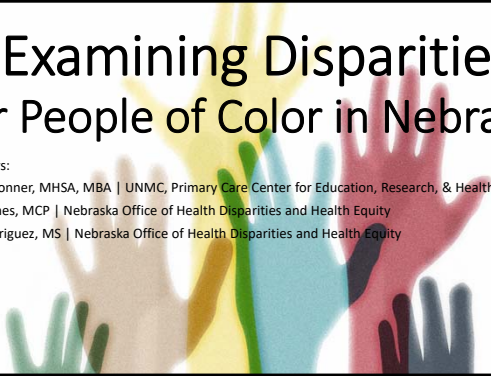


# Examining Disparities for People of Color in Nebraska

Presenters:

Liliana Bronner, MHSA, MBA | UNMC, Primary Care Center for Education, Research, & Healthcare Design  
María Hines, MCP | Nebraska Office of Health Disparities and Health Equity  
Josie Rodriguez, MS | Nebraska Office of Health Disparities and Health Equity



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## Presentation Objectives

After this session participants will be able to:

- Recognize the roles of the Women’s Health Initiatives Advisory Council as well as the Office of Health Disparities and Health Equity
- Understand how racial and ethnic disparities impact health care in Nebraska
- Identify trends in racial and ethnic disparities in health care in Nebraska

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## Women’s Health Initiatives Advisory Council

- **History:** The Women’s Health Advisory Council (WHAC) was created to advise and serve as a resource for the Women’s Health Initiatives in carrying out its duties as enacted by the Nebraska Legislature in 2000.
- **Mission:** The Mission of the Women’s Health Advisory Council is to help women of all ages in Nebraska lead healthier lives, supported by a comprehensive system of coordinated services, policy development, advocacy and education.

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### Women’s Health Initiatives Advisory Council

#### Some Duties

- Advise and serve as a resource for Nebraska Health and Human Services in carrying out its duties as enacted by the Legislature in the Women’s Health Initiative of Nebraska Revised Statutes § 71-701 through 71-707
- Provide guidance and recommend action to the Administrator of the Office of Women’s Health and the Nebraska Department of Health & Human Services on issues pertaining to women’s health
- Interpret, apply scientific and/or technical information, and disseminate information on issues pertaining to women’s health

<http://dhhs.ne.gov/publichealth/WHI/Pages/AdvisoryCouncil.aspx>

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### Women’s Health Initiatives Advisory Council

#### • Priorities (2015-2016)

- Mental health
- Nutrition and Healthy Weight
- Sexual Health
- Advanced Care Planning
- Health Equity

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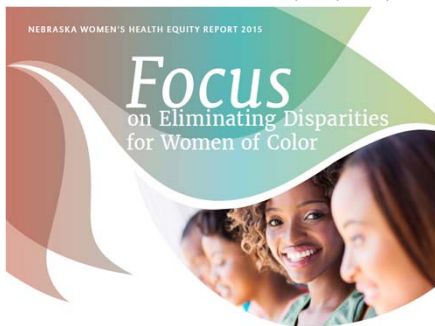
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### Nebraska Women’s Health Equity Report 2015




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### Data Sources

- Data Sources used:
  - American Community Survey, US Census Bureau (2007-2009; 2011-2013)
  - Nebraska Behavioral Risk Factor Surveillance System (2011-2013)
  - Nebraska Vital Health Records, Nebraska DHHS (2005-2013)
- Limited information is available from the American Community Survey for non-Hispanic Asian women in 2011-2013; therefore, we are unable to make comparisons for this group with 2007-2009 data.
- Vital Health Records data includes very small samples of non-Hispanic American Indian women and non-Hispanic Asian women; therefore, there are no comparisons across time from 2007-2009 to 2011-2013
- Differences between groups and over time were examined using 95% confidence levels and  $p < 0.05$ .
- 90% margin of error was used for American Community Survey (ACS) data.

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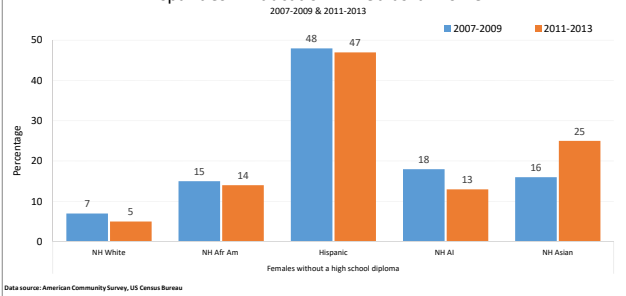
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### Disparities in Education in Nebraska Women




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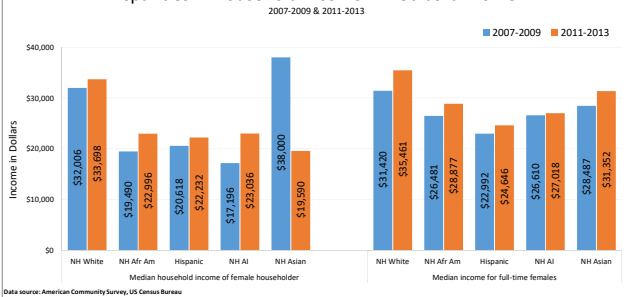
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### Disparities in Household Income in Nebraska Women




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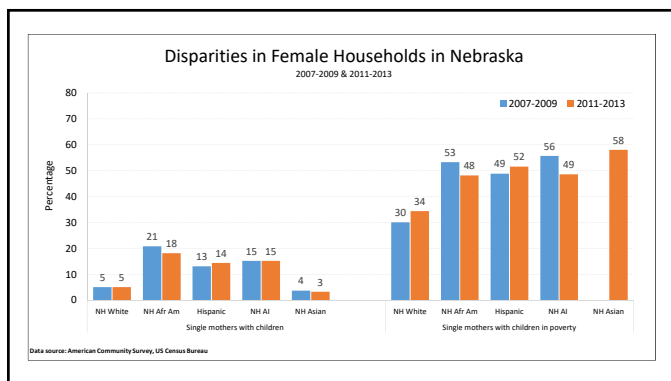
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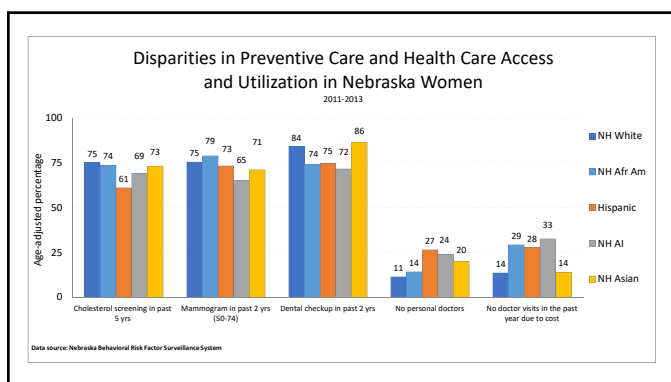
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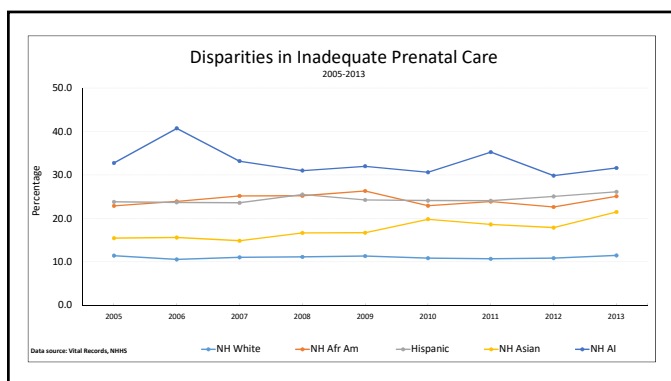
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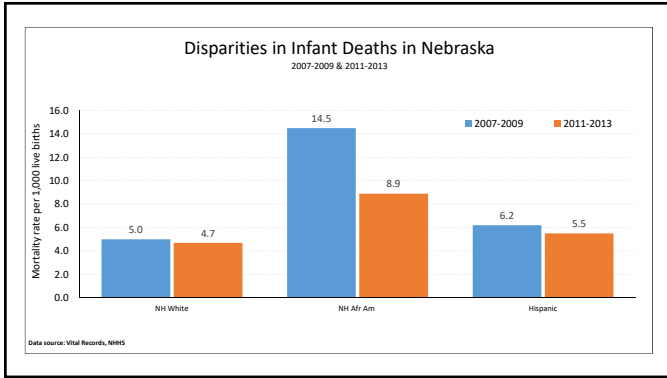
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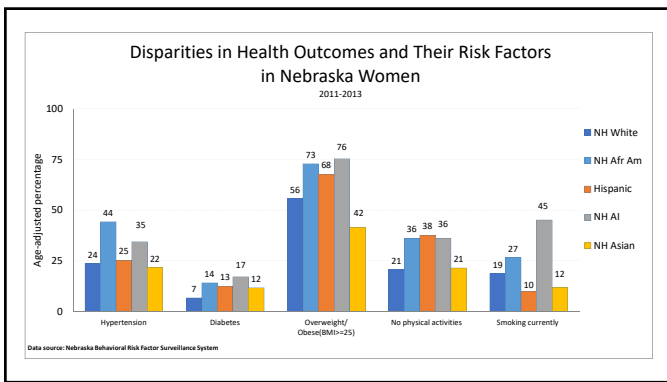
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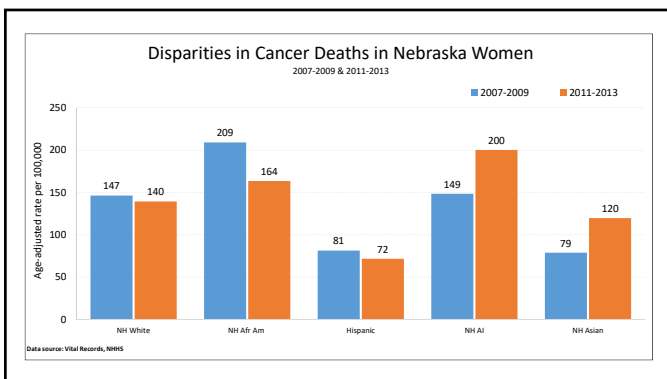
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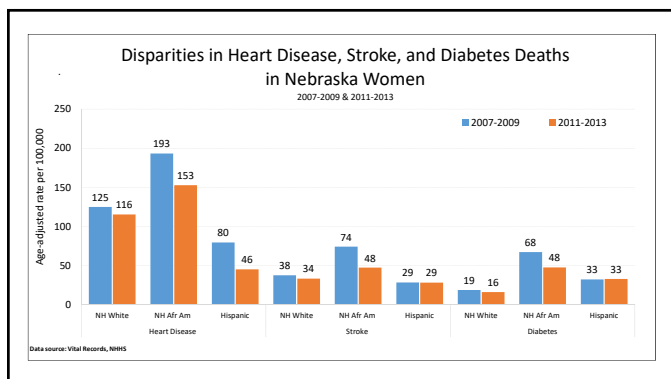
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**Office of Health Disparities and Health Equity**

- The Office of Health Disparities and Health Equity (OHDHE) works to improve health outcomes for Nebraska's culturally diverse populations with a vision of health equity for all Nebraskans.
- OHDHE collaborates with partners on minority health training materials, disparity awareness and cultural intelligence trainings, and assist and support minority grantees and organizations working on minority health activities.

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**Office of Health Disparities and Health Equity**

**Vision**  
Health Equity for all Nebraskans

**Mission**  
Improve health outcomes for culturally diverse populations in Nebraska

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### Office of Health Disparities and Health Equity

#### Core Functions

- Increase awareness of health disparities
- Promote cultural intelligence/fluency
- Provide minority health data
- Promote community outreach
- Collaborate with stakeholders

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### Racial and Ethnic Minorities in Nebraska

After a steady 17% increase in Nebraska’s racial and ethnic minority population during the last decade, Nebraska continues to become more racially and ethnically diverse.

According to the 2010 Census, Hispanics accounted for 51% of the minority population, while African Americans, Asians, and American Indians accounted for 25%, 10%, and 5%, respectively. These data apply to both minority women and men.

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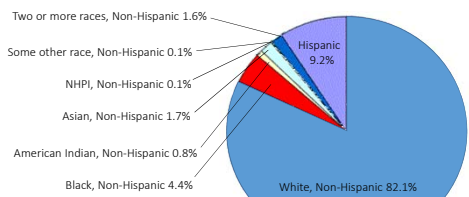
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### Percent Distribution of Nebraska Population by Race/Ethnicity, 2010



\*NHPI = Native Hawaiian/Pacific Islander  
Source: US Census Bureau, 2010 Census

**Total = 1,826,341**

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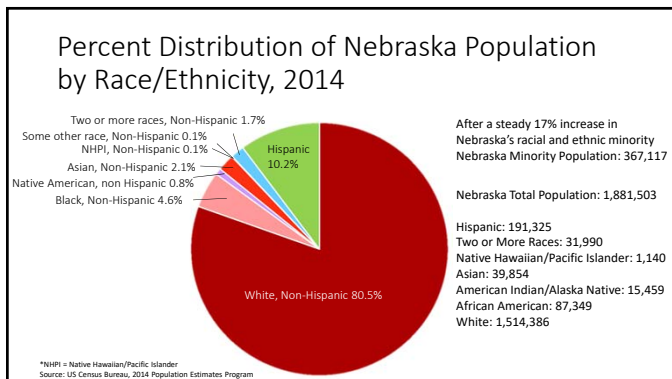
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### The impact of racial and ethnic disparities in Health Care

Minorities in America are less likely to have access to regular, quality healthcare. This leads to further problems when considering preventative services and care for some diseases; the absence of regular care often results in poorer health outcomes for minorities.

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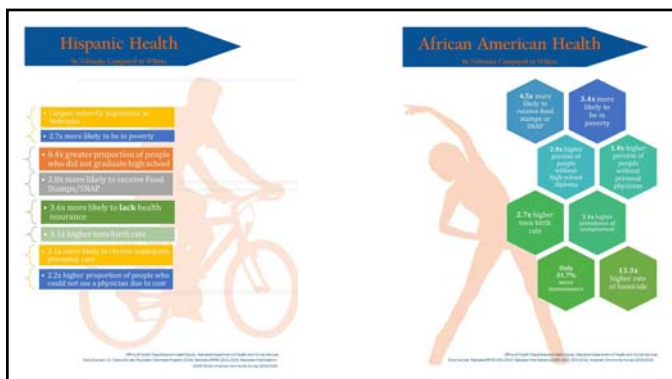
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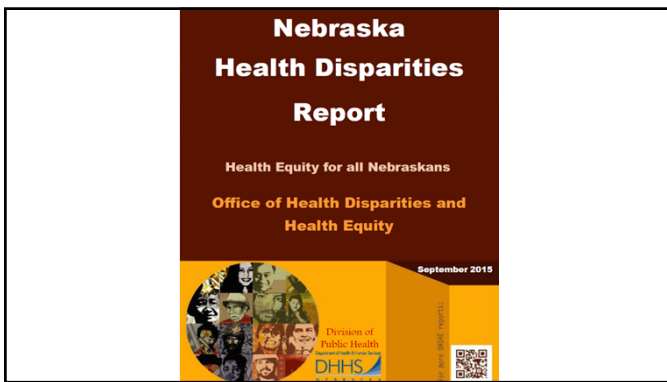
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Taking a Closer Look ...

- Let's refer to the handouts
  - Socioeconomics
  - Health Status
  - Positive Changes
  - Continued Issues

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### Disparities Visualizations Socioeconomic and Health Disparities Report Card

Grades	Disparity Ratio	Meaning/Interpretation
<b>A</b>	0.0 – 1	No disparity or minority group-favorable measure
<b>B</b>	1.1 – 1.4	Little disparity
<b>C</b>	1.5 – 1.9	A disparity exists, should be monitored, and may require intervention
<b>D</b>	2 – 2.4	Disparity requires intervention
<b>F</b>	≥ 2.5	Unacceptable disparity. Immediate intervention needed.

Grades: The grades in this report card indicate how well a population group is doing compared to Whites. Grades are representative only of the relationship between a certain group and Whites, not how favorably Nebraska is in relation to the indicators.  
Disparity Ratio: This ratio is calculated by dividing the rate or percentage for each population by the White population.

Ratio Summaries					
	B	C	D	F	Number of 'B' Ratios or Larger
African American	12	16	5	13	46
Asian	16	6	1	3	26
American Indian	18	13	6	20	57
Hispanic	22	5	8	8	43

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Health Indicators						
Race/Ethnicity	2001 - 2005	Ratio to Whites	Grade	2006 - 2010	Ratio to Whites	Grade
<b>Infant Mortality/1,000 Births</b>						
White	5.7			5.7		
African American	15.1	2.6	F	13.8	2.4	D
Asian	5.5	1.0	A	2.8	0.5	A
American Indian	15.2	2.7	F	7.7	1.4	B
Hispanic	6.8	1.2	B	5.7	1.0	A
<b>First Trimester Prenatal Care (Percent)</b>						
White	83.8			76.6		
African American	69.9	0.8	A	56.6	0.7	A
Asian	81.3	1.0	A	67.3	0.9	A
American Indian	61.3	0.7	A	50.1	0.7	A
Hispanic	67.3	0.8	A	56.6	0.7	A
<b>Low Birth Weight (Percent)</b>						
White	6.6			6.6		
African American	12.5	1.9	C	13.3	2.0	D
Asian	8.0	1.2	B	8.4	1.3	B
American Indian	6.8	1.0	A	7.3	1.1	B
Hispanic	6.3	1.0	A	6.6	1.0	A
<b>Teen Births/1,000 Females ages 15-19</b>						
White	30.4			23.5		
African American	90.4	3.0	F	84.7	3.6	F
Asian	23.9	0.8	A	21.1	0.9	A
American Indian	128.2	4.2	F	100.2	4.3	F
Hispanic	115.3	3.8	F	114.6	4.9	F

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Socio Economic Indicators			
Race/Ethnicity	2008-2012	Ratio to Whites	Grade
<b>Female Householder, No Husband Present (percent)</b>			
White	8.0		
African American	27.6	3.5	F
Asian	5.9	0.7	A
American Indian	36.3	4.5	F
Hispanic	18.6	2.3	D
<b>Living Below the Federal Poverty Level (Percent)</b>			
White	9.4		
African American	32.5	3.5	F
Asian	16.0	1.7	C
American Indian	38.2	4.1	F
Hispanic	25.4	2.7	F
<b>Unemployed (Percent)</b>			
White	3.2		
African American	10.5	3.3	F
Asian	3.6	1.1	B
American Indian	11.4	3.6	F
Hispanic	7.2	2.3	D
<b>Without High School Education (Percent)</b>			
White	6.1		
African American	16.5	2.7	F
Asian	19.9	3.3	F
American Indian	24.0	3.9	F
Hispanic	48.1	7.9	F

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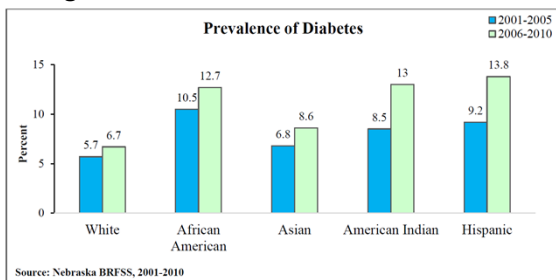
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### Taking a Closer Look at Diabetes




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### Progress Made Toward Healthy People 2010

#### Summary

All racial/ethnic groups saw progress toward their Healthy People 2010 objective for having a personal physician and although some groups were within two percent of reaching their goal, no group met the objective of 85% having a personal physician. Few groups saw progress in the ability to see a doctor and no groups met the objective.

Nebraska Objectives	Nebraska		Progress	2010 Objective	Met
	2001-2005	2006-2010			
<b>Have a Personal Physician</b>	%	%			
White, non-Hispanic	86	86.2	✓	85%	✓
African American	92.3	88.2	✓	85%	✗
Asian	92.1	84.3	✓	85%	✗
American Indian	73.7	76.3	✓	85%	✗
Hispanic or Latino	64.8	64.9	✓	85%	✗
<b>No Health Insurance</b>	%	%			
Non-Hispanic White	12.8	13	✗	0%	✗
African American	18.3	24.4	✗	0%	✗
Asian	9.1	17.3	✗	0%	✗
American Indian	82	84.3	✗	0%	✗

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### Health Disparities Reports Online

#### Nebraska Health Disparities Report - September 2015

[http://dhhs.ne.gov/publichealth/Pages/healthdisparities\\_researchandreports.aspx](http://dhhs.ne.gov/publichealth/Pages/healthdisparities_researchandreports.aspx)

**Update coming in Fall 2017!**

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### Contact Information for Presenters

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### Closing Thoughts & Acknowledgements

- **Jianping Daniels, PhD**  
(Co-Author) Epidemiology Surveillance Coordinator, Nebraska DHHS, Women's & Men's Health Program
- **Sarena Dacus, MPH**  
(Co-Author) Executive Director, Family Inc.
- **Jenenne Geske, PhD**  
Assistant Professor and Statistical Analyst, UNMC Department of Family Medicine
- **Anthony Zhang**  
Epidemiology Surveillance Coordinator, Nebraska DHHS, Office of Health Disparities and Health Equity
- **Women's Health Initiatives Council Members** (September 2014 – June 2015)
 

Joseph Acierno, MD, JD, Omaha Paula Eurek, BS, Lincoln Tina Goodwin, RN, BSN, CLC, Lincoln Lilitana Bronner, MHSA, MBA, Bellevue Sarena Dacus, BA, Omaha Vicki Duey, York Darfa Eisenhauer, MD, Lincoln Ann Fritz, BS, O'Neill Sharon Hammer, MD, Omaha Amy Lacroix, MD, Omaha	Mary Larsen, Omaha Amy McGaha, FAAP, MD, Omaha Jamie Monflek-Siems, LMHP, Omaha Audrey Paulman, MD, Omaha Jina Ragland, BS, Lincoln Judy Reimer, RN, Hastings Josie Rodriguez, BS, MS, Lincoln Terra Ulling, MS, Fremont Andrea Wenke, Lincoln Heidi Woodard, BA, BS, Omaha
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### Resources Used

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6. Nebraska Health Disparities Report (2015). Office of Health Disparities and Health Equity, DHHS

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