

2018 Community Health Needs Assessment Report

**Douglas, Sarpy & Cass Counties, Nebraska
Pottawattamie County, Iowa**

Sponsored by:

CHI Health
Douglas County Health Department
Methodist Health System
Nebraska Medicine

With support from:

Charles Drew Health Center, Inc.
Live Well Omaha
Omaha Community Foundation
One World Community Health Centers, Inc.
Pottawattamie County Public Health Department/VNA
Sarpy/Cass County Health Department
United Way of the Midlands

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Introduction



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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2002 (Douglas County only), 2008 (Douglas, Sarpy, Cass counties only), 2011 and 2015, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the Omaha metropolitan area (including Douglas, Sarpy, Cass, and Pottawattamie counties). Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was sponsored by a coalition comprised of local health systems and health departments. Sponsors include: **CHI Health** (CHI Health Creighton University Medical Center – Bergan Mercy, CHI Health Immanuel, CHI Health Lakeside, CHI Health Mercy Council Bluffs, and CHI Health Midlands); **Douglas County Health Department**; **Methodist Health System** (Methodist Hospital, Methodist Jennie Edmundson Hospital, and Methodist Women's Hospital); **Nebraska Medicine** (Nebraska Medicine–Nebraska Medical Center and Nebraska Medicine–Bellevue). Supporting organizations include Charles Drew Health Center, Inc.; Live Well Omaha; Omaha Community Foundation; One World Community Health Centers, Inc.; Pottawattamie County Public Health Department/VNA; Sarpy/Cass County Health Department; and United Way of the Midlands.

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Approach

The process for this assessment follows an approach as outlined in the Community Health Assessment Toolkit developed by the Association for Community Health Improvement™

(ACHI). In the ACHI model (at right),

Collaborating organizations worked through the first three steps in this process, and this assessment document and subsequent communication activities will carry the community engagement model through Step 6. Steps 7 through 9 will be undertaken by the partnering hospitals, health departments, and other organizations over the next three years, at which time the process begins again and this assessment will be updated.



Methodology

This assessment incorporates data from both quantitative and qualitative sources.

Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

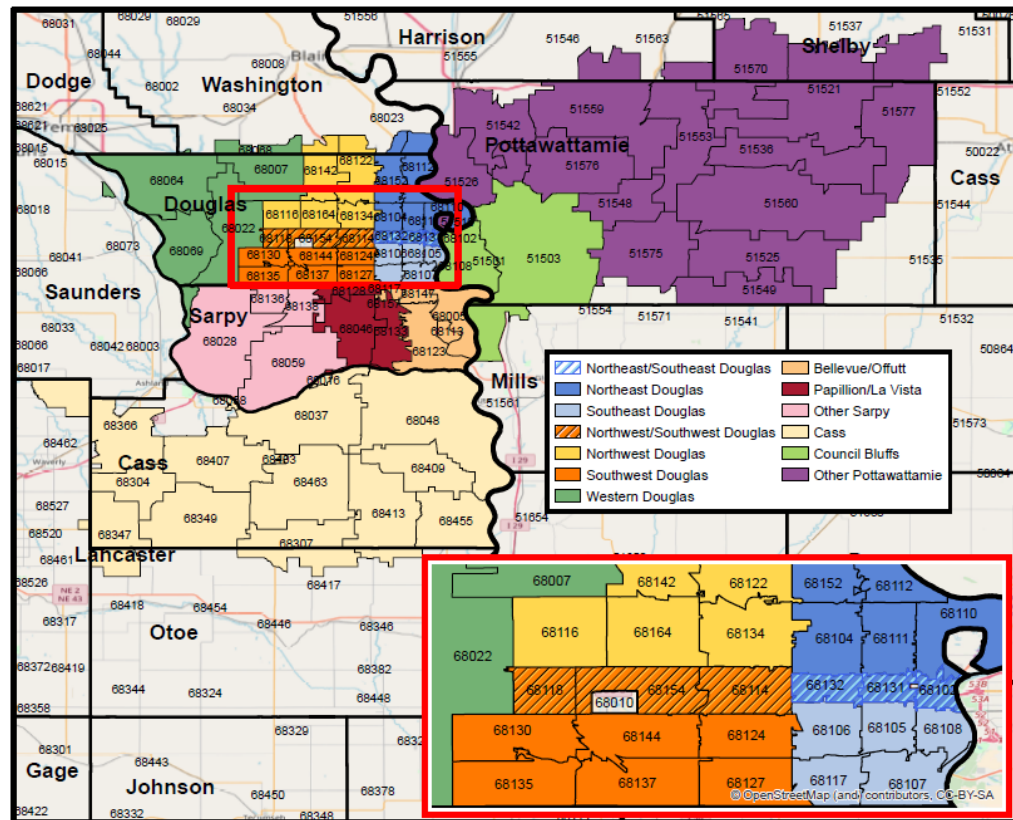
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the sponsoring and supporting organizations and PRC, and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Metro Area” in this report) includes Douglas, Sarpy, and Cass counties in Nebraska, as well as Pottawattamie County in Iowa. For this study, Douglas County is further divided into 5 geographical areas (Northeast Omaha, Southeast Omaha, Northwest Omaha, Southwest Omaha, and Western Douglas County). This community definition is illustrated in the following map.



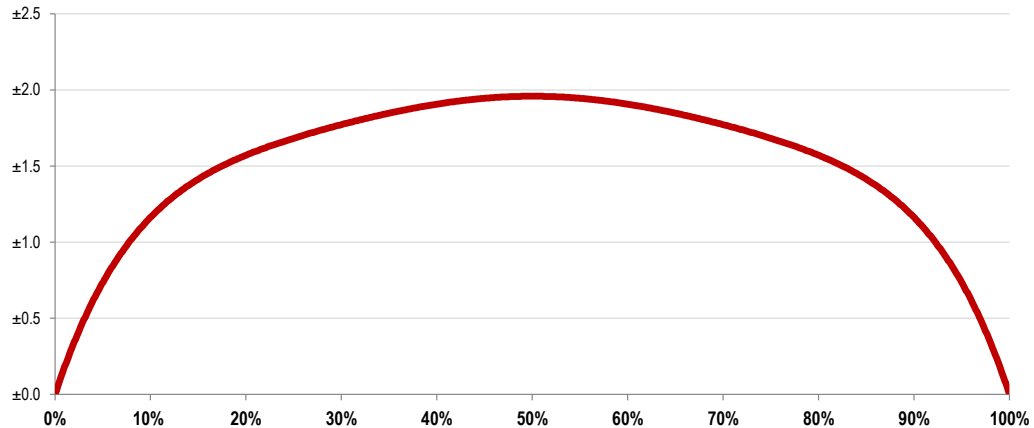
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a total of 2,527 individuals age 18 and older in the Metro Area. This random sampling of residents reflects 1,527 adults in Douglas County, 500 in Sarpy County, 100 in Cass County, and 400 in Pottawattamie County. The higher sample within Douglas County reflects targets set to achieve 50 surveys per ZIP Code within the county. Once all of the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the individual counties and the Metro Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 2,527 respondents is $\pm 2.0\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 2,527 Respondents at the 95 Percent Level of Confidence



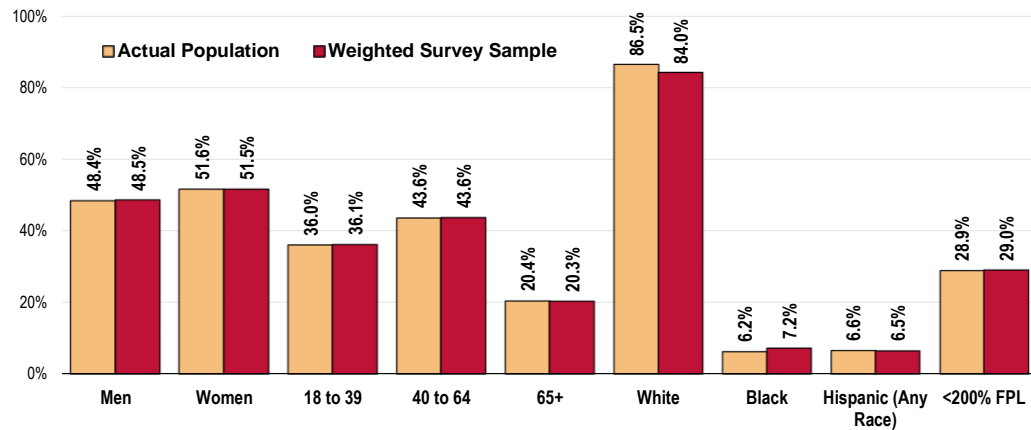
- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 2,527 respondents answered a certain question with a "yes," it can be asserted that between 8.9% and 11.1% ($10\% \pm 1.1\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.2% and 51.8% ($50\% \pm 1.8\%$) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Metro Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics (Metro Area, 2018)



Sources:
 • Census 2010, Summary File 3 (SF 3). US Census Bureau.
 • 2018 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (*e.g.*, the 2017 guidelines place the poverty threshold for a family of four at \$24,400 annual household income or lower. In sample segmentation: “**very low income**” refers to community members living in a household with defined poverty status; “**low income**” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “**mid/high income**” refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by the sponsoring organizations; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 163 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Social Services Providers	119	60
Community Leaders	84	41
Other Health Providers	79	24
Physicians	55	12
Business Leaders	35	11
First Responders	6	5
Public Health Representatives	15	5
Criminal Justice	8	3
Advanced Practice Providers	13	1
Postsecondary Educators	3	1

Final participation included representatives of the organizations outlined below.

- All Care Health Center
- Alliance for a Better Omaha
- American Lung Association
- American Red Cross
- Bellevue Fire Department
- Building Healthy Futures
- CHI Health
- CHI Health Clinic
- CHI Midlands Hospital
- Charles Drew Health Center, Inc.
- Child Saving Institute
- Children's Hospital and Medical Center
- Children's Square, USA
- City of Bellevue
- City of Council Bluffs
- City of Gretna
- City of Omaha
- City Sprouts
- College of Saint Mary
- Completely Kids
- Council Bluffs Health Department
- Council Bluffs Senior Center
- Creighton University
- Douglas County Health Department
- Douglas County Youth Center
- Eastern Nebraska Office on Aging
- Family Housing Advisory Services
- FAMILY, Inc.
- Financial Hope Collaborative
- Food Bank for the Heartland
- Girl Scouts Spirit of Nebraska
- Green Hills Area Education Agency
- Heartland Family Service
- Heartland Workforce Solutions
- Hunger Free Heartland
- Latino Center of the Midlands
- Live Well Omaha
- Lutheran Family Services of Nebraska
- Methodist Health System
- Methodist Physicians Clinic-South

- Metro Area Planning Agency
- Metro Transit
- Millard Public Schools
- National Safety Council, Nebraska
- Nebraska Medicine
- Nebraska Sierra Club
- Nebraska Urban Indian Health Coalition
- No More Empty Pots
- North Omaha Area Health
- NOVA Treatment Community
- Omaha Community Foundation
- Omaha Metropolitan Medical Response System
- Omaha Police Department
- OneWorld Community Health Centers
- Operation Youth Success
- Papillion Police Department
- Physicians Clinic Physician
- Planned Parenthood of the Heartland
- Project Harmony
- PromiseShip
- Public Official
- Salem Baptist Church
- Sarpy County Board
- Sarpy County Emergency Management
- Southwest Iowa Mental Health and Disability Services Region (SWIA MHDS)
- The Sherwood Foundation
- Tobacco Education and Advocacy of the Midlands
- Tri-City Food Pantry
- United Way of the Midlands
- University of Nebraska at Omaha
- Verdis Group and Metro Transit
- Village of Eagle
- Visiting Nurse Association
- Vodec
- Voices for Children in Nebraska
- WELLCOM
- West Broadway Clinic
- West Central Community Action
- Women's Center for Advancement
- Women's Fund of Omaha
- YMCA of Greater Omaha
- YouTurn

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

Minority/medically underserved populations represented:

African-Americans, at-risk high school youth, Burmese residents, children, complex medical care patients, diabetics, the disabled, the elderly, English as a Second Language residents, foster children, Hispanics, the homeless, illegal immigrants/refugees, incarcerated individuals, LGBT community residents, those with limited English proficiency, those with low education, those with low income, Medicaid recipients, Medicare recipients, Muslims, Native Americans, residents of food deserts, rural residents, those with special education needs, patients with severe and persistent mental illness (SPMI), substance abusers, Sudanese residents, teen mothers, the uninsured/underinsured, veterans

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of

their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Metro Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- Douglas County (Nebraska) Health Department
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in the Metro Area in 2002 (Douglas County only), 2008 (Douglas, Sarpy, Cass counties only), 2011, and 2015 by PRC. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Nebraska & Iowa Risk Factor Data

Statewide risk factor data are provided where available as additional benchmarks against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error, but might be subject to reporting error) is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Summary of Findings

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity, presented alphabetically below, were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Specific Source of Ongoing Medical Care • Emergency Room Utilization
Cancer	<ul style="list-style-type: none"> • Cancer is a leading cause of death. • Cancer Deaths <ul style="list-style-type: none"> ◦ Including Lung Cancer and Prostate Cancer • Cancer Incidence <ul style="list-style-type: none"> ◦ Including Lung Cancer and Colorectal Cancer Incidence • Cervical Cancer Screening [Age 21-65] • Colorectal Cancer Screening [Age 50-75]
Dementia, Including Alzheimer's Disease	<ul style="list-style-type: none"> • Alzheimer's Disease Deaths • Caregiving
Diabetes	<ul style="list-style-type: none"> • Diabetes Deaths • Diabetes ranked as a top concern in the Online Key Informant Survey.
Heart Disease & Stroke	<ul style="list-style-type: none"> • Cardiovascular disease is a leading cause of death.
Injury & Violence	<ul style="list-style-type: none"> • Unintentional Injury Deaths <ul style="list-style-type: none"> ◦ Including Motor Vehicle Crash, Falls [Age 65+] Deaths • Firearm-Related Deaths • Firearm Prevalence <ul style="list-style-type: none"> ◦ Including in Homes With Children • Violent Crime Rate

—continued on next page—

Areas of Opportunity (continued)

Mental Health

- Suicide Deaths
- *Mental Health ranked as a top concern in the Online Key Informant Survey.*

Nutrition, Physical Activity, & Weight

- Fruit/Vegetable Consumption
- Overweight & Obesity [Adults]
- Medical Advice on Weight
- Trying to Lose Weight [Overweight Adults]
- Leisure-Time Physical Activity
- Use of Local Trails
- Use Local Parks/Recreation Centers
- *Nutrition, Physical Activity, & Weight ranked as a top concern in the Online Key Informant Survey.*

Respiratory Diseases

- Chronic Lower Respiratory Disease (CLRD) Deaths
- Chronic Obstructive Pulmonary Disease (COPD) Prevalence
- Pneumonia/Influenza Deaths

Sexually Transmitted Diseases

- Gonorrhea Incidence
- Chlamydia Incidence
- Multiple Sexual Partners [Unmarried Age 18-64]
- Condom Use [Unmarried Age 18-64]
- *Sexually Transmitted Diseases ranked as a top concern in the Online Key Informant Survey.*

Substance Abuse

- Cirrhosis/Liver Disease Deaths
- Excessive Drinking
- Binge Drinking
- Unintentional Drug-Related Deaths
- *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Metro Area, including comparisons among the individual communities, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, Metro Area results are shown in the larger, blue column.
- The yellow columns [to the left of the green county columns] provide comparisons among the five subareas within Douglas County, identifying differences for each as “better than” (☀️), “worse than” (☹️), or “similar to” (☁️) the combined opposing areas.
- The green columns [to the left of the Metro Area column] provide comparisons among the four counties assessed, identifying differences for each as “better than” (☀️), “worse than” (☹️), or “similar to” (☁️) the combined opposing areas.
- The columns to the right of the Metro Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Metro Area compares favorably (☀️), unfavorably (☹️), or comparably (☁️) to these external data.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

TREND SUMMARY

(Current vs. Baseline Data)

Survey Data Indicators:

Trends for survey-derived indicators represent significant changes since 2011.

Other (Secondary) Data

Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Social Determinants	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)						4.6	1.1	0.1	1.7	3.4	1.8	3.1	4.5		
Population in Poverty (Percent)						14.2	6.2	7.0	11.8	12.0	12.3	12.4	15.1		
Population Below 200% FPL (Percent)						31.5	18.5	19.9	29.3	28.2	29.6	30.5	33.6		
Children Below 200% FPL (Percent)						39.9	23.8	25.7	36.8	35.6	36.4	38.5	43.3		
No High School Diploma (Age 25+, Percent)						10.6	4.6	5.3	10.0	9.1	8.3	9.3	13.0		
Unemployment Rate (Age 16+, Percent)										2.5	2.5	2.4	3.9	3.4	
% Low Health Literacy	20.0	21.5	8.9	9.8	8.8	13.8	11.2	15.7	11.4	13.0		23.3			
% Worry/Stress Over Mortgage/Rent in Past Year	27.8	24.8	17.4	19.6	8.8	21.1	15.1	18.5	24.6	20.1		30.8			
% "Often/Sometimes" Worry That Food Will Run Out	21.2	15.8	8.4	9.7	1.4	12.4	7.8	10.2	11.6	11.3		25.3	18.8		
% Went w/o Electricity, Water, Heat in the Past Year	6.2	5.4	2.7	3.5	6.5	4.4	8.7	13.9	1.6	5.2					
% Experienced Unhealthy Housing Conditions in Past Year	13.4	8.5	4.3	4.8	5.9	7.2	4.5	7.7	2.6	6.1					

Social Determinants (cont.)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020
% 4+ Adverse Childhood Experiences (High ACEs Score)	19.4	14.9	11.4	11.7	15.8	14.0	18.5	14.9	14.7	15.1				
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.														
											better	similar	worse	

Overall Health	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	24.3	18.9	9.6	7.6	8.8	13.7	10.2	9.4	10.0	12.4	13.9	14.7	18.1	12.7
% Activity Limitations	21.2	21.7	19.8	19.1	14.2	19.9	21.1	17.2	20.5	20.2	18.4	17.8	25.0	18.4
% Caregiver to a Friend/Family Member	28.9	25.2	25.3	28.1	27.0	26.9	26.7	28.6	25.1	26.7		20.8		
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.														
											better	similar	worse	

Access to Health Services	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	10.0	15.8	9.1	4.2	4.4	8.9	4.9	7.7	7.3	7.9	7.8	14.7	13.7	0.0	12.1
% [Insured] Went Without Coverage in Past Year	8.0	6.0	2.0	2.8	2.5	4.2	1.3	5.0	5.6	3.7				5.5	

Access to Health Services (cont.)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020
% Difficulty Accessing Healthcare in Past Year (Composite)	40.4	33.0	35.3	30.4	27.7	34.0	27.5	29.4	27.2	31.7		43.2		33.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	13.0	15.8	13.9	9.9	14.5	12.9	8.4	17.8	11.5	11.9		12.5		12.5
% Cost Prevented Getting Prescription in Past Year	16.1	9.0	11.9	10.3	4.4	11.2	9.1	10.8	8.4	10.5		14.9		14.3
% Cost Prevented Physician Visit in Past Year	15.5	11.1	10.3	8.6	3.7	10.6	6.4	11.9	7.8	9.4	7.7	12.1	15.4	14.5
% Difficulty Getting Appointment in Past Year	13.3	9.4	15.2	10.0	12.9	12.0	12.4	13.3	9.3	11.8		17.5		10.5
% Difficulty Finding Physician in Past Year	6.5	5.8	5.4	3.6	6.5	5.2	7.5	10.8	6.3	6.0		13.4		6.6
% Cultural/Language Differences Prevented Med Care/Past Yr	0.4	0.3	0.0	0.1	0.0	0.2	1.1	0.0	0.7	0.4		1.2		0.9
% Transportation Hindered Dr Visit in Past Year	9.0	8.6	2.0	1.1	0.6	4.3	1.6	5.6	3.3	3.7		8.3		4.7
% [Sarpy/Cass/Pott.] Traveled 30+ Min for Medical Appt/Past Yr							11.0	40.4	22.4	16.8				19.6
% "Very/Somewhat" Likely to Participate in a Tele-Health Visit	64.7	57.2	76.3	72.9	71.3	69.0	73.1	74.0	61.1	69.1				
% Skipped Prescription Doses to Save Costs	16.1	9.4	9.1	11.5	6.6	11.1	9.1	16.4	7.9	10.5		15.3		13.6

Access to Health Services (cont.)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
Primary Care Doctors per 100,000						151.0	67.4	35.3	55.8	119.5	84.0	90.7	87.8		108.7
% [Age 18+] Have a Specific Source of Ongoing Care	53.1	58.5	73.4	72.4	76.3	66.4	68.7	51.9	62.5	66.1			74.1	95.0	
% Have a Particular Place for Medical Care	77.0	78.2	91.7	86.1	85.9	84.2	89.3	89.3	89.2	86.0	77.2	76.0	82.2		86.3
% Have Had Routine Checkup in Past Year	61.4	65.3	69.6	76.9	82.1	70.0	75.0	65.7	74.5	71.5	71.6	65.4	68.3		66.8
% Two or More ER Visits in Past Year	10.8	4.4	7.9	3.5	2.6	6.2	6.7	5.9	6.8	6.4			9.3		4.9
% Attended Health Event in Past Year	21.9	21.4	35.2	26.8	34.3	27.4	28.8	32.7	25.4	27.6					23.8
% Rate Local Healthcare "Fair/Poor"	12.2	12.4	7.5	2.7	2.0	7.5	4.8	4.8	4.8	6.7			16.2		8.9
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.															
											better	similar	worse		

Arthritis, Osteoporosis & Chronic Back Conditions	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Chronic Pain (Arthritis, Back Pain, etc.)	30.4	28.2	28.6	28.0	24.0	28.4	32.0	19.0	32.0	29.4					
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.															
											better	similar	worse		

Cancer	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)						166.1	155.3	174.5	180.9	166.2	163.3	157.0	158.5	161.4	185.5
Lung Cancer (Age-Adjusted Death Rate)										44.4	43.0	39.9	40.3	45.5	
Prostate Cancer (Age-Adjusted Death Rate)										20.4	19.2	17.1	19.0	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)										20.6	19.0	20.2	20.3	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)										14.8	14.8	15.2	14.1	14.5	
Prostate Cancer Incidence per 100,000						122.9	106.3	118.2	97.4	116.1	112.2	119.6	114.8		
Female Breast Cancer Incidence per 100,000						132.2	132.8	123.9	108.9	129.2	122.8	121.8	123.5		
Lung Cancer Incidence per 100,000						69.6	65.5	60.0	77.1	70.9	63.9	59.6	61.2		
Colorectal Cancer Incidence per 100,000						42.0	43.0	42.0	46.7	44.3	45.4	43.6	39.8		
Cervical Cancer Incidence per 100,000						6.5	5.8		6.1	6.3	6.7	7.2	7.6		
% Cancer	6.9	8.2	9.8	11.8	11.0	9.6	7.2	17.2	8.8	9.2					

Cancer (continued)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020
% [Women 50-74] Mammogram in Past 2 Years	77.5	84.0	85.6	88.0	76.0	84.0	85.1	84.3	83.7	77.6	73.5	77.0	81.1	82.3
% [Women 21-65] Pap Smear in Past 3 Years	75.7	78.5	85.8	85.2	85.3	82.2	83.1	84.5	82.5	81.6	77.7	73.5	93.0	86.7
% [Age 50+] Sigmoid/Colonoscopy Ever	81.1	73.5	84.4	88.7	82.0	83.1	84.6	83.5	83.0			75.3		74.2
% [Age 50+] Blood Stool Test in Past 2 Years	21.1	25.6	18.3	15.4	19.5	19.2	19.0	32.4	20.3			30.6		29.5
% [Age 50-75] Colorectal Cancer Screening	76.3	72.0	82.0	86.1	78.1	80.3	82.1	84.8	80.5	68.6	66.0	76.4	70.5	75.3
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.														
										better	similar	worse		

Chronic Kidney Disease	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)						11.1	10.5		11.7	11.1	8.0	10.7	13.2	13.0
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.														
										better	similar	worse		

Dementias, Including Alzheimer's Disease	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)										32.3					25.7
						30.8	30.6	31.3	41.5		30.3	24.3	28.4		
% [Age 45+] Increasing Memory Loss/Confusion in Past Yr										9.0					
	14.9	8.9	7.4	7.6	4.2	8.9	9.4	5.3	9.3				11.2		
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.															
											better	similar	worse		

Diabetes	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
Diabetes Mellitus (Age-Adjusted Death Rate)										22.8					23.7
						23.4	20.0	20.7	25.9		24.4	22.7	21.1	20.5	
% Diabetes/High Blood Sugar										11.2					10.6
	16.1	11.5	11.7	7.0	5.6	10.8	12.4	9.9	11.1		9.3	8.8	13.3		
% Borderline/Pre-Diabetes										7.7					
	10.4	7.1	8.1	7.4	6.8	8.1	7.4	7.0	6.3				9.5		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years										55.0					49.5
	50.9	52.8	54.4	53.7	55.5	53.3	55.8	59.7	62.5				50.0		
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.															
											better	similar	worse		

Family Planning	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
Births to Teenagers (Percent)						4.9	3.0			4.5	4.9	5.0	5.8		8.2
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.															
											better	similar	worse		

Heart Disease & Stroke	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)						142.0	130.4	146.2	165.0	143.2	160.3	145.9	167.0	156.9	163.6
Stroke (Age-Adjusted Death Rate)						36.3	29.3	33.0	39.9	35.4	33.2	33.8	37.1	34.8	41.9
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.6	3.4	6.0	3.6	5.9	4.7	4.4	2.9	5.7	4.7		8.0		5.2	
% Stroke	3.2	3.9	1.7	1.4	0.8	2.3	3.0	2.0	1.9	2.4	3.1	2.8	4.7	2.3	
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.															
											better	similar	worse		

HIV	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
HIV/AIDS (Age-Adjusted Death Rate)										1.4					
											0.6	0.9	2.5	3.3	
HIV Prevalence per 100,000										192.2					
						247.6	88.8	57.2	96.1		75.9	120.3	353.2		
% [Age 18-44] HIV Test in the Past Year										20.6					
	22.8	25.9	20.8	12.4	11.5	19.3	24.3	12.8	22.0				24.7		16.1
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.											better	similar	worse		

Injury & Violence Prevention	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)										35.5					
						35.2	29.3	49.5	45.6		43.3	38.2	43.7	36.4	29.9
Motor Vehicle Crashes (Age-Adjusted Death Rate)										9.5					
						8.5	7.8		16.5		10.9	12.4	11.0	12.4	9.0
% [Age 45+] Fell in the Past Year										30.1					
	41.4	28.8	29.9	23.9	30.9	30.1	30.3	24.5	31.3				31.6		
[Age 65+] Fall-Related Deaths										70.7					
						69.8	67.3		81.1		89.7	62.6	60.6		
Firearm-Related Deaths (Age-Adjusted Death Rate)										10.2					
						10.8	7.0		10.5		8.2	9.2	11.1	9.3	9.4
% Firearm in Home										36.4					
	25.3	26.1	33.2	32.3	51.4	31.1	44.8	52.8	49.0				32.7		33.7

Injury & Violence Prevention	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Homes With Children] Firearm in Home	24.7	26.1	33.4	32.4	51.4	31.0	44.6	52.8	49.0	36.4		39.1		32.3	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	15.2	8.0	12.1	13.6	6.8	11.9	9.9	7.6	20.8	12.5		26.9		10.4	
Homicide (Age-Adjusted Death Rate)										5.6	2.6	3.6	5.6	5.5	5.9
Violent Crime per 100,000						484.9	63.9	94.8	693.5	410.4	270.6	271.2	379.7		
% Victim of Violent Crime in Past 5 Years	1.8	2.0	1.1	1.0	0.4	1.4	1.2	0.0	1.3	1.3		3.7		2.5	
% Perceive Neighborhood as "Slightly/Not At All Safe"	38.4	29.4	12.0	6.3	3.5	18.4	3.1	5.1	10.7	13.9		15.6		17.4	
% Intimate Partner Was Controlling/Harassing in Past 5 Yrs	5.9	5.5	4.4	3.0	2.4	4.4	3.6	1.4	4.2	4.1				6.4	
% Victim of Domestic Violence (Ever)	18.8	16.7	10.7	13.2	7.6	14.0	11.0	11.4	15.2	13.4		14.2		12.0	
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.															
											better	similar	worse		

Maternal, Infant & Child Health	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks					
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND	
No Prenatal Care in First Trimester (Percent)						27.1	21.0			25.7	19.9	24.7		22.1	29.6	
Low Birthweight Births (Percent)						7.7	6.4			7.4	6.7	6.9	8.1	7.8	7.6	
Infant Death Rate						6.4	5.1		7.6	6.2	5.1	5.8	5.9	6.0	6.0	
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.														better	similar	worse

Mental Health & Mental Disorders	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	10.4	14.3	7.7	3.8	4.3	8.1	8.4	9.3	9.4	8.3		13.0		9.0	
% Symptoms of Chronic Depression (2+ Years)	36.0	39.8	27.5	19.8	18.1	28.7	21.4	24.8	22.6	26.3		31.4		25.1	
Suicide (Age-Adjusted Death Rate)						11.2	10.3		17.9	12.0	13.8	12.7	13.0	10.2	10.3
% Typical Day Is "Extremely/Very" Stressful	11.5	13.9	9.4	9.9	10.4	10.9	8.9	5.8	7.3	10.0		13.4		11.5	
% Taking Rx/Receiving Mental Health Trtmt	15.4	10.8	14.5	13.8	9.6	13.5	17.8	12.6	13.6	14.4		13.9			
% Unable to Get Mental Health Svcs in Past Yr	5.7	5.2	1.9	1.3	2.1	3.1	2.3	1.4	1.4	2.7		6.8			

Mental Health & Mental Disorders	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Have Someone to Turn to All/Most of the Time	80.0	76.4	88.9	86.3	92.0	84.1	89.6	92.8	89.4	86.1					
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.															
												better	similar	worse	

Nutrition, Physical Activity & Weight	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	24.4	23.5	24.7	22.7	23.9	23.8	26.0	27.6	26.3	24.6		33.5		35.8	
% Had 7+ Sugar-Sweetened Drinks in the Past Week	27.4	27.0	18.6	22.2	25.8	23.4	27.0	16.0	25.7	24.3		29.0		28.3	
% "Very/Somewhat" Difficult to Buy Fresh Produce	19.2	21.9	17.0	15.3	8.7	17.4	11.6	31.0	14.2	16.1		22.1		22.8	
Population With Low Food Access (Percent)						12.2	32.5	26.6	33.2	19.2	21.4	21.3	22.4		
% Healthy Weight (BMI 18.5-24.9)	31.3	30.4	27.5	33.4	30.2	30.7	23.1	16.7	25.8	28.2	30.2	29.7	30.3	33.9	31.0
% Overweight (BMI 25+)	68.3	68.1	71.2	65.5	68.9	68.2	75.6	81.2	72.4	70.7	68.7	68.5	67.8		67.5
% Obese (BMI 30+)	31.5	31.9	32.8	31.2	28.2	31.6	35.0	35.5	40.5	33.5	32.0	32.0	32.8	30.5	30.3
% Medical Advice on Weight in Past Year	18.2	26.0	22.0	22.0	22.7	22.1	20.8	32.2	22.6	22.1		24.2		24.7	

Nutrition, Physical Activity & Weight (continued)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
% [Overweights] Counseled About Weight in Past Year	20.9	31.2	28.5	28.2	29.6	27.5	25.2	34.7	27.6	27.2					31.7
% [Overweight] Trying to Lose Weight	48.4	57.8	56.6	55.8	48.5	54.5	55.7	60.0	49.3	54.3		61.3			
% No Leisure-Time Physical Activity	28.5	24.8	14.6	16.9	18.0	20.2	24.9	23.2	27.5	22.1	22.7	22.5	26.2	32.6	16.7
% Meeting Physical Activity Guidelines	18.5	22.1	25.0	22.8	31.8	22.9	20.5	22.6	20.0	22.0	19.4	21.8	22.8	20.1	
Recreation/Fitness Facilities per 100,000						16.4	10.7	7.9	6.4	13.9	11.5	12.2	10.5		
% Use Local Parks/Recreation Centers at Least Weekly	28.2	28.4	34.3	37.5	25.8	32.4	34.7	25.0	26.0	32.0					40.5
% Use Local Trails at Least Monthly	33.1	39.6	43.2	47.8	44.1	41.8	45.2	47.0	35.6	42.0					49.8
% Lack of Sidewalks/Poor Sidewalks Prevent Exercise	28.6	20.3	9.9	11.7	14.4	16.4	9.5	32.1	22.2	16.0					20.1
% Lack of Trails/Poor Quality Trails Prevent Exercise	27.3	16.0	13.2	8.5	15.3	15.3	8.9	18.6	15.3	14.0					12.9
% Heavy Traffic in Neighborhood Prevents Exercise	20.4	26.9	11.1	10.5	5.5	15.5	5.8	5.6	16.3	13.2					16.7
% Lack of Street Lights/Poor Street Lights Prevent Exercise	16.5	13.6	6.7	6.1	12.9	10.2	5.6	15.4	15.1	9.9					9.4

Nutrition, Physical Activity & Weight (continued)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks					
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND	
% Crime Prevents Exercise in Neighborhood	24.7	16.0	7.5	4.7	5.0	11.6	2.9	0.1	4.5	8.6				11.0		
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.														better	similar	worse

Oral Health	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks					
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND	
% [Age 18+] Dental Visit in Past Year	61.7	62.8	80.1	85.2	85.6	75.0	83.4	78.7	74.0	76.8	71.4	68.7	59.7	49.0	70.4	
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.														better	similar	worse

Respiratory Diseases	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks					
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND	
CLRD (Age-Adjusted Death Rate)						52.6	44.1	55.4	63.0	52.5	48.5	50.6	40.9		56.3	
Pneumonia/Influenza (Age-Adjusted Death Rate)						17.7	14.7		13.1	16.3	13.2	15.4	14.6		15.9	
% COPD (Lung Disease)	11.6	7.6	5.4	11.0	6.1	8.7	8.5	7.1	13.0	9.1	5.4	5.8	8.6		7.4	
% [Adult] Currently Has Asthma	15.1	6.3	8.7	6.2	7.7	8.7	8.7	8.7	13.9	9.3	7.8	8.3	11.8		8.6	
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.														better	similar	worse

Sexually Transmitted Diseases	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks					
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND	
Gonorrhea Incidence per 100,000						195.8	0.0	11.8	96.0	138.7	53.1	78.1	110.7		122.0	
Chlamydia Incidence per 100,000						734.1	0.0	165.6	460.5	535.1	382.0	399.6	456.1		453.2	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	8.3	8.5	10.6	6.3	0.0	8.2	13.4	0.0	6.9	8.7		13.8		3.3		
% [Unmarried 18-64] Using Condoms	25.0	41.0	22.6	36.4	7.4	30.8	35.2	13.9	27.4	30.8		39.4		19.5		
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.														better	similar	worse

Substance Abuse	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)						9.1	8.2		9.1	8.8	9.1	8.4	10.6	8.2	7.4
% Have Ever Shared Prescription Medication	11.3	5.2	6.2	12.7	5.9	8.9	7.2	3.7	4.8	8.0					
% Used Opioids or Opiates in the Past Year	18.9	18.5	13.5	17.2	26.1	17.4	17.3	24.9	22.3	18.1					
% Current Drinker	63.2	66.7	77.2	75.0	76.7	71.7	69.4	59.4	59.0	69.5	59.2	59.8	55.0		
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	22.6	24.7	25.1	25.9	20.0	24.5	21.0	19.9	19.8	23.1	21.2	20.0	20.0	24.4	

Substance Abuse (continued)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Excessive Drinker	26.1	27.4	28.0	29.6	22.5	27.6	23.8	20.6	22.2	26.0		22.5	25.4		
% Drinking & Driving in Past Month	3.3	6.9	6.3	5.3	6.9	5.6	3.9	2.1	4.4	5.0	6.2	5.7	5.2	5.8	
Drug-Induced Deaths (Age-Adjusted Death Rate)						7.3	5.9		8.4	7.2	7.8	5.5	14.3	11.3	5.3
% Ever Sought Help for Alcohol or Drug Problem	6.0	3.4	3.0	3.0	1.6	3.6	3.9	6.0	2.1	3.6		3.4		3.9	
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.															
											better	similar	worse		

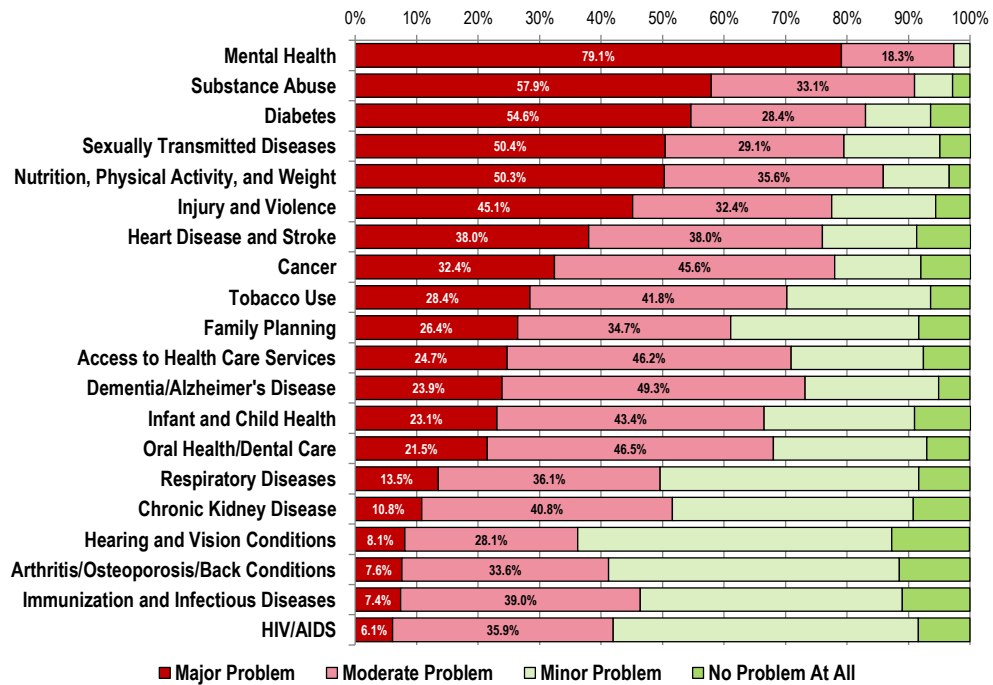
Tobacco Use	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Current Smoker	16.4	15.6	8.4	11.3	6.8	12.2	10.4	17.4	10.5	11.7	16.7	17.0	16.3	12.0	17.0
% Someone Smokes at Home	11.7	8.5	5.2	6.4	3.5	7.4	5.9	13.8	7.9	7.3		10.7		15.1	
% [Non-Smokers] Someone Smokes in the Home	4.0	3.2	1.8	1.4	1.7	2.4	2.4	6.2	3.8	2.6		4.0			
% [Smokers] Received Advice to Quit Smoking										66.3		58.0			
% Currently Use Electronic Cigarettes (E-Cigarettes)	4.7	5.7	3.3	3.6	4.5	4.2	6.3	3.0	2.7	4.6	4.3	4.9	3.8	5.8	

Tobacco Use (continued)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Use Smokeless Tobacco	1.8	2.5	2.5	5.5	1.3	3.2	1.6	2.4	5.3	3.1	4.6	5.7	4.4	0.3	3.0
Note: In the green section, each county is compared against all others combined (sub-county areas compared to other sub-county areas). Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.											better	similar	worse		

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

The four-county Metro Area, the focus of this Community Health Needs Assessment, encompasses 2,075.51 square miles and houses a total population of 834,374 residents, according to latest census estimates.

Total Population
(Estimated Population, 2012-2015)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Douglas County	543,253	328.48	1,653.82
Sarpy County	172,460	239.02	721.53
Cass County	25,463	557.45	45.68
Pottawattamie County	93,198	950.56	98.05
Metro Area	834,374	2,075.51	402.01
Nebraska	1,881,259	76,823.79	24.49
Iowa	3,106,589	55,856.49	55.62
United States	318,558,162	3,532,068.58	90.19

Sources:

- US Census Bureau American Community Survey 5-year estimates (2012-2015).
- Retrieved March 2018 from Community Commons at <http://www.chna.org>.

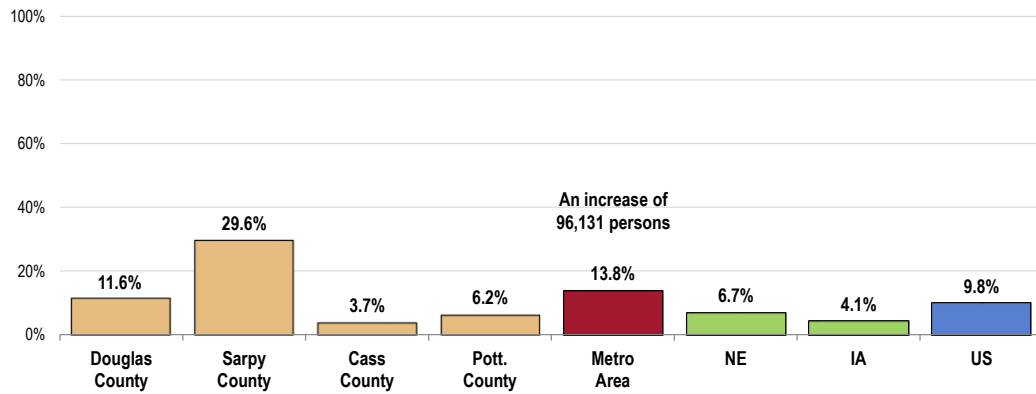
Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the Metro Area population increased by 96,131 persons, or 13.8%.

- A greater proportional increase than seen across both states and the nation overall.
- Note the considerable percentage increase in Sarpy County.

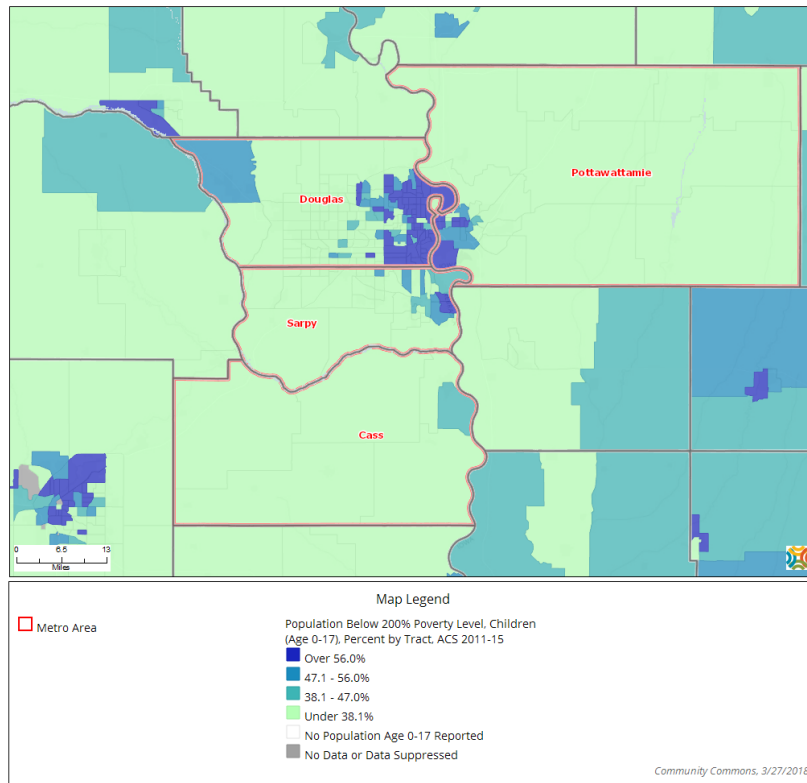
Change in Total Population (Percentage Change Between 2000 and 2010)



Sources: • Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 • US Census Bureau Decennial Census (2000-2010).
 Notes: • A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

The following map provides an illustration of the shift in total population.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2011-2015



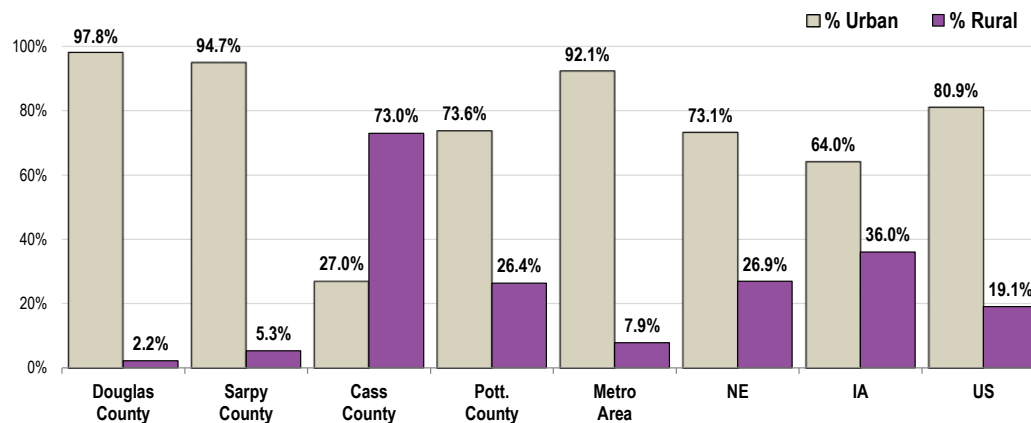
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Metro Area is predominantly urban, with 92.1% of the population living in areas designated as urban.

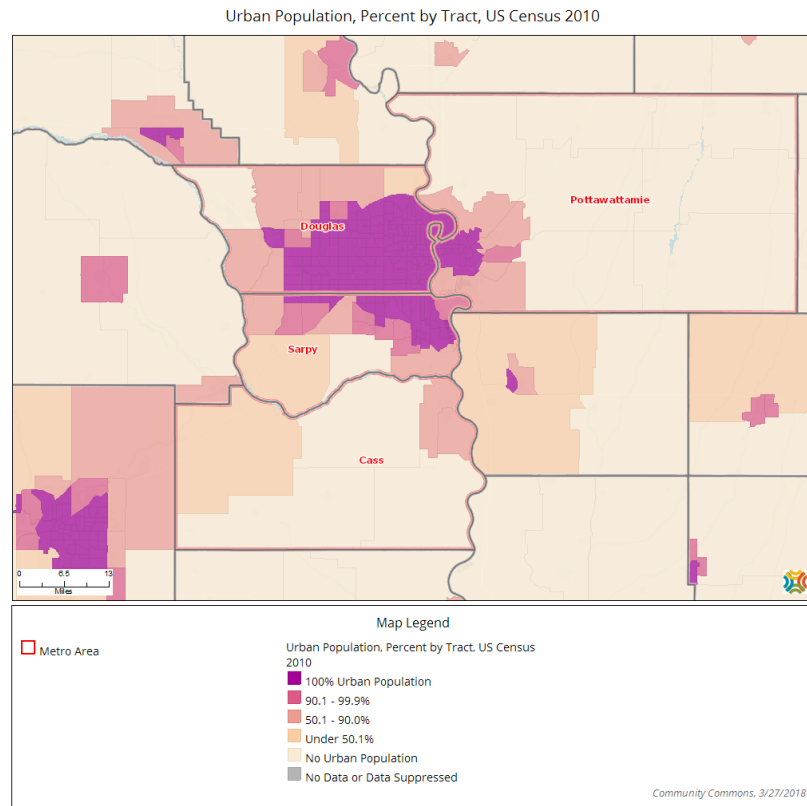
- The area is more urban than Nebraska, Iowa, and the US overall.
- While Douglas and Sarpy counties are predominantly urban, Pottawattamie County (in Iowa) is less so, and Cass County is predominantly rural.

Urban and Rural Population (2010)



- Sources:
- US Census Bureau Decennial Census (2010).
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in the Metro Area census tracts as of 2010.



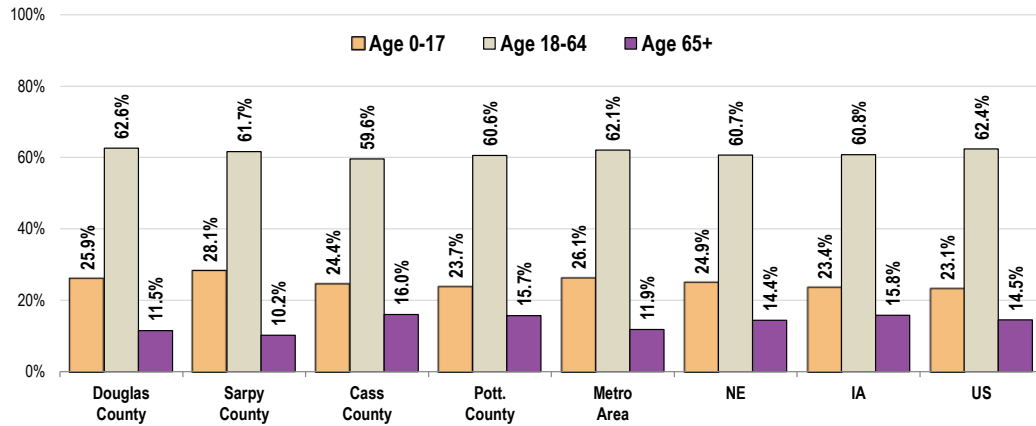
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Metro Area, 26.1% of the population are infants, children, or adolescents (age 0-17); another 62.1% are age 18 to 64, while 11.9% are age 65 and older.

- The percentage of older adults (65+) is lower than the state and US figures.
- Viewed by county, Sarpy County houses the smallest proportion age 65 and older.

Total Population by Age Groups, Percent (2012-2016)

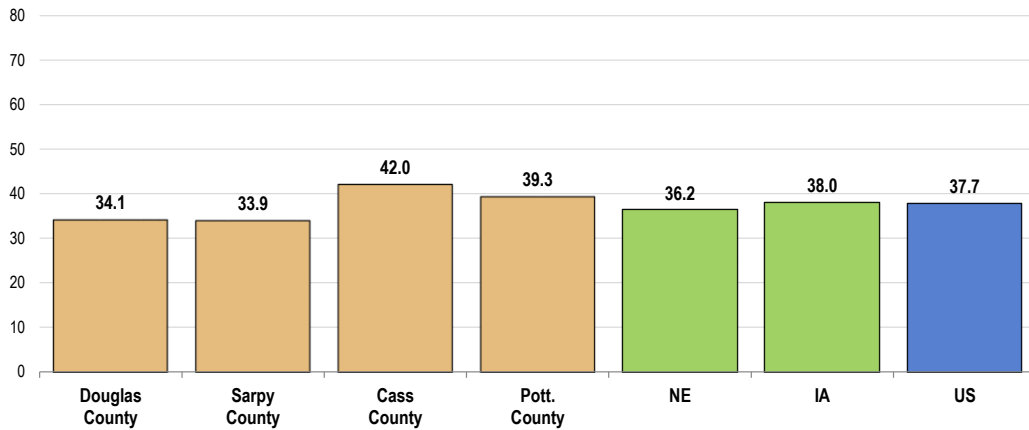


Sources:
 • US Census Bureau American Community Survey 5-year estimates (2012-2016).
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.

Median Age

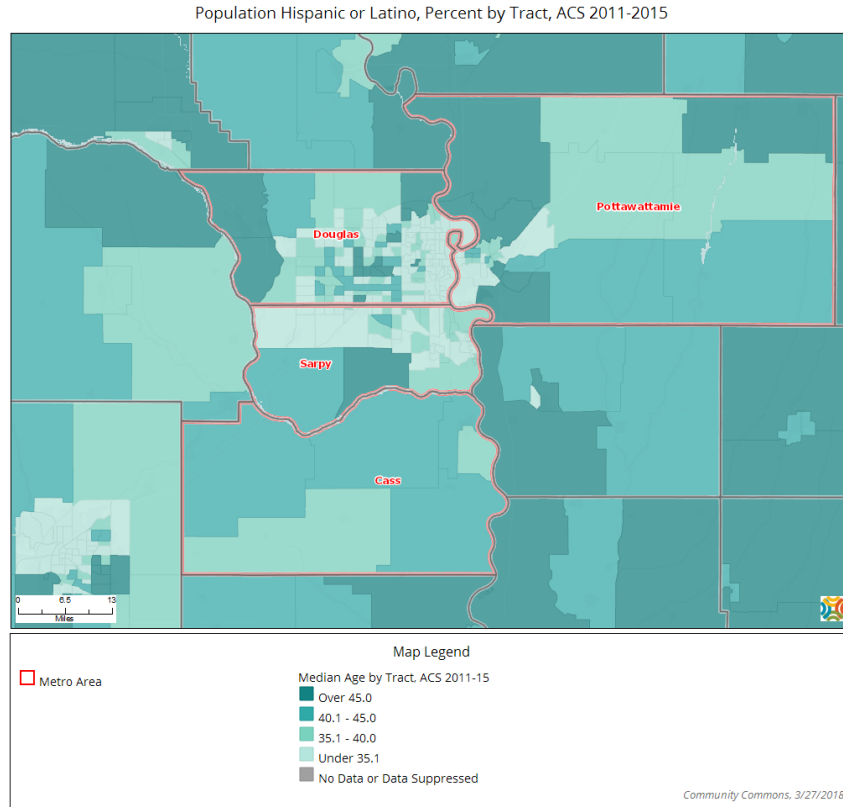
Douglas and Sarpy counties are “younger” than the states and the nation in that the median ages are lower; in contrast, Cass and Pottawattamie counties are older.

Median Age (2012-2016)



Sources:
 • US Census Bureau American Community Survey 5-year estimates (2012-2016).
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.

- The following map provides an illustration of the median age in the Metro Area, segmented by census tract.



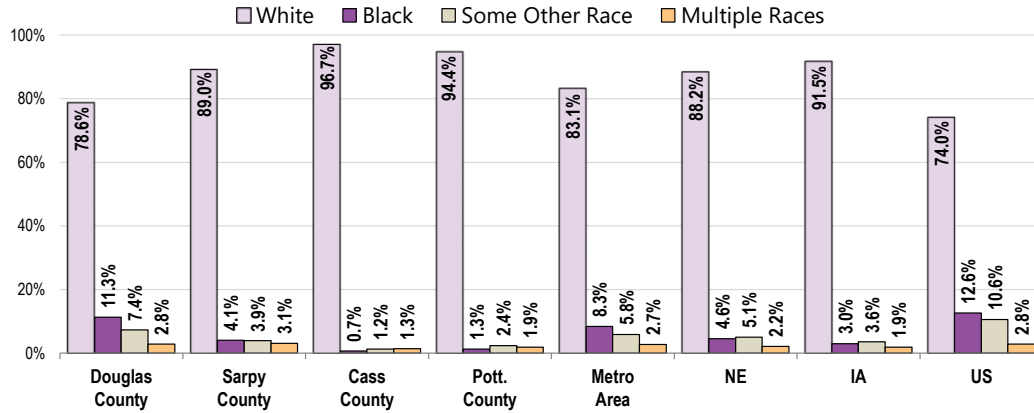
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 83.1% of Metro Area residents are White and 8.3% are Black.

- This is less White and more Black than the states' racial distributions.
- Nationally, the US population is more White, less Black, and more "other" race.
- By county, Douglas County is the most racially diverse and Cass County is the least.

Total Population by Race Alone, Percent (2009-2013)



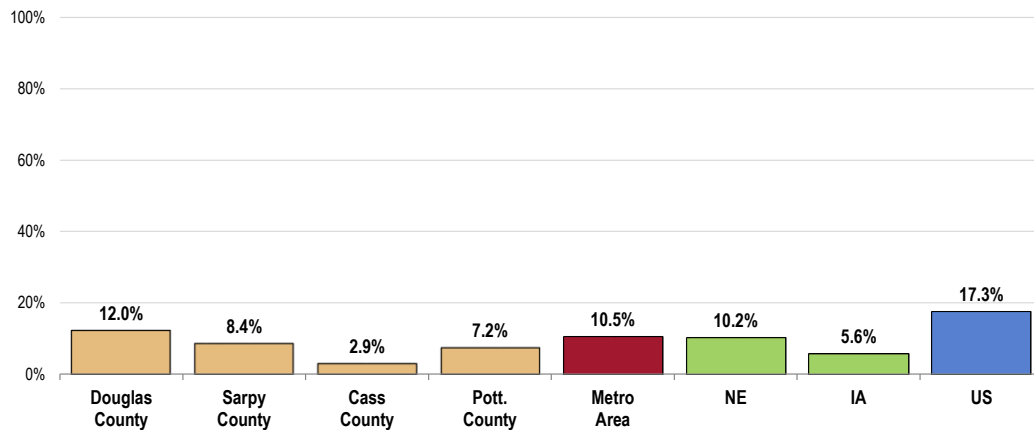
Sources:
 • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.

Ethnicity

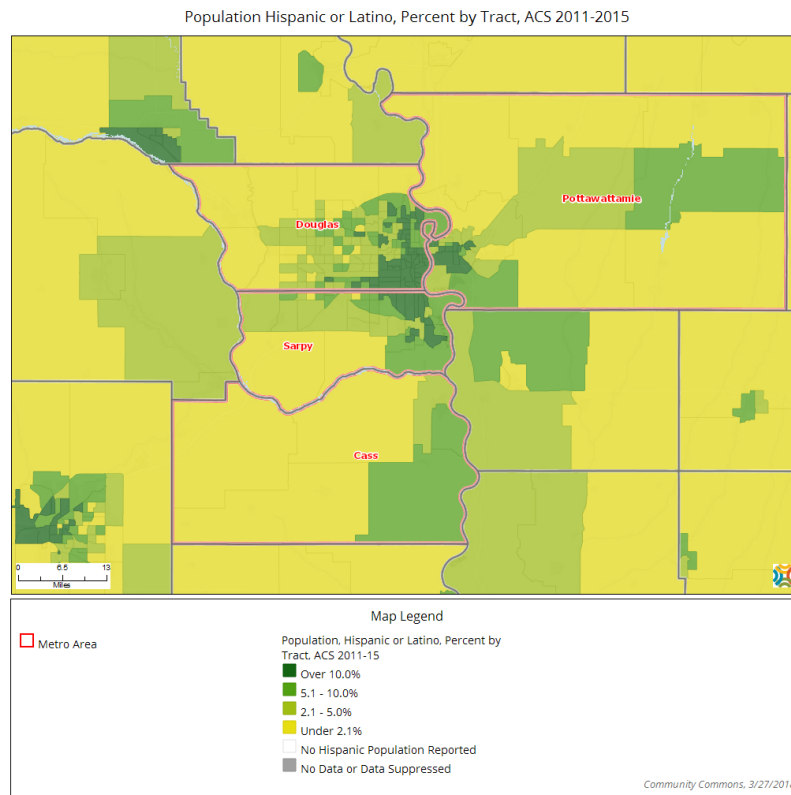
A total of 10.5% of Metro Area residents are Hispanic or Latino.

- Slightly higher than the Nebraska percentage, and much higher than the Iowa percentage.
- Below the nationwide percentage.
- The percentage ranges considerably by county.

Percent Population Hispanic or Latino (2012-2016)



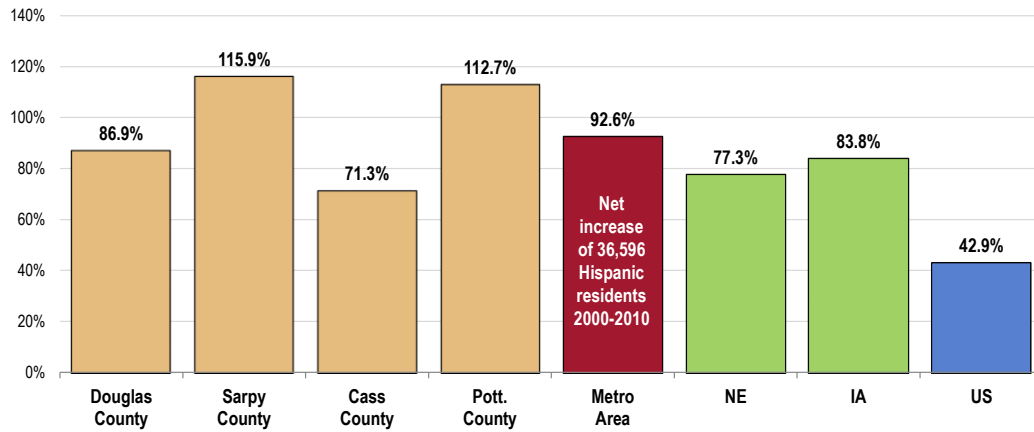
Sources:
 • US Census Bureau American Community Survey 5-year estimates (2012-2016).
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 Notes:
 • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



Between 2000 and 2010, the Hispanic population in the Metro Area increased by 36,596 people, or 92.6%.

- Higher (in terms of percentage growth) than found statewide and especially nationally.
- Proportionally, Hispanic population growth is especially high in Sarpy and Pottawattamie counties.

Hispanic Population Change (Percentage Change in Hispanic Population Between 2000 and 2010)



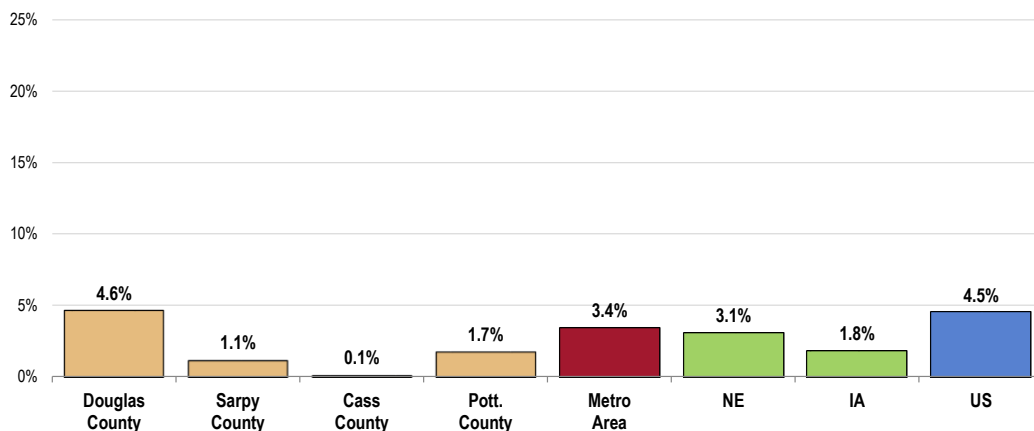
Sources:
 • US Census Bureau Decennial Census (2000-2010).
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.

Linguistic Isolation

A total of 3.4% of the Metro Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

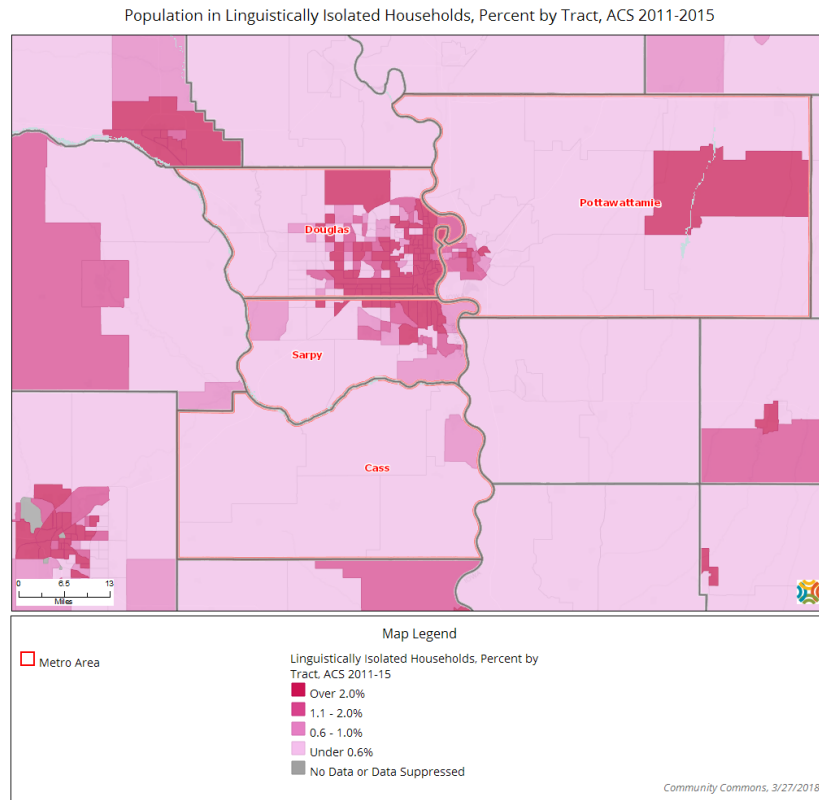
- Higher than found statewide, but lower than found nationally.
- The percentage is favorably low in Sarpy and Cass counties.

Linguistically Isolated Population (2012-2016)



Sources:
 • US Census Bureau American Community Survey 5-year estimates (2012-2016).
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 Notes:
 • This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English “very well.”

- Note the following map illustrating linguistic isolation in the Metro Area.



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

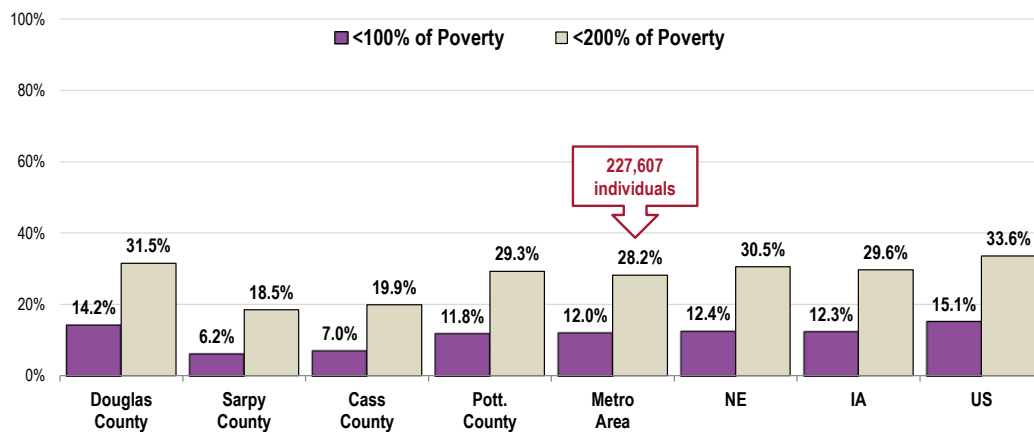
The latest census estimate shows **12.0%** of Metro Area population living below the federal poverty level.

In all, **28.2%** of Metro Area residents (an estimated **227,607 individuals**) live below 200% of the federal poverty level.

- Lower than the proportion reported in Nebraska, similar to the Iowa proportion.
- Lower than that found nationally.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016)

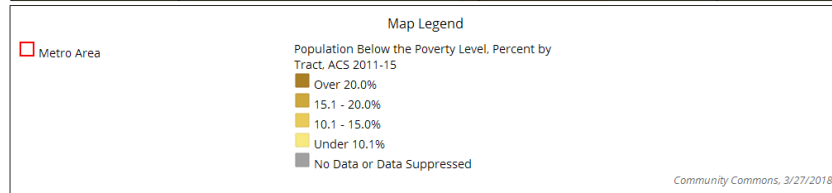
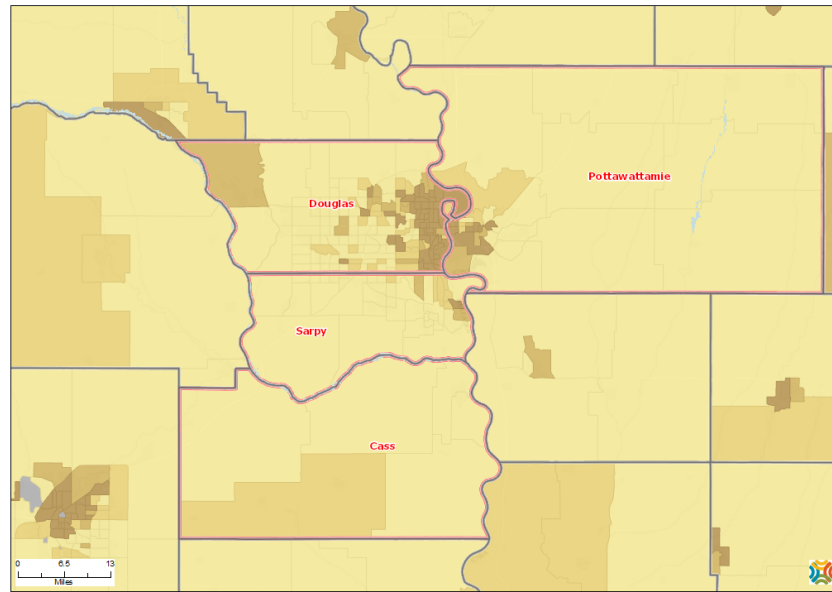


Sources: • US Census Bureau American Community Survey 5-year estimates (2012-2016).

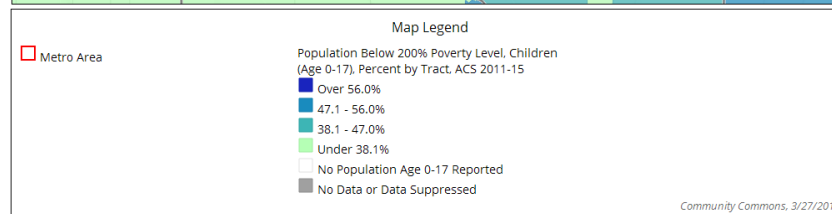
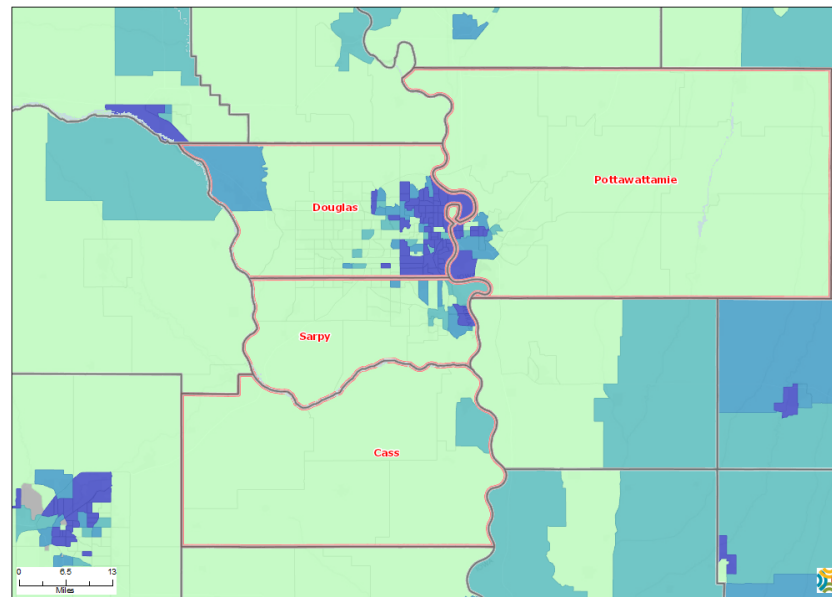
• Retrieved March 2018 from Community Commons at <http://www.chna.org>.

Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Population Below the Poverty Level, Percent by Tract, ACS 2011-2015



Population Below 200% of Poverty, Percent by Tract, ACS 2011-2015

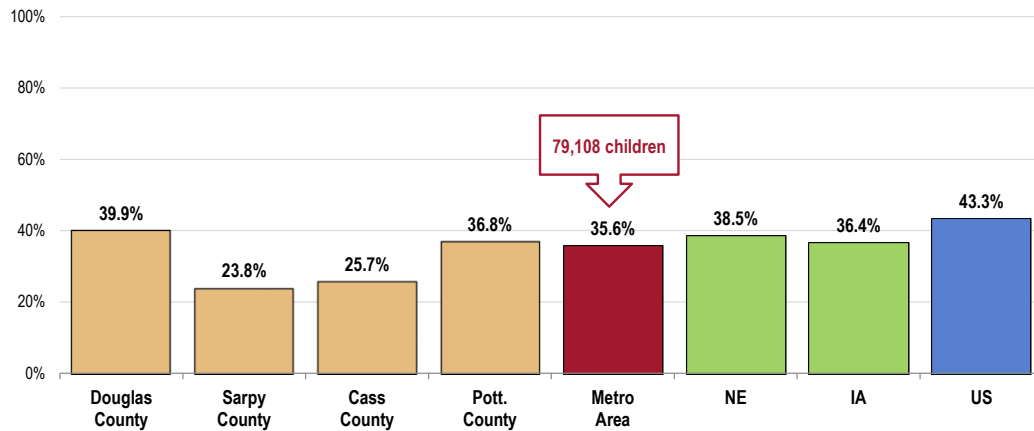


Children in Low-Income Households

Additionally, 35.6% of Metro Area children age 0-17 (representing an estimated 79,108 children) live below the 200% poverty threshold.

- Below the proportion found in Nebraska (similar to the Iowa proportion).
- Below the proportion found nationally.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)

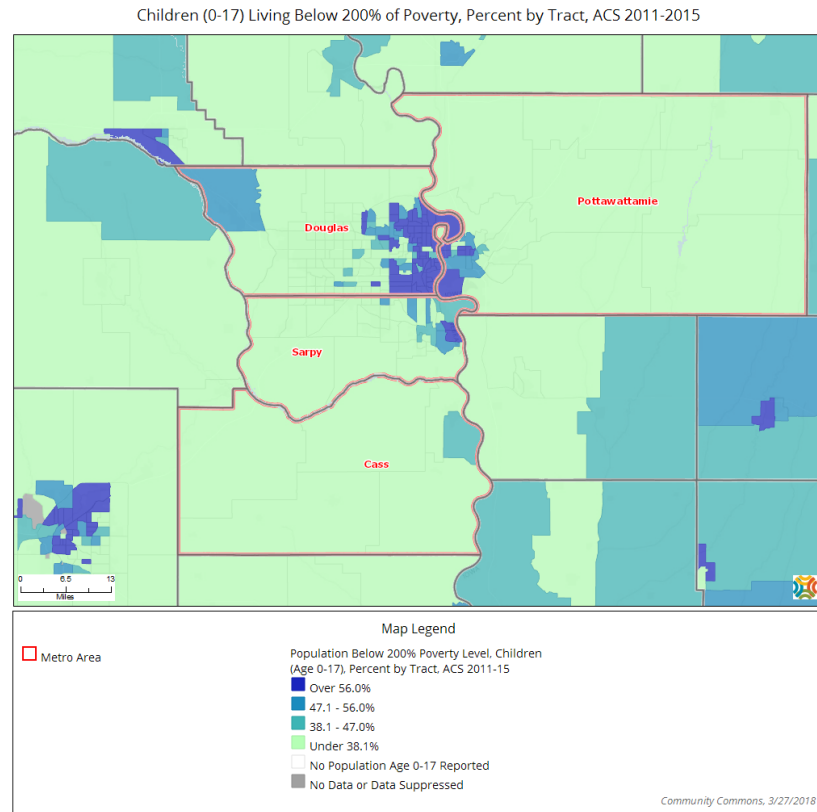


Sources:

- US Census Bureau American Community Survey 5-year estimates (2012-2016).
- Retrieved March 2018 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

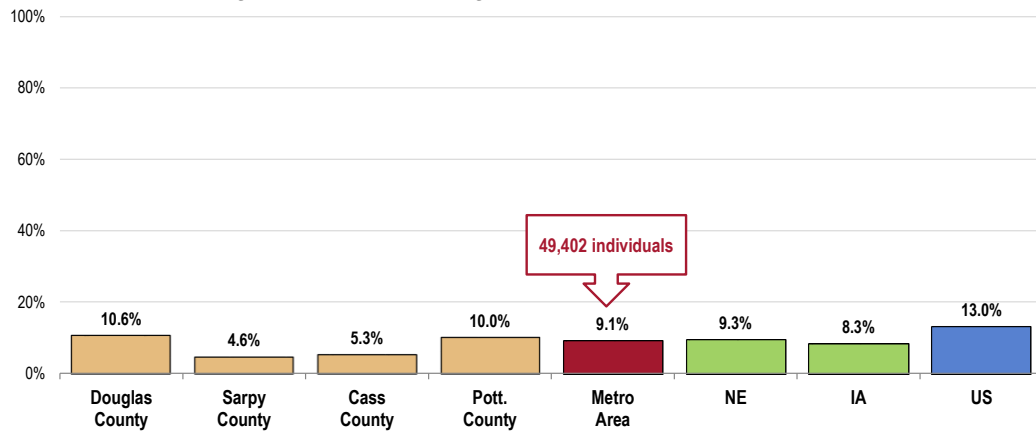


Education

Among the Metro Area population age 25 and older, an estimated 9.1% (over 49,000 people) do not have a high school education.

- More favorable than found nationally.
- Lack of a high school diploma is highest in Douglas and Pottawattamie counties.

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



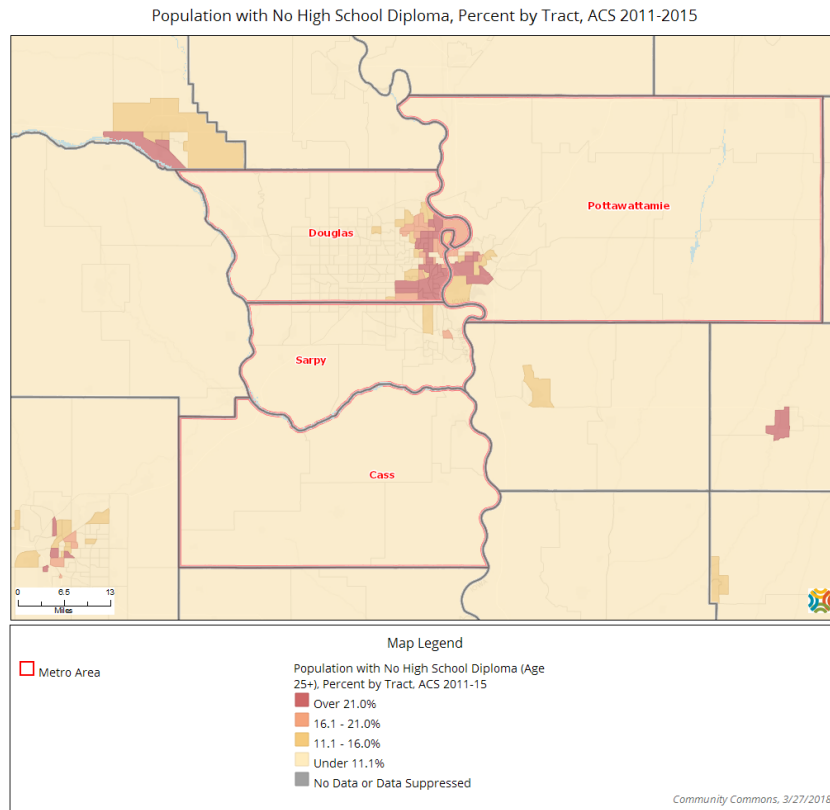
Sources:

- US Census Bureau American Community Survey 5-year estimates (2012-2016).
- Retrieved March 2018 from Community Commons at <http://www.chna.org>.

 Notes:

- This indicator is relevant because educational attainment is linked to positive health outcomes.

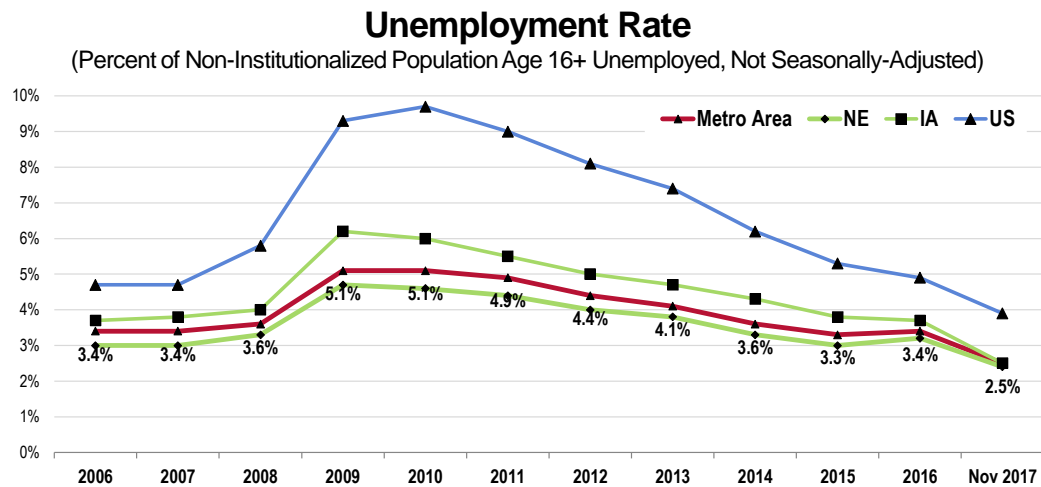
- Note the following map of residents age 25+ without high school diplomas.



Employment

According to data derived from the US Department of Labor, the unemployment rate in the Metro Area as of November 2017 was 2.5%.

- Similar to the statewide unemployment rates.
- More favorable than the national unemployment rate.
- TREND: Unemployment for the Metro Area has trended downward since 2010, echoing the state and national trends.



Sources: • US Department of Labor, Bureau of Labor Statistics.

• Retrieved March 2018 from Community Commons at <http://www.chna.org>.

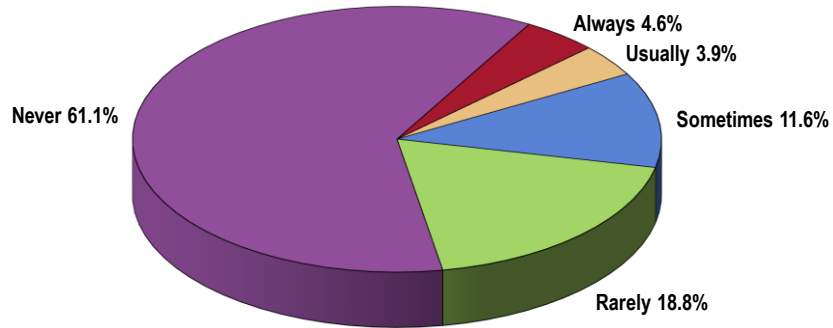
Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing

Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (20.1%) reported that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
 Notes: • Asked of all respondents.

NOTE:

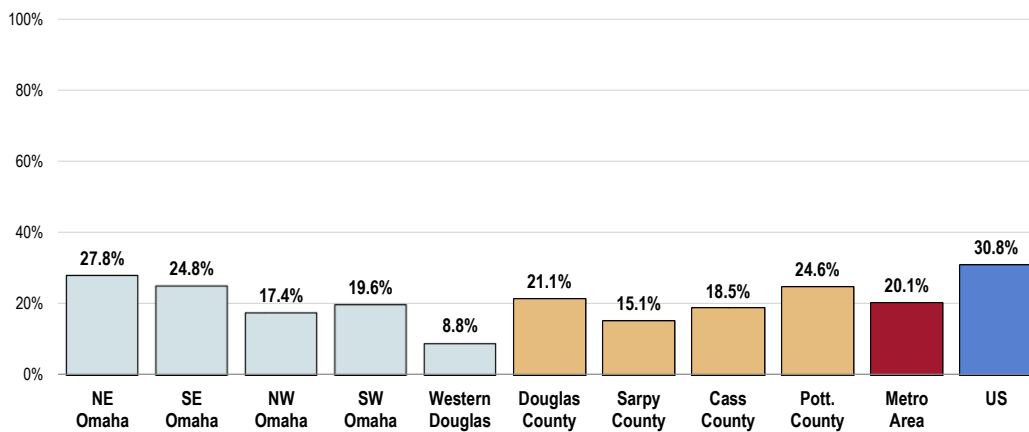
Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, community-level data are provided.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

- Compared to the US prevalence, the Metro Area proportion of adults who worried about paying for rent or mortgage in the past year is more favorable.
- Viewed by county, respondents in Pottawattamie County were most likely to report concerns about making housing payments.
 - Within Douglas County, housing insecurity appears highest in the Northeast.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year

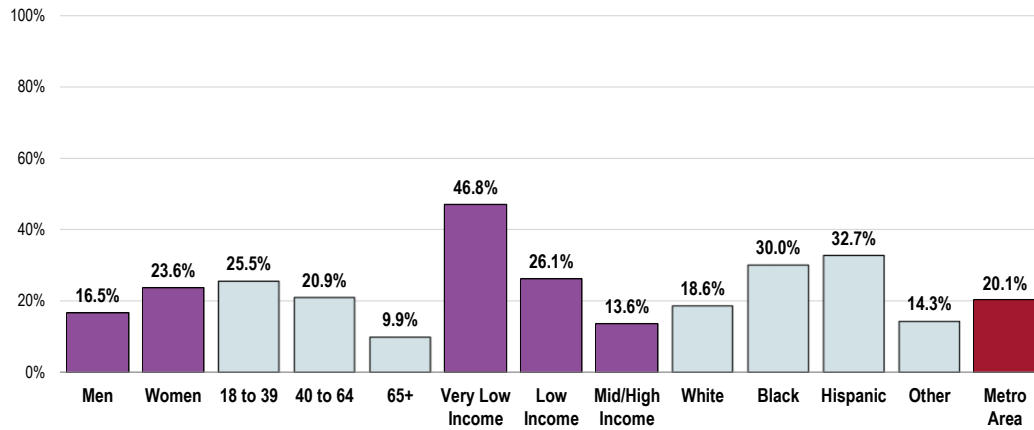


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Adults more likely to report housing insecurity include women, young adults, residents living at lower incomes, as well as Black and Hispanic residents.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Metro Area, 2018)

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.



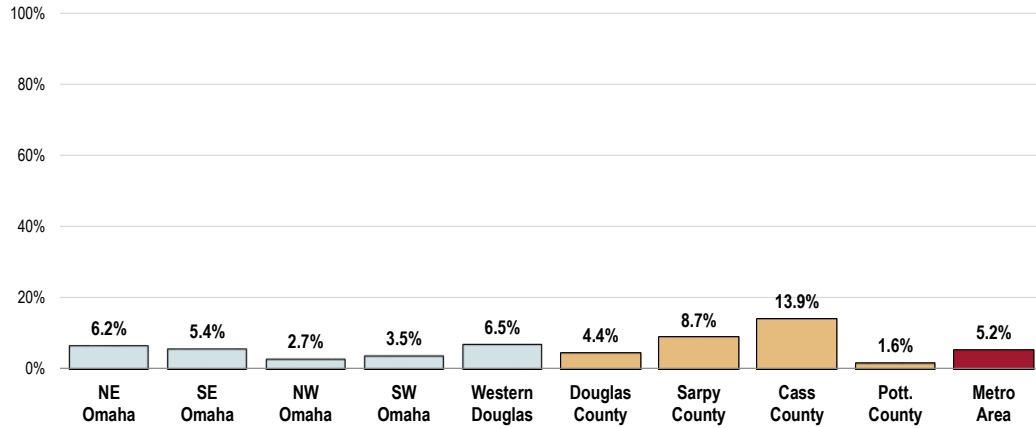
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Housing Conditions

Among surveyed respondents, 5.2% went without electricity, water, or heating in their home within the past year.

- By county, the percentage is higher among Sarpy and Cass County respondents.
 - Within Douglas County, favorably low in Northwest Omaha.

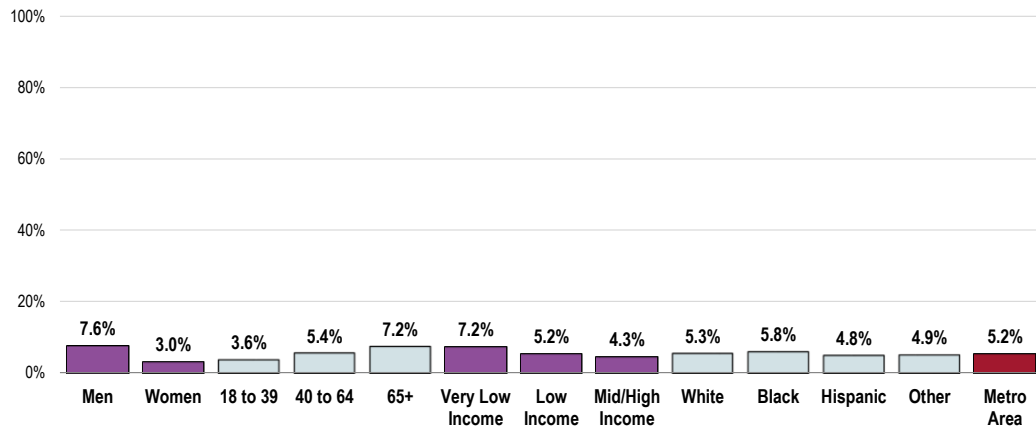
Went Without Electricity, Water, or Heating in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]
 Notes: • Asked of all respondents.

- Adults more likely to have gone without electricity, water, or heat in their home in the past year include men, older residents (positive correlation with age), and lower-income adults (negative correlation with income).
- Differences by race/ethnicity are not statistically significant.

Went Without Electricity, Water, or Heating in the Past Year (Metro Area, 2018)

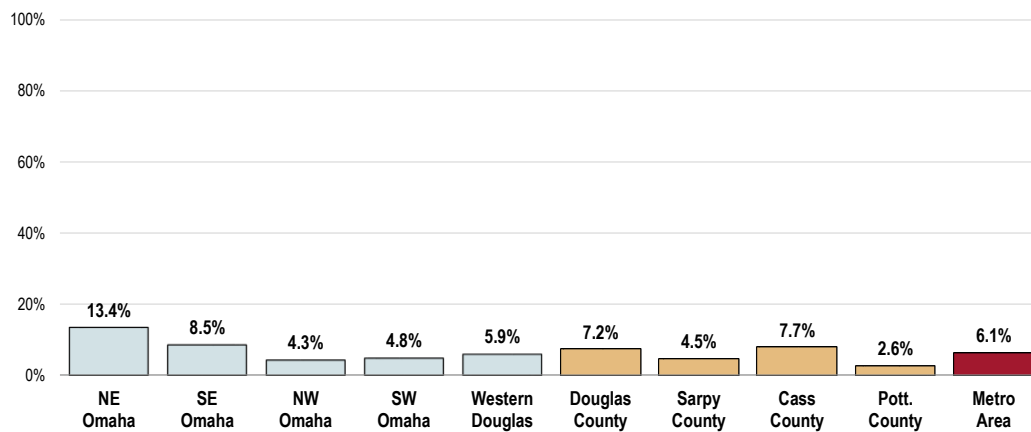


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

In a related inquiry, 6.1% of Metro Area adults report having ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe in the past year.

- Douglas County residents gave a relatively high proportion of responses (Cass County results, although high, are not statistically significant versus the other counties due to a lower Cass County sample size).
 - Within Douglas County, highest in Northeast Omaha.

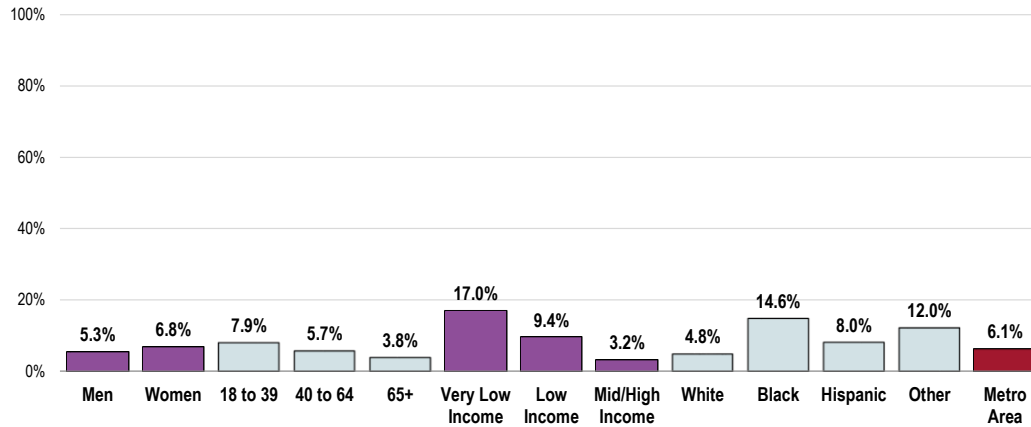
Ongoing Problems With Water Leaks, Rodents, Insects, Mold, or Other Unhealthy Housing Conditions in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]
 Notes: • Asked of all respondents.

- Adults more likely to report these types of unhealthy housing conditions include young adults, those in low-income households (especially), and Black residents.

Ongoing Problems With Water Leaks, Rodents, Insects, Mold, or Other Unhealthy Housing Conditions in the Past Year (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]

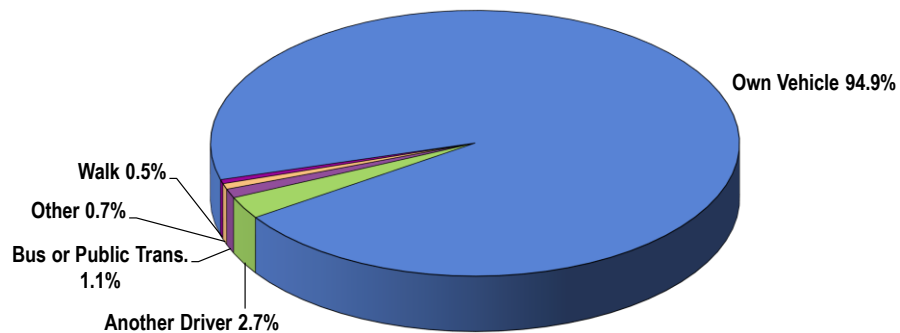
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Transportation

While the vast majority of Metro Area adults report owning their own vehicle for transportation purposes, 5.1% rely on other means of transportation.

- A total of 2.7% have **someone else who drives** them around, 1.1% rely on **public transportation**, and 0.5% **walk**.

Primary Form of Transportation
(Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
Notes: • Asked of all respondents.

Food Insecurity

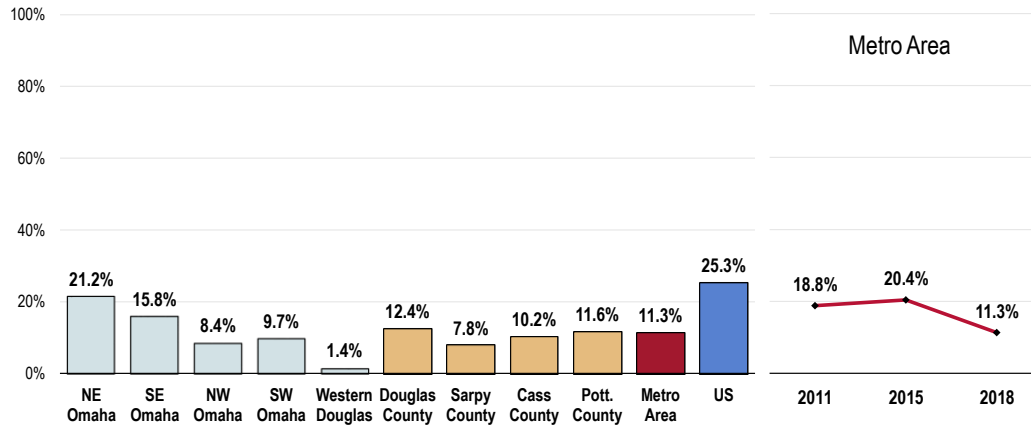
While most survey respondents did not have concerns over affording enough food in the past year, 11.3% “often” or “sometimes” worried about their food running out before they had money for more.

Respondents were asked how often this statement was true in the past 12 months:

“I worried about whether our food would run out before we got money to buy more.”

- More favorable than national findings.
- Highest in Douglas County.
 - Considerably higher in Northeast Omaha.
- TREND: Denotes a statistically significant decrease from previous survey findings.

“Often” or “Sometimes” Worry About Food Running Out Before Having Money to Buy More

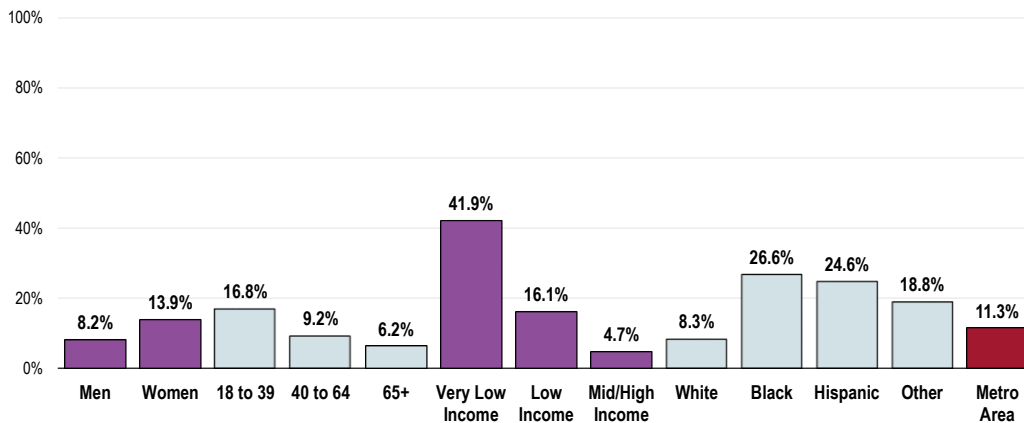


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
 • PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Young adults.
- Lower-income residents (especially).
- Non-Whites.

“Often” or “Sometimes” Worry About Food Running Out Before Having Money to Buy More (Metro Area, 2018)



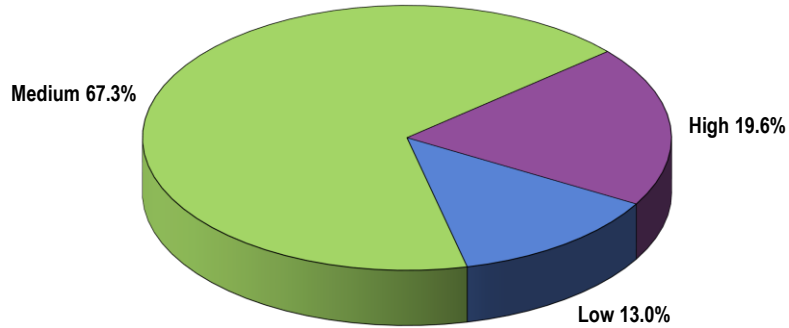
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Health Literacy

A total of 13.0% of Metro Area adults are found to have low health literacy.

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Level of Health Literacy
(Metro Area, 2018)

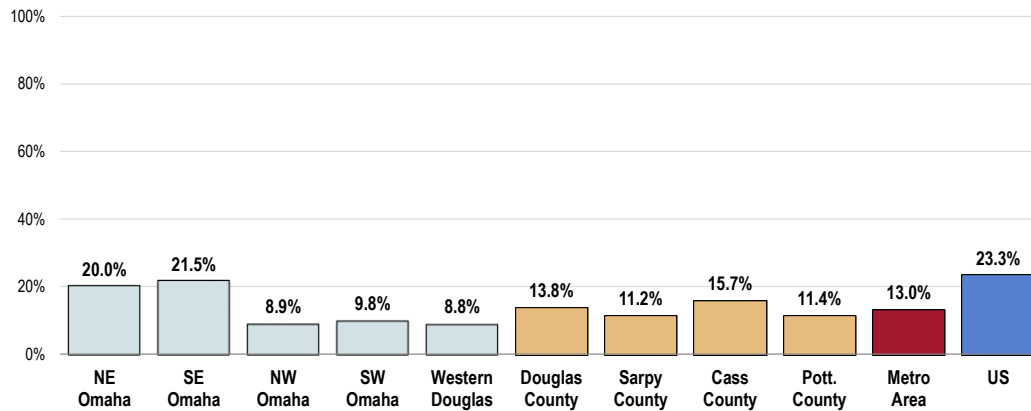


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 Notes: • Asked of all respondents.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low health literacy in the Metro Area is:

- Well below the national findings.
- Similar among counties.
 - Much higher in the eastern portion of Douglas County.

Low Health Literacy

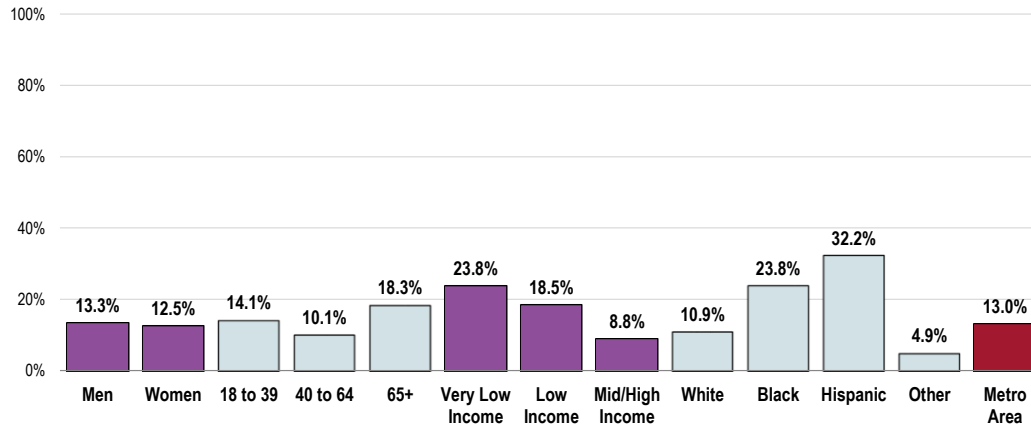


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

These Metro Area adults are more likely to have low levels of health literacy:

- Seniors (65+).
- Low-income residents.
- Black residents.
- Hispanics.

Low Health Literacy (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Understanding Health Information

Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

How often is health information written in a way that is easy for you to understand?

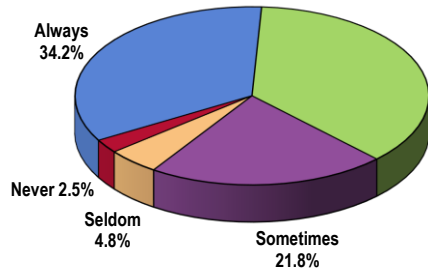
How often is health information spoken in a way that is easy for you to understand?"

The following individual measures are used to determine the health literacy levels described above.

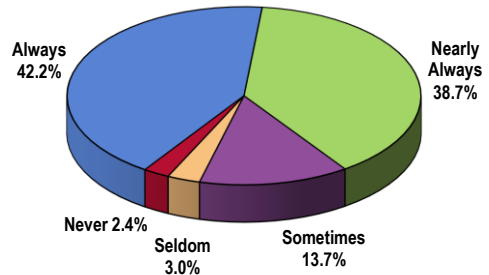
Written & Spoken Information

While a majority of Metro Area adults generally find health information to be easy to understand, 7.3% experience some difficulty with written health information and 5.4% experience some difficulty with spoken health information (responding "seldom" or "never" easy to understand).

Frequency With Which Health Information Is _____ in a Way That is Easy to Understand (Metro Area, 2018)



Written



Spoken

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]
 Notes: • Asked of all respondents.

Reading Health Information & Completing Health Forms

Respondents were read:

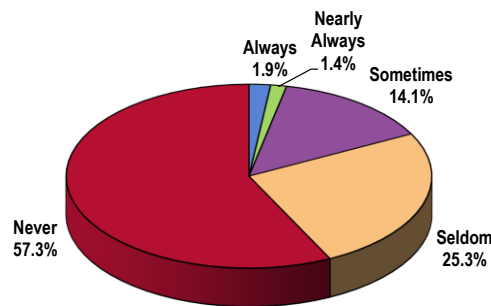
"People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information?"

A total of 3.3% of Metro Area adults "always" or "nearly always" need to have someone help them read health information.

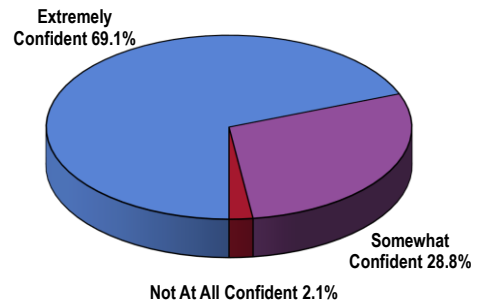
A total of 2.1% of adults are "not at all confident" in their ability to fill out health forms by themselves.

"Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?"

Frequency of Needing Help Reading Health Information (Metro Area, 2018)



Confidence in Ability to Fill Out Health Forms (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]
 Notes: • Asked of all respondents.
 • In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

Adverse Childhood Experiences (ACEs)

About ACEs

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts. ACEs include:

- Physical abuse
- Sexual Abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Household substance misuse
- Household mental illness
- Parental separation/divorce
- Incarcerated household member

A series of 11 survey questions were used to identify adults' experiences of adverse childhood events prior to the age of 18 years. These 11 questions align with 8 ACEs categories, as outlined in the following table.

Adverse Childhood Experiences (ACEs) (Metro Area, 2018)

Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

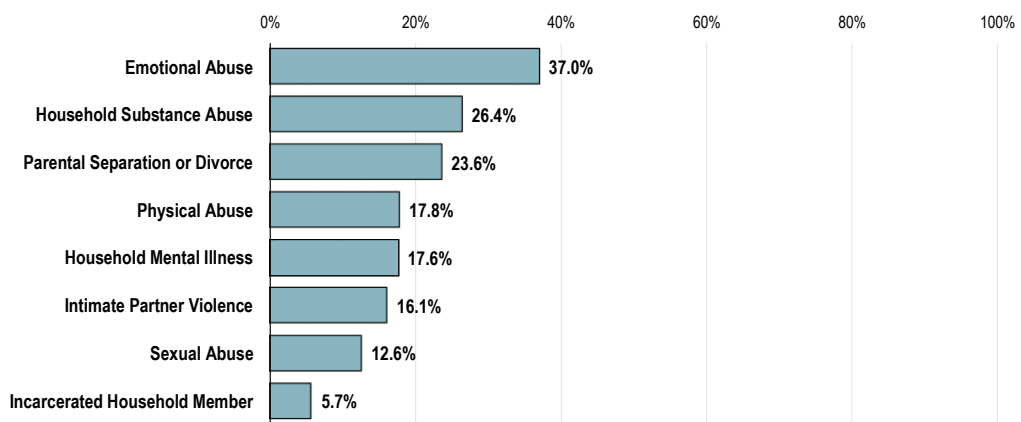
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 363-370]

Notes: • Reflects the total sample of respondents.

By category, ACEs were most prevalent in the Metro Area for **emotional abuse** (affirmed by 37.0% of respondents), followed by **substance abuse** (26.4%), and **parental separation/divorce** (23.6%).

- Fewer residents experienced **physical abuse** (17.8%), **mental illness** (17.6%), or **intimate partner violence** (16.1%) in the household.
- A total of 12.6% of survey respondents were affected by **sexual abuse** as a child, and 5.7% reported having had an **incarcerated** household member.

Adverse Childhood Experiences (ACEs) (Metro Area, 2018)

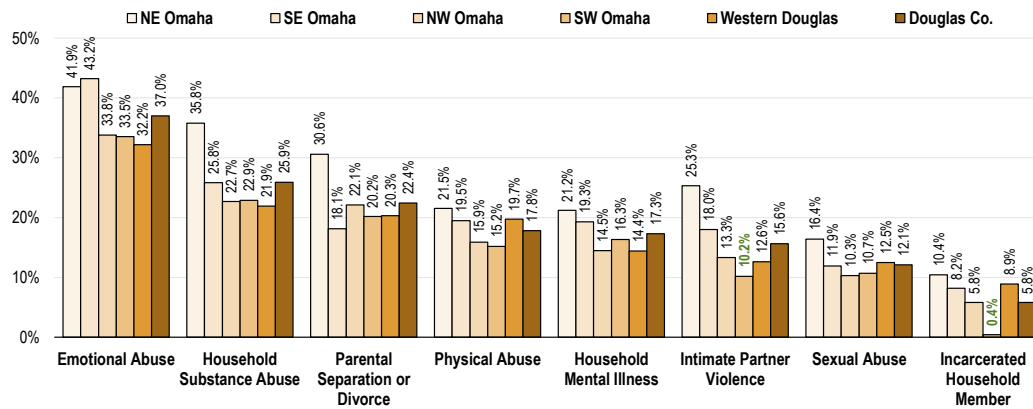


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 363-370]
- Notes:
- Reflects the total sample of respondents.
 - ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

The following charts outline the prevalence of these categories by geography (as experienced by current adult residents when they were children).

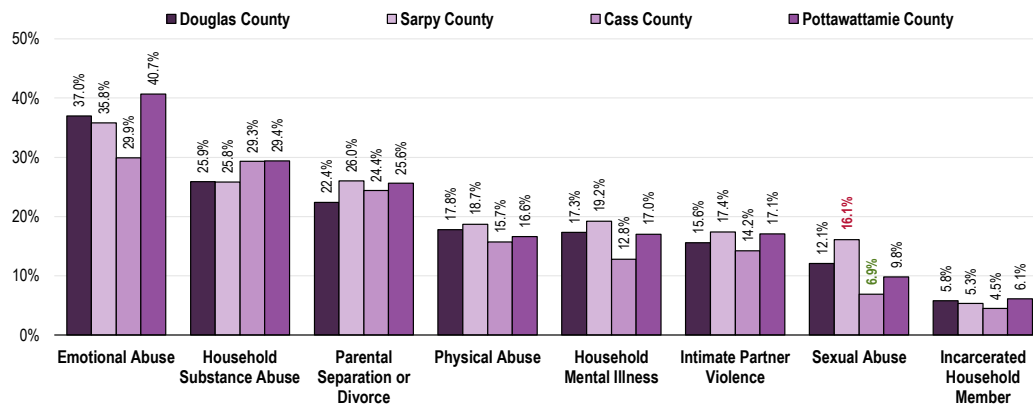
- Note that no significant differences were found by county or by sub-county area for physical abuse.
- All other categories were significantly high in Northeast Omaha.
 - Emotional abuse also appeared high in Southeast Douglas.
 - Sexual abuse also appeared high in Sarpy County.

Prevalence of ACE Categories by Area, Douglas County (Douglas County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 371]
 Notes: • Asked of all respondents.
 • Includes respondents reporting ACE or ACEs corresponding to each category.

Prevalence of ACE Categories by County (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 371]
 Notes: • Asked of all respondents.
 • Includes respondents reporting ACE or ACEs corresponding to each category.

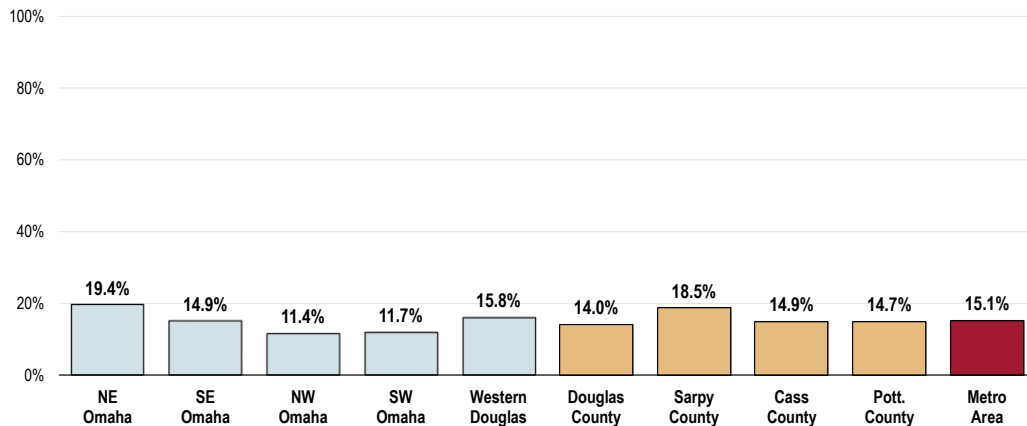
High ACE Scores

In scoring the series of 11 ACE questions, survey respondents receive one “point” for each affirmative response. A score of 4 or higher is determined to be a “high” ACE score.

In all, 15.1% of Metro Area residents reported 4 or more of the adverse childhood experiences tested (a high ACE score).

- Significantly higher in Sarpy County than in the other counties.
 - Within Douglas County, particularly high in Northeast Omaha.

Prevalence of High ACE Scores (4 or More) (Metro Area, 2018)

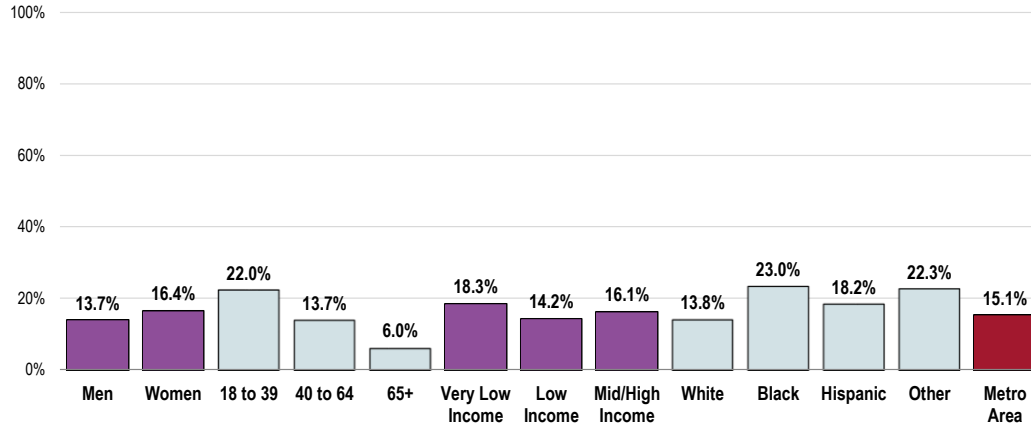


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 371]
 Notes: • Asked of all respondents.
 • Adults who report four or more ACEs is categorized as having a high ACE score.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Note that ACE scores of 4+ were more prevalent in these Metro Area populations:

- Adults under age 65 (negative correlation with age).
- Black residents.

Prevalence of High ACE Scores (4 or More) (Metro Area, 2018)



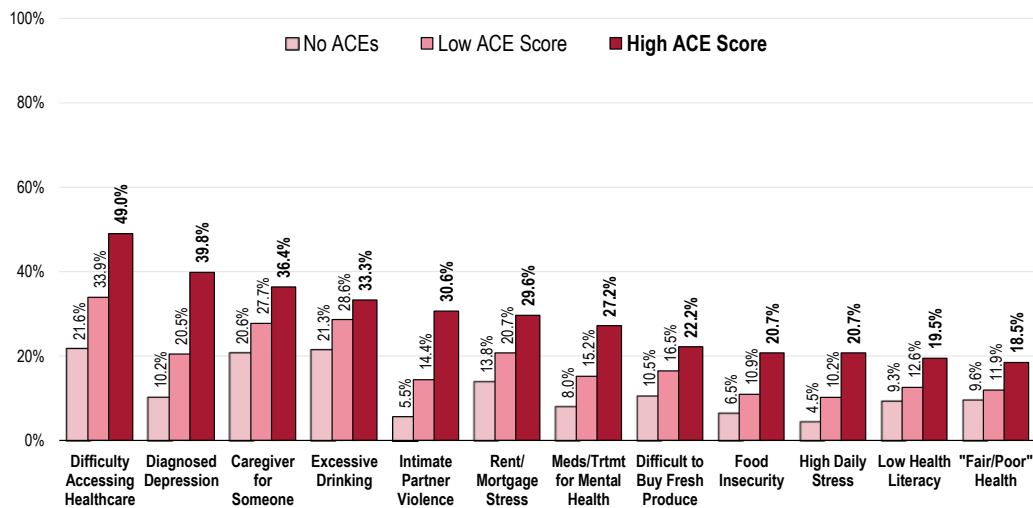
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 371]
 Notes: • Asked of all respondents.
 • Adults who report four or more ACEs is categorized as having a high ACE score.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Relationship of ACEs with Other Health Issues

As a person's ACE score increases, so does their risk for disease, social issues, and emotional problems.

Note the following strong correlations of various health indicators in the Metro Area, comparing those reporting no ACEs with those with low (1-3) and high (4+) ACE risk.

Relationship of ACEs With Other Issues (By ACE Risk Classification; Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5,38,46,47,60,71,86,87,101,102,103,109,111,168,171,172]
 Notes: • Reflects the total sample of respondents.
 • Adults with at least one ACE are categorized as having a low score (1 to 3 ACEs) or a high score (4+ ACEs).

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

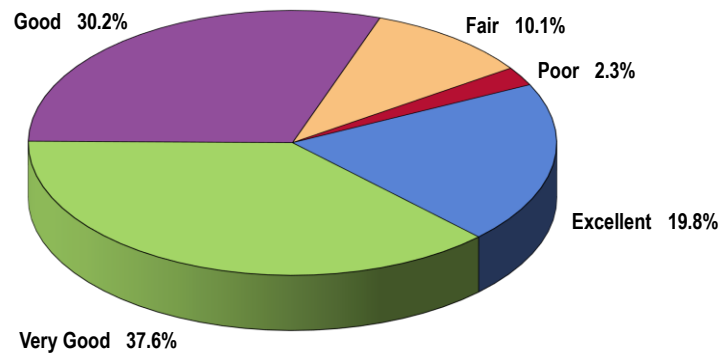
A total of 57.4% of Metro Area adults rate their overall health as “excellent” or “very good.”

- Another 30.2% gave “good” ratings of their overall health.

The initial inquiry of the PRC Community Health Survey asked respondents the following:

“Would you say that in general your health is: excellent, very good, good, fair, or poor?”

Self-Reported Health Status (Metro Area, 2018)

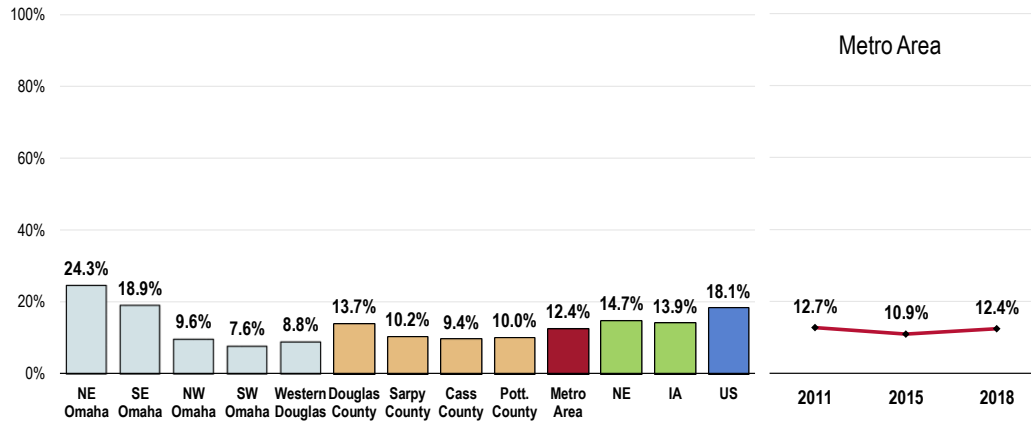


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 12.4% of Metro Area adults believe that their overall health is “fair” or “poor.”

- Better than Nebraska and US findings (similar to Iowa).
- Viewed by county, residents of Douglas County gave the highest response.
 - Within Douglas County, unfavorably high in Northeast and Southeast Omaha.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous survey results.

Experience “Fair” or “Poor” Overall Health



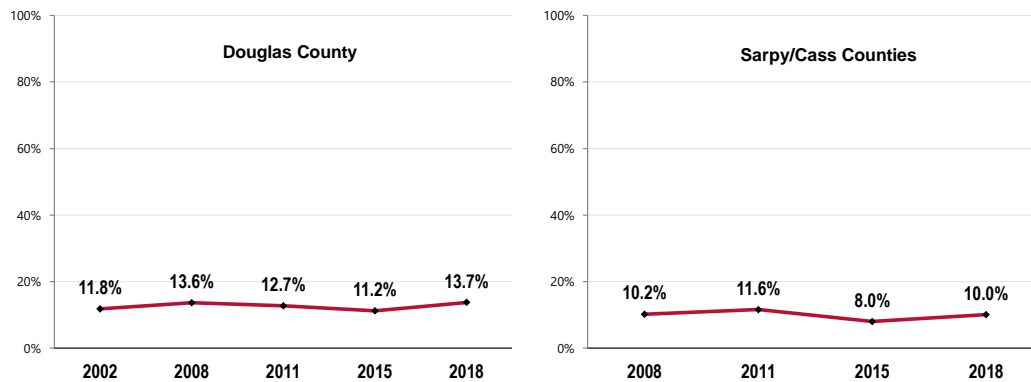
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Longer historical survey data are available for Douglas County dating back to 2002, and for Sarpy/Cass counties since 2008.

- **TREND:** When trending Douglas County and combined Sarpy/Cass County results over time, there are no statistically significant changes to report.

Experience “Fair” or “Poor” Overall Health

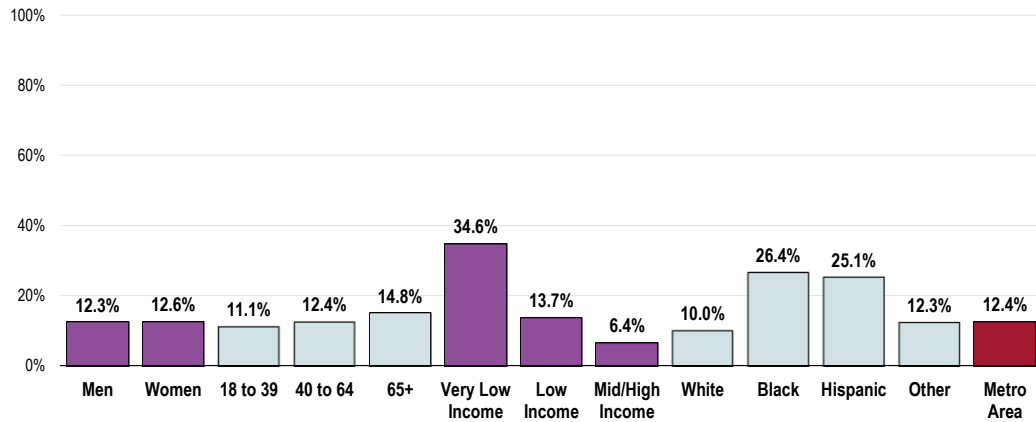


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
 Notes: ● Asked of all respondents.

Metro Area adults more likely to report experiencing “fair” or “poor” overall health include:

- Residents living at lower incomes.
- Black and Hispanic residents.

Experience “Fair” or “Poor” Overall Health (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

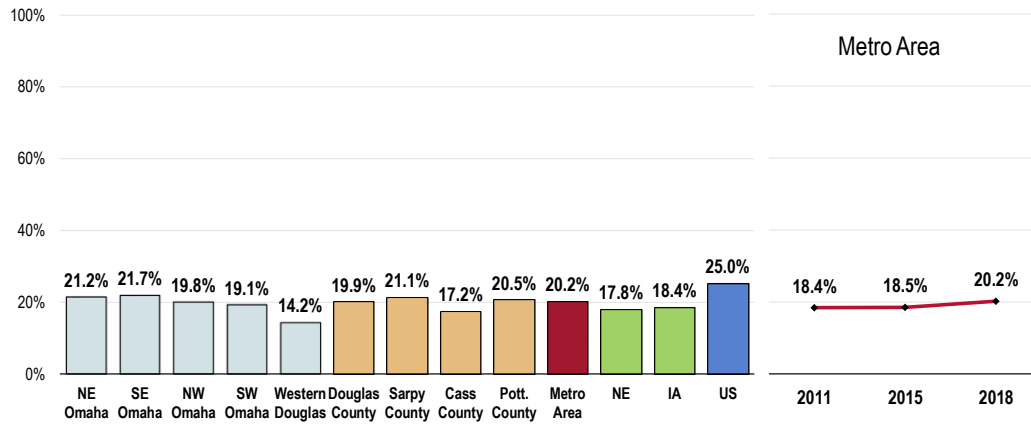
- Healthy People 2020 (www.healthypeople.gov)

A total of 20.2% of Metro Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

- Less favorable than the prevalence in Nebraska (statistically similar to the Iowa prevalence).
- More favorable than the national prevalence.
- Similar findings among the Metro Area's four counties.
 - Favorably low in Western Douglas County.
- TREND: Statistically unchanged over time.

RELATED ISSUE:
See also *Potentially Disabling Conditions in the Death, Disease, & Chronic Conditions* section of this report.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

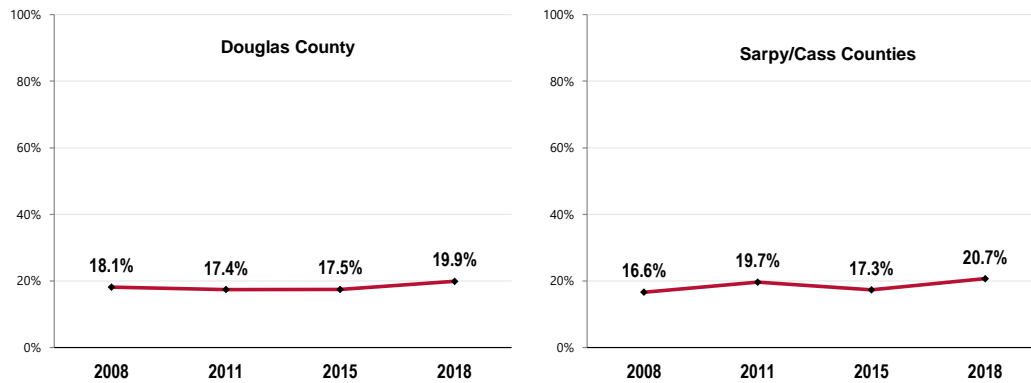


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 109]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- TREND: No statistically significant change has occurred when comparing activity limitations in Douglas County and Sarpy/Cass counties to baseline survey data.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

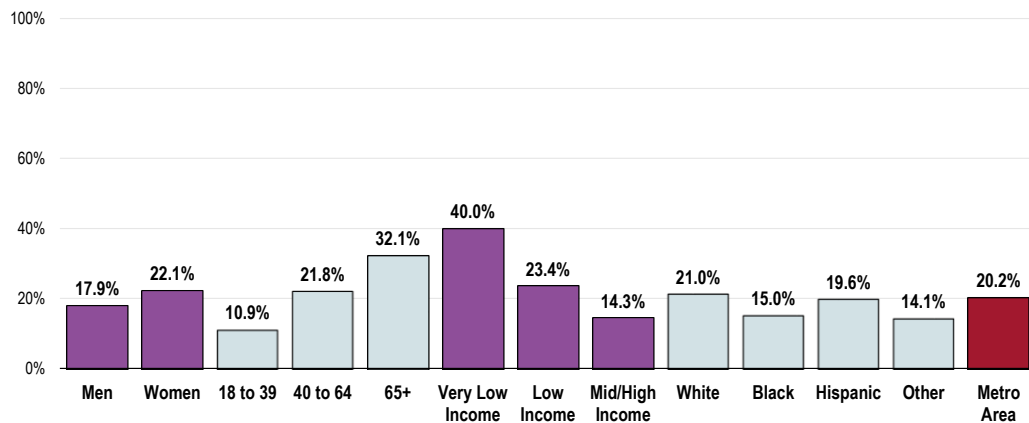


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 109]
 Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, these Metro Area adults are statistically more likely to report some type of activity limitation:

- Women.
- Adults age 40 and older (note the positive correlation with age).
- Those in lower-income households (negative correlation with income).

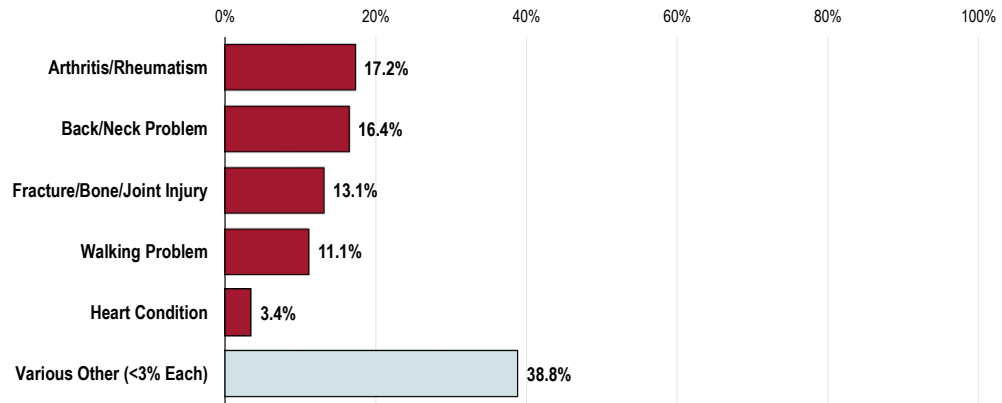
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as arthritis/rheumatism, back/neck problems, fractures or bone/joint injuries, or difficulty walking.

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Metro Area, 2018)



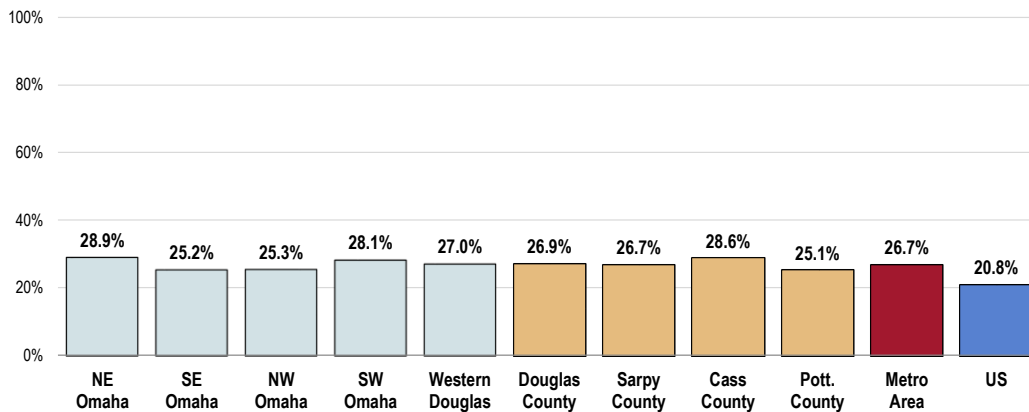
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
 Notes: • Asked of those respondents reporting activity limitations.

Caregiving

A total of 26.7% of Metro Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Higher than the national finding.
- Similar findings by county.
 - Within Douglas County, statistically similar by community.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

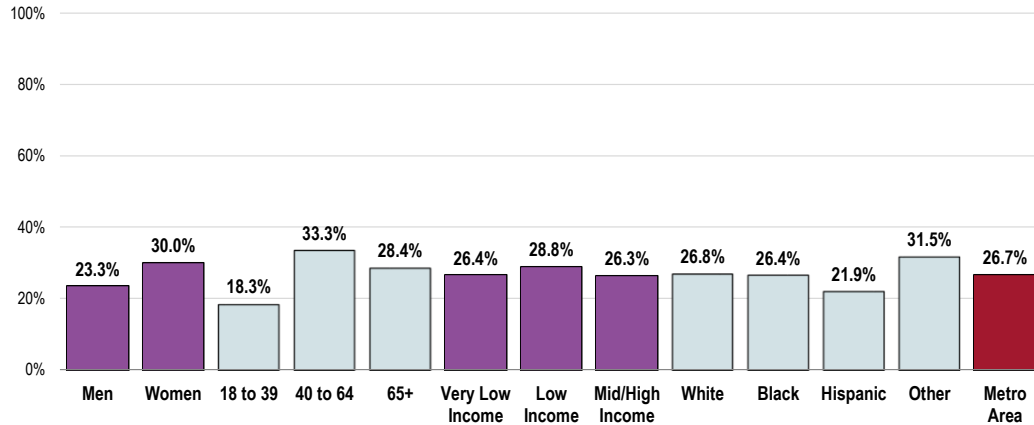


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

The prevalence of caregivers in the community is notably higher among:

- Women.
- Adults age 40 and above.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability
(Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

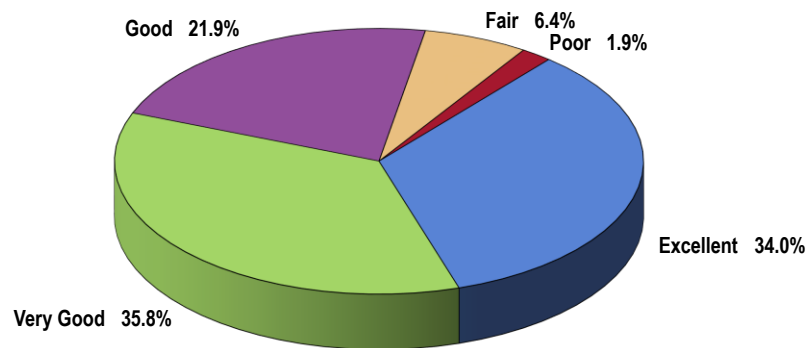
Evaluation of Mental Health Status

A total of 69.8% of Metro Area adults rate their overall mental health as “excellent” or “very good.”

- Another 21.9% gave “good” ratings of their own mental health status.

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?”

Self-Reported Mental Health Status (Metro Area, 2018)

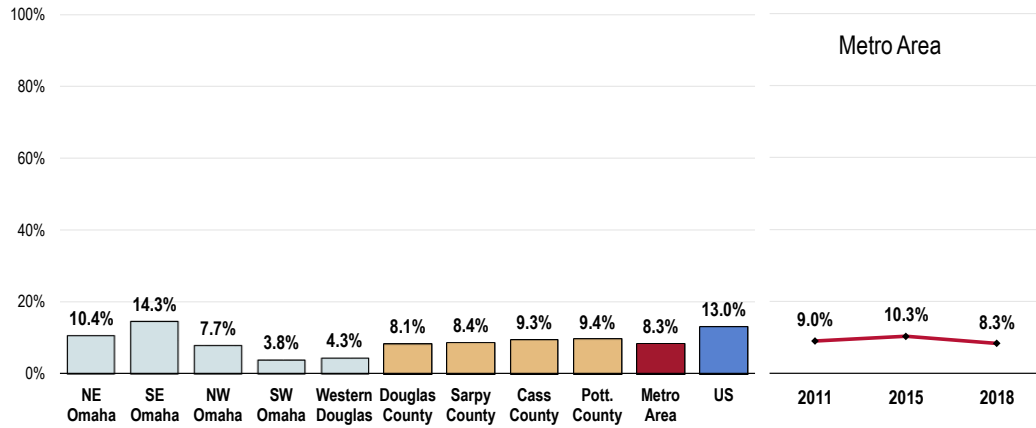


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.

A total of 8.3% of Metro Area adults, however, believe that their overall mental health is “fair” or “poor.”

- More favorable than the “fair/poor” response reported nationally.
- Similar findings by county.
 - Within Douglas County, worst in Southeast Omaha.
- TREND: Statistically unchanged since 2011.

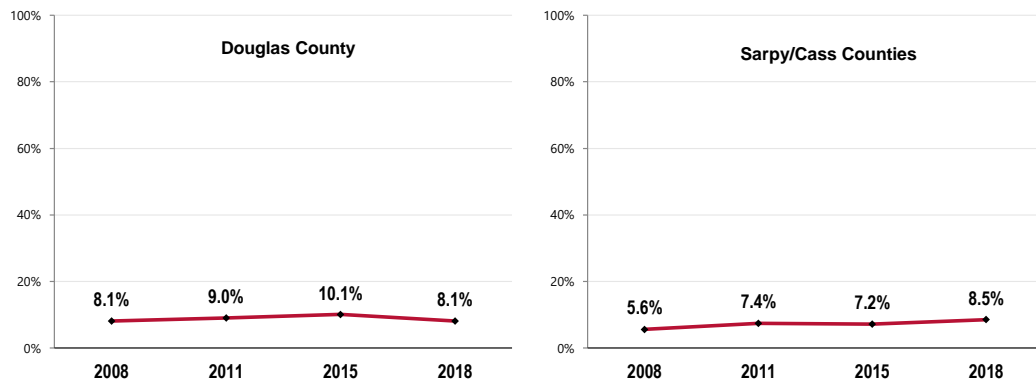
Experience “Fair” or “Poor” Mental Health



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 99]
 ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

- **TREND:** Statistically unchanged over time in Douglas County as well as in the combined Sarpy/Cass counties area.

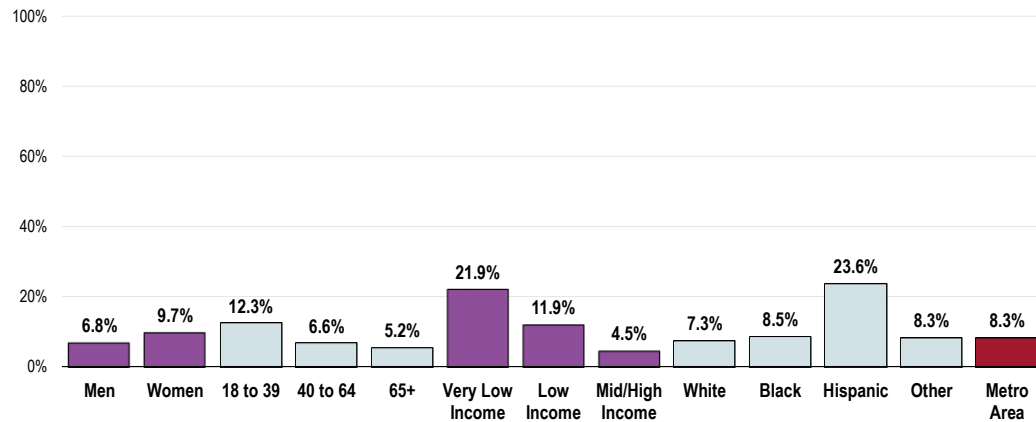
Experience “Fair” or “Poor” Mental Health



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 99]
 Notes: ● Asked of all respondents.

- Note the negative correlations between poor mental health and both age and income.
- In addition, women and Hispanics are more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

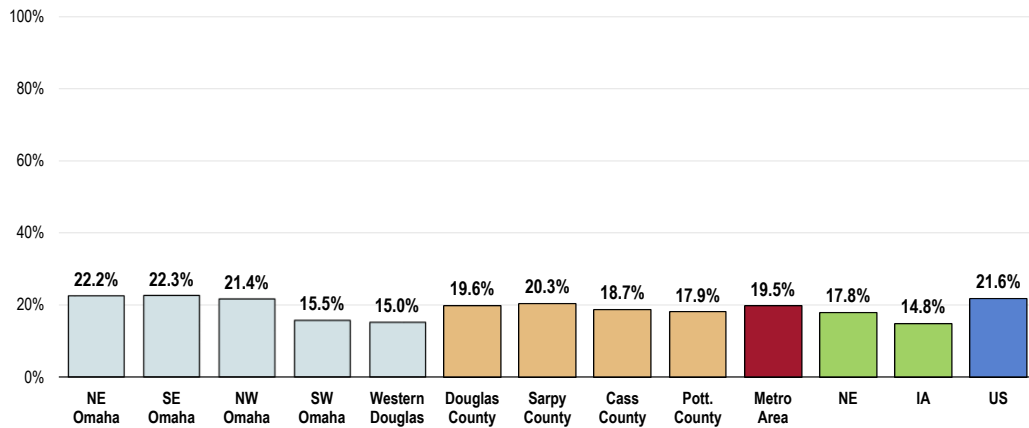
Depression

Diagnosed Depression

A total of 19.5% of Metro Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Higher than both state proportions.
- Similar to the national finding.
- Similar findings by county.
 - Within Douglas County, statistically low in Southwest Omaha and Western Douglas.

Have Been Diagnosed With a Depressive Disorder

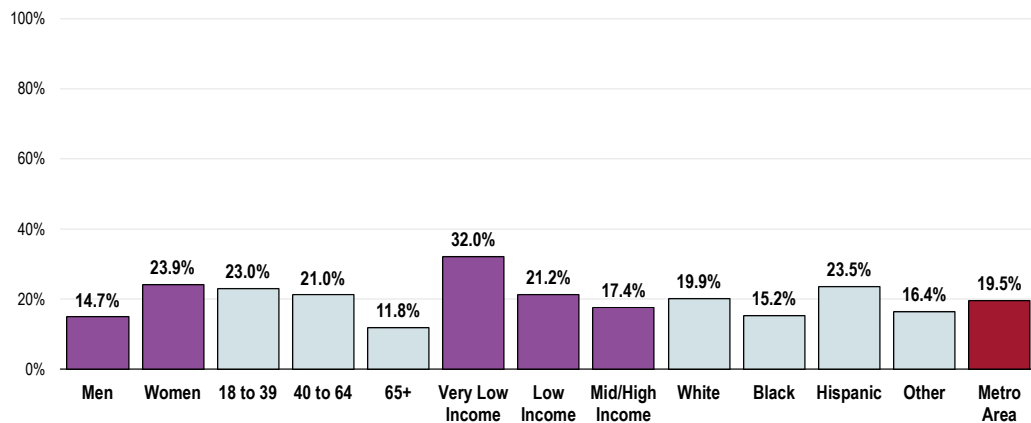


Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

- Women, young adults, and low-income residents (especially) are much more likely to report a diagnosis of depression than their demographic counterparts.

Have Been Diagnosed With Depressive Disorder (Metro Area, 2018)



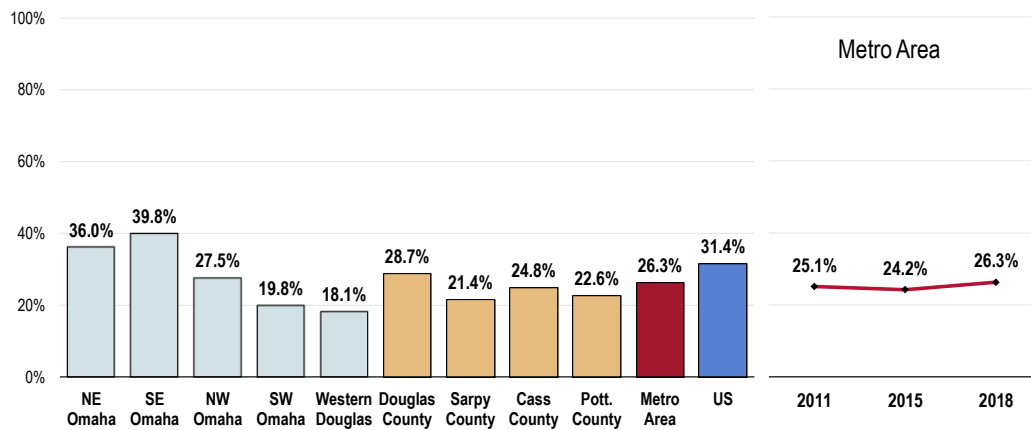
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 26.3% of Metro Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- More favorable than national findings.
- By county, highest in Douglas County and lowest in Sarpy County.
 - Unfavorably high in the eastern portion of Douglas County.
- TREND: Statistically unchanged over time.

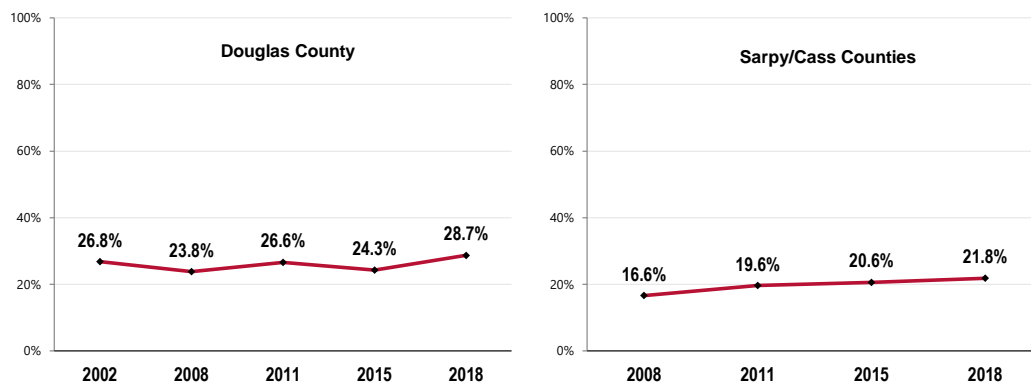
Have Experienced Symptoms of Chronic Depression



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

- TREND: Statistically unchanged over time in Douglas County, but marking a statistically significant increase since 2008 for Sarpy/Cass counties.

Have Experienced Symptoms of Chronic Depression

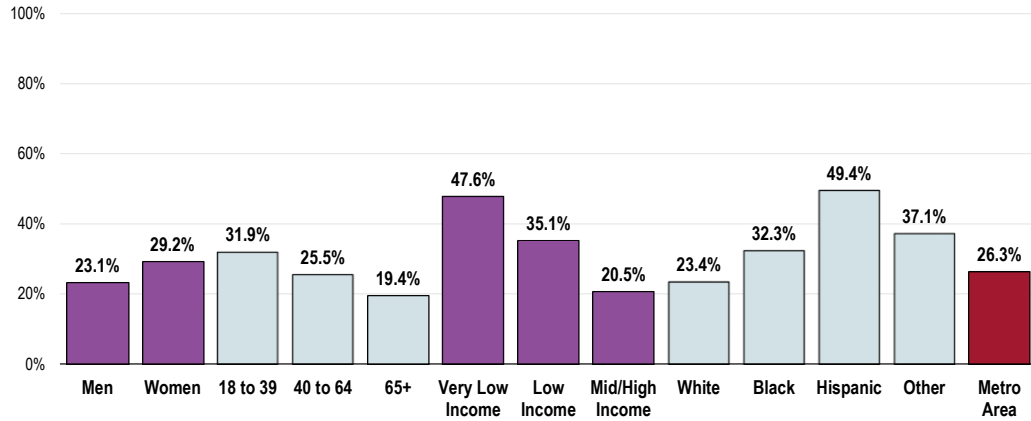


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults under age 65 (negative correlation).
- Adults with lower incomes (negative correlation).
- Hispanics and non-White race groups.

Have Experienced Symptoms of Chronic Depression (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

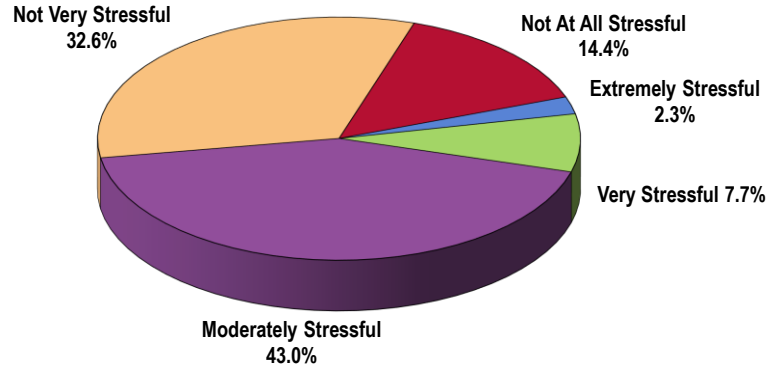
More than 4 in 10 Metro Area adults consider their typical day to be “not very stressful” (32.6%) or “not at all stressful” (14.4%).

RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- Another 43.0% of survey respondents characterize their typical day as “moderately stressful.”

Perceived Level of Stress On a Typical Day (Metro Area, 2018)

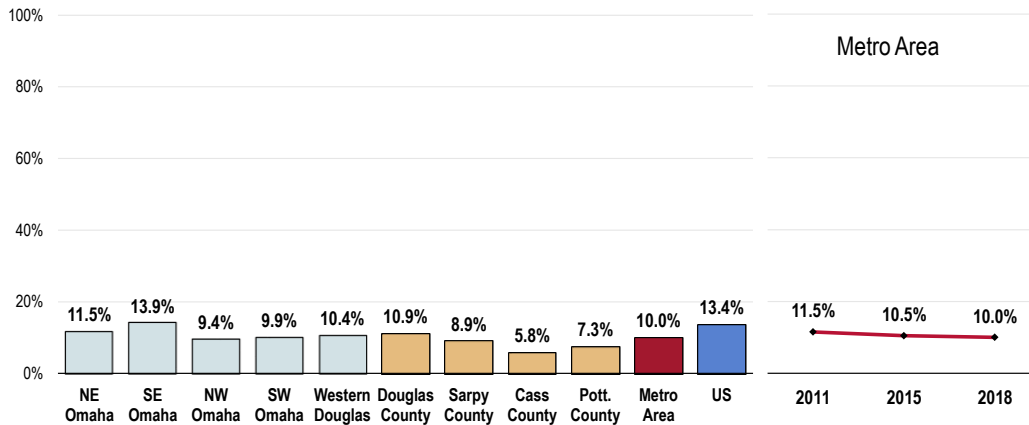


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.

In contrast, 10.0% of Metro Area adults experience “very” or “extremely” stressful days on a regular basis.

- More favorable than national findings.
- Lowest in Cass County, highest in Douglas County.
 - Within Douglas County, similar findings by community.
- TREND: Statistically similar to the 2011 findings.

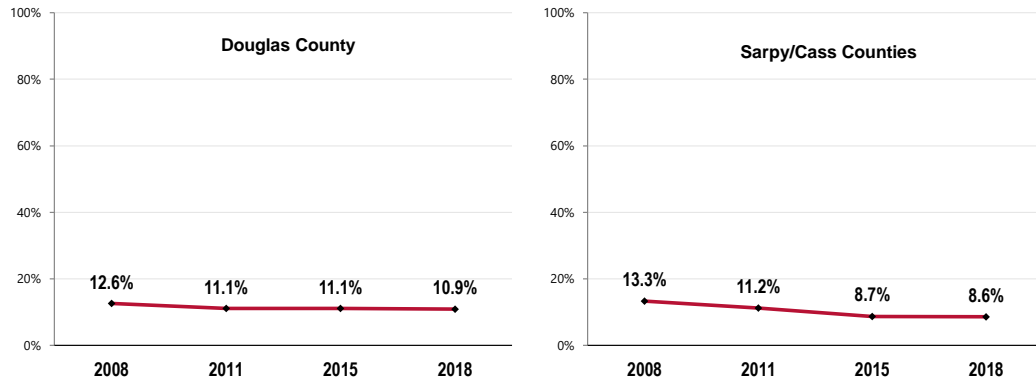
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- TREND: No significant change over time for Douglas County, but marking a statistically significant decrease in Sarpy/Cass counties since the 2008 findings.

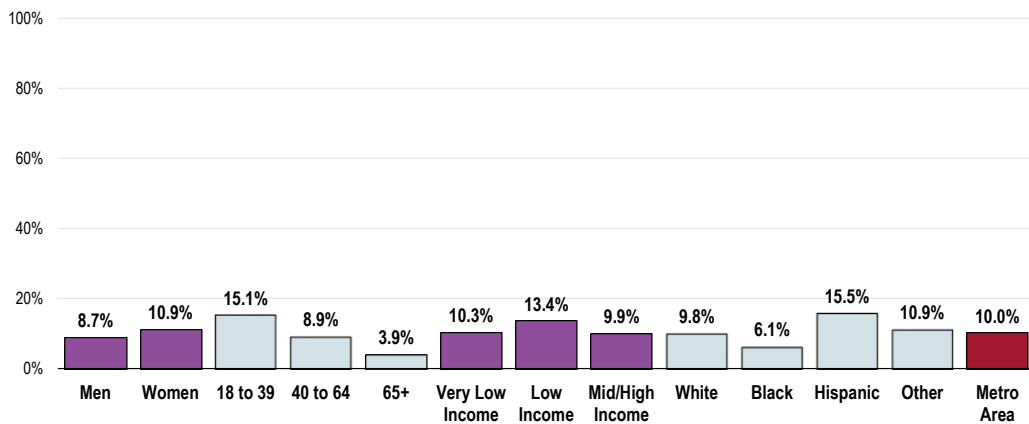
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.

- Note that high stress levels are more prevalent among adults under age 65, those living just above the federal poverty level, and Hispanics.

Perceive Most Days as “Extremely” or “Very” Stressful (Metro Area, 2018)



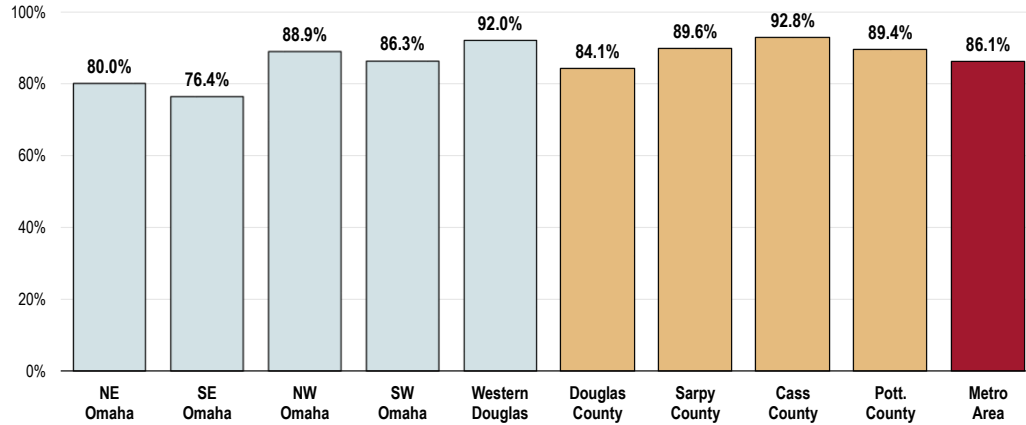
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Emotional Support

Most Metro Area adults (86.1%) report having someone to turn to for emotional support “all” or “most” of the time.

- By county, the prevalence is lowest in Douglas County.
 - This prevalence is lower in the eastern portion of Douglas County.

Have Someone To Turn To All/Most of the Time

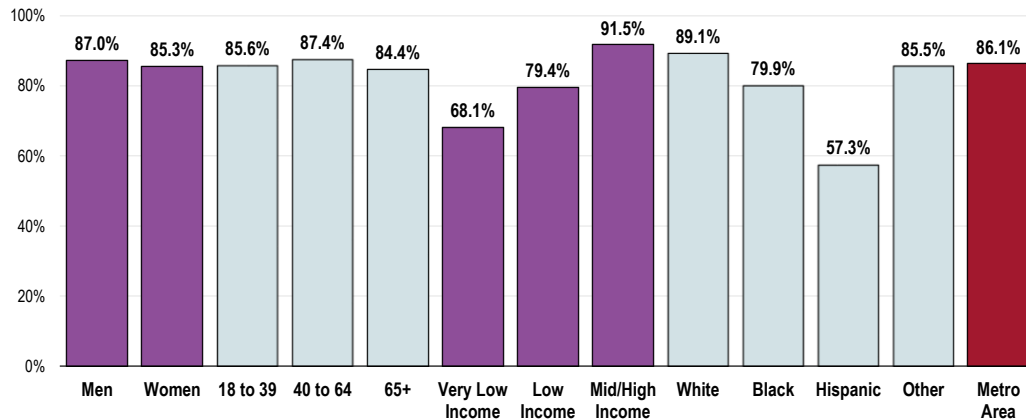


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 341]
 Notes: • Asked of all respondents.

Note that reliable emotional support is notably less prevalent among:

- Adults with lower incomes (positive correlation with income).
- Hispanics.

Have Someone To Turn To All/Most of the Time (Metro Area, 2018)



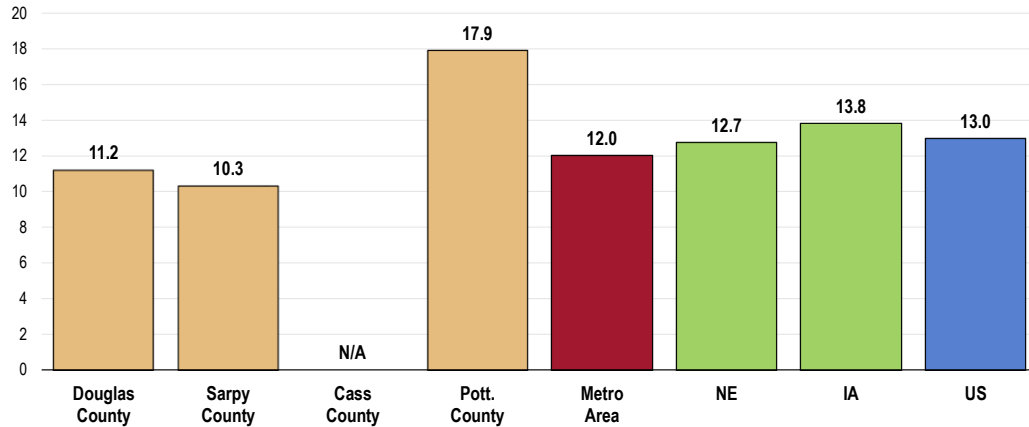
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 341]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 12.0 deaths per 100,000 population in the Metro Area.

- Lower than the statewide and US rates.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Note the higher rate reported in Pottawattamie County.

Suicide: Age-Adjusted Mortality
 (2014-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 10.2 or Lower



Sources:

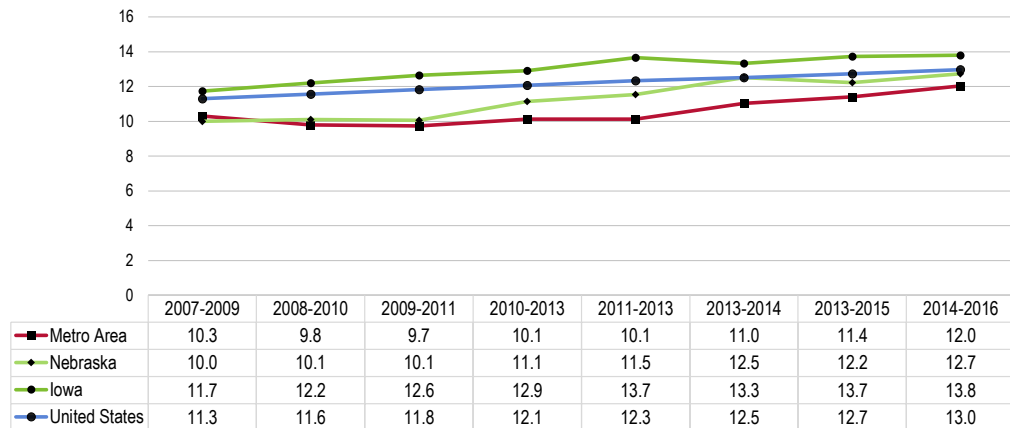
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]

 Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The Metro Area suicide rate has overall trended upward.

Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower



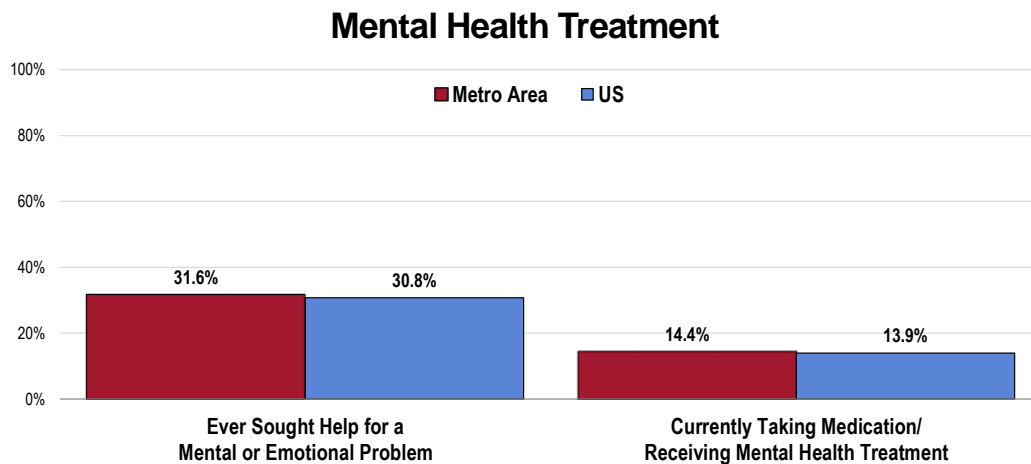
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • Local, state and national data are simple three-year averages.

Mental Health Treatment

A total of 31.6% of Metro Area adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 14.4% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Both percentages are comparable to national proportions.

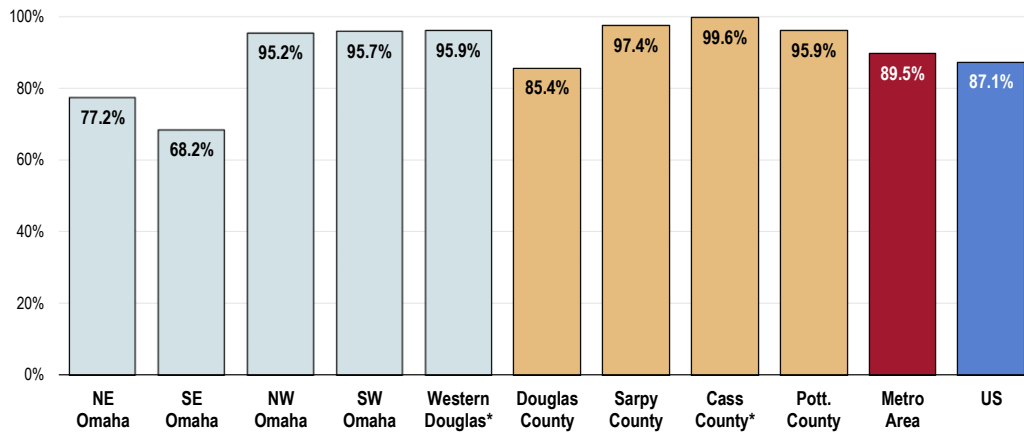


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects the total sample of respondents.

Among adults who have been diagnosed with depression, most (89.5%) have sought professional help for their mental or emotional problem.

- Similar to the US proportion.
- Viewed by county, Douglas County adults with depression are less likely to have sought professional help.
 - Within Douglas County, the prevalence is notably lower in the eastern portion of Omaha.

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem
(Among Adults With Diagnosed Depression)



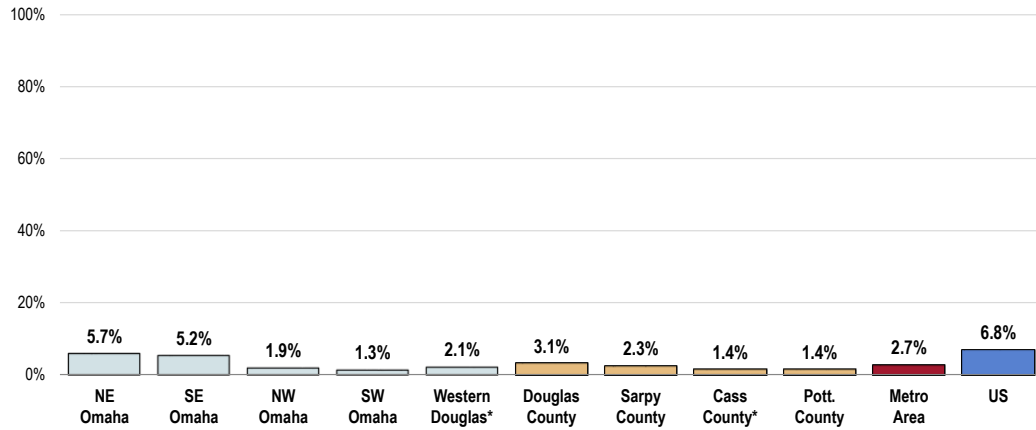
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
 Notes: • Reflects those respondents with diagnosed depression.
 • *Use caution when interpreting these results as sample sizes fall below 50.

Difficulty Accessing Mental Health Services

A total of 2.7% of Metro Area adults report a time in the past year when they needed mental health services, but were not able to get them.

- Well below the national finding.
- Responses were particularly low in Pottawattamie and Cass counties (note that the Cass County percentage is based on a raw sample that is below 50 respondents).
 - Within Douglas County, the prevalence is least favorable in the eastern portions of Omaha.

Unable to Get Mental Health Services When Needed in the Past Year

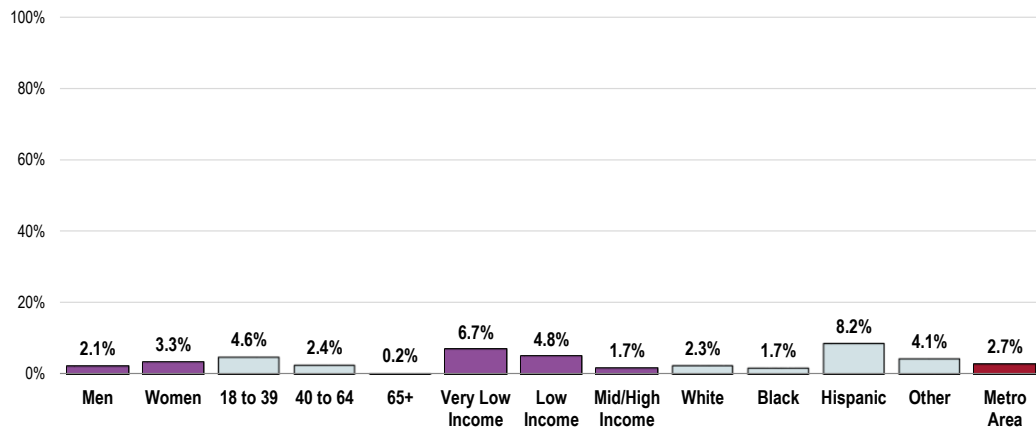


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Note that access difficulty is notably more prevalent among:

- Adults under age 65 (negative correlation with age).
- Adults with lower incomes (negative correlation with income).
- Hispanics.

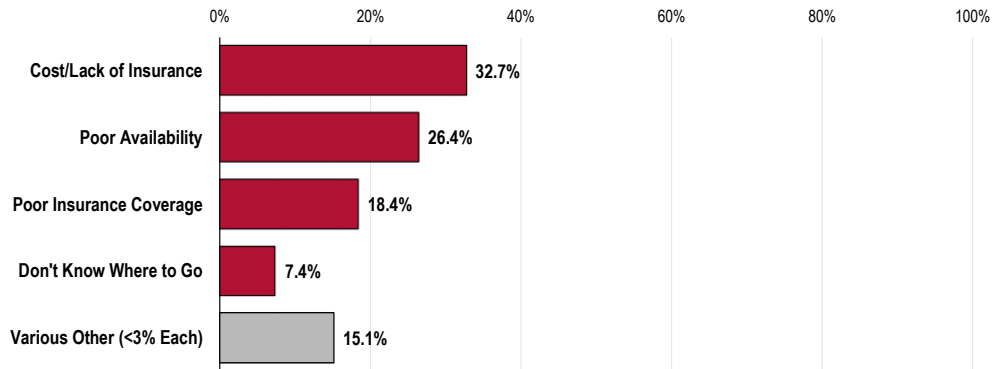
Unable to Get Mental Health Services When Needed in the Past Year (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **cost or insurance issues** (mentioned by 32.7%); other barriers mentioned include poor availability of resources, poor insurance coverage, and lack of knowledge about where to seek help.

Barrier to Accessing Mental Health Services in the Past Year (Among Those Reporting Problems w/Access; Metro Area, 2018)

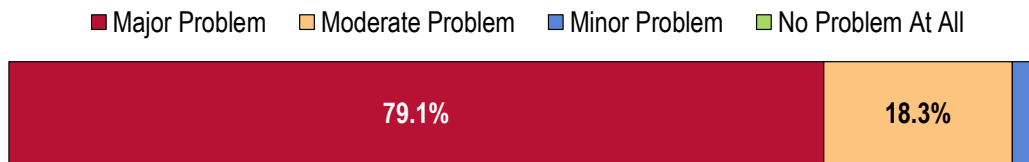


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of those respondents reporting problems obtaining mental health services in the past year.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

There are no local long-term care services available for adults with chronic mental health issues. Also, not sufficient training and resources for community-based support. – Business Leader, Pottawattamie County
A cohesive delivery system and sufficient resources to make services available and accessible. – Community Leader, Douglas County

Access to treatment, affordability, entry into a fragmented and confusing system. Police as first responders in many cases. County jail serving as the largest mental health facility in the state. One in four families impacted. Shortage of providers. – Community Leader, Douglas County

Do not feel that there are enough resources available for people and the majority of the population suffering from mental illness are untreated and not on medications. – Other Health Provider, Douglas County

Access to services, transportation, mobility issues, rural areas, insurance does not always cover tele-mental health, insurance coverage, waiting list, individuals in long-term care settings. – Other Health Provider, Douglas County

Access to mental health and payment for mental health. Stigma. – Social Services Provider, Douglas County

Access to appointments without long wait times, affordability. – Social Services Provider, Douglas County

Lack of resources available. Omaha and the State of Nebraska has fallen greatly behind. – Community Leader, Douglas County

Burden is there but not as high but that which is there has trouble finding services. – Business Leader, Douglas County

Patients must wait weeks to be seen for mental health care. They don't have insurance and they can't pay for it. They get frustrated and turn to illegal street drugs to help cope in the meantime. Not enough providers to see the amount of people. – Public Health Representative, Pottawattamie County

Large needs and insufficient resources. – Social Services Provider, Douglas County

Access to crisis intervention services and acute care for children and adults. Stigma associated with mental health. Mental health providers who can serve immigrants and refugees. Timely access to psychological and psychiatric evaluations. Awareness. – Social Services Provider, Douglas County

Accessing appropriate services. Going for help, receiving needed help and having the ability to pay for the help. – Public Health Representative, Pottawattamie County

Heard mental health facilities are full and require a long wait time. Mental health treatment is also focused more on drugging the patient to subdue them, rather than truly working to lift up the individual person and his or her gifts. – Business Leader, Douglas County

There are no community services or programs to address the needs of acute or chronic mental health needs. – Social Services Provider, Douglas County

Access to appropriate and timely services and interventions. Lack of sufficient funding. – Social Services Provider, Douglas County

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. Very high need for services in Cass County, no local providers available. – First Responder, Cass County

Being able to access services, limited availability for psychiatric care, medications, lack of health insurance, substance abuse, transportation to get to appointments. – Social Services Provider, Pottawattamie County

They do not have a simple, uncomplicated system to receive services and treatment, and sometimes become discouraged and stop trying to get better. – Business Leader, Pottawattamie County

Access to mental health care is very limited and the range of options is narrow. – Social Services Provider, Douglas County

Access to help. – Social Services Provider, Douglas County

There are virtually no programs for people with mental health problems, particularly mental illness. The community lacks psychiatrists and clinical psychologists. Community members don't know where to go for services. There are not enough SUD services. – Social Services Provider, Douglas County

Access to the appropriate level of care. Transportation to appointments. Ability to pay. – Social Services Provider, Douglas County

Sarpy County Jail is full of arrestees with mental illness. Many should not be there. Where do they go. – Criminal Justice, Sarpy County

Not enough services available due to lack of funding and a small workforce. – Social Services Provider, Douglas County

No access to any type of services. – Social Services Provider, Douglas County

Inability to seek treatment. – Social Services Provider, Douglas County

Limited medical facilities. – Business Leader, Pottawattamie County

Lack of services. – Social Services Provider, Douglas County

Access to mental health specialists for evaluation and treatment is very limited. – Physician, Douglas County

Little to no access for people without health care coverage or with health care coverage that does not cover mental health services. Finding culturally sensitive health care services. – Social Services Provider, Douglas County

In my opinion, mental health challenges include access to mental health professionals in a timely manner. Recently, I had an experience where a woman needed care and the only way to access this care was through the Emergency Department. – Business Leader, Pottawattamie County

Those with mental health issues often miss their appointments due to poor time management, lack of organization and planning. Mental health providers then drop them and won't provide services for them. Also finding the right medication and therapy. – Business Leader, Pottawattamie County

The County Correction Facility is the largest Mental Health facility in Douglas County. Mental health seems to be basis of many health outcomes, as well as violence. – Public Health Representative, Douglas County

Funding doesn't support integrated or collaborative care, model is a huge problem with Medicaid. Issues with Telehealth regulations for community health centers. Region Six has insane amount of worthless documentation needs, lack of services for Spanish. – Physician, Douglas County

Lack of Providers

Very few providers, only CHI and VA, for inpatient. Significant lack of education, understanding. Community Alliance great model but need more. – Community Leader, Douglas County

Limited number of mental health provider in Pottawattamie County. Chronic care turnaround isn't well-managed. Takes way too long for patients to be seen. Many patients are routed to the ED and not well-managed. Immediate crisis is not available. – Other Health Provider, Pottawattamie County

There is a lack of mental health providers in the community, even for families with health care coverage. – Community Leader, Douglas County

Access to trained professionals. – Other Health Provider, Pottawattamie County

Lack of capacity of providers, lack of training for existing providers around trauma and affordability. – Social Services Provider, Douglas County

The lack of practitioners is one the single largest barriers we face currently in evaluating, diagnosing, and treating people with mental health conditions in our community. – Social Services Provider, Douglas County

Lack of mental health providers, especially highly trained and quality providers, more providers of color needed, access to residential treatment for severely mentally ill, removing the stigma of accessing treatment for mental illness. – Social Services Provider, Pottawattamie County

Not enough providers. People have to wait several months before being seen. Often treatment is insufficient for the person's needs due to time constraints. – Social Services Provider, Pottawattamie County

Waiting lists for psychiatrists and psychologists. Adequate insurance coverage for mental health services and medications. – Social Services Provider, Douglas County

Access to providers, medications and building the capacity for integrated care, physical and behavioral health. – Public Health Representative, Douglas County

Access. Not enough providers to serve needs. – Physician, Pottawattamie County

Lack of access to mental health practitioners and resources for dealing with depression, mental health, stress. – Community Leader, Cass County

Lack of providers and inadequate community resources to address mental health issues and needs. – Social Services Provider, Douglas County

Lack of Inpatient Facilities

Lack of available beds. – Social Services Provider, Douglas County

The fact that there are very few treatment facilities, whether inpatient or outpatient, and that most of the residents in need of these limited services are unable to access them due to lack of insurance. – Other Health Provider, Douglas County

Not enough mental health treatment, facilities to meet the needs. Mental health issues too often handled by law enforcement. – Other Health Provider, Douglas County

Lack of inpatient beds and emergency stabilization and close appointments, even with no insurance. – Physician, Douglas County

Lack of in-patient resources. What to do with those that aren't seriously mentally ill, but need help. – Criminal Justice – Sarpy County

Treatment facilities for inpatient care. – Social Services Provider, Douglas County

Limited numbers of inpatient psychiatric beds for adults, adolescents and children. The current inpatient psychiatric care is just a revolving door of short term crisis care. Longer care programs and partial hospitalization programs are needed. – Other Health Provider, Douglas County

Placement of patients in need of mental health services. Limited inpatient beds, patients bounce from one place to another. Limited adolescent beds. Mental health patients bedded in inpatient settings add a danger for others. – Other Health Provider, Douglas County

No enough mental health beds in this city. For non-stat issues, wait times can be three months or longer for an open bed. Emergency Rooms are flooded with mental health patients. Laws need to be changed so adult children can be forced to seek help. – Other Health Provider, Douglas County

Lack of inpatient mental health facilities for youth. – Community Leader, Douglas County

Denial/Stigma

Recognition of need for mental health supports among residents and access to appropriate services. – Social Services Provider, Douglas County

Stigma to receive services. Culturally competent care, access to services, lack of providers. – Community Leader, Douglas County

Stigma is a major challenge for consumers. Treating mental health and physical health separately is a major issue within the health system. This leaves patients without the care that they need, without a recovery period back to the community. – Other Health Provider, Douglas County

People are stressed, behavioral and mental health is stigmatized in the Latino community. People are unsure how to access services, some are unable to pay for treatment. – Social Services Provider, Douglas County

Diagnosis/Treatment

Misdiagnosis, non-diagnosis, appropriate costs, locations and competent licensed staff, treatment services and access to affordable medications. – Community Leader, Douglas County

Undiagnosed behavioral/mental health among our youth ages 11 through 26. Primarily young black males, do not have insurance and cannot at times pay small nominal fees at our local community health centers for healthcare. – Social Services Provider, Douglas County

Undiagnosed cases among poverty population. – Social Services Provider, Douglas County

Difficulty in getting the correct diagnosis. Lack of providers. Lack of treatment facilities. Lack of a holistic approach, lack of funding. People not understanding it's a problem, not personal failures. Stigma. – Social Services Provider, Douglas County

Incidence/Prevalence

Mental health is a key driver of all other capacities of health and wellness. There are still issues with stigma, lack of access, lack of effective reimbursement practices which impact access. Nebraska is one of the top major health issues. – Other Health Provider, Douglas County

I would have the same response as to my response on injury and violence. I believe they are interconnected. – Community Leader, Douglas County

Mental health is a growing issue across country and Omaha is no different. Many of the people who are arrested or use weapons for violence were abused or have mental issues. Increased efforts to help support these people would help to reduce violence. – Social Services Provider, Douglas County

Rampant mental health problems and little help. – Other Health Provider, Pottawattamie County

Affordable Care/Services

Lack of funding for proper treatment. – Community Leader, Douglas County

People without insurance or affordable insurance are unable to access care. The agencies providing free/sliding fee mental health services are overwhelmed, so people are unable to make appointments quickly when they need help. – Social Services Provider, Douglas County

High prevalence of mental health conditions and obtaining affordable, efficacious mental health services. There is a lack of providers both in the urban and rural areas of Douglas County. – Public Health Representative, Douglas County

Health Awareness/Education

Communities' lack of knowledge, stigma of mental health. – Community Leader, Douglas County

Misunderstanding of mental health and lack of services for people suffering from mental health issues. – Community Leader, Douglas County

Lack of understanding and lack of access, affordability. – Community Leader, Douglas County

Domestic Violence

Domestic abuse, violence listed in the public record and news media. – Social Services Provider, Douglas County

Health Disparities

Culturally appropriate and accessible mental health services and access to medications when needed. – Social Services Provider, Douglas County

Lack Emergency/Crisis Services

Emergency care that is sufficient to address the crisis and put a plan in place for follow up care. – Social Services Provider, Douglas County

Disease Management Challenges

Compliance with counseling and treatment for mental health, cost of mental healthcare, lack of substance abuse programs. – Advanced Practice Provider, Douglas County

Suicide

Sarpy County is experiencing an influx of suicide attempts with very few options for outpatient care and even less for inpatient care. – Social Services Provider, Sarpy County

Death, Disease, & Chronic Conditions



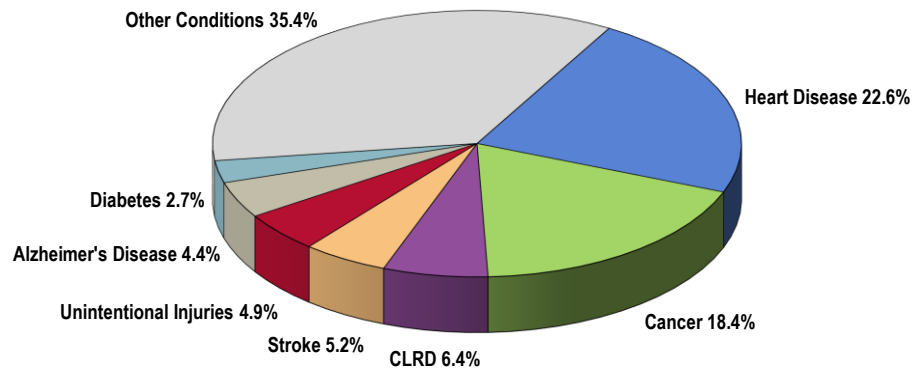
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than 4 in 10 deaths in the Metro Area in 2016.

Leading Causes of Death
(Metro Area, 2016)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Nebraska, Iowa, and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Metro Area.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see [Birth Outcomes & Risks](#) in the [Births](#) section of this report.

Age-Adjusted Death Rates for Selected Causes (2014-2016 Deaths per 100,000 Population)

	Metro Area	Nebraska	Iowa	US	HP2020
Malignant Neoplasms (Cancers)	166.2	157.0	163.3	158.5	161.4
Diseases of the Heart	143.2	145.9	160.3	167.0	156.9*
Chronic Lower Respiratory Disease (CLRD)	52.5	50.6	48.5	40.9	n/a
Unintentional Injuries	35.5	38.2	43.3	43.7	36.4
Cerebrovascular Disease (Stroke)	35.4	33.8	33.2	37.1	34.8
Alzheimer's Disease	32.3	24.3	30.3	28.4	n/a
Diabetes Mellitus	22.8	22.7	24.4	21.1	20.5*
Pneumonia/Influenza	16.3	15.4	13.2	14.6	n/a
Intentional Self-Harm (Suicide)	12.0	12.7	13.8	13.0	10.2
Kidney Diseases	11.1	10.7	8.0	13.2	n/a
Firearm-Related	10.2	9.2	8.2	11.1	9.3
Motor Vehicle Deaths	9.5	12.4	10.9	11.0	12.4
Cirrhosis/Liver Disease	8.8	8.4	9.1	10.6	8.2
Unintentional Drug-Related Deaths	7.2	5.5	7.8	14.3	11.3
Homicide	5.2	3.6	2.6	5.7	5.5

Informatics. Data extracted March 2018.

- Note:
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
 - *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

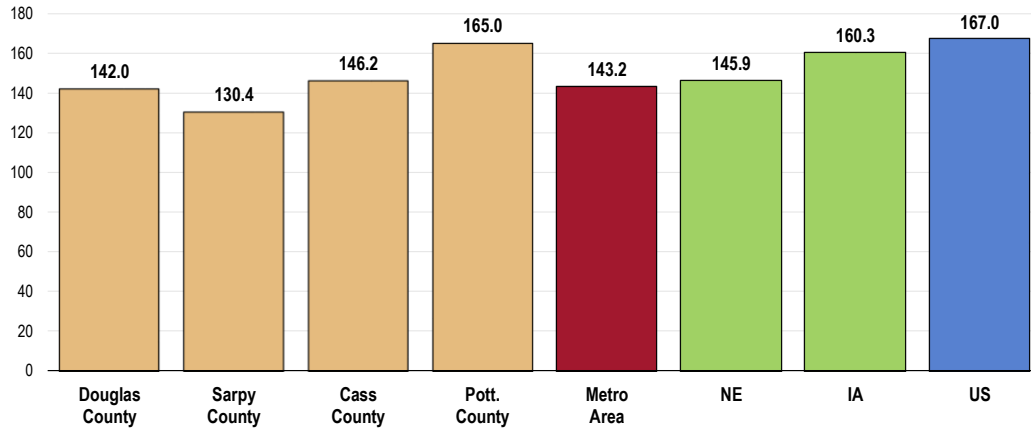
Heart Disease Deaths

Between 2014 and 2016 there was an annual average age-adjusted heart disease mortality rate of 143.2 deaths per 100,000 population in the Metro Area.

- Lower than the Iowa and US rates (similar to Nebraska).
- Satisfies the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Unfavorably high in Pottawattamie County.

The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:

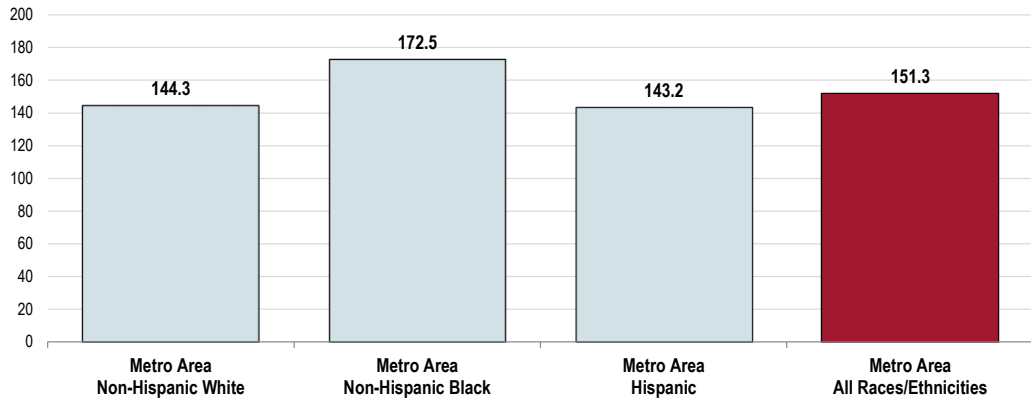
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- By race, the heart disease mortality rate is notably higher among Non-Hispanic Blacks when compared with Non-Hispanic Whites and Hispanics in the Metro Area.

Heart Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes:

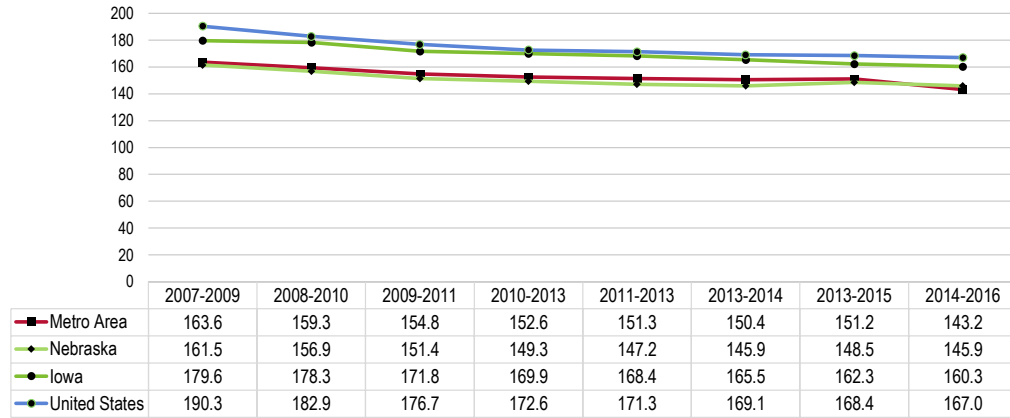
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- TREND: The heart disease mortality rate has decreased in the Metro Area, echoing the decreasing trends across Nebraska, Iowa, and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Local, state and national data are simple three-year averages.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

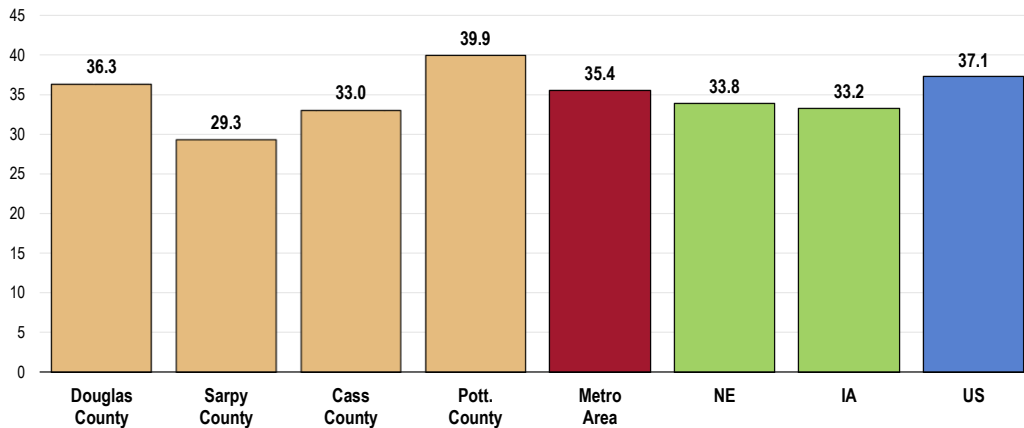
Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 35.4 deaths per 100,000 population in the Metro Area.

- Similar to the Nebraska and national rates (higher than the Iowa rate).
- Similar to the Healthy People 2020 target of 34.8 or lower.
- Douglas and Pottawattamie County rates were much higher than those reported in Sarpy and Cass counties.

Stroke: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

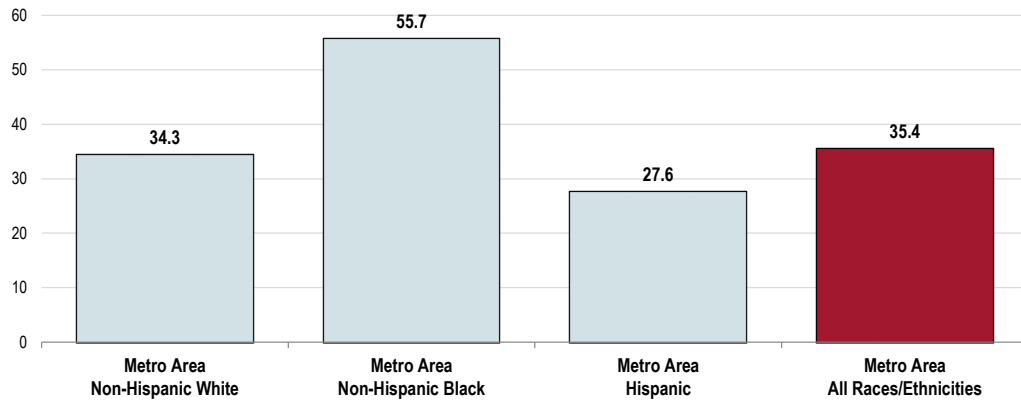
Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The stroke mortality rate is considerably higher among Non-Hispanic Blacks when compared with Non-Hispanic Whites and Hispanics in the Metro Area.

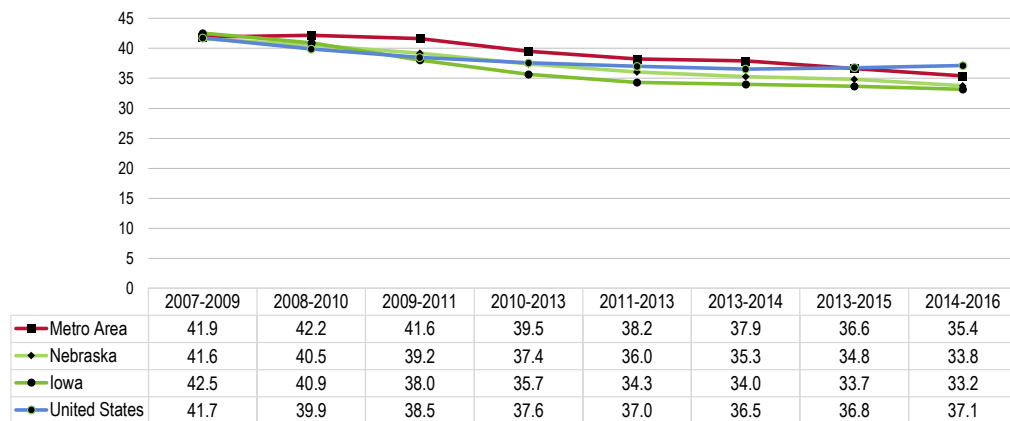
Stroke: Age-Adjusted Mortality by Race
 (2014-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The stroke rate has declined in recent years, echoing the trends reported statewide and nationally.

Stroke: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Local, state and national data are simple three-year averages.

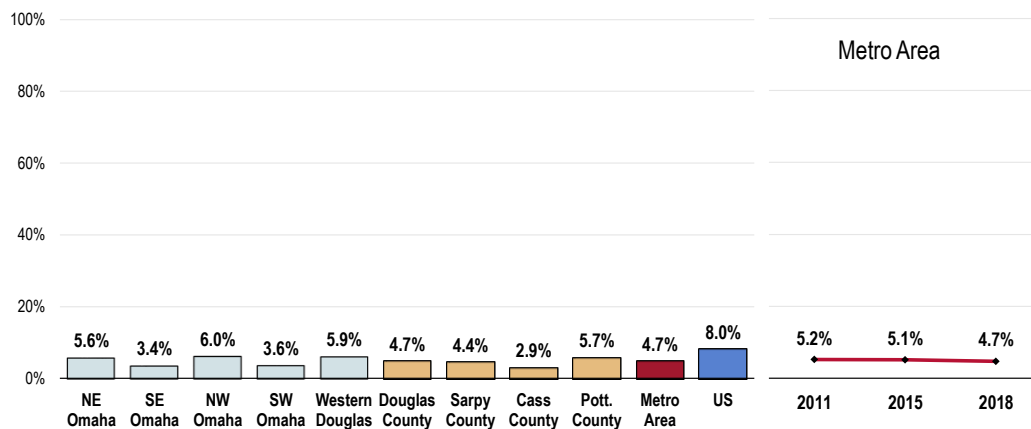
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 4.7% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- More favorable than the national prevalence.
- Similar findings by county.
 - Similar findings by community within Douglas County.
- TREND: Statistically unchanged since 2011.

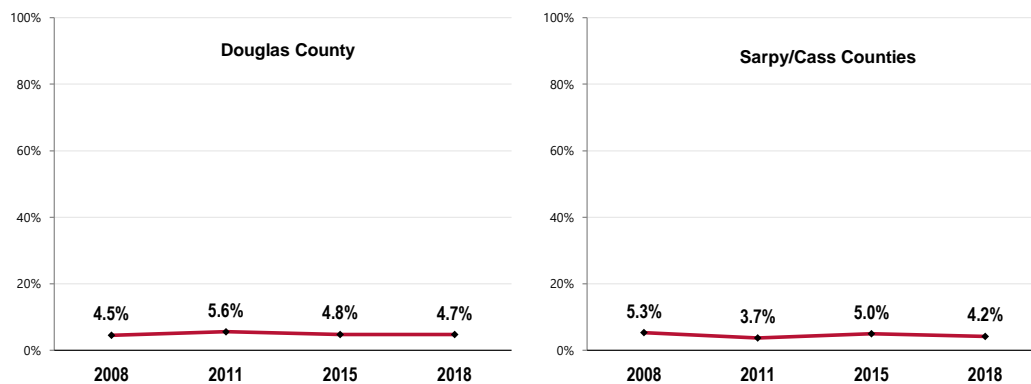
Prevalence of Heart Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 311]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.

- TREND: The prevalence is statistically unchanged over time for Douglas County as well as the combined Sarpy/Cass counties.

Prevalence of Heart Disease

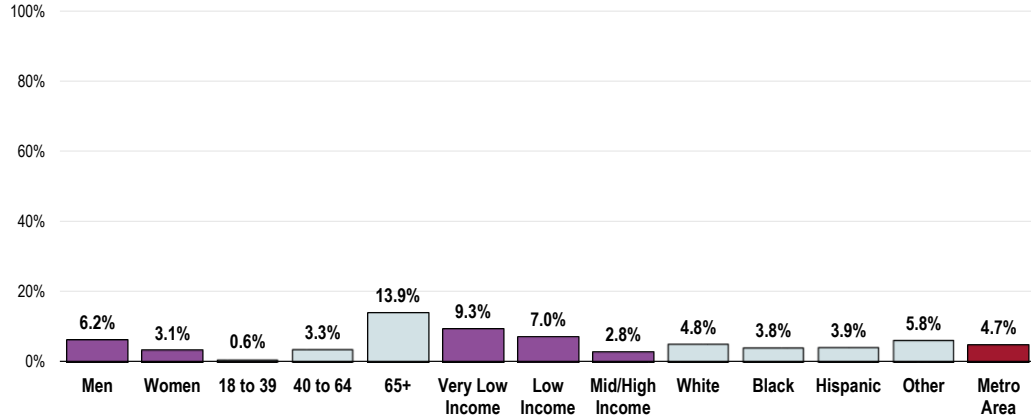


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 311]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (positive correlation with age).
- Residents in low-income households (negative correlation with age).

Prevalence of Heart Disease (Metro Area, 2018)



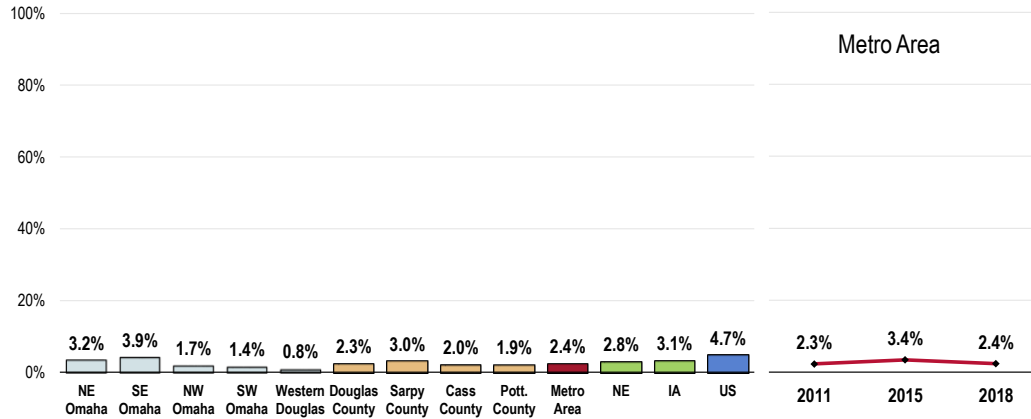
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 2.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings, and lower than national findings.
- Similar findings by county.
 - Favorably low in Western Douglas County.
- TREND: The stroke prevalence is statistically unchanged over time.

Prevalence of Stroke

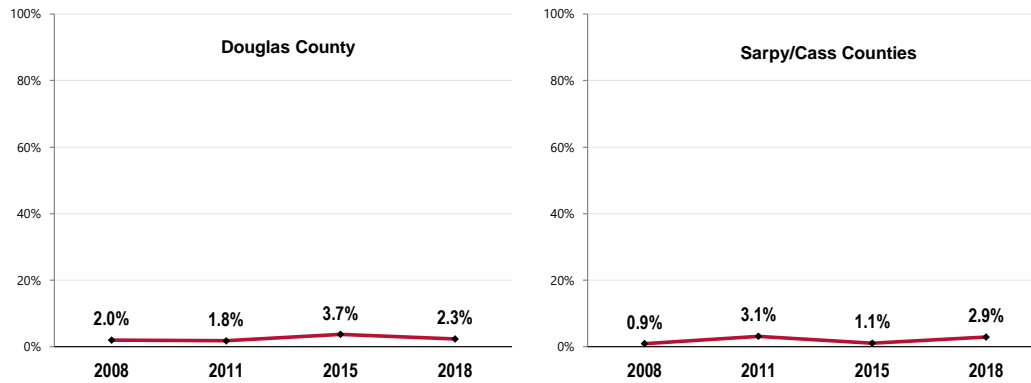


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Nebraska and Iowa data.

Notes: • Asked of all respondents.

- **TREND:** Statistically unchanged over time in Douglas County, but marking a statistically significant increase in stroke prevalence for Sarpy/Cass counties.

Prevalence of Stroke

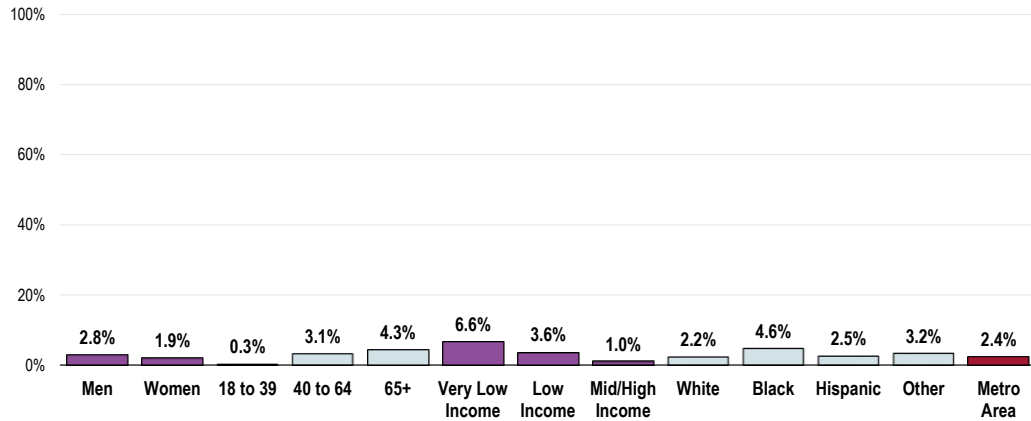


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
 Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with a stroke include:

- Older residents (positive correlation with age).
- Low-income residents (negative correlation with income).

Prevalence of Stroke (Metro Area, 2018)

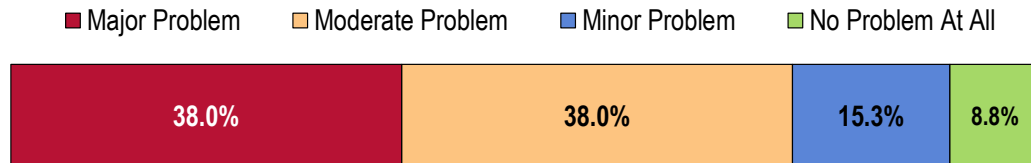


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

Equal shares of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "major problem" or a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Leading Cause of Death

- Heart disease and stroke are among the four leading causes of death in Douglas County and the leading killer of women nationally. – Other Health Provider, Douglas County*
- The number of deaths resulting from heart disease and strokes. – Other Health Provider, Douglas County*
- Number two killer. – Other Health Provider, Douglas County*
- Leading cause of death. – Social Services Provider, Douglas County*
- Heart disease continues to be one of the leading causes of death, not just in our community, but nationwide. – Community Leader, Douglas County*

Continues to be a leading cause of death and many are likely avoidable if individuals were practicing better health behaviors, which is difficult for many populations due to challenges with other social determinants of health. – Other Health Provider, Douglas County

Heart disease and stroke are one of the major causes of death in Douglas County. – Public Health Representative, Douglas County

It's the number one killer of men and women after menopause. – Social Services Provider, Douglas County

Incidence/Prevalence

I read the Community Health Needs Assessment, plus I work with numerous healthcare providers and LiveWell Omaha. – Community Leader, Douglas County

Maybe because we hear more about these conditions in the media. – Social Services Provider, Douglas County

Data indicates that we have high rates of CVD and stroke. – Public Health Representative, Douglas County

High burden, low understanding and related to diabetes as is kidney disease. – Business Leader, Douglas County

As an emergency responder, heart disease and stroke are common response calls. – First Responder, Douglas County

Common cause of severe illness and death. – Community Leader, Douglas County

Contributing Factors

Food insecurity, housing insecurity, financial insecurity, neighborhood insecurity, education insecurity. – Social Services Provider, Douglas County

Incidence rate in general, aging population, disproportionate incidence across race, obesity levels. – Social Services Provider, Douglas County

Aging population, obesity and metabolic issues. – Other Health Provider, Douglas County

Due to stress, high blood pressure, smoking, alcohol, sodium intake and obesity. – Social Services Provider, Douglas County

Stress and diet. – Social Services Provider, Douglas County

Because of the lack of access to healthy food, exercise, and specialty care. I think a number of folks are walking around with the silent killer, hypertension. – Social Services Provider, Douglas County

Nutrition, Physical Activity & Weight

I believe that a lack of good diet and exercise are two of the many reasons why heart disease and stroke are on the rise in this area. Pottawattamie County is one of least educated, higher education, with one of the highest adverse childhood experiences. – Business Leader, Pottawattamie County

Poor diet and lack of exercise. – Social Services Provider, Douglas County

Improper diet and lack of exercise. – Community Leader, Douglas County

Poverty

Lower income population do not have routine examinations and have higher risk factors. – Other Health Provider, Douglas County

Too many poor women and men are suffering debilitating heart attacks and strokes in their 50s. Lack of effective community education. Chronic financial stress due to low wages and/or an inability to successfully manage their money in our community. – Social Services Provider, Douglas County

Access to Care/Services

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Diagnosis/Treatment

Still major issues of diagnosis and prevention. Care is excellent, but after heart disease has progressed. – Community Leader, Douglas County

Health Disparities

The disparities are the challenge. Certain racial/ethnic groups are at greater risk. – Social Services Provider, Pottawattamie County

Lifestyle

These diseases are often connected to where a person lives and their ability to live a healthy life, whether they live in poverty or don't have access to healthy foods or a job that pays a livable wage. – Community Leader, Douglas County

Prevention

Lack of understanding of precautionary measures. I think sometimes the precautionary measures to manage disease seem much more difficult so that the strategies are avoided. The annual heart walk and Power to End Stroke efforts are phenomenal. – Social Services Provider, Douglas County

Obesity/Overweight

We have an obesity issue and heart disease and stroke go along with that. – Community Leader, Douglas County

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

• Healthy People 2020 (www.healthypeople.gov)

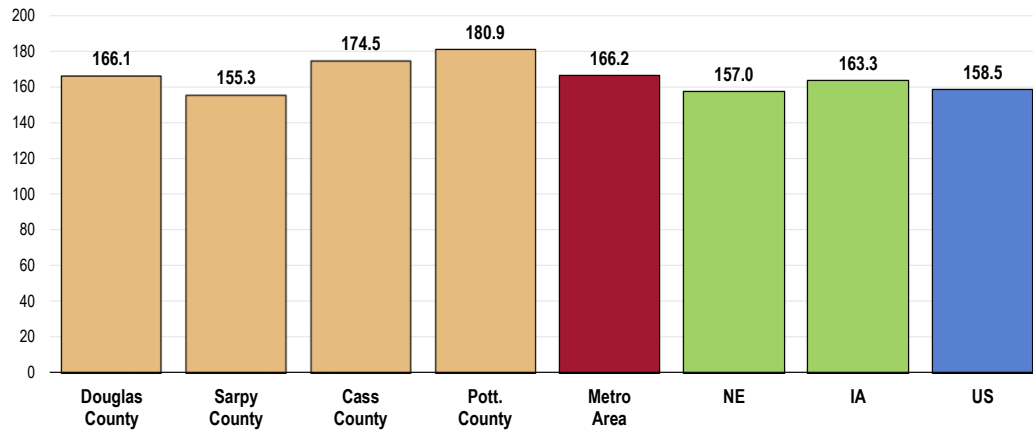
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 166.2 deaths per 100,000 population in the Metro Area.

- Comparable to Iowa and US rates, but less favorable than the Nebraska rate.
- Similar to the Healthy People 2020 target of 161.4 or lower.
- Unfavorably high in Pottawattamie County.

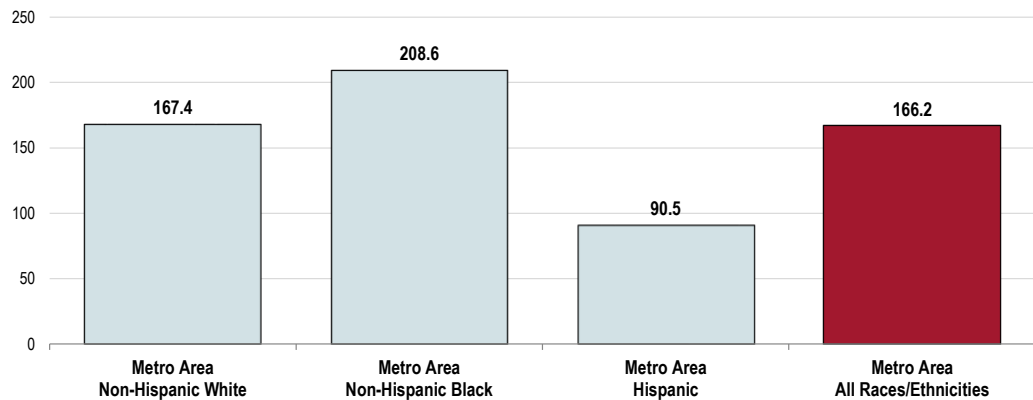
Cancer: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cancer mortality rate is notably higher among Non-Hispanic Whites and especially Non-Hispanic Blacks when compared with Hispanics in the Metro Area.

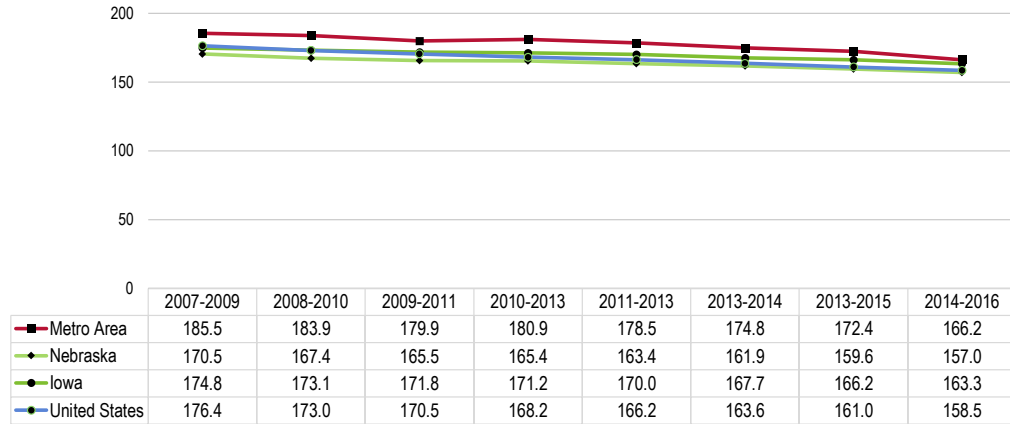
Cancer: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Cancer mortality has decreased over the past decade in the Metro Area; the same trend is apparent in Nebraska and Iowa as well as nationally.

Cancer: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 161.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • State and national data are simple three-year averages.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Metro Area.

Other leading sites include breast cancer among women, prostate cancer among men, and colorectal cancer (both sexes).

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

- The Metro Area **lung cancer** death rate is similar to the Iowa rate, but less favorable than the Nebraska and US rates.
- The Metro Area **prostate cancer** death rate is higher than both states as well as the national rate.
- The Metro Area **female breast cancer** death rate is similar to the Nebraska and US rates, but higher than the Iowa rate.
- The Metro Area **colorectal cancer** death rate is similar to both state rates as well as the national rate.
- Note that each of the Metro Area cancer death rates detailed in the following chart is comparable to or satisfies the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site (2014-2016 Annual Average Deaths per 100,000 Population)

	Metro Area	NE	IA	US	HP2020
Lung Cancer	44.4	39.9	43.0	40.3	45.5
Female Breast Cancer	20.6	20.2	19.0	20.3	20.7
Prostate Cancer	20.4	17.1	19.2	19.0	21.8
Colorectal Cancer	14.8	15.2	14.8	14.1	14.5

Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

The 2009-2013 Metro Area female breast cancer incidence rate is:

- Similar to the Iowa and US rates, but higher than the Nebraska rate.
- Unfavorably high in Douglas and Sarpy counties.

The Metro Area prostate cancer incidence rate is:

- Similar to both state rates as well as the US rate.
- Higher in Douglas and Cass counties.

The Metro Area lung cancer incidence rate is:

- Worse than both state rates as well as the US rate.
- Unfavorably high in Douglas and Pottawattamie counties.

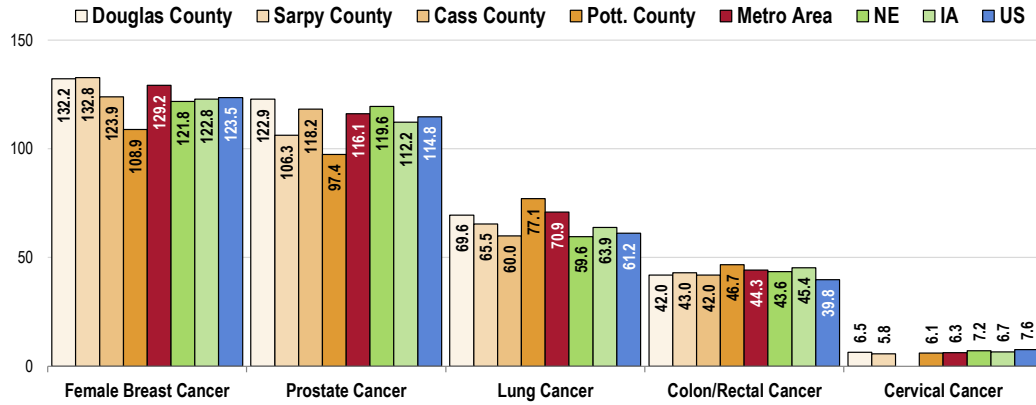
The Metro Area colon/rectal cancer incidence rate is:

- Similar to both state rates, but worse than the US rate.
- Higher in Pottawattamie County.

The Metro Area cervical cancer incidence rate is:

- More favorable than both state rates as well as the US rate.
- Unfavorably high in Douglas County.

Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2009-2013)



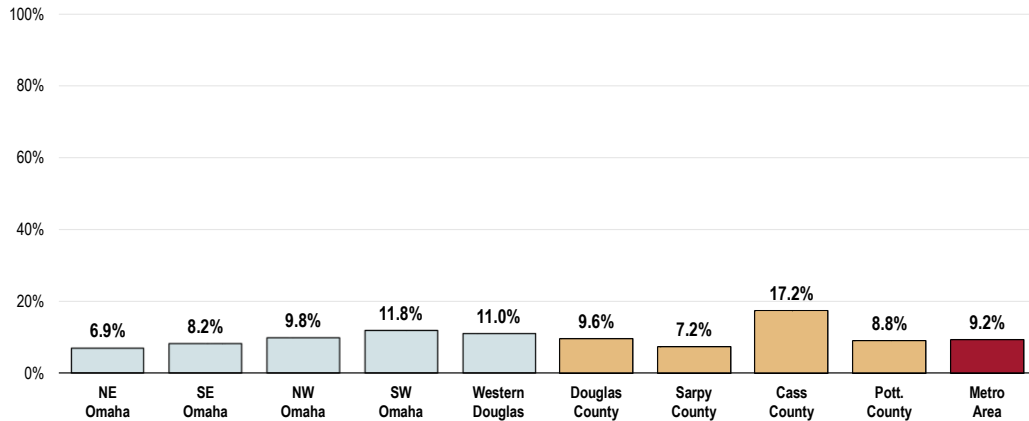
Sources: • State Cancer Profiles: 2009-13.
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

A total of 9.2% of surveyed Metro Area adults report having been diagnosed with some type of cancer.

- Considerably higher in Cass County.
- Favorably low in Northeast Omaha.

Prevalence of Cancer

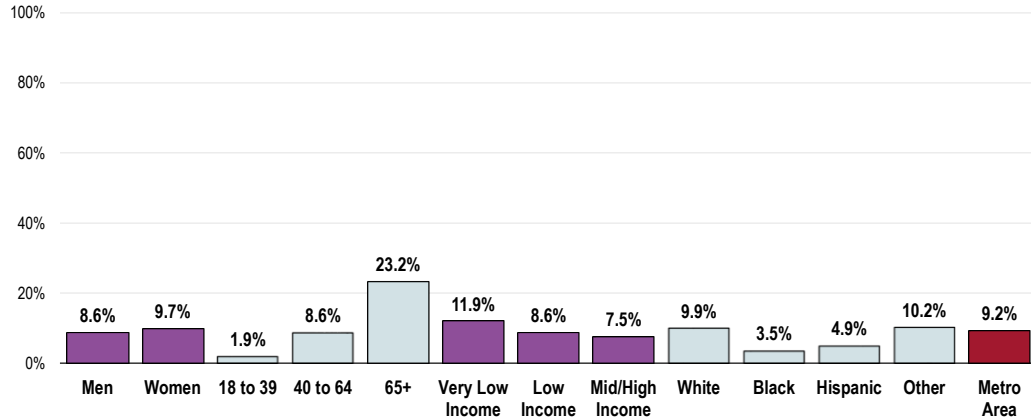


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 310]
 Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with cancer include:

- Older adults (strong, positive correlation with age).
- Low-income residents (negative correlation with age).
- Whites.

Prevalence of Cancer (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer Risk

RELATED ISSUE:
 See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

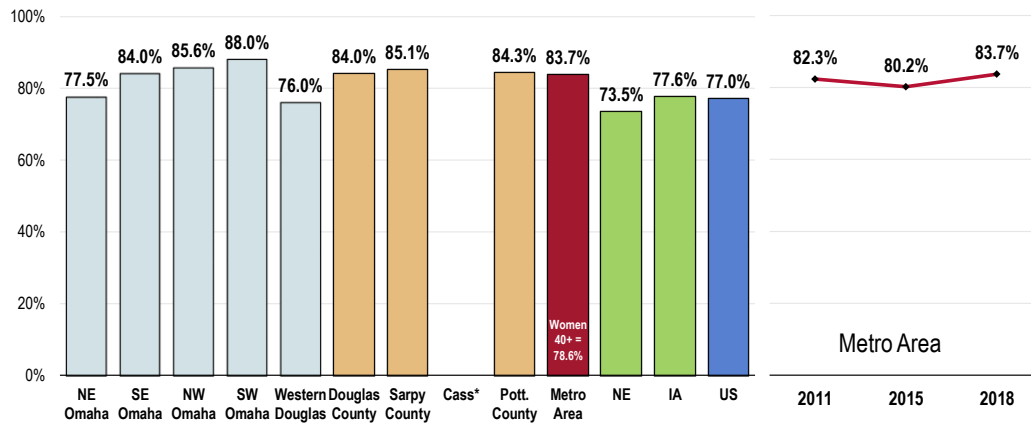
Mammography

Among women age 50-74, 83.7% have had a mammogram within the past 2 years.

- More favorable than state and US findings.
- Satisfies the Healthy People 2020 target (81.1% or higher).
- Similar findings by county (*the Cass County sample was too small to report*).
 - Within Douglas County, similar findings by community.
- TREND: Statistically unchanged since 2011.

Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher

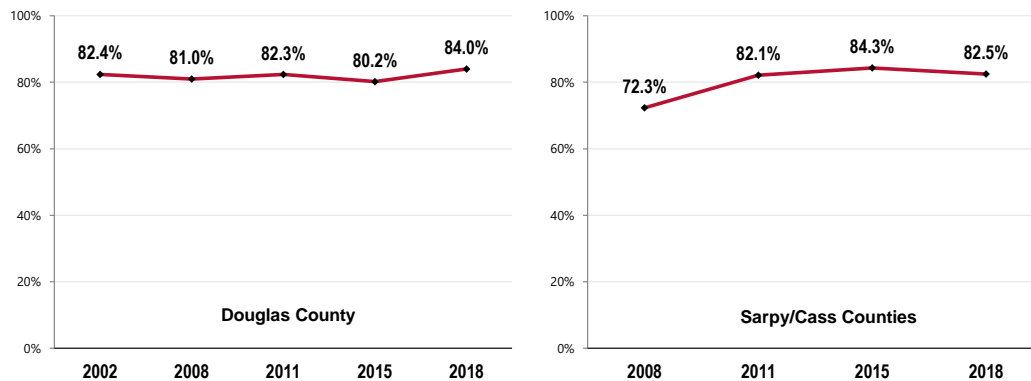


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 132-133]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes: • Reflects female respondents 50-74.
 • *Sample size is too low to report percentage results with accuracy.

- **TREND:** Statistically unchanged over time for Douglas County and for Sarpy/Cass counties.

Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
 Notes: • Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

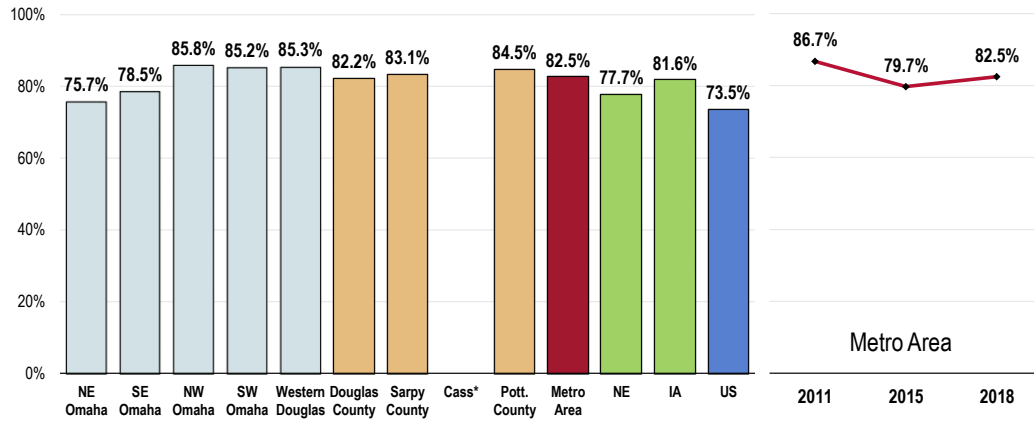
Pap Smear Testing

Among Metro Area women age 21 to 65, 82.5% have had a Pap smear within the past 3 years.

- More favorable than Nebraska and US findings; comparable to Iowa findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Similar findings by county (*the Cass County sample was too small for to report*).
 - Lower among women in Northeast Omaha.
- TREND: Denotes a statistically significant decrease from 2011 survey findings.

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher

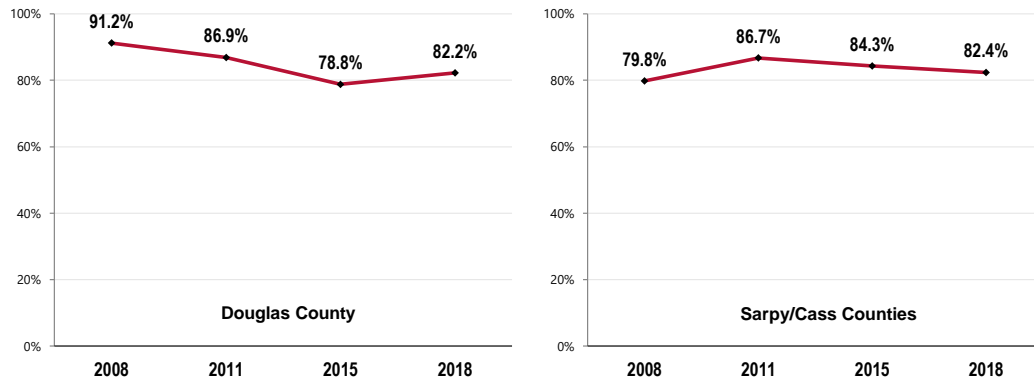


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

Notes: • Reflects female respondents age 21 to 65.
 • *Sample size is too low to report percentage results with accuracy.

- **TREND:** Marks a statistically significant decrease over baseline findings in Douglas County; statistically unchanged over time in Sarpy/Cass counties.

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
 Notes: • Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

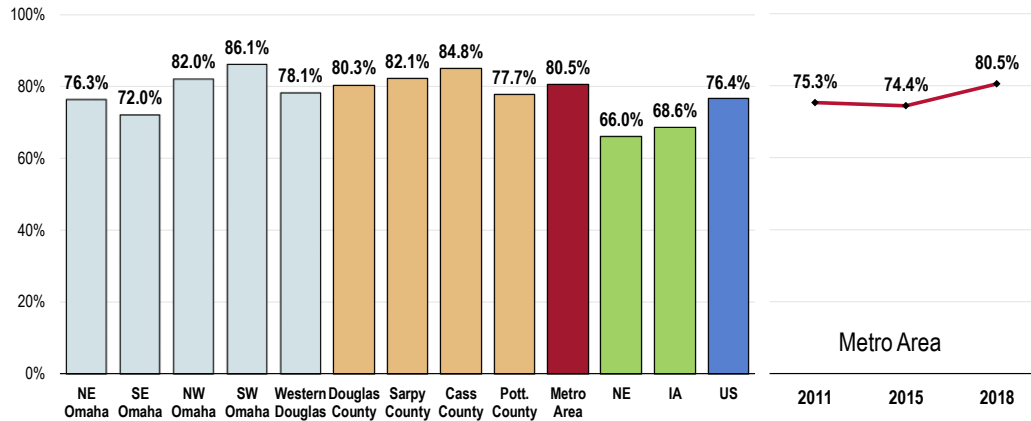
Colorectal Cancer Screening

Among adults age 50-75, 80.5% have had an appropriate colorectal cancer screening.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

- Higher than the proportions in both states and similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar findings by county.
 - Within Douglas County, ranging from 72.0% in Southeast Omaha to 86.1% in Southwest Omaha.
- TREND: Denotes a statistically significant increase from previous survey findings.

Have Had a Colorectal Cancer Screening (Among Adults Age 50-75) Healthy People 2020 Target = 70.5% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]
- Notes:
- Asked of all respondents age 50 through 75.
 - In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

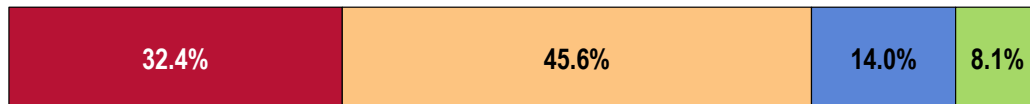
Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

There appears to be a growing need of care for patients with cancer. – Physician, Douglas County

High rates of pediatric cancer. Cancer is a leading cause of death among adults. – Social Services Provider, Douglas County

Number-one killer. – Other Health Provider, Douglas County

The incident of cancer in Omaha seems very high to me. – Community Leader, Douglas County

Common cause of illness and death. – Community Leader, Douglas County

Frequency I hear individuals struggling with cancer, dying of cancer. – Social Services Provider, Douglas County

Information shared by the media and the dollars invested in research and treatment. – Social Services Provider, Douglas County

I know so many people affected by cancer. It seems to be in every family. – Social Services Provider, Douglas County

Many citizens are affected with these conditions which increases their utilization of health services. – Public Health Representative, Douglas County

Cancer continues to impact the lives of more and more people of all ages in our community. Although the trend is moving in the right direction, it seems there is more we can do. – Social Services Provider, Douglas County

This community built a cancer center. – Social Services Provider, Douglas County

The number of deaths from cancer, particularly breast cancer. – Other Health Provider, Douglas County

Because it's so rampant here they've built a cancer center. If they didn't feel they'd have the volume, they wouldn't have built it. Everyone from child to young adult, middle aged adult and the aged are being diagnosed. – Social Services Provider, Douglas County

There are so many various type of cancers and due to my years of working in healthcare, seeing and dealing with cancer patients. – Social Services Provider, Douglas County

There are so many different types of cancer that affect each and every demographic in devastating ways, such as financially, emotionally, spiritually and mentally. – Community Leader, Douglas County

Cancer is major problem because there are so many different types, different reasons why a person may get cancer, genetics, exposures. Late diagnosis because of barriers resulting in late entry to care. For example, Every Woman Matters. – Community Leader, Douglas County

Because of the many forms of cancer that are caused by preventive measures, there is a little known between certain cancers and the social determinants of health. – Social Services Provider, Douglas County

The increasing rate at which Douglas County residents are being diagnosed. Also, due to limited health insurance, low income people with cancer have trouble accessing treatment. – Social Services Provider, Douglas County

Access to Care/Services

No local accessibility for treatment or care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Since we do not know all the causes of cancer, it is harder to diagnosis and treat. We have amazing new facilities and think it will have an impact in the near future. – Community Leader, Douglas County

I believe a large number of individuals do not access care due to the cost of treatment. – Business Leader, Pottawattamie County

I think many patients miss cancer screening opportunities because of lack of access to care. – Advanced Practice Provider, Douglas County

I developed a theory called "I don't need no more bad news". Generally access to services is so poor that some segments of the community worry that if they are diagnosed with cancer, they won't be able to afford the care that might improve/prolong life. – Social Services Provider, Douglas County

Leading Cause of Death

Cancer is the leading cause of death among Douglas County residents. – Other Health Provider, Douglas County

Cancer is life threatening, thus it is a major problem. – First Responder, Douglas County

The death certificate, vital statistics indicate that cancer, in all its forms, continue to be a major concern for this community. – Public Health Representative, Douglas County

Health Awareness/Education

Lack of knowledge of ways how to get cancer, causes of cancer, ways to prevent cancer, advancements in cancer treatment, cancer support groups. – Social Services Provider, Douglas County

Awareness around risk factors for cancer among the community, outside of tobacco, is very low. Community and doctor-patient conversations need to focus more on addressing these links in order to build community support for environmental change and better. – Social Services Provider, Douglas County

Affordable Care/Services

Lower income population not having routine examinations. – Other Health Provider, Douglas County

Environmental Contributors

In the rural communities, I believe this is a problem due to the large number of pesticides and other harmful chemicals farmers have been using to treat cattle and crops. I also have seen a significant rise in the number of people who know someone. – Business Leader, Pottawattamie County

Health Disparities

The health disparities in cancer are the problem. Certain racial/ethnic backgrounds are more likely at risk. – Social Services Provider, Pottawattamie County

Prevention

Lack of person's willingness to take advantage of preventative screenings and tests. – Community Leader, Douglas County

Tobacco Use

Tobacco use. – Community Leader, Douglas County

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

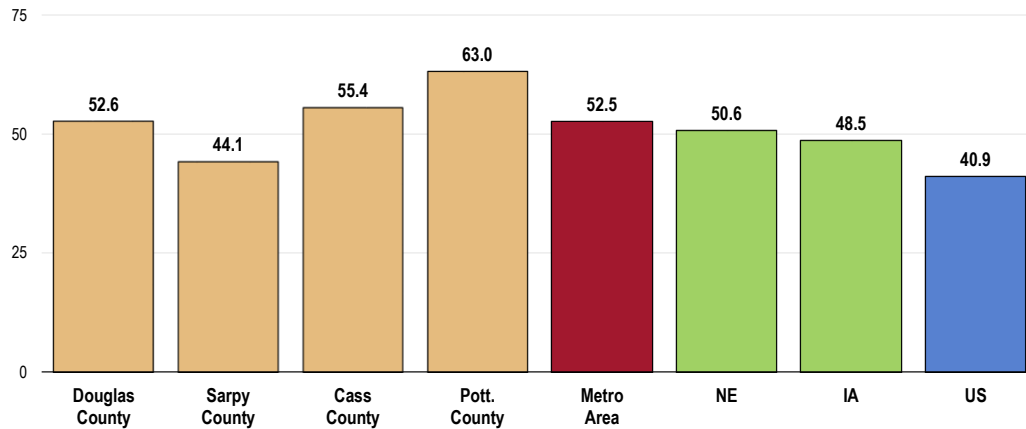
Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2014 and 2016, there was an annual average age-adjusted CLRD mortality rate of 52.5 deaths per 100,000 population in the Metro Area.

- Worse than Iowa and US rates; similar to the Nebraska rate.
- Unfavorably high in Cass and Pottawattamie counties.

CLRD: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)

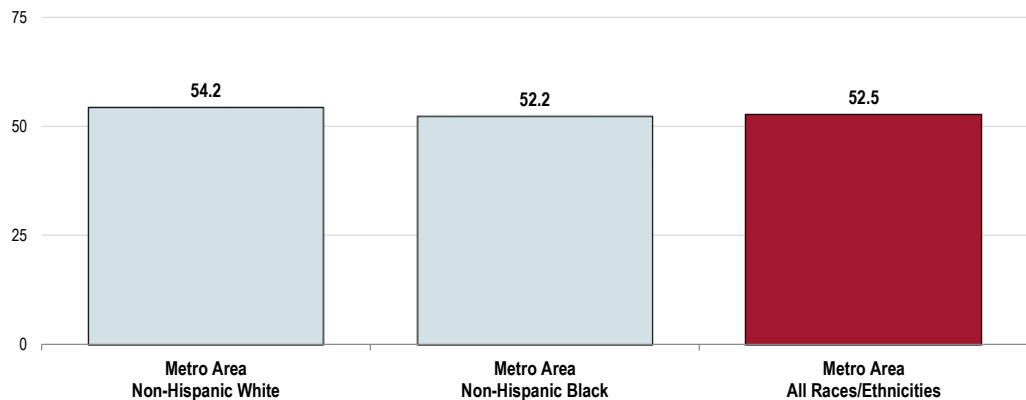


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• CLRD is chronic lower respiratory disease.

- CLRD mortality does not vary significantly by race (non-Hispanic White/Black).

CLRD: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population)

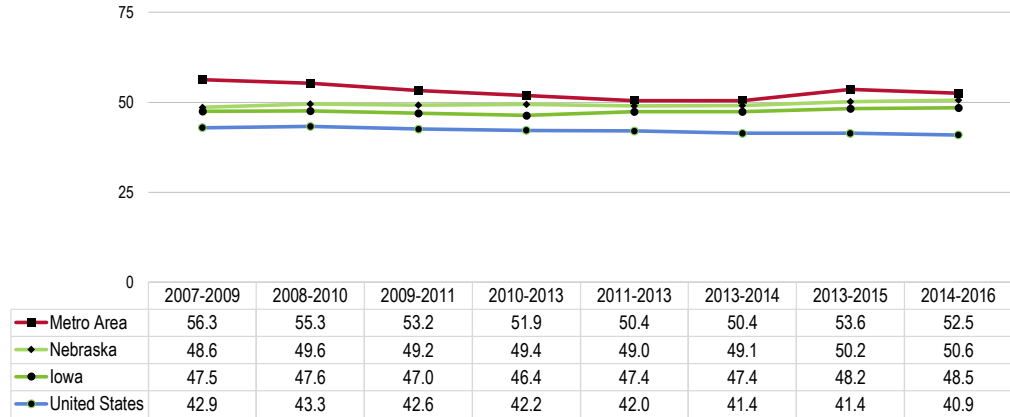


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• CLRD is chronic lower respiratory disease.

- **TREND:** Over the past decade, CLRD mortality has generally declined in the Metro Area.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 ● CLRD is chronic lower respiratory disease.

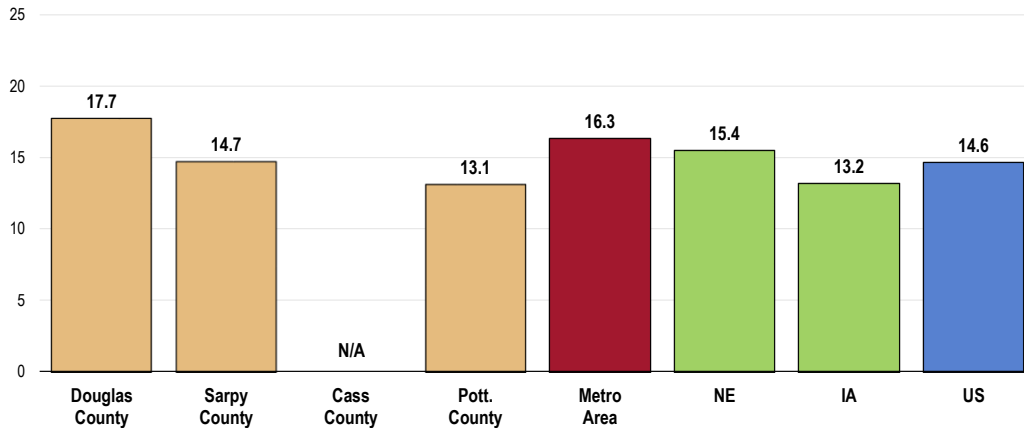
Pneumonia/Influenza Deaths

Between 2014 and 2016, the Metro Area reported an annual average age-adjusted pneumonia influenza mortality rate of 16.3 deaths per 100,000 population.

- Worse than the state and US rates.
- Unfavorably high in Douglas County.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.

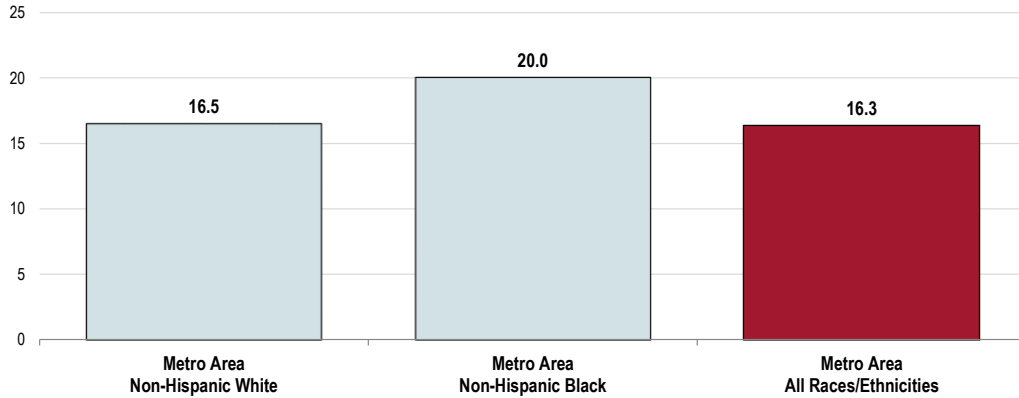
Pneumonia/Influenza: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The pneumonia/flu mortality rate in the Metro Area is higher among Non-Hispanic Blacks than Whites.

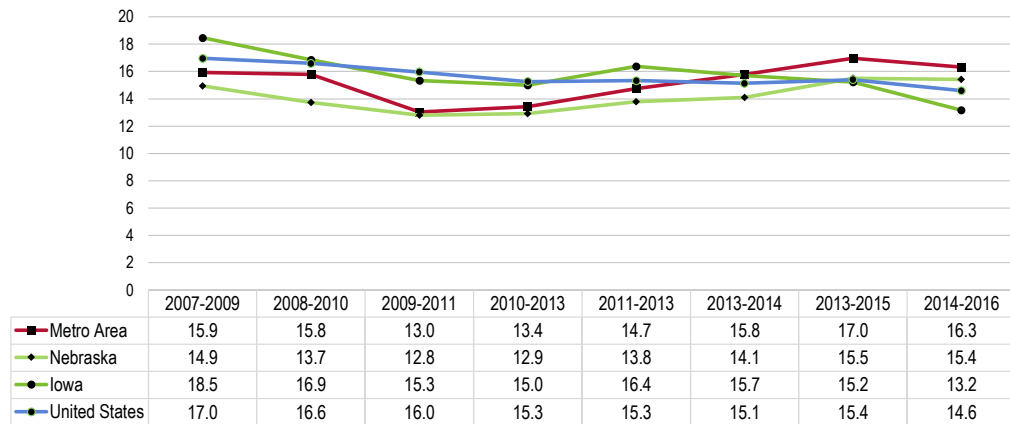
Pneumonia/Influenza: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Mortality rates in the Metro Area have fallen and risen over the past decade, showing no persistent trend.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - State and national data are simple three-year averages.

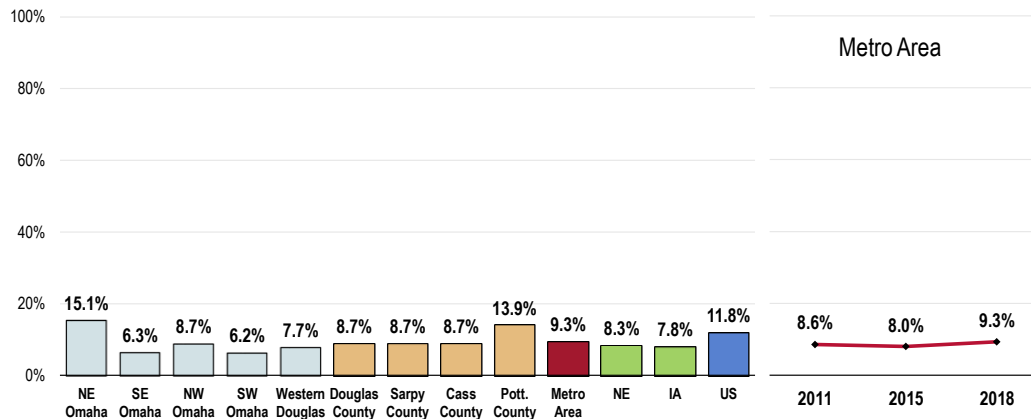
Asthma

A total of 9.3% of Metro Area adults report having asthma.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

- Similar to the Nebraska and US proportions, but higher than the Iowa proportion.
- Unfavorably high in Pottawattamie County.
 - Within Douglas County, particularly high (15.1%) in Northeast Omaha.
- **TREND:** The prevalence of adults with current asthma has not changed significantly since 2011.

Adult Asthma: Current Prevalence

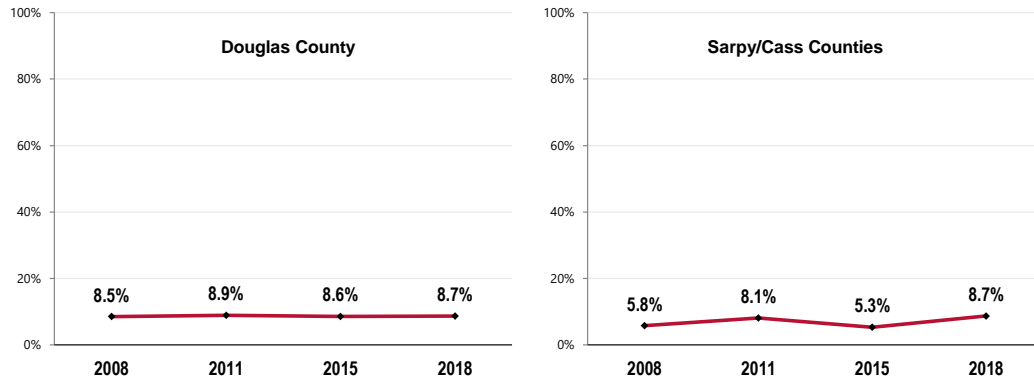


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 312]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Nebraska and Iowa data.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- **TREND:** The prevalence of Douglas County and Sarpy/Cass County adults with current asthma has not changed significantly over time.

Adult Asthma: Current Prevalence

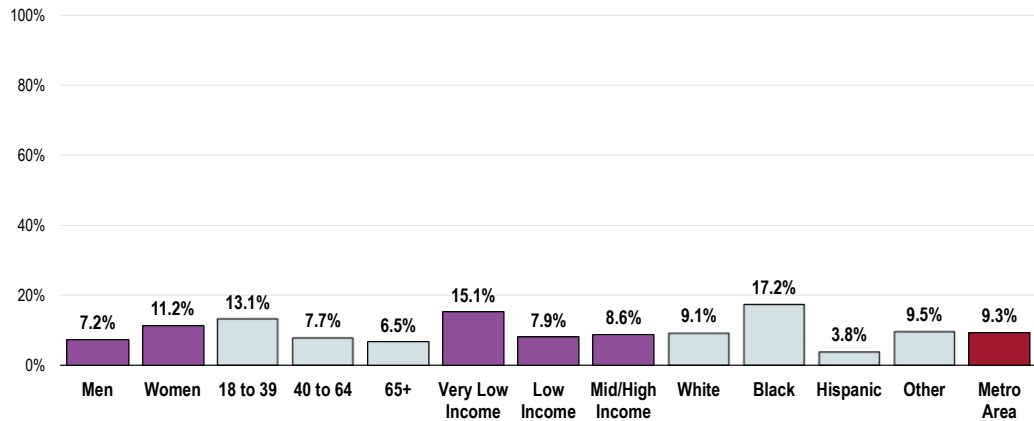


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 312]
 Notes: ● Asked of all respondents.
 ● Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Women.
- Younger residents (negative correlation with age).
- Residents in the lowest-income households.
- Black residents.

Currently Have Asthma (Metro Area, 2018)

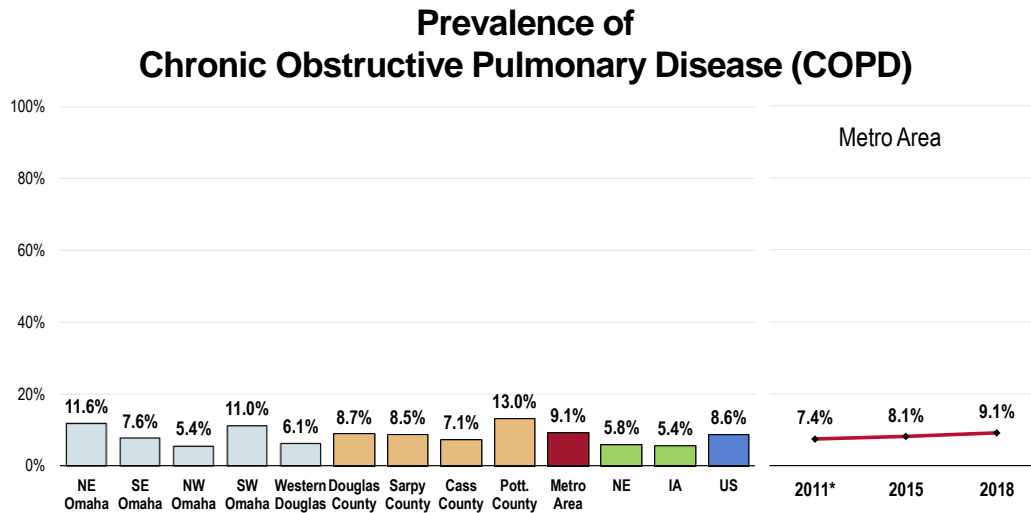


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 9.1% of Metro Area adults suffer from chronic obstructive pulmonary disease (COPD), including emphysema and bronchitis.

- Worse than the state proportions, but similar to the US.
- Unfavorably high in Pottawattamie County.
 - Favorably low in Northwest Omaha.
- TREND: Note the statistically significant increase over time.
 - NOTE: In 2011, this question was asked slightly differently; respondents in 2011 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema,” as is asked currently.

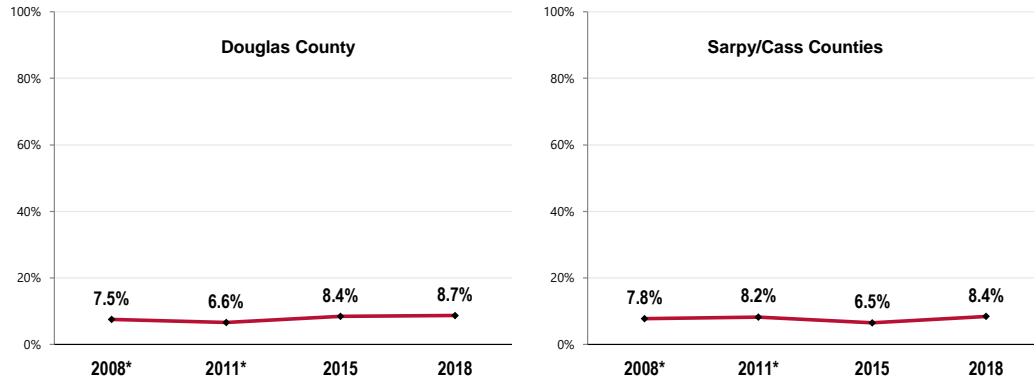


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 • *In prior data, the term “chronic lung disease” was used, which also included bronchitis or emphysema.

- TREND: The change in prevalence for Douglas County or Sarpy/Cass County residents independently (from baseline data) is not statistically significant.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



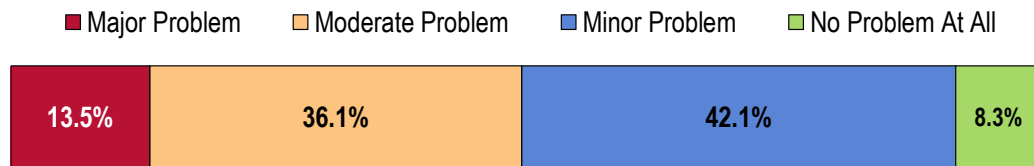
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 24]

- Notes:
- Asked of all respondents.
 - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 - *In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "minor problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Environmental Contributors

Long history of business connected pollution that causes a much higher than average incidence of asthma in North Omaha. Usage and second-hand smoke due to smoking. Lead paint, lead in the soil that negatively affects breathing. – Social Services Provider, Douglas County

Because of airborne elements. – Social Services Provider, Douglas County

There are issues with asthma in the community. Mold and other environmental pollutants indoors. – Social Services Provider, Douglas County

Once again, I think of the farming communities and the products, ammonia, fertilizers that are released into the air. I also am hearing of more and more asthma, sinus and upper respiratory illnesses, diagnoses. – Business Leader, Pottawattamie County

Incidence/Prevalence

Asthma, allergies and sinus problems are substantial diagnoses throughout the community. – Social Services Provider, Douglas County

The asthma diagnosis in this community is off the charts. If I'm not mistaken, it's number one. – Social Services Provider, Douglas County

Interstitial Lung Disease, this includes asthma, COPD, bronchitis and allergies. This is different from lung cancer. – Social Services Provider, Douglas County

Leading Cause of Death

This is a leading cause of adult death in Douglas County and is disproportionately impacting older neighborhoods with older housing stock, near industry and subject to smoking allowed in multi-unit structures. – Other Health Provider, Douglas County

Among the top five killers. – Other Health Provider, Douglas County

Access to Care/Services

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Poverty

Asthma is tied to poverty. – Social Services Provider, Douglas County

Tobacco Use

High rate of smoking and pollutants in the air. – Community Leader, Douglas County

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

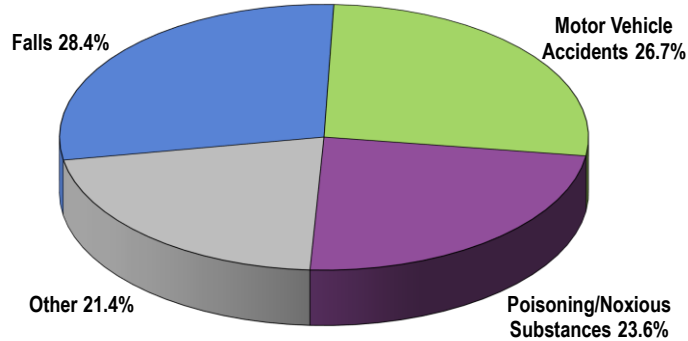
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

• Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Falls, motor vehicle accidents, and poisoning (including accidental drug overdose) accounted for most accidental deaths in the Metro Area between 2014 and 2016.

Leading Causes of Accidental Death (Metro Area, 2014-2016)



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

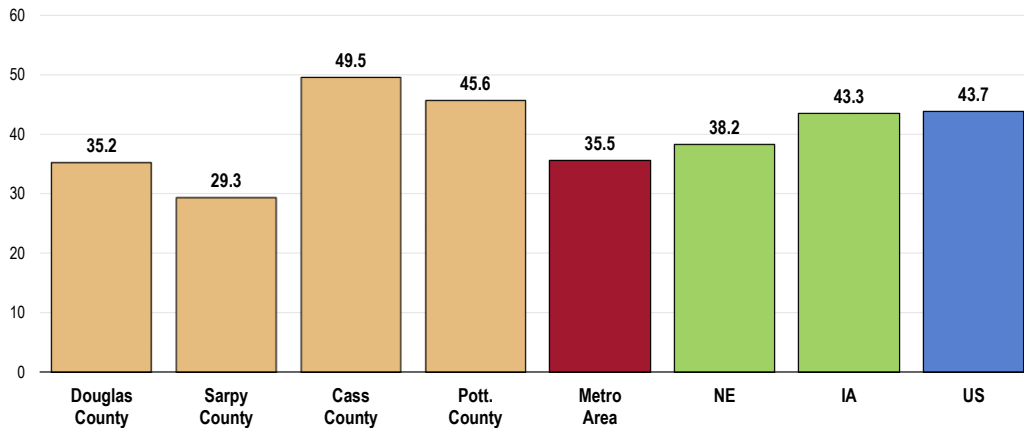
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 35.5 deaths per 100,000 population in the Metro Area.

- More favorable than the state and US rates.
- Similar to the Healthy People 2020 target (36.4 or lower).
- Unfavorably high in Cass and Pottawattamie counties.

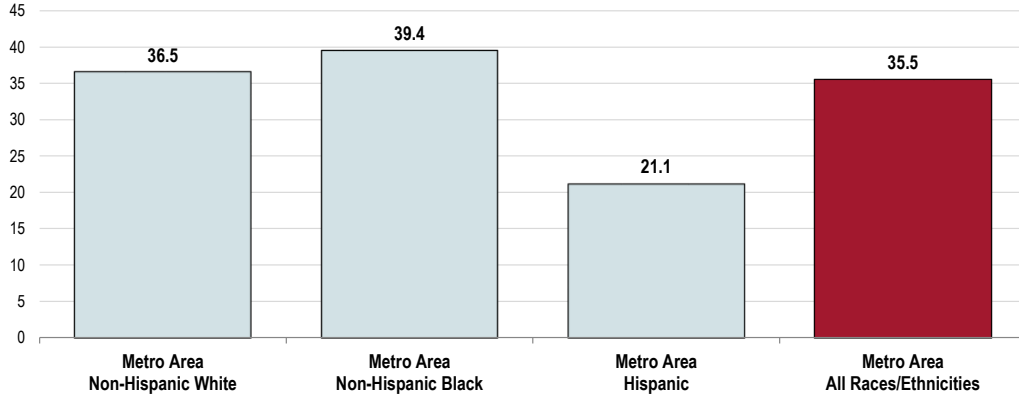
Unintentional Injuries: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is notably higher among Whites and Blacks when compared with Hispanics in the Metro Area.

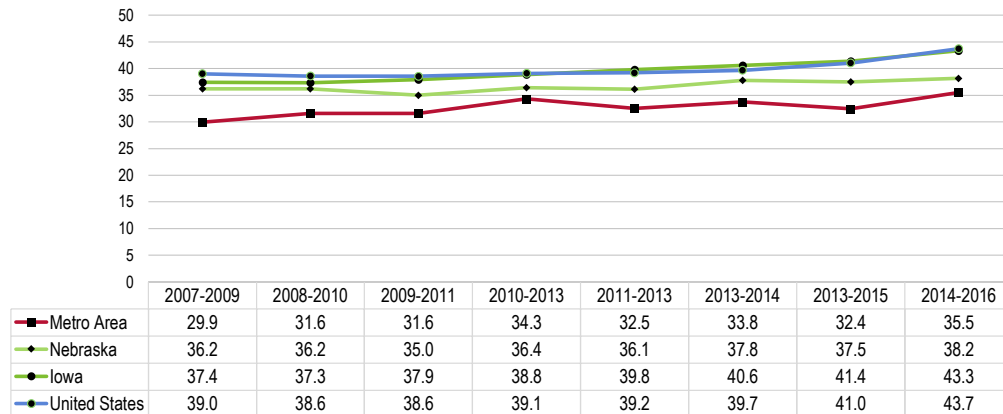
Unintentional Injuries: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Despite fluctuations, there is an overall upward trend in the unintentional injury mortality rate in the Metro Area, echoing the rising trends reported in Nebraska, Iowa, and the US overall.

Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



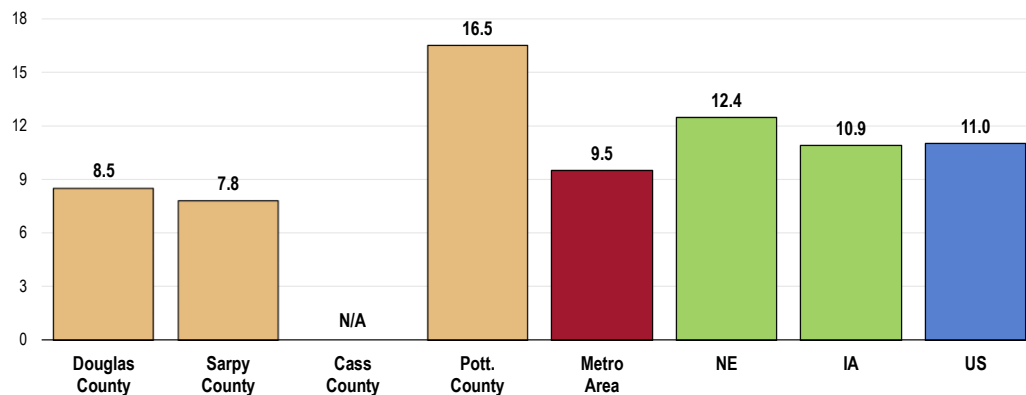
- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Local, state and national data are simple three-year averages.

Age-Adjusted Motor Vehicle Crash Deaths

Between 2014 and 2016, there was an annual average age-adjusted motor vehicle accident mortality rate of 9.5 deaths per 100,000 population in the Metro Area.

- More favorable than the state and US rates.
- Satisfies the Healthy People 2020 target (12.4 or lower).
- Considerably high in Pottawattamie County.

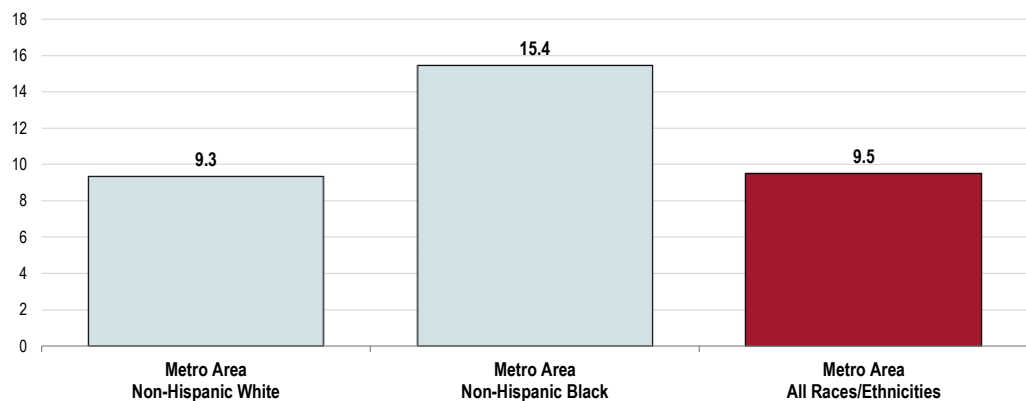
Motor Vehicle Crashes: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 12.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is notably higher among Blacks in the Metro Area.

Motor Vehicle Crashes: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 12.4 or Lower



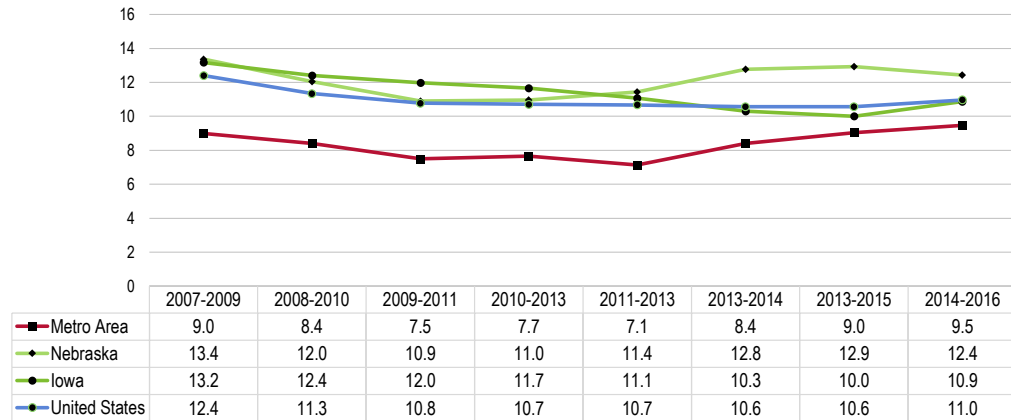
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Despite decreasing in the late 2000s, the Metro Area motor vehicle accident mortality rate has steadily increased in recent years.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



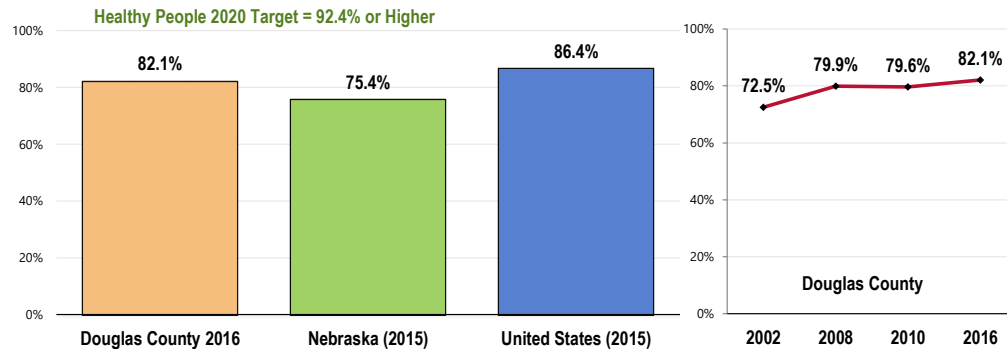
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Local, state and national data are simple three-year averages.

Seat Belts (Douglas County Only)

According to the CDC 2016 Behavioral Risk Factor Surveillance System (BRFSS) data for Douglas County, 82.1% of county residents report “always” wearing a seat belt when driving or riding in a vehicle.

- TREND: This marks a statistically significant increase from 2002 Douglas County reports.

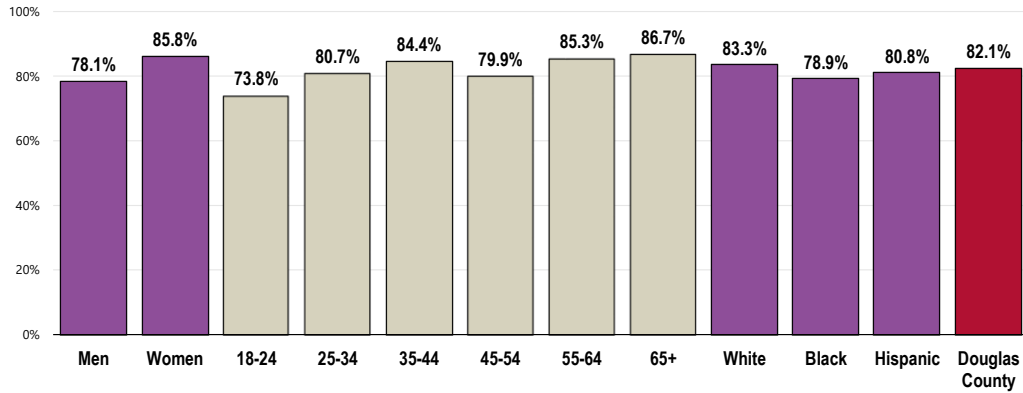
“Always” Wear a Seat Belt When Driving or Riding in a Vehicle



- Sources:
- 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County, Douglas County Health Department
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]
- Notes:
- Asked of all respondents.
 - The 2012-2016 BRFSS data are not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame.

- The following chart provides an illustration of the findings by demographic characteristics in Douglas County.

**“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle**
(Douglas County, 2016)
Healthy People 2020 Target = 92.4% or Higher



Sources: • 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County, Douglas County Health Department.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years ... In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately \$19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

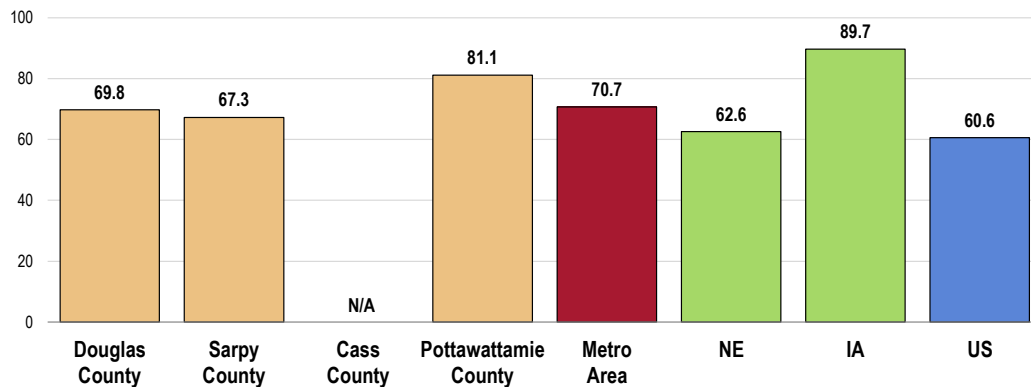
Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Between 2014 and 2016, there was an annual average age-adjusted fall-related mortality rate of 70.7 deaths (age 65+) per 100,000 population in the Metro Area.

- Less favorable than the Nebraska and US rates, but more favorable than the Iowa rate.
- Unfavorably high in Pottawattamie County (echoing the higher Iowa rate).

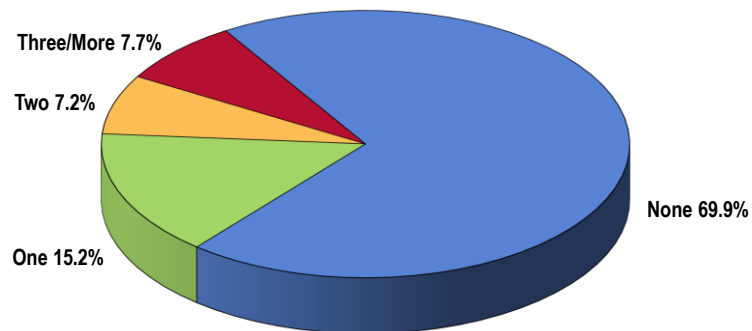
Fall-Related Death Rates (Age 65+)
 (2014-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Goal = 47.0 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1, IVP-23.2, SA-12]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Among surveyed Metro Area adults age 45 and older, 30.1% fell at least once in the past year, including 7.7% who fell three or more times.

Number of Falls in Past 12 Months
 (Among Adults Age 45 and Older; Metro Area, 2018)

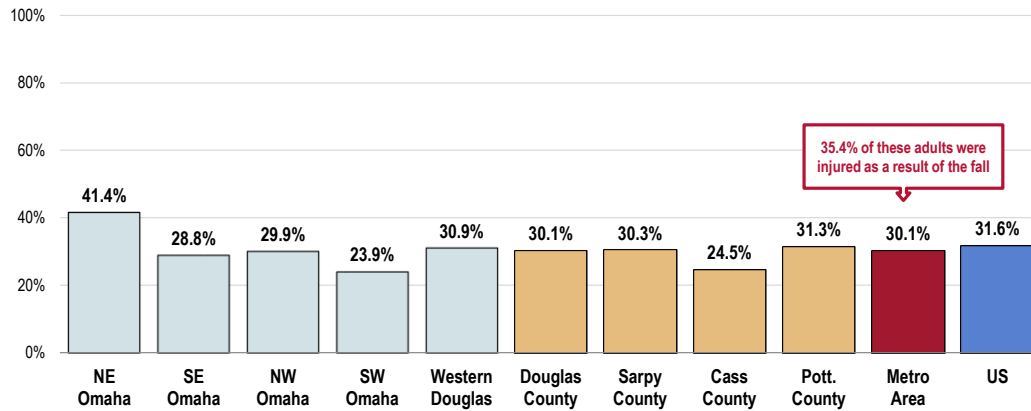


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
 Notes: • Asked of all respondents age 45+.

- The prevalence is similar to the national proportion.
- Similar findings by county.
 - Within Douglas County, the proportion is considerably higher in Northeast Omaha.

Among those who fell in the past year, 35.4% were injured as a result of the fall.

Fell One or More Times in the Past Year (Among Respondents Age 45 and Older)

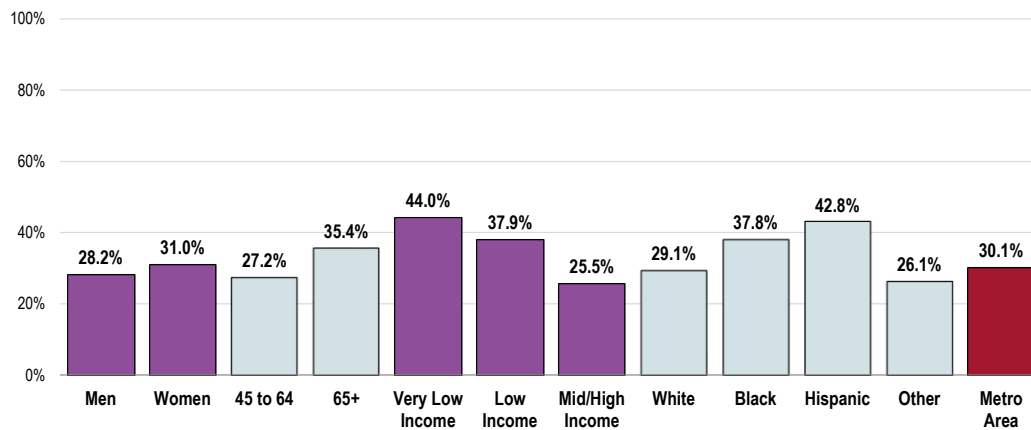


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents age 45 and older.

These population groups were more likely to have fallen in the past year:

- Seniors (age 65+).
- Low-income residents (negative correlation with income).
- Black and Hispanic residents.

Fell One or More Times in the Past Year (Among Respondents Age 45 and Older; Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
 Notes: • Asked of those respondents age 45 and older.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

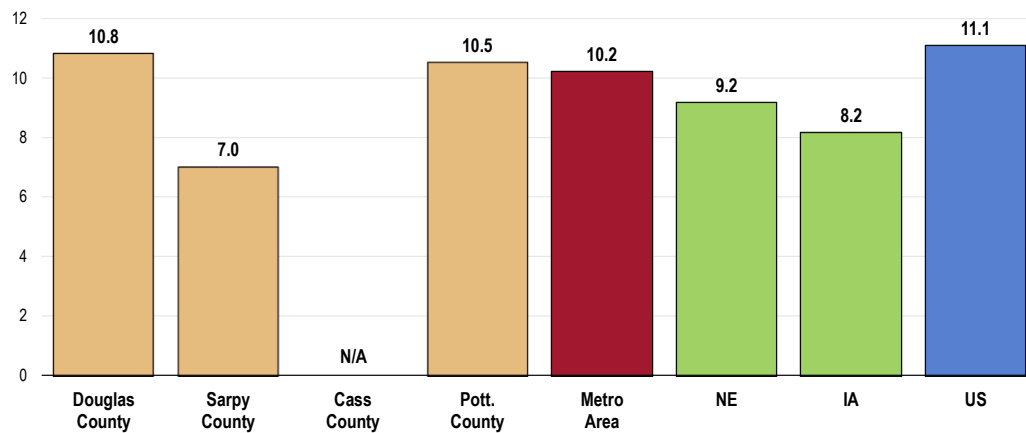
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2014 and 2016, firearms in the Metro Area contributed to an annual average age-adjusted rate of 10.2 deaths per 100,000 population.

- Higher than found in Nebraska and Iowa, but lower than the US rate.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).
- Higher in Douglas and Pottawattamie counties.

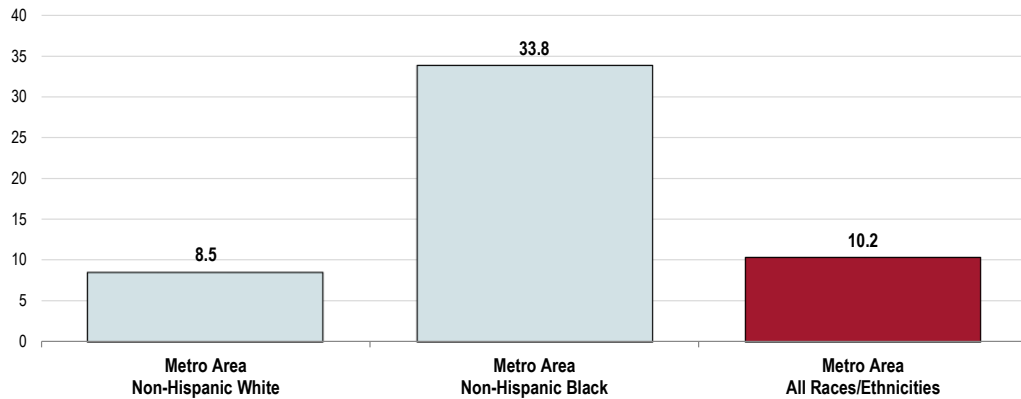
Firearms-Related Deaths: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 9.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- Firearms-related mortality is nearly four times higher in the Metro Area's Black population when compared with White residents.

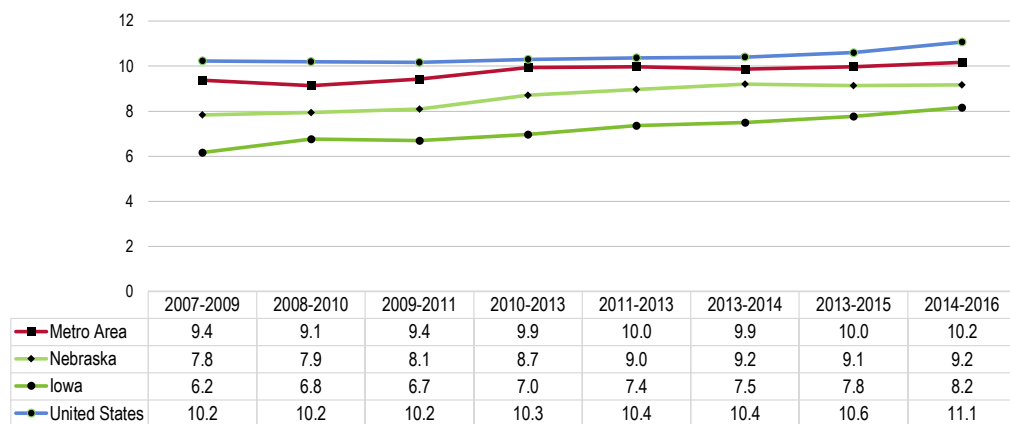
Firearms-Related Deaths: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 9.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** Note the increasing trend in firearms-related mortality over time in the Metro Area, echoing the increasing trends reported across Nebraska, Iowa, and the US overall.

Firearms-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 9.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Local, state and national data are simple three-year averages.

Presence of Firearms in Homes

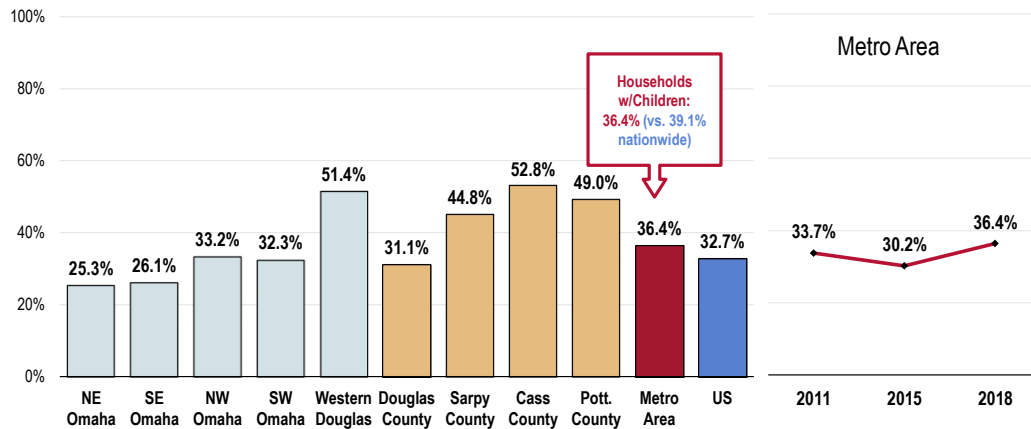
Survey respondents were asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Overall, more than one-third (36.4%) of Metro Area adults has a firearm kept in or around their home.

- Higher than the national prevalence.
- Much lower in Douglas County than the remainder of the Metro Area.
 - Ranging considerably within Douglas County (highest in Western Douglas).
- Among Metro Area households with children, 36.4% have a firearm kept in or around the house (comparable to that reported nationally).
- TREND: Similar to the 2011 survey findings, but marking a statistically significant increase from 2015.

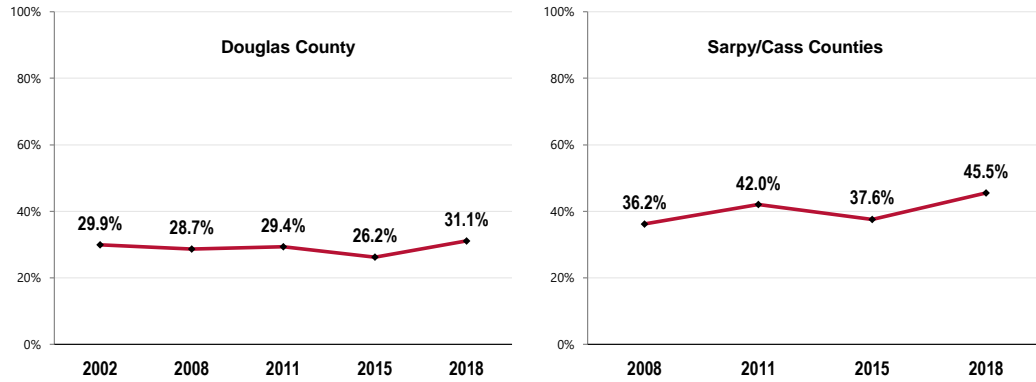
Have a Firearm Kept in or Around the Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 316, 357]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

- TREND: Statistically unchanged over time in Douglas County, but marking a statistically significant increase in Sarpy/Cass counties.

Have a Firearm Kept in or Around the Home



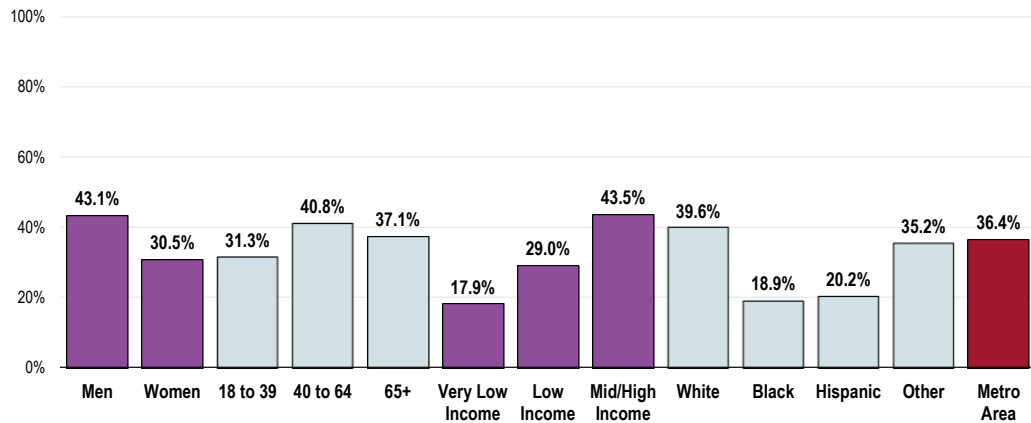
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 316]

Notes: ● Asked of all respondents.

● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

- Metro Area adults more likely to have a firearm in or around the house include men, adults age 40+, upper-income residents, and Whites.

Have a Firearm Kept in or Around the House (Metro Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]

Notes: ● Asked of all respondents.

● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

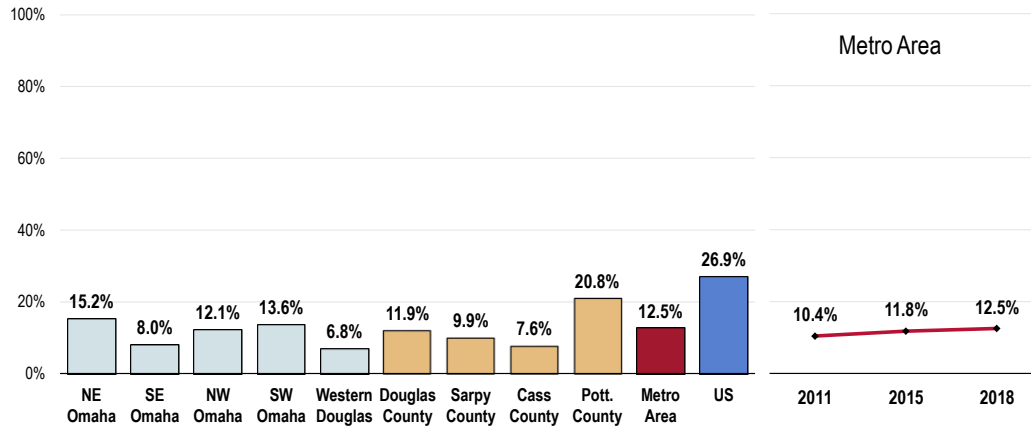
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Metro Area households with firearms, 12.5% report that there is at least one weapon that is kept unlocked and loaded.

- Well below that found nationally.
- Unfavorably high in Pottawattamie County.
 - Statistically similar by community within Douglas County.
- TREND: Statistically unchanged since 2011.

Household Has An Unlocked, Loaded Firearm (Among Respondents Reporting a Firearm in or Around the Home)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 358]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with a firearm in or around the home.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

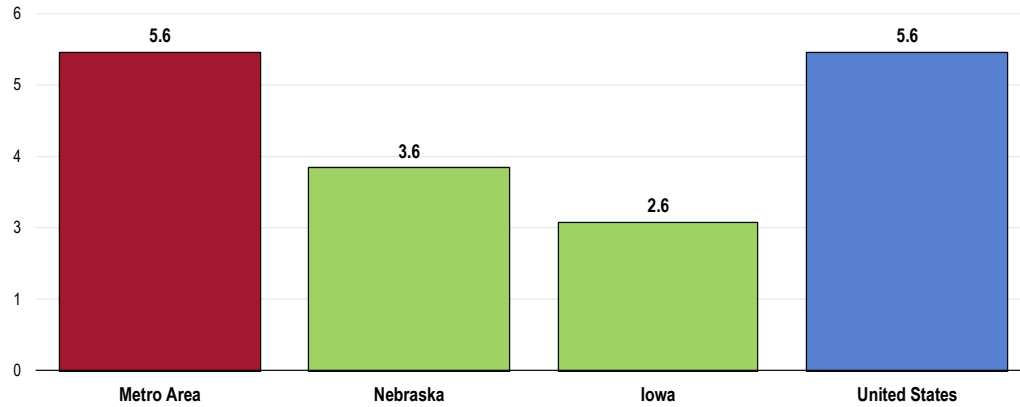
Between 2014 and 2016, there was an annual average age-adjusted homicide rate of 5.6 deaths per 100,000 population in the Metro Area.

- Much higher than the statewide rates, but identical to the US rate.
- Similar to the Healthy People 2020 target of 5.5 or lower.

RELATED ISSUE:

See also *Mental Health: Suicide* in the **General Health Status** section of this report.

Homicide: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower



Sources:

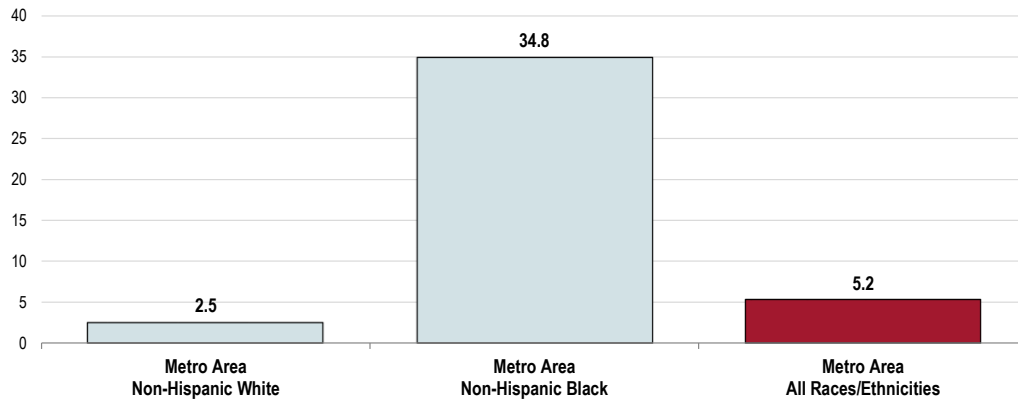
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The homicide rate is dramatically high in Metro Area Black population.

Homicide: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower



Sources:

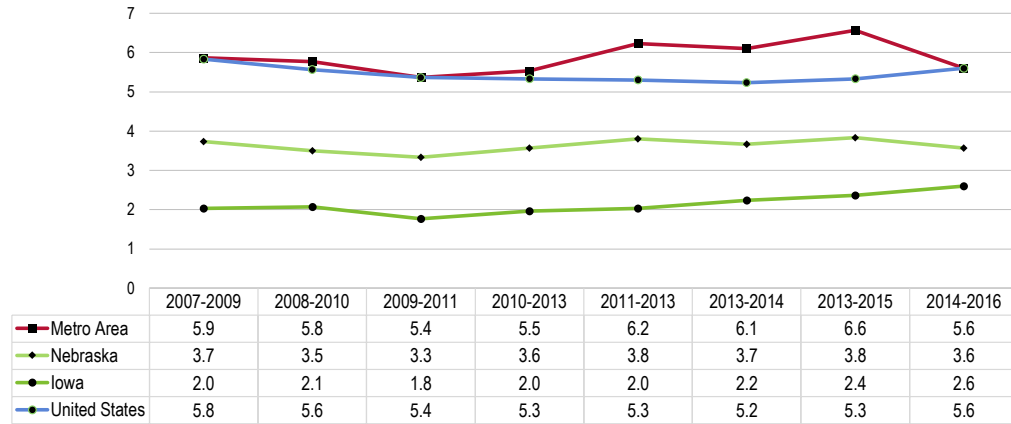
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: No clear trend is apparent for Metro Area homicides. As can be seen, the homicide rate has exceeded the state and national rates for most of the past decade.

Homicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower



Sources:

- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Violent Crime

Violent Crime Rates

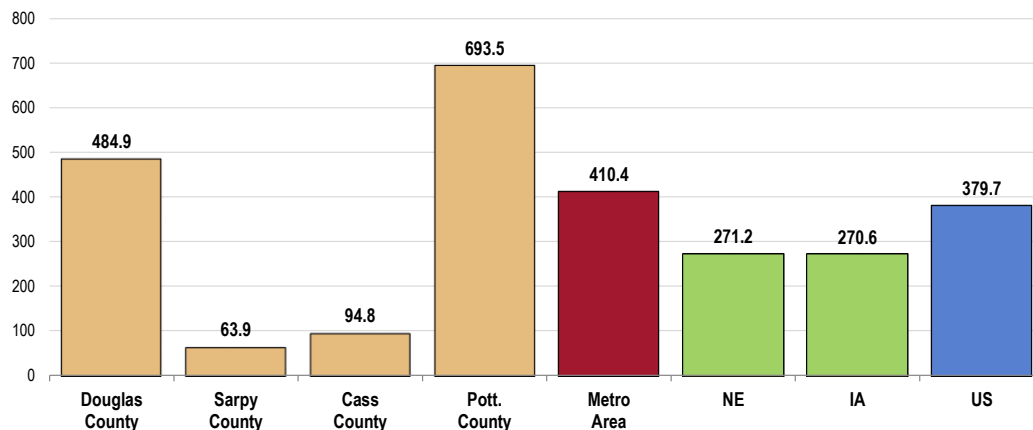
Between 2012 and 2014, there were a reported 410.4 violent crimes per 100,000 population in the Metro Area.

- Much higher in Douglas and especially Pottawattamie counties when compared with Sarpy and Cass counties.
- Higher than the state and US rates for the same time period.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime (Rate per 100,000 Population, 2012-2014)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2012-2014.

Notes:

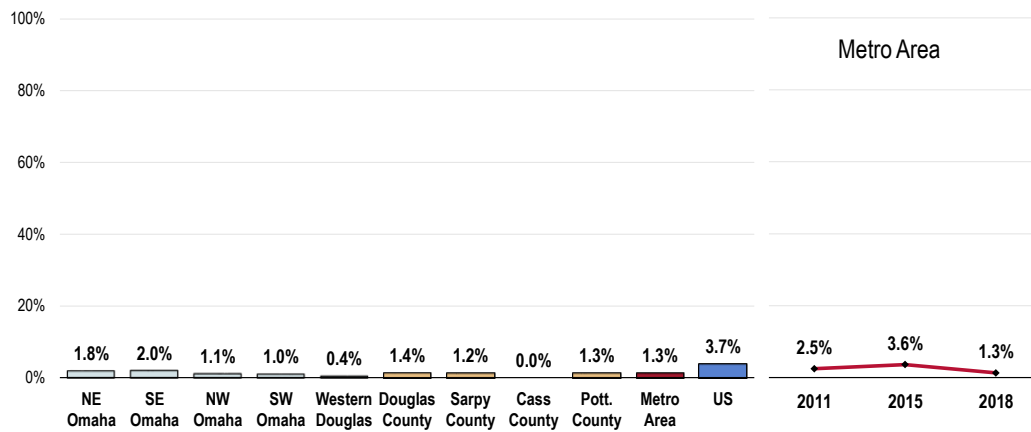
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 1.3% of surveyed Metro Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- Well below the national findings.
- None reported in Cass County.
 - Similar findings by community in Douglas County.
- **TREND:** Marks a statistically significant decrease from previous survey results.

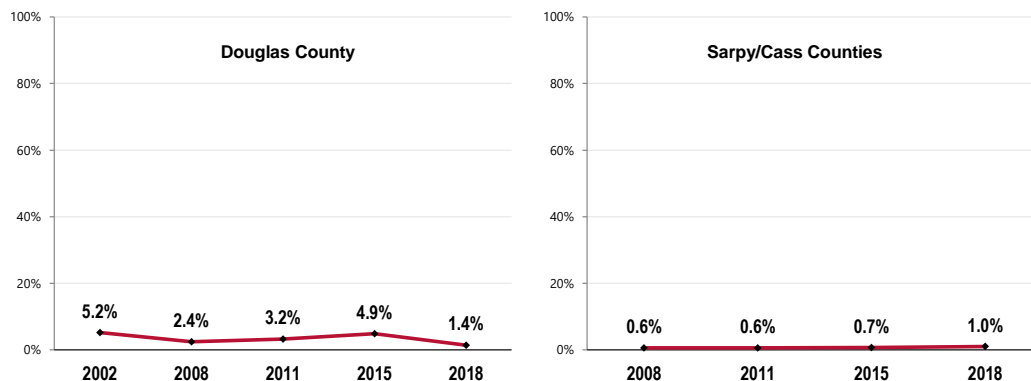
Victim of a Violent Crime in the Past Five Years



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 46]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- **TREND:** Marks a statistically significant decrease over time in Douglas County (statistically unchanged in Sarpy/Cass).

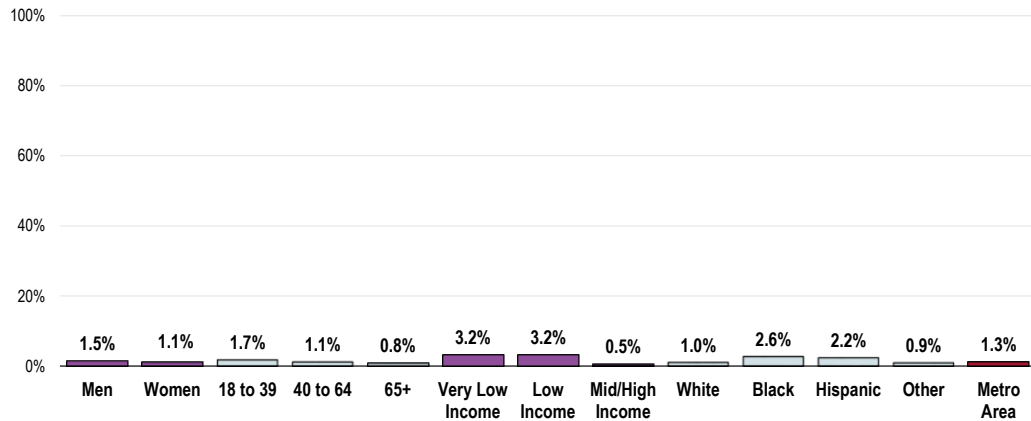
Victim of a Violent Crime in the Past Five Years



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 46]
 Notes: • Asked of all respondents.

- Reports of violence are notably higher among residents living in the lower income categories.

Victim of a Violent Crime in the Past Five Years (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Intimate Partner Violence — Physical

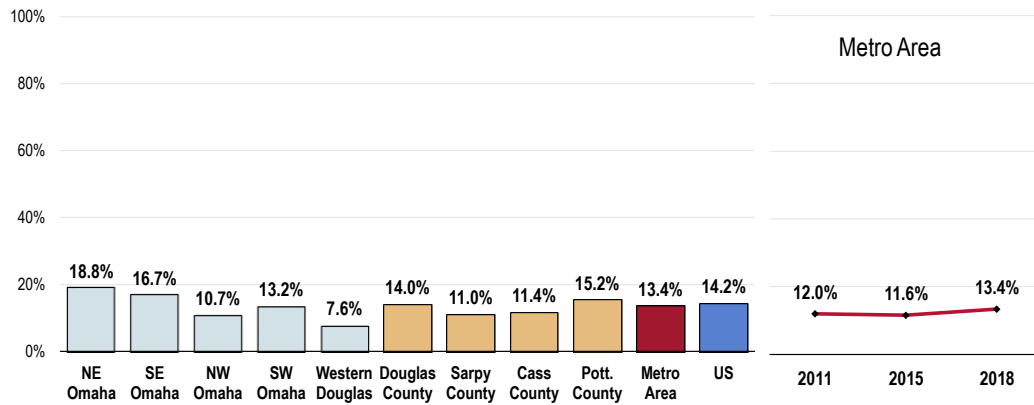
A total of 13.4% of Metro Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.
- Similar findings by county.
 - Unfavorably high in Northeast Omaha.
- TREND: The prevalence is statistically unchanged over time.

Respondents were read:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

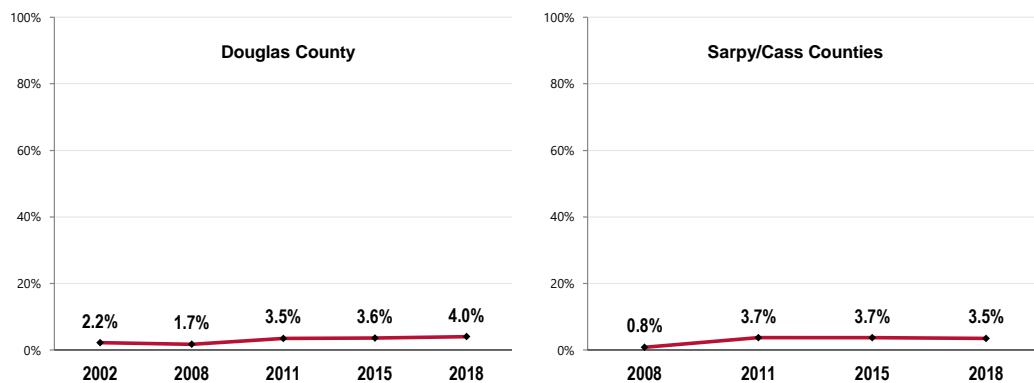
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- **TREND:** Over time, intimate partner violence has increased significantly in Douglas County as well as Sarpy/Cass counties.

Have Experienced Domestic Violence in the Past 5 Years

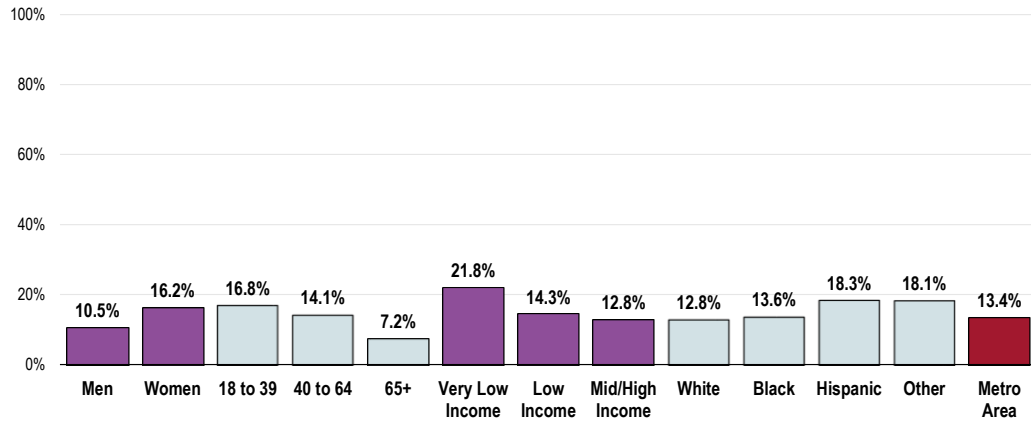


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 361]
 Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under 65 (negative correlation with age).
- Residents in the lowest income category.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

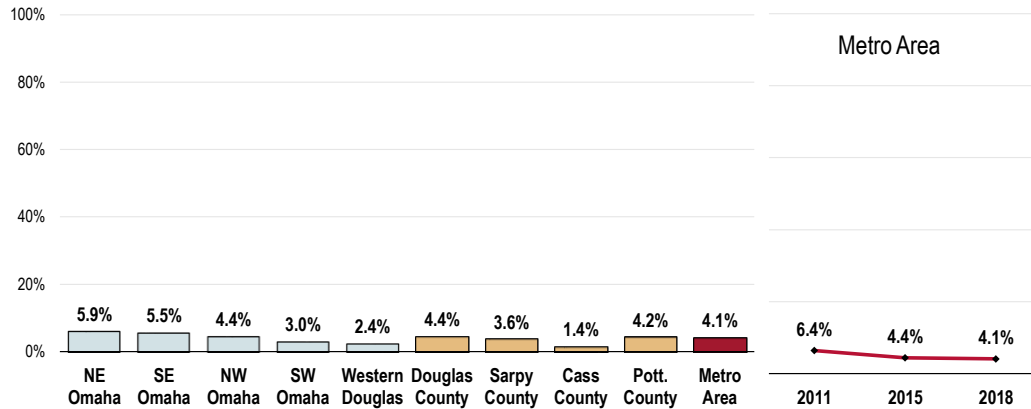
Across the Metro Area, note that 4.0% of the Metro Area population sample acknowledged being victims of intimate partner violence within the past 5 years.

Intimate Partner Violence — Emotional

Asked whether an intimate partner has been controlling, degrading, harassing, or disruptively jealous in the past 5 years, 4.1% of survey respondents answered affirmatively.

- Favorably low in Cass County.
 - Statistically similar findings by community in Douglas County.
- TREND: Denotes a statistically significant decrease from 2011 survey findings.

An Intimate Partner Has Been Controlling, Degrading, Harassing, or Disruptively Jealous in the Past 5 Years

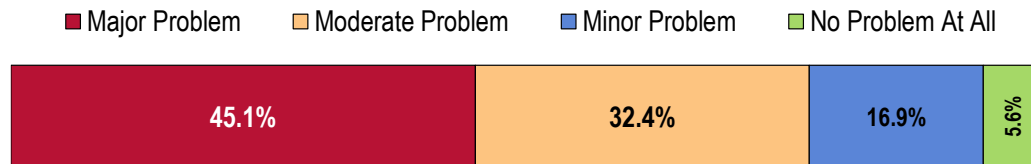


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 362]
 Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “major problem” in the community.

Perceptions of Injury & Violence as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- As our country becomes more agitated, anger as a first response is seemingly on the rise. From an increase in road-rage incidents to greater numbers of reported child, spouse, partner abuse, battering continues to grow as a way to express anger. – Business Leader, Pottawattamie County
- We rank as one of the most dangerous cities per capita in the nation. – Social Services Provider, Douglas County
- Data. – Public Health Representative, Douglas County
- Based on the neighborhood a person, family lives in, threat of violence is a daily occurrence. Keeps people from being able to think about their physical activity or eating right because they're more concerned about their safety or that of their child. – Social Services Provider, Douglas County
- Biggest killer among young people. – Other Health Provider, Douglas County

Due to local news reports and shooting that occur nightly, gangs, thefts and such. – Social Services Provider, Douglas County

Communities allow criminals to reside in residences. Families tolerate criminal behavior. The prison industrial complex provides jobs in rural communities. – Social Services Provider, Douglas County

We continue to see, hear that people don't feel safe in their neighborhoods and children living in homes where they are witnessing and, or experiencing violence themselves. With our limited mental health services available makes it difficult for children. – Community Leader, Douglas County

Crime rate. – Other Health Provider, Douglas County

It's probably televised more than necessary. I'd rather there be none. – Social Services Provider, Douglas County

It feels like we continue to see an increase in violence in certain part of our cities but also throughout. Whether it is gang violence, robbery and burglary. It is hard to know if it is a true increase or appears this way due to media. – Social Services Provider, Douglas County

Violence in our African American is in the media very frequently. – Public Health Representative, Douglas County

Violence and injury occurs all over the city, not just the socioeconomically disadvantaged locales. – Social Services Provider, Douglas County

Violence and injuries are at the top of every news hour in our community. – Social Services Provider, Douglas County

Violence impacts thousands of families and communities each year. Domestic violence is far too common and under-reported. – Social Services Provider, Douglas County

Gang violence and related direct and indirect trauma in communities. Domestic violence and related trauma. – Community Leader, Douglas County

Injury is an important cause of death for children, violence in the home is pervasive. Community safety is an issue in parts of Omaha. – Social Services Provider, Douglas County

Gun Violence

Ongoing gun violence and domestic abuse continue to be an issue in areas of the county. – Other Health Provider, Douglas County

Too many deaths and injuries in our community especially in the youth. Gun violence is especially high here, but efforts to decrease them seem to be helping. – Public Health Representative, Douglas County

Robberies, shootings, gang violence. More attention needs to be paid to this arena. – Other Health Provider, Douglas County

We still have a lot of gun violence here. – Social Services Provider, Douglas County

The easy access to weapons, particularly fire arms. – Community Leader, Douglas County

Regular shootings in Omaha. – Social Services Provider, Douglas County

Shootings, homicides, domestic violence, accidental deaths due to drugs, alcohol. – Social Services Provider, Douglas County

Accidental gun deaths and injuries due to easy access to firearms. – Social Services Provider, Douglas County

Gun related injuries. – Social Services Provider, Douglas County

The number of gang related shootings. – Social Services Provider, Douglas County

Domestic/Child Abuse

One in four women are victims of violence. Victims living in poverty are over represented. The amount of injuries that have not been treated through medical practitioners is staggering. – Social Services Provider, Douglas County

Domestic violence and sexual assault. – Other Health Provider, Douglas County

Rate of trauma seen in children and mental health clients based on level of violence in their neighborhoods and homes. Children are no longer allowed, nor is it safe, for them to play outside in many neighborhoods of our community. – Social Services Provider, Douglas County

Child abuse and domestic violence are at staggering numbers. – Social Services Provider, Douglas County

Accidents

Motor vehicle crashes are a leading cause of death and policies are not up to par to prevent. In addition,

drinking and driving continues to be a major problem in our community. Violence is a public health epidemic, while there have been major strides. – Other Health Provider, Douglas County

The significant number of emergency room visits for accident-related injuries as well as weapon-related injuries. – Other Health Provider, Douglas County

Adverse Childhood Experiences

Violence is deemed as a health condition. Many adolescences and young adults have untreated violent health conditions that generally stem from childhood experiences, acceptable violent norms, post/current traumatic events. – Social Services Provider, Douglas County

ACES, Adverse Childhood Experience impact individual health, physical and mental health. When it occurs, but also the long-term health status of the individual. – Social Services Provider, Douglas County

Access to Care/Services

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Lack of access to resources, education. Mental health issues and addiction. – Social Services Provider, Douglas County

Contributing Factors

Social determinants of health, poverty, lack of education, unemployment, under employment. – Advanced Practice Provider, Douglas County

Alcohol/Drug Use

There are crime issues in CB. Much is related to substance use. – Social Services Provider, Pottawattamie County

Health Awareness/Education

Lack of education and prevention work. – Other Health Provider, Pottawattamie County

Youth Violence

Youth violence still too high. – Community Leader, Douglas County

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

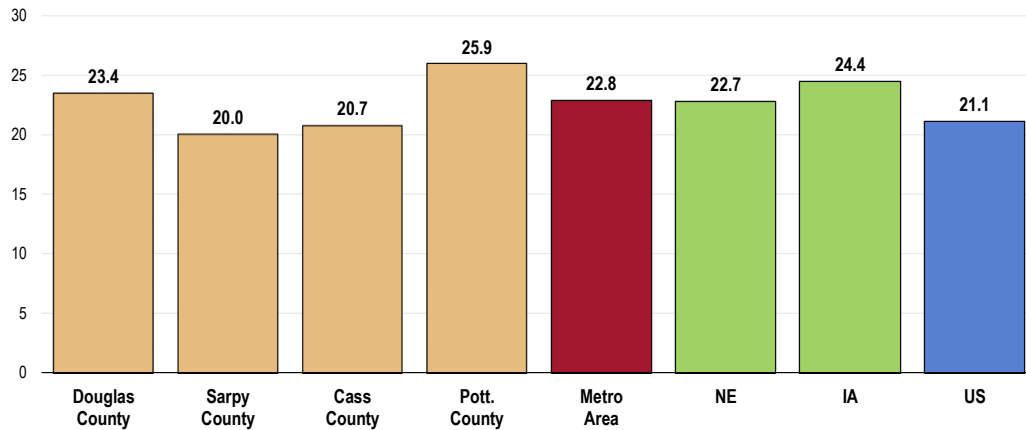
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 22.8 deaths per 100,000 population in the Metro Area.

- Better than the Iowa rate and similar to the Nebraska rate.
- Worse than the US rate.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Unfavorably high in Douglas and Pottawattamie counties.

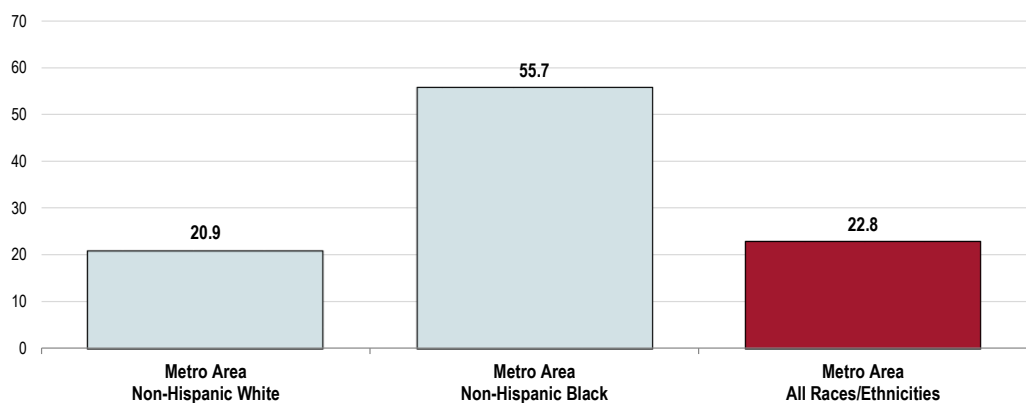
Diabetes: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate in the Metro Area is more than twice as high among Blacks than among Whites.

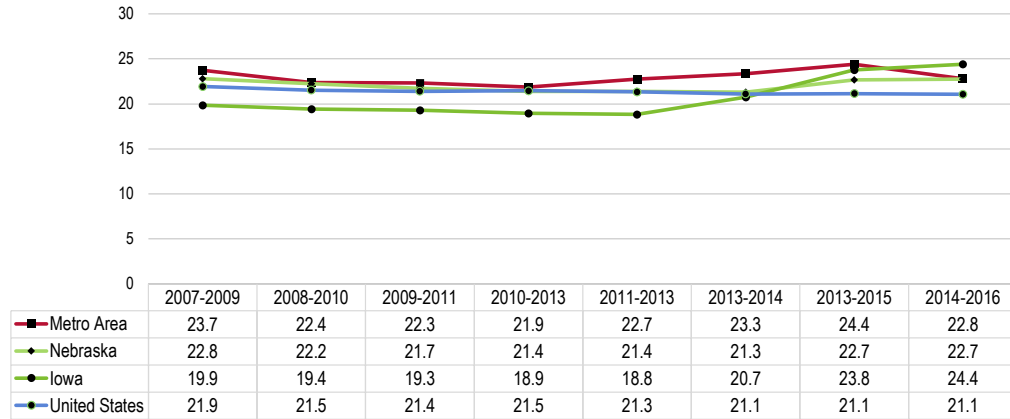
Diabetes: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: No clear diabetes mortality trend is apparent in the Metro Area. While the Nebraska rate has increased, the Iowa and US rates have been largely stable.

Diabetes: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:

- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]

 Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

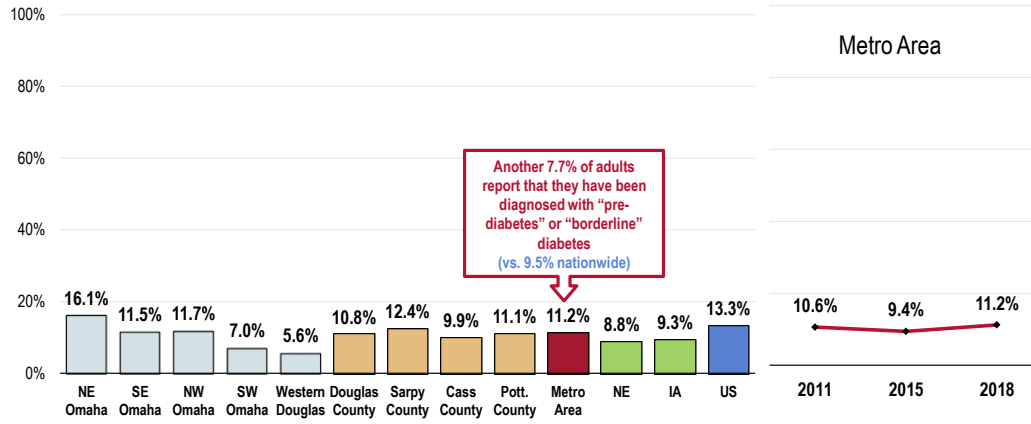
A total of 11.2% of Metro Area adults report having been diagnosed with diabetes.

- Worse than the statewide proportions, but similar to the US figure.
- Similar findings by county.
 - Unfavorably high in Northeast Omaha.
- TREND: Statistically unchanged since 2011.

In addition to the prevalence of diagnosed diabetes referenced above, another 7.7% of Metro Area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Comparable to the US prevalence.
- Similar findings by county and within Douglas County (not shown).

Prevalence of Diabetes

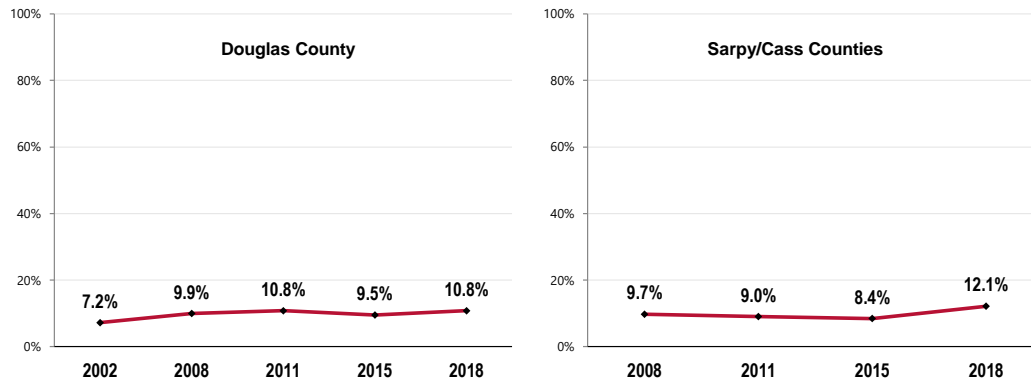


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
 ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.

Notes: ● Asked of all respondents.
 ● Local and national data exclude gestation diabetes (occurring only during pregnancy).

- **TREND:** The Douglas County prevalence of diabetes has increased significantly since 2002 (the Sarpy/Cass prevalence has been statistically stable).

Prevalence of Diabetes

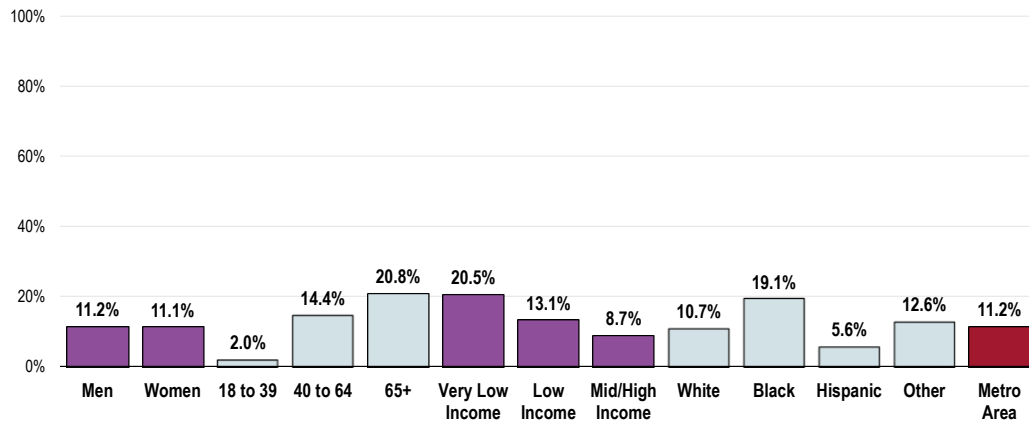


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
 Notes: ● Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong positive correlation between diabetes and age, with 20.8% of seniors diagnosed with diabetes).
- Low-income residents (negative correlation with income).
- Black residents.

Prevalence of Diabetes (Metro Area, 2018)



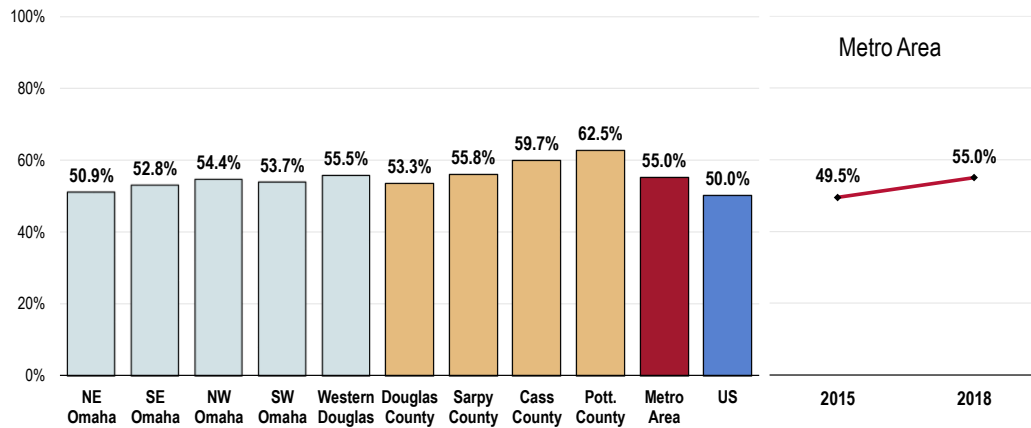
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 55.0% report having had their blood sugar level tested within the past three years.

- Higher than the national proportion.
- Testing is highest in Pottawattamie County and lowest in Douglas County.
 - Statistically similar by community within Douglas County.
- TREND: Denotes a statistically significant increase from 2015 survey findings.

Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)

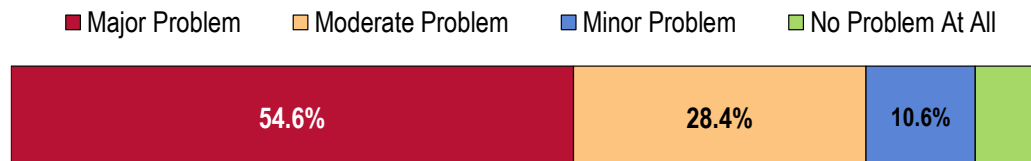


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Health Awareness/Education

- Identifying the risk of prediabetes, screening for prediabetes and following up with a diabetes prevention program. – Public Health Representative, Douglas County
- Getting diabetic education. – Social Services Provider, Douglas County
- Awareness of risk. Proactive recognition. Doctor visits and recognition of the problem. – Community Leader, Douglas County
- Understanding a diabetes diagnosis. Don't know what or how to eat to mitigate worst effects of the disease, lack of access to medications, and effective community education. – Social Services Provider, Douglas County
- Lack of education and awareness about dietary and lifestyle options that will reduce reliance on medications and issues related to poor management. – Social Services Provider, Douglas County

Access to diabetic education and supplies and cost of medication to manage diabetes. – Social Services Provider, Douglas County

Understanding the need to know their numbers and, if at risk or diagnosed, receive the education and understanding that lifestyle change is necessary to manage the diagnosis. – Social Services Provider, Douglas County

Many with pre-diabetes are not even aware of it. Personal healthy lifestyle changes can make a huge difference, but need culture change and affordable and available healthy foods for those in poverty. Healthcare steps, medications and technology. – Public Health Representative, Douglas County

Lack of education on how to control their condition, lack of resources to do so, and lack of interest in helping themselves. – Public Health Representative, Pottawattamie County

No education or prevention work. – Other Health Provider, Pottawattamie County

Nutrition, Physical Activity & Weight

Access to healthy, affordable food. Cost of medications. – Other Health Provider, Douglas County

Access to healthy food. Ability to purchase healthy food. Lack of physical care of their diabetes due to mental health issues. Lack of priority in our schools on physical education and health education. – Social Services Provider, Douglas County

Continued obesity, poor diet, lack of exercise. – Physician, Pottawattamie County

Losing weight and ability or motivation to maintain appropriate exercise routines. Proper diet. – Community Leader, Douglas County

Due to the continued decline of physical activity and healthy eating habits obesity and diabetes continue to become larger health issues in our community. We need more access to information, nutrition education, care, and healthy foods. – Social Services Provider, Douglas County

I believe the greatest challenges in this area are the need for explanations of dietary contributions to diabetes, in understandable language. I think this is compounded by the lack of tasty and affordable alternatives to address the need. – Social Services Provider, Douglas County

Diet and lack of exercise. – Community Leader, Douglas County

Access to dietitians as well as lack of proper nutrition. – Community Leader, Douglas County

Nutrition and lack of exercise. – Social Services Provider, Douglas County

Diet, exercise, compliance, and medication availability. – Social Services Provider, Douglas County

Incidence/Prevalence

Large disease burden, poor understanding of outcomes for patients, poor control of many. Many pre-diabetics with poor understanding. – Business Leader, Douglas County

There is an estimated 30% of the population that is prediabetic or diabetic and unaware and thus the disease is taking its toll on their organs, eyes and foot health. – Other Health Provider, Douglas County

It's a serious, largely preventable disease that alters the course of people's lives and costs a lot of money to treat. – Social Services Provider, Douglas County

It seems that in this area Type II diabetes is on the rise. Many people I know have been diagnosed as prediabetic. Lowering A1C has now become a topic of conversation at social gatherings. This isn't something I have witnessed in the recent past. – Business Leader, Pottawattamie County

Increasing among young people and an ongoing problem with people of all ages. – Other Health Provider, Douglas County

A majority of patients seen in various clinics, emergency departments and admissions have diabetes. – Other Health Provider, Douglas County

As a first responder, emergency response to diabetic emergencies is common. – First Responder, Douglas County

Access to Care/Services

Lack of equal care for all. The low income suffer from diabetes because of food insecurity. – Social Services Provider, Douglas County

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Access to regular medical care, healthy food choices, and physical fitness facilities that are useable year round. – Community Leader, Cass County

Access to healthcare is hard and healthy foods and how to cook them, are not accessible. Safety is an issue for exercise, diabetes will remain an issue. – Social Services Provider, Douglas County

Access to care, medications and supplies to manage diabetes. Also, medication adherence is a concern, mostly due to cost. – Advanced Practice Provider, Douglas County

Health Disparities

Diabetes is a challenge across racial or ethnic groups. We are not doing a good enough job helping people to successfully self-manage their conditions. We also need to do a better job at education and prevention of diabetes. – Community Leader, Douglas County

The disparities are the challenge. Certain racial/ethnic groups are at greater risk. – Social Services Provider, Pottawattamie County

Lower income have lack of income to eat healthy and high percentage of obesity. – Other Health Provider, Douglas County

Poverty, diet, transportation, learning and disease maintenance. – Social Services Provider, Douglas County

The challenge is to prevent diabetes, especially among African Americans and Native Americans. – Social Services Provider, Douglas County

Access to Medication/Supplies

Access to testing strips and diet counseling. – Other Health Provider, Douglas County

Access to medications, information in plain language about the disease, health professionals trained as both diabetic educators and motivational interviewers. – Other Health Provider, Pottawattamie County

Access medical supplies and ongoing monitoring. – Business Leader, Pottawattamie County

Access to blood glucose monitoring and diabetic education. – Social Services Provider, Douglas County

Disease Management Challenges

Not consistently monitoring their condition and ensuring they are eating healthy. – Social Services Provider, Douglas County

Challenges with managing the disease, rate of obesity, aging population. – Social Services Provider, Douglas County

Noncompliance with diabetic treatment protocol, diet, medications. – Social Services Provider, Douglas County

Compliance with medications, ability to pay for doctor's visits and buy their medications. – Physician, Douglas County

Affordable Care/Services

We have significant disparities in diabetes and need to continue work on the determinants of health that drive someone's ability to prevent diabetes and take care of themselves if they are at risk or diagnosed. – Other Health Provider, Douglas County

Prevention

Prevention, then management strategies. – Social Services Provider, Douglas County

Contributing Factors

Transportation. Education. Affordable care. Access to doctors. – Social Services Provider, Douglas County

Cultural Barriers

Culturally specific prevention programs. – Social Services Provider, Douglas County

Lifestyle

Behavior change needed to optimize health. – Social Services Provider, Douglas County

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

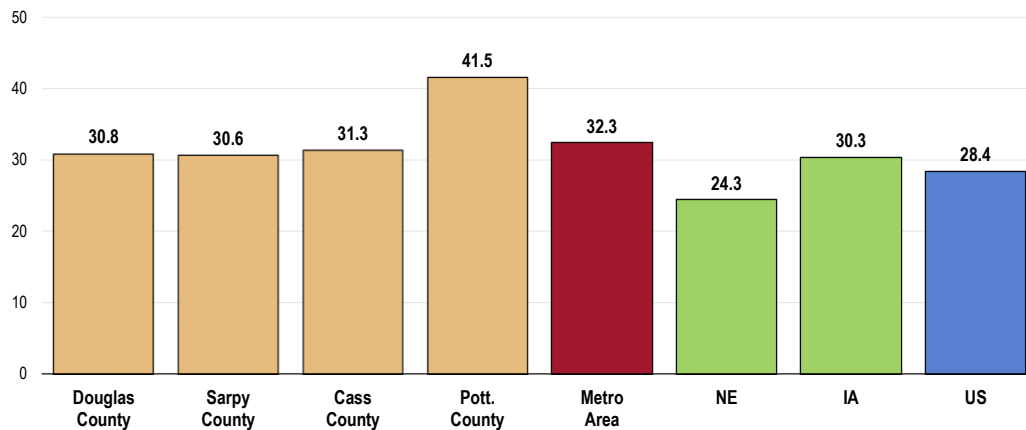
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 32.3 deaths per 100,000 population in the Metro Area.

- Worse than the statewide and US rates.
- Notably high in Pottawattamie County.

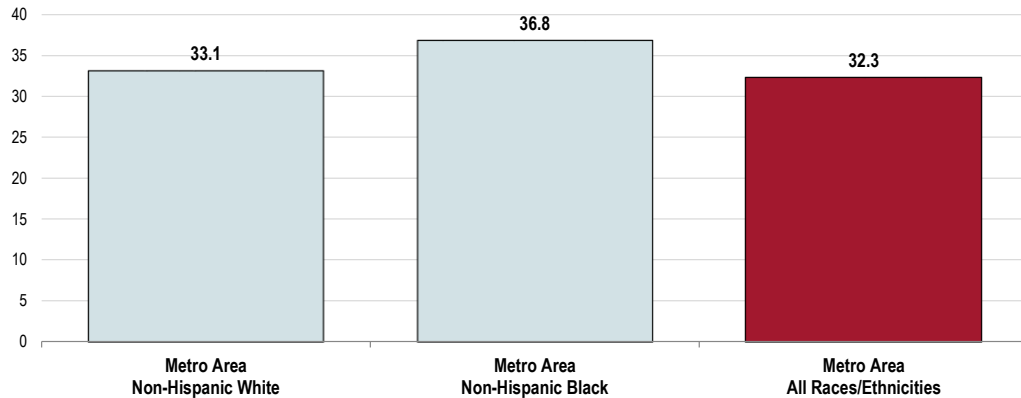
Alzheimer's Disease: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Alzheimer's disease mortality rate is somewhat higher in the Metro Area Black population when compared with Whites.

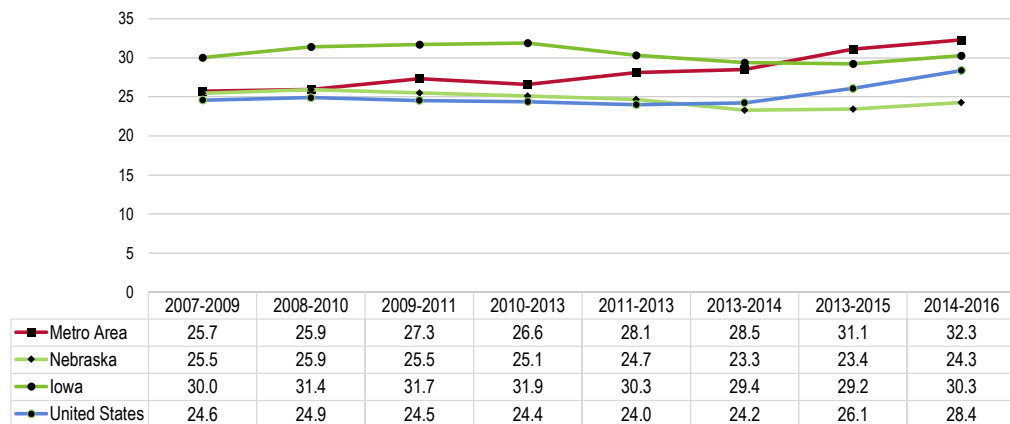
Alzheimer's Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population)



- Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The Alzheimer's disease mortality rate has increased over time in the Metro Area.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



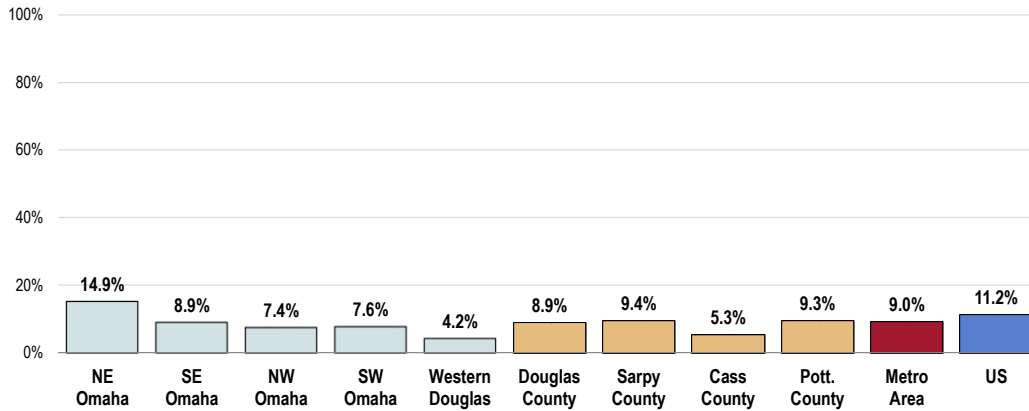
- Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Progressive Confusion/Memory Loss

A total of 9.0% of adults age 45 and older report experiencing confusion or memory loss in the past year that is happening more often or getting worse.

- Comparable to the US prevalence.
- Similar findings by county.
 - Highest in Northeast Omaha; lowest in Western Douglas County.

Experienced Increasing Confusion/Memory Loss in Past Year (Among Respondents Age 45 and Older)

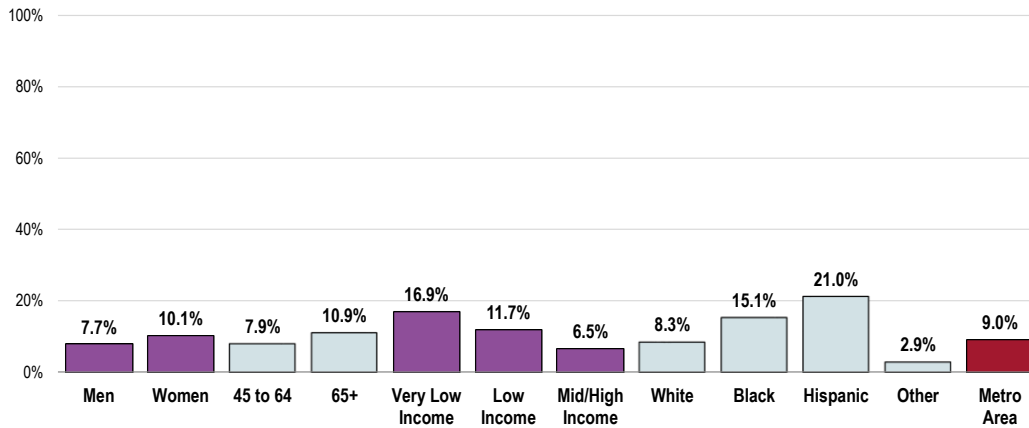


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 342]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents age 45 and older.

A higher prevalence of progressive confusion/memory loss is reported among:

- Women.
- Seniors.
- Low-income residents (negative correlation with income).
- Black residents.
- Hispanics.

Experienced Increasing Confusion/Memory Loss in Past Year (Among Respondents Age 45 and Older; Metro Area, 2018)

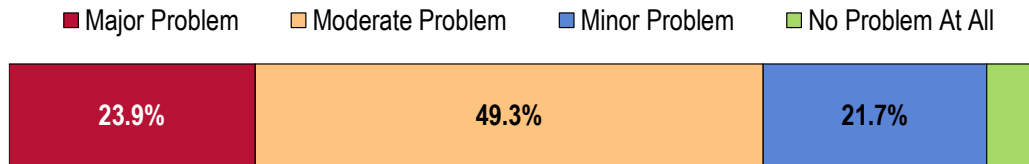


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 342]
 Notes: • Asked of those respondents age 45 and older.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Dementias, Including Alzheimer's Disease

Nearly half of key informants taking part in an online survey consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

Our community is an older one with an increase projected for aging members. We lack sufficient resources for individuals with dementia, Alzheimer's, including adult day programs, trained community support, and support for caregivers. – Business Leader, Pottawattamie County

Because of our aging population and lack of community education on this issue. – Social Services Provider, Douglas County

Aging baby boomers. Anecdotally more families talk about it affecting their loved ones. – Social Services Provider, Douglas County

A lot of elderly are affected with this. – Social Services Provider, Douglas County

As people live longer, the chance of demonstrating this disease grows. Medical treatment is probably as good as it can be but day-to-day help and assistance is very limited. – Social Services Provider, Douglas County
The significant increase in the elderly population and specifically those over 75 years of age. – Social Services Provider, Douglas County
Aging population. – Community Leader, Douglas County

Incidence/Prevalence

I personally know many people who are struggling with either issue. – Social Services Provider, Pottawattamie County
Refer to recent caregiver research by UNMC, UNO, and other national studies on the prevalence of dementia, AD, as well as changes in our life expectancy. – Other Health Provider, Douglas County
More people are being diagnosed at earlier stages of life. – Social Services Provider, Douglas County

Health Disparities

There are very limited resources available for dementia and Alzheimer's care in the Latino community. Latinos are at higher risk than other groups and the number of cases is expected to increase exponentially over the coming years. – Community Leader, Douglas County
Alzheimer's/dementia is a massive undiagnosed problem among marginalized populations. It often kills the caregiver. Existing care, especially for caregivers, is limited to the rich. This area of care when looked into is extremely desperate. – Social Services Provider, Douglas County

Impact on Families/Caregivers

Large burden, few resources for both caregivers and patients. – Business Leader, Douglas County
Lack of residential care and support for caretakers. – Social Services Provider, Douglas County
This disease is emotionally painful for families. Creates caregiving challenges which if families are seeking care, are limited and expensive. – Public Health Representative, Douglas County

Lack of Inpatient Facilities

This is a growing issue, housing is limited and very expensive. – Social Services Provider, Douglas County
The number of dementia/Alzheimer's patients and the lack of beds for such patients in long-term care facilities. – Other Health Provider, Douglas County

Diagnosis/Treatment

There are some many identified cases. – Community Leader, Douglas County
Lack of effective treatment to date. – Social Services Provider, Douglas County

Affordable Care/Services

Because many seniors have limited income and uninvolved or no family members that would allow them to be cared for in home or in a facility that they can afford with caring staff and support. – Social Services Provider, Douglas County

Access to Care/Services

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Environmental Contributors

It must be associated with the environment. – Social Services Provider, Douglas County

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

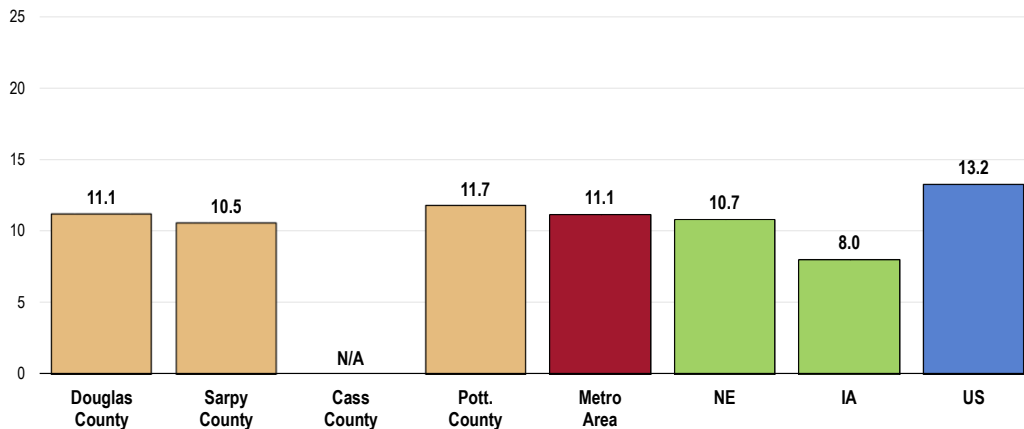
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted kidney disease mortality rate of 11.1 deaths per 100,000 population in the Metro Area.

- Similar to the Nebraska rate, but higher than the Iowa rate.
- Better than the US rate.
- Highest in Pottawattamie County.

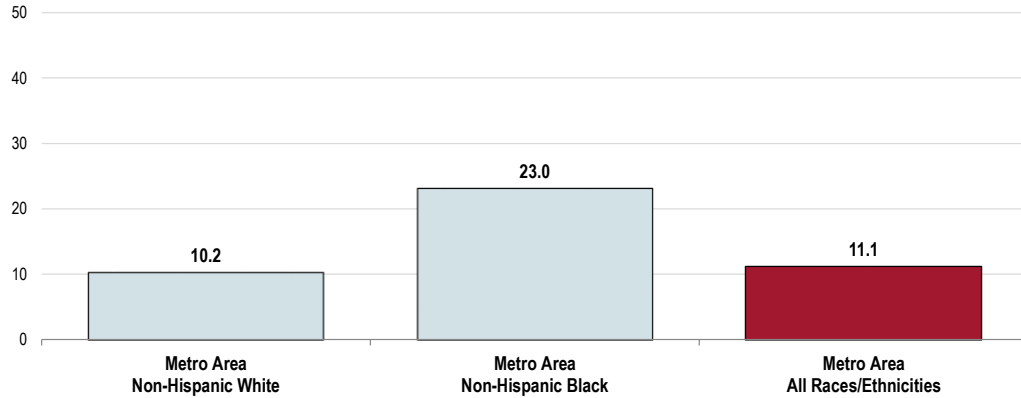
Kidney Disease: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The kidney disease mortality rate in the Metro Area is much higher among Blacks than Whites.

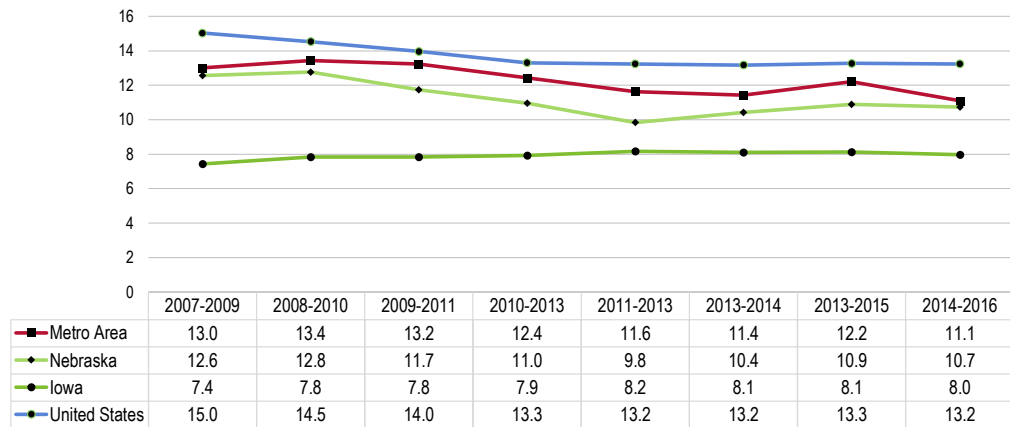
Kidney Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The death rate has decreased over the past decade in the Metro Area, echoing the US and Nebraska trends.

Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

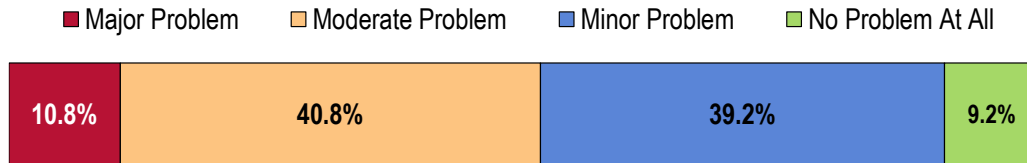


- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - State and national data are simple three-year averages.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a “moderate problem” in the community, followed closely by “minor problem” ratings.

Perceptions of Chronic Kidney Disease as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence of Diabetes

It is a result of the high rate of diabetes in the community. – Community Leader, Douglas County

Secondary to uncontrolled diabetes. – Other Health Provider, Douglas County

Diabetes is a growing problem due to sedentary lifestyles and proper dietary choices. – Community Leader, Douglas County

Incidence/Prevalence

As a first responder, chronic kidney disease is frequently encountered. – First Responder, Douglas County

The sheer number of residents on dialysis. – Other Health Provider, Douglas County

Access to Care/Services

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Alcohol/Drug Use

Substance, alcohol abuse. – Community Leader, Douglas County

Diet/Nutrition

Poor nutrition and diet has led to this in Omaha. – Social Services Provider, Douglas County

Health Awareness/Education

It is poorly understood how many are at risk. The number of diabetics at risk who have chronic kidney disease already and don't know. The number who have it and have not been told by their doctors, the number who mistreat and misunderstand things. – Business Leader, Douglas County

Prevention

Because patients are not getting preventative care like blood pressure checks, screenings for diabetes, and weight management. – Advanced Practice Provider, Douglas County

Potentially Disabling Conditions

Chronic Pain

About Arthritis, Osteoporosis, & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

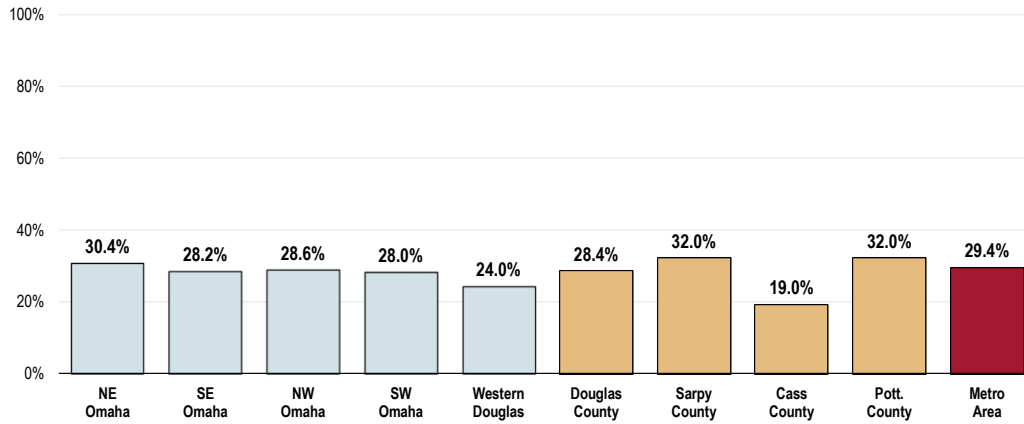
Nearly 3 in 10 Metro Area adults (29.4%) report suffering from some type of chronic pain.

- Favorably lower in Cass County.
 - Similar findings by community within Douglas County.

RELATED ISSUE:

See also *Overall Health Status: Activity Limitations* in the **General Health Status** section of this report.

Prevalence of Chronic Pain (Arthritis, Back Pain, etc.)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 309]
 Notes: • Asked of all respondents.

Arthritis (Douglas County Only)

According to the CDC 2016 BRFSS data for Douglas County, 54.7% of county residents age 65+ have been diagnosed with arthritis (not shown).

Key Informant Input: Arthritis, Osteoporosis, & Chronic Back Conditions

The largest share of key informants taking part in an online survey characterized *Arthritis, Osteoporosis, & Chronic Back Conditions* as a “minor problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

Due to aging community. – Social Services Provider, Douglas County

Elderly may not have mainstream access or may not use electronic communications to stay in touch with new developments. Some are unable to read. – Social Services Provider, Douglas County

Average age of residents and looking at people using assistance for walking or standing. – Community Leader, Douglas County

Incidence/Prevalence

Many have it. – Community Leader, Douglas County

Because there are a lot of people who suffer from this condition in this community, be it genetic, age, or accidents. – Social Services Provider, Douglas County

Access to Care/Services

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Key Informant Input: Vision & Hearing

Just over half of key informants taking part in an online survey characterized *Vision & Hearing* as a “minor problem” in the community.

Perceptions of Hearing and Vision as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Lack of access to medical facilities. – Community Leader, Douglas County

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Lack of access to preventive care. – Social Services Provider, Douglas County

Aging Population

Aging population. – Other Health Provider, Douglas County

Community aging. – Community Leader, Douglas County

Affordable Care/Services

Hearing/vision costs for care are now carved out of many health insurance plans, so they are out of pocket or separate insurance items to purchase. The level of vision and hearing affects quality of life. Many more individuals now having hearing loss. – Public Health Representative, Douglas County

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

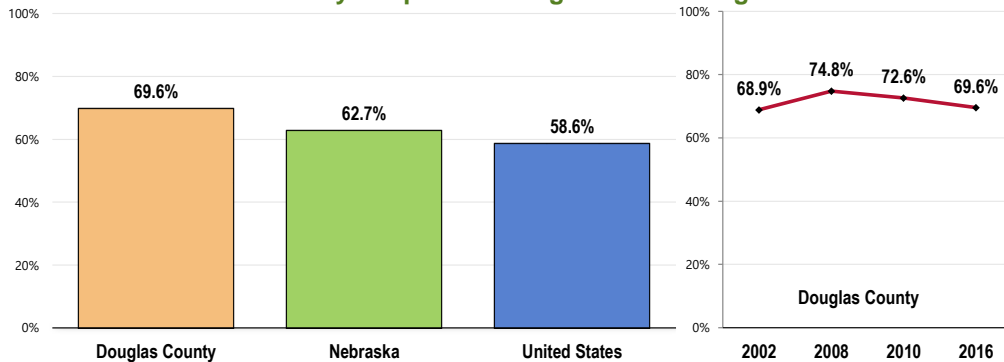
Flu Vaccination (Douglas County Only)

According to the CDC 2016 BRFSS data for Douglas County, 69.6% of county seniors had a flu shot within the past year.

- TREND: Statistically unchanged since 2002.

Have Had a Flu Vaccination in the Past Year (Among Adults 65+, 2016)

Healthy People 2020 Target = 90% or Higher



- Sources:
- 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.7]
- Notes:
- Reflects respondents 65 and older.
 - Includes FluMist as a form of vaccination.

Pneumonia Vaccination (Douglas County Only)

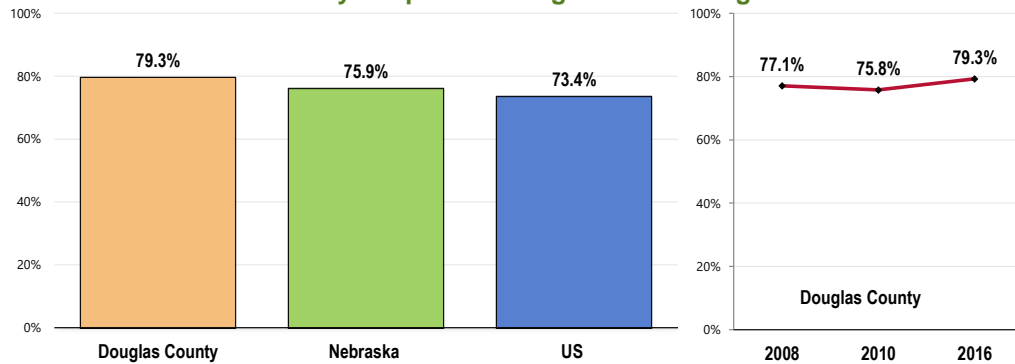
2016 BRFSS data reveal that 79.3% of Douglas County seniors have had a pneumonia vaccine.

- TREND: Statistically unchanged since 2008.

Have Ever Had a Pneumonia Vaccine

(Among Adults 65+, 2016)

Healthy People 2020 Target = 90% or Higher



Sources: • 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County, Douglas County Health Department
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]
 Notes: • Reflects respondents 65 and older.

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

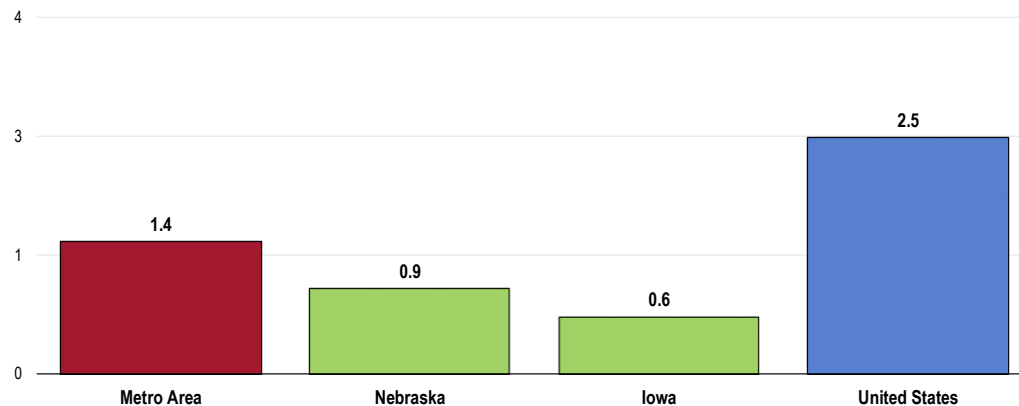
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2007 and 2016, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.4 deaths per 100,000 population in the Metro Area.

- Higher than both of the statewide rates.
- Lower than the rate reported nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality (2007-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 3.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.

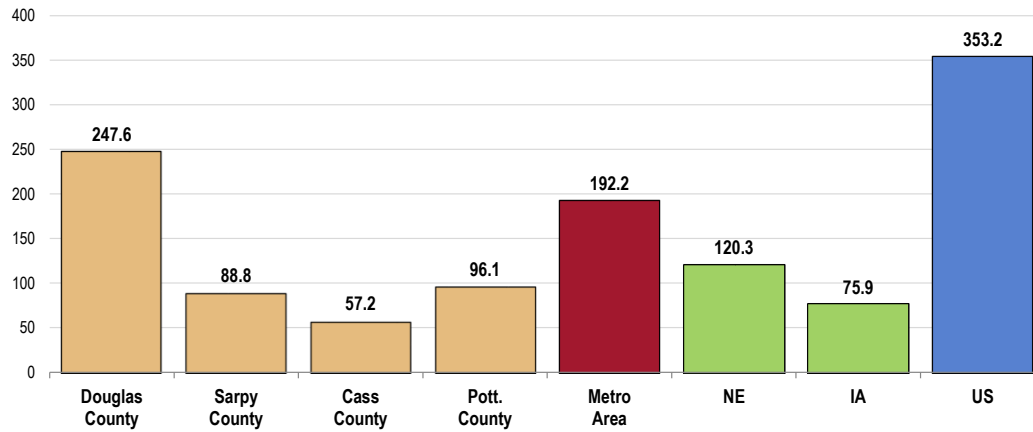
Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

HIV Prevalence

In 2013, there was a prevalence of 192.2 HIV cases per 100,000 population in the Metro Area.

- Worse than both state prevalence rates.
- Better than the national prevalence.
- Considerably higher in Douglas County than in Sarpy, Cass, or Pottawattamie counties.

HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2013)



Sources:

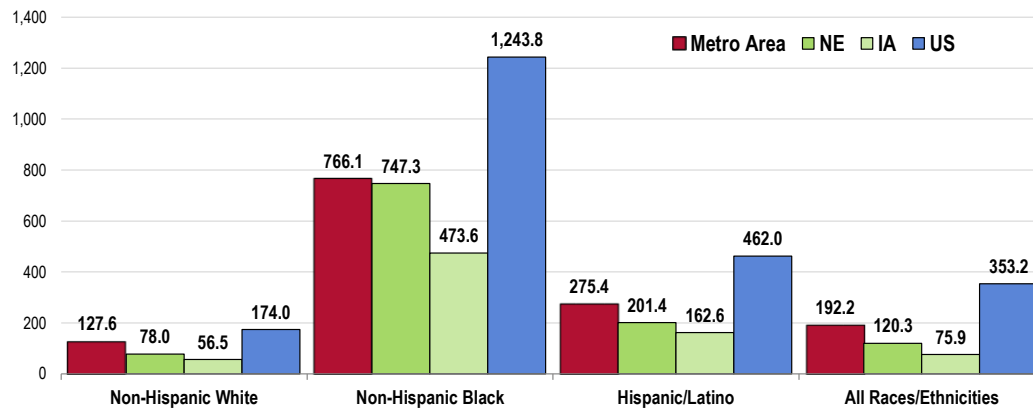
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2013.
- Retrieved March 2018 from Community Commons at <http://www.chna.org>.

 Notes:

- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

- By race and ethnicity, HIV/AIDS prevalence in the Metro Area is particularly high among non-Hispanic Blacks, although to a lesser degree than found nationally.

HIV Prevalence Rate by Race/Ethnicity (Prevalence Rate of HIV per 100,000 Population, 2013)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2013.
- Retrieved March 2018 from Community Commons at <http://www.chna.org>.

 Notes:

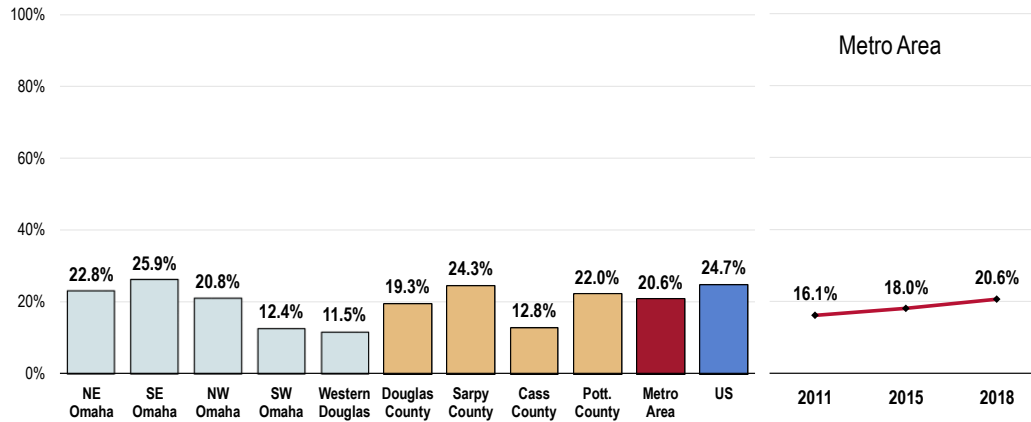
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Testing

Among Metro Area adults age 18-44, 20.6% report that they have been tested for HIV in the past year.

- Comparable to the proportion found nationwide.
- Statistically similar findings by county.
- Lower in the western portion of Douglas County.
- TREND: Testing has increased significantly since 2011 in the Metro Area.

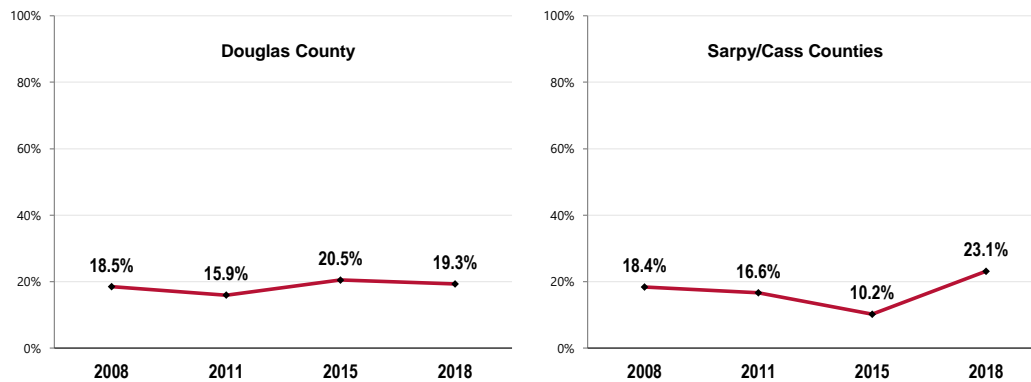
Tested for HIV in the Past Year (Among Adults Age 18-44)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 359]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 18 to 44.

- TREND: Testing has remained fairly stable in Douglas County since first measured in 2008. Testing increased in Sarpy/Cass counties between 2015 and 2018.

Tested for HIV in the Past Year (Among Adults Age 18-44)

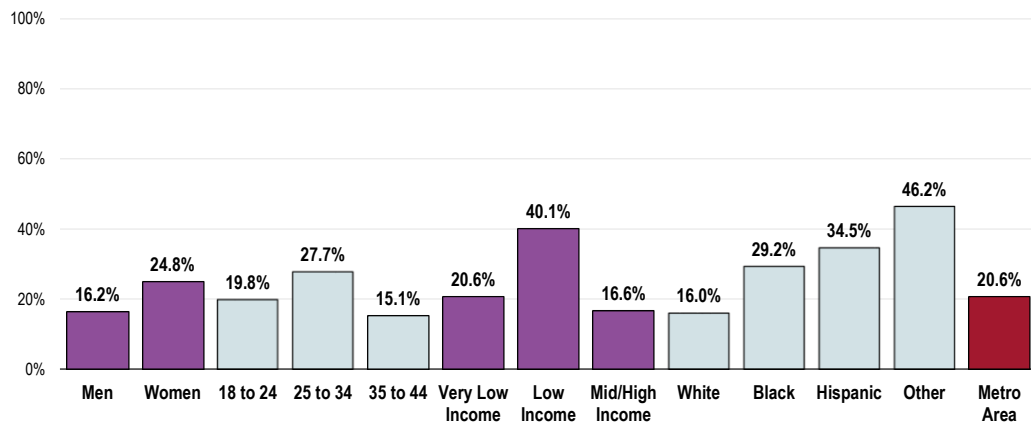


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 359]
 Notes: • Reflects respondents age 18 to 44.

By demographic characteristics, these populations are less likely to have been tested for HIV in the past year:

- Men.
- Adults age 18 to 24.
- Adults age 35 to 44.
- Adults at either end of the income spectrum.
- Whites.

Tested for HIV in the Past Year (Among Adults Age 18-44)

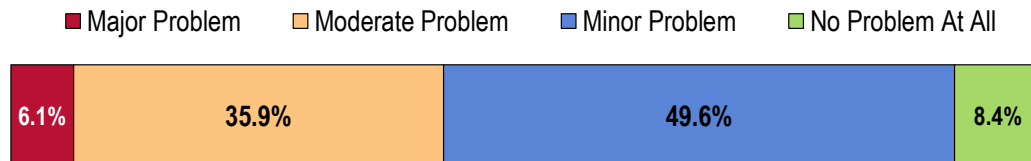


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]
 Notes: • Reflects respondents age 18 to 44.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: HIV/AIDS

Half of key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Until recently there were no screenings or education services in North Omaha that were comprehensive and accessible. – Social Services Provider, Douglas County

Incidence/Prevalence

I read NAP's annual reports and receive updates from this organization, plus the community would rather ignore this issue. – Community Leader, Douglas County

The increase in the number of cases of HIV/AIDS, particularly in the African-American community. – Other Health Provider, Douglas County

Denial/Stigma

Because we do not want to talk about it. – Social Services Provider, Douglas County

Unprotected Sex

Unprotected sexual activity. – Community Leader, Douglas County

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

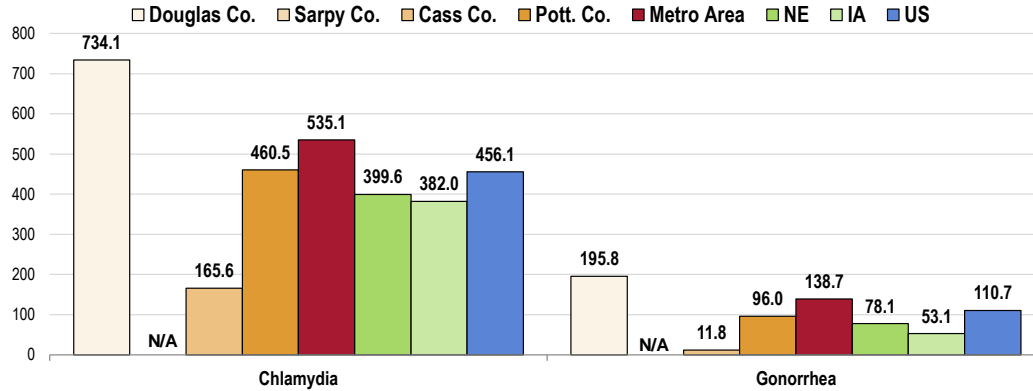
In 2014, the chlamydia incidence rate in the Metro Area was 535.1 cases per 100,000 population.

- Worse than the state and US rates.
- Much higher in Douglas County (especially) and in Pottawattamie County.

The Metro Area gonorrhea incidence rate in 2014 was 138.7 cases per 100,000 population.

- Worse than the state and US rates.
- Much higher in Douglas County (especially) and in Pottawattamie County.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2014)



Sources:

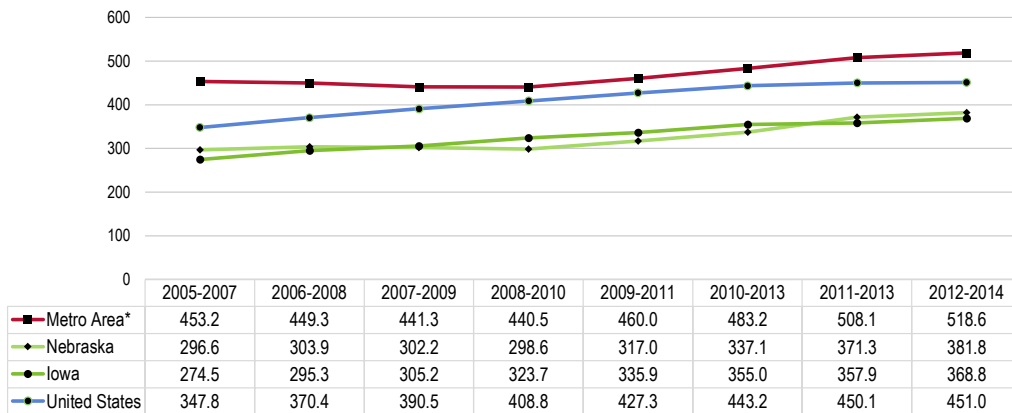
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2014.
- Retrieved March 2018 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
- Data not available for Sarpy County in 2014.

- **TREND:** Note the increasing chlamydia trend over time in the Metro Area, echoing the state and US trends.

Trend in Chlamydia Prevalence (Incidence Rate per 100,000 Population)



Sources:

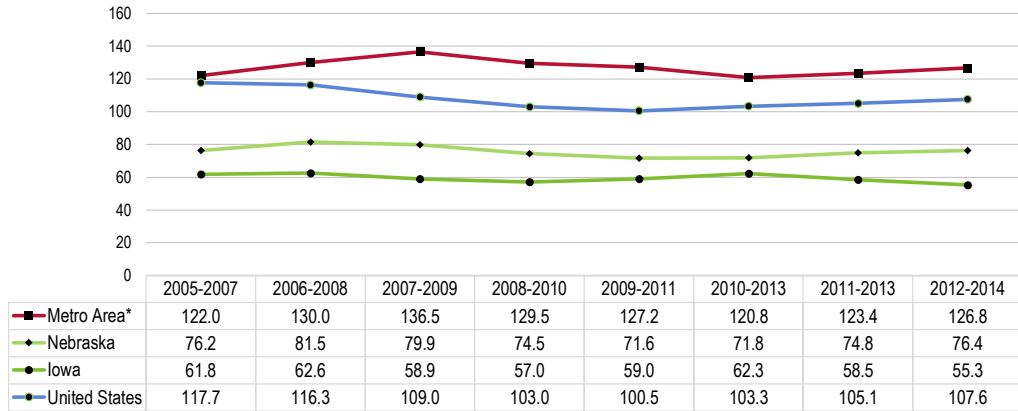
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2014.
- Retrieved March 2018 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
- *Data not available for Sarpy County in 2014.

- TREND: The gonorrhea prevalence trend is less clear.

Trend in Gonorrhea Prevalence (Incidence Rate per 100,000 Population)

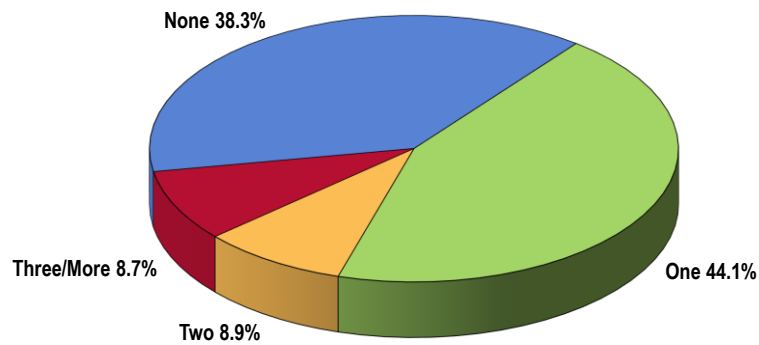


- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2014.
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
 - *Data not available for Sarpy County in 2014.

Safe Sexual Practices

Sexual Partners

Number of Sexual Partners in Past 12 Months (Among Unmarried Adults Age 18-64; Metro Area, 2018)

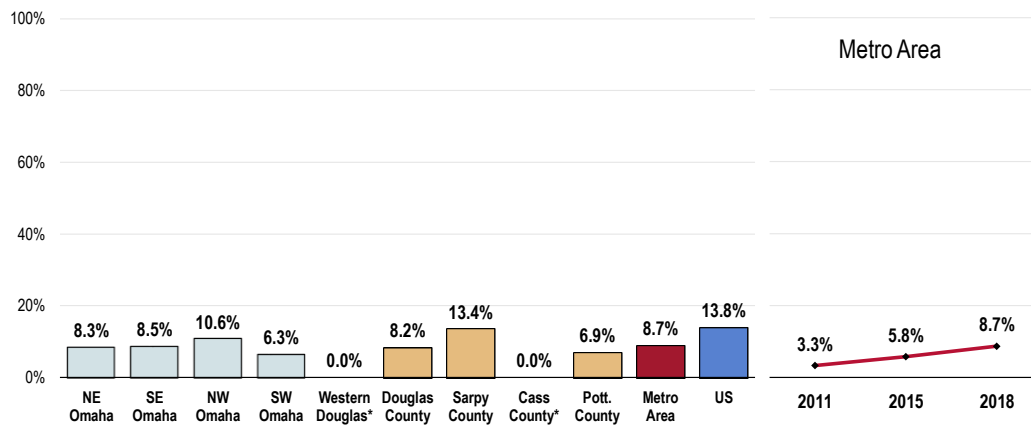


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 329]
- Notes:
- Asked of all unmarried respondents under the age of 65.

Among unmarried Metro Area adults under the age of 65, the majority cites having one (44.1%) or no (38.3%) sexual partners in the past 12 months. However, 8.7% report three or more sexual partners in the past year.

- Lower than that reported nationally.
- Keep in mind the small sample sizes in Western Douglas County and Cass County when evaluating percentage responses.
- TREND: Denotes a statistically significant increase over time in the Metro Area.

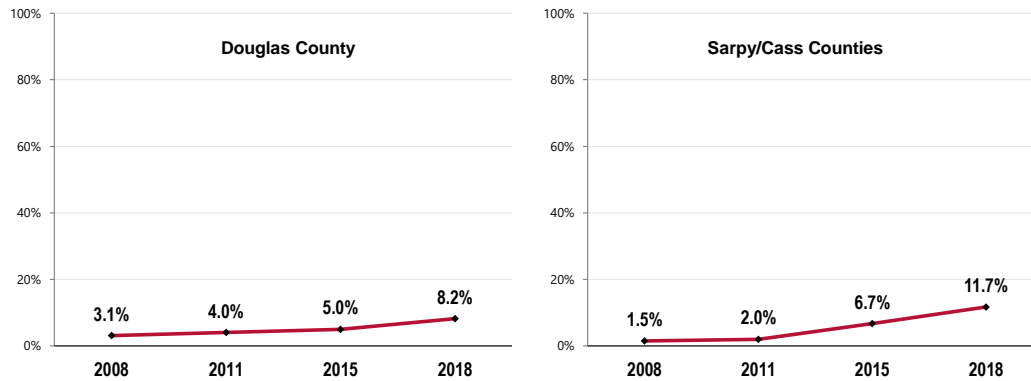
Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 329]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all unmarried respondents under the age of 65.
 • *Use caution when interpreting these percentage results as the sample size falls below 50.

- TREND: Note the statistically significant increases over time in Douglas County and Sarpy/Cass counties combined.

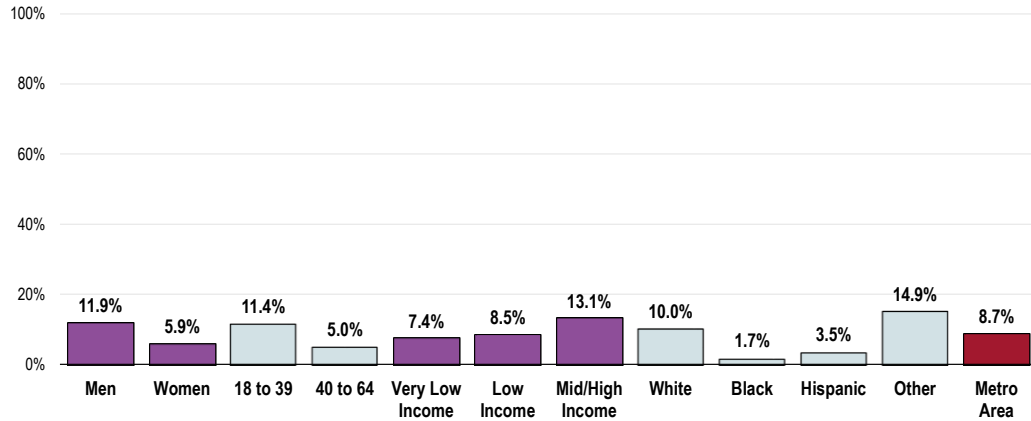
Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 329]
 Notes: • Asked of all unmarried respondents under the age of 65.

- Those who are more likely to report 3+ sexual partners include men, those under 40, upper-income residents, Whites, and “Other” races.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64; Metro Area, 2018)



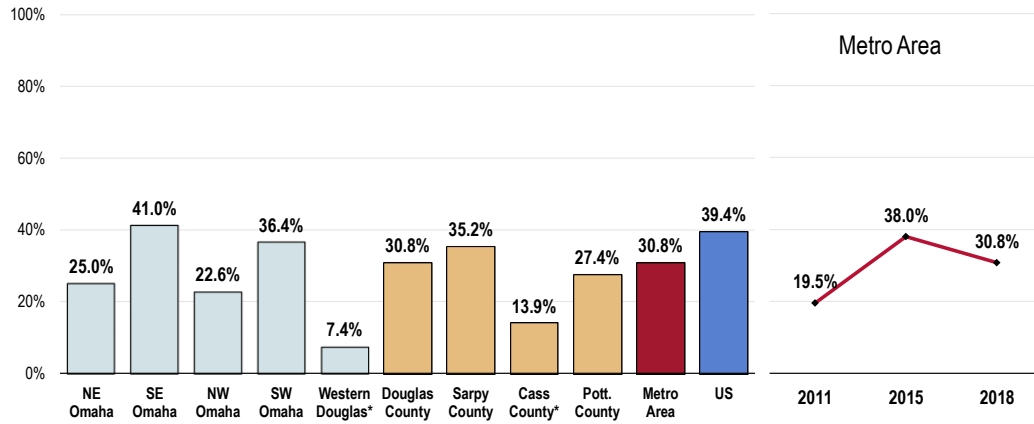
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 329]
 Notes: • Asked of all unmarried respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Condoms

A total of 30.8% of unmarried Metro Area adults age 18 to 64 report that a condom was used during their last sexual intercourse.

- Lower than that reported nationally.
- The Cass County prevalence is comparatively low; however, note that the Cass County sample here is rather small.
 - Within Douglas County, response is markedly lower in Western Douglas (however, Western Douglas has a rather small sample size for this question).
- TREND: The 2018 prevalence marks a significant increase from 2011 survey results, although below what was found in 2015.

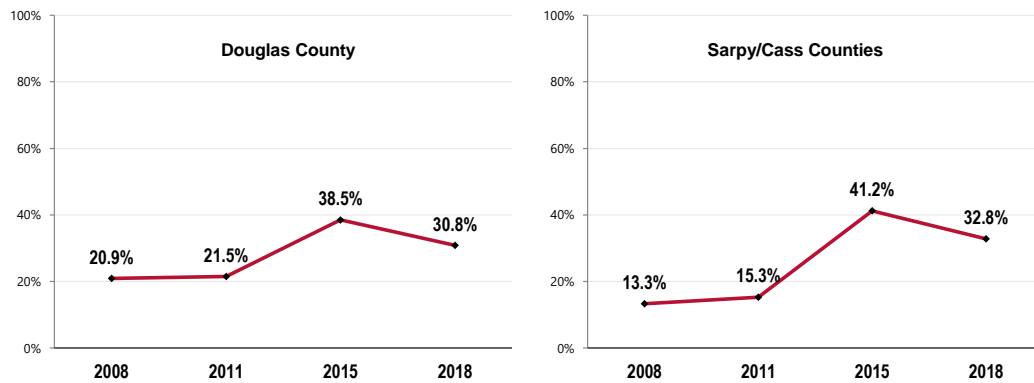
Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 330]
 ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all unmarried respondents under the age of 65.
 ● *Use caution when interpreting these percentage results as the sample size falls below 50.

- **TREND:** Condom use has increased significantly in Douglas County as well as the combined Sarpy/Cass counties.

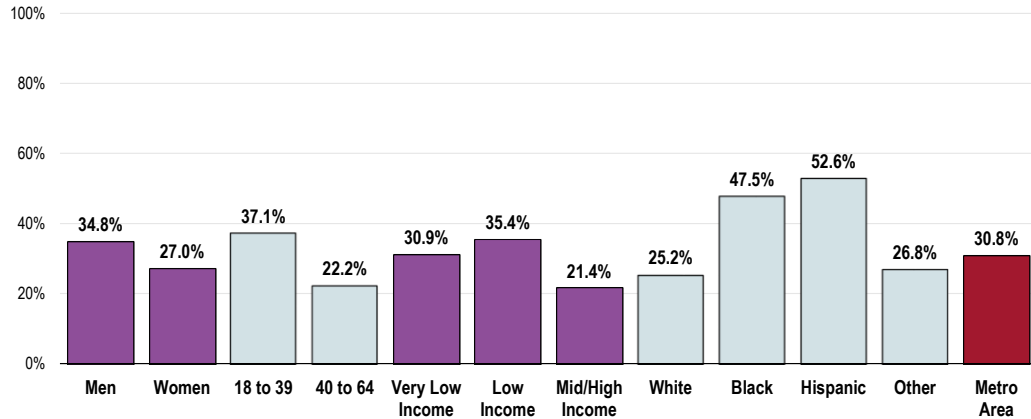
Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 330]
 Notes: ● Asked of all unmarried respondents under the age of 65.

- Adults less likely to report condom use include women, those age 40 to 64, those in the highest income breakout, Whites, and “Other” races.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64; Metro Area, 2018)

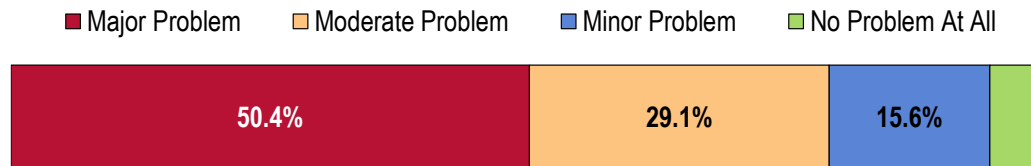


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 330]
 Notes: • Asked of all unmarried respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Sexually Transmitted Diseases

Half of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “major problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- Douglas County again remains above national averages that are impacting all young people across the county. – Other Health Provider, Douglas County
- We have some of the highest STD rates in the nation. – Other Health Provider, Douglas County

High rates of STDs throughout the city. Although I think the folks in West Omaha don't think they have an issue, and much of the attention has been placed on North and South Omaha. – Social Services Provider, Douglas County

I believe Douglas County has one of the highest STD rates in the country. – Physician, Douglas County

We know that we have higher rates of certain STDs over much of the country. – Social Services Provider, Douglas County

High incidence in Douglas County. – Other Health Provider, Douglas County

STD rates are at an all-time high in Douglas County. – Public Health Representative, Douglas County

The numbers are staggering. – Social Services Provider, Douglas County

STI, the CDC has declared STI/STDs as an epidemic in Douglas County. I am not aware that dis-designation has changed. – Social Services Provider, Douglas County

Numbers of infections are on the rise. Population affected has broadened with evolution of sexual habits, behaviors. People still don't talk about problems when they arise and seek diagnosis and treatment. Education of health care providers. – Public Health Representative, Pottawattamie County

Pottawattamie county is one of the highest in the state for STDs. The free clinic in Council Bluffs is the only one of its kind going to Sioux City and Polk County. Many people don't have insurance so the free clinic is their only option. – Public Health Representative, Pottawattamie County

Continue to have high rates of STIs reported, particularly in Douglas County. I am hopeful, however, that with increased attention and funding we will begin to see a change. I think right now there is just more awareness being created on the issue. – Community Leader, Douglas County

Still a phenomenon but increased testing seems to be helping us get our arms better around this issue. – Community Leader, Douglas County

The data demonstrates a high incidence. – Social Services Provider, Douglas County

Data. – Public Health Representative, Douglas County

The metro area has certain STDs that are contracted at higher rates. Additional prevention efforts, interventions, and access to treatment across the entire city is needed. – Social Services Provider, Pottawattamie County

STDs high for low income community. – Community Leader, Douglas County

Due to local public health statistics. – Social Services Provider, Douglas County

We have one of the highest rates of STDs in the entire country. – Community Leader, Douglas County

Based on incidence reported by the Douglas County Health Department. – Social Services Provider, Douglas County

Douglas County's notoriety as one of the leading counties for STI, STD transmission. In at least one or two diseases, is it any wonder that Pottawattamie County struggles with this issue as well. – Business Leader, Pottawattamie County

High rates of STDs for the past two decades. – Social Services Provider, Douglas County

We have very high rates. – Social Services Provider, Pottawattamie County

High rate of sexual activity and promiscuity. – Community Leader, Douglas County

High Rate of STDs. – Business Leader, Pottawattamie County

With one of the highest adolescent STD rates in the country, we cannot ignore this issue. – Social Services Provider, Douglas County

Based on statistics for STDs in this county compared to others. – Social Services Provider, Douglas County

One of the highest in the nation. – Community Leader, Douglas County

STDs can have long-term effects on health and well-being. Stigmas, embarrassed to seek services, "couldn't happen to me" mindset. – Social Services Provider, Douglas County

As it is commonly known, there are high rates of STDs in Douglas County. Great strides have been made and this needs to continue. – Other Health Provider, Douglas County

Incidence of Chlamydia/Gonorrhea

Country's biggest area for chlamydia. – Other Health Provider, Pottawattamie County

We in Douglas County have an epidemic of gonorrhea and chlamydia. – Public Health Representative, Douglas County

This community out paces the national average with chlamydia and gonorrhea. – Social Services Provider,

Douglas County

Very high rate of chlamydia in Northeast Omaha. – Social Services Provider, Douglas County

Epidemic of chlamydia and gonorrhea. – Community Leader, Douglas County

One of highest rates of chlamydia/gonorrhea in the country. – Social Services Provider, Douglas County

Health Awareness/Education

I wish I could answer this question. There has been a lot of focus on STDs in our community, but the intended impact doesn't ever seem to be realized. – Social Services Provider, Douglas County

Lack of education. – Social Services Provider, Douglas County

Lack of education in all school systems. Denial that this is a huge problem in Omaha. – Social Services Provider, Douglas County

Lack of appropriate sexual health education. Stigma to receive testing. Culturally competent care. – Community Leader, Douglas County

Lack of health education. – Social Services Provider, Douglas County

Contributing Factors

Increased use of technology and social media for sexual partners. Use of apps such as Tinder, Grinder, Bumble, Plenty of Fish, lack of early and often comprehensive sex education in the schools. Lack of policy development around sexual health education. – Advanced Practice Provider, Douglas County

Access to Care/Services

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Immunization Rates

Expectant mothers and mothers of infants do not immunize their children. – Community Leader, Douglas County

Immunization rates are not meeting Healthy People 2020 objectives. – Public Health Representative, Douglas County

Access to Care/Services

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Health Awareness/Education

Parent's lack of facts. – Community Leader, Douglas County

Poverty

Economic oppression. – Social Services Provider, Douglas County

Births



Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

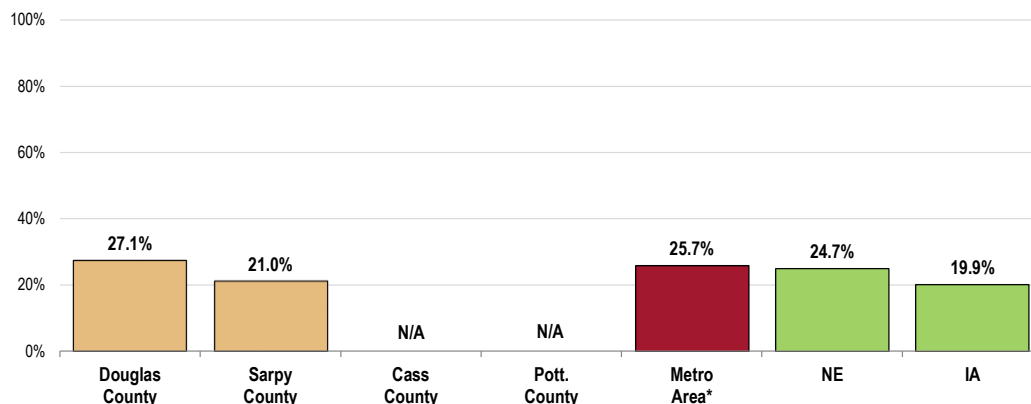
Between 2014 and 2016, 25.7% of all Metro Area births did not receive prenatal care in the first trimester of pregnancy.

- Similar to the Nebraska proportion, but higher than the Iowa proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Highest in Douglas County (data not available for Cass or Pottawattamie counties).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2014-2016)

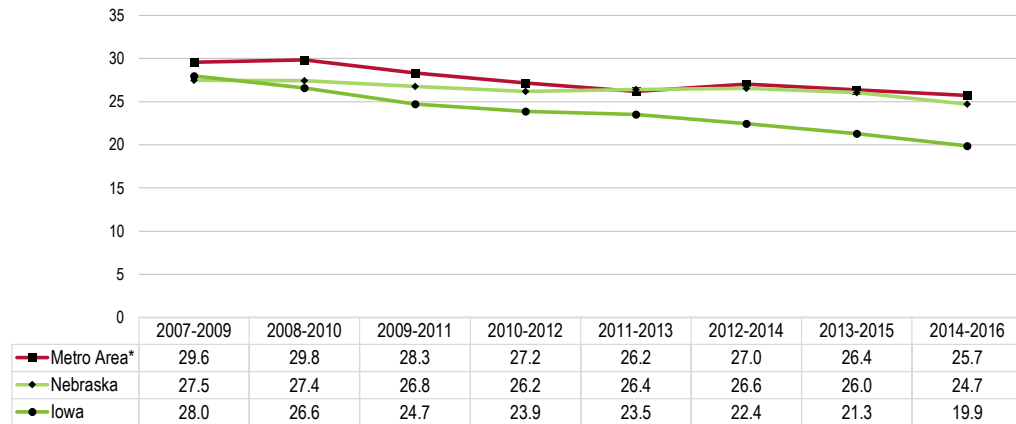
Healthy People 2020 Target = 22.1% or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2014-16. Accessed using CDC WONDER.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
- Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.
 - *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

- TREND: Lack of prenatal care has decreased over time in the Metro Area, echoing the decreasing trends in Nebraska and Iowa.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births) Healthy People 2020 Target = 22.1% or Lower



- Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed using CDC Wonder.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
 - *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.
- Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.
 - *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

Birth Outcomes & Risks

Low-Weight Births

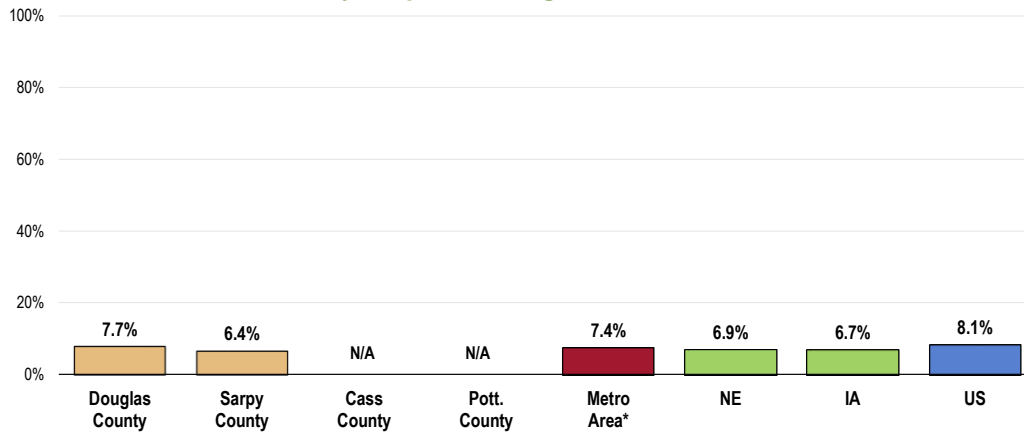
A total of 7.4 % of 2014-2016 Metro Area births were low-weight.

- Worse than the state proportions.
- Better than the US proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- Higher in Douglas County (data not available for Cass or Pottawattamie counties).

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2014-2016)
Healthy People 2020 Target = 7.8% or Lower

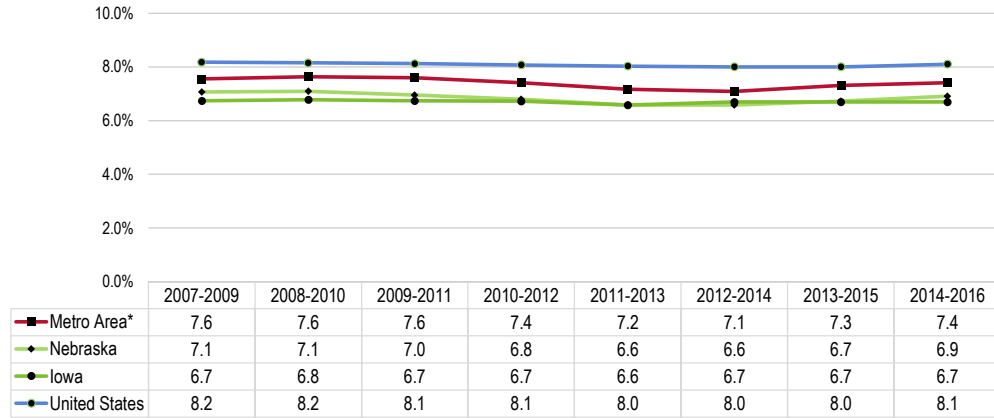


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2014-16. Accessed using CDC WONDER.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
- Note:
- This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low -birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
 - *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

- **TREND:** The prevalence of low-weight births has remained stable over the past decade.

Low-Weight Births (Percent of Live Births)

Healthy People 2020 Target = 7.8% or Lower



- Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed using CDC Wonder.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
- Note:
- This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low-birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
 - *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

Infant Mortality

Between 2014 and 2016, there was an annual average of 6.2 infant deaths per 1,000 live births.

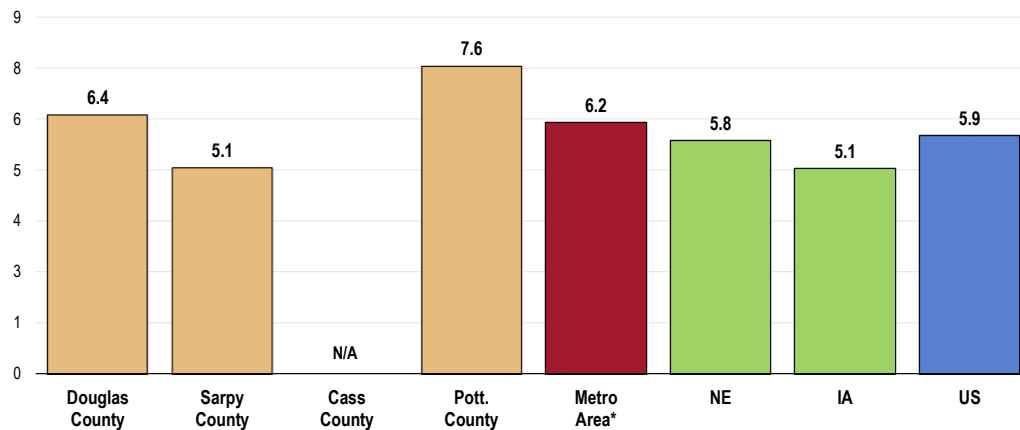
- Less favorable than the Nebraska and Iowa rates.
- Comparable to the national rate.
- Similar to the Healthy People 2020 target of 6.0 per 1,000 live births or lower.
- Highest in Pottawattamie County.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)

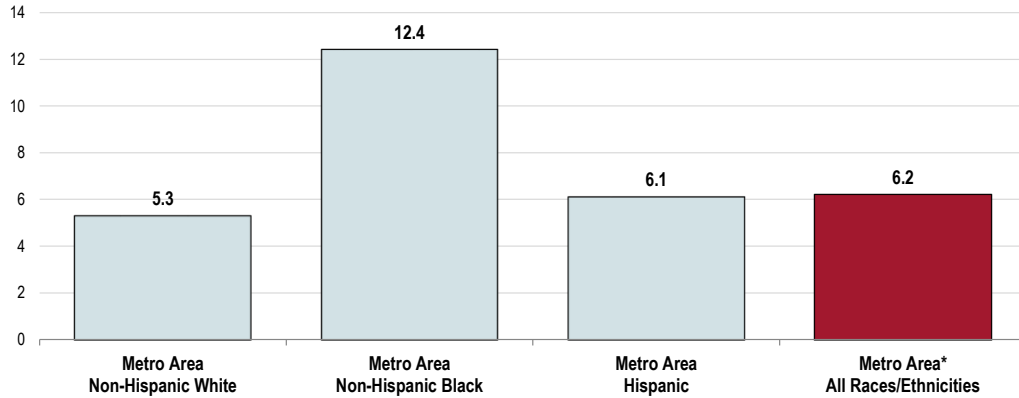
Healthy People 2020 Target = 6.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2014-16. Accessed using CDC WONDER.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
 - *Does not include Cass County, for which birth counts were too low for calculations.

- The infant mortality rate is considerably high among births to Non-Hispanic Black mothers.

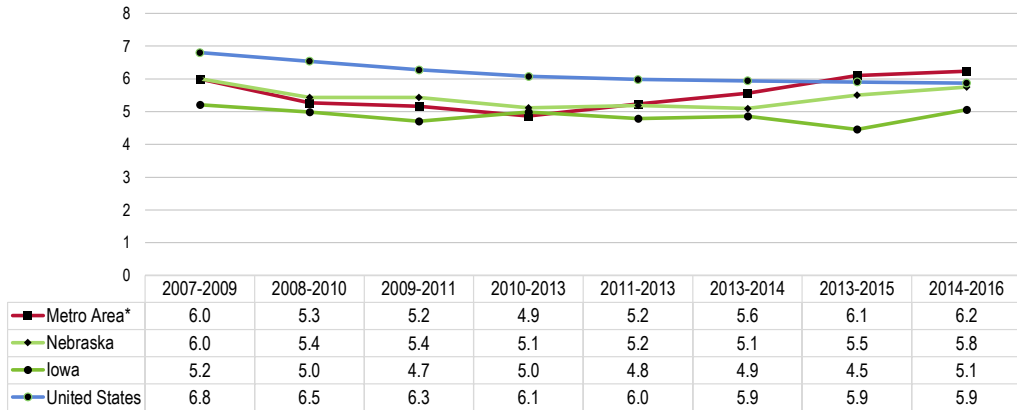
Infant Mortality by Race/Ethnicity (Annual Average Infant Deaths per 1,000 Live Births, 2014-2016) Healthy People 2020 Target = 6.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2014-16. Accessed using CDC WONDER.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
 - *Does not include Cass County, for which birth counts were too low for calculations.

- TREND: In recent years in the Metro Area, the infant mortality rate has trended upward (rates do not include Cass County, for which birth counts were too low for inclusion).

Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2020 Target = 6.0 or Lower

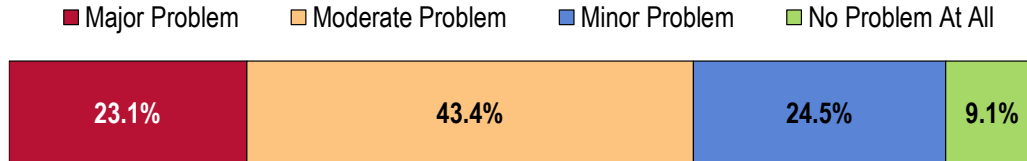


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - Centers for Disease Control and Prevention, National Center for Health Statistics.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
 - *Does not include Cass County, for which birth counts were too low for calculations.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Lack of access and economic misdistribution of resources. – Social Services Provider, Douglas County*
- Lack of care in North Omaha. – Social Services Provider, Douglas County*
- Keeping kids healthy is key to prevention and early intervention is critical. Access to services continues to be a challenge and we continue to see some disparities particularly in infant mortality. – Other Health Provider, Douglas County*
- Lack of access to quality health care. Transportation limitations. – Community Leader, Douglas County*
- Nebraska failed to expand Medicaid. Access to health care for low income mothers and children is affected. – Community Leader, Douglas County*
- Funding and providers who will serve low income population. Often for the underinsured, working poor it is availability of convenient times to seek treatment. Lower income people do not have the job flex time often to take children to doctors. – Social Services Provider, Douglas County*
- It is tied to high occurrence poverty areas. Food, transportation, co-pay, appointment convenience for weekend and evening. – Social Services Provider, Douglas County*
- Young children are being diagnosed at an alarming rate with ADHD and other childhood attention disorders. Many in the rural areas are not receiving the dental or mental health services they need. At least that has been my experience. – Business Leader, Pottawattamie County*

Infant Mortality

- Percent of children who die in the first year, especially low income parents, is too high. – Community Leader, Douglas County*
- We still have a high maternal death rate here in Omaha, especially for black women. – Social Services Provider, Douglas County*
- Infant mortality overall is on average, however, health disparities especially between African American and whites is pronounced. – Public Health Representative, Douglas County*
- Infant mortality rates. – Public Health Representative, Douglas County*
- Infant mortality in North Omaha, high rates, stark disparity. – Social Services Provider, Douglas County*

Lack of Prenatal Care

- Lack of prenatal care and CHIP reduction. – Community Leader, Douglas County*
- Children who don't receive care from before birth and through their childhood are even more susceptible to*

future health needs. They also don't establish a healthcare home which can set the trajectory of getting regular check-ups into adulthood. – Community Leader, Douglas County

Lack of prenatal planning, parental lack of knowledge. – Community Leader, Douglas County

Lifestyle

Mostly related to diet, nutrition or lack thereof, sugary drinks, sedentary lifestyles, poor sleep because of addition to screens. These detrimental habits are being ingrained in children which leads to poor health outcomes throughout their life. – Social Services Provider, Douglas County

We have world class health systems in Omaha, we have disparities within neighborhoods. We also have a weight issue in our youth. As screens and other sedentary activities become more prevalent, we must work to make physical activity and health. – Social Services Provider, Douglas County

Prevention

Not investing in preventative interventions and services, but rather still focusing on acute care when folks are identified as being ill. – Public Health Representative, Douglas County

Low social economic status of population leads to a death of parenting skills. Addressing health problems at an early age can lessen the future health needs as children mature. – Community Leader, Pottawattamie County

Health Awareness/Education

Lack of education and availability of services. – Other Health Provider, Pottawattamie County

Lack of information, resources and access to health care for prenatal, infant and children can have long-term implications for healthy outcomes. – Social Services Provider, Douglas County

Diet/Nutrition

Access to fresh produce. Access to school meals. This leads to the majority of chronic health issues along with decreased abilities to learn and graduate. – Social Services Provider, Douglas County

Elevated Blood Lead Levels

The number of children with elevated blood lead levels and the increasing number of children with asthma. – Other Health Provider, Douglas County

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

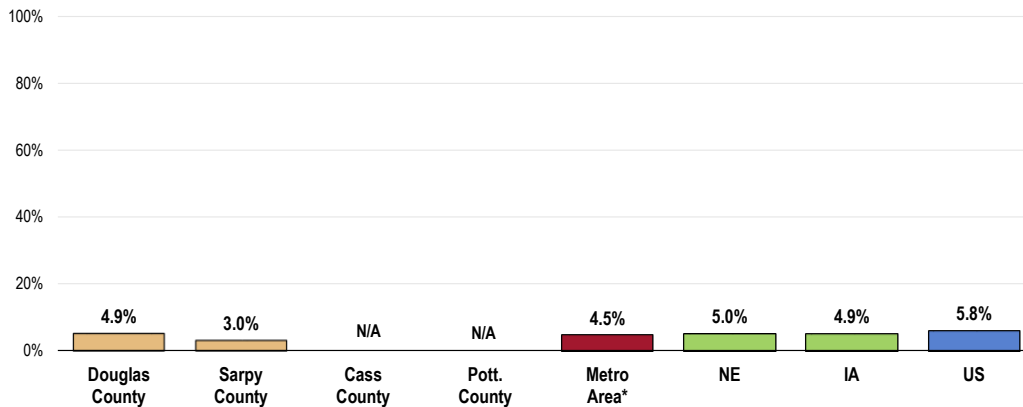
- Healthy People 2020 (www.healthypeople.gov)

Between 2014 and 2016, 4.5% of births to Metro Area females under 20 were to teens under the age of 20.

- Better than the state and US percentages.
- Higher in Douglas County (percentages not available for Cass or Pottawattamie counties).

Births to Teen Mothers (Under 20)

(Births to Women Under 20 as a Percentage of Live Births, 2014-2016)

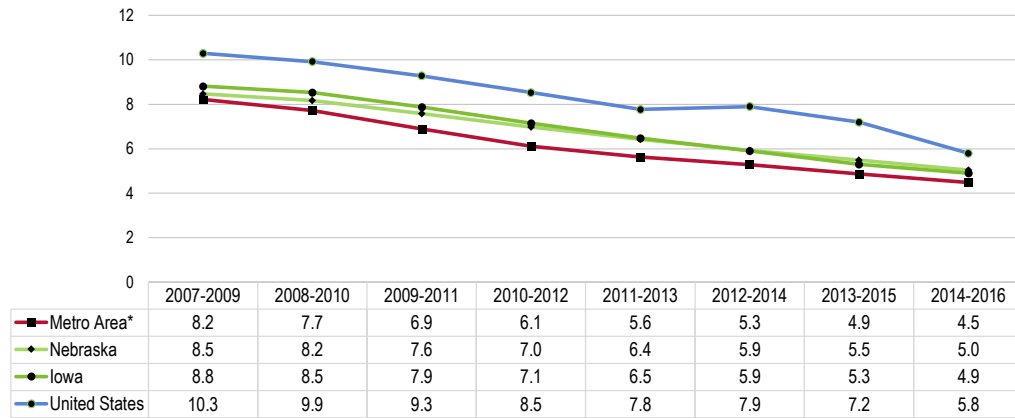


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

Note: • Numbers are a percentage of all live births within each population.
 • *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

- **TREND:** Teen births have decreased steadily over the past decade.

Teen Birth Trends (Births to Women Under Age 20 as a Percentage of Life Births)

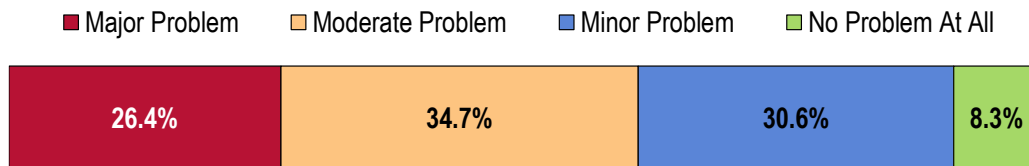


Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
 Notes: ● This indicator reports the rate of total births to women under the age of 20 per 1,000 female population under 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
 ● *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “moderate problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2018)



Sources: ● PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- According to the people we serve they feel they have had no one to talk to about this. – Social Services Provider, Douglas County
- Lack of access to LARC, long acting birth control, to reduce teen pregnancies. Very effective in CO. Lack of education in the school systems. Still unplanned pregnancies in our community. – Social Services Provider, Douglas County
- Planned Parenthood only open two days a week and patients need to show proof of income. The Free STD clinic only has one person working the clinic so it is often closed due to other job requirements. There is not enough education in the public schools. – Public Health Representative, Pottawattamie County
- People need access to family planning services including access and availability to contraceptives. – Other Health Provider, Douglas County

Lack of services in the community. – Social Services Provider, Douglas County

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

No access to family planning for all neighborhoods. Plus we have backwards religions that oppress women and use fertility to control. – Community Leader, Douglas County

We recently experienced some de-funding of Planned Parenthood, which was a resource in our community. We have problems with teen pregnancy, young parents and sexually transmitted infections. – Social Services Provider, Pottawattamie County

Teen Pregnancies

Inordinate amount of teen pregnancy, with need for prenatal care. – Community Leader, Pottawattamie County

Teens, young adults are having unplanned pregnancies without the financial means to care for the children. They have to rely on state assistance and Medicare, state child care assistance. Many of these woman do not seek prenatal care. – Business Leader, Pottawattamie County

Rate of unwed, teen parents in the Latino community is astounding and a cultural norm. The negative effects are related to unplanned births is lower educational attainment and life opportunities. Grandparents with significant parenting responsibilities. – Social Services Provider, Douglas County

Clues continue to seep out. Things such as teenage pregnancies with no prenatal care, hidden pregnancies with babies being terminated, abortions. – Social Services Provider, Douglas County

Family planning is important particularly for young people. Teen pregnancies and unplanned pregnancies could be reduced through appropriate information, contraceptives, condoms, and behavioral strategies, which would impact health and well-being. – Community Leader, Douglas County

Teen and unwed mothers. – Community Leader, Douglas County

We have seen progress in particular in teen pregnancy and need to continue efforts. With programs like Planned Parenthood at risk due to political climate, it will be particularly challenging to help families and individuals avoid unplanned pregnancies. – Other Health Provider, Douglas County

Health Awareness/Education

Access to information may be limited or biased. Children raising children is a challenging situation for all involved. – Social Services Provider, Douglas County

Comprehensive sex education lacking. – Community Leader, Douglas County

Creighton needs to offer more comprehensive services for staff, faculty and students. Also there needs to be options for the school-based health centers as well. – Social Services Provider, Douglas County

Sexual health curriculum still woefully outdated in many schools. Lack of strong connectivity for teens on services and resources to prevent unplanned pregnancies. – Community Leader, Douglas County

Affordable Care/Services

In the last 10 years, the availability of affordable family planning services has continued to decrease and the stigma has continued to increase. – Social Services Provider, Douglas County

There are no free or low cost options for family planning in Sarpy County. – Social Services Provider, Sarpy County

Poverty

Majority of families living in poverty in Douglas County are single mothers and of those moms, the percent of WIC or government assistance coverage is high. Access to long acting, reversible contraceptives and other tools is a barrier. – Other Health Provider, Douglas County

Unplanned Pregnancies

The growing number of unintended pregnancies resulting from the lack of access to affordable family planning services and products. – Other Health Provider, Douglas County

Denial/Stigma

Because we do not want to talk about it. – Social Services Provider, Douglas County

Incidence of STDs

High rate of STDs in Pottawattamie County. – Business Leader, Pottawattamie County

Modifiable Health Risks



Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

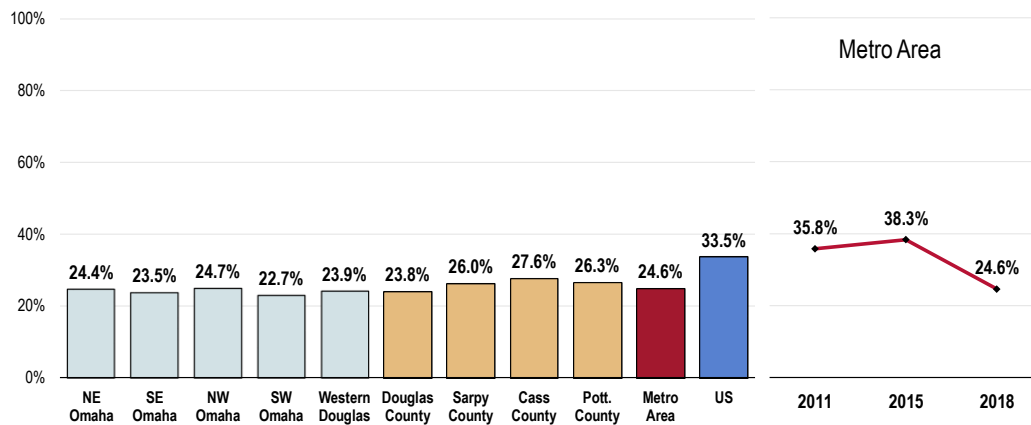
Daily Recommendation of Fruits/Vegetables

A total of 24.6% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Less favorable than national findings.
- Similar findings by county.
 - Similar findings by community within Douglas County.
- TREND: Fruit/vegetable consumption has decreased significantly from previous survey findings.

Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]

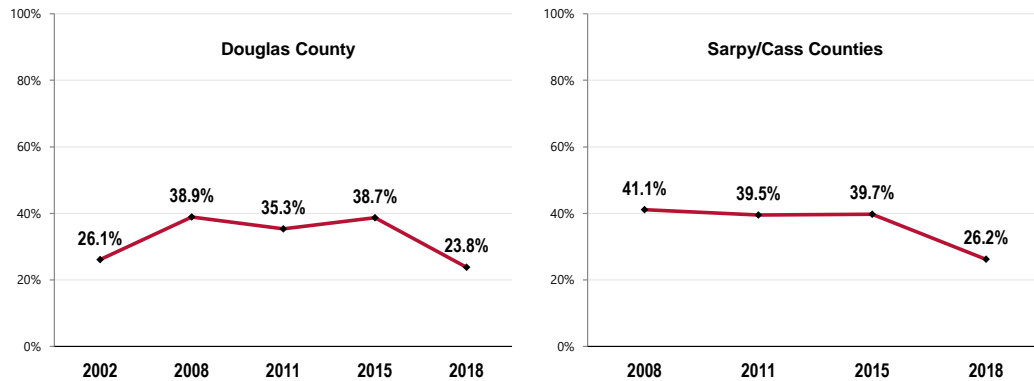
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• For this issue, respondents were asked to recall their food intake on the previous day.

- TREND: Fruit/vegetable consumption in Douglas County is similar to baseline 2002 findings, but lower than found in other survey years. Note as well the statistically significant decrease in Sarpy/Cass counties from previous survey results.

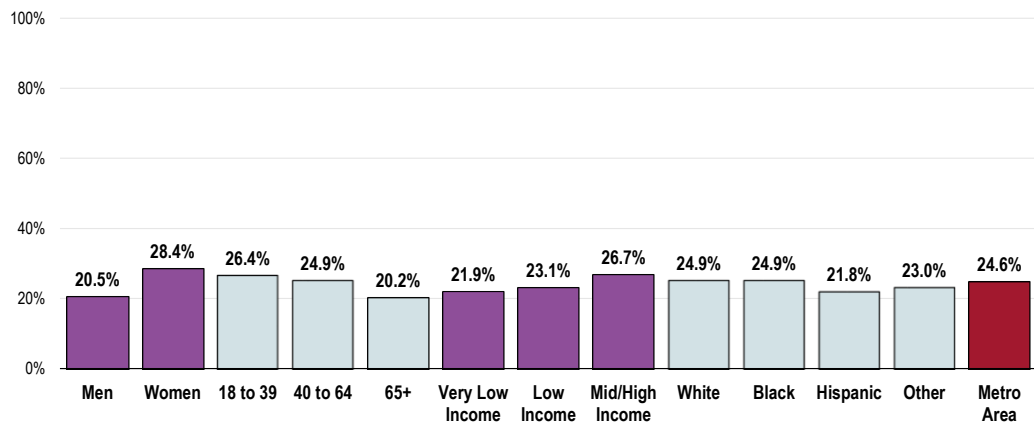
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]
 Notes: • Asked of all respondents.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are older residents and low-income adults.

Consume Five or More Servings of Fruits/Vegetables Per Day (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 Notes: • Asked of all respondents; respondents were asked to recall their food intake on the previous day.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

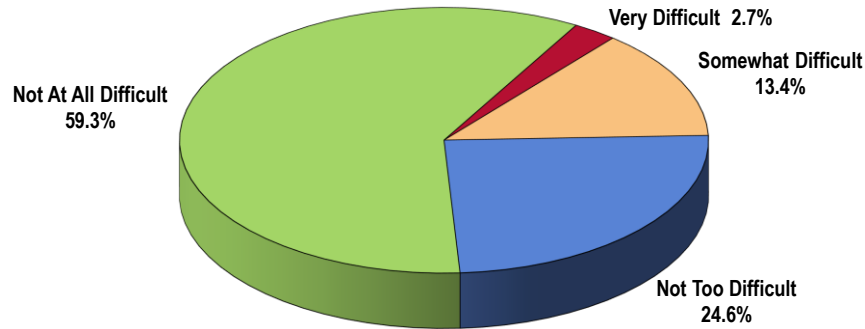
Access to Fresh Produce

While most report little or no difficulty, 16.1% of Metro Area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

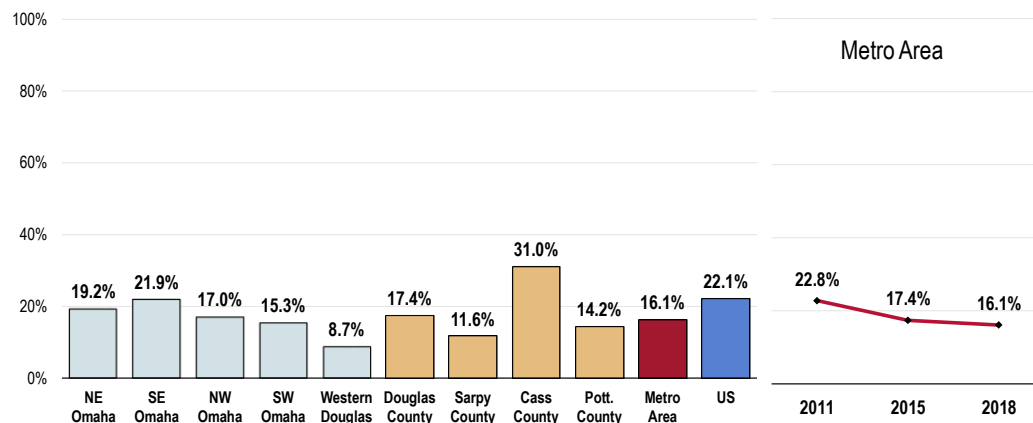
Level of Difficulty Finding Fresh Produce at an Affordable Price (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all respondents.

- More favorable than national findings.
- Higher in Douglas County, and especially in Cass County.
 - Within Douglas County, unfavorably high in Southeast Omaha.
- TREND: Note the statistically significant improvement from 2011 survey findings.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

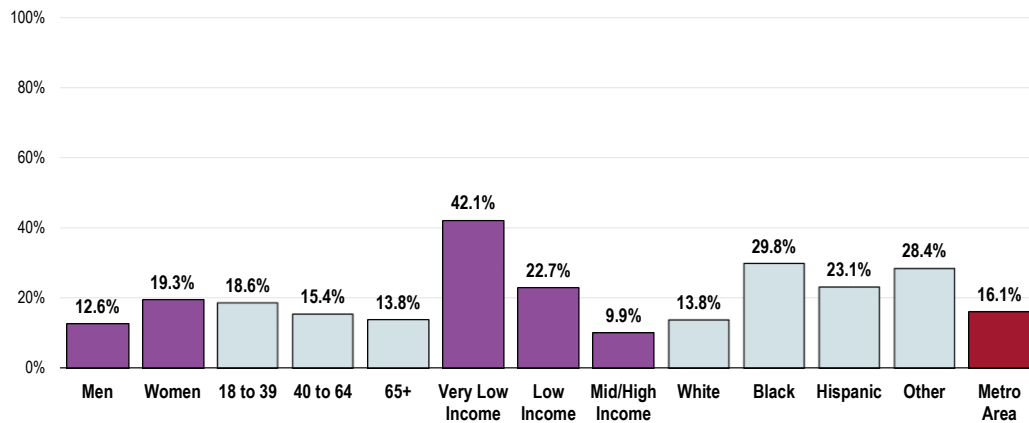


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Adults under 65.
- Lower-income residents (especially).
- Non-Whites.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

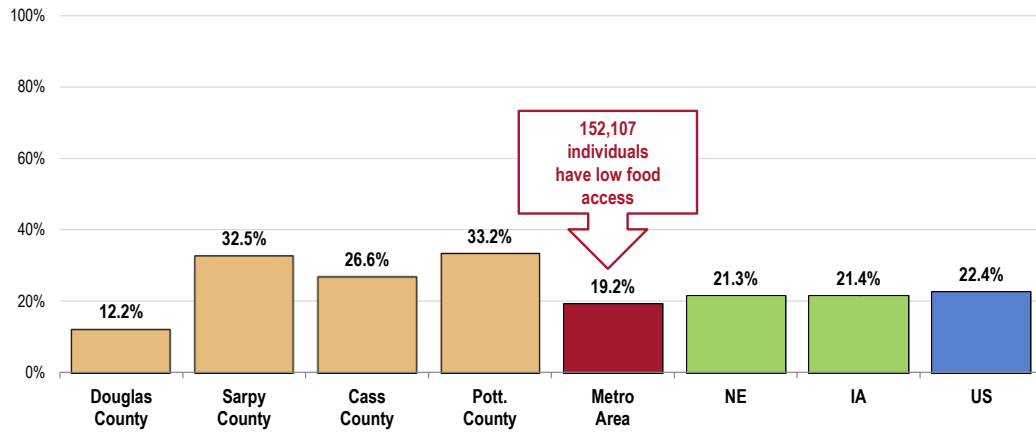
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 19.2% of the Metro Area population (representing over 152,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- More favorable than statewide and US findings.
- Food deserts are more prevalent in Sarpy and Pottawattamie counties.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



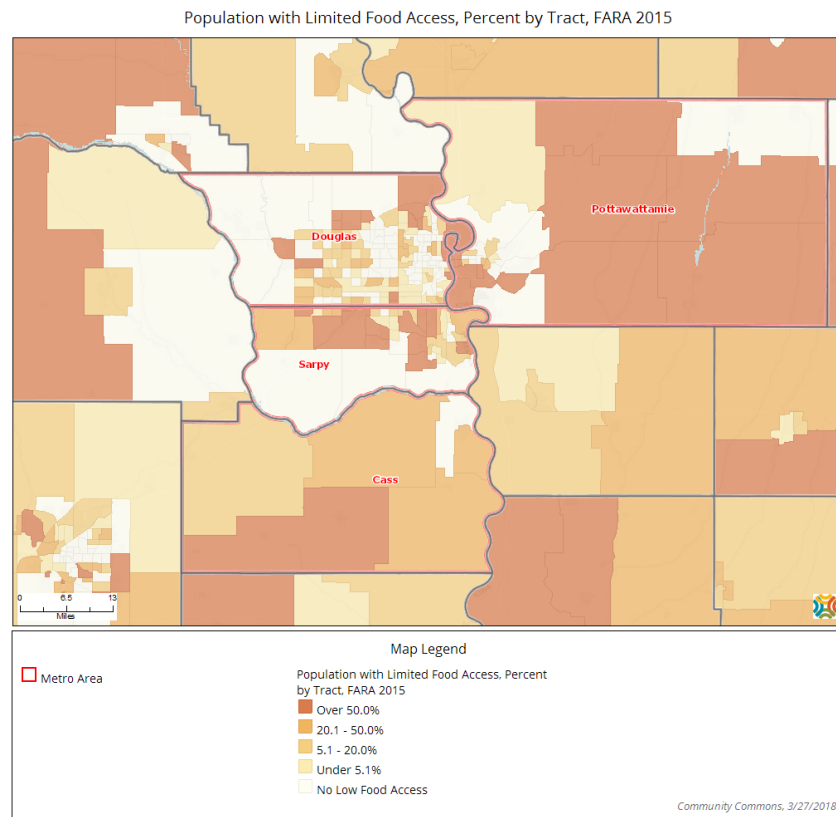
Sources:

- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2015.
- Retrieved March 2018 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract.

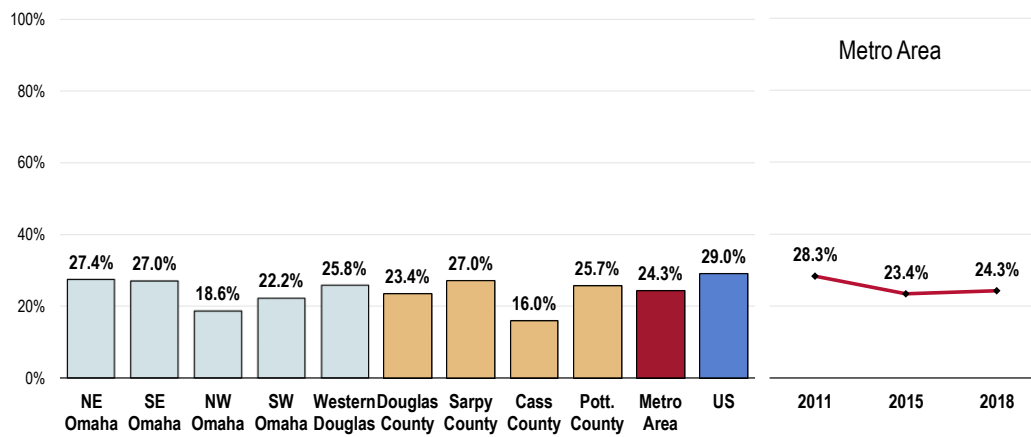


Sugar-Sweetened Beverages

A total of 24.3% of Metro Area adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

- More favorable than national findings.
- Viewed by county, lowest in Cass County.
 - Within Douglas County, lowest in Northwest Omaha.
- TREND: Denotes a statistically significant decrease since 2011.

Had 7+ Sugar-Sweetened Beverages in the Past Week

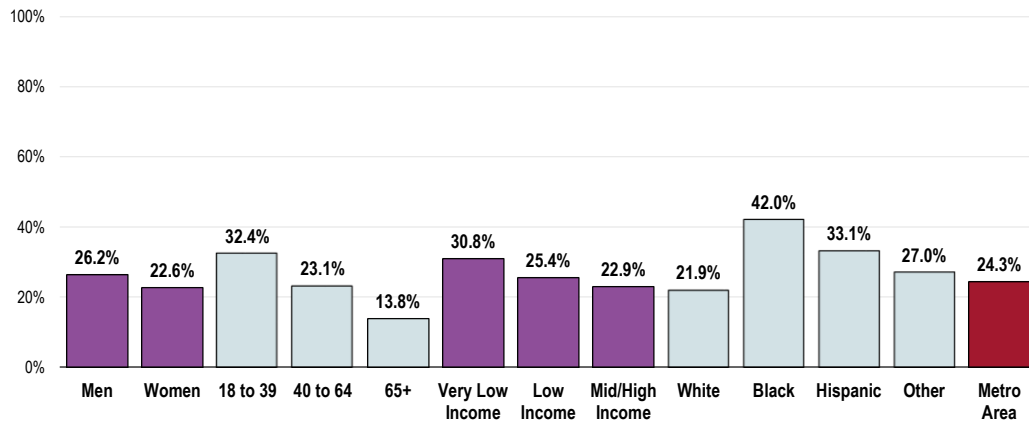


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 360]
 • PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Those more likely to consume 7+ sugar-sweetened beverages per week include:

- Men.
- Younger adults.
- Lower-income residents.
- Black or Hispanic adults.

Had 7+ Sugar-Sweetened Beverages in the Past Week (Metro Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 360]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

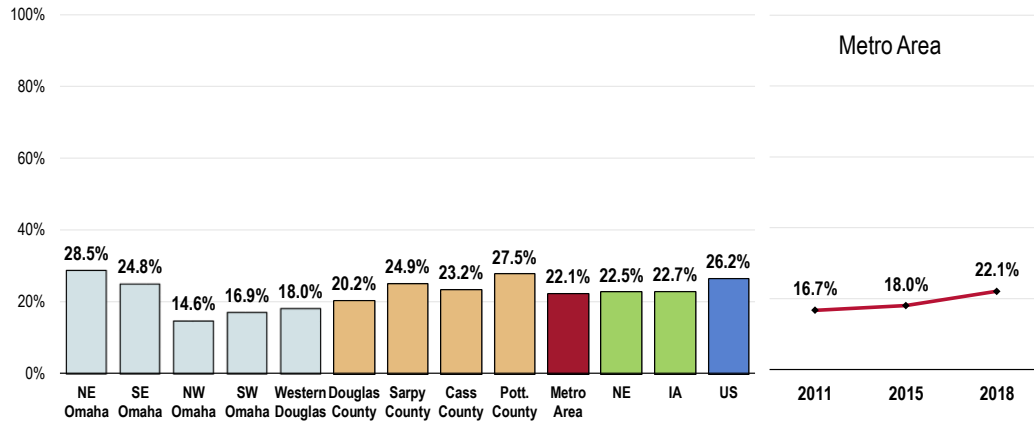
A total of 22.1% of Metro Area adults report no leisure-time physical activity in the past month.

- Comparable to statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

- By county, the prevalence is highest in Pottawattamie County.
 - Unfavorably high in eastern Omaha.
- TREND: Note the statistically significant (and unfavorable) increase over time.

No Leisure-Time Physical Activity in the Past Month Healthy People 2020 Target = 32.6% or Lower

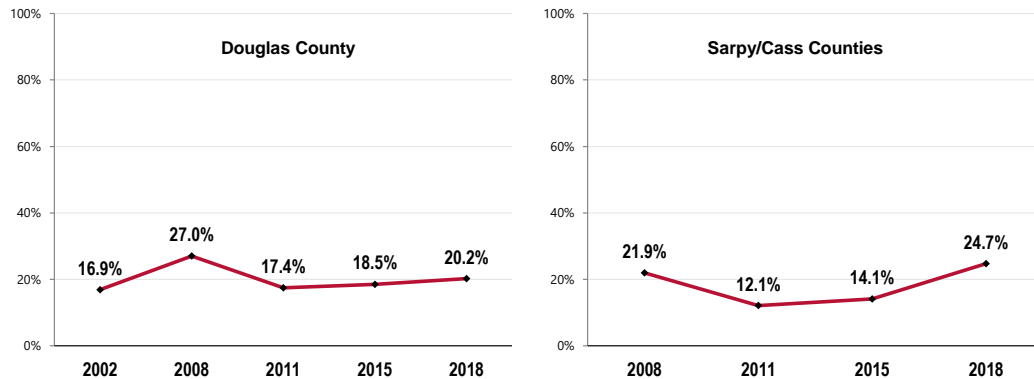


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 89]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.

- TREND: Apart from a somewhat high response in 2008, lack of leisure-time physical activity has increased in Douglas County. For Sarpy/Cass counties, the prevalence has fallen and risen, and is currently similar to baseline 2008 data.

No Leisure-Time Physical Activity in the Past Month



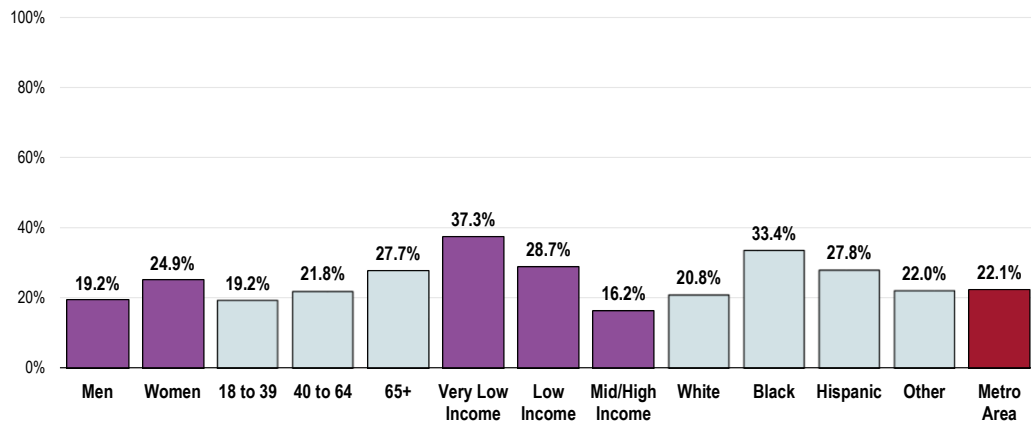
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 89]
 Notes: • Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

- Women.
- Older residents (positive correlation).
- Lower-income residents (negative correlation).
- Black residents.

No Leisure-Time Physical Activity in the Past Month (Metro Area, 2018)

Healthy People 2020 Target = 32.6% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

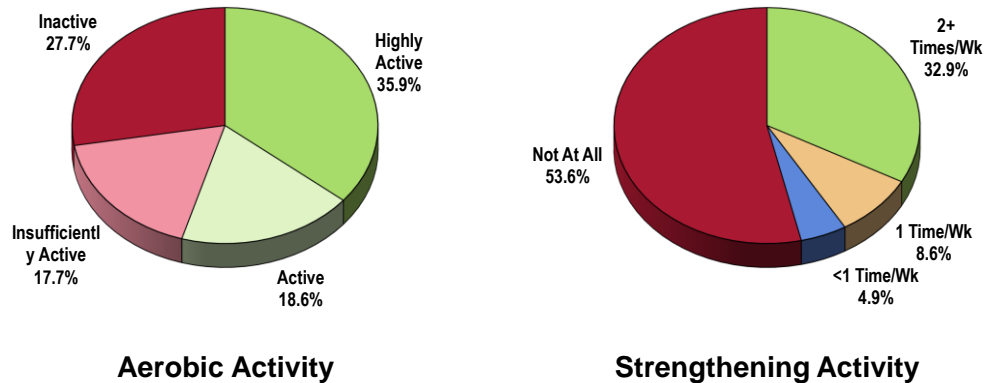
- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

Aerobic & Strengthening Physical Activity

Based on reported physical activity intensity, frequency, and duration over the past month, **45.4% of Metro Area adults are found to be "insufficiently active" or "inactive."**

A total of 53.6% of Metro Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Participation in Physical Activities (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]

Notes: • Reflects the total sample of respondents.

• In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1-149 minutes of aerobic activity in the past week; "active" adults are those with 150-300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

A total of 22.0% of Metro Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

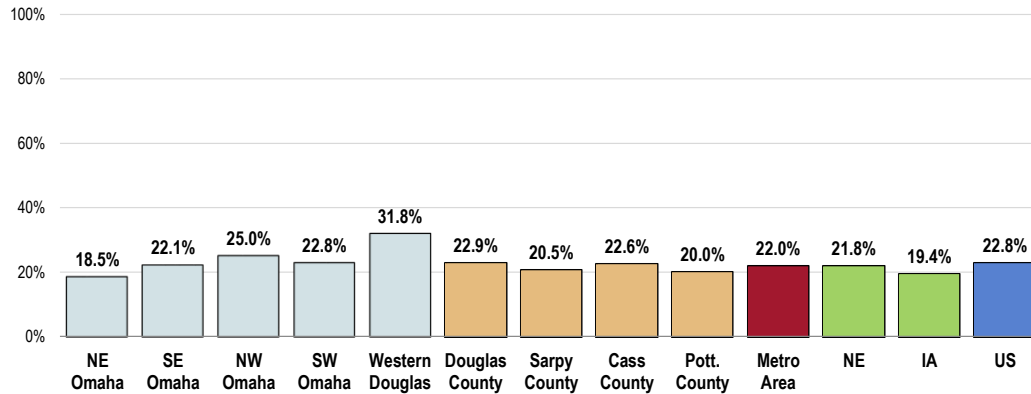
- Similar to Nebraska and US proportions, better than the Iowa proportion.
- Satisfies the Healthy People 2020 target (20.1% or higher)
- TREND: Statistically unchanged since 2011 (not shown).

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations
 Healthy People 2020 Target = 20.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]

 Notes:

- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

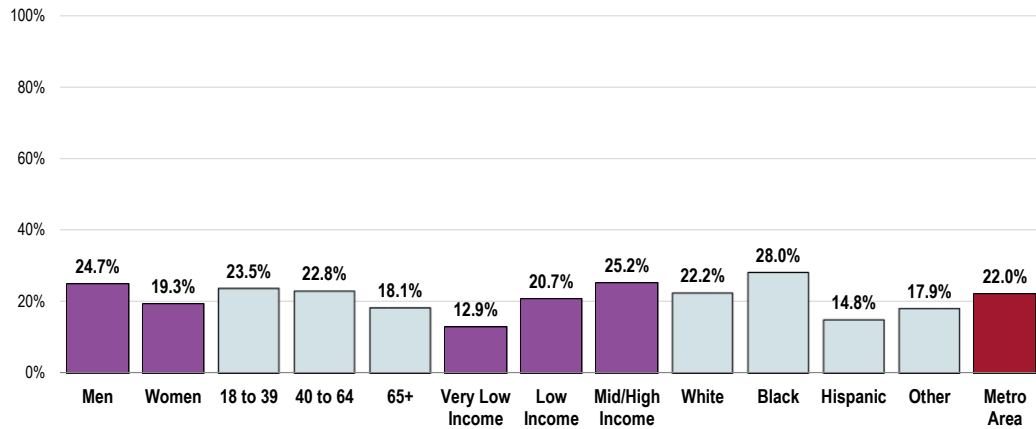
Those less likely to meet physical activity requirements include:

- Women.
- Older residents.
- Adults in lower-income households.
- Hispanics.
- "Other" racial backgrounds.

Meets Physical Activity Recommendations

(Metro Area, 2018)

Healthy People 2020 Target = 20.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Access to Physical Activity

In 2015, there were 13.9 recreation/fitness facilities for every 100,000 population in the Metro Area.

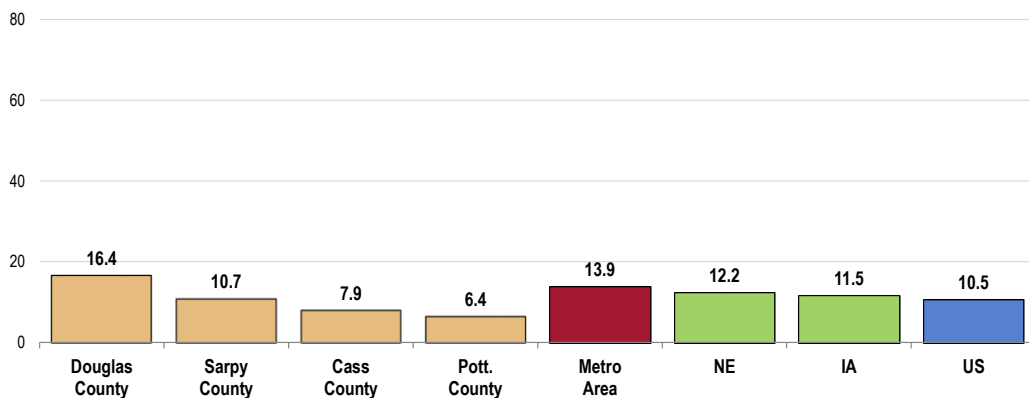
- Above what is found for both states and nationally.
- Lowest in Cass and Pottawattamie counties.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2015)



- Sources:
- US Census Bureau. County Business Patterns: 2015. Additional data analysis by CARES.
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities"*. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

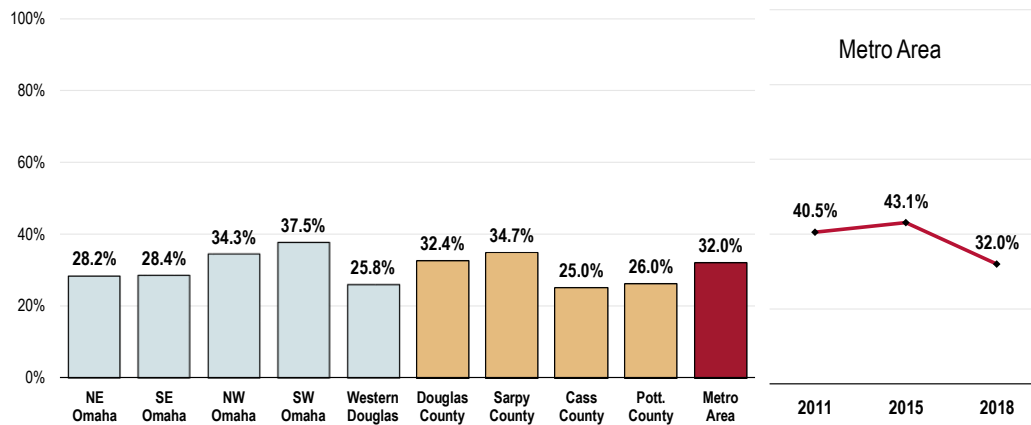
Built Environment

Use of Local Parks & Recreation Centers

A total of 32.0% of Metro Area adults report using local parks or recreational centers for exercise at least weekly.

- Pottawattamie County adults are least likely to use local parks or recreation centers for exercise at least weekly.
 - Within Douglas County, weekly use is highest in Southwest Omaha.
- TREND: Weekly use of local parks or recreational centers in the Metro Area has dropped from previous findings.

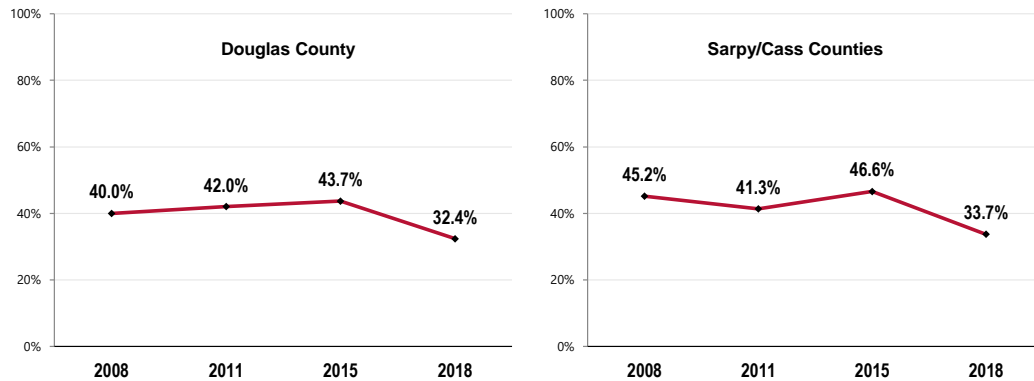
Typically Use Local Parks or Recreation Centers for Exercise at Least Once a Week



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 333]
 Notes: • Asked of all respondents.

- TREND: Denotes a statistically significant decrease over time in Douglas County as well as Sarpy/Cass counties.

Typically Use Local Parks or Recreation Centers for Exercise at Least Once a Week

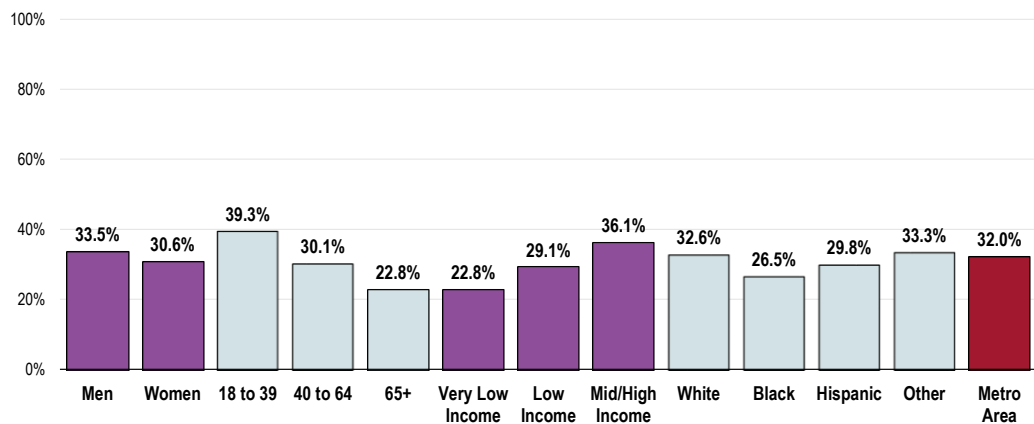


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 333]
 Notes: • Asked of all respondents.

Viewed by demographic characteristics, these population samples are less likely to report weekly use of local parks or recreational centers:

- Older residents.
- Those in low-income households.

Typically Use Local Parks or Recreation Centers for Exercise at Least Once a Week (Metro Area, 2018)



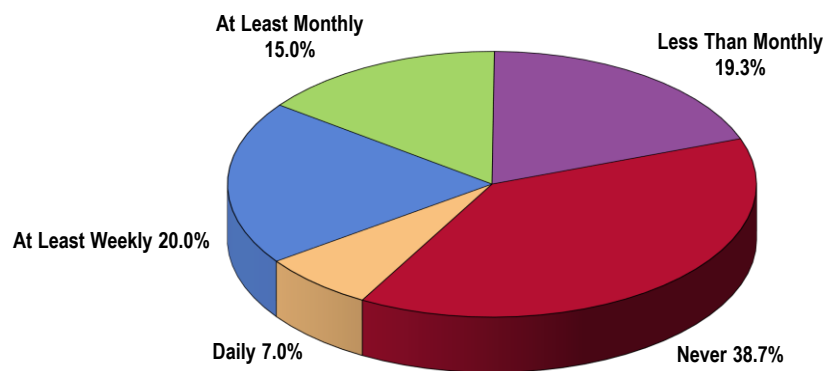
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Use of Local Paved Roads or Dirt Trails

When asked how often they use a local paved or dirt trail for walking in good weather, nearly 6 in 10 community members said “never” (mentioned by 38.7%) or “less than one month” (19.3%).

- On the other hand, 15.0% of survey respondents use a paved or dirt trail for walking in good weather at least **monthly**, while 20.0% use one at least **weekly**, and 7.0% use one **daily**.

Frequency of Using Local Paved or Dirt Trails for Walking, Hiking, or Biking in Good Weather
(Metro Area, 2018)

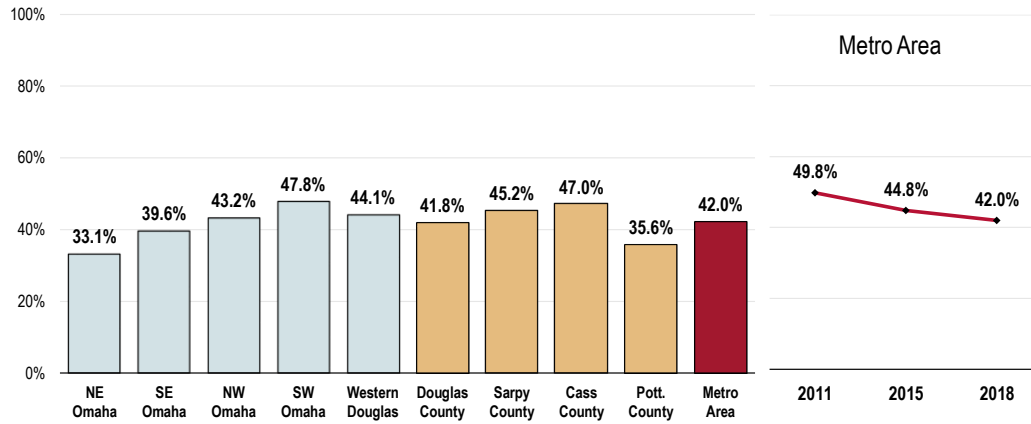


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 334]
Notes: • Asked of all respondents.

A total of 42.0% of Metro Area adults report using local trails at least monthly.

- By county, lowest in Pottawattamie County.
 - Lowest in Northeast Omaha.
- TREND: The overall prevalence denotes a statistically significant decrease over time.

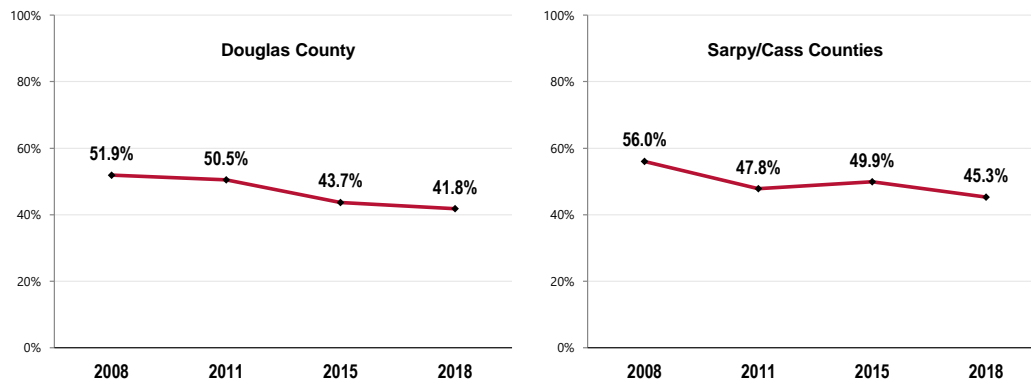
Typically Use Local Paved or Dirt Trails for Walking, Hiking, or Biking at Least Once a Month in Good Weather



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 334]
 Notes: ● Asked of all respondents.

- **TREND:** Denotes a statistically significant decrease over time in Douglas County as well as Sarpy/Cass counties.

Typically Use Local Paved or Dirt Trails for Walking, Hiking, or Biking at Least Once a Month in Good Weather

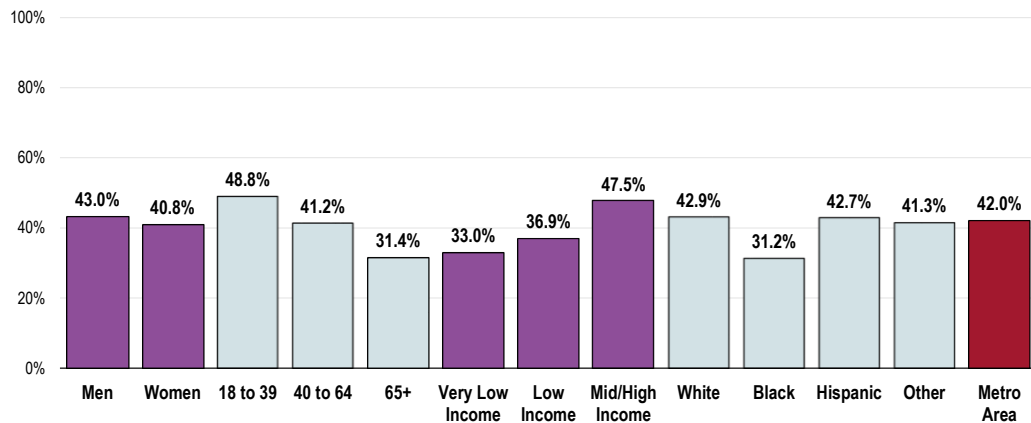


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 334]
 Notes: ● Asked of all respondents.

Viewed by demographic characteristics, these population samples are less likely to report monthly use of local parks or recreational centers:

- Older respondents.
- Low-income residents.
- Black residents.

Typically Use Local Paved or Dirt Trails for Walking, Hiking, or Biking at Least Once a Month in Good Weather
(Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 334]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

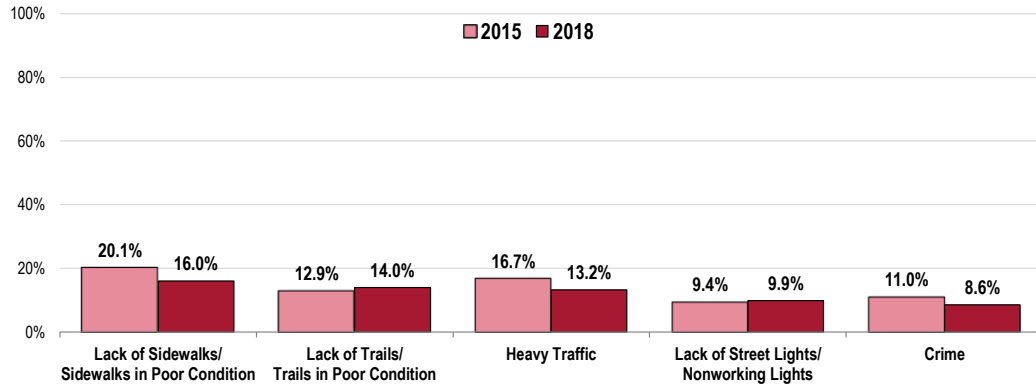
Neighborhood Barriers

Survey respondents were next asked about the presence of 5 neighborhood factors that potentially prevent people from exercising, including lack of sidewalks or sidewalks in poor condition; heavy traffic; lack of trails or trails in poor condition; crime; and lack of streetlights or nonworking streetlights.

As can be seen in the following chart, a lack of sidewalks/poor sidewalks received the largest share of responses among community members (mentioned by 16.0%), followed by lack of trails or trails in poor condition (14.0%), heavy traffic (13.2%), lack of street lights or nonworking street lights (9.9%), and crime (8.6%).

- **TREND:** Over time, respondent perceptions of these barriers have either improved or remained stable.

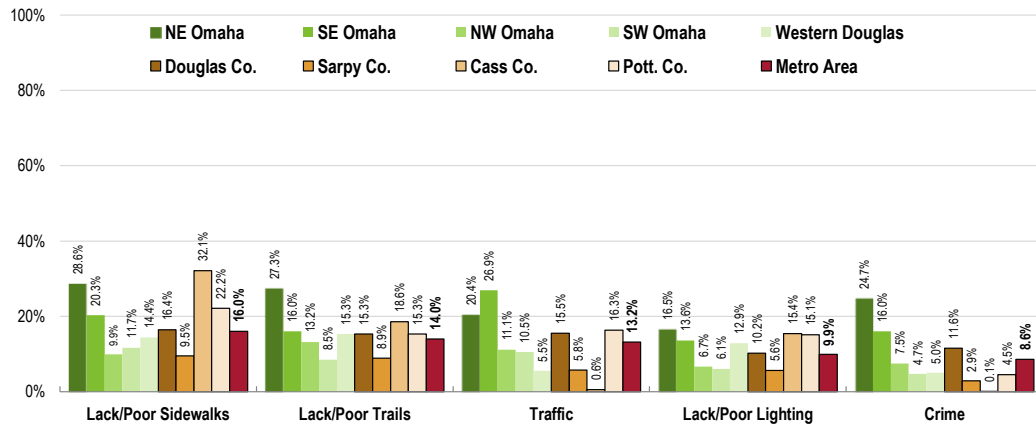
Presence of Neighborhood Barriers That Prevent Physical Activity (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 335-339]
 Notes: • Asked of all respondents.

For further analysis, the following chart provides an illustration of respondents' perceptions of neighborhood barriers, segmented by area of residence.

Presence of Neighborhood Barriers That Prevent Physical Activity (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 335-339]
 Notes: • Asked of all respondents.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

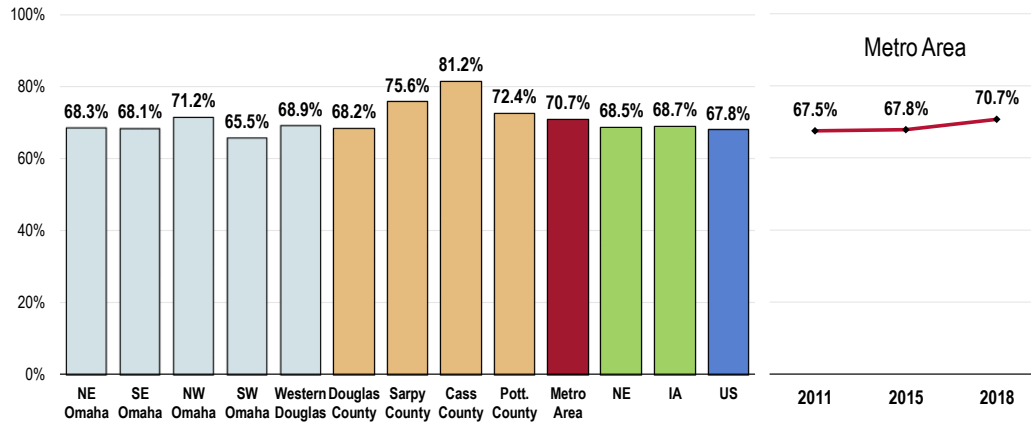
Overweight Status

A total of 7 in 10 Metro Area adults (70.7%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

- Comparable to the states and the US.
- By county, overweight is unfavorably high in Sarpy County, and particularly Cass County.
 - Within Douglas County, similar findings by community.
- TREND: Marks a statistically significant increase since 2011.

Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

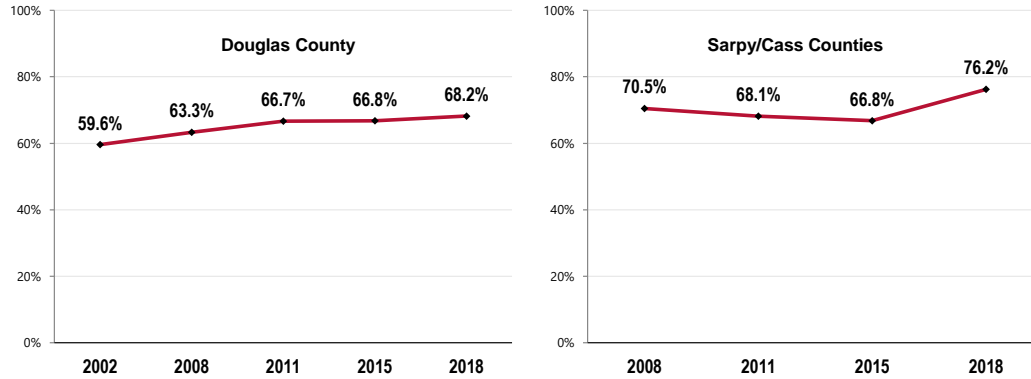


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 154]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

- TREND: Denotes a statistically significant increase in overweight prevalence for Douglas County over time. In Sarpy/Cass counties, the prevalence is statistically similar to baseline 2008 data, but significantly above what was found in 2011 and 2015.

Prevalence of Total Overweight (Percent of Adults With a Body Mass Index of 25.0 or Higher)



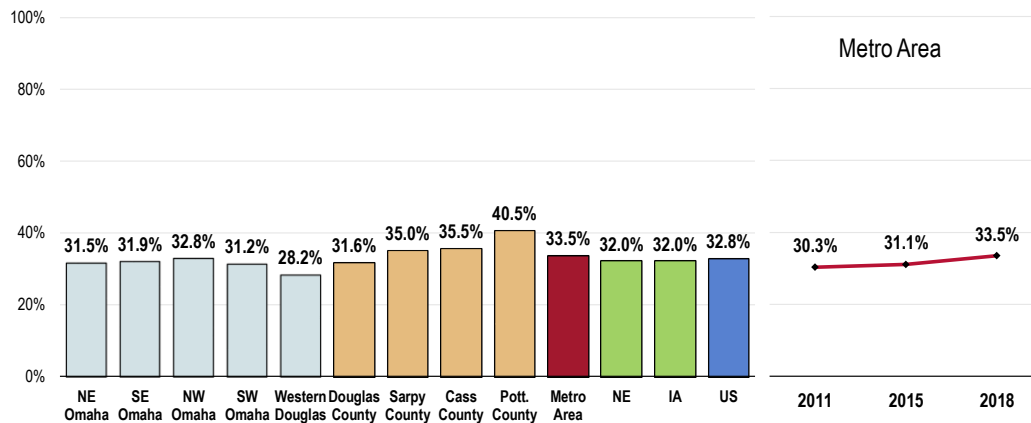
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 154]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 33.5% of Metro Area adults are obese.

“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Comparable to state and US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Unfavorably high in Pottawattamie County.
 - Comparable findings by area within Douglas County.
- TREND: Denotes a statistically significant increase in obesity since 2011.

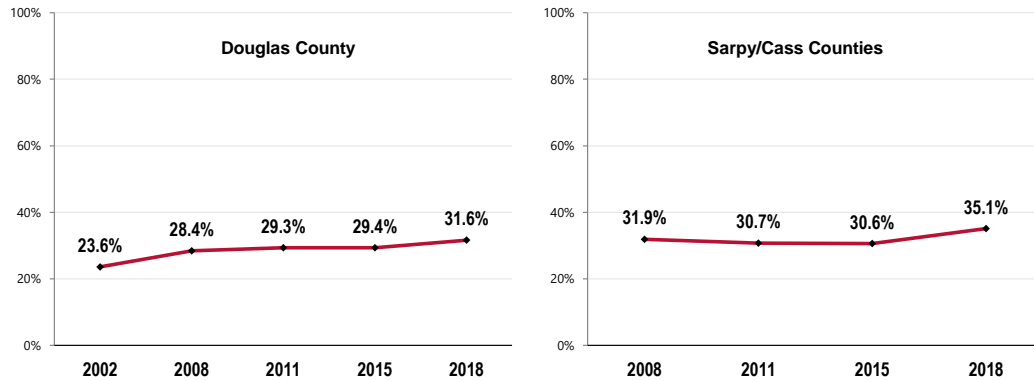
Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher) Healthy People 2020 Target = 30.5% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 154]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

- **TREND:** Denotes a statistically significant increase in obesity for Douglas County over time; prevalence is statistically unchanged in Sarpy/Cass counties.

Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher)

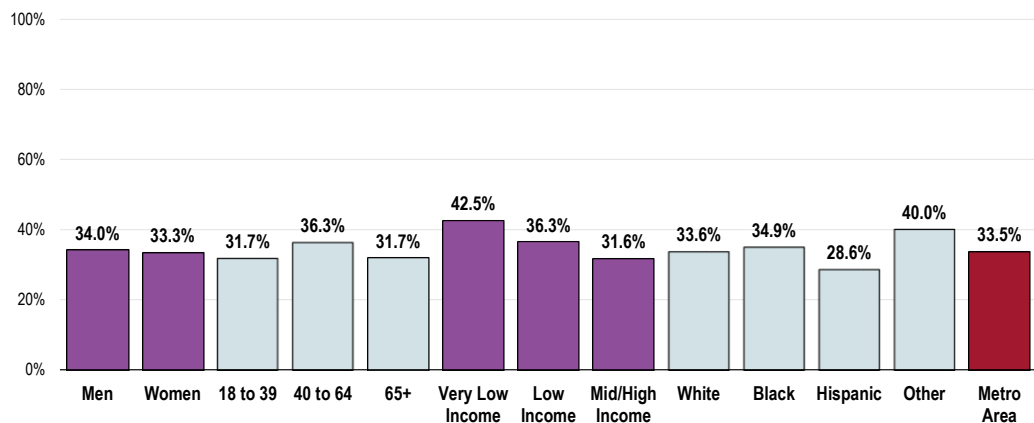


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 154]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Those between the ages of 40 and 64.
- Respondents with lower incomes.

Prevalence of Obesity (Percent of Adults With a BMI of 30.0 or Higher; Metro Area, 2018) Healthy People 2020 Target = 30.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

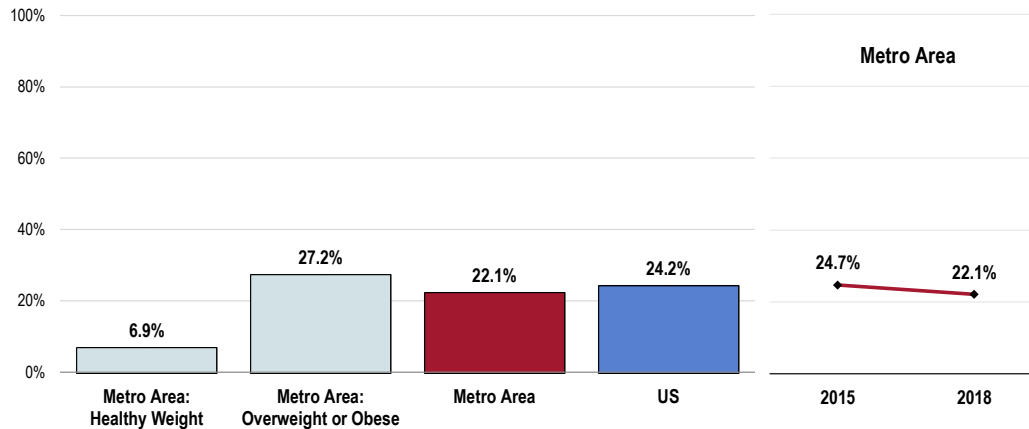
Health Advice

A total of 22.1% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Statistically similar to the national findings.
- TREND: Marks a statistically significant decrease from that reported in 2015.

Note that 27.2% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over 7 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

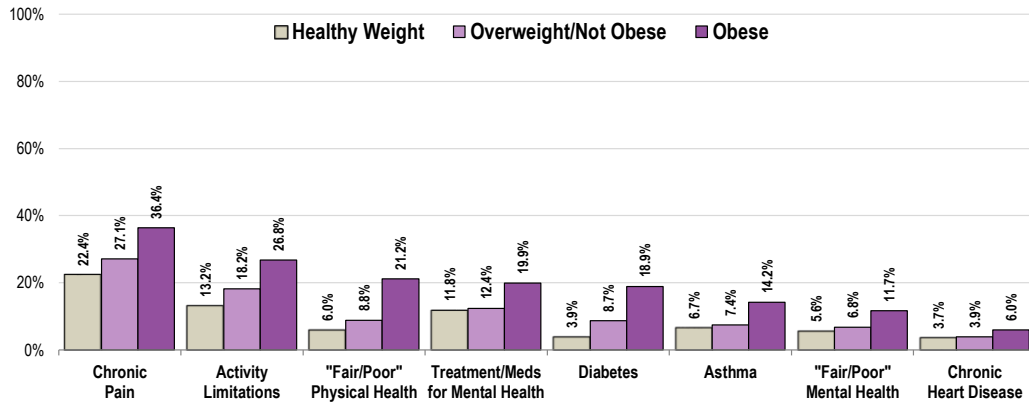
Among these are:

- Chronic pain.
- Activity limitations.
- “Fair/poor” physical health.
- Diabetes.
- Asthma.
- “Fair/poor” mental health.
- Chronic heart disease.

Overweight/obese residents are also more likely to be receiving treatment and/or medication for mental health issues.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (By Weight Classification; Metro Area, 2018)



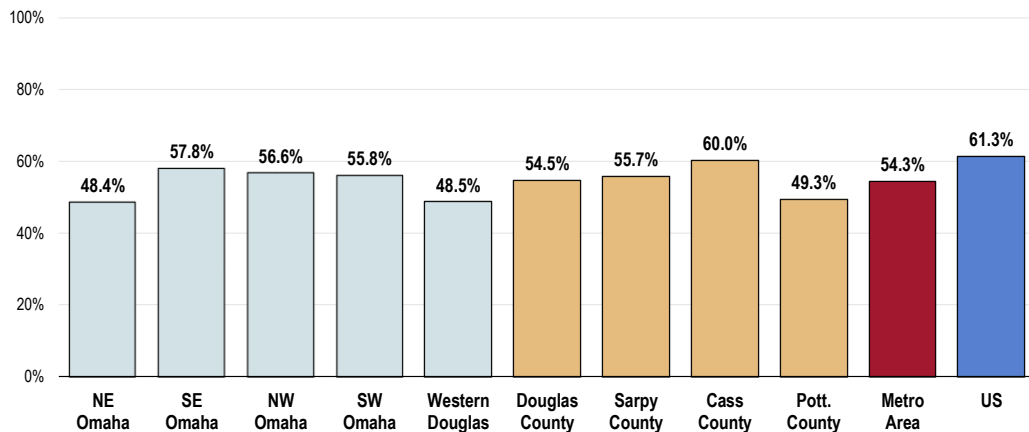
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 99, 103, 109, 140, 109, 311, 312]
 Notes: • Based on reported heights and weights, asked of all respondents.

Weight Loss Efforts

Over half (54.3%) of overweight/obese respondents are currently trying to lose weight.

- Lower than the national prevalence.
- Similar findings by county.
 - Within Douglas County, lowest in Northeast Omaha (equally low in Western Douglas; however, with the smaller sample size here, the difference is not statistically significant).

Trying to Lose Weight (Among Overweight or Obese Respondents)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents who are overweight or obese based on reported heights and weights.

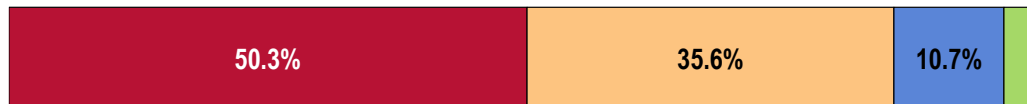
Key Informant Input: Nutrition, Physical Activity, & Weight

Half of key informants taking part in an online survey characterized *Nutrition, Physical Activity, & Weight* as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Healthy Foods

High poverty affects the above, availability of nutritious food, transportation, weight and depression. – Social Services Provider, Douglas County

Affordable, accessible foods. Accessible places to be physically active and environments, employers, neighborhoods, social communities that support and encourage these behaviors. When you have many individuals who are struggling to make enough money. – Other Health Provider, Douglas County

Access to nutritional food is needed in all areas of our community, which currently is not the case, food deserts. Education related to healthy foods and the importance of activity will help address weight challenges. Weight plays a critical role. – Community Leader, Douglas County

Healthy food at affordable prices. Nutritional knowledge and access to farm to fork places. – Social Services Provider, Douglas County

Abundance/availability of cheap, fatty, sugary, salty food. People eat processed foods and are cooking fresh food less. Healthy foods have a perceived higher cost, busy lifestyles make preparing meals difficult, the unhealthy option is often the easiest. – Social Services Provider, Douglas County

Lack of access to affordable healthy foods, transportation, motivation and inspiration. – Social Services Provider, Douglas County

Still food deserts in town and there are gun violence, gang issues that make outdoor activity unsafe in some parts of town, north and south. I also think that in addition to the farmers markets that we have, we need to offer more opportunities. – Social Services Provider, Douglas County

Financial ability of many to purchase healthy food choices. Lack of education on proper nutrition and physical activity. – Social Services Provider, Douglas County

Healthy food access and easy prep. Lack of pedestrian orientation and public safety in neighborhoods. Cultural support for healthy lifestyles. – Community Leader, Douglas County

Low wages so it prohibits the ability to consistently eat a healthier diet. Access to fresh fruit and vegetables in all grocery stores. Safety issues in a neighborhood so not able to walk their community. Infrastructure, lack of sidewalks. – Social Services Provider, Douglas County

Increased availability of unhealthy, inexpensive fast food. Poor school lunch nutrition, decreased use of public transportation, walking and bicycling to work and schools. – Advanced Practice Provider, Douglas County

Access to healthy affordable nutritious food can be difficult for lower income and, or transportation limited citizens. Low cost or free activities to get to and maintain a healthy weight. – Social Services Provider, Douglas County

Access to healthy food options, healthy neighborhood stores and individual choices regarding food, activity and weight. – Public Health Representative, Douglas County

Many areas in Pottawattamie County would be considered food deserts where families and individuals cannot access healthy food choices. This is especially true in poorer communities where no or limited public transportation is present. – Business Leader, Pottawattamie County

Access to affordable nutritious food and community education about proper portions and nutritional content as well as activity options. – Social Services Provider, Douglas County

Food deserts and the lack of affordable recreational facilities. – Other Health Provider, Douglas County

Food insecurity. – Social Services Provider, Douglas County Personal management of diet and exercise.

Access and affordability of healthy food choices. Reliance on fast food. Safe neighborhoods, free of violence. – Social Services Provider, Douglas County

Part of food access is healthy nutrition. Unfortunately school meals aren't always the healthiest and or offer the freshest of fruits and vegetables. – Social Services Provider, Douglas County

Overweight/Obesity

Obesity/overweight conditions have an increasing prevalence and begins a continuum of poor care across the spectrum of all patient ages. – Public Health Representative, Douglas County

Adult BMI rates continue to go up, compounded by issues of poverty, access to healthy foods and issues of neighborhood safety. – Social Services Provider, Douglas County

Obesity. – Other Health Provider, Douglas County

Obesity rate in Douglas County is still increasing whereby many areas around the country are seeing a leveling off or even a slight decrease. – Public Health Representative, Douglas County

Increased obesity. – Other Health Provider, Douglas County

Large percentage of overweight/obese. – Social Services Provider, Douglas County

Obesity is a major problem within this community. Too many single parent families or in families with both parents, either one or both are working long hours. They don't have the time, money or knowledge to help children learn to eat the foods. – Physician, Douglas County

Among children, the rates of childhood overweight and obesity are not declining in our community despite national, more favorable trends. Adults in the past CHNA are more than 65% overweight or obese and thus the culture must continue to shift. – Other Health Provider, Douglas County

Obesity and inactivity, especially as it's incidence is increasing in children and young adults. – Social Services Provider, Douglas County

Too many children and adults in our community are overweight and obese. This fact leads to other leading causes of death, heart disease, diabetes, etc. Most efforts focus on lifestyle changes. – Social Services Provider, Douglas County

Diet/Nutrition

A diet that does not encourage proper nutrition. Lack of exercise. – Community Leader, Douglas County

Lack of nutrition education, obesity and diabetes. – Social Services Provider, Douglas County

Poor diet. Too many fast food joints. Too much high fat food intake. – Physician, Pottawattamie County

Lack of a balance, healthy diet. No emphasis on portion control. – Community Leader, Pottawattamie County

Behavior change needed to cook and eat more healthy meals. Low cost, no cost exercise programs that are easy and can be done at home or in the neighborhood with friends. – Social Services Provider, Douglas County

Lack of Physical Activity

As our activities become more sedentary, we must address our community's issues with weight, physical inactivity and poor nutrition. – Social Services Provider, Douglas County

City Public Works and mayor's office lack of commitment to implementing urban design to encourage and support an active lifestyle. Still too car-focused, even if the talk coming from these offices is good, the action, budget, and commitment to implement. – Business Leader, Douglas County

Safe place for kids to play outside, increase in obesity, cost of healthy food. – Social Services Provider, Douglas County

Lack of available resources for exercise in the winter. People have a hard time with more complex calorie counting and budgeting. Basic messages are easy, but not many resources for more in depth look at calories. – Physician, Douglas County

We have an obesity problem because we don't have good walking, biking trail system and walking isn't a major part of our daily activity. – Community Leader, Douglas County

Lifestyle

High levels of obesity due to sedentary culture, bad diet and limited pedestrian and bicycle infrastructure to encourage active lifestyles. – Community Leader, Douglas County

Motivating people off a sedentary lifestyle is challenging as is educating about healthy food choices. – Community Leader, Douglas County

Motivation, inspiration, education regarding right foods, time, sedentary lifestyle, access to cleaner eating habits. – Public Health Representative, Pottawattamie County

Lack of family meal planning, the five food groups are essential for proper nutrition. Lack of sleep per appropriate age groups. More education is needed to residents in the community, for these two areas. Basic exercise at no cost to the family. – Social Services Provider, Douglas County

Access to Care/Services

No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County

Access to health professionals trained in motivational interviewing. – Other Health Provider, Pottawattamie County

Health Awareness/Education

Education. – Business Leader, Pottawattamie County

Lack of education. – Social Services Provider, Pottawattamie County

Environmental Contributors

Climate limits outdoor activity for some. Work and other life priorities limit time availability for physical activity. The region is not known as a popular nutrition friendly region. – First Responder, Douglas County

Poverty

Poverty. – Social Services Provider, Douglas County

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

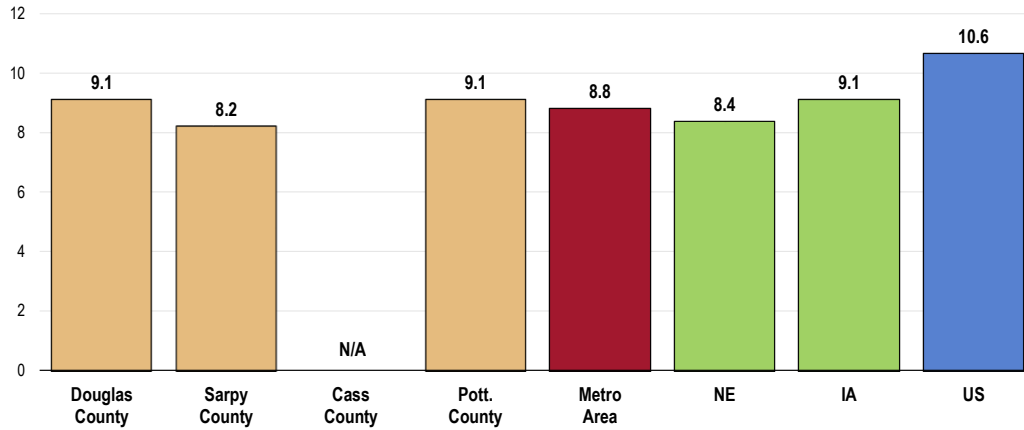
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2014 and 2016, the Metro Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.8 deaths per 100,000 population.

- Similar to both statewide rates, but below the US rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- The rate is lowest in Sarpy County.

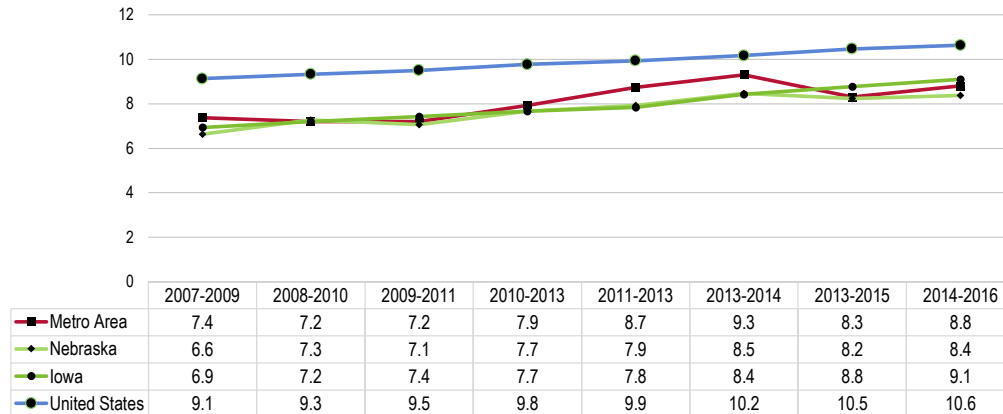
Cirrhosis/Liver Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA11]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The mortality rate has increased over time in the region, echoing both state and national trends.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● State and national data are simple three-year averages.

Alcohol Use

Excessive Drinking

A total of 26.0% of area adults are excessive drinkers (heavy and/or binge drinkers).

"Excessive drinking" includes heavy and/or binge drinkers:

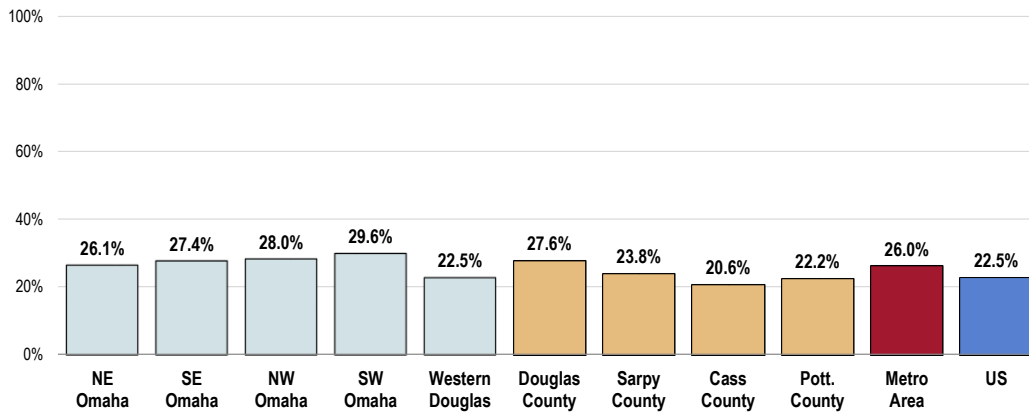
- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

- Less favorable than the national proportion.
- Similar to the Healthy People 2020 target (25.4% or lower).
- By county, excessive drinking is highest in Douglas County.
 - Within Douglas County, similar findings by area.

RELATED ISSUE:

See also *Mental Health: Stress* in the **General Health Status** section of this report.

Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower



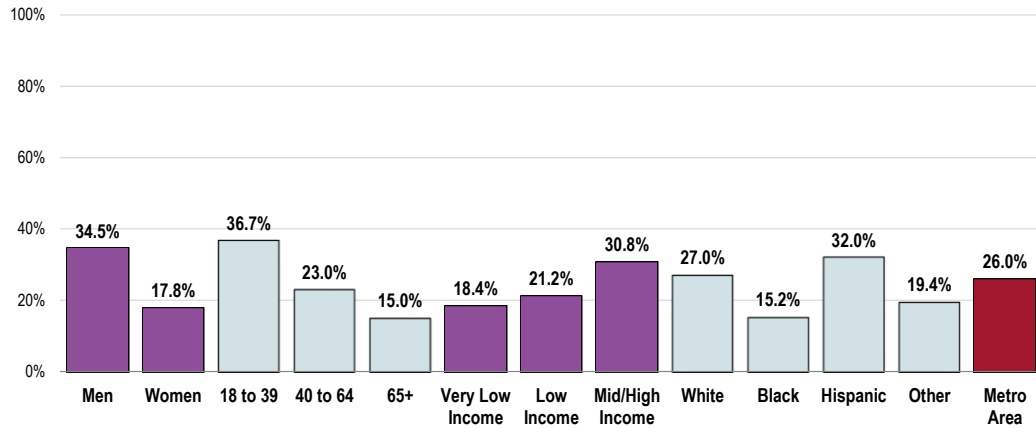
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
 Notes: • Asked of all respondents.
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men, younger adults, upper-income residents, Whites, and Hispanics.

Excessive Drinkers

(Metro Area, 2018)

Healthy People 2020 Target = 25.4% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

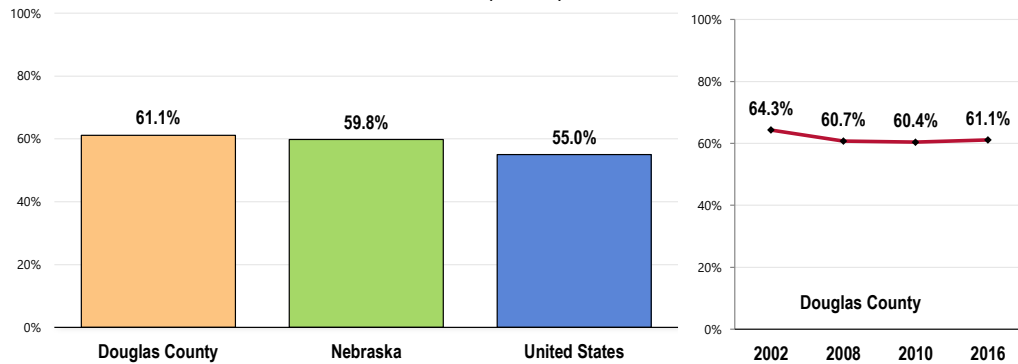
Current Drinking (Douglas County Only)

According to the CDC 2016 BRFSS data for Douglas County, 61.1% of Douglas County residents are current drinkers (having one or more alcoholic drinks in the past month).

- TREND: The prevalence is statistically unchanged over time in Douglas County.

Current Drinkers

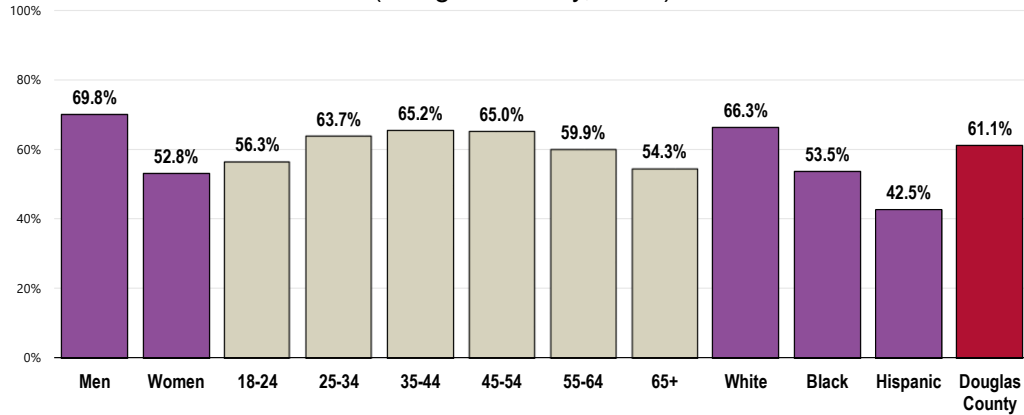
(2016)



- Sources:
- 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department
- Notes:
- Asked of all respondents.
 - Current drinkers are defined as having one or more alcoholic drinks in the past month.
 - The 2012-2016 BRFSS data are not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame.

- The following chart provides an illustration of the Douglas County BRFSS findings on current drinkers by demographic characteristics.

Current Drinkers (Douglas County, 2016)



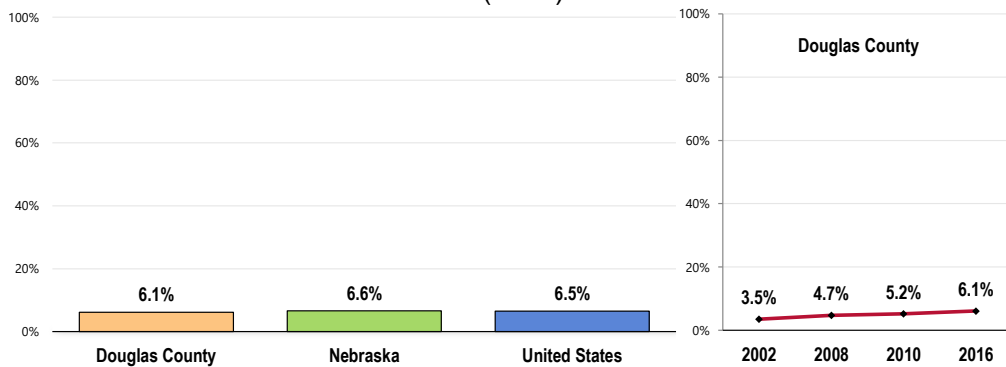
Sources: • 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Current drinkers are defined as those having at least one drink in the past month.

Chronic Drinking (Douglas County Only)

2016 BRFSS data for Douglas County show that 6.1% of Douglas County residents are **chronic drinkers** (men having more than 2 drinks per day and women having more than one drink per day).

- TREND: The prevalence denotes a statistically significant increase over time in Douglas County.

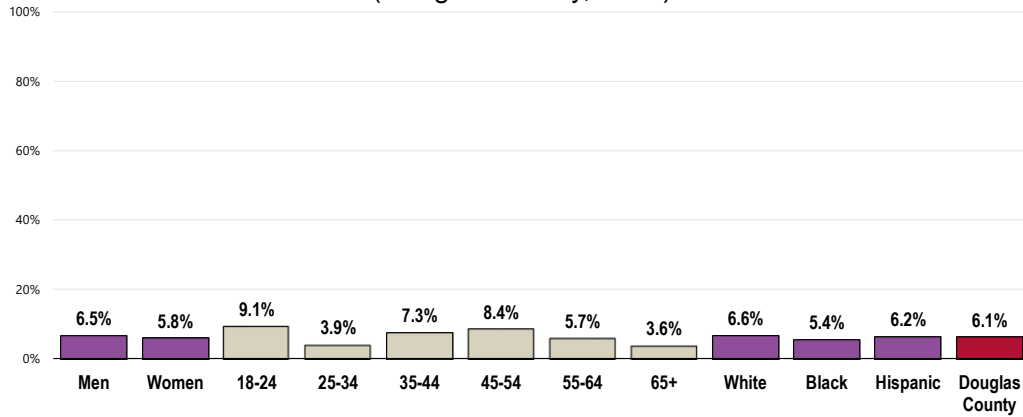
Chronic Drinkers (2016)



Sources: • 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department
 Notes: • Asked of all respondents.
 • In this case, chronic drinkers are defined as adults who self-report as heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day).
 • The US prevalence does not distinguish chronic drinking by gender.

- The following chart provides an illustration of the Douglas County BRFSS findings on chronic drinkers by demographic characteristics.

Chronic Drinkers (Douglas County, 2016)



Sources: • 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • In this case, chronic drinkers are defined as adults who self-report as heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day).

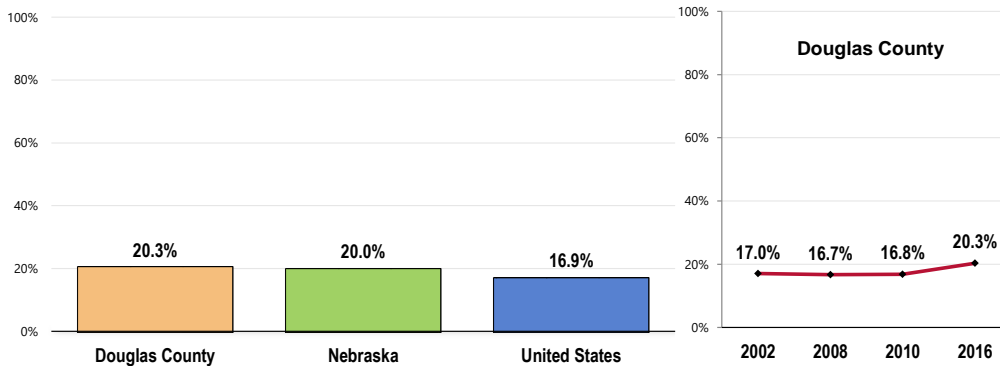
Binge Drinking (Douglas County Only)

According to the CDC 2016 BRFSS data for Douglas County, 20.3% of county residents are **binge drinkers** (men having 5+ alcoholic drinks on any one occasion or women having 4+ drinks on any one occasion).

- TREND: The prevalence has increased significantly over time in Douglas County.

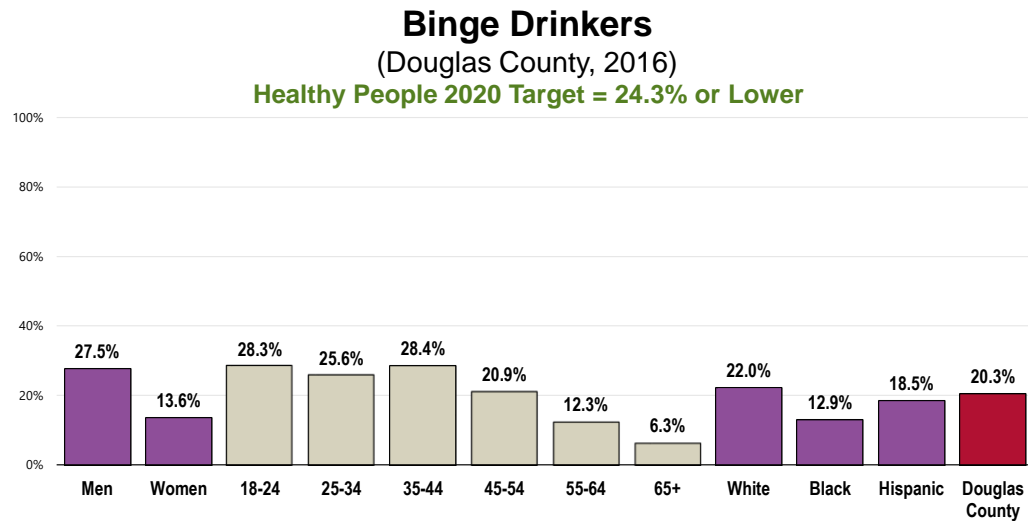
Binge Drinkers (2016)

Healthy People 2020 Target = 24.3% or Lower



Sources: • 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 Notes: • Asked of all respondents.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

- The following chart provides an illustration of the Douglas County BRFSS findings on binge drinkers by demographic characteristics.



Sources: • 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

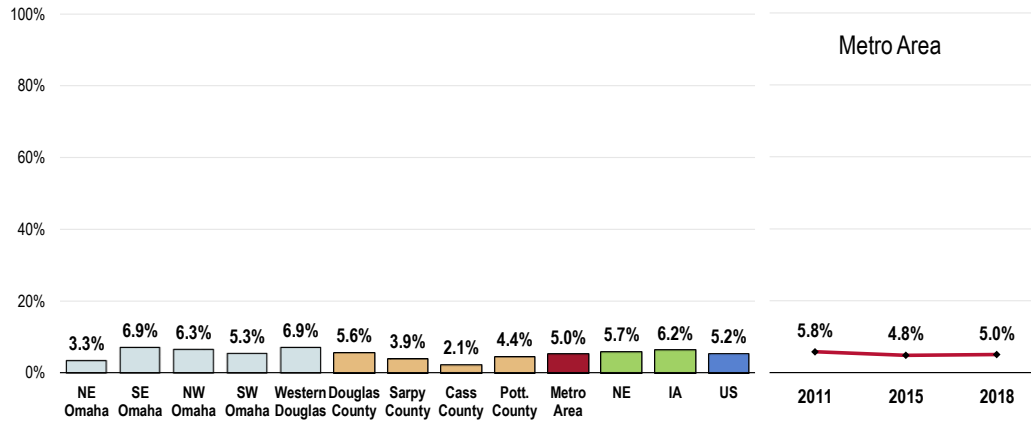
Drinking & Driving

A total of 5.0% of Metro Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the Nebraska and US findings, lower than the Iowa prevalence.
- Viewed by county: highest in Douglas County, lowest in Cass County.
 - Lowest in Douglas County in Northeast Omaha.
- TREND: The drinking and driving prevalence has not changed significantly since 2011.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported and that the actual incidence of drinking and driving in the community is likely higher.

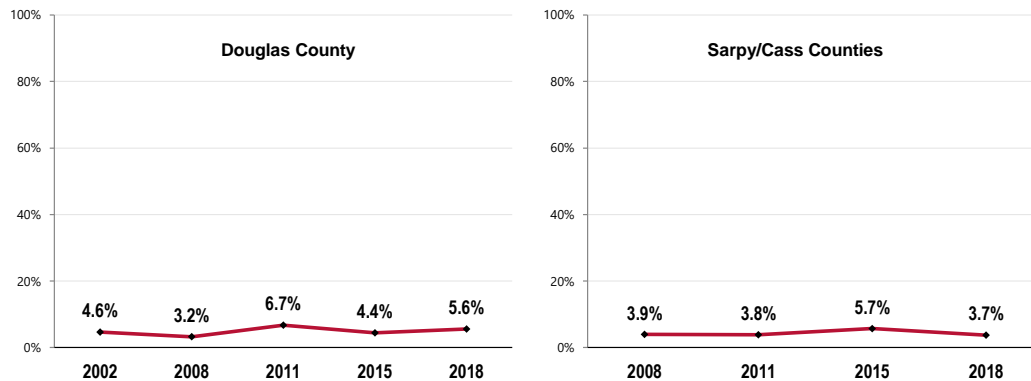
Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Nebraska and Iowa data.
 ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

- **TREND:** The drinking and driving prevalence has not changed significantly over time in Douglas County and in Sarpy/Cass counties.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
 Notes: ● Asked of all respondents.

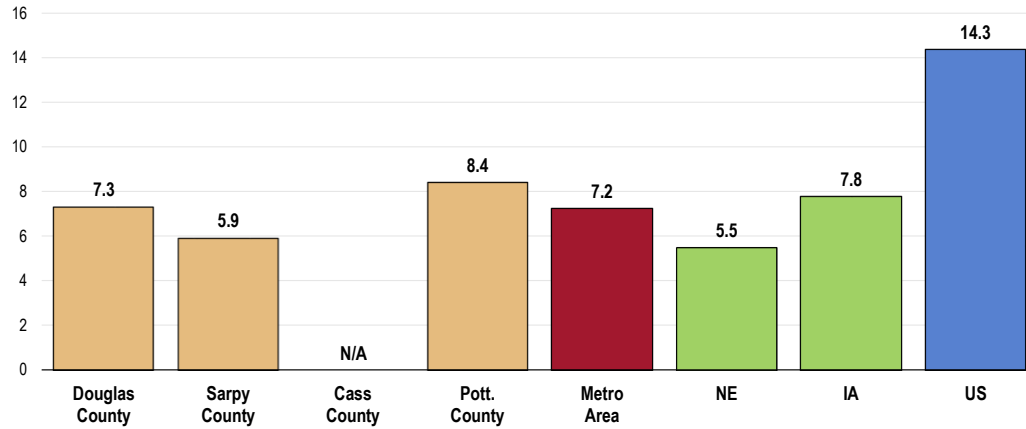
Age-Adjusted Unintentional Drug-Related Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 7.2 deaths per 100,000 population in the Metro Area.

- Lower than the Iowa rate and especially the US rate; higher than the Nebraska rate.

- Satisfies the Healthy People 2020 target (11.3 or lower), which includes both intentional and unintentional drug-related deaths.
- Highest in Pottawattamie County.

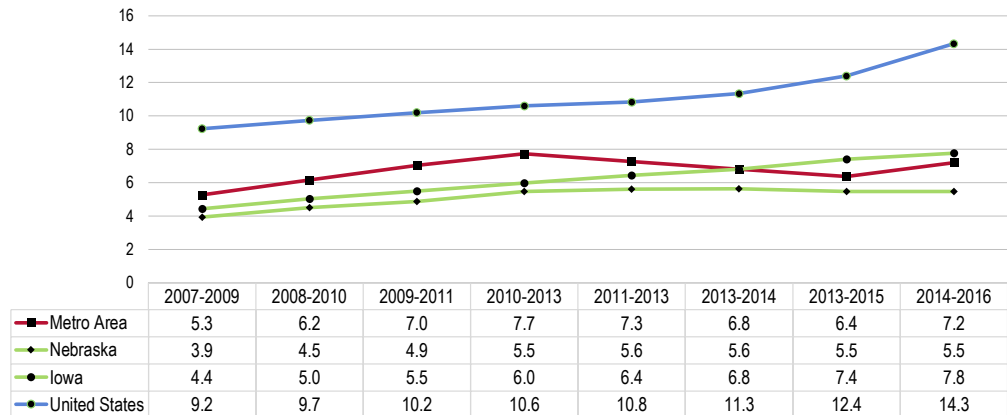
Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower*



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - *Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

- TREND: The mortality rate in the Metro Area has risen and fallen over the past decade, compared with a more steady upward trend nationally.

Drug-Induced Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - County, state and national data are simple three-year averages.

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

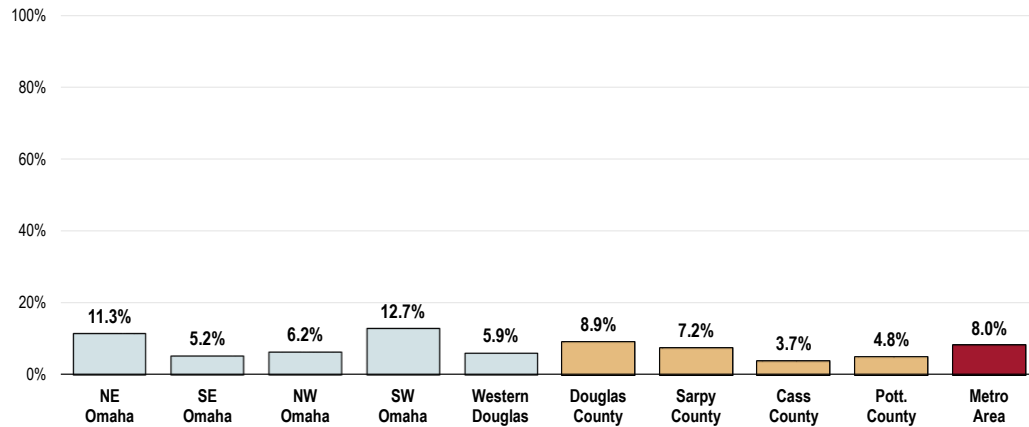
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Shared Prescriptions

A total of 8.0% of Metro Area adults acknowledge sharing a prescription medication with another person.

- Viewed by county, the percentage is highest in Douglas County.
 - Within Douglas County, the prevalence is highest in Southwest Omaha.

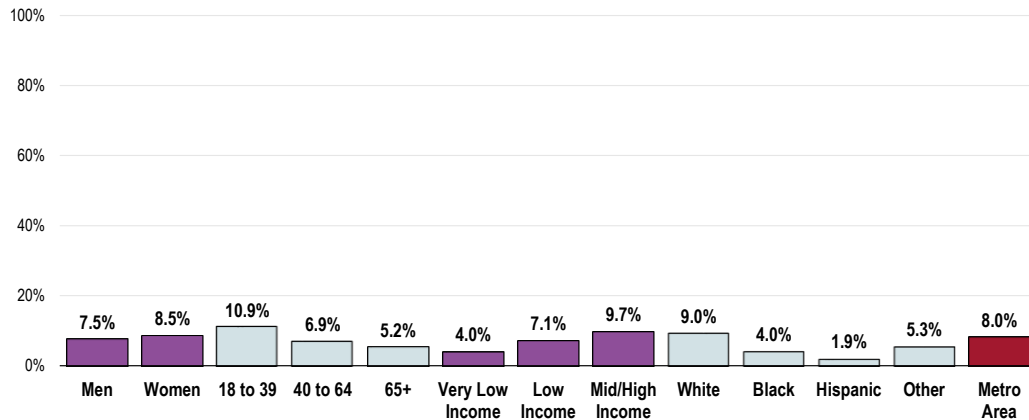
Have Ever Shared Prescription Medication With Someone Else



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 320]
 Notes: • Asked of all respondents.

- Sharing prescriptions is reported more often among young adults, upper-income residents, and Whites.

Have Ever Shared Prescription Medication With Someone Else (Metro Area, 2018)



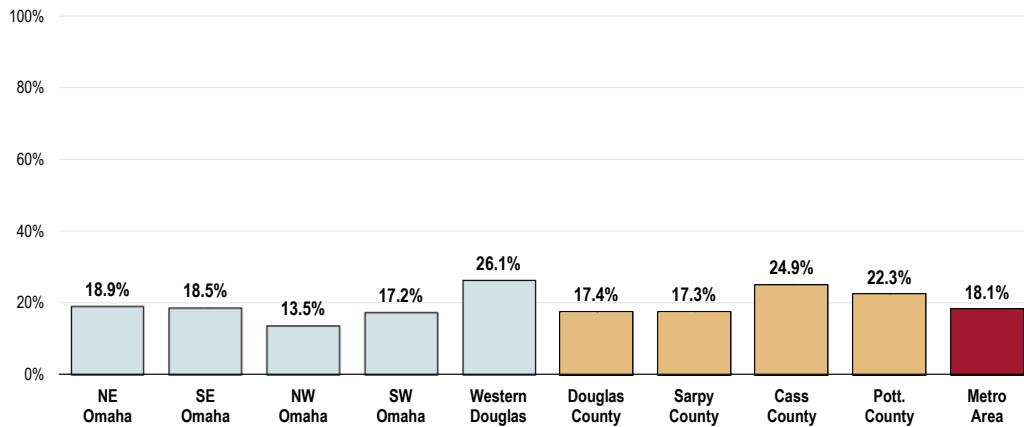
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 320]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Use of Opioids/Opiates

A total of 18.1% of Metro Area adults used opioids or opiates in the past year, whether prescribed or not.

- Viewed by county, the prevalence is significantly high in Pottawattamie County (Cass County prevalence is not significant due to smaller sample size).
 - The prevalence is unfavorably high in Western Douglas County.

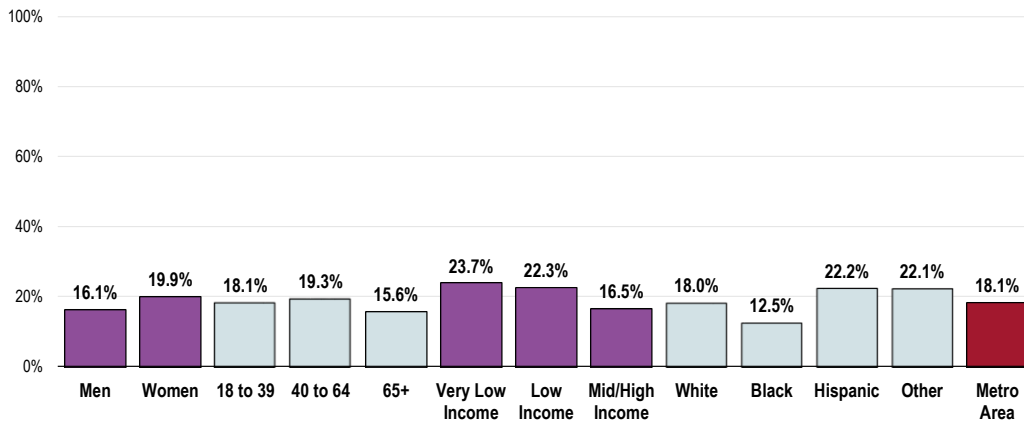
Used Opioids or Opiates in the Past Year, Whether Prescribed or Not



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 321]
 Notes: • Asked of all respondents.

- Use of opioids/opiates is more prevalent among Metro Area women, adults age 40 to 64, and residents in lower-income households.

Used Opioids or Opiates in the Past Year, Whether Prescribed or Not (Metro Area, 2018)



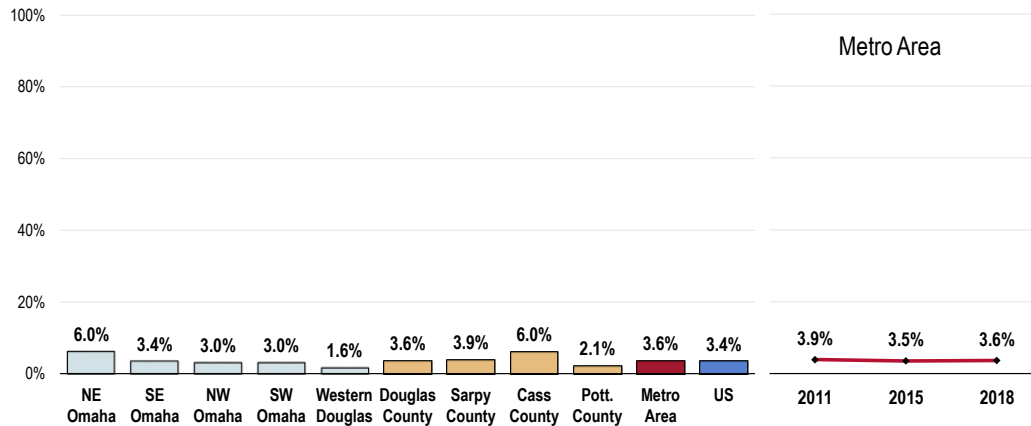
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 3.6% of Metro Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Viewed by county, the prevalence is lowest in Pottawattamie County.
 - Within Douglas County, the prevalence is highest in Northeast Omaha.
- TREND: Statistically unchanged over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

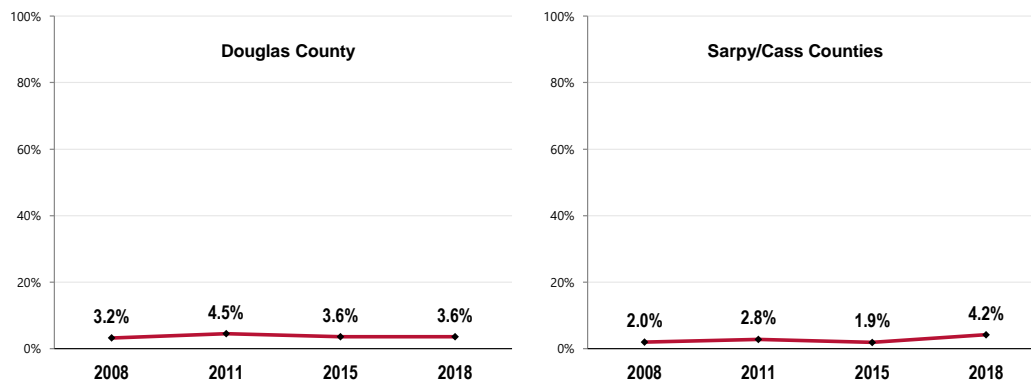


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- TREND: Statistically unchanged over time in Douglas County, as well as Sarpy/Cass counties.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

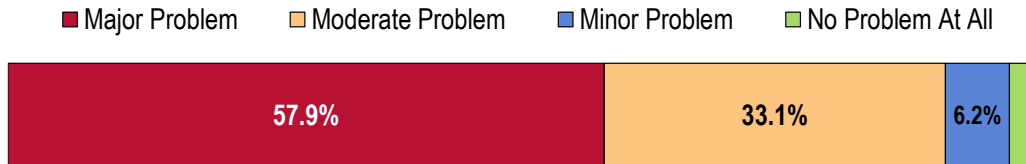


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
 Notes: • Asked of all respondents.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Insufficient services. – Community Leader, Douglas County*
- Access to treatment. – Other Health Provider, Pottawattamie County*
- Resources on the part of the affected population. Their interest, financial ability, insurance coverage, and such. – Social Services Provider, Douglas County*
- Lack of facilities available. – Public Health Representative, Pottawattamie County*
- We do not provide services in Pottawattamie County for substance abuse. – Other Health Provider, Pottawattamie County*
- Acute ETOH detox and then treatment. – Physician, Douglas County*
- Access to substance abuse treatment, limited available services for substance abuse treatment and funding. – Advanced Practice Provider, Douglas County*
- Access to the right level of care, transportation, payment. Step-down programs not always available. Peer support needs to be increased. Support groups need to be increased. – Social Services Provider, Douglas County*
- No local accessibility for treatment, care. Must commute to Omaha or Lincoln for services. – First Responder, Cass County*
- Assess to timely service and the right service when needed. – Social Services Provider, Douglas County*
- Lack of available resources and access. – Social Services Provider, Douglas County*
- Availability and cost. – Social Services Provider, Douglas County*
- Disparity in access to treatment and supporting resources for youth and adults regardless of income. – Social Services Provider, Douglas County*
- High binge drinking, insufficient treatment options, especially for youth. – Social Services Provider, Douglas County*
- Again, laws should be changed so that parents of adult children can force treatment. These people need help but instead are jailed where the perception is that drugs are still available. Then have a criminal record which can hamper job opportunities. – Other Health Provider, Douglas County*
- We have no evidence based interventions in Omaha. People are forced to rely upon AA, NA which has zero effectiveness. – Community Leader, Douglas County*
- All of the same as mental health. – Social Services Provider, Pottawattamie County*

Incidence/Prevalence

Due to published statistics. – Social Services Provider, Douglas County

High rate of substance abuse, especially prescription narcotics, and not enough treatment personnel or facilities to care for those afflicted. – Public Health Representative, Douglas County

Overwhelming use of illicit substances, which relates to societal questions regarding poverty, low wages and income inequality. – Physician, Pottawattamie County

We are in the midst of probably the largest opioid epidemic in our countries history and we have effective programs to support people struggling with addictions. However, we do not have the capacity to support the number of people needing help. – Social Services Provider, Douglas County

Huge substance abuse problem. – Other Health Provider, Pottawattamie County

Drugs are becoming too accessible in our communities and law enforcement is very limited in enforcement. There are very few resources available in our area. – Community Leader, Cass County

Excessive alcohol consumption since Nebraska has a very high rate and is the 42 worst state in the nation. – Public Health Representative, Douglas County

Affordable Care/Services

Cost, location of facilities. – Social Services Provider, Douglas County

Cost and stigma. – Social Services Provider, Douglas County

Lack of insurance that covers the cost of treatment. People cannot afford to take time off work to go to treatment without risking homelessness. The void left when Catholic Charities stopped providing substance abuse treatment in Omaha. – Social Services Provider, Douglas County

As with mental health care, too many people lack insurance or affordable insurance to access the help they need. And again, the providers that do provide free/sliding fee help are overwhelmed. – Social Services Provider, Douglas County

Available programs that are affordable and covered by insurance. Teen specific programing including outpatient options. Effective programing for meth and opioid use specifically. – Social Services Provider, Douglas County

Lack of Providers

Access to providers and assessing for substance in an integrated care clinic, physical and behavioral health. – Public Health Representative, Douglas County

Lack of adequate number of providers. – Social Services Provider, Douglas County

Lack of providers and treatment programs. – Social Services Provider, Pottawattamie County

Lack of providers and affordability. – Social Services Provider, Douglas County

Not enough care providers for people without resources to address the issue in our county. – Community Leader, Douglas County

Denial/Stigma

Motivation to stop using. The cycle of dependence, mental health issues, the actual addiction itself, family dynamics, a using partner, stress from life problems and the inability to cope with them. – Business Leader, Pottawattamie County

Stigma, providers not educated on how to partner with patients in treatment, lack of detox locations, treatment opportunities, lack of knowledge in medication options to treat patients as a chronic condition. – Social Services Provider, Douglas County

Stigma, lack of inpatient facilities and cost. – Other Health Provider, Douglas County

Stigma and access to care. – Social Services Provider, Douglas County

Transportation and stigma. – Community Leader, Douglas County

Lack of Inpatient Facilities

Insurance and availability for inpatient programs and insurance for outpatient programs. – Other Health Provider, Douglas County

Lack of inpatient facilities, inadequate outpatient programs, stigma, differences among substance abusers, alcoholic versus heroin addict, require different treatment methods. Insufficient support for families if a parent is in treatment. – Social Services Provider, Douglas County

Growing and pervasive issue with limited inpatient or residential types of services available. Residents have to

leave town to get treatment. – Social Services Provider, Douglas County

There are not enough inpatient programs for our youth and adults. We do not have a detox facility. The number of outpatient offerings are small. – Postsecondary Educator, Pottawattamie County

Lack of Funding

Lack of funding and sufficient intervention programs to treat addiction. Too much reliance on the criminal justice system. – Social Services Provider, Douglas County

Lack of funding. Federal pass through money that comes into Nebraska from SAMSHA trickles down to local programs. There is rarely funding for expansion or new programs. The 1.3 million for opioid addiction was not distributed to programs that serve. – Social Services Provider, Douglas County

Prevention

Lack of prevention, treatment programs and facilities. – Other Health Provider, Douglas County

Prevention/early intervention services are needed. Not enough detox facilities or affordable treatment programs. Patients need access to mental health supports upon discharge from treatment. Need to close the communication gap between medical providers. – Social Services Provider, Pottawattamie County

Mental Health

The lack of mental health options is driving the substance abuse problem. People are self-medicating to help with their mental health issues, which leads to addiction and breaking the law in many instances. – Public Health Representative, Pottawattamie County

Marijuana Use

When I think of substance abuse, I'm thinking of rise in the use of marijuana, not only the drugs that are considered hard core like meth. The growing state by state legalization and the growing vocal support for medical marijuana. – Business Leader, Pottawattamie County

Prescription Drug Abuse

Prescription drug availability. – Business Leader, Pottawattamie County

Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **alcohol** as the most problematic substance abused in the community, followed by **methamphetamine/other amphetamines** and **prescription medications**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	48.3%	25.0%	17.9%	26
Methamphetamine or Other Amphetamines	37.9%	14.3%	10.7%	18
Prescription Medications	10.3%	35.7%	17.9%	18
Heroin or Other Opioids	3.4%	10.7%	21.4%	10
Marijuana	0.0%	10.7%	14.3%	7
Cocaine or Crack	0.0%	3.6%	7.1%	2
Over-The-Counter Medications	0.0%	0.0%	7.1%	2
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	0.0%	3.6%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

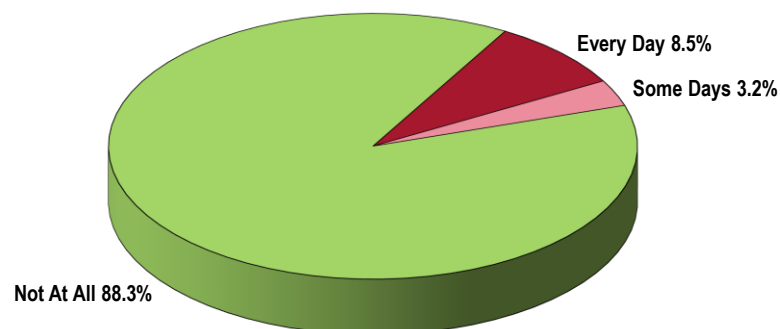
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 11.7% of Metro Area adults currently smoke cigarettes, either regularly (8.5% every day) or occasionally (3.2% on some days).

Cigarette Smoking Prevalence
(Metro Area, 2018)

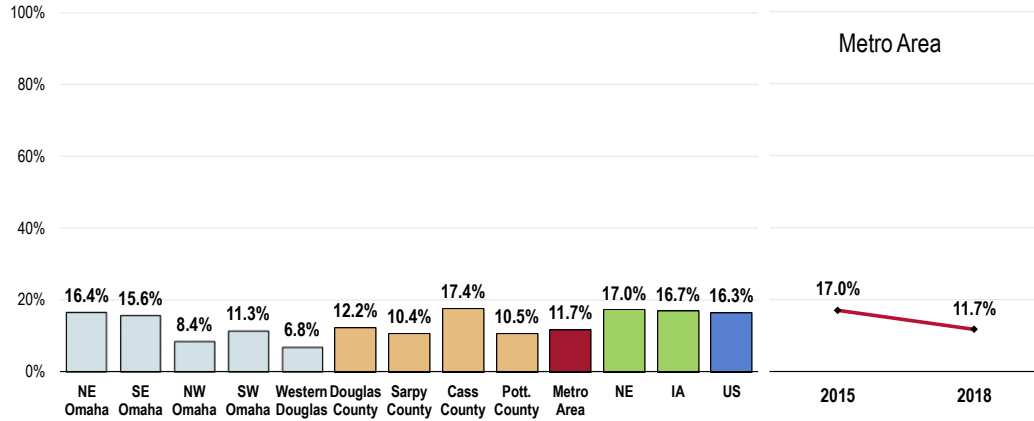


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
Notes: • Asked of all respondents.

- More favorable than state and US findings.
- Similar to the Healthy People 2020 target (12% or lower).
- Statistically similar findings by county.
 - Highest in Northeast Omaha.
- TREND: The percentage denotes a statistically significant decrease since 2015.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower

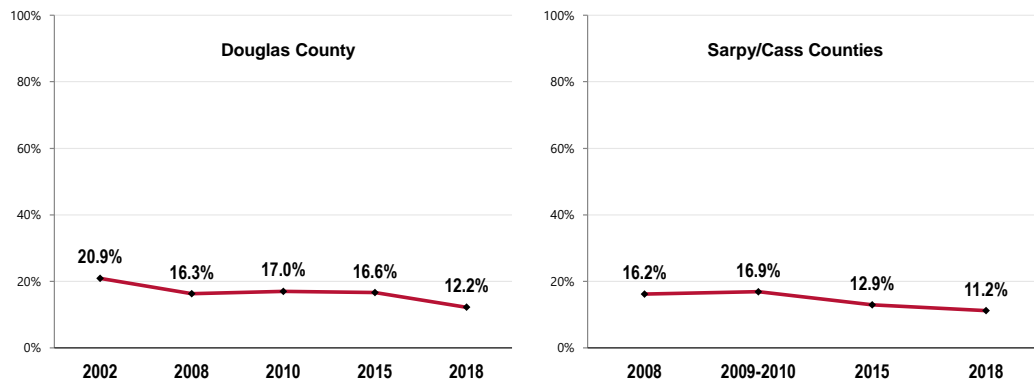


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

- TREND: Smoking has decreased significantly over time in Douglas County as well as in Sarpy/Cass counties.

Current Smokers



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

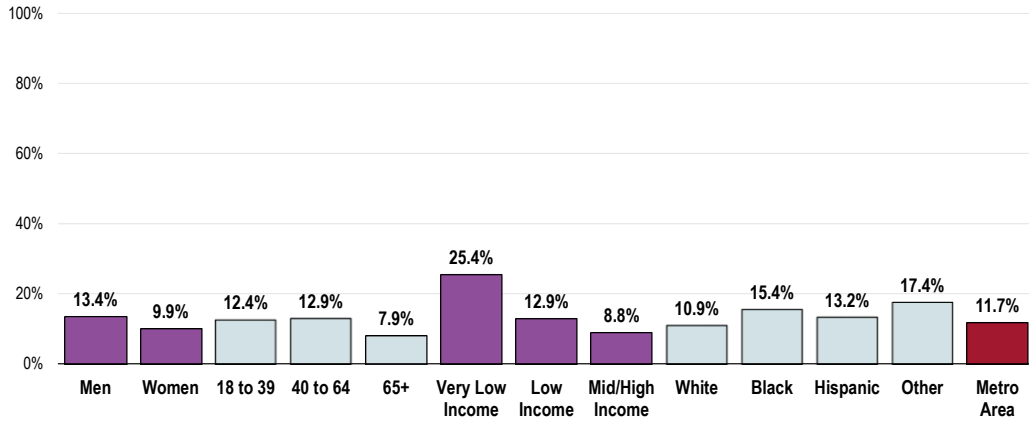
Cigarette smoking is more prevalent among:

- Men.
- Adults under age 65.
- Lower-income residents.

Current Smokers

(Metro Area, 2018)

Healthy People 2020 Target = 12.0% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes regular and occasion smokers (everyday and some days).

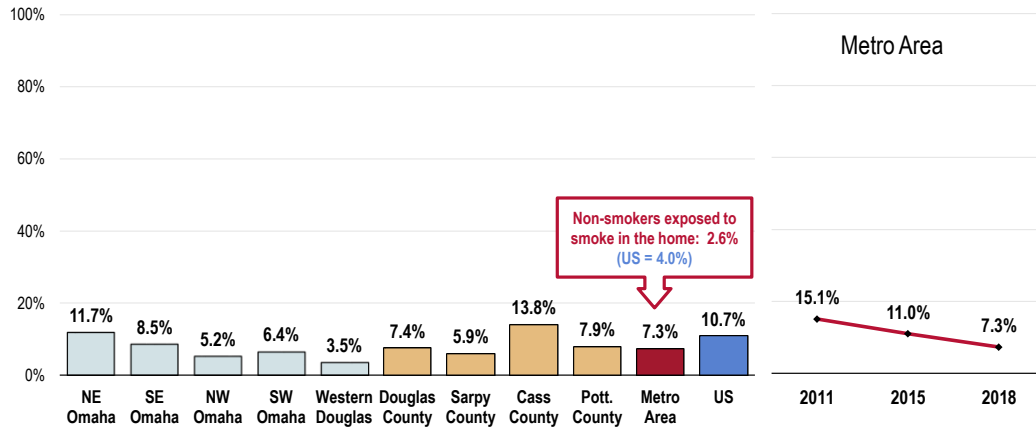
Environmental Tobacco Smoke

A total of 7.3% of Metro Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- More favorable than national findings.
- Statistically similar findings by county.
 - Unfavorably high in Northeast Omaha.
- **TREND:** Marks a statistically significant decrease over time.

Note that 2.6% of Metro Area nonsmokers are exposed to cigarette smoke at home, similar to what is found nationally.

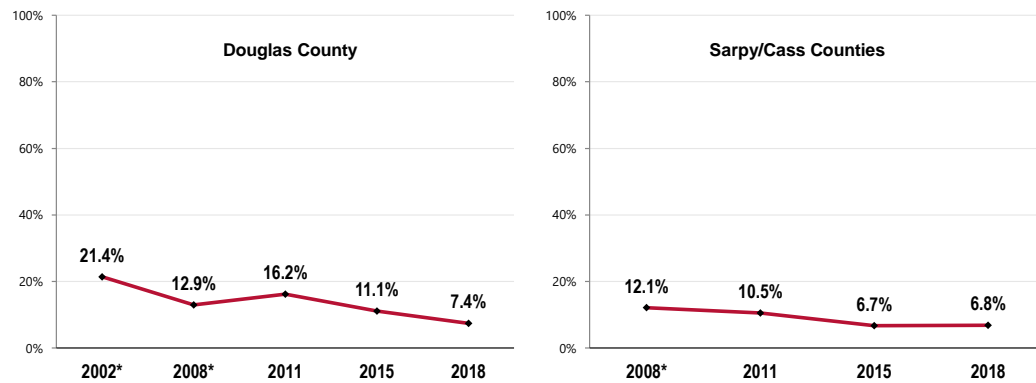
Member of Household Smokes at Home



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 161]
 ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- **TREND:** Smoking in the home has decreased significantly over time for Douglas County and Sarpy/Cass counties.

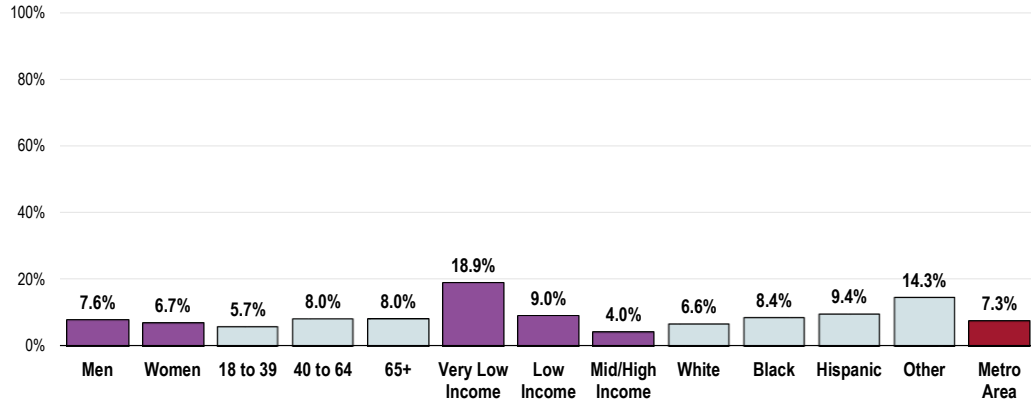
Member of Household Smokes at Home



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 161]
 Notes: ● Asked of all respondents.
 ● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Note the negative correlation with household income.

Member of Household Smokes At Home (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

Smoking Cessation Attempts

One-half (50.7%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

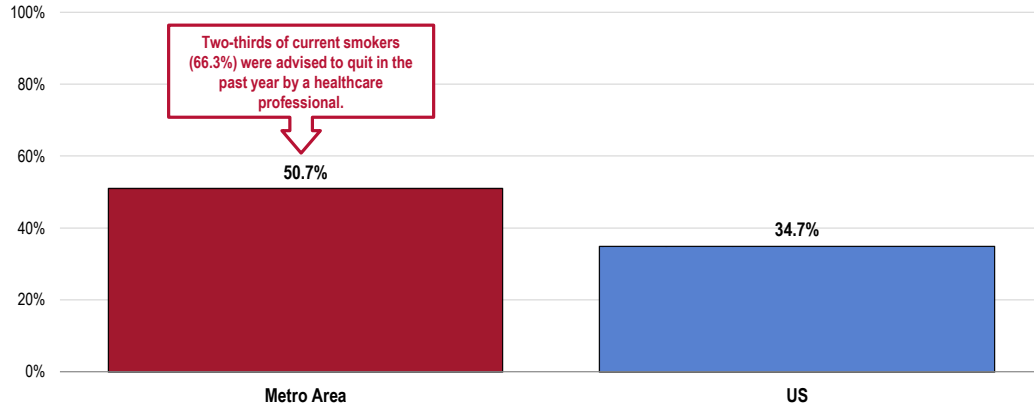
- Much higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).

Most current smokers (66.3%) have been advised by a healthcare professional in the past year to quit smoking.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher



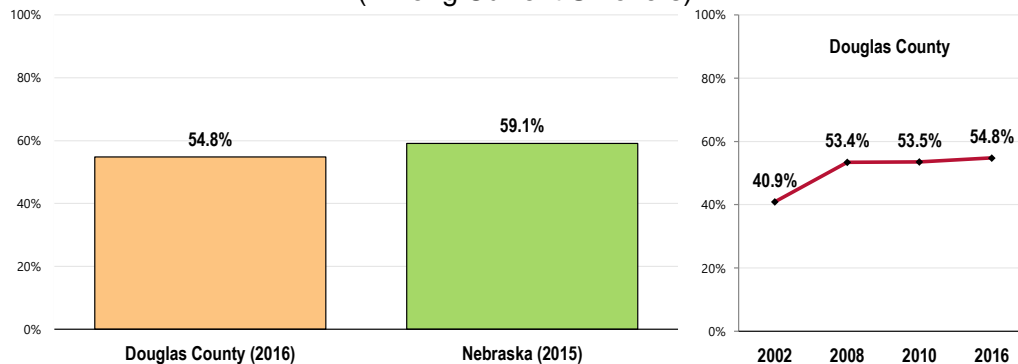
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
- Notes:
- Asked of respondents who smoke cigarettes every day.

Douglas County Only: According to the CDC 2016 BRFSS data for Douglas County, 54.8% of smokers in Douglas County have stopped smoking for at least one day in the past year in order to quit smoking.

- **TREND:** Cessation attempts among Douglas County smokers appear to have increased significantly from baseline survey results.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Current Smokers)



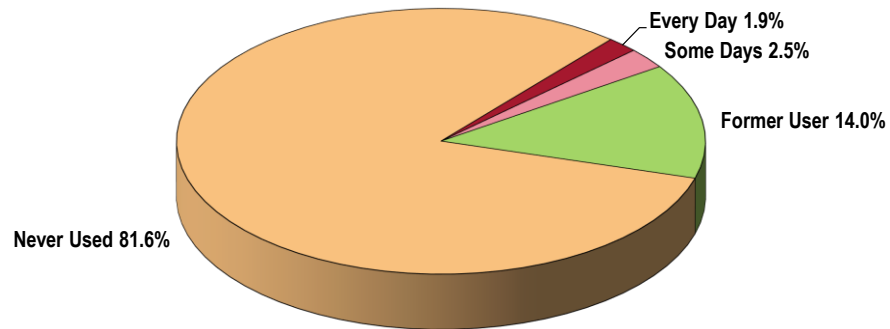
- Sources:
- 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department
- Notes:
- Asked of respondents who smoke cigarettes every day or on some days.
 - The 2012-2016 BRFSS data are not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame.

Other Tobacco Use

Use of Vaping Products

A total of 4.4% of Metro Area adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (1.9% every day) or occasionally (2.5% on some days).

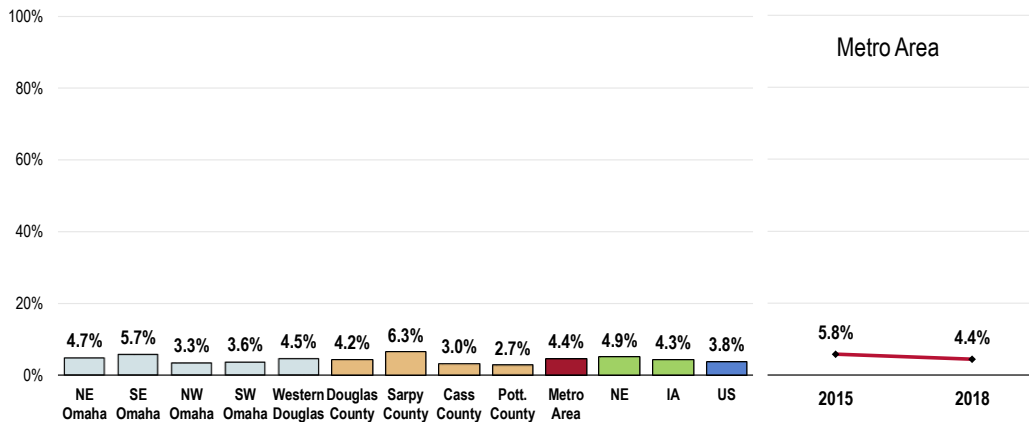
Electronic Cigarette (E-Cigarette) Smoking Prevalence (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 Notes: • Asked of all respondents.

- Similar to state and national findings.
- Vaping is more prevalent in Sarpy County.
 - Similar by area within Douglas County.
- TREND: The prevalence is statistically unchanged since 2015.

Currently Use Electronic Cigarettes (E-Cigarettes)

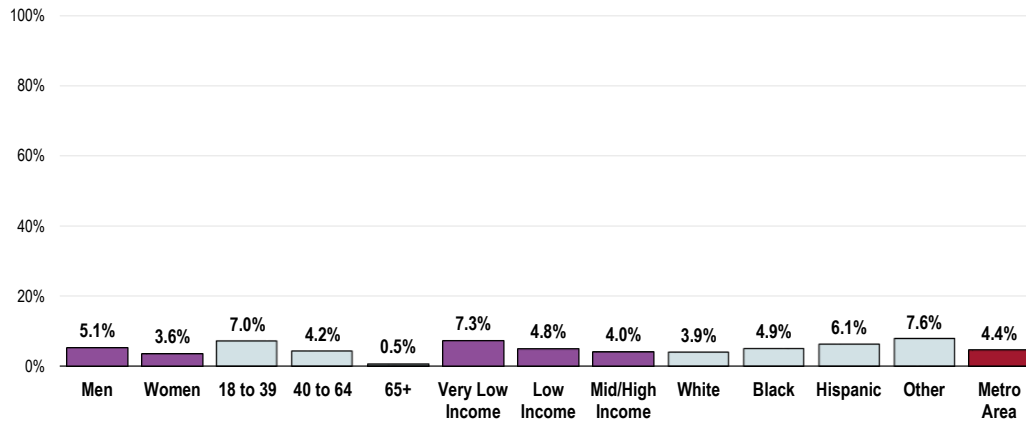


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Nebraska and Iowa data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Electronic cigarette/other vaping product use is more prevalent among:

- Adults under age 65 (negative correlation with age).
- Lower-income residents (negative correlation with income).

Currently Use Electronic Cigarettes (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Smokeless Tobacco

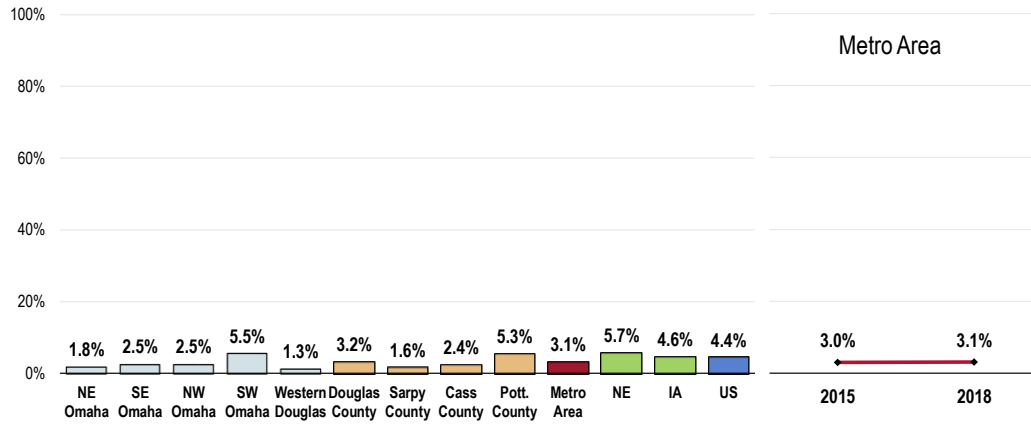
A total of 3.1% of Metro Area adults use some type of smokeless tobacco (e.g., chewing tobacco, snuff) every day or on some days.

- More favorable than both state percentages, similar to the US figure
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- By county, unfavorably high in Pottawattamie County.
 - Unfavorably high in Southwest Omaha.
- TREND: Similar to 2015 findings.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower



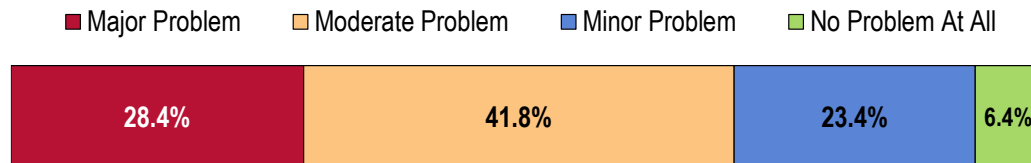
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 319]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]

Notes: • Asked of all respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

We continue to see disparities in tobacco use as well as youth initiating this behavior. This is a behavior with clear, concrete impacts on health and through continued efforts to reduce could have a clear, positive impact on the health of the community. – Other Health Provider, Douglas County

Many tobacco users in the county. No resources available to help with quitting and stores have limited to no smoking cessation products to assist those who want to quit. – First Responder, Cass County

Tobacco use is rampant across our community and occurs in our parks, fairgrounds, school events. Tobacco products are being used in front of children, exposing them to second-hand smoke and promoting a deadly habit. – Community Leader, Cass County

Tobacco use still happens. – Social Services Provider, Douglas County

Too many smokers and smoke related illnesses. – Physician, Pottawattamie County

There are still people who smoke and it is unhealthy. – Social Services Provider, Pottawattamie County

Rates are beginning to creep up after years of decline. Number one preventable disease cause. – Other Health Provider, Douglas County

The detrimental health consequences of tobacco use are astronomical, yet, people continue to smoke and initiate second hand smoke for non-smokers. – Community Leader, Douglas County

Data. – Public Health Representative, Douglas County

Smoking and chewing tobacco is still used a lot by both adults and teens. – Social Services Provider, Douglas County

Targeting of community by tobacco industry and the profits that can be made by stores in the community from tobacco sales. – Community Leader, Douglas County

Still too many people smoking. Particular concern is the high number of women turning to smoking for stress relief. – Social Services Provider, Douglas County

Any use of tobacco is too much. We need to encourage more cessation programs. Should consider increase in tobacco tax. – Community Leader, Douglas County

It's the number one preventable leading causes of lung cancer deaths. Approximately 17% of adult Nebraskans are current smokers. Over 2,500 deaths are related to tobacco use every year. – Social Services Provider, Douglas County

Vaping/E-Cigarettes

When I think of tobacco, cigarettes, chewing tobacco and pipe, cigar comes to mind. More recently, however, I am growing more concerned with the practice of vaping which seems to be capturing the imagination of young and old alike. – Business Leader, Pottawattamie County

Vaping leads to tobacco use. Easy access. Generations of smokers. Resources spread thin over many counties. – Public Health Representative, Pottawattamie County

Visual number of people smoking or vaping and ads for such. – Social Services Provider, Douglas County

Smoke free zones are not enforced, widespread use of vaporizers as a substitute for nicotine addiction. – Advanced Practice Provider, Douglas County

Adolescent Use

It's illegal and accessible and we still have high rates of young people who are still using. – Public Health Representative, Pottawattamie County

Most addition to tobacco products begins in adolescence and with the new methodologies to using nicotine, e-cigs and vaping and oral tobacco, there is an upswing in new tobacco users. – Public Health Representative, Douglas County

Incidence of Cancer

Cancer is rampant here. So much so, they built a cancer center here. – Social Services Provider, Douglas County

Tobacco causes cancer and other health issues. – Social Services Provider, Douglas County

Generational Differences

Generational differences. – Other Health Provider, Douglas County

Access to Health Services



Professional Research Consultants, Inc.

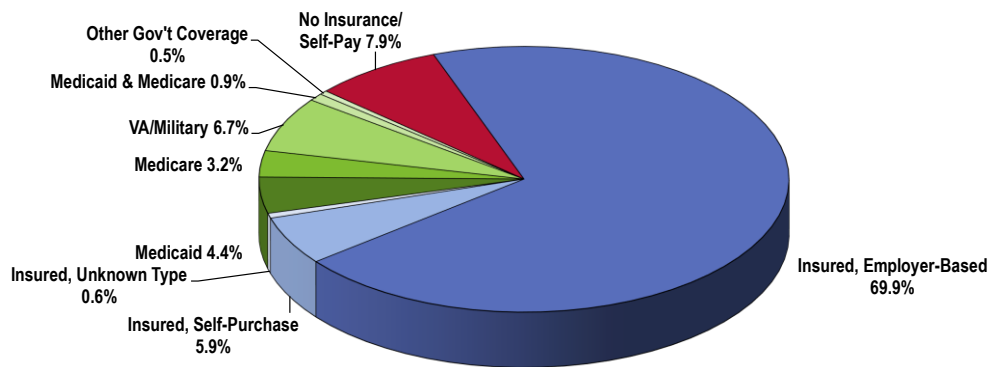
Health Insurance Coverage

Type of Healthcare Coverage

A total of 76.4% of Metro Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 15.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage
(Among Adults Age 18-64; Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

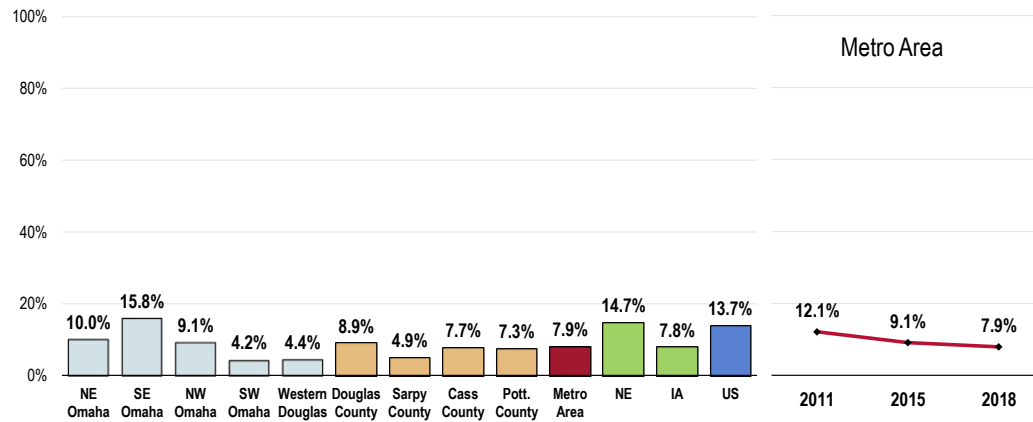
Lack of Health Insurance Coverage

Among adults age 18 to 64, 7.9% report having no insurance coverage for healthcare expenses.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Lower than the Nebraska and US findings; similar to the Iowa prevalence.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Viewed by county, the prevalence of uninsured is highest in Douglas County.
 - Within Douglas County, unfavorably high in Southeast Omaha.
- TREND: Denotes a statistically significant decrease over time.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64) Healthy People 2020 Target = 0.0% (Universal Coverage)

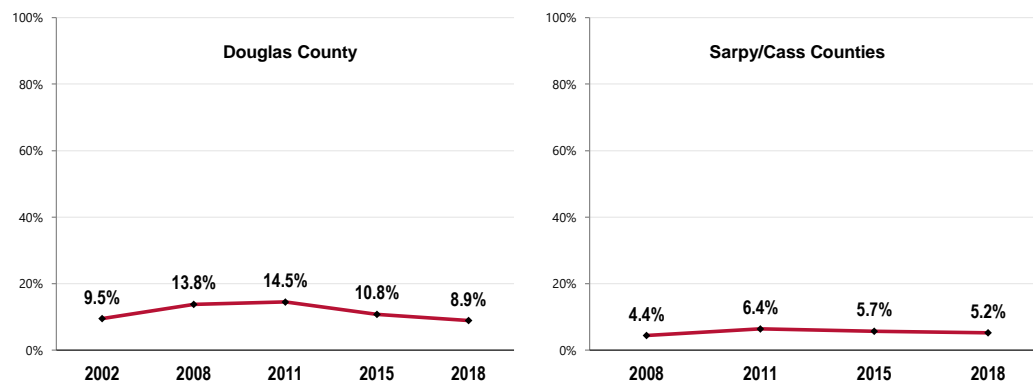


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

- **TREND:** In Douglas County, the uninsured level rose in the late 2000s, but has since decreased. The Sarpy/Cass counties level remains statistically unchanged.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
 Notes: • Asked of all respondents under the age of 65.

The following population segments are more likely to be without healthcare insurance coverage:

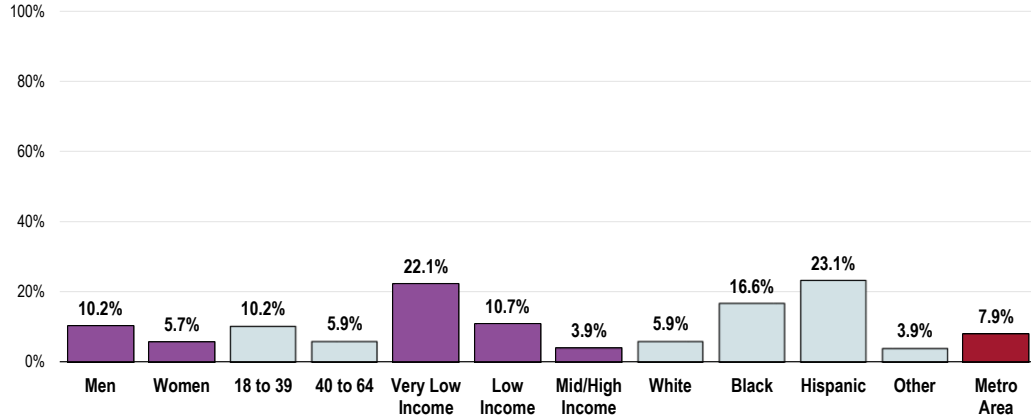
- Men.
- Young adults.
- Residents living at lower incomes (note the 22.1% uninsured prevalence among very low-income adults).

- Black residents.
- Hispanics.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Metro Area, 2018)

Healthy People 2020 Target = 0.0% (Universal Coverage)

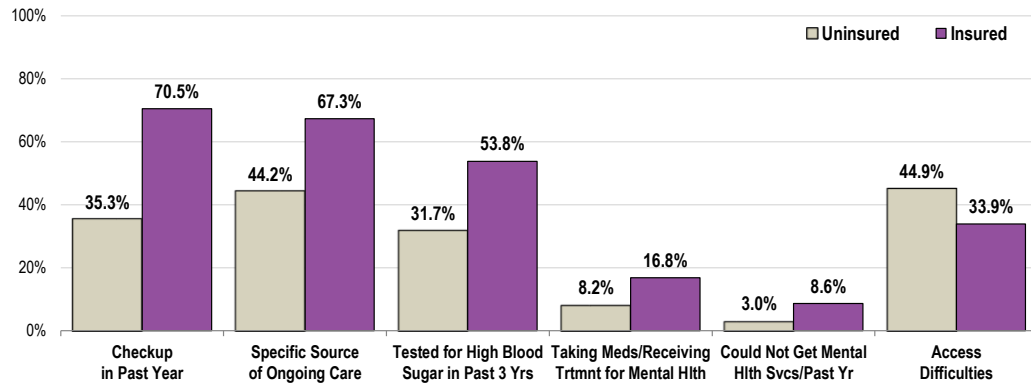


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
- Notes:
- Asked of all respondents under the age of 65.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- As might be expected, uninsured adults in the Metro Area are less likely to receive routine care and preventive health screenings and are more likely to have experienced difficulties accessing healthcare.

Preventive Healthcare

(By Insured Status; Metro Area, 2018)



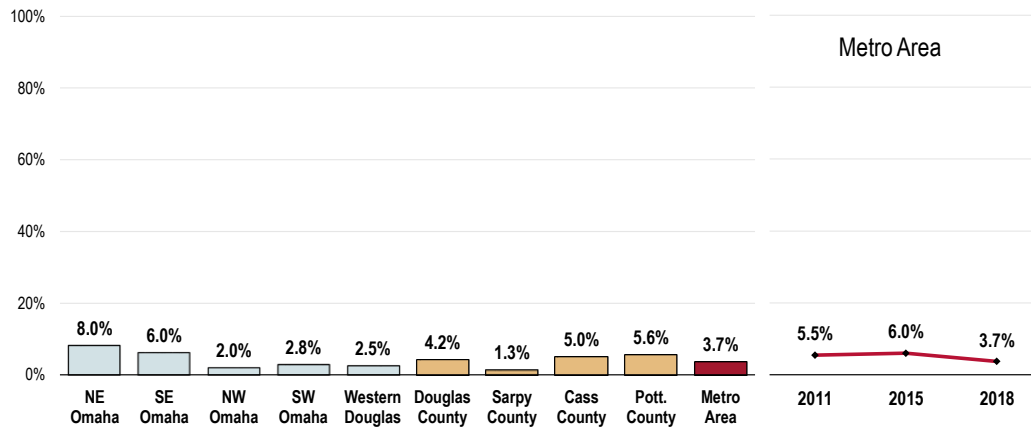
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 18, 37, 103, 105, 170, 171]
- Notes:
- Asked of all respondents.

Recent Lack of Coverage

Among currently insured adults in the Metro Area, 3.7% report that they were without healthcare coverage at some point in the past year.

- By county, favorably low in Sarpy County.
 - Within Douglas County, highest in Northeast Omaha.
- TREND: Marks a statistically significant decrease in insurance instability.

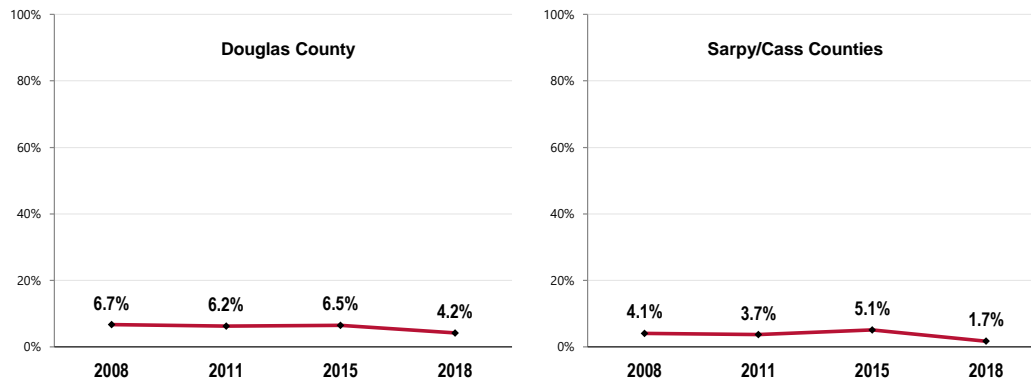
Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 328]
 Notes: • Asked of all insured respondents.

- TREND: Marks a statistically significant decrease in insurance instability in Douglas County (statistically unchanged over time for Sarpy/Cass).

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)

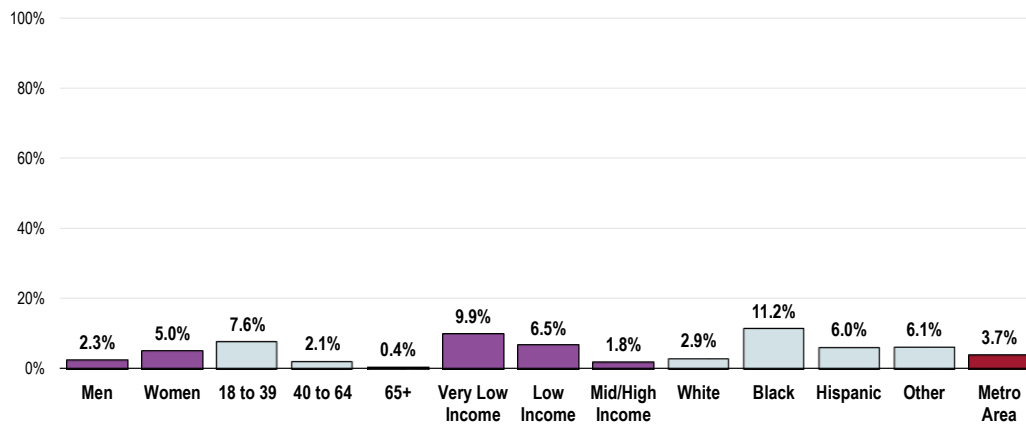


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 328]
 Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Women.
- Adults under age 40.
- Lower-income residents.
- Black residents.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 328]
 Notes: • Asked of all insured respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

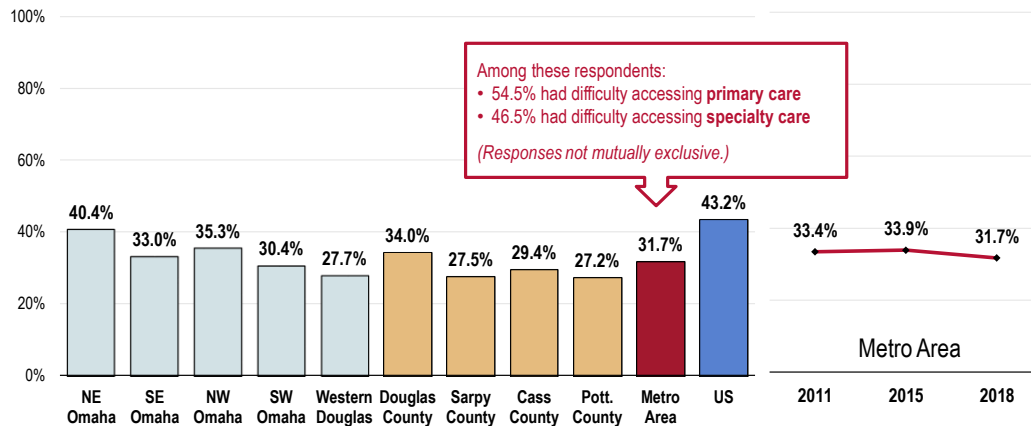
A total of 31.7% of Metro Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

- More favorable than national findings.
- The prevalence is highest in Douglas County.
 - Within Douglas County, unfavorably high in Northeast Omaha.
- TREND: Similar to the percentage reported in 2011 and 2015.

Note that, of those experiencing difficulty, 54.5% reported difficulty getting **primary care** in the past year, and 46.5% reported difficulty accessing a **specialist** (these categories are not mutually exclusive).

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

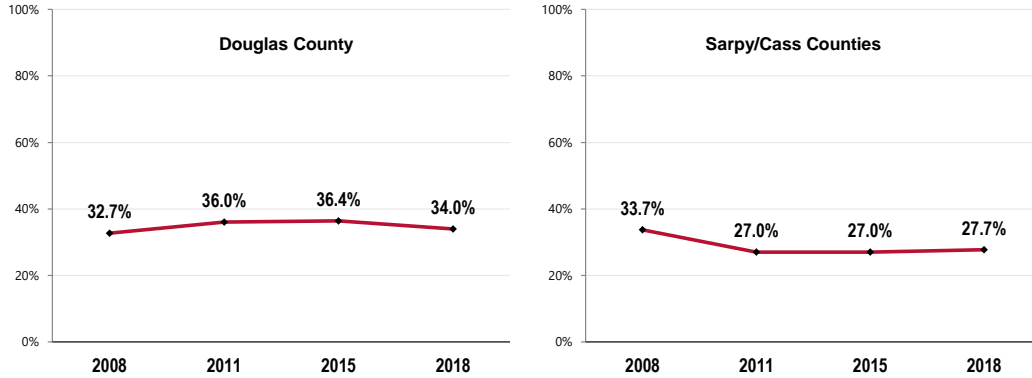


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 171, 305-306]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

- TREND: No significant change for Douglas County or Sarpy/Cass counties.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

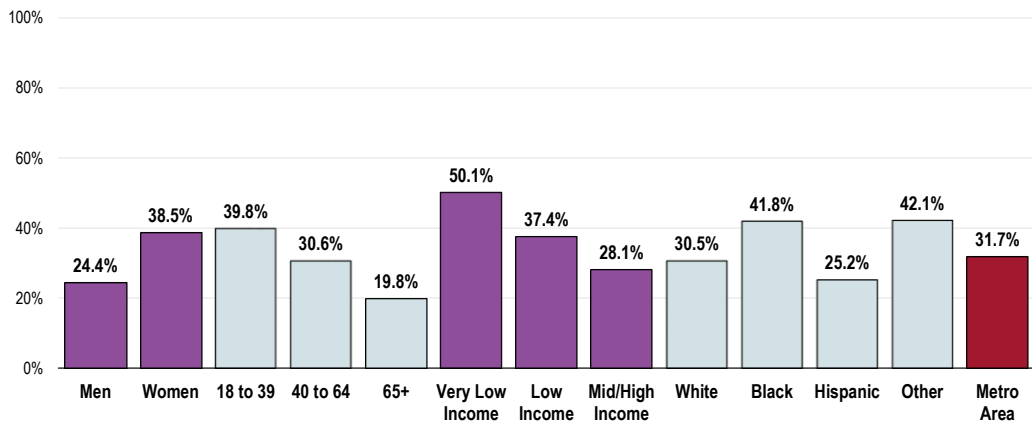


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 171]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following groups more often report difficulties accessing healthcare services:

- Women.
- Adults under age 65.
- Lower-income residents (negative correlation).
- Black residents.
- Other racial backgrounds.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Metro Area, 2018)



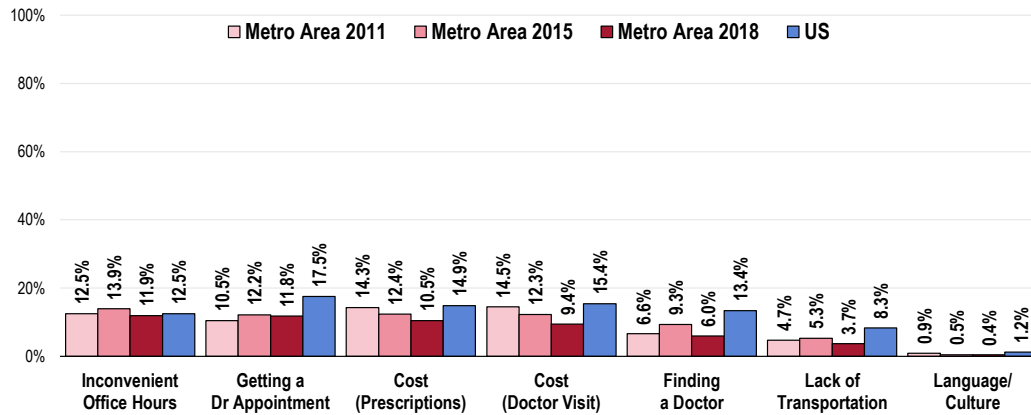
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

Of the tested barriers, inconvenient office hours impacted the greatest share of Metro Area adults (11.9% say that inconvenient office hours prevented them from obtaining medical care in the past year), followed closely by appointment availability (11.8%).

- The proportion of impacted Metro Area adults is statistically comparable to or better than that found nationwide for each of the tested barriers.
- TREND: Over time, the proportion of adults facing barriers to healthcare access has been stable or improved for each barrier tested.

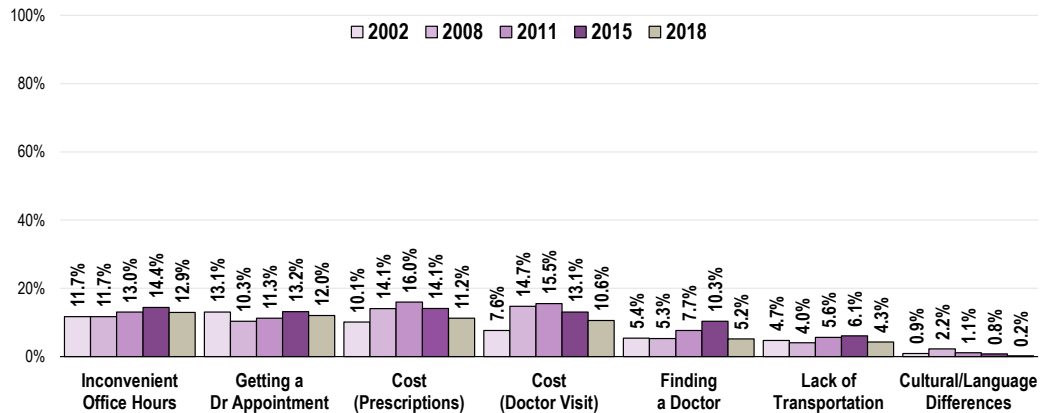
Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-13]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- TREND: Within Douglas County, no persistent trends since 2002.

Barriers to Access Have Prevented Medical Care in the Past Year (Douglas County)



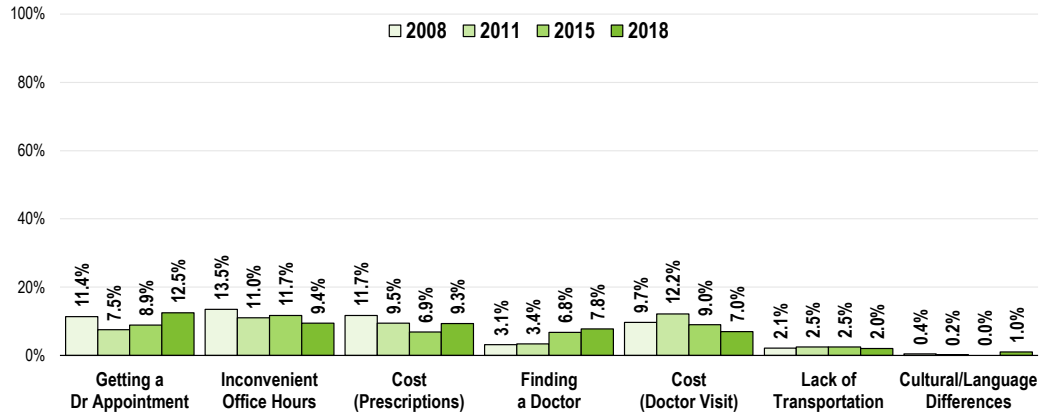
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-13]
 Notes: • Asked of all respondents.

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

- **TREND:** In Sarpy/Cass counties, note the persistent and statistically significant increase in the barrier of trying to **find a physician**.

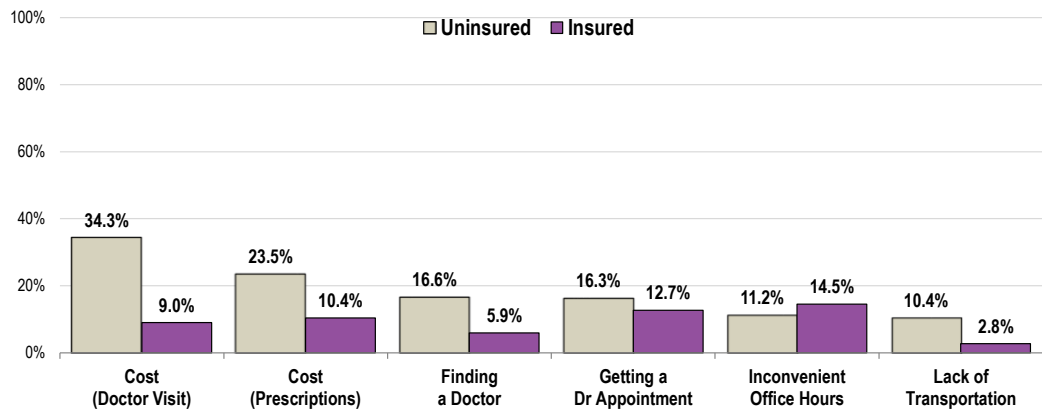
Barriers to Access Have Prevented Medical Care in the Past Year (Sarpy/Cass Counties)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-13]
 Notes: • Asked of all respondents.

- As might be expected, Metro Area adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

Barriers to Healthcare Access (By Insured Status; Metro Area, 2018)



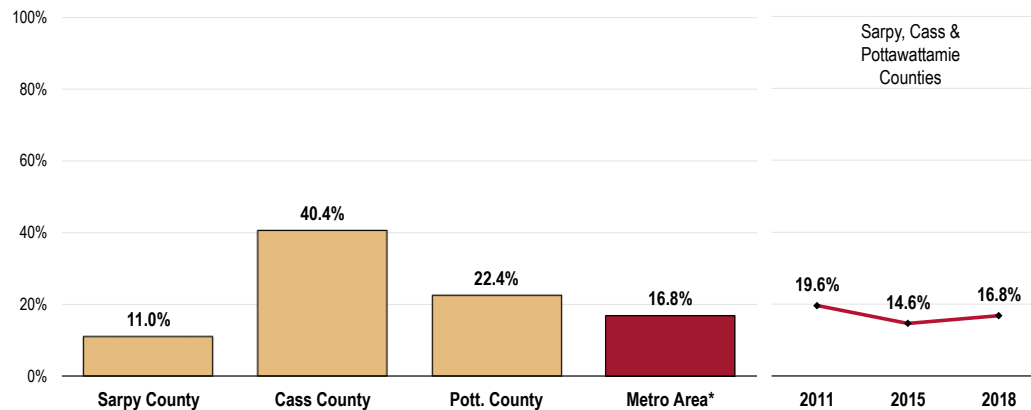
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
 Notes: • Asked of all respondents.

Travel Time (Sarpy, Cass, Pottawattomie Counties Only)

In the past year, 16.8% of Sarpy, Cass, and Pottawattomie County residents had to travel 30+ minutes for a medical appointment.

- The prevalence is highest among Cass County respondents.
- TREND: Statistically similar to previous findings.

Have Had to Travel 30 Minutes or More for a Medical Appointment in the Past Year (Sarpy, Cass & Pottawattomie Counties Only)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 307]

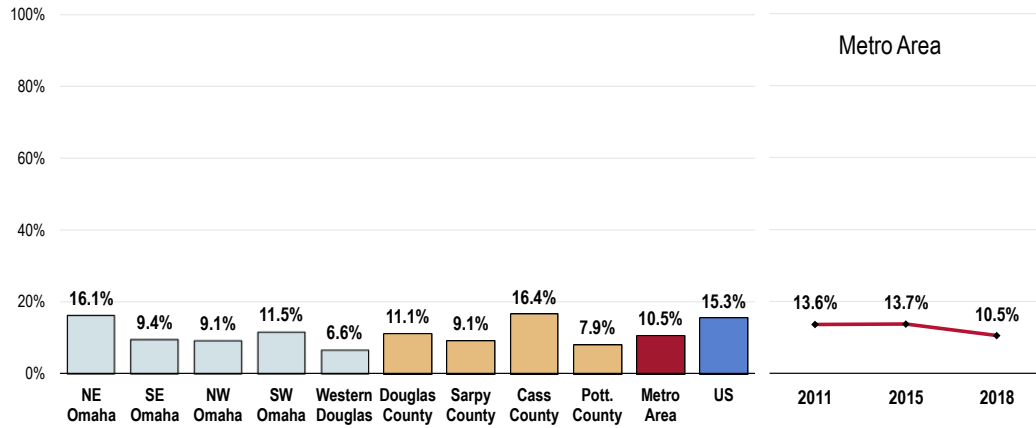
Notes: • Asked of all respondents (*excluding those in Douglas County).

Prescriptions

Among all Metro Area adults, 10.5% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- More favorable than national findings.
- Similar findings by county.
 - Within Douglas County, highest in Northeast Omaha.
- TREND: Marks a statistically significant decrease from previous survey findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



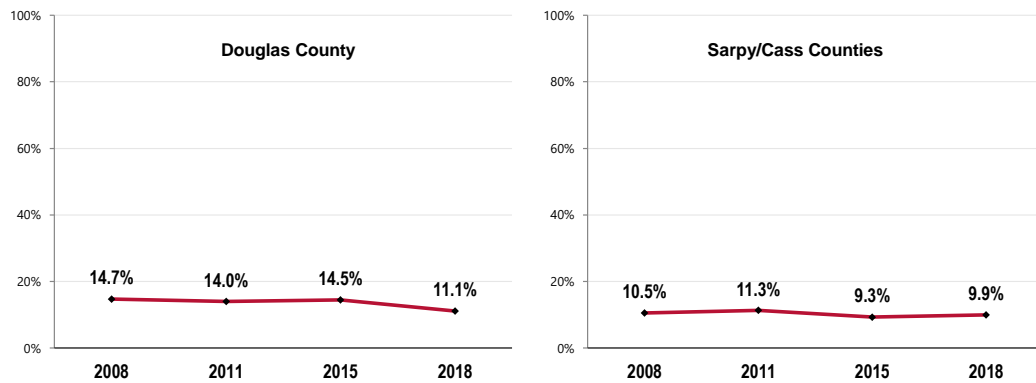
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 14]

● 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

- **TREND:** The Douglas County prevalence has decreased significantly from previous survey findings (Sarpy/Cass has been stable).

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



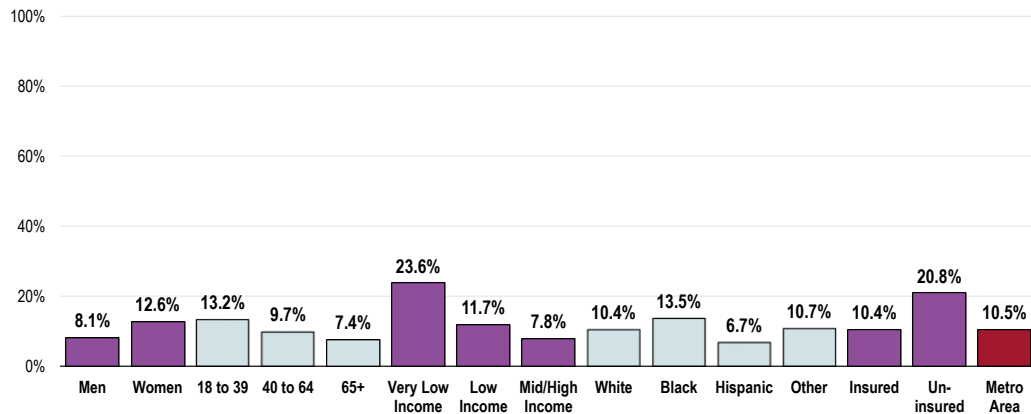
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 14]

Notes: ● Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Younger adults.
- Respondents with lower incomes (especially).
- Uninsured adults (especially).

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Metro Area, 2018)

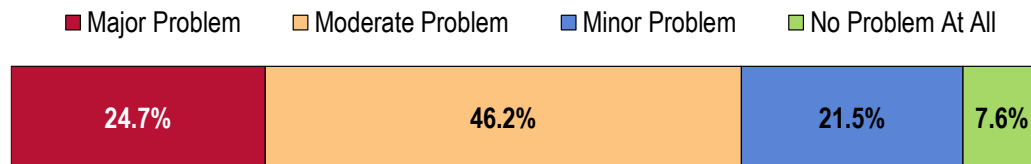


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Ease of access, medication affordability, poverty as affecting all aspects of health and health care. – Social Services Provider, Douglas County

Location and hours of services aren't always accessible for all. Transportation to services is limited. Providing comprehensive care within one care visit would improve access. If in for a sore throat, we should be able to receive needed service. – Other Health Provider, Douglas County

Access and services for the poor and elderly out in the county. Difficult to get to care, financially hard. – Public Health Representative, Pottawattamie County

We don't have equitable access to health care for all citizens. This is a national issue. Access to health care is still largely dependent on type of job. – Business Leader, Douglas County

Location of clinics and times open. – Community Leader, Douglas County

Access is a very broad term. Supply side barriers, clinical hours, locations, cultural awareness of providers, related access to care have made progress, however, demand side barriers such as health literacy of patients, skills required for seeking care. – Social Services Provider, Douglas County

Lack of access for marginalized populations. – Social Services Provider, Douglas County

We have some incredible health care centers here in the metro, and the number of people who do not have access to health care services is declining. However, the disparities between different races, ethnicities and their access to health care. – Community Leader, Douglas County

Lack of access means health issues are neglected or ignored. Lack of gainful employment, self-employment or employment in smaller or nontraditional fields often translates to leads to lack of, or unaffordable, health care. – Social Services Provider, Douglas County

Proximity to services, especially emergency care. – Social Services Provider, Douglas County

Inequity in health care access, barriers include uninsured or underinsured, areas where clinics are not located, treatment of certain patients based on their insurance status or ethnic background. Inability to serve clients in their native language. – Social Services Provider, Pottawattamie County

Great presence in local schools. – Social Services Provider, Douglas County

Affordable Care/Services

Having affordable healthcare for all people regardless of their incomes. There are people who have to choose between eating and buying medications. Unacceptable in this first world country. Of course people choose to eat. – Social Services Provider, Douglas County

Affordability of services. Patients don't have money allotted for even the least expensive community healthcare services, even \$15 is too expensive for many people. – Advanced Practice Provider, Douglas County

Cost, transportation, availability and time frame. – Social Services Provider, Douglas County

Lack of insurance and accessibility. – Social Services Provider, Douglas County

Poor access to affordable health insurance. We need universal health care for everyone like other progressive nations of the world provide for their citizens. Healthcare should be a right and not a privilege. – Physician, Pottawattamie County

No affordable option for lower income families to access health care. Some sliding scale locations are still out of the price range for many. Only having one free STD clinic is not enough. Transportation is an issue with patients. – Public Health Representative, Pottawattamie County

The number of uninsured and underinsured residents. The lack of trust in the cultural competence of the providers. Lack of transportation to health care services is also a major challenge. – Other Health Provider, Douglas County

see previous answer – Other Health Provider, Douglas County

Lack of affordable, coordinated and diverse care. – Other Health Provider, Douglas County

Not all have either health coverage or adequate health coverage. Access to transportation is also a factor. Lack of knowledge of available resources. – Social Services Provider, Douglas County

We have several clients who cannot afford medical care. We also have several clients who need mental health care and/or resources to address substance abuse. – Social Services Provider, Douglas County

Cost of health insurance. Not just accessing for major issues for families that are eligible for Medicaid, but for

families that are deemed middle class. Small businesses struggle to offer benefits while the cost for insurance continues to rise. – Social Services Provider, Douglas County

Not enough providers and they can't pay. – Social Services Provider, Douglas County

Cost of health care. This is another national issue. The cost of health care is a major financial burden for individuals, all types of businesses, non-profits, and public sector organizations. – Business Leader, Douglas County

Affordable access to health care for all individuals in our community. – Public Health Representative, Douglas County

Transportation

Transportation. Many lower income individuals who are uninsured or underinsured. – Social Services Provider, Pottawattamie County

Transportation. Affordable options. Lack of insurance, but still not qualifying for Medicaid. Long wait lists. – Social Services Provider, Douglas County

Transportation, hours open of providers. Limited number of providers in the community. – Community Leader, Douglas County

Now that the Creighton Hospital is closed, people have to travel farther for major issues. The clinic they opened is okay, but doesn't serve all of the needs of North Omaha. Transportation to and from the major hospital systems from North Omaha is poor. – Social Services Provider, Douglas County

Farm to school, PAC programs associated with the schools, human resource groups associated with middle class working companies in town. – Community Leader, Douglas County

Transportation, cost, accessibility and operating hours. I had a child with a broken toe bone and was told bring him back at 6:00pm or go to the Emergency Room. Trying to get away from Emergency Room mentality. – Social Services Provider, Douglas County

Medicare/Medicaid Providers

Not all providers of primary care and behavioral health services accept Medicaid. Not enough mental health and substance use providers in Nebraska. Underfunding of child and adult behavioral health services. – Social Services Provider, Douglas County

Lack of Medicaid expansion. Less support for safety net providers, Community Health Centers. Transportation issues. Costs of medications for chronic disease. – Physician, Douglas County

Medicaid reimbursement cuts. Providers leaving the market, cost of the uninsured rising, fewer people with health insurance. – Community Leader, Douglas County

Awareness of Services

The answer for most of these is the same, BH must reach more groups and frankly spend more money to improve a very low public awareness of what's available. – Social Services Provider, Douglas County

Various Issues

Cultural barriers. Accessible providers near clients for people who work multiple jobs. Insurance coverage and transportation. – Community Leader, Douglas County

Health literacy, transportation, insurance, and motivation. – Social Services Provider, Douglas County

Lack of Coordinated Care

General lack of coordination between health systems that leads to over utilization and lack of prevention that could be more cost effective. The fact that healthcare is an industry here hurts us; that is a health issue. – Business Leader, Douglas County

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified behavioral health, substance abuse treatment, primary care, and dental care as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Mental/Behavioral Health Care	80.0%	14.3%	0.0%	33
Substance Abuse Treatment	8.6%	28.6%	18.2%	19
Primary Care	2.9%	17.1%	12.1%	11
Dental Care	2.9%	8.6%	21.2%	11
Chronic Disease Care	0.0%	11.4%	12.1%	8
Specialty Care	2.9%	8.6%	6.1%	6
Elder Care	0.0%	5.7%	9.1%	5
Urgent Care	0.0%	0.0%	9.1%	3
Pain Management	0.0%	2.9%	3.0%	2
Co-Occurring Care	2.9%	0.0%	0.0%	1
Hospice Care	0.0%	0.0%	3.0%	1
Low-Cost STD Testing	0.0%	0.0%	3.0%	1
Prenatal Care	0.0%	0.0%	3.0%	1
Palliative Care	0.0%	2.9%	0.0%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

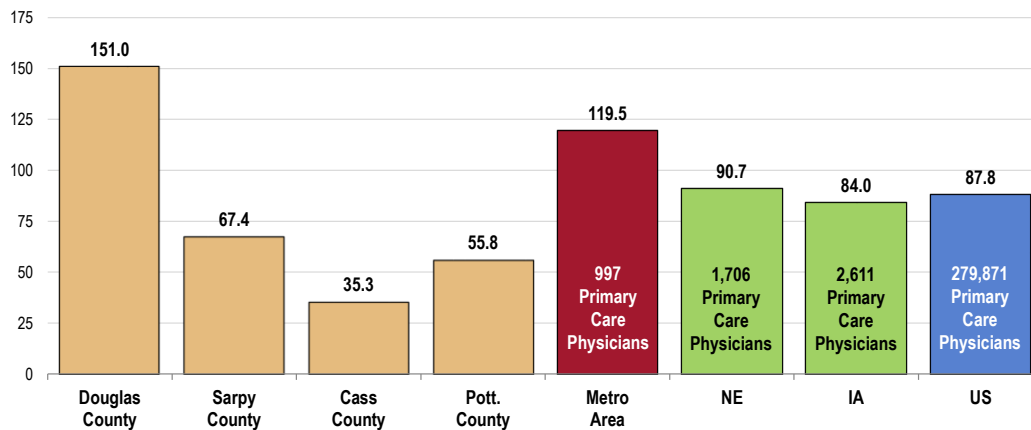
- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In the Metro Area in 2014, there were 997 primary care physicians, translating to a rate of 119.5 primary care physicians per 100,000 population.

- Well above what is found statewide and nationally.
- Douglas County reports the highest rate of primary care physicians per 100,000 population, while the other counties' rates are below state and US rates.

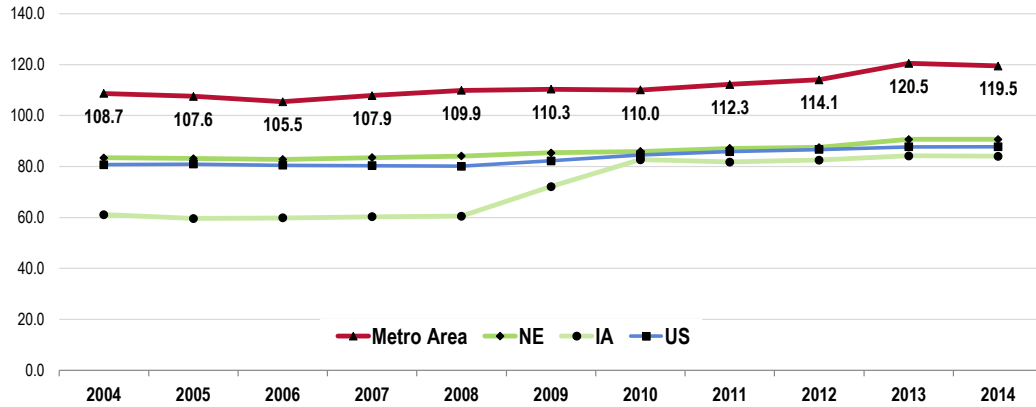
Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2014)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2014.
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- **TREND:** Access to primary care (in terms of the rate of primary care physicians to population) has improved over the past decade in the Metro Area.

Trends in Access to Primary Care (Number of Primary Care Physicians per 100,000 Population)



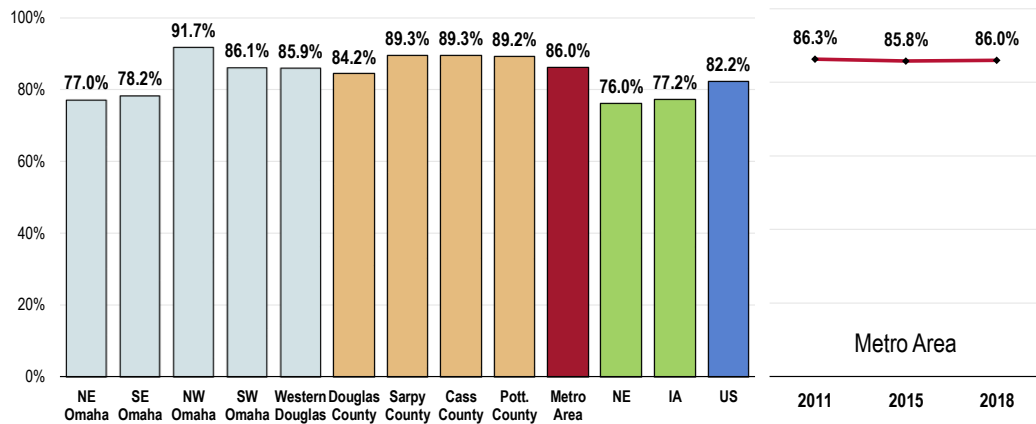
Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2014.
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
 • These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Particular Place for Medical Care

A total of 86.0% of Metro Area adults have one place where they generally go when in need of medical care.

- Above the state and US percentages.
- Viewed by county, the proportion is lowest in Douglas County.
 - Notably lower in the eastern portion of Douglas County.
- TREND: Statistically unchanged over time.

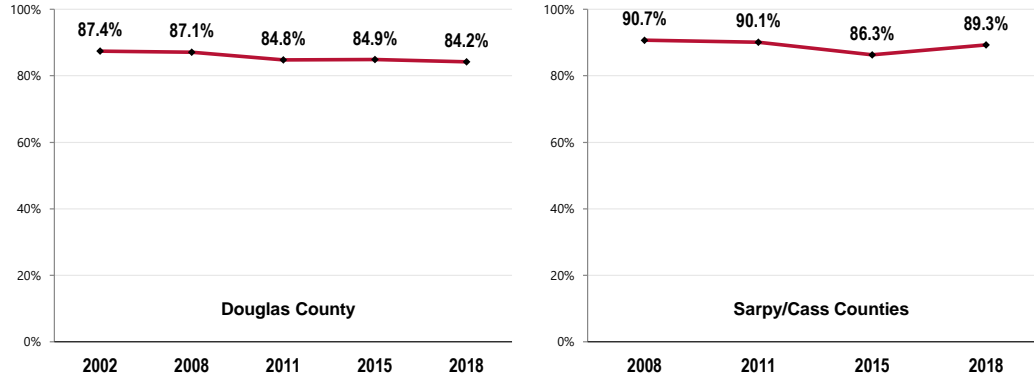
Have a Particular Place for Medical Care



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 16]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Nebraska and Iowa data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- TREND: While statistically unchanged in Sarpy/Cass counties, the prevalence has decreased significantly in Douglas County since 2002.

Have a Particular Place for Medical Care

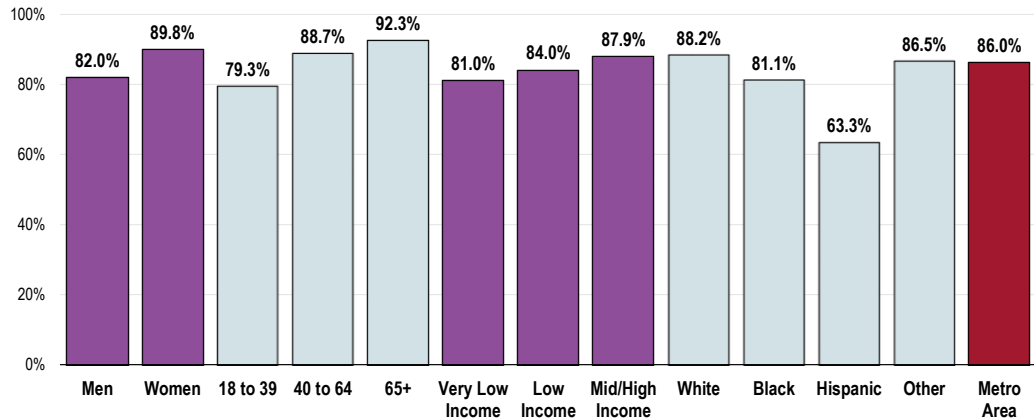


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 16]
 Notes: • Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a particular place for their medical care:

- Men.
- Younger adults.
- Those in lower-income households.
- Hispanics.

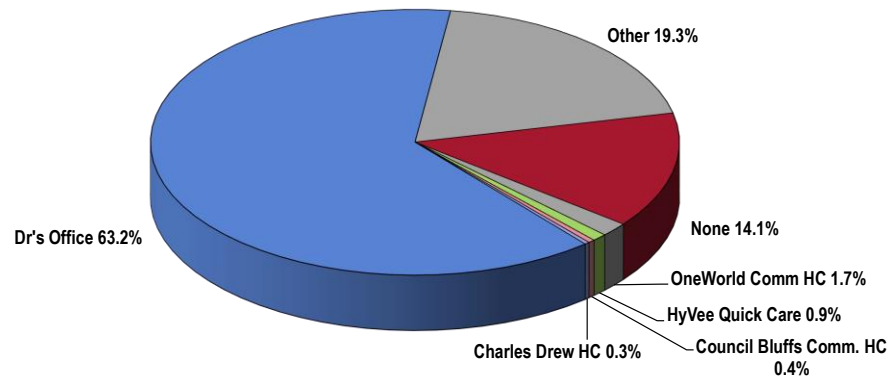
Have a Particular Place for Medical Care (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 16]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asked to specify their place for receiving general medical care, 63.2% cited a doctor's office.

Particular Place Utilized for Medical Care (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 16-17]
Notes: • Asked of all respondents.

Specific Source of Ongoing Care

In contrast to a particular place for general medical care, having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH) and does not include a hospital emergency room as a source of ongoing care.

In the Metro Area, 66.1% of survey respondents have a specific source for ongoing medical care (not shown).

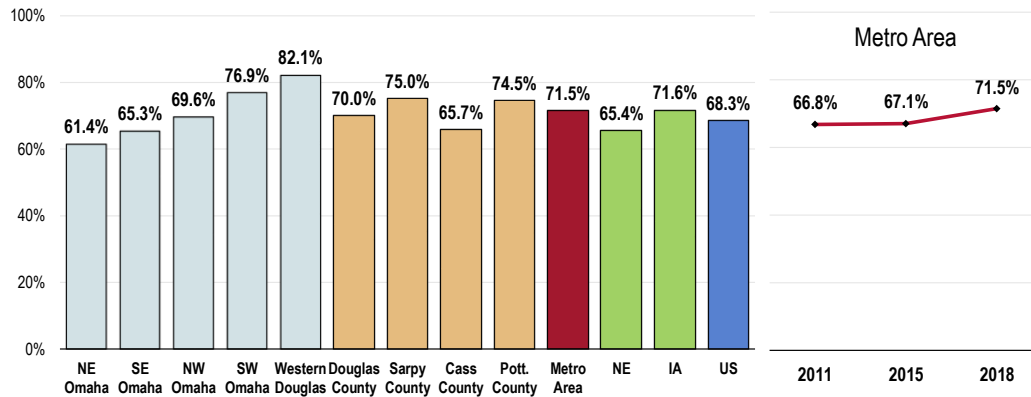
- Lower than the US percentage.
- Failing to satisfy the Healthy People 2020 goal (95% or higher).

Utilization of Primary Care Services

Just over 7 in 10 Metro Area adults (71.5%) visited a physician for a routine checkup in the past year.

- Comparable to Iowa and US findings; more favorable than the Nebraska percentage.
- By county, favorably high in Sarpy County.
 - Within Douglas County, lowest in Northeast Omaha.
- TREND: Denotes a statistically significant increase from previous survey results.

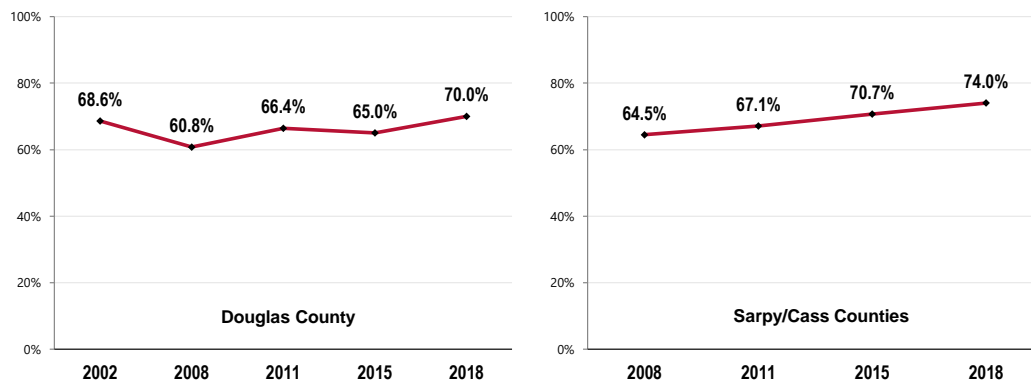
Have Visited a Physician for a Checkup in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Nebraska and Iowa data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- TREND: In Douglas County, this represents an increase since 2008, but is similar to 2002 baseline findings. Denotes a statistically significant increase over time in Sarpy/Cass counties.

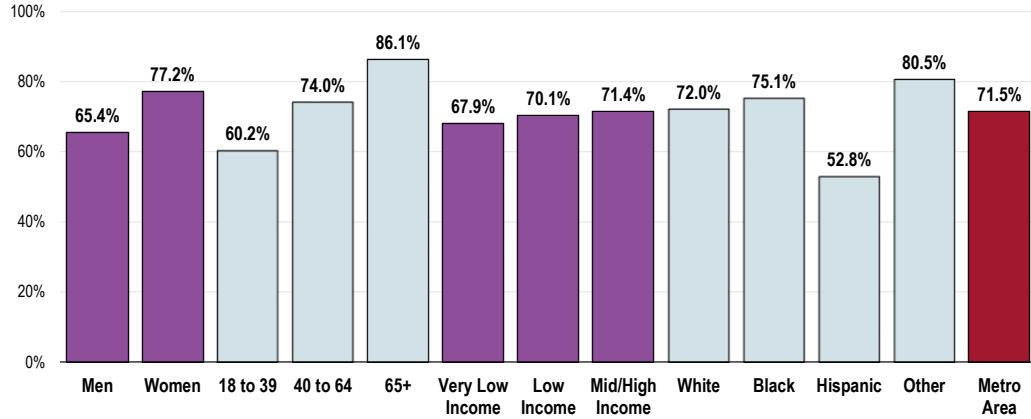
Have Visited a Physician for a Checkup in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
 Notes: • Asked of all respondents.

- Men and adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age), as are Hispanics in the Metro Area.

Have Visited a Physician for a Checkup in the Past Year (Metro Area, 2018)



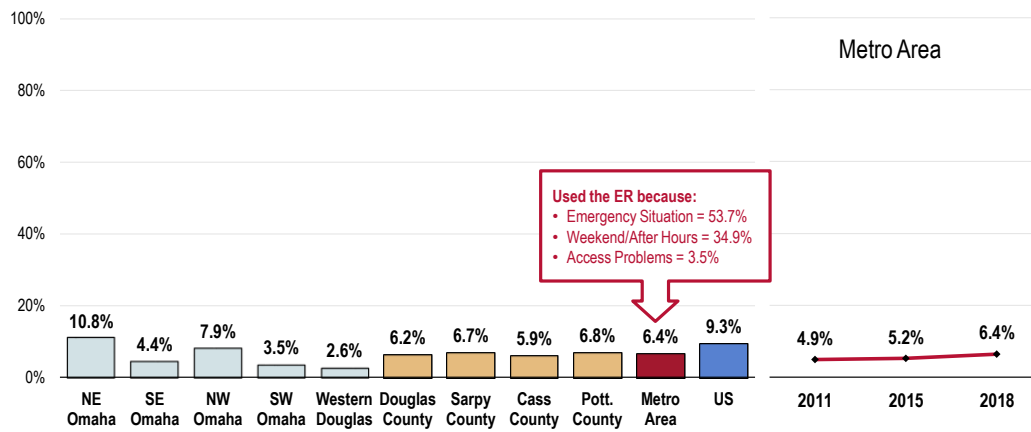
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Emergency Room Utilization

A total of 6.4% of Metro Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Lower than national findings.
- Similar findings by county.
 - Unfavorably high in Northeast Omaha.
- TREND: Marks a statistically significant increase from 2011 survey findings.

Have Used a Hospital Emergency Room More Than Once in the Past Year

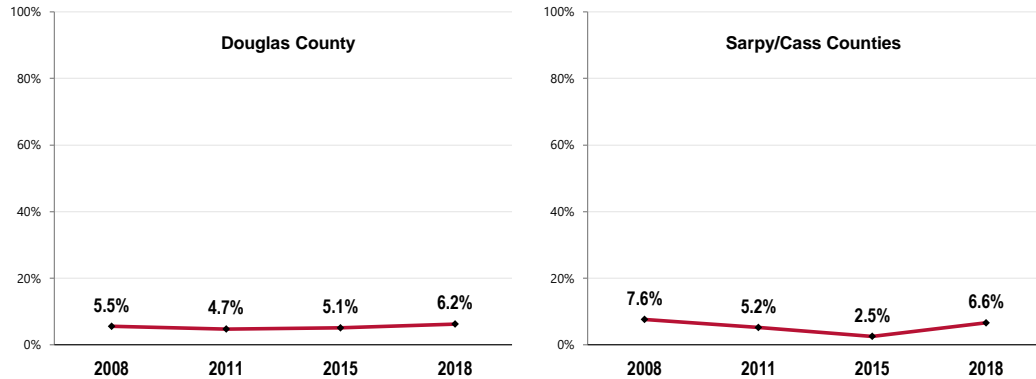


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 22-23]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Of those using a hospital ER, 53.7% say the visit was due to an **emergency or life-threatening situation**, while 34.9% indicated that the visit was during **after-hours or on the weekend**. A total of 3.5% cited **difficulties accessing primary care** for various reasons.

- TREND: Use of the ER in Douglas County and Sarpy/Cass counties remains statistically unchanged from baseline findings.

Have Used a Hospital Emergency Room More Than Once in the Past Year

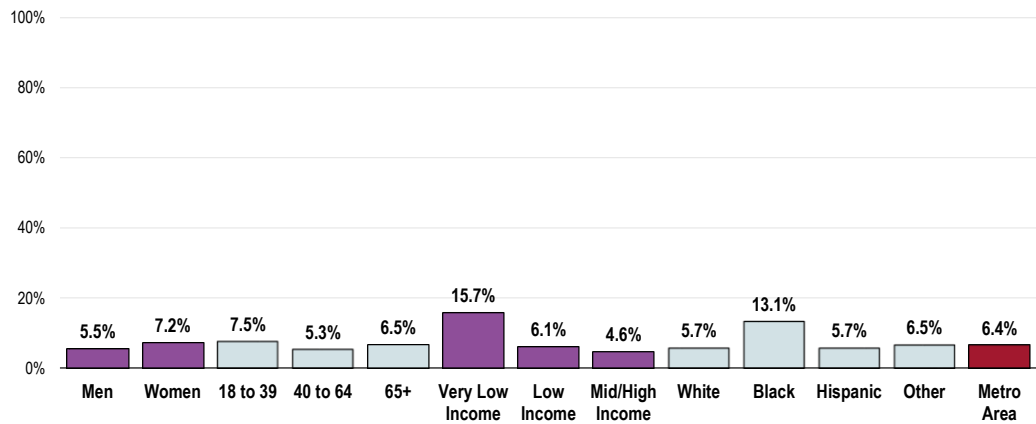


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
 Notes: ● Asked of all respondents.

These Metro Area population segments are more likely to have used an ER for their medical care more than once in the past year:

- Adults in low-income households.
- Black residents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Metro Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

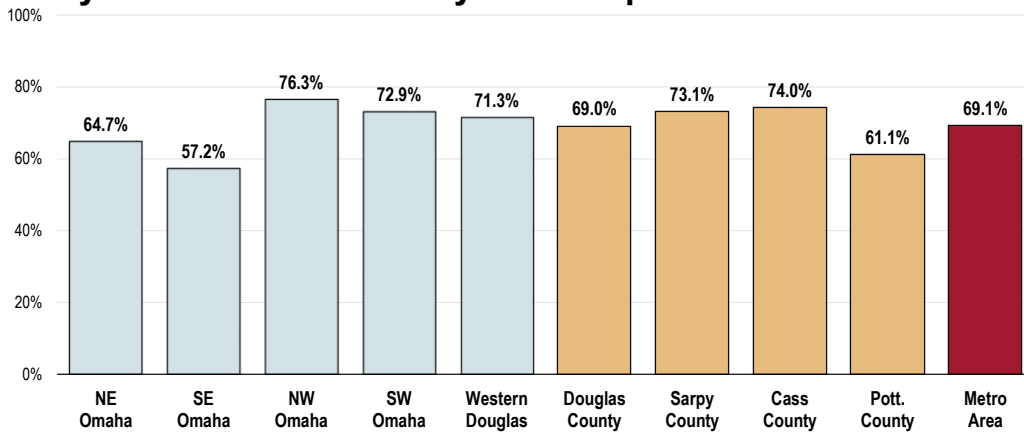
Tele-Health Visits

Some doctor's offices are beginning to offer tele-health visits, in which a patient uses a computer or smartphone to communicate with a physician without being face to face.

Nearly 7 in 10 survey respondents (69.1%) would be “very” or “somewhat” likely to participate in such a tele-health visit.

- Viewed by county, likelihood of participating in a tele-health visit is lowest in Pottawattamie County.
 - Within Douglas County, likelihood is highest in the western portions of Omaha and Western Douglas County.

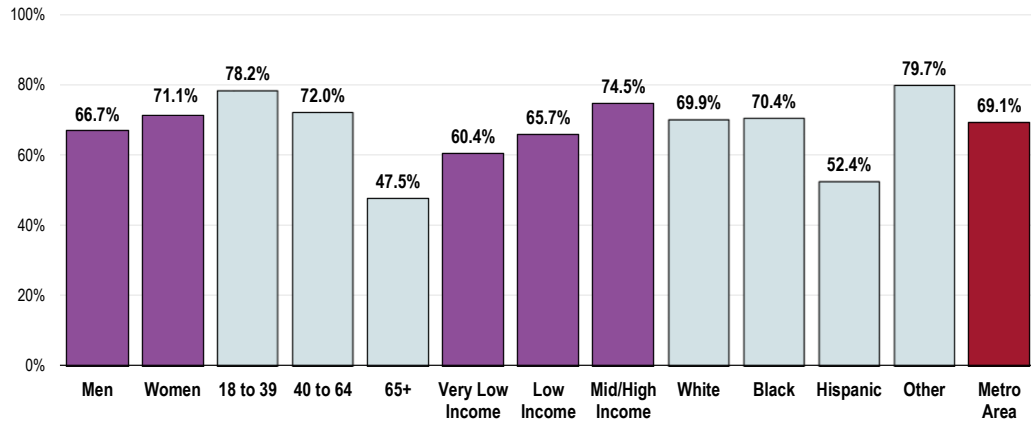
“Very” or “Somewhat” Likely to Participate in a Tele-Health Visit



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
 Notes: • Asked of all respondents.

- Adults less likely to express willingness to participate in a tele-health visit include men, older adults (especially), those in lower-income households, and Hispanics.

“Very” or “Somewhat” Likely to Participate in a Tele-Health Visit (Metro Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use; and poor dietary choices.**

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

• Healthy People 2020 (www.healthypeople.gov)

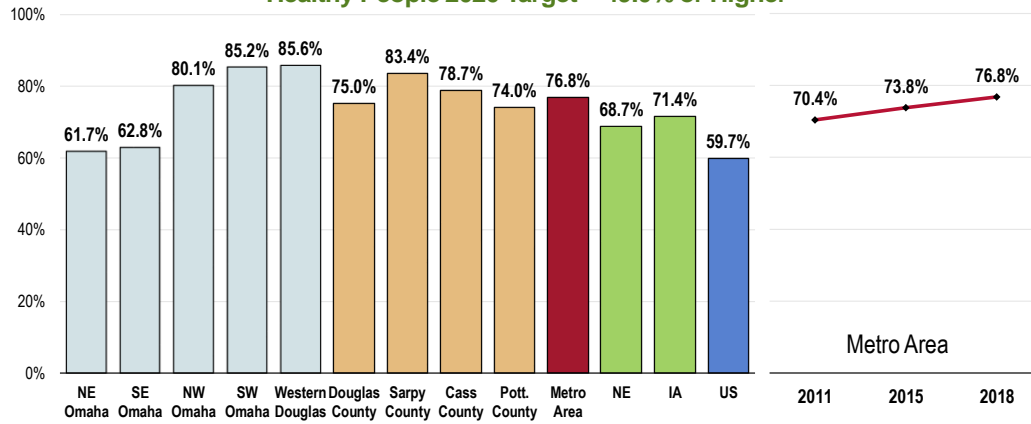
Dental Care

A total of 76.8% of Metro Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than state and US findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).
- Viewed by county, the prevalence is highest in Sarpy County.
 - Considerably lower in the eastern portions of Omaha.
- TREND: Note the statistically significant increase over time.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher

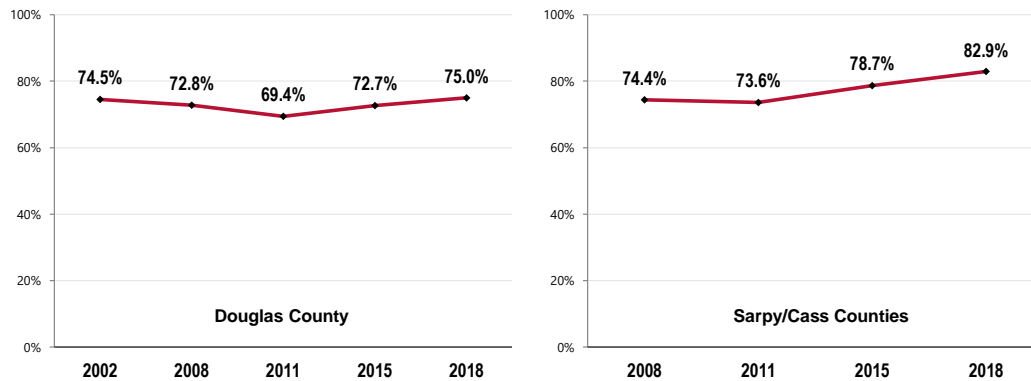


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Nebraska and Iowa data.

Notes: • Asked of all respondents.

- TREND: The Sarpy/Cass County proportion has increased significantly over time (Douglas County is similar to baseline results).

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
 Notes: • Asked of all respondents.

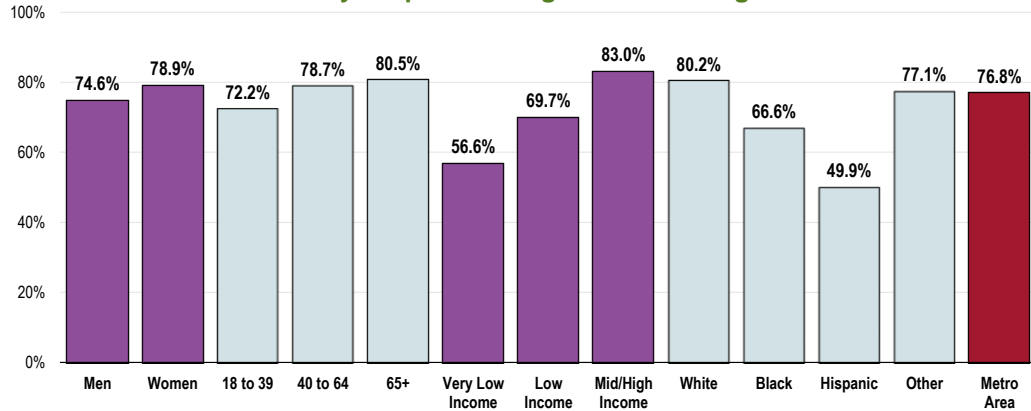
Note the following:

- Metro Area women are more likely than men to report recent dental care.
- There is a positive correlation between age and recent dental visits.
- Persons living in the higher income categories report much higher utilization of oral health services.

- Whites are much more likely than Blacks or Hispanics to report recent dental care.

Have Visited a Dentist or Dental Clinic Within the Past Year (Metro Area, 2018)

Healthy People 2020 Target = 49.0% or Higher

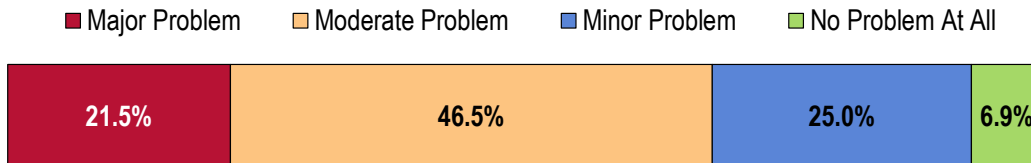


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, March 2018.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

- Lack of access to insurance or facilities. – Other Health Provider, Douglas County
- It is far too expensive. – Social Services Provider, Douglas County
- Lack of insurance, fewer dentists are taking Medicaid. – Social Services Provider, Douglas County
- Lack of resources for poverty population. – Social Services Provider, Douglas County

It is too expensive. – Social Services Provider, Douglas County

Coverage to major dental is not sufficient for low to moderate income families. – Community Leader, Douglas County

Lack of affordable options for dental care and dentures. – Physician, Douglas County

Dental insurance is usually an add-on to insurance. Poverty inhibits families from seeking dental care yet oral health is connected to other health care problems long term. – Social Services Provider, Douglas County

Access for children and adults without financial resources. – Social Services Provider, Douglas County

High rate of children who have chronic disease who now need surgical intervention to treat. They often do not have separate insurance to have preventative care covered. If we can begin to focus on oral health prevention rather than this chronic illness. – Public Health Representative, Douglas County

Many dentists no longer take Medicaid. – Social Services Provider, Pottawattamie County

Contributing Factors

Drug problem in our community has likely influenced the increasing amount of young people with dental cares and disease. Many people can't afford dental insurance and will wait until their teeth are too bad to do anything about it. Lack of education. – Public Health Representative, Pottawattamie County

Many families on well water throughout the county, fluoride treatment at an early age is lacking. It also seems that having regular checkups is a luxury rather than a necessity whereby going to the dentist becomes something you get to do. – Business Leader, Pottawattamie County

Access to Care/Services

Not everyone has access to preventative and corrective dental care. And, they end up in the Emergency Room with pain. Some then stop eating healthy food because of bite issues. – Social Services Provider, Douglas County

Access and affordability. – Social Services Provider, Douglas County

Lack of Providers

Lack of dental professionals in close proximity to those in need. – Community Leader, Douglas County

Lack of dentists in North and South Omaha, lower priority when insurance is not available and/or need to pay for basic necessities first such as rent and utilities. – Social Services Provider, Douglas County

Health Awareness/Education

Parent education about dental care of young children but also limited access to dentists. – Physician, Douglas County

Healthcare Information & Resources



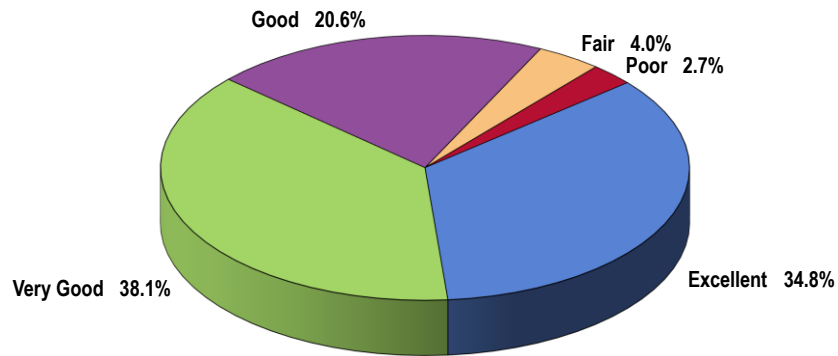
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

Over 7 in 10 Metro Area adults (72.9%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 20.6% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community (Metro Area, 2018)

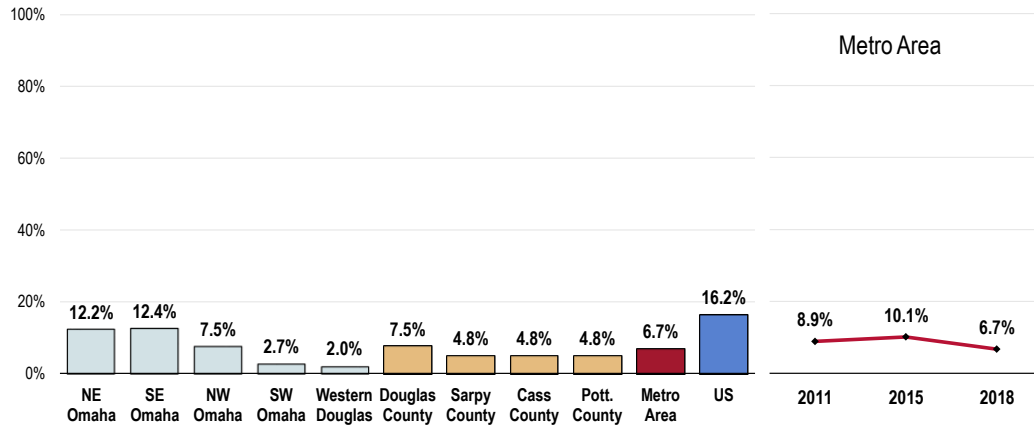


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 6.7% of residents characterize local healthcare services as “fair” or “poor.”

- Well below that reported nationally.
- By county, the prevalence is highest in Douglas County.
 - Low ratings are more prevalent in the eastern portions of Omaha.
- TREND: Marks a statistically significant improvement in ratings.

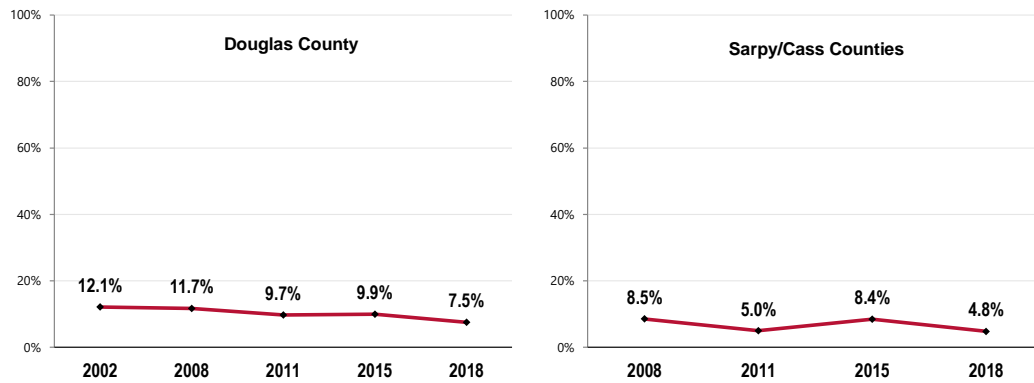
Perceive Local Healthcare Services as “Fair/Poor”



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
 ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

- **TREND:** Marks a statistically significant improvement in ratings for Douglas County as well as Sarpy/Cass counties.

Perceive Local Healthcare Services as “Fair/Poor”

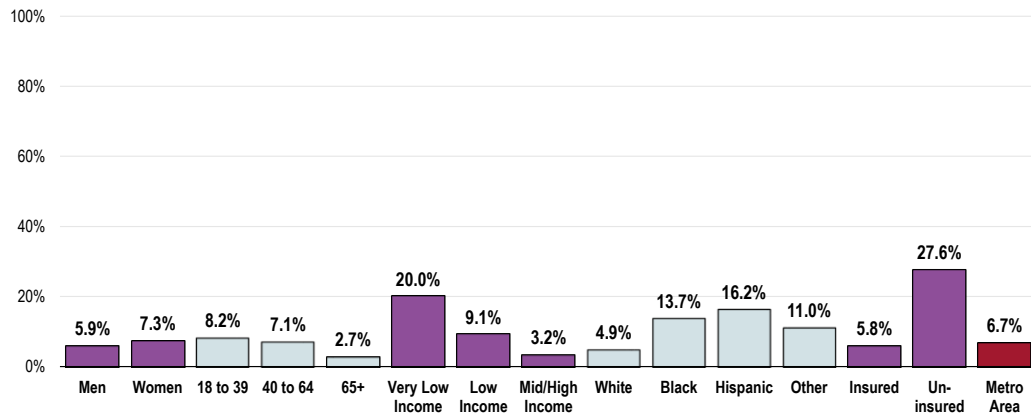


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
 Notes: ● Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 65.
- Residents with lower incomes (especially).
- Black residents.
- Hispanics.
- Uninsured adults (especially).

Perceive Local Healthcare Services as “Fair/Poor” (Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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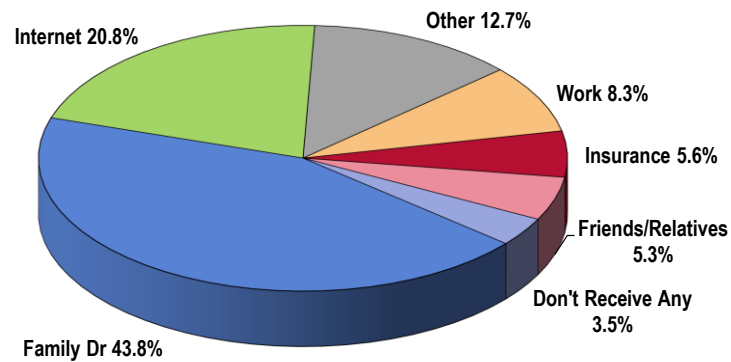
Healthcare Information

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 43.8% of Metro Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 20.8%.
- Other sources mentioned include work (8.3%), insurance (5.6%), and friends or relatives (5.3%).
- A total of 3.5% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(Metro Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 354]
Notes: • Asked of all respondents.

Participation in Health Promotion Events

About Educational & Community-Based Programs

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

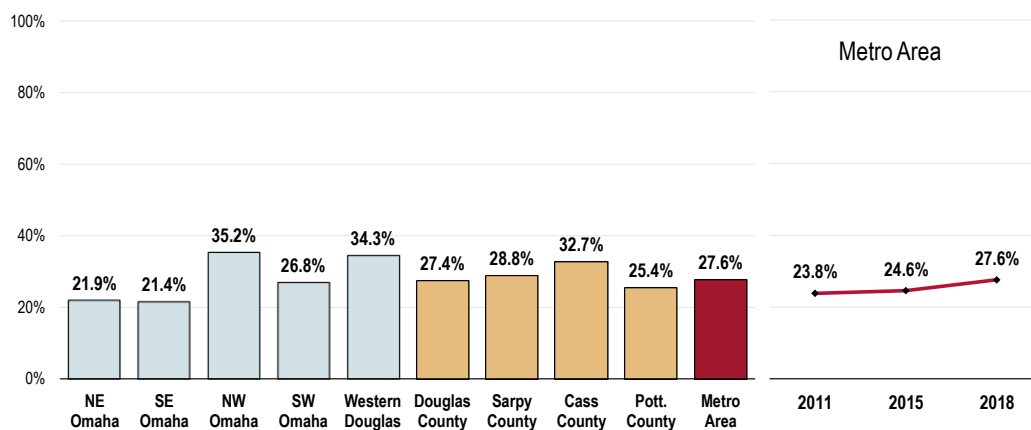
Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

A total of 27.6% of Metro Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Similar findings by county.
 - Within Douglas County, attendance is lowest in the eastern portions of Omaha.
- TREND: Marks a statistically significant increase in attendance over time.

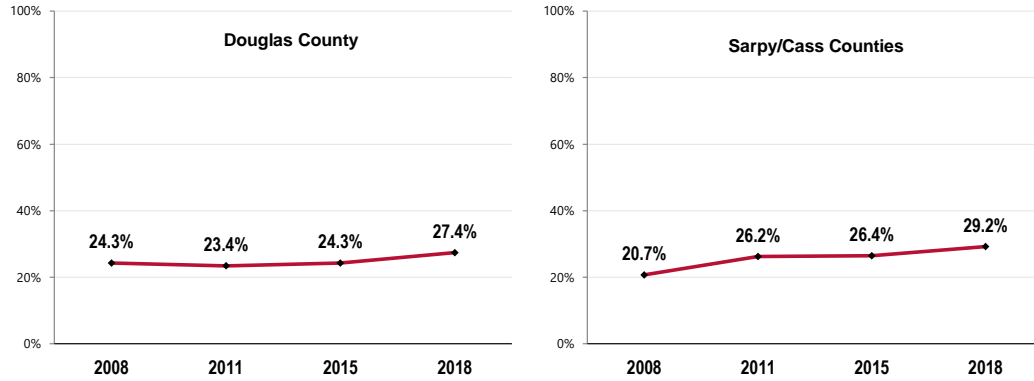
Participated in a Health Promotion Activity in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 355]
 Notes: • Asked of all respondents.

- **TREND:** Marks a statistically significant increase in attendance over time for Sarpy/Cass counties (statistically unchanged over time for Douglas County).

Participated in a Health Promotion Activity in the Past Year

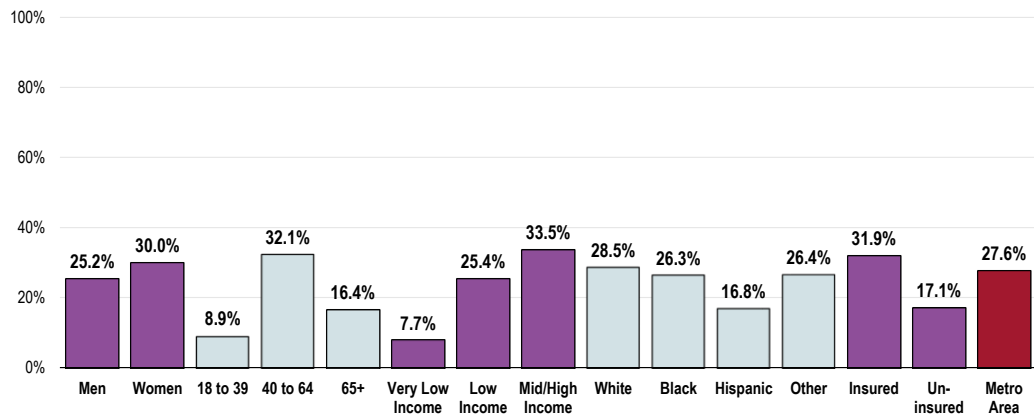


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 355]
 Notes: • Asked of all respondents.

These population segments are less likely to report participation in a health promotion activity within the past year:

- Men.
- Young adults and seniors.
- Those in low-income households.
- Hispanics.
- The uninsured.

Participated in a Health Promotion Activity in the Past Year (Metro Area, 2018)

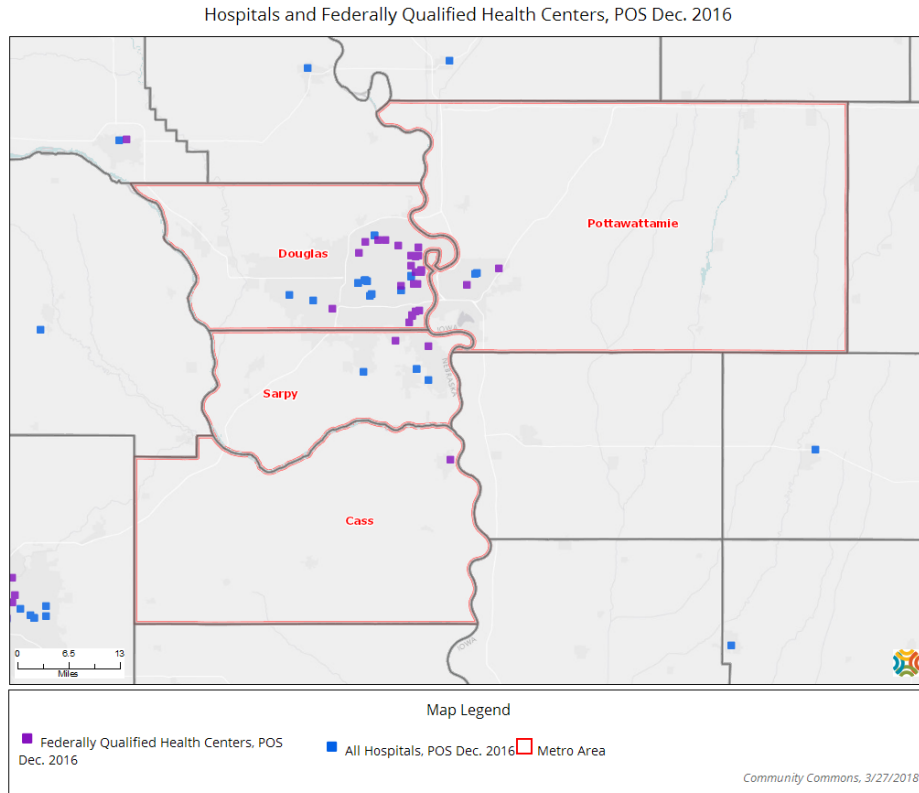


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 355]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within the Metro Area as of December 2016.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- Access to Medical Care*
- All Care Health Center*
- American Cancer Society*
- American Heart Association*
- American Lung Association*
- Black Family Health and Wellness Fair*
- Building Healthy Futures*
- Care Consultants for the Aging*
- CenterPointe*
- Charles Drew Health Center*
- CHI Health*
- Children's Hospital*
- City Bus*
- Community Alliance*
- Community Health Centers*
- Council Bluffs Free STD Clinic*
- Creighton*
- Doctor's Offices*
- Douglas County Health Department*
- Douglas County Mental Health*
- Eastern Nebraska Community Action Partnership (ENCAP)*
- Eastern Nebraska Office On Aging*
- Federally Qualified Health Centers*
- Fred Leroy Health and Wellness*
- Free Clinic*
- Free Medications*
- H and J Counseling*
- Health Fairs*
- Heart Ministry*
- Heartland Family Service*
- Hope Medical Outreach Coalition*
- Kountze Lutheran Church*
- Lutheran Family Services*
- Magis Clinic*

- Marketplace Insurance Plans*
- Medicare/Medicaid*
- Methodist Renaissance Health Clinic*
- Mobile Programs*
- Nebraska Appleseed*
- Nebraska Marketplace*
- Nebraska Medicine*
- Nebraska Urban Indian Health Coalition*
- NOVA*
- Nutrition Services*
- OneWorld Community Health Center*
- Planned Parenthood*
- Project Harmony*
- Quick Sick Clinics*
- Region 6*
- School-Based Health Centers*
- Sharing Clinic*
- South Omaha Medical Associates (SOMA) Clinic*

Arthritis, Osteoporosis, & Chronic Back Conditions

- Arthritis and Osteoporosis Center*
- Arthritis Foundation*
- Charles Drew Health Center*
- CHI Health*
- Eastern Nebraska Office On Aging*
- Hospitals*
- Nebraska Department of Health and Human Services*
- Nebraska Medicine*
- Public Health Services*

Cancer

- A Time to Heal*
- American Cancer Society*
- American Lung Association*
- Cancer Centers*

Cancer Society
 Cancer Support Groups
 Charles Drew Health Center
 CHI Health
 CHI Health Immanuel Hospital
 Children's Hospital
 Clarkson Hospital
 Creighton
 Douglas County Health Department
 Eastern Nebraska Office On Aging
 Every Woman Matters
 Federally Qualified Health Centers
 Fred and Pamela Buffett Cancer Center
 Health Systems
 Hospitals
 Live Well Omaha
 Lymphoma Society
 Methodist Cancer Center
 Methodist Health System
 Methodist Hospital
 Methodist Jennie Edmundson Hospital
 Methodist Renaissance Health Clinic
 My Sister's Keeper
 National Cancer Treatment Centers
 Nebraska Cancer Coalition NC2 Advisory
 Committee
 Nebraska Medicine
 Nutrition Services
 Planned Parenthood
 Project Pink'd
 Public Health Association of Nebraska
 Susan G. Komen Foundation
 VA Medical Center

Dementias, Including Alzheimer's Disease

A Place at Home
 AARP
 Alzheimer's Association
 Charles Drew Health Center
 CHI Health Immanuel Hospital
 Connections Area Agency on Aging
 County House Residence
 Eastern Nebraska Office on Aging
 Eastern Nebraska Office On Aging
 Hanson House
 Heartland Family Service
 Home Instead

Intercultural Senior Center
 Long-Term Care Facilities
 Lutheran Family Services
 Memory Care Facilities
 Methodist Geriatric Evaluation and
 Management Clinic
 Methodist Health System
 Methodist Hospital
 Nebraska Alzheimer's Association
 Nebraska Medicine
 Nursing Homes
 Omaha Care Facilities
 Omaha Memory Care
 OneWorld Community Health Center
 Right at Home
 St. Joseph's Villa
 Think Whole Person Health Care
 UNMC
 UNO
 VA Medical Center

Diabetes

All Care Health Center
 American Diabetes Association
 Charles Drew Health Center
 CHI Diabetic Education
 CHI Health
 CHI Health Mercy Hospital
 Community Gardens
 County/Regional Community Health
 Organizations
 Department of Health and Human Services
 Diabetes Association
 Diabetes Education Center of the Midlands
 Diabetic Services
 Dialysis Center
 Doctor's Offices
 Douglas County Health Department
 Douglas County Primary Care
 Employer Based Wellness Programs
 Federally Qualified Health Centers
 Fitness Centers/Gyms
 Fred Leroy Health and Wellness
 Free Medications
 Health Department
 Health Systems
 Healthy Neighborhood Stores
 Hospitals
 HyVee

JDRF
 Live Well Omaha
 Medicare/Medicaid
 Mental Health Services
 Methodist Health System
 Methodist Hospital
 Methodist Jennie Edmundson Hospital
 Methodist Renaissance Health Clinic
 Nebraska Medicine
 Nebraska Urban Indian Health Coalition
 No More Empty Pots
 North Omaha Area Health
 Nutrition Services
 OneWorld Community Health Center
 Patient Care Medical Home
 Pharmacy
 Pre-Diabetes Screening Through 1422 Grant
 Public Health Association of Nebraska
 Public Health Services
 School Systems
 School-Based Health Centers
 Together Inc.
 Universities
 UNMC
 UNMC Diabetes Center
 Visiting Nurse Association
 Walmart
 WIC

Family Planning

Adolescent Health Project
 All Care Health Center
 Boys Town
 Charles Drew Health Center
 CHI Health
 CHI Health Midlands Hospital
 Community Health Centers
 Council Bluffs Community Schools
 Council Bluffs Free STD Clinic
 Doctor's Offices
 Douglas County Health Department
 Family Development and Self-Sufficiency
 (FaDSS) Council
 Family, Inc.
 Federally Qualified Health Centers
 Gabriel's Corner
 Health Department
 Lighthouse Program

Lutheran Family Services
 Methodist Hospital
 Nebraska AIDS Project
 Nebraska Medicine
 North Omaha Area Health
 OneWorld Community Health Center
 Planned Parenthood
 Prevent Teen Pregnancy Coalition
 Public Health Association of Nebraska
 Sarpy Cass Health Department
 School Systems
 School-Based Health Centers
 Teen Pregnancy Task Force With CBCSD
 Think Whole Person Health Care
 Title X Clinics
 Visiting Nurse Association
 Women's Center for Advancement

Hearing & Vision

Boys Town
 Building Healthy Futures
 Charles Drew Health Center
 CHI Health
 Doctor's Offices
 Lions Club
 Nebraska Medicine
 See to Learn Program

Heart Disease & Stroke

American Heart Association
 Cardiology
 Center for Holistic Development
 Charles Drew Health Center
 CHI Health
 CHI Health Immanuel Hospital
 CHI Health Lakeside Hospital
 Children's HEROS Program
 CHIP Objective
 Creighton
 Creighton REACH
 Doctor's Offices
 Emergency Response Training for Heart
 Attacks/-strokes
 FAST Training
 First Aid Training
 Health Department
 Health Systems
 Hospitals
 Live Well Omaha

Madonna
 Methodist Health System
 Nebraska Department of Health and Human Services
 North Omaha Area Health
 Nutrition Services
 Public Health Association of Nebraska
 Public Health Services
 School-Based Health Centers
 State Health Department
 Stroke Prevention Program
 Substance Abuse Providers
 Tele-health Resources
 UNL Extension
 UNMC
 Wellcom

HIV/AIDS

Black HIV/AIDS Awareness Events
 Center for Holistic Development
 Charles Drew Health Center
 CHI Health
 Douglas County
 Nebraska AIDS Project
 North Omaha Area Health
 UNMC

Immunization & Infectious Diseases

Center for Holistic Development
 CHI Health
 Douglas County Health Department
 Nebraska Immunization Task Force
 School-Based Health Centers
 Statewide Immunization Registry

Infant & Child Health

All Care Health Center
 Alternative Breakfast Programs
 Baby Blossom Collaborative
 Big Garden
 Buffett Early Childhood Institute
 Building Healthy Futures
 Center for Holistic Development
 Charles Drew Health Center
 CHI Health
 Child Saving Institute
 Children's Hospital
 CityMatch
 Community Gardens

Community Health Centers
 Community Health Clinics
 Doctor's Offices
 Douglas County Breastfeeding Coalition
 Douglas County Health Department
 Family, Inc.
 Federally Qualified Health Centers
 Food Bank for the Heartland
 Health Department
 Heart Ministry
 Home Visitation
 Hunger Free Heartland
 In-Home Family Support Workers
 Integrated Home Health
 Lead Prevention Program
 Live Well Omaha
 Lutheran Family Services
 March of Dimes
 Omaha Healthy Kids Alliance
 Omaha Healthy Start
 OneWorld Community Health Center
 Parks and Recreation
 Planned Parenthood
 Promise Partners
 Public Health Services
 School Systems
 School-Based Health Centers
 Sports Leagues
 Summer Meals Food Service Program
 UNMC
 Visiting Nurse Association
 WIC

Injury & Violence

360
 After School Programs
 Anger Management Classes
 Boys and Girls Clubs
 Center for Holistic Development
 CHI Health
 Child Saving Institute
 CHIP Objective
 Churches
 Citizen Police Academies
 Community Organizations
 Community Policing
 Compassion in Action
 Doctor's Offices

Domestic Abuse Shelters
 Ecumenical Prayer Efforts
 Empower Omaha
 Empowerment Network
 Faith-Based Organizations
 Girls Inc.
 Health Department
 Heartland Family Service
 Heartland Work Force Development
 Hope Skate
 Hospitals
 Impact One Community Connection
 Juvenile Justice Initiative
 Law Enforcement
 Mad Dads
 Mental Health Services
 National Safety Council
 Nebraska Department of Health and Human Services
 Nebraska Medicine
 Neighborhood Watch Programs
 North Omaha and South Omaha Care Councils
 NorthStar
 Omaha 360
 Omaha Police Department
 PACE Program
 Phoenix House
 Police Department
 Project Extra Mile
 Project Harmony
 Public Health Association of Nebraska
 Public Health Services
 Safe Kids Coalition
 SANE Program
 School Systems
 Soaring Over Meth and Suicide Program
 Urban League
 Victim Advisory Council
 ViewPoint
 Violence Prevention Programs
 Visiting Nurse Association
 Women's Center for Advancement
 Women's Fund
 YMCA
 Youth Programs

Kidney Disease

American Diabetes Society

Charles Drew Health Center
 CHI Health
 DaVita Dialysis Center
 Diabetes Association
 Diabetes Education Center of the Midlands
 Dialysis Center
 Doctor's Offices
 Douglas County
 Hospitals
 Methodist Renaissance Health Clinic
 Nebraska Kidney Foundation
 Nebraska Medicine
 OneWorld Community Health Center
 Transplant Associations

Mental Health

24-Hour Crisis Response Team
 Alegent Psychiatric Associates
 All Care Health Center
 At Ease
 Beacon
 Behavioral Health Services
 Behavioral Health Support Foundation
 Behavioral Health Education Center of Nebraska (BHECN)
 Boys Town
 Campus for Hope
 Capstone Behavioral Health
 Catholic Charities
 Center for Holistic Development
 Charles Drew Health Center
 CHI and Methodist
 CHI Behavioral Health
 CHI Health
 CHI Health Immanuel Hospital
 CHI Health Mercy Hospital
 CHI Health Midlands Hospital
 CHI Psychiatric Associates
 Child Saving Institute
 Children's Square
 Choices Counseling
 Churches
 Citi Training
 Clear Minds Therapy
 Community Alliance
 Community Mental Health
 Connections
 Connections Matter

County Mental Health Facilities
 Creighton
 Crisis Response
 Doctor's Offices
 Douglas County Corrections Mental Health Services
 Douglas County Health Department
 Douglas County Hospital
 Douglas County Mental Health
 Employee Assistance Programs
 Family Connections
 Federally Qualified Health Centers
 Full Circle
 Hawks Foundation
 Health Systems
 Heartland Family Service
 Horizon Therapy Group
 Hospitals
 Human Services Advisory Council (HSAC)
 Individual Treatment Plans (ITPs)
 Integrated Health
 Jewish Family
 Lasting Hope Recovery Center
 Loess Hills Behavioral Health
 Lutheran Family Services
 McDermott
 Medicare/Medicaid
 Mental Health and Substance Abuse Network
 Mental Health Services
 Methodist Health System
 Methodist Hospital
 Methodist Jennie Edmundson Hospital
 MOHM'S Place Shelter
 NAMI
 Nebraska Children's Home
 Nebraska Medicine
 Nebraska Urban Indian Health Coalition
 North Omaha Area Health
 Omaha Police Department
 Omni
 OneWorld Community Health Center
 Peoples Health Center
 PLV Cares - Papillion La Vista
 Police Department
 Project Harmony
 Psychiatric Associates
 Public Health Services

Region 6
 Salvation Army
 School Systems
 School-Based Health Centers
 Sherwood Funded Initiative
 Social Workers
 SWDMH
 The Kim Foundation
 UNMC
 UNMC BECHN
 VA Medical Center
 Women's Center for Advancement

Nutrition, Physical Activity, & Weight

712 Initiative
 Action for Healthy Kids
 All Care Health Center
 Alliance for a Better Omaha
 Big Garden
 Boys and Girls Clubs
 Center for Disease Control
 CHI Health Healthy Families
 Childhood Obesity Programs
 Children's HEROS Program
 Children's Hospital
 Children's Physicians
 Churches
 City Sprouts
 Community Gardens
 Community Wellness Bash
 Cooking Matters
 Community Supported Agriculture (CSA) Program
 Doctor's Offices
 Douglas County Health Department
 Douglas County Public Health
 Eastern Nebraska Office on Aging
 Employer Based Wellness Programs
 Family, Inc.
 Farmer's Markets
 Fitness Centers/Gyms
 Food Bank for the Heartland
 Food Pantries
 Food Stamps
 Girls Inc.
 Gretchen Swanson Center
 Grocery Stores
 Health and Wellness Facilities

Health Systems
 Healthy Families Programs
 Healthy Neighborhood Stores
 Heart Ministry
 Heartland Network
 HEROES
 Hospitals
 Hunger Free Heartland
 HyVee
 Kohl's for Kids
 Kroc Center
 Live Well Council Bluffs
 Live Well Omaha
 Mayor's Active Living Council
 Methodist Health System
 Midtown on the Move
 Midwest Dairy Council
 Mode Shift Omaha
 Nebraska Department of Health and Human Services
 No More Empty Pots
 Nutrition Services
 Obesity Action Coalition
 Omaha Complete Streets Guide
 Omaha Police Department
 Omaha Public Schools
 Our Healthy Community Partnership
 PACE Program
 Parks and Recreation
 Planet Fitness
 Plattsmouth Senior Center
 Promote Active Lifestyle Through Heartland 2050/AARP
 School Systems
 School-Based Health Centers
 Sports Medicine and Athletic Training
 SWITA
 The Hope Center
 Together Inc.
 United Way of the Midlands
 UNL Extension
 UNMC
 Visiting Nurse Association
 Weight Watchers
 Whispering Roots
 WIC
 YMCA

Oral Health

All Care Health Center
 Building Healthy Futures
 Charles Drew Health Center
 Creighton
 Creighton Dental School
 Dentist's Offices
 Doctor's Offices
 Family, Inc.
 Federally Qualified Health Centers
 Fred Leroy Health and Wellness
 Free Dentistry Program
 Heart Ministry
 Nebraska Dental Association
 Nebraska Dental Hygienists Association
 OneWorld Community Health Center
 School Systems
 School-Based Health Centers

Sexually Transmitted Diseases

Adolescent Health Project
 All Care Health Center
 Charles Drew Health Center
 CHI and Methodist
 CHI Health
 Community Health Centers
 Community Health Clinics
 Community STD Clinic
 Council Bluffs City Health
 Council Bluffs Free STD Clinic
 Council Bluffs Health Department
 Creighton
 Doctor's Offices
 Douglas County Health Department
 Douglas County Youth Center
 Gabriel's Corner
 Girls Inc.
 Health Department
 Health Systems
 Libraries
 Live Well Omaha
 Nebraska AIDS Project
 Nebraska Urban Indian Health Coalition
 North Omaha Area Health
 Omaha Public Schools
 OneWorld Community Health Center
 Planned Parenthood
 Public Health Services

RESPECT Clinic
 School Systems
 School-Based Health Centers
 University Health Center
 UNMC
 Visiting Nurse Association
 Women's Fund

Substance Abuse

30-Day Residential Programs
 AA/NA
 Addiction and Recovery Services
 Campus for Hope
 Catholic Charities
 CenterPointe
 CHI and Methodist
 CHI Health Immanuel Hospital
 CHI Health Mercy Hospital
 CHI Psychiatric Associates
 Child Saving Institute
 Children's Square
 CHIP Integrated Care Work Group
 Churches
 Community Wellness Bash
 DARE
 Douglas County
 Douglas County Detox Center
 Douglas County Hospital
 Drug Courts
 Family Works
 Health Department
 Heartland Family Service
 Hoich Center
 Hospitals
 In Roads Counseling
 Journeys
 Keystone Treatment Center
 Lasting Hope Recovery Center
 Loess Hills Behavioral Health
 Lutheran Family Services
 Mental Health and Substance Abuse Coalition
 Mental Health and Substance Abuse Network
 Mental Health Services
 MOHM's Place Shelter
 Nebraska Urban Indian Health Coalition
 NOVA
 Open Door Mission

Partners for Meth Prevention Group
 Prevention Means Progress
 Programs in Omaha
 Project Extra Mile
 Public Health Services
 Region 6
 Salvation Army
 Santa Monica House
 School Systems
 School-Based Health Centers
 Siena/Francis House
 Sober Living Homes
 Stephen Center
 Substance Abuse Network
 Teen Challenge
 Transitional Services of Iowa (TSI)

Tobacco Use

American Cancer Society
 American Lung Association
 Asthma Non-Profit
 Charles Drew Health Center
 Doctor's Offices
 Douglas County Health Department
 GASP
 Governmental Regulations
 Heartland Family Service
 Hospitals
 Kick Butts Nebraska
 Limit Access to Tobacco
 Live Well Omaha
 Methodist Hospital
 Metro Omaha Tobacco Action Coalition
 Nebraska Medicine
 Nebraska Tobacco Quitline
 Policies to Increase Age of Usage/Cost
 Public Health Services
 Quitline
 Region 6
 School Systems
 Smoke Free Nebraska
 Smoking Cessation Programs
 Tobacco Free Cass County






Appendices





















Professional Research Consultants, Inc.





























Appendix A: Douglas County Trend Summary












The following tables outline current findings, comparisons to benchmark data, and trends specific to Douglas County. Note that, for survey data, trending is compared against baseline data, the earliest year in which a question was asked (in most cases, 2002).











Social Determinants	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% "Often/Sometimes" Worry That Food Will Run Out	12.4		 25.3	 23.0	
		 better	 similar	 worse	





Overall Health	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	13.7	 14.7	 18.1	 11.8	
% Activity Limitations	19.9	 17.8	 25.0	 18.1	
		 better	 similar	 worse	









Access to Health Services	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	8.9	 14.7	 13.7	 0.0	 9.5
% [Insured] Went Without Coverage in Past Year	4.2				 6.7
% Difficulty Accessing Healthcare in Past Year (Composite)	34.0		 43.2		 32.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.9		 12.5		 11.7






Access to Health Services (continued)	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% Cost Prevented Getting Prescription in Past Year	11.2		 14.9	 10.1	
% Cost Prevented Physician Visit in Past Year	10.6	 12.1	 15.4	 7.6	
% Difficulty Getting Appointment in Past Year	12.0		 17.5	 13.1	
% Difficulty Finding Physician in Past Year	5.2		 13.4	 5.4	
% Cultural/Language Differences Prevented Med Care/Past Yr	0.2		 1.2	 0.9	
% Transportation Hindered Dr Visit in Past Year	4.3		 8.3	 4.7	
% Skipped Prescription Doses to Save Costs	11.1		 15.3	 14.7	
% Have a Particular Place for Medical Care	84.2	 76.0	 82.2	 87.4	
% Have Had Routine Checkup in Past Year	70.0	 65.4	 68.3	 68.6	
% Two or More ER Visits in Past Year	6.2		 9.3	 5.5	
% Rate Local Healthcare "Fair/Poor"	7.5		 16.2	 12.1	
		 better	 similar	 worse	












Cancer	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% [Women 50-74] Mammogram in Past 2 Years	84.0	 73.5	 77.0	 81.1	 82.4
% [Women 21-65] Pap Smear in Past 3 Years	82.2	 77.7	 73.5	 93.0	 91.2
		 better	 similar	 worse	















Diabetes	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% Diabetes/High Blood Sugar	10.8	 8.8	 13.3		 7.2
% Borderline/Pre-Diabetes	8.1		 9.5		 5.6
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	53.3		 50.0		 49.7
		 better	 similar	 worse	











Educational & Community-Based Programs	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% Attended Health Event in Past Year	27.4				 24.3
		 better	 similar	 worse	



























Heart Disease & Stroke	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.7		 8.0	 4.5	
% Stroke	2.3	 2.8	 4.7	 2.0	
		 better	 similar	 worse	




HIV	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% [Age 18-44] HIV Test in the Past Year	19.3		 24.7	 18.5	
		 better	 similar	 worse	








Immunization & Infectious Diseases	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year	69.6	 62.7	 58.6	 70.0	 68.9
% [Age 65+] Pneumonia Vaccine Ever	79.3	 75.9	 73.4	 90.0	 77.1
		 better	 similar	 worse	










Injury & Violence Prevention	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% Firearm in Home	31.1		 32.7	 29.9	
% [Homes With Children] Firearm in Home	31.0		 39.1	 23.2	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	11.9		 26.9	 12.1	
% Victim of Violent Crime in Past 5 Years	1.4		 3.7	 5.2	
% Perceive Neighborhood as "Slightly/Not At All Safe"	18.4		 15.6	 23.6	
% Intimate Partner Was Controlling/Harassing in Past 5 Yrs	4.4			 3.7	
		 better	 similar	 worse	








Mental Health & Mental Disorders	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	8.1		 13.0	 8.1	
% Symptoms of Chronic Depression (2+ Years)	28.7		 31.4	 26.8	
% Intimate Partner Was Physically Violent in Past 5 Yrs	4.0			 2.2	
% Typical Day Is "Extremely/Very" Stressful	10.9		 13.4	 12.6	
		 better	 similar	 worse	



















Nutrition, Physical Activity & Weight	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	23.8		 33.5	 26.1	
% Had 7+ Sugar-Sweetened Drinks in the Past Week	23.4		 29.0	 23.4	
% "Very/Somewhat" Difficult to Buy Fresh Produce	17.4		 22.1	 17.0	
% Healthy Weight (BMI 18.5-24.9)	30.7	 29.7	 30.3	 33.9	
% Overweight (BMI 25+)	68.2	 68.5	 67.8	 59.6	
% Obese (BMI 30+)	31.6	 32.0	 32.8	 30.5	
% [Overweights] Counseled About Weight in Past Year	27.5			 30.8	
% No Leisure-Time Physical Activity	20.2	 22.5	 26.2	 32.6	
% Use Local Parks/Recreation Centers at Least Weekly	32.4			 40.0	
% Use Local Trails at Least Monthly	41.8			 51.9	
% Lack of Sidewalks/Poor Sidewalks Prevent Exercise	16.4			 21.1	
% Lack of Trails/Poor Quality Trails Prevent Exercise	15.3			 14.8	
% Heavy Traffic in Neighborhood Prevents Exercise	15.5			 19.6	
% Lack of Street Lights/Poor Street Lights Prevent Exercise	10.2			 8.9	
% Crime Prevents Exercise in Neighborhood	11.6			 14.5	



















 better
  similar
  worse

Oral Health	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	75.0	 68.7	 59.7	 49.0	 74.5
		 better	 similar	 worse	

Respiratory Diseases	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% COPD (Lung Disease)	8.7	 5.8	 8.6		 7.5
% [Adult] Currently Has Asthma	8.7	 8.3	 11.8		 8.5
		 better	 similar	 worse	










Sexually Transmitted Diseases	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	8.2		 13.8		 3.1
% [Unmarried 18-64] Using Condoms	30.8		 39.4		 20.9
		 better	 similar	 worse	



















Substance Abuse	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% Current Drinker	61.1	 59.8	 55.0		 64.3
% Chronic Drinker (Average 2+ Drinks/Day)	6.1	 6.6	 6.5		 3.5
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	20.3	 20.0	 16.9	 24.4	 17.0
% Drinking & Driving in Past Month	5.6	 5.7	 5.2		 4.6
% Ever Sought Help for Alcohol or Drug Problem	3.6		 3.4		 3.2
		 better	 similar	 worse	




















Tobacco Use	Douglas County	Douglas County vs. Benchmarks			TREND
		vs. NE	vs. US	vs. HP2020	
% Current Smoker	12.2	 17.0	 16.3	 12.0	 20.9
% Someone Smokes at Home	7.4		 10.7		 21.4
% [Non-Smokers] Someone Smokes in the Home	2.4		 4.0		 3.4
% Currently Use Electronic Cigarettes (E-Cigarettes)	4.2	 4.9	 3.8		 6.5
% Use Smokeless Tobacco	3.2	 5.7	 4.4	 0.3	 1.7
		 better	 similar	 worse	












Appendix B: Sarpy/Cass Counties Trend Summary







The following tables outline current findings, comparisons to benchmark data, and trends specific to Sarpy and Cass counties combined. Note that, for survey data, trending is compared against baseline data, the earliest year in which a question was asked (for Sarpy/Cass counties, in most cases, 2008).





Overall Health	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	10.0	 13.9	 18.1	 10.2	
% Activity Limitations	20.7	 18.4	 25.0	 16.6	
		 better	 similar	 worse	









Access to Health Services	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	5.2	 7.8	 13.7	 0.0	 4.4
% [Insured] Went Without Coverage in Past Year	1.7				 4.1
% Difficulty Accessing Healthcare in Past Year (Composite)	27.7		 43.2		 33.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	9.4		 12.5		 13.5
% Cost Prevented Getting Prescription in Past Year	9.3		 14.9		 11.7
% Cost Prevented Physician Visit in Past Year	7.0	 7.7	 15.4		 9.7
% Difficulty Getting Appointment in Past Year	12.5		 17.5		 11.4
% Difficulty Finding Physician in Past Year	7.8		 13.4		 3.1






Access to Health Services (continued)	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
				TREND
% Transportation Hindered Dr Visit in Past Year	2.0		 8.3	 2.1
% Cultural/Language Differences Prevented Med Care/Past Yr	1.0		 1.2	 0.4
% Skipped Prescription Doses to Save Costs	9.9		 15.3	 10.5
% Have a Particular Place for Medical Care	89.3	 77.2	 82.2	 90.7
% Have Had Routine Checkup in Past Year	74.0	 71.6	 68.3	 64.5
% Two or More ER Visits in Past Year	6.6		 9.3	 7.6
% Rate Local Healthcare "Fair/Poor"	4.8		 16.2	 8.5
		 better	 similar	 worse











Cancer	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	
				TREND	
% [Women 50-74] Mammogram in Past 2 Years	82.5	 77.6	 77.0	 81.1	 72.3
% [Women 21-65] Pap Smear in Past 3 Years	82.4	 81.6	 73.5	 93.0	 79.8
		 better	 similar	 worse	










Diabetes	Sary-Cass Counties	Sary-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% Diabetes/High Blood Sugar	12.1	 9.3	 13.3	 9.7	
		 better	 similar	 worse	














Educational & Community-Based Programs	Sary-Cass Counties	Sary-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% Attended Health Event in Past Year	29.2			 20.7	
		 better	 similar	 worse	











Heart Disease & Stroke	Sary-Cass Counties	Sary-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.2		 8.0	 5.3	
% Stroke	2.9	 3.1	 4.7	 0.9	
		 better	 similar	 worse	








HIV	Sary-Cass Counties	Sary-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% [Age 18-44] HIV Test in the Past Year	23.1		 24.7	 18.4	
		 better	 similar	 worse	










Injury & Violence Prevention	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% Firearm in Home	45.5		 32.7	 36.2	
% Domestic Violence/Past 5 Years	3.5			 0.8	
% Victim of Violent Crime in Past 5 Years	1.0		 3.7	 0.6	
% Perceive Neighborhood as "Slightly/Not At All Safe"	3.3		 15.6	 5.1	
		 better	 similar	 worse	








Mental Health & Mental Disorders	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	8.5		 13.0	 5.6	
% Symptoms of Chronic Depression (2+ Years)	21.8		 31.4	 16.6	
% Typical Day Is "Extremely/Very" Stressful	8.6		 13.4	 13.3	
		 better	 similar	 worse	









Nutrition, Physical Activity & Weight	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	26.2		 33.5	 41.1	
% Healthy Weight (BMI 18.5-24.9)	22.4	 30.2	 30.3	 33.9	 29.0
% Overweight (BMI 25+)	76.2	 68.7	 67.8		 70.5
% Obese (BMI 30+)	35.1	 32.0	 32.8	 30.5	 31.9










Nutrition, Physical Activity & Weight (cont.)	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% No Leisure-Time Physical Activity	24.7	 22.7	 26.2	 32.6	 21.9
% Use Local Parks/Recreation Centers at Least Weekly	33.7		 20.8		 45.2
% Use Local Trails at Least Monthly	45.3				 56.0
		 better	 similar	 worse	

Oral Health	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	82.9	 71.4	 59.7	 49.0	 74.4
		 better	 similar	 worse	

Respiratory Diseases	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% COPD (Lung Disease)	8.4	 5.4	 8.6		 7.8
% [Adult] Currently Has Asthma	8.7	 7.8	 11.8		 5.8
		 better	 similar	 worse	

Sexually Transmitted Diseases	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	11.7		 13.8	 1.5	
% [Unmarried 18-64] Using Condoms	32.8		 39.4	 13.3	
		 better	 similar	 worse	

Substance Abuse	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% Drinking & Driving in Past Month	3.7	 6.2	 5.2	 3.9	
% Ever Sought Help for Alcohol or Drug Problem	4.2		 3.4	 2.0	
		 better	 similar	 worse	

Tobacco Use	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			TREND
		vs. IA	vs. US	vs. HP2020	
% Current Smoker	11.2	 16.7	 16.3	 12.0	 16.2
% Someone Smokes at Home	6.8		 10.7		 12.1
		 better	 similar	 worse	