Community Health Needs Assessment

CHI Health Mercy – Council Bluffs, IA

2019

CHI Health

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Executive Summary

"The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities."

CHI Health is a regional health network consisting of 14 hospitals, two stand-alone behavioral health facilities, a free standing emergency department, 136 employed physician practice locations and more than 11,000 employees in Nebraska and Western Iowa. Our mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following community health needs assessment (CHNA) was completed with our community partners and residents in order to ensure we identify the top health needs impacting our community, leverage resources to improve these health needs, and drive impactful work through evidence-informed strategies.

CHI Health Mercy Council Bluffs (Mercy CB) is a hospital facility within CHI Health located in Council Bluffs, Iowa. Mercy CB is a 278 bed hospital with a Level 3 Trauma designation. Mercy provides a broad range of care services relating to: behavioral and mental health, critical care, hospice, maternity care, orthopedics, pediatrics services, and outpatient surgery.

Community Health Needs Assessment

In fiscal year 2019, CHI Health Mercy Council Bluffs (Mercy CB) completed a Community Health Needs Assessment (CHNA) built upon two community processes to cover the defined community of Pottawattamie and Mills Counties:

- The first process was a joint CHNA completed on behalf of the five Omaha Metro CHI Health hospitals (CUMC Bergan, Immanuel, Lakeside, Mercy Council Bluffs, and Midlands and one psychiatric inpatient facility - Lasting Hope Recovery Center); the Health Departments of Douglas and Sarpy/Cass Counties in Nebraska, and Pottawattamie County in Iowa; and other local health systems to satisfy IRS regulations. Primary and secondary data were collected, analyzed and interpreted to derive health priorities for CHI Health and community partners to collectively address over the next three years, beginning July 1, 2019.
- The second process was specific to Mills County and was led by Mercy CB team members in partnership with Mills County Public Health (MCPH) to review secondary data and obtain stakeholder input to prioritize health needs for Mills County.

Both processes took into account input from local public health departments, and stakeholders serving aging populations, those affected by violence and minority, low-income, uninsured, and at-risk individuals and populations in order to determine the needs of the community. Following the completion of these two processes, Mercy CB validated the data with internal team members, and prioritized five community health needs for the purposes of this CHNA.

With the community, the Hospital will further work to identify each partner's role in addressing these health needs and develop measureable, impactful strategies. A report detailing Mercy CB's implementation strategy plan (ISP) will be released in June, 2019.

The process and findings for the CHNA are detailed in the following report. If you would like additional information on this Community Health Needs Assessment please contact Kelly Nielsen, Kelly.nielsen@alegent.org, and (402) 343-4548.

Introduction

Hospital Description

CHI Health is a regional health network with a unified mission: nurturing the healing ministry of the Church while creating healthier communities. Headquartered in Omaha, the combined organization consists of 14 hospitals, two stand-alone behavioral health facilities, a free-standing emergency department, 136 employed physician practice locations in Nebraska and southwestern Iowa. More than 11,000 employees comprise the workforce of this network that includes 2,180 licensed beds and serves as the primary teaching partner of Creighton University's health sciences schools. In fiscal year 2018, the organization provided a combined $179.3 million in quantified community benefit including services for the poor, free clinics, education and research. Seven hospitals within the system are designated Magnet, Pathway to Excellence or NICHE. With locations stretching from North Platte, Nebraska, to Corning, Iowa, the health network is the largest in Nebraska, providing care for over one million patients each year and serves residents of Nebraska and southwest Iowa. For more information, visit CHIhealth.com.

CHI Health Mercy Council Bluffs (Mercy CB), located in Council Bluffs, Iowa, was founded in 1887 by the Sisters of Mercy and became part of the Alegent Health healthcare system in 1996. In 2014 the Alegent Health system merged with one other legacy health system to create the market-based organization CHI Health under the Catholic Health Initiatives umbrella.

Currently CHI Health Mercy has 271 active staff physicians and provides the following services:

- Behavioral Services/Mental Health
- Cancer Care
- Chest Pain Center
- Critical Care
- Heart and Vascular Care
- Home Care/Hospice/DME/Infusion Therapy
- Level 3 Trauma and Emergency Services
- Maternity
- Orthopedics
- Outpatient Surgery
- Pediatrics
- Weight Management
- Women's Services

Purpose and Goals of CHNA

CHI Health and our local hospitals make significant investments each year in our local communities to ensure we meet our Mission of creating healthier communities. A Community Health Needs Assessment (CHNA) is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

The goals of this CHNA are to:

1. Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Set priorities and goals to improve these high need areas using evidence as a guide for decision-making.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

Joint Assessment

A joint community health needs assessment was completed to cover Douglas, Sarpy, Cass, and Pottawattamie Counties on behalf of the five Omaha Metro CHI Health hospitals (CUMC Bergan, Immanuel, Lakeside, Mercy CB, and Midlands and one psychiatric inpatient facility - Lasting Hope Recovery Center), in partnership with the Health Departments of Douglas and Sarpy/Cass Counties in Nebraska, and Pottawattamie County in Iowa and other local health systems to satisfy regulatory compliance. The remainder of this CHNA report represents information specific to Mercy CB in relation to the Metro Omaha Area CHNA covering the four counties identified above and also includes the independent assessment for Mills County conducted by Mercy CB in partnership with Mills County Public Health (MCPH).

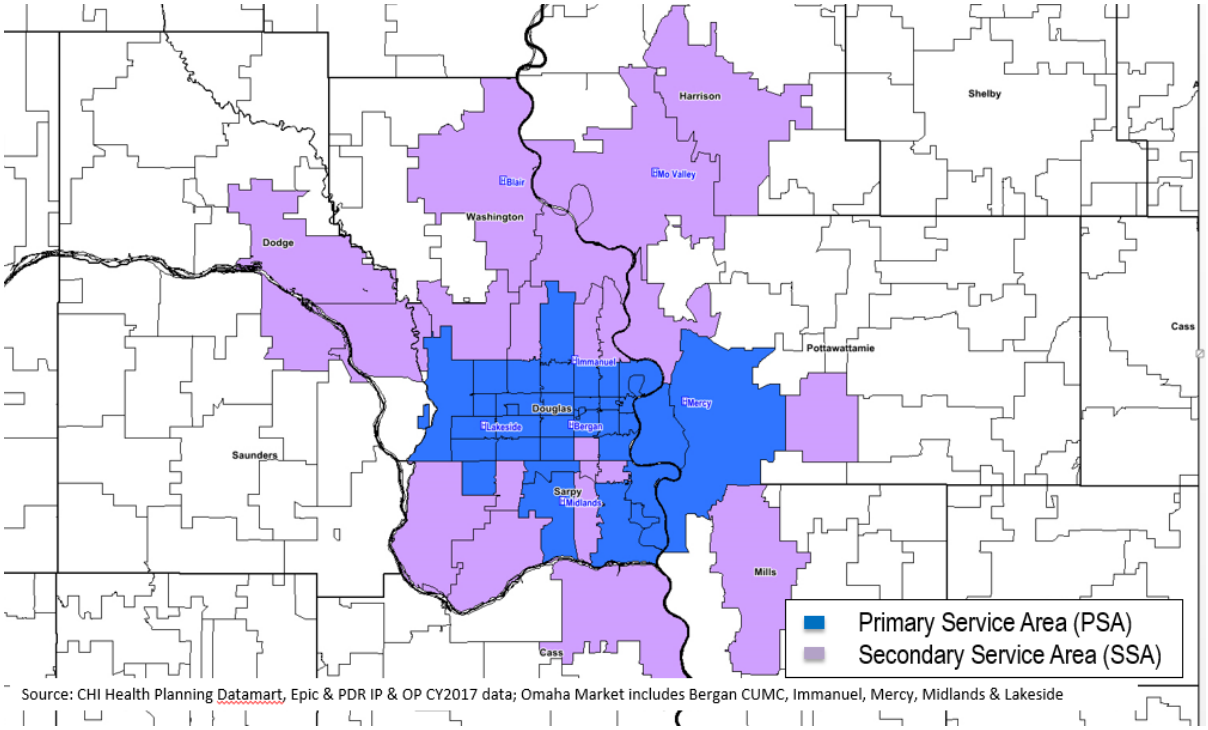
Community Definition

Mercy CB is located in Council Bluffs, Iowa, on the western edge of Pottawattamie County, IA bordering the major metropolitan area of Omaha, NE to the west. The Omaha and Council Bluffs Metro Area is made up of four Counties: Pottawattamie in Iowa, and Cass, Douglas, and Sarpy in Nebraska. The Hospital's primary and secondary service area includes portions of Pottawattamie, Harrison and Mills Counties as shown in **Error! Reference source not found.** below. These three counties cover between 75% - 90% of patients served by Mercy CB. Another CHI Health entity, CHI Health Missouri Valley, is located in Harrison County, IA, and is concurrently completing a CHNA and related implementation strategy, therefore Mercy CB has selected Pottawattamie and Mills Counties as the focus for their CHNA.

Pottawattamie County covers approximately 960 square miles including 16 communities with 93,386 residents. Council Bluffs is primarily a metropolitan area and makes up 67% of the Pottawattamie County population while the remaining communities are more rural in nature. There are 14 towns in Pottawattamie County, outside of Council Bluffs: Avoca, Carson, Carter Lake, Crescent, Hancock, Macedonia, McClelland, Minden, Neola, Oakland, Shelby, Treynor, Underwood and Walnut.

Mills County covers approximately 440 square miles including 8 rural communities with a total population of 15,068 residents. There are 7 incorporated towns in Mills County: Emerson, Glenwood, Hastings, Henderson, Malvern, Pacific Junction, Silver City and a portion of Tabor lies within the County border.

Figure 1. CHI Health Mercy-Council Bluffs Service Area Map



Community Description

Population

Table 1 below describes the population for the two counties, Council Bluffs, and Iowa overall. The data show a primarily Non-Hispanic White population, however Pottawattamie County also has a slightly higher Hispanic population than Mills County and the State of Iowa. The estimated Hispanic population in Pottawattamie County has risen slightly from 7.2% in 2014 to 7.9% in 2018.[1]

Table 1: Community Demographics[1]

	Council Bluffs	Pottawattamie	Mills	Iowa
Total Population	62,316	93,386	15,068	3,145,711
Population/square mile (density)	1,518	98	34	54
Age				
% below 18 years of age	23.4%	23.7%	23.7%	23.3%
% 65 and older	15.3%	16.9%	17.9%	16.7%
Gender				
% Female	50.9%	50.8%	49.6%	50.3%
Race				
% Non-Hispanic African American	1.9%	1.8%	0.6%	3.8%

[1] US Census QuickFacts, www.census.gov/quickfacts, accessed 1/29/19

% American Indian &Alaskan Native	0.5%	0.7%	0.6%	0.5%
% Asian	0.8%	0.8%	0.4%	2.6%
% Native Hawaiian/Other Pacific Islander	NA	0.1%	0.1%	0.1%
% Hispanic	10.2%	7.9%	3.1%	6.0%
% Non-Hispanic White	84.6%	87.7%	94.2%	85.7%

Socioeconomic Factors

Table 2 shows key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by the hospital. Pottawattamie County has a lower graduation rate than both Mills County and the State of Iowa and while poverty rates in both counties are comparable or lower than state, child poverty rates in Pottawattamie County are significantly higher than the State.

Table 2: Socioeconomic Factors[1]

	Council Bluffs Error! Bookmark not defined.	**Pottawattamie**	**Mills**	**Iowa**	**U.S.**
Income					
Median Household Income	$49,750	56,291	$67,949	$56,570	$57,652
Employment					
Unemployment[2]	2.2%	2.1%	2.1%	2.4%	3.9%
Poverty Rates					
Persons in Poverty	13.9%	12.3%	9.7%	12.2%	14.8%
Children in Poverty[3]	9.9% (Families)[4]	13.9%	10.6%	12.6%	10.5% (Families)
Education					
High School Grad Rates	87.4% (2016-17)	90% (2014-15)	93% (2014-15)	90% (2014-15)	83.2% (2014-15)
Some College		62%	62%	69%	
Uninsured	9.3%	6%	5%	10%	11.9%

Unique Community Characteristics

Aside from the City of Council Bluffs these two Counties are primarily rural, with large portions of agricultural land. Both Counties are situated along Interstate 29 and have access to Interstate 80 offering a strong transportation infrastructure. Gaming is also a primary industry in Council Bluffs with three hotel casinos that offer various forms of entertainment and gambling. From this industry grew the Iowa West Foundation which seeks proposals for funding around economic development and healthy families. In addition to the institutions of higher education located in Omaha (University of Nebraska Omaha, University of Nebraska Medical Center, Creighton University, Nebraska Methodist College,

[2] Bureau of Labor Statistics, www.bls.gov, accessed 1/29/19

[3] Kids Count Data Center, www.datacenter.kidscount.org, accessed 1/29/19

[4] US Census Bureau Fact Finder, www.factfinder.census.gov, accessed 5/1/19

Clarkson College, College of St. Mary, Metro Community College and Bellevue University in Bellevue), Council Bluffs is home to Iowa Western Community College (IWCC) which offers over 80 programs in vocational and technical areas as well as liberal arts. IWCC has approximately 5,500 current students with over 40,000 enrollments in continuing education classes each year.

Other Health Services

Health systems in the area that serve the communities of Pottawattamie and Mills Counties are listed below and a full list of resources within the community can be found in the Appendix.

- All Care Health Center (Federally Qualified Health Center)
- Charles Drew Health Centers (Federally Qualified Health Center)
- Children's Hospital and Children's Physicians Network
- Dimensions, Inc., Glenwood
- Douglas County Health Department (DCHD)
- Fred LeRoy Health & Wellness Center
- Glenwood Resource Center
- Methodist Health System
- Mills County Public Health Agency (MCPH)
- Nebraska Medicine/University of Nebraska Medical Center
- One World Health Centers (Federally Qualified Health Center)
- Pottawattamie County Public Health Division (PCPH)
- Psychiatric Medical Institute for Children (PMIC) (Operated by CHI Health), Glenwood
- Sarpy/Cass Department of Health & Wellness
- VA Nebraska – Western Iowa Health Care System
- Whispering Pines Counseling, Glenwood

Community Health Needs Assessment Process

The process of identifying the community health needs in the two counties served by Mercy CB was accomplished by using data and community input from two separate processes: the Omaha Metro Area process, led by Professional Research Consultants and the Mills County process led, by Mercy CB.

Omaha Metro Area CHNA Process

Professional Research Consultants (PRC) is a third-party agent contracted by local health systems (including CHI Health) and health departments to conduct the CHNA for a four-county area, including Pottawattamie County, Iowa and Douglas, Sarpy, and Cass Counties, Nebraska. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting CHNAs across the United States since 1994. Along with the local health departments and several other community stakeholders, CHI Health was an active key partner working with PRC to design and implement a community survey (primary data collection) and review secondary data. The Executive Summary from the PRC Report can be found in the Appendix and the full PRC CHNA report can be accessed at http://douglascountymetro.healthforecast.net/.

The following organizations were represented and participated in the project discussion, planning, and design process:

- Kelly Nielsen, CHI Health
- Becky Jackson, Nebraska Medicine
- Jeff Prochazka, Methodist Health System
- Mike Kraus, Methodist Health System
- Adi Pour, Douglas County Health Department
- Kerry Kernen, Douglas County Health Department
- Kris Stapp, Pottawattamie County Health Department/VNA
- Sarah Schram, Sarpy/Cass County Health Department
- Sarah Sjolie, Live Well Omaha
- Emily Nguyen, Omaha Community Foundation
- Kali Baker, Omaha Community Foundation
- Mariel Harding, United Way of the Midlands
- Andrea Skolkin, OneWorld Community Health Center
- Kenny McMorris, Charles Drew Community Health Center
- Jeanne Weiss, Building Healthy Futures
- Dr. Debbie Tomek, Children's Hospital and Medical Center

Timeline

The Omaha Metro CHNA, conducted by PRC, utilized both primary and secondary data collected through the PRC Community Health Survey (primary); Online Key Informant Survey (primary); and public health, vital statistics, and other data collection (secondary). The timeline for the PRC CHNA process can be found in Table 3 below.

Table 3: Timeline of PRC CHNA Process

	Jan	Feb	March	April	May	June	July	Aug.	Sept.	Oct.	Nov
Project discussion, planning and design		x	x	x	x						
PRC Community Health Survey						x	x	x			
PRC Online Key Informant Survey							x				
Analysis and report development									x	x	
Presentation at Live Well Omaha Changemaker Summit											x

Methodology

Community Health Survey:

Based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), along with other public health surveys, and customized to address gaps in indicator data relative to health promotion, disease prevention objectives and other recognized health issues, the PRC Community Health Survey was developed by the sponsoring organizations and PRC. The survey was kept similar to a previous survey used in the region, in 2011 and again in 2015 to allow for trend analysis.

Sponsoring coalition members included:

- CHI Health
- Douglas County Health Department

- Live Well Omaha
- Methodist Health System
- Nebraska Medicine
- Pottawattamie County Public Health Department
- Sarpy/Cass County Department of Health and Wellness

Supporting organizations include:

- Charles Drew Health Center
- Omaha Community Foundation
- One World Community Health Centers, Inc.
- United Way of the Midlands

The PRC Community Health Survey was conducted via mixed mode methodology, including a telephone survey which incorporated both landline and cell phone interviews, as well as through online questionnaires, and utilized a stratified random sample of individuals age 18 and over across the Metro Area. The sample design consisted of a total of 2,527 individuals age 18 and older in the Metro Area, 400 of which were from Pottawattamie County.

Once completed, results were weighted in proportion to actual population distribution to accurately represent the four county areas. For further information on rates of error, bias minimizations, and sampling process, please refer to the Methodology section located in the PRC report Appendix A.

Online Key Informant Survey

Participants in the Key Informant Survey were individuals who have a broad interest in the health of the community and identified through the sponsoring organizations. The list included physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders who the sponsors felt were able to identify primary concerns within the populations they serve, as well as the community as a whole. Key Informants were contacted via email to introduce the purpose of the survey and were provided a link to complete the survey online. Reminder emails were sent as needed to increase participation. Reminder emails were sent as needed to increase participation. A total of 163 key informants completed the survey. A breakdown of Key Informants can be found in Table 4 shows an overview of the types of stakeholders engaged in this process.

Table 4: Online Key Informant Survey Participation

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participated**
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
Total	417	163

A list of the populations represented by the key informants above can be found in the "Input from Community" section below.

Public Health, Vital Statistics & Other Data

A comprehensive examination of existing secondary data was completed during the CHNA process for the Omaha Metro Area by PRC at the direction of the Douglas County Health Department, Sarpy/ Cass Department of Health and Wellness, Pottawattamie County Public Health Department and sponsoring health care organizations. A list of utilized sources can be found in the PRC complete report in the Appendix. In order to analyze data and determine priorities, standardized data was used for benchmarking, where appropriate. This was accomplished by reviewing trend data provided by PRC from previous Community Health Needs Assessments, Nebraska and Iowa Risk Factor Data, Nationwide Risk Factor Data, and Healthy People 2020. Reference the complete PRC report found in the Appendix for further details on these resources.

Mills County CHNA Process

In order to assess the needs of Mills County, the team at Mercy CB collaborated with MCPH to conduct a data review and input session on February 15, 2019. As the public health entity for Mills County, MCPH is based out of Glenwood Iowa, and is led by Administrator, Sheri Bowen. MCPH conducted its most recent CHNA in January 2016, as public health entities are required to complete the CHNA process every five years.

The Mercy CB team compiled secondary data from sources such as Census.gov, County Health Rankings, Centers for Disease Control, Community Commons, American Cancer Society, and the Iowa Cancer Registry. On February 15, 2019 Mercy CB representatives presented secondary data and led a discussion to determine and validate the top health needs in Mills County with MCPH and two local coalitions (Healthy Mills, and the Child Abuse Prevention Coalition).

Mercy CB CHNA Process

Following completion of these two community processes, (Omaha Metro and Mills County) the Mercy CB Hospital Community Benefit Action Team (CBAT) conducted a review of the assessments, the methods used, and the top identified needs for each assessment. In a CBAT meeting on February 22, 2019, the CBAT was able to verify that 1) the information available effectively outlined the most important health needs for the Hospital's service area, and 2) the processes had taken into account input from the broad community as well as public health and stakeholders representing important populations and disparities in health. The following members of the CBAT were present for this discussion and validation:

- Lisa Gronstal, Volunteer & Guest Services Manager
- Megan Louviere, Administrative Assistant
- Denise McNitt, Vice President of Patient Care Services
- Kathy Capobianco, Director- Behavioral
- Sandy Byers, Director-Surgical Services

- Nikki Rauth, Director- Emergency Department
- Kristin Wolford, Director - Rehab Services
- Arli Boustead, Healthier Communities Coordinator

Gaps in Information

Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community's health, nor can we represent all interests of the population. Challenges exist primarily in Mills County around reliable data collection due to small sample sizes among different populations and indicators.

This assessment was designed to represent a comprehensive and broad look at the health of the overall community. During specific hospital implementation planning, gaps in information will be considered and other data/input brought in as needed.

Input from the Community

Community Input - Omaha Metro Process

Through the PRC CHNA process, input was gathered from several individuals whose organizations work with **low-income, minority populations** (including African-American, American Indian, Asian, asylees, Bhutanese, Burmese, Caucasian/White, child welfare system, children, disabled, elderly, ESL, hearing-impaired, Hispanic, homeless, immigrants/refugees, interracial families, Karen, LGBT, low-income, Medicaid, mentally ill, Middle Eastern, minorities, Muslim refugees, Nepali refugees, non-English speaking, North and South Omaha, residents of the suburbs, retired, rural, single-parent families, Somalian, Southeast Asian, Sudanese, teen pregnancy, underserved, undocumented, uninsured/ underinsured, veterans, Vietnamese, women and children, working professionals), or other **medically underserved populations** (including African-Americans, AIDS/HIV, autistic, Caucasian/white, children (including those with incarcerated parents and those of parents with mental illness), disabled, domestic abuse and sexual assault victims, elderly, ex-felons and recently incarcerated, Hispanic, homeless, immigrants/refugees, lack of transportation, LGBT, low-income, Medicaid/Medicare, mentally ill, minorities, non-English speaking, North and South Omaha, prenatal, substance abusers, undocumented, uninsured/underinsured, veterans, WIC clients, women and children, young adults).

This input was gathered primarily through the key informant survey as described above. Additional community input was collected at the Live Well Omaha Changemaker Summit on November 5, 2018, co-sponsored by the local area hospital systems- CHI Health, Methodist Health System, Children's Hospital & Medical Center and Nebraska Medicine- along with several other nongovernmental health and social service organizations.

Over 160 stakeholders participated in a data presentation facilitated by PRC. The summit concluded with a community voting session to derive focused priorities for community partners. The Changemaker Summit community voting priorities are listed in the Prioritization Process.

Public Health Engagement

The Health Departments of Douglas, Sarpy/ Cass and Pottawattamie all participated in the Metro Omaha CHNA process with CHI Health on behalf of CUMC Bergan, Immanuel, Lakeside, Midlands, Lasting Hope Recovery Center and Mercy CB. Each of the three respective health departments

collaborated with CHI Health and Professional Research Consultants in preliminary discussions around planning and designing the CHNA process; identifying key informants to complete the online Key Informant survey; analysis and interpretation of survey findings; and planning and presentation at the Live Well Omaha Changemaker Summit.

Each of the health departments were undertaking their mandated community health assessment process concurrently with CHI Health's triennial Community Health Needs Assessment. The community engagement process followed an approach as outlined in the Community Health Assessment Toolkit developed by the Association for Community Health Improvement™ (ACHI). See Figure 2 below for the community engagement process that CHI Health, Douglas County Health Department, Sarpy/ Cass Department of Health and Wellness and Pottawattamie Public Health Department undertook for the 2019 Community Health Needs Assessment.

Figure 2: ACHI Community Engagement Process for Community Health Needs Assessment

A detailed list of participating stakeholders can be viewed in the PRC Report> Project Summary> Online Key Informant Survey.

Finally, PCPH hosted a community meeting in January, 2019, and PRC provided a data presentation for data specific to Pottwattamie County. Upon review, stakeholders found the data to accurately represent the needs of the community. From here, PCPH is working to lead a collaborative effort to

prioritize health needs for collective action, and will be considered as part of the Mercy CB Implementation Strategy Plan to be released in July, 2019.

Community Input – Mills County Process

During the February 15, 2019 meeting, Mercy CB team engaged with two existing coalitions for community input: Healthy Mills Coalition and the Child Abuse Prevention Coalition. These organizations represent a broad range of stakeholders who serve all populations of Mills County, such as those affected by violence, as well as low-income, at-risk, un- and under-insured populations, and the aging.

Public Health Engagement

Importantly, both coalitions described above are led or co-led by MCPH, and several MCPH team members participated in the February 15, 2019 CHNA meeting led by Mercy CB to identify and prioritize the needs of the Mills County communities.

Findings

For a complete list of community health indicators reviewed in consideration of the Community Health Needs Assessment for CHI Health Mercy Council Bluffs, please refer to the PRC report attached in Appendix A and the Mills County Data Presentation in Appendix B.

Based upon data gathered by PRC for the CHNA and data gathered for the Mills County CHNA, the following "Areas of Opportunity" in Table 5Error! Reference source not found. represent the significant health needs identified within the community of Pottawattamie and Mills Counties.

Table 5: "Areas of Opportunity" Identified by Omaha Metro and Mills County Processes

Health Need Statement	Data and Rationale for High Priority	Trend
Access to Healthcare Services **Cited by 24.7% of key informants in the Omaha Metro CHNA process as a major problem and 46.2% characterized it as a moderate problem**	• 7.9% of Omaha Metro residents and 4% of Mills County residents had no insurance coverage for healthcare expenses • 31.7% of Omaha Metro residents experienced some type of difficulty or delay in obtaining healthcare services in the past year • Top three barriers that prevented access to healthcare services in the past year: inconvenient office hours (11.9%), appointment availability (11.8%) and cost of prescriptions (10.5%) • 86.0% of Omaha Metro residents age 18+ have a particular place for care • 74.6% of children of respondents age 18+ have a particular place for care • 71.5% of Omaha Metro residents have had a routine checkup in the past year • 84.4% of children of respondents have had a checkup in the past year • The ratio of population to primary care providers for Mills County is 1,660:1 which is higher compared to Iowa (1,390:1) and the US (1,050:1).	• Rate of uninsured adults in Omaha is decreasing overall (12.1% in 2011, compared to 7.9% in 2018), but disparities persist. Among very low-income individuals, 22.1% reported having no insurance coverage, as did 23.1% of Hispanic respondents and 16.6% of Black respondents. • Rate of uninsured adults in Mills County is steadily declining since 2010: however, the ratio of

		population to primary care providers is trending upwards.
Cancer **Cited by 32.4% of key informants in the Omaha Metro CHNA process as a major problem in the community and another 45.6% characterized it as a moderate problem**	• Age- adjusted cancer mortality rate is 166.2/ 100,000 population for the Omaha Metro, which is higher than the state average in Nebraska (157.0) and Iowa (163.3), as well as the national average (158.5) • The age- adjusted cancer mortality rate among Non-Hispanic Black residents of the Omaha Metro was 208.6/ 100,000 population between 2014-2016, which is significantly higher than for Non-Hispanic White residents (167.4) and for Metro Area Hispanic residents (90.5). • Lung cancer is the leading cause of cancer deaths in the Omaha Metro. The age- adjusted lung cancer death rate for the Omaha Metro is 44.4/ 100,000 population, which is higher than for the state of Nebraska (39.9), Iowa (43.0) and the nation (40.3). • Among Metro Area women age 21 to 65, 82.5% have had a Pap smear within the past 3 years. This is favorable compared to the NE and IA state average, but below the Healthy People 2020 target of 93% or higher. The rate of cervical cancer screening is lower in Northeast Omaha (75.5%) and Southeast Omaha (78.5%) than the Metro overall (82.5%).	• Cancer mortality has decreased over the past decade in the Metro Area from 185.5 (2007-2009) to 166.2 (2014-2016); the same trend is apparent in Nebraska and Iowa as well as nationally.
Dementia & Alzheimer's Diseases **Cited by 23.9% of key informants in the Omaha Metro CHNA process as a major problem in the community and another 49.3% characterized it as a moderate problem**	• 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. This is higher than the state of Nebraska (24.3), Iowa (30.3) and nationally (28.4). • The average age- adjusted Alzheimer's disease mortality rate is 41.5 deaths per 100,000 population in Pottawattamie County and 32.8 deaths per 100,000 population in Mills County, which is significantly higher than the counties of Douglas (30.8), Sarpy (30.6) and Cass (31.3).	• The Alzheimer's disease mortality rate has increased over time in the Metro Area from 25.7 (2007- 2009) to 32.3 (2014- 2016).
Diabetes **54.6% of key informants in**	• 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.	• No clear diabetes mortality trend is apparent in the Metro Area. In Nebraska, Iowa and

the Omaha Metro CHNA process characterized *Diabetes* as a major problem in the community and another 28.4% cited it as a moderate problem	• The diabetes mortality rate in the Metro Area is more than twice as high among Non-Hispanic Blacks (55.7) than among Non- Hispanic Whites (20.9). • 10% of adults in Mills County have diabetes. This percentage is comparable to the U.S. rate of 9%	the US, diabetes mortality rates have been largely stable between 2007- 2016.
Heart Disease & Stroke **Cited by 38.0% of key informants in the Omaha Metro CHNA process as a major problem in the community and another 38.0% characterized it as a moderate problem**	• Cardiovascular disease is a leading cause of death. • 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. • The annual average age-adjusted heart disease mortality rate is 172.5 among Non-Hispanic Blacks in the Omaha Metro, compared to Non-Hispanic Whites (144.3) and Metro Area Hispanic residents (143.2). • 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. • The stroke mortality rate is considerably higher among Non-Hispanic Blacks (55.7), compared with Non-Hispanic Whites (34.3) and Metro Area Hispanics (27.6).	• The heart disease and stroke mortality rates have decreased in the Metro Area between 2007- 2016, echoing the decreasing trends across Nebraska, Iowa, and the US overall.
Injury & Violence **45.1% of key informants in the Omaha Metro CHNA process characterized *Injury & Violence* as a major**	• 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. • There was an annual average age-adjusted unintentional injury mortality rate of 39.4 deaths per 100,000 population in Mills County. • Between, 2014 and 2016, the violent crime rate in Mills County is 315.2 per 100,000 population. • Falls make up the largest percentage of accidental deaths in the Omaha Metro (28.4%), followed by motor vehicle accidents (26.7%) and poisoning/ noxious substances (23.6%). • The annual average age-adjusted motor vehicle accident mortality rate for the Omaha Metro was 9.5 deaths per 100,000 between 2014- 2016. The rate is significantly higher in Pottawattamie (16.5 deaths per	• 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. • Despite decreasing in the late 2000s, the Metro Area motor vehicle accident

problem in the community and another 32.4% cited it as a moderate problem	100,000 population) than the Metro overall, and among Non-Hispanic Blacks (15.4) compared to Non-Hispanic Whites (9.3). • 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. This is significantly higher than the Nebraska average (62.6) and the US overall (60.6), but lower than the Iowa average (89.7). It fails to satisfy the Healthy People 2020 goal of 47.0 deaths per 100,000 population. • 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. This is higher than the state of Nebraska (9.2) and Iowa (8.2) average, but lower than the national average (11.1 deaths per 100,000 population). • The annual average age- adjusted rate of firearm mortality is nearly four times higher among Non-Hispanic Blacks (33.8) in the Omaha Metro than for Non-Hispanic Whites (8.5). • 36.4% of Metro Area adults has a firearm kept in or around their home and among homes with children, 36.4% keep a firearm in or around the home. • 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. This is higher than the state of Nebraska (3.6) and Iowa (2.6) average and consistent with the US (5.6). • Significant racial disparity is observed in the annual average age-adjusted homicide rate. While the Omaha Metro rate overall is 5.6 deaths per 100,000 population, the rate for Non-Hispanic Blacks is 34.8, compared to 2.5 for Non-Hispanic Whites. • Between 2012 and 2014, there were a reported 410.4 violent crimes per 100,000 population in the Omaha Metro Area, exceeding both state (Nebraska: 271.2 and Iowa: 270.6) and national averages (US: 379.7). The violent crime rates in Pottawattamie (693.5) and Douglas Counties (484.9) far exceeded those of Cass (94.8) and Sarpy County (63.9).	mortality rate has steadily increased in recent years, from 7.5 between 2009-2011 to 9.5 between 2014-2016. The rate has declined at the state (Nebraska and Iowa) and national level between 2007-2016. • Firearm-related mortality has increased over time in the Omaha Metro from a rate of 9.4 deaths per 100,000 population between 2007- 2009 to 10.2 between 2014- 2016. During the same time period, rates having increased across Nebraska, Iowa, and the US overall. • The percentage of Omaha Metro residents reporting they keep a firearm in or around their home has increased over time, from 33.7% in 2011 to 36.4% in 2018. • No clear trend observed for Omaha Metro homicides, though the rate has been consistently higher than the state of Nebraska and Iowa average between 2007- 2018.
Mental Health **The greatest share of key informants in the Omaha Metro CHNA**	• 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. While the Omaha metro average is favorable compared to both state averages and the US overall, the rate in Pottawattamie County is significantly higher at 17.9 deaths per 100,000 population. • The suicide mortality crude death rate for Mills Co. was 16.1 per 100,000 population in 2015, higher than the national average.	• The annual average age-adjusted suicide rate has increased over time in the Omaha Metro, from 10.3 between 2007-2009 to 12.0 between 2014- 2016. During this same

process (79.1%) characterized *Mental Health* as a major problem in the community and another 18.3% cited it as a moderate problem	• Average age-adjusted number of mentally unhealthy days reported in past 30 days for Mills Co is 3.0. • The aging population in Mills Co. continues to face challenges leading to depression due to social isolation. • Ratio of population to mental health provider in Mills Co. is 2,150:1.	time period the rate has increased for Nebraska, Iowa and the US.
Nutrition, Physical Activity & Weight **Cited by 50.3% of key informants in the Omaha Metro CHNA process as a major problem in the community and another 35.6% characterized it as a moderate problem**	• 24.6% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day. This is significantly lower than national findings (US: 33.5%). • 22.1% of Metro Area adults report no leisure time physical activity. • 32.0% of Metro Area adults report using local parks or recreational centers for exercise at least weekly. • 42.0% of Metro Area adults report using local trails at least monthly. • 7 in 10 Metro Area adults (70.7%) are overweight, of those 33.5% are obese. • 27.2% of overweight/obese adults have been given advice about their weight by a health professional in the past year. • 54.3% of overweight/obese respondents are currently trying to lose weight. • 36% of Mills Co. adults are classified as obese. • 26% of Mills Co. adults report no leisure time physical activity.	• Fruit and vegetable consumption in the Omaha Metro has declined from 35.8% in 2011 to 24.6% in 2018. • The percentage of Omaha Metro adults reporting no leisure time physical activity has increased over time from 16.7% in 2011 to 22.1% in 2018. • Weekly use of local parks or recreational centers in the Metro Area has dropped from 40.5% in 2011 to 32.0% in 2018. • Monthly use of local trails in the Metro has dropped from 49.8% in 2011 to 42.0% in 2018. • The prevalence of Metro area adults who are overweight or obese has increased from 67.5% in 2011 to

		70.7% in 2018; and 30.3% in 2011 to 33.5% in 2018, respectively.
Respiratory Diseases **The greatest share (42.1%) of key informants in the Omaha Metro CHNA process characterized *Respiratory Disease* as a minor problem in the community, while 36.1% cited it as a moderate problem**	• Between 2014 and 2016, there was an annual average age-adjusted Chronic Lower Respiratory Disease (CLRD) mortality rate of 52.5 deaths per 100,000 population in the Metro Area. This is higher than both the state (Nebraska: 50.6 and Iowa: 48.5) and national (US: 40.9) average. • 9.1% of Metro Area adults suffer from chronic obstructive pulmonary disease (COPD), including emphysema and bronchitis. • Between 2014 and 2016, there was an annual average age-adjusted pneumonia influenza mortality rate of 16.3 deaths per 100,000 population in the Omaha Metro. This is higher than the state (Nebraska: 15.4 and Iowa: 13.2) and national (US: 14.6) average. • The annual average age-adjusted pneumonia influenza mortality rate is notably higher in Douglas County (17.7) and among Non-Hispanic Blacks (20.0), relative to Non-Hispanic Whites (16.5).	• Over the past decade, CLRD mortality has generally declined in the Metro Area. • The prevalence of COPD among Omaha Metro adults has increased over time from 7.4% in 2011 to 9.1% in 2018.
Sexually Transmitted Diseases **Cited by 50.4% of key informants in the Omaha Metro CHNA process as a major problem in the community and another 29.1% characterized it as a**	• Omaha Metro Area gonorrhea incidence rate in 2014 was 138.7 cases per 100,000 population, notably higher in Douglas County (195.8). • Omaha Metro Area chlamydia incidence rate in 2014 was 535.1 cases per 100,000 population, notably higher in Douglas County (734.1). • 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. • 30.8% of unmarried Metro Area adults age 18 to 64 report that a condom was used during their last sexual intercourse.	• Prevalence of chlamydia has increased over time in the Metro Area from 453.3 cases between 2005-2007 to 535.1 cases 518.6 cases between 2012-2014, echoing the state and US trends. • No clear gonorrhea prevalence trend. • The percentage of unmarried Omaha Metro adults between the ages of 18-64 reporting three or more sexual

moderate problem		partners in the past year has increased from 3.3% in 2011 to 8.7% in 2018, with the sharpest increase in Sarpy/ Cass Counties combined. • Condom use has increased significantly in Douglas County as well as the combined Sarpy/Cass counties from 19.5% in 2011 to 30.8% in 2018 for the Omaha Metro overall.
Substance Abuse **The greatest share (57.9%) of key informants in the Omaha Metro CHNA process characterized *Substance Abuse* as a major problem in the community, while 33.1% cited it as a moderate problem.**	• 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. • 26.0% of Omaha Metro adults are excessive drinkers (heavy and/or binge drinkers). • 20% of Mills Co. adults are excessive drinkers. • According to the CDC 2016 BRFSS data for Douglas County, 20.3% of county residents are binge drinkers (men having 5+ alcohol drinks on any one occasion or women having 4+ drinks on any one occasion). • Excessive drinking (heavy and/or binge drinking) is more prevalent among men (34.5%), younger adults (36.7% of 18- 24 year olds), upper-income residents (30.8% of mid/ high income earners), Non-Hispanic Whites (27.0%), and Hispanics (32.0%). • 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 Omaha Metro. This compares favorably to Iowa (7.8) and the national average (US: 14.3), but is higher than the Nebraska state average (5.5).	• The cirrhosis/ liver disease mortality rate has increased in the Omaha Metro from a rate of 7.4 deaths per 100,000 population between 2007- 2009 to 8.8 between 2014- 2016, echoing both state and national trends. • The percentage of binge drinkers in Douglas County has increased from 17.0% in 2002 to 20.3% in 2016. • The annual average age-adjusted unintentional drug-related mortality rate in the Omaha Metro has risen and fallen over the past decade, compared with a steadier upward trend nationally.

Both the Omaha Metro CHNA and the Mills County CHNA methodology and results were presented to Mercy CB leadership community groups for validation of needs. All parties who reviewed the data found the data to accurately represent the needs of the community.

Prioritization

Omaha Metro CHNA Prioritization Process & Criteria

Additional community input on health priorities for the Omaha Metro was obtained through the Live Well Omaha Changemaker Summit on November 5, 2018, co-sponsored by the local area hospital systems - CHI Health, Methodist Health System, Children's Hospital & Medical Center and Nebraska Medicine - along with several other public health and social service organizations, including: Douglas County Health Department and the Sarpy Cass Department of Health and Wellness in Nebraska, and the Pottawattamie County Public Health Department in Iowa. Over 160 stakeholders participated in a data presentation facilitated by PRC. The summit concluded with a community voting session to derive focused priorities for the community. The Changemaker Summit community voting priorities are listed in

- Do we have community capacity to address this problem?
- Would it move us toward our vision?
- Does it have alignment with current community efforts?

Electronic voting apparatuses were distributed to Summit participants, along with verbal instructions to rank the top five health opportunities they wanted to see the community collectively prioritize and work on. The community voting results are captured in Table 6. A tie breaker was needed to determine the fifth child and adolescent health priority, as both 'Cognitive & Behavioral Conditions' and 'Tobacco, Alcohol & Other Drugs' each received 10 percent of the total votes. All Summit participants were asked to vote again for which of the two health needs should be prioritized and 'Tobacco, Alcohol & Other Drugs' received 55 percent of the tie breaking vote.

Table 6.

Prioritization Criteria

Live Well Omaha Changemaker Summit participants were asked to consider the following criteria in voting for the top health needs for both adults and adolescent/children in the Omaha Metro:

- Do we have community capacity to address this problem?
- Would it move us toward our vision?
- Does it have alignment with current community efforts?

Electronic voting apparatuses were distributed to Summit participants, along with verbal instructions to rank the top five health opportunities they wanted to see the community collectively prioritize and work on. The community voting results are captured in Table 6. A tie breaker was needed to determine the fifth child and adolescent health priority, as both 'Cognitive & Behavioral Conditions' and 'Tobacco, Alcohol & Other Drugs' each received 10 percent of the total votes. All Summit participants were asked

to vote again for which of the two health needs should be prioritized and 'Tobacco, Alcohol & Other Drugs' received 55 percent of the tie breaking vote.

Table 6 "Health Opportunities" Prioritized by Changemaker Summit Attendees

Changemaker Summit: Community Voting Results	
Adult Health Opportunities	**Pediatric Health Opportunities**
Access to Healthcare Services	Access to Healthcare Services
Injury & Violence	Mental Health
Mental Health	Nutrition, Diabetes, Physical Activity & Weight
Nutrition, Diabetes, Physical Activity & Weight	Sexual Health
Substance Abuse	Tobacco, Alcohol & Other Drugs

Mills County CHNA Prioritization Process & Criteria

In order to prioritize health needs for Mills County, Mercy CB presented data to MCPH and two local coalitions in February, 2019, and facilitated a discussion to prioritize needs based on:

- Prevalence
- Trend
- Disparities
- Community's existing priorities led by MCPH, and
- Impact on other health needs

Mercy CB CHNA Prioritization Process & Criteria

Following the completion of both the Metro Omaha CHNA process and the Mills County CHNA process, the Mercy CB team had 13 areas of need (as shown in Table 7) to consider and prioritize.

Table 7: Top Identified Health Need by CHNA Process

Identified Health Need	Omaha Metro Assessment	Mills County Assessment (2015 & 2018)
Access to Healthcare Services	X	X
Cancer	X	
Aging (Dementia & Alzheimer's)	X	X
Diabetes	X	X
Heart Disease & Stroke	X	
Injury & Violence (Fall Prevention)	X	X
Mental Health	X	X
Nutrition, Physical Activity, & Weight	X	X
Respiratory Diseases	X	
Sexually Transmitted Diseases	X	

Substance Abuse	X	X
Emergency Preparedness		X
Teen Pregnancy		X

The CBAT for Mercy CB convened on February 22, 2019 to validate the two processes and prioritize needs based on:

- Need identified on both Omaha Metro CHNA and the Mills County CHNA
- Prevalence and severity of need
- Impact on other health needs

Prioritized Health Needs

Table 8 shows the top areas of need that have been prioritized related to the health of the community for Mercy CB in this CHNA.

Table 8: Prioritized Health Needs for CHI Health Mercy Council Bluffs

Health Need Area
Access to Healthcare Services
Behavioral Health (includes Mental Health & Substance Abuse)
Injury
Nutrition, Physical Activity, and Weight Status
Violence

Resource Inventory

An extensive list of resources identified through the PRC process as well as the Mills County process can be viewed in the Appendix.

Evaluation of FY17-FY19 Community Health Implementation Strategy Plan

The previous Community Health Needs Assessment for CHI Health Mercy Council Bluffs was conducted in 2016. **CHI Health Mercy Council Bluffs** completed the Community Benefit activities listed below for the community health priorities identified in 2016. The priority areas in 2016 were:

1. Behavioral Health
2. Injury and Violence
3. Maternal & Child Health
4. Obesity (Nutrition, Physical Activity, and Weight Status)

Priority Area # 1: Behavioral Health

Goal	**To increase the preventive outreach, educational efforts and resources that support the resiliency of community members who experience mental health and substance use issues.**
Community Indicators	**CHNA 2016** Age-adjusted suicide rate per 100,000: 16.54 (Pottawattamie County), 11.54 (Mills County), 13.20 (Iowa) Average number of mentally unhealthy days in last 30: 3.1 (Pottawattamie County), 2.8 (Mills County), 3.1 (Iowa)
	CHNA 2019
Timeframe	FY17-19
Background	**Rationale for priority** Mental health and substance use were identified as a top health need in the community-wide CHNA and identified as a top priority for work. Of those experiencing "fair" or "poor" mental health, disparities exist based on income levels with lower income individuals reporting higher levels of "fair" or "poor" health. The suicide rate in Pottawattamie County is higher than surrounding counties and Iowa overall. Mills County also experiences issues with shelter access for teens in crisis, as well as those experiencing domestic violence and homelessness.
	Contributing Factors: Access to mental health care providers, lack of coordination of relevant behavioral health care, substance use
	National Alignment: Healthy People 2020 objectives call for reduction in suicide rate, increase in proportion of children and adults with mental health disorders who receive treatment, increase in proportion of persons with co-occurring substance use and mental health disorders who receive treatment for both disorders.
	Additional Information: CHI Health received grant funding from CHI national to implement behavioral health programs planned by community coalitions developed through a previous planning grant.

1.1 Strategy & Scope: Provide crisis stabilization for people who seek inpatient hospitalization but do not meet emergency department admission criteria across all age groups in the CHI Health Mercy Council Bluffs Service Area (Pottawattamie & Mills Counties)

Anticipated Impact	Hospital Role/ Required Resources	Partners

• Increased capacity and speed to correctly triage and place crisis patients for the most relevant care	CHI Health System Role(s): • Provides financial support • System-level leadership by Behavioral Health Service Line CHI Health Mercy's Role(s): • Sponsor • Fiscal Agent • Community Partner Required Resources: • Mercy Council Bluffs Leadership Time to be determined • CHI Mission & Ministry Grant Funding ($350,340- total for 3yrs) • Community Partner time and funding to be determined based on work identified	• Hospital staff • Heartland Family Services (Assertive Community Treatment Program - ACT Team)
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Determine the population in need of crisis stabilization in Council Bluffs through collected data and develop plan to address need. • Implement crisis stabilization plan(s) and expand program(s) as needed to increase services to identified population. • Study the feasibility of offering a 23:59 crisis stabilization service at CHI Health Mercy CB and if feasible, develop a plan for implementation. • Develop a pilot leveraging Heartland Family Service's ACT Program to provide training and real-time coaching and technical assistance to group home staff • Explore ways to address expand substance abuse treatment available through the ACT program • Begin developing a sustainability plan for post grant. • Sustainability plan developed for services to continue	• # Emergency Department visits to CHI Health Mercy Council Bluffs (behavioral health specific visits) • # ED visits to Jennie Edmundson (behavioral health specific visits) • # Patients served through new crisis stabilization services • # trainings provided through pilot model • # trained through pilot model • # of onsite hours provided in real-time coaching through pilot model	Data will be reviewed by the coalition from the following sources at six month intervals – January and June: • ED statistics from CHI Health Mercy CB • ED statistics from Jenny Edmundson Hospital • The Network and Heartland Family Services (Training data)

Results

FY17 Key Activities

- Engaged The Mental Health & Substance Abuse Network (The Network) as Coalition leader and conducted five meetings within the fiscal year, with average of 16 coalition members attending regularly
- Group working to define this work further in years 2 & 3 of grant

FY17 Measures

- Coalition members rating effectiveness of coalition to build:
    - Common Agenda: 75.0%
    - Shared Measurement: 75.0%
    - Mutually Reinforcing Activities: 37.2%
    - Continuous Communication: 76.6%
    - Backbone Organization: 73.3%

FY18 Actions and Impact

- The Mental Health & Substance Abuse Network (The Network) became The Southwest Iowa Mental Health and Disabilities Services Region (The Region) in FY18, and continued as coalition leader.
- 4 meetings of the full coalition were held with workgroups meeting separately. On average, there were 17.5 members in attendance.

FY18 Measures:

- Coalition members rating effectiveness of coalition higher than FY17 in all areas of Collective Impact:
    - Common Agenda: 88.6%
    - Shared Measurement: 86.1%
    - Mutually Reinforcing Activities: 76.3%
    - Continuous Communication: 88.2%
    - Backbone Organization: 86.3%

FY19 Results Pending

1.2 Strategy & Scope: To improve care coordination and communication across systems for all ages in the CHI Health Mercy Council Bluffs Service Area (Pottawattamie & Mills Counties)		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• An improvement in behavioral health outcomes as a result of increased communication and information sharing.	CHI Health System Role(s): • Provides financial support • System-level leadership by Behavioral Health Service Line CHI Health Mercy's Role(s): • Sponsor • Fiscal Agent • Community Partner Required Resources: • See strategy 1.1	• The Network (backbone organization as part of the Behavioral Health Coalition work) • Community service providers
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Develop and implement a "warm hand-off" process with appropriate patient releases of information for care coordination between CHI Health Mercy CB and other treatment providers, schools and other community based programs.	• Measuring discharge and warm-hand-off process will be determined in year 1 • Improvement in BH Outcome (measure to be determined as part of year 1 work)	• Hospital and providers will develop a system to collect identified patient data to measure outcomes • Data reviewed by coalition on a 6 month basis
Results		
FY17 Key Activities • Planning for the "hybrid" ACT model and Care Coordination has occurred. Workgroups have been formed to plan for the implementation of each program. • A workgroup has been focused on the development of a "warm hand-off" process between providers. TAV software is one of the approaches being explored.		

FY17 Measures

- Measures will be reported Year 2 and 3 (FY18 or FY19)

FY18 Actions and Impact

- Hired and activated a behavioral health coach to conduct community trainings on Compassion Fatigue, Understanding Mental Illness, Professional Boundaries, Understanding Bipolar Disorder, and Body Language.
- Providing Assertive Community Treatment (ACT) to clients of habilitation and waiver homes, and team is identifying those in the program with active substance abuse disorders for referral to the BH coach for additional support

FY18 Measures:

- Held 6 trainings with 138 attending trainings representing 118 direct care staff across 4 developmental disability agencies
- 9 ACT clients supported out of 39 referred (from 76 total clients) in the ACT program.

FY19 Results Pending

1.3 Strategy & Scope: Expand adult and adolescent detox services and programs in the CHI Health Mercy Council Bluffs Service Area (Pottawattamie & Mills Counties)

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Fewer incidents of detox needed in the county jail and homeless shelters • Decrease in Patients seeking detox services at ED	CHI Health System Role(s): • Provides financial support • System-level leadership by Behavioral Health Service Line CHI Health Mercy's Role(s): • Sponsor • Fiscal Agent • Community Partner Required Resources: • See strategy 1.1	• The Network (backbone organization as part of the BH coalition work) • Detox program staff • Providers

Key Activities	Measures	Data Sources/Evaluation Plan
• Conduct gap analysis on current detox and chemical dependency treatment services available in the community and expand as needed; explore Omaha models as part of gap analysis. • Determine the potential of funding for detox services with the new MCO's. • Educate the community on the need for detox services. • Secure funding for additional detox services and implement additional services.	• Gap Analysis completed and analysis of funding examined • # of individuals served through additional detox services • # Patients seeking detox services at hospital emergency departments • # Incidents of detox needed in the county jail • # Incidents of detox needed in homeless shelters	Data will be reviewed in January & June by Coalition from the following sources: • County Jail database • Homeless Shelter database • Hospital ED data

Results

FY17 Key Activities

- Planning and assessment activities were conducted gap analysis of detox services in the area - Addiction & Recovery Resource Directory was compiled listing services within 60 miles of CB
- Recommendations from the assessments are available for Crisis Stabilization and Detox in their summary reports.

FY17 Measures: Measures will be reported Year 2 and 3 (FY18 or FY19)

FY18 Actions and Impact

- The work related to detox services by the workgroup focused on data collection and the barriers of reimbursement of MCO's.
- During Year 2, the workgroup shifted from identifying gaps in existing services to studying the feasibility of implementing new services and identifying possible funding sources. To date the group has researched the possibility of obtaining licensure to establish a detox and inpatient treatment facility and has concluded that obtaining licensure will not be an obstacle.
- Group still gathering information related to episodes involving local residents (from public health), and wait time for treatment for those evaluated needing an inpatient level of care.
- Funding and sustainability represent the greatest challenge to establishing new services, and the passage of HF2456 will determine the direction this work takes in FY19.

FY18 Measures: No measures to report

FY19 Results Pending

Priority Area # 2: Maternal & Child Health			
Goal	**Improve long term health and education outcomes for pregnant and/or parenting youth, and their children through relevant support.**		
Community Indicators	**CHNA 2013** Teen birth rate per 1,000 population ages 15 – 19 : 38.55 (Pottawattamie County), 26.32 (Mills County), 27.0 (Iowa)		
	CHNA 2016 Teen birth rate (ages 15-19) per 1,000 - 35.4 (Pottawattamie County), 23.46 (Mills County), 24.53 (Iowa) Infant Mortality per 1,000 live births – 5.4 (Pottawattamie County), 5.7 (Mills County), 4.8 (Iowa)		
	CHNA 2019		
Timeframe	FY17-19		
Background	**Rationale for priority:** While teen pregnancy rates have steadily dropped on past 10 years, the community has still identified this as a need in both Pottawattamie and Mills Counties based on the most recent CHNA. Less than half of teen moms finish high school and of those that do, only 2% go on to finish college. CHI Health Mercy Council Bluffs has been doing work in this arena and will continue.		
	Contributing Factors: Lack of support for pregnant and/or parenting youth to continue and complete school.		
	Research (if appropriate): According to National Campaign to Prevent Teen and Unplanned Pregnancy, only 40% of teen mothers finish high school and fewer than 2% finish college by age 30. Children of teen mothers perform worse on many measures of school readiness, are 50% more likely to repeat a grade, and are more likely than children born to older mothers to drop out of high school.		
	National Alignment: Healthy People 2020 – Increase the proportion of students who graduate with regular diploma in 4 years after starting 9th grade.		
	Additional Information: CHI Health Mercy Council Bluffs has been a key partner in the Council Bluffs Teen Pregnancy Task Force for ____ years.		
2.1 Strategy & Scope: Maintain and enhance programming with the Council Bluffs Teen Pregnancy Task Force for pregnant and parenting youth in Council Bluffs Schools.			
Anticipated Impact		**Hospital Role/ Required Resources**	**Partners**

• Increase the number of pregnant and parenting teens who graduate high school and prepare for secondary education. • Reduce the number of infants born with no prenatal care	CHI Health System Role(s): • Women's Health Division provide Childbirth Educator 1 CHI Health Mercy's Role(s): • Community Partner Required Resources: • Childbirth Educator 1 average of 2 hrs/week	• Council Bluffs Teen Pregnancy Task Force (multiple community partners associated with this group) • Council Bluffs Community School District • Methodist Jennie Edmundson Hospital • Lutheran Family Services • Family, Inc. • Women, Infants & Children (WIC) • Visiting Nurse Association (VNA)
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Continue engagement with task force to provide support as identified by task force partners • Provide school-based prenatal education every two weeks to approximately 15 pregnant teens each year in the Council Bluffs School District, referred to program through Teen Student Navigator or school counselor. (This program aligns with in-home visitation services offered through Visiting Nurse Association (VNA) and Family, Inc.) • Explore opportunities to expand services or programming into Mills County in partnership with Mills County Public Health Agency • Explore available data sources to measure long-term impact, such as graduation rates for those participating in programming.	• # participants experiencing pre-term labor (<36 weeks gestation) • Identify graduation measure for program participants	Data will be reviewed by the Hospital Community Benefit Action Team (CBAT) on a six-month basis from the following sources: • Hospital delivery data • Task Force Data • Council Bluffs School District (annually in spring)
Results		
FY17 Key Activities		

- RN/Child birth educator continues work with and in Council Bluffs schools to support identified pregnant and parenting teens from early pregnancy through first 3-6 months.
- RN support to ensure proper prenatal care is established and on-going, and breastfeeding promotion, education, and support to establish and sustain.
- Not currently expanding program due to reduced demand in FY17

FY17 Measures

- Served 3 teens within CB Schools throughout school year

FY18 Actions and Impact

- Council Bluffs Community Schools ended this program in FY18, and will not be continuing this integrated service to support pregnant or parenting teens by a CHI Health Mercy Council Bluffs RN. The school is leveraging other resources to provide this service.

FY18 Measures: No measures to report

FY19 Results Pending

2.2 Strategy & Scope: Explore and implement evidence-based interventions to prevent and reduce substance use during pregnancy in Pottawattamie and Mills Counties, IA.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Reduce the incidence of high-risk pregnancies due to substance use • Increase mother's awareness of substance use risks at conception • Reduce the number of infants born addicted to drugs	CHI Health Mercy's Role(s): • Convener • Funder Required Resources: • Staff time and funding to be determined based on identified interventions or programs.	• To be determined
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Identify and engage with key stakeholders to determine existing work in this arena • Identify root causes and potential targets for this work • Identify possible interventions and capacity for implementation of those interventions • Select or create an intervention. • Develop implementation plan and seek required resources. • Evaluate for effectiveness and sustainability	• # infants born with positive drug screen (born at Mercy Council Bluffs) • # of pregnant women reporting substance use during pregnancy • Other measures as identified by selected or planned intervention	• Identified plan or intervention will be shared out in Year 1 to hospital team and key stakeholders. • Data will be reviewed by hospital team and shared with key stakeholders on a 6 month basis

Results

FY17 Key Activities

- Strategy no longer valid due to lack of secondary data, team capacity, lack of partners, therefore team determined not meaningful to continue this work
- Group provided $10,000 to Mills County Public Health to continue the Family Matters program supporting moms, dads, and youth affected by substance use through group and 1:1 support. Measures provided below are from the support to this program.
- Will replace strategy 2.2 with a new strategy: 2.2.a
- In addition, substance abuse is being addressed through the hospital's work in strategies 1.1-1.3 above.

FY17 Measures: No measures on strategy 2.2, see 2.2.a for updated strategy & measures.

FY18 Actions and Impact

- Strategy no longer valid due to lack of secondary data, team capacity, and lack of partners; therefore team determined it is not meaningful to continue this work.
- Have replaced strategy 2.2 with a new strategy: 2.2.a
- In addition, substance abuse is being addressed through the hospital's

FY19 Results Pending

2.2.a Strategy & Scope: Provide support to Mills County Public Health to increase capacity for the Family Matters substance abuse program, in order to serve the family unit, as well as each individual member of the family to mitigate the impact of substance use on the individuals and family overall.

FY17 Key Activities

- Group provided $10,000 to Mills County Public Health to continue the Family Matters program supporting moms, dads, and youth affected by substance use through group and 1:1 support. Measures provided below are from the support to this program.

FY17 Measures:

- 11 Family dinner meetings from June 2016-May2017 where 5 men, 6 women, and 29 youth actively participated
- Provided 78.5 hours of recovery coaching to 22 women, 9 men, and 29 youth

FY18 Actions and Impact

- Provided $10,000 to Mills County Public Health to continue the Family Matters program supporting moms, dads, and youth affected by substance use through group and 1:1 support. Measures provided below are from the support to this program.
- Offered three distinct education support groups monthly run by trained (gender-specific) facilitator, and a co-facilitator in recovery: Moms off Meth, Dads against Drugs, and Not Alone Children's Group.

FY18 Measures:

- 19 social events for program participants held in FY18
- Programming offered through 24 meetings, serving 10 men, 25 women, and 30 youth
- Provided 127.25 hours of recovery coaching to program participants

Priority Area # 3: Obesity (Nutrition, Physical Activity & Weight Status)			
Goal	**Improve weight status, healthy eating, and physical activity for children and families through education, environment change, and behavior modification.**		
Community Indicators	**CHNA 2016** 31% of children age 5 – 17 with BMI in 85th percentile or higher; 31.9% obese (Pottawattamie County, IA in 2014) 67.4% of children age 2 – 17 are physically active one hour or more per day (Pottawattamie County, IA 2014) 29% of Pottawattamie County adults and 29.3% of Mills County adults have no leisure time physical activity 33.9% of Pottawattamie County adults report eating five or more servings of fruits and/or vegetables per day (no data for Mills) 75.4% of Pottawattamie County adults have a BMI over 25 (overweight); 41.0% obese and Mills County is at 32.9% obese. 46.4% of Pottawattamie County area adults meet the physical activity recommendation (no data for Mills)		
	CHNA 2019		
Timeframe	FY17-19		
Background	**Rationale for priority:** Obesity at all ages remains high in the area and the community has identified this as a top health need. This health need was confirmed for CHI Health Mercy Council Bluffs due to existing work and input from Charitable Council and Patient and Family Advisory Council.		
	Contributing Factors: fruit and vegetable consumption, physical activity levels, access to healthy foods		
	National Alignment: HP2020 has multiple objectives around weight status, healthy eating and active living		
3.1 Strategy & Scope: Offer Healthy Families Program to families with children identified in the 85th percentile of body mass index or above in Pottawattamie and Mills Counties, IA.			
Anticipated Impact		**Hospital Role/ Required Resources**	**Partners**

• Improve healthy eating and physical activity habits of families • Reduce and prevent overweight/obesity in participating families • Increase knowledge of participating families around nutrition, physical activity, and healthy goal setting	CHI Health System Role(s): • Funding • Strategic Partnership • Marketing/Recruitment support • Patient referrals • Technical Assistance CHI Health Mercy Council Bluffs Role(s): • Host Healthy Families program Year 1 with referral coordination • Seek partner to assume host roles with grant support from CHI Health Mercy Council Bluffs in subsequent years Required Resources: • Funding for 3 sessions (approximately $14,800) (Includes estimated time/pay for registered dietician, physical activity specialist, and site lead as well as food, incentives, and program supplies)	• AllCare Health Center (Potential) • YMCA of Greater Omaha • HyVee • Mills County Public Health Agency (Potential)
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Identify partners to host Healthy Families (HF) programs in Council Bluffs for future programs, through grant program • Explore the opportunity to support Mills County Public Health to host Healthy Families in Glenwood, IA. • Explore the opportunity to engage with All Care Health Center (a Federally Qualified Health Center) to take over hosting of Health Families in Council Bluffs	• at least 9 sessions of Healthy Families held and over 45 families graduated • at least 75% of participants will show an increase in fruit and vegetable consumption. • at least 75% of participants will show an increase in weekly physical activity	Data will be reviewed and monitored by the Hospital CBAT using the following data sources: • Program attendance sheets (after each session) • Pre- & post-survey data (collected after each session; reviewed bi-annually)
Results		
FY17 Key Activities: • Held three sessions of Healthy Families • Site Lead moved at the end of FY17		

- Working to identify need and strategy moving forward

FY17 Measures:

- 12 families enrolled
- 7 graduated
    - 62% reporting increase in physical activity
    - 72% increase in fruits
    - 63% increase in vegetables

FY18 Actions and Impact

- Staff changes, and lack of host site prevented this programming in FY18. Internal diminished capacity prevents CHI Health Mercy Council Bluffs from hosting this program, and while external partners have been approached to take on this program with full financial support from CHI Health, none have agreed.
- Mercy will continue to seek community input and alignment to offer this program through FY19, if community partners determine it is necessary.

FY18 Measures: No measures to report

FY19 Results Pending

3.2 Strategy & Scope: Offer the Big Garden programming to families showing higher health disparities (low-income, under/uninsured) in Pottawattamie County, IA.		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improve healthy eating habits of families through education and technical assistance • Reduce and prevent overweight/obesity in participating families	CHI Health System Role(s): • Healthier Communities support/funding CHI Health Mercy Council Bluffs Role(s): • Partner • Funder Required Resources: • Funding (approx. $18,000/year). • Matching funds from The Big Garden ($3,500)	• The 712 Initiative • The Big Garden (United Methodist Ministries) • WIC – Referral of eligible families • Family, Inc. – Referral of eligible families
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Partner with local community garden administrator and The Big Garden to provide programming. • Partner with local WIC and Family, Inc. agencies to refer eligible families to the program. • Work with 10 families during gardening season to help them learn to create and sustain a community garden plot. • Work with families in off-season on garden sustainability, and healthy cooking • Assess and review for necessary adjustments and/or sustainability of program • Explore the need and possibility to add transportation for families to increase participation throughout program	• # of families participating • % of families report an increase in gardening knowledge • % of participating families will report a change in their eating habits as a family	Evaluation of the pilot program (started in FY16 through early FY17) will be completed in FY17 including data from the following sources: • The Big Garden program report (annual) • Program surveys from participants (pre to post) (annual)

Results

FY16 CHI Health Mercy Council Bluffs provided a total of $17,740.40 in FY16 to Pottawattamie County Development Corporation (PCDC) for the administration of The Big Garden program starting summer 2016.

- $15,000 will be paid from PCDC to The Big Garden over the course of the pilot (FY16 – FY17)
- $3,504 will be provided through The Big Garden in matching funds.
- Total cost of program = $21,244.40

FY17 Key Activities

- Provided over $7400 to The 712 Initiative to provide bi-weekly gardening programming and plots for low-income families at The Creektop Garden in Council Bluffs
- Families received education around gardening, harvesting, cooking, preservation, and more during season and fall/winter workshops

FY17 Measures

- 3 families served through growing season programming
- Held 20 classes through growing season
- Average of 6-7 participants per class, and all plan to re-enroll in next program
- 4 off-season workshops on cooking, dehydrating foods, planning for growing season, and grocery store healthy foods tour.
- Families surveyed indicated:
    - Improved knowledge of: planting, soil health, healthy food and nutrition concepts, healthy food preparation and cooking
    - Increased confidence and interest in growing own food

FY18 Actions and Impact

- Provided support and funding to The 712 Initiative to offer education around gardening, harvesting, cooking, preservation, and more for families through workshops in July & August

FY18 Measures:

- Nearly 20 individuals and their families served through growing season programming
- Held 3 classes through growing season
- Held 2 farmers market tours
- Average of 7-10 participants per class, and all plan to re-enroll in next program
- Perceived family benefits of the garden programming:
    - Improved knowledge of: planting, soil health, healthy food and nutrition concepts, healthy food preparation and cooking
    - Increased confidence and interest in growing own food
    - Increased sense of place and community at CreekTop Gardens

FY19 Results Pending

Priority Area # 4: Injury Prevention	
Goal	**Improve rate of injury in Pottawattamie and Mills Counties through community outreach and education.**
Community Indicators	**CHNA 2013** • Age-adjusted hospitalization rate per 100,000 for unintentional injury: 613.67 (Pott. County), 584.04 (Mills County), 513.66, (Iowa) • Age-adjusted emergency dept. visit rate per 100,000 for unintentional injury: 9987.89 (Pott. County), 5787.09 (Mills County), 6991.16, (Iowa) • Age-adjusted motor vehicle accident death rate per 100,000: 11.68 (Pott. County), 19.19 (Mills County), 11.92, (Iowa) • Age-adjusted emergency department visit rate per 100,00 0 for falls: 3140.43 (Pott. County), 1827.07 (Mills County), 2295.16 (Iowa)
	CHNA 2016 • Age-adjusted hospitalization rate per 100,000 for unintentional injury: 612.65 (Pott. County), 576.65 (Mills County), 511.93, (Iowa) • Age-adjusted emergency dept. visit rate per 100,000 for unintentional injury: 9975.04 (Pott. County), 5742.82 (Mills County), 7325.99, (Iowa) • Age-adjusted motor vehicle accident death rate per 100,000: 12.83 (Pott. County), 18.71 (Mills County), 11.73, (Iowa) • Age-adjusted emergency department visit rate per 100,00 0 for falls: 3147.93 (Pott. County), 1813.31(Mills County), 2425.86 (Iowa)
	CHNA 2019
Timeframe	FY17-19
Background	**Rationale for priority:** Community identified unintentional injury as a top health need due to the prevalence of emergency department visits and death due to falls. Mills County Public Health Agency has existing work around fall prevention that is evidence-based and seeking additional support to be able to continue programming.
	Contributing Factors: Aging population, youth bicycle safety, awareness of fall risks
	National Alignment: Healthy People 2020 objective calls for a reduction in unintentional injury deaths, motor vehicle crash related deaths, fall-related deaths
	Additional Information: As a Level III Trauma Center verified through the State of Iowa Department of Public Health, CHI Health Mercy Council Bluffs is committed to trauma prevention and outreach in the community.

4.1 Strategy & Scope: Develop education and injury prevention outreach activities in Pottawattamie and Mills County based on leading causes of trauma**.**		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Reduction in unintentional and preventable injuries • Reduction in the need for emergency care and/or hospitalization due to severity of preventable injury	CHI Health Mercy Council Bluffs Role(s): • Convener/Leader • Funder Required Resources: • Staff time and funding for trauma work to be defined based on needs and interventions selected. • Staff time and resources needed to be determined in year 1	• To be determined based on trauma data and a more defined scope of work
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Access the Hospital's Trauma Registry data to identify key trends in injury by age, geographic location, time of year, etc. • Define a more targeted scope or populations for interventions needed. • Identify key partners for outreach activities. • Develop injury prevention education and outreach activities relevant to the population identified. • Host Family Health & Safety Day annually including content and activities that are relevant to the population identified. • Survey attendees for awareness and safety practices as result of participation in health and safety day. • Explore the opportunity to provide fall prevention to assisted living sites in Pottawattamie and Mills County areas. • Explore the possibility to integrate balance assessments into existing health fair.	• Assessment of Trauma Registry data completed annually • Injury prevention education materials created for scope of work • # People reached through education and outreach activities • Pre and post intervention data from trauma registry	Data will be reviewed and monitored by Hospital CBAT using the following data sources: • Trauma Registry (annual assessment) • CHI Health Mercy Council Bluffs to report on education delivered and outreach activities quarterly • Others TBD

Results

FY17 Key Activities

- Convened stakeholder group including CB Fire Department, Mills County EMS, Pottawattamie County EMS, and several Mercy Departments (ED, Rehab Services, Administration)
- Group identified falls as the primary trauma to focus on prevention and hospital working to ID opportunity for fall risk assessment/follow-up
- Provided support to Council Bluffs Fire Dept. to promote the "Remember When" fall & fire prevention campaign with education and outreach activities.

FY17 Measures

- Work in progress to identify relevant measures for fall prevention
- Baseline Fall data from trauma registry:
    - 13 falls from furniture or stationary object (bed, chair, non-moving wheelchair) (All ages)
    - 3 Falls from playground swing, or to/from playground equipment (All ages)
    - 12 falls due to snow/ice (All ages)
    - 183 falls due to slips/trips (All ages)
    - 152 falls ages 65 and over (83% of all falls)

FY18 Actions and Impact

- Due to staff changes at CHI Health Mercy Council Bluffs in FY18, this work was not feasible to pursue. Although the trauma team at Mercy remains connected to the stakeholder group convened, there is not an official effort underway.
- Continued exploration of the existing work related to injury, and gaps will happen in FY19 through conversations with community stakeholders, and the next iteration of the Community Health Needs Assessment.

FY18 Measures: There are no measures to report.

FY19 Results Pending

4.2 Strategy & Scope: Provide time and resources to outreach efforts around the Stop the Bleed campaign to educate and equip schools and community sites on how to stop hemorrhaging in victims of accident or trauma, prior to EMS arrival and transport to a local hospital.

FY17 Key Activities

- CHI Health Mercy Council Bluffs Trauma department secured $25,000 grant for the Stop the Bleed campaign to educate and provide kits for community members to stop hemorrhaging in schools and community locations during accidents and trauma incidents.
- Purchased 5 training kits, 50 additional tourniquets for training purposes, 4 wall mounted bleeding control stations (for hospitals), 8 portable bleeding control bags (8 kits within each bag) for schools, MAC, community sites, nearly 200 individual bleeding control kits for door prizes during class (All $$ spent by FY17)
- Initial year was spent on preparation, planning, and training trainers.

FY17 Measures

- Trained 16 trainers

FY18 Actions and Impact

- CHI Health Mercy Council Bluffs Trauma department continues to offer Stop the Bleed training to educate and provide kits for community members to stop hemorrhaging in schools and community locations during accidents and major trauma incidents.

FY18 Measures:

- 107 employee hours were logged in preparing for, and offering training
- 337 individuals were trained in Stop the Bleed

FY19 Results Pending

Dissemination Plan

CHI Health Mercy Council Bluffs will make its CHNA widely available to the public by posting the written report on http://www.chihealth.com/chna. A printed copy of the report will be available to the public upon request, free of charge, by contacting Kelly Nielsen at Kelly.nielsen@alegent.org or (402) 343-4548. In addition, a paper copy will be available at the Hospital Information Desk/Front Lobby Desk.

Approval

On behalf of the CHI Health Board, the Executive Committee of the Board approved this CHNA on May 10, 2019.

Appendices

A. Resources Available to Address 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 reflects input from participants in the Online Key Informant Survey as part of the Metro Omaha CHNA process and the Mills County process, however should not be considered to be exhaustive nor an all-inclusive list of available resources.

B. PRC Executive Summary

Professional Research Consultants (PRC) completed the 2018 Community Health Needs Assessment for Douglas, Sarpy and Cass Counties in Nebraska and Pottawattamie County, Iowa. The Full PRC report can be found online at http://douglascountymetro.healthforecast.net

C. Live Well Omaha Changemaker Voting Results

Over 160 community stakeholders participated in the Live Well Omaha Changemaker Summit on November 5, 2018, co-sponsored by the local area hospital systems- CHI Health, Methodist Health System, Children's Hospital & Medical Center and Nebraska Medicine- along with several other public health and social service organizations, including: Douglas County Health Department, Sarpy Cass Department of Health and Wellness and the Pottawattamie County Public Health Department. The summit included a data presentation facilitated by PRC and concluded with a community voting session to derive focused priorities for the community.

D. Mills County CHNA Meeting Data Presentation and Handouts

Mills County Public Health hosted a meeting of stakeholders from two local coalitions to review data and have a discussion to identify and validate the top needs in Mills County communities. Data presentation and the two page handout present the findings discussed during this meeting.

Resources Available to Address Significant Health Needs

Access to Healthcare Services	
Access to Medical Care	H and J Counseling
All Care Health Center	Health Fairs
American Cancer Society	Heart Ministry
American Heart Association	Heartland Family Service
American Lung Association	Hope Medical Outreach Coalition
Black Family Health and Wellness Fair	Kountze Lutheran Church
Building Healthy Futures	Lutheran Family Services
Care Consults for the Aging	Magis Clinic
CenterPointe	Marketplace Insurance Plans
Charles Drew Health Center	Medicare/Medicaid
CHI Health	Methodist Renaissance Health Clinic
Connections *Mills County*	Home Health Nursing & Home Care Aid Services *Mills County*
Children's Hospital	Mobile Programs
City Bus	Nebraska Appleseed
Community Alliance	Nebraska Marketplace
Community Health Centers	Nebraska Medicine
Council Bluffs Free STD Clinic	Nebraska Urban Indian Health Coalition
Creighton	NOVA
Doctor's Offices	Nutrition Services
Douglas County Health Department	OneWorld Community Health Center
Douglas County Mental Health	Planned Parenthood
Eastern Nebraska Community Action Partnership (ENCAP)	Project Harmony
Eastern Nebraska Office on Aging	Quick Sick Clinics
Federally Qualified Health Centers	Region 6
Fred Leroy Health and Wellness	School-Based Health Centers
Free Clinic	Sharing Clinic
Free Medications	South Omaha Medical Associates (SOMA) Clinic
Program of All Inclusive Care for Elderly (PACE) *Mills County*	Veterans Administration - *Mills County*

Arthritis, Osteoporosis & Chronic Back Conditions	
Arthritis and Osteoporosis Center	Hospitals
Arthritis Foundation	Nebraska Department of Health and Human Services
Charles Drew Health Center	Nebraska Medicine
CHI Health	Public Health Services
Eastern Nebraska Office on Aging	

Cancer	
A Time to Heal	Hospitals
American Cancer Society	Live Well Omaha

American Lung Association	Lymphoma Society
Cancer Centers	Methodist Cancer Center
Cancer Society	Methodist Health System
Cancer Support Groups	Methodist Hospital
Charles Drew Health Center	Methodist Jennie Edmundson Hospital
CHI Health	Methodist Renaissance Health Clinic
CHI Health Immanuel Hospital	My Sister's Keeper
Children's Hospital	National Cancer Treatment Centers
Clarkson Hospital	Nebraska Cancer Coalition NC2 Advisory Committee
Creighton	Nebraska Medicine
Douglas County Health Department	Nutrition Services
Eastern Nebraska Office on Aging	Planned Parenthood
Every Woman Matters	Project Pink'd
Federally Qualified Health Centers	Public Health Association of Nebraska
Fred and Pamela Buffett Cancer Center	Susan G. Komen Foundation
Health Systems	VA Medical Center

Dementias, Including Alzheimer's Disease	
A Place at Home	Methodist Geriatric Evaluation and Management Clinic
AARP	Methodist Health System
Alzheimer's Association	Methodist Hospital
Charles Drew Health Center	Nebraska Alzheimer's Association
CHI Health Immanuel Hospital	Nebraska Medicine
Connections Area Agency on Aging	Nursing Homes
County House Residence	Omaha Care Facilities
Eastern Nebraska Office on Aging	Omaha Memory Care
Hanson House	OneWorld Community Health Center
Heartland Family Service	Right at Home
Home Instead	St. Joseph's Villa
Intercultural Senior Center	Think Whole Person Health Care
Long-Term Care Facilities	UNMC
Lutheran Family Services	UNO
Memory Care Facilities	VA Medical Center
Home Health Nursing & Home Care Aid Services *Mills County*	

Diabetes	
All Care Health Center	Live Well Omaha
American Diabetes Association	Medicare/Medicaid
Charles Drew Health Center	Mental Health Services
CHI Diabetic Education	Methodist Health System
CHI Health	Methodist Hospital
CHI Health Mercy Hospital	Methodist Jennie Edmundson Hospital
Community Gardens	Methodist Renaissance Health Clinic

County/Regional Community Health Organizations	Nebraska Medicine
Department of Health and Human Services	Nebraska Urban Indian Health Coalition
Diabetes Association	No More Empty Pots
Diabetes Education Center of the Midlands	North Omaha Health
Diabetic Services	Nutrition Services
Dialysis Center	OneWorld Community Health Center
Doctor's Offices	Patient Care Medical Home
Douglas County Health Department	Pharmacy
Douglas County Primary Care	Pre-Diabetes Screening Through 1422 Grant
Employer Based Wellness Programs	Public Health Association of Nebraska
Federally Qualified Health Centers	Public Health Services
Fitness Centers/Gyms	School Systems
Fred Leroy Health and Wellness	School-Based Health Centers
Free Medications	Together Inc.
Health Department	Universities
Health Systems	UNMC
Healthy Neighborhood Stores	UNMC Diabetes Center
Hospitals	Visiting Nurse Association
HyVee	Walmart
JDRF	WIC

Family Planning	
Adolescent Health Project	Lutheran Family Services
All Care Health Center	Methodist Hospital
Boys Town	Nebraska AIDS Project
Charles Drew Health Center	Nebraska Medicine
CHI Health	North Omaha Area Health
CHI Health Midlands Hospital	OneWorld Community Health Center
Community Health Centers	Planned Parenthood
Council Bluffs Community Schools	Prevent Teen Pregnancy Coalition
Council Bluffs Free STD Clinic	Public Health Association of Nebraska
Doctor's Offices	Sarpy Cass Health Department
Douglas County Health Department	School Systems
Family Development and Self- Sufficiency (FaDSS) Council	School-Based Health Centers
Family, Inc.	Teen Pregnancy Task Force With CBCSD
Federally Qualified Health Centers	Think Whole Person Health Care
Gabriel's Corner	Title X Clinics
Health Department	Visiting Nurse Association
Lighthouse Program	Women's Center for Advancement
Mills County Coalition-Glenwood Giving Garden	Mentoring with Heart *Mills County*
Family Centered Services-MCPH *Mills County*	Parents as Teachers (PAT) *Mills County*
Boost4Families *Mills County*	Circles4Support *Mills County*
The Nest *Mills County*	Teen Parents and the Law (TPAL) *Mills County*

Hearing & Vision	
Boys Town	Doctor's Offices
Building Healthy Futures	Lions Club
Charles Drew Health Center	Nebraska Medicine
CHI Health	See to Learn Program
Parents as Teachers (PAT) – *Mills County*	

Heart Disease & Stroke	
American Heart Association	Hospitals
Cardiology	Live Well Omaha
Center for Holistic Development	Madonna
Charles Drew Health Center	Methodist Health System
CHI Health	Nebraska Department of Health and Human Services
CHI Health Immanuel Hospital	North Omaha Area Health
CHI Health Lakeside Hospital	Nutrition Services
Children's HEROS Program	Public Health Association of Nebraska
CHIP Objective	Public Health Services
Creighton	School-Based Health Centers
Creighton REACH	State Health Department
Doctor's Offices	Stroke Prevention Program
Emergency Response Training for Heart Attacks/Strokes	Substance Abuse Providers
FAST Training	Tele-Health Resources
First Aid Training	UNL Extension
Health Department	UNMC
Health Systems	

HIV/AIDS	
Black HIV/AIDS Awareness Events	Douglas County
Center for Holistic Development	Nebraska AIDS Project
Charles Drew Health Center	North Omaha Area Health
CHI Health	UNMC

Immunization & Infectious Diseases	
Center for Holistic Development	Nebraska Immunization Task Force
CHI Health	School-Based Health Centers
Douglas County Health Department	Statewide Immunization Registry
Mills County Public Health agency	

Infant & Child Health	
All Care Health Center	Home Visitation
Alternative Breakfast Programs	Hunger Free Heartland
Baby Blossom Collaborative	In-Home Family Support Workers
Big Garden	Integrated Home Health

Buffett Early Childhood Institute	Lead Prevention Program
Building Healthy Futures	Live Well Omaha
Center for Holistic Development	Lutheran Family Services
Charles Drew Health Center	March of Dimes
CHI Health	Omaha Healthy Kids Alliance
Child Saving Institute	Omaha Healthy Start
Children's Hospital	OneWorld Community Health Center
CityMatch	Parks and Recreation
Community Gardens	Planned Parenthood
Community Health Centers	Promise Partners
Community Health Clinics	Public Health Services
Doctor's Offices	School Systems
Douglas County Breastfeeding Coalition	School-Based Health Centers
Douglas County Health Department	Sports Leagues
Family, Inc.	Summer Meals Food Service Program
Federally Qualified Health Centers	UNMC
Food Bank for the Heartland	Visiting Nurse Association
Health Department	WIC
Heart Ministry	
Mills County Coalition-Glenwood Giving Garden	Mentoring with Heart *Mills County*
Family Centered Services-MCPH *Mills County*	Parents as Teachers (PAT) *Mills County*
Boost4Families *Mills County*	Circles4Support *Mills County*
The Nest *Mills County*	Teen Parents and the Law (TPAL) *Mills County*

Injury & Violence	
360	Mental Health Services
After School Programs	National Safety Council
Anger Management Classes	Nebraska Department of Health and Human Services
Boys and Girls Clubs	Nebraska Medicine
Center for Holistic Development	Neighborhood Watch Programs
CHI Health	North Omaha and South Omaha Care Councils
Child Saving Institute	NorthStar
CHIP Objective	Omaha 360
Churches	Omaha Police Department
Citizen Police Academies	PACE Program
Community Organizations	Phoenix House
Community Policing	Police Department
Compassion in Action	Project Extra Mile
Doctor's Offices	Project Harmony
Domestic Abuse Shelters	Public Health Association of Nebraska
Ecumenical Prayer Efforts	Public Health Services
Empower Omaha	Safe Kids Coalition
Empowerment Network	SANE Program
Faith-Based Organizations	School Systems
Girls Inc.	Soaring Over Meth and Suicide Program

Health Department	Urban League
Heartland Family Services	Victim Advisory Council
Heartland Work Force Development	ViewPoint
Hope Skate	Violence Prevention Programs
Hospitals	Visiting Nurse Association
Impact One Community Connection	Women's Center for Advancement
Juvenile Justice Initiative	Women's Fund
Law Enforcement	YMCA
Mad Dads	Youth Programs
Stop the Bleed	Mills County Attorney's Office – Victim Coordinator

Kidney Disease	
American Diabetes Association	Douglas County
Charles Drew Health Center	Hospitals
CHI Health	Methodist Renaissance Health Clinic
DaVita Dialysis Center	Nebraska Kidney Foundation
Diabetes Association	Nebraska Medicine
Diabetes Education Center of the Midlands	OneWorld Community Health Center
Dialysis Center	Transplant Associations
Doctor's Offices	

Mental Health	
24-Hour Crisis Response Team	Heartland Family Service
Alegent Psychiatric Associates	Horizon Therapy Group
All Care Health Center	Hospitals
At Ease	Human Services Advisory Council (HSAC)
Beacon	Individual Treatment Plans (ITPs)
Behavioral Health Services	Integrated Health
Behavioral Health Support Foundation	Jewish Family
Behavioral Health Education Center of Nebraska (BHECN)	Lasting Hope Recovery Center
Boys Town	Loess Hills Behavioral Health
Campus for Hope	Lutheran Family Services
Capstone Behavioral Health	McDermott
Catholic Charities	Medicare/Medicaid
Center for Holistic Development	Mental Health and Substance Abuse Network
Charles Drew Health Center	Mental Health Services
CHI and Methodist	Methodist Health System
CHI Behavioral Health	Methodist Hospital
CHI Health	Methodist Jennie Edmundson Hospital
CHI Health Immanuel Hospital	MOHM'S Place Shelter
CHI Health Mercy Hospital	NAMI
CHI Health Midlands Hospital	Nebraska Children's Home
CHI Psychiatric Associates	Nebraska Medicine
Child Saving Institute	Nebraska Urban Indian Health Coalition

Children's Square	North Omaha Area Health
Choice's Counseling	Omaha Police Department
Churches	Omni
Citi Training	OneWorld Community Health Center
Clear Minds Therapy	Peoples Health Center
Community Alliance	PLV Cares- Papillion La Vista
Community Mental Health	Police Department
Connections	Project Harmony
Connections Matter	Psychiatric Associates
County Mental Health Facilities	Public Health Services
Creighton	Region 6
Crisis Response	Salvation Army
Doctor's Offices	School Systems
Douglas County Corrections Mental Health Services	School-Based Health Centers
Douglas County Health Department	Sherwood Funded Initiative
Douglas County Hospital	Social Workers
Douglas County Mental Health	SWDMH
Employee Assistance Programs	The Kim Foundation
Family Connections	UNMC
Federally Qualified Health Centers	UNMC BECHN
Full Circle	VA Medical Center
Hawks Foundation	Women's Center for Advancement
Health Systems	
Glenwood Resource Center - *Mills County*	Hope4Iowa Crisis Line
Mills County Ministerial Association	

Nutrition, Physical Activity & Weight	
712 Initiative	Hospitals
Action for Healthy Kids	Hunger Free Heartland
All Care Health Center	HyVee
Alliance for a Better Omaha	Kohl's for Kids
Big Garden	Kroc Center
Boys and Girls Clubs	Live Well Council Bluffs
Center for Disease Control	Live Well Omaha
CHI Health Healthy Families	Mayor's Active Living Council
Childhood Obesity Programs	Methodist Health System
Children's HEROS Program	Midtown on the Move
Children's Hospital	Midwest Dairy Council
Children's Physicians	Mode Shift Omaha
Churches	Nebraska Department of Health and Human Services
City Sprouts	No More Empty Pots
Community Gardens	Nutrition Services
Community Wellness Bash	Obesity Action Coalition

Cooking Matters	Omaha Complete Streets Guide
Community Supported Agriculture (CSA) Program	Omaha Police Department
Doctor's Offices	Omaha Public Schools
Douglas County Health Department	Our Healthy Community Partnership
Douglas County Public Health	PACE Program
Eastern Nebraska Office on Aging	Parks and Recreation
Employer Based Wellness Programs	Planet Fitness
Family, Inc.	Plattsmouth Senior Center
Farmer's Markets	Promote Active Lifestyle Through Heartland 2050/AARP
Fitness Centers/Gyms	School Systems
Food Bank for the Heartland	School-Based Health Centers
Food Pantries	Sports Medicine and Athletic Training
Food Stamps	SWITA
Girls Inc.	The Hope Center
Gretchen Swanson Center	Together Inc.
Grocery Stores	United Way of the Midlands
Health and Wellness Facilities	UNL Extension
Health Systems	UNMC
Healthy Families Programs	Visiting Nurse Association
Healthy Neighborhood Stores	Weight Watchers
Heart Ministry	Whispering Roots
Heartland Network	WIC
HEROES	YMCA
Glenwood Senior Center	Glenwood Resource Center

Oral Health	
All Care Health Center	Free Dentistry Program
Building Healthy Futures	Heart Ministry
Charles Drew Health Center	Planned Parenthood
Creighton	Public Health Services
Creighton Dental School	Nebraska Dental Association
Dentist's Offices	Nebraska Dental Hygienists Association
Doctor's Offices	OneWorld Community Health Center
Family, Inc.	School Systems
Federally Qualified Health Centers	School-Based Health Centers
Fred Leroy Health and Wellness	Iowa Dental Hygienist's Association

Sexually Transmitted Diseases	
Adolescent Health Project	Health Systems
All Care Health Center	Libraries
Charles Drew Health Center	Live Well Omaha
CHI and Methodist	Nebraska AIDS Project
CHI Health	Nebraska Urban Indian Health Coalition
Community Health Centers	North Omaha Area Health

Community Health Clinics	Omaha Public Schools
Community STD Clinic	OneWorld Community Health Center
Council Bluffs City Health	Planned Parenthood
Council Bluffs Free STD Clinic	Public Health Services
Council Bluffs Health Department	RESPECT Clinic
Creighton	School Systems
Doctor's Offices	School-Based Health Centers
Douglas County Health Department	University Health Center
Douglas County Youth Center	UNMC
Gabriel's Corner	Visiting Nurse Association
Girls Inc.	Women's Fund
Health Department	Methodist Physician's Clinic

Substance Abuse	
30-Day Residential Programs	Keystone Treatment Center
AA/NA	Lasting Hope Recovery Center
Addiction and Recovery Services	Loess Hills Behavioral Health
Campus for Hope	Lutheran Family Services
Catholic Charities	Mental Health and Substance Abuse Coalition
CenterPointe	Mental Health and Substance Abuse Network
CHI and Methodist	Mental Health Services
CHI Health Immanuel Hospital	MOHM's Place Shelter
CHI Health Mercy Hospital	Nebraska Urban Indian Health Coalition
CHI Psychiatric Associates	NOVA
Child Saving Institute	Open Door Mission
Children's Square	Partners for Meth Prevention Group
CHIP Integrated Care Work Group	Prevention Means Progress
Churches	Programs in Omaha
Community Wellness Bash	Project Extra Mile
DARE	Public Health Services
Douglas County	Region 6
Douglas County Detox Center	Salvation Army
Douglas County Hospital	Santa Monica House
Drug Courts	School Systems
Family Works	School-Based Health Centers
Health Department	Siena/Francis House
Heartland Family Service	Sober Living Homes
Hoich Center	Stephen Center
Hospitals	Substance Abuse Network
In Roads Counseling	Teen Challenge
Journeys	Transitional Services of Iowa (TSI)

Tobacco Use	
American Cancer Society	Methodist Hospital
American Lung Association	Metro Omaha Tobacco Action Coalition

Asthma Non-Profit	Nebraska Medicine
Charles Drew Health Center	Nebraska Tobacco Quitline
Doctor's Offices	Policies to Increase Age of Usage/Cost
Douglas County Health Department	Public Health Services
GASP	Quitline
Governmental Regulations	Region 6
Heartland Family Service	School Systems
Hospitals	Smoke Free Nebraska
Kick Butts Nebraska	Smoking Cessation Programs
Limit Access to Tobacco	Tobacco Free Cass County
Live Well Omaha	

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

Prepared by:

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Professional Research Consultants, Inc.

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:

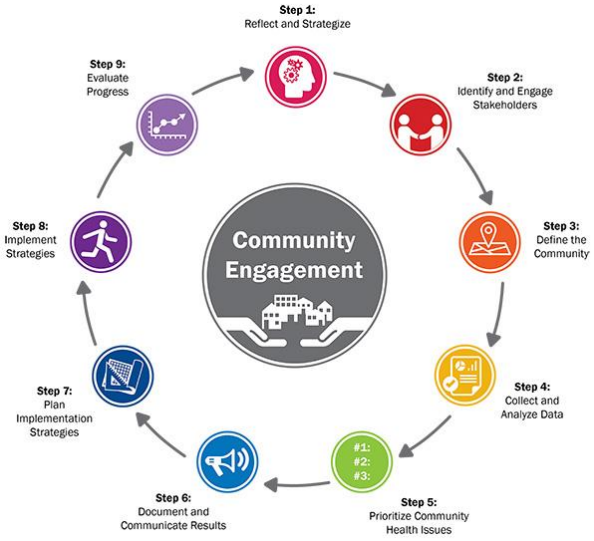
- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health 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.

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	• Specific Source of Ongoing Medical Care • Emergency Room Utilization

Cancer	• Cancer is a leading cause of death.
	• Cancer Deaths
	  ○ Including Lung Cancer and Prostate Cancer
	• Cancer Incidence
	  ○ Including Lung Cancer and Colorectal Cancer Incidence
	• Cervical Cancer Screening [Age 21-65]
	• Colorectal Cancer Screening [Age 50-75]

Dementia, Including Alzheimer's Disease	• Alzheimer's Disease Deaths • Caregiving
Diabetes	• Diabetes Deaths • Diabetes ranked as a top concern in the Online Key Informant Survey.
Heart Disease & Stroke	• Cardiovascular disease is a leading cause of death.

Injury & Violence	• Unintentional Injury Deaths
	  ○ Including Motor Vehicle Crash, Falls [Age 65+] Deaths
	• Firearm-Related Deaths
	• Firearm Prevalence
	  ○ 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

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).

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.

Social Determinants	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
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: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% 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: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% "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: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: 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	TREND
% 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				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	
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				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	
% 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				
	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
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	TREND
% [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	79.5	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	25.5	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	77.7	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	TREND
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)						30.8	30.6	31.3	41.5	32.3	30.3	24.3	28.4		25.7
% [Age 45+] Increasing Memory Loss/Confusion in Past Yr	14.9	8.9	7.4	7.6	4.2	8.9	9.4	5.3	9.3	9.0			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)						23.4	20.0	20.7	25.9	22.8	24.4	22.7	21.1	20.5	23.7
% Diabetes/High Blood Sugar	16.1	11.5	11.7	7.0	5.6	10.8	12.4	9.9	11.1	11.2	9.3	8.8	13.3		10.6
% Borderline/Pre-Diabetes	10.4	7.1	8.1	7.4	6.8	8.1	7.4	7.0	6.3	7.7			9.5		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	50.9	52.8	54.4	53.7	55.5	53.3	55.8	59.7	62.5	55.0			50.0		49.5

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

Family Planning	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	
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				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	
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: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: vs. IA	vs. NE	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)										1.4	0.6	0.9	2.5	3.3	
HIV Prevalence per 100,000						247.6	88.8	57.2	96.1	192.2	75.9	120.3	353.2		
% [Age 18-44] HIV Test in the Past Year	22.8	25.9	20.8	12.4	11.5	19.3	24.3	12.8	22.0	20.6			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: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: vs. IA	vs. NE	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)						35.2	29.3	49.5	45.6	35.5	43.3	38.2	43.7	36.4	29.9
Motor Vehicle Crashes (Age-Adjusted Death Rate)						8.5	7.8		16.5	9.5	10.9	12.4	11.0	12.4	9.0
% [Age 45+] Fell in the Past Year	41.4	28.8	29.9	23.9	30.9	30.1	30.3	24.5	31.3	30.1			31.6		
[Age 65+] Fall-Related Deaths						69.8	67.3		81.1	70.7	89.7	62.6	60.6		
Firearm-Related Deaths (Age-Adjusted Death Rate)						10.8	7.0		10.5	10.2	8.2	9.2	11.1	9.3	9.4
% Firearm in Home	25.3	26.1	33.2	32.3	51.4	31.1	44.8	52.8	49.0	36.4			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	Metro Area	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: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: 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

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better similar worse

Mental Health & Mental Disorders	Douglas Sub-County Areas vs. Others Combined: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: 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: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: 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					

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better similar worse

Nutrition, Physical Activity & Weight	Douglas Sub-County Areas vs. Others Combined: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: 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				
	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
% [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				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	
% 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				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	
% [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				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	
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: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: 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.

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Substance Abuse	Douglas Sub-County Areas vs. Others Combined: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: 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.

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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				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	
% 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

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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			
		vs. NE	vs. US	vs. HP2020	TREND
% "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			
		vs. NE	vs. US	vs. HP2020	TREND
% "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			
		vs. NE	vs. US	vs. HP2020	TREND
% [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			
		vs. NE	vs. US	vs. HP2020	TREND
% 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			
		vs. NE	vs. US	vs. HP2020	TREND
% [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			
		vs. NE	vs. US	vs. HP2020	TREND
% 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			
		vs. NE	vs. US	vs. HP2020	TREND
% Attended Health Event in Past Year	27.4				24.3
		better	similar	worse	

Heart Disease & Stroke	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% 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			
		vs. NE	vs. US	vs. HP2020	TREND
% [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			
		vs. NE	vs. US	vs. HP2020	TREND
% [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			
		vs. NE	vs. US	vs. HP2020	TREND
% 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			
		vs. NE	vs. US	vs. HP2020	TREND
% "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			
		vs. NE	vs. US	vs. HP2020	TREND
% 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	37.7
% Overweight (BMI 25+)	68.2	68.5	67.8		59.6
% Obese (BMI 30+)	31.6	32.0	32.8	30.5	23.6
% [Overweights] Counseled About Weight in Past Year	27.5				30.8
% No Leisure-Time Physical Activity	20.2	22.5	26.2	32.6	16.9
% 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			
		vs. NE	vs. US	vs. HP2020	TREND
% [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			
		vs. NE	vs. US	vs. HP2020	TREND
% 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			
		vs. NE	vs. US	vs. HP2020	TREND
% [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			
		vs. NE	vs. US	vs. HP2020	TREND
% 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			
		vs. NE	vs. US	vs. HP2020	TREND
% 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			
		vs. IA	vs. US	vs. HP2020	TREND
% "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			
		vs. IA	vs. US	vs. HP2020	TREND
% [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	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% Diabetes/High Blood Sugar	12.1	9.3	13.3		9.7
		better	similar	worse	

Educational & Community-Based Programs	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% Attended Health Event in Past Year	29.2				20.7
		better	similar	worse	

Heart Disease & Stroke	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% 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	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% [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			
		vs. IA	vs. US	vs. HP2020	TREND
% 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			
		vs. IA	vs. US	vs. HP2020	TREND
% "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			
		vs. IA	vs. US	vs. HP2020	TREND
% 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			
		vs. IA	vs. US	vs. HP2020	TREND
% 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			
		vs. IA	vs. US	vs. HP2020	TREND
% [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			
		vs. IA	vs. US	vs. HP2020	TREND
% 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	

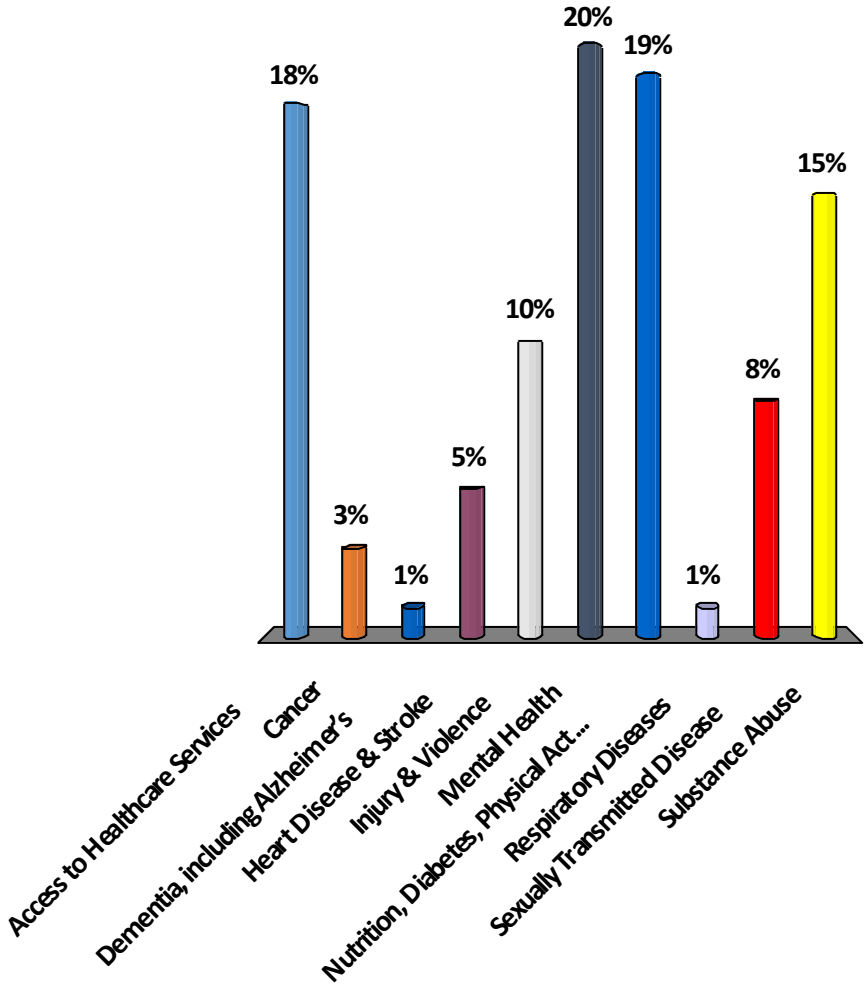
Sexually Transmitted Diseases	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	11.7		13.8		1.5
% [Unmarried 18-64] Using Condoms	32.8		39.4		13.3
		better	similar	worse	

Substance Abuse	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% 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			
		vs. IA	vs. US	vs. HP2020	TREND
% 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	

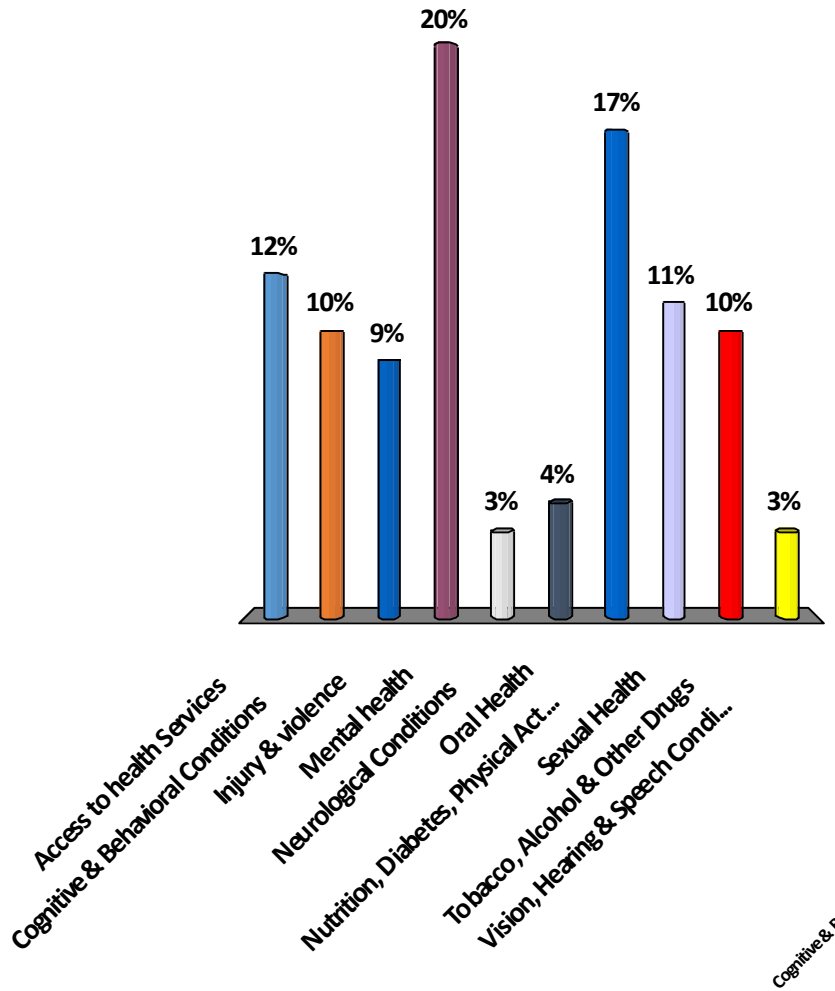
Of the 10 Adult Health Opportunities found in the 2018 Community Health Needs Assessment data, which top 5 would you like to move forward?

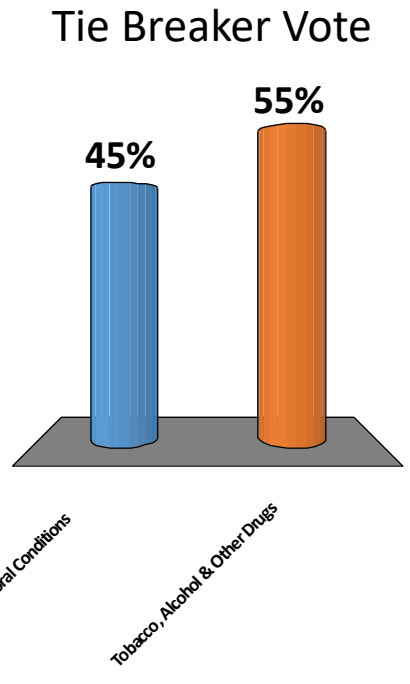
A. Access to Healthcare Services
B. Cancer
C. Dementia, including Alzheimer's
D. Heart Disease & Stroke
E. Injury & Violence
F. Mental Health
G. Nutrition, Diabetes, Physical Activity & Weight
H. Respiratory Diseases
I. Sexually Transmitted Disease
J. Substance Abuse



Of the 10 Child and Adolescent Health Opportunities found in the 2018 Community Health Needs Assessment data, which top 5 would you like to move forward?

A. **Access to health services**
B. Cognitive & Behavioral Conditions
C. Injury & violence
D. **Mental health**
E. Neurological Conditions
F. Oral Health
G. **Nutrition, Diabetes, Physical Activity & Weight**
H. **Sexual Health**
I. **Tobacco, Alcohol & Other Drugs**
J. Vision, Hearing & Speech Conditions





CHI Health Mercy Council Bluffs

Community Benefit

February 15th , 2019

Megan Louviere

CHI Health

What is Community Benefit?

"Planned, managed, organized, and measured strategy to address identified community health needs."

- Does not generate profit
- Benefits populations outside of our walls
- Focuses on vulnerable populations
- Addresses the "causes of the causes" of adverse health outcomes

CHI Health

2

Why is Community Benefit important?

Requirement for “not-for-profit” health care

- Patient Protection and Affordable Care Act

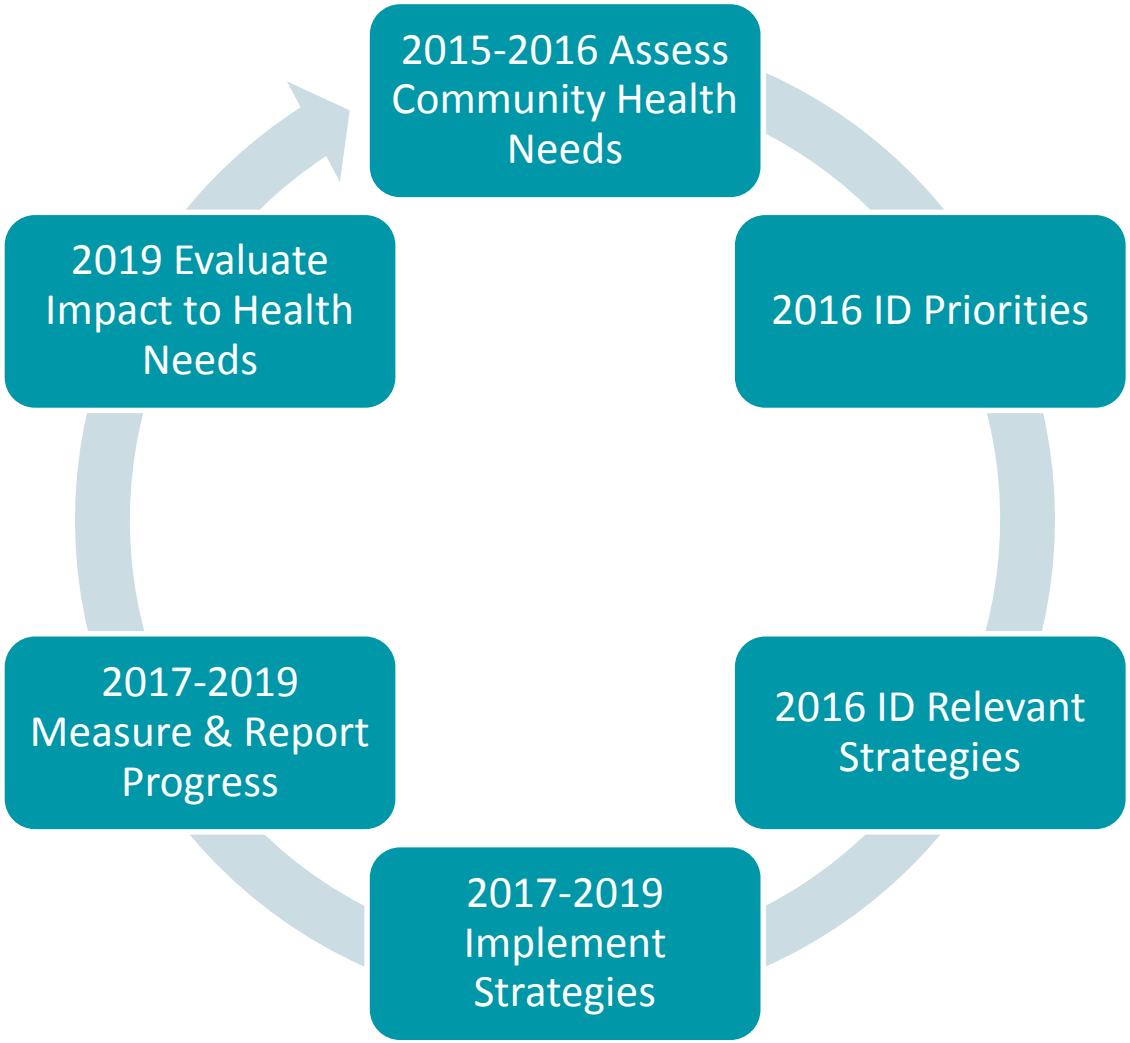
Innovative investment in preventive care

- Must be a part of our business model of the future, shift from sick to health care, population health, etc.

CHI Health

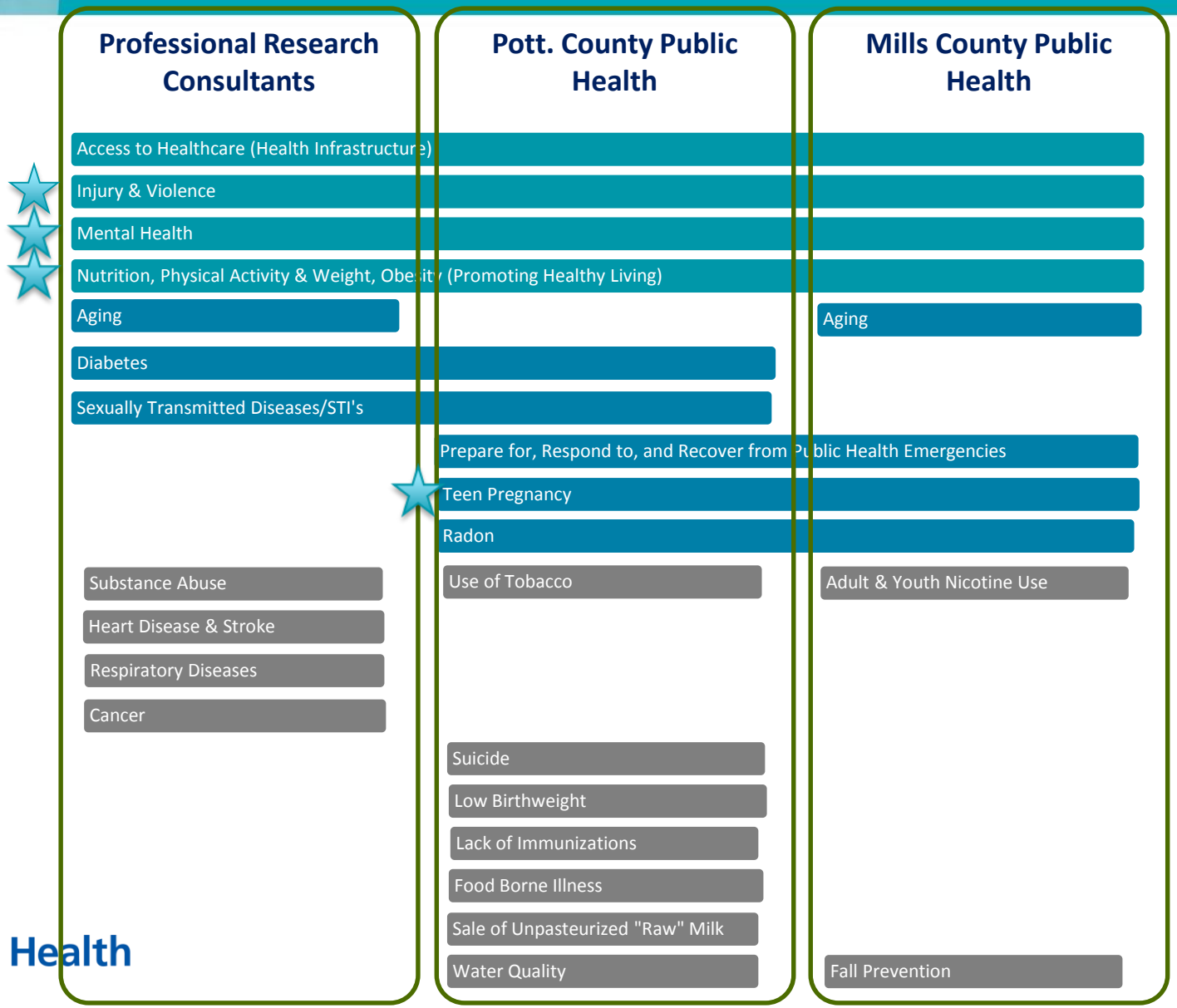
3

Community Benefit Process



CHI Health

2015-2016 CHNA Processes



CHI Health

July 2017 – June 2019 Implementation Strategy Plan

Health Need	Strategy
Behavioral Health	Crisis Care
	Cross-system care coordination/communication
	Expand adult and adolescent detox services
Injury Prevention	Outreach & Education
Nutrition, Physical Activity & Weight Status	Healthy Families Program
Maternal & Child Health	Programming for reducing substance use during pregnancy
	Supporting Family Matters through Mills County Public health

CHI Health

2018 CHNA Data

CHI Health

Handout

Health Need	Pottawattamie	Mills	IOWA	US	HP2020
County Ranking for Health Outcomes Length & Quality of Life	90 of 99	63 of 99			
County Health Ranking for Health Factors Behaviors, clinical care, socioeconomic, and environmental factors	91 of 99	62 of 99			
Premature Death: years of potential life lost before age 75 per 100,000 population	7,500	6,800	5,900		
Poor physical health days: Nmbr physically unhthy days in past 30 (age-adjusted)	3.2	2.8	2.9	3.0*	
Poor mental health days: Nmbr mentally unhlthy days in past 30 (age-adjusted)	3.4	3.0	3.3	3.1*	
Behavioral Health: Ratio of MH providers	600:1	2,140:1	760:1	330:1*	
Health Behavior: Smoking	17%	15%	17%	14%*	
Health Behavior: Obesity	37%	39%	32%	26%*	30.5%
Health Behavior: Physical Inactivity	26%	29%	25%	20%*	
Health Behavior: Excessive Drinking	20%	23%	22%	13%*	
Aging: Percent of population age 65 and older	15.7%	15.6%	15.8%	14.5%	
Access to Care: Primary Care Physicians per	1,90:1	1,650:1	1,360:1	1,031:1*	
Clinical Care: Preventable Hospital Stays	58	62	49	35*	
Clinical Care: Diabetes Monitoring	91%	90%	90%	91%*	
Clinical Care: Mammography Screening	62%	70%	69%	71%*	
Maternal & Child Health: (Low birth weight)	7%	8%	7%		
Maternal & Child Health: Teen births	32	21	22	15*	
Maternal & Child Health: Child abuse & neglect* Confirmed cases per 1,000	14.9	5.0	10.2		
Violence & Injury	693	315	270		
Social Determinants of Health (SDOH)					
Access to Health Care: % of pop **u**ninsured	6%	5%	6%	6%*	
Education: Percent of population age 25 and older with no high school diploma	9.9%	6.73%	8.26%	13.02%	
Unemployment: Percent of population 16 & older unemployed but seeking employment	3.4%	3.7%	3.7%	4%	
Food Insecurity: Est. % of households experienced food insecurity at some point during year.	12.24%	9.9%	12.4%	14.91%	6%
Food Insecure Children: Est % of pop under 18 experience food insecurity during report year	20.63%	16.24%	19.33%	23.49%	N/A
Children Eligible for Free & Reduced Price Lunch	49.73%	34.7%	41.42%	52.61	
Housing Cost Burden: % of households where housing costs > 30% of total household income.	26.05%	21.49%	23.73%	32.89%	TBD
Poverty: persons in poverty (below 100% FPL)	11.8%	8.2%	12.3%	15.1%	
Children in Poverty: Children living below 100% of FPL	15%	13%	15%		
Social Connectedness: %of adults 18&up w/ insufficient social support all or most of the time.	17%	22%	15%	20%	
Transportation: Not available					

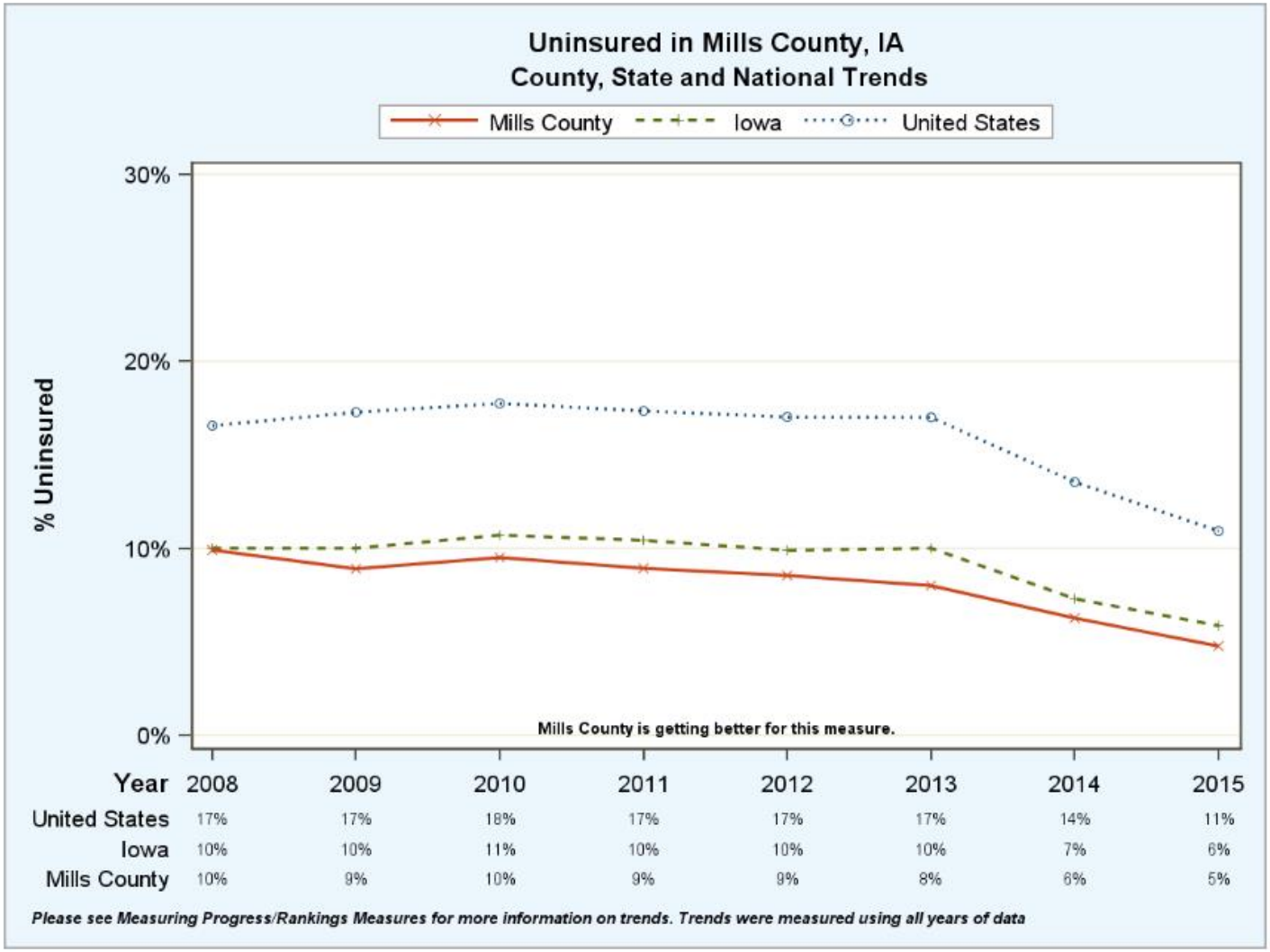
CHI Health

Access to Care

	Mills Co.	Iowa	U.S.
Ratio of population to primary care physicians	1,650:1	1,360:1	1,031:1
Ratio of population to mental health providers	2,140:1	760:1	330:1
Ratio of population to dentists	2,500:1	1,560:1	1,280:1
Percentage of population under 65 without health insurance (2015)	5%	6%	6% (top US performers)

CHI Health

Access to Care



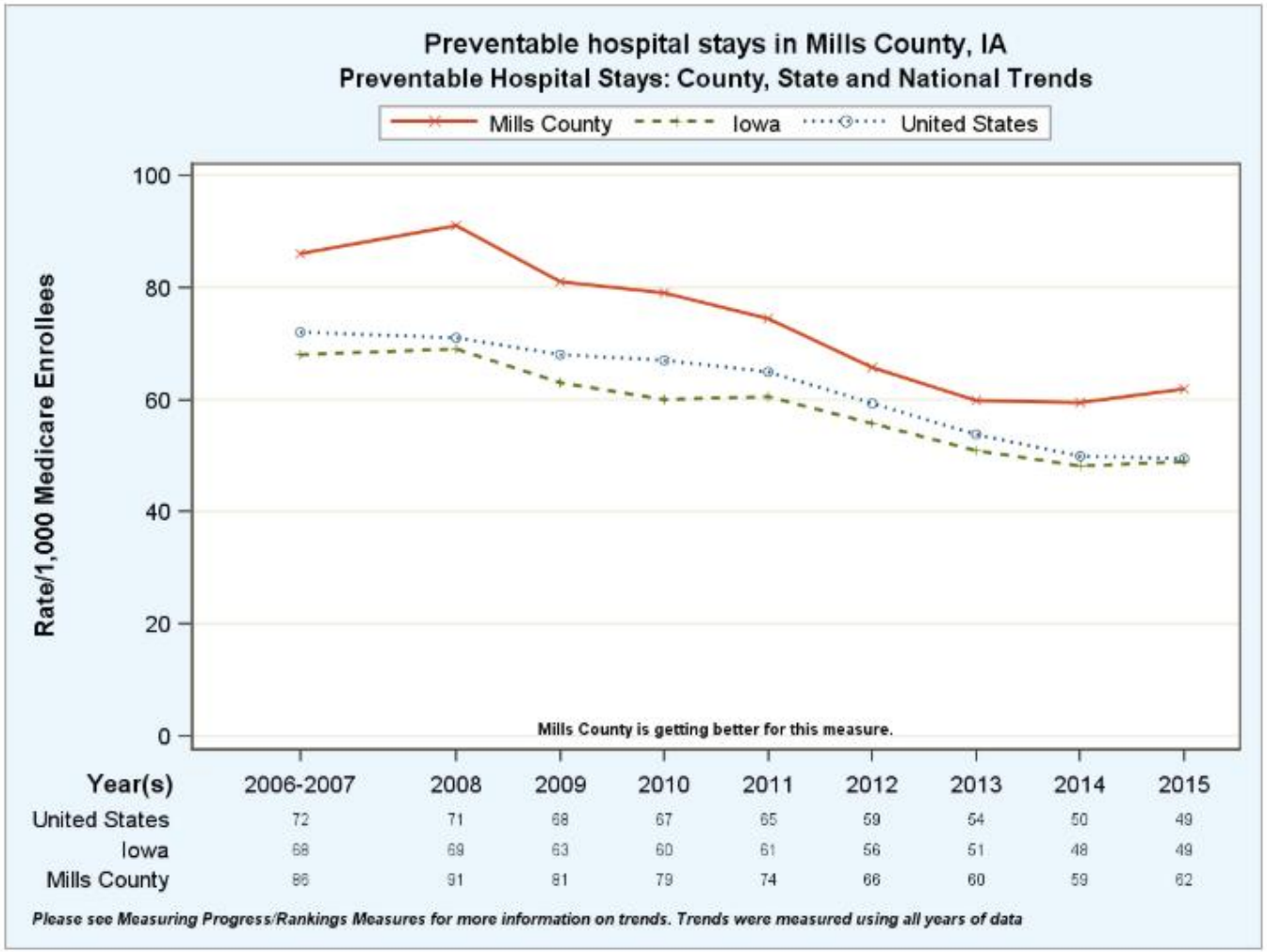
Year	2008	2009	2010	2011	2012	2013	2014	2015
United States	17%	17%	18%	17%	17%	17%	14%	11%
Iowa	10%	10%	11%	10%	10%	10%	7%	6%
Mills County	10%	9%	10%	9%	9%	8%	6%	5%

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data

CHI Health

Source: CountyHealthRankings.org accessed 2/14/19
http://www.countyhealthrankings.org/app/iowa/2018/rankings/mills/county/outcomes/overall/snapshot

Access to Care



Year(s)	2006-2007	2008	2009	2010	2011	2012	2013	2014	2015
United States	72	71	68	67	65	59	54	50	49
Iowa	68	69	63	60	61	56	51	48	49
Mills County	86	91	81	79	74	66	60	59	62

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data

CHI Health

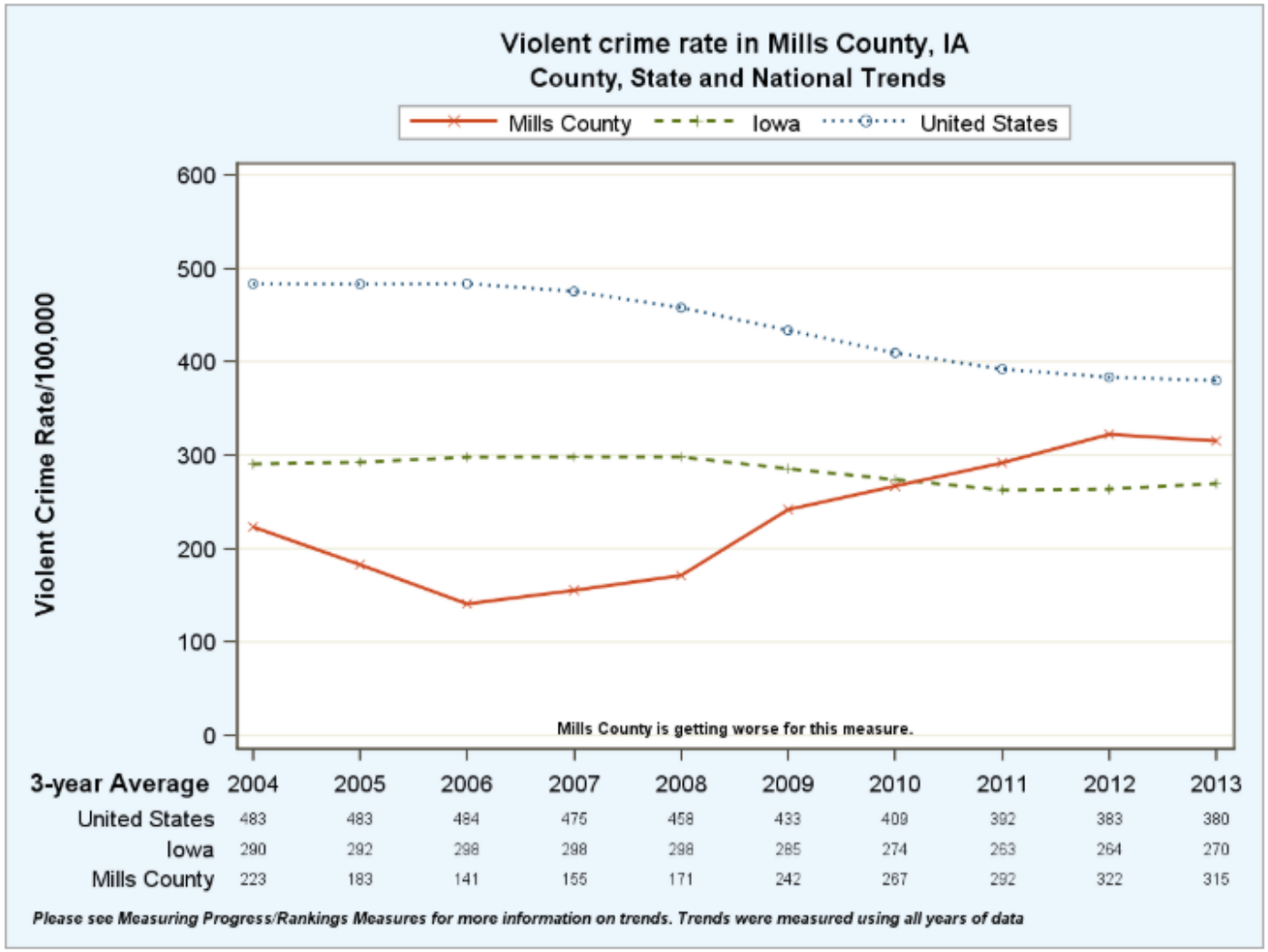
Source: CountyHealthRankings.org accessed 2/14/19
http://www.countyhealthrankings.org/app/iowa/2018/rankings/mills/county/outcomes/overall/snapshot

Injury & Violence

	Mills Co.	Iowa	U.S.
Violent Crime Rate (Per 100,000 Pop.)	315.2	270.6	379.7
Homicide Mortality Rate (Per 100,00 Pop)		2	2
Motor Vehicle Crash Mortality- Crude Rate (Per 100,000 Pop)	18.8	11.8	11.6
Unintentional Injury Mortality- Age Adjusted (Per 100,000 Pop)	39.4	41.96	41.9

CHI Health

Violence



3-year Average	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
United States	483	483	484	475	458	433	409	392	383	380
Iowa	290	292	298	298	298	285	274	263	264	270
Mills County	223	183	141	155	171	242	267	292	322	315

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data

CHI Health

Source: CountyHealthRankings.org accessed 2/14/19
http://www.countyhealthrankings.org/app/iowa/2018/rankings/mills/county/outcomes/overall/snapshot

Mental Health

	Mills Co.	Iowa	U.S.
Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.0	3.3	3.1
Percent of Medicare beneficiaries with depression	14.6%	16.7%	16.7%
Suicide mortality crude death rate per 100,000 population	16.1	13.66	13.4

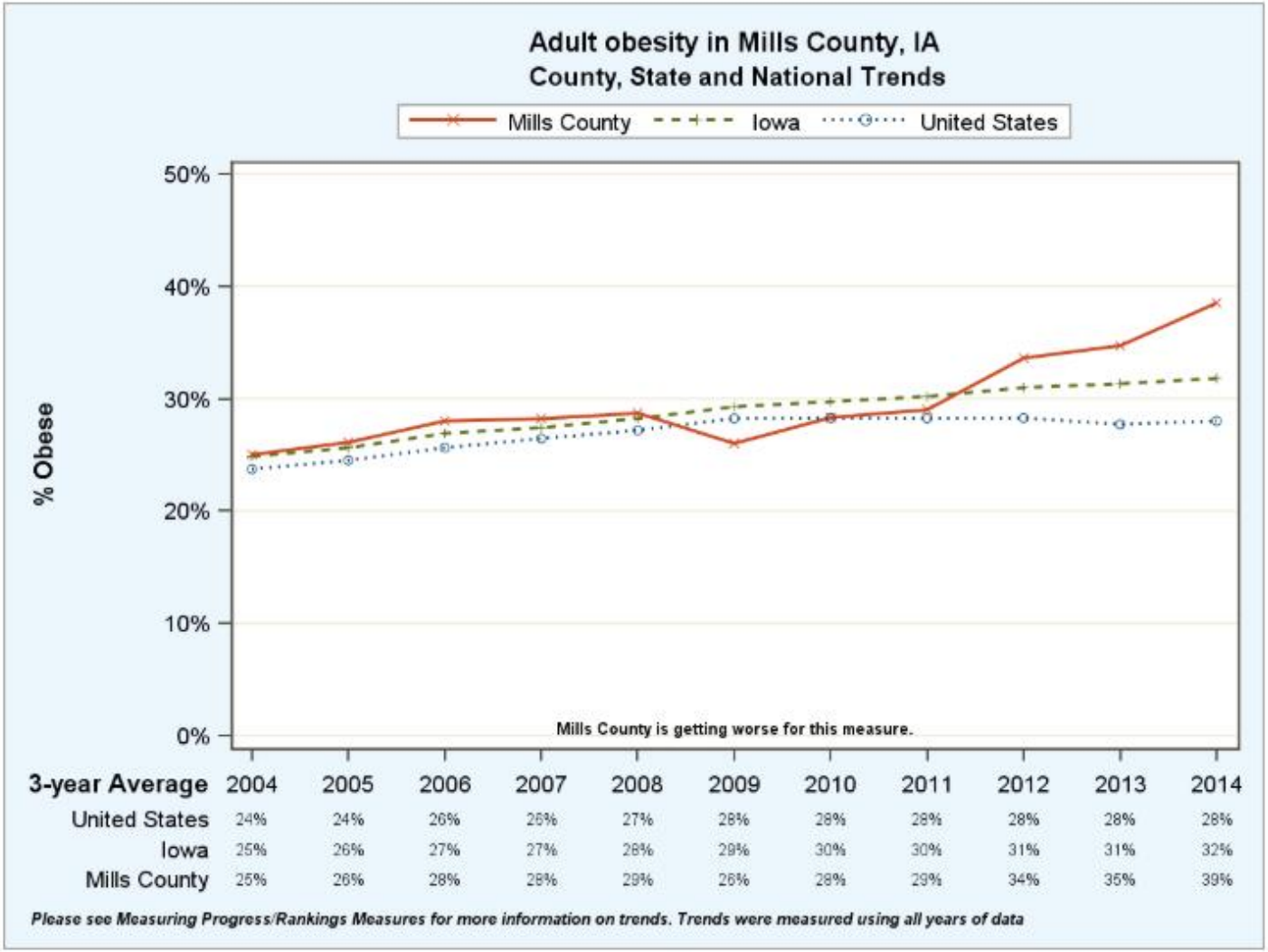
CHI Health

Nutrition, Physical Activity, Weight Status

	Mills Co.	Iowa	U.S.
Food Insecurity	9.9%	12.4%	14.9%
Low Food Access	14.37%	21.41%	22.43%
Physical inactivity	29%	25%	20%
Adult Obesity	35.2%	32.1%	28.3%

CHI Health

Nutrition, Physical Activity, Weight Status



3-year Average	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
United States	24%	24%	26%	26%	27%	28%	28%	28%	28%	28%	28%
Iowa	25%	26%	27%	27%	28%	29%	30%	30%	31%	31%	32%
Mills County	25%	26%	28%	28%	29%	26%	28%	29%	34%	35%	39%

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data

CHI Health

Source: CountyHealthRankings.org accessed 2/14/19
http://www.countyhealthrankings.org/app/iowa/2018/rankings/mills/county/outcomes/overall/snapshot

Aging Issues

	Mills	Iowa	U.S.
Percentage of population over 65+	16.74%	16.07%	14.87%
Iowa Alzheimer's age adjusted death rate per 100,000	32.86	31.34	30.29

CHI Health

Maternal & Child Health Issues

	Mills Co.	Iowa	U.S.
Number of births per 1,000 female population ages 15-19	21	22	17.2
Percentage of live births with low birthweight	8%	7%	8.2%
Child abuse & neglect* Confirmed cases (per 1,000)	5.0	10.2	
Infant Mortality (per 1,000 live births)	5.7	5.2	6.5

CHI Health

CANCER

	Mills Co.	Iowa	U.S.
Lung Cancer Incidence-age adjusted (Per 100,000 Pop)	56.24	63.75	60.5
Lung Cancer Mortality Rate-Age Adjusted (Per 100,000 Pop)	39.94	45.52	41.9
Cancer Incidence Rate (Per 100,000 Pop)	145.6	123.4	124.7
Cancer Mortality Rate-Age Adjusted (Per 100,000 Pop)	157.7	165.37	160.9

CHI Health

Adult & Youth Nicotine

	Mills Co.	Iowa	U.S.
Percentage of Adults who are smokers	15%	17%	14%
Percentage of high school students who are smokers		9.9%	23%
Percentage of high school students that use E-Cigarettes		9.0%	20.8%

CHI Health

Other Needs Identified in Mills County

- Fall prevention
- Emergency Preparedness

CHI Health

Status Update 2018 CHNA

Needs prioritized thus far based on the process Pottawattamie County:

Behavioral Health
Access to care
Nutrition, Physical Activity, Weight Status
Substance Abuse
Injury & Violence

CHI Health

Discussion

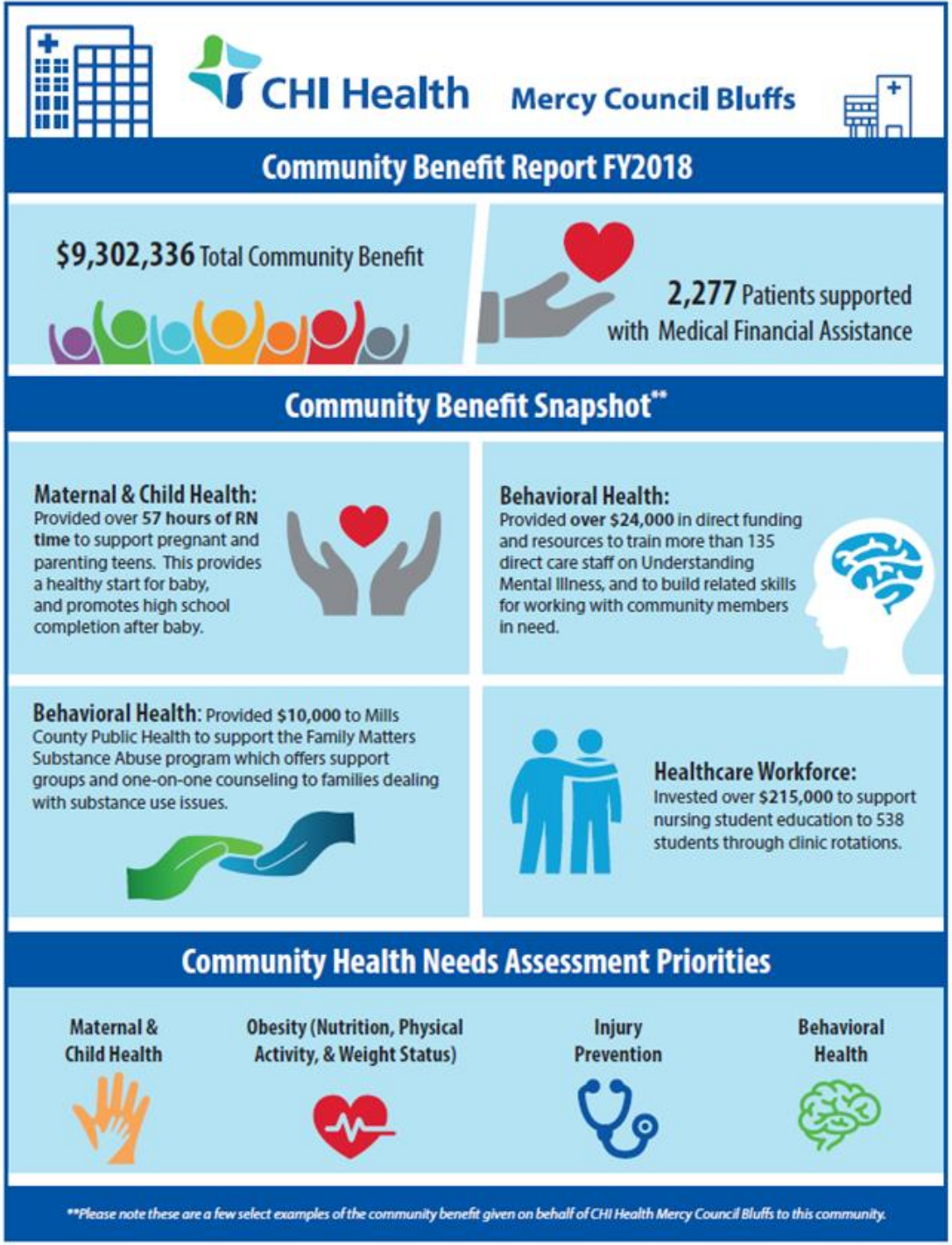
- What stands out to you in the data that you have seen?
- What mirrors what you know to be true?
- What is different than your perspective?
- What work is already happening to address these areas of need in Mills County?

CHI Health

Discussion

- As a re-cap from our discussion have we captured the main drivers of poor health in Mills County?

CHI Health


CHI Health
Mercy Council Bluffs
Community Benefit Report FY2018
$9,302,336 Total Community Benefit
2,277 Patients supported with Medical Financial Assistance
Community Benefit Snapshot**
Maternal & Child Health:
Provided over 57 hours of RN time to support pregnant and parenting teens. This provides a healthy start for baby, and promotes high school completion after baby.
Behavioral Health:
Provided over $24,000 in direct funding and resources to train more than 135 direct care staff on Understanding Mental Illness, and to build related skills for working with community members in need.
Behavioral Health: Provided $10,000 to Mills County Public Health to support the Family Matters Substance Abuse program which offers support groups and one-on-one counseling to families dealing with substance use issues.
Healthcare Workforce:
Invested over $215,000 to support nursing student education to 538 students through clinic rotations.
Community Health Needs Assessment Priorities
Maternal & Child Health
Obesity (Nutrition, Physical Activity, & Weight Status)
Injury Prevention
Behavioral Health
**Please note these are a few select examples of the community benefit given on behalf of CHI Health Mercy Council Bluffs to this community.

CHI Health

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CHI Health

References

- County Health Rankings, http://www.countyhealthrankings.org, accessed 2/8/2019
- Community Commons, https://engagementnetwork.org/assessment, accessed 2/8/2019
- Iowa Cancer Registry, https://www.cancer-rates.info/ia/, accessed 2/8/2019
- Iowa Life Expectancy, https://www.worldlifeexpectancy.com/usa/iowa-alzheimers, accessed 2/8/2019
- American Cancer Society, https://cancerstatisticscenter.cancer.org, accessed 2/8/2019
- The Centers for Disease Control and Prevention, https://www.cdc.gov/nchs/pressroom/sosmap, accessed 2/8/2019

CHI Health Mercy Council Bluffs Community Health Needs Assessment
Data Review: February 2019

Health Need	Pottawattamie	Mills	IOWA	US	HP2020
County Ranking for Health Outcomes Length & Quality of Life	90 of 99	63 of 99			
County Health Ranking for Health Factors Behaviors, clinical care, socioeconomic, and environmental factors	91 of 99	62 of 99			
Premature Death: years of potential life lost before age 75 per 100,000 population	7,500	6,800	5,900		
Poor physical health days: Nmbr physically unhthy days in past 30 (age-adjusted)	3.2	2.8	2.9	3.0*	
Poor mental health days: Nmbr mentally unhlthy days in past 30 (age-adjusted)	3.4	3.0	3.3	3.1*	
Behavioral Health: Ratio of MH providers	600:1	2,140:1	760:1	330:1*	
Health Behavior: Smoking	17%	15%	17%	14%*	
Health Behavior: Obesity	37%	39%	32%	26%*	30.5%
Health Behavior: Physical Inactivity	26%	29%	25%	20%*	
Health Behavior: Excessive Drinking	20%	23%	22%	13%*	
Aging: Percent of population age 65 and older	15.7%	15.6%	15.8%	14.5%	
Access to Care: Primary Care Physicians per	1,90:1	1,650:1	1,360:1	1,031:1*	
Clinical Care: Preventable Hospital Stays	58	62	49	35*	
Clinical Care: Diabetes Monitoring	91%	90%	90%	91%*	
Clinical Care: Mammography Screening	62%	70%	69%	71%*	
Maternal & Child Health: (Low birth weight)	7%	8%	7%		
Maternal & Child Health: Teen births	32	21	22	15*	
Maternal & Child Health: Child abuse & neglect***** Confirmed cases per 1,000	14.9	5.0	10.2		
Violence & Injury	693	315	270		
Social Determinants of Health (SDOH)					
Access to Health Care: % of pop **u**ninsured	6%	5%	6%	6%*	
Education: Percent of population age 25 and older with no high school diploma	9.9%	6.73%	8.26%	13.02%	
Unemployment: Percent of population 16 & older unemployed but seeking employment	3.4%	3.7%	3.7%	4%	
Food Insecurity: Est. % of households experienced food insecurity at some point during year.	12.24%	9.9%	12.4%	14.91%	6%
Food Insecure Children: Est % of pop under 18 experience food insecurity during report year	20.63%	16.24%	19.33%	23.49%	N/A
Children Eligible for Free & Reduced Price Lunch	49.73%	34.7%	41.42%	52.61	
Housing Cost Burden: % of households where housing costs > 30% of total household income.	26.05%	21.49%	23.73%	32.89%	TBD
Poverty: persons in poverty (below 100% FPL)	11.8%	8.2%	12.3%	15.1%	
Children in Poverty: Children living below 100% of FPL	15%	13%	15%		
Social Connectedness: %of adults 18&up w/ insufficient social support all or most of the time.	17%	22%	15%	20%	
Transportation: Not available					

CHI Health Mercy Council Bluffs Community Health Needs Assessment
Data Review: February 2019

Requirements:

- Non-profit hospitals are required to engage in activities that benefit the community
- Complete a Community Health Needs Assessment (CHNA) every three years
- Subsequently write an Implementation Strategy Plan (ISP) to prioritize and address top health needs identified in CHNA

2016 CHNA for CHI Health Mercy Council Bluffs:

- Access to Care
- Chronic Disease
- Dementia & Alzheimer's
- Environmental Health
- Injury & Violence
- Maternal & Child Health
- Mental Health
- Nutrition, Physical Activity, Weight Status
- Sexually Transmitted Illness/Disease
- Substance Abuse

CHI Health Mercy Council Bluffs 2016 – 2019 ISP Prioritized Needs:

- Behavioral Health
- Maternal & Child Health
- Obesity – Nutrition, physical activity, and weight status
- Injury & Violence

Process overview:

From two separate community processes (Mills County Public Health and Omaha Metro CHNA) the leadership at CHI Health Mercy Council Bluffs came together to review both CHNA processes and evaluate each identified need based on various criteria: comparison to benchmark data, identified trends, prevalence of the health need, and reported perceptions of the root causes of the issues.

Data sources:

- Robert Wood Johnson's County Health Rankings & Roadmaps (www.countyhealthrankings.org) *indicates County Health Rankings measure of top US performers
- Community Commons Mapping & Data Tool www.communitycommons.org
- *Healthy People 2020 (HP2020) www.healthypeople.gov/2020/topics-objectives (Benchmarks)
- Child & Family Policy Center https://www.cfpciowa.org/en/data/kids_count/child_abuse_and_neglect/


CHI Health