Community Health Needs Assessment

CHI Health Immanuel – Omaha, NE

2019

CHI Health

CHI Health Immanuel Community Health Needs Assessment

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Executive Summary

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

CHI Health is a regional health network consisting of 14 hospitals, two stand-alone behavioral health facilities, a free standing emergency department, 136 employed physician practice locations and more than 11,000 employees in Nebraska and Western Iowa. Our mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our walls. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following Community Health Needs Assessment (CHNA) was completed with our community partners and residents in order to ensure we identify the top health needs impacting our community, leverage resources to improve these health needs, and drive impactful work through evidence-informed strategies.

CHI Health Immanuel is a 356- bed hospital located in Douglas County, Omaha, NE, serving patients from Nebraska and Iowa. For the purposes of the Community Health Needs Assessment, the primary service area was defined as the four counties comprising the Omaha Metro- Douglas, Sarpy and Cass Counties, NE and Pottawattamie County, IA, as 75-90% of patients served in calendar year 2017 resided in those counties.

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

CHI Health Immanuel Community Health Needs Assessment

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

Professional Research Consultants, Inc. performed both primary and secondary data collection including key informant surveys and community health surveys to assess the needs of the community. The CHNA led to the identification of 11 priority health needs for the Omaha Metro Area. With the community,

the Hospital will further work to identify each partner's role in addressing these health needs and develop measureable, impactful strategies. A report detailing **CHI Health Immanuel's** implementation strategy plan (ISP) will be released in July, 2019.

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

Introduction

Health System Description

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

Facility Description

CHI Health Immanuel is a 356- bed hospital located in Omaha, Douglas County, NE, serving patients from Nebraska and Iowa. CHI Immanuel has received the following certifications and distinctions:

- Advanced Thrombectomy-Capable Stroke Center Certification by The Joint Commission
- Pathway to Excellence® designation by the American Nurses Credentialing Center (ANCC)
- Accredited for chest pain and heart failure and certified in atrial fibrillation by the Society of Cardiovascular Patient Care
- Blue Distinction® Center for Maternity Care designation by Blue Cross and Blue Shield of Nebraska

CHI Immanuel provides a full range of services including:

- Back and Spine Institute
- Inpatient and outpatient behavioral services
- Network Accredited Cancer Center
- Comprehensive neuro-oncology program
- Emergency department
- Skilled rehabilitation and long term care services at the Immanuel Fontenelle Home, a comprehensive center for physical medicine and rehabilitation
- Orthopedic Institute
- Weight management

Purpose and Goals of CHNA

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

The goals of this CHNA are to:

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

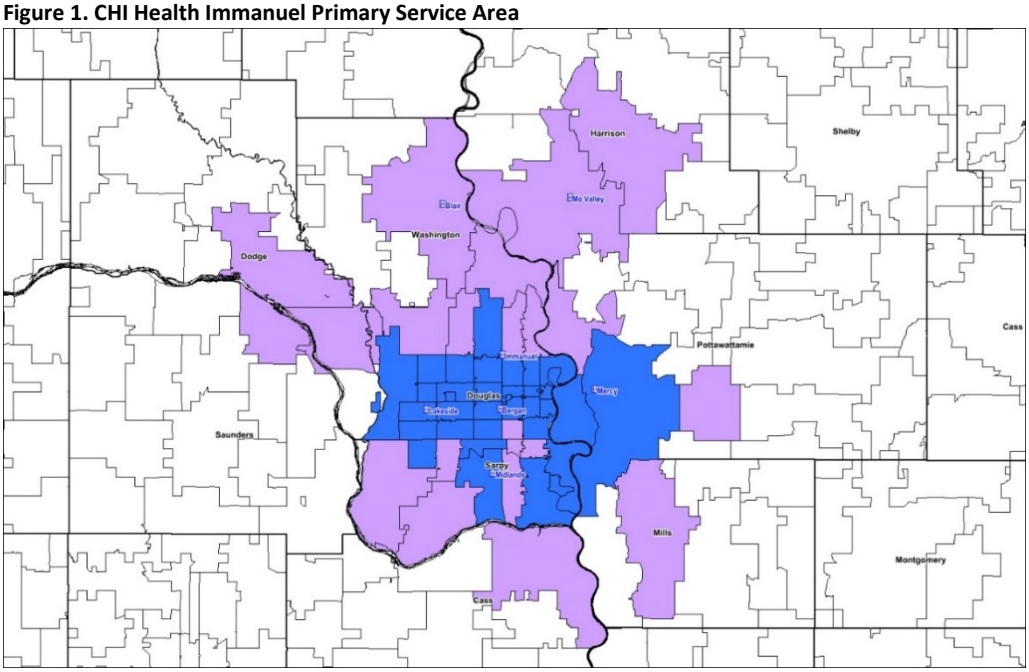
Joint Assessment

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

Community Definition

CHI Health Immanuel is located in Omaha, NE and largely serves the Omaha Metro area that consists of Douglas, Sarpy, and Cass Counties in Nebraska and Pottawattamie County in Iowa. These four counties were identified as the community for this CHNA, as they encompass the primary service for CHI Health hospitals located in the Omaha Metro Area, thus covering between 75% and 90% of patients served. These counties are considered to be and referred to as the "Omaha Metro Area."

Figure 1. CHI Health Immanuel Primary Service Area



Community Description

Population

Table 1 below describes the population of all four counties included within the identified community with a total population of over 800,000. The data show a largely Non-Hispanic White population across the four counties with greater diversity observed in Douglas County and to a lesser extent, Sarpy County, both of which are the most urban counties in the Omaha Metro Area. While Douglas County is the most diverse of the four counties, with 11% of the population identifying as Black or African American and 12% identifying as Hispanic, it is less diverse than the United States overall (13.4% Black or African American, 18.1% Hispanic). Cass County has the largest percentage of the population over the age of 65 years (16%), indicating unique health needs specific to the aging population.[1]

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

[1] U.S. Census Bureau Quick Facts (v2018 estimate). Accessed January 2019. http://www.census.gov/quickfacts-

Table 1. Community Demographics

	Douglas	Sarpy	Cass	Pottawattamie
Total Population[2]	543,253	172,460	25,463	93,198
Population per square mile[3] **(density)**	1653.82	721.53	45.68	98.05
Total Land Area (sq. miles)	328.48	239.02	557.45	950.56
Rural vs. Urban[3]	Urban (2.17% rural)	Urban (5.27% rural)	Rural (72.96% rural)	Urban (26.42% rural)
Age[2]				
% below 18 years of age	25.88	28.14	24.44	23.68
% 65 and older	11.54	10.22	16.00	15.69
Gender[2]				
% Female	50.75	50.01	49.89	50.63
Race[2]				
% Black or African American	11.17	4.07	0.79	1.45
% American Indian and Alaskan Native	0.52	0.37	0.17	0.33
% Asian	3.26	2.28	0.6	0.68
% Native Hawaiian/Other Pacific Islander	0.04	0.12	0.03	0.01
% Hispanic	12.0	8.41	2.93	7.24
% Non-Hispanic White	80.24	89.88	97.29	95.63

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

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 Pottawattamie Counties have lower graduation rates and a higher percentage of residents living in poverty, compared to Sarpy and Cass County. Douglas County has the highest percentage of uninsured residents overall, while Cass County has the highest concentration of uninsured children (under the age of 19).

Table 2. Socioeconomic Factors

	Douglas	Sarpy	Cass	Pottawattamie
Income Rates[4]				
Median Household Income (in 2017 dollars)	$56,003	$72,269	$65,385	$53,260
Poverty Rates[4]				
Persons in Poverty	14.2%	6.22%	7.03%	11.76%
Children in Poverty	15%	6%	10%	15%
Employment Rate[5]				
Unemployment Rate	3.5	3.0	4	4.2
Education/Graduation Rates[6]				
High School Graduation Rates	85%	94%	93%	90%
Some College	72%	81%	73%	63%
Insurance Coverage[7]				
% of Population Uninsured	9%	6%	7%	6%
% of Uninsured Children (under the age of 19)[8] *	4.0%	3.7%	4.6%	2.7%

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

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

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

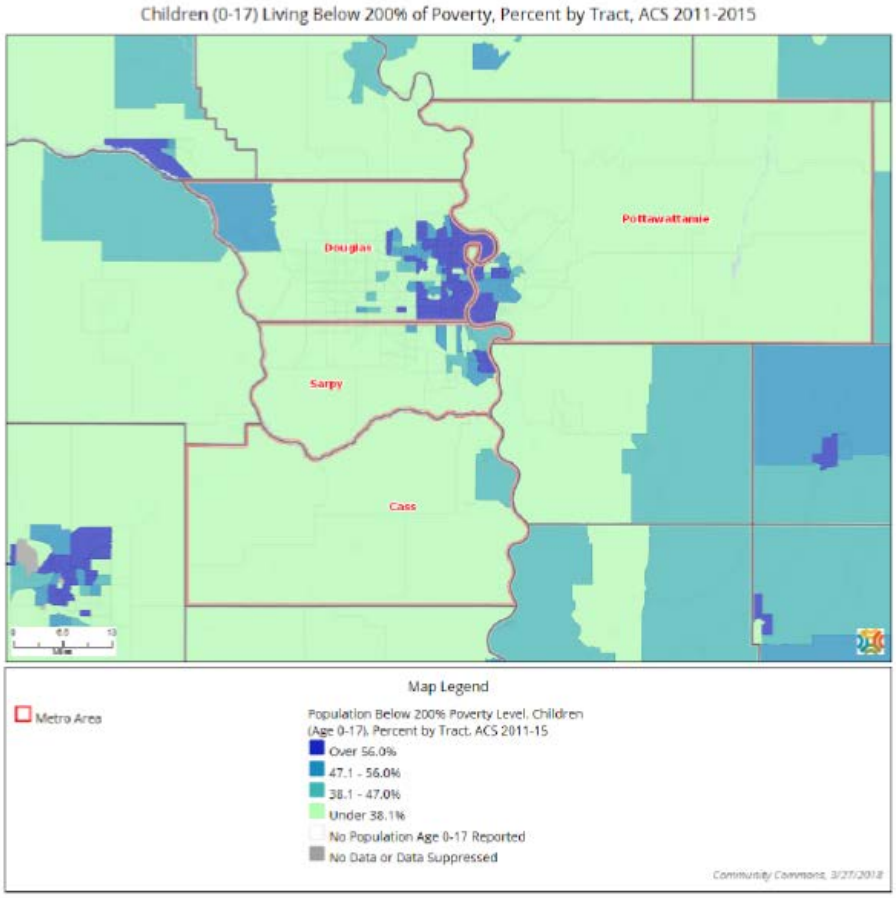
[6] County Health Rankings- Compare Counties Snapshot (2018). Data sourced from Nebraska Department of Education, American Community Survey 5- Year Estimates (2012- 2016). Accessed January 2019. http://www.countyhealthrankings.org

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

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

In addition, there are specific areas within the community with higher percentages of the population ages 0-7 living below the poverty level, as shown in Figure 2 below.[9]

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



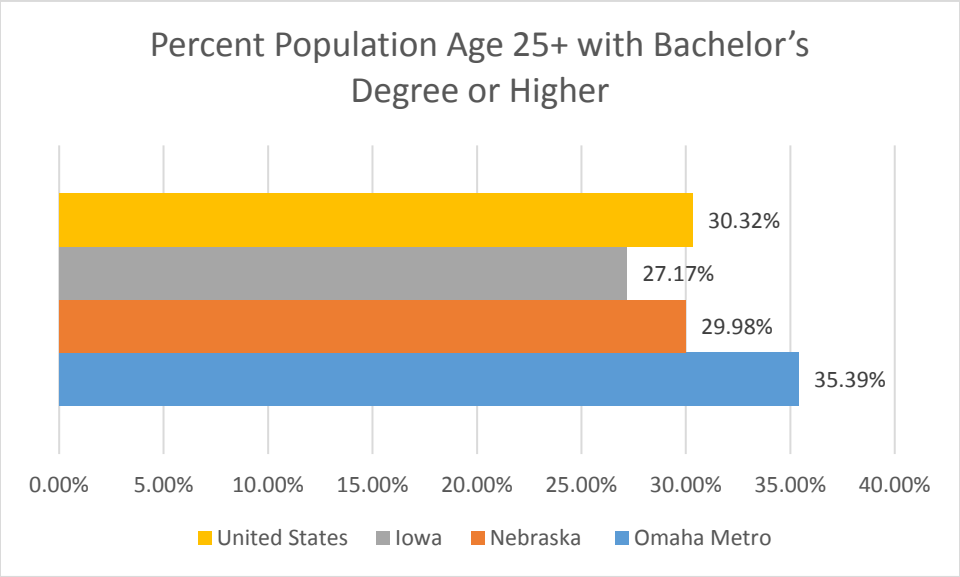
Unique Community Characteristics

The four counties of Douglas, Sarpy, and Cass Counties, Nebraska and Pottawattamie County, Iowa, are home to over nine institutions of higher education. Most of the colleges are located in the urban area of Douglas County, Omaha. This could contribute to a higher percentage of the population age 25 and over who have a Bachelor's Degree or higher (35.39%) as compared to the State of Nebraska (29.98%), Iowa (27.7%) and Country overall (30.32%), as shown in Figure 3.[10] This is important to note as educational attainment has been linked to positive health outcomes.

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

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

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



There are more than 20,000 businesses in the Omaha Metro area, including five Fortune 500 companies. The headquarters of 30 insurance companies and approximately two dozen telemarketing/direct response centers are located in Omaha. The Omaha economy is diversified, with no industry sector making up a majority of employment. The main sectors of economy include trade, transportation, utilities, education, health services, and professional and business sectors.[11]

Other Health Services

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

- All Care Health Center
- Charles Drew Health Center
- CHI Health
- Children's Hospital & Medical Center
- Council Bluffs Community Health Center
- 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

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

Community Health Needs Assessment Process

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

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

PRC Timeline

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

- Kelly Nielsen, CHI Health
- Becky Jackson, Nebraska Medicine
- Jeff Prochazka, Methodist Health System
- Mike Kraus, Methodist Health System
- Adi Pour, Douglas County Health Department
- Kerry Kernen, Douglas County Health Department
- Kris Stapp, Pottawattamie County Health Department/VNA
- Sarah Schram, Sarpy/Cass County Health Department
- Sarah Sjolie, Live Well Omaha
- Emily Nguyen, Omaha Community Foundation
- Kali Baker, Omaha Community Foundation
- Mariel Harding, United Way of the Midlands
- Andrea Skolkin, OneWorld Community Health Center
- Kenny McMorris, Charles Drew Community Health Center
- Jeanne Weiss, Building Healthy Futures
- Dr. Debbie Tomak, Children's Hospital and Medical Center

Table 1. Timeline of CHNA Process

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Project discussion, planning and design		X	X	X	X							
PRC Community Health Survey						X	X	X				
PRC Online Key Informant Survey							X					
Analysis and report development									X	X		
Presentation at Live Well Omaha Changemaker Summit											X	

PRC Methods

PRC Community Health Survey

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

Sponsoring coalition members included:

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

Supporting organizations include:

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

The PRC Community Health Survey was conducted via mixed mode methodology, including a telephone survey which incorporated both landline and cell phone interviews, as well as through online questionnaires, and utilized a stratified random sample of individuals age 18 and over across the Metro Area. The sample design consisted of a total of 2,527 individuals age 18 and older in the Metro Area.

This random sampling of residents reflects 1,527 adults in Douglas County (50 in each zip code of the county), 500 in Sarpy County, 100 in Cass County, and 400 in Pottawattamie County. In addition, PRC oversampled Douglas County to allow for an increase in samples among Black and Hispanic residents and to achieve a target of a minimum of 50 surveys in each zip code in the county. Once all of the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the individual counties and the Metro Area as a whole. Including the oversampling, the breakdown of total surveys completed in each county is as follows:

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

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

Online Key Informant Survey

Participants in the Key Informant Survey were individuals who have a broad interest in the health of the community and were identified through sponsoring organizations. The list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders who the sponsors felt were able to identify primary concerns within the populations they serve, as well as the community as a whole. Key Informants were contacted via email to introduce the purpose of the survey and were provided a link to complete the survey online. Reminder emails were sent as needed to increase participation. A total of 163 key informants completed the survey. A breakdown of Key Informants can be found in Table 4 below.

Table 2. Key Informant Participants for PRC CHNA

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participated**
Social Service Provider	119	60
Community Leader	84	41
Other Health Provider	79	24
Physician	55	12
Business Leader	35	11
First Responder	6	5
Public Health Representative	15	5
Criminal Justice	8	3

Advanced Practice Provider	13	1
Postsecondary Educator	3	1
Total	**417**	**163**

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

Public Health, Vital Statistics & Other Data

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

Gaps in information

Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community's health, nor can we represent all interests of the population. This assessment was designed to represent a comprehensive and broad look at the health of the overall community. During specific hospital implementation planning, gaps in information will be considered and other data/input brought in as needed.

Input from Community

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

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

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

Public Health Engagement

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

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

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

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

Findings

PRC identified the following 11 health needs as 'Areas of Opportunity' after consideration of various criteria, including:

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

Based upon data gathered by PRC for the CHNA, the following "Areas of Opportunity" in Table 5 represent the significant health needs identified within the Omaha Metro community.

Table 3. "Areas of Opportunity" Identified by PRC

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

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

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

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

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

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

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

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

Prioritization

Prioritization Process

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

Prioritization Criteria

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

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

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

Prioritized Health Needs

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

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

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

Resource Inventory

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

Evaluation of FY14-FY16 Community Health Needs Implementation Strategy

The previous Community Health Needs Assessment for CHI Health Immanuel was conducted in 2016. **CHI Health Immanuel** completed the Community Benefit activities listed below for the community health priorities identified in 2016. The priority areas in 2016 were:

1. Violence Prevention
2. Behavioral Health
3. Access to Care
4. Nutrition, Physical Activity and Weight Status
5. Heart Disease and Stroke
6. Dementia
7. Social Determinants of Health

Priority Area # 1: Violence Prevention	
Goal	**Prevent unintentional injuries and violence, and reduce their consequences.**
Community Indicators	**CHNA 2013** • 2.5% of respondents in the Omaha Metro Area report being a victim of a violent crime in the past five years • 8.4% of respondents in NE Omaha report being a victim of a violent crime in the past five years • 11.1% of Metro Area adult report that they have ever been threatened with physical violence by an intimate partner • 17.4% of Omaha Metro respondents consider their neighborhood to be "slightly safe" or "not at all safe." • Violent crime rate in Douglas County = 4.7/1,000 population
	CHNA 2016 • 3.6% of respondents in the Omaha Metro Area report being a victim of a violent crime in the past five years • 9.2% of respondents in NE Omaha report being a victim of a violent crime in the past five years • 11.6% of Metro Area adult report that they have ever been threatened with physical violence by an intimate partner • 18% of Omaha Metro respondents consider their neighborhood to be "slightly safe" or "not at all safe." • Age-adjusted homicide rate of 6.2/100,000 in Metro Area (2001-2013) (U.S.=5.3) • Violent crime rate in Douglas County = 4.8/1,000 population
	CHNA 2019 • 1.3% of respondents in the Omaha Metro Area report being a victim of a violent crime in the past five years • 1.8% of respondents in NE Omaha report being a victim of a violent crime in the past five years • 13.6% of Metro Area adults report they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner • 19% of Omaha Metro respondents consider their neighborhood to be "slightly safe" or "not at all safe" • Age-adjusted homicide rate of 5.6 deaths/ 100,000 in Metro Area (2014- 2016) (U.S.= 5.6) • Violent crime rate in Douglas County= 484.9/ 100,000 population (2012-2014)
Timeframe	FY17-19
Background	**Rationale for priority**: Violence has been shown to be a common problem across the United States, as unintentional injuries and those caused by acts of violence are among the top 15 causes of deaths in Americans. Violence and the injuries caused by violence have shown to

<table>
<tr><td rowspan="3"></td><td colspan="3">have not only immediate health consequences but also influences high medical costs, premature death, lost productivity, poor mental health, and disability. Violence was identified as a top health priority in the 2015 CHNA.</td></tr>
<tr><td colspan="3">Contributing Factors: Physical and social environment, individual behaviors, economic conditions, education</td></tr>
<tr><td colspan="3">National Alignment: CHI National has identified violence as a top priority across all of their hospitals</td></tr>
<tr><td colspan="4">1.1 Strategy & Scope: Develop and implement a hospital-based violence prevention program for adult patients presenting to Emergency Department with injuries due to violent crime.</td></tr>
<tr><td colspan="2">Anticipated Impact</td><td>Hospital Role/ Required Resources</td><td>Partners</td></tr>
<tr><td colspan="2">• Reduce violent crime among those who participate in program
• Improve employment rates
• Reduce criminal activity
• Reduce violent crime rate
• Increase perceived safety of neighborhood</td><td>CHI Health System Role(s):
• Strategic partner

CHI Health Creighton University Medical Center-Bergan Mercy Role(s):
• Lead implementer
• Community Partner

Required Resources:
• Funding (TBD)
• Staff (TBD)</td><td>• Creighton University
• Omaha Police Department
• Probation and Parole
• Empowerment Network
• Omaha 360
• Others (TBD)</td></tr>
<tr><td colspan="2">Key Activities</td><td>Measures</td><td>Data Sources/Evaluation Plan</td></tr>
<tr><td colspan="2">• Research existing models
• Explore outside funding opportunities
• Create workgroup to develop and implement program including community partners/stakeholders
• Build relationship with University of Maryland Medical Center around their existing program
• Engage Creighton University around evaluation and resident participation
• Develop community partnerships and referral process for program
• Implement program
• Evaluate</td><td>• Criminal activity after intervention participation
• Employment
• Jail time served
• Hospital recidivism
• Violent crime rate
• Percentage of weapon carrying after intervention participation</td><td>Data will be reviewed and monitored by an internal team using the following data sources:
• Police Department data (annually)
• Probation and parole data (annually)
• Hospital data (bi-annually)
• CHNA (every three years)</td></tr>
<tr><td colspan="4">Results</td></tr>
</table>

Fiscal Year 2017 Actions and Impact:

- Conducted research for hospital-based violence intervention and convened an internal group to develop program.
- Identified a partnership opportunity with a community organization (YouTurn). YouTurn focused on community violence, with a strategy specific to partnering with healthcare systems to "offer program services "***in real time***" and at locations that adolescents and young adults feel safe and are familiar with".
- Partnership allows CHI Health to build off existing work rather than creating new efforts and therefore this strategy will be rewritten to best reflect the work moving forward.
- Identified a CHI Health trauma surgeon to sit on YouTurn's Board of Directors.
- Program is projected to launch during the second half of fiscal year 2018.

Measures: no measures were collected due to ongoing development of program.

Fiscal Year 2018 Actions and Impact:

- Provided $25,000 in funding to support YouTurn's trauma response program and community-based violence prevention programs and services.
- Officially launched trauma response program in April 2018, whereby YouTurn staff can respond to calls initiated by Omaha Police Department or CUMC Bergan Mercy security personnel when a victim of trauma presents to the ED due to gun violence and is suspected of, or at high-risk for gang involvement. YouTurn staff provide de-escalation services to prevent future violence and/or retaliation and work with the trauma victim to ensure the individual does not re-enter gang involvement and helps the individual complete education and/or job training for gainful employment.
- CHI Health trauma surgeon maintained seat on YouTurn's Board of Directors.

Measures:

- YouTurn's Hospital Response Team responded to 20 incidents in 2018 (as of Dec 2018) between CHI Health and Nebraska Medicine
- 228 community members were reached with anti-violence curriculum and training in 2018 (as of Sept 2018)
- # of individuals participating in Cure Violence Health Model case management program (as of Sept 2018): 31
- # of homicides in YouTurn's service area in Northeast Omaha in FY18: 12
- Relevant measures will continue to be developed in subsequent reporting periods

1.2 Strategy & Scope: Continue development, implementation, and expansion of the Sexual Assault Nurse Examiner (SANE) program for women who present to the Emergency Department due to sexual assault and domestic violence.

Anticipated Impact	Hospital Role/ Required Resources	Partners
• Improve health care for victims of sexual assault and domestic violence • Increase community knowledge regarding the prevalence of sexual assault and abuse and available resources • Increase awareness and access to services, resources, and advocacy for victims of sexual assault • Increase prosecution of sexual assault perpetrators	CHI Health System Role(s): • Strategic partnership by Women' Service Line CHI Health Bergan's Role(s): • Implementer • Recruitment • Technical Assistance	• Omaha Police Department • WCA • Other Partners TBD

	• Task Force Participation Required Resources: • Funding for training • Trained nurses • Outreach Coordinator • Funding for forensic examination equipment	
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Recruit and train 6 nurses • Provide sensitive, effective forensic evidence collection • Provide 24/7, trauma-informed coverage to victims through the SANE program • Serve on local, county and state coalition and sexual Assault Response Teams • Hire SANE coordinator • Establish mechanism for reimbursement • Expand SANE program to all Omaha Metro hospitals • Support expansion to other CHI Health communities as requested • Engage WCA advocates and other community partners in training/ongoing education	• # of SANE encounters • # of referrals to community resources • Response time to assist the victim (minutes)	Data will be reviewed and monitored by an internal team using the following data sources: • Hospital Data (annually) • TBD
Results		
Fiscal Year 2017 Actions and Impact: • SANE Coordinator was hired. • Work has focused on improving SANE infrastructure and expanding program in the Omaha hospitals, including getting staff trained, acquiring needed equipment, and strengthening relationships with community agencies receiving patient referrals from the SANE program. **Measures:** • # of SANE encounters: 49 • # of referrals to community resources: 49 • Response time to assist the victim (minutes): 30 minutes from call to arrival		

Fiscal Year 2018 Actions and Impact:

- Seven SANE nurses have been hired and four additional SANE nurses were in training as of July 2018
- Each hospital is equipped with a SANE cart

Measures:

- # of SANE encounters across the system: 386
- Response time to assist the victim (minutes): 30 minutes from call to arrival

1.3 Strategy & Scope: Develop internal and external programs around prevention, identification, and care for victims of human trafficking across the Omaha Metro Area**.**

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Increase in education and prevention of human trafficking within the community and the hospital • Increase in referrals for victims identified to appropriate channels of help • Increase in knowledge on how to identify victims of human trafficking among hospital staff and community members	CHI Health System Role(s): • Strategic partnership by Women' Service Line • Internal Implementer CHI Health Bergan's Role(s): • Task Force participation • Implementation (details TBD) Required Resources: • Staff (TBD) • Outreach Coordinator • Funding (TBD)	• NE Attorney General's Office • More partners to be identified
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Continue building relationship with the state of Nebraska and the Nebraska Human Trafficking Task Force • Collaborate with the state to determine community-based prevention/education program • Create internal CHI Health team to develop internal processes to identify victims of trafficking and appropriate next steps	• # of patients identified as victims of human trafficking • # of patients referred • Development of community prevention/education program	Data will be reviewed and monitored by an internal team using the following data sources: • Hospital data (annually) • Other sources TBD

• Identify appropriate measures for both internal and external programs		

Results

Fiscal Year 2017 Actions and Impact:

- Research, identification, and development of program to be implemented across CHI Health regarding human trafficking took place during this year.
- Employee training began and will continue into future fiscal years.

Measures:

- # of patients identified as victims of human trafficking: To begin tracking FY 2018
- # of patients referred: To begin tracking FY 2018
- Development of community prevention/education program: To begin tracking FY 2018
- # of CHI Health employees trained: 15
- # of community agencies trained: To begin tracking FY 2018

Fiscal Year 2018 Actions and Impact:

- Research, identification, and development of comprehensive human trafficking response to be implemented across CHI Health continued in FY18.
- Employee training began and will continue into future fiscal years.

Measures:

- # of patients identified as victims of human trafficking and referred for services: 11
- Additional measures will be developed and tracked in subsequent reporting years as internal training/ community- based training plan evolves in FY19

1.4 Strategy & Scope: Establish infrastructure across multiple sectors to develop and implement trauma informed practice, as measured by 30 training programs established and implemented across sectors in the Omaha Metro Area.

Anticipated Impact	Hospital Role/ Required Resources	Partners
• Ensure safety and health equity by reducing violence, injury, and traumatic experiences throughout the lifespan to prevent premature morbidity and mortality.	CHI Health System Role(s): • Community Work Group Co-Lead (Behavioral Health Service Line) • Internal Implementer Required Resources: • Staff time	• Local Health Care systems • Douglas County Health Department • Others (TBD)

Key Activities	Measures	Data Sources/Evaluation Plan
• Serve as co-lead to convene work group • Conduct environmental scan of existing work related to trauma informed care • Identify potential/current funders for training and communication support • Develop a toolbox and communication strategy for implementation • Design an evaluation plan to measure impact of trainings	• # of training programs held • # of sectors reached • Impact measures TBD	Data will be reviewed and monitored by the Douglas County CHIP planning and steering committee on a quarterly basis from sources TBD.

Results

Fiscal Year 2017 Actions and Impact:

- Participating on Steering Committee for community initiatives and work group to develop training specific to medical field
- Measures to be available starting FY19.

Fiscal Year 2018 Actions and Impact:

- Continued participation in community collaboration (Trauma Matters Omaha) led by the Douglas County Health Department.
- Assisted in the development of Trauma: Overview for Medical Professionals training in partnership with University of Nebraska Medical Center (UNMC) and Project Harmony, designed to raise awareness of the effects of trauma on health and experience in healthcare settings.
- Assisted UNMC in the development of a pre/post evaluation tool and evaluation plan for the training, and are co-investigating the impact of the training on increasing clinical and professional knowledge of trauma and its effects, confidence in recognizing when previous trauma is impacting a patient, as well as self-awareness of actions that exacerbate or re-traumatize a patient.
- Training will roll out beginning in FY19 and will train medical professionals in both Nebraska Medicine and CHI Health.
- Measures to be available starting FY19.

Priority Area # 2: Behavioral Health

Goal	**To Improve awareness, education and support for families to effectively prevent suicide and improve behavioral health of the community.**
Community Indicators	**CHNA 2013** • 9% of Omaha Metro adults reported their overall mental health as "fair" or "poor" • 16.9% of Metro Area adults currently smoke cigarettes, either regularly or occasionally • 11.5% of Douglas County adults who reports their typical day is "Extremely" or "Very" Stressful
	CHNA 2016 • 10.3% of Omaha Metro adults reported their overall mental health as "fair" or "poor" • 17% of Metro Area adults currently smoke cigarettes, either regularly or occasionally • 11.1% of Douglas County adults who reports their typical day is "Extremely" or "Very" Stressful
	CHNA 2019 • 8.3% of Omaha Metro adults reported their overall mental health as "fair" or "poor" • 11.7% of Metro Area adults currently smoke cigarettes, either regularly or occasionally • 10.0% of Metro Area adults (10.9% in Douglas County) who report their typical day is "Extremely" or "Very" Stressful
Timeframe	FY17-19
Background	**Rationale for priority:** Mental disorders have been shown to be the most common cause of disability and suicide is the 11th leading cause of death in the United States making it an important issue across the country. Mental health has been closely tied to physical health and often inhibits one from maintaining good physical health, possibly leading to chronic disease, which can have a serious effect on the mental health of the person. In the 2011 and again in the 2015 CHNA, mental health and substance abuse were both identified as top health needs within the community.
	Contributing Factors: lack of availability of services, high cost, lack of insurance coverage, family and community dynamics, social support
	National Alignment: Healthy People 2020 objectives include a reduction in the suicide rate overall; reduction in suicide attempts by adolescents; reduction in proportion of persons who experience major depressive episodes, and more specifically for adolescents age 12 to 17 years
	Additional Information: CHI Health received a 3-year grant to develop and implement a community-wide youth behavioral health system of care. CHI Health Midlands has already engaged with a local coalition in Sarpy County involving law enforcement, local government, and school district leadership.

2.1 Strategy & Scope: Create education and support infrastructure for families of teens at risk for suicide or dealing with a loss from suicide in Sarpy and Cass Counties.

Anticipated Impact	Hospital Role/ Required Resources	Partners

• Reduction in teen suicides and attempts • Increased awareness of behavioral health issues leading to appropriate interventions and treatment initiated by community members • Increased utilization of support resources	CHI Health System Role(s): • Partnership with Behavioral Health Service Line CHI Health Midland's Role(s): • Community Partner • Funder • Facility host as needed Required Resources: • Staff (Leadership time in coalition, further staff needs TBD) • Funding (TBD based on interventions identified and partners involved) • Facility space as needed for trainings	• Papillion La Vista Community Schools • Sarpy/Cass Health Department • CHI Health Behavioral Health Service Line • Omaha Psychiatric Associates
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Partner with Papillion La Vista Community Schools Community Coalition to identify gaps in teen behavioral health support. • Engage with additional Sarpy/Cass County School Districts to validate school input and further identify evidence-based work to address teen suicide. • Based on input from CHI Health Behavioral Health Service Line and school coalitions develop relevant programming for parents/families who have a teen at risk for, attempted or committed suicide. • Support MH First Aid Training and "competent care training" for professionals in healthcare, education (schools) and community services. • Evaluate barriers to accessing BH care & plan to address where possible. • Evaluate work for sustainability and make plan for long-term application of identified strategies. • Implement sustainability plan.	• Measures to be determined based on interventions/programs • # Professionals trained • Pre/post assessment of professional training and participants report increased awareness	Hospital CBAT team will review data from the following sources: • NE Death Cert. Data (Sarpy/Cass HD – annually) • Baseline for Teen Suicide (Self-Reported data) Cass County NRPFSS Fall 2016, 2018 • Review of support group attendance (quarterly once established) • Review participant survey responses to support groups and/or trainings quarterly or 6-month basis.
Results		
Fiscal Year 2017 Actions and Impact: • Continued planning to identify the most appropriate strategies that will meet community needs and reduce duplication of efforts.		

Measures: due to ongoing planning no measures were collected.

Fiscal Year 2018 Actions and Impact:

- Based on requests from the community and schools for resources and support to address youth behavioral health needs, the planning group decided to focus on schools in Sarpy and Cass County instead of the entire Omaha Metro Area since Douglas County offers more behavioral health resources and services than Sarpy/Cass County.
- Behavioral health screening is being implemented across CHI clinics as part of Patient Centered Medical Home (PCMH) initiative and relevant measures will be developed in subsequent reporting years.
- Warm handoff process was initiated between Immanuel Inpatient Adolescent Psychiatric Services and Omaha Public Schools to enhance care continuum. The process creates a protocol when an adolescent is discharged from the Immanuel Emergency Department or Adolescent Inpatient Psychiatric Ward with a safety plan, so that it can be shared with the school district via electronic health records. This generates awareness at the school upon an adolescent's discharge from Immanuel that they may require additional school-based services to ensure student safety and academic readiness. Discussions will continue in FY19 to establish a similar warm handoff process with Papillion LaVista schools.
- 174 administrators and staff in five school districts completed a Mental Health and Substance Abuse Program Assessment to understand resource gaps and mental health needs in Sarpy and Cass County schools.
- Measures (results from FY18 program assessment):
    - 75% of respondents indicated they interact daily with students who may be experiencing mental health or substance use issues
    - The top five interventions the school districts surveyed would like implemented in the near future are:
        - Trauma training
        - Therapy/ counseling
        - Mental health training for staff
        - Trainings for mental health professionals (DBT/ CBT
        - Positive Behavioral Interventions and Support (PBIS)

Ongoing conversations with superintendents will take place to gauge interest and schedule facilitated conversation in FY19

2.2 Strategy & Scope: Continue administrative and financial support to Tobacco Free Sarpy (TFS) to reduce tobacco use in Sarpy and Cass Counties.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Reduce exposure to secondhand smoke • Reduce health disparities related to tobacco • Reduce youth access to tobacco and prevent youth from starting • Reduce tobacco use in adults	CHI Health Midland's Role(s): • Fiscal agent for TFS & TFC Coalitions • Provide office space for both coalitions' operations. Required Resources: • Office space for coalition staff	• Tobacco Free Nebraska (NE DHHS) • LiveWise Coalition • Local law enforcement agencies in both counties • Metro Omaha Tobacco Action Coalition (MOTAC) • Local Chambers of Commerce • Sarpy/Cass Health Department
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Promote "tobacco-free" (TF) designations to employers/businesses, multi-family housing (MFH) properties (in Sarpy only) and outdoor recreational facilities (ORF) in Sarpy and Cass Counties. • Provide technical assistance to locations working to become "tobacco-free" or "smoke free" • Partner with law enforcement for compliance checks on sales of tobacco products to minors • Work to reduce the proportion of smokers in the home. (Cass County only) • Evaluation of the current community tobacco retail environment and point of sale in Sarpy and Cass Counties	• # of employers completing policy assessments (Sarpy & Cass) • # of employers that implement SF or TF policy (Sarpy & Cass) • # MFH sites that are SF (Sarpy) • % of homes that have SF rule (Cass) • # of ORFs adopting SF or TF Policy (Sarpy & Cass) • Compliance rate on sale of tobacco products to minors (Sarpy & Cass) • # of tobacco retail and point of sale assessment survey's conducted.	Midlands CBAT will review Tobacco Free Nebraska TRAIN reports for Sarpy and Cass two times per year (January & July each year) and through grant activities will determine how to evaluate local tobacco retail and point of sale policies and ordinances in both Sarpy and Cass County.

Results

Fiscal Year 2017 Actions and Impact:

- The two county coalitions have consolidated, forming one coalition, and will be reporting on joint activities.
- Submitted proposed new work plan to the state and outlined work beginning in FY18.
- In FY17, work continued around policy changes across different sectors and providing technical assistance on implementing policy changes.
- Coalition will continue to partner with law enforcement around compliance checks on sales of tobacco products to minors.

Measures:

- # of employers completing policy assessments in Sarpy and Cass counties: 141
- # of employers that implement smoke free or tobacco free policies in Sarpy and Cass counties: 60
- # multi-family housing sites that are smoke free (Sarpy): 83
- % of homes that have smoke free rule (Cass): 90%
- # of outdoor recreational facilities adopting smoke free or tobacco free policy (Sarpy and Cass): 14
- Compliance rate on sale of tobacco products to minors: Sarpy: 97%, Cass: 99%
- # of tobacco retail and point of sale assessment surveys conducted: Sarpy: 65, Cass: 32

Fiscal Year 2018 Actions and Impact:

- Supported Tobacco Education and Advocacy of the Midlands, which assisted 141 Multi-Family buildings in Sarpy and Cass County to implement a tobacco or smoke free policy.
- Work continued around policy changes across different sectors and providing technical assistance on implementing policy changes.
- Coalition will continue to partner with law enforcement around compliance checks on sales of tobacco products to minors.

Measures:

- # of employers completing policy assessments in Sarpy and Cass counties: 18
- # of employers that implement smoke free or tobacco free policies in Sarpy and Cass counties: 9
- # multi-family housing sites that are smoke free (Sarpy): 65
- # of outdoor recreational facilities adopting smoke free or tobacco free policy (Sarpy and Cass): 3
- Compliance rate on sale of tobacco products to minors: 94%

2.3 Strategy & Scope: Develop and implement a community-wide youth behavioral health system of care in the Omaha Metro area through the engagement of key community stakeholders.		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improve youth patient outcomes as a result of increased behavioral services provided • Reduce visits by youth to the Emergency Departments • Improve transitions of care • Improve youth behavioral health across community	CHI Health System Role(s): • Provides financial support • System-level leadership by Behavioral Health Service Line • Fiscal agent • Community Partner • Strategic partner Required Resources: • Mission and Ministry Grant Funding • Community Partners • Coalition Leader	• Region 6 • Behavioral Health Coalition (members TBD)
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Complete environmental scan of existing work around the behavioral health needs of youth in the community • Form or contribute to a behavioral health community coalition to implement the youth behavioral health system of care plan. • Review current findings from other community behavioral health youth planning assessments • Identify key community stakeholders to involve in a community-wide strategic planning process • Engage a professional facilitator to conduct a strategic planning process • Conduct an assessment on the currently implemented behavioral health evidence-based practices for youth and other potential practices that may be included in the plan • YEAR 2: Begin implementing the behavioral health system of care plan for youth in the Omaha Metro area. • YEAR 3: Finalize a sustainability plan for post grant.	• Improvement in patient outcomes as a result of BH services provided • Reduce Emergency Department behavioral health visits by youth • Improve transition of care for youth • Positive change in community-wide behavioral health measures	Data will be reviewed and monitored as part of the coalition work using the following data sources: • ED/Hospital/patient database (Bi-annually) • Population indicators related to youth and BH • NE Children's Child-Well Being Indicators (Annually)
Results		
Fiscal Year 2017 Actions and Impact:		

- The planning group identified existing local community coalitions or groups and discussed the health topics the groups were focusing on and current work happening across community to reduce potential duplication.
- Based on requests from the community and schools for resources and support to address youth behavioral health needs, the planning group decided to focus on schools in Sarpy and Cass County instead of the entire Omaha Metro Area since Douglas County offers more behavioral health resources and services than Sarpy/Cass County.
- Ongoing conversations with superintendents will take place to gauge interest and schedule facilitated conversation in FY18.

Measures: No measures collected yet as FY17 consisted of planning activities.

Fiscal Year 2018 Actions and Impact:

- Continued planning to identify the most appropriate strategies that will meet community needs and reduce duplication of efforts.

Measures: due to ongoing planning no measures were collected.

2.4 Strategy & Scope: Continue Integrated School-Based Mental Health program at six schools across North Omaha and Council Bluffs for students in need of mental health services**.**

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improve children's mental health • Improve student's school performance and behavior • Increase knowledge of teachers and administration on working with children in crisis • Improve student's medication management through school-based health center collaboration	CHI Health System Role(s): • System-level leadership and financial support by Behavioral Health Service Line CHI Health Immanuel's Role(s): • Strategic partner Required Resources: • 4 Licensed independent mental health practitioners • Technology (HeartMath) • Materials	• Omaha Public School District • Council Bluffs Public School • CHI Health Psychiatric Associates • School-based health centers • Holy Name Catholic School
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Offer integrated care within 6 metro schools annually using evidence-based best practice • Conduct yearly education sessions with school staff on how to work with students in crisis • Identify and implement evidence-based evaluation tool and pre-/post-test for school-based program • Explore funding opportunities • Explore feasibility of expanding program	• # of students and families served • Student attendance • # disciplinary actions taken during intervention (office referrals, ISS,OSS) • Increase in knowledge of school staff on how to work with students in crisis • Qualitative feedback on student's improvement	Data will be reviewed and monitored by an internal team using the following data sources: • Program data/Patient records (annually) • School records (bi-annually)

Results

Fiscal Year 2017 Actions and Impact:

- Therapists in Omaha schools provided training for teachers around de-escalation and working with a child in crisis before the beginning of the school year.
- Identified evaluator and funded $15,000 for extensive evaluation of existing program. Evaluation to include analysis of current data and the identification and/or development of tool to use to assess services each year. Evaluation was completed but results will be provided at the beginning of fiscal year 2018.
- During, fiscal year 2017, the CHI Health foundation and other internal stakeholders participated in ongoing conversations around the need for additional funding to support program and potential avenues for the funding. Exploration will be ongoing in fiscal year 2018.
- Feasibility of program expansion is not possible until after the evaluation is completed and will be further assessed at that time.

Measures: Results are included for students receiving services from 2012-2017.

- Number of students and families served:
  - Holy Name Elementary: 29
  - Indian Hills Elementary: 113
  - Kellom Elementary: 82
  - Kirn Middle school: 18
  - Wakonda Elementary: 31
  - Wilson Middle School: 60

- Attendance for students:
  - 35% had 0-5 absences
  - 30% had 6-10 absences
  - 16% had 11-15 absences
  - 19% had >15 absences

- Disciplinary actions taken while child was participating in program:
  - Office Referrals
    - 34% had 0 referrals
    - 53% had 1-10 referrals
    - 14% had >10 referrals
  - In-school Suspension (ISS)
    - 59% had 0 ISS referrals
    - 16% had 1 ISS referral
    - 9% had 2 ISS referrals
    - 12% had 3-5 ISS referrals
    - 5% had >5 ISS referrals
  - Out-of-school Suspension
    - 65% had 0 OSS referrals
    - 27% had 1-5 OSS referrals
    - 8% had >5 OSS referrals

Fiscal Year 2018 Actions and Impact:

- The Integrated School- Based Mental Health program is currently located in five schools across North Omaha and Council Bluffs for students in need of mental health services.
- Therapists provided training for teachers around de-escalation and working with a child in crisis before the beginning of the school year. Each therapist and the program supervisor met with the principal of the school and school administrators prior to beginning the year as well to set guidelines and expectations for referral and service provision.
- The CHI Health foundation and other internal stakeholders participated in ongoing conversations around the need for additional funding to support the program and potential funding avenues. Exploration will be ongoing in fiscal year 2019.
- Productivity measures for therapists in the program were increased from 30% to 40% to meet the increased demand for treatment as identified by the school districts. This led to the ability to bill for more of the services being offered in schools, potentially increasing the likelihood of program expansion in the future.
- Therapists implemented the use of the Daily Living Activities-20 (DLA-20) outcome measurement tool. Data collection from this tool is expected to begin in FY19. This tool provides data on how treatment can help to eliminate or lessen the functional impairments that are present from the onset of treatment.

Measures:

- Number of students and families served:
  - Holy Name Elementary: 5
  - Indian Hills Elementary: 25
  - Kellom Elementary: 12
  - Kirn Middle school: Program was discontinued at this site.
  - Wakonda Elementary: 7
  - Wilson Middle School: 26
  - Thomas Jefferson High School: 6

Omaha Public Schools Data:

- Attendance for students participating in integrated school-based mental health program:
  - 49% had 0-5 absences
  - 24% had 6-10 absences
  - 16% had 11-15 absences
  - 11% had >15 absences

- Disciplinary actions taken while child was participating in program:
  - Office Referrals
    - 10% had 0 referrals
    - 69% had 1-10 referrals
    - 21% had >10 referrals
  - In-school Suspension (ISS)

        - 47% had 0 ISS referrals
        - 6% had 1 ISS referral
        - 22% had 2 ISS referrals
        - 13% had 3-5 ISS referrals
        - 12% had >5 ISS referrals
    - Out-of-school Suspension
        - 51% had 0 OSS referrals
        - 37% had 1-5 OSS referrals
        - 8% had >5 OSS referrals

Council Bluffs Community School District Data:

- Attendance data for students participating in the integrated school-based mental health program was not reported.
- 30% of patients were referred for medication management with CHI Health primary care doctors or psychiatrists
- 67% of youth seen would not have been maintained in their school for the year without this service, as reported by principals

- Disciplinary actions taken while child was participating in program:
    - Office Referrals
        - 59% had 0 referrals
        - 34% had 1-10 referrals
        - 6% had unknown number of referrals

*Percent total does not sum to 100 due to rounding

    - In-school Suspension (ISS)
        - 93.75% had 0 ISS referrals
        - 3.13% had 1 ISS referral
        - 3.13% had unknown number of ISS referrals

*Percent total does not sum to 100 due to rounding

    - Out-of-school Suspension
        - 87.5% had 0 OSS referrals
        - 3.13% had .5 OSS referrals
        - 6.25% had 1.5 OSS referrals
        - 3.13% had unknown number of OSS referrals

*Percent total does not sum to 100 due to rounding

<table>
<tr><td colspan="3">2.5 Strategy & Scope: Continue development, integration, and implementation of eCPR, ACEs, and DLA 20 program at Charles Drew Health Center.</td></tr>
<tr><td>Anticipated Impact</td><td>Hospital Role/ Required Resources</td><td>Partners</td></tr>
<tr><td>• Improve care to those who have experienced trauma
• Increase knowledge of providers who have been trained in eCPR
• Improve health, behaviors, and life potential in patients who complete the ACEs assessment and are provided care based on score</td><td>CHI Health System Role(s):
• Strategic partnership by Behavioral Health Service Line

CHI Health Immanuel’s Role(s):
• Trainer
• Partial Funder
• Strategic partner

Required Resources:
• Staff
• Trainers
• Training Cost
• Cost of evaluation tool</td><td>• CHI Health Clinics
• Charles Drew Health Center</td></tr>
<tr><td>Key Activities</td><td>Measures</td><td>Data Sources/Evaluation Plan</td></tr>
<tr><td>• Train 8 Charles Drew staff members on eCPR
• Work with CDHC to incorporate ACEs assessment into practice
• Identify funding for DLA-20 training for CDHC and CHI Health clinic staff
• Train CDHC staff and CHI Health staff on DLA-20 utilization
• Evaluate</td><td>• # of youth identified through use of ACEs evaluation
• Change in knowledge of eCPR principles by behavioral health therapists
• % increase in DLA-20 scores for youth</td><td>Data will be reviewed and monitored annually by an internal team using the following data sources:
• DLA-20 (bi-annually)
• ACEs tool (bi-annually)
• Pre-/post- eCPR survey (annually)</td></tr>
<tr><td colspan="3">Results</td></tr>
<tr><td colspan="3">Fiscal Year 2017 Actions and Impact:
• Funded and hosted eCPR training for community organizations including training 25 employees from Charles Drew Health Center.
• Assisted Charles Drew Health Center in implementing clinical practices focused on working with children who have experienced Adverse Childhood Experiences (ACES) and will provide technical assistance when needed.</td></tr>
</table>

- Ongoing research to identify clinical assessment tool aimed at identifying ACEs took place and the Daily Living Activities 20 (DLA20) was agreed on by both CHI Health and Charles Drew Health Center. Joint collaborative took place to purchase tool and training to take place in fiscal year 2018 at CHI Health Immanuel.

Measures:

- Number of people trained in eCPR: 25

Fiscal Year 2018 Actions and Impact:

- Assisted Charles Drew Health Center in implementing clinical practices focused on working with children who have experienced Adverse Childhood Experiences (ACES) through the Fathers for a Lifetime program and will provide technical assistance when needed.
- Began to implement a clinical assessment tool, Daily Living Activities 20 (DLA20), aimed at identifying ACEs. Implementation will continue throughout FY19.
- No eCPR trainings took place in FY18.

Measures: Since implementation was slower than anticipated in FY18, measures will begin to be reported in FY19.

2.6 Strategy & Scope: Provide Douglas County residents with access to integrated healthcare services (primary care, behavioral health, and pharmacy) through the health systems adoption of the SAMHSA Standard Framework for Level of Integrated Healthcare.

Anticipated Impact	Hospital Role/ Required Resources	Partners
• Citizens have knowledge of and access to a fully integrated system of sufficient behavioral health and primary care services and resources.	CHI Health System Role(s): • Community Work Group Co-Lead (Behavioral Health Service Line) • Internal Implementer Required Resources: • Staff Time	• Local Health Systems • Charles Drew • One World • Region 6 • Managed Care Organizations • Douglas County Health Department

Key Activities	Measures	Data Sources/Evaluation Plan
• Serve as community work group co-lead • Complete an Environmental scan to determine which services integrated with providers and rate level of integration using SAMHSA Standard Framework. • Identify evidence based screening, brief intervention, and referral system (SBIRT) to recommend to integrated care practices. • Develop and implement technical support and trainings for Integrated Care Clinics/Systems on implementing screening and referral SBIRT protocols • Set a goal for the penetration of integrated Behavioral health and pharmacy services into the primary care/internal medicine patient population (by 2019)	• Environmental scan completed • Technical support and trainings developed • Implementation plan created	Data will be reviewed and monitored by the Douglas County CHIP planning and steering committee on a quarterly basis with input from the work group.

Results

Fiscal Year 2017 Actions and Impact:

- Co-leading community work group to implement this strategy. Work and planning is ongoing.

Fiscal Year 2018 Actions and Impact:

- To date, CHI has Integrated Clinicians in six local schools in Omaha and Council Bluffs, integrated clinicians in nine Medical Group Enterprise Clinics and provides Telehealth Services to eight different Rural Access and Critical Access Clinic locations.
- All of CHI Health's family medicine, internal medicine and pediatric clinics now have Screening, Brief Intervention and Referral for Treatment (SBIRT) tools for substance abuse available in EPIC. Clinicians are prompted to complete the screening annually for all patients 12 years and older.
- Additional integration of SBIRT screening tools for substance abuse into EPIC will continue in FY19 and FY20.

Measures:

- # of adolescent patients served through Integrated School- Based Mental Health program in five schools located in Douglas County: 73

Priority Area #3: Access to Care	
Goal	Improve access to comprehensive, quality health care services by providing easy and accessible points of entry to basic screenings and immunizations.
Community Indicators	CHNA 2013 • 23.8% of Omaha Metro residents participated in a health promotion activity in the past year • 86.3% of respondents age 18+ have a particular place for care • 66.8% of respondents have had a routine checkup in the past year • 87.8% of children of respondents have had a checkup in the past year • 10.6% of metro area adults report being diagnosed with diabetes • 83.4% of those diagnosed are taking medications to manage their diabetes
	CHNA 2016 • 24.6% of Omaha Metro residents participated in a health promotion activity in the past year • 85.8% of respondents age 18+ have a particular place for care • 67.1% of respondents have had a routine checkup in the past year • 86.3% of children of respondents have had a checkup in the past year • 9.4% of metro area adults report being diagnosed with diabetes • 82.4% of those diagnosed are taking medications to manage their diabetes
	CHNA 2019 • 27.6% of Omaha Metro residents participated in a health promotion activity in the past year • 86.0% of respondents age 18+ have a particular place for care • 74.6% of children of respondents age 18+ have a particular place for care • 71.5% of respondents have had a routine checkup in the past year • 84.4% of children of respondents have had a checkup in the past year • 11.2% of metro area adults report being diagnosed with diabetes
Timeframe	FY17-19
Background	**Rationale for priority:** Without easy and affordable access to healthcare services, health issues go untreated and become worse. Access to healthcare was identified as a top health need in the community in the 2015 CHNA. CHI Health Midlands and Immanuel have been addressing this health need through existing work and partnerships with outside organizations. Through this work, CHI Health will be increasing access to screenings and referral to treatment for those that are most at risk.

	Contributing Factors: High cost of insurance coverage, inability to pay for preventive screenings/services, community members lacking medical home for routine care and accurate medical record-keeping,
	National Alignment: Healthy People 2020 objectives include: increasing the proportion of persons with health insurance; increasing the proportion of persons who have a specific source of ongoing care; reduction in the proportion of persons who are unable to obtain or delay in obtaining necessary care or medication.

3.1 Strategy & Scope: Plan and host local health fair to offer low-to-no-cost screenings and education to encourage disease management and behavior change for participants in the Douglas, Sarpy and Cass County areas.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improved awareness and behavior around healthy nutrition and physical activity habits. • Improved management of chronic diseases with in the population served. • Increased awareness of self-disease management.	CHI Health Midland's Role(s): • Plan, Promote and implement health fair Required Resources: • Approx. $45K (Includes $20K toward in-kind staff time, purchased services and supplies; $7 from Midlands Community Foundation; additional expense for lab-tech time, hospital catering time/food, rentals, and advertising; Estimates income from participant fees is approx. $18K) • Hospital space • Go Sign Me Up support	• Midlands Foundation • Over 18 collaborating organizations participate in Health Fair
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
Year 1 • Consider ways to measure how participation in health fair improves self-care behavior • Identify and implement ways to help patients establish a patient-centered medical home (PCMH) during health fair participation • Explore opportunity to partner with local college of pharmacy to incorporate medical reconciliation and medication disposal • Offer screenings at greatly reduced cost to participants and help individuals ID risk factors (behavioral, genetic, social) for top identified needs (CHNA) • Provide early detection and Refer to treatment as needed	• # people participating in the event • Explore opportunity to measure participants with an established medical home and how event connects those without to a medical home • Participant Survey: o Likelihood patients will follow consultation recommendations o Likelihood patients will seek follow-up care in future	CHI Health Midlands' CBAT will review possibility to measure PCMH during planning (January-April 2017) and participant surveys following event (May 2017) to determine participation numbers and self-reported behavior. Make plan for on-going event evaluation for impact in May-October of 2017.

Year 2 • Evaluate success of first four key activities above, and create and implement plan for sustainability of these efforts for future health fair events.		

Results

Fiscal Year 2017 Actions and Impact:

- Event was held as planned and survey tool was implemented.

Measures:

- # people participating in the event: estimated over 500
- Motivation to change after this event scale 1-5 (5 is high) (n=80): 6% (1), 5% (2), 16% (3), 20% (4), 38% (5), 1**4% (no answer)**
- Are you likely to follow recommendations provided? (n=80): 53% yes, 4% no, 13% not sure, 30% no answer

Fiscal Year 2018 Actions and Impact:

- Over 500 people attended the health fair in FY18, which included the following free health screenings: vision, hearing, skin cancer, blood pressure, depression and anxiety and cardiac risk, among others.
- Efforts to improve participation among the uninsured and underinsured will continue in FY19.

Measures:

- # people participating in the event: 523
- Motivation to change after this event scale 1-5 (5 is high) (n=66): 7% (1), 13% (2), 20% (3), 27% (4), 33% (5)
- Are you likely to follow recommendations provided? (n=66): 51% yes, 4% no, 2% not sure, 43% no answer

3.2 Strategy & Scope: Provide immunization services to qualifying individuals through the hosting of regular, on-going immunization clinics in Bellevue and Papillion, NE.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• An increased number of children and adults who would otherwise be at risk for disease due to their health care coverage status are immunized and protected from harmful diseases and epidemics.	CHI Health Midland's Role(s): • Fiscal Administrator • Provide staff for clinics Required Resources: • Estimated total of event costs is $14K • Supplemental funding in the amount of $7,000 from NE DHHS • 2 RNs at 0.3 FTE	• CHI Health Clinic • Nebraska DHHS

Key Activities	Measures	Data Sources/Evaluation Plan

• Continue to staff and host five established immunization clinics in two locations.
  o Bellevue offered once a month
  o CHI Health Midlands Clinic offered four times per month
• Offer all NE Dept. of Education required vaccines including HPV and Meningococcal B.
	• Immunization rates in Sarpy/Cass Counties
	• # of shots by age groups served
	• # of shots by demographic
	• # shots by vaccine type
		Midlands CBAT will review information on a quarterly basis from the following sources:
		• NE DHHS Grant Report
		• Nebraska State Immunization Information System (NESIIS)
		• Program data

Results

Fiscal Year 2017 Actions and Impact:

- Immunization clinics continued throughout the fiscal year.
- Due to funding cuts, primary nurses were cut but clinics are now being staffed by hospital nurses who volunteer their time.
- One clinic location stopped offering the immunization clinic therefore the group is exploring offering an evening clinic at CHI Health Midlands.
- Exploring a partnership with the jail system and further discussion will be held in FY18.

Measures:

- Total immunization given in Sarpy/Cass Counties:
  - Children: 763
  - Adult: 58

Fiscal Year 2018 Actions and Impact:

- The Sarpy and Cass County Immunization Clinic has expanded services to one evening a month. The Sarpy and Cass County Immunization Clinic is offered once a month in the evening, in addition to the three times a month during day hours.
- The number of public immunizations given has increased due to regular staffing, continued outreach, increasing clinic hours during typical busy seasons such as back-to-school and flu season, as well as implemented process efficiencies such as being able to request appointments online for clients.

Measures:

- Total immunizations given in Sarpy/Cass Counties: 575
  - Children: 551
  - Adult: 24

3.3 Strategy & Scope: Provide qualified school nurses to parochial schools in Sarpy/Cass Counties where school would otherwise not have nurse available to students and families.

Anticipated Impact	Hospital Role/ Required Resources	Partners

• Children and families participating in non-profit parochial schools will be ensured safe and healthy school environments on an on-going basis, as well as provided with information on health lifestyles.	CHI Health Midland's Role(s): • Provide staff and funding for program administration Required Resources: • 2 RNs at 0.3 FTE	• Archdiocese of Omaha
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Staff 2 RNs to cover schools • Nurses will oversee health and safety compliance • Nurses will manage health and safety programming for school • Provide school physicals • Work with the Archdiocese of Omaha on drug administration in school	• # children served as identified by up-to-date health record (health record includes: immunizations received, allergies, last physical, vision and audiology screenings, dental exam) • # of children compliant on immunizations • % of students receiving tuition assistance or financial aid to attend	CHI Health Midlands CBAT will review data on 6-month basis from: • Student health records • Parochial school reports
Results		
Fiscal Year 2017 Actions and Impact: • This program was discontinued in FY17. CHI Health Midlands continues to address this community health need through immunization clinics and the annual health fair.		
3.4 Strategy & Scope: Continue and enhance diabetes prevention collaboration for North Omaha residents.		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Increase access to diabetes prevention and education • Improve health status for participating patients • Increase control of diabetes for participating patients	CHI Health System Role(s): • System-level leadership by Wellness Service Line CHI Health Immanuel's Role(s): • Provide signage for the event • Provide staff to cover: o AADE 7 booth o Wellness Service line booth • Provide education quarterly at Heart Ministry Center Required Resources: • Diabetes Health Educator	• Nebraska Medicine • Methodist Health System • Heart Ministry Center • YMCA • ADA • JDRF • Hy-Vee • Diabetes Education Center of the Midlands • Creighton University • Douglas County Health Department • Foreman Foundation

	• Promotional signs • Materials • Staff time	
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Identify new key partners to engage to increase reach of health fair • Expansion into other areas of Omaha based on need for uninsured or underinsured residents • Problem solve and implement solutions to transportation as a barrier for residents to attend • Identify way to track participants attendance at education sessions	• Sessions attended across 4 months • Number of attendees who have insurance • Labs pre-intervention and labs post intervention for CHI Health patients	Data will be reviewed and monitored by an internal team using the following data sources: • Attendance sheets from sessions (after 4 months) • Data from mobile lab
Results		
Fiscal Year 2017 Actions and Impact: • Collaboration between health systems and community partners continues to focus on the north Omaha community and continue offering monthly diabetes education classes at one of the local food pantries to ensure they are reaching the most vulnerable populations. • To participate, participants had to be uninsured and were incentivized to attend at least four education classes by receiving glucometers and test strips, while also receiving assistance in enrolling in Medicaid or Medicare. • Due to low reimbursement for testing supplies, classes were opened to those receiving Medicaid or Medicare. • Participants continue to report transportation as a barrier to attending so collaborative is exploring potential ways to address barrier. **Measures:** • Number of program participants: 10		
Fiscal Year 2018 Actions and Impact: • Current services are being offered through clinic- based diabetes program. • Participants continue to report transportation as a barrier to attending, so collaborative is still exploring potential ways to address barrier. • A pilot program offered at North Omaha congregations is being explored, but no concrete actions were taken in FY18. **Measures:** • No measures were collected in FY18, as diabetes education took place in the clinic setting and is reported in 3.5 below.		
3.5 Strategy & Scope: Continuation and enhancement of clinic-based diabetes program for those with limited access to care across the Omaha Metro Area		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**

<table>
<tr>
<td>

Increase compliance with diabetes medication
Increase physical activity and nutritional management
Improve health status for participating patients
Increase control of diabetes for participating patients

</td>
<td>
CHI Health System Role(s):

System-level leadership by Wellness Service Line

CHI Health Immanuel's Role(s):

Provide staff to meet with patients in clinic setting
Review curriculum
Participate in Advisory Board

Required Resources:

Diabetes Health Educator
ARNP
Materials

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<td>

CHI Health Clinic

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<tr>
<td>Key Activities</td>
<td>Measures</td>
<td>Data Sources/Evaluation Plan</td>
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<td>

Integration into 3 new locations
Identifying key clinics to integrate into based off of zip code data
Contract with ARNP to allow to see transitional aged population for Type 1 diabetes
Integrate/mobilize telemedicine to improve reach

</td>
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% decrease in A1c levels
% increase of nutritional management
% increase of being active
% increase of medication compliance
Reach of program (# of participants, locations)

</td>
<td>
Data will be reviewed and monitored by an internal team using the following data sources:

Chronicle
Patient survey (yearly)

</td>
</tr>
<tr>
<td colspan="3">Results</td>
</tr>
<tr>
<td colspan="3">
Fiscal Year 2017 Actions and Impact:

Program expanded into three new locations and exploration of additional locations is ongoing.
Continued work to hire an additional provider who can see patients younger than 17 years old.
Changed service model to a one educator model to assist in building a better relationship with the patient and changed scheduling model to increase the number of patients that can be served.
Working to integrate and utilize telemedicine through FY18.

Measures:

Patients reduced their A1c by an average of 2.14%
50% of participants met their goal of increasing their nutritional management
27.45% of participants met their goal of increasing their activity level
52% of participants met their goal of increasing compliance with their medication
Number of participants in entire program: 1505

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Fiscal Year 2018 Actions and Impact:

Program continued normal operations in eight clinic locations.
Working to integrate and utilize telemedicine through FY19.

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Measures:

- Patients were successful in reducing their A1c: 93.78%
- 60.43% of participants met their goal of increasing their nutritional management
- 50.28% of participants met their goal of increasing their activity level
- 67.9% of participants met their goal of increasing compliance with their medication
- Number of participants in entire program: 1069

Priority Area # 4: Nutrition, Physical Activity & Weight Status (Childhood Obesity)	
Goal	**Improve weight status, healthy eating, and physical activity in children through education, environment change, and community coalition building.**
Community Indicators	**CHNA 2013** • 31% of children age 5 – 17 with BMI in 85th percentile or higher; 14.8% obese (Douglas County, NE 2011) • 67.5% of Omaha Metro adults have a BMI over 25 (overweight); 30.3% obese • 35.8% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day • 46.6% of Metro Area parents report their child eats five or more servings of fruits and/or vegetables per day • 52.4% of Metro Area adults meet the physical activity recommendation • 56% of Metro Area children (ages 2-17) meet the physical activity recommendation
	CHNA 2016 • 22.6% of children age 5 – 17 with BMI in 85th percentile or higher; 12.3% obese (Douglas County, NE 2015) • 67.8% of Omaha Metro adults have a BMI over 25 (overweight); 31.1% obese • 38.3% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day • 46.6% of Metro Area parents report their child eats five or more servings of fruits and/or vegetables per day • 52.7% of Metro Area adults meet the physical activity recommendation • 52.7% of Metro Area children (ages 2-17) meet the physical activity recommendation
	CHNA 2019 • 35.9% of Metro Area children with BMI in 85th percentile or higher; 22.8% obese (PRC Pediatric Community Health Needs Assessment, 2018) • 70.7% of Omaha Metro adults have a BMI over 25 (overweight); 33.5% obese • 24.6% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day • 34.9% of Metro Area parents report their child eats five or more servings of fruits and/or vegetables per day • 22.0% of Metro Area adults meet the physical activity recommendation • 54.5% of Metro Area children (ages 2-17) meet the physical activity recommendation
Timeframe	FY17-19
Background	**Rationale for priority:** Adult obesity levels remain above the U.S. but it appears progress is being made in childhood obesity across the Omaha Metro Area. Disparities have been identified across income levels and race adding more in depth focus to obesity efforts. Since weight can be influenced by physical activity and diet, interventions around those two factors are continuing to be utilized to decrease obesity across the country. Nutrition, obesity, and physical activity were identified in the 2015 CHNA as a top health priority.
	Contributing Factors: fruit and vegetable consumption, physical activity, access to healthy foods, socio-economic status
	National Alignment: Nutrition and weight status was identified by Healthy People 2020 as a priority health topic.

4.1 Strategy & Scope: Offer Healthy Families Program to families with children identified in the 85th percentile of body mass index or above in the Omaha Metro Area.		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improve healthy eating and physical activity habits of families • Reduce and prevent overweight/obesity in participating families • Increase knowledge of participating families around nutrition, physical activity, and healthy goal setting	CHI Health System Role(s): • Funder • Strategic Partnership • Marketing/Recruitment support • Patient referrals • Technical Assistance CHI Health Lakeside Role(s): • Host site • Provide dietician and food CHI Health Midlands Role(s): • Host site • Provide Site Lead and food Required Resources: • Materials • Funding for staff/incentives/food/materials	• One World Community Health Center • Charles Drew Health Center • YMCA • Hy-Vee • Sarpy/Cass Health Department • UNL Extension • University of Nebraska Omaha
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Fund two local FQHCs to host Healthy Families (HF) programs in Omaha, NE through grant program • Identify local partners to sustain site in Council Bluffs, IA • Identify local partners and strategy to host site serving Sarpy and/or Cass County, NE • Disseminate HF curriculum and license to other interested sites for free and provide technical assistance	• # of sessions and sites • # of families reached • at least 45 sessions of Healthy Families held and over 250 families graduated • at least 75% of participants will show an increase in fruit and vegetable consumption. • at least 75% of participants will show an increase in weekly physical activity	Data will be reviewed and monitored by an internal team using the following data sources: • Program attendance sheets (after each session) • Pre- & post-survey data (collected after each session; reviewed bi-annually)
Results		
Fiscal Year 2017 Actions and Impact:		

- All locations faced barriers with recruiting, enrolling, and retaining families to participate. CHI Health Lakeside and CHI Health Midlands did not hold classes due to lack of referrals/enrolled families and additional planning will take place to evaluate if program is the best fit to meet the need in the community or if a different location would be more ideal.
- Both Spanish speaking locations are now being overseen by OneWorld Community Health Center and one location was moved to a new site in hopes of better recruitment.
- Charles Drew Health Center hosted the first class for their Karen refugee population and the class was very successful.

Measures:

- # of sessions and sites: 8 sessions (2 at Liberty Elementary, 4 at OneWorld Community Health Center, and 2 sessions at Charles Drew Health Center)
- # of families graduated: 45 families
- % participants rate their confidence of 80% of higher in making healthy choices regarding nutrition following graduation:
    - Liberty Elementary: 83%
    - OneWorld Community Health Center: 64%
    - Charles Drew Health Center: 77%
- % participants rate their confidence of 80% of higher in making healthy choices regarding physical activity following graduation:
    - Liberty Elementary: 100%
    - OneWorld Community Health Center: 73%
    - Charles Drew Health Center: 62%
- Additional outcomes for Charles Drew Health Center
    - 56% reporting increase in fruit consumption
    - 44% reporting increase in vegetable consumption

Fiscal Year 2018 Actions and Impact:

- Healthy Families program continued to operate through Charles Drew Health Center and One World Community Health Center.
- One World Community Health Center continued to offer Spanish classes, while Charles Drew Health Center followed up their successful Karen pilot, with additional Karen and English classes.

Measures:

- **#** of sessions and sites: 9 sessions (4 at Liberty Elementary, 2 at One World Community Health Center, and 3 sessions at Charles Drew Health Center)
- # of families graduated: 75 families
    - Charles Drew Health Center:
        - % participants rate their confidence of 80% or higher in making healthy choices regarding nutrition following graduation: 73%
        - % participants rate their confidence of 80% or higher in making healthy choices regarding physical activity following graduation: 82%
    - Liberty Elementary:
        - % participants rate their confidence of 80% or higher in making healthy choices regarding nutrition following graduation: 100%
        - % participants rate their confidence of 80% or higher in making healthy choices regarding physical activity following graduation: 100%
    - One World Community Health Center:
        - % participants rate their confidence of 80% or higher in making healthy choices regarding nutrition following graduation: 50%

- % participants rate their confidence of 80% or higher in making healthy choices regarding physical activity following graduation: 50%

Additional outcomes reported by Charles Drew Health Center:

- 82% participants reporting increase in fruit consumption
- 100% participants reporting increase in vegetable consumption
- 58% of participants maintained their starting BMI by the end of the HF course
- 21% experienced weight gain resulting in an increased BMI, however, most were increased by less than 1 point
- 21% experienced weight loss, or maintained weight but grew in height, resulting in improved BMI

4.2 Strategy & Scope: Promote healthy lifestyles through *5-4-3-2-1 Go!®* campaign for children ages 5-12 years old in Douglas, Sarpy, and Cass Counties.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Increase knowledge of health promotion message • Increase consumption of fruits and vegetables • Improve healthy living habits in kids • Improve healthy weight of children and a reduction of chronic disease	CHI Health System Role(s): • Funding • Material development • Strategic partnership • Technical Assistance • Implementer in Douglas County CHI Health Midland's Role(s): • Implementer in Sarpy/Cass Counties • Site Lead in Sarpy/Cass Counties Required Resources: • Materials • Program Coordinator	• Local school districts • Family Practice/Pediatric Clinics • Out-of-school programs • Community health leaders
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Use media outlets to promote message • Continue to provide schools with various health resources, such as toolkits and promotional materials • Continue to provide schools with technical assistance and campaign support • Support out-of-school settings to change policy/practice around healthy eating and physical activity • Support screening, education, and referral for healthy habits in clinic settings	• Increase in fruit and vegetable intake • Increase in water intake • Increase in low-fat dairy intake • Decrease in daily screen time • Increase in daily hours of physical activity • Increase in compliance with individual guidelines on each day of the previous week	Data will be reviewed and monitored by an internal team using the following data sources: • County Health Rankings (yearly) • CHNA (every three years)

• Participate in community events, such as health fairs, to promote the health message		

Results

Fiscal Year 2017 Actions and Impact:

- Promoted message in three settings and continued to recruit new sites. Enrollment at the end of the fiscal year included 58 elementary schools, 12 out of school sites (OSTs), and 37 clinics promoting the message in Douglas, Sarpy, Cass, Colfax, and Otoe counties.
  - Douglas: 31 Schools, 5 OSTs, 20 Clinics
  - Sarpy and Cass: 14 Schools, 3 OSTs, 11 Clinics
  - Colfax: 8 Schools, 2 OSTs, 4 Clinics
  - Otoe: 5 Schools, 2 OSTs, 2 Clinics

Measures: survey results from all 5 participating counties (Pre-test n=540, Post-test n=373)

- 37% increase in knowledge of daily fruit and vegetable recommendation
- 43% increase in knowledge of daily water intake recommendation
- 38% increase in knowledge of daily low‐fat dairy intake recommendation
- 34% increase in knowledge of daily screen time recommendation
- 34% increase in knowledge of daily hours of physical activity recommendation

Fiscal Year 2018 Actions and Impact:

- Promoted message in three settings and continued to recruit new sites. Enrollment at the end of the fiscal year included 45 elementary schools, 20 out of school sites (OSTs), and 34 clinics promoting the message in Douglas, Sarpy, Cass, Colfax, and Otoe counties.
  - Douglas: 24 Schools, 15 OSTs, 19 Clinics
  - Sarpy and Cass: 14 Schools, 3 OSTs, 11 Clinics
  - Colfax: 7 Schools, 2 OSTs, 4 Clinics
  - Total reach: over 14,000 children

Measures:

- Survey results from previous evaluation of participating counties completed in FY17 (Pre-test n=540, Post-test n=373)
  - 37% increase in knowledge of daily fruit and vegetable recommendation
  - 43% increase in knowledge of daily water intake recommendation
  - 38% increase in knowledge of daily low-fat dairy intake recommendation
  - 34% increase in knowledge of daily screen time recommendation
  - 34% increase in knowledge of daily hours of physical activity recommendation
- # of community events to increase awareness and engagement of 5-4-3-2-1 Go! campaign: 8
- # of new schools recruited: 5
- # of new out of school sites recruited: 7

- # of clinics recruited: 2

4.3 Strategy & Scope: Develop and implement collective impact model for Live Well Omaha Kids Coalition.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improve partnerships and collaborations to leverage resources and drive results • Reduce overweight and obesity in children • Increase healthy habits in children which may include physical activity, healthy eating and screen time	CHI Health System Role(s): • Funder • Strategic Partner CHI Health Omaha Area Hospital Role(s): • Strategic Partner • Potential implementer Required Resources: • Funding • Partnerships	• Live Well Omaha • Douglas County Health Department • University of Nebraska Medical Center • Children's Hospital • Gretchen Swanson Center for Nutrition • Building Healthy Futures • Additional partners TBD
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Conduct a landscape analysis to identify national best practices and funding trends and local existing practices and gaps • Identify coalition focus including target age range, specific behaviors • Create shared measurements • Confirm and modify formal coalition roles • Engage community for input and design in strategies • Launch and evaluate identifies policies, systems, and environmental change strategies • Launch a public awareness campaign	• % of children at a BMI in the 85th percentile or above • % children eating 5 servings of fruits and vegetables per day • % children engaging in physical activity for at least one hour per day • Additional specific measures TBD	• The coalition advisory team will meet on a quarterly basis at a minimum to review progress and next steps. Specific measures, data sources, and monitoring plan will be developed in year 1 of this work. Data sources will include the CHNA indicators related to childhood obesity.

Results

Fiscal Year 2017 Actions and Impact:

- Provided funding to support coalition operations and participated on Steering Committee with 9 other community partners
- Coalition Completed the following activities:
  - Completed landscape analysis and environmental scan to determine gaps and opportunities for intervention.
  - Created plan for stakeholder and resident focus groups in two zip codes with highest levels of health disparities, to be executed in FY18.
  - Distributed electronic health information each month to over 1,900 consumers.
  - Participated in 4 community events to share messages around obesity prevention.

- Convene over 20 local partners to leverage resources, identify needs and gaps, and improve support for local schools.
- Created and disseminated 4 videos highlighting common policy change areas and best practices around school wellness.

- Measures will be available following next community health needs assessment.

Fiscal Year 2018 Actions and Impact:

- **Provided funding to support coalition operations including four active work groups and participated on Steering Committee with 12 community partners**
- Coalition Completed the following activities:
  - Hosted six resident engagement focus groups with 44 participants in two zip codes in Omaha with highest levels of health disparities to examines barriers and opportunities to increasing healthy eating and physical activity
  - Implemented Safe Routes to School at three elementary schools
  - Engaged 11 organizations and 100 individuals during three walk audits completed as an assessment of the natural and built environment surrounding each Safe Route to School site
  - Created four toolkits with videos to support schools in promoting healthy eating and physical activity in the school environment, specifically focused on: establishing a school wellness council, staff wellness, physical activity and community partnerships to support wellness
  - Conducted and presented original research on physical education frequency, intensity and duration among a sample of three local elementary schools to inform education policymakers and community health stakeholders
  - Co-sponsored a child hunger and obesity awareness breakfast to inform state lawmakers on the connection between student health and education outcomes
  - Partnered with two nonprofits to provide training on effective advocacy
  - Participated in the Omaha Public Schools Wellness Committee and Health Advisory Committee
- Relevant measures will be explored in FY19.

4.4 Strategy & Scope: Through community partnerships, offer the evidence-based Nutrition and Physical Activity Self-Assessment in Child Care (NAP SACC) program for early childhood professionals in order to support the development of good nutrition and physical activity habits in children ages 0-5 in the Omaha Metro Area.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Children 0-5 are offered high quality nutrition and plenty of physical activity opportunities by their child care programs and providers. • Children develop habits for long-term health as a result of being exposed to healthy food choices and engaging physical activity opportunities early in life.	CHI Health System Role(s): • Funder • Strategic Partner Required Resources: • Funding • Partnerships	• Live Well Omaha • Douglas County Health Department • University of Nebraska Omaha • Nebraska Extension • Nebraska Go NAP SACC • Step Up to Quality (State Quality Rating Improvement System) Coaches • Early Learning Connection • Buffet Early Childhood Fund • Additional partners TBD
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Co-lead coalition formation to address objective • Work with Step Up to Quality to develop and identify measures that define increase in policies or practices around healthy eating and physical activity for young children • Inventory related training opportunities and agencies that offer training related to 1-5 of the NAP SACC Assessments. • Work to recruit partners and fill gaps in training. • Review how LB899 may support this objective • Seek baseline data for children 0-5 to be able to measure benefits of this objective to childhood obesity in the future	• # of centers completing NAP SACC Post Assessment • % change for centers in Douglas County in "best practices" from pre to post-assessment	Data will be reviewed and monitored by the Douglas County CHIP planning and steering committee on a quarterly basis from: • State Child Care Quality Rating Improvement System

Results

Fiscal Year 2017 Actions and Impact:

- Provided $26,000 to University of Nebraska Extension to offer an evidence-based program (Nutrition & Physical Activity Self-Assessment in Child Care-NAP SACC) which includes training and technical assistance to child care programs around the Omaha Metro area (Douglas and Sarpy Counties). Programs provide a policy and environment framework for child care providers to implement in order to help children learn health eating and active living habits in early childhood.
- Funding provided the ability to increased capacity of UNL Extension to provide additional one-on-one technical assistance to programs participating in training, fund workshop materials and incentives for program participants, and the translation of Go NAP SACC Materials into Spanish.

Measures:

- 2016 – served 36 child care facilities (family/home and center-based) (during calendar year)

- 16 sites completed the NAP SACC Post assessment to compare progress on policy/environment change
- 2017 – served 18 child care centers
  - 4 completed the post-assessment with remaining to complete in next fiscal year
  - Provided additional training to 3 sites, reaching an additional 40 teachers

Fiscal Year 2018 Actions and Impact:

- Provided $26,000 to University of Nebraska Extension to offer an evidence-based program (Nutrition & Physical Activity Self-Assessment in Child Care-NAP SACC) which includes training and technical assistance to child care programs around the Omaha Metro area (Douglas and Sarpy Counties). Programs provide a policy and environment framework for child care providers to implement in order to help children learn health eating and active living habits in early childhood.

Measures (calendar year 2017):

- 47 childcare centers and home-based childcare sites served across the state of Nebraska
- 253 childcare providers received training and/ or technical assistance on nutrition and physical activity
- 3,619 children were indirectly impacted by policy and environmental changes
- 177 hours of technical assistance were provided by Nebraska Extension staff to childcare center staff and home-based childcare providers

Priority Area # 5: Heart Disease and Stroke

Goal	**Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke.**
Community Indicators	**CHNA 2013** • 156.7/100,000 deaths due to heart disease in Douglas County (2010) • 43.6/100,000 deaths due to stroke in Douglas County (2010) (U.S.=38.9/100,000) • 5.2% of Omaha Metro respondents report they suffer or have been diagnosed with heart disease (U.S. =6.1%) • 2.3% of Omaha Metro respondents report they suffer or have been diagnosed with a stroke (U.S. =2.7%)
	CHNA 2016 • 151.5/100,000 deaths due to heart disease in Douglas County (2011-2013) • 40.8/100,000 deaths due to stroke in Douglas County (2011-2013) U.S. =37.0/100,000) • 5.1% of Omaha Metro respondents report they suffer or have been diagnosed with heart disease (U.S. =6.1%) • 3.7% of Omaha Metro respondents report they suffer or have been diagnosed with a stroke (U.S. =3.9%)
	CHNA 2019 • 142.0/100,000 deaths due to heart disease in Douglas County (2014- 2016) • 36.3/100,000 deaths due to stroke in Douglas County (2014-2016) (U.S.= 37.1) • 4.7% of Omaha Metro respondents report they suffer from or have been diagnosed with heart disease (8.0%) • 2.4% of Omaha Metro respondents report they suffer from or have been diagnosed with a stroke (U.S. = 4.7%)
Timeframe	FY17-FY19
Background	**Rationale for priority:** Heart disease is the number one leading cause of death in the United States with stroke being the third leading cause. According to Healthy People 2020, both are among the most widespread and costly healthcare problems but fortunately, they are also among the most preventable. Heart disease and stroke were identified as a top health priority in both the 2011 and 2015 CHNA.
	Contributing Factors: high blood pressure, high cholesterol, diabetes, poor diet and physical inactivity, overweight and obesity, and cigarette smoking
	Research (if appropriate): According to the CDC, individuals can reduce their risk of cardiovascular disease by getting at least 150 minutes a week of moderate-intensity aerobic activity.
	National Alignment: Heart disease and stroke were identified as a priority by Healthy People 2020

5.1 Strategy & Scope: Implement community walking program (Heart & Sole) for those at high risk of heart disease or stroke.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**

• Increase physical activity among community members • Decrease blood pressure and other risk factors for heart disease and stroke in program participants • Improve cardiovascular health among participants • Decrease incidence of heart disease	CHI Health System Role(s): • System-level leadership by Cardiovascular Service Line CHI Health Creighton University Medical Center-Bergan Mercy Role(s): • Lead Implementer Required Resources: • Community Education Coordinator • Materials	• Westroads Mall • Oakview Mall • Faith Communities
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Research evidence-based walking programs and steps to enhance evaluation of Heart & Sole • Explore opportunity to engage clinics through Exercise is Medicine program • Assist in developing infrastructure for evidence-based model and measurement tools • Engage community groups (neighborhood associations, employers, faith-based organizations, etc.) to enroll more participants • Engage and develop program specifically geared toward faith communities • Identify/develop measures and tools for data collection	• Increased level of physical activity • Participant satisfaction • Perceived self-efficacy in walking • Perceived health status • Other measures as identified by selected or planned intervention	Data will be reviewed and monitored by an internal team using the following data sources: • Physical Activity Program Feedback Form (After each session) • To be developed
Results		
Fiscal Year 2017 Actions and Impact: • Existing program operated as usual and exploration of potential expansion of program in faith communities began and was approved. • Developed infrastructure to expand, including identifying enrollment platform, survey tools, recruitment of pilot congregations, etc. • Pilot to launch in FY 2018. **Measures:** • # of participants: 6,241 (from traditional program)		

Fiscal Year 2018 Actions and Impact:

- Existing program operated as usual and pilot program in faith communities launched in FY18.
- Developed infrastructure to expand, including identifying enrollment platform, survey tools, recruitment of pilot congregations, etc.
- Provided $3,000 to support participant recruitment and incentives for milestone completion.

Measures:

- # of participants: 7,196 (from traditional program)
- # of participants: 288 (from congregation pilot program)
- # of participating congregations: 7
- Total # of miles walked (approximate): 32,595
- Total # of minutes walked: 651,892

5.2 Strategy & Scope: Implement stroke outreach program at Siena/Francis house for homeless population.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improve access to blood pressure checks and education for homeless • Improve heart health of population • Decrease strokes within the community • Increase knowledge of stroke risk factors • Increase knowledge in identification of stroke warning signs	CHI Health System Role(s): • System-level leadership by Cardiovascular Service Line CHI Health Creighton University Medical Center-Bergan Mercy Role(s): • Lead Implementer • Stroke Committee Lead Required Resources: • Staff time In-kind • Supplies (Donations) • Materials • Volunteers	• Siena/Francis House • Magis Clinic • Creighton University Medical School and Allied Health Sciences • Local 4-H • Local school districts
Key Activities	**Measures**	**Data Sources/Evaluation Plan**

• Continue providing stroke education for guests at shelter with focus on their risk factors • Provide blood pressure checks and follow-up education • Provide education on medication management and referrals to primary physicians • Identify appropriate measures and outcomes • Continue relationship building with homeless population • Provide education around weight management and nutrition • Continue securing care items and donation for shelter guests • Identify/develop measures and tools for data collection	• % change in blood pressure over time period • Knowledge change regarding risk factors of stroke • Weight status of participants • # referred to next day primary care • # referred directly to ED • Qualitative data reported by participants • Other measures as identified by selected or planned intervention	Data will be reviewed and monitored by an internal team using the following data sources: • To be developed

Results

Fiscal Year 2017 Actions and Impact:

- Existing program continued to operate monthly providing education around stroke prevention and risk factors to the homeless population.
- Evaluation tool was researched, identified, and implemented March 2017.
- Purchased self-care items to provide to those at the homeless shelter who participated in blood pressure screenings and education.

Measures (reported from March-June 2017):

- # blood pressures recorded: 321
- # referred to next day primary care: 53
- # referred directly to ED: 2
    - Stroke Risk level based on blood pressure:
        - 126 patients were identified as low-risk,
        - 110 patients were identified at a caution level
        - 85 patients were identified as high-risk

Fiscal Year 2018 Actions and Impact:

- Due to construction at Sienna Francis House, as well as a leadership transition there, the program was indefinitely discontinued.
- Stroke Outreach Team continued to explore additional sites to conduct monthly education and blood pressure screenings and referrals for this at-risk population. Possibilities to resume the stroke outreach program at Sienna Francis House continue to be explored by stroke outreach team and executive leadership at Sienna Francis House.
- Purchased $5,000 in self-care items to provide to those at the homeless shelter who participated in blood pressure screenings and education.

Measures: No measures were collected due to the program being halted at Sienna Francis site in FY18.

Priority Area # 6: Dementia

Goal	**Decrease the stigma and improve quality of life for those living with dementia and reduce the burden on caregivers.**
Community Indicators	**CHNA 2013** • age-adjusted mortality rate for Alzheimer's Disease = 22.4 deaths per 100,000 in the Omaha-Council Bluffs metropolitan area • 10.1% of older adults in Douglas County are diagnosed with Alzheimer's/dementia (2012) • Preventable hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees – no data available
	CHNA 2016 • The age-adjusted mortality rate for Alzheimer's Disease is 28.1 deaths per 100,000 in the Omaha-Council Bluffs metropolitan area • 10.1% of older adults in Douglas County are diagnosed with Alzheimer's/dementia (2012) • preventable hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees = 45
	CHNA 2019 • The age-adjusted mortality rate for Alzheimer's Disease was 32.3 deaths per 100,000 population in the Omaha Metro (2014-2016) • 9.0% of older adults in the Omaha Metro experienced increasing memory loss and confusion in the past year (2018) • Preventable hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees in Douglas County= 42 (County Health Rankings, 2015)
Timeframe	FY17-19
Background	**Rationale for priority:** The age-adjusted mortality rate for alzheimer's in the Omaha Metro area is higher than the State (24.7/100,000) and U.S. (24/100,000). 50% of key informants in the CHNA report "dementias, including Alzheimer's Disease" to be a 'moderate problem' in the community. 22% of key informants report it is a 'major problem' in the community. Top concerns in the community are the rise in diagnosis of dementia related illnesses and therefore the need for increased awareness, support and resources for those affected.
	Contributing Factors: Increased aging population, limited awareness and availability of relevant and affordable resources related to caring for those with dementia-related illnesses
	National Alignment: Healthy People 2020 (HP202) objective DIA-1 seeks an increase in awareness of diagnosis of dementia among those with condition and caregivers aware of condition. HP2020 objective DIA-2 seeks a reduction in proportion of preventable hospitalizations in adults with diagnosed Alzheimer's and other dementias.
	Additional Information: Dementia is a loss of cognitive functioning – thinking, remember, and reasoning – to such an extent that it interferes with a person's daily life. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

6.1 Strategy & Scope: Engage in existing coalition work to support those affected by dementia-related illness with a priority of support for low-income elderly populations in the Omaha Metro Area.

Anticipated Impact	Hospital Role/ Required Resources	Partners
• Those with dementia-related diseases are better supported to manage overall health and well-being. • Family caregivers are better informed and supported to help those with dementia manage overall health and well-being. • Reduction in the incidence of acute episodes related to chronic conditions not managed as a result of dementia-related illness.	CHI Health System Role(s): • Technical Assistance CHI Health Lakeside Role(s): • Strategic Partner • Implementation (TBD) Required Resources: • Time from hospital leaders • Meeting space and potentially training delivery/facilitation	• Alzheimer's Association of Nebraska • Elder Resource Network • Eastern Nebraska Office on Aging (ENOA) • Nebraska DHHS • Older Nebraskans Task Force • CHI Health at Home
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Leadership from CHI Health Lakeside will engage with a local coalition (that is based on State-wide work) and identify current work and gaps in awareness, education, and care delivery for those affected by dementia. • Identify or create a resource directory for those affected by dementia-related illness. • Identify specific strategies for Year 2&3 • Work to identify a record (baseline) for patients arriving in ED with un-managed chronic disease emergencies as a result of dementia and lack of care. • Identify available resources to access and communicate data beneficial for coordinating care (especially for low-income seniors and those without caregivers) throughout disease lifespan to community support organizations. • Identify opportunities for additional family caregiver respite to increase their capacity for care of their loved-one • Provide training for hospital and community-based staff to support those affected by dementia leading to a more dementia-friendly community • Providing orientation for newly diagnosed & care-givers on dementia and resources available	• Resource directory available • Baseline identified for ED arrivals related to dementia • # of healthcare staff trained • # of community professionals trained • Improved confidence/skills/knowledge by training participants to provide a more dementia-friendly community • Increased confidence/skills/knowledge/abilities of family caregivers to care for loved ones affected by dementia	• Training rosters • Training surveys • Family caregiver and those with dementia self-report survey • CHI Health Lakeside coalition representative report out quarterly on coalition progress and needs
Results		
Fiscal Year 2017 Actions and Impact: • Participated in state coalition that developed an online resource directory for those with family members affected by dementia. • Provided $2,000 for scholarships to send 15 healthcare professionals to attend the Dementia Care conference. • Exploration of appropriate strategy to address health need will continue in fiscal year 2018.		

Measures: Due to continued research on strategy, no measures were taken.

Fiscal Year 2018 Action and Impact:

- CHI staff participated in the Nebraska Alzheimer's Association coalition to identify local needs and opportunities.
- Provided $20,000 to support Nebraska Alzheimer's Association care consultation program, offered free of charge for families with a loved one diagnosed with dementia/Alzheimer. Care consultation includes assistance in finding memory units, appropriate levels of care or specialty providers, and caregiver support groups, etc.
- Supported the Nebraska Alzheimer's Association MedicAlert Safe Return program, including $6,000 for MedicAlert bracelets. MedicAlert bracelets contain contact information and are provided to individuals diagnosed with dementia, along with their caregivers, to ensure that all parties are notified in an adverse event, such as an individual wandering off or a motor vehicle accident involving the caregiver.
- Exploration of appropriate strategy to address health need will continue in FY19.

Measures: will begin to be reported in FY19.

Priority Area # 7: Social Determinants of Health

Goal	**Improve patient's ability to become and stay healthy by helping them access their basic social needs (e.g., transportation, housing, food).**
Community Indicators	**CHNA 2013** • 33.4% of Omaha Metro Area residents report difficulty/delay in accessing care • 8.9% of Omaha Metro Area residents perceived local healthcare as fair/poor • 12.7% of Omaha Metro Area residents experience fair/poor health
	CHNA 2016 • 33.9% of Omaha Metro Area residents report difficulty/delay in accessing care • 10.1% of Omaha Metro Area residents perceived local healthcare as fair/poor • 10.9% of Omaha Metro Area residents experience fair/poor health
	CHNA 2019 • 31.7% of Omaha Metro Area residents report difficulty/ delay in accessing care • 6.7% of Omaha Metro Area residents perceived local healthcare as fair/poor • 12.4% of Omaha Metro Area residents experience fair/poor health
Timeframe	FY17 – FY19
Background	**Rationale for priority:** Access to Care is consistently identified as a top health priority for the community. In the 2015 CHNA, 33.9% of area residents reported difficulty or delay in obtaining healthcare services. This is unchanged as compared to the 2011 CHNA and increases substantially when looking at certain geographies of the community and across socioeconomic factors and race/ethnicity. Transportation and cost of prescriptions are some of several barriers noted. Additional data regarding social factors that may influence health such as food access also show disparities across income and race in the community.
	Contributing Factors: Employment, insurance coverage, education, family support, environmental influences (housing, food access)
	Research (if appropriate): Research shows that approximately 10% of a person's health is impacted by their medical services and the rest is influenced by their health behaviors and the social and environmental context in which they live. Numerous leaders in the healthcare and public health arena recognize the need to address patient's social needs to ultimately impact health.
	National Alignment: Healthy People 2020 identifies Social Determinants of Health as in part responsible for the unequal and avoidable differences in health status within and between communities. The selection of Social Determinants as a Leading Health Topic recognizes the critical role of home, school, workplace, neighborhood, and community in improving health.
	Additional Information: CHI Health received a grant from CHI national to develop, implementation and evaluation the Community Link program.

7.1 Strategy & Scope: Launch and expand the Community Link program to screen patients for basic social needs and refer them to the appropriate community resources as part of their clinic visit.

Anticipated Impact	Hospital Role/ Required Resources	Partners

• Reduce patient's barriers to care/healthy living • Improve health status and quality of life	CHI Health System Role(s): • Partial funder • Strategic Partner • Implementer University Campus of CHI Health Creighton University Bergan Mercy Role(s): • Strategic Partner • Program Site Host Required Resources: • CHI Mission & Ministry Grant (3-year, $1.2 million) • CHI Health Cash and In-Kind • Creighton University in-kind • Other Partners (in-kind) • Health Leads Consulting • Community Task Force input/advise • Community Partners	• Creighton University (CU) • Lutheran Family Services • Refugee Empowerment Network • Additional community referral sources (TBD)
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Design complementary model of care to screen and refer patients for basic social needs • Build/expand community referral network • Hire Community Advocates • Recruit and Train Student Advocates (CU Health Science Students in IPE) • Launch program at Florence Residency Program • Launch program at University Campus • Expand screening and referral sites • Evaluate program outcomes	• increase patient satisfaction and perceived quality of care measures compared to baseline. • screen 20,000+ patients (approximately 2,000 in year 1, 8,000 in year 2, 12,000 in year 3) for social needs. • successfully resolve 75% of social needs identified by patient's enrolled in Community Link as defined by intervention protocol. • demonstrate improvement in patient self-perceived health status and quality of life. • demonstrate improvement in patients' health outcomes	The program team and Task Force will review data on a bi-annual basis at a minimum including data from the following sources: • TAVConnect (monitored monthly at a minimum) • Community Link Patient Survey (pre and post) • CHI Health Clinic Patient Satisfaction Survey • Community Link Physician/Staff Survey (delivered every 6 - 9 months) • Student Advocate Survey (pre and post) • EPIC (TBD) • Douglas County CHNA (2015, 2018, etc.)
Results		
Fiscal Year 2017 Actions and Impact: • Launched first site at Florence Family Residency clinic in September 2016. Moved with the clinic to University Campus in January 2017 and added service to the family medicine practice at that location		

- Hired two Community Advocates.

Measures:

- Screened 325 patients
- Average successful connection rate of 59%
- 100% of patients surveyed reported satisfaction with service and 83% reported they were better able to care for themselves or their family due to the help they received

Fiscal Year 2018 Actions and Impact:

- Continued to operate the Community Link program at University Campus.
- The second site launched at 42nd & L clinic in November 2017.
- Formal grant evaluation, including provider satisfaction measures and the first round of data collection, will begin in the first half of FY19.

Measures:

- 4,311 patients were screened or referred to the program
- Average successful connection rate of 89%
- Pilot evaluation demonstrated 100% of patients surveyed reported satisfaction with service and 83% reported they were better able to care for themselves or their family due to the help they received
- # of participants who were referred to the Community Link program by a provider or other clinic staff: 182 participants
- # of cases where a participant was referred to the Community Link program and was identified as having an “urgent need,” requiring immediate assistance: 16

7.2 Strategy & Scope: Provide case management to patients entering the Emergency Department who identify as homeless to assist in finding permanent housing**.**

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Reduce number of emergency department patients who identify as homeless • Reduce patient's barriers to housing, workforce development, and health care services • Improve health status	CHI Health System Role(s): • Partial Funder • Strategic Partner University Campus of CHI Health Creighton University Medical Center Role(s): • Implementation and strategic partner • Partial Funder Required Resources: • Funding (Hospital and Community Partners) • Staff Time (Hospital and Community Partners) • Data sharing software	• Together, Inc. • Heartland Hope Ministry • Heart Ministry Center • Creighton University • Siena Francis House • Charles Drew Health Center • Heartland Family Services
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Complete MOU and definitions of expectations • Develop process of identifying homeless patients in ED and referral process to Together, Inc. • Identify appropriate Together, Inc. staff to provide services and build relationship • Develop technology-based referral process when patient is identified • Develop warm handoff process upon patient discharge • Launch program at University Campus • Evaluate program	• # people screened • # people referred to housing programs • # of emergency department patients who identify as homeless • # of repeated visits to ED for patients who identify as homeless • Housing stability rate: follow-up showing if person is stable in placed housing or if they are experiencing homeless episode	Data will be reviewed by the project team using the following data sources: • Hospital/Emergency Department data (bi-annually) • Together Inc. data (bi-annual, annual, and every 24 months depending on data measure)

Results

Fiscal Year 2017 Actions and Impact:

- Finalized contract with community partner providing services
- Developed process for identifying and referring patients to community partner (Together Inc.)
- Program to launch in FY18.
- Measures to be collected starting FY2018 with launch of program

Fiscal Year 2018 Actions and Impact:

- Program officially launched in the University Campus Emergency Department.

Measures (reporting period Feb 2017- August 2018)

- # of patients identified as homeless and referred to Together, Inc. for housing case management: 20
- # of successful contacts made by Together, Inc. of referred patients: 10
- # of unsuccessful contacts by Together, Inc. of referred patients: 5
- # of patients ineligible for case management (may already be working with a housing agency): 5
- # of patients entered into Together Inc.'s housing permanency program: 5
- # of patients who attained permanent housing: 2

Dissemination Plan

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

Approval

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

Appendices

A. Resources Available for "Areas of Opportunity"

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

B. PRC Executive Summary

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

C. Live Well Omaha Changemaker Voting Results

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Doctor's Offices	

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

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

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

Heartland Network	WIC
HEROES	YMCA

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

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

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

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

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

2018 Community Health Needs Assessment Report

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

Sponsored by:

CHI Health
Douglas County Health Department
Methodist Health System
Nebraska Medicine

With support from:

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

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2017-0543-02

Professional Research Consultants, Inc.

Project Overview

Project Goals

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

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

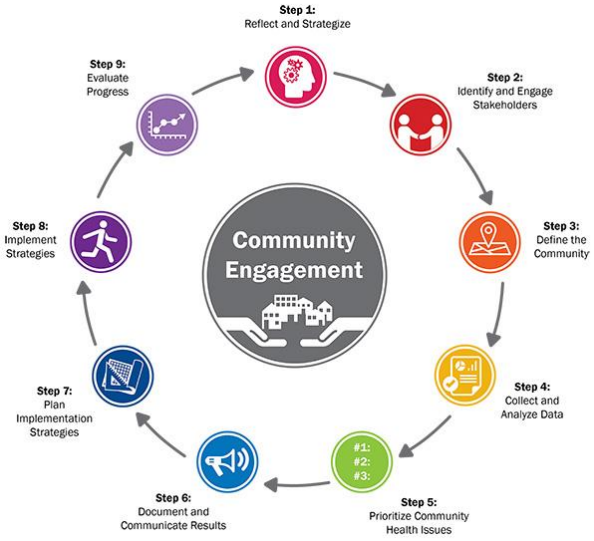
- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health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

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

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

Approach

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



Methodology

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

PRC Community Health Survey

Survey Instrument

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

Summary of Findings

Significant Health Needs of the Community

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

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

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

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

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

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

—continued on next page—

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

Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

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

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

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

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

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

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

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

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

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

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

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

better similar worse

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

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

better similar worse

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

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

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

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

better similar worse

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

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

better similar worse

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

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

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

better similar worse

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

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

better similar worse

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

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

better similar worse

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

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

better similar worse

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

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

better similar worse

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

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

better similar worse

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

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

better similar worse

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

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

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

better similar worse

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

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

better similar worse

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

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

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

better similar worse

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

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

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

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

better similar worse

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

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

better similar worse

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

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

better similar worse

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

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

better similar worse

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

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

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

better similar worse

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

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

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

better similar worse

Appendix A: Douglas County Trend Summary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix B:
Sarpy/Cass Counties Trend Summary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

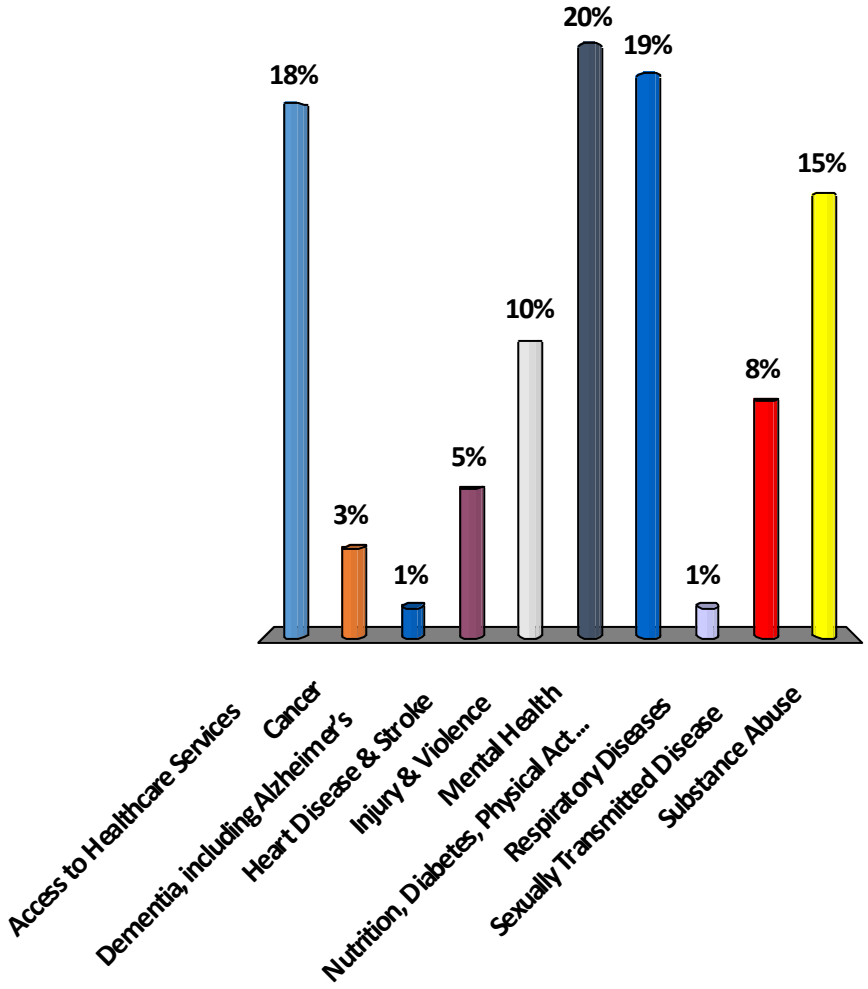
Sexually Transmitted Diseases	Sarpy-Cass Counties	Sarpy-Cass Counties vs. Benchmarks			
		vs. IA	vs. US	vs. HP2020	TREND
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	11.7		13.8		1.5
% [Unmarried 18-64] Using Condoms	32.8		39.4		13.3
		better	similar	worse	

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

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

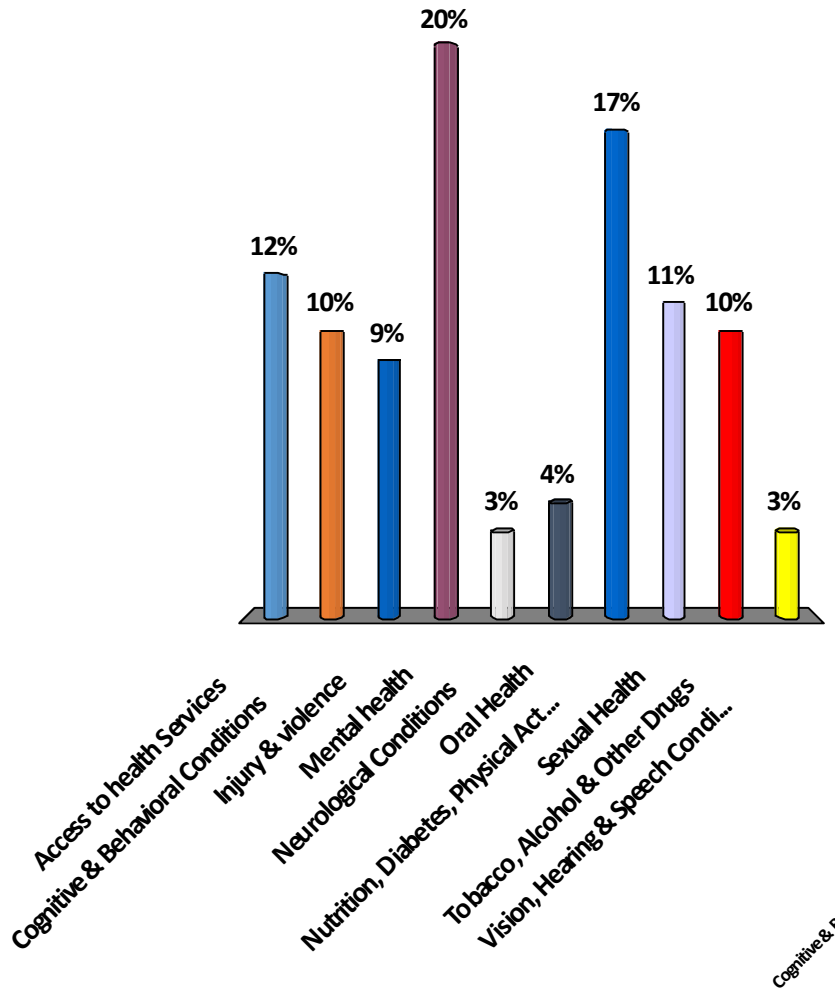
Of the 10 Adult Health Opportunities found in the 2018 Community Health Needs Assessment data, which top 5 would you like to move forward?

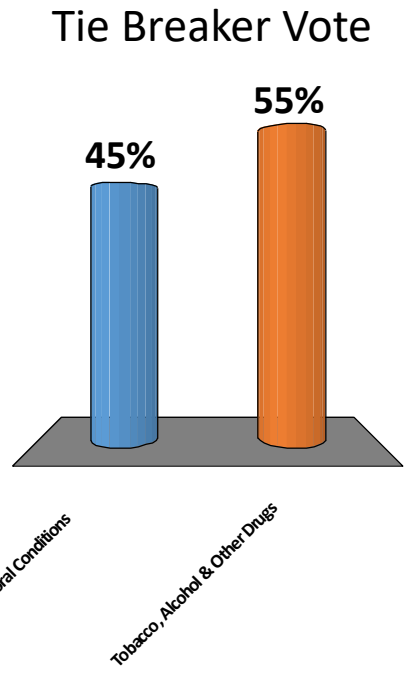
A. Access to Healthcare Services
B. Cancer
C. Dementia, including Alzheimer's
D. Heart Disease & Stroke
E. Injury & Violence
F. Mental Health
G. Nutrition, Diabetes, Physical Activity & Weight
H. Respiratory Diseases
I. Sexually Transmitted Disease
J. Substance Abuse



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

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



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