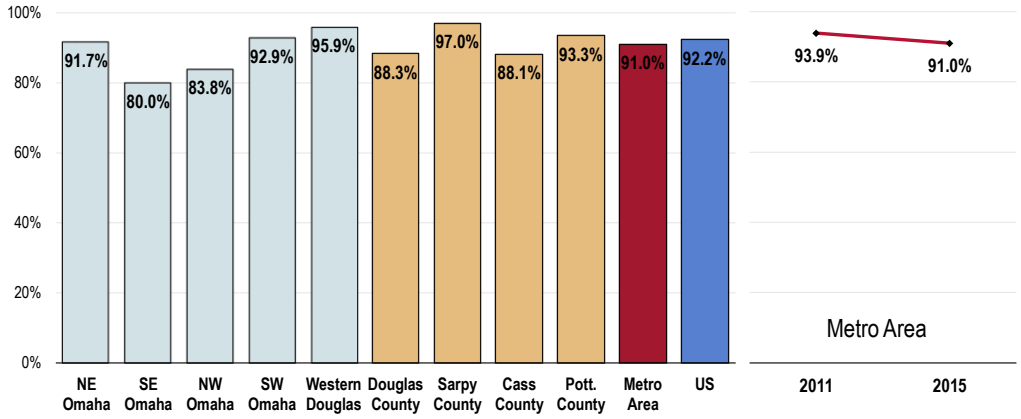
Seat Belt Usage - Children

A full 91.0% of Metro Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.
- By county, favorably high in Sarpy County.
- In Douglas County, lowest in Southeast Omaha.
- TREND: Marks a statistically significant decrease since 2011.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)

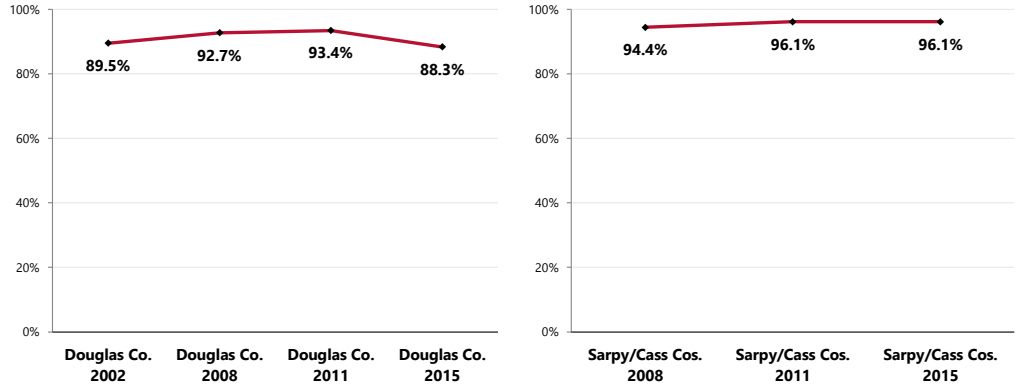


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
Notes: ● Asked of all respondents with children 0 to 17 in the household.

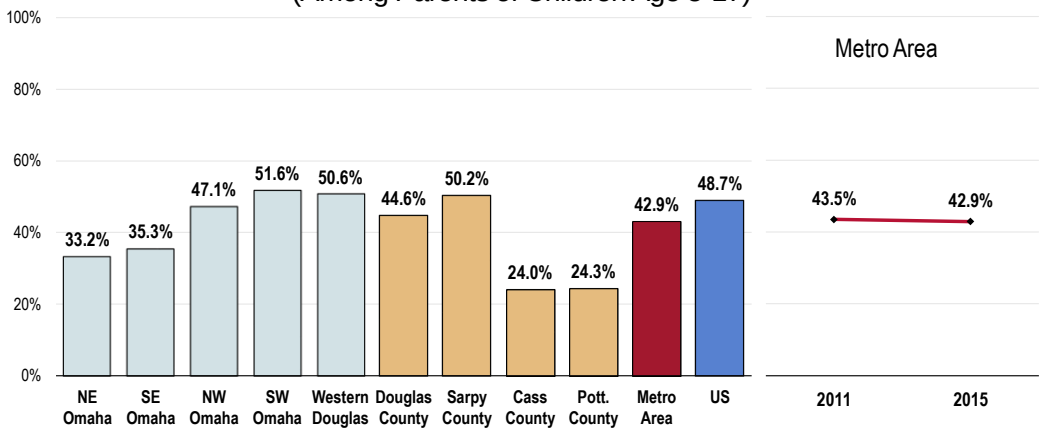
Bicycle Safety

Just over 4 in 10 Metro Area children age 5 to 17 (42.9%) are reported to "always" wear a helmet when riding a bicycle.

- Statistically comparable to the national prevalence.
- Unfavorably low in Cass and Pottawattamie counties.
- Helmet use is much higher in the western portion of Douglas County.
- TREND: Statistically unchanged over time.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)

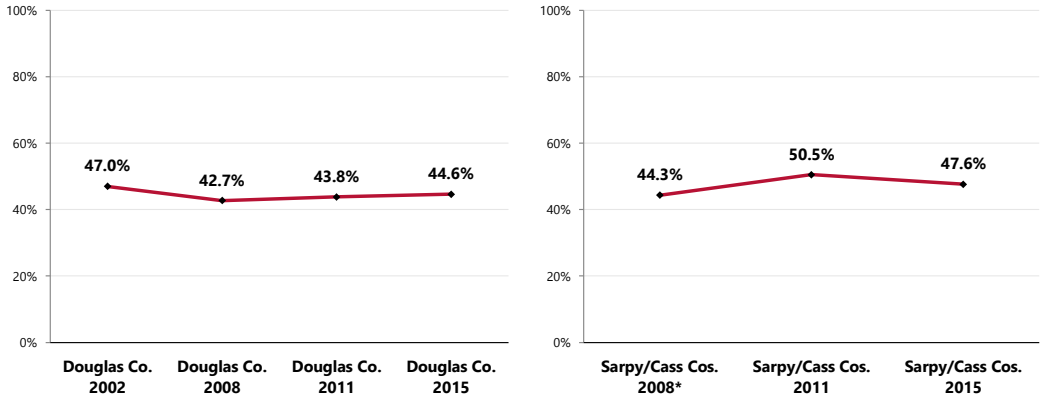


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
Notes: ● Asked of all respondents with children age 5 to 17 at home.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
Notes: ● Asked of all respondents with children age 5 to 17 at home.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

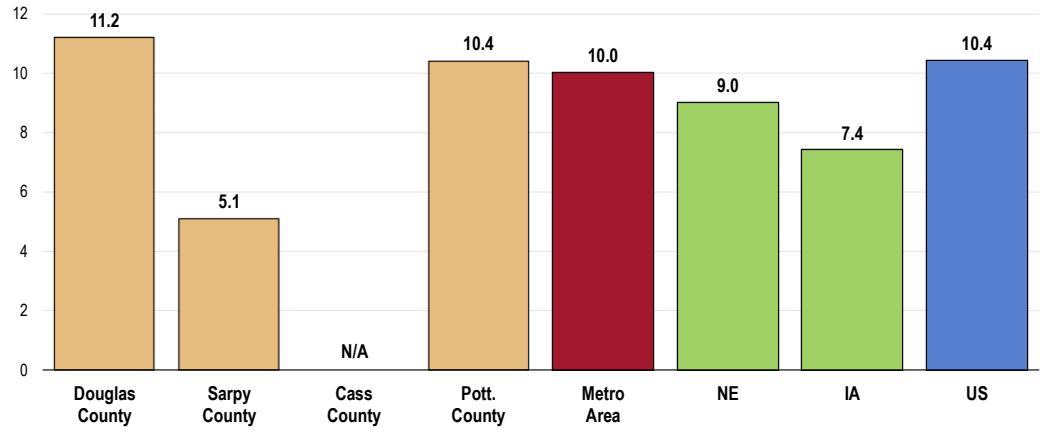
Between 2011 and 2013, there was an annual average age-adjusted rate of 10.0 deaths per 100,000 population due to firearms in the Metro Area.

- Higher than found statewide.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).
- Favorably low in Sarpy County.

Firearms-Related Deaths: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

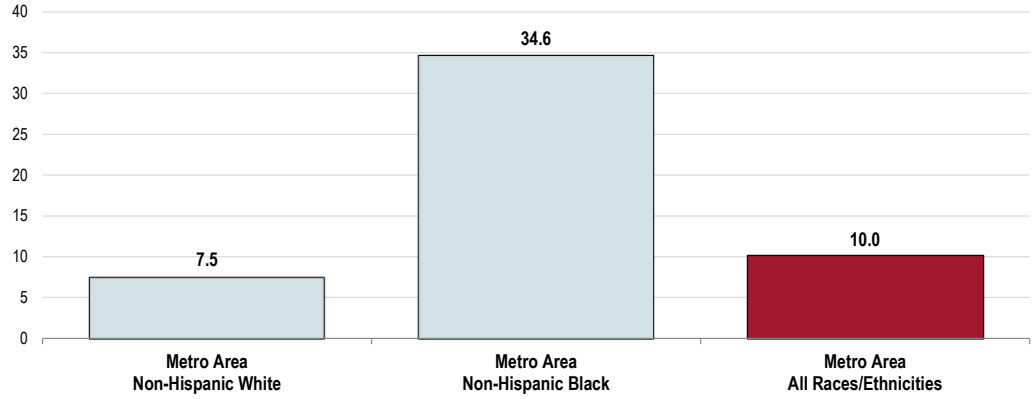
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Metro Area firearm-related mortality rate is dramatically higher among Blacks than among Whites.

Firearms-Related Deaths: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

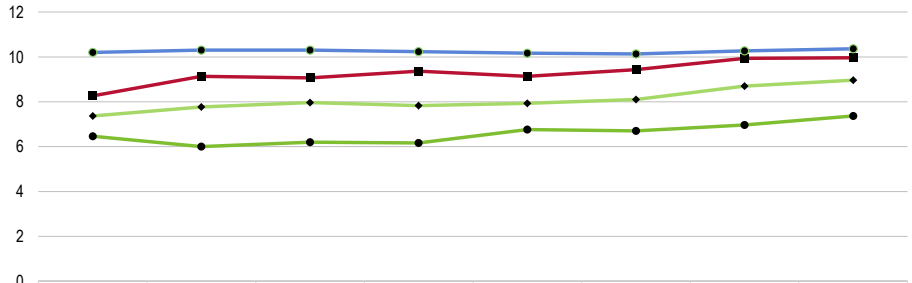
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Firearm-related mortality increased over the past decade.

Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area	8.3	9.1	9.1	9.4	9.1	9.4	9.9	10.0
Nebraska	7.4	7.8	8.0	7.8	7.9	8.1	8.7	9.0
Iowa	6.5	6.0	6.2	6.2	6.8	6.7	7.0	7.4
United States	10.2	10.3	10.3	10.2	10.2	10.1	10.3	10.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Presence of Firearms in Homes

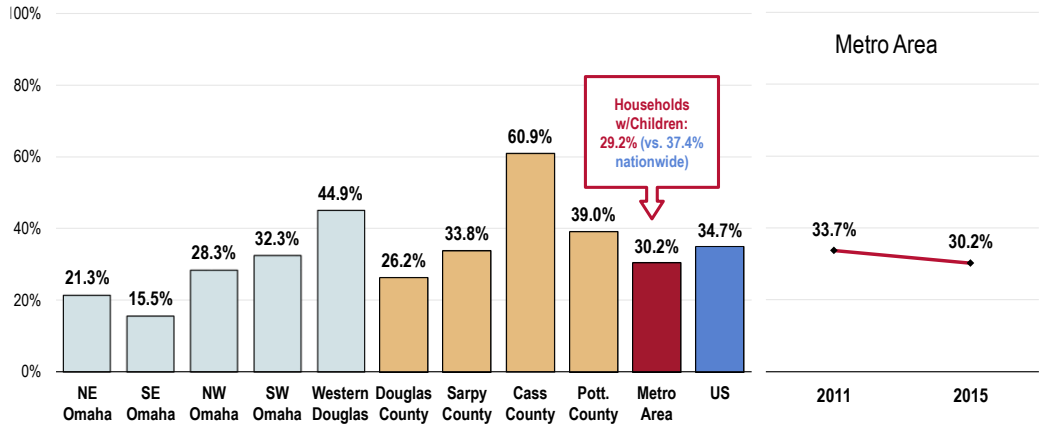
Survey respondents were further asked about the presence of weapons in the home:

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

Overall, 3 in 10 Metro Area adults (30.2%) have a firearm kept in or around their home.

- Lower than the national prevalence.
- Unfavorably high in Cass and Pottawattamie counties.
- Within Douglas County, higher in the western portion.
- TREND: Marks a statistically significant decrease from that reported in 2011.
- Among Metro Area households with children, 29.2% have a firearm kept in or around the house (more favorable than reported nationally).
- TREND: The prevalence of firearms in households with children has not changed significantly over time (not shown).

Have a Firearm Kept in or Around the Home

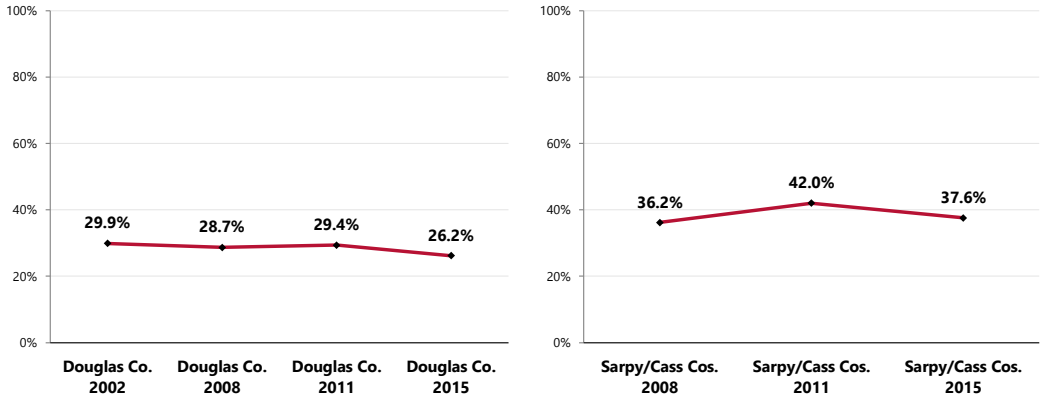


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

- TREND: The prevalence of firearms in area households decreased significantly in Douglas County (no significant change over time in Sarpy/Cass).

Have a Firearm Kept in or Around the Home



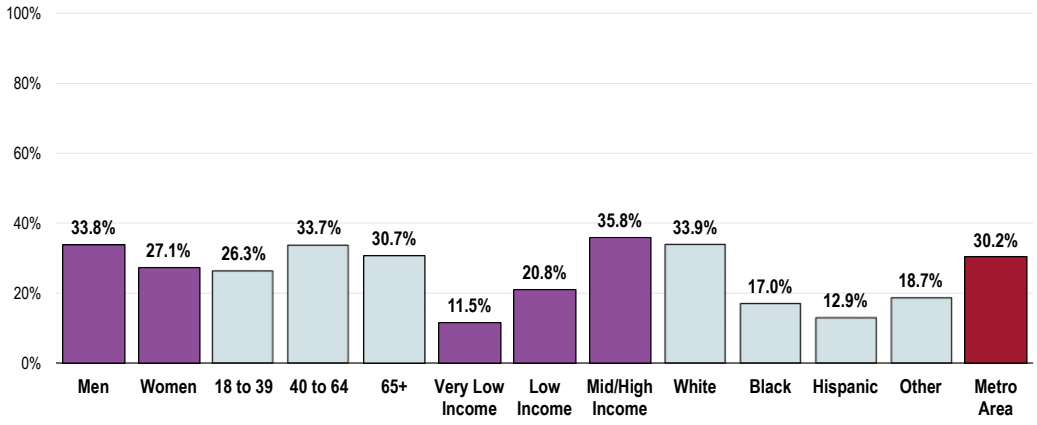
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
Notes: ● Asked of all respondents.
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are <u>more</u> prevalent among the following respondent groups:

- Men.
- Residents age 40 to 64.
- Higher-income households (positive correlation with income).
- White respondents.

Have a Firearm Kept in or Around the House

(Metro Area, 2015)



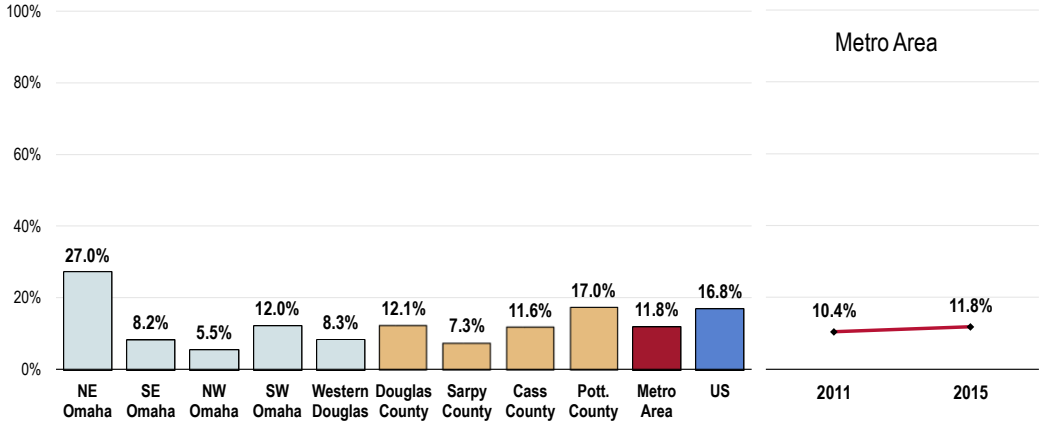
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
Notes: ● Asked of all respondents.
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Metro Area households with firearms, 11.8% report that there is at least one weapon that is kept unlocked and loaded.

- Better than that found nationally.
- Favorably low in Sarpy County.
- In Douglas County, note the 27.0% prevalence in Northeast Omaha.
- TREND: Statistically similar to that reported in 2011.

Household Has An Unlocked, Loaded Firearm

(Among Respondents Reporting a Firearm in or Around the Home)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with a firearm in or around the home.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 6.2 deaths per 100,000 population in the Metro Area.

- Worse than the rates found statewide.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

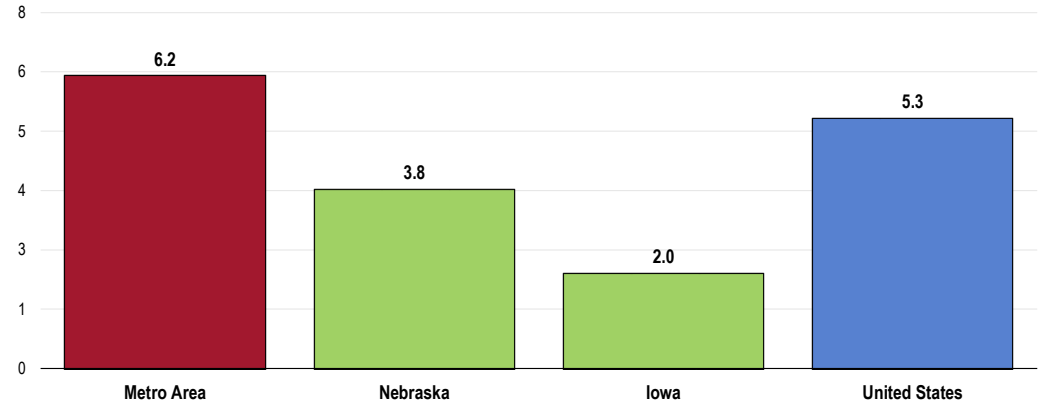
RELATED ISSUE:

See also *Suicide* in the **Mental Health** section of this report.

Homicide: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

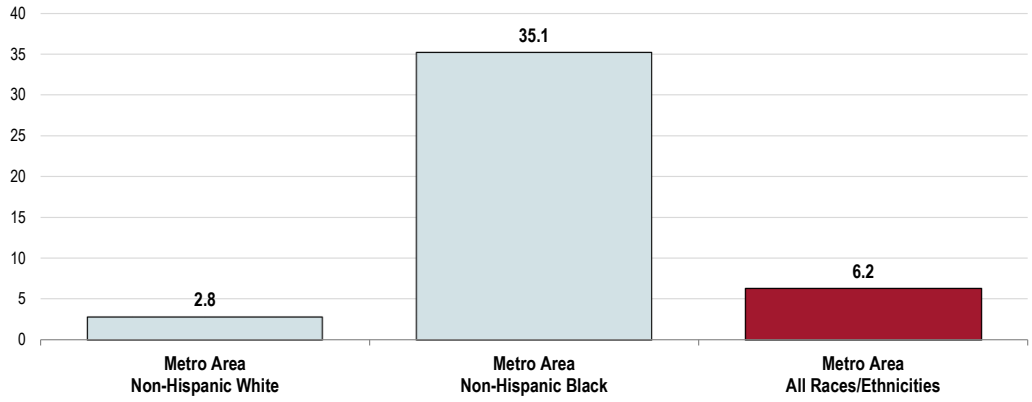
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The homicide rate is notably higher in the Metro Area's Black community.

Homicide: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

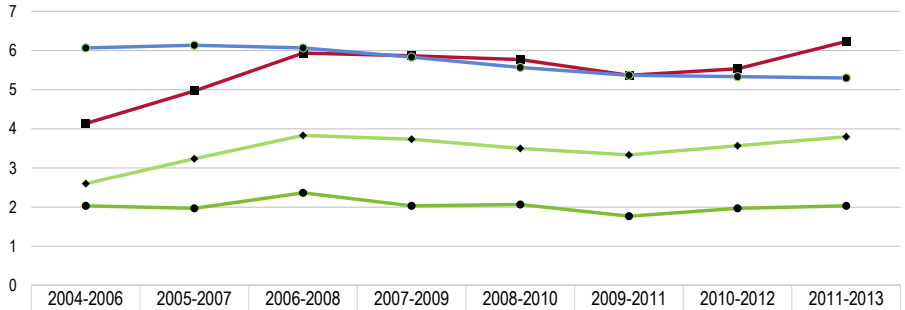
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The homicide rate has increased in the Metro Area, echoing the Nebraska trend over the past decade.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area	4.1	5.0	5.9	5.9	5.8	5.4	5.5	6.2
Nebraska	2.6	3.2	3.8	3.7	3.5	3.3	3.6	3.8
Iowa	2.0	2.0	2.4	2.0	2.1	1.8	2.0	2.0
United States	6.1	6.1	6.1	5.8	5.6	5.4	5.3	5.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Violent Crime

Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

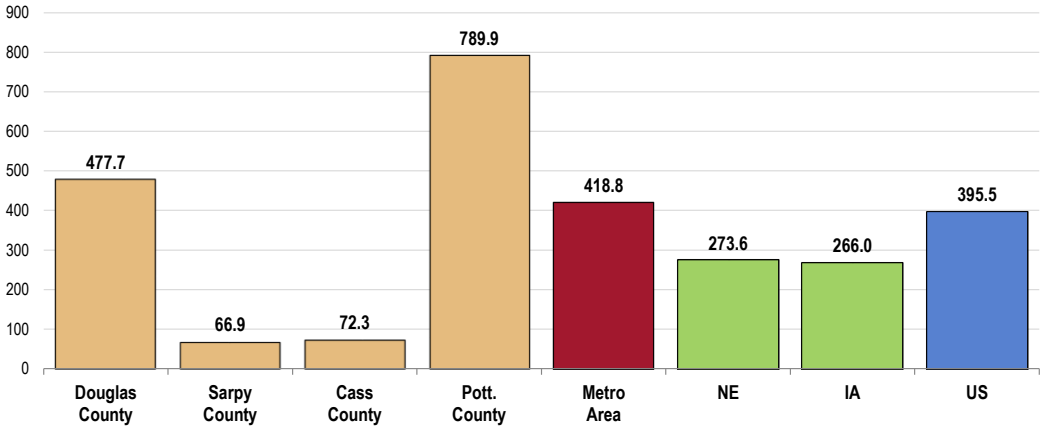
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2010 and 2012, there were a reported 418.8 violent crimes per 100,000 population in the Metro Area.

- Much higher than either state rate for the same period.
- Higher than the national rate.
- Unfavorably high in Douglas and Pottawattamie counties.

Violent Crime

(Rate per 100,000 Population, 2010-2012)



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2010-2012.

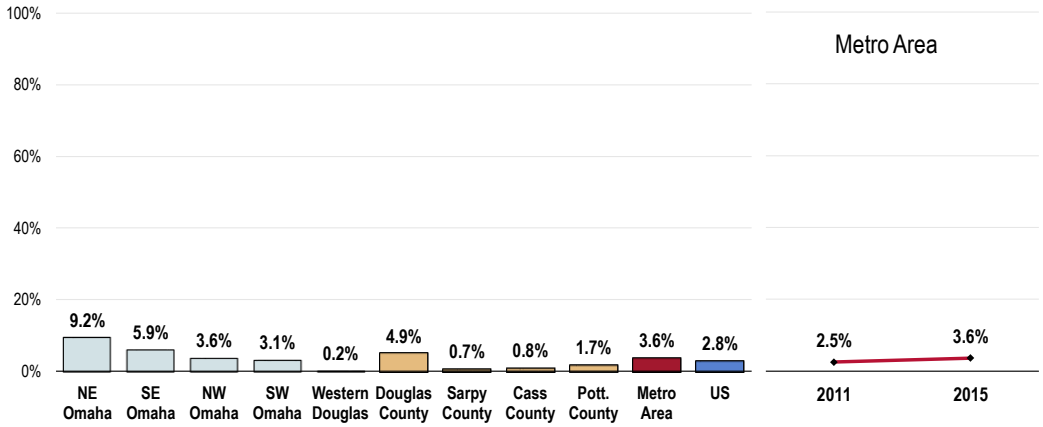
Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Experience With Violence

A total of 3.6% of Metro Area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- Unfavorably high in Douglas County.
- Highest in Northeast Omaha, lowest in Western Douglas County.
- TREND: Marks a statistically significant increase over time.

Victim of a Violent Crime in the Past Five Years

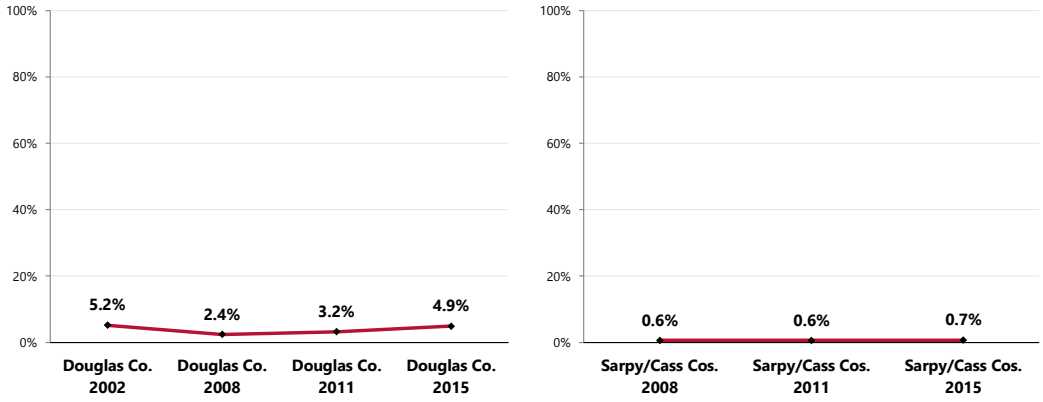


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Victim of a Violent Crime in the Past Five Years

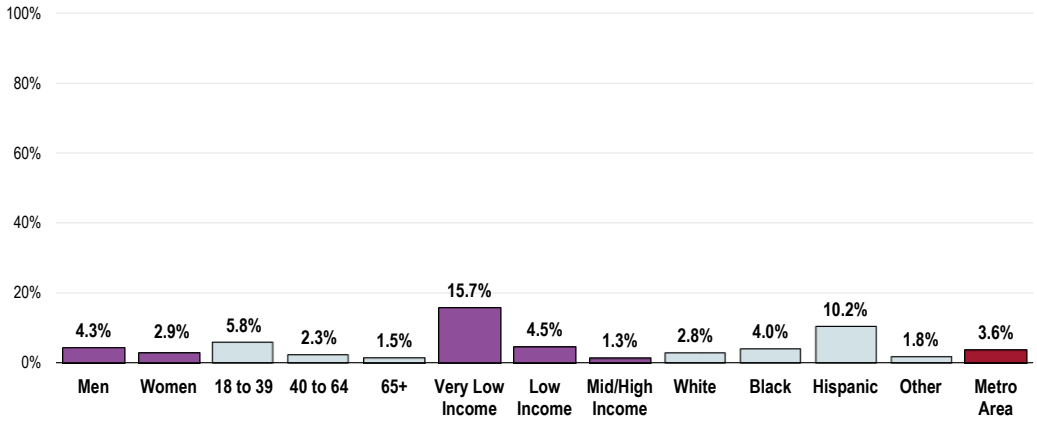


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
Notes: ● Asked of all respondents.

These population segments are more likely to report crime victimization in the past 5 years:

- Younger residents (negative correlation with age).
- Lower-income residents (negative correlation with income).
- Hispanics.

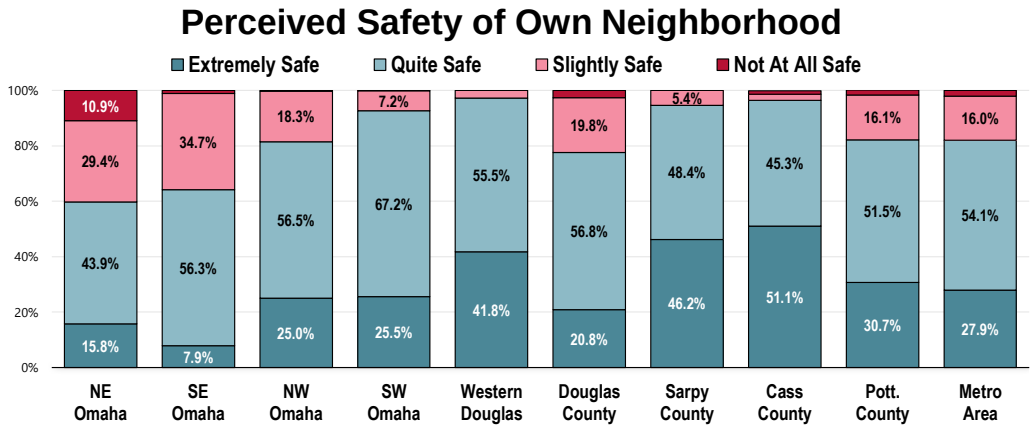
Victim of a Violent Crime in the Past Five Years
(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

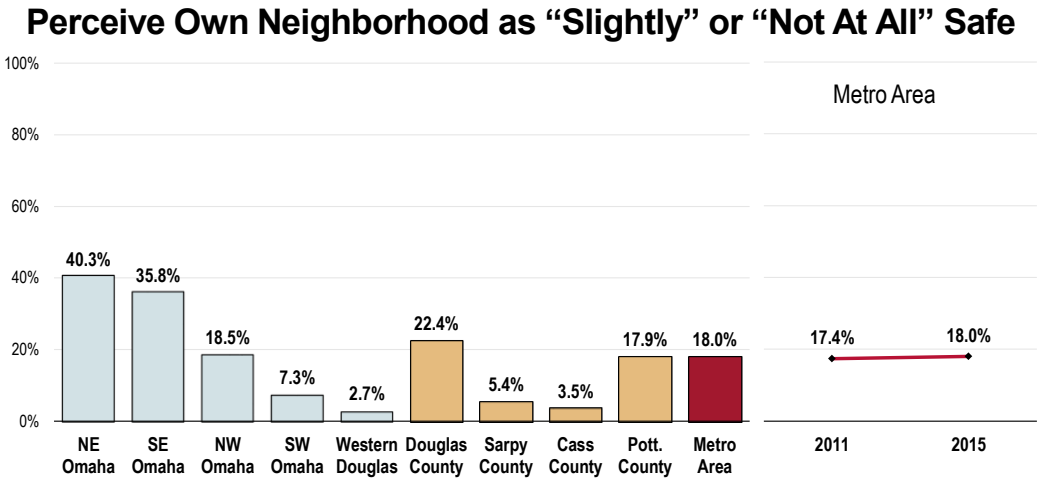
Perceptions of Neighborhood Safety

Most Metro Area adults (82.0%) consider their neighborhood to be "extremely" or "quite" safe; however, 18.0% consider their neighborhood to be "slightly safe" or "not at all safe."



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 332]
Notes: ● Asked of all respondents.

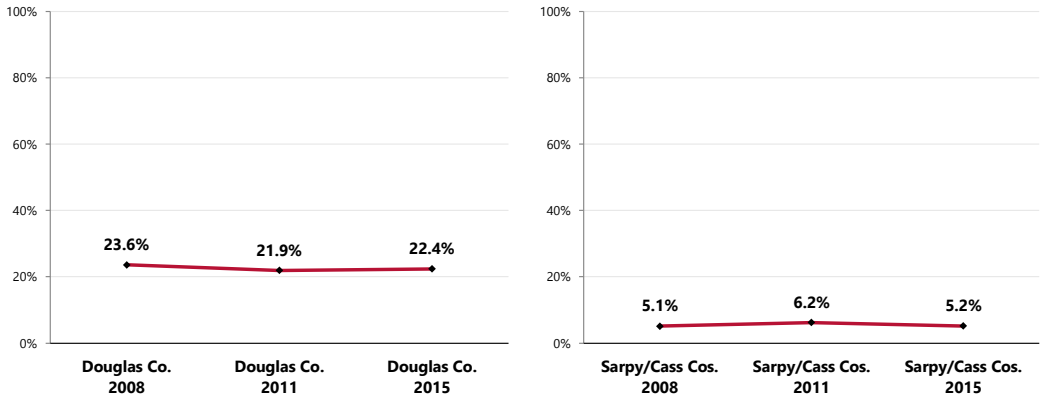
- Among the four Metro Area counties, "slightly/not at all safe" ratings were favorably low in Sarpy and Cass counties.
- Within Douglas County, the prevalence was much higher in eastern Omaha.
- TREND: Statistically unchanged from 2011 survey results.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 332]
Notes: ● Asked of all respondents.

- TREND: No significant change over time in Douglas or Sarpy/Cass counties.

Perceive Own Neighborhood as "Slightly" or "Not At All" Safe



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 332]
Notes: ● Asked of all respondents.

Family Violence

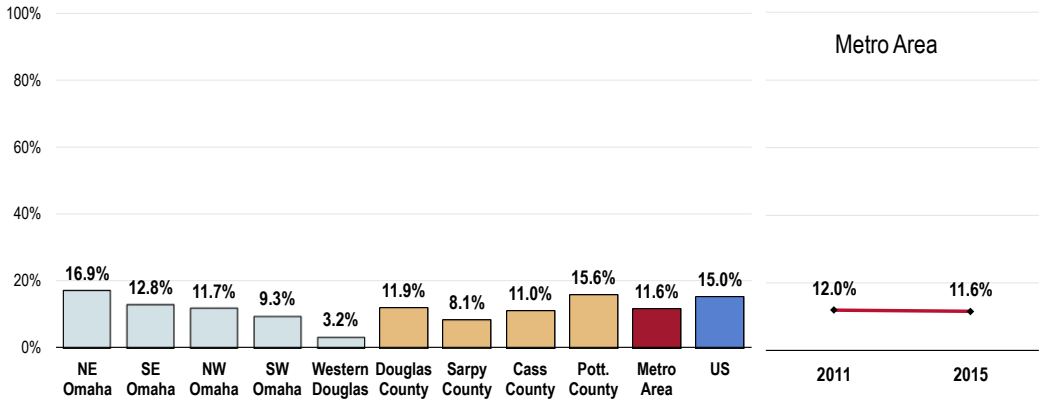
A total of 11.6% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

- More favorable than national findings.
- Highest in Pottawattamie County.
- Ranging from 16.9% in Northeast Omaha to 3.2% in Western Douglas County.
- TREND: Statistically unchanged over time.

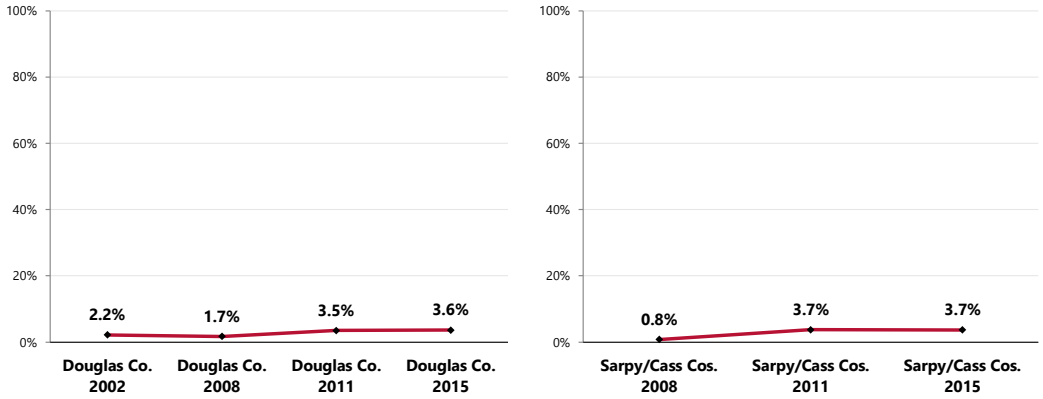
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- TREND: The prevalence of area residents who have experienced domestic violence *in the past 5 years* has increased significantly over time in Douglas and Sarpy/Cass counties.

Have Experienced Domestic Violence in the Past 5 Years



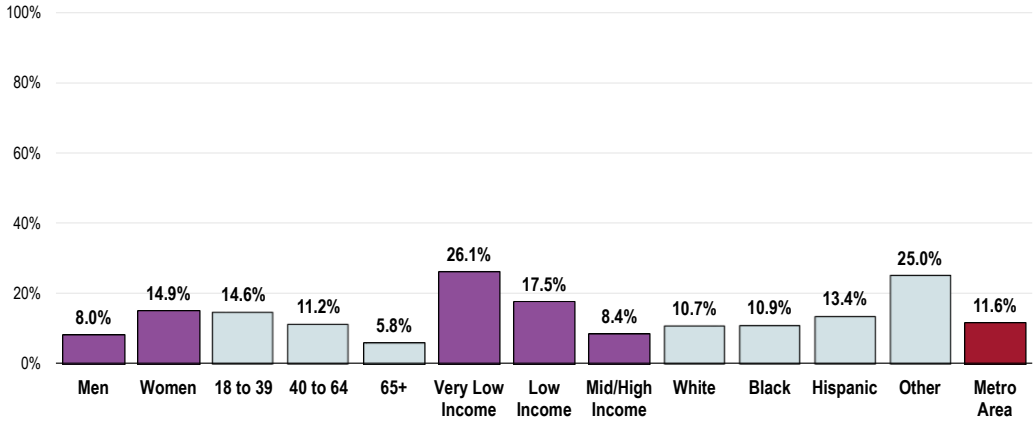
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 312]
Notes: ● Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Younger adults (negative correlation with age).
- Those with lower incomes (negative correlation with income).
- Other races.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

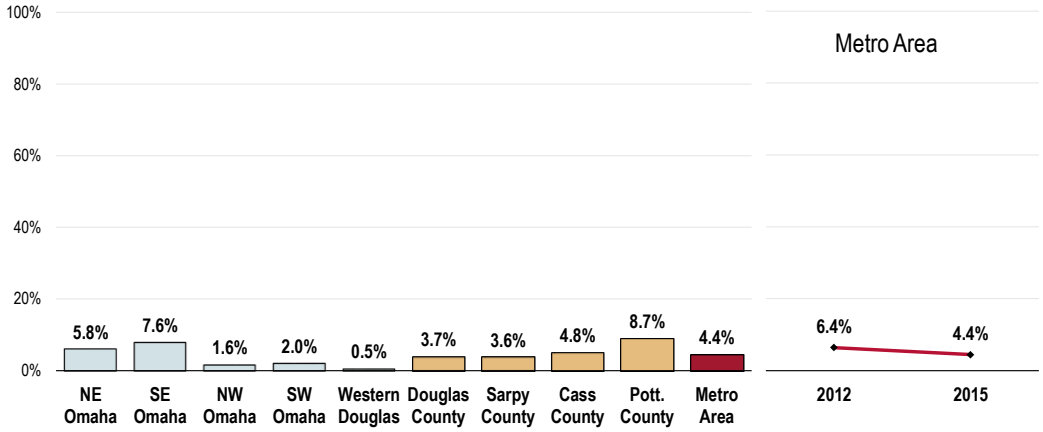
Another 4.4% of survey respondents acknowledge that an intimate partner has been controlling, degrading, harassing, or disruptively jealous in the past 5 years.

Respondents were asked:

"In the last 5 years, has an intimate partner ever tried to control most of your daily activities, constantly put you down in front of others, harassed you or been disruptively jealous of you?"

- Among the four Metro Area counties, unfavorably high in Pottawattamie County.
- Highest in the eastern portion of Douglas County.

An Intimate Partner Has Been Controlling, Degrading, Harassing, or Disruptively Jealous in the Past 5 Years

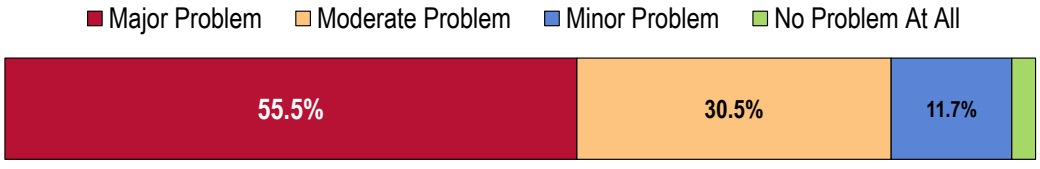


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 313]
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

More than half of key informants taking part in an online survey characterized *Injury & Violence* as a "major problem" in the community.

Perceptions of Injury & Violence as a Problem in the Community
(Key Informants, 2015)



Sources: ● PRC Online Key Informant Survey, August 2015.

Top Concerns

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

Violent Crime

Omaha has a high rate of violence per capita. – Community/Business Leader

Violence is a regular occurrence in our community. There are high murder, robbery, assault, and other crime rates. This is particularly true in low-income neighborhoods, but are regular occurrences in all neighborhoods. – Social Service Provider

Increase in Omaha of violent crime in all communities. – Social Service Provider

Violence is a major project in the community. – Social Service Provider

Omaha has high rates of violence and has been named the most dangerous place to live for blacks. – Social Service Provider

Violence is pervasive in the community and this does not support a healthy environment and this is truly detrimental to children, especially those in neighborhoods where it is most prevalent, since it is becoming the norm. – Social Service Provider

Omaha has among highest rates of homicide for its size. Violence and injury are number one cause of death for young people. Suicides, domestic and workplace violence continues to be in the news and reported to agencies. – Healthcare Provider

Many deaths from gunshot wounds and gang violence. I believe that the access to jobs and support in the areas where this occurs is suboptimal. I also believe racially motivated. – Healthcare Provider

Gang violence is significant. – Healthcare Provider

Rate of gun violence and violent crime in the community. – Physician

Gangs and drugs. – Healthcare Provider

Gang violence, drug use, poverty in certain neighborhoods. – Social Service Provider

When Omaha is listed as "one of the most dangerous places for a black man to live in the country" you know you have a problem. – Social Service Provider

The violence in this city, particularly against young black men, is terribly high. – Community/Business Leader

The number of shootings/homicides that occur in Omaha. – Community/Business Leader

Homicide rates continue to escalate. – Social Service Provider

Increased number of shootings in the North Omaha area/gang violence. – Healthcare Provider

There is an ever-increasing incidence of violent crimes, particularly in North Omaha, often involving guns. – Social Service Provider

Regardless of the fact that statistically we aren't worse off than any other major city, our young black men and boys are killing each other. – Community/Business Leader

Increased gang violence in areas of low income and poverty. Recently Voices for Children of Nebraska hosted a Race Matters Conference at UNO. National speakers from Washington and Baltimore stated what will happen if our community does not take action soon. – Healthcare Provider

Lack of parenting, access to guns, no family support system, no values. – Community/Business Leader

The rate of violence against African Americans in North Omaha is staggering and needs improvement. I believe our community needs to be focused on how we can lift up this area. I also see many sexual assault victims, many of which have not received any information. – Healthcare Provider

Gang activity in North and South Omaha, poverty, lack of education and domestic violence. – Social Service Provider

Violence, murder, and gang threats seem to continue to rise in our community. The value of human life seems to be slipping away from the grasp of our younger generations. – Social Service Provider

Number of arrests due to violence. – Public Health Representative

High shooting and gang violence in North Omaha persists. – Healthcare Provider

Increase in the number of gangs operating on the north side. The number of confiscated weapons has increased, which shows there is a problem with gun control. The number of people going into the ER for gun related injuries is up. – Social Service Provider

Domestic Violence & Child Abuse

Children across our community and more so in the Eastern 1/3 of our community experience more adverse childhood experiences and have higher rates of behavioral health issues and concerns. These events stem from the fact that too many children live in poverty. – Public Health Representative

Child abuse reports are at record levels, increase in gang shootings, exposure of children to violence. Domestic assaults/violence continues to be a major issue and concern. – Social Service Provider

Families and children are experiencing a significant amount of trauma and violence. This has huge impacts on a person's overall health and wellbeing. If individuals in our community do not feel safe, health is not going to be a priority. – Social Service Provider

We don't have enough resources allocated to the prevention of domestic violence in place within the city and the universities. We don't have prevention methods in place to keep urban youth from being involved in destructive behaviors. – Social Service Provider

One third of women are victims of domestic violence/intimate partner violence in our community. It is also the number one cause of death of adolescents and young adults in our community, male and female. Women who die during their pregnancy or within one year. – Physician

We see a lot of violence, including gang affiliation and domestic violence within the populations we serve. – Social Service Provider

Children and families continue to be traumatized by violence and injury in our community. With each exposure to trauma, the child's ability to function and thrive is challenged. With inadequate understanding of trauma's impact on the brain. – Social Service Provider

Domestic violence, child abuse and dependent adult abuse and gang violence, continue to affect all in the community. Gang violence and shootings continue to rise. – Healthcare Provider

Gun Violence

Gun violence is taking away caretakers and children. Loss of life and loss of earning potential. Loss of presence in the community due to persons being shot and killed. Trauma caused by those directly and indirectly impacted by violence. – Social Service Provider

Gun violence is causing problems and paralyzing development. – Community/Business Leader

Certain parts of our community are experiencing gun violence too frequently. – Public Health Representative

At least one shooting per day and on several days there have been in excess of five shootings per day. We have a gang problem in Douglas County. – Healthcare Provider

Gun violence and homicides are very high in neighborhood in which our clinic is located. – Physician

There is a shooting or assault reported on almost daily in the news. We see approximately two to three sexual assault victims monthly. – Healthcare Provider

Guns, lack of a curfew. – Community/Business Leader

Omaha ranks as one of the highest cities nationally for the rate of gun violence. Also the amount of domestic violence is very high for a city our size. These problems will be passed down for generations if more is not done to resolve. – Social Service Provider

Gun violence seems to be on the rise and domestic violence continues to be a big problem. – Physician

There are shootings on a regular basis. – Public Health Representative

There are shootings and stabbings nearly every week if not more frequently. – Healthcare Provider

Associated Risk Factors

Substance abuse/homelessness/mental health leads to injury and violence. No long term treatment or after care opportunities. Cycle continues. – Social Service Provider

Gang violence, poverty. – Healthcare Provider

Statistics. Health disparities issue. – Public Health Representative

Poverty and high youth unemployment rate contribute to a climate where violence becomes a way of life. Gang activity and gun availability both are major factors in encouraging violent behavior. – Social Service Provider

The various environmental influences of trauma, racism, unresolved grief, inadequate parenting skills, suicide and other types of self-harm. – Social Service Provider

Injuries are a big problem for Hispanics working under unsafe conditions (meat plants, construction, hospitality industry and others). Violence, domestic violence is also a major problem that can't be

addressed effectively due to the lack of adequate service. – Community/Business Leader

Illegal drug use. Revenge, uncontrollable anger, educating public. – Community/Business Leader

There is only one forensic nurse examiner program in the community. Violence rates and repeat offenders are extremely high. There is a need for prevention but also adequately trained healthcare providers to address the situation. – Healthcare Provider

Increasing Problem

If you listen to the news there are numerous shootings, acts of domestic violence and vehicular accidents daily. I also believe that the gang activity has increased in our community. – Social Service Provider

Everyday newscasts and newspaper articles report gang and gun violence and assaults in our city. – Social Service Provider

Many deaths in youth and others all over the city. – Public Health Representative

Stats show this is a major problem and people agonize over this. – Healthcare Provider

Listening to the nightly news for Council Bluffs in the past weekend has been overwhelming in regards to shootings occurring at all times of the day and night. I'm unaware of how to assist victims of shooting violence. – Social Service Provider

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

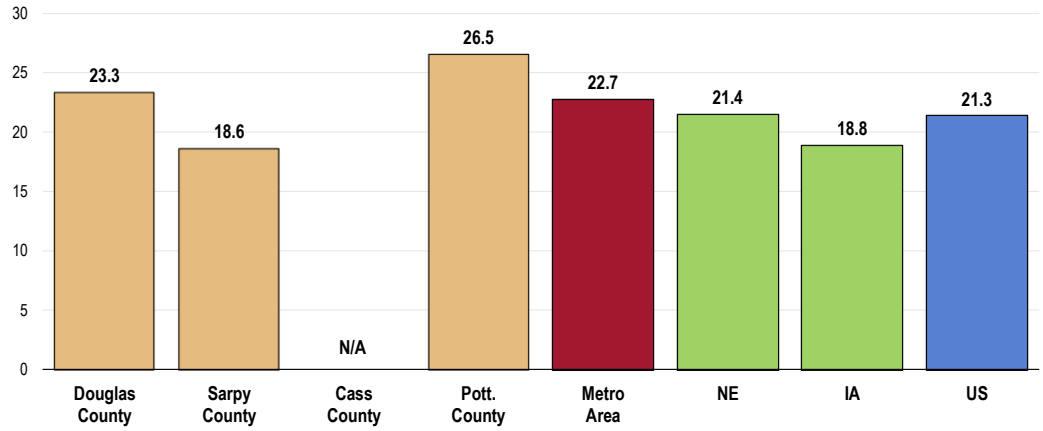
Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 22.7 deaths per 100,000 population in the Metro Area.

- Less favorable than the statewide rates.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Higher in Pottawattamie County.

Diabetes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

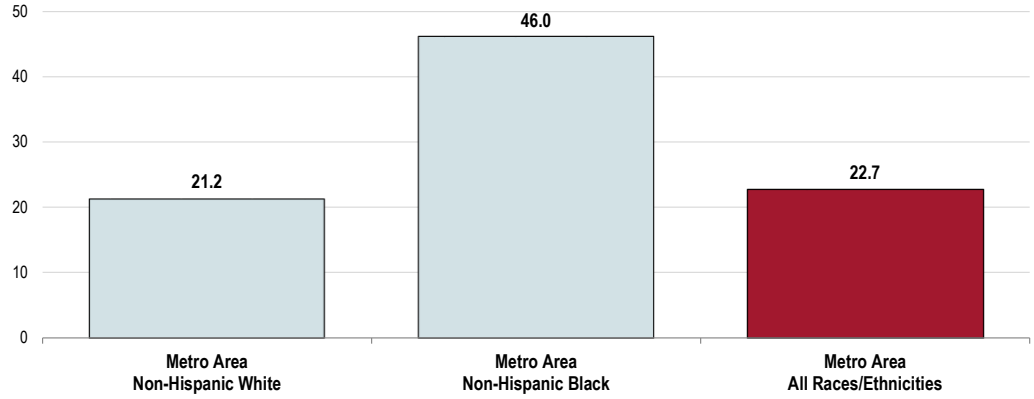
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

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

Diabetes: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

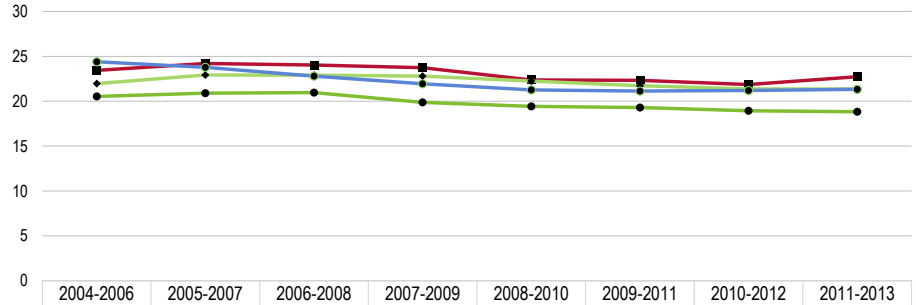
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: Diabetes mortality has been largely stable over the past decade.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area	23.4	24.2	24.0	23.7	22.4	22.3	21.9	22.7
Nebraska	22.0	22.9	22.9	22.8	22.2	21.7	21.4	21.4
Iowa	20.5	20.9	21.0	19.9	19.4	19.3	18.9	18.8
United States	24.4	23.8	22.8	21.9	21.3	21.1	21.2	21.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

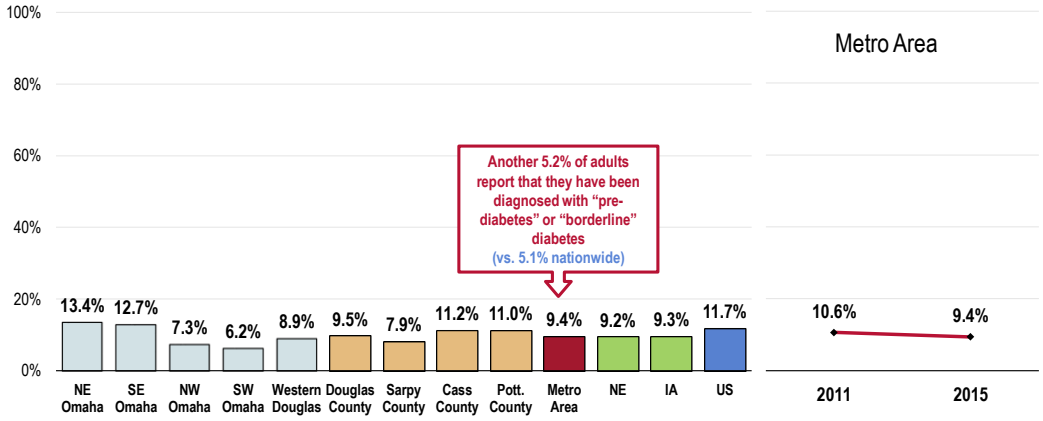
A total of 9.4% of Metro Area adults report having been diagnosed with diabetes.

- Similar to both statewide proportions.
- Better than the US prevalence.
- Similar findings among the 4 Metro Area counties.
- In Douglas County, unfavorably high in Northeast Omaha.
- TREND: Statistically unchanged since 2011.

In addition to the prevalence of diagnosed diabetes referenced above, another 5.2% of Metro Area adults report that they have "pre-diabetes" or "borderline diabetes."

- Comparable to the US prevalence.

Prevalence of Diabetes

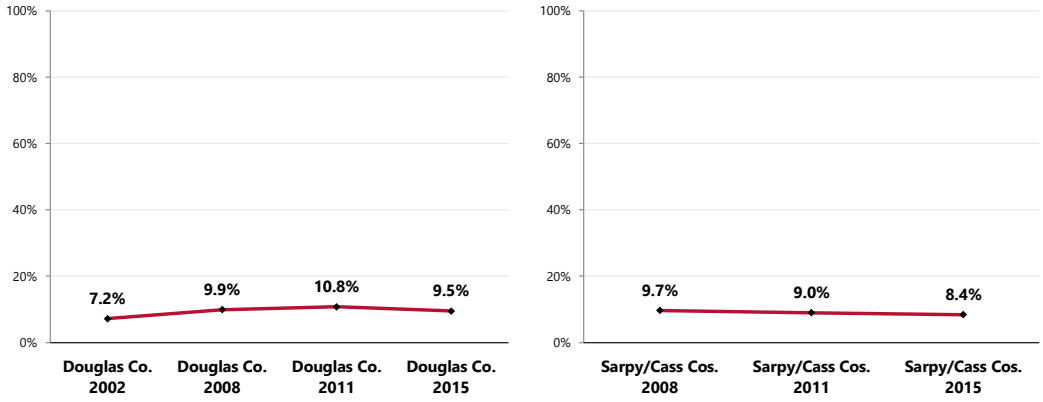


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Nebraska. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Nebraska and Iowa data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

- TREND: Note the statistically significant increase in diabetes over time for Douglas County respondents (the Sarpy/Cass prevalence is statistically unchanged).

Prevalence of Diabetes



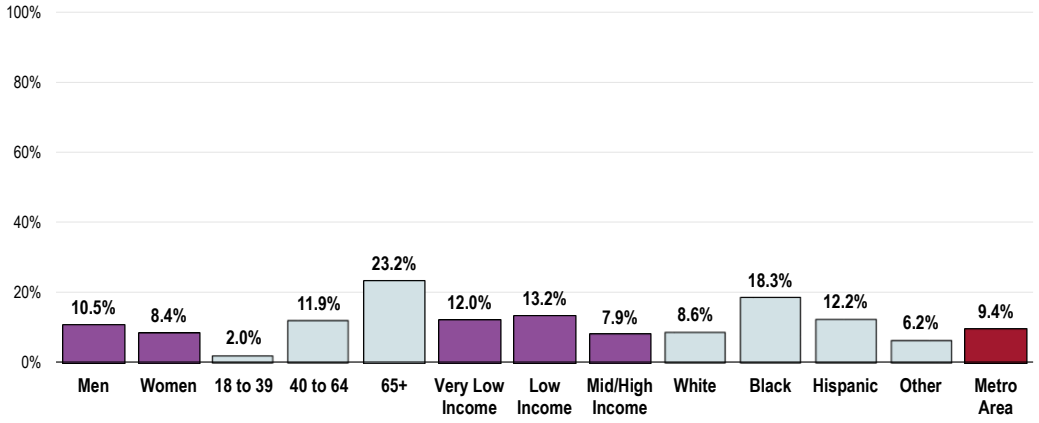
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]

Notes:
- Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong positive correlation between diabetes and age, with 23.2% of seniors with diabetes).
- Residents in households with lower incomes.
- Blacks and Hispanics.

Prevalence of Diabetes
(Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

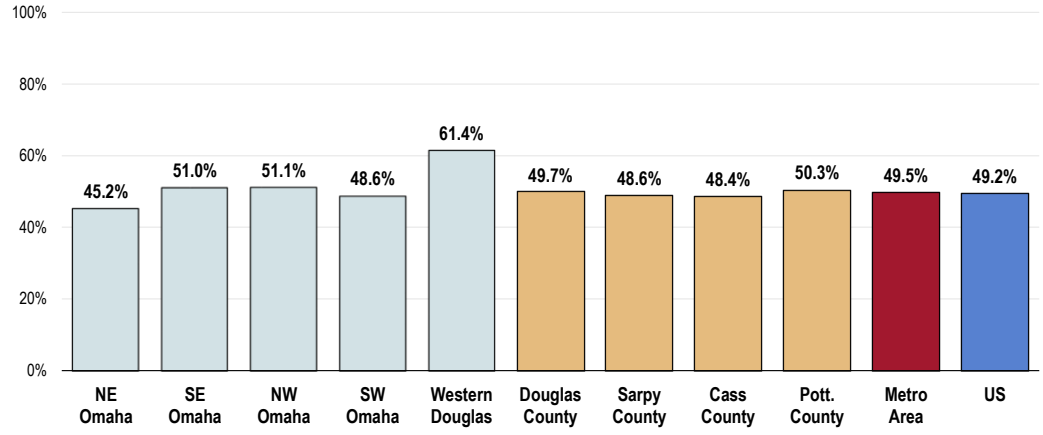
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Diabetes Testing

Of Metro Area adults who have <u>not</u> been diagnosed with diabetes, one-half (49.5%) reports having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Statistically similar among the 4 Metro Area counties.
- Testing prevalence is highest in Western Douglas County.

Have Had Blood Sugar Tested in the Past Three Years
(Among Non-Diabetics)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

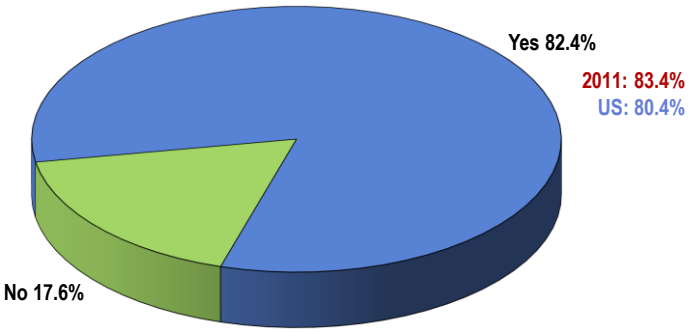
Notes:
- Asked of respondents who have not been diagnosed with diabetes.

Diabetes Treatment

Among adults with diabetes, most (82.4%) are currently taking insulin or some type of medication to manage their condition.

- Close to the US prevalence among diabetics.
- TREND: Statistically unchanged over time.

Taking Insulin or Other Medication for Diabetes
(Metro Area Diabetics, 2015)



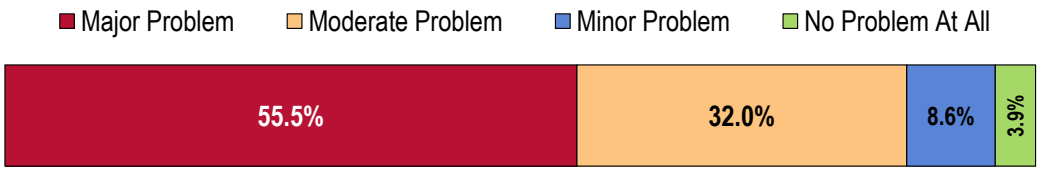
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 311]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all diabetic respondents.

Key Informant Input: Diabetes

Over half of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2015)



Sources:
- PRC Online Key Informant Survey, August 2015.

Challenges

Among those rating this issue as a "major problem," the biggest challenges related to diabetes in the community are seen as:

Awareness/Education

Education and motivation. – Social Service Provider

Education about diabetes and cost of medication and supplies. – Physician

Lack of awareness and prevention initiatives. – Social Service Provider

Knowledge and awareness. Increase in number of children being diagnosed. – Social Service Provider

Education, education, education. Access to knowledge about exercise and places to exercise safely (some places in Omaha it is not safe to walk outside). Many of these individuals also have problems accessing or knowing how to obtain healthy food. – Physician

The biggest challenge for diabetics is a lack of health literacy. Not all people understand how to prevent, recognize, or manage diabetes. Another major barrier is a lack of access to healthy foods in many of the low income areas of the city. – Community/Business Leader

Often undiagnosed. Lack of information on how best to manage in their daily lives. Lack of access to medical care to get treatment and advice. – Public Health Representative

Regular medical care and education. – Physician

I think that Pottawattamie County still doesn't see the importance of healthy eating in relationship to diabetes. It seems like people continue to make the unhealthy choices because that is the way it has always been. We need to continue to educate. – Community/Business Leader

Access to support and continuing education about managing their diabetes. Also because exercise and diet are so critical to managing or preventing diabetes, it is essential that people have safe places to exercise and access to healthy, affordable food. – Social Service Provider

The community's lack of willingness to receive education. – Community/Business Leader

As someone that works with individuals and families near homelessness, diabetes can be triggered by poor nutrition and eating habits as well as poor health and access to healthcare. – Social Service Provider

Making the lifestyle changes, weight loss, exercise, necessary to improve their diabetes. – Healthcare Provider

Affordable Medications, Testing Strips, Healthy Food

Access to low cost diabetic supplies and medications. – Physician

The biggest challenge is access to diabetes testing supplies and insulin. Patients also face the challenge of access to healthy foods and knowledge regarding what foods are good for diabetes. – Healthcare Provider

Lack of resources to pay for diabetes testing supplies and insulin. – Healthcare Provider

Access to affordable medication and testing strips. – Social Service Provider

Access to health foods and exercise. – Social Service Provider

There are a lot of people with limited access to healthy foods and vigorous physical activity. There are a number of people walking around with pre-diabetes and diabetes who don't have a regular source of care. – Social Service Provider

Nebraska Medicaid does not cover diabetes education. This is a major problem for most at risk population to get the help they need to self-manage their diabetes. – Healthcare Provider

Cost of continuing care. Health information not readily available for self-care. Educational materials and truly helping persons with diabetes or pre-diabetes understand the risk factors, physical and mental care strategies and follow up care. – Social Service Provider

Cost of healthcare, patient education, proper nutrition, physical activity. – Social Service Provider

Access to healthcare, financial difficulties in relation to buying needed medications and ability to pay for needed nutritional items. – Public Health Representative

Lack of access to care, lack of resources, lack of understanding as to how this disease really affects us. – Healthcare Provider

Access to drugs. – Healthcare Provider

Buying healthy foods often exceed people's budget. Most healthy foods are expensive and the foods with high sugar content have lower prices. – Social Service Provider

Access to quality foods and grocery stores that offer organic foods and free range meats (grass fed beef, etc.), food deserts, over medicating and lack of holistic health treatment, safe and appropriate youth and adult exercise equipment at parks, unkempt. – Social Service Provider

Price of medications and new devices available to other populations. Cultural eating and physical activity habits in spite of all the educational efforts. – Community/Business Leader

Obtaining their medications, the cost. – Healthcare Provider

Associated Risk Factors

Obesity and eating habits are poor, especially in the poorer neighborhoods. – Community/Business Leader

Type 2 diabetes due to weight concerns. – Public Health Representative

Overweight and obesity continue to be a problem in our community and along with that type II diabetes. – Social Service Provider

Obesity, high blood pressure, more education needed on diabetes in general. – Social Service Provider

Obesity rates are higher than ever, which leads to diabetes. Doctors are not addressing the root causes for weight issues. – Healthcare Provider

Diet, exercise, understanding diabetes, employment concerns. – Community/Business Leader

Socioeconomic, education, and lack exercise/diet. – Healthcare Provider

The long-term impact on their health status. – Social Service Provider

Chronic nature of the disease and the physical effects. Lifestyle changes are hard to make. – Social Service Provider

This goes hand in hand with the concern I have for lack of exercise, nutrition and weight issues that are prevalent in our community. I would imagine that it also goes hand in hand with issues related to access to care. Ultimately, the biggest challenge. – Healthcare Provider

Many overweight, unhealthy individuals in our community that have diabetes as a result of their chronic conditions and high rate of obesity. – Healthcare Provider

Obesity and being compliant with their treatment regimen. – Healthcare Provider

Prevention and Compliance

Compliance to treatment. Affording medications. Lifestyle changes. – Physician

Prevention and being compliant with their treatment. – Community/Business Leader

Consistent disease management and prevention. – Social Service Provider

I think one of the biggest challenges is related to prevention of diabetes and weight management. Healthy lifestyle. I think we need to do more on the preventative side. – Social Service Provider

Prevention, i.e. for those who are at risk for pre-diabetes, healthcare reimbursement for prevention. The Y has an evidence-based diabetes prevention program that has a third party payment option through Uninet, but some insurers will not work with it. – Social Service Provider

Frequent monitoring. – Physician

Motivation for compliance for care. – Physician

Not compliant with insulin, oral medications, and diet. – Healthcare Provider

Lack of Resources

Lack of diabetes prevention programs. – Public Health Representative

Access to ongoing care and managing this chronic disease and its many serious complications. – Public Health Representative

Lack of clinics to treat and diagnose. – Social Service Provider

We only have one Endocrinologist in CB, need additional. Need more education in schools to decrease weight and increase activity. – Healthcare Provider

Limited preventative care. – Healthcare Provider

Increasing Numbers

> *The increasing number of pre-diabetics occurring because of the combination of genetics and personal habit is creating a generation of individuals at risk for compromised lives. Access to healthy foods and daily, safe active living are critical. – Public Health Representative*
>
> *Numbers diagnosed. – Healthcare Provider*
>
> *Increasing numbers of children with diabetes and related health concerns. – Social Service Provider*

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

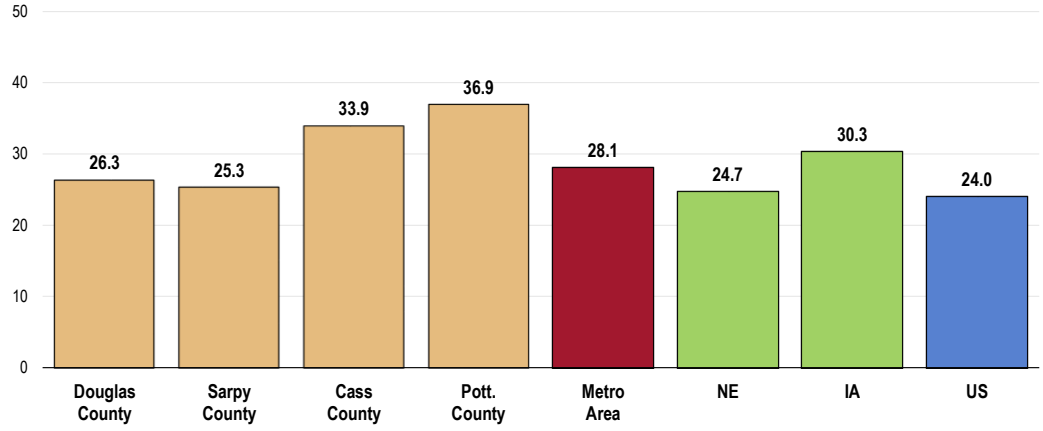
Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 28.1 deaths per 100,000 population in the Metro Area.

- Less favorable than the Nebraska rate but more favorable than Iowa.
- Less favorable than the national rate.
- Unfavorably high in Cass and Pottawattamie counties.

Alzheimer's Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



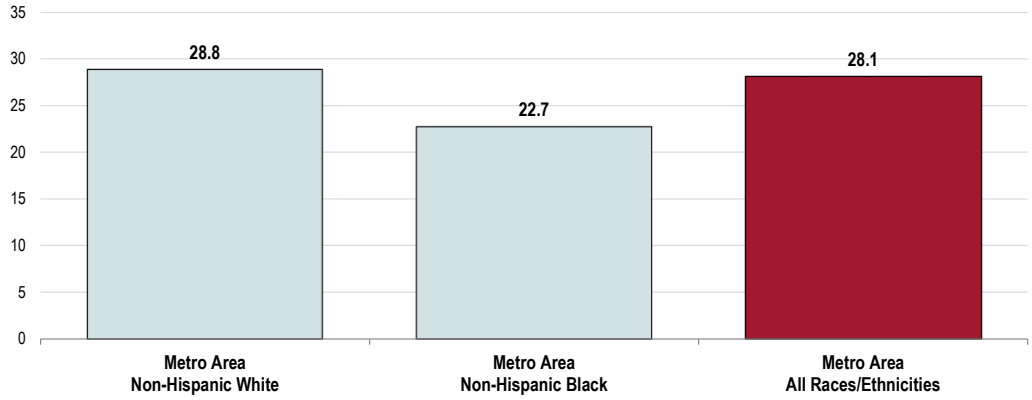
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

- The Alzheimer's disease mortality rate is higher among Metro Area Whites when compared with Blacks.

Alzheimer's Disease: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



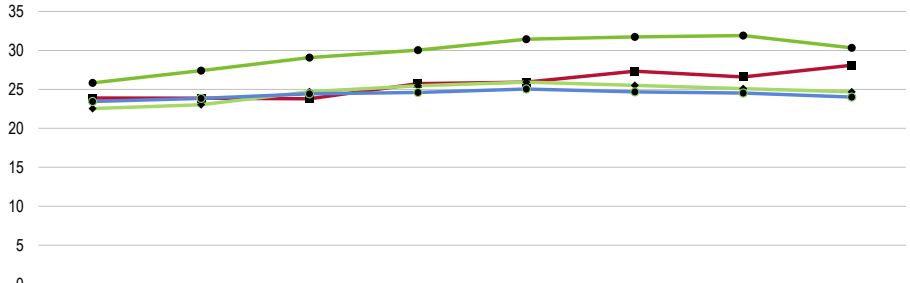
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

- TREND: Alzheimer's disease mortality has increased over time in the Metro Area.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



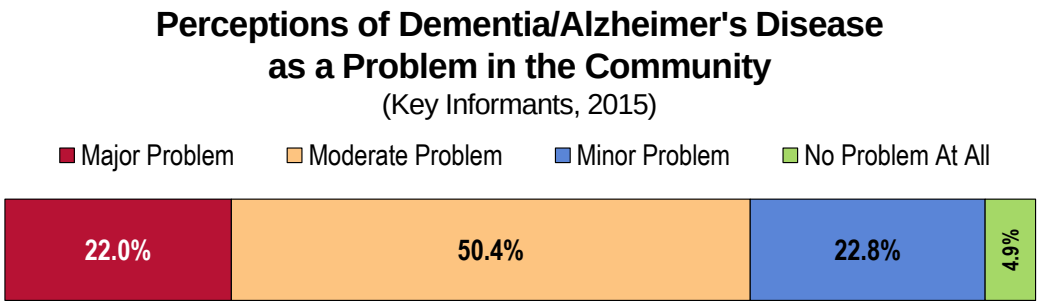
	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area	23.9	23.9	23.8	25.7	25.9	27.3	26.6	28.1
Nebraska	22.5	23.0	24.7	25.5	25.9	25.5	25.1	24.7
Iowa	25.8	27.4	29.1	30.0	31.4	31.7	31.9	30.3
United States	23.4	23.8	24.4	24.6	25.0	24.7	24.5	24.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

Key Informant Input: Dementias, Including Alzheimer's Disease

Half of key informants taking part in an online survey consider *Dementias, Including Alzheimer's Disease* to be a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, August 2015.

Top Concerns

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

Aging Population

This has not been in the forefront for years but as the baby boomers age the need is much greater now. The number of families affected by this disease is much greater now. – Social Service Provider

The population of those 65 and older is increasing, therefore we will begin to see higher rates of dementia/Alzheimer's. – Social Service Provider

With longevity increasing, there are more individuals/families impacted by Dementia/Alzheimer's Disease. Resources for providing care and support are not adequate to meet the need and often are not affordable. These diseases also taking a toll on the men. – Social Service Provider

Aging of the population is leading to an increase in the prevalence of dementia related disease. – Social Service Provider

The population is aging with inadequate resources to meet the coming needs. – Community/Business Leader

We are seeing an aging population with increasing numbers of people with Alzheimer's and limited resources specialized to deal with this issue. – Social Service Provider

Resources

We have problems finding resources for individuals in our care. – Community/Business Leader

Limited resources for outpatient skilled nursing and residential placement. This problem will grow as the population ages. – Public Health Representative

Little has been done to address the cost, needs for those affected by the different dementias. Facilities are limited. Many cost well over $6,000 a month. Home care is $20 per hour and if a family wants to keep them home and work that is $3,200 plus. – Healthcare Provider

There are not enough Alzheimer's units. – Physician

I have seen the number of Alzheimer's/dementia care facilities grow tremendously over the past nine years. I have personal experience with being unable to find placement for family members as well. – Healthcare Provider

Number of memory care facilities and professional experience in this area. – Public Health Representative

High Rate of Occurrence

There is so much of it. – Physician

Because of the increase in diagnosis and the effect on the patient, family and caregivers. – Social Service Provider

Increase in patient numbers with often having long wait lists for affordable bed options. – Community/Business Leader

This is a growing problem everywhere and our healthcare system is going to be overwhelmed by this disease alone if we can't figure out preventive measures for it. – Healthcare Provider

Statistics show this to be a problem. – Public Health Representative

Because African American women are stricken at such a high rate at such a young age. – Community/Business Leader

Education

It goes undiagnosed as other ailments. – Community/Business Leader

It is a major problem because of the public's lack of knowledge of the disease. – Social Service Provider

The stress on the caregivers and a lack of support for the caregiver's needs. The impact on families and the individual and the cost of the care. The elderly population being the fastest growing population, their numbers alone predict a growing problem. – Social Service Provider

Because there have been no outreach efforts to educate the Hispanic community with sensitive and culturally tailored tools. – Community/Business Leader

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

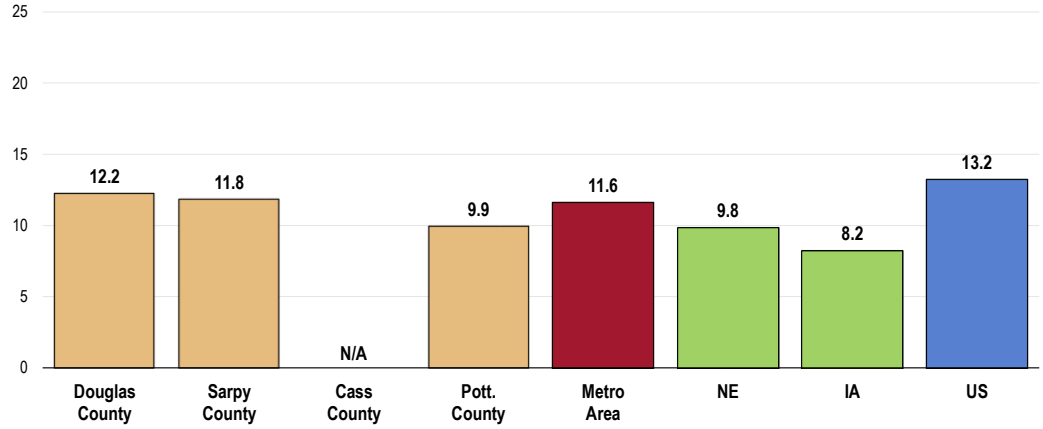
Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 11.6 deaths per 100,000 population in the Metro Area.

- Higher than the rates found statewide.
- Lower than the US rate.
- Lowest in Pottawattamie County.

Kidney Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



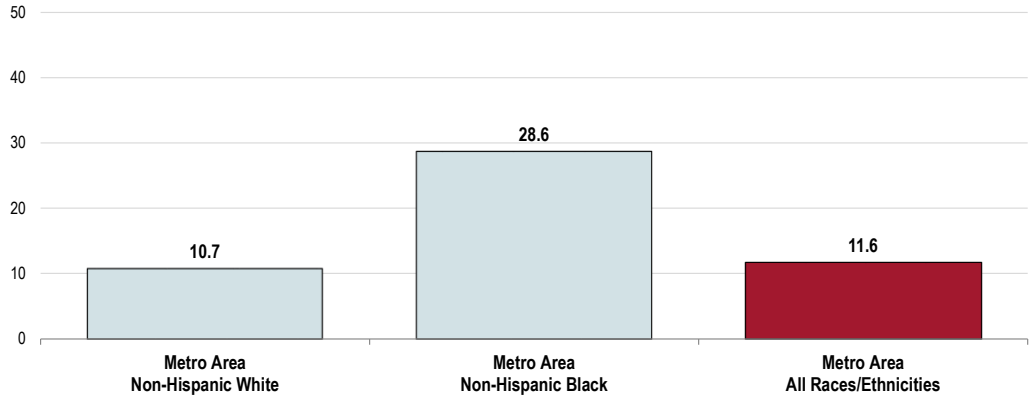
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

- The kidney disease mortality rate in the Metro Area is much higher in the Black community.

Kidney Disease: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



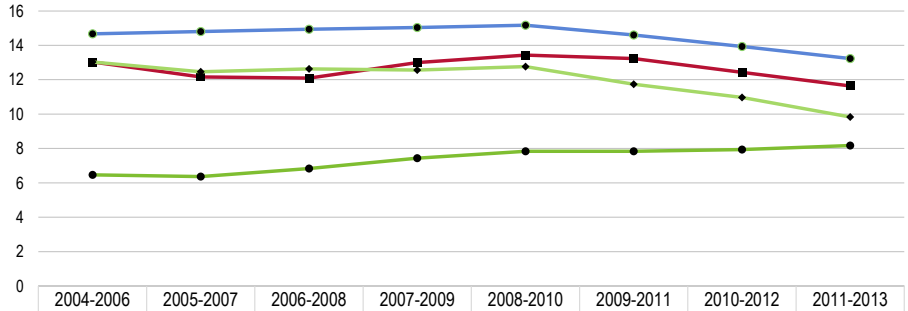
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

- TREND: The death rate has risen and fallen over the past decade in the Metro Area.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area	13.0	12.2	12.1	13.0	13.4	13.2	12.4	11.6
Nebraska	13.0	12.5	12.6	12.6	12.8	11.7	11.0	9.8
Iowa	6.5	6.4	6.8	7.4	7.8	7.8	7.9	8.2
United States	14.7	14.8	14.9	15.0	15.2	14.6	13.9	13.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

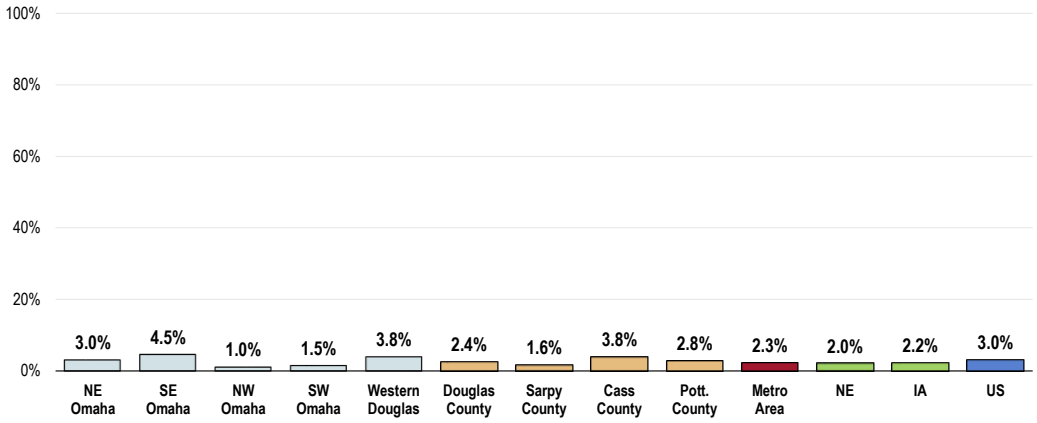
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.

Prevalence of Kidney Disease

A total of 2.3% of Metro Area adults report having been diagnosed with kidney disease.

- Similar to the Nebraska and Iowa proportions.
- Similar to the national proportion.
- Statistically similar by county.
- In Douglas County, unfavorably high in Southeast Omaha (lowest in Northwest Omaha).

Prevalence of Kidney Disease

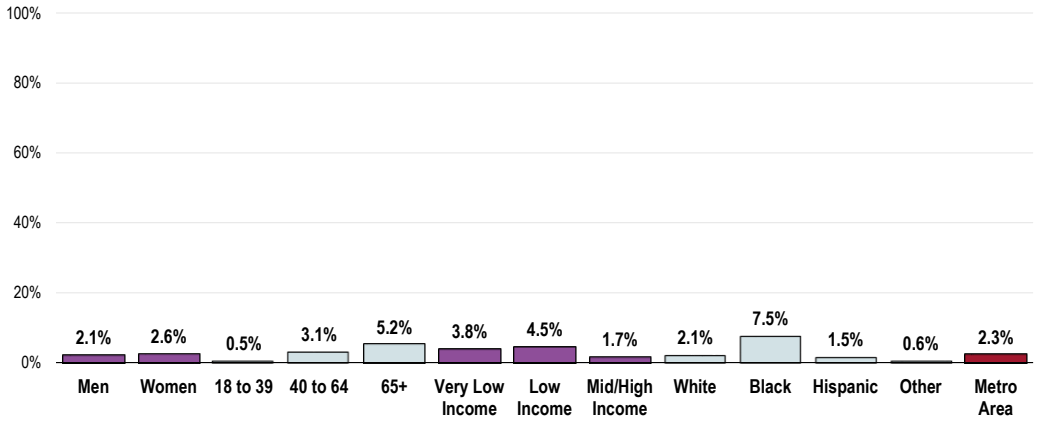


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Nebraska. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Nebraska and Iowa data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note the positive correlation between age and kidney disease in the Metro Area.
- Lower-income residents are more likely to report kidney disease than those in the highest income category.
- A higher prevalence of kidney disease is reported among Black respondents in the Metro Area.

Prevalence of Kidney Disease
(Metro Area, 2015)



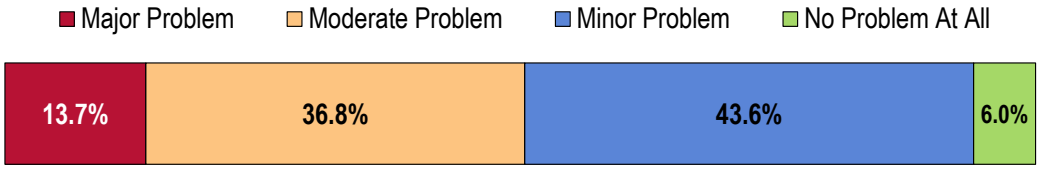
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

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

Key Informant Input: Chronic Kidney Disease

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

Perceptions of Chronic Kidney Disease as a Problem in the Community
(Key Informants, 2015)



Sources:
- PRC Online Key Informant Survey, August 2015.

Top Concerns

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

Co-occurring Morbidities

Because it is a complication of diabetes. – Community/Business Leader

Due to other major health issues, such as diabetes, can create issues with the kidneys. – Social Service Provider

There are several kidney dialysis facilitates popping up in the community, which means the need is there. More chronic disease is prevalent, which if not controlled leads to kidney disease. – Social Service Provider

Diabetes and hypertension is related to kidney disease. – Social Service Provider

Uncontrolled diabetes leading to kidney disease. – Healthcare Provider

The rates of diabetes in the community as well as alcohol and drug issues. – Social Service Provider

Many patients who have diabetes develop chronic kidney disease that increases the number of people who suffer from this disorder. Chronic kidney disease often leads to renal failure and the need for dialysis, which is in short supply to non-documented members. – Social Service Provider

Poorly controlled diabetes, poorly controlled hypertension and concentrated population of African Americans. – Healthcare Provider

Education, Prevention and Information Needed

With education, prevention and information this disease could be avoided and preventive. – Social Service Provider

It is not often assessed or monitored until it becomes a major health issue. – Healthcare Provider

Related Costs

Cost, dialysis is expensive. Days lost from work. Transplant list is limited. – Healthcare Provider

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

RELATED ISSUE:

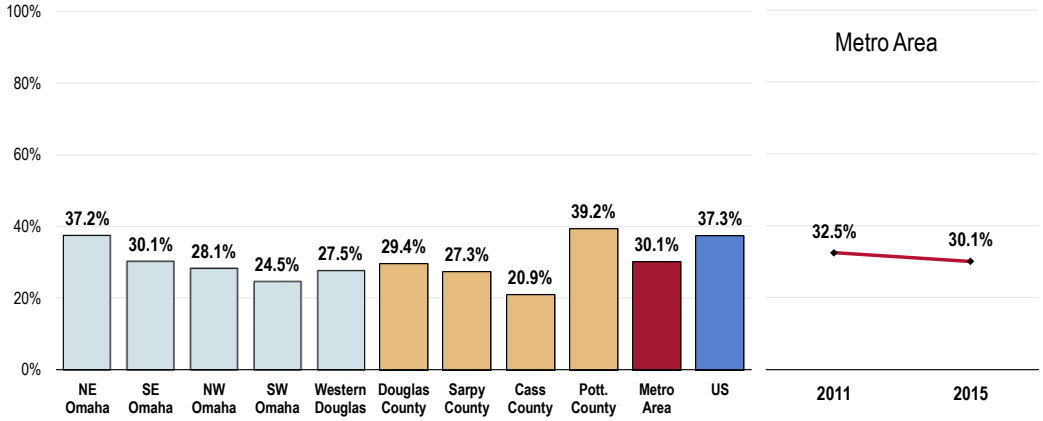
See also *Activity Limitations* in the **General Health Status** section of this report.

A total of 3 in 10 Metro Area adults age 50 and older (30.1%) report suffering from arthritis or rheumatism.

- More favorable than that found nationwide.
- Favorably low in Cass County, highest in Pottawattamie County.
- In Douglas County: unfavorably high in Northeast Omaha.
- TREND: The prevalence of arthritis/rheumatism is similar to that reported in 2011.

Prevalence of Arthritis/Rheumatism

(Among Adults Age 50 and Older)

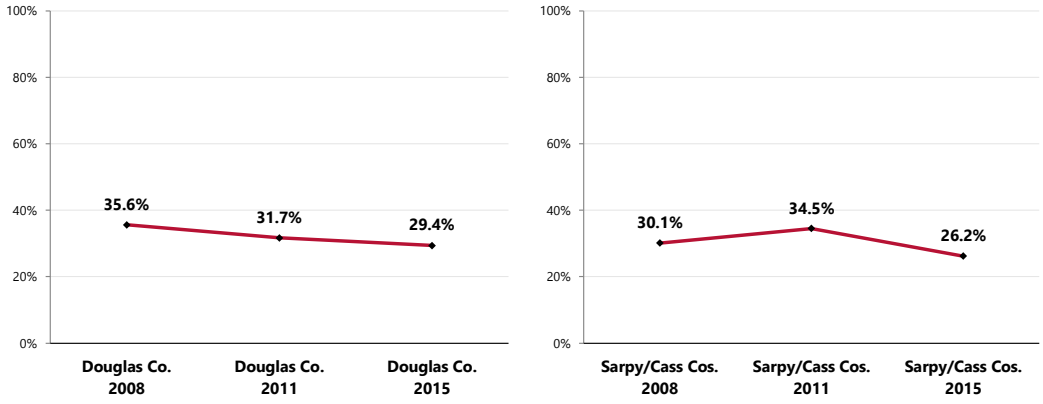


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents age 50 and older.

- TREND: Note the statistically significant increase over time in Douglas County (the Sarpy/Cass prevalence is statistically unchanged).

Prevalence of Arthritis/Rheumatism

(Among Adults Age 50 and Older)



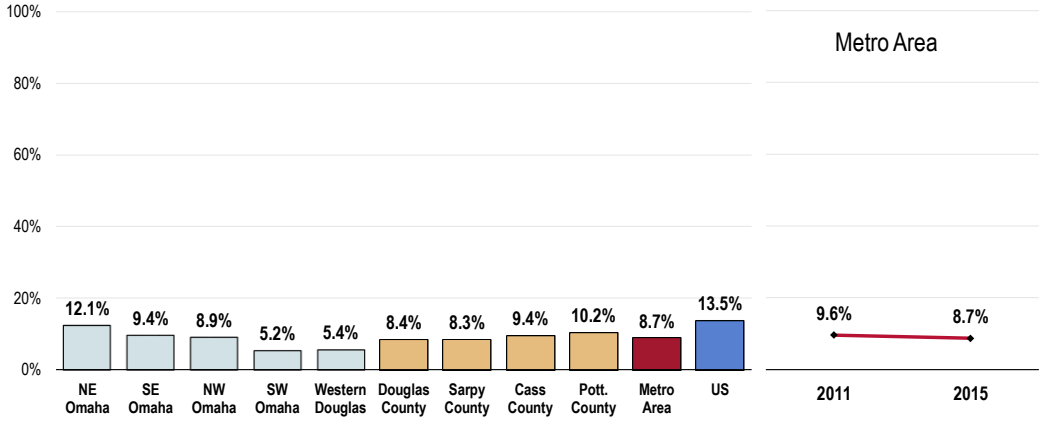
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
Notes: ● Reflects respondents age 50 and older.

Prevalence of Osteoporosis

A total of 8.7% of survey respondents age 50 and older have osteoporosis.

- Better than that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Similar findings among the 4 Metro Area counties.
- In Douglas County, unfavorably high in Northeast Omaha.
- TREND: Statistically unchanged over time.

Prevalence of Osteoporosis
(Among Adults Age 50 and Older)
Healthy People 2020 Target = 5.3% or Lower

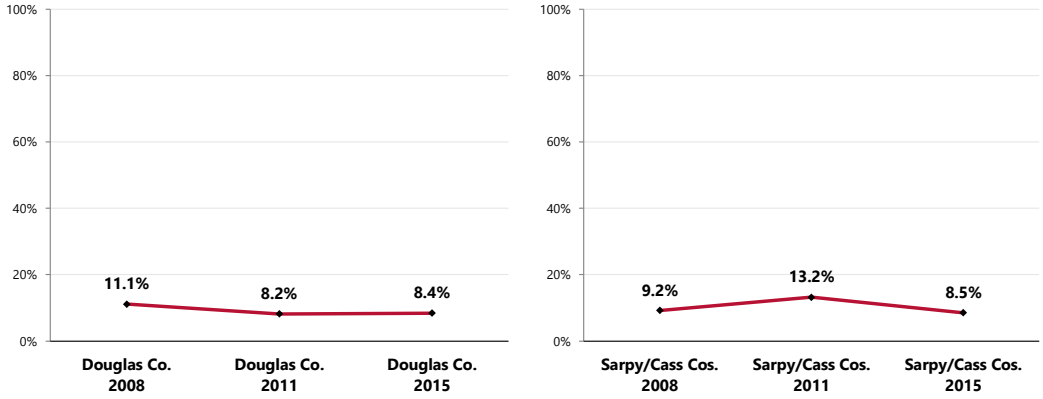


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- Reflects respondents age 50 and older.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Prevalence of Osteoporosis
(Among Adults Age 50 and Older)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]

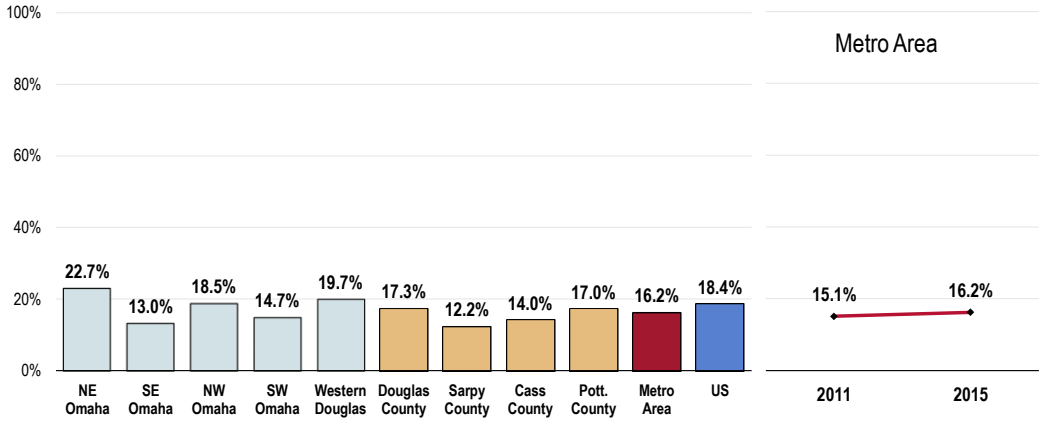
Notes:
- Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 16.2% of survey respondents suffer from chronic back pain or sciatica.

- Similar to that found nationwide.
- Highest in Douglas County, lowest in Sarpy County.
- Unfavorably high in Northeast Omaha.
- TREND: Statistically unchanged over time.

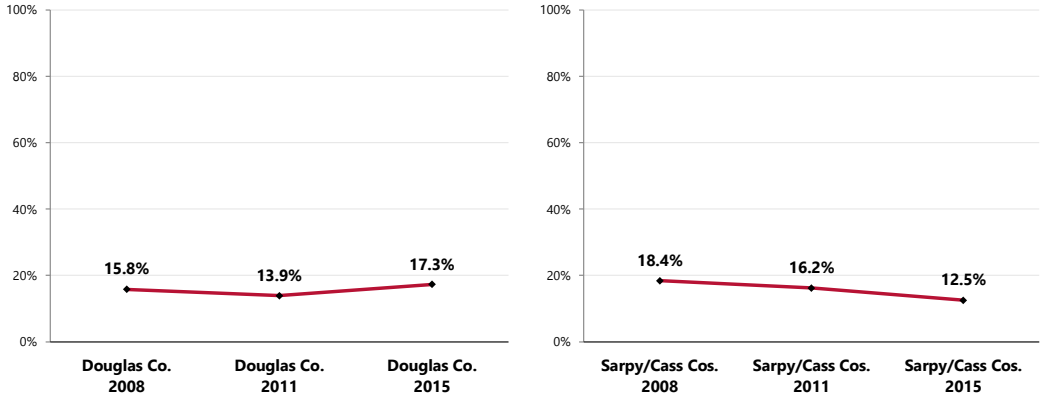
Prevalence of Sciatica/Chronic Back Pain



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- TREND: Denotes a statistically significant decrease over time in Sarpy/Cass counties (the Douglas County prevalence has not changed significantly).

Prevalence of Sciatica/Chronic Back Pain

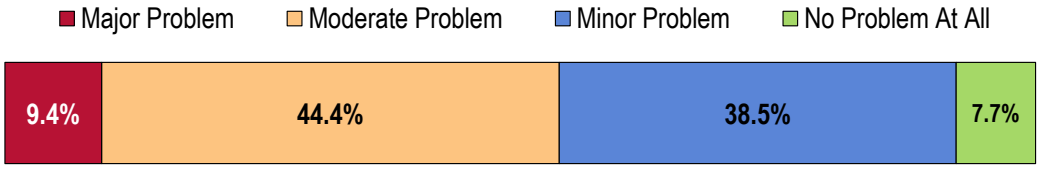


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
Notes: ● Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Online Key Informant Survey, August 2015.

Top Concerns

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

High Rate of Occurrence

Advancing age of the population with increasing pain issues related to arthritis. – Physician

With an aging population and being an agricultural community with hard labor, it follows that such inflictions would plague our residents. – Social Service Provider

The aging population has a lot of problems with arthritis and we see a lot of this with those persons active in sports as they age. There are also pediatric issues with arthritis. – Social Service Provider

I work in a clinic in which we have a number of patients with back related complaints with limited ability to refer for treatment. We also have a number of patients with rheumatoid arthritis/osteoporosis that have difficulty getting access to a rheumatologist. – Healthcare Provider

Patient exposure in the community. – Physician

Access to Resources

Not enough specialty MDs. – Healthcare Provider

I have many uninsured patients that experience severe back pain and we do not have the referral resources needed to give proper care. The majority of my patients do not have insurance and do not have the ability to see a neurosurgeon. – Healthcare Provider

Due to the lack of access, inferior quality of services, language barrier and discrimination, immigrants do not receive appropriate preventive treatment. Inability to afford treatments and or medications due to immigrant status. – Community/Business Leader

Addiction

Major treatment is pain medication, which is highly addictive. – Healthcare Provider

Hearing Impairment

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

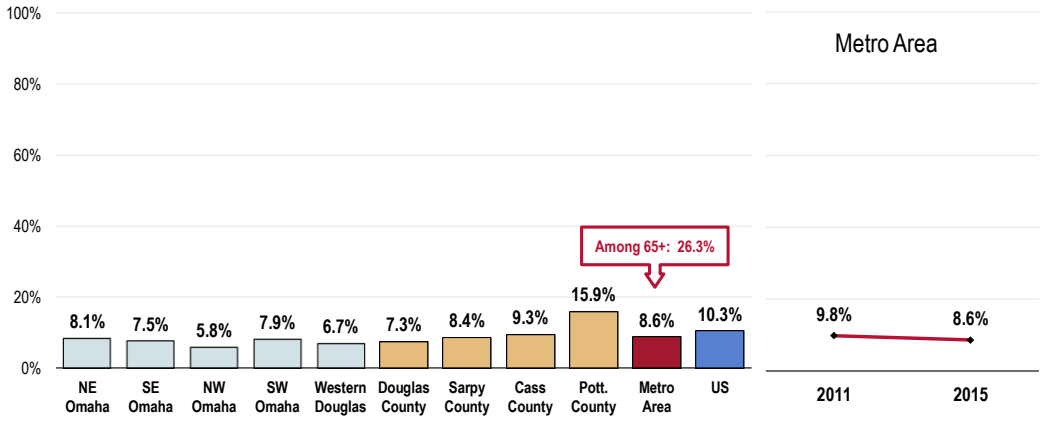
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

In all, 8.6% of Metro Area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- Unfavorably high in Pottawattamie County.
- Similar findings by Douglas County subarea.
- TREND: Unchanged over time.
- Among Metro Area adults age 65 and older, 26.3% have partial or complete hearing loss.

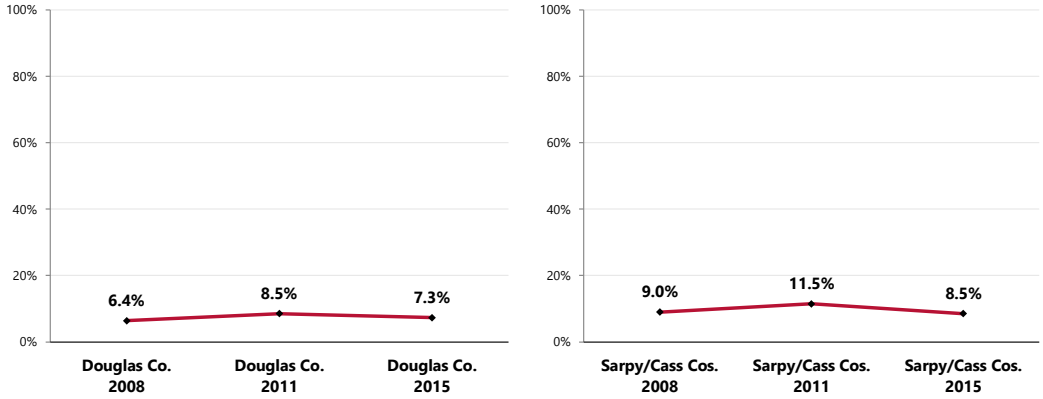
Prevalence of Deafness/Trouble Hearing



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- TREND: The prevalence is unchanged over time in Douglas and Sarpy/Cass counties.

Prevalence of Deafness/Trouble Hearing



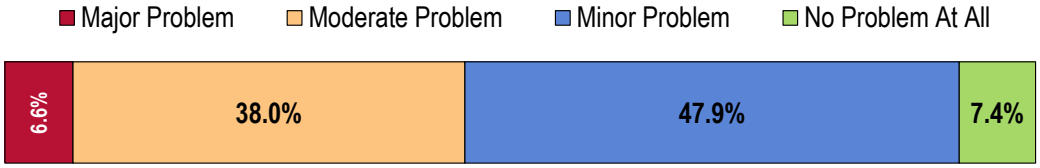
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
Notes: ● Asked of all respondents.

Key Informant Input: Vision & Hearing

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

Perceptions of Hearing and Vision as a Problem in the Community

(Key Informants, 2015)



Sources: ● PRC Online Key Informant Survey, August 2015.

Top Concerns

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

Access to Resources

> *Inability to access services due to immigrant status, inability to afford devices. – Community/Business Leader*
>
> *Lack of providers to see patients at a discounted rate. Lack of free screenings. – Healthcare Provider*
>
> *Although there is mandatory testing for hearing in newborns, there is not much assistance for helping with the purchase of hearing aids. Also interpretive services is a challenge to get in the clinic setting. – Physician*
>
> *Not covered by insurance, many people not covered by insurance, glasses broken or not covered. – Public Health Representative*
>
> *For those with no insurance or funding it is almost impossible to get hearing aids and eyewear. No place to get testing let alone treatment. This has had a huge impact on their functioning and participation in our community as well as being successful. – Healthcare Provider*

Co-occurring Morbidities

> *Complication of diabetes. – Community/Business Leader*

Infectious Disease

Professional Research Consultants, Inc.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

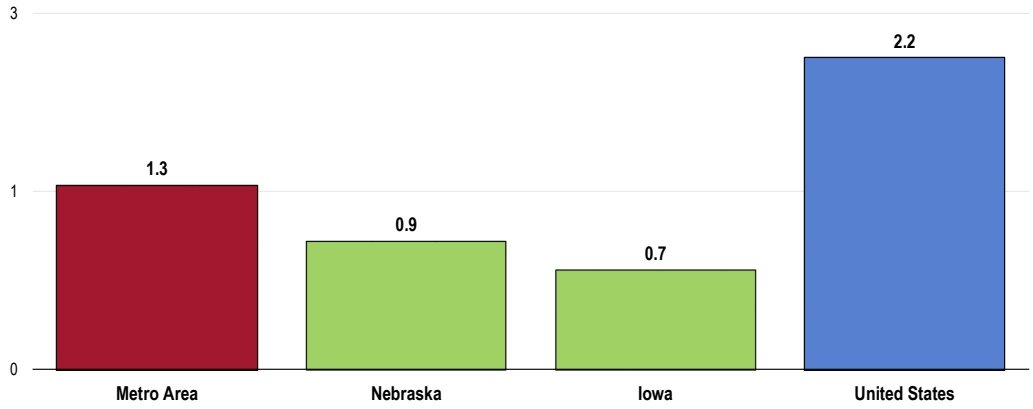
Between 2011 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.3 deaths per 100,000 population in the Metro Area.

- Worse than both statewide rates
- Better than the rate reported nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

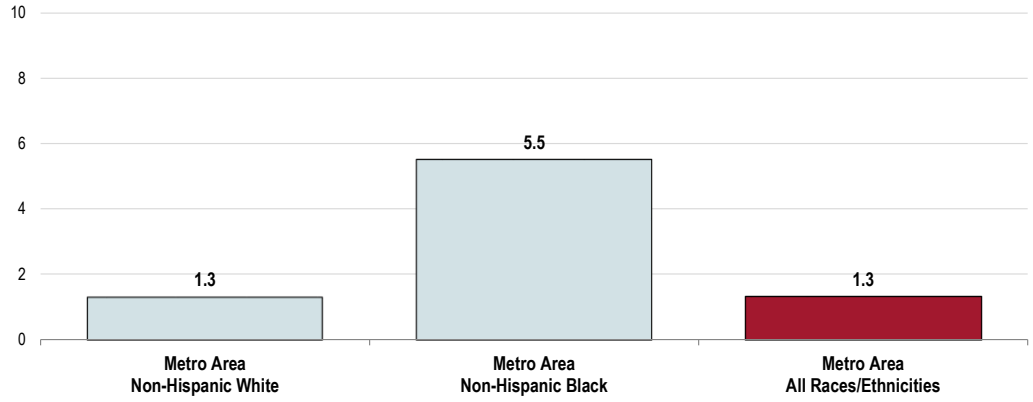
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The HIV mortality rate among Blacks is more than 4 times as high as that reported among Whites in the Metro Area.

HIV/AIDS: Age-Adjusted Mortality by Race

(2004-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

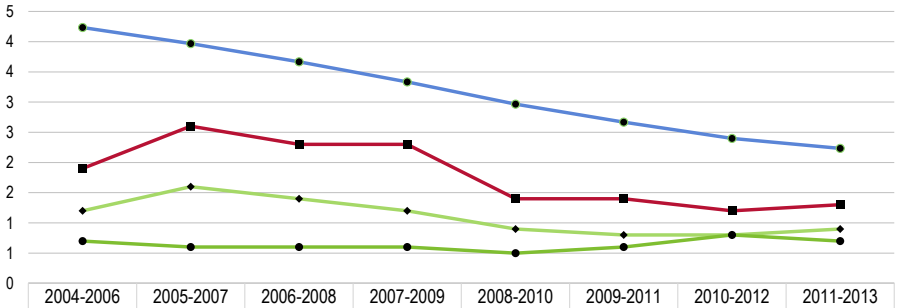
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: HIV/AIDS mortality decreased over the past decade in the Metro Area and in Nebraska and the US overall.

HIV/AIDS: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area	1.9	2.6	2.3	2.3	1.4	1.4	1.2	1.3
Nebraska	1.2	1.6	1.4	1.2	0.9	0.8	0.8	0.9
Iowa	0.7	0.6	0.6	0.6	0.5	0.6	0.8	0.7
United States	4.2	4.0	3.7	3.3	3.0	2.7	2.4	2.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.

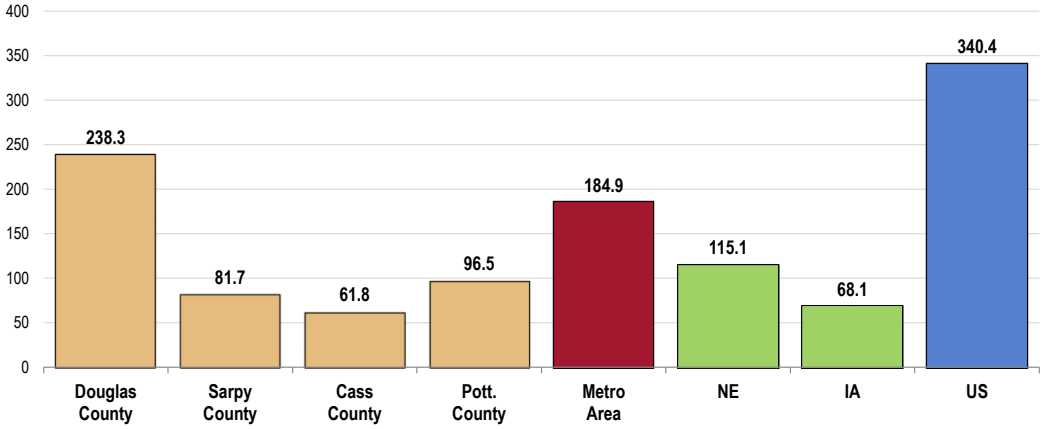
HIV Prevalence

In 2010, there was a prevalence of 184.9 HIV cases per 100,000 population in the Metro Area.

- Much less favorable than the statewide prevalence rates.
- Much more favorable than the national prevalence.
- Favorably low in Sarpy and Cass counties.

HIV Prevalence

(Prevalence Rate of HIV per 100,000 Population, 2010)



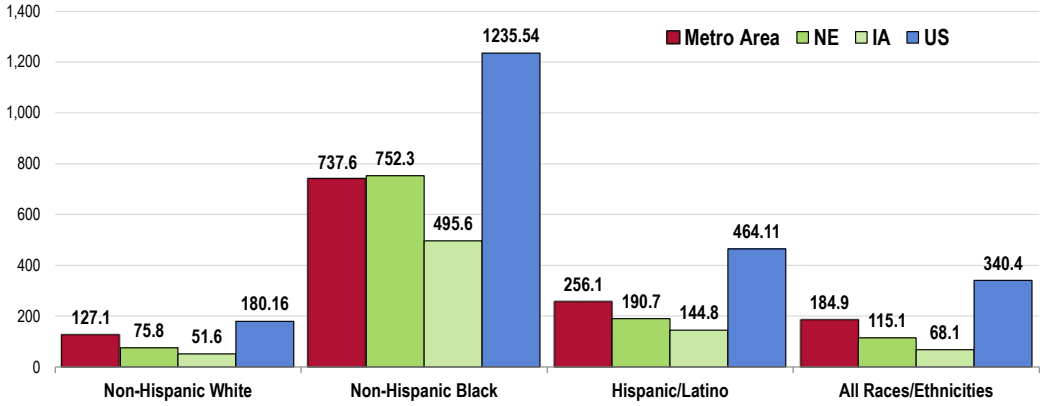
Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

- By race and ethnicity, HIV/AIDS prevalence in the Metro Area is particularly high among Blacks, although to a lesser degree than found across Iowa or nationally.

HIV Prevalence Rate by Race/Ethnicity

(Prevalence Rate of HIV per 100,000 Population, 2010)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

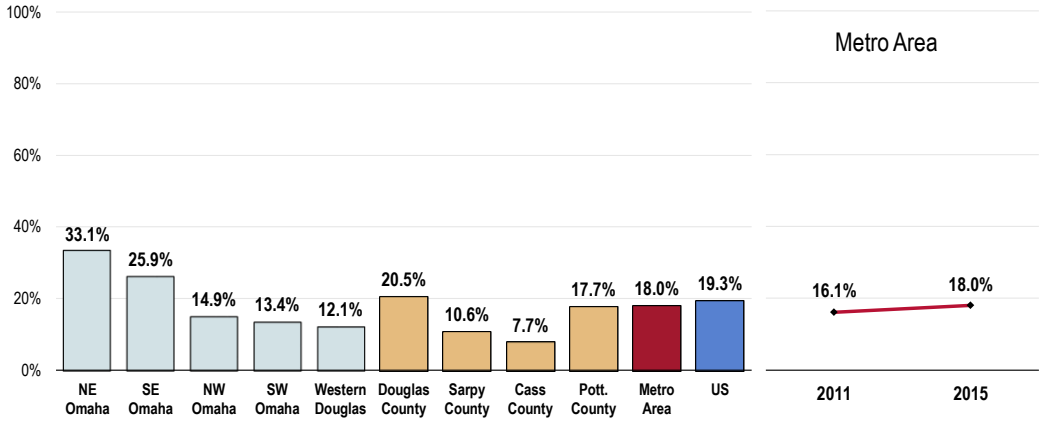
HIV Testing

Among Metro Area adults age 18-44, 18.0% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Comparable to the proportion found nationwide.
- Relatively low in Sarpy and Cass counties.
- Testing prevalence is highest in eastern Omaha.
- TREND: Testing has remained stable since 2011.

Tested for HIV in the Past Year

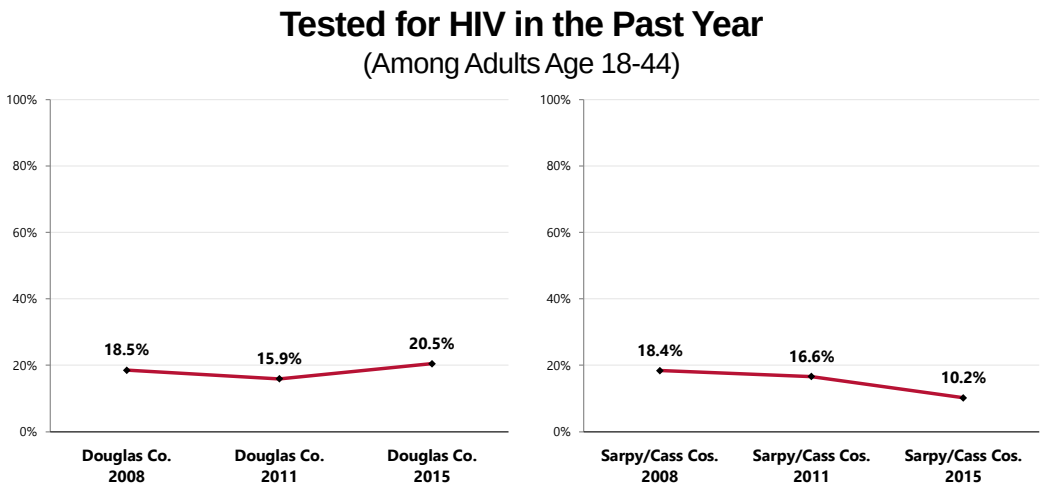
(Among Adults Age 18-44)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 18 to 44.

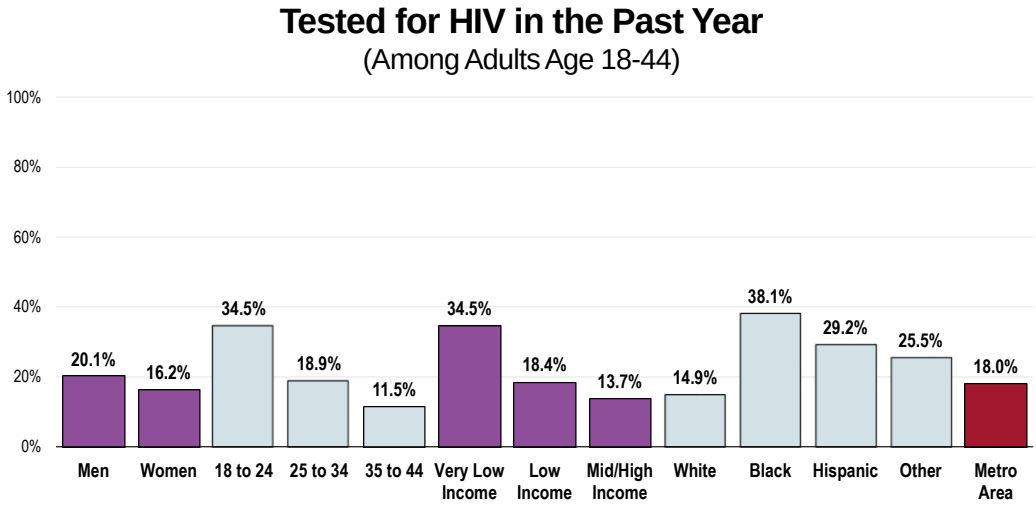
- TREND: The testing prevalence has remained stable in Douglas and Sarpy/Cass counties.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
Notes: ● Reflects respondents age 18 to 44.

These populations are more likely to have been tested:

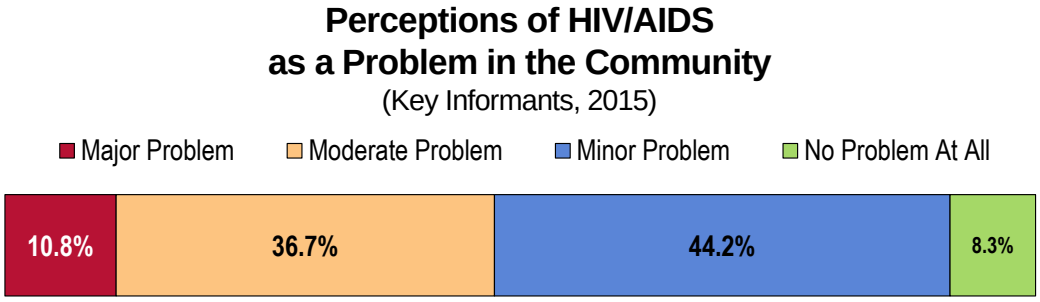
- Men.
- Young adults (negative correlation with age).
- Lower-income residents (negative correlation with income).
- Blacks, Hispanics, and Other adults.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
Notes: ● Reflects respondents age 18 to 44.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: HIV/AIDS

The largest share of key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, August 2015.

Top Concerns

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

High Rate of Occurrence

Statistics indicate HIV/AIDS is prevalent among AA women. – Social Service Provider

Because there are a disproportionate number of African women infected with HIV and the major agencies are not addressing this problem. This disease directly affects the families health in our community and services are not readily available. – Social Service Provider

I don't know the stats, I believe North Omaha has a high number of people living with HIV/AIDS. – Healthcare Provider

The rate per 1,000 population seems high. – Social Service Provider

High STD rates in Omaha. – Social Service Provider

Included in STDs and we are above national average, especially for African Americans. – Community/Business Leader

Associated Issues

HIV/AIDS contributes to housing instability and the incidence of homelessness. – Social Service Provider

Stigma, lack of specialists, medications are extremely expensive, more and more people 15-25 are being infected due to lack of testing and understanding of how HIV is transmitted. – Healthcare Provider

Creates significant hardships for those directly and indirectly impacted. Health decreases, impacts availability and ability of person to provide for their families, parent, etc. Cost of healthcare for patients is extremely high. Social stigma still. – Social Service Provider

Unprotected Sex

People, youth and young adults fail to be tested. Continued failure to use contraception. – Community/Business Leader

Unprotected sex and high percentage of STD in Douglas County. – Healthcare Provider

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in the Metro Area was 505.0 cases per 100,000 population.

- Notably higher than the Nebraska and Iowa incidence rates.
- Notably higher than the national incidence rate.
- Unfavorably high in Douglas and Pottawattamie counties.

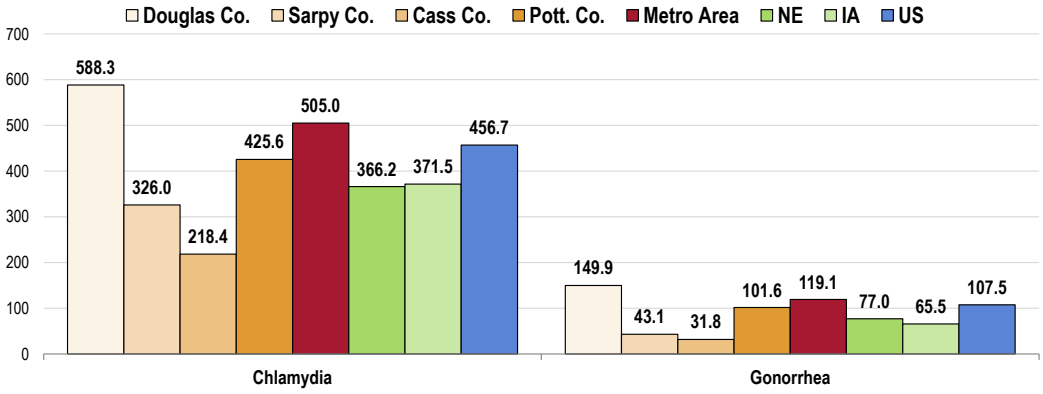
The gonorrhea incidence rate in the Metro Area was 119.1 cases per 100,000 population in 2012.

- Notably higher than the Nebraska and Iowa incidence rates.

- Notably higher than the national incidence rate.
- Unfavorably high in Douglas and Pottawattamie counties.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2012)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

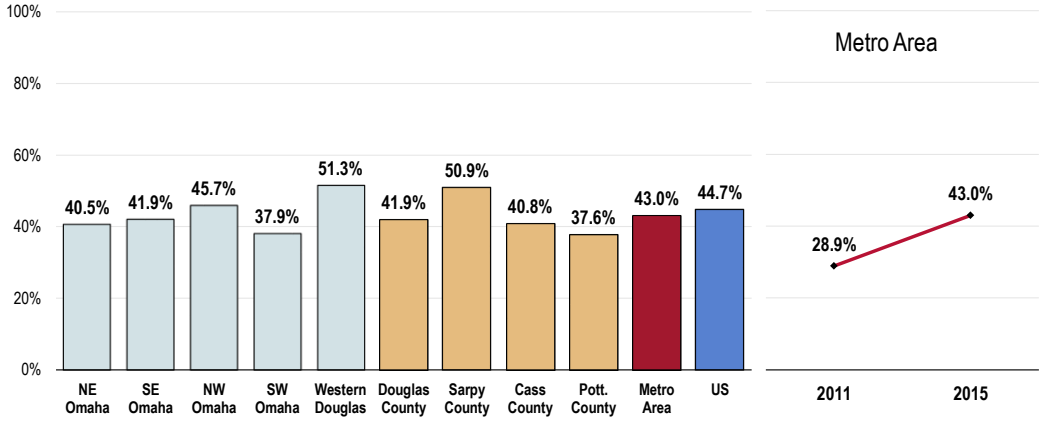
Hepatitis B Vaccination

Based on survey data, just over 4 in 10 Metro Area adults (43.0%) report having received the hepatitis B vaccination series.

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

- Similar to what is reported nationwide.
- Lowest in Pottawattamie County.
- Favorably high in Western Douglas County.
- TREND: Note the statistically significant increase over time in the Metro Area.

Have Completed the Hepatitis B Vaccination Series



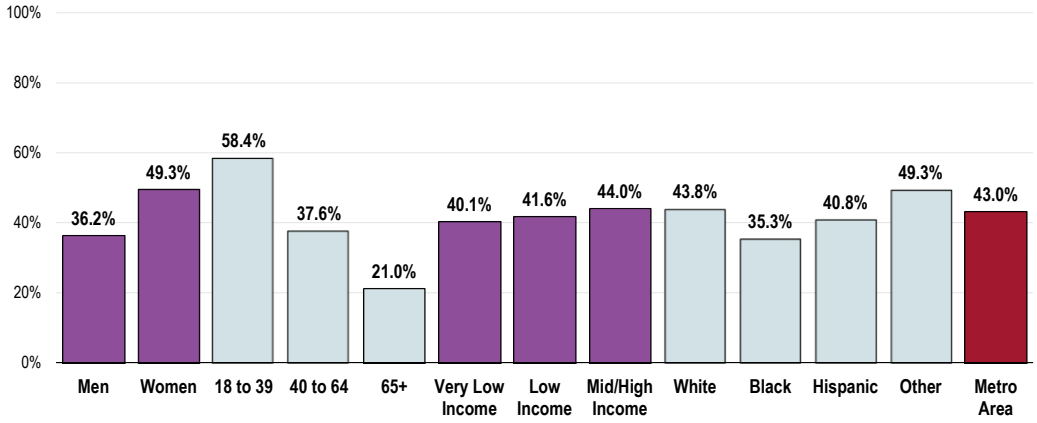
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes a series of three shots, usually administered at least one month between shots.

- Note the negative correlation between age and hepatitis B vaccination.
- In addition, men, Blacks, and Hispanics are much less likely to have received the hepatitis B vaccine.

Have Completed the Hepatitis B Vaccination Series

(Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

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

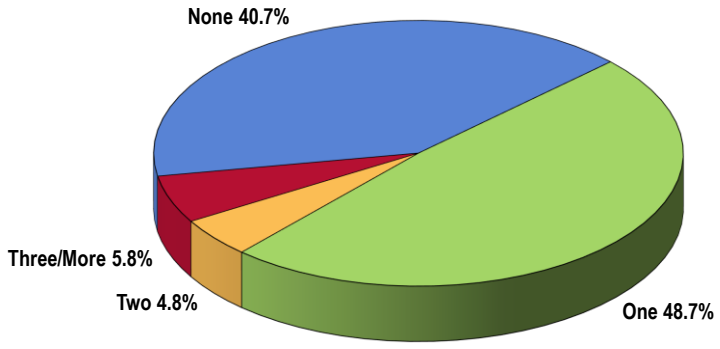
Safe Sexual Practices

Sexual Partners

Among unmarried Metro Area adults under 65, the vast majority cites having one (48.7%) or no (40.7%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults Age 18-64; Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

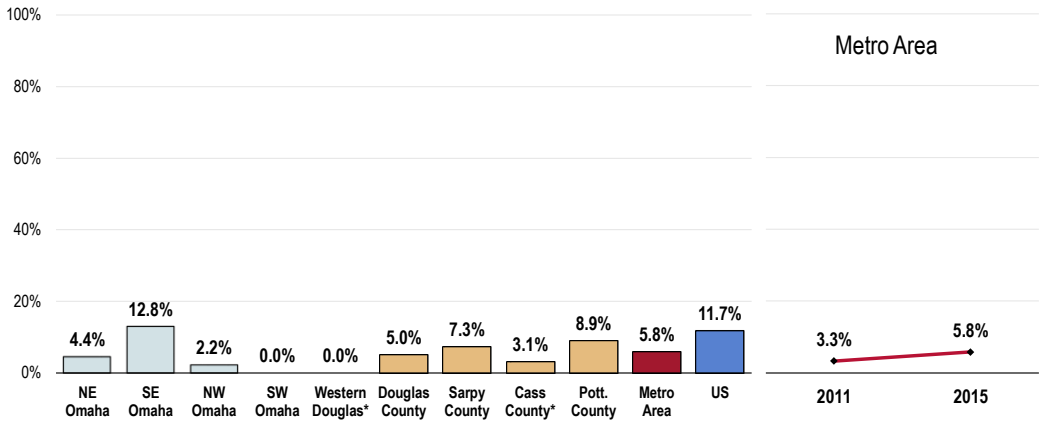
Notes:
- Asked of all unmarried respondents under the age of 65.

However, 5.8% report three or more sexual partners in the past year.

- Half the percentage reported nationally.
- Similar findings by county.
- Unfavorably high in Southeast Omaha.
- TREND: Marks a statistically significant increase since 2011.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults Age 18-64)



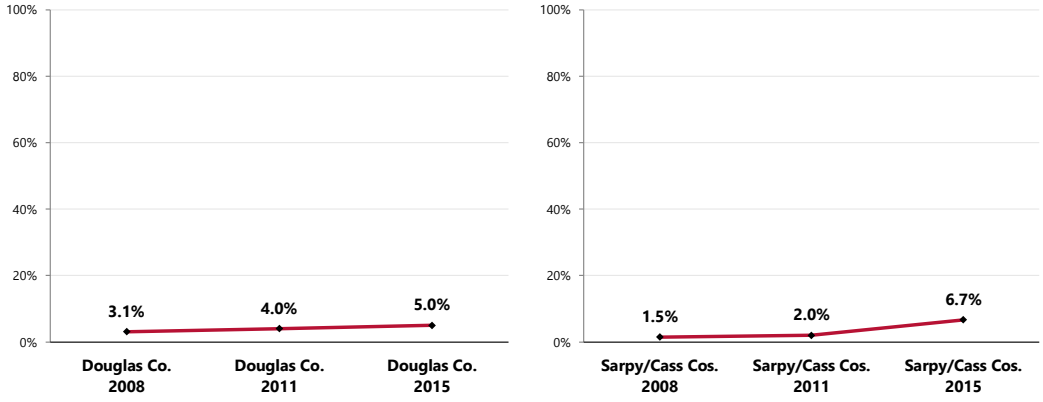
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all unmarried respondents under the age of 65.
- *Use caution when interpreting these percentage results as the sample size falls below 50.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults Age 18-64)



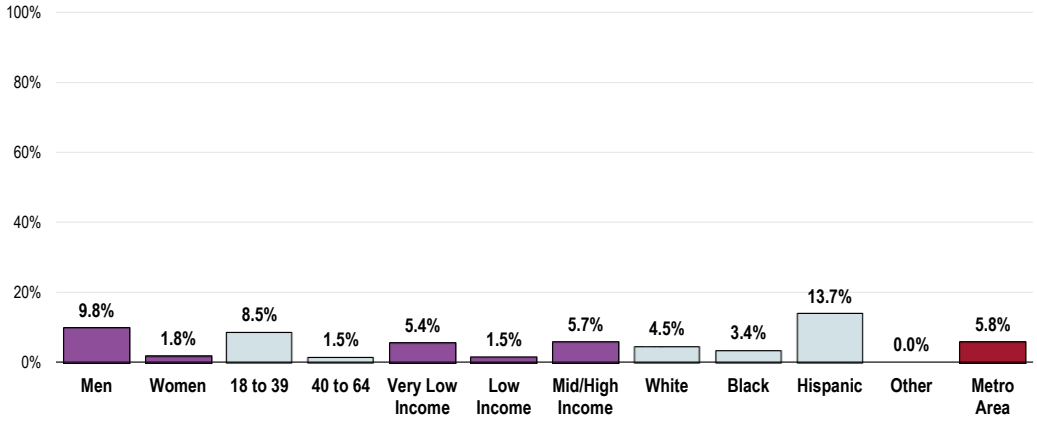
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]

Notes:
- Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- Men.
- Residents age 18 to 39.
- Those at either end of the income spectrum.
- Hispanics.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64; Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

Notes:
- Asked of all unmarried respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

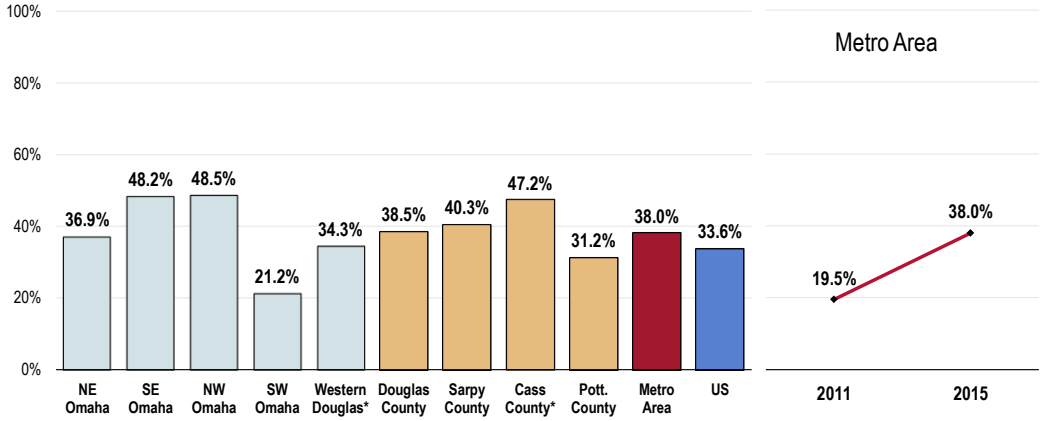
Condom Use

Among Metro Area adults who are under age 65 and unmarried, 38.0% report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.
- Similar findings by county in the Metro Area.
- In Douglas County, lowest in Southwest Omaha.
- TREND: Marks a statistically significant increase over time in the Metro Area.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults Age 18-64)

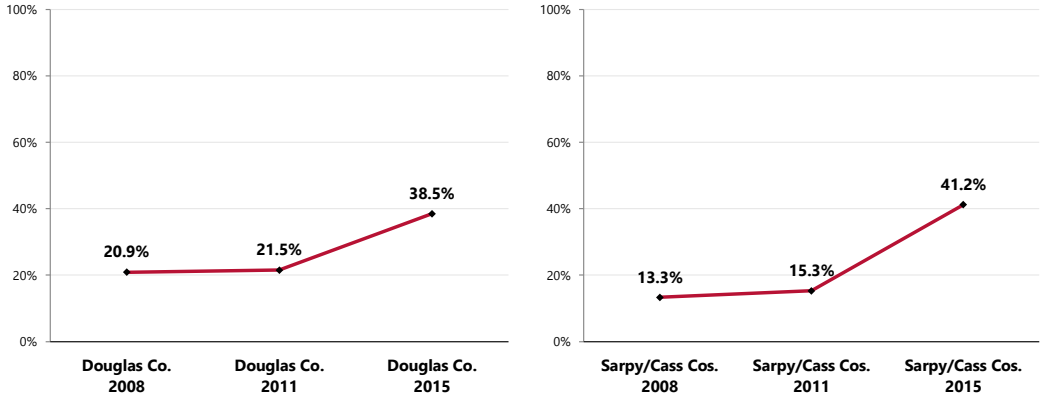


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all unmarried respondents under the age of 65.
● *Use caution when interpreting these percentage results as the sample size falls below 50.

- TREND: The prevalence of reported condom use has increased significantly in Douglas and Sarpy/Cass counties.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults Age 18-64)



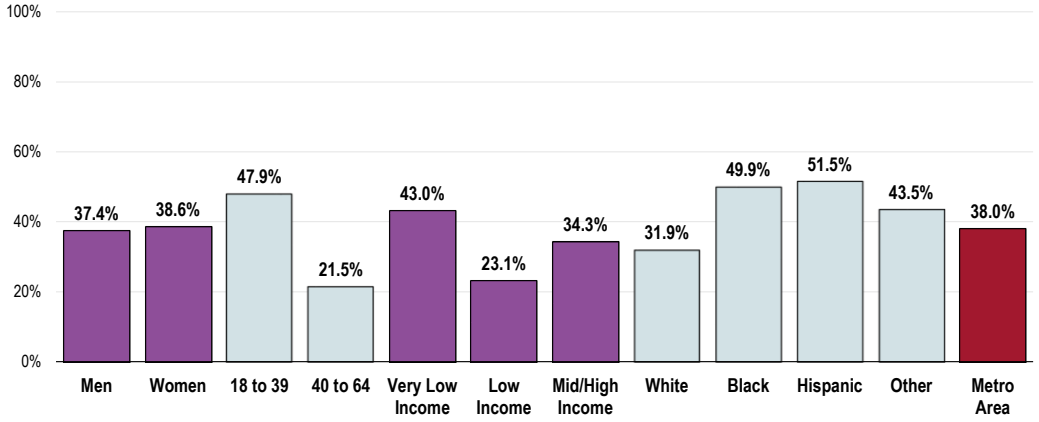
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
Notes: ● Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- Residents age 40 through 64.
- Respondents with higher incomes.
- Whites.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults Age 18-64; Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]

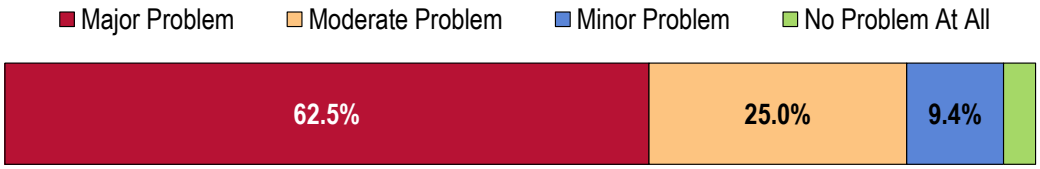
Notes:
- Asked of all unmarried respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Sexually Transmitted Diseases

Most key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "major problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2015)



Sources:
- PRC Online Key Informant Survey, August 2015.

Top Concerns

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

High Rate of STD Occurrence

> *Douglas County consistently has high STD rates. Likely due to low health literacy, small dating pools, and lack of access to preventative measures and education. – Community/Business Leader*

Nationally this area is documented as having the highest sexually transmitted disease numbers in the country. – Healthcare Provider

Stats on number of STDs in Pottawattamie County and Douglas County (just across river). – Public Health Representative

Statistics for Douglas County. – Social Service Provider

Omaha has one of the highest rates in the United States. – Community/Business Leader

STD rates remain well above state and national averages and little has been successful in leading to change. – Public Health Representative

DC Health Department statistics billboards/PSA's. – Social Service Provider

Reading the statistics. – Community/Business Leader

STDs in Douglas County are extremely high. Lack of education with risky behavior and the potential consequences. Healthcare costs. – Social Service Provider

See HIV/AIDS. – Healthcare Provider

Same as previous question about HIV. – Social Service Provider

We have a high rate of STDs in our community. A main concern is that parents do not want to talk to their children about STDs. – Social Service Provider

High levels of STD in our population. – Healthcare Provider

High STD rates in Omaha area. – Social Service Provider

Prevalence and incidence greater than national average. – Community/Business Leader

Statistics. Health disparities issue. – Public Health Representative

Omaha has twice the national average of STD rates. It is at epidemic proportions and left untreated can cause serious damage, especially to women. – Healthcare Provider

Highest in the nation for certain sexually transmitted diseases, especially in under age 20 population. – Social Service Provider

We have one of the highest rates of STDs among teens in the country. – Community/Business Leader

Our rates are off the chart. – Social Service Provider

Douglas county has the highest STDs. – Social Service Provider

Douglas Country ranked highest for STD rate. – Healthcare Provider

We have some of the highest rates on newly infected people in the nation. – Social Service Provider

STD rates are extremely high. – Social Service Provider

The rates speak for themselves, three zip codes that make up the greatest part of North Omaha (68104, 68111, 68110) have the highest STD rates in the state of Nebraska, yet we have the least amount of agencies to offer affordable screening and treatment. – Social Service Provider

Douglas County has one of the highest rates of chlamydia and gonorrhea in the country. – Healthcare Provider

They are reported to be at epidemic levels. – Community/Business Leader

Above average for African Americans. – Community/Business Leader

Douglas County has some of the highest rates of chlamydia in the country. It is not that uncommon to encounter someone with syphilis here. I regularly encounter people who do not understand that STDs can be spread with oral sex. HIV and Hepatitis C. – Physician

The statistical data from DCHD. – Healthcare Provider

Douglas County has some of the highest rates of chlamydia and gonorrhea in the state and country. I am not sure how much this is discussed in primary care OB/GYN offices. – Social Service Provider

Still high percentage of teens with STDs. – Social Service Provider

Teens increase with sexual activity at a younger age. – Social Service Provider

Highest rate of STI in teens and young adults. Community very conservative and does not address opening sex, no sex education in schools. – Public Health Representative

Data demonstrates Douglas County has some of the highest STD rates in the country. – Social Service Provider

Douglas County has very high rates of STDs compared not only to the rest of NE but to the country as a whole. – Physician

I believe we have close to the highest rate or chlamydia in the nation. – Physician

The rates of chlamydia and gonorrhea are above the national average and above the state of

Nebraska average. Testing and treatment is not easily accessible and physicians are not doing uniform testing. Schools and many parents are reluctant to talk about this. – Public Health Representative

The higher than national average for chlamydia and gonorrhea. – Community/Business Leader

Very high rate of sexually transmitted diseases, especially chlamydia in the metro area. – Community/Business Leader

Lack of Education

Lack of community education, high rate of communicable diseases according to CDE and public health. – Healthcare Provider

Lack of awareness and knowledge about extent of the problem and lack of education regarding transmission/prevention. – Social Service Provider

Lack of education related to STDs. – Healthcare Provider

Lack of education, high rates of STDs in our community. – Social Service Provider

Our chlamydia and gonorrhea rates have been much higher than state and national rates since 1998. – Public Health Representative

Wow! There is so much resistance to sex education in our community! - Community/Business Leader

People are having unprotected sex. Young adults do not think it will happen to them and don't connect STD with protection. – Healthcare Provider

Most people express to me that they do not see the importance of prevention. – Healthcare Provider

Lack of education on cultural beliefs/myths. – Community/Business Leader

Lack of skills, comfort and knowledge among adults to address the issue with their children. Stigma prevents screening/diagnosis. Lack of navigation skills and access to services. Problem is primarily among teens and young adults, their brains work differently. – Social Service Provider

Unprotected sex. – Social Service Provider

I think sexually transmitted diseases are a major problem in many communities. Mostly due to a lack of education and prevention. HPV is also on the rise. – Social Service Provider

Inadequate sexual education at home and school regarding STDs. – Healthcare Provider

Number one in the US, limited school education, limited community resources applied. – Healthcare Provider

Increased STDs, little education in middle schools and high schools. – Healthcare Provider

Associated Issues

It is a major issue affecting those living in poverty and those who are homeless. – Social Service Provider

Major problem with STDs with special focus in minority communities. Lack of community response to address the issue. – Social Service Provider

I think that it is a behavior that is culturally infused. – Social Service Provider

No parenting, no family values, no discipline. – Community/Business Leader

I feel there is a great stigma surrounding STDs for the age group in which the number of cases is largest, those between 16 and 30 years of age. A lack of education as to what STDs are and how they are contracted contributes to our numbers also. – Healthcare Provider

They are being passed back and forth. – Community/Business Leader

Younger Population

Increased infections in persons age 15 to 25. – Healthcare Provider

Too much in 15-24 year olds. Youth do not understand the consequences of the disease and too few are getting screened and treated. The resurgence of syphilis is frightening. Youth do not understand the significance of having diseases. – Public Health Representative

Children are becoming sexually active younger and younger and are not educated or do not feel comfortable accessing care and precautions for avoiding disease. – Social Service Provider

Early sexual activity by teens. – Social Service Provider

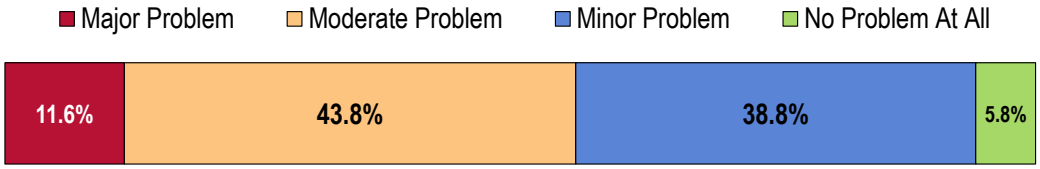
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

A plurality of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a "moderate problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2015)



Sources: • PRC Online Key Informant Survey, August 2015.

Top Concerns

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

Education

There have been cases of outbreaks of infectious diseases in our community that are preventable with immunizations. We also take for granted that TB is not common here in Omaha, but with the influx of more immigrants, better infrastructure and training. – Physician

Young mothers misunderstand the importance of immunizations for their children. – Community/Business Leader

More people ages 15-25 are being infected; lack of education and understanding of risk factors/behaviors to include prevention, testing, and treatment. Specific populations at risk are African American and Latino groups. – Healthcare Provider

Cultural Beliefs

Infectious disease as it relates to STDs reveal high rates among African Americans residing in Omaha. – Social Service Provider

Cultural beliefs. – Community/Business Leader

Spread of the diseases. Impact to family structures and community structures. Cost of care. – Social Service Provider

Individuals opposed to vaccinations present a social barrier. – Social Service Provider

Access to Care

Access and affordability for low income families. – Community/Business Leader

MRSA VRE and other super bugs are being diagnosed and becoming barriers for patients to get treatments. Placements in communities are denying people due to having these diagnoses. – Healthcare Provider

Lack of Immunizations

Too many babies are not being immunized. – Community/Business Leader

Births

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

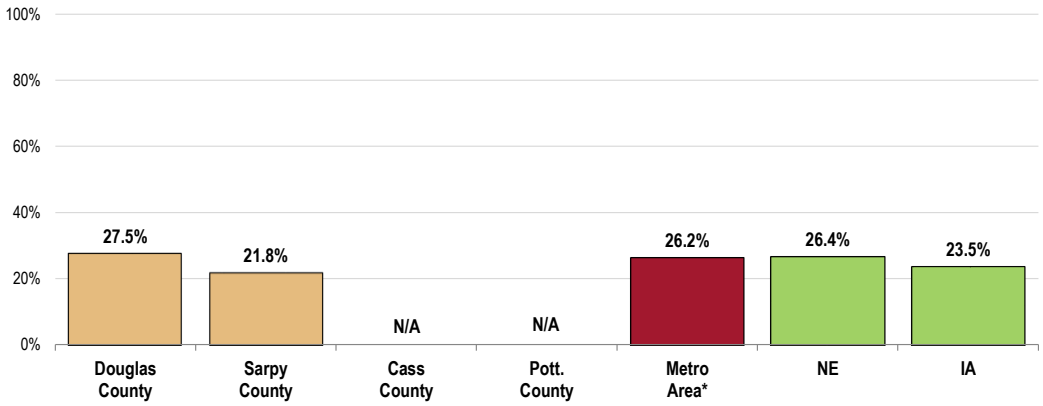
Between 2011 and 2013, 26.2% of all Metro Area births did <u>not</u> receive prenatal care in the first trimester of pregnancy (*note that this only includes data for Douglas and Sarpy counties, as counts were too low to be calculated in Cass and Pottawattamie counties*).

- Similar to the Nebraska proportion but higher than Iowa.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Higher in Douglas County than in Sarpy County.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2011-2013)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

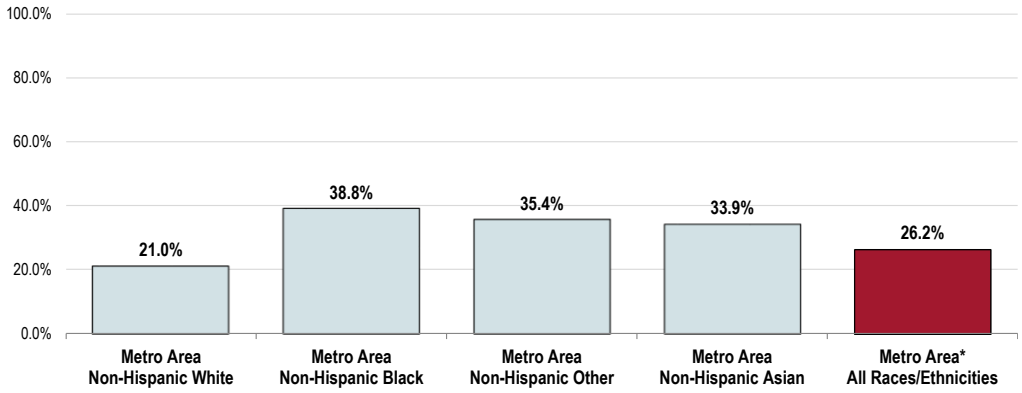
Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.
- *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

- Lack of prenatal care is notably more prevalent among Blacks, Others, and Asians.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2011-2013)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

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- *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

- TREND: Receipt of prenatal care has improved overall in the Metro Area, echoing recent trends reported in Nebraska and Iowa.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2011-2013)

Healthy People 2020 Target = 22.1% or Lower

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area*	29.6	29.8	28.3	27.2	26.2
Nebraska	27.5	27.4	26.8	26.2	26.4
Iowa	28.0	26.6	24.7	23.9	23.5

Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed using CDC Wonder.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]
- *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.
- *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

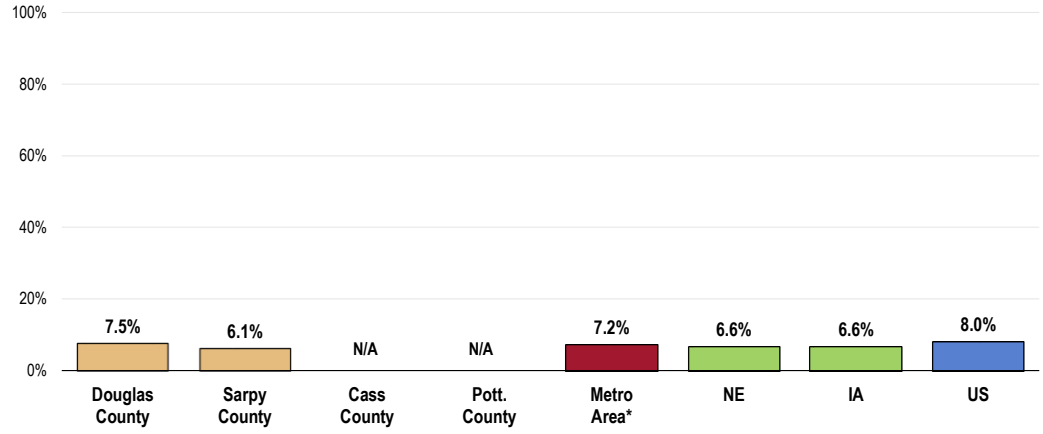
A total of 7.2% of 2011-2013 Metro Area (*Douglas/Sarpy counties only*) births were low-weight.

- Worse than the Nebraska and Iowa proportions.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- Higher in Douglas County.

Low-Weight Births

(Percent of Live Births, 2011-2013)

Healthy People 2020 Target = 7.8% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

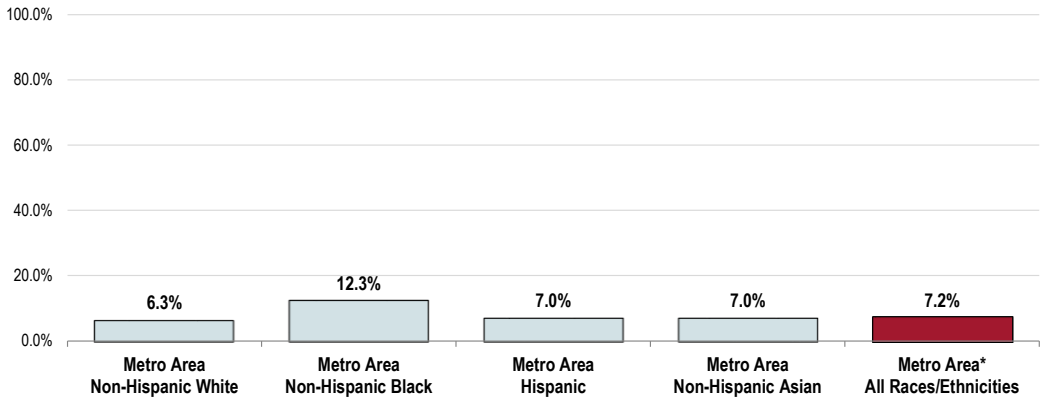
Note:
- This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low -birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
- *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

- Low-weight births are more prevalent among Blacks in the area.

Low-Weight Births by Race/Ethnicity

(Percent of Live Births, 2011-2013)

Healthy People 2020 Target = 7.8% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

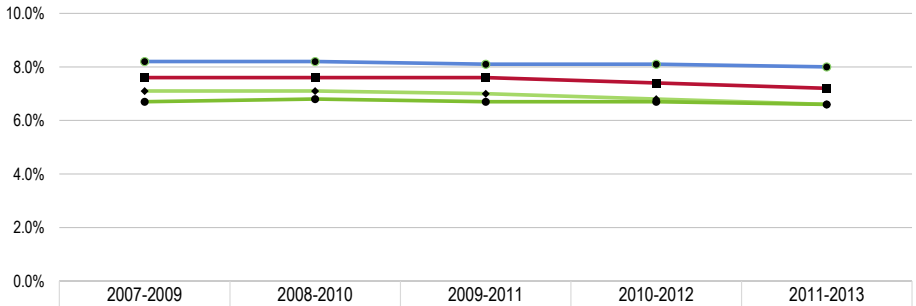
Note:
- This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low-birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
- *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

- TREND: The proportion of low-weight births has decreased in the region in recent years.

Low-Weight Births by Race/Ethnicity

(Percent of Live Births, 2011-2013)

Healthy People 2020 Target = 7.8% or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area*	7.6	7.6	7.6	7.4	7.2
Nebraska	7.1	7.1	7.0	6.8	6.6
Iowa	6.7	6.8	6.7	6.7	6.6
United States	8.2	8.2	8.1	8.1	8.0

Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed using CDC Wonder.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low-birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
- *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

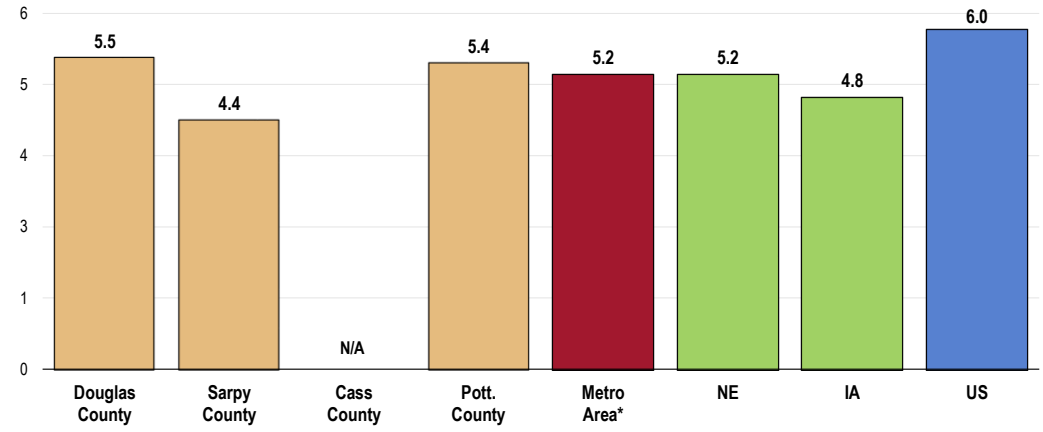
Between 2011 and 2013, there was an annual average of 5.2 infant deaths per 1,000 live births.

- Identical to the Nebraska rate, worse than the Iowa rate.
- Better than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.
- Favorably low in Sarpy County.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

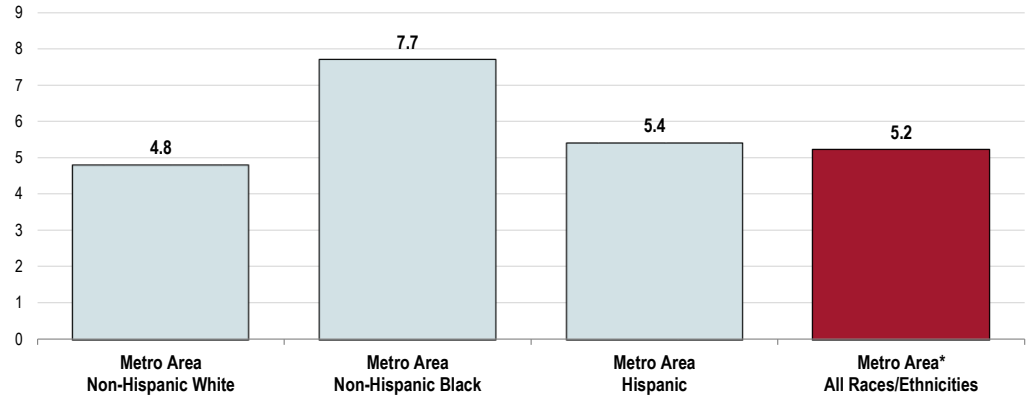
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
- *Does not include Cass County, for which birth counts were too low for calculations.

- The infant mortality rate is notably higher among births to Black mothers in the area.

Infant Mortality by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

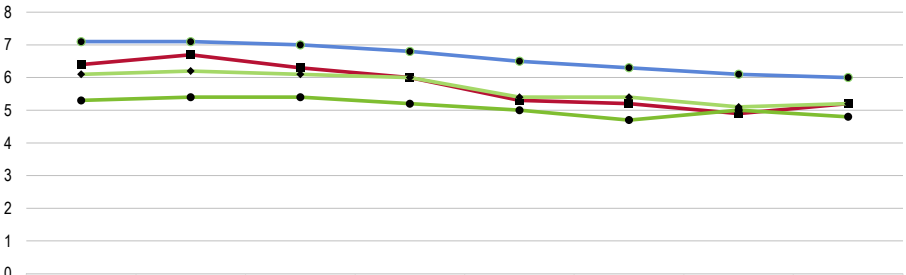
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
- *Does not include Cass County, for which birth counts were too low for calculations.

- TREND: Infant mortality decreased over the past decade.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower



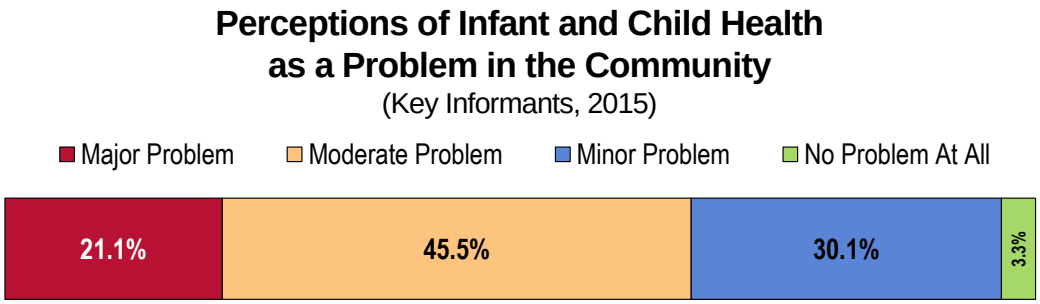
	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area*	6.4	6.7	6.3	6.0	5.3	5.2	4.9	5.2
Nebraska	6.1	6.2	6.1	6.0	5.4	5.4	5.1	5.2
Iowa	5.3	5.4	5.4	5.2	5.0	4.7	5.0	4.8
United States	7.1	7.1	7.0	6.8	6.5	6.3	6.1	6.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- *Does not include Cass County, for which birth counts were too low for calculations.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, August 2015.

Top Concerns

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

Infant Mortality

The infant mortality rate is again disproportionate to that of other communities in Omaha. – Social Service Provider

We have high infant mortality rates and many children living in poverty, so there are issues with infant and child health. – Community/Business Leader

Infant mortality among babies born to AA women is nearly three times that of their white counterparts. – Social Service Provider

Infant deaths have slowed down over the past years but immunizations and lead exposure still need to be addressed. There are high levels of lead in many low income parents which put many infants at risk. – Social Service Provider

Though infant mortality rates have fallen, a health disparity still exists and too many African American pregnancies end in either death or disability. Though access to healthcare is key, reducing racism and addressing risk factors early and often are necessary. – Public Health Representative

Infant mortality still reflects a health disparity despite great progress that has been made in our community. – Public Health Representative

Access to Care

Access and affordability for early childhood health and wellbeing is essential to our success as a community. Quality childcare, health and mental health services for infants and children continues to be out of reach for low income families. – Community/Business Leader

Prenatal care is hard to access for women who are poor or non-documented. Also, access to early child care is difficult to access for the same reasons as well as geography since most designated child care clinics and hospitals are west of 72nd Street. – Social Service Provider

Continued health concerns which result from poverty, low income not having access and adequate care for young children. – Social Service Provider

I think education and lifestyle are factors. Uninsured and underinsured have access to care issues, including prenatal care. – Social Service Provider

I have a lot of children who have young parents with limited resources. Many of these families are single-parent families. If the families don't qualify for Medicaid or if for some reason they lose their Medicaid coverage the children do without. – Physician

Socioeconomic Factors

> *Obesity issues with children from a very early age. Concerns about poverty and lack of appropriate nutrition and healthy food in general. Lack of education about healthy eating habits and proper physical activity (exercise). Lack of parenting skills. – Social Service Provider*
>
> *Lack of education on cultural beliefs and values. Inability to afford healthy food. – Community/Business Leader*
>
> *Ensuring the health of women and children in a community is crucial for good health and economic standing of the entire community. In Omaha, there are significant disparities in the health outcomes between whites and blacks. This divide continues to widen. – Physician*
>
> *Increase with immigrant population here in Nebraska over past 5-10 years. Newly immigrated families do not understand how to navigate our health systems. School based health centers have improved healthcare access instead of clinics. – Healthcare Provider*

Teen Pregnancy

> *Professional experience in this area, number of teenage pregnancies. – Public Health Representative*

Maternal Mortality

> *Maternal mortality is high in this area. – Social Service Provider*

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

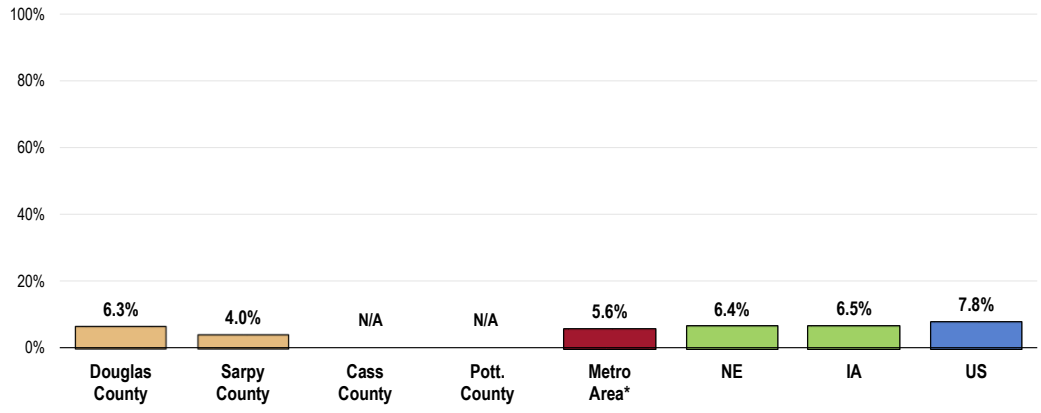
- Healthy People 2020 (www.healthypeople.gov)

Between 2011 and 2013, 5.6% of live births were to females under the age of 20 in the Metro Area (*Douglas and Sarpy counties only*).

- Lower than the Nebraska and Iowa proportions.
- Lower than the national proportion.
- Higher in Douglas County.

Births to Teen Mothers (Under 20)

(Births to Women Under 20 as a Percentage of Live Births, 2011-2013)

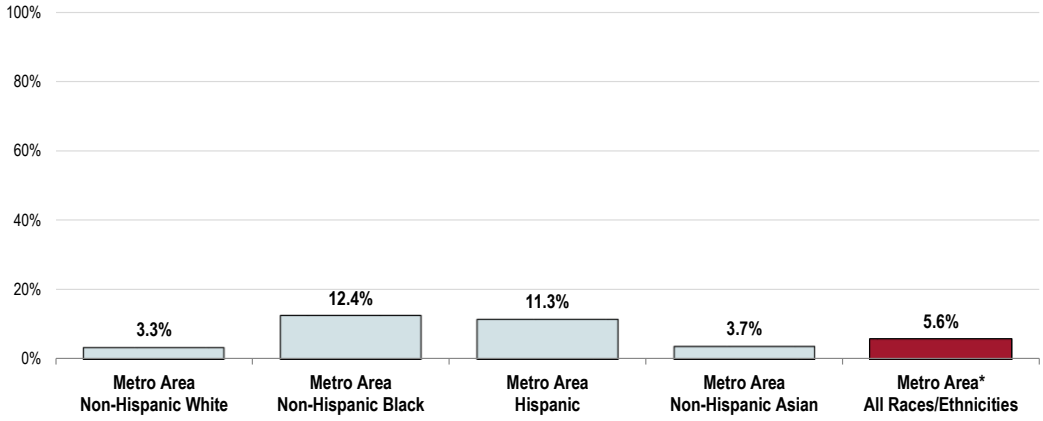


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
Note: • Numbers are a percentage of all live births within each population.
• *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

- By race and ethnicity, Blacks and Hispanics/Latinas exhibit the highest percentage of teen births in the area.

Births to Teen Mothers (Under 20)

(Births to Women Under 20 as a Percentage of Live Births, 2011-2013)

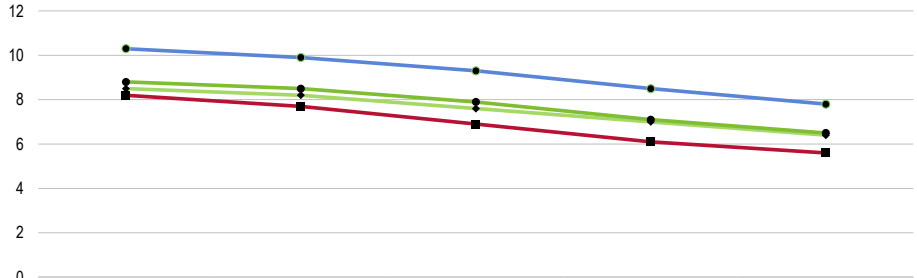


Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System: 2011-20123 Accessed using CDC WONDER.
Note: ● Numbers are a percentage of all live births within each population.
● *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

- TREND: Note the steady improvement in the percentage of teen births in recent years.

Teen Birth Trends

(Births to Women Under Age 20 as a Percentage of Life Births)

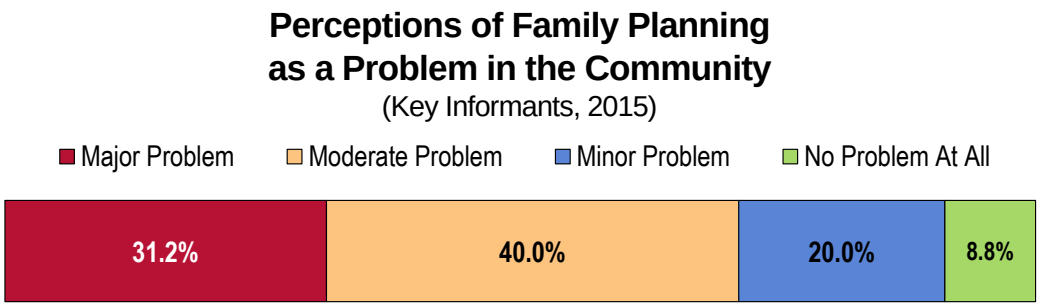


	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area*	8.2	7.7	6.9	6.1	5.6
Nebraska	8.5	8.2	7.6	7.0	6.4
Iowa	8.8	8.5	7.9	7.1	6.5
United States	10.3	9.9	9.3	8.5	7.8

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
Notes: ● This indicator reports the rate of total births to women under the age of 20 per 1,000 female population under 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
● *Does not include Cass or Pottawattamie counties, for which birth counts were too low for calculations.

Key Informant Input: Family Planning

The largest share of key informants taking part in an online survey characterized *Family Planning* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, August 2015.

Top Concerns

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

Access to Resources

People, male and female, need to have family planning services. We have opposition to these services because some services, minimal, involve abortion. – Community/Business Leader

There are many conservatives in this area and I believe for women, especially uninsured, there is a lack of adequate family planning clinics. – Healthcare Provider

Patients without resources have few options. – Physician

Many women in this community, including employees of the University of Nebraska system, have insurance that is grandfathered under the ACA and still have to pay a co-pay for effective contraceptive methods. Many women lose their Medicaid coverage. – Physician

Fewer and fewer full service providers available. More and more teen mothers not looking at any options except keeping their babies as if they were pets. – Social Service Provider

Lack of funding to access services. – Healthcare Provider

There are many women who lack access to birth control or lack the awareness and health literacy to know how to prevent pregnancy. – Community/Business Leader

There is a lack of access and education for teens and young adults. – Community/Business Leader

Lack of clinics/programs providing comprehensive and accurate family planning services. Very difficult to access birth control methods and clinics for pregnant mothers do not offer information on all available options. Only one abortion clinic. – Social Service Provider

Teen/Unplanned Pregnancy

Increase in teenage pregnancy. – Healthcare Provider

Lots of teen parents and unplanned births. – Public Health Representative

Though teen pregnancy is decreasing, we still have high rates of teen pregnancy in African American and Hispanic population. – Healthcare Provider

There is a high teen pregnancy rate in Douglas County, particularly among African Americans. – Public Health Representative

CHI limits the types of family planning it offers. It is difficult for teens to access LARC. There are a lot of unplanned teen pregnancies in South Omaha especially. – Public Health Representative

Rate of unplanned pregnancies. – Social Service Provider

Too many young single females giving birth in the area. Education and affordable birth control should be options for under-insured and no insurance populations. – Healthcare Provider

Increase in teen pregnancy. – Social Service Provider

Percentage of teenage pregnancies. – Public Health Representative

Education

Lack of education and options that appeal to the culture of the area. – Healthcare Provider

I am concerned over the lack of apparent education for young people on the use of contraception. I also see unplanned pregnancies. I am not sure why family planning is not utilized. – Community/Business Leader

Lack of sex education and health education services, which leads to increase of STD and unplanned pregnancies. – Social Service Provider

Not a Priority

I have not seen a push in family development in teenage/youth organizations and programs or for any existing adults needing assistance. Most programs I see are geared toward individuality and self-sufficiency. There aren't any organized groups or discussions. – Social Service Provider

I do not believe that access to family planning is a problem in Douglas County, rather I think that socially family planning is not prioritized and having children at a young age has been glorified. – Healthcare Provider

Lack of Support

Too many babies being born with inadequate family support. – Community/Business Leader

Family planning is a major problem in our community as it relates to single parent households and their ability to support their families. Working with the near homeless population every day we see the struggles families face not having the family structure. – Social Service Provider

High Rate of STDs

The high rate of STDs. Pregnancies have leveled off for young unwed women but clearly a complete use of contraceptives is lacking. – Community/Business Leader

The high rates of STDs in the community tells me that people are not using protection and probably need this help. – Social Service Provider

Religion

Lack of education on cultural/moral, family and religious values. – Community/Business Leader

Religious values surrounding family planning is an obstacle. – Social Service Provider

Modifiable Health Risks

Professional Research Consultants, Inc.

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

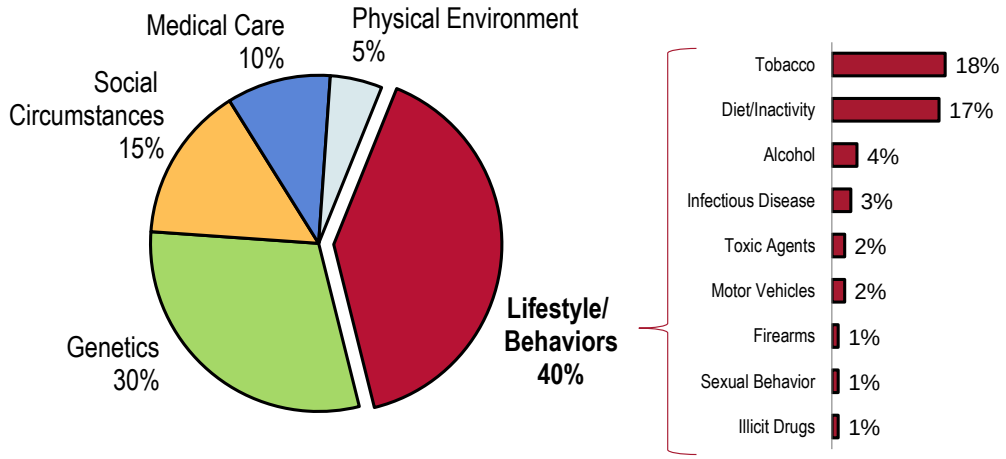
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Factors Contributing to Premature Deaths in the United States



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002. "Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

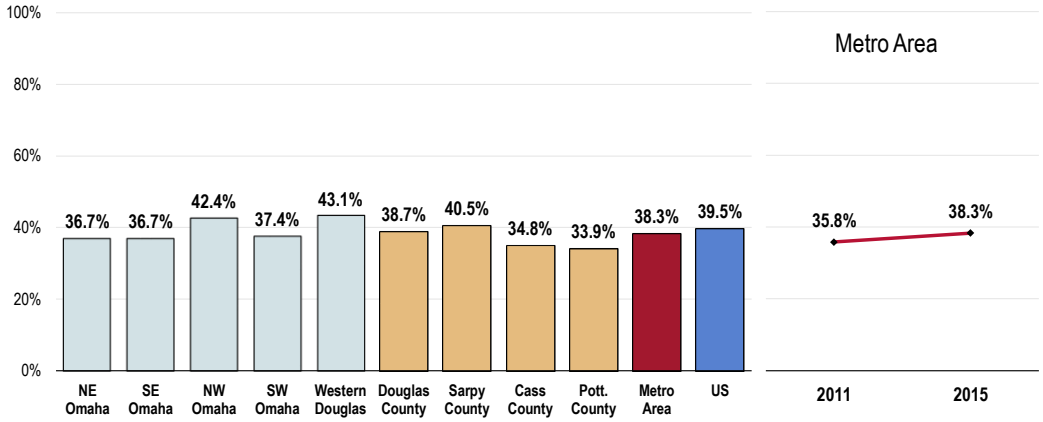
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 38.3% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings.
- Lowest in Pottawattamie County.
- Statistically similar findings by subarea in Douglas County.
- TREND: Fruit/vegetable consumption has not changed significantly since 2011.

Consume Five or More Servings of Fruits/Vegetables Per Day

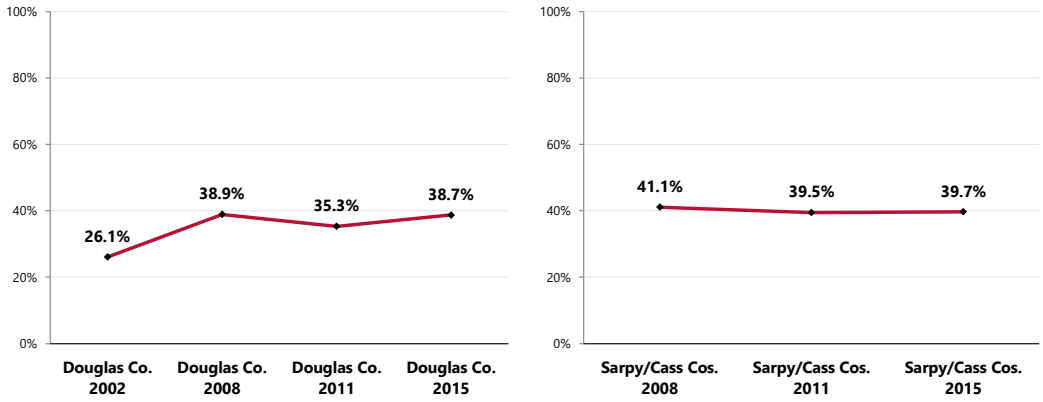


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- TREND: Note the statistically significant increase over time in Douglas County (the Sarpy/Cass prevalence remained stable).

Consume Five or More Servings of Fruits/Vegetables Per Day



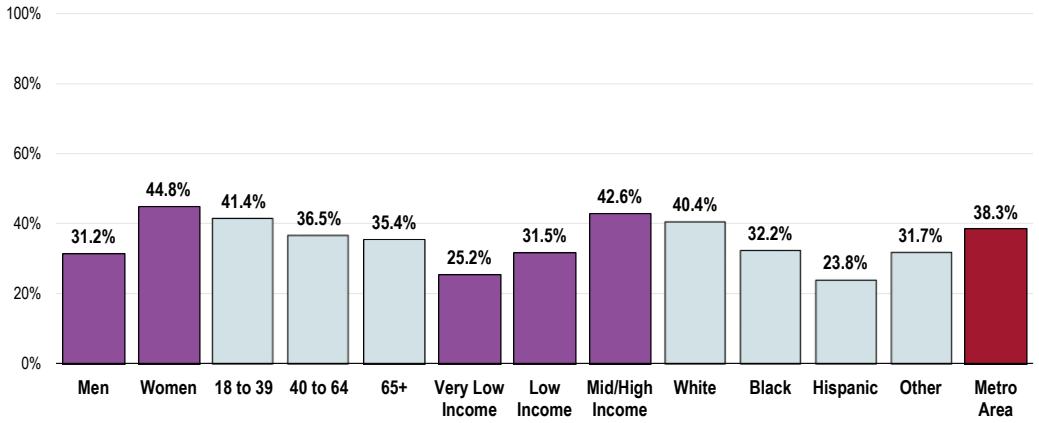
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]

Notes:
- Asked of all respondents.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are low-income adults (positive correlation with income), Blacks, Hispanics, and Other adults.

Consume Five or More Servings of Fruits/Vegetables Per Day

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
Notes: ● Asked of all respondents; respondents were asked to recall their food intake on the previous day.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sugar-Sweetened Beverages

Adults

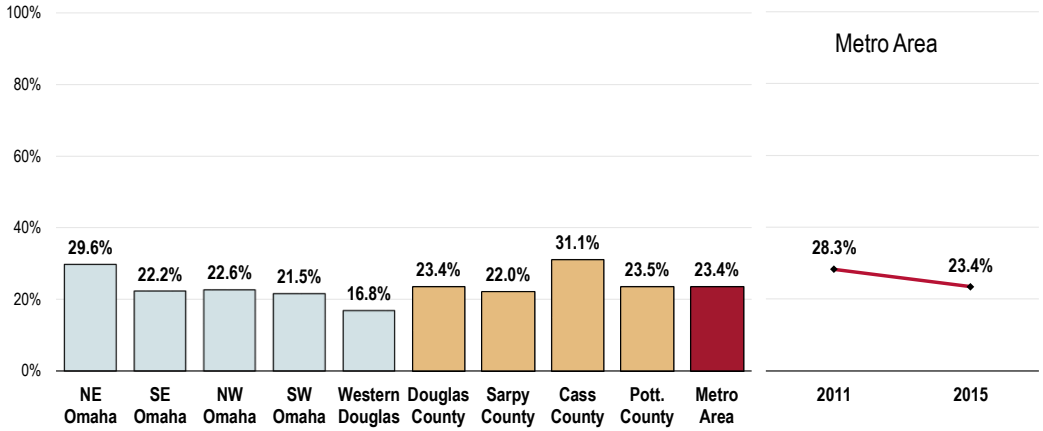
Respondents were asked:

"During the past 7 days, how many servings of sugar-sweetened beverages did you have? Please include beverages such as soda, Kool-Aid, sweetened fruit juice, sports drinks, or energy drinks. Do not include 'diet' drinks."

A total of 23.4% of Metro Area adults report drinking at least one sugar-sweetened beverage daily in the past week.

- Highest among Cass County respondents.
- Highest in Northeast Omaha, lowest in Western Douglas County.
- TREND: Marks a statistically significant improvement over time.

Had 7+ Sugar-Sweetened Beverages in the Past Week

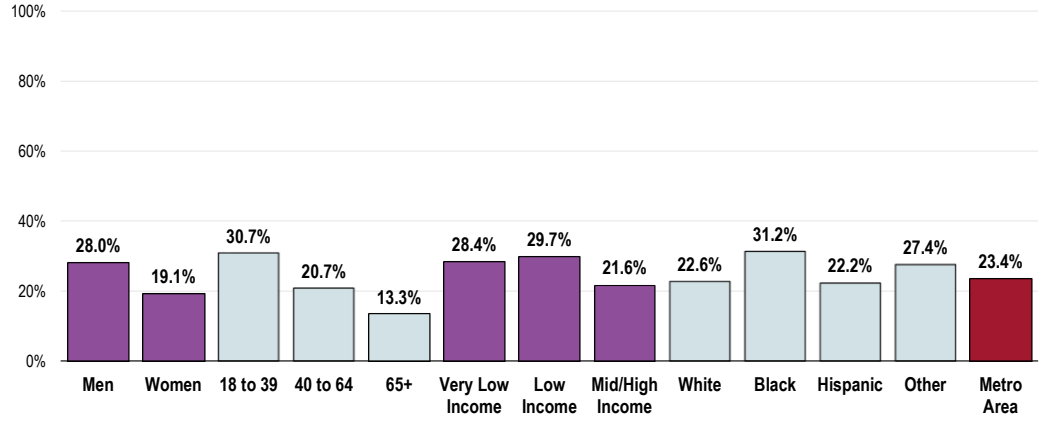


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 181]
Notes: ● Asked of all respondents.

- Residents more likely to have at least one sugar-sweetened beverage per day include men, younger adults (negative correlation with age), lower-income residents, and Black respondents.

Had 7+ Sugar-Sweetened Beverages in the Past Week

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

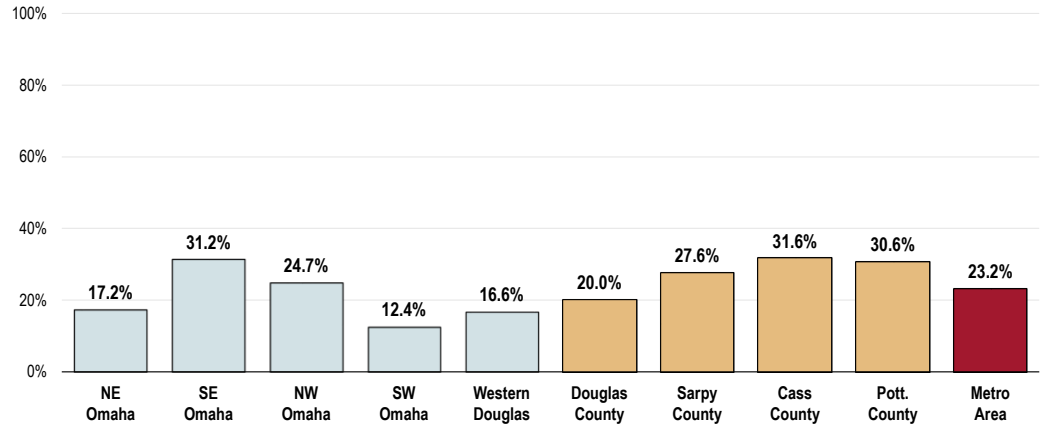
Children

A similar prevalence of Metro Area adults parents (23.2%) report that their child drank at least one sugar-sweetened beverage per day over the past week.

- Lowest among Douglas County parents.
- In Douglas County, highest in Southeast Omaha, lowest in Southwest Omaha.

Child Had 7+ Sugar-Sweetened Beverages in the Past Week

(Metro Area Parents of Children <18, 2015)

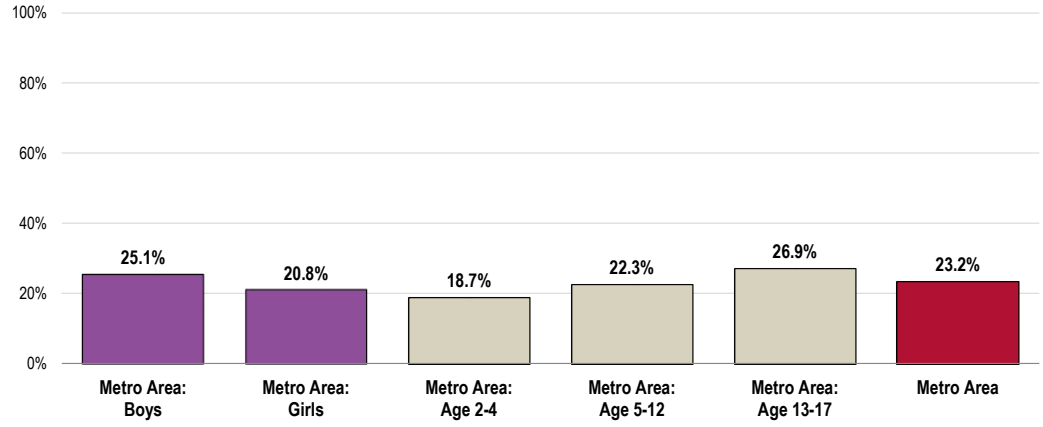


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 346]
Notes: ● Asked of all respondents with children under 18 at home.

- By children's demographic, boys and teens are more likely to have at least one sugar-sweetened drink per day (positive correlation with age).

Child Had 7+ Sugar-Sweetened Beverages in the Past Week

(Metro Area Parents of Children <18, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 346]
Notes: ● Asked of all respondents with children under 18 at home.

Access to Food

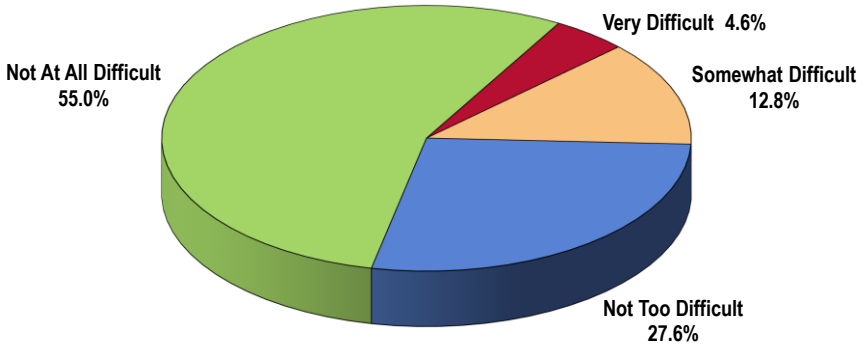
Fresh Produce

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

While most report little or no difficulty, 17.4% of Metro Area adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

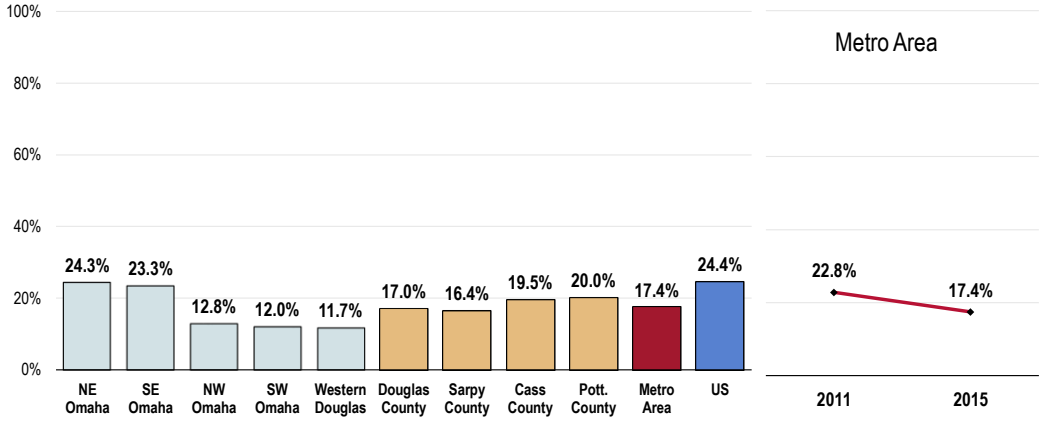
Level of Difficulty Finding Fresh Produce at an Affordable Price
(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: ● Asked of all respondents.

- More favorable than national findings.
- Comparable findings by county in the Metro Area.
- Within Douglas County: unfavorably high in eastern Omaha.
- TREND: Marks a statistically significant improvement over time.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

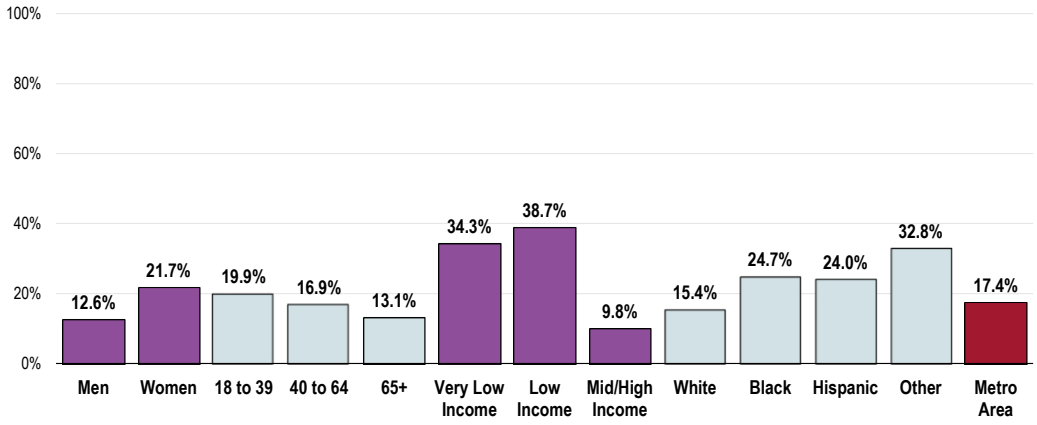


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 91]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

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

- Women.
- Younger residents (negative correlation with age).
- Lower-income residents.
- Blacks, Hispanics, and Other residents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Insecurity

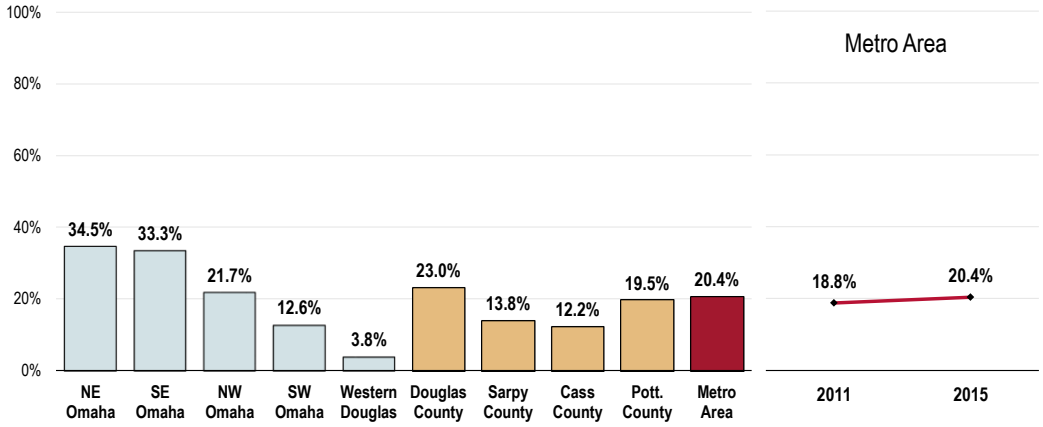
Respondents were asked to indicate their agreement with the following statement:

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

While most respondents "never" worry about their food running out before there is money for more, 20.4% of Metro Area residents "often" or "sometimes" experience this concern.

- Unfavorably high in Douglas County (lowest in Sarpy and Cass).
- In Douglas County, the prevalence of concern is highest in the east.
- TREND: Has not changed significantly since 2011.

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



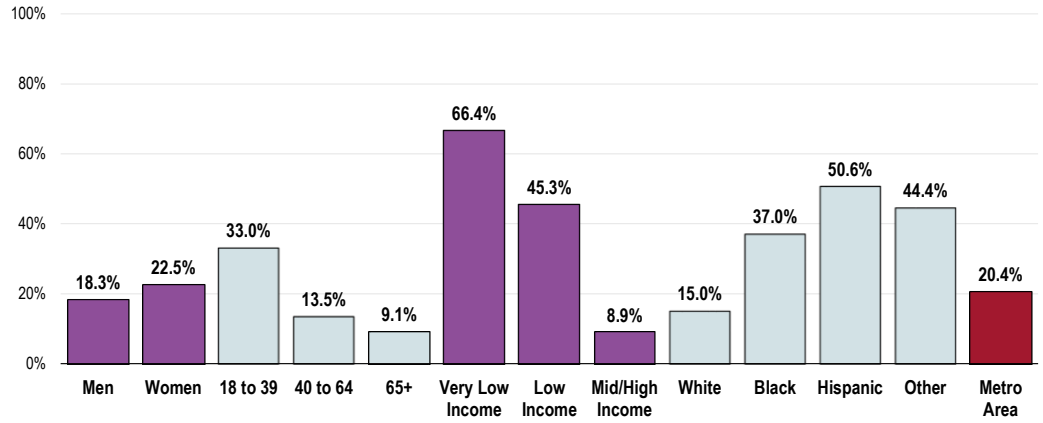
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 321]
Notes: ● Asked of all respondents.

Metro Area populations more likely to worry that their food will run out before there is money for more include:

- Women.
- Young adults (negative correlation with age).
- Lower-income residents (negative correlation with income).
- Blacks, Hispanics, and Other adults.

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

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Deserts

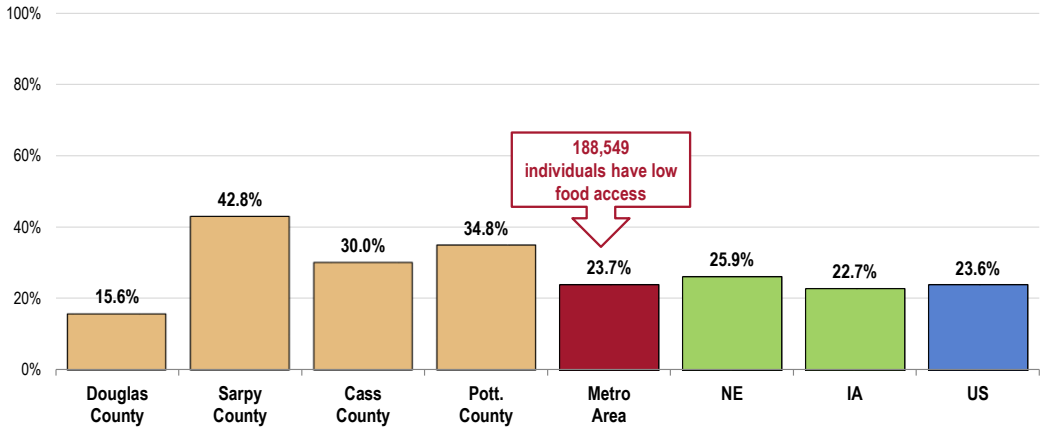
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 23.7% of the Metro Area population (representing over 188,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- More favorable than Nebraska findings, similar to Iowa.
- Similar to national findings.
- Favorably low in Douglas County; highest in Sarpy and Pottawattamie counties.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

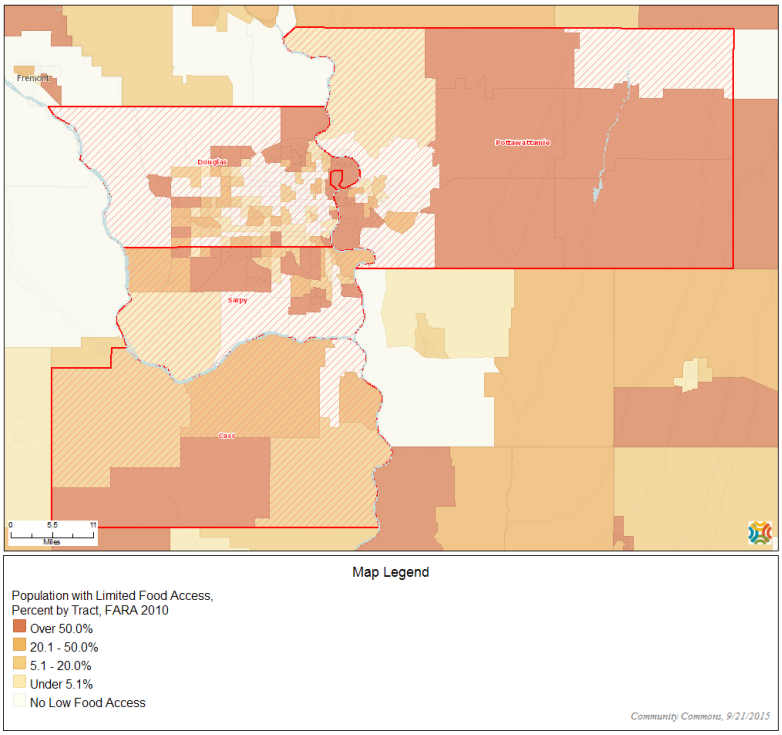


Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract.

Population With Limited Food Access, Percent by Tract, FARA 2010



Map Legend

Population with Limited Food Access, Percent by Tract, FARA 2010

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

Community Commons, 9/21/2015

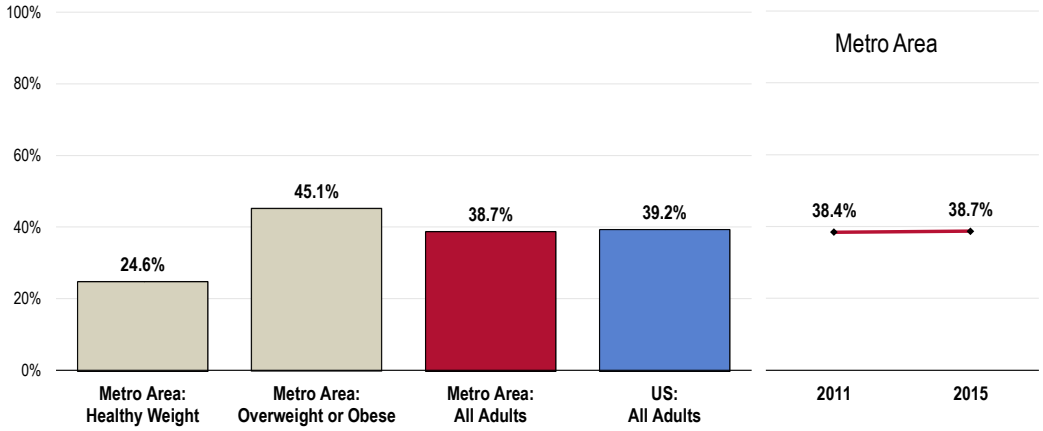
Health Advice About Diet & Nutrition

A total of 38.7% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Close to national findings.
- Among overweight/obese residents, the percentage is 45.1% (meaning more than one-half of these adults have not been given professional advice about diet and nutrition).
- TREND: Statistically unchanged since 2011.

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional

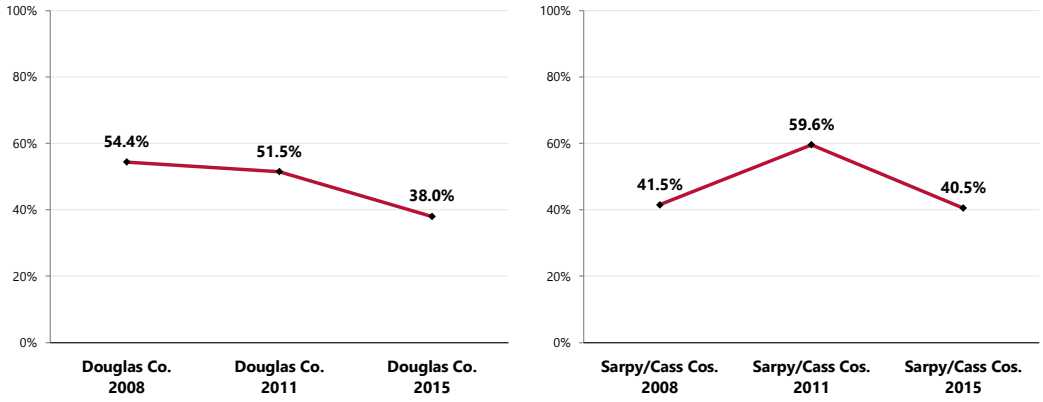
(By Weight Classification)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- TREND: Note the statistically significant decrease over time in Douglas County (the Sarpy/Cass prevalence is statistically unchanged from 2008 baseline data *but denotes a significant decrease from the 2011 prevalence*).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
Notes: ● Asked of all respondents.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Level of Activity at Work

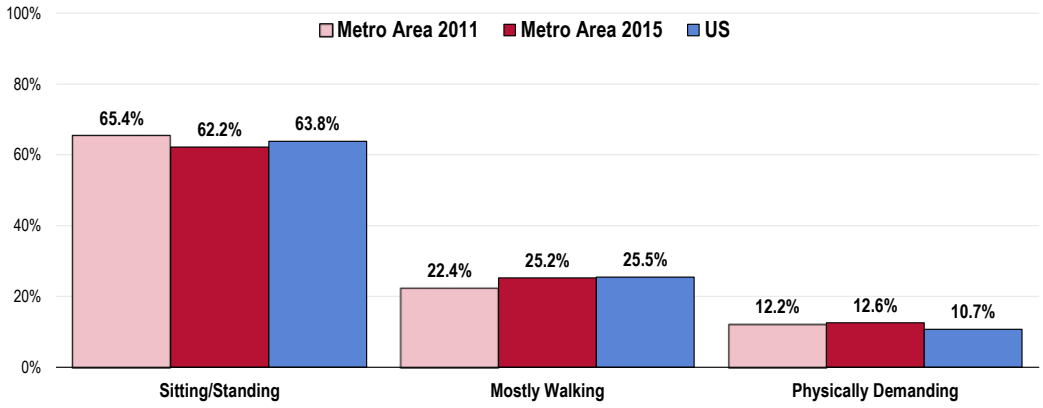
A majority of employed respondents reports low levels of physical activity at work.

- Just over 6 in 10 employed respondents (62.2%) report that their job entails mostly sitting or standing, similar to the US figure.
- 25.2% report that their job entails mostly walking (similar to that reported nationally).

- 12.6% report that their work is physically demanding (lower than reported nationally).
- TREND: Levels of physical activity at work are statistically unchanged over time.

Primary Level of Physical Activity At Work

(Among Employed Respondents)



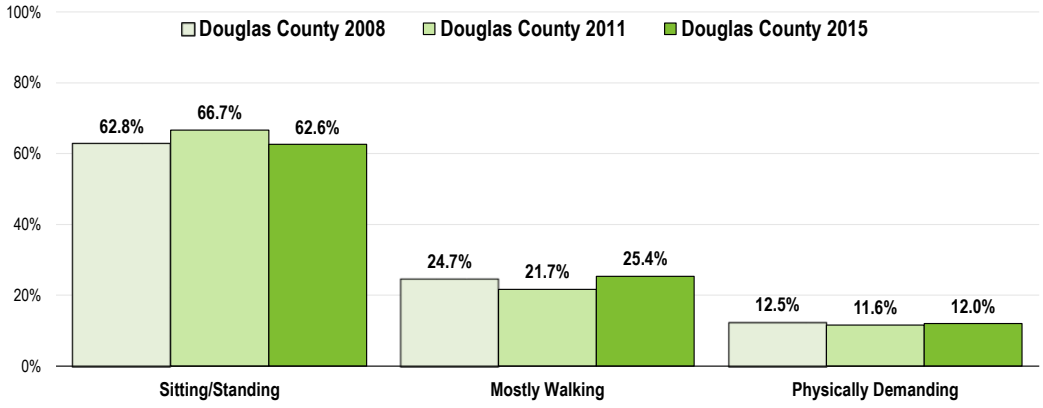
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 323]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents who are employed for wages.

- TREND: In Douglas County, the prevalence of sedentary employment is statistically unchanged since 2008.

Primary Level of Physical Activity At Work

(Douglas County; Among Employed Respondents)

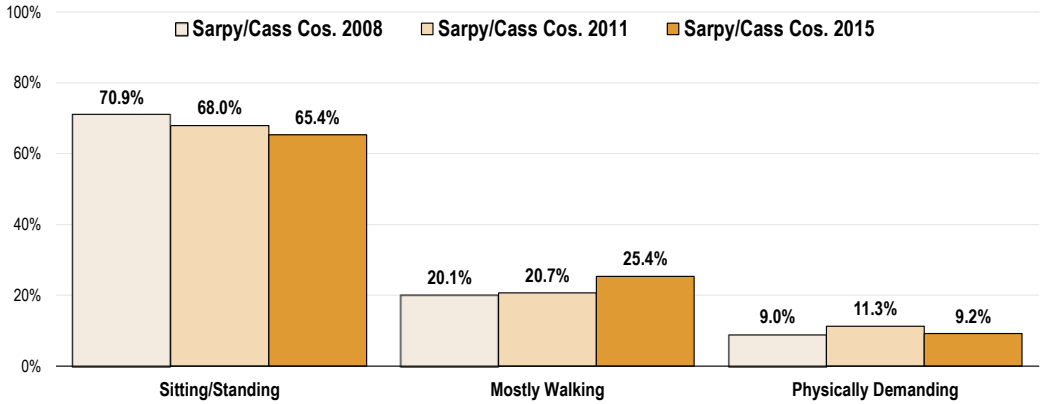


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 323]

Notes:
- Asked of those respondents who are employed for wages.

- TREND: In Sarpy/Cass counties, the prevalence of sedentary employment is statistically unchanged since 2008.

Primary Level of Physical Activity At Work
(Sarpy/Cass Counties; Among Employed Respondents)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 323]
Notes: • Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

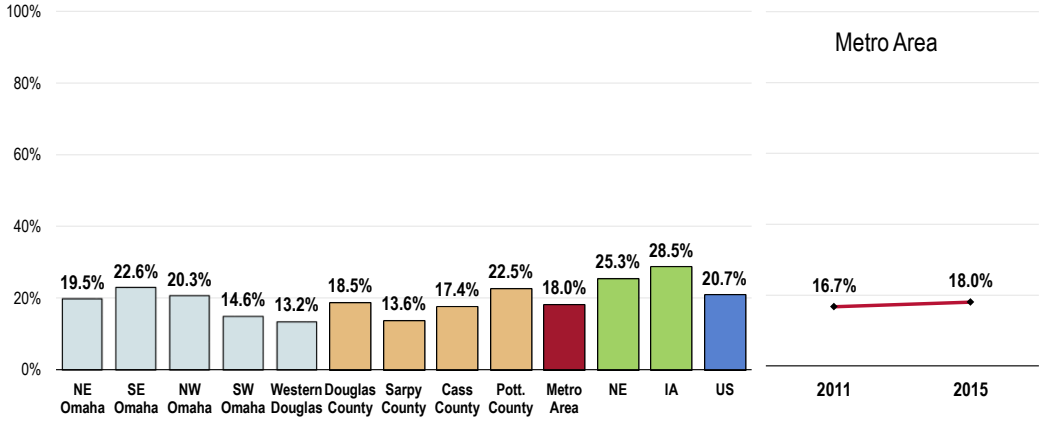
A total of 18.0% of Metro Area adults report no leisure-time physical activity in the past month.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

- More favorable than statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Less favorable in Pottawattamie County.
- Favorably low in Southwest Omaha and Western Douglas County.
- TREND: Statistically unchanged since 2011.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

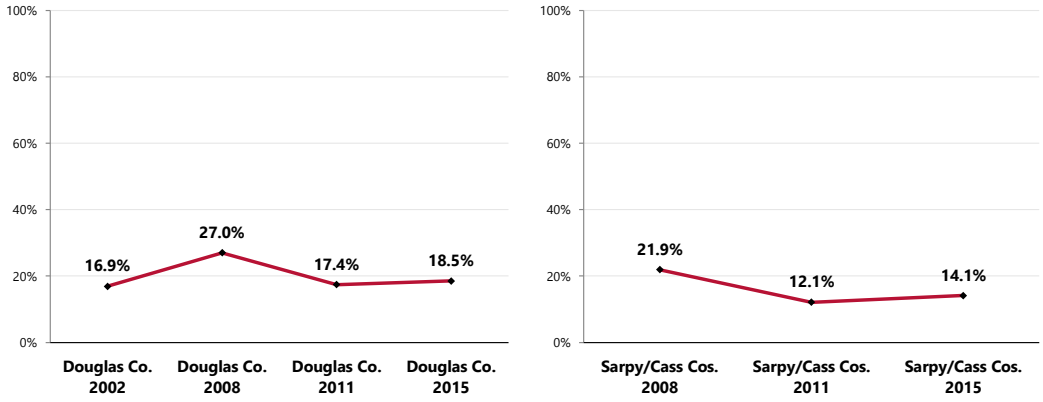


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Nebraska. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Nebraska and Iowa data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

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

No Leisure-Time Physical Activity in the Past Month



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]

Notes:
- Asked of all respondents.

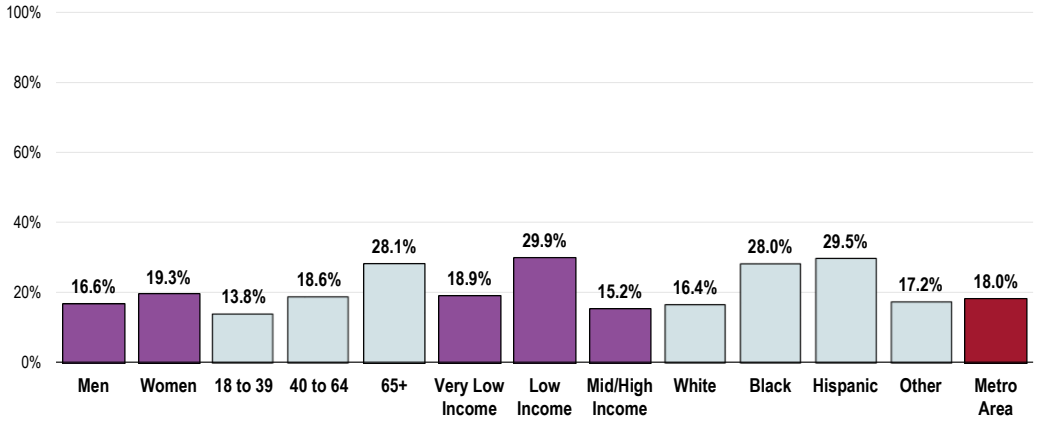
Lack of leisure-time physical activity in the area is higher among:

- Adults age 40 and older (positive correlation with age).
- Residents living just above the federal poverty level (a.k.a. the "working poor").
- Blacks and Hispanics.

No Leisure-Time Physical Activity in the Past Month

(Metro Area, 2015)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

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

Activity Levels

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

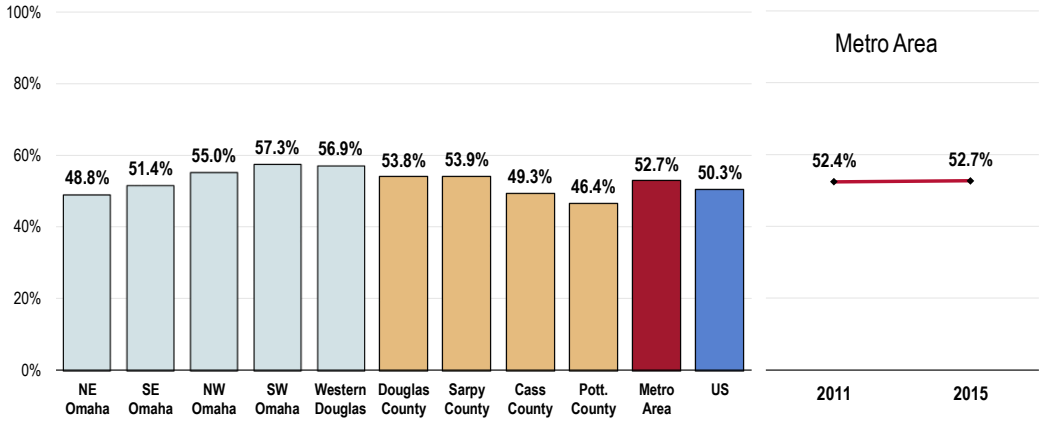
Recommended Levels of Physical Activity

A total of 52.7% of Metro Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to national findings.
- Lower in Pottawattamie County.
- In Douglas County, lowest in Northeast Omaha.

- TREND: Statistically unchanged over time.

Meets Physical Activity Recommendations

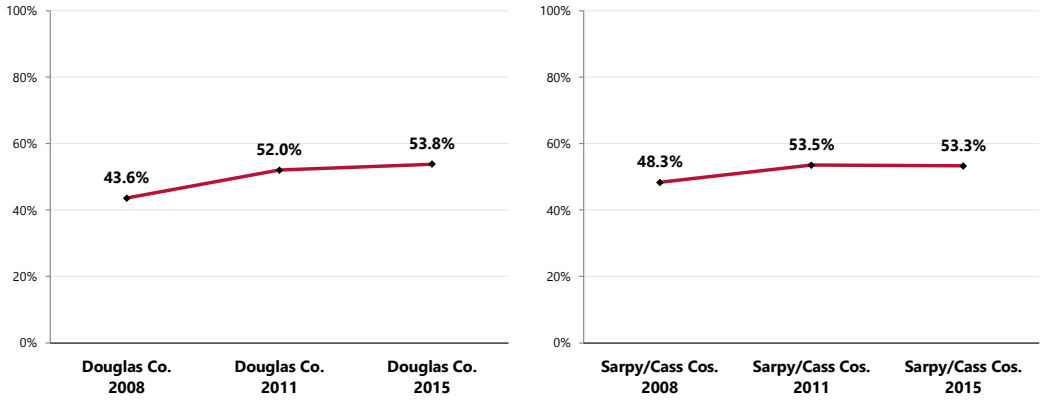


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

- TREND: Marks a statistically significant increase over time in Douglas County (no significant change for Sarpy/Cass counties).

Meets Physical Activity Recommendations



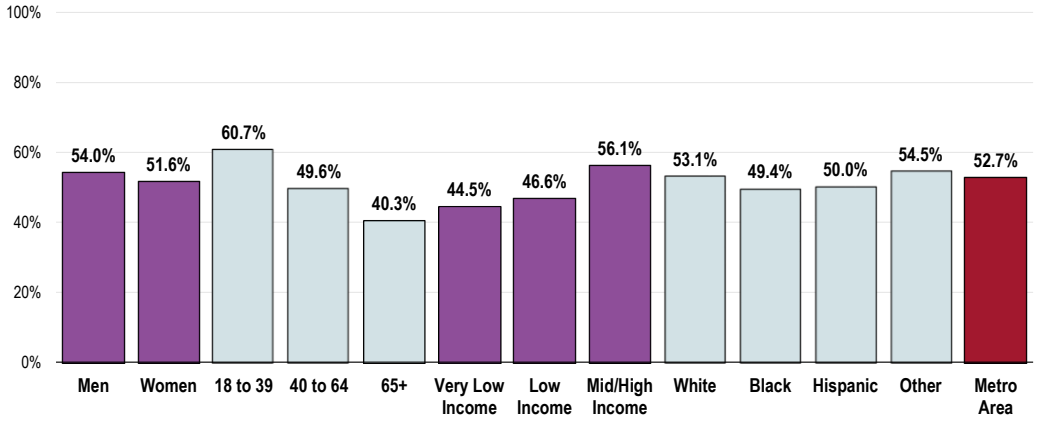
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]

Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

- Seniors (negative correlation with age).
- Lower-income residents (positive correlation with income).

Meets Physical Activity Recommendations
(Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

The individual indicators of moderate and vigorous physical activity are shown here.

A total of 30.6% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

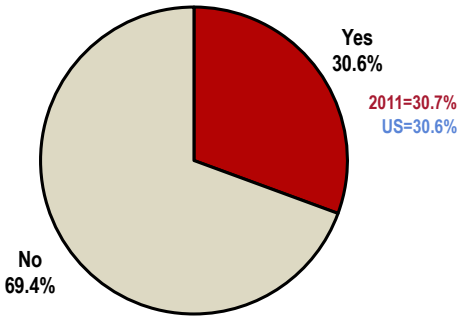
- Identical to the national level.
- TREND: Statistically unchanged since 2011.

A total of 41.6% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

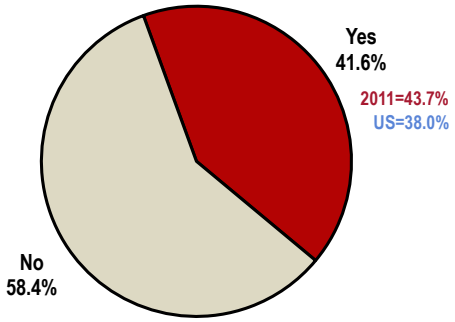
- More favorable than the nationwide figure.
- TREND: Statistically similar to 2011 findings.

Moderate & Vigorous Physical Activity

(Metro Area, 2015)



Moderate Physical Activity



Vigorous Physical Activity

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Access to Physical Activity

Access to Recreation & Fitness Facilities

In 2013, there were 13.3 recreation/fitness facilities for every 100,000 population in the Metro Area.

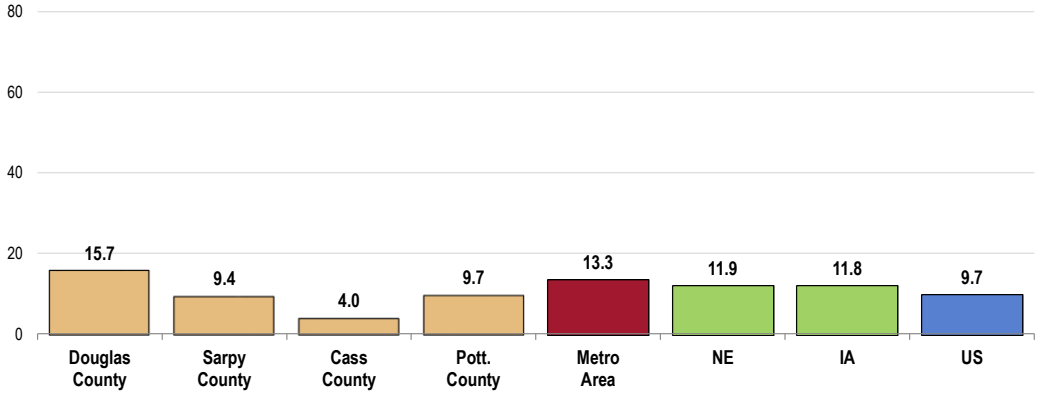
- Above what is found in both states.
- Above what is found nationally.
- Favorably high in Douglas County; lowest in Cass County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2013)



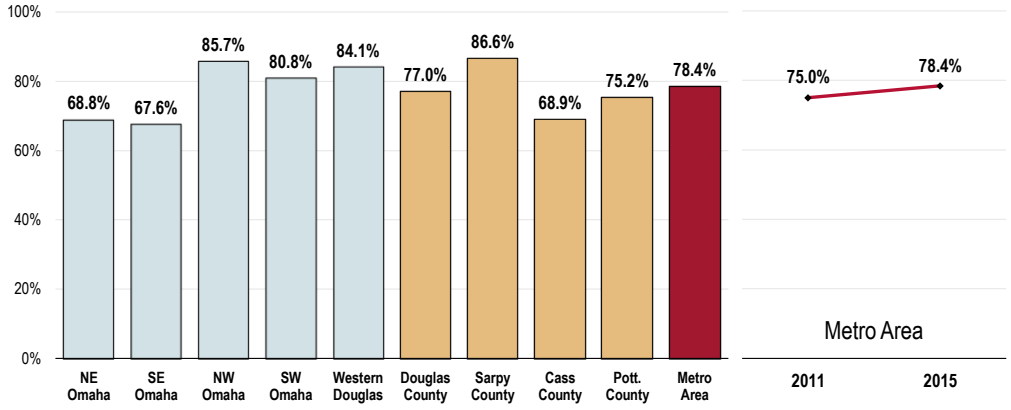
Sources:
- US Census Bureau, County Business Patterns: 2013. Additional data analysis by CARES.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Most Metro Area adults (78.4%) have access to some type of indoor exercise equipment (including at home, work, a fitness club, or elsewhere)**.**

- Favorably high in Sarpy County.
- In Douglas County, access to indoor equipment is lowest in the east.
- TREND: Marks a statistically significant increase over time.

Have Access to Indoor Exercise Equipment at Home, Work, Fitness Club or Somewhere Else



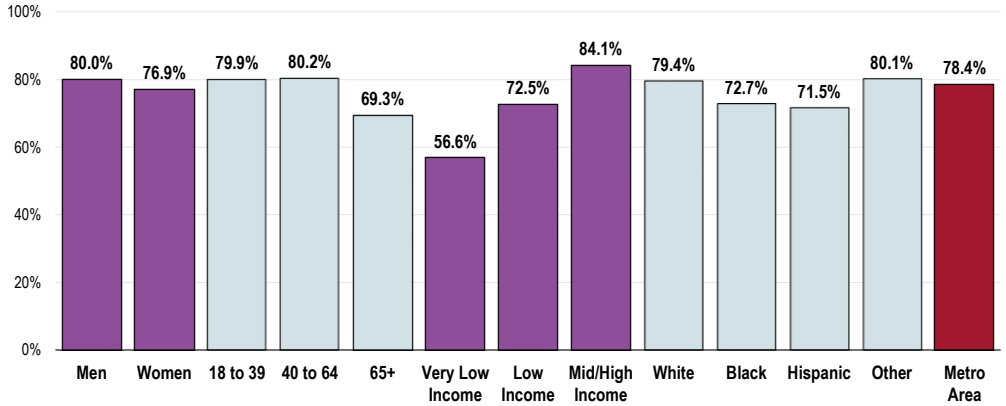
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 324]
Notes: ● Asked of all respondents.

Residents less likely to report having access to indoor exercise equipment include:

- Seniors (65+), low-income residents, Blacks, and Hispanics.

Have Access to Indoor Exercise Equipment at Home, Work, Fitness Club or Somewhere Else

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 324]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

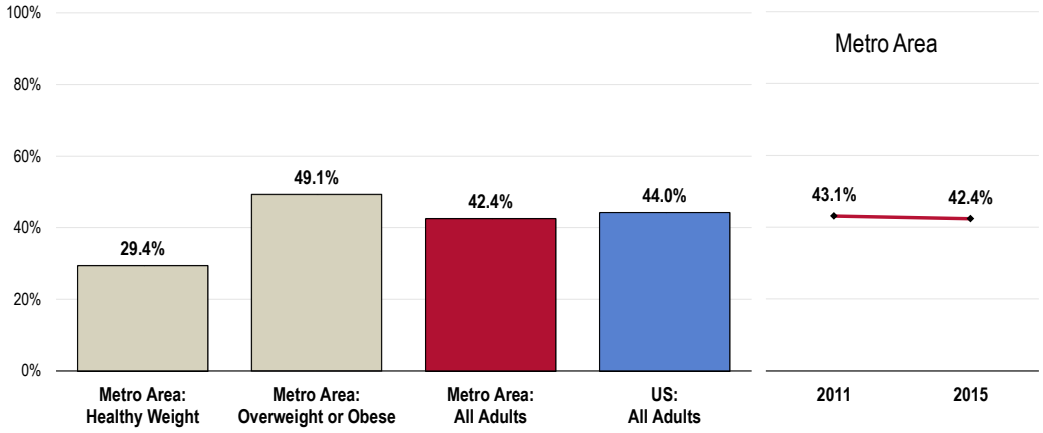
Health Advice About Physical Activity & Exercise

A total of 42.4% of Metro Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Close to the national average.
- TREND: Similar to 2011 survey findings.
- Note: 49.1% of overweight/obese Metro Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



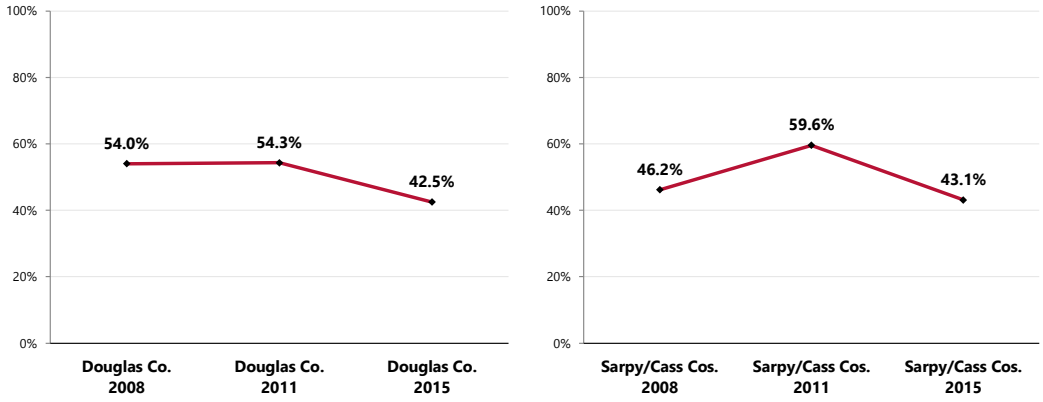
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- TREND: Denotes a statistically significant decrease over time in Douglas County; while the Sarpy/Cass prevalence is statistically unchanged from baseline 2008 findings, note the significant decrease from more recent survey results (2011).

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional

(Among Obese Adults)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
Notes: ● Asked of all respondents.

Physical Education in the Schools

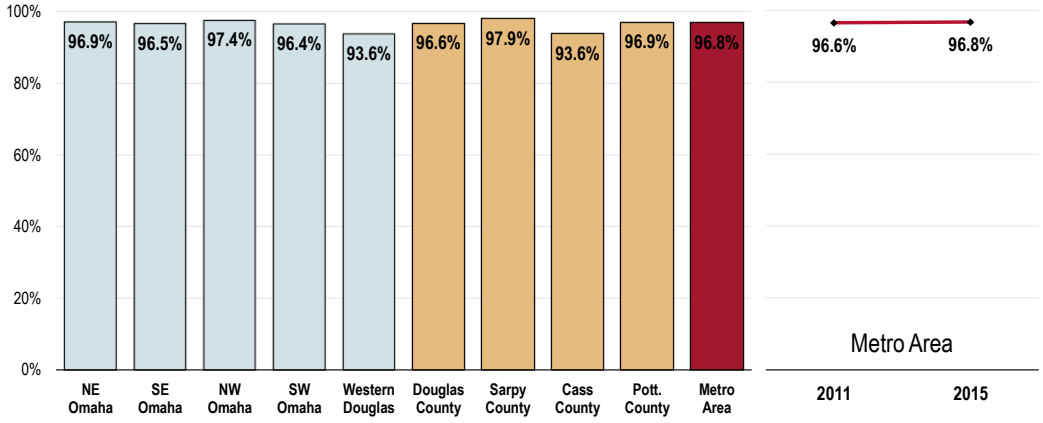
The vast majority of survey respondents in the Metro Area (96.8%) believe that schools should require physical education for all students.

Respondents were next asked:

"Thinking about physical activity for youth in this community, do you feel local schools should require physical education for ALL students?"

- Comparable findings by Metro Area county.
- Comparable findings within the 5 Douglas County subareas.
- TREND: Statistically unchanged over time.

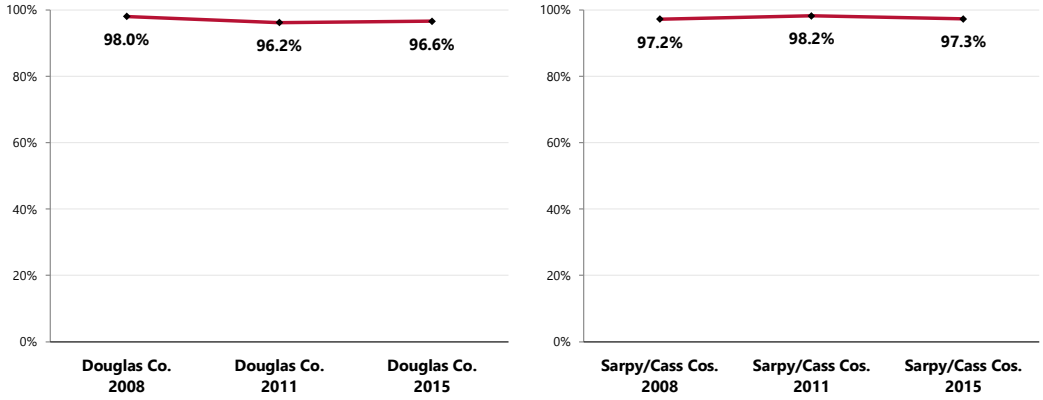
Believe That Schools Should Require Physical Education for All Students



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 333]
Notes: ● Asked of all respondents.

- TREND: Denotes a statistically significant decrease over time (while remaining a vast majority) in Douglas County; in Sarpy/Cass, statistically unchanged over time.

Believe That Schools Should Require Physical Education for All Students

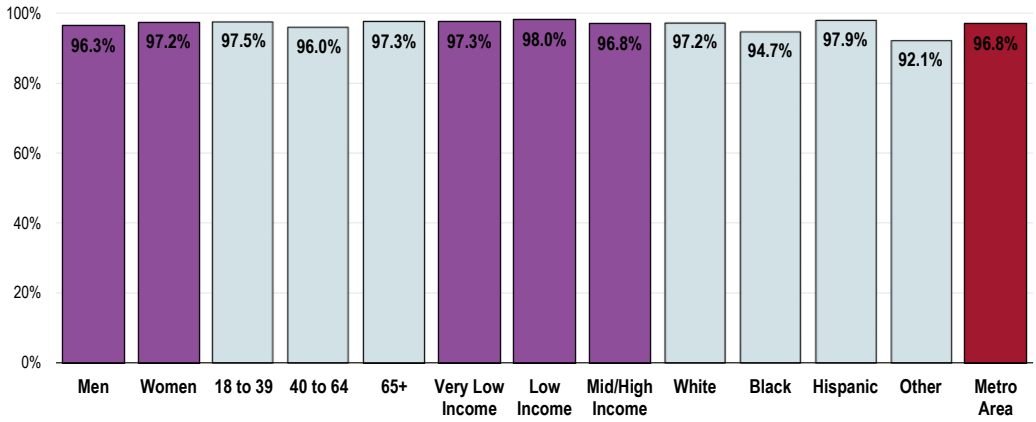


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 333]
Notes: ● Asked of all respondents.

- No significant differences by demographic characteristics.

Believe That Schools Should Require Physical Education for All Students

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

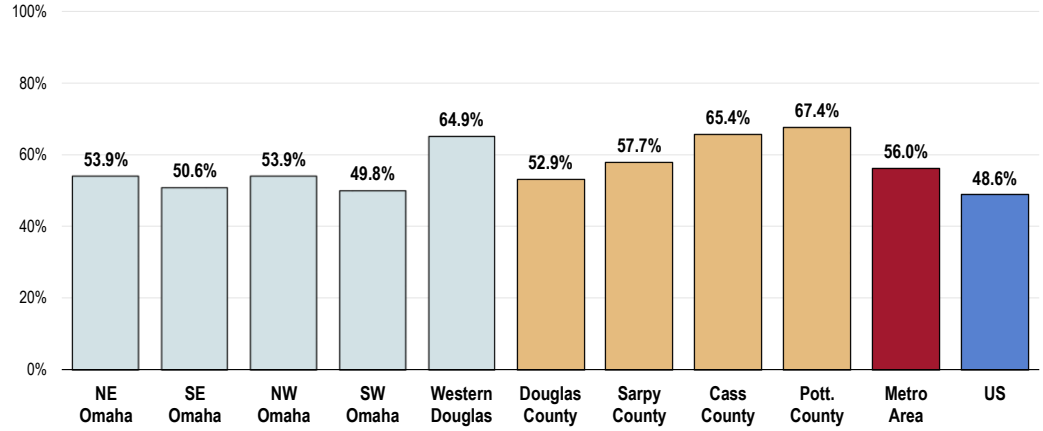
Children's Physical Activity

Among Metro Area children age 2 to 17, 56.0% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

- More favorable than found nationally.
- Favorably high in Pottawattamie County; lowest in Douglas County.
- Favorably high in Western Douglas County.

Child Is Physically Active for One or More Hours per Day

(Among Metro Area Children Age 2-17)



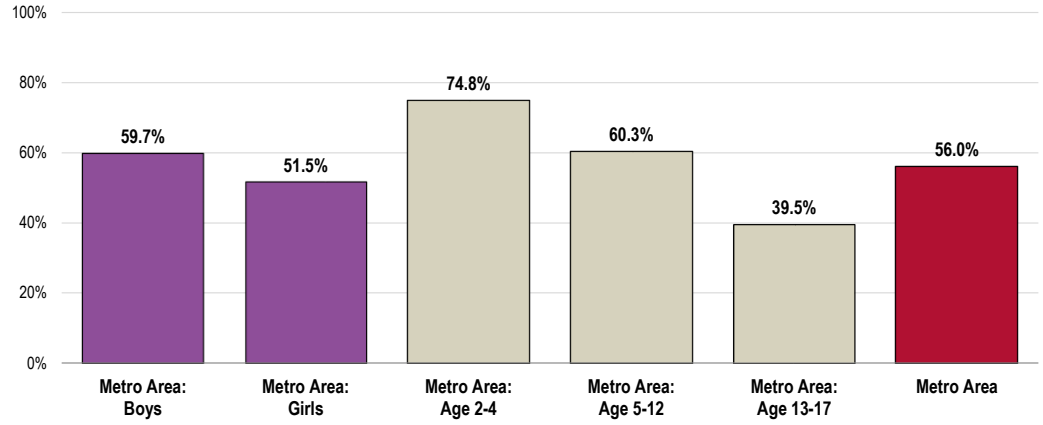
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

- Higher among Metro Area boys; note the negative correlation with age.

Child Is Physically Active for One or More Hours per Day

(Among Metro Area Children Age 2-17)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

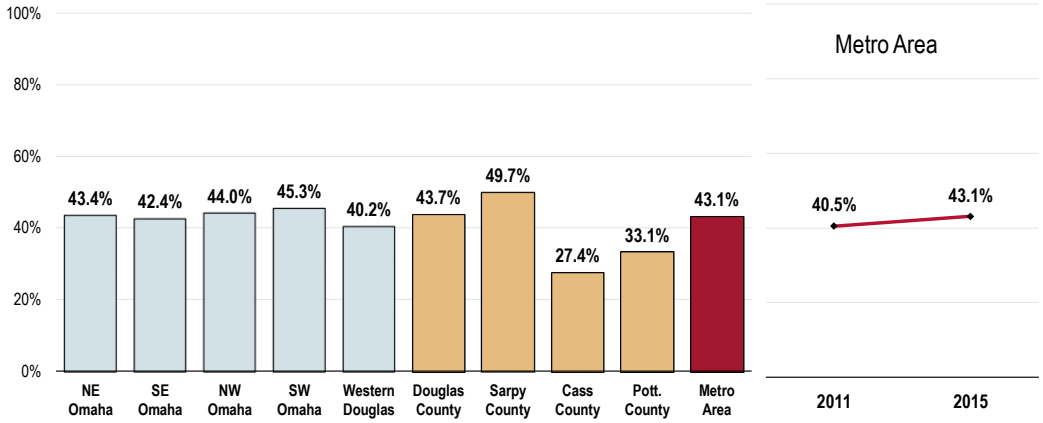
Built Environment

Use of Local Parks & Recreation Centers

While most Metro Area adults use local parks or recreational centers for exercise less than once a week, 43.1% of report using local parks or recreational centers at least weekly.

- Weekly use is lowest in Cass and Pottawattamie counties.
- Weekly use is comparable across the 5 Douglas County subareas.
- TREND: Weekly use of local parks or recreational centers is statistically unchanged over time in the Metro Area.

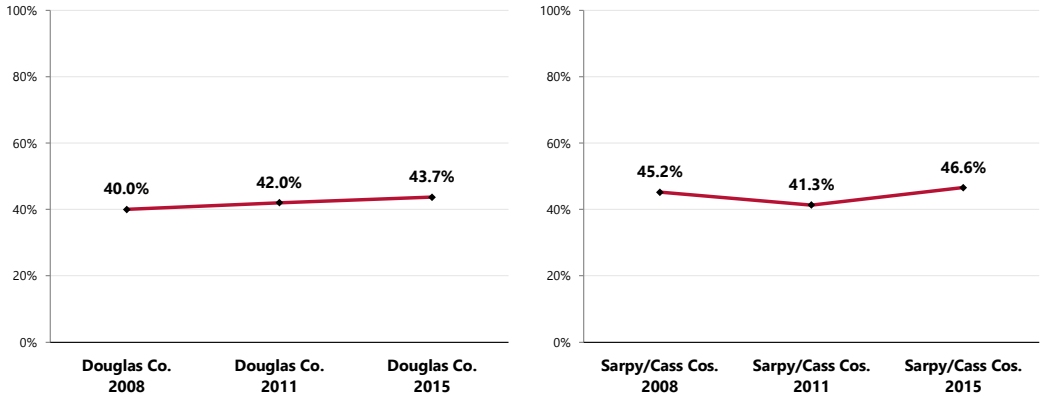
Typically Use Local Parks or Recreation Centers for Exercise at Least Once a Week



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
Notes: ● Asked of all respondents.

- TREND: Denotes a statistically significant increase over time in Douglas County (statistically unchanged in Sarpy/Cass).

Typically Use Local Parks or Recreation Centers for Exercise at Least Once a Week



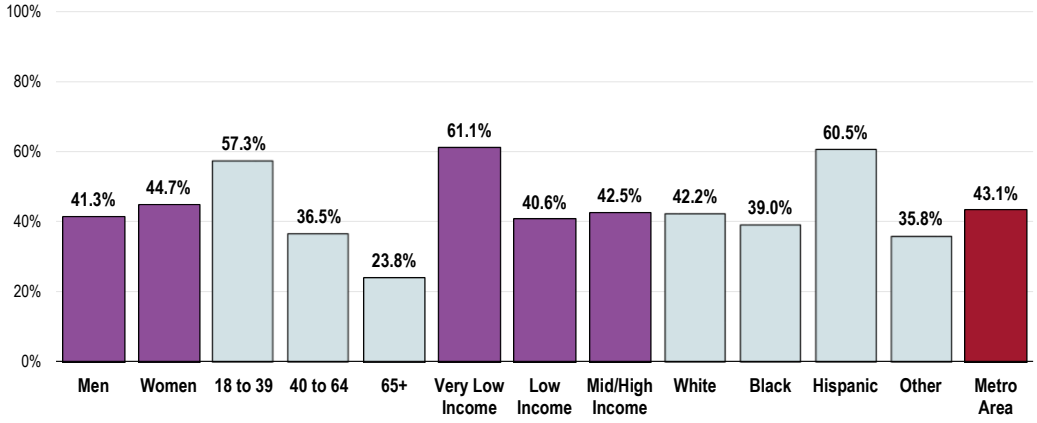
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
Notes: ● Asked of all respondents.

Viewed by demographic characteristics, these population samples are less likely to report weekly use of local parks or recreation centers:

- Older residents (negative correlation with age).
- Residents living above the federal poverty level.
- Whites, Blacks, and Other races.

Typically Use Local Parks or Recreation Centers for Exercise at Least Once a Week

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

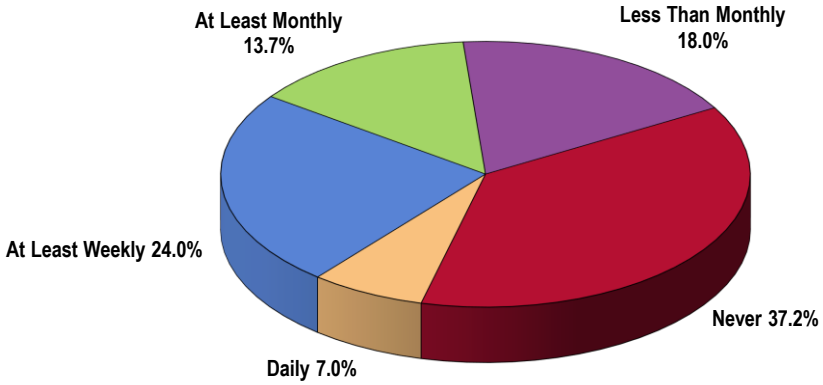
Use of Local Paved or Dirt Trails

When asked how often they use a local paved or dirt trail for walking in good weather, over-half of community members said "never" (mentioned by 37.2%) or "less than one month" (18.0%).

- On the other hand, 13.7% of survey respondents use a paved or dirt trail for walking in good weather at least **monthly**, while 24.0% use one at least **weekly**, and 7.0% use one **daily**.

Frequency of Using Local Paved or Dirt Trails for Walking, Hiking, or Biking in Good Weather

(Metro Area, 2015)

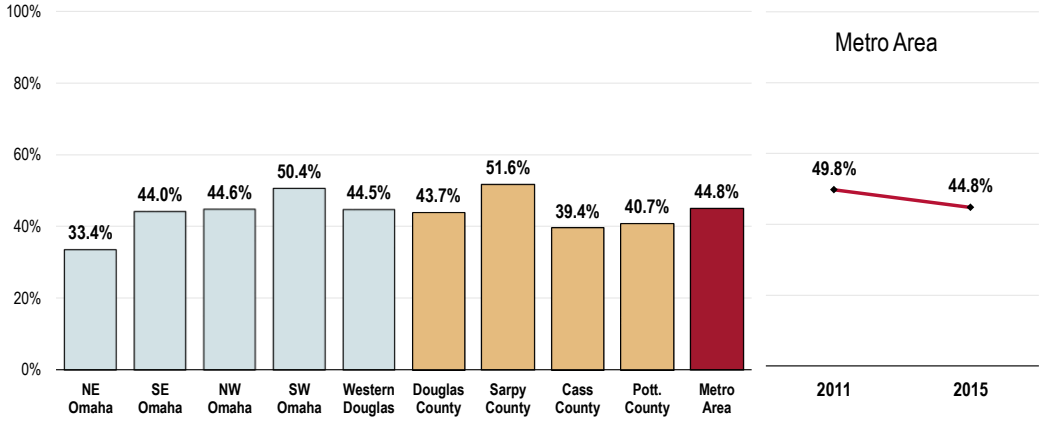


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]
Notes: • Asked of all respondents.

A total of 44.8% of Metro Area adults report using local trails at least monthly.

- Highest in Sarpy County.
- In Douglas County: highest in Southwest Omaha, lowest in Northeast Omaha.
- TREND: Denotes a statistically significant decrease over time.

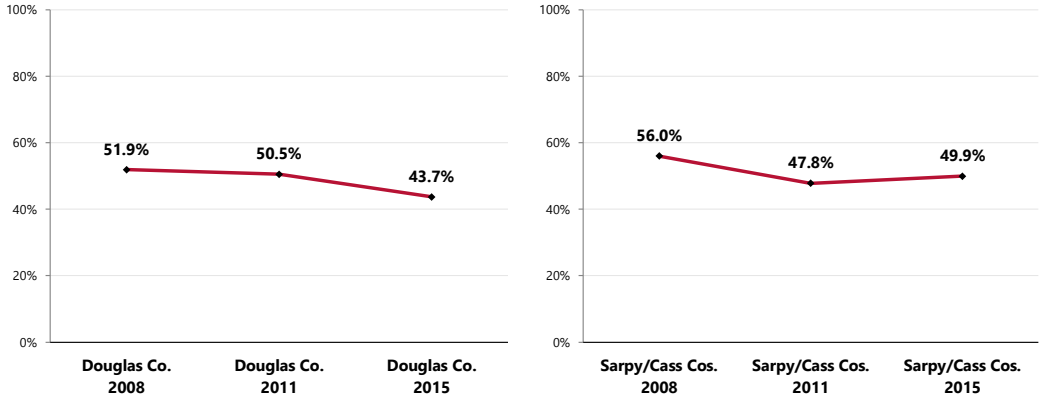
Typically Use Local Paved or Dirt Trails for Walking, Hiking, or Biking at Least Once a Month in Good Weather



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
Notes: ● Asked of all respondents.

- TREND: Note the statistically significant decrease over time in Douglas County; statistically unchanged from baseline findings in Sarpy/Cass counties.

Typically Use Local Paved or Dirt Trails for Walking, Hiking, or Biking at Least Once a Month in Good Weather



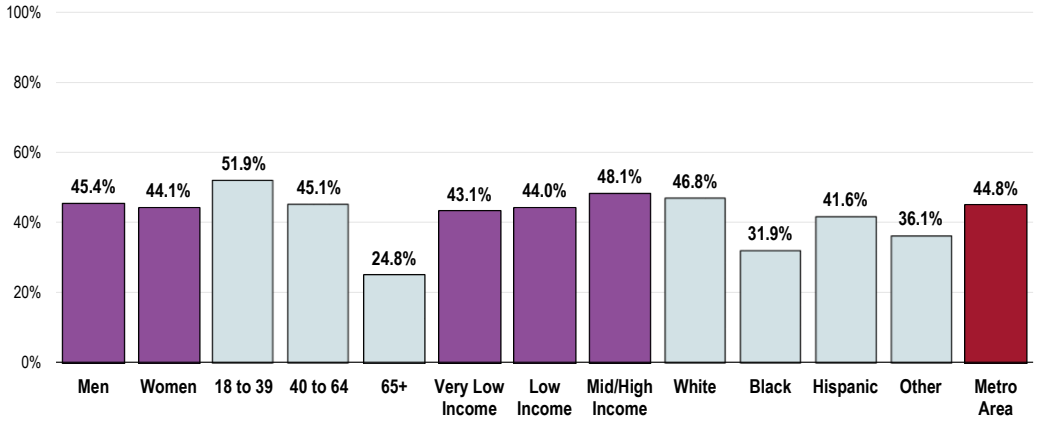
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
Notes: ● Asked of all respondents.

Metro Area residents less likely to report monthly use of local trails include:

- Adults age 40 and older (negative correlation with age).
- Black adults.

Typically Use Local Paved or Dirt Trails for Walking, Hiking, or Biking at Least Once a Month in Good Weather

(Metro Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

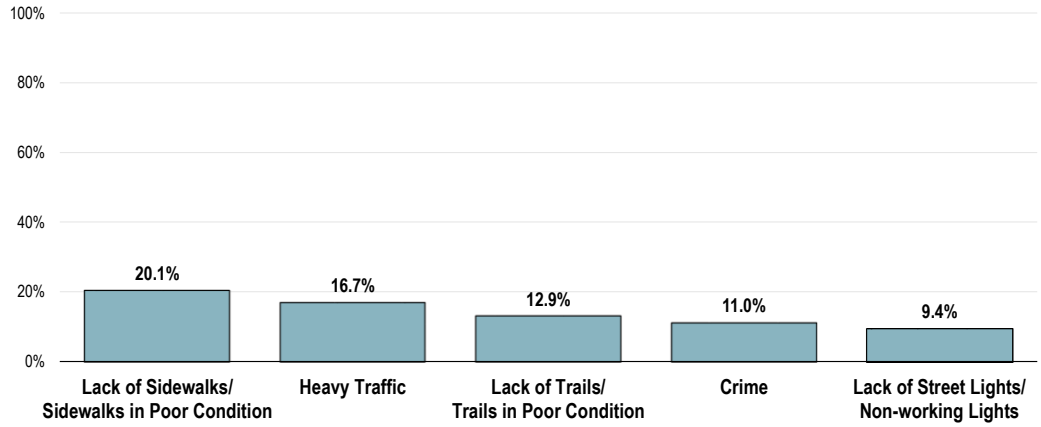
Neighborhood Barriers

Survey respondents were next asked about the presence of five neighborhood factors that potentially prevent people from exercising, including lack of sidewalks or sidewalks in poor condition; heavy traffic; lack of trails or trails in poor condition; crime; and lack of street lights or non-working street lights.

As can be seen, a lack of sidewalks/poor sidewalks received the largest share of responses among community members (mentioned by 20.1%), followed by heavy traffic (16.7%), lack of trails/poor trails (12.9%), crime (11.0%), and lack of street lights/non-working street lights (9.4%).

Presence of Neighborhood Barriers That Prevent Physical Activity

(Metro Area, 2015)

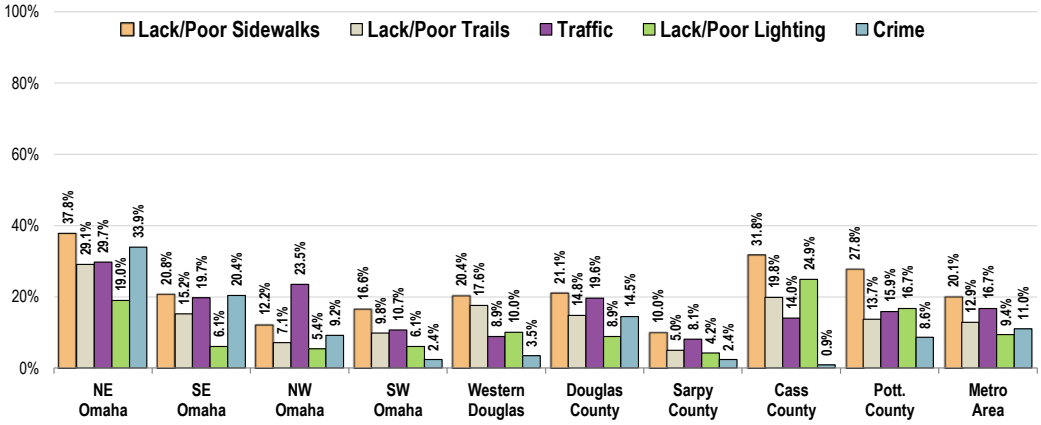


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 327-331]
Notes: ● Asked of all respondents.

For further analysis, the following chart provides an illustration of respondents' perceptions of neighborhood barriers, segmented by geographic areas of residence.

Presence of Neighborhood Barriers That Prevent Physical Activity

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 327-331]
Notes: ● Asked of all respondents.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

"Healthy weight" means neither underweight, nor overweight (BMI = 18.5-24.9).

Healthy Weight

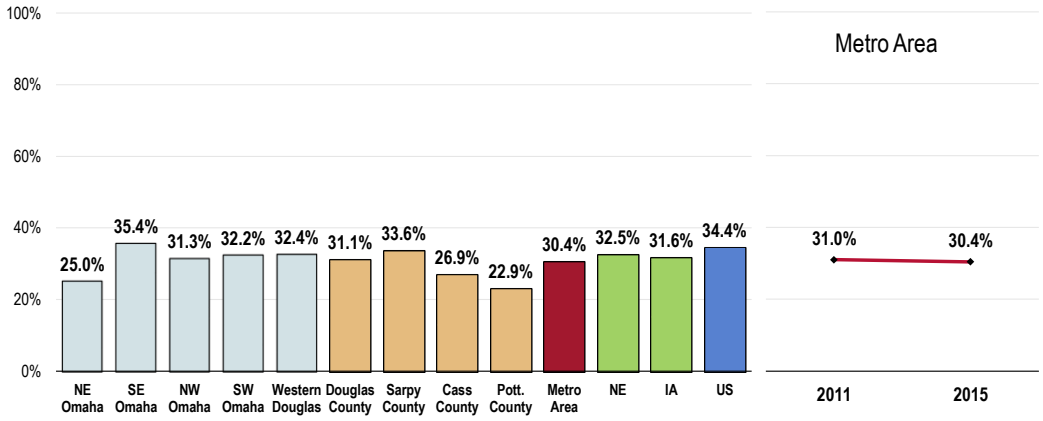
Based on self-reported heights and weights, 30.4% of Metro Area adults are at a healthy weight.

- Less favorable than the Nebraska figure, similar to Iowa.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Unfavorably low in Pottawattamie County.
- In Douglas County, lowest among Northeast Omaha residents.
- TREND: Statistically unchanged since 2011.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



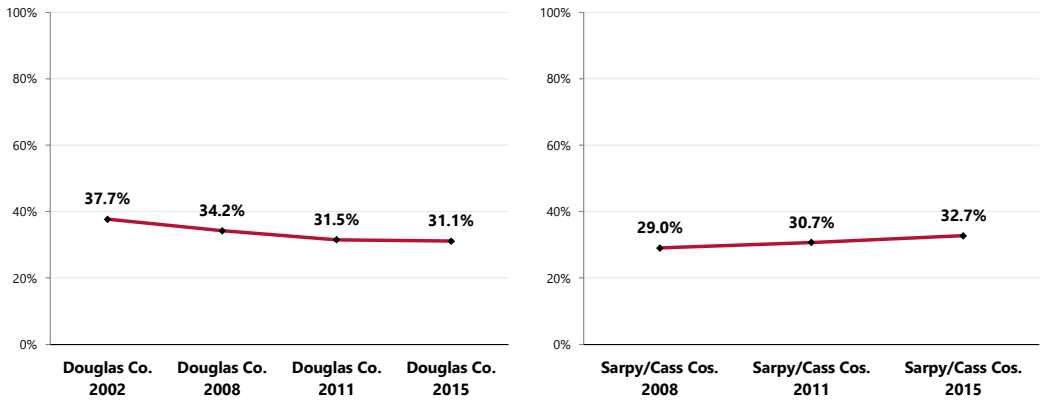
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Nebraska. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Nebraska and Iowa data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

- TREND: Note the significant decrease in healthy weight in Douglas County over time (the Sarpy/Cass prevalence is statistically unchanged).

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

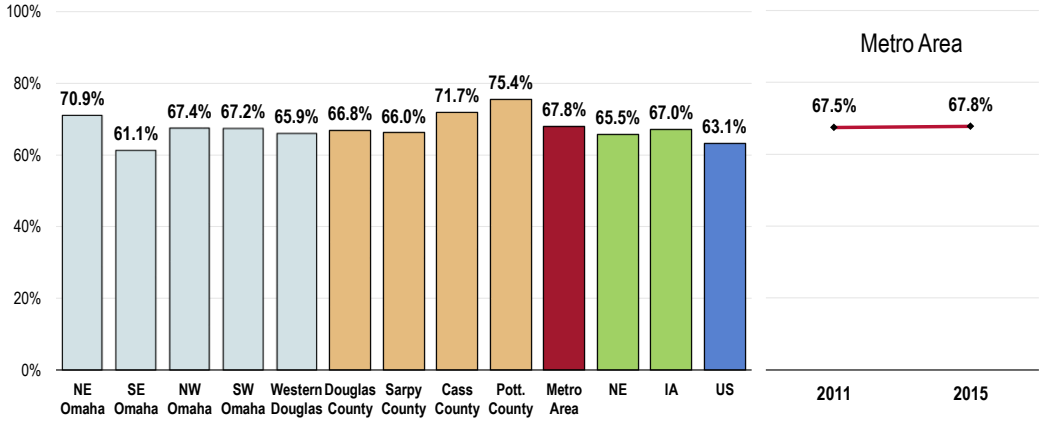
A total of 2 in 3 Metro Area adults (67.8%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- Higher than the Nebraska prevalence, similar to the Iowa prevalence.
- Higher than the US overweight prevalence.
- Least favorable in Pottawattamie County.
- Least favorable in Northeast Omaha.
- TREND: Statistically unchanged since 2011.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



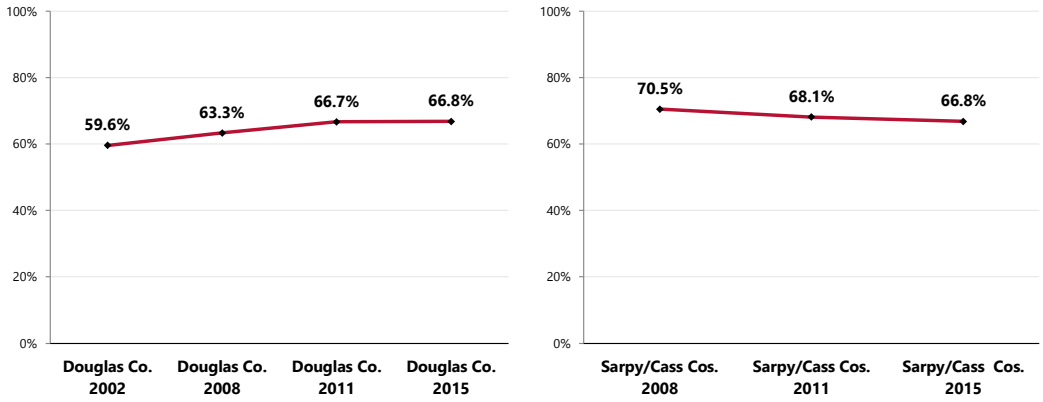
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Nebraska. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Nebraska and Iowa data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

- TREND: Note the statistically significant increase over time in Douglas County (the decrease in Sarpy/Cass is not statistically significant).

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
Notes: ● Based on reported heights and weights, asked of all respondents.
● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 31.1% of Metro Area adults are obese.

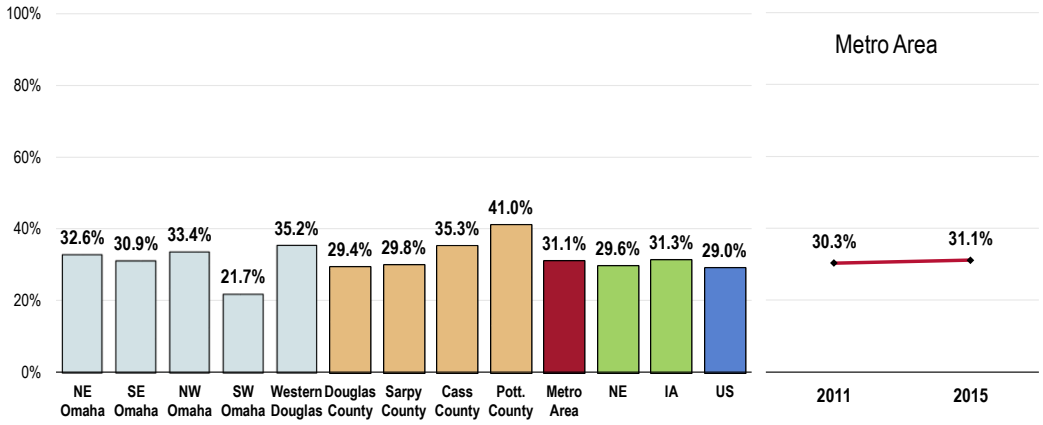
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Comparable to both state figures.
- Comparable to the US figure.
- Comparable to the Healthy People 2020 target (30.5% or lower).
- Highest in Pottawattamie County, lowest in Douglas County.
- In Douglas County, favorably low in Southwest Omaha.
- TREND: Statistically unchanged since 2011.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



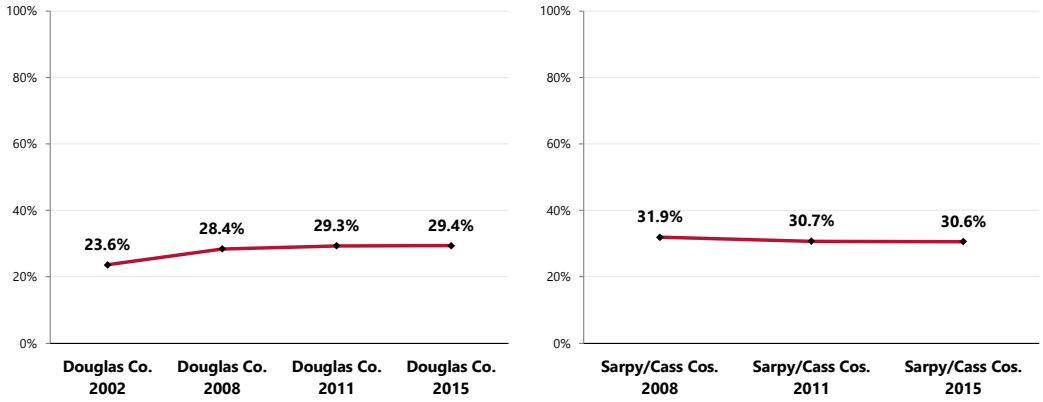
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Nebraska. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Nebraska and Iowa data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- TREND: Note the statistically significant increase in obesity for Douglas County since 2008; the Sarpy/Cass prevalence is statistically unchanged.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

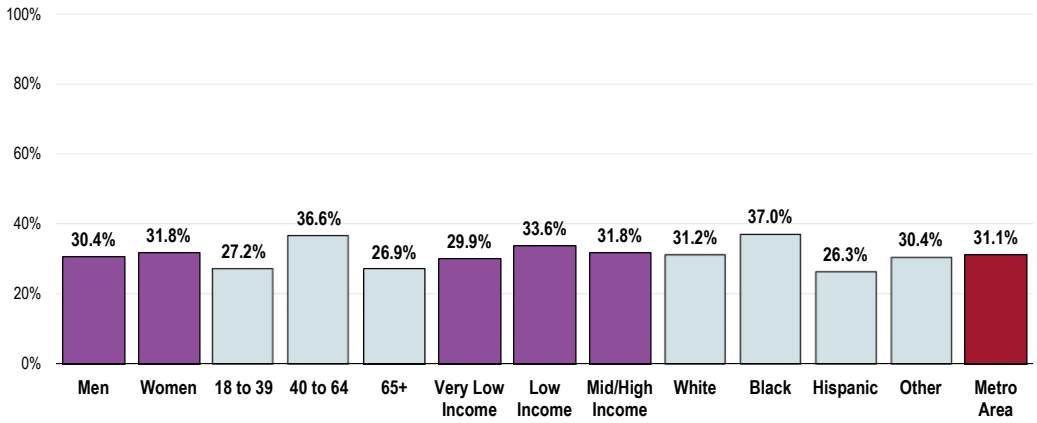
Obesity is notably more prevalent among:

- Those between the ages of 40 and 64.
- Black respondents.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Metro Area, 2015)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

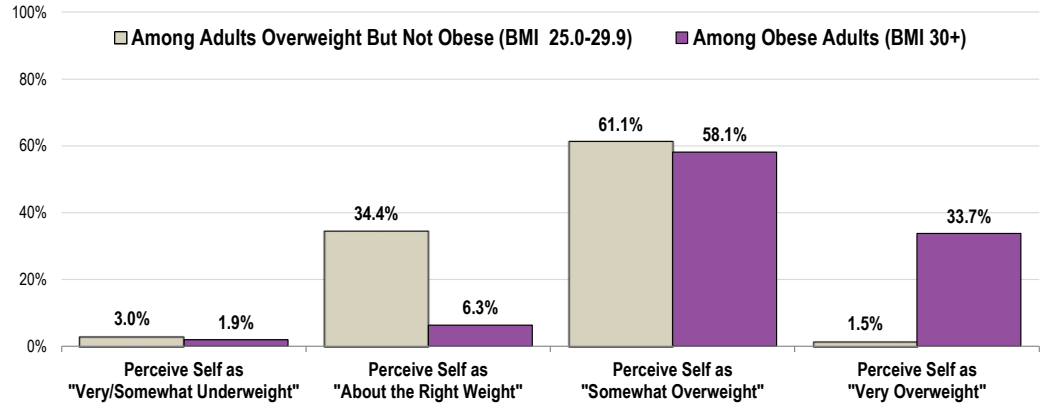
Actual vs. Perceived Body Weight

A total of 6.3% of obese adults and 34.4% of overweight (but not obese) adults feel that their current weight is "about right."

- 61.1% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 33.7% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

Notes:
- BMI is based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

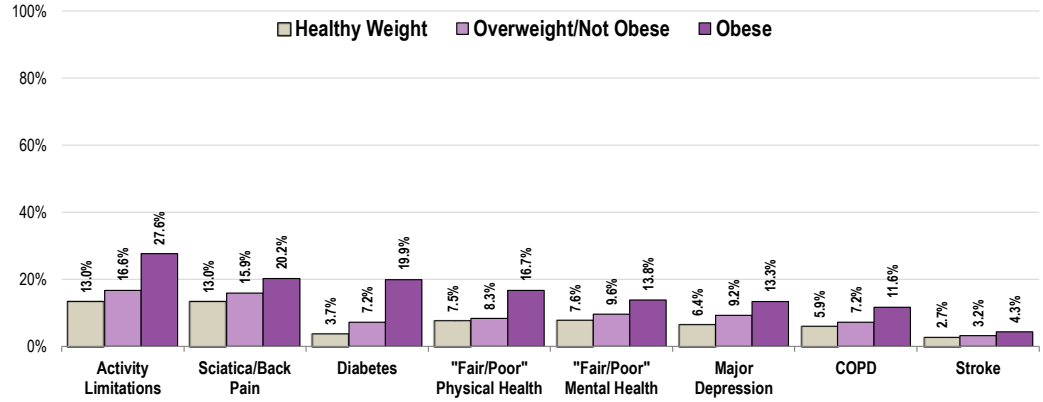
Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

The correlation between overweight and various health issues cannot be disputed.

- Activity limitations.
- Sciatica/chronic back pain.
- Diabetes.
- “Fair” or “poor” physical health.
- “Fair” or “poor” mental health.
- Major depression.
- COPD.
- Stroke.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 25, 29, 36, 39, 100, 105, 308]
Notes: ● Based on reported heights and weights, asked of all respondents.

Weight Management

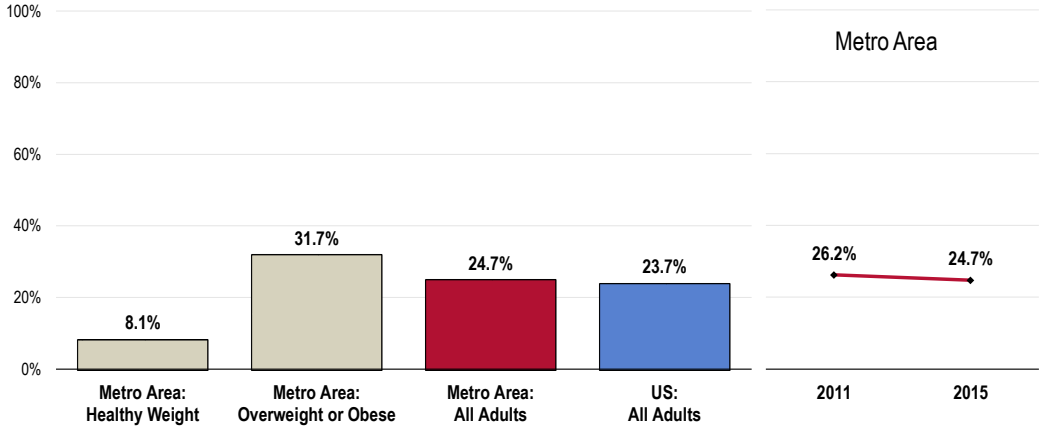
Health Advice

A total of 24.7% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- TREND: Statistically unchanged from that reported in 2011.
- Note that just 31.7% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while nearly 7 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

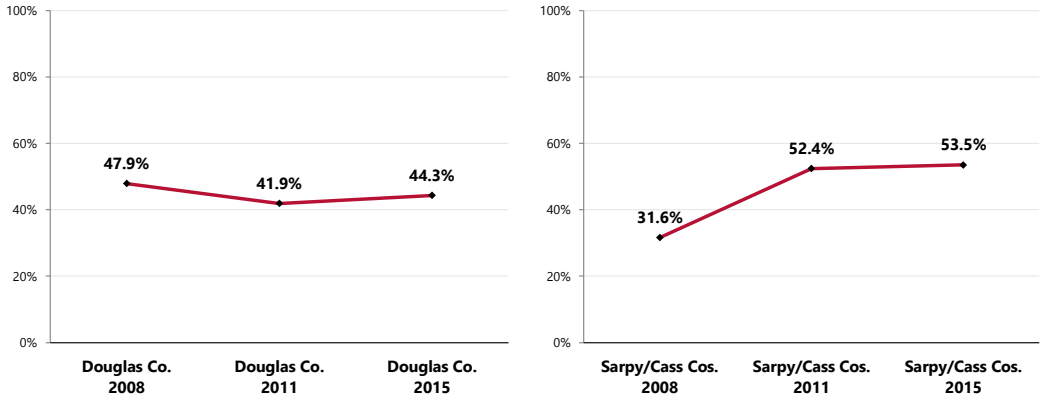
(By Weight Classification)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 98, 153]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

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

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional
(Among Obese Respondents)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 154]
Notes: ● Based on reported heights and weights, asked of all respondents.
● The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

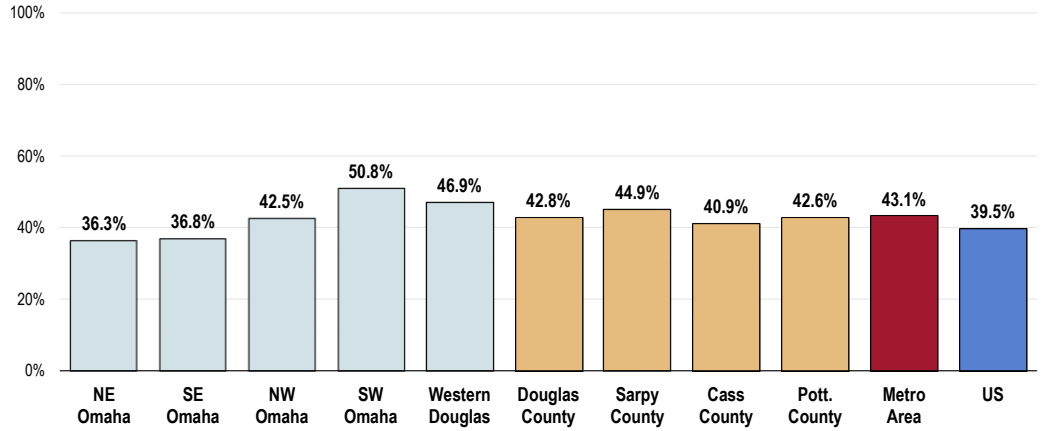
- Healthy People 2020 (www.healthypeople.gov)

A total of 43.1% of Metro Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- Similar findings by county in the Metro Area.
- In Douglas County, highest in Southwest Omaha, lowest in the east.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Among Overweight or Obese Respondents)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity Prevention

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight — <5th percentile
- Healthy Weight — ≥5th and <85th percentile
- Overweight — ≥85th and <95th percentile
- Obese — ≥95th percentile

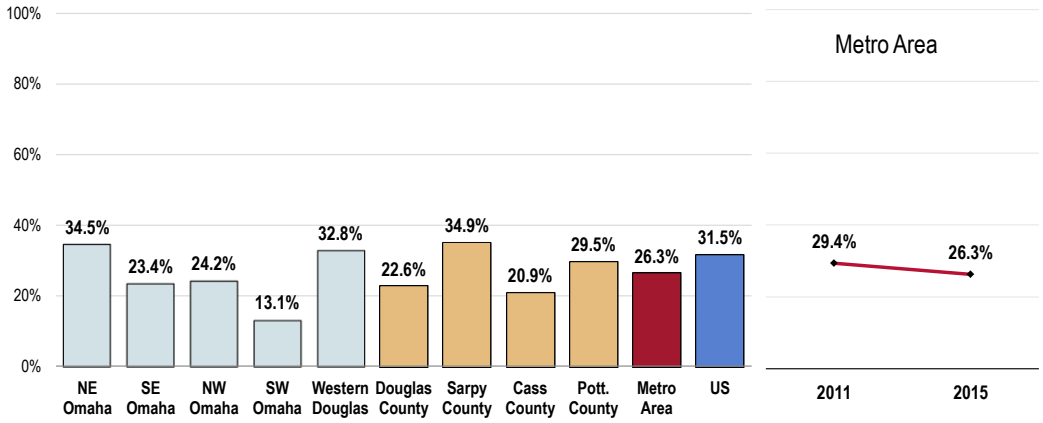
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 26.3% of Metro Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically similar to that found nationally.
- Unfavorably high in Sarpy County.
- In Douglas County: highest in Northeast Omaha, lowest in the southwest.
- TREND: Statistically unchanged since 2011.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



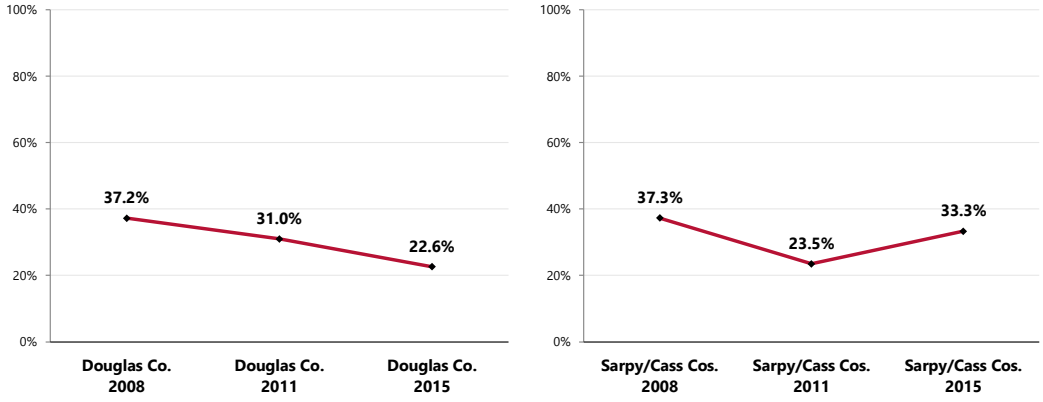
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

- TREND: Marks a statistically significant improvement over time in Douglas County; the Sarpy/Cass prevalence is statistically unchanged from baseline data but marks a statistically significant increase from 2011 findings.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

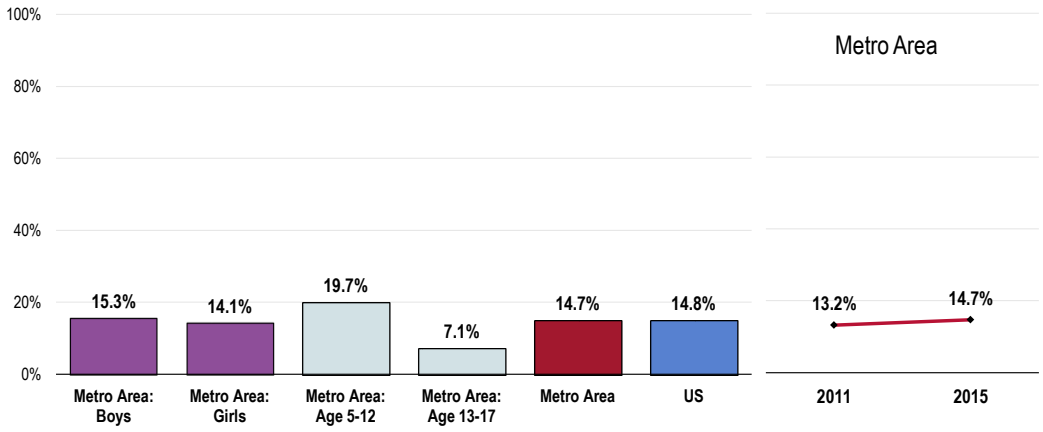
Further, 14.7% of Metro Area children age 5 to 17 are obese (≥95th percentile).

- Nearly identical to the national percentage.
- Close to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Statistically unchanged since 2011.
- Statistically similar by child's gender; higher among children age 5-12 than among teens.

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



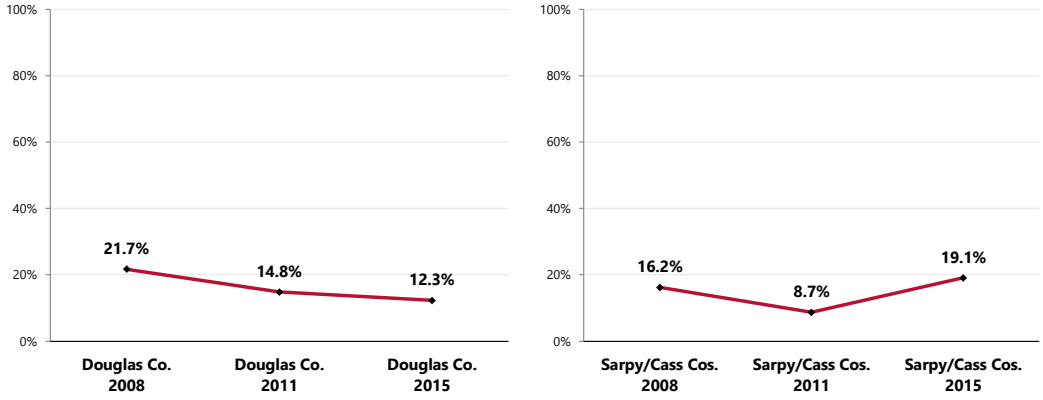
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

- TREND: In Douglas County, note the statistically significant decrease over time (the Sarpy/Cass prevalence is statistically similar to baseline data).

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
Notes: ● Asked of all respondents with children age 5-17 at home.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

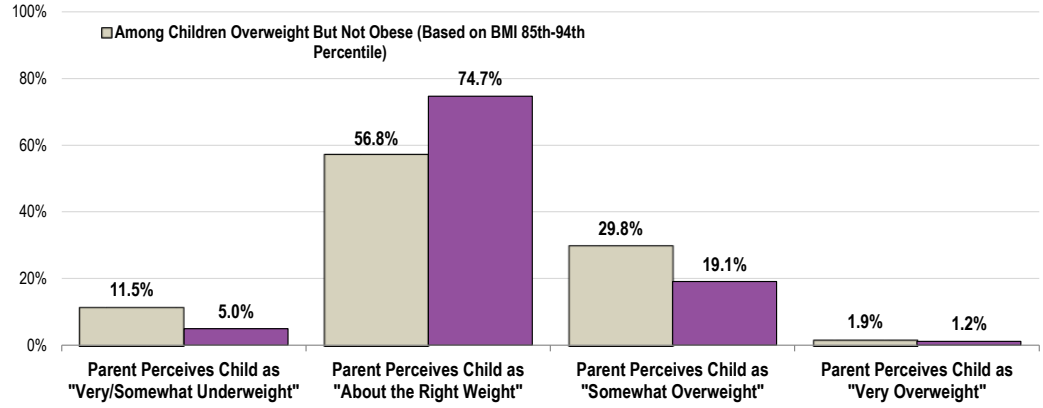
Actual vs. Perceived Body Weight

Interestingly, among parents of children age 5-17 who are overweight or obese, see their child as being at "about the right weight."

- Just 29.8% perceive their overweight child as "somewhat overweight," and only 1.2% of parents with obese children see that child as "very overweight."

Children's Actual vs. Perceived Weight Status

(Among Overweight/Obese Children Age 5-17; Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: ● Asked of all respondents with children age 5-17 at home.
● Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

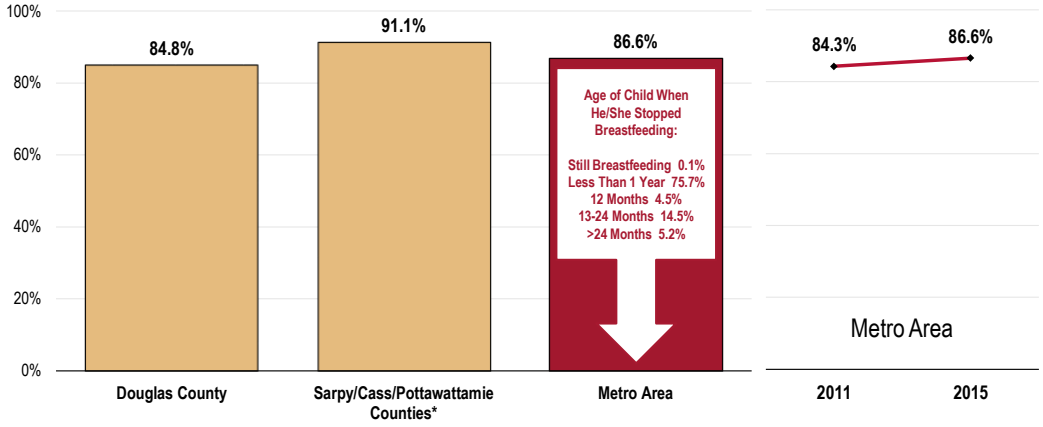
Breastfeeding

Among parents of children age 0 to 4, 86.6% indicate that their child was breastfed or fed breast milk.

- TREND: Statistically unchanged from 2011 survey results.
- When asked about the age of the child at the end of breastfeeding, 75.7% of these adults reported that the child was **under one** year of age, while 4.5% stopped breastfeeding when the child was **one year old**. Another 14.5% stopped **after his/her first birthday but prior to his/her second birthday**, and 5.2% breastfed until the child was **two years** of age or older.

Child Was Ever Breastfed or Fed Breast Milk

(Metro Area Children 0-4)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 341-342]
Notes: ● Asked of all respondents with children under 5.
● *Sample size falls below 50; use caution when interpreting percentage results.

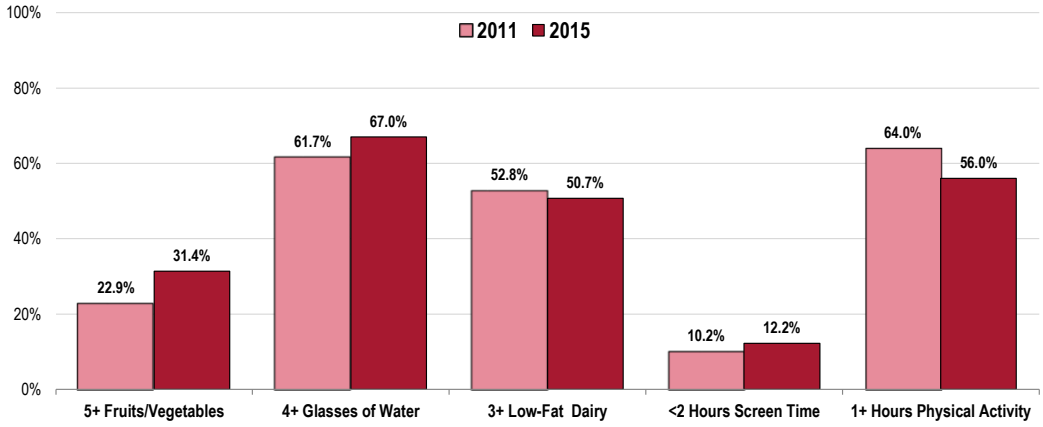
"5-4-3-2-1 Go!" Guidelines

As a health initiative geared toward school-aged children in the Metro Area, Live Well Omaha has established the "5-4-3-2-1 Go!" daily guidelines: 5+ servings of fruits/vegetables; 4+ glasses of water; 3 servings of low-fat dairy; <2 hours of screen time; and 1+ hours of physical activity.

Viewing the guidelines individually, area parents are more likely to report that their school-aged child (age 5 to 17) fulfilled the physical activity, water, and dairy guidelines <u>each</u> day in the week preceding the survey. They are less likely to report their child's compliance with screen time and fruit/vegetable guidelines.

Compliance With Individual "5-4-3-2-1 Go!" Guidelines on Each Day of the Previous Week

(Metro Area Children 5-17)

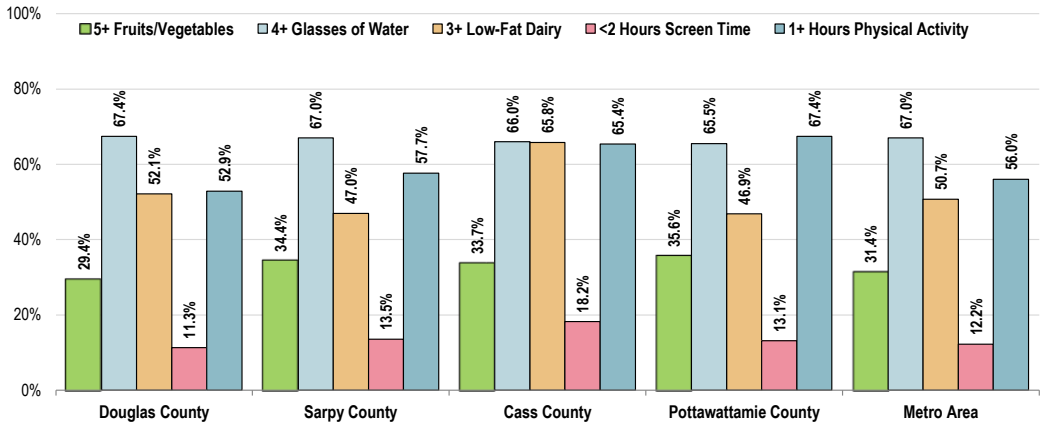


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 117, 182, 343-345, 347]
Notes: • Asked of all respondents about a child age 5-17 at home.

- The following chart provides an illustration of compliance with the individual guidelines, viewed by county within the Metro Area.

Compliance With Individual "5-4-3-2-1 Go!" Guidelines on Each Day of the Previous Week

(Metro Area Children 5-17, by County; 2015)

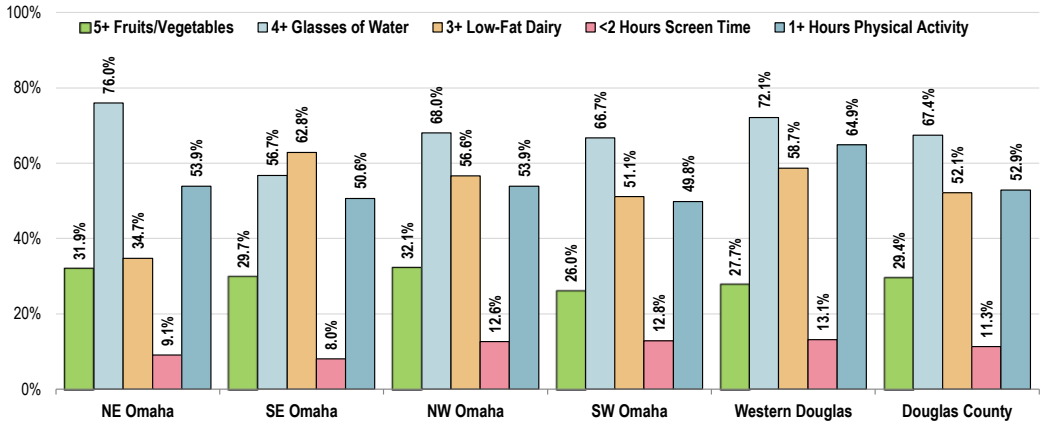


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 117, 182, 343-345, 347]
Notes: • Asked of all respondents about a child age 5-17 at home.

- The following chart provides an illustration of compliance with the individual guidelines, viewed by county within Douglas County.

Compliance With Individual "5-4-3-2-1 Go!" Guidelines on Each Day of the Previous Week

(Metro Area Children 5-17, Douglas County; 2015)



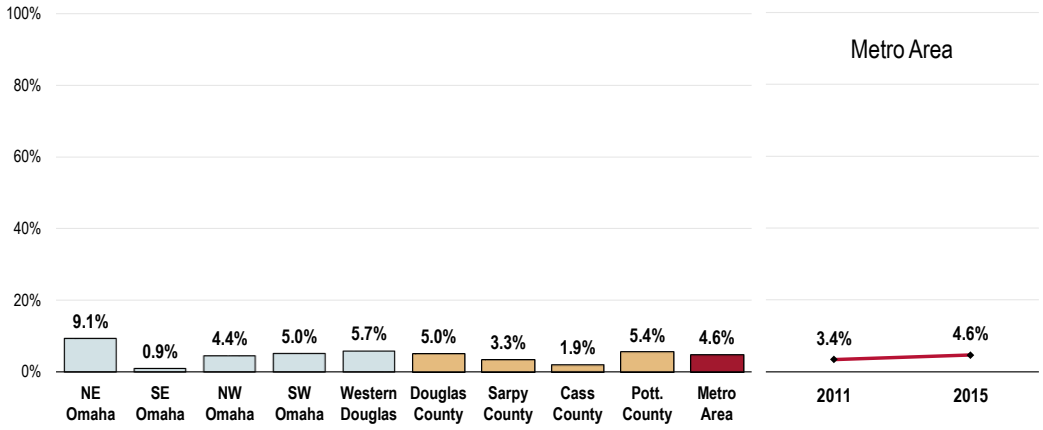
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 117, 343-345, 347]
Notes: ● Asked of all respondents about a child age 5-17 at home.

Overall, just 4.6% of school-aged children in the Metro Area were in compliance with all of the "5-4-3-2-1 Go!" guidelines on <u>each</u> of the 7 days preceding the survey.

- Statistically similar by county within the Metro Area.
- Within Douglas County, lowest in Southeast Omaha.
- TREND: Statistically unchanged from 2011 survey results.

Compliance With All "5-4-3-2-1 Go!" Guidelines on Each Day of the Previous Week

(Metro Area Children 5-17, Douglas County; 2015)

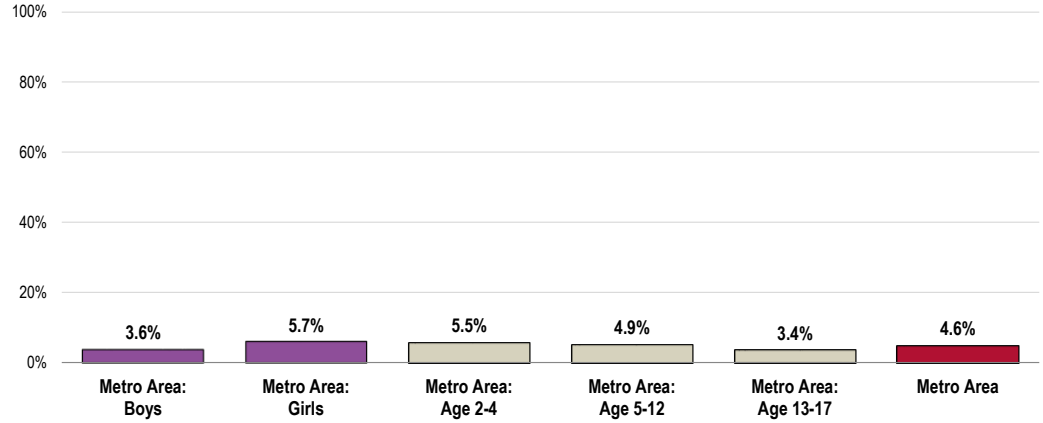


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 182]
Notes: ● Asked of all respondents with children age 5-17 at home.
● Percentages represent parents reporting that their child exhibited <u>all</u> desired "5-4-3-2-1 Go!" behaviors on seven of the past seven days.

- No statistically significant difference when viewed by the child's demographic characteristics.

Compliance With All "5-4-3-2-1 Go!" Guidelines on Each Day of the Previous Week

(Metro Area Children 5-17, Douglas County; 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 182]
Notes: ● Asked of all respondents with children age 5-17 at home.
● Percentages represent parents reporting that their child exhibited all desired "5-4-3-2-1 Go!" behaviors on seven of the past seven days.

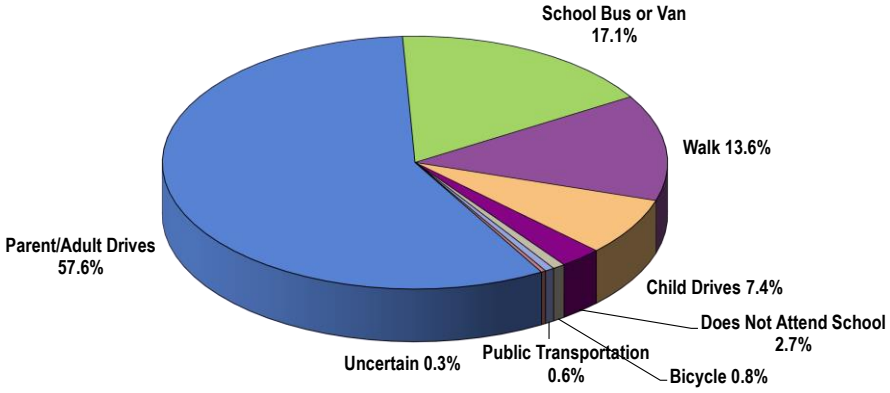
Walking or Riding a Bicycle to School

When parents of Metro Area school-aged children were asked to indicate how their child gets to school, 57.6% report that they (or another adult) drive their child; another 7.4% indicate that the child drives him/herself.

- Another 17.1% of school-aged children ride a school bus or van, while 13.6% walk to school (just 0.8% bike to school).

Means of Transportation to School on Most Days

(Metro Area Children 5-17, 2015)



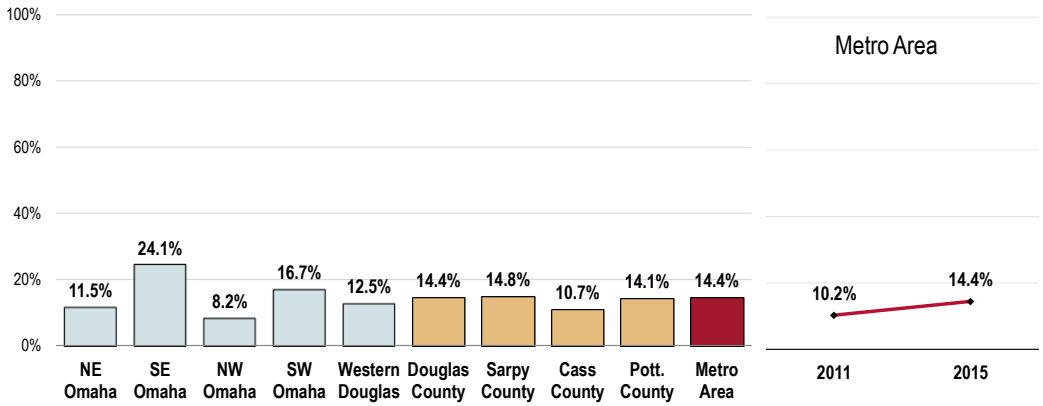
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 348]
Notes: ● Asked of all respondents about a child age 5-17 at home.

Overall, 14.4% of Metro Area school-aged children walk or bike to school.

- Among the four Metro Area counties, statistically similar survey results.
- Within Douglas County, lowest in Northwest Omaha.
- TREND: Denotes a statistically significant increase over time.

Child Walks/Bikes to School on Most Days

(Metro Area Children Age 5-17, 2015)

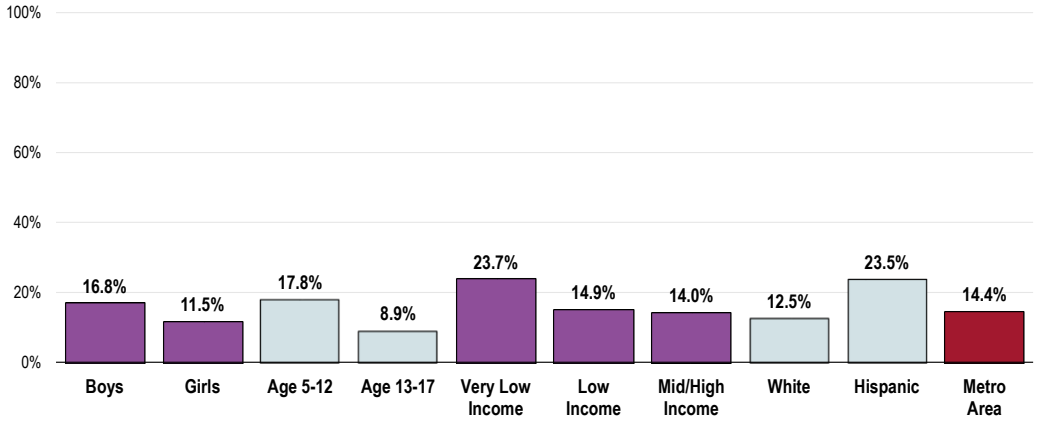


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 348]
Notes: ● Asked of all respondents with children age 5-17 at home.

- Viewed demographically, Metro Area boys, children aged 5-12, those living in poverty, and Hispanics are more likely to walk or bike to the school.

Child Walks/Bikes to School on Most Days

(Metro Area Children 5-17, 2015)



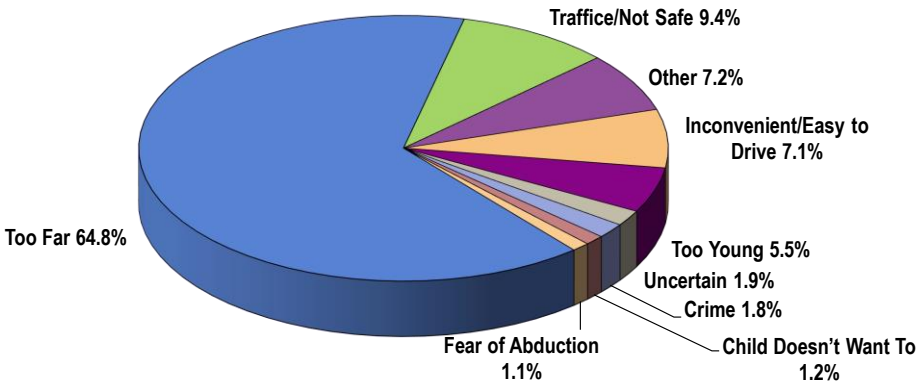
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 348]
Notes: ● Asked of respondents with children age 5-17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

The majority of parents whose children do <u>not</u> walk or bike to school indicate that this is because the distance is too far (64.8%).

- Another 9.4% report that **traffic/no safe route** is the main barrier, while 7.1% feel that having the child walk/bike would be **inconvenient**.
- 5.5% of these parents feel their child is **too young** to walk/bike to school, and 2.9% cited **crime or fear of abduction** as the reason their children to not walk/bike to school.

Reasons Child Does Not Walk/Bike to School on Most Days

(Metro Area Children 5-17 Who Do Not Usually Walk/Bike to School, 2015)



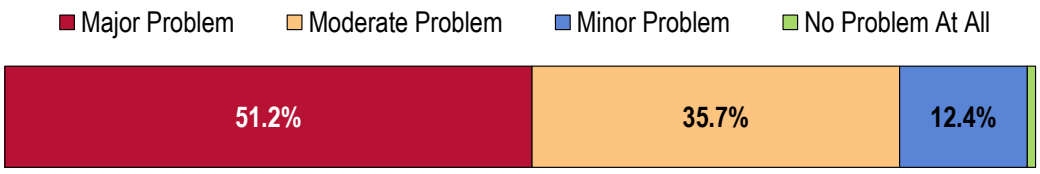
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 349]
Notes: • Asked of all respondents.

Key Informant Input: Nutrition, Physical Activity & Weight

Just over half of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2015)



Sources: • PRC Online Key Informant Survey, August 2015.

Top Concerns

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

Access to Affordable Healthy Foods

Lower income families do not always make the most positive food choices and struggle with issues of health and weight. Youth are reliant on devices, apps, and screen time. – Social Service Provider

Easy access to unhealthy foods. High price for healthy foods. – Social Service Provider

The biggest challenges are a lack of access to healthy food, a lack of health literacy, poverty, and lack of access to safe neighborhoods to get exercise. – Community/Business Leader

The problem is obvious! Fast food, snack food and huge portions at home and at restaurants! - Community/Business Leader

There are areas in Pottawattamie County that would be considered food deserts. Rural areas as well as the west side of Council Bluffs, including Carter Lake, do not have easy access to full service grocery stores. This leaves many families with limited access. – Community/Business Leader

We have active lives, single parents, women working outside the home, availability of fast food establishments, and kids in numerous activities. Easy to stop and grab rather than plan a healthy meal. – Social Service Provider

Food toxic environment. Poor nutritional quality food that is affordable and accessible, especially in poor communities. – Public Health Representative

Access to affordable fruits and vegetables and a built environment that makes it easy for individuals to walk and get regular exercise. – Public Health Representative

Lack of healthy and organic foods, lack of stores that provide those healthier foods, food deserts, not enough community gardens and smaller stores, not enough free standing exercise equipment at parks for adult recreation, too many TV distractions. – Social Service Provider

Our culture makes it difficult for us to get good nutritious food, physical activity. – Healthcare Provider

High cost of healthy food and lack of activity promoted by parents. Parents aren't active to model for their children. Poor representation of a healthy body image instead of just overweight or "skinny." - Other Health

Lack of Education

Lack of education about proper food consumption and type of foods to be eating. Lack of availability of good quality food versus the convenience of fast food. Lack of cooking skills with many persons. Lack of understanding the impact of unhealthy food. – Social Service Provider

Education about healthy lifestyle. – Healthcare Provider

Biggest challenge is teaching someone how to eat healthy when their choices are limited to food bank options. Designed so people go less hungry, loaded with carbs, physical activity is down as people are working longer and harder and do not have energy. – Healthcare Provider

Knowledge about how to be active. The infrastructure of the community advocates for a sedentary lifestyle over a physically active one. There are often a lack of safe places to exercise in many communities in Omaha. Nutrition is a complex topic. – Physician

Lack of knowledge regarding proper nutrition and fitness. – Social Service Provider

Understanding the need for a healthy lifestyle and the willingness to put forth the effort to make those changes. – Healthcare Provider

Nutrition knowledge, cost of nutritious foods, cultural choices, lack of routine activity. – Healthcare Provider

Lack of food for poor and the amount of food stamps they receive. No food stamps for felons. – Social Service Provider

High Rate of Overweight & Obesity

High percentage of overweight children, teens, and adults. – Healthcare Provider

The "overweight" rate and obesity rate seems high for our population. – Social Service Provider

Childhood obesity, poverty, lack of low-cost gyms. – Healthcare Provider

Childhood obesity on the rise. – Social Service Provider

With the rising amount of children being obese from lack of activity and increased time in front of a

screen of some type, as well as the large increases we are seeing in homelessness and impoverished families, nutrition, physical activity and weight. – Social Service Provider

National surveys suggest Douglas County residents are not meeting national recommendations. – Public Health Representative

Children in the community with record levels of obesity. Adults with very poor eating habits. All of this leads to a very unhealthy community. – Social Service Provider

Obesity is on the rise. It affects so many other health issues. – Physician

I see a lot of overweight kids, parents in CB and surrounding communities. Income constraints, generational patterns. – Healthcare Provider

Family weight problems, food insecurity. – Public Health Representative

Weight is the biggest issue. Clearly Omaha has a high rate of obesity in its population. It also has a high rate of binge drinking. – Social Service Provider

Infrastructure

Lack of safe, accessible recreational areas in parts of Omaha, such as North and South Omaha. Less nutritious foods are less expensive, easy to prepare. – Healthcare Provider

Safe walking trails in high risk communities, lack of ongoing education regarding preventive care. – Social Service Provider

Lack of sidewalks in many neighborhoods. Lack of access to fresh produce in many neighborhoods. – Healthcare Provider

Lack of time and money for healthy meal planning. Lack of places to exercise safely. – Physician

Leisure time focus on sedentary activities, streets that are not pedestrian or bike friendly, pervasive advertisements for junk foods and fast food, proliferation of fast food options. – Social Service Provider

Socioeconomic Factors

Money and safe neighborhoods. – Social Service Provider

Money. – Public Health Representative

For some the problem is related to poverty and access. For many it is lifestyle and poor choices. – Social Service Provider

The lack of these things contributes to other major chronic health conditions. – Social Service Provider

It costs money to join an exercise club or gym, nothing is free. Need free nutrition classes for overweight adults and children in CB. – Healthcare Provider

Behavioral Risk Factors

Education on nutrition and exercise and self-motivation to follow the correct practices. – Healthcare Provider

People in general are less active. Doctors are not addressing the emotional issues around food and eating as an addiction. – Healthcare Provider

Patient motivation to change lifestyle. Food deserts in urban settings. Soda and fast food addiction. Sedentary lifestyle. – Physician

Our indicators for physical activity and nutrition do not meet the Healthy People goals. The biggest challenge is sedentary lifestyle and poor eating habits. – Social Service Provider

Culture

Education, cultural attitudes and lack of low cost/free facilities for physical activities. – Physician

There seems to be a trend in Council Bluffs that we are from the Midwest and it's ok to be overweight. Live Well Council Bluffs is trying to help guide the healthy choice as the best choice and physical activity is important. – Community/Business Leader

Cultural eating and physical activity habits. Lack of education on genetics, diabetes. – Community/Business Leader

Lack of Support

For patients without resources, I am not aware of any options. Many third-party payers don't pay for weight loss. – Physician

Parents failure to ensure children have activities. – Community/Business Leader

Healthcare providers being adept at having the difficult client conversations and having adequate

preventive and supportive services, especially for those beyond the preventive stage. – Social Service Provider

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

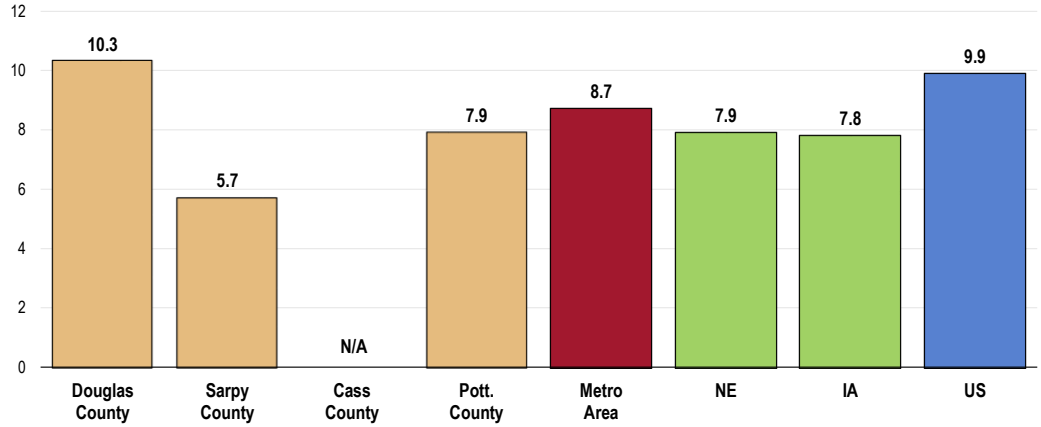
Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.7 deaths per 100,000 population in the Metro Area.

- Higher than the statewide rates.
- Lower than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Unfavorably high in Douglas County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

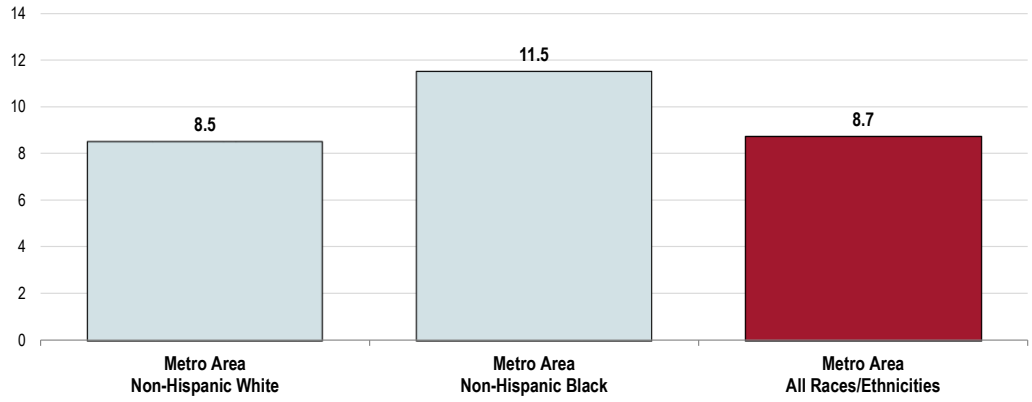
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

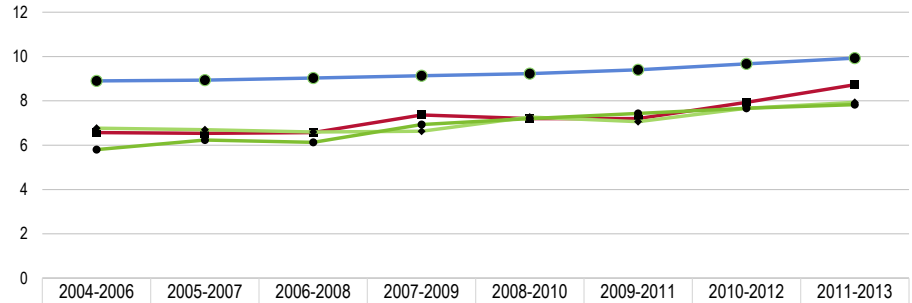
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has increased over time in the Metro Area, echoing the state and US trends.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area	6.6	6.5	6.6	7.4	7.2	7.2	7.9	8.7
Nebraska	6.8	6.7	6.6	6.6	7.3	7.1	7.7	7.9
Iowa	5.8	6.2	6.1	6.9	7.2	7.4	7.7	7.8
United States	8.9	8.9	9.0	9.1	9.2	9.4	9.7	9.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.

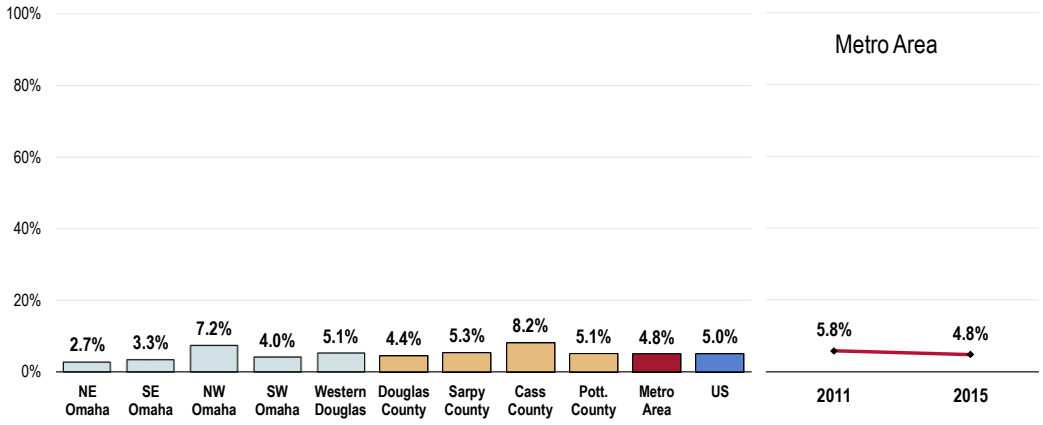
Drinking & Driving

A total of 4.8% of Metro Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Similar to the national findings.
- Similar by county in the Metro Area.
- In Douglas County, unfavorably high in Northwest Omaha.
- TREND: Statistically unchanged over time.

Have Driven in the Past Month After Perhaps Having Too Much to Drink

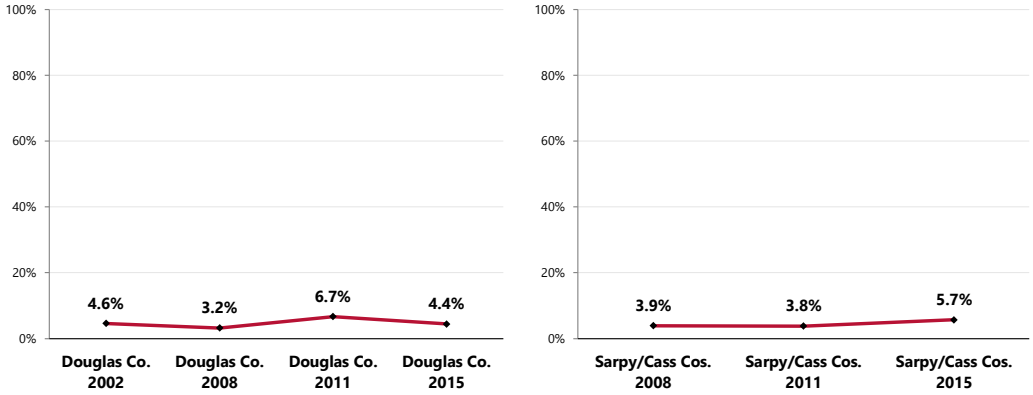


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- TREND: The prevalence has not changed significantly over time in either area.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
Notes: ● Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

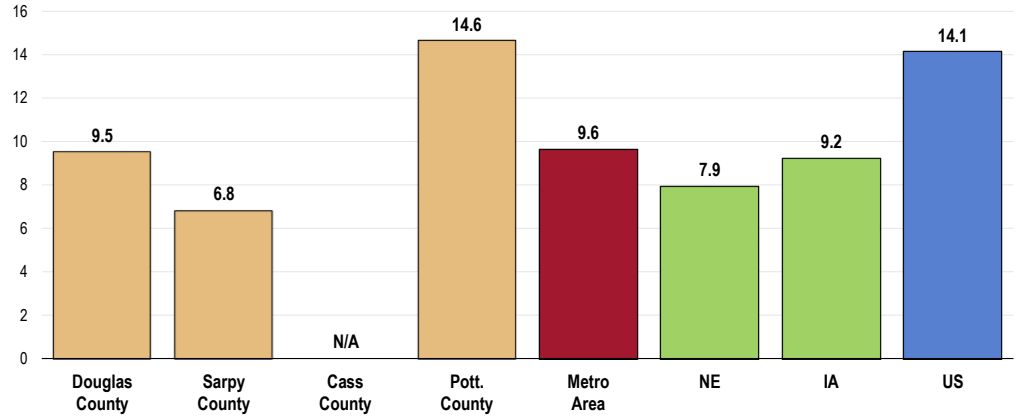
Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 9.6 deaths per 100,000 population in the Metro Area.

- Worse than the Nebraska rate but similar to the Iowa rate.
- Well below the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).
- Highest in Pottawattamie County.

Drug-Induced Deaths: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

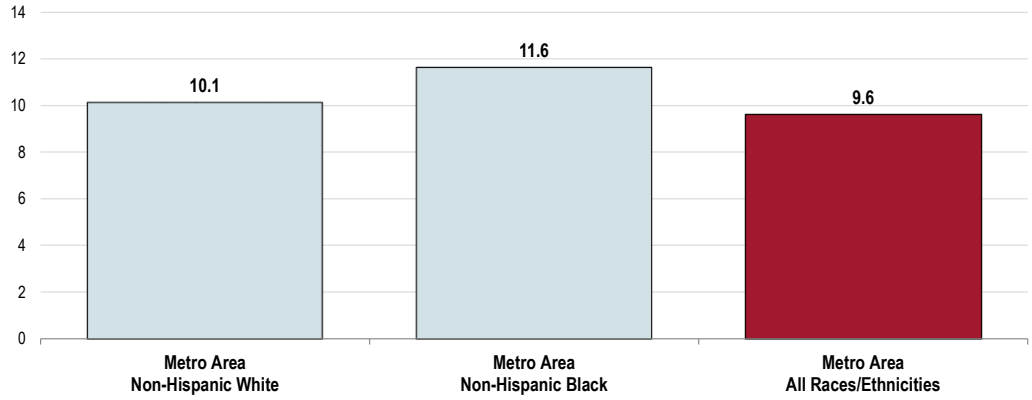
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The drug-induced mortality rate is higher in the Metro Area's Black population.

Drug-Induced Deaths: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

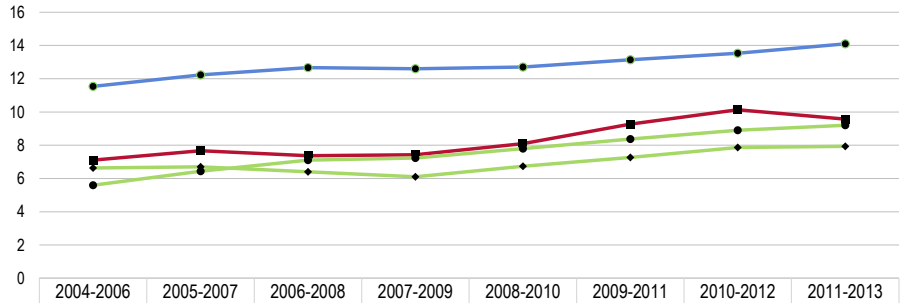
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has increased over time, in keeping with state and national trends.

Drug-Induced Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Metro Area	7.1	7.7	7.4	7.4	8.1	9.3	10.1	9.6
Nebraska	6.6	6.7	6.4	6.1	6.7	7.3	7.9	7.9
Iowa	5.6	6.4	7.1	7.2	7.8	8.4	8.9	9.2
United States	11.5	12.2	12.7	12.6	12.7	13.1	13.5	14.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.

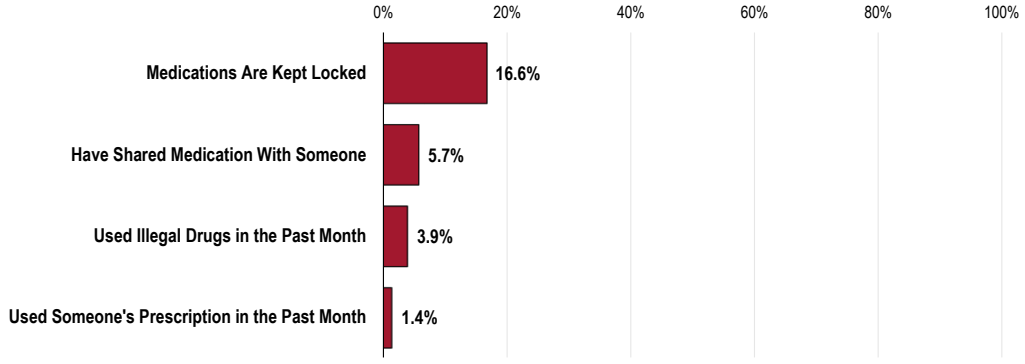
Drug Misuse

Respondents were next asked a series of questions about prescription and illegal drug use, including use of illegal drugs as well as the sharing and safekeeping of prescription drugs.

The largest share of responses (16.6%) was by respondents who report locking up their prescription medications. Fewer local adults (5.7%) have shared a prescription medication with someone, and 3.9% report using an illegal drug in the past month. Just 1.4% used someone else's prescription medication in the past month.

Drug Storage & Drug Misuse

(Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 316-319]

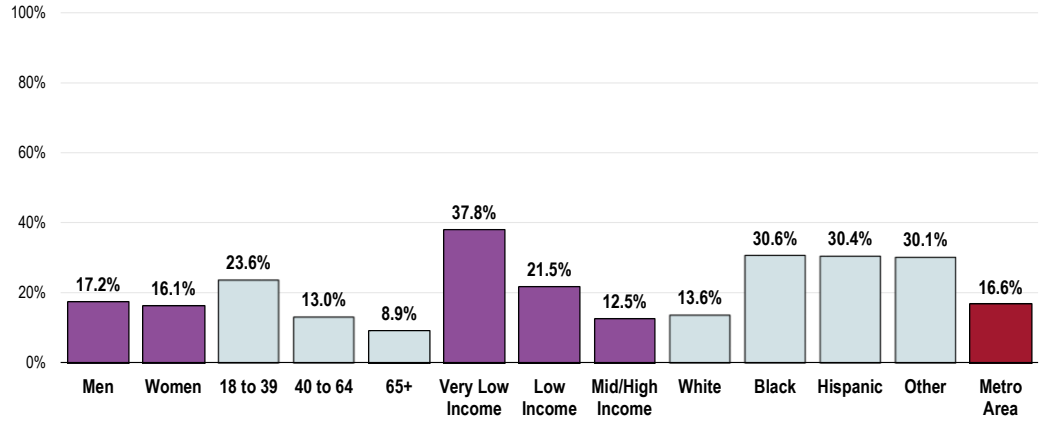
Notes:
- Asked of all respondents.

Locked Medications

- Whites are much less likely than other races/ethnicities to lock up their medications.
- Note also the negative correlations with age and income.

Keep Medications Locked Up

(Metro Area, 2015)



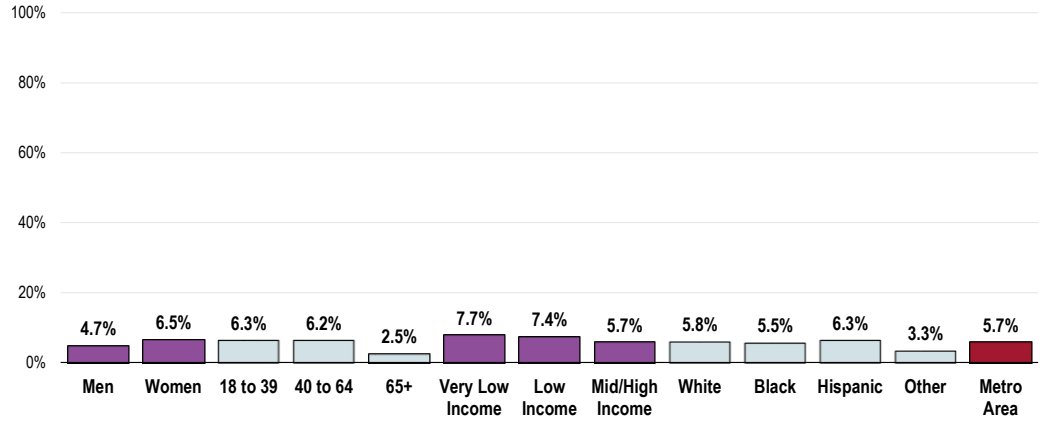
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Shared Prescriptions

- Residents under 65 are much more likely than seniors to have ever shared a prescription medication with another person.

Have Ever Shared Prescription Medication With Someone Else

(Metro Area, 2015)

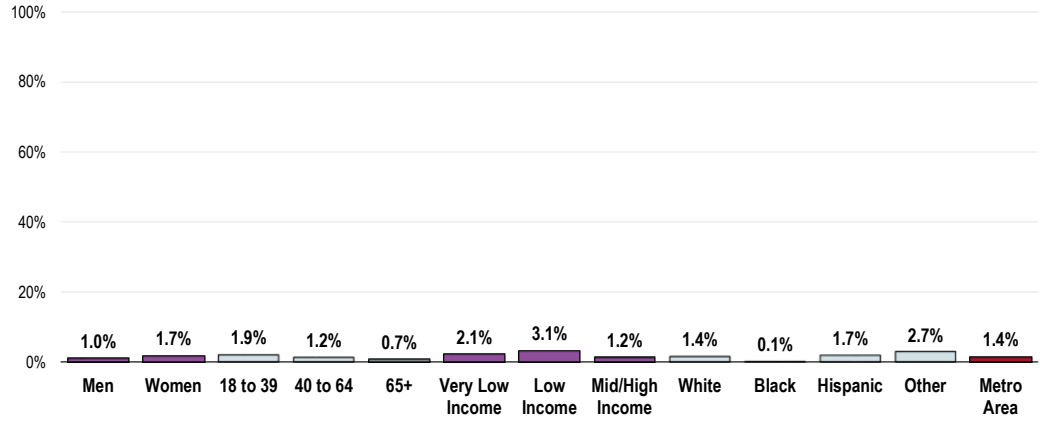


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 317]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- With regard to taking someone else's prescription medication, note that Blacks are least likely to report doing so.

Have Taken Someone Else's Prescription in the Past Month

(Metro Area, 2015)



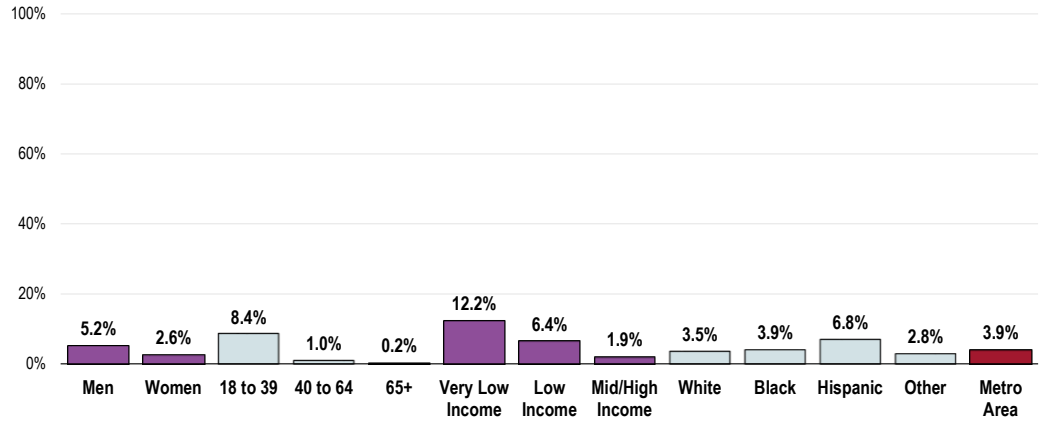
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Illegal Drugs

- These adults are more likely to report using an illegal drug in the past month: men, young adults (negative correlation), and low-income residents (negative correlation).

Used an Illegal Drug in the Past Month

(Metro Area, 2015)



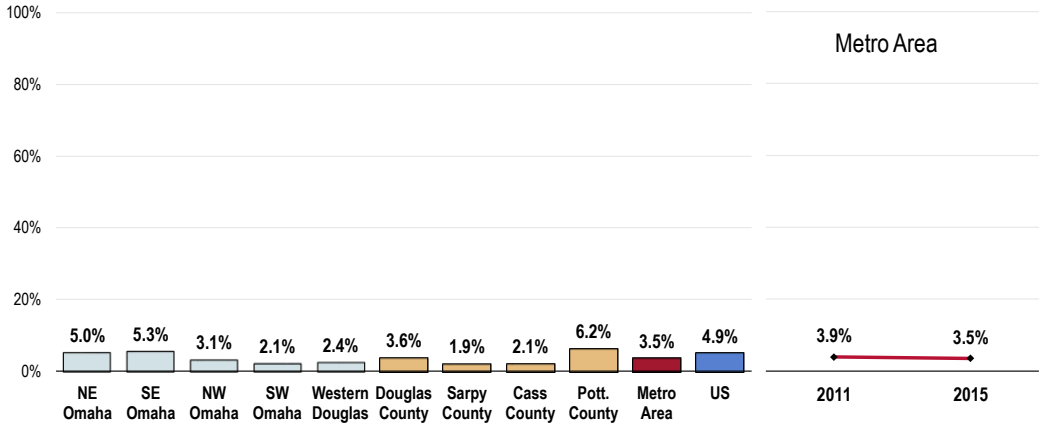
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 319]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 3.5% of Metro Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Significantly lower than national findings.
- Lowest in Sarpy County, highest in Pottawattamie County.
- In Douglas County, lowest in Southwest Omaha.
- TREND: Statistically unchanged over time.

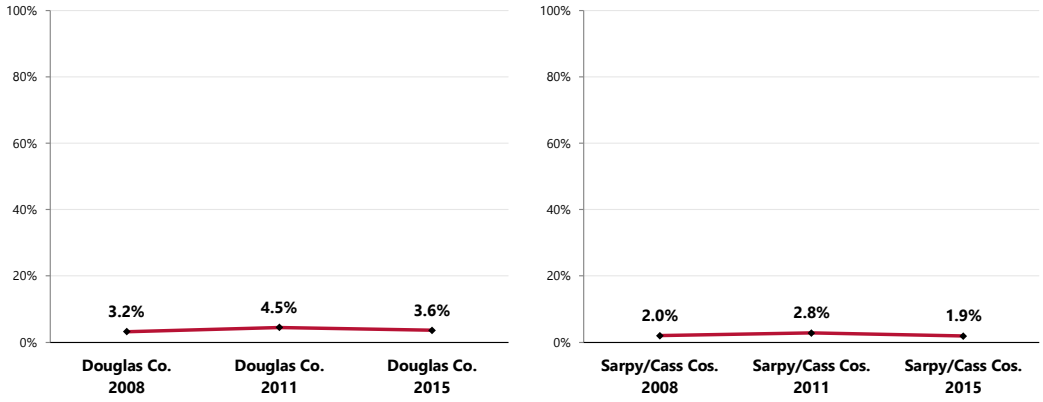
Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

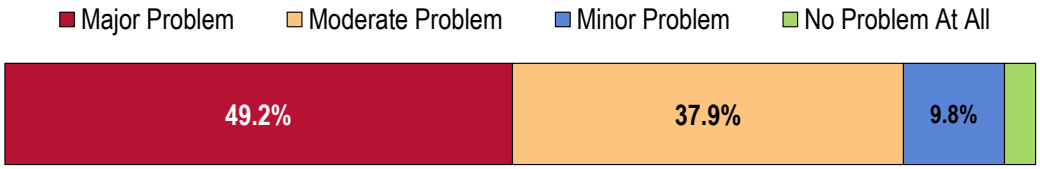


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
Notes: ● Asked of all respondents.

Key Informant Input: Substance Abuse

Just less than half of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Online Key Informant Survey, August 2015.

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Resources

Lack of access to practitioners, lack of resources to get needed treatments or medications, poverty, lack of transportation. – Community/Business Leader

Lack of practitioners in the field. – Healthcare Provider

Lack of providers. Reimbursement rates are too low. This leads to low salaries and an inability to attract and/or retain talent. In addition, substance abuse treatment needs to be integrated with mental healthcare. – Social Service Provider

Not enough providers for inpatient substance abuse or long term substance abuse treatment. – Healthcare Provider

Programs located in their catchment area. – Social Service Provider

Too few high quality treatment centers. – Physician

There is a great shortage of any type of substance abuse treatment programs (other than the VA). – Physician

Awareness and number of available resources. Financial difficulty of obtaining needed services. – Public Health Representative

Lack of treatment facilities, financial issues. – Social Service Provider

Few services are available, inpatient treatment is not available. – Public Health Representative

Lack of facilities. – Social Service Provider

Lack of facilities/beds and numbers too great finances. – Healthcare Provider

No inpatient treatment! No navigation through the system. No navigation in post treatment. Little or no aftercare. Little new research is being used. – Social Service Provider

Knowledge of resources, access to resources, affordability of services. – Social Service Provider

Lack of appropriate mental health services and people self-medicate with drugs. Lack of appropriate substance abuse treatment programs, especially for pregnant and parenting women is hugely lacking in our community. – Physician

Numbers of available beds and costs associated with. – Social Service Provider

No inpatient treatment program in Council Bluffs. Closest is Manning of Fort Dodge or people have to go to Omaha where funding is not available. – Healthcare Provider

Adequate insurance is one. Another is willingness to seek treatment as it often takes many times for the treatment to be successful. – Social Service Provider

Many people who abuse substances may not have insurance coverage or resources to pay for treatment. – Healthcare Provider

No culturally appropriate treatment facility or programs in the community. Incarceration seen as a way to address the problem, dehumanizing it. – Community/Business Leader

Culturally appropriate services and professionals, adequate insurance coverage and Medicaid expansion. – Social Service Provider

Lack of local resources to assist with treatment, lack of good role models, particularly parents, relatives, friends and neighbors. – Healthcare Provider

I'm not sure it's about people not being able to access treatment but more about people not utilizing treatment options. – Social Service Provider

Because there isn't any in the area. – Healthcare Provider

Lack of services in our community and lack of a variety of levels of care, long wait lists and wait periods, stigma, transportation. – Social Service Provider

Affordable Care

Costs of care. Access availability of the appropriate level of care. Feeling helpless and mental health issues may distract or prevent care for substance use addictions. – Social Service Provider

Affordable healthcare. – Social Service Provider

Access is limited for urgent care, there is limited funding and a community stigma that does not support treatment. – Social Service Provider

Lack of payment resources for residential treatment, denial of extent of the problem. – Social Service Provider

Cost of treatment, lack of desire to commit to treatment, lack of education concerning substance abuse, poverty, lack of healthcare insurance, Medicaid or Medicare. Persons with mental illness lacking the ability to address substance abuse, low-income. – Social Service Provider

Funding/insurance. – Community/Business Leader

If you don't have funding it is hard to obtain CD evaluation and a slot in treatment facility. You have to be on long wait lists to obtain them and by then they have relapsed and miss opportunities due to being sucked back into their addiction. – Healthcare Provider

The cost, self-awareness, and ability to fight the issue as a disease, not a personality flaw. – Social Service Provider

Denial & Stigma

Stigma and limited services. Very limited services for inpatient and medication assisted detox in Omaha. More in Lincoln and Grand Island. – Social Service Provider

Denial that they have a problem, low self-esteem, lonely and depressed. Feel that it will make their pain go away. Per Boys Town survey it is one of the top five key health concerns for children and adolescents. – Social Service Provider

Denial and how to pay for treatment. – Healthcare Provider

The greatest barrier for people accessing needed treatment is motivation, available programs and payment. – Community/Business Leader

The will to quit. – Community/Business Leader

Not wanting help. – Community/Business Leader

Cost and stigma. – Social Service Provider

The willingness to seek help and fight the addiction. The next challenge is programs that are effective in dealing with the underlying issues of the abuse. – Community/Business Leader

The desire to be drug and alcohol free is the greatest barrier. Often mothers fear the loss of parental rights if they access treatment. Child care is another barrier. – Social Service Provider

High Rate of Abuse

Many abusing S.A. – Healthcare Provider

Still too many children and parents using illegal substances. Facilities have closed so treatment for SA is not readily available and not covered by insurance. – Healthcare Provider

Increased use with persons age 11-25. – Healthcare Provider

> *High rates of both non-prescription and prescription substance abuse. – Physician*
>
> *Very high rate of prescription drug usage, illegal drugs, and ease of alcohol abuse. – Public Health Representative*

Easy Access & Addiction

> *Lots of drugs and access to drugs. – Healthcare Provider*
>
> *Availability, stigma, cost, hours of services, non-recognition of the issue. – Healthcare Provider*
>
> *The meth problem in CB seems to keep growing. Easy access and cost keep people doing this drug. – Community/Business Leader*
>
> *Substance abuse leads to so many of our problems. I think the barrier is addiction. – Community/Business Leader*
>
> *Addiction, cost of treatment, motivation. – Social Service Provider*

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified alcohol, methamphetamine, and prescription medication as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	54.4%	26.3%	12.3%	53
Methamphetamines or Other Amphetamines	24.6%	31.6%	22.8%	45
Prescription Medications	12.3%	12.3%	36.8%	35
Marijuana	7.0%	12.3%	5.3%	14
Cocaine or Crack	1.8%	7.0%	12.3%	12
Over-The-Counter Medications	0.0%	5.3%	3.5%	5
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	1.8%	3.5%	3
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	3.5%	0.0%	2
Heroin or Other Opioids	0.0%	0.0%	1.8%	1
Inhalants	0.0%	0.0%	1.8%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

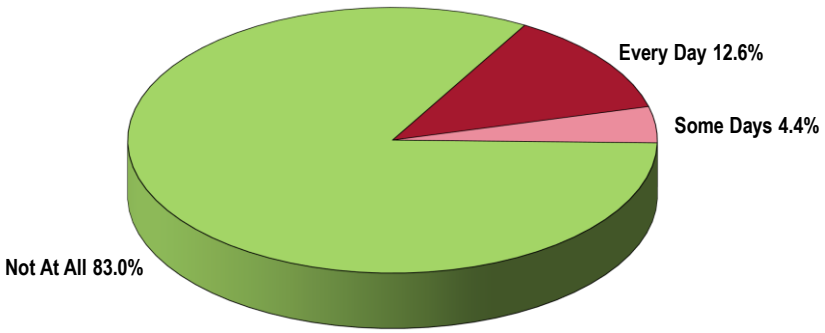
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 17.0% of Metro Area adults currently smoke cigarettes, either regularly (12.6% every day) or occasionally (4.4% on some days).

Cigarette Smoking Prevalence
(Metro Area, 2015)



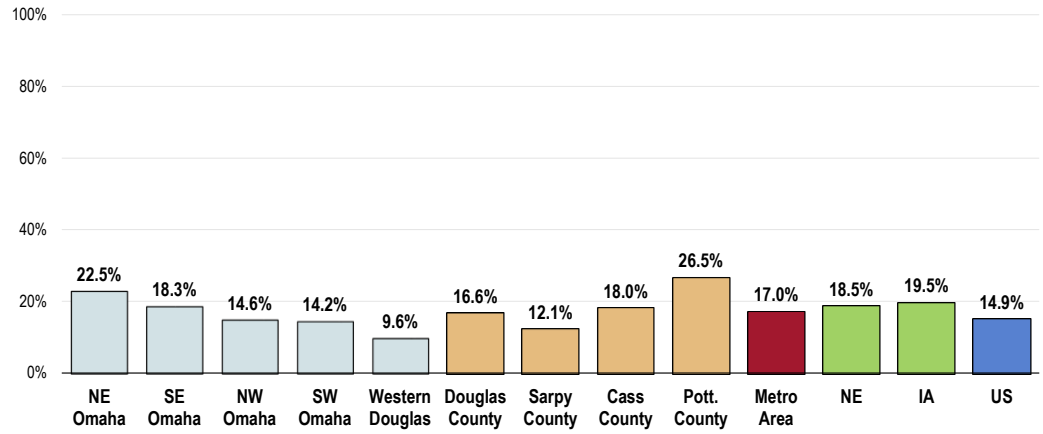
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
Notes: • Asked of all respondents.

- Similar to the Nebraska percentage but more favorable than the Iowa percentage.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Least favorable in Pottawattamie County.

- In Douglas County, highest in Northeast Omaha.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower

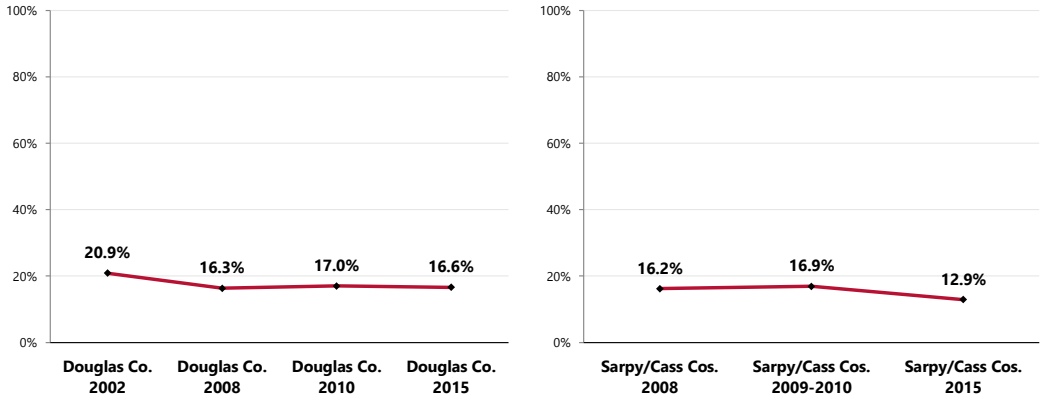


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Nebraska. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Nebraska and Iowa data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

- TREND: Note the statistically significant decrease over time in Douglas County (the Sarpy/Cass prevalence is statistically unchanged).

Current Smokers



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

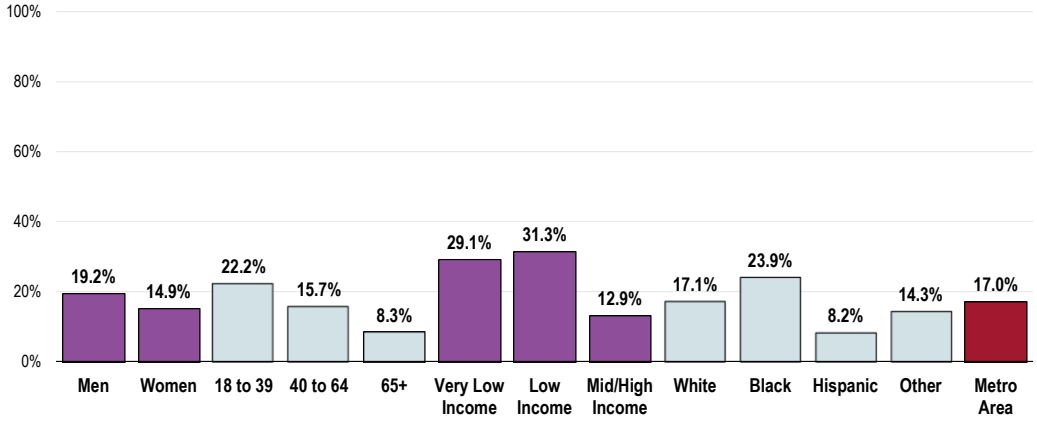
Cigarette smoking is more prevalent among:

- Men.
- Adults under 65 (negative correlation with age).
- Lower-income residents.
- Blacks.

Current Smokers

(Metro Area, 2015)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

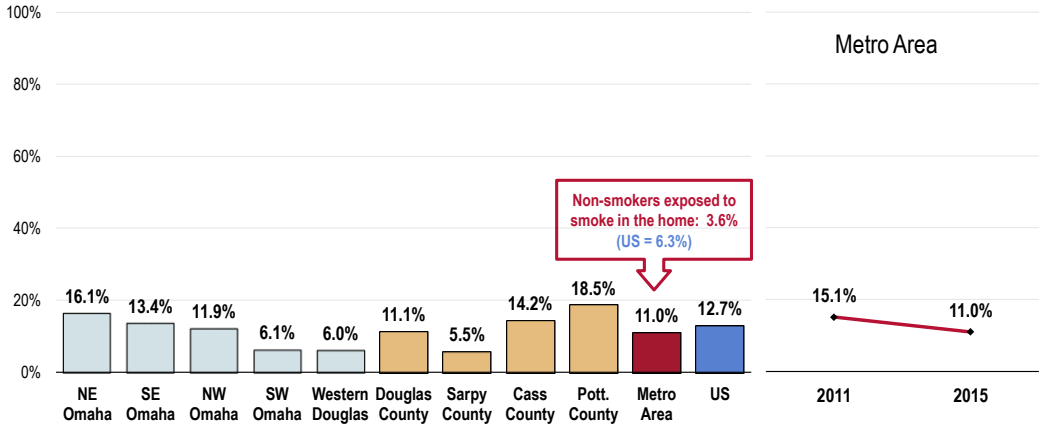
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Environmental Tobacco Smoke

A total of 11.0% of Metro Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Comparable to national findings.
- Least favorable in Pottawattamie County.
- In Douglas County, unfavorably high in Northeast Omaha.
- TREND: Marks a statistically significant decrease over time.
- Note that 3.6% of Metro Area non-smokers are exposed to cigarette smoke at home, more favorable than what is found nationally.

Member of Household Smokes at Home

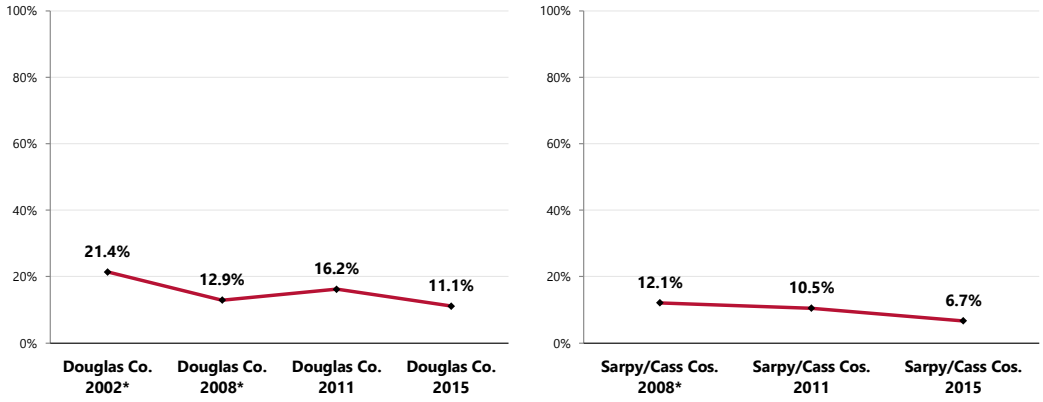


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- TREND: Marks a statistically significant decrease over time for Douglas County as well as Sarpy/Cass counties.

Member of Household Smokes at Home



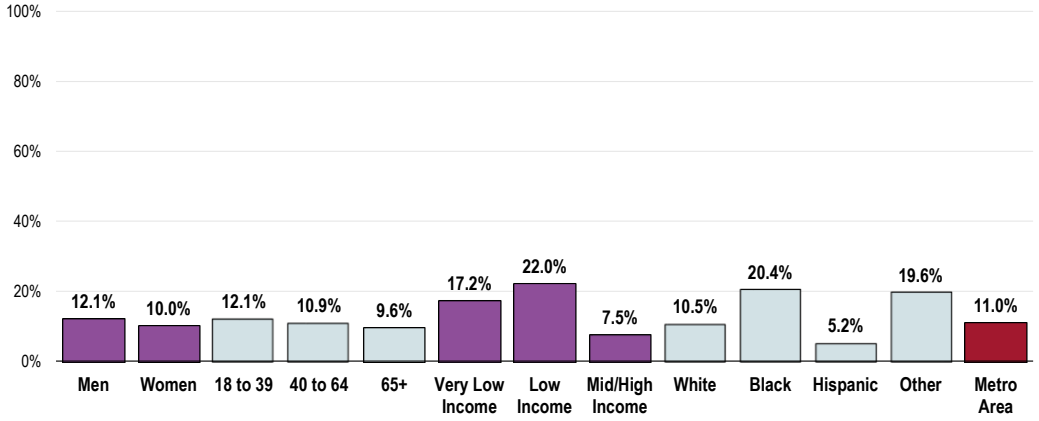
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among residents with lower incomes, Blacks, and Other races.

Member of Household Smokes At Home

(Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

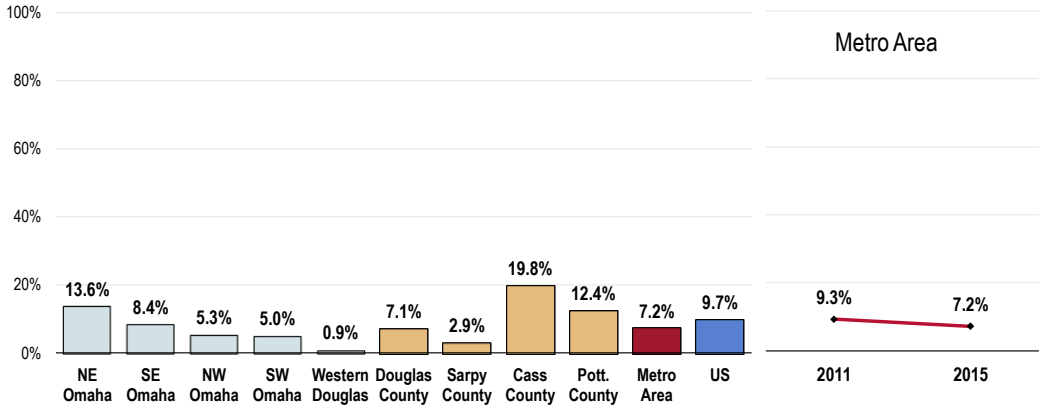
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Among homes with children, 7.2% have someone who smokes cigarettes inside.

- Comparable to national findings.
- Higher in Cass and Pottawattamie counties.
- Highest in Northeast Omaha; lowest in Western Douglas County.
- TREND: Statistically unchanged over time.

Percentage of Households With Children In Which Someone Smokes in the Home

(Among Households With Children)

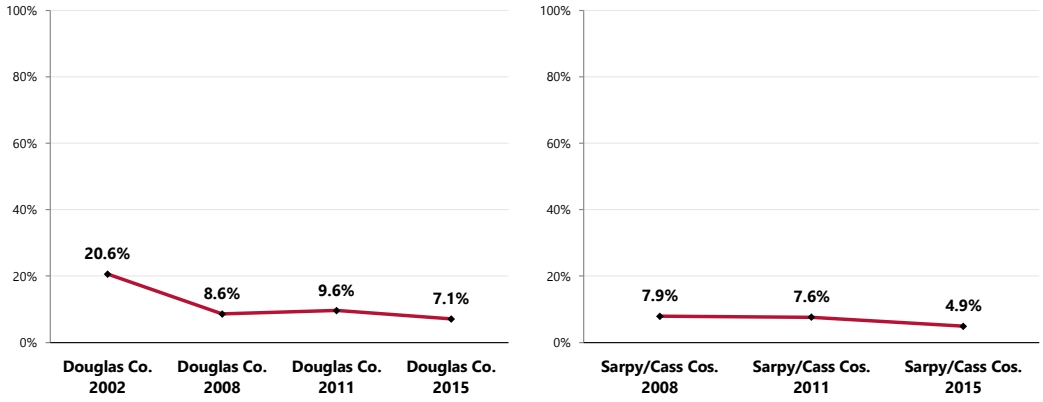


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents with children 0 to 17 in the household.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- TREND: Note the statistically significant decrease from baseline data in Douglas County (the Sarpy/Cass prevalence is statistically unchanged).

Percentage of Households With Children In Which Someone Smokes in the Home
(Among Households With Children)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
Notes: ● Reflects respondents with children 0 to 17 in the household.
● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

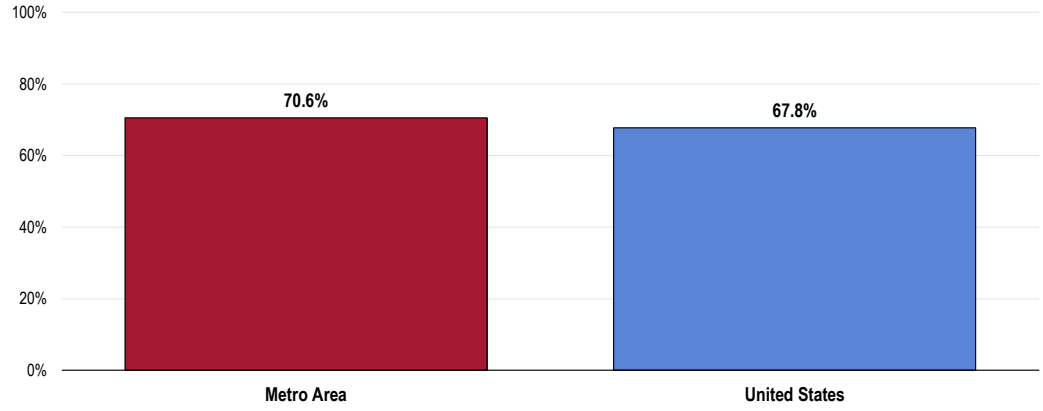
- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 70.6% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Comparable to the national percentage.

Advised by a Healthcare Professional in the Past Year to Quit Smoking
(Among Current Smokers)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all current smokers.

Other Tobacco Use

Smokeless Tobacco

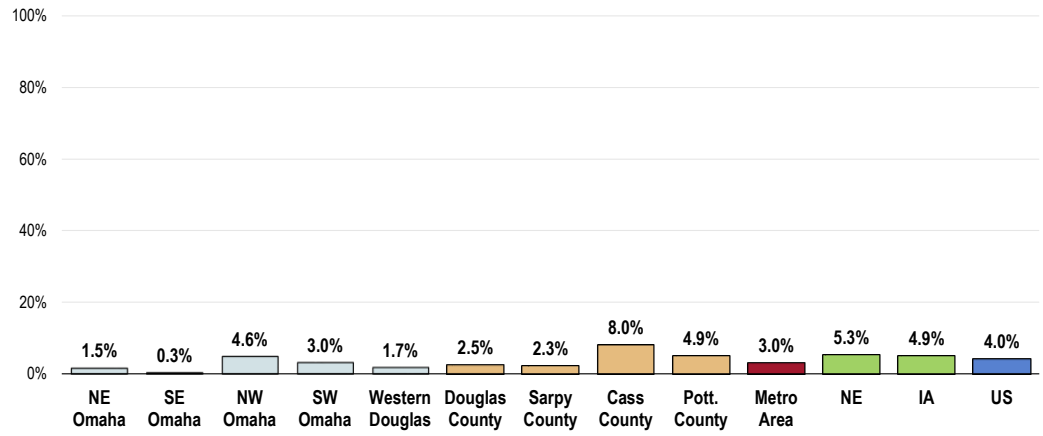
A total of 3.0% of Metro Area adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- More favorable than the state percentages.
- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Unfavorably high in Cass County.
- In Douglas County, highest in Northwest Omaha.

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Nebraska. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Nebraska and Iowa data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

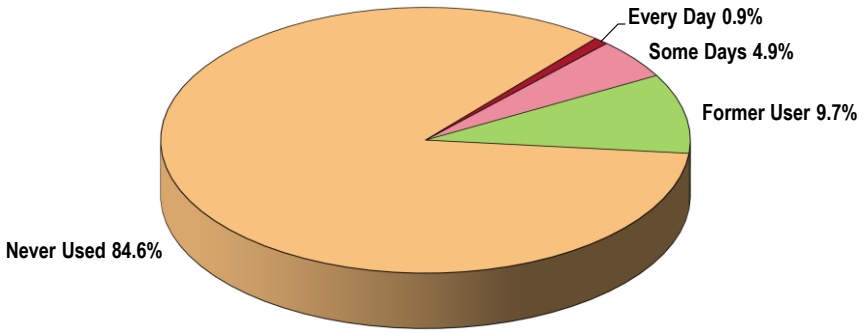
Use of Electronic Cigarette (E-Cigarettes)

Asked about their use of electronic cigarettes ("e-cigarettes"), most survey respondents have never used them before (84.6%).

On the other hand, 9.7% of survey respondents are former users of e-cigarettes, and 5.8% are current users (whether every day or on some days).

Electronic Cigarette (E-Cigarette) Smoking Prevalence

(Metro Area, 2015)

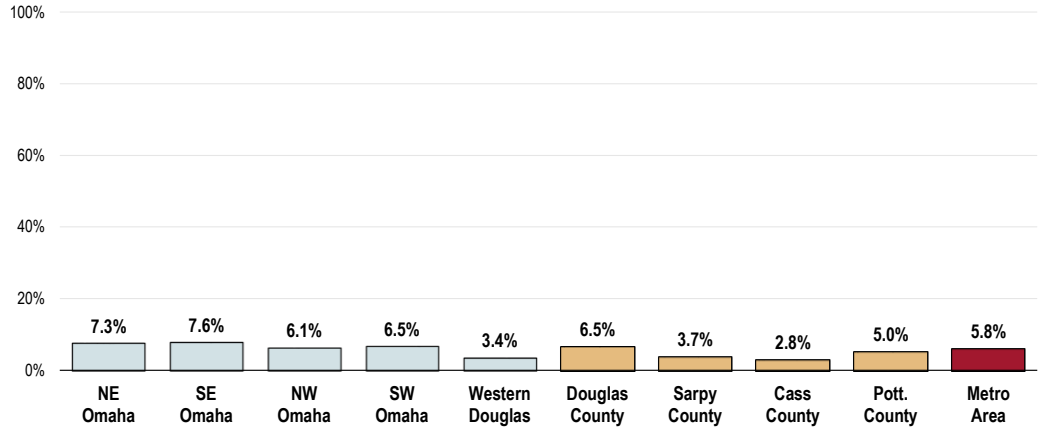


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]

Notes:
- Asked of all respondents.

- Current usage is highest in Douglas County.
- The prevalence is lowest in Western Douglas County.

Currently Use Electronic Cigarettes (E-Cigarettes)

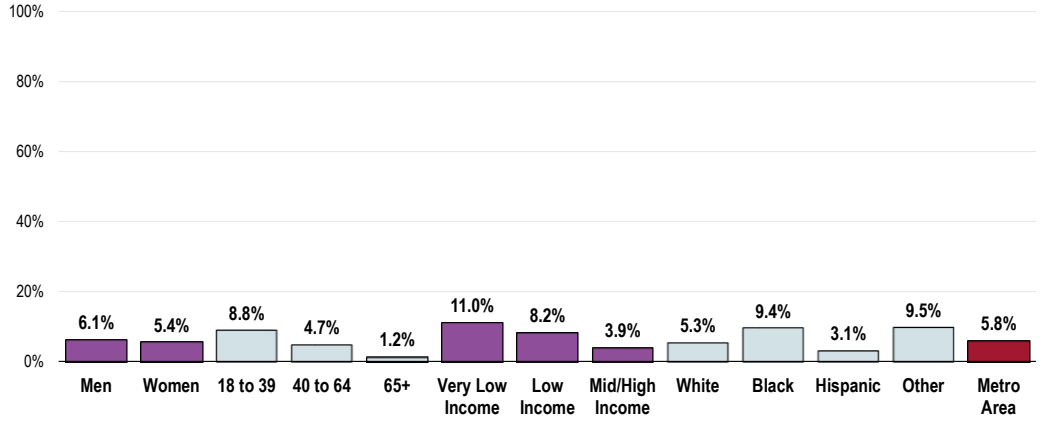


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
Notes: ● Asked of all respondents.

Electronic cigarette smoking is more prevalent among:

- Young adults (negative correlation with age).
- Lower-income residents (negative correlation with income).
- Blacks and Other race residents.

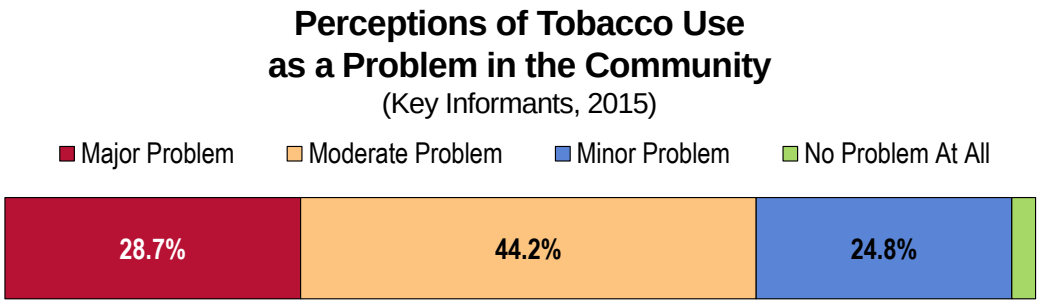
Currently Use Electronic Cigarettes
(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Current drinkers had at least one alcoholic drink in the past month.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, August 2015.

Top Concerns

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

High Rate of Occurrence

We still have a higher than average smoking rate. We need to continue to educate people on how to quit. – Community/Business Leader

Statistics. Lack of awareness of the harmful effects of tobacco use. – Public Health Representative

Too many smokers and many have no desire to quit. – Healthcare Provider

Even one smoker is one too many. – Social Service Provider

High use. – Healthcare Provider

It is a major killer of Americans. – Social Service Provider

I think that rates of tobacco use are still high despite reductions in the past few years. The latest "County Health Ranking" has Pottawattamie County at 22 percent for adult smoking compared to the state average of 18 percent. – Community/Business Leader

People still smoke. – Social Service Provider

I see many smokers all over the community. – Social Service Provider

Stats on number of active tobacco use in Pottawattamie County. – Public Health Representative

Just using tobacco is a problem, especially pregnant mothers. Using tobacco to deal with mental health symptoms instead of accessing mental healthcare. – Healthcare Provider

High rates of tobacco usage. – Community/Business Leader

Many people continue to smoke despite knowing the negative health risks of doing so. Additionally, e-cigs are all the rage, and while they do not involve tobacco, I believe there are likely still health risks involved in vaping. – Social Service Provider

Young Smokers

PSAs, many young people are smoking. – Social Service Provider

High usage in teens, e-cigs not regulated, much chewing tobacco usage in teen sports. – Public Health Representative

Seems like the strong push to decrease the number of smokers is on the rise again in the younger ages. What damages will e-cigarettes cause? Addiction issues to tobacco. Cost of tobacco when people choose to feed their addiction versus feeding their family. – Social Service Provider

Tobacco use in the community and among youth ages 16-24 is high according to past news articles. – Social Service Provider

Peer pressure. – Community/Business Leader

Young people smoking that cause health related issues such as lung cancer, etc. – Social Service Provider

Lots of teenage and young adults that smoke, seen at public events, or young people that I know. – Healthcare Provider

Co-occurring Morbidities

There is a lot of disease related to smoking. – Physician

Tobacco abuse is a common problem with major health effects. – Physician

Many people still do smoke, but this number is decreasing. However, for those who do smoke there are, obviously, significant health concerns, heart disease, lung disease, etc. – Physician

Cultural Factors

With the casinos being in our community, they are the last public establishment who allows smoking indoors, I think this perpetuates tobacco use. I feel as though I see more people smoking in our community than others. – Social Service Provider

Socioeconomic, rural area. – Healthcare Provider

Access to Health Services

Professional Research Consultants, Inc.

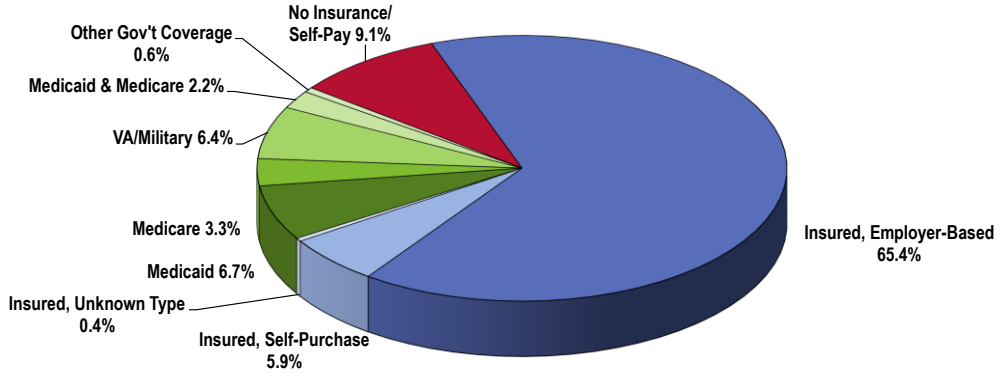
Health Insurance Coverage

Type of Healthcare Coverage

A total of 71.7% of Metro Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 19.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage
(Among Adults Age 18-64; Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 9.1% report having no insurance coverage for healthcare expenses.

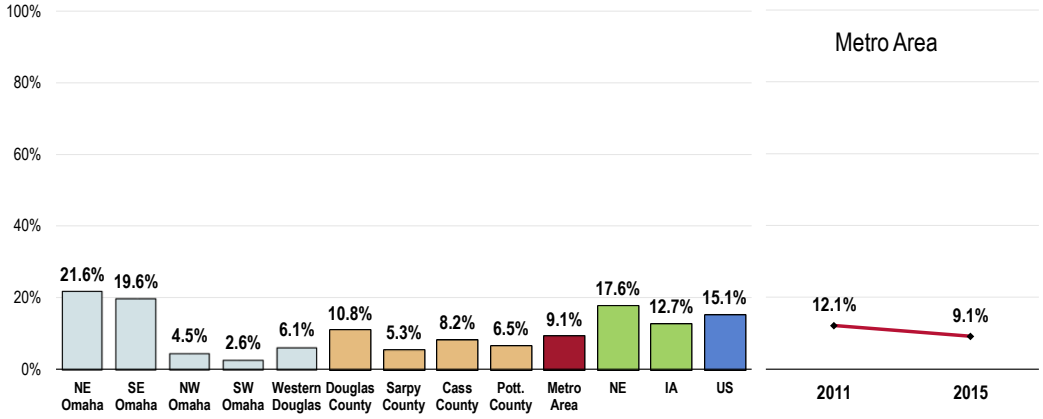
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Well below the Nebraska and Iowa findings.
- Well below the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Worst in Douglas County, best in Sarpy County.
- Within Douglas County, unfavorably high in the east.
- TREND: Marks a statistically significant decrease over time.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



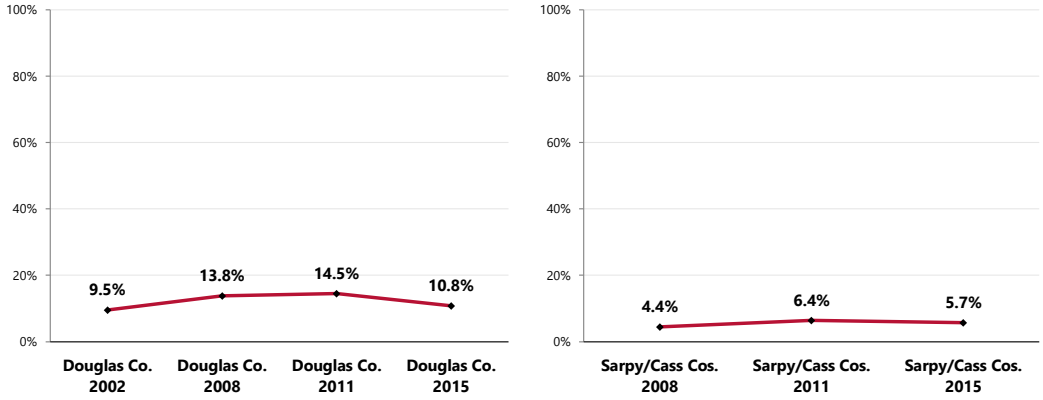
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Nebraska. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Nebraska and Iowa data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]

Notes:
- Asked of all respondents under the age of 65.

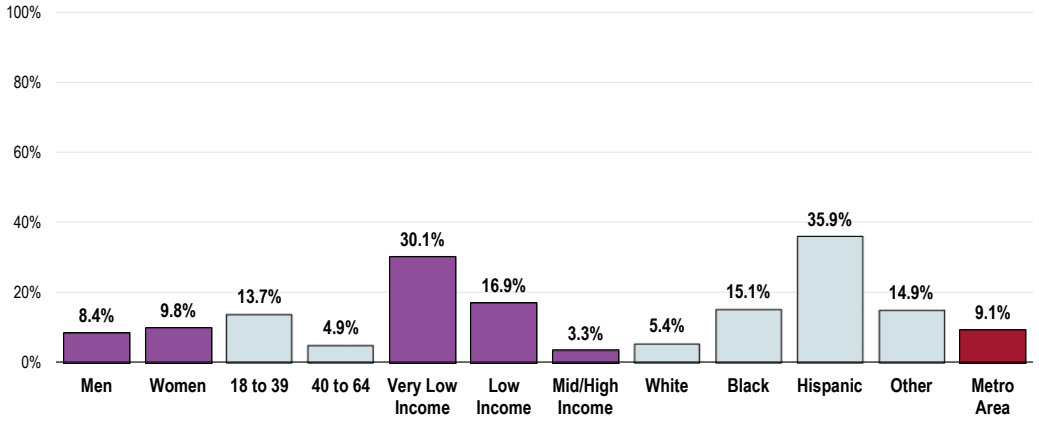
The following population segments are more likely to be without healthcare insurance coverage:

- Young adults.
- Residents living at lower incomes (negative correlation with income).
- Blacks, Other races, and especially Hispanics.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Metro Area, 2015)

Healthy People 2020 Target = 0.0% (Universal Coverage)



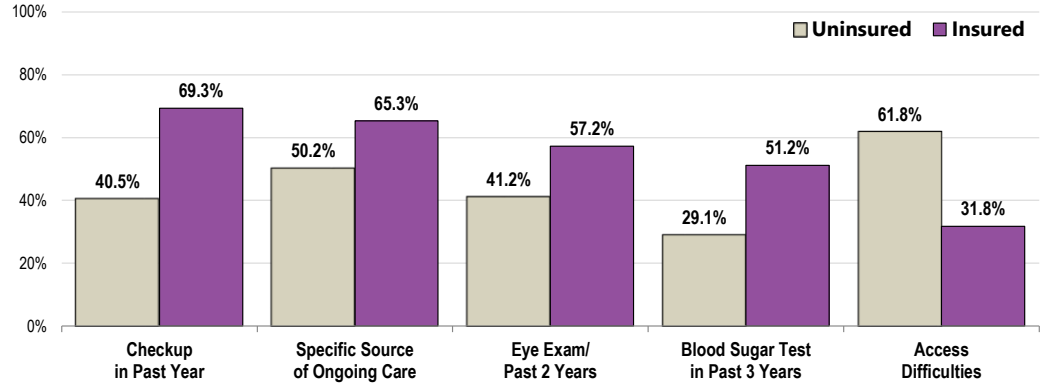
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- As might be expected, uninsured adults in the Metro Area are less likely to receive routine care and preventive health screenings and are more likely to have experienced difficulties accessing healthcare.

Preventive Healthcare

(By Insured Status; Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 20, 23, 40, 166, 169]

Notes:
- Asked of all respondents.

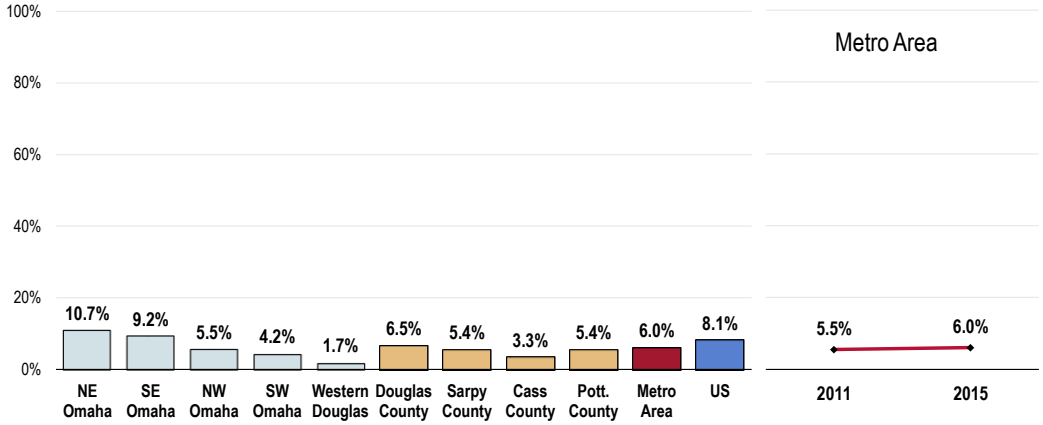
Recent Lack of Coverage

Among currently insured adults in the Metro Area, 6.0% report that they were without healthcare coverage at some point in the past year.

- Better than US findings.
- Favorably low in Cass County.
- Highest in Northeast Omaha.
- TREND: Insurance instability is statistically unchanged since 2011 in the Metro Area.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)

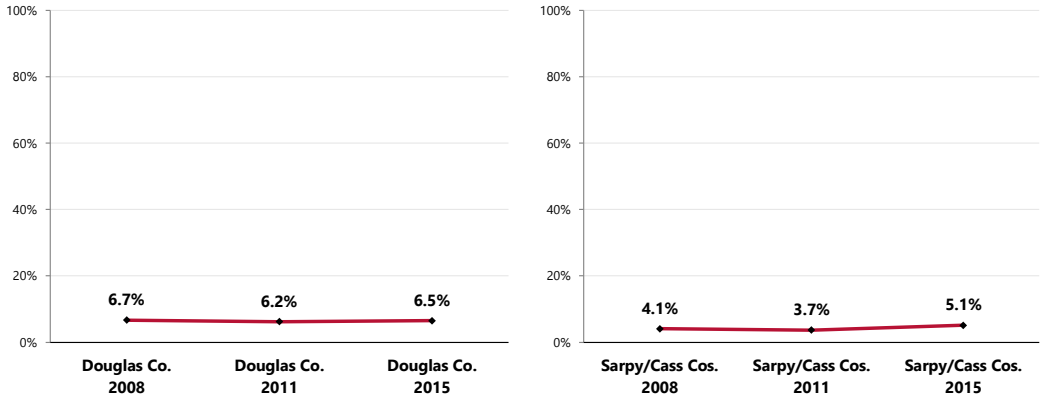


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all insured respondents.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)



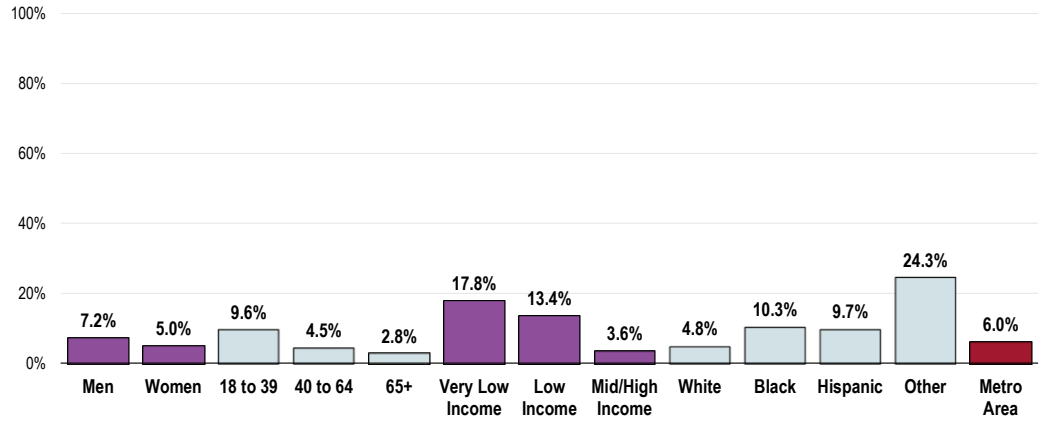
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
Notes: ● Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Men.
- Adults under age 40 (negative correlation).
- Lower-income residents (negative correlation).
- Blacks, Hispanics, and especially Other races.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

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

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

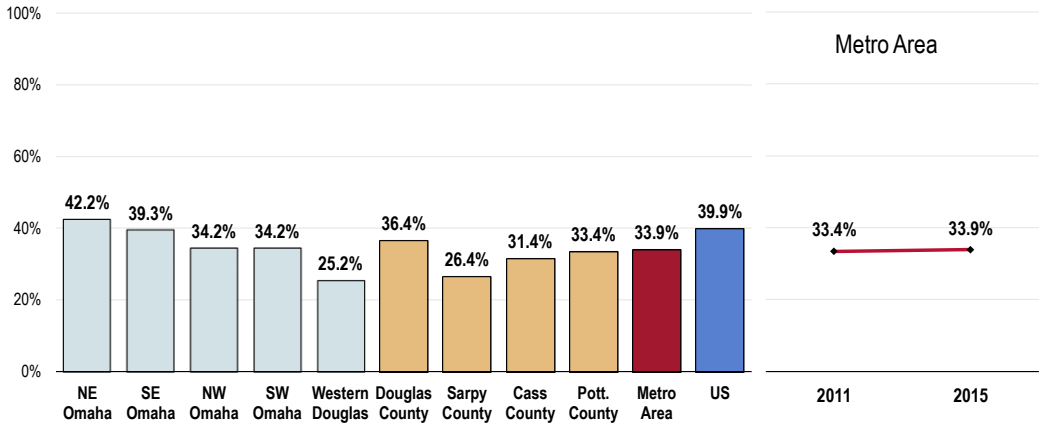
Difficulties Accessing Services

A total of 33.9% of Metro Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

- More favorable than national findings.
- Highest in Douglas County, lowest in Sarpy County.
- Unfavorably high in Northeast Omaha.
- TREND: Similar to the percentage reported in 2011.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

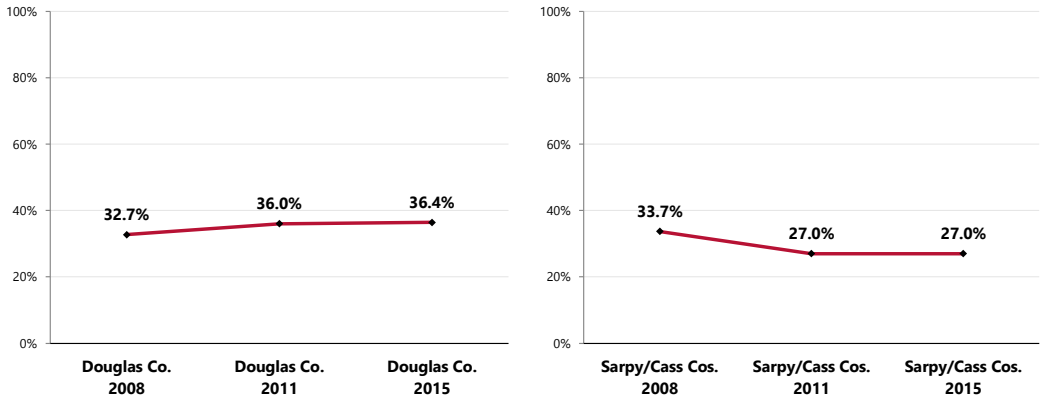


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

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

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



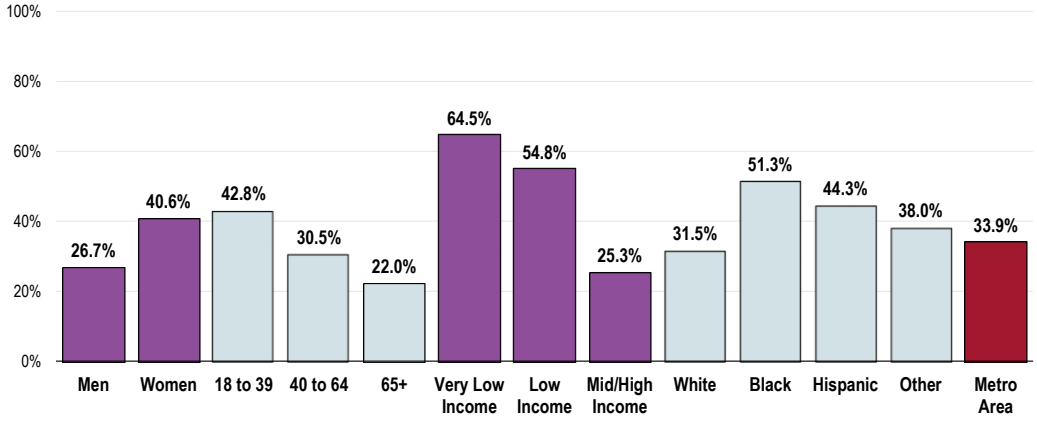
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65 (negative correlation).
- Lower-income residents (negative correlation).
- Blacks, Hispanics, and Other adults.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

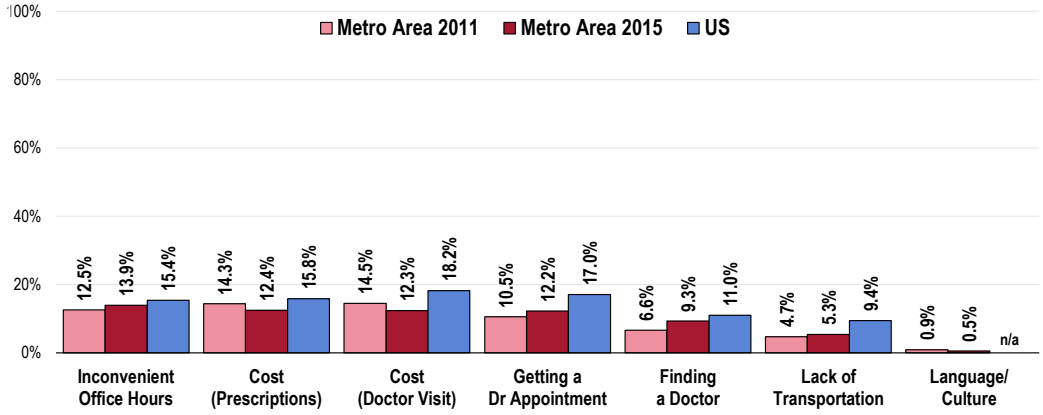
Of the tested barriers, inconvenient office hours impacted the greatest share of Metro Area adults (13.9% say that inconvenient hours prevented them from obtaining a visit to a physician in the past year).

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

- The proportion of Metro Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.
- TREND: Compared to baseline 2011 data, the Metro Area has seen a significant decrease with regard to the barrier of **cost of doctor visits** but a significant increase in the barrier of difficulty **finding a physician**.

Barriers to Access Have Prevented Medical Care in the Past Year

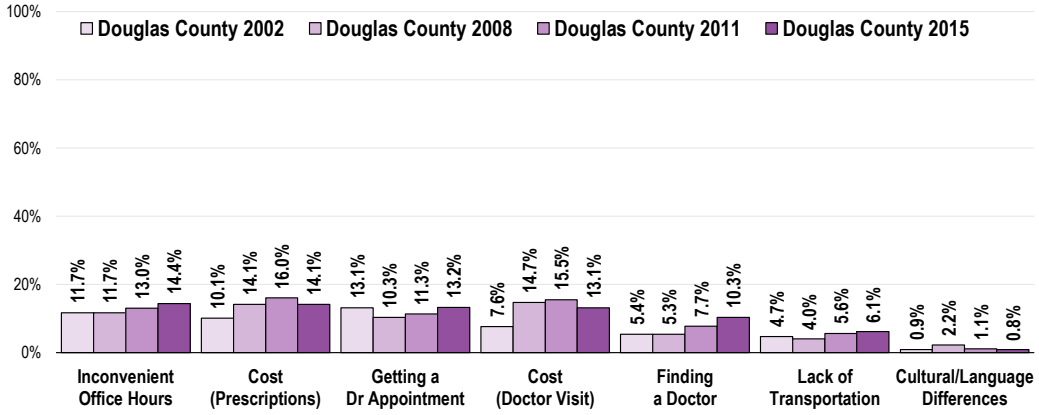


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12, 305]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- TREND: Compared to baseline 2002 data, Douglas County has seen significant increases with regard to the barriers of difficulty **finding a physician**, **cost of physician visits**, **inconvenient office hours**, and **cost of prescription medications**.

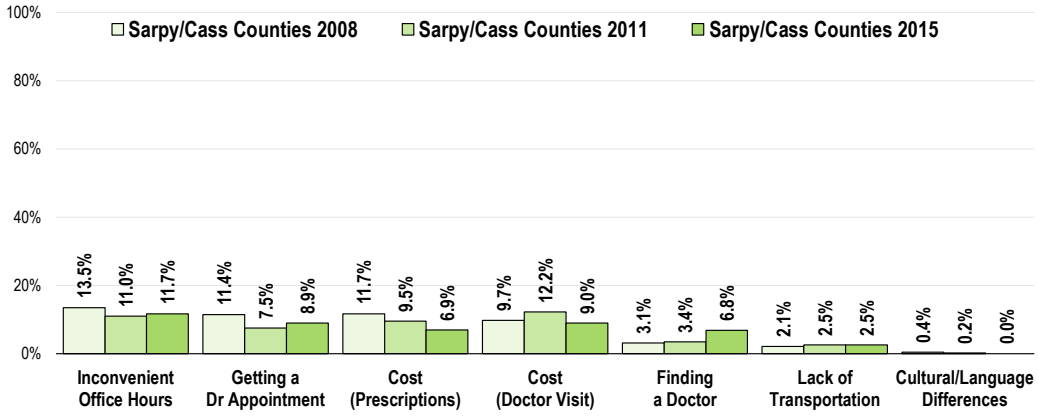
Barriers to Access Have Prevented Medical Care in the Past Year
(Douglas County)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12, 305]
Notes: ● Asked of all respondents.

- TREND: Compared to baseline 2008 data, Sarpy/Cass counties have seen a significant increase with regard to the barrier of difficulty **finding a physician**; on the other hand, the area has also experienced a significant decrease in regard to the barrier of **cost of prescription medications**.

Barriers to Access Have Prevented Medical Care in the Past Year
(Sarpy/Cass Counties)

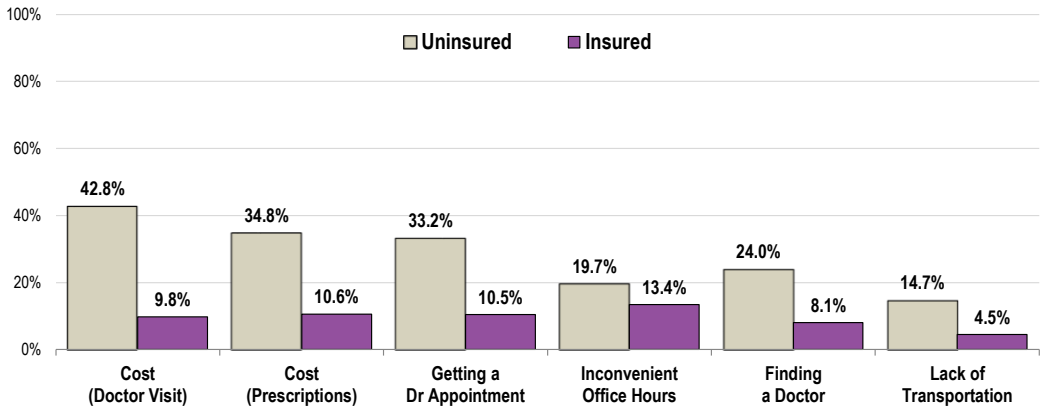


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12, 305]
Notes: ● Asked of all respondents.

- As might be expected, Metro Area adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

Barriers to Healthcare Access

(By Insured Status; Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12, 305]
Notes: ● Asked of all respondents.

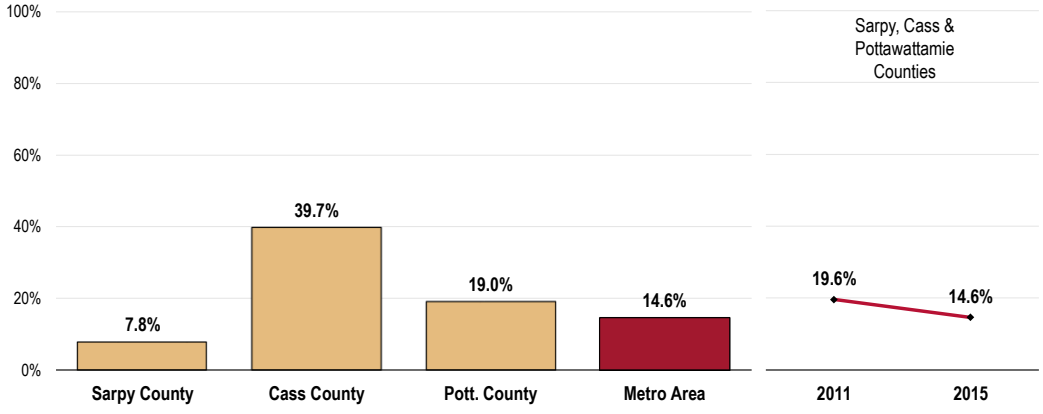
Outmigration for Care (Sarpy, Cass & Pottawattamie Counties)

When residents of Sarpy, Cass and Pottawattamie counties were asked whether they have traveled more than 30 minutes for a medical appointment in the past year, 14.6% answered affirmatively.

- Particularly high in Cass County, higher in Pottawattamie County than in Sarpy County.
- TREND: In the combined area, this prevalence has decreased significantly since 2011.

Have Had to Travel 30 Minutes or More for a Medical Appointment in the Past Year

(Sarpy, Cass & Pottawattamie Counties Only)



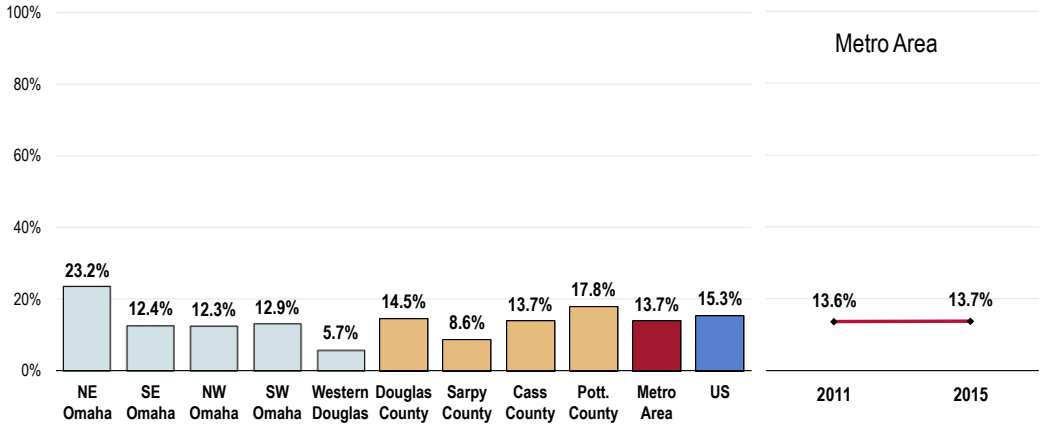
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 306]
Notes: ● Asked of all respondents (excluding those in Douglas County).

Prescriptions

Among all Metro Area adults, 13.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to national findings.
- Highest in Pottawattamie County, lowest in Sarpy County.
- Unfavorably high in Northeast Omaha.
- TREND: Statistically similar to 2011 findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

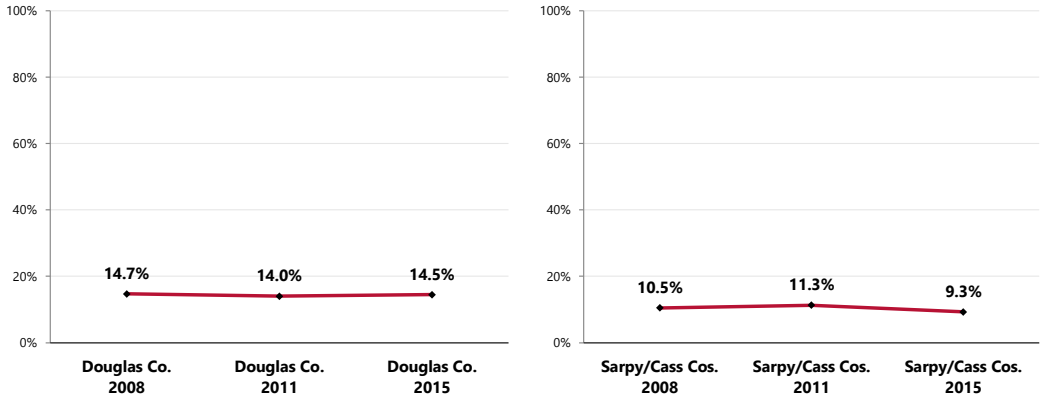


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



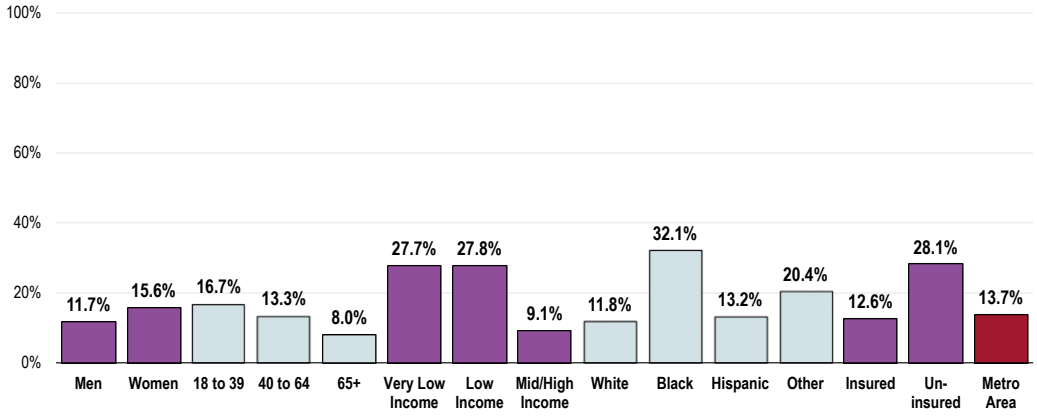
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
Notes: ● Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Younger residents (negative correlation with age).
- Respondents with lower incomes.
- Blacks and Other races.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

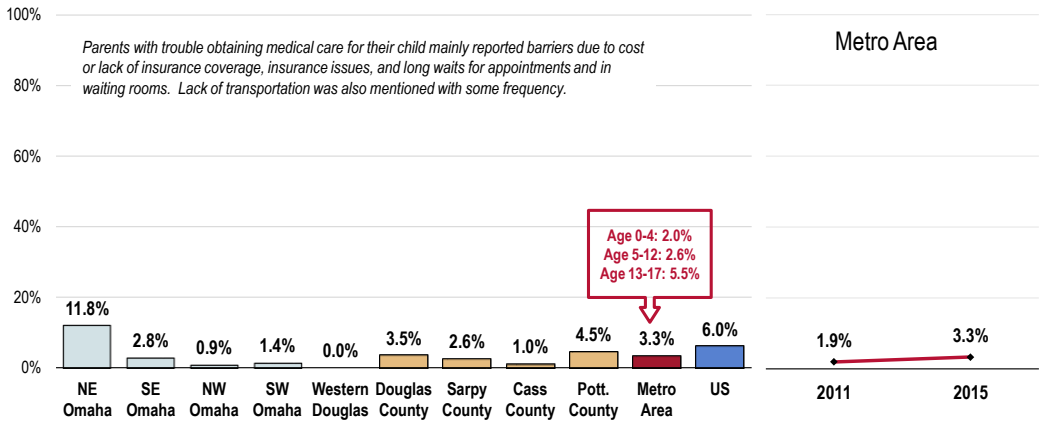
A total of 3.3% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- More favorable than what is reported nationwide.
- Comparable findings by county in the Metro Area.
- In Douglas County, unfavorably high in Northeast Omaha.
- TREND: Statistically unchanged since 2011.
- Highest (5.5%) among parents of teens.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

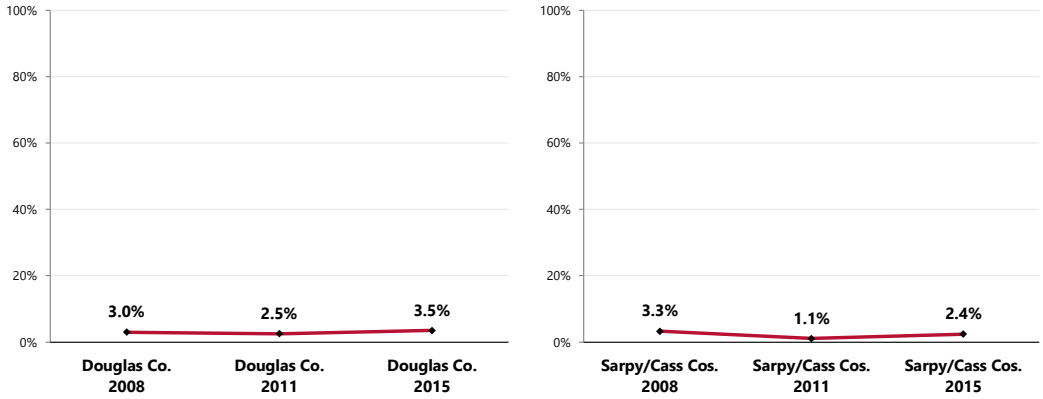
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited insurance issues, long waits for appointments and in waiting rooms, and lack of transportation.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



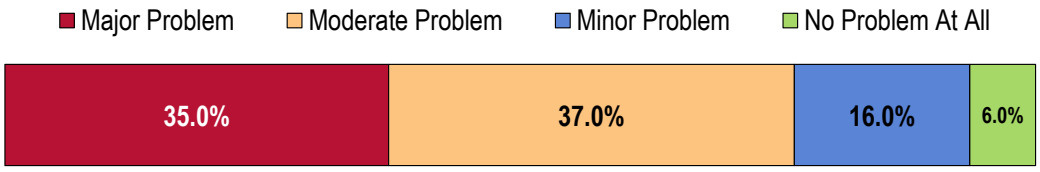
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey more often characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2015)



Sources: ● PRC Online Key Informant Survey, August 2015.

Top Concerns

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

Healthcare Insurance Coverage

> *Lack of insurance or means to pay. Wait times and keeping appointments for many, transportation for many. – Social Service Provider*
>
> *No health insurance or PCP. – Healthcare Provider*
>
> *Lack of insurance remains a problem. American Indians continue to access healthcare through Emergency Rooms. Continuity of care is also a problem. Elderly who live alone often don't fare well after leaving the hospital. Also transportation for medical. – Social Service Provider*

No or under-insured lack of transportation, lack of knowledge about where to seek care. – Physician

Most working adults either cannot afford healthcare or must work two jobs to pay for it. For example, a couple making $2,000 per month, family insurance $300 per month, with a 7,000 out of pocket deductible. – Social Service Provider

Adequate and consistent insurance coverage for those who receive Medicaid. High deductibles and cost of private insurance. No Medicaid expansion for the state of Nebraska. – Social Service Provider

The greatest challenge currently is the fact that Medicaid has not been expanded, especially for low income Nebraskans, this is a huge obstacle. – Social Service Provider

Individuals being able to afford health insurance and/or paying for services. – Social Service Provider

Insurance rates and lack of Medicaid Expansion. There are only limited places where uninsured patients can go for care. – Public Health Representative

Part is lack of insurance, but even for those with insurance and PCPs, when they call the office, they are often told to "go to the Emergency Room." - Physician

We still have a large group of people who don't have insurance and don't qualify for Obamacare. Medicaid expansion would help but it doesn't look like our politicians will support it. In addition, access to mental healthcare and addictions treatment. – Social Service Provider

Access to Resources

Access to healthcare, mental health, violence issues, coordinated care, and preventive services. – Healthcare Provider

Services not close to most vulnerable population. Cost. Times available for office/clinic visits. – Community/Business Leader

Lack of providers in some areas and lack of quality discharge planning. Also medication management can be an issue. – Community/Business Leader

Lack of resources to access quality healthcare. – Public Health Representative

The lack of services in their community. – Social Service Provider

Unable to schedule appointments. When patients call, they have to wait months to be seen. Then they use Emergency Departments as primary care centers. – Healthcare Provider

Long wait lists/periods for community health centers, transportation, schedules, cultural barriers and misunderstandings. – Social Service Provider

Not enough psychiatrists available in Council Bluffs. The wait time to get an appointment is quite a long wait. – Healthcare Provider

The lack of any specialty clinics (ENT, GI) in the South Omaha area. Transportation is always a problem, it is difficult for families to get time off work or find someone who can take child to appointment. – Physician

Knowledge of exciting resources, affordability, and transportation. – Public Health Representative

We work with the homeless, addicted and poor. All services are in short supply from my perspective. Particularly mental health services. – Social Service Provider

Access to healthcare is largely dependent on geography and the ability to pay, so poorer patients have much greater problems accessing healthcare in a timely and appropriate manner. – Social Service Provider

There are areas in the community where people do not have access to medical services after hours and therefore have no other choice than to go to the Emergency Room, which is the most expensive care. – Public Health Representative

Affordability

The biggest challenge is lack of funding. If a person does not have insurance it is impossible to get appointments and to obtain medications/treatments for disorder. – Healthcare Provider

Access to affordable services. Mental health services, coordinated chronic disease management, social services and social workers. – Physician

Lack of ability to pay and lack of transportation for parents with small children or people who cannot get to bus stops. – Healthcare Provider

The biggest access barrier in this community is related to poverty, people who cannot afford their co-pays to see a doctor and not enough free clinics to absorb the people who need medical care. – Community/Business Leader

The cost, even the small co pay at community health centers can be prohibiting to some patients. Plus

the clinics are booked out a ways. Many times the patients are not seen by the same provider or by students. – Healthcare Provider

Limited access or lowest quality of all kind of healthcare for Hispanics who are non-documented, language barriers, major discriminatory practices, lack of cultural sensitivity (providers, assistants, front desk attendee), unwilling to come out of comfort zone. – Community/Business Leader

Transportation/Location

In North Omaha, there are still transportation issues to specialty care outside of the services that NOAH or Drew offer. Same thing in South Omaha. – Social Service Provider

Working with the senior adult population for the past 15 years I have seen affordable transportation as a huge issue among most seniors. – Community/Business Leader

Locations of federally qualified health centers, need more clinics in more locations, hours and days of service. Need more urgent care locations, dental, behavioral health as well as primary care. – Healthcare Provider

Transportation to and from the hospital and doctor's appointments. – Healthcare Provider

Another issue is transportation to get to appointments for those who have limited funding. – Healthcare Provider

Transportation, location, availability, ability to pay for services with or without insurance (co-pays), trust of providers, and comprehending the recommendations or follow up services needed. – Social Service Provider

Cultural Barriers

There is a large refugee population in Omaha. There are huge issues with lack of appropriate translation/interpretation services, alternative clinic hours, poor clinician/staff training to work with refugees. Physically accessing services. – Physician

A continued distrust of healthcare institutions. – Community/Business Leader

Lack of cultural competency. Transportation and insufficient public transportation. Health literacy and ability to navigate the health system. – Social Service Provider

Lack of Funding

The biggest challenge is lack of funding. If a person does not have insurance it is impossible to get appointments and to obtain medications/treatments for disorder. Another issue is transportation to get to appointments for those who have limited funding. – Healthcare Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified mental health, substance abuse treatment, primary care, and dental care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Healthcare	52.4%	26.8%	7.5%	36
Substance Abuse Treatment	16.7%	26.8%	12.5%	23
Dental Care	7.1%	4.9%	17.5%	12
Chronic Disease Care	4.8%	12.2%	5.0%	9
Specialty Care	4.8%	9.8%	7.5%	9
Primary Care	7.1%	7.3%	5.0%	8
Pain Management	2.4%	2.4%	15.0%	8
Urgent Care	2.4%	2.4%	10.0%	6
Elder Care	2.4%	2.4%	7.5%	5
Palliative Care	0.0%	4.9%	2.5%	3
Prenatal Care	0.0%	0.0%	7.5%	3
Family Planning	0.0%	0.0%	2.5%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

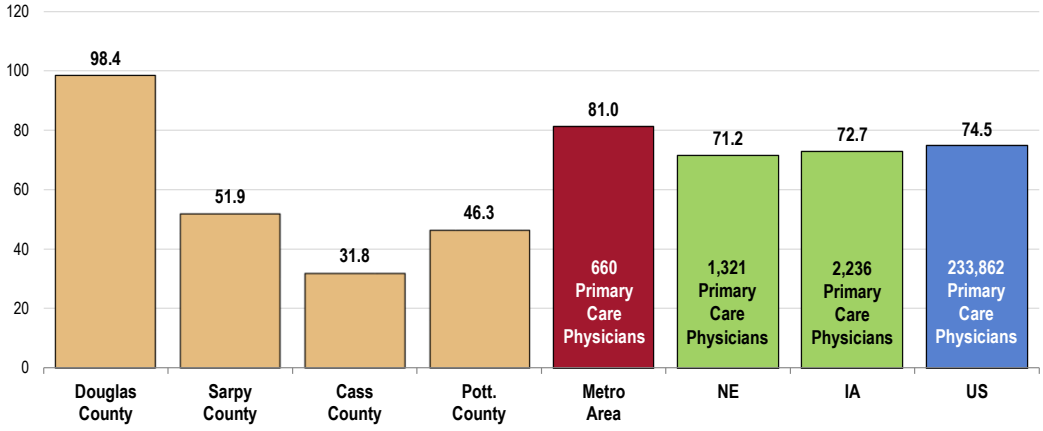
Access to Primary Care

In the Metro Area in 2012, there were 660 primary care physicians, translating to a rate of 81.0 primary care physicians per 100,000 population.

- Above the primary care physician-to-population ratios found statewide.
- Above the ratio found nationally.
- Much higher in Douglas County; lowest in Cass and Pottawattamie counties.

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2012)



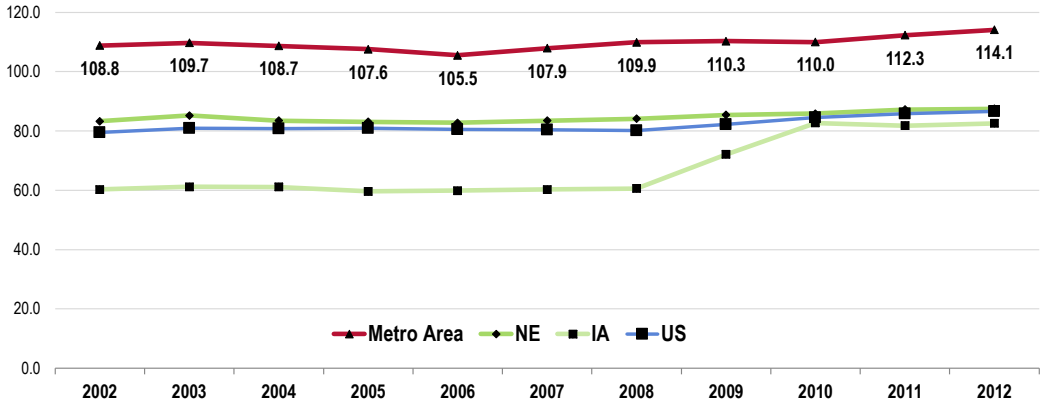
Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has improved somewhat over the past decade in the Metro Area.

Trends in Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

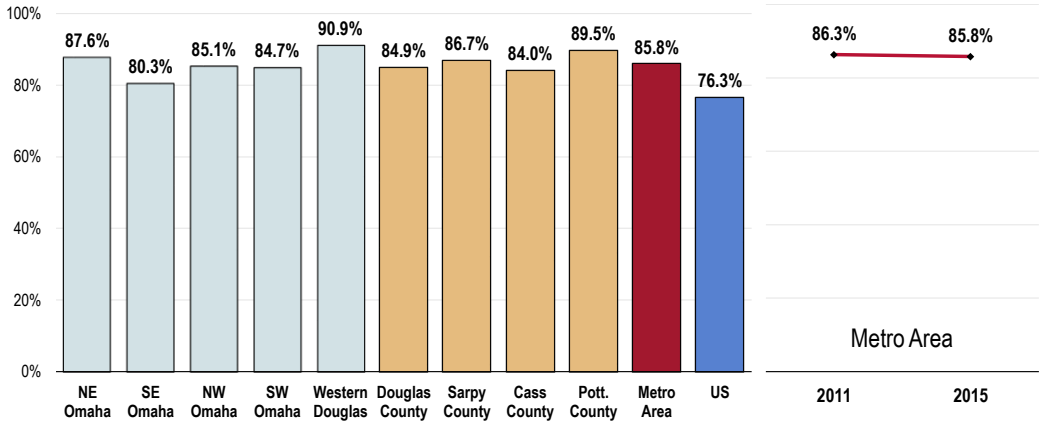
Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Particular Place for Medical Care

A total of 85.8% of Metro Area adults have a particular place they visit for their medical care.

- Higher than the national figure.
- Favorably high in Pottawattamie County.
- In Douglas County, least favorable in Southeast Omaha.
- TREND: Statistically unchanged over time.

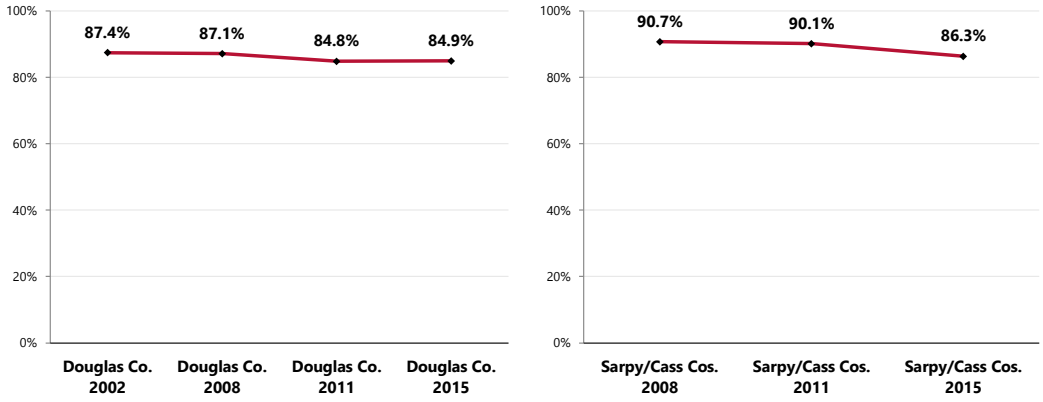
Have a Particular Place for Medical Care



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 15]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- TREND: Statistically unchanged over time in Douglas County; marks a statistically significant decrease over time in Sarpy/Cass counties.

Have a Particular Place for Medical Care



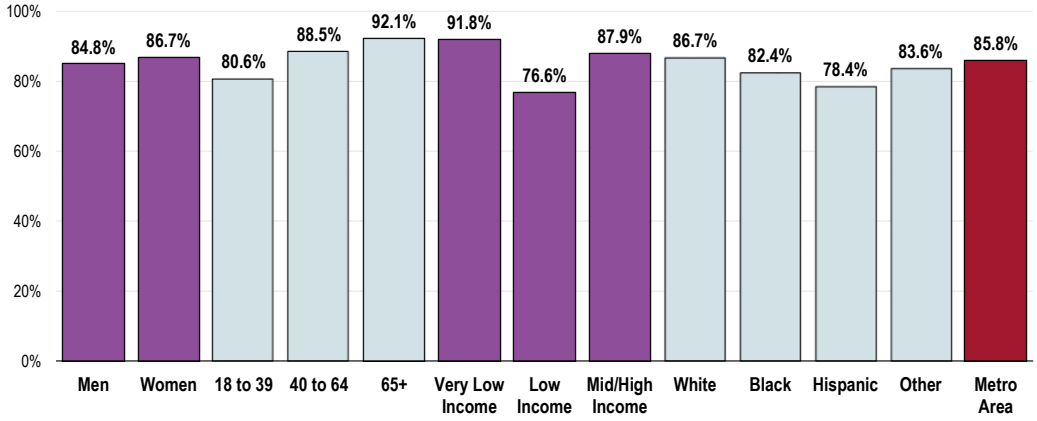
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 15]
Notes: ● Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 40 (positive correlation with age).
- Adults living just above the federal poverty level.
- Blacks and Hispanics.

Have a Particular Place for Medical Care

(Metro Area, 2015)



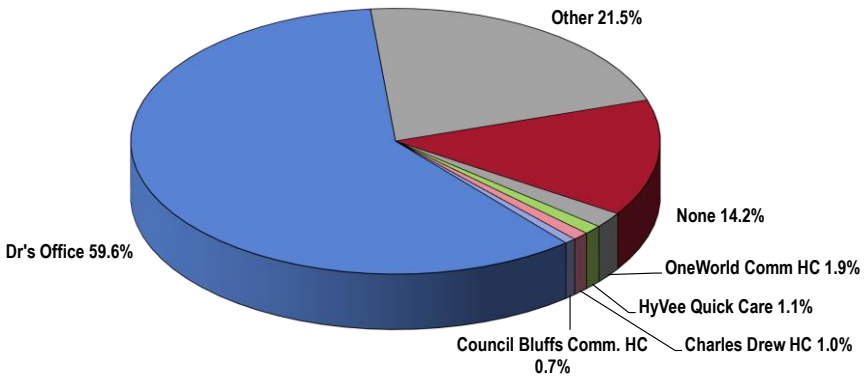
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 15]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (59.6%) identified a particular doctor's office. Some respondents cited specific facilities, including OneWorld Community Health Center, HyVee Quick Care, Charles Drew Health Center, and Council Bluffs Community Health Center.

Particular Place Utilized for Medical Care

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: ● Asked of all respondents.

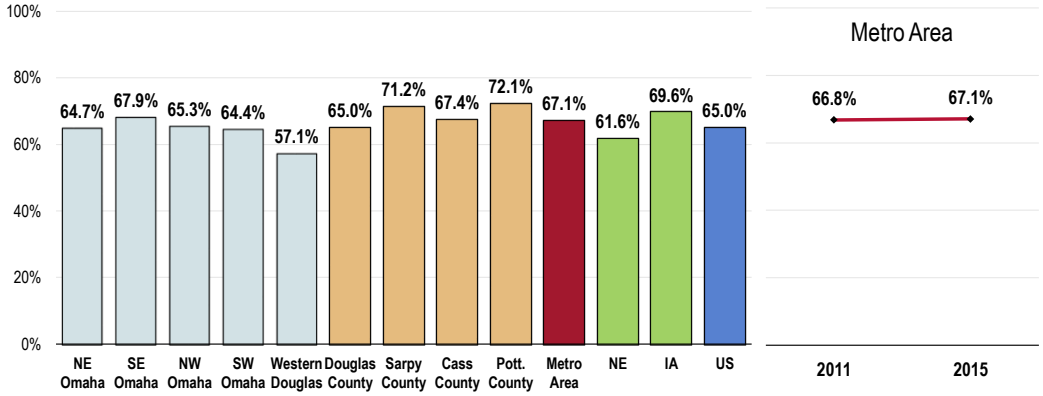
Utilization of Primary Care Services

Adults

Two-thirds of adults (67.1%) visited a physician for a routine checkup in the past year.

- Higher than the Nebraska figure, lower than Iowa.
- Comparable to national findings.
- Lowest in Douglas County.
- Unfavorably low in Western Douglas County.
- TREND: Statistically similar to 2011 findings.

Have Visited a Physician for a Checkup in the Past Year

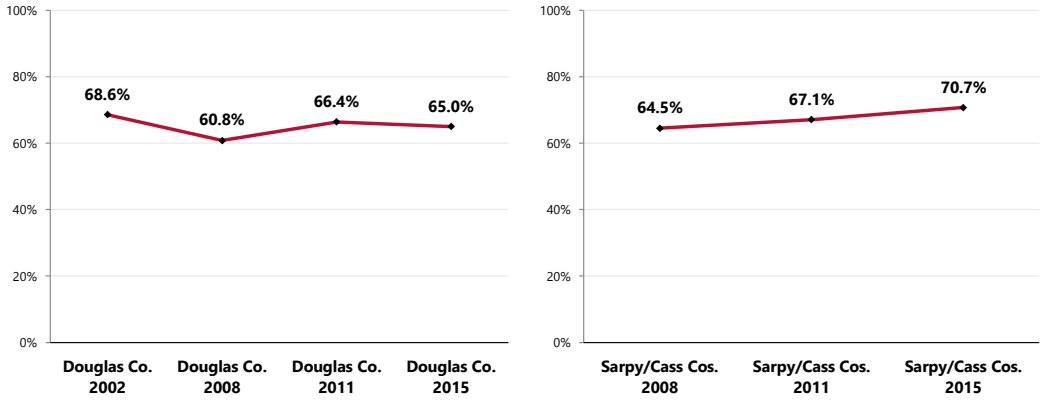


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Nebraska. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Nebraska and Iowa data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Have Visited a Physician for a Checkup in the Past Year

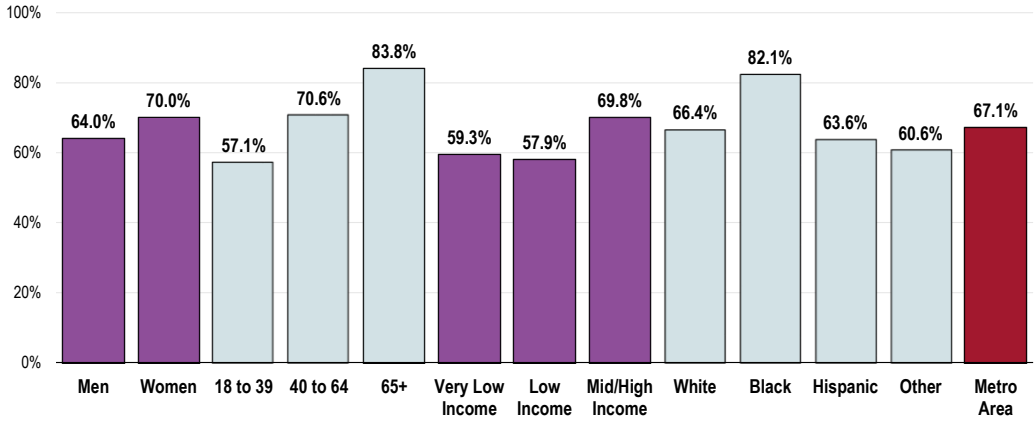


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]

Notes:
- Asked of all respondents.

- Adults under age 65 are less likely to have received routine care in the past year (note the positive correlation with age), as are Metro Area men, low-income residents, Whites, Hispanics, and Other races.

Have Visited a Physician for a Checkup in the Past Year
(Metro Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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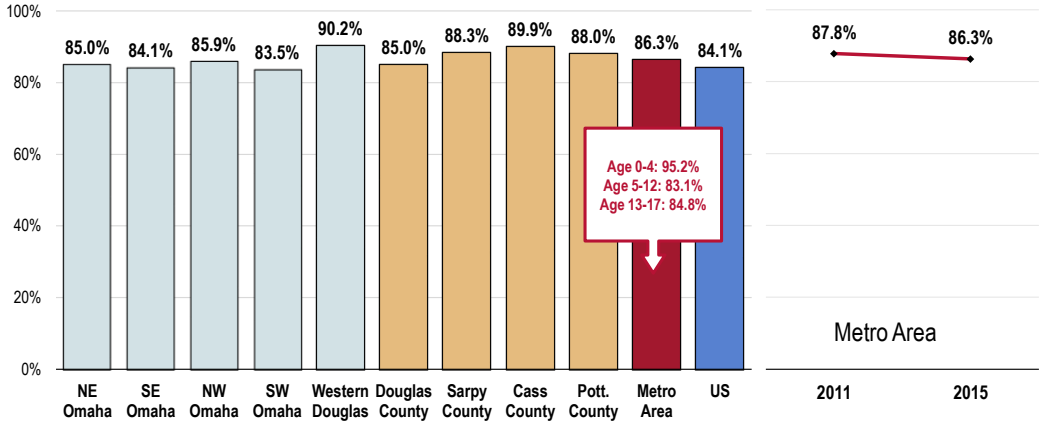
Children

Among surveyed parents, 86.3% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- Similar findings among the 4 Metro Area counties.
- Similar findings within Douglas County.
- TREND: Statistically similar to 2011 findings.
- As may be expected, routine checkups are highest in the Metro Area among children under age 5.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)

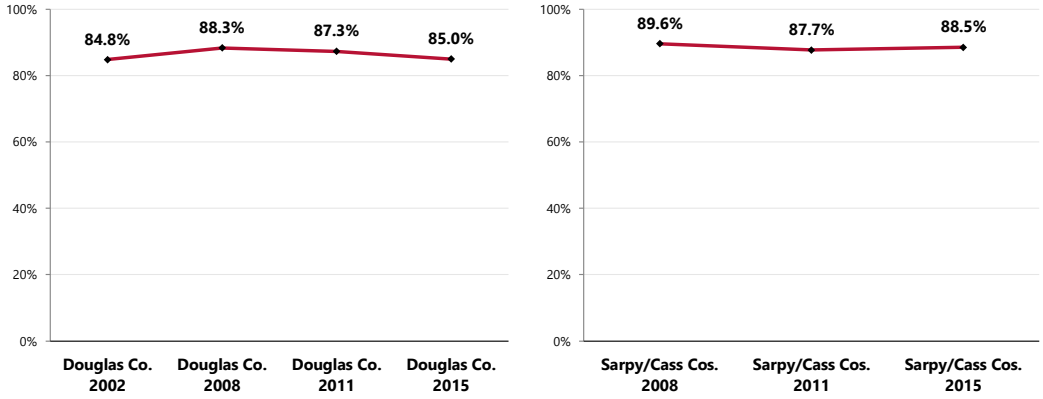


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
Notes: ● Asked of all respondents with children 0 to 17 in the household.

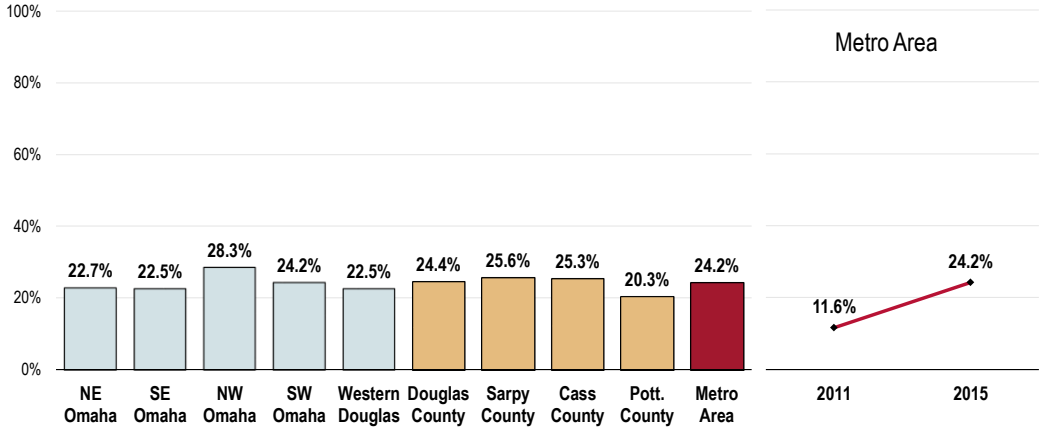
Electronic Communication

The majority (75.8%) of Metro Area adults reports that they "seldom" or "never" communicate electronically (e.g., via email or text) **with a physician or hospital.**

However, 24.2% "frequently" or "sometimes" do so.

- Lowest in Pottawattamie County.
- Similar findings across the 5 Douglas County subareas.
- TREND: Marks a statistically significant increase over time.

"Frequently" or "Sometimes" Use Electronic Communication to Communicate with a Doctor or Hospital



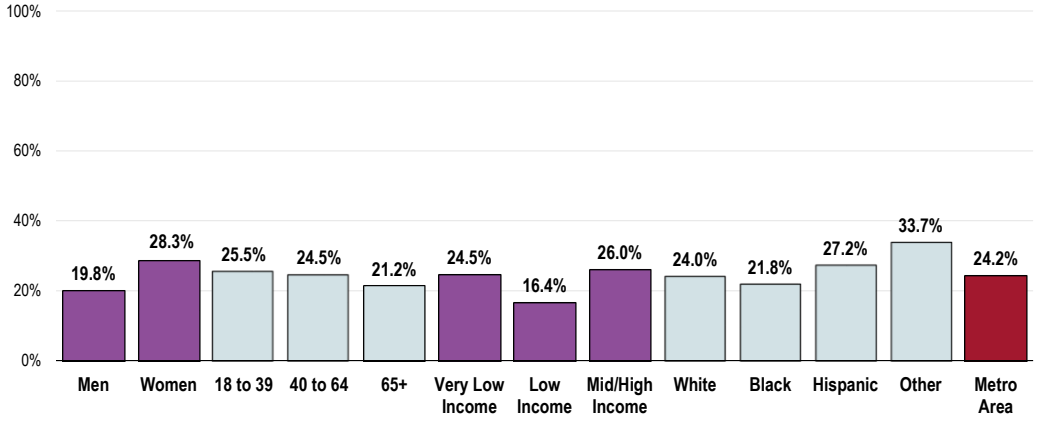
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 307]
Notes: ● Asked of all respondents.

The following demographic samples are more likely to use electronic communication with a doctor or hospital:

- Women.
- Adults at either end of the income spectrum.

"Frequently" or "Sometimes" Use Electronic Communication to Communicate with a Doctor or Hospital

(Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]

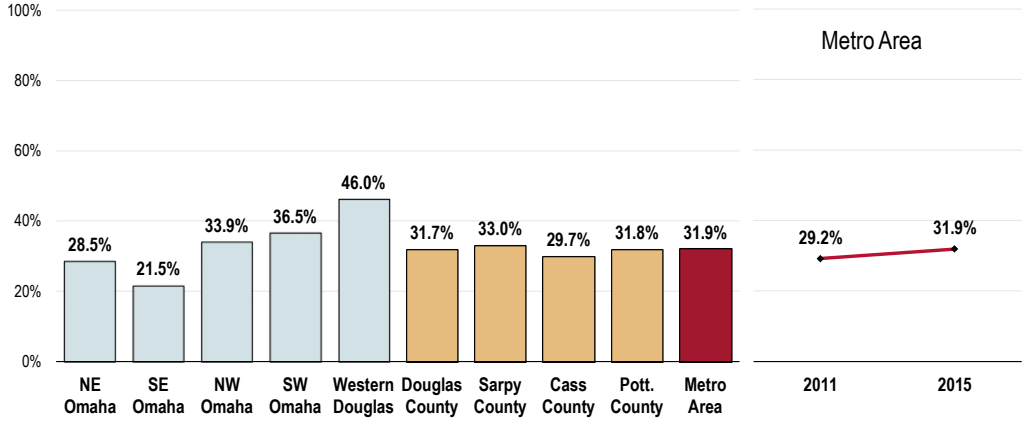
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Advance Directives

31.9% of Metro Area adults have a completed Advanced Directive (or Living Will) in place.

- Among the four Metro Area counties: no significant difference in findings.
- Within Douglas County, much lower in the east.
- TREND: Denotes a statistically significant increase over time.

Currently Have a Completed Advance Directive or Living Will

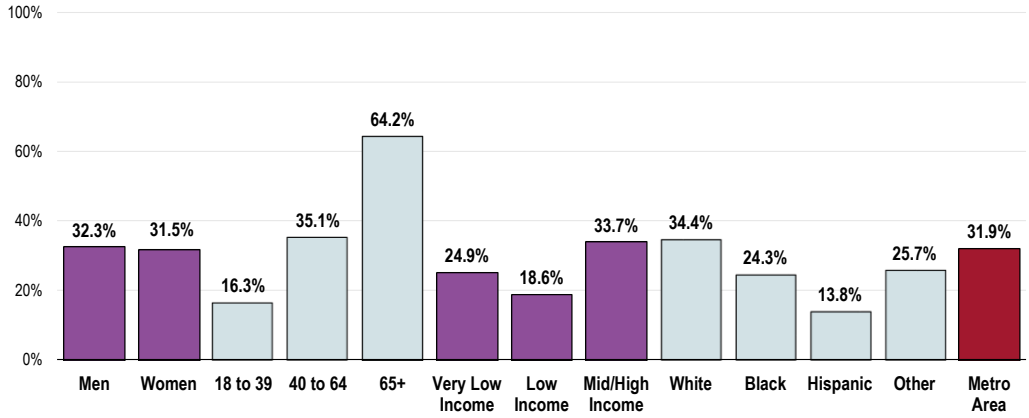


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 320]
Notes: ● Asked of all respondents.

- Younger residents (as may be expected), low-income residents, Blacks, Hispanics, and Other races are less likely to have a completed Advanced Directive/Living Will.

Currently Have a Completed Advance Directive or Living Will

(Metro Area, 2015)



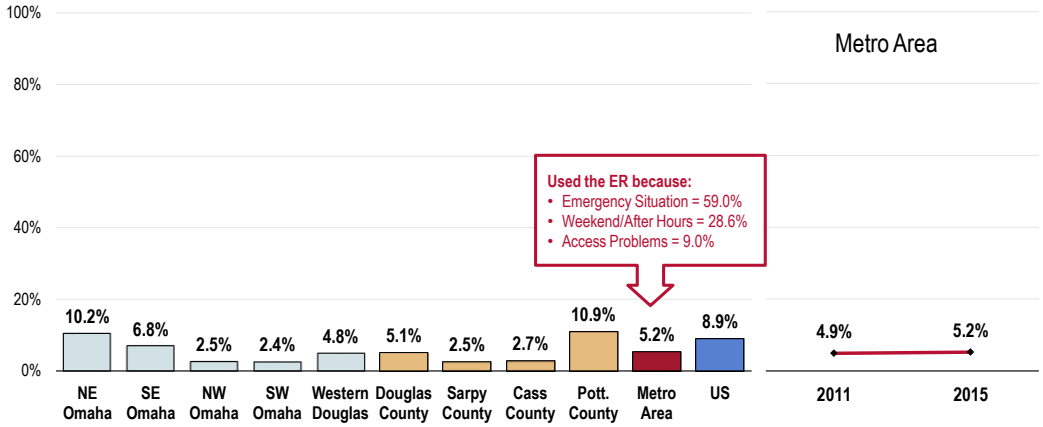
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 320]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Emergency Room Utilization

A total of 5.2% of Metro Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Well below the national findings.
- Unfavorably high in Pottawattamie County.
- Highest in Northeast Omaha; lowest in the northwest.
- TREND: Statistically unchanged over time.

Have Used a Hospital Emergency Room More Than Once in the Past Year

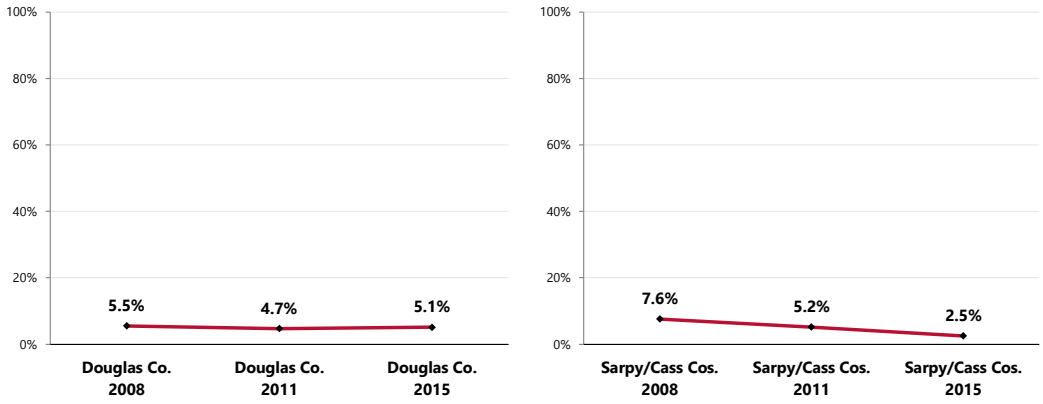


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Of those using a hospital ER, 59.0% say this was due to an **emergency or life-threatening situation**, while 28.6% indicated that the visit was during **after-hours or on the weekend**. A total of 9.0% cited **difficulties accessing primary care** for various reasons.

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

Have Used a Hospital Emergency Room More Than Once in the Past Year

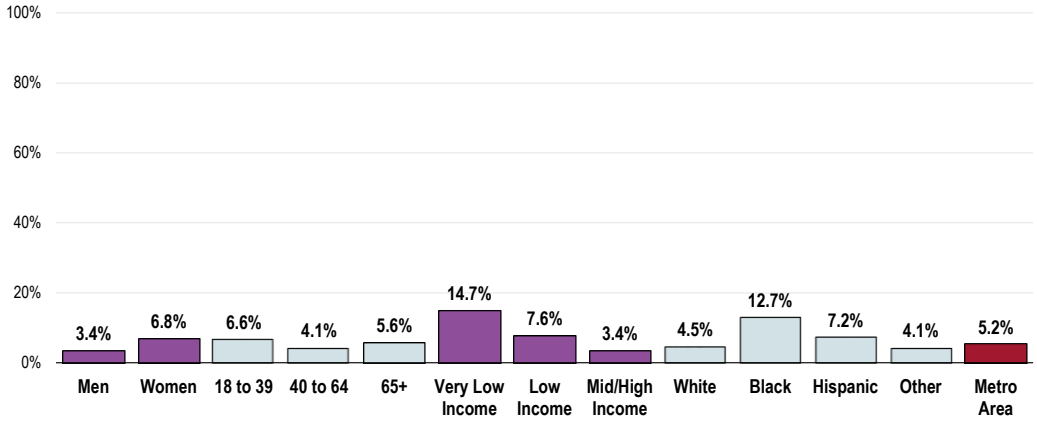


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
Notes: ● Asked of all respondents.

- ER use is more prevalent among Metro Area women, lower-income residents (negative correlation with income), Blacks, and Hispanics.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Metro Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

Dental Care

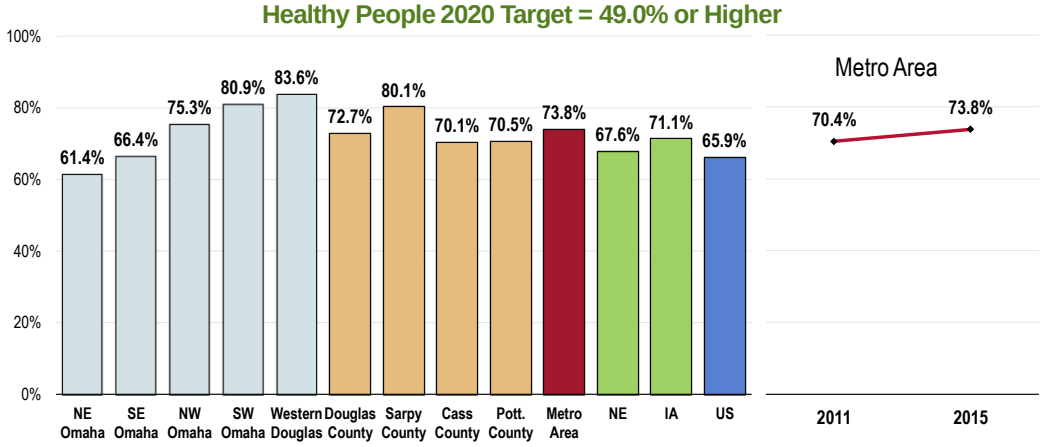
Adults

A total of 73.8% of Metro Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Higher than both state proportions.
- Higher than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Favorably high in Sarpy County.
- Much lower in the eastern portion of Douglas County.
- TREND: Marks a statistically significant increase over time.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher

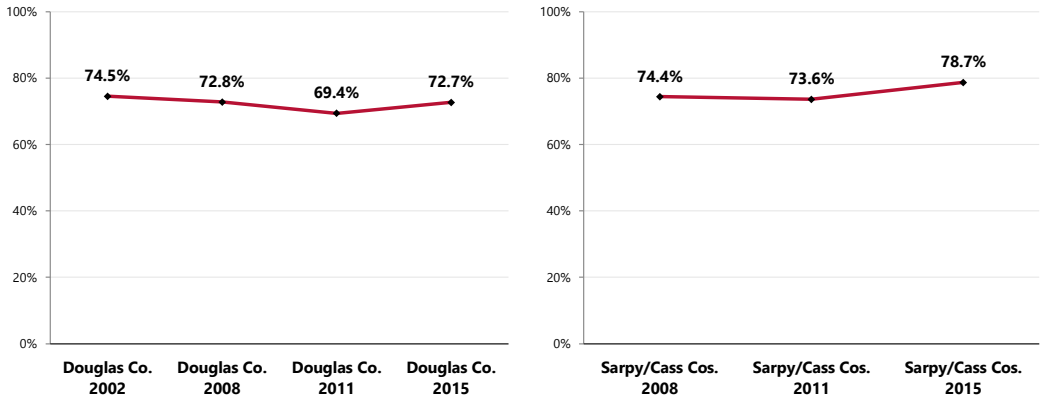


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Nebraska. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Nebraska and Iowa data.

Notes:
- Asked of all respondents.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]

Notes:
- Asked of all respondents.

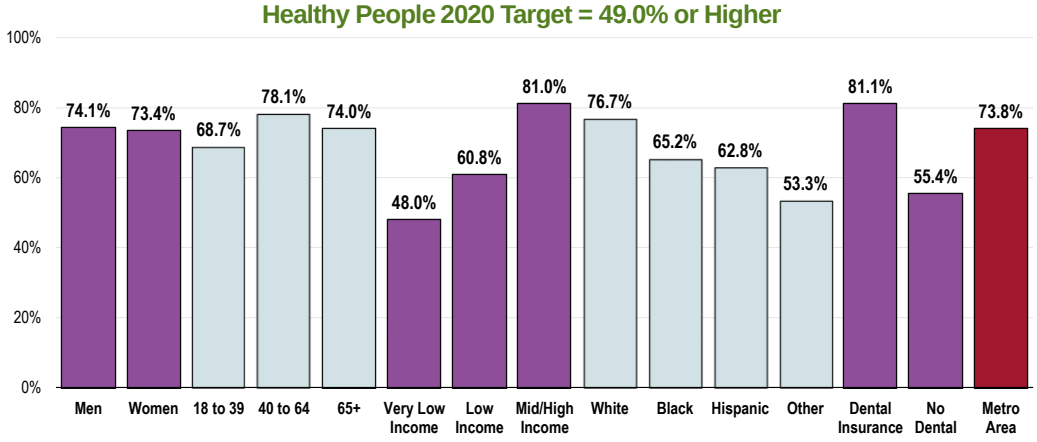
Note the following:

- Adults under 40 are much less likely to report recent dental care than are their demographic counterparts.
- Persons living in the higher income categories report much higher utilization of oral health services (positive correlation with income).
- Whites are much more likely than Blacks, Hispanics, or Other races to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Metro Area, 2015)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

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

Children

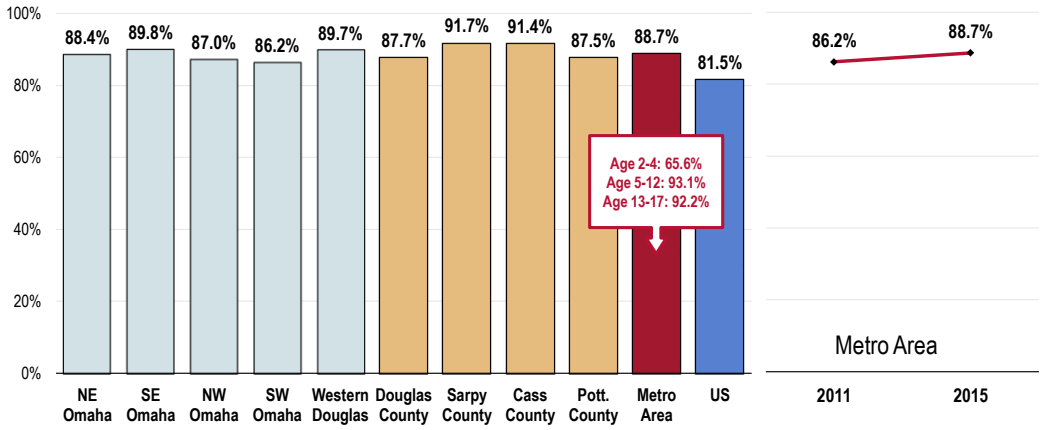
A total of 88.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).
- Comparable findings by Metro Area county.
- Comparable findings by subarea within Douglas County.
- TREND: Statistically unchanged over time.
- As expected, regular dental care is notably lower among children age 2 to 4.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher

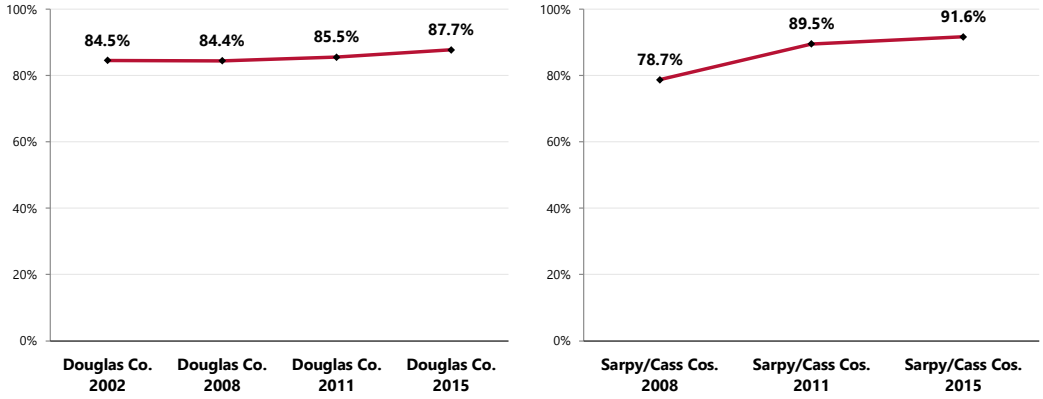


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: ● Asked of all respondents with children age 2 through 17.

- TREND: Statistically unchanged over time in Douglas but marking a statistically significant increase in children's dental care for Sarpy/Cass counties.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)



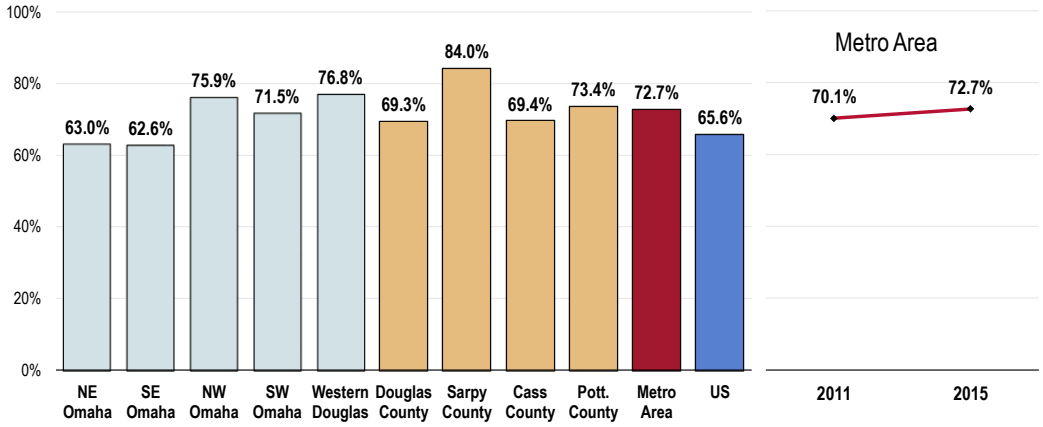
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
Notes: ● Asked of all respondents with children age 2 through 17.

Dental Insurance

Most Metro Area adults (72.7%) have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.
- Highest in Sarpy County, lowest in Douglas County.
- Much lower in the eastern portion of Douglas County.
- TREND: Denotes a statistically significant increase in coverage over time.

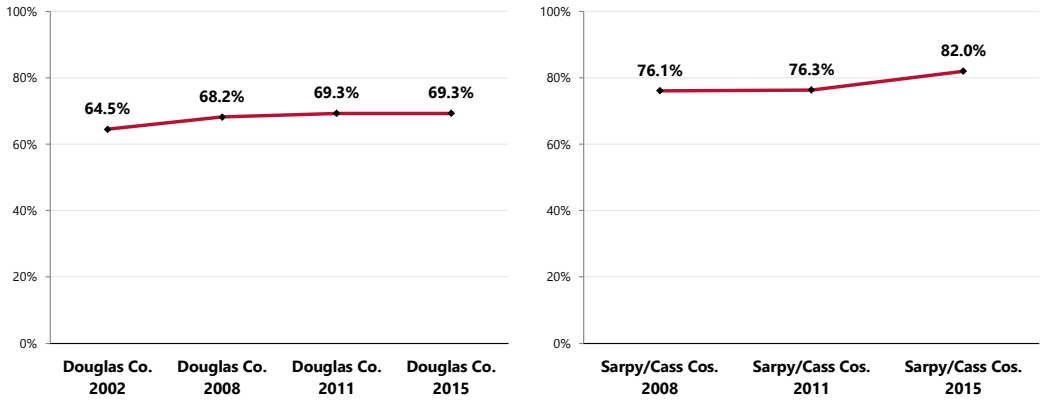
Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- TREND: Marks a statistically significant increase in coverage over time for Douglas as well as Sarpy/Cass counties.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

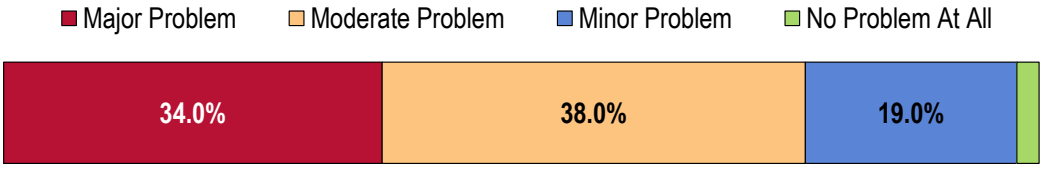


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
Notes: ● Asked of all respondents.

Key Informant Input: Oral Health

Key informants taking part in an online survey more often characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Online Key Informant Survey, August 2015.

Top Concerns

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

Dental Coverage

Rare insurance coverage, much dental disease not treated except in Emergency Department. – Public Health Representative

If you do not have insurance you can't get care. If you are able to get in the free/sliding scale clinics they pull teeth. If you need dentures it is forever until you can get into a clinic to start the long process of getting dentures. – Healthcare Provider

Lack of resources for patients without insurance. – Healthcare Provider

Increased cost of dental insurance. – Healthcare Provider

Everyone brings attention to physical health. ACA didn't really address adult dental care. Families are working and can't get to the dentist. Dentists don't accept Medicaid, they say they do but try to get an appointment, then try harder if you have it. – Healthcare Provider

Drug use, ineffective or negligent oral care insurance. – Healthcare Provider

Fewer providers accepting Medicaid. – Healthcare Provider

Dentists do not want to serve low income families and it is too expensive for working families, even with insurance to pay for major dental care. – Social Service Provider

Lack of providers willing to serve Medicaid or uninsured individuals. – Social Service Provider

It is harder to get insurance for dental care, harder to find dentists to volunteer their time for low income persons. – Healthcare Provider

I know many 20 somethings that work in lower paying jobs that are not provided dental insurance. Most have not visited a dentist in years. Also retirees do not have dental insurance because it is not provided through Medicare. – Healthcare Provider

Affordability of Services

Most low income people do not have dental insurance and can't afford to have oral maintenance. – Social Service Provider

Lack of insurance and low Medicaid rates for dental care impede access to dental care. – Social Service Provider

There are not enough free or reduced cost or sliding scale dental clinics to accommodate the patients who need care, so many wait until the situation becomes emergent and end up in the Emergency

Rooms to manage dental needs. – Community/Business Leader

One World and Charles Drew are the only options I am aware of that will accept patients on a sliding fee basis. – Physician

The cost of dental care, particularly restorative, is prohibitive. – Social Service Provider

Dental is expensive for patients. Expensive for CHS to run. Have to wait many times months for routine care. Lack of care for the elderly with issues, i.e. dementia. Major disease of childhood is dental care. Diabetics, patients with cancer. – Healthcare Provider

Cost of care, access to care if no insurance. – Healthcare Provider

There is little access to affordable dental services for low income patients and as with mental health, those that do offer services at a reduced cost are overwhelmed and unable to provide timely service. – Healthcare Provider

Lack of awareness. Too expensive. Lack of access to routine care for the underserved. – Public Health Representative

Education

I believe it is lack of education on the part of parents. They do not see the importance of preventative care and dental treatment when a problem exists. Parents lack the funding and insurance for their own oral health, so it may influence their beliefs. – Social Service Provider

Lack of preventative care (regular dental visits). – Social Service Provider

Professional experience with young adults and adults. – Public Health Representative

Access to Care

Fewer people have access to this. – Social Service Provider

Diet, young parents, few dentists. – Physician

I think there is poor ability to access good dental care. – Healthcare Provider

Lack of access due to immigrant status. Cost of services. – Community/Business Leader

Vision Care

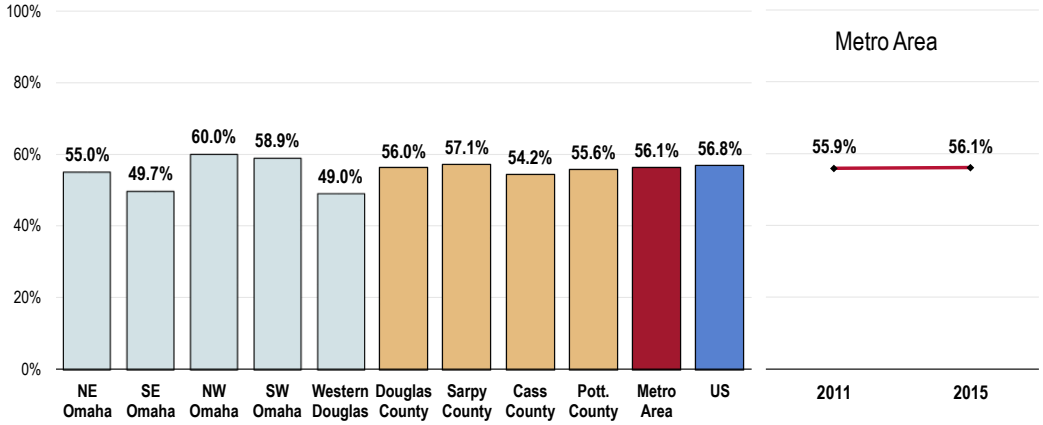
A total of 56.1% of residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also Vision & Hearing in the **Death, Disease & Chronic Conditions** section of this report.

- Close to the national percentage.
- Comparable findings among Metro Area counties.
- Lowest in Southeast Omaha and Western Douglas County.
- TREND: Statistically unchanged over time.

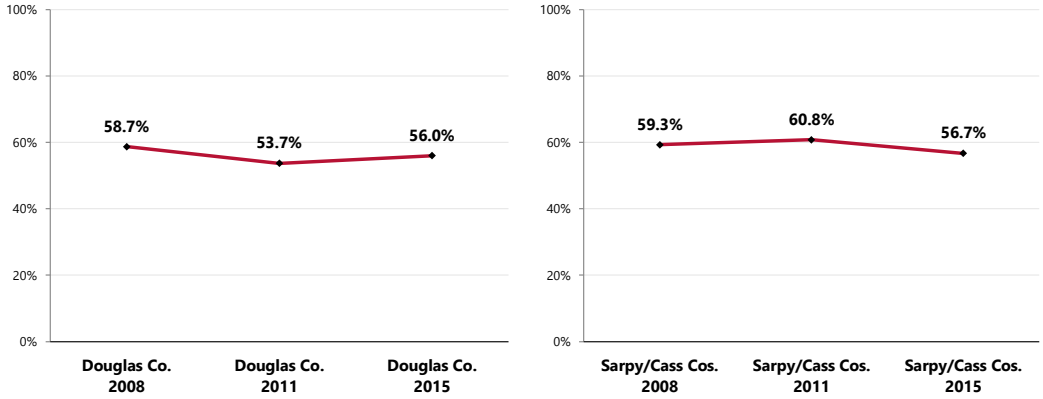
Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



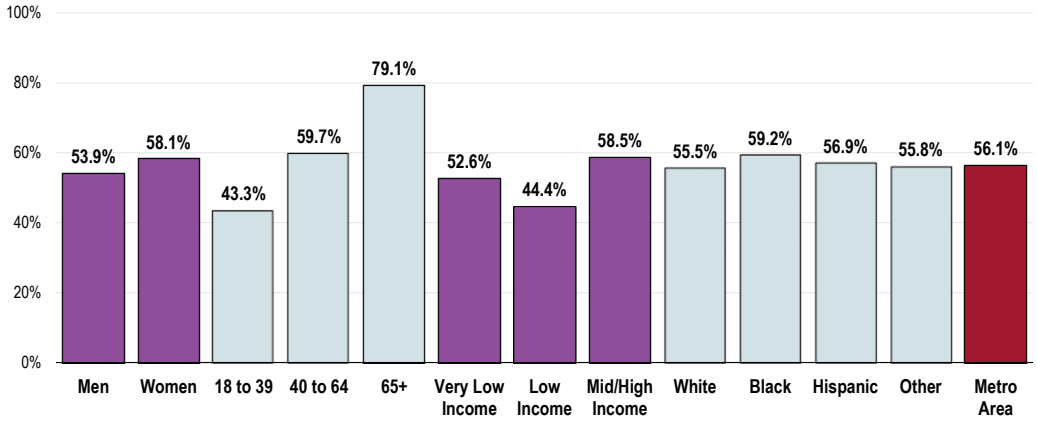
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
Notes: ● Asked of all respondents.

Recent vision care in the Metro Area is more often reported among:

- Women.
- Older residents (positive correlation with age).
- Residents at either end of the income spectrum.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

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

Health Education & Outreach

Professional Research Consultants, Inc.

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

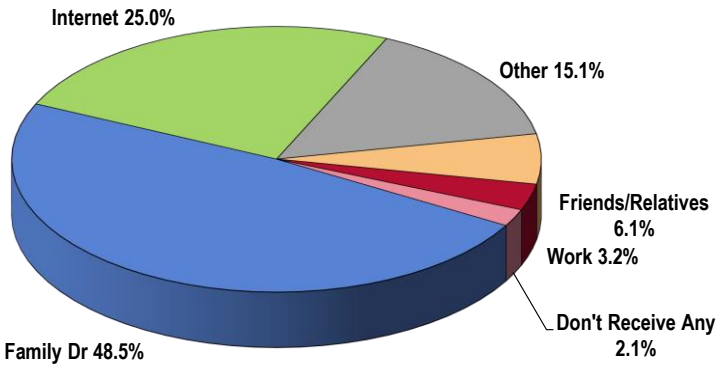
- 48.5% of Metro Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 25.0%.

Other sources mentioned include friends and relatives (6.1%) and work (3.2%).

- A total of 2.1% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information

(Metro Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 334]
Notes: • Asked of all respondents.

Health Literacy

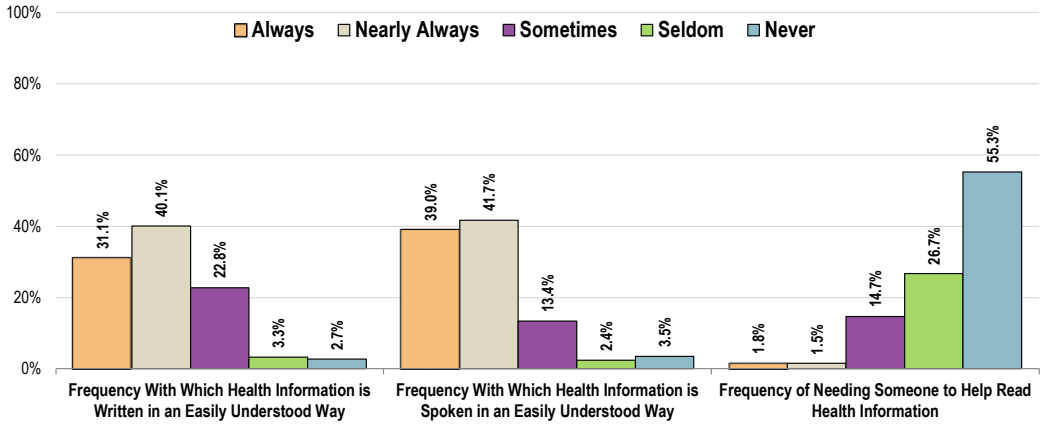
Survey respondents were next asked about their level of ease in understanding health information, whether written or spoken.

While most Metro Area residents do not appear to have problems with reading or hearing about health information, note that 6.0% report that health information is "seldom" or "never" written in an easily understood way, and a similar proportion (5.9%) feels health information is "seldom/never" spoken in an easily understood way.

- Among survey respondents, 3.3% "always" or "nearly always" need someone to help them read health information.

Understanding Health Information

(Metro Area, 2015)



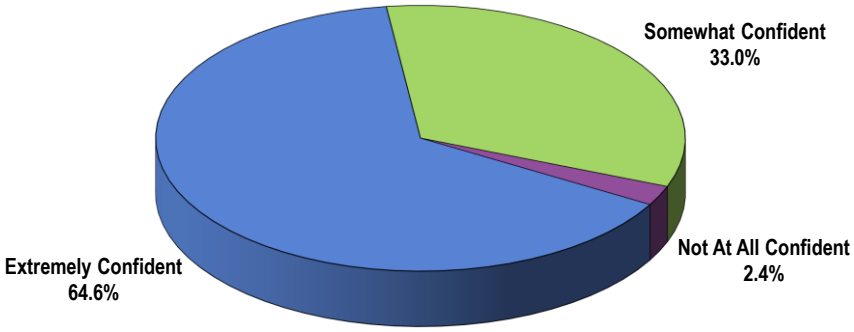
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 335-337]
Notes: • Asked of all respondents.

Asked about their level of confidence in filling out health forms appropriately, most Metro Area residents (64.6%) gave "extremely confident" responses, and 33.0% are "somewhat confident" about their ability to fill out health forms.

- Note that 2.4% of respondents are "not at all confident" about filling out health forms.

Self-Perceived Confidence in Ability to Fill Out Health Forms

(Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 338]

Notes:
- Asked of all respondents.
- In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

Participation in Health Promotion Events

About Educational & Community-Based Programs

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

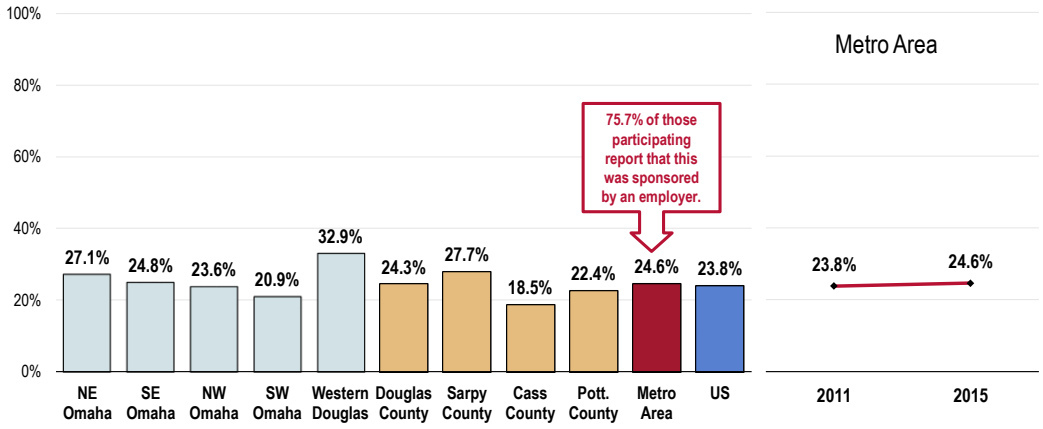
Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

A total of 24.6% of Metro Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Comparable to the national prevalence.
- Lowest in Cass County.
- Favorably high in Western Douglas County.
- TREND: Unchanged since the 2011 survey was conducted.
- Note that 75.7% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

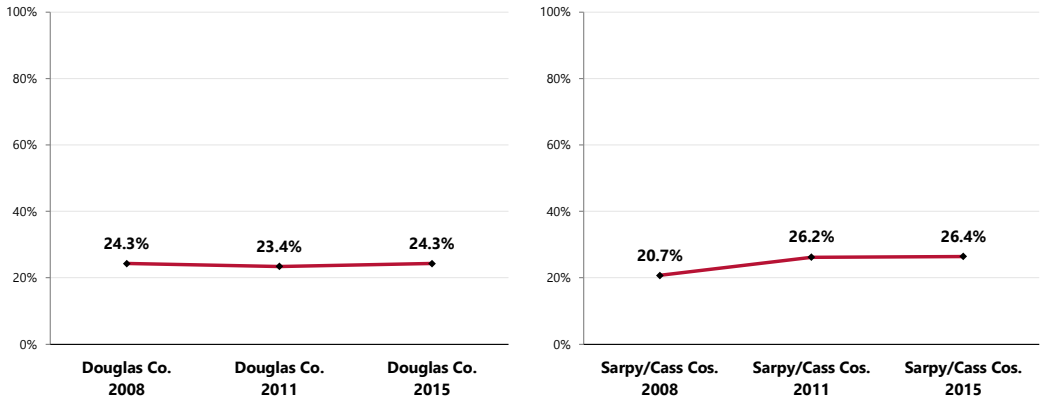
Participated in a Health Promotion Activity in the Past Year



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 339-340]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

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

Participated in a Health Promotion Activity in the Past Year



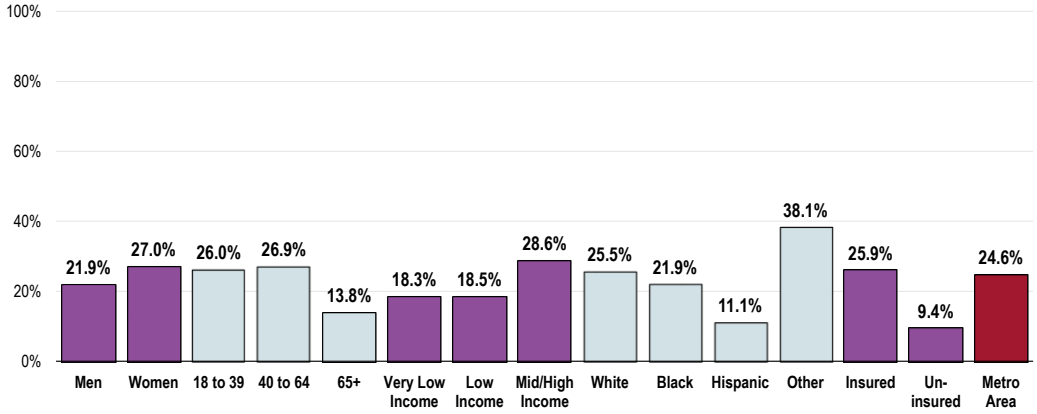
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 339-340]
Notes: ● Asked of all respondents.

These population segments are less likely to have participated in a health promotion event during the past year:

- Men.
- Seniors.
- Lower-income residents.
- Blacks and Hispanics.
- The uninsured.

Participated in a Health Promotion Activity in the Past Year

(Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 339]

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

Local Resources

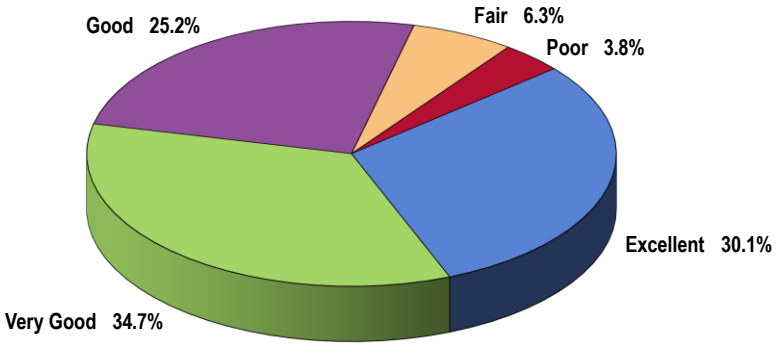
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

Nearly 2 in 3 Metro Area adults (64.8%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 25.2% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(Metro Area, 2015)

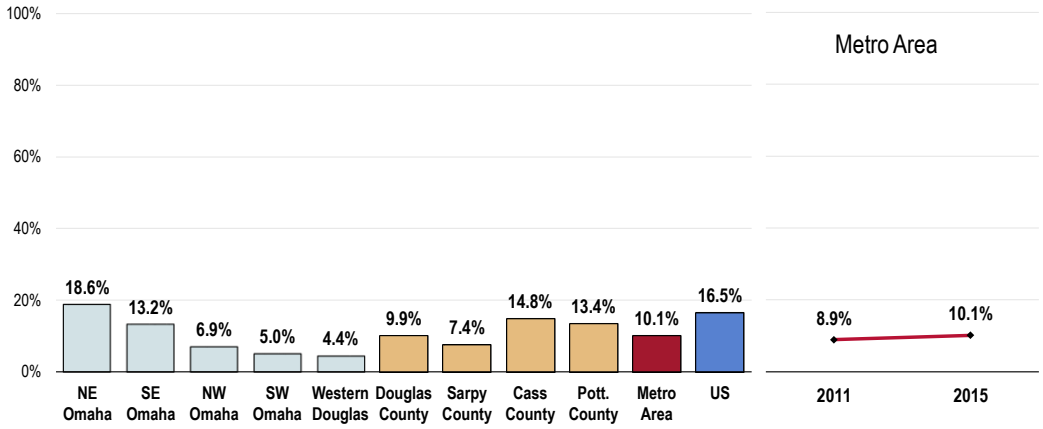


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 10.1% of residents characterize local healthcare services as "fair" or "poor."

- More favorable than reported nationally.
- Favorably low in Sarpy County.
- In Douglas County, the prevalence is much higher in the east.
- TREND: Statistically unchanged over time.

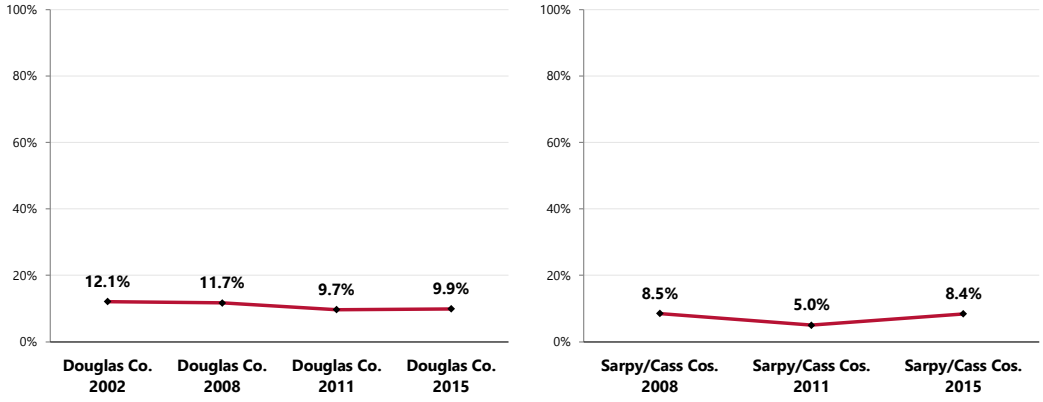
Perceive Local Healthcare Services as "Fair/Poor"



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- TREND: Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Perceive Local Healthcare Services as "Fair/Poor"



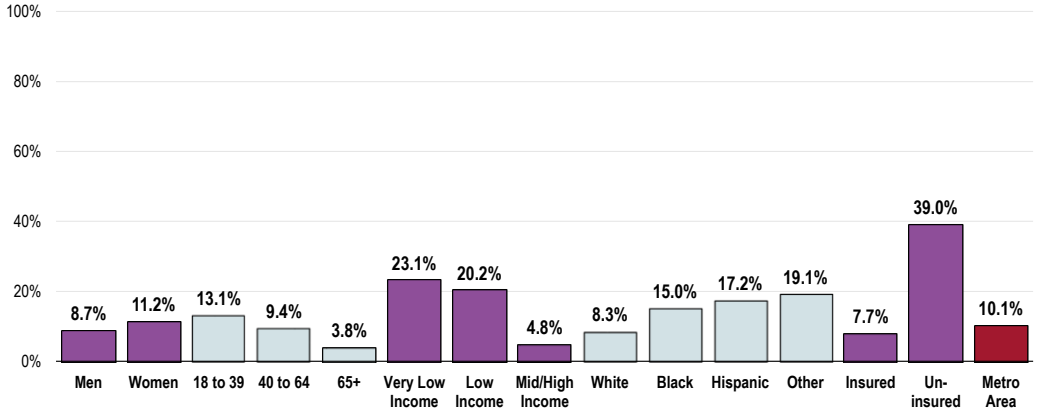
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.

The following residents are more critical of local healthcare services:

- Women.
- Adults under age 65 (negative correlation with age).
- Residents with lower incomes (negative correlation with income).
- Blacks, Hispanics, and Other adults.
- Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor"

(Metro Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

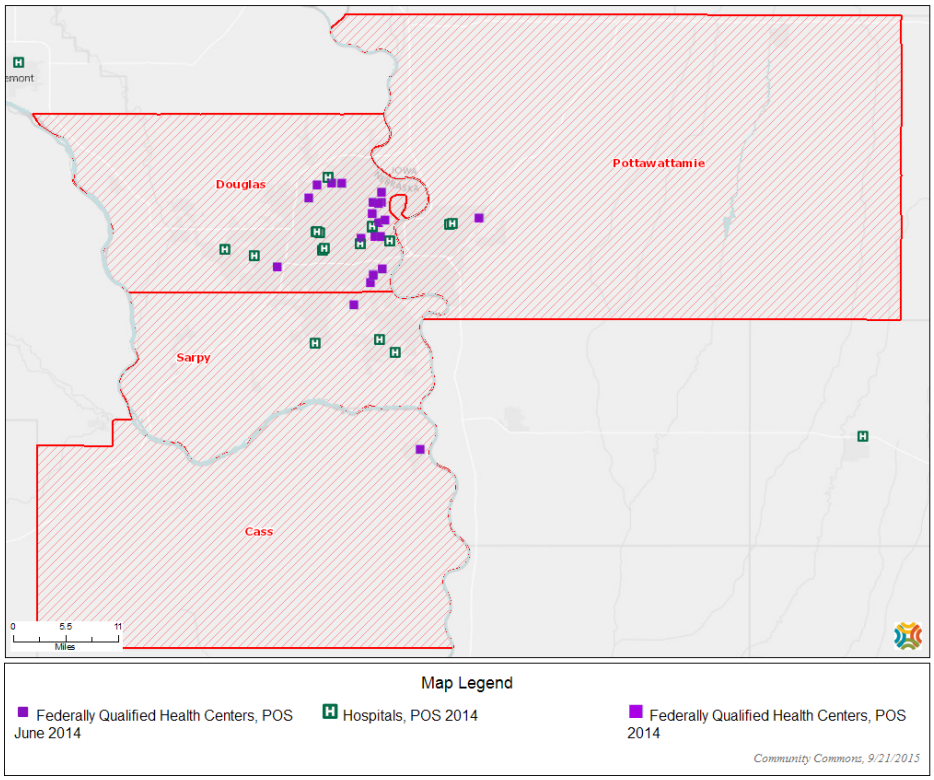
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map provides an illustration of the hospitals and Federally Qualified Health Centers (FQHCs) within the Metro Area as of June 2014.

Hospitals and Federally Qualified Health Centers, POS June 2014

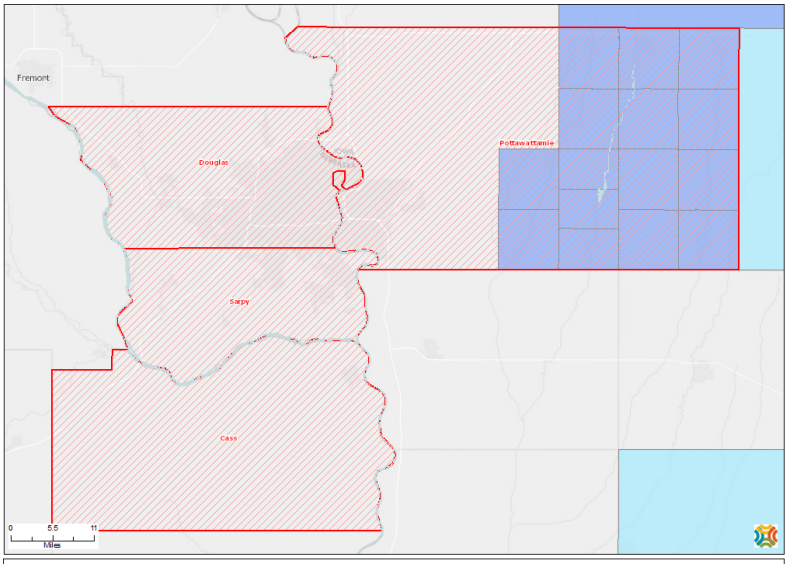


Health Professional Shortage Areas (HPSAs)

The following map provides an illustration of those areas within the Metro Area that have been designated by the US Department of Health and Human Services as a health professional shortage area (HPSA) as of March 2015.

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

Population Living in a HPSA, Percent , HRSA HPSA Database March 2015



Map Legend

Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database March 2015

- Population Group; Over 20.0 FTE Needed
- Population Group; 1.1 - 20.0 FTE Needed
- Population Group; Under 1.1 FTE Needed
- Geographic Area; Over 20.0 FTE Needed
- Geographic Area; 1.1 - 20.0 FTE Needed
- Geographic Area; Under 1.1 FTE Needed

Community Commons, 9/21/2015

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

ACA
Alegent Psychiatric Associates
All Care
Ambulatory Clinics
Area Agency on Aging
Boys Town
Bus
Carl T. Curtis Health Center
Catholic Charities
Center for Holistic Development
Charles Drew Health Center
CHI Health
Clinics
Community Alliance
Community Health Center
Creighton
Creighton Dental School
Cultural/Diversity Training
Department of Health and Human Services
Diabetes Discharge Kit Nebraska Medicine
Douglas County Health Department
Douglas County Mental Health Center
Douglas County Outpatient Psych Clinic
Douglas County Primary Health Clinic
Eastern Nebraska Office on Aging
Emergency Room
Endeveren Family Medicine
Faith Community Nurses
Federally Qualified Health Centers
Financial Assistance Programs
Florence Clinic
Fred Leroy Health and Wellness Center
Free Clinic at Kounze Memorial Church
Friend Drive
Goodlife
Health Fairs, Screenings
Heart Ministry Center
Heartland Family Services
Hope Medical Outreach Coalition
Hospitals
Inroads to Recovery
Insurance Covered Transportation
Intelliride
Interpretive Services
Live Well Omaha
Lutheran Family Services
Lutheran Family Services and Southern Sudan Community
Magis Clinic Creighton
Medicaid
Methodist Jennie Edmundson Hospital
Metro Area Transportation
More Partnership Between Clinical and Public Sides
Nebraska Department of Health and Human Services (DHHS)
Nebraska Urban Indian Health
North Omaha Area Health
One World Community Health Center
PACE Programs
Pottawattamie County Community Services
Private Health Providers
Quick Care
Renaissance Clinic
Salvation Army
School Based Health Centers
Schools
Social Workers
Southwest Iowa Transit Agency
Special Transit System
SWITA
Taxi
Transitional Services
Transportation Assistance
UNMC
Visiting Nurses Association
Winnebago Hospital

Arthritis, Osteoporosis & Chronic Back Conditions

- *Arthritis Foundation*
- *Charles Drew Health Center*
- *CHI Health*
- *CHI Psychiatry*
- *Chiropractic Care*
- *Eastern Nebraska Office on Aging*
- *Hospitals*
- *Methodist Pain Clinic*
- *Methodist Physicians Clinic*
- *MHS Physical Therapy*
- *Midwest Pain Clinic*
- *Miller Ortho*
- *Nebraska Arthritis Partnership*
- *One World Community Health Center*
- *Orthopedic Care*
- *Orthopedic Physician Specialist*
- *Pain Clinic*
- *Physical Therapy Programs*
- *Private Health Providers*
- *Rheumatology Consultants*
- *The Spine Center*
- *Wellness Centers*

Cancer

- *American Cancer Society*
- *Bryan LGH*
- *Cancer Center at UNMC*
- *Cancer Center of America*
- *Charles Drew Health Center*
- *CHI Alegent Creighton and Bergan*
- *CHI Health*
- *Children's Hospital*
- *Creighton*
- *Creighton University*
- *EPA Attempt to Clean up North Omaha*
- *Every Woman Matters*
- *Health Advocacy Organizations*
- *Health Department*
- *Heartland Oncology*
- *Hope Medical Outreach Coalition*
- *Hospitals*
- *Lung Cancer Non-Profit*
- *Methodist*
- *Methodist Estabrook Cancer Center*
- *Methodist Jennie Edmundson Hospital*
- *My Sister's Keeper*
- *Nebraska Cancer Coalition*
- *Nebraska Cancer Specialists*
- *Nebraska Comprehensive Cancer Control Program*
- *Nebraska Medicine*
- *Nebraska Urban Indian Health*
- *No More Empty Pots*
- *Olson Clinic*
- *One World Community Health Center*
- *Our Family Resource Center*
- *OWHC*
- *Private Health Providers*
- *Project Pink*
- *Public Health Department*
- *Quitline Iowa*
- *Survivor Support Groups*
- *Susan G. Komen Foundation*
- *Three Accredited Cancer Centers*
- *Tomato Collaborates With NUIHC and NMEP*
- *UNMC*
- *Visiting Nurses Association*
- *Wings of Hope*

Chronic Kidney Disease

- *Charles Drew Health Center*
- *CHI Health*
- *Creighton University*
- *Dialysis Centers*
- *Dialysis Units in North Omaha*
- *Dialysis Units, Davita*
- *Emergency Room*
- *Hospitals*
- *National Kidney Foundation*
- *Nebraska Kidney Association*
- *Nebraska Medicine*
- *North Omaha Area Health*
- *Outpatient Dialysis Centers*
- *RAI Care Center Omaha at Home Program*
- *UNMC*
- *VAMC*

Dementias, Including Alzheimer's Disease

- *Alzheimer's Association*
- *Assisted Living Facilities*
- *Douglas County Health Center*
- *Eastern Nebraska Office on Aging*
- *Eldercare Physicians*
- *For Profit Organizations that Provide Day*

Care
Geriatric Clinics
Home Healthcare
Home Instead Center for Successful Aging
Hospitals
Locked Units in Nursing Homes
Long Term Care Facilities With Dementia/Secured Units
Memory Care Homes
Methodist
Nursing Homes
OWHC
Respite Resource Center
Support Groups
Three Health Systems
UNMC

Diabetes

After School Programs
American Diabetes Association
Charles Drew Health Center
CHI Alegent Creighton
CHI Health
CHI Weight Management Program
Children's Hospital
Churches
Clinics
Community Health Fairs
Community Health Nurse
Community-Based Prevention Programs
CPPHE-REACH Program
Creighton University
Department of Health and Human Services
Diabetes Alliance
Diabetes Education Center of the Midlands
Diabetes Education CHI Health
Diabetes Foundation
Diabetes Non-Profit
Diabetes Prevention Programs at YMCA and UNMC
Diabetes Resource Center
Diabetes Specialist Practices
Diabetes Supply Center of the Midlands
Diabetic Centers and Educators
Diabetic Education Classes at NE Medicine
Diabetic Educators at Hospitals
Diabetic Support Groups
Douglas County Health Center
Douglas County Health Department
Eastern Nebraska Office on Aging
Employer Wellness Programs Incentive Based
Faith-Based Communities
Farmer's Market
Federally Qualified Health Centers
Foot Care Clinics
Foreman Foundation
General Assistance if You Meet Income Guidelines
Generic Medications
Goodlife
Government Offices and County Extension Offices
Grocery Stores
Health Coaches
Health Department
Health Fairs, Screenings
Healthy Families
Healthy Neighborhood Stores
Home Healthcare
Hope Center
Hospitals
Hy-Vee
Internet
Live Well Council Bluffs
Local Diabetes Chapter
Local Garden Programs
Malcolm X Foundation
Methodist
Methodist Physicians Clinic
MHS Diabetes Center
Midtown Clinic at Nebraska Medicine
Nebraska Medicine
Nebraska Medicine Bellevue
No More Empty Pots
North Omaha Area Health
NUIHC
One World Community Health Center
OWHC
Pharmaceutical Company Medication Assistance Program
Primary Care Providers
Private Health Providers
Public and Private Health Providers
Public Health Department
Schools

- *Sharing Clinic*
- *The Diabetes Center on 84th and Center*
- *The Healing Gift Clinic*
- *Three Health Systems*
- *TOPS*
- *Uninet Diabetes Education and Support Groups*
- *United Healthcare Community Health Worker Program*
- *UNMC*
- *Visiting Nurses Association*
- *Weight Watchers*
- *Winnebago Hospital*
- *YMCA*

Family Planning

- *Abortion and Contraception Clinic of Nebraska*
- *Archdiocese of Omaha*
- *Association of Reproductive Health Professionals*
- *Charles Drew Health Center*
- *College of Public Health*
- *Creighton*
- *Department of Health and Human Services*
- *Douglas County Health Department*
- *Emergency Pregnancy Service*
- *Federally Qualified Health Centers*
- *Fred Leroy Health and Wellness Center*
- *Hospitals*
- *North Omaha Area Health*
- *One World Community Health Center*
- *OWHC*
- *Planned Parenthood*
- *Primary Care Providers*
- *Private Health Providers*
- *School Based Health Centers*
- *Schools*
- *Sherwood Foundation*
- *Social Workers*
- *UNMC*
- *Visiting Nurses Association*
- *Wal-Mart*

Hearing & Vision

- *Building Healthy Futures*
- *Charles Drew Health Center*
- *Creighton University*
- *Lions*
- *OWHC*
- *Primary Care Providers*
- *Schools*

Heart Disease & Stroke

- *Adult and Elderly Home Visiting Programs*
- *American Heart Association*
- *Business Wellness Programs Such as Union Pacific*
- *Cardiac Center at Creighton*
- *Cardiac Prevention Programs at Local Hospitals*
- *Cardiac Rehab Programs*
- *Charles Drew Health Center*
- *CHI Alegent Creighton and Bergan*
- *CHI Health*
- *CHI Heart Centers*
- *Clinics*
- *Community Center Fitness Programs*
- *Community Health Fairs*
- *Community Wide Stroke Team*
- *Community-Based Prevention Programs*
- *CPPHE-REACH Program*
- *Creighton*
- *Department of Health and Human Services*
- *Diabetic Centers and Educators*
- *Douglas County Health Department*
- *Eastern Nebraska Office on Aging*
- *Engage Wellness Center UNMC*
- *Faith Community Nurses*
- *Faith-Based Communities*
- *Federally Qualified Health Centers*
- *Fitness Centers/Gyms*
- *Fred Leroy Health and Wellness Center*
- *Health Coaches MPC*
- *Health Department*
- *Health Fairs, Screenings*
- *Healthy Families*
- *Healthy Heart Program*
- *Healthy Neighborhood Stores*
- *Hospital Diet Office*
- *Hospitals*
- *Hy-Vee*
- *Live Well Omaha*
- *Long Term Care Options*
- *Methodist*
- *Methodist Heart Center*
- *Methodist Jennie Edmundson Hospital*

Methodist Physicians Clinic
Nebraska Heart Association
Nebraska Medicine
North Omaha Area Health
North Omaha Community Care Council
One World Community Health Center
OWHC
Prevention Programs at the Fitness Clubs
Primary Care Providers
Private Health Providers
Public Health Department
Quitline Iowa
Red Dress Program for Women
Specialty Care
The Center
Three Health Systems
Trained Pharmacists and Protocols
Tuition Support Offered by YMCA
UNMC
UNO
Visiting Nurses Association
Worksite Wellness Programs
YMCA

HIV/AIDS

Charles Drew Health Center
Churches
Creighton University
Department of Health and Human Services
Douglas County Health Department
Douglas County Medical Center
Extension Offices
Health Department
Infectious Disease Medicine at Bergan Mercy
Nebraska AIDS Project
Nebraska Medicine
North Omaha Area Health
One World Community Health Center
Planned Parenthood
Private Health Providers
School Based Health Centers
UNMC

Immunization & Infectious Diseases

Charles Drew Health Center
College of Public Health
Department of Health and Human Services
Douglas County Health Department
Douglas County Medical Center
Douglas County Primary Health Clinic
Federally Qualified Health Centers
Health Department
Hospitals
Nebraska AIDS Project
Nebraska Medicine
One World Community Health Center
OWHC
Planned Parenthood
Primary Care Providers
Private Health Providers
School Based Health Centers
UNMC
Women's Fund of Omaha

Infant & Child Health

Ambulatory Clinics
Baby Blossom Collaborative
Charles Drew Health Center
CHI Health
Children's Hospital
CityMatch
Daycare Centers
Department of Health and Human Services
Douglas County Health Department
Early Childhood Services
Educare and the Learning Community
EPA Douglas County Health Dept & Charles Drew Health Cntr
Faith-Based Communities
Federally Qualified Health Centers
Fetal Infant Mortality Efforts
Health Department
Home Healthcare
Home Visitation Programs, Headstart, Evenstart Programs
Live Well Omaha
Maternal and Child Health Bureau HRSA
Maternal Health Clinics
Omaha Healthy Start
Omaha Public Schools
One World Community Health Center
OWHC
Private Health Providers
Project Harmony
Quick Care
School Based Health Centers

Schools
The Connections Program
UNMC
Visiting Nurses Association
WIC

Injury & Violence

360 Community Group
75 North
ABIDE Ministries
Adult Protective Services
After School Programs
Anger Management Classes at MH Organizations
Big Brothers and Big Sisters
Black Men United
Boy Scouts
Boys and Girls Club
Catholic Charities
Center for Holistic Development
Child Saving Institute
Children's Square
Churches
Collective for Youth
Community Groups in North and South Omaha
Community Policing
Community-Based Prevention Programs
Compassion in Action
Crime Commission
Crisis Response Team
DHS and Multiple Family and Children Organizations
Domestic Violence Coordinating Council
Douglas County
Douglas County Corrections
Douglas County District Court
DV Task Force
DVCC and WCA
Education
Emotional CPR From CHI Immanuel
Empowerment Network
Faith-Based Communities
Family Network
Federally Qualified Health Centers
Gang Prevention Units
Gang Unit of Omaha Police Department
Girls, Inc.
Grass Root Neighborhood Organizations
Green Dot Program at UNO Campus
Heartland Family Services
Hope Center
Hospitals
Impact One
Jobs
Juan Diego Center
Kroc Center
Law Enforcement
Lutheran Family Services
Lydia House
Malcolm X Foundation
Methodist
Methodist Forensic Nurse Examiner Program
Methodist SANE/SART Program
Midlands Mentoring
National Safety Council
Nebraska Families Collaborative
Neighbors Helping Neighbors
NICE Program in OPS
NUIHC
Omaha 360
Omaha Alliance of Churches
Omaha Empowerment Network
Omaha Police Department
Omaha Public Schools
Omaha Youth Engagement System
Outpatient Treatment
Phoenix House Domestic Violence Shelter
Programs for at Risk Youth
Programs Through Police Resources
Project 360
Project Everlast
Project Harmony
Public and Private Entities Working Together
Safety Council
School Based Health Centers
Schools
Stopping Violence
Team Mates Mentoring Program
Think Before You Act
Trauma Center
Universities
Upward Bound Programs at all Universities
Urban League
Voices for Children of Nebraska
Wellness Centers

Women's Center for Advancement
YMCA

Mental Health

Act Team - HFS
All Care
Antonia Correa - UNMC/COPH/CRHD
APA
Behavioral Health at MMI and Children's
Behavioral Health Parity Act
Boys Town
Campus for Hope
Catholic Charities
Center for Holistic Development
Charles Drew Health Center
CHI Health
CHI Health Immanuel
CHI Health Mercy
CHI Health School Based Mental Health Program
Child Protective Services
Child Saving Institute
Children's Hospital Behavioral Health
Children's Square
Churches
Clinics
Community Alliance
Community Based Providers
Connections Project
County Mental Health
Creighton
Department of Health and Human Services
Douglas County
Douglas County Board of Mental Health
Douglas County Corrections
Douglas County Health Center
Douglas County Health Department
Douglas County Hospital
Douglas County Mental Health Center
Douglas County Outpatient
EAP
Early Home Visitation Prgm Funded by Promise Partners
Emergency Room
Family Connections
Family Enrichment
Family Network
Federally Qualified Health Centers
Fitness Centers/Gyms
Fred Leroy Health and Wellness Center
Friendship Program
Glenwood Resource Center
Greater Omaha Center in City of Omaha Detox Center
HAB and SCL
Heartland Family Services
Homeless Shelters
Hospitals
IHH, HFS and CHI
Inroads to Recovery
Insurance Company
Integrated Health Homes
Jewish Family Services
Juan Diego Center
Kim Foundation
Lasting Hope Recovery Center
Legislature
LFS
Lincoln Regional Center
Living Hope
Lutheran Family Services
Magellan
McDermott
Medicaid
Mental Health and Substance Abuse Network
Mental Health Folk at Centrepoint
Mental Health Partnership
Methodist Counseling Program
Methodist Foundation
Methodist Jennie Edmundson Hospital
MICAH House
Munroe-Meyer Institute
NAMI
Nebraska Children's Home Society
Nebraska Medicine
Nebraska Urban Indian Health
New Horizon Therapy
NMC Psychiatry
Nonprofit Agencies Offering Outpatient Services
Omaha Campus for Hope and Catholic Charities
Omaha Public Schools
One World Community Health Center
OWHC
Personal Referrals
Pottawattamie Case Management Services

Pottawattamie County Mental Hlth and Substance Abuse
Private Health Providers
Private Institutions
Private Mental Health Service Agencies
Project Harmony
Psych Associates
Psych Services
Region 6
Regionalization of Mental Health Services
RESPECT Clinic
Richard Young
Safe Haven
Salvation Army
School-Based Health Centers
Schools
Small Number of Beds at Nebraska Medicine
SW IA Mental Health
Three Health Systems
United Way 211
VA Hospital
Visiting Nurses Association
Voices for Children of Nebraska
Youth Emergency Services

Nutrition, Physical Activity & Weight

After School Programs
B Cycles
Backpack Program That Supplies Food for the Weekend
Bike and Walking Trails
Boys and Girls Club
Boys Town
Charles Drew Health Center
CHI Health
Children's Hospital
Community Centers
Community Health Fairs
Cooking Matters
Council Bluffs Health Department
CPPHE-REACH Program
Creighton University
Department of Health and Human Services
Douglas County Community Center
Douglas County Health Department
Eat Healthy Programs
Extension, NEP and Nutrition/Health Programs
Faith-Based Communities
Familia Saludables (Healthy Families) Alegent
Family Network
Farmer's Market
Fitness Centers/Gyms
Food Banks, Pantries and Meals on Wheels for Elderly
Free Run/Walk a Thons
Girls, Inc.
Grocery Stores
Health Department
Health Fairs, Screenings
Healthy Families
Healthy Neighborhood Stores
Heartland Family Services
HEROES
Hospitals
Hy-Vee
Hy-Vee Dietitians
Kroc Center
Live Well Council Bluffs
Live Well Omaha
Multiple Nutrition/Supplement Stores
Nebraska Medicine Bellevue
Nebraska Urban Indian Health
No More Empty Pots
Nutrition Programs Through VNA, WIC and Hy-Vee
Nutritional Classes Offered in the Community
Nutritionist Referral
Omaha Nutrition Center
Omaha Public Schools
One World Community Health Center
Overeaters Anonymous
OWHC
Parks and Recreation
Primary Care Providers
Private Health Providers
Public Health Department
Salvation Army
Schools
Senior Center
Silver Sneakers Program
The Center
Three Health Systems
Transportation Assistance
UNMC
Weight Loss Center

- *Weight Watchers*
- *Wellness Centers*
- *Wellness Council of the Midlands*
- *WIC*
- *YMCA*
- *Youth Sports Activities in Schools*

Oral Health

- *All Care*
- *Building Healthy Futures*
- *Charles Drew Health Center*
- *Community Events Providing Free Services*
- *Community Health Nurse*
- *Creighton Dental School*
- *Creighton University*
- *Dental Schools*
- *Department of Health and Human Services*
- *Federally Qualified Health Centers*
- *Fred Leroy Health and Wellness Center*
- *Free Dental Care*
- *Hawk I for Low Income*
- *Heart Ministry Center*
- *I-MOM*
- *Iowa Mission*
- *I-Smile*
- *One World Community Health Center*
- *OWHC*
- *Private Health Providers*
- *Schools*
- *Sliding Scale Dental Clinic at UNMC*
- *SMILE Program*
- *UNMC*
- *Winnebago Hospital*

Respiratory Diseases

- *Advocacy Group*
- *American Lung Association*
- *Douglas County Health Department*
- *Emergency Room*
- *OWHC*
- *Primary Care Providers*
- *Private Health Providers*
- *Quitline Iowa*

Sexually Transmitted Diseases

- *Adolescent Health Project*
- *Charles Drew Health Center*
- *CHI Health*
- *Churches*
- *Clinics*
- *Community Organized Events*
- *Council Bluffs Health Department*
- *County Health Screening Programs*
- *Creighton*
- *DCHD STD Clinics*
- *Department of Health and Human Services*
- *Douglas County*
- *Douglas County Health Center*
- *Douglas County Health Department*
- *Douglas County Medical Center*
- *Douglas County STD Clinic*
- *Early Education*
- *Federally Qualified Health Centers*
- *Fred Leroy Health and Wellness Center*
- *Gabriel's Corner*
- *Get Checked Omaha*
- *Girls, Inc.*
- *Health Department*
- *HIV Prevention Programs*
- *Hospitals*
- *Lutheran Family Services*
- *Nebraska AIDS Project*
- *Nebraska Medicine*
- *Nontraditional Testing Sites*
- *North Omaha Area Health*
- *NUIHC*
- *Omaha Public Library*
- *One World Community Health Center*
- *OWHC*
- *Planned Parenthood*
- *Primary Care Providers*
- *Private Health Providers*
- *Public Health Department*
- *Public Libraries Provide Free STD Screenings*
- *Renaissance Clinic*
- *RESPECT Clinic*
- *School Based Health Centers*
- *Schools*
- *Sex Education in OPS*
- *STD Clinic*
- *Three Health Systems*
- *TOP Programs in Schools*
- *UNMC*
- *UNO*

Women's Fund of Omaha

Substance Abuse

211
Addiction Centers/Programs
Alcoholic Anonymous
Behavioral Health
Boys Town
Campus for Hope
Catholic Charities
Catholic Social Services
Center for Holistic Development
Charles Drew Health Center
CHI Health
CHI Health Mercy
Child and Young Adult Treatment Programs Through CHI
Coalition for Treatment of Drug Abuse
Community Alliance
Counseling
Courts and Department of Human Services
Department of Health and Human Services
Detox in Downtown Omaha
Douglas County Corrections
Drug Dependency Unit in Winnebago
Family Health Services
Fred Leroy Health and Wellness Center
Gabriel's Corner
GOCA of Greater Omaha
Heartland Family Services
Hospitals
Inroads Counseling
Inroads to Recovery
Insurance Company
Journey's Program
Lasting Hope Recovery Center
Law Enforcement
LFS
Lower Cost Services
Lutheran Family Services
Mental Health and Substance Abuse Network
Methodist Jennie Edmundson Hospital
NOVA
NUIHC
One World Community Health Center
Open Door Mission
PMIC in Glenwood
Pottawattamie County Mental Hlth and Substance Abuse
Primary Care Providers
Private Health Providers
Private Institutions
Private Substance use and Metal Health Counselors
Psych Associates
Psych Services
Region 6
Salvation Army
Siena Francis House
Sliding Scale CD Evaluations Offered by CHI
Sober Houses
Stephen Center
Teen Challenge of the Midlands
Transitional Services
United Way 211
UNMC
VA Hospital
Valley Hope
Various Non-Profits in the Community

Tobacco Use

Addiction Centers/Programs
American Cancer Society
American Lung Association
Behavioral Health
Cardiac Center at Creighton
Churches
Clinics
Community Health Nurse
Community Poster Education
Department of Health and Human Services
Family Network
Health Department
Heartland Family Services
Home Education Parenting
Hospitals
Insurance Company
Live Well Omaha
MD Cessation Counseling and Treatment
Methodist Jennie Edmundson Hospital
MOTAC
Nebraska Statewide Compliance Tobacco Checks
NUIHC
Primary Care Providers

Private Health Providers
Pulmonology and Cancer Center
Quit NE
Quitline
Quitline Iowa
Schools
Self Help Programs
Smoking Cessation Programs
UNMC

Appendices

Professional Research Consultants, Inc.

Appendix A: Douglas County Summary

Overall Health	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	11.2	14.4	13.9	15.3		11.8
% Activity Limitations	17.5	19.1	18.8	21.5		18.1
			better	similar	worse	

Access to Health Services	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	10.8	12.7	17.6	15.1	0.0	9.5
% [Insured] Went Without Coverage in Past Year	6.5			8.1		6.7
% Difficulty Accessing Healthcare in Past Year (Composite)	36.4			39.9		32.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.4			15.4		11.7
% Cost Prevented Getting Prescription in Past Year	14.1			15.8		10.1
% Cost Prevented Physician Visit in Past Year	13.1			18.2		7.6
% Difficulty Getting Appointment in Past Year	13.2			17.0		13.1
% Difficulty Finding Physician in Past Year	10.3			11.0		5.4
% Transportation Hindered Dr Visit in Past Year	6.1			9.4		4.7

Access to Health Services (continued)	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Cultural/Language Differences Prevented Med Care/Past Yr	0.8					0.9
% Skipped Prescription Doses to Save Costs	14.5			15.3		14.7
% Difficulty Getting Child's Healthcare in Past Year	3.5			6.0		3.0
% Have a Particular Place for Medical Care	84.9			76.3		87.4
% Have Had Routine Checkup in Past Year	65.0	69.6	61.6	65.0		68.6
% Child Has Had Checkup in Past Year	85.0			84.1		84.8
% Two or More ER Visits in Past Year	5.1			8.9		5.5
% Rate Local Healthcare "Fair/Poor"	9.9			16.5		12.1
			better	similar	worse	

Arthritis, Osteoporosis & Chronic Back Conditions	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	29.4			37.3		35.6
% [50+] Osteoporosis	8.4			13.5	5.3	11.1
% Sciatica/Chronic Back Pain	17.3			18.4		15.8
			better	similar	worse	

Cancer	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Skin Cancer	4.6	6.1	5.9	6.7		3.0
% Cancer (Other Than Skin)	4.5	7.1	6.8	6.1		4.0
% [Women 50-74] Mammogram in Past 2 Years	80.2	78.2	72.9	83.6	81.1	82.4
% [Women 21-65] Pap Smear in Past 3 Years	78.8	78.0	76.6	83.9	93.0	91.2
			better	similar	worse	

Diabetes	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	22.7	18.8	21.4	21.3	20.5	23.4
% Diabetes/High Blood Sugar	9.5	9.3	9.2	11.7		7.2
			better	similar	worse	

Educational & Community-Based Programs	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Attended Health Event in Past Year	24.3			23.8		24.3
			better	similar	worse	

Hearing & Other Sensory or Communication Disorders	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	7.3			10.3		6.4
			better	similar	worse	

Heart Disease & Stroke	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.8			6.1		4.5
% Stroke	3.7	2.8	2.5	3.9		2.0
			better	similar	worse	

HIV	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Age 18-44] HIV Test in the Past Year	20.5			19.3		18.5
			better	similar	worse	

Injury & Violence Prevention	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	88.3			92.2		89.5
% Child [Age 5-17] "Always" Wears Bicycle Helmet	44.6			48.7		47.0
% Firearm in Home	26.2			34.7		29.9

Injury & Violence Prevention (continued)	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Victim of Violent Crime in Past 5 Years	4.9			2.8		5.2
% Perceive Neighborhood as "Slightly/Not At All Safe"	22.4					23.6
% Victim of Domestic Violence/Past 5 Years	3.6					2.2
			better	similar	worse	

Mental Health & Mental Disorders	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	10.1			11.9		8.1
% Symptoms of Chronic Depression (2+ Years)	24.3			30.4		26.8
% Major Depression	10.5					6.6
% [Those w/Major Depression] Seeking Help	89.9					81.5
% Typical Day Is "Extremely/Very" Stressful	11.1			11.9		12.6
			better	similar	worse	

Nutrition, Physical Activity & Weight	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	38.7			39.5		26.1
% Medical Advice on Nutrition in Past Year	38.0			39.2		54.4

Nutrition, Physical Activity & Weight (continued)	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Healthy Weight (BMI 18.5-24.9)	31.1	31.6	32.5	34.4	33.9	37.7
% Overweight (BMI 25+)	66.8	67.0	65.5	63.1		59.6
% Obese (BMI 30+)	29.4	31.3	29.6	29.0	30.5	23.6
% [Obese Adults] Counseled About Weight in Past Year	44.3			48.3		47.9
% Children [Age 5-17] Overweight (85th Percentile)	22.6			31.5		37.2
% Children [Age 5-17] Obese (95th Percentile)	12.3			14.8	14.5	21.7
% [Employed] Job Entails Mostly Sitting/Standing	62.6			63.8		62.8
% No Leisure-Time Physical Activity	18.5	28.5	25.3	20.7	32.6	16.9
% Meeting Physical Activity Guidelines	53.8			50.3		43.6
% Medical Advice on Physical Activity in Past Year	42.5			44.0		54.0
% Believe Schools Should Require PE for All Students	96.6					98.0
% Use Local Parks/Recreation Centers at Least Weekly	43.7					51.9
% Use Local Trails at Least Monthly	43.7					40.0

better	similar	worse	

Oral Health	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	72.7	71.1	67.6	65.9	49.0	74.5
% Child [Age 2-17] Dental Visit in Past Year	87.7			81.5	49.0	84.5
% Have Dental Insurance	69.3			65.6		64.5
			better	similar	worse	

Respiratory Diseases	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% COPD (Lung Disease)	8.4	6.3	5.3	8.6		7.5
% [Adult] Currently Has Asthma	8.6	7.8	7.3	9.4		8.5
% Child [Age 0-17] Asthma (Ever Diagnosed)	8.7			12.5		10.3
			better	similar	worse	

Sexually Transmitted Diseases	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	5.0			11.7		3.1
% [Unmarried 18-64] Using Condoms	38.5			33.6		20.9
			better	similar	worse	

Substance Abuse	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Drinking & Driving in Past Month	4.4			5.0		4.6
% Ever Sought Help for Alcohol or Drug Problem	3.6			4.9		3.2
			better	similar	worse	

Tobacco Use	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Current Smoker	16.6	19.5	18.5	14.9	12.0	20.9
% Someone Smokes at Home	11.1			12.7		21.4
% [Household With Children] Someone Smokes in the Home	7.1			9.7		20.6
			better	similar	worse	

Vision	Douglas County	Douglas County vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Eye Exam in Past 2 Years	56.0			56.8		58.7
			better	similar	worse	

Appendix B: Sarpy/Cass Counties Summary

Overall Health	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	8.0	14.4	13.9	15.3		10.2
% Activity Limitations	17.3	19.1	18.8	21.5		16.6
			better	similar	worse	

Access to Health Services	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	5.7	12.7	17.6	15.1	0.0	4.4
% [Insured] Went Without Coverage in Past Year	5.1			8.1		4.1
% Difficulty Accessing Healthcare in Past Year (Composite)	27.0			39.9		33.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	11.7			15.4		13.5
% Cost Prevented Getting Prescription in Past Year	6.9			15.8		11.7
% Cost Prevented Physician Visit in Past Year	9.0			18.2		9.7
% Difficulty Getting Appointment in Past Year	8.9			17.0		11.4
% Difficulty Finding Physician in Past Year	6.8			11.0		3.1
% Transportation Hindered Dr Visit in Past Year	2.5			9.4		2.1
% Cultural/Language Differences Prevented Med Care/Past Yr	0.0					0.4

Access to Health Services (continued)	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Skipped Prescription Doses to Save Costs	9.3			15.3		10.5
% Difficulty Getting Child's Healthcare in Past Year	2.4			6.0		3.3
% Have a Particular Place for Medical Care	86.3			76.3		90.7
% Have Had Routine Checkup in Past Year	70.7	69.6	61.6	65.0		64.5
% Child Has Had Checkup in Past Year	88.5			84.1		89.6
% Two or More ER Visits in Past Year	2.5			8.9		7.6
% Rate Local Healthcare "Fair/Poor"	8.4			16.5		8.5
			better	similar	worse	

Arthritis, Osteoporosis & Chronic Back Conditions	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	26.2			37.3		30.1
% [50+] Osteoporosis	8.5			13.5	5.3	9.2
% Sciatica/Chronic Back Pain	12.5			18.4		18.4
			better	similar	worse	

Cancer	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Skin Cancer	6.0	6.1	5.9	6.7		4.8
% Cancer (Other Than Skin)	5.9	7.1	6.8	6.1		4.1
% [Women 50-74] Mammogram in Past 2 Years	84.3	78.2	72.9	83.6	81.1	72.3
% [Women 21-65] Pap Smear in Past 3 Years	84.3	78.0	76.6	83.9	93.0	79.8
			better	similar	worse	

Diabetes	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Diabetes/High Blood Sugar	8.4	9.3	9.2	11.7		9.7
			better	similar	worse	

Educational & Community-Based Programs	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Attended Health Event in Past Year	26.4			23.8		20.7
			better	similar	worse	

Hearing & Other Sensory or Communication Disorders	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	8.5			10.3		9.0
			better	similar	worse	

Heart Disease & Stroke	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.0			6.1		5.3
% Stroke	1.1	2.8	2.5	3.9		0.9
			better	similar	worse	

HIV	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Age 18-44] HIV Test in the Past Year	10.2			19.3		18.4
			better	similar	worse	

Injury & Violence Prevention	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	96.1			92.2		94.4
% Child [Age 5-17] "Always" Wears Bicycle Helmet	47.6			48.7		44.3
% Firearm in Home	37.6			34.7		36.2
% Domestic Violence/Past 5 Years	3.7					0.8
% Victim of Violent Crime in Past 5 Years	0.7			2.8		0.6
% Perceive Neighborhood as "Slightly/Not At All Safe"	5.2					5.1
			better	similar	worse	

Mental Health & Mental Disorders	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	7.2			11.9		5.6
% Major Depression	5.6					8.3
% Symptoms of Chronic Depression (2+ Years)	20.6			30.4		16.6
% Typical Day Is "Extremely/Very" Stressful	8.7			11.9		13.3
			better	similar	worse	

Nutrition, Physical Activity & Weight	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	39.7			39.5		41.1
% Medical Advice on Nutrition in Past Year	40.5			39.2		41.5
% Healthy Weight (BMI 18.5-24.9)	32.7	31.6	32.5	34.4	33.9	29.0
% Overweight (BMI 25+)	66.8	67.0	65.5	63.1		70.5
% Obese (BMI 30+)	30.6	31.3	29.6	29.0	30.5	31.9
% [Obese Adults] Counseled About Weight in Past Year	31.6			48.3		53.5
% Children [Age 5-17] Overweight (85th Percentile)	33.3			31.5		37.3
% Children [Age 5-17] Obese (95th Percentile)	19.1			14.8	14.5	16.2
% [Employed] Job Entails Mostly Sitting/Standing	65.4			63.8		70.9

Nutrition, Physical Activity & Weight (continued)	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% No Leisure-Time Physical Activity	14.1	28.5	25.3	20.7	32.6	21.9
% Meeting Physical Activity Guidelines	53.3			50.3		48.3
% Medical Advice on Physical Activity in Past Year	43.1			44.0		46.2
% Believe Schools Should Require PE for All Students	97.3					97.2
% Use Local Parks/Recreation Centers at Least Weekly	46.6					45.2
% Use Local Trails at Least Monthly	49.9					56.0
			better	similar	worse	

Oral Health	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	78.7	71.1	67.6	65.9	49.0	74.4
% Child [Age 2-17] Dental Visit in Past Year	91.6			81.5	49.0	78.7
% Have Dental Insurance	82.0			65.6		76.1
			better	similar	worse	

Respiratory Diseases	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% COPD (Lung Disease)	6.5	6.3	5.3	8.6		7.8
% [Adult] Currently Has Asthma	5.3	7.8	7.3	9.4		5.8
% Child [Age 0-17] Asthma (Ever Diagnosed)	8.1			12.5		7.6
			better	similar	worse	

Sexually Transmitted Diseases	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	6.7			11.7		1.5
% [Unmarried 18-64] Using Condoms	41.2			33.6		13.3
			better	similar	worse	

Substance Abuse	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Drinking & Driving in Past Month	5.7			5.0		3.9
% Ever Sought Help for Alcohol or Drug Problem	1.9			4.9		2.0
			better	similar	worse	

Tobacco Use	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Current Smoker	12.9	19.5	18.5	14.9	12.0	16.2
% Someone Smokes at Home	6.7			12.7		12.1
% [Household With Children] Someone Smokes in the Home	4.9			9.7		7.9
			better	similar	worse	

Vision	Sarpy-Cass	Sarpy-Cass vs. Benchmarks				
		vs. IA	vs. NE	vs. US	vs. HP2020	TREND
% Eye Exam in Past 2 Years	56.7			56.8		59.3
			better	similar	worse	