CHI Health

Community Health Needs Assessment

CHI Health Midlands – Papillion, NE
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 Midlands. 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 Midlands Overview

CHI Health Midlands is one of five CHI Health hospitals serving the Omaha, Nebraska, and Council Bluffs, Iowa, metropolitan area consisting of four counties: Douglas, Sarpy and Cass Counties in Nebraska and Pottawattamie County in Iowa. CHI Health Midlands is a 58-bed hospital located in Papillion, Sarpy County, Nebraska. In 2019, CHI Health Midlands received the Acute Stroke Ready Hospital Certification by the Joint Commission. In June of 2022, the Veteran's Administration of Northeast Iowa and Nebraska will open a 34-bed Papillion Community Living Center (CLC) inside of CHI Health Midlands on the 5th and 6th floors. The CLC will be Federal space and will be operated solely by the VA. Their care will focus on veterans needing skilled and memory care post discharge.

CHNA Collaborators

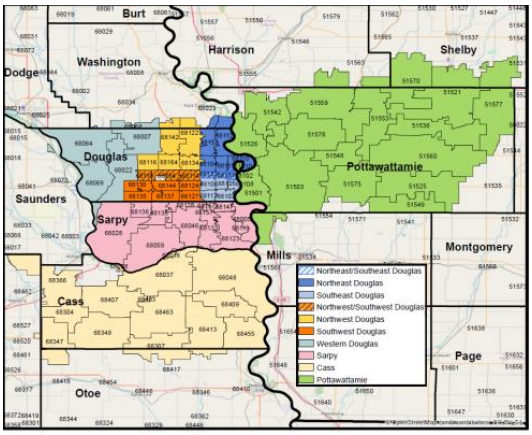
- Professional Research Consultants, Inc. (PRC)
- Douglas County Health Department
- Pottawattamie County Public Health
- Sarpy/Cass Health Department
- CHI Health (CHI Health Creighton University Medical Center–Bergan Mercy, CHI Health Immanuel, CHI Health Lakeside, CHI Health Mercy Council Bluffs, 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

CHI Health Midlands is located in Papillion, NE and largely serves the Omaha Metro area that consists of Douglas, Sarpy, and Cass Counties in Nebraska and Pottawattamie County in Iowa. These four counties were identified as the community for this CHNA, as they encompass the primary service for CHI Health hospitals located in the Omaha Metro Area, thus covering 75% of patients served. These counties are considered to be and referred to as the "Omaha Metro Area." The following zip codes encompass the majority of patients served by CHI Health Midlands: 68046, 68128, 68123, 68133, 68005, 68127, 68048, 68059, 68138 and 68147. Service area map can be seen in Figure 1.

Figure 1: CHI Health Midlands CHNA Service Area



Assessment Process and Methods

Professional Research Consultants (PRC) is a third-party national research firm 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 analysis including public Health, vital statistics and other data, community health survey, online key informant survey, and community presentation.

Process and Criteria to Identify and Prioritize Significant Health Needs

Through the CHNA process "Areas of Opportunity" were identified. The areas were further prioritized through the PRC Key Informant Survey, the Regional Health Council, and Community Presentation at The Wellbeing Partners Xchange Summit.

List of Prioritized Significant Health Needs

- Mental Health: Data demonstrates statistically significant increases in respondents that believe that their overall mental health is "fair" or "poor" in Metro Area (17%), Metro Area adults

diagnosed by a physician as having a depressive disorder (25%), and symptoms of chronic depression (2+ years) (32.8%).

- 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).

*Social determinants of health (e.g. food, transportation, workforce and housing issues) were not part of the PRC prioritization exercise, but will certainly be viewed as an overarching issue and considered in all actions that sponsoring organizations implement.

Resources Potentially Available

The Omaha Metro has an abundance of community assets and resources that are potentially available to address significant health needs beyond the health system's resources. The Omaha Metro is home to over 250 parks including but not limited to lakes, golf courses, swimming pools, skate parks, and community centers. The Omaha Metro has many recreational facilities including ten YMCA locations, museums such as the Joslyn Art Museum and The Durham, as well as the Henry Doorly Zoo.

The Omaha Metro Area has public and private education systems and nine institutions of higher education. A wide range of community organizations support the health and well-being of the community including health, social services, and nonprofit institutions.

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 Midlands. 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 Midlands is one of five CHI Health hospitals serving the Omaha, Nebraska, and Council Bluffs, Iowa, metropolitan area consisting of four counties: Douglas, Sarpy and Cass Counties in Nebraska and Pottawattamie County in Iowa. Midlands is a 58-bed hospital located in Papillion, Sarpy County, Nebraska. In 2019, Midlands received the Acute Stroke Ready Hospital Certification by the Joint Commission.

CHI Health Midlands provides the following services:

- Acute Inpatient Care - offering both medical surgical and Post intensive care beds
- Ambulatory Surgical Center
- Emergency
- Inpatient Surgery
- Behavioral Care
- ENT
- Gastrointestinal
- Health & Vascular Institute
- Orthopedic Care
- PT/OT/SLP: specialties including Low Vision, Balance and Gait, women's health issues
- Primary Stroke Center
- Sarpy-Cass Immunization Clinic
- Women's Health
- Full service Diagnostic/Radiology
- Access to Hospice and Home Care
- Sleep and breathing disorders
- Diagnostics and radiology
- Maternity and women's care
- Cardiac and Pulmonary Rehabilitation
- Sleep and breathing disorder treatment

In June of 2022, the Veteran's Administration of Northeast Iowa and Nebraska will open a 34-bed Papillion Community Living Center (CLC) inside of CHI Health Midlands on the 5th and 6th floors. The CLC will be Federal space and will be operated solely by the VA. Their care will focus on veterans needing skilled and memory care post discharge.

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 Health Midlands 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 completed to cover Douglas, Sarpy, Cass, and Pottawattamie Counties on behalf of the five Omaha Metro CHI Health hospitals (CUMC Bergan, Immanuel, Lakeside, Mercy Council Bluffs, and Midlands), one psychiatric inpatient facility (Lasting Hope Recovery Center), and one joint venture (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 CHI Health Midlands in relation to the Metro Omaha Area CHNA covering the four counties identified above.

Community Definition

Community Definition

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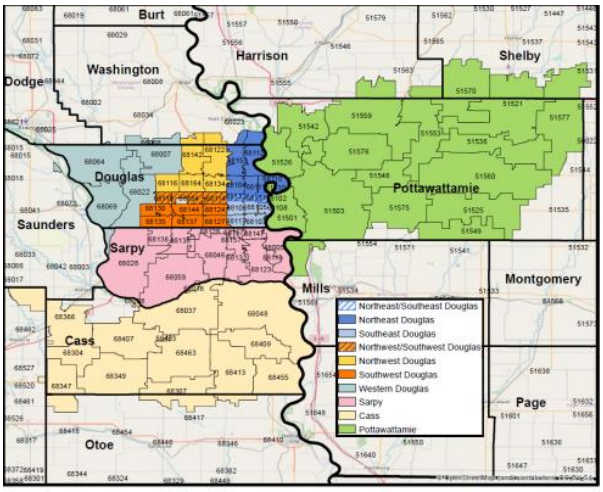


Community Description

Population

Table 1 below describes the population of all four counties included within the identified community with a total population of over 800,000. The data show a largely Non-Hispanic White population across the four counties with greater diversity observed in Douglas County and to a lesser extent, Sarpy County, both of which are the most urban counties in the Omaha Metro Area. While Douglas County is the most diverse of the four counties, with 11.5% of the population identifying as Black or African American and 12.9% identifying as Hispanic, it is less diverse than the United States overall (13.4% Black or African American, 18.5% Hispanic). Cass County has the largest percentage of the population over the age of 65 years (16%), indicating unique health needs specific to the aging population.[1]

Table 1. Community Demographics

	Douglas	Sarpy	Cass	Pottawattamie
Total Population	584,526	190,604	26,598	93,667
Population per square mile (density)[1]	1574.4	664.6	45.3	98
Total Land Area (sq. miles)[1]	328.46	238.99	557.45	950.28
Rural vs. Urban[2]	2.17% (Rural)	5.27% (Rural)	72.9% (Rural)	75.58% (Rural)
Age[1]				
% below 18 years of age	25.5%	27.2%	23.5%	23.4%
% 65 and older	13.4%	12.1%	18.1%	18%
Gender[1]				
% Female	50.7%	49.9%	49.5%	50.7%

[1] US Census Bureau QuickFacts accessed March 2022 http://www.census.gov/quickfacts
[2] US Census Bureau, Decennial Census. 2010. Source geography: Tract

Race[1]				
% White alone	80%	88.8%	96.2%	94.5%
% Black or African American alone	11.5%	4.4%	.8%	1.8%
% American Indian and Alaskan Native alone	1.2%	.8%	.6%	.8%
% Asian alone	4.3%	2.7%	.5%	.9%
% Native Hawaiian/Other Pacific Islander alone	.1%	.1%	.1%	.1%
% Two or More Races	2.8%	3.2%	1.8%	2%
% Hispanic or Latino	12.9%	10.1%	3.7%	7.9%
% White alone, not Hispanic or Latino	68.8%	80.1%	93.2%	87.3%

Socioeconomic Factors

Table 2 below shows key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by the hospital. As seen below, Douglas and Cass Counties have lower graduation rates. Douglas County has the highest percentage of uninsured residents overall and uninsured children (under the age of 19).

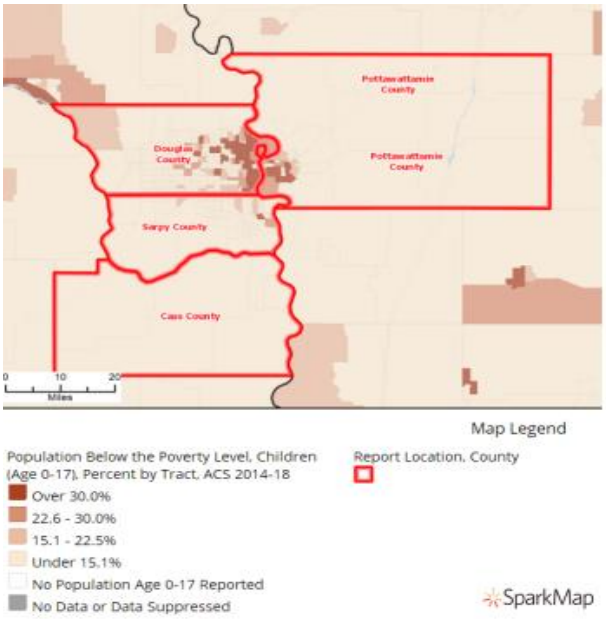
Table 2: Socioeconomic Factors

	Douglas	Sarpy	Cass	Pottawattamie
Income Rates				
Median Household Income[3]	66,600	83,051	73,683	60,065
Poverty Rates				
Persons in Poverty	9.8%	4.9%	5.9%	9.2%
Children in Poverty[4]	16.33%	6.98%	7.26%	13.77%
Employment Rate				
Unemployment Rate[5]	3.8%	2.8%	3.4%	2.9%
Education/Graduation Rates				
High School Graduation Rate	84.5%	92.9%	90.6%	91.2%
% of Population Age 25+ with Bachelor's Degree or Higher[6]	39.71%	39.78%	27.69%	21.47%
Insurance Coverage				
% of Persons without Health Insurance (under 65)[1]	10.3%	5.7%	6.6%	6%
% of Uninsured Children (under the age of 18)[7]	5.13%	3.18%	4.41%	3.03%

[3] US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
[4] US Department of Labor, Bureau of Labor Statistics. 2021 - December. Source geography: County
[5] US Department of Education, EDFacts. Additional data analysis by CARES. 2018-19. Source geography: School District
[6] US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
[7] US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

In addition, there are specific areas within the community with higher percentages of the population ages 0-7 living below the poverty level, as shown in Figure 2 below.

Figure 2. Population of Children Below the Poverty Level[7]



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

The four county service area has 26 designated Health Professional Shortage Areas (HPSA) including primary care, dental health, mental health disciplines. The 26 designated HPSA have scores that range from nine to 25 where the score range is zero to 26 (higher scores indicate an increasingly greater health professional shortage). County specific designations can be seen in Table 3.[8,9]

Table 3. County HPSA Designations[8]

County	# of HPSA Designated Sites	Score Range*	Median Score
Douglas	12	12-25	16.75
Sarpy	3	14 - 25	18.33
Cass	7	11 - 25	14.71
Pottawattamie	4	9 - 23	17

*Score range is zero to 26 where the higher the score, the greater the priority

[8] HPSA Find. Accessed on March 2022. https://data.hrsa.gov/tools/shortage-area/hpsa-find
[9] MUA Find. Accessed on March 2022. https://data.hrsa.gov/tools/shortage-area/mua-find

The four county service area has eight designated Medically Underserved Areas (MUA) including primary care. The eight designated MUA's have scores that range from 44.9 - 64.3 in which the lowest score (highest need) is zero; the highest score (lowest need) is 100. County-specific designations can be seen in Table 4.

Table 4. County MUA Designations[9]

County	# of MUA Designated Sites	Scores*
Douglas	3	44.9,60.5,56.7
Sarpy	2	60.3 , 64.3
Cass	2	61.5 , 51.9
Pottawattamie	1	50.9

*The lowest score (highest need) is zero; the highest score (lowest need) is 100.

Community Needs Index (CNI)

One tool used to assess health need 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 Douglas, Sarpy, Cass, and Pottawattamie ranges from one to 4.8 . Twenty-seven zip codes in the four county area have the highest need CNI scores ranging from 2.6 to 4.8. 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. Highest need county zip codes can be seen in Table 5. CNI maps can be found in Appendix C. See CNI Map in Figure 3.[10]

Table 5. Highest Need County Zip Codes

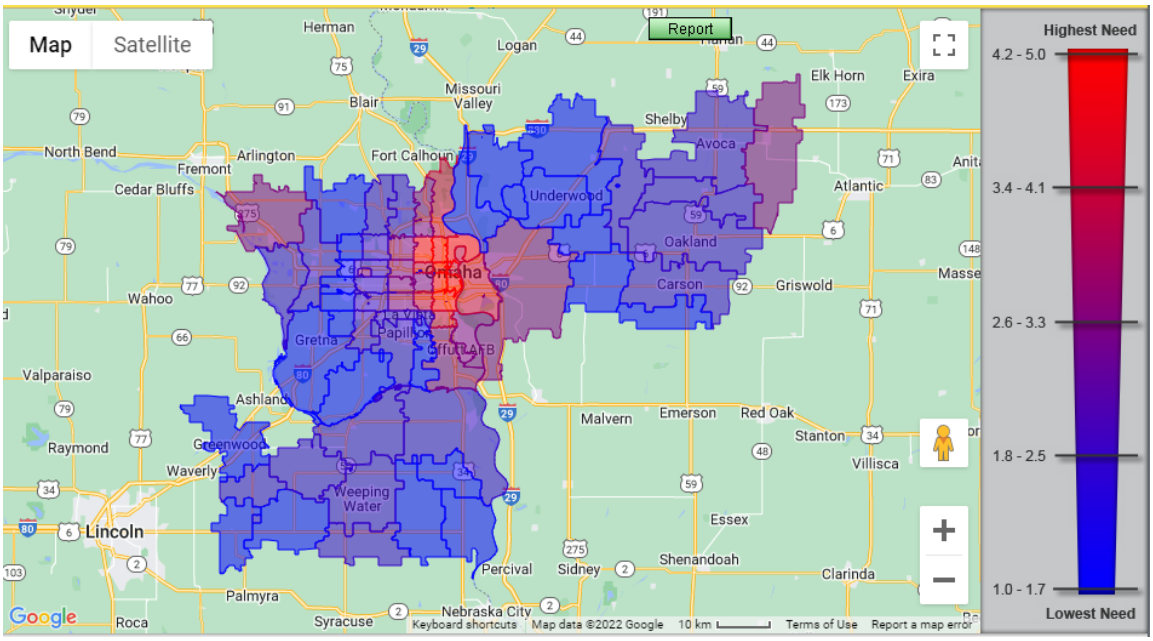
County	CNI Score*	Mid Need Zip Codes (2.6 - 3.3)	2nd Highest Need Zip Codes (3.4 - 4.1)	Highest Need Zip Codes (4.2 - 5)
Douglas	3	68010, 68064, 68106, 68114, 68124, 68127, 68134, 68152	68102, 68112, 68132	68104, 68105, 68107, 68108, 68110, 68111, 68131, 68178

[10] Community Needs Index. 2022. Accessed March 2022. http://cni.dignityhealth.org

Sarpy	2.2	68005, 68113, 68123	68147	
Cass	1.7			
Pottawattamie	2.9	51503, 51577	51501, 51510	

*Weighted Average CNI Score

Figure 3: Omaha Metro CNI Map[10]



Unique Community Characteristics

The four counties of Douglas, Sarpy, and Cass Counties, Nebraska and Pottawattamie County, Iowa, are home to over nine institutions of higher education. Most of the colleges are located in the urban area of Douglas County, Omaha. This could contribute to a higher percentage of the population age 25 and over who have a Bachelor's Degree or higher (39.71%) as compared to the State of Nebraska (31.91%), Iowa (28.57%) and Country overall (32.15%).[11]This is important to note as educational attainment has been linked to positive health outcomes.

There are more than 20,000 businesses in the Omaha Metro area, including five Fortune 500 companies. The headquarters of 30 insurance companies and approximately two dozen telemarketing/direct response centers are located in Omaha. The Omaha economy is diversified, with no industry sector making up a majority of employment. The main sectors of economy include trade, transportation, utilities, education, health services, and professional and business sectors.[12,13]

[11] Community Commons. US Census Bureau, American Community Survey. 2012-2016. Accessed January 2019.
[12] Community Commons. Accessed March 2022. http://assessment.communitycommons.org/collections/Maps-and-Data
[13] Omaha Economy. Accessed March 2022. https://www.city-data.com/us-cities/The-Midwest/Omaha-Economy.html

Other Health Services

Health systems in the area are listed below and a full list of resources within the community can be found in the Appendix.

- All Care Health Center
- Charles Drew Health Center
- CHI Health
- Children's Hospital & Medical Center
- Council Bluffs Community Health Center
- Douglas County Health Department
- Fred LeRoy Health & Wellness Center
- Methodist Health System
- Nebraska Medicine
- One World Community Health Centers, Inc.
- Pottawattamie County Public Health Department
- Sarpy Cass Department of Health & Wellness
- VA Nebraska-Western Iowa Health Care System

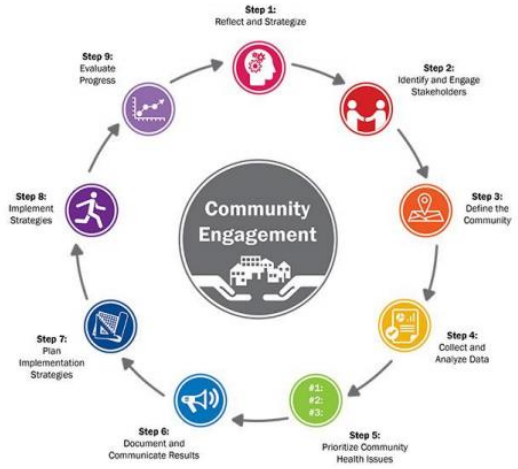
Community Health Needs Assessment Process and Methods

Professional Research Consultants (PRC) is a third-party national healthcare research firm 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 has 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 B 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, CHI Health Midlands, Lasting Hope Recovery Center and Nebraska Spine Hospital (a joint venture))
- 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

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 3 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.

Figure 3. ACHI Community Engagement Process for Community Health Needs Assessment



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

PRC Timeline

The Omaha Metro CHNA conducted by PRC incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). The timeline for the PRC CHNA process can be found in Table 6 below.

Table 6: 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		

PRC 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. Reference the complete PRC report found in the Appendix for further details on these resources.

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, CHI Health Midlands, Lasting Hope Recovery Center and Nebraska Spine Hospital (a joint venture))
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Supporting organizations include:
- Charles Drew Health Center
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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 breakdown of total surveys completed in each county is as follows:
- 1,451 in Douglas County

- 702 in Sarpy County
- 200 in Cass County
- 501 in Pottawattamie County
- Total: 2,527 residents across the Metro Area

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. 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 were 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 engaged in this process can be found in Table 7.

Table 7: 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.

Community Presentation - The Wellbeing Partners Xchange Summit

Data presentation and discussion was implemented at The Wellbeing Partners Xchange Summit. 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 non-governmental health and social service organizations. Over 94 individuals representing healthcare, public health, social services and others engaged in a community conversation to dive deeper into resources and gaps in our regional approach to mental health.

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.

Assessment Data and Findings

Identified Health Issues

PRC identified the following 14 health needs as 'Areas of Opportunity' after consideration of various criteria, including:

- Standing in comparison with benchmark data (particularly national data)
- Identified trends
- Preponderance of significant findings within topic areas
- Magnitude of the issue in terms of the number of persons affected
- Potential health impact of a given issue
- Issues of greatest concern among community stakeholders (key informants) giving input to this process

Based upon data gathered by PRC for the CHNA, the following "Areas of Opportunity" in Table 8 represent the significant health needs identified within the Omaha Metro community.

Table 8. "Areas of Opportunity" Identified by the Omaha Metro CHNA Process

Health Needs Statement	Data and Rationale for High Priority	Trend
MENTAL HEALTH *85% of Key Informants*	• 17% believe that their overall mental health is "fair" or "poor" in the Metro Area which is worse than the national prevalence. Results	• There is a statistically significant increase from previous

ranked mental health as a "major health problem."	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.	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 ● Results denote a statistically significant increase from previous survey results in Symptoms of Chronic Depression (2+ years)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 ranked Nutrition, physical activity, and weight as a Major Problem and another 28% ranked it as a*	● 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	● 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 reporting no leisure time physical activity is

Moderate Problem.	Sarpy County were least likely to mention these 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.	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 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.	● 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 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	● The Metro Area gonorrhea incidence rate in 2018 was 245.4 cases per 100,000 population,	● Prevalence of chlamydia has increased over

41% of Key Informants ranked Sexual Health as a Major Problem and another 37% ranked it a Moderate Problem.	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%).	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 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.	● 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 ranked Heart Disease and*	● 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 heart disease and stroke mortality rates have decreased in the Metro Area

Stroke as a Moderate Problem and another 30% ranked it as a Major Problem.	the Metro Area, well below the Iowa and US death rates. ● 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).	between 2007-2021.
TOBACCO USE *58% of Key Informants 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	● 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 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)	● 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.	● Adults limited in some way in some activities due to a physical, mental, or emotional problem in the Metro Area increased

	• 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 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.	significantly from 18.4% in 2011 to 24.8% in 2021. • The Alzheimer's disease mortality rate has increased over the 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 ranked Oral Health a Moderate Problem and another 20% ranked it as a Major 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 ranked Access to Health Care Services a Moderate Problem and another 19%*	• 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	• 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

ranked it a Major Problem.	(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.	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 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 disportionately 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*	● Leading Cause of Death accounts for 21.8% of deaths in the Metro Area.	● Cancer mortality has decreased over the past decade in

ranked Cancer as a Major Problem in the community, compared to 64% who ranked it a Moderate Problem.	• 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.	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.

For a complete list of community health indicators reviewed in consideration of the Community Health Needs Assessment for CHI Health Midlands, please refer to the PRC report attached in the Appendix.

Data provided by PRC was presented to CHI Health Midlands hospital administration, Community Benefit teams, and 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 Midlands identified the 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.

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

Based on the key informant survey the following significant health needs were prioritized, seen in Table 10:

Table 10: Top Five Prioritized Health Needs

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%

Resources Available to Address Health Needs

An extensive list of resources identified through the PRC process can be viewed in the Appendix A.

Evaluation of FY20-FY22 Community Health Needs Implementation Strategy

The previous CHNA for CHI Health Midlands was conducted in 2019. Table 11 illustrates the progress and impact made around CHI Health Midland's previous implementation strategy to address community health needs.

Table 11: FY20-FY22 ISP Evaluation

Priority Area # 1: Behavioral Health

Goal	**Increase capacity of system and community-led efforts to improve access to mental health and substance abuse services in the Omaha Metro.**
Strategy & Scope	**1.1 Ensure access to clinic and community- based behavioral health services**
Community Indicators	**CHNA 2016** ● 10.3% of Omaha Metro adults reported their overall mental health as "fair" or "poor" ● 17% of Metro Area adults currently smoke cigarettes, either regularly or occasionally ● 11.1% of Douglas County adults who reports their typical day is "Extremely" or "Very" Stressful
	CHNA 2019 ● 8.3% of Omaha Metro adults reported their overall mental health as "fair" or "poor" ● 11.7% of Metro Area adults currently smoke cigarettes, either regularly or occasionally ● 10.0% of Metro Area adults (10.9% in Douglas County) who report their typical day is "Extremely" or "Very" Stressful ● 7.5% of Metro Area parents report that they have been told by a doctor or other healthcare provider that their school-age child had depression ● 13.0% of Douglas County high school students report attempting suicide in the past year
	CHNA 2022 ● 17% believe that their overall mental health is "fair" or "poor" in Metro Area ● 14.2% of Metro Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days) ● 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 ● 20.2% Receiving Treatment for Mental Health in Metro Area, a statistically significant increase since 2018
Timeframe	FY20 – FY22
Background	**Rationale for priority:** ● Mental health and substance abuse were identified as top health needs in the 2018 PRC CHNA for both adults and children/ adolescents. The greatest share of key informants (79.1%) characterized mental health as a major need in the community.
	Contributing Factors: ● Service provider shortage, high cost, lack of insurance coverage, family and community dynamics, social support and stigma
	National Alignment: Healthy People 2020 objectives: ● MHMD-2: Reduce suicide attempts by adolescents ● SA-14: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (target for % of adults 18 years and older= 24.2%) ● MHMD-11: Increase depression screening by primary care providers
	Additional Information: ● Aligns with Behavioral Health Service Line Strategic Plan ● Aligns with the Counties of Douglas, Sarpy and Cass Community Health Improvement Plan (CHIP): mental health priority

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
● Improve continuum of care models to ensure access and utilization of mental health services ● Increase capacity and workforce to address acute behavioral health needs	CHI Health System Role(s): ● Partial funder ● Strategic Partner ● Implementer	● Omaha Metro K-12 education system ● Omaha Metro nursing programs ● Philanthropic community ● Behavioral Health Coalitions (i.e. TEAM, NABHO, Alzheimer's Association)

• Increase supportive environments that reduce tobacco use	Hospital Role(s): • Strategic Partner • Program Site Host Required Resources: • CHI Cash and In Kind contributions • Task Force and coalition meeting staff time • Community partners	• Behavioral health community organizations (i.e. BEHCN) • Local Public Health Departments
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
In collaboration with community partners, the following represent activities the Omaha Metro CHI Health hospitals will either **lead** as a system or facility, **support** through dedicated funding and staff time or a combination thereof, as appropriate. • 1.1.1: Operate an Integrated School-Based Mental Health program (Immanuel) • 1.1.2: Provide support for individuals with Alzheimer's/ dementia and their caregivers (Lakeside/System) • 1.1.3: Participate in the Sarpy County Mental Health Problem-Solving Task Force (Midlands) • 1.1.4: Pursue the establishment of a Mental Health Center for Children and Families located on the CHI Health Immanuel Campus to serve youth with acute and/ or chronic mental health needs and reduce Emergency Department utilization for accessing youth mental health care (Immanuel) • 1.1.5: Support a tobacco coalition at CHI Health Midlands that leads policy, systems and environmental changes that reduce the burden of tobacco usage in the Omaha Metro (Midlands)	1.1.1 • # of new student referrals • # of students served (not unduplicated) • Avg # of students served in school- based and virtual programs • # of billable office visits provided 1.1.2 • # of individuals served through the 24/7 information and referral help line • # of individuals served through care consultation program • # of individuals that participated in caregiver support groups • # of individuals served through educational programming • # of individuals served through early-stage engagement programs 1.1.3 • # of CHI Health staff participating in case reviews 1.1.4 • $ funding secured 1.1.5 • # of businesses that adopted 100% smoke-free/ vape- free/ tobacco- free policies within Sarpy/ Cass County • # of Sarpy/ Cass County businesses that received smoke-free/ vape-free/ tobacco- free educational materials • # of NEW coalition members • # of schools that enhanced their smoke-free/ vape- free/ tobacco- free policies	1.1.1 Behavioral Health Service Line records: • Referrals • Case reports • Billing 1.1.2 Alzheimer's Association records: • Referral helpline reports • Consultation reports • Programming attendance 1.1.3 • Sarpy County Mental Health Problem- Solving Task Force program records • Case review tracking and attendance 1.1.4 Behavioral Health Service Line and CHI Health Foundation records: • Funds committed/ in- hand 1.1.5 Tobacco Education and Advocacy of the Midlands (T.E.A.M.) quarterly and year end reports: • Smoke-free policy database • Education material tracking • Membership database 1.1.6 CHI Health list of priority bills and Nebraska/ Iowa Hospital Association bill trackers: • Submitted letters • Nebraska/ Iowa Legislature bill records

● 1.1.6: Lead policy/ advocacy efforts that expand access to behavioral health services (System) ● 1.1.7: Address behavioral health workforce shortage through educational partnerships (Lasting Hope Recovery Center) ● 1.1.8: Operate an outpatient behavioral health clinic on site to facilitate improved continuum of care and reduced readmissions (Lasting Hope Recovery Center) ● 1.1.9: Provide leadership and support for the BUILD Health Challenge led by Heartland Family Service (system) ● 1.1.10. Support the Mental Health Stigma Reduction Campaign coordinated by The Wellbeing Partners.	● # of multi-family buildings that adopted 100% smoke-free/ vape- free/ tobacco- free policies within Sarpy/ Cass County 1.1.6 ● # of behavioral health bills supported ● # of behavioral health bills approved 1.1.7 ● # of nurses enrolled in the program ● # of nurses that graduated the program ● Annual capacity 1.1.8 ● # of completed outpatient visits ● # of unique patients 1.1.9 ● # of active work groups 1.1.10 ● # of campaign work groups CHI Health is actively involved in ● % change in mental health stigma within the campaign service area Metro ● # of impressions ● # of pulse surveys/ responses about mental health: ● # of social engagements (likes/ comments/ shares on social media)	1.1.7 Behavioral Health Service Line program reports: ● Program registration records ● Program certificates 1.1.8 Lasting Hope Recovery Center Outpatient Behavioral Health Clinic records: ● # of outpatient visits and unique patients (submitted quarterly) 1.1.9 BUILD Health Challenge grant reports: ● Workgroup and event attendance ● Resident surveys ● BUILD partner assessments ● 1.1.10 The Wellbeing Partners campaign evaluation report(s); ● The Public Goods Project Report ● Pulse Survey responses ● Social media metrics

Related Activities

The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.

- CHI Health offers integrated behavioral health services in CHI Health Primary Care Clinics in order to conveniently expand access to behavioral health services in a familiar setting.
- CHI Health Primary Care Clinics use the Screening, Brief Intervention, and Referral to Treatment (SBIRT), a universal depression, drug and alcohol abuse screening and assessment tool designed for patients 12 years of age and older. SBIRT is administered annually during a wellness exam.

Additionally, CHI Health addresses the need for behavioral health services in the Omaha Metro through the following:

- Operation of Lasting Hope Recovery Center, a 64-bed psychiatric treatment facility
- Operation of a Pediatric Residential Treatment Facility (PRTF) located on the CHI Immanuel campus
- Participation in various community health fairs and provide free screenings for anxiety and depression
- Provision of free “Life U” toolkits to local school districts that co

1.1.1 Strategy & Scope: Operate an Integrated School- Based Mental Health program (Immanuel)

Results

FY20 Actions and Impact:

- Maintained integrated school-based mental health program in five schools located in Omaha and Council Bluffs. In March 2020, began transitioning to virtual service model for entire caseload. School therapists began receiving urgent calls from their School Counselors to support additional families that were struggling during the COVID-19 changed school process. Virtual support provided crisis care that prevented the need for higher levels of care. One School Therapist was able to support the Information and Referral Line (717-HOPE) crisis calls and provide immediate support for those calling the IRL line.
- The Integrated school-based mental health program staff met with other mental health providers delivering school-based services, along with school district leadership, to explore ways to improve data collection and reporting for evaluation of program impact.

FY20 Measures

- # of new student referrals: 28
- # of students served (not unduplicated): 379
- Avg # of students served in school- based and virtual programs: 34
- # of billable office visits provided: 829

FY21 Actions and Impact:

- Maintained integrated school-based mental health program in two schools located in Omaha with one dedicated provider. In 2021 utilized both a virtual service model and in person model based on needs of the school and students. Students and families continued to struggle with the impact on COVID-19 including adjusting to returning to an in person school environment and/or virtual learn from home. Referrals from schools were down due to students primarily participating in a learn at home model for one school.
- The Integrated school-based mental health program staff met with other mental health providers delivering school-based services, along with school district leadership, to explore ways to improve data collection and reporting for evaluation of program impact.

FY21 Measures

- # of new student referrals: 14
- # of students served (not unduplicated): 97
- Avg # of students served in school- based and virtual programs: 14
- # of billable office visits provided: 298

FY22 Results Pending

1.1.2 Strategy & Scope: Provide support for individuals with Alzheimer's/ dementia and their caregivers (Lakeside/System)

Results

FY20 Actions and Impact:

- Provided $20,000 to support the Alzheimer's Association's educational offerings (in- person/ virtual), caregiver support groups and information/ care coordination program. In response to the pandemic, Alzheimer's Association transitioned in-person programming online to provide uninterrupted service for individuals with Alzheimer's and dementia-related diseases and their caregivers. In the first half of FY20, offered early- stage engagement programs for newly diagnosed individuals with Alzheimer's or related dementias to socialize and receive peer support.

FY20 Measures

- # of individuals served through the 24/7 information and referral help line: 871
- # of individuals served through care consultation program: 361

- # of individuals that participated in caregiver support groups: 1,097
- # of individuals served through educational programming: 1,418
- # of individuals served through early-stage engagement programs: 11

FY21 Actions and Impact:

- Alzheimer's Association continued to expend the $20,000 CHI Health provided to support the Alzheimer's Association's educational offerings (in-person/ virtual), caregiver support groups and information/ care coordination program. In the fall of 2020, the Nebraska Chapter offered the Early Stage Support Groups virtually for the first time. The groups met for 5 weeks.

FY21 Measures

- # of individuals served through the 24/7 information and referral helpline: 417
- # of individuals served through care consultation program: 526
- # of individuals that participated in caregiver support groups: 98
- # of individuals served through educational programming: 822

FY22 Results Pending

1.1.3 Strategy & Scope: Participate in the Sarpy County Mental Health Problem-Solving Task Force (Midlands)

Results

FY20 Actions and Impact:

- Launched two work groups to inform planning efforts. One work group was designing a referral process- including creating a referral form, identifying referral pathways (e.g. via social worker, etc.), creating an intake process and delineating roles and responsibilities of task force members. The second work was exploring legal implications and ensuring compliance with mandatory reporting laws, etc.
- Due to COVID-19, progress slowed, however the program is tentatively scheduled to launch during the 2020- 2021 school year.

FY20 Measures

- No measures to report.

FY21 Actions and Impact:

- Launched the task force during the 2020- 2021 school year. Task force meeting monthly to review student cases. IMC Case Manager, Outpatient Therapist and Director of Nursing- Pediatric/ Adolescent Psychiatric Inpatient Unit are participating in case reviews.

FY21 Measures

- # of CHI Health staff participating in case reviews: 3
- Additional measures will begin to be reported in FY22

FY22 Results Pending

1.1.4 Strategy & Scope: Pursue the establishment of a Mental Health Center for Children and Families located on the CHI Health Immanuel Campus

Results

FY20 Actions and Impact:

- Continued to pursue lead funder among major philanthropic organizations. Supporting funding was pledged if lead gift was secured. Due to COVID-19, fundraising for the Center was paused through the spring of 2020.

FY20 Measures

- No measures to report.

FY21 Actions and Impact:

- Continued to pursue a lead funder among major philanthropic organizations. A detailed plan that includes the number of beds and a description of acute, inpatient and outpatient services was created. An updated demand study and architectural plan is expected in FY2022.

FY21 Measures

- No measures to report.

FY22 Results Pending

1.1.5 Strategy & Scope: Support a tobacco coalition at CHI Health Midlands that leads policy, systems and environmental changes that reduce the burden of tobacco usage in the Omaha Metro (Midlands)

Results

FY20 Actions and Impact:

- Tobacco Education & Advocacy of the Midlands (TEAM) continued to work with businesses, school districts, public housing programs and city parks to implement smoke-free/ vape-free/ tobacco- free policies.
- Provided technical assistance to the City of Gretna in adopting a tobacco-free playgrounds and parks resolution.
- Collaborated with University of Nebraska Medical Center- College of Public Health on the development of evidence-based anti-vaping curriculum for middle and high school- aged youth.
- Through compliance testing and outreach, Sarpy and Cass County each maintained a tobacco compliance rate of 96% among retail establishments that sell tobacco products.

FY20 Measures

- # of businesses that adopted 100% smoke-free/ vape- free/ tobacco- free policies within Sarpy/ Cass County: 10
- # of multi-family buildings that adopted 100% smoke-free/ vape- free/ tobacco- free policies within Sarpy/ Cass County: 78

FY21 Actions and Impact:

- Tobacco Education & Advocacy of the Midlands (TEAM) continued to work with businesses, school districts, public housing programs and city parks to implement smoke-free/ vape-free/ tobacco- free policies.
- Partnered with UNMC to create an evidence- based, T.E.A.M. No Vaping prevention curriculum and provided technical assistance to 12 schools on implementing updated policies.
- Supported 7 new multifamily housing properties in becoming designated 100% smoke, vape and tobacco-free.
- Continued to expand tobacco coalition membership through targeted outreach, social media engagement and virtual events.
- Through compliance testing and outreach, Sarpy and Cass County each maintained a tobacco compliance rate of 93% among retail establishments that sell tobacco products.

FY21 Measures

- # of businesses that adopted 100% smoke-free/ vape- free/ tobacco- free policies within Sarpy/ Cass County: 13
- # of Sarpy/ Cass County businesses that received smoke-free/ vape-free/ tobacco- free educational materials: 4,485

- # of NEW coalition members: 11
- # of schools that enhanced their smoke-free/ vape- free/ tobacco- free policies: 1
- # of multi-family buildings that adopted 100% smoke-free/ vape- free/ tobacco- free policies within Sarpy/ Cass County: 7

FY22 Results Pending

1.1.6 Strategy & Scope: Lead policy/ advocacy efforts that expand access to behavioral health services (system)

Results

FY20 Actions and Impact:

- Supported numerous bills to expand access and increase reimbursement for behavioral health services, including LB840: Prohibit the use of electronic smoking devices as prescribed under the Nebraska Clean Indoor Air Act (approved by the governor on 8.6.20); LB897: Appropriate funds for behavioral health aid (indefinitely postponed); LB922: Require electronic issuance of prescriptions for controlled substances as prescribed (indefinitely postponed); LB992: Adopt the Broadband Internet Service Infrastructure Act and provide for certain broadband and Internet- related services (approved by governor and signed on 8.19.20), LB1138: Establish a dementia registry (indefinitely postponed), LB247: Adopt the Advance Mental Health Care Advance Directives Act (signed by the Governor on 8.11.20), among a host of other bills.

FY20 Measures

- # of behavioral health bills supported: 11
- # of behavioral health bills approved: 5

FY21 Actions and Impact:

- Through Nebraska Hospital Association and independent efforts, CHI Health supported numerous bills to expand access and increase reimbursement for behavioral health services, including LB247: Create the Mental Health Crisis Hotline Task Force (approved by the Governor on 5.24.21); LB374: Adopt the Alzheimer's Disease and Other Dementia Support Act (indefinitely postponed); LB400: Change requirements related to coverage of telehealth by insurers and medicaid (approved by Governor on 4.21.21); and LB487: Change insurance coverage provisions for mental health conditions and serious mental illness (approved by the Governor on 4.21.21), among other bills.

FY21 Measures

- # of behavioral health bills approved (of those supported by NHA and/or CHI Health): 4

FY22 Results Pending

1.1.7 Strategy & Scope: Address behavioral health work force shortage through educational partnerships (Lasting Hope Recovery Center)

Results

FY20 Actions and Impact:

- Implemented the 'Grow your own' psychiatric nurse recruitment and retention program, whereby CHI Health will provide tuition reimbursement for individuals interested in psychiatric nursing who meet eligibility requirements based on tenure.

FY20 Measures

- # of nurses enrolled in the program: 2

FY21 Actions and Impact:

- Expanded the 'Grow your own' psychiatric nurse recruitment and retention program across Midwest Division, whereby CHI Health will provide tuition reimbursement for individuals interested in nursing who meet eligibility requirements based on tenure.

FY21 Measures

- # of nurses enrolled in the program: 2
- # of nurses that graduated the program: 1
- Annual capacity: 6

1.1.8 Strategy & Scope: Operate an outpatient behavioral health clinic on site to facilitate improved continuum of care and reduced readmissions (Lasting Hope Recovery Center)

Results

FY20 Actions and Impact:

- Continued to operate an outpatient behavioral health clinic onsite at Lasting Hope Recovery Center. Outpatient behavioral health visits transitioned to virtual in the spring of 2020 due to the pandemic.

FY20 Measures

- # of completed outpatient visits: 7,567
- # of unique patients: 3,027

FY21 Actions and Impact:

- Continued to operate an outpatient behavioral health clinic onsite at Lasting Hope Recovery Center.

FY21 Measures

- # of completed outpatient visits: 7,951

FY22 Results Pending

1.1.9 Strategy & Scope: Provide leadership and support for the BUILD Health Challenge led by Heartland Family Service (system)

Results

FY20 Actions and Impact:

- Pledged cash and in-kind match for Heartland Family Service's BUILD Health Challenge application: Empowering a Self- Healing North Omaha Community. Helped to secure financial contributions from three additional health systems.
- Participated in three-day orientation and BUILD Health Challenge learning collaborative, as well as a local press conference announcing the prestigious award and unprecedented health system funding collaborative.

- Hired a BUILD Health Neighborhood Engagement Coordinator employed by Heartland Family Service.

FY20 Measures
- # of active work groups: 2 (healthy food access and wellbeing/ resilience)
- Additional metrics will be reported in FY21.

FY21 Actions and Impact:
- Provided $18,750 for Heartland Family Services' BUILD Health Challenge project: Empowering a Self- Healing North Omaha Community. Helped to secure financial contributions from three additional health systems.
- Participated in monthly BUILD partner meetings. Supported BUILD staff in hosting a flu clinic at the North Omaha Intergenerational Campus.
- Hosted a Grief's Journey train the trainer and launched Grief's Journey peer support group. Activated defunct neighborhood association. Launched Black Men Steppin Group.
- Planning underway to host a series of 'Community Conversations,' beginning in FY22.

FY21 Measures
- # of active work groups: 2 (healthy food access and wellbeing/ resilience)
- Additional metrics will be reported in FY22.

FY22 Results Pending

1.1.10 Strategy & Scope: Support the Mental Health Stigma Reduction Campaign coordinated by The Wellbeing Partners.

Results

FY20 Actions and Impact:
- A two –pronged, 12-month mental health stigma reduction campaign launched in May 2020. Spokesimals is an educational campaign that encourages individuals to submit photos of their pets that are then paired with a fact or resource for mental health. What Makes Us is a campaign that is designed to reduce stigma by encouraging individuals to share their lived experiences with mental challenges and triumphs.
- Representatives from CHI Health- Healthy Communities, the Behavioral Health service line and Human Resources department participated in three advisory work groups: behavioral health expert advisory, community partner and worksite wellness.
- CHI Health will create original content and share campaign messages through select social media platforms beginning in FY21.

FY20 Measures
- # of campaign work groups CHI Health is actively involved in: 3
- Campaign metrics will be reported in FY21.

FY21 Actions and Impact:
- A two –pronged, 12-month mental health stigma reduction campaign launched in May 2020. Spokesimals is an educational campaign that encourages individuals to submit photos of their pets that are then paired with a fact or resource for mental health. What Makes Us is a campaign that is designed to reduce stigma by encouraging individuals to share their lived experiences with mental challenges and triumphs.
- Representatives from CHI Health- Healthy Communities, the Behavioral Health service line and Human Resources department participated in three advisory work groups: behavioral health expert advisory, community partner and worksite wellness.
- Supported mental health stigma reduction campaign through active work group involvement and sharing campaign content through CHI Health social media channels.

FY21 Measures

- % change in mental health stigma within the campaign service area: 10% reduction in mental health stigma within the Omaha Metro, reported by The Public Goods Project.
- # of impressions: 2.9M
- # of pulse surveys/ responses about mental health: 10 surveys; 1,400 responses
- # of social engagements (likes/ comments/ shares on social media): 48,318

FY22 Results Pending

Priority Area # 2: Social Determinants of Health

Goal	**Reduce hunger and increase access to and consumption of healthy food in the Omaha Metro Area**
Strategy & Scope	**2.1: Hunger/ Food Access**
Community Indicators	**CHNA 2016** ● 20.4% of Metro Area adults worry "often" or "sometimes" worry about food running out before having money to buy more ● 38.3% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day ● 46.6% of Metro Area parents report their child eats five or more servings of fruits and/or vegetables per day
	CHNA 2019 ● 11.3% of Metro Area adults worry "Often" or "Sometimes" worry about food running out before having money to buy more ● 24.6% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day ● 34.9% of Metro Area parents report their child eats five or more servings of fruits and/or vegetables per day
	CHNA 2022 ● 19.7% of community residents "often" or "sometimes" worried about running out of food ● 25.7% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day. ● 32.7% of Metro Area parents report their child eats five or more servings of fruits and/or vegetables per day
Timeframe	FY20 – FY22
Background	**Rationale for priority:** ● 'Nutrition, Diabetes, Physical Activity and Weight' was ranked as one of the top five adult and child/ adolescent health opportunities in the Omaha Metro
	Contributing Factors: ● Poverty; food desert; lack of culturally relevant, healthy food options; education and resources to purchase and prepare healthy foods
	National Alignment: HP2020 guidelines: ● (NSW- 12): Eliminate very low food security among children ● (NSW- 13): reduce household food insecurity and in doing so reduce hunger ● (NSW-14 and NSW-15.1): Increase the total contribution of fruits and vegetables to the diets of the population aged 2 years and older (respectively)
	Additional Information: ● Alignment with "Healthy Food For All" community food security plan facilitated by United Way of the Midlands, with input from more than 60 community partners

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Increase access points for fresh, affordable food • Increase educational opportunities to improve consumption of healthy foods	CHI Health System Role(s): • Partial funder • Strategic Partner • Grant Manager Hospital Role(s): • Strategic Partner • Program Site Host Required Resources: • Financial and in kind support • Staff time • Community partners	• Community service providers (e.g. Latino Center of the Midlands, City Sprouts, NE Extension, Whispering Roots, Big Garden, The Wellbeing Partners/ Share Our Table coalition)
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
In collaboration with community partners, the following represent activities the Omaha Metro CHI Health hospitals will either **lead** as a system or facility, **support** through dedicated funding and staff time or a combination thereof, as appropriate. • 2.1.1: Financial support and promotion of Double Up Food Bucks, a Supplemental Nutrition Assistance Program (SNAP) incentive program (System) • 2.1.2: Provide financial support and in-kind contributions for the maintenance and expansion of Community Gardens (CUMC Bergan/ University Campus) • 2.1.3: Siembra Salud- 'Grow Wellness' a backyard garden, home visiting and education program designed to increase food access for low-income Latino residents in East Omaha (System) • 2.1.4: Support Farmer's Markets nutrition education programs (System)	2.1.1 • $ value of Double Up Food Bucks redeemed • $ value of qualifying SNAP purchases of fresh fruits and vegetables • # of unduplicated Double Up Food Bucks customers • # of Double Up Food Bucks purchases 2.1.2 • # of garden beds • # of volunteers 2.1.3 • # of families served • # of individuals served • # of home visits • # of referrals made • Pounds of produce grown • % of year 1 (new) families that indicated they want to return for a second year • # of families on waitlist for 2021 2.1.4 • # of participating sites • # of farm stand customers served • $ value of WIC Farmer's Market vouchers redeemed	2.1.1 Nebraska Extension Double Up Food Bucks annual report: • Voucher tracking • Program evaluation • Customer tracking • Sales data 2.1.2 University Campus quarterly report: • Volunteer attendance • Qualitative description of any garden programming 2.1.3 Siembra Salud annual grant report: • Program attendance • Produce tracking • Referrals and disposition (# of referrals, % of completed or successful referrals) • Pre/ Post Surveys 2.1.4 Whispering Roots/ Big Garden end of year report: • Voucher tracking • Merchant attendance and tracking

● 2.1.5: Provide funding and in-kind support for the implementation of the Share Our Table food security plan in the Omaha Metro (System)	● $ value of Senior Farmer's Market vouchers redeemed ● $ value of produce match provided to vouchers recipients to 'double up ● Total $ of all purchases of fresh, local produce 2.1.5 ● # of active members participating in Share Our Table: ● # of subcommittees created	● Sales data 2.1.5 Share Our Table coalition records ● Meeting attendance/ minutes ● Funding/ in kind support

Related Activities

The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.

- CHI Health Lakeside and CHI Health Midlands offered free, 6-week "Get Cooking!" classes for families to learn how to shop for, prepare and enjoy healthy meals together

Additionally, CHI Health addresses the need for healthy food access in the Omaha Metro through the following:

- Financial support of 5-4-3-2-1 Go!, © an evidence- based health promotion campaign suitable for schools, out of school programs and clinics that emphasizes the following healthy habits, consuming 5 fruits and vegetables daily, drinking adequate water (4 servings daily), consuming 3 servings of dairy daily, limiting screen time to 2 hours or less, and engaging in at least one hour of physical activity daily
- Financial and in-kind support of the Live Well Omaha/ Live Well Omaha Kids collective impact coalition
- Financial and in-kind support of the "Gather" Mobile Kitchen Classroom, an interactive learning lab used at farmer's markets, schools, health fairs and elsewhere to provide engaging, healthy cooking demonstrations

2.1.1 Strategy & Scope: Financial support and promotion of Double Up Food Bucks, a Supplemental Nutrition Assistance Program (SNAP) incentive program (system)

Results

FY20 Actions and Impact:

- Provided $12,500 to support the Double Up Food Bucks program at two seasonal farmer's markets and two year- round retail sites in the Omaha Metro.
- Pledged cash matching funds for two USDA Gus Schumacher Nutrition Incentive Program (Gus NIP) grants. In partnership with NE Community Foundation and Nebraska Extension, funding in FY21 will support the expansion of Double Up Food Bucks to additional sites statewide. In the Omaha Metro, CHI Health funds will support The Wellbeing Partners' efforts to expand on the Healthy Neighborhood Store concept in a locally-owned, Latinx grocery retailer.

FY20 Measures

- $ value of Double Up Food Bucks redeemed: $33,774
- $ value of qualifying SNAP purchases of fresh fruits and vegetables: $43,089.88
- # of unduplicated Double Up Food Bucks customers: 1,070
- # of Double Up Food Bucks purchases: 2,351 (includes duplicated/ repeat customers)

FY21 Actions and Impact:

- Provided $12,500 to support the Double Up Food Bucks program at two seasonal farmer's markets and three year- round retail sites in the Omaha Metro.

- Provided cash matching funds for two USDA Gus Schumacher Nutrition Incentive Program (Gus NIP) grants. In partnership with NE Community Foundation and Nebraska Extension, funding in FY21 supported the expansion of Double Up Food Bucks to additional sites statewide. In the Omaha Metro, CHI Health funds supported The Wellbeing Partners' efforts to expand on the Healthy Neighborhood Store concept in a locally-owned, Latinx grocery retailer, Las Nena's and the addition of a year- round retail site in North Omaha, Fair Deal Market.

FY21 Measures (Omaha/Lincoln)

- $ value of Double Up Food Bucks redeemed: $133,136
- $ value of qualifying SNAP purchases of fresh fruits and vegetables: $160,932.91
- # of unduplicated Double Up Food Bucks customers: 4,625
- # of participating sites (farmer's markets/ year round retailers): 11
- # of NEW sites: 1 (year round retailer)

FY22 Results Pending

2.1.2 Strategy & Scope: Provide financial support and in-kind contributions for the maintenance and expansion of Community Gardens (CUMC Bergan/ University Campus)

Results

FY20 Actions and Impact:

- Maintained community garden on University Campus. While garden produce was accessible to patients and residents surrounding the premises, planned engagement with the local neighborhood association and educational programming were not offered due to COVID-19.

FY20 Measures

- # of garden beds: 9
- # of volunteers: 10 (including individuals from the University Campus Clinic, Pharmacy and Creighton Medical School)

FY21 Actions and Impact:

- Maintained community garden on University Campus. While garden produce was accessible to patients and residents surrounding the premises, planned engagement with the local neighborhood association and educational programming were not offered due to COVID-19.
- Creighton Medical Residency students volunteered time for garden maintenance/ harvest.

FY21 Measures

- # of garden beds: 9
- # of volunteers: 10 (including individuals from the University Campus Clinic, Pharmacy and Creighton Medical School)

FY22 Results Pending

2.1.3 Strategy & Scope: Siembra Salud- 'Grow Wellness' a backyard garden, home visiting and education program designed to increase food access for low-income Latino residents in East Omaha (system)

Results

FY20 Actions and Impact:

- Provided leadership on the Siembra Salud advisory group and financial support of the program. Successfully completed second year of programming, which included a new advanced track for returning families, in addition to the new cohort of families. Added a third cultivadora from the year 1 cohort of families.
- Siembra Salud continued to serve families despite the pandemic. In total, 13 families, representing 44 individuals in the program tested positive for COVID-19. Cultivadoras communicated with families and delivered lessons virtually, including offering a heathy cooking demonstration and canning/ preservation workshop. Based on need, cultivadoras delivered food from local pantries to families who were in quarantine.

FY20 Measures

- # of families served: 29
- # of individuals served: 163
- # of home visits: 279
- # of referrals made: 322
- Pounds of produce grown: 3,157
- % of year 1 (new) families that indicated they want to return for a second year: 100%
- # of families on waitlist for 2021: 70

FY21 Actions and Impact:

- Provided leadership on the Siembra Salud advisory group and financial support of the program. Successfully completed the third year of programming.
- Siembra Salud continued to serve families despite the pandemic. Cultivadoras communicated with families and delivered lessons virtually, including offering a healthy cooking demonstration and canning/ preservation workshop. Based on need, cultivadoras delivered food from local pantries to families who were in quarantine.
- Submitted a $597,406 grant application to launch Siembra Salud Health Career Ladders youth internship program, which will provide Latino youth with training as community health workers, etc., and experiential learning opportunities through the Siembra Salud home visitation/ wellness program.

FY21 Measures

- # of families served: 28
- # of home visits: 201 in FY21; 708 (program inception- EOY report)
- # of referrals made: 68 referrals had been made at the end of FY21 (midway through the program year) 481 total referrals (program inception- EOY report)
- Pounds of produce grown: 850 lbs in FY21; 5,526 (program inception- EOY report)

FY22 Results Pending

2.1.4 Strategy & Scope: Support Farmer's Markets nutrition education programs (system)

Results

FY20 Actions and Impact:

- Partnered with Big Gardens and Whispering Roots to offer pop-up farm stands at four Women, Infant and Children (WIC) clinics and two senior centers in Douglas County. These sites were selected to accommodate individuals participating in the WIC and Senior Farmer's Market voucher program in a safer, smaller market environment and to improve access, as transportation was cited as a barrier contributing to historically low redemption rates in the WIC Farmer's Market voucher program in NE. Planned cooking demonstrations and youth

programming were cancelled in accordance with state directed health measures. With remaining unspent funds provided by CHI Health from the pop-up farm stand pilots, Whispering Roots purchased $3,400 worth of produce to supplement 227 USDA Farmers to Families food boxes for quarantined individuals with low food access, as reported by the Douglas County Health Department.

FY20 Measures

- # of participating sites: 6
- # of farm stand customers served: 144
- $ value of WIC Farmer's Market vouchers redeemed: $1,382
- $ value of Senior Farmer's Market vouchers redeemed: $780
- $ value of produce match provided to vouchers recipients to 'double up:' $2,173
- Total $ of all purchases of fresh, local produce: $4,919

FY21 Actions and Impact:

- Partnered with Big Gardens and Whispering Roots to offer pop-up farm stands at five Women, Infant and Children (WIC) clinics and two senior centers in Douglas and Sarpy County. These sites were selected to accommodate individuals participating in the WIC and Senior Farmer's Market voucher program in a safer, smaller market environment and to improve access (transportation was cited as a barrier contributing to historically low redemption rates in the WIC Farmer's Market voucher program in NE). Added a new local farmer, Lu's Vegetables and Flowers. Offered two farmer's market tours through Santa Monica House and Sarpy County ESU. With remaining unspent funds provided by CHI Health from the pop-up farm stand pilots, Whispering Roots purchased $500 worth of produce to supplement home deliveries for homebound veterans living in Victory Veterans apartments.

FY21 Measures

- # of farm stand participating sites/ NEW sites in FY21: 7; 2 (Sarpy County WIC and Notre Dame Housing)
- # of WIC/ Senior Farmer's Market vouchers redeemed: 1,916
- $ value of WIC/ Senior Farmer's Market vouchers redeemed: $5,748
- $ value of produce match provided to vouchers recipients to 'double up:' $5,748
- Total $ of all purchases of fresh, local produce: $11,496
- Total cash purchases at farm stands: $341
- # of individuals participating in farmer's market tours: 15

FY22 Results Pending

2.1.5 Strategy & Scope: Provide funding and in-kind support for the implementation of the Share Our Table food security plan in the Omaha Metro (system)

Results

FY20 Actions and Impact:

- CHI Health co-led Share Our Table: work group 4, focused on food security policy and advocacy. Distributed a survey to community- based organizations in April/ May 2020 to understand the impact the COVID-19 pandemic was having on the clients they served. Short and long-term opportunities to improve food security were identified, including assessing current healthcare practices related to screening and referral for patients' unmet social needs. Another subgroup decided to leverage two parallel story banking efforts to gather narratives about individuals' lived experiences with food insecurity and navigating complexing state support systems, such as SNAP, in order to inform legislative policy efforts.

FY20 Measures

● # of active members participating in Share Our Table: work group 4: 18 ● # of subcommittees created: 2 (Social needs screening and referral in healthcare and Hunger Narrative)	
FY21 Actions and Impact: ● CHI Health co-led Share Our Table: work group 4, focused on food security policy and advocacy through the first half of the fiscal year. During that time, they distributed a survey to assess social needs screening and referral practices within healthcare settings. Share our Table shifted strategic focus to the USDA Gus Schumacher Nutrition Incentive Program pilot (previously reported in 2.1.1) at Las Nena's. **FY21 Measures** ● # of healthcare organizations that completed social needs screening and referral practices survey: 5 ● # of active subcommittees: 2 (Social needs screening and referral in healthcare and Hunger Narrative)	
FY22 Results Pending	
Goal	**Housing Stability**
Strategy & Scope	**2.2: Identify patients experiencing homelessness and connect them with housing case managers in the community to develop a sustainable housing solution**
Community Indicators	**CHNA 2016** ● No trend data available
	CHNA 2019 ● 20.1% of Metro Area adults reported they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage
	CHNA 2022 ● 23.9% report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.
Timeframe	FY20 – FY22
Background	**Rationale for priority:** ● Socioeconomic factors influence an individual's health, accounting for up to 40% of the total influencing factors. In contrast, health care has a relatively modest influence on an individual's overall health, accounting for approximately 20% of total influence.
	Contributing Factors: ● Economic conditions, available affordable housing stock, employment, education, mental health and substance abuse
	National Alignment: HP2020 guidelines: ● **SDOH-4: Proportion of households that experience housing cost burden**
	Additional Information: ● Housing permanency as a determinant of health is increasingly being viewed as an opportunity to create healthier, more just communities. Other health systems, such as Kaiser Permanente are investing in housing as a way to holistically improve health.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improve clinical and community connections to help individuals secure safe and affordable housing	CHI Health System Role(s): • Partial funder • Strategic Partner • Implementer [Hospital Name] Role(s): • Strategic Partner • Program Site Host Required Resources: • CHI Health Cash and In-Kind • Community Partners	• Together Inc. and other community-based organizations addressing housing
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
In collaboration with community partners, the following represent activities the Omaha Metro CHI Health hospitals will either **lead** as a system or facility, **support** through dedicated funding and staff time or a combination thereof, as appropriate. • 2.2.1 : Referral/ case management for patients experiencing homelessness (Immanuel/ CUMC Bergan)	• # of referrals made to Together for housing case management • # of successful contacts made by Together case manager • # of interventions provided by Together that included financial support (such as paying first month rental fee and deposit or utilities in arrears to restore service) • Direct financial support extended to patients to avoid homelessness or secure stable housing • # of patients who remained housed due to Together intervention • # of patients who attained permanent housing	• Together case management reports, including referrals and interventions • Internal CHI Health EHR/ claims data (to assess healthcare utilization and cost of care)
Related Activities The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof. • Participation in and financial support of the Metro Area Continuum of Care for the Homeless (MACCH) • Provide financial and in-kind contributions to community organizations and sponsor relevant events (e.g. Together, Inc., Salvation Army)		
2.2.1 Strategy & Scope: Referral/ case management for patients experiencing homelessness (Immanuel/ CUMC Bergan)		
Results		
FY20 Actions and Impact:		

- Continued to improve the process of identifying and referring patients with housing instability admitted to CUMC- Bergan Mercy to Together for onsite housing problem solving and case management. Together case manager rounded with department staff to educate them on the availability of resources Together has to prevent their patients from discharging into an unstable housing situation. Continued to refine data collection and evaluation protocols.

FY20 Measures (9/9/19- 8/8/20)

- # of referrals made to Together for housing case management: 181
- # of successful contacts made by Together case manager: 156
- # of interventions provided by Together that included financial support (such as paying first month rental fee and deposit or utilities in arrears to restore service): 37
- Direct financial support extended to patients to avoid homelessness or secure stable housing: $30,651
- # of patients who remained housed due to Together intervention: 18
- # of patients who attained permanent housing: 14

FY21 Actions and Impact:

- Continued to improve the process of identifying and referring patients with housing instability admitted to CUMC- Bergan Mercy to Together for onsite housing problem solving and case management. An additional case manager was added to the team. CHI Health and Together staff worked together to maintain continuity of service when the program had to temporarily go virtual duw to the COVID-19 pandemic. Together case manager rounded with department staff to educate them on the availability of resources. Together has continued to prevent their patients from discharging into an unstable housing situation. CHI Health team continued to refine data collection and evaluation protocols. Intervention definitions:
    - Prevention: Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from moving to an emergency shelter, a place not meant for human habitation, etc.
    - Diversion: a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing

FY21 Measures

- # of referrals made to Together for housing case management: 144
    - Diversion: 4
    - Follow up: 3
    - General Information: 26
    - Prevention: 27
    - Utilities: 16
- Total # of housing case management interventions: 116
- # of financial interventions (such as paying rent, deposit and/or utilities): 42
- Total spent on financial interventions to prevent homelessness or achieve stable housing : $52,144
- # of successful contacts made by case worker: 102
- # of unsuccessful contacts by case worker: 42

FY22 Results Pending

Goal	**Poverty Alleviation**

Strategy & Scope	**2.3: Alleviate poverty in the Omaha Metro through screening and identification of patients experiencing barriers in meeting their essential needs and connecting them with available resources in the community**
Community Indicators	**CHNA 2016** ● 28.8% of Metro Area residents live below 200% of the federal poverty level ● 37.0% of Metro Area children age 0-17 live below the 200% poverty threshold
	CHNA 2019 ● 28.2% of Metro Area residents live below 200% of the federal poverty level ● 35.6% of Metro Area children age 0-17 live below the 200% poverty threshold
	CHNA 2022 ● 10.2% of Metro Area residents live below 200% of the federal poverty level ● 14.2% of Metro Area children age 0-17 live below the 200% poverty threshold
Timeframe	FY20 – FY22
Background	**Rationale for priority:** ● Impetus to shift toward value- based care requires the alignment of population health strategies with traditional health care focus on clinical factors to achieve positive, enduring health improvement
	Contributing Factors: ● Social and economic conditions, employment, education, social support and environmental influences
	National Alignment: HP2020 guidelines: ● SDOH-3.1: Proportion of persons living in poverty ● SDOH-3.2: Proportion of children aged 0-7 years living in poverty
	Additional Information: ● CHI Health received a $1.2 million grant award in FY2020 from CHI National Mission and Ministry Fund to create a sustainability plan for Community Link and spread the use of screening and referral for social needs over three years.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
● Increase the number of people in the Omaha Metro with education and resources to support self-sufficiency ● Improve clinical processes to screen people for essential needs ● Increase the number of healthcare internships available to youth	CHI Health System Role(s): ● Partial funder ● Strategic Partner ● Implementer Hospital Role(s): ● Strategic Partner ● Program Site Host	● Community service providers (i.e. Omaha Bridges out of Poverty, Food Bank for the Heartland, Empowerment Network) ● Internal programs: CHI Health Social Work and Community Link program

	Required Resources: ● CHI Health Cash and In-Kind ● Community Partners	
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
In collaboration with community partners, the following represent activities the Omaha Metro CHI Health hospitals will either **lead** as a system or facility, **support** through dedicated funding and staff time or a combination thereof, as appropriate. ● 2.3.1: Provide financial support and promotion of the Bridges out of Poverty training program (Immanuel/CUMC Bergan) ● 2.3.2: Develop and test screening and referral processes for social needs (System) ● 2.3.3: Participate in internal and external Workforce Development efforts (e.g. Step Up summer internship program, Career Academy and Empowerment Network financial support) (System) ● 2.3.4 Support Community Link program and related efforts to address our patients identified social needs through Community Advocates (system)	2.3.1 ● # of Getting Ahead 'investigators' that successfully completed the program ● # of Getting Ahead 'investigators' that dropped out of the program ● Getting Ahead graduation rate ● Average monthly income increase reported among program graduates (assessed post- graduation at three month intervals) ● Average monthly bill reduction reported among program graduates (assessed post- graduation at three month intervals) ● Average increase in assets reported among program graduates (assessed post- graduation at three month intervals) ● Average reduction in monthly public benefits usage reported among program graduates (assessed post- graduation at three month intervals) ● Average decrease in debt to income ratio reported among program graduates (assessed post- graduation at three month intervals) 2.3.2 ● # of priority community-based organizations that signed Unite Us partner agreements 2.3.3. ● # of Step Up interns hosted at CHI Health ● $ funds provided to support Step Up 2.3.4 ● # of referrals to Community Link ● # of patients served through Community Link	2.3.1 Bridges out of Poverty annual impact report: ● Completion tracking ● Pre and post survey 2.3.2 Unite Us monthly reports and project documents: ● Unite Us partner agreements, monthly network health and utilization reports ● Unite Us integration project charter ● Other project records, such as monthly meeting minutes 2.3.3. Step Up/ CHI Health program records: ● CHI Health sponsorship ($) ● Intern attendance by host site 2.3.4 Community Link year end grant report: ● Innovacer dashboard (# of unique patients served, # of referrals received, #/ type of interventions provided, etc.) ● SDoH screening internal working group meeitng minutes and key actions
Related Activities The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof. ● Implementation of population health coaches and social workers in CHI Health Clinics to provide referrals for community resources such as: Medicaid, EBT, prescription, utility and housing assistance ● Provision of financial and in-kind contributions to community organization and sponsor relevant events (e.g. United Way of the Midlands) ● Convening of CHI Health Affinity Groups for mentorship, networking and leadership development of groups underrepresented in the CHI Health workforce		

- Employment of a Community Health Worker through CHI Health at Home

2.3.1 Strategy & Scope: Provide financial support and promotion of the Bridges out of Poverty training program (Immanuel/ CUMC Bergan)

Results

FY20 Actions and Impact:

- Provided $25,000 to support the Omaha Bridges out of Poverty program in the Omaha Metro. Provided board- level leadership to Omaha Bridges out of Poverty. Provided continuity of program offerings by transitioning in-person classes online due to the COVID-19 pandemic. Secured additional funding to provide course 'investigators' (participants) with tablets to complete coursework at home.

FY20 Measures

- # of Getting Ahead 'investigators' that successfully completed the program: 432
- # of Getting Ahead 'investigators' that dropped out of the program: 46
- Getting Ahead graduation rate: 89%
- Average monthly income increase reported among program graduates (assessed post- graduation at three month intervals): $631.68
- Average monthly bill reduction reported among program graduates (assessed post- graduation at three month intervals): $571.18
- Average increase in assets reported among program graduates (assessed post- graduation at three month intervals): $8,859.60
- Average reduction in monthly public benefits usage reported among program graduates (assessed post- graduation at three month intervals): $101.45
- Average decrease in debt to income ratio reported among program graduates (assessed post- graduation at three month intervals): 35%

FY21 Actions and Impact:

- Provided $24,000 to support the Omaha Bridges out of Poverty program in the Omaha Metro. Provided board- level leadership to Omaha Bridges out of Poverty. Provided continuity of program offerings by providing both in-person and online classes due to the ongoing COVID-19 pandemic. 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 Getting Ahead 'investigators' that successfully completed the program: 432
- # of Getting Ahead 'investigators' that dropped out of the program: 46
- Getting Ahead graduation rate: 89%
- Average monthly income increase reported among program graduates (assessed post- graduation at three month intervals): $631.68
- Average monthly bill reduction reported among program graduates (assessed post- graduation at three month intervals): $571.18
- Average increase in assets reported among program graduates (assessed post- graduation at three month intervals): $8,859.60
- Average reduction in monthly public benefits usage reported among program graduates (assessed post- graduation at three month intervals): $101.45
- Average decrease in debt to income ratio reported among program graduates (assessed post- graduation at three month intervals): 35%

FY22 Results Pending

2.3.1 Strategy & Scope: Develop and test screening and referral processes for social needs through Unite Us (system)

Results

FY20 Actions and Impact:

- The Nebraska Health Information Initiative contracted with Unite Us, a third party technology vendor to deliver a community- based referral platform to members of the state health information exchange (encompassing NE and Southwest IA) in FY21.
- Engaged stakeholders representing acute care management, social workers and Community Link Advocates to identify top community- based referral sources in each of our markets across Nebraska and Southwest Iowa.

FY20 Measures

- No measures to report.

FY21 Actions and Impact:

- CyncHealth, the regional health information exchange, contracted with Unite Us, a third party technology vendor to deliver a community- based referral platform to members of the state health information exchange (encompassing NE and Southwest IA) in FY21.
- Engaged stakeholders representing acute care management, social workers and Community Link Advocates identified top community- based referral sources in each of our markets across Nebraska and Southwest Iowa.
- Worked with CommonSpirit Health IT Product Manager to initiate discovery and draft a project charter for universal social needs screening within the electronic health record and referral to community- based resources using the Unite Us referral platform.
- Secured an executive sponsor for the project.
- Worked with Unite Us and United Way of the Midlands to prioritize and support network outreach, encouraging community-based organizations that our health system regularly sends referrals to, to sign a partner agreement and receive referrals electronically through Unite Us.

FY21 Measures

- # of priority community-based organizations that signed Unite Us partner agreements: 31/ 63 priority organizations

FY22 Results Pending

2.3.3 Strategy & Scope: Participate in internal and external Workforce Development efforts (e.g. Step Up summer internship program, Career Academy and Empowerment Network financial support) (system)

Results

FY20 Actions and Impact:

- Provided $15,000 to support the Step Up summer internship program. Due to COVID-19, CHI Health was unable to provide experiential learning for 10 Step Up interns, as originally planned.

FY20 Measures

- No measures to report.

FY21 Actions and Impact:

- Provided $15,000 to the Empowerment Network to support the Step Up summer internship program. Due to COVID-19, CHI Health was unable to provide experiential learning for 10 Step Up interns, as originally planned.
- Submitted an application to the NE Dept of Economic Development through the Developing Youth Talent Initiative program to extend our health career pipelines into middle schools through twice annual 'Health Career Days.' Unfortunately, the $67,800 proposal was the third ranked submission and therefore did not receive funding.
- Submitted a $597,406 grant application to launch Siembra Salud Health Career Ladders youth internship program, which will provide Latino youth with training as community health workers, etc., and experiential learning opportunities through the Siembra Salud home visitation/ wellness program, as reported in 2.1.3. Measures will begin to be reported in FY22.

FY21 Measures

- No measures to report.

FY22 Results Pending

2.3.4 Strategy & Scope: Support Community Link program and related efforts to address our patients identified social needs through Community Advocates (system)

Results

FY20 Actions and Impact:

- Continued to explore multiple work streams and levels of intervention for the Community Link program, including: resources, application assistance and coordinated call. An ED intervention and triad model of care involving Community Link Advocates, population health coaches and social workers for patients with complex social AND medical needs is being explored. Began to work with NEHII, Unite Us and the CommonSpirit Health Community & Population Health team in pursuit of implementing a social needs referral platform that integrates with our electronic medical record system.
- Added a fifth Community Link Advocate. Community Link maintained a physical presence in four ambulatory clinic, but receive social work referrals from a total of 28 Omaha Metro CHI Health clinics. A planned screening pilot at CHI Health Florence Clinic was postponed due to COVID-19 and is expected to begin in early FY21.

FY20 Measures

- # of referrals to Community Link: 1,332
- # of patients served through Community Link: 517

FY21 Actions and Impact:

- Continued to explore multiple work streams and levels of intervention for the Community Link program, including: resources, application assistance and coordinated call. A triad care model involving Community Link Advocates, population health coaches and social workers for patients with complex social AND medical needs was implemented. Began to work with CyncHealth, Unite Us and the CommonSpirit Health Community & Population Health team in pursuit of implementing a social needs referral platform that integrates with our electronic medical record system.
- Community Link maintained a physical presence in four ambulatory clinics (with a fifth Community Link Advocate working out of the main office), but received social work referrals from a total of 28 Omaha Metro CHI Health clinics.
- A brief social needs screening pilot was initiated, but discontinued at CHI Health Florence Clinic.
- Contracted with a third party evaluator to develop and implement an evaluation plan, which will provide necessary data to build a business case for sustainability.

FY21 Measures

- # of referrals to Community Link: 2,664
- # of patients served through Community Link: 2,126

FY22 Results Pending

Priority Area # 3: Violence Prevention

Goal	**Reduce violence in the Omaha Metro**
Strategy & Scope	**3.1: Partner with community organizations to prevent determinants of violence and lead hospital efforts to prevent re-traumatization after violence has occurred**
Community Indicators	**CHNA 2016** ● 3.6% of respondents in the Omaha Metro Area report being a victim of a violent crime in the past five years ● 9.2% of respondents in NE Omaha report being a victim of a violent crime in the past five years ● 11.6% of Metro Area adult report that they have ever been threatened with physical violence by an intimate partner ● 18% of Omaha Metro respondents consider their neighborhood to be "slightly safe" or "not at all safe." ● Age-adjusted homicide rate of 6.2/100,000 in Metro Area (2001-2013) (U.S.=5.3) ● Violent crime rate in Douglas County = 4.8/1,000 population
	CHNA 2019 ● 1.3% of respondents in the Omaha Metro Area report being a victim of a violent crime in the past five years ● 1.8% of respondents in NE Omaha report being a victim of a violent crime in the past five years ● 13.6% of Metro Area adults report they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner ● 19% of Omaha Metro respondents consider their neighborhood to be "slightly safe" or "not at all safe" ● Age-adjusted homicide rate of 5.6 deaths/ 100,000 in Metro Area (2014- 2016) (U.S.= 5.6) ● Violent crime rate in Douglas County= 484.9/ 100,000 population (2012-2014)
	CHNA 2022 ● 3.4% of surveyed Metro Area adults acknowledge being the victim of a violent crime in the area in the past five years ● 6.1% of respondents in SE Omaha report being a victim of a violent crime in the past five years ● 15.5% of Metro Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner. ● 18% of Omaha Metro respondents consider their neighborhood to be "slightly safe" or "not at all safe." ● Age-adjusted homicide rate of 4.0 deaths/ 100,000 in Metro Area (2017- 2019) ● Violent crime rate in Douglas County= 493.5/ 100,000 population (2015-2017)
Timeframe	FY20 – FY22
Background	**Rationale for priority:** Ranked as a top health concern, according to the 2019 CHNA key informant survey and was reaffirmed as an area of focus through the Changemaker Summit November 2018
	Contributing Factors: Physical and social environment, individual behaviors, economic conditions, education
	National Alignment: Healthy People 2020 objectives: ● IVP-11: Reduce unintentional injury deaths ● IVP-29: Reduce homicides IVP-39 (Developmental): Reduce violence by current or former intimate partners ● IVP-8: Increase access to trauma care in the United States

	● IVP-30: Reduce firearm-related deaths IVP-40 (Developmental): Reduce sexual violence ● IVP-42: Reduce children's exposure to violence
	Additional Information: ● Alignment with Mayor Jean Stothert's Trauma Informed City Initiative

Key Activities		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
● Increase healthcare workforce capacity to provide appropriate care for victims of violence ● Support community capacity to prevent and address priority issues of violence	**CHI Health System Role(s**): ● Partial funder ● Strategic Partner ● Implementer **Hospital Role**(s): ● Strategic Partner ● Program Site Host **Required Resources:** ● CHI Mission & Ministry Grant ● CHI Health Cash and In-Kind ● Other Partners (in-kind) ● Community Task Force input/advise ● Community Partners	● Community-based organizations addressing domestic violence and sexual assault, including, but not limited to: Women's Center for Advancement ● Other community-based violence prevention organizations, including, but not limited to: YouTurn and NE Medicine
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
In collaboration with community partners, the following represents activities the Omaha Metro CHI Health hospitals will either **lead** as a system or facility, **support** through dedicated funding and staff time or a combination thereof, as appropriate ● 3.1.1: Expand the Forensic Nurse Examiner Program (formerly SANE) (System) ● 3.1.2: Support YouTurn's hospital response program for trauma victims and their families (CUMC Bergan/Immanuel) ● 3.1.3: Align with state- level efforts to identify victims of Human Trafficking in	3.1.1 ● # of survivors of domestic violence, sexual assault and human trafficking served through the Forensic Nurse Examiner Program ● # of survivors of domestic violence, sexual assault and human trafficking provided with community resources for support and/ or connected with a patient advocate, if desired: ● # of patients suspected of being victims of human trafficking and connected with appropriate resources for support: ● Avg time from FNEP call to FNE responding onsite for forensic examination and evidence collection: ● # of Forensic Nurse Examiners available to provide 24/7 FNEP coverage. 3.1.2	3.1.1 Forensic Nurse Examiner (FNE) program records ● FNE/ Tele FNE case logs 3.1.2 YouTurn Annual/ Semi Annual CHI Health grant report ● Hospital Trauma Response ● Community- based Prevention/ Case Management 3.1.3 Human Trafficking Task Force program records ● Task Force membership and attendance

healthcare settings and provide support resources (System) ● 3.1.4: Explore ongoing opportunities to promote Trauma Informed Care practices and align with Trauma Informed City Initiative (System)	● # of hospital trauma responses ● # of youth engaged in case management (including juvenile justice involved youth, youth in foster care and other youth referred by school, etc.) ● # of community events ● # of women served through violence prevention program 3.1.3 ● # of CHI Health staff trained using HT101 curriculum ● # of community members trained ● # of parents trained in healthy relationships/ boundaries ● # of human trafficking task force members 3.1.4 ● # of staff that completed the Traumatic Stress Institute Train the Trainer course	

Related Activities

The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through **financial support, in-kind staff contribution or a combination thereof**.

- CHI Health offers Stop the Bleed training and tourniquet kits to law enforcement, school and community members to prepare them to stabilize a victim(s) in the event of a mass casualty or other health emergency
- Participation in the Nebraska Hospital Association: Workplace Violence Task Force
- Offer Crisis Intervention Team (CIT) training for law enforcement
- Provide financial and in-kind contributions to community organizations and sponsor relevant events: (e.g. Women's Center for Advancement, Empowerment Network, YouTurn)
- Participation in Omaha 360, a community violence prevention and intervention coalition, focused on reducing gun violence in North Omaha

3.1.1 Strategy & Scope: Expand the Forensic Nurse Examiner Program (formerly SANE) (system)

Results

FY20 Actions and Impact:

- Continued to serve victims of domestic violence, sexual assault and human trafficking in the Omaha/ Council Bluffs Metro through 24/7, on- call Forensic Nurse Examiner program coverage.
- Created a business plan to implement the state's first tele- SANE program, which will expand access to specialized, trauma-informed Forensic Nurse Examiners in the Omaha Metro via telehealth technology in eight CHI Health hospitals in Nebraska and Southwest Iowa. TeleSANE will launch in FY21.
- Supported LB43- the Sexual Assault Victims' Bill of Rights Act, which was signed into law in FY21 (8/11/20).

FY20 Measures

- # of survivors of domestic violence, sexual assault and human trafficking served through the Forensic Nurse Examiner Program: 498

- # of survivors of domestic violence, sexual assault and human trafficking provided with community resources for support and/ or connected with a patient advocate, if desired: 498
- # of patients suspected of being victims of human trafficking and connected with appropriate resources for support: 13
- Avg time from FNEP call to FNE responding onsite for forensic examination and evidence collection: 30 minutes
- # of Forensic Nurse Examiners available to provide 24/7 FNEP coverage: 15

FY21 Actions and Impact:

- Continued to serve victims of domestic violence, sexual assault and human trafficking in the Omaha/ Council Bluffs Metro through 24/7, on- call Forensic Nurse Examiner program coverage.
- Launched the state's first tele- SANE program, which will expand access to specialized, trauma-informed Forensic Nurse Examiners in the Omaha Metro via telehealth technology in eight CHI Health hospitals in Nebraska and Southwest Iowa.
- Supported LB43- the Sexual Assault Victims' Bill of Rights Act, which was signed into law on 8/11/20.

FY21 Measures

- # of survivors of domestic violence, sexual assault and human trafficking served through the Forensic Nurse Examiner Program: 544
- # of survivors of domestic violence, sexual assault and human trafficking provided with community resources for support and/ or connected with a patient advocate, if desired: 544
- # of patients suspected of being victims of human trafficking and connected with appropriate resources for support: 16/544
- Avg time from FNEP call to FNE responding onsite for forensic examination and evidence collection: 30 minutes
- # of Forensic Nurse Examiners available to provide 24/7 FNEP coverage: 15
- # of hospitals that implemented teleSANE: 7/ 8 hospitals

FY22 Results Pending

3.1.2 Strategy & Scope:Support YouTurn's hospital response program for trauma victims and their families (CUMC Bergan/ Immanuel)

Results

FY20 Actions and Impact:

- Provided $25,000 and board leadership to support YouTurn's trauma response, community-based prevention programming and case management for youth at risk of becoming victims or perpetrators of violence in Northeast Omaha.

FY20 Measures

- # of hospital trauma responses: 8
- # of referrals for youth case management (including juvenile justice involved youth, youth in foster care and other youth referred by school, etc.): 111
- # of community events: 22

FY21 Actions and Impact:

- Provided $25,000 and board leadership to support YouTurn's trauma response, community-based prevention programming and case management for youth at risk of becoming victims or perpetrators of violence in Northeast Omaha.

FY21 Measures

- # of hospital trauma responses: 0 (in- person response paused due to COVID-19)
- # of youth engaged in case management (including juvenile justice involved youth, youth in foster care and other youth referred by school, etc.): 106
- # of women served through violence prevention program: 31

- # of community members reached through violence prevention events: 1,200

FY22 Results Pending

3.1.3 Strategy & Scope: Align with state- level efforts to identify victims of human trafficking in healthcare settings and provide support resources (system)

Results

FY20 Actions and Impact:

- Formed a hospital- based human trafficking task force, which includes representatives from five hospitals, a freestanding ED/ clinic and IP/ OP behavioral health facility located in the Omaha Council Bluffs Metro.
- Hosted Ethics on the Big Screen documentary film screening and panel discussion led by two national human trafficking experts/ survivors.
- Provided each hospital and clinic in the Omaha Metro with patient- facing human trafficking educational resources.
- Secured $264 in grant funding to implement a human trafficking training initiative targeting healthcare staff and the community over the next three fiscal years: FY21- 23. Over the next three years, 100% of emergency department, labor and delivery and security staff in CHI Health Omaha/ Council Bluffs hospitals will be trained to identify signs of human trafficking within patient population and respond appropriately.
- Provided input on a proposed CommonSpirit Health abuse, neglect and violence policy applicable across all acute, ambulatory and skilled nursing facilities.

FY20 Measures

- # of human trafficking task force members: 19
- Human trafficking training metrics will be reported beginning in FY21

FY21 Actions and Impact:

- Hospital- based human trafficking task force continued to meet every two months, with representatives from five hospitals, a freestanding ED/ clinic and IP/ OP behavioral health facility located in the Omaha Council Bluffs Metro.
- Provided each hospital and clinic in the Omaha Metro with patient- facing human trafficking educational resources.
- Provided input on the CommonSpirit Health abuse, neglect and violence policy applicable across all acute, ambulatory and skilled nursing facilities, which was implemented in FY21.
- Advocated for all CHI Health Midwest Division staff to be required to complete HT101 training annually. The Education committee approved the training requirement beginning in FY22.
- Delivered a Nursing Grand Rounds training, *Human Trafficking: What Nurses Need to Know.*
- Hired a part-time Anti- Trafficking Training Coordinator.
- Hosted a three- part Anti- Trafficking Lunch and Learn webinar series, in partnership with the WCA.
- Convened a planning committee to help inform a CHI Health- sponsored, Regional Anti- Trafficking Conference in FY22.

FY21 Measures

- # of CHI Health staff trained using HT101 curriculum: 165
- # of community members trained: 206
- # of parents trained in healthy relationships/ boundaries: 30
- # of human trafficking task force members: 22

FY22 Results Pending

3.1.4 Strategy & Scope: Explore ongoing opportunities to promote Trauma Informed Care practices and align with Trauma Informed City Initiative (system)
Results
FY20 Actions and Impact: ● CHI Health continued to engage in Trauma Matters Omaha's community of practice. CommonSpirit Health is developing a national trauma-informed care training module that was expected to be completed in early FY21. Once that tool is available for use, the Healthy Communities team, CHI Health Clinical Education team and the Behavioral Health service line will reassess a workforce training strategy for the Midwest Division. **FY20 Measures** ● No measures to report.
FY21 Actions and Impact: ● CHI Health continued to engage in Trauma Matters Omaha's community of practice. The CHI Health- Behavioral Health Service Line applied for and received a Trauma Matters Omaha- Whole System Change Training/ Learning Collaborative opportunity through Traumatic Stress Institute. **FY21 Measures** ● # of staff that completed the Traumatic Stress Institute Train the Trainer course: 15
FY22 Results Pending

Dissemination Plan

CHI Health Midlands CHNA is posted online at www.chihealth.com/chna.

Written Comments

CHI Health Midlands 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

Appendix A: Resources Available for "Areas of Opportunity"

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- All Care Health Center
- Behavioral Health Connection Line
- Center for Holistic Care
- Center for Holistic Development
- Charles Drew Health Center
- CHI Health
- CHI Health Behavioral Health Services
- Doctor's Offices
- Douglas County Community Mental Health Center
- Douglas County Health Department
- Faith-Based Organizations
- Federally Qualified Health Centers
- Fred Leroy Health and Wellness
- Free or Reduced-Cost Drug Programs
- Healing Gift Free Clinic
- Heart Ministry Center Medical Clinic
- Hospitals
- I-Smile
- Methodist Health System
- Nebraska Medicine
- Nebraska Urban Indian
- NOAH Clinic
- OneWorld Community Health Center
- Region 6
- Together Inc.
- YMCA
- Youth-Serving Agencies
- YouTurn

Cancer

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

Coronavirus

- Acute Care Centers
- Bellevue Medical Center
- CDC
- Charles Drew Health Center
- CHI Health
- CHI Health Creighton University Medical Center
- CHI Health Immanuel
- CHI Health Midlands
- Churches
- CVS
- Department of Health and Human Services
- Doctor's Offices
- Douglas County Health Department
- Douglas County Testing Sites
- Federal COVID Relief Program
- Federally Qualified Health Centers
- Food Pantries
- Girls Inc.
- Health Department
- ICAP Program
- Karen Society of Nebraska
- Mental Health Services
- Methodist Health System

- Nebraska Medicine
- North Omaha Community Care Council
- Omaha COVID Free Coalition
- OneWorld Community Health Center
- Pharmacies
- Pottawattamie County Health Department
- Public Health
- Refugee Empowerment Center
- Region 6
- Sarpy/Cass Health and Wellness Department
- State of Nebraska
- Test NE
- Unemployment Benefits
- University Medical Center LaVista
- UNMC
- Vaccination Centers

Chronic Kidney Disease

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

Dementia/Alzheimer's Disease

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

Diabetes

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

Disabilities

- Charles Drew Health Center
- CHI Health
- Community Health Clinics
- Doctor's Offices
- Health System
- Medicaid
- Munroe Meyer Institute
- Nebraska Medicine
- Nebraska Medicine Pain Management Program
- OneWorld Community Health Center
- Physical Therapy
- 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

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

Injury and Violence

- 100 Black Men
- Bellevue Medical Center
- Black Police Association
- Catholic Charities
- Charles Drew Health Center
- CHI Health
- CHI Health Creighton University Medical Center
- CHI Health Midlands
- Child Protective Services
- City Council
- Community Leaders
- Court Appointed Self-Advocates
- Elected Officials
- Empowerment Network
- Faith-Based
- Fire Department
- Fred and Pamela Buffett Cancer Center
- Gang Reduction Organizations
- Health Department

- Heartland Family Services
- Highway Safety
- Hospitals
- Juvenile Probation
- Law Enforcement
- Local News
- Local Newspapers
- Magdalene Omaha
- Mental Health Services
- Methodist Hospital
- Metro Area Youth Services
- Nebraska Medicine
- Nebraska Safety Council
- Neighborhood Associations
- NOAH Clinic
- Non-Profits
- Omaha 360
- Omaha Black Men
- Omaha Healthy Start
- Omaha Police Department
- P.A.C.E.
- Police Athletic League
- Project Extra Mile
- Project Harmony
- Public Health
- SANE Programs
- Sarpy County Legal Services
- School System
- Shelters
- Social Services
- State Legislature
- Step Up Jobs Program
- Trauma Matters Omaha
- UNMC
- Urban League
- Victims Assistance Fund
- Village Zone Pastors and Faith Leaders Collaborative
- Wellbeing Partners
- Women's Advocates
- Women's Center for Advancement
- Workforce Development
- YouTurn
- YWCA

Mental Health

- AA/NA
- All Care Health Center
- ARC
- Behaven Kids
- Behavioral Consultants
- Behavioral Health and Education Network
- Behavioral Health Education Center of Nebraska
- Behavioral Health Providers
- BNECN
- Boys Town
- Breast Care EAP Hotline
- Campus for Hope
- CARES Act
- Catholic Charities
- Center for Holistic Development
- CenterPointe
- Charles Drew Health Center
- CHI Health
- CHI Health Behavioral Health Services
- CHI Health Heritage Center
- CHI Health Immanuel
- CHI Health Psychiatric Services
- Child Saving Institute
- Children's Square USA
- Churches
- COAD Groups
- Coalition RX
- College of Public Health
- Community Alliance
- Community-Based Service Providers
- Community Counseling
- Community Health Centers
- Compassion in Action
- Connections
- Crisis Hot Line
- Doctor's Offices
- Douglas County
- Douglas County Community Mental Health Center
- Douglas County Health Department
- Douglas County Inpatient Unit
- Douglas Detox
- Eastern Nebraska Office on Aging
- Employee Assistance Programs
- Faith-Based Organizations
- Federally Qualified Health Centers
- Fremont Health
- Fremont Hospital
- Hawks Foundation
- Health Care Community
- Health Department
- Health System
- Heartland Family Services
- Homeless Shelters
- Horizon Group
- Hospitals
- Inpatient Psychiatric Facilities
- Kanesville Therapy
- Kim Foundation
- Lasting Hope Recovery Center
- Law Enforcement
- Local Newspapers

- Lutheran Family Services
- Mental Health Association of Nebraska
- Mental Health Services
- Meridian
- Methodist Health System
- Methodist Hospital
- Methodist Jennie Edmundson Hospital
- NAMI
- Nebraska Medical Association
- Nebraska Medicine
- Nebraska Medicine Psychiatric Services
- Nebraska Mental Health and Aging Coalition
- Nebraska Urban Indian
- NEMA
- NOAH Clinic
- Non-Profits
- North Omaha Community Care Council
- Omaha Police Department
- Omaha Public Schools
- OneWorld Community Health Center
- Peer Support Organizations
- PES
- Private Counselors
- Project Harmony
- Public Health Association of Nebraska
- Region 5
- Region 6
- Richard Young
- Safe Harbor
- Salvation Army
- School System
- Shelters
- South Omaha Community Care Council
- Southeast Nebraska Community Action Council, Inc. (SENCA)
- State and County Government
- Support Groups
- SWIA Mental Health and Disability Services
- TEAM
- Telecare
- Think Whole Person Healthcare
- UNMC
- UNMC Center for Reducing Health Disparities
- Wellbeing Partners

Nutrition, Physical Activity, and Weight

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

- Whispering Roots
- WIC
- YMCA
- Youth-Serving Agencies

Oral Health

- All Care Health Center
- Anding Family Dental
- Charles Drew Health Center
- CHI Health Creighton University Medical Center
- Community Health Clinics
- Creighton Dental School
- Dentist's Offices
- Heart Ministry Center Medical Clinic
- I-Smile
- Omaha Public Schools
- OneWorld Community Health Center
- School System
- Shelters
- UNMC College of Dentistry
- Worthy Dental

Respiratory Diseases

- 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
- CenterPointe
- Charles Drew Health Center
- CHI Health Creighton University Medical Center
- CHI Health Immanuel
- Coalition RX
- Community Alliance
- Community Mental Health Providers
- Department of Health and Human Services
- Douglas County Detox
- Emergency Assistance Programs
- Emergency Shelters
- Faith-Based Organizations
- Family Works
- Healing Gift Free Clinic
- Health Department
- Health System
- Heartland Family Services
- Heritage Health MCOs
- Homeless Shelters
- Hope Center
- Hospitals
- Increased Screenings
- InRoads
- Journeys
- Lasting Hope Recovery Center
- Lutheran Family Services

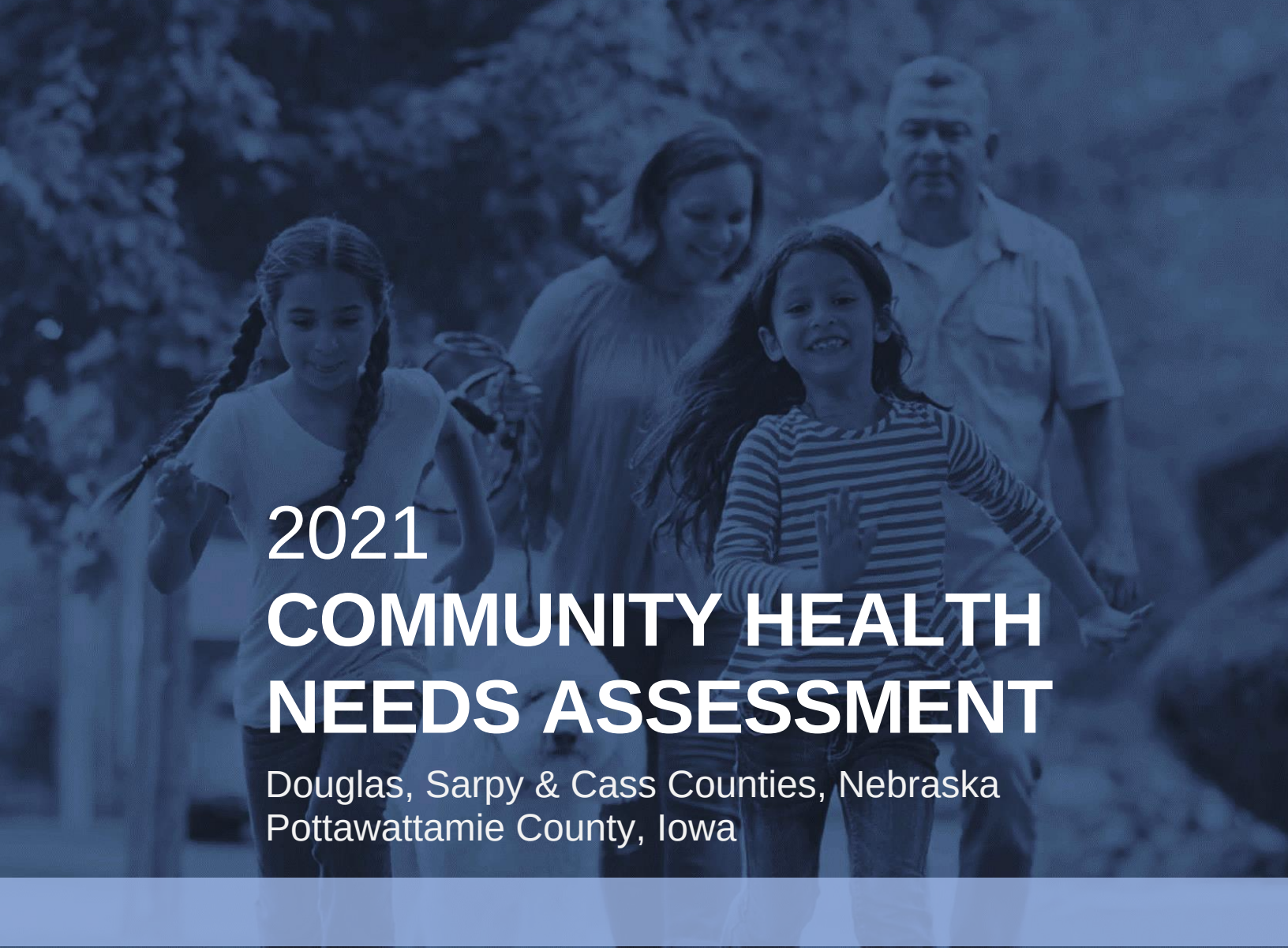
- Methadone Clinic
- NAMI
- Nebraska Medicine
- Non-Profits
- NOVA
- OneWorld Community Health Center
- Open Door Mission
- Printed Resources
- Region 6
- Salvation Army
- Santa Monica House
- School System
- Siena Francis
- St. Gabriels
- State and County Government
- Stephen Center
- Substance Abuse Treatment Clinics
- SWIA Mental Health and Disability Services
- Together Inc.
- UNMC
- VA
- Valley Hope
- VNA

Tobacco Use

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

Appendix B: PRC CHNA Executive Summary

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

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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.

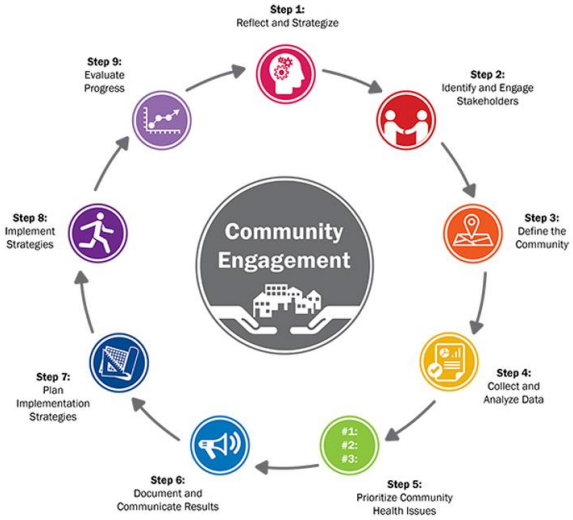
SPONSORING ORGANIZATONS ► **Douglas County Health Department**; **Pottawattamie County Public Health**; **Sarpy/Cass Health Department**; **CHI Health** (CHI Health Creighton University Medical Center–Bergan Mercy, CHI Health Immanuel, CHI Health Lakeside, CHI Health Mercy Council Bluffs, and CHI Health 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.

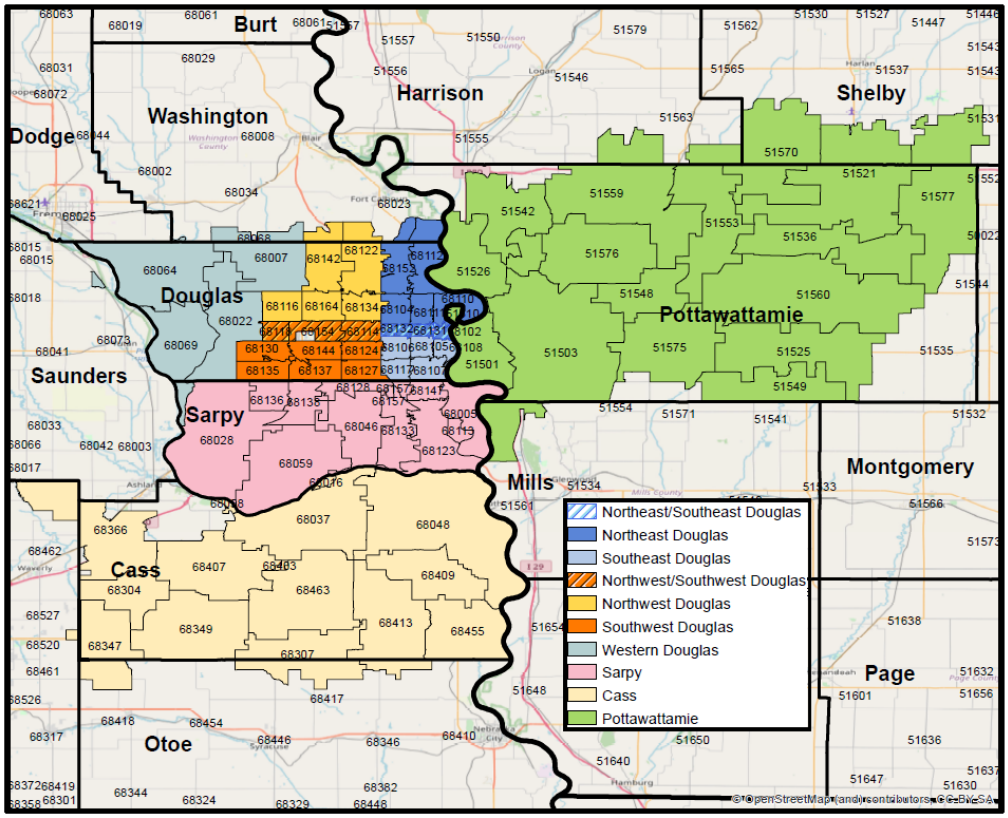
PRC Community Health Survey

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.

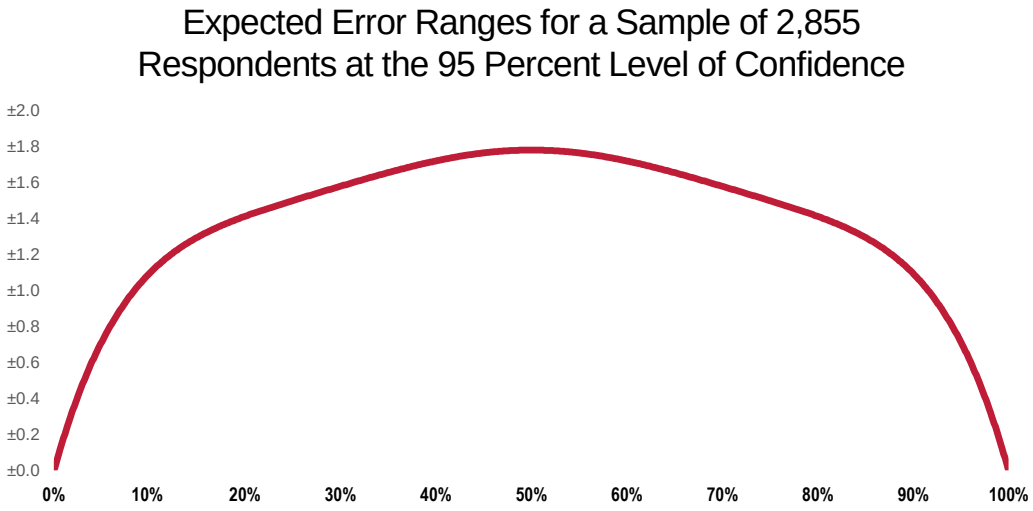


Sample Approach & Design

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.



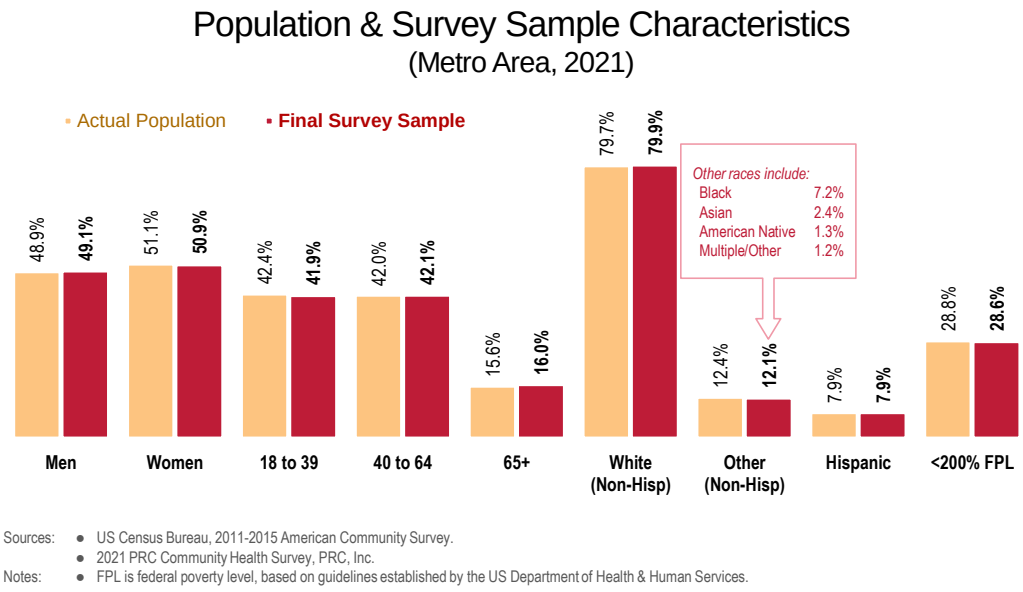
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

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		

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

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

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

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

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

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

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.

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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.

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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

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.

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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

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

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

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

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

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

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.

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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.

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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

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.

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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.

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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

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

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.

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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.)