



Baseline Report for Nebraska's Healthy People 2020 Objectives

Department of Health & Human Services

DHHS

N E B R A S K A

Nebraska Healthy People 2020

Baseline Report for Nebraska's Healthy People 2020 Objectives

Nebraska Department of Health and Human Services

Division of Public Health

Community and Rural Health Planning Unit

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Table of Contents

Introduction.....	1
Methods.....	2
Access to Health Services.....	3
Adolescent Health.....	5
Arthritis.....	8
Cancer.....	10
Diabetes.....	14
Disability and Health.....	16
Environmental Health.....	18
Family Planning.....	20
Food Safety.....	22
Heart Disease and Stroke.....	24
HIV/AIDS.....	27
Immunization and Infectious Diseases.....	29
Injury and Violence Prevention.....	33
Maternal, Infant, and Child Health.....	38
Mental Health and Mental Disorders.....	43
Nutrition and Weight Status.....	46
Occupational Safety and Health.....	48
Oral Health.....	51
Physical Activity and Fitness.....	54
Respiratory Diseases.....	57
Sexually Transmitted Diseases.....	59
Social Determinants of Health.....	61
Substance Abuse.....	63
Tobacco Use.....	66
Appendix: Additional Notes for the Indicators.....	68

INTRODUCTION

Healthy People is a national program to set benchmarks and monitor progress over time for health promotion and disease prevention activities carried out by the United States Department of Health and Human Services. On a national scale, goals are set for a wide array of public health indicators within numerous sectors of the public health field for the following decade. Goals were first set in 1979 for the following decade (i.e., 1990), and have subsequently been updated every ten years since, with current goals set for 2020. The national vision of Healthy People 2020 is a society in which all people live long, healthy lives.

Many states have developed their own Healthy People reports with state-specific data indicators and goals. Nebraska created its own Healthy People 2010 report, and many of the indicators and goals of that report served as a basis for this report. Creating a state-specific Healthy People report gives Nebraska a set of targets to strive to achieve by the end of the decade. In addition, indicators included in this report are largely aligned with health promotion and disease prevention activities in the state, and therefore serve as a platform for monitoring and evaluating these efforts. Furthermore, it is the hope that Nebraska Healthy People 2020 will increase awareness and engage public health stakeholders to take actions on these issues through the identification and implementation of evidence-based prevention strategies.

This report includes goals key data indicators on public health status across 24 key topic areas. To complete this process, public health epidemiologists, managers, and educators within the Nebraska Department of Health and Human Services (NDHHS) Division of Public Health met to select the topic areas for this project. Indicators were then selected for each topic area by topic-specific staff or experts within the Division. These staff also assisted with writing narrative, reviewing narrative, and obtaining data for each topic area.

METHODS

The indicators selected for the 24 topic areas are based on the objectives of the National Healthy People 2020 project. It should be noted that although the vast majority of Nebraska's Healthy People 2020 indicators are directly related to National Healthy People 2020 indicators, there were instances when it was necessary to use different data sources to obtain state-level data. When national comparisons are made in this report, the state and national data source are the same or directly comparable, or the national data are excluded. To accomplish this, a different data source was used to generate comparable national data. Although many data sources within this report are different from those included in the national report, most of Nebraska's indicators are directly related to the National Healthy People 2020 indicators. Below each indicator table, reference is made to the related national objective.

Two points of Nebraska data are included in this report, except for the instances where only one data point was available. The first data point is from 2010 or the nearest year. The second data point is the most currently available data, which is most commonly data from 2013. The most currently available data serve as the baseline for setting the objectives.

Objectives for 2020 were determined by a thorough process of analyzing trends for each indicator. Based on this trend analysis, at times a realistic objective is to simply maintain a stable rate, especially if a certain indicator appears to be moving in an unfavorable direction. At other times, a 5 percent, 10 percent, or even 20 percent improvement appears to be attainable.

Lastly, it should be noted that, where possible, Nebraska data by race/ethnicity are included for the most current year (or combined years) of available data. The purpose is this is to show that racial/ethnic disparities are a factor for many health indicators. There are no 2020 goals by race/ethnicity in this report; each indicator has a single, overall 2020 goal. But, it is the hope that by demonstrating racial/ethnic disparities on health outcomes, conversations will be started on how to eliminate such disparities.

ACCESS TO HEALTH SERVICES

National Healthy People 2020 Goal

Improve access to comprehensive, quality health care services.

Overview

Everyone needs to have access to high-quality health care services in order to achieve health equity and increase the quality and years of healthy life. Lack of insurance coverage, the high cost of health care, and the lack of availability of health care services have prevented many people from getting needed care. These barriers to accessing health care services lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, and hospitalizations that could have been prevented.

Nebraska Data Summary

Four indicators were selected for the Access to Health Services topic area. There are stark disparities between racial/ethnic groups in terms of having health insurance, having a personal doctor or health care provider, and being unable to see a doctor due to cost. Hispanics, African-Americans, and Native Americans are much more likely to experience lower rates of having health insurance and a personal doctor or health care provider and higher rates of being unable to see a doctor due to cost compared to White non-Hispanics and Asians/Pacific Islanders. Most notably, just half (50.5%) of Hispanics aged 18 to 64 reported having health insurance (compared to 85.9% for White non-Hispanics), and three-fifths (60.5%) of Hispanics reported having a personal doctor or health care provider from 2011 to 2013 (combined) (compared to 83.2% for White non-Hispanics). These rates of having health insurance and having a personal doctor or health care provider are considerably lower for Hispanics than for all other racial/ethnic groups (AHS-1-2).

In 2013, 13.0 percent of Nebraskans reported that they needed to see a doctor but were unable due to cost in the past year (compared to 15.3% for the nation). Again, there are stark disparities between racial and ethnic groups on this indicator, with African American, Native American, and Hispanic minority groups reporting rates of being unable to see a doctor due to cost that are approximately twice as high compared to the rates for White non-Hispanics and Asians/Pacific Islanders (AHS-4).

Links to Further Information on this Topic

- » *National Objectives for Access to Health Services* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
- » *Key Facts about the Uninsured Population* (The Henry J. Kaiser Family Foundation):
kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population
- » *Emergency Rooms Continue to Serve as Patients' Primary-Care Provider* (Physicians Practice):
www.physicianspractice.com/blog/emergency-rooms-continue-serve-patients-primary-care-provider

AHS-1. Percentage of persons aged 18-64 who have health insurance

2011	2013 (baseline)	2020 Objective	Target Setting Method
80.8%	82.4%	86.5%	5% increase
National Comparison (2013): 80.0%			
Nebraska Racial/Ethnic Comparison (2011-2013, combined, age-adjusted):			
White NH**: 85.9%	African American NH: 67.9%	Native American NH: 77.9%	
Asian/Pacific Islander NH: 87.0%	Hispanic: 50.5%		
Related to National Healthy People 2020 Objective AHS-1.1			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			

AHS-2. Percentage of persons aged 18 and over who have a personal doctor or health care provider

2011	2013 (baseline)	2020 Objective	Target Setting Method
81.6%	79.1%	83.1%	5% increase
National Comparison (2013): 77.1%			
Nebraska Racial/Ethnic Comparison (2011-2013, combined, age-adjusted):			
White NH: 83.2%	African American NH: 76.2%	Native American NH: 73.3%	
Asian/Pacific Islander NH: 78.1%	Hispanic: 61.1%		
Related to National Healthy People 2020 Objective AHS-5.3			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			

AHS-3. Percentage of persons aged 65 and older who have a personal doctor or health care provider

2011	2013 (baseline)	2020 Objective	Target Setting Method
95.7%	93.9%	96.7%	3% increase
National Comparison (2013): 94.3%			
Nebraska Racial/Ethnic Comparison (2011-2013, combined, age-adjusted):			
White NH: 95.5%	African American NH: 94.7%	Native American NH: 84.4%	
Asian/Pacific Islander NH: - *	Hispanic: 84.4%		
Related to National Healthy People 2020 Objective 5.4			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			

AHS-4. Percentage of adults aged 18 and over who needed to see a doctor but could not due to cost in the past year

2011	2013 (baseline)	2020 Objective	Target Setting Method
12.5%	13.0%	11.7%	10% decrease
National Comparison (2013): 15.3%			
Nebraska Racial/Ethnic Comparison (2011-2013, combined, age-adjusted):			
White NH: 11.3%	African American NH: 25.6%	Native American NH: 22.6%	
Asian/Pacific Islander NH: 11.1%	Hispanic: 24.8%		
Related to National Healthy People 2020 Objective 6.2			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			

*Rate masked if sample size is smaller than 50 respondents.

**NH = Non-Hispanic

ADOLESCENT HEALTH

National Healthy People 2020 Goal

Improve the healthy development, health, safety, and well-being of adolescents and young adults.

Overview

The behavioral patterns established during the developmental periods of adolescence (ages 10 to 19) help determine young people's health status and their risk for developing chronic diseases in adulthood. Although adolescence tends to be a healthy time of life, several public health and social problems peak or begin to develop at this stage of life. These problems include motor vehicle accidents, alcohol and tobacco use, sexual activity, obesity, and suicide, among others. All of these areas of concern are largely preventable. Interventions that provide youth with support, relationships, experiences, and opportunities can greatly improve their outcomes and provide a foundation for a healthy adulthood.

Nebraska Data Summary

Eleven indicators were selected for the Adolescent Health topic area. Due to some very positive trends in adolescent health in Nebraska in the past 10 years, aggressive goals (i.e., 20% reduction by 2020) were set for many indicators in this topic area. Despite there being room for improvement in the data indicators in this section, Nebraska youth, overall, appear to have a healthier social-emotional well-being compared to their peers across the nation. This is evidenced by the fact that in 2013, Nebraska youth in grades 9-12 reported the following substance use behaviors in the past 30 days: 22.1 percent drank alcohol (compared to 34.9% for the nation), 13.6 percent binge drank (compared to 20.8% for the nation), 16.2 percent used tobacco of any type (compared to 20.8% for the nation), and 11.7 percent used marijuana (compared to 23.4% for the nation) (AH-1-4).

Continuing this trend of Nebraska youth reporting lower rates of concerning behaviors than their peers across the nation, in 2013, 35.2 percent of Nebraska youth in grades 9-12 reported ever having sex (compared to 46.8% for the nation) and 12.1 percent reported considering suicide in the past 12 months (compared to 17.0% for the nation) (AH-5, 7). However, in 2013 at least 16 youths in Nebraska aged 10 to 19 succeeded in their suicide attempt, a rate of 6.3 per 100,000 (compared to 5.1 per 100,000 for the nation) (AH-9).

Lastly, obesity data reveal a slightly healthier Nebraska youth population compared to the rest of the nation. In the 2011-2012 National Survey on Children's Health, 13.8 percent of children aged 10 to 17 in Nebraska were found to be obese (compared to 15.7% for the nation). However, serious racial/ethnic disparities exist among Nebraska children regarding obesity, with Black and Hispanic children having rates of obesity that are nearly double the rate for White children (AH-12).

Links to Further Information on this Topic

- » *National Objectives for Adolescent Health* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health
- » *Adolescent Health Topics* (U.S. Department of Health and Human Services)
www.hhs.gov/ash/oah/adolescent-health-topics/index.html
- » *Adolescent and School Health* (Centers for Disease Control and Prevention)
<http://www.cdc.gov/healthyyouth/index.htm>

AH-1. Percentage of adolescents in grades 9-12 who drank alcohol in the past 30 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
26.6%	22.1%	17.7%	20% reduction

National Comparison (2013): 34.9%

Related to National Healthy People 2020 Objective SA-2.1

Data Source: Youth Risk Behavior Survey (YRBS)

AH-2. Percentage of adolescents in grades 9-12 who binge drank (five or more drinks in a row) in the past 30 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
16.4%	13.6%	10.9%	20% reduction

National Comparison (2013): 20.8%

Related to National Healthy People 2020 Objective SA-14.4

Data Source: Youth Risk Behavior Survey (YRBS)

AH-3. Percentage of adolescents in grades 9-12 who used tobacco of any type in the past 30 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
18.9%	16.2%	13.0%	20% reduction

National Comparison (2013): 22.4%

Related to National Healthy People 2020 Objective TU-2.2

Data Source: Youth Risk Behavior Survey (YRBS)

AH-4. Percentage of adolescents in grades 9-12 who used marijuana in the past 30 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
12.7%	11.7%	9.4%	20% reduction

National Comparison (2013): 23.4%

Related to National Healthy People 2020 Objective SA-13.3

Data Source: Youth Risk Behavior Survey (YRBS)

AH-5. Percentage of adolescents in grades 9-12 who have ever had sexual intercourse

2011	2013 (baseline)	2020 Objective	Target Setting Method
37.1%	35.2%	31.7%	10% reduction

National Comparison (2013): 46.8%

Related to National Healthy People 2020 Objective FP-9.1 and FP-9.2

Data Source: Youth Risk Behavior Survey (YRBS)

AH-6. Percentage of adolescents in grades 9-12 who had sex before age 13

2011	2013 (baseline)	2020 Objective	Target Setting Method
3.8%	4.1%	3.3%	20% reduction

National Comparison (2013): 5.6%

Data Source: Youth Risk Behavior Survey (YRBS)

AH-7. Percentage of adolescents in grades 9-12 who considered suicide in the past 12 months

2011	2013 (baseline)	2020 Objective	Target Setting Method
14.2%	12.1%	9.7%	20% reduction
National Comparison (2013): 17.0%			
Data Source: Youth Risk Behavior Survey (YRBS)			

AH-8. Percentage of adolescents in grades 9-12 who attempted suicide in the past 12 months

2011	2013 (baseline)	2020 Objective	Target Setting Method
7.7%	6.0%	4.8%	20% reduction
National Comparison (2013): 8.0%			
Related to National Healthy People 2020 Objective MHMD-2			
Data Source: Youth Risk Behavior Survey (YRBS)			

AH-9. Suicide death rate among youth aged 10-19 per 100,000 population

2013	2009-2013, combined (baseline)	2020 Objective	Target Setting Method
6.3	4.7	4.2	10% reduction
National Comparison (2013): 5.1			
Related to National Healthy People 2020 Objective MHMD-1			
Data Source: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER			

AH-10. Rate of motor vehicle crashes involving Nebraska drivers ages 15-19 per 100,000 population

2010	2013 (baseline)	2020 Objective	Target Setting Method
2,502.9	2,154.7	1,939.2	10% reduction
Related to National Healthy People 2020 Objective IVP-14			
Data Source: Nebraska Office of Highway Safety			

AH-11. Rate of fatal motor vehicle crashes involving Nebraska drivers ages 15-19 per 100,000 population

2010	2013 (baseline)	2020 Objective	Target Setting Method
22.5	24.0	21.6	10% reduction
Related to National Healthy People 2020 Objective IVP-13.1			
Data Source: Nebraska Office of Highway Safety			

AH-12. Percentage of children aged 10 to 17 who are obese (BMI at 95th percentile or above)

2011-2012 (baseline)	2020 Objective	Target Setting Method
13.8%	12.4%	10% reduction
National Comparison (2011-2012): 15.7%		
Nebraska Racial/Ethnic Comparison (2011-2012):		
White NH: 12.1%	Black NH: 23.1%	Hispanic: 21.8%
Other NH: 12.9%		
Related to National Healthy People 2020 Objective NWS-10.3		
Data Source: National Survey on Children's Health		

ARTHRITIS

National Healthy People 2020 Goal

Prevent illness and disability related to arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions (note: National Healthy People 2020 topic area is for Arthritis, Osteoporosis, and Chronic Back Conditions).

Overview

While arthritis is seldom a cause of death, it does have major effects on quality of life, the ability to work, and basic activities of daily living. Arthritis imposes a heavy toll on society in terms of lost time from productive activities and in health care costs. According to HealthyPeople.gov, arthritis is now the leading cause of disability in the United States, limiting the activities of 21 million Americans. Arthritis ranks second only to heart disease as a cause of work disability. There are more than 100 types of arthritis, which commonly occur with other chronic conditions, such as diabetes, heart disease, and obesity.

Nebraska Data Summary

A single indicator was selected for the Arthritis topic area: the percentage of adults aged 18 and over who currently have activity limitations due to arthritis, among those ever told they have arthritis. In Nebraska, more than two-fifths (42.4%) of those with arthritis report that they currently have activity limitations (compared to 48.5% for the nation). Activity limitations due to arthritis may be more prevalent among Native Americans, three-fifths (60.0%) of whom reported as such in 2011 and 2013 (combined) (A-1).

Links to Further Information on this Topic

- » *National Objectives for Arthritis, Osteoporosis, and Chronic Back Conditions* (HealthyPeople.gov): www.healthypeople.gov/2020/topics-objectives/topic/Arthritis-Osteoporosis-and-Chronic-Back-Conditions
- » *Arthritis* (Centers for Disease Control and Prevention): <http://www.cdc.gov/arthritis>

A-1. Percentage of adults aged 18 and over who currently have activity limitations due to arthritis, among those ever told they have arthritis

2011	2013 (baseline)	2020 Objective	Target Setting Method
45.2%	42.4%	40.3%	5% decrease
<u>National Comparison (2013): 48.5%</u>			
<u>Nebraska Racial/Ethnic Comparison (2011 & 2013, combined, age-adjusted):</u>			
White NH: 39.6%	African American NH: 35.9%	Native American NH: 60.0%	
Asian/Pacific Islander NH: - *	Hispanic: 43.7%		
Related to National Healthy People 2020 Objective AOCBC-2			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

*Rate masked if sample size is smaller than 50 respondents.

CANCER

National Healthy People 2020 Goal

Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.

Overview

Cancer is a group of diseases that are characterized by uncontrolled growth and spread of abnormal cells. If the spread of these cells is not controlled, death can result. According to HealthyPeople.gov, continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years. Yet, cancer remains the leading cause of death in Nebraska, and second overall in the United States (behind heart disease). Further, although there have been substantial incidence and mortality declines for female breast cancer, lung cancer, colorectal cancer, and prostate cancer, other types of cancer (e.g., thyroid and liver) have increased. Many cancers are preventable by reducing certain risk factors, including the use of tobacco products, physical inactivity and poor nutrition, obesity, and exposure to ultraviolet exposure. Screening can be an effective tool for the early identification of certain types of cancer.

Nebraska Data Summary

Fourteen indicators were selected for the Cancer topic area, of which the first eight are cancer death rates overall and due to various types of cancers (C-1-8), the next three are incidence rates of types of cancers (C-9-11), and the last three are cancer screening rates (C-12-14). In terms of cancer mortality rates, there is little difference between Nebraska and the nation overall and for the various types of cancers included as indicators in this report. Among specific types of cancers, lung and bronchus cancer has the highest death rate. Among males, prostate cancer has the second highest death rate, and among females, breast cancer has the second highest death rate. Colorectal cancer has the third highest death rate among both males and females. From 2009-2013 in Nebraska, African American and Native American minorities had considerably higher overall death rates due to cancer compared to other racial/ethnic groups, and Hispanics had the lowest (C-1-8).

In terms of cancer screening in Nebraska, 62.8 percent of adults aged 50 to 75 reported being up-to-date on colorectal cancer screening, 88.1 percent of women aged 21 to 65 reported being up-to-date on cervical cancer screening, and 78.6 percent of women aged 50 to 74 reported being up-to-date on breast cancer screening in 2013. Compared to national cancer screening rates, Nebraska is similar in terms of breast cancer screening, slightly higher on cervical cancer screening, and slightly lower on colorectal cancer screening (C12-14).

Links to Further Information on this Topic

- » *National Objectives for Cancer* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/cancer
- » *Learn about Cancer* (American Cancer Society):
<http://www.cancer.org/cancer/index>
- » *Cancer Prevention and Control* (Centers for Disease Control and Prevention):
www.cdc.gov/cancer
- » *Screening and Testing to Detect Cancer* (National Cancer Institute):
www.cancer.gov/cancertopics/screening

C-1. Overall cancer death rate per 100,000 (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
167.0	161.3	145.2	10% reduction
<u>National Comparison (2013): 163.2</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 165.8	African American NH: 228.4		Native American NH: 199.0
Asian/Pacific Islander NH: 123.0	Hispanic: 93.9		
Related to National Healthy People 2020 Objective C-1			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

C-2. Lung and bronchus cancer death rate per 100,000 (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
45.9	42.8	38.5	10% reduction
<u>National Comparison (2013): 43.4</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013):</u>			
White NH: 44.1	African American NH: 65.6		Native American NH: 67.0
Asian/Pacific Islander NH: 27.8	Hispanic: 17.8		
Related to National Healthy People 2020 Objective C-2			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

C-3. Breast cancer death rate (females) per 100,000 (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
19.3	21.0	19.0	10% reduction
<u>National Comparison (2013): 20.8</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 20.0	African American NH: 27.7		Native American NH: 29.8
Asian/Pacific Islander NH: 8.3	Hispanic: 11.9		
Related to National Healthy People 2020 Objective C-3			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

C-4. Cervical cancer death rate (females) per 100,000 (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
2.6	2.4	2.2	10% reduction
<u>National Comparison (2013): 2.3</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 2.0	African American NH: - *		Native American NH: - *
Asian/Pacific Islander NH: - *	Hispanic: 2.4		
Related to National Healthy People 2020 Objective C-4			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

C-5. Colorectal cancer death rate per 100,000 (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
17.4	15.2	13.7	10% reduction
<u>National Comparison (2013): 14.7</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 16.5	African American NH: 27.8		Native American NH: 28.2
Asian/Pacific Islander NH: 9.5	Hispanic: 8.1		
Related to National Healthy People 2020 Objective C-5			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

C-6. Oral cavity and pharynx cancer death rate per 100,000 (age-adjusted)			
2010	2013 (baseline)	2020 Objective	Target Setting Method
2.8	1.3	1.2	10% reduction
<u>National Comparison (2013): 2.4</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 2.3	African American NH: 3.8		Native American NH: - *
Asian/Pacific Islander NH: - *	Hispanic: - *		
Related to National Healthy People 2020 Objective C-6			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

C-7. Prostate cancer death rate (males) per 100,000 (age-adjusted)			
2010	2013 (baseline)	2020 Objective	Target Setting Method
20.0	21.5	19.4	10% reduction
<u>National Comparison (2013): 19.2</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 21.7	African American NH: 32.6		Native American NH: - *
Asian/Pacific Islander NH: - *	Hispanic: 19.0		
Related to National Healthy People 2020 Objective C-7			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

C-8. Melanoma death rate per 100,000 (age-adjusted)			
2010	2013 (baseline)	2020 Objective	Target Setting Method
2.6	3.4	3.1	10% reduction
<u>National Comparison (2013): 2.7</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 3.3	African American NH: - *		Native American NH: - *
Asian/Pacific Islander NH: - *	Hispanic: - *		
Related to National Healthy People 2020 Objective C-8			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

C-9. Incidence of invasive colorectal cancer per 100,000 (age-adjusted)			
2010	2012 (baseline)	2020 Objective	Target Setting Method
45.0	42.0	37.8	10% reduction
<u>National Comparison (2011): 39.9</u>			
<u>Nebraska Racial/Ethnic Comparison (2008-2012, combined):</u>			
White NH: 45.4	African American NH: 64.7		Native American NH: 34.4
Asian/Pacific Islander NH: 44.0	Hispanic: 25.1		
Related to National Healthy People 2020 Objective C-9			
<i>Data Sources: Nebraska - Nebraska DHHS, Cancer Registry; U.S. - CDC, National Program of Cancer Registries</i>			

C-10. Incidence of invasive uterine cervical cancer (females) per 100,000 (age-adjusted)			
2010	2012 (baseline)	2020 Objective	Target Setting Method
6.3	6.7	6.0	10% reduction
<u>National Comparison (2011): 7.5</u>			
<u>Nebraska Racial/Ethnic Comparison (2008-2012, combined):</u>			
White NH: 6.9	African American NH: 7.7		Native American NH: - *
Asian/Pacific Islander NH: 12.0	Hispanic: 5.0		
Related to National Healthy People 2020 Objective C-10			
<i>Data Sources: Nebraska - Nebraska DHHS, Cancer Registry; U.S. - CDC, National Program of Cancer Registries</i>			

C-11. Incidence of late-stage female breast cancer per 100,000 (age-adjusted)			
2010	2012 (baseline)	2020 Objective	Target Setting Method
39.7	43.7	39.3	10% reduction
<u>National Comparison (2010): 39.2</u>			
<u>Nebraska Racial/Ethnic Comparison (2008-2012, combined):</u>			
White NH: 42.5	African American NH: 54.3	Native American NH: 72.4	
Asian/Pacific Islander NH: 27.3	Hispanic: 31.9		
Related to National Healthy People 2020 Objective C-11			
<i>Data Sources: Nebraska - Nebraska DHHS, Cancer Registry; U.S. – CDC, National Program of Cancer Registries</i>			

C-12. Percentage of adults aged 50-75 who are up-to-date on colorectal cancer screening			
2012	2013 (baseline)	2020 Objective	Target Setting Method
61.1%	62.8%	69.1%	10% increase
<u>National Comparison (2012): 65.1%</u>			
<u>Nebraska Racial/Ethnic Comparison (2012-2013, combined):</u>			
White NH: 63.5%	African American NH: 60.4%	Native American NH: 61.4%	
Asian/Pacific Islander NH: 54.8%	Hispanic: 33.2%		
Related to National Healthy People 2020 Objective C-16			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

C-13. Percentage of women aged 21-65 years who are up-to-date on cervical cancer screening			
2012 (baseline)	2020 Objective	Target Setting Method	
83.9%	88.1%	5% increase	
<u>National Comparison (2012): 84.3%</u>			
<u>Nebraska Racial/Ethnic Comparison (2012):</u>			
White NH: 83.8%	African American NH: 88.3%	Native American NH: 81.0%	
Asian/Pacific Islander NH: - °	Hispanic: 87.4%		
Related to National Healthy People 2020 Objective C-15			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

C-14. Percentage of women aged 50-74 who are up-to-date on breast cancer screening			
2012 (baseline)	2020 Objective	Target Setting Method	
74.9%	78.6%	5% increase	
<u>National Comparison (2012): 78.4%</u>			
<u>Nebraska Racial/Ethnic Comparison (2012):</u>			
White NH: 75.0%	African American NH: 78.4%	Native American NH: 73.7%	
Asian/Pacific Islander NH: - °	Hispanic: 74.0%		
Related to National Healthy People 2020 Objective C-17			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

*Rate masked if fewer than five cases, but more than zero.

°Rate masked if sample size is smaller than 50 respondents.

DIABETES

National Healthy People 2020 Goal

Reduce the disease and economic burden of Diabetes Mellitus and improve the quality of life for all persons who have, or are at risk for, Diabetes Mellitus.

Overview

According to HealthyPeople.gov, diabetes affects an estimated 23.6 million people in the United States, and almost 25 percent may not have been diagnosed and are unaware they have the disease, thus potentially missing out on effective therapy that can prevent or delay complications from diabetes, which include kidney failure, lower limb amputations, adult-onset blindness, and heart disease. The rate of diabetes continues to increase in the United States and throughout the world. In the United States, it is the 7th leading cause of death.

Nebraska Data Summary

Five indicators were selected for the Diabetes topic area. Because diabetes is increasing at a rather alarming rate, the 2020 objectives for the diabetes-related death rate and the percentage who have ever been told they have diabetes are to simply maintain the baseline (2013) rates. Nebraska's death rate due to Diabetes is rather alarming at 82.5 per 100,000 in 2013, considerably higher than the national rate of 69.2 per 100,000. Death rates due to diabetes are highest among Native Americans and African Americans in Nebraska (D-1). Despite having a higher death rate due to diabetes, Nebraskans are comparable to the nation in terms of diagnosis of diabetes. In 2013, 9.2 percent of Nebraskans reported that they have been told by a doctor or other health professional that they have diabetes (compared to 9.6% for the nation) (D-2).

Lastly, among those with diabetes in Nebraska in 2013, three-fourths (74.7%) reported that they had their HbA1c (a measure of average blood glucose over a period of months) checked two or more times in the past year, and three-fifths (61.0%) reported that they perform self-blood glucose monitoring at least once per day. Individuals of Hispanic ethnicity tended to report lower on both of these indicators compared to other racial/ethnic groups (D-3-4).

Links to Further Information on this Topic

- » *National Objectives for Diabetes* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/diabetes
- » *Diabetes* (Centers for Disease Control and Prevention):
www.cdc.gov/diabetes/home/index.html
- » *Diabetes Basics* (American Diabetes Association):
www.diabetes.org/diabetes-basics/?loc=db-slabnav
- » *Nebraska Diabetes Prevention and Control Program* (Nebraska Department of Health and Human Services):
http://dhhs.ne.gov/publichealth/Pages/diabetes_index.aspx

D-1. Diabetes-related death rate per 100,000 population (age-adjusted)			
2010	2013 (baseline)	2020 Objective	Target Setting Method
81.5	82.5	82.5	Maintain baseline rate
National Comparison (2013): 69.2			
Nebraska Racial/Ethnic Comparison (2009-2013, combined):			
White NH: 79.3	African American NH: 148.7		Native American NH: 189.5
Asian/Pacific Islander NH: 55.0	Hispanic: 82.8		
Related to National Healthy People 2020 Objective D-3			
Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER			

D-2. Percentage of adults aged 18 and over who have ever been told by a doctor or other health professional that they have diabetes (excluding pregnancy)			
2011	2013 (baseline)	2020 Objective	Target Setting Method
8.4%	9.2%	9.2%	Maintain baseline rate
National Comparison (2013): 9.6%			
Nebraska Racial/Ethnic Comparison (2011-2013, combined, age-adjusted):			
White NH: 7.5%	African American NH: 12.8%		Native American NH: 19.1%
Asian/Pacific Islander NH: 7.1%	Hispanic: 12.4%		
Related to National Healthy People 2020 Objective D-1			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			

D-3. Among those with diabetes, percentage of adults aged 18 and over who had their HbA1C checked two or more times in the past year			
2012	2013 (baseline)	2020 Objective	Target Setting Method
71.2%	74.7%	78.4%	5% increase
Nebraska Racial/Ethnic Comparison (2012-2013, combined, age-adjusted):			
White NH: 69.4%	African American NH: 71.4%		Native American NH: 78.3%
Asian/Pacific Islander NH: - *	Hispanic: 59.9%		
Related to National Healthy People 2020 Objective D-11			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			

D-4. Among those with diabetes, the percentage of adults aged 18 and over who perform self-blood glucose monitoring at least once per day			
2011	2013 (baseline)	2020 Objective	Target Setting Method
59.5%	61.0%	64.1%	5% increase
Nebraska Racial/Ethnic Comparison (2012-2013, combined, age-adjusted):			
White NH: 60.8%	African American NH: 70.5%		Native American NH: 61.3%
Asian/Pacific Islander NH: - *	Hispanic: 52.9%		
Related to National Healthy People 2020 Objective D-13			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			

D-5. Hospitalizations for lower extremity amputations per 1,000 persons with diabetes			
2010	2013 (baseline)	2020 Objective	Target Setting Method
20.0	18.2	16.4	10% reduction
Related to National Healthy People 2020 Objective D-4			
Data Source: Nebraska Hospital Association, Nebraska Hospital Discharge Data			

*Rate masked if sample size is smaller than 50 respondents.

DISABILITY AND HEALTH

National Healthy People 2020 Goal

Promote the health and well-being of people with disabilities.

Overview

According to HealthyPeople.gov, the 2000 U.S. Census counted 49.7 million people with some type of long-lasting condition or disability. Disability may result from a wide range of conditions. People with disabilities include persons who have physical, cognitive, or sensory impairments that are either present at birth or acquired (resulting from an illness or injury that has long-term consequences). Children and adults with disabilities and their families face special challenges related to maintaining health, productivity, independence, and quality of life. However, it is important to keep in mind that an impairment or disabling condition does not define an individual, their health, or their talents or abilities. People with disabilities play a valued role in every community. Like everyone else, they must have the opportunity to take part in important daily activities that add to their growth, development, fulfillment, and community contribution.

Nebraska Data Summary

Three indicators were selected for the Disability and Health topic area. In 2013, 42.7 percent of those who are disabled in Nebraska reported a height and weight that calculated as a BMI of 30 or higher (national comparison: 41.2%), and thus are classified as obese. This rate of obesity is considerably higher than the rate for all individuals in the state (29.6%, see Table 2 under the Nutrition and Weight Status topic area below). Among those who are disabled, African American, Native American, and Hispanic minority groups have higher rates of obesity compared to White non-Hispanics. Because of the rising rates of obesity, the 2020 objective for this indicator is to maintain the 2013 baseline rate (DH-1).

In 2013, 9.9 percent of those who are disabled were unemployed in Nebraska. This rate of unemployment among the disabled in Nebraska is nearly half the national rate of 18.6 percent. In addition, this 2013 Nebraska rate represented a considerable improvement from the 2010 rate of 13.9 percent. This rate of unemployment does not include those who are not in the labor force. Among all disabled persons (including those who are not in the labor force), 45.4 percent were employed in Nebraska in 2013 (national comparison: 34.2%).

Links to Further Information on this Topic

- » *National Objectives for Disability and Health* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/disability-and-health
- » *Disability and Obesity* (Centers for Disease Control and Prevention):
<http://www.cdc.gov/ncbddd/disabilityandhealth/obesity.html>
- » *A Better Bottom Line: Employing People with Disabilities* (National Governors Association):
http://www.nga.org/files/live/sites/NGA/files/pdf/2013/NGA_2013BetterBottomLineWeb.pdf
- » *Working in the Community: the Status and Outcomes of People with Intellectual and Developmental Disabilities in Integrated Employment – an Update* (National Core Indicators):
http://www.nationalcoreindicators.org/upload/core-indicators/update_on_data_brief_type_of_employment_-_final.pdf

DH-1. Among those who are disabled, percentage of adults aged 18 and over who are obese (BMI 30 or higher)

2011	2013 (baseline)	2020 Objective	Target Setting Method
39.6%	42.7%	42.7%	Maintain baseline rate
<u>National Comparison (2013): 41.2%</u>			
<u>Nebraska Racial/Ethnic Comparison (2011-2013, combined, age-adjusted):</u>			
White NH: 38.6%	African American NH: 45.4%	Native American NH: 42.2%	
Asian/Pacific Islander NH: - *	Hispanic: 45.7%		
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

DH-2. Unemployment rate among those with a disability

2010	2013 (baseline)	2020 Objective	Target Setting Method
13.9%	9.9%	8.9%	10% reduction
<u>National Comparison (2013): 18.6%</u>			
Related to National Healthy People 2020 Objective DH-15			
<i>Data Source: U.S. Census Bureau , American Community Survey (1-year estimates)</i>			

DH-3. Employment rate among those with a disability

2010	2013 (baseline)	2020 Objective	Target Setting Method
44.9%	45.4%	47.7%	5% increase
<u>National Comparison (2013): 34.2%</u>			
Related to National Healthy People 2020 Objective DH-17			
<i>Data Source: U.S. Census Bureau , American Community Survey (1-year estimates)</i>			

*Rate masked if sample size is smaller than 50 respondents.

ENVIRONMENTAL HEALTH

National Healthy People 2020 Goal

Promote health for all through a healthy environment.

Overview

Exposures to hazardous agents in the air, water, soil, and food and to physical hazards in the environment are major contributors to illness, disability, and death worldwide. According to HealthyPeople.gov, it is estimated that poor environmental quality is responsible for about 25 percent of all preventable ill-health in the world. Air pollution, polluted drinking water, and lead poisoning are three of the most common environmental interactions that are detrimental to public health.

Nebraska Data Summary

Four indicators were selected for the Environmental Health topic area, focusing on ozone pollution, particle pollution, nitrate levels in public water systems, and children with elevated blood lead levels. The two air quality indicators (ozone pollution and air particle pollution) are only available for a handful of counties in the state. Douglas and Sarpy Counties appear to fare the worst in terms of air quality (EH-1-2).

As of 2013, nearly all (99.8%) of the state's population were served by water systems with nitrate levels less than 10 parts per million (EH-3).

Lastly, the rate of children under the age of 7 with elevated blood levels increased from 7.9 per 1,000 in 2012 to 11.7 in 2014. This 2014 rate for Nebraska is more than double the 2013 national comparison of 5.6 per 1,000 (EH-4).

Links to Further Information on this Topic

- » *National Objectives for Environmental Health* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/environmental-health
- » *Air Quality* (Centers for Disease Control and Prevention):
www.cdc.gov/air/default.htm
- » *Basic Information about Nitrate in Drinking Water* (U.S. Environmental Protection Agency):
<http://water.epa.gov/drink/contaminants/basicinformation/nitrate.cfm>
- » *Lead* (Centers for Disease Control and Prevention):
www.cdc.gov/nceh/lead/default.htm

EH-1. Number of days of ozone pollution by county*

	2010-2012, combined (baseline)	2020 Objective	Target Setting Method
Douglas	4	2	Reduce by 2
Lancaster	0	0	Maintain at 0
Scotts Bluff	1	0	Reduce by 1

Related to National Healthy People 2020 Objective EH-1
Data Source: American Lung Association, State of the Air

EH-2. Number of days of particle pollution by county*

	2010-2012, combined (baseline)	2020 Objective	Target Setting Method
Douglas	4	2	Reduce by 2
Hall	0	0	Maintain at 0
Lancaster	1	0	Reduce by 1
Sarpy	3	2	Reduce by 1
Scotts Bluff	0	0	Maintain at 0
Washington	1	0	Reduce by 1

Related to National Healthy People 2020 Objective EH-1
Data Source: American Lung Association, State of the Air

EH-3. Percentage of population served by public water systems with nitrate levels less than 10 parts per million

2010	2013 (baseline)	2020 Objective	Target Setting Method
99.6%	99.8%	100%	100% achievement

Related to National Healthy People 2020 Objective EH-4
Data Source: Nebraska DHHS, Environmental Health Unit

EH-4. Rate of children under the age of 7 who had elevated blood lead levels (5 µg/dL or higher) per 1,000 children tested

2012	2014 (baseline)	2020 Objective	Target Setting Method
7.9	11.7	10.5	10% reduction

National Comparison (2013): 5.6
 Related to National Healthy People 2020 Objective EH-8.1
Data Source: Nebraska - Nebraska DHHS, Environmental Health Unit

*Data available only for select counties.

FAMILY PLANNING

National Healthy People 2020 Goal

Improve pregnancy planning and spacing, and prevent unintended pregnancy.

Overview

Despite technology that would allow couples to have considerable control over their fertility, nearly half of all pregnancies in the United States are unintended. Family planning efforts can aid in achieving planned, wanted pregnancies and preventing unintended pregnancies. According to HealthyPeople.gov, consequences of unintended pregnancy can be serious and costly. Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Medically, unintended pregnancy is serious in terms of a lost opportunity to prepare for a healthy pregnancy by initiating prenatal care and an increased chance of infant and maternal illness.

Nebraska Data Summary

Five indicators were selected for the Family Planning topic area. An important indicator in this section is the percentage of pregnancies that were intended. In a 2011 survey of pregnant women, half (50.8%) of pregnancy women in Nebraska indicated that their pregnancy was intended. Among the other 24 states participating in this survey, Nebraska ranked 15th on this indicator. Black, Hispanic, and Native American women in Nebraska report lower rates of intentional pregnancies as compared to Whites and Asians/Pacific Islanders (FP-1).

Despite some potential concerns around the low rate of intentional pregnancies in Nebraska, teenage pregnancy and sexual activity indicators are healthier in Nebraska compared to the nation. Among females aged 15 to 17, the rate of pregnancy decreased from 18.4 per 1,000 in 2010 to 13.4 in 2013 (compared to 36.4 per 1,000 for the nation in 2009). In 2013, just over one-third (35.2%) of Nebraska adolescents in grades 9-12 reported that they have ever engaged in sexual intercourse, which is considerably lower than the national rate of 46.8 percent. Among those adolescents that were sexually active, 62.5 percent reported using condoms at last intercourse in Nebraska (compared to 46.2% for the nation) (FP-2-4).

Lastly, in 2013 one-fourth (25.2%) of all pregnancies in Nebraska occurred within 24 months of a previous birth (FP-5).

Links to Further Information on this Topic

- » *National Objectives for Family Planning* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/family-planning
- » *Teen Pregnancy and Childbearing* (U.S. Department of Health and Human Services):
www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/
- » *Unintended Pregnancy Prevention* (Centers for Disease Control and Prevention):
www.cdc.gov/reproductivehealth/UnintendedPregnancy

FP-1. Percentage of pregnancies that were intended (women aged 15-44 years)

2010	2011 (baseline)	2020 Objective	Target Setting Method
52.3%	50.8%	53.3%	5% increase
<u>Nebraska Ranking Compared to Participating States (2011): 15 out of 24</u>			
<u>Nebraska Racial/Ethnic Comparison (2011):</u>			
White: 55.1%	Black: 26.8%		Native American: 33.6%
Asian/Pacific Islander: 56.8%	Hispanic: 40.6%		
Related to National Healthy People 2020 Objective FP-1			
<i>Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)</i>			

FP-2. Rate of pregnancy among females aged 15 to 17 years per 1,000

2010	2013 (baseline)	2020 Objective	Target Setting Method
18.4	13.4	10.7	20% reduction
<u>National Comparison (2009): 36.4</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 8.3	African American NH: 29.4		Native American NH: 55.4
Asian/Pacific Islander NH: 5.7	Hispanic: 39.4		
Related to National Healthy People 2020 Objective FP-8.1			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. – HealthyPeople.gov</i>			

FP-3. Percentage of adolescents in grades 9-12 who have ever had sexual intercourse

2011	2013 (baseline)	2020 Objective	Target Setting Method
37.1%	35.2%	31.7%	10% reduction
<u>National Comparison (2013): 46.8%</u>			
<u>Nebraska Gender Comparison (2013):</u>			
Male: 35.2%	Female: 35.4%		
Related to National Healthy People 2020 Objective FP-9.1 and FP-9.2			
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>			

FP-4. Percentage of sexually active adolescents in grades 9-12 who used condoms at last intercourse

2011	2013 (baseline)	2020 Objective	Target Setting Method
62.0%	62.5%	68.8%	10% increase
<u>National Comparison (2013): 46.2%</u>			
<u>Nebraska Gender Comparison (2013):</u>			
Male: 67.7%	Female: 56.9%		
Related to National Healthy People 2020 Objective FP-10			
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>			

FP-5. Percentage of pregnancies occurring within 24 months of a previous birth

2010	2013 (baseline)	2020 Objective	Target Setting Method
26.3%	25.2%	23.9%	5% reduction
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 23.8%	African American NH: 31.4%		Native American NH: 33.3%
Asian/Pacific Islander NH: 21.8%	Hispanic: 21.7%		
Related to National Healthy People 2020 Objective FP-5			
<i>Data Source: Nebraska - Nebraska DHHS, Vital Records</i>			

FOOD SAFETY

National Healthy People 2020 Goal

Improve food safety and reduce food-borne illnesses.

Overview

Food-borne illnesses are a burden on public health and contribute significantly to the cost of health care. Though largely under-reported, each year millions of illnesses in the United States can be attributed to contaminated foods. According to HealthyPeople.gov, food-borne outbreaks (defined as two or more cases of a similar illness as a result of eating the same food) resulted in 27,634 cases of illness and 11 deaths in 2006.

Nebraska Data Summary

A single indicator with numerous data points shown below to track cases of infection caused by food-borne pathogens was selected for the Food Safety topic area. In 2013 in Nebraska, there were 485 cases of infection caused by campylobacter species, 82 by E. coli O157:H7, 308 by salmonella, and 2 by Listeria monocytogenes. In 2013, there were no instances of E. coli or salmonella enteritidis outbreaks in Nebraska. The number of campylobacter species and salmonella infections increased in Nebraska from 2010 to 2013 (IID-1).

Links to Further Information on this Topic

- » *National Objectives for Food Safety* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/food-safety
- » *Food Safety* (Centers for Disease Control and Prevention):
www.cdc.gov/foodsafety/
- » *Food Safety* (University of Nebraska - Lincoln):
<http://food.unl.edu/safety>
- » *Food Safety* (Foodsafety.gov):
<http://www.foodsafety.gov/>

FS-1. Number of cases of infection caused by food-borne pathogens

	2010	2013 (baseline)	2020 Objective	Target Setting Method
Campylobacter species	454	485	435	Reduce by 50
Shiga toxin-producing <i>Escherichia coli</i> (STEC) O157	83	82	67	Reduce by 15
Listeria monocytogenes	2	2	2	Reduce to 0
Salmonella	244	308	268	Reduce by 40
Shiga toxin-producing <i>Escherichia coli</i> (STEC) O157 outbreaks	0	0	0	Maintain at 0
Salmonella enteritidis outbreaks	0	0	0	Maintain at 0
Related to National Healthy People 2020 Objective FS-1 and FS-2				
<i>Data Source: Nebraska DHHS, Epidemiology and Informatics Unit</i>				

HEART DISEASE AND STROKE

National Healthy People 2020 Goal

Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events.

Overview

According to HealthyPeople.gov, heart disease is the leading cause of death and stroke is the third leading cause of death in the United States. High blood pressure and high cholesterol are two of the most common controllable risk factors for heart disease and stroke. Other risk factors include cigarette smoking, diabetes, poor diet and physical inactivity, and overweight and obesity. More than one in three adults live with more than one type of cardiovascular disease, impacting the quality of life of millions and generating billions of dollars in economic loss every year.

Nebraska Data Summary

Six indicators were selected for the Heart Disease and Stroke topic area. Compared to the nation, Nebraska has a substantially lower death rate due to coronary heart disease and an identical death rate due to stroke. Deaths due to coronary heart disease and stroke are more prevalent among African Americans and Native Americans in Nebraska (HDS-1-2).

In 2013 in Nebraska, 30.3 percent of adults aged 18 and over reported that they have ever been told by a doctor that they have high blood pressure (compared to 31.4% for the nation). Approximately three-in-four (74.0%) Nebraskans have had their blood cholesterol level checked in the past 5 years, and among these, 37.4 percent were told by a doctor or medical professional that they have high cholesterol (compared to 38.4% for the nation). African American and Native American minority groups had a higher percentage of those having high blood pressure compared to other racial/ethnic groups. There were fewer differences between racial/ethnic groups in terms of high blood cholesterol, with Asians/Pacific Islanders having the highest rates (HDS 4-6).

Links to Further Information on this Topic

- » *National Objectives for Heart Disease and Stroke* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke
- » *Heart Disease and Stroke Prevention* (Centers for Disease Control and Prevention):
www.cdc.gov/chronicdisease/resources/publications/AAG/dhdsp.htm
- » *Heart Disease Prevention: What You Can Do* (Centers for Disease Control and Prevention):
www.cdc.gov/heartdisease/what_you_can_do.htm
- » American Heart Association:
www.heart.org

HDS-1. Coronary heart disease death rate per 100,000 (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
84.8	77.4	69.7	10% reduction
<u>National Comparison (2013): 102.6</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 81.1	African American NH: 93.9	Native American NH: 94.6	
Asian/Pacific Islander NH: 35.2	Hispanic: 43.1		
Related to National Healthy People 2020 Objective HDS-2			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

HDS-2. Stroke death rate per 100,000 (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
40.4	36.2	32.6	10% reduction
<u>National Comparison (2013): 36.2</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 37.2	African American NH: 57.5	Native American NH: 42.5	
Asian/Pacific Islander NH: 29.6	Hispanic: 28.1		
Related to National Healthy People 2020 Objective HDS-3			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

HDS-3. Hospitalizations with congestive heart failure as the principal diagnosis per 1,000 population

	2010	2013 (baseline)	2020 Objective	Target Setting Method
Age 65 to 74 years	6.5	4.9	4.4	10% reduction
Age 75 to 84 years	15.9	12.2	11.0	10% reduction
Age 85 years and older	32.7	28.7	25.8	10% reduction
Related to National Healthy People 2020 Objective HDS-24				
<i>Data Source: Nebraska Hospital Association, Nebraska Hospital Discharge Data</i>				

HDS-4. Percentage of adults aged 18 and over who have ever been told by a doctor that they have high blood pressure (excluding pregnancy)

2011	2013 (baseline)	2020 Objective	Target Setting Method
28.5%	30.3%	28.8%	5% reduction
<u>National Comparison (2013): 31.4%</u>			
<u>Nebraska Racial/Ethnic Comparison (2011 & 2013, combined, age-adjusted):</u>			
White NH: 27.4%	African American NH: 44.8%	Native American NH: 36.9%	
Asian/Pacific Islander NH: 26.3%	Hispanic: 26.2%		
Related to National Healthy People 2020 Objective HDS-5.1			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

HDS-5. Percentage of adults aged 18 and over who had their blood cholesterol level checked in the last 5 years

2011	2013 (baseline)	2020 Objective	Target Setting Method
71.8%	74.0%	77.7%	5% increase
<u>National Comparison (2013): 76.4%</u>			
<u>Nebraska Racial/Ethnic Comparison (2011 & 2013, combined, age-adjusted):</u>			
White NH: 73.1%	African American NH: 72.2%	Native American NH: 72.1%	
Asian/Pacific Islander NH: 74.9%	Hispanic: 56.5%		
Related to National Healthy People 2020 Objective HDS-6			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

HDS-6. Percentage of adults aged 18 and over who have ever been told by a medical professional that they have high cholesterol, among those who have ever had it checked

2011	2013 (baseline)	2020 Objective	Target Setting Method
38.3%	37.4%	35.5%	5% reduction
<u>National Comparison (2013): 38.4%</u>			
<u>Nebraska Racial/Ethnic Comparison (2011 & 2013, combined, age-adjusted):</u>			
White NH: 32.2%	African American NH: 33.2%	Native American NH: 35.5%	
Asian/Pacific Islander NH: 40.5%	Hispanic: 33.8%		
Related to National Healthy People 2020 Objective HDS-7			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

HIV/AIDS

National Healthy People 2020 Goal

Prevent human immunodeficiency virus (HIV) infection and its related illness and death.

Overview

According to HealthyPeople.gov, an estimated 1.1 million Americans are living with HIV, and one-fifth of these are unaware that they have HIV. HIV continues to spread, causing approximately 56,000 new infections each year in the United States. Advances in treatment have slowed the progression of HIV infection to Acquired Immune Deficiency Syndrome (AIDS). Nevertheless, HIV and AIDS continue to be a major public health crisis in the United States. Nearly three-fourths of HIV infections occur in men, and half of these occur in gay and bisexual men. HIV also tends to occur at higher rates among African Americans in the United States. Preventable risk factors for HIV and AIDS include unprotected sex and the use of injected non-prescription drugs.

Nebraska Data Summary

Four indicators were selected for the HIV/AIDS topic area. From 2010 to 2014 there was a slight reduction in the number of new HIV cases from 66 to 64, but a drastic reduction in the number of new AIDS cases, which decreased from 93 in 2010 to 41 in 2014 (HIV/AIDS-1).

In 2014, among the 41 new AIDS cases in Nebraska, 13 were obtained by men from having sex with other men and 3 were obtained from injecting non-prescription drugs (HIV/AIDS-3-4).

Links to Further Information on this Topic

- » *National Objectives for HIV* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/hiv
- » *HIV/AIDS* (CDC):
<http://www.cdc.gov/hiv/default.html/>
- » *Men Who Have Sex with Men (MSM) and HIV/AIDS* (AVERT):
www.avert.org/men-who-have-sex-men-msm-hiv-aids.htm
- » *HIV and Substance Use in the United States* (Centers for Disease Control and Prevention):
<http://www.cdc.gov/hiv/risk/behavior/substanceuse.html>

HIV/AIDS-1. Number of new HIV and AIDS Cases

	2010	2014 (baseline)	2020 Objective	Target Setting Method
New HIV Cases	66	64	58	10% reduction
New AIDS Cases	93	41	37	10% reduction

Related to National Healthy People 2020 Objective HIV-1 and HIV-4
Data Source: Nebraska DHHS, HIV/AIDS Surveillance Program

HIV/AIDS-2. Rates of new HIV and AIDS Cases per 100,000 Population

	2010	2014 (baseline)	2020 Objective	Target Setting Method
New HIV Cases	3.6	3.4	3.1	10% reduction
New AIDS Cases	5.1	2.2	2.0	10% reduction

Related to National Healthy People 2020 Objective HIV-1 and HIV-4
Data Source: Nebraska DHHS, HIV/AIDS Surveillance Program

HIV/AIDS-3. New AIDS cases among men who obtained the virus from having sex with other men

	2010	2014 (baseline)	2020 Objective	Target Setting Method
	39	13	10	Reduce by 3

Related to National Healthy People 2020 Objective HIV-6
Data Source: Nebraska DHHS, HIV/AIDS Surveillance Program

HIV/AIDS-4. New AIDS cases among those who obtained the virus from injecting non-prescription drugs

	2010	2014 (baseline)	2020 Objective	Target Setting Method
	5	3	1	Reduce by 2

Related to National Healthy People 2020 Objective HIV-7
Data Source: Nebraska DHHS, HIV/AIDS Surveillance Program

IMMUNIZATION AND INFECTIOUS DISEASES

National Healthy People 2020 Goal

Increase immunization rates and reduce preventable infectious diseases.

Overview

Great progress has been made in the United States in reducing the incidence of infectious disease and its effects. The widespread use of vaccines has proven very effective in decreasing the incidence of many infectious diseases. In general, 90 percent of the individuals vaccinated will not contract the disease for which they have received a vaccine. A variety of antibiotic drugs are also available to combat the effects of many infectious diseases and have been instrumental in reducing death and illness due to these organisms. However, infectious diseases remain an important cause of illness and death in the United States and the world, as immunization rates among the public are less than ideal and new infectious agents continue to be identified for which new treatments must be developed.

Nebraska Data Summary

Seven indicators were selected for the Immunization and Infectious Diseases topic section. Compared to the nation, Nebraska children aged 19 to 35 months have higher rates of vaccination for all of the universally recommended vaccines, including DTaP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV (IID-1). In a 2013 survey it was found that 79.0 percent of Nebraska children aged 19 to 35 months received the recommended doses of these 8 vaccines (compared to 70.4% for the nation). This was a considerable improvement from 2010, when just 66.3 percent of Nebraska children aged 19 to 35 months received the recommended doses of the 8 vaccines (IID-2).

In 2013 66.2 percent of Nebraska adults aged 65 and over reported receiving an influenza vaccination in the past year and 71.6 percent reported that they have ever had a pneumonia vaccine. Both of these rates are slightly higher than the nation (IID-4-5).

Lastly, Nebraska has a rate of new cases of tuberculosis that is half the rate for the nation. In 2013, 95.0 percent of all tuberculosis patients in Nebraska completed curative therapy within 12 months (compared to 84.3% for the nation) (IID-5-6).

Links to Further Information on this Topic

- » *National Objectives for Immunization and Infectious Diseases* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases
- » *Vaccines and Immunizations* (Centers for Disease Control and Prevention):
www.cdc.gov/vaccines
- » *Vaccination Coverage in the U.S.* (Centers for Disease Control and Prevention):
<http://www.cdc.gov/vaccines/imz-managers/coverage/imz-coverage.html>
- » *Infectious Disease Center* (MedicineNet.com):
www.medicinenet.com/infectious_disease/focus.htm
- » *Infectious Diseases at School* (Center for Disease Control and Prevention):
<http://www.cdc.gov/healthyyouth/infectious/>

IID-1. Percentage of children aged 19 to 35 months who received universally recommended vaccines

	2010	2013 (baseline)	2020 Objective	Target Setting Method
4 doses Diphtheria-Tetanus and Acellular Pertussis (DTaP) vaccine -National Comparison (2013): 83.1%	90.1%	88.3%	90%	Trend analysis
3 doses Polio vaccine -National Comparison (2013): 92.7%	93.7%	95.9%	98%	Trend analysis
1 dose Measles-Mumps-Rubella (MMR) vaccine -National Comparison (2013): 91.9%	94.2%	92.5%	95%	Trend analysis
3 or 4 doses Haemophilus Influenzae Type B (Hib) vaccine (depending on vaccine type) -National Comparison (2013): 82.0%	74.1%	86.7%	90%	Trend analysis
3 doses Hepatitis B vaccine -National Comparison (2013): 90.8%	91.6%	94.5%	97%	Trend analysis
1 birth dose of Hepatitis vaccine within 3 days of birth -National Comparison (2013): 71.8%	51.8%	80.7%	85%	Trend analysis
1 dose Varicella (Chicken Pox) vaccine -National Comparison (2013): 91.2%	90.6%	92.2%	95%	Trend analysis
4 doses Pneumococcal Conjugate Vaccine (PCV) -National Comparison (2013): 82.0%	90.4%	90.7%	95%	Trend analysis
2 doses Hepatitis A vaccine -National Comparison (2013): 54.7%	60.3%	69.5%	75%	Trend analysis
2 or 3 doses Rotavirus vaccine (depending on vaccine type) -National Comparison (2013): 72.6%	73.2%	76.2%	80%	Trend analysis
Related to National Healthy People 2020 Objective IID-7				
<i>Data Source: National Immunization Survey (NIS)</i>				

IID-2. Percentage of children aged 19 to 35 months who have received all of the recommended doses of DTaP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV

2010	2013 (baseline)	2020 Objective	Target Setting Method
66.3%	79.0%	85%	Trend analysis
National Comparison (2013): 70.4%			
Related to National Healthy People 2020 Objective IID-8			
<i>Data Source: National Immunization Survey (NIS)</i>			

IID-3. Indigenous cases of vaccine-preventable disease

	2010	2013 (baseline)	2020 Objective	Target Setting Method
Congenital rubella syndrome among children under the age of 1	0	0	0	Maintain at 0
Hib disease among children under 6 years of age	0	0	0	Maintain at 0
Measles	0	0	0	Maintain at 0
Mumps	23	0	0	Maintain at 0
Pertussis cases among children under the age of 1	28	32	20	Reduce by 12
Pertussis cases among children aged 11-18 years	33	70	50	Reduce by 20
Polio	0	0	0	Maintain at 0
Rubella	0	0	0	Maintain at 0
Varicella (chicken pox) among children under the age of 18	18	19	14	Reduce by 5
Hepatitis A acute cases	15	15	10	Reduce by 5
Hepatitis B cases among children under the age of 2	1	0	0	Maintain at 0
Hepatitis B acute cases among children aged 2-18 years	0	0	0	Maintain at 0
Hepatitis B acute cases among adults aged 19 and over	16	15	10	Reduce by 5
Hepatitis B chronic cases among children aged 2-18 years	16	13	8	Reduce by 5

Related to National Healthy People 2020 Objective IID-1, IID-23, IID-24, and IID-25.1
Data Source: Nebraska DHHS, Epidemiology and Informatics Unit

IID-4. Percentage of adults aged 65 and over who had a flu vaccination in the past year

2011	2013 (baseline)	2020 Objective	Target Setting Method
61.8%	66.2%	69.5%	5% increase

National Comparison (2013): 62.8%

Nebraska Racial/Ethnic Comparison (2011-2013, combined):
 White NH: 64.0% African American NH: 58.5% Native American NH: 75.7%
 Asian/Pacific Islander NH: - * Hispanic: 53.9%

Related to National Healthy People 2020 Objective IID-12.7
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

IID-5. Percentage of adults aged 65 and over who have ever had a pneumonia vaccination

2011	2013 (baseline)	2020 Objective	Target Setting Method
70.3%	71.6%	75.2%	5% increase
<i>National Comparison (2013): 69.5%</i>			
<i>Nebraska Racial/Ethnic Comparison (2011-2013, combined):</i>			
White NH: 71.1%	African American NH: 70.7%	Native American NH: 72.0%	
Asian/Pacific Islander NH: - *	Hispanic: 48.0%		
<i>Related to National Healthy People 2020 Objective IID-13.1</i>			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

IID-6. Percentage of institutionalized adults aged 18 years and older in long-term or nursing homes who were vaccinated annually against seasonal influenza

2010-2011	2013-2014 (baseline)	2020 Objective	Target Setting Method
84.6%	85.3%	89.6%	5% increase
<i>National Comparison (2013-2014): 76.5%</i>			
<i>Related to National Healthy People 2020 Objective IID-12.8</i>			
<i>Data Source: Centers for Medicare and Medicaid Services, Minimum Data Set</i>			

IID-7. Percentage of institutionalized adults aged 18 years and older in long-term or nursing homes who were vaccinated against pneumococcal disease

2010	2013 (baseline)	2020 Objective	Target Setting Method
89.3%	88.7%	93.1%	5% increase
<i>National Comparison (2013): 79.3%</i>			
<i>Related to National Healthy People 2020 Objective IID-13.3</i>			
<i>Data Source: Centers for Medicare and Medicaid Services, Minimum Data Set</i>			

IID-8. Rate of new cases of tuberculosis per 100,000 population

2007-2011, combined	2010-2014 average (baseline)	2020 Objective	Target Setting Method
1.9	1.4	1.3	10% reduction
<i>National Comparison (2010): 3.6</i>			
<i>Related to National Healthy People 2020 Objective IID-29</i>			
<i>Data Sources: Nebraska - Nebraska DHHS, Tuberculosis Program; U.S. – CDC, National TB Surveillance System</i>			

IID-9. Percentage of all tuberculosis patients who complete curative therapy within 12 months

2009-2013, combined	2013 (baseline)	2020 Objective	Target Setting Method
88.0%	95.0%	100%	100% achievement
<i>National Comparison (2010): 84.3%</i>			
<i>Related to National Healthy People 2020 Objective IID-30</i>			
<i>Data Sources: Nebraska - Nebraska DHHS, Tuberculosis Program; U.S. – CDC, National TB Surveillance System</i>			

*Rate masked if sample size is smaller than 50 respondents.

INJURY AND VIOLENCE PREVENTION

National Healthy People 2020 Goal

Prevent unintentional injuries and violence, and reduce their consequences.

Overview

Unintentional injuries contain a wide variety of types, including falls, poisoning, motor vehicle crashes, and suffocation, among others. Although these injuries are often accepted as "accidents", most unintentional injuries resulting in injury, disability, or death are predictable and preventable. Violent injuries include physical assault, child maltreatment, rape, and homicide, among others. According to HealthyPeople.gov, both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages, and are the leading cause of death for Americans aged 1 to 44.

Nebraska Data Summary

Nineteen indicators were selected for the Injury and Violence Prevention topic area. Motor vehicle safety is a potential area of concern in Nebraska, where the death rate due to motor vehicle crashes is higher than the national rate, the rate of injuries caused by motor vehicle crashes is higher than the national rate, and the percentage of adults who report that they always wear their seat belt is lower than the national rate (IVP-4, 14, 17). On the positive side, Nebraska has slightly lower rates of overall fatal injuries and unintentional injury death rates, as compared to the nation, due in part to comparatively low rates of poisoning deaths, unintentional suffocation deaths, and firearm-related deaths (IVP-1-3, 7, 9).

Racial/ethnic disparities exist in terms of fatal injuries, with African American and Native American minority groups having higher rates of fatal injuries compared to other racial/ethnic groups in Nebraska, due largely to higher rates of poisoning death, motor vehicle crashes (Native Americans only), homicide, and firearm-related death (IVP-1, 3, 4, 8, 9).

Lastly, in 2013 one-fifth (20.1%) of Nebraska's 9th-12th graders reported that they engaged in physical fighting in the past 12 months (compared to 24.7% for the nation) and one-fifth (20.8%) reported that they were bullied on school property in the past 12 months (compared to 19.6% for the nation) (IVP-11-12).

Links to Further Information on this Topic

- » *National Objectives for Injury and Violence Prevention* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention
- » *Injury Prevention and Control* (Centers for Disease Control and Prevention):
www.cdc.gov/injury/index.html
- » *Violence Prevention* (Centers for Disease Control and Prevention):
www.cdc.gov/ViolencePrevention/index.html

IVP-1. Rate of fatal injuries per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
49.8	51.4	48.8	5% reduction
<u>National Comparison (2013): 58.9</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 50.5	African American NH: 69.4		Native American NH: 92.6
Asian/Pacific Islander NH: 16.3	Hispanic: 40.9		
Related to National Healthy People 2020 Objective IVP-1.2			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

IVP-2. Unintentional injury death rate per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
35.4	34.8	31.3	10% reduction
<u>National Comparison (2013): 39.4</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 36.1	African American NH: 34.2		Native American NH: 61.7
Asian/Pacific Islander NH: 11.4	Hispanic: 30.3		
Related to National Healthy People 2020 Objective IVP-11			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

IVP-3. Poisoning death rate per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
8.1	7.9	7.9	Maintain baseline rate
<u>National Comparison (2013): 15.2</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 8.7	African American NH: 10.3		Native American NH: 19.9
Asian/Pacific Islander NH: - *	Hispanic: 4.0		
Related to National Healthy People 2020 Objective IVP-9.1			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

IVP-4. Death rate due to motor vehicle crashes per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
10.7	12.0	10.8	10% reduction
<u>National Comparison (2013): 10.4</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 11.4	African American NH: 11.0		Native American NH: 21.9
Asian/Pacific Islander NH: - *	Hispanic: 12.5		
Related to National Healthy People 2020 Objective IVP-13.1			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

IVP-5. Death rate due to falls per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
9.1	8.3	7.5	10% reduction
<u>National Comparison (2013): 8.5</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 8.9	African American NH: 5.2		Native American NH: 5.3
Asian/Pacific Islander NH: 8.5	Hispanic: 5.8		
Related to National Healthy People 2020 Objective IVP-23.1			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

IVP-6. Death rate due to falls among adults aged 65 years and older per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
59.8	56.5	50.9	10% reduction
National Comparison (2013): 56.7			
Nebraska Racial/Ethnic Comparison (2009-2013, combined):			
White NH: 59.1	African American NH: 28.2		Native American NH: 34.8
Asian/Pacific Islander NH: - *	Hispanic: 32.5		
Related to National Healthy People 2020 Objective IVP-23.2			
Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER			

IVP-7. Unintentional suffocation deaths per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
2.5	2.2	2.0	10% reduction
National Comparison (2013): 8.1			
Nebraska Racial/Ethnic Comparison (2009-2013, combined):			
White NH: 2.2	African American NH: 2.2		Native American NH: 1.3
Asian/Pacific Islander NH: - *	Hispanic: 1.3		
Related to National Healthy People 2020 Objective IVP-24.1			
Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER			

IVP-8. Homicide death rate per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
3.3	4.2	3.8	10% reduction
National Comparison (2013): 2.0			
Nebraska Racial/Ethnic Comparison (2009-2013, combined):			
White NH: 1.7	African American NH: 27.5		Native American NH: 12.7
Asian/Pacific Islander NH: - *	Hispanic: 5.0		
Related to National Healthy People 2020 Objective IVP-29			
Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER			

IVP-9. Firearm-related death rate per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
8.1	8.9	8.0	10% reduction
National Comparison (2013): 12.6			
Nebraska Racial/Ethnic Comparison (2009-2013, combined):			
White NH: 7.5	African American NH: 28.5		Native American NH: 12.9
Asian/Pacific Islander NH: - *	Hispanic: 4.7		
Related to National Healthy People 2020 Objective IVP-30			
Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER			

IVP-10. Hospitalizations for nonfatal traumatic brain injuries per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
611.6	647.7	No objective ^o	-
Related to National Healthy People 2020 Objective IVP-2.2			
Data Source: Nebraska Hospital Association, Nebraska Hospital Discharge Data			

IVP-11. Percentage of adolescents in grades 9-12 who engaged in physical fighting in the past 12 months

2011	2013 (baseline)	2020 Objective	Target Setting Method
26.7%	20.1%	16.1%	20% reduction

National Comparison (2013): 24.7%

Related to National Healthy People 2020 Objective IVP-34

Data Source: Youth Risk Behavior Survey (YRBS)

IVP-12. Percentage of adolescents in grades 9-12 who reported they were bullied on school property in the past 12 months

2011	2013 (baseline)	2020 Objective	Target Setting Method
22.9%	20.8%	18.7%	10% reduction

National Comparison (2013): 19.6%

Related to National Healthy People 2020 Objective IVP-35

Data Source: Youth Risk Behavior Survey (YRBS)

IVP-13. Percentage of adolescents in grades 9-12 who made a suicide attempt resulting in injury, poisoning, or overdose in the past 12 months

2011	2013 (baseline)	2020 Objective	Target Setting Method
2.6%	1.8%	1.4%	20% reduction

National Comparison (2013): 2.7%

Related to National Healthy People 2020 Objective IVP-9.3

Data Source: Youth Risk Behavior Survey (YRBS)

IVP-14. Rate of injuries caused by motor vehicle crashes per 100,000 population

2011	2013 (baseline)	2020 Objective	Target Setting Method
915.1	880.6	792.5	10% reduction

National Comparison (2013): 749.2

Related to National Healthy People 2020 Objective IVP-14

Data Sources: Nebraska - Nebraska Office of Highway Safety; U.S. - National Highway Traffic Safety Administration (NHTSA)

IVP-15. Observed Child Safety Seat Use Rate

2011	2013 (baseline)	2020 Objective	Target Setting Method
91%	97%	100%	100% achievement

Related to National Healthy People 2020 Objective IVP-16

Data Source: Nebraska Office of Highway Safety

IVP-16. Observed Safety Belt Use Rate

2011	2013 (baseline)	2020 Objective	Target Setting Method
84%	79%	87%	10% increase

Related to National Healthy People 2020 Objective IVP-15

Data Source: Nebraska Office of Highway Safety

IVP-17. Percentage of adults aged 18 and over who reported that they always wear their seat belt when driving or riding in a car

2011	2013 (baseline)	2020 Objective	Target Setting Method
71.6%	74.1%	77.8%	5% increase
<u>National Comparison (2013): 86.9%</u>			
<u>Nebraska Racial/Ethnic Comparison (2011-2013, combined, age-adjusted):</u>			
White NH: 70.6%	African American NH: 74.9%	Native American NH: 74.6%	
Asian/Pacific Islander NH: 82.4%	Hispanic: 78.4%		
Related to National Healthy People 2020 Objective IVP-17			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

IVP-18. Rate of children who were victims of maltreatment per 1,000 persons under 18 years of age

2010	2013 (baseline)	2020 Objective	Target Setting Method
9.9	8.6	6.9	20% reduction
<u>National Comparison (2013): 9.1</u>			
Related to National Healthy People 2020 Objective IVP-38			
<i>Data Source: National Child Abuse and Neglect Data System</i>			

IVP-19. Rate child fatalities due to child maltreatment per 100,000 persons under 18 years of age

2010	2013 (baseline)	2020 Objective	Target Setting Method
1.5	1.3	1.0	20% reduction
<u>National Comparison (2013): 2.0</u>			
Related to National Healthy People 2020 Objective IVP-37			
<i>Data Source: National Child Abuse and Neglect Data System</i>			

*Rate masked if fewer than five cases, but more than zero.

°No objective set for hospitalizations for traumatic brain injuries. Rates for this indicator have increased dramatically in recent years due to increased awareness around concussions and other brain injuries, and as a result of Nebraska's Concussion Awareness Act.

MATERNAL, INFANT, AND CHILD HEALTH

National Healthy People 2020 Goal

Improve the health and well-being of women, infants, children, and families.

Overview

The health of mothers, infants, and children is of critical importance since their well-being determines the health of the next generation of Americans. In the United States each year, approximately six million women become pregnant. While most women have a healthy term pregnancy and deliver a healthy infant, not all women experience a safe and healthy pregnancy. Racial and ethnic disparities persist in prenatal care rates, pregnancy-related deaths, preterm births, infant mortality, and child death rates, particularly for African Americans.

Nebraska Data Summary

Sixteen indicators were selected for the Maternal, Infant, and Child Health topic area. The first eight indicators focus on mortality rates for infants, children, adolescents, and young adults. While the infant mortality rate in Nebraska was slightly lower than the nation in 2013 (5.3 per 1,000 live births for Nebraska compared to 5.9 per 1,000 for the nation), a notable disparity exists among African Americans, for whom the rate of infant mortality is more than double the rate for the state. In general, African Americans and Native Americans have notably higher rates of mortality among infants, children, adolescents, and young adults compared to White non-Hispanics and Asians/Pacific Islanders, with mortality rates being the lowest among Asians/Pacific Islanders. Compared to the nation, there are lower mortality rates among children nine and under in Nebraska, but higher among those aged 10-19 (MICH-1-8).

In 2013, just under three-fourths (73.4%) of women who delivered a live birth received prenatal care beginning in the first trimester, which is considerably better than the rate of 64.1 percent for the nation. Again, notable racial/ethnic disparities exist among African Americans, Native Americans, and Hispanics (MICH-12).

Lastly, in a 2011 survey, less than half (45.2%) of all pregnant women had an optimum folic acid intake the month before becoming pregnant and just under nine-in-ten (89.2%) indicated that they abstained from smoking during the last three months of pregnancy. Again, notable racial/ethnic disparities exist on these two indicators, with Blacks, Native Americans, and Hispanic women reporting lower rates of optimum folic acid intake and higher rates of cigarette smoking during pregnancy, as compared to White and Asians/Pacific Islander women (MICH-14-15).

Links to Further Information on this Topic

- » *National Objectives for Maternal, Infant, and Child Health* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health
- » *Maternal and Infant Health* (Centers for Disease Control and Prevention):
www.cdc.gov/reproductivehealth/MaternalInfantHealth/index.htm
- » *Infant Mortality* (Centers for Disease Control and Prevention):
www.cdc.gov/reproductivehealth/MaternalInfantHealth/InfantMortality.htm

MICH-1. Infant mortality rate (within first year of life) per 1,000 live births

2010	2013 (baseline)	2020 Objective	Target Setting Method
5.2	5.3	4.8	10% reduction
<u>National Comparison (2013): 5.9</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 4.9	African American NH: 11.1		Native American NH: 7.9
Asian/Pacific Islander NH: 2.3	Hispanic: 5.7		
Related to National Healthy People 2020 Objective MICH-1.3			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-2. Neonatal death rate (within first 28 days of life) per 1,000 live births

2010	2013 (baseline)	2020 Objective	Target Setting Method
3.7	3.7	3.3	10% reduction
<u>National Comparison (2013): 4.0</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 3.3	African American NH: 7.5		Native American NH: 4.7
Asian/Pacific Islander NH: 0.9	Hispanic: 3.9		
Related to National Healthy People 2020 Objective MICH-1.4			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-3. Postneonatal death rate (between 29 days and one year) per 1,000 live births

2010	2013 (baseline)	2020 Objective	Target Setting Method
1.5	1.6	1.4	10% reduction
<u>National Comparison (2013): 1.9</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 1.6	African American NH: 3.6		Native American NH: 3.2
Asian/Pacific Islander NH: 1.4	Hispanic: 1.8		
Related to National Healthy People 2020 Objective MICH-1.5			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-4. Child death rate (aged 1-4 years) per 100,000

2010	2013 (baseline)	2020 Objective	Target Setting Method
27.4	22.0	17.6	20% reduction
<u>National Comparison (2013): 25.5</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 24.2	African American NH: 47.9		Native American NH: - *
Asian/Pacific Islander NH: - *	Hispanic: 23.5		
Related to National Healthy People 2020 Objective MICH-3.1			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-5. Child death rate (aged 5-9 years) per 100,000

2010	2013 (baseline)	2020 Objective	Target Setting Method
13.9	7.5	6.8	10% reduction
<u>National Comparison (2013): 11.8</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 10.3	African American NH: 32.7		Native American NH: - *
Asian/Pacific Islander NH: 0.0	Hispanic: 11.4		
Related to National Healthy People 2020 Objective MICH-3.2			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-6. Adolescent death rate (aged 10-14 years) per 100,000

2010	2013 (baseline)	2020 Objective	Target Setting Method
18.7	16.5	14.9	10% reduction
<u>National Comparison (2013): 14.1</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 15.5	African American NH: 40.3	Native American NH: 0.0	
Asian/Pacific Islander NH: 0.0	Hispanic: 16.7		
Related to National Healthy People 2020 Objective MICH-4.1			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-7. Adolescent death rate (aged 15-19 years) per 100,000

2010	2013 (baseline)	2020 Objective	Target Setting Method
46.4	58.8	52.9	10% reduction
<u>National Comparison (2013): 44.8</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 47.7	African American NH: 107.7	Native American NH: 70.1	
Asian/Pacific Islander NH: - *	Hispanic: 42.0		
Related to National Healthy People 2020 Objective MICH-4.2			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-8. Young adult death rate (aged 20-24 years) per 100,000

2010	2013 (baseline)	2020 Objective	Target Setting Method
72.0	72.6	69.0	5% reduction
<u>National Comparison (2013): 83.4</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 66.4	African American NH: 152.2	Native American NH: 213.9	
Asian/Pacific Islander NH: 28.1	Hispanic: 83.1		
Related to National Healthy People 2020 Objective MICH-4.3			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-9. Percentage of low weight births (less than 2,500 grams)

2010	2013 (baseline)	2020 Objective	Target Setting Method
7.1%	6.5%	5.9%	10% reduction
<u>National Comparison (2013): 8.0%</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 6.3%	African American NH: 12.8%	Native American NH: 6.6%	
Asian/Pacific Islander NH: 7.5%	Hispanic: 6.6%		
Related to National Healthy People 2020 Objective MICH-8.1			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-10. Percentage of very low weight births (less than 1,500 grams)

2010	2013 (baseline)	2020 Objective	Target Setting Method
1.3%	1.2%	1.1%	10% reduction
<u>National Comparison (2013): 1.4%</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 1.1%	African American NH: 2.7%	Native American NH: 1.9%	
Asian/Pacific Islander NH: 0.8%	Hispanic: 1.1%		
Related to National Healthy People 2020 Objective MICH-8.2			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-11. Percentage of births that are premature (gestational age determined by ultrasound)

2010	2013 (baseline)	2020 Objective	Target Setting Method
9.8%	8.7%	7.8%	10% reduction
<u>National Comparison (2013): 9.6%</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 9.1%	African American NH: 13.0%		Native American NH: 9.1%
Asian/Pacific Islander NH: 8.5%	Hispanic: 8.9%		
Related to National Healthy People 2020 Objective MICH-9.1			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-12. Percentage of women delivering a live birth who received prenatal care beginning in the first trimester

2010	2013 (baseline)	2020 Objective	Target Setting Method
75.0%	73.4%	77.1%	5% increase
<u>National Comparison (2013): 64.1%</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 80.5%	African American NH: 63.2%		Native American NH: 58.5%
Asian/Pacific Islander NH: 73.9%	Hispanic: 65.6%		
Related to National Healthy People 2020 Objective MICH-10.1			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MICH-13. Percentage of pregnant women who received early and adequate prenatal care (as measured by the Kotelchuk Index)

2010	2013 (baseline)	2020 Objective	Target Setting Method
74.6%	72.9%	76.5%	5% increase
<u>National Comparison (2007): 70.5%</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 77.1%	African American NH: 64.5%		Native American NH: 51.0%
Asian/Pacific Islander NH: 69.3%	Hispanic: 62.9%		
Related to National Healthy People 2020 Objective MICH-10.2			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC/NCH, National Vital Statistics System</i>			

MICH-14. Percentage of non-pregnant women aged 15 to 44 years with an optimum folic acid intake the month before becoming pregnant (multivitamin at least 4 times per week)

2010	2011 (baseline)	2020 Objective	Target Setting Method
41.7%	45.2%	49.7%	10% increase
<u>Nebraska Ranking Compared to Participating States (2011): 2 out of 25</u>			
<u>Nebraska Racial/Ethnic Comparison (2011):</u>			
White: 49.0%	Black: 29.1%		Native American: 30.8%
Asian/Pacific Islander: 46.1%	Hispanic: 34.3%		
Related to National Healthy People 2020 Objective MICH-14			
<i>Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)</i>			

MICH-15. Percentage of women who abstained from cigarette smoking during pregnancy (last 3 months)

2010	2011 (baseline)	2020 Objective	Target Setting Method
87.5%	89.2%	93.5%	5% increase
<u>Nebraska Ranking Compared to Participating States (2011): 15 out of 24</u>			
<u>Nebraska Racial/Ethnic Comparison (2011):</u>			
White: 88.2%	Black: 84.5%		Native American: 75.0%
Asian/Pacific Islander: 95.5%	Hispanic: 96.8%		
Related to National Healthy People 2020 Objective MICH-11.3			
<i>Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)</i>			

MICH-16. Percentage of healthy full-term infants (aged 8 months and older) who are put down to sleep on their backs

2010	2011 (baseline)	2020 Objective	Target Setting Method
79.1%	81.7%	89.9%	10% increase
<u>Nebraska Ranking Compared to Participating States (2011): 6 out of 24</u>			
<u>Nebraska Racial/Ethnic Comparison (2011%):</u>			
White: 85.6%	Black: 61.5%		Native American: 82.6%
Asian/Pacific Islander: 80.7%	Hispanic: 70.8%		
Related to National Healthy People 2020 Objective MICH-20			
<i>Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)</i>			

MICH-17. Rate of occurrence of Spina Bifida per 1,000 live births and stillborn cases

2010	2013 (baseline)	2020 Objective	Target Setting Method
0.4	1.1	0.4	Maintain 2010 rate
<u>National Comparison (2013): 1.6</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 0.6	African American NH: - *		Native American NH: - *
Asian/Pacific Islander NH: - *	Hispanic: 0.6		
Related to National Healthy People 2020 Objective MICH-28.1			
<i>Data Source: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

*Rate masked if fewer than five cases, but more than zero.

MENTAL HEALTH AND MENTAL DISORDERS

National Healthy People 2020 Goal

Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Overview

According to HealthyPeople.gov, mental illness ranks first among illnesses that cause disability in the United States, Canada, and Western Europe. The resulting burden of mental illness is among the highest of all diseases. In any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Depressive illness, including major depression, bipolar disorder, and dysthymia, are the most common of mental illnesses. Suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Nebraska Data Summary

Six indicators were selected for the Mental Health and Mental Disorders topic area, three of which are related to suicide. In 2013, there were 11.6 suicides per 100,000 population in Nebraska (compared to 12.6 per 100,000 for the nation). The incidence of suicide is highest among Native Americans and White non-Hispanics in Nebraska. The rate of adolescents reporting that they considered or attempted suicide in the past 12 months in Nebraska is lower than the nation, with 12.1 percent of Nebraska youth in grades 9-12 reporting that they considered suicide (compared to 17.0% for the nation) and 6.0 percent reporting that they attempted suicide (compared to 8.0% for the nation) (MHMD-1-3).

In 2011-2012, 8.0 percent of adolescents aged 12 to 17 and 6.4 percent of adults aged 18 and over in Nebraska reported experiencing major depressive episodes (national comparison: 8.7% for adolescents and 6.4 percent for adults) (MHMD-4-5).

Lastly, 13.9 percent of adolescents in Nebraska reported that they engaged in one or more high risk weight loss activities in the past 30 days in 2013; these include fasting, taking diet pills, and/or vomiting or taking laxatives (compared to 16.7% for the nation) (MHMD-6).

Links to Further Information on this Topic

- » *National Objectives for Mental Health and Mental Disorders* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders
- » *Mental Health* (Centers for Disease Control and Prevention)
<http://www.cdc.gov/mentalhealth/>
- » *Adolescent Mental Health* (U.S. Department of Health and Human Services):
www.hhs.gov/ash/oah/adolescent-health-topics/mental-health/index.html
- » *National Survey on Drug Use and Health* (SAMHSA):
<https://nsduhweb.rti.org/respweb/homepage.cfm>
- » *Monitoring the Future* (University of Michigan):
<http://www.monitoringthefuture.org/>

MHMD-1. Suicide death rate per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
10.0	11.6	10.4	10% reduction
<u>National Comparison (2013): 12.6</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 11.6	African American NH: 6.5	Native American NH: 11.7	
Asian/Pacific Islander NH: 4.5	Hispanic: 5.2		
Related to National Healthy People 2020 Objective MHMD-1			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

MHMD-2. Percentage of adolescents in grades 9-12 who considered suicide in the past 12 months

2011	2013 (baseline)	2020 Objective	Target Setting Method
14.2%	12.1%	9.7%	20% reduction
<u>National Comparison (2013): 17.0%</u>			
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>			

MHMD-3. Percentage of adolescents in grades 9-12 who attempted suicide in the past 12 months

2011	2013 (baseline)	2020 Objective	Target Setting Method
7.7%	6.0%	4.8%	20% reduction
<u>National Comparison (2013): 8.0%</u>			
Related to National Healthy People 2020 Objective MHMD-2			
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>			

MHMD-4. Percentage of adolescents aged 12 to 17 who experienced major depressive episodes

2009-2010	2011-2012 (baseline)	2020 Objective	Target Setting Method
8.3%	8.0%	7.2%	10% reduction
<u>National Comparison (2011-2012): 8.7%</u>			
Related to National Healthy People 2020 Objective MHMD-4.1			
<i>Data Source: National Survey on Drug Use and Health (NSDUH)</i>			

MHMD-5. Percentage of adults aged 18 and over who experienced major depressive episodes

2009-2010	2011-2012 (baseline)	2020 Objective	Target Setting Method
7.1%	6.4%	5.8%	10% reduction
<u>National Comparison (2011-2012): 6.7%</u>			
Related to National Healthy People 2020 Objective MHMD-4.2			
<i>Data Source: National Survey on Drug Use and Health (NSDUH)</i>			

MHMD-6. Percentage of adolescents in grades 9-12 who engaged in high risk weight loss in the past 30 days

	2011	2013 (baseline)	2020 Objective	Target Setting Method
Fasted -National Comparison (2013): 13.0%	11.2%	10.7%	9.6%	10% reduction
Took diet pills -National Comparison (2013): 5.0%	4.7%	4.5%	4.1%	10% reduction
Vomited or took laxatives -National Comparison (2013): 4.4%	3.9%	3.6%	3.2%	10% reduction
One or more of the above -National Comparison (2013): 16.7%	14.0%	13.9%	12.5%	10% reduction
Related to National Healthy People 2020 Objective MHMD-3				
Data Source: Youth Risk Behavior Survey (YRBS)				

NUTRITION AND WEIGHT STATUS

National Healthy People 2020 Goal

Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

Overview

The prevalence of obesity among adults, adolescents, and children has risen considerably over the past two decades in the United States. Being overweight or obese often results in a variety of health problems and has been linked to increased risk of death. According to HealthyPeople.gov, being overweight or obese substantially raises the risk of being diagnosed with heart disease and stroke, high blood pressure, elevated blood cholesterol levels, type 2 diabetes, endometrial cancer, breast cancer, prostate cancer, colon cancer, gallbladder disease, arthritis, sleep disturbances, and breathing problems. Obese persons (both children and adults) may also suffer from social stigmatization, discrimination, and lowered self-esteem.

Nebraska Data Summary

Five indicators were selected for the Nutrition and Weight Status topic area. Among children aged 10 to 17 in Nebraska, 13.8 percent are obese according to BMI data from a 2011-2012 survey (compared to 15.7% for the nation). Black and Hispanic children have rates of obesity that are approximately double that for White children (NWS-1).

Because of the rising rates of obesity in Nebraska and across the nation, the 2020 objective for obesity among adults is simply to maintain the baseline rate of 29.6 percent, which is nearly identical to the national rate of 29.4 percent. In Nebraska, Native American adults have the highest rates of obesity, followed by African Americans and Hispanics (NWS-2).

Lastly, in 2013 in Nebraska among adolescents in grades 9-12, 4.1 percent reported that they did not eat fruit or drink 100 percent fruit juices during the past 7 days; 5.4 percent reported that they did not eat vegetables during the past 7 days; and 22.3 percent reported drinking a can, bottle, or glass of soda pop one or more times per day during the past 7 days. All of these rates were slightly better than the nation (NWS-3-5).

Links to Further Information on this Topic

- » *National Objectives for Nutrition and Weight Status* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status
- » *Overweight and Obesity* (Centers for Disease Control and Prevention):
www.cdc.gov/obesity/
- » *Nutrition* (Centers for Disease Control and Prevention):
www.cdc.gov/nutrition/index.html

NWS-1. Percentage of children aged 10 to 17 who are obese (BMI at 95th percentile or above)

2011-2012 (baseline)	2020 Objective	Target Setting Method
13.8%	12.4%	10% reduction
<u>National Comparison (2011-2012): 15.7%</u>		
<u>Nebraska Racial/Ethnic Comparison (2011-2012):</u>		
White NH: 12.1%	Black NH: 23.1%	Hispanic: 21.8%
Other NH: 12.9%		
Related to National Healthy People 2020 Objective NWS-10		
<i>Data Source: National Survey on Children's Health</i>		

NWS-2. Percentage of adults aged 18 and over who are obese (BMI 30 or higher)

2011	2013 (baseline)	2020 Objective	Target Setting Method
28.4%	29.6%	29.6%	Maintain baseline rate
<u>National Comparison (2013): 29.4%</u>			
<u>Nebraska Racial/Ethnic Comparison (2011-2013, combined, age-adjusted):</u>			
White NH: 28.5%	African American NH: 35.4%	Native American NH: 38.8%	
Asian/Pacific Islander NH: 11.2%	Hispanic: 32.4%		
Related to National Healthy People 2020 Objective NWS-9			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

NWS-3. Percentage of adolescents in grades 9-12 who did not eat fruit or drink 100% fruit juices during the past 7 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
4.7%	4.1%	3.7%	10% reduction
<u>National Comparison (2013): 5.0%</u>			
Related to National Healthy People 2020 Objective NWS-14			
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>			

NWS-4. Percentage of adolescents in grades 9-12 who did not eat vegetables during the past 7 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
4.5%	5.4%	4.9%	10% reduction
<u>National Comparison (2013): 6.6%</u>			
Related to National Healthy People 2020 Objective NWS-15			
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>			

NWS-5. Percentage of adolescents in grades 9-12 who drank a can, bottle, or glass of soda or pop one or more times per day during the past 7 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
26.2%	22.3%	20.1%	10% reduction
<u>National Comparison (2013): 27.0%</u>			
Related to National Healthy People 2020 Objective NWS-17.2			
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>			

OCCUPATIONAL SAFETY AND HEALTH

National Healthy People 2020 Goal

Promote the health and safety of people at work through prevention and early intervention.

Overview

Work-related injuries and illnesses are defined as any injuries or illnesses incurred by persons engaged in work-related activities while on or off the worksite. According to HealthyPeople.gov, over the last several decades workplace safety has improved. Nevertheless, workers continue to suffer work-related deaths, injuries, and illnesses on the worksite that are largely preventable. Given the great diversity in safety and health risks for each industry sector of America's workforce, numerous tailored interventions are needed. The workplace offers a unique and ever-changing opportunity for public health action.

Nebraska Data Summary

Eight indicators were selected for the Occupational Safety and Health topic area. In 2012, there were 5.2 fatal work-related injuries per 100,000 full-time workers in Nebraska (compared to 3.4 per 100,000 for the nation). In addition, Nebraska also has higher rates of fatal work-related injuries compared to the nation in the industries of (1) construction and (2) agriculture, forestry, fishing, and hunting, both of which have rates of fatal work-related injuries that are three to five times higher than the rate for all industries (OSH-1-3).

Compared to the nation, Nebraska also has higher rates of non-fatal work-related injuries and illnesses, work-related musculoskeletal disorders involving days away from work, and work-related noise-induced hearing loss cases. The rate for the latter is more than double for the nation (5.2 per 10,000 full-time workers in Nebraska, compared to 2.1 per 10,000 for the nation) (OSH-4-6).

Despite having higher rates of work-related fatalities and injuries, Nebraska has lower rates of work-related hospitalizations and persons aged 16 years or older with elevated blood lead levels, as compared to the nation (OSH-7-8).

Links to Further Information on this Topic

- » *National Objectives for Occupational Safety and Health* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/occupational-safety-and-health
- » *National Institute for Occupational Safety and Health* (Centers for Disease Control and Prevention):
www.cdc.gov/niosh/
- » *Occupational Safety and Health Administration* (U.S. Department of Labor):
www.osha.gov

OSH-1. Fatal work-related injuries in all industries per 100,000 full-time workers

2010	2012 (baseline)	2020 Objective	Target Setting Method
6.3	5.2	4.7	10% reduction
<u>National Comparison (2012): 3.4</u>			
Related to National Healthy People 2020 Objective OSH-1.1			
<i>Data Source: Bureau of Labor Statistics, Census of Fatal Occupational Injuries (CFOI)</i>			

OSH-2. Fatal work-related injuries in construction industries per 100,000 full-time workers

2010	2012 (baseline)	2020 Objective	Target Setting Method
14.6	15.7	14.1	10% reduction
<u>National Comparison (2012): 9.9</u>			
Related to National Healthy People 2020 Objective OSH-1.3			
<i>Data Source: Bureau of Labor Statistics, Census of Fatal Occupational Injuries (CFOI)</i>			

OSH-3. Fatal work-related injuries in agriculture, forestry, fishing, and hunting industries per 100,000 full-time workers

2010	2012 (baseline)	2020 Objective	Target Setting Method
43.9	26.1	23.5	10% reduction
<u>National Comparison (2012): 22.8</u>			
Related to National Healthy People 2020 Objective OSH-1.5			
<i>Data Source: Bureau of Labor Statistics, Census of Fatal Occupational Injuries (CFOI)</i>			

OSH-4. Non-fatal work-related injuries and illnesses per 100 full-time workers

2010	2012 (baseline)	2020 Objective	Target Setting Method
4.2	3.9	3.5	10% reduction
<u>National Comparison (2012): 3.4</u>			
Related to National Healthy People 2020 Objective OSH-2.1			
<i>Data Source: Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses (SOII)</i>			

OSH-5. Work-related musculoskeletal disorders involving days away from work per 100,000 full-time workers

2010	2012 (baseline)	2020 Objective	Target Setting Method
377.0	378.0	340.2	10% reduction
<u>National Comparison (2012): 355.0</u>			
<i>Data Source: Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses (SOII)</i>			

OSH-6. Work-related hearing loss cases per 10,000 full-time workers

2010	2012 (baseline)	2020 Objective	Target Setting Method
7.5	5.2	4.7	10% reduction
<hr/> <i>National Comparison (2011): 2.1</i>			
<hr/> <i>Related to National Healthy People 2020 Objective OSH-10</i>			
<hr/> <i>Data Source: Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses (SOII)</i>			

OSH-7. Work-related hospitalizations per 100,000 employed persons

2010	2012 (baseline)	2020 Objective	Target Setting Method
75.1	61.0	54.9	10% reduction
<hr/> <i>National Comparison (2010): 82.2</i>			
<hr/> <i>Data Source: Nebraska Hospital Association, Nebraska Hospital Discharge Data</i>			

OSH-8. Persons aged 16 years or older with elevated blood lead levels (≥ 10 $\mu\text{g/dL}$) per 100,000 employed persons

2010	2012 (baseline)	2020 Objective	Target Setting Method
17.5	17.1	15.4	10% reduction
<hr/> <i>National Comparison (2008): 22.5</i>			
<hr/> <i>Related to National Healthy People 2020 Objective OSH-7</i>			
<hr/> <i>Data Source: State and National Adult Blood Lead Epidemiology and Surveillance Program (ABLES) Program</i>			

ORAL HEALTH

National Healthy People 2020 Goal

Prevent and control oral and craniofacial diseases, conditions, and injuries, and improve access to preventive services and dental care.

Overview

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. However, dental disparities do exist for certain population groups that can include low income, young children, minority groups, elders and some rural residents. Many Nebraskans lack access to important preventive dental services. Sound oral health is essential to an individual's general health and quality of life. Untreated dental decay and gum disease can lead to acute pain, chronic infections and eventual loss of teeth. Dental disease is one of the most preventable of all health issues.

Nebraska Data Summary

Fifteen indicators were selected for the Oral Health topic area. In 2012, two-thirds (67.6%) of Nebraska adults visited a dentist or dental clinic in the past year (on par with the national rate of 67.2%). African American and Hispanic minority groups had the lowest rates of visiting a dentist in the past year in Nebraska (OH-1). In 2012, nearly half (47.7%) of adults aged 45 to 64 in Nebraska reported ever having a permanent tooth extracted due to tooth decay or gum disease (compared to 54.1% for the nation), and more than one-in-ten (11.3%) of adults aged 65 to 74 in Nebraska reported having all of their permanent teeth extracted due to tooth decay or gum disease (compared to 13.5% for the nation) (OH-2-3).

In a 2004-2005 survey, which will be repeated again in 2015, 59.3 percent of 3rd grade students in Nebraska were found to have caries experience (including untreated tooth decay) and 17.0 percent were found to have untreated tooth decay (OH-5-6).

Links to Further Information on this Topic

- » *National Objectives for Oral Health* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/oral-health
- » *Division of Oral Health* (Centers for Disease Control and Prevention):
www.cdc.gov/OralHealth/index.htm
- » *Children's Oral Health* (Centers for Disease Control and Prevention):
http://www.cdc.gov/OralHealth/children_adults/child.htm
- » *Oral Health Indicators* (National Oral Health Surveillance System):
<http://www.cdc.gov/nohss/>

OH-1. Percentage of adults aged 18 and over who visited a dentist or dental clinic for any reason in past year

2012 (baseline)	2020 Objective	Target Setting Method
67.6%	71.0%	5% increase
<u>National Comparison (2012): 67.2%</u>		
<u>Nebraska Racial/Ethnic Comparison (2012, age-adjusted):</u>		
White NH: 69.8%	African American NH: 55.0%	Native American NH: 66.2%
Asian/Pacific Islander NH: 73.1%	Hispanic: 51.7%	
Related to National Healthy People 2020 Objective OH-7		
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>		

OH-2. Percentage of adults aged 45-64 years who have ever had a permanent tooth extracted due to tooth decay or gum disease

2012 (baseline)	2020 Objective	Target Setting Method
47.7%	45.3%	5% decrease
<u>National Comparison (2012): 54.1%</u>		
<u>Nebraska Racial/Ethnic Comparison (2012):</u>		
White NH: 46.7%	African American NH: 63.7%	Native American NH: 75.5%
Asian/Pacific Islander NH: - *	Hispanic: 51.6%	
Related to National Healthy People 2020 Objective OH-4.1		
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>		

OH-3. Percentage of adults aged 65-74 years who have had all permanent teeth extracted due to tooth decay or gum disease

2012 (baseline)	2020 Objective	Target Setting Method
11.3%	10.7%	5% decrease
<u>National Comparison (2012): 13.5%</u>		
<u>Nebraska Racial/Ethnic Comparison (2012):</u>		
White NH: 11.2%	African American NH: - *	Native American NH: - *
Asian/Pacific Islander NH: - *	Hispanic: 6.6%	
Related to National Healthy People 2020 Objective OH-4.2		
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>		

OH-4. Percentage of low-income children and youth under the age of 18 who received any preventive dental service during the past year through the EPSDT benefit

2010	2013 (baseline)	2020 Objective	Target Setting Method
44.2%	50.4%	55.4%	10% increase
Related to National Healthy People 2020 Objective OH-8			
<i>Data Sources: Nebraska DHHS, Centers for Medicaid Services, EPSDT Data</i>			

OH-5. Percentage of 3rd grade students with caries experience, including treated and untreated tooth decay

2004-2005 (baseline)	2020 Objective	Target Setting Method
59.3%	53.4%	10% reduction
Related to National Healthy People 2020 Objective OH-1		
<i>Data Source: National Oral Health Surveillance System, 2004-2005 Nebraska 3rd Grade Survey</i>		

OH-6. Percentage of 3rd grade students with untreated tooth decay

2004-2005 (baseline)	2020 Objective	Target Setting Method
17.0%	15.3%	10% reduction

Related to National Healthy People 2020 Objective OH-2

Data Source: National Oral Health Surveillance System, 2004-2005 Nebraska 3rd Grade Survey

OH-7. Percentage of 3rd grade students with dental sealants on at least one permanent tooth

2004-2005 (baseline)	2020 Objective	Target Setting Method
45.3%	47.6%	5% increase

Related to National Healthy People 2020 Objective OH-12

Data Source: National Oral Health Surveillance System, 2004-2005 Nebraska 3rd Grade Survey

OH-8. Percentage of population served by community water systems with optimally fluoridated water

2010	2014 (baseline)	2020 Objective	Target Setting Method
68.2%	71.8%	75.4%	5% increase

National Comparison (2008): 72.4%

Related to National Healthy People 2020 Objective OH-13

Data Sources: Nebraska - Nebraska DHHS, Dental Health Program; U.S. - CDC, Water Fluoridation Reporting System

OH-9. Percentage of Federally Qualified Health Care Center patients who receive oral health services at Federally Qualified Health Centers

2010	2013 (baseline)	2020 Objective	Target Setting Method
21.0%	28.7%	31.6%	10% increase

National Comparison (2012): 20.5%

Related to National Healthy People 2020 Objective OH-11

Data Sources: Nebraska - Health Center Association of Nebraska; U.S. - HRSA/BPHC, Uniform Data System (UDS)

*Rate masked if sample size is smaller than 50 respondents.

PHYSICAL ACTIVITY AND FITNESS

National Healthy People 2020 Goal

Improve health, fitness, and quality of life through daily physical activity.

Overview

Regular physical activity is important at all stages of life for maintaining health, enhancing quality of life, and preventing premature death. On average, physically active people outlive those who are inactive. For good health, it is recommended that people engage in at least 150 minutes of moderate-intensity physical activity (such as brisk walking) per week or 75 minutes of vigorous physical activity per week. In addition to participation in moderate and vigorous physical activities, regular physical activity should also include muscle-strengthening activities two or more times per week. According to HealthyPeople.gov, approximately 80 percent of adolescents and adults in the United States do not meet the guidelines for both aerobic and muscle-strengthening activities.

Nebraska Data Summary

Six indicators were selected for the Physical Activity and Fitness topic area. Nebraska adolescents appear to be more physically active than their peers across the nation. In 2013, 57.6 percent of Nebraska youth in grades 9-12 reported engaging in 60 or more minutes of physical activity per day during five of the past seven days (compared to 47.3% for the nation), and 58.8 percent reported doing exercise to strengthen muscles during three of the past seven days (compared to 51.7% for the nation) (PAF-1-2).

Nebraska adults, however, do not appear to be any more or less physically active than adults across the nation. One-in-four (25.3%) Nebraska adults engaged in no leisure-time physical activity in the past month in 2013 (identical to the nation) (PAF-3). Less than one-in-five (18.8%) Nebraska adults met both aerobic and physical activity muscle strengthening recommendations in 2013 (compared to 20.5% for the nation) (PAF-6).

Links to Further Information on this Topic

- » *National Objectives for Physical Activity* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/physical-activity
- » *Physical Activity* (Centers for Disease Control and Prevention):
www.cdc.gov/physicalactivity/index.html
- » *The AHA's Recommendations for Physical Activity in Children* (American Heart Association):
www.heart.org/HEARTORG/GettingHealthy/Physical-Activity-and-Children_UCM_304053_Article.jsp
- » *The AHA's Recommendations for Physical Activity in Adults* (American Heart Association):
www.heart.org/HEARTORG/GettingHealthy/PhysicalActivity/FitnessBasics/American-Heart-Association-Recommendations-for-Physical-Activity-in-Adults_UCM_307976_Article.jsp

PAF-1. Percentage of adolescents in grades 9-12 who engaged in 60 or more minutes of physical activity per day during five or more of the past seven days

2011	2013 (baseline)	2020 Objective	Target Setting Method
53.7%	57.6%	63.4%	10% increase
National Comparison (2013): 47.3%			
Related to National Healthy People 2020 Objective PAF-3.1			
Data Source: Youth Risk Behavior Survey (YRBS)			

PAF-2. Percentage of adolescents in grades 9-12 who did exercises to strengthen muscles during three or more of the past seven days

2011	2013 (baseline)	2020 Objective	Target Setting Method
58.0%	58.8%	64.7%	10% increase
National Comparison (2013): 51.7%			
Related to National Healthy People 2020 Objective PAF-3.2			
Data Source: Youth Risk Behavior Survey (YRBS)			

PAF-3. Percentage of adults aged 18 and over who engaged in no leisure-time physical activity in the past month

2011	2013 (baseline)	2020 Objective	Target Setting Method
26.3%	25.3%	24.0%	5% decrease
National Comparison (2013): 25.3%			
Nebraska Racial/Ethnic Comparison (2011-2013, combined, age-adjusted):			
White NH: 22.2%	African American NH: 31.1%	Native American NH: 29.6%	
Asian/Pacific Islander NH: 21.7%	Hispanic: 34.6%		
Related to National Healthy People 2020 Objective PAF-1			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			

PAF-4. Percentage of adults aged 18 and over who met the recommendation for aerobic physical activity

2011	2013 (baseline)	2020 Objective	Target Setting Method
49.0%	50.1%	52.6%	5% increase
National Comparison (2013): 50.8%			
Nebraska Racial/Ethnic Comparison (2011 & 2013, combined, age-adjusted):			
White NH: 50.5%	African American NH: 42.7%	Native American NH: 47.5%	
Asian/Pacific Islander NH: 49.9%	Hispanic: 39.8%		
Related to National Healthy People 2020 Objective PAF-2.1			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			

PAF-5. Percentage of adults aged 18 and over who met the recommendation for muscle strengthening

2011	2013 (baseline)	2020 Objective	Target Setting Method
28.1%	28.4%	29.8%	5% increase
National Comparison (2013): 29.8%			
Nebraska Racial/Ethnic Comparison (2011 & 2013, combined, age-adjusted):			
White NH: 29.2%	African American NH: 28.5%	Native American NH: 29.9%	
Asian/Pacific Islander NH: 29.5%	Hispanic: 23.1%		
Related to National Healthy People 2020 Objective PAF-2.3			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			

PAF-6. Percentage of adults aged 18 and over who met both recommendations for aerobic physical activity and muscle strengthening

2011	2013 (baseline)	2020 Objective	Target Setting Method
19.0%	18.8%	20.7%	10% increase
<u>National Comparison (2013): 20.5%</u>			
<u>Nebraska Racial/Ethnic Comparison (2011 & 2013, combined, age-adjusted):</u>			
White NH: 19.6%	African American NH: 18.9%	Native American NH: 20.0%	
Asian/Pacific Islander NH: 16.8%	Hispanic: 14.0%		
Related to National Healthy People 2020 Objective PAF-2.4			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

RESPIRATORY DISEASES

National Healthy People 2020 Goal

Promote respiratory health through better prevention, detection, treatment, and education efforts.

Overview

Chronic respiratory diseases include asthma and chronic obstructive pulmonary disease (chronic bronchitis and emphysema). Specific methods of detection, intervention, and treatment exist and may reduce the public health burden resulting from asthma and chronic obstructive pulmonary disease (COPD). Daily preventive treatment can prevent and reduce the severity of symptoms and attacks resulting from asthma. COPD is also preventable and treatable. Proper treatment can lessen symptoms and improve the quality of life of those with COPD.

Nebraska Data Summary

Three indicators were selected for the Respiratory Diseases topic area, focusing on COPD and asthma. The rate of death due to COPD among adults aged 45 and over was 132.6 per 100,000 in 2013 in Nebraska (compared to 116.5 per 100,000 for the nation). The death rate due to COPD among Native Americans was alarmingly high at 212.6 per 100,000 from 2009-2013 (RD-1).

From 2010 to 2013 there were slight decreases in the rates of hospitalizations for asthma across the three age groups of 4 and under, 5-64, and 65 and older. There were two deaths due to asthma among those under the age of 35 in 2013 (RD-2-3).

Links to Further Information on this Topic

- » *National Objectives for Respiratory Diseases* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/respiratory-diseases
- » *Asthma* (Centers for Disease Control and Prevention):
<http://www.cdc.gov/asthma/default.htm>
- » *What is COPD?* (Centers for Disease Control and Prevention):
<http://www.cdc.gov/copd/index.htm>

RD-1. Death rate due to chronic obstructive pulmonary disease (COPD) among adults aged 45 years and older per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
135.3	132.6	126.0	5% reduction
<i>National Comparison (2013): 116.5</i>			
<i>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</i>			
White NH: 139.0	African American NH: 115.0	Native American NH: 212.6	
Asian/Pacific Islander NH: 51.0	Hispanic: 36.3		
Related to National Healthy People 2020 Objective RD-10			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

RD-2. Hospitalizations for asthma per 10,000 persons (age-adjusted)

	2010	2013 (baseline)	2020 Objective	Target Setting Method
Age 4 years and under	9.6	6.1	5.5	10% reduction
Age 5 to 64 years	6.0	4.5	4.1	10% reduction
Age 65 years and older	12.9	11.5	10.4	10% reduction
Related to National Healthy People 2020 Objective RD-2				
<i>Data Source: Nebraska Hospital Association, Nebraska Hospital Discharge Data</i>				

RD-3. Number of deaths due to Asthma among children and adults under 35 years of age

2010	2013 (baseline)	2020 Objective	Target Setting Method
3	2	0	No occurrence
Related to National Healthy People 2020 Objective RD-1.1			
<i>Data Source: Nebraska DHHS, Vital Records</i>			

SEXUALLY TRANSMITTED DISEASES

National Healthy People 2020 Goal

Promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.

Overview

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STDs remain a major public health challenge in the United States. Although progress has been made in preventing, diagnosing, and treating some STDs, the Centers for Disease Control and Prevention estimate that 19 million new infections occur each year. Nearly half of these infections are among young people aged 15 to 24. More than 65 million people in the United States are currently living with an incurable STD. The cost of STDs to the U.S. health care system is estimated to be as much as \$15.9 billion annually.

Nebraska Data Summary

Three indicators were selected for the Sexually Transmitted Diseases topic area, focusing on chlamydia, gonorrhea, and syphilis. In 2013, there were 385.5 new chlamydia trachomatis infections per 100,000 population in Nebraska, 73.0 new gonorrhea cases, and 2.1 primary and secondary syphilis cases. In Nebraska rates of chlamydia are higher among females, rates of gonorrhea are basically equal between males and females, and rates of syphilis are higher among males. Rates for all three of these sexually transmitted diseases increased from 2010 to 2013 in Nebraska. Compared to the nation, Nebraska rates are similar to national rates for these three STDs (STD-1-3).

Links to Further Information on this Topic

- » *National Objectives for Sexually Transmitted Diseases* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases
- » *Sexually Transmitted Diseases* (Centers for Disease Control and Prevention):
www.cdc.gov/std

STD-1. Rate of new chlamydia trachomatis infections per 100,000 population

2010	2013 (baseline)	2020 Objective	Target Setting Method
279.3	385.5	385.5	Maintain baseline rate

National Comparison (2013): 393.5

Nebraska Gender Comparison (2013):

Male: 239.3 Female: 535.5

Related to National Healthy People 2020 Objective STD-1

Data Sources: Nebraska - Nebraska DHHS, Sexually Transmitted Disease Program; U.S.: CDC, Sexually Transmitted Disease Surveillance

STD-2. Rate of new gonorrhea cases per 100,000 population

2010	2013 (baseline)	2020 Objective	Target Setting Method
64.9	73.0	65.7	10% reduction

National Comparison (2013): 74.6

Nebraska Gender Comparison (2013):

Male: 72.3 Female: 73.7

Related to National Healthy People 2020 Objective STD-6

Data Sources: Nebraska - Nebraska DHHS, Sexually Transmitted Disease Program; U.S.: CDC, Sexually Transmitted Disease Surveillance

STD-3. Rate of new primary and secondary syphilis cases per 100,000 population

2010	2013 (baseline)	2020 Objective	Target Setting Method
0.7	2.1	0.7	Maintain 2010 rate

National Comparison (2013): 2.2

Nebraska Gender Comparison (2013):

Male: 4.0 Female: 0.3

Related to National Healthy People 2020 Objective STD-7

Data Sources: Nebraska - Nebraska DHHS, Sexually Transmitted Disease Program; U.S.: CDC, Sexually Transmitted Disease Surveillance

SOCIAL DETERMINANTS OF HEALTH

National Healthy People 2020 Goal

Create social and physical environments that promote good health for all.

Overview

Many aspects of our social life (homes, schools, workplaces, neighborhoods, and communities) have a bearing on our health. In other words, our health is determined in part by access to social and economic opportunities. Poverty, lack of education, insecurity in the areas of housing and food, among various other factors all have an impact on a person's health and well-being. In addition to the indicators in this section, indicators in other topic areas of this report have a bearing on the Social Determinants of Health. Some of indicators in the topic areas of "Access to Health Services", "Environmental Health", and "Injury and Violence Prevention", among others are related to the social determinants of health.

Nebraska Data Summary

Five indicators were selected for the Social Determinants of Health topic area. There are drastic disparities between White non-Hispanics and racial/ethnic minorities in terms of poverty, high school graduation rates, housing insecurity, and food insecurity (SDH-1-5).

In 2013, 13.2 percent of Nebraska's total population was in poverty (compared to 15.8% for the nation) and 17.7 percent of Nebraska's under 18 population was in poverty (compared to 22.2% for the nation) (SDH-1-2).

Nebraska's four-year high school graduation rate of 89.7 percent in 2014 is considerably higher than the 2012-2013 national rate of 81.4 percent (SDH-3).

Lastly, in 2013 more than one-fourth (28.8%) of Nebraskans reported housing insecurity in the past year and one-fifth (19.0%) reported food insecurity (SDH-5).

Links to Further Information on this Topic

- » *National Objectives for Social Determinants of Health* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health
- » *Social Determinants of Health* (Centers for Disease Control and Prevention):
www.cdc.gov/socialdeterminants/
- » *The Determinants of Health* (World Health Organization):
www.who.int/hia/evidence/doh/en/#

SDH-1. Percentage of persons in poverty

2010	2013 (baseline)	2020 Objective	Target Setting Method
12.9%	13.2%	No objective*	-
<u>National Comparison (2013): 15.8%</u>			
<u>Nebraska Racial/Ethnic Comparison (2013):</u>			
White NH: 9.7%	Black/African American: 33.3%	American Indian/Alaska Native: 44.9%	
Asian: 16.4%	Hispanic or Latino: 28.1%	Two or more races: 18.3%	
Related to National Healthy People 2020 Objective SDOH-3.1			
<i>Data Source: U.S. Census Bureau , American Community Survey (1-year estimates)</i>			

SDH-2. Percentage of children under 18 in poverty

2010	2013 (baseline)	2020 Objective	Target Setting Method
18.2%	17.7%	No objective*	-
<u>National Comparison (2013): 22.2%</u>			
<u>Nebraska Racial/Ethnic Comparison (2013):</u>			
White NH: 10.6%	Black/African American: 47.9%	American Indian/Alaska Native: 53.9%	
Asian: 14.3%	Hispanic or Latino: 35.5%	Two or more races: 21.9%	
Related to National Healthy People 2020 Objective SDOH-3.2			
<i>Data Source: U.S. Census Bureau , American Community Survey (1-year estimates)</i>			

SDH-3. Four-year high school graduation rate (public schools students)

2011	2014 (baseline)	2020 Objective	Target Setting Method
86.1%	89.7%	92.4%	3% increase
<u>National Comparison (2012-2013): 81.4%</u>			
<u>Nebraska Racial/Ethnic Comparison (2014):</u>			
White: 92.8%	Black/African American: 80.9%	American Indian/Alaska Native: 68.8%	
Asian: 78.0%	Hispanic: 82.3%	Two or more races: 87.2%	
Related to National Healthy People 2020 Objective SDOH-5.1			
<i>Data Sources: Nebraska - Nebraska Department of Education, State of the Schools Report; U.S. – ED/NCES, Common Core of Data (CCD)</i>			

SDH-4. Percentage of adults aged 18 and over who experienced housing insecurity in past year, among those who own or rent their home

2012	2013 (baseline)	2020 Objective	Target Setting Method
26.6%	28.8%	No objective*	-
<u>Nebraska Racial/Ethnic Comparison (2012-2013, combined, age-adjusted):</u>			
White NH: 26.1%	African American NH: 47.3%	Native American NH: 30.8%	
Asian/Pacific Islander NH: 27.3%	Hispanic: 43.1%		
Related to National Healthy People 2020 Objective SDOH-4			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

SDH-5. Percentage of adults aged 18 and over who experienced food insecurity in past year

2012	2013 (baseline)	2020 Objective	Target Setting Method
17.6%	19.0%	No objective*	-
<u>Nebraska Racial/Ethnic Comparison (2012-2013, combined, age-adjusted):</u>			
White NH: 17.0%	African American NH: 29.9%	Native American NH: 24.1%	
Asian/Pacific Islander NH: 13.8%	Hispanic: 36.1%		
Related to National Healthy People 2020 Objective NWS-13			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

*No objectives set for poverty rates insecurity in housing and food. Poverty can have a dramatic impact on health, but eliminating poverty is beyond the scope of public health programs.

SUBSTANCE ABUSE

National Healthy People 2020 Goal

Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

Overview

According to the CDC there are approximately 88,000 deaths attributable to excessive alcohol use each year, making this the third-leading lifestyle-related cause of death for the nation. According to HealthyPeople.gov, in 2005 an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. Substance abuse contributes to costly social, physical, and mental health problems, with detrimental impacts on individuals, families, and communities. Substance abuse is linked with other public health issues, including teenage pregnancy, sexually transmitted diseases, domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, and suicide.

Nebraska Data Summary

Eight indicators were selected for the Substance Abuse topic area. Nebraska youth in grades 9-12 reported lower rates of alcohol use, binge drinking, and marijuana use. Most notably, less than one-fourth (22.1%) of 9th-12th graders in Nebraska reported drinking alcohol in the past 30 days (compared to 34.9 percent for the nation) and 11.7 percent reported using marijuana in the past 30 days (compared to 23.4 percent for the nation). In addition, one-in-five (20.3%) Nebraska youth in grades 9-12 reported that they rode with a drinking driver in the past 30 days (compared to 21.9 percent for the nation) (SA-1-4).

Drug abuse among Nebraska adults also occurs at slightly lower rates compared to the nation as well. In 2011-2012, 6.6 percent of Nebraska adults reported any illicit drug use in the past 30 days (compared to 8.9 percent for the nation), and 3.9 percent of Nebraska adults reported the non-medical use of pain relievers in the past year (compared to 4.5 percent for the nation) (SA-5-6).

Binge drinking among adults, on the other hand, occurs at higher rates in Nebraska compared to the nation. In 2013, 20.0 percent of Nebraska adults reported binge drinking in the past 30 days (compared to 16.8% for the nation). White non-Hispanics in Nebraska reported the highest rates of binge drinking, followed by Native Americans (SA-7). Lastly, the death rate due to cirrhosis among Native Americans in Nebraska is 78.7 per 100,000, nearly nine times higher than the overall rate of 8.9 per 100,000 (SA-8).

Links to Further Information on this Topic

- » *National Objectives for Substance Abuse* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse
- » *Adolescent and School Health: Alcohol and Other Drug Use* (Centers for Disease Control and Prevention):
www.cdc.gov/HealthyYouth/alcoholdrug/
- » Substance Abuse and Mental Health Services Administration (SAMHSA):
www.samhsa.gov
- » *National Survey on Drug Use and Health* (SAMHSA):
<https://nsduhweb.rti.org/respweb/homepage.cfm>

SA-1. Percentage of adolescents in grades 9-12 who drank alcohol in the past 30 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
26.6%	22.1%	17.7%	20% reduction

National Comparison (2013): 34.9%

Related to National Healthy People 2020 Objective SA-2.1

Data Source: Youth Risk Behavior Survey (YRBS)

SA-2. Percentage of adolescents in grades 9-12 who binge drank (five or more drinks in a row) in the past 30 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
16.4%	13.6%	10.9%	20% reduction

National Comparison (2013): 20.8%

Related to National Healthy People 2020 Objective SA-14.4

Data Source: Youth Risk Behavior Survey (YRBS)

SA-3. Percentage of adolescents in grades 9-12 who reported that they rode with a drinking driver in the past 30 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
23.9%	20.3%	16.2%	20% reduction

National Comparison (2013): 21.9%

Related to National Healthy People 2020 Objective SA-1

Data Source: Youth Risk Behavior Survey (YRBS)

SA-4. Percentage of adolescents in grades 9-12 who used marijuana in the past 30 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
12.7%	11.7%	9.4%	20% reduction

National Comparison (2013): 23.4%

Related to National Healthy People 2020 Objective SA-13.2

Data Source: Youth Risk Behavior Survey (YRBS)

SA-5. Percentage of adults who reported use of any illicit drug during past 30 days

2009-2010	2011-2012 (baseline)	2020 Objective	Target Setting Method
6.9%	6.6%	5.9%	10% reduction

National Comparison (2011-2012): 8.9%

Related to National Healthy People 2020 Objective SA-13.3

Data Source: National Survey on Drug Use and Health (NSDUH)

SA-6. Percentage of adults aged 18 and over who reported non-medical use of pain relievers in past year

2009-2010	2011-2012 (baseline)	2020 Objective	Target Setting Method
3.7%	3.9%	3.5%	10% reduction

National Comparison (2011-2012): 4.5%

Related to National Healthy People 2020 Objective SA-19.1

Data Source: National Survey on Drug Use and Health (NSDUH)

SA-7. Percentage of adults aged 18 and over who binge drank (five drinks for men/four for women in a row) in the past 30 days

2011	2013 (baseline)	2020 Objective	Target Setting Method
22.7%	20.0%	18.0%	10% decrease
<u>National Comparison (2013): 16.8%</u>			
<u>Nebraska Racial/Ethnic Comparison (2011-2013, combined, age-adjusted):</u>			
White NH: 24.2%	African American NH: 15.4%	Native American NH: 22.0%	
Asian/Pacific Islander NH: 10.1%	Hispanic: 15.3%		
Related to National Healthy People 2020 Objective SA-14.3			
<i>Data Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

SA-8. Death rate due to cirrhosis per 100,000 population (age-adjusted)

2010	2013 (baseline)	2020 Objective	Target Setting Method
7.9	8.9	8.0	10% reduction
<u>National Comparison (2013): 10.2</u>			
<u>Nebraska Racial/Ethnic Comparison (2009-2013, combined):</u>			
White NH: 7.1	African American NH: 7.7	Native American NH: 78.7	
Asian/Pacific Islander NH: 0.0	Hispanic: 12.3		
Related to National Healthy People 2020 Objective SA-11			
<i>Data Sources: Nebraska - Nebraska DHHS, Vital Records; U.S. - CDC WONDER</i>			

TOBACCO USE

National Healthy People 2020 Goal

Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.

Overview

Tobacco use remains the single most preventable cause of disease and death in the United States today. According to the CDC, cigarette smoking (including deaths from secondhand smoke) is responsible for approximately 480,000 deaths annually—about 20 percent of all deaths in this country. Most of these deaths are due to cancer, cardiovascular disease, or respiratory disease. On average, adults who smoke cigarettes die 14 years earlier than nonsmokers. According to HealthyPeople.gov, for every one person who dies from tobacco use, 30 more people suffer from a tobacco-related illness. Other forms of tobacco use include the use of smokeless tobacco and cigar smoking, both of which pose health risks. In addition to the health risks that smokers pose to themselves, secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including asthma, respiratory infections, ear infections, and sudden infant death syndrome (SIDS).

Nebraska Data Summary

Three indicators were selected for the Tobacco Use topic area. Among adolescents, tobacco use is lower in Nebraska compared to the nation, and due to rather dramatic decreases in the past 10 years, an aggressive target of a 20 percent reduction was set for 2020. In 2013, 16.2 percent of 9th-12th graders in Nebraska reported using tobacco in the past 30 days (compared to 22.4% for the nation) (TU-1).

Among adults, there is little difference between the state and the nation in terms of tobacco use. In 2013, 18.5 percent of Nebraska adults reported that they currently smoke cigarettes (compared to 19.0 percent for the nation) and 5.3 percent reported that they currently use smokeless tobacco (compared to 4.3% for the nation). Native Americans reported the highest rates of cigarette use, followed by African Americans (TU-2-3).

Links to Further Information on this Topic

- » *National Objectives for Tobacco Use* (HealthyPeople.gov):
www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use
- » *Smoking and Tobacco Use* (Centers for Disease Control and Prevention):
www.cdc.gov/tobacco/index.htm
- » *Preventing and Reducing Teen Tobacco Use* (U.S. Department of Health and Human Services):
<http://www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/tobacco/index.html>
- » *The Health Consequences of Smoking – 50 Years of Progress* (U.S. Surgeon General):
<http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>

TU-1. Percentage of adolescents in grades 9-12 who used tobacco in the past 30 days

	2011	2013 (baseline)	2020 Objective	Target Setting Method
Smoked cigarettes				
-National Comparison (2013): 15.7%	15.0%	10.9%	8.7%	20% reduction
Used smokeless tobacco				
-National Comparison (2013): 8.8%	6.4%	7.7%	6.2%	20% reduction
Smoked cigars				
-National Comparison (2013): 12.6%	9.6%	8.3%	6.6%	20% reduction
Used any tobacco				
-National Comparison (2013): 22.4%	18.9%	16.2%	13.0%	20% reduction
Related to National Healthy People 2020 Objective TU-2				
Data Source: Youth Risk Behavior Survey (YRBS)				

TU-2. Percentage of adults aged 18 and over who reported they currently smoke cigarettes

	2011	2013 (baseline)	2020 Objective	Target Setting Method
	20.0%	18.5%	16.7%	10% decrease
National Comparison (2013): 19.0%				
Nebraska Racial/Ethnic Comparison (2011-2013, age-adjusted):				
White NH: 20.0%		African American NH: 25.9%		Native American NH: 39.2%
Asian/Pacific Islander NH: 11.7%		Hispanic: 15.7%		
Related to National Healthy People 2020 Objective TU-1.1				
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)				

TU-3. Percentage of adults aged 18 and over who reported currently use smokeless tobacco

	2011	2013 (baseline)	2020 Objective	Target Setting Method
	5.6%	5.3%	4.8%	10% decrease
National Comparison (2013): 4.3%				
Nebraska Racial/Ethnic Comparison (2011-2013, combined, age-adjusted):				
White NH: 6.1%		African American NH: 2.8%		Native American NH: 3.0%
Asian/Pacific Islander NH: 4.8%		Hispanic: 2.6%		
Related to National Healthy People 2020 Objective TU-1.2				
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)				

APPENDIX: ADDITIONAL NOTES FOR THE INDICATORS

Access to Health Services

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
AHS-1. Percentage of persons aged 18-64 who have health insurance	Percentage of adults 18-64 years old who report that they have any kind of health care coverage (race/ethnicity results are age-adjusted).	BRFSS
AHS-2. Percentage of persons aged 18 and older who have a personal doctor or health care provider	Percentage of adults 18 and older who report that they have one or more than one personal doctor or health care provider (race/ethnicity results are age-adjusted).	BRFSS
AHS-3. Percentage of persons aged 65 and older who have a personal doctor or health care provider	Percentage of adults 65 and older who report that they have one or more than one personal doctor or health care provider (race/ethnicity results are not age-adjusted).	BRFSS
AHS-4. Percentage of adults aged 18 and over who needed to see a doctor but could not due to cost in the past year	Percentage of adults 18 and older who report that they needed to see a doctor but could not because of cost during the past 12 months (race/ethnicity results are age-adjusted).	BRFSS

Adolescent Health

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
AH-1. Percentage of adolescents in grades 9-12 who drank alcohol in the past 30 days	Percentage of students who reported having at least one drink of alcohol on one or more of the past 30 days.	YRBS
AH-2. Percentage of adolescents in grades 9-12 who binge drank (five or more drinks in a row) in the past 30 days	Percentage of students who reported having five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days.	YRBS
AH-3. Percentage of adolescents in grades 9-12 who used tobacco of any type in the past 30 days	Percentage of students who reported smoking cigarettes or cigars or using chewing tobacco, snuff, or dip on one or more of the past 30 days.	YRBS
AH-4. Percentage of adolescents in grades 9-12 who used marijuana in the past 30 days	Percentage of students who reported using marijuana one or more times during the past 30 days.	YRBS
AH-5. Percentage of adolescents in grades 9-12 who have ever had sexual intercourse	Percentage of students who reported ever having sexual intercourse.	YRBS
AH-6. Percentage of adolescents in grades 9-12 who had sex before age 13	Percentage of students who reported having sexual intercourse for the first time before age 13 years.	YRBS
AH-7. Percentage of adolescents in grades 9-12 who considered suicide in the past 12 months	Percentage of students who reported seriously considering attempting suicide during the past 12 months.	YRBS
AH-8. Percentage of adolescents in grades 9-12 who attempted suicide in the past 12 months	Percentage of students who reported actually attempting suicide one or more times during the past 12 months.	YRBS
AH-9. Suicide death rate among youth aged 10-19 per 100,000 population	ICD-9 codes E950-E959 among those aged 10 to 19. Suicides may be undercounted due to difficulty in determining suicidal intent by coroner or medical examiner.	Nebraska DHHS, Vital Records
AH-10. Rate of motor vehicle crashes involving Nebraska drivers ages 15-19 per 100,000 population	Crude rate of motor vehicle crashes per 100,000 population aged 15 to 19.	Nebraska Office of Highway Safety

AH-11. Rate of fatal motor vehicle crashes involving Nebraska drivers ages 15-19 per 100,000 population	Crude rate of fatal motor vehicle crashes per 100,000 population aged 15 to 19.	Nebraska Office of Highway Safety
AH-12. Percentage of children aged 10 to 17 who are obese (BMI at 95th percentile or above)	Percentage of children whose body mass index (BMI) is in the 95th percentile or above for their age group.	National Survey on Children's Health

Arthritis

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
A-1. Percentage of adults aged 18 and over who currently have activity limitations due to arthritis, among those ever told they have arthritis	Among adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia, the percentage who report that their usual activities are limited in any way because of arthritis or joint symptoms (race/ethnicity results are age-adjusted).	BRFSS

Cancer

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
C-1. Overall cancer death rate per 100,000 population (age-adjusted)	ICD-10 codes C00-C97. Age-adjusted to 2000 standard population.	Nebraska DHHS, Vital Records
C-2. Lung and bronchus cancer death rate per 100,000 population (age-adjusted)	ICD-10 code C34. Age-adjusted to 2000 standard population.	Nebraska DHHS, Vital Records
C-3. Breast cancer death rate (females) per 100,000 population (age-adjusted)	ICD-10 code C50. Age-adjusted to 2000 standard population.	Nebraska DHHS, Vital Records
C-4. Cervical cancer death rate (females) per 100,000 population (age-adjusted)	ICD-10 code C53. Age-adjusted to 2000 standard population.	Nebraska DHHS, Vital Records
C-5. Colorectal cancer death rate per 100,000 population (age-adjusted)	ICD-10 codes C18-C21 and C26.0. Age-adjusted to 2000 standard population.	Nebraska DHHS, Vital Records
C-6. Oral cavity and pharynx cancer death rate per 100,000 population (age-adjusted)	ICD-10 codes C00-C14. Age-adjusted to 2000 standard population.	Nebraska DHHS, Vital Records
C-7. Prostate cancer death rate (males) per 100,000 population (age-adjusted)	ICD-10 code C61. Age-adjusted to 2000 standard population.	Nebraska DHHS, Vital Records
C-8. Melanoma death rate per 100,000 population (age-adjusted)	ICD-10 code C43. Age-adjusted to 2000 standard population.	Nebraska DHHS, Vital Records
C-9. Incidence of invasive colorectal cancer per 100,000 (age-adjusted)	ICD-O-3 codes C18.0-C18.9, C19.9, & C20.9. Age-adjusted to 2000 US standard population.	Nebraska DHHS, Cancer Registry
C-10. Incidence of invasive uterine cervical cancer (females) per 100,000 (age-adjusted)	ICD-O-3 codes C53.0-C53.9. Age-adjusted to the 2000 US standard population.	Nebraska DHHS, Cancer Registry
C-11. Incidence of late-stage female breast cancer per 100,000 (age-adjusted)	ICD-O-3 codes C50.1-C50.9 in regional or distant stage at diagnosis. Age-adjusted to the 2000 US standard population.	Nebraska DHHS, Cancer Registry
C-12. Percentage of adults aged 50-75 who are up-to-date on colorectal cancer screening	Percentage of adults 50-75 years old who report having had a fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years (race/ethnicity results are not age-adjusted).	BRFSS

C-13. Percentage of women aged 21-65 years who are up-to-date on cervical cancer screening	Percentage of females 21-65 years old without a hysterectomy who report having had a Pap test during the past 3 years (race/ethnicity results are not age-adjusted).	BRFSS
C-14. Percentage of women aged 50-74 who are up-to-date on breast cancer screening	Percentage of females 50-74 years old who report having had a mammogram during the past 2 years (race/ethnicity results are not age-adjusted).	BRFSS

Diabetes

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
D-1. Diabetes-related death rate per 100,000 population (age-adjusted)	Deaths due to diabetes (ICD-10 codes E10-E14) reported as the underlying or multiple cause of death (i.e., all mentions of diabetes on the death certificate). Age-adjusted to 2000 standard population.	Nebraska DHHS, Vital Records
D-2. Percentage of adults aged 18 and over who had ever been told by a doctor or other health professional that they have diabetes (excluding pregnancy)	Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have diabetes (excluding pregnancy) (race/ethnicity results are age-adjusted).	BRFSS
D-3. Among those with diabetes, percentage of adults aged 18 and over who had their HbA1C checked two or more times in the past year	Among adults 18 and older who report that they have ever been told they have diabetes (excluding pregnancy), the percentage who report that a doctor, nurse, or other health professional checked their hemoglobin A1c (HbA1c) two or more times during the past 12 months (race/ethnicity results are age-adjusted).	BRFSS
D-4. Among those with diabetes, the percentage of adults aged 18 and over who perform self-blood glucose monitoring at least once per day	Among adults 18 and older who report that they have ever been told they have diabetes (excluding pregnancy), the percentage who report that they personally check their blood glucose or sugar, or that a family member or friend checks for them, an average of at least once per day (race/ethnicity results are age-adjusted).	BRFSS
D-5. Hospitalizations for lower extremity amputations per 1,000 persons with diabetes	Hospital discharges with diabetes (ICD-9-CM code 250) as any listed diagnosis and amputation of the lower limb (ICD-9-CM procedure code 84.1) as any listed procedure. Amputations due to trauma are not included. Denominator: persons reporting ever been diagnosed with diabetes.	Nebraska Hospital Association, Nebraska Hospital Discharge Data

Disability and Health

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
DH-1. Among those who are disabled, percentage of adults aged 18 and over who are obese (BMI 30 or higher)	Among adults 18 and older who report that they are disabled (calculated using the two traditional disability questions), the percentage with a body mass index (BMI) of 30.0 or greater, based on self-reported height and weight (race/ethnicity results are age-adjusted).	BRFSS
DH-2. Unemployment rate among those with a disability	Among those who are in the labor force, the percentage of disabled persons who are unemployed.	U.S. Census Bureau
DH-3. Employment rate among those with a disability	Among all disabled persons (both those in and not in the labor force), the percentage who are employed.	U.S. Census Bureau

Environmental Health

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
EH-1. Number of days of ozone pollution by county	Number of days of 8-hour ozone concentration of 0.76 ppm or more by select counties.	American Lung Association, State of the Air
EH-2. Number of days of particle pollution by county	Number of days of particle pollution of 35.1 µg/m ³ or more by select county.	American Lung Association, State of the Air
EH-3. Percentage of population served by public water systems with nitrate levels less than 10 parts per million	Percentage of population served by public water systems with nitrate levels less than 10 parts per million	Nebraska DHHS, Environmental Health Unit
EH-4. Among those tested, percentage of children under the age of 7 who had elevated blood lead levels (5 µg/dL or higher)	Among those tested, percentage of children under the age of 7 who have elevated blood lead levels (5 µg/dL or higher)	Nebraska DHHS, Environmental Health Unit

Family Planning

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
FP-1. Percentage of pregnancies that were intended (women aged 15-44 years)	Women aged 18 to 44 who were currently pregnant or had been pregnant within the past five years were asked how they felt about becoming pregnant just before their last or current pregnancy. Those who reported they wanted to be pregnant then or sooner were considered to have an intended pregnancy.	Pregnancy Risk Assessment Monitoring System (PRAMS)
FP-2. Rate of pregnancy among females aged 15 to 17 years per 1,000	Adolescent pregnancies are the sum of all U.S. resident live births, induced abortions, and fetal losses to females aged 15 to 17 years.	Nebraska DHHS, Vital Records
FP-3. Percentage of adolescents in grades 9-12 who have ever had sexual intercourse	Percentage of students who reported ever having sexual intercourse.	YRBS
FP-4. Percentage of sexually active adolescents in grades 9-12 who used condoms at last intercourse	Among students who had sexual intercourse during the past three months, the percentage who reported using a condom during the last sexual intercourse.	YRBS
FP-5. Percentage of pregnancies occurring within 24 months of a previous birth	Percentage of females giving birth whose current live birth occurred within 24 months of last live birth. Singleton births only.	Nebraska DHHS, Vital Records

Food Safety

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
FS-1. Number of cases of infection caused by food-borne pathogens <ul style="list-style-type: none"> • Campylobacter species • E. coli O157:H7 • Listeria monocytogenes • Salmonella • STEC outbreaks • Salmonella enteritidis outbreaks 	Number of culture-confirmed cases of food-borne illnesses reported to the National Electronic Disease Surveillance System (NEDSS).	Nebraska DHHS, Epidemiology and Informatics Unit

Heart Disease and Stroke

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
HDS-1. Coronary heart disease death rate per 100,000 (age-adjusted)	ICD-10 codes I20-I25. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
HDS-2. Stroke death rate per 100,000 (age-adjusted)	ICD-10 code I60-I69. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
HDS-3. Hospitalizations with congestive heart failure as the principal diagnosis per 1,000 population a. Age 65 to 74 years b. Age 75 to 84 years c. Age 85 years and older	ICD-9 CM code 428.	Nebraska Hospital Association, Nebraska Hospital Discharge Data
HDS-4. Percentage of adults aged 18 and over who have ever been told by a doctor that they have high blood pressure (excluding pregnancy)	Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have high blood pressure (excluding pregnancy) (race/ethnicity results are age-adjusted).	BRFSS
HDS-5. Percentage of adults aged 18 and over who had their blood cholesterol level checked in the last 5 years	Percentage of adults 18 and older who report having had their blood cholesterol checked during the past 5 years (race/ethnicity results are age-adjusted).	BRFSS
HDS-6. Percentage of adults aged 18 and over who have ever been told by a medical professional that they have high cholesterol, among those who have ever had it checked	Among adults 18 and older who report that they have ever had their blood cholesterol checked, the percentage who report that they have ever been told by a doctor, nurse, or other health professional that their blood cholesterol is high (race/ethnicity results are age-adjusted).	BRFSS

HIV/AIDS

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
HIV/AIDS-1. Number of new HIV cases	Number of new HIV cases include only cases diagnosed with HIV in the calendar year and does not include cases diagnosed with HIV and AIDS in the same calendar year. Number of new AIDS cases includes HIV and AIDS diagnosed simultaneously cases plus HIV cases diagnosed in previous calendar years which have now become AIDS cases in the calendar year. Rates of new HIV and AIDS cases are crude.	Nebraska DHHS, HIV/AIDS Surveillance Program
HIV/AIDS-2. Rates of new HIV and AIDS cases per 100,000 population.		
HIV/AIDS-3. New AIDS cases among men who obtained the virus from having sex with other men		
HIV/AIDS-4. New AIDS cases among those who obtained the virus from injecting non-prescription drugs		

Immunization and Infectious Diseases

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
<p>IID-1. Percentage of children aged 19 to 35 months who received universally recommended vaccines</p> <ul style="list-style-type: none"> • 4 doses Diphtheria-Tetanus and Acellular Pertussis (DTaP) vaccine • 3 doses Polio vaccine • 1 dose Measles-Mumps-Rubella (MMR) vaccine • 3 or 4 doses Haemophilus Influenzae Type B (Hib) vaccine (depending on vaccine type) • 3 doses Hepatitis B vaccine • 1 birth dose of Hepatitis vaccine within 3 days of birth • 1 dose Varicella (Chicken Pox) vaccine • 4 doses Pneumococcal Conjugate Vaccine (PCV) • 2 doses Hepatitis A vaccine • 2 or 3 doses Rotavirus vaccine (depending on vaccine type) 	<p>Data collected through a quarterly, random-digit-dialed sample of telephone numbers to reach households with children aged 19-35 months in U.S., followed by mail survey sent to children's vaccination providers</p>	<p>National Immunization Survey (NIS)</p>
<p>IID-2. Percentage of children aged 19 to 35 months who have received all of the recommended doses of DTaP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV</p>	<p>Recommended doses of vaccines are 4 doses of DTaP, 3 doses of Polio, 1 dose of MMR, 3 or 4 doses of Hib, 3 doses of Hepatitis B, 1 dose of Varicella, and 4 doses of PCV. Data collected through a quarterly, random-digit-dialed sample of telephone numbers to reach households with children aged 19-35 months in U.S., followed by mail survey sent to children's vaccination providers.</p>	<p>National Immunization Survey (NIS)</p>
<p>IID-3. Indigenous cases of vaccine-preventable disease:</p> <ul style="list-style-type: none"> • Congenital rubella syndrome among children under the age of 1 • Hib disease among children under 6 years of age • Measles • Mumps • Pertussis cases among children under the age of 1 • Pertussis cases among children aged 11-18 years • Polio • Rubella • Varicella (chicken pox) among children under the age of 18 • Hepatitis A acute cases • Hepatitis B cases among children under the age of 2 • Hepatitis B acute cases among children aged 2-18 years • Hepatitis B acute cases among adults aged 19 and over • Hepatitis B chronic cases among children aged 2-18 years 	<p>Number of culture-confirmed cases of indigenous vaccine-preventable diseases reported to the National Electronic Disease Surveillance System (NEDSS).</p>	<p>Nebraska DHHS, Epidemiology and Informatics Unit</p>

IID-4. Percentage of adults aged 65 and over who had a flu vaccination in the past year	Percentage of adults 65 and older who report that they received an influenza vaccination during the past 12 months (race/ethnicity results are not age-adjusted).	BRFSS
IID-5. Percentage of adults aged 65 and over who have ever had a pneumonia vaccination	Percentage of adults 65 and older who report that they have ever received a pneumonia vaccination (race/ethnicity results are not age-adjusted).	BRFSS
IID-6. Percentage of institutionalized adults aged 18 years and older in long-term or nursing homes who were vaccinated annually against seasonal influenza	Percentage of persons in long-term care facilities and nursing homes certified by the Centers for Medicare and Medicaid Services (CMS) reported to have received an influenza vaccination during the influenza season.	Centers for Medicare and Medicaid Services, Minimum Data Set
IID-7. Percentage of institutionalized adults aged 18 years and older in long-term or nursing homes who were vaccinated against pneumococcal disease	Percentage of persons in long-term care facilities and nursing homes certified by the Centers for Medicare and Medicaid Services (CMS) reported to have up to date pneumococcal vaccination.	Centers for Medicare and Medicaid Services, Minimum Data Set
IID-8. Rate of new cases of tuberculosis per 100,000 population	Number of confirmed new cases reported to CDC by local health departments per 100,000 population. Number of confirmed new cases are a five-year average for Nebraska (crude rates).	Nebraska DHHS, Tuberculosis Program
IID-9. Percentage of all tuberculosis patients who complete curative therapy within 12 months	Percentage of persons with confirmed new cases of tuberculosis who were alive at diagnosis, with an initial drug regimen of one or more drugs prescribed, who did not die during therapy, and who completed curative therapy within 12 months of diagnosis.	Nebraska DHHS, Tuberculosis Program

Injury and Violence Prevention

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
IVP-1. Rate of fatal injuries per 100,000 population (age-adjusted)	ICD-10 codes *U01-*U03, V01-Y36, Y85-Y87, Y89. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
IVP-2. Unintentional injury death rate per 100,000 population (age-adjusted)	ICD-10 codes V01-X59, Y85-Y86. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
IVP-3. Poisoning death rate per 100,000 population (age-adjusted)	ICD-10 codes *U01.6-*U01.7, X40-X49, X60-X69, X85-X90, Y10-Y19, Y35.2. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
IVP-4. Death rate due to motor vehicle crashes per 100,000 population (age-adjusted)	ICD-10 codes V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), v89.2. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
IVP-5. Death rate due to falls per 100,000 population (age-adjusted)	ICD-10 codes W00-W19. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
IVP-6. Death rate due to falls among adults aged 65 years and older per 100,000 population (age-adjusted)	Among adults aged 65 and older, ICD-10 codes W00-W19. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
IVP-7. Unintentional suffocation deaths per 100,000 population (age-adjusted)	ICD-10 codes W75-W84. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
IVP-8. Homicide death rate per 100,000 population (age-adjusted)	ICD-10 codes *U01-*U02, X85-Y09, Y87.1. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
IVP-9. Firearm-related death rate per 100,000 population (age-adjusted)	ICD-10 codes *U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
IVP-10. Hospitalizations for nonfatal traumatic brain injuries per 100,000 population (age-adjusted)	ICD-9-CM codes 800.0-801.9, 803.0-804.9, 850.0-854.1, or 950.1-950.3, 995.55, 959.01 in any of the 7 diagnostic fields, among the injury hospital discharge subset (ICD-9-CM 800-909.2, 909.4, 909.9-994.9, 995.50-995.59, 995.80-995.85). Age-adjusted to 2000 standard.	Nebraska Hospital Association, Nebraska Hospital Discharge Data

IVP-11. Percentage of adolescents in grades 9-12 who engaged in physical fighting in the past 12 months	Percentage of students who reported that they were in a physical fight one or more times during the past 12 months.	YRBS
IVP-12. Percentage of adolescents in grades 9-12 who reported they were bullied on school property in the past 12 months	Percentage of students who reported having ever been bullied on school property during the past 12 months.	YRBS
IVP-13. Percentage of adolescents in grades 9-12 who made a suicide attempt resulting in injury, poisoning, or overdose in the past 12 months	Percentage of students who reported making a suicide attempt during the past 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.	YRBS
IVP-14. Rate of injuries caused by motor vehicle crashes per 100,000 population	Crude rate of injury-related motor vehicle crashes per 100,000 population.	Nebraska Office of Highway Safety
IVP-15. Observed Child Safety Seat Use Rate	Percentage of children who were properly restrained in a safety seat based on observational study.	Nebraska Office of Highway Safety
IVP-16. Observed Safety Belt Use Rate	Percentage of motor vehicle occupants using a safety seat based on observational study.	Nebraska Office of Highway Safety
IVP-17. Percentage of adults aged 18 and over who reported that they always wear their seat belt when driving or riding in a car	Percentage of adults 18 and older who report that they always use a seatbelt when driving or riding in a car (race/ethnicity results are age-adjusted).	BRFSS
IVP-18. Rate of children who were victims of maltreatment per 1,000 persons under 18 years of age	Children found to be victims of maltreatment by State child welfare agencies. Maltreatment is defined as an act or failure to act by a parent, caretaker, other person as defined by state law which results in serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act that presents an imminent risk of serious harm.	National Child Abuse and Neglect Data System
IVP-19. Rate child fatalities due to maltreatment per 100,000 persons under 18 years of age	Child fatality due to maltreatment is defined as the death of a child as a result of abuse or neglect, because either (a) an injury resulting from the abuse or neglect of a child was the cause of the death, or (b) abuse and/or neglect were contributing factors to the cause of death. Only fatalities known to Child Protective Services and reported in the Child File are included in these analyses.	National Child Abuse and Neglect Data System

Maternal, Infant, and Child Health

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
MICH-1. Infant mortality rate (within first year of life) per 1,000 live births	Crude rate of deaths of infants under age one year.	Nebraska DHHS, Vital Records
MICH-2. Neonatal death rate (within first 28 days of life) per 1,000 live births	Crude rate of deaths of infants within the first 28 days of life.	Nebraska DHHS, Vital Records
MICH-3. Postneonatal death rate (between 29 days and one year) per 1,000 live births	Crude rate of deaths of infants during the postneonatal period (i.e., between 29 days and 1 year of life).	Nebraska DHHS, Vital Records
MICH-4. Child death rate (aged 1-4 years) per 100,000	Crude rate of deaths among children aged 1-4 years.	Nebraska DHHS, Vital Records
MICH-5. Child death rate (aged 5-9 years) per 100,000	Crude rate of deaths among children aged 5-9 years.	Nebraska DHHS, Vital Records
MICH-6. Adolescent death rate (aged 10-14 years) per 100,000	Crude rate of deaths among adolescents aged 10-14 years.	Nebraska DHHS, Vital Records
MICH-7. Adolescent death rate (aged 15-19 years) per 100,000	Crude rate of deaths among adolescents aged 15-19 years.	Nebraska DHHS, Vital Records

MICH-8. Young adult death rate (aged 20-24 years) per 100,000	Crude rate of deaths among young adults aged 20-24 years.	Nebraska DHHS, Vital Records
MICH-9. Percentage of low weight births (less than 2,500 grams)	Low weight births = live births with birth weights of less than 2,500 grams (approx. 5 lbs. 8 oz.).	Nebraska DHHS, Vital Records
MICH-10. Percentage of very low weight births (less than 1,500 grams)	Very low weight births = live births with birth weights of less than 1,500 grams (approx. 3 lbs. 5 oz.).	Nebraska DHHS, Vital Records
MICH-11. Percentage of births that are premature (gestational age determined by ultrasound)	Percentage of births born before 37 completed weeks of gestation. Gestational age determined by ultrasound.	Nebraska DHHS, Vital Records
MICH-12. Percentage of women delivering a live birth who received prenatal care beginning in the first trimester	Percentage of women delivering a live birth who received prenatal care beginning in the first trimester.	Nebraska DHHS, Vital Records
MICH-13. Percentage of pregnant women who received early and adequate prenatal care (as measured by the Kotelchuk Index)	The Kotelchuk Index measures adequacy of prenatal care (intensive, adequate, intermediate, or inadequate) by using a combination of the following factors: number of prenatal visits, gestation, and trimester prenatal care started. For this indicator, adequate prenatal care is defined as a score of either "adequate" or "intensive use."	Nebraska DHHS, Vital Records
MICH-14. Percentage of non-pregnant women aged 15 to 44 years with an optimum folic acid intake the month before becoming pregnant (multivitamin at least 4 times per week)	Percentage of females aged 18 to 44 years who report taking vitamins at least 4 times/week during the month before getting pregnant.	Pregnancy Risk Assessment Monitoring System (PRAMS)
MICH-15. Percentage of women who abstained from cigarette smoking during pregnancy (last 3 months)	Mothers who had ever attended childbirth classes as a Percentage of all mothers of children under 3 years of age.	Pregnancy Risk Assessment Monitoring System (PRAMS)
MICH-16. Percentage of healthy full-term infants (aged 8 months and older) who are put down to sleep on their backs	Percentage of healthy full-term infants (aged 8 months and older) who are put down to sleep on their backs	Pregnancy Risk Assessment Monitoring System (PRAMS)
MICH-17. Rate of occurrence of Spina Bifida per 1,000 live births and stillborn cases	Rate of live births and fetal deaths of 20 or more weeks gestation diagnosed with Spina Bifida and other neural tube defects (ICD-9 codes 740.0-740.1).	Nebraska DHHS, Vital Records

Mental Health and Mental Disorders

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
MHMD-1. Suicide death rate per 100,000 population	ICD-9 codes E950-E959. Age-adjusted to 2000 standard. Suicides may be undercounted due to difficulty in determining suicidal intent by coroner or medical examiner.	Nebraska DHHS, Vital Records
MHMD-2. Percentage of adolescents in grades 9-12 who considered suicide in the past 12 months	Percentage of students who reported seriously considering attempting suicide during the past 12 months.	YRBS
MHMD-3. Percentage of adolescents in grades 9-12 who attempted suicide in the past 12 months	Percentage of students who reported actually attempting suicide one or more times during the past 12 months.	YRBS

MHMD-4. Percentage of adolescents aged 12 to 17 who experienced major depressive episodes	Adolescents were defined as having major depressive episodes (MDE) if they had a period of 2 weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities, and they had at least four of seven additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth. Adolescents were defined as having MDE with severe impairment if their depression caused severe problems with their ability to do chores at home, do well at work or school, get along with their family, or have a social life.	NSDUH
MHMD-5. Percentage of adults aged 18 and over who experienced major depressive episodes	Major Depressive Episodes (MDE) are defined using the diagnostic criteria set forth in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image. In assessing MDE, no exclusions were made for MDE caused by medical illness, bereavement, or substance use disorders	NSDUH
MHMD-6. Percentage of adolescents in grades 9-12 who engaged in high risk weight loss in the past 30 days -Fasted -Took diet pills -Vomited or took laxatives -One or more of the above	Among students that are currently trying to lose weight, percentage of students who reported... -going without eating for 24 hours or more to lose weight or to keep from gaining weight during the past 30 days -taking any diet pills, powders or liquids without a doctor's advice to lose weight or to keep from gaining weight during the past 30 days -that they vomited or took laxatives to lose weight or to keep from gaining weight during the past 30 days -doing one or more of the above	YRBS

Nutrition and Weight Status

Indicator	Additional Notes	Nebraska Data Source
NWS-1. Percentage of children aged 10 to 17 who are obese (BMI at 95th percentile or above)	Percentage of children whose body mass index (BMI) is in the 95th percentile or above for their age group.	National Survey on Children and Health
NWS-2. Percentage of adults aged 18 and over who are obese (BMI 30 or higher)	Percentage of adults 18 and older with a body mass index (BMI) of 30.0 or greater, based on self-reported height and weight (race/ethnicity results are age-adjusted).	BRFSS
NWS-3. Percentage of adolescents in grades 9-12 who did not eat fruit or drink 100% fruit juices during the past 7 days	Percentage of adolescents in grades 9-12 who did not eat fruit or drink 100% fruit juices during the past 7 days	YRBS
NWS-4. Percentage of adolescents in grades 9-12 who did not eat vegetables during the past 7 days	Vegetables include green salad, potatoes (excluding French fries, fried potatoes, or potato chips), carrots, or other vegetables.	YRBS
NWS-5. Percentage of adolescents in grades 9-12 who drank a can, bottle, or glass of soda or pop one or more times per day during the past 7 days	Percentage of adolescents in grades 9-12 who drank a can, bottle, or glass of soda or pop one or more times per day during the past 7 days, not including diet soda or diet pop.	YRBS

Occupational Safety and Health

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
OSH-1. Fatal work-related injuries in all industries per 100,000 full-time workers	The CFOI uses multiple data sources, including death certificates, worker's compensation reports, police reports, medical examiner records, and newspaper records to identify and verify work-related fatalities. Hours-based rates use the average number of employees aged 16 years and older at work and the average hours each employee works. For consistency with CPS data, workers under age 16, volunteers, and military personnel are excluded in the CFOI counts used to calculate rates.	Bureau of Labor Statistics, Census of Fatal Occupational Injuries (CFOI)
OSH-2. Fatal work-related injuries in construction industries per 100,000 full-time workers		
OSH-3. Fatal work-related injuries in agriculture, forestry, fishing, and hunting industries per 100,000 full-time workers		
OSH-4. Non-fatal work-related injuries and illnesses per 100 full-time workers	The SOII is a cooperative Federal - State program in which employer reports are collected annually from a nationally representative sample of industry establishments. The survey measures nonfatal injuries and illnesses only and excludes the self-employed, farms with fewer than 11 employees, private household workers, and employees in government agencies. For OSH-4, OSH-5, and OSH-6, rates represent full-time workers in private sector industries.	Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses (SOII)
OSH-5. Work-related musculoskeletal disorders involving days away from work per 100,000 full-time workers		
OSH-6. Work-related hearing loss cases per 10,000 full-time workers		
OSH-7. Work-related hospitalizations per 100,000 employed persons	A work-related hospitalization visit is defined as a hospital discharge record of a Nebraska resident aged 16 years old and older who was treated in one of Nebraska's acute care hospitals and with the primary payer as workers' compensation. Inpatient hospitalizations include both injuries and illnesses.	Nebraska Hospital Association, Nebraska Hospital Discharge Data
OSH-8. Persons aged 16 years or older with elevated blood lead levels ($\geq 10 \mu\text{g/dL}$) per 100,000 employed persons	ABLES is a state-based surveillance program of laboratory-reported adult blood lead levels. The case definition of an elevated BLL is a Nebraska resident aged 16 years or older with a BLL $\geq 10 \mu\text{g/dL}$.	Nebraska Adult Blood Lead Epidemiology and Surveillance Program (ABLES) Program

Oral Health

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
OH-1. Percentage of adults aged 18 and over who visited a dentist or dental clinic for any reason in past year	Percentage of adults 18 and older who report that they visited a dentist or dental clinic for any reason within the past year (race/ethnicity results are age-adjusted).	BRFSS
OH-2. Percentage of adults aged 45-64 years who have ever had a permanent tooth extracted due to tooth decay or gum disease	Percentage of adults 45-64 years old who report that they have had any of their permanent teeth extracted because of tooth decay or gum disease, including teeth lost to infection, but not those lost for other reasons, such as injury or orthodontics (race/ethnicity results are not age-adjusted).	BRFSS
OH-3. Percentage of adults aged 65-74 years who have had all permanent teeth extracted due to tooth decay or gum disease	Percentage of adults 65-74 years old who report that they have had all of their permanent teeth extracted because of tooth decay or gum disease, including teeth lost to infection, but not those lost for other reasons, such as injury or orthodontics (race/ethnicity results are not age-adjusted).	BRFSS

OH-4 Percentage of low-income children and youth under the age of 18 who received any preventive dental service during the past year through the EPSDT benefit	The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for individuals under the age of 21 who are enrolled in Medicaid.	Nebraska DHHS, Centers for Medicaid Services, EPSDT Data
OH-5. Percentage of 3 rd grade students with caries experience, including treated and untreated tooth decay	Percentage of children in third grade in public and private schools found by trained screeners to have dental caries, includes both treated and untreated tooth decay.	National Oral Health Surveillance System, 2004-2005 Nebraska 3 rd Grade Survey
OH-6. Percentage of 3 rd grade students with untreated tooth decay	Percentage of children in third grade in public and private schools found by trained screeners to have untreated tooth decay.	National Oral Health Surveillance System, 2004-2005 Nebraska 3 rd Grade Survey
OH-7. Percentage of 3 rd grade students with dental sealants on at least one permanent tooth	Percentage of children in third grade who have had dental sealants applied to one or more permanent teeth.	National Oral Health Surveillance System, 2004-2005 Nebraska 3 rd Grade Survey
OH-8. Percentage of population served by community water systems with optimally fluoridated water.	Optimal water concentration of fluoride is specific for geographic areas, based on their mean daily temperature. Percentage is based on information from local water systems on the number of people served by the fluoridated water system.	Nebraska DHHS, Dental Health Program
OH-9. Percentage of Federally Qualified Health Care Center patients who receive oral health services at Federally Qualified Health Centers	At time of this report, representative of seven FQHCs in the state.	Health Center Association of Nebraska

Physical Activity and Fitness

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
PAF-1. Percentage of adolescents in grades 9-12 who engaged in 60 or more minutes of physical activity per day during five or more of the past seven days	Percentage of students who reported being physically active for a total of at least 60 minutes per day on five or more of the past seven days.	YRBS
PAF-2. Percentage of adolescents in grades 9-12 who did exercises to strengthen muscles during three or more of the past seven days	Percentage of students who reported doing exercises to strengthen or tone their muscles, such as push-ups, sit-ups, or weight lifting, on three or more of the past seven days.	YRBS
PAF-3. Percentage of adults aged 18 and over who engaged in no leisure-time physical activity in the past month	Percentage of adults 18 and older who report no physical activity or exercise (such as running, calisthenics, golf, gardening or walking for exercise) other than their regular job during the past month (race/ethnicity results are age-adjusted).	BRFSS
PAF-4. Percentage of adults aged 18 and over who met the recommendation for aerobic physical activity	Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate and vigorous-intensity aerobic activity per week during the past month (race/ethnicity results are age-adjusted)	BRFSS

PAF-5. Percentage of adults aged 18 and over who met the recommendation for muscle strengthening	Percentage of adults 18 and older who report that they engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month (race/ethnicity results are age-adjusted)	BRFSS
PAF-6. Percentage of adults aged 18 and over who met both recommendations for aerobic physical activity and muscle strengthening	Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate and vigorous-intensity aerobic activity per week during the past month and that they engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month (race/ethnicity results are age-adjusted).	BRFSS

Respiratory Diseases

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
RD-1. Death rate due to chronic obstructive pulmonary disease (COPD) among adults aged 45 years and older per 100,000 population (age-adjusted)	ICD-10 code = J40-J44. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records
RD-2. Hospitalizations for asthma per 10,000 persons (age-adjusted) a. Age four years and under b. Age 5 to 64 years c. Age 65 years and older	Asthma (ICD-9 code = 493) as the principal diagnosis. Age-adjusted to 2000 standard.	Nebraska Hospital Association, Nebraska Hospital Discharge Data
RD-3. Number of deaths due to Asthma among children and adults under 35 years of age	ICD-10 codes = J45-J46.	Nebraska DHHS, Vital Records

Sexually Transmitted Diseases

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
STD-1. Rate of new chlamydia trachomatis infections per 100,000 population	Crude rate of new Chlamydia Trachomatis infections per 100,000 population.	Nebraska DHHS, Sexually Transmitted Disease Program
STD-2. Rate of new gonorrhea cases per 100,000 population	Crude rate of new Gonorrhea cases per 100,000 population.	Nebraska DHHS, Sexually Transmitted Disease Program
STD-3. Rate of new primary and secondary syphilis cases per 100,000 population	Crude rate of new primary and secondary Syphilis cases per 100,000 population.	Nebraska DHHS, Sexually Transmitted Disease Program

Social Determinants of Health

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
SDH-1. Percentage of persons in poverty	Poverty thresholds are the dollar amounts used to determine poverty status. Each person or family is assigned one out of 48 possible poverty thresholds. Thresholds vary according to the size of the family and the ages of the members the same thresholds are used throughout the United States (do not vary geographically).	U.S. Census Bureau
SDH-2. Percentage of children under 18 in poverty		
SDH-3. Four-year high school graduation rate (public schools students)	The percentage of public schools students who graduate with a regular diploma 4 years after starting 9th grade.	Nebraska Department of Education
SDH-4. Percentage of adults aged 18 and over who experienced housing insecurity in past year, among those who own or rent their home	Among adults 18 and older who report that they own or rent their home, the percentage who report that they were always, usually, or sometimes worried or stressed during the past 12 months about having enough money to pay their rent or mortgage (race/ethnicity results are age-adjusted).	BRFSS
SDH-5. Percentage of adults aged 18 and over who experienced food insecurity in past year	Percentage of adults 18 and older who report that they were always, usually, or sometimes worried or stressed during the past 12 months about having enough money to buy nutritious meals (race/ethnicity results are age-adjusted).	BRFSS

Substance Abuse

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
SA-1. Percentage of adolescents in grades 9-12 who drank alcohol in the past 30 days	Percentage of students who reported having at least one drink of alcohol on one or more of the past 30 days.	YRBS
SA-2. Percentage of adolescents in grades 9-12 who binge drank (five or more drinks in a row) in the past 30 days	Percentage of students who reported having five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days.	YRBS
SA-3. Percentage of adolescents in grades 9-12 who reported that they rode with a drinking driver in the past 30 days	Percentage of students who reported riding one or more times during the past 30 days in a car or other vehicle driven by someone who had been drinking alcohol.	YRBS
SA-4. Percentage of adolescents in grades 9-12 who used marijuana in the past 30 days	Percentage of students who reported using marijuana one or more times during the past 30 days.	YRBS
SA-5. Percentage of adults who reported use of any illicit drug during past 30 days	Illicit drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives) that were used nonmedically. Nonmedical use is defined as the use of prescription-type drugs that were not prescribed for the respondent or use only for the experience or feeling they caused. Nonmedical use of any prescription-type drug does not include over-the-counter drugs. Nonmedical use of stimulants and of any prescription-type drug includes methamphetamine use.	NSDUH
SA-6. Percentage of adults aged 18 and over who reported non-medical use of pain relievers in past year	Nonmedical use of prescription pain relievers is defined as use of these drugs without a prescription or use that occurred simply for the experience or feeling the drug caused; over-the-counter (OTC) use and legitimate use of prescription pain relievers are not included.	NSDUH

SA-7. Percentage of adults aged 18 and over who binge drank (five drinks for men/four for women in a row) in the past 30 days	Percentage of adults 18 and older who report having five or more alcoholic drinks for men/four or more alcoholic drinks for women on at least one occasion during the past 30 days (race/ethnicity results are age-adjusted).	BRFSS
SA-8. Death rate due to cirrhosis per 100,000 population	ICD-10 codes K70, K73-K74. Age-adjusted to 2000 standard.	Nebraska DHHS, Vital Records

Tobacco Use

<i>Indicator</i>	<i>Additional Notes</i>	<i>Nebraska Data Source</i>
TU-1. Percentage of adolescents in grades 9-12 who used tobacco in the past 30 days -Smoked cigarettes -Used smokeless tobacco -Smoked cigars -Used any tobacco	Percentage of students who reported... -smoking cigarettes on one or more of the past 30 days -using chewing tobacco, snuff, or dip on one or more of the past 30 days -smoking cigars, cigarillos, or little cigars on one or more of the past 30 days -smoking cigarettes or cigars or using chewing tobacco, snuff, or dip on one or more of the past 30 days -using any of the above	YRBS
TU-2. Percentage of adults aged 18 and over who reported they currently smoke cigarettes	Percentage of adults 18 and older who report that they currently smoke cigarettes either every day or on some days (race/ethnicity results are age-adjusted).	BRFSS
TU-3. Percentage of adults aged 18 and over who reported they currently use smokeless tobacco	Percentage of adults 18 and older who report that they currently use smokeless tobacco products (chewing tobacco, snuff, or snus) either every day or on some days (race/ethnicity results are age-adjusted).	BRFSS