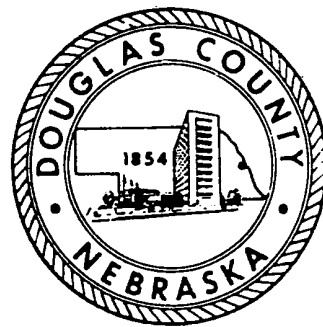


Health Status Indicators

A Special Public Health Report



Prepared by the

Douglas County Health Department

June, 2003

Douglas County Board of Commissioners

Carole Woods Harris - Chairperson
Mary Ann Borgeson
Mike Boyle
Clare Duda
Kyle Hutchings
Kathleen McCallister
Carol McBride Pirsch

Douglas County Board of Health

Betty G. Foster, Ph.D. - Chairperson
Lawrence S. Albert
Mary Ann Borgeson
David Catalan
Freddie Gray
Michael P. McDermott, D.D.S.
Frank Peak
John C. Sage, M.D.
Marlene Wilken, Ph.D.

Adi Pour, Ph.D. - Health Director

The Douglas County Health Department (DCHD) periodically reports county specific health indicators related to the risk of disease or premature mortality. Health status indicators provide a general overview of the health status of Douglas County's residents. State and national information is also provided, when available, for comparison purposes.

In January of 2000, the United States Department of Health and Human Services (HHS) released *Healthy People 2010, Understanding and Improving Health*. This represents the third time that HHS has developed 10-year objectives for the nation and a continuation of a process that began in 1979.

Healthy People 2010 provides a wide range of public health opportunities and is a valuable asset to health planners, medical practitioners, educators, elected officials and all who work to improve the health of our community. It was created by a broad coalition of experts from many sectors. *Healthy People 2010* reflects the very best in public planning.

Healthy People 2010 is designed to achieve two overarching goals:

- Increase quality and years of healthy life
- Eliminate health disparities

Healthy People 2010 is designed to measure progress over time and it clearly lays out a series of objectives to bring better health to all people. *Healthy People 2010* contains 467 objectives spread out in 28 focus areas. *Healthy People 2010* includes a set of “Leading Health Indicators” to help individuals and communities target the actions to improve health. The indicators are intended to ensure data comparability and to facilitate use of the data by public health agencies at all levels of government.

The DCHD has selected objectives to measure as indicators of the health of our community. National goals were used for comparison purposes and to indicate where Douglas County stands in relationship to those goals.

Birth and death data was obtained from vital statistics files provided to DCHD by the Nebraska Health and Human Services System (NHHSS). Data from the “Nebraska Behavioral Risk Factor Surveillance System (BRFSS)” was provided by NHHSS. The survey data provided information on influenza immunizations and other risk factors, including tobacco use, alcohol misuse, high blood pressure, and cholesterol levels.

Population data used to calculate population-based rates is based on U.S. Census data and projections from Woods & Poole Economics. Age-adjusted rates used in this report allow for comparison over time and with other geographic areas. The year 2000 U.S. Census population was used as the standard for age-adjustment in this report.

When no adjustment is made for age, the rates are crude rates, expressed in terms of the number per 100,000 population. Rates calculated for a specified age group (i.e., 25-34 years old) are called age-specific rates. Incidence rates used for infectious diseases are defined as the number of new cases of disease or other health conditions, in a defined population, within a specified period of time.

For many indicators, the actual number of deaths and cases of disease in Douglas County are small. Small numbers can result in extreme rate fluctuations from year to year. These fluctuations influence rates for indicators describing health status. Therefore, averages over a period of time are used to provide better representation for indicators with small numbers of events.

The Hispanic population in Douglas County continues to grow. Births to Hispanic mothers have tripled since 1992. In 2001, the number of Hispanic births was almost equal to the number of births among blacks. Due to the lower number of births to Hispanics in the earlier years and the low number of deaths, trends may be difficult to follow. However, health disparities may exist and they should be addressed as the disparities that exist between the black and white races are addressed.

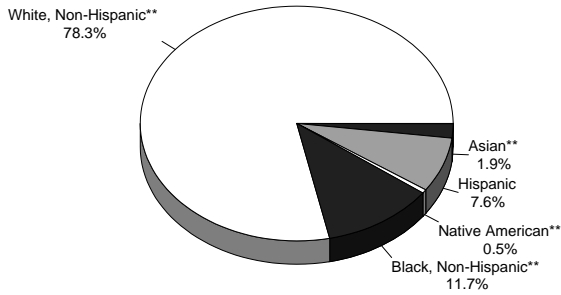
Outline

	<u>PAGE</u>
General Population	1
Leading Causes of Death	2
Growing Hispanic Population	3
Infant Mortality	3
Sudden Infant Deaths (SIDS)	4
Deaths Among Children & Young Adults	4
Heart Disease Deaths	5
Cancer Deaths	5
Stroke Deaths	6
Chronic Lung Disease Deaths	6
Lung Cancer Deaths	7
Female Breast Cancer Deaths	7
Colorectal Cancer Deaths	8
Prostate Cancer Deaths	8
Diabetes Deaths	9
Asthma Deaths	9
Suicide Deaths	10
Homicide Deaths	10
Firearm Related Deaths	11
Accidental Deaths	11
Motor Vehicle Deaths	12
Births to Adolescents	12
Low Birth Weight Births	13
First Trimester Prenatal Care	13
Preterm Births	14

Complications During Labor and Delivery	14
Prenatal Substance Abuse	15
AIDS	15
Tuberculosis (TB)	16
Meningococcal Disease	16
Enteric Infections	17
Campylobacter	
E. Coli	
Listeria	
Salmonella	
Hepatitis A	18
Hepatitis B	18
Hepatitis C	19
Gonorrhea	19
Chlamydia	20
Herpes	20
Syphilis	21
Influenza & Pneumococcal Immunization	21
Health Insurance Coverage	22
Colorectal Cancer Screening	22
Papanicolaou Smear Test	23
Mammograms	23
High Blood Pressure	24
Cholesterol Levels	24
Smoking	25
Childhood Blood Lead Screening	25

Population Data

Douglas County Estimated Population* by Race**, 2002



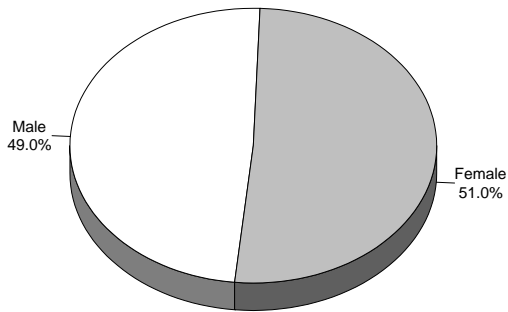
* Population Estimates are from Woods & Poole Economics projections for Douglas County, 2002.
 ** White, Black, Native American, and Asian are Non-Hispanic populations.

Douglas County Estimated Population* by Race**, 2002

	Population	Percentage
White, Non-Hispanic**	370,540	78.3%
Black, Non-Hispanic**	55,370	11.7%
Native American**	2,500	0.5%
Asian**	9,000	1.9%
Hispanic	35,940	7.6%
Total	473,350	100.0%

* Population Estimates are from Woods & Poole Economics projections for Douglas County, 2002.
 ** White, Black, Native American, and Asian are Non-Hispanic populations.

Douglas County Estimated Population* by Gender, 2002



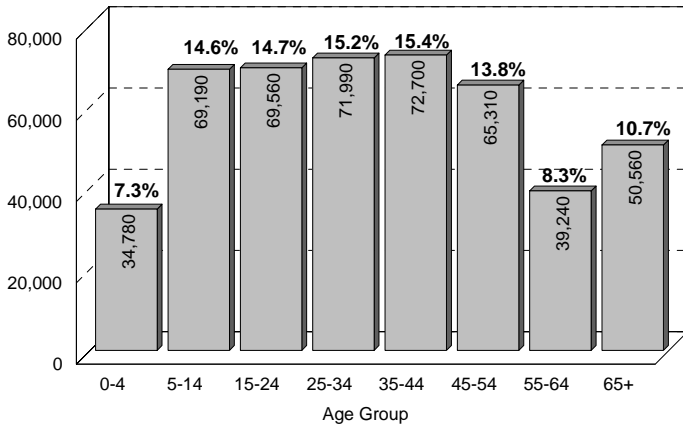
* Population Estimates are from Woods & Poole Economics projections for Douglas County, 2002.

Douglas County Estimated Population* by Gender, 2002

	Population	Percentage
Male	231,965	49.0%
Female	241,385	51.0%
Total	473,350	100.0%

* Population Estimates are from Woods & Poole Economics projections for Douglas County, 2002.

Douglas County Estimated Population* by Age Group, 2002



* Population Estimates are from Woods & Poole Economics projections for Douglas County, 2002.

Douglas County Estimated Population* by Age Group, 2002

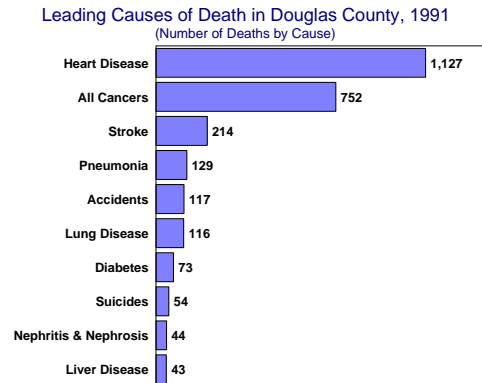
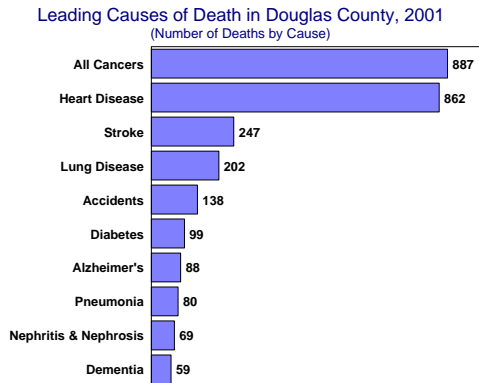
Age Group	Population	Percentage
0-4	34,780	7.3%
5-14	69,190	14.6%
15-24	69,560	14.7%
25-34	71,990	15.2%
35-44	72,700	15.4%
45-54	65,310	13.8%
55-64	39,240	8.3%
65+	50,560	10.7%
Total**	473,330	100.0%

* Population Estimates are from Woods & Poole Economics projections for Douglas County, 2002.
 ** Because of rounding in the population estimates by age, the total here does not match the total estimate for the county.

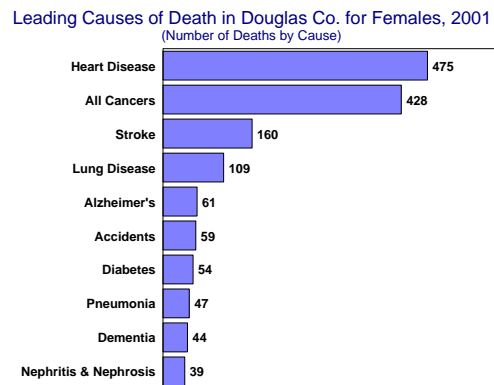
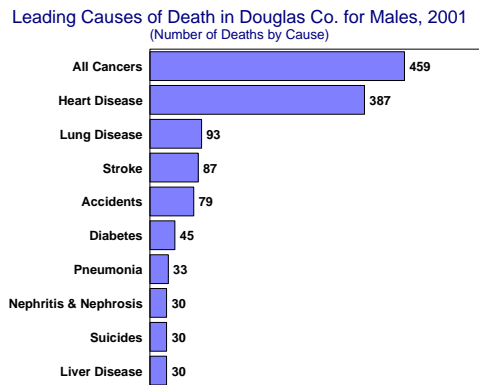
Leading Causes of Death

Cancer surpassed heart disease as the leading cause of death in Douglas County for the year 2001. Heart disease, however, continues to be the leading cause of death for women and blacks in the community. For the first time, both Alzheimer's Disease and dementia are among the leading causes of death, likely due to the change in coding for deaths that went into effect in 1999*.

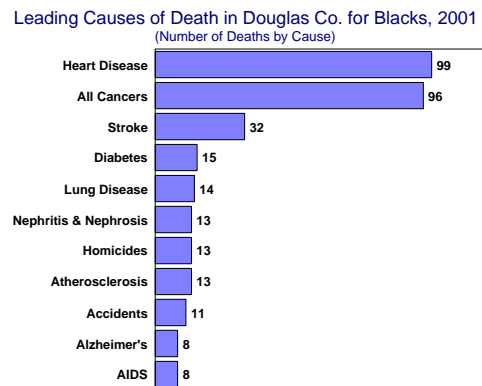
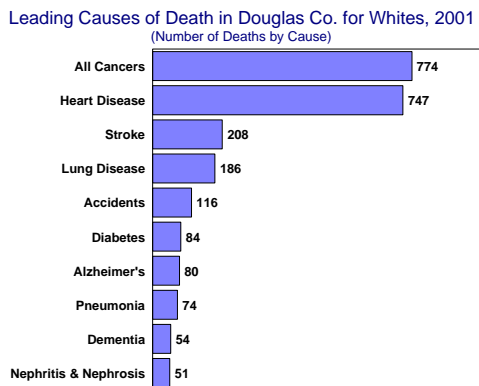
Comparison Between Year 2001 and 1991.



Comparison Between Sexes.



Comparison Between Races#.



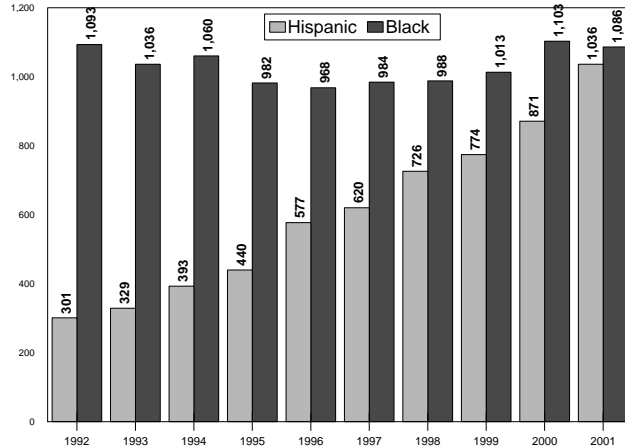
* In 1999, coding for deaths was changed from ICD9 to ICD10. This change affects the number of deaths in many categories.

Hispanics are not shown due to the small number of deaths in the Hispanic population.

Growing Hispanic Population

The Hispanic population in Douglas County continues to grow. Births to Hispanic mothers have tripled since 1992. In 2001, the number of Hispanic births was almost equal to the number of births among blacks.

Births to Hispanic and Black Mothers, Douglas County



Infant Mortality

Infant mortality is a critical indicator of the health of a population. It reflects the overall state of maternal health, as well as the quality and accessibility of primary health care available to pregnant women and infants. Despite declines in the 1980s and 1990s in the United States, the infant mortality rate in Douglas County has been steady, averaging approximately eight deaths per 1,000 live births over the last ten years. In most years, the infant mortality rate in Douglas County has exceeded the United States rate. The disparity between races is prominent in infant mortality where the rate for the black race is almost three times the rate for the white race.

2010 Goal = 4.5

Yearly Averages:

Douglas County (10 year Avg.) = 8.2

White Non-hispanic = 6.5

Black Non-hispanic = 17.0

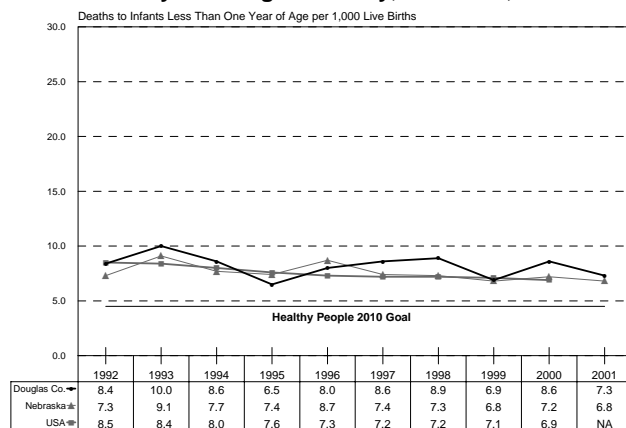
Hispanic = 7.8

Nebraska (10 year Avg.) = 7.6

U.S.A. (9 year Avg.) = 7.6

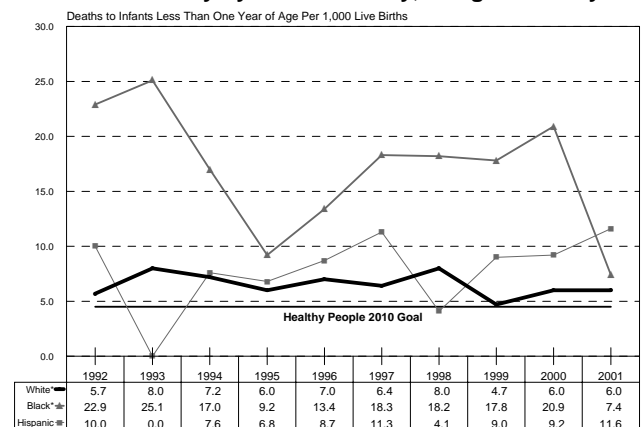
Rates per 1,000 live births

Infant Mortality for Douglas County, Nebraska, and U.S.A.



NA - The data was not available at this time.

Infant Mortality by Race/Ethnicity, Douglas County



* White and black races not including Hispanics.

Sudden Infant Deaths (SIDS)

SIDS is one of the leading causes of death to infants less than one year of age. The death rate due to SIDS has been declining nationally and Douglas County has followed this trend. In 1994, the national "Back to Sleep" campaign began to educate parents and physicians about the American Academy of Pediatrics' recommendation that infants be put to sleep on their backs to reduce SIDS deaths. Although the death rate due to SIDS is dropping, Douglas County still exceeds the United States rate and the disparity between black and white races is greater than 3 to 1.

2010 Goal = 0.3

Yearly Averages:

Douglas County (10 year Avg.) = 1.8

White Non-hispanic = 1.3

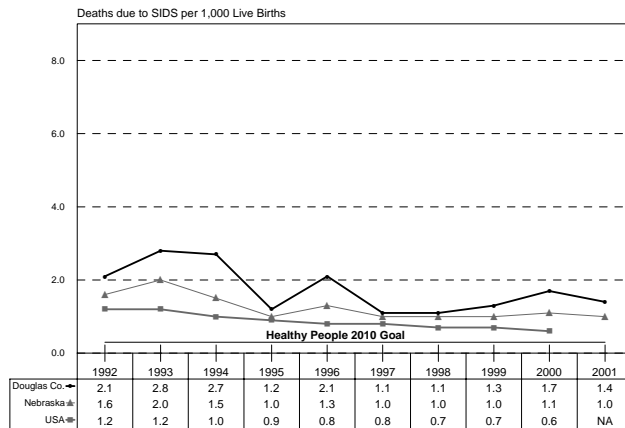
Black Non-hispanic = 4.6

Nebraska (10 year Avg.) = 1.3

U.S.A. (9 year Avg.) = 0.9

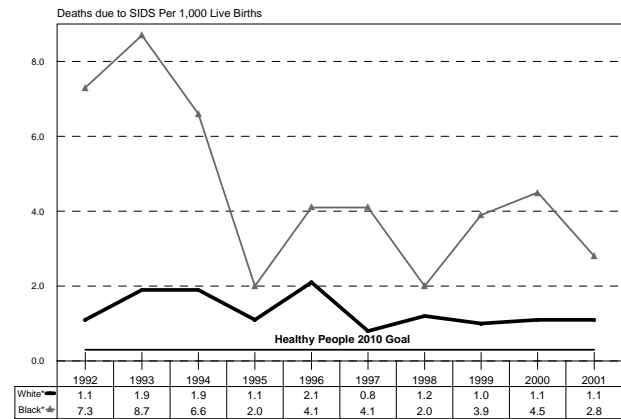
Rates per 1,000 live births

SIDS for Douglas County, Nebraska, and U.S.A.



NA - The data was not available at this time.

SIDS by Race/Ethnicity, Douglas County



* Only white Non-Hispanic and black Non-Hispanic are shown. Hispanics and other races are not included because of the small number of cases during the 10 year period.

Deaths Among Children & Young Adults

Deaths to children, adolescents and young adults present a public health concern and an opportunity for prevention. The majority of deaths in these age groups are a result of accidents, suicides, and homicides. These deaths are, for the most part, preventable. In the five age groups listed below, Douglas County exceeds the *Healthy People 2010* goal. The closest age group to the goal is the 10 to 14, age group where the Douglas County rate has been below the national goal since 1998.

Death Rates per 100,000 age-specific population, Douglas County.

Age Group	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	Ten Year Average	2010 Goal
1 to 4	30.0	60.2	49.2	45.9	34.5	30.6	37.8	37.2	47.4	29.0	40.2	25.0
5 to 9	12.5	25.1	6.2	24.9	21.4	9.0	8.9	17.5	20.4	26.2	17.2	14.3
10 to 14	12.8	15.7	21.8	30.8	30.8	18.2	8.9	14.7	14.7	14.5	18.3	16.8
15 to 19	44.5	70.7	82.2	83.2	83.3	76.1	74.9	73.5	58.5	58.3	70.5	43.2
20 to 24	80.7	59.1	90.9	84.7	76.5	64.6	55.5	95.9	84.7	57.5	75.0	57.3

* The yearly death rates may show large variances due to small numbers.

Heart Disease Deaths

Heart disease deaths have been declining nationally since 1987 and Douglas County has followed that trend. Changes in lifestyle and risk factor reduction, along with technological and medical advances have contributed to the decline. Douglas County has been consistently below the national rate and, if that trend continues, should reach the *Healthy People 2010* goal. The death rate for black residents in the county has followed the pattern of decline, but disparity exists with the black rate about 40% higher than that seen among whites.

2010 Goal = 166.0

Yearly Averages:

Douglas County (10 year Avg.) = 257.7

White Non-hispanic = 247.9

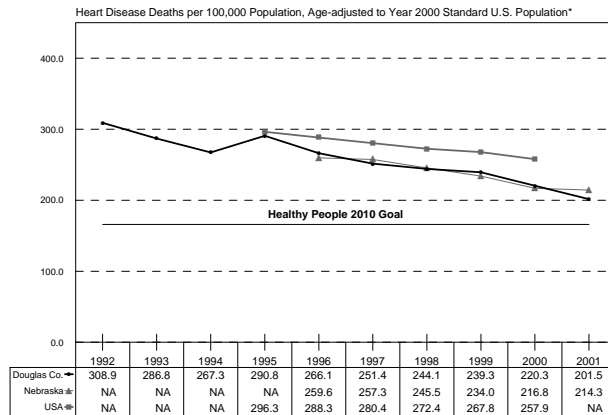
Black Non-hispanic = 348.6

Nebraska (6 year Avg.) = 237.9

U.S.A. (6 year Avg.) = 277.2

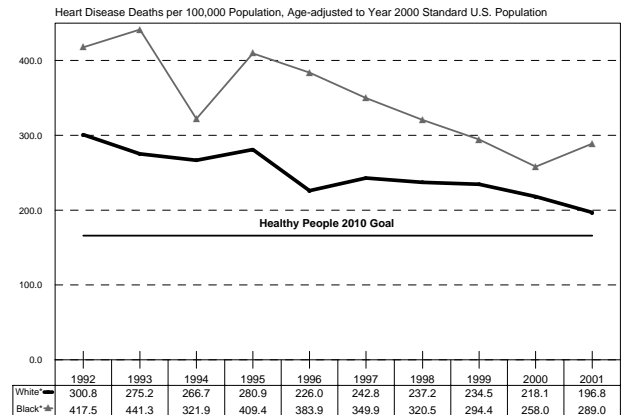
Rates per 100,000 Population

Heart Disease Deaths for Douglas County, Neb., and U.S.A.



NA - The data was not available at this time.
 * - The U.S.A. rates for 1999 and 2000 were adjusted by a comparability ratio of 0.99.

Heart Disease Deaths by Race/Ethnicity, Douglas County



* Only white Non-Hispanic and black Non-Hispanic are shown. Hispanics and other races are not included because of the small number of cases during the 10 year period.

Cancer Deaths

Cancer is the second leading cause of death in the United States and in the state of Nebraska. However, due to declining heart disease death rates, cancer became the leading cause of death in Douglas County in 2001. Douglas County's death rate matches that of the U.S. rate but is 12% higher than that seen in the state of Nebraska. The rates have been fairly steady over this period, with a slight decline in the United States and Douglas County rates and a slight increase in Nebraska's rate. A disparity is apparent in cancer deaths with the black race having a rate approximately 32% higher than the white race.

2010 Goal = 159.9

Yearly Averages:

Douglas County (10 year Avg.) = 206.8

White Non-hispanic = 203.4

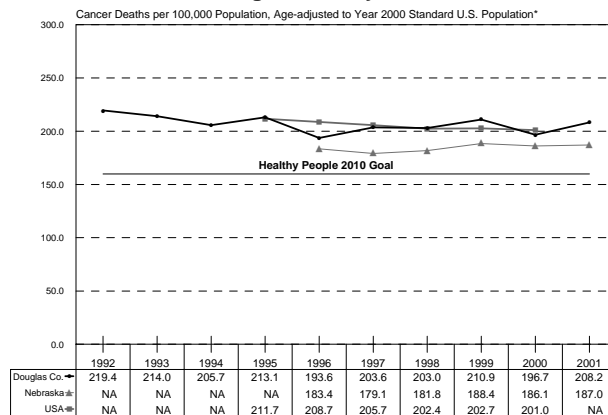
Black Non-hispanic = 267.5

Nebraska (6 year Avg.) = 184.3

U.S.A. (6 year Avg.) = 205.4

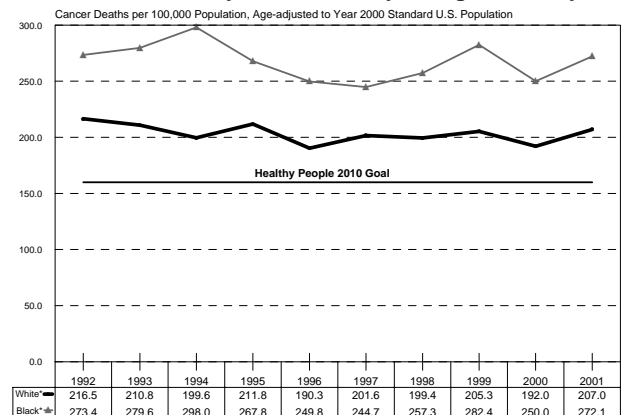
Rates per 100,000 Population

Cancer Deaths for Douglas County, Nebraska, and U.S.A.



NA - The data was not available at this time.
 * - The U.S.A. rates for 1999 and 2000 were adjusted by a comparability ratio of 1.04.

Cancer Deaths by Race/Ethnicity, Douglas County



* Only white Non-Hispanic and black Non-Hispanic are shown. Hispanics and other races are not included because of the small number of cases during the 10 year period.

Stroke Deaths

In the United States, stroke death rates have declined over the past 30 years, but the rate of decline has slowed in recent years. The overall decline occurred mainly because of improvements in detection and treatment of high blood pressure. In Douglas County, the death rate has closely followed the rates for the United States and Nebraska. A disparity exists in stroke death rates where the rate for the black race is nearly 50% higher than the rate for the white race.

2010 Goal = 48.0

Yearly Averages:

Douglas County (10 year Avg.) = 60.5

White Non-hispanic = 58.3

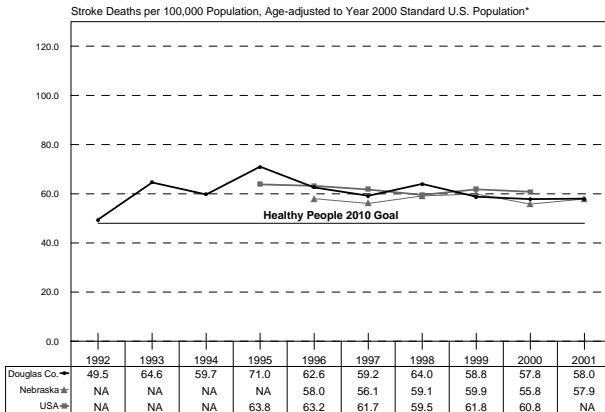
Black Non-hispanic = 86.8

Nebraska (6 year Avg.) = 57.8

U.S.A. (6 year Avg.) = 61.8

Rates per 100,000 Population

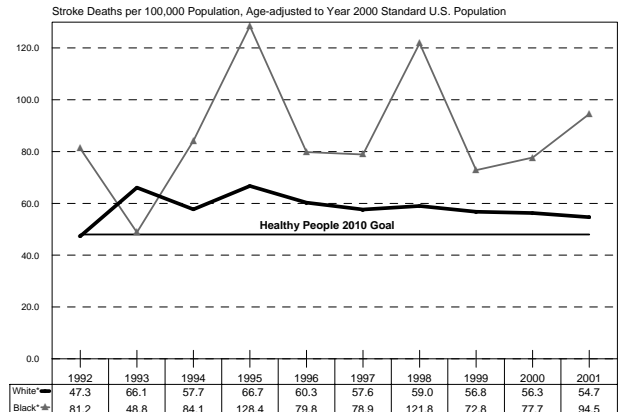
Stroke Deaths for Douglas County, Nebraska, and U.S.A.



NA - The data was not available at this time.

* - The U.S.A. rates for 1999 and 2000 were adjusted by a comparability ratio of 1.06.

Stroke Deaths by Race/Ethnicity, Douglas County



* Only white Non-Hispanic and black Non-Hispanic are shown. Hispanics and other races are not included because of the small number of cases during the 10 year period.

Chronic Lung Disease Deaths

Chronic lung disease is a significant public health burden in the United States and is one of the leading chronic conditions causing restricted activity. This has a major impact on health care, illness, disability and death in the older population, and the magnitude of the problem is growing. Cigarette smoking can be a contributing factor because certain individuals are susceptible to the adverse health effects of cigarette smoke on the lung. The rate in Douglas County has followed the growth in the national trend and exceeded both the Nebraska and the United States rates in the last few years. The *Healthy People 2010* goal refers to only adults over 44. Over the ten year period, the average rate for adults over 44 in Douglas County is about equal to the *Healthy People* baseline for the United States but has exceeded the baseline since 1998.

Adults > 44

2010 Goal = 60.0

Yearly Averages:

Douglas County (10 year Avg.) = 120.3

2010 U.S.A. Baseline = 119.4

All Ages

Yearly Averages:

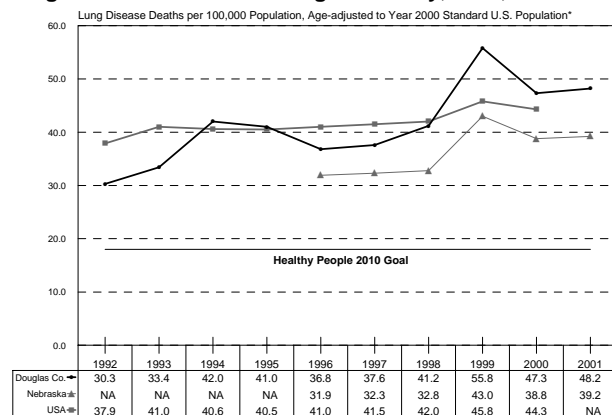
Douglas County (10 year Avg.) = 41.4

Nebraska (6 year Avg.) = 36.3

U.S.A. (9 year Avg.) = 41.6

Rates per 100,000 Population

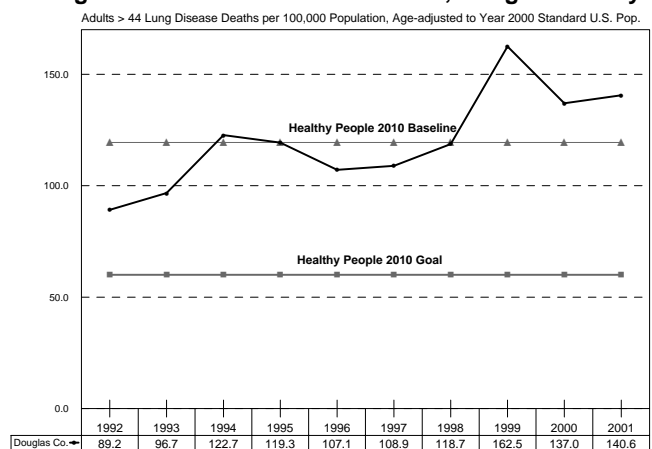
Lung Disease Deaths for Douglas County, Neb., and U.S.A.



NA - The data was not available at this time.

* - The U.S.A. rates for 1999 and 2000 were adjusted by a comparability ratio of 1.05

Lung Disease Deaths for Adults > 44, Douglas County



Lung Cancer Deaths

Lung cancer is the most common cause of cancer death among both females and males in the United States. Cigarette smoking is the most important risk factor for lung cancer. Other risk factors include occupational exposures (radon, asbestos) and indoor and outdoor air pollution (radon, tobacco smoke). In Douglas County, the death rate has been fairly steady over the last ten years but exceeds the rates for both the United States and Nebraska. A disparity exists in lung cancer death rates where the rate for the black race is 29% higher than the rate for the white race.

2010 Goal = 44.9

Yearly Averages:

Douglas County (10 year Avg.) = 61.6

White Non-hispanic = 61.1

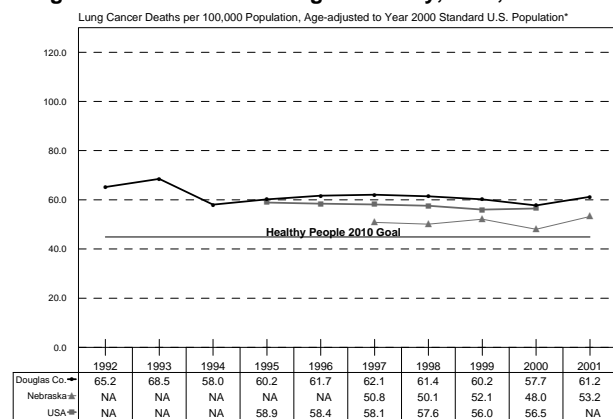
Black Non-hispanic = 79.0

Nebraska (5 year Avg.) = 50.8

U.S.A. (6 year Avg.) = 57.6

Rates per 100,000 Population

Lung Cancer Deaths for Douglas County, Neb., and U.S.A.



NA - The data was not available at this time.
 * - The U.S.A. rate for 1999 were adjusted by a comparability ratio of 0.98.

Lung Cancer Deaths by Race/Ethnicity, Douglas County



* Only white Non-Hispanic and black Non-Hispanic are shown. Hispanics and other races are not included because of the small number of cases during the 10 year period.

Female Breast Cancer Deaths

Breast cancer is the most common cancer among women in the United States. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Many breast cancer risk factors are not subject to intervention; however avoiding weight gain by older women may reduce their risk of developing breast cancer. The United States death rate has been dropping slightly over the last few years and the rate in Douglas County has been close to that of the nation, but remains higher than the rate for Nebraska.

2010 Goal = 22.3

Yearly Averages:

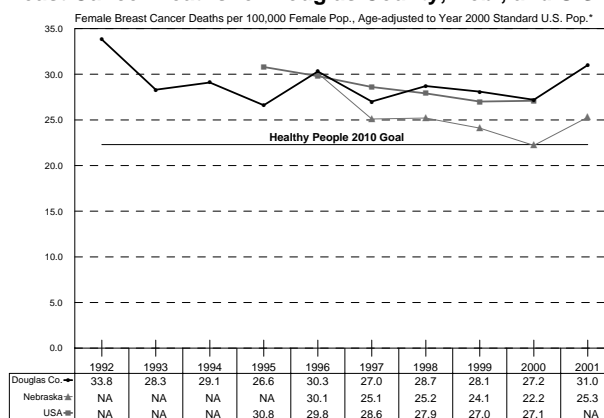
Douglas County (10 year Avg.) = 29.0

Nebraska (6 year Avg.) = 25.3

U.S.A. (6 year Avg.) = 28.5

Rates per 100,000 Female Population

Breast Cancer Deaths for Douglas County, Neb., and U.S.A.



NA - The data was not available at this time.
 * - The U.S.A. rates for 1999 and 2000 were adjusted by a comparability ratio of 1.01.

Colorectal Cancer Deaths

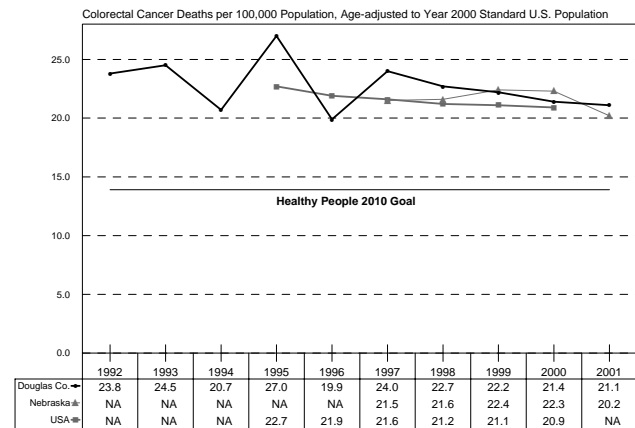
Colorectal cancer is the second leading cause of cancer-related deaths in the United States. Detecting and removing pre-cancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from colorectal cancer. The United States death rate has dropped slightly over the last few years and the rate in Douglas County is close to the rates for both the nation and Nebraska.

2010 Goal = 13.9

Yearly Averages:
Douglas County (10 year Avg.) = 22.7
Nebraska (5 year Avg.) = 21.6
U.S.A. (6 year Avg.) = 21.6

Rates per 100,000 Population

Colorectal Cancer Deaths for Douglas Co., Neb., and U.S.A.



Prostate Cancer Deaths

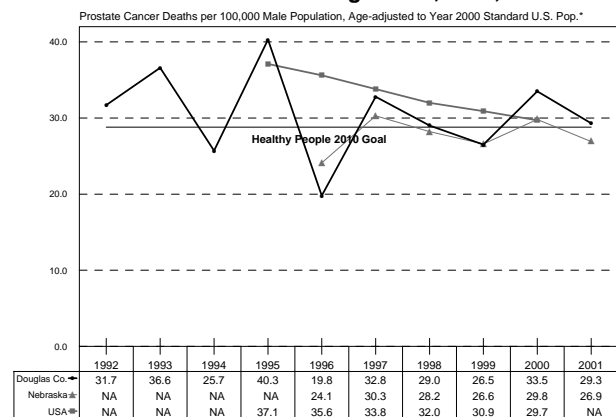
Prostate cancer is one of the most commonly diagnosed forms of cancer in males and is the second leading cause of cancer death among males in the United States. Prostate cancer is most common in men aged 65 years and older. The United States death rate has dropped over the last few years. The prostate cancer death rate in Douglas County has shown wide variation during the last ten years, but the general trend has been below the United States rate, but higher than the Nebraska rate.

2010 Goal = 28.8

Yearly Averages:
Douglas County (10 year Avg.) = 30.5
Nebraska (5 year Avg.) = 27.7
U.S.A. (6 year Avg.) = 33.2

Rates per 100,000 Male Population

Prostate Cancer Deaths for Douglas Co., Neb., and U.S.A.

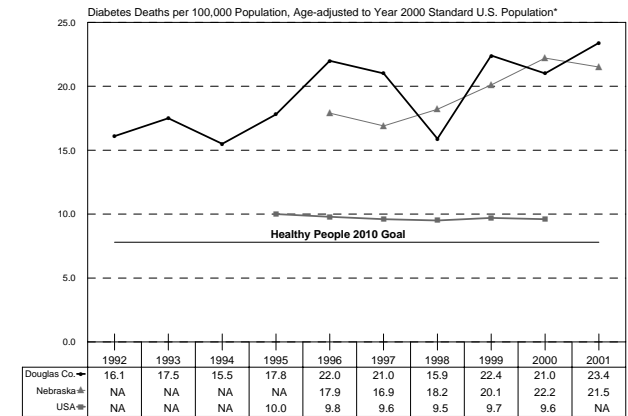


Diabetes Deaths

The occurrence of diabetes, as well as associated diabetes complications, is increasing in the United States. Over the past decade, diabetes has remained the seventh leading cause of death in the United States. In the year 2001, diabetes was the sixth leading cause of death among all Douglas County residents. The death rate due to diabetes in Douglas County and Nebraska has been increasing over the last ten years and is over twice the United States rate. Nationally, disparities exist among races, but due to small numbers, reliable Douglas County statistics are not available to compare rates between races.

2010 Goal = 7.8
Yearly Averages:
Douglas County (10 year Avg.) = 19.3
Nebraska (5 year Avg.) = 19.5
U.S.A. (6 year Avg.) = 9.7
Rates per 100,000 Population

Diabetes Deaths for Douglas County, Nebraska, and U.S.A.



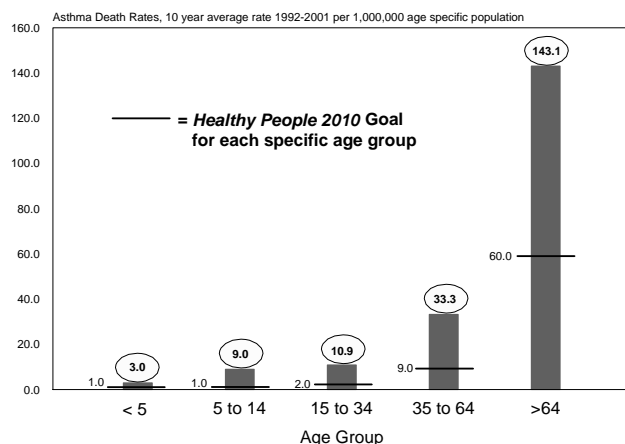
NA - The data was not available at this time.

* - The U.S.A. rates for 1999 and 2000 were adjusted by a comparability ratio of 1.01.

Asthma Deaths

Asthma is a serious and growing health problem in the United States. Many problems caused by asthma could potentially be averted if persons with asthma and their health care providers managed the disease according to established guidelines. Due to the relatively small number of deaths and the fluctuation from year to year, a ten-year average was used to examine the data. Douglas County has about 15 deaths per year due to asthma and the death rates by age group are considerably higher than the United States rates. Nationally, disparities exist among races, but due to small numbers, reliable statistics are not available to compare rates between races in Douglas County.

Average Asthma Death Rates for Douglas County



Average Asthma Death Rates for Douglas County Compared to U.S.A. Baseline and Healthy People 2010 Goal

Asthma death rates per 1,000,000 age-specific population

Age Group	Douglas County Average*	1998 U.S.A. Baseline#	Healthy People 2010 Goal
<5	3.0	1.8	1.0
5 to 14	9.0	3.1	1.0
15 to 34	10.9	6.2	2.0
35 to 64	33.3	18.9	9.0
>64	143.1	85.9	60.0

* Average death rate per year from 1992 to 2001.

U.S.A. death rates used as a baseline for setting the Healthy People 2010 goals.

Suicide Deaths

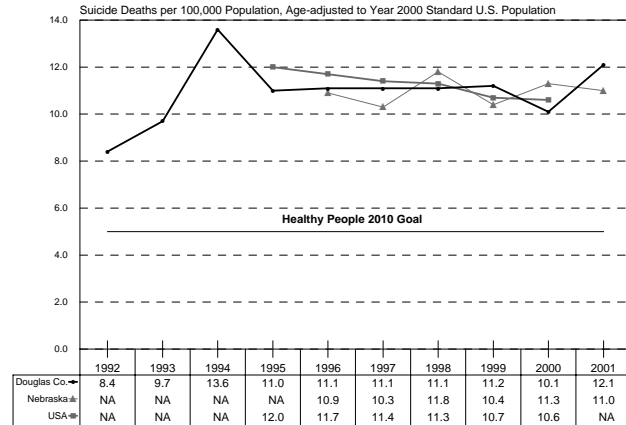
Suicide is a complex behavior that can be prevented in many cases by early recognition and treatment of mental health disorders. Reduction in access to lethal methods and recognition and treatment of mental health and substance abuse disorders are among the most promising approaches to suicide prevention. The suicide death rate does not represent the total picture since it does not reflect the total of all suicide attempts, just those that end in death. The Douglas County suicide death rate follows closely that of Nebraska and the United States. The leading method for suicide death is the use of firearms, followed by hanging/suffocation, gases and drug overdoses.

2010 Goal = 5.0

Yearly Averages:
Douglas County (10 year Avg.) = 10.9
Nebraska (6 year Avg.) = 11.0
U.S.A. (6 year Avg.) = 11.3

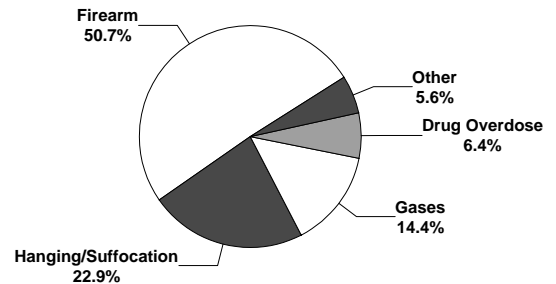
Rates per 100,000 Population

Suicide Deaths for Douglas County, Nebraska, and U.S.A.



NA - The data was not available at this time.

Suicide Deaths for Douglas County by Method, 1992-2001



Homicide Deaths

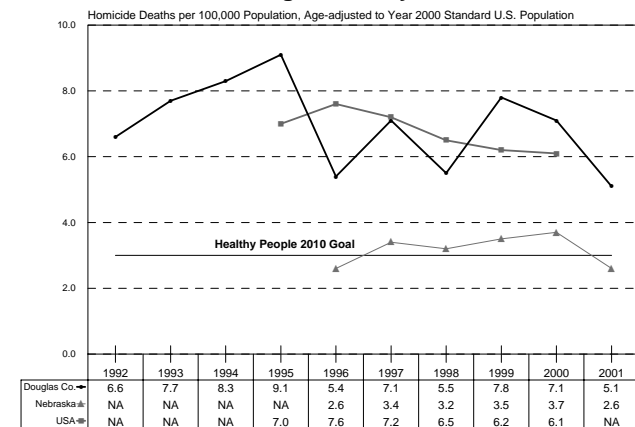
Violence claims the lives of many of the Nation's young persons and threatens the health and well being of many persons of all ages in the United States. In the United States, homicide is the second leading cause of death for young persons age 15 to 24 years and the leading cause of death to black youths in this age group. The homicide death rate for Douglas County is about the same as the United States but is twice that seen in the state of Nebraska. Nationally, disparities exist among races, but in Douglas County, reliable statistics are not available to compare rates between races due to small numbers. The leading method for homicide death in Douglas County is the use of firearms.

2010 Goal = 3.0

Yearly Averages:
Douglas County (10 year Avg.) = 7.0
Nebraska (6 year Avg.) = 3.2
U.S.A. (6 year Avg.) = 7.0

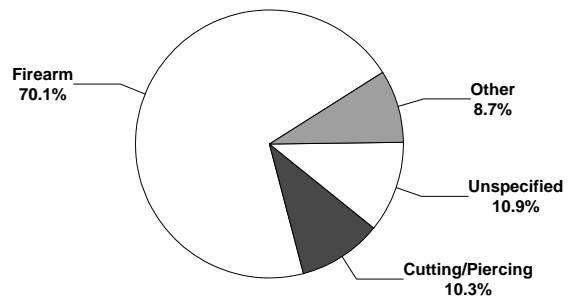
Rates per 100,000 Population

Homicide Deaths for Douglas County, Nebraska, and U.S.A.



NA - The data was not available at this time.

Homicide Deaths for Douglas County by Method, 1992-2001



Firearm Related Deaths

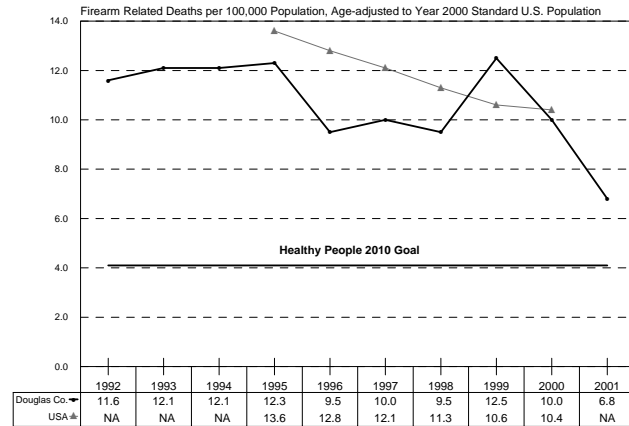
Firearms are by far the leading method used in suicide and homicide deaths. The death rate by firearms has been dropping in the United States and Douglas County has generally followed that trend. The rate in Douglas County has remained slightly below that of the United States. The largest percentage of firearm related deaths occur in the 15 to 24 year old age group (32%), followed by the 25 to 34 year old age group (24%).

2010 Goal = 4.1

Yearly Averages:
Douglas County (10 year Avg.) = 10.6
U.S.A. (6 year Avg.) = 11.8

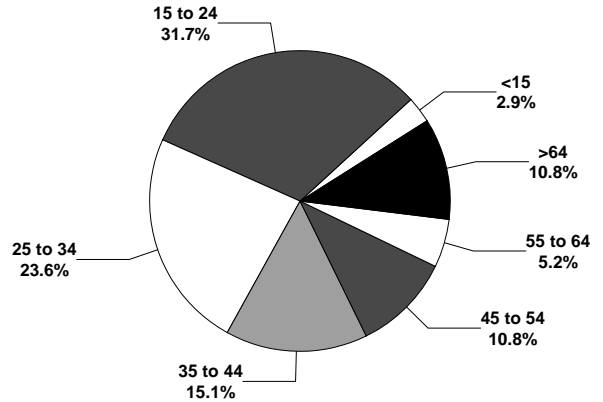
Rates per 100,000 Population

Firearm Related Deaths for Douglas County, and U.S.A.



NA - The data was not available at this time.

Firearm Related Deaths for Douglas County by Age Group 1992-2001



Accidental Deaths

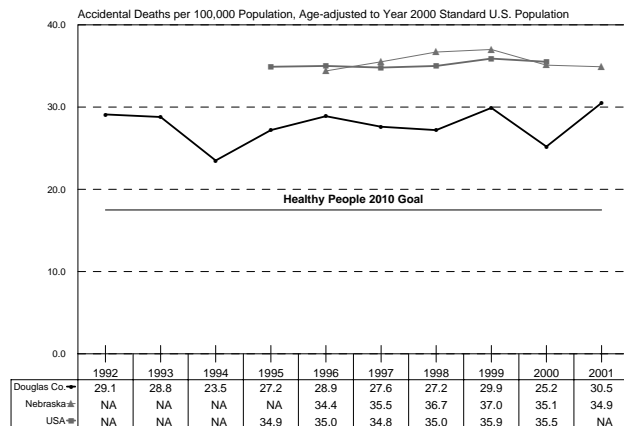
In the United States, more persons age one to 34 die as a result of an accident (unintentional injury) than any other cause of death. In Douglas County, accidents are the fifth leading cause of death. Although a leading cause of death, the death rate due to accidents in Douglas County is about 20% less than rates for Nebraska and the United States. Motor vehicle accidents account for almost half (42.6%) of all unintentional injury deaths in Douglas County, followed by falls (23.6%). In the last ten years, nearly 1,200 Douglas County residents have lost their lives to accidents that could have been avoided.

2010 Goal = 17.5

Yearly Averages:
Douglas County (10 year Avg.) = 27.8
Nebraska (6 year Avg.) = 35.6
U.S.A. (6 year Avg.) = 35.2

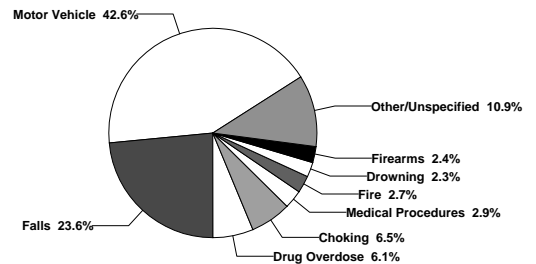
Rates per 100,000 Population

Accidental Deaths for Douglas County, Nebraska, and U.S.A.



NA - The data was not available at this time.

Accidental Deaths for Douglas County by Type, 1992-2001



Motor Vehicle Deaths

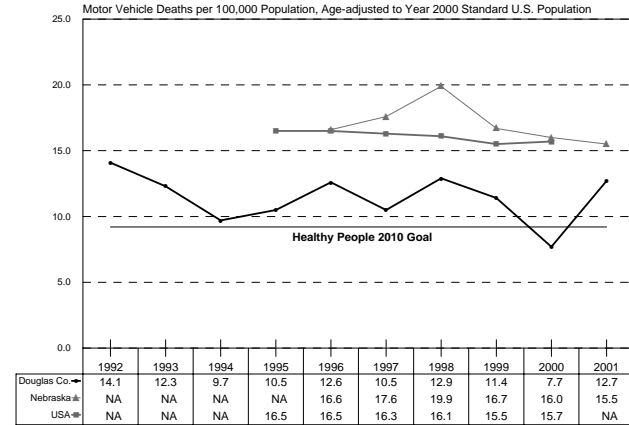
The majority of accidental deaths are due to motor vehicles (transportation). The motor vehicle death rate in Douglas County is considerably less than that seen in Nebraska and the United States. Drivers account for most of the deaths (42.4%) due to motor vehicle accidents. In the last five years (1997-2001) two deaths to children under five years of age have been attributed to motor vehicle accidents, while in the previous five-year period (1992-1996), there were eight. This may be due to the stricter child restraint laws that have been adopted.

2010 Goal = 9.2

Yearly Averages:
Douglas County (10 year Avg.) = 11.4
Nebraska (6 year Avg.) = 17.1
U.S.A. (6 year Avg.) = 16.1

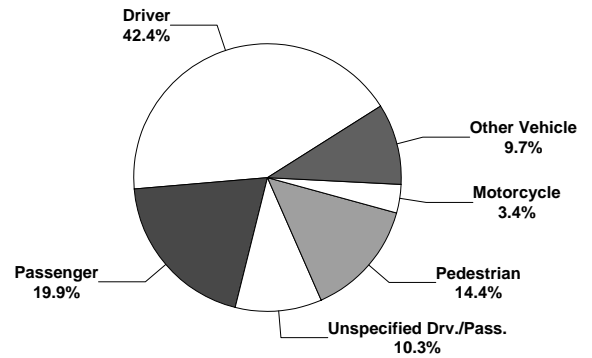
Rates per 100,000 Population

Motor Vehicle Deaths for Douglas County, Neb., and U.S.A.



NA - The data was not available at this time.

Motor Vehicle Deaths for Douglas County by Type, 1992-2001



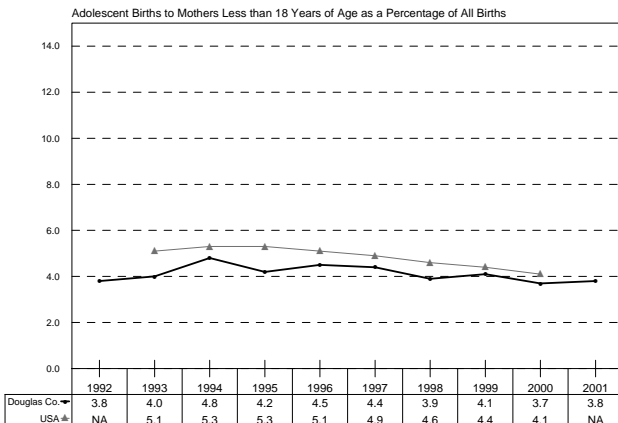
Births to Adolescents

Adolescent pregnancy remains an intense national issue, within the context of public health and welfare reform, concerning the optimum potential of the Nation's youth and the growth and development of newborns. The *Healthy People 2010* goal (43 per 1,000 adolescents) deals with teen pregnancy. Local data for abortions is not available; therefore total pregnancies can not be determined for Douglas County. In comparing available birth data, the percentage of adolescent births in Douglas County is approximately 15% below that seen nationally. Disparity between races is prominent in adolescent births. The proportion of adolescent births among the black race is five times higher than that for the white race. For Hispanics, it is three times that seen for the white race.

< 18 Mothers as Percent of all Births

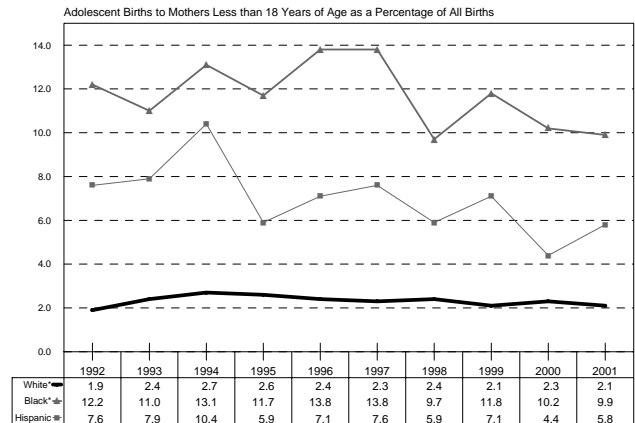
Yearly Averages:
Douglas County (10 year Avg.) = 4.1
White Non-hispanic = 2.3
Black Non-hispanic = 11.7
Hispanic = 7.0
U.S.A. (8 year Avg.) = 4.9

Adolescent Births (<18) for Douglas County and U.S.A.



NA - The data was not available at this time.

Adolescent Births (<18) by Race/Ethnicity, Douglas County



* White and black races not including Hispanics.

Low Birth Weight Births

Low birth weight (LBW) is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant death rate. Smoking accounts for 20 to 30 percent of all LBW births in the United States. There is a slightly increasing trend in LBW in the United States and in Douglas County, although Douglas County's percentages are slightly less than those for the United States. A disparity exists in LBW among Douglas County residents. The rate for the black race is 70% higher than that seen in both the white race and Hispanics.

2010 Goal = 5.0%

Yearly Averages:

Douglas County (10 year Avg.) = 7.0%

White Non-hispanic = 6.2%

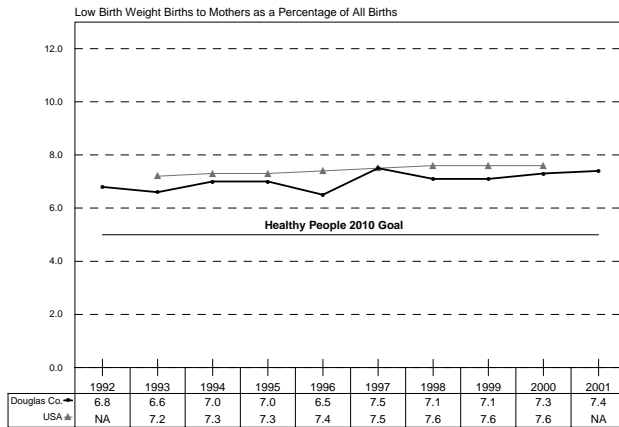
Black Non-hispanic = 10.6%

Hispanic = 6.2%

U.S.A. (8 year Avg.) = 7.4%

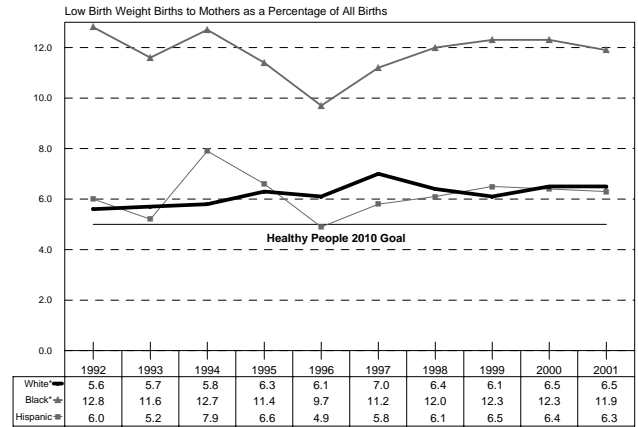
Percent of All Births

Low Birth Weight Births for Douglas County and U.S.A.



NA - The data was not available at this time.

Low Birth Weight Births by Race/Ethnicity, Douglas County



* White and black races not including Hispanics.

First Trimester Prenatal Care

Prenatal care can contribute to reductions in perinatal illness, disability, and death by identifying and mitigating potential risks that contribute to poor outcomes. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy. The percentage of women receiving first trimester care in the United States has been increasing since 1990. In Douglas County, the percentage has been just below 90% for most of the last ten years with a drop noted in the last three years. There is a disparity noted between races. The percentage of black and Hispanic women receiving early prenatal care is approximately 28% less than that seen in the white race.

2010 Goal = 90.0%

Yearly Averages:

Douglas County (10 year Avg.) = 87.5%

White Non-hispanic = 89.4%

Black Non-hispanic = 69.8%

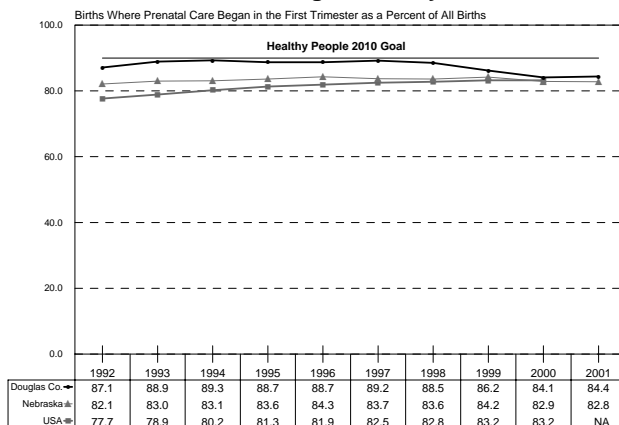
Hispanic = 70.5%

Nebraska (10 year Avg.) = 83.3%

U.S.A. (9 year Avg.) = 81.3%

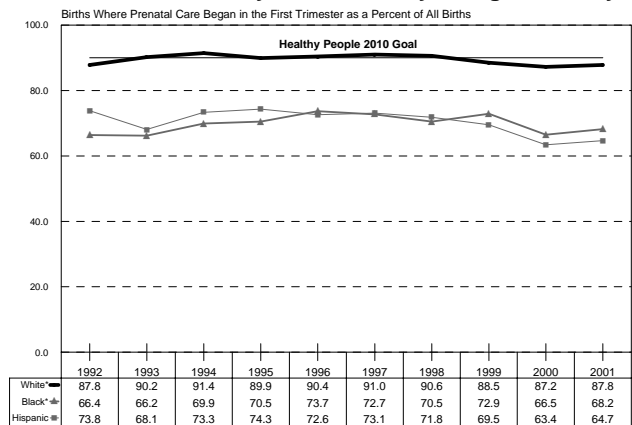
Percent of All Births

First Trimester Care for Douglas County, Neb., and U.S.A.



NA - The data was not available at this time.

First Trimester Care by Race/Ethnicity, Douglas County



* White and black races not including Hispanics.

Preterm Births

Preterm birth is the leading cause of neonatal deaths not associated with birth defects. Survival rates of infants have been shown to increase as gestational age advances, therefore, reduction in preterm delivery holds the greatest promise for overall reduction in infant illness, disability, and death. Percentages of preterm delivery in the United States have increased over the last three decades. Preterm births have been increasing in Douglas County since 1995. Although the percentage of preterm births in Douglas County is lower than the national baseline, the trend is away from the 2010 goal. A disparity is apparent where the percentage of preterm births among blacks is 38% higher than that seen among whites and Hispanics.

2010 Goal = 7.6%

Yearly Averages:

Douglas County (10 year Avg.) = 8.9%

White Non-hispanic = 8.5%

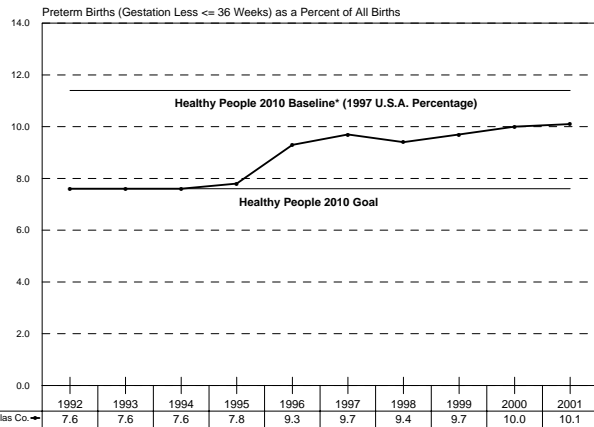
Black Non-hispanic = 11.7%

Hispanic = 8.1%

U.S.A. 1997 Baseline = 11.4%

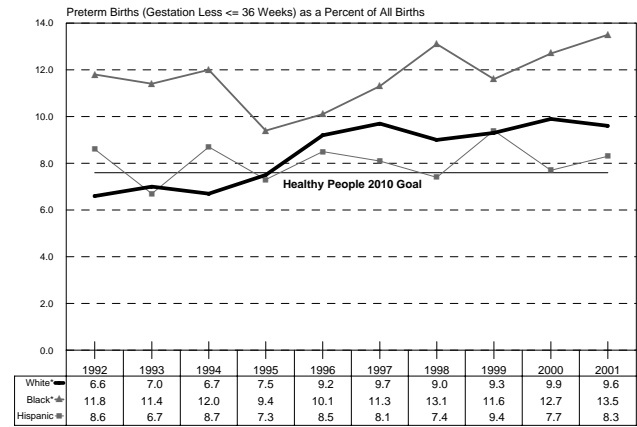
Percent of All Births

Preterm Births for Douglas County



* U.S.A. percentage used as a baseline for setting the Healthy People 2010 goals.

Preterm Births by Race/Ethnicity, Douglas County



* White and black races not including Hispanics.

Complications During Labor and Delivery

Serious physical and mental health problems can occur during pregnancy and delivery. Attention should be focused on the major causes of maternal illness and complications. The percentage of labor complications in Douglas County is comparable to that of Nebraska and the United States, but has been slowly rising over the last ten years. A small disparity appears in labor complications where the percentage in the black race is 13% higher than that seen in whites and Hispanics.

2010 Goal = 24.0

Yearly Averages:

Douglas County (10 year Avg.) = 32.2

White Non-hispanic = 31.7

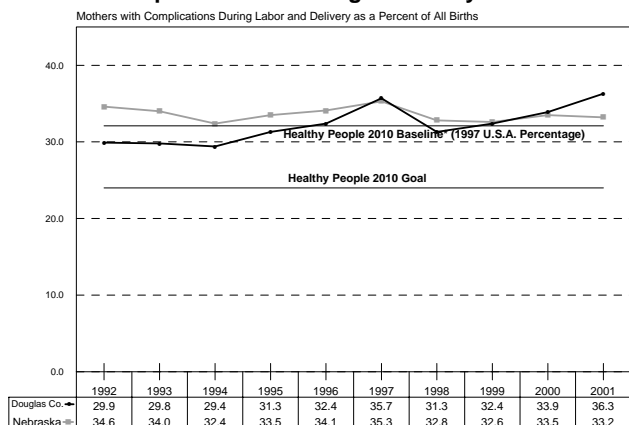
Black Non-hispanic = 35.8

Hispanic = 31.9

Nebraska (10 year Avg.) = 33.6

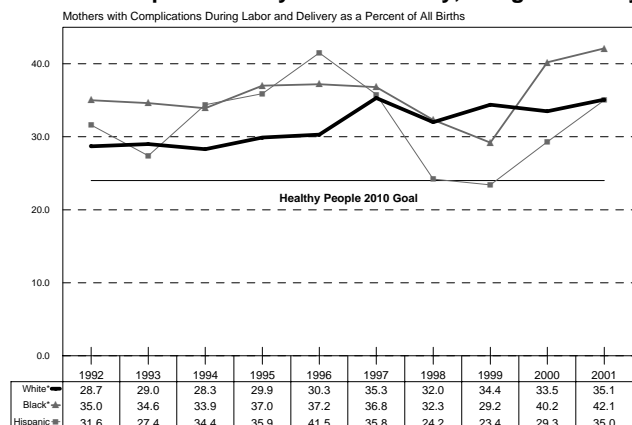
Per 100 Live Births

Maternal Complications for Douglas County and Nebraska



* U.S.A. percentage used as a baseline for setting the Healthy People 2010 goals.

Maternal Complications by Race/Ethnicity, Douglas County

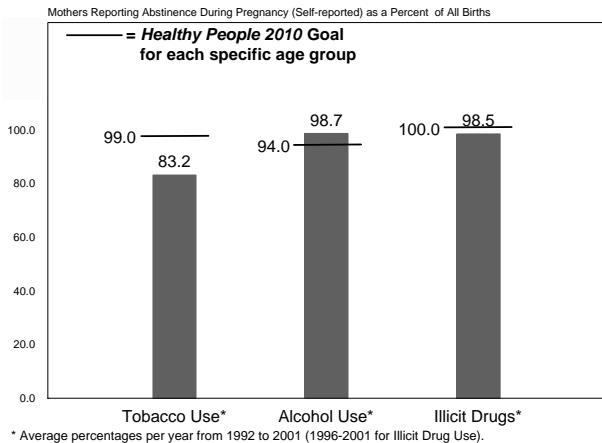


* White and black races not including Hispanics.

Prenatal Substance Abuse

A range of effects, including spontaneous abortion, low birth weight, and preterm delivery, has been associated with prenatal use of licit and illicit drugs, including alcohol, tobacco, cocaine, and marijuana. The information presented below is based on self-reporting by mothers and considered under-reported, especially illicit drugs where actual self-reporting is rare. In Douglas County, abstinence from tobacco among women has been improving since 1992 and is less than the 1997 national baseline, but far from the *Healthy People 2010* goal. Douglas County appears to have surpassed the 2010 goal for alcohol use by mothers but there it is also self-reported. Douglas County is below the 100% 2010 goal for abstinence of illicit drugs by mothers.

Prenatal Substance Abuse Abstinence for Douglas County



Prenatal Substance Abuse Abstinence for Douglas County Compared to U.S.A. Baseline and Healthy People 2010 Goal

Mothers Reporting Abstinence During Pregnancy (Self-reported) as a Percent of All Births

Age Group	Douglas County Average*	1997 U.S.A. Baseline#	Healthy People 2010 Goal
Tobacco Use	83.2	87.0	99.0
Alcohol Use	98.7	86.0	94.0
Illicit Drug Use	98.5	98.0	100.0

* Average percentages per year from 1992 to 2001 (1996-2001 for Illicit Drug Use).
U.S.A. death rates used as a baseline for setting the Healthy People 2010 goals.

AIDS

In the United States, HIV/AIDS remains a significant cause of illness, disability and death despite declines in the later 90's. Mainly identified among men who have sex with men, it has been reported in virtually every racial and ethnic population, every age group, and every socioeconomic group. Sexual practices and substance abuse are major determinants of transmission. Historically, AIDS incidence data have served as the basis for assessing needs for prevention and treatment programs. However, because of the effect of potent anti-retroviral therapies, AIDS incidence no longer can provide unbiased information. It is hoped that AIDS will not develop in the growing number of HIV-infected persons as they benefit from these new therapies. Persons reported with AIDS will increasingly represent persons who were diagnosed too late for them to benefit from treatments, persons who either did not seek or had no access to care, or persons who failed treatment. Incidence of AIDS in Douglas County is considerably less than that of the United States and has followed the downward trend seen nationally.

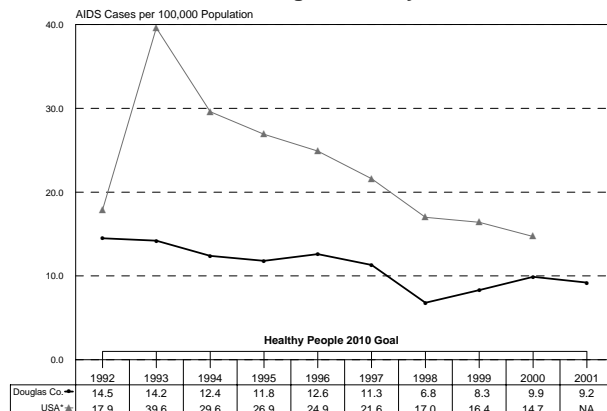
2010 Goal = 1.0

Yearly Averages:
Douglas County (10 year Avg.) = 11.1

United States (9 year Avg.) = 23.2

Per 100,000 Population

AIDS Rates for Douglas County and U.S.A.



NA - The data was not available at this time.
* U.S.A. Rates calculated from data in Health United States reports.

Tuberculosis (TB)

The 1989 *Strategic Plan for the Elimination of TB in the United States* set a goal of reducing tuberculosis to one case per million by 2010, with an interim goal of 3.5 cases per 100,000 by 2000. However, in the mid-1980s the trend toward TB elimination was reversed, and drug-resistant strains emerged that were even more deadly. TB cases have increased by 20 percent from 1985 to 1992, in the United States. Renewed efforts to combat the resurgence included improving laboratories, strengthening surveillance and expanding directly observed therapy, and expediting investigation of close contacts of TB patients. Since 1993, new cases of TB have declined in the United States. In Douglas County, the rate remained fairly steady at about 2 cases per 100,000, until 2001, when an upswing in the rate was noted. Much of this increase can be attributed to increases in tuberculosis among foreign-born individuals.

2010 Goal = 1.0

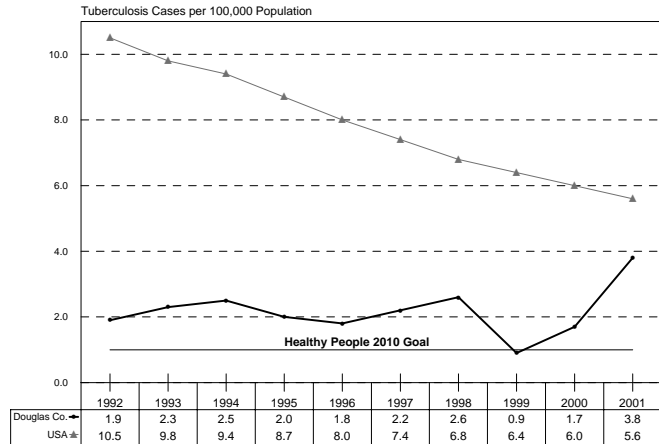
Yearly Averages:

Douglas County (10 year Avg.) = 2.2

United States (10 year Avg.) = 7.9

Per 100,000 Population

Tuberculosis Rates for Douglas County and U.S.A.



Meningococcal Disease

After a slight increase in the mid-1990s, cases of meningococcal infection have been declining in the United States. In Douglas County, meningococcal infections have averaged 1.1 cases per 100,000, slightly above the 2010 goal. New meningococcal conjugate vaccines against serogroups C and Y, which account for two-thirds of current disease in the United States, are now available for high-risk groups and college students. Development and licensing of new serogroup B meningococcal vaccines will also help reduce meningococcal disease.

2010 Goal = 1.0

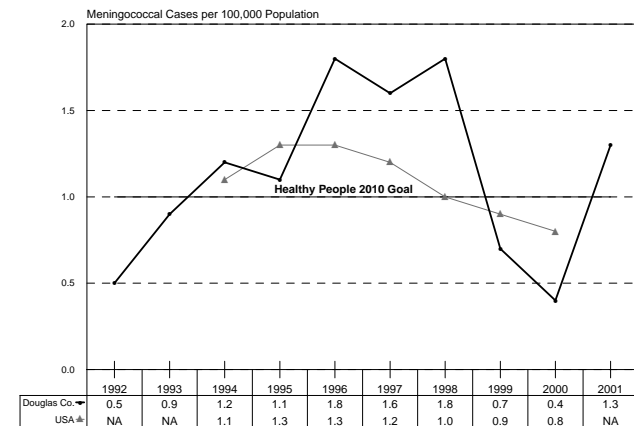
Yearly Averages:

Douglas County (10 year Avg.) = 1.1

United States (7 year Avg.) = 1.1

Per 100,000 Population

Meningococcal Rates for Douglas County and U.S.A.



NA - The data was not available at this time.

Enteric Infections

Campylobacteriosis and salmonellosis are the most frequently reported enteric illnesses in the United States. *Escherichia coli* O157:H7 and *listeria monocytogenes* cause infections that are less often reported but commonly more severe. Listeriosis is rare; however, septicemia and meningitis may result from infection with this organism, and up to 20 percent of the patients may die. Persons with altered or deficient immune response, such as infants and young children, older adults, pregnant women and their fetuses, and immunosuppressed persons, are at highest risk. Listeriosis in pregnant women may lead to miscarriage, stillbirth, or septicemia and meningitis in newborns. Campylobacter and salmonella incidence rates in Douglas County have been fairly steady over the last ten years and below rates seen nationally. *E. coli* incidence rates in Douglas County have been higher than that in the United States, but have shown a downward trend since 1992. Listeriosis incidence in Douglas County has generally been below that seen in the United States except in 1999, when there was a jump in the rate.

Douglas County

Yearly Averages (10 year Avg.):

Campylobacter = 16.9

Escherichia coli O157:H7 = 3.4

Listeria = 0.24

Salmonella = 9.9

Healthy People 2010 Goals

Campylobacter = 12.3

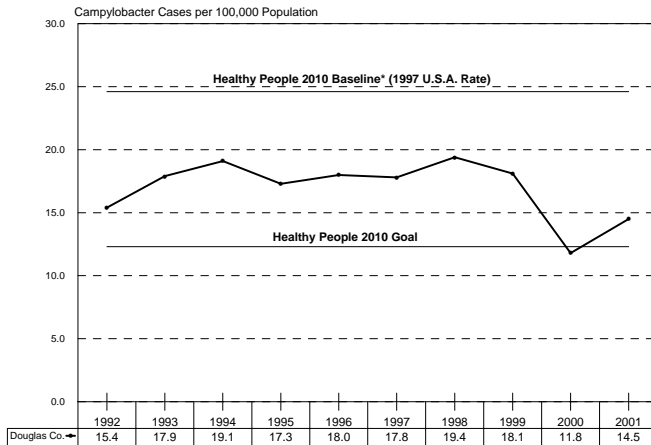
Escherichia coli O157:H7 = 1.0

Listeria = 0.25

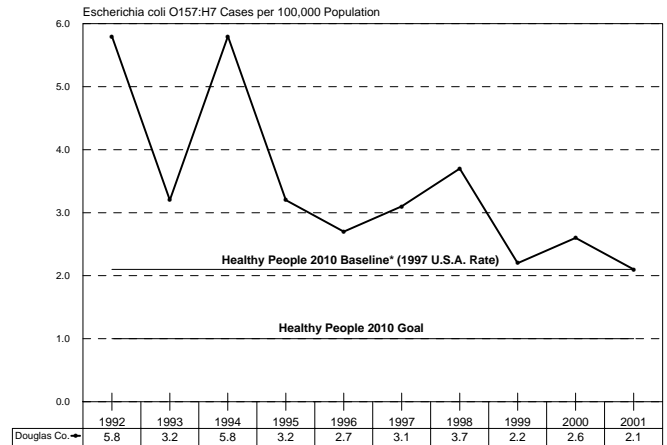
Salmonella = 6.8

Per 100,000 Population

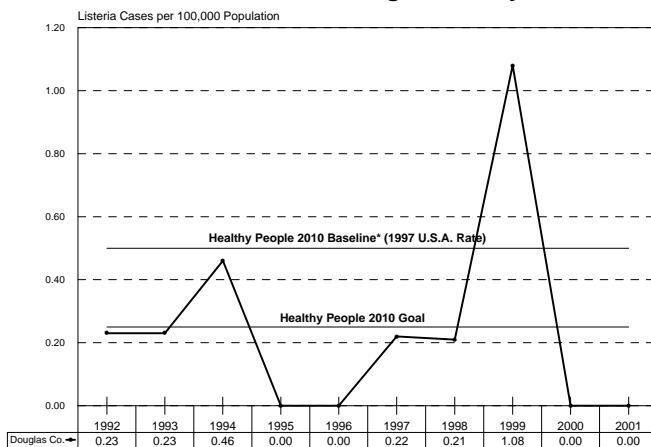
Campylobacter Rates for Douglas County



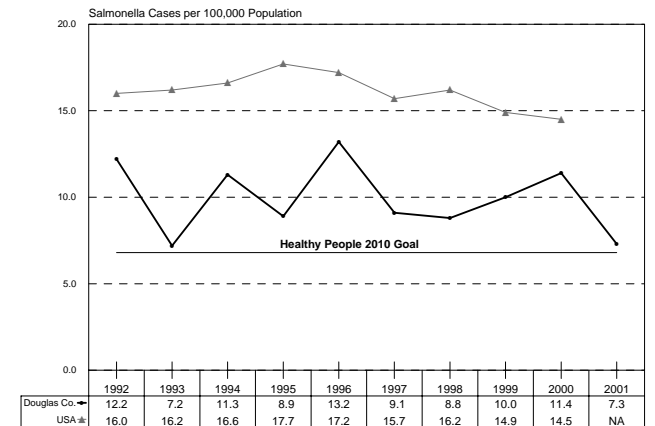
E. Coli O157:H7 Rates for Douglas County



Listeria Rates for Douglas County



Salmonella Rates for Douglas County and U.S.A.



NA - The data was not available at this time.

Hepatitis A

Hepatitis A is a liver disease caused by the hepatitis A virus (HAV). Good personal hygiene and proper sanitation can help prevent hepatitis A. In 1996, a vaccine against hepatitis A virus (HAV) was licensed that has the potential to reduce the health burden of this disease. The vaccine is now recommended for high-risk groups, including illicit drug users, men who have sex with men, persons traveling to HAV-endemic countries, persons with occupational risk of infection, and persons with chronic liver disease. To decrease HAV transmission, universal vaccination was recommended in 1999 for children who lived in states where the rate of new cases was greater than two times the national average. Nebraska is not one of those states. Since 1995, Douglas County's HAV rate has been below that of the United States.

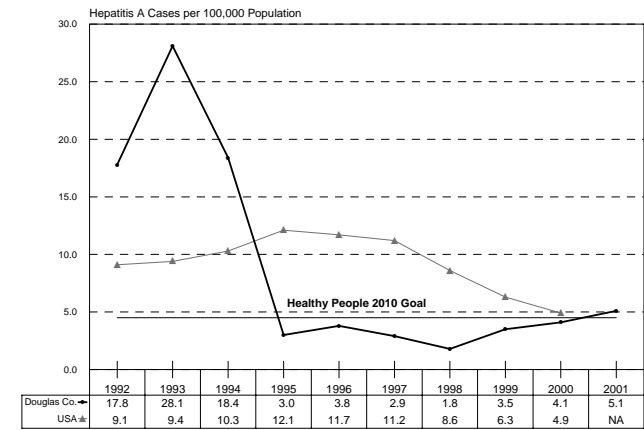
2010 Goal = 4.5

Yearly Averages:
Douglas County (10 year Avg.) = 8.9

United States (9 year Avg.) = 9.3

Per 100,000 Population

Hepatitis A Rates for Douglas County and U.S.A.



Hepatitis B

Hepatitis B is a serious disease caused by the hepatitis B (HBV). The virus attacks the liver and can cause lifelong infection, scarring of the liver, liver cancer, liver failure and death. To reduce hepatitis B transmission in the United States by 2010, it is recommended that vaccination programs be targeted to adolescents and adults in high-risk groups. Routine infant vaccination eventually will produce a highly immune population sufficient to eliminate HBV transmission in the United States. Hepatitis B rates in the United States dropped throughout the 1990s. In Douglas County, with the exception of peaks in 1996 and 2000, the hepatitis B rate has been less than the United States' rate. Douglas County rates for the 19 to 24 and the 25 to 39 age groups are greater than the 2010 goal, however the rate among those greater than 39 years of age is below the 2010 goal.

Yearly Averages:

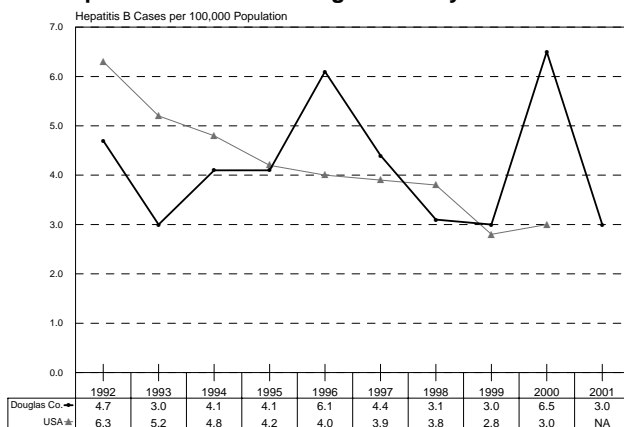
Douglas County (10 year Avg.) = 4.2
19 to 24 Age Group = 7.8
25 to 39 Age Group = 9.2
>39 = Age Group = 2.2
United States (9 year Avg.) = 4.2

Healthy People 2010 Goals

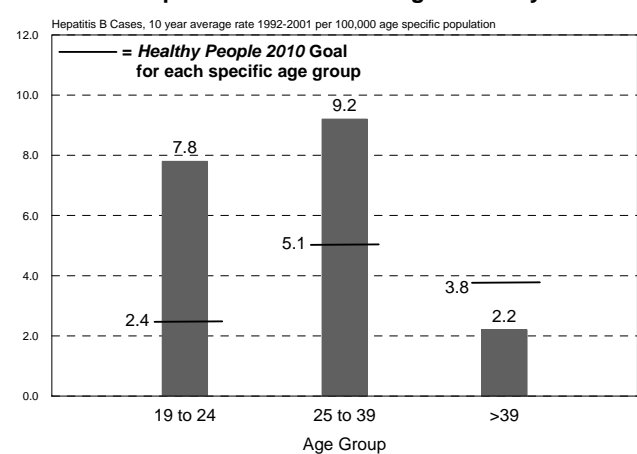
19 to 24 Age Group = 2.4
25 to 39 Age Group = 5.1
>39 = Age Group = 3.8

Per 100,000 Population

Hepatitis B Rates for Douglas County and U.S.A.



Hepatitis B Rates for Douglas County



Hepatitis C

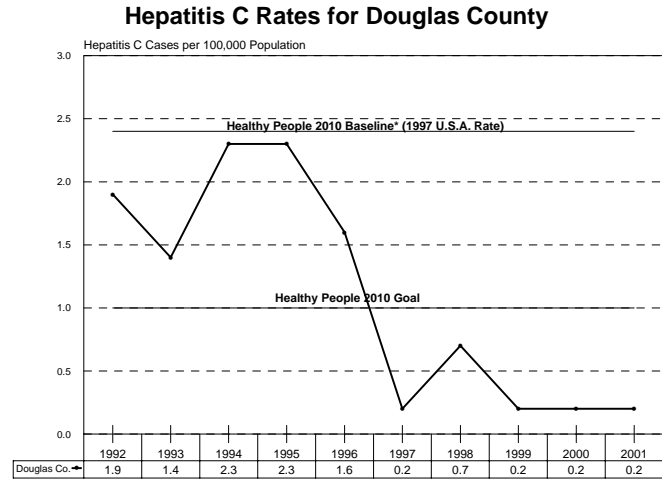
Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). It is the most common chronic bloodborne viral infection in the United States. The virus is usually transmitted through large or repeated percutaneous exposures to blood, for example, through, the sharing of equipment between injection drug users. HCV infects persons of all ages, but most new cases are among young adults aged 20 to 39 years. In Douglas County, the rate has dropped in recent years and is below the 2010 goal.

2010 Goal = 1.0

Yearly Averages:
Douglas County (10 year Avg.) = 1.1

U.S.A. 1997 Baseline = 2.4

Per 100,000 Population



Gonorrhea

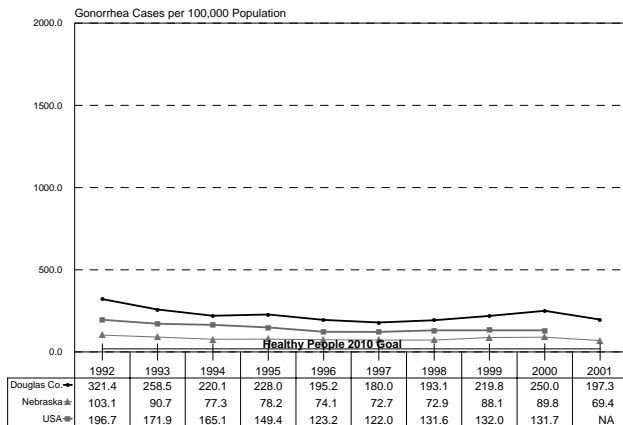
Sexually transmitted diseases (STDs) are a significant public health problem, largely unrecognized by the American public, policymakers, and public health and health care professionals. Gonorrhea is the second leading STD infectious organism. Gonorrhea rates in Douglas County are nearly 50% higher than that of the United States and almost three times that seen in the state of Nebraska. Douglas County accounts for approximately three-quarters of all gonorrhea cases in Nebraska. The disparity among races is large, where the rate for the black race is 37 times that of the white race. The rate for Hispanics is nearly three times as high as that seen among the white race.

2010 Goal = 19.0

Yearly Averages:
Douglas County (10 year Avg.) = 226.3
White Non-hispanic = 36.5
Black Non-hispanic = 1,368.4
Hispanic = 95.7
Nebraska (10 year Avg.) = 81.6
U.S.A. (9 year Avg.) = 147.1

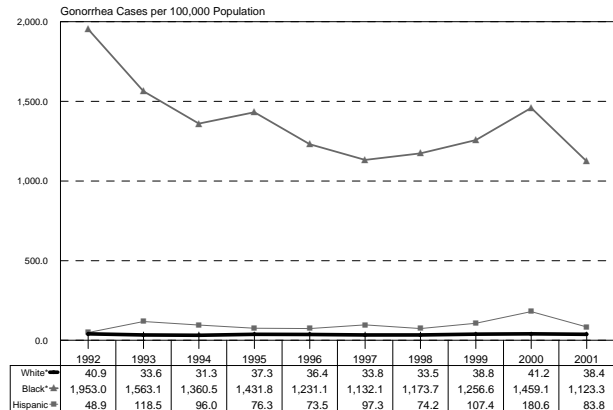
Rates per 100,000 Population

Gonorrhea Rates for Douglas Co., Neb., and U.S.A.



NA - The data was not available at this time.

Gonorrhea Rates by Race/Ethnicity, Douglas County**



* White and black races not including hispanics.

** These rates may be under represented due to the number of unknown race and ethnicities in the data.

Chlamydia

Chlamydia is the leading STD infectious organism. The chlamydia rate in Douglas County is nearly 34% higher than that of the United States and twice that of Nebraska. Douglas County accounts for approximately 50% of all chlamydia cases seen in the state of Nebraska. The disparity among races is large where the rate for the black race is 11 times that of the white race. The rate for Hispanics is almost three times as high as what is seen among the white race. The *Healthy People 2010* goals are to reduce the percentage of infected individuals 15 to 24 years of age attending STD clinics, to three percent.

Yearly Averages:

Douglas County (10 year Avg.) = 277.6

White Non-hispanic = 134.7

Black Non-hispanic = 1,458.0

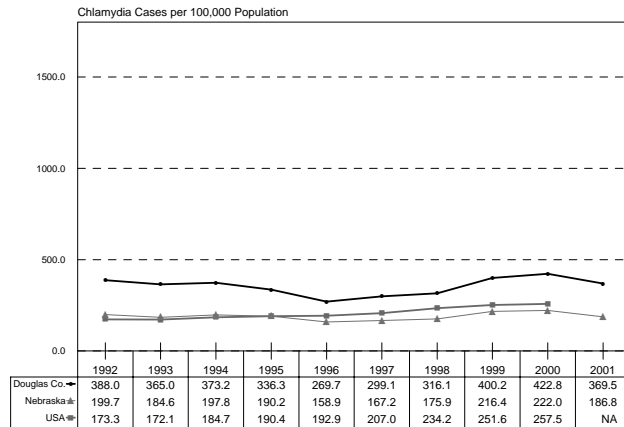
Hispanic = 402.6

Nebraska (10 year Avg.) = 190.0

U.S.A. (9 year Avg.) = 207.1

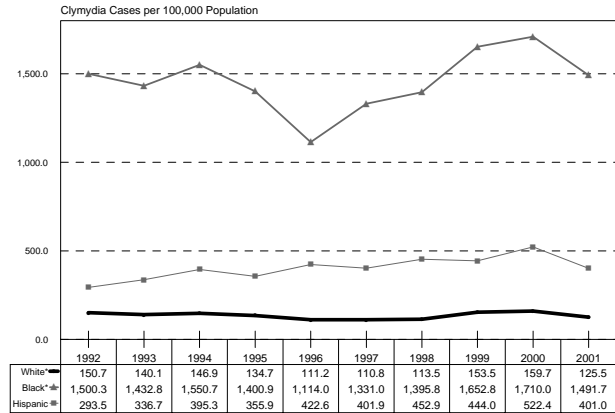
Rates per 100,000 Population

Chlamydia Rates for Douglas Co., Neb., and U.S.A.



NA - The data was not available at this time.

Clamydia Rates by Race/Ethnicity Douglas County**



* White and black races not including hispanics.

** These rates may be under represented due to the number of unknown race and ethnicities in the data.

Herpes

Herpes is the third leading STD infectious organism. Herpes rates in Douglas County are about twice that seen in Nebraska. Douglas County accounts for approximately 50% of all herpes cases in Nebraska. The rate for the black race is nearly three times that seen in the white race or Hispanics.

Yearly Averages:

Douglas County (10 year Avg.) = 104.3

White Non-hispanic = 52.4

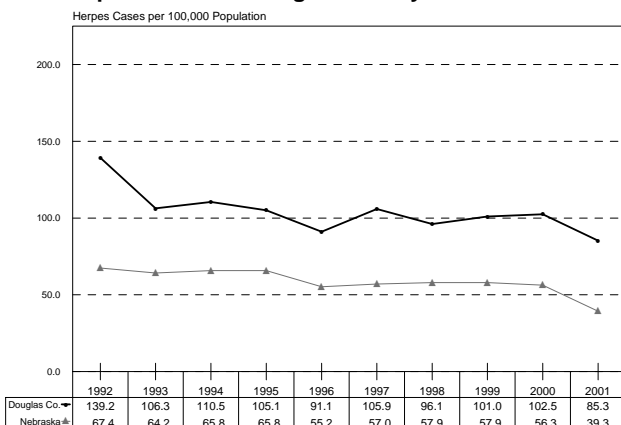
Black Non-hispanic = 150.5

Hispanic = 45.6

Nebraska (10 year Avg.) = 58.7

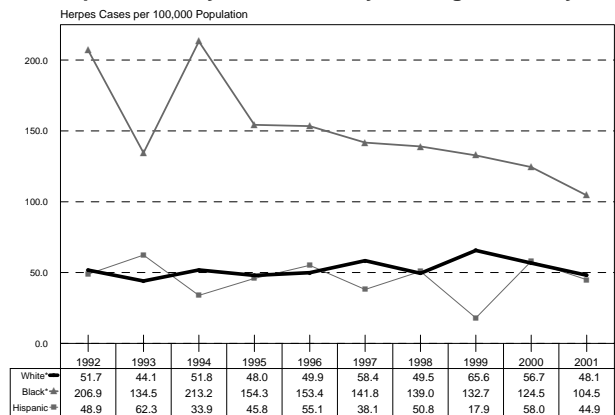
Rates per 100,000 Population

Herpes Rates for Douglas County and Nebraska



NA - The data was not available at this time.

Herpes Rates by Race/Ethnicity, Douglas County**



* White and black races not including hispanics.

** These rates may be under represented due to the number of unknown race and ethnicities in the data.

Syphilis

Syphilis rates in the United States have been dropping since 1992. The United States has a unique opportunity to eliminate syphilis within its borders. Syphilis is easy to detect and cure, given adequate access to and use of care. While many other endemic diseases, such as polio, measles, and smallpox, have been eliminated through widespread use of vaccines, the strategies for syphilis elimination differ from these efforts largely because there currently is no vaccine. Five strategies are critical for eliminating syphilis from the United States. The strategies are (1) strengthened community involvement and partnerships, (2) rapid outbreak response, (3) enhanced surveillance, (4) expanded clinical and laboratory services, and enhanced health promotion. Douglas County's syphilis rate is one-fifth that seen in the United States.

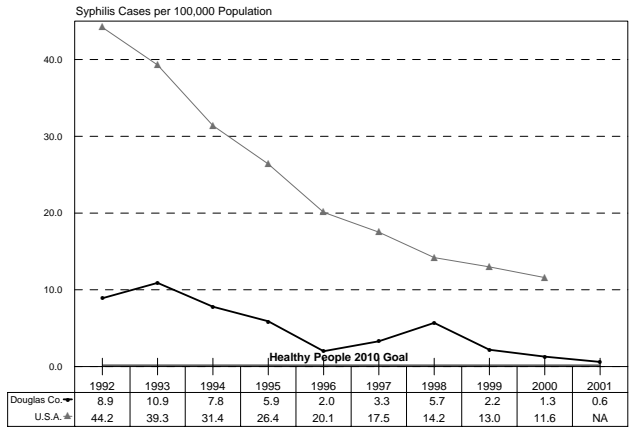
2010 Goal = 0.2

Yearly Averages:
Douglas County (10 year Avg.) = 4.9

United States (9 year Avg.) = 24.2

Per 100,000 Population

Syphilis Rates for Douglas County and U.S.A.



NA - The data was not available at this time.

Influenza & Pneumococcal Vaccinations

Vaccination is an effective strategy to reduce illness and deaths due to pneumonia and influenza. As the U. S. population ages, an increasing number of adults will be at risk for these major causes of illness and death. Information from the Behavioral Risk Factor Surveillance System indicates influenza vaccinations for people age 65 and older have been holding fairly steady at about 70% in Douglas County. Pneumococcal vaccinations for the plus-65 age group have increased from about 30% to 70% since 1995. Both of these percentages are still far below the goal of 90%.

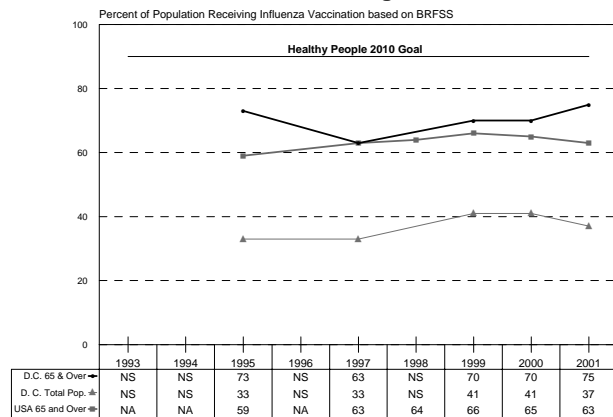
2010 Goal = 90%

Yearly Averages (Age 65 and Over):
Influenza:
Douglas County (5 year Avg.) = 70%
United States (6 year Avg.) = 63%

Pneumococcal:
Douglas County (5 year Avg.) = 52%
United States (6 year Avg.) = 47%

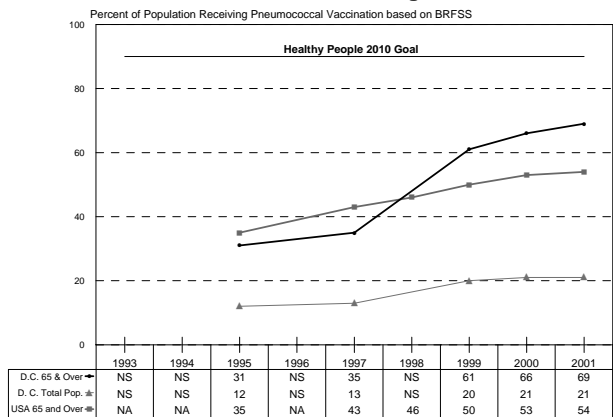
Percent of Population

Influenza Vaccination % for Douglas Co. and U.S.A.



NS - The survey was not asked that year.
 NA - The data was not available at this time.

Pneumococcal Vaccination % for Douglas Co. and U.S.A.



NS - The survey was not asked that year.
 NA - The data was not available at this time.

Health Insurance Coverage

Access to health services, including preventive care, primary care, and tertiary care, often depends on whether a person has health insurance. Uninsured people are less than half as likely as people with health insurance to have a primary care provider; to have received appropriate preventive care, such as recent mammograms or Pap tests; or to have had any recent medical visits. Lack of insurance also affects access to care for relatively serious medical conditions. Information from the Behavioral Risk Factor Surveillance System indicates that nearly 92% of Douglas County residents have insurance coverage. This is above the 84% level seen in the United States but well below the goal of 100%.

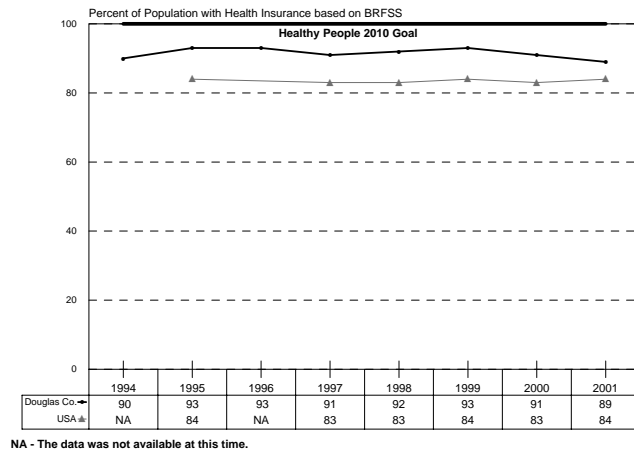
2010 Goal = 100%

Yearly Averages:
Douglas County (8 year Avg.) = 92%

United States (6 year Avg.) = 84%

Percent of Population

Insurance Coverage % for Douglas Co. and U.S.A.



Colorectal Cancer Screening

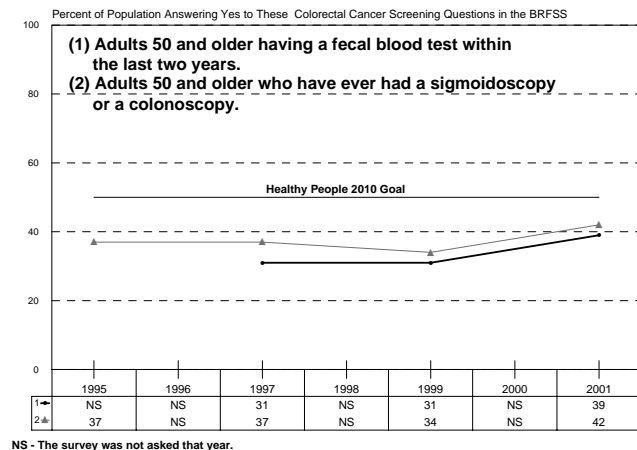
Evidence shows that a reduction in colorectal cancer (CRC) can be achieved through detection and removal of precancerous polyps and treatment of CRC in its earliest stages. Trials indicate that twice a year fecal occult blood tests (FOBT) can reduce deaths from CRC by 15 to 21 percent in people aged 45 to 80 years. Case-control studies have shown a 50 to 79 percent reduction in CRC deaths from cancers within reach of the sigmoidoscope in age groups 45 years and older. The reported use of these screening methods has been increasing in Douglas County, but is still well below the goal of 50%.

Percent of Adults 50 and Older who:

Had a fecal blood test within the last two years.
2010 Goal = 50%
Douglas County (3 year Avg.) = 34%

Ever had a sigmoidoscopy or a colonoscopy.
2010 Goal = 50%
Douglas County (3 year Avg.) = 38%

Colorectal Cancer Screening % for Douglas Co.



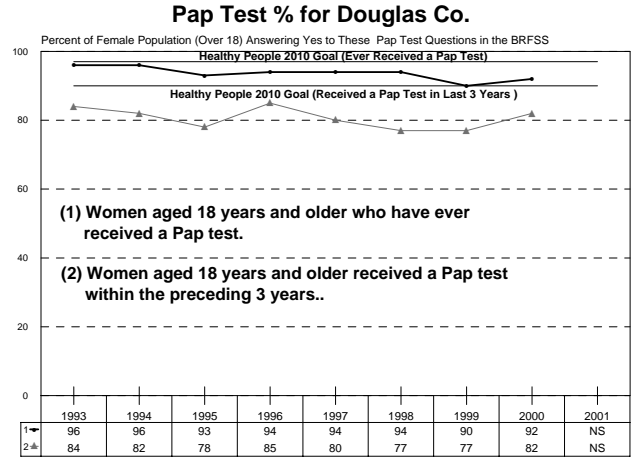
Papanicolaou Smear Test

To reduce cervical cancer deaths, a high percentage of females in the United States who are age 18 years and older need to comply with screening recommendations. The percentage of females receiving a Pap test in Douglas County has been slightly below the 2010 goal with a small drop in the percentage noted in recent years.

Percent of Women 18 and Older who:

Have ever received a pap test.
 2010 Goal = 97%
 Douglas County (8 year Avg.) = 94%

Received a pap test in last 3 years.
 2010 Goal = 90%
 Douglas County (8 year Avg.) = 81%

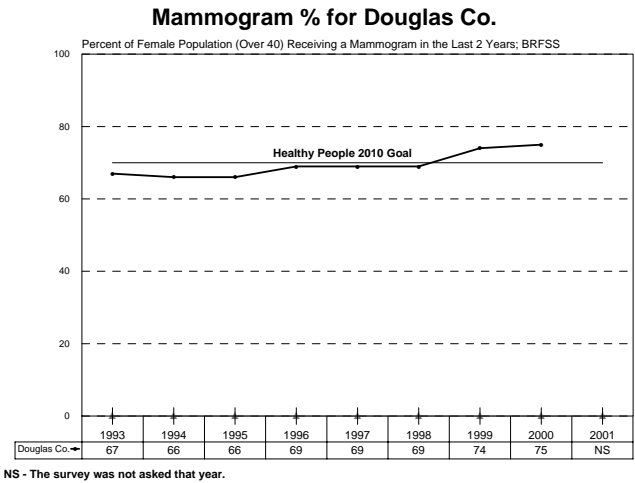


Mammograms

To reduce breast cancer deaths, a high percentage of females in the United States who are age 40 years and older need to comply with screening recommendations. The percentage of females who have had a mammogram within the last two years in Douglas County has been increasing since 1993 and has been above the 2010 goal since 1999.

Percent of Women 40 and Older who:

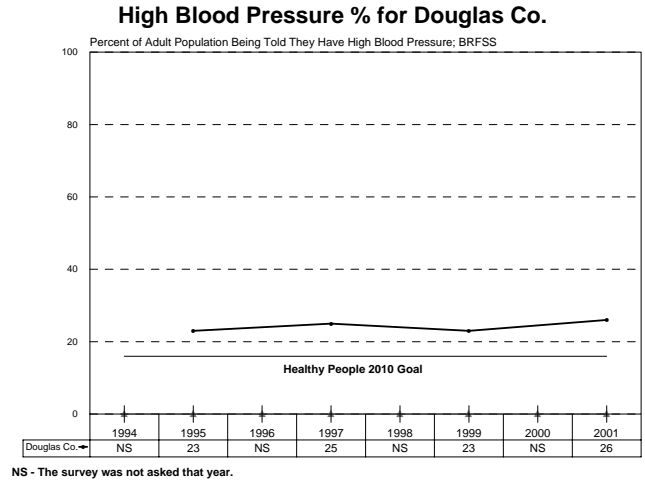
Received a mammogram in last 2 years.
 2010 Goal = 70%
 Douglas County (8 year Avg.) = 69%



High Blood Pressure

High blood pressure remains a major risk factor for chronic heart disease, stroke and heart failure. About 50 million Americans have high blood pressure. High blood pressure is more common in older persons. A large proportion of Americans with high blood pressure are still unaware they have this disorder. Based on the Behavioral Risk Factor Survey System (BRFSS), approximately 24% (average of 4 surveys over the last 7 years) of adults in Douglas County indicate that they have high blood pressure. This has been steady since 1994 and is above the 2010 goal of 16%.

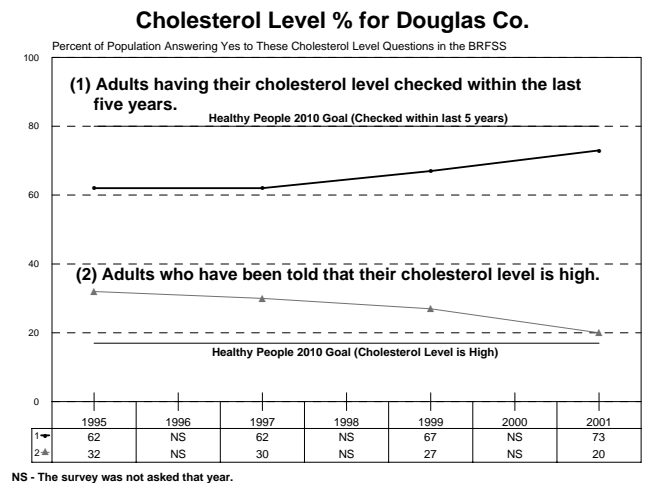
Percent of Adult Population who:
Report having high blood pressure.
2010 Goal = 16%
Douglas County (4 year Avg.) = 24%



Cholesterol Levels

High blood cholesterol is a major risk factor for chronic heart disease that can be modified. More than 50 million American adults have blood cholesterol levels that require medical advice and treatment. More than 90 million adults have cholesterol levels that are higher than desirable. All adults aged 20 years and older should have their cholesterol levels checked at least once every 5 years to help them take action to prevent or lower their risk of chronic heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight. Based on the Behavioral Risk Factor Survey System (BRFSS), approximately 27% (average of 4 surveys over the last 7 years) of the adults in Douglas County indicate that they have high blood cholesterol levels and 66% have had their cholesterol levels checked within the last five years. Both of these levels have steadily improved since 1995.

Percent of Adult Population who:
Had cholesterol checked in last 5 years.
2010 Goal = 80%
Douglas County (4 year Avg.) = 66%
Have been told cholesterol is high.
2010 Goal = 17%
Douglas County (4 year Avg.) = 27%



Smoking

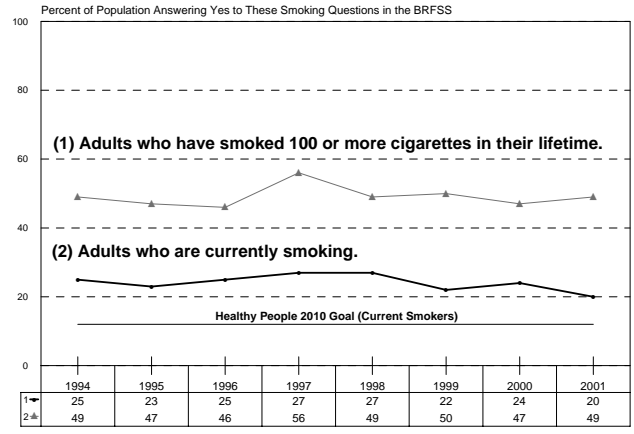
Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy can result in spontaneous abortions, low birth weight, and sudden infant death syndrome. Smoking among adults declined steadily from the mid-1960s through the 1980s. However, smoking among adults appears to have leveled off during the 1990s. This has been the case in Douglas County, where the percent of adults who smoke has remained fairly stable at 24% over the last 8 years.

Percent of Adult Population who:

Have Smoked in Their Lifetime.
 Douglas County (8 year Avg.) = **49%**

Currently Smoke.
 2010 Goal = **12%**
 Douglas County (8 year Avg.) = **24%**

Smoking % for Douglas Co.



Childhood Blood Lead Screening

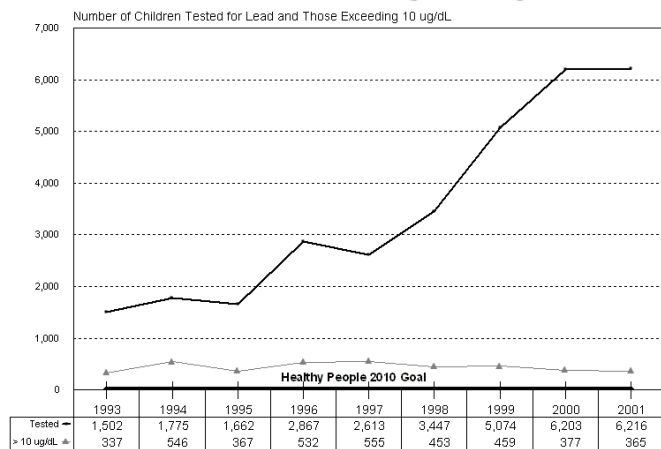
Although considerable progress has been made in reducing blood lead levels (BLL) in the nation's children, lead poisoning remains a preventable environmental problem in the United States. In Douglas County, the number of children being screened for lead poisoning has increased substantially. However, the number of children with BLL exceeding 10 ug/dL has remained around 443 cases per year. The 2010 goal calls for no children to test above 10 ug/dL.

Blood Lead Levels Exceeding 10 ug/dL

2010 Goal = 0 Children

Douglas County (9 year Avg.) = 443

Childhood Blood Lead Screening for Douglas Co.



Acknowledgements

Portions of the discussion and the data were extracted from the following sources:

Healthy People 2010, Understanding and Improving Health U.S. Department of Health and Human Services, Second Version, November 2000

Health, United States, 2001 National Center for Health Statistics, U.S. Department of Health and Human Services, (and previous yearly editions)

Reported Tuberculosis in the United States, 2001 U.S. Department of Health and Human Services, Division of Tuberculosis Elimination

Vital Statistics Report, 2001 Nebraska Health & Human Service System, (and previous yearly editions)

STD Reports, 1986-2001 Nebraska Health & Human Service System

Vital Statistics database for Douglas County provided by Nebraska Health & Human Service System

Behavioral Risk Factor Surveillance System database for Douglas County provided by Nebraska Health & Human Service System

Douglas County Surveillance System database, Douglas County Health Department

Douglas County Sexually Transmitted Disease Surveillance System database, Douglas County Health Department

Douglas County Tuberculosis Surveillance System database, Douglas County Health Department

Douglas County HIV/AIDS Reporting System database, Douglas County Health Department

Douglas County Lead Screening database, Douglas County Health Department

2002 Data Pamphlet, Woods & Poole Economics; Washington D.C.; Douglas County, Nebraska

This project is supported in part by federal Preventive Health and Health Services Block Grant Funds awarded to the Douglas County Health Department by the Nebraska Health and Human Services System.

This report was compiled by the Douglas County Health Department (DCHD), Epidemiology Section. Data was provided from vital statistics and BRFSS files provided by the Nebraska Health and Human Services System and the communicable disease reporting system of the DCHD.

Douglas County Health Department

<http://www.co.douglas.ne.us/dept/health/>

1819 Farnam St, Rm. 401
Omaha, NE 68183
402-444-7213
FAX: 402-444-3287

Richard Buntgen; Data Analyst 402-444-3951; rbuntgen@co.douglas.ne.us
Patty Friend; Supervisor Epidemiology
Carol Allensworth; Chief, Division of Health Data & Planning
Adi Pour, PhD; Health Director

Comments or questions can be directed to Richard Buntgen.

Nebraska Health and Human Services System

<http://www.hhs.state.ne.us/>

P.O. Box 95044
Lincoln, NE 68509-5044
402-471-2306