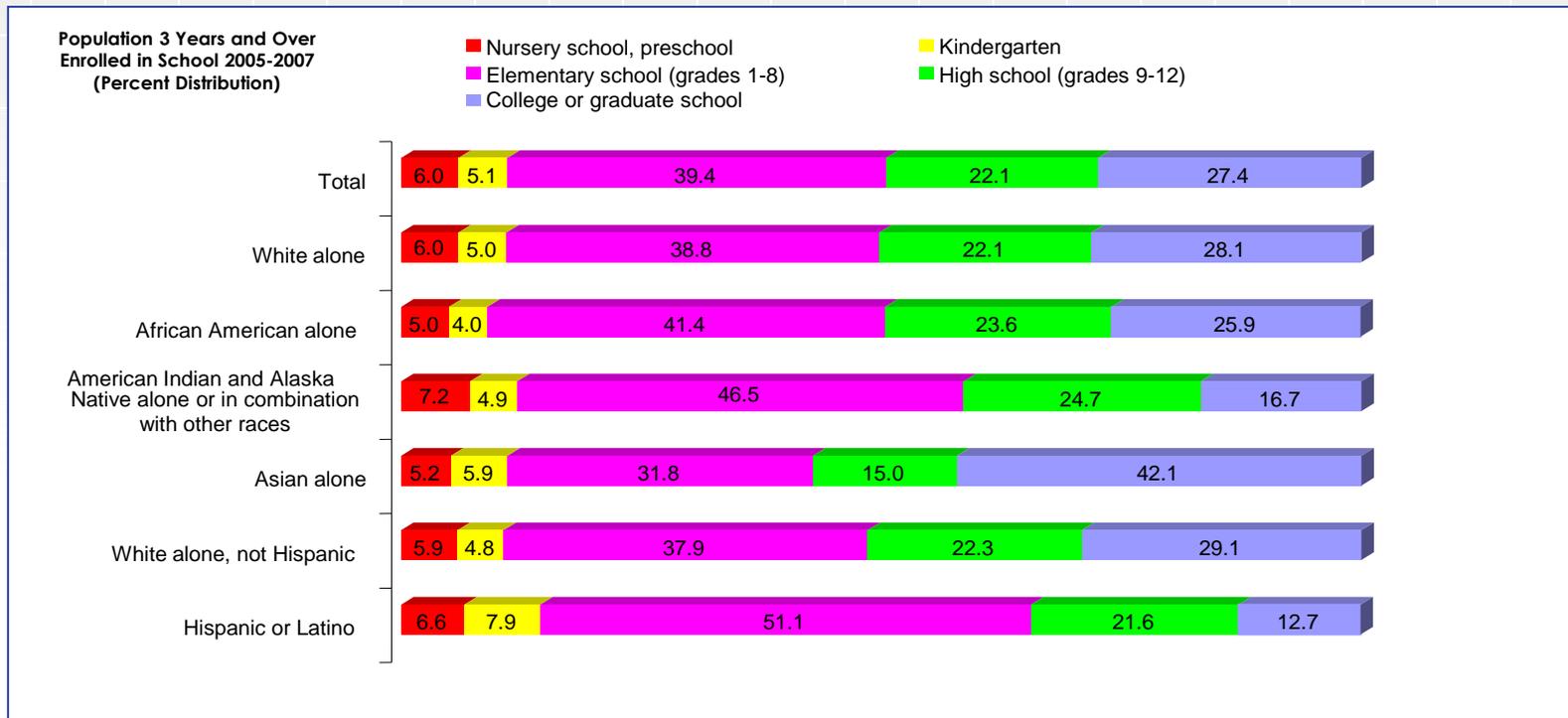
*Notes: The Census Bureau introduced a new skip pattern for the disability questions in the 2003 ACS questionnaire. This change mainly affected two individual items -- go-outside-home disability and employment disability -- and the recode for disability status, which includes the two items. Accordingly, comparisons of data from 2003 or later with data from prior years are not recommended for the relevant questions. Source: U.S. Census Bureau, 2005-2007 American Community Survey, Detailed Tables.*

## 2.5 School Enrollment

Hispanics, American Indians, and African Americans aged 3 years and above had over 40% of the population enrolled in elementary school, which was higher than non-Hispanic Whites (about 38%) aged 3 years and over.

About one-fourth of minorities, aged 3 years and over were enrolled in high school, except Asians (15%); in comparison, 22% of non-Hispanic Whites were enrolled in high school (grades 9-12).

Among minority groups, Asians aged 3 years and over had the largest proportion of population enrolled in college or graduate school (about 42%), followed by African Americans (about 26%), while American Indians and Hispanics were the lowest (about 17% and 13%). In comparison, among non-Hispanic Whites aged 3 years and over, nearly 29% were enrolled in college or graduate school.

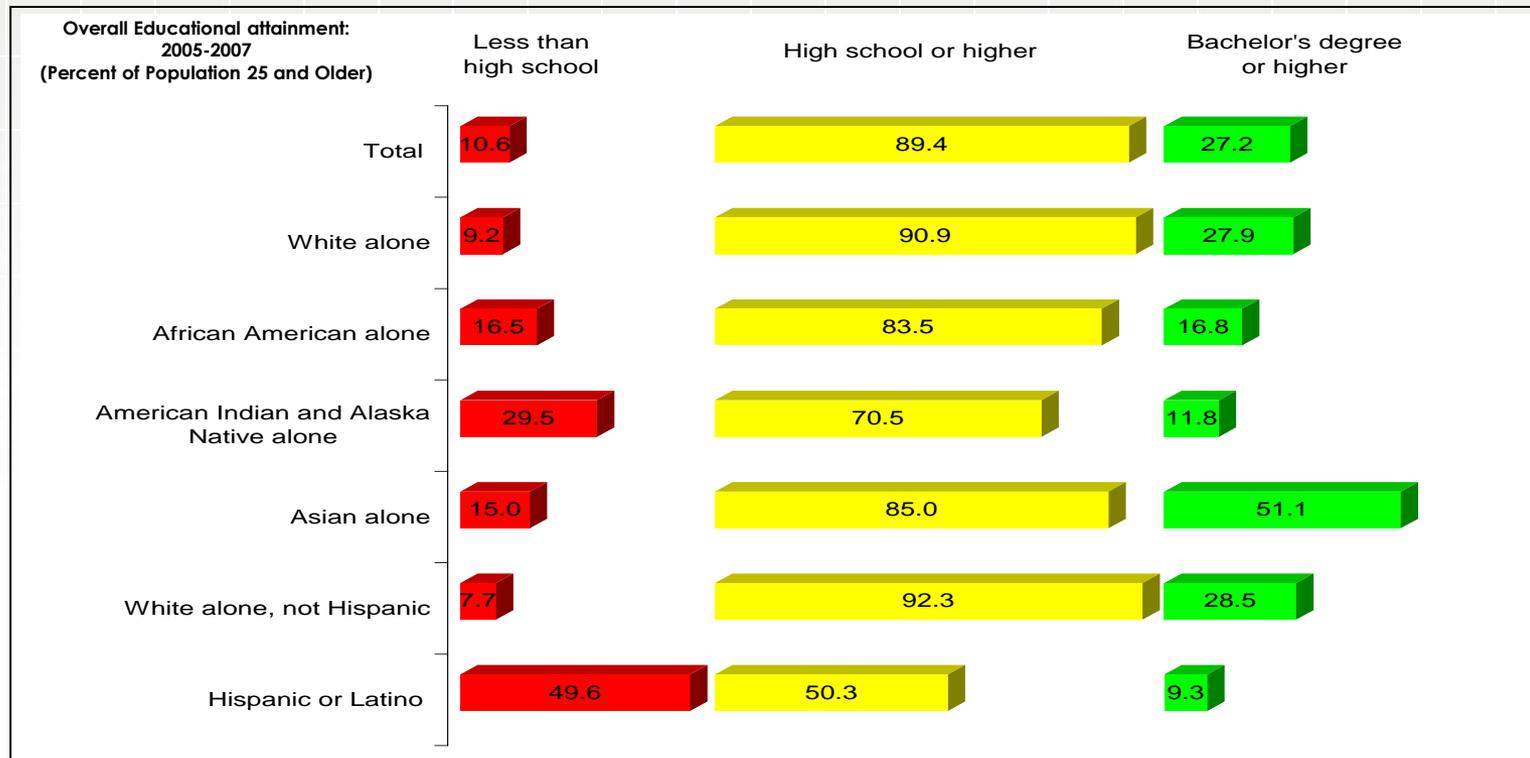


Source: U.S. Census Bureau, 2005-2007 American Community Survey, Detailed Tables.

## 2.6 Overall Education Attainment

Over half of Asians aged 25 years and older had a bachelor's degree or higher education, which was much more than any other racial or ethnic group including non-Hispanic Whites alone (about 29%); Hispanics were the lowest (about 9%).

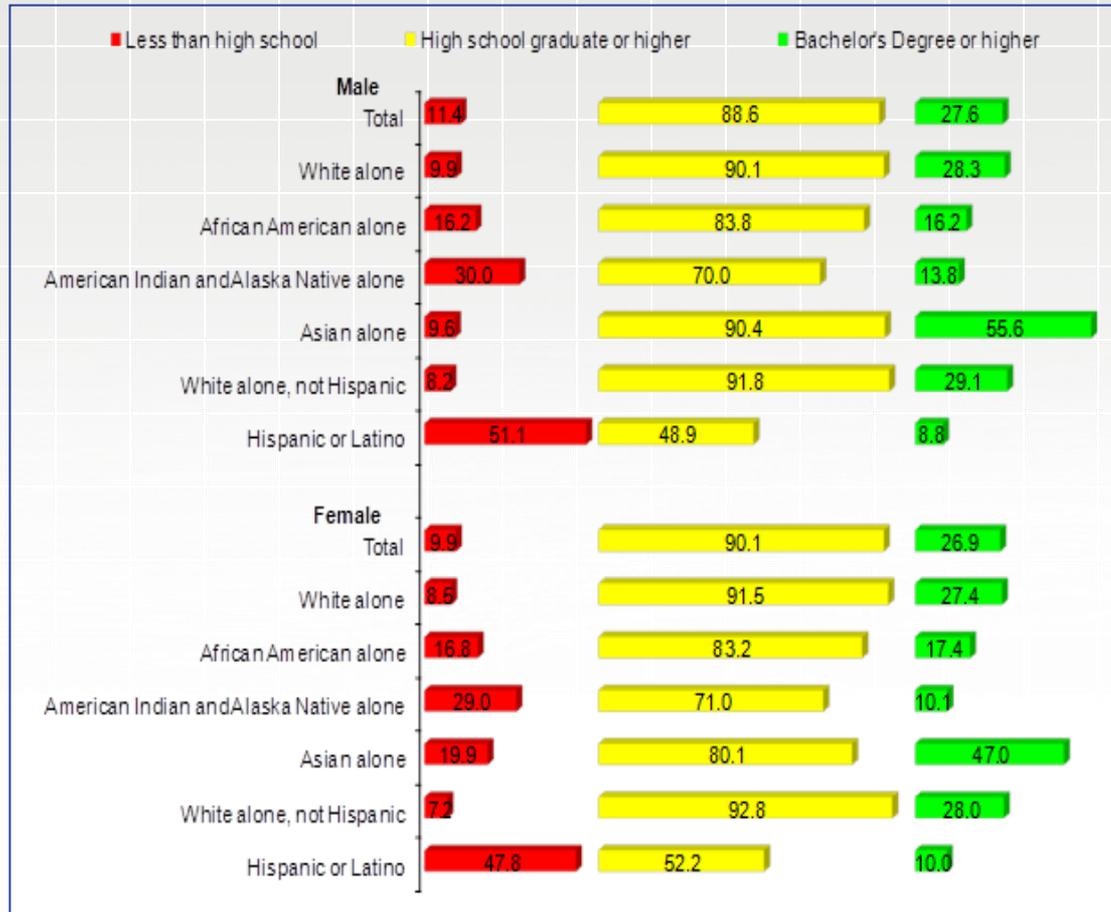
About half of Nebraska Hispanics or Latinos aged 25 and older were less than high school graduates, followed by American Indians (about 30%); in comparison, among non-Hispanic Whites alone aged 25 and older, about 8% were less than high school graduates.



Source: U.S. Census Bureau, 2005-2007 American Community Survey, Detailed Tables.

## 2.7 Education Attainment By Gender

Overall, a higher proportion of males aged 25 and older had less than a high school education (about 11%) and bachelor degree or higher education (about 28%) than females (about 10% and 27%). Non-Hispanic Whites had the lowest proportion of a less than high school educated population (about 8% for male and about 7% for female) among all racial and ethnic groups. Asians had the highest proportion of a bachelor's degree or higher educated population (about 56% for male and 47% for female).

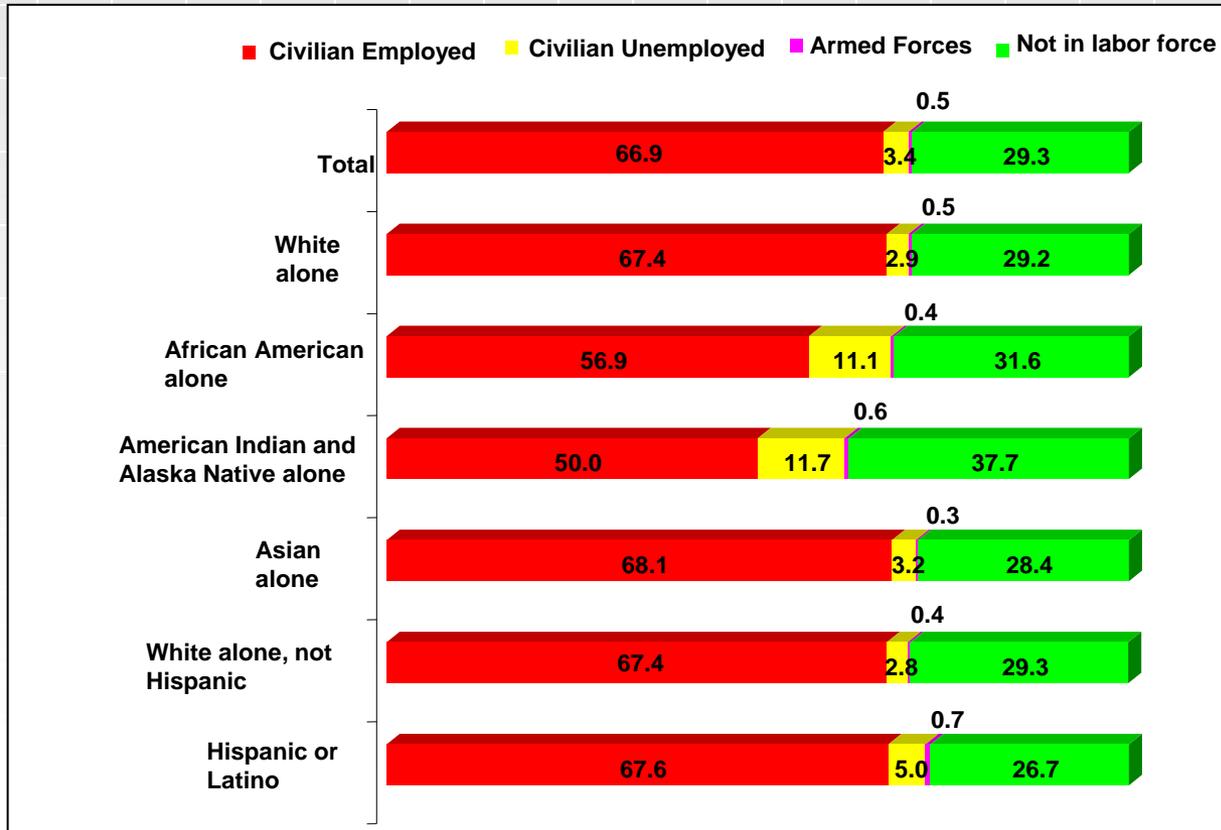


The White alone and American Indian populations had a lower proportion of females than males who were less than high school graduates. Asians had the largest gender disparity in terms of those with less than a high school education (about 10% for male and about 20% for female). Hispanic and African American females (about 10% and 17%) had a higher proportion of bachelor degree or higher educated population than males (about 9% and 16%).

Source: U.S. Census Bureau, 2005-2007 American Community Survey, Detailed Tables.

## 2.8 Employment Status

Minorities aged 16 and over had a higher proportion of civilian-unemployed people than non-Hispanic Whites alone aged 16 and over (2.8%). American Indians had the highest civilian-unemployment (about 12%) and Asians had the lowest (3.2%). American Indians had the lowest proportion of



the population in the labor force (about 62%), followed by African Americans (about 68%).

Hispanics aged 16 years and over had the highest percentage of the population (about 73%) in the labor force. In comparison, about 71% of non-Hispanic Whites alone 16 years and over were in the labor force.

*Notes: The category of "Employed" includes all civilians 16 years old and over who either (1) were "at work" – those who did any work at all during the reference week as paid employees, worked in their own business or profession, worked on their own 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"--those who 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; also excluded are all institutionalized people and people on active duty in the United States Armed Forces. Some percentages do not sum to 100.0 due to rounding.*

*Source: U.S. Census Bureau, 2005-2007 American Community Survey, Detailed Tables.*

## 2.9 Household Income Types

Hispanic and Asian populations had a higher percentage of households with earnings (at 93% and 92%, respectively) compared to other minority groups and non-Hispanic White households (about 82%). Asian households had the lowest percentage with non-earnings income, including social security, food stamp benefits, and cash public assistance.

African Americans and American Indians had a higher percentage of households with food stamp benefits (29% and 28%, respectively), and cash public assistance (both about 11%) than any other racial or ethnic group including non-Hispanic Whites alone (about 5% for food stamp benefits and 2% for cash public assistance).



Source: U.S. Census Bureau, 2005-2007 American Community Survey, Detail Tables.

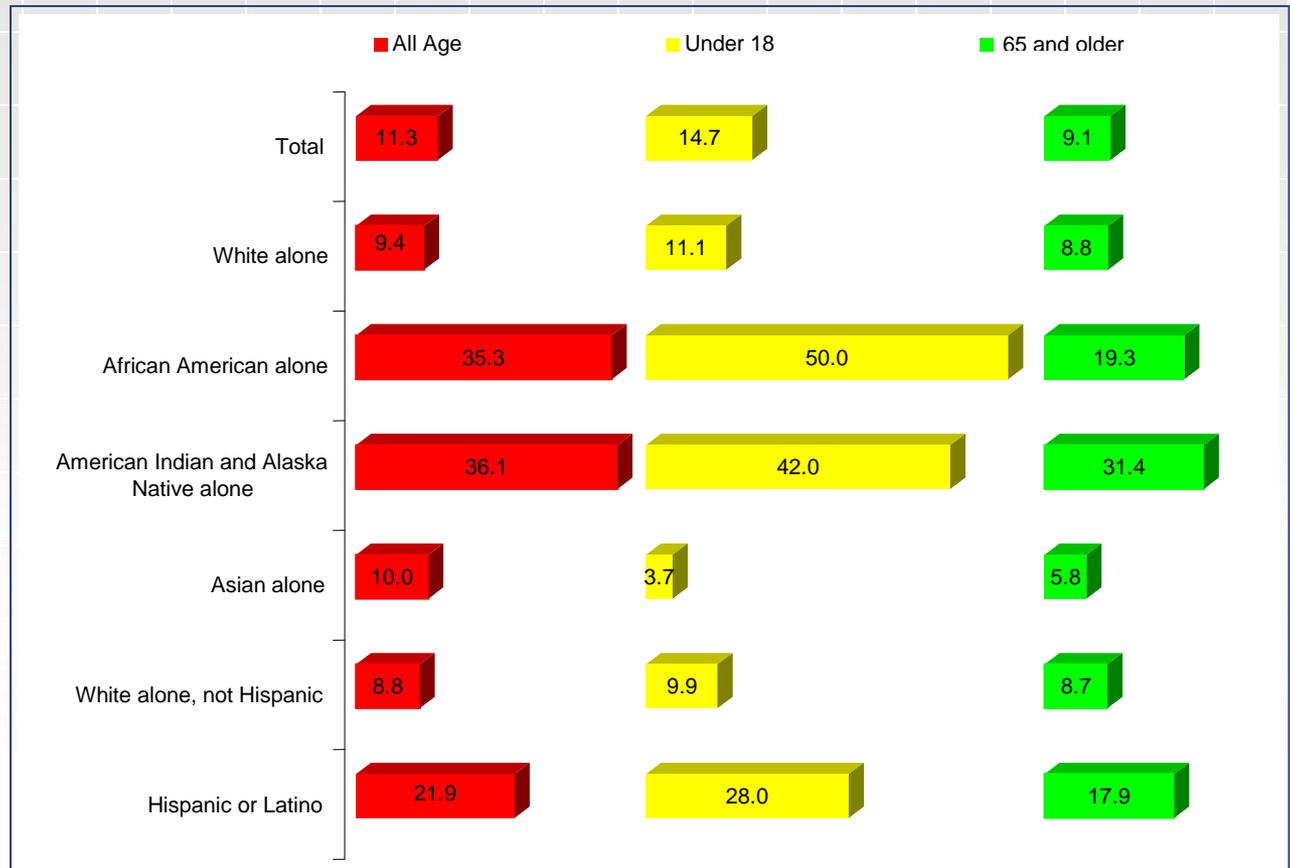
Non-Hispanic Whites had a much higher percentage of households (about 28%) with social security income, compared to minority groups. Among minority groups, African Americans had the highest percentage of households with social security income (about 21%), and Asians had the lowest percentage (at 9%).

## 2.10 Poverty Rate by Age

The poverty rate was higher for minorities than for non-Hispanic Whites (about 9%). About 35% of African Americans were living below the poverty level in the 12 months prior to being surveyed, followed by American Indians (about 36%), Hispanics (about 22%), and Asians (10%).

The poverty rate was generally higher for African Americans, American Indians, and Hispanic children (under age 18). Half of African American children lived in poverty, followed by American Indian children (about 42%). In comparison, about 10% of non-Hispanic White alone children lived in poverty. Asian children had the lowest percentage of children who lived in poverty (about 4%).

Among those 65 and older, minority groups had a similar pattern of poverty as for children under age 18 when compared with non-Hispanic Whites alone. American Indians had the highest percentage of those ages 65 and older that lived in poverty (at 31%).



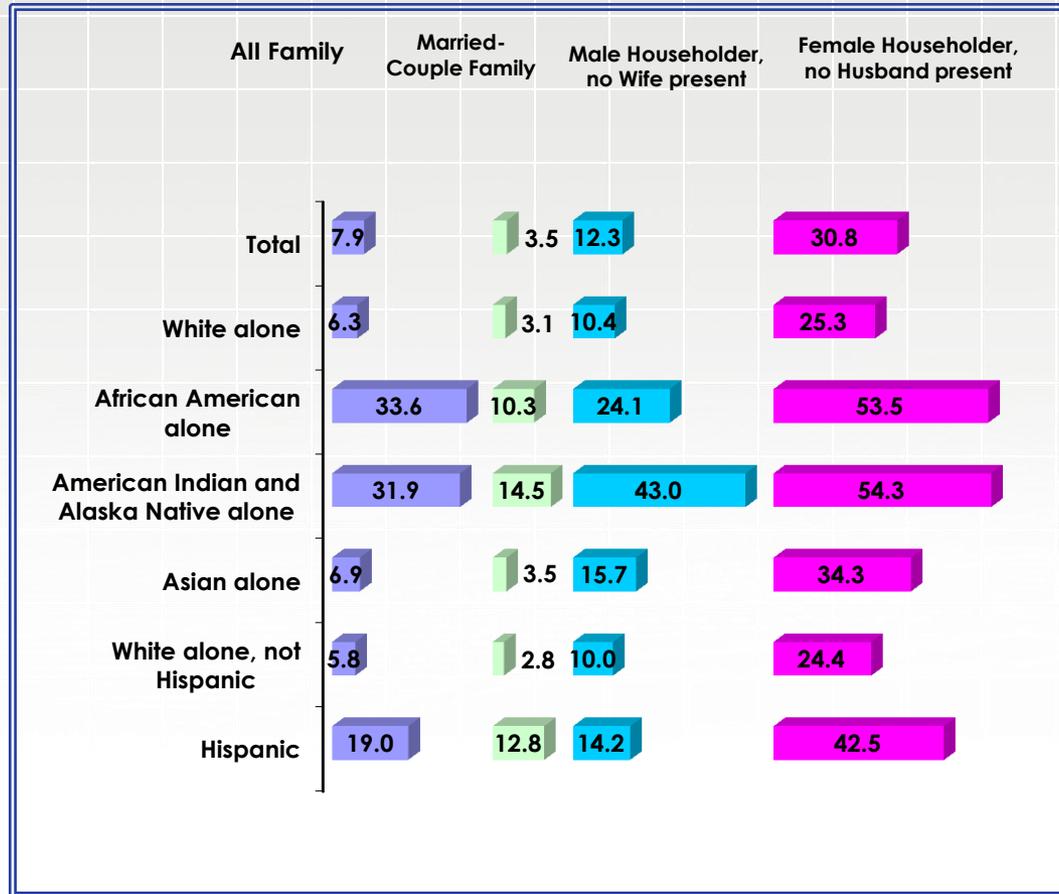
*Notes: In accordance with the U.S. Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the threshold for the family, then that family and every individual in it are considered to be in poverty.*

*Source: U.S. Census Bureau, 2005-2007 American Community Survey, Detail Tables.*

## 2.11 Poverty Rate by Family Type

The poverty rate across all family types was higher for minority families than for non-Hispanic White families (about 6%). About 34% of African American families lived below the poverty level in the 12 months prior to being surveyed, followed by American Indian families (32%), Hispanic families (19%), and Asian families (7%).

For single-parent families, the poverty rate was higher for African Americans, American Indians, and Hispanic families. Over half of the American Indian (54%) and African American (54%) female households with no husband present lived in poverty followed, by Hispanics (43%)



and Asians (34%) female householder families with no husband present.

In comparison, about 24% of non-Hispanic White female households with no husband present lived in poverty.

Among male householder families with no wife present, minority groups had a similar pattern as female household families with no husband present, compared with non-Hispanic Whites alone. American Indians had the highest percentage of male householder families with no wife present who lived in poverty (43%).

Notes: Some percentages do not sum to 100.0 due to rounding.

Source: U.S. Census Bureau, 2005-2007 American Community Survey 3-Year Estimates, Detail Tables.

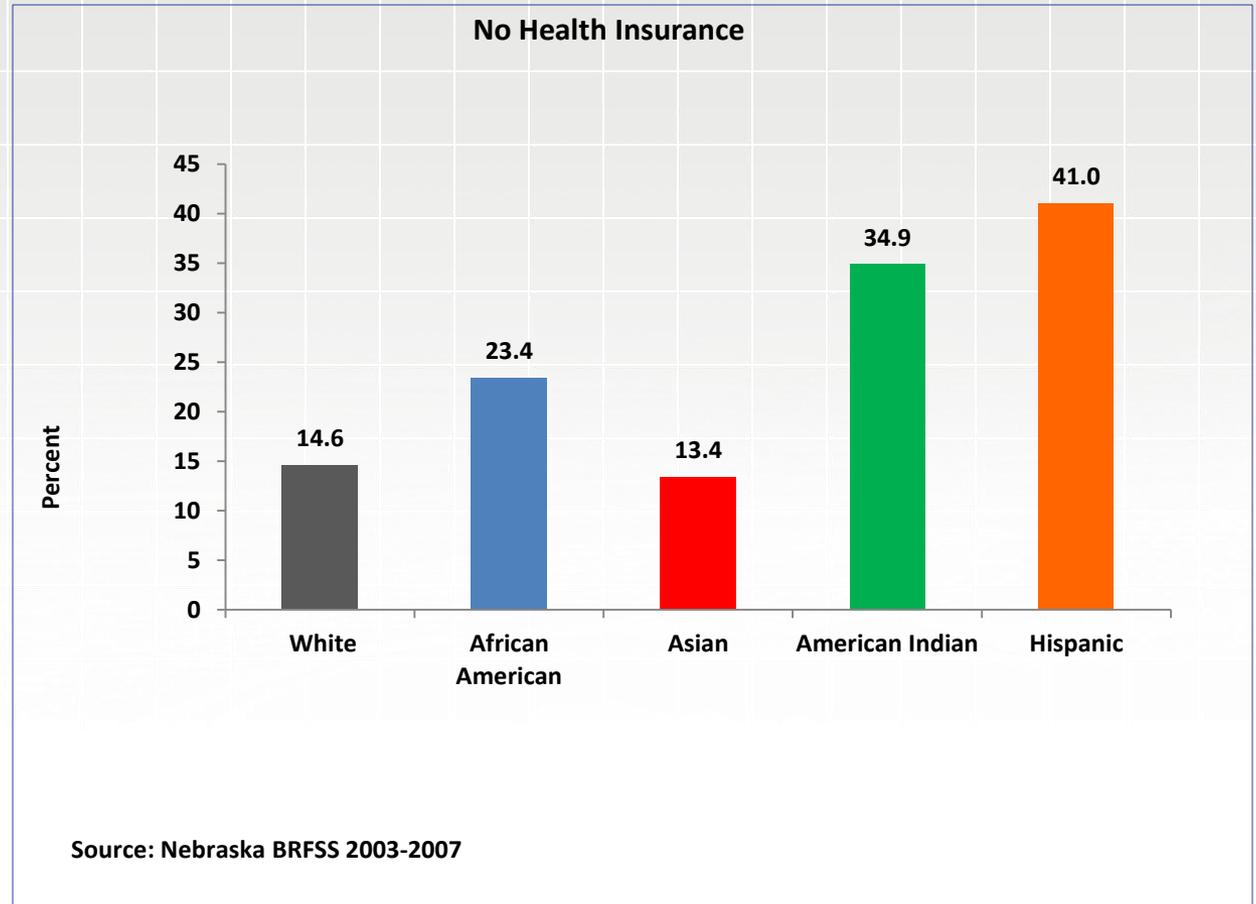
## Section 3 Access to Health Care and Preventive Care

Minorities in America are more likely to have problems accessing high-quality health care than whites. This disparity is especially problematic as individuals without a stable, ongoing relationship with a provider are less likely to obtain preventive and specialty services,<sup>1,2,3</sup> and less likely to experience improved health outcomes.

## 3.1 Access to Health Care and Preventive Care

Overall, Hispanics are less likely to be insured. Between 2003 to 2007, 41% of Hispanic or Latino American adults in Nebraska, reported having no health insurance, compared to 14.6% of non-Hispanic White adults.

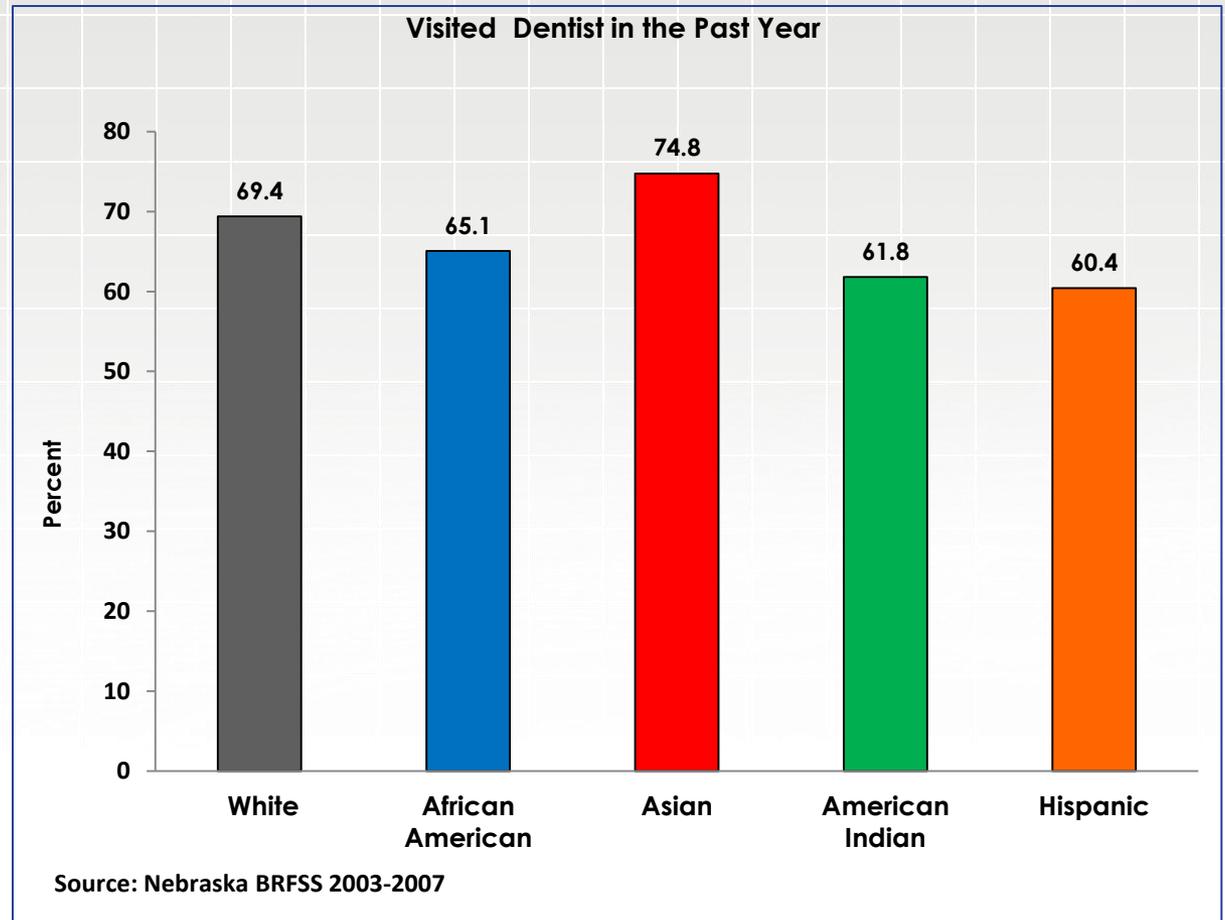
Also, one-third (34.9%) of American Indian adults and 13.4% of African Americans in Nebraska reported having no health insurance.



## 3.2 Visited Dentist in the Past Year

Asians had the highest percentage (74.8%) of those who visited the dentist in the past year, while Hispanics had the lowest (60%).

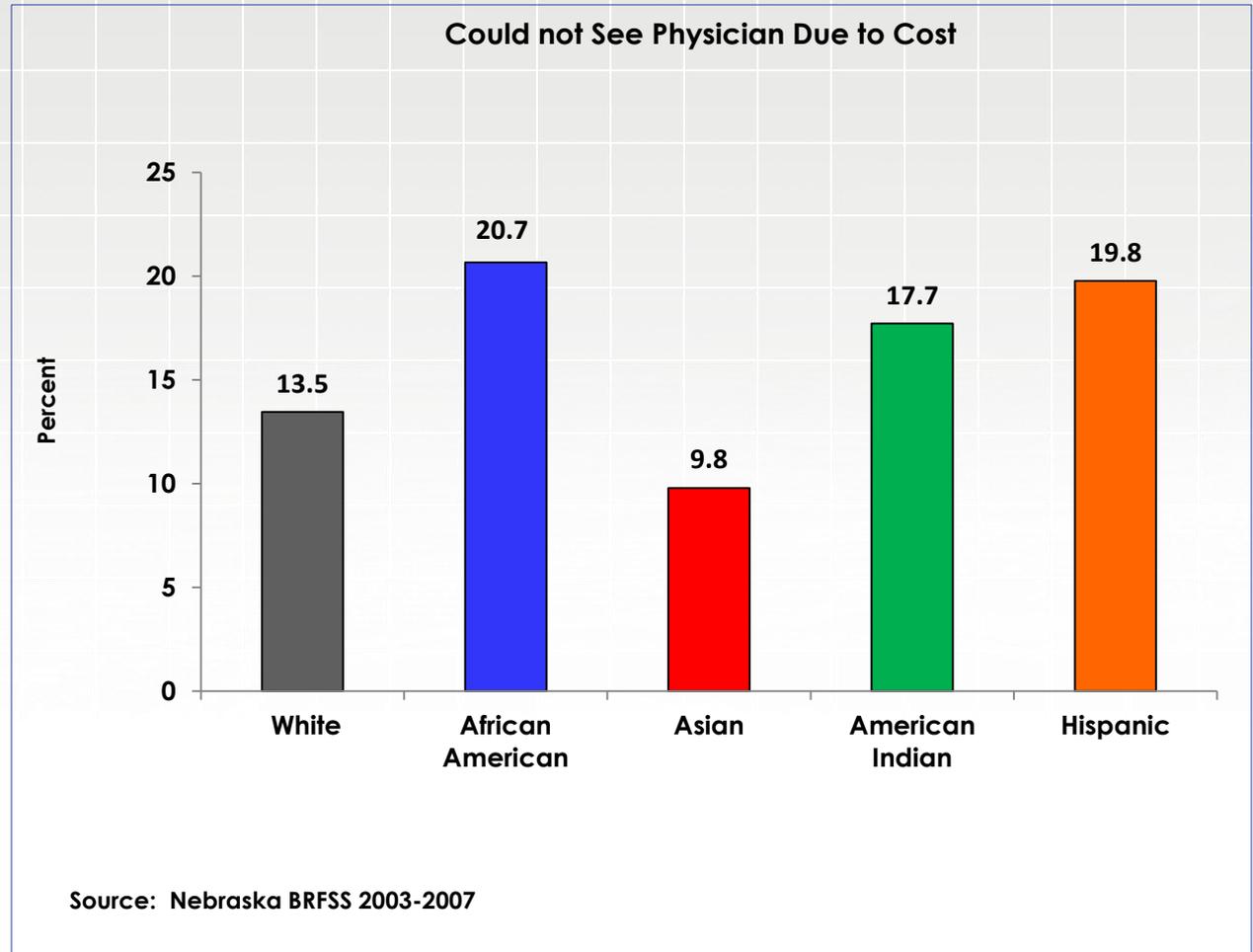
About 69% of non-Hispanic Whites visited the dentist in the past year.



### 3.3 Could Not See Physician Due to Cost

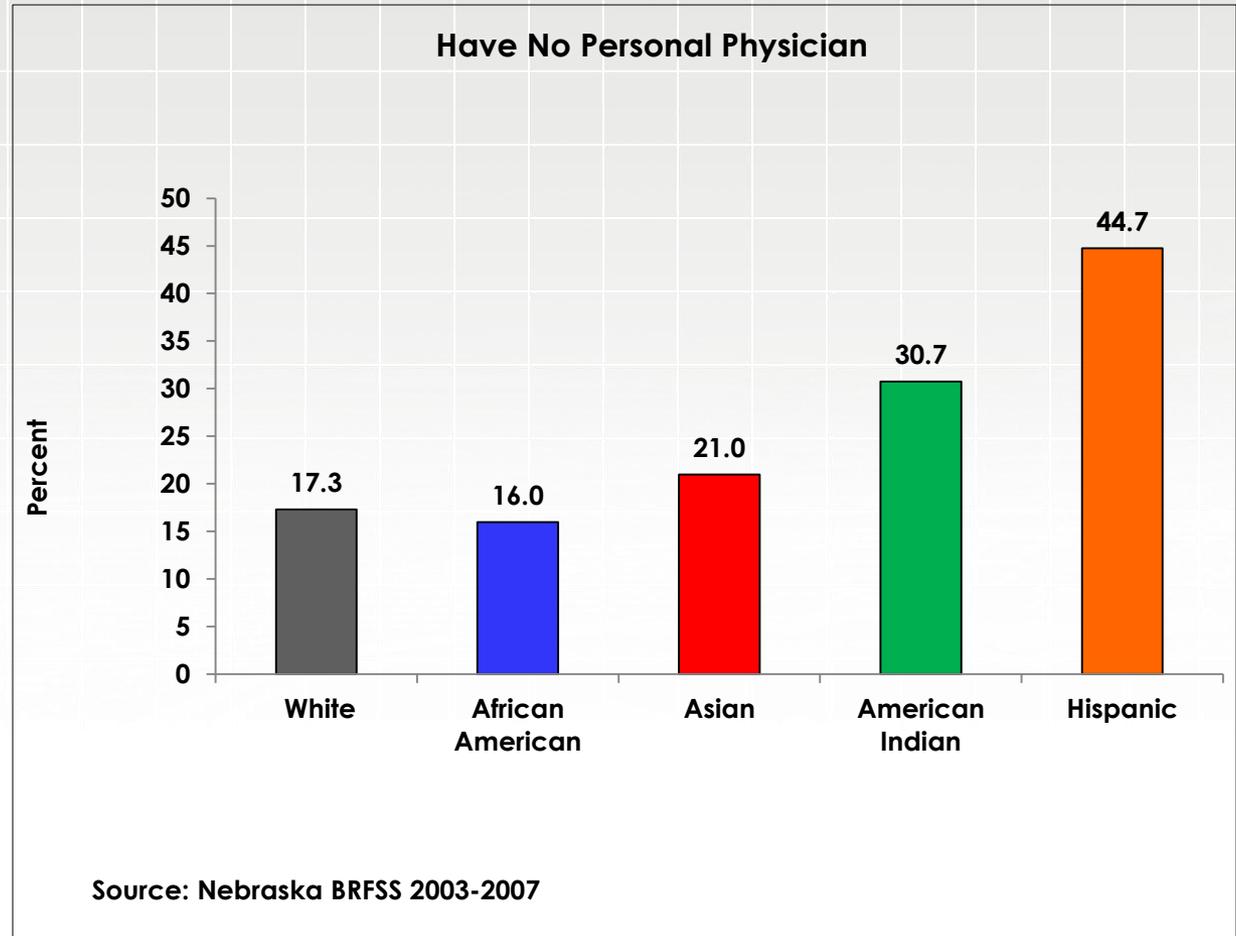
African Americans had the highest percentage (20.7%) of those who could not see a physician due to cost.

Hispanic's and American Indian's were close behind (19.8% & 17.7%, respectively) while Asian's had the lowest percentage (9.8%) who weren't able to see a doctor due to expense.



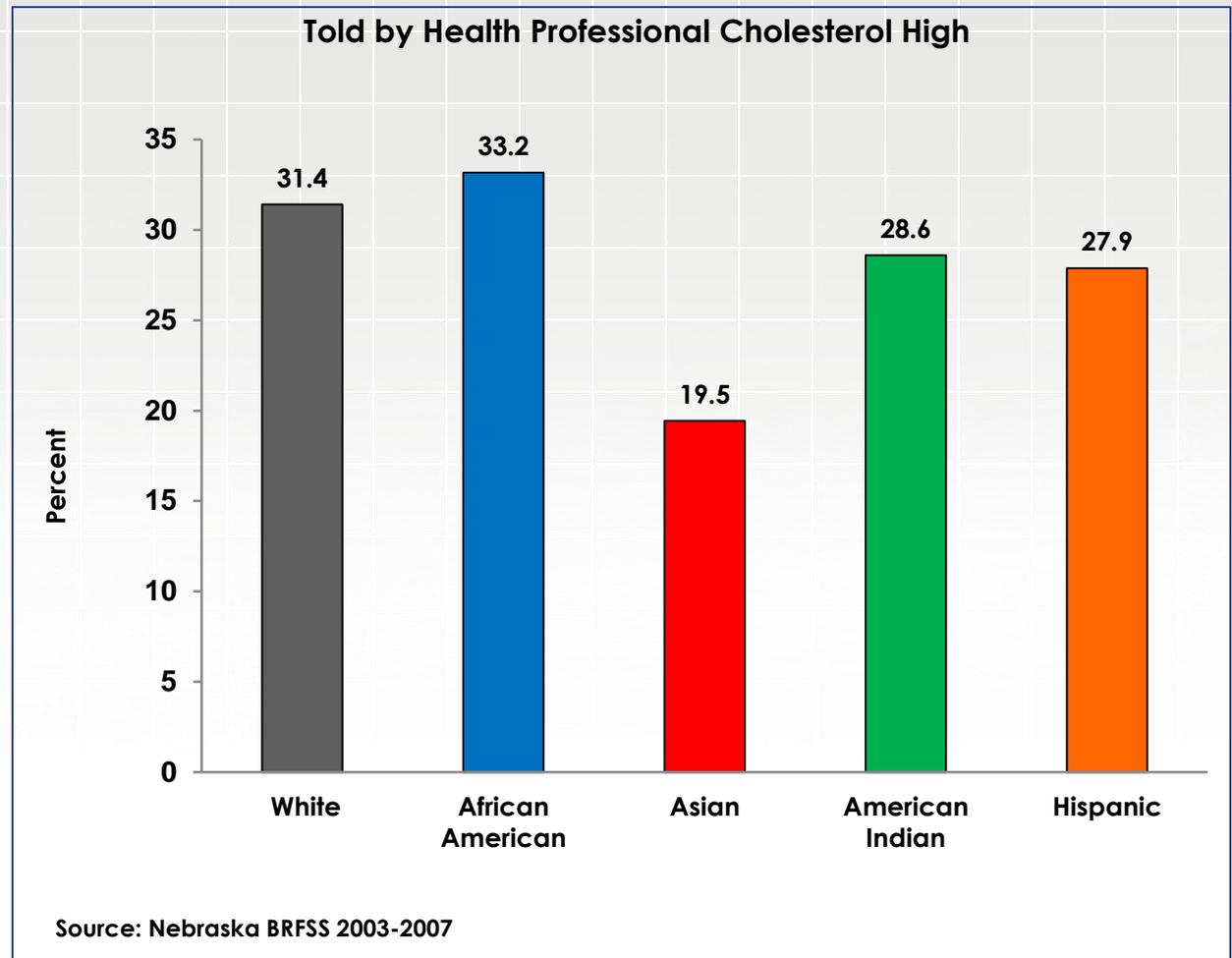
### 3.3 Have No Personal Physician

Hispanics had the highest percentage (44.7%) of those who have no personal physician, while 17.3% of non-Hispanic Whites have no personal physician.



## 3.4 High Cholesterol Diagnosis by Health Professional

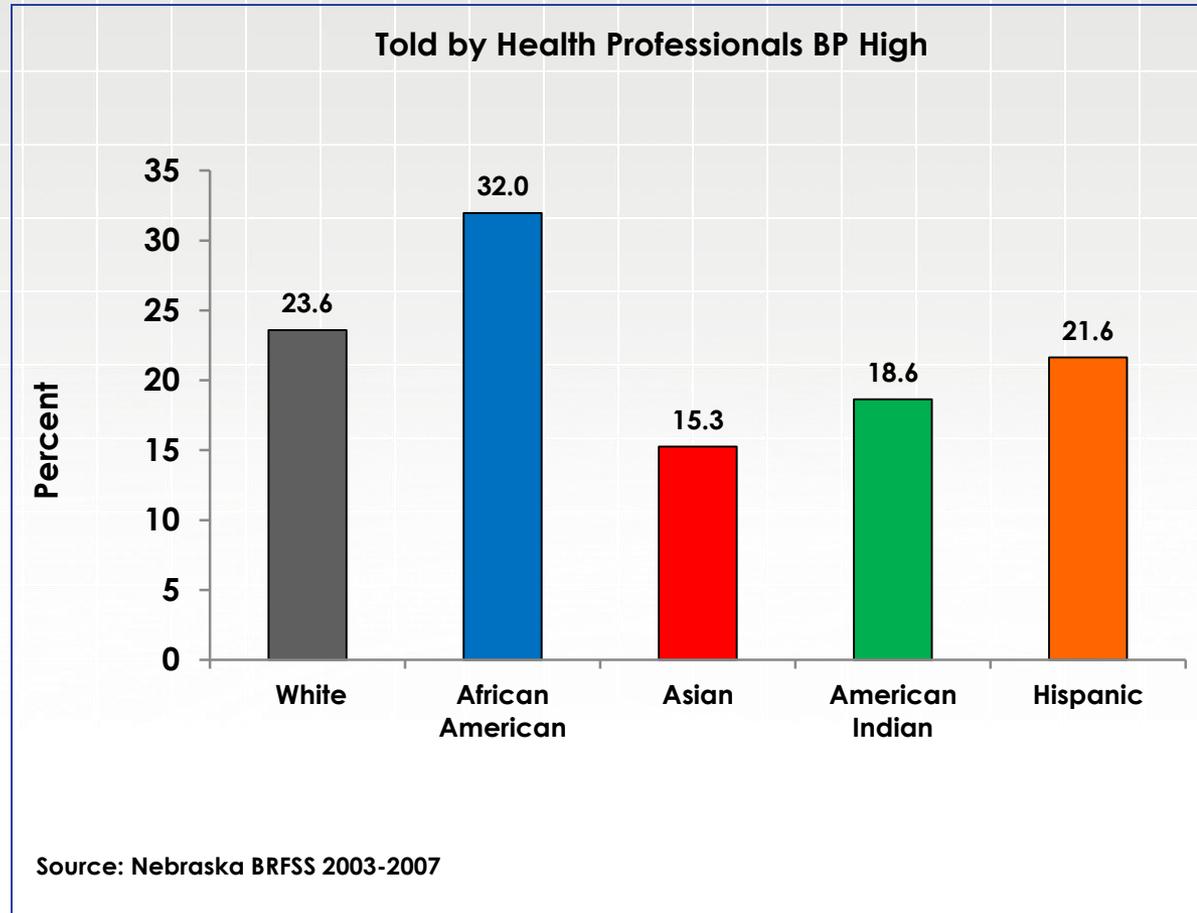
The 2003-2007 Nebraska BRFSS and minority oversample BRFSS results indicate that Asian adults have the lowest percentage of being told they have high cholesterol ( 19.5%) while 33.2% of African Americans have been told by a professional they have high cholesterol, compared to 31.4% of non-Hispanic White Nebraskans.



## 3.5 High Blood Pressure Diagnosis by Physician

African Americans have the highest percentage of being told they have high blood pressure, followed by the white population (32.0% & 23.6%, respectively).

The Asian population has the lowest percentage of high blood pressure (15.3%), half the incidence of African Americans.



## Section 4 Maternal and Child Health

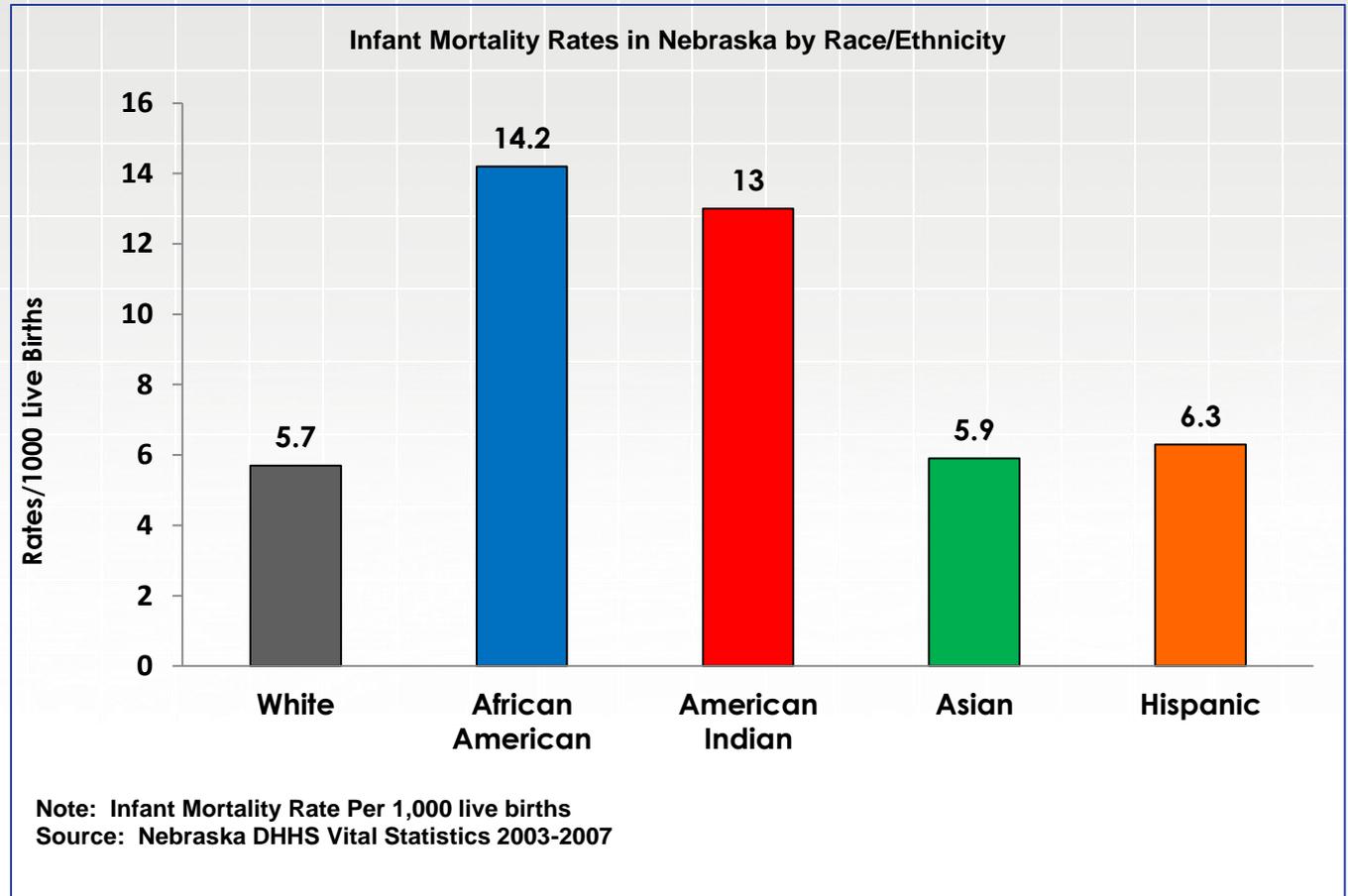
The health of mothers, infants, children, and families reflects the health status of a nation and forms the basis for the wellness of the next generation. In particular, the infant mortality rate is recognized worldwide as an indicator of health status and social well-being because infant mortality is associated with socioeconomic status, access to health care, and the overall health status of women.

## 4.1 Maternal and Child Health-Infant Mortality Rates

Often considered the benchmark of the existence of unmet health needs<sup>1</sup>, maternal child health in Nebraska is first assessed by infant mortality rates.

From 2003 to 2007, the infant mortality rate was 2.4 times as high for American Indians (13/1,000 live births) as for Whites (5.7/1,000 live births).

It was 2.5 times as high for African Americans (14.2/1,000 live births) as for Whites. The infant mortality rate for Hispanic Americans was 6.3/1,000 live births.

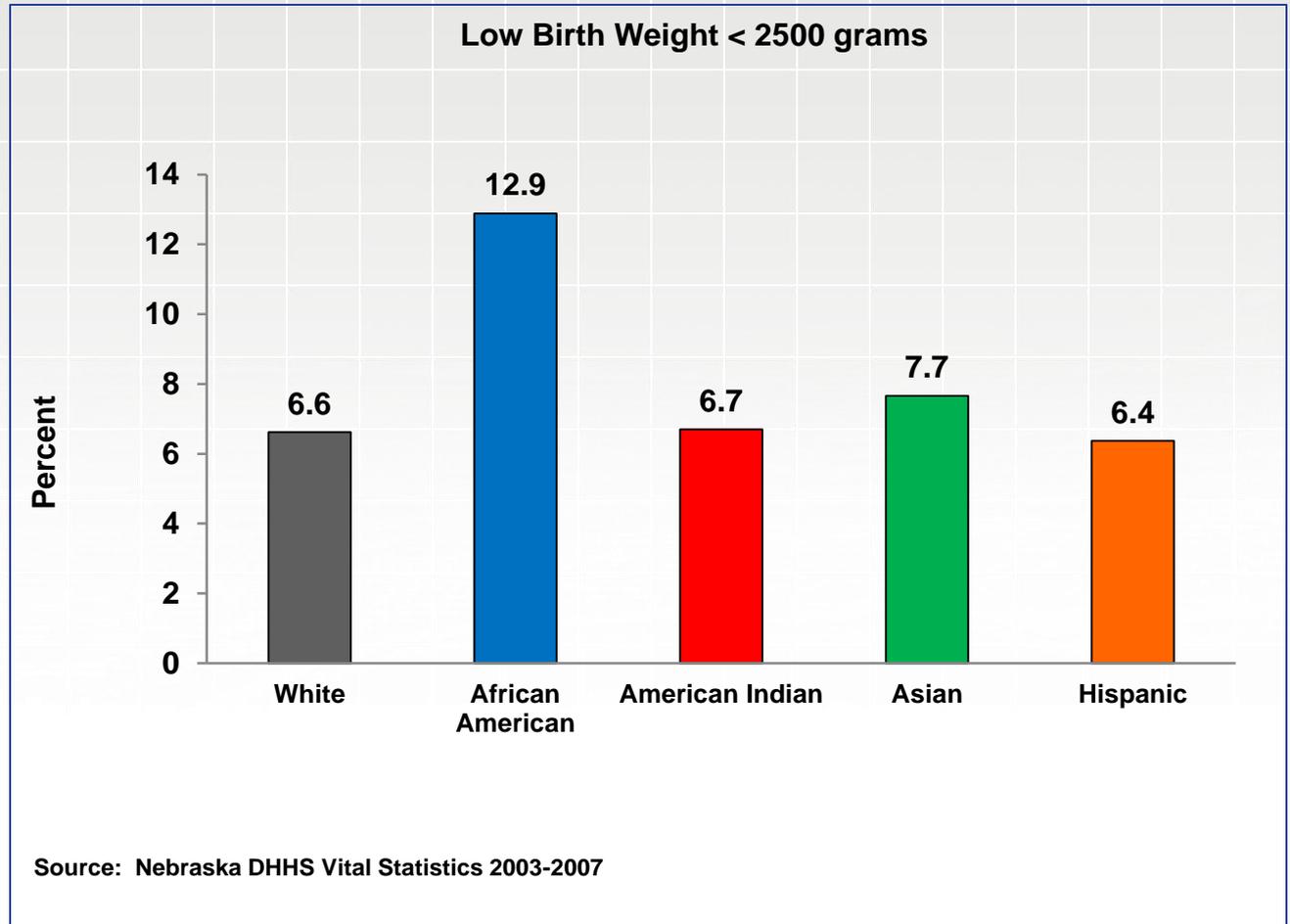


## 4.2 Low Birth Weight

A newborn is considered to be of low weight if he or she weighs less than 2,500 grams at birth.

These babies experience higher rates of illness and death than other infants.

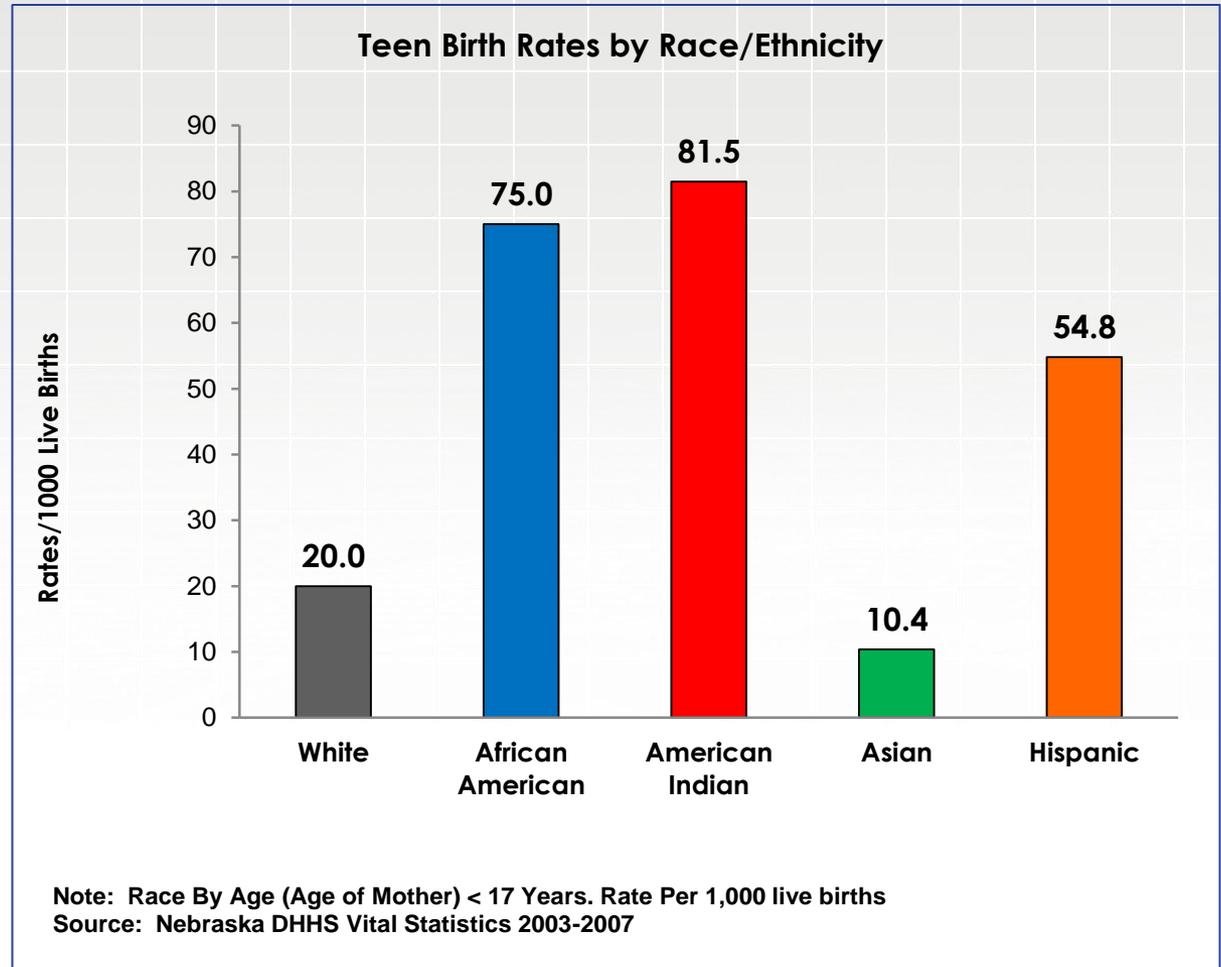
From 2003 to 2007, African Americans had the highest percentage of low birth weight babies in Nebraska (12.9%), compared to 6.6% of non-Hispanic Whites.



## 4.3 Teen Birth Rates

In Nebraska, teen birth rates for American Indians, African Americans, and Hispanic Americans were higher than the rate for non-Hispanic Whites.

From 2003 to 2007, teen birth rates for American Indian (81.5/1,000 females aged < 17) and African American (75/1,000 females aged < 17) girls were 4.1 times and 3.8 times the rate for White teens (20/1,000 females aged < 17).

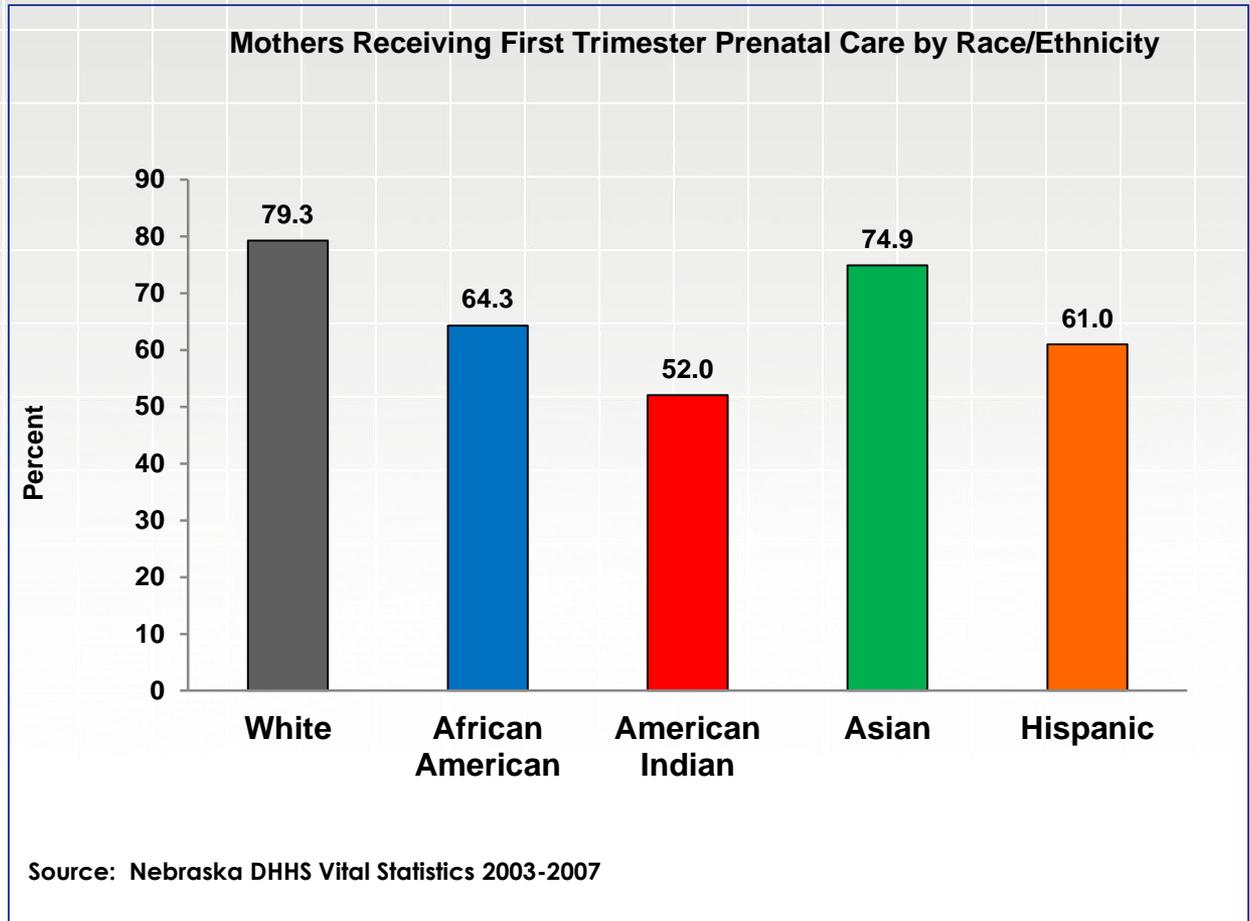


## 4.4 Prenatal Care

Mothers who initiated prenatal care after the first trimester of pregnancy and those who received no prenatal care at all are considered at risk.

From 2003 to 2007, the percentages beginning prenatal care in the first trimester for American Indian mothers and Hispanic mothers were 52.0% and 61.0%, respectively, compared to 79.3% of non-Hispanic White mothers.

The percentage beginning prenatal care in the first trimester for African American mothers was 64.3%.

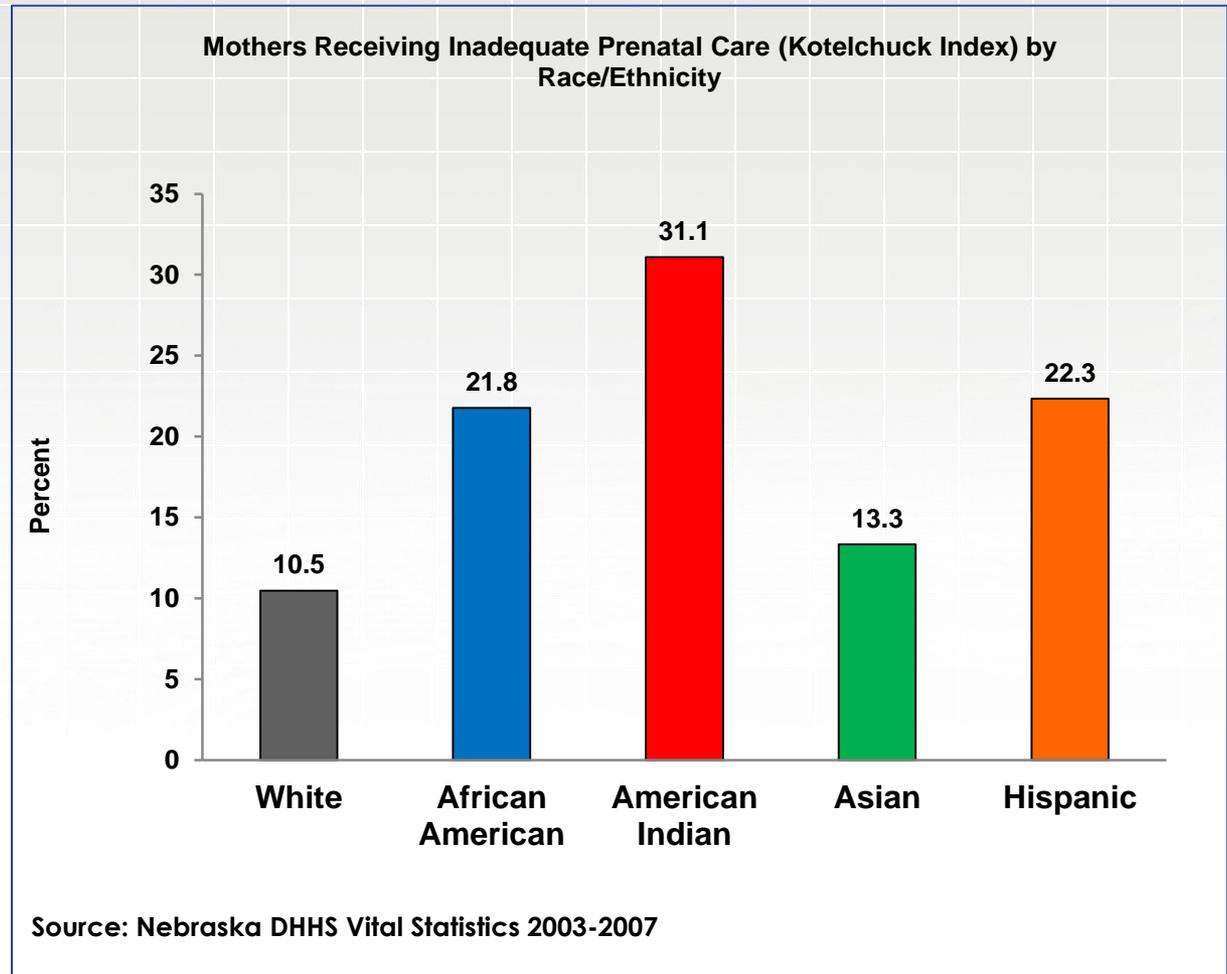


## 4.5 Kotelchuck Index

The Kotelchuck Index is a measure of adequacy or inadequacy of prenatal care by using a combination of the number of prenatal visits, gestation, and which trimester prenatal care was started.

Based on the Kotelchuck Index, from 2003 to 2007, more than one-quarter (31.1%) of American Indian mothers received inadequate prenatal care, as did 22.3% of Hispanic mothers and 21.8% of African American mothers.

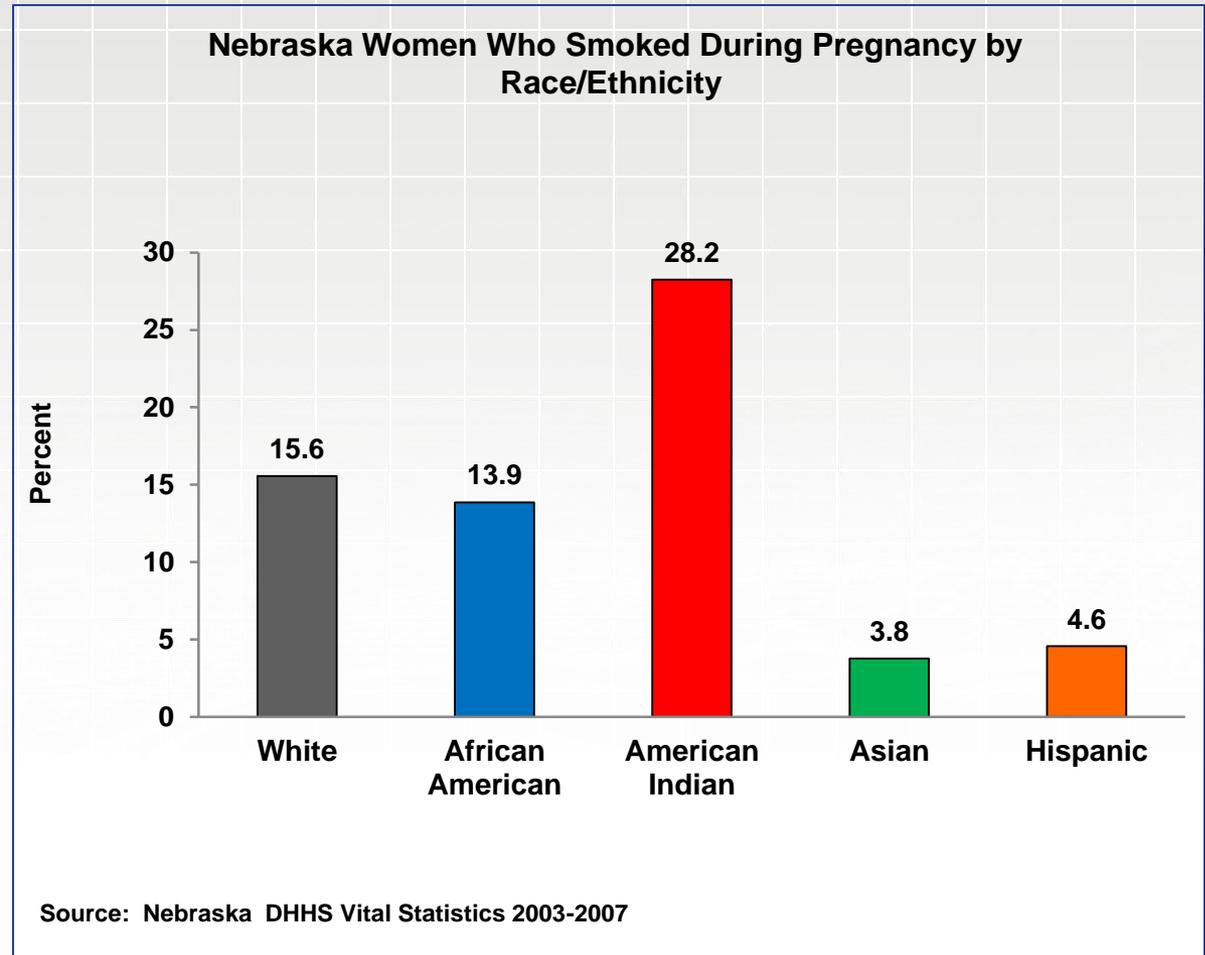
The proportion of non-Hispanic White mothers who did not receive adequate care was 10%.



## 4.6 Cigarette Smoking During Pregnancy

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

The target for Nebraska is at least 98%. From 2003 to 2007, the lowest smoking rate was recorded for Asian American women and Hispanic women. Approximately 28% of American Indian women having live births reported smoking cigarettes during their pregnancy, compared to 15.6 % of White women.



## Section 5 PRAMS and Breastfeeding

PRAMS is an ongoing population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. NE PRAMS is a joint research project between the Nebraska Department of Health and Human Services and the Centers for Disease Control and Prevention.

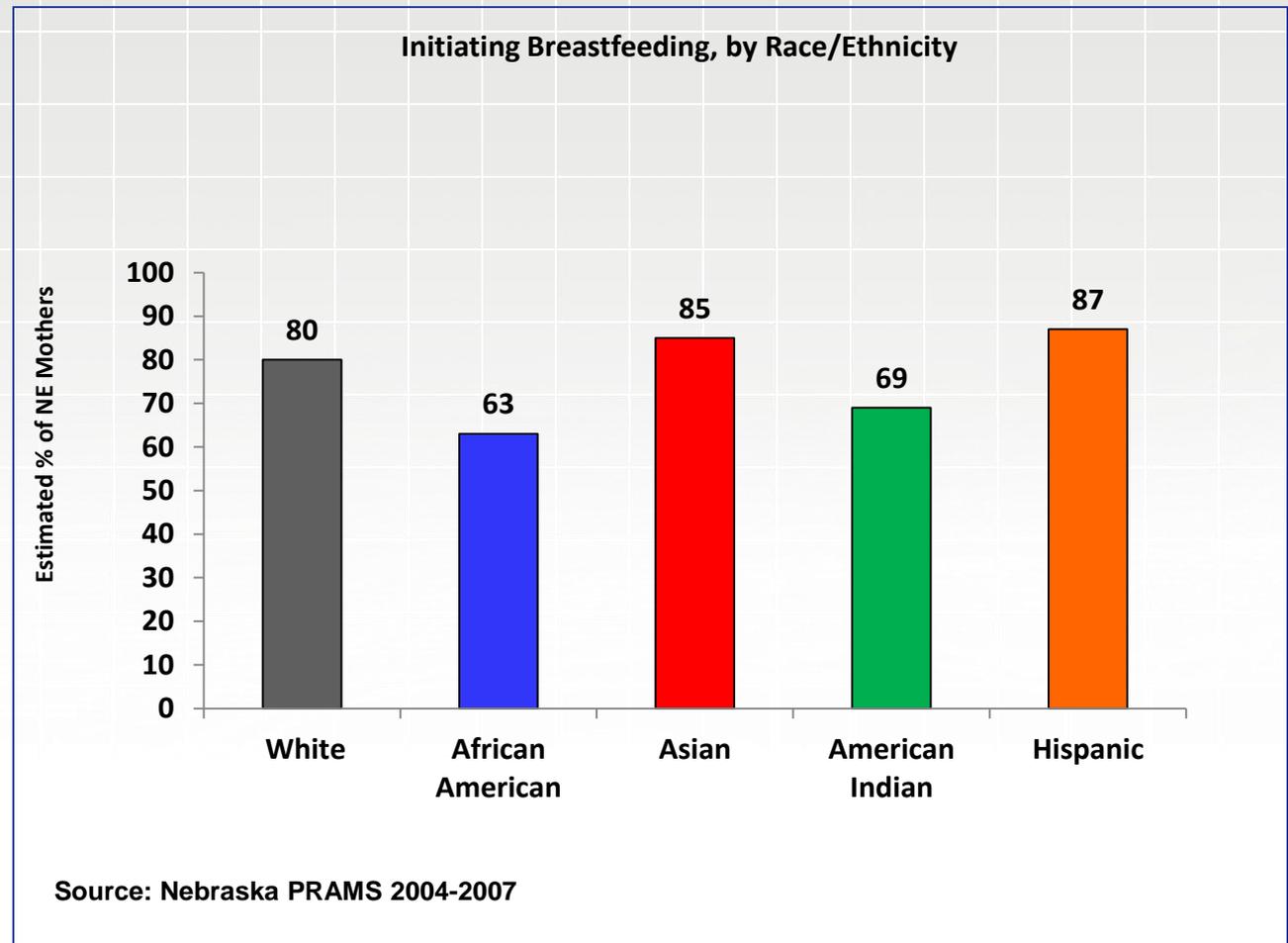
It is an initiative to reduce infant mortality and low birth weight and was developed to supplement vital records by providing state-specific data to be used for planning and evaluating prenatal health programs. The data presented reflect live births of Nebraska mothers during the years of 2004-2007. <sup>9</sup>

Breastfeeding is associated with numerous health benefits for infants and mothers. Breast milk strengthens infants' immune systems, and thus results in fewer cases of illness among newborns. Breastfeeding has also been associated with a decreased risk of pre-menopausal breast cancer in women. <sup>10</sup> However, breastfeeding rates remain low among some groups of women, such as women who are young, Black, below the federal poverty threshold, unmarried, or less than college-educated. <sup>11</sup> Many women also stop breastfeeding soon after initiation for various reasons, such as smoking, medication used, physical and mental health issues, or the need to return to work. <sup>12</sup>

## 5.1 Breastfeeding Demographics-Initiating Breastfeeding

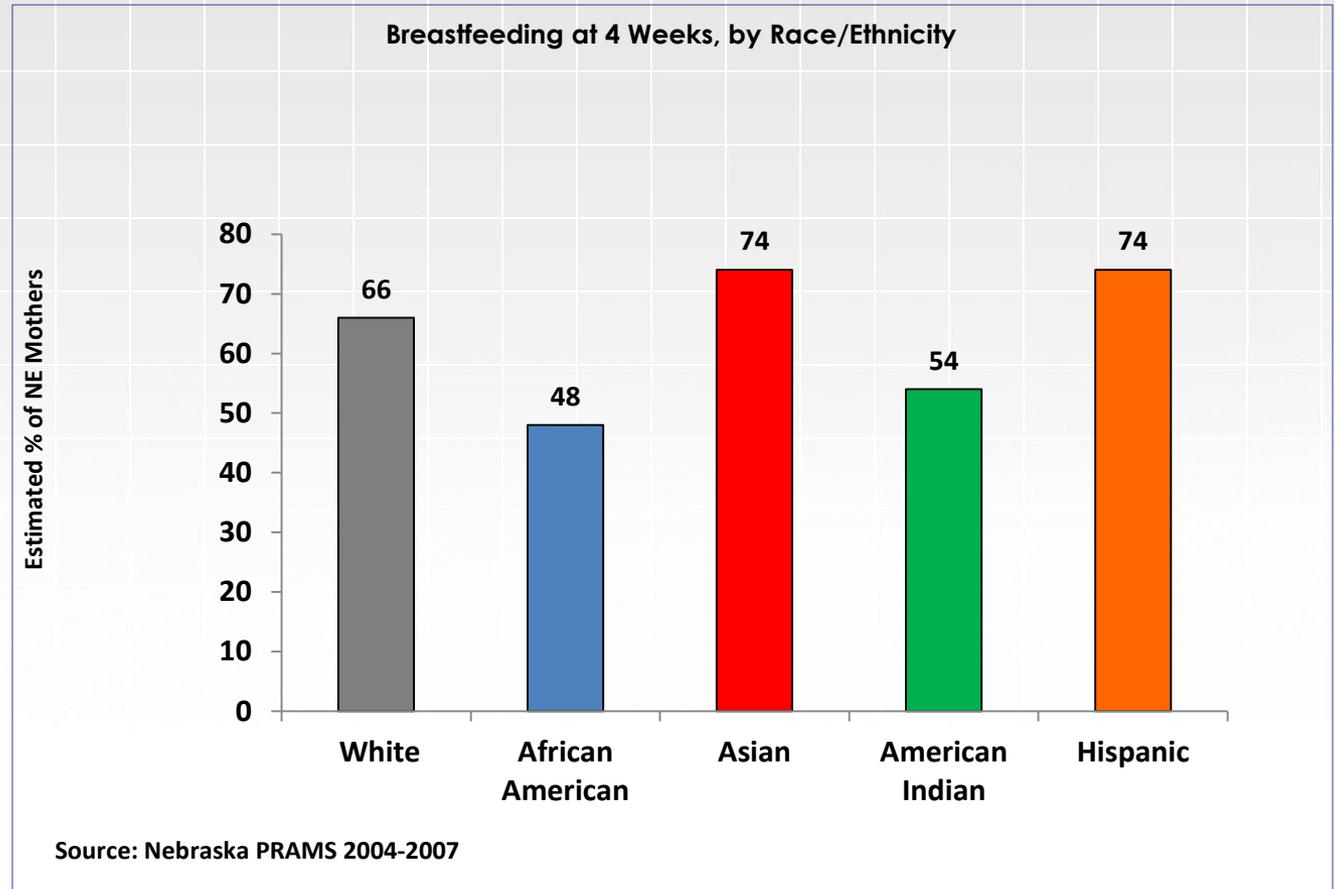
Examples of questions asked on the PRAMS survey for breastfeeding initiation: Did you ever breastfeed or pump breast milk to feed your baby after delivery?

The prevalence of breastfeeding initiation among White mothers during this period was 80%, while American Indian mothers' breastfeeding initiation was 69% and African American mothers' breastfeeding initiation was 63%.



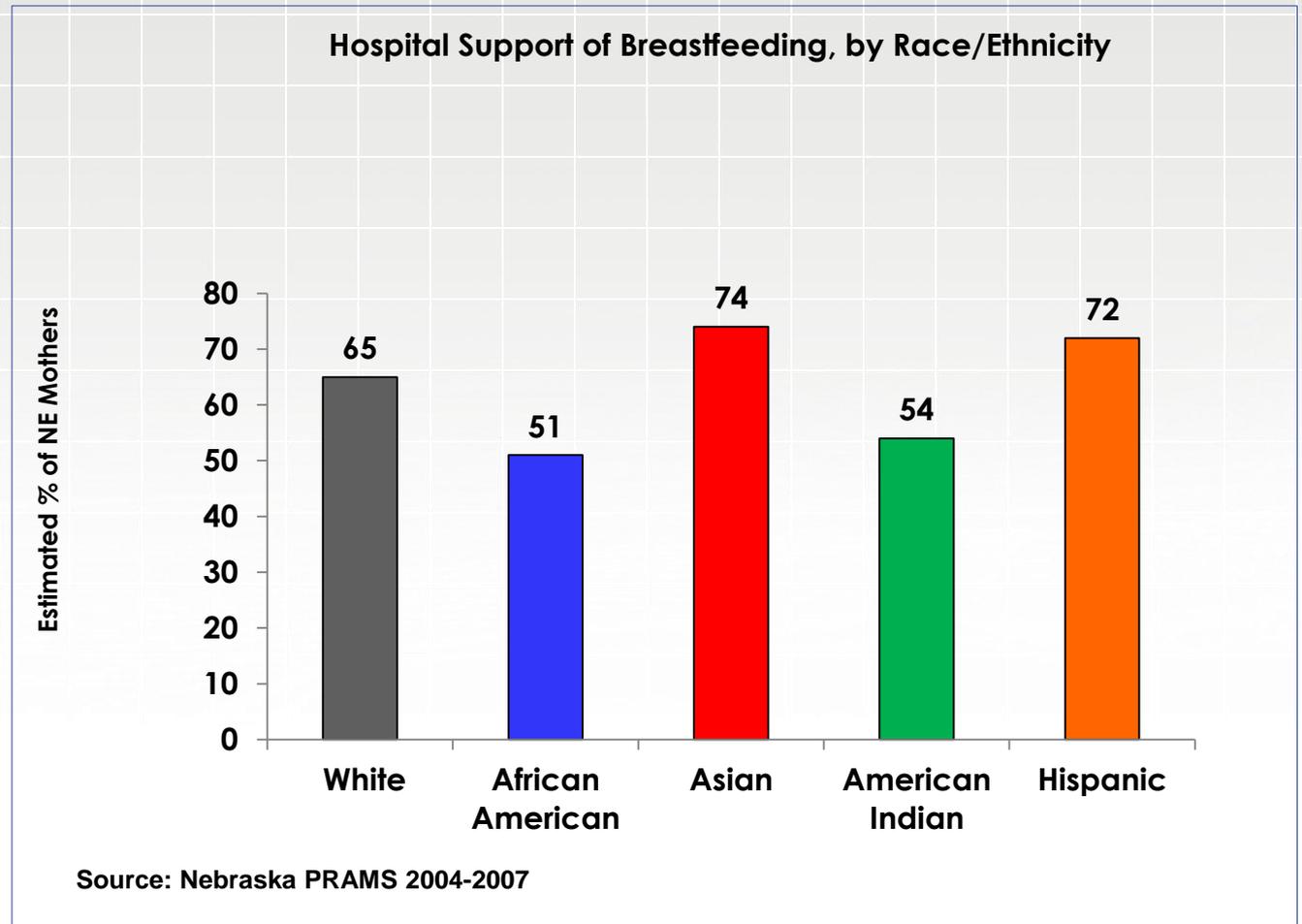
## 5.2 Breastfeeding at 4 Weeks-Continued

Continuing breastfeeding at 4 weeks is estimated among those who initiated it. 66% of White mothers continued breastfeeding at 4 weeks, while 48% of African American mothers continued breastfeeding at 4 weeks and 54% of American Indian mothers continued breast-feeding at 4 weeks.



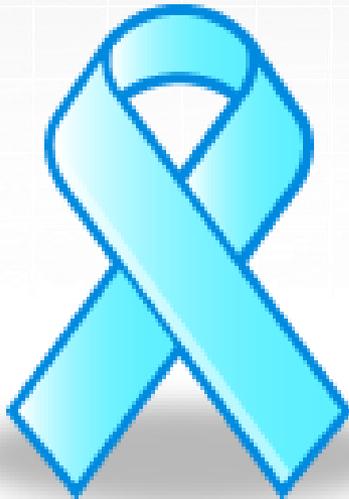
## 5.3 Hospital Support of Breastfeeding

There was a 14% difference in White mothers who received breastfeeding support at the hospital compared to African American mothers (51%).



## Section 6 Mortality

In Nebraska, heart disease and cancer were the two leading causes of death from 2000 to 2007 among the five major ethnic and racial populations in the Nebraska. Nevertheless, there are differences among racial and ethnic populations. Heart disease was the leading cause of death among non-Hispanic Whites and American Indians, while cancer was the leading cause of death among African Americans, Asian Americans, and Hispanic Americans, followed by heart disease.



Among non-Hispanic Whites and Asians, nearly half of all deaths were caused by heart disease and cancer during the five-year period from 2000 to 2007. Unintentional injury is the third leading cause of death among American Indians, Asians, and Hispanics. Cerebrovascular disease ranked among the top five leading causes of death for non-Hispanic Whites, African Americans, and Asians.

## 6.1 Leading Causes of Death by Racial/Ethnic Origin

(Based on Number of Deaths Among Nebraskans in 2000-2007) All Ages-Both Genders

White (115,925 deaths)	%	African American (3,960 deaths)	%	American Indian* (857 deaths)	%	Asian** (379 deaths)	%	Hispanic (1,829 deaths)	%
Heart Disease	25.8	Cancer	21.2	Heart Disease	17.4	Cancer	30.9	Cancer	18.2
Cancer	22.4	Heart Disease	20.5	Cancer	14.6	Heart Disease	16.1	Heart Disease	15.3
Cerebrovascular	6.8	Cerebrovascular	6.7	Unintentional Injury	10.4	Cerebrovascular	9.0	Unintentional Injury	12.7
Chronic Lower Respiratory Disease	6.0	Diabetes Mellitus	5.5	Liver disease	6.3	Unintentional Injury	9.0	Diabetes Mellitus	5.2
Unintentional Injury	4.5	Chronic Lower Respiratory Disease	3.7	Diabetes Mellitus	6.3	Chronic Lower Respiratory Disease	3.7	Perinatal Period	4.7
Alzheimer's	3.1	Homicide	3.7	Chronic Lower Respiratory Disease	4.2	Diabetes Mellitus	3.4	Cerebrovascular	3.8
Diabetes Mellitus	2.7	Unintentional Injury	3.5	Cerebrovascular	3.7	Perinatal Period	2.6	Homicide	3.2
Influenza & Pneumonia	2.5	Nephritis	3.1	Nephritis	3.2	Suicide	2.4	Congenital Anomalies	3.0
Nephritis	1.7	Perinatal Period	2.6	Suicide	2.5	Alzheimer's	1.6	Liver disease	2.4
Suicide	1.2	Hypertension	1.8	Homicide	2.3	Congenital Anomalies	1.6	Nephritis	2.2

Notes: \*includes Alaska Native , \*\* includes Pacific Islander ,

Source: National Center for Health Statistics, National Vital Statistics System, 2000-2007 .

The top two leading causes of death among all races are cancer and heart disease. Asians, African Americans, and Hispanics have the highest percentages of cancer as the leading cause of death (30.9%, 21.2%,18.2%) while Whites and American Indians have the highest percentages of heart disease as the leading cause of death (25.8%,17.4%). The causes of death are the same for both sexes except for African Americans: whose leading cause, in men, is cancer and the leading cause in women is heart disease.

## 6.2 Leading Causes of Death By Racial/Ethnic Origins

(Based on Number of Deaths in 2000-2007 Among Nebraskans) All Ages-Males Only

White (55,414 deaths)	%	African American (2,056 deaths)	%	American Indian* (456 deaths)	%	Asian** (203 deaths)	%	Hispanic (1,090 deaths)	%
Heart Disease	25.8	Cancer	20.9	Heart Disease	18.4	Cancer	28.6	Cancer	17.4
Cancer	24.3	Heart Disease	19.5	Cancer	13.4	Heart Disease	16.7	Heart Disease	15.4
Chronic Lower Respiratory Disease	6.5	Cerebrovascular	5.9	Unintentional Injury	12.5	Unintentional Injury	10.8	Unintentional Injury	15.0
Unintentional Injury	5.6	Homicide	5.7	Liver disease	6.8	Cerebrovascular	6.4	Diabetes Mellitus	4.9
Cerebrovascular	5.5	Unintentional Injury	4.1	Diabetes Mellitus	5.9	Chronic Lower Respiratory Disease	4.4	Perinatal Period	4.5
Diabetes Mellitus	2.6	Diabetes Mellitus	4.0	Suicide	3.7	Diabetes Mellitus	3.4	Cerebrovascular	4.3
Influenza & Pneumonia	2.3	Chronic Lower Respiratory Disease	3.7	Cerebrovascular	3.3	Suicide	3.4	Homicide	4.1
Suicide	2.1	Nephritis	3.0	Homicide	3.1	Perinatal Period	3.0	Suicide	3.1
Alzheimer's	1.9	Perinatal Period	2.8	Chronic Lower Respiratory Disease	2.9	Congenital Anomalies	2.5	Liver disease	3.0
Nephritis	1.8	HIV	1.8	Perinatal Period	2.9	Parkinson's Disease	2.0	Congenital Anomalies	2.5

The top two leading causes of death for males among all races in Nebraska are heart disease and cancer. White and American Indian males have the highest percentages of deaths (25.8% and 18.4%) due to heart disease. Asians, African Americans, and Hispanics have the highest percentages of deaths overall (28.6%, 20.9%, 17.4%) due to cancer. Heart disease and cancer constitute over a third of the total causes of death among Nebraskans, with the exception of Hispanics who are just under a third.

Notes: \*includes Alaska Native,  
\*\* includes Pacific Islander

Source: National Center for Health Statistics, National Vital Statistics System, 2000-2007

## 6.3 Leading Causes of Death By Racial/Ethnic Origins

(Based on Number of Deaths in 2000-2007 Among Nebraskans) All Ages-Females Only

White (60,541 deaths)	%	African American (1,904 deaths)	%	American Indian* (401 deaths)	%	Asian** (176 deaths)	%	Hispanic (739 deaths)	%
Heart Disease	25.7	Heart Disease	21.6	Heart Disease	16.2	Cancer	33.5	Cancer	19.4
Cancer	20.7	Cancer	21.6	Cancer	16.0	Heart Disease	15.3	Heart Disease	15.0
Cerebrovascular	8.0	Cerebrovascular	7.6	Unintentional Injury	8.0	Cerebrovascular	11.9	Unintentional Injury	9.3
Chronic Lower Respiratory Disease	5.5	Diabetes Mellitus	7.2	Diabetes Mellitus	6.7	Unintentional Injury	6.8	Diabetes Mellitus	5.8
Alzheimer's	4.2	Chronic Lower Respiratory Disease	3.7	Chronic Lower Respiratory Disease	5.7	Diabetes Mellitus	3.4	Perinatal Period	5.0
Unintentional Injury	3.6	Nephritis	3.3	Liver disease	5.7	Chronic Lower Respiratory Disease	2.8	Congenital Anomalies	3.7
Diabetes Mellitus	2.7	Unintentional Injury	2.9	Nephritis	4.7	Alzheimer's	2.3	Nephritis	3.4
Influenza & Pneumonia	2.7	Perinatal Period	2.3	Cerebrovascular	4.2	Hypertension	2.3	Cerebrovascular	3.1
Nephritis	1.7	Hypertension	2.0	Septicemia	2.2	Perinatal Period	2.3	Chronic Lower Respiratory Disease	2.4
Hypertension	1.3	Septicemia	2.0	Homicide	1.5	Nephritis	1.1	Homicide	1.9

The leading causes of death among Nebraska females are heart disease and cancer. Asian and Hispanic females have the highest percentages of death rate overall due to cancer (33.5% and 19.4%). White, African American, and American Indian Females have the highest percentages of cause of death due to heart disease (25.7%, 21.6%, and 16.2%). Heart disease and cancer constitute over a third of the total causes of death among Nebraskans with the exception of Hispanics who are just under a third.

Notes: \* Includes Alaska Native  
\*\* includes Pacific Islander

Source: National Center for Health Statistics, National Vital Statistics System, 2000-2007

## 6.4 Leading Causes of Death By Race and Age Group

(Based on Number of Deaths in 2000-2007) Whites, Both Genders

Rank	AGE GROUPS										
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 285	Unintentional Injury 73	Unintentional Injury 69	Unintentional Injury 76	Unintentional Injury 759	Unintentional Injury 421	Cancer 530	Cancer 1,798	Cancer 3,830	Heart Disease 26,052	Heart Disease 29,864
2	SIDS 132	Congenital Anomalies 25	Cancer 24	Cancer 25	Suicide 233	Suicide 205	Unintentional Injury 519	Heart Disease 1,193	Heart Disease 2,017	Cancer 19,568	Cancer 25,995
3	Short Gestation 87	Cancer 16	Congenital Anomalies 11	Suicide 24	Cancer 67	Cancer 134	Heart Disease 445	Unintentional Injury 599	Chronic Low Respiratory Disease 483	Cerebrovascular 7,260	Cerebrovascular 7,892
4	Maternal Pregnancy Comp. 84	Homicide 14	Homicide 3	Heart Disease 7	Homicide 48	Heart Disease 95	Suicide 301	Suicide 289	Unintentional Injury 350	Chronic Low Respiratory Disease 6,258	Chronic Low Respiratory Disease 6,912
5	Placenta Cord Membranes 72	Heart Disease 5	Nine Tied 1	Congenital Anomalies 6	Heart Disease 38	Homicide 50	Liver Disease 91	Liver Disease 213	Diabetes Mellitus 343	Alzheimer's Disease 3,552	Unintentional Injury 5,272
6	Atelectasis 28	Acute Bronchitis 3	Nine Tied 1	Homicide 4	Congenital Anomalies 13	Cerebrovascular 21	Cerebrovascular 80	Cerebrovascular 198	Cerebrovascular 319	Influenza & Pneumonia 2,679	Alzheimer's Disease 3,586
7	Respiratory Distress 28	Anemia's 3	Nine Tied 1	Benign Neoplasms 2	Chronic Low Respiratory Disease 9	Diabetes Mellitus 21	HIV 70	Diabetes Mellitus 166	Suicide 159	Diabetes Mellitus 2,478	Diabetes Mellitus 3,078
8	Unintentional Injury 25	Septicemia 3	Nine Tied 1	Seven Tied 1	Influenza & Pneumonia 9	HIV 19	Diabetes Mellitus 62	Chronic Low Respiratory Disease 122	Liver Disease 158	Unintentional Injury 2,381	Influenza & Pneumonia 2,901
9	Bacterial Sepsis 24	Four Tied 2	Nine Tied 1	Seven Tied 1	Cerebrovascular 7	Congenital Anomalies 14	Homicide 57	Influenza & Pneumonia 64	Nephritis 140	Nephritis 1,798	Nephritis 2,013
10	Neonatal Hemorrhage 20	Four Tied 2	Nine Tied 1	Seven Tied 1	Diabetes Mellitus 6	Liver Disease 14	Influenza & Pneumonia 30	Viral Hepatitis 50	Influenza & Pneumonia 89	Hypertension 1,152	Suicide 1,438

Source: National Center for Health Statistics, National Vital Statistics System, 2000-2007

## 6.5 Leading Causes of Death by Race and Age Group (Based on Number of Deaths in 2000-2007) Black/African American, Both Genders

Rank	AGE GROUPS										
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	SIDS 34	Homicide 6	Unintentional Injury 7	Homicide 4	Homicide 60	Homicide 38	Heart Disease 60	Cancer 128	Cancer 163	Cancer 494	Cancer 840
2	Short Gestation 28	Unintentional Injury 4	Homicide 3	Heart Disease 3	Unintentional Injury 34	Unintentional Injury 20	Cancer 37	Heart Disease 120	Heart Disease 120	Heart Disease 484	Heart Disease 812
3	Congenital Anomalies 23	Cancer 3	Chronic Low Respiratory Disease 1	Chronic Low Respiratory Disease 2	Suicide 8	Heart Disease 15	Unintentional Injury 20	Cerebrovascular 37	Cerebrovascular 47	Cerebrovascular 162	Cerebrovascular 267
4	Maternal Pregnancy Comp. 21	Congenital Anomalies 2	Heart Disease 1	Congenital Anomalies 2	Chronic Low Respiratory Disease 6	HIV 8	Homicide 19	Diabetes Mellitus 19	Diabetes Mellitus 34	Diabetes Mellitus 155	Diabetes Mellitus 219
5	Respiratory Distress 7	Cerebrovascular 1	Influenza & pneumonia 1	Unintentional Injury 2	Heart Disease 6	Cancer 8	HIV 16	Unintentional Injury 15	Nephritis 28	Chronic Low Respiratory Disease 96	Chronic Low Respiratory Disease 147
6	Placenta Cord Membranes 6	Heart Disease 1	Cancer 1	Anemia's 1	Cancer 6	Suicide 8	Cerebrovascular 12	Chronic Low Respiratory Disease 14	Chronic Low Respiratory Disease 19	Nephritis 75	Homicide 146
7	Influenza & pneumonia 5	Meningitis 1			Five Tied 1	Cerebrovascular 5	Chronic Low Respiratory Disease 6	HIV 14	Hypertension 13	Alzheimer's Disease 52	Unintentional Injury 140
8	Necrotizing Enterocolitis 5	Perinatal Period 1			Five Tied 1	Diabetes Mellitus 5	Diabetes Mellitus 6	Nephritis 14	Septicemia 12	Hypertension 50	Nephritis 124
9	Three Tied 4				Five Tied 1	Anemia's 3	Nephritis 5	Liver Disease 13	Liver Disease 10	Influenza & pneumonia 37	Perinatal Period 101
10	Three Tied 4				Five Tied 1	Chronic Low Respiratory Disease 3	Suicide 5	Septicemia 12	Unintentional Injury 9	Septicemia 37	Hypertension 70

## 6.6 Leading Causes of Death by Race and Age Group (Based on Number of Deaths in 2000-2007) American Indian/ Alaska Native, Both Genders

Rank	AGE GROUPS										
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	SIDS 7	Homicide 3	Congenital Anomalies 1	Unintentional Injury 4	Unintentional Injury 21	Unintentional Injury 11	Unintentional Injury 14	Unintentional Injury 21	Cancer 36	Heart Disease 83	Heart Disease 149
2	Congenital Anomalies 5	Cerebrovascular 1	Unintentional Injury 1	Suicide 1	Suicide 7	Suicide 6	Heart Disease 10	Cancer 20	Heart Disease 30	Cancer 63	Cancer 125
3	Short Gestation 5	Heart Disease 1			Homicide 6	Liver Disease 3	Liver Disease 10	Heart Disease 19	Liver Disease 19	Diabetes Mellitus 31	Unintentional Injury 89
4	Homicide 4	Influenza & Pneumonia 1			Heart Disease 2	Diabetes Mellitus 2	Cancer 5	Liver Disease 15	Diabetes Mellitus 12	Chronic Low Respiratory Disease 25	Diabetes Mellitus 54
5	Maternal Pregnancy Comp. 4	Perinatal Period 1			Cancer 1	Heart Disease 2	Suicide 4	Diabetes Mellitus 8	Nephritis 7	Cerebrovascular 20	Liver Disease 54
6	Bacterial Sepsis 3	Unintentional Injury 1				Homicide 2	Cerebrovascular 3	Cerebrovascular 5	Chronic Low Respiratory Disease 6	Nephritis 14	Chronic Low Respiratory Disease 36
7	Placenta Cord Membranes 3					Complicated Pregnancy 1	Homicide 3	Chronic Low Respiratory Disease 5	Unintentional Injury 6	Septicemia 10	Cerebrovascular 32
8	Circulatory System Disease 2					Gallbladder Disorders 1	Septicemia 3	Nephritis 4	Cerebrovascular 3	Influenza & pneumonia 8	Nephritis 27
9	Influenza & Pneumonia 2					HIV 1	HIV 2	Septicemia 3	Four Tied 2	Unintentional Injury 8	Suicide 21
10	Unintentional Injury 2					Pneumonitis 1	Nephritis 2	Two Tied 2	Four Tied 2	Liver disease 7	Homicide 20

Source: National Center for Health Statistics, National Vital Statistics System, 2000-2007

## 6.7 Leading Causes of Death By Race and Age Group

(Based on Number of Deaths in 2000-2007) Asian/Pacific Islanders, Both Genders

Rank	AGE GROUPS										
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 4	Heart Disease 1	Unintentional Injury 1		Unintentional Injury 5	Unintentional Injury 5	Cancer 10	Cancer 18	Cancer 24	Cancer 60	Cancer 117
2	Maternal Pregnancy Comp 3				Suicide 4	Heart Disease 3	Unintentional Injury 4	Unintentional Injury 8	Heart Disease 8	Heart Disease 47	Heart Disease 61
3	SIDS 3				Cancer 1	Cancer 3	Cerebrovascular 1	Cerebrovascular 3	Cerebrovascular 4	Cerebrovascular 26	Cerebrovascular 34
4	Intrauterine Hypoxia 2					Homicide 2	Homicide 1	Chronic Low Respiratory Disease 2	Unintentional Injury 3	Chronic Low Respiratory Disease 12	Unintentional Injury 34
5	Congenital Pneumonia 1					Suicide 2	Nephritis 1	Heart Disease 2	Diabetes Mellitus 2	Diabetes Mellitus 11	Chronic Low Respiratory Disease 14
6	Labor/Delivery Complications 1					Congenital Anomalies 1	Suicide 1	Eight Tied 1	Parkinson's Disease 2	Unintentional Injury 8	Diabetes Mellitus 13
7	Cancer 1							Eight Tied 1	Viral Hepatitis 2	Alzheimer's Disease 6	Perinatal Period 10
8	Placenta Cord Membranes 1							Eight Tied 1	Nephritis 1	Hypertension 5	Suicide 9
9	Short Gestation 1							Eight Tied 1		Influenza & pneumonia 3	Three Tied 6
10								Eight Tied 1		Parkinson's Disease 3	Three Tied 6

## 6.8 Leading Causes of Death By Ethnicity and Age Group

(Based on Number of Deaths in 2000-2007) Latino/Hispanic, Both Genders

Rank	AGE GROUPS										
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 43	Unintentional Injury 16	Unintentional Injury 6	Unintentional Injury 7	Unintentional Injury 66	Unintentional Injury 51	Unintentional Injury 33	Cancer 50	Cancer 53	Cancer 180	Cancer 333
2	SIDS 21	Congenital Anomalies 3	Congenital Anomalies 3	Cancer 3	Homicide 19	Homicide 20	Cancer 30	Heart Disease 34	Heart Disease 35	Heart Disease 177	Heart Disease 279
3	Short Gestation 21	Homicide 2	Cancer 2	Benign Neoplasms 1	Suicide 11	Suicide 11	Heart Disease 21	Unintentional Injury 20	Diabetes Mellitus 13	Diabetes Mellitus 70	Unintentional Injury 232
4	Maternal Pregnancy Comp. 17	Anemia 1	Cerebrovascular 1	Congenital Anomalies 1	Cancer 4	Cancer 9	HIV 10	Cerebrovascular 16	Cerebrovascular 9	Cerebrovascular 37	Diabetes Mellitus 96
5	Placenta Cord Membranes 10	Cerebrovascular 1		Suicide 1	Heart Disease 2	Heart Disease 2	Suicide 9	Liver Disease 12	Liver Disease 7	Nephritis 33	Perinatal Period 86
6	Gastritis 5	Heart Disease 1			Cerebrovascular 1	HIV 6	Liver Disease 8	Diabetes Mellitus 10	Nephritis 5	Chronic Low Respiratory Disease 32	Cerebrovascular 70
7	Homicide 5	Cancer 1			Chronic Low Respiratory Disease 1	Complicated Pregnancy 2	Homicide 7	Suicide 5	Unintentional Injury 5	Unintentional Injury 23	Homicide 59
8	Unintentional Injury 5	Meningitis 1			Congenital Anomalies 1	Diabetes Mellitus 2	Cerebrovascular 4	Viral Hepatitis 5	Four Tied 3	Liver Disease 15	Congenital Anomalies 54
9	Hydrops Fetalis 4				HIV 1	Seven Tied 1	Influenza & pneumonia 2	Four Tied 3	Four Tied 3	Alzheimer's Disease 14	Liver Disease 43
10	Five Tied 3				Perinatal Period 1	Seven Tied 1	Viral Hepatitis 2	Four Tied 3	Four Tied 3	Influenza & pneumonia 14	Nephritis 41

Source: National Center for Health Statistics, National Vital Statistics System, 2000-2007

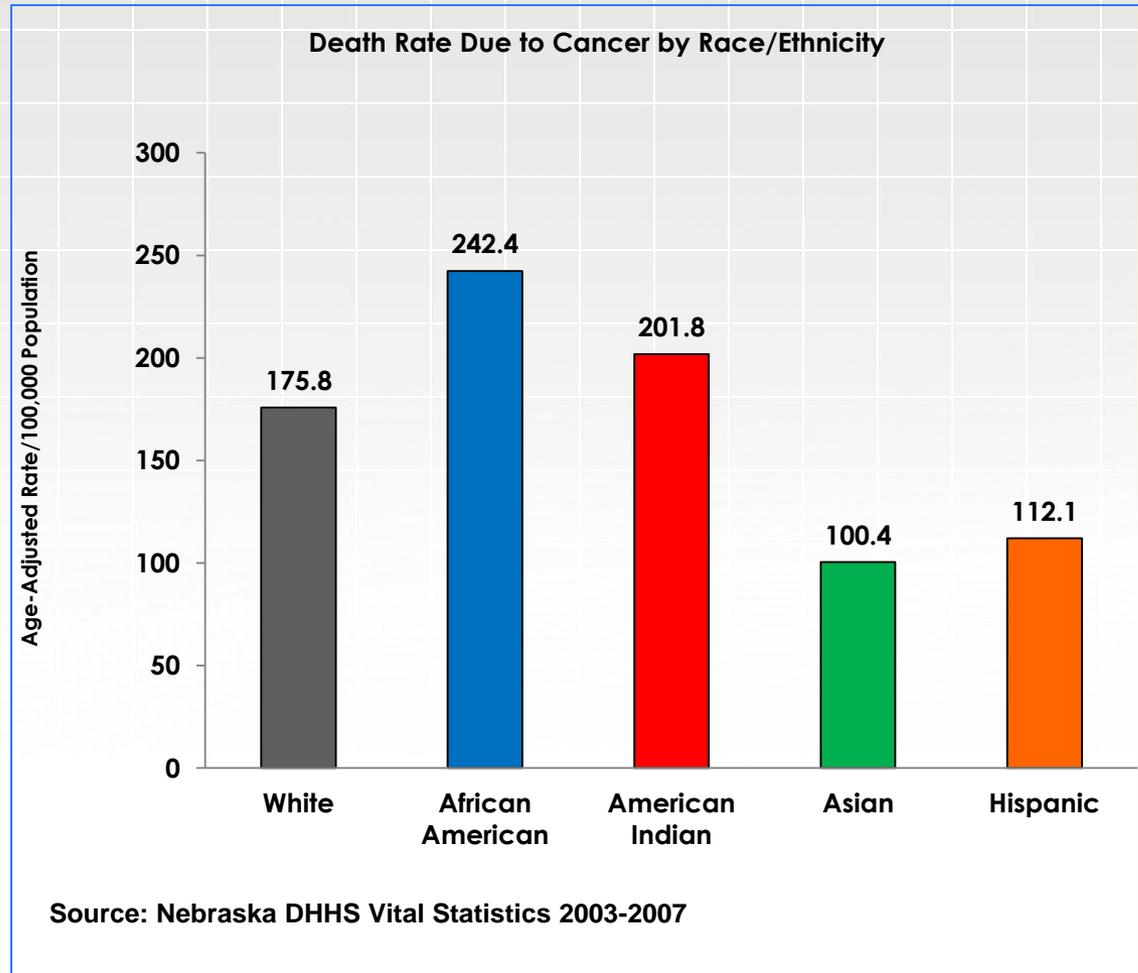
## 6.9 Cancer

Cancers of the lung, breast, and prostate were the most frequently mentioned, accounting for 39.5%, or 6611 deaths of Nebraska's cancer deaths from 2003 to 2007.

In this five year period, African Americans had the highest rate of cancer (all sites) of any racial or ethnic group in Nebraska, 242.4/100,000, compared to the rate for non-Hispanic Whites at 175.8/100,000.

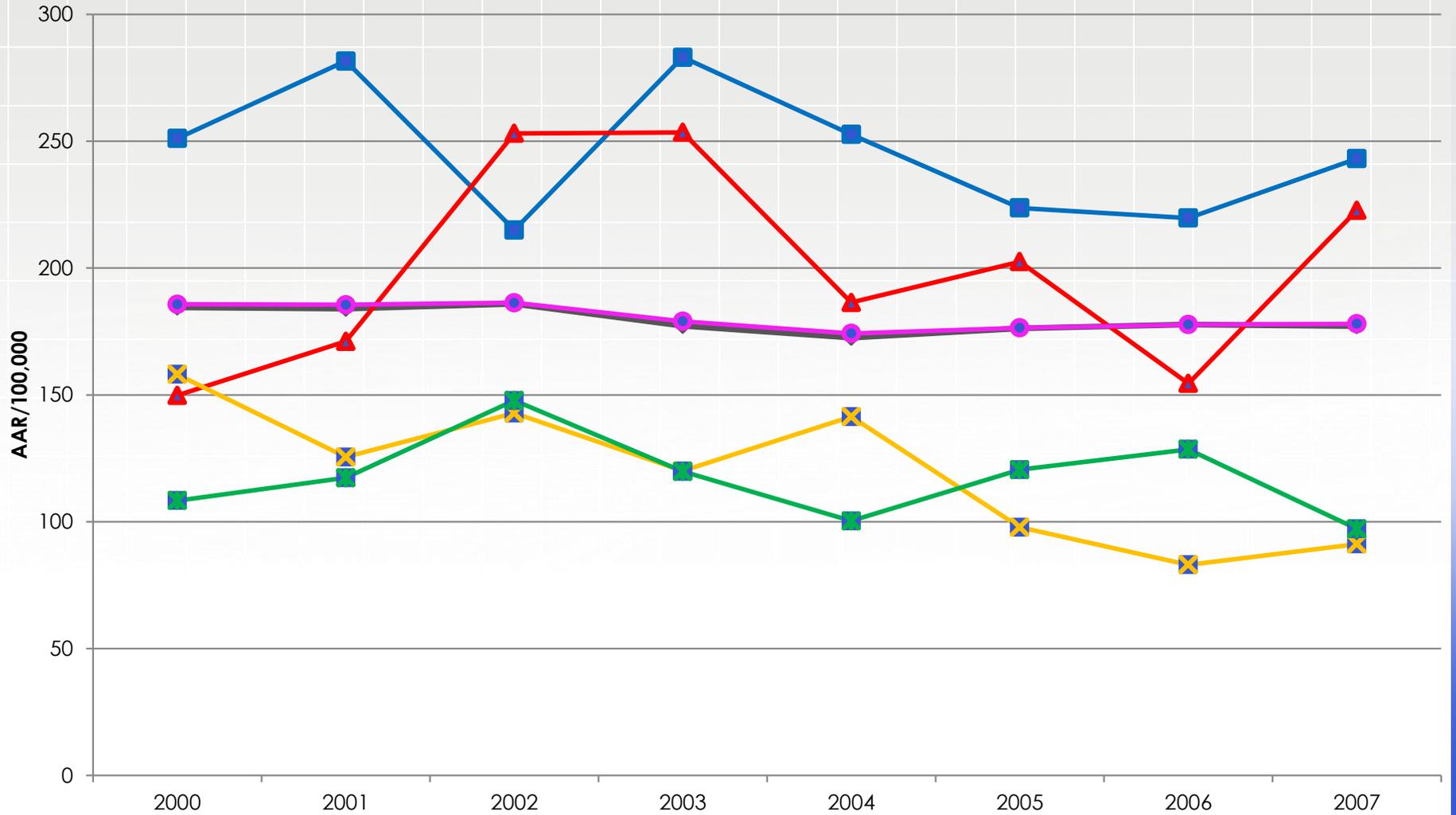
Between 2003 and 2007, 16,856 Nebraska residents died from cancer, which translates to a rate of 176.7 cancer deaths per 100,000 population.

Cancer was the second leading cause of mortality in Nebraska from 2000 to 2004.

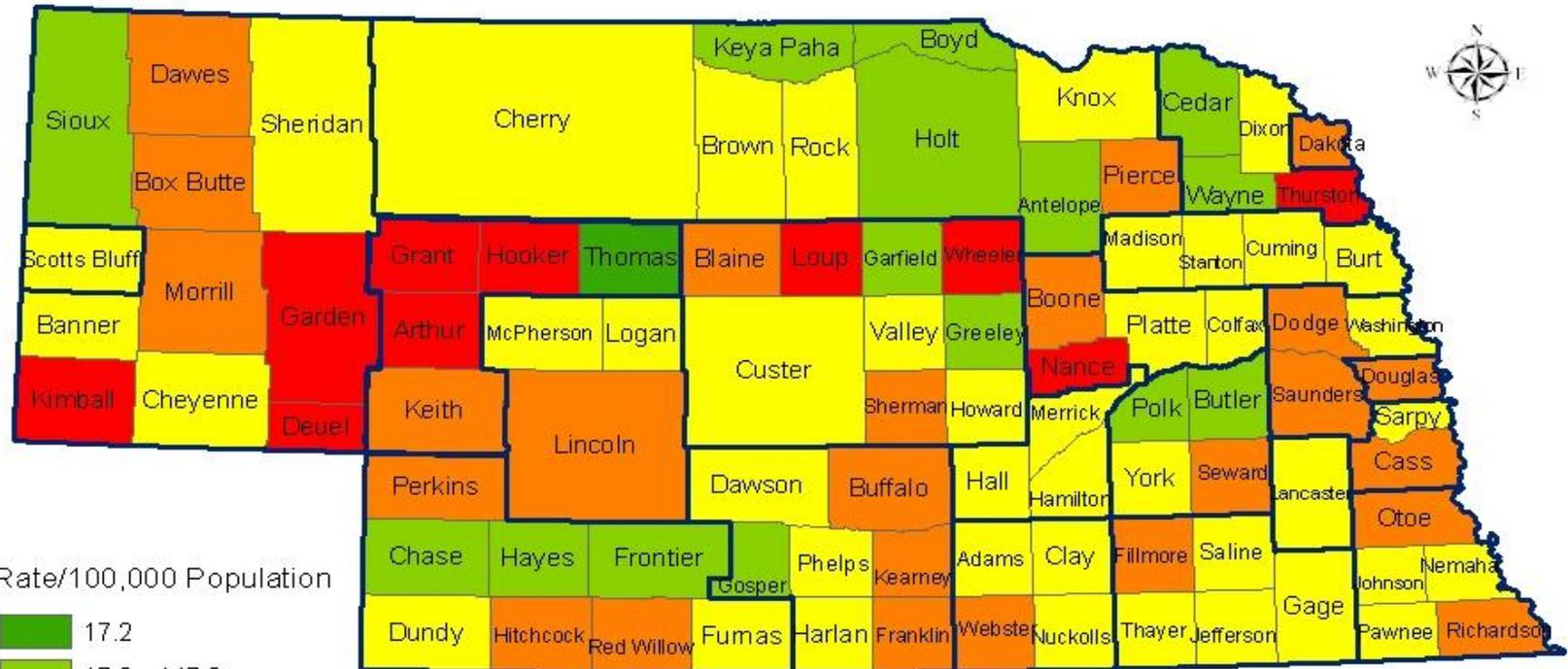


# NE Cancer Mortality Rates

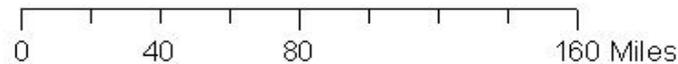
White Black Am\_Indian Asian Hispanic Total



# Nebraska Death Rate due to Cancer by County 2003 - 2007



Death Rate/100,000 Population



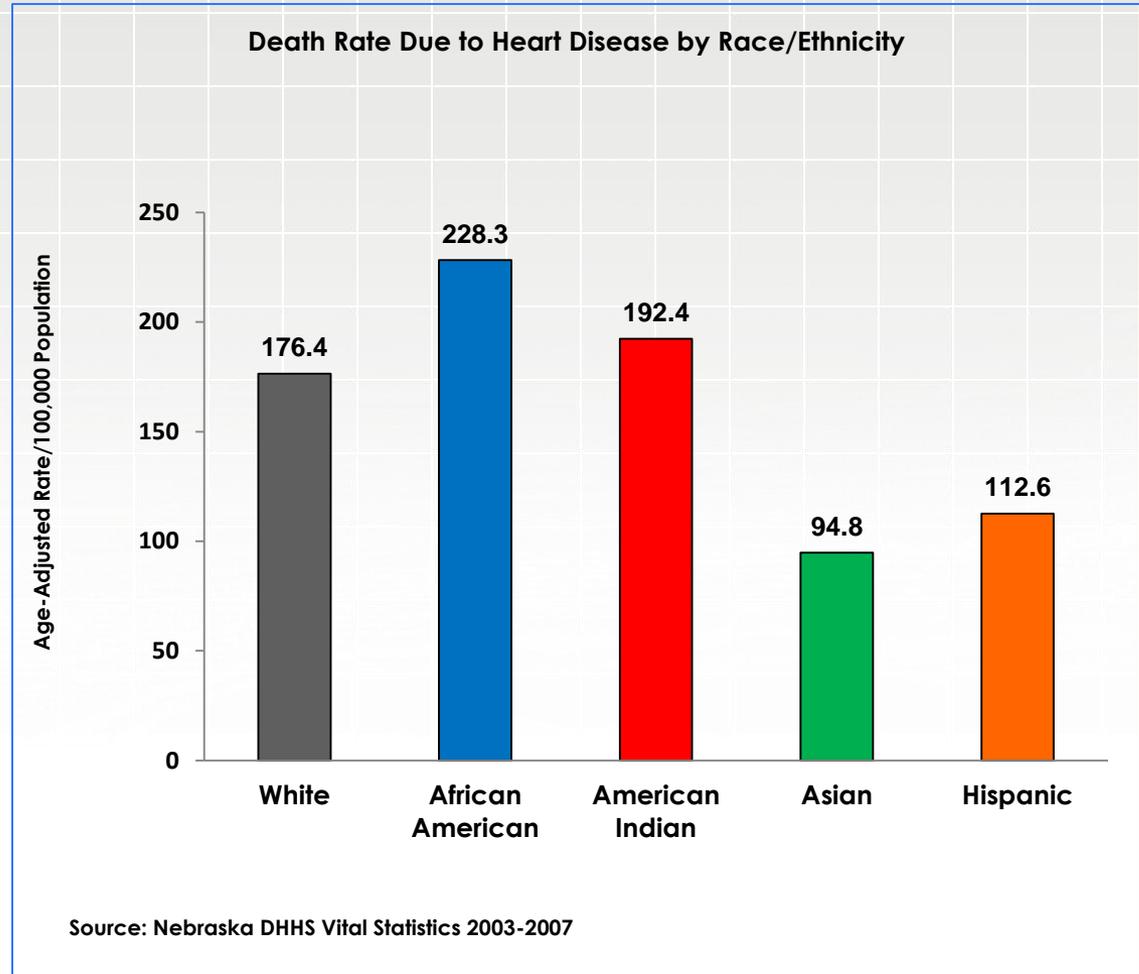
Map created by:  
Office of Health Disparities and Health Equity  
Nebraska Department of Health and Human Services  
Source: Nebraska DHHS, Vital Statistics



## 6.12 Heart Disease

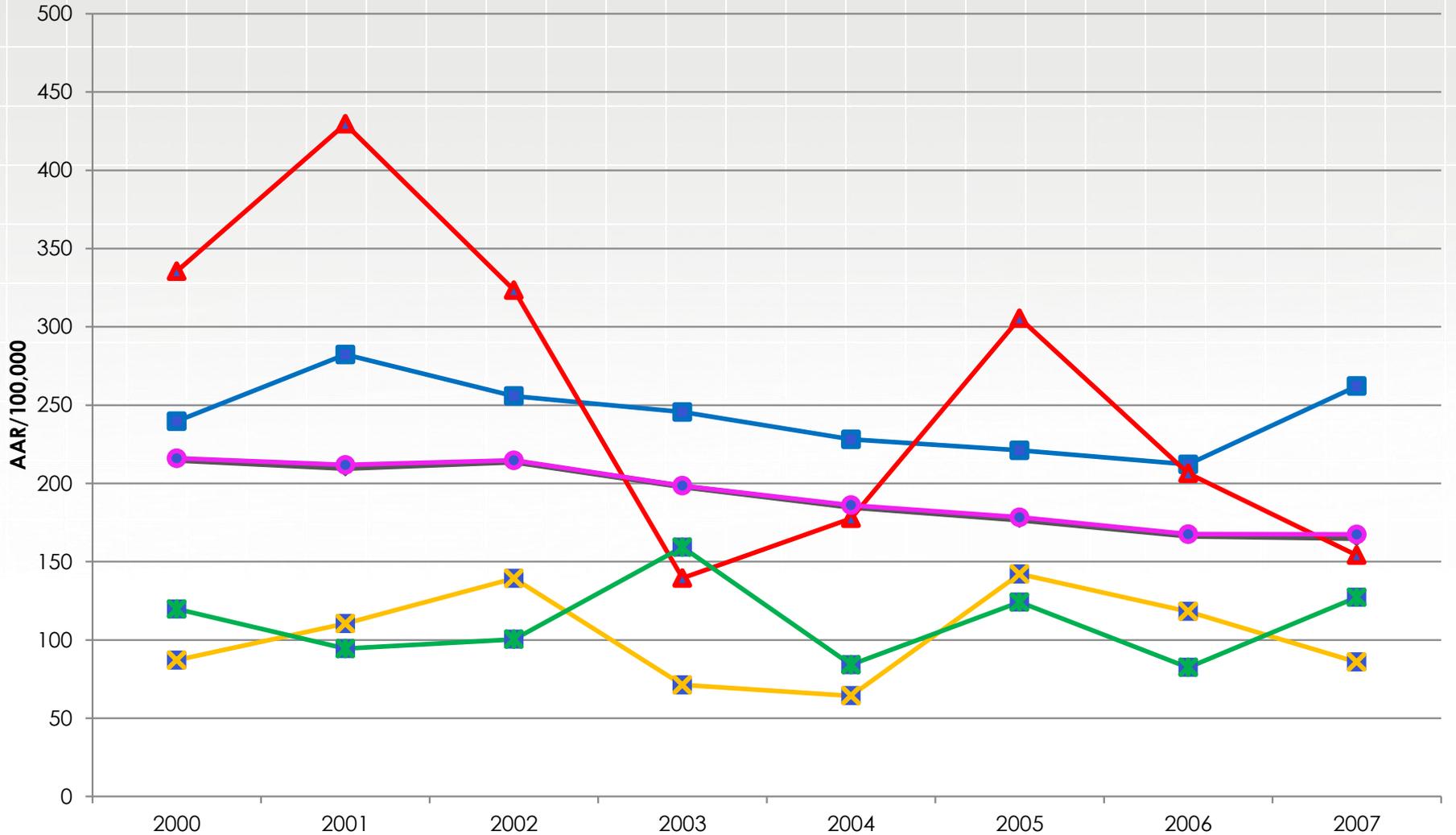
African Americans are more likely to die from heart disease than any other racial or ethnic group in Nebraska.

From 2003 to 2007, the mortality rate due to heart disease for African Americans was 228.3/100,000 population, compared to 176.4 deaths per 100,000 population for non-Hispanic Whites in Nebraska.

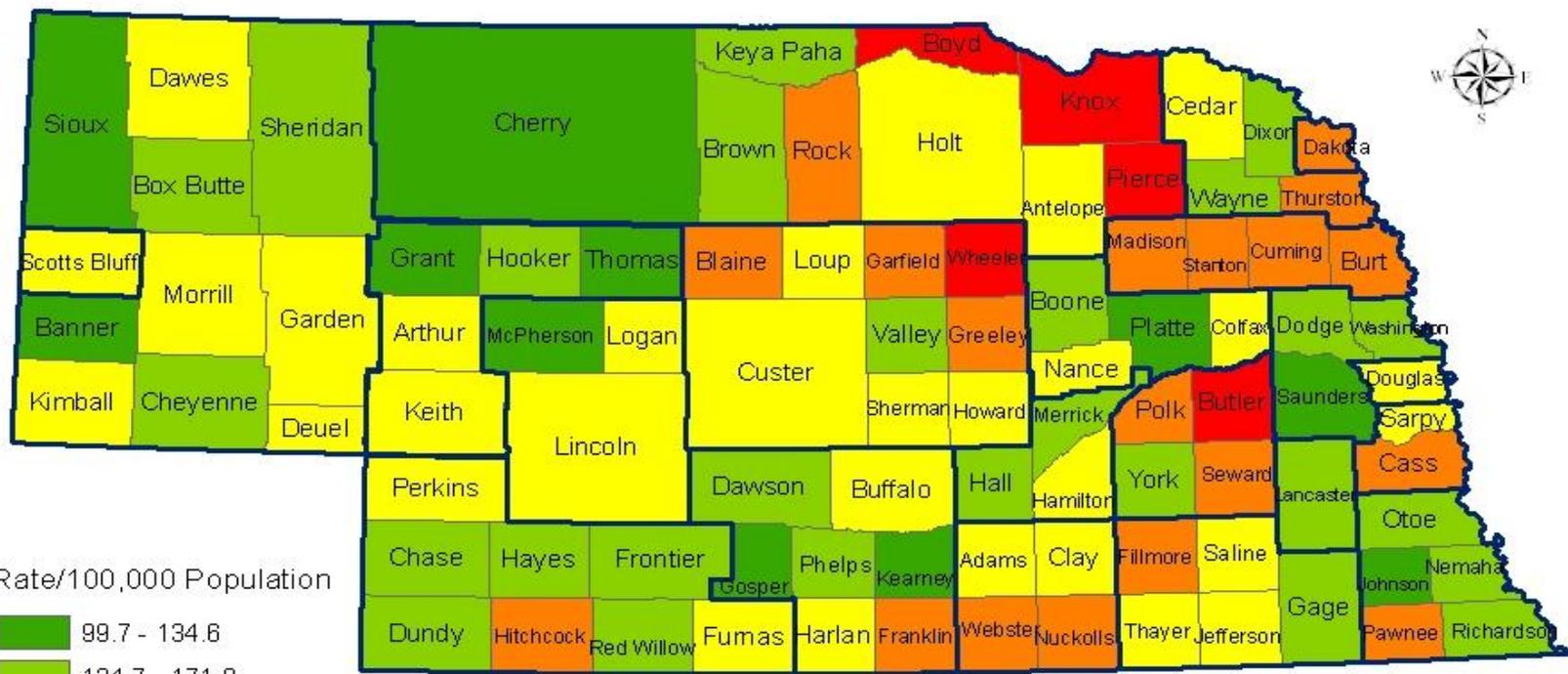


# NE Heart Disease Mortality Rates

White Black Am\_Indian Asian Hispanic Total



## Nebraska Death Rate due to Heart Disease by County 2003 - 2007



Death Rate/100,000 Population



0 40 80 160 Miles

Map created by:  
Office of Health Disparities and Health Equity  
Nebraska Department of Health and Human Services  
Source: Nebraska DHHS, Vital Statistics

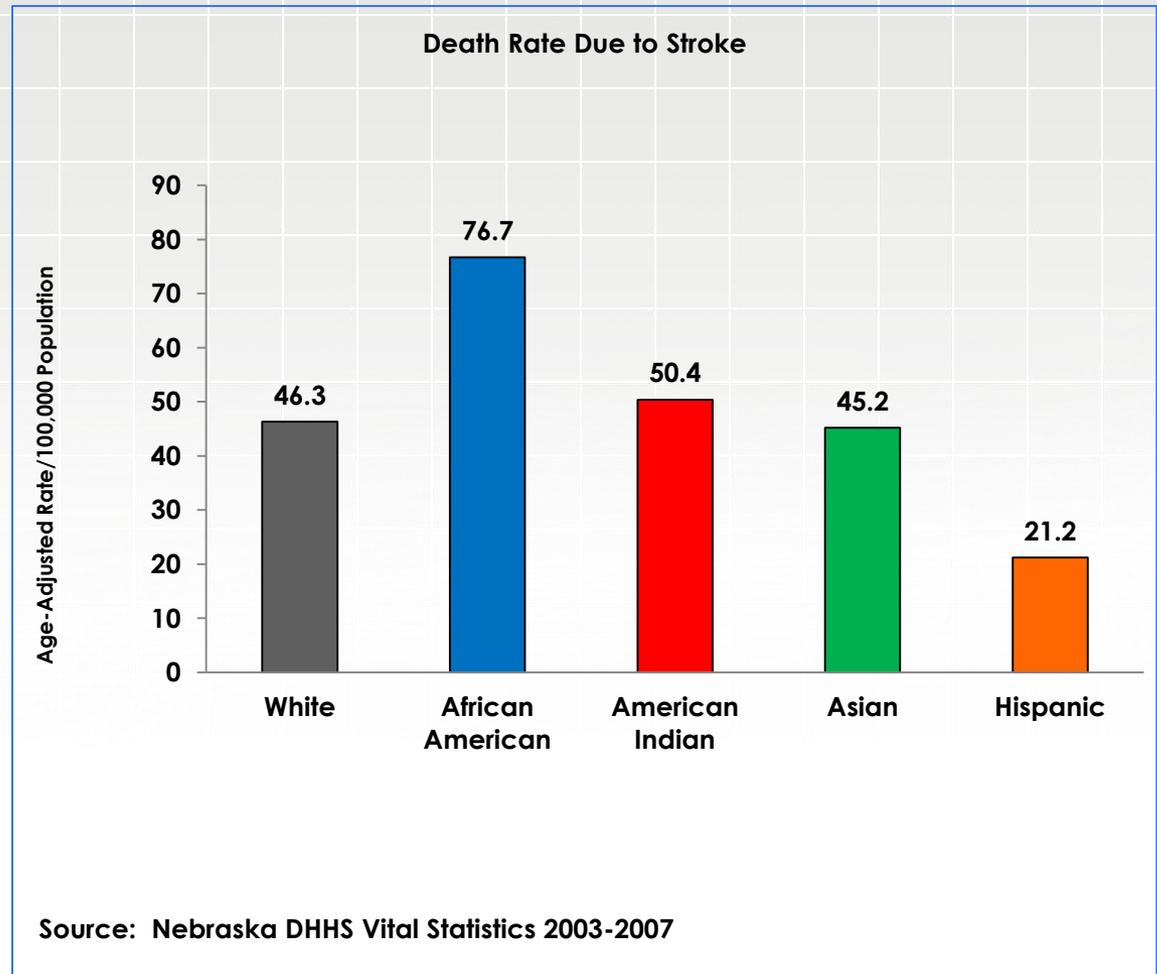


## 6.15 Stroke

From 2003 to 2007, the population which had the highest mortality rates for stroke was African Americans.

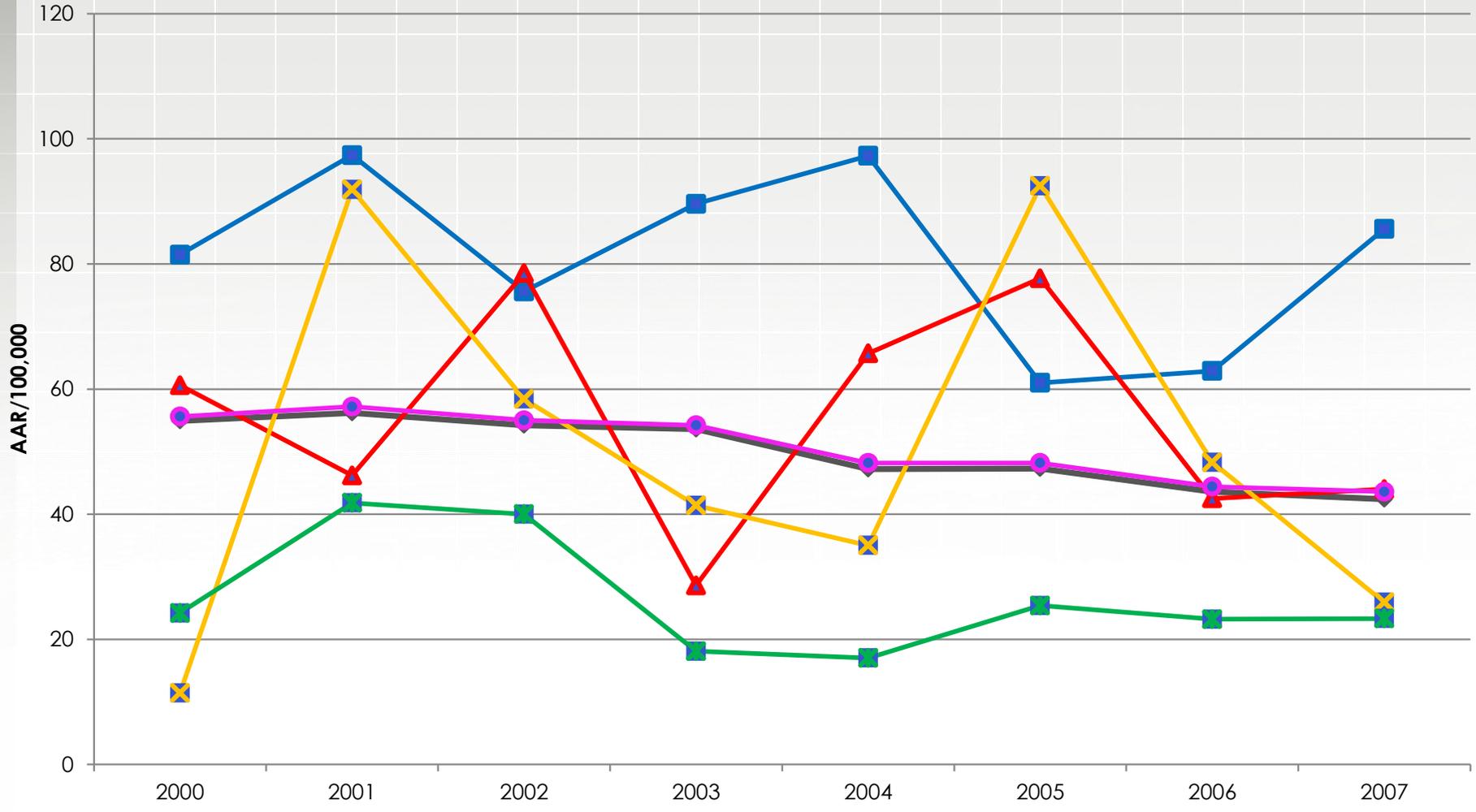
African Americans' stroke rate is higher than any other racial or ethnic group in Nebraska. (76.7/100,000).

Latinos or Hispanics had the lowest death rate due to stroke (21.2/100,000) of any racial or ethnic group. The mortality rate due to stroke for non-Hispanic Whites was 46.3/100,000.

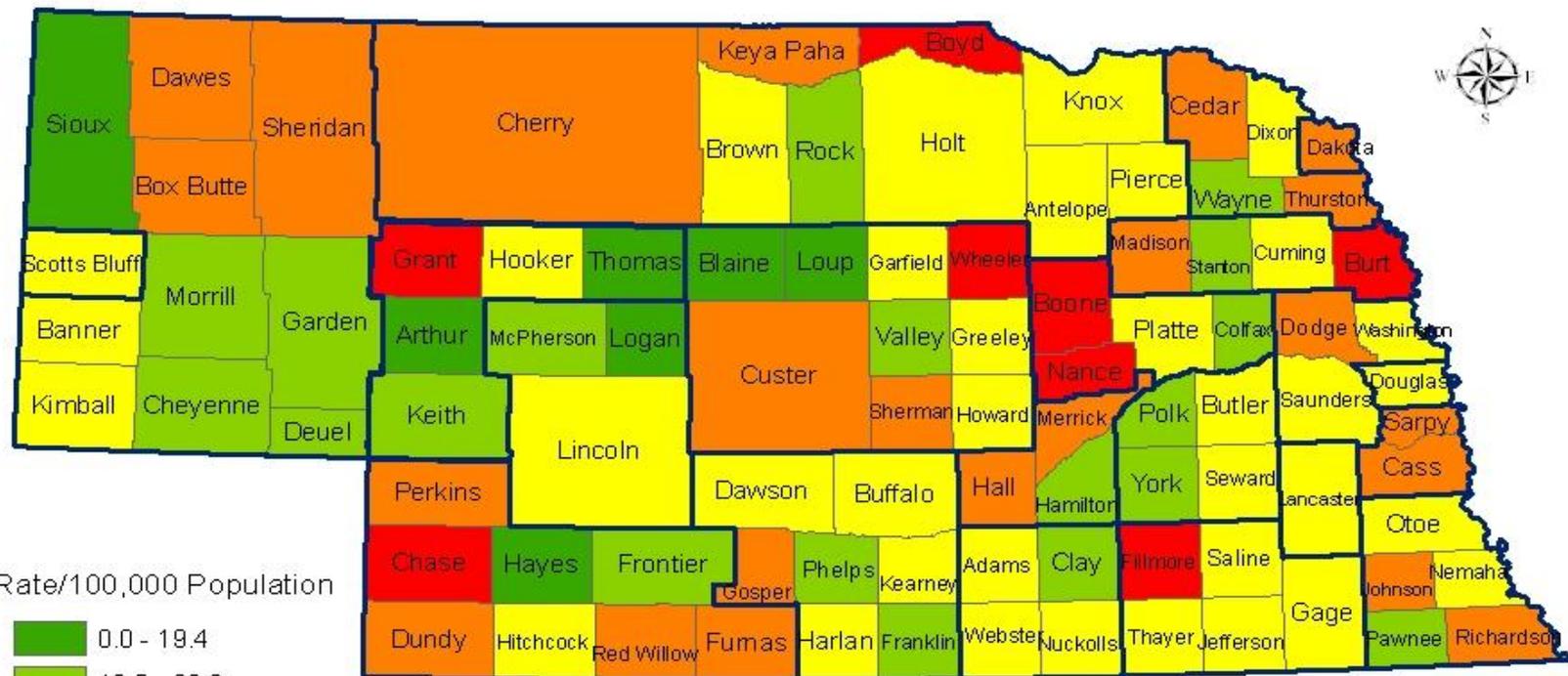


# NE Stroke Mortality Rates

White Black Am\_Indian Asian Hispanic Total

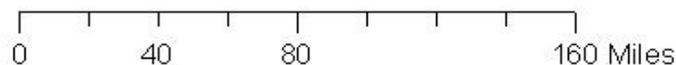


# Nebraska Death Rate due to Stroke by County 2003 - 2007



Death Rate/100,000 Population

- 0.0 - 19.4
- 19.5 - 38.3
- 38.4 - 51.1
- 51.2 - 67.4
- 67.5 - 91.4



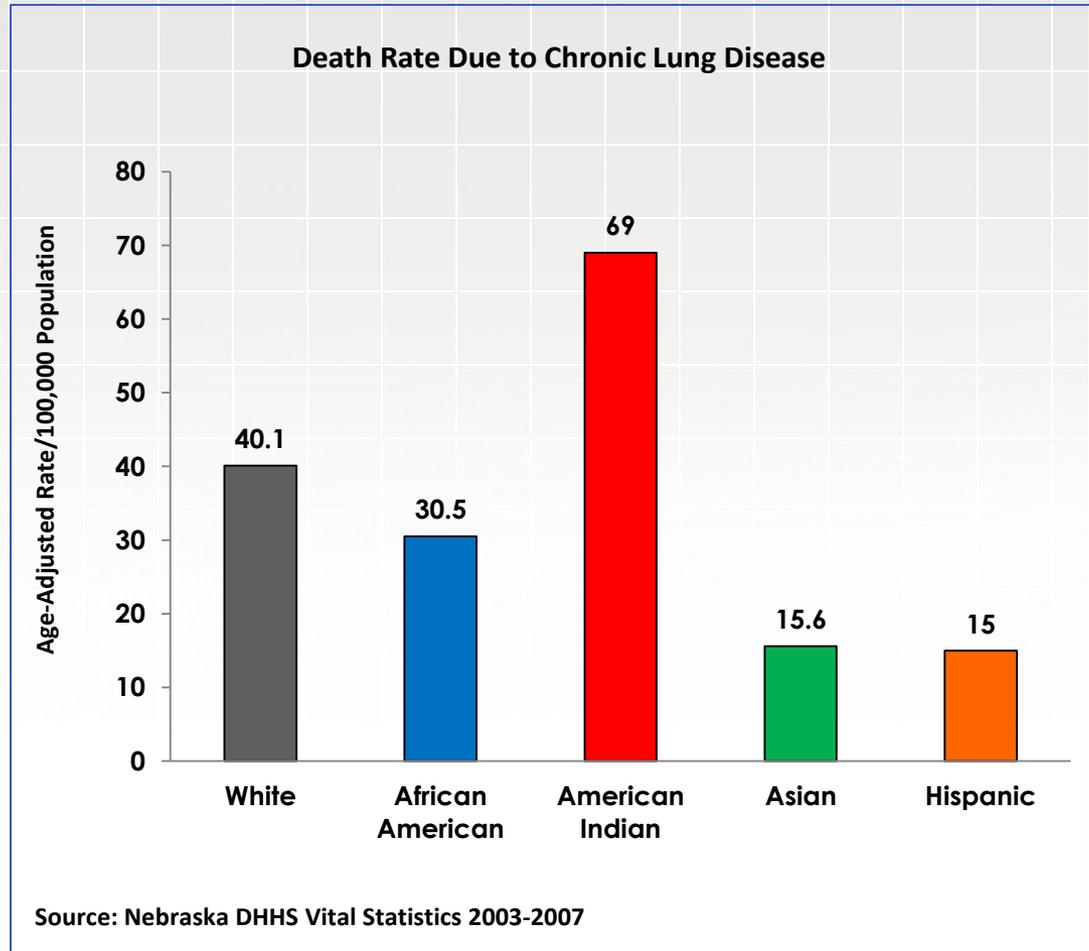
Map created by:  
Office of Health Disparities and Health Equity  
Nebraska Department of Health and Human Services  
Source: Nebraska DHHS, Vital Statistics



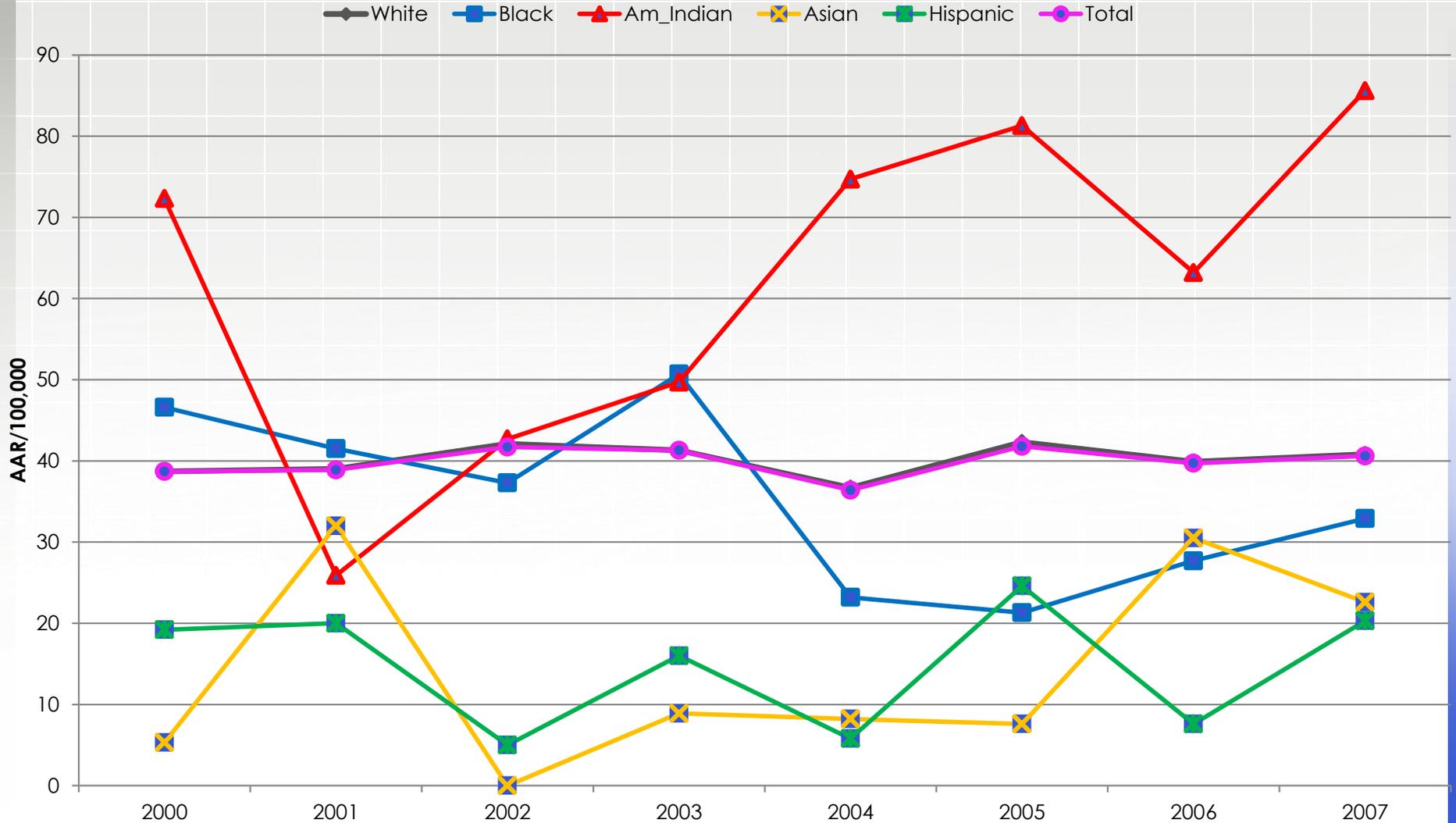
## 6.18 Chronic Lung Disease

Chronic Lung Disease results from lung injury to newborns, where the use of a mechanical ventilator and extra oxygen for breathing is needed. The lungs are fragile and easily damaged in premature babies.

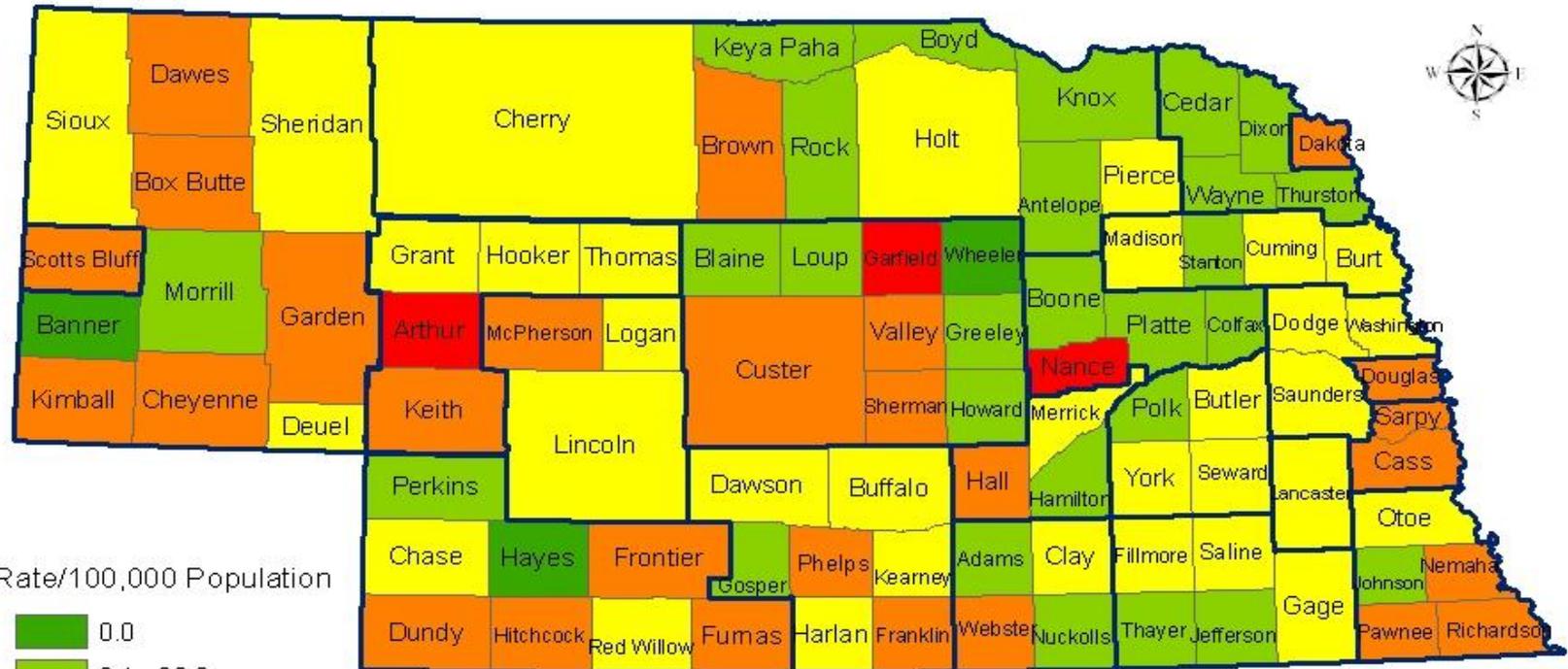
In Nebraska, American Indians had the highest incident rate of CLD than any racial or ethnic group. During the five year period between 2003 and 2007, American Indians saw an age-adjusted rate of 69 per 100,000 population, which is 1.72 times the rate for Whites (40.1/100,000).



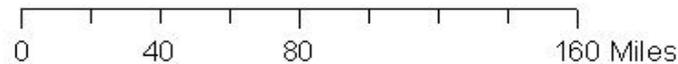
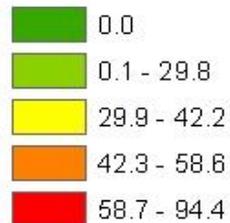
# NE Chronic Lung Disease Mortality Rates



# Nebraska Death Rate due to Chronic Lung Disease by County 2003 - 2007



Death Rate/100,000 Population



Map created by:  
Office of Health Disparities and Health Equity  
Nebraska Department of Health and Human Services  
Source: Nebraska DHHS, Vital Statistics

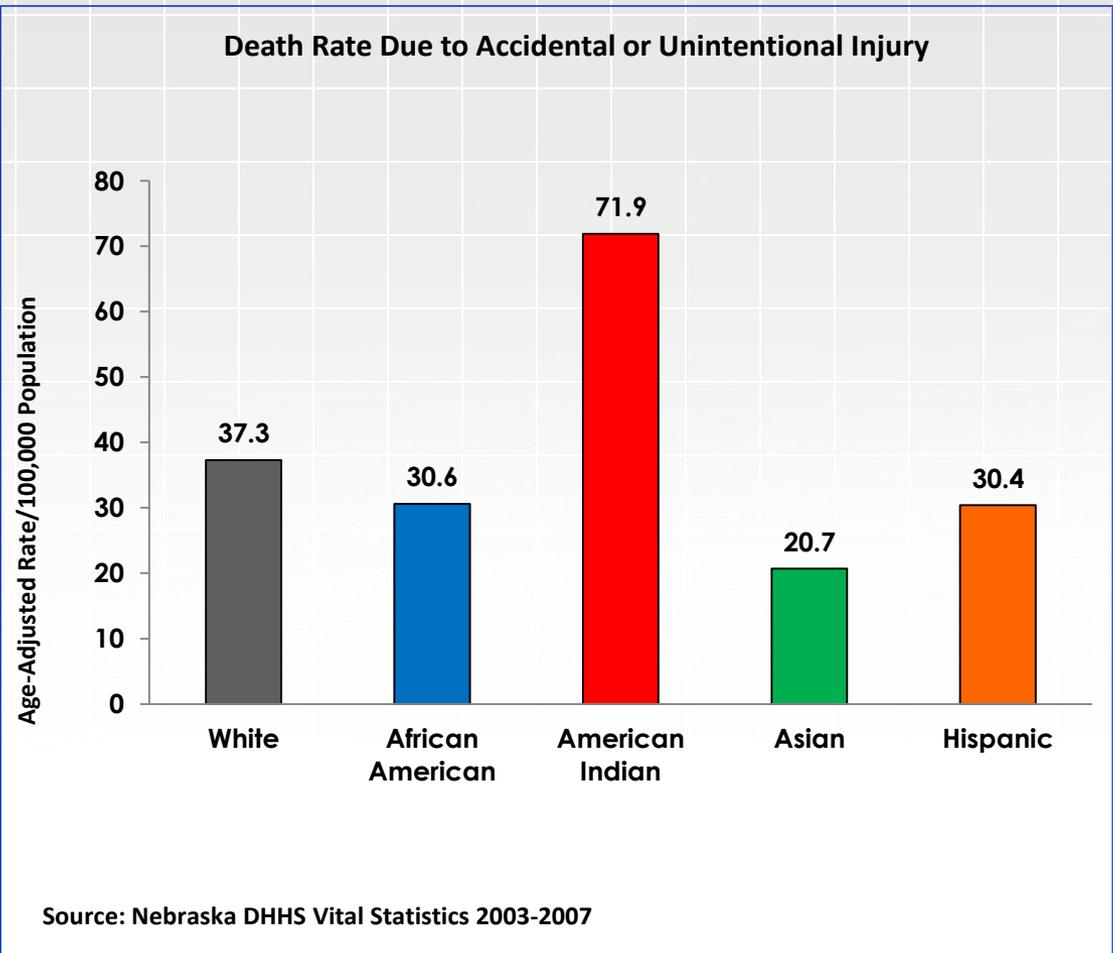


## 6.21 Unintentional Injury

American Indians were far more likely than all other racial and ethnic groups to die from unintentional injury deaths.

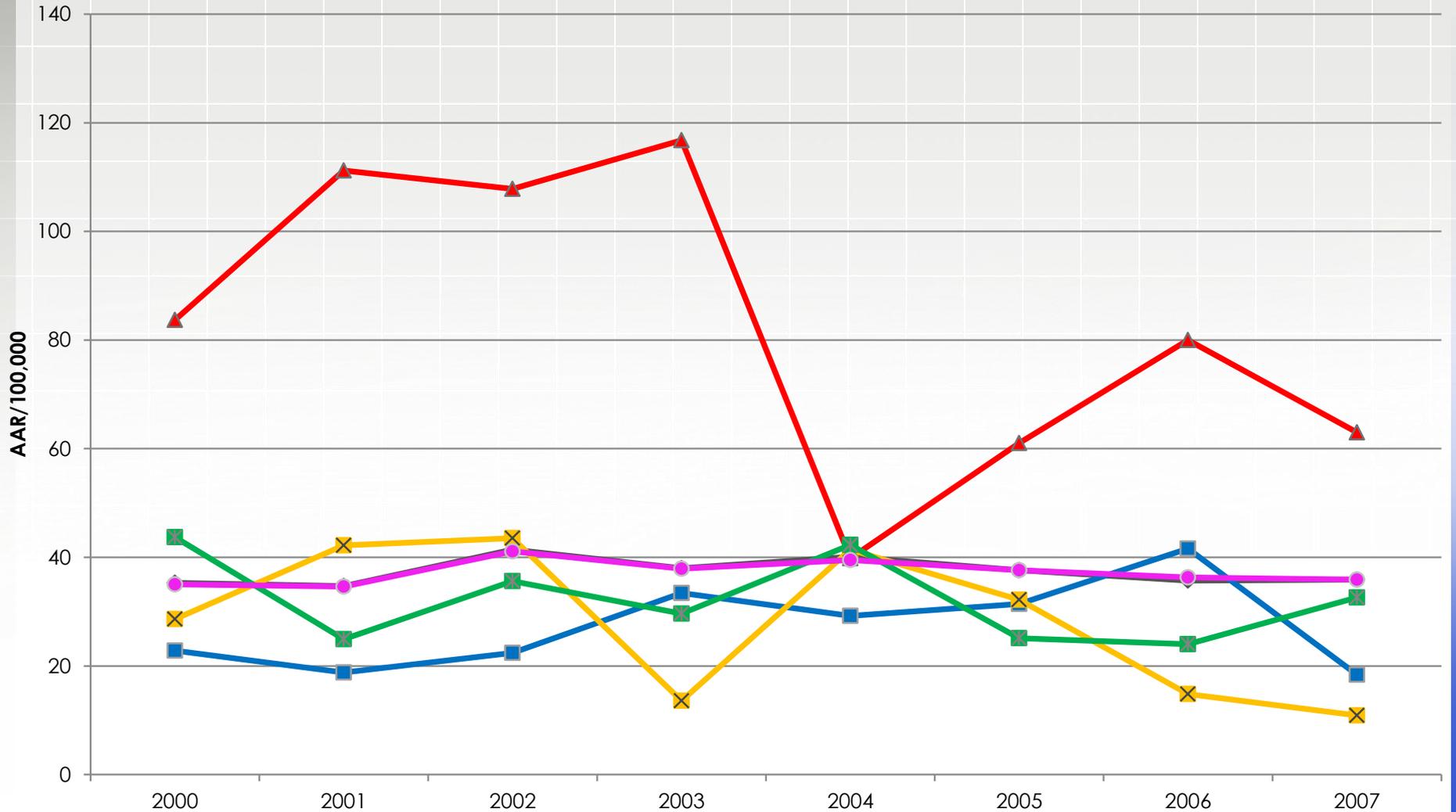
From 2003 to 2007, the death rate due to unintentional injuries is about 2 times as high for American Indians as the rate for non-Hispanic White Nebraskans.

The death rate due to unintentional injuries for American Indians was 71.9 (per 100,000 population), compared to 37.3 for non-Hispanic Whites.

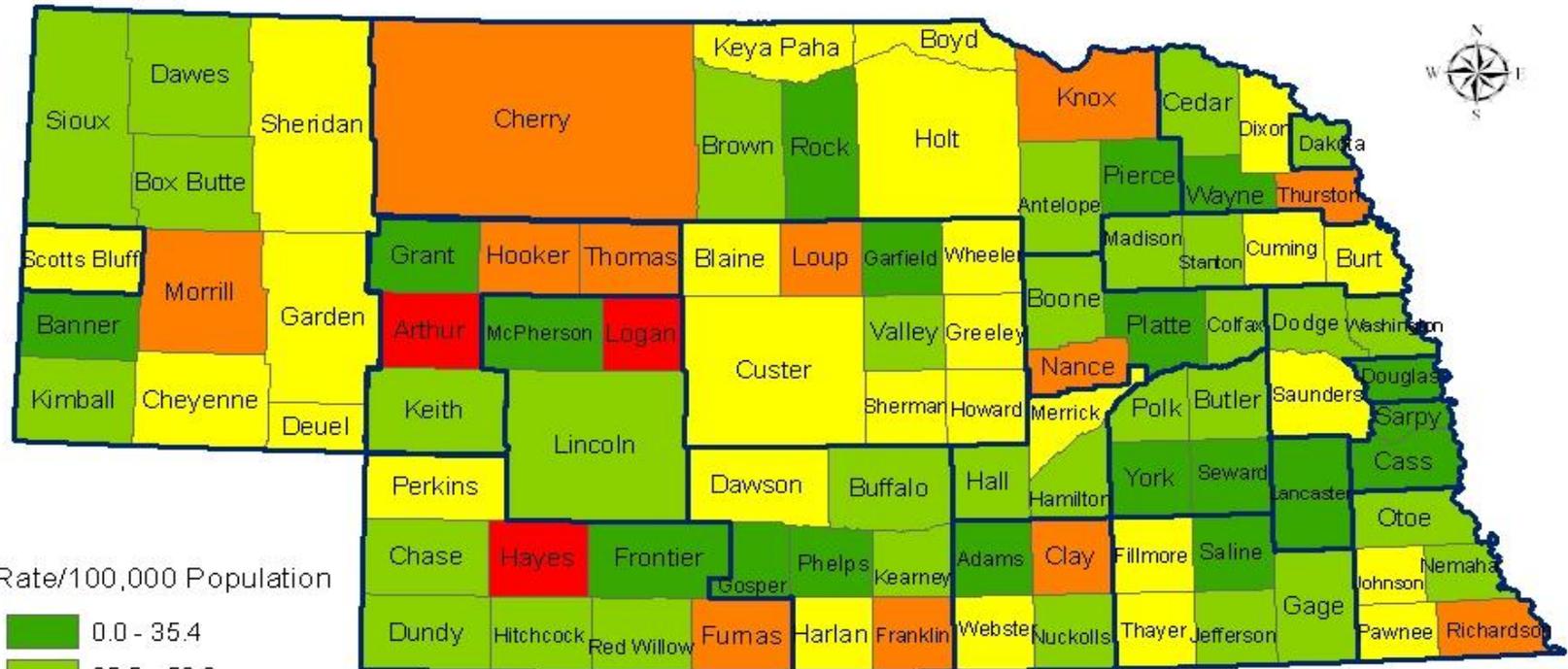


# NE Unintentional Injury Mortality Rates

White Black Am\_Indian Asian Hispanic Total



# Nebraska Death Rate due to Unintentional Injury by County 2003 - 2007



Death Rate/100,000 Population

- 0.0 - 35.4
- 35.5 - 50.3
- 50.4 - 69.9
- 70.0 - 97.6
- 97.7 - 132.7

0 40 80 160 Miles

Map created by:  
Office of Health Disparities and Health Equity  
Nebraska Department of Health and Human Services  
Source: Nebraska DHHS, Vital Statistics

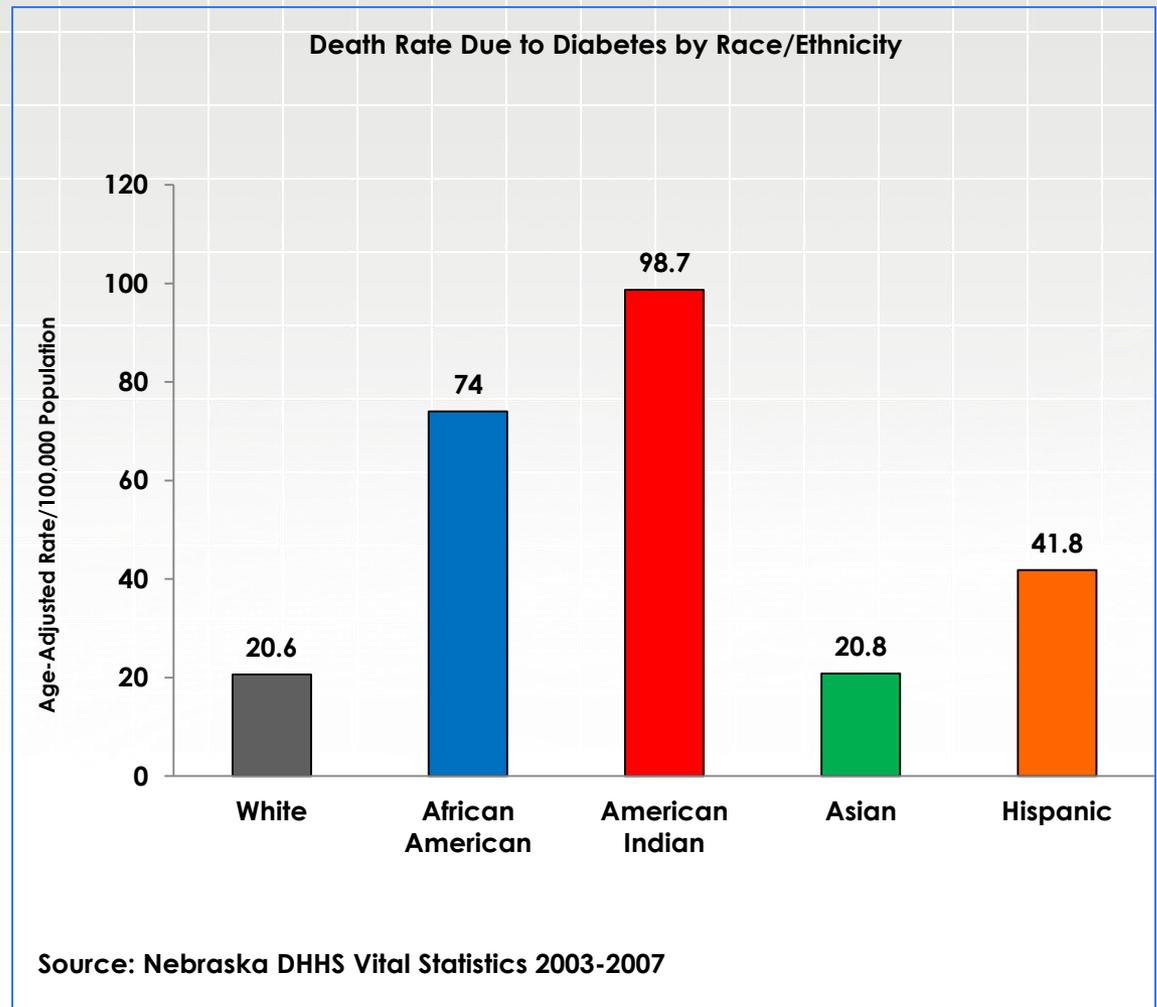


## 6.24 Diabetes

During the 5-year period from 2003 to 2007, American Indians had the highest rate of diabetes mellitus deaths (98.7/100,000), which was 4.8 times the rate for non-Hispanic Whites (20.6/100,000).

African Americans had a rate of 74/100,000, which was 3.6 times the rate for non-Hispanic Whites.

Hispanic Americans had a rate of 41.8/100,000, which was 2 times the rate for Whites.



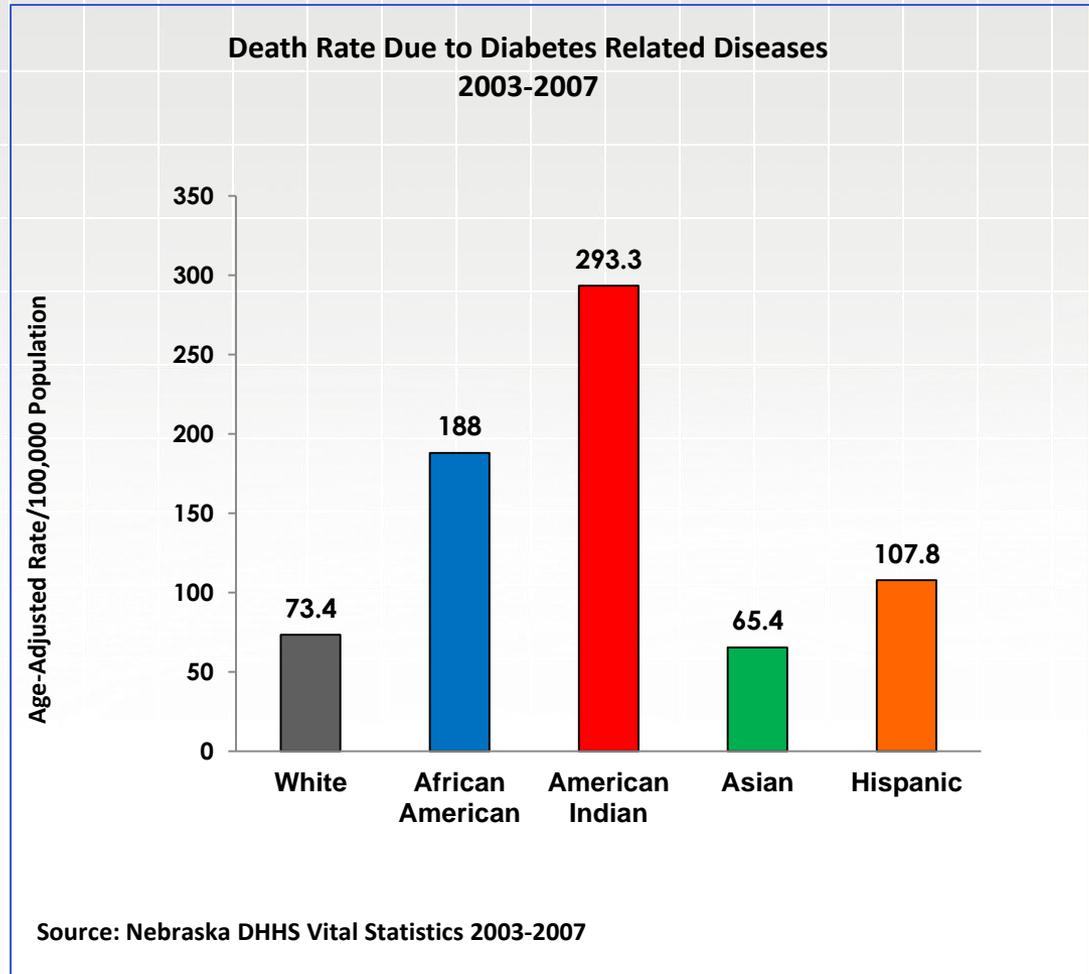
## 6.25 Diabetes Related Diseases

There are 23.6 million children and adults in the United States (7.8% of the population) who have diabetes.

While an estimated 17.9 million have been diagnosed with diabetes, unfortunately, 5.7 million people (or nearly one quarter) are unaware that they have the disease.

From 2003 to 2007, American Indians reported the highest death rate (293.3/100,000) due to diabetes related diseases, which is 4 times the rate for non-Hispanic Whites (73.4/100,000).

The rate for African Americans was 188/100,000 which is 2.6 times the rate for non-Hispanic Whites.

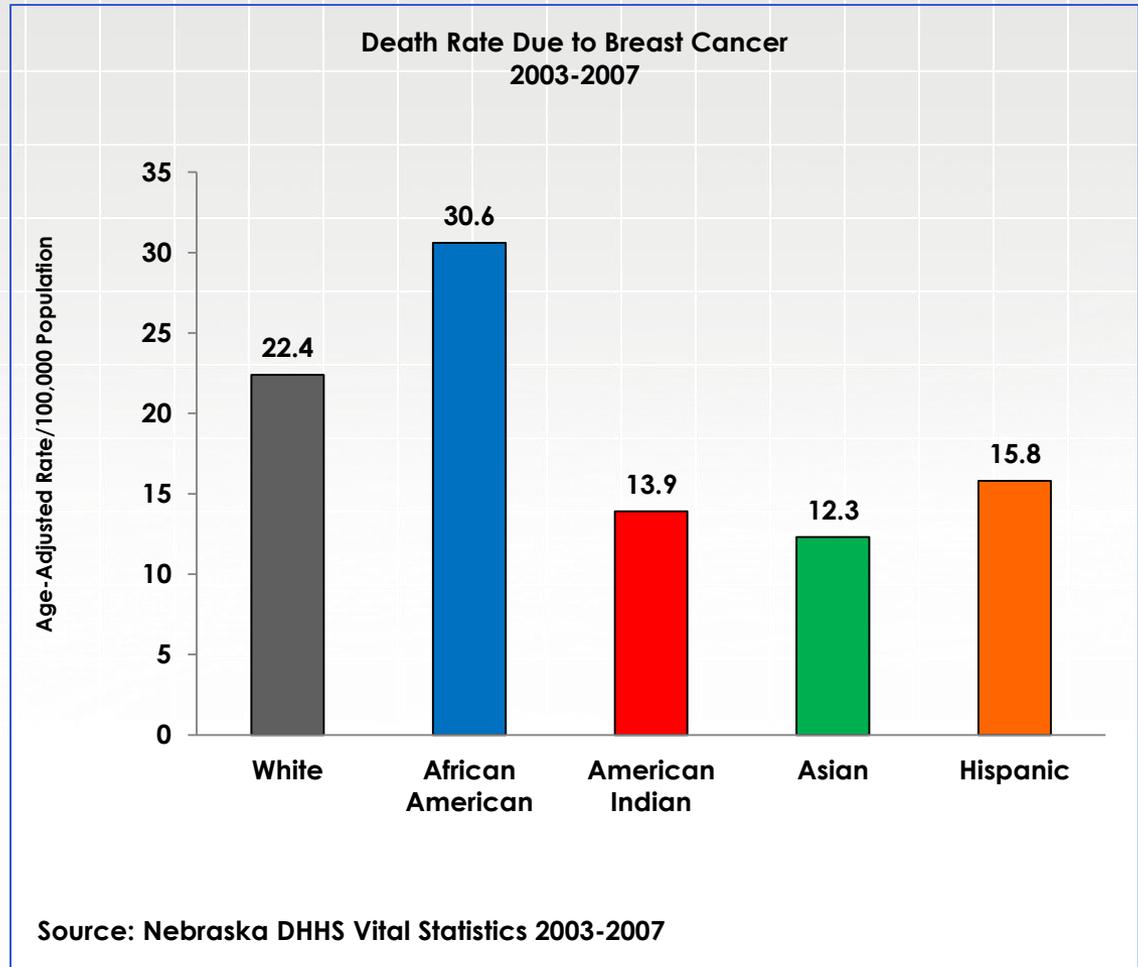


## 6.26 Breast Cancer

In Nebraska, breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer deaths among women.

From 2003 to 2007, an estimated 1,195 deaths occurred in Nebraska due to breast cancer.

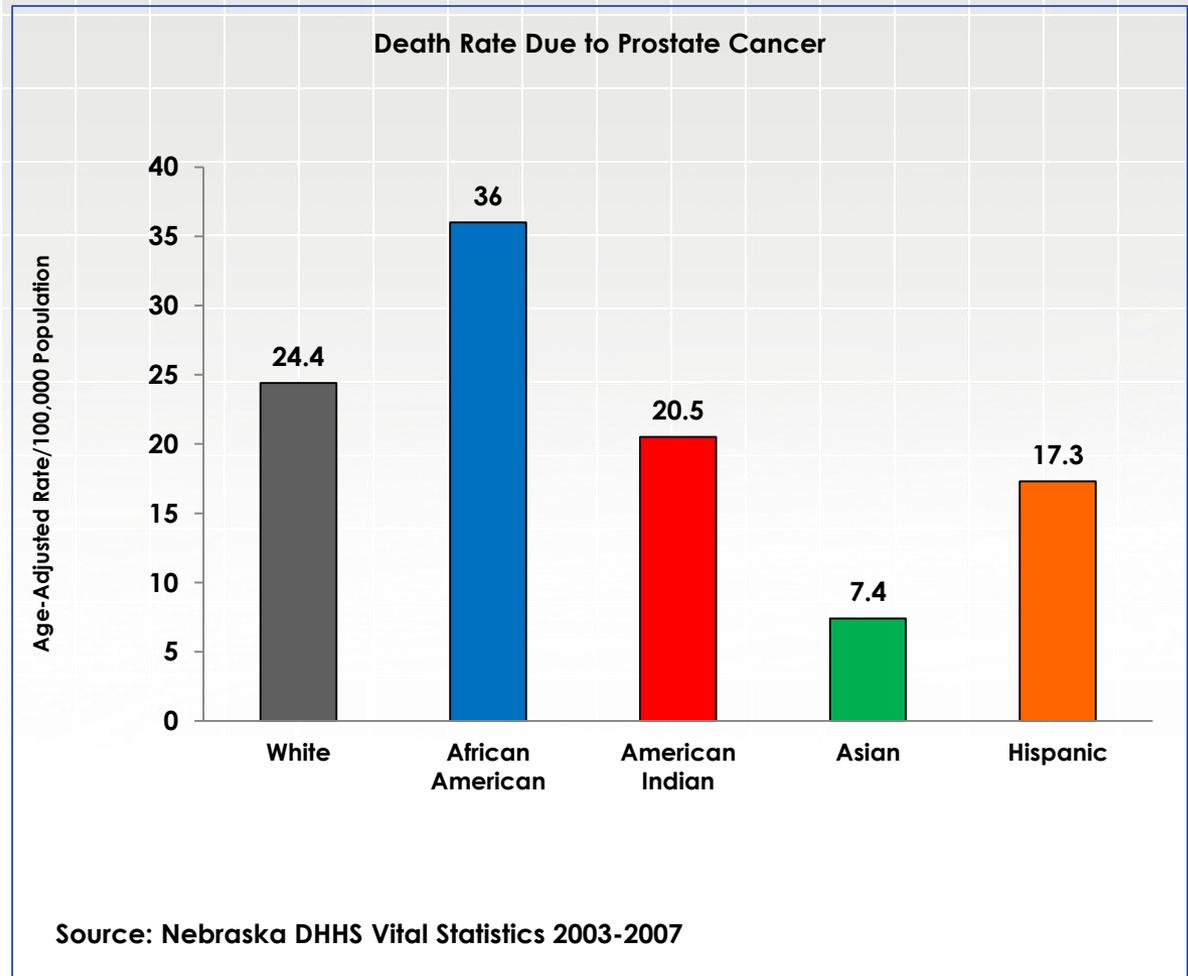
African American women have a higher death rate from breast cancer. In this five year period, the breast cancer death rate for Nebraskan African American women was 30.6 deaths per 100,000 population, compared to 22.4 deaths per 100,000 population for non-Hispanic White women in Nebraska.



## 6.27 Prostate Cancer

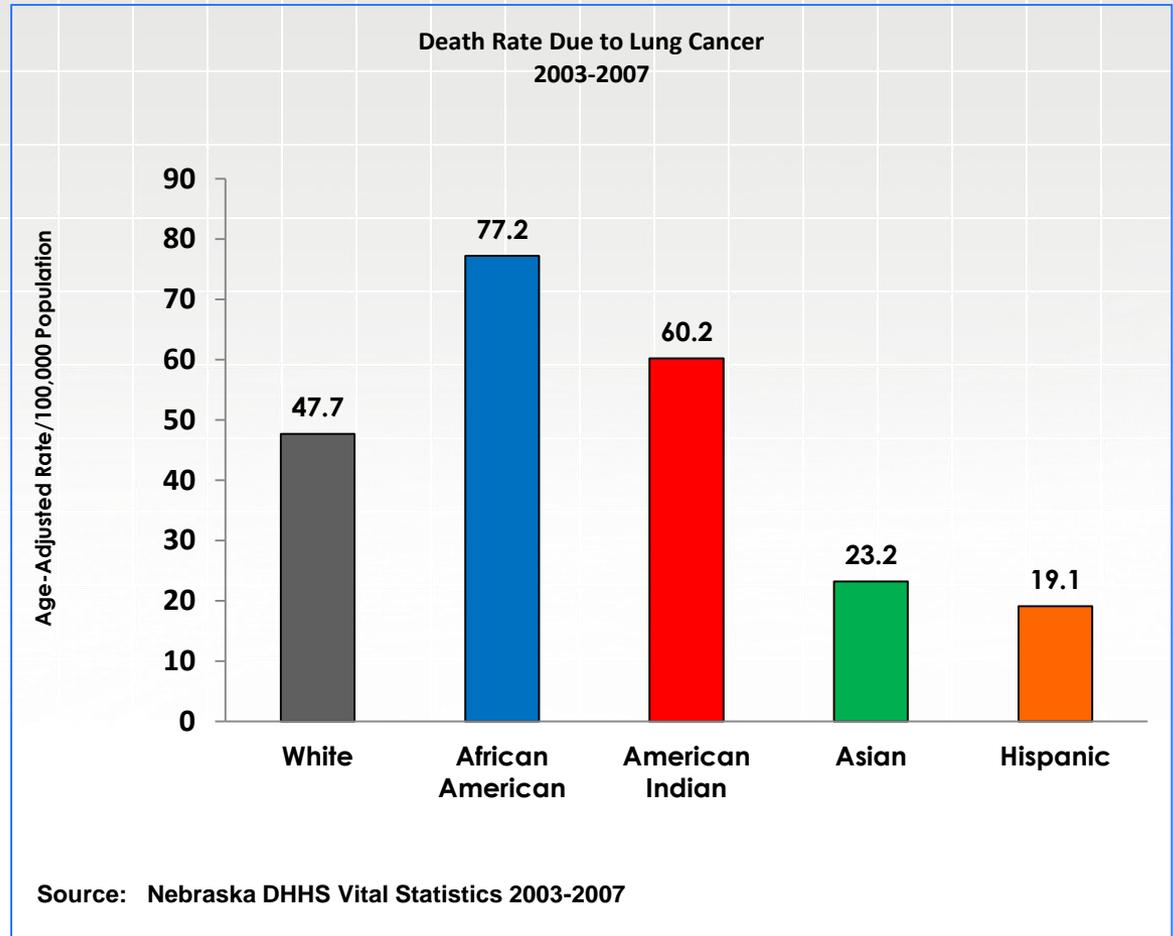
An estimated 940 deaths occurred from 2003 to 2007 in Nebraska due to prostate cancer, making it the second leading cause of cancer death among men.

In this five year period, the mortality rate due to prostate cancer for African American men was 36/100,000 which was nearly 1.5 times the rate for non-Hispanic White males (24.4/100,000) in Nebraska.



## 6.28 Lung Cancer

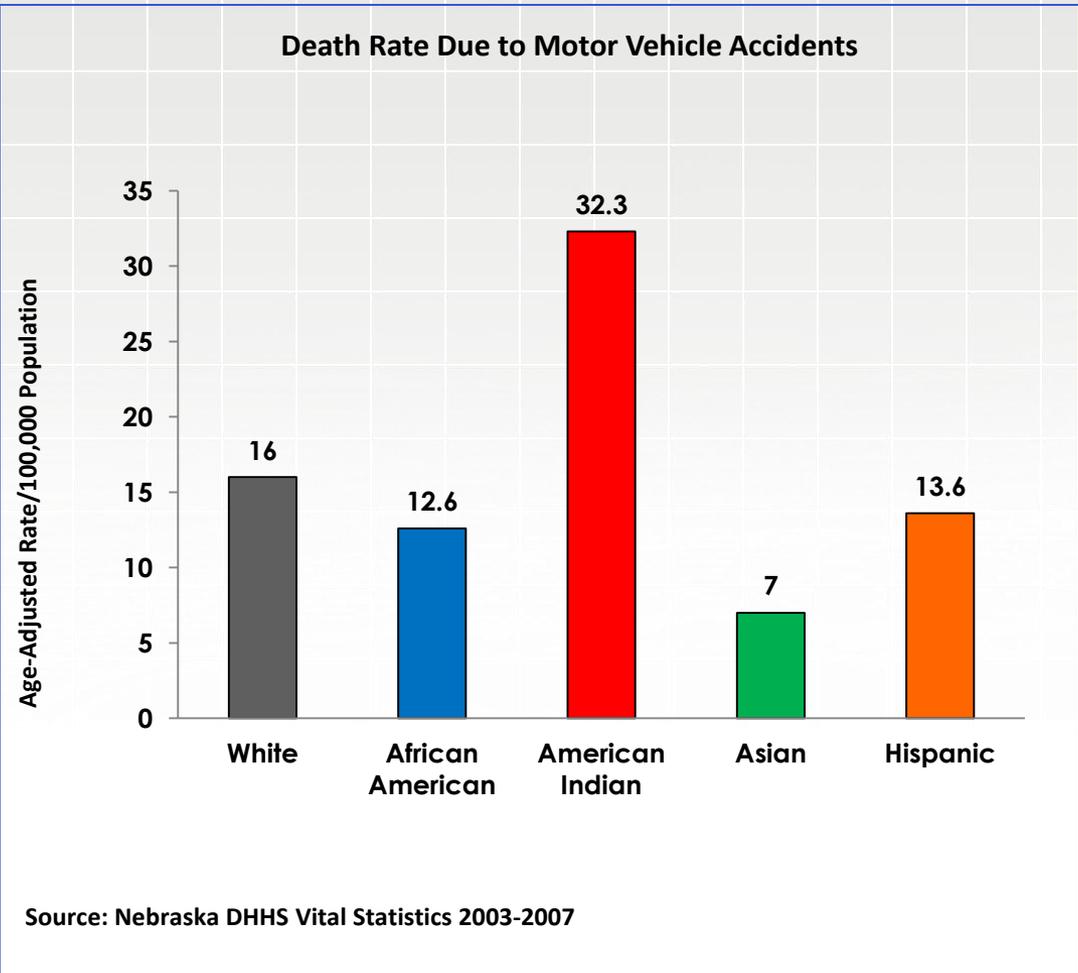
During the same five year period (2003-2007), African Americans had the highest rate of lung cancer of any racial or ethnic group in Nebraska, with an age-adjusted rate of 77.2 per 100,000 population, which is 1.6 times the rate for non-Hispanic Whites (47.7/100,000).



## 6.29 Motor Vehicle Accidents

American Indians reported the highest mortality rate (32.3/100,000) due to motor vehicle accidents for the 2003 to 2007 time frame.

The mortality rate due to motor vehicle accidents for non-Hispanic Whites was 16/100,000 population, making the rate for American Indians 2 times the rate compared to non-Hispanic Whites.



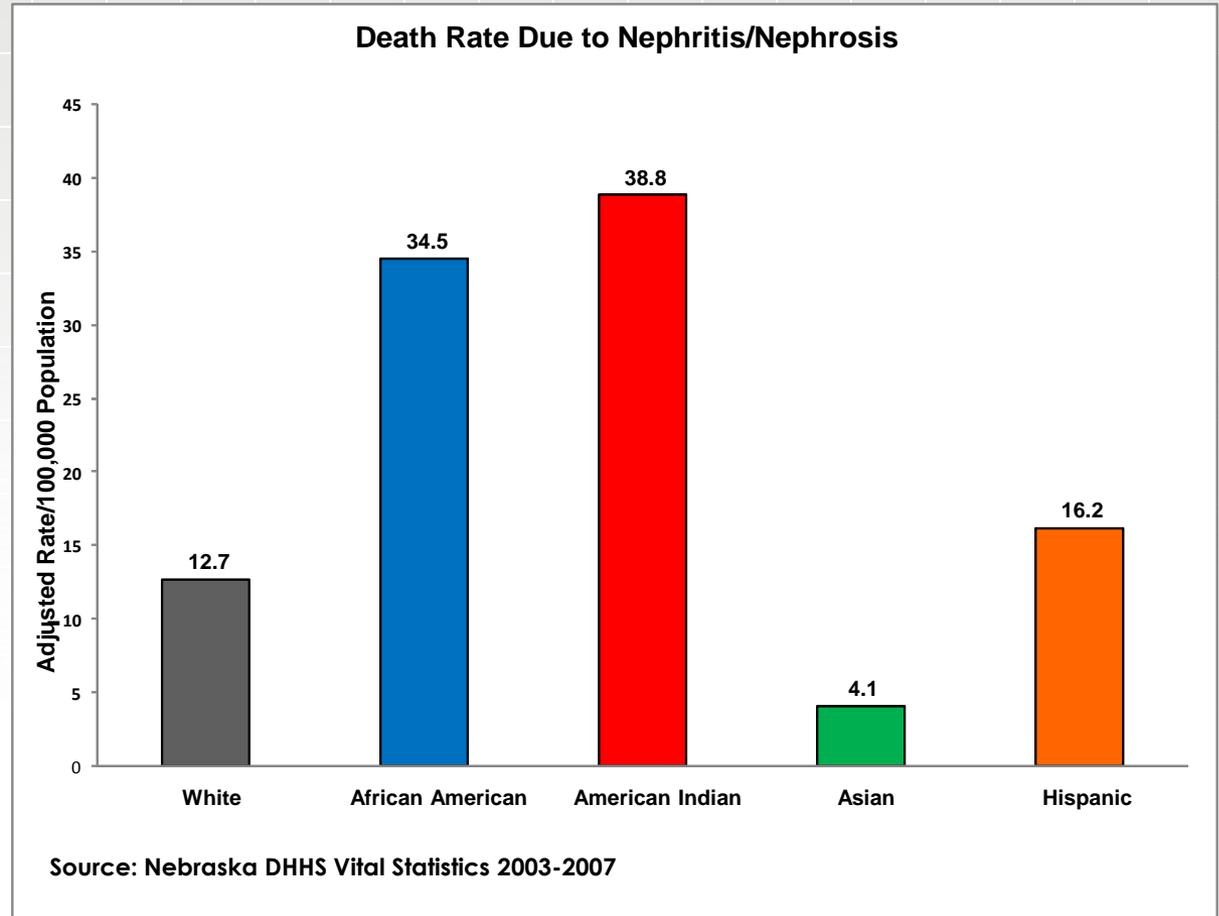
## 6.30 Nephritis/Nephrosis

Nephritis is a general term used for inflammation of the kidneys, which causes the filtration system to break down in the body.

Nephritis and nephrosis are often secondary problems that result from other diseases.

During the same five year period (2003-2007), American Indians had the highest death rate due to nephritis or nephrosis of any racial or ethnic group in Nebraska, with an age-adjusted rate of 38.8 deaths per 100,000 population.

This is 3.1 times the rate for non-Hispanic Whites (12.7/100,000), while the death rate for Asians is the smallest at 4.1/100,000.

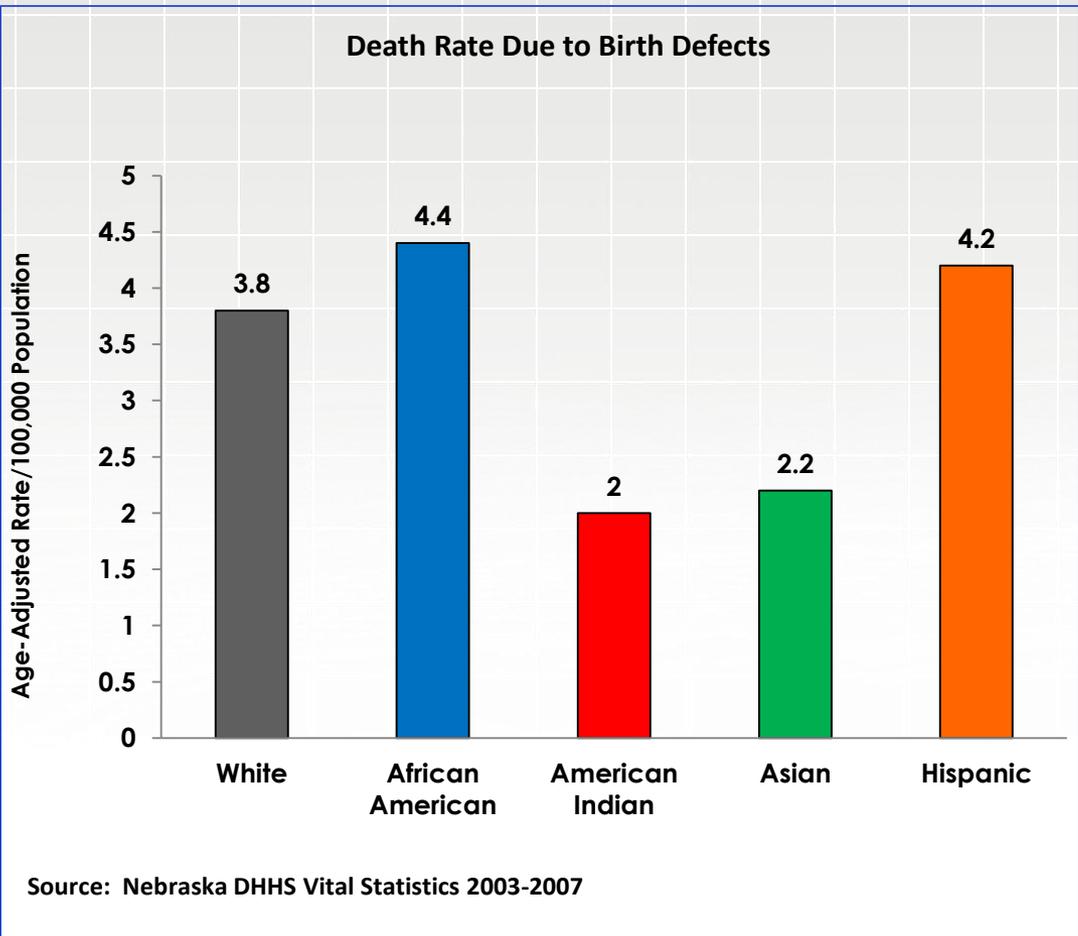


## 6.31 Birth Defects

Between 2003 through 2007, African Americans reported a death rate due to birth defects as 4.4/100,000.

The death rate due to birth defects for non-Hispanic Whites was 3.8/100,000.

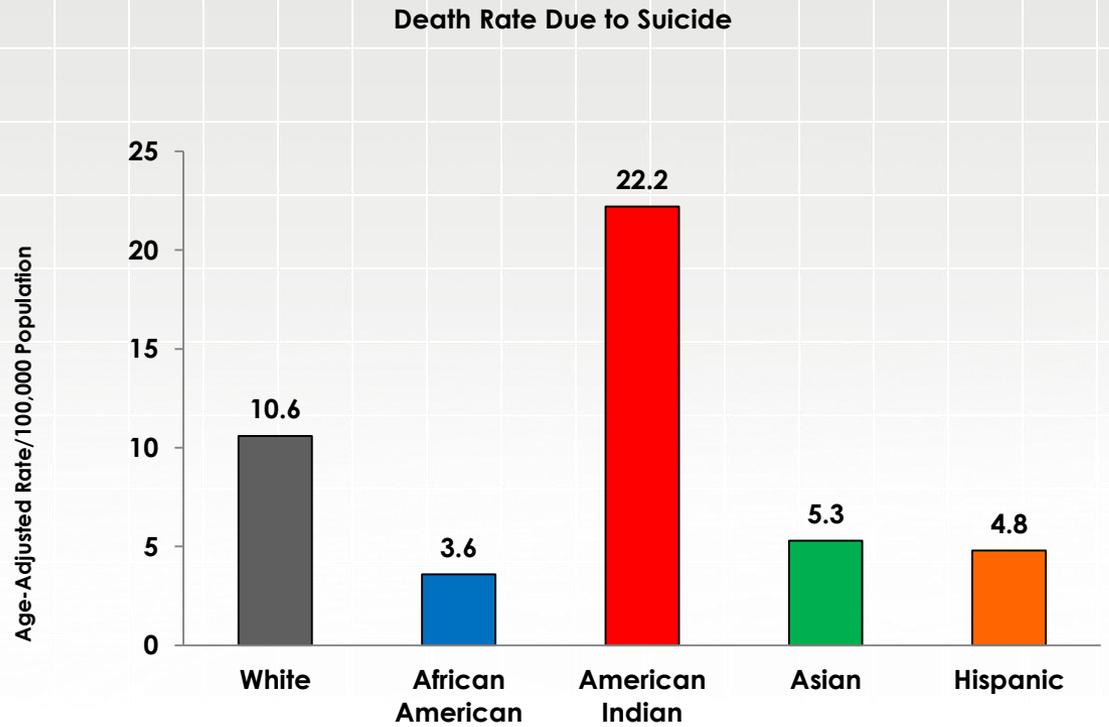
American Indians had the lowest death rate at 2/100,000, which was less than half of the rate for African Americans.



## 6.32 Suicide

American Indians had the highest death rate due to suicide of any racial or ethnic group in Nebraska, 22.2/100,000, compared to the rate for non-Hispanic Whites at 10.6/100,000.

African Americans had the lowest death rate due to suicide at 3.6/100,000.

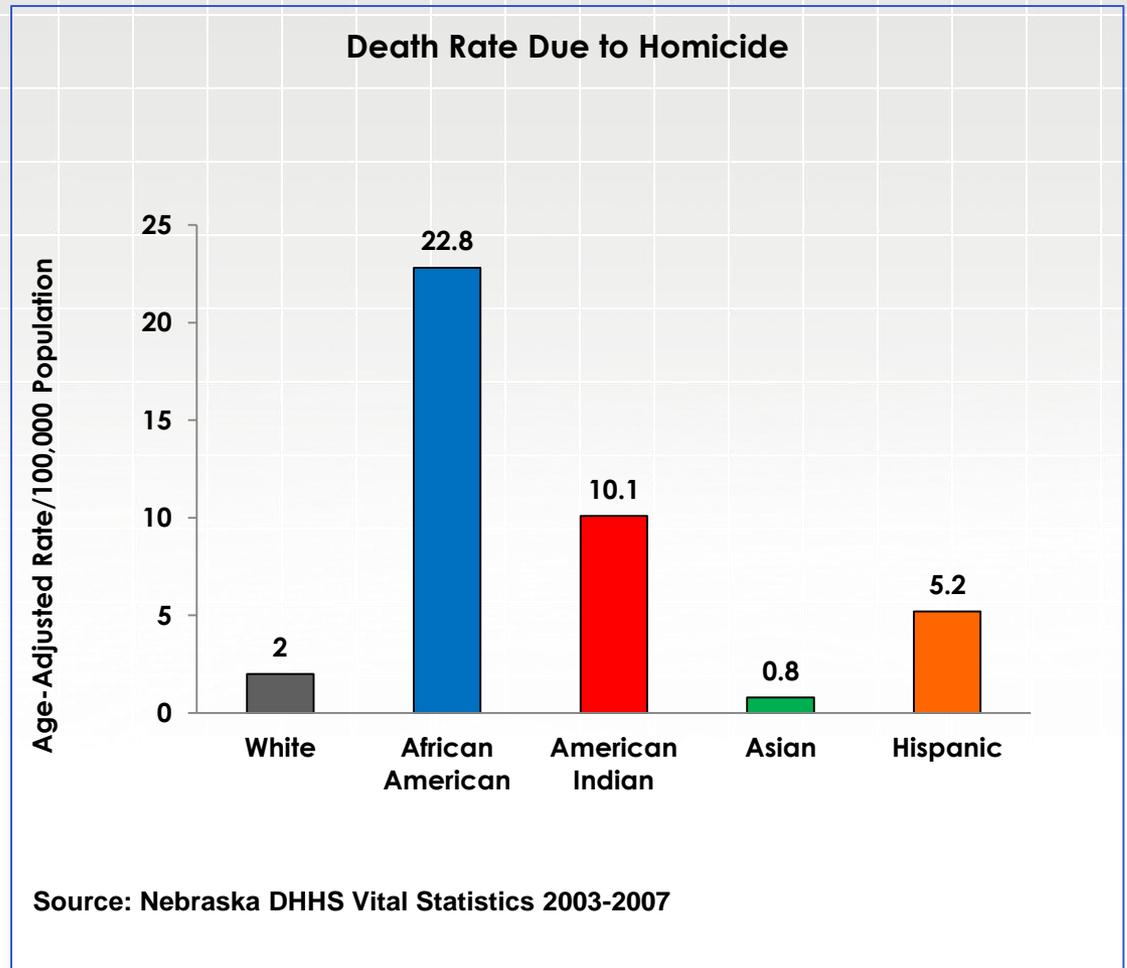


Source: Nebraska DHHS Vital Statistics 2003-2007

## 6.33 Homicide

Homicide was the fifth leading cause of death for African Americans from 2003 to 2007.

During this five year period, the mortality rate due to homicide was 11.4 times higher for African Americans (22.8 age-adjusted death rate per 100,000 population) and 5.1 times higher for American Indians (10.1) than the rate for non-Hispanic Whites (2).



## 6.34 Life Expectancy at Birth: State of Nebraska

The average life expectancy between 2005 to 2007 of an American Indian person was 70.2 years, more than nine years less than that of a White person, at 79.2 years. The average life expectancy of an African American person was 72.8, or 6.4 years less than that of a White person.

<i>YEARS</i>	<i>TOTAL/YRS</i>	<i>MALES/YRS</i>	<i>FEMALES/YRS</i>
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
1974-1976	74.3	70.6	78.1
1969-1971	72.7	68.9	76.8

Source: Nebraska DHHS Vital Statistics

## 6.35 Life Expectancy at Birth for Whites, By Gender

<i>YEARS</i>	<i>TOTAL/YRS</i>	<i>MALES/YRS</i>	<i>FEMALES/YRS</i>
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
1974-1976	74.5	70.8	78.4
1969-1971	73	69.2	77.2

Source: Nebraska DHHS Vital Statistics

## 6.36 Life Expectancy at Birth for African Americans, By Gender

<i>YEARS</i>	<i>TOTAL/YRS</i>	<i>MALES/YRS</i>	<i>FEMALES/YRS</i>
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
1974-1976	67.1	62.8	71.8
1969-1971	64.8	61.1	68.6

Source: Nebraska DHHS Vital Statistics

## 6.37 Life Expectancy at Birth for American Indians, By Gender

<i>YEARS</i>	<i>TOTAL/YRS</i>	<i>MALES/YRS</i>	<i>FEMALES/YRS</i>
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

## Section 7 Infectious Diseases

In the United States it is estimated that more than one million people are living with HIV and more than a quarter of these are undiagnosed.

In 2005, African Americans represented roughly 12% of the U.S. population and yet they account for half of all new AIDS cases.

There are tremendous disparities in HIV and AIDS cases among African Americans.

African American men have rates which are nearly 7 times higher than White men and African-American women have rates which exceed 20 times those of White women.

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

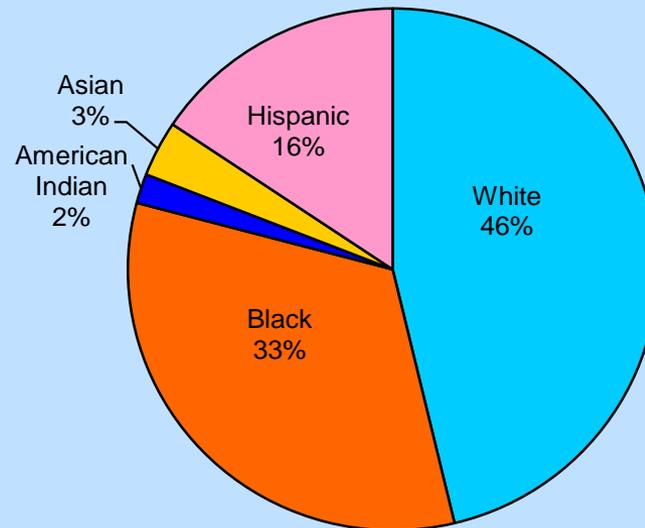
## 7.1 HIV

There are astonishing disparities among some minority groups in Nebraska who suffer from HIV/AIDS. From 2002 to 2006, the incidence rate for HIV/AIDS among African Americans was 43.2/100,000 or 13.9 times the rate for non-Hispanic Whites.<sup>21</sup>

According to the Nebraska Department of Health and Human Services HIV/AIDS Surveillance Program, although African Americans represented only 4.4% of Nebraska's total population in 2006, they accounted for 33% of all adult HIV/AIDS cases between 2002 and 2006.

Hispanic Americans represented 7.4% of Nebraska's total population in 2006 and they accounted for 15.6% of adult HIV/AIDS cases between 2002 and 2006.

### Nebraska HIV/AIDS Cases 2002-2006

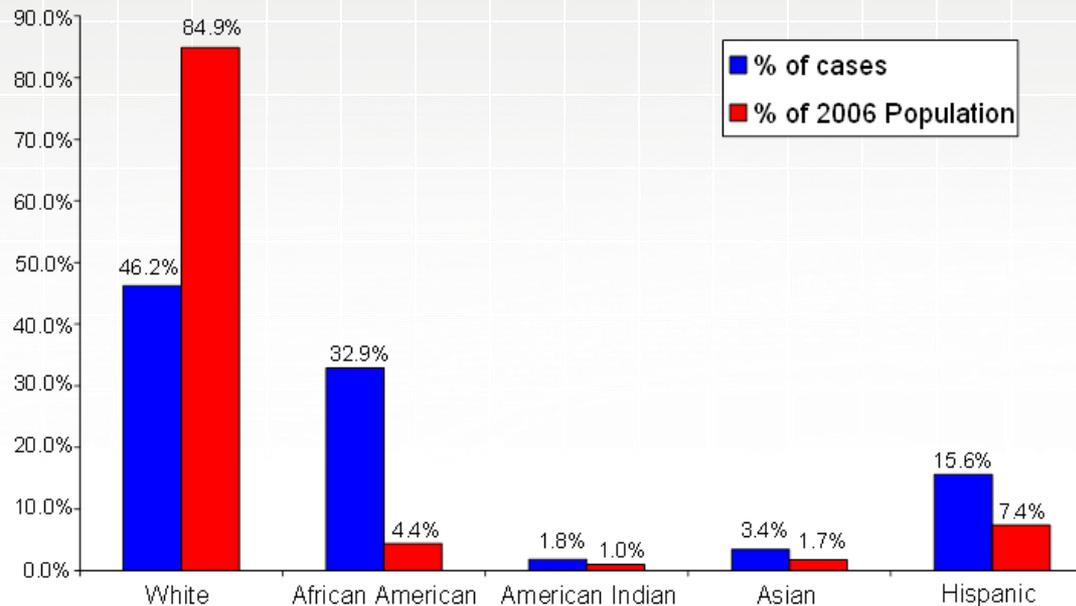


Notes: In 2006, Black accounted for 4.4% of the total Nebraska population while Whites, not Hispanic accounted for 85%.

Source: Nebraska Department of Health and Human Services, HIV/AIDS Prevention Program

## 7.2 HIV/AIDS DIAGNOSIS 2002-2006 Nebraska Population, By Race and Ethnicity

HIV/AIDS Diagnoses (2002-2006) & Nebraska population (2006) by Race and Ethnicity



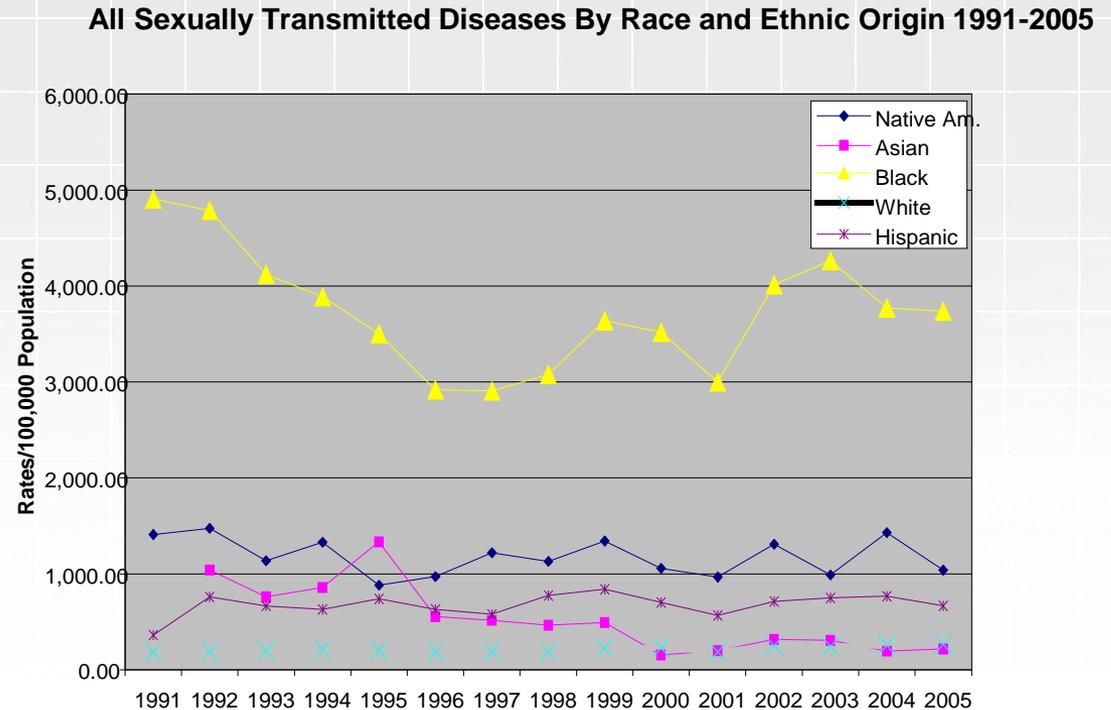
Source: Nebraska Department of Health and Human Services, HIV/AIDS Surveillance Program U.S. Census Bureau, 2006 population estimates

## 7.3 Sexually-Transmitted Diseases (STDs/STIs)

Health Disparities in sexually-transmitted diseases (STD/STIs) morbidity becomes evident when comparing the rate of STDs per 100,000 population for African Americans to that of non-Hispanic Whites.

In 2005, the incidence of sexually-transmitted diseases was 14.1 times higher for African Americans (3735.9/100,000) than for non-Hispanic Whites (264.9/100,000) in Nebraska.<sup>23</sup>

The rate for African Americans was much higher than the rates for any other racial or ethnic group in the state.



Source: Nebraska DHHS, STD Surveillance Program 1991-2005.  
Persons of Hispanic origin may be any race.

## Section 8 Health Behavior Risk Factors for Illness

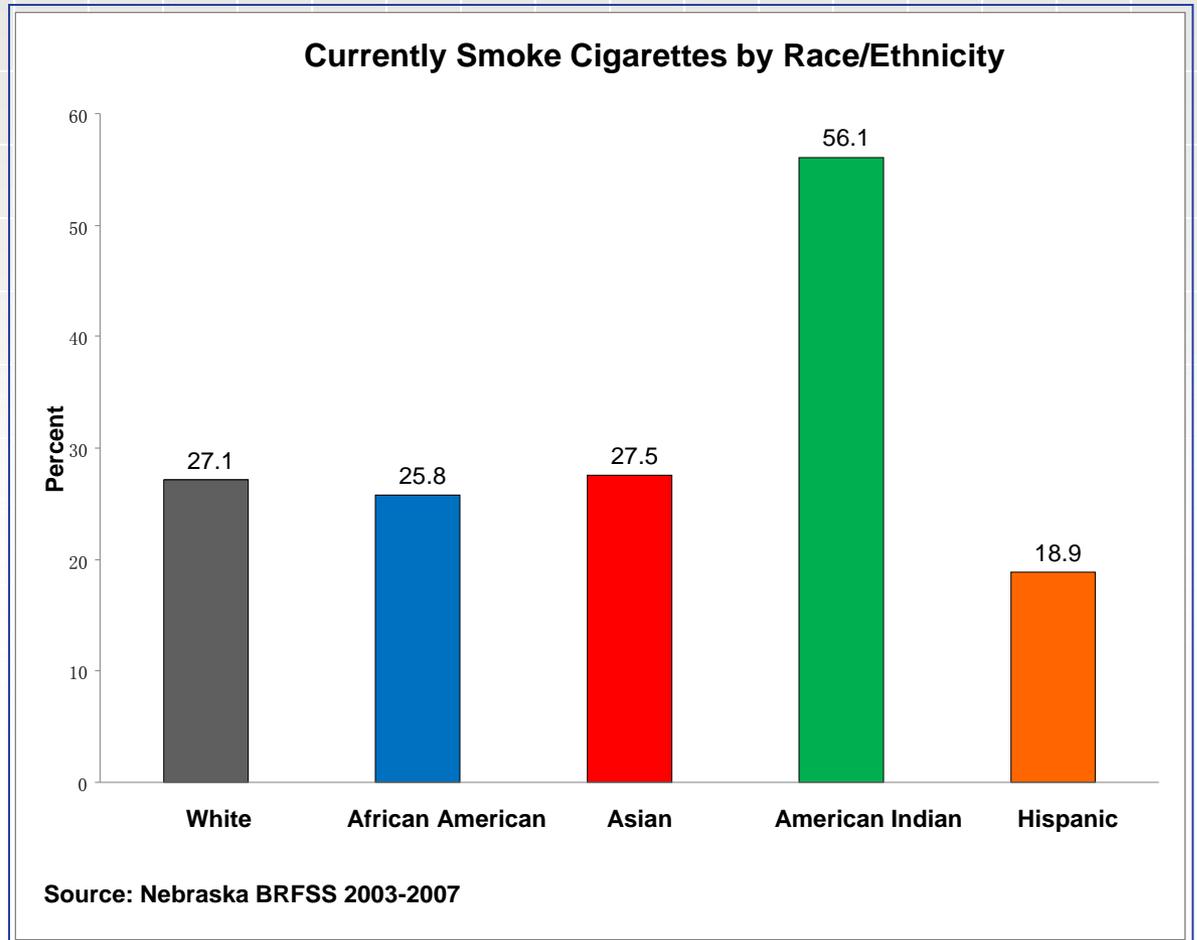
Minority populations generally experience a disproportionate share of adverse health outcomes compared to Whites. The prevalence of risk behaviors associated with these adverse health outcomes among minorities in Nebraska is not well documented. We sought to describe the prevalence of selected health risk behaviors and document the disparities between minorities. Since the 1980s, the State of Nebraska has conducted the CDC Behavioral Risk Factor Surveillance System (BRFSS) at the statewide level to better understand health problems and risk behaviors among adults in the state.

## 8.1 Tobacco Use

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.

From 2003 to 2007, American Indian adults were more likely than any adults of all other racial and ethnic groups to smoke cigarettes.

Over half (56.1%) of American Indian adults ages 18 and over reported smoking cigarettes, compared to 18.9% of Hispanic adults and 27.1% of non-Hispanic Whites.



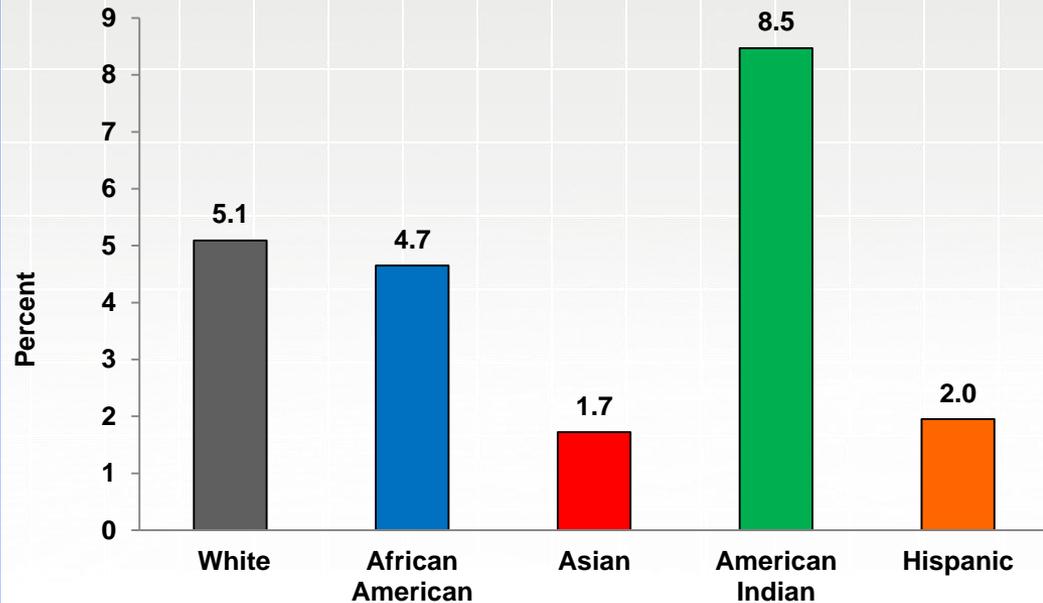
## 8.2 Alcohol Use

Heavy drinking is defined as drinking more than 60 alcoholic beverages for men (an average of more than two drinks per day) and 30 alcoholic beverages for women (an average of more than one drink per day) during the past month, or 30 days preceding the survey.

Prevalence of heavy drinking among Nebraska adults was highest among American Indians.

During the combined years of 2003 to 2007, 8.5% of Nebraska American Indian adults aged 18 and over reported heavy drinking during the 30 days preceding the survey. Non-Hispanic Whites had a rate of 5.1%, which is very comparable to the rate for African Americans (4.7%). Asian Americans had the lowest rate with 1.7% reporting heavy drinking.

Heavy Drinking Among Adults by Race/Ethnicity

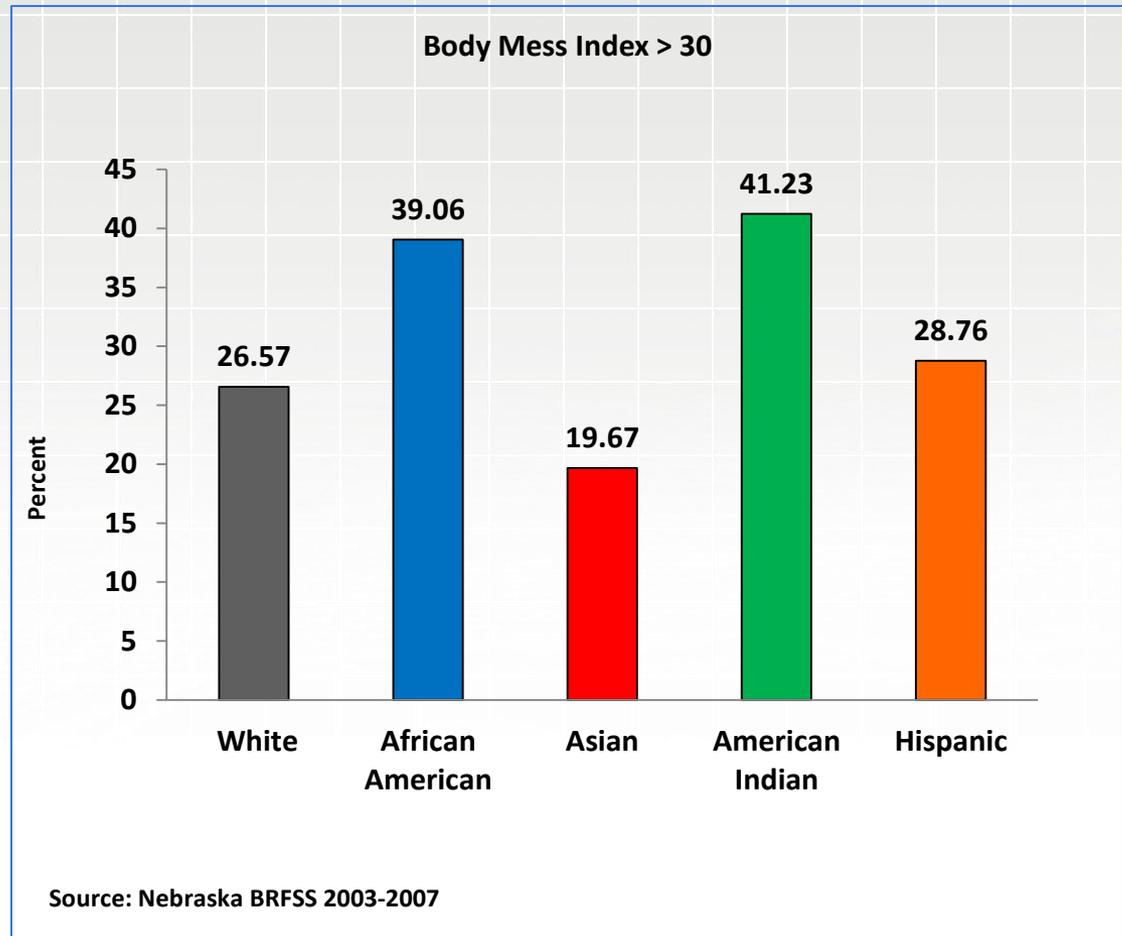


Source: Nebraska BRFSS 2003-2007

## 8.3 Obesity

In Nebraska, the 2003-2007 BRFSS results indicate that 27.3% of Nebraska adult residents have a Body Mass Index (BMI) greater than 30.

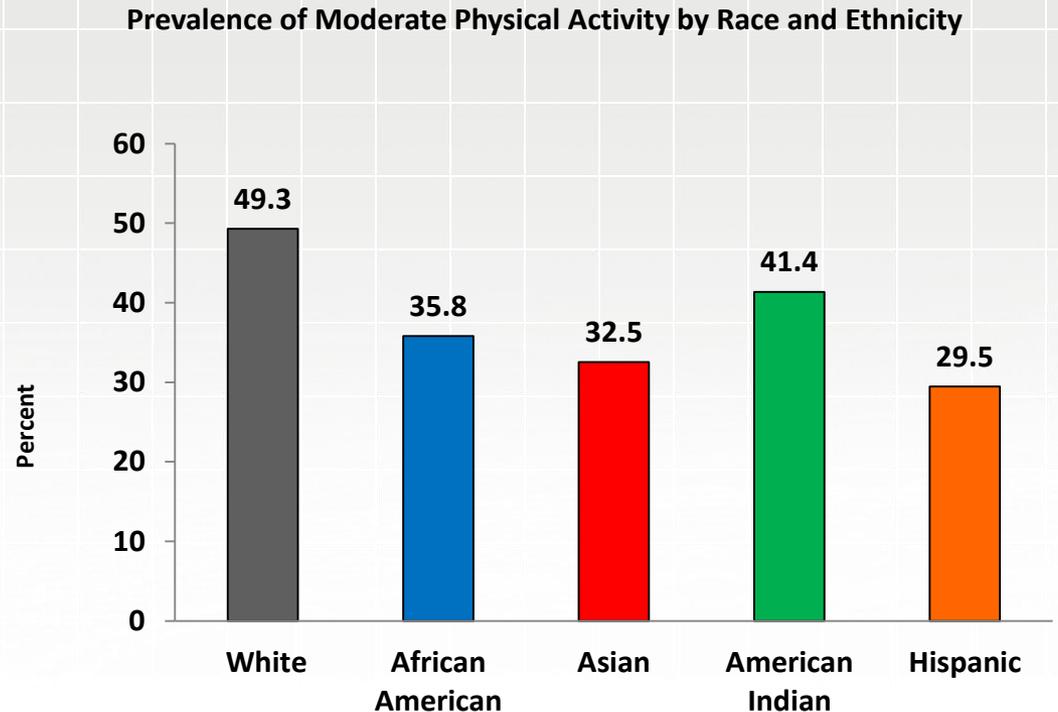
On average, adult American Indians (41.2%) were more likely to be obese than African Americans (39.1%), Hispanic Americans (28.8%), and Asians (19.7%), compared to non-Hispanic White residents (26.6%).



## 8.4 Physical Activity

From 2003 to 2007, the prevalence of moderate physical activity was highest among non-Hispanic Whites (49.3%), African Americans (35.8%), and American Indians (41.4%).

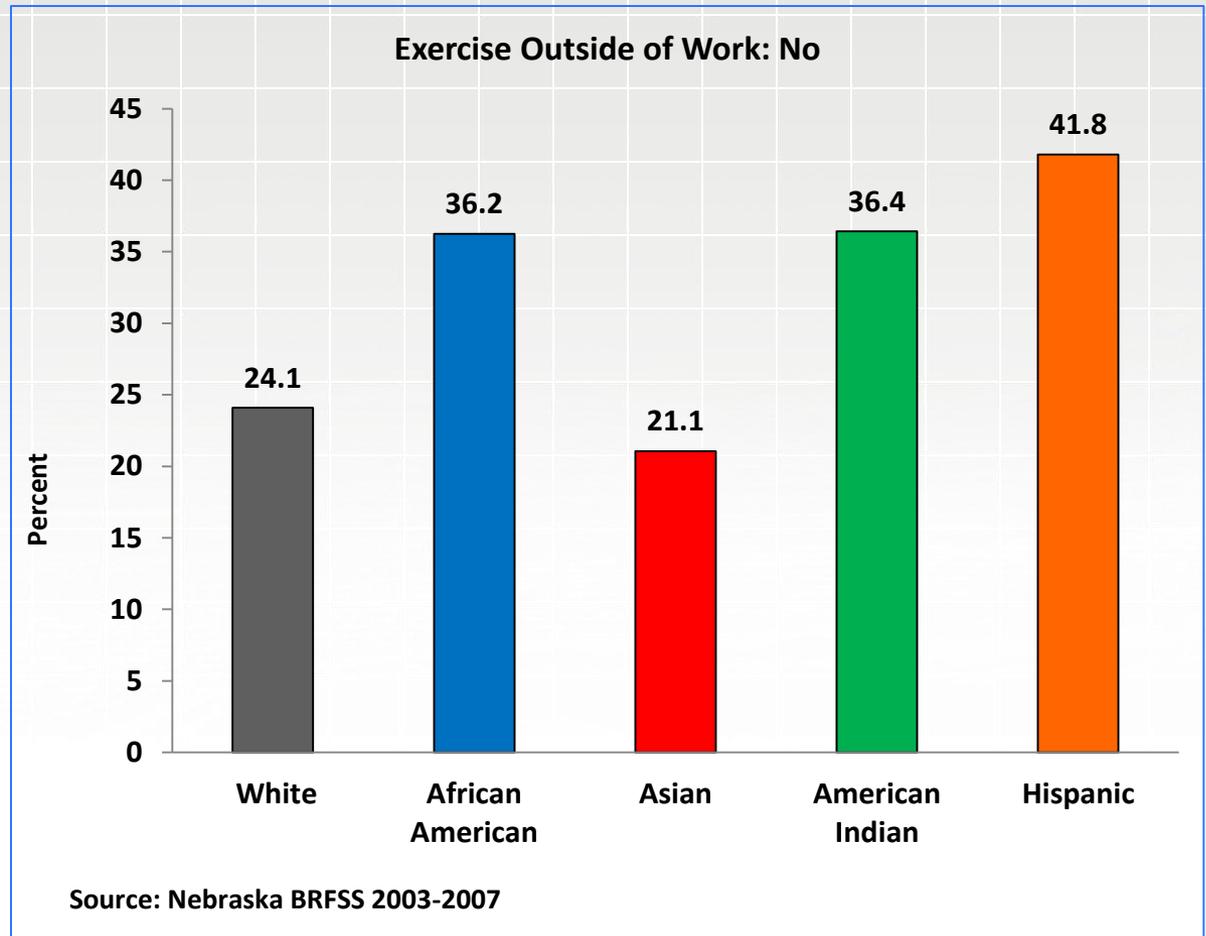
Relatively lower rates were recorded for Hispanics (29.5%) and Asian Americans (32.5%).



Source: Nebraska BRFSS 2003-2007

## 8.5 Physically Inactive

The 2003-2007 Nebraska BRFSS results indicate 41.8% of Hispanic adults, 36.2% of African American adults, and 36.4% of American Indian adults were physically inactive in the past month, compared to 24.1% of non-Hispanic White Nebraskans.

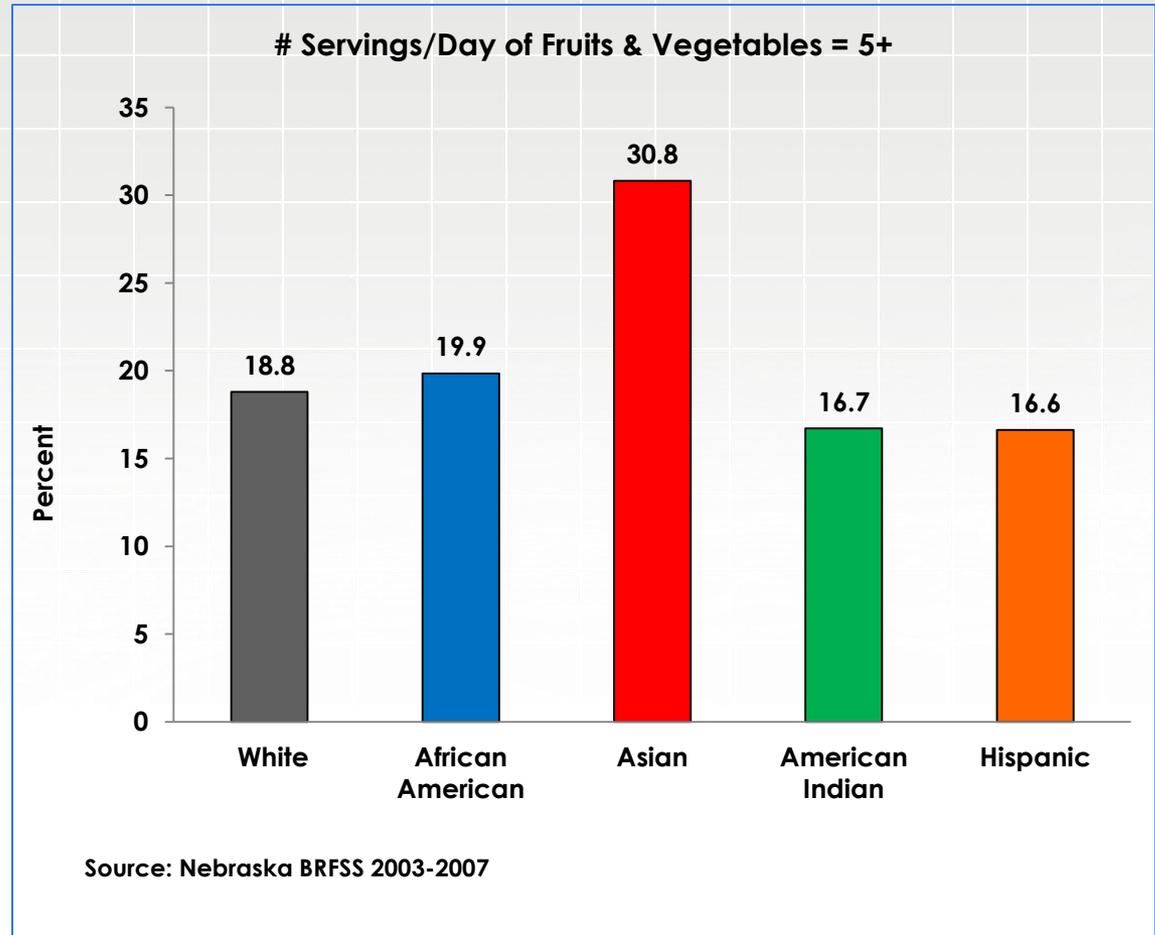


## 8.6 Servings of Fruits and Vegetables

Of all racial and ethnic groups, Asians have the highest percentage (30.8%) of those who have five or more servings of fruits and vegetables every day.

African Americans consumed 19.9% of recommended servings of fruits and vegetables.

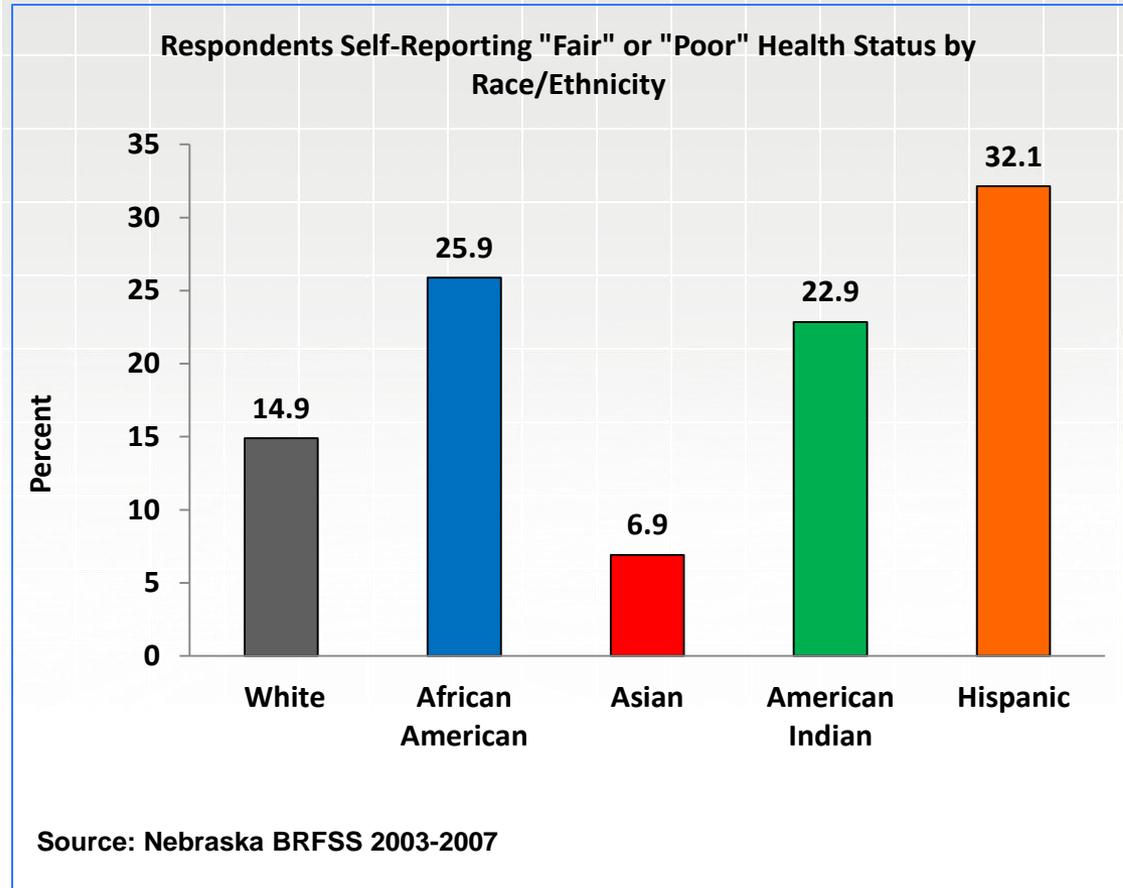
Slightly lower are non-Hispanic Whites (18.8%) who ate the recommended servings of fruits and vegetables, but, higher compared to American Indians (16.7%) and Hispanics (16.6%).



## 8.7 Fair or Poor Health Status

The 2003-2007 Nebraska BRFSS results indicate that nearly 32% of Hispanics and 26% of African Americans rated their health status as either “fair” or “poor”.

About 22.9% of Native American adults rated their health status as either “fair” or “poor,” compared to 14.9% of non-Hispanic White Nebraskans.



## Section 9 Nebraska's Prison Population

By February 2008, Nebraska's nine correctional facilities, housed nearly 4,385 residents, and of that number, almost half or 44% of inmate residents were racial and ethnic minorities.

During the same time frame in February 2008, that number was up 13% since 2000 and at 138% of designed building capacity.

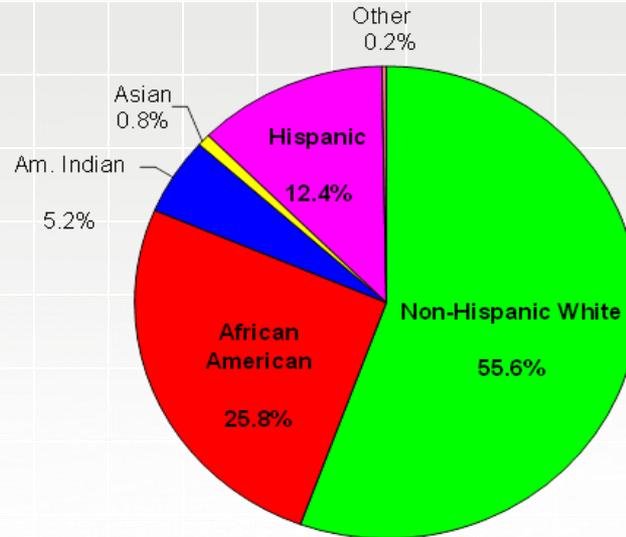
In Nebraska, a vast majority of inmate residents are male (91.1%), and the leading offenses for men were: sexual offenses, drugs, assault, homicide, theft, and robbery.

For women the leading offenses included: drugs, fraud, theft, assault, motor vehicle, and homicide.

## 9.1 Nebraska's Prison Population

Although African Americans in Nebraska only represented 4.5% of the total population in 2008, they accounted for 25.8% of the total residents in statewide correctional facilities.

With regards to the Latino/Hispanic population, they represented 7.9% of Nebraska's total population in 2008 and accounted for 12.4% of the total inmate residents.



Note: In 2008, African Americans accounted for 4.5 % of Nebraska's total population while non-Hispanic Whites accounted for 85% .  
Source: Nebraska Department of Correctional Services

## References

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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 changes or differences in age composition can be eliminated from the analysis. This is necessary because older populations have higher death rates merely because death rates increase with age. Age adjusting allows the researcher to make meaningful comparisons over time and among groups in the risk of mortality. The death rates in this report have been adjusted according to the age distribution of the United States population in 2000 so that these rates are stabilized from fluctuation due to changes and difference in age composition of the population under study. This 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:** A death rate is a ratio between mortality and population; 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. Rates allow meaningful comparisons between groups of unequal size.

**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 in kilograms by the individual's height in meters squared.

**Diabetes:** Often times 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 Centers for Disease Prevention and Control (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."

# Glossary Terms

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

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

**Infant Death 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.

**Kotelchuck Index:** It is a prenatal care index. “Special natality data summaries are prepared by the Office of Health Care Information. The office uses special programs to create an adequacy of prenatal care index, as 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. The Adequacy of Prenatal Care Utilization Index (APNCU), also known as the Kotelchuck Index, is one of the methods used to assess adequacy of prenatal care. Data for assessing prenatal care is taken from information collected on birth certificates. This index 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.

**Morbidity:** A term used to describe disease, sickness or illness, as a departure from normal physiological and psychological conditions. It is normally expressed as a morbidity rate. Morbidity rates give the closest frame of the quality of life and health status in a given population.

**Mortality:** A term used to describe death. It is normally expressed as a rate, expressing the proportion of a particular population who die of one or more diseases or of all causes during a specified unit of time, usually a year. It is also the probability of dying within a specified time period. This rate is also called the “crude death rate.”

## Glossary Terms

**Ill-Defined Causes of Death:** The block R95-R99 of ICD-10 is titled 'Ill-defined and unknown causes of mortality'. This block contains Sudden Infant Death Syndrome (R95) which is often presented separately in COD statistics.

**Injury Deaths:** Include deaths that are caused by forces external to the body. Examples of causes of injury death include drowning, fall, firearm, fire or burn, motor vehicle traffic, poisoning, and suffocation.

**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).

**Employed:** Employed includes all civilians 16 years old and over who were either (1) "at work" -- those who did any work at all during the reference week as paid employees, worked in their own business or profession, worked on their own 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" -- those who 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; also excluded are 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. This week may not be the same for all respondents.

## Glossary Terms

**Unemployed:** All civilians 16 years old and over are classified as unemployed if they (1) were neither "at work" nor "with a job but not at work" during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to accept a job. Also included as unemployed are 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. For example: if the civilian labor force equals 100 people and 7 people are unemployed, then the unemployment rate would be 7%.

**Household:** A household includes all the people who occupy a housing unit. (People 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 in the same household 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.

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