



Focus

on Eliminating Disparities for Women of Color

RACIAL ETHNIC MINORITIES IN NEBRASKA

Nebraska continues to become more racially and ethnically diverse. Between 2000 and 2010, the state's racial ethnic minority population increased by 17%, and the percentage of the minority population compared to the total population increased from 13% to 18%. In 2010, Hispanics accounted for 51% of the minority population, while African Americans, Asians, and American Indians accounted for 25%, 10%, and 5%, respectively. Hispanics and Asians were the No. 1 and No. 2 fastest growing minority groups in Nebraska in the past ten years. These data apply to both minority women and men.

ABOUT THE REPORT

Although Nebraska has made progress in recent decades in reducing health disparities by race/ethnicity, income, education, and other social characteristics, the differences are still notable. Reporting the recent trends in selected social and health indicators is important in providing a better understanding of the underlying factors of disparities. It also facilitates accountability to reduce disparities with effective interventions.

REDUCING/ELIMINATING DISPARITIES FOR THE FUTURE

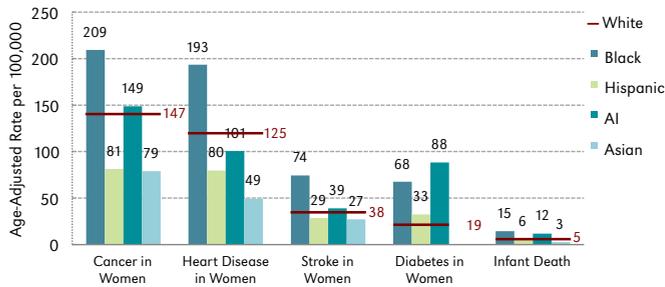
To help Nebraska achieve its vision of eliminating health disparities in the future, it will be imperative for all sectors of our state to work together in not only developing programs that focus on individual behavior changes, but also examine and create changes in larger societal factors that also have a direct influence on the health of the citizens of our state.

We must all take a proactive approach and begin to collaborate with partners to enhance our current programs or develop new programs to improve the health of racial ethnic minorities in Nebraska. Another key component for improved health outcomes is to empower individuals at the community level to create changes at the local level.

As this report demonstrates, there are still notable health disparities among Nebraska's racial/ethnic minorities compared to White women. It is important to remember that health status is an integral part of our everyday lives. It not only involves health, but also our living and working conditions. Therefore, all sectors of our society, including the non-healthcare sector as well as policy makers, play a huge role in eliminating health disparities in Nebraska.

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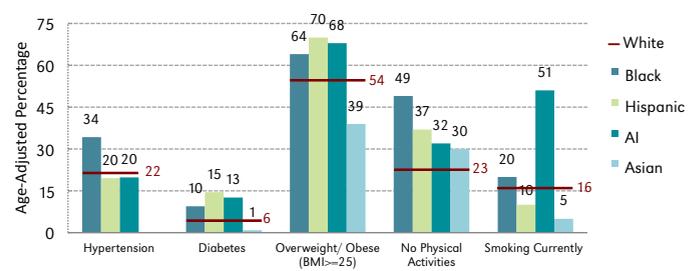
Figure 1. Disparity in Selected Causes of Deaths in Nebraska, 2007-2009



Source: Vital Records, NHHS

FIGURE 1 Disparity in deaths: Top causes of deaths in Nebraska women are in turn cancer, heart disease, stroke, and diabetes. Black women are more likely to die as a result of these chronic diseases, and their infants have a lower chance of survival than those of White women, revealing a disturbing disparity in health outcomes. American Indian (AI) women are more likely to die from diabetes than White women.

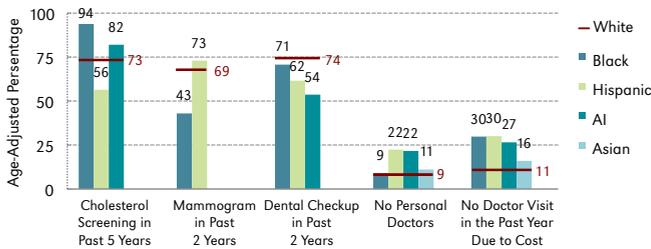
Figure 2. Disparity in Health Outcomes and Their Risk Factors in Nebraska Women, 2007-2009



Source: Behavioral Risk Factor Surveillance System, CDC

FIGURE 2 Disparity in health outcomes and their risk factors: In Nebraska, disparities in health outcomes and their risk factors exist noticeably and persistently. Black women are most likely to lack physical activity and have hypertension, while Hispanic women are also more likely to lack physical activity, resulting in a significantly greater risk of being overweight and developing diabetes. American Indian (AI) women are more likely to be smokers and have more diabetes, compared with White women.

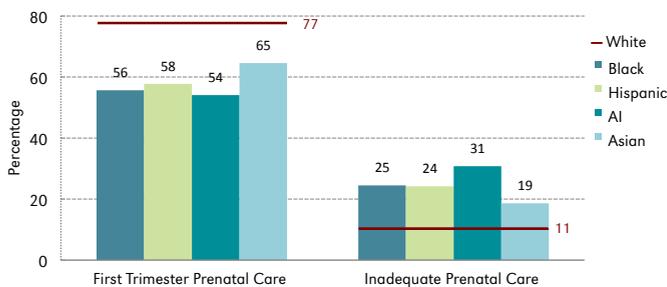
Figure 3. Disparity in Preventive Care and Health Care Access and Utilization in Nebraska Women, 2007-2009



Source: Behavioral Risk Factor Surveillance System, CDC

FIGURE 3 Disparity in preventive care and health care access and utilization: Racial/ethnic minority women face greater barriers and challenges in access to health care and use of recommended health services. Although financial status plays an important role in their access, especially for those of lower socioeconomic position, interactions with the health care system can affect how they obtain and use services. There is a disparity in preventive care and health care access and utilization in Nebraska. Black women are less likely to have mammograms while Hispanic women are less likely to receive cholesterol screening than White women. Hispanic and American Indian women are less likely to report having personal doctors and dental checkups in the past two years than White women. Black and Hispanic women are less likely to have doctor visits in the past year due to cost than their White counterparts.

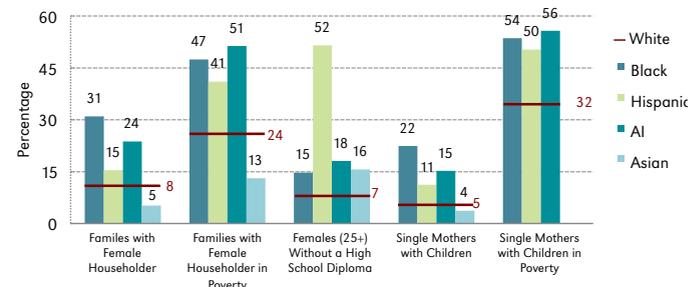
Figure 4. Disparity in Prenatal Care in Nebraska Women, 2009-2010



Source: Vital Records, NHHS

FIGURE 4 Disparity in prenatal care: Adequate prenatal care helps to improve birth outcomes such as birth weight, infant deaths, and maternal health. There is substantial disparity in prenatal care across all racial/ethnic minority women groups compared to White women. All minority women are more likely to receive inadequate prenatal care and less likely to receive first trimester prenatal care than White women.

Figure 5. Disparity in Selected Social Determinants in Nebraska Women, 2007-2009



Source: American Community Survey, US Census Bureau

FIGURE 5 Disparity in social determinants: The socioeconomic status of women, reflected in income and education, strongly influences their health and overall wellbeing. Striking disparities in non-completion of high school and in poverty are found in Black, American Indian and Hispanic women in Nebraska. Racial/ethnic minority women in Nebraska are less likely to graduate from high school than White women. Hispanic, Black and American Indian women are more likely to raise families with no husband present, and these families are more likely to live in poverty, compared with White women.

AI=American Indian