

# DISTRICT PROFILE HIGHLIGHTS--2005

## Southeast Health District

- Please note that some of the data discussed in the “Highlights” are either not available by county or the number of cases or respondents is too small to permit meaningful analysis. For these data elements, Service Area or other multi-county data have been presented and noted in the Profile. Further details are available in the “2005 County Profiles Definitions and Data Sources” document.

### DEMOGRAPHIC DATA

- In the district, 19.4% of residents are aged 65 or older, according to the 2004 U.S. Census Estimates. Statewide, 13.3% of the population are 65 or older.
- The proportion of district residents who were under age 18 was 24.2%, lower than the Nebraska average of 25.5% in 2004.
- Racial and ethnic minority residents made up 4.8% of the population of the district, compared to 14.3% statewide in 2004. Hispanic Americans account for 2.4% of the total population of the district, while Native Americans and Asian Americans each account for 0.7%.
- The proportion of single-parent families in this area has increased since 1990, as it has statewide. In 2000, 10.0% of the district households were single-parent families, compared to an average of 12.4% for Nebraska.
- In the district, the proportion of single-parent families was higher among African Americans (25.0%), Native Americans (23.9%), Hispanic Americans (18.8%) and Asian Americans (14.1%) than it was among whites (6.6%).
- Overall, 16.1% of district residents aged 25 years or older have less than a high school education, compared to 13.4% statewide.
- The proportion of district residents in this age group that had not completed high school was higher among Hispanic Americans (59.7%), Asian Americans (50.0%), and African Americans (20.6%) than it was among whites (15.6%) and Native Americans (12.3%).

### SOCIAL INDICATORS

- The proportion of district residents living in households with incomes below 100% of the federally-defined poverty level was 10.6% in 2002, above the average of 10.0% for Nebraska.
- The proportion of residents living in poverty was generally higher for racial/ethnic minority groups than it was for whites (9.4%) in the district, with Asian Americans (21.4%) and African Americans (44.3%) experiencing the highest poverty rates, according to the 2000 U.S. Census.
- The proportion of seventh- to twelfth-graders in the district who dropped out of school during the 2003-2004 school year was 1.1%, compared to 1.9% statewide.
- Overall, 10.0% of first births in this district occurred to unmarried women under age 20 with less than a high school education. This rate of “new families at risk” is higher than the Nebraska average of 9.0% of first births in 2000-2004.
- The arrest rate for all crime in the district in 2004 (38.8 arrests per 1,000 population) was lower than the overall rate for Nebraska (54.2). The arrest rate for juveniles under age 18 (26.1) was also lower than the statewide rate (33.3).
- In an average month in 2004, 77 district children were in out-of-home care (that is, foster care, group homes or other residential care facilities).
- The agencies serving domestic violence victims in the district handled 1,212 crisis calls and served 698 new contacts in FY 2000.

### HEALTH STATUS

- The overall death rate in the district (807.6 deaths per 100,000 population) was slightly higher than the state average (789.1) for 2000-2004.
- The heart disease death rate for the district (184.8 deaths per 100,000 population) was 10% lower than the Nebraska rate (205.1).
- The cancer death rate for the district (190.5) was slightly higher than the Nebraska rate (182.0), but was 30% higher than the state's Healthy People 2010 objective of no more than 147.0 cancer deaths per 100,000 population.
- The rate of deaths due to cerebrovascular disease (stroke) in the district (54.3) nearly matched the statewide rate (54.0), but was 15% higher than Nebraska's 2010 objective for reducing deaths due to stroke (47.4).
- The unintentional injury death rate in the district (46.6) was 24% higher than the statewide rate (37.6) and was 2.4 times as high as the Nebraska 2010 objective for reducing deaths due to this cause (19.4).
- The motor vehicle death rate (24.0) was 45% higher than the Nebraska rate (16.6) and double the state's Healthy People 2010 target for reducing these deaths (12.0).
- The rate of deaths due to chronic lung disease in the district (48.5) was 23% higher than the Nebraska rate (39.4).
- The suicide death rate in the district (11.6) was above the state rate (10.7), and was 41% higher than Nebraska's target rate for 2010 (8.2).
- The diabetes-related death rate in this district (74.1) was slightly higher than the state rate (72.6), but was about 3 times as high as the Nebraska 2010 objective for these deaths (25.0).
- There were 437 tobacco-related deaths and 92 alcohol-related deaths recorded in the district in 2000-2004.
- There were 1,332 new cases of cancer reported in the district during the five-year period 1999-2003, resulting in a rate (485.8 cases per 100,000 population) that was slightly higher than the statewide rate (474.2).
- The hospitalization rate for the district residents (9,685 hospital discharges per 100,000 population) was 1.5% lower than the Nebraska rate (9,837). District residents were 46.8% more likely than people in Nebraska overall to be hospitalized for MV accidents. They were 29.9% less likely to be hospitalized for psychosis/mental health diseases than Nebraskans overall in 2003-2004.
- Compared to the state overall (36.5%), Medicare was the expected payer for a much larger share of hospitalizations of district residents (51.5%) in 2003-2004. Medicaid accounted for a smaller share of the total (11.9% vs. 14.1% statewide).
- Incidence of sexually transmitted diseases (STDs) in the district (130.8 reported cases per 100,000 population) was much lower than the rate for the state (424.4) in 2004.
- Based on prevalence estimates supplied by the Alzheimer's Association, it is estimated that 1,569 persons aged 65 and older in the district had senile dementia in 2004.

## MATERNAL AND CHILD HEALTH AND WELL-BEING

- There were 7 deaths of infants under one year of age in the district during the five-year period 2000-2004, resulting in an infant mortality rate of 3.3 per 1,000 live births. This rate is much lower than the Nebraska rate (6.6) and has met the Nebraska 2010 objective of no more than 4.5 infant deaths per 1,000 live births.
- The rate of low weight births (babies weighing less than 2,500 grams at birth) in the district (62.5 per 1,000 live births) was 11% lower than the Nebraska rate of 69.4 in 2000-2004. The district rate was 25% higher than the Nebraska 2010 target rate of 50.0 low weight births per 1,000.
- In this district, births to adolescent girls aged 10 to 17 accounted for 3.0% of all births in 2000-2004. This was very near the statewide average of 2.9%.
- An average of 20.1% of district women giving birth during the five-year period 2000-2004 reported smoking cigarettes during this pregnancy, compared to the state average of 14.1%

of women giving birth. The Nebraska 2010 objective is to reduce this proportion to 2.0% or less.

- Pregnant women in this district were more likely than Nebraska women overall to begin receiving prenatal care in the first three months of pregnancy (84.7% vs. 83.2% statewide) in 2000-2004. However, African American (44.4%), Asian American (62.5%), Native American (70.6%) and Hispanic American (73.6%) women were all less likely than white women (85.2%) in the district to receive first trimester care. The Nebraska objective for the year 2010 is to have 90.0% of all pregnant women begin receiving prenatal care in their first trimester.
- Results of an immunization survey conducted by the Centers for Disease Control and Prevention showed that 82.4% of Nebraska children aged 19 to 35 months were up-to-date on immunizations with all five recommended vaccines in 2004. The current Nebraska objective is to have at least 90% of all children in this age group appropriately immunized.

## RISK FACTOR PREVALENCE

- Twenty-five percent of adults in the Southeast Health District reported heights and weights that placed them in the obese category (Body Mass Index = 30 or higher). The Nebraska 2010 objective is to reduce this proportion to no more than 15%.
- The proportion of adults who said they had not participated in any leisure-time physical activity in the previous month was 32.2% in the district and 25.0% statewide. These rates are larger than the state's 2010 target rate of no more than 15% of adults who are physically inactive.
- Adults in the district (19.6%) were somewhat less likely than Nebraska adults overall (21.1%) to state that they are current smokers. The Nebraska 2010 objective is to reduce the proportion of adults currently smoking cigarettes to no more than 12%.
- The proportion of adults reporting they have no health insurance was 8.5% in the district and 11.9% statewide.
- In 2000-2004, 5.7% of adults in the district and 8.4% statewide reported that there had been a time in the past 12 months when they were unable to see a doctor for needed care due to the potential cost of services. The Nebraska 2010 target is to reduce this proportion to no more than 4% of adults.
- Prevalence of screening for breast cancer was lower in the district than it was in the state overall. About two out of three women aged 40 and older in this district (68.3%) reported having a mammogram in the past two years, compared to 75.5% statewide.
- More than two-thirds of the adults aged 65 and older in the district (72.4%) and 71.5% statewide had a flu shot in the past 12 months. A smaller proportion of these adults reported ever having been vaccinated for pneumonia (60.4% vs. 63.2% statewide) in 2000-2004. The Nebraska 2010 objectives for these adult immunizations have been set at 90%.
- Based on results of the 2000-2004 Nebraska Behavioral Risk Factor Surveillance System, African Americans report higher prevalence of obesity (34% vs. 23%), no leisure-time physical activity (34% vs. 25%), and cigarette smoking (27% vs. 23%) than white BRFSS respondents. African Americans were also more likely to say they have no health insurance (20% vs. 11%) or could not afford to see a physician at some time during the past 12 months (17% vs. 9%).
- Native Americans report a much higher prevalence of cigarette smoking (44% vs. 23%) than white persons in Nebraska do, and they were more likely to be physically inactive (29% vs. 25%) or obese (39% vs. 23%). They were more likely to report having no health insurance (27% vs. 11%) and to say there had been a time during the past 12 months when they could not afford to see to a doctor (21% vs. 9%).
- Asian Americans in Nebraska were less likely than white persons in the state to be obese (11% vs. 23%). Like other members of racial and ethnic minority groups, a greater proportion of Asian Americans reported having no health insurance (14% vs. 11%).
- Compared to non-Hispanic white persons in Nebraska, a greater proportion of Hispanic Americans stated they had not participated in any leisure-time physical activity in the previous month (44% vs. 25%). They were also more likely to have no health insurance (25% vs. 11%)

and to be unable to afford to see a physician at least once in the past 12 months (17% vs. 9%).

- According to the 2003 Youth Risk Behavior Survey, Nebraska high school students are more likely than their counterparts nationwide to drink and drive and ride in a motor vehicle with a drinking driver. However, they were less likely to have ever used marijuana or to have used it, or tobacco, in the past 30 days.

## ENVIRONMENTAL DATA

- Of the persons receiving their drinking water from 32 municipal water systems or rural water districts in the district, 5.0% received water containing excessive levels of nitrate (>10 ppm) from results sampled in 2000-2004.
- Of the 44 community water systems sampled, eight supplied an adequate level of fluoride in the drinking water in 2004. Among persons served by community water systems, 51.6% drink water with adequate fluoride levels.
- Of all district children under age 6 years whose blood lead levels were tested, 30 (7%) were found to have elevated levels of lead in 2002-2004 vs. 3.3% statewide (1,846 elevated tests).

## AVAILABILITY OF SERVICES

- A total of 27 primary care physicians (26 GP/FP's, 1 IM) were in practice in the district in 2003. There was 1 psychiatrist, 7 physician assistants, and 1 nurse practitioner practicing in the district. In addition, 19 dentists were in practice in the district in 2003.

## SERVICE UTILIZATION DATA

- Children make up the greatest share of the Medicaid eligible population in the district (58.3%) in FY 2003.
- Medicaid expenditures for aged persons comprise 45.4% of the total in this district, compared to 29.4% statewide. ADC recipients (both children and adults) account for 23.3% of all Medicaid expenditures in the district, while blind and disabled recipients account for the remaining 31.2% of total expenditures.
- Medicaid fee-for-service expenditures (84.3%) comprised the greatest share of the total in the district, as they did statewide (75.8%) in FY 2003.
- Fee-for-service payments to nursing facilities made up 31.3% of total Medicaid expenditures in the district. Hospital services accounted for 25.7% and prescribed drugs comprised 15.8% of the total.
- In FY 2004, a monthly average of 154 families received Aid to Dependent Children benefits and 2,209 persons participated in the Food Stamp Program in the district.
- In 2004, 1,139 women, infants and children from this district participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- A total of 752 beds in nursing homes and hospital long-term care facilities were licensed in the district in 2004, with an occupancy rate of 78.6%.
- In this district in 2004, 6.9% of residents aged 65 and older lived in nursing homes, compared to 5.5% for the state.