Community Health Needs Assessment

Lasting Hope Recovery Center – Omaha, NE

2019

CHI Health

Lasting Hope Recovery Center Community Health Needs Assessment

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Executive Summary

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

CHI Health is a regional health network consisting of 14 hospitals, two stand-alone behavioral health facilities, a free standing emergency department, 136 employed physician practice locations and more than 11,000 employees in Nebraska and Western Iowa. Our mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our walls. 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.

Lasting Hope Recovery Center is a 64-bed, adult mental health facility offering mental health crisis assessments, triage, and both acute and sub-acute inpatient care, providing services across a five-county region in Nebraska, known as Region 6. For the purposes of the Community Health Needs Assessment, the primary service area was defined as the four counties comprising the Omaha Metro- Douglas, Sarpy and Cass Counties, NE and Pottawattamie County, IA, as 75-90% of patients served in calendar year 2017 resided in those counties.

A joint Community Health Needs Assessment was completed on behalf of the five Omaha Metro CHI Health hospitals (CUMC Bergan, Immanuel, Lakeside, Mercy Council Bluffs, and Midlands and one psychiatric inpatient facility (Lasting Hope Recovery Center), in partnership with the Health Departments of Douglas, Sarpy/ Cass and Pottawattamie to satisfy regulatory compliance. Primary and secondary data were collected, analyzed and interpreted to derive health priorities for CHI Health and community partners to collectively address over the next three years, beginning July 1, 2019 and concluding June 20, 2020. CHI Health will work with internal teams and external partners to further prioritize the community health needs identified in the CHNA, dedicate resources and implement impactful activities with measurable outcomes through the implementation strategy plan (ISP) to be published in July 2019.

Identified as a top priority across the Omaha metro area in 2011, 2015 and again in 2018 by the community health needs assessment (CHNA), behavioral health has been a main focus of need across the four- county area of Douglas, Sarpy and Cass in Nebraska and Pottawattamie in Iowa, as well as at the state and national levels.

Lasting Hope Recovery Center Community Health Needs Assessment

In fiscal year 2019, **Lasting Hope Recovery Center** conducted a joint Community Health Needs Assessment (CHNA) in partnership with the five CHI Health hospitals located in the Omaha Metropolitan Area of Omaha, NE and Council Bluffs, IA (CUMC Bergan, Immanuel, Lakeside, Mercy Council Bluffs and Midlands) and with the following community partners: Douglas County Health Department, Live Well Omaha, Methodist Health System, Nebraska Medicine, Pottawattamie County Public Health

Department, and Sarpy/Cass County Department of Health and Wellness and Professional Research Consultants, Inc.

Professional Research Consultants, Inc. performed both primary and secondary data collection including key informant surveys and community health surveys to assess the needs of the community. The CHNA led to the identification of 11 priority health needs for the Omaha Metro Area. With the community, **Lasting Hope Recovery Center** will further work to identify each partner's role in addressing these health needs and develop measureable, impactful strategies. A report detailing **Lasting Hope Recovery Center's** implementation strategy plan (ISP) will be released in July, 2019.

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

Introduction

Health System Description

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

Facility Description

Lasting Hope Recovery Center (LHRC) is located in Omaha, NE and is a 64-bed, adult psychiatric facility offering mental health crisis assessment, triage, and both acute and sub-acute inpatient care. LHRC was created through a public-private partnership in 2008 to address the shortage of inpatient adult psychiatric beds in the Omaha metro area. LHRC provides office space for community based organizations including the Salvation Army, Lutheran Family Services, National Alliance for the Mentally Ill-Nebraska, and Behavioral Health Education Center of Nebraska allowing for easier access to resources for patients upon discharge. Services include:

- Child, adolescent, adult, and geriatric behavioral health treatment
- Partial hospitalization
- Home Care
- Anxiety, mood, and personality disorder treatment
- Chemical dependency treatment

Purpose and Goals of CHNA

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

The goals of this CHNA are to:

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

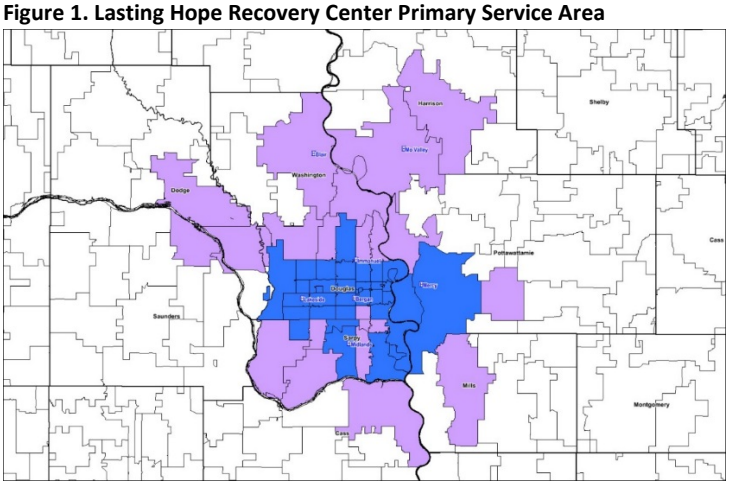
Joint Assessment

A joint community health needs assessment was completed on behalf of the five Omaha Metro CHI Health hospitals (CUMC Bergan, Immanuel, Lakeside, Mercy Council Bluffs, and Midlands and one psychiatric inpatient facility (Lasting Hope Recovery Center), in partnership with the Health Departments of Douglas, Sarpy/ Cass and Pottawattamie to satisfy regulatory compliance. The remainder of this CHNA report represents information specific to **Lasting Hope Recovery Center**, though the community health needs assessment was completed collaboratively for all Omaha Metro CHI Health hospitals.

Community Definition

Lasting Hope Recovery Center (LHRC) is located in Omaha, 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 between 75% and 90% of patients served. These counties are considered to be and referred to as the "Omaha Metro Area."

Figure 1. Lasting Hope Recovery Center Primary Service Area



Source: CHI Health Planning Datamart, Epic & PDR IP & OP CY2017 data

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% of the population identifying as Black or African American and 12% identifying as Hispanic, it is less diverse than the United States overall (13.4% Black or African American, 18.1% 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[2]	543,253	172,460	25,463	93,198
Population per square mile[3] (density)	1653.82	721.53	45.68	98.05
Total Land Area[3] (sq. miles)	328.48	239.02	557.45	950.56
Rural vs. Urban[3]	Urban (2.17% rural)	Urban (5.27% rural)	Rural (72.96% rural)	Urban (26.42% rural)
Age[2]				
% below 18 years of age	25.88	28.14	24.44	23.68
% 65 and older	11.54	10.22	16.00	15.69
	Douglas	**Sarpy**	**Cass**	**Pottawattamie**
Gender[2]				
% Female	50.75	50.01	49.89	50.63
Race[2]				
% Black or African American	11.17	4.07	0.79	1.45

[1] U.S. Census Bureau Quick Facts (v2018 estimate). Accessed January 2019. http://www.census.gov/quickfacts-
[2] U.S. Census Bureau Quick Facts (v2018 estimate). Accessed January 2019. http://www.census.gov/quickfacts
[3] US Census Bureau, American Community Survey. 2012-2016. Accessed January 2019. http://assessment.communitycommons.org/CHNA/report?reporttype=libraryCHNA

% American Indian and Alaskan Native	0.52	0.37	0.17	0.33
% Asian	3.26	2.28	0.6	0.68
% Native Hawaiian/Other Pacific Islander	0.04	0.12	0.03	0.01
% Hispanic	12.0	8.41	2.93	7.24
% Non-Hispanic White	80.24	89.88	97.29	95.63

Socioeconomic Factors

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

Table 2. Socioeconomic Factors

	Douglas	Sarpy	Cass	Pottawattamie
Income Rates[4]				
Median Household Income (in 2017 dollars)	$56,003	$72,269	$65,385	$53,260
Poverty Rates[4]				
Persons in Poverty	14.2%	6.22%	7.03%	11.76%
Children in Poverty	15%	6%	10%	15%
Employment Rate[5]				
Unemployment Rate	3.5	3.0	4	4.2
Education/Graduation Rates[6]				
High School Graduation Rates	85%	94%	93%	90%
Some College	72%	81%	73%	63%
Insurance Coverage[7]				

[4] U.S. Census Bureau Quick Facts (v2017 estimate). Small Area Income and Poverty Estimates. Accessed January 2019. http://www.census.gov/quickfacts

[5] Community Commons, Bureau of Labor Statistics. August 2018. Accessed January 2019. http://assessment.communitycommons.org

[6] County Health Rankings- Compare Counties Snapshot (2018). Data sourced from Nebraska Department of Education, American Community Survey 5- Year Estimates (2012- 2016). Accessed January 2019. http://www.countyhealthrankings.org

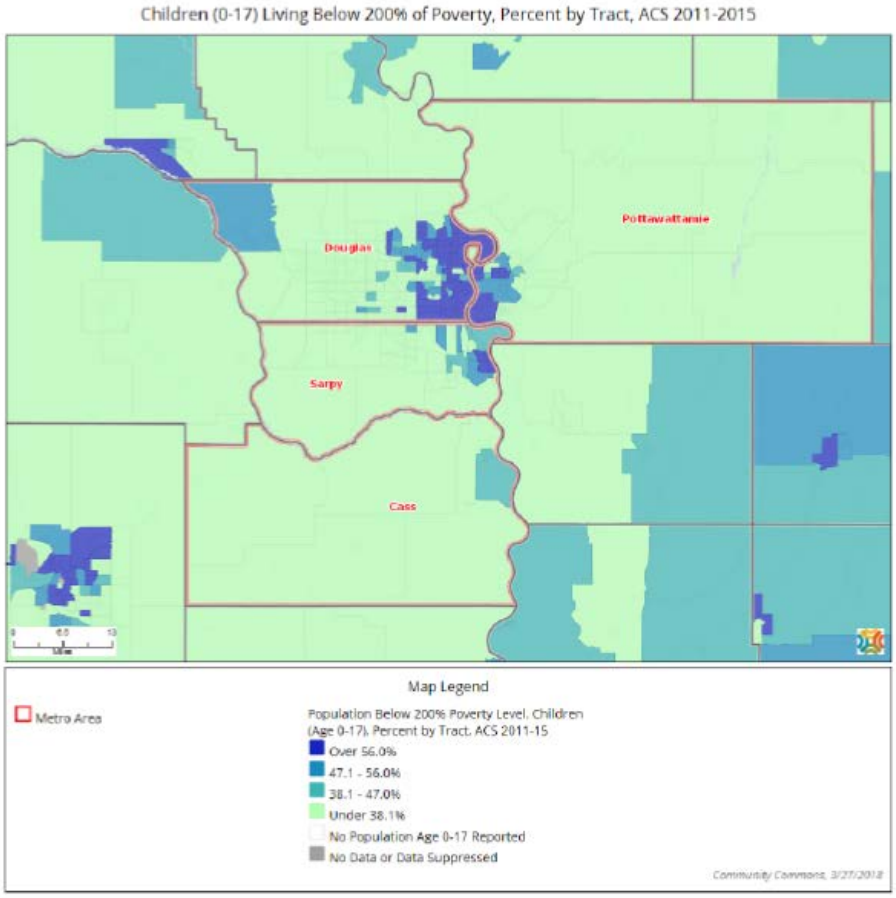
[7] Community Commons, US Census Bureau (2015) - US Census Bureau's Small Area Health Insurance Estimates. Accessed January 2019. http://assessment.communitycommons.org

% of Population Uninsured	9%	6%	7%	6%
% of Uninsured Children (under the age of 19)[8] *	4.0%	3.7%	4.6%	2.7%

*The uninsured children rates reported for Douglas, Sarpy and Cass Counties reflect 2015 values. This data was reported by Voices for Children in Nebraska. The uninsured child rate in Pottawattamie is reflective of 2013- 2017 and is reported by the Child and Family Policy Center.

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.[9]

Figure 1. Population of Children Below the Poverty Level[9]



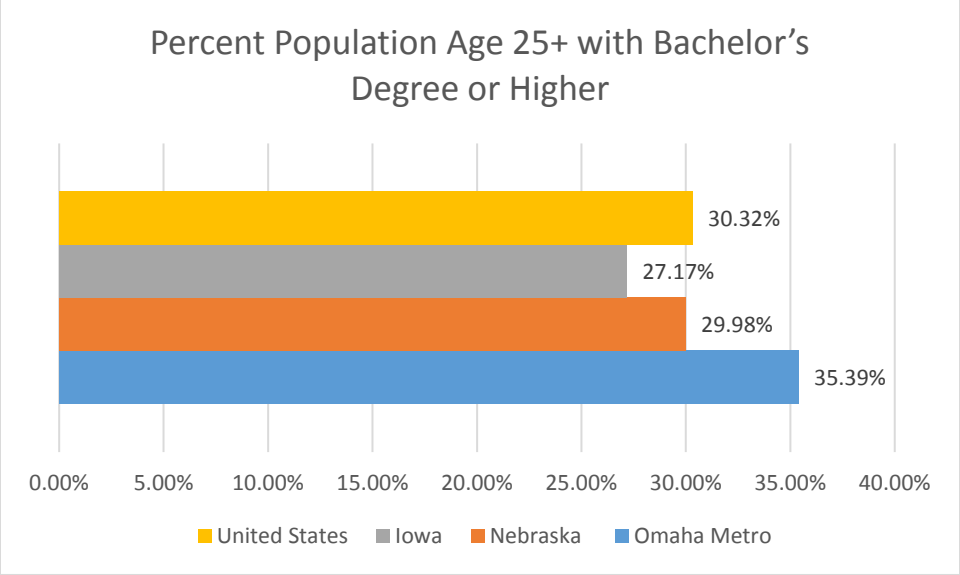
[8] U.S. Census Bureau, SAHIE 2012. Accessed via Kids Count Data. https://datacenter.kidscount.org. Accessed March 2019

[9] Community Commons, Tract ACS (2015). Accessed March 2018. http://assessment.communitycommons.org/CHNA/Map.aspx?mapid=11989&areaid=31025,31053,31055,31153,31177&reporttype=libraryCHNA

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 (35.39%) as compared to the State of Nebraska (29.98%), Iowa (27.7%) and Country overall (30.32%), as shown in Figure 3.[10] This is important to note as educational attainment has been linked to positive health outcomes.

Figure 2. Percent Population Age 25+ with Bachelor's Degree of Higher[10]



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.[11]

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

[10] Community Commons. US Census Bureau, American Community Survey. 2012-2016. Accessed January 2019. http://assessment.communitycommons.org/CHNA/report?page=2&id=764&reporttype=libraryCHNA

[11] City Data. Greater Omaha Chamber of Commerce. Accessed April 2019. http://www.city-data.com/us-cities/The-Midwest/Omaha-Economy.html

- 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

The process of identifying community health needs across the Omaha Metro Area was accomplished by using data and community input from processes led by Professional Research Consultants, Inc.

- **Professional Research Consultants**, Inc. (PRC) is a third-party agent contracted by local health systems and health departments (see list below) to conduct the Community Health Needs Assessment for a four-county area, referred to as the Omaha Metro Area that includes Douglas, Sarpy, and Cass Counties, Nebraska, and Pottawattamie County, Iowa. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting CHNAs across the United States since 1994. Along with several other community stakeholders, CHI Health was an active key health partner working with PRC to design, implement, review and present the data.

PRC Timeline
The Omaha Metro Area CHNA, conducted by PRC, utilized both primary and secondary data collected through the PRC Community Health Survey (primary); Online Key Informant Survey (primary); and public health, vital statistics, and other data collection (secondary). The timeline for the PRC CHNA process can be found in Table 3 below. The following organizations were represented and participated in the project discussion, planning, and design process:

- Kelly Nielsen, CHI Health
- Becky Jackson, Nebraska Medicine
- Jeff Prochazka, Methodist Health System
- Mike Kraus, Methodist Health System
- Adi Pour, Douglas County Health Department
- Kerry Kernen, Douglas County Health Department
- Kris Stapp, Pottawattamie County Health Department/VNA
- Sarah Schram, Sarpy/Cass County Health Department
- Sarah Sjolie, Live Well Omaha
- Emily Nguyen, Omaha Community Foundation
- Kali Baker, Omaha Community Foundation
- Mariel Harding, United Way of the Midlands
- Andrea Skolkin, OneWorld Community Health Center

- Kenny McMorris, Charles Drew Community Health Center
- Jeanne Weiss, Building Healthy Futures
- Dr. Debbie Tomak, Children's Hospital and Medical Center

Table 1. Timeline of CHNA Process

	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 Live Well Omaha Changemaker Summit											X	

PRC Methods

PRC Community Health Survey

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

Sponsoring coalition members included:

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

Supporting organizations include:

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

The PRC Community Health Survey was conducted via mixed mode methodology, including a telephone survey which incorporated both landline and cell phone interviews, as well as through online questionnaires, and utilized a stratified random sample of individuals age 18 and over across the Metro Area. The sample design consisted of a total of 2,527 individuals age 18 and older in the Metro Area. This random sampling of residents reflects 1,527 adults in Douglas County (50 in each zip code of the county), 500 in Sarpy County, 100 in Cass County, and 400 in Pottawattamie County. In addition, PRC oversampled Douglas County to allow for an increase in samples among Black and Hispanic residents and to achieve a target of a minimum of 50 surveys in each zip code in the county. Once all of the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the individual counties and the Metro Area as a whole. Including the oversampling, the breakdown of total surveys completed in each county is as follows:

- 1,527 in Douglas County
- 500 in Sarpy County
- 100 in Cass County
- 400 in Pottawattamie County
- Total: 2,527 residents across the Metro Area

For further information on rates of error, bias minimizations, and sampling process, please refer to the Methodology section located in the PRC report (in the Appendix of this report) .

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 sponsoring organizations. The list included names and contact information for 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 163 key informants completed the survey. A breakdown of Key Informants can be found in Table 4 below.

Table 2. Key Informant Participants for PRC CHNA

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participated**
Social Service Provider	119	60
Community Leader	84	41
Other Health Provider	79	24
Physician	55	12
Business Leader	35	11
First Responder	6	5

Public Health Representative	15	5
Criminal Justice	8	3
Advanced Practice Provider	13	1
Postsecondary Educator	3	1
Total	**417**	**163**

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

Public Health, Vital Statistics & Other Data

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

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

Input from Community

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

minorities, non-English speaking, North and South Omaha, prenatal, substance abusers, undocumented, uninsured/underinsured, veterans, WIC clients, women and children, young adults).

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

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

Public Health Engagement

The Health Departments of Douglas, Sarpy/ Cass and Pottawattamie all participated in the CHNA process with CHI Health on behalf of CUMC Bergan, Immanuel, Lakeside, Midlands, Lasting Hope Recovery Center and Mercy Council Bluffs. Each of the three respective health departments collaborated with CHI Health and Professional Research Consultants in preliminary discussions around planning and designing the CHNA process; identifying key informants to complete the online Key Informant survey; analysis and interpretation of survey findings; and planning and presentation at the Live Well Omaha Changemaker Summit.

Each of the health departments were undertaking their mandated community health assessment process concurrently with CHI Health's triennial Community Health Needs Assessment. The community engagement process followed an approach as outlined in the Community Health Assessment Toolkit developed by the Association for Community Health Improvement™ (ACHI). See Figure 4 below for the community engagement process that CHI Health, Douglas County Health Department, Sarpy/ Cass Department of Health and Wellness and Pottawattamie Public Health Department undertook for the 2019 Community Health Needs Assessment.

Figure 4. ACHI Community Engagement Process for Community Health Needs Assessment

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

Findings

PRC identified the following 11 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 5 represent the significant health needs identified within the Omaha Metro community.

Table 3. "Areas of Opportunity" Identified by PRC

PRC		
Health Need Statement	**Data and Rationale for High Priority**	**Trend**
Access to Healthcare Services **Cited by 24.7% of key informants as a major problem and 46.2% characterized it as a moderate problem**	• 7.9% of Omaha Metro residents had no insurance coverage for healthcare expenses • 31.7% of Omaha Metro residents experienced some type of difficulty or delay in obtaining healthcare services in the past year • Top three barriers that prevented access to healthcare services in the past year: inconvenient office hours (11.9%), appointment availability (11.8%) and cost of prescriptions (10.5%) • 86.0% of Omaha Metro residents age 18+ have a particular place for care • 74.6% of children of respondents age 18+ have a particular place for care • 71.5% of Omaha Metro residents have had a routine checkup in the past year • 84.4% of children of respondents have had a checkup in the past year	• Rate of uninsured adults in Omaha is decreasing overall (12.1% in 2011, compared to 7.9% in 2018), but disparities persist. Among very low-income individuals, 22.1% reported having no insurance coverage, as did 23.1% of Hispanic respondents and 16.6% of Black respondents.
Cancer **Cited by 32.4% of key informants as a major problem in the community and another 45.6% characterized it as a moderate problem**	• Age- adjusted cancer mortality rate is 166.2/ 100,000 population for the Omaha Metro, which is higher than the state average in Nebraska (157.0) and Iowa (163.3), as well as the national average (158.5) • The age- adjusted cancer mortality rate among Non-Hispanic Black residents of the Omaha Metro was 208.6/ 100,000 population between 2014-2016, which is significantly higher than for Non-Hispanic White residents (167.4) and for Metro Area Hispanic residents (90.5). • Lung cancer is the leading cause of cancer deaths in the Omaha Metro. The age- adjusted lung cancer death rate for the Omaha Metro is 44.4/ 100,000 population, which is higher than for the state of Nebraska (39.9), Iowa (43.0) and the nation (40.3). • Among Metro Area women age 21 to 65, 82.5% have had a Pap smear within the past 3 years. This is favorable compared to the NE and IA state average, but below the Healthy People 2020 target of 93% or higher. The rate of cervical cancer screening is lower in Northeast Omaha (75.5%) and Southeast Omaha (78.5%) than the Metro overall (82.5%).	• Cancer mortality has decreased over the past decade in the Metro Area from 185.5 (2007-2009) to 166.2 (2014-2016); the same trend is apparent in Nebraska and Iowa as well as nationally.

Dementia & Alzheimer's Diseases **Cited by 23.9% of key informants as a major problem in the community and another 49.3% characterized it as a moderate problem**	• Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 32.3 deaths per 100,000 population in the Metro Area. This is higher than the state of Nebraska (24.3), Iowa (30.3) and nationally (28.4). • The average age- adjusted Alzheimer's disease mortality rate is 41.5 deaths per 100,000 population in Pottawattamie County, which is significantly higher than the counties of Douglas (30.8), Sarpy (30.6) and Cass (31.3).	• The Alzheimer's disease mortality rate has increased over time in the Metro Area from 25.7 (2007- 2009) to 32.3 (2014- 2016).
Diabetes **54.6% of key informants characterized *Diabetes* as a major problem in the community and another 28.4% cited it as a moderate problem**	• Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 22.8 deaths per 100,000 population in the Metro Area. • The diabetes mortality rate in the Metro Area is more than twice as high among Non-Hispanic Blacks (55.7) than among Non- Hispanic Whites (20.9).	• No clear diabetes mortality trend is apparent in the Metro Area. In Nebraska, Iowa and the US, diabetes mortality rates have been largely stable between 2007-2016.
Heart Disease & Stroke **Cited by 38.0% of key informants as a major problem in the community and another 38.0% characterized it as a moderate problem**	• Cardiovascular disease is a leading cause of death. • Between 2014 and 2016 there was an annual average age-adjusted heart disease mortality rate of 143.2 deaths per 100,000 population in the Metro Area. • The annual average age-adjusted heart disease mortality rate is 172.5 among Non-Hispanic Blacks in the Omaha Metro, compared to Non-Hispanic Whites (144.3) and Metro Area Hispanic residents (143.2). • Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 35.4 deaths per 100,000 population in the Metro Area. • The stroke mortality rate is considerably higher among Non-Hispanic Blacks (55.7), compared with Non-Hispanic Whites (34.3) and Metro Area Hispanics (27.6).	• The heart disease and stroke mortality rates have decreased in the Metro Area between 2007-2016, echoing the decreasing trends across Nebraska, Iowa, and the US overall.
Injury & Violence **45.1% of key informants characterized *Injury & Violence* as a major problem in the community and another 32.4% cited it as a moderate problem**	• Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 35.5 deaths per 100,000 population in the Metro Area. • Falls make up the largest percentage of accidental deaths in the Omaha Metro (28.4%), followed by motor vehicle accidents (26.7%) and poisoning/ noxious substances (23.6%). • The annual average age-adjusted motor vehicle accident mortality rate for the Omaha Metro was 9.5 deaths per 100,000 between 2014- 2016. The rate is significantly higher in Pottawattamie (16.5 deaths per 100,000 population) than the Metro overall, and among Non-Hispanic Blacks (15.4) compared to Non-Hispanic Whites (9.3). • Between 2014 and 2016, there was an annual average age-adjusted fall-related mortality rate of 70.7 deaths (age 65+)	• There is an overall upward trend in the unintentional injury mortality rate in the Metro Area, echoing the rising trends reported in Nebraska, Iowa, and the US overall. • Despite decreasing in the late 2000s, the Metro Area motor vehicle accident mortality

	per 100,000 population in the Metro Area. This is significantly higher than the Nebraska average (62.6) and the US overall (60.6), but lower than the Iowa average (89.7). It fails to satisfy the Healthy People 2020 goal of 47.0 deaths per 100,000 population. • Between 2014 and 2016, firearms in the Metro Area contributed to an annual average age-adjusted rate of 10.2 deaths per 100,000 population. This is higher than the state of Nebraska (9.2) and Iowa (8.2) average, but lower than the national average (11.1 deaths per 100,000 population). • The annual average age- adjusted rate of firearm mortality is nearly four times higher among Non-Hispanic Blacks (33.8) in the Omaha Metro than for Non-Hispanic Whites (8.5). • 36.4% of Metro Area adults has a firearm kept in or around their home and among homes with children, 36.4% keep a firearm in or around the home. • Between 2014 and 2016, there was an annual average age-adjusted homicide rate of 5.6 deaths per 100,000 population in the Metro Area. This is higher than the state of Nebraska (3.6) and Iowa (2.6) average and consistent with the US (5.6). • Significant racial disparity is observed in the annual average age-adjusted homicide rate. While the Omaha Metro rate overall is 5.6 deaths per 100,000 population, the rate for Non-Hispanic Blacks is 34.8, compared to 2.5 for Non-Hispanic Whites. • Between 2012 and 2014, there were a reported 410.4 violent crimes per 100,000 population in the Omaha Metro Area, exceeding both state (Nebraska: 271.2 and Iowa: 270.6) and national averages (US: 379.7). The violent crime rates in Pottawattamie (693.5) and Douglas Counties (484.9) far exceeded those of Cass (94.8) and Sarpy County (63.9).	rate has steadily increased in recent years, from 7.5 between 2009- 2011 to 9.5 between 2014-2016. The rate has declined at the state (Nebraska and Iowa) and national level between 2007-2016. • Firearm-related mortality has increased over time in the Omaha Metro from a rate of 9.4 deaths per 100,000 population between 2007- 2009 to 10.2 between 2014-2016. During the same time period, rates having increased across Nebraska, Iowa, and the US overall. • The percentage of Omaha Metro residents reporting they keep a firearm in or around their home has increased over time, from 33.7% in 2011 to 36.4% in 2018. • No clear trend observed for Omaha Metro homicides, though the rate has been consistently higher than the state of Nebraska and Iowa average between 2007-2018.
Mental Health **The greatest share of key informants (79.1%) characterized *Mental Health* as a major**	• Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 12.0 deaths per 100,000 population in the Metro Area. While the Omaha metro average is favorable compared to both state averages and the US overall, the rate in Pottawattamie County is significantly higher at 17.9 deaths per 100,000 population.	• The annual average age-adjusted suicide rate has increased over time in the Omaha Metro, from 10.3 between 2007-2009 to 12.0

problem in the community and another 18.3% cited it as a moderate problem		between 2014-2016. During this same time period the rate has increased for Nebraska, Iowa and the US.
Nutrition, Physical Activity & Weight **Cited by 50.3% of key informants as a major problem in the community and another 35.6% characterized it as a moderate problem**	• 24.6% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day. This is significantly lower than national findings (US: 33.5%). • 22.1% of Metro Area adults report no leisure time physical activity. • 32.0% of Metro Area adults report using local parks or recreational centers for exercise at least weekly. • 42.0% of Metro Area adults report using local trails at least monthly. • 7 in 10 Metro Area adults (70.7%) are overweight, of those 33.5% are obese. • 27.2% of overweight/obese adults have been given advice about their weight by a health professional in the past year. • 54.3% of overweight/obese respondents are currently trying to lose weight.	• Fruit and vegetable consumption in the Omaha Metro has declined from 35.8% in 2011 to 24.6% in 2018. • The percentage of Omaha Metro adults reporting no leisure time physical activity has increased over time from 16.7% in 2011 to 22.1% in 2018. • Weekly use of local parks or recreational centers in the Metro Area has dropped from 40.5% in 2011 to 32.0% in 2018. • Monthly use of local trails in the Metro has dropped from 49.8% in 2011 to 42.0% in 2018. • The prevalence of Metro area adults who are overweight or obese has increased from 67.5% in 2011 to 70.7% in 2018; and 30.3% in 2011 to 33.5% in 2018, respectively.
Respiratory Diseases **The greatest share (42.1%) of key**	• Between 2014 and 2016, there was an annual average age-adjusted Chronic Lower Respiratory Disease (CLRD) mortality rate of 52.5 deaths per 100,000 population in the Metro Area.	• Over the past decade, CLRD mortality has

informants characterized *Respiratory Disease* as a minor problem in the community, while 36.1% cited it as a moderate problem	This is higher than both the state (Nebraska: 50.6 and Iowa: 48.5) and national (US: 40.9) average. • 9.1% of Metro Area adults suffer from chronic obstructive pulmonary disease (COPD), including emphysema and bronchitis. • Between 2014 and 2016, there was an annual average age-adjusted pneumonia influenza mortality rate of 16.3 deaths per 100,000 population in the Omaha Metro. This is higher than the state (Nebraska: 15.4 and Iowa: 13.2) and national (US: 14.6) average. • The annual average age-adjusted pneumonia influenza mortality rate is notably higher in Douglas County (17.7) and among Non-Hispanic Blacks (20.0), relative to Non-Hispanic Whites (16.5).	generally declined in the Metro Area. • The prevalence of COPD among Omaha Metro adults has increased over time from 7.4% in 2011 to 9.1% in 2018.
Sexually Transmitted Diseases **Cited by 50.4% of key informants as a major problem in the community and another 29.1% characterized it as a moderate problem**	• Omaha Metro Area gonorrhea incidence rate in 2014 was 138.7 cases per 100,000 population, notably higher in Douglas County (195.8). • Omaha Metro Area chlamydia incidence rate in 2014 was 535.1 cases per 100,000 population, notably higher in Douglas County (734.1). • Among unmarried Metro Area adults under the age of 65, the majority cites having one (44.1%) or no (38.3%) sexual partners in the past 12 months. However, 8.7% report three or more sexual partners in the past year. • 30.8% of unmarried Metro Area adults age 18 to 64 report that a condom was used during their last sexual intercourse.	• Prevalence of chlamydia has increased over time in the Metro Area from 453.3 cases between 2005-2007 to 535.1 cases 518.6 cases between 2012-2014, echoing the state and US trends. • No clear gonorrhea prevalence trend. • The percentage of unmarried Omaha Metro adults between the ages of 18-64 reporting three or more sexual partners in the past year has increased from 3.3% in 2011 to 8.7% in 2018, with the sharpest increase in Sarpy/ Cass Counties combined. • Condom use has increased significantly in Douglas County as

		well as the combined Sarpy/Cass counties from 19.5% in 2011 to 30.8% in 2018 for the Omaha Metro overall.
Substance Abuse **The greatest share (57.9%) of key informants characterized *Substance Abuse* as a major problem in the community, while 33.1% cited it as a moderate problem.**	• Between 2014 and 2016, the Metro Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.8 deaths per 100,000 population. • 26.0% of Omaha Metro adults are excessive drinkers (heavy and/or binge drinkers). • According to the CDC 2016 BRFSS data for Douglas County, 20.3% of county residents are binge drinkers (men having 5+ alcohol drinks on any one occasion or women having 4+ drinks on any one occasion). • Excessive drinking (heavy and/or binge drinking) is more prevalent among men (34.5%), younger adults (36.7% of 18-24 year olds), upper-income residents (30.8% of mid/ high income earners), Non-Hispanic Whites (27.0%), and Hispanics (32.0%). • Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 7.2 deaths per 100,000 population in the Omaha Metro. This compares favorably to Iowa (7.8) and the national average (US: 14.3), but is higher than the Nebraska state average (5.5).	• The cirrhosis/ liver disease mortality rate has increased in the Omaha Metro from a rate of 7.4 deaths per 100,000 population between 2007- 2009 to 8.8 between 2014-2016, echoing both state and national trends. • The percentage of binge drinkers in Douglas County has increased from 17.0% in 2002 to 20.3% in 2016. • The annual average age-adjusted unintentional drug-related mortality rate in the Omaha Metro has risen and fallen over the past decade, compared with a steadier upward trend nationally.

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

Data provided by the PRC CHNA was presented to CHI Health 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.

Prioritization

Prioritization Process

Over 160 community stakeholders participated in the Live Well Omaha Changemaker Summit on November 5, 2018, co-sponsored by the local area hospital systems- CHI Health, Methodist Health System, Children's Hospital & Medical Center and Nebraska Medicine- along with several other public health and social service organizations, including: Douglas County Health Department, Sarpy Cass Department of Health and Wellness and the Pottawattamie County Public Health Department. The summit included a data presentation facilitated by PRC and concluded with a community voting session to derive focused priorities for the community. The Changemaker Summit community voting priorities are listed in Table 6.

Prioritization Criteria

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

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

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

Prioritized Health Needs

As shown in Table 6, Changemaker Summit participants anonymously voted for the top five adult and child/ adolescent health issues for the Omaha community.

Table 6. "Health Opportunities" Prioritized by Changemaker Summit Attendees

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

Resource Inventory

An extensive list of resources for each PRC identified health area can be viewed in the Appendix of this report.

Evaluation of FY14-FY16 Community Health Needs Implementation Strategy

The previous CHNA for Lasting Hope Recovery Center was conducted in 2016. **Lasting Hope Recovery Center** completed the Community Benefit activities listed below for the community health priorities identified in 2016.

Priority Area # 1: Behavioral Health	
Goal	**Make effective sustainable changes in the Region 6 adult behavioral health system to ensure better care and services for the community**
Community Indicators	**CHNA 2013** • 9% of Omaha Metro adults reported their overall mental health as "fair" or "poor" • 16.9% of Metro Area adults currently smoke cigarettes, either regularly or occasionally • 11.5% of Douglas County adults who reports their typical day is "Extremely" or "Very" Stressful
	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
Timeframe	FY17-19
Background	**Rationale for priority:** Mental disorders have been shown to be the most common cause of disability and suicide is the 11th leading cause of death in the United States making it an important issue across the country. Mental health has been closely tied to physical health and often inhibits one from maintaining good physical health, possibly leading to chronic disease, which can have a serious effect on the mental health of the person. In the 2011 and again in the 2015 CHNA, mental health and substance abuse were both identified as top health needs within the community.

	Contributing Factors: lack of availability of services, high cost, lack of insurance coverage, family and community dynamics, social support, stigma
	Additional Information: In 2014, a group of Omaha-based philanthropists hired an evaluation company to assess the mental health system in Omaha and across Region 6. This request was in response to mental health and substance abuse being identified as a top community health need through community key informants and supporting information gathered during the 2011 CHNA. The study had several key aims: to analyze the gaps in the Region 6 area, to confirm what community agencies were reporting as needs, to formulate workgroups around the identified gaps, to hire a project manager to oversee the plans around the gaps, and to implement process changes to improve and enhance mental health care for adults in the region. Out of this study, 9 gaps were identified and work groups were formed around each area.

1.1 Strategy & Scope: Improve insufficient access to care for patients in need of Behavioral Health services across the Region 6 area (Gap 2)

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Streamline behavioral health services to improve navigation and efficacy of service • Increase psychiatry recruitment and retention • Improve access to new behavioral health services	CHI Health System Role(s): • System-level leadership by Behavioral Health Service Line CHI Health Lasting Hope Recovery Center's Role(s): • Participation and collaboration amongst community agencies • Continue ongoing recruitment efforts • Identify potential ways to improve access to care Required Resources: • Staff time	• Region 6 • Community agencies
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Review existing models in Omaha area and across the country • Conduct flow analysis to identify glitches and resources	• Outpatient wait times and wait lists • Emergency room visits • More measures TBD	Data will be reviewed and monitored annually by the workgroup using the following data sources:

• Establish learning collaborative to help providers develop and implement access improvement solutions • Build on, or establish metrics for tracking success • Continue work on improving recruitment/retention through discussions with the state around board exams • Revise funding model for Case Management, Coordination, and Support Services • Implement dedicated Engagement Specialist-type model to standardize across provider organizations • Identify of opportunities for sharing expertise among community based providers		• Outpatient provider records • Hospital ED data
Results		
Fiscal Year 2017 Actions and Impact: • Consultant was brought in by Region 6 to assess agencies data and capacity/access. • Open access model was launched at a few agencies across community and will be evaluated in fiscal year 2018.		
Fiscal Year 2018 Actions and Impact: • Trainings were held for participating agencies. While CHI Health did not implement the model, one staff member was trained. • CHI Health recently moved a clinic location onsite at Lasting Hope Recovery Center to better improve access for patients leaving the inpatient unit. • CHI Health will continue to explore additional models to best increase access to care for patients		

1.2 Strategy & Scope: Provide a comprehensive psychiatric emergency system to the Omaha Metro Area (Gap 6)		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improve access to behavioral health services for community at most appropriate level of care • Increased access to psych emergency care that provides medical services	CHI Health System Role(s): • System-level leadership by Behavioral Health Service Line CHI Health Lasting Hope Recovery Center's Role(s): • Subcommittee Chair • Work Group Leader Required Resources: • Staff time	• Heartland Family Services • State of Nebraska • Community Alliance • Region 6
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Develop a one-stop-shop with psychiatric emergency center with medical services and ability to accept transfers • Establish agreements with all acute and sub-acute facilities • Identify the strategic investments needed for existing gaps • Build on/establish metrics for tracking success • Streamline EPC and EMS process • Identify a one-number crisis referral line	• # patients referred to more appropriate resources • # of rejected referrals • Readmission rates • Programs implemented	Data will be reviewed and monitored annually by the workgroup using the following data sources: • Hospital Data • Clinic Data • Region 6 Data • Workgroup minutes

• Explore an Urgent Care option, forensic unit, and expansion for crisis stabilization services • Expand mental health respite		
Results		
Fiscal Year 2017 Actions and Impact: • Research was completed around potential model to develop but strategy was delayed due to lack of funding. • Continued funding exploration will take place in fiscal year 2018.		
Fiscal Year 2018 Actions and Impact: • RFP opened in spring 2018 regarding psychiatric emergency system and CHI did not pursue due to feasibility of requested model. • CHI Health will continue to work with the community to identify feasible projects or alternative models to meet the community need.		
1.3 Strategy & Scope: Improve psychiatric workforce shortage across the Omaha Metro Area (Gap 9)		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improved access to behavioral health services • Improved mental health • Increased workforce in behavioral health positions • Improved resiliency in behavioral health workforce	CHI Health System Role(s): • System-level leadership by Behavioral Health Service Line CHI Health Lasting Hope Recovery Center's Role(s): • Work Group Leader for both the licensed provider and unlicensed provider groups Required Resources: • Staff time	• BECHEN • Region 6 • Heartland Family Services • MOMS • Boys Town • Midland University • UNMC • UNO • Nova
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Explore potential to utilize the Collective Impact Model	• Turnovers (retention rates) • Vacancy Rates • Improvements in hiring numbers	Data will be reviewed and monitored annually by the workgroup using

• Further develop public-academic linkages • Develop mid-level resources, establish mentoring programs for recruitment, and provide peer/recovery presentations • Develop a plan for bolstering peer specialist resources and enhancing career paths for peer workers • Host workforce summit in September • Explore medical student mental health suicide project	• Number of psychiatric staff across Metro Area	the following data sources: • Internal CHI Health information from HR • Work with Region 6 to gather further data needed
Results		
Fiscal Year 2017 Actions and Impact: • Additional resources were developed/implemented including community-wide initiatives addressing physician burnout and monthly and weekly presentations regarding peer recovery. • The first annual Psychiatric Nursing Summit was held in partnership with the Behavioral Health Education Center of Nebraska and a yearlong grant was received to pilot an exploration of mental health and suicide in medical students. • Explored shared training opportunities and supported the identification of “career ladders” and career advancements for psychiatric tech positions.		
Fiscal Year 2018 Actions and Impact: • The Second Annual Psychiatric Nursing Summit was held and the third summit was planned. • Started Dedicated Education Units with students which allows a more hands approach for nursing students while completing their rounding on a psychiatric floor to provide them a better understanding of working with psychiatric patients.		

Dissemination Plan

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

Approval

On behalf of the CHI Health Board, the Executive Committee of the Board approved this CHNA on _____.

Appendices

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.

B. PRC Executive Summary

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

C. Live Well Omaha Changemaker Voting Results

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

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

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

Cancer	
A Time to Heal	Hospitals
American Cancer Society	Live Well Omaha
American Lung Association	Lymphoma Society
Cancer Centers	Methodist Cancer Center
Cancer Society	Methodist Health System
Cancer Support Groups	Methodist Hospital
Charles Drew Health Center	Methodist Jennie Edmundson Hospital

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

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

Diabetes	
All Care Health Center	Live Well Omaha
American Diabetes Association	Medicare/Medicaid
Charles Drew Health Center	Mental Health Services
CHI Diabetic Education	Methodist Health System
CHI Health	Methodist Hospital
CHI Health Mercy Hospital	Methodist Jennie Edmundson Hospital
Community Gardens	Methodist Renaissance Health Clinic
County/Regional Community Health Organizations	Nebraska Medicine
Department of Health and Human Services	Nebraska Urban Indian Health Coalition
Diabetes Association	No More Empty Pots
Diabetes Education Center of the Midlands	North Omaha Health
Diabetic Services	Nutrition Services
Dialysis Center	OneWorld Community Health Center

Doctor's Offices	Patient Care Medical Home
Douglas County Health Department	Pharmacy
Douglas County Primary Care	Pre-Diabetes Screening Through 1422 Grant
Employer Based Wellness Programs	Public Health Association of Nebraska
Federally Qualified Health Centers	Public Health Services
Fitness Centers/Gyms	School Systems
Fred Leroy Health and Wellness	School-Based Health Centers
Free Medications	Together Inc.
Health Department	Universities
Health Systems	UNMC
Healthy Neighborhood Stores	UNMC Diabetes Center
Hospitals	Visiting Nurse Association
HyVee	Walmart
JDRF	WIC

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

Hearing & Vision	
Boys Town	Doctor's Offices
Building Healthy Futures	Lions Club
Charles Drew Health Center	Nebraska Medicine
CHI Health	See to Learn Program

Heart Disease & Stroke	
American Heart Association	Hospitals
Cardiology	Live Well Omaha
Center for Holistic Development	Madonna
Charles Drew Health Center	Methodist Health System

CHI Health	Nebraska Department of Health and Human Services
CHI Health Immanuel Hospital	North Omaha Area Health
CHI Health Lakeside Hospital	Nutrition Services
Children's HEROS Program	Public Health Association of Nebraska
CHIP Objective	Public Health Services
Creighton	School-Based Health Centers
Creighton REACH	State Health Department
Doctor's Offices	Stroke Prevention Program
Emergency Response Training for Heart Attacks/Strokes	Substance Abuse Providers
FAST Training	Tele-Health Resources
First Aid Training	UNL Extension
Health Department	UNMC
Health Systems	

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

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

Infant & Child Health	
All Care Health Center	Home Visitation
Alternative Breakfast Programs	Hunger Free Heartland
Baby Blossom Collaborative	In-Home Family Support Workers
Big Garden	Integrated Home Health
Buffett Early Childhood Institute	Lead Prevention Program
Building Healthy Futures	Live Well Omaha
Center for Holistic Development	Lutheran Family Services
Charles Drew Health Center	March of Dimes
CHI Health	Omaha Healthy Kids Alliance
Child Saving Institute	Omaha Healthy Start
Children's Hospital	OneWorld Community Health Center
CityMatch	Parks and Recreation
Community Gardens	Planned Parenthood
Community Health Centers	Promise Partners
Community Health Clinics	Public Health Services
Doctor's Offices	School Systems
Douglas County Breastfeeding Coalition	School-Based Health Centers
Douglas County Health Department	Sports Leagues

Family, Inc.	Summer Meals Food Service Program
Federally Qualified Health Centers	UNMC
Food Bank for the Heartland	Visiting Nurse Association
Health Department	WIC
Heart Ministry	

Injury & Violence	
360	Mental Health Services
After School Programs	National Safety Council
Anger Management Classes	Nebraska Department of Health and Human Services
Boys and Girls Clubs	Nebraska Medicine
Center for Holistic Development	Neighborhood Watch Programs
CHI Health	North Omaha and South Omaha Care Councils
Child Saving Institute	NorthStar
CHIP Objective	Omaha 360
Churches	Omaha Police Department
Citizen Police Academies	PACE Program
Community Organizations	Phoenix House
Community Policing	Police Department
Compassion in Action	Project Extra Mile
Doctor's Offices	Project Harmony
Domestic Abuse Shelters	Public Health Association of Nebraska
Ecumenical Prayer Efforts	Public Health Services
Empower Omaha	Safe Kids Coalition
Empowerment Network	SANE Program
Faith-Based Organizations	School Systems
Girls Inc.	Soaring Over Meth and Suicide Program
Health Department	Urban League
Heartland Family Services	Victim Advisory Council
Heartland Work Force Development	ViewPoint
Hope Skate	Violence Prevention Programs
Hospitals	Visiting Nurse Association
Impact One Community Connection	Women's Center for Advancement
Juvenile Justice Initiative	Women's Fund
Law Enforcement	YMCA
Mad Dads	Youth Programs

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

Doctor's Offices	

Mental Health	
24-Hour Crisis Response Team	Heartland Family Service
Alegent Psychiatric Associates	Horizon Therapy Group
All Care Health Center	Hospitals
At Ease	Human Services Advisory Council (HSAC)
Beacon	Individual Treatment Plans (ITPs)
Behavioral Health Services	Integrated Health
Behavioral Health Support Foundation	Jewish Family
Behavioral Health Education Center of Nebraska (BHECN)	Lasting Hope Recovery Center
Boys Town	Loess Hills Behavioral Health
Campus for Hope	Lutheran Family Services
Capstone Behavioral Health	McDermott
Catholic Charities	Medicare/Medicaid
Center for Holistic Development	Mental Health and Substance Abuse Network
Charles Drew Health Center	Mental Health Services
CHI and Methodist	Methodist Health System
CHI Behavioral Health	Methodist Hospital
CHI Health	Methodist Jennie Edmundson Hospital
CHI Health Immanuel Hospital	MOHM'S Place Shelter
CHI Health Mercy Hospital	NAMI
CHI Health Midlands Hospital	Nebraska Children's Home
CHI Psychiatric Associates	Nebraska Medicine
Child Saving Institute	Nebraska Urban Indian Health Coalition
Children's Square	North Omaha Area Health
Choice's Counseling	Omaha Police Department
Churches	Omni
Citi Training	OneWorld Community Health Center
Clear Minds Therapy	Peoples Health Center
Community Alliance	PLV Cares- Papillion La Vista
Community Mental Health	Police Department
Connections	Project Harmony
Connections Matter	Psychiatric Associates
County Mental Health Facilities	Public Health Services
Creighton	Region 6
Crisis Response	Salvation Army
Doctor's Offices	School Systems
Douglas County Corrections Mental Health Services	School-Based Health Centers
Douglas County Health Department	Sherwood Funded Initiative
Douglas County Hospital	Social Workers
Douglas County Mental Health	SWDMH
Employee Assistance Programs	The Kim Foundation
Family Connections	UNMC

Federally Qualified Health Centers	UNMC BECHN
Full Circle	VA Medical Center
Hawks Foundation	Women's Center for Advancement
Health Systems	

Nutrition, Physical Activity & Weight	
712 Initiative	Hospitals
Action for Healthy Kids	Hunger Free Heartland
All Care Health Center	HyVee
Alliance for a Better Omaha	Kohl's for Kids
Big Garden	Kroc Center
Boys and Girls Clubs	Live Well Council Bluffs
Center for Disease Control	Live Well Omaha
CHI Health Healthy Families	Mayor's Active Living Council
Childhood Obesity Programs	Methodist Health System
Children's HEROS Program	Midtown on the Move
Children's Hospital	Midwest Dairy Council
Children's Physicians	Mode Shift Omaha
Churches	Nebraska Department of Health and Human Services
City Sprouts	No More Empty Pots
Community Gardens	Nutrition Services
Community Wellness Bash	Obesity Action Coalition
Cooking Matters	Omaha Complete Streets Guide
Community Supported Agriculture (CSA) Program	Omaha Police Department
Doctor's Offices	Omaha Public Schools
Douglas County Health Department	Our Healthy Community Partnership
Douglas County Public Health	PACE Program
Eastern Nebraska Office on Aging	Parks and Recreation
Employer Based Wellness Programs	Planet Fitness
Family, Inc.	Plattsmouth Senior Center
Farmer's Markets	Promote Active Lifestyle Through Heartland 2050/AARP
Fitness Centers/Gyms	School Systems
Food Bank for the Heartland	School-Based Health Centers
Food Pantries	Sports Medicine and Athletic Training
Food Stamps	SWITA
Girls Inc.	The Hope Center
Gretchen Swanson Center	Together Inc.
Grocery Stores	United Way of the Midlands
Health and Wellness Facilities	UNL Extension
Health Systems	UNMC
Healthy Families Programs	Visiting Nurse Association
Healthy Neighborhood Stores	Weight Watchers
Heart Ministry	Whispering Roots

Heartland Network	WIC
HEROES	YMCA

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

Sexually Transmitted Diseases	
Adolescent Health Project	Health Systems
All Care Health Center	Libraries
Charles Drew Health Center	Live Well Omaha
CHI and Methodist	Nebraska AIDS Project
CHI Health	Nebraska Urban Indian Health Coalition
Community Health Centers	North Omaha Area Health
Community Health Clinics	Omaha Public Schools
Community STD Clinic	OneWorld Community Health Center
Council Bluffs City Health	Planned Parenthood
Council Bluffs Free STD Clinic	Public Health Services
Council Bluffs Health Department	RESPECT Clinic
Creighton	School Systems
Doctor's Offices	School-Based Health Centers
Douglas County Health Department	University Health Center
Douglas County Youth Center	UNMC
Gabriel's Corner	Visiting Nurse Association
Girls Inc.	Women's Fund
Health Department	

Substance Abuse	
30-Day Residential Programs	Keystone Treatment Center
AA/NA	Lasting Hope Recovery Center
Addiction and Recovery Services	Loess Hills Behavioral Health
Campus for Hope	Lutheran Family Services
Catholic Charities	Mental Health and Substance Abuse Coalition
CenterPointe	Mental Health and Substance Abuse Network
CHI and Methodist	Mental Health Services
CHI Health Immanuel Hospital	MOHM's Place Shelter

CHI Health Mercy Hospital	Nebraska Urban Indian Health Coalition
CHI Psychiatric Associates	NOVA
Child Saving Institute	Open Door Mission
Children's Square	Partners for Meth Prevention Group
CHIP Integrated Care Work Group	Prevention Means Progress
Churches	Programs in Omaha
Community Wellness Bash	Project Extra Mile
DARE	Public Health Services
Douglas County	Region 6
Douglas County Detox Center	Salvation Army
Douglas County Hospital	Santa Monica House
Drug Courts	School Systems
Family Works	School-Based Health Centers
Health Department	Siena/Francis House
Heartland Family Service	Sober Living Homes
Hoich Center	Stephen Center
Hospitals	Substance Abuse Network
In Roads Counseling	Teen Challenge
Journeys	Transitional Services of Iowa (TSI)

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

2018 Community Health Needs Assessment Report

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

Sponsored by:

CHI Health
Douglas County Health Department
Methodist Health System
Nebraska Medicine

With support from:

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

Prepared by:

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Professional Research Consultants, Inc.

Project Overview

Project Goals

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

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

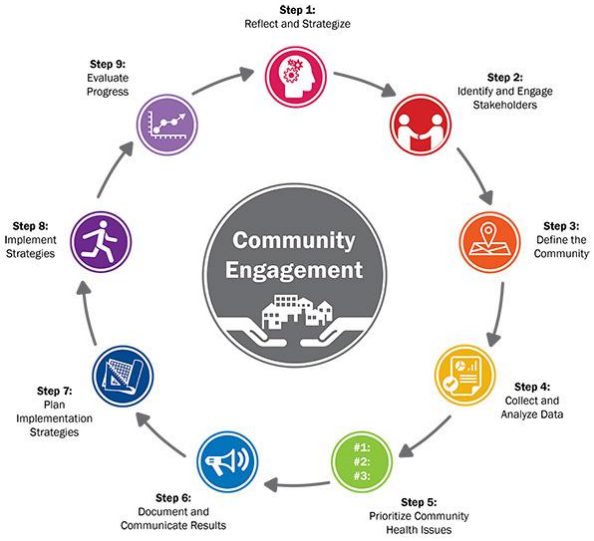
- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health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

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

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

Approach

The process for this assessment follows an approach as outlined in the Community Health Assessment Toolkit developed by the Association for Community Health Improvement™ (ACHI). In the ACHI model (at right), Collaborating organizations worked through the first three steps in this process, and this assessment document and subsequent communication activities will carry the community engagement model through Step 6. Steps 7 through 9 will be undertaken by the partnering hospitals, health departments, and other organizations over the next three years, at which time the process begins again and this assessment will be updated.



Methodology

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

PRC Community Health Survey

Survey Instrument

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

Summary of Findings

Significant Health Needs of the Community

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

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

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Specific Source of Ongoing Medical Care • Emergency Room Utilization

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

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

Injury & Violence	• Unintentional Injury Deaths
	  ○ Including Motor Vehicle Crash, Falls [Age 65+] Deaths
	• Firearm-Related Deaths
	• Firearm Prevalence
	  ○ Including in Homes With Children
	• Violent Crime Rate

—continued on next page—

Areas of Opportunity (continued)	
Mental Health	• Suicide Deaths • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity, & Weight	• Fruit/Vegetable Consumption • Overweight & Obesity [Adults] • Medical Advice on Weight • Trying to Lose Weight [Overweight Adults] • Leisure-Time Physical Activity • Use of Local Trails • Use Local Parks/Recreation Centers • *Nutrition, Physical Activity, & Weight ranked as a top concern in the Online Key Informant Survey.*
Respiratory Diseases	• Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Pneumonia/Influenza Deaths
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence • Multiple Sexual Partners [Unmarried Age 18-64] • Condom Use [Unmarried Age 18-64] • *Sexually Transmitted Diseases ranked as a top concern in the Online Key Informant Survey.*
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Excessive Drinking • Binge Drinking • Unintentional Drug-Related Deaths • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*

Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2011.

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

In the following charts, Metro Area results are shown in the larger, blue column.

The yellow columns [to the left of the green county columns] provide comparisons among the five subareas within Douglas County, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The green columns [to the left of the Metro Area column] provide comparisons among the four counties assessed, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The columns to the right of the Metro Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Metro Area compares favorably (), unfavorably (), or comparably () to these external data.

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

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

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

Social Determinants (cont.)	Douglas Sub-County Areas vs. Others Combined: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% 4+ Adverse Childhood Experiences (High ACEs Score)	19.4	14.9	11.4	11.7	15.8	14.0	18.5	14.9	14.7	15.1					

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

better similar worse

Overall Health	Douglas Sub-County Areas vs. Others Combined: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	24.3	18.9	9.6	7.6	8.8	13.7	10.2	9.4	10.0	12.4	13.9	14.7	18.1		12.7
% Activity Limitations	21.2	21.7	19.8	19.1	14.2	19.9	21.1	17.2	20.5	20.2	18.4	17.8	25.0		18.4
% Caregiver to a Friend/Family Member	28.9	25.2	25.3	28.1	27.0	26.9	26.7	28.6	25.1	26.7			20.8		

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

better similar worse

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

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

Access to Health Services (cont.)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
Primary Care Doctors per 100,000						151.0	67.4	35.3	55.8	119.5	84.0	90.7	87.8		108.7
% [Age 18+] Have a Specific Source of Ongoing Care	53.1	58.5	73.4	72.4	76.3	66.4	68.7	51.9	62.5	66.1			74.1	95.0	
% Have a Particular Place for Medical Care	77.0	78.2	91.7	86.1	85.9	84.2	89.3	89.3	89.2	86.0	77.2	76.0	82.2		86.3
% Have Had Routine Checkup in Past Year	61.4	65.3	69.6	76.9	82.1	70.0	75.0	65.7	74.5	71.5	71.6	65.4	68.3		66.8
% Two or More ER Visits in Past Year	10.8	4.4	7.9	3.5	2.6	6.2	6.7	5.9	6.8	6.4			9.3		4.9
% Attended Health Event in Past Year	21.9	21.4	35.2	26.8	34.3	27.4	28.8	32.7	25.4	27.6					23.8
% Rate Local Healthcare "Fair/Poor"	12.2	12.4	7.5	2.7	2.0	7.5	4.8	4.8	4.8	6.7			16.2		8.9

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

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Arthritis, Osteoporosis & Chronic Back Conditions	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
% Chronic Pain (Arthritis, Back Pain, etc.)	30.4	28.2	28.6	28.0	24.0	28.4	32.0	19.0	32.0	29.4					

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

better similar worse

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

Cancer (continued)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Women 50-74] Mammogram in Past 2 Years	77.5	84.0	85.6	88.0	76.0	84.0	85.1		84.3	83.7	77.6	73.5	77.0	81.1	82.3
% [Women 21-65] Pap Smear in Past 3 Years	75.7	78.5	85.8	85.2	85.3	82.2	83.1		84.5	82.5	81.6	77.7	73.5	93.0	86.7
% [Age 50+] Sigmoid/Colonoscopy Ever	81.1	73.5	84.4	88.7	82.0	83.1	84.6	83.5	79.5	83.0			75.3		74.2
% [Age 50+] Blood Stool Test in Past 2 Years	21.1	25.6	18.3	15.4	19.5	19.2	19.0	32.4	25.5	20.3			30.6		29.5
% [Age 50-75] Colorectal Cancer Screening	76.3	72.0	82.0	86.1	78.1	80.3	82.1	84.8	77.7	80.5	68.6	66.0	76.4	70.5	75.3

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

better similar worse

Chronic Kidney Disease	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)						11.1	10.5		11.7	11.1	8.0	10.7	13.2		13.0

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

better similar worse

Dementias, Including Alzheimer's Disease	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)						30.8	30.6	31.3	41.5	32.3	30.3	24.3	28.4		25.7
% [Age 45+] Increasing Memory Loss/Confusion in Past Yr	14.9	8.9	7.4	7.6	4.2	8.9	9.4	5.3	9.3	9.0			11.2		

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

better similar worse

Diabetes	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
Diabetes Mellitus (Age-Adjusted Death Rate)						23.4	20.0	20.7	25.9	22.8	24.4	22.7	21.1	20.5	23.7
% Diabetes/High Blood Sugar	16.1	11.5	11.7	7.0	5.6	10.8	12.4	9.9	11.1	11.2	9.3	8.8	13.3		10.6
% Borderline/Pre-Diabetes	10.4	7.1	8.1	7.4	6.8	8.1	7.4	7.0	6.3	7.7			9.5		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	50.9	52.8	54.4	53.7	55.5	53.3	55.8	59.7	62.5	55.0			50.0		49.5

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

better similar worse

Family Planning	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
Births to Teenagers (Percent)						4.9	3.0			4.5	4.9	5.0	5.8		8.2

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

better similar worse

Heart Disease & Stroke	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)						142.0	130.4	146.2	165.0	143.2	160.3	145.9	167.0	156.9	163.6
Stroke (Age-Adjusted Death Rate)						36.3	29.3	33.0	39.9	35.4	33.2	33.8	37.1	34.8	41.9
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.6	3.4	6.0	3.6	5.9	4.7	4.4	2.9	5.7	4.7			8.0		5.2
% Stroke	3.2	3.9	1.7	1.4	0.8	2.3	3.0	2.0	1.9	2.4	3.1	2.8	4.7		2.3

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

better similar worse

HIV	Douglas Sub-County Areas vs. Others Combined: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: vs. IA	vs. NE	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)										1.4	0.6	0.9	2.5	3.3	
HIV Prevalence per 100,000						247.6	88.8	57.2	96.1	192.2	75.9	120.3	353.2		
% [Age 18-44] HIV Test in the Past Year	22.8	25.9	20.8	12.4	11.5	19.3	24.3	12.8	22.0	20.6			24.7		16.1

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

better similar worse

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

Injury & Violence Prevention	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Homes With Children] Firearm in Home	24.7	26.1	33.4	32.4	51.4	31.0	44.6	52.8	49.0	36.4			39.1		32.3
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	15.2	8.0	12.1	13.6	6.8	11.9	9.9	7.6	20.8	12.5			26.9		10.4
Homicide (Age-Adjusted Death Rate)										5.6	2.6	3.6	5.6	5.5	5.9
Violent Crime per 100,000						484.9	63.9	94.8	693.5	410.4	270.6	271.2	379.7		
% Victim of Violent Crime in Past 5 Years	1.8	2.0	1.1	1.0	0.4	1.4	1.2	0.0	1.3	1.3			3.7		2.5
% Perceive Neighborhood as "Slightly/Not At All Safe"	38.4	29.4	12.0	6.3	3.5	18.4	3.1	5.1	10.7	13.9			15.6		17.4
% Intimate Partner Was Controlling/Harassing in Past 5 Yrs	5.9	5.5	4.4	3.0	2.4	4.4	3.6	1.4	4.2	4.1					6.4
% Victim of Domestic Violence (Ever)	18.8	16.7	10.7	13.2	7.6	14.0	11.0	11.4	15.2	13.4			14.2		12.0

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

better similar worse

Maternal, Infant & Child Health	Douglas Sub-County Areas vs. Others Combined: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: vs. IA	vs. NE	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)						27.1	21.0			25.7	19.9	24.7		22.1	29.6
Low Birthweight Births (Percent)						7.7	6.4			7.4	6.7	6.9	8.1	7.8	7.6
Infant Death Rate						6.4	5.1		7.6	6.2	5.1	5.8	5.9	6.0	6.0

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better similar worse

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

Mental Health & Mental Disorders	Douglas Sub-County Areas vs. Others Combined: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Have Someone to Turn to All/Most of the Time	80.0	76.4	88.9	86.3	92.0	84.1	89.6	92.8	89.4	86.1					

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

better similar worse

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

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

Nutrition, Physical Activity & Weight (continued)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
% Crime Prevents Exercise in Neighborhood	24.7	16.0	7.5	4.7	5.0	11.6	2.9	0.1	4.5	8.6					11.0

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

better similar worse

Oral Health	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	61.7	62.8	80.1	85.2	85.6	75.0	83.4	78.7	74.0	76.8	71.4	68.7	59.7	49.0	70.4

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

better similar worse

Respiratory Diseases	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)						52.6	44.1	55.4	63.0	52.5	48.5	50.6	40.9		56.3
Pneumonia/Influenza (Age-Adjusted Death Rate)						17.7	14.7		13.1	16.3	13.2	15.4	14.6		15.9
% COPD (Lung Disease)	11.6	7.6	5.4	11.0	6.1	8.7	8.5	7.1	13.0	9.1	5.4	5.8	8.6		7.4
% [Adult] Currently Has Asthma	15.1	6.3	8.7	6.2	7.7	8.7	8.7	8.7	13.9	9.3	7.8	8.3	11.8		8.6

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

better similar worse

Sexually Transmitted Diseases	Douglas Sub-County Areas vs. Others Combined: NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Each County vs. Others Combined: Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	Metro Area vs. Benchmarks: vs. IA	vs. NE	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000						195.8	0.0	11.8	96.0	138.7	53.1	78.1	110.7		122.0
Chlamydia Incidence per 100,000						734.1	0.0	165.6	460.5	535.1	382.0	399.6	456.1		453.2
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	8.3	8.5	10.6	6.3	0.0	8.2	13.4	0.0	6.9	8.7			13.8		3.3
% [Unmarried 18-64] Using Condoms	25.0	41.0	22.6	36.4	7.4	30.8	35.2	13.9	27.4	30.8			39.4		19.5

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

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

Substance Abuse (continued)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Excessive Drinker	26.1	27.4	28.0	29.6	22.5	27.6	23.8	20.6	22.2	26.0			22.5	25.4	
% Drinking & Driving in Past Month	3.3	6.9	6.3	5.3	6.9	5.6	3.9	2.1	4.4	5.0	6.2	5.7	5.2		5.8
Drug-Induced Deaths (Age-Adjusted Death Rate)						7.3	5.9		8.4	7.2	7.8	5.5	14.3	11.3	5.3
% Ever Sought Help for Alcohol or Drug Problem	6.0	3.4	3.0	3.0	1.6	3.6	3.9	6.0	2.1	3.6			3.4		3.9

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

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

Tobacco Use (continued)	Douglas Sub-County Areas vs. Others Combined					Each County vs. Others Combined				Metro Area	Metro Area vs. Benchmarks				TREND
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. IA	vs. NE	vs. US	vs. HP2020	
% Use Smokeless Tobacco	1.8	2.5	2.5	5.5	1.3	3.2	1.6	2.4	5.3	3.1	4.6	5.7	4.4	0.3	3.0

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

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Appendix A: Douglas County Trend Summary

The following tables outline current findings, comparisons to benchmark data, and trends specific to Douglas County. Note that, for survey data, trending is compared against baseline data, the earliest year in which a question was asked (in most cases, 2002).

Social Determinants	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% "Often/Sometimes" Worry That Food Will Run Out	12.4		25.3		23.0
		better	similar	worse	

Overall Health	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	13.7	14.7	18.1		11.8
% Activity Limitations	19.9	17.8	25.0		18.1
		better	similar	worse	

Access to Health Services	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	8.9	14.7	13.7	0.0	9.5
% [Insured] Went Without Coverage in Past Year	4.2				6.7
% Difficulty Accessing Healthcare in Past Year (Composite)	34.0		43.2		32.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.9		12.5		11.7

Access to Health Services (continued)	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% Cost Prevented Getting Prescription in Past Year	**11.2**		14.9		10.1
% Cost Prevented Physician Visit in Past Year	**10.6**	12.1	15.4		7.6
% Difficulty Getting Appointment in Past Year	**12.0**		17.5		13.1
% Difficulty Finding Physician in Past Year	**5.2**		13.4		5.4
% Cultural/Language Differences Prevented Med Care/Past Yr	**0.2**		1.2		0.9
% Transportation Hindered Dr Visit in Past Year	**4.3**		8.3		4.7
% Skipped Prescription Doses to Save Costs	**11.1**		15.3		14.7
% Have a Particular Place for Medical Care	**84.2**	76.0	82.2		87.4
% Have Had Routine Checkup in Past Year	**70.0**	65.4	68.3		68.6
% Two or More ER Visits in Past Year	**6.2**		9.3		5.5
% Rate Local Healthcare "Fair/Poor"	**7.5**		16.2		12.1
		better	similar	worse	

Cancer	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% [Women 50-74] Mammogram in Past 2 Years	84.0	73.5	77.0	81.1	82.4
% [Women 21-65] Pap Smear in Past 3 Years	82.2	77.7	73.5	93.0	91.2
		better	similar	worse	

Diabetes	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% Diabetes/High Blood Sugar	10.8	8.8	13.3		7.2
% Borderline/Pre-Diabetes	8.1		9.5		5.6
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	53.3		50.0		49.7
		better	similar	worse	

Educational & Community-Based Programs	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% Attended Health Event in Past Year	27.4				24.3
		better	similar	worse	

Heart Disease & Stroke	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.7		8.0		4.5
% Stroke	2.3	2.8	4.7		2.0
		better	similar	worse	

HIV	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% [Age 18-44] HIV Test in the Past Year	19.3		24.7		18.5
		better	similar	worse	

Immunization & Infectious Diseases	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Vaccine in Past Year	69.6	62.7	58.6	70.0	68.9
% [Age 65+] Pneumonia Vaccine Ever	79.3	75.9	73.4	90.0	77.1
		better	similar	worse	

Injury & Violence Prevention	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% Firearm in Home	31.1		32.7		29.9
% [Homes With Children] Firearm in Home	31.0		39.1		23.2
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	11.9		26.9		12.1
% Victim of Violent Crime in Past 5 Years	1.4		3.7		5.2
% Perceive Neighborhood as "Slightly/Not At All Safe"	18.4		15.6		23.6
% Intimate Partner Was Controlling/Harassing in Past 5 Yrs	4.4				3.7
		better	similar	worse	

Mental Health & Mental Disorders	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	8.1		13.0		8.1
% Symptoms of Chronic Depression (2+ Years)	28.7		31.4		26.8
% Intimate Partner Was Physically Violent in Past 5 Yrs	4.0				2.2
% Typical Day Is "Extremely/Very" Stressful	10.9		13.4		12.6
		better	similar	worse	

Nutrition, Physical Activity & Weight	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	23.8		33.5		26.1
% Had 7+ Sugar-Sweetened Drinks in the Past Week	23.4		29.0		23.4
% "Very/Somewhat" Difficult to Buy Fresh Produce	17.4		22.1		17.0
% Healthy Weight (BMI 18.5-24.9)	30.7	29.7	30.3	33.9	37.7
% Overweight (BMI 25+)	68.2	68.5	67.8		59.6
% Obese (BMI 30+)	31.6	32.0	32.8	30.5	23.6
% [Overweights] Counseled About Weight in Past Year	27.5				30.8
% No Leisure-Time Physical Activity	20.2	22.5	26.2	32.6	16.9
% Use Local Parks/Recreation Centers at Least Weekly	32.4				40.0
% Use Local Trails at Least Monthly	41.8				51.9
% Lack of Sidewalks/Poor Sidewalks Prevent Exercise	16.4				21.1
% Lack of Trails/Poor Quality Trails Prevent Exercise	15.3				14.8
% Heavy Traffic in Neighborhood Prevents Exercise	15.5				19.6
% Lack of Street Lights/Poor Street Lights Prevent Exercise	10.2				8.9
% Crime Prevents Exercise in Neighborhood	11.6				14.5
		better	similar	worse	

Oral Health	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	75.0	68.7	59.7	49.0	74.5
		better	similar	worse	

Respiratory Diseases	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% COPD (Lung Disease)	8.7	5.8	8.6		7.5
% [Adult] Currently Has Asthma	8.7	8.3	11.8		8.5
		better	similar	worse	

Sexually Transmitted Diseases	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	8.2		13.8		3.1
% [Unmarried 18-64] Using Condoms	30.8		39.4		20.9
		better	similar	worse	

Substance Abuse	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% Current Drinker	61.1	59.8	55.0		64.3
% Chronic Drinker (Average 2+ Drinks/Day)	6.1	6.6	6.5		3.5
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	20.3	20.0	16.9	24.4	17.0
% Drinking & Driving in Past Month	5.6	5.7	5.2		4.6
% Ever Sought Help for Alcohol or Drug Problem	3.6		3.4		3.2
		better	similar	worse	

Tobacco Use	Douglas County	Douglas County vs. Benchmarks			
		vs. NE	vs. US	vs. HP2020	TREND
% Current Smoker	12.2	17.0	16.3	12.0	20.9
% Someone Smokes at Home	7.4		10.7		21.4
% [Non-Smokers] Someone Smokes in the Home	2.4		4.0		3.4
% Currently Use Electronic Cigarettes (E-Cigarettes)	4.2	4.9	3.8		6.5
% Use Smokeless Tobacco	3.2	5.7	4.4	0.3	1.7
		better	similar	worse	

Appendix B:
Sarpy/Cass Counties Trend Summary

The following tables outline current findings, comparisons to benchmark data, and trends specific to Sarpy and Cass counties combined. Note that, for survey data, trending is compared against baseline data, the earliest year in which a question was asked (for Sarpy/Cass counties, in most cases, 2008).

Overall Health	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	10.0	13.9	18.1		10.2
% Activity Limitations	20.7	18.4	25.0		16.6
		better	similar	worse	

Access to Health Services	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	5.2	7.8	13.7	0.0	4.4
% [Insured] Went Without Coverage in Past Year	1.7				4.1
% Difficulty Accessing Healthcare in Past Year (Composite)	27.7		43.2		33.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	9.4		12.5		13.5
% Cost Prevented Getting Prescription in Past Year	9.3		14.9		11.7
% Cost Prevented Physician Visit in Past Year	7.0	7.7	15.4		9.7
% Difficulty Getting Appointment in Past Year	12.5		17.5		11.4
% Difficulty Finding Physician in Past Year	7.8		13.4		3.1

Access to Health Services (continued)	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% Transportation Hindered Dr Visit in Past Year	2.0		8.3		2.1
% Cultural/Language Differences Prevented Med Care/Past Yr	1.0		1.2		0.4
% Skipped Prescription Doses to Save Costs	9.9		15.3		10.5
% Have a Particular Place for Medical Care	89.3	77.2	82.2		90.7
% Have Had Routine Checkup in Past Year	74.0	71.6	68.3		64.5
% Two or More ER Visits in Past Year	6.6		9.3		7.6
% Rate Local Healthcare "Fair/Poor"	4.8		16.2		8.5
		better	similar	worse	

Cancer	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% [Women 50-74] Mammogram in Past 2 Years	82.5	77.6	77.0	81.1	72.3
% [Women 21-65] Pap Smear in Past 3 Years	82.4	81.6	73.5	93.0	79.8
		better	similar	worse	

Diabetes	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% Diabetes/High Blood Sugar	12.1	9.3	13.3		9.7
		better	similar	worse	

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

Heart Disease & Stroke	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.2		8.0		5.3
% Stroke	2.9	3.1	4.7		0.9
		better	similar	worse	

HIV	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% [Age 18-44] HIV Test in the Past Year	23.1		24.7		18.4
		better	similar	worse	

Injury & Violence Prevention	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% Firearm in Home	45.5		32.7		36.2
% Domestic Violence/Past 5 Years	3.5				0.8
% Victim of Violent Crime in Past 5 Years	1.0		3.7		0.6
% Perceive Neighborhood as "Slightly/Not At All Safe"	3.3		15.6		5.1
		better	similar	worse	

Mental Health & Mental Disorders	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	8.5		13.0		5.6
% Symptoms of Chronic Depression (2+ Years)	21.8		31.4		16.6
% Typical Day Is "Extremely/Very" Stressful	8.6		13.4		13.3
		better	similar	worse	

Nutrition, Physical Activity & Weight	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	26.2		33.5		41.1
% Healthy Weight (BMI 18.5-24.9)	22.4	30.2	30.3	33.9	29.0
% Overweight (BMI 25+)	76.2	68.7	67.8		70.5
% Obese (BMI 30+)	35.1	32.0	32.8	30.5	31.9

Nutrition, Physical Activity & Weight (cont.)	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% No Leisure-Time Physical Activity	24.7	22.7	26.2	32.6	21.9
% Use Local Parks/Recreation Centers at Least Weekly	33.7		20.8		45.2
% Use Local Trails at Least Monthly	45.3				56.0
		better	similar	worse	

Oral Health	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	82.9	71.4	59.7	49.0	74.4
		better	similar	worse	

Respiratory Diseases	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% COPD (Lung Disease)	8.4	5.4	8.6		7.8
% [Adult] Currently Has Asthma	8.7	7.8	11.8		5.8
		better	similar	worse	

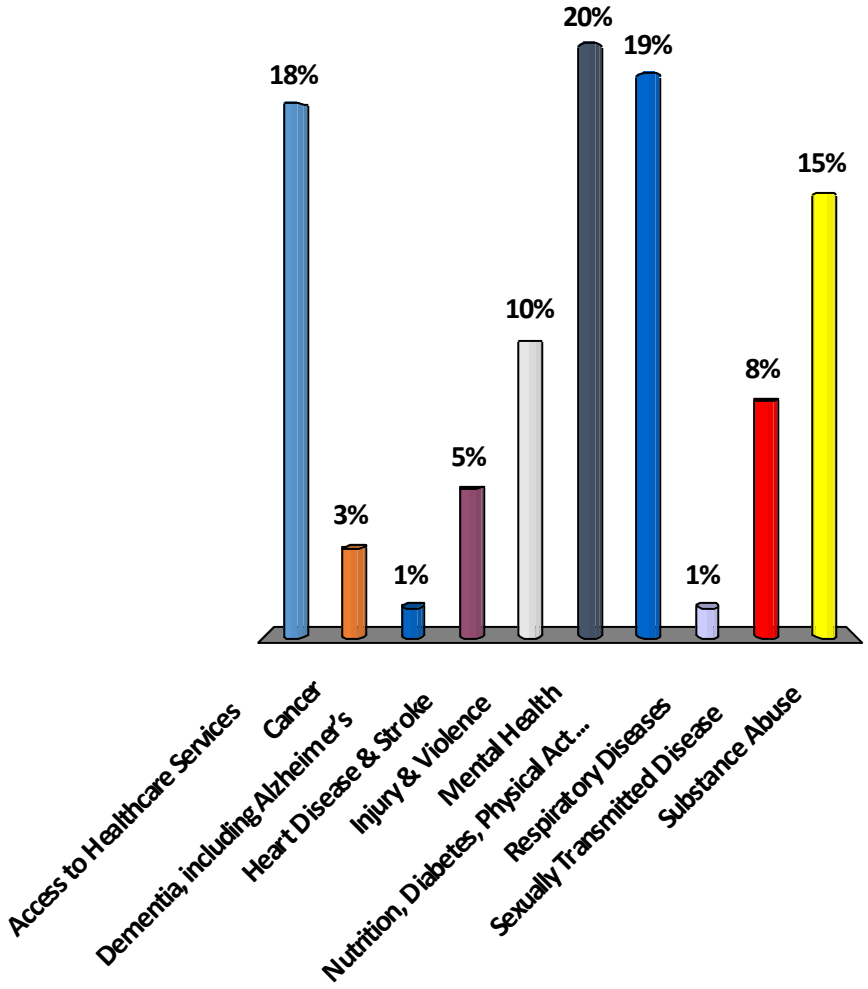
Sexually Transmitted Diseases	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	11.7		13.8		1.5
% [Unmarried 18-64] Using Condoms	32.8		39.4		13.3
		better	similar	worse	

Substance Abuse	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% Drinking & Driving in Past Month	3.7	6.2	5.2		3.9
% Ever Sought Help for Alcohol or Drug Problem	4.2		3.4		2.0
		better	similar	worse	

Tobacco Use	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% Current Smoker	11.2	16.7	16.3	12.0	16.2
% Someone Smokes at Home	6.8		10.7		12.1
		better	similar	worse	

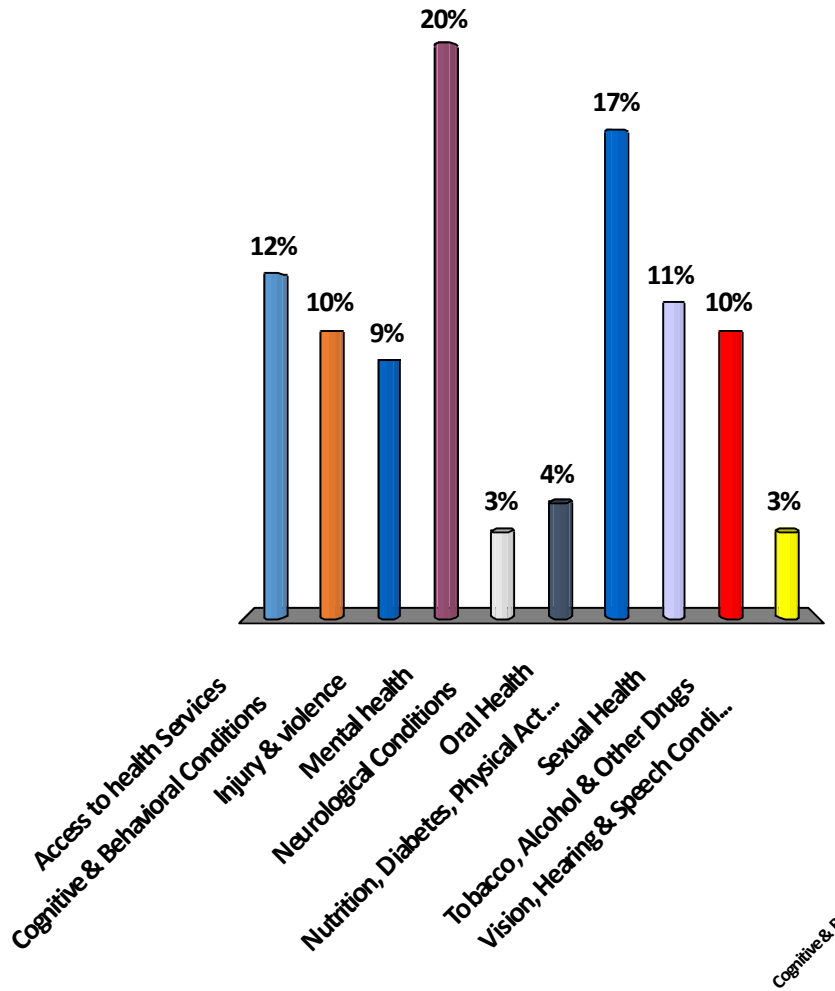
Of the 10 Adult Health Opportunities found in the 2018 Community Health Needs Assessment data, which top 5 would you like to move forward?

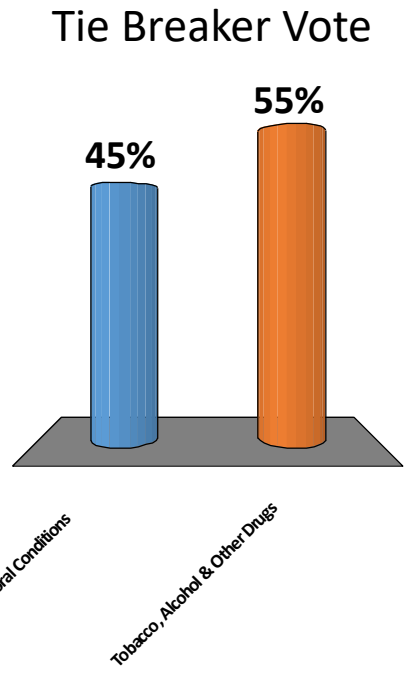
A. Access to Healthcare Services
B. Cancer
C. Dementia, including Alzheimer's
D. Heart Disease & Stroke
E. Injury & Violence
F. Mental Health
G. Nutrition, Diabetes, Physical Activity & Weight
H. Respiratory Diseases
I. Sexually Transmitted Disease
J. Substance Abuse



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

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



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