



# Community Health Needs Assessment

Nebraska Spine Hospital – Omaha, NE  
2022

*A joint venture between CHI Health; Nebraska Spine Holdings,  
a physician owned organization; and Surgical Care Affiliates.*



## Nebraska Spine Hospital Community Health Needs Assessment

### Table of Contents

Executive Summary.....	2
Introduction .....	5
Hospital Description .....	5
Purpose and Goals of CHNA .....	5
Community Definition.....	6
Community Definition .....	6
Community Description.....	6
Population.....	6
Socioeconomic Factors .....	7
Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA).....	8
Community Needs Index (CNI).....	9
Unique Community Characteristics .....	10
Other Health Services .....	11
Community Health Needs Assessment Process and Methods .....	11
Gaps in information.....	16
Assessment Data and Findings.....	16
Prioritized Description of Significant Community Health Needs .....	23
Prioritization Process.....	23
Prioritized Health Needs.....	25
Resources Available to Address Health Needs .....	25
Evaluation of FY20-FY22 Community Health Needs Implementation Strategy.....	25
Dissemination Plan.....	57
Appendices.....	57

## Executive Summary

### CHNA Purpose Statement

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

### CommonSpirit Health Commitment and Mission Statement

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

### CHI Health Overview

CHI Health is a regional health network consisting of 28 hospitals and two stand-alone behavioral health facilities in Nebraska, North Dakota, Minnesota and Western Iowa. Our mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following community health needs assessment (CHNA) was completed with our community partners and residents in order to ensure we identify the top health needs impacting our community, leverage resources to improve these health needs, and drive impactful work through evidence-informed strategies.

### Nebraska Spine Hospital Overview

Nebraska Spine Hospital, located in Omaha, Nebraska, (within CHI Health Immanuel) is a private specialty hospital, specializing in the care and treatment of spinal conditions. Nebraska Spine Hospital has received the following awards and accreditation:

- BlueCross BlueShield of Nebraska- Center of Excellence
- Becker's Hospital Review List of 100 Hospitals & Health Systems with Great Neurosurgery and Spine Programs
- The Joint Commission's Gold Seal of Approval of Disease Specific Care for Spine Surgery Certification
- Becker's List of Top Rated Hospitals for Patient Experience

### CHNA Collaborators

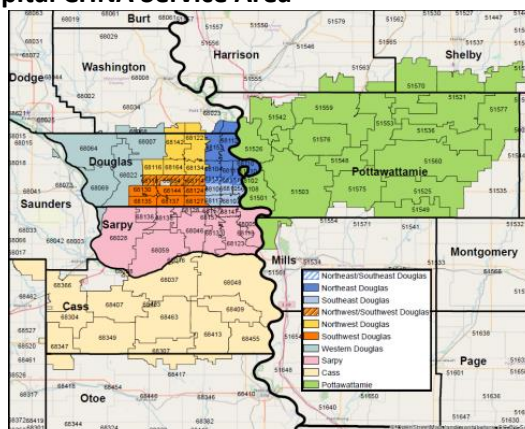
- Professional Research Consultants, Inc. (PRC)
- Douglas County Health Department
- Pottawattamie County Public Health
- Sarpy/Cass Health Department
- CHI Health (CHI Health Creighton University Medical Center–Bergan Mercy, CHI Health Immanuel, CHI Health Lakeside, CHI Health Mercy Council Bluffs,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

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

### Community Definition

Nebraska Spine Hospital is located in Omaha, NE and largely serves the Omaha Metro area that consists of Douglas, Sarpy, and Cass Counties in Nebraska and Pottawattamie County in Iowa. These four counties were identified as the community for this CHNA, as they encompass the primary service for CHI Health hospitals located in the Omaha Metro Area, thus covering 75% of patients served. These counties are considered to be and referred to as the “Omaha Metro Area.” The following zip codes encompass the majority of patients served by Nebraska Spine Hospital (primary service area): 68025, 68601, 68116, 68022, 68135, 51501, 68144, 68134, 68104, 68154, 51503, 68007, 68137, 68164, 68127, 68046, 68136, 68701, 68801, 68123, 68803, 68130, 68114, 68128, 68111, 68008, 68005, 68106, 68028, 51537, 68048, 68661, 68132, 68124, 68107, 68117, 68901, 68138, 68133. Service area map can be seen in Figure 1.

**Figure 1: Nebraska Spine Hospital CHNA Service Area**



### Assessment Process and Methods

Professional Research Consultants (PRC) is a third-party national research firm contracted by local health systems (including CHI Health) and health departments to conduct the CHNA for a four-county area, including Pottawattamie County, Iowa and Douglas, Sarpy, and Cass Counties, Nebraska. The CHNA process was composed of primary and secondary data analysis including public Health, vital statistics and other data, community health survey, online key informant survey, and community presentation.

### Process and Criteria to Identify and Prioritize Significant Health Needs

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

### List of Prioritized Significant Health Needs

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

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

- Nutrition, Physical Activity & Weight: Fruit and vegetable consumption in the Omaha Metro significantly decreased from 2011 (35.8%) to 2021 (25.7%). 7 in 10 Metro Area adults (71.9%) are overweight.
- Substance Abuse: The cirrhosis/liver disease mortality rate has increased in the Omaha Metro from a rate from 8.8 between 2014- 2016 to 11.5 between 2017 - 2019. The percentage of binge drinkers in Douglas County has increased from 20.3% in 2016 to 24.5% in 2021.
- Diabetes: The diabetes mortality rate in the Metro Area disproportionately impacts the Metro Area's Black (66.3) and Hispanic (22.6) communities. Diabetes mortality rate has increased over a ten year period.
- Sexual Health: In 2018, the chlamydia incidence rate in the Metro Area was 562.8 cases per 100,000 population, notably higher in Douglas County (666.6).

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

### **Resources Potentially Available**

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

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

### **Report Adoption, Availability and Comments**

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

## Introduction

### Hospital Description

Nebraska Spine Hospital, located in Omaha, Nebraska, (within CHI Health Immanuel) is a private specialty hospital, specializing in the care and treatment of spinal conditions. Nebraska Spine Hospital has received the following awards and accreditation:

- BlueCross BlueShield of Nebraska- Center of Excellence
- Becker's Hospital Review List of 100 Hospitals & Health Systems with Great Neurosurgery and Spine Programs
- The Joint Commission's Gold Seal of Approval of Disease Specific Care for Spine Surgery Certification
- Becker's List of Top Rated Hospitals for Patient Experience

### Purpose and Goals of CHNA

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

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

The goals of this CHNA are to:

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

### Joint Assessment

A joint community health needs assessment was completed to cover Douglas, Sarpy, Cass, and Pottawattamie Counties on behalf of the five Omaha Metro CHI Health hospitals (CUMC Bergan,



### Community Definition

Nebraska Spine Hospital is located in Omaha, NE and largely serves the Omaha Metro area that consists of Douglas, Sarpy, and Cass Counties in Nebraska and Pottawattamie County in Iowa. These four counties were identified as the community for this CHNA, as they encompass the primary service for CHI Health hospitals located in the Omaha Metro Area, thus covering 75% of patients served. These counties are considered to be and referred to as the “Omaha Metro Area.” The following zip codes encompass the majority of patients served by Nebraska Spine Hospital (primary service area): 68025, 68601, 68116, 68022, 68135, 51501, 68144, 68134, 68104, 68154, 51503, 68007, 68137, 68164, 68127, 68046, 68136, 68701, 68801, 68123, 68803, 68130, 68114, 68128, 68111, 68008, 68005, 68106, 68028, 51537, 68048, 68661, 68132, 68124, 68107, 68117, 68901, 68138, 68133. Service area map can be seen in Figure 1.

## Community Description

## Population

Table 1 below describes the population of all four counties included within the identified community with a total population of over 800,000. The data show a largely Non-Hispanic White population across the four counties with greater diversity observed in Douglas County and to a lesser extent, Sarpy County, both of which are the most urban counties in the Omaha Metro Area. While Douglas County is

the most diverse of the four counties, with 11.5% of the population identifying as Black or African American and 12.9% identifying as Hispanic, it is less diverse than the United States overall (13.4% Black or African American, 18.5% Hispanic). Cass County has the largest percentage of the population over the age of 65 years (16%), indicating unique health needs specific to the aging population.<sup>1</sup>

**Table 1. Community Demographics**

	Douglas	Sarpy	Cass	Pottawattamie
Total Population	584,526	190,604	26,598	93,667
Population per square mile (density) <sup>1</sup>	1574.4	664.6	45.3	98
Total Land Area (sq. miles) <sup>1</sup>	328.46	238.99	557.45	950.28
Rural vs. Urban <sup>2</sup>	2.17% (Rural)	5.27% (Rural)	72.9% (Rural)	75.58% (Rural)
Age <sup>1</sup>				
% below 18 years of age	25.5%	27.2%	23.5%	23.4%
% 65 and older	13.4%	12.1%	18.1%	18%
Gender <sup>1</sup>				
% Female	50.7%	49.9%	49.5%	50.7%
Race <sup>1</sup>				
% White alone	80%	88.8%	96.2%	94.5%
% Black or African American alone	11.5%	4.4%	.8%	1.8%
% American Indian and Alaskan Native alone	1.2%	.8%	.6%	.8%
% Asian alone	4.3%	2.7%	.5%	.9%
% Native Hawaiian/Other Pacific Islander alone	.1%	.1%	.1%	.1%
% Two or More Races	2.8%	3.2%	1.8%	2%
% Hispanic or Latino	12.9%	10.1%	3.7%	7.9%
% White alone, not Hispanic or Latino	68.8%	80.1%	93.2%	87.3%

### Socioeconomic Factors

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

**Table 2: Socioeconomic Factors**

	Douglas	Sarpy	Cass	Pottawattamie
Income Rates				
Median Household Income <sup>3</sup>	66,600	83,051	73,683	60,065
Poverty Rates				
Persons in Poverty	9.8%	4.9%	5.9%	9.2%

<sup>1</sup> US Census Bureau QuickFacts accessed March 2022 <http://www.census.gov/quickfacts>

<sup>2</sup> US Census Bureau, Decennial Census. 2010. Source geography: Tract

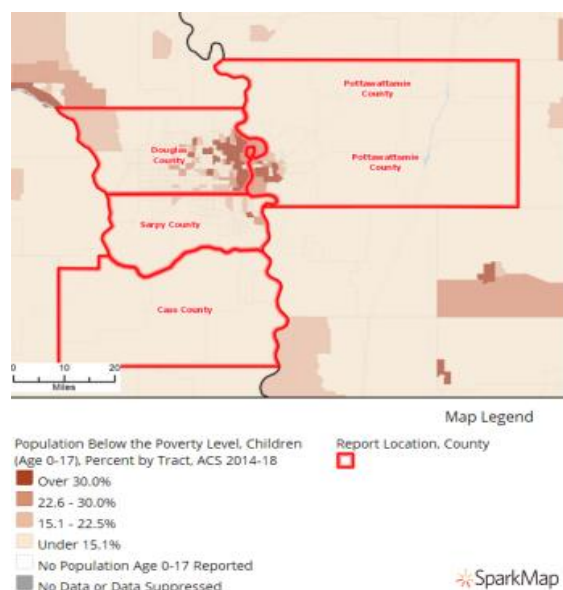
<sup>3</sup> US Census Bureau, American Community Survey. 2015-19. Source geography: Tract



Children in Poverty <sup>4</sup>	16.33%	6.98%	7.26%	13.77%
Employment Rate				
Unemployment Rate <sup>5</sup>	3.8%	2.8%	3.4%	2.9%
Education/Graduation Rates				
High School Graduation Rate	84.5%	92.9%	90.6%	91.2%
% of Population Age 25+ with Bachelor's Degree or Higher <sup>6</sup>	39.71%	39.78%	27.69%	21.47%
Insurance Coverage				
% of Persons without Health Insurance (under 65) <sup>1</sup>	10.3%	5.7%	6.6%	6%
% of Uninsured Children (under the age of 18) <sup>7</sup>	5.13%	3.18%	4.41%	3.03%

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

**Figure 2. Population of Children Below the Poverty Level<sup>7</sup>**



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

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

<sup>4</sup> US Department of Labor, Bureau of Labor Statistics. 2021 - December. Source geography: County

<sup>5</sup> US Department of Education, EDData. Additional data analysis by CARES. 2018-19. Source geography: School District

<sup>6</sup> US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

<sup>7</sup> US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

<sup>8</sup> HPSA Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>9</sup> MUA Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/mua-find>

**Table 3. County HPSA Designations<sup>8</sup>**

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

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

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

**Table 4. County MUA Designations<sup>9</sup>**

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

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

### Community Needs Index (CNI)

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

The CNI Score for Douglas, Sarpy, Cass, and Pottawattamie ranges from one to 4.8. Twenty-seven zip codes in the four county area have the highest need CNI scores ranging from 2.6 to 4.8. A higher CNI score in these zip codes suggest residents may experience greater barriers accessing care and/ or

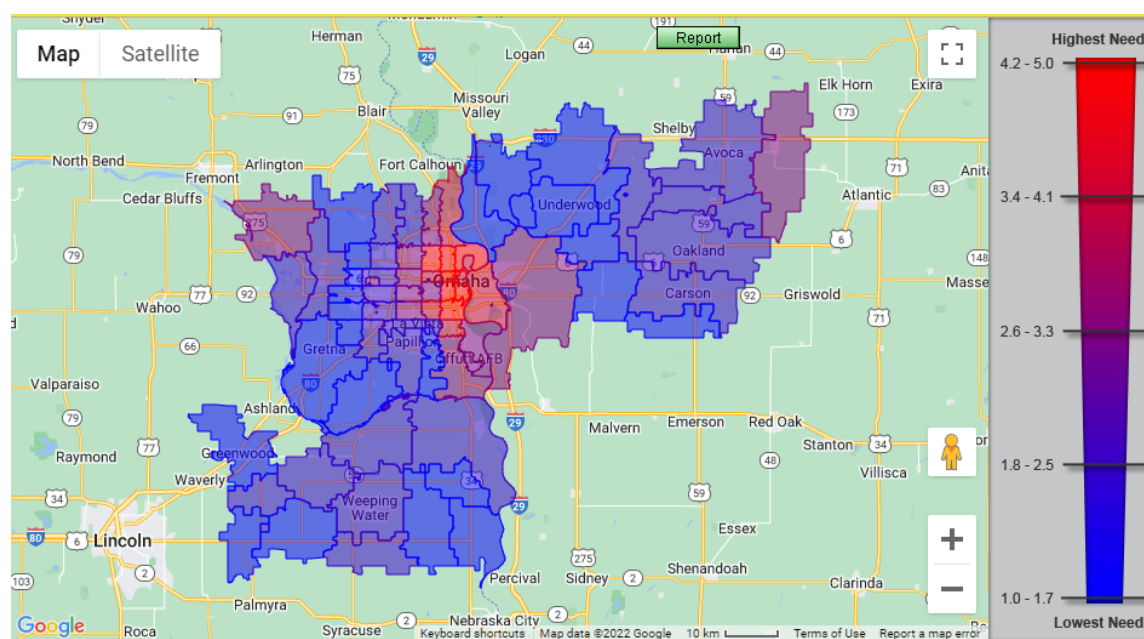
require more healthcare services than peers in zip codes with lower CNI scores. Highest need county zip codes can be seen in Table 5. CNI maps can be found in Appendix C. See CNI Map in Figure 3.<sup>10</sup>

**Table 5. Highest Need County Zip Codes**

County	CNI Score*	Mid Need Zip Codes (2.6 - 3.3)	2nd Highest Need Zip Codes (3.4 - 4.1)	Highest Need Zip Codes (4.2 - 5)
Douglas	3	68010, 68064, 68106, 68114, 68124, 68127, 68134, 68152	68102, 68112, 68132	68104, 68105, 68107, 68108, 68110, 68111, 68131, 68178
Sarpy	2.2	68005, 68113, 68123	68147	
Cass	1.7			
Pottawattamie	2.9	51503, 51577	51501, 51510	

\*Weighted Average CNI Score

**Figure 3: Omaha Metro CNI Map<sup>10</sup>**



### Unique Community Characteristics

The four counties of Douglas, Sarpy, and Cass Counties, Nebraska and Pottawattamie County, Iowa, are home to over nine institutions of higher education. Most of the colleges are located in the urban area of Douglas County, Omaha. This could contribute to a higher percentage of the population age 25 and over who have a Bachelor's Degree or higher (39.71%) as compared to the State of Nebraska (31.91%), Iowa

<sup>10</sup> Community Needs Index. 2022. Accessed March 2022. <http://cni.dignityhealth.org>

(28.57%) and Country overall (32.15%).<sup>11</sup> This is important to note as educational attainment has been linked to positive health outcomes.

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

### **Other Health Services**

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

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

## **Community Health Needs Assessment Process and Methods**

Professional Research Consultants (PRC) is a third-party national healthcare research firm contracted by local health systems (including CHI Health) and health departments to conduct the CHNA for a four-county area, including Pottawattamie County, Iowa and Douglas, Sarpy, and Cass Counties, Nebraska. PRC has extensive experience conducting CHNAs across the United States since 1994. Along with the local health departments and several other community stakeholders, CHI Health was an active key partner working with PRC in planning and designing the CHNA process; identifying key informants to complete the online Key Informant survey; analysis and interpretation of survey findings; and planning and presentation at the Wellbeing Partners Xchange Summit. The Executive Summary from the PRC Report can be found in the Appendix B and the full PRC CHNA report can be accessed at: <http://douglascountymetro.healthforecast.net/>. The following organizations were represented and participated in the project discussion, planning, and design process:

---

<sup>11</sup> Community Commons. US Census Bureau, American Community Survey. 2012-2016. Accessed January 2019.

<sup>12</sup> Community Commons. Accessed March 2022. <http://assessment.communitycommons.org/collections/Maps-and-Data>

<sup>13</sup> Omaha Economy. Accessed March 2022. <https://www.city-data.com/us-cities/The-Midwest/Omaha-Economy.html>

- Douglas County Health Department
- Pottawattamie County Public Health
- Sarpy/Cass Health Department
- CHI Health (CHI Health Creighton University Medical Center–Bergan Mercy, CHI Health Immanuel, CHI Health Lakeside, CHI Health Mercy Council Bluffs, CHI Health Midlands, Lasting Hope Recovery Center and Nebraska Spine Hospital (a joint venture))
- Nebraska Medicine (Bellevue Medical Center and Nebraska Medical Center)
- Methodist Health System (Methodist Hospital, Methodist Jennie Edmundson Hospital, and Methodist Women’s Hospital)
- Omaha Community Foundation
- Charles Drew Health Center, Inc.
- One World Community Health Centers, Inc.
- The Wellbeing Partners

Each of the health departments were undertaking their mandated community health assessment process concurrently with CHI Health’s triennial Community Health Needs Assessment. The community engagement process followed an approach as outlined in the Community Health Assessment Toolkit developed by the Association for Community Health Improvement™ (ACHI). See Figure 3 below for the community engagement process that CHI Health, Douglas County Health Department, Sarpy/ Cass Department of Health and Wellness and Pottawattamie Public Health Department undertook for the 2021 Community Health Needs Assessment.



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



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

### PRC Timeline

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

**Table 6: Timeline of PRC CHNA Process**

2021 Omaha Metro CHNA Timeline												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Project discussion, planning and design		X	X	X	X							
PRC Community Health Survey						X	X	X				
PRC Online Key Informant Survey							X					

<b>Analysis and report development</b>									X	X		
<b>Presentation at The Wellbeing Partners Xchange Summit</b>										X		

## PRC Methodology

### *Public Health, Vital Statistics & Other Data*

A comprehensive examination of existing secondary data was completed during the CHNA process for the Omaha Metro Area by PRC at the direction of the Douglas County Health Department, Sarpy/ Cass Department of Health and Wellness, Pottawattamie County Public Health Department and sponsoring health care organizations. A list of utilized sources can be found in the PRC complete report in the Appendix. In order to analyze data and determine priorities, standardized data was used for benchmarking, where appropriate. This was accomplished by reviewing trend data provided by PRC from previous Community Health Needs Assessments, Nebraska and Iowa Risk Factor Data, Nationwide Risk Factor Data, and Healthy People 2030. Reference the complete PRC report found in the Appendix for further details on these resources.

### *Community Health Survey*

Based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), along with other public health surveys, and customized to address gaps in indicator data relative to health promotion, disease prevention objectives and other recognized health issues, the PRC Community Health Survey was developed by the sponsoring organizations and PRC. The survey was kept similar to a previous survey used in the region in 2011, 2015, and 2018 to allow for trend analysis.

Sponsoring coalition members included:

- Douglas County Health Department
- Pottawattamie County Public Health
- Sarpy/Cass Health Department
- CHI Health (CHI Health Creighton University Medical Center–Bergan Mercy, CHI Health Immanuel, CHI Health Lakeside, CHI Health Mercy Council Bluffs, CHI Health Midlands, Lasting Hope Recovery Center and Nebraska Spine Hospital (a joint venture))
- Nebraska Medicine (Bellevue Medical Center and Nebraska Medical Center)
- Methodist Health System (Methodist Hospital, Methodist Jennie Edmundson Hospital and Methodist Women’s Hospital)

Supporting organizations include:

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

The PRC Community Health Survey was conducted via mixed mode methodology, including a telephone survey which incorporated both landline and cell phone interviews, as well as through online

questionnaires, and utilized a stratified random sample of individuals age 18 and over across the Metro Area. The breakdown of total surveys completed in each county is as follows:

- 1,451 in Douglas County
- 702 in Sarpy County
- 200 in Cass County
- 501 in Pottawattamie County
- Total: 2,527 residents across the Metro Area

The higher Douglas County sample reflects a target of 50 surveys per zip code within the county (although some lesser-populated zip codes did not reach this threshold). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Metro Area as a whole. For further information on rates of error, bias minimizations, and sampling process, please refer to the Methodology section located in the PRC report Appendix A.

#### *Online Key Informant Survey*

Participants in the Key Informant Survey were individuals who have a broad interest in the health of the community and were identified through the sponsoring organizations. The list included physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders who the sponsors felt were able to identify primary concerns within the populations they serve, as well as the community as a whole. Key Informants were contacted via email to introduce the purpose of the survey and were provided a link to complete the survey online. Reminder emails were sent as needed to increase participation. A total of 150 key informants completed the survey. A breakdown of Key Informants engaged in this process can be found in Table 7.

**Table 7: Key Informant Participants for PRC CHNA**

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

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

### *Community Presentation - The Wellbeing Partners Xchange Summit*

Data presentation and discussion was implemented at The Wellbeing Partners Xchange Summit. Community input was collected at the Xchange Summit on Oct 6, 2021, co-sponsored by the local area hospital systems- CHI Health, Methodist Health System, Children’s Hospital & Medical Center and Nebraska Medicine- along with several other non-governmental health and social service organizations. Over 94 individuals representing healthcare, public health, social services and others engaged in a community conversation to dive deeper into resources and gaps in our regional approach to mental health.

### **Gaps in information**

Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community’s health, nor can we represent all interests of the population. Challenges exist in both counties around reliable data collection due to small sample sizes among different populations and indicators. This assessment was designed to represent a comprehensive and broad look at the health of the overall community. During specific hospital implementation planning, gaps in information will be considered and other data and input will be sought as needed.

## **Assessment Data and Findings**

### **Identified Health Issues**

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

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

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

**Table 8. “Areas of Opportunity” Identified by the Omaha Metro CHNA Process**

Health Needs Statement	Data and Rationale for High Priority	Trend
MENTAL HEALTH	<ul style="list-style-type: none"> <li>● 17% believe that their overall mental health is “fair” or “poor” in the Metro Area which is</li> </ul>	<ul style="list-style-type: none"> <li>● There is a statistically</li> </ul>

<p><i>85% of Key Informants ranked mental health as a “major health problem.”</i></p>	<p>worse than the national prevalence. Results demonstrate a disparity with unfavorably highest among residents of Southeast Omaha.</p> <ul style="list-style-type: none"> <li>• 25% of Metro Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression), worse than state and US percentages. In Douglas County, highest in the Northeast Omaha area. Viewed by county, the prevalence is unfavorably high in Pottawattamie County.</li> <li>• 32.8% Symptoms of Chronic Depression (2+ years) in Metro Area. Higher in Douglas County, especially in the eastern Omaha community. The prevalence decreases with age and income and is reported more often among women and communities of color.</li> <li>• 13.7 Suicide Deaths (age-adjusted death rate) in Metro Area, with are trending upward over the past decade.</li> <li>• Most Metro Area adults (81.8%) report having someone to turn to “all” or “most” of the time, if they needed or wanted help, decreasing significantly from 2018 survey findings.</li> <li>• 20.2% Receiving Treatment for Mental Health in Metro Area, a statistically significant increase since 2018.</li> <li>• 6.1 % Unable to get mental health services in the past year. The percentage is favorably low in Southwest Omaha and Cass County. The prevalence decreases with age and income, but is reported more often among women, and is notably high among Hispanics.</li> </ul>	<p>significant increase from previous survey results in the perception that one’s mental health is “fair” or “poor.” Results mark a statistically significant increase since 2018 in adults who have been diagnosed by a physician as having a depressive disorder</p> <ul style="list-style-type: none"> <li>• Results denote a statistically significant increase from previous survey results in Symptoms of Chronic Depression (2+ years)The annual average age-adjusted suicide rate has increased over time in the Omaha Metro, from 12.0 between 2014-2016 to 13.7 from 2017- 2019.</li> </ul>
<p><b>NUTRITION, PHYSICAL ACTIVITY &amp; WEIGHT</b></p> <p><i>58% of Key Informants ranked Nutrition, physical activity, and weight as a Major Problem and another 28% ranked it as a</i></p>	<ul style="list-style-type: none"> <li>• 25.7% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day.</li> <li>• 32.1% of Metro Area adults report no leisure-time physical activity in the past month.</li> <li>• With regard to neighborhood barriers to physical activity, a lack of sidewalks/poor sidewalks received the largest share of responses among survey respondents (19.5%), followed by a lack of trails or poor quality trails (16.0%). Over time, respondent perceptions of these barriers have remained fairly stable, with the exception of traffic</li> </ul>	<ul style="list-style-type: none"> <li>• Fruit and vegetable consumption in the Omaha Metro is lower than the US prevalence and significantly decreased from 2011 (35.8%) to 2021 (25.7%).</li> <li>• The percentage of Omaha Metro adults reporting no leisure time</li> </ul>



<i>Moderate Problem.</i>	<p>(improved) and trails (worsened). Residents of Sarpy County were least likely to mention these potential barriers to outdoor physical activity. Adults in eastern Omaha were far more likely to report these potential barriers.</p> <ul style="list-style-type: none"> <li>• 7 in 10 Metro Area adults (71.9%) are overweight. Worse than state and national percentages.</li> <li>• The overweight prevalence above includes 38.8% of Metro Area adults who are obese. Well above the state and national percentages and fails to satisfy the HP 2030 objective.</li> </ul>	<p>physical activity is higher than NE and IA and has increased over time from 16.7% in 2011 to 32.1% in 2021.</p> <ul style="list-style-type: none"> <li>• The prevalence of Metro area adults who are overweight or obese has increased from 70.7% in 2018 to 71.9% in 2021; and 33.5% in 2018 to 38.8% in 2021, respectively.</li> </ul>
<p><b>SUBSTANCE ABUSE</b></p> <p><i>50% of Key Informants ranked Substance Abuse as a Major Problem and another 42% ranked it as a Moderate Problem.</i></p>	<ul style="list-style-type: none"> <li>• Between 2017 and 2019, the Metro Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 11.5 deaths per 100,000 population, worse than the Iowa mortality rate.</li> <li>• A total of 24.5% of area adults are excessive drinkers (heavy and/or binge drinkers), worse than both state percentages.</li> <li>• Between 2017 and 2019, there was an annual average age-adjusted unintentional drug-related mortality rate of 7.8 deaths per 100,000 population in the Metro Area. Higher than the Nebraska mortality rate but well below the US rate.</li> </ul>	<ul style="list-style-type: none"> <li>• The cirrhosis/ liver disease mortality rate has increased in the Omaha Metro from a rate from 8.8 between 2014- 2016 to 11.5 between 2017 - 2019, echoing Nebraska trend.</li> <li>• The percentage of binge drinkers in Douglas County has increased from 20.3% in 2016 to 24.5% in 2021.</li> </ul>
<p><b>DIABETES</b></p> <p><i>42% of Key Informants ranked Diabetes as a Major Problem and another 44% ranked it as a Moderate Problem.</i></p>	<ul style="list-style-type: none"> <li>• Between 2017 and 2019, there was an annual average age-adjusted diabetes mortality rate of 26.0 deaths per 100,000 population in the Metro Area.</li> <li>• The diabetes mortality rate in the Metro Area disproportionately impacts the Metro Area's Black (66.3) and Hispanic (22.6) communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing trend in Diabetes mortality rate over the past decade.</li> </ul>
<b>SEXUAL HEALTH</b>	<ul style="list-style-type: none"> <li>• The Metro Area gonorrhea incidence rate in 2018 was 245.4 cases per 100,000 population,</li> </ul>	<ul style="list-style-type: none"> <li>• Prevalence of chlamydia has</li> </ul>

<p><i>41% of Key Informants ranked Sexual Health as a Major Problem and another 37% ranked it a Moderate Problem.</i></p>	<p>unfavorably high in Douglas (291.3) and Pottawattamie (336.2) counties.</p> <ul style="list-style-type: none"> <li>● In 2018, the chlamydia incidence rate in the Metro Area was 562.8 cases per 100,000 population, notably higher in Douglas County (666.6).</li> <li>● Among Metro Area adults aged 18-44, 11.6% report that they have been tested for HIV in the past year, lower than the US prevalence (22.0%).</li> </ul>	<p>increased over time in the Metro Area from 535.1 cases in 2014 to 562.8 cases in 2018.</p> <ul style="list-style-type: none"> <li>● Significantly lower rates of HIV Testing than previous survey findings from 16.1% in 2011 to 11.6% in 2021.</li> </ul>
<p><b>INJURY &amp; VIOLENCE</b></p> <p><i>40% of Key Informants ranked Injury &amp; Violence as a Major Problem and another 45% ranked it a Moderate Problem.</i></p>	<ul style="list-style-type: none"> <li>● Between 2017 and 2019, there was an annual average age-adjusted unintentional injury mortality rate of 35.8 deaths per 100,000 population in the Metro Area.</li> <li>● Motor vehicle accidents make up the largest percentage of accidental deaths in the Omaha Metro (27.9%) followed by falls (26.9%) and poisoning/ noxious substances (25.1%). Among respondents aged 45 and older 36.7% have experienced a fall at least once in the past year, well above the state and US percentages.</li> <li>● In the Metro Area, there were 4.0 homicides per 100,000 population (2017-2019 annual average age-adjusted rate).</li> <li>● Significant racial disparity is observed in the annual average age-adjusted homicide rate. While the Omaha Metro rate overall is 4.0 deaths per 100,000 population, the rate for Non-Hispanic Blacks is 15.1, compared to 2.5 for Non-Hispanic Whites.</li> <li>● 3.4% of surveyed Metro Area adults acknowledge being the victim of a violent crime in the area in the past five years, worse than the Iowa and Nebraska crime rates.</li> <li>● 15.5% of Metro Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner. Increasing significantly from previous survey findings.</li> </ul>	<ul style="list-style-type: none"> <li>● Unintentional injury mortality rate in the Metro Area is lower than the Iowa and US mortality rates and satisfies the HP 2030 objective.</li> <li>● Age-adjusted homicide deaths have decreased in recent years, echoing the Nebraska trend.</li> </ul>
<p><b>HEART DISEASE &amp; STROKE</b></p> <p><i>50% of Key Informants ranked Heart</i></p>	<ul style="list-style-type: none"> <li>● Second leading cause of death accounting for 19.3% of deaths in Metro Area</li> <li>● Between 2017 and 2019, there was an annual average age-adjusted heart disease mortality rate of 139.8 deaths per 100,000 population in</li> </ul>	<ul style="list-style-type: none"> <li>● The heart disease and stroke mortality rates have decreased in the Metro Area</li> </ul>

<p><i>Disease and Stroke as a Moderate Problem and another 30% ranked it as a Major Problem.</i></p>	<p>the Metro Area, well below the Iowa and US death rates.</p> <ul style="list-style-type: none"> <li>• The annual average age-adjusted heart disease mortality rate is 179.8 among Non-Hispanic Blacks in the Omaha Metro, compared to Non-Hispanic Whites (141.4) and Metro Area Hispanic residents (49.4).</li> <li>• Between 2017 and 2019, there was an annual average age-adjusted stroke mortality rate of 32.3 deaths per 100,000 population in the Metro Area, decreasing over time and echoing the Nebraska and Iowa trends. The rate is much higher in the Metro Area's Black community (50.5).</li> </ul>	<p>between 2007-2021.</p>
<p><b>TOBACCO USE</b></p> <p><i>58% of Key Informants ranked Tobacco Use a Moderate Problem and another 24% ranked it as a Major Problem.</i></p>	<ul style="list-style-type: none"> <li>• 14.2% of Metro Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days). The prevalence is well below the Iowa and US percentages but fails to satisfy the HP 2030 objective.</li> <li>• 56.4% Smokers Advised to Quit by a Health Professional</li> </ul>	<ul style="list-style-type: none"> <li>• The prevalence of adults currently smoking cigarettes, either regularly (every day) or occasionally (on some days) is decreasing from 2015 (17.0%) but an increase since 2018 (11.7%).</li> </ul>
<p><b>INFANT HEALTH &amp; FAMILY PLANNING</b></p> <p><i>23% of Key Informants ranked Infant Health &amp; Family Planning as a Major Problem and another 49% ranked it as a Moderate Problem.</i></p>	<ul style="list-style-type: none"> <li>• Between 2017 and 2019, 24.4% of all Metro Area births (Douglas and Sarpy counties only) did not receive prenatal care in the first trimester of pregnancy.* Worse than the national prevalence.</li> <li>• Between 2017 and 2019, there was an annual average of 5.8 infant deaths per 1,000 live births. Unfavorably high in Pottawattamie County (7.9). More than twice as high among births to Black women (12.1)</li> </ul>	<ul style="list-style-type: none"> <li>• Though decreasing in recent years, the infant mortality rate is higher than the baseline 2010-2012 rate.</li> </ul>
<p><b>POTENTIALLY DISABLING CONDITIONS</b></p>	<ul style="list-style-type: none"> <li>• 24.8% of Metro Area adults are limited in some way in some activities due to a physical, mental, or emotional problem. Unfavorably high in Northeast Omaha. Reported more often among women, adults age 40 and older, those living at lower income levels, White residents, and Black residents.</li> </ul>	<ul style="list-style-type: none"> <li>• Adults limited in some way in some activities due to a physical, mental, or emotional problem in the Metro Area increased</li> </ul>

	<ul style="list-style-type: none"> <li>17.6% of Metro Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months. Worse than the US prevalence and more than twice the HP2030 objective.</li> <li>Between 2017 and 2019, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 36.0 deaths per 100,000 population in the Metro Area. Worse than Nebraska and US mortality rates. Higher among Metro Area Blacks (42.8) than Whites (36.5).</li> <li>30.0% of Metro Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability, much higher than the national figure.</li> </ul>	<p>significantly from 18.4% in 2011 to 24.8% in 2021.</p> <ul style="list-style-type: none"> <li>The Alzheimer’s disease mortality rate has increased over the last decade in the Metro Area from 25.7 (2007- 2009) to 32.3 (2014- 2016) to 36.0 (2017 - 2019).</li> <li>Adults currently providing care or assistance to a friend or family member who has a health problem, long-term illness, or disability has increased significantly since 2018 from 26.7% to 30.0% in 2021.</li> </ul>
<b>ORAL HEALTH</b>  <i>53% of Key Informants ranked Oral Health a Moderate Problem and another 20% ranked it as a Major Problem.</i>	<ul style="list-style-type: none"> <li>A total of 64.6% of Metro Area adults have visited a dentist or dental clinic (for any reason) in the past year, lower than both state percentages but satisfying the HP 2030 objective.</li> </ul>	<ul style="list-style-type: none"> <li>Adults who have visited a dentist or dental clinic (for any reason) in the past year in 2021 (64.6%) decreased significantly after a steady increase between 2011 (70.4%) and 2018 (76.8%).</li> </ul>
<b>ACCESS TO HEALTH CARE SERVICES</b>  <i>59% of Key Informants ranked Access to Health Care Services a Moderate Problem and another 19%</i>	<ul style="list-style-type: none"> <li>9% of Omaha Metro residents [Age 18-64] had no insurance coverage for healthcare expenses.</li> <li>36.0% of Metro Area adults report some type of difficulty or delay in obtaining health care services in the past year.</li> <li>Top five barriers that prevented access to healthcare services in the past year: difficulty getting an appointment (13.8%), cost of doctor visit (11.2%), inconvenient office hours</li> </ul>	<ul style="list-style-type: none"> <li>Rate of uninsured Omaha adults has decreased since 2011 (12.1% in 2011, compared to 7.9% in 2018 and 9% in 2021), but disparities persist. Among very low income individuals, 21.8% reported</li> </ul>

<p><i>ranked it a Major Problem.</i></p>	<p>(11.1%), cost of prescriptions (10.8%), and lack of transportation (8%).</p> <ul style="list-style-type: none"> <li>• 78.4% of Metro Area adults were determined to have a specific source of ongoing medical care.</li> <li>• 66.3% of Omaha Metro residents have had a routine checkup in the past year</li> <li>• 6.9% of Metro Area adults have gone to a hospital emergency room more than once in the past year about their own health.</li> </ul>	<p>having no insurance coverage, as did 24.5% of Hispanic respondents.</p> <ul style="list-style-type: none"> <li>• Difficulty or delay in obtaining health care has increased (31.7% in 2018 to 36% in 2021) Highest in Douglas County (38.3%) especially Southeast Omaha (50.5%). Correlates with age and income and is reported more often among women and communities of color.</li> </ul>
<p><b>RESPIRATORY DISEASE</b></p> <p><i>59% of Key Informants ranked Respiratory Diseases as a Moderate Problem.</i></p>	<ul style="list-style-type: none"> <li>• Between 2017 and 2019, there was an annual average age-adjusted CLRD mortality rate of 48.7 deaths per 100,000 population in the Metro Area, worse than the national mortality rate.</li> <li>• 7.5% of Metro Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).</li> <li>• Between 2017 and 2019, the Metro Area reported an annual average age-adjusted pneumonia influenza mortality rate of 14.8 deaths per 100,000 population. Although the mortality rate has decreased in recent years after a period of increase, Blacks (17.5) are disproportionately impacted.</li> <li>• 11.6% adults currently suffer from asthma, worse than both state percentages. Increasing significantly from previous survey findings. In Douglas County, the prevalence is highest in Northwest Omaha. Reported most often among younger adults and those living at the lowest income level.</li> </ul>	<ul style="list-style-type: none"> <li>• Over the past decade, CLRD mortality has generally declined in the Metro Area.</li> <li>• The prevalence of COPD among Omaha Metro adults has decreased over time from 9.1% in 2018 to 7.5% in 2021.</li> </ul>
<p><b>CANCER</b></p> <p><i>12% of Key Informants</i></p>	<ul style="list-style-type: none"> <li>• Leading Cause of Death accounts for 21.8% of deaths in the Metro Area.</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer mortality has decreased over the past decade in</li> </ul>



<i>ranked Cancer as a Major Problem in the community, compared to 64% who ranked it a Moderate Problem.</i>	<ul style="list-style-type: none"> <li>● Age- adjusted cancer mortality rate is 155.5 deaths/ 100,000 population between 2017 and 2019 for the Omaha Metro, failing to satisfy the Healthy People 2030 objective. Rate is steadily decreasing over the past decade, disproportionately impacting the Black Community.</li> <li>● Among Metro Area women aged 21 to 65, 72.4% have had cervical cancer screening, lower than the Nebraska and Iowa percentages and failing to satisfy the HP2030 objective. Trend has decreased significantly from previous survey results.</li> </ul>	the Metro Area from 185.5 (2007-2009) to 155.5 (2017- 2019).
---	---	--

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

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

Data provided by PRC was presented to Nebraska Spine Hospital hospital administration, Community Benefit teams, and community groups for validation of needs. All parties who reviewed the data found the data to accurately represent the needs of the community.

## Prioritized Description of Significant Community Health Needs

### Prioritization Process

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

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

### Key Informant Survey

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

#### 1. Mental Health

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

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

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

#### *Regional Health Council*

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

#### *Community Presentation - Xchange Summit presented by The Wellbeing Partners*

Community input was collected at the Xchange Summit on Oct 6, 2021, co-sponsored by the local area hospital systems- CHI Health, Methodist Health System, Children’s Hospital & Medical Center and Nebraska Medicine- along with several other nongovernmental health and social service organizations. A community conversation was hosted to dive deeper into resources and gaps in our regional approach to mental health.

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

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

### Prioritized Health Needs

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

**Table 10: Top Five Prioritized Health Needs**

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

### Resources Available to Address Health Needs

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

### Evaluation of Prior Community Health Needs Implementation Strategy

This is the first time Nebraska Spine Hospital has completed a Community Health Needs Assessment and Implementation Strategy Plan, therefore there is nothing to report regarding previous Implementation Strategies. Nebraska Spine Hospital intends to create a Joint Implementation Strategy Plan with the CHI Health hospitals completing the 2022 Community Health Needs Assessment.

## Dissemination Plan

Nebraska Spine Hospital CHNA is posted online at [www.chihealth.com/chna](http://www.chihealth.com/chna).

### Written Comments

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

## Appendices

### Appendix A: Resources Available for “Areas of Opportunity”

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

# Resources Available to Address the Significant Health Needs

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

## Access to Health Care Services

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

- Heartland Oncology
- Hope Lodge
- Josie Harper Programs
- Lift Up Sarpy
- Methodist Estabrook Cancer Center
- National Cancer Institute
- NC2
- Nebraska Cancer Associates
- Nebraska Medicine Cancer Center
- Nebraska Urban Indian
- No More Empty Pots
- NOAH Clinic
- North Omaha Community Care Council
- OneWorld Community Health Center
- Parks and Recreation
- Sarpy County Human Services
- Sarpy/Cass Health and Wellness Department
- UNMC

## Coronavirus

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

## Cancer

- A Time to Heal
- American Cancer Society
- Cancer Center
- Charles Drew Health Center
- CHI Health
- CHI Health Henry Lynch Cancer Center
- Children's Hospital
- Department of Health and Human Services
- Eastern Nebraska Community Action Partnership
- Fitness Centers/Gyms
- Fred and Pamela Buffett Cancer Center





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

### Chronic Kidney Disease

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

### Dementia/Alzheimer's Disease

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

- UNMC
- VA
- Via Christi Assisted Living

### Diabetes

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



## Disabilities

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

## Infant Health and Family Planning

- All Care Health Center
- Assure Clinic
- Boys Town
- Charles Drew Health Center
- CHI Health
- CHI Health Immanuel
- Children's Hospital
- Community Health Clinics
- Department of Health and Human Services
- Doctor's Offices
- Douglas County Health Department
- Essential Pregnancy Services
- Faith-Based Organizations
- Families First
- FAMILY, Inc.
- Federally Qualified Health Centers
- First Five
- Girls Inc.
- Headstart
- Health Department
- I Be Black Girl
- Lutheran Family Services
- Nebraska AIDS Project
- Nebraska Children's Home
- Nebraska Medicine
- NHHS Programs
- NOAH Clinic
- Omaha Healthy Start
- Omaha Public Schools
- OneWorld Community Health Center
- Planned Parenthood
- Sherwood Foundation
- VNA
- VNS
- WIC
- Women's Fund of Omaha

## Heart Disease

- American Heart Association
- ARC
- Charles Drew Health Center
- CHI Health
- CHI Health Immanuel
- Clarkson
- Community Health Centers
- Department of Health and Human Services
- Eastern Nebraska Community Action Partnership
- Federally Qualified Health Centers
- Grocery Stores
- Health Department
- Hillcrest Home Care
- Lift Up Sarpy
- Madonna Rehabilitation
- Methodist Health System
- Methodist Hospital
- Methodist Jennie Edmundson Hospital
- Nebraska Heart Association
- Nebraska Medicine
- Nebraska Methodist College
- NOAH Clinic
- OneWorld Community Health Center
- Safety Council
- Sarpy County Human Services
- Sarpy/Cass Health and Wellness Department
- School System
- UNMC
- VNA
- Wellbeing Partners
- YMCA

## Injury and Violence

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



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

### **Mental Health**

AA/NA  
 All Care Health Center  
 ARC  
 Behaven Kids  
 Behavioral Consultants  
 Behavioral Health and Education Network  
 Behavioral Health Education Center of Nebraska  
 Behavioral Health Providers

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



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

### **Nutrition, Physical Activity, and Weight**

5K Fridays  
 712 Initiative  
 App-Based Resources  
 Bakers Grocery  
 Bariatric Surgery Programs  
 Bike and Walk Nebraska  
 Blue Moon

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



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

### Oral Health

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

### Respiratory Diseases

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

### Sexual Health

- Access Granted
- Adolescent Health Project/Collaboration
- All Available Healthcare in the County
- Charles Drew Health Center
- CHI Health
- Community Health Clinics
- Douglas County Health Department
- Douglas County STD Clinic
- Essential Pregnancy Services
- Family Planning
- Federally Qualified Health Centers
- Girls Inc.
- Health System

- Hospitals
- Licensed Sex Therapists
- Methodist Community Health Clinic
- Midlands Sexual Health Research Collaborative
- Nebraska Cancer Coalition
- Nebraska AIDS Project
- Nebraska Urban Indian
- NOAH Clinic
- Omaha Public Schools
- OneWorld Community Health Center
- Planned Parenthood
- Pottawattamie County Health Department
- Public Health
- Respect Clinic
- School System
- Sex Education Programs
- STD Clinics
- UNMC Transgender Clinic
- Women's Fund of Omaha

### Substance Abuse

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



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

#### **Tobacco Use**

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





## **Appendix B: PRC CHNA Executive Summary**

Professional Research Consultants (PRC) completed the 2021 Community Health Needs Assessment for Douglas, Sarpy and Cass Counties in Nebraska and Pottawattamie County, Iowa. The Full PRC report can be found online at <http://douglascountymetro.healthforecast.net>



# 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

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

*Sponsored by:*

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

*With support from:*

Omaha Community Foundation  
Charles Drew Health Center, Inc.  
OneWorld Community Health Centers, Inc.  
The Wellbeing Partners

# TABLE OF CONTENTS

<b>INTRODUCTION</b>	<b>5</b>
PROJECT OVERVIEW	6
Project Goals	6
Approach	7
Methodology	7
SUMMARY OF FINDINGS	15
Significant Health Needs of the Community	15
Summary Tables: Comparisons With Benchmark Data	17
Summary of Key Informant Perceptions	32
<b>COMMUNITY DESCRIPTION</b>	<b>33</b>
POPULATION CHARACTERISTICS	34
Total Population	34
Urban/Rural Population	36
Age	37
Race & Ethnicity	38
Linguistic Isolation	40
SOCIAL DETERMINANTS OF HEALTH	41
Poverty	41
Education	43
Financial Resilience	44
Housing	46
Transportation	50
Food Access	50
Health Literacy	53
Equity	54
<b>HEALTH STATUS</b>	<b>59</b>
OVERALL HEALTH STATUS	60
MENTAL HEALTH	62
Mental Health Status	62
Depression & Anxiety	63
Social Support	67
Suicide	68
Mental Health Treatment	69
Key Informant Input: Mental Health	72
<b>DEATH, DISEASE &amp; CHRONIC CONDITIONS</b>	<b>76</b>
LEADING CAUSES OF DEATH	77
Distribution of Deaths by Cause	77
Age-Adjusted Death Rates for Selected Causes	77
CARDIOVASCULAR DISEASE	79
Age-Adjusted Heart Disease & Stroke Deaths	79
Prevalence of Heart Disease & Stroke	82
Key Informant Input: Heart Disease & Stroke	83



<b>CANCER</b>	<b>86</b>
Age-Adjusted Cancer Deaths	86
Cancer Incidence	88
Prevalence of Cancer	89
Cancer Screenings	91
Key Informant Input: Cancer	93
<b>RESPIRATORY DISEASE</b>	<b>95</b>
Age-Adjusted Respiratory Disease Deaths	95
Prevalence of Respiratory Disease	98
Key Informant Input: Respiratory Disease	100
Key Informant Input: Coronavirus Disease/COVID-19	101
<b>INJURY &amp; VIOLENCE</b>	<b>103</b>
Unintentional Injury	103
Intentional Injury (Violence)	108
Key Informant Input: Injury & Violence	114
<b>DIABETES</b>	<b>116</b>
Age-Adjusted Diabetes Deaths	116
Prevalence of Diabetes	118
Key Informant Input: Diabetes	119
<b>KIDNEY DISEASE</b>	<b>121</b>
Age-Adjusted Kidney Disease Deaths	121
Key Informant Input: Kidney Disease	123
<b>POTENTIALLY DISABLING CONDITIONS</b>	<b>124</b>
Activity Limitations	124
Chronic Pain	125
Alzheimer's Disease	130
Caregiving	133
<b>BIRTHS</b>	<b>134</b>
<b>PRENATAL CARE</b>	<b>135</b>
<b>BIRTH OUTCOMES &amp; RISKS</b>	<b>136</b>
Low-Weight Births	136
Infant Mortality	137
<b>FAMILY PLANNING</b>	<b>139</b>
Births to Adolescent Mothers	139
Key Informant Input: Infant Health & Family Planning	140
<b>MODIFIABLE HEALTH RISKS</b>	<b>142</b>
<b>NUTRITION</b>	<b>143</b>
Daily Recommendation of Fruits/Vegetables	143
Difficulty Accessing Fresh Produce	144
Sugar-Sweetened Beverages	146
<b>PHYSICAL ACTIVITY</b>	<b>147</b>
Leisure-Time Physical Activity	147
Activity Levels	148
Built Environment	149
<b>WEIGHT STATUS</b>	<b>152</b>
Adult Weight Status	152
Key Informant Input: Nutrition, Physical Activity & Weight	155



<b>SUBSTANCE ABUSE</b>	<b>158</b>
Age-Adjusted Cirrhosis/Liver Disease Deaths	158
Alcohol Use	160
Age-Adjusted Unintentional Drug-Related Deaths	162
Use of Prescription Opioids	163
Alcohol & Drug Treatment	164
Key Informant Input: Substance Abuse	165
<b>TOBACCO USE</b>	<b>168</b>
Cigarette Smoking	168
Use of Vaping Products	171
Key Informant Input: Tobacco Use	173
<b>SEXUAL HEALTH</b>	<b>175</b>
HIV	175
Sexually Transmitted Infections (STIs)	177
Key Informant Input: Sexual Health	178
<b>ACCESS TO HEALTH CARE</b>	<b>180</b>
<b>HEALTH INSURANCE COVERAGE</b>	<b>181</b>
Type of Health Care Coverage	181
Lack of Health Insurance Coverage	181
<b>DIFFICULTIES ACCESSING HEALTH CARE</b>	<b>184</b>
Difficulties Accessing Services	184
Barriers to Health Care Access	185
Key Informant Input: Access to Health Care Services	186
<b>PRIMARY CARE SERVICES</b>	<b>189</b>
Access to Primary Care	189
Specific Source of Ongoing Care	190
Utilization of Primary Care Services	190
<b>TELEMEDICINE</b>	<b>192</b>
<b>EMERGENCY ROOM UTILIZATION</b>	<b>193</b>
<b>ORAL HEALTH</b>	<b>194</b>
Dental Care	194
Key Informant Input: Oral Health	195
<b>LOCAL RESOURCES</b>	<b>197</b>
<b>PERCEPTIONS OF LOCAL HEALTH CARE SERVICES</b>	<b>198</b>
<b>HEALTH CARE RESOURCES &amp; FACILITIES</b>	<b>200</b>
Federally Qualified Health Centers (FQHCs)	200
Resources Available to Address the Significant Health Needs	201







# INTRODUCTION



# PROJECT OVERVIEW

## Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2011, 2015, and 2018, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the Omaha metropolitan area (including Douglas, Sarpy, Cass, and Pottawattamie counties). Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

This assessment was led by a coalition comprised of local public health departments, health systems, federally qualified health centers, and community-based organizations.

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

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

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



## Approach

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



## Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

### PRC Community Health Survey

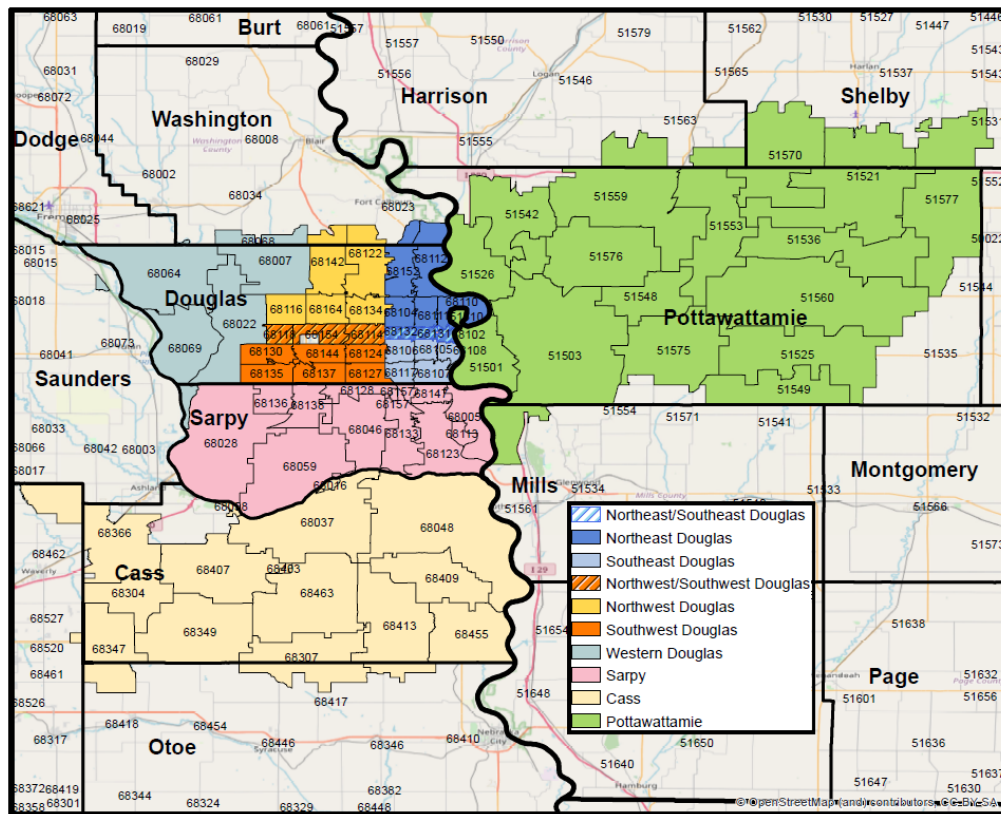
#### Survey Instrument

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

#### Community Defined for This Assessment

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





## Sample Approach & Design

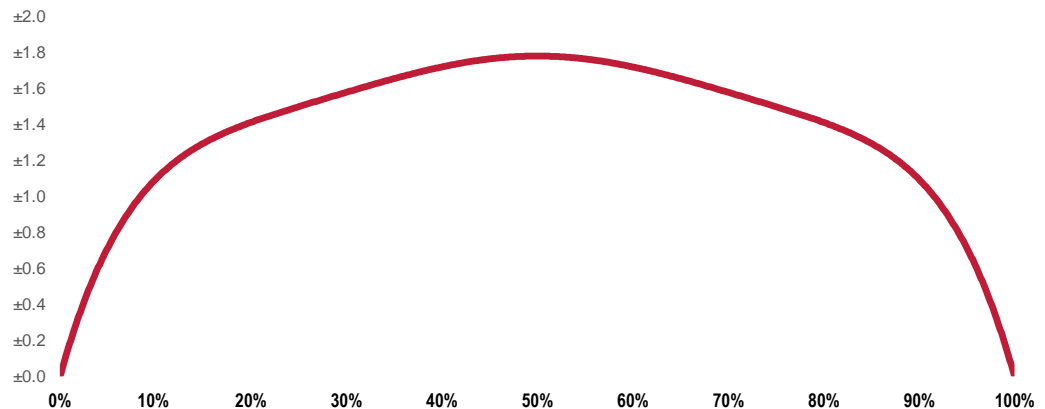
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline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

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

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



## Expected Error Ranges for a Sample of 2,855 Respondents at the 95 Percent Level of Confidence



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

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

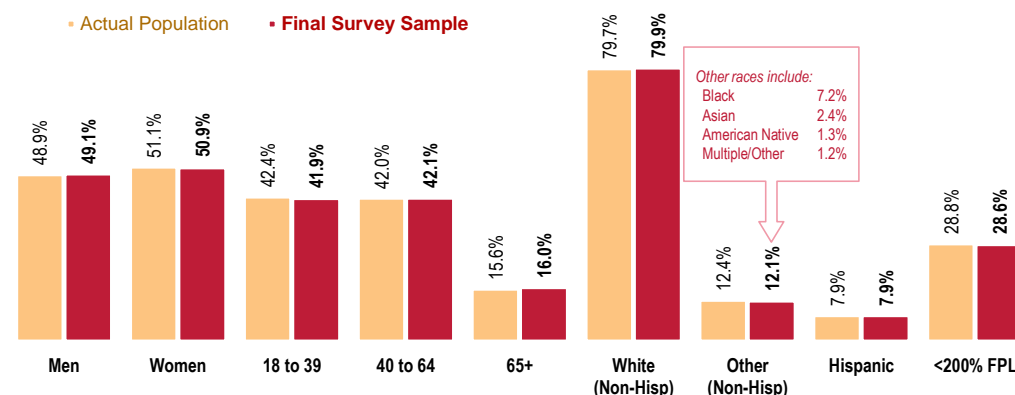
## Sample Characteristics

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

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



## Population & Survey Sample Characteristics (Metro Area, 2021)



Sources: • US Census Bureau, 2011-2015 American Community Survey.  
 • 2021 PRC Community Health Survey, PRC, Inc.  
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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

### INCOME & RACE/ETHNICITY

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

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

### Online Key Informant Survey

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



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

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

Final participation included representatives of the organizations outlined below.

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





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

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

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

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

## Public Health, Vital Statistics & Other Data

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

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



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

## Benchmark Data

### Trending

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

### Nebraska & Iowa Risk Factor Data

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

### Nationwide Risk Factor Data

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

### Healthy People 2030

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



Healthy People 2030's overarching goals are to:

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



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

## Determining Significance

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

## Information Gaps

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

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

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

## Public Comment

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



# SUMMARY OF FINDINGS

## Significant Health Needs of the Community

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

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

### AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT

ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"><li>▪ Insurance Instability</li><li>▪ Barriers to Access<ul style="list-style-type: none"><li>– Appointment Availability</li><li>– Lack of Transportation</li></ul></li><li>▪ Routine Medical Care (Adults)</li><li>▪ Emergency Room Utilization</li><li>▪ Health Literacy</li></ul>
CANCER	<ul style="list-style-type: none"><li>▪ Leading Cause of Death</li><li>▪ Cervical Cancer Screening [Age 21-65]</li></ul>
DIABETES	<ul style="list-style-type: none"><li>▪ Diabetes Deaths</li><li>▪ Diabetes Prevalence</li><li>▪ Blood Sugar Testing [Non-Diabetics]</li></ul>
HEART DISEASE & STROKE	<ul style="list-style-type: none"><li>▪ Leading Cause of Death</li><li>▪ Stroke Prevalence</li></ul>
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"><li>▪ Prenatal Care</li><li>▪ Infant Deaths</li></ul>
INJURY & VIOLENCE	<ul style="list-style-type: none"><li>▪ Prevalence of Falls [Age 45+]</li><li>▪ Intimate Partner Violence</li></ul>
MENTAL HEALTH	<ul style="list-style-type: none"><li>▪ “Fair/Poor” Mental Health</li><li>▪ Diagnosed Depression</li><li>▪ Symptoms of Chronic Depression</li><li>▪ Suicide Deaths</li><li>▪ Social Support</li><li>▪ Receiving Treatment for Mental Health</li><li>▪ Difficulty Obtaining Mental Health Services</li><li>▪ Key Informants: Mental health ranked as a top concern.</li></ul>

—continued on the following page—



## AREAS OF OPPORTUNITY (continued)

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> <li>▪ Fruit/Vegetable Consumption</li> <li>▪ Leisure-Time Physical Activity</li> <li>▪ Access to Trails</li> <li>▪ Overweight &amp; Obesity</li> <li>▪ Professional Advice on Weight [Overweight Adults]</li> <li>▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.</li> </ul>
ORAL HEALTH	<ul style="list-style-type: none"> <li>▪ Regular Dental Care [Adults]</li> </ul>
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> <li>▪ Activity Limitations</li> <li>▪ High-Impact Chronic Pain</li> <li>▪ Alzheimer's Disease Deaths</li> <li>▪ Caregiving</li> </ul>
RESPIRATORY DISEASE	<ul style="list-style-type: none"> <li>▪ Lung Disease Deaths [Chronic Lower Respiratory Disease]</li> <li>▪ Asthma Prevalence [Adults]</li> </ul>
SEXUAL HEALTH	<ul style="list-style-type: none"> <li>▪ Chlamydia Incidence</li> <li>▪ Gonorrhea Incidence</li> <li>▪ HIV Testing [Age 18-44]</li> </ul>
SOCIAL DETERMINANTS OF HEALTH	<ul style="list-style-type: none"> <li>▪ Housing Insecurity</li> <li>▪ Loss of Utilities</li> <li>▪ Unhealthy/Unsafe Housing</li> </ul>
SUBSTANCE ABUSE	<ul style="list-style-type: none"> <li>▪ Cirrhosis/Liver Disease Deaths</li> <li>▪ Key Informants: Substance abuse ranked as a top concern.</li> </ul>
TOBACCO USE	<ul style="list-style-type: none"> <li>▪ Smokers Advised to Quit by a Health Professional</li> </ul>



# Summary Tables: Comparisons With Benchmark Data

## Reading the Summary Tables

- In the following tables, Metro Area results are shown in the larger, gray column.
- The group of columns furthest to the left provide comparisons among the five subareas within Douglas County, identifying differences for each as “better than” (☀), “worse than” (☹), or “similar to” (☺) the combined opposing areas of Douglas County.
- The second grouping of columns [to the left of the Metro Area column] provide comparisons among the four counties assessed, identifying differences for each as “better than” (☀), “worse than” (☹), or “similar to” (☺) the combined opposing counties.
- The columns to the right of the Metro Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Metro Area compares favorably (☀), unfavorably (☹), or comparably (☺) to these external data.

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

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

### TREND SUMMARY

(Current vs. Baseline Data)

#### SURVEY DATA INDICATORS:






































































































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




























#### OTHER (SECONDARY) DATA INDICATORS:

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


















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

SOCIAL DETERMINANTS (continued)	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	TREND
% Treated as Less Intelligent	 18.8	 18.2	 13.4	 9.4	 6.5	 13.9	 11.8	 4.7	 14.5	13.3					
% Threatened or Harassed	 5.9	 8.3	 3.9	 3.6	 0.6	 5.0	 4.1	 2.4	 5.6	4.8					
% Disagree That the Community Welcomes All Races/Ethnicities	 16.4	 13.9	 13.0	 10.4	 10.9	 13.0	 8.6	 8.1	 6.1	11.3					




































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





































































































































 better  
 similar  
 worse















































OVERALL HEALTH	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	 19.0	 18.4	 12.2	 12.0	 7.2	 14.4	 12.4	 11.7	 16.7	14.3	 14.6	 14.4	 12.6		 12.7


























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



























































































 better  
 similar  
 worse

ACCESS TO HEALTH CARE	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	 14.2	 15.7	 6.0	 6.4	 5.2	 9.8	 8.8	 3.6	 5.8	9.0	 17.1	 9.6	 8.7	 7.9	 12.1
% [Insured] Went Without Coverage in the Past Year	 21.5	 19.9	 7.7	 10.4	 7.9	 13.7	 10.4	 7.5	 8.1	12.4					 5.5
% Difficulty Accessing Health Care in Past Year (Composite)	 40.3	 50.5	 36.4	 31.2	 31.4	 38.3	 32.5	 24.7	 29.3	36.0			 35.0		 33.4

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











































ACCESS TO HEALTH CARE (continued)	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	TREND
% Two or More ER Visits in Past Year	 9.2	 10.5	 4.0	 5.5	 1.8	 6.7	 6.5	 6.2	 9.1	6.9			 10.1		 4.9
% Low Health Literacy	 24.4	 22.7	 15.9	 13.6	 7.3	 17.8	 15.4	 10.2	 13.2	16.7			 27.7		 13.0
% Rate Local Health Care “Fair/Poor”	 13.0	 13.4	 6.6	 6.0	 1.5	 8.8	 5.4	 4.0	 9.0	8.0			 8.0		 8.9
% Treated Worse Than Other Races	 5.9	 6.9	 5.5	 5.0	 0.0	 5.4	 2.4	 0.8	 0.4	4.3			 4.7		
Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results. <div>  better            similar            worse         </div>															

CANCER	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)						 157.7	 141.9	 142.2	 170.5	155.5	 150.2	 154.7	 149.3	 122.7	 180.9
Lung Cancer (Age-Adjusted Death Rate)										36.6	 33.9	 37.8	 34.9	 25.1	
Prostate Cancer (Age-Adjusted Death Rate)										21.6	 18.6	 20.5	 18.6	 16.9	
Female Breast Cancer (Age-Adjusted Death Rate)										19.1	 20.0	 18.1	 19.7	 15.3	
Colorectal Cancer (Age-Adjusted Death Rate)										13.8	 14.6	 14.0	 13.4	 8.9	

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













































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

 better
  similar
  worse

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






























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

 better
  similar
  worse

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












































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

 better
  similar
  worse













































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

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

 better  
 similar  
 worse








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



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

























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










































































































 better  similar  worse

KIDNEY DISEASE	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)						 11.9	 7.6		 10.6	10.8	 10.1	 9.3	 12.9		 12.4

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

 better  similar  worse

MENTAL HEALTH	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	 21.0	 22.6	 16.0	 14.2	 9.6	 17.5	 15.4	 8.9	 18.2	17.0			 13.4		 9.0
% Diagnosed Depression	 32.0	 28.0	 24.4	 20.3	 22.1	 25.2	 22.4	 16.8	 30.2	25.0	 16.2	 15.4	 20.6		 19.5

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

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




























































































































better




















































similar



worse

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

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

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

















better



similar



worse

ORAL HEALTH	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	TREND
% [Age 18+] Dental Visit in Past Year	 60.3	 53.9	 66.9	 67.7	 79.9	 63.8	 70.8	 64.0	 59.4	64.6	 67.7	 70.8	 62.0	 45.0	 70.4

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












































better



similar












































worse

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


























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

 better
  similar
  worse

RESPIRATORY DISEASE	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)						 48.6	 41.3	 46.7	 60.0	48.7	 48.8	 44.7	 39.6		 51.9
Pneumonia/Influenza (Age-Adjusted Death Rate)						 14.3	 15.8		 17.3	14.8	 15.6	 14.0	 13.8		 13.4
% Asthma	 9.5	 10.3	 15.1	 10.7	 7.4	 11.3	 10.6	 10.4	 15.7	11.6	 8.0	 8.0	 12.9		 8.6
% COPD (Lung Disease)	 11.0	 8.9	 8.5	 5.1	 3.2	 7.8	 4.2	 8.6	 10.9	7.5	 5.7	 6.1	 6.4		 7.4

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

 better
  similar
  worse

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

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






















































better










































































similar



worse

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

SUBSTANCE ABUSE (continued)	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	TREND
% Ever Sought Help for Alcohol or Drug Problem	 2.9	 7.1	 4.4	 4.1	 10.7	 5.0	 4.4	 6.2	 6.3	5.1			 5.4		 3.9
Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results. <div>  better            similar            worse         </div>															

TOBACCO USE	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030	TREND
% Current Smoker	 21.0	 16.2	 12.8	 10.1	 10.7	 14.1	 11.8	 12.3	 20.2	14.2	 14.7	 16.4	 17.4	 5.0	 17.0
% Someone Smokes at Home	 19.1	 13.3	 10.2	 6.8	 2.3	 11.1	 8.3	 5.5	 14.8	10.8			 14.6		 15.1
% [Household With Children] Someone Smokes in the Home	 19.4	 10.1	 13.5	 4.9	 0.0	 10.0	 8.9	 0.4	 9.4	9.4			 17.4		
% [Smokers] Have Quit Smoking 1+ Days in Past Year										47.1	 52.6	 51.6	 42.8	 65.7	 50.7
% [Smokers] Received Advice to Quit Smoking										56.5			 59.6	 66.6	 66.3
% Currently Use Vaping Products	 4.5	 7.0	 8.3	 6.8	 3.4	 6.6	 7.3	 3.2	 5.4	6.5			 8.9		 5.8
Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results. <div>  better            similar            worse         </div>															



## Summary of Key Informant Perceptions

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

### Key Informants: Relative Position of Health Topics as Problems in the Community

