CHI Health

Community Health Needs Assessment

CHI Health Mercy – Council Bluffs, IA
2022

A Joint Assessment

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Executive Summary

CHNA Purpose Statement

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI Health Mercy Council Bluffs. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHI Health Overview

CHI Health is a regional health network consisting of 28 hospitals and two stand-alone behavioral health facilities in Nebraska, North Dakota, Minnesota 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 Overview

CHI Health Mercy Council Bluffs, 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 Mercy Council Bluffs has 271 active staff physicians and provides 13 different types of services.

CHNA Collaborators

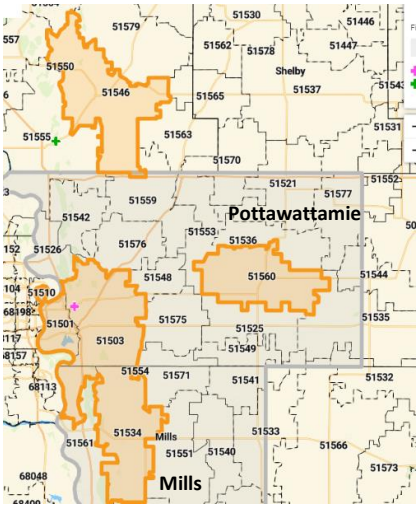
- Professional Research Consultants, Inc. (PRC)
- Douglas County Health Department
- Pottawattamie County Public Health
- Sarpy/Cass Health Department
- Mills County Public Health
- CHI Health (CHI Health Creighton University Medical Center–Bergan Mercy, CHI Health Immanuel, CHI Health Lakeside, CHI Health Mercy Council Bluffs, CHI Health Midlands and Nebraska Spine Hospital)
- Nebraska Medicine (Bellevue Medical Center and Nebraska Medical Center)
- Methodist Health System (Methodist Hospital, Methodist Jennie Edmundson Hospital, and Methodist Women's Hospital)
- Omaha Community Foundation

- Charles Drew Health Center, Inc.
- One World Community Health Centers, Inc.
- The Wellbeing Partners

Community Definition

For the purposes of this CHNA, CHI Mercy Council Bluffs identified Pottawattamie and Mills Counties as the primary service area. 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 (based on inpatient and emergency department discharges) includes portions of Pottawattamie, Harrison and Mills Counties. These three counties cover 75% of patients served by CHI Health Mercy Council Bluffs. Another CHI Health entity, CHI Health Missouri Valley, is located in Harrison County, IA, and is concurrently completing a CHNA and related implementation strategy plan, therefore CHI Health Mercy Council Bluffs has selected Pottawattamie and Mills Counties as the focus for this CHNA, and the corresponding zip codes: 51501, 51503, 51534, 51510, 51560, 51555, from which the majority of patients originate. Service area map can be found in Figure 1.

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



Assessment Process and Methods

The process of identifying the community health needs in the two counties served by CHI Health Mercy Council Bluffs 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 CHI Mercy Council Bluffs, in partnership with Mills County Public Health Department (MCPH).

The *Omaha Metro CHNA* Process was led by Professional Research Consultants (PRC), 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. The CHNA process was composed of primary and secondary data collection and analysis including public health, vital statistics and other data; distribution and analysis of a community health and online key informant survey; and community data presentation.

The *Mills County CHNA* process led by CHI Health Mercy Council Bluffs consisted of a community engagement session including a data presentation and facilitated discussion to determine and validate the top health needs in Mills County with MCPH. The CHI Health Mercy Council Bluffs team compiled secondary data including demographic, socioeconomic, morality and health factors such as healthcare access, educational attainment, poverty, etc., from sources such as Census.gov, County Health Rankings, Centers for Disease Control, Community Commons, American Cancer Society, and the Iowa Cancer Registry.

Process and Criteria to Identify and Prioritize Significant Health Needs

CHI Health Mercy Council Bluffs identified Significant Community Health Needs through the Omaha Metro CHNA process and Mills County CHNA process. In the Omaha Metro, prioritization was a multi-step process that began with review of the 14 "Areas of Opportunity" included within PRC's CHNA report through the Key Informant Survey (n=150); the Regional Health Council, which includes each of the three participating local public health departments; and input from community members (representing a cross-section of community-based agencies and organizations) that participated in the Xchange Summit.

In order to prioritize health needs for Mills County, CHI Health Mercy Council Bluffs presented to the Healthy Mills Coalition in partnership with MCPH on December 10, 2021 and facilitated a discussion to prioritize needs. After small group discussions were completed a large group discussion was facilitated by CHI Mercy Council Bluffs to identify themes, rank top needs, build consensus and vote.

List of Prioritized Health Needs

- Mental Health: There is a statistically significant increase from previous survey results in believe that their overall mental health is "fair" or "poor" in Metro Area as well as an increase in poor mental health days in Mills County from 2018 (3.0) to 2021 (3.6).
- Access to Integrated Care/ Systems of Care: Difficulty or delay in obtaining health care has increased (31.7% in 2018 to 36% in 2021) in Metro Area and 5% of Mills County is uninsured.
- Nutrition, Physical Activity & Weight: Fruit and vegetable consumption in the Omaha Metro significantly decreased from 2011 (35.8%) to 2021 (25.7%). 7 in 10 Metro Area adults (71.9%) are overweight.
- Substance Abuse: The cirrhosis/liver disease mortality rate has increased in the Omaha Metro from a rate from 8.8 between 2014- 2016 to 11.5 between 2017 - 2019. The percentage of binge drinkers in Douglas County has increased from 20.3% in 2016 to 24.5% in 2021.
- Diabetes: The diabetes mortality rate in the Metro Area disproportionately impacts the Metro Area's Black (66.3) and Hispanic (22.6) communities. Diabetes mortality rate has increased over a ten year period.
- Sexual Health: In 2018, the chlamydia incidence rate in the Metro Area was 562.8 cases per 100,000 population, notably higher in Douglas County (666.6).

Resources Potentially Available

In addition to the services provided by CHI Health Mercy Council Bluffs, there are assets and resources working to address the identified significant health needs in Pottawattamie and Mills Counties. Pottawattamie and Mills Counties have a number of community assets and resources that are potentially available to address significant health needs. In terms of physical assets and features the communities have parks including Pony Creek Conservation Park, recreational facilities including the YMCA, and museums including Mills County Historical Museum and Indian Creek Historical Society.

Report Adoption, Availability and Comments

This CHNA report was adopted by the CHI Health Board of Directors in April 2022. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at CHI Health Mercy Council Bluffs. Written comments on this report can be submitted via mail to CHI Health The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at: https://forms.gle/KGRq62swNdQyAehX8 or by calling Kelly Nielsen, Division Vice President of Strategy and Healthy Communities, at: (402) 343-4548.

Introduction

Hospital Description

CHI Health Mercy Council Bluffs, 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:

- 3D Mammography
- Behavioral Services/Mental Health
- Cancer Care
- Heart & Vascular Institute
- Maternity
- Orthopedic Care
- Weight Management
- Women's Health

Purpose and Goals of CHNA

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI Mercy Council Bluffs. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

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

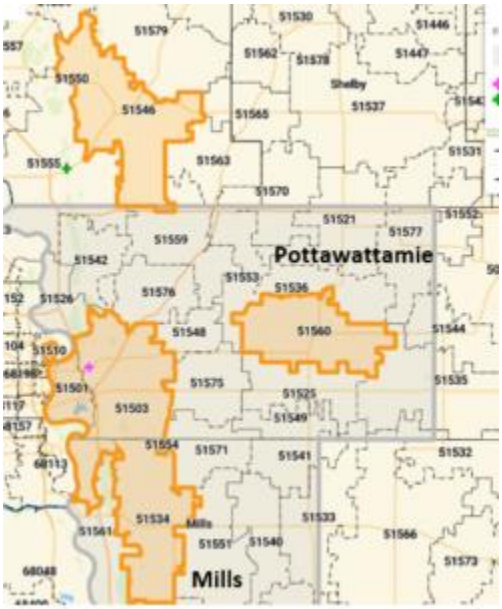
A joint community health needs assessment was conducted to cover Douglas, Sarpy, Cass, and Pottawattamie Counties on behalf of the six Omaha Metro CHI Health hospitals (CUMC Bergan, Immanuel, Lakeside, Mercy Council Bluffs, and Midlands, psychiatric inpatient facility - Lasting Hope Recovery Center, and joint venture specialty hospital, Nebraska Spine Hospital), 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 Council Bluffs 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 Council Bluffs, in partnership with Mills County Public Health (MCPH).

Community Definition

Community Definition

For the purposes of this CHNA, CHI Mercy Council Bluffs identified as Pottawattamie and Mills Counties including the zip codes that demonstrated 75-90% of served in calendar year 2019 (51501, 51503, 51534, 51510, 51560, 51555) as the primary service area. 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. These three counties cover between 75% - 90% of patients served by CHI Health Mercy Council Bluffs. 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 CHI Health Mercy Council Bluffs has selected Pottawattamie and Mills Counties as the focus for this CHNA, and the following zip codes: 51501, 51503, 51534, 51510, 51560 and 51555. Service area map can be found in Figure 1.

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



Community Description

CHI Health Mercy Council Bluffs 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. Pottawattamie County covers approximately 950 square miles including 16 communities with 93,667 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 eight rural communities with a total population of 15,068 residents.[1,2] There are seven incorporated towns in Mills County: Emerson, Glenwood, Hastings, Henderson, Malvern, Pacific Junction, Silver City and a portion of Tabor lies within the county border.

Population

Table 1 below describes the population for Pottawattamie and Mills Counties, Council Bluffs, Iowa and the U.S. 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 remained since 2018 at 7.9%.[3]

Table 1. Community Demographics

	Council Bluffs	Pottawattamie	Mills	Iowa	United States
Total Population	62,799	93,667	14,484	3,190,369	331,449,281
Population per square mile (density)[3]	1,518.80	98	34.4	54.5	87.4
Total Land Area (sq. miles)[3]	40.97	950.28	437.44	55,857.13	3,531,905.43
Rural vs. Urban[4]	—	Urban (26.42% live in rural)	Rural (59.57% live in rural)	Urban (35.98% live in rural)	Urban (12.6% live in rural)
Age[3]					
% below 18 years of age	22.8%	23.4%	23.1%	23%	22.3%
% 65 and older	15.9%	18%	18.95	17.5%	80.89%
Gender[3]					
% Female	50.8%	50.7%	49.7%	50.2%	50.8%
Race[3]					
% White alone	91.1%	94.5%	96.9%	90.6%	76.3%

[1] Pottawattamie County, Iowa. Accessed March 2022. https://www.pottcounty-ia.gov/cities/
[2] Mills County, Iowa. Accessed March 2022 https://www.millscountyiowa.gov/272/Communities
[3] US Census Bureau QuickFacts accessed March 2022 http://www.census.gov/quickfacts
[4] US Census Bureau, Decennial Census. 2010. Source geography: Tract

% Black or African American alone	2.5%	1.8%	0.7%	4.1%	13.4%
% American Indian and Alaskan Native alone	0.5%	0.8%	0.7%	0.5%	1.3%
% Asian alone	1%	.9%	0.4%	2.7%	5.9%
% Native Hawaiian/Other Pacific Islander alone	0%	0.1%	0.1%	0.2%	.2%
% Two or More Races	2.1%	2%	1.2%	2%	2.8%
% Hispanic or Latino	10.2%	7.9%	3.5%	6.3%	18.5%
% White alone, not Hispanic or Latino	84.1%	87.3%	93.8%	85%	60.1%

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 (high school and bachelor's degree or higher) than both Mills County and the State of Iowa. While poverty rates in both counties are lower than the state of Iowa, child poverty rates in Pottawattamie County are comparable to the state.6,9

Table 2: Socioeconomic Factors

	Pottawattamie	Mills	Iowa	United States
Income Rates[3]				
Median Household Income	$60,065	$72,079	$60,523	$62,843
Poverty Rates				
Persons in Poverty[3]	9.2%	8.3%	10.2%	11.4%
Children in Poverty[5]	13.77%	8.46%	13.79%	18.52%
Employment Rate				
Unemployment Rate[6]	2.9	2.3	2.9	3.7
Education/Graduation Rates				
High School Graduation Rate[7]	91.2%	96.8%	91.4%	87.7%
% of Population Age 25+ with Bachelor's Degree or Higher[8]	21.47%	24.12%	28.57%	32.15%
Insurance Coverage				
% of Persons without Health Insurance (under 65)[3]	6%	4.8%	6%	10.2%
% of Uninsured Children (under the age of 18)[9]	3.03%	1.69%	2.98%	5.08%

[3] US Census Bureau QuickFacts accessed March 2022 http://www.census.gov/quickfacts
[4] US Census Bureau, Decennial Census. 2010. Source geography: Tract
[5] US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
[6] US Department of Labor, Bureau of Labor Statistics. 2021 - December. Source geography: County
[7] US Department of Education, EDFacts. Additional data analysis by CARES. 2018-19. Source geography: School District
[8] US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
[9] US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA)

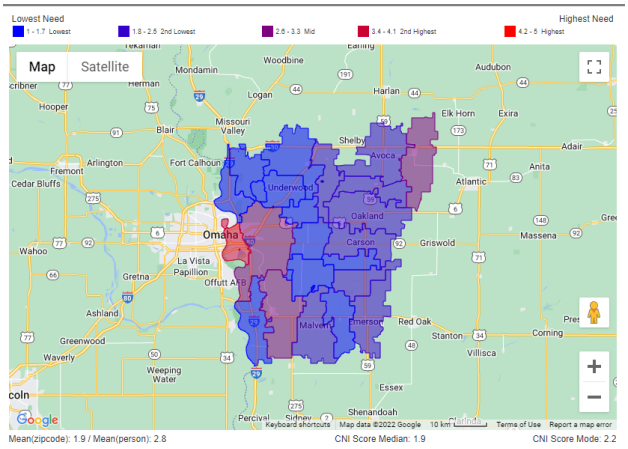
Pottawattamie County has four designated Health Professional Shortage Areas (HPSA) including primary care, dental health, mental health disciplines. The four designated HPSA's in Pottawattamie County have scores that range from nine to 23 (17 median score), where the score range is 0-26 (the higher the score, the greater the priority). Mills County has no HPSA designations. Pottawattamie County has one designated Medically Underserved Area with a score of 50.9 where the lowest score (highest need) is zero; the highest score (lowest need) is 100.[10,11]

Community Needs Index (CNI)

One tool used to assess health needs is the Community Need Index (CNI). The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to healthcare access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

The CNI score for Pottawattamie and Mills County ranges from 1- 3.8. Five zip codes in Pottawatomie (51501, 51503, 51510, 51577) and Mills County (51534) have highest need CNI scores ranging from 2.6 - 3.8. The total population residing in these zip codes is 85,819. A higher CNI score in these zip codes suggest residents may experience greater barriers accessing care and/ or require more healthcare services than peers in zip codes with lower CNI scores. CNI maps can be seen in Figure 2 and 3 below.[12]

Figure 2: Pottawattamie and Mills Counties CNI Map[12]



[10] HPSA Find. Accessed on March 2022. https://data.hrsa.gov/tools/shortage-area/hpsa-find
[11] MUA Find. Accessed on March 2022. https://data.hrsa.gov/tools/shortage-area/mua-find
[12] Community Needs Index. 2022. Accessed March 2022. http://cni.dignityhealth.org

Zip Code	CNI Score	Population	City	County	State
51533	2.2	820	Emerson	Mills	Iowa
51540	1.6	403	Hastings	Mills	Iowa
51561	1.4	1596	Pacific Junction	Mills	Iowa
51534	2.6	9007	Glenwood	Mills	Iowa
51541	1.8	356	Henderson	Mills	Iowa
51551	2.2	1878	Malvern	Mills	Iowa
51549	1.6	404	Macedonia	Pottawattamie	Iowa
51571	1	714	Silver City	Mills	Iowa
51554	1	168	Mineola	Mills	Iowa
51575	1.2	1669	Treynor	Pottawattamie	Iowa
51503	2.6	37274	Council Bluffs	Pottawattamie	Iowa
51560	2.2	2115	Oakland	Pottawattamie	Iowa
51525	2	1264	Carson	Pottawattamie	Iowa
51501	3.8	34504	Council Bluffs	Pottawattamie	Iowa
51510	3.4	3919	Carter Lake	Pottawattamie	Iowa
51548	1.2	502	Mc Clelland	Pottawattamie	Iowa
51559	1.6	1889	Neola	Pottawattamie	Iowa
51536	2.2	428	Hancock	Pottawattamie	Iowa
51526	1.2	1662	Crescent	Pottawattamie	Iowa
51576	1.4	2004	Underwood	Pottawattamie	Iowa
51553	2	1002	Minden	Pottawattamie	Iowa
51521	2.4	1968	Avoca	Pottawattamie	Iowa
51542	1	1091	Honey Creek	Pottawattamie	Iowa
51577	2.8	1115	Walnut	Pottawattamie	Iowa

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, 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 5,900 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
- CHI Health Clinics
- Dimensions, Inc.
- Family Connections Counseling, Glenwood
- Fred LeRoy Health & Wellness Center
- Glenwood Douglas County Health Department (DCHD)
- 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

Community Health Needs Assessment Process and Methods

The process of identifying the community health needs in the two counties served by CHI Health Mercy Council Bluffs 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 CHI Health Mercy Council Bluffs.

Omaha Metro Area CHNA

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 in 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 Wellbeing Partners Xchange Summit. 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:

- Douglas County Health Department
- Pottawattamie County Public Health
- Sarpy/Cass Health Department
- 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)
- Nebraska Medicine (Bellevue Medical Center and Nebraska Medical Center)
- Methodist Health System (Methodist Hospital, Methodist Jennie Edmundson Hospital and Methodist Women's Hospital)
- Omaha Community Foundation
- Charles Drew Health Center, Inc.
- One World Community Health Centers, Inc.
- The Wellbeing Partners
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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 2021 Community Health Needs Assessment.

Additional information on community engagement can be found in the methodology section.

Timeline

The Omaha Metro CHNA, conducted by PRC, incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-relate. The timeline for the PRC CHNA process can be found in Table 3 below.

Table 3: Timeline of PRC CHNA Process

2021 Omaha Metro CHNA Timeline												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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 The Wellbeing Partners Xchange Summit										X		

Methodology

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 2030.

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, 2015, and 2018 to allow for trend analysis.

Sponsoring coalition members included:

- Douglas County Health Department
- Pottawattamie County Public Health
- Sarpy/Cass Health Department
- 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)
- Nebraska Medicine (Bellevue Medical Center and Nebraska Medical Center)
- Methodist Health System (Methodist Hospital, Methodist Jennie Edmundson Hospital, and Methodist Women's Hospital)

Supporting organizations include:

- Charles Drew Health Center
- Omaha Community Foundation
- One World Community Health Centers, Inc.
- The Wellbeing Partners

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 2,584 individuals aged 18 and older in the Metro Area, 501 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. A total of 150 key informants completed the survey. A breakdown of Key Informants can be found in Table 4.

Table 4: Key Informant Participants for PRC CHNA

Online Key Informant Survey Participation	
Key Informant Type	**Number Participated**
Physician	28
Advanced Practice Provider	2
Social Services Provider	32
Public Health Representative	6
Other Health Providers	54
Business Leader	8
Criminal Justice	2
Other Community Leader	18
Total	**150**

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

Mills County CHNA Process

In order to assess the needs of Mills County, the team at CHI Health Mercy Council Bluffs led a data review and input session on December 10, 2021 at the Healthy Mills Coalition in collaboration with Mills County Public Health (MCPH). As the public health entity for Mills County, MCPH is based out of Glenwood Iowa, and as public health entities are required to complete the CHNA process every five years. MCPH received a one year extension due to the strain the COVID-19 pandemic had on local public health departments.

On December 10, 2021 CHI Health Mercy Council Bluffs conducted a community engagement session at the Healthy Mills Coalition meeting. The community engagement session included a data presentation and facilitated discussion to determine and validate the top health needs in Mills County with MCPH. The CHI Health Mercy Council Bluffs team compiled secondary data including demographic, socioeconomic, morality and health factors such as healthcare access, educational attainment, poverty, etc. from sources such as Census.gov, County Health Rankings, Centers for Disease Control, Community Commons, American Cancer Society, and the Iowa Cancer Registry.

Stakeholders in attendance at the community engagement session at the Healthy Mills Coalition meeting represented those who serve **minority**, **at-risk**, **uninsured**, and **aging populations**, as well as **those affective by violence**. Participating agencies included:

- Mills County Public Health
- Glenwood Fire Department
- Glenwood Police Department
- Campus Life
- Mills County Extension
- Golden Hills Resource Conservation and Development (Boost4Families)
- Heartland Family Service
- West Central Community Action - Head Start
- West Central Community Action
- Family, Inc.
- Financial Advocate

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 in both counties 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 and input will be sought as needed.

CHI Health Mercy Council Bluffs invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received

Assessment Data and Findings

Identified Health Issues

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 5 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

Data and Rationale for High Priority	Trend
MENTAL HEALTH *85% of Key Informants in the Omaha Metro CHNA process ranked mental health as a "major health problem."*	
● 17% believe that their overall mental health is "fair" or "poor" in the Metro Area which is worse than the national prevalence. Results demonstrate a disparity with unfavorably highest among residents of Southeast Omaha. ● 25% of Metro Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression), worse than state and US percentages. In Douglas County, highest in the Northeast Omaha area. Viewed by county, the prevalence is unfavorably high in Pottawattamie County. ● 32.8% Symptoms of Chronic Depression (2+ years) in Metro Area. Higher in Douglas County, especially in the eastern Omaha community. The prevalence decreases with age and income and is reported more often among women and communities of color. ● 13.7 Suicide Deaths (age-adjusted death rate) in Metro Area, with are trending upward over the past decade. ● Most Metro Area adults (81.8%) report having someone to turn to "all" or "most" of the time, if they needed or wanted help, decreasing significantly from 2018 survey findings. ● 20.2% Receiving Treatment for Mental Health in Metro Area, a statistically significant increase since 2018. ● 6.1 % Unable to get mental health services in the past year. The percentage is favorably low in Southwest Omaha and Cass County. The prevalence decreases with age and income, but is reported more often among women, and is notably high among Hispanics. ● *3.6 poor mental health days in Mills County increase from 2018 (3.0) (#* mentally unhlthy days in past 30 (age-adjusted) ● *2,160:1 ratio of mental health providers in Mills County and increase from 2018 (2,140:1)*	● There is a statistically significant increase from previous survey results in the perception that one's mental health is "fair" or "poor." Results mark a statistically significant increase since 2018 in adults who have been diagnosed by a physician as having a depressive disorder in Metro Area. ● Results denote a statistically significant increase from previous survey results in Symptoms of Chronic Depression (2+ years) in Metro Area. ● The annual average age-adjusted suicide rate has increased over time in the Omaha Metro, from 12.0 between 2014-2016 to 13.7 from 2017- 2019.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT *58% of Key Informants in the Omaha Metro CHNA process ranked Nutrition, physical activity, and weight as a Major Problem and another 28% ranked it as a Moderate Problem.*	
● 25.7% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day. ● 32.1% of Metro Area adults report no leisure-time physical activity in the past month. ● With regard to neighborhood barriers to physical activity, a lack of sidewalks/poor sidewalks received the largest share of responses among survey respondents (19.5%), followed by a lack of trails or poor quality trails (16.0%). Over time, respondent perceptions of these barriers have remained fairly stable, with the exception of traffic (improved) and trails (worsened). Residents of Sarpy County were least likely to mention these	● Fruit and vegetable consumption in the Omaha Metro Is lower than the US prevalence and significantly decreased from 2011 (35.8%) to 2021 (25.7%). ● The percentage of Omaha Metro adults

potential barriers to outdoor physical activity. Adults in eastern Omaha were far more likely to report these potential barriers. ● 7 in 10 Metro Area adults (71.9%) are overweight. Worse than state and national percentages. ● The overweight prevalence above includes 38.8% of Metro Area adults who are obese. Well above the state and national percentages and fails to satisfy the HP 2030 objective. ● *31% of Mills County adults are obese and improvement from 2018 (39%)* ● *23% of Mills County adults are physically inactive, and improvement from 2018 (23%)*	reporting no leisure time physical activity is higher than NE and IA and has increased over time from 16.7% in 2011 to 32.1% in 2021. ● The prevalence of Metro area adults who are overweight or obese has increased from 70.7% in 2018 to 71.9% in 2021; and 33.5% in 2018 to 38.8% in 2021, respectively.
SUBSTANCE ABUSE *50% of Key Informants in the Omaha Metro CHNA process ranked Substance Abuse as a Major Problem and another 42% ranked it a as a Moderate Problem.*	
● Between 2017 and 2019, the Metro Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 11.5 deaths per 100,000 population, worse than the Iowa mortality rate. ● A total of 24.5% of area adults are excessive drinkers (heavy and/or binge drinkers), worse than both state percentages. ● Between 2017 and 2019, there was an annual average age-adjusted unintentional drug-related mortality rate of 7.8 deaths per 100,000 population in the Metro Area. Higher than the Nebraska mortality rate but well below the US rate. ● *25% of Mills County reported excessive drinking, an increase from 2018 (23%)*	● The cirrhosis/ liver disease mortality rate has increased in the Omaha Metro from a rate from 8.8 between 2014- 2016 to 11.5 between 2017 - 2019, echoing Nebraska trend. ● The percentage of binge drinkers in Douglas County has increased from 20.3% in 2016 to 24.5% in 2021.
DIABETES *42% of Key Informants in the Omaha Metro CHNA process ranked Diabetes as a Major Problem and another 44% ranked it a Moderate Problem*	
● Between 2017 and 2019, there was an annual average age-adjusted diabetes mortality rate of 26.0 deaths per 100,000 population in the Metro Area. ● The diabetes mortality rate in the Metro Area disproportionately impacts the Metro Area's Black (66.3) and Hispanic (22.6) communities.	● Increasing trend in Diabetes mortality rate over the past decade.
SEXUAL HEALTH *41% of Key Informants in the Omaha Metro CHNA process ranked Sexual Health as a Major Problem and another 37% ranked it a Moderate Problem.*	

● The Metro Area gonorrhea incidence rate in 2018 was 245.4 cases per 100,000 population, unfavorably high in Douglas (291.3) and Pottawattamie (336.2) counties. ● In 2018, the chlamydia incidence rate in the Metro Area was 562.8 cases per 100,000 population, notably higher in Douglas County (666.6). ● Among Metro Area adults aged 18-44, 11.6% report that they have been tested for HIV in the past year, lower than the US prevalence (22.0%).	● Prevalence of chlamydia has increased over time in the Metro Area from 535.1 cases in 2014 to 562.8 cases in 2018. ● Significantly lower rates of HIV Testing than previous survey findings from 16.1% in 2011 to 11.6% in 2021.
INJURY & VIOLENCE *40% of Key Informants in the Omaha Metro CHNA process ranked Injury & Violence as a Major Problem and another 45% ranked it a Moderate Problem.*	
● Between 2017 and 2019, there was an annual average age-adjusted unintentional injury mortality rate of 35.8 deaths per 100,000 population in the Metro Area. ● Motor vehicle accidents make up the largest percentage of accidental deaths in the Omaha Metro (27.9%) followed by falls (26.9%) and poisoning/ noxious substances (25.1%). Among respondents aged 45 and older 36.7% have experienced a fall at least once in the past year, well above the state and US percentages. ● In the Metro Area, there were 4.0 homicides per 100,000 population (2017-2019 annual average age-adjusted rate). ● Significant racial disparity is observed in the annual average age-adjusted homicide rate. While the Omaha Metro rate overall is 4.0 deaths per 100,000 population, the rate for Non-Hispanic Blacks is 15.1, compared to 2.5 for Non-Hispanic Whites. ● 3.4% of surveyed Metro Area adults acknowledge being the victim of a violent crime in the area in the past five years, worse than the Iowa and Nebraska crime rates. ● 15.5% of Metro Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner. Increasing significantly from previous survey findings. ● *63 Injury deaths in Mills County an increase from 2018 (39.4)* ● *11.7 child abuse & neglect confirmed cases per 1,000 in Mills County*	● Unintentional injury mortality rate in the Metro Area is lower than the Iowa and US mortality rates and satisfies the HP 2030 objective. ● Age-adjusted homicide deaths have decreased in recent years, echoing the Nebraska trend.
HEART DISEASE & STROKE *50% of Key Informants in the Omaha Metro CHNA process ranked Heart Disease and Stroke as a Moderate Problem and another 30% ranked it as a Major Problem.*	
● Second leading cause of death accounting for 19.3% of deaths in Metro Area ● Between 2017 and 2019, there was an annual average age-adjusted heart disease mortality rate of 139.8 deaths per 100,000 population in the Metro Area, well below the Iowa and US death rates.	● The heart disease and stroke mortality rates have decreased in the Metro Area between 2007- 2021.

● The annual average age-adjusted heart disease mortality rate is 179.8 among Non-Hispanic Blacks in the Omaha Metro, compared to Non-Hispanic Whites (141.4) and Metro Area Hispanic residents (49.4). ● Between 2017 and 2019, there was an annual average age-adjusted stroke mortality rate of 32.3 deaths per 100,000 population in the Metro Area, decreasing over time and echoing the Nebraska and Iowa trends. The rate is much higher in the Metro Area's Black community (50.5).	
TOBACCO USE *58% of Key Informants in the Omaha Metro CHNA process ranked Tobacco Use a Moderate Problem and another 24% ranked it as a Major Problem.*	
● 14.2% of Metro Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days). The prevalence is well below the Iowa and US percentages but fails to satisfy the HP 2030 objective. ● 56.4% Smokers Advised to Quit by a Health Professional ● *18% of Mills County adults smoke, and increase from 2018 (15%) and higher when compared to Iowa (17%).*	● The prevalence of adults currently smoking cigarettes, either regularly (every day) or occasionally (on some days) is decreasing from 2015 (17.0%) but an increase since 2018 (11.7%).
INFANT HEALTH & FAMILY PLANNING *23% of Key Informants in the Omaha Metro CHNA process ranked Infant Health & Family Planning as a Major Problem and another 49% ranked it as a Moderate Problem.*	
● Between 2017 and 2019, 24.4% of all Metro Area births (Douglas and Sarpy counties only) did not receive prenatal care in the first trimester of pregnancy.* Worse than the national prevalence. ● Between 2017 and 2019, there was an annual average of 5.8 infant deaths per 1,000 live births. Unfavorably high in Pottawattamie County (7.9). More than twice as high among births to Black women (12.1) ● *7% low birth weight in Mills County, and improvement from 2018 (8%)*	● Though decreasing in recent years, the infant mortality rate is higher than the baseline 2010-2012 rate.
POTENTIALLY DISABLING CONDITIONS	
● 24.8% of Metro Area adults are limited in some way in some activities due to a physical, mental, or emotional problem. Unfavorably high in Northeast Omaha. Reported more often among women, adults age 40 and older, those living at lower income levels, White residents, and Black residents. ● 17.6% of Metro Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months. Worse than the US prevalence and more than twice the HP2030 objective. ● Between 2017 and 2019, there was an annual average age-adjusted Alzheimer's disease mortality rate of 36.0 deaths per 100,000 population	● Adults limited in some way in some activities due to a physical, mental, or emotional problem in the Metro Area increased significantly from 18.4% in 2011 to 24.8% in 2021. ● The Alzheimer's disease mortality rate has increased over the

in the Metro Area. Worse than Nebraska and US mortality rates. Higher among Metro Area Blacks (42.8) than Whites (36.5). ● 30.0% of Metro Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability, much higher than the national figure.	last decade in the Metro Area from 25.7 (2007- 2009) to 32.3 (2014- 2016) to 36.0 (2017 - 2019). ● Adults currently providing care or assistance to a friend or family member who has a health problem, long-term illness, or disability has increased significantly since 2018 from 26.7% to 30.0% in 2021.
ORAL HEALTH *53% of Key Informants in the Omaha Metro CHNA process ranked Oral Health a Moderate Problem and another 20% ranked it a Moderate Problem.*	
● A total of 64.6% of Metro Area adults have visited a dentist or dental clinic (for any reason) in the past year, lower than both state percentages but satisfying the HP 2030 objective.	● Adults who have visited a dentist or dental clinic (for any reason) in the past year in 2021 (64.6%) decreased significantly after a steady increase between 2011 (70.4%) and 2018 (76.8%).
ACCESS TO HEALTH CARE SERVICES *59% of Key Informants in the Omaha Metro CHNA process ranked Access to Health Care Services a Moderate Problem and another 19% ranked it a Major Problem.*	
● 9% of Omaha Metro residents [Age 18-64] had no insurance coverage for healthcare expenses. ● 36.0% of Metro Area adults report some type of difficulty or delay in obtaining health care services in the past year. ● Top five barriers that prevented access to healthcare services in the past year: difficulty getting an appointment (13.8%), cost of doctor visit (11.2%), inconvenient office hours (11.1%), cost of prescriptions (10.8%), and lack of transportation (8%). ● 78.4% of Metro Area adults were determined to have a specific source of ongoing medical care. ● 66.3% of Omaha Metro residents have had a routine checkup in the past year ● 6.9% of Metro Area adults have gone to a hospital emergency room more than once in the past year about their own health. ● *5% of Mills County is uninsured*	● Rate of uninsured Omaha adults has decreased since 2011 (12.1% in 2011, compared to 7.9% in 2018 and 9% in 2021), but disparities persist. Among very low income individuals, 21.8% reported having no insurance coverage, as did 24.5% of Hispanic respondents. ● Difficulty or delay in obtaining health care has increased (31.7%

	in 2018 to 36% in 2021) Highest in Douglas County (38.3%) especially Southeast Omaha (50.5%). Correlates with age and income and is reported more often among women and communities of color.
RESPIRATORY DISEASE *59% of Key Informants in the Omaha Metro CHNA process ranked Respiratory Diseases as a Moderate Problem.*	
● Between 2017 and 2019, there was an annual average age-adjusted CLRD mortality rate of 48.7 deaths per 100,000 population in the Metro Area, worse than the national mortality rate. ● 7.5% of Metro Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis). ● Between 2017 and 2019, the Metro Area reported an annual average age-adjusted pneumonia influenza mortality rate of 14.8 deaths per 100,000 population. Although the mortality rate has decreased in recent years after a period of increase, Blacks (17.5) are disproportionately impacted. ● 11.6% adults currently suffer from asthma, worse than both state percentages. Increasing significantly from previous survey findings. In Douglas County, the prevalence is highest in Northwest Omaha. Reported most often among younger adults and those living at the lowest income level.	● Over the past decade, CLRD mortality has generally declined in the Metro Area. ● The prevalence of COPD among Omaha Metro adults has decreased over time from 9.1% in 2018 to 7.5% in 2021.
CANCER *12% of Key Informants in the Omaha Metro CHNA process ranked Cancer as a Major Problem in the community, compared to 64% who ranked it a Moderate Problem.*	
● Leading Cause of Death accounts for 21.8% of deaths in the Metro Area. ● Age- adjusted cancer mortality rate is 155.5 deaths/ 100,000 population between 2017 and 2019 for the Omaha Metro, failing to satisfy the Healthy People 2030 objective. Rate is steadily decreasing over the past decade, disproportionately impacting the Black Community. ● Among Metro Area women aged 21 to 65, 72.4% have had cervical cancer screening, lower than the Nebraska and Iowa percentages and failing to satisfy the HP2030 objective. Trend has decreased significantly from previous survey results.	● Cancer mortality has decreased over the past decade in the Metro Area from 185.5 (2007-2009) to 155.5 (2017- 2019).

*Note that county data for Cass and Pottawattamie counties are suppressed or otherwise not available and thus not included in the Metro Area rate.

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.

Prioritized Description of Significant Community Health Needs

Prioritization Process

CHI Health Mercy Council Bluffs identified Significant Community Health Needs through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; disparate population impact and equity, severity of the problem, known effective interventions, resource feasibility; and the perceptions among key informants that a given health issue should be a focus area for the community to address collectively.

Omaha Metro CHNA Prioritization Process & Criteria

Prioritization was a multi-step process that began with review of the 14 "Areas of Opportunity" included within PRC's CHNA report through the Key Informant Survey (n=150); the Regional Health Council, which includes each of the three participating local public health departments; and input from community members (representing a cross-section of community-based agencies and organizations) that participated in the Xchange Summit.

Key Informant Survey

Through an online survey, key informants were asked to rank each of the following health needs on a scale ranging from "no problem at all," "minor problem," "moderate problem" to "major problem."

1. Mental Health
2. Nutrition, Physical Activity & Weight
3. Substance Abuse
4. Diabetes
5. Sexual Health
6. Injury & Violence
7. Heart Disease & Stroke
8. Tobacco Use
9. Infant Health & Family Planning
10. Potentially Disabling Conditions
11. Oral Health
12. Access to Healthcare Services
13. Respiratory Diseases
14. Cancer

For each of the health needs that an individual ranked as a "major problem," they were asked to provide an open-ended response as to why they ranked the health need a "major problem" and identify resources in the community to address the health need. The top health needs
Social determinants of health (e.g., housing issues) were not part of this prioritization exercise, but will certainly be viewed as an overarching issue and considered in all actions that sponsoring organizations choose to implement.

*The greatest share of key informants characterized Mental Health as a "major problem" in the community (85.1%), followed by Nutrition, Physical Activity and Weight (58%) and Substance Abuse (50%). *Note, key informants were able to rank more than one health issue as a "major health problem."*

Regional Health Council

The Regional Health Council composed of participating health departments reviewed primary and secondary data compiled by PRC for the CHNA and reaffirmed Mental Health as the sole priority health need for the 2022- 2024 Community Health Improvement Plan.

Community Presentation - Xchange Summit presented by The Wellbeing Partners

Community input was collected at the Xchange Summit on Oct 6, 2021, 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. A community conversation was hosted to dive deeper into resources and gaps in our regional approach to mental health.

Over 94 stakeholders including organizations and community members participated in a presentation and break out rooms discussing Strategic Priority areas including:

- Review and reflect upon the 2021 Community Health Assessment (CHA) mental health data
- Learn what's happening currently to lift up the Community Health Improvement Plan (CHIP)
- Next steps

Prioritized Health Needs

Participants reaffirmed Mental Health as a priority and provided feedback on strategic priority areas.

Table 8: Top Prioritized Health Needs - Omaha Process

Prioritized Health Need	% of Key Informants Rating the Health Need as a 'Major Problem' in the Community
Mental Health	85.1%
Nutrition, Physical Activity & Weight	58.2%
Substance Abuse	50.0%
Diabetes	41.5%
Sexual Health	41.0%

Mills County CHNA Prioritization Process & Criteria

In order to prioritize health needs for Mills County, CHI Health Mercy Council Bluffs presented to Healthy Mills Coalitions in partnership with MCPH on December 10, 2021 and facilitated a discussion to prioritize needs based on:

- severity of the health issue
- population impacted (making special consideration to disparities and vulnerable populations)
- trends in the data
- existing partnerships
- available resources
- hospital's level of expertise
- existing initiatives (or lack thereof)
- potential for impact
- community's interest in the hospital engaging in that health area

Participants were given five handouts with community health data compiled from the following publicly-available data sources, including CARES Engagement Network, County Health Rankings, CHI Health Indicator Analysis, and Resource Inventory. Upon the completion of the data presentation stakeholders transitioned to small groups and discussed the following:

- What stood out to you from the information presented? What surprised you?
- Which data points or themes are consistent with what you are seeing/ hearing from the clients/ patients you serve?
- Is there anything we haven't touched on that you feel is an unmet health need?
- What existing assets/ opportunities can we leverage to improve physical/ mental health and wellbeing in our community?
- Using the following criteria provided below, what do you think is the top health need we should focus on in Mills County over the next three years?

After small group discussions were completed a large group discussion was facilitated by CHI Mercy Council Bluffs to identify themes, rank top needs, build consensus, and vote. The participants identified access to Integrated Care / Systems of Care Coordination and Mental Health (shown in Table 7) as the two top health needs.

Prioritized Health Needs

Prioritized significant health needs were prioritized, seen in Table 7:

Table 7: Top Identified Health Need by CHNA Process

Identified Health Need	Omaha Metro Assessment	Mills County Assessment
Mental Health	X	X
Access to Integrated Care/ Systems of Care		X
Nutrition, Physical Activity & Weight	X	
Substance Abuse	X	
Diabetes	X	
Sexual Health	X	

Data provided by CHI Mercy Council Bluffs was presented during a Healthy Mills Coalition meeting to a wide range of stakeholders. All parties who reviewed the data found the data to accurately represent the needs of the community.

Resources Available to Address Health Needs

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

Evaluation of FY20-FY22 Community Health Needs Implementation Strategy

The previous CHNA for CHI Health Mercy Council Bluffs was conducted in 2019. Table 8 illustrates the progress and impact made around CHI Health Mercy Council Bluffs's previous implementation strategy to address community health needs.

Table 8: CHI Health Mercy Council Bluffs FY20-FY22 ISP Evaluation

Priority Area # 1: Behavioral Health

Goal	**Address and improve behavioral health issues related to mental health and substance abuse that are creating health disparities and driving poor health outcomes**
Strategy & Scope	Evaluate internal opportunities to improve behavioral health services while continuing support, and alignment with Southwest Iowa Mental Health & Disability Services Region (Region) to promote improved crisis stabilization, care coordination, and behavioral health and detox services in Pottawattamie and Mills Counties.
Community Indicators	**CHNA 2016** ● Age-adjusted suicide rate per 100,000: 16.5 (Pottawattamie), 11.5 (Mills), 13.20 (Iowa) ● Average number of mentally unhealthy days in last 30: 3.1 (Pott.), 2.8 (Mills), 3.1 (Iowa) **CHNA 2019** ● Age-adjusted suicide rate per 100,000: 17.9 (Pottawattamie), N/A (Mills), 13.20 (Iowa) ● Ratio of population to mental health provider: 580:1 (Pott.), 2,150:1 (Mills), 700:1 (Iowa) ● Percentage of adults reporting binge drinking: 20% (Pott.), 23% (Mills), 22% (Iowa) ● Average age-adjusted number of mentally unhealthy days reported in past 30 days ○ Pottawattamie County 3.4 ○ Mills County 3.0 **CHNA 2022** ● 3.6 poor mental health days in Mills County increase from 2018 (3.0) ● 2,160:1 ratio of mental health providers in Mills County and increase from 2018 (2,140:1) ● 25% of Mills County reported excessive drinking, an increase from 2018 (23%)
Timeframe	FY20-FY22
Background	**Rationale for priority:** Mental health and substance abuse identified as top health needs in community-wide CHNAs in both Pottawattamie and Mills Counties. 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 both Pottawattamie and Mills County are higher than State and national rates overall. Suicides are higher among men than women, and are primarily NonHispanic white males. **Contributing Factors:** High prevalence of substance abuse, access to clinical and community-based behavioral health services, a stigma attached to mental health issues, and aging population with lack of social supports and access to relevant services. **National Alignment:** ● 10.2 Suicides per 100,000 population (HP2020 target) ● 24.2 % of adults age 18 and over report that they engage in binge drinking in past 30 days (HP2020 target) **Additional Information:** Mercy CB Previously supported grant from CHI Mission & Ministry fund and need for crisis stabilization services and care coordination remains high in the two-county area
Anticipated Impact	**Hospital Role/ Required Resources** **Partners**

• Optimization of behavioral health services to provide the most relevant care for those in need, at the right time and place to reduce mental health crisis and mentally unhealthy days among community members	CHI Health System Role(s): • Partial funder • Strategic Partner Hospital Role(s): • Strategic Partner • Program Site Host Required Resources: • Financial and in kind support • Staff time • Community partners	• Southwest Iowa Mental Health & Disabilities Services Region (Region) • Various community stakeholders and partners engaged with the Region, including health systems, behavioral health service providers and local law enforcement

Key Activities	**Measures**	**Data Sources/Evaluation Plan**
In collaboration with community partners, the following represent activities CHI Health Mercy Council Bluffs will either **lead** as a system or facility, **support** through dedicated funding and staff time or a combination thereof, as appropriate. 1.1.1: Continue to participate in Region activities in a steering or informing capacity and ensure alignment with community-informed and Region-led strategies to: • Maximize crisis stabilization • Access to appropriate levels of care • Decrease wait times for patients needing behavioral health services and medication management • Care coordination • Detox services • Reduce no-show for first-time appointments to behavioral health services 1.1.2: Support the offering of trainings to promote appropriate crisis response and care access levels such as crisis de-escalation training, mental health first aid, etc.	1.1.1 • TBD 1.1.2 • # of individuals trained • % of individuals reporting that they strongly agree • # of individuals trained (Mental Health First Aid and Crisis De-escalation) 1.1.3 • # of Psychiatric Medication Management trainings offered at Primary Care Clinics • # Integrated BH Providers • # of BH consultations and warm hand offs • # of therapy sessions	1.1.1 SWIA MHDS Local Advisory Council Reporting: • TBD 1.1.2 CHI Health Behavioral Health Service Line quarterly reports: • Attendance and completion • Training evaluation 1.1.3 CHI Health Behavioral Health Service Line quarterly reports: • Training attendance • Consultation and session reports

1.1.3: Continued exploration and capacity building for integration of primary care and behavioral health services

Relevant Related Activities

In addition to the specific strategies and key activities outline above to address this health need, CHI Health also

- Provides support the Mills County Public Health - Family Matters Substance Abuse Program
- Supports the growth of tele-psych service offerings to rural SW Iowa

1.1 Convene internal stakeholders to:

- Ensure internal gaps in care and coordination are assessed
- Identify relevant representation from the CHI Health Mercy and Behavioral Health Services team to engage in community/Region led conversations to address known gaps in the behavioral health-care continuum. Participate in community conversations and develop relevant action plans.
- Monitor and inform the following activities through an internal Community Benefit Action Team (CBAT)

1.1.1: Continue to participate in Region activities in a steering or informing capacity and ensure alignment with community-informed and Region-led strategies to:

- Maximize crisis stabilization
- Access to appropriate levels of care
- Decrease wait times for patients needing behavioral health services and medication management
- Care coordination
- Detox services
- Reduce no-show for first-time appointments to behavioral health services

Results

FY20 Key Activities

- Scott Halverson, Clinic Administrator- Psychiatric Associates, and Kathy Capobianco, Director of Inpatient Psychiatric Nursing at Mercy Council Bluffs, participated in monthly meetings through the fall of 2019 and winter of 2020 with the SWI MHDS Region and other area providers agencies to address the need for a system of care for individuals experiencing mental health crisis. This work wrapped up in March 2020 with recommendation to the Region for a coordinated system of screening, assessing and providing intervention and treatment services. In addition, Scott has attended SWI MHDS Local Advisory Council meetings to discuss how this model will be utilized within the communities in our region and gather additional information from community leaders. Due to COVID 19, progressed stalled in the spring of 2020 to initiate the Region's Access Center N

FY20 Measures

- Relevant measures will be identified in FY21.

FY21 Actions and Impact

- Scott Halverson, Clinic Administrator- Psychiatric Associates, and Kathy Capobianco, Director of Inpatient Psychiatric Nursing at Mercy Council Bluffs, participated in monthly meetings with the SWI MHDS Region and other area provider agencies to address the need for a system of care for individuals experiencing mental health crisis. Scott participated in the SWIA MHDS Local Advisory Council meetings as a Provider Agency Representative and was elected to the Region Governing Board as the Provider Agency Representative.
- Participated in review and approval of CARES Act funding to 23 agencies and 34 school districts in IA to make COVID- related improvements, such as mental health training and supplies.
- Mercy Psychiatric Associates received $95,000 for clinic facility improvements which will enable better social distancing and disinfection of surfaces in the waiting room, front desk and nursing areas.

FY21 Measures:

- Relevant measures will be identified in FY22.

FY22 Results Pending

1.1.2: Support the offering of trainings to promote appropriate crisis response and care access levels such as crisis de-escalation training, mental health first aid, etc.

Results

FY20 Key Activities

- Offered one Mental Health First Aid training through the Mental Health Block Grant. Three trainings scheduled in the spring of 2020 were cancelled due to COVID-19.

FY20 Measures

- # of individuals trained: 12
- % of individuals reporting that they strongly agree with the following statements:
    - As a result of this training, I feel more confident that I can recognize the signs that someone may be dealing with a mental health problem or crisis: 100%
    - As a result of this training, I feel more confident that I can assist a person who may be dealing with a mental health problem or crisis in seeking professional help: 100% (of those who answered the question; response rate for this question was: 58%)

FY21 Actions and Impact

- Offered one Mental Health First Aid and C3 De-Escalation training.

FY21 Measures:

- # of individuals trained: 9 (Mental Health First Aid) and 7 (Crisis De-escalation)
- Mental Health First Aid:
    - Post training evaluation data indicated an increase in knowledge about mental health stigma and increased confidence to intervene with a person having a mental health crisis
- C3 De-Escalation training:
    - 100% of trainees indicated they strongly agree or agree that they will be able to take the information from the training and apply it their their daily job duties

FY22 Results Pending

1.1.3: Continued exploration and capacity building for integration of primary care and behavioral health services

Results

FY20 Key Activities

- Behavioral Health Specialist at Valley View Clinic re-located office to West Broadway Clinic. This providers sends Psychiatric Associates referrals and helps individuals know his role, including how he can be of support to them if they do not need long-term counseling or services. Behavioral health team have also been working to help move patients that have stabilized with their mental health, back to the primary care setting. This improves access for individuals that are in greater need of psychiatric care. Scott Halverson, Clinic Administrator- Psychiatric Associates, has also participated in targeted care management meetings at the West Broadway Clinic to help identify services and potential interventions for individuals that are in greatest need. This is a collaborative team including population health coaches, CHI Health Psychiatric Associates and community mental health providers. There continues to be a plan to add Behavioral Health Specialists to the clinics, including Valley View.
- The Region, the hospitals, and outpatient providers all participate in Collaborative Support Team (CST) meetings whereby they review complex patients and work to create a treatment plan that will provide them additional support.

FY20 Measures

- Relevant process and/or access measures will be identified and reported in FY21.

FY21 Actions and Impact

- Integrated Behavioral Health providers offer quick assessment, referrals and short-term therapeutic treatment. An objective of this approach is to transition patients that have stabilized with their mental health, back to the primary care setting. This improves access for individuals that are in greater need of psychiatric care. Scott Halverson, Clinic Administrator- Psychiatric Associates, has also participated in targeted care management meetings at the West Broadway Clinic to help identify services and potential interventions for individuals that are in greatest need. This is a collaborative team including population health coaches, CHI Health Psychiatric Associates and community mental health providers. There continues to be a plan to add Behavioral Health Specialists to the clinics, including Valley View.
- The Region, the hospitals, and outpatient providers all participate in Collaborative Support Team (CST) meetings whereby they review complex patients and work to create a treatment plan that will provide them additional support.
- Provided Psychiatric Medication Management training to our Primary Care Clinics.
- At our West Broadway and Valley View clinics, two Integrated Therapists and one APRN provided integrated (same day, team- based) behavioral healthcare services.
- Recruitment for outpatient behavioral health providers continued throughout FY21 with several vacancies.

FY21 Measures:

- # of Psychiatric Medication Management trainings offered at Primary Care Clinics (West Broadway/ Valley View): 3
- # Integrated BH Providers: 2 (therapists) and 1 (APRN)
- # of BH consultations and warm hand offs: 595
- # of therapy sessions: 729

FY22 Results Pending

Priority Area # 2: Social Determinants of Health (SDOH)

Goal	Alleviate poverty by supporting local coalitions to offer evidence-based capacity and skill building courses to those affected by poverty and financial hardship, and improve healthcare delivery for those affected by poverty.
Strategy & Scope	Continue support and steering of Bridges Out of Poverty (BOP) to offer classes for those in poverty, and explore opportunities for related trainings for healthcare workers and social service providers in Pottawattamie and Mills Counties who support and serve those in poverty.
Community Indicators	**CHNA 2016** ● Percent of population in poverty: 12.3% (Pottawattamie), 9.7% (Mills), 12.2% (Iowa) ● Percent of children under 18 in poverty: 17.5% (Pottawattamie), 12.7% (Mills), 15.5% (Iowa)
	CHNA 2019 ● Percent of population in poverty: 11.8% (Pottawattamie), 8.2% (Mills), 12.3% (Iowa) ● Percent of children under 18 in poverty: 14% (Pottawattamie), 11% (Mills), 13% (Iowa) ● Food Environment Index (0-worst, 10-best): 7.7 (Pott.), 8.7 (Mills), 8.2 (Iowa) ● Rate of food insecurity 11.6% (2015 United Way of the Midlands Food Mapping Paper)
	CHNA 2022 ● Percent of population in poverty: 9.2% (Pottawattamie), 8.3% (Mills), 10.2% (Iowa) ● Percent of children under 18 in poverty: 13.77% (Pottawattamie), 8.46% (Mills), 13.79% (Iowa) ● Children Eligible for Free & Reduced Price Lunch: 41% (Pottawattamie), 38% (Mills), 43% (Iowa) ● Housing Cost Burden (% of households where housing costs > 30% of total household income): 24% (Pottawattamie), 22% (Mills), 23% (Iowa)
Timeframe	FY20-22
Background	**Rationale for priority:** Meeting basic and social needs is a critical component of health, and the community has identified poverty, low access to healthy foods, and low access to transportation as having a disparate impact on the health outcomes of some populations.
	Contributing Factors: Various factors contribute to the incidence and prevalence of poverty, including education (secondary and post-secondary), and employment (availability of jobs and wages paid). While unemployment in the Pottawattamie and Mills County areas is lower than the State and US overall, there is a general need for economic development of the area related to higher paying jobs and quality affordable child care for working families. Additionally, while high school graduation rates are higher than the State and US overall, post-secondary education is below the State level in both Pottawattamie and Mills Counties.
	National Alignment: ● Healthy People 2020 benchmarks do not have a goal for the poverty objective, rather tracking from baseline which is ○ 15.1% of persons were living below the poverty threshold in 2010 and ○ 22% of children (0-17) were living below the poverty threshold in 2010 ● 6.0% of households are food insecure (Healthy People 2020 benchmark objective)
	Additional Information: CHI Health Mercy Council Bluffs currently co-leads a local steering coalition focused on offering (BOP) in the Council Bluffs Area

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
● Reduce poverty, and reduce the number of families struggling to access healthy foods.	CHI Health System Role(s): ● Partial funder ● Strategic Partner Hospital Role(s): ● Strategic Partner ● Program Site Host Required Resources: ● Financial and in kind support ● Staff time ● Community partners	● Bridges Out of Poverty (various partners and stakeholders participating) led by Omaha Bridges Out of Poverty ● Public Health agencies – Mills County and Pottawattamie County
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
In collaboration with community partners, the following represent activities CHI Health Mercy Council Bluffs will either **lead** as a system or facility, **support** through dedicated funding and staff time or a combination thereof, as appropriate. 2.1.1: Continue participating in steering of Bridges Out of Poverty training efforts in Council Bluffs/Pottawattamie County ● Ensure funding for local courses to be offered to individuals most at risk for poor health outcomes based on social and basic needs not being met 2.1.2: Provide leadership (board level) and resource support to The 712 Initiative for work related to improving healthy food access ● Community gardens ● Farmer's Market ● Economic development efforts 2.1.3: Explore opportunities to align with Mills County Public Health in Glenwood to address relevant social factors impacting health disparately among certain populations (transportation, access to healthcare and healthy foods) 2.1.4: Explore opportunities to engage with local school districts to support the teaching of healthy eating and active living habits to children.	2.1.1 ● # of investigators graduated ● % graduation rate ● Average increase in monthly income among investigators post- graduation ● Average reduction in monthly debt among investigators post- graduation ● Average increase in net assets among investigators post- graduation ● Average reduction in monthly public benefits usage: $178 ● Average decrease in debt to income ratio 2.1.2 ● # of farmer's market attendees ● # of farmer's market vendors ● # of student gardeners 2.1.3 ● # of individuals served ● # of community support groups 2.1.4	2.1.1 Bridges out of Poverty annual report: ● Program records (attendance, graduation rates) ● Program Evaluation (pre/ post survey) 2.1.2 The 712 Initiative annual report: ● student and vendor attendance 2.1.3 Mills County Public Health- Family Matters substance abuse and peer support annual report: ● Program and event attendance records ● Program evaluation 2.1.4 TBD

- TBD

Relevant Related Activities: In addition to the specific strategies and key activities outline above to address this health need, CHI Health also supports the following work:

- CHI Health Clinic promoting reading readiness to families to improve literacy and health literacy
- MD Save (Radiology, Laboratory, Nutritional Counseling, Pulmonology, Sleep Medicine,

2.1.1: Continue participating in steering of Bridges Out of Poverty training efforts in Council Bluffs/Pottawattamie County

- Ensure funding for local courses to be offered to individuals most at risk for poor health outcomes based on social and basic needs not being met

Results

FY20 Key Activities

- Provided board leadership and $10,000 to support the Bridges out of Poverty Program in FY20. As of June 2020, 21 new investigators were enrolled in the next Getting Ahead series. Eight Getting Ahead facilitators were certified in FY20. Bridges out of Poverty staff secured funding from Iowa West Foundation to purchases tablets for all 'investigators' to use for online Getting Ahead classes.

FY20 Measures

- # of investigators graduated: 69
- % graduation rate: 95%
- Average increase in monthly income among investigators post- graduation: $663
- Average reduction in monthly debt among investigators post- graduation: $606
- Average increase in net assets among investigators post- graduation: $657
- Average reduction in monthly public benefits usage: $178
- Average decrease in debt to income ratio: 42%

FY21 Actions and Impact

- Provided board leadership and $10,000 to support the Bridges out of Poverty Program in FY21. As of June 2020, 21 new investigators were enrolled in the next Getting Ahead series. Received funding from the National Institute of Health (NIH) to study the impact of Getting Ahead (financial literacy) programming on health. Partnering with University of Nebraska Medical Center- College of Public Health as co-investigators. Launched the first Getting Ahead in the Workplace cohort for 12 entry- level employees that live in some degree of instability.

FY21 Measures:

- # of investigators graduated: 58
- % graduation rate: 94%
- Average increase in monthly income among investigators post- graduation: $919
- Average increase in net assets among investigators post- graduation: $445
- Average reduction in monthly public benefits usage: $118
- Average decrease in debt to income ratio: 42%

FY22 Results Pending

2.1.2: Provide leadership (board level) and resource support to The 712 Initiative for work related to improving healthy food access
- Community gardens
- Farmer's Market
- Economic development efforts

Results

FY20 Key Activities
- Provided $2,775 to support Creektop Community Garden, offering subsidized raised beds for those unable to pay the rental fee and offered interactive, virtual programming to students in Council Bluffs Community School District. Sponsored the Farmer's Market Council Bluffs and provided $7,000 in general operating support.

FY20 Measures
- # of student gardeners engaged through programming at Creektop Gardens: 150
- # of customers served at the Farmer's Market Council Bluffs: 11,000

FY21 Actions and Impact

- Provided strategic leadership through a Board Chair representative from CHI Health.

FY21 Measures:

- # of farmer's market vendors: 48
- # of customers served at the Farmer's Market Council Bluffs: 15,000

FY22 Results Pending

2.1.3: Explore opportunities to align with Mills County Public Health in Glenwood to address relevant social factors impacting health disparately among certain populations (transportation, access to healthcare and healthy foods)

Results

FY20 Key Activities
- Provided $10,000 to Mills County Public Health as required match dollars to secure funding from Iowa Department of Public Health to deliver the Family Matters substance abuse and recovery support program.

FY20 Measures
- # of individuals served: 83

- # of women served through Moms off Meth support group: 40
- # of men served through Dads Against Drugs support group: 12
- # of children served through Not Alone educational support group: 31
- # of hours of recovery coaching provided: 113.5
- # of community support groups provided: 19

FY21 Actions and Impact

- Provided $10,000 to Mills County Public Health as required match dollars to secure funding from Iowa Department of Public Health to deliver the Family Matters substance abuse and recovery support program.

FY21 Measures:

- # of individuals served: 90
  - # of women served through Moms off Meth support group: 30
  - # of men served through Dads Against Drugs support group: 15
  - # of children served through Not Alone educational support group: 45
  - # of hours of recovery coaching provided: 100.5
- # of community support groups provided: 13

FY22 Results Pending

2.1.4: Explore opportunities to engage with local school districts to support the teaching of healthy eating and active living habits to children.

Results

FY20 Key Activities

- Outreach efforts to the Council Bluffs Community School District were unsuccessful. The district reported that due to COVID-19, they needed to focus on meeting the immediate needs of students to support their learning and could not take on any new partnerships/ initiatives. The Wellbeing Partners, with remaining unspent funding from CHI Health for the *5-4-3-2-1 Go!(R)* campaign, plans to reach back out to the school district in advance of the 2020-2021 school year.

FY20 Measures

- No measures to report.

FY21 Actions and Impact

- Outreach efforts to the Council Bluffs Community School District were unsuccessful. The district reported that due to COVID-19, they needed to focus on meeting the immediate needs of students to support their learning and could not take on any new partnerships/ initiatives. The Wellbeing Partners, with remaining unspent funding from CHI Health for the *5-4-3-2-1 Go!(R)* campaign, reached out to the school district in advance of the 2020-2021 school year, but no programming was initiated.
- Further pursuit of this strategy may be discontinued in FY22 due to lack of progress.

FY21 Measures:

- No measures to report.

FY22 Results Pending

Dissemination Plan

CHI Health Mercy Council Bluffs CHNA will be posted online at chihealth.com/chna.

Written Comments

CHI Health invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

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.

Resources Available to Address Significant Health Needs	
Access to Healthcare Services	
All Care Health Center	Healing Gift Free Clinic
Behavioral Health Connection Line	Heart Ministry Center Medical Clinic
Center for Holistic Care	Hospitals
Center for Holistic Development	I-Smile
Charles Drew Health Center	Methodist Health System
CHI Health	Nebraska Medicine
CHI Health Behavioral Health Services	Nebraska Urban Indian
Doctor's Offices	NOAH Clinic
Douglas County Community Mental Health Center	OneWorld Community Health Center
Douglas County Health Department	Region 6
Faith-Based Organizations	Together Inc.
Federally Qualified Health Centers	YMCA
Fred Leroy Health and Wellness	Youth-Serving Agencies
Free or Reduced-Cost Drug Programs	YouTurn
	Program of All Inclusive Care for Elderly (PACE) - Mills County
	Veterans Administration - Mills County
Cancer	
A Time to Heal	Methodist Estabrook Cancer Center

American Cancer Society	National Cancer Institute
Cancer Center	NC2
Charles Drew Health Center	Nebraska Cancer Associates
CHI Health	Nebraska Medicine Cancer Center
CHI Health Henry Lynch Cancer Center	Nebraska Urban Indian
Children's Hospital	No More Empty Pots
Department of Health and Human Services	NOAH Clinic
Eastern Nebraska Community Action Partnership	North Omaha Community Care Council
Fitness Centers/Gyms	OneWorld Community Health Center
Fred and Pamela Buffett Cancer Center	Parks and Recreation
Heartland Oncology	Sarpy County Human Services
Hope Lodge	Sarpy/Cass Health and Wellness Department
Josie Harper Programs	UNMC
Lift Up Sarpy	

Coronavirus	
Acute Care Centers	ICAP Program
Bellevue Medical Center	Karen Society of Nebraska
CDC	Mental Health Services
Charles Drew Health Center	Methodist Health System
CHI Health	Nebraska Medicine
CHI Health Creighton University Medical Center	North Omaha Community Care Council
CHI Health Immanuel	Omaha COVID Free Coalition
CHI Health Midlands	OneWorld Community Health Center
Churches	Pharmacies
CVS	Pottawattamie County Health Department
Department of Health and Human Services	Public Health
Doctor's Offices	Mills County Public Health
Douglas County Health Department	Refugee Empowerment Center
Douglas County Testing Sites	Region 6
Federal COVID Relief Program	Sarpy/Cass Health and Wellness Department
Federally Qualified Health Centers	State of Nebraska
Food Pantries	Test NE
Girls Inc.	Test IA
Health Department	Unemployment Benefits
	University Medical Center LaVista
	UNMC
	Vaccination Centers

Chronic Kidney Disease	
American Kidney Foundation	Methodist Health System Nebraska Medicine
Charles Drew Health Center	OneWorld Community Health Center
CHI Health	
Doctor's Offices	

Dementia/Alzheimer's Disease

AANC	League of Human Dignity
AARP	Mable Rose Estates
Alzheimer's Association	Memory Care Facilities
Alzheimer's Organization	Nebraska Medicine
Area Agency on Aging	Nebraska Office of Aging
Charles Drew Health Center	Nursing Homes
CHI Health	OneWorld Community Health Center
Country House Memory Care	Parsons House
Douglas County Long-Term Care	Right at Home
Eastern Nebraska Office on Aging	Senior Living Programs
Helping You	Skilled Nursing Facilities
Home Health Care	UNMC
Home Instead	VA
House of Hope	Via Christi Assisted Living
	Mills County Public Health HMK/HCA program and Wits Workout Program

Diabetes	
All Care Health Center	Hospitals
American Diabetes Association	Hy-Vee
Certified Diabetic Educators	Juvenile Diabetes Research Fund
Charles Drew Health Center	Methodist Diabetic Mobile Program
CHI Health	Methodist Hospital
Children's Hospital	National Diabetes Prevention Program
Churches	Nebraska Medicine
Community Health Centers	Nebraska Medicine Diabetes and Endocrinology Center
Creighton REACH Program	
Diabetes Education Center	Nebraska Methodist College
Diabetes of the Midlands	NOAH Clinic
Diabetes Support Group	Non-Profits
Diabetic Educators	North Omaha Community Care Council
Dialysis Clinic	Nutrition Services
Doctor's Offices	OneWorld Community Health Center
Douglas County Health Department	Pharmacies
Faith-Based Organizations	Planet Fitness
Federally Qualified Health Centers	Social Services
Fitness Centers/Gyms	Think Whole Person Healthcare
Food Pantries	UNMC Center for Reducing Health Disparities
Healing Gift Free Clinic	Whispering Roots
Health Department	YMCA
Healthy Living Classes	

Disabilities	
Charles Drew Health Center	Nebraska Medicine
CHI Health	Nebraska Medicine Pain Management Program
Community Health Clinics	OneWorld Community Health Center
Doctor's Offices	Physical Therapy

Health System Medicaid Munroe Meyer Institute	Social Security Administration

Infant Health and Family Planning	
All Care Health Center Assure Clinic Boys Town Charles Drew Health Center CHI Health CHI Health Immanuel Children's Hospital Community Health Clinics Department of Health and Human Services Doctor's Offices Douglas County Health Department Essential Pregnancy Services Faith-Based Organizations Families First FAMILY, Inc. Federally Qualified Health Centers First Five Girls Inc. Headstart	Health Department I Be Black Girl Lutheran Family Services Nebraska AIDS Project Nebraska Children's Home Nebraska Medicine NHHS Programs NOAH Clinic Omaha Healthy Start Omaha Public Schools OneWorld Community Health Center Planned Parenthood Sherwood Foundation VNA VNS WIC Women's Fund of Omaha *Mills County Coalition* *Family Matters Group Mentoring (Mills County)* *Family Centered Services-MCPH (Mills County)* *Boost4Families (Mills County)* *The Nest (Mills County)* *Parents as Teachers (PAT) (Mills County)* *Circles4Support (Mills County)* *Teen Parents and the Law (TPAL) (Mills County)* *Maternal Child Health Program, Mills County Public Health*

Heart Disease	
American Heart Association ARC Charles Drew Health Center CHI Health CHI Health Immanuel Clarkson Community Health Centers Department of Health and Human Services Eastern Nebraska Community Action Partnership Federally Qualified Health Centers Grocery Stores Health Department	Methodist Health System Methodist Hospital Methodist Jennie Edmundson Hospital Nebraska Heart Association Nebraska Medicine Nebraska Methodist College NOAH Clinic OneWorld Community Health Center Safety Council Sarpy County Human Services Sarpy/Cass Health and Wellness Department School System

Hillcrest Home Care	UNMC
Lift Up Sarpy	VNA
Madonna Rehabilitation	Wellbeing Partners
l	YMCA

Injury and Violence	
100 Black Men	NOAH Clinic
Bellevue Medical Center	Non-Profits
Black Police Association	Omaha 360
Catholic Charities	Omaha Black Men
Charles Drew Health Center	Omaha Healthy Start
CHI Health	Omaha Police Department
CHI Health Creighton University Medical Center	P.A.C.E.
CHI Health Midlands	Police Athletic League
Child Protective Services	Project Extra Mile
City Council	Project Harmony
Community Leaders	Public Health
Court Appointed Self-Advocates	SANE Programs
Elected Officials	Sarpy County Legal Services
Empowerment Network	School System
Faith-Based	Shelters
Fire Department	Social Services
Fred and Pamela Buffett Cancer Center	State Legislature
Gang Reduction Organizations	Step Up Jobs Program
Health Department	Trauma Matters Omaha
Heartland Family Services	UNMC
Highway Safety	Urban League
Hospitals	Victims Assistance Fund
Juvenile Probation	Village Zone Pastors and Faith Leaders
Law Enforcement	Collaborative
Local News	Wellbeing Partners
Local Newspapers	Women's Advocates
Magdalene Omaha	Women's Center for Advancement
Mental Health Services	Workforce Development
Methodist Hospital	YouTurn
Metro Area Youth Services	YWCA
Nebraska Medicine	*Mills County Attorney's Office - Victim*
Nebraska Safety Council	*Coordinator*
Neighborhood Associations	

Mental Health	
AA/NA	Health Department
All Care Health Center	Health System
ARC	Heartland Family Services
Behaven Kids	Homeless Shelters

Behavioral Consultants	Horizon Group
Behavioral Health and Education Network	Hospitals
Behavioral Health Education Center of Nebraska	Law Enforcement
Behavioral Health Providers	Local Newspapers
BNECN	Lutheran Family Services
Boys Town	Mental Health Association of Nebraska
Breast Care EAP Hotline	Mental Health Services
Campus for Hope	Meridian
CARES Act	Methodist Health System
Catholic Charities	Methodist Hospital
Center for Holistic Development	Methodist Jennie Edmundson Hospital
CenterPointe	NAMI
Charles Drew Health Center	Nebraska Medical Association
CHI Health	Nebraska Medicine
CHI Health Behavioral Health Services	Nebraska Medicine Psychiatric Services
CHI Health Heritage Center	Nebraska Mental Health and Aging Coalition
CHI Health Immanuel	Nebraska Urban Indian
CHI Health Psychiatric Services	NEMA
Child Saving Institute	NOAH Clinic
Children's Square USA	Non-Profits
Churches	North Omaha Community Care Council
COAD Groups	Omaha Police Department
Coalition RX	Omaha Public Schools
College of Public Health	OneWorld Community Health Center
Community Alliance	Peer Support Organizations
Community-Based Service Providers	PES
Community Counseling	Private Counselors
Community Health Centers	Project Harmony
Compassion in Action	Public Health Association of Nebraska
Connections	Region 5
Crisis Hot Line	Region 6
Doctor's Offices	Richard Young
Douglas County	Safe Harbor
Douglas County Community Mental Health Center	Salvation Army
	School System
Douglas County Health Department	Shelters
Douglas County Inpatient Unit	South Omaha Community Care Council
Douglas Detox	Southeast Nebraska Community Action Council, Inc. (SENCA)
Eastern Nebraska Office on Aging	
Employee Assistance Programs	State and County Government
Faith-Based Organizations	Support Groups
Federally Qualified Health Centers	SWIA Mental Health and Disability Services
Fremont Health	TEAM
Fremont Hospital	Telecare
Hawks Foundation	Think Whole Person Healthcare
Health Care Community	UNMC
Inpatient Psychiatric Facilities	UNMC Center for Reducing Health Disparities

Kanesville Therapy	Wellbeing Partners
Kim Foundation	*Glenwood Resource Center (Mills County)*
Lasting Hope Recovery Center	*Mills County Ministerial Association*
Family Connections in Glenwood	*Hope4Iowa Crisis Line*

Nutrition, Physical Activity & Weight	
5K Fridays	Lifetime Fitness
712 Initiative	Live Well Omaha
App-Based Resources	Malcolm X Foundation
Bakers Grocery	Meals On Wheels
Bariatric Surgery Programs	National Diabetes Prevention Program
Bike and Walk Nebraska	Nebraska Medical Association
Blue Moon	Nebraska Medicine Weight Management Clinic
Books/Internet	No More Empty Pots
Bountiful Baskets	Nutrition Services
Boys Club	Obesity Action Coalition
Center for Nutrition	Omaha Healthy Kids Alliance
Charles Drew Health Center	OneWorld Community Health Center
Children's Hospital	Open Door Mission
Children's Hospital HEROES Program	Parks and Recreation
City Council	Planet Fitness
City Planning	Public Health Association of Nebraska
City Sprouts	School System
Community Based Organizations	SENCA
Community Health Clinics	Silver Sneakers
Doctor's Offices	The Landing
Employers	Together, Big Garden, Whispering Roots
Farmer's Market	United Healthcare Community Plan
Federally Qualified Health Centers	UNL Extension
Fitness Centers/Gyms	UNMC
Food Banks	Walmart
Food Pantries	Weight Watchers
Gardens	Wellbeing Partners
Girls Club	Whispering Roots
Grocery Stores	WIC
Healing Gift Free Clinic	YMCA
Health Department	Youth-Serving Agencies
Hy-Vee	
Kroc Center	

Oral Health	
All Care Health Center	I-Smile
Anding Family Dental	Omaha Public Schools
Charles Drew Health Center	OneWorld Community Health Center
CHI Health Creighton University Medical Center	School System
Community Health Clinics	Shelters

Creighton Dental School Dentist's Offices Heart Ministry Center Medical Clinic	UNMC College of Dentistry Worthy Dental

Respiratory Disease	
American Cancer Society American Lung Association Charles Drew Health Center CHI Health Doctor's Offices Healing Gift Free Clinic Health Department Methodist Health System	Metro Omaha Tobacco Action Coalition Nebraska Medicine Nicotine Replacement Products Omaha Therapy and Arts Collaborative (OTAC) Public Health Association of Nebraska Smoking Cessation Programs

Sexual Health	
Access Granted Adolescent Health Project/Collaboration All Available Healthcare in the County Charles Drew Health Center CHI Health Community Health Clinics Douglas County Health Department Douglas County STD Clinic Essential Pregnancy Services Family Planning Federally Qualified Health Centers Girls Inc. Health System Hospitals Licensed Sex Therapists Methodist Community Health Clinic Midlands Sexual Health Research	Collaborative Nebraska Cancer Coalition Nebraska AIDS Project Nebraska Urban Indian NOAH Clinic Omaha Public Schools OneWorld Community Health Center Planned Parenthood Pottawattamie County Health Department Public Health Respect Clinic School System Sex Education Programs STD Clinics UNMC Transgender Clinic Women's Fund of Omaha

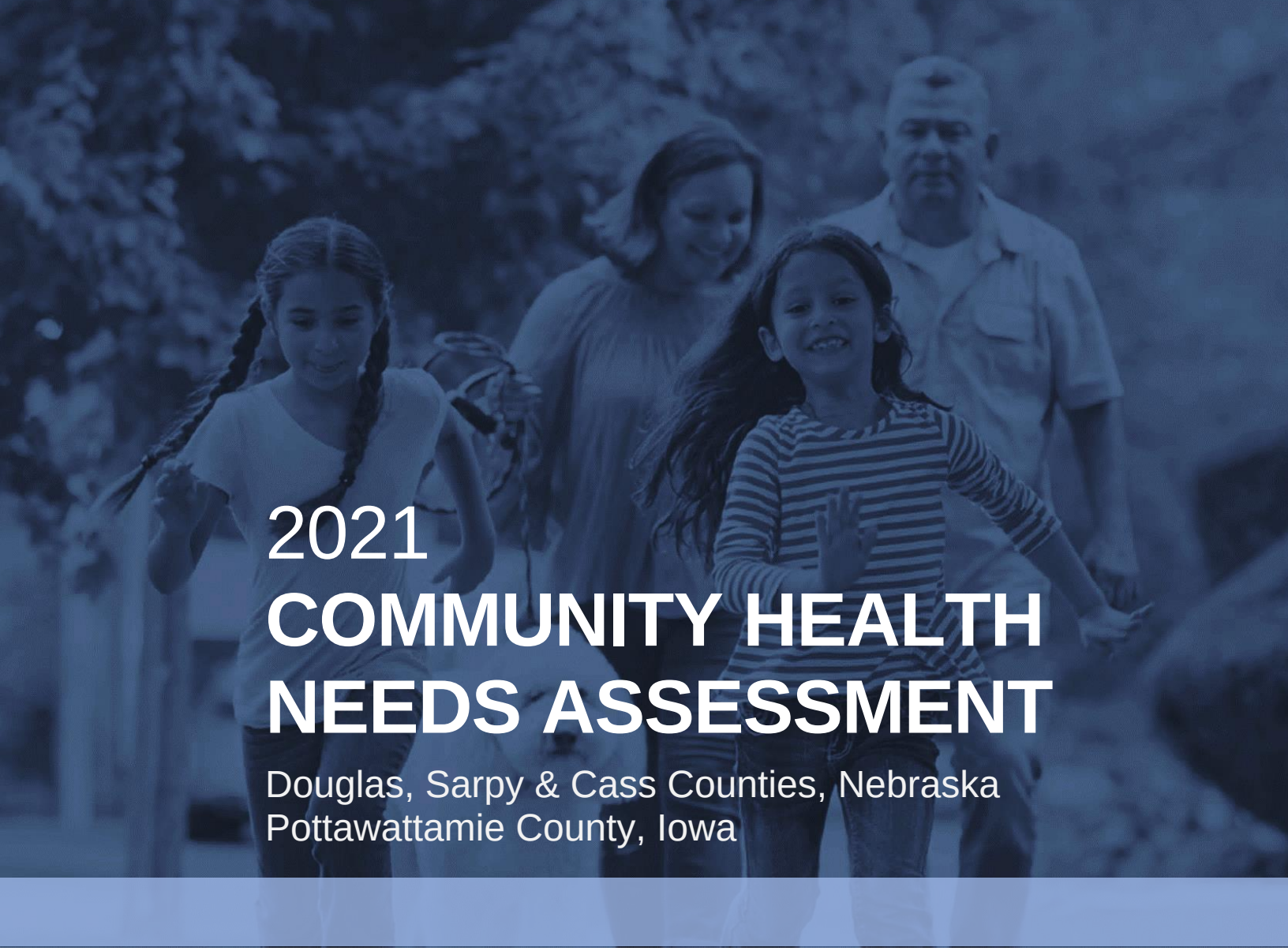
Substance Abuse	
AA/NA All Care Health Center Boys Town Bryan Hospital Campus for Hope Center for Holistic Development	InRoads Journeys Lasting Hope Recovery Center Lutheran Family Services Methadone Clinic NAMI

CenterPointe	Nebraska Medicine
Charles Drew Health Center	Non-Profits
CHI Health Creighton University Medical Center	NOVA
CHI Health Immanuel	OneWorld Community Health Center
Coalition RX	Open Door Mission
Community Alliance	Printed Resources
Community Mental Health Providers	Region 6
Department of Health and Human Services	Salvation Army
Douglas County Detox	Santa Monica House
Emergency Assistance Programs	School System
Emergency Shelters	Siena Francis
Faith-Based Organizations	St. Gabriels
Family Works	State and County Government
Healing Gift Free Clinic	Stephen Center
Health Department	Substance Abuse Treatment Clinics
Health System	SWIA Mental Health and Disability Services
Heartland Family Services	Together Inc.
Heritage Health MCOs	UNMC
Homeless Shelters	VA
Hope Center	Valley Hope
Hospitals	VNA
Increased Screenings	Family Matters Program at Mills County Public Health - Peer Led Addiction Recovery Support Services

Tobacco Use	
American Lung Society	Quit Iowa
Charles Drew Health Center	Smoking Cessation Programs
CHI Health	State of Nebraska Smoking Cessation Programs
Employers	TEAM (Tobacco Education and Advocacy of the Midlands)
Healing Gift Free Clinic	Tobacco Coalition
Health System	Tobacco Free Hotline
Live Well Omaha	Mills County Public Health - Tobacco Cessation and Prevention Programming
Metro Omaha Tobacco Action Coalition	
Nebraska Medicine	
Nebraska Quit Line Services	
OneWorld Community Health Center	

B: PRC Report

Professional Research Consultants (PRC) completed the 2021 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



2021 COMMUNITY HEALTH NEEDS ASSESSMENT

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

Sponsored by:
Douglas County Health Department
Pottawattamie County Public Health
Sarpy/Cass Health Department
CHI Health
Nebraska Medicine
Methodist Health System

With support from:
Omaha Community Foundation
Charles Drew Health Center, Inc.
OneWorld Community Health Centers, Inc.
The Wellbeing Partners

2020-0887-02

TABLE OF CONTENTS

INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2011, 2015, and 2018, 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 led by a coalition comprised of local public health departments, health systems, federally qualified health centers, and community-based organizations.

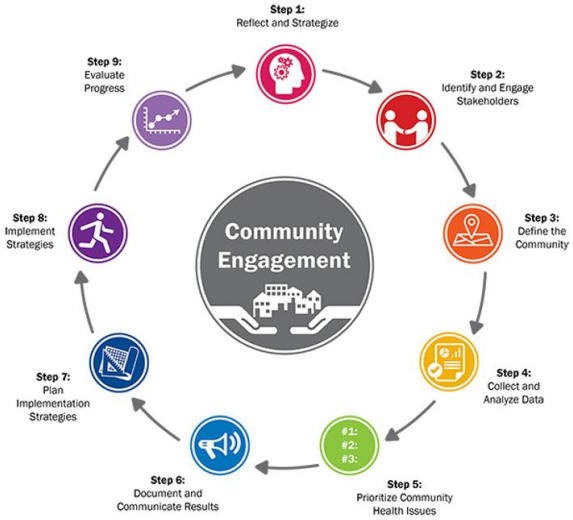
SPONSORING ORGANIZATONS ► **Douglas County Health Department**; **Pottawattamie County Public Health**; **Sarpy/Cass Health Department**; **CHI Health** (CHI Health Creighton University Medical Center–Bergan Mercy, CHI Health Immanuel, CHI Health Lakeside, CHI Health Mercy Council Bluffs, and CHI Health Midlands); **Nebraska Medicine** (Bellevue Medical Center and Nebraska Medical Center); and **Methodist Health System** (Methodist Hospital, Methodist Jennie Edmundson Hospital, and Methodist Women's Hospital).

SUPPORTING ORGANIZATONS ► Omaha Community Foundation; Charles Drew Health Center, Inc.; One World Community Health Centers, Inc.; and The Wellbeing Partners

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized health care 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 multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

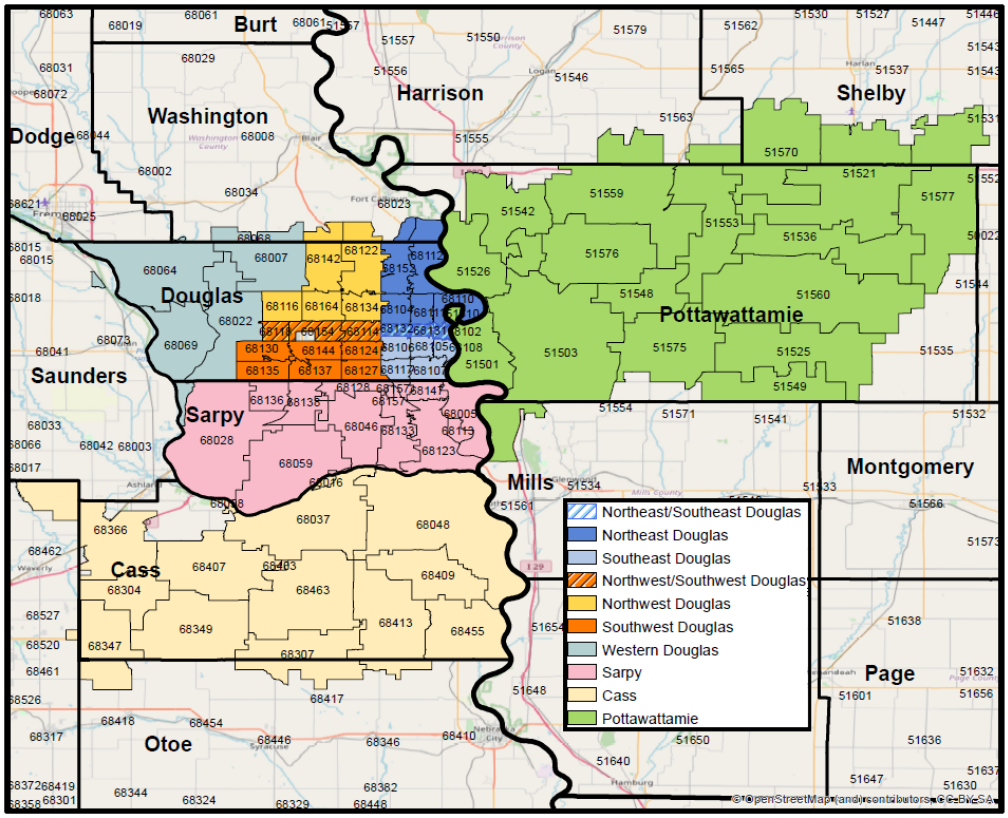
PRC Community Health Survey

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 surveys used in the region, allowing for data trending.

Community Defined for This Assessment

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

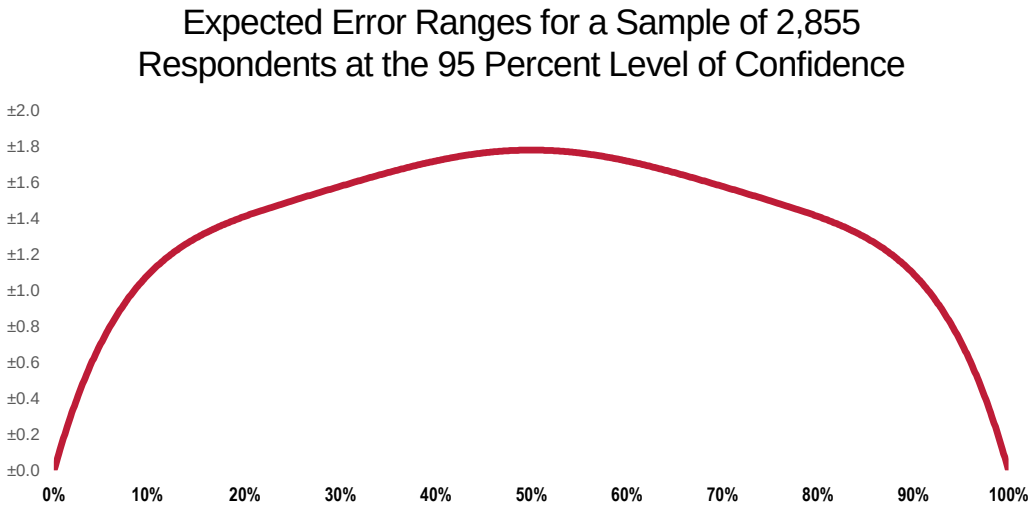


Sample Approach & Design

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

The sample design used for this effort consisted of a stratified random sample of 2,854 individuals age 18 and older in the Metro Area, including 1,451 in Douglas County, 702 in Sarpy County, 200 in Cass County, and 501 in Pottawattamie County. The higher Douglas County sample reflects a target of 50 surveys per ZIP Code within the county (although some lesser-populated ZIP Codes did not reach this threshold). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Metro Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 2,854 respondents is ±1.8% at the 95 percent confidence level.



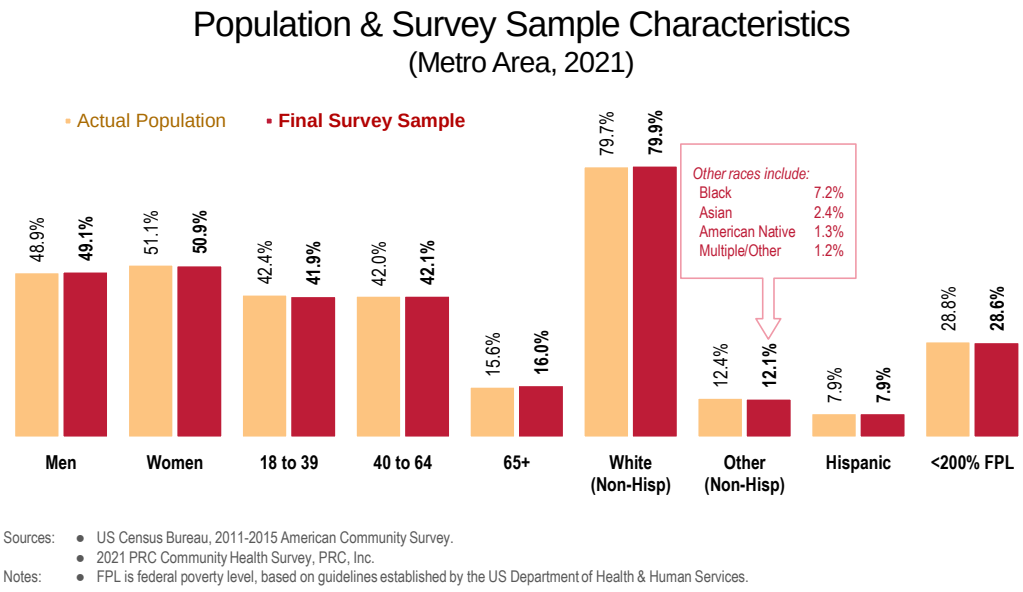
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 2,855 respondents answered a certain question with a "yes," it can be asserted that between 8.9% and 11.1% (10% ± 1.1%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.2% and 51.8% (50% ± 1.8%) of the total population would respond "yes" if asked this question.

Sample Characteristics

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

The following chart outlines the characteristics of the Metro Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older.]



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

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2020 guidelines place the poverty threshold for a family of four at $26,200 annual household income or lower). In sample segmentation: "very low income" refers to community members living in a household with defined poverty status; "low income" refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 150 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physician	28
Advanced Practice Provider	2
Social Services Provider	32
Public Health Representative	6
Other Health Providers	54
Business Leader	8
Criminal Justice	2
Other Community Leaders	18

Final participation included representatives of the organizations outlined below.

- American Red Cross Heartland Chapter
- City of Bellevue
- Bennington Public Schools
- Charles Drew Health Center, Inc.
- CHI Health
- Child Saving Institute
- City of Omaha
- CityMatCH
- Claire Memorial United Methodist Church
- College of St. Mary
- Completely Kids
- Court Appointed Special Advocate (CASA)
- Creighton Multicultural Community Affairs
- Creighton University
- Douglas County Health Department
- Eastern Nebraska Office of Aging (ENOA)
- Family Housing Advisory Service–North
- Girls Incorporated Of Omaha
- Gretchen Swanson Center for Nutrition
- Health Care Administrator
- Heartland Workforce Solutions
- Iowa West Foundation
- Kountze Memorial Lutheran Church
- Metropolitan Area Planning Agency (MAPA)
- Methodist Health System
- Methodist College
- Metro Area Continuum Care For Health
- Mid-Iowa Family Therapy Clinic & ITPS
- National Safety Council of Nebraska
- Nebraska Medicine
- Nebraska Urban Indian Health Coalition
- Nonprofit Association of the Midlands
- NOVA Treatment Community, Inc.
- Omaha City Council
- Omaha Community Foundation
- Omaha Housing Authority
- Omaha Metro (MAT)
- One World Community Health Center
- Omaha Public Schools
- City of Papillion

- Pottawattamie County Public Health
- Project Harmony
- Ralston Public Schools
- Salem Baptist Church
- Sarpy County Health Department
- Southeast Nebraska Community Action
- City of Springfield
- TEAM (Tobacco Education and Advocacy of the Midlands)
- The Wellbeing Partners
- Together, Inc. Of Metropolitan Omaha
- Tri-City Food Pantry
- University of Nebraska Medical Center (UNMC)
- UNMC College of Public Health
- UNMC College of Dentistry Sealant Program
- University of Nebraska Omaha (UNO)
- Visiting Nurse Association
- YMCA

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

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Douglas County Health Department
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns

- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in the Metro Area in 2011, 2015, and 2018 by PRC. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Nebraska & Iowa Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

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

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

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

Public Comment

Participating hospitals and health systems made their prior Community Health Needs Assessment (CHNA) reports publicly available through their respective websites; through that mechanism, they requested from the public written comments and feedback regarding the CHNA and implementation strategies. At the time of this writing, none had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Participating hospitals will continue to use their websites as tools to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

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. 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 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 HEALTH CARE SERVICES	▪ Insurance Instability ▪ Barriers to Access – Appointment Availability – Lack of Transportation ▪ Routine Medical Care (Adults) ▪ Emergency Room Utilization ▪ Health Literacy
CANCER	▪ Leading Cause of Death ▪ Cervical Cancer Screening [Age 21-65]
DIABETES	▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Blood Sugar Testing [Non-Diabetics]
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Stroke Prevalence
INFANT HEALTH & FAMILY PLANNING	▪ Prenatal Care ▪ Infant Deaths
INJURY & VIOLENCE	▪ Prevalence of Falls [Age 45+] ▪ Intimate Partner Violence
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Suicide Deaths ▪ Social Support ▪ Receiving Treatment for Mental Health ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: Mental health ranked as a top concern.

—continued on the following page—

AREAS OF OPPORTUNITY (continued)	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Fruit/Vegetable Consumption ▪ Leisure-Time Physical Activity ▪ Access to Trails ▪ Overweight & Obesity ▪ Professional Advice on Weight [Overweight Adults] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
ORAL HEALTH	▪ Regular Dental Care [Adults]
POTENTIALLY DISABLING CONDITIONS	▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Alzheimer's Disease Deaths ▪ Caregiving
RESPIRATORY DISEASE	▪ Lung Disease Deaths [Chronic Lower Respiratory Disease] ▪ Asthma Prevalence [Adults]
SEXUAL HEALTH	▪ Chlamydia Incidence ▪ Gonorrhea Incidence ▪ HIV Testing [Age 18-44]
SOCIAL DETERMINANTS OF HEALTH	▪ Housing Insecurity ▪ Loss of Utilities ▪ Unhealthy/Unsafe Housing
SUBSTANCE ABUSE	▪ Cirrhosis/Liver Disease Deaths ▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	▪ Smokers Advised to Quit by a Health Professional

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

In the following tables, Metro Area results are shown in the larger, gray column.

The group of columns furthest to the left 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 of Douglas County.

The second grouping of 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 counties.

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 2030 objectives. Again, symbols indicate whether the Metro Area compares favorably (🌞), unfavorably (🌧), or comparably (⛅) to these external data.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since 2011 (or earliest data available). Note that survey data reflect the ZIP Code-defined Metro Area.

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).

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

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

SOCIAL DETERMINANTS	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)						4.4	0.8	0.1	1.5	3.2	2.9	2.0	4.4		
Population in Poverty (Percent)						11.6	5.7	7.4	11.8	10.2	11.0	11.2	13.1	8.0	
Children in Poverty (Percent)						17.2	6.2	6.9	15.1	14.2	14.8	14.2	19.5	8.0	
No High School Diploma (Age 25+, Percent)						10.0	4.8	5.1	10.6	8.8	8.9	8.0	12.3		
% Unable to Pay Cash for a $400 Emergency Expense	33.1	31.3	12.9	14.6	7.5	20.9	9.4	12.3	22.8	18.7			24.6		
% Worry/Stress Over Rent/Mortgage in Past Year	38.7	36.6	21.2	17.2	6.2	25.8	17.3	19.5	24.2	23.9			32.2		20.1
% Unhealthy/Unsafe Housing Conditions	15.8	12.9	9.0	8.4	6.1	10.8	4.6	4.7	5.8	9.0			12.2		6.1
% Went Without Electricity, Water, or Heat	8.3	13.3	9.1	10.3	7.1	10.1	8.7	6.8	6.1	9.4					5.2
% Worried About Food in the Past Year	35.6	35.1	18.1	12.7	6.3	22.8	10.2	17.0	16.4	19.7			30.0		18.8
% Treated With Less Respect Than Others	32.4	29.7	26.4	19.3	24.3	26.1	22.8	21.8	24.1	25.1					
% Receive Poorer Treatment at Restaurants/Stores	11.1	11.3	7.4	5.8	1.4	8.1	6.8	2.5	8.5	7.7					

SOCIAL DETERMINANTS (continued)	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
% Treated as Less Intelligent	18.8	18.2	13.4	9.4	6.5	13.9	11.8	4.7	14.5	13.3					
% Threatened or Harassed	5.9	8.3	3.9	3.6	0.6	5.0	4.1	2.4	5.6	4.8					
% Disagree That the Community Welcomes All Races/Ethnicities	16.4	13.9	13.0	10.4	10.9	13.0	8.6	8.1	6.1	11.3					

Note: In the section above, each subarea is compared against all other areas combined. 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	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	19.0	18.4	12.2	12.0	7.2	14.4	12.4	11.7	16.7	14.3	14.6	14.4	12.6		12.7

Note: In the section above, each subarea is compared against all other areas combined. 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 CARE	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
% [Age 18-64] Lack Health Insurance	14.2	15.7	6.0	6.4	5.2	9.8	8.8	3.6	5.8	9.0	17.1	9.6	8.7	7.9	12.1
% [Insured] Went Without Coverage in the Past Year	21.5	19.9	7.7	10.4	7.9	13.7	10.4	7.5	8.1	12.4					5.5
% Difficulty Accessing Health Care in Past Year (Composite)	40.3	50.5	36.4	31.2	31.4	38.3	32.5	24.7	29.3	36.0			35.0		33.4

ACCESS TO HEALTH CARE (continued)	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
% Cost Prevented Physician Visit in Past Year	14.6	18.2	15.6	6.5	5.4	12.7	8.3	7.1	7.5	11.2	12.6	8.5	12.9		14.5
% Cost Prevented Getting Prescription in Past Year	10.9	15.9	12.4	8.8	7.5	11.6	9.8	9.7	8.0	10.8			12.8		14.3
% Difficulty Getting Appointment in Past Year	15.0	17.9	16.1	10.2	18.0	14.6	13.3	8.9	10.4	13.8			14.5		10.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.0	14.2	12.0	11.1	7.1	12.3	10.1	4.8	6.5	11.1			12.5		12.5
% Difficulty Finding Physician in Past Year	10.2	10.5	6.7	6.5	3.2	7.9	6.0	3.8	9.5	7.7			9.4		6.6
% Transportation Hindered Dr Visit in Past Year	13.0	16.3	6.7	4.5	4.6	9.2	4.2	2.3	8.6	8.0			8.9		4.7
% Language/Culture Prevented Care in Past Year	2.1	4.3	0.5	0.1	0.0	1.5	0.8	0.0	0.7	1.2			2.8		0.9
% Skipped Prescription Doses to Save Costs	15.8	17.3	12.6	9.2	7.3	12.9	11.1	14.8	11.4	12.5			12.7		13.6
Primary Care Doctors per 100,000						109.7	52.3	30.9	46.0	88.3	75.5	72.9	76.6		
% Have a Specific Source of Ongoing Care	73.5	76.7	76.4	79.3	86.1	77.3	80.2	87.4	80.2	78.4			74.2	84.0	66.1
% Have Had Routine Checkup in Past Year	64.2	61.9	63.0	69.5	65.1	65.0	65.7	70.7	74.1	66.3	73.0	78.6	70.5		66.8
% Likely to Participate in Tele-Health	82.4	77.7	81.3	77.6	79.0	79.5	76.5	77.4	67.7	77.6					69.1

ACCESS TO HEALTH CARE (continued)	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
% Two or More ER Visits in Past Year	9.2	10.5	4.0	5.5	1.8	6.7	6.5	6.2	9.1	6.9			10.1		4.9
% Low Health Literacy	24.4	22.7	15.9	13.6	7.3	17.8	15.4	10.2	13.2	16.7			27.7		13.0
% Rate Local Health Care "Fair/Poor"	13.0	13.4	6.6	6.0	1.5	8.8	5.4	4.0	9.0	8.0			8.0		8.9
% Treated Worse Than Other Races	5.9	6.9	5.5	5.0	0.0	5.4	2.4	0.8	0.4	4.3			4.7		

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better similar worse

CANCER	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
Cancer (Age-Adjusted Death Rate)						157.7	141.9	142.2	170.5	155.5	150.2	154.7	149.3	122.7	180.9
Lung Cancer (Age-Adjusted Death Rate)										36.6	33.9	37.8	34.9	25.1	
Prostate Cancer (Age-Adjusted Death Rate)										21.6	18.6	20.5	18.6	16.9	
Female Breast Cancer (Age-Adjusted Death Rate)										19.1	20.0	18.1	19.7	15.3	
Colorectal Cancer (Age-Adjusted Death Rate)										13.8	14.6	14.0	13.4	8.9	

CANCER (continued)	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
Cancer Incidence Rate (All Sites)						488.2	470.3	482.8	481.1	**483.6**	461.9	479.0	448.7		
Female Breast Cancer Incidence Rate						120.0	102.0	121.5	92.6	**112.7**	116.9	107.7	104.5		
Prostate Cancer Incidence Rate						140.3	145.9	120.0	124.9	**138.6**	127.4	128.9	125.9		
Lung Cancer Incidence Rate						64.6	63.3	75.0	76.1	**66.5**	57.2	63.3	58.3		
Colorectal Cancer Incidence Rate						40.4	38.9	40.3	49.7	**41.4**	42.7	43.7	38.4		
% Cancer	8.7	5.5	11.7	11.2	8.8	9.5	7.6	8.7	9.5	**9.1**	12.4	12.2	10.0		9.2
% [Women 50-74] Mammogram in Past 2 Years	80.0	70.1	82.5	84.9	84.2	80.5	79.0	74.8	80.0	**80.0**	75.4	80.8	76.1	77.1	82.3
% [Women 21-65] Cervical Cancer Screening	69.3	69.9	72.9	74.9	82.0	72.6	74.2	64.6	70.2	**72.4**	80.9	81.1	73.8	84.3	86.7
% [Age 50-75] Colorectal Cancer Screening	75.9	75.1	83.0	78.1	72.9	78.0	78.3	79.0	77.4	**78.0**	68.7	71.7	77.4	74.4	75.3

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better similar worse

DIABETES	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)						29.2	18.4	21.4	23.4	26.0	24.7	21.6	21.5		21.9
% Diabetes/High Blood Sugar	12.3	13.7	11.6	12.0	8.1	12.1	11.5	16.8	14.3	12.4	10.2	10.3	13.8		10.6
% Borderline/Pre-Diabetes	8.3	10.2	11.4	4.9	10.8	8.6	8.7	7.5	10.2	8.8			9.7		
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	43.9	48.1	42.6	45.8	41.9	44.9	45.0	49.4	53.6	46.0			43.3		49.5

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better similar worse

HEART DISEASE & STROKE	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)						133.9	134.5	163.4	170.7	139.8	146.6	168.5	163.4	127.4	152.6
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.2	6.9	5.4	5.9	4.9	6.4	4.6	4.3	6.6	6.0	5.9	6.3	6.1		5.2
Stroke (Age-Adjusted Death Rate)						33.6	29.8	24.8	32.4	32.3	31.5	32.6	37.2	33.4	39.5
% Stroke	6.2	6.6	1.3	2.1	1.4	3.6	1.9	0.7	3.5	3.2	2.9	3.1	4.3		2.3

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better similar worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY WITHIN DOUGLAS COUNTY: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	DISPARITY AMONG COUNTIES: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	METRO AREA vs. BENCHMARKS: vs. NE	vs. IA	vs. US	vs. HP2030	TREND
No Prenatal Care in First Trimester (Percent)						25.5	20.6			**24.4**	24.9	25.4	17.3		
Low Birthweight Births (Percent)						7.9	6.5	5.9	7.6	**7.5**	7.0	6.8	8.2		7.6
Infant Death Rate						6.1	3.6		7.9	**5.8**	5.4	5.1	5.6	5.0	4.9
Births to Adolescents Age 15 to 19 (Rate per 1,000)						24.1	14.3	16.4	28.4	**22.4**	21.4	19.0	22.7	31.4	

Note: In the section above, each subarea is compared against all other areas combined. 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	DISPARITY WITHIN DOUGLAS COUNTY: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	DISPARITY AMONG COUNTIES: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	METRO AREA vs. BENCHMARKS: vs. NE	vs. IA	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)						35.1	34.2	37.0	42.0	**35.8**	39.0	41.9	48.9	43.2	34.3
Motor Vehicle Crashes (Age-Adjusted Death Rate)						9.2	8.8		14.6	**10.0**	12.7	10.7	11.3	10.1	
[65+] Falls (Age-Adjusted Death Rate)						66.8	67.4		68.7	**66.3**	64.7	83.1	65.1	63.4	
% [Age 45+] Fell in the Past Year	39.2	41.5	33.0	37.4	32.1	37.1	34.7	43.1	35.6	**36.7**	25.3	24.1	27.5		30.1
Firearm-Related Deaths (Age-Adjusted Death Rate)						10.5	7.1		10.8	**9.7**	9.2	8.9	11.9	10.7	

INJURY & VIOLENCE (cont.)	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
Homicide (Age-Adjusted Death Rate)										4.0	2.6	2.9	6.1	5.5	5.5
Violent Crime Rate						493.5	94.7	108.6	249.8	369.3	286.4	283.0	416.0		
% Neighborhood Is "Slightly/Not At All Safe"	42.8	34.7	14.5	9.7	1.6	22.0	3.8	1.0	20.9	18.0					17.4
% Victim of Violent Crime in Past 5 Years	5.4	6.1	5.1	1.4	0.6	4.0	1.5	3.1	2.0	3.4			6.2		2.5
% Victim of Intimate Partner Violence	17.3	17.0	16.4	12.7	15.3	15.5	14.7	17.5	15.6	15.5			13.7		12.0

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better similar worse

KIDNEY DISEASE	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
Kidney Disease (Age-Adjusted Death Rate)						11.9	7.6		10.6	10.8	10.1	9.3	12.9		12.4

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better similar worse

MENTAL HEALTH	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
% "Fair/Poor" Mental Health	21.0	22.6	16.0	14.2	9.6	17.5	15.4	8.9	18.2	17.0			13.4		9.0
% Diagnosed Depression	32.0	28.0	24.4	20.3	22.1	25.2	22.4	16.8	30.2	25.0	16.2	15.4	20.6		19.5

MENTAL HEALTH (continued)	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
% Symptoms of Chronic Depression (2+ Years)	39.8	41.1	33.5	28.1	21.2	34.0	29.4	22.1	34.1	32.8			30.3		25.1
% Typical Day Is "Extremely/Very" Stressful	18.9	15.8	11.7	13.2	8.4	14.2	9.6	7.3	11.5	12.8			16.1		11.5
Suicide (Age-Adjusted Death Rate)						13.9	11.1		18.9	13.7	14.7	15.7	14.0	12.8	10.1
% Have Someone to Turn to All/Most of the Time	72.5	72.7	81.1	85.5	90.7	79.5	86.9	92.0	85.1	81.8					86.1
% Recent Anxiety	23.1	24.7	20.5	18.3	13.6	20.9	17.9	10.9	20.3	20.0					
% Recent Depression	20.6	21.2	16.8	10.2	5.3	15.8	12.0	5.3	18.5	15.1					
% Moderate to Severe Anxiety/Depression (PHQ-4 Score of 6+)	22.1	18.5	17.6	12.5	8.5	16.6	14.5	3.8	14.4	15.6					
Mental Health Providers per 100,000						210.3	38.5	23.2	102.7	156.8	71.7	36.7	42.6		
% Have Ever Sought Help for Mental Health	37.3	34.2	38.6	33.2	33.2	35.5	32.8	28.7	39.3	35.2			30.0		31.6
% Taking Rx/Receiving Mental Health Trtmt	19.7	19.9	23.0	18.9	20.2	20.4	17.7	12.9	25.2	20.2			16.8		14.4
% Unable to Get Mental Health Svcs in Past Yr	7.8	6.4	7.9	3.8	3.5	6.1	7.0	3.3	5.2	6.1			7.8		2.7

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better similar worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
Population With Low Food Access (Percent)						12.2	32.5	26.6	33.2	19.2	21.3	21.4	22.4		
% "Very/Somewhat" Difficult to Buy Fresh Produce	22.3	23.3	17.5	10.2	6.8	16.9	11.1	12.9	20.0	16.1			21.1		22.8
% 5+ Servings of Fruits/Vegetables per Day	28.6	23.1	24.3	27.5	34.4	26.3	27.9	21.9	18.8	25.7			32.7		35.8
% 7+ Sugar-Sweetened Drinks in Past Week	35.2	38.1	26.9	25.9	15.1	29.9	23.6	29.1	32.5	29.1					28.3
% No Leisure-Time Physical Activity	38.1	42.4	25.3	27.7	20.9	31.9	29.8	28.2	38.4	32.1	26.9	26.5	31.3	21.2	16.7
% Meeting Physical Activity Guidelines	18.8	22.4	20.3	29.2	26.8	23.5	24.4	21.8	9.5	22.1	20.9	20.0	21.4	28.4	22.0
Recreation/Fitness Facilities per 100,000						22.4	17.0	15.8	9.7	19.6					
% Lack of Sidewalks/Poor Sidewalks	27.6	25.3	12.4	15.3	17.7	19.2	10.8	38.5	31.8	19.5					20.1
% Lack of Trails/Poor Quality Trails	27.9	26.6	10.3	10.3	10.3	17.1	10.9	17.4	16.9	16.0					12.9
% Heavy Neighborhood Traffic	22.5	23.5	9.8	10.1	6.6	15.0	6.6	7.8	19.7	13.8					16.7
% Lack of Street Lights/Poor Street Lights	12.8	17.9	7.5	6.4	7.0	10.4	6.7	20.7	16.7	10.7					9.4
% Crime Prevents Exercise in the Neighborhood	24.7	19.5	7.1	2.9	0.7	11.4	4.0	1.6	11.3	9.8					11.0

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (cont.)	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
% Overweight (BMI 25+)	71.2	79.6	66.0	67.6	70.2	70.6	73.5	73.2	77.5	71.9	69.0	68.3	61.0		67.5
% Obese (BMI 30+)	40.2	45.8	33.0	35.2	35.9	37.9	35.4	41.4	50.8	38.8	34.1	33.9	31.3	36.0	30.3
% [Overweights] Trying to Lose Weight	44.4	53.1	62.6	59.3	60.6	55.9	54.0	60.0	57.6	55.9			53.7		54.3
% [Overweights] Counseled About Weight in Past Year	21.7	27.1	26.0	23.1	30.7	24.9	20.6	27.6	21.8	23.8			24.7		31.7

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better similar worse

ORAL HEALTH	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
% [Age 18+] Dental Visit in Past Year	60.3	53.9	66.9	67.7	79.9	63.8	70.8	64.0	59.4	64.6	67.7	70.8	62.0	45.0	70.4

Note: In the section above, each subarea is compared against all other areas combined. 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

POTENTIALLY DISABLING CONDITIONS	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	TREND
% Activity Limitations	32.3	25.8	22.3	23.7	15.2	24.9	22.8	23.9	28.1	24.8			24.0		18.4
% With High-Impact Chronic Pain	23.2	19.7	16.1	14.4	10.3	17.4	14.8	15.1	25.3	17.6			14.1	7.0	
Alzheimer's Disease (Age-Adjusted Death Rate)						35.0	35.1	35.3	41.6	36.0	28.7	32.1	30.4		26.6
% Caregiver to a Friend/Family Member	28.0	28.7	27.3	32.3	30.8	29.4	30.4	37.3	30.7	30.0			22.6		26.7

Note: In the section above, each subarea is compared against all other areas combined. 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 DISEASE	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)						48.6	41.3	46.7	60.0	48.7	48.8	44.7	39.6		51.9
Pneumonia/Influenza (Age-Adjusted Death Rate)						14.3	15.8		17.3	14.8	15.6	14.0	13.8		13.4
% Asthma	9.5	10.3	15.1	10.7	7.4	11.3	10.6	10.4	15.7	11.6	8.0	8.0	12.9		8.6
% COPD (Lung Disease)	11.0	8.9	8.5	5.1	3.2	7.8	4.2	8.6	10.9	7.5	5.7	6.1	6.4		7.4

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better similar worse

SEXUAL HEALTH	DISPARITY WITHIN DOUGLAS COUNTY: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	DISPARITY AMONG COUNTIES: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	METRO AREA vs. BENCHMARKS: vs. NE	vs. IA	vs. US	vs. HP2030	TREND
HIV/AIDS (Age-Adjusted Death Rate)										1.0	0.8	0.6	1.9		
HIV Prevalence Rate						50.4	18.9		141.6	53.9	137.3	106.0	372.8		
% [Age 18-44] HIV Test in the Past Year										11.6			22.0		16.1
Chlamydia Incidence Rate						666.6	308.1	158.4	545.0	562.8	418.0	466.7	539.9		
Gonorrhea Incidence Rate						291.3	86.0	38.6	336.2	245.4	140.4	153.8	179.1		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

SUBSTANCE ABUSE	DISPARITY WITHIN DOUGLAS COUNTY: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	DISPARITY AMONG COUNTIES: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	METRO AREA vs. BENCHMARKS: vs. NE	vs. IA	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)						12.3	7.7		15.4	11.5	10.8	9.2	11.1	10.9	7.9
% Excessive Drinker	22.8	23.8	29.9	24.4	31.8	25.7	20.8	28.7	21.4	24.5	21.9	22.5	27.2		26.0
% Drinking & Driving in Past Month	4.9	4.3	9.9	2.0	8.2	5.3	2.4	2.3	4.2	4.5	5.1	5.2			5.8
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)						7.9	7.9		7.7	7.8	6.5	8.6	18.8		7.7
% Used an Prescription Opioid in Past Year	15.9	14.0	13.3	13.2	13.7	13.9	13.6	18.5	11.8	13.8			12.9		18.1

SUBSTANCE ABUSE (continued)	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				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. NE	vs. IA	vs. US	vs. HP2030	
% Ever Sought Help for Alcohol or Drug Problem	2.9	7.1	4.4	4.1	10.7	5.0	4.4	6.2	6.3	5.1			5.4		3.9

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better similar worse

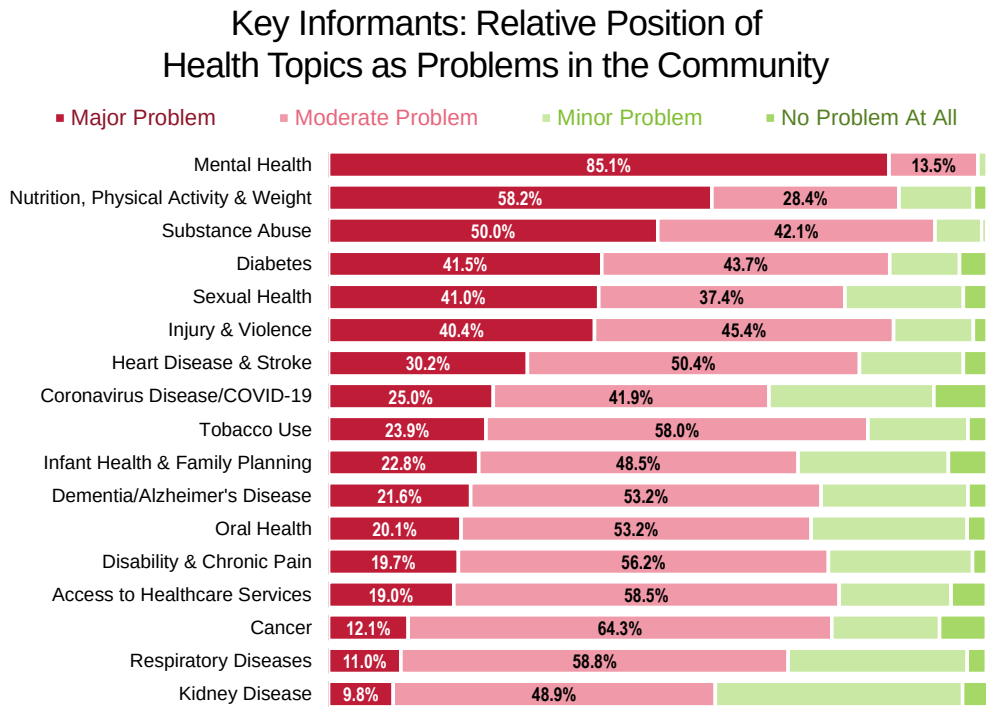
TOBACCO USE	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	
% Current Smoker	21.0	16.2	12.8	10.1	10.7	14.1	11.8	12.3	20.2	14.2	14.7	16.4	17.4	5.0	17.0
% Someone Smokes at Home	19.1	13.3	10.2	6.8	2.3	11.1	8.3	5.5	14.8	10.8			14.6		15.1
% [Household With Children] Someone Smokes in the Home	19.4	10.1	13.5	4.9	0.0	10.0	8.9	0.4	9.4	9.4			17.4		
% [Smokers] Have Quit Smoking 1+ Days in Past Year										47.1	52.6	51.6	42.8	65.7	50.7
% [Smokers] Received Advice to Quit Smoking										56.5			59.6	66.6	66.3
% Currently Use Vaping Products	4.5	7.0	8.3	6.8	3.4	6.6	7.3	3.2	5.4	6.5			8.9		5.8

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)



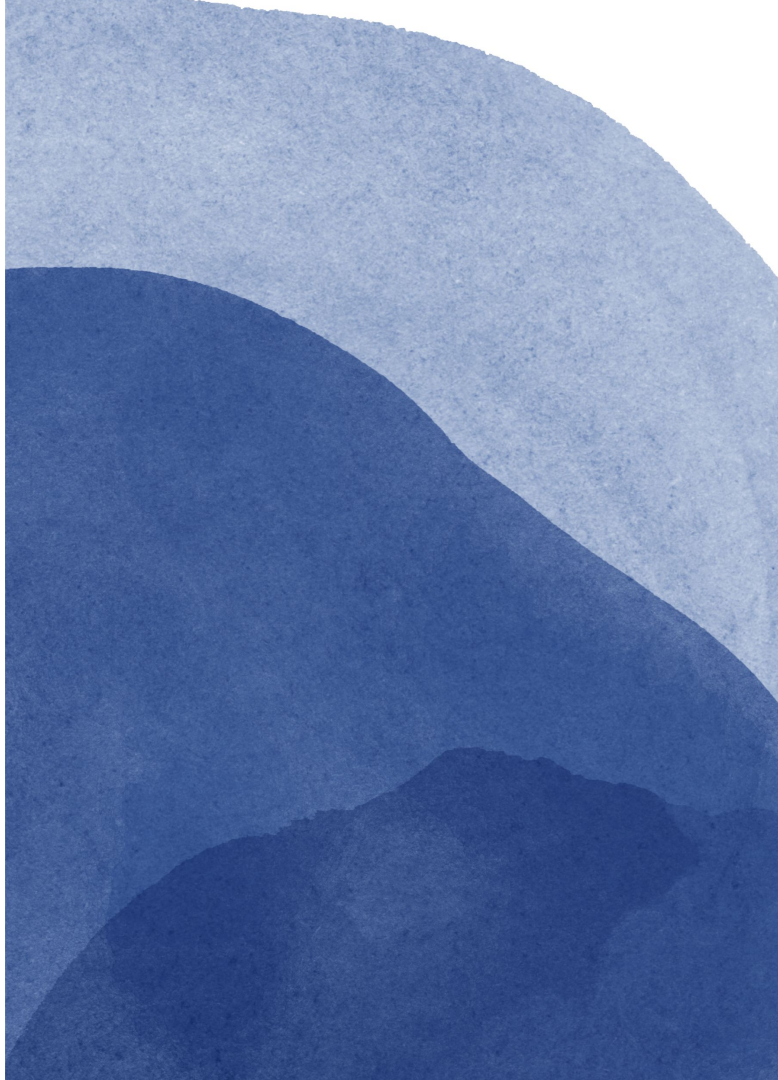
C: Mills County Data Presentation

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.

CHI Health Mercy Council Bluffs Community Health Needs Assessment

Mills Cty Community Engagement Session

12.10.21



Federal Requirements Overview

Community Health Needs Assessment (CHNA)

- Required for every not-for-profit hospital licensed with the state conducted every 3 years
- a systematic process involving the community to identify and analyze community health needs and assets
- to prioritize, plan and act upon unmet community health needs.

Board must approve by May 2022 (4.21.21)

Implementation Strategy (ISP)

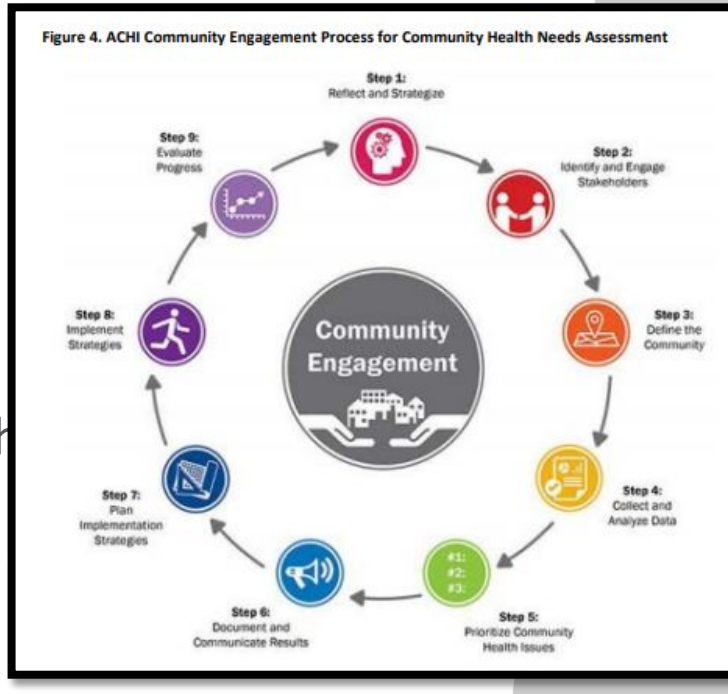
- Hospital's plan (3-year) for addressing community health needs
  - includes health needs identified in the community health needs assessment
  - includes evaluation plan to demonstrate impact
  - outlines hospital actions and resources (financial and human)
  - Report annually on tax forms

Board must approve by July 2022

CHA NOTE: To be most effective, the implementation strategy should be integrated with the hospital's strategic, operations and financial plans and with community-wide health improvement plans

Process for Conducting a CHNA

- Step 1: Plan and prepare for the assessment
- Step 2: Define the community/Scope
- Step 3: Identify data that describe the health and health needs of the community
- Step 4: Understand and interpret the data
- Step 5: Define and validate community health priorities
- Step 6: Document and communicate results*
  - Step 6a: report on previous impact of ISP



Health Does Not Occur in Isolation

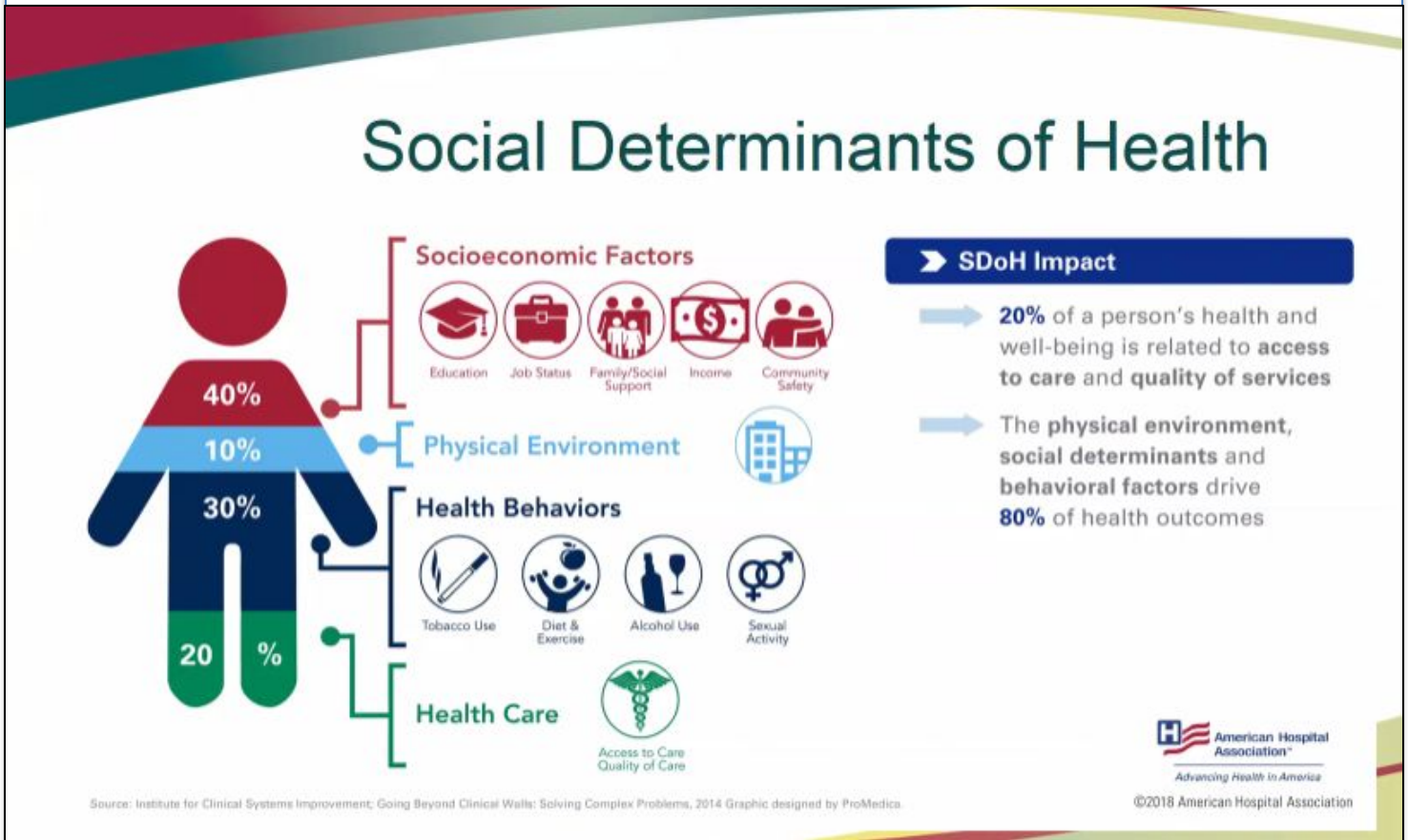


Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

KFF

Setting Priorities

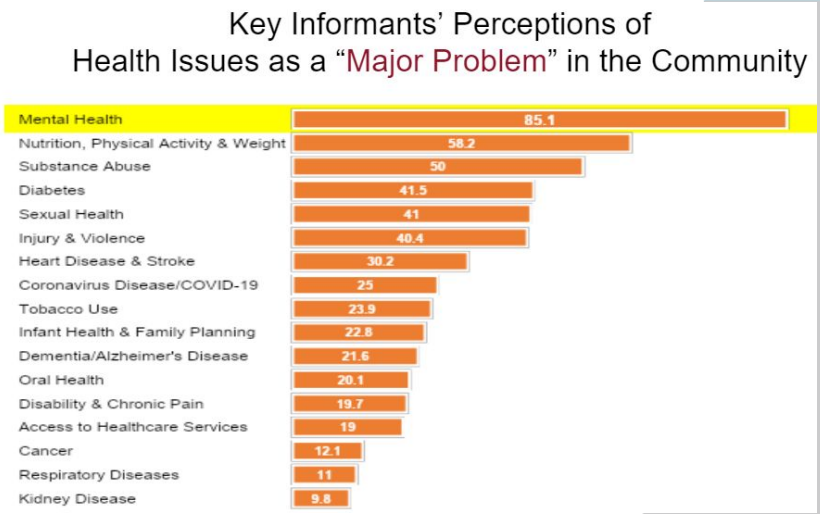
- General Guidelines:
  - severity of the health issue
  - population impacted (making special consideration to **disparities and vulnerable populations**)
  - trends in the data
  - existing partnerships
  - available resources
  - hospital's level of expertise
  - existing initiatives (or lack thereof)
  - potential for impact
  - community's interest in the hospital engaging in that health area

Public Health/ Mercy Council Bluffs *Current Priorities*

Mills County (2018)	Pottawattamie County (2020-22)	CHI Health Mercy Council Bluffs (FY20-22)
Healthy Weight Status	Mental Health	Behavioral Health
Access to Health Care (Medical/ Dental)		Social Determinants of Health (1) poverty (2) healthy food access
Mental Health Crisis Care		
Positive Parenting		

Pottawattamie County

CHIP Priority 2020-2022/ 2023- 2025: MENTAL HEALTH



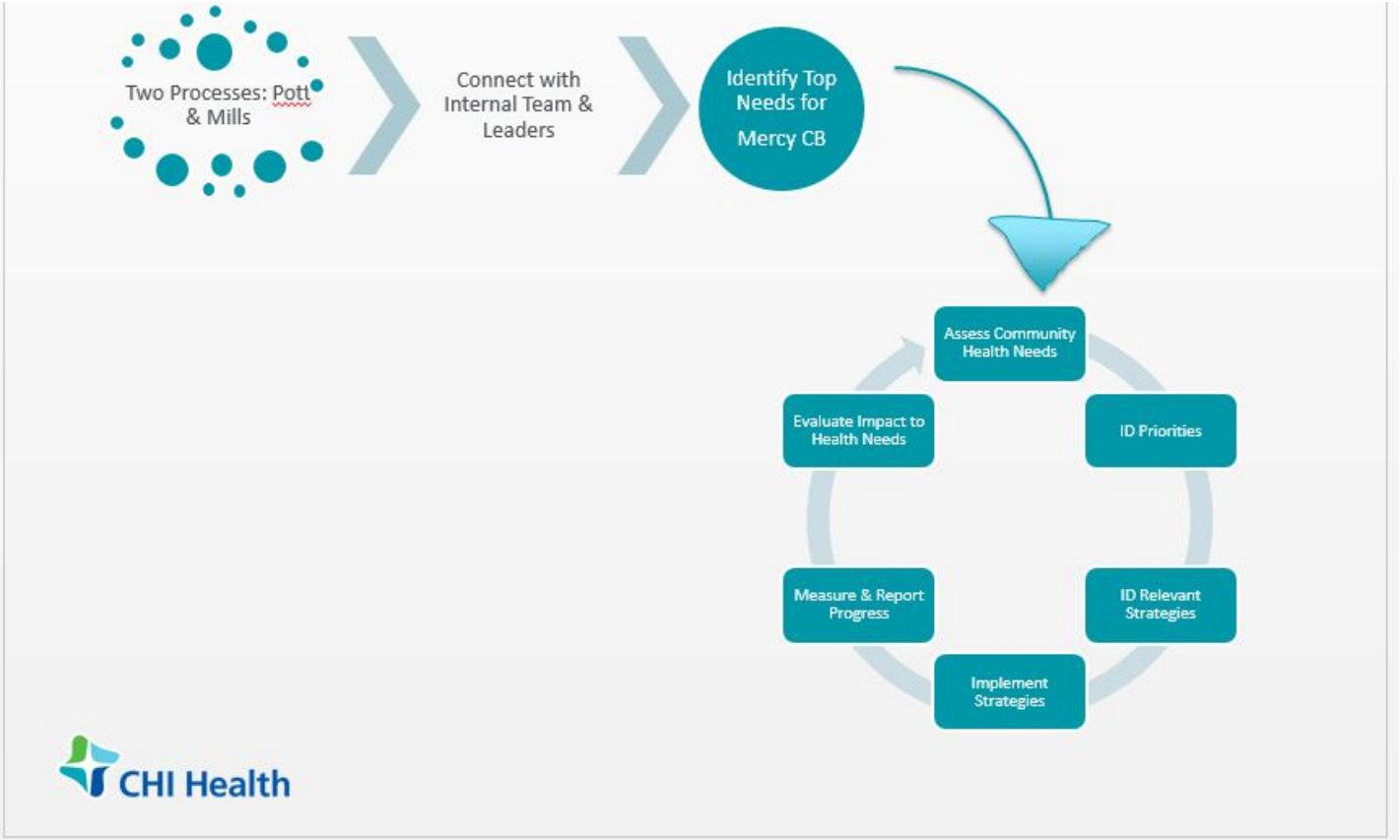
Regional Health Council revalidated this priority for 2023-2025 based on 2021 CHNA data

Mercy Council Bluffs Priority Work

FY20- FY21 Impacts

CHI Health Process for Identifying Priorities

CHNA Service Area: Pottawattamie & Mills County



CHI Health Mercy Council Bluffs • Council Bluffs, IA

SERVICES:

- Comprehensive Acute Care
- Behavioral Health Services

MARKET DIFFERENTIATION:

- Located in a "two hospital" market
- Strong & growing employed primary care base

MARKET ENVIRONMENT:

- Continued ambulatory expansion of Jennie Edmundson
  Challenging reimbursement rates across state of Iowa

FY20 KEY STATS:

5,445 INPATIENT ADMISSIONS

76,172 TOTAL OUTPATIENT VISITS

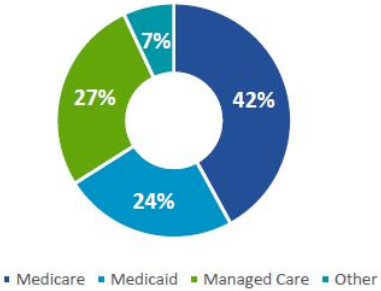
3,023 IP/OP SURGERIES

407 TOTAL DELIVERIES

25,427 IP/OP ED VISITS

537 EMPLOYEES ON CAMPUS

FY20 PAYOR MIX:



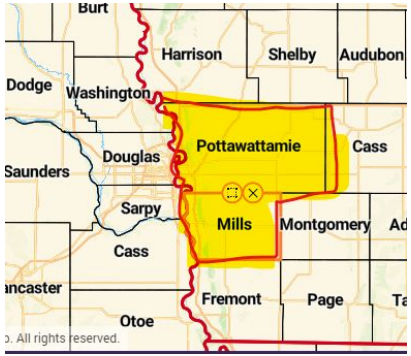
FY20 FINANCIAL HIGHLIGHTS:

$99 m TOTAL OPERATING REVENUE

GROSS REV IP %: 41.1
NET PATIENT SERVICE REVENUE: $90.0 m
NPSR YIELD RATE: 22.2%

Sources: FY20 Payor Mix, Financial Information, and Campus Stats – CHI Health FP&A Team. "Other" includes Commercial, Self-Pay, and Other categories; Employee Counts – CHI Health HR, based on employee primary campus; Service and Market Summaries – input from market and system leadership.

Demographics
Mills County



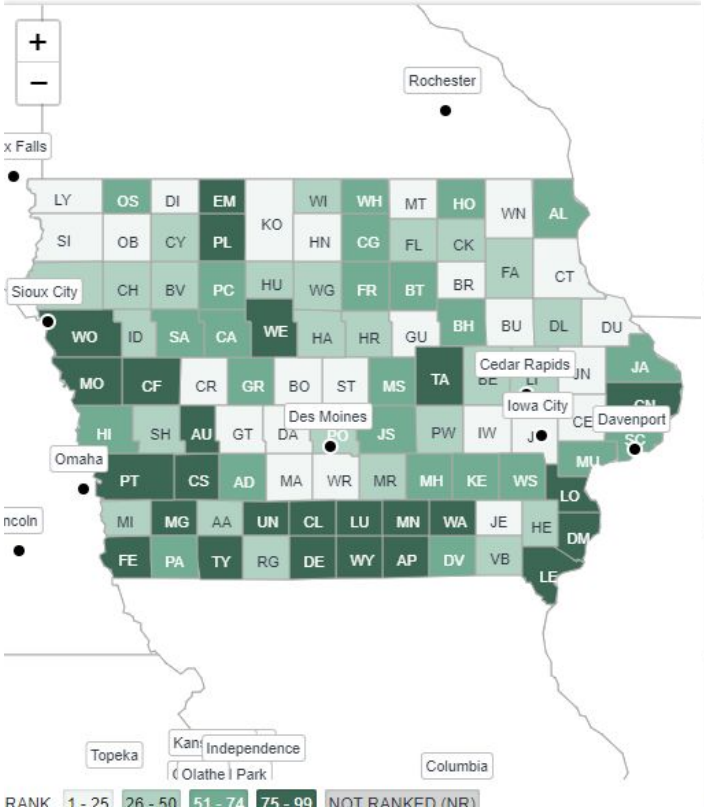
All Topics	Pottawattamie County, Iowa	Mills County, Iowa	Iowa	United States
Population estimates, July 1, 2019, (V2019)	**93,206**	**15,109**	**3,155,070**	**328,239,523**
Population				
Population estimates, July 1, 2019, (V2019)	**93,206**	**15,109**	**3,155,070**	**328,239,523**
Population estimates base, April 1, 2010, (V2019)	93,149	15,059	3,046,871	308,758,105
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	0.1%	0.3%	3.6%	6.3%
Population, Census, April 1, 2020	93,667	14,484	3,190,369	331,449,281
Population, Census, April 1, 2010	93,158	15,059	3,046,355	308,745,538
Age and Sex				
Persons under 5 years, percent	⚠ 6.2%	⚠ 5.4%	⚠ 6.2%	⚠ 6.0%
Persons under 18 years, percent	⚠ 23.4%	⚠ 23.1%	⚠ 23.0%	⚠ 22.3%
Persons 65 years and over, percent	⚠ 18.0%	⚠ 18.9%	⚠ 17.5%	⚠ 16.5%
Female persons, percent	⚠ 50.7%	⚠ 49.7%	⚠ 50.2%	⚠ 50.8%
Race and Hispanic Origin				
White alone, percent	⚠ 94.5%	⚠ 96.9%	⚠ 90.6%	⚠ 76.3%
Black or African American alone, percent (a)	⚠ 1.8%	⚠ 0.7%	⚠ 4.1%	⚠ 13.4%
American Indian and Alaska Native alone, percent (a)	⚠ 0.8%	⚠ 0.7%	⚠ 0.5%	⚠ 1.3%
Asian alone, percent (a)	⚠ 0.9%	⚠ 0.4%	⚠ 2.7%	⚠ 5.9%
Native Hawaiian and Other Pacific Islander alone, percent (a)	⚠ 0.1%	⚠ 0.1%	⚠ 0.2%	⚠ 0.2%
Two or More Races, percent	⚠ 2.0%	⚠ 1.2%	⚠ 2.0%	⚠ 2.8%
Hispanic or Latino, percent (b)	⚠ 7.9%	⚠ 3.5%	⚠ 6.3%	⚠ 18.5%
White alone, not Hispanic or Latino, percent	⚠ 87.3%	⚠ 93.8%	⚠ 85.0%	⚠ 60.1%
Population Characteristics				
Veterans, 2015-2019	6,719	1,171	185,671	18,230,322
Foreign born persons, percent, 2015-2019	4.2%	1.5%	5.3%	13.6%

Demographics
Mills County

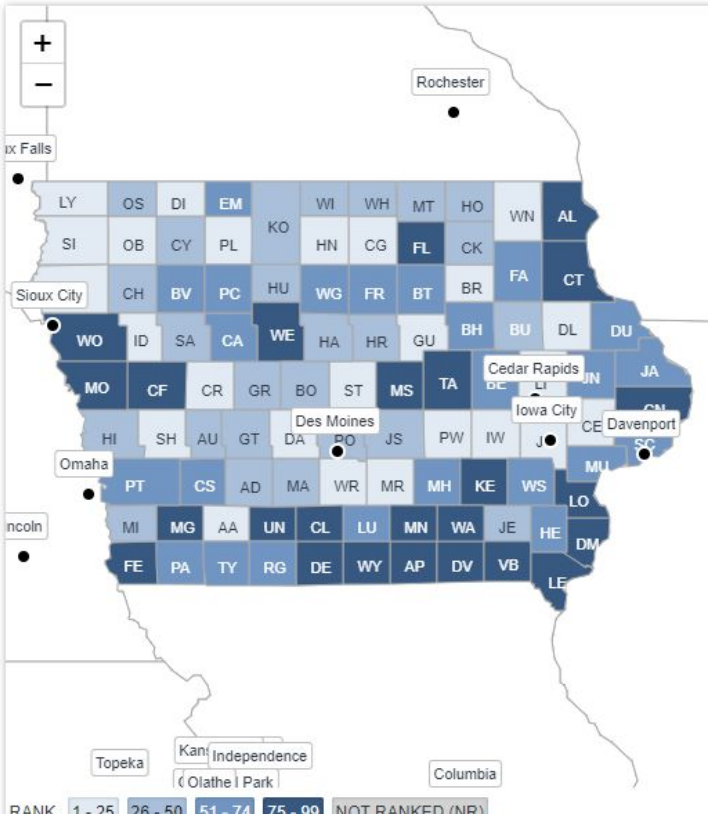
Housing				
Housing units, July 1, 2019, (V2019)	40,101	6,060	1,418,626	139,684,244
Owner-occupied housing unit rate, 2015-2019	68.4%	77.9%	71.1%	64.0%
Median value of owner-occupied housing units, 2015-2019	$139,800	$168,900	$147,800	$217,500
Median selected monthly owner costs -with a mortgage, 2015-2019	$1,254	$1,421	$1,260	$1,595
Median selected monthly owner costs -without a mortgage, 2015-2019	$500	$498	$485	$500
Median gross rent, 2015-2019	$842	$826	$789	$1,062
Building permits, 2020	195	6	12,623	1,471,141
Families & Living Arrangements				
Households, 2015-2019	36,799	5,554	1,265,473	120,756,048
Persons per household, 2015-2019	2.48	2.61	2.40	2.62
Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	87.2%	87.9%	85.2%	85.8%
Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	6.8%	2.8%	8.3%	21.6%
Computer and Internet Use				
Households with a computer, percent, 2015-2019	88.2%	91.2%	89.0%	90.3%
Households with a broadband Internet subscription, percent, 2015-2019	78.1%	84.7%	80.8%	82.7%
Education				
High school graduate or higher, percent of persons age 25 years+, 2015-2019	89.5%	92.8%	92.1%	88.0%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	21.5%	24.1%	28.6%	32.1%
Health				
With a disability, under age 65 years, percent, 2015-2019	9.9%	10.8%	7.9%	8.6%
Persons without health insurance, under age 65 years, percent	⚠ 6.0%	⚠ 4.8%	⚠ 6.0%	⚠ 10.2%

County Health Rankings

Overall Rankings in Health Outcomes



Overall Rankings in Health Factors



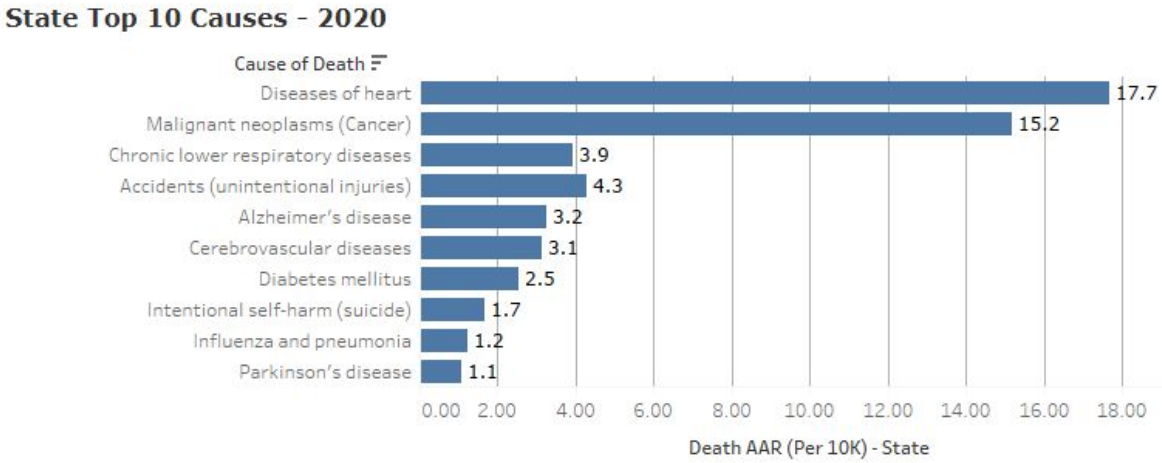
Mills ranks #49 in Health Outcomes & #40 in Health Factors out of 99 counties

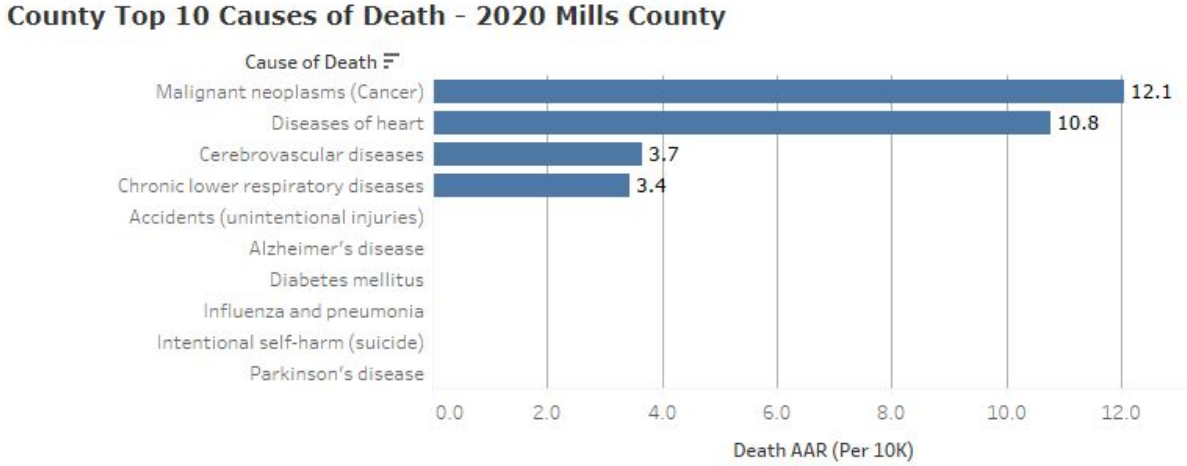
County Health Rankings

Life expectancy, mortality & related indicators

	Mills (MI) County	Trend	Error Margin	Top U.S. Performers	Iowa
Life expectancy	79.4		78.0-80.9	81.1	79.4
Premature age-adjusted mortality	340		290-390	280	320
Child mortality				40	50
Infant mortality				4	5
Frequent physical distress	10%		9-11%	10%	9%
Frequent mental distress	12%		10-13%	12%	11%
Diabetes prevalence	7%		4-10%	8%	10%
HIV prevalence	56			50	106

Leading Causes of Death



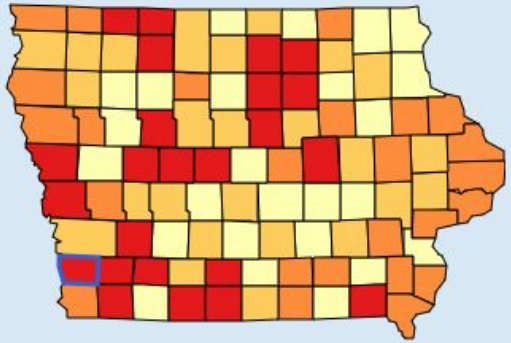


Age-Adjusted Invasive Cancer Incidence Rates in Iowa

All Sites, 2014 - 2018
By County
Age-Adjusted to the 2000 U.S. Standard Million Population

Iowa Rate: 484.06 / per 100,000

- 403.95 - 462.16
- 462.35 - 488.19
- 488.58 - 516.88
- 517.57 - 661.25

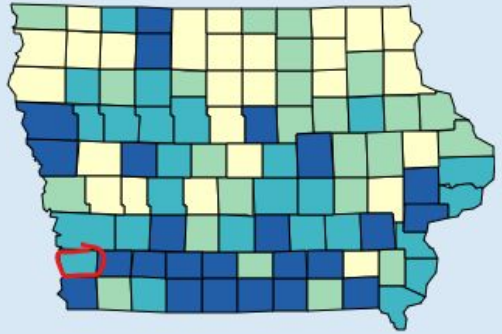


Age-Adjusted Cancer Mortality Rates in Iowa

All Sites, 2014 - 2018
By County
Age-Adjusted to the 2000 U.S. Standard Million Population

Iowa Rate: 158.96 / per 100,000

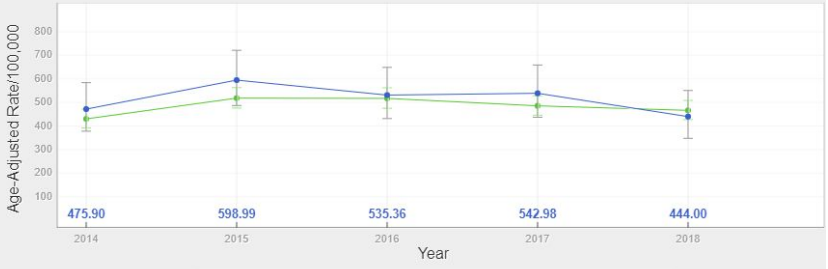
- 108.85 - 152.35
- 152.44 - 161.29
- 161.67 - 173.20
- 173.46 - 221.32



Mills County

Invasive Cancer Incidence Rates in Iowa
All Sites, 2014 - 2018

Rates by Year, All Sites | Trend Graph, All Sites | 5 Year Profile, All Sites



Mills County

Cancer Mortality Rates in Iowa
All Sites, 2014 - 2018

Rates by Year, All Sites | Trend Graph, All Sites | 5 Year Profile, All Sites

Mills County

Cancer Mortality Rates in Iowa

5 Year Profile, All Sites, 2014 - 2018

Rates by Year, All Sites | Trend Graph, All Sites | **5 Year Profile, All Sites**

This table displays the most recent 5 years of cumulative cancer rates for each cancer site.

Export as .csv

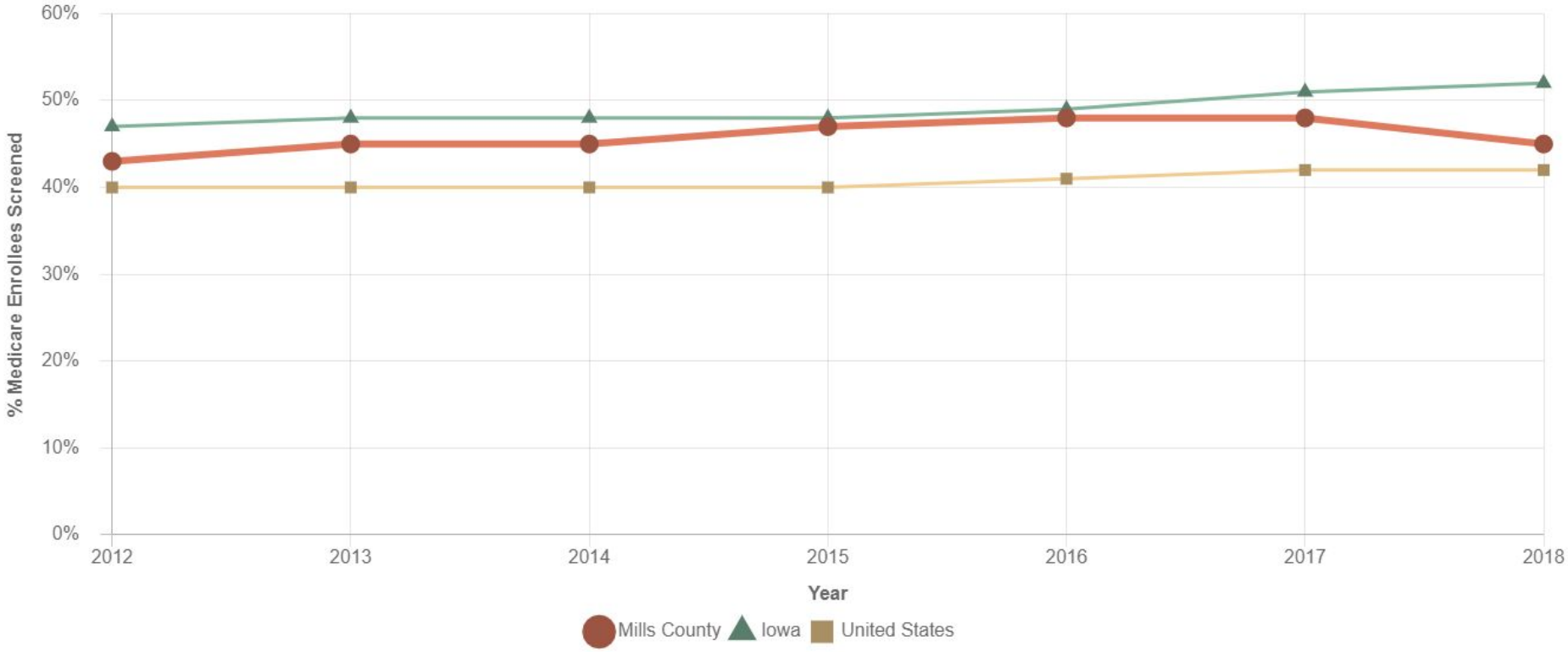
Site	Population at Risk	Total	Crude Rate	Age-adjusted Rate	95% Confidence Interval
All Sites	74823	156	208.5	163.1	[137.6, 192.2]
Lung and Bronchus	74823	39	52.1	39.4	[27.7, 54.9]
Prostate (males only)	30127	7	23.2	24.8	[9.8, 51.6]
Colon & Rectum	29820	9	30.2	24.6	[11.0, 48.5]
Corpus Uteri (females only)	7354	2	27.2	20.7	[2.3, 86.7]
Cervix Uteri (females only)	7354	1	13.6	18.7	[0.5, 93.1]
Non-Hodgkin Lymphoma	59755	11	18.4	16.7	[8.2, 30.5]
Breast	74823	11	14.7	13.4	[6.5, 24.8]
Pancreas	74823	12	16.0	12.0	[6.0, 22.1]

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population.

Data accessed December 5, 2021. Based on data released Oct 2021.

Mammography screening in Mills County, IA
County, State and National Trends

Mills County is getting better for this measure.



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

Healthcare Access

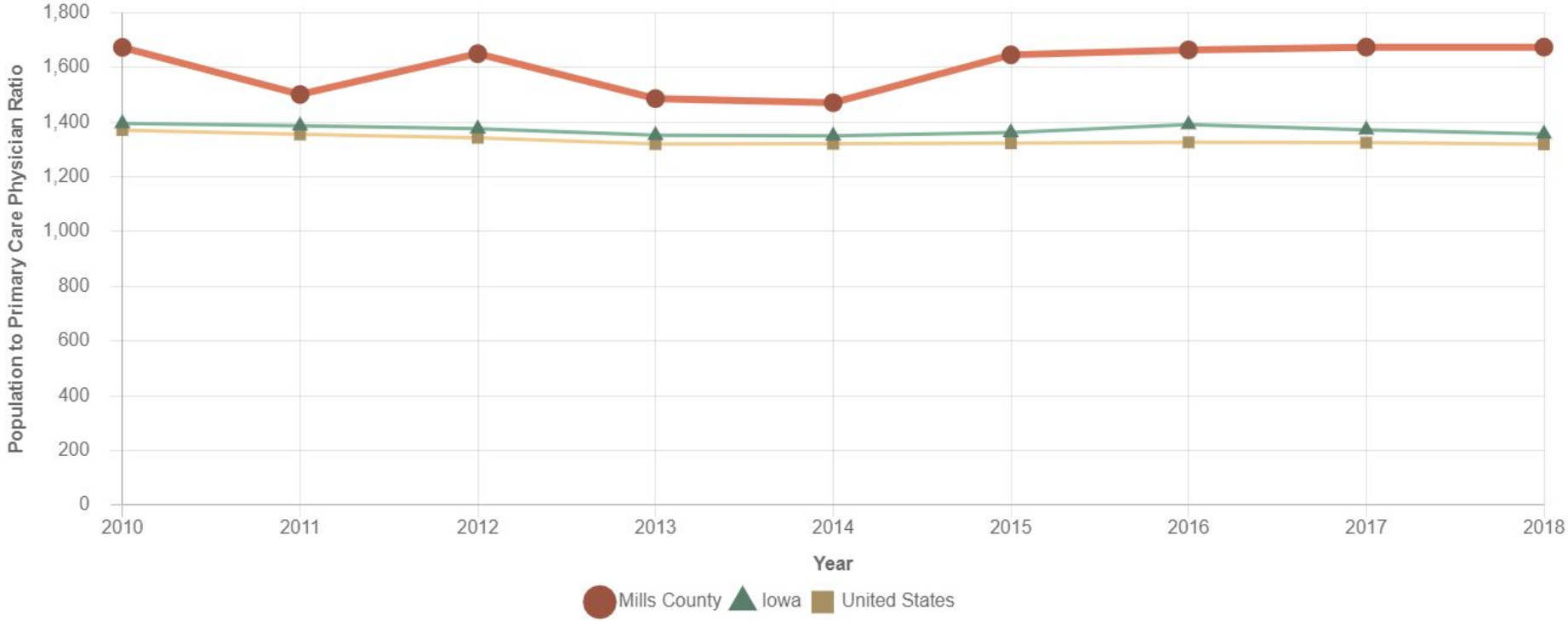
	Iowa	Mills (MI), IA X	Pottawattamie (PT), IA X
Clinical Care			
Uninsured	6%	5%	6%
Primary care physicians	1,360:1	1,670:1	2,180:1
Dentists	1,450:1	2,520:1	1,690:1
Mental health providers	610:1	2,160:1	500:1
Preventable hospital stays	3,536	3,952	3,996
Mammography screening	52%	45%	48%
Flu vaccinations	54%	57%	61%

Prenatal care in Iowa

Location	Data Type	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Iowa	Percent	75.5%	84.8%	84.0%	84.1%	83.9%	79.4%	78.7%	79.1%	79.0%	83.8%
Mills	Percent	76.1%	87.2%	84.9%	81.7%	88.6%	42.1%	39.4%	35.1%	37.7%	86.3%
Pottawattamie	Percent	72.1%	84.9%	78.8%	84.5%	80.7%	44.1%	43.9%	44.1%	42.1%	86.1%

Primary care physicians in Mills County, IA
County, State and National Trends

Mills County is getting worse for this measure.

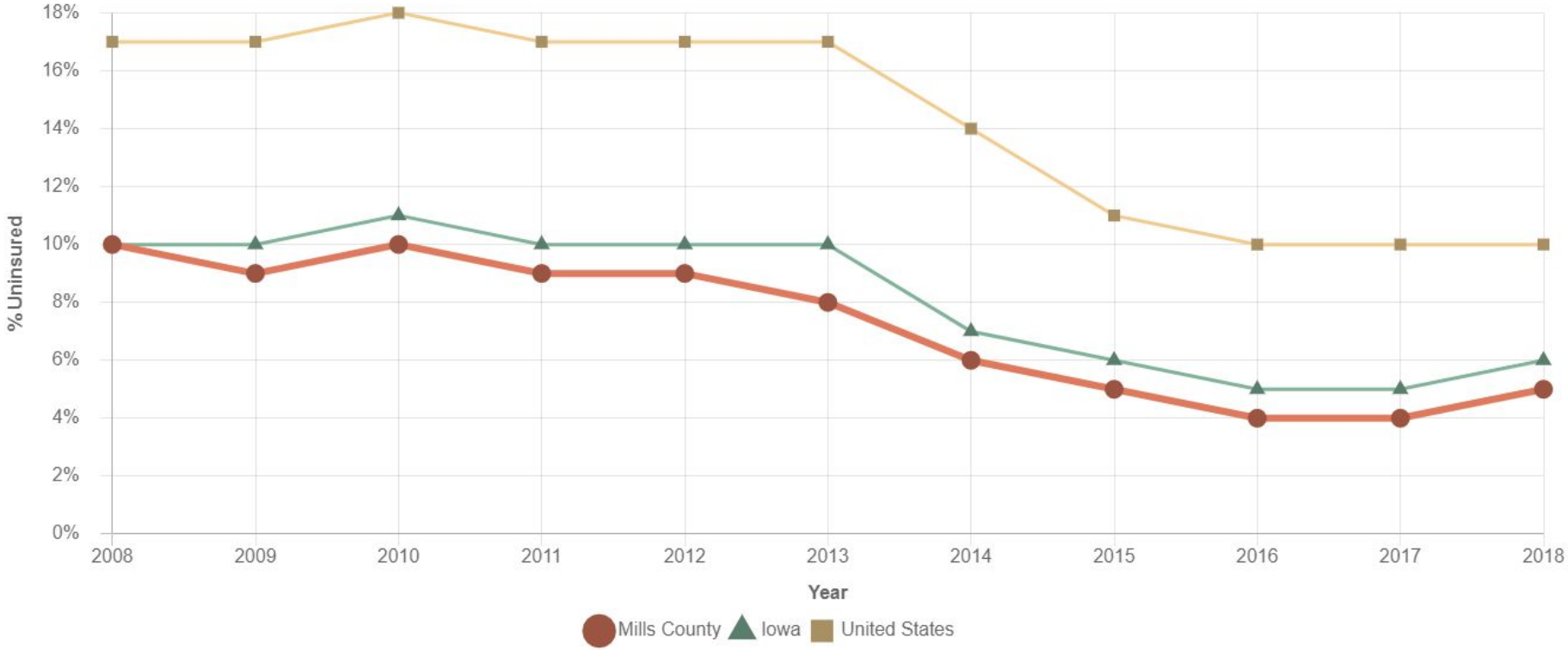


Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

Notes:
The data in this table reflect the average population served by a single primary care physician.

Uninsured in Mills County, IA
County, State and National Trends

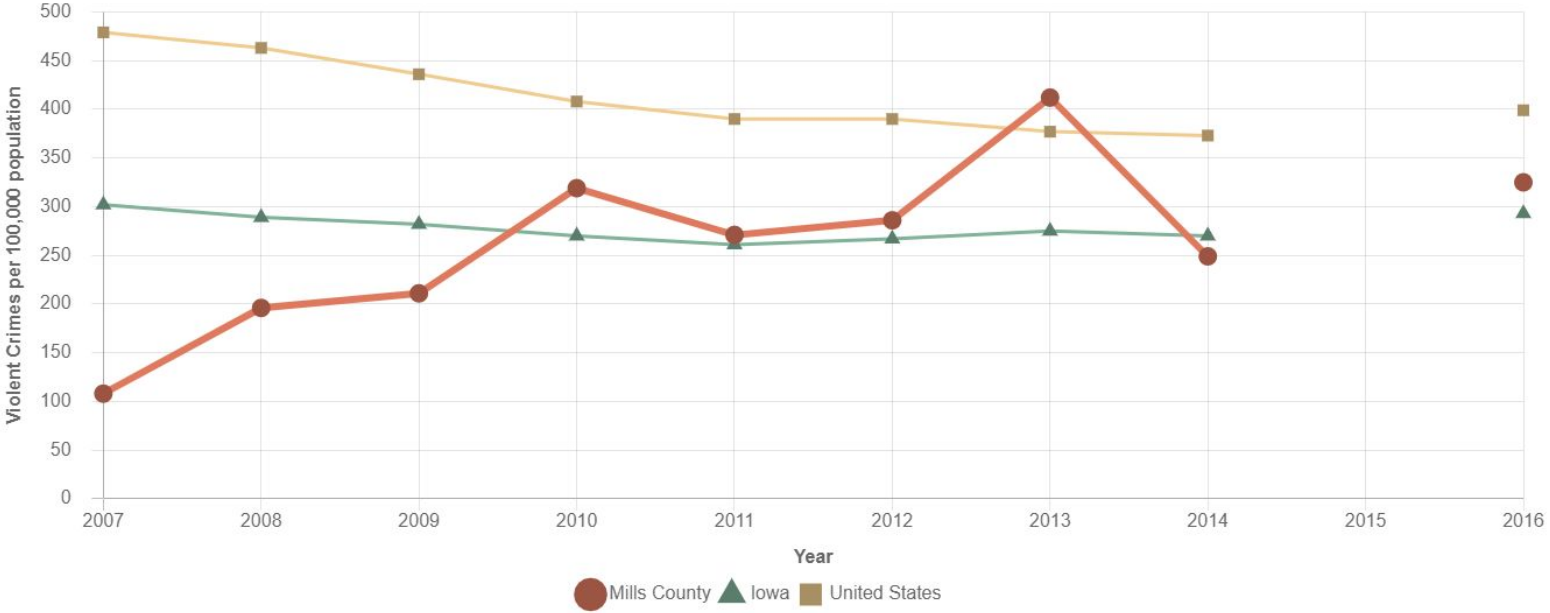
Mills County is getting better for this measure.



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

Violent crime in Mills County, IA
County, State and National Trends

Mills County is getting worse for this measure.



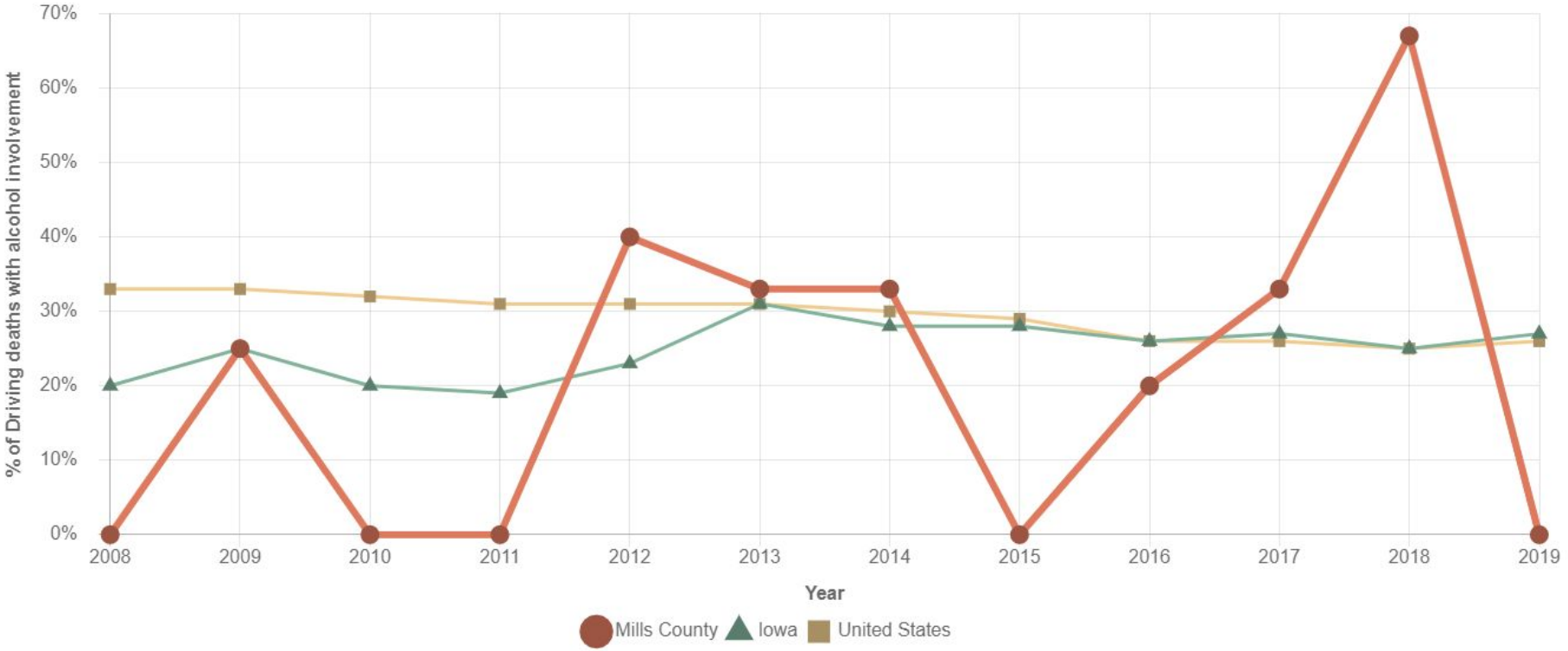
Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

Notes:
2015 data is unavailable for all counties and states.

		Iowa	Mills (MI), IA X	Pottawattamie (PT), IA X
Violent crime		282	287	373

Alcohol-impaired driving deaths in Mills County, IA
County, State and National Trends

Mills County is getting worse for this measure.

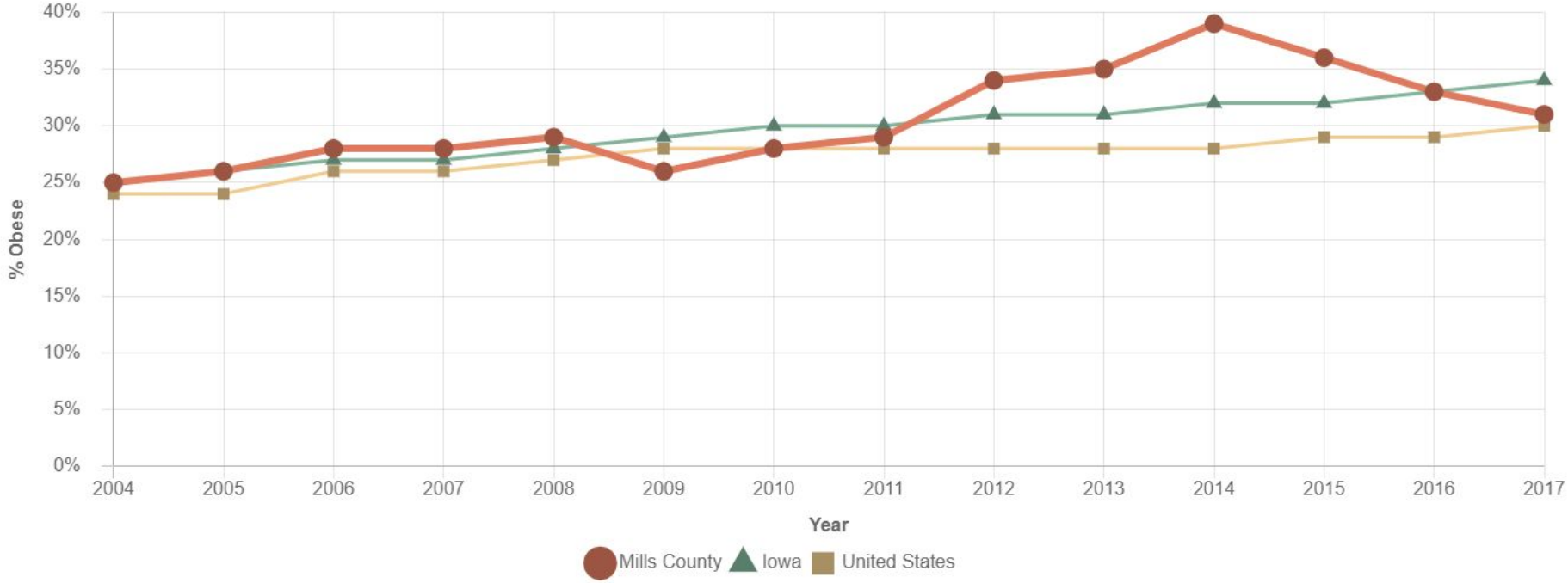


Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

		Iowa	Mills (MI), IA X	Pottawattamie (PT), IA X
Health Outcomes				
Length of Life				
Premature death		6,200	6,400	8,100
Quality of Life				
Poor or fair health	ⓘ	13%	13%	15%
Poor physical health days	ⓘ	3.1	3.1	3.5
Poor mental health days	ⓘ	3.5	3.6	3.9
Low birthweight		7%	7%	8%
Health Factors				
Health Behaviors				
Adult smoking	ⓘ	17%	18%	21%
Adult obesity	ⓘ	34%	31%	42%
Food environment index	ⓘ	8.5	8.9	8.0
Physical inactivity	ⓘ	23%	23%	27%
Access to exercise opportunities		83%	60%	86%
Excessive drinking	ⓘ	26%	25%	25%
Alcohol-impaired driving deaths		27%	33%	16%
Sexually transmitted infections	ⓘ	466.7	225.6	545.0
Teen births		18	17	25

Adult obesity in Mills County, IA
County, State and National Trends

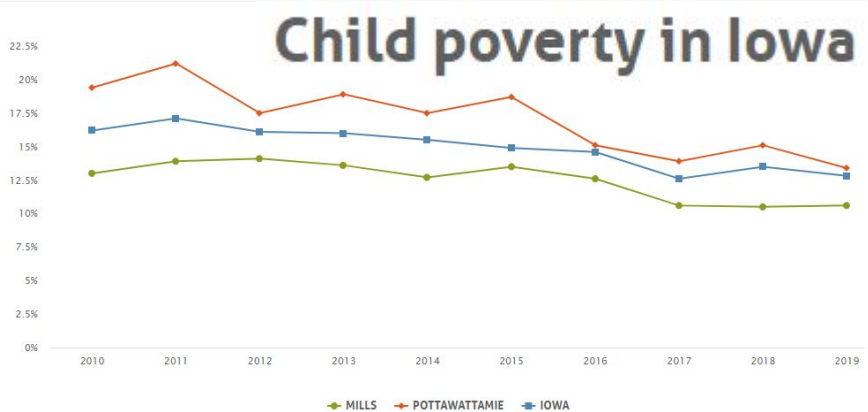
Mills County is getting worse for this measure.



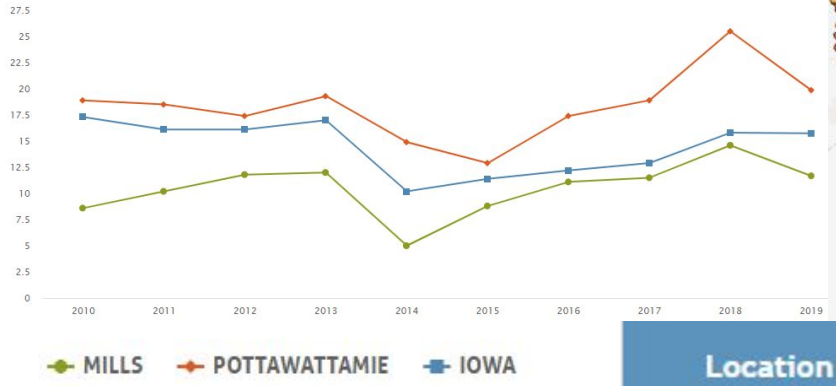
Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

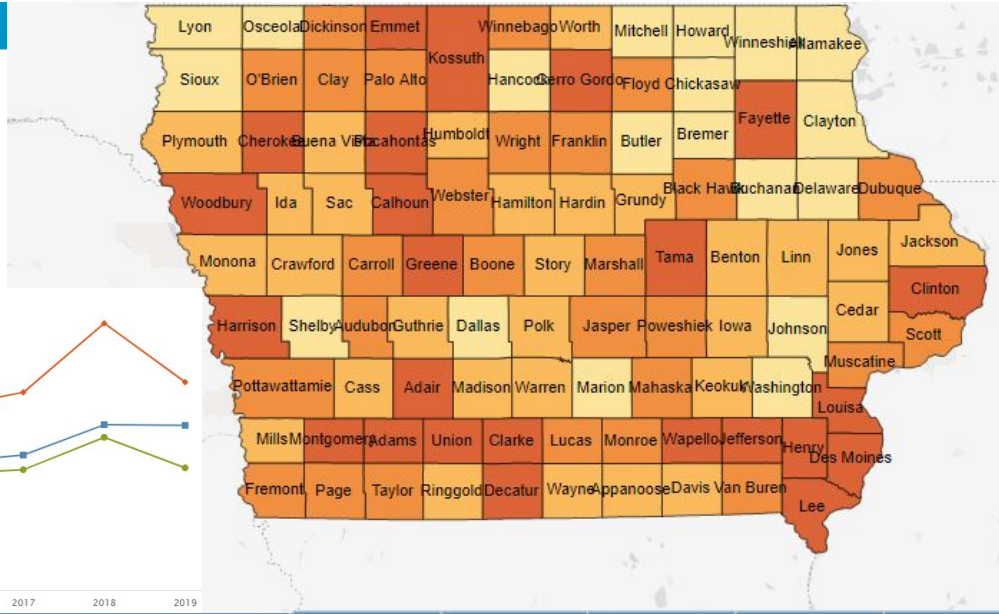
Notes:
Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).
Starting with the 2011 data, a new BRFSS methodology was introduced that included cell phone users. Data from prior years should only be compared with caution.

	Iowa	Mills (MI), IA X	Pottawattamie (PT), IA X
Social & Economic Factors			
High school completion	92%	93%	89%
Some college	70%	65%	65%
Unemployment	2.7%	2.3%	2.4%
Children in poverty	13%	11%	13%
Income inequality	4.2	4.1	4.1
Children in single-parent households	21%	16%	26%
Social associations	15.0	8.6	10.9
Violent crime	282	287	373
Injury deaths	68	63	73



Child abuse and neglect (per 1,000 children, age 0-17) in Iowa





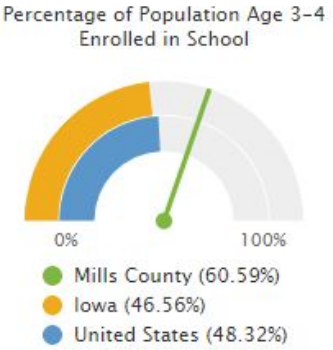
Location	2015	2016	2017	2018	2019
Iowa	11.4	12.2	12.9	15.8	15.7
Mills	8.8	11.1	11.5	14.6	11.7
Pottawattamie	12.9	17.4	18.9	25.5	19.9

Access - Preschool Enrollment (Age 3-4)

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where pre-school opportunities are either abundant or lacking in the educational system.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Mills County, IA	439	266	**60.59%**
Iowa	79,553	37,038	46.56%
United States	8,151,928	3,938,693	48.32%

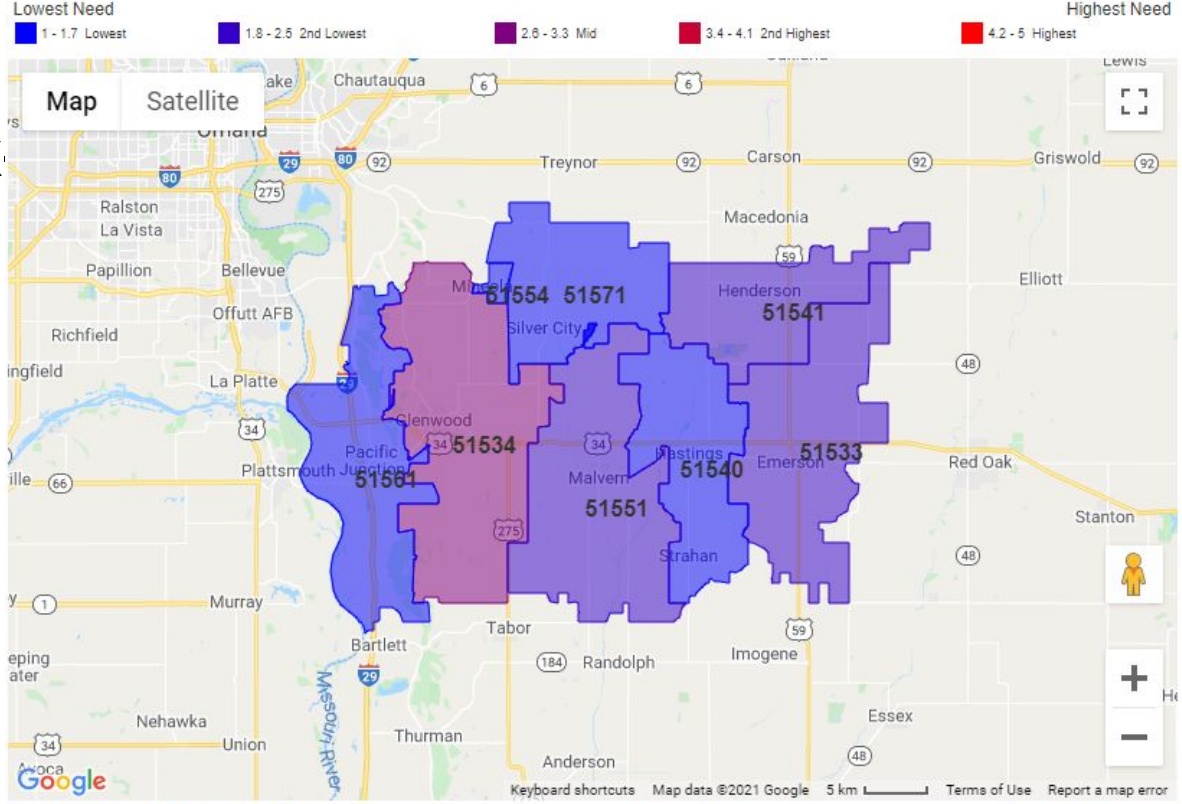
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract → Show more details



Community Need Index
Mills County

Measures (barriers) used in CNI:

- Income (poverty)
- Cultural (minority/ LES)
- Education (high school diploma)
- Insurance (unemployed/ uninsured)
- Housing (renters)



Mean(zipcode): 1.7 / Mean(person): 2.3 | CNI Score Median: 1.7 | CNI Score Mode: 1,2.2

Zip Code	CNI Score	Population	City	County	State
51533	2.2	820	Emerson	Mills	Iowa
51534	2.6	9007	Glenwood	Mills	Iowa
51540	1.6	403	Hastings	Mills	Iowa
51541	1.8	356	Henderson	Mills	Iowa
51551	2.2	1878	Malvern	Mills	Iowa
51554	1	168	Mineola	Mills	Iowa
51561	1.4	1596	Pacific Junction	Mills	Iowa
51571	1	714	Silver City	Mills	Iowa

2-1-1 counts

IA

Choose data to display

MILLS, IA, POTTAWATTA...

LAST 365 DAYS

TOTAL REQUESTS FOR YOUR FILTERS
2,753

2-1-1 Iowa

Top service requests Dec 07, 2020 to Dec 06, 2021

TOP REQUEST CATEGORIES Display as: PERCENT COUNT

Housing & Shelter	29.8%
Food	4.4%
Utilities	9.2%
Healthcare & COVID-19	25.8%
Mental Health & Addictions	1.9%
Employment & Income	15.9%
Clothing & Household	2.6%
Child Care & Parenting	<1%
Government & Legal	2.7%
Transportation Assistance	2.0%
Education	<1%
Disaster	<1%
Other	4.8%
Total for top requests	100%

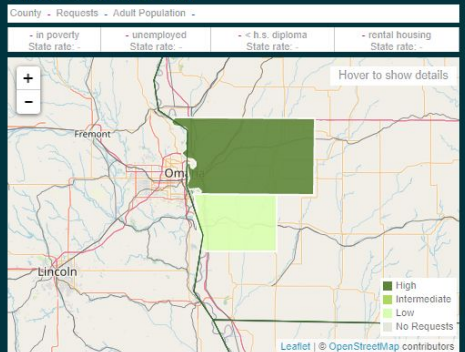
TOP HOUSING & SHELTER REQUESTS

		UNMET
Shelters	15.5%	14%
Low-cost housing	12.2%	10%
Home repair/ maintenance	2.2%	44%
Rent assistance	67.5%	7%
Mortgage assistance	1.6%	46%
Landlord/ tenant issues	<1%	0%
Contacts	0%	0%
Other housing & shelter	<1%	0%

0 = No requests made
Not Available = Data not collected
Some requests are only computed at the category l

Requests by County Housing & Shelter | Mills, IA, Pottawattamie, IA

View By: ZIP Code County



Section I. Data Tables

The "Total" columns may contain responses from additional records, including records with missing responses for gender or grade.

Iowa Youth Survey • 2018 Mills County Results													Iowa Youth Survey • 2018 State of Iowa Results											
Number of Validated 2018 Iowa Youth Survey Records																								
	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
	173	91	82	202	107	95	189	104	84	564	302	261	24943	12631	12148	24272	12365	11753	20924	10592	10233	70451	35729	34265

Section A. DEMOGRAPHICS:

Iowa Youth Survey • 2018 Mills County Results													Iowa Youth Survey • 2018 State of Iowa Results											
In what grade of school are you?																								
IYS Question A5	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
6th	100%	100%	100%	0%	0%	0%	0%	0%	0%	31%	30%	31%	100%	100%	100%	0%	0%	0%	0%	0%	0%	36%	35%	36%
8th	0%	0%	0%	100%	100%	100%	0%	0%	0%	36%	35%	36%	0%	0%	0%	100%	100%	100%	0%	0%	0%	35%	35%	34%
11th	0%	0%	0%	0%	0%	0%	100%	100%	100%	34%	34%	32%	0%	0%	0%	0%	0%	0%	100%	100%	100%	30%	30%	30%
Percent who answered question	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Iowa Youth Survey • 2018 Mills County Results													Iowa Youth Survey • 2018 State of Iowa Results											
In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor, or mixed drink)?																								
IYS Question B16	**6th Grade**			**8th Grade**			**11th Grade**			**All Grades**			**6th Grade**			**8th Grade**			**11th Grade**			**All Grades**		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	2%	3%	1%	8%	8%	7%	12%	13%	12%	8%	8%	7%	3%	3%	2%	7%	7%	7%	20%	20%	21%	10%	10%	10%
No	98%	97%	99%	93%	92%	93%	88%	88%	88%	92%	92%	93%	97%	97%	98%	93%	93%	93%	80%	80%	79%	90%	90%	90%
Percent who answered question	97%	97%	98%	99%	99%	99%	100%	100%	100%	99%	99%	99%	98%	98%	99%	99%	99%	99%	98%	98%	99%	98%	98%	99%

Iowa Youth Survey • 2018 Mills County Results													Iowa Youth Survey • 2018 State of Iowa Results											
Have you ever smoked tobacco or used any tobacco products (not including electronic cigarettes)?																								
IYS Question B27	**6th Grade**			**8th Grade**			**11th Grade**			**All Grades**			**6th Grade**			**8th Grade**			**11th Grade**			**All Grades**		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	2%	2%	1%	4%	6%	3%	14%	12%	17%	7%	7%	7%	3%	3%	2%	7%	8%	7%	17%	19%	15%	9%	10%	8%
No	98%	98%	99%	96%	94%	97%	86%	88%	83%	93%	93%	93%	97%	97%	98%	93%	92%	93%	83%	81%	85%	91%	90%	92%
Percent who answered question	98%	98%	98%	100%	100%	100%	100%	100%	100%	99%	99%	99%	98%	98%	98%	98%	98%	99%	98%	98%	99%	98%	98%	98%

Iowa Youth Survey • 2018 Mills County Results

Iowa Youth Survey • 2018 State of Iowa Results

In the past 30 days, on how many days have you used e-cigarettes (vape-pens, JUUL, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods)?

IYS Question B38	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
0 days	98%	97%	99%	90%	87%	93%	78%	80%	76%	88%	87%	89%	98%	97%	98%	92%	92%	92%	77%	77%	78%	89%	89%	90%
1 – 2 days	1%	0%	1%	6%	7%	5%	7%	4%	11%	5%	4%	6%	1%	1%	1%	4%	4%	4%	8%	7%	8%	4%	4%	4%
3 – 5 days	1%	1%	0%	1%	2%	0%	2%	3%	1%	1%	2%	0%	0%	0%	0%	1%	1%	2%	3%	3%	3%	2%	2%	2%
6 – 9 days	1%	1%	0%	0%	0%	1%	3%	2%	5%	1%	1%	2%	0%	0%	0%	1%	1%	1%	2%	2%	3%	1%	1%	1%
10 – 19 days	0%	0%	0%	0%	1%	0%	2%	3%	1%	1%	1%	0%	0%	0%	0%	1%	1%	1%	3%	3%	3%	1%	1%	1%
20 – 29 days	1%	1%	0%	0%	1%	0%	1%	2%	0%	1%	1%	0%	0%	0%	0%	0%	0%	0%	2%	2%	2%	1%	1%	1%
30 days	0%	0%	0%	2%	3%	1%	6%	7%	6%	3%	3%	2%	0%	0%	0%	1%	1%	1%	5%	5%	4%	2%	2%	1%
Percent who answered question	97%	97%	98%	100%	100%	100%	100%	100%	100%	99%	99%	99%	97%	97%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Percent who reported one or more days	2%	3%	1%	10%	13%	7%	22%	20%	24%	12%	13%	11%	2%	3%	2%	8%	8%	8%	23%	23%	22%	11%	11%	10%

Iowa Youth Survey • 2018 Mills County Results

Iowa Youth Survey • 2018 State of Iowa Results

Have you ever used marijuana (pot, grass, hash, bud, weed)?

IYS Question B39	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	1%	1%	1%	4%	5%	4%	17%	18%	16%	8%	8%	7%	2%	2%	1%	6%	7%	6%	21%	21%	22%	9%	9%	9%
No	99%	99%	99%	96%	95%	96%	83%	82%	84%	92%	92%	93%	98%	98%	99%	94%	93%	94%	79%	79%	78%	91%	91%	91%
Percent who answered question	98%	98%	98%	100%	99%	100%	99%	100%	99%	99%	99%	99%	97%	97%	97%	98%	98%	98%	98%	98%	98%	98%	98%	98%

Iowa Youth Survey • 2018 Mills County Results													Iowa Youth Survey • 2018 State of Iowa Results											
In the past 30 days, on how many days have you: Used prescription medications that were not prescribed for you by your doctor?																								
IYS Question B44	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
0 days	99%	98%	100%	97%	98%	95%	94%	93%	94%	96%	96%	96%	97%	97%	97%	97%	97%	97%	96%	96%	96%	97%	97%	97%
1–2 days	0%	0%	0%	3%	2%	4%	4%	3%	5%	2%	2%	3%	2%	2%	2%	2%	1%	2%	2%	2%	2%	2%	2%	2%
3–5 days	0%	0%	0%	0%	0%	0%	1%	1%	0%	0%	0%	0%	0%	0%	1%	1%	0%	1%	1%	1%	1%	1%	0%	1%
6–9 days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
10–19 days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
20–29 days	0%	0%	0%	0%	0%	0%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
30 days	1%	2%	0%	0%	0%	1%	2%	3%	0%	1%	2%	0%	0%	0%	0%	0%	1%	0%	0%	1%	0%	0%	1%	0%
Percent who answered question	96%	96%	96%	100%	100%	99%	100%	100%	100%	99%	99%	98%	96%	96%	97%	98%	98%	98%	98%	98%	98%	97%	97%	98%
Percent who reported one or more days	1%	2%	0%	3%	2%	5%	6%	7%	6%	4%	4%	4%	3%	3%	3%	3%	3%	3%	4%	4%	4%	3%	3%	3%

Iowa Youth Survey • 2018 Mills County Results

During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?

IYS Question B62	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	16%	13%	19%	19%	14%	25%	29%	19%	42%	22%	16%	28%
No	84%	87%	81%	81%	86%	75%	71%	81%	58%	78%	84%	72%
Percent who answered question	96%	93%	99%	100%	100%	100%	100%	100%	100%	99%	98%	100%

Iowa Youth Survey • 2018 State of Iowa Results

IYS Question B62	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	19%	16%	22%	24%	16%	33%	33%	23%	43%	25%	18%	32%
No	81%	84%	78%	76%	84%	67%	67%	77%	57%	75%	82%	68%
Percent who answered question	97%	96%	97%	98%	98%	98%	98%	97%	98%	97%	97%	98%

Iowa Youth Survey • 2018 Mills County Results

During the past 12 months, have you seriously thought about killing yourself?

IYS Question B63	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	14%	16%	13%	21%	18%	24%	27%	21%	33%	21%	18%	24%
No	86%	84%	87%	79%	82%	76%	73%	79%	67%	79%	82%	76%
Percent who answered question	93%	90%	96%	100%	100%	99%	99%	99%	100%	98%	97%	98%

Iowa Youth Survey • 2018 State of Iowa Results

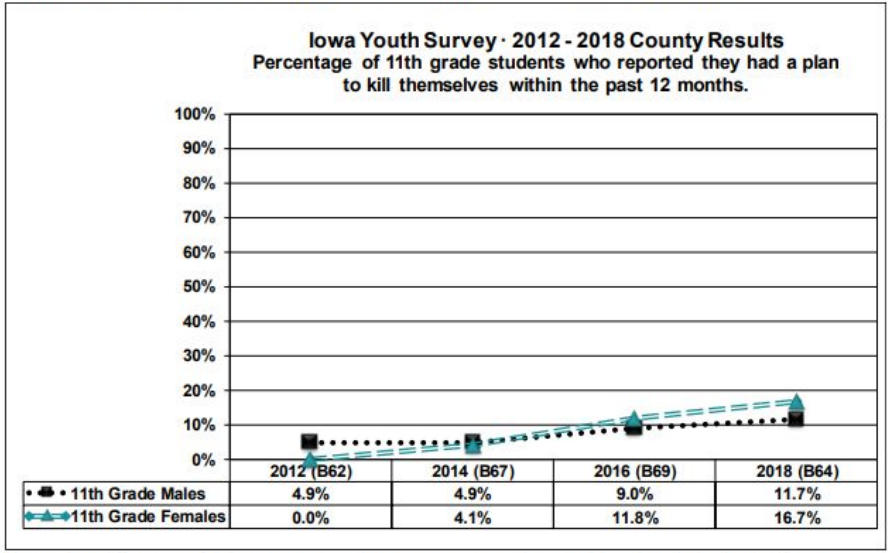
IYS Question B63	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	15%	13%	18%	23%	16%	30%	26%	20%	33%	21%	16%	27%
No	85%	87%	82%	77%	84%	70%	74%	80%	67%	79%	84%	73%
Percent who answered question	96%	96%	95%	97%	97%	97%	97%	97%	98%	97%	97%	97%

IA Youth Survey- Suicide Plan

During the past 12 months, have you made a plan about how you would kill yourself?

IYS Question B64	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	6%	6%	6%	8%	7%	10%	14%	12%	17%	9%	8%	11%	6%	5%	7%	12%	7%	16%	13%	10%	16%	10%	7%	13%
No	94%	94%	94%	92%	93%	90%	86%	88%	83%	91%	92%	89%	94%	95%	93%	88%	93%	84%	87%	90%	84%	90%	93%	87%
Percent who answered question	93%	90%	96%	100%	100%	99%	99%	99%	100%	98%	97%	98%	96%	96%	96%	97%	97%	98%	97%	97%	98%	97%	97%	97%

Figure 10. Suicide Plan in Past 12 Months: 11th Grade by Gender



Note: Any difference of 1.6 percentage points or greater may be considered statistically significant.

Discussion

1. What stood out to you from the information presented? What surprised you?
2. What data is consistent with what you are seeing/ hearing from the clients/ patients you serve?
3. Is there anything we haven't touched on that you feel is an unmet health need?
4. What existing assets/ opportunities can we leverage to improve physical/ mental health and wellbeing in our community?
5. What do you think is the top health need we should focus on in Mills County over the next three years?

Setting Priorities

- General Guidelines:
  - severity of the health issue
  - population impacted (making special consideration to disparities and vulnerable populations)
  - trends in the data
  - existing partnerships
  - available resources
  - hospital's level of expertise
  - existing initiatives (or lack thereof)
  - potential for impact
  - community's interest in the hospital engaging in that health area

CHI Health

Thank you!

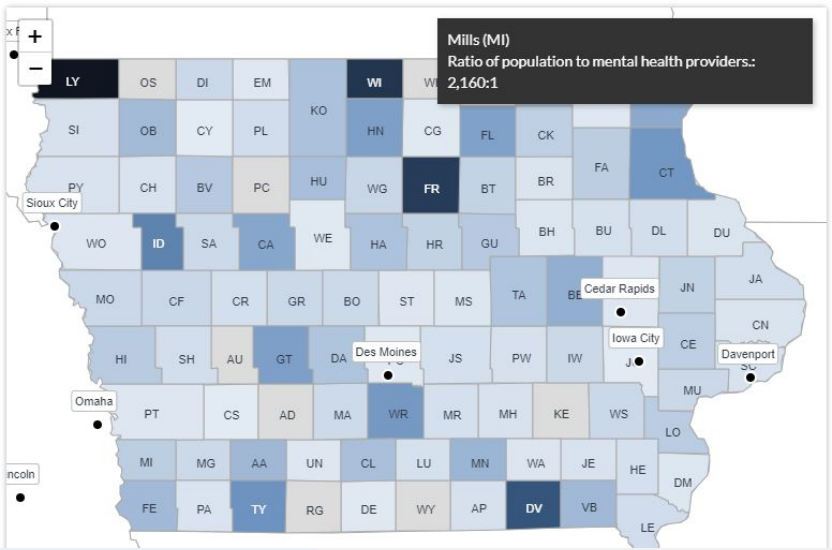
For questions, contact:

Ashley Carroll, Division Manager of Community Benefit & Advocacy, CHI Health

Ashley.Carroll@CHIHealth.com

Appendix

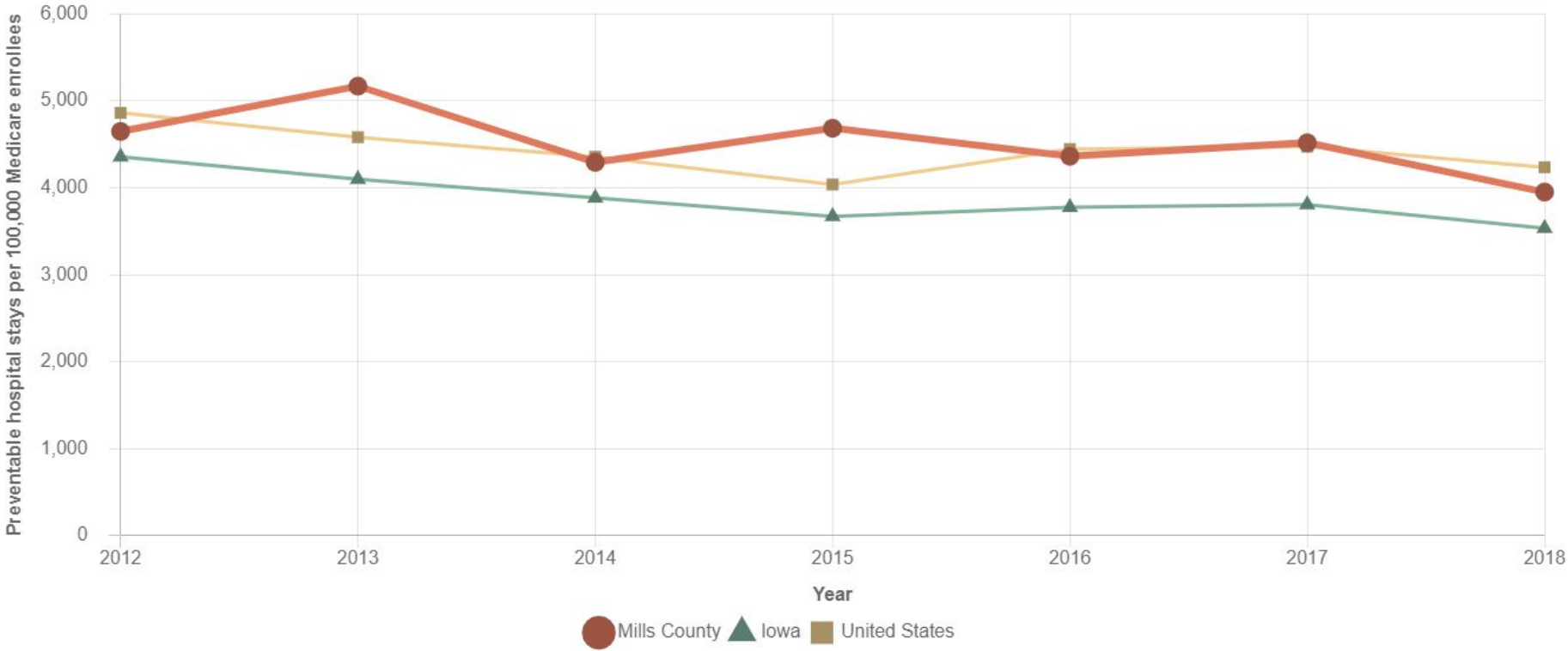
Health Care Access



	Iowa	Mills (MI), IA X	Pottawattamie (PT), IA X
Clinical Care			
Uninsured	6%	5%	6%
Primary care physicians	1,360:1	1,670:1	2,180:1
Dentists	1,450:1	2,520:1	1,690:1
Mental health providers	610:1	2,160:1	500:1
Preventable hospital stays	3,536	3,952	3,996
Mammography screening	52%	45%	48%
Flu vaccinations	54%	57%	61%

Preventable hospital stays in Mills County, IA
County, State and National Trends

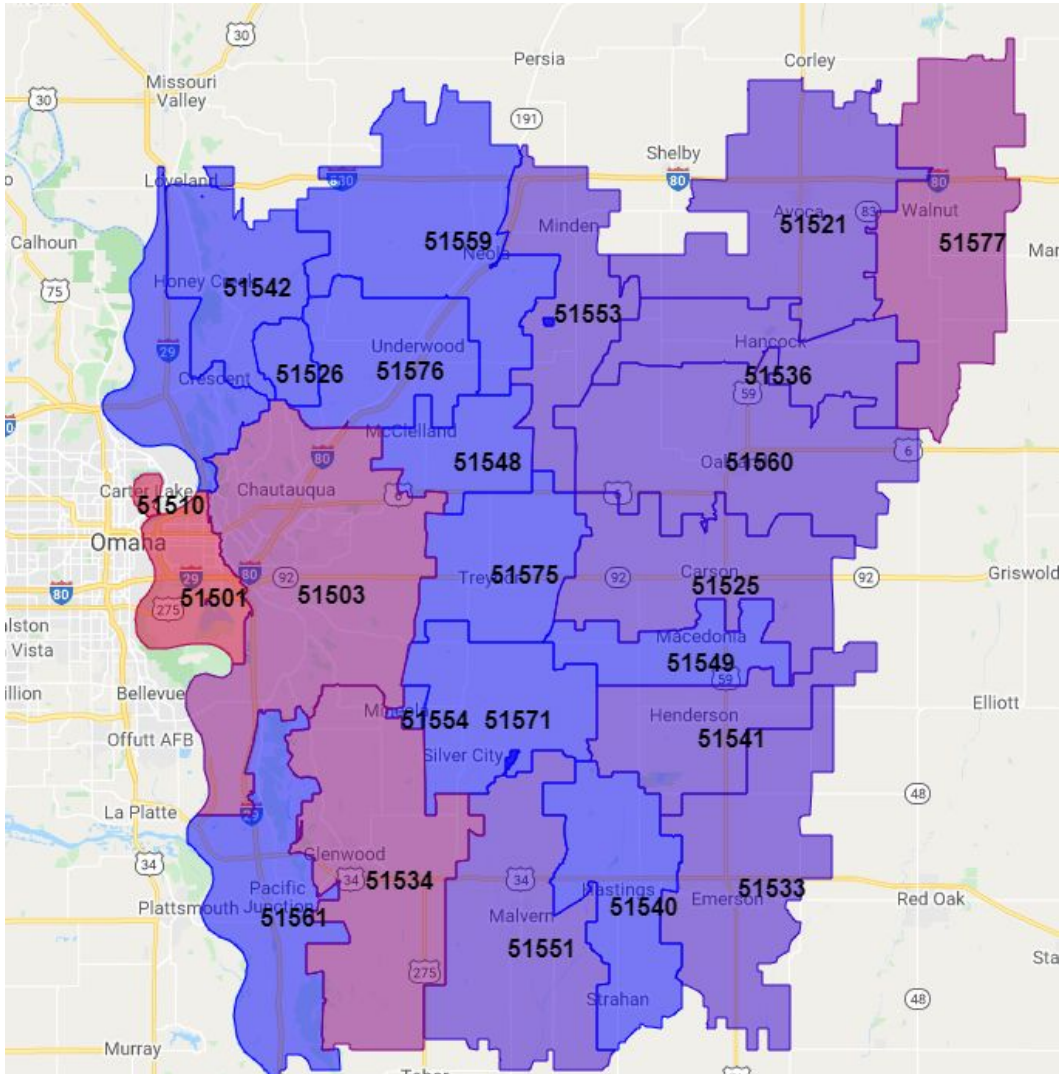
Mills County is getting better for this measure.



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

Community Need Index

Mills & Pottawattamie



CHI Health Mercy Council Bluffs Community Health Needs Assessment
Data Review: December 2018/ December 2021 Trend

Health Need	Pottawattamie		Mills		IOWA		US	
	2018	2021	2018	2021	2018	2021	2018	2021
County Ranking for Health Outcomes Length & Quality of Life	90 of 99	91 of 99	63 of 99	49 of 99				
County Health Ranking for Health Factors Behaviors, clinical care, socioeconomic, and environmental factors	91 of 99	74 of 99	62 of 99	40 of 99				
Premature Death: yrs of potential life lost before age 75 per 100,000/ pop	7,500	8,100	6,800	6,400	5,900	6,200		
Poor physical health days: # physically unhthy days in past 30 (age-adjusted)	3.2	3.5	2.8	3.1	2.9	3.1		
Poor mental health days: # mentally unhlthy days in past 30 (age-adjusted)	3.4	3.9	3.0	3.6	3.3	3.5		
Behavioral Health: Ratio of MH providers	600:1	500:1	2,140:1	2,160:1	760:1	610:1		
Health Behavior: Smoking	17%	21%	15%	18%	17%	17%	14%*	14%
Health Behavior: Obesity	37%	42%	39%	31%	32%	34%	26%*	42.4%
Health Behavior: Physical Inactivity	26%	27%	29%	23%	25%	23%		
Health Behavior: Excessive Drinking	20%	25%	23%	25%	22%	26%	13%*	7%
Aging: Percent of population age 65 and older	15.7%	18.0%	15.6%	18.9%	15.8%	17.5%	14.5%	16.5%
Access to Care: Ratio of Primary Care Physicians	1,90:1	2,180:1	1,650:1	1,670:1	1,360:1	1,360:1	1,031:1*	
Clinical Care: Preventable Hospital Stays* not comparable; diff metrics used 2018/2021	58	2,784	62	2,640	49	2,418	35*	2,865
Clinical Care: Mammography Screening	62%	48%	70%	45%	69%	52%		
Maternal & Child Health: (Low birth weight)	7%	8%	8%	7%	7%	7%		
Maternal & Child Health: Teen births	32	25	21	17	22	18		
Maternal & Child Health: Child abuse & neglect***** Confirmed cases per 1,000	14.9	19.9	5.0	11.7	10.2	15.7		
Violent Crime Rate per 100,000 population	693	373	315	287	270	282		
Injury deaths		73	39.4	63	41.96	68	41.9	49.4
Social Determinants of Health (SDOH)								
Access to Health Care: % of pop **u**ninsured	6%	6%	5%	5%	6%	6%	6%*	10.2%
Education: % of pop age 25+ with no high school diploma	9.9%	10.54%	6.73%	7.21%	8.26%	7.91%	13.02%	12.00%
Unemployment: % pop 16+ unemployed & seeking employment	3.4%	2.4%	3.7%	2.3%	3.7%	2.7%	4%	4.2%
Food Insecurity: % of households experiencing during past year	12.24%	9%	9.9%	8%	12.4%	10%	14.91%	10.5%
Children Eligible for Free & Reduced Price Lunch	49.73%	41%	34.7%	38%	41.42%	43%	52.61	49.6%
Housing Cost Burden: % of households where housing costs > 30% of total household income.	26.05%	23.99%	21.49%	22.04%	23.73%	22.88%	32.89%	30.85%

CHI Health Mercy Council Bluffs Community Health Needs Assessment
Data Review: December 2018/ December 2021 Trend

Poverty: persons in poverty (below 100% FPL)	11.8%	10.73%	8.2%	8.33%	12.3%	11.45%	15.1%	13.42%
Children in Poverty: Children living below 100% of FPL	15%	13%	13%	11%	15%	13%		

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

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
- CARES Engagement Network www.communitycommons.org
- Child & Family Policy Center https://www.cfpciowa.org/en/data/kids_count/child_abuse_and_neglect/ and Annie E. Casey Foundation Kids Count Data Center https://datacenter.kidscount.org/