

# COUNTY PROFILE HIGHLIGHTS--2005

## Richardson County

- 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 county, 21.3% 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 county residents who were under age 18 was 24.5%, lower than the Nebraska average of 25.5% in 2004.
- Racial and ethnic minority residents made up 5.1% of the population of the county, compared to 14.3% statewide in 2004. Hispanic Americans account for 1.2% of the total population of the county, while Native Americans account for 2.2%.
- The proportion of single-parent families in this county has increased since 1990, as it has statewide. In 2000, 11.1% of the county households were single-parent families, compared to an average of 12.4% for Nebraska.
- In the county, the proportion of single-parent families was higher among Native Americans (19.8%) and Hispanic Americans (24.0%) than it was among whites (7.5%).
- Overall, 18.2% of county residents aged 25 years or older have less than a high school education, compared to 13.4% statewide.
- The proportion of county residents in this age group that had not completed high school was higher among Native Americans (17.4%), and Hispanic Americans (35.0%) than it was among whites (17.9%).

### SOCIAL INDICATORS

- The proportion of county residents living in households with incomes below 100% of the federally-defined poverty level was 12.6% in 2002, higher than 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 (9.5%) in the county, with Native Americans (16.3%) and Hispanic Americans (17.5%) experiencing high poverty rates, according to the 2000 U.S. Census.
- The proportion of seventh- to twelfth-graders in the county who dropped out of school during the 2003-2004 school year was 1.6%, compared to 1.9% statewide.
- Overall, 12.6% of first births in this county 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 county in 2004 (38.5 arrests per 1,000 population) was lower than the overall rate for Nebraska (54.2). The arrest rate for juveniles under age 18 (29.4) was also lower than the statewide rate (33.3).
- In an average month in 2004, 17 county 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 county handled 1,212 crisis calls and served 698 new contacts in FY 2000.

### HEALTH STATUS

- The overall death rate in the county (956.8 deaths per 100,000 population) was 21% higher than the state average (789.1) for 2000-2004.
- The heart disease death rate for the county (192.4 deaths per 100,000 population) was 6% lower than the Nebraska rate (205.1).
- The cancer death rate for the county (243.6) was 34% higher than the Nebraska rate (182.0), and was 66% 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 county (48.3) was 11% below the statewide rate (54.0), and was very near Nebraska's 2010 objective for reducing deaths due to stroke (47.4).
- The unintentional injury death rate in the county (69.0) was 84% higher than the statewide rate (37.6), and was 3.6 times the Nebraska 2010 objective for reducing deaths due to this cause (19.4).
- The motor vehicle death rate (36.7) was more than double the Nebraska rate (16.6) and triple the state's Healthy People 2010 target for reducing these deaths (12.0).
- The rate of deaths due to chronic lung disease in the county (50.8) was 29% higher than the Nebraska rate (39.4).
- The diabetes-related death rate in this county (100.2) was 38% higher than the state rate (72.6), and was 4 times as high as the Nebraska 2010 objective for these deaths (25.0).
- There were 126 tobacco-related deaths and 29 alcohol-related deaths recorded in the county in 2000-2004.
- There were 369 new cases of cancer reported in the county during the five-year period 1999-2003, resulting in a rate (551.7 cases per 100,000 population) that was 18% higher than the statewide rate (469.4).
- The hospitalization rate for the county residents (11,402 hospital discharges per 100,000 population) was 15.9% higher than the Nebraska rate (9,837). County residents were at least 53% more likely than people in Nebraska overall to be hospitalized for musculoskeletal diseases, cerebrovascular disease (stroke), or other respiratory diseases.
- Compared to the state overall (36.5%), Medicare was the expected payer for a much larger share of hospitalizations of county residents (56.5%) in 2003-2004. Medicaid accounted for a similar share of the total (14.3% vs. 14.1% statewide).
- Incidence of sexually transmitted diseases (STDs) in the county (66.6 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 393 persons aged 65 and older in the county had senile dementia in 2004.

## MATERNAL AND CHILD HEALTH AND WELL-BEING

- There was 1 death of an infant under one year of age in the county during the five-year period 2000-2004. The Nebraska rate was 6.6 infant deaths per 1,000 live births and the Nebraska 2010 objective is to reduce mortality to 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 county (73.6 per 1,000 live births) was higher than the Nebraska rate of 69.4 in 2000-2004. The county rate was 47% higher than the Nebraska 2010 target rate of 50.0 low weight births per 1,000.
- In this county, births to adolescent girls aged 10 to 17 accounted for 3.5% of all births in 2000-2004. This was higher than the statewide average of 2.9%.
- An average of 22.8% of county 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 county were less likely than Nebraska women overall to begin receiving prenatal care in the first three months of pregnancy (76.3% vs. 83.2% statewide) in

2000-2004. However, Native American women (44.4%) were less likely than white women (77.6%) and Hispanic American women (85.7%) in the county 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 (which includes Richardson County) 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 much larger than the state's 2010 target rate of no more than 15% of adults who are physically inactive.
- Adults in the county (19.6%) were 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. Over 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.
- Over 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 9 municipal water systems or rural water districts in the county, 22.5 percent received water containing excessive levels of nitrate (>10 ppm) from results sampled in 2000-2004.
- Of the 10 community water systems sampled, two supplied an adequate level of fluoride in the drinking water in 2004. Among people served by community water systems, 59.6% drank water with adequate fluoride levels.
- Of all county children under age 6 years whose blood lead levels were tested, 5 (10.9%) 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 4 primary care physicians (4 GP/FP's) were in practice in the county in 2003. There were also 1 physician assistant, 1 nurse practitioner, and 3 dentists practicing in the county.

## SERVICE UTILIZATION DATA

- Children make up the greatest share of the Medicaid eligible population in the county (59.3%).
- Medicaid expenditures for aged persons comprise 49.0% of the total in this county, compared to 29.4% statewide. ADC recipients (both children and adults) account for 21.9% of all Medicaid expenditures in the county, while blind and disabled recipients account for the remaining 29.1% of total expenditures.
- Medicaid fee-for-service expenditures (90.1%) comprised the greatest share of the total in the county, as they did statewide (75.8%) in FY 2003.
- Fee-for-service payments to nursing facilities made up 31.4% of total Medicaid expenditures in the county. Hospital services accounted for 29.3% and prescribed drugs comprised 17.0% of the total.
- In FY 2004, a monthly average of 44 families received Aid to Dependent Children benefits and 721 persons participated in the Food Stamp Program in the county.
- In 2004, 292 women, infants and children from this county participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- A total of 248 beds in nursing homes and hospital long-term care facilities were licensed in the county in 2004, with an occupancy rate of 67.4%.
- In this county in 2004, 7.3% of residents aged 65 and older lived in nursing homes, compared to 5.5% for the state.