

**Nebraska**  
**Selected Social**  
**Determinants of Health**  
**2011-2015**



**NEBRASKA**

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DEPT. OF HEALTH AND HUMAN SERVICES

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# Selected Social Determinants of Health

*Addressing social determinants is a primary approach to achieve health equity.*

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## What are the Social Determinants of Health?

The conditions in which individuals are born, grow, live, work and age are called social determinants of health. Social determinants of health are mostly responsible for health inequities<sup>1</sup>. Researchers have found that environment affects our health either directly or indirectly. The Centers for Disease Control and Prevention (CDC) states that addressing these conditions is a primary approach to achieving health equity<sup>2</sup>.

### KNOW WHAT AFFECTS HEALTH

**Educational Attainment**



**Unemployment**



**Household Tenure**



**Marital Status**



**Income & Poverty**



**Nativity & Citizenship**



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<sup>1</sup> World Health Organization. Retrieved from [https://www.who.int/social\\_determinants/sdh\\_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/)

<sup>2</sup> Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/socialdeterminants/>

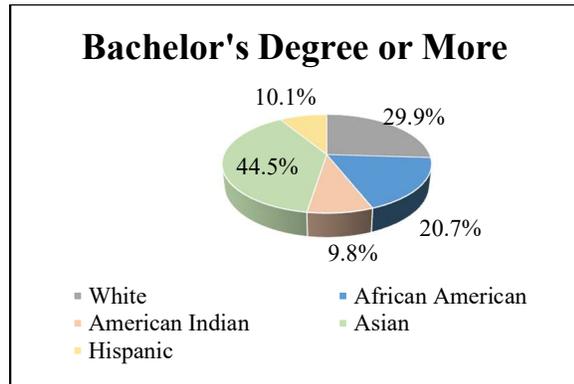


# EDUCATIONAL ATTAINMENT

Studies have found that education is positively associated with good health. Individuals with higher educational attainment live longer and are generally healthier than those with fewer years of schooling.

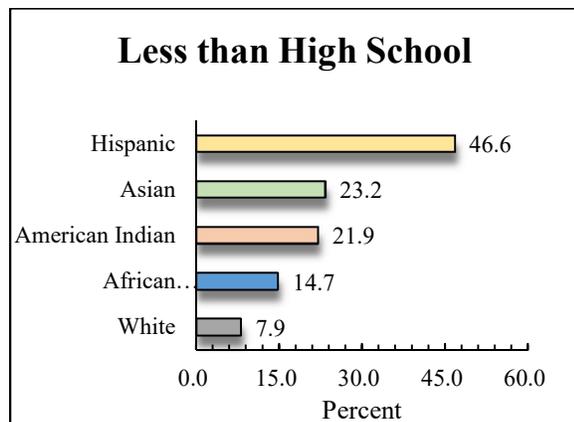
### Key Findings:

- The Asian population had the highest proportion of individuals with a bachelor's degree or more with 44.5% reporting such.



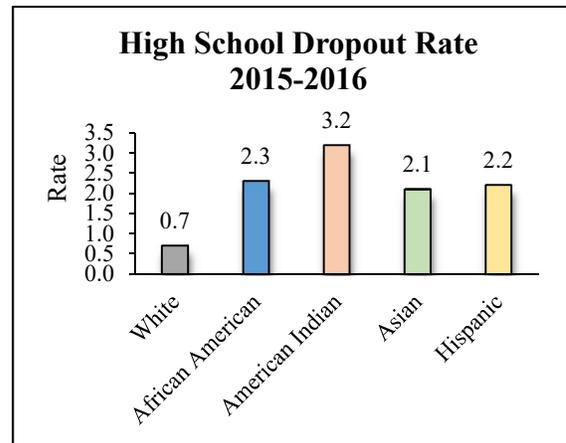
Source: American Community Survey, 2011-2015

- The Hispanic population was most likely to have less than high school education, compared to other minority groups with 46.6% reporting such.



Source: American Community Survey, 2011-2015

- The high school graduation rate in Nebraska was 89.3% for 2015-2016.
- American Indian students were 4.6 times more likely to drop out from high school compared to White students.



Source: Nebraska Education Profile, 2016

### Reasons for High School Dropout:

Researchers have connected high school dropout to socioeconomic status. Students from low-income areas are more likely to drop out of school than those from middle-income neighborhoods. When students need to worry about necessities like food, shelter, and safety, they cannot focus their energy on school. Lack of parental involvement is also a reason that leads to high school dropout.

### Reducing High School Dropout:

- Engage parents in their children's school activities.
- Allow parents to cultivate relationship with teachers.
- Parents should pay more attention to warning signs, such as drug use, gang activities, development of sexual activities, and failing grades.

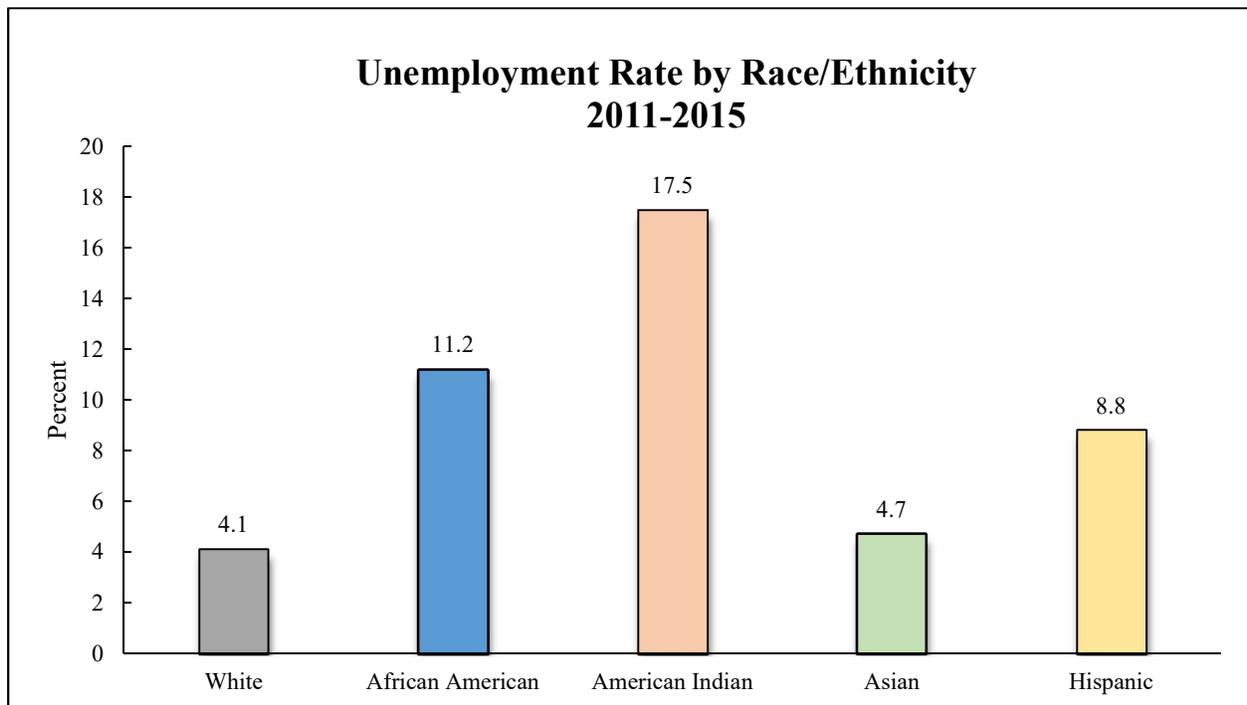


## UNEMPLOYMENT

Unemployment is defined as a situation where individual of working age is not able to get a job but would like to be in full-time employment. According to the Center for Global Policy Solutions, employment fragility is at the center of racial disparities in wealth in the United States<sup>3</sup>.

### Key Findings:

- Asians reported the lowest unemployment rate among all minority groups with 4.7% reporting such from 2011-2015.
- American Indians (17.5%) reported the highest percentage of unemployed individuals from 2011-2015, followed by African Americans (11.2%).
- From 2011-2015, 8.8% of Hispanics were unemployed, which was more than twice the unemployment rate of Whites (4.1%).



Source: American Community Survey, 2011 - 2015

<sup>3</sup> Center for Global Policy Solutions. Retrieved from <http://globalpolicysolutions.org/wp-content/uploads/2017/07/Unemployment-Data-by-Race.pdf>

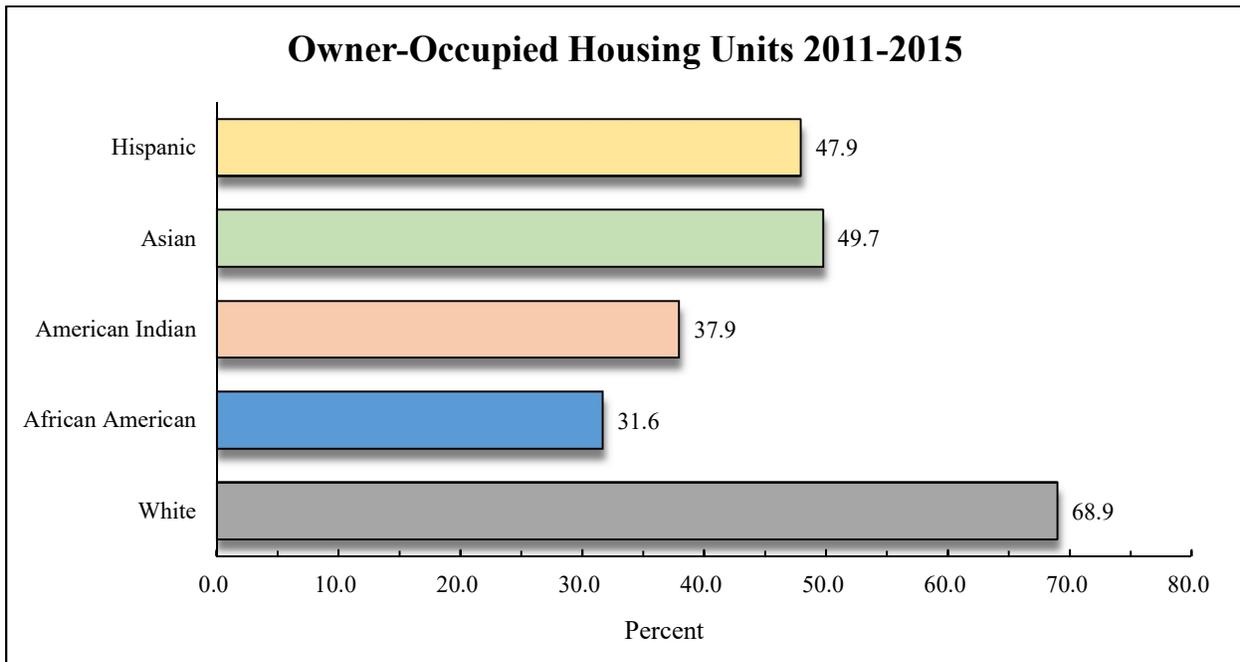


## HOUSEHOLD TENURE

Home ownership has been positively linked to physical and mental well-being. Studies of homeownership and health outcomes found that homeowners and children of homeowners are generally happier and healthier than non-owners<sup>4</sup>. Some other studies have also found that children of homeowners are more likely to perform better at school and have fewer behavioral problems<sup>5</sup>.

### Key Findings:

- African Americans were least likely to live in owner-occupied homes with only 31.6% reporting such.
- American Indians (37.9%) were also less likely to live in owner-occupied homes compared to 68.9% of Whites.
- Almost 50% of Asians (49.7%) reported living in owner-occupied homes, followed by Hispanics (47.9%).



Source: American Community Survey, 2011 - 2015

<sup>4</sup> National Association of Realtors. Retrieved from <http://economistsoutlook.blogs.realtor.org/2017/10/24/highlights-from-social-benefits-of-homeownership-and-stable-housing/>

<sup>5</sup> Dietz, R. (2003). *The social consequences of homeownership*. Columbus, OH: Homeownership Alliance

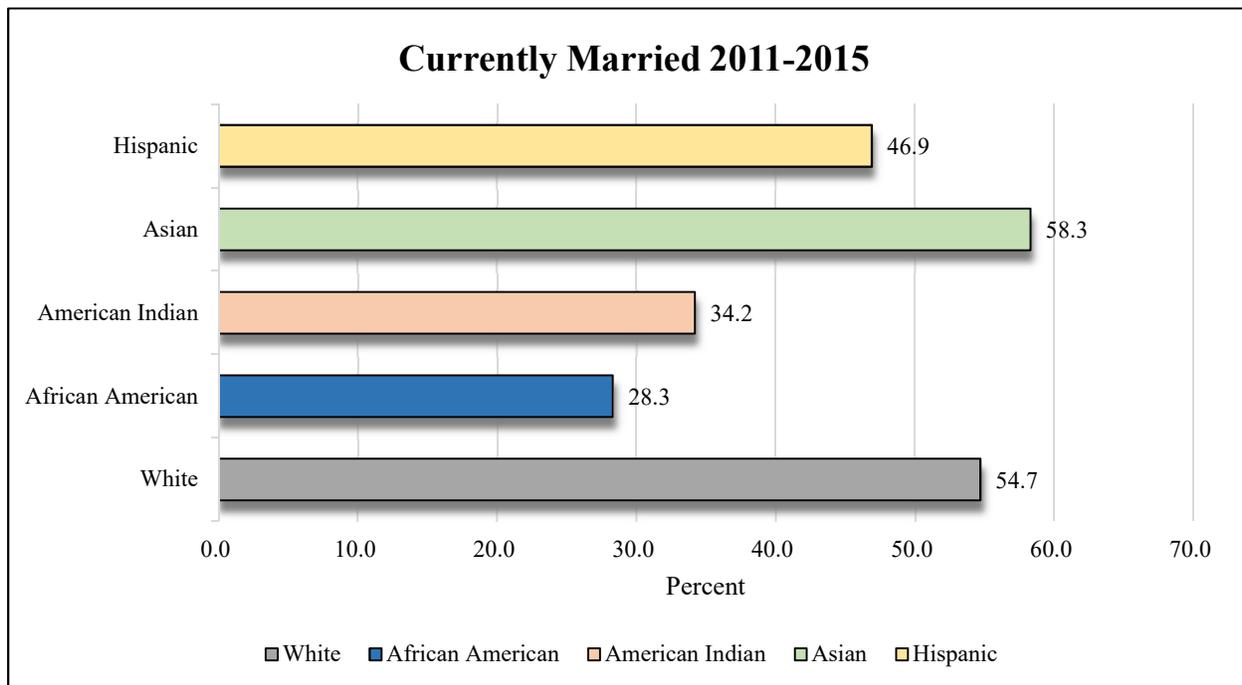


## MARITAL STATUS

Married individuals are generally healthier than those that are unmarried and the children of married couples also tend to be healthier<sup>6</sup>. Studies have found that marriage improves certain mental health outcomes, shortens hospital stays, reduces number of doctor visits and nursing home admissions, lowers some health care costs, and increases the likelihood of having health insurance coverage<sup>7</sup>.

### Key Findings:

- From 2011-2015, African Americans had the lowest proportion of married individuals at 28.3%, almost half of the number of White individuals (54.7%) who reported being married. American Indians followed with only 34.2% reporting being married.
- The Asian population reported the highest number of married individuals at 58.3%.



Source: American Community Survey, 2011 – 2015

<sup>6</sup> Gallagher, M. & Walte, L. (2000). *The case for marriage: Why married people are happier, healthier, and better off financially*. New York, NY: Broadway Books.

<sup>7</sup> U.S Department of Health and Human Services. Retrieved from <https://aspe.hhs.gov/report/effects-marriage-health-synthesis-recent-research-evidence-research-brief>

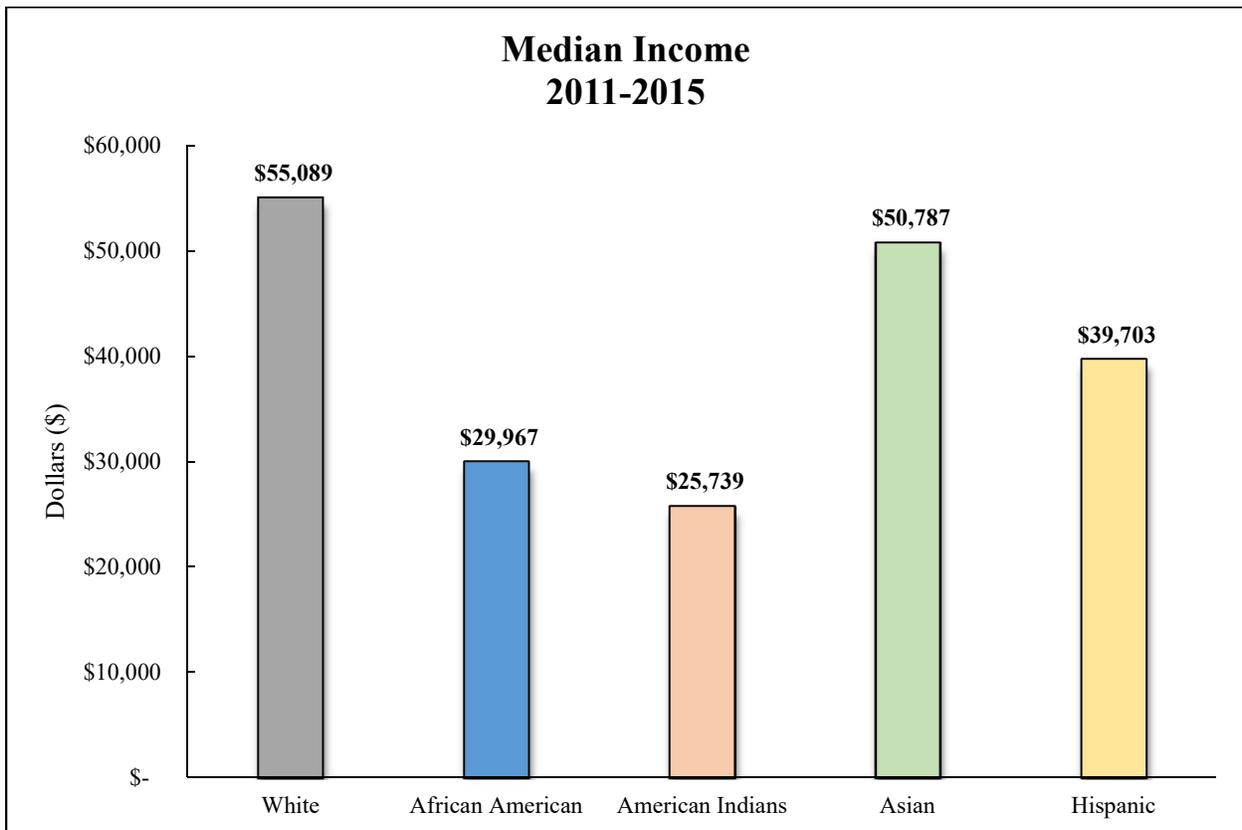


## INCOME

In the United States, health is strongly correlated with income regardless of indicator, whether it be mortality, prevalence of acute or chronic illness, or mental health, poor people are more affected by these problems than their wealthier counterparts<sup>8</sup>.

### Key Findings:

- American Indians had the lowest median income at \$25,739 followed by African Americans (\$29,967) and Hispanics (\$39,703).
- Whites had the highest median income (\$55,089), which was more than double than the median income of American Indians.



Source: Census Bureau, 2011-2015

<sup>8</sup> <http://www.irp.wisc.edu/research/health.htm>

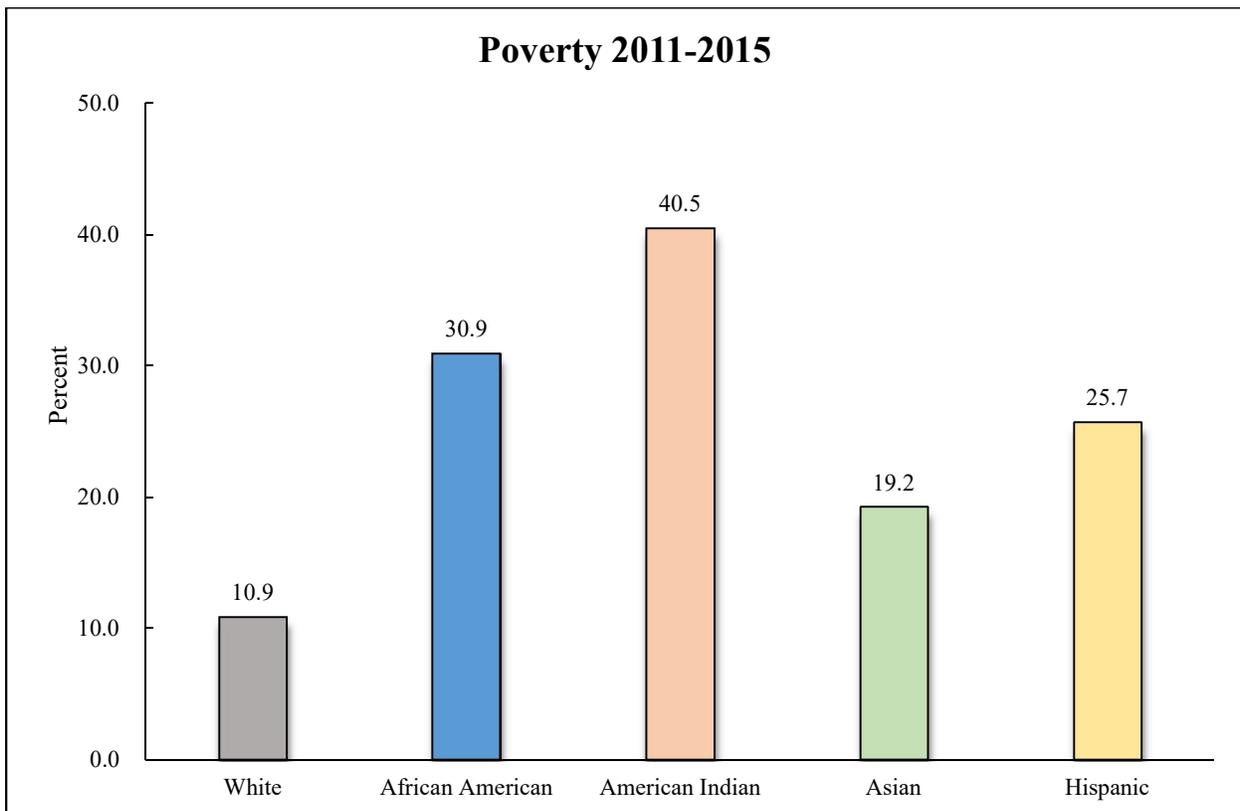


# POVERTY

Poverty affects most aspects of life, from the affordability of health insurance to the quality of food selection. Poverty has been described as an economic state that does not allow for the provision of basic family and child needs, such as adequate food, clothing, and housing<sup>9</sup>. Poverty is much more prevalent amongst minority populations.

Key disparities:

- American Indians reported the highest percentage of individuals living in poverty at 40.5%, almost 4 times the rate of Whites.
- African Americans also reported a higher poverty rate at 30.9%, followed by Hispanics (25.7%) and Asians (19.2%).



Source: American Community Survey, 2011 – 2015

<sup>9</sup> AAP News & Journals. Retrieved from [http://pediatrics.aappublications.org/content/112/Supplement\\_3/707](http://pediatrics.aappublications.org/content/112/Supplement_3/707)

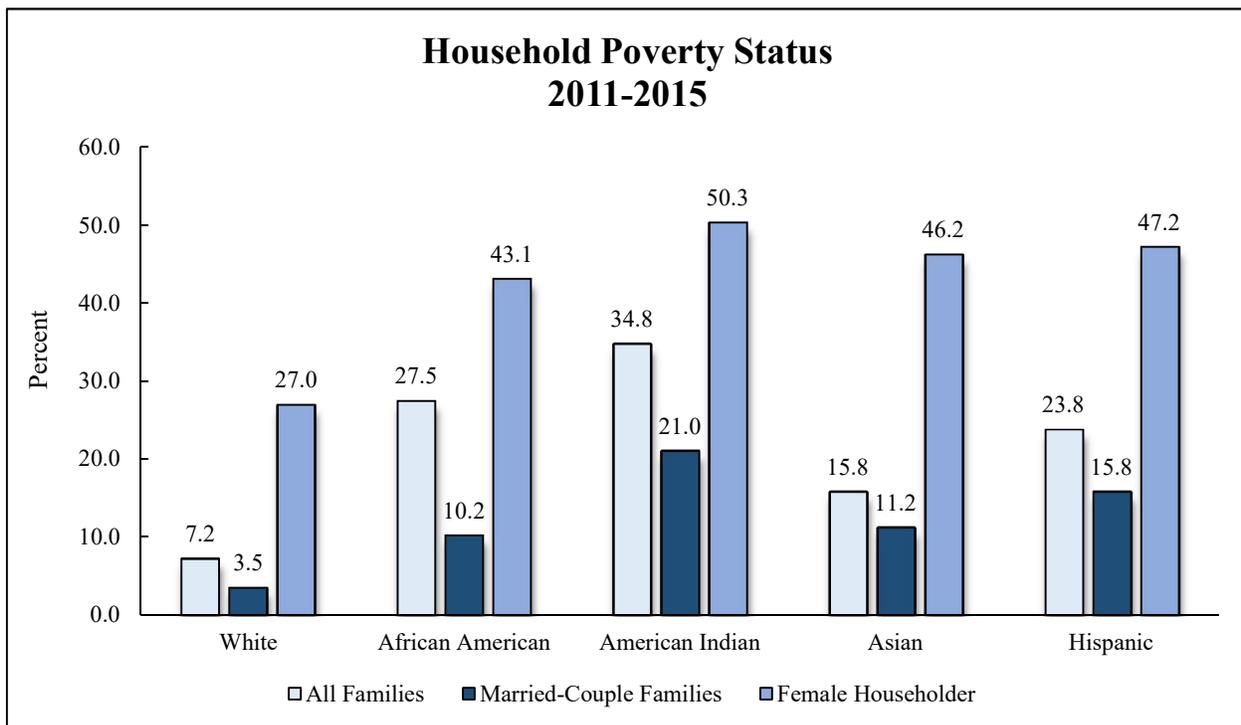


## HOUSEHOLD POVERTY

Following the 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 family's threshold, then the family and the individuals within the family are considered in poverty.<sup>10</sup>

Key disparities:

- American Indians (34.8%) saw the highest poverty rate, which was almost five times the rate of Whites (7.2%). African Americans (27.5%) also had a higher rate of poverty and were four times more likely to be living in poverty than Whites.
- Female householder families were most likely to experience poverty compared to married-couple families. Just over half of American Indian female householders (50.3%) reported poverty, followed by Hispanic female householders (47.2%), Asian female householders (46.2%), and African American female householders (43.1%).
- Twenty-one percent of American Indian married-couple families experienced poverty, which was six times the rate of White married-couple families (3.5%).



Source: Census Bureau, 2011-2015

<sup>10</sup> <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>.

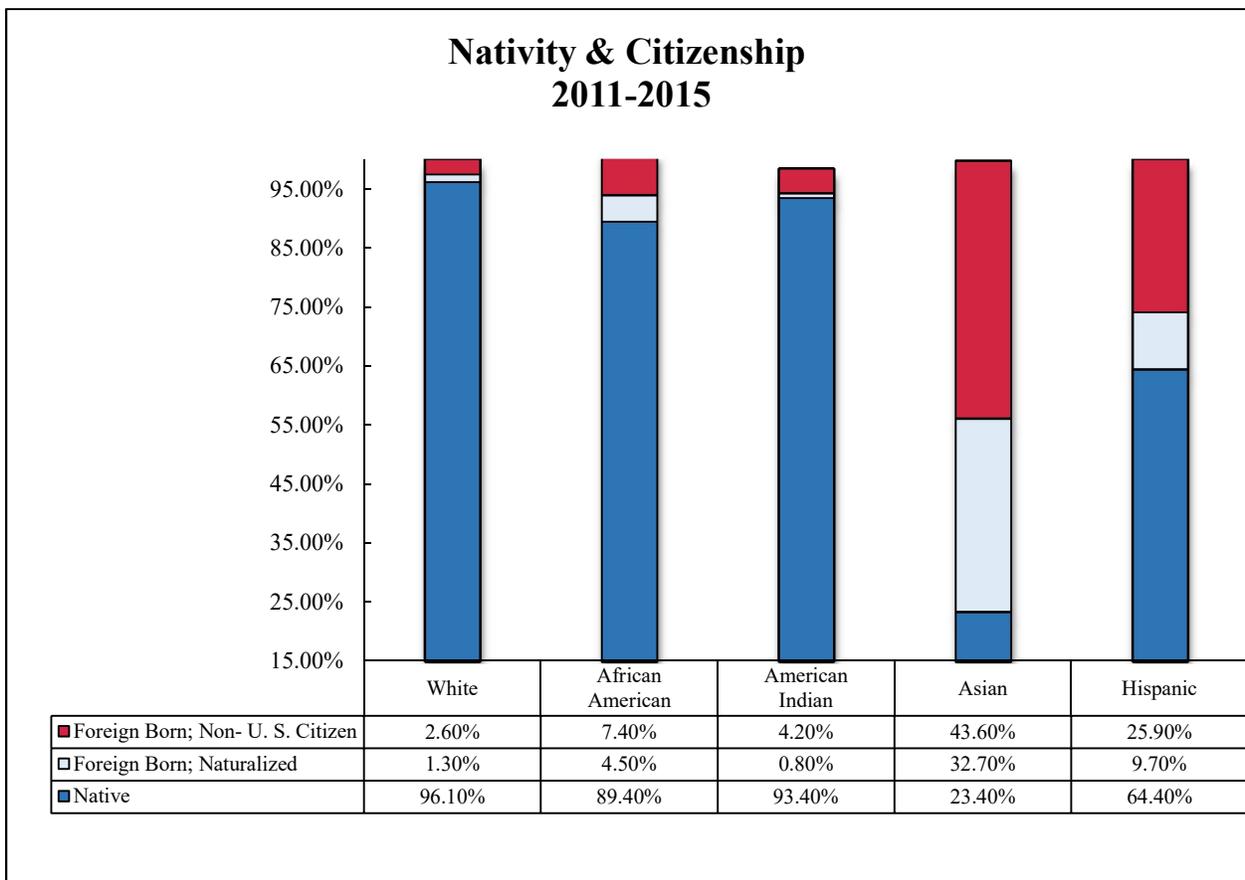


## NATIVITY AND CITIZENSHIP

The native population includes anyone who was a United States citizen at birth. This includes those born in the United States, Puerto Rico, American Samoa, Guam, the Northern Marianas, or the United States Virgin Islands, as well as those born abroad to at least one United States citizen parent.

Key disparities:

- The majority of the Asian population (43.6%) reported being foreign born and not holding citizenship.
- Approximately one-fifth of the Hispanic population (25.9%) reported not holding citizenship, followed by the African American population (7.4%).
- The White population was least likely to be foreign born for both naturalized (1.3%) and non-U. S. citizen (2.6%).



Source: Census Bureau, 2011-2015

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## CONCLUSION

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While there are a variety of factors impacting individuals' health status, social determinants of health are of great importance and warrant a closer examination. The social determinants of health described in this report included, educational attainment, unemployment, household tenure, marital status, income and poverty, and nativity and citizenship.

Education is positively related to health outcomes. One of the key findings was the Hispanic population were almost 6 times more likely to report having less than a high school education when compared to the White population and twice as likely as the next population reporting the same – Asian. High school dropout is also a concern as it is connected to socioeconomic status and typically a result of students' basic needs being unmet. American Indians had the highest rate of dropping out of high school and this was 4.6 times that of White students.

Unemployment, income, and poverty data showed American Indians had the most economic disadvantage. American Indians had 4 times higher rate of unemployment, had a median income 2 times lower, individuals were 3.7 times more likely to live in poverty, and household poverty rate was 5 times higher compared to the White population. American Indians were also 2 times less likely to own their homes and 1.5 times less likely to be married compared to the White population.

African Americans were also at more of an economic disadvantage and were 2.7 times more likely to be unemployed, had a median income 1.8 times lower, individuals were 2.8 times more likely to live in poverty, and household poverty rate was 4 times higher compared to the White population. They were the least likely to own their own home and to be married.

The Hispanic and Asian populations also saw higher rates of unemployment, lower median incomes, and higher number of individuals and families living in poverty compared to the White population. The Asian population was the most likely to be foreign-born and non-citizens, followed by the Hispanic population.

Household poverty data showed that female householders had higher rates of poverty than households with married couples in all racial/ethnic groups. American Indians families were most likely to be in poverty in all families, married-couple families, and female householders.

Identifying where disparities exist and addressing these factors are necessary to achieve health equity across Nebraska. Through acknowledgement of the barriers faced by Nebraska minorities and eliminating the disparities, the State of Nebraska can ensure every individual in Nebraska has an equal and fair opportunity to be healthy.

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