



Nebraska Social Determinants of Health

Office of Health Disparities and Health Equity

REPORT CARD

Division of Public Health
Department of Health & Human Services
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NEBRASKA SOCIAL DETERMINANTS OF HEALTH

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INTRODUCTION

While a wide variety of factors can affect health, an increasing amount of research and importance has been growing around the social determinants of health (SDOH). These social determinants are often created by the conditions in which people live and work and can be divided into five broad groups: economic stability, education, social and community context, health and health care, and neighborhood and built environment.¹

Each of these categories includes several SDOH indicators. For example, economic stability determinants can include such indicators as poverty and employment, while education can include graduation and enrollment in higher education. Certain marginalized groups often have less access to the conditions that support good health. This interplay between race and the SDOH is important to consider. Racial and ethnic minority populations are far more likely to fall at the low end in each of these categories and disproportionately incur the negative consequences associated with those circumstances. There are disparities solely between SDOH levels as well as disparities between race and ethnicity. These factors are intertwined, but also have distinct roles.

The U.S. Census Bureau, non-profit foundations, and research institutions, along with numerous government bodies, have documented multiple complex linkages between factors unique to racial and ethnic minority populations and the social determinants of health. This report card is designed to display the four social determinants of health in Nebraska among different race/ethnicities; employment status, poverty, household income, and educational attainment. The data presented in this report card are based on the U. S. Census Bureau American Community Survey, 2015-2019.

¹ Healthy People (2010). Social Determinants of Health. Retrieved from www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

RACE AND ETHNICITY IN THE UNITED STATES CENSUS

Race and ethnicity, as defined by the United States Census Bureau and the Federal Office of Management and Budget (OMB), are self-identification data items in which residents choose the race or races with which they most closely identify, and indicate whether or not they are of Hispanic or Latino origin (ethnicity).

The racial classifications used by the U.S. Census Bureau adhere to the October 30, 1997, Federal Register Notice entitled "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity" issued by the OMB. The OMB requires five minimum categories (White, Black or African American, American Indian and Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) for race. The race categories are described below with a sixth category, "some other race," added with OMB approval. In addition to the five race groups, the OMB also states that respondents should be offered the option of selecting one or more races. The following definitions are provided by OMB and the U.S. Census Bureau to identify race.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as "Irish," "German," "Italian," "Lebanese," "Near Easterner," "Arab," or "Polish."

Black or African American: A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black," "African American," or "Negro," or provide written entries such as "African American," "Afro American," "Kenyan," "Nigerian," or "Haitian."

American Indian and Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian," or "Chamorro," "Samoan," and "Other Pacific Islander."

Two or more races: People may have chosen to provide two or more races either by checking two or more race response check boxes, by providing multiple write-in responses, or by some combination of check boxes and write-in responses.

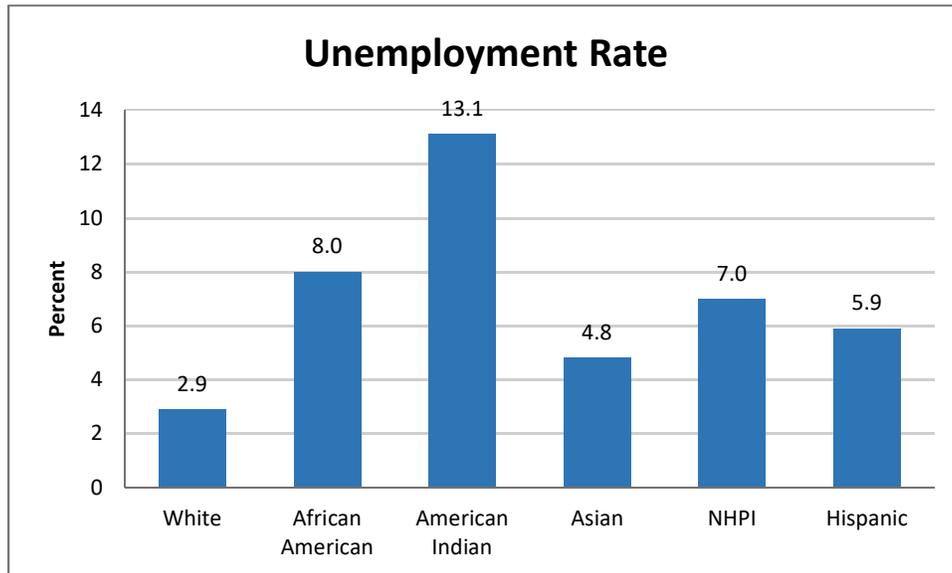
Race and ethnicity were considered separate and distinct identities, with Hispanic origin asked as a separate question. Thus, in addition to their race or races, all respondents are categorized by membership in one of two ethnicities: Hispanic or Latino, and non-Hispanic. Percentages for the various race categories add up to 100 percent and should not be combined with the Hispanic percent.

Hispanic or Latino: A person having origins in any of the original peoples of Cuba, Mexico, Puerto Rico, South or Central America, or other Spanish culture or origin regardless of race. People who identify their origin as "Spanish," "Hispanic," or "Latino" may be of any race.

Non-Hispanic White: Individuals who responded "No, not Spanish/Hispanic/Latino" and reported "White" as their only entry in the race question.

EMPLOYMENT STATUS

According to the Center for Global Policy Solutions, employment fragility is at the center of racial disparities in wealth in the United States. Unemployment referred to individuals who were 16 and older, able to work and had actively searched for a job in the past four weeks but did not have a job.²



Source: U. S. Census Bureau American Community Survey, 2015-2019

Notes: NHPI = Native Hawaiian and Other Pacific Islander

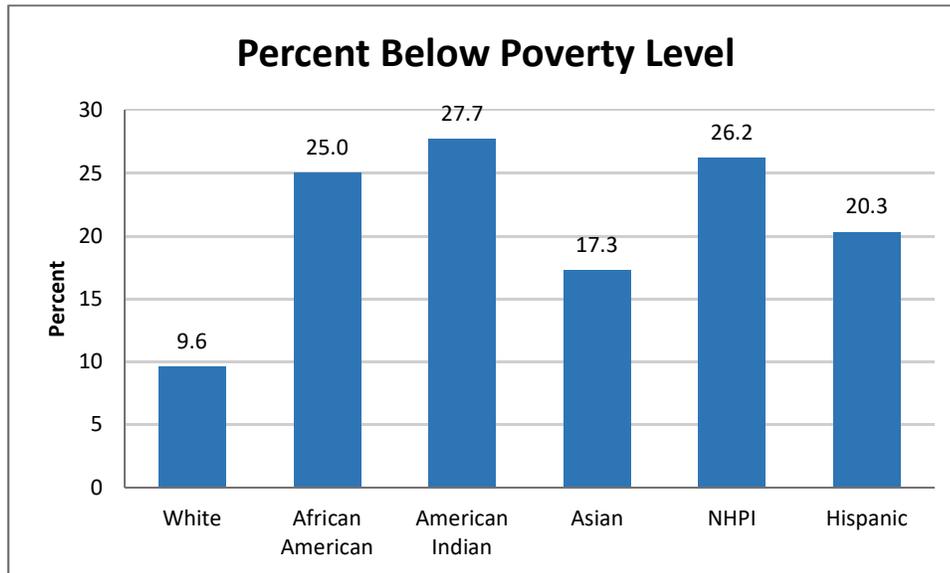
Key Disparities:

- American Indians had the highest unemployment rate at 13.1% which was 4.5 times greater than that of Whites.
- African Americans had the second highest percentage of unemployed individuals at 8.0%, followed by NHPs at 7.0%.
- The unemployment rate for Hispanics (5.9%) was twice as high as that of Whites and the Asian (4.8%) unemployment rate was 1.7 times higher than Whites.

² Adjeiwaa-Manu, N. (n.d.). *Unemployment data by race and ethnicity*. Center for Global Policy Solutions. <http://globalpolicysolutions.org/resources/unemployment-data-race-ethnicity/>.

POVERTY

Poverty affects most aspects of life, from the affordability of health insurance to the quality of food selection. Poverty is much more prevalent among minority populations.³ The chart depicts those that were 100% below the federal poverty level.



Source: U. S. Census Bureau American Community Survey, 2015-2019

Notes: NHPI = Native Hawaiian and Other Pacific Islander

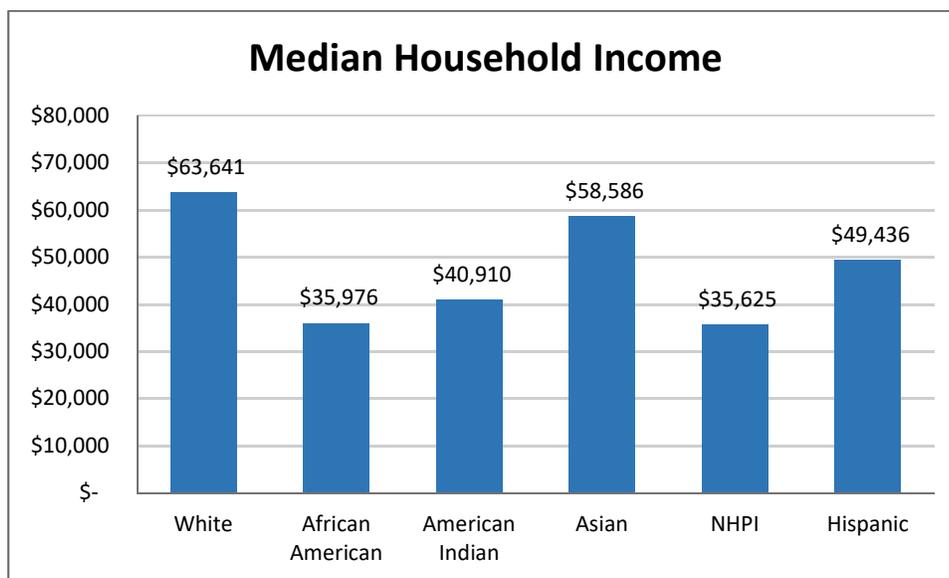
Key Disparities:

- Almost one-third of American Indians (27.7%) lived below the poverty level.
- NHPIs and African Americans also saw higher percent of individuals living below the poverty level at 26.2% and 25.0% respectively.
- Asians (17.3%) and Hispanics (20.3%) had approximately twice the percent of individuals living below the poverty line compared to Whites (9.6%).

³ American Psychological Association. (n.d.). *Ethnic and racial minorities & socioeconomic status*. American Psychological Association. <https://www.apa.org/pi/ses/resources/publications/minorities>.

HOUSEHOLD INCOME

Individuals with lower income levels are more likely to see higher mortality rates, the prevalence of acute or chronic diseases, and poorer mental health. The household income is calculated as the income of the householder and all other individuals 15 years old and over in the household in the past 12 months.⁴



Source: U. S. Census Bureau American Community Survey, 2015-2019
Notes: NHPI = Native Hawaiian and Other Pacific Islander

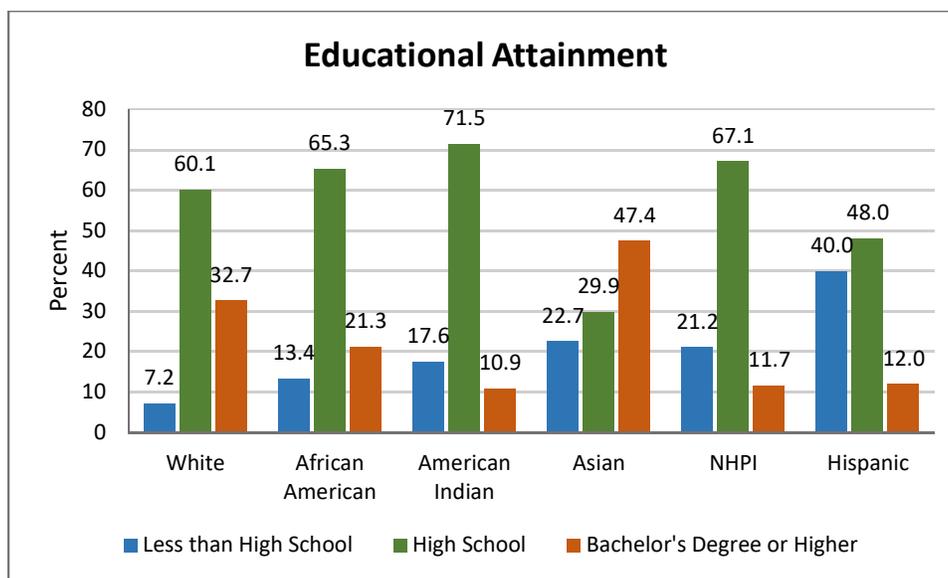
Key Disparities:

- Among minority groups, NHPs and African Americans had the lowest median income at approximately \$35,000 between 2015 and 2019.
- American Indians earned approximately \$23,000 less than Whites, while Hispanics earned approximately \$14,000 less.

⁴ Woolf, S., 2021. [online] Urban.org. Available at: <<https://www.urban.org/sites/default/files/publication/49116/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf>> [Accessed 23 August 2021].

EDUCATIONAL ATTAINMENT

Education is positively associated with health. Individuals with higher educational attainment live longer and are generally healthier than those with fewer years of schooling.⁵



Source: U. S. Census Bureau American Community Survey, 2015-2019

Notes: NHPI = Native Hawaiian and Other Pacific Islander

Less than high school are those that did not graduate high school.

High school are those that graduate high school, those with some college, and associate degrees.

Bachelor's degree is those that graduated college and those with graduate degrees.

Key Disparities:

- Hispanics (40.0%) were most likely to have less than a high school education, which was 5.6 times greater than that of the White population (7.2%).
- American Indians (10.9%) were least likely to have a bachelor's degree or higher, followed by NHPs (11.7%) and Hispanics (12.0%).
- African Americans (21.3%) were 1.5 times less likely than Whites to have a bachelor's degree or higher.

⁵ Raghupathi, V. and Raghupathi, W., 2021. *The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015*.

CONCLUSION

Health disparities result from a complex interplay of genetics, individual behavior, socioeconomic status, environment, and healthcare access. While health disparities are often examined through race and ethnicity, they also occur across gender, income level, educational attainment, immigration status, language, and disability status.

It is essential to recognize the demographics in Nebraska and the effects they have across all dimensions of our society. American Indians were seen to have an alarming rate on each social determinant of health indicators. Among minority groups, NHPs and African Americans were seen to have the lowest median income at approximately \$35,000 between 2015 and 2019, followed by American Indians at approximately \$40,000 a year, which is almost \$22,000 lower than Whites. Looking at their educational attainment, American Indians were the least likely to have a bachelor's degree or higher. American Indians were also seen as the most who lived in poverty and had the highest unemployment rate.

As Nebraska becomes increasingly diverse, it is imperative to eliminate health disparities among all populations, especially the most vulnerable ones. Identifying and understanding where disparities exist is the first step towards achieving health equity, requiring a multifaceted approach and the combined efforts of communities, health care providers, partner organizations, and government agencies across various sectors.

NEBRASKA

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