

NEBRASKA LATINO HEALTH REPORT

2024



NEBRASKA
COMMISSION
ON LATINO-
AMERICANS





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Acronyms

ACS

: American Community Survey

BRFSS

Behavioral Risk Factor Surveillance System. “BRFSS is the nation’s premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.” For this report, Nebraska BRFSS data was collected from NE DHHS, BRFSS Nebraska Public Health Atlas (2016-2020 combined years).

Hispanic or Latino

The Census Bureau defines “Hispanic or Latino” as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” People who identify with the terms “Hispanic” or “Latino” are those who classify themselves in one of the specific Hispanic or Latino categories listed on the American Community Survey questionnaire and various Census Bureau survey questionnaires - “Mexican, Mexican Am., Chicano” or “Puerto Rican” or “Cuban” - as well as those who indicate that they are “another Hispanic, Latino, or Spanish origin.” In this report, the terms “Hispanic/Latino” and “Hispanic” are used interchangeably to include all persons as defined by the U.S. Census Bureau.

LHD

Local Health Department. Nineteen LHDs across the state provide healthcare support to local communities.

White Non-Hispanic

Individuals who responded “No, not Spanish/Hispanic/Latino” and reported “White” as their only entry in the race question.

Rural, Urban-Large, Urban-Small

Geographic classification of counties in Nebraska developed by NE DHHS (2016)

Introduction

The health outcomes of Nebraska's Latino/Hispanic population present a unique perspective on the health disparities and challenges faced by this community. With an increasing Hispanic population, understanding these outcomes is crucial for informing public health policies and interventions. This report aims to provide a comprehensive analysis of selected health outcomes and demographics of Nebraska's Latino/Hispanic population. It highlights key areas such as access to care, chronic diseases, sexually transmitted diseases (STDs), and mortality rates. By examining these factors, we can better address the health needs of this population and work towards reducing health disparities.

Main Findings

Access to Care

- The Hispanic/Latino population in Nebraska showed lower rates of having a personal physician and health care coverage when compared to the rest of races/ethnicities. Douglas County LHD showed the lowest healthcare coverage among Hispanics across all LHDs in the state.
- Hispanics (21.0%) were twice more likely than Whites (10.2%) to report unable to see a physician due to cost
- The city of Schuyler, with the highest percentage of Latinos in the state (72.5%), reported the highest percentage of lack of health insurance (27.6%) among all cities in the state (n = 485), followed by Lexington (23.4%), and Crete (19.1%).

General Health Status and Quality of Life

- Hispanics experienced the highest percentage (27.2%) of individuals who perceived their health status as fair or poor. This percentage was 2.4 times greater than Whites (11.4%).



Chronic Diseases

Cancer

- The highest Hispanic female incidence cancer rate per 100,000 population was reported in Dodge County (749.1), which was also the highest incidence rate reported when considering females from all races/ethnicities across all counties of Nebraska. The cancer incidence rate among Hispanic females in Dodge County was 1.4 times higher when compared to White females (749.1 vs. 539.2, respectively). It's noticeable that White non-Hispanic female cancer incidence rate in Dodge County was the second highest for this race among all counties in Nebraska (Hitchcock County was ranked 1st, 616.3 per 100,000 population).

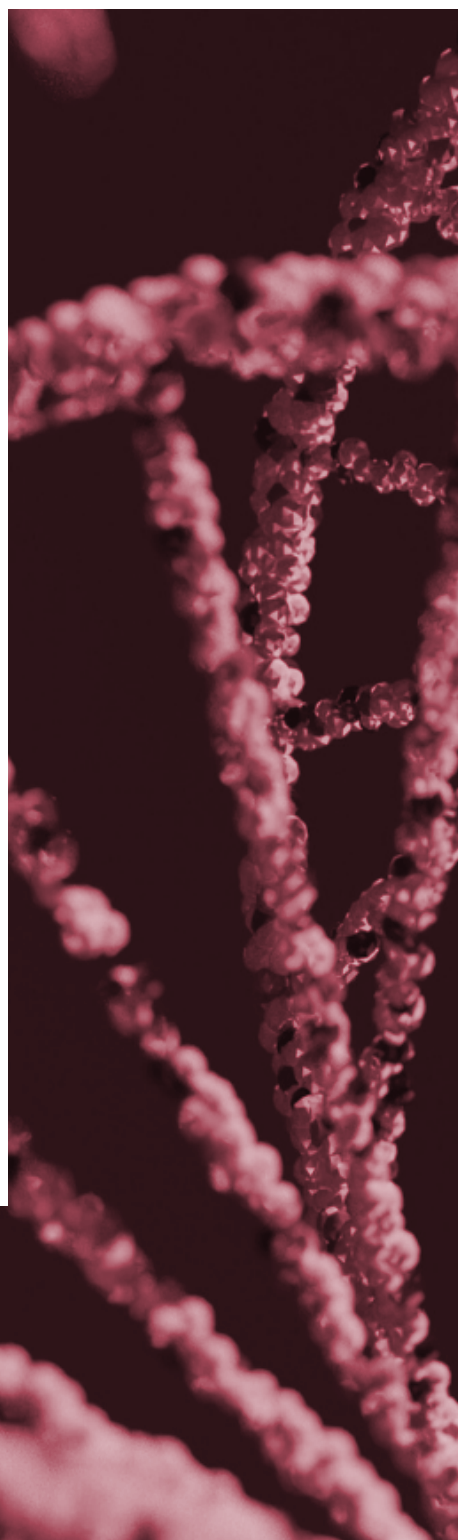
STD

- In 2022, the HIV prevalence rate for the Nebraska Hispanic population was three times higher compared to the Nebraska White population (261.9 vs. 88.2 per 100,000, respectively).

Mortality

Coronary Heart Disease

- Nebraska Hispanic population had the lowest coronary heart disease death rate among all races/ethnicities in the state (32.4 per 100,000 population). In comparison, Nebraska White population had a coronary heart disease death rate of 73.5 per 100,000 population, 2.3 times higher when compared to the Nebraska Hispanic population.
- Overall, Nebraska Hispanic population was ranked 6th with the lowest coronary heart disease death rate in the nation. Nebraska Hispanic women were ranked 4th with the lowest coronary heart disease death rate among Hispanic women in the nation, and Nebraska Hispanic men were ranked 6th with the lowest heart disease death rate in the nation.



Recommendations

Based on the findings of this report, several recommendations can be made to improve the health outcomes of Nebraska's Latino population:

Enhance Access to Health Care: Efforts should be made to increase the availability of health care providers and services in areas with high Hispanic/Latino populations in Nebraska. Programs that offer affordable health insurance and financial assistance for medical expenses should be expanded.

Promote Preventive Health Services: Increasing awareness and utilization of preventive health services, such as regular health screenings and vaccinations, can help in early detection and management of chronic diseases.

Address Social Determinants of Health: Social factors such as education, income, and housing significantly impact health outcomes. Policies aimed at improving education and economic opportunities for the Hispanic/Latino population can contribute to better health outcomes.

Culturally Competent Health Care: Health care providers should receive training on cultural competency to better understand and address the unique health needs of the Hispanic/Latino population. This includes providing health information and services in Spanish and other languages spoken by the community.

Strengthen Community Health Programs: Community-based health programs that engage local organizations and leaders can be effective in addressing specific health issues within the Hispanic/Latino population. These programs should focus on health education, chronic disease management, and healthy lifestyle promotion.

Improve Data Collection and Research: Continued efforts to collect and analyze health data specific to the Hispanic/Latino population are essential for monitoring progress and identifying emerging health issues. Research should focus on understanding the underlying causes of health disparities and evaluating the effectiveness of interventions.

By implementing these recommendations, stakeholders can work towards reducing health disparities and improving the overall health and well-being of Nebraska's Hispanic/Latino population.

Methodology

This report utilized secondary data from various reputable sources to analyze the health outcomes and demographics of the Hispanic/Latino population in Nebraska. The primary data sources include:

- American Community Survey (ACS): The ACS provided detailed demographic information on the Hispanic/Latino population across Nebraska's counties and cities, covering the period from 2018 to 2022.
- Behavioral Risk Factor Surveillance System (BRFSS): This system collected health-related data from Nebraska residents, focusing on risk behaviors, chronic health conditions, and the use of preventive services.
- National Cancer Institute's State Cancer Profiles: This source offered insights into cancer incidence and mortality rates among the Hispanic/Latino population.
- Centers for Disease Control and Prevention (CDC): Data from the CDC included statistics on STDs, HIV prevalence, and mortality rates due to coronary heart disease and stroke.
- Nebraska Department of Health and Human Services (NE DHHS): The NE DHHS provided additional health data and geographic classifications for rural, urban-small, and urban-large counties in Nebraska.

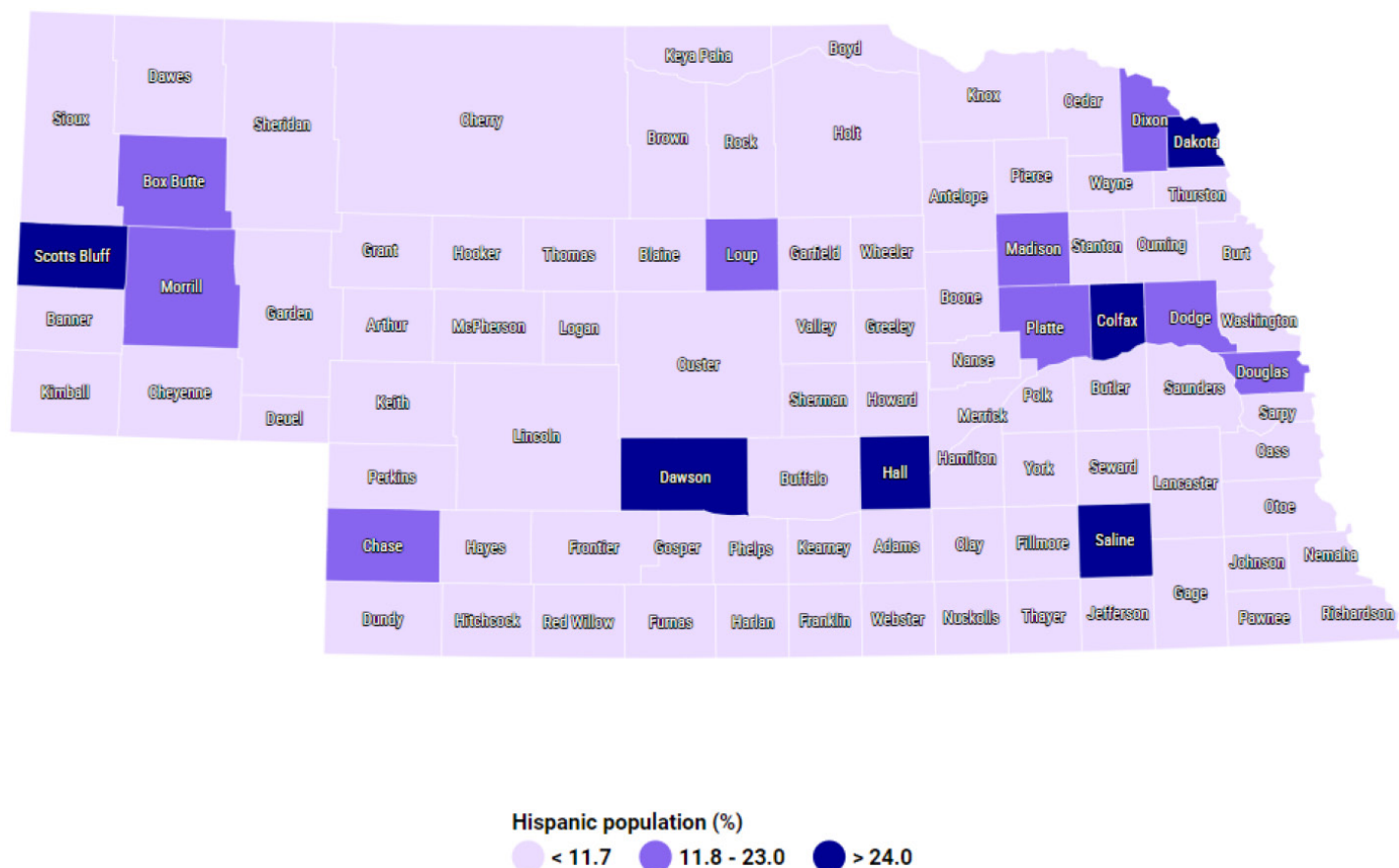
Data were analyzed and cross-tabulated to identify disparities in health outcomes between the Hispanic/Latino population and other racial/ethnic groups. Statistical measures such as incidence rates, prevalence rates, and mortality rates were collected and compared across different demographic and geographic segments.



Hispanic Population by County in Nebraska

The map below shows the percentage of the Hispanic/Latino population according to the American Community Survey (2018-2022). Counties highlighted in purple represent percentage of Hispanic/Latino population above the average in the state (11.8%). There were 15 counties above the average: Colfax (46.1%), Dakota (39.8%), Dawson (34.3%), Hall (30%), Saline (27.1%), Scotts Bluff (24.9%), Platte (21.3%), Chase (18.7%), Madison (16.1%), Morrill (15.8%), Dixon (15%), Dodge (15%), Douglas (13.4%), Box Butte (13.3%), and Loup (11.8%). As a whole, these 15 counties represent 66.5% of the total Hispanic population in the state (230,769). [Figure 1](#). See Appendix Table A1 for more details.

Figure 1: Percentage of the Nebraska Hispanic/Latino population by county (ACS, 2018-2022)



Urban/Rural Hispanic/Latino Population Distribution

Out of the 93 counties in Nebraska, 71 counties are rural, 15 counties are urban-small, and 7 are urban-large (NE DHHS, 2016). The Hispanic/Latino population in Nebraska is 1.6 times more likely to live in urban-small communities than the general population (33.5% vs. 21.3%, respectively). [Table 1](#).

Table 1: Number and percentage of the general population compared to the Latino/Hispanic population by geographic location

Geography	# NE population	% NE population	# Hispanic/Latino population	% Hispanic/Latino population
Rural	357,853	18.3%	27,977	12.1%
Urban Small	417,462	21.3%	77,391	33.5%
Urban Large	1,183,624	60.4%	125,401	54.3%
Total	1,958,939	100%	230,769	100%

Data sources: ACS, 2018-2022. Nebraska DHHS, 2016.

Hispanic Population by Place (City) in Nebraska

The 2020 Census listed 590 places (cities) in Nebraska. There were 79 places in Nebraska with a percentage of Latino/Hispanic population above the state level (11.8%). See Appendix for details. These cities represent 77% of the total Hispanic population in the state. The largest concentration of Hispanics/Latinos was found in Omaha (75,563), followed by Lincoln (24,934), Grand Island (18,238), Bellevue (10,858), South Sioux City (7,122), Lexington (6,752), Columbus (6,093), Fremont (5,220), Schuyler (4,746), and Scottsbluff (4,570). (CPAR-UNO, 2020 Census Data). Four cities in Nebraska concentrate a Hispanic/Latino population that's a majority (>50%) within their communities: Schuyler City showed the highest percentage of Latino/Hispanic population (72.5%) in the state, followed by Lexington City (65.2%), Madison City (51.6%), and South Sioux City (50.7%). (CPAR-UNO, 2020 Census Data).

Linking places to Health Outcomes:

Based on the CDC Places dataset, cities with a percentage of Hispanics/Latinos above the state average (11.8%) will be cross-tabulated with health outcomes reported by the CDC.

Hispanic Population by Local Health Departments (LHD)

Nebraska has 19 local health departments (LHD), each serving a multi-county district or a single county. The local health departments are responsible for providing preventive and community health programs and services within their respective jurisdictions. Some of the larger local health departments include the Douglas County Health Department, the Lincoln-Lancaster County Health Department, the Two Rivers Public Health Department, and the Central District Health Department, covering a multi-county area in central Nebraska.

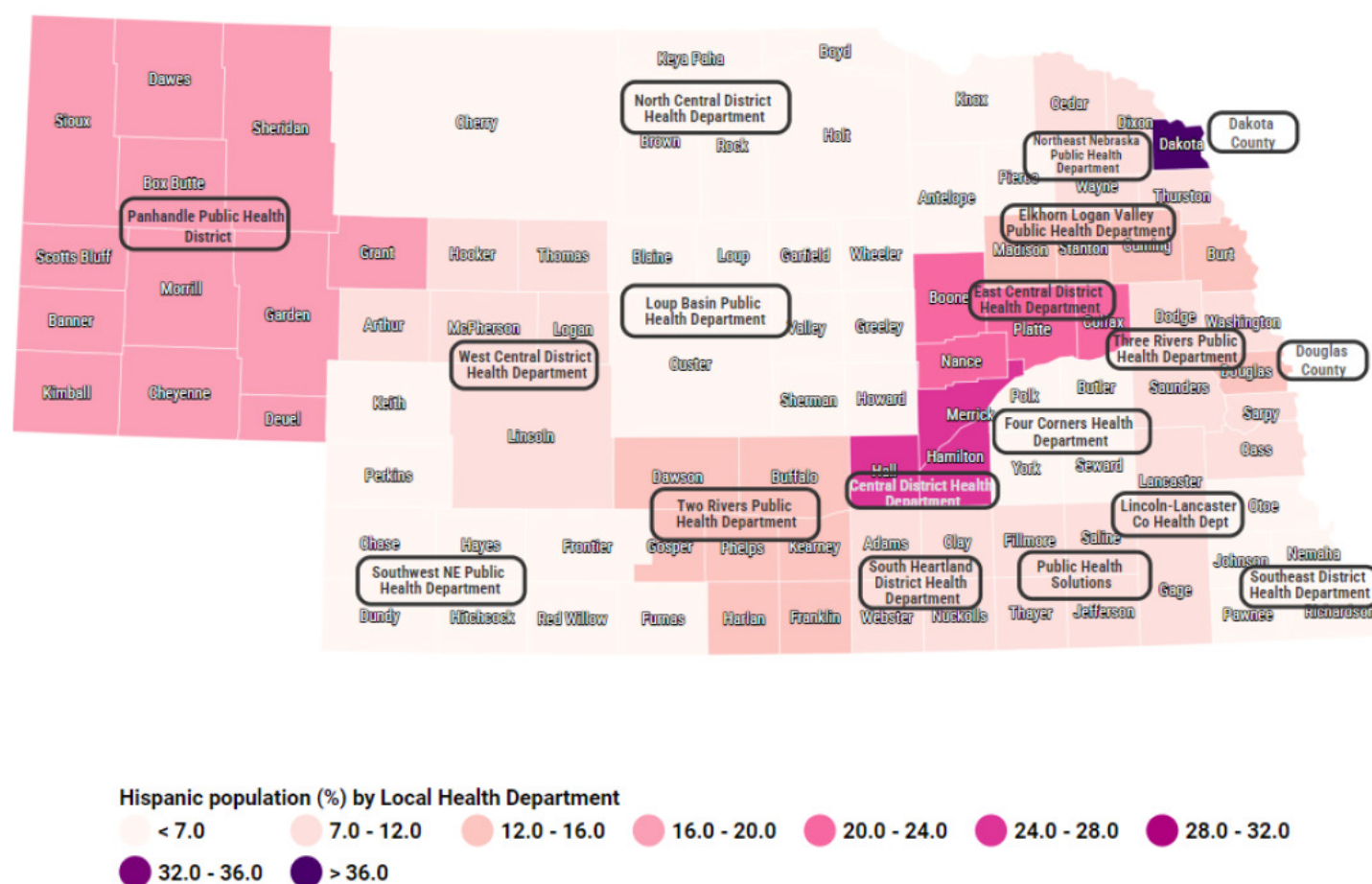
Table 2 and Figure 2 show the number and percentage of the Hispanic Latino population on each of the 19 LHDs. Dakota County LHD shows the highest percentage of Hispanic/Latino population (39.8%) across all LHDs, followed by Central District Health Department (24.6%) and East Central District Health Department (23.2%).

Table 2: Number and percentage of Hispanic population by local health department sorted from highest to lowest percentage (ACS, 2018-2022)

Rank	Local Health Department (LHD)	Total Population	# Hispanic Population	% Hispanic Population
1	Dakota County	21,308	8,481	39.8%
2	Central District Health Department	79,650	19,574	24.6%
3	East Central District Health Department	53,545	12,438	23.2%
4	Panhandle Public Health District	83,770	13,426	16.0%
5	Two Rivers Public Health Department	97,629	14,446	14.8%
6	Douglas County Health Department	582,638	77,807	13.4%
7	Elkhorn Logan Valley Public Health Department	57,083	7,252	12.7%
	Nebraska Hispanic Population	1,958,939	230,769	11.8%
8	South Heartland District Health Department	44,733	4,441	9.9%
9	Public Health Solutions	53,677	5,257	9.8%
10	Sarpy/Cass Health Department	218,021	21,172	9.7%
11	West Central District Health Department	37,563	3,378	9.0%
12	Three Rivers Public Health Department	80,433	6,749	8.4%
13	Lincoln-Lancaster County Health Department	322,063	24,790	7.7%
14	Northeast Nebraska Public Health Department	30,371	2,225	7.3%
15	Southwest NE Public Health Department	38,042	2,604	6.8%
16	Southeast District Health Department	38,711	2,336	6.0%
17	Four Corners Health Department	45,411	1,955	4.3%
18	North Central District Health Department	44,397	1,522	3.4%
19	Loup Basin Public Health Department	29,894	916	3.1%

Data sources: Population estimates from ACS, 2018-2022. LHDs from Nebraska DHHS.

Figure 2: Percentage of Hispanic/Latino population by geographic location of local health departments in Nebraska.



Data sources: Population estimates from ACS, 2018-2022. LHDs from Nebraska DHHS.

Linking Local Health Departments to Health Outcomes

Selected health outcomes from LHDs with a percentage of the Hispanic/Latino population above the state level (11.8%) was analyzed in detail.

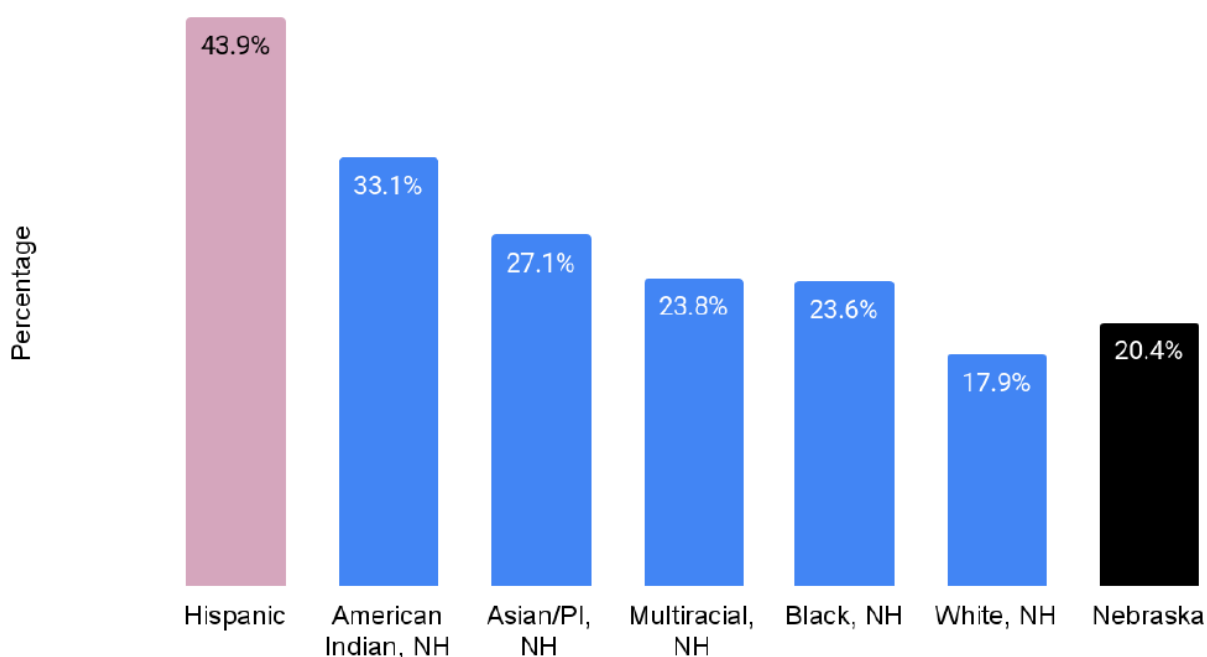
Access to Care

No Personal Physician

Having a personal physician who provides continuous, comprehensive primary care leads to better access to care, lower costs, improved health outcomes, and greater patient satisfaction compared to those without a regular source of care.

Key disparity: 43.9% of Hispanics reported not having a personal physician, the highest among all races/ethnicities and more than double the percentage when compared to Whites (17.9%). [Figure 3.](#)

Figure 3: No personal doctor or health care provider, Adults 18 and older, by Race/Ethnicity, Age-adjusted, 2016-2020 combined.



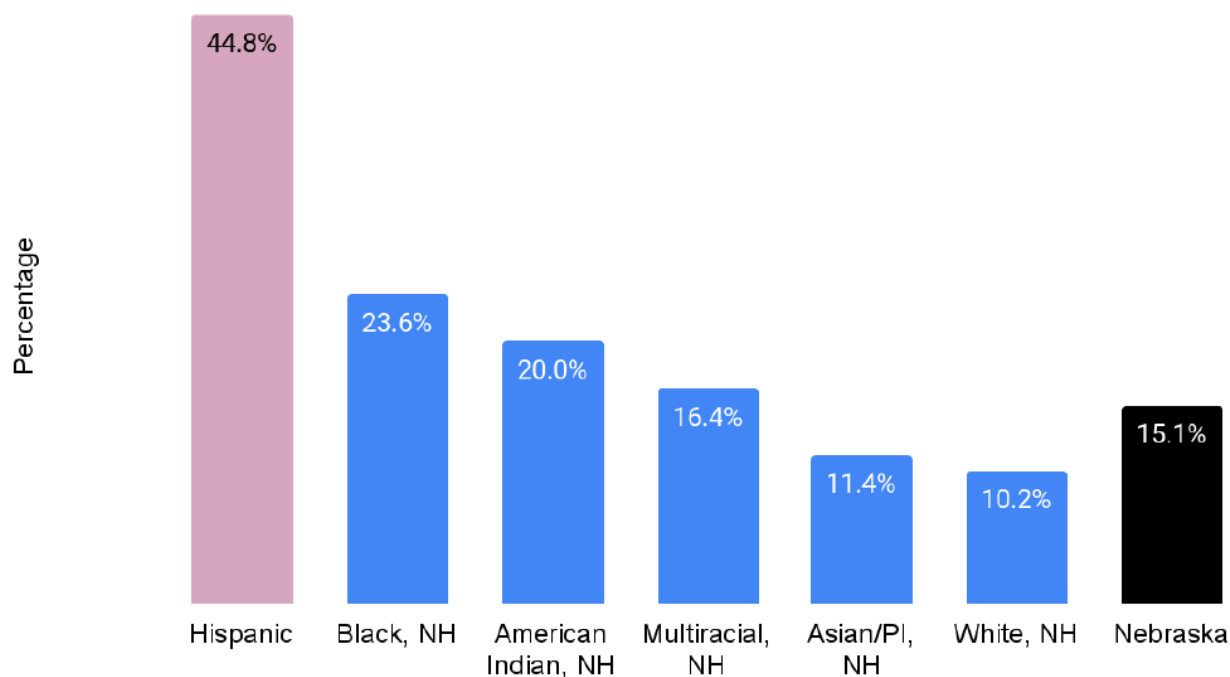
No Health Care Coverage

Health care coverage improves access to timely and appropriate care, supports better health outcomes, incentivizes efficient service utilization, provides financial protection, benefits communities, and facilitates preventive care.

Key disparity: Hispanics (44.8%) were more than 4 times more likely than Whites (10.2%) to report not having health care coverage.

Figure 4.

Figure 4: No health care coverage, Adults 18-64 years old, by Race/Ethnicity, Age-Adjusted 2016-2020 combined.



CDC Places

The top 10 cities in Nebraska with the highest percentage of uninsured people corresponded to all communities with an above-average percentage of Hispanics/Latinos (>11.8%). The city of Schuyler, with the highest percentage of Latinos in the state (72.5%), also reported the highest percentage of lack of health insurance (27.6%) among all cities in the state, followed by Lexington (23.4%), and Crete (19.1%). [Table 3.](#)

Table 3: Top 10 highest prevalence by CITY. (Cities concentrating Latino population above the state average are highlighted in red.)

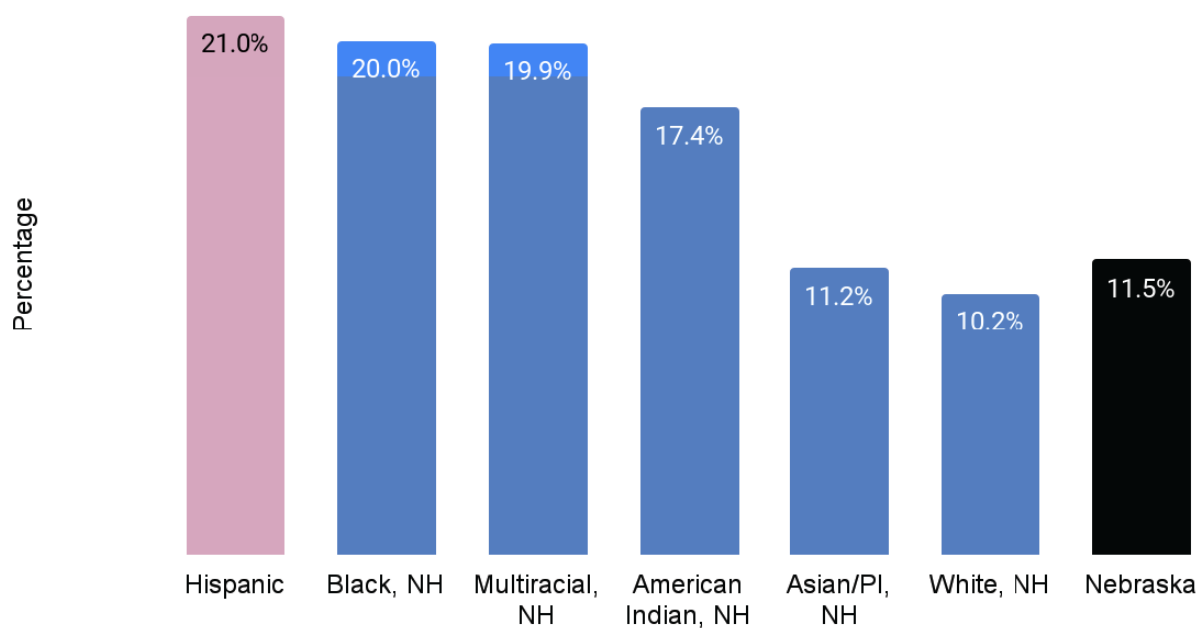
City	Ranking	Total Population	LACK HEALTH INSURANCE	Percentage Latino Pop. (city)	County
Schuyler	1	6,212	27.6	72.5	Colfax
Lexington	2	10,230	23.4	65.2	Dawson
Crete	3	6,971	19.1	49.0	Saline
South Sioux City	4	13,365	18.3	50.7	Dakota
Madison	5	2,438	16.8	51.6	Madison
Dakota City	6	1,919	16.2	38.2	Dakota
Scottsbluff	7	15,039	15.6	31.7	Scotts Bluff
Inglewood	8	325	15.4	34.2	Dodge
Lyman	9	341	15.2	32.0	Scotts Bluff
Grand Island	10	48,642	14.4	34.3	Hall

Unable to see a physician due to cost

For people with no insurance and limited financial resources, deciding whether to see a doctor is often a financial choice rather than a medical one. Even when health benefits are available, they may not be sufficient to ensure access to needed health care services. People with health insurance may still face significant financial hardships in paying for or obtaining health services or products. By tracking the “unable to see a physician due to cost” indicator, policymakers and healthcare stakeholders can identify populations facing cost-related access barriers, inform initiatives to improve affordability, and ultimately enhance access to timely care and better health outcomes.

Key disparity: Hispanics (21.0%) were twice more likely than Whites (10.2%) to report unable to see a physician due to cost. **Figure 5.**

Figure 5: Needed to see a doctor but could not due to cost in past year, Adults 18 and older, by Race/Ethnicity, Age-Adjusted, 2016-2020 Combined



Data source: BRFSS 2016-2020: <https://atlas-dhhs.ne.gov/Atlas/BRFSS>. Needed to see a doctor but could not due to cost in past year, Adults 18 and older, by Race/Ethnicity, Age-Adjusted.

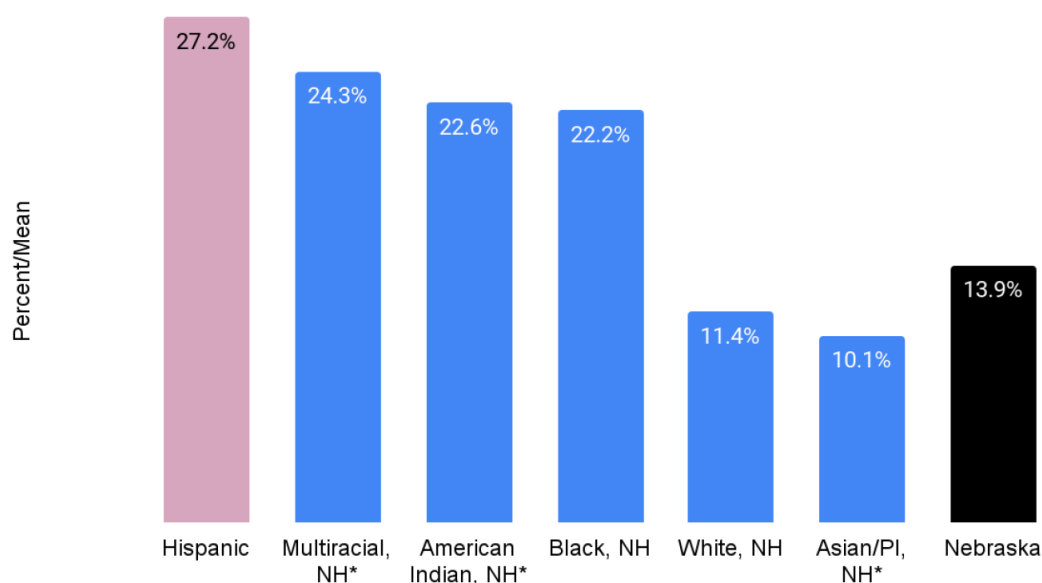
Health Outcomes

Perceived health status

Perceived health status is a holistic, patient-centered indicator of overall health and well-being that complements clinical data and predicts important health outcomes. Perceived health status measures an individual's health self-assessment, categorizing it as excellent, very good, good, fair, or poor. People who are poor or uninsured are more likely to report fair or poor health and have higher hospitalization and mortality rates compared to those who report excellent or good health. This indicator is useful for making broad comparisons across populations with diverse conditions.

Key disparity: Hispanics experienced the highest percentage (27.2%) of individuals who perceived their health status as fair or poor. This percentage was 2.4 times greater than that of Whites (11.4%). **Figure 6.**

Figure 6: General health fair or poor, Adults 18 and older, by Race/Ethnicity, Age-Adjusted, 2016-2020 Combined



Data source: BRFSS 2016-2020: <https://atlas-dhhs.ne.gov/Atlas/BRFSS>. General health fair or poor, Adults 18 and older, by Race/Ethnicity, Age-Adjusted.

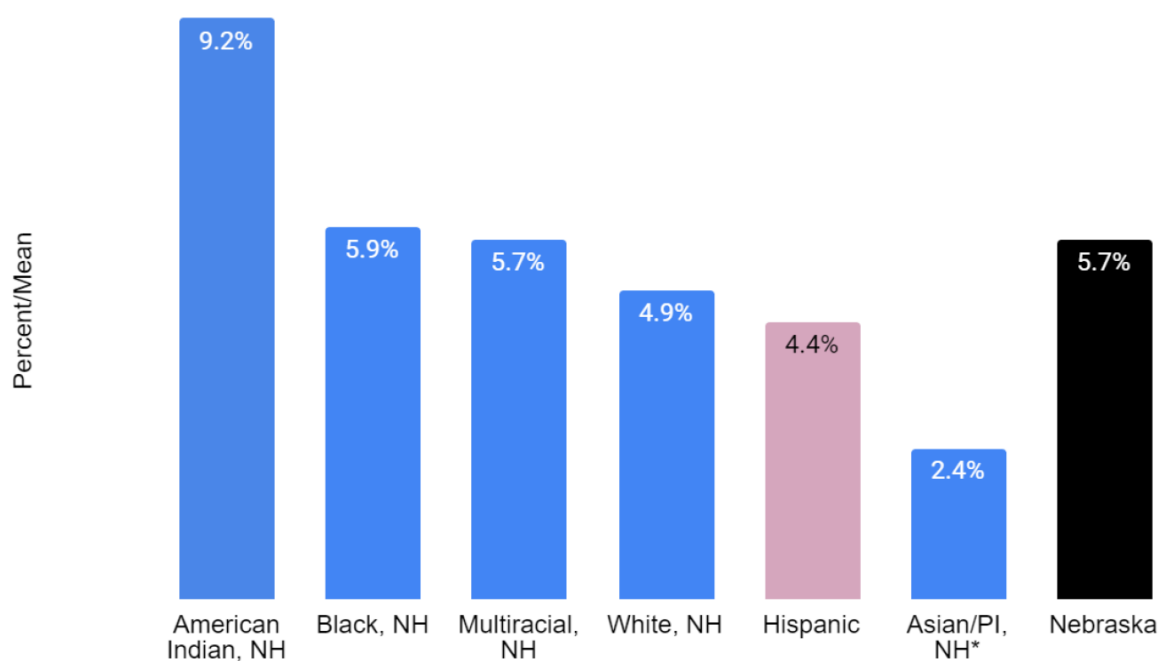
Chronic Diseases

Coronary Heart Disease

Heart disease is the leading cause of death for both men and women in the United States. Coronary heart disease is the most common type of heart disease, killing over 380,000 people annually¹.

Key disparity: Hispanics (4.4%) and Asians (2.4%) were less likely than Whites to report having ever had coronary heart disease. **Figure 7.** From 2006-2010 to 2016-2020, the prevalence of coronary heart disease increased among the Hispanic population.

Figure 7: Prevalence of Coronary Heart Disease (%) by Race/ethnicity: 2016-2020



Data source: BRFSS 2016-2020: <https://atlas-dhhs.ne.gov/Atlas/BRFSS>. Ever told they had a heart attack or coronary heart disease, Adults 18 and older, by Race/Ethnicity, Age-Adjusted.

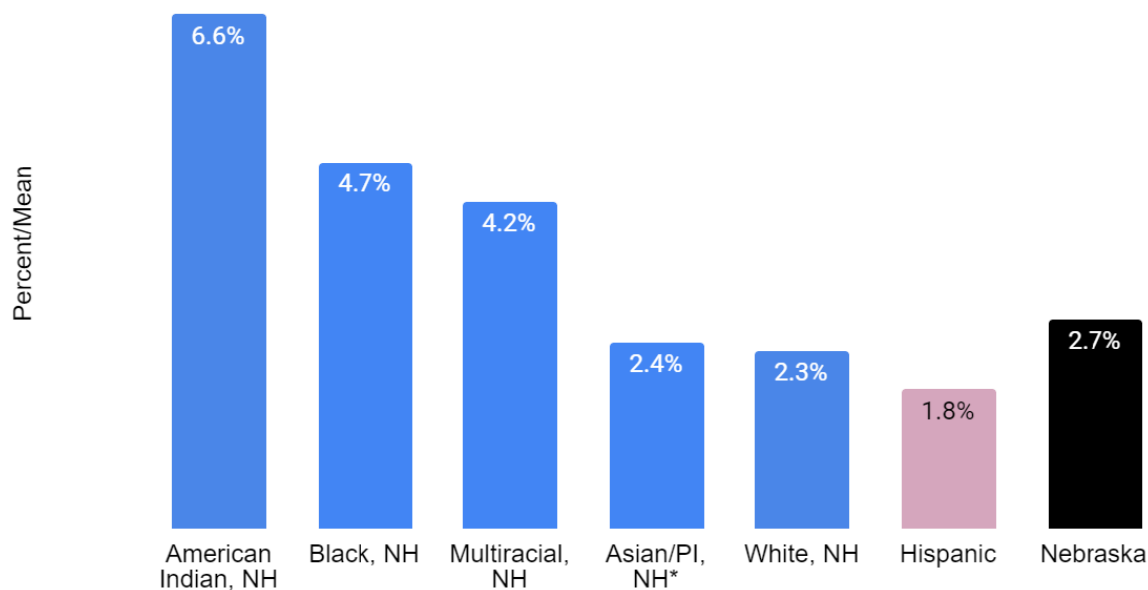
¹Centers for Disease Control and Prevention. (2022). Heart Disease Facts. Retrieved from <https://www.cdc.gov/heartdisease/facts.htm>

Stroke

Stroke is the fifth leading cause of death in the United States and is a major cause of adult disability. Approximately 800,000 people in the nation have a stroke each year².

Key disparity: The Hispanic population (1.8%) was the least likely to report having ever had a stroke, followed by the White population (2.3%), and then by the Asian population (2.4%). **Figure 8.** From 2006-2010 to 2016-2020, the prevalence of stroke decreased among the Hispanic population.

Figure 8: Prevalence of Stroke (%) by Race/ethnicity: 2016-2020



Data source: BRFSS 2016-2020: <https://atlas-dhhs.ne.gov/Atlas/BRFSS>. Ever told they had a stroke, Adults 18 and older, by Race/Ethnicity, Age-Adjusted

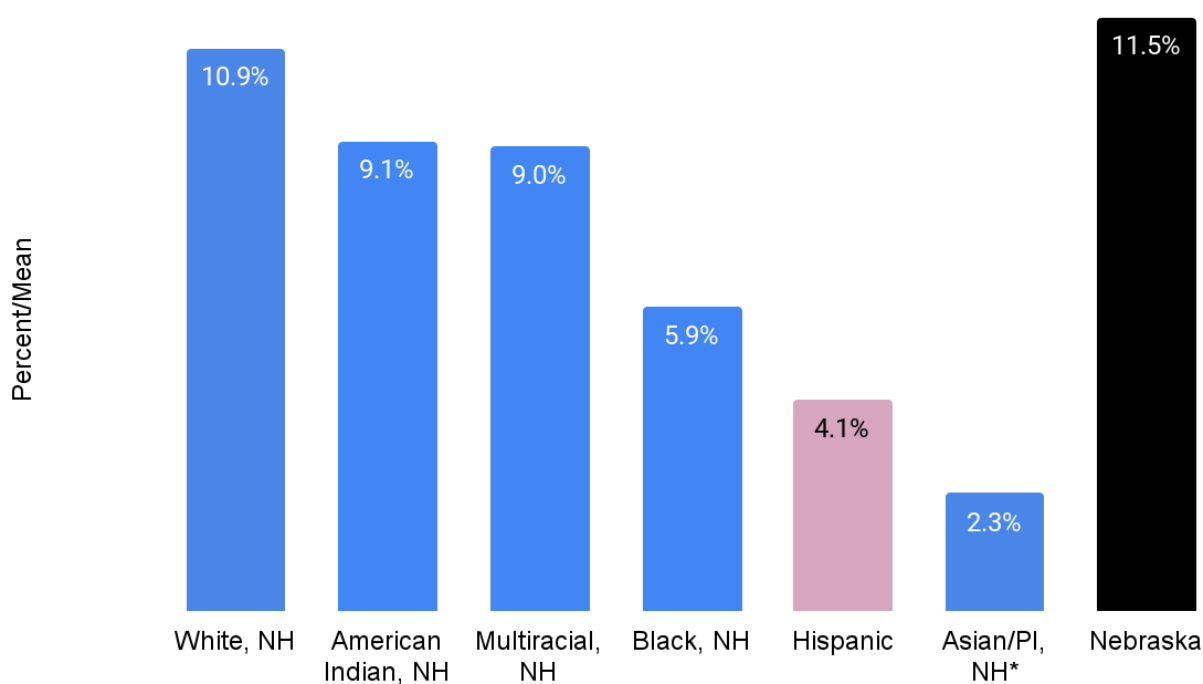
² Centers for Disease Control and Prevention. (2022). Stroke facts. Retrieved from <https://www.cdc.gov/stroke/facts.htm>

Cancer

“Cancer can develop in almost any tissue. It occurs when abnormal cells divide uncontrollably, where they can invade nearby tissues and spread to other parts of the body. Fortunately, many cancer deaths can be prevented. For example, screening for cervical or colorectal cancers can find precancerous lesions that can be treated before becoming cancerous. The likelihood of individuals getting cancer can also be reduced by avoiding tobacco and limiting alcohol, eating fruits and vegetables, maintaining a healthy weight, and being physically active.”

Key disparity: Hispanics (4.1%) and Asians (2.3%) were less likely than Whites to report having ever cancer. [Figure 9](#). From 2006-2010 to 2016-2020, the prevalence of cancer decreased among the Hispanic population.

Figure 9: Prevalence of Cancer (%) by Race/ethnicity: 2016-2020

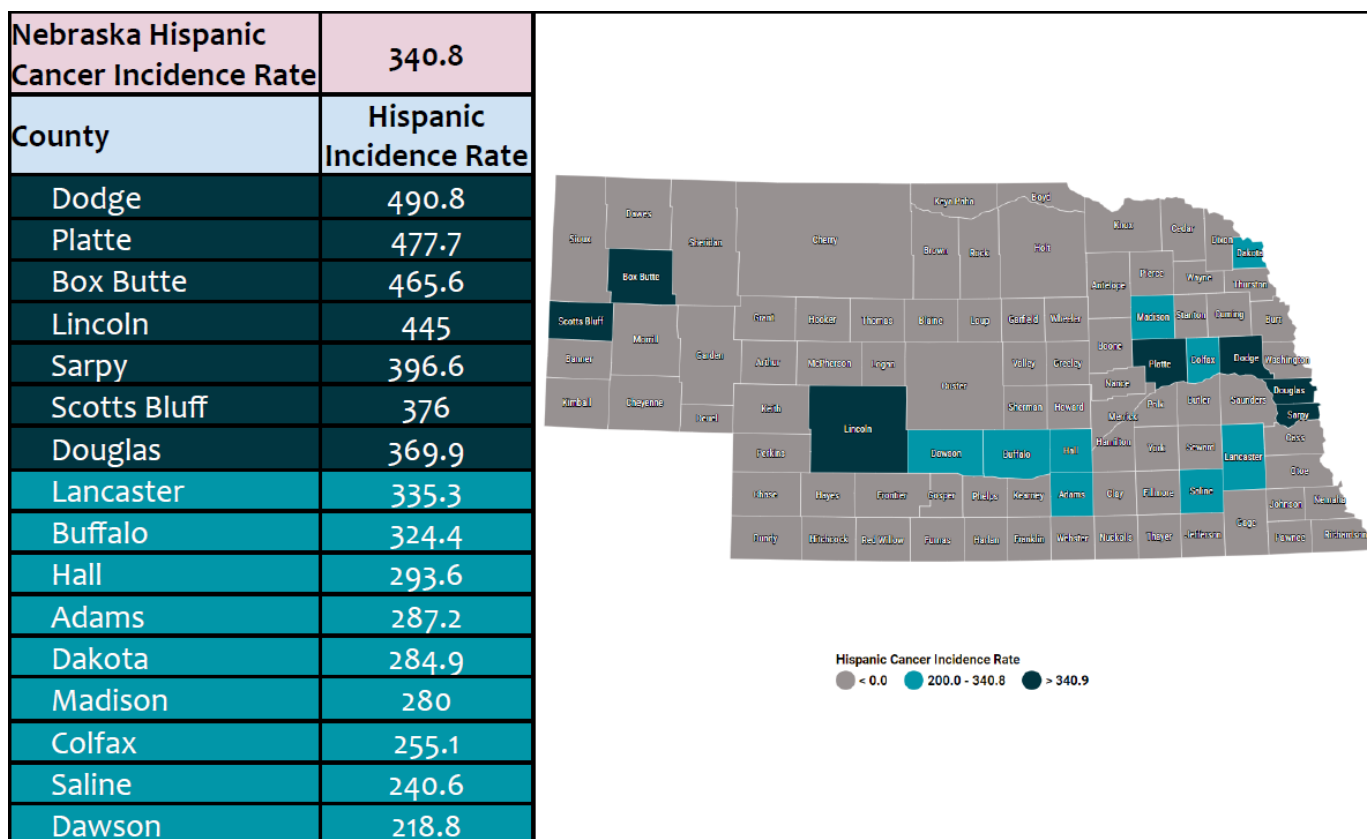


Data source: BRFSS 2016-2020: <https://atlas-dhhs.ne.gov/Atlas/BRFSS>. Ever told they have cancer (in any form), Adults 18 and older, State of Nebraska, by Geographic Categories, 2016-2020 Combined

Cancer incidence rates by county

Overall, cancer incidence rate (all types and all stages) was 340.8 per 100,000 Hispanics in Nebraska. Cancer incidence rates for the Hispanic population was available for 16 counties (data for the rest of counties was suppressed due to small counts). Dodge County reported the highest cancer incidence rate among Hispanics per 100,000 in Nebraska (490.8), followed by Platte County (477.7), and Box Butte (465.6). [Figure 10](#).

Figure 10: Nebraska Hispanic Cancer Incidence Rate by County (2016-2020)



Data source: NIH. National Cancer Institute. State Cancer Profiles (2016-2020).

Overall, cancer incidence rate among Hispanics in Nebraska was lower when compared to the White population (340.8 vs. 462.9 per 100,000, respectively). Box Butte County was the only county where the cancer incidence rate among Hispanics was higher when compared to Whites (465.6 vs. 417.6, respectively. Disparity ratio = 1.1). [Table 4](#). Definitions of disparity ratios are available in Appendix.

Table 4: Cancer incidence rate between Hispanics and Whites by county (2016-2020)

County	Hispanic Incidence Rate	White Incidence Rate	Disparity at the County level	Disparity Ratio
Dodge	490.8	531	0.9	
Platte	477.7	459.5	1.0	
Box Butte	465.6	417.6	1.1	
Lincoln	445	477	0.9	
Sarpy	396.6	477	0.8	
Scotts Bluff	376	453.8	0.8	
Douglas	369.9	493.5	0.7	
Lancaster	335.3	422.1	0.8	
Buffalo	324.4	471.7	0.7	
Hall	293.6	483.6	0.6	
Adams	287.2	479.4	0.6	
Dakota	284.9	408.1	0.7	
Madison	280	475.9	0.6	
Colfax	255.1	457.4	0.6	
Saline	240.6	544.1	0.4	
Dawson	218.8	458	0.5	

Data source: NIH. National Cancer Institute. State Cancer Profiles (2016-2020). Data for the rest of counties is suppressed due low counts.

Cancer incidence rate disparities by gender and by county (Hispanic population)

Gender disparities: Overall, Nebraska Hispanic females reported a higher cancer incidence rate per 100,000 population when compared to Hispanic males (361.1 vs. 327.6, respectively). The highest Hispanic female incidence cancer rate was reported in Dodge County (749.1), which was also the highest incidence rate reported when considering females from all races/ethnicities across all counties of Nebraska. The cancer incidence rates among Hispanic females in Dodge County was 1.4 times higher when compared to White females (749.1 vs. 539.2, respectively). Higher cancer incidence rates among Hispanic females were reported in Platte, Colfax, and Lincoln counties.

Among Hispanic males, Lincoln County reported the highest cancer incidence rate per 100,000 population (450.7), followed by Scotts Bluff (405.1), Platte (394.4), Sarpy (393.3), Douglas (378), and Lancaster (357.4) counties. [Table 5](#). [Figures 11 and 12](#) shows the distribution of the cancer incidence rate among Hispanics by gender and by county.



Table 5: Cancer Incidence Rate per 100,000 population among Hispanics by gender and compared to the White population (sorted from highest to lowest incidence rate among Hispanic females).

	Cancer Incidence Rate	
County	Hispanic Female	Hispanic Male
Dodge	749.1	*
Platte	564.5	394.4
Colfax	507.6	*
Lincoln	452.2	450.7
Sarpy	406.7	393.3
Saline	397	*
Scotts Bluff	383.9	405.1
Douglas	377.4	378
Hall	363.8	228.6
Madison	358.2	225.6
Lancaster	331.6	357.4
Buffalo	319.8	328.1
Dakota	259.5	286.8
Dawson	218.3	205
Nebraska Hispanic	361.1	327.6
Nebraska White	437.2	500.5

* Data has been suppressed to ensure confidentiality and stability of rate estimates.

Figure 11: Cancer incidence rate among Hispanic females by county (2016-2020)

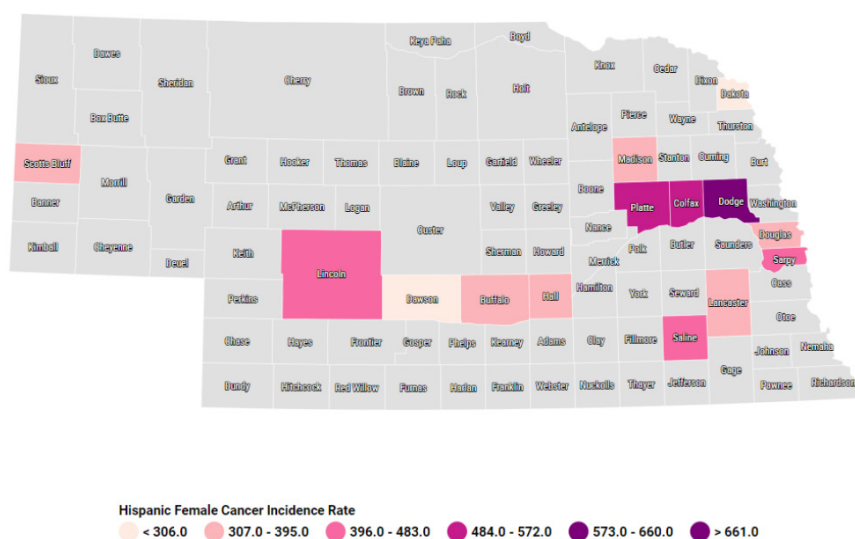
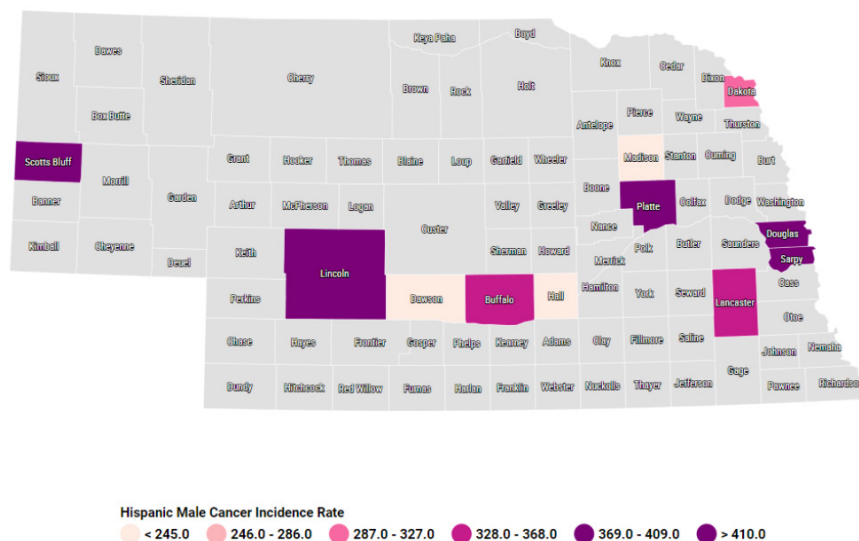


Figure 12: Cancer incidence rate among Hispanic males by county (2016-2020)



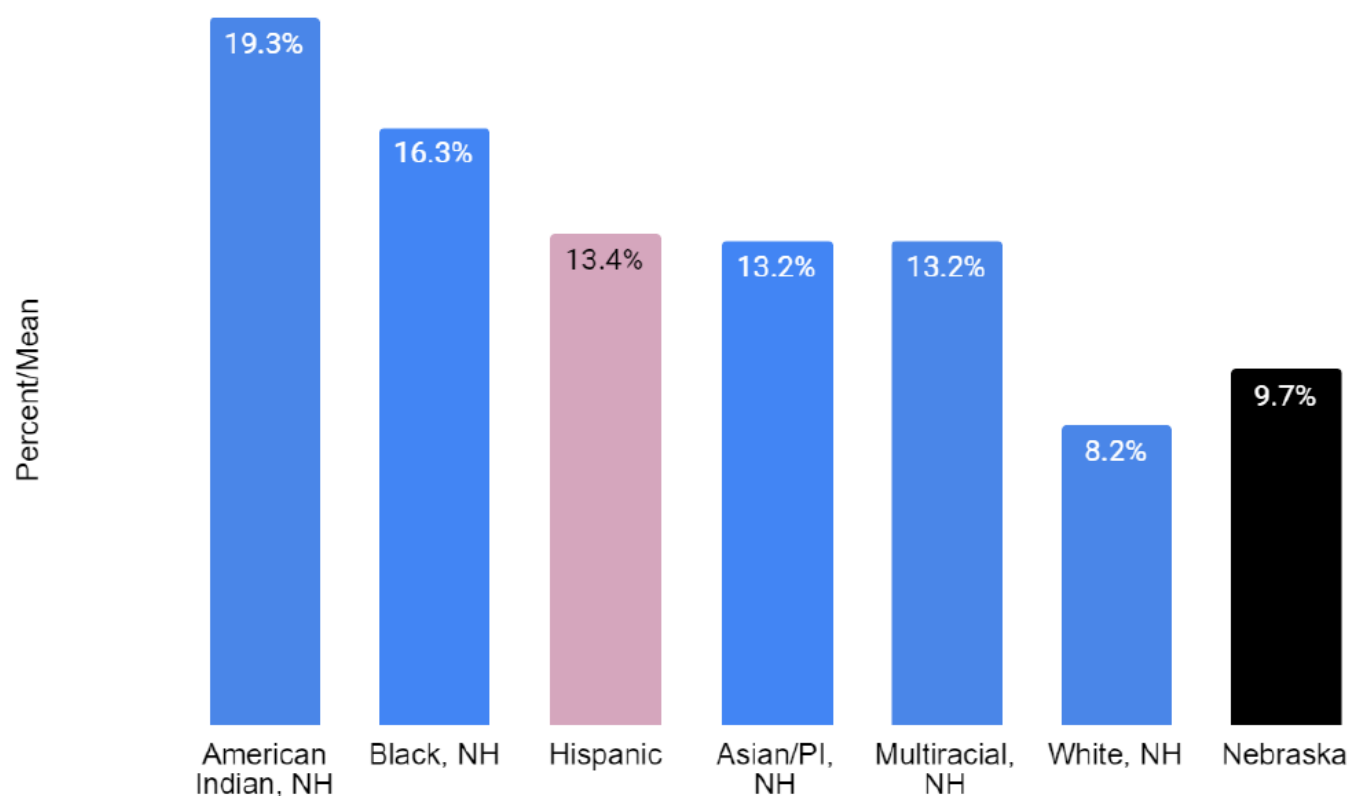
Data source: NIH. National Cancer Institute. State Cancer Profiles (2016-2020). Data for the rest of counties is suppressed due to low counts.

Diabetes

Diabetes is a chronic disease, characterized by high levels of sugar in the blood. Diabetes can be caused by the resistance to or creation of too little insulin; a hormone produced to control blood sugar. Diabetes is the 7th leading cause of death in the United States.

Key disparity: Hispanics were 1.6 times more likely to report having diabetes than Whites (13.4% vs. 8.2%, respectively). [Figure 13](#). From 2006-2010 to 2016-2020, the prevalence of diabetes decreased slightly among the Hispanic population.

Figure 13: Prevalence of Diabetes (%) by Race/ethnicity: 2016-2020



BRFSS 2016-2020: <https://atlas-dhhs.ne.gov/Atlas/BRFSS>. Ever told they have diabetes (excluding pregnancy), Adults 18 and older, by Race/Ethnicity, Age-Adjusted.

Sexually Transmitted Diseases

Chlamydia and Gonorrhea Incidence (2022)

Chlamydia and gonorrhea Incidence per 100,000 Population among the Hispanic population in Nebraska was 2.8 and 1.8 times higher when compared to Whites, respectively. [Table 6](#).

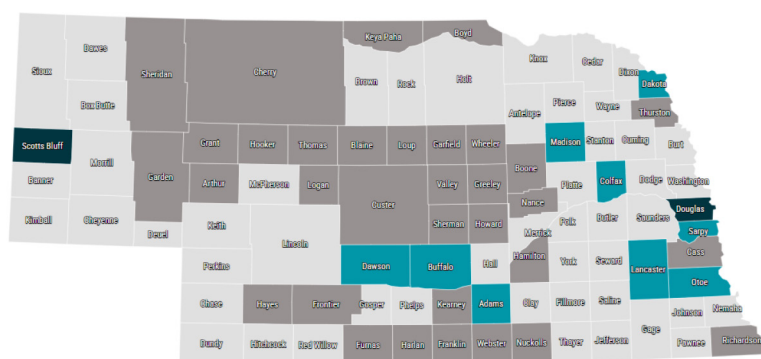
Hispanics in Douglas and Scottsbluff counties reported the highest incidence of chlamydia across Nebraska (1150.6, and 913.1 per 100,000 population). 49 counties had suppressed data and 32 reported “zero” incidence rate. [Figure 14](#).

Table 6: Chlamydia and Gonorrhea incidence rate per 100,000 population by race/ethnicity in Nebraska. Ratios compared to Whites (2022).

Nebraska	Chlamydia Incidence per 100,000 Population			Gonorrhea Incidence per 100,000 Population		
Race/Ethnicity	2022			2022		
White	287.2	Ratio	Disparity	62.0	Ratio	Disparity
African American	2073.8	7.2		949.5	15.3	
Asian	212.2	0.7		57.7	0.9	
American Indian	1313.8	4.6		526.7	8.5	
Hispanic	806.1	2.8		114.6	1.8	

Data source: AtlasPlus - Maps (cdc.gov)

Figure 14: Hispanic Chlamydia rate per 100,000 population (2022)



Data source: AtlasPlus - Maps (cdc.gov) - Light gray counties data has been suppressed.

Hispanic Chlamydia rate per 100000
 ● < 0.0 ● 384.0 - 806.1 ● > 806.2

HIV Incidence (2022)

A total of 459 Hispanic HIV cases were reported in 2022, compared to 1,141 cases for the White population in Nebraska. The HIV prevalence rate for the Hispanic population was three times higher compared to the White population (261.9 vs. 88.2 per 100,000, respectively). [Table 7.](#)

Table 7: HIV prevalence per 100,000 population by race/ethnicity in Nebraska (2022)

Race/Ethnicity	Cases	Rate per 100,000	Ratio	Disparity
American Indian/Alaska Native	29	227.3	2.6	
Asian	56	129.2	1.5	
Black/African American	651	841.5	9.5	
Hispanic/Latino	459	261.9	3.0	
Multiracial	90	334.8	3.8	
Native Hawaiian/Other Pacific Islander	3	272.2	3.1	
White	1,141	88.2		
Nebraska	2429	148.9		

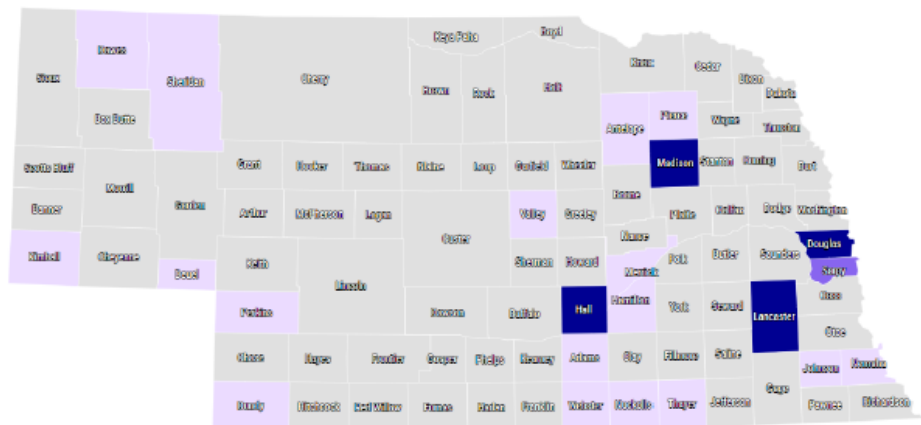
Data source: CDC. National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention.
<https://gis.cdc.gov/grasp/nchhstpatlas/tables.html>

HIV incidence per 100,000 population by county (2022)

Madison County reported the highest HIV incidence among the Nebraska Hispanic population (167.7), followed by Douglas (158.1), Hall (143.1), Lancaster (125.3), and Sarpy (60.9) counties. The highest HIV disparity ratio between the Hispanic and the White population by county was found in Hall County (8.0), followed by Lancaster (5.7), Sarpy (4.9), and Douglas (3.1) counties. Data was suppressed for 71 counties. [Table 8.](#)

Table 8: HIV Incidence rate per 100,000 population by Hispanic/White populations and by county (2022)

	Rate per 100,000	
County	Hispanic	White
Madison	167.7	Data suppressed
Douglas	158.1	51.1
Hall	143.1	17.9
Lancaster	125.3	21.9
Sarpy	60.9	12.4
Webster	0	0
Valley	0	0
Thayer	0	0
Sheridan	0	0
Pierce	0	0
Perkins	0	0
Nuckolls	0	0
Nemaha	0	0
Merrick	0	0
Kimball	0	0
Johnson	0	0
Hamilton	0	0
Dundy	0	0
Deuel	0	0
Dawes	0	0
Antelope	0	0
Adams	0	27.1



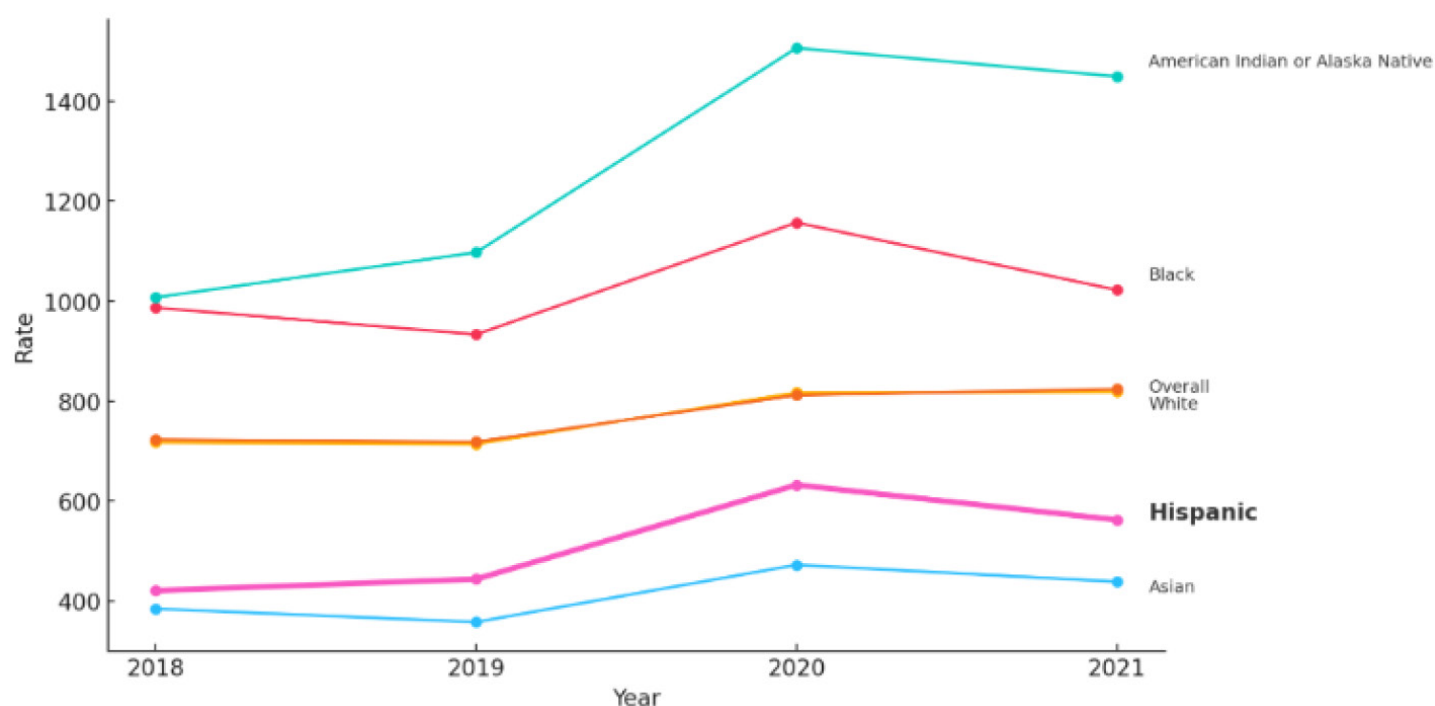
Hispanic HIV incidence (per 100,000)
 < 60.9 60.9 - 111.9 > 112.0

Mortality Rates

Total Deaths by Race/Ethnicity

Throughout the observed period (2018-2021), the Hispanic death rate in Nebraska is consistently lower than the overall death rate. The most significant increase in both rates occurred in 2020, likely reflecting the impact of the COVID-19 pandemic. However, the relative increase was more pronounced for the Hispanic population. In 2021, while the overall death rate remained high, the Hispanic death rate decreased, indicating some recovery or improved outcomes for the Hispanic population post-2020 in Nebraska. [Figure 15.](#)

Figure 15: Total death rates per 100,000 population by race/ethnicity in Nebraska (2018-2021)

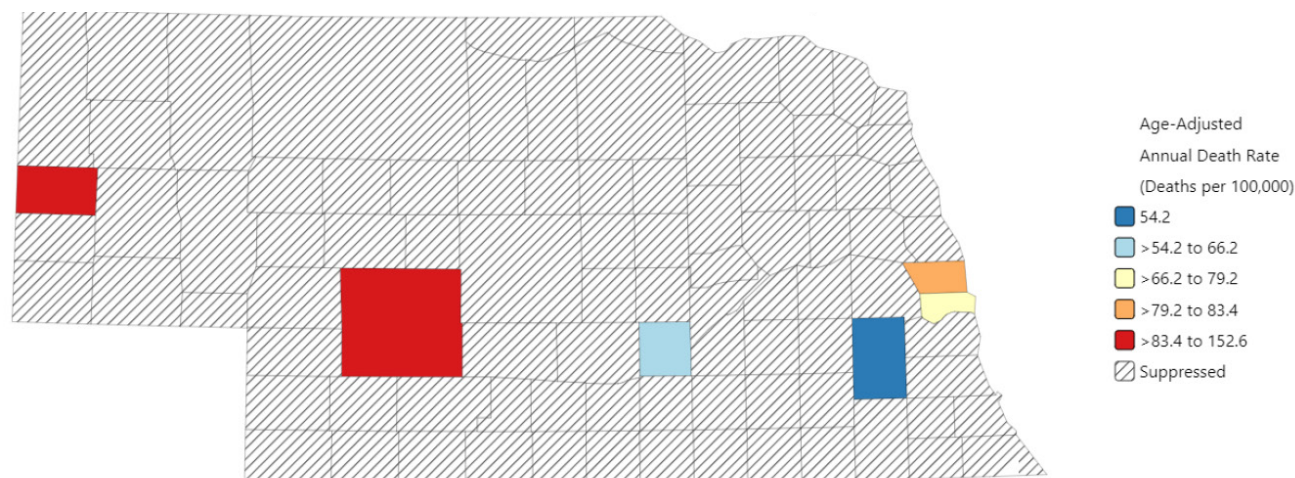


Data source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on [CDC WONDER Online Database](<http://wonder.cdc.gov/>). Data are from the Multiple Cause of Death Files, 2018-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on April 5, 2023. <https://www.kff.org/statedata/custom/>

Cancer death rates for Nebraska by County - Hispanics (2016-2020)

Lincoln (152.6) and Scotts Bluff (111.3) counties reported higher cancer death rates when compared to the Hispanic cancer death rate per 100,000 population in Nebraska (83.9). Still, these Hispanic death rates in both counties were lower when compared to the overall population in Lincoln and Scotts Bluff counties (163.4, and 150.9, respectively). Douglas (83.4), Sarpy (79.2), Hall (66.2), and Lancaster (54.2) counties reported below cancer death rates per 100,000 population when compared to the average Hispanic cancer rate in the state. **Figure 16.**

Figure 16: Nebraska Hispanic death rates- all cancer sites, 2016-2020



Created by statecancerprofiles.cancer.gov on 06/04/2024 11:05 am.

State Cancer Registries may provide more current or more local data.

- Death data provided by the National Vital Statistics System public use data file. Death rates calculated by the National Cancer Institute using SEER*Stat. Death rates are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Population counts for denominators are based on Census populations as modified by NCI.

The US Population Data File is used with mortality data.

* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

NHIA (NAACCR Hispanic Identification Algorithm) was used for Hispanic Ethnicity (see Technical Notes section of the USCS).

Statistics for minorities may be affected by inconsistent race identification between the cancer case reports (sources for numerator of rate) and data from the Census Bureau (source for denominator of rate); and from undercounts of some population groups in the census.

Data for United States does not include Puerto Rico.

Data source: NIH. National Cancer Institute. State Cancer Profiles.

Note: Death rates data for the following types of cancer were suppressed for the Hispanic population in Nebraska due to insufficient counts: Bladder, Brain & ONS, Breast (female), Cervix, Colon & Rectum, Esophagus, Kidney & Renal Pelvis, Leukemia, Liver & Bile Duct, Lung & Bronchus, Melanoma of the skin, Non-Hodgkin Lymphoma, Oral Cavity & Pharynx, Ovary, and Pancreas

Coronary Heart Disease death rate (2019-2021)

Coronary heart disease death rate per 100,000 among Hispanics is the lowest among all races in Nebraska (32.4 per 100,000 population), and 2.2 times lower when compared to the national rate (71.9 per 100,000 population). **Table 9.** Overall, Nebraska's Hispanic population was ranked 6th with the lowest coronary heart disease death rate among states in the nation.

Table 9: Coronary heart disease death rate per 100,000 population by race/ethnicity in Nebraska and the nation (2019-2021)

Race or Ethnicity	Coronary Heart Disease Death Rate per 100,000			
	Nebraska	National	Ratio (Nebraska)	Disparity
All Races/Ethnicities	71.3	91.1	1.0	
Black (Non-Hispanic)	57.4	111.1	0.8	
White (Non-Hispanic)	73.5	93.9		
Hispanic	32.4	71.9	0.4	
American Indian and Alaska Native	116.1	82	1.6	
Asian	36.4	53	0.5	
Native Hawaiian or Other Pacific Islander	Insufficient Data	99.2	n.a.	n.a.
More than one race	Insufficient Data	40.5	n.a.	n.a.

Data source: Interactive Atlas of Heart Disease and Stroke.

<https://nccd.cdc.gov/DHDSPAtlas/reports.aspx?geographyType=county&state=NE&themelId=153&filterIds=25,23,3,24,7&filterOptions=1,4,1,5,1#report>

Coronary Heart Disease death rate by gender (2019-2021)

Nebraska Hispanic women were ranked 4th with the lowest coronary heart disease death rate in the nation (22 per 100,000 population).

Gender disparities: Nebraska Hispanic women had coronary heart disease death rate 2 times lower when compared to Nebraska Hispanic males (22 vs. 43 per 100,000 population, respectively).

Coronary heart disease death rate among Hispanic males was 2.4 times lower when compared to White (non-Hispanic) males (43 vs. 104.5 per 100,000 population, respectively), and 2.2 times lower among Nebraska Hispanic women when compared to Nebraska White (non-Hispanic) women (22 vs. 48.7 per 100,000 population, respectively). [Table 10.](#)

Table 10: Coronary heart disease death rate by gender in Nebraska (2019-2021)

Race or Ethnicity	Coronary Heart Disease Death Rate per 100,000 by Gender	
	Men	Women
All Races/Ethnicities	100.5	47.9
Black (Non-Hispanic)	63.4	48.7
White (Non-Hispanic)	104.5	48.7
Hispanic	43	22
American Indian and Alaska Native	146.1	Insufficient Data
Asian	Insufficient Data	Insufficient Data
Native Hawaiian or Other Pacific Islander	Insufficient Data	Insufficient Data
More than one race	Insufficient Data	Insufficient Data

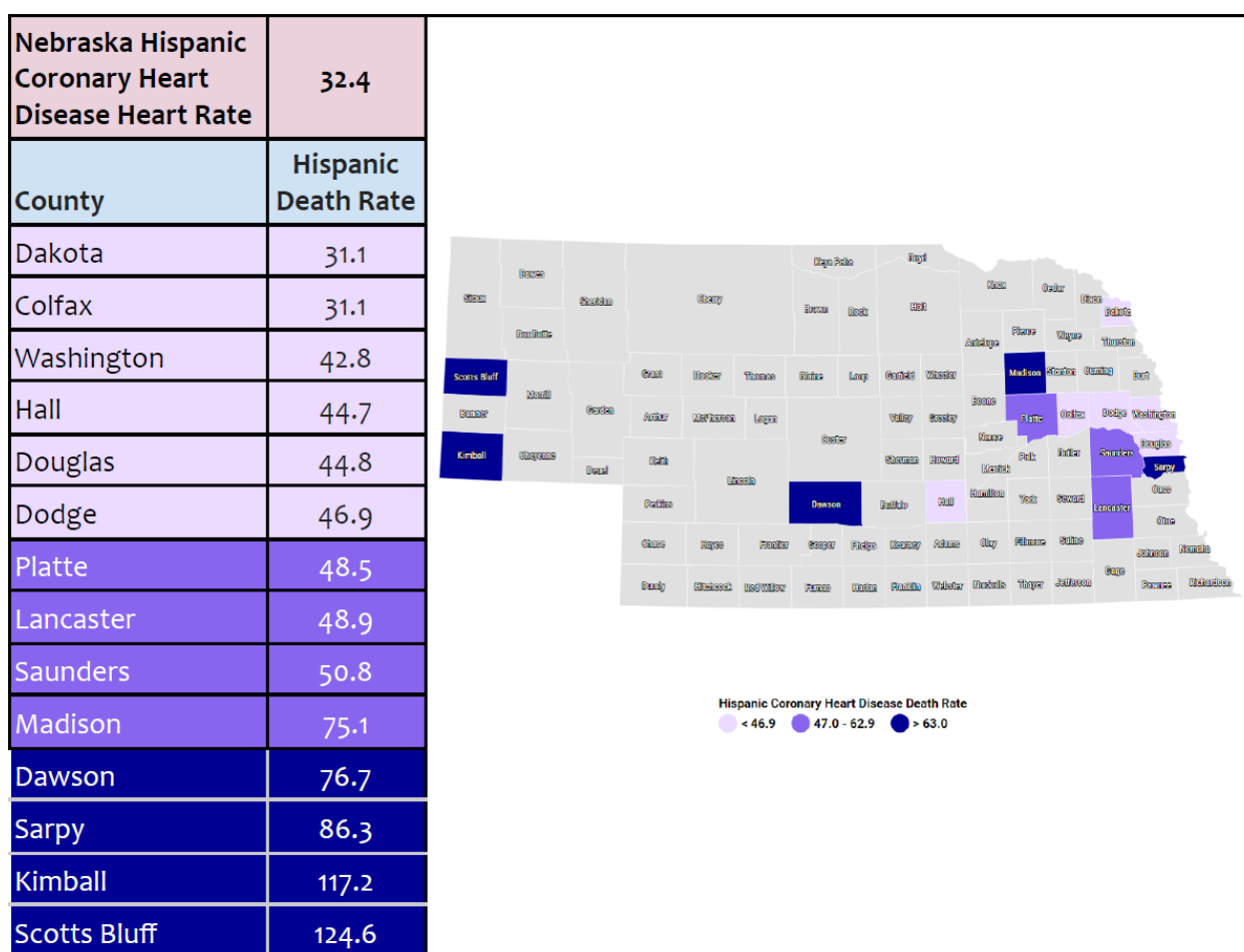
Data source: Interactive Atlas of Heart Disease and Stroke.

<https://nccd.cdc.gov/DHDSPAtlas/reports.aspx?geographyType=county&state=NE&themeld=153&filterIds=25,23,3,24,7&filterOptions=1,4,1,5,1#report>

Coronary Heart Disease death rate by County

Data from 14 counties was available for the Hispanic population. The remaining counties (n = 79) were reported as having insufficient data for the Hispanic population. Scotts Bluff (124.6), Kimball (117.2), Sarpy (86.3), Dawson (76.7), and Madison (75.1) counties reported the highest coronary heart disease death rates among Hispanics by county. **Figure 17.** In all of these counties (n = 14), coronary heart disease death rates were lower compared to White non-Hispanics.

Figure 17: Nebraska Hispanic Coronary Heart Disease Death Rate by County (2019-2021)



Data source: Interactive Atlas of Heart Disease and Stroke.

<https://nccd.cdc.gov/DHDSPAtlas/reports.aspx?geographyType=county&state=NE&themelId=153&filterIds=25,23,3,24,7&filterOptions=1,4,1,5,1#report>

Note: Data for 14 counties was available, and 79 counties reported insufficient data for the Hispanic population.

Stroke Death Rate (2019-2021)

Stroke death rate per 100,000 among Hispanics was the lowest among all races in Nebraska (53 per 100,000 population), and 1.2 times lower when compared to the national rate (67.4 per 100,000 population). Table 11. Overall, Nebraska's Hispanic population was ranked 26th with the lowest stroke death rate among states in the nation.

Table 11: Stroke death rate per 100,000 population by race/ethnicity in Nebraska and the nation (2019-2021)

	Stroke Death Rate per 100,000, All Races/Ethnicities, All Genders, Ages 35+, 2019-2021			
Race or Ethnicity	Nebraska	National	Ratio (Nebraska)	Disparity (Nebraska)
All Races/Ethnicities	67.2	75.7	1.0	
Black (Non-Hispanic)	113.8	110.3	1.7	
White (Non-Hispanic)	65.9	73.1		
Hispanic	53	67.4	0.8	
American Indian and Alaska Native	Insufficient Data	64.6	n.a.	n.a.
Asian	65.1	61.1	1.0	
Native Hawaiian or Other Pacific Islander	Insufficient Data	93.8	n.a.	n.a.
More than one race	Insufficient Data	37	n.a.	n.a.

Stroke Death Rate by Gender (2019-2021)

Gender disparities: Nebraska Hispanic women had a stroke death rate **1.4 times lower** when compared to Nebraska Hispanic males (45.3 vs. 61.3 per 100,000 population, respectively). Nebraska Hispanic women were ranked 13th with the lowest stroke death rate in the nation (45.3 per 100,000 population), and Nebraska Hispanic men were ranked 24th with the lowest stroke death rate in the nation.

Stroke death rate among Nebraska Hispanic males was **1.1 times lower** when compared to Nebraska White (non-Hispanic) males (61.3 vs. 66.4 per 100,000 population, respectively), and **1.4 times lower** among Nebraska Hispanic women when compared to Nebraska White (non-Hispanic) women (45.3 vs. 64.8 per 100,000 population, respectively).

Table 12.

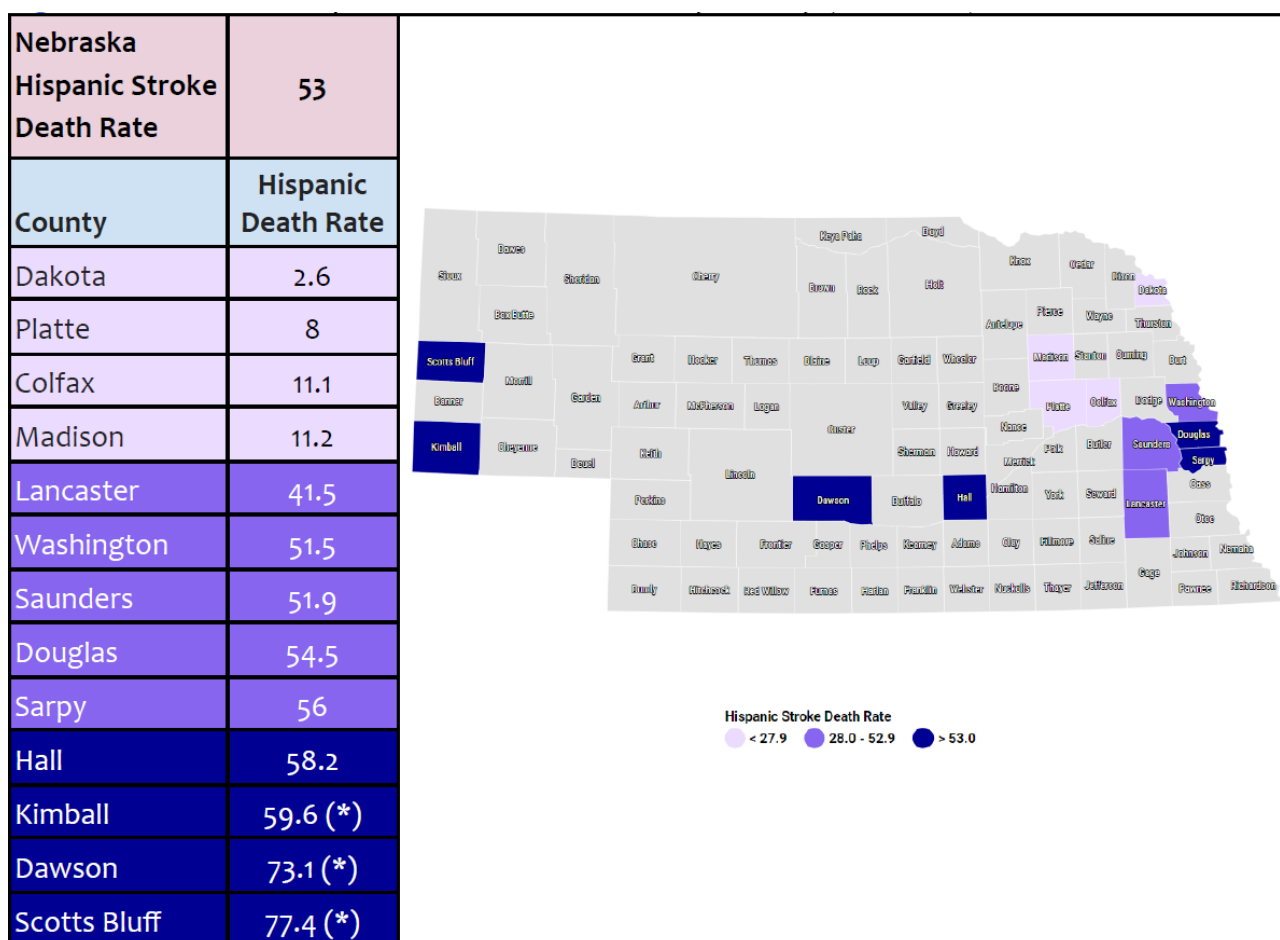
Table 12: Stroke death rate by gender in Nebraska (2019-2021)

	Stroke Death Rate per 100,000, Hispanic, by Gender, Ages 35+, 2019-2021	
Race or Ethnicity	Men	Women
All Races/Ethnicities	68.1	65.8
Black (Non-Hispanic)	137.4	96.9
White (Non-Hispanic)	66.4	64.8
Hispanic	61.3	45.3
American Indian and Alaska Native	Insufficient Data	Insufficient Data
Asian	Insufficient Data	82.7
Native Hawaiian or Other Pacific Islander	Insufficient Data	Insufficient Data
More than one race	Insufficient Data	Insufficient Data

Stroke Death Rate by County

Data from 13 counties was available for the Hispanic population. The remaining counties (n = 80) were reported as having insufficient data for the Hispanic population. Scotts Bluff (77.4), Dawson (73.1), Kimball (59.6), and Hall (58.2) counties reported the highest stroke death rates among Hispanics by county. Figure 18. In 10 of these counties, stroke death rates among Hispanics were lower compared to White non-Hispanics, except for Kimball (59.6 vs. 54.8, respectively), Dawson (73.1 vs. 61.8, respectively), and Scotts Bluff (77.4 vs. 55.9, respectively) counties.

Figure 18: Nebraska Hispanic Stroke Death Rate by County (2019-2021)



Data source: Interactive Atlas of Heart Disease and Stroke.

<https://nccd.cdc.gov/DHDSPAtlas/reports.aspx?geographyType=county&state=NE&themeld=153&filterIds=25,23,3,24,7&filterOptions=1,4,1,5,1#report>

(*) Stroke death rates were higher when compared to the White (non-Hispanic) population.

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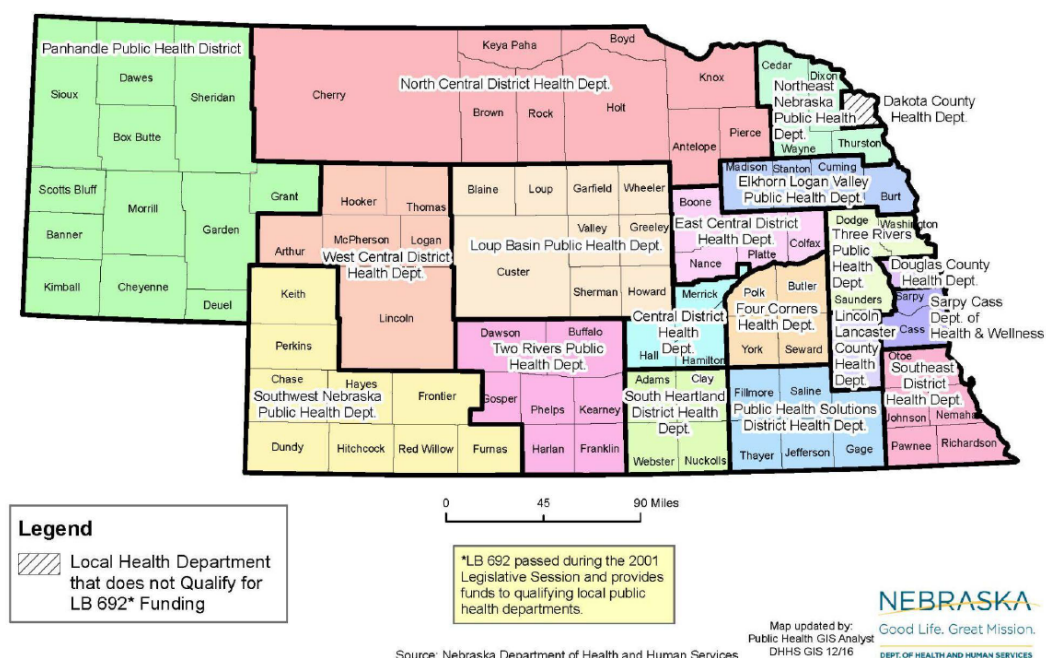
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Appendix

Map 1. Nebraska Local Health Departments



Map 2. Urban-Large, Urban Small, and Rural Counties of Nebraska

(DHHS Classification, 2016)

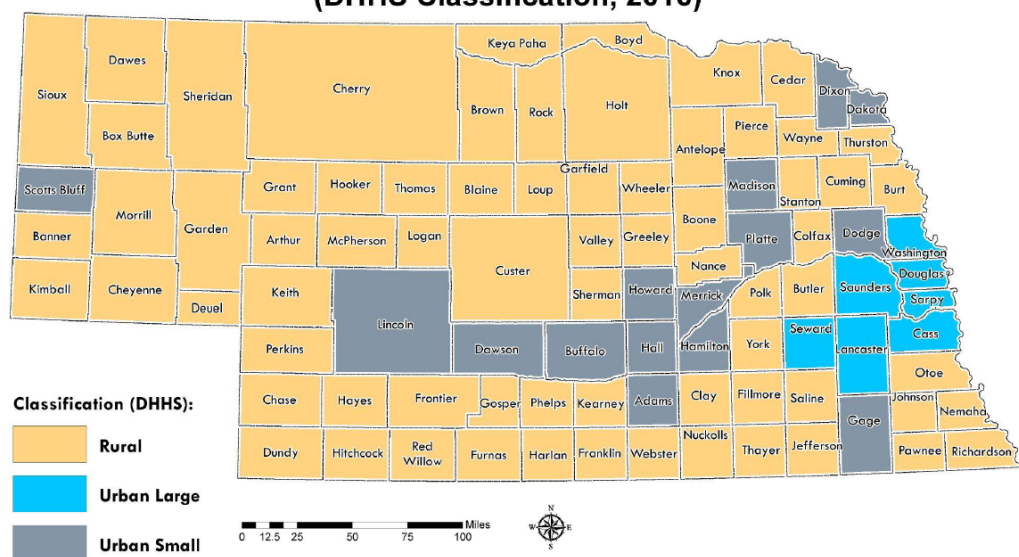


Table A1. Hispanic population by county (% and number) sorted from highest to lowest percentage (2018-2022)

Counties with Hispanic/Latino populations above the state average (11.8%) are highlighted in red.

County	%	Population	County	%	Population	County	(%)	Population	County	%	Population
Colfax	46.1	4,874	Kimball	10.5	357	Wayne	6.8	661	Greeley	2.1	46
Dakota	39.8	8,481	Cuming	10.3	927	Hayes	6.8	62	Pawnee	2.1	53
Dawson	34.3	8,240	Johnson	10.3	545	Stanton	6.5	377	Valley	2.1	84
Hall	30	18,797	Buffalo	9.7	4,867	Phelps	6.2	555	Keya Paha	1.8	18
Saline	27.1	3,865	Lincoln	9.7	3,334	Polk	6.2	321	Logan	1.7	14
Scotts Bluff	24.9	8,972	Clay	9.4	570	Sheridan	6.1	313	Dundy	1.5	27
Platte	21.3	7,298	Otoe	8.5	1,355	Red Willow	5.9	628	Nuckolls	1.5	60
Chase	18.7	694	Cheyenne	8.2	775	Dawes	5.8	478	Arthur	1.2	6
Madison	16.1	5,707	Thurston	7.9	529	Merrick	5.4	412	Rock	0.8	10
Morrill	15.8	721	Kearney	7.8	517	Webster	5.3	182	McPherson	0.7	x
Dixon	15	839	Keith	7.7	641	Holt	5.3	535	Wheeler	0.5	4
Dodge	15	5,592	Lancaster	7.7	24,790	York	5.3	749	Grant	0.3	2
Douglas	13.4	77,807	Wayne	6.8	661	Banner	5.1	34	Blaine	0	0
Box Butte	13.3	1,429	Hayes	6.8	62	Jefferson	5.1	363	Hooker	0	0
Loup	11.8	74	Stanton	6.5	377	Furnas	4.9	228			
Adams	11.7	3,629	Phelps	6.2	555	Butler	4.9	410			
Deuel	11.6	216	Polk	6.2	321	Perkins	4.8	137			
Sarpy	10.5	20,145	Sheridan	6.1	313	Sioux	4.7	55			

Data source: ACS, 5-year intervals, 2018-2022.

Table A2. Percentage of Hispanic/Latino population by Place (city) in Nebraska (U.S. Census, 2020)

Places with Hispanic/Latino above the state average (11.8%) are highlighted in red.

Data source: Center for Public Affairs Research-UNO. 2020 Census Data. Retrieved from <https://www.unomaha.edu/college-of-public-affairs-and-community-service/center-for-public-affairs-research/programs/2020census-data-table.php>

Place	% Latino	Place	% Latino	Place	% Latino
Schuyler city	72.5	Lexington city	65.2	Madison city	51.6
South Sioux City city	50.7	Crete city	49.0	Wakefield city	48.4
Dakota City city	38.2	Gibbon city	38.0	White Clay CDP	37.5
Minatare city	35.9	Grand Island city	34.3	Inglewood village	34.2
Terrytown city	33.4	Gross village	33.3	Lyman village	32.0
Scottsbluff city	31.7	Octavia village	29.0	Lamar village	28.6
Preston village	26.3	Columbus city	25.4	Mitchell city	25.1
Haigler village	24.8	Dorchester village	24.3	West Point city	24.1
Nickerson village	23.4	Lorton village	22.9	Hayes Center village	22.8
Eddyville village	22.7	Shelby village	22.7	Harvard city	21.9
Wood River city	21.6	Bridgeport city	21.0	Tecumseh city	20.3
Tobias village	20.2	Imperial city	20.0	McGrew village	20.0
Rogers village	19.5	Fremont city	19.2	Gering city	19.0
Venango village	18.5	Alda village	18.1	Wallace village	17.9
Broadwater village	17.9	Morrill village	17.7	Halsey village	17.6
Ohiova village	17.5	Bellevue city	16.9	Bayard city	16.6
Surprise village	16.2	Willow Island CDP	16.0	Shelton village	16.0
Norfolk city	15.8	Omaha city	15.5	Cozad city	15.3
Wellfleet village	15.3	Julian village	15.2	Ralston city	14.8
Offutt AFB CDP	14.7	Pilger village	14.6	Nebraska City city	14.5
Ames CDP	14.3	Seneca CDP	14.3	Alliance city	14.1
Hastings city	13.8	Princeton CDP	13.7	Obert village	13.6
Clearwater village	13.1	Sutton city	13.0	Winnetoan village	13.0
Firth village	12.9	Richland village	12.9	Wayne city	12.8

Place	% Latino		Place	% Latino		Place	% Latino
Boys Town village	12.4		Heartwell village	12.3		Dodge village	12.3
Woodland Park CDP	12.1		Melbeta village	12.0		La Platte CDP	12.0
Stockville village	12.0		Ogallala city	11.6		Brule village	11.5
Saronville village	11.4		La Vista city	11.1		Harrisburg CDP	11.1
Cushing village	10.8		Kearney city	10.8		Newman Grove city	10.8
Abie village	10.8		Chapman village	10.8		Brunswick village	10.5
Upland village	10.4		North Platte city	10.4		Allen village	10.1
Emerson village	10.1		Sidney city	10.1		Miller village	10.1
Guide Rock village	10.1		Loretto CDP	10.0		De Witt village	9.8
Wilber city	9.7		Dix village	9.6		Sumner village	9.5
Ainsworth city	9.3		Leshara village	9.3		Martin CDP	9.2
Kimball city	9.1		St. Edward city	9.1		Gurley village	9.1
Ragan village	9.1		Overton village	9.1		Clarks village	9.0
Paxton village	8.9		Gandy village	8.8		Bladen village	8.8
Ithaca village	8.8		Bertrand village	8.7		David City city	8.7
Crab Orchard village	8.7		Elk Creek village	8.7		South Bend village	8.7
Oxford village	8.6		Lincoln city	8.6		O'Neill city	8.5
Minden city	8.5		Big Springs village	8.4		Brewster village	8.3
Leigh village	8.3		Keystone CDP	8.2		Rosalie village	8.2
Hershey village	8.2		Oshkosh city	8.2		Henry village	8.0
Nemaha village	7.9		Uehling village	7.9		Wauneta village	7.8
Brownlee CDP	7.7		Lindy CDP	7.7		McCook city	7.7
Chalco CDP	7.6		Center village	7.6		York city	7.6
Papillion city	7.6		Danbury village	7.5		Hamlet village	7.4
Fairbury city	7.3		Rushville city	7.2		Trumbull village	7.2
Union village	7.2		Duncan village	7.1		Farnam village	7.1
Crookston village	7.0		King Lake CDP	7.0		Red Cloud city	7.0
Wisner city	6.9		Grant city	6.9		Craig village	6.9
Inland CDP	6.9		Tamora CDP	6.8		Stratton village	6.8
Alexandria village	6.8		Agnew CDP	6.7		Smithfield village	6.7

Place	% Latino		Place	% Latino		Place	% Latino
Cairo village	6.6		Holdrege city	6.6		Broken Bow city	6.5
North Bend city	6.5		Gordon city	6.4		Plattsmouth city	6.4
Lyons city	6.4		Waterloo village	6.4		Johnstown village	6.4
Beaver City city	6.3		Dunning village	6.3		Sholes village	6.3
Madrid village	6.2		Sutherland village	6.2		Mead village	6.2
Loomis village	6.1		Berea CDP	6.1		Hemingford village	6.1
Cheney CDP	6.1		Waco village	6.1		Huntley village	6.1
Beemer village	6.1		Shickley village	6.1		Max CDP	6.0
Holbrook village	6.0		Rising City village	5.9		Nenzel village	5.9
Peru city	5.9		Neligh city	5.8		Carroll village	5.8
Lewellen village	5.7		Ruskin village	5.7		Howells village	5.7
Stamford village	5.7		Arapahoe city	5.7		Diller village	5.7
Riverdale village	5.7		Bellwood village	5.7		Colon village	5.6
Yankee Hill CDP	5.6		Bloomfield city	5.6		Waterbury village	5.6
Creston village	5.5		Shubert village	5.5		Gothenburg city	5.5
Dunbar village	5.5		Clay Center city	5.4		Phillips village	5.3
Odessa CDP	5.3		Culbertson village	5.2		Crawford city	5.2
Cedar Rapids village	5.2		Polk village	5.2		Thurston village	5.2
Snyder village	5.1		Ulysses village	5.1		Talmage village	5.1
Brownville village	5.0		Walthill village	5.0		Eagle village	5.0
Amherst village	5.0		Goehner village	5.0		Otoe village	5.0
Du Bois village	4.9		Wann CDP	4.9		Curtis city	4.8
Platte Center village	4.8		Barada village	4.8		Cowles village	4.8
Hubbell village	4.8		Atlanta village	4.7		Grafton village	4.7
Cook village	4.7		Doniphan village	4.7		Clarkson city	4.7
Maxwell village	4.7		Magnet village	4.7		Scotia village	4.7
Harrison village	4.6		Elm Creek village	4.6		Winnebago village	4.6
Hordville village	4.6		Clatonia village	4.6		Elwood village	4.6
Loup City city	4.6		Inavale CDP	4.5		Poole CDP	4.5
Steele City village	4.5		Chadron city	4.5		Ericson village	4.5

Place	% Latino		Place	% Latino		Place	% Latino
Rockville village	4.5		Davey village	4.4		Bradshaw village	4.4
Dannebrog village	4.4		Benkelman city	4.4		Chappell city	4.4
Sterling village	4.4		Merna village	4.4		Champion CDP	4.3
Lebanon village	4.3		Bristow village	4.3		Linwood village	4.3
Taylor village	4.3		Hyannis village	4.2		Wilcox village	4.2
Axtell village	4.2		Maywood village	4.2		Glenwood CDP	4.2
Lodgepole village	4.2		Aurora city	4.1		Franklin city	4.1
Stella village	4.1		Wahoo city	4.1		Cambridge city	4.1
Potter village	4.1		Litchfield village	4.1		Melia CDP	4.1
Arnold village	4.1		Beatrice city	4.0		Lawrence village	4.0
Deshler city	4.0		Lakeview CDP	4.0		Jansen village	4.0
Ravenna city	4.0		Ord city	3.9		Brady village	3.9
Petersburg village	3.9		Central City city	3.9		Trenton village	3.9
Kramer CDP	3.8		Fort Calhoun city	3.8		Pender village	3.8
Seward city	3.8		Blair city	3.7		Stapleton village	3.7
Juniata village	3.7		Hallam village	3.7		Nelson city	3.7
Fairmont village	3.7		Hebron city	3.7		Winside village	3.7
Bartlett village	3.7		Herman village	3.6		Tilden city	3.6
Long Pine city	3.6		Geneva city	3.6		Atkinson city	3.6
Harbine village	3.6		Homer village	3.6		Lushton village	3.6
North Loup village	3.5		Elmwood village	3.5		Bennet village	3.5
Reynolds village	3.5		Riverton village	3.5		Edgar city	3.5
Ashland city	3.5		Overland CDP	3.5		Cotesfield village	3.4
Roseland village	3.4		Palmer village	3.4		Louisville city	3.3
Holmesville CDP	3.3		St. Libory CDP	3.3		Campbell village	3.3
Ponca city	3.3		Brainard village	3.3		Oakdale village	3.3
Brock village	3.3		Sarben CDP	3.2		Westerville CDP	3.2
Gresham village	3.2		Inman village	3.2		Stanton city	3.2
Meadow Grove village	3.1		Davenport village	3.1		Walton CDP	3.1
Valley city	3.1		Norman village	3.1		Silver Creek village	3.1

Place	% Latino		Place	% Latino		Place	% Latino
Stockham village	3.1		Bennington city	3.1		Gretna city	3.1
Laurel city	3.1		Scribner city	3.1		Western village	3.1
Superior city	3.1		Oakland city	3.1		Indianola city	3.1
Verdon village	3.0		Valentine city	3.0		McLean village	3.0
Callaway village	3.0		Niobrara village	3.0		Sargent city	3.0
Milford city	3.0		Hartington city	3.0		Randolph city	3.0
Giltner village	3.0		Archer CDP	2.9		Elsie village	2.9
Lisco CDP	2.9		Newport village	2.9		Murray village	2.9
Farwell village	2.9		Oconto village	2.9		Funk village	2.9
Arcadia village	2.8		Springfield city	2.8		Butte village	2.8
Genoa city	2.8		Alma city	2.8		Lorenzo CDP	2.8
Osmond city	2.8		Albion city	2.8		Waverly city	2.8
Yutan city	2.7		Bloomington village	2.7		Fairfield city	2.7
Kenesaw village	2.7		Liberty village	2.7		Virginia village	2.7
Greenwood village	2.7		Hickman city	2.7		Ewing village	2.7
Auburn city	2.7		Wolbach village	2.7		Beaver Crossing village	2.7
Berwyn village	2.7		Wilsonville village	2.7		Endicott village	2.7
Hildreth village	2.7		Plainview city	2.7		Prairie Home CDP	2.6
Kennard village	2.6		Ceresco village	2.6		Alvo village	2.6
Bushnell village	2.6		Bassett city	2.6		Hampton village	2.5
Marquette village	2.5		Wymore city	2.5		Friend city	2.5
Raymond village	2.5		Belmar CDP	2.5		Pierce city	2.5
Greeley Center village	2.5		Orchard village	2.5		Stromsburg city	2.4
Swanton village	2.4		Martell CDP	2.4		Cody village	2.4
Deweese village	2.4		Foster village	2.4		Unadilla village	2.4
Wausa village	2.4		Blue Hill city	2.4		St. Paul city	2.4
Orleans village	2.3		Arthur village	2.3		Pawnee City city	2.3
Pleasant Dale village	2.3		Roscoe CDP	2.3		Chester village	2.2
Arlington village	2.2		Emerald CDP	2.2		Hooper city	2.2
Valparaiso village	2.2		Emmet village	2.2		Syracuse city	2.2

Place	% Latino		Place	% Latino		Place	% Latino
Adams village	2.2		Dalton village	2.1		Bow Valley CDP	2.1
Holstein village	2.1		Chambers village	2.1		Hardy village	2.1
Palmyra village	2.1		Ashton village	2.0		Humboldt city	2.0
Mullen village	2.0		Weston village	2.0		Roca village	2.0
Mason City village	2.0		Ansley village	2.0		Hubbard village	2.0
Weeping Water city	1.9		Osceola city	1.9		Falls City city	1.9
Cedar Creek village	1.9		Burr village	1.9		Thedford village	1.9
Utica village	1.9		Hoskins village	1.9		Santee village	1.9
Coleridge village	1.9		Oak village	1.9		Memphis village	1.8
Garrison village	1.8		Lewiston village	1.8		Primrose village	1.8
Bancroft village	1.8		Page village	1.8		Edison village	1.8
Eustis village	1.8		Cortland village	1.8		Belden village	1.8
Fullerton city	1.8		Hazard village	1.8		Royal village	1.7
Woodland Hills CDP	1.7		Spalding village	1.7		Decatur village	1.7
Monroe village	1.7		Springview village	1.7		Elgin city	1.7
Cedar Bluffs village	1.6		Filley village	1.6		Pickrell village	1.6
Whitney village	1.6		Concord village	1.6		Denton village	1.6
Tekamah city	1.6		Exeter village	1.5		Battle Creek city	1.5
Aten CDP	1.5		Fordyce village	1.5		Benedict village	1.5
Newcastle village	1.5		Sprague village	1.5		Crofton city	1.5
Rulo village	1.4		Palisade village	1.4		Venice CDP	1.3
Prosser village	1.3		Dwight village	1.3		Creighton city	1.3
Dixon village	1.3		Johnson village	1.3		Panama village	1.3
Milligan village	1.2		Spencer village	1.2		Ayr village	1.2
Douglas village	1.2		Naponee village	1.2		Salem village	1.2
Manley village	1.2		Burwell city	1.2		Bee village	1.2
Hay Springs village	1.2		Nehawka village	1.2		Merriman village	1.1
Naper village	1.1		St. Helena village	1.1		Barneston village	1.1
Bartley village	1.1		Henderson city	1.1		Murdock village	1.1
Howard City (Boelus) village	1.1		Plymouth village	1.1		Malcolm village	1.1

Place	% Latino		Place	% Latino		Place	% Latino
Hadar village	1.1		Bruning village	1.1		Malmo village	1.1
Lindsay village	1.1		Lynch village	1.0		Jackson village	1.0
Garland village	1.0		Tryon CDP	0.9		Verdigre village	0.9
McCool Junction village	0.9		Macy CDP	0.9		Morse Bluff village	0.9
Humphrey city	0.8		Washington village	0.8		Glenvil village	0.8
Republican City village	0.7		Prague village	0.7		Daykin village	0.7
Pleasanton village	0.6		Wynot village	0.5		Odell village	0.4
Stuart village	0.2		Anoka village	0.0		Anselmo village	0.0
Avoca village	0.0		Bazile Mills village	0.0		Beacon View CDP	0.0
Belgrade village	0.0		Belvidere village	0.0		Blue Springs city	0.0
Bruno village	0.0		Burchard village	0.0		Burton village	0.0
Byron village	0.0		Carleton village	0.0		Clinton village	0.0
Comstock village	0.0		Cordova village	0.0		Cornlea village	0.0
Dawson village	0.0		Elba village	0.0		Elyria village	0.0
Enders CDP	0.0		Fontanelle CDP	0.0		Gilead village	0.0
Hendley village	0.0		Kilgore village	0.0		Lemoyne CDP	0.0
Linoma Beach CDP	0.0		Martinsburg village	0.0		Maskell village	0.0
Monowi village	0.0		Moorefield village	0.0		Nora village	0.0
Ong village	0.0		Parks CDP	0.0		Raeville CDP	0.0
Richfield CDP	0.0		Staplehurst village	0.0		Steinauer village	0.0
Strang village	0.0		Sunol CDP	0.0		Table Rock village	0.0
Tarnov village	0.0		Thayer village	0.0		Verdel village	0.0
Winslow village	0.0		Wood Lake village	0.0			

Data source:

<https://www.unomaha.edu/college-of-public-affairs-and-community-service/center-for-public-affairs-research/programs/2020census-data-table.php>

Disparities Visualizations

Health Disparities Report Card

Disparity Ratio: This disparity ratio is calculated by dividing the rate or percentage for each population by the White population. The disparity ratios in this report card indicate how well a population group is doing compared to Whites. For each category, a particular color is used to identify the disparity level in the following report card.

Disparity Ratio	Color Code	Meaning/Interpretation
0.0 - 1.0		No disparity or minority group-favorable measure
1.1 - 1.4		Little disparity
1.5 - 1.9		A disparity exists, should be monitored, and may require intervention
2.0 - 2.4		Disparity requires intervention
>= 2.5		Unacceptable disparity. Immediate intervention needed

Health Indicators and Disparities									
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level	2016-2020	Ratio to Whites	Disparity Level
Perceived Health Status: Fair or Poor (Percent)									
White	10.9			11.4			11.4		
African American	19.0	1.7		23.6	2.1		22.2	1.9	
Asian	9.1	0.8		10.3	0.9		10.1	0.9	
American Indian	22.9	2.1		26.2	2.3		22.6	2.0	
Hispanic	25.2	2.3		29.5	2.6		27.2	2.4	
No Personal Physician (Percent)									
White	13.8			17.1			17.9		
African American	16.8	1.2		24.7	1.4		23.6	1.3	
Asian	15.9	1.2		23.5	1.4		27.1	1.5	
American Indian	23.5	1.7		30.3	1.8		33.1	1.8	
Hispanic	35.1	2.5		39.8	2.3		43.9	2.5	

Health Indicators and Disparities									
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level	2016-2020	Ratio to Whites	Disparity Level
No Health Insurance (Percent)									
White	13.0			12.6			9.6		
African American	24.4	1.9		29.7	2.4		23.6	2.5	
Asian	17.3	1.3		12.4	1.0		11.4	1.2	
American Indian	34.5	2.7		23.7	1.9		20	2.1	
Hispanic	46.1	3.5		46.4	3.7		44.8	4.7	
Unable to See Physician Due to Cost (Percent)									
White	9.1			10.9			10.2		
African American	20.4	2.2		24.3	2.2		20	2.0	
Asian	10.6	1.2		10.7	1.0		11.2	1.1	
American Indian	16.1	1.8		23.4	2.1		17.4	1.7	
Hispanic	20.7	2.3		24.1	2.2		21	2.1	
Infant Mortality per 1,000 Live Births									
							2019 - 2021		
White	5.7			5.8			4.5		
African American	13.8	2.4		13.4	2.3		12.9	2.9	
Asian	2.8	0.5		2.2	0.4		4.5	1.0	
American Indian	7.7	1.4		8.1	1.4		14.0	3.1	
Hispanic	5.7	1.0		5.9	1.0		5.2	1.2	
Low Birth Weight (Percent)									
							2014 - 2020		
White	6.6			6.2			6.6		
African American	13.3	2.0		12.3	2.0		13.1	2.0	
Asian	8.4	1.3		7.5	1.2		8.5	1.3	
American Indian	7.3	1.1		6.9	1.1		7.7	1.2	
Hispanic	6.6	1.0		6.6	1.1		7.1	1.1	
Teen Births per 1,000 Females ages 15-19									
							2014 - 2020		
White	63.5			46.4			11.6		
African American	173.2	2.7		106.1	2.3		34.9	3.0	
Asian	32.1	0.5		36.9	0.8		11.9	1.0	
American Indian	204.5	3.2		144.6	3.1		52.9	4.6	
Hispanic	150.0	2.4		120.2	2.6		42.7	3.7	
Inadequate Prenatal Care (Percent)									
							2020 - 2022		
White	11.0			12.0			8.4		
African American	22.6	2.1		24.3	2.0		21.7	2.6	

Health Indicators and Disparities									
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level	2016-2020	Ratio to Whites	Disparity Level
Asian	16.2	1.5		20.5	1.7		17.1	2.0	
American Indian	28.8	2.6		32.3	2.7		36.6	4.4	
Hispanic	22.3	2.0		25.7	2.1		21.5	2.6	
Prevalence of Coronary Heart Disease (Percent)									
White	3.8			3.5			4.9		
African American	2.5	0.7		4.3	1.2		5.9	1.2	
Asian	3.9	1.0		3.0	0.9		2.4	0.5	
American Indian	5.9	1.6		6.0	1.7		9.2	1.9	
Hispanic	3.6	0.9		3.4	1.0		4.4	0.9	
Heart Disease Mortality per 100,000 Population							2019 - 2022		
White	160.4			147.4			73.5		
African American	215.7	1.3		177.9	1.2		57.4	0.8	
Asian	72.4	0.5		60.0	0.4		36.4	0.5	
American Indian	140.3	0.9		163.1	1.1		116.1	1.6	
Hispanic	100.7	0.6		69.3	0.5		32.4	0.4	
Myocardial Infarction (Percent)									
White	3.6			3.5					
African American	3.0	0.8		4.6	1.3				
Asian	3.5	1.0		3.5	1.0				
American Indian	7.6	2.1		7.6	2.2				
Hispanic	4.3	1.2		4.0	1.1				
Myocardial Infarction or Coronary Heart Disease (Percent)									
White	5.3			5.4			4.9		
African American	4.4	0.8		6.6	1.2		5.9	1.2	
Asian	6.3	1.2		4.9	0.9		2.4	0.5	
American Indian	9.9	1.9		9.6	1.8		9.2	1.9	
Hispanic	5.6	1.1		5.8	1.1		4.4	0.9	
Prevalence of Stroke (Percent)									
White	2.2			2.2			2.3		
African American	3.8	1.7		4.5	2.0		4.7	2.0	
Asian	3.7	1.7		0.5	0.2		2.4	1.0	
American Indian	3.9	1.8		4.0	1.8		6.6	2.9	
Hispanic	2.3	1.0		2.0	0.9		1.8	0.8	

Health Indicators and Disparities									
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level	2016-2020	Ratio to Whites	Disparity Level
Stroke Mortality per 100,000 Population							2019 - 2022		
White	40.8			34.8			34.0		
African American	66.9	1.6		46.3	1.3		58.8	1.7	
Asian	30.3	0.7		29.6	0.9		34.5	1.0	
American Indian	45.3	1.1		37.7	1.1		Insufficient Data	n/a	n/a
Hispanic	24.8	0.6		29.4	0.8		27.2	0.8	
Prevalence of Diabetes (Percent)									
White	6.7			7.6			8.2		
African American	12.7	1.9		13.7	1.8		16.3	2.0	
Asian	8.6	1.3		7.8	1.0		13.2	1.6	
American Indian	13.0	1.9		15.8	2.1		19.3	2.4	
Hispanic	13.8	2.1		12.7	1.7		13.4	1.6	
Diabetes Mortality per 100,000 Population (Diabetes Underlying Cause)							2018 - 2022		
White	21.0			21.2			21.3		
African American	62.0	3.0		50.5	2.4		47.3	2.2	
Asian	22.7	1.1		21.0	1.0		n/a	n/a	n/a
American Indian	98.9	4.7		53.4	2.5		n/a	n/a	n/a
Hispanic	31.6	1.5		29.3	1.4		25.1	1.2	
Chronic Lung Disease Mortality per 100,000 Population							2018 - 2022		
White	42.8			46.5			38.8		
African American	33.1	0.8		47.7	1.0		39.6	1.0	
Asian	17.9	0.4		16.0	0.3		n/a	n/a	n/a
American Indian	67.4	1.6		61.7	1.3		n/a	n/a	n/a
Hispanic	9.9	0.2		12.4	0.3		Unreliable	n/a	n/a
HIV/AIDS Mortality per 100,000 Population							2022		
White	0.8			0.7			1.3		
African American	7.0	8.8		3.6	5.1		15.5	11.9	
Asian	0.0	0		0.5	0.7		0.0	0.0	
American Indian	5.4	6.8		5.6	8.0		0.0	0.0	
Hispanic	2.2	2.8		0.4	0.6		0.0	0.0	
Sexually Transmitted Diseases per 100,00 Population							2022		
White	256.5			218.8			Unknown		

Health Indicators and Disparities									
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level	2016-2020	Ratio to Whites	Disparity Level
African American	3,988.4	15.5		2,615.8	12.0		Unknown	n/a	n/a
Asian	213.5	0.8		196.1	0.9		Unknown	n/a	n/a
American Indian	1,056.5	4.1		1,154.5	5.3		Unknown	n/a	n/a
Hispanic	534.7	2.1		371.0	1.7		Unknown	n/a	n/a
Chlamydia Incidence per 100,000 Population							2022		
White	185.9			184.1			287.2		
African American	2,531.9	13.6		1,860.6	10.1		2073.8	7.2	
Asian	166.2	0.9		173.6	0.9		212.2	0.7	
American Indian	821.8	4.4		925.4	5.0		1313.8	4.6	
Hispanic	433.3	2.3		328	1.8		806.1	2.8	
Gonorrhea Incidence per 100,000 Population							2022		
White	29.7			30.3			62.0		
African American	1,073.1	36.1		716.3	23.6		949.5	15.3	
Asian	19.4	0.7		19.6	0.6		57.7	0.9	
American Indian	140.1	4.7		206.3	6.8		526.7	8.5	
Hispanic	43.1	1.5		36.0	1.2		114.6	1.8	
Cancer Mortality per 100,000 Population							2016-2020		
White	170.2			160.6			152.8		
African American	235.9	1.4		200.6	1.2		196.3	1.3	
Asian	100.3	0.6		114.2	0.7		92.8	0.6	
American Indian	165.2	1.0		167.4	1.0		151.2	1.0	
Hispanic	105.2	0.6		97.1	0.6		83.9	0.5	
Breast Cancer Mortality per 100,000 Population							2016-2020		
White	11.2			11.0			20.8		
African American	16.9	1.5		15.7	1.4		29.5	1.4	
Asian	7.3	0.7		4.2	0.4		Data suppressed	n/a	n/a
American Indian	8.8	0.8		18.6	1.7		Data suppressed	n/a	n/a
Hispanic	9.7	0.9		5.0	0.5		7.2	0.3	
Prostate Cancer Mortality per 100,000 Population							2016-2020		
White	9.0			8.1			17.6		
African American	14.8	1.6		14.6	1.8		49.2	2.8	
Asian	2.1	0.2		3.6	0.4		Data suppressed	n/a	n/a

Health Indicators and Disparities									
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level	2016-2020	Ratio to Whites	Disparity Level
American Indian	3.6	0.4		7.1	0.9		Data suppressed	n/a	n/a
Hispanic	11.6	1.3		5.8	0.7		12.8	0.7	
Unintentional Injury Mortality per 100,000 Population							2016-2020		
White	35.9			36.8					
African American	32.1	0.9		35.3	1.0				
Asian	22.8	0.6		8.0	0.2				
American Indian	44.5	1.2		44.1	1.2				
Hispanic	28.4	0.8		28.5	0.8				
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level			
Motor Vehicle Accident Mortality per 100,000 Population									
White	13.7			12.4					
African American	11.5	0.8		11.5	0.9				
Asian	5.3	0.4		1.4	0.1				
American Indian	15.3	1.1		17.6	1.4				
Hispanic	12.8	0.9		12.0	1.0				
Suicide per 100,000 Population									
White	10.6			12.3					
African American	4.8	0.5		6.0	0.5				
Asian	3.5	0.3		4.7	0.4				
American Indian	11.3	1.1		8.8	0.7				
Hispanic	4.4	0.4		4.6	0.4				
Homicide per 100,000 Population									
White	2.1			2.2					
African American	25.3	12.0		28.8	13.1				
Asian	1.3	0.6		1.3	0.6				
American Indian	11.8	5.6		10.1	4.6				
Hispanic	4.9	2.3		3.8	1.7				
Heavy Drinking (Percent)									
White	4.8			7.2			7.7		
African American	3.5	0.7		6.0	0.8				

Health Indicators and Disparities									
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level	2016-2020	Ratio to Whites	Disparity Level
Asian	2.3	0.5		3.7	0.5				
American Indian	9.5	2.0		6.7	0.9				
Hispanic	2.5	0.5		4.1	0.6				
Binge Drinking (Percent)									
White	20.1			23.4			23.8		
African American	14.3	0.7		15.7	0.7				
Asian	7.9	0.4		9.1	0.4				
American Indian	16.2	0.8		21.9	0.9				
Hispanic	11.2	0.6		15.2	0.6				
Alcohol Related Mortality per 100,000 Population									
White	28.1			31.0					
African American	41.2	1.5		46.1	1.5				
Asian	15.5	0.6		15.6	0.5				
American Indian	78.3	2.8		86.9	2.8				
Hispanic	29.4	1.0		29.6	1.0				
Current Cigarette Smoking (Percent)									
White	18.1			19.0			15.8		
African American	23.7	1.3		24.2	1.3				
Asian	10.7	0.6		11.8	0.6				
American Indian	43.7	2.4		37.9	2.0				
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level			
Hispanic	16.8	0.9		15.0	0.8				
Drug Induced Death per 100,000 Population									
White	6.5			7.7					
African American	9.5	1.5		9.8	1.3				
Asian	0.4	0.1		0.3	0.0				
American Indian	10.1	1.6		16.5	2.1				
Hispanic	2.0	0.3		2.8	0.4				
Physical Inactivity (Percent)									
White	21.6			21.7			20.8		

Health Indicators and Disparities									
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level	2016-2020	Ratio to Whites	Disparity Level
African American	35.2	1.6		29.4	1.4				
Asian	21.5	1.0		23.6	1.1				
American Indian	28.3	1.3		30.8	1.4				
Hispanic	35.4	1.6		33.8	1.6				
Overweight Body Mass Index: 25+ (Percent)									
White	63.5			65.1			68.4		
African American	67.5	1.1		70.1	1.1				
Asian	42.5	0.7		45.1	0.7				
American Indian	77.6	1.2		74.6	1.1				
Hispanic	71.1	1.1		72.9	1.1				
Obese Body Mass Index: 30+ (Percent)									
White	26.7			29.1			32.9		
African American	39.0	1.5		36.5	1.3				
Asian	10.3	0.4		13.9	0.5				
American Indian	41.7	1.6		43.3	1.5				
Hispanic	32.0	1.2		33.0	1.1				
Mentally Unwell (Days)									
White	10.1			8.8			11.1		
African American	13.1	1.3		10.7	1.2				
Asian	8.5	0.8		5.6	0.6				
American Indian	16.8	1.7		15.6	1.7				
Hispanic	9.1	0.9		8.1	0.9				
Physically Unwell (Days)									
White	2.8			2.9			3.0		
African American	4.1	1.5		4.1	1.4		4.5	1.5	
Asian	3.5	1.3		2.5	0.9		2.3	0.8	
American Indian	4.4	1.6		4.6	1.6				
Hispanic	3.4	1.2		3.9	1.3				
Depressive Disorder (Percent)									
White	15.8			18.1			18.7		
African American	13.0	0.8		14.2	0.8		15.9	0.9	
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level	2016-2020	Ratio to Whites	Disparity Level

Health Indicators and Disparities								
Health Indicators	2006-2010	Ratio to Whites	Disparity Level	2011-2015	Ratio to Whites	Disparity Level	2016-2020	Ratio to Whites
Asian	1.2	0.1		8.3	0.5		5.3	0.3
American Indian	39.4	2.5		25.6	1.4		23.3	1.2
Hispanic	13.2	0.8		14.8	0.8		12.0	0.6



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