

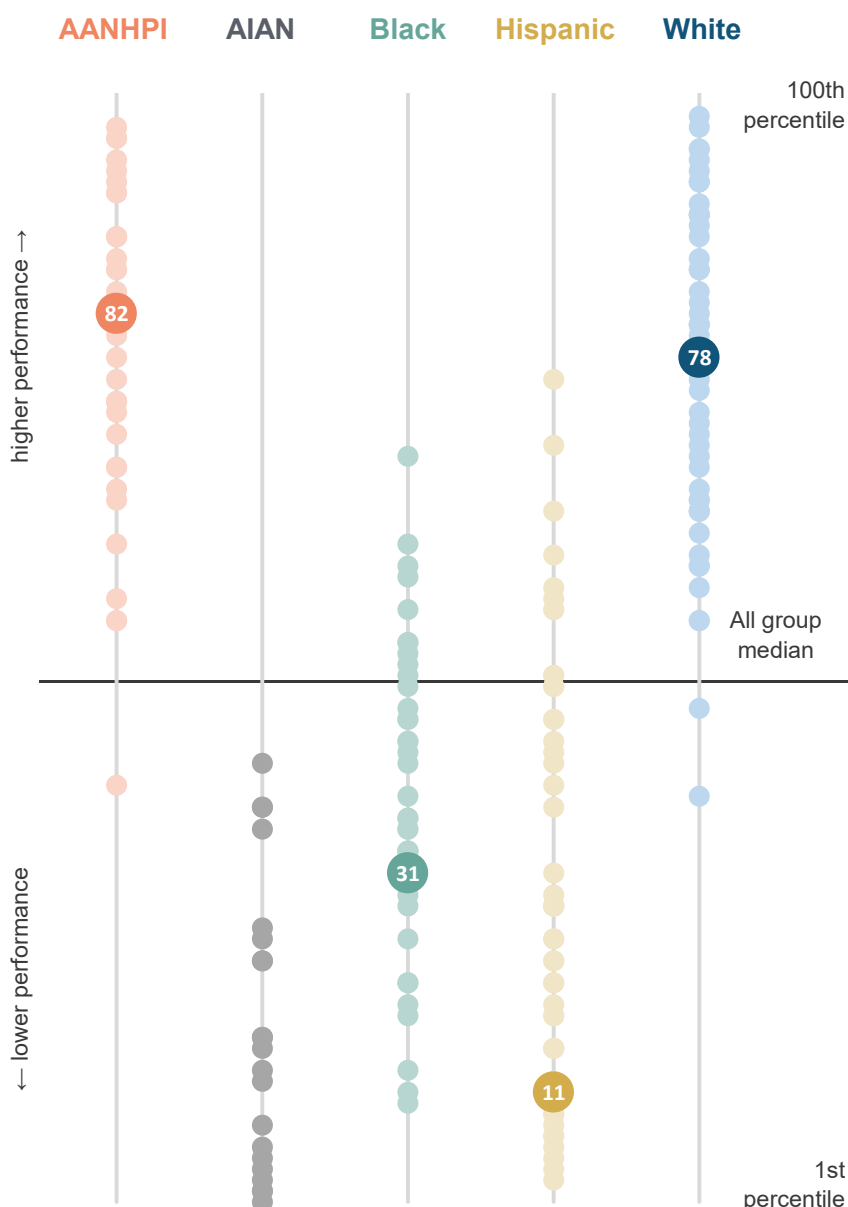
How well does the health care system in **Nebraska** work for people of different racial and ethnic groups?

In Nebraska, **AANHPI people** experienced the **best health care outcomes, access, and quality**, scoring in the 82nd percentile among all population groups nationally.

Hispanic people experienced the **worst health care outcomes, access, and quality** in the state, scoring in the 11th percentile.

Compared to other states in the Plains region, Nebraska has **less severe** racial and ethnic health disparities.

Health System Performance by Race/Ethnicity



Each column is a racial/ethnic group, and each point represents a state. Performance represented as percentiles (1–100). Nebraska performance percentile highlighted. No highlighted dot indicates overall performance data not available for that group.

Population by race/ethnicity (2024)

	Nebraska		Plains		United States	
Total	1,977,886		21,646,244		335,268,606	
AANHPI	57,011	3%	724,921	3%	21,483,845	6%
AIAN	10,713	<1%	182,283	<1%	1,720,874	<1%
Black	82,512	4%	1,453,425	7%	38,820,084	12%
Hispanic	269,499	14%	1,741,470	8%	67,230,087	20%
White	1,467,203	74%	16,470,411	76%	188,863,832	56%

Notes: AANHPI = Asian American, Native Hawaiian, and Pacific Islander. AIAN = American Indian and Alaska Native. “—” means data not available. Plains states include IA, KS, MN, MO, NE, ND, SD.

Source: Jess Maksut et al., *The Commonwealth Fund 2026 State Health Disparities Report* (Commonwealth Fund, Apr. 2026).

How well does the health system in Nebraska work for people from different racial and ethnic groups and across different dimensions of care?

AANHPI

Nebraska ranks 16th among the 33 states we were able to rank. This indicates that the state's health system performance for AANHPI people was better than the average compared to other states.

Health outcomes ranking: **8** (of 36) is better than the average
Health care access ranking: **23** (of 36) is worse than the average
Health care quality ranking: **18** (of 45) is better than the average

AIAN

An overall ranking for AIAN people in Nebraska is not available because of insufficient data.

Health outcomes ranking: insufficient data
Health care access ranking: insufficient data
Health care quality ranking: insufficient data

Black

Nebraska ranks 28th among the 39 states we were able to rank. This indicates that the state's health system performance for Black people was worse than the average compared to other states.

Health outcomes ranking: **22** (of 41) is worse than the average
Health care access ranking: **34** (of 41) is worse than the average
Health care quality ranking: **21** (of 45) is better than the average

Hispanic

Nebraska ranks 39th among the 49 states we were able to rank. This indicates that health system performance for Hispanic people was worse than the average compared to other states.

Health outcomes ranking: **21** (of 50) is better than the average
Health care access ranking: **43** (of 50) is worse than the average
Health care quality ranking: **33** (of 50) is worse than the average

White

Nebraska ranks 26th among the 51 states we were able to rank. This indicates that the health system performance for white people was worse than the average compared to other states.

Health outcomes ranking: **30** (of 51) is worse than the average
Health care access ranking: **25** (of 51) is better than the average
Health care quality ranking: **26** (of 51) is worse than the average

Notes: Lower values indicate higher rank and better performance among each racial/ethnic group in Nebraska compared to other states. Performance data not available for all groups in every state.

Source: Jess Maksut et al., *The Commonwealth Fund 2026 State Health Disparities Report* (Commonwealth Fund, Apr. 2026).

Nebraska Performance Data

	AANHPI		AIAN		Black		Hispanic		White	
	NE rate	US rate	NE rate	US rate	NE rate	US rate	NE rate	US rate	NE rate	US rate
Health Outcomes										
Deaths before age 75 from health care–treatable causes per 100,000 population	40	48	—	123	143	152	50	69	74	81
Deaths before age 75 from preventable causes per 100,000 population	108	77	—	380	273	273	117	145	159	197
Infant mortality (per 1,000 live births)	—	3.7	—	9.1	12.3	10.9	6.5	5.0	5.2	4.5
Breast cancer deaths (per 100,000 female population)	—	12	—	13	18	26	9	13	21	19
Colorectal cancer deaths (per 100,000 population)	—	9	—	14	10	16	8	11	15	13
Hospital 30-day readmission rate age 65 and older (per 1,000 beneficiaries)	—	—	—	—	82	44	—	—	23	29
Adults age 18 and older who smoke (%)	6	6	—	22	17	12	10	10	12	12
Adults ages 18–64 who are obese (%)	16	15	—	41	38	43	38	36	39	34
Adults ages 18–64 who have lost six or more teeth (%)	—	3	—	16	11	10	8	6	7	9
Health Care Access										
Adults ages 19–64 uninsured (%)	10	7	—	21	19	12	30	23	7	8
Children ages 0–18 uninsured (%)	—	4	—	14	—	6	12	10	4	5
Adults age 18 and older who went without care because of cost (%)	9	8	—	17	13	13	21	21	8	9
Individuals under age 65 with high out-of-pocket medical costs (%)	—	8	—	13	10	11	17	12	8	8
Adults age 18 and older with a usual source of care (%)	74	83	—	80	79	86	51	67	86	88
Health Care Quality										
Preventable hospitalizations age 65 and older (per 1,000 beneficiaries)	—	—	—	—	30	44	—	—	22	30
Potentially avoidable emergency department visits age 65 and older (per 1,000 beneficiaries)	—	—	—	—	208	226	—	—	129	157
Adult women ages 50–74 who received a mammogram in the past two years (%)	83	76	—	65	77	84	76	76	78	78
Adults ages 45–75 with a recent colon cancer screening test (%)	43	53	—	56	67	66	39	51	68	69
Adults with a recent flu shot (%)	36	49	—	33	32	36	34	33	45	45
Adults age 65 and older who have ever gotten a pneumonia vaccine (%)	91	65	—	64	69	64	49	58	74	73
Children with age-appropriate medical and dental preventive care visits (%)	—	—	—	—	53	66	63	63	71	73
Children ages 19–35 months with all recommended vaccines (%)	—	—	—	—	—	67	80	67	66	72
Adults age 18 and older without a dental visit in the past year (%)	40	32	—	43	40	39	47	44	30	31
Primary care spending as share of total age 65 and older (%)	—	—	—	—	11.0	7.5	—	—	5.2	6.1

Notes: “—” means data not available.

Source: Jess Maksut et al., *The Commonwealth Fund 2026 State Health Disparities Report* (Commonwealth Fund, Apr. 2026).