

INTRODUCTION

The information presented in this report comes from the vital records of the state of Nebraska. Records of events for Nebraska residents which occur in other states, territories and Canada, and which the Department receives through an Inter-Jurisdictional Exchange Agreement, are also included. The primary period covered by this report is calendar year 2008; however, some data from previous years are also included. Records received after the following dates were not included in this report: marriage and divorce records received after September 1, 2009; and birth, death and fetal death records received after October 22, 2009. The number of such records is minimal and their statistical effect negligible.

The birth defect data presented in the report are taken from the Nebraska Birth Defects Registry, with the exception of the death data, which are taken from death and fetal death certificates. Information for the Registry is provided by reporting personnel in approximately 90 Nebraska hospitals.

The state and county population figures used in the calculation of rates are from 2008 Census estimates provided by the U.S. Department of Commerce, Bureau of the Census. City and balance of county population estimates are provided by the Nebraska Department of Health and Human Services (DHHS).

Characteristics of the population, such as size and age structure, can have a great influence on vital statistics data. Only 27 counties and 16 cities in Nebraska had populations over 10,000 at the 2000 Census. Eleven counties had less than 1,000 residents. In any area with a population under 10,000, wide variations in numbers or rates of events can appear from year to year, and no single year may be truly representative of the population. Counties with a high proportion of young people will show relatively higher crude birth rates and lower crude death rates than counties with a greater number of older residents.

Information for towns having populations of 2,500 or more (in 2000) is included in this report. Information for towns with a population of 1,000 or more persons is available from the DHHS Health Statistics Section (see address and phone number on page i).

Supplemental tables have been included to reflect new data being collected. In addition, selected tables for the 20 local health districts and five DHHS Service Areas have been included in the appendix.