

2011 PRC Community Health Needs Assessment

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

Sponsored by

- Alegent Health
- Douglas County Health Department
- Live Well Omaha
- Methodist Health System
- Pottawattamie County Public Health Department/VNA
- Sarpy/Cass County Health Department
- The Nebraska Medical Center



Professional Research Consultants, Inc.

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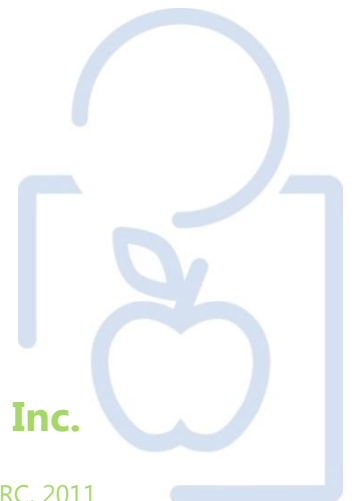


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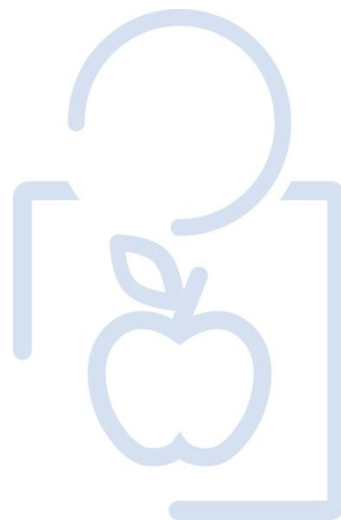
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INTRODUCTION



Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to and expansion of similar studies conducted in 2002 and 2008, 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 the information needed so that communities can 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 which have historically 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 local health departments. Sponsors include: Alegent Health; Douglas County Health Department; Live Well Omaha; Methodist Health System; Pottawattamie County Public Health Department/VNA; Sarpy/Cass County Health Department; and The Nebraska Medical Center.

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 such as this in hundreds of communities across the United States since 1994.

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 a series of Key Informant Focus Groups.

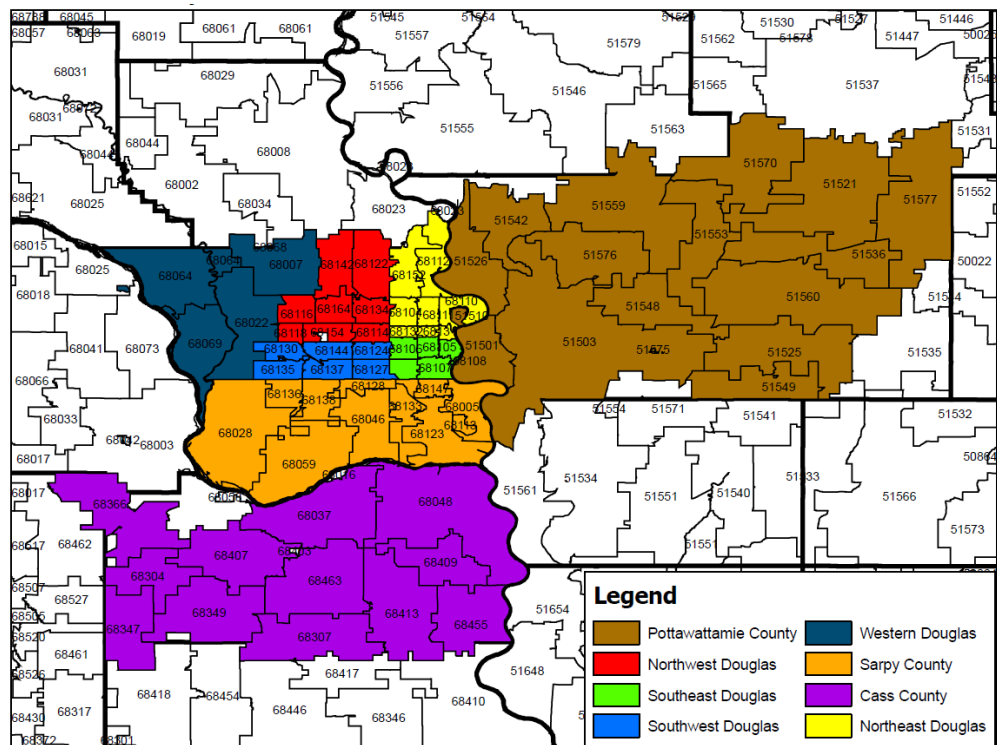
PRC Community Health Survey

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 organizations and PRC, and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Metro Area” in this report) includes Douglas, Sarpy and Cass counties in Nebraska, as well as Pottawattamie County in Iowa. Douglas County is further divided into 5 geographical areas (Northeast Omaha, Southeast Omaha, Northwest Omaha, Southwest Omaha, and Western Douglas County). A geographic description is illustrated in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best

representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

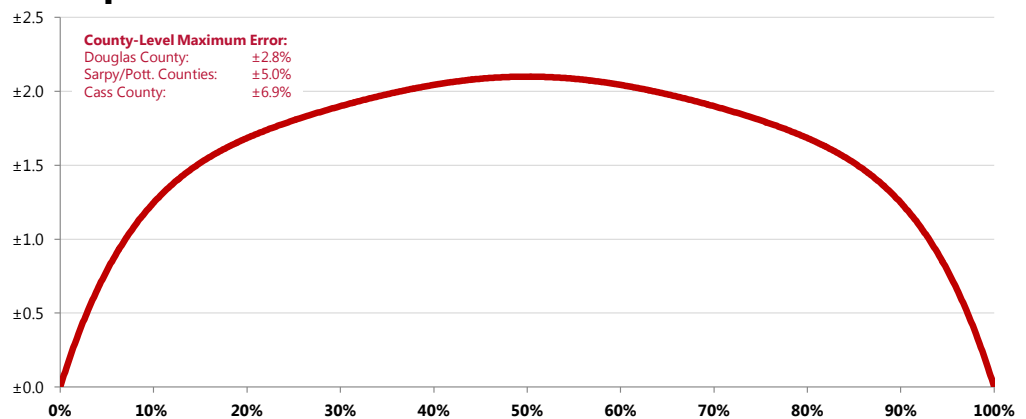
The sample design used for this effort consisted of a stratified random sample of 2,000 individuals age 18 and older in the Metro Area, including 1,000 interviews in Douglas County (further stratified as 200 in each of five city/county areas); 400 in Sarpy County; 200 in Cass County; and 400 in Pottawattamie County. In addition, to better represent racial/ethnic groups, two oversamples were applied in Douglas County (100 additional interviews with Black/African American residents and 100 additional interviews with Hispanic residents). Thus, in all, 2,200 interviews were completed throughout the region.

Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Metro Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 2,200 respondents is $\pm 2.2\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 2,200 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 2,200 respondents answered a certain question with a "yes," it can be asserted that between 8.7% and 11.3% ($10\% \pm 1.3\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.9% and 52.1% ($50\% \pm 2.1\%$) of the total population would respond "yes" if asked this question.

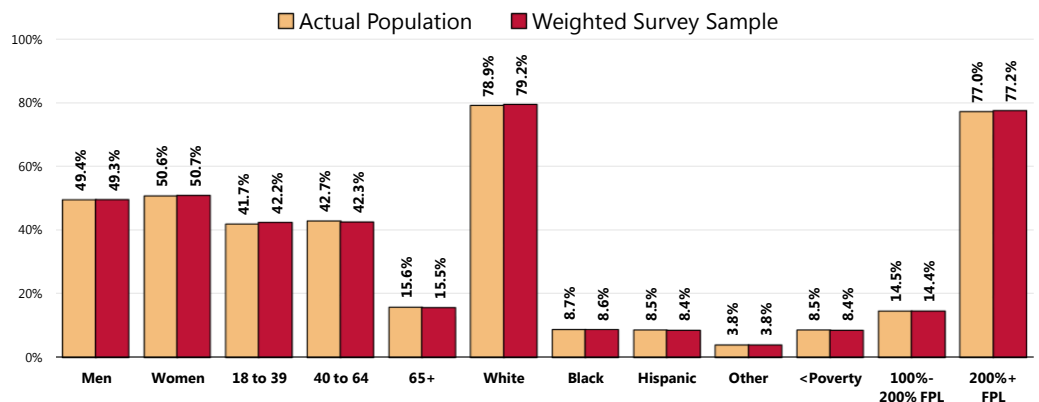
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key

demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following charts outline the characteristics of the Metro Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics (Metro Area, 2011)



Sources: • Census 2000, Summary File 3 (SF 3), U.S. Census Bureau.
• 2011 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2011 guidelines place the poverty threshold for a family of four at \$22,350 annual household income or lower). In sample segmentation: **“low income”** refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; **“mid/high income”** refers to those households living on incomes which are twice or more the federal poverty level.

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

Key Informant Focus Groups

As part of the community health assessment, there were five focus groups held August 23-26, 2011. The focus group participants included 88 key informants, including physicians, other health professionals, social service providers, business leaders and other community leaders.

A list of recommended participants for the focus groups was provided by the sponsoring organizations. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to ensure a reasonable turnout.

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

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

- Centers for Disease Control & Prevention
- County Health Rankings Project. Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. countyhealthrankings.org
- Douglas County Health Department
- GeoLytics Demographic Estimates & Projections
- Iowa Department of Public Health
- National Center for Health Statistics
- Nebraska Department of Health and Human Services
- Pottawattamie County Public Health Department
- Sarpy/Cass Department of Health and Wellness
- State Health Facts. Kaiser Family Foundation. statehealthfacts.org
- US Census Bureau
- US Department of Health and Human Services
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>
- US Department of Justice, Federal Bureau of Investigation

Benchmark Data

Trending

Similar surveys were administered in Douglas County in 2002 and 2008, and in Sarpy/Cass Counties (combined) in 2008. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Nebraska & Iowa Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are the most recent BRFSS (Behavioral Risk Factor Surveillance System) data reported by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020




Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

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



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

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

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, 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 region with regard to the following health areas (see also the summary tables presented in the following section).

Prioritization

These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment
• Access to Health Services
• Diabetes
• Heart Disease & Stroke
• Maternal, Infant & Child Health
• Mental Health & Mental Disorders
• Nutrition & Weight Status
• Oral Health
• Sexually Transmitted Diseases
• Substance Abuse

Top Community Health Concerns Among Community Key Informants

At the conclusion of each key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. Access

- Mentioned resources available to address this issue: healthcare providers; pharmaceutical industry; local hospitals and health departments; OneWorld Community Health Center; Charles Drew Health Center; Qualified Health Centers; Family Inc.; Title IV; Hawk-I Healthy and Well Kids in Iowa; Medicaid; Medicare; Metro bus lines

2. Mental Health/Substance Abuse

- Mentioned resources available to address this issue: providers; local hospitals and health departments; OneWorld Community Health Center; Region 6 Behavioral Healthcare; Veteran's Administration mental health services; Lasting Hope Recovery Center; Community Alliance; Catholic Charities of Omaha; Anti-Defamation League; Heartland Family Services; LiveWise Coalition

3. Obesity/Nutrition

- Mentioned resources available to address this issue: local hospitals and health departments; Healthy Families Project; University of Nebraska Medical Center-College of Public Health; food stamps; Woman, Infants, and Children (WIC); food pantries; Salvation Army's KROC Centers; YMCA; parks and recreation; nutritionists

4. Education

- Mentioned resources available to address this issue: non-profit organizations; countyconnection.org

5. Maternal & Child Health

- Mentioned resources available to address this issue: local hospitals and health departments; OneWorld Community Health Center; Children's Square; providers; Nebraska Appleseed; Charles Drew Health Center; Visiting Nurses Association (VNA); WIC; Lutheran Family Services; Boys and Girls Club

6. Prevention

- Mentioned resources available to address this issue: Council Bluffs Community Garden; smoking cessation programs; hospitals; Healthy Families Project; Hy-Vee; YMCA; VNA

7. Geriatric Care

- Mentioned resources available to address this issue: Douglas County Senior Center; VNA; Iowa State University Extension; Southwest 8 Seniors Services Inc.; Iowa Concern Hotline 2-1-1; countyconnection.org

Summary Tables: Comparisons With Benchmark Data

TREND SUMMARY (Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2008 (or 2002 for much of the Douglas County data). Trend data are not available for Pottawattamie County.

A few of the survey indicators are derived from county-level BRFSS findings; although included in the following summary tables, these are not identified as such. Please refer to the charts throughout this report to identify these BRFSS-derived data.

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).

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

- In the following charts, Metro Area results are shown in the larger, blue column.
- The green columns [to the left of the Metro Area column] provide comparisons among the five sub-areas within Douglas County as well as among the four counties comprising the Metro Area, 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 the Metro Area 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.

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

Access to Health Services

	Each Sub-County Area vs. Others					Each County vs. Others				Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County		vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
% [Age 18-64] Lack Health Insurance	18.9	21.7	7.8	12.2	6.7	14.5	5.7	10.0	10.2	12.1	16.5	12.6	14.9	0.0	9.5	4.4
% [Child 0-17] Lacks Healthcare Insurance Coverage	8.6	7.9	3.9	8.9	0.0	6.9	1.6	1.9	4.4	5.3					7.8	4.1
% [65+] With Medicare Supplement Insurance	58.9	75.4	85.9	93.9	76.3	78.7	80.8	74.5	72.7	77.9		75.5		81.5	76.7	
% [Insured] Insurance Covers Prescriptions	92.2	93.0	91.9	96.2	92.3	93.3	94.8	93.6	93.1	93.6		93.9		94.6	93.3	
% [Insured] Went Without Coverage in Past Year	10.4	10.8	2.5	3.0	5.4	6.2	4.0	2.4	5.4	5.5		4.8		6.7	4.1	
% Difficulty Accessing Healthcare in Past Year (Composite)	47.3	40.7	28.9	29.9	25.0	36.0	27.3	25.5	31.5	33.4		37.3		32.7	33.7	
% Inconvenient Hrs Prevented Dr Visit in Past Year	16.6	15.4	10.1	11.3	7.5	13.0	11.6	7.4	12.3	12.5		14.3		11.7	13.5	
% Cost Prevented Getting Prescription in Past Year	24.4	17.0	11.1	13.1	8.3	16.0	9.9	7.3	13.9	14.3		15.0		10.1	11.7	
% Cost Prevented Physician Visit in Past Year	22.7	20.5	10.9	9.7	11.0	15.5	12.5	10.5	13.8	14.5		14.0		7.6	9.7	
% Difficulty Getting Appointment in Past Year	14.5	10.4	10.5	10.2	6.9	11.3	7.2	9.1	12.4	10.5		16.5		13.1	11.4	
% Difficulty Finding Physician in Past Year	11.7	8.1	6.9	4.7	4.4	7.7	3.5	3.3	6.8	6.6		10.7		5.4	3.1	
% Transportation Hindered Dr Visit in Past Year	11.8	7.2	0.7	3.5	2.0	5.6	2.3	3.5	4.3	4.7		7.7		4.7	2.1	
% Skipped Prescription Doses to Save Costs	21.4	14.7	10.9	9.9	9.1	14.0	11.9	8.4	15.9	13.6		14.8		14.7	10.5	
% Difficulty Getting Child's Healthcare in Past Year	4.3	4.6	0.3	1.8	1.3	2.5	1.3	0.0	0.7	1.9		1.9		3.0	3.3	
% Cultural/Language Differences Prevented Medical Care/Past Yr	1.6	2.5	0.4	0.2	0.6	1.1	0.2	0.0	1.4	0.9				0.9	0.4	

% [Age 18+] Have a Particular Place for Care	83.2	78.5	84.9	91.0	85.9	84.8	90.2	89.5	87.4
% Have Had Routine Checkup in Past Year	62.9	59.9	68.8	71.7	72.5	66.4	66.5	70.5	67.9
% Child Has Had Checkup in Past Year	89.0	78.4	88.7	90.5	88.5	87.3	86.2	95.6	91.0
% Two or More ER Visits in Past Year	6.5	3.5	3.9	4.3	4.3	4.7	4.8	6.7	5.8
% Traveled 30+ Minutes for Medical Care/Past Yr (Sarpy/Cass/Pott.)						13.2	48.2	21.5	
% "Frequently/Sometimes" Use Email/Text With Dr/Hospital	13.3	9.6	13.9	11.1	8.3	12.0	11.5	10.6	10.2
% Would Be "Very/Somewhat Likely" to Email or Text Dr/Hospital	56.1	52.8	61.5	63.1	60.7	58.7	63.5	56.3	55.6
% Have a Completed Advanced Directive/Living Will	19.9	20.0	34.9	31.2	40.3	27.4	35.5	33.6	27.3
% Rate Local Healthcare "Fair/Poor"	15.6	11.5	6.3	6.8	4.1	9.7	4.5	8.4	11.5

Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.

86.3	76.3	87.4	90.7
66.8	67.3	68.6	64.5
87.8	87.0	84.8	89.6
4.9	6.5	5.5	7.6
19.6		13.9	
11.6			
59.2			
29.2			
8.9	15.3	12.1	8.5

better
 similar
 worse

Arthritis, Osteoporosis & Chronic Back Conditions






























































































































	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% [50+] Arthritis/Rheumatism	36.3	39.9	29.3	23.4	33.0	31.7	32.9	41.8	33.2
% [50+] Osteoporosis	2.9	8.1	9.0	12.1	11.0	8.2	14.1	9.1	10.6
% Sciatica/Chronic Back Pain	17.1	11.4	14.0	12.2	14.3	13.9	16.2	16.1	20.1
% Chronic Neck Pain	4.7	4.7	9.1	3.5	6.3	5.6	6.1	8.4	8.6

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Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
32.5			35.4		35.6	30.1
9.6			11.4	5.3	11.1	9.2
15.1			21.5		15.8	18.4
6.2			8.3		6.8	5.6

better
 similar
 worse

Cancer

	Each Sub-County Area vs. Others					Each County vs. Others				Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County		vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
Cancer (Age-Adjusted Death Rate)						 178.9	 161.1	 186.5	 189.2	178.9	 167.7	 170.6	 173.6	 160.6	 196.7	
Lung Cancer (Age-Adjusted Death Rate)						 53.9			 69.9	53.9	 49.1	 49.2	 51.6	 45.5		
Prostate Cancer (Age-Adjusted Death Rate)						 20.2			 21.7	20.2	 24.7	 19.6	 23.9	 21.2		
Female Breast Cancer (Age-Adjusted Death Rate)						 24.0			 15.9	24.0	 21.6	 20.8	 23.5	 20.6		
Colorectal Cancer (Age-Adjusted Death Rate)						 12.6			 15.1	12.6	 18.5	 16.4	 14.5	 14.5		
% Skin Cancer	 3.1	 4.0	 7.2	 4.2	 7.0	 4.8	 6.0	 8.2	 5.9	5.3	 8.1				 3.0	 4.8
% Cancer (Other Than Skin)	 4.7	 3.8	 4.6	 8.7	 4.9	 5.5	 6.0	 7.3	 6.9	5.8	 5.5				 4.0	 4.1
% [Women 50-74] Mammogram in Past 2 Years	 77.2	 72.4	 89.6	 84.7	 82.8	 82.3	 82.0	 82.9	 82.3	82.3	 72.5	 77.3	 79.9	 81.1	 82.4	 72.3
% [Women 21-65] Pap Smear in Past 3 Years	 86.1	 80.8	 88.7	 88.7	 98.2	 86.9	 87.3	 83.3	 85.6	86.7	 80.2	 80.6	 84.7	 93.0	 91.2	 79.8
% [Age 50+] Sigmoid/Colonoscopy Ever	 75.3	 63.5	 75.0	 77.5	 76.0	 73.6	 77.4	 77.0	 71.8	74.2	 61.8	 64.2	 72.0		 64.7	 69.1
% [Age 50+] Blood Stool Test in Past 2 Years	 24.7	 23.9	 30.2	 29.4	 30.0	 27.5	 33.2	 30.4	 34.1	29.5	 15.3	 17.4	 28.3		 30.0	 29.6
% [Age 50-75] Colorectal Cancer Screening	 70.4	 64.0	 79.5	 81.2	 75.5	 74.8	 76.7	 78.4	 74.5	75.3	 70.5					

Note: The Metro Area values displayed for age-adjusted death rates are in actuality the corresponding Douglas County rates.

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 better  similar  worse

Diabetes

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
Diabetes Mellitus (Age-Adjusted Death Rate)						21.3	15.7	19.3	27.7
% Diabetes/High Blood Sugar	13.4	14.7	8.1	8.5	7.5	10.8	9.1	8.4	12.2
<i>Note: The Metro Area values displayed for age-adjusted death rates are in actuality the corresponding Douglas County rates.</i>					<i>Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.</i>				

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
21.3	22.0	18.4	20.9	19.6	21.0	
10.6	7.7	7.5	10.1		7.2	9.7
	better	similar	worse			

Dementias, Including Alzheimer's Disease

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
Alzheimer's Disease (Age-Adjusted Death Rate)						22.4	18.6	26.6	35.9
<i>Note: The Metro Area values displayed for age-adjusted death rates are in actuality the corresponding Douglas County rates.</i>					<i>Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.</i>				

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
22.4	25.4	29.0	23.4		17.3	
	better	similar	worse			

Educational & Community-Based Programs

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% Attended Health Event in Past Year	25.3	19.1	20.9	27.2	24.4	23.4	27.6	18.7	21.2
<i>Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.</i>									

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
23.8			22.2		24.3	20.7
	better	similar	worse			

General Health Status

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% "Fair/Poor" Physical Health	18.4	14.0	8.1	11.5	8.8	12.7	12.1	9.3	14.9
% Activity Limitations	18.8	18.0	16.9	16.1	15.8	17.4	19.4	21.8	21.1
<i>Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.</i>									

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
12.7	12.0	11.5	16.8		11.8	10.2
18.4	18.9	17.6	17.0		18.1	16.6
	better	similar	worse			

Hearing & Other Sensory or Communication Disorders

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% Deafness/Trouble Hearing	6.3	11.5	8.8	8.0	8.4	8.5	11.3	12.3	14.1
<small>Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.</small>									

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
9.8			9.6		6.4	9.0
	better	similar	worse			

Heart Disease & Stroke

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
Diseases of the Heart (Age-Adjusted Death Rate)						156.7	153.9	170.1	191.9
Stroke (Age-Adjusted Death Rate)						43.6	39.3	42.4	45.3
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.7	7.4	3.6	6.0	6.0	5.6	3.5	4.8	6.3
% Stroke	1.5	1.5	2.4	1.7	1.0	1.8	3.4	1.7	3.5
% Told Have High Blood Pressure (Ever)						27.7	21.0		
% [HBP] Taking Medicine for Hypertension						79.4			
% Cholesterol Checked in Past 5 Years						73.7	74.9		
% Told Have High Cholesterol (Among Those Screened)						39.3	33.6		
<small>Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.</small>									

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
156.7	154.0	173.3	179.8	152.7	220.3	
43.6	40.3	40.2	38.9	33.8	57.8	
5.2			6.1		4.5	5.3
2.3	2.4	2.8	2.7		2.0	0.9
27.7	27.1	28.0	34.3	26.9	27.1	32.9
79.4	79.3		79.2			
73.7	73.9	75.5	77.0	82.1		
39.3	37.4	37.5	35.1	13.5	24.5	31.9
	better	similar	worse			

Note: The Metro Area values displayed for age-adjusted death rates are in actuality the corresponding Douglas County rates.

HIV

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% [Age 18-44] HIV Test in the Past Year	20.0		12.0			15.9	16.6		15.7
<small>Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.</small>									

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
16.1			19.9	16.9	18.5	18.4
better similar worse						

Immunization & Infectious Diseases

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% [Age 65+] Flu Shot in Past Year						72.6	78.3		
% [Age 65+] Pneumonia Vaccine Ever						75.8	69.7		
% Ever Vaccinated for Hepatitis B	29.1	29.0	23.6	30.6	31.4	28.1	31.5	32.8	28.2
<small>Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.</small>									

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
72.6	71.2	70.4	71.6	90.0	68.9	73.4
75.8	70.9	70.3	68.1	90.0	77.1	69.0
28.9			38.4			
better similar worse						

Injury & Violence Prevention

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
Unintentional Injury (Age-Adjusted Death Rate)						32.4	24.7	47.3	38.0
% "Always" Wear Seat Belt						79.6			
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	86.5		98.3			93.4	96.9		92.1
% Child [Age 5-16] "Always" Wears a Bike Helmet	33.9		50.9			43.8	52.7		27.5
% Firearm in Home	25.3	18.4	34.4	34.5	44.8	29.4	39.6	54.6	42.1
% [Homes With Children] Firearm in Home	22.1	10.0	37.2	32.8	50.4	27.6	41.0	43.7	38.0

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
32.4	35.7	36.8	37.0	36.0	25.2	
79.6			85.3	92.4	72.5	
93.9			91.6		89.5	94.4
43.5			35.3		47.0	44.3
33.7			37.9		29.9	36.2
32.3			34.4		29.2	38.7

% [Homes With Firearms] Weapon(s) Unlocked & Loaded	14.6	7.1	6.9	8.8	12.5	9.5	8.3	16.2	14.4
% Victim of Violent Crime in Past 5 Years	8.4	3.2	0.9	0.8	0.4	3.2	0.4	1.8	2.0
% Perceive Neighborhood as "Slightly/Not At All Safe"	47.7	31.1	6.0	7.4	6.9	21.9	6.4	4.6	15.3
% Ever Threatened With Violence by Intimate Partner	16.8	12.9	4.0	10.7	9.8	10.9	11.4	12.3	11.3
% Victim of Domestic Violence (Ever)	14.8	13.1	6.4	12.3	10.2	11.5	13.0	12.1	13.2
% Intimate Partner Has Been Harassing/Controlling in Past 5 Yrs	11.2	6.8	2.9	5.9	6.0	6.7	4.9	4.1	7.8

Note: The Metro Area values displayed for age-adjusted death rates are in actuality the corresponding Douglas County rates.

Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.

10.4	16.9	10.3	5.8
2.5	1.6	5.2	0.6
17.4		23.6	5.1
11.1	11.7		
12.0	13.5		
6.4			

better similar worse

Maternal, Infant & Child Health

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% No Prenatal Care in First Trimester						25.9			
% of Low Birthweight Births						8.4	6.9	6.7	8.1
Infant Death Rate						5.7	4.4	5.2	5.4














































Note: The Metro Area values displayed for these indicators are in actuality the corresponding Douglas County rates.

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Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
25.9	28.0	13.6	16.3	22.1	19.1	
8.4	7.1	6.6	8.2	7.8	7.8	
5.7	5.4	4.5	6.4	6.0	8.6	




better similar worse

Mental Health & Mental Disorders
































































	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% "Fair/Poor" Mental Health	 13.3	 11.8	 4.9	 6.8	 7.4	 9.0	 8.2	 3.3	 12.5
% Major Depression	 14.0	 8.0	 11.0	 6.5	 5.9	 9.8	 9.6	 5.0	 13.6
% Symptoms of Chronic Depression (2+ Years)	 33.7	 31.7	 22.4	 20.5	 21.2	 26.6	 19.8	 18.6	 27.4
% [Those With Major Depression] Seeking Help						 84.9	 100.0	 81.8	 91.7
% Typical Day Is "Extremely/Very" Stressful	 12.3	 12.0	 9.5	 11.1	 10.5	 11.1	 11.0	 12.1	 14.0
% Child [Age 5-17] Takes Prescription for ADD/ADHD	 3.9		 11.7			 8.2	 8.1		 9.2







Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
9.0			 11.7		 8.1	 5.6
10.1			 11.7		 6.6	 8.3
25.1			 26.5		 26.8	 16.6
88.7			 82.0	 75.1	 81.5	
11.5			 11.5		 12.6	 13.3
8.3			 6.5		 9.2	 4.7

 better
  similar
  worse

Nutrition & Weight Status

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% Eat 5+ Servings of Fruit or Vegetables per Day	 31.0	 30.6	 38.1	 41.1	 33.3	 35.3	 39.0	 42.4	 31.1
% [Child 5-17] 5+ Servings of Fruits/Vegetables Daily in the Past Week	 49.5	 42.0	 46.3	 37.7	 40.4	 43.2	 34.6	 53.7	 39.6
% Medical Advice on Nutrition in Past Year	 35.3	 37.4	 33.7	 41.5	 48.5	 37.4	 44.6	 36.5	 34.5
% "Very/Somewhat Difficult" to Buy Fresh Produce Affordably	 32.0	 32.5	 20.0	 17.0	 11.9	 24.4	 16.8	 21.8	 23.2
% Had 7+ Sugar-Sweetened Beverages in Past Week	 32.6	 32.8	 24.4	 28.0	 27.7	 29.1	 28.4	 22.6	 25.4
% Would Favor a Local Tax on Sweetened Beverages	 31.7	 31.1	 28.2	 33.9	 23.0	 30.8	 25.7	 25.0	 22.7
% Feel SNAP Benefits Should Not Be Used for Sweetened Beverages	 46.8	 61.5	 60.7	 74.8	 67.4	 61.0	 73.7	 69.7	 71.7

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
35.8			 48.8		 26.1	 41.1
41.2						
38.4			 41.9		 35.2	 37.7
22.8						
28.3						
28.6						
65.0						

% "Often/Sometimes" Worry That Food Will Run Out	29.4	29.4	15.3	11.7	13.0	20.7	12.9	12.0	19.9
% Healthy Weight (BMI 18.5-24.9)	29.9	30.1	29.8	36.7	29.0	31.5	31.5	26.3	28.7
% Overweight	69.0	67.8	68.2	61.2	70.8	66.7	67.1	73.3	70.1
% Obese	33.5	30.3	30.5	22.6	30.0	29.3	31.5	26.3	34.6
% Medical Advice on Weight in Past Year	25.0	24.9	24.1	26.9	26.1	25.3	29.2	26.2	26.3
% [Overweights] Counselor About Weight in Past Year	32.9	34.5	29.9	33.5	31.2	32.5	37.9	29.4	31.3
% [Obese Adults] Counselor About Weight in Past Year	45.4	45.5	31.7	46.7	44.2	41.9	51.5	58.0	41.4
% Children [Age 5-17] Overweight	31.1		31.0			31.0	23.5		34.3
% Children [Age 5-17] Obese	19.7		11.4			14.8	8.7		15.4
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18.8									
31.0									
67.5									
30.3									
26.2									
33.3									
44.3									
29.4									
13.2									
<p style="text-align: center;"> better similar worse </p>									

Oral Health	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% [Age 18+] Dental Visit in Past Year	60.2	60.4	79.5	74.9	74.1	69.4	73.1	76.6	69.2
% Child [Age 2-17] Dental Visit in Past Year	93.1	83.4	79.7	86.4	84.7	85.5	89.4	90.1	83.3
% Have Dental Insurance	63.5	64.7	73.5	74.7	68.7	69.3	77.4	70.2	62.3
<p>Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.</p>									

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
70.4	69.5	76.0	66.9	49.0	74.5	74.4
86.2			79.2	49.0	84.5	78.7
70.1			60.8		64.5	76.1
<p style="text-align: center;"> better similar worse </p>						

Physical Activity

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% [Employed] Job Entails Mostly Sitting/Standing	63.8	59.4	68.3	73.5	61.5	66.7	70.0	55.6	53.0
% No Leisure-Time Physical Activity	20.4	18.3	17.4	14.6	11.6	17.4	11.6	14.5	21.7
% Meeting Physical Activity Guidelines	48.1	49.8	52.8	55.1	63.3	52.0	51.9	62.2	52.7
% Moderate Physical Activity	27.3	25.8	31.8	33.9	28.8	29.9	29.5	35.7	35.1
% Vigorous Physical Activity	40.5	41.7	43.2	47.2	56.5	43.8	44.4	50.0	40.2
% Medical Advice on Physical Activity in Past Year	43.2	37.7	41.7	47.3	51.0	43.1	46.5	46.5	36.8
% Have Access to Indoor Exercise Equipment	62.6	61.6	81.1	78.0	78.8	71.6	87.2	80.4	71.8
% Believe Schools Should Require PE for All Students	94.9	94.7	96.7	98.2	96.7	96.2	98.4	97.3	95.9
% Use Local Parks/Recreation Centers At Least Weekly	41.9	39.9	43.3	43.4	37.0	42.0	43.0	32.1	30.5
% Use Local Trails At Least Monthly in Good Weather	45.5	49.1	53.0	54.7	48.5	50.5	48.3	45.3	50.1
% [Child 5-17] Daily Compliance w/All 5-4-3-2-1 Go! Guidelines	4.5	1.4	2.2	4.9	2.2	3.3	3.2	5.6	3.7
% [Child 5-17] Walks/Bikes to School Most Days	3.3	12.9	13.1	16.4	8.3	11.7	9.5	3.8	5.7

Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
65.4			63.2		62.8	70.9
16.7	24.7	24.8	28.7	32.6	16.9	21.9
52.4	51.1	49.7	42.7		43.6	48.3
30.7			23.9		22.7	24.8
43.7	29.7	26.9	34.8		35.8	48.3
43.1			47.8		37.5	43.7
75.0						
96.6					98.0	97.2
40.5					40.0	45.2
49.8					51.9	56.0
3.4						
10.2						

better
 similar
 worse

Respiratory Diseases

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
Pneumonia (Age-Adjusted Death Rate)						12.5	17.8	23.7	15.7
% Chronic Lung Disease	8.5	6.1	5.0	7.0	4.9	6.6	8.6	6.0	10.1
% [Adult] Currently Has Asthma	9.4	10.8	7.3	9.1	4.9	8.9	8.6	5.3	8.1
% [Child 0-17] Currently Has Asthma	8.1	6.4	4.6	6.0	8.9	6.3	13.5	6.2	7.2

Note: The Metro Area values displayed for age-adjusted death rates are in actuality the corresponding Douglas County rates.

Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
12.5	11.2	14.9	15.3		20.7	
7.4			8.4		7.5	7.8
8.6	7.8	7.8	7.5		8.5	5.8
7.9			11.8		10.3	7.6

better similar worse

Sexually Transmitted Diseases

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
Chlamydia Incidence per 100,000						545.1	235.0	137.0	235.0
% [18-64] 3+ Sexual Partners in Past Year	5.3	3.0	3.9	3.3	2.3	4.0	2.1	1.4	2.3
% [18-64] Using Condoms	26.3	28.4	19.0	15.2	13.2	21.5	15.1	16.7	16.0

Note: The Metro Area values displayed for disease incidence indicators are in actuality the corresponding Douglas County rates.

Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
545.1	303.0	313.6	405.3		423.2	
3.3			3.0		3.1	1.5
19.5			19.2		20.9	13.3

better similar worse

Substance Abuse

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% Current Drinker (1+ Drink/Past Month)						60.4			
% Chronic Drinker (Average 2+ Drinks/Day)						5.2	5.1		
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)						16.8	20.5		
% Drinking & Driving in Past Month	5.4	4.2	6.2	11.1	4.3	6.7	4.0	2.3	5.1
% Driving Drunk or Riding with Drunk Driver	9.0	9.4	8.7	14.3	7.5	10.3	6.6	4.2	6.8
% Illicit Drug Use in Past Month	3.9	3.1	2.0	2.2	0.8	2.7	0.8	1.4	2.1
% Ever Sought Help for Alcohol or Drug Problem	5.2	5.0	3.0	5.1	3.9	4.5	2.4	5.0	2.5

Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.

Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
60.4	59.0		58.8		64.3	
5.2	5.5	5.2	5.6		3.5	3.6
16.8	19.4	16.9	16.7	24.3	17.0	18.5
5.8			3.5		4.6	3.9
8.9			5.5		7.9	7.3
2.2			1.7	7.1	1.6	0.7
3.9			3.9		3.2	2.0

better similar worse

Tobacco Use










	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% Current Smoker						17.0	16.9		27.0
% Someone Smokes at Home	19.0	20.3	12.8	15.4	6.6	16.2	10.4	10.7	17.9
% [Household With Children] Someone Smokes in the Home	10.5	7.1	11.7	9.7	3.3	9.6	7.5	8.0	11.6
% [Smokers] Have Quit Smoking 1+ Days in Past Year						53.5			
% Use Smokeless Tobacco						3.0			





Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.



Metro Area	Metro Area vs. Benchmarks				TREND (vs. Baseline)	
	vs. NE	vs. IA	vs. US	vs. HP2020	Douglas	Sarpy/Cass
17.0	17.2	16.2	16.6	12.0	20.9	16.2
15.1			13.6		21.4	12.1
9.3			12.1		20.6	7.9
53.5			56.2	80.0	40.9	36.2
3.0			2.8	0.3	1.7	

better similar worse

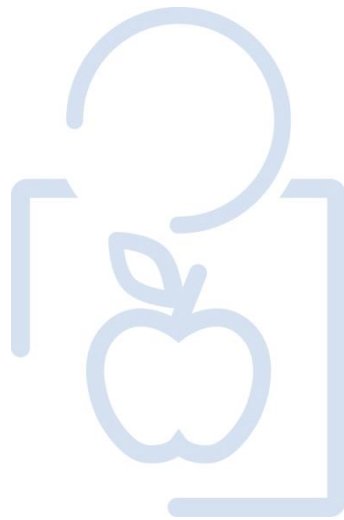
Vision

	Each Sub-County Area vs. Others					Each County vs. Others			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pottawattamie County
% Eye Exam in Past 2 Years	 48.2	 53.5	 56.8	 57.0	 50.6	 53.7	 60.5	 61.8	 57.8
<small>Note: In the green section, each county is compared against all other counties combined; each subarea of Douglas County is compared against the rest of Douglas County. 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.</small>									

Metro Area	Metro Area vs. Benchmarks			
	vs. NE	vs. IA	vs. US	vs. HP2020
55.9			 57.5	
	 better	 similar	 worse	

TREND (vs. Baseline)	
Douglas	Sarpy/Cass
 58.7	 59.3

GENERAL HEALTH STATUS



Overall Health Status

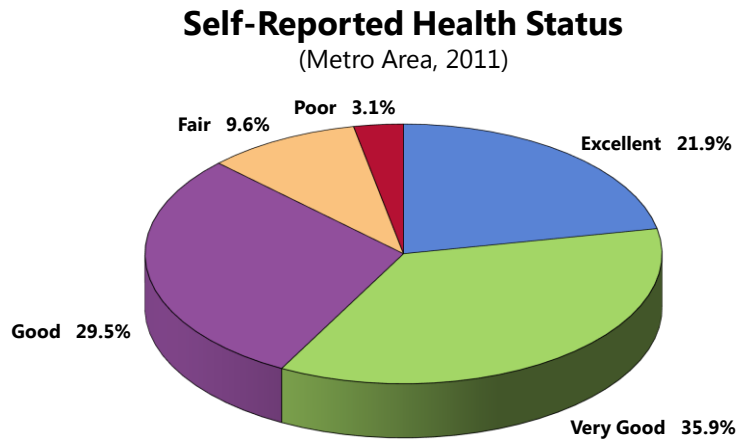
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

Self-Reported Health Status

A total of 57.8% of Metro Area adults rate their overall health as "excellent" or "very good."

- Another 29.5% gave "good" ratings of their overall health.



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
 Notes: • Asked of all respondents.

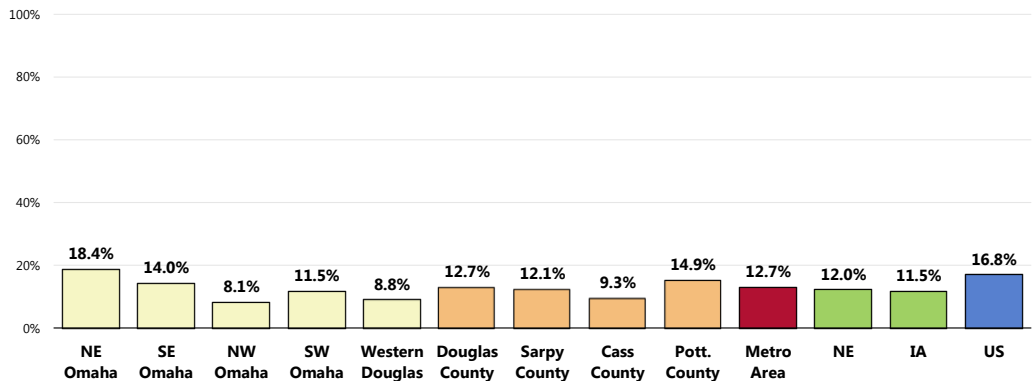
However, 12.7% of local adults believe that their overall health is "fair" or "poor."

- Similar to Nebraska and Iowa state findings.
- Better than the national percentage.
- Among the four Metro Area counties, no statistically significant difference is found.
- Within Douglas County, highest (least favorable) in Northeast Omaha; lowest in Northwest Omaha.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, community-level data are provided.
- Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

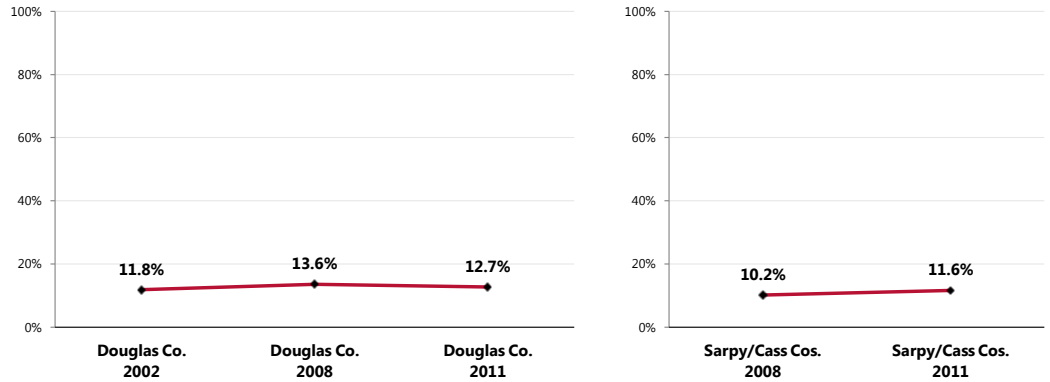
Experience "Fair" or "Poor" Overall Health



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Nebraska and Iowa data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

☒ No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous Douglas and Sarpy/Cass survey results.

Experience “Fair” or “Poor” Overall Health



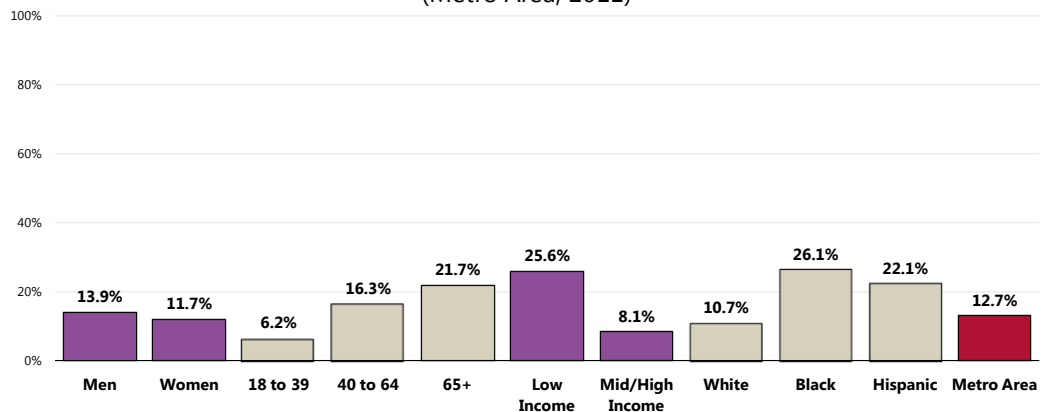
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
 Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- ☺ Those age 40 and older, and especially those 65+ (note the positive correlation).
- ☺ Residents living at lower incomes.
- ☺ Blacks and Hispanics.
- ☺ Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Experience “Fair” or “Poor” Overall Health (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

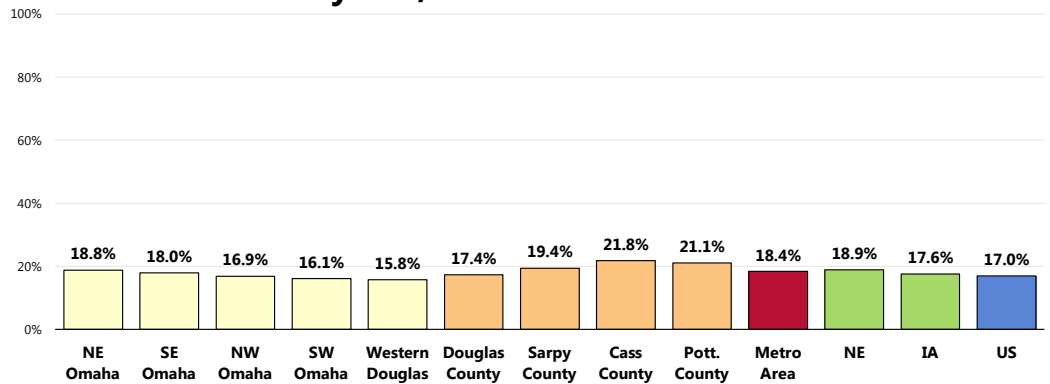
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

– Healthy People 2020 (www.healthypeople.gov)

A total of 18.4% of Metro Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the Nebraska and Iowa percentages.
- Similar to the national prevalence.
- No difference by county across the Metro Area.
- Within Douglas County, statistically similar among the five county areas.

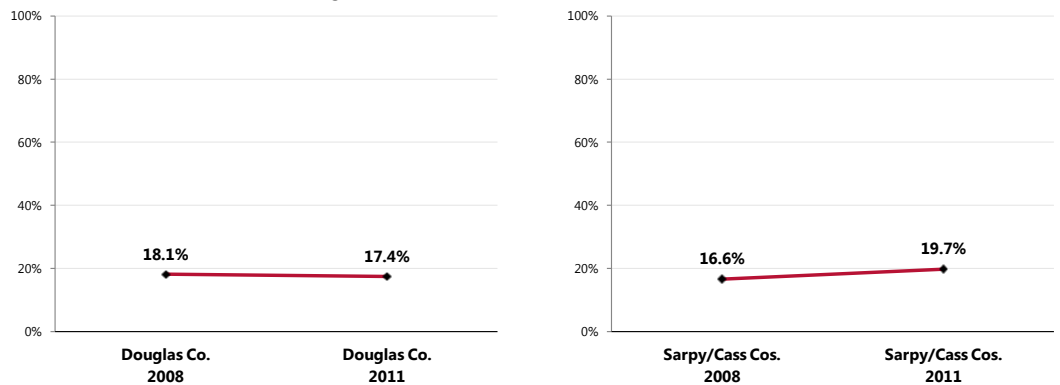
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Nebraska and Iowa data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.




☒ These results are also similar to what was found in Douglas and Sarpy/Cass counties in 2008.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



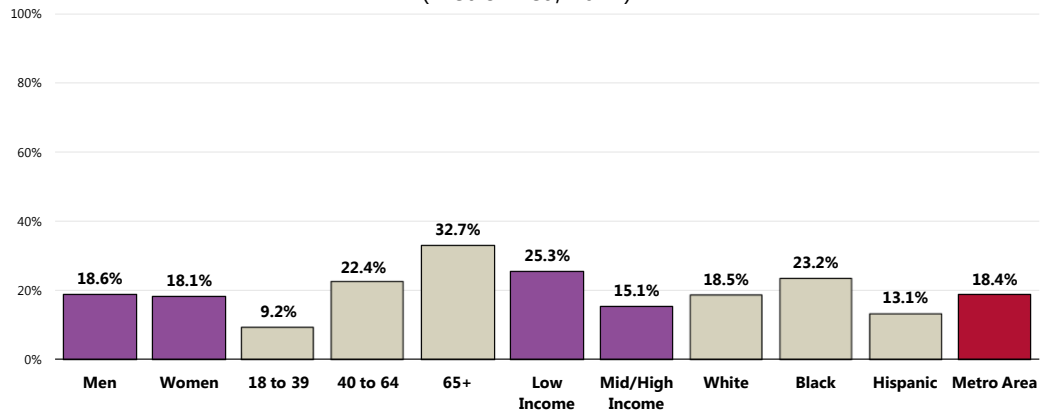
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 115]
 Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

-  Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
-  Low-income residents are more likely than middle/high income residents to be limited in activities.
-  Blacks are more likely than Whites and Hispanics to report activity limitations.

RELATED ISSUE:
See also
*Potentially Disabling
Conditions in the Death,
Disease & Chronic
Conditions* section of this
report.

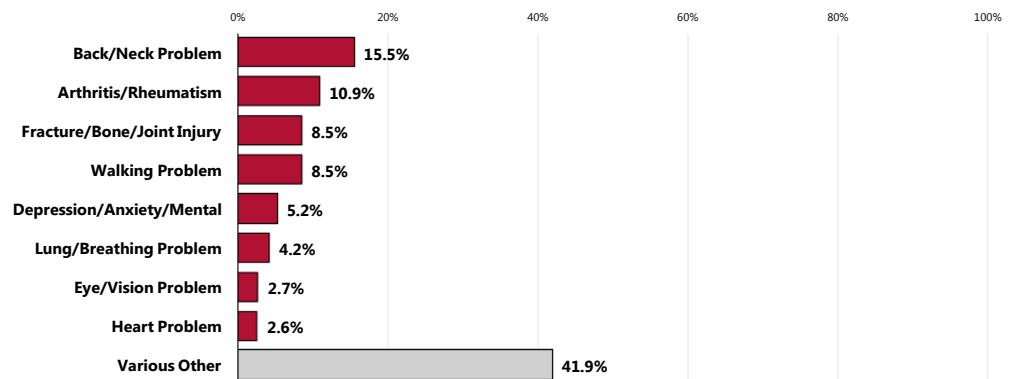
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, fractures or bone/joint injuries, or difficulty walking.

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: • Asked of those respondents reporting activity limitations.

Related Focus Group Findings: Disability

Many focus group participants discussed care for individuals with disabilities in the community. The main concerns include:

- Children
- Insurance coverage

During the focus groups, respondents discussed **children** with disabilities. Focus group members report that there are many school-age children with developmental, behavioral, and physical disabilities in the communities. Participants think that many times children with disabilities do not receive the appropriate care or treatment. Having an individual who can advocate for the child is very important. One participant described:

"I am always dumbfounded that there are children that are so in need of services that are not getting them. And I don't point fingers, you know, never say to a parent, 'You have to make the time,' but the question is, who's advocating for the child to get the extra assistance that they're needing?" — Douglas County Social Service Provider

Focus group participants also report that **insurance coverage** for individuals with disabilities of any age is lacking and that attempting to get coverage can be extremely time-consuming. One parent of a child with a disability described her experience:

"I have a daughter with special needs -- she was two years old before we were even approved for her to be on Medicaid... think about all the children who are on that waiting list, missing crucial services. My daughter was born basically deaf, so had we not been able to afford some of the programs for her, she would never have learned to talk, because she couldn't hear. Fortunately we had health insurance that could give her a cochlear implant, give her a hearing aid, and even at that, hearing aids...are not covered under health insurance because it's not considered medically necessary. So a cheap hearing aid... you're talking \$3000. And my daughter had hearing aids when she was three months old." — Pottawattamie County Key Informant

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

Mental Health Status

Self-Reported Mental Health Status

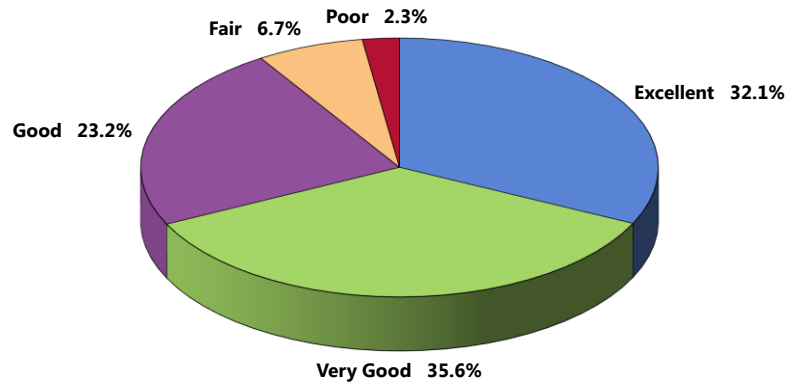
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

Two-thirds (67.7%) of Metro Area adults rate their overall mental health as "excellent" or "very good."

- Another 23.2% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Metro Area, 2011)

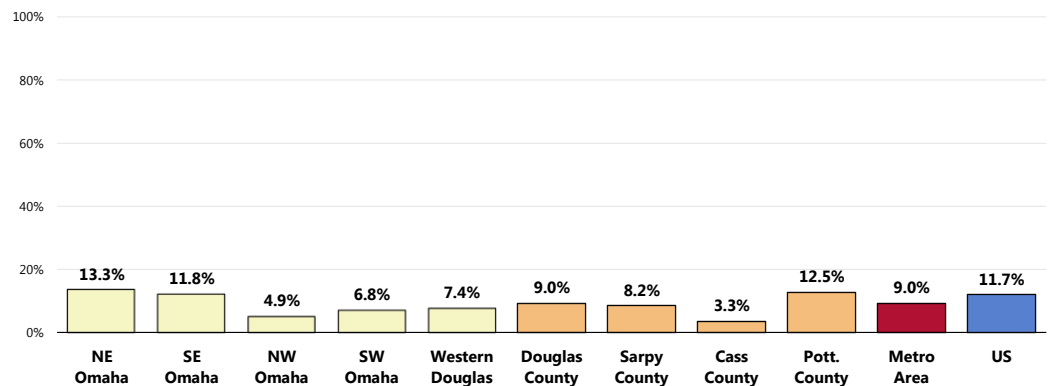


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents.

A total of 9.0% of Metro Area adults, however, believe that their overall mental health is "fair" or "poor."

- Lower (better) than the "fair/poor" response reported nationally.
- Across the Metro Area: highest in Pottawattamie County, lowest in Cass County.
- In Douglas County: highest in Northeast Omaha, lowest in Northwest Omaha.

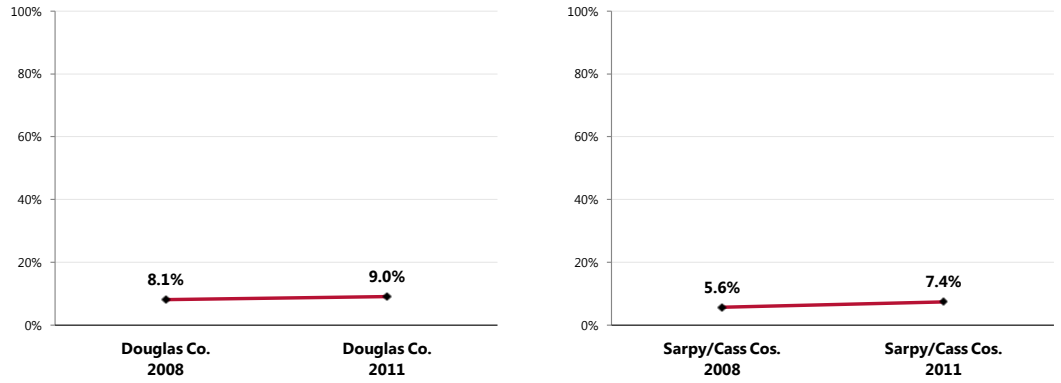
Experience "Fair" or "Poor" Mental Health



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Statistically unchanged since 2008.

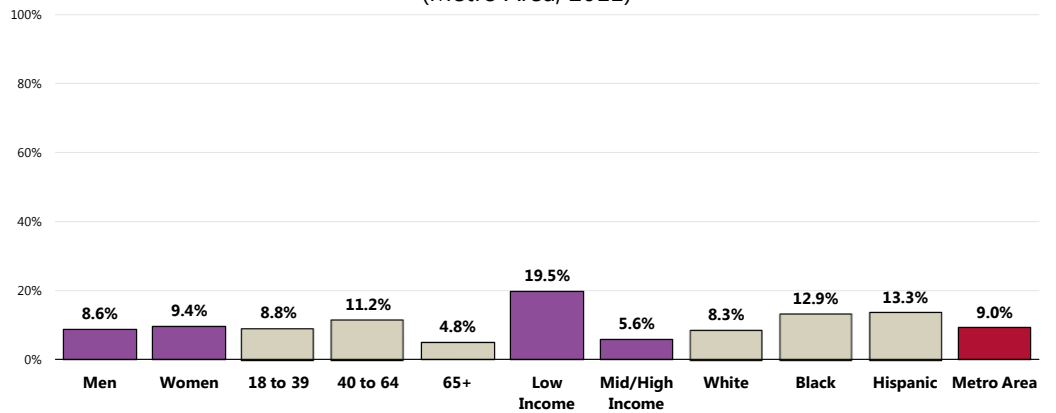
Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 111]
 Notes: • Asked of all respondents.

Low-income residents in particular are more likely to report experiencing "fair/poor" mental health.

Experience "Fair" or "Poor" Mental Health (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

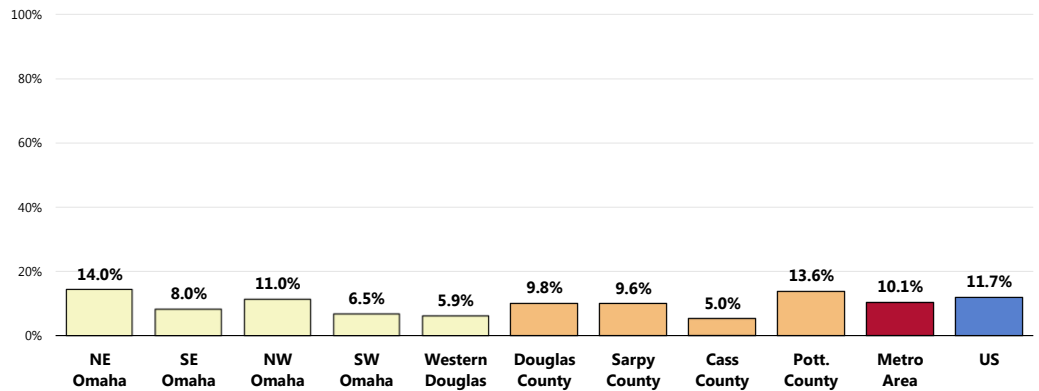
Depression

Major Depression

A total of 10.1% of Metro Area adults have been diagnosed with major depression by a physician or other healthcare professional.

- Similar to the national finding.
- Among the four Metro Area counties, least favorable in Pottawattamie County and most favorable in Cass County.
- Within Douglas County, least favorable in Northeast Omaha and more favorable in Southwest Omaha and Western Douglas County.

Have Been Diagnosed With Major Depression

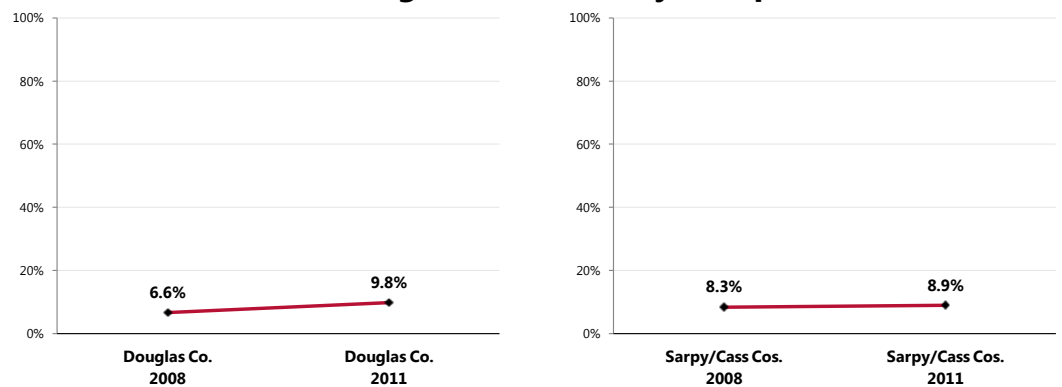


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.




Marks a statistically significant increase in major depression among Douglas County residents over time; statistically unchanged in Sarpy/Cass counties.

Have Been Diagnosed With Major Depression

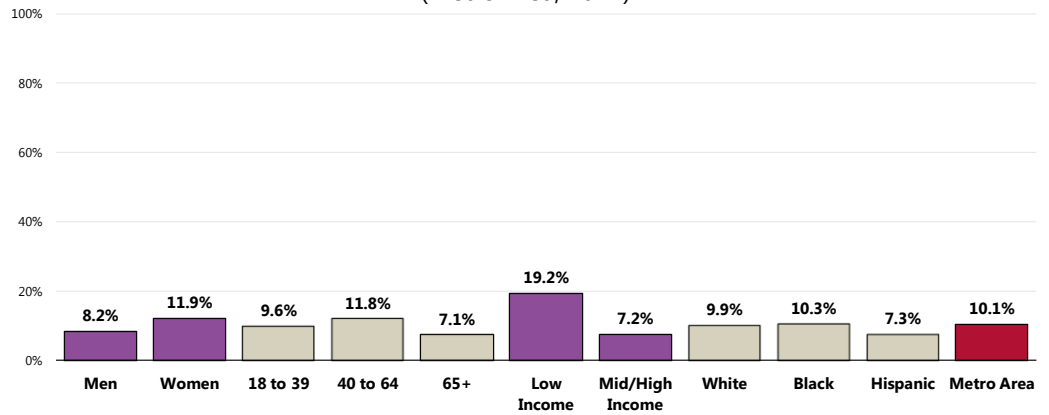


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 40]
 Notes: • Asked of all respondents.

The prevalence of major depression is notably higher among:

-  Women.
-  Adults between the ages of 40 and 64.
-  Community members living at lower incomes.

Have Been Diagnosed With Major Depression (Metro Area, 2011)



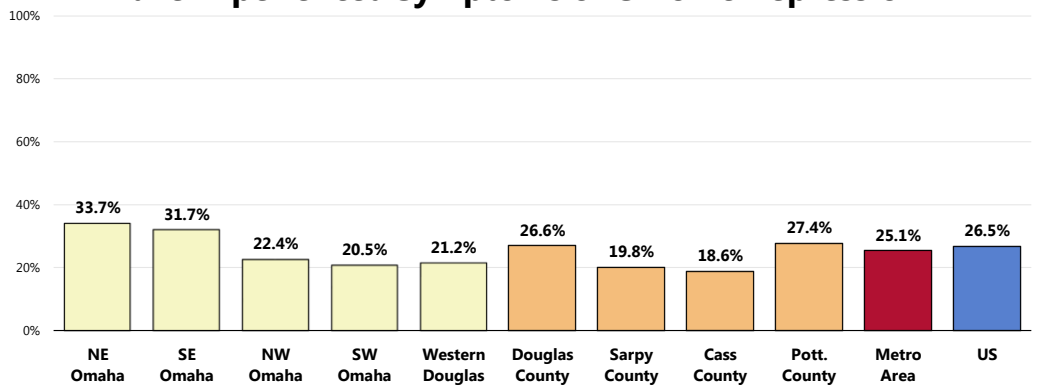
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

One-fourth (25.1%) of Metro Area adults has had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Statistically comparable to national findings.
- Among the four Metro Area counties, more favorable in Sarpy and Cass counties.
- Within Douglas County, ranging from 20.5% in Southwest Omaha to 33.7% in Northeast Omaha.

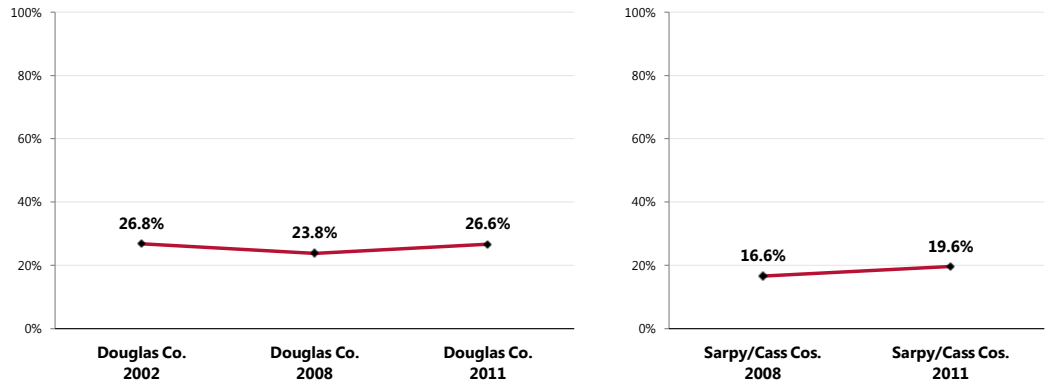
Have Experienced Symptoms of Chronic Depression



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Statistically unchanged from previous findings.

Have Experienced Symptoms of Chronic Depression



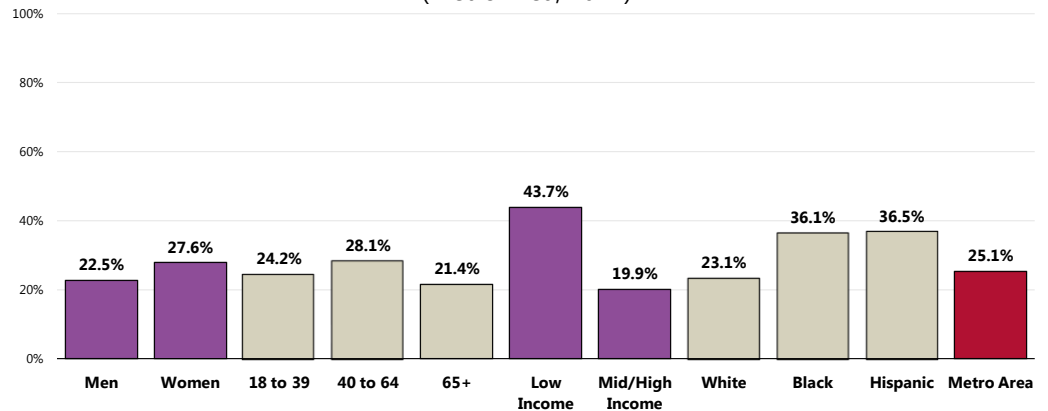
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 112]
 Notes: • Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:

- 👥 Women.
- 👥 Adults age 40 to 64.
- 👥 Adults with lower incomes.
- 👥 Blacks and Hispanics.

Have Experienced Symptoms of Chronic Depression

(Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

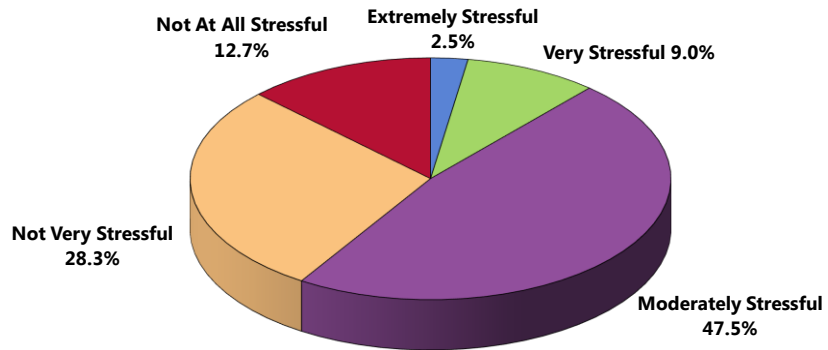
RELATED ISSUE:
See also *Substance Abuse* in
the **Modifiable
Health Risks** section
of this report.

More than 4 in 10 Metro Area adults consider their typical day to be “not very stressful” (28.3%) or “not at all stressful” (12.7%).

- Another 47.5% of survey respondents characterize their typical day as “moderately stressful.”

Perceived Level of Stress On a Typical Day

(Metro Area, 2011)

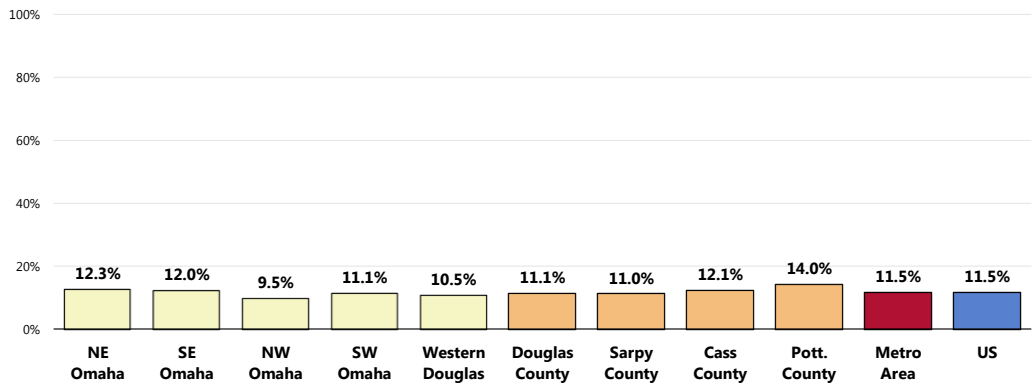


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
Notes: • Asked of all respondents.

In contrast, 11.5% of Metro Area adults experience “very” or “extremely” stressful days on a regular basis.

- Identical to national findings.
- Similar by county across the Metro Area.
- No difference by sub-area in Douglas County.

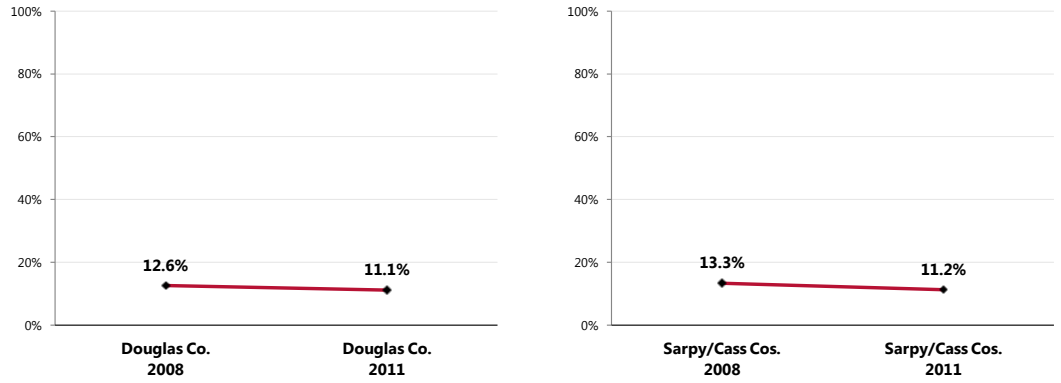
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Statistically similar to the 2008 findings.

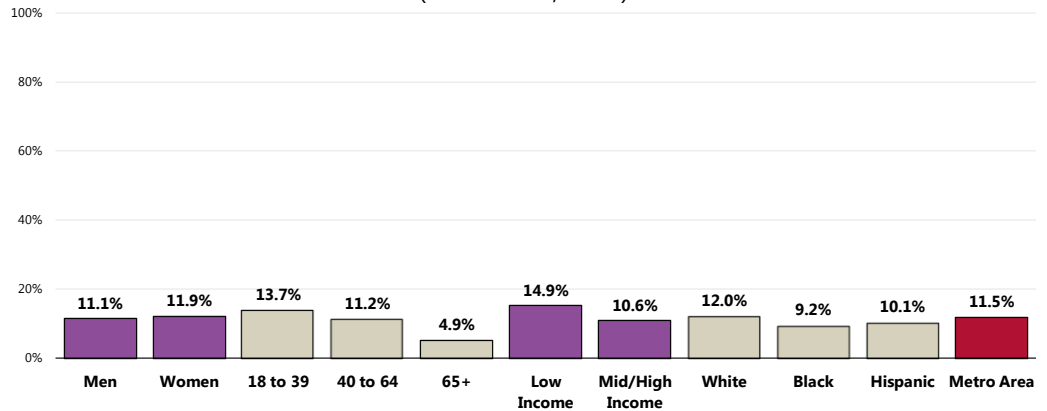
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
 Notes: Asked of all respondents.

High stress levels are more prevalent among adults under 65 (note the negative correlation with age) and low-income residents.

Perceive Most Days as “Extremely” or “Very” Stressful (Metro Area, 2011)



Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
 Notes: Asked of all respondents.
 Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Mental Health Treatment

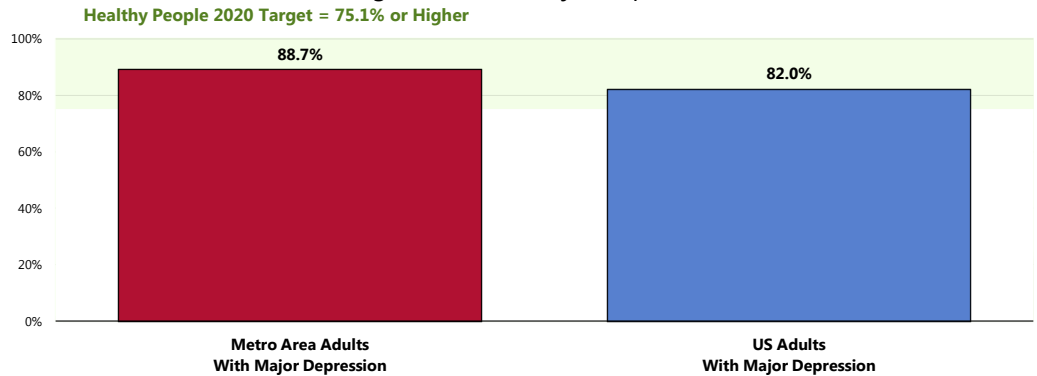
Among adults with diagnosed depression, 88.7% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- Satisfies the Healthy People 2020 target of 75.1% or higher.

“Diagnosed depression” includes respondents reporting a past diagnosis of major depression by a physician.

Have Sought Professional Help for a Mental or Emotional Problem

(Among Those With Major Depression)

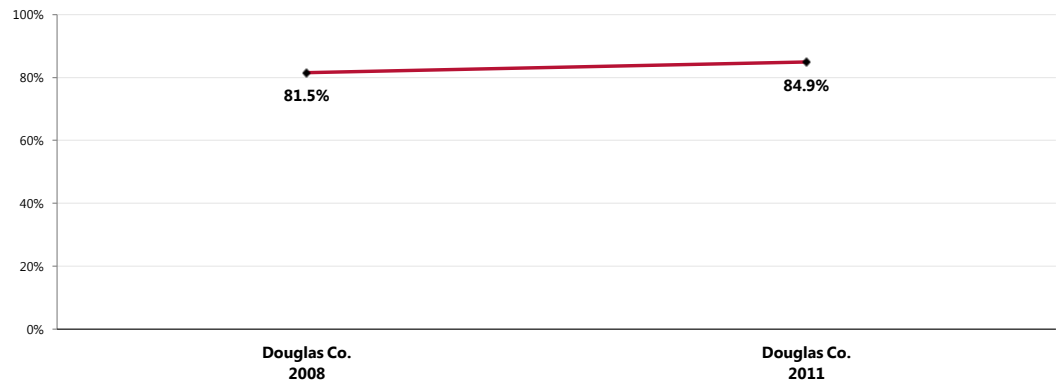


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-9.1]
 Notes: • Asked of those respondents with major depression diagnosed by a physician.

☒ No significant change over time in Douglas County (note that the sample sizes for Sarpy/Cass counties were too small to trend).

Have Sought Professional Help for a Mental or Emotional Problem

(Among Those With Major Depression)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 150]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-9.1]
 Notes: • Asked of those respondents with major depression diagnosed by a physician.

Related Focus Group Findings: Mental Health

Many focus group participants discussed mental health in the community. The main issues discussed include:

- Limited number of providers and facilities
- Access
- Cost

During the focus groups, issues surrounding mental health coverage came up several times. Focus group members discussed at length the **limited number of providers and facilities** available for behavioral health services. Focus groups in Pottawattamie County commented that sometimes individuals must “cross the river” to receive care because there are so few facilities in that community.

Other focus group participants are concerned with community members’ ability to **access** the available resources. In addition to the limited number of facilities, insurance coverage can limit a person’s ability to obtain treatment. One respondent noted:

“So it’s not only that Johnny has to be sicker to get that care, but they’ve said now to qualify for that care they have to see, I think it was, a psychiatrist has to approve it, then -- I mean, it’s like three or four different costly steps. And it’s incredibly hard to get in to a psychiatrist. I mean, it can take four to six weeks... it’s nowhere near the right care at the right time...” — Douglas County Community/Business Leader

A number of respondents believe that behavioral health services need to be readily available and accessible due to the intense nature of the situation. However, respondents are frustrated and described difficulties locating a provider who accepts Medicare/Medicaid. One physician said:

“Well, we do have some very fine institutions for mental health, but as a primary care doctor, trying to access that system is sometimes very difficult. Waiting lists are long, and dealing with people who are voicing suicidal ideations it’s sometimes hard to get in to see someone. It’s particularly a problem, I think, if you have no insurance -- I think you’ll really have problems.” — Douglas County Healthcare Provider

Participants also voiced concerns about the **cost** for treatment. Specifically, respondents mentioned co-pays and medication expenses as treatment barriers. One suggested:

“One is there’s insufficient work force to meet the needs of those that have mental health and substance abuse issues, and then the second one is access to medications for those that are in extreme poverty.” — Douglas County Social Service Provider

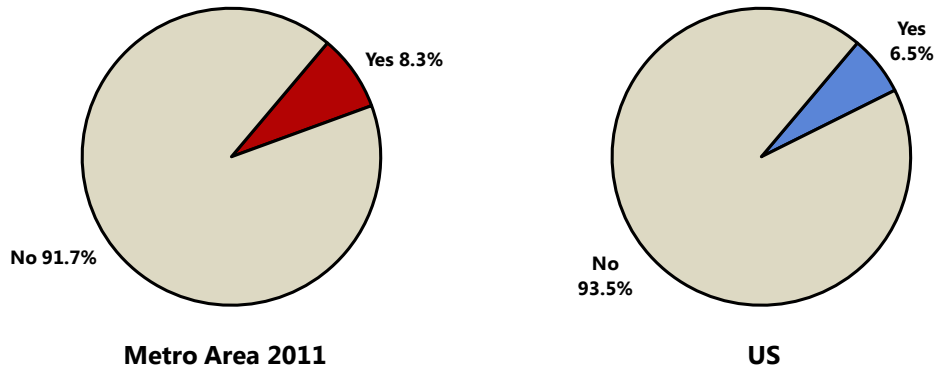
Children & ADD/ADHD

Among Metro Area adults with children age 5 to 17, 8.3% report that their child takes medication for ADD/ADHD.

- Statistically similar to the national prevalence.

Child Takes Medication for ADD/ADHD

(Among Parents of Children 5-17)

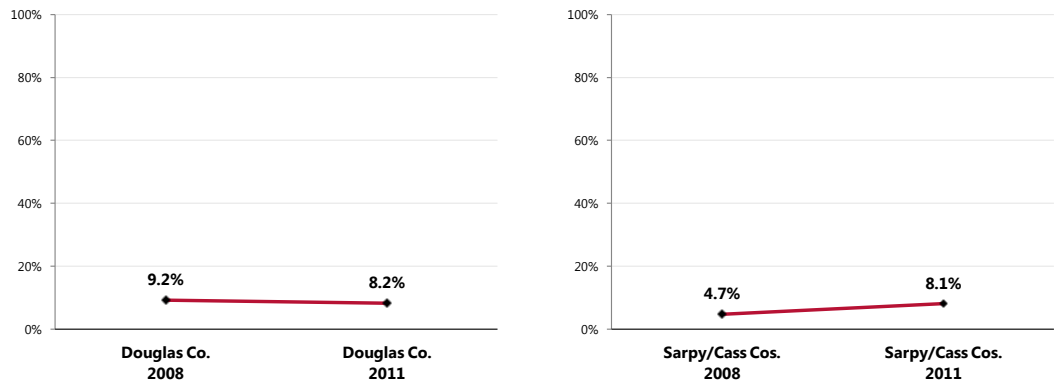


Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children age 5 to 17.

- ☒ Statistically unchanged since 2008.

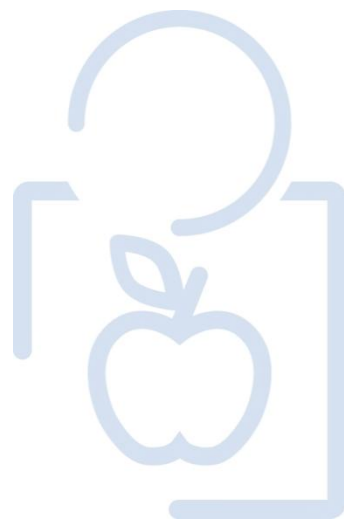
Child Takes Medication for ADD/ADHD

(Among Parents of Children 5-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 129]
Notes: • Asked of all respondents with children age 5 to 17.

DEATH, DISEASE & CHRONIC CONDITIONS



Leading Causes of Death

For infant mortality data, see "Birth Outcomes & Risks" in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Nebraska, Iowa and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines recent annual average age-adjusted death rates per 100,000 population for selected causes of death in the Metro Area.

For the age-adjusted mortality measured outlined in the following table:

- Douglas County rates are better than national rates for heart disease, unintentional injuries, and pneumonia.
- Sarpy County rates are better than national rates for heart disease, cancers, unintentional injuries, diabetes, and Alzheimer’s disease.
- Cass County rates are better than the national rates for heart disease.
- Pottawattamie County rates are better than the national rate for none of the selected causes.

Age-Adjusted Death Rates for Selected Causes (Deaths per 100,000)

	Douglas County 2010	Sarpy County 2005-2009	Cass County 2005-2009	Pottawattamie County 2009	NE 2009	IA 2009	US 2009	HP 2020
Diseases of the Heart	156.7	153.9	170.1	191.9	154.0	173.3	179.8	152.7*
Malignant Neoplasms (Cancers)	178.9	161.1	186.5	189.2	167.7	170.6	173.6	160.6
Cerebrovascular Disease (Stroke)	43.6	39.3	42.4	45.3	40.3	40.2	38.9	33.8
Unintentional Injuries	32.4	24.7	47.3	38.0	35.7	36.8	37.0	36.0
Diabetes Mellitus	21.3	15.7	19.3	27.7	22.0	18.4	20.9	19.6*
Alzheimer’s Disease	22.4	18.6	26.6	35.9	25.4	29.0	23.4	n/a
Pneumonia	12.5	17.8	23.7	15.7	11.2	14.9	15.3	n/a

Sources: • Douglas County Health Department
 • Iowa Department of Public Health
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.
 Note: • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
 • *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Related Focus Group Findings: Chronic Disease

All participants in the Key Informant Focus Groups agree that chronic disease conditions persist in the community.

Focus group participants mentioned several chronic health conditions that persist in the community, including diabetes, cancer, substance abuse, asthma, chronic obstructive pulmonary disease, obesity, dementia, cardiovascular disease, and hypertension.

Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

– Healthy People 2020 (www.healthypeople.gov)

The greatest share of cardiovascular deaths is attributed to heart disease.

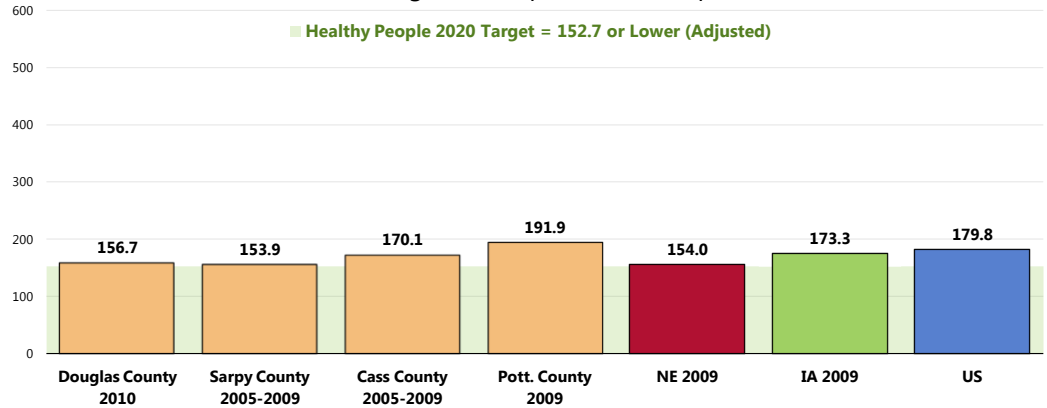
Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

In 2010, there was an annual average age-adjusted heart disease mortality rate of 156.7 deaths per 100,000 population in Douglas County.

- Similar to the Nebraska rate and lower than the Iowa rate.
- Lower than the national rate.
- Similar to the Healthy People 2020 target (as adjusted to account for all diseases of the heart).
- Also low in Sarpy County; higher in Cass and Pottawattamie counties.

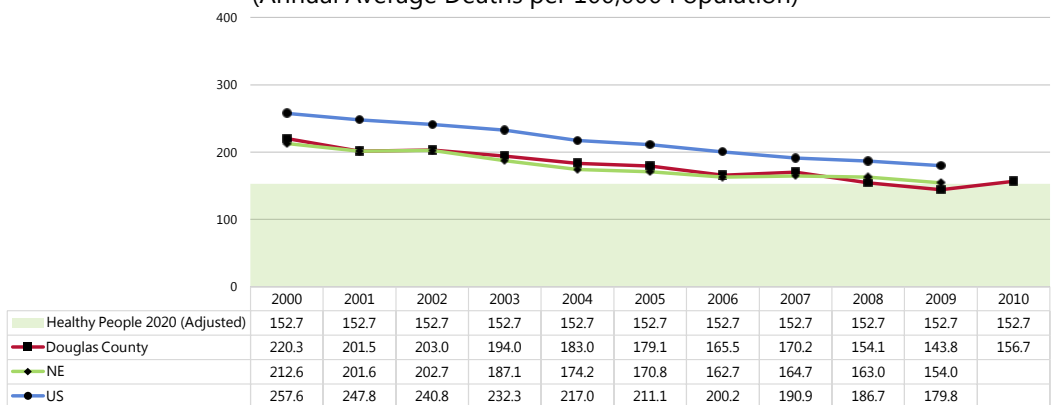
Heart Disease: Age-Adjusted Mortality (Annual Average Deaths per 100,000 Population)



- Sources:
- Douglas County Health Department
 - Iowa Department of Public Health
 - Nebraska Department of Health and Human Services
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart disease mortality rates have decreased in Douglas County, echoing the decreasing trends across Nebraska and the US overall.

Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



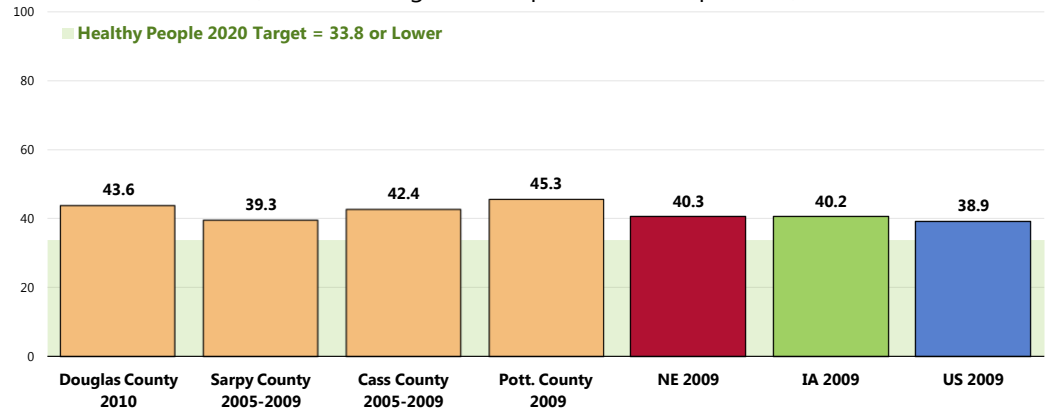
- Sources:
- Douglas County Health Department
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

In 2010, there was an annual average age-adjusted stroke mortality rate of 43.6 deaths per 100,000 population in Douglas County.

- Less favorable than the Nebraska and the Iowa rates.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 33.8 or lower.
- Also relatively higher Pottawattamie County; lower in Sarpy County.

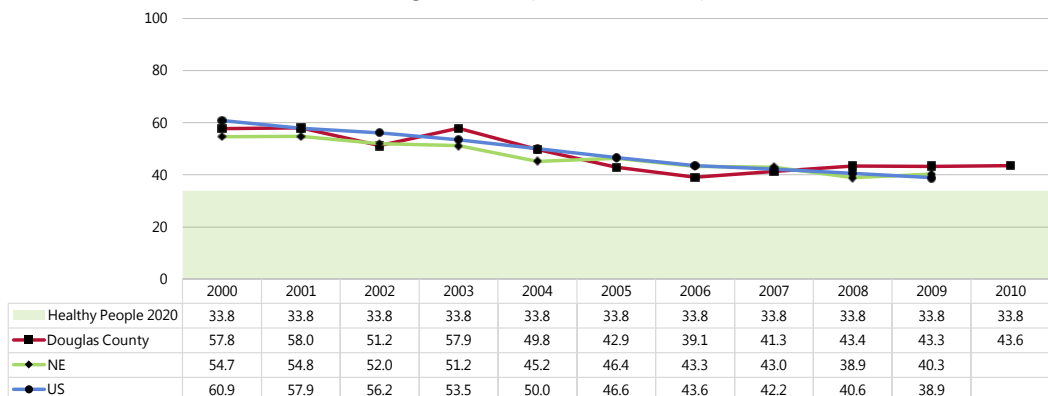
Stroke: Age-Adjusted Mortality (Annual Average Deaths per 100,000 Population)



Sources: • Douglas County Health Department
 • Iowa Department of Public Health
 • Nebraska Department of Health and Human Services
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

☒ The Douglas County stroke death rate has declined in the past decade; the same can be said for Nebraska and the US overall.

Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • Douglas County Health Department
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

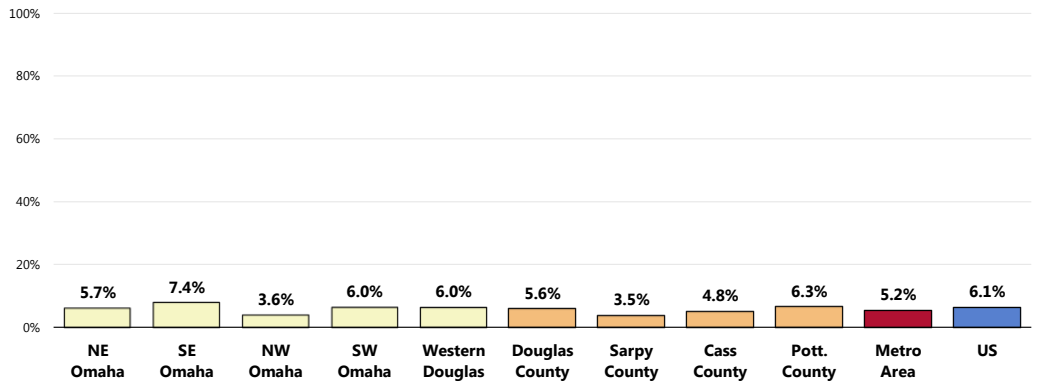
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 5.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Among the four Metro Area counties, lowest in Sarpy County.
- Within Douglas County, statistically similar among the five county areas.

Prevalence of Heart Disease

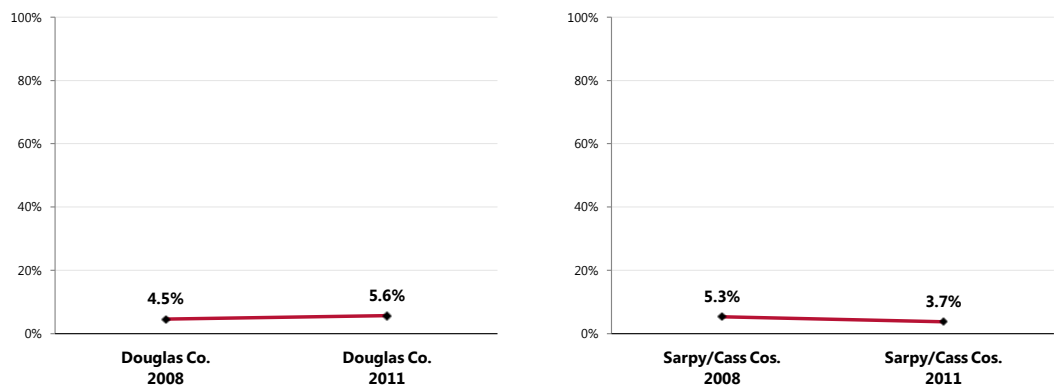


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

☒ Statistically unchanged since 2008 in Douglas and Sarpy/Cass counties.

Prevalence of Heart Disease

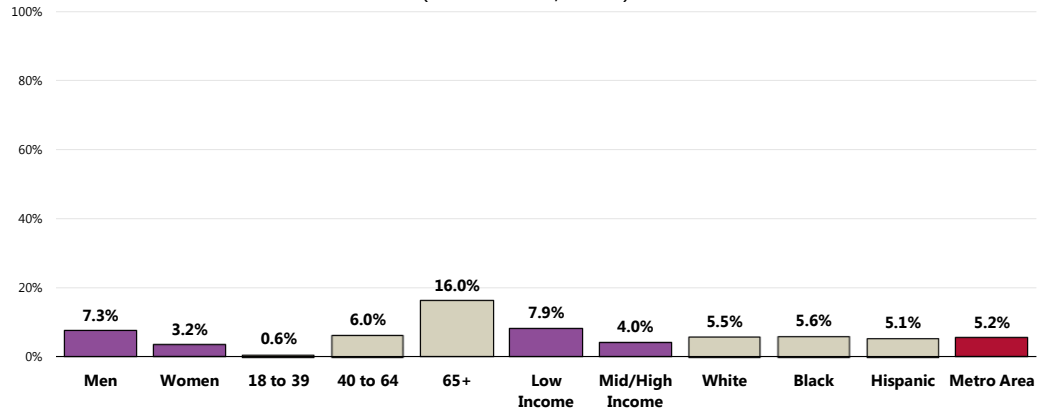


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 34]
 Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with chronic heart disease include:

- 👤 Men.
- 👤 Adults age 40 and older (note the positive correlation with age).
- 👤 Low-income residents.

Prevalence of Heart Disease (Metro Area, 2011)



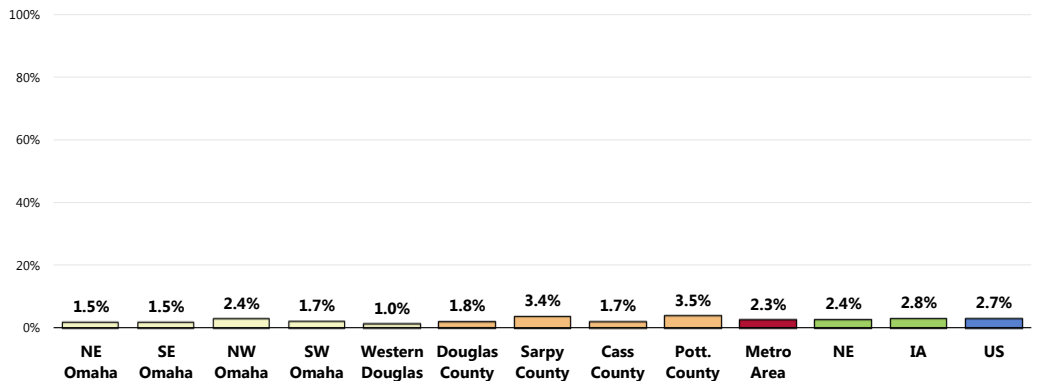
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 2.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to both Nebraska and Iowa findings.
- Similar to national findings.
- Among the four Metro Area counties, most favorable in Douglas County and Cass County.
- Statistically similar by geography within Douglas County.

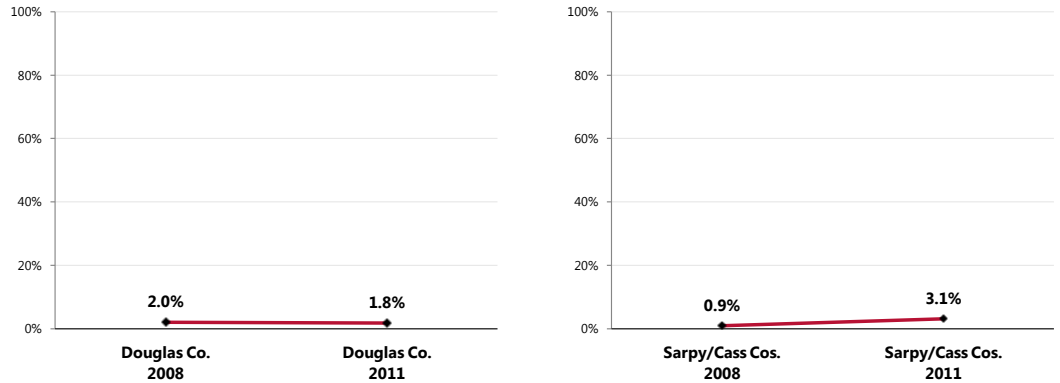
Prevalence of Stroke



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Nebraska and Iowa data.
 Notes: • Asked of all respondents.

☒ Statistically unchanged in Douglas County over time; denotes a statistically significant increase in Sarpy/Cass stroke prevalence since 2008.

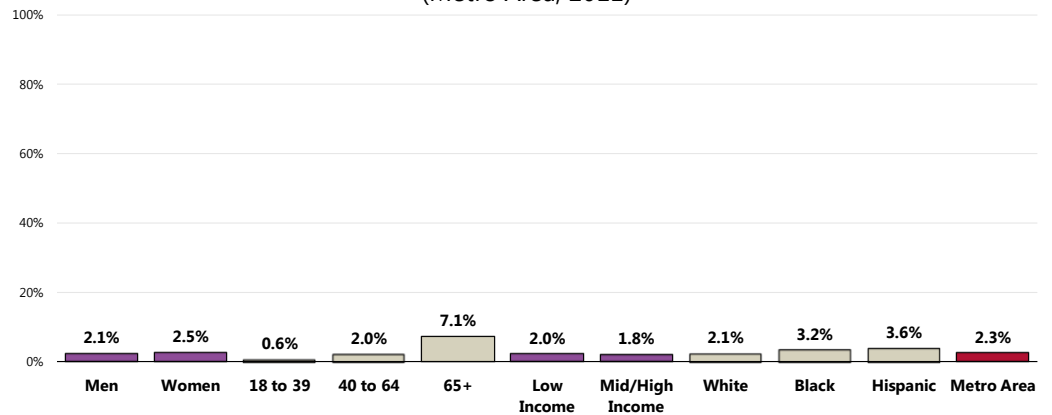
Prevalence of Stroke



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 35]
 Notes: • Asked of all respondents.

👥 Adults aged 40 and older are more likely to have been diagnosed with stroke (note the positive correlation with age).

Prevalence of Stroke (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

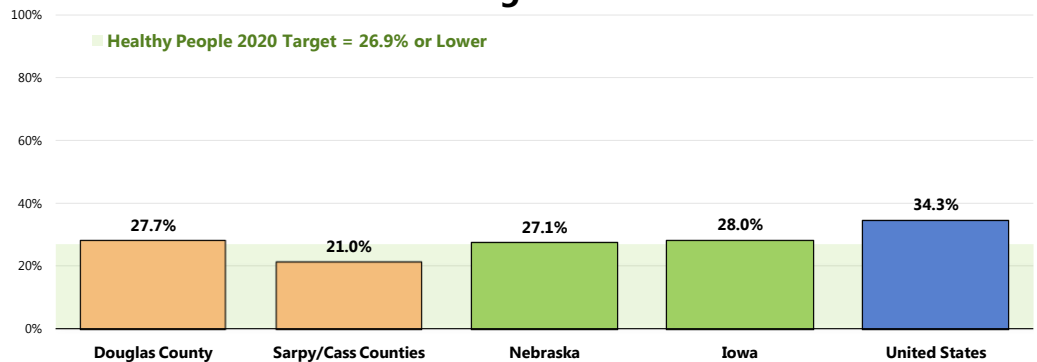
– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Hypertension

A total of 27.7% of Douglas County adults have been told at some point that their blood pressure was high.*

- Similar to the Nebraska and Iowa figures.
- Lower than the national prevalence.
- Similar to the Healthy People 2020 target (26.9% or lower).
- Lower in Sarpy/Cass counties (Pottawattamie County data not available for this indicator).

Prevalence of High Blood Pressure



Sources:

- Summary of Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas, Sarpy and Cass Counties. Douglas County Health Department; Sarpy/Cass Department of Health & Wellness.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Nebraska and Iowa data.

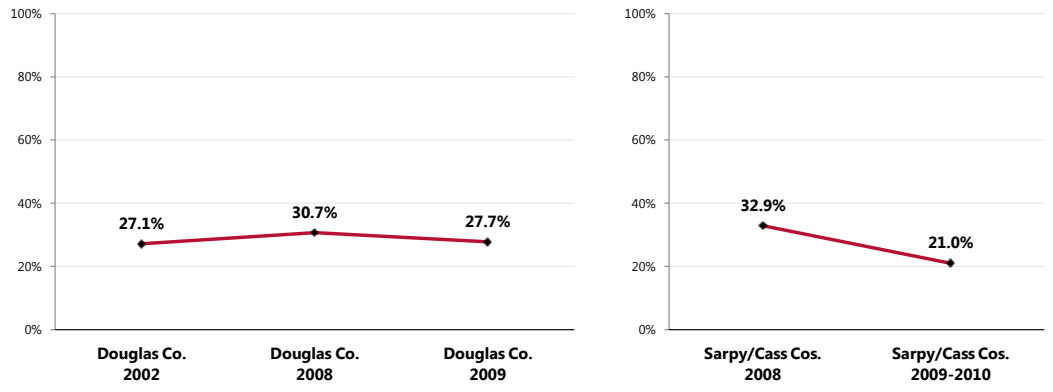
Notes:

- Asked of all respondents.
- The Douglas County percentage reflects 2009 data; the Sarpy/Cass percentage reflects 2009-2010 data.

* Provided through county-level BRFSS (Behavioral Risk Factor Surveillance Survey) data.

☒ The prevalence of hypertension has not changed significantly in Douglas County since 2002; however, the prevalence has decreased in Sarpy/Cass counties.**

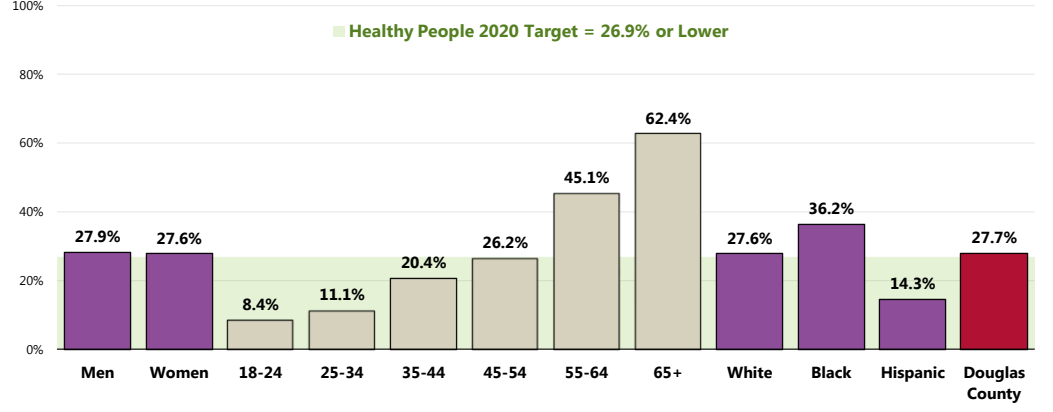
Prevalence of High Blood Pressure



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc.
 • Summary of Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas, Sarpy and Cass. Douglas County Health Department; Sarpy/Cass Department of Health & Wellness.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.

- ☺ Note the positive correlation between hypertension and age in Douglas County.
- ☺ Whites and Blacks are more likely than Hispanics to have been diagnosed with high blood pressure.

Prevalence of High Blood Pressure (Douglas County, 2009)



Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

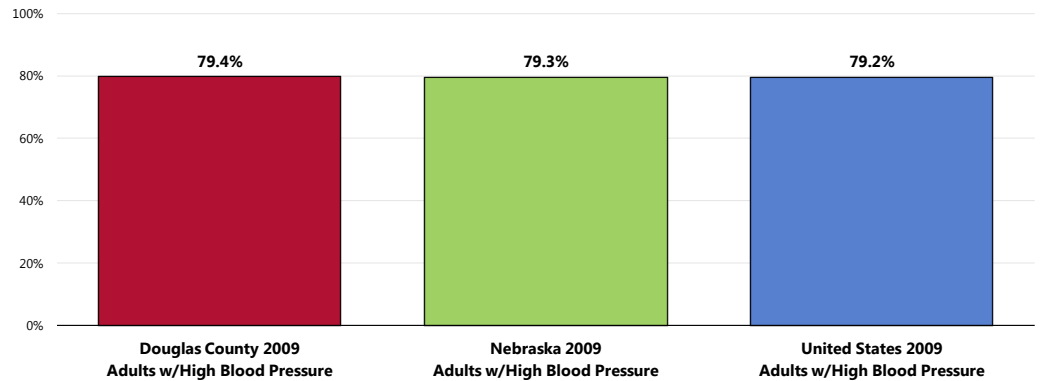
** Note that, in this case, current data are derived from the state-level BRFSS survey (county samples), while historical comparisons are derived from the 2002 and 2008 PRC survey administrations.

Hypertension Management

Among Douglas County residents who have been told that their blood pressure was high, 79.4% report that they are currently taking medicine to control their condition.

- Nearly identical to state and national findings.

Taking Medicine for Hypertension (Adults With Hypertension, 2009)



Sources: ● Summary of Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
Notes: ● Asked of all respondents who have been diagnosed with high blood pressure.

High Blood Cholesterol

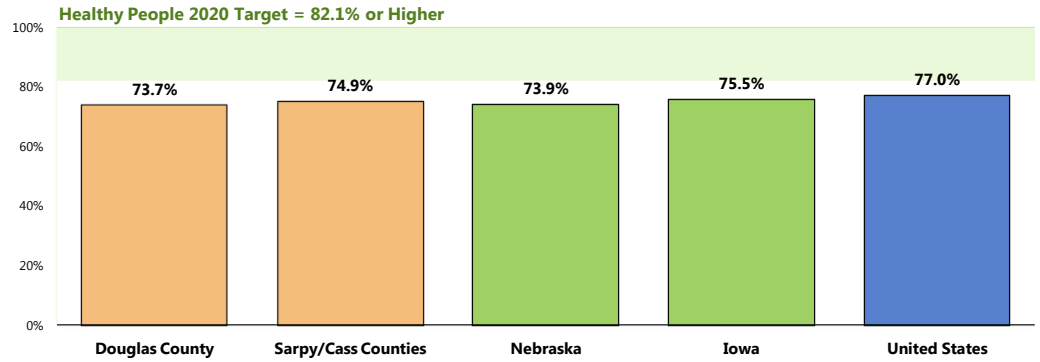
Blood Cholesterol Testing

A total of 73.7% of Douglas County adults have had their blood cholesterol checked within the past five years.*

- Similar to Nebraska and Iowa state findings.
- Lower than the national findings.
- Fails to satisfy the Healthy People 2020 target (82.1% or higher).
- Sarpy/Cass counties report similar prevalence (Pottawattamie County data not available for this indicator).

* Provided through county-level BRFSS (Behavioral Risk Factor Surveillance Survey) data.




Have Had Blood Cholesterol Levels Checked in the Past Five Years



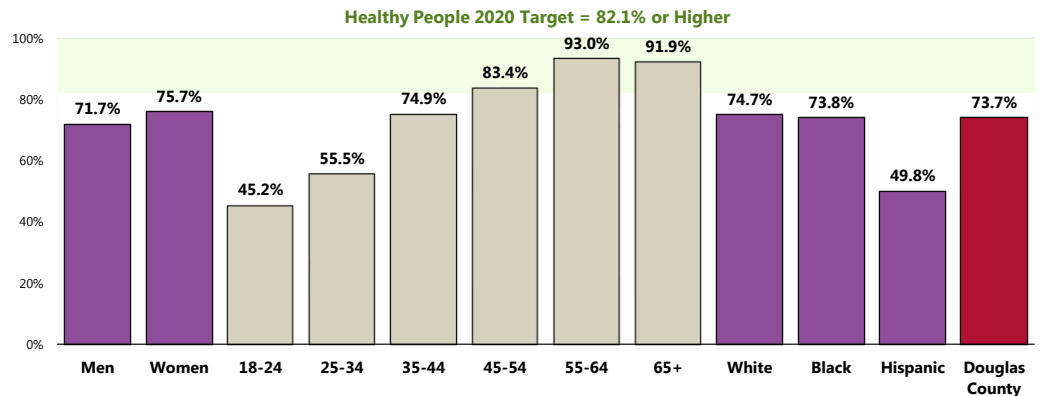
Sources: • Summary of Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
 • Nebraska Department of Health and Human Services
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Nebraska and Iowa data.

Notes: • Asked of all respondents.
 • The Douglas County percentage reflects 2009 data; the Sarpy/Cass percentage reflects 2009-2010 data.

The following demographic segments report lower screening levels:

-  Men.
-  Adults under age 35 (note the positive correlation with age).
-  Hispanics.

Have Had Blood Cholesterol Levels Checked in the Past Five Years (Douglas County, 2009)



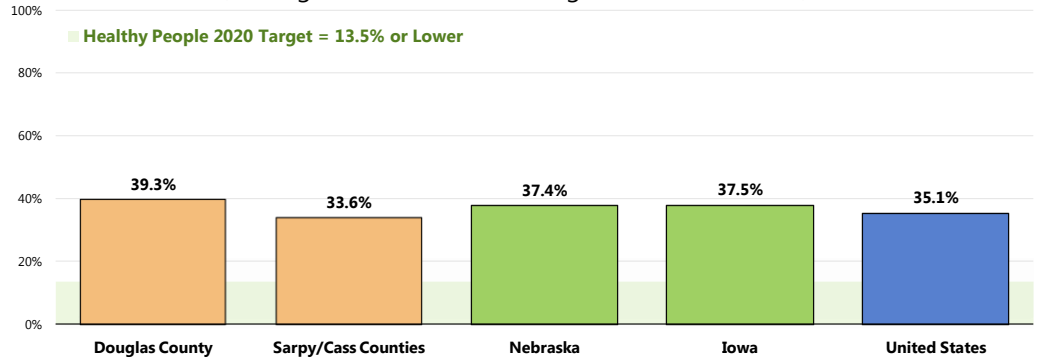
Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Self-Reported High Blood Cholesterol

A total of 39.3% of Douglas County adults who have been screened for high cholesterol have been told by a health professional that their cholesterol level was high.*

- Similar to Nebraska and Iowa findings.
- Less favorable than the national prevalence.
- Nearly three times the Healthy People 2020 target (13.5% or lower).
- A lower prevalence was reported in Sarpy County.

Prevalence of High Blood Cholesterol (Among Those Screened for High Blood Cholesterol)

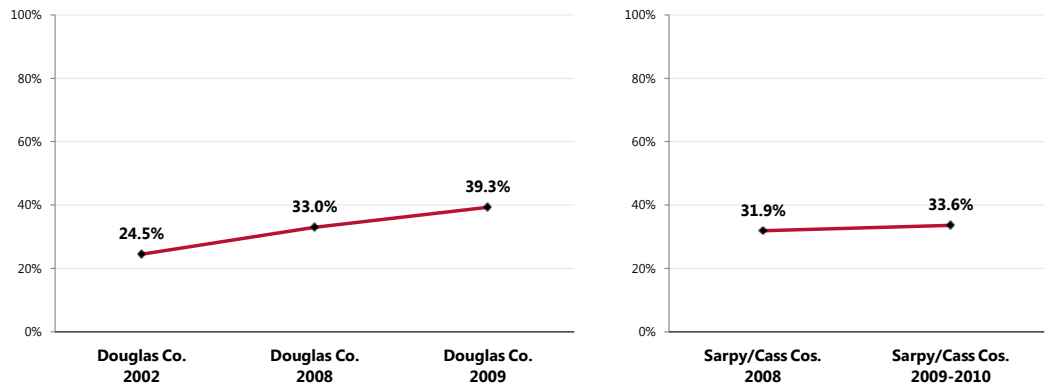


Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas, Sarpy and Cass. Douglas County Health Department; Sarpy/Cass Department of Health & Wellness.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Nebraska and Iowa data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

Notes: • Among those respondents who have been screened for high blood cholesterol.
 • The Douglas County percentage reflects 2009 data; the Sarpy/Cass percentage reflects 2009-2010 data.

▣ The prevalence of high blood cholesterol has increased significantly in Douglas County since 2002 but has remained stable in Sarpy/Cass counties over time.**

Prevalence of High Blood Cholesterol



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc.
 • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
 • Nebraska Department of Health and Human Services
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

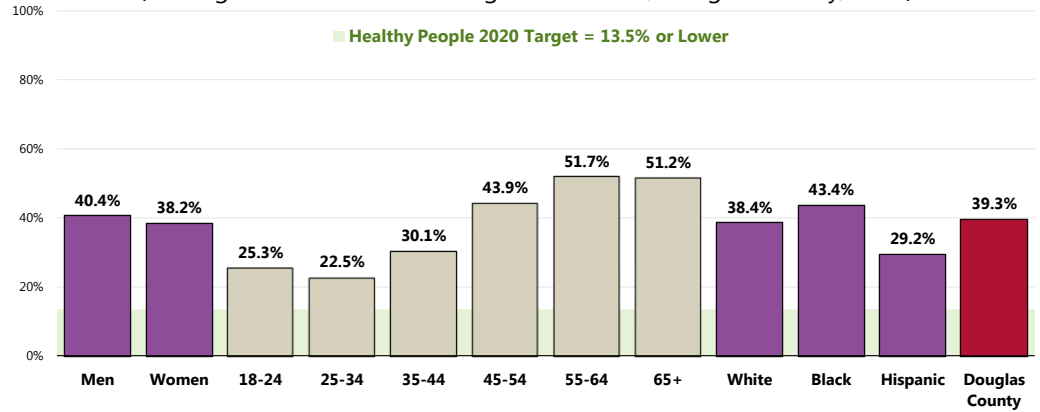
Notes: • Among those respondents who have been screened for high blood cholesterol.

* Provided through county-level BRFSS (Behavioral Risk Factor Surveillance Survey) data.

** Note that, in this case, current data are derived from the state-level BRFSS survey (county samples), while historical comparisons are derived from the 2002 and 2008 PRC survey administrations.

👥 Note the breakdown by demographic characteristics in the following chart. Again, there is a strong correlation with age.

Prevalence of High Blood Cholesterol (Among Those Screened for High Cholesterol; Douglas County, 2009)



- Sources:
- Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas, Sarpy, Cass and Pottawattamie Counties. Douglas County Health Department; Sarpy/Cass Department of Health & Wellness; Pottawattamie County Public Health Department.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
- Notes:
- Among those respondents who have been screened for high blood cholesterol.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

– Healthy People 2020 (www.healthypeople.gov)

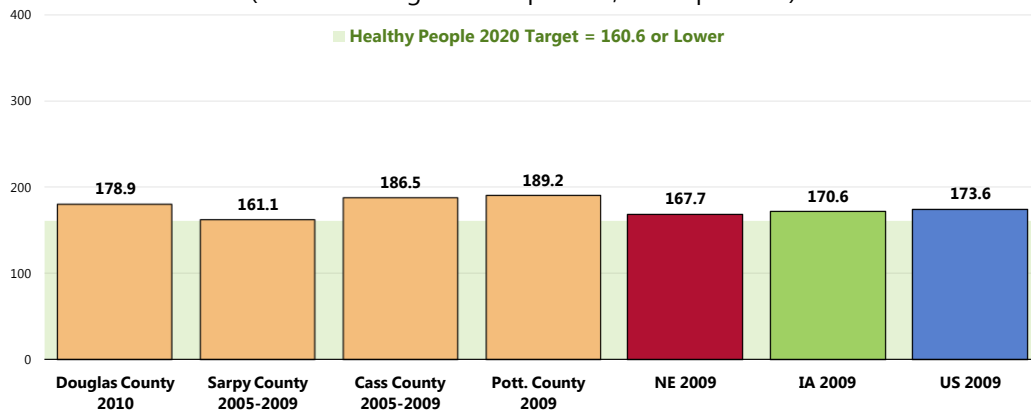
Age-Adjusted Cancer Deaths

All Cancer Deaths

In 2010, there was an annual average age-adjusted cancer mortality rate of 178.9 deaths per 100,000 population in Douglas County.

- Higher than the Nebraska rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 160.6 or lower.
- Also low in Sarpy County, but higher (less favorable) in Cass and Pottawattamie counties.

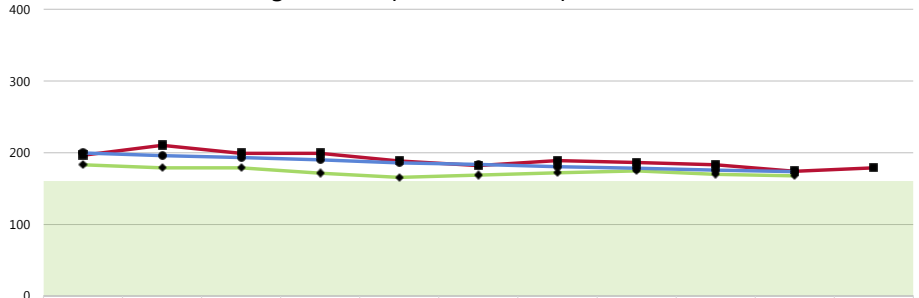
Cancer: Age-Adjusted Mortality (Annual Average Deaths per 100,000 Population)



Sources: ● Douglas County Health Department
 ● Iowa Department of Public Health
 ● Nebraska Department of Health and Human Services
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

☒ The Douglas County cancer mortality rate has decreased over the past decade; the same trend is apparent across Nebraska and the US overall.

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Healthy People 2020	160.6	160.6	160.6	160.6	160.6	160.6	160.6	160.6	160.6	160.6	160.6
Douglas County	196.7	210.4	199.1	199.2	188.4	182.1	188.9	186.3	182.9	174.2	178.9
NE	183.0	179.1	178.9	171.3	165.6	168.9	172.1	174.5	170.0	167.7	
US	199.6	196.0	193.5	190.1	185.8	183.8	180.7	178.4	175.5	173.6	

Sources: • Douglas County Health Department
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Metro Area, as it is nationally.

Other leading sites include breast cancer among women, prostate cancer among men, and colorectal cancer (both genders).

For **Douglas County**:

- Death rates are higher than the state (Nebraska) and national rates for lung cancer and female breast cancer, but lower for prostate cancer and colorectal cancer.

For **Pottawattamie County**:

- Death rates are higher than the state (Iowa) and national rates for lung cancer, but lower for female breast cancer and colorectal cancer. The prostate cancer rate is just above the statewide rate, and just below the national rate.

Note that Sarpy/Cass county death rates are not available in this instance.

Age-Adjusted Cancer Death Rates by Site (Annual Average Deaths per 100,000 Population)

	Douglas County 2010	Pottawattamie County 2009	NE 2007	IA 2009	US 2009	HP 2020
Lung Cancer	53.9	69.9	49.1	49.2	51.6	45.5
Female Breast Cancer	24.0	15.9	21.6	20.8	23.5	20.6
Prostate Cancer	20.2	21.7	24.7	19.6	23.9	21.2
Colorectal Cancer	12.6	15.1	18.5	16.4	17.2	14.5

Sources: • Douglas County Health Department
• Iowa Department of Public Health
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

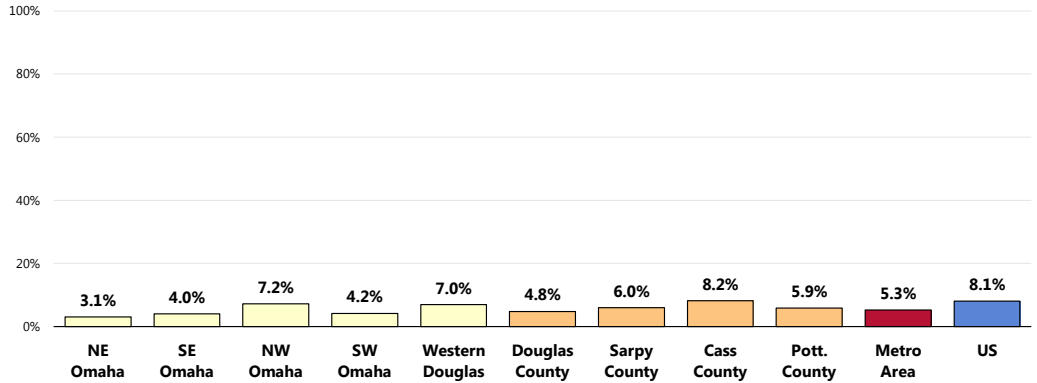
Prevalence of Cancer

Skin Cancer

A total of 5.3% of surveyed Metro Area adults report having been diagnosed with skin cancer.

- More favorable than the national average.
- No significant difference when viewed by county in the Metro Area.
- Within Douglas County, no significant difference by sub-area.

Prevalence of Skin Cancer

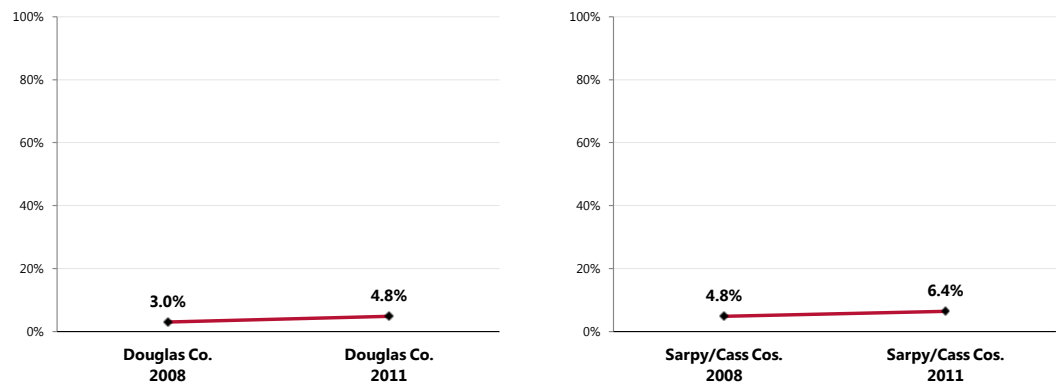


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

☒ The prevalence of skin cancer has increased significantly in Douglas County since 2008, but has remained statistically unchanged in Sarpy/Cass counties.

Prevalence of Skin Cancer



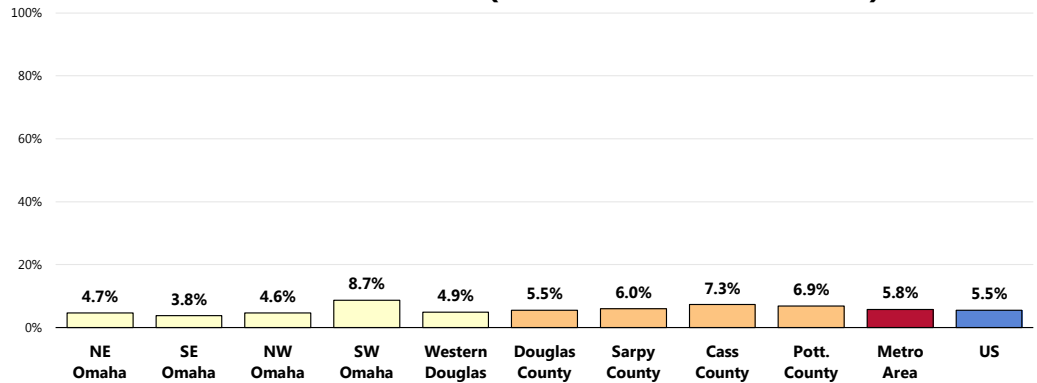
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 37]
 Notes: • Asked of all respondents.

Other Cancer

A total of 5.8% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the national prevalence.
- Among the four Metro Area counties, no significant differences are found.
- Within Douglas County, particularly high in Southwest Omaha.

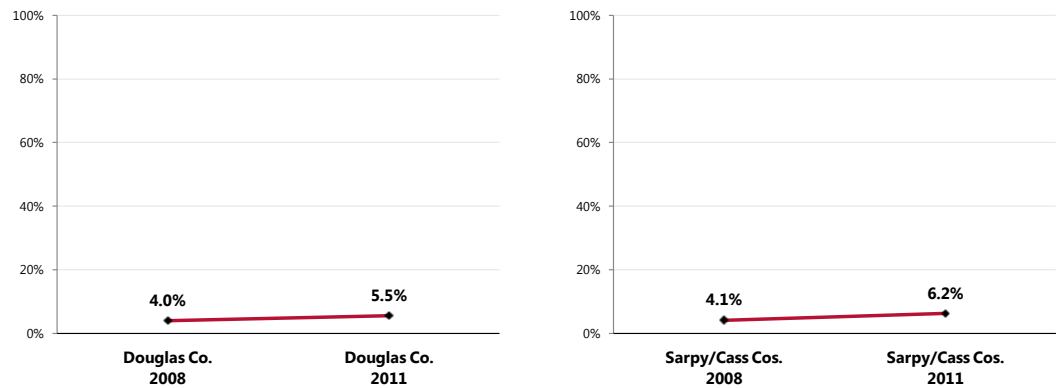
Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

The reported prevalence of cancer has remained relatively unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
 Notes: • Asked of all respondents.

Cancer Risk

RELATED ISSUE:

See also
Nutrition & Overweight,
Physical Activity &
Fitness and Tobacco Use
in the **Modifiable**
Health Risk section of
this report.

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (lower endoscopy and fecal occult blood testing).

Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

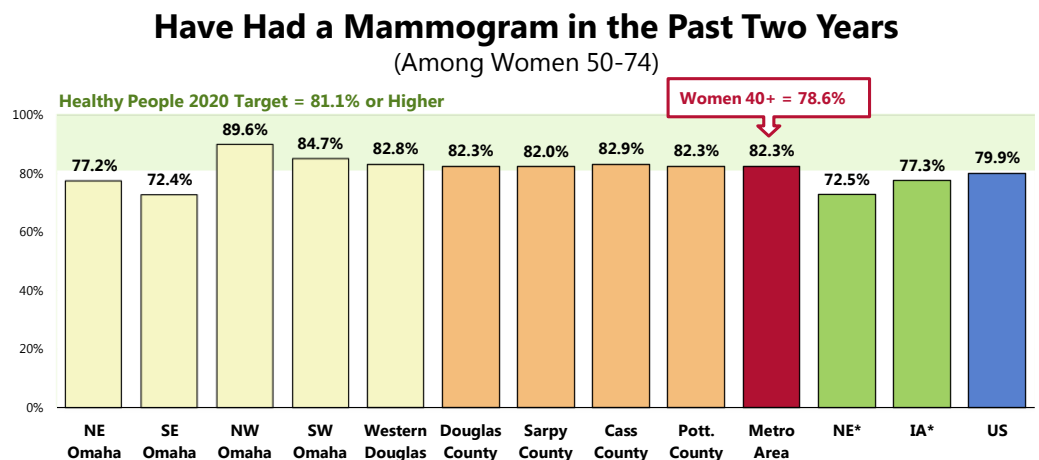
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

823% of surveyed women age 50-74 have had a mammogram in the past 2 years.

- More favorable than Nebraska and Iowa findings, which reflect all women 50+.
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Among the four Metro Area counties, no significant differences are found.
- Higher among women in Northwest Omaha.

👥 Among women 40+, 78.6% had a mammogram in the past two years.



Sources:

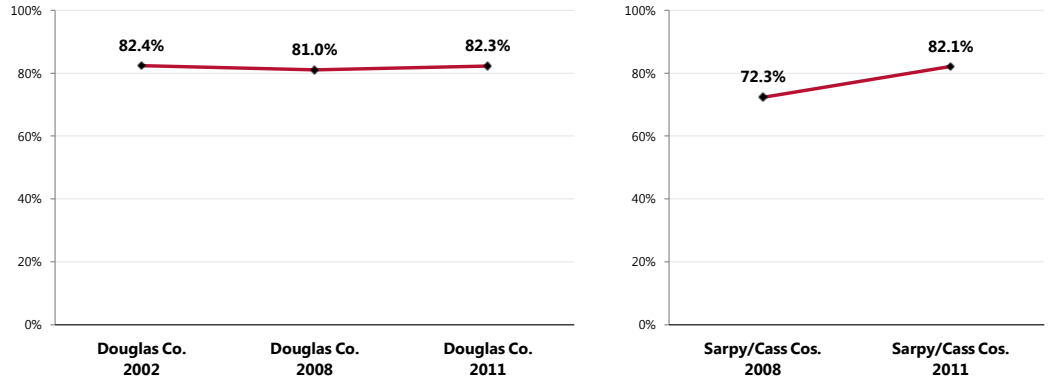
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 155-156]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Nebraska and Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes:

- Reflects female respondents 50 to 74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Statistically unchanged from screening levels previously identified in Douglas and Sarpy/Cass counties.

Have Had a Mammogram in the Past Two Years (Among Women 50-74)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes:

- Reflects female respondents 50-74.

Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

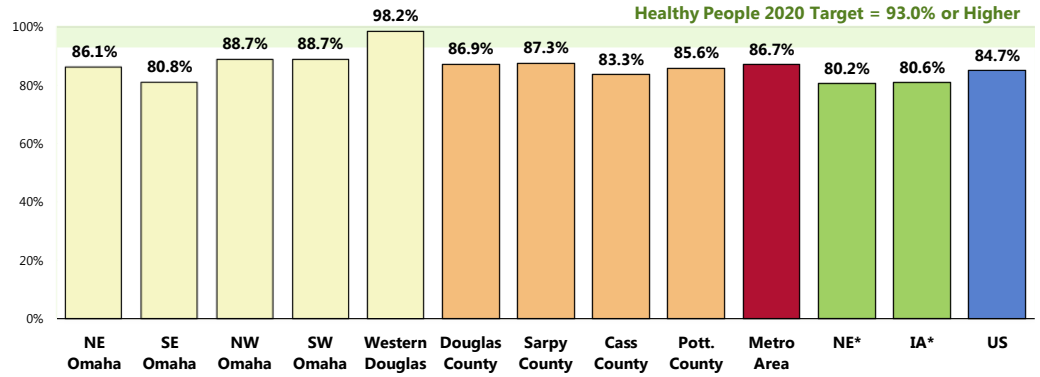
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 86.7% have had a Pap smear within the past three years.

- More favorable than Nebraska and Iowa findings (which represent all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- No difference by county across the Metro Area.
- Within Douglas County, higher in the western portion of the county.

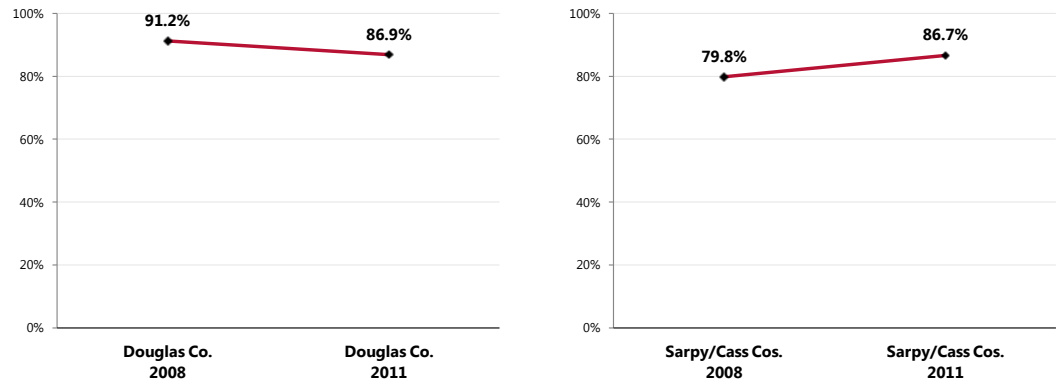
Have Had a Pap Smear in the Past Three Years (Among Women 21-65)



- Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Nebraska and Iowa data.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
- Notes:
- Reflects female respondents age 21-65.
 - *Note that the NE and IA percentages represent all women 18 and older.

⚠ Marks a statistically significant decrease in testing for Douglas County, but a significant increase in Sarpy/Cass counties.

Have Had a Pap Smear in the Past Three Years (Among Women 21-65)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 157]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
- Notes:
- Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

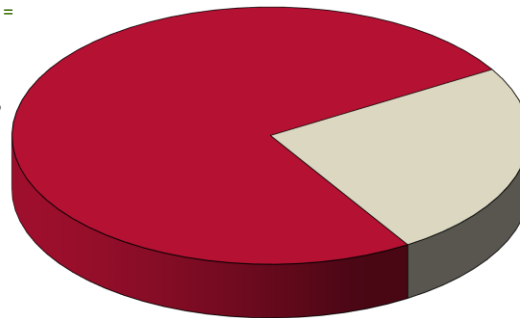
Among adults age 50-75, 75.3% have had appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Satisfies the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening (Among Metro Area Adults 50+, 2011)

Healthy People 2020 Target =
70.5% or Higher

Yes 75.3%



No 24.7%

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 161]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

Notes: • Asked of all respondents age 50 through 75.

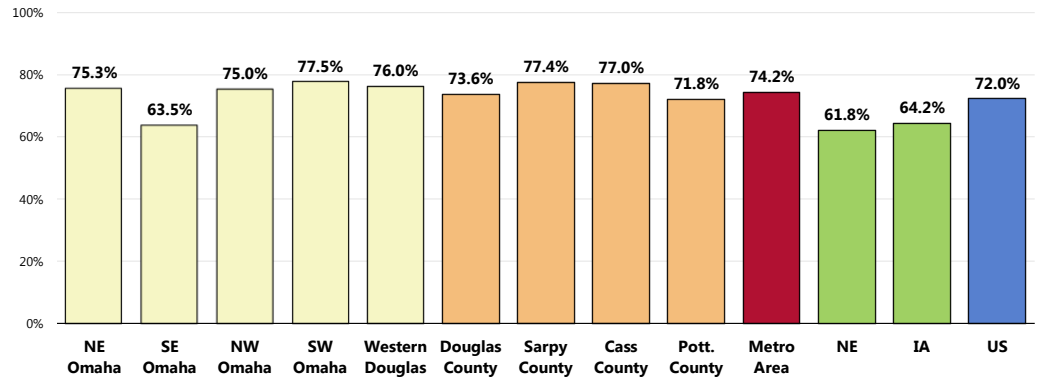
• Includes adults age 50-75 who meet the following criteria: sigmoidoscopy/colonoscopy in the past 10 years; and fecal occult blood testing in the past two years; and some type of screening (fecal occult blood testing/sigmoidoscopy/colonoscopy) in the past year.

Sigmoidoscopy/Colonoscopy

Among adults age 50 and older, nearly three-fourths (74.2%) have had a lower endoscopy (either sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Nebraska and Iowa findings.
- Similar to national findings.
- Similar by county across the Metro Area.
- Within Douglas County, lower in Southeast Omaha.

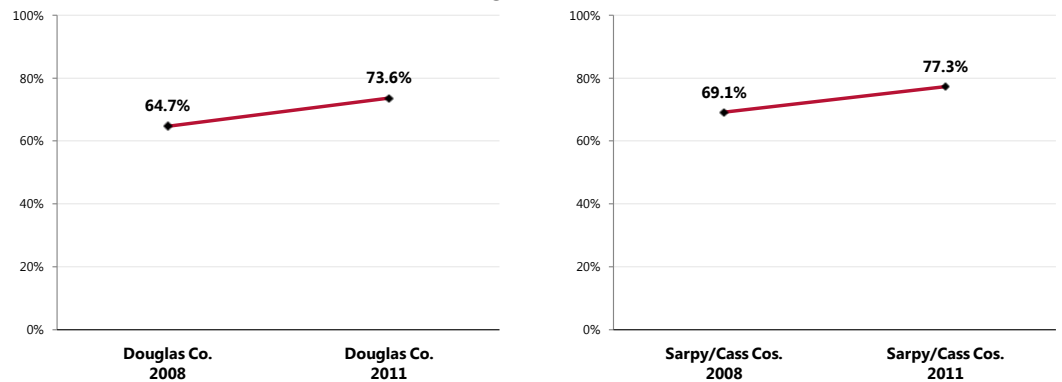
Have Ever Had a Lower Endoscopy Exam (Among Adults 50+)



- Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Nebraska and Iowa data.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents 50+.
 - Lower endoscopy includes either sigmoidoscopy or colonoscopy.

⚠ Denotes a statistically significant increase in Douglas County testing since 2008; however, the change noted in Sarpy/Cass counties is not statistically significant.

Have Ever Had a Lower Endoscopy Exam (Among Adults 50+)



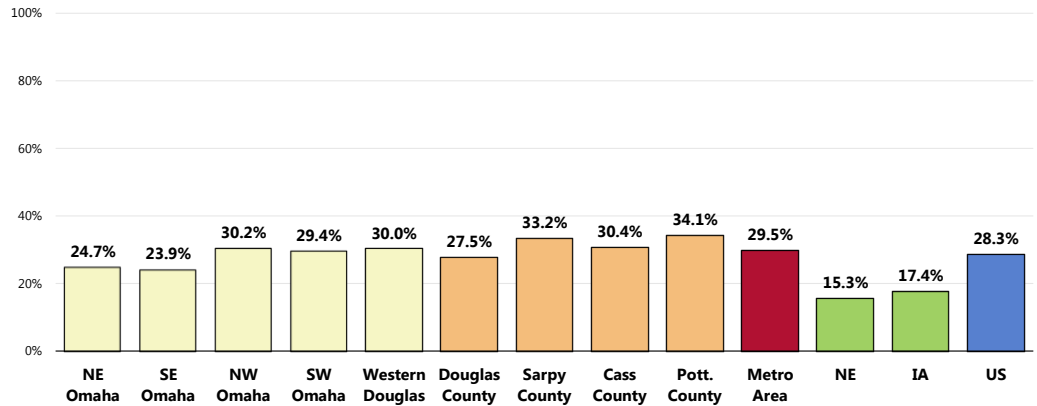
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
 - Asked of all respondents 50+.
 - Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Blood Stool Testing

Among adults age 50 and older, 29.5% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- More favorable than Nebraska and Iowa findings.
- Similar to national findings.
- Among the four Metro Area counties, lowest in Douglas County.
- Within Douglas County, statistically similar among the five county areas.

Have Had a Blood Stool Test in the Past Two Years (Among Adults 50+)



Sources:

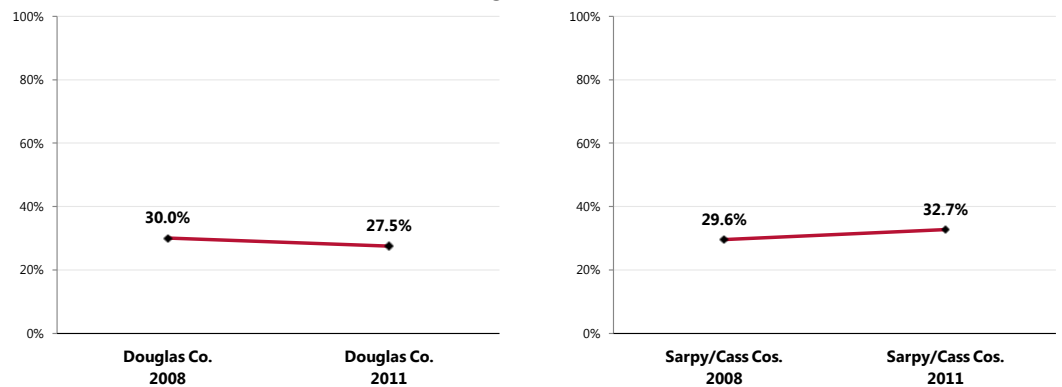
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Nebraska and Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents 50+.

☒ Statistically unchanged since 2008 in Douglas and Sarpy/Cass counties.

Have Had a Blood Stool Test in the Past Two Years (Among Adults 50+)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]

Notes:

- Asked of all respondents 50+.

Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

COPD. COPD is the fourth leading cause of death in the United States. In 2006, approximately 120,000 individuals died from COPD, a number very close to that reported for lung cancer deaths (approximately 158,600) in the same year. In nearly 8 out of 10 cases, COPD is caused by exposure to cigarette smoke. In addition, other environmental exposures (such as those in the workplace) may cause COPD.

Genetic factors strongly influence the development of the disease. For example, not all smokers develop COPD. Quitting smoking may slow the progression of the disease. Women and men are affected equally, yet more women than men have died of COPD since 2000.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Pneumonia Deaths

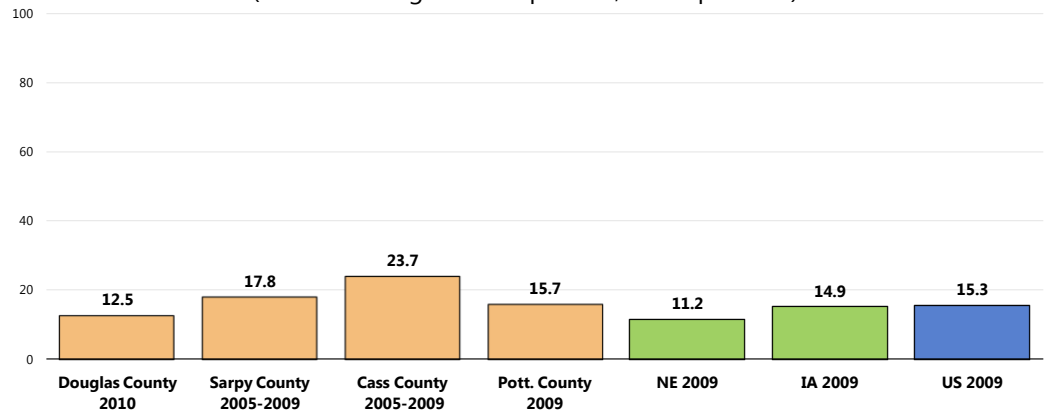
For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."

In 2010, there was an annual average age-adjusted pneumonia mortality rate of 12.5 deaths per 100,000 population in Douglas County.

- Higher than the Nebraska rate, but lower than the Iowa rate.
- Lower than the national rate.
- Among the four Metro Area counties, lower in Douglas and Pottawattamie counties, and higher in Sarpy and (particularly) Cass counties.

Pneumonia: Age-Adjusted Mortality

(Annual Average Deaths per 100,000 Population)

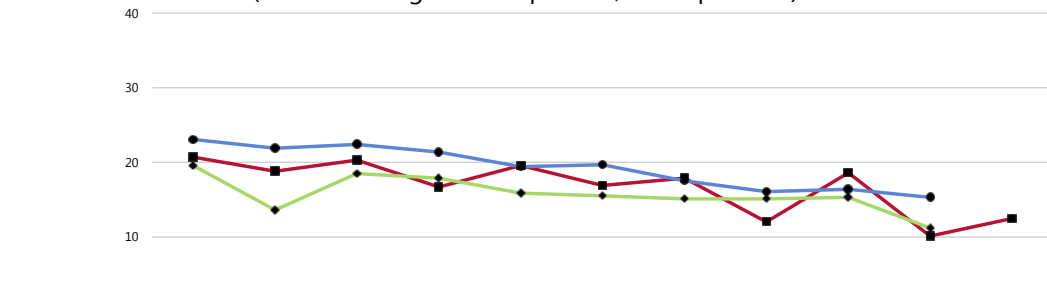


Sources: • Douglas County Health Department
 • Iowa Department of Public Health
 • Nebraska Department of Health and Human Services
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

The Douglas County pneumonia mortality rate has decreased over the past decade; the same can also be said for Nebraska and US rates.

Pneumonia: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Douglas County	20.7	18.8	20.3	16.7	19.6	16.9	17.9	12.0	18.6	10.1	12.5
NE	19.6	13.6	18.5	17.9	15.9	15.5	15.1	15.1	15.3	11.2	
US	23.1	21.9	22.4	21.4	19.4	19.7	17.5	16.1	16.4	15.3	

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

Prevalence of Respiratory Conditions

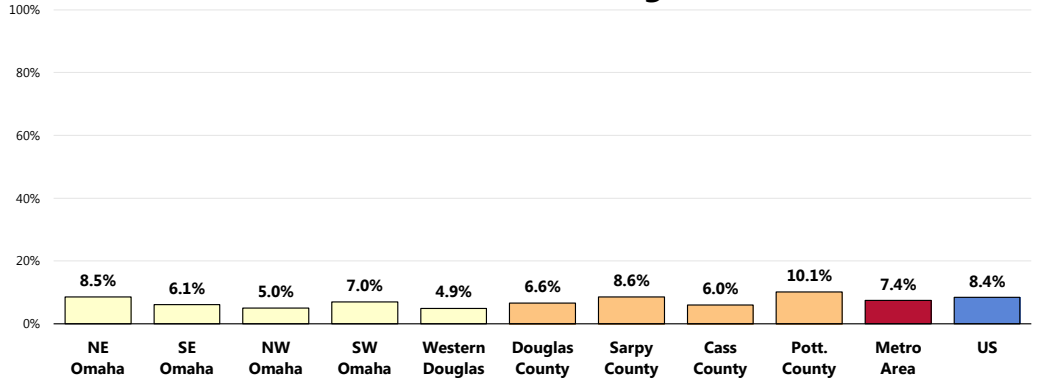
Chronic Lung Disease

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with respiratory conditions such as asthma and/ or chronic lung disease.

A total of 7.4% of Metro Area adults have been diagnosed with chronic lung disease.

- Similar to the national prevalence.
- Among the four Metro Area counties, no significant differences are found.
- Within Douglas County, no significant differences among the five divisions.

Prevalence of Chronic Lung Disease

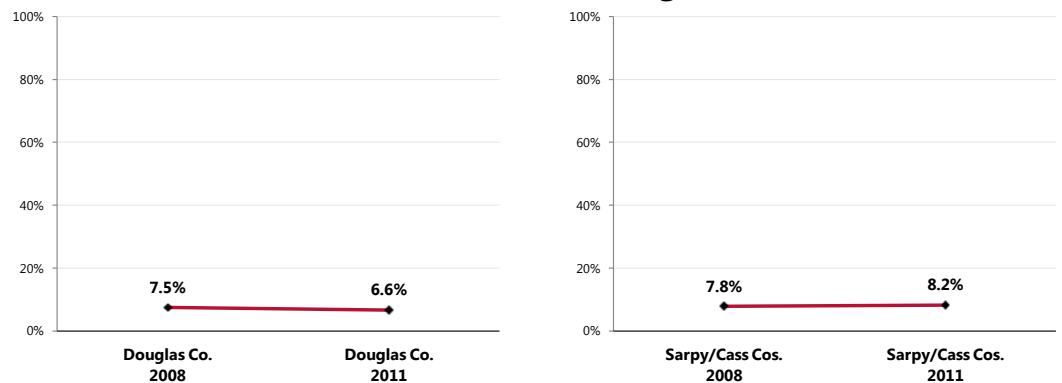


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

☒ Statistically unchanged since 2008 in Douglas and Sarpy/Cass counties.

Prevalence of Chronic Lung Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
 Notes: • Asked of all respondents.

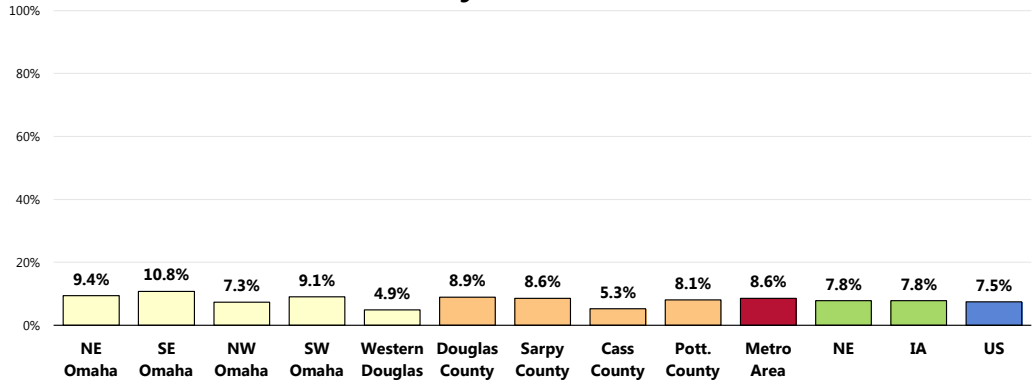
Asthma

Adults

A total of 8.6% of Metro Area adults currently suffer from asthma.

- Similar to the statewide percentages.
- Similar to the national prevalence.
- Among the four Metro Area counties, lowest in Cass County.
- Within Douglas County, lowest in Western Douglas County.

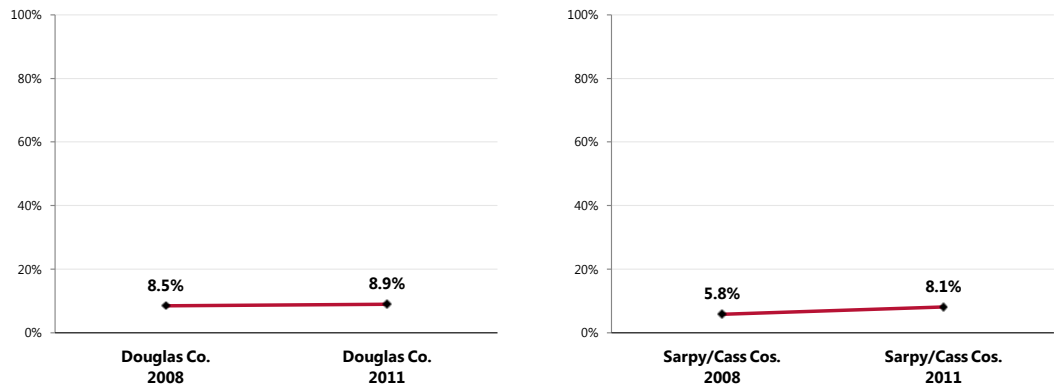
Currently Have Asthma



- Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Nebraska and Iowa data.
- Notes:
- Asked of all respondents.





☒ The prevalence of adults who currently have asthma has not changed significantly over the past few years.

Adult Asthma Prevalence

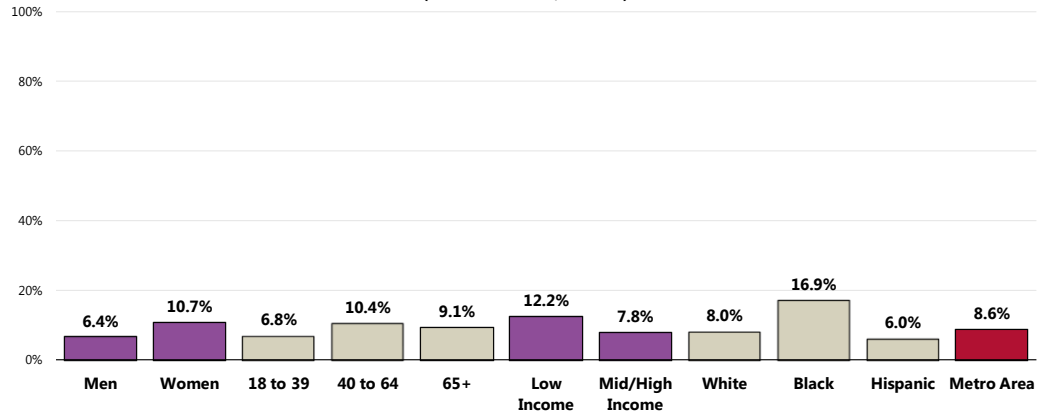


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
- Notes:
- Asked of all respondents.

The following adults are more likely to suffer from asthma:

-  Women.
-  Those aged 40 and older.
-  Low-income residents.
-  Blacks.

Currently Have Asthma (Metro Area, 2011)



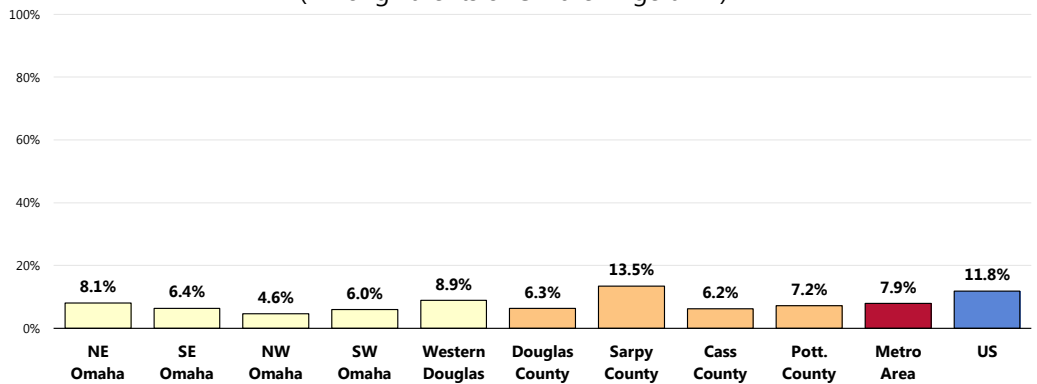
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
 • Asked of all respondents.
 Notes: • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Metro Area children under age 18, 7.9% currently have asthma.

- Statistically comparable to national findings.
- Among the four Metro Area counties, highest in Sarpy County.
- Within Douglas County, no difference by sub-area.

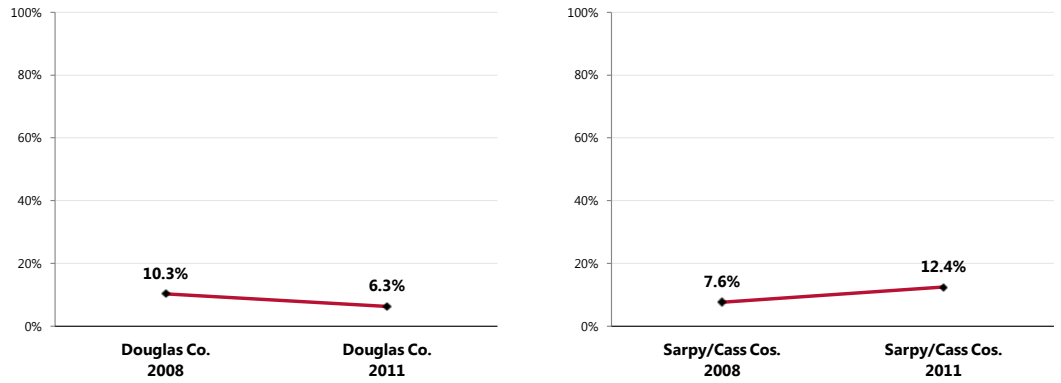
Child Has Ever Been Diagnosed With Asthma (Among Parents of Children Age 0-17)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents with children 0-17 in the household.

Statistically unchanged since 2008 in Douglas and Sarpy/Cass counties.

Child Has Ever Been Diagnosed With Asthma (Among Parents of Children Age 2-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
Notes: • Asked of all respondents.

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

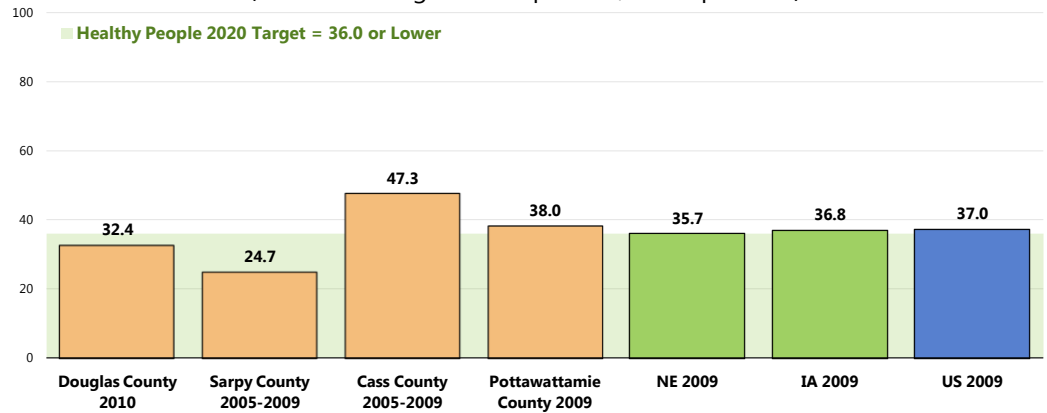
Age-Adjusted Unintentional Injury Deaths

In 2010, there was an annual average age-adjusted unintentional injury mortality rate of 32.4 deaths per 100,000 population in Douglas County.

- More favorable than the Nebraska and Iowa rates.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (36.0 or lower).
- Much less favorable in Cass County.

Unintentional Injuries: Age-Adjusted Mortality

(Annual Average Deaths per 100,000 Population)

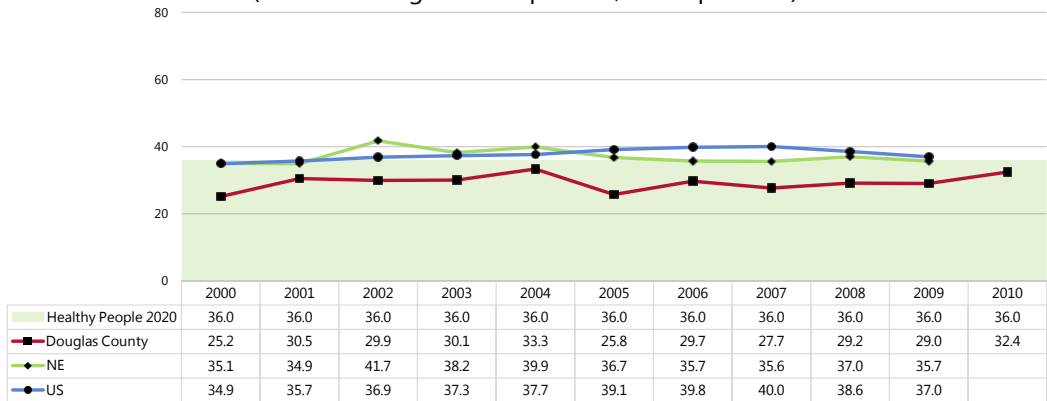


Sources: • Douglas County Health Department
 • Iowa Department of Public Health
 • Nebraska Department of Health and Human Services
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

☒ The Douglas County death rate has fluctuated over the past decade, showing no clear trend.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



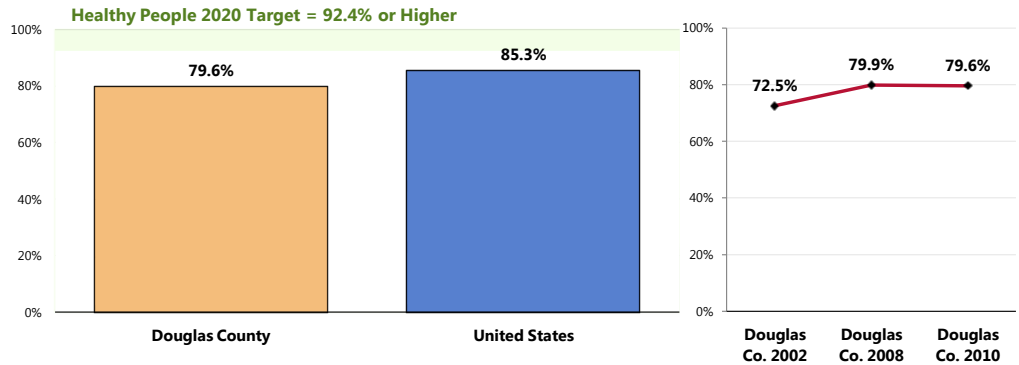
Sources: • Douglas County Health Department
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Seat Belt Usage - Adults

A total of 79.6% of Douglas County adults report “always” wearing a seat belt when driving or riding in a vehicle.*

- Less favorable than the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.4% or higher.
- ☒ Consistent seat belt usage has increased significantly since 2002 in Douglas County.[†]

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle



Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department
• PRC Community Health Surveys, Professional Research Consultants, Inc.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

Notes: • Asked of all respondents.

These population segments are less likely to report consistent seat belt usage:

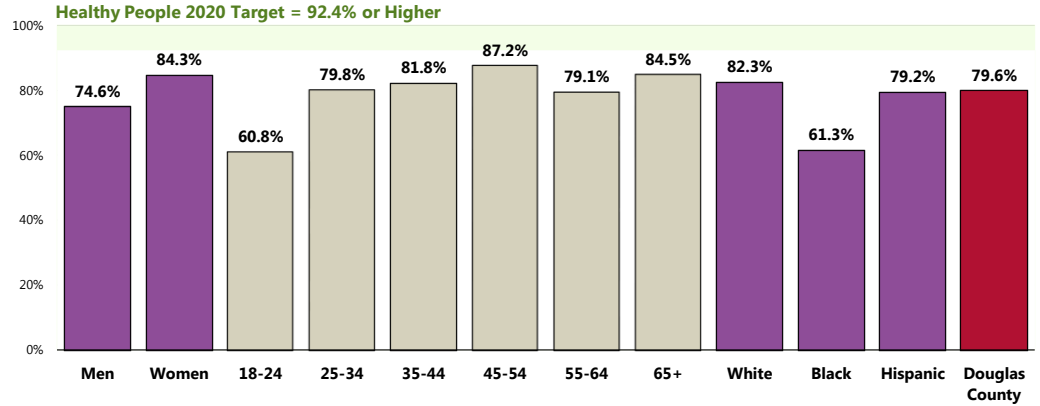
- ☒ Men.
- ☒ Adults under age 25.
- ☒ Blacks.

* Provided through county-level BRFSS (Behavioral Risk Factor Surveillance Survey) data.

† Note that, in this case, current data are derived from the state-level BRFSS survey (county samples), while historical comparisons are derived from the 2002 and 2008 PRC survey administrations.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

(Douglas County, 2010)



Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County, Douglas County Health Department.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

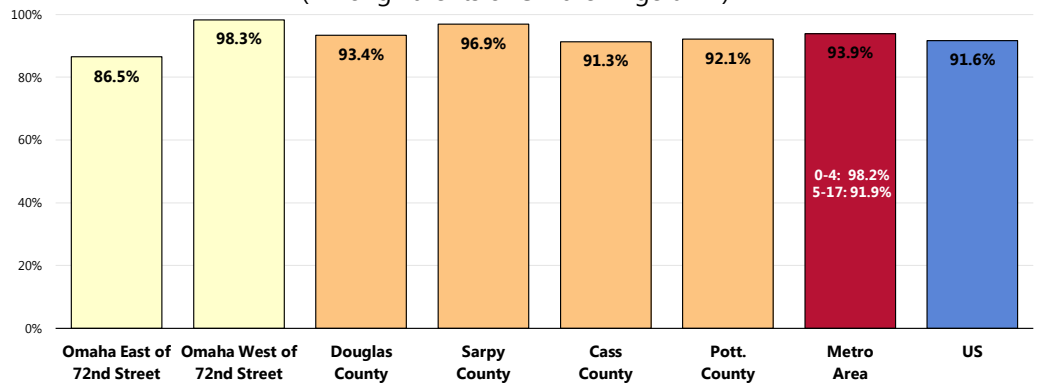
Seat Belt Usage - Children

A full 93.9% of Metro Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.
- Among the four Metro Area counties, highest in Sarpy County.
- Within Douglas County, higher on the west side of 72nd Street (in this case, county subdivisions were further grouped to allow for adequate sample sizes).

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

(Among Parents of Children Age 0-17)



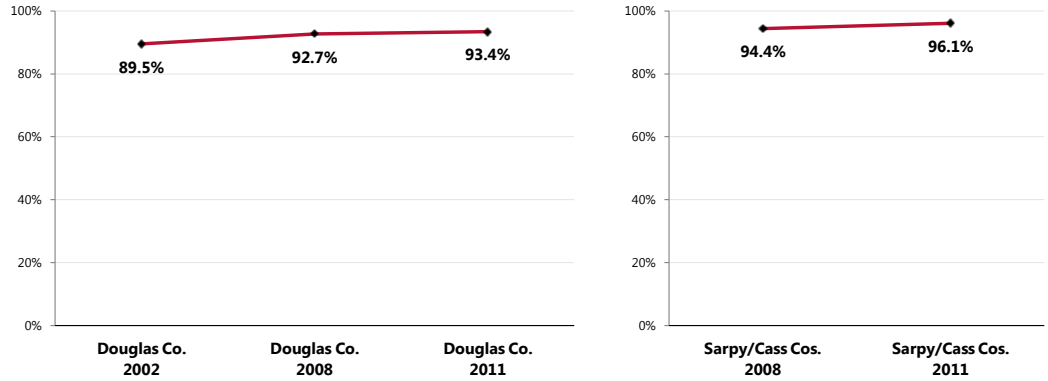
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 132; 166-167]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children under 18 at home.

☒ Current findings are not statistically different from what was found previously.

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

(Among Parents of Children Age 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 132]
 Notes: • Asked of all respondents with children under 18 at home.

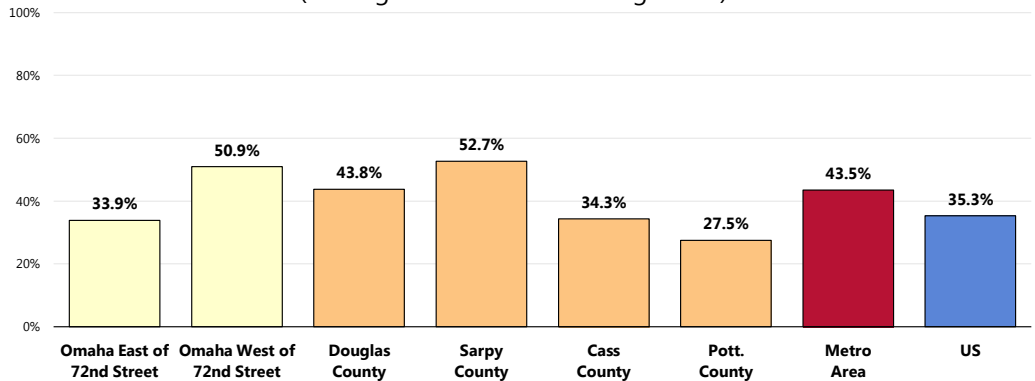
Bicycle Safety

Just over 4 in 10 Metro Area children age 5 to 17 (43.5%) are reported to "always" wear a helmet when riding a bicycle.

- Higher than the national prevalence.
- Among the four Metro Area counties, highest in Sarpy County, lowest in Pottawattamie County.
- Within Douglas County, findings are more favorable west of 72nd Street.

Child "Always" Wears a Helmet When Riding a Bicycle

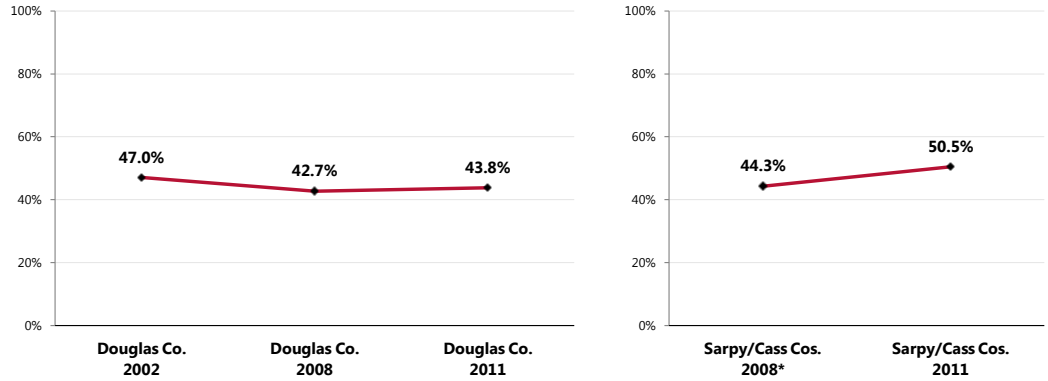
(Among Parents of Children Age 5-16)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5 to 16 at home. *US data represent children age 5 to 17.

 Bike helmet usage remains statistically unchanged from previous findings.


Child "Always" Wears a Helmet When Riding a Bicycle (Among Parents of Children Age 5-16)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
Notes: • Asked of all respondents with children age 5 to 16 at home.

Presence of Firearms in Homes

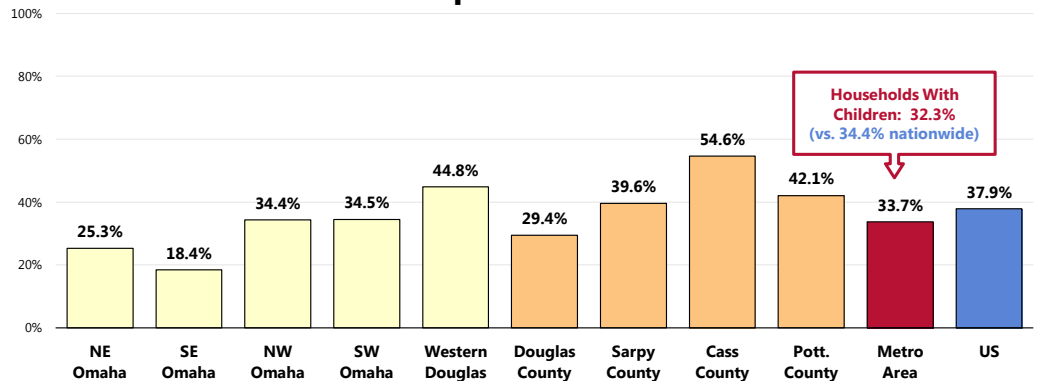
Overall, one-third (33.7%) of Metro Area adults has a firearm kept in or around their home.

- Lower than the national prevalence.
 - Among the four Metro Area counties, highest outside Douglas County.
 - Within Douglas County, highest in Western Douglas, lowest in Southeast Omaha.
-  Among Metro Area households with children, 32.3% have a firearm kept in or around the house (similar to that reported nationally).


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

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

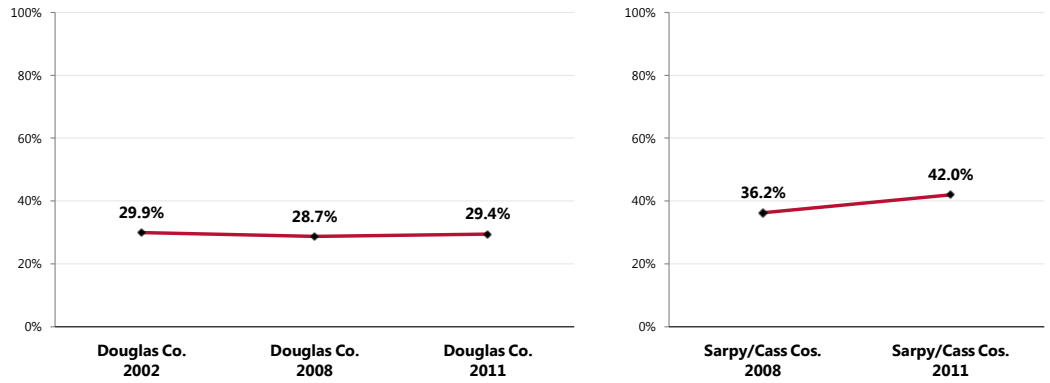
Have a Firearm Kept in or Around the Home



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 164]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

 The prevalence of firearms in the home has not changed significantly in Douglas or Sarpy/Cass counties over the past few years.

Have a Firearm Kept in or Around the Home







Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 52]

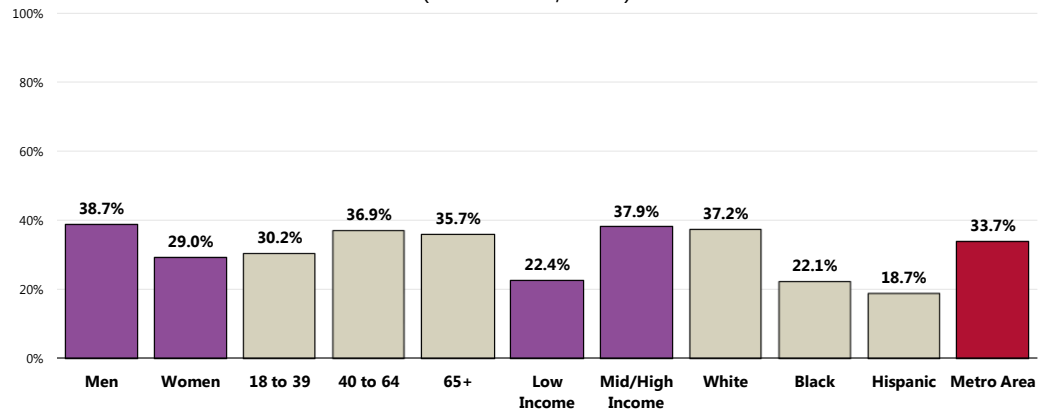
Notes:

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

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

-  Men.
-  Residents aged 40+.
-  Higher-income households.
-  White respondents.

Have a Firearm Kept in or Around the House (Metro Area, 2011)



Sources:

- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

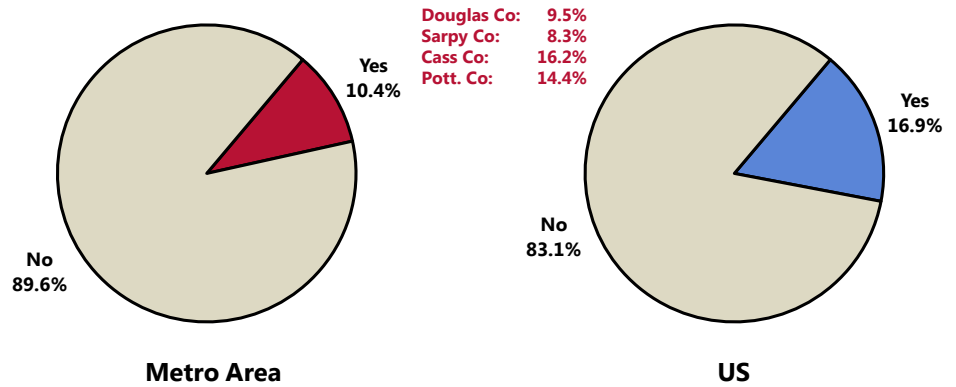
Notes:

- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Metro Area households with firearms, 10.4% report that there is at least one weapon that is kept unlocked and loaded.

- More favorable than found nationally.
- Statistically similar by county.
- ☒ Statistically unchanged over time (not shown).

Household Has An Unlocked, Loaded Firearm
(Among Respondents Reporting a Firearm in or Around the Home)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

Intentional Injury (Violence)

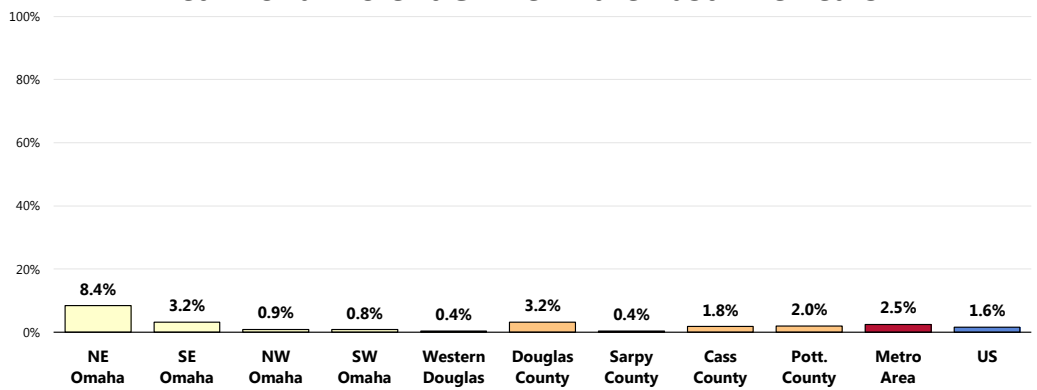
Violent Crime

Self-Reported Violence

A total of 2.5% of Metro Area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- Among the four Metro Area counties, highest in Douglas County and lowest in Sarpy County.
- Within Douglas County, highest in Northeast Omaha and especially low in the western areas.

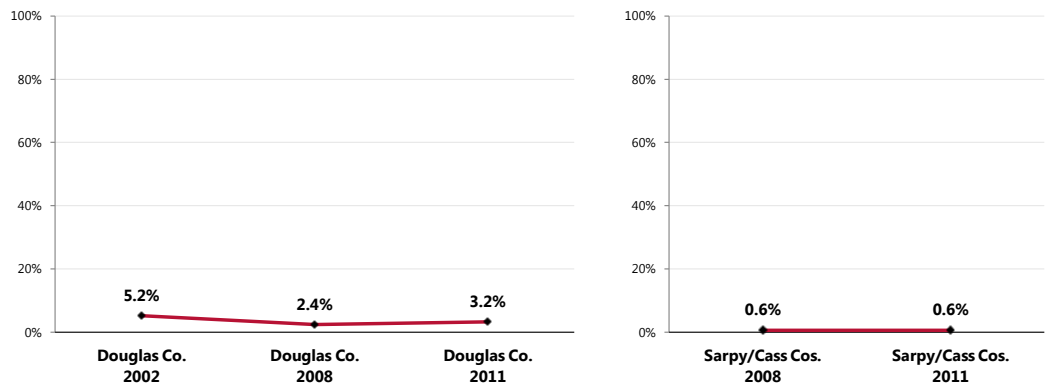
Victim of a Violent Crime in the Past Five Years



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Marks a statistically significant decrease since 2002 in Douglas County; unchanged in Sarpy/Cass counties.

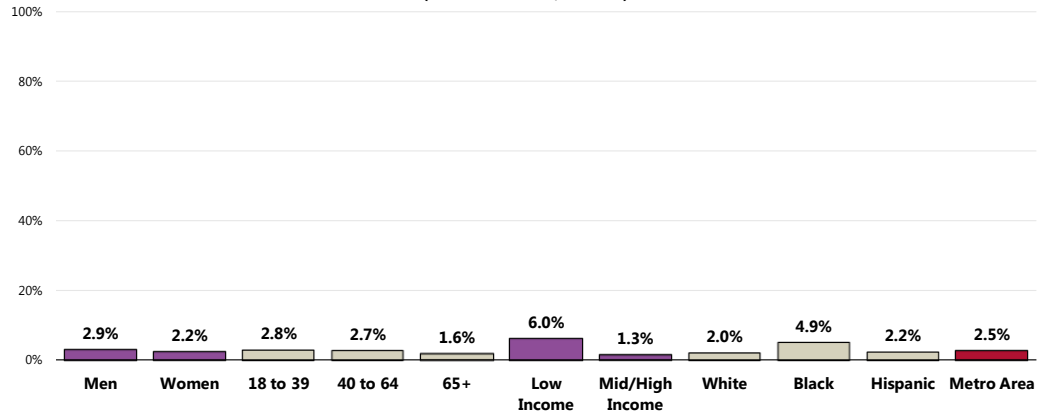
Victim of a Violent Crime in the Past Five Years



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
 Notes: • Asked of all respondents.

👥 Reports of violence are notably higher among Blacks and residents living in the lower income category.

Victim of a Violent Crime in the Past Five Years (Metro Area, 2011)



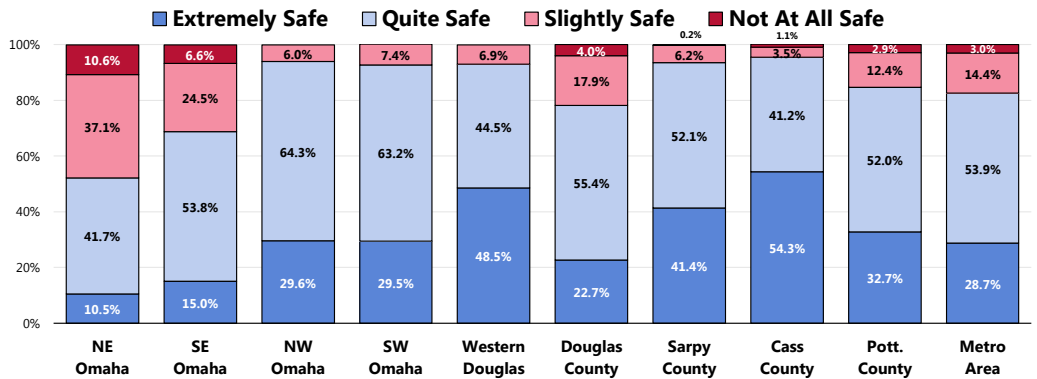
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceived Neighborhood Safety

Most Metro Area adults (82.6%) consider their neighborhood to be "extremely" or "quite" safe; however, 17.4% consider their neighborhood to be "slightly safe" or "not at all safe."

- Among the four Metro Area counties, Douglas County residents were most likely to give low ratings of their neighborhood safety.
- Within Douglas County, low ratings of safety were most prevalent in eastern Omaha.

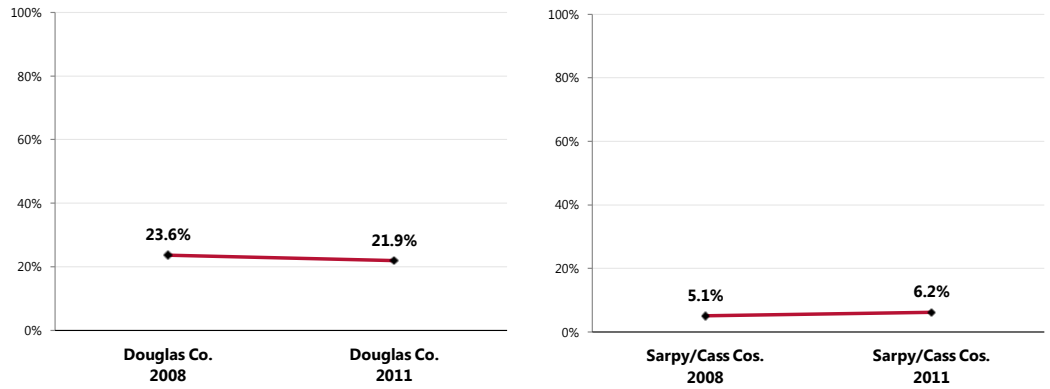
Perceived Safety of Own Neighborhood



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.

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

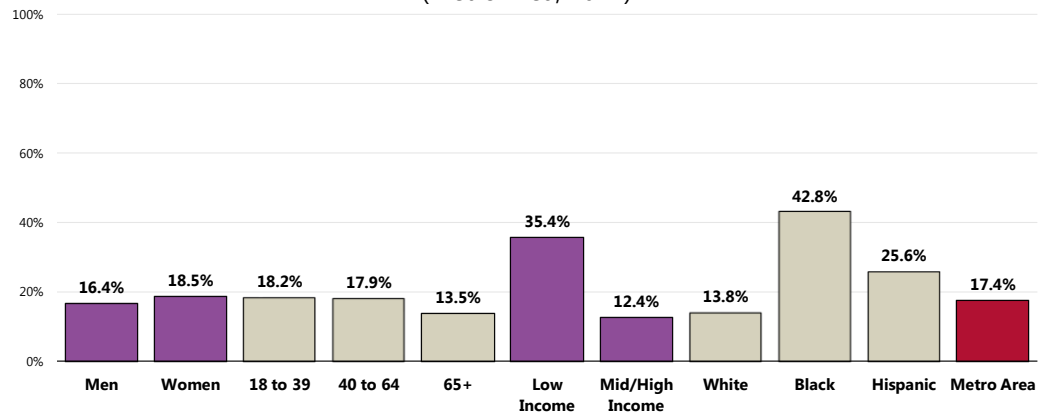
Perceive Own Neighborhood as “Slightly” or “Not At All Safe”



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.

Perceptions of neighborhoods as being unsafe are particularly high among low-income residents and among Blacks.

Perceive Own Neighborhood as “Slightly” or “Not At All Safe” (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Self-Reported Family Violence

Respondents were told:

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

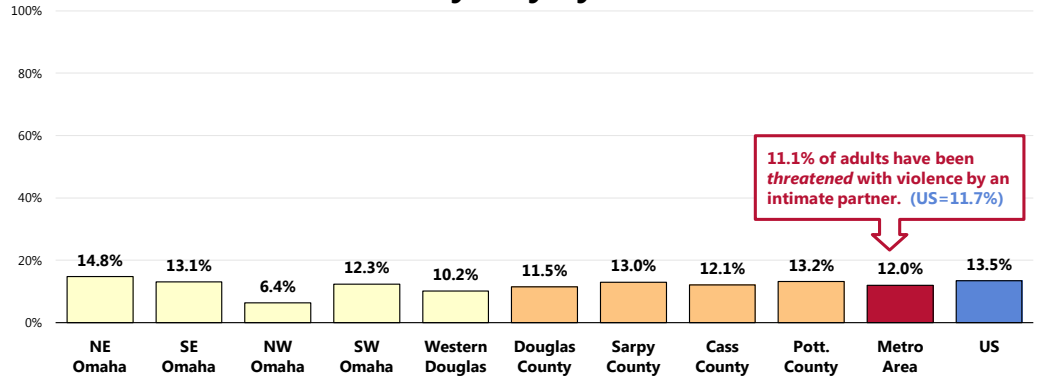
A total of 11.1% of Metro Area adults report that they have ever been threatened with physical violence by an intimate partner.

- Nearly identical to that reported nationally.
- No significant difference by county (not shown).
- Within Douglas County, highest in Northeast Omaha and lowest in Northwest Omaha (not shown).

A total of 12.0% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to national findings.
- Among the four Metro Area counties, no significant differences are found.
- Within Douglas County, lowest in Northwest Omaha.

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

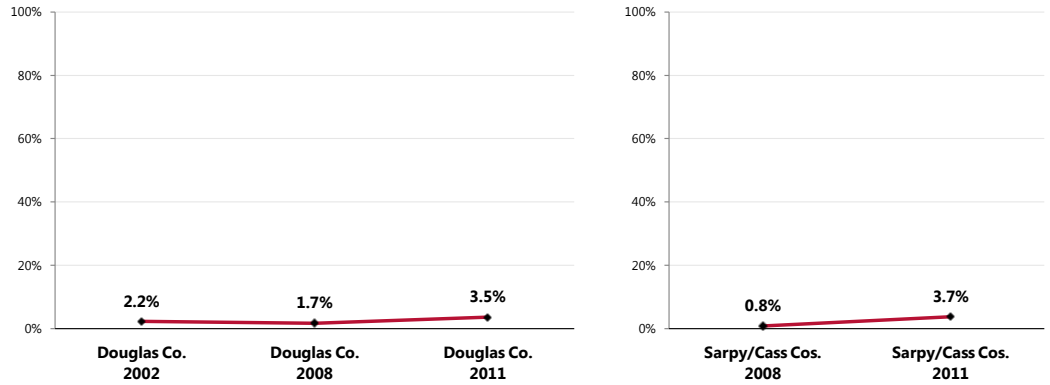


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 48-49]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

☒ The prevalence of adults who report being victims of domestic violence **in the past 5 years** has not changed in Douglas County, but has increased significantly in Sarpy/Cass counties.

Have Experienced Domestic Violence in the Past Five Years

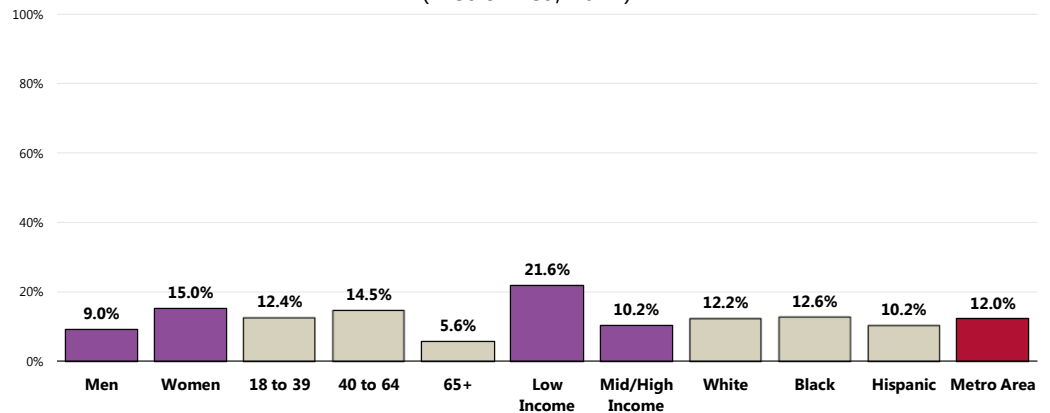


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 49-50]
 Notes: • Asked of all respondents.

Reports of domestic violence are notably higher among:

- ☒ Women.
- ☒ Adults under 65.
- ☒ Those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Harassment & Controlling Behaviors

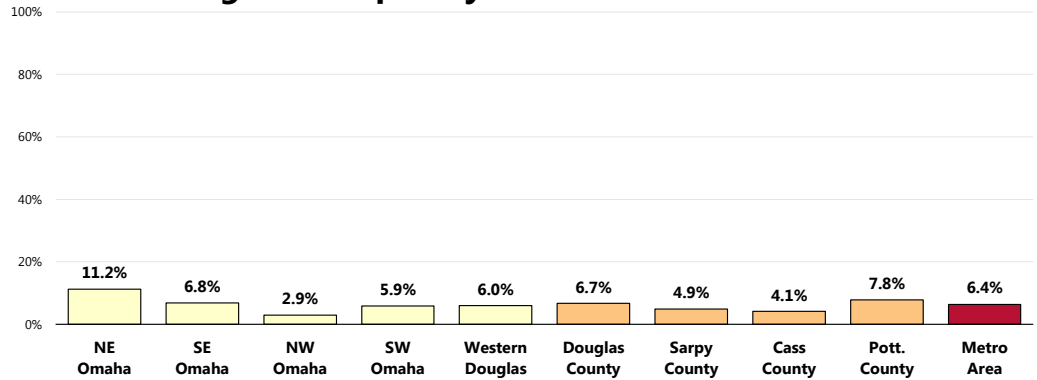
Respondents were asked:

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

A total of 6.4% of Metro Area adults report that an intimate partner has been controlling, degrading, harassing or disruptively jealous in the past 5 years.

- Statistically similar by county across the Metro Area.
- Within Douglas County, highest in Northeast Omaha and lowest in Northwest Omaha.

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



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

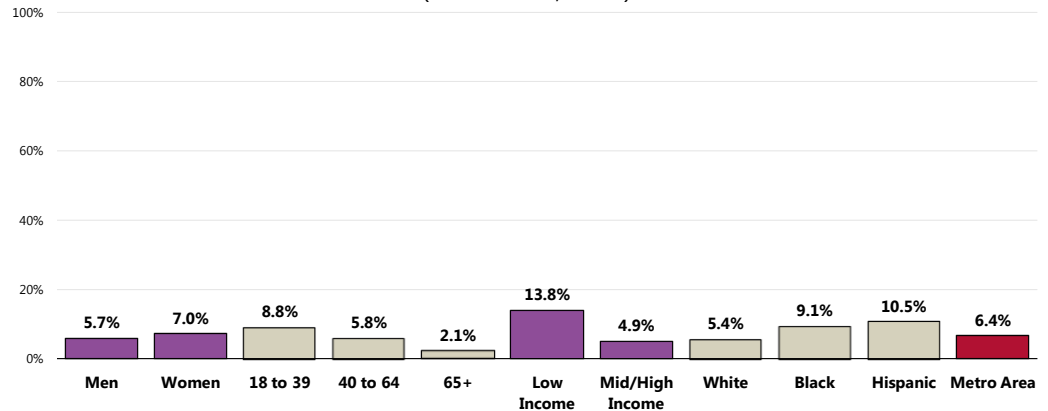
Notes: • Asked of all respondents.

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

👤 Highest among young adults (note the negative correlation with age), low-income residents, Blacks and Hispanics.

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

(Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Related Focus Group Findings: Injury & Violence

Many focus group participants are concerned with injury and violence in the community. The main issues included:

- Substance abuse, specifically alcohol
- Domestic violence
- Gun violence
- Long-term consequences of trauma
- Self-harm (suicide)

Injuries sustained can be self-inflicted or from an individual under the influence of **alcohol**. According to participants, a major contributor to injury and violence in the community is alcohol. Participants also noted that **domestic violence** is an issue and that alcohol can increase the intensity of intimate partner violence. In addition, focus group participants noted concern about elder and child abuse.

Focus group participants spoke at length about the **gun violence** that occurs in the community and the **long-term consequences of trauma**. Participants believe that these traumatic events can have both physical and mental consequences for community members. In addition, the violence can desensitize youth. One member described:

“Well, I think in addition to the maiming of people’s bodies by gunshots and knives and all that, I think the emotional scars that it leaves on neighborhoods and children and adults, the fear, the grief.” — Douglas County Community/Business Leader

Focus group members also mentioned suicide and **self-harming** behaviors, such as cutting, as major concerns for the community. The participants do not feel that enough prevention efforts are being targeted to these behaviors, and parents do not have the communication tools available to begin discussions with their children. However, members did note that some schools were creating prevention messaging toward violence prevention.

Diabetes

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

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

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

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

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

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

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

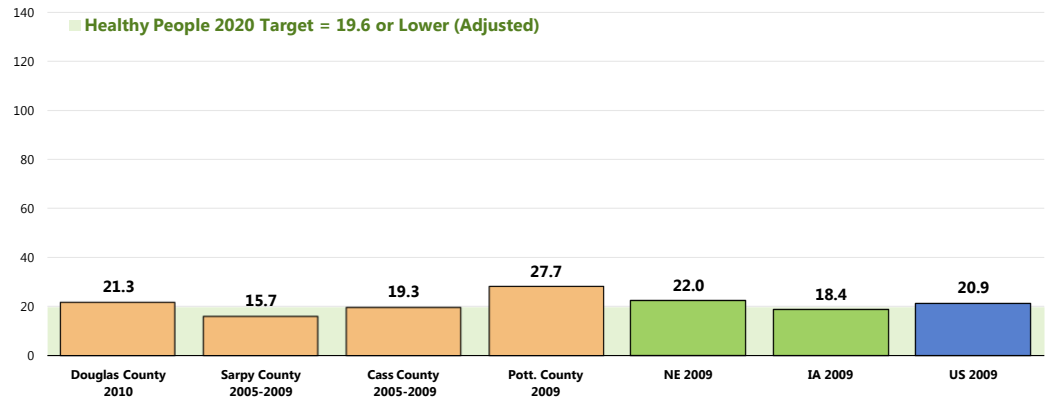
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

In 2010, there was an annual average age-adjusted diabetes mortality rate of 21.3 deaths per 100,000 population in Douglas County.

- Similar to the Nebraska rate but higher than the Iowa rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (19.6 or lower).
- Rates are highest in Pottawattamie County, lower in Sarpy and Cass counties.

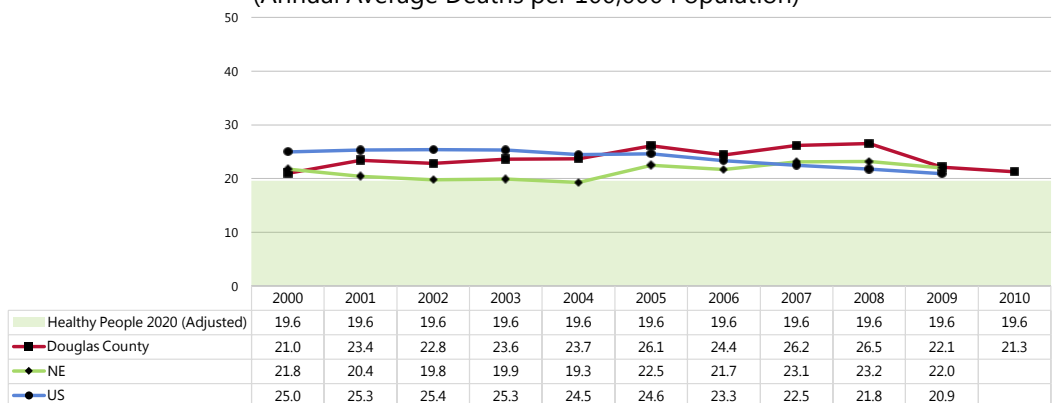
Diabetes: Age-Adjusted Mortality (Annual Average Deaths per 100,000 Population)



- Sources:
- Douglas County Health Department
 - Iowa Department of Public Health
 - Nebraska Department of Health and Human Services
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

☒ The diabetes mortality rate has fluctuated in Douglas County over the past decade, showing no clear trend. Nationally, rates are decreasing.

Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



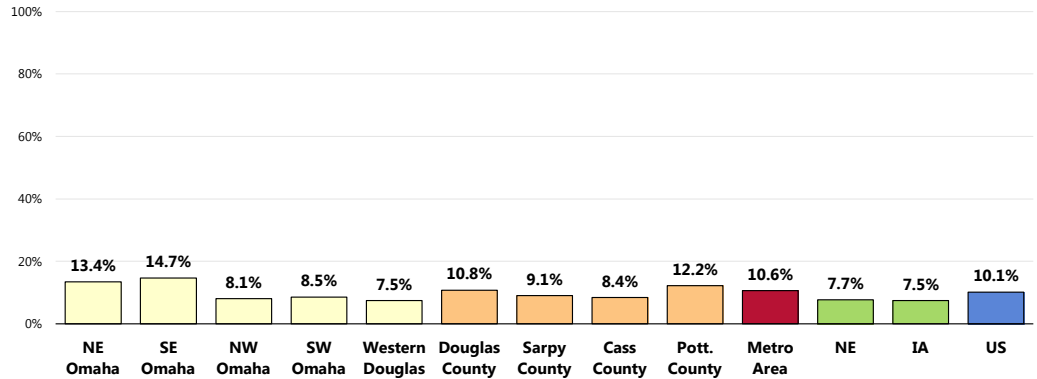
- Sources:
- Douglas County Health Department
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 10.6% of Metro Area adults report having been diagnosed with diabetes.

- Higher than the proportions reported in Nebraska and Iowa.
- Similar to the national proportion.
- Similar among the four counties in the Metro Area.
- Within Douglas County, statistically highest in Southeast Omaha.

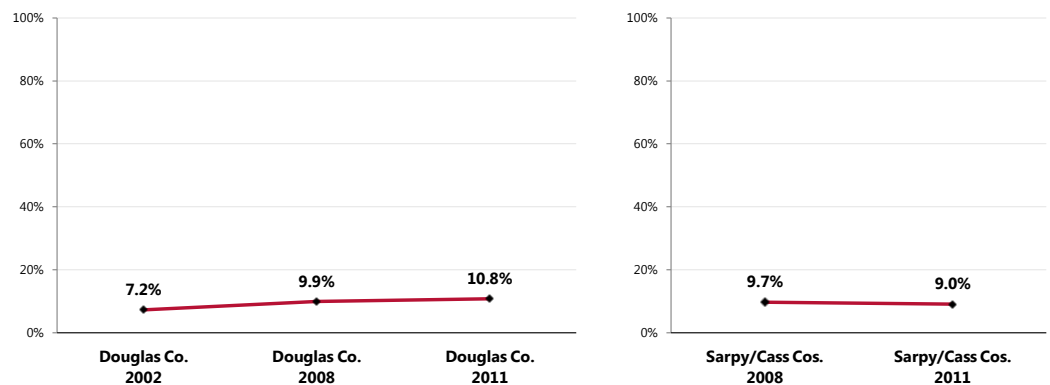
Prevalence of Diabetes






- Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Nebraska and Iowa data.
- Notes:
- Asked of all respondents.
 - Local and national data exclude gestation diabetes (occurring only during pregnancy).

⚠ Marks a statistically significant increase in diabetes prevalence in Douglas County diabetes since 2002; no significant change has occurred in Sarpy/Cass counties since 2008.

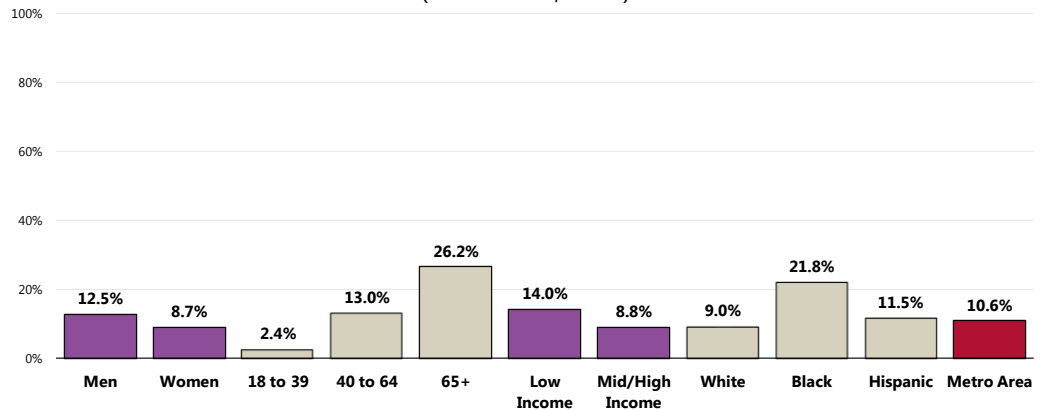
Prevalence of Diabetes



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 42]
- Notes:
- Asked of all respondents.
 - Excludes gestation diabetes (occurring only during pregnancy).

-  A higher prevalence of diabetes is reported among men in the Metro Area.
-  Note also the positive correlation between diabetes and age (with 26.2% of seniors with diabetes).
-  Also, the prevalence is much higher among Blacks than among Whites and Hispanics in the Metro Area.

Prevalence of Diabetes (Metro Area, 2011)



Sources:

- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]

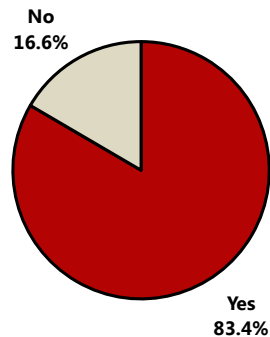
 Notes:

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

Diabetes Treatment

Among adults with diabetes, most (83.4%) are currently taking insulin or some type of medication to manage their condition.

Taking Insulin or Other Medication for Diabetes (Among Diabetics)



Sources:

- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]

 Notes:

- Asked of all diabetic respondents.

Alzheimer's Disease

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

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

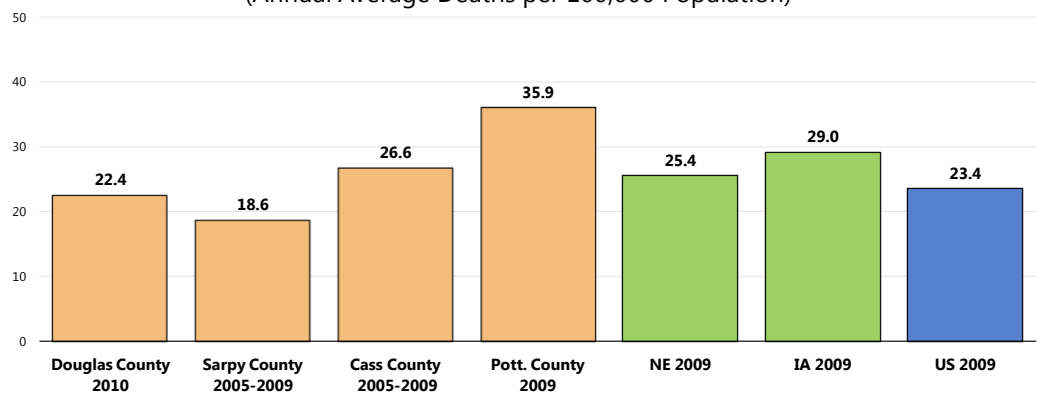
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

In 2010, there was an annual average age-adjusted Alzheimer's disease mortality rate of 22.4 deaths per 100,000 population in Douglas County.

- More favorable than both statewide rates.
- Similar to the national rate.
- Lower in Douglas and Sarpy counties, and higher in Cass and Pottawattamie counties.

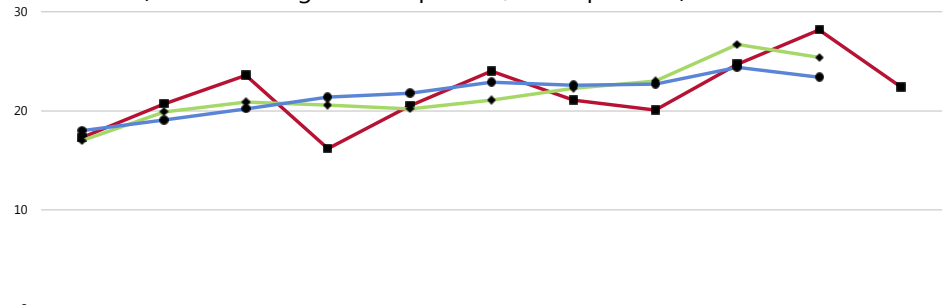
Alzheimer's Disease: Age-Adjusted Mortality (Annual Average Deaths per 100,000 Population)



Sources: • Douglas County Health Department
• Iowa Department of Public Health
• Nebraska Department of Health and Human Services
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

☒ Douglas County Alzheimer's disease mortality rates have increased in the past decade. Across Nebraska and the US, rates increased steadily during this time period.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
■ Douglas County	17.3	20.7	23.6	16.2	20.5	24.0	21.1	20.1	24.7	28.2	22.4
◆ NE	17.0	19.9	20.9	20.6	20.2	21.1	22.3	23.0	26.7	25.4	
● US	18.0	19.1	20.2	21.4	21.8	22.9	22.6	22.7	24.4	23.4	

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

Potentially Disabling Conditions

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

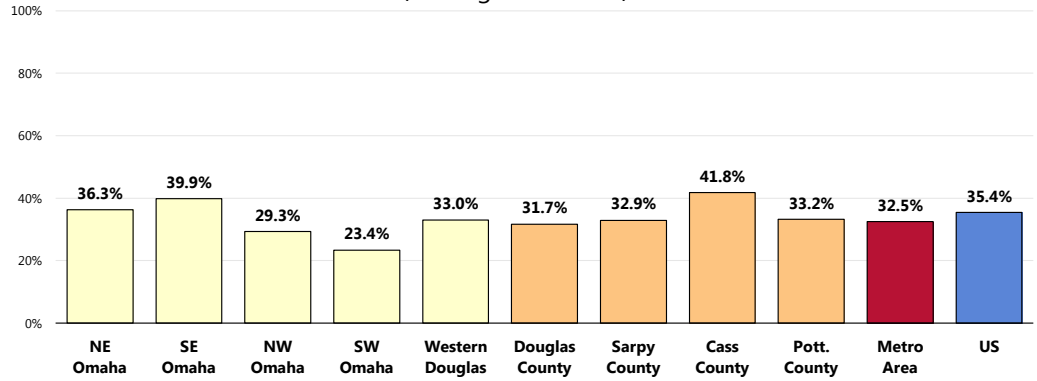
Prevalence of Arthritis/Rheumatism

Nearly one-third (32.5%) of Metro Area adults age 50 and older reports suffering from arthritis or rheumatism.

- Comparable to that found nationwide.
- Among the four Metro Area counties, highest in Cass County.
- Within Douglas County, highest in Southeast Omaha and lowest in Southwest Omaha.

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

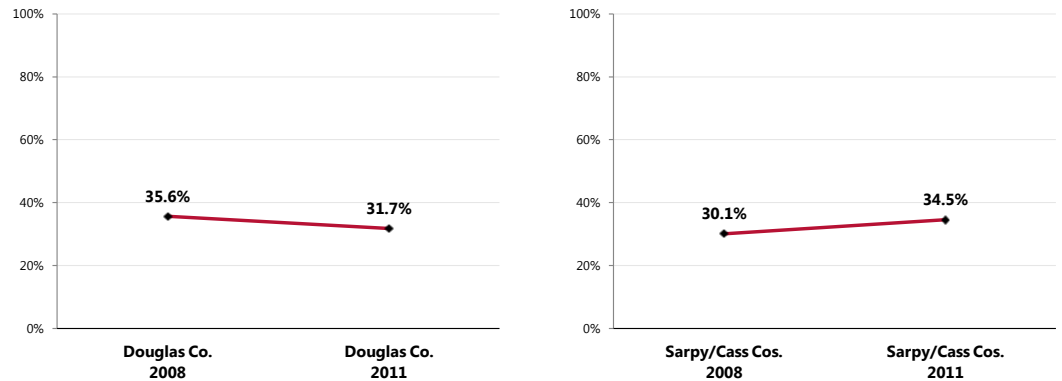
Prevalence of Arthritis/Rheumatism (Among Adults 50+)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents 50 and older.

☒ No significant change in Douglas or Sarpy/Cass counties since 2008.

Prevalence of Arthritis/Rheumatism (Among Adults 50+)



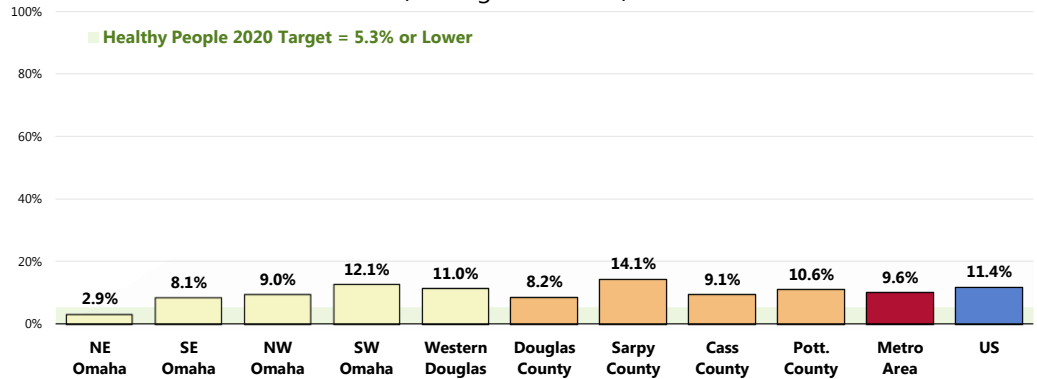
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 168]
 Notes: • Reflects respondents 50 and older.

Prevalence of Osteoporosis

A total of 9.6% of survey respondents age 50 and older have osteoporosis.

- Statistically similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Among the four Metro Area counties, lowest in Douglas County.
- Within Douglas County, lowest in Northeast Omaha.

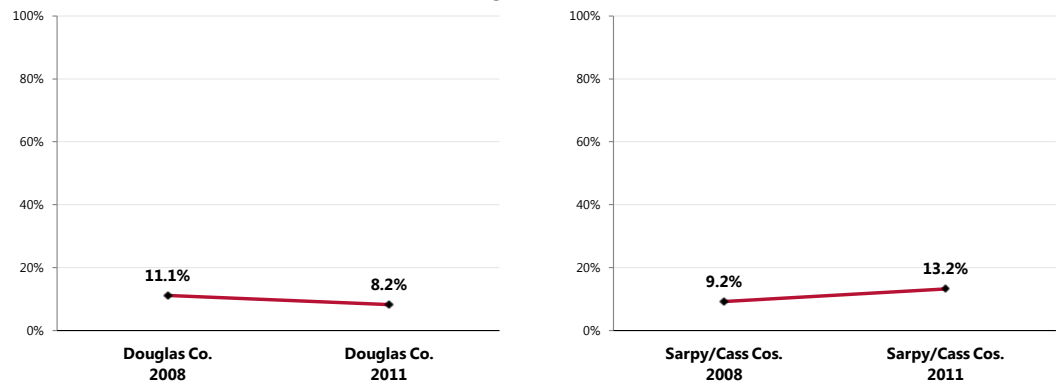
Prevalence of Osteoporosis (Among Adults 50+)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Reflects respondents 50 and older.

☒ Statistically unchanged since 2008.

Prevalence of Osteoporosis (Among Adults 50+)



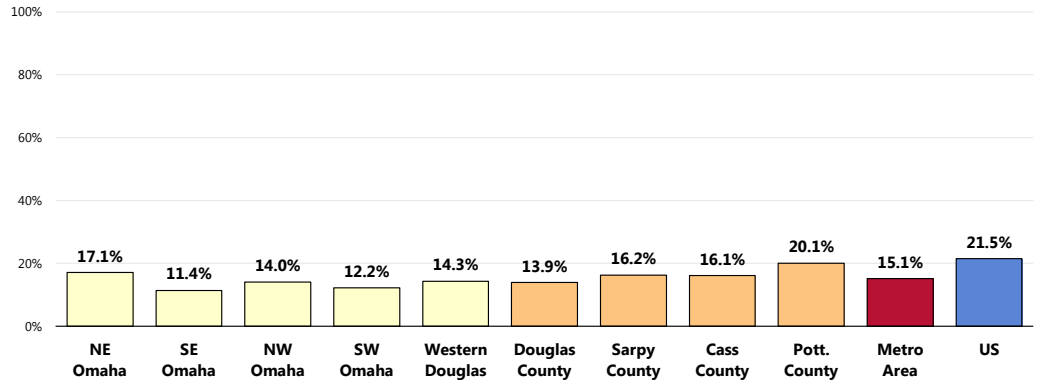
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Reflects respondents 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 15.1% of survey respondents suffer from chronic back pain or sciatica.

- More favorable than that found nationwide.
- Among the four Metro Area counties, highest in Pottawattamie County and lowest in Douglas County.
- Within Douglas County, statistically similar among the five county areas.

Prevalence of Sciatica/Chronic Back Pain

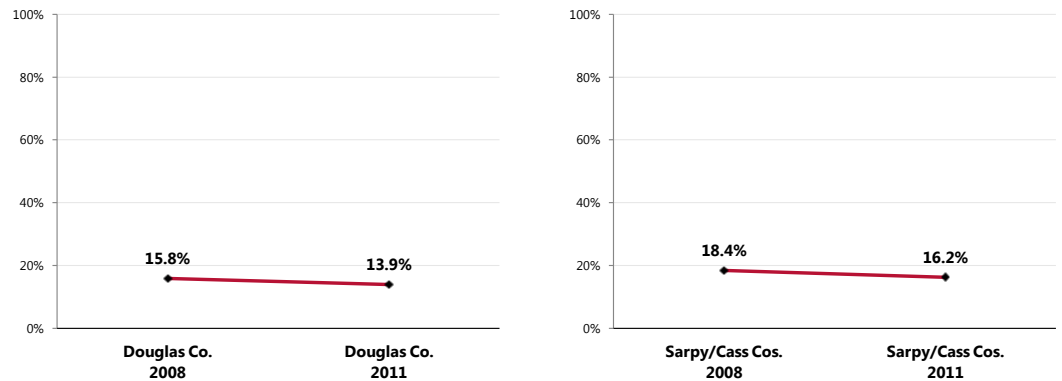


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 38]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

☒ Statistically unchanged since 2008 in Douglas and Sarpy/Cass counties.

Prevalence of Sciatica/Chronic Back Pain



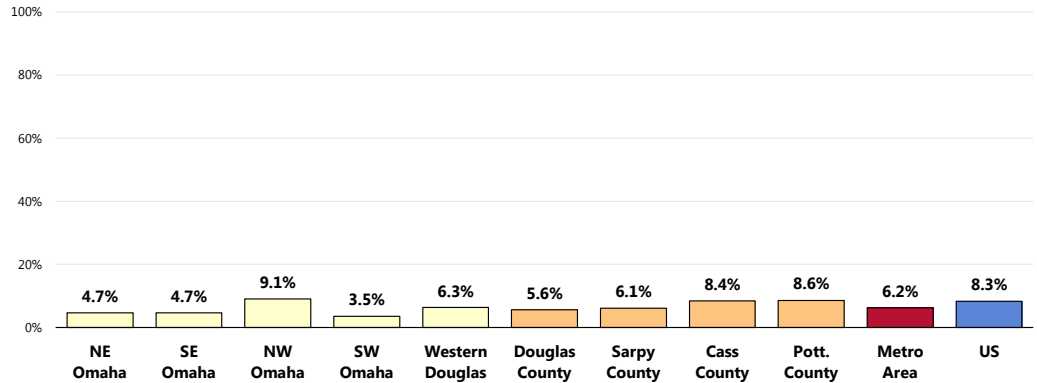
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 38]
 Notes: • Asked of all respondents.

Prevalence of Chronic Neck Pain

A total of 6.2% of survey respondents currently suffer from chronic neck pain.

- More favorable than that found nationwide.
- No difference by county in the Metro Area.
- Within Douglas County, highest in Northwest Omaha and lowest in Southwest Omaha.

Prevalence of Chronic Neck Pain

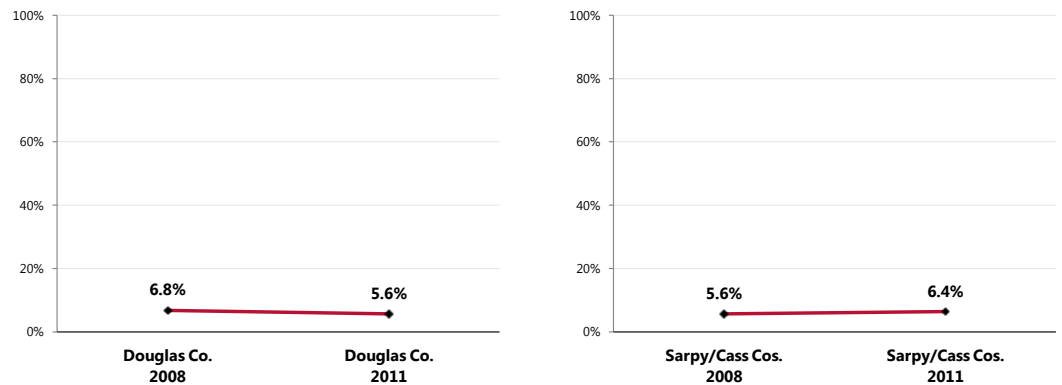


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

☒ Statistically unchanged since 2008 in Douglas and Sarpy/Cass counties.

Prevalence of Chronic Neck Pain



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 41]
 Notes: • Asked of all respondents.

Hearing Impairment

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


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

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

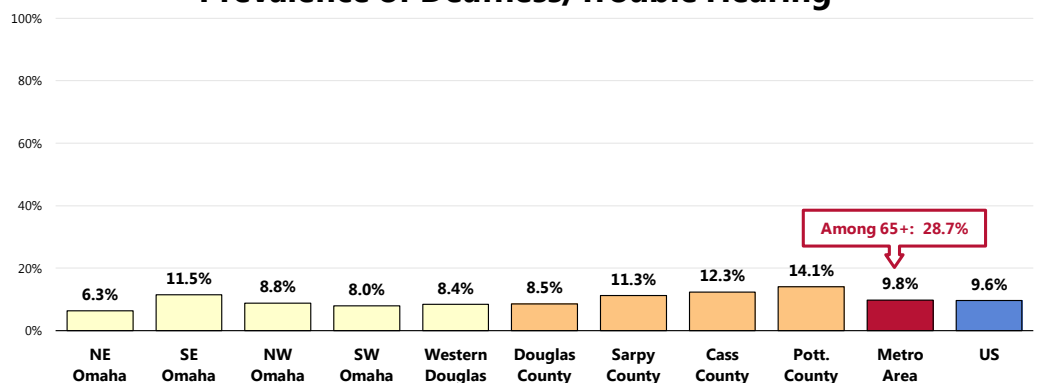
– Healthy People 2020 (www.healthypeople.gov)

Hearing Trouble

In all, 9.8% of Metro Area adults report being deaf or having difficulty hearing.

- Nearly identical to that found nationwide.
 - Among the four Metro Area counties, highest in Pottawattamie County, lowest in Douglas County.
 - Within Douglas County, statistically similar among the five county areas.
-  Among Metro Area adults age 65 and older, 28.7% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

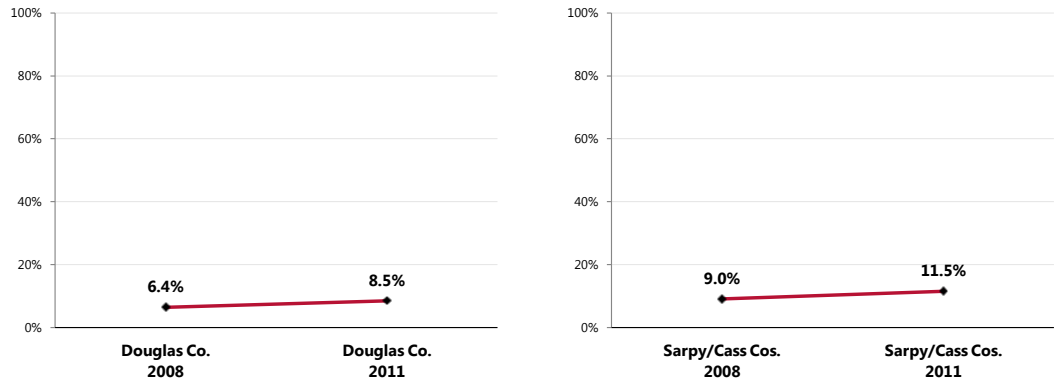


Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Statistically unchanged since 2008 in Douglas and Sarpy/Cass counties.

Prevalence of Deafness/Trouble Hearing



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 32]
Notes: • Asked of all respondents.




ENVIRONMENTAL HEALTH & SAFETY



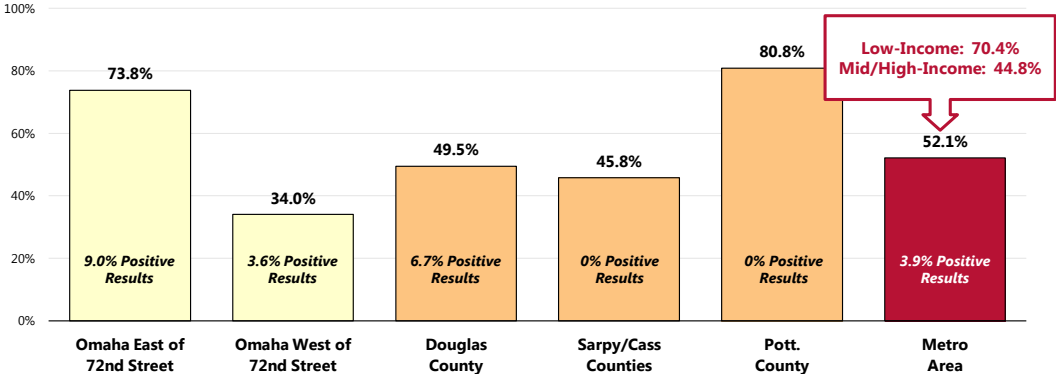
Blood Testing for Lead

More than one-half (52.1%) of Metro Area parents with children age 0-6 indicate that their child has been tested for lead (with 3.9% receiving positive results).

- Viewed by county: notably higher in Pottawattamie County.
- Within Douglas County, the prevalence of testing ranges from 34.0% among children 0-6 who live west of 72nd Street to 73.8% among those who live east of 72nd Street.
-  Viewed by income level, lead testing is much higher among low-income households than among those with higher incomes (keep in mind that income is also highly correlative with geographic location).

Child Has Ever Had Blood Tested to Check for Lead

(Among Parents of Children 0-6; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 148-149]
 Notes: • Asked of parents with children age 0-6 in the household.

Housing

Related Focus Group Findings: Housing

Focus group participants are concerned with the lack of affordable, quality housing available in the community. The main issue discussed surrounding housing included:

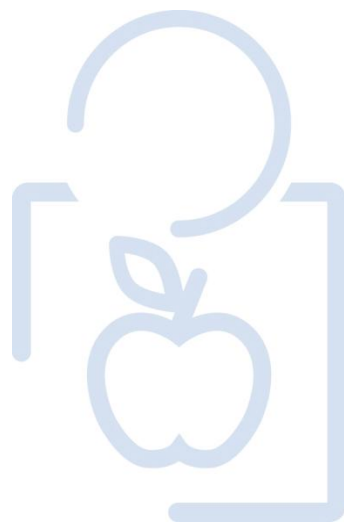
- Safety
- Flooding

Several focus group participants discussed the large amount of substandard housing that exists in the community. Respondents believe that many people who have been foreclosed on have moved several families into one home. Participants feel these crowded homes can cause additional stress on the families, which can have a negative impact on health. In addition, many homes have **safety** hazards or are in need of repair. One respondent noted:

“There are a number of people who live in unsafe homes and by that I don’t mean violence. There’s people without smoke detectors which is ridiculous because the fire departments give them out free and put them in. Unsafe stairs. All kinds of home hazards you might think about. Years of chemicals that have been tossed.” — Sarpy and Cass County Key Informant

In addition, respondents are concerned that housing conditions will deteriorate because of the **flooding**. Focus group members worry that in the coming years, health issues related to mold will occur. In addition, many participants commented that families are displaced, which may add additional stress.

INFECTIOUS DISEASE



Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

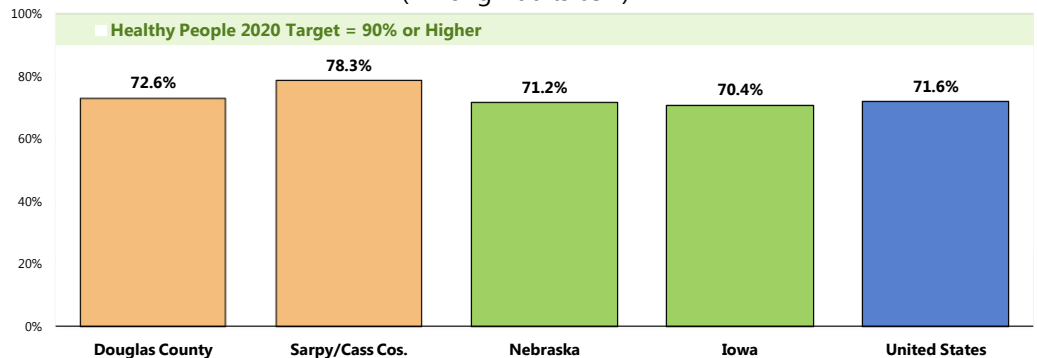
– Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

A total of 72.6% of Douglas County seniors received a flu shot (or FluMist) within the past year.*


- Statistically comparable to the Nebraska and Iowa findings.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- Similar findings in Douglas and Sarpy counties.

Have Had a Flu Vaccination in the Past Year (Among Adults 65+)



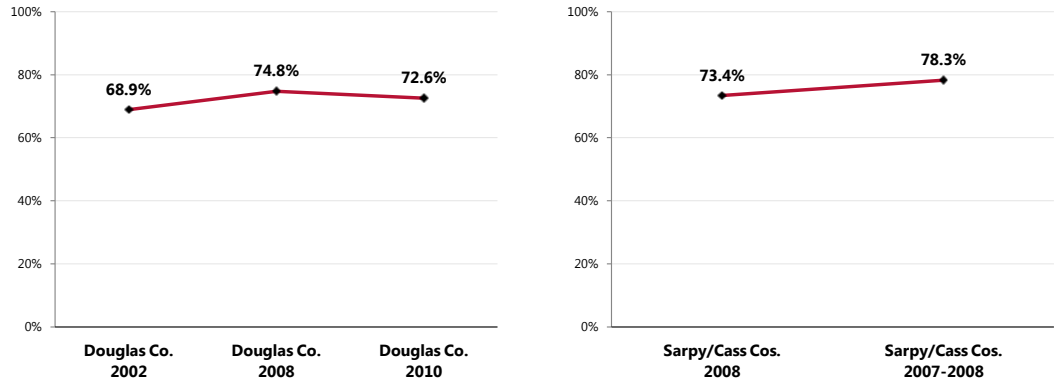
- Sources:
- Summary of Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas, Sarpy and Cass Counties. Douglas County Health Department; Sarpy/Cass Department of Health & Wellness.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); Nebraska and Iowa 2010 data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.7]
- Notes:
- Reflects respondents 65 and older.
 - Includes FluMist as a form of vaccination.
 - The Douglas County percentage reflects 2010 data; the Sarpy/Cass percentage reflects 2007-2008 data.

* Provided through county-level BRFSS (Behavioral Risk Factor Surveillance Survey) data.

 The prevalence of pneumonia vaccines has not changed significantly in recent years in Douglas and Sarpy/Cass counties. **

Have Had a Flu Vaccination in the Past Year

(Among Adults 65+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc.
 • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
 • Nebraska Department of Health and Human Services
 Notes: • Asked of all respondents aged 65 and older.
 • Includes FluMist as a form of vaccination.

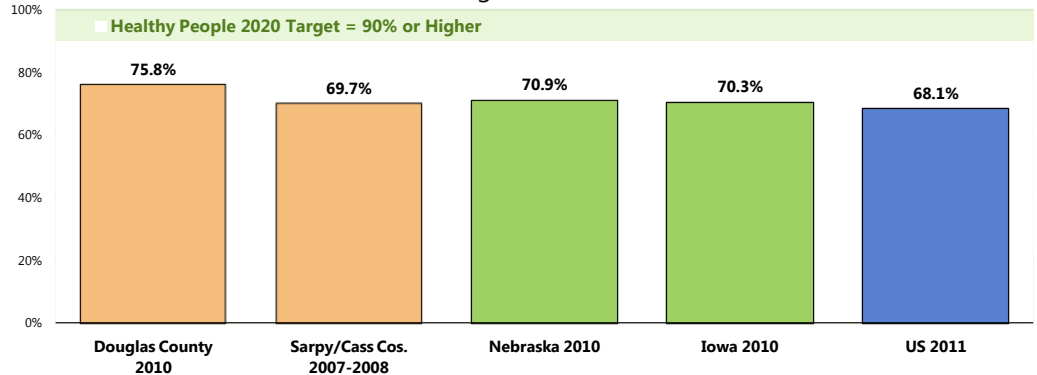
Pneumonia Vaccination

A total of 75.8% of Douglas County adults age 65 and older have received a pneumonia vaccination at some point in their lives. *

- More favorable than both state figures.
- More favorable than the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar findings in Douglas and Sarpy/Cass counties.

Have Ever Had a Pneumonia Vaccine

(Among Adults 65+)



Sources: • Summary of Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas, Sarpy and Cass Counties. Douglas County Health Department; Sarpy/Cass Department of Health & Wellness.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); Nebraska and Iowa 2010 data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]
 Notes: • Reflects respondents 65 and older.
 • The Douglas County percentage reflects 2009 data; the Sarpy/Cass percentage reflects 2007-2008 data.

** Note that, in this case, current data are derived from the state-level BRFSS survey (county samples), while historical comparisons are derived from the 2002 and 2008 PRC survey administrations.

* Provided through county-level BRFSS (Behavioral Risk Factor Surveillance Survey) data.

☒ The prevalence of flu vaccinations has remained relatively unchanged since 2008 in Douglas County. **

Have Ever Had a Pneumonia Vaccine (Among Adults 65+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc.
• Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County, Douglas County Health Department.
Notes: • Asked of all respondents aged 65 and older.

** Note that, in this case, current data are derived from the state-level BRFSS survey (county samples), while historical comparisons are derived from the 2002 and 2008 PRC survey administrations.

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

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

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

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

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

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

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

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

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

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

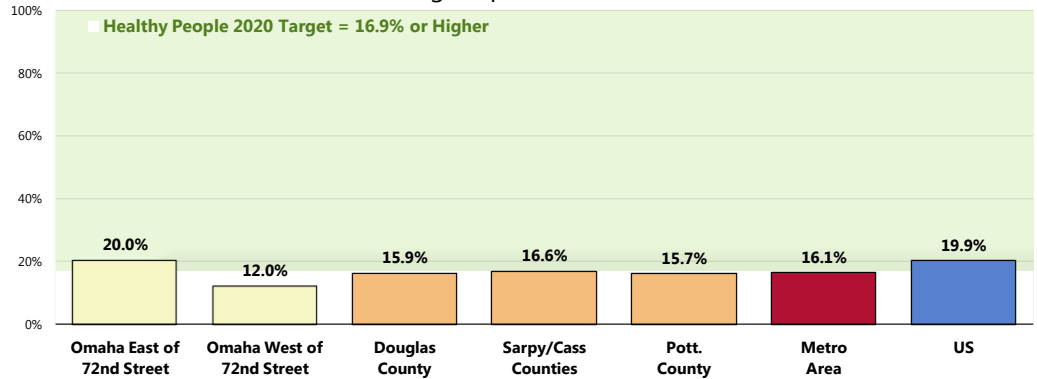
– Healthy People 2020 (www.healthypeople.gov)

HIV Testing

Among Metro Area adults age 18-44, 16.1% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Comparable to the proportion found nationwide.
- Comparable to the Healthy People 2020 target of 16.9% or higher.
- Similar by county across the Metro Area.
- Within Douglas County, higher east of 72nd Street.

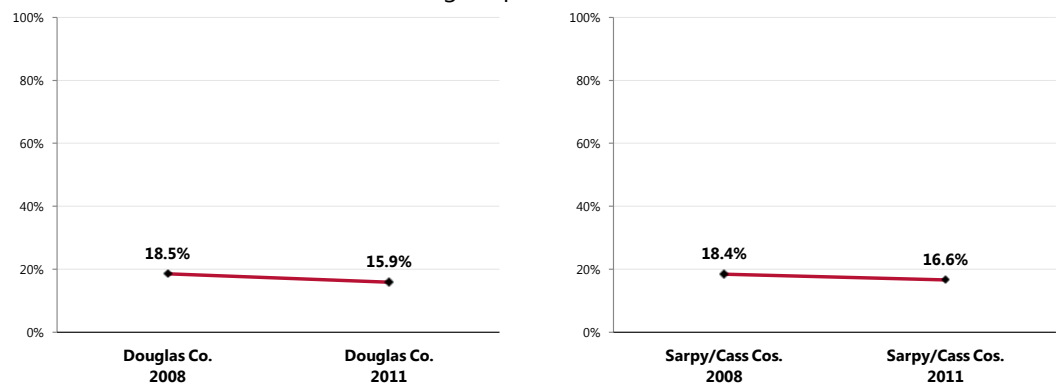
Tested for HIV in the Past Year (Among Respondents 18-44)



- Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
- Notes:
- Reflects respondents age 18 to 44.
 - Note that the Healthy People 2020 objective is for ages 15-44.

Testing levels have remained fairly stable over the past few years.

Tested for HIV in the Past Year (Among Respondents 18-44)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 176]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
- Notes:
- Reflects respondents age 18 to 44.
 - Note that the Healthy People 2020 objective is for ages 15-44.

Sexually Transmitted Diseases

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

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

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

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

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates the influence of these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.
- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a nonrisky network.

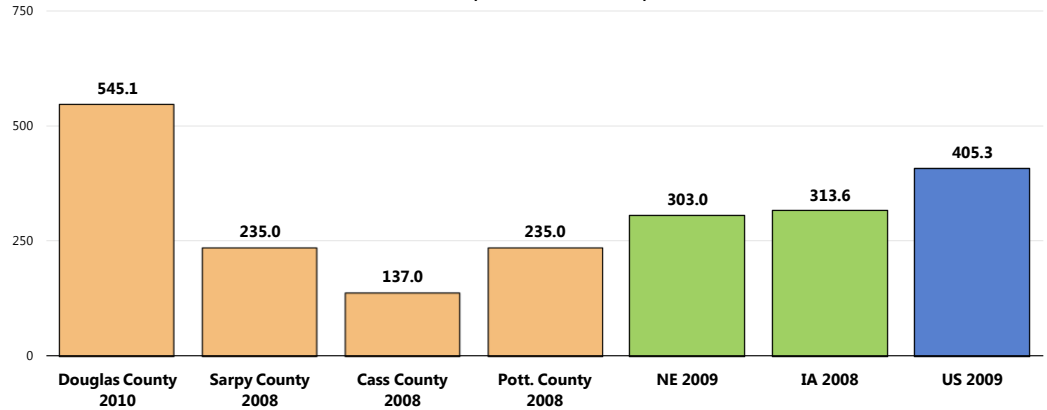
– Healthy People 2020 (www.healthypeople.gov)

Chlamydia

The 2010 Douglas County chlamydia incidence rate was 545.1 cases per 100,000 population.

- Much higher than the Nebraska and Iowa rates.
- Higher than the national incidence rate.
- Rates in Sarpy, Cass and Pottawattamie counties are considerably lower.

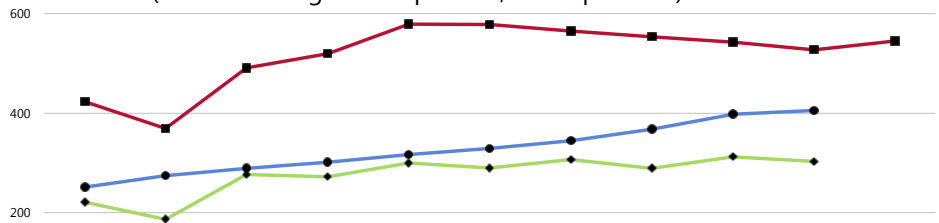
Chlamydia Incidence Rate
(Annual Cases per 100,000 Population)



Sources: • Douglas County Health Department
 • County Health Rankings Project, Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. countyhealthrankings.org
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>
 Notes: • Rates are annual average new cases per 100,000 population.

☒ Chlamydia incidence increased considerably in Douglas County in the early 2000s; these rates have since leveled off and even declined somewhat. However, they remain well above state and national rates.

Chlamydia Incidence
(Annual Average Cases per 100,000 Population)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
■ Douglas County	423.2	369.0	490.8	520.1	578.9	578.1	565.2	553.5	542.6	527.5	545.1
◆ NE	221.3	186.4	276.4	272.5	299.8	289.9	307.0	289.2	312.5	303.0	
● US	251.4	274.5	289.4	301.7	316.5	329.4	344.3	367.5	398.1	405.3	

Sources: • Douglas County Health Department
 Notes: • Rates are annual average new cases per 100,000 population.

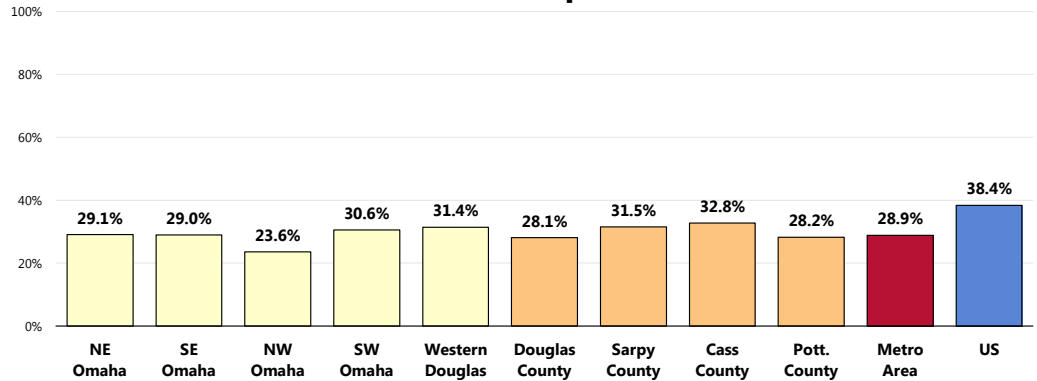
Acute Hepatitis B

Hepatitis B Vaccination

A total of 28.9% of Metro Area residents report having received the hepatitis B vaccine.

- Lower than what is reported nationwide.
- Among the four Metro Area counties, no significant differences are found.
- Within Douglas County, statistically similar among the five county areas.

Have Ever Received the Hepatitis B Vaccination

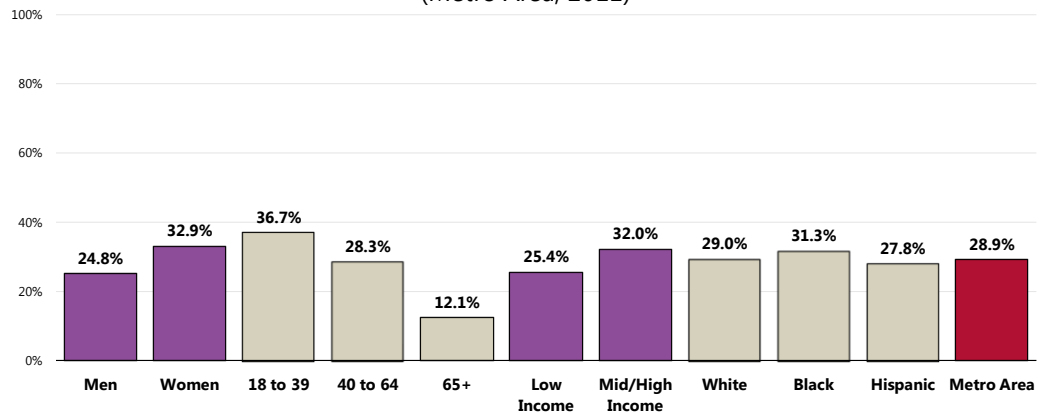


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
 • PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Men are less likely than women to have been vaccinated against hepatitis B.
- Note the negative correlation between age and hepatitis B vaccination.
- In addition, residents living at lower incomes are less likely than those with higher incomes to have received the hepatitis B vaccine.

Have Ever Received the Hepatitis B Vaccination

(Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

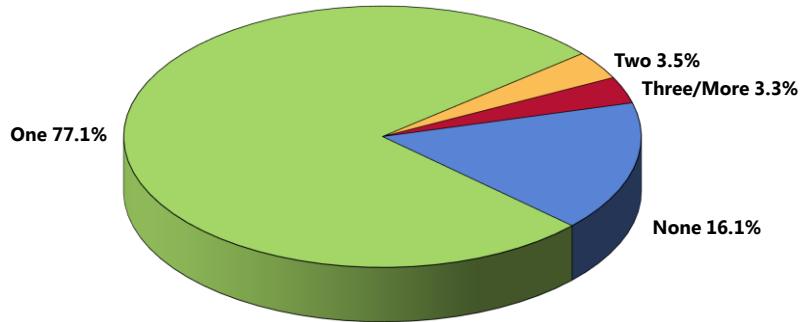
Safe Sexual Practices

Sexual Partners

Among Metro Area adults age 18 to 64, the majority cites having one (77.1%) or no (16.1%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

(Among Adults 18-64; Metro Area, 2011)



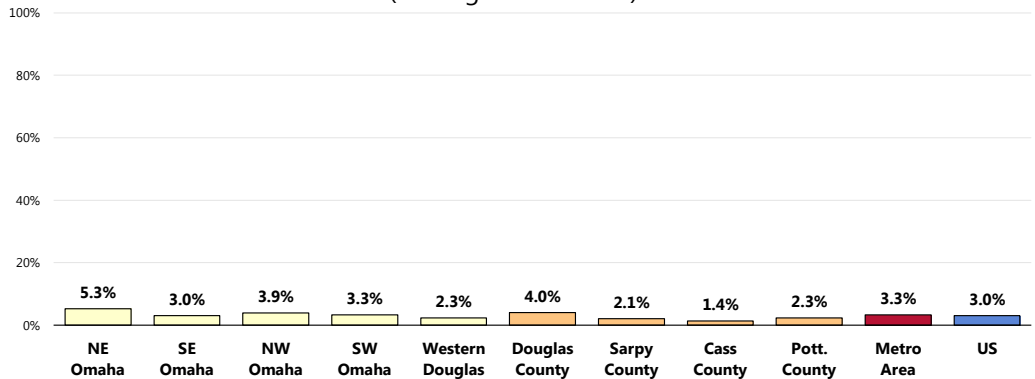
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
Notes: • Asked of all respondents under the age of 65.

However, 3.3% report three or more sexual partners in the past year.

- Comparable to that reported nationally.
- Among the four Metro Area counties, lowest in Cass County.
- Within Douglas County, no difference by sub-area.

Had Three or More Sexual Partners in the Past Year

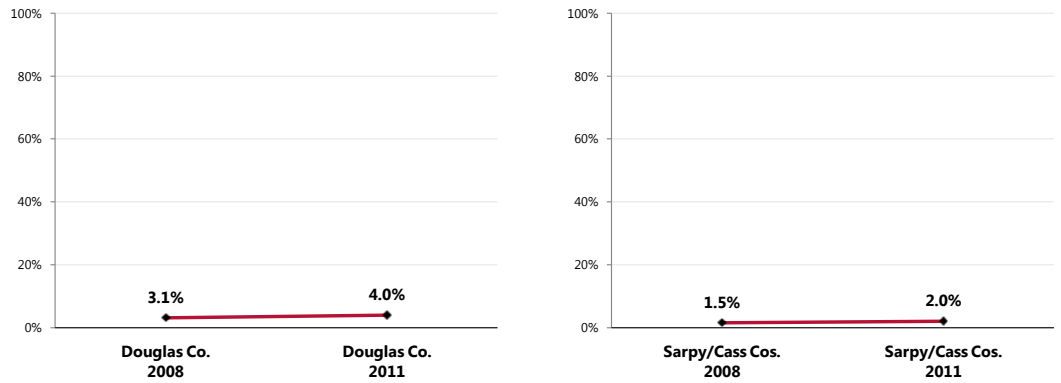
(Among Adults 18-64)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents under the age of 65.

Findings are statistically similar to 2008 survey findings in Douglas and Sarpy/Cass counties.

Had Three or More Sexual Partners in the Past Year (Among Adults 18-64)

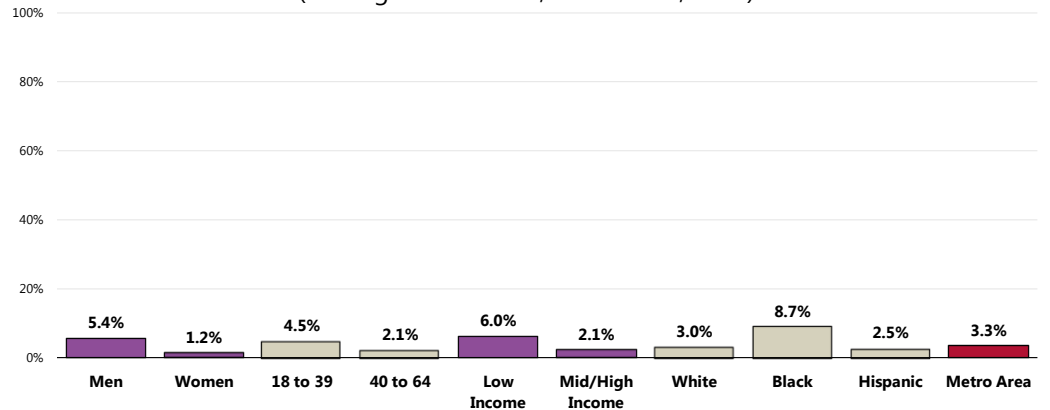


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
Notes: Asked of all respondents under the age of 65.

Those more likely to report three or more sexual partners in the past year include:

- Men.
- Residents age 18 to 39.
- Low-income adults.
- Blacks.

Had Three or More Sexual Partners in the Past Year (Among Adults 18-64; Metro Area, 2011)



Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
Notes: Asked of all respondents under the age of 65.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

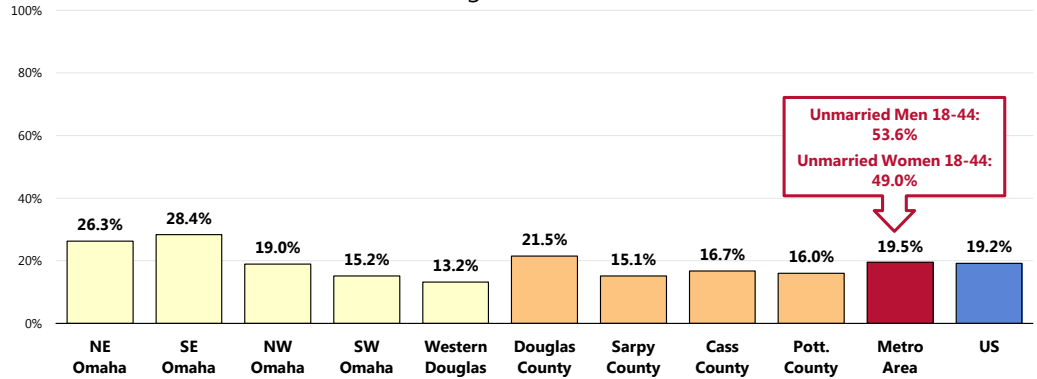
Condom Use

Among Metro Area adults age 18 to 64, 19.5% report that a condom was used during their last sexual intercourse.

- Nearly identical to nationwide findings.
- It is also highest in Douglas County, lowest in Sarpy County.
- Within Douglas County, lowest in Southwest Omaha and Western Douglas County.

Used Condom During Last Sexual Intercourse

(Among Adults 18-64)

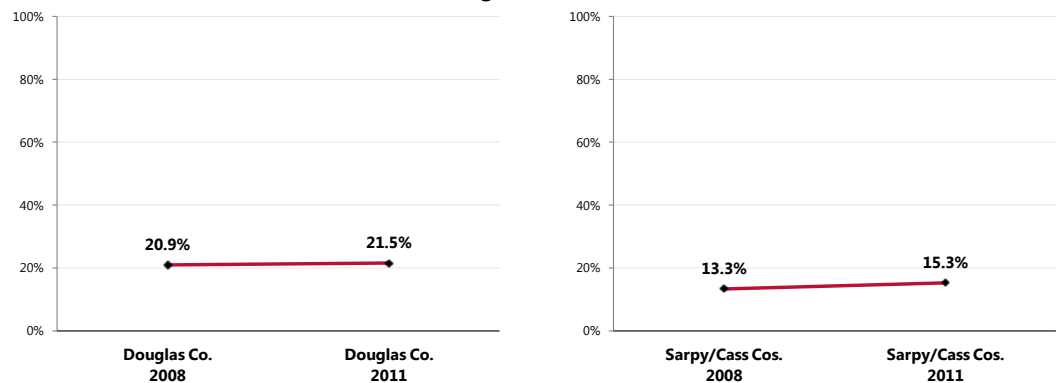


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 80, 174-175]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents under the age of 65.

Similar to previous findings.

Used Condom During Last Sexual Intercourse

(Among Adults 18-64)



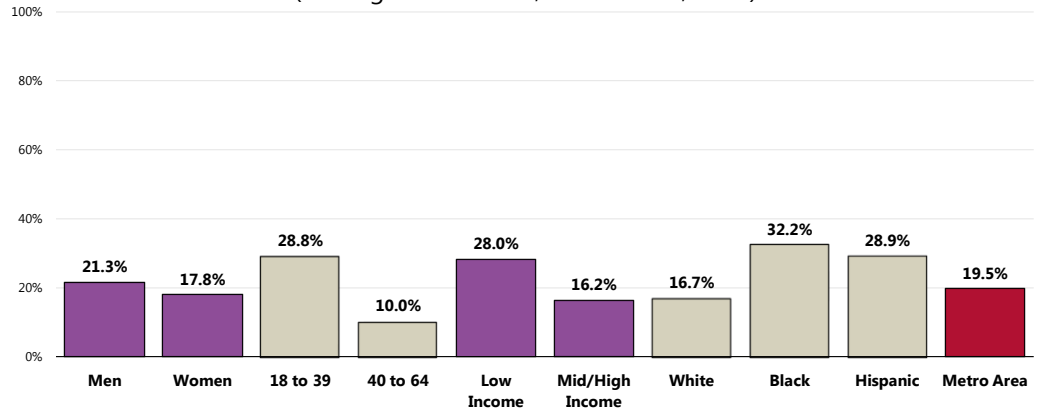
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 80]
Notes: • Asked of all respondents under the age of 65.

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

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

Used Condom During Last Sexual Intercourse

(Among Adults 18-64; Metro Area, 2011)



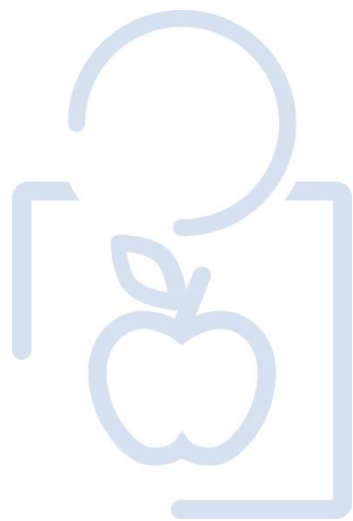
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 80]

Notes: • Asked of all respondents under the age of 65.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

BIRTHS



Prenatal Care

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

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

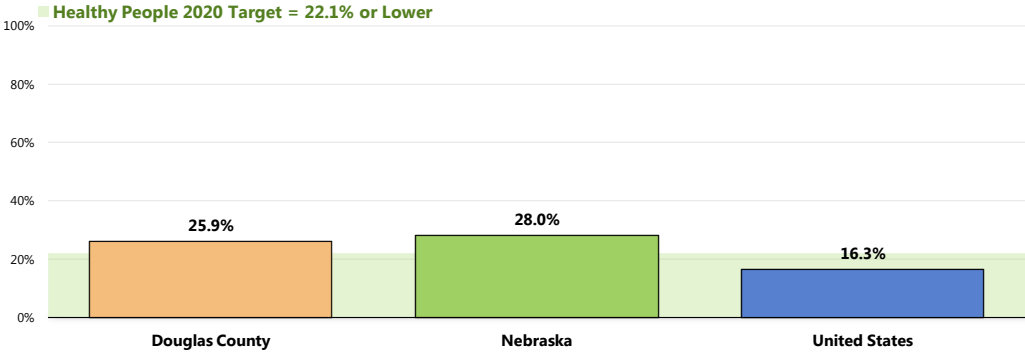
– Healthy People 2020 (www.healthypeople.gov)

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

In 2010, 25.9% of all Douglas County births did not receive prenatal care in the first trimester of pregnancy.

- Just below the Nebraska statewide proportion.
- Less favorable than the national proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

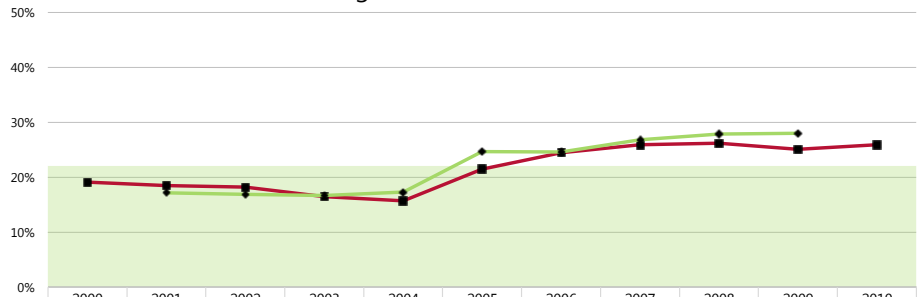
Lack of Prenatal Care in the First Trimester (Percentage of Live Births; Douglas County, 2010)



Sources: • Douglas County Health Department
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
Note: • Numbers are a percentage of all live births within each population.
• US percentage reflects 2004-2006 data.

☒ In the past several years, the proportion of births without timely prenatal care has increased considerably, echoing the Nebraska statewide trend.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Healthy People 2020	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%
Douglas County	19.1%	18.5%	18.2%	16.5%	15.7%	21.5%	24.5%	25.9%	26.2%	25.1%	25.9%
Nebraska		17.2%	16.9%	16.7%	17.3%	24.7%	24.6%	26.8%	27.9%	28.0%	

Sources: • Douglas County Health Department
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
 Note: • Numbers are a percentage of all live births within each population.

Birth Outcomes & Risks

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

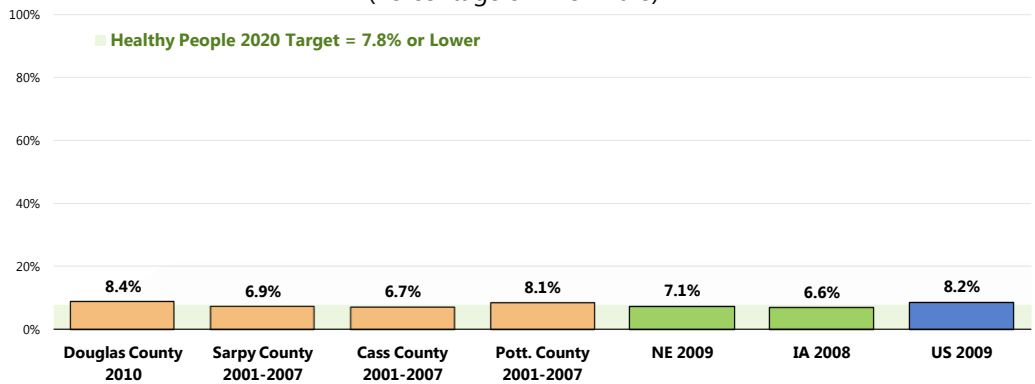
Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births

A total of 8.4% of 2010 Douglas County births were low-weight.

- Worse than the statewide proportions.
- Similar to the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Pottawattamie County shares a proportion similar to that found in Douglas County; proportions are lower in Sarpy and Cass counties.

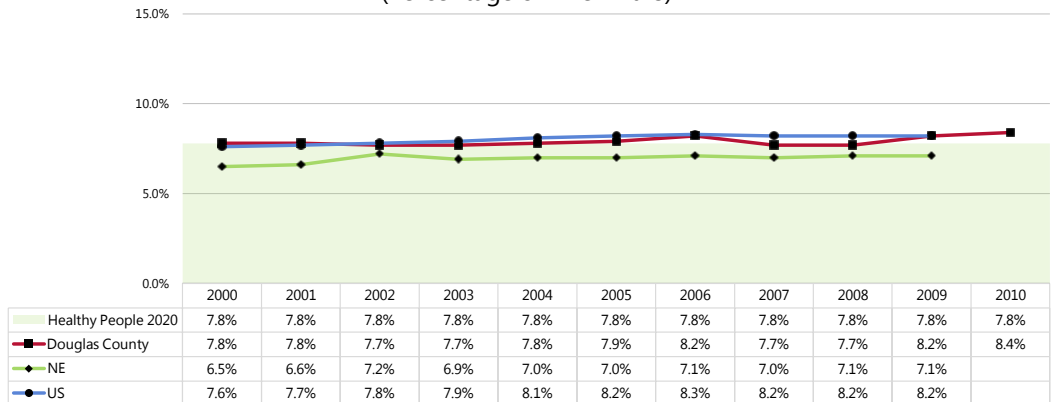
Low-Weight Births (Percentage of Live Births)



Sources: • County Health Rankings Project. Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. countyhealthrankings.org
 • Douglas County Health Department
 • Iowa Department of Public Health
 • Nebraska Department of Health and Human Services
 • State Health Facts. Kaiser Family Foundation. statehealthfacts.org
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

☒ The proportion of low-weight births has trended upward slightly in Douglas County over the past decade; the same can be said for both Nebraska and the US overall.

Low-Weight Births (Percentage of Live Births)



Sources: • Douglas County Health Department
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • Numbers are a percentage of all live births within each population.

Infant Mortality

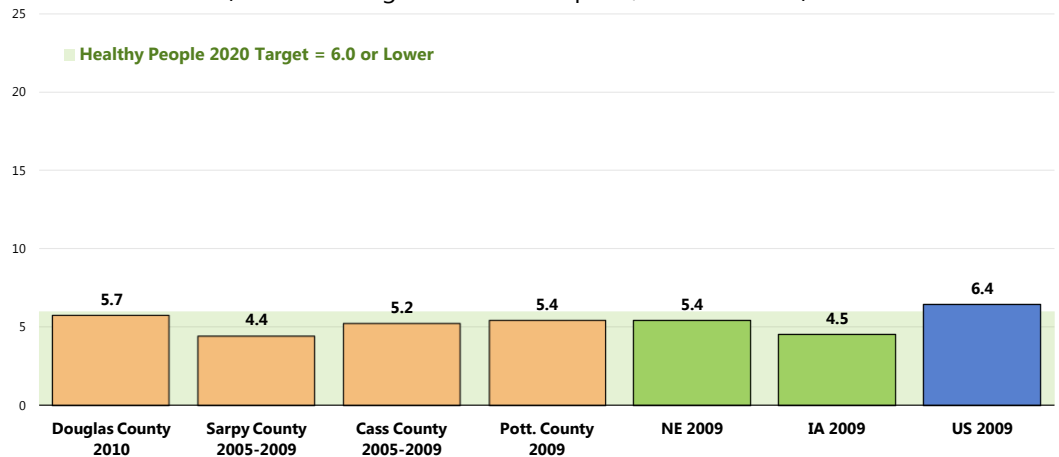
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

In 2010, there was an annual average of 5.7 infant deaths per 1,000 live births in Douglas County.

- Higher than the Nebraska and Iowa rates.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.
- Highest in Douglas and Pottawattamie counties; lowest in Sarpy and Cass.

Infant Mortality Rate

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

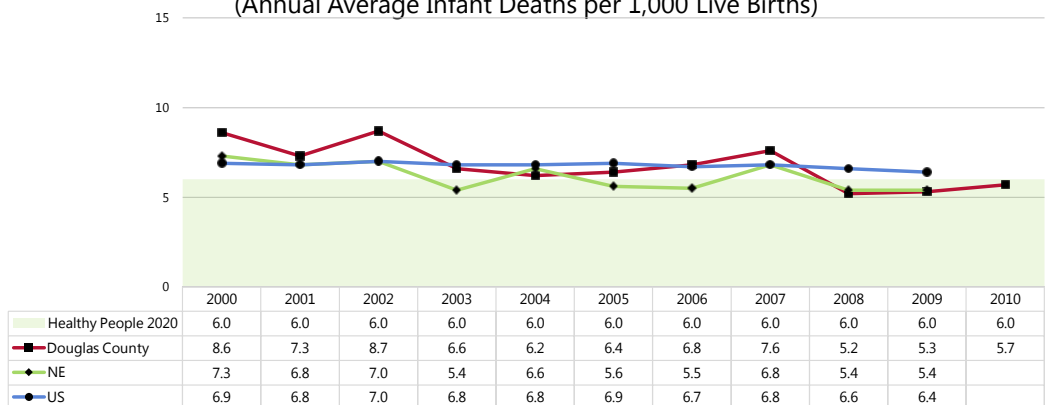


Sources: • Douglas County Health Department
 • Iowa Department of Public Health
 • Nebraska Department of Health and Human Services
 • State Health Facts, Kaiser Family Foundation, statehealthfacts.org
 • US Department of Health and Human Services, Healthy People 2020, December 2010, <http://www.healthypeople.gov> [Objective MICH-1.3]

☒ Infant mortality rates have overall decreased in Douglas County over the past decade.

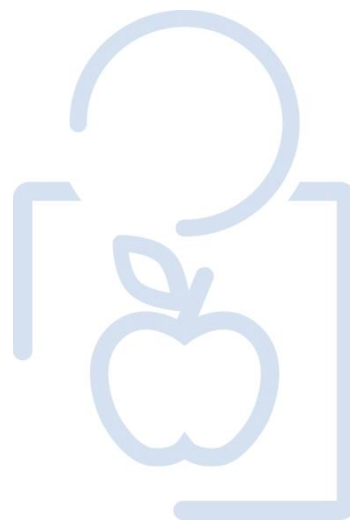
Infant Mortality Rate

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



Sources: • Douglas County Health Department
 • US Department of Health and Human Services, Healthy People 2020, December 2010, <http://www.healthypeople.gov> [Objective MICH-1.3]

MODIFIABLE HEALTH RISKS



Actual Causes Of Death

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

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

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

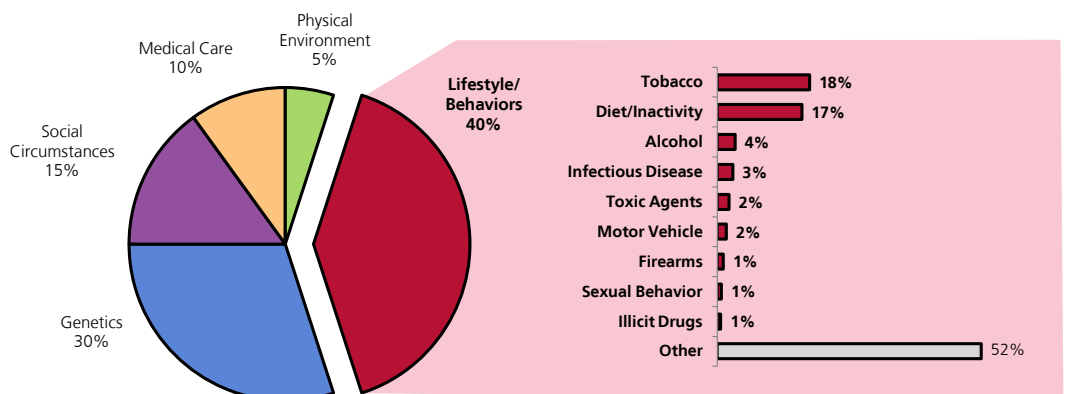
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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

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

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

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

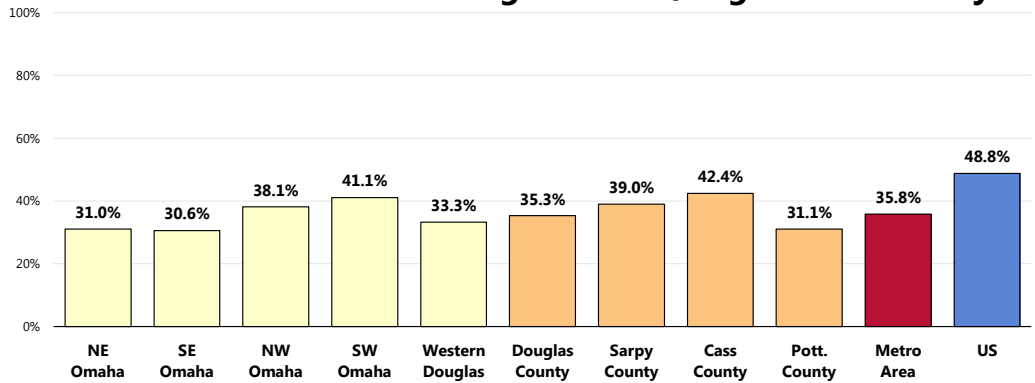
Daily Recommendation of Fruits/Vegetables

A total of 35.8% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.
- Among the four Metro Area counties, notably lower in Pottawattamie County.
- Within Douglas County, highest in Southwest Omaha.

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

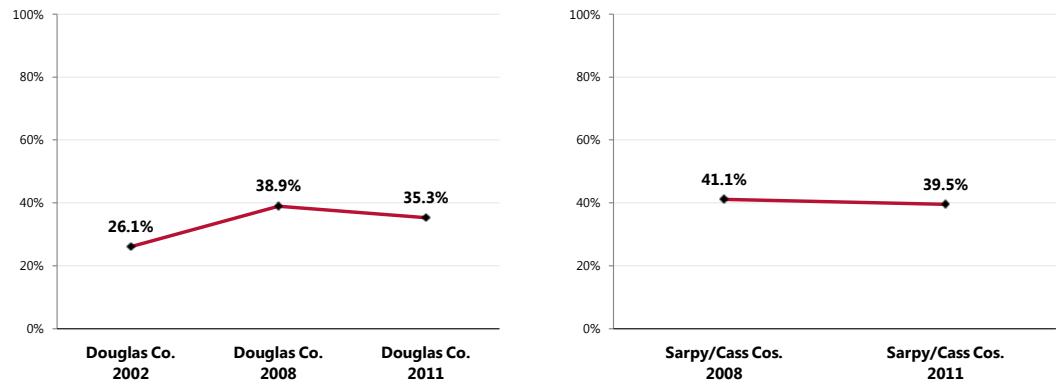
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

☒ Fruit/vegetable consumption has increased significantly in Douglas County since first measured in 2002, but has not changed since 2008 for Sarpy/Cass counties.

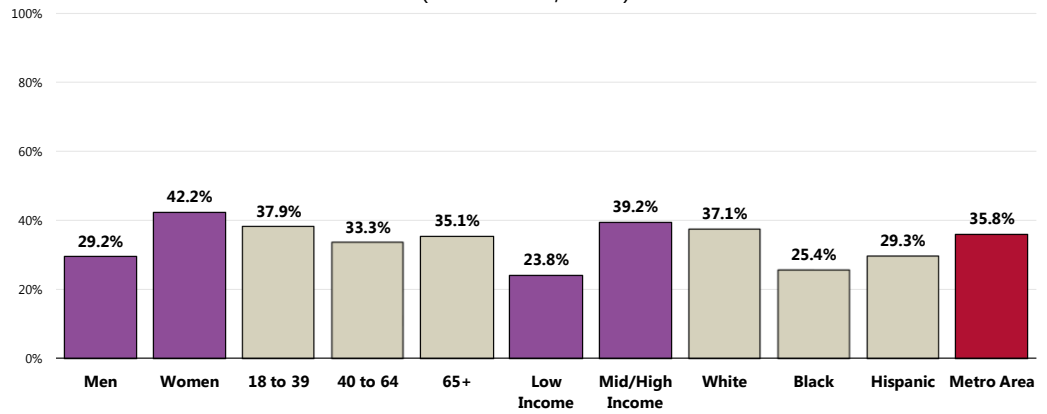
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 178]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

👤 Men are less likely to get the recommended servings of daily fruits/vegetables, as are low-income residents, Blacks and Hispanics.

Consume Five or More Servings of Fruits/Vegetables Per Day (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Children

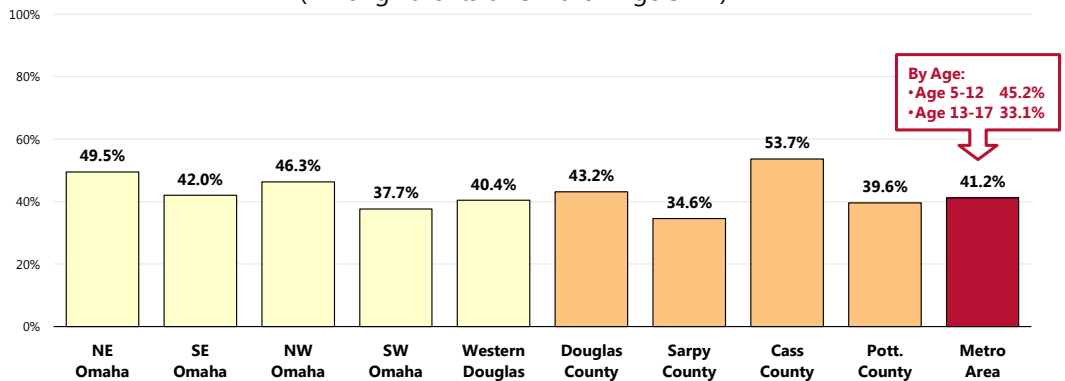
For this measure, parents were asked multiple questions, specifically about the foods and drinks their child consumed on the day prior to the interview.

A total of 41.2% of school-aged children are reported to eat five or more servings of fruits and/or vegetables per day.

- Among the four Metro Area counties, highest in Cass County.
- Within Douglas County, highest in Northeast Omaha.

👤 Consumption is lower among Metro Area teens.

Child Had Five or More Servings of Fruits/Vegetables Each Day During the Previous Week (Among Parents of Children Age 5-17)



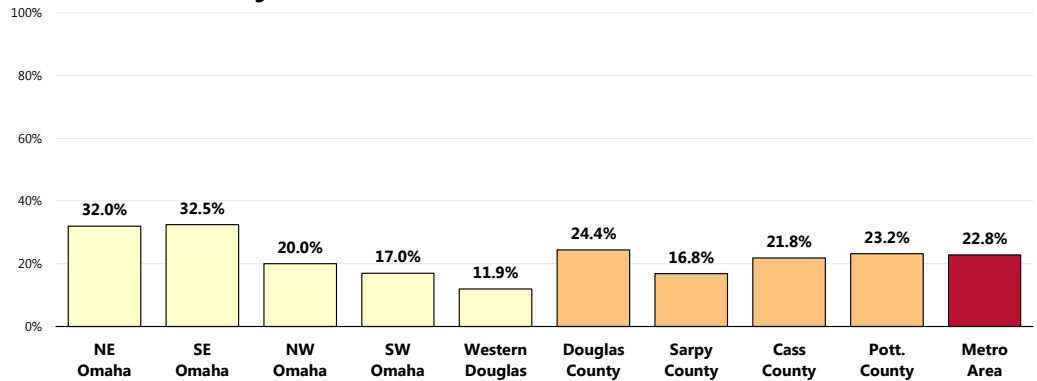
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Obtaining Fresh Produce Affordably


A total of 22.8% of Metro Area adults find it “very difficult” or “somewhat difficult” to buy fresh produce like fruits and vegetables at a price they can afford.

- Among the four Metro Area counties, highest in Douglas County and lowest (most favorable) in Sarpy County.
- Within Douglas County, highest (least favorable) in eastern Omaha, and lowest in Southwest Omaha and the western portion of the county.

Find It “Very” or “Somewhat” Difficult to Buy Fresh Produce at an Affordable Price

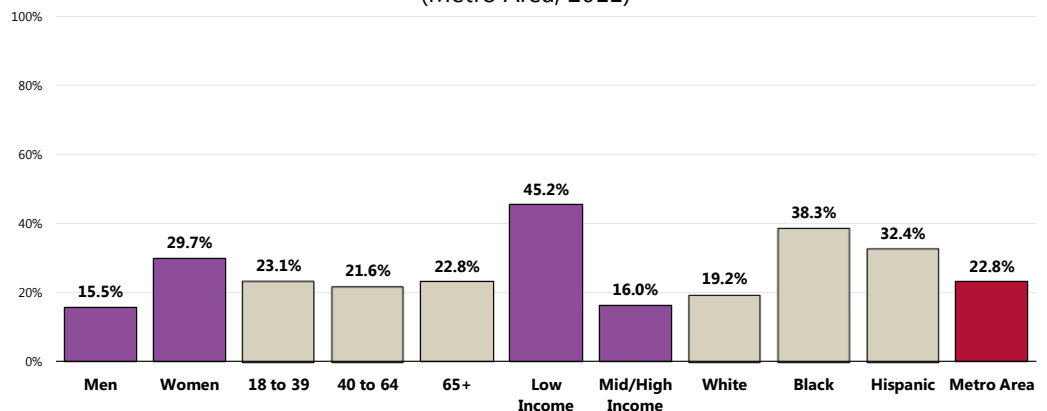


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 84]
Notes: • Asked of all respondents.

 Women more often report difficulty finding affordable fresh produce, as do lower-income residents, Blacks and Hispanics.

Find It “Very” or “Somewhat” Difficult to Buy Fresh Produce at an Affordable Price

(Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 84]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Sugar-Sweetened Beverages

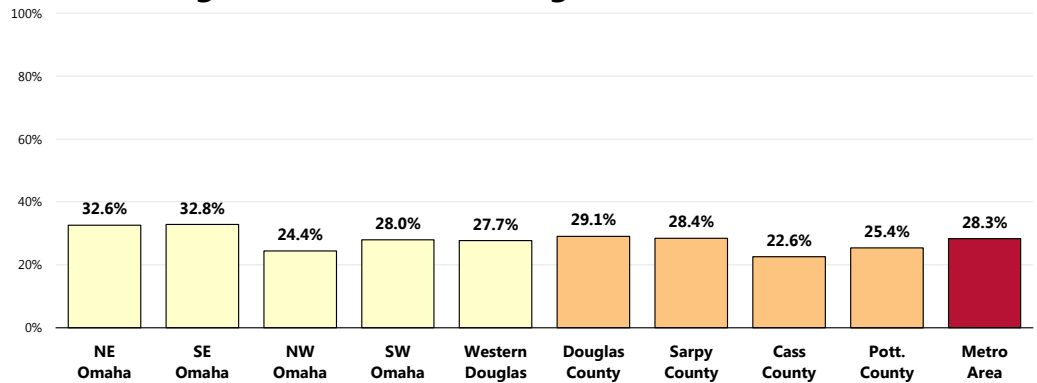
Consumption

Sugar-sweetened drinks include soda pop, Kool-Aid, sweetened fruit juice, sports drinks or energy drinks; they do not include "diet" drinks.

A total of 28.3% of Metro Area residents report having seven or more servings of sugar-sweetened beverages in the past week (an average of at least one per day).

- Throughout the Metro Area, consumption appears highest by this measure in Douglas and Sarpy counties.
- Within Douglas County, highest in eastern Omaha.

Had Seven or More Sugar-Sweetened Beverages in the Past Week

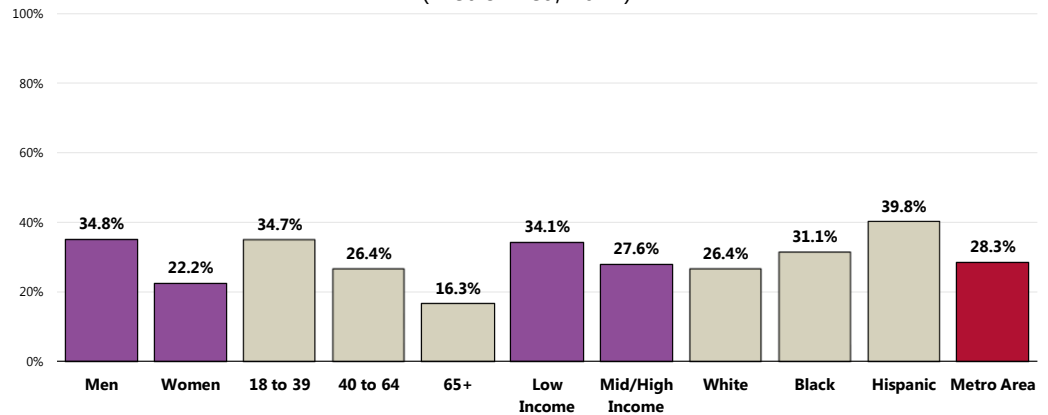


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all respondents.

Consumption of sugar-sweetened drinks is more prevalent in the following population segments:

- ☺ Men.
- ☺ Young adults (note the negative correlation with age).
- ☺ Low-income residents.
- ☺ Hispanics.

Had Seven or More Sugar-Sweetened Beverages in the Past Week (Metro Area, 2011)



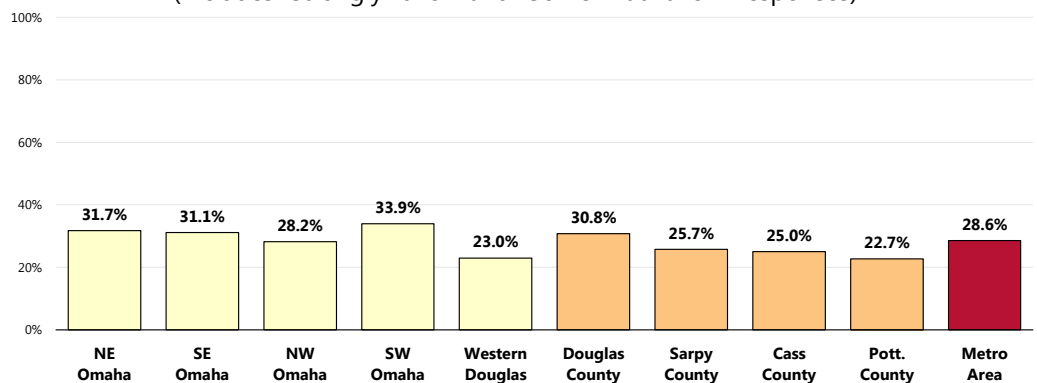
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Taxation

When asked if they would favor a local tax on sweetened beverages as a way to reduce obesity, 28.6% of survey respondents answered affirmatively (including "strongly favor" and "somewhat favor" responses).

- Throughout the Metro Area, Douglas County adults are most likely to support such a tax, while Pottawattamie County residents are least likely.
- Within Douglas County, Western Douglas County residents are least likely to support it.

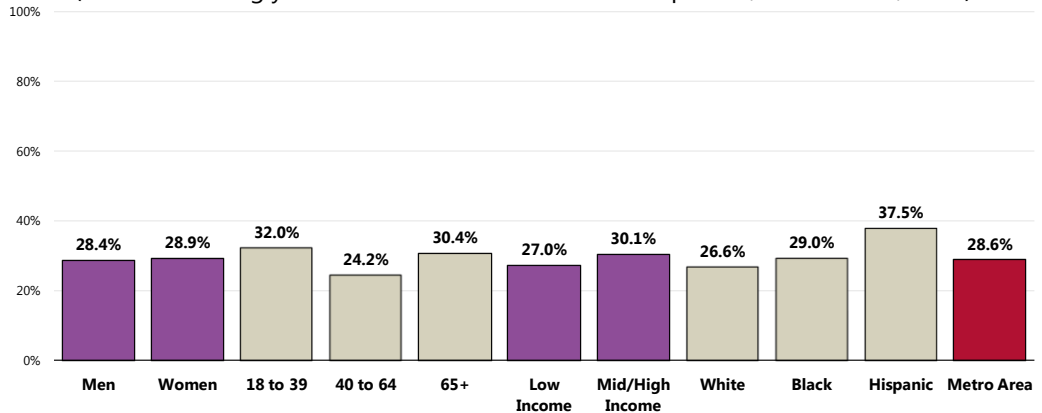
Would Favor a Local Tax on Soft Drinks and Other Sweetened Beverages as a Way to Reduce Obesity (Includes "Strongly Favor" and "Somewhat Favor" Responses)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
 Notes: • Asked of all respondents.

Viewed demographically, adults aged 40-64, Whites and Blacks are least likely to favor a tax on sugar-sweetened drinks.

Would Favor a Local Tax on Soft Drinks and Other Sweetened Beverages as a Way to Reduce Obesity (Includes "Strongly Favor" and "Somewhat Favor" Responses; Metro Area, 2011)



Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
 Notes: Asked of all respondents.
 Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

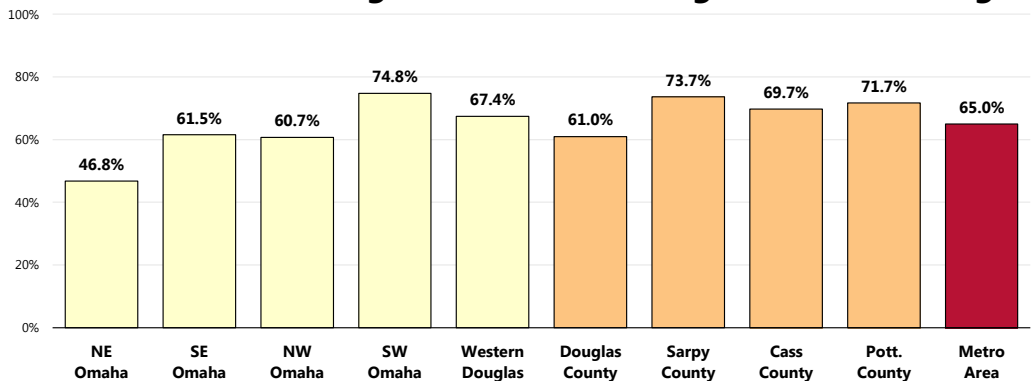
SNAP Benefits

SNAP is the federal Supplemental Nutrition Assistance Program, often thought of as "food stamps."

Two-thirds (65.0%) of Metro Area adults do not believe that SNAP recipients should be allowed to use their benefits to purchase sugar-sweetened or high-calorie beverages.

- Across the Metro Area: Douglas County residents are least likely to believe that SNAP benefits should exclude sugar-sweetened beverages, while Sarpy and Pottawattamie counties are most likely to believe that they should.
- Within Douglas County, adults in Northeast Omaha are much less likely to support excluding sugar-sweetened beverages from SNAP benefits, while residents of Southwest Omaha are more likely.

Believe That SNAP Recipients Should Not Be Able to Use Their Benefits to Purchase Sugar-Sweetened or High-Calorie Beverages

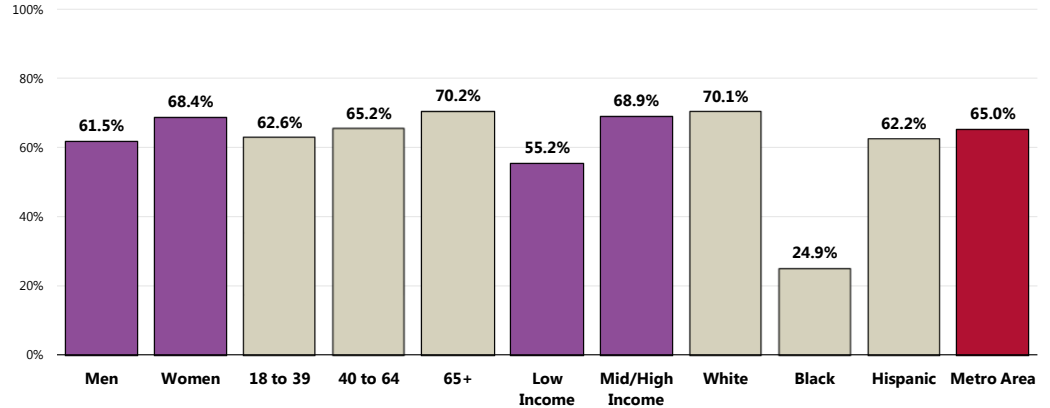


Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
 Notes: Asked of all respondents.
 SNAP is the federal Supplemental Nutrition Assistance Program, also thought of as "food stamps."

☺ Only one-fourth of Blacks feel that SNAP benefits should exclude sugar-sweetened beverages.

☺ Low-income residents are also less likely to support this.

Believe That SNAP Recipients Should Not Be Able to Use Their Benefits to Purchase Sugar-Sweetened or High-Calorie Beverages (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • SNAP is the federal Supplemental Nutrition Assistance Program, also thought of as "food stamps."

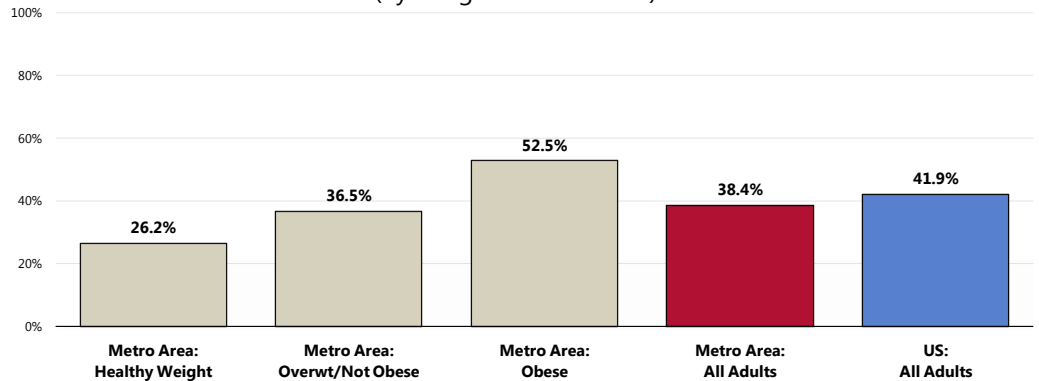
Health Advice About Diet & Nutrition

A total of 38.4% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to national findings.
- Among the four Metro Area counties, highest in Sarpy County.
- Highest in Western Douglas County.

☺ Note: Among obese respondents, 52.5% report receiving diet/nutrition advice (meaning that nearly one-half did not).

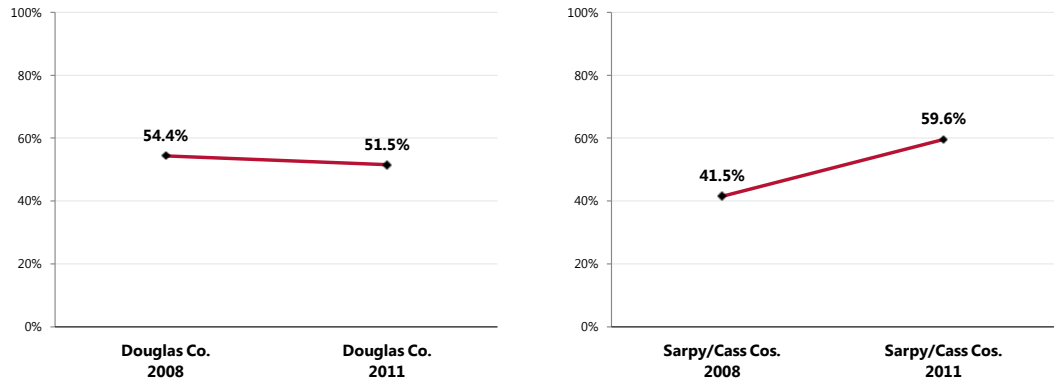
Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- ☒ No statistical change in the obese population since 2008 in Douglas and Sarpy/Cass counties. (Note that the 2008 Sarpy/Cass counties sample was considerably smaller; this is the reason for the wider variation in responses remaining within expected error ranges.)

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



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
Notes: ● Asked of all respondents.

Related Focus Group Findings: Nutrition & Obesity

Many focus group participants discussed nutrition, particularly as it relates to:

- Time and expense
- School nutrition
- Education
- Hunger

Focus group participants noted that poor nutrition habits stem from a variety of sources in the community. Participants agreed that many people lack the **time or money** needed to prepare a healthy meal for their family because they work multiple jobs. This time constraint leads the community member to choose whatever food seems to be the fastest. Many times the fastest option is also perceived as the least expensive. Members reported that fast food restaurants are abundant in the community and these restaurants have mostly unhealthy food choices. Participants see a lot of fast food options available, but few “real” restaurants. One member noted:

“Part of the nutrition issue is just the rampant supply of really terrible things to eat and drink, and the undersupply of healthy foods. We don’t have Trader Joe’s on the southeast part of town - - you’re lucky to have a grocery store that’s close by that has fresh produce. And you know, unfortunately, the really terrible stuff is also the cheapest stuff, so you’ve got this self-perpetuating problem based on socioeconomic situations.” — Douglas County Social Service Provider

In addition, focus group members are concerned about the availability of healthy food options for **school-aged children**. In addition, concern was voiced for those children who receive breakfast and lunch at school. One participant recalled:

"My son had on their school menu yesterday pancakes, hash browns, and sausage. And you know, it's gotten to the point where school lunches have to be treated in our family like a trip to McDonald's, something that you limit. When I think of all of the people who don't really have a choice and who are on the free or reduced school lunch...it's just bad." — Douglas County Social Service Provider

Focus group participants also see a lack of **education** surrounding obesity prevention and nutrition. The members believe that this education needs to begin early and occur regularly. Members agree that nutrition education could occur in a primary care provider office. Currently, there are several community programs and coalitions attempting to provide this messaging; the Council Bluff's Community Garden, Iowa School for the Deaf, and Live Well Omaha were specifically mentioned. Non-traditional settings like Hy-Vee grocery stores were also discussed as innovators in the fight against obesity, specifically. One member noted:

"You're seeing non-traditional — by that I mean non-medically based — organizations getting involved in health and wellness issues... like Hy-Vee, where they have dietitians on staff, they have cooking classes, community rooms and cooking demonstrations, healthy cooking stuff.." — Douglas County Community/Business Leader

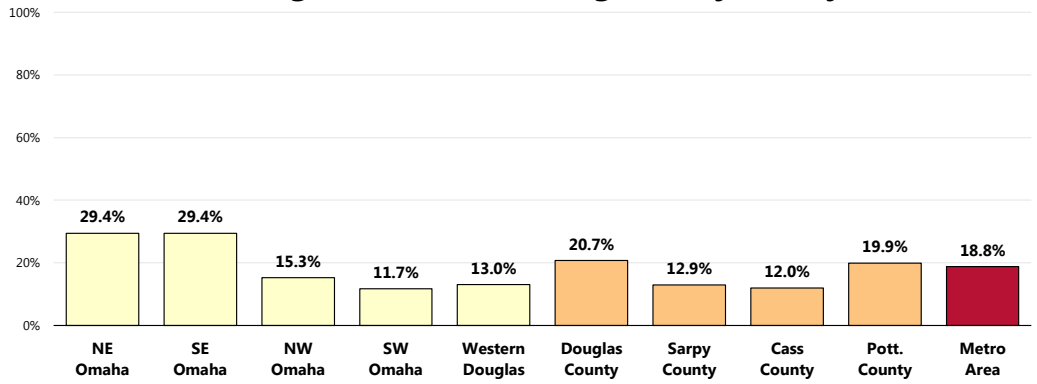
Issues surrounding **hunger** and malnutrition were also brought up in several focus groups, specifically for school-aged children. Participants voiced concern about how malnutrition can negatively impact health for both children and their families. Participants noted that with the current economic crisis, many families rely on food banks and other social service agencies for support.

At-Risk for Hunger

A total of 18.8% of Metro Area adults acknowledge that the following statement was "often" or "sometimes" true for them in the past year: "I was worried whether our food would run out before I had money to buy more."

- Among the four Metro Area counties, highest in Douglas and Pottawattamie counties.
- Within Douglas County, particularly high in eastern Omaha.

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



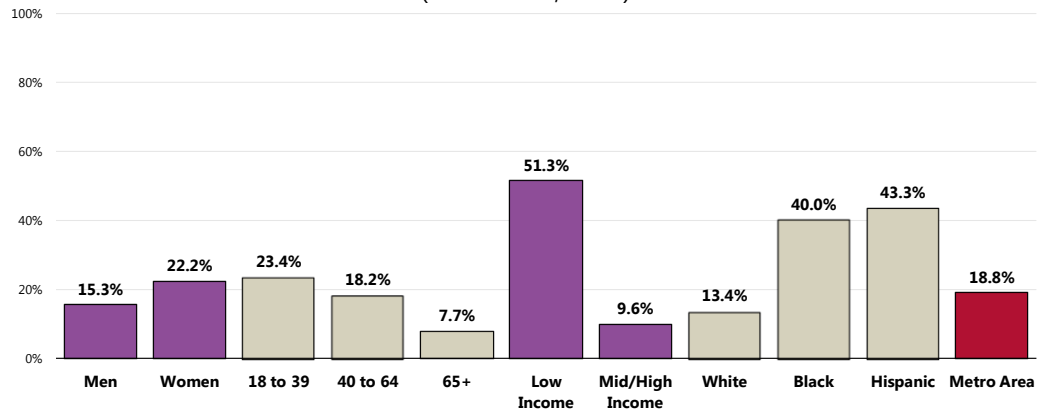
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
 Notes: • Asked of all respondents.

Survey respondents much more likely to worry that they will run out of food before they can purchase more:

👤 Low-income residents (more than half are “often/sometimes” worried).

👤 Blacks and Hispanics.

“Often” or “Sometimes” Worry About Food Running Out Before Having Money to Buy More (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

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

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

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

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

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

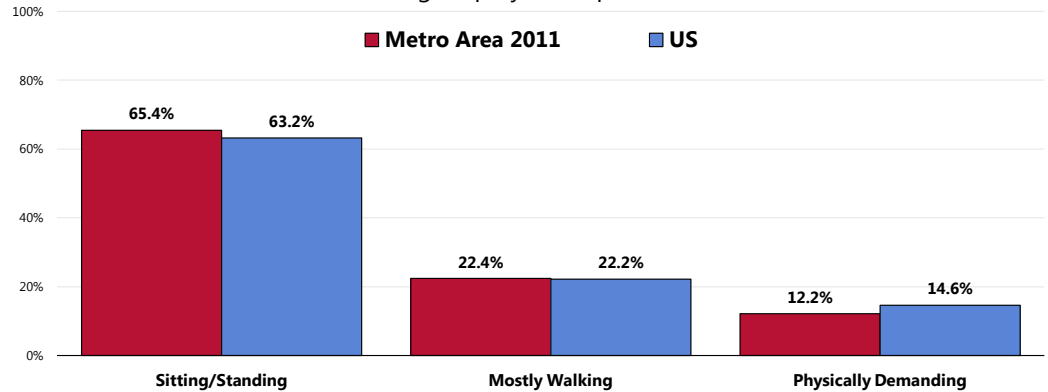
Level of Activity at Work

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

- A full 65.4% of employed respondents report that their job entails mostly sitting or standing, similar to the US figure.
- 22.4% report that their job entails mostly walking (similar to that reported nationally).
- 12.2% report that their work is physically demanding (lower than reported nationally).

Primary Level of Physical Activity At Work

(Among Employed Respondents)



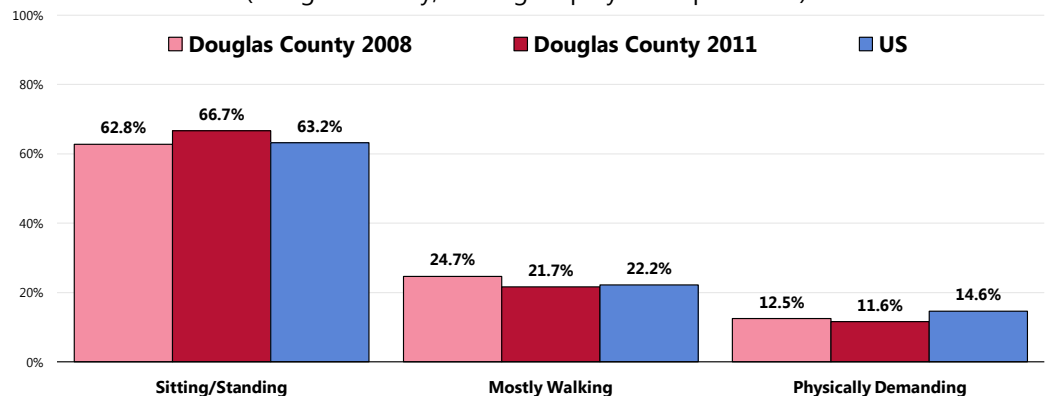
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

- ☒ Over time, employed Douglas County respondents noted a significant increase in sedentary employment and a significant decrease in jobs that involve mostly walking.

Primary Level of Physical Activity At Work

(Douglas County; Among Employed Respondents)



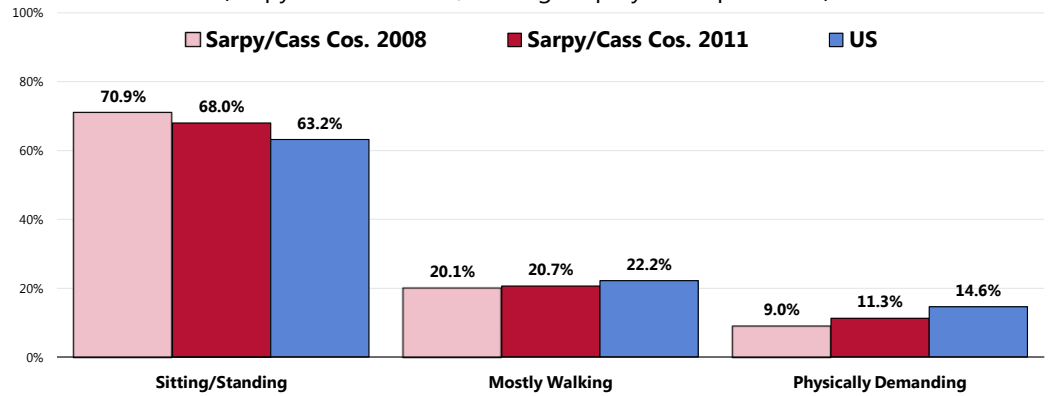
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 89]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

Among employed Sarpy/Cass respondents, no significant change since 2008.

Primary Level of Physical Activity At Work

(Sarpy/Cass Counties; Among Employed Respondents)



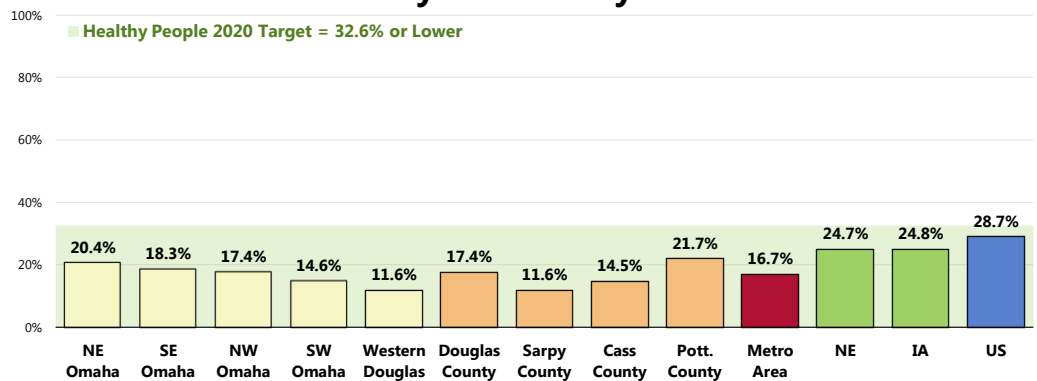
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 89]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

A total of 16.7% of Metro Area adults report no leisure-time physical activity in the past month.

- More favorable than both statewide figures.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Among the four Metro Area counties, lowest in Sarpy County and highest in Pottawattamie County.
- Within Douglas County, lowest in the western portion of the county.

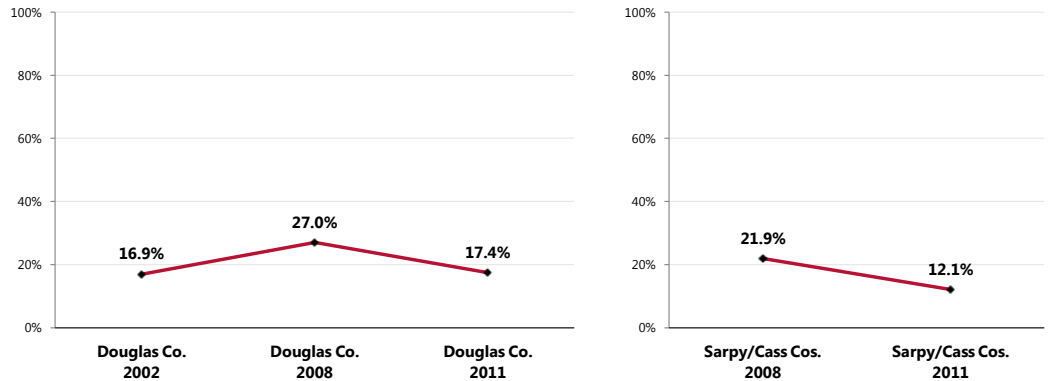
No Leisure-Time Physical Activity in the Past Month



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Nebraska and Iowa data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
 Notes: • Asked of all respondents.

☒ In Douglas County, this percentage is lower than found in 2008, but similar to 2002 findings. In Sarpy/Cass counties, there has also been a significant decrease since 2008.

No Leisure-Time Physical Activity in the Past Month



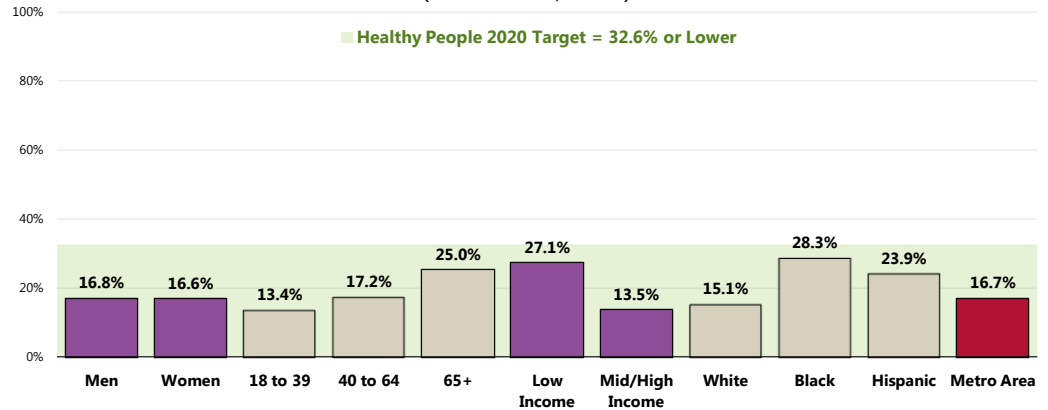
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 90]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
 Notes: • Asked of all respondents.

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

- 👥 Adults aged 40+ (note the positive correlation with age).
- 👥 Lower-income residents.
- 👥 Blacks and Hispanics.

No Leisure-Time Physical Activity in the Past Month

(Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

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

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

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

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

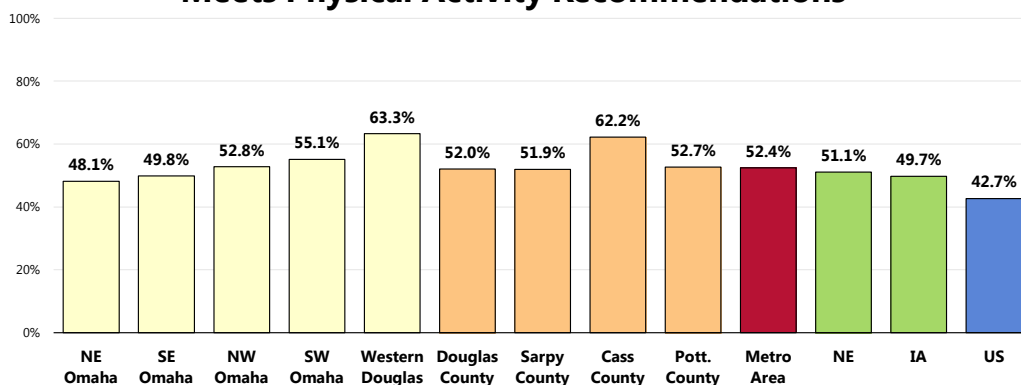
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 52.4% of Metro Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to Nebraska findings but more favorable than the Iowa figure.
- More favorable than national findings.
- Among the four Metro Area counties, highest in Cass County.
- Within Douglas County, highest in the western portion of the county.

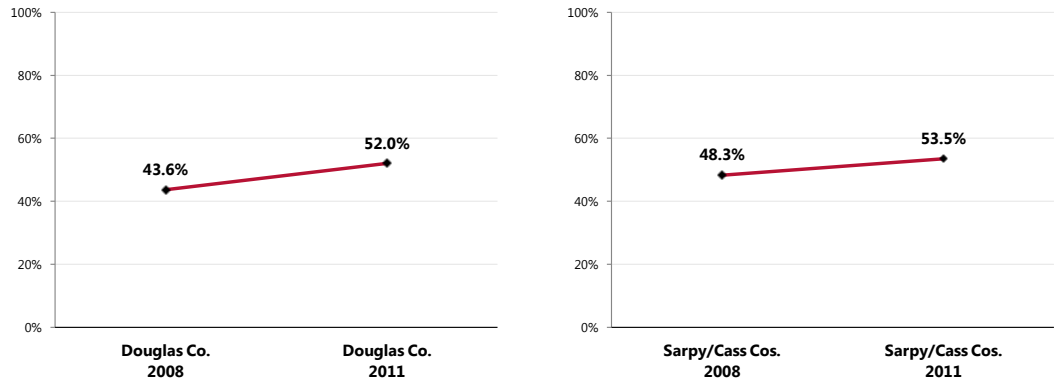
Meets Physical Activity Recommendations



- Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Nebraska and Iowa data.
- Notes:
- Asked of all respondents.
 - In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

☒ Marks a statistically significant increase over time in Douglas County; statistically unchanged in Sarpy/Cass counties since 2008.

Meets Physical Activity Recommendations



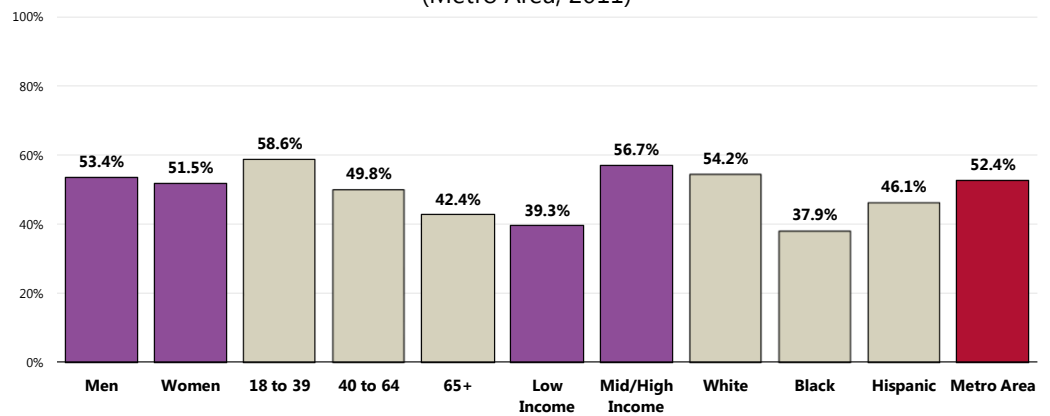
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 181]
 Notes: • Asked of all respondents.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

- ☒ Adults aged 40+ (note the negative correlation with age).
- ☒ Low-income residents.
- ☒ Blacks and Hispanics.

Meets Physical Activity Recommendations

(Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
 Notes: • Asked of all respondents.
 • FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

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

In the past month:

A total of 30.7% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

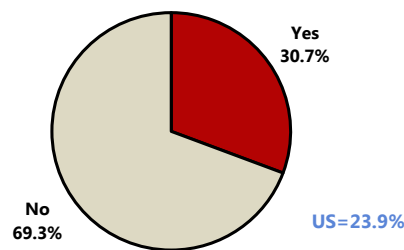
- More favorable than the national level.
- Similar by sub-area within Douglas County; similar by county in the Metro Area (not shown).
- ☒ Denotes a statistically significant increase over time in Douglas County; unchanged in Sarpy/Cass counties since 2008 (not shown).

A total of 43.7% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

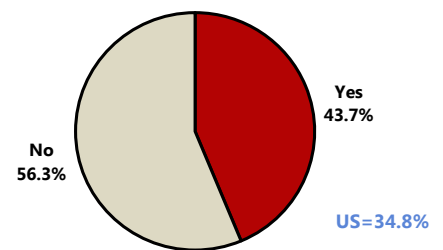
- More favorable than the statewide figures.
- More favorable than the nationwide figure.
- Within Douglas County, highest in Western Douglas County; similar by county in the Metro Area (not shown).
- ☒ Denotes a statistically significant increase over time in Douglas County; unchanged in Sarpy/Cass counties since 2008 (not shown).

Moderate & Vigorous Physical Activity

(Metro Area, 2011)



Moderate Physical Activity



Vigorous Physical Activity

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 183-184]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

Related Focus Group Findings: Physical Activity

Many focus group participants discussed physical activity in the community. The main discussion centered on:

- Safety
- Expense

Focus group participants were divided on the number of opportunities for physical activity in the community. Many participants believe there are plenty of walking and biking trails available, others feel barriers such as **safety** limit physical activity opportunities. Several focus group members do not feel safe allowing their children to access the trails, or even play in their street. Additional members noted the **expense** of intramural sports, which limit many children's ability to participate. These sport teams involve cost of uniforms, extra practice sessions, and travel. One participant described:

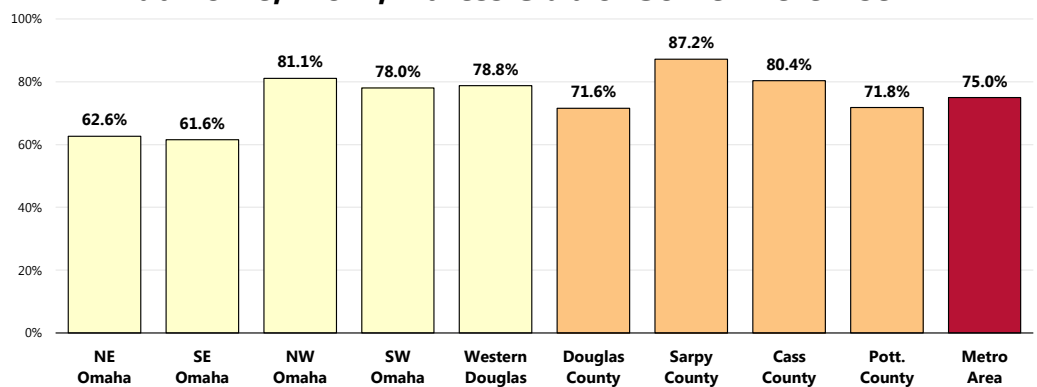
"There is soccer and football and baseball and softball. But it's getting so expensive for parents, not only to ride the transportation, but the uniforms and all of the equipment that they have to buy." — Sarpy and Cass County Key Informant

Access to Indoor Exercise/Fitness Equipment

Three-fourths (75.0%) of Metro Area adults report having access to indoor exercise equipment (at home, work, a fitness club, etc.).




- Among the four Metro Area counties, this is lowest in Douglas County and highest in Sarpy County.
- Within Douglas County, access to indoor exercise equipment is much lower on the east side of Omaha.

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

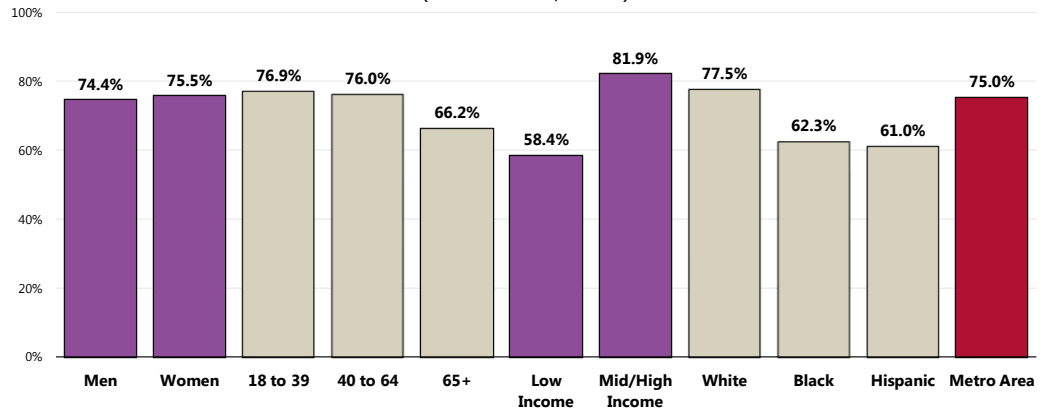


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
Notes: • Asked of all respondents.

Adults least likely to have access to indoor exercise equipment include:

-  Adults 65+.
-  Low-income residents.
-  Blacks and Hispanics.

Have Access to Indoor Exercise Equipment at Home, Work, Fitness Club or Somewhere Else (Metro Area, 2011)




Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

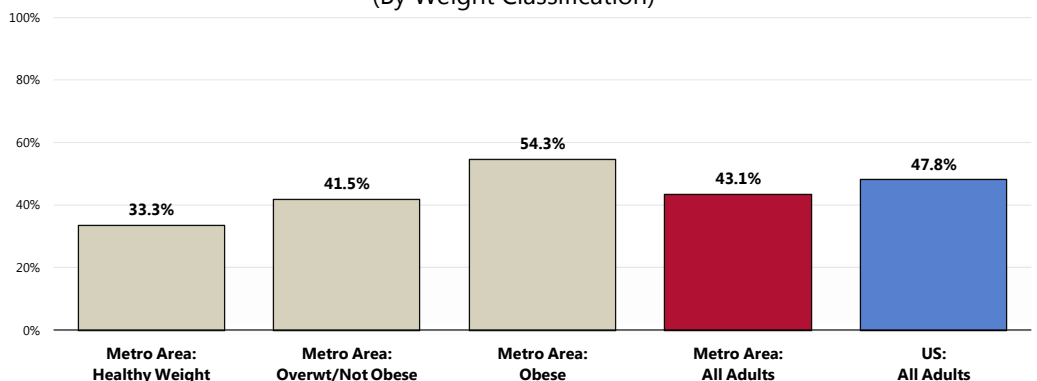
Health Advice About Physical Activity & Exercise

A total of 43.1% of Metro Area adults report that their physician has asked about or given advice to them about physical activity in the past year.


- Less favorable than the national average.

 Note: 54.3% of obese Metro Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

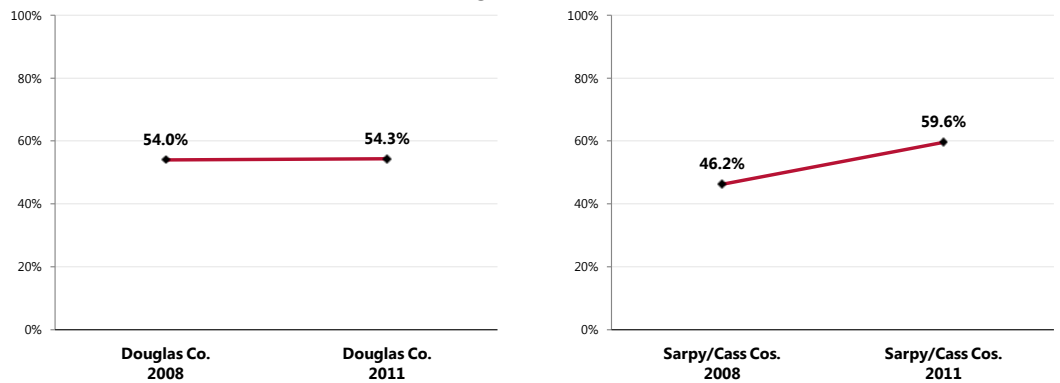
Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

 No statistical change to report among the obese populations in Douglas and Sarpy/Cass counties since 2008.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (Among Obese Adults)



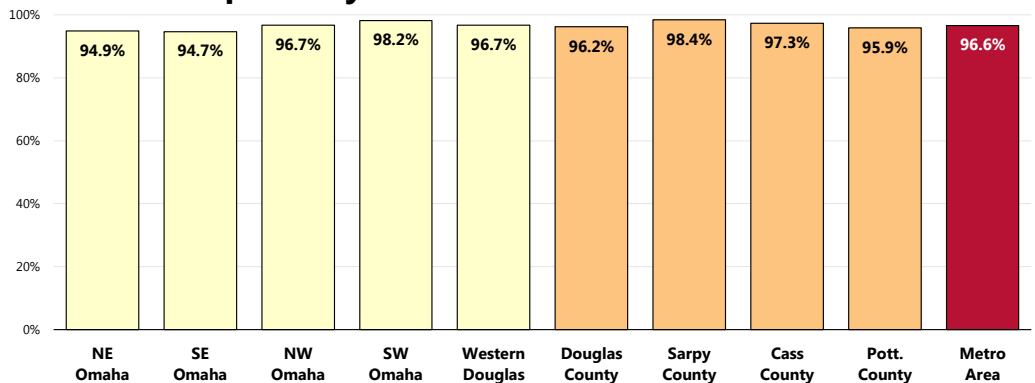
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 23]
Notes: • Asked of all respondents.

Physical Education in the Schools

The majority of Metro Area adults (96.6%) believes that schools should require physical education for all students.

- Among the four Metro Area counties, highest in Sarpy County.
- Within Douglas County, highest in Southwest Omaha.

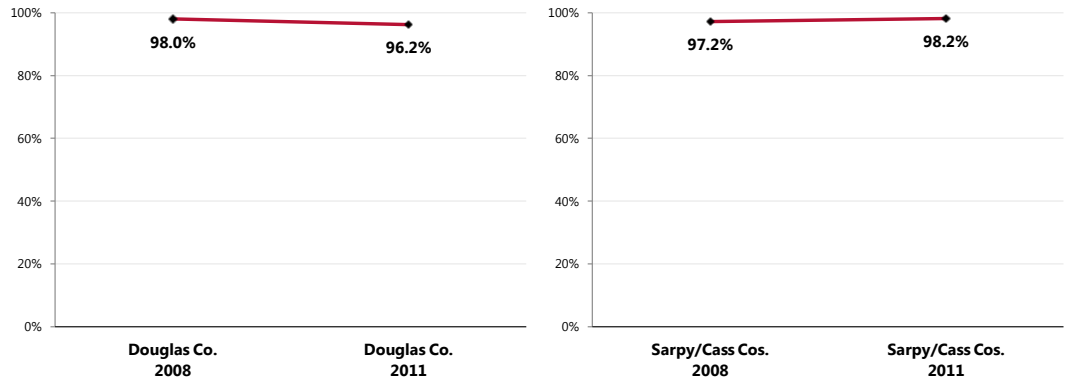
Believe That Schools Should Require Physical Education for All Students



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
Notes: • Asked of all respondents.

Statistically unchanged since 2008 in Douglas and Sarpy/Cass counties.

Believe That Schools Should Require Physical Education for All Students

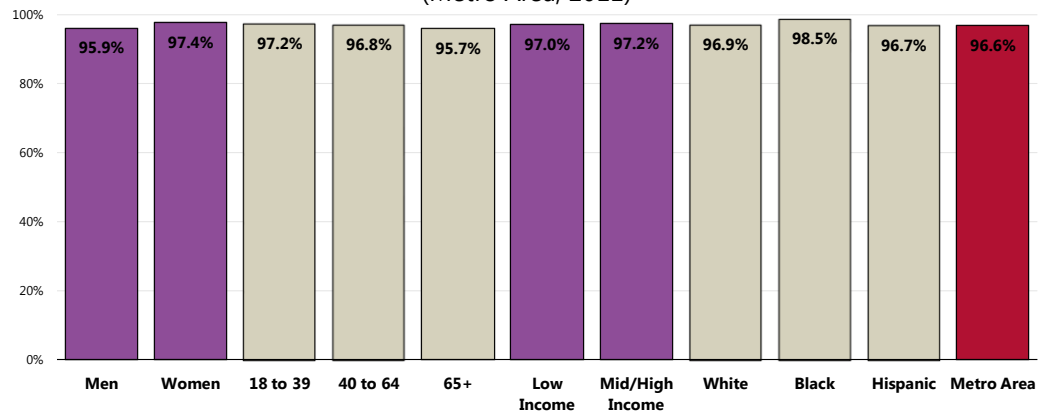


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 104]
 Notes: Asked of all respondents.

No significant differences to note when viewed by key demographic characteristics.

Believe That Schools Should Require Physical Education for All Students

(Metro Area, 2011)



Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
 Notes: Asked of all respondents.
 Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

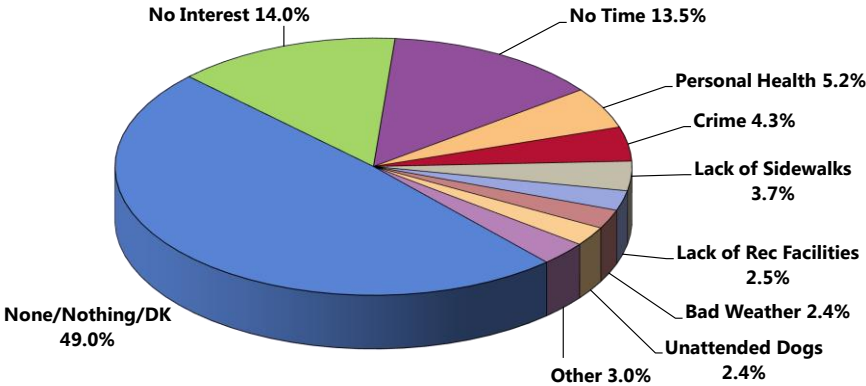
Built Environment

Contributors to Physical Inactivity

When asked to define their reasons for not exercising more (including such community or neighborhood-related issues as crime, unattended dogs, not enough sidewalks, etc.), nearly one-half (49.0%) of survey respondents said “none/nothing” or were uncertain.

- Another 14.0% have **no interest** in getting more physical activity, and 13.5% report having **no time**.
- 5.2% of survey respondents report that their **personal health** prevents more activity.
- Only 4.3% of adults mentioned **crime** as the reason they do not exercise more, and 3.7% indicated a lack of **sidewalks** to be the reason.

Community/Neighborhood Reasons for Not Being More Active (Metro Area, 2011)



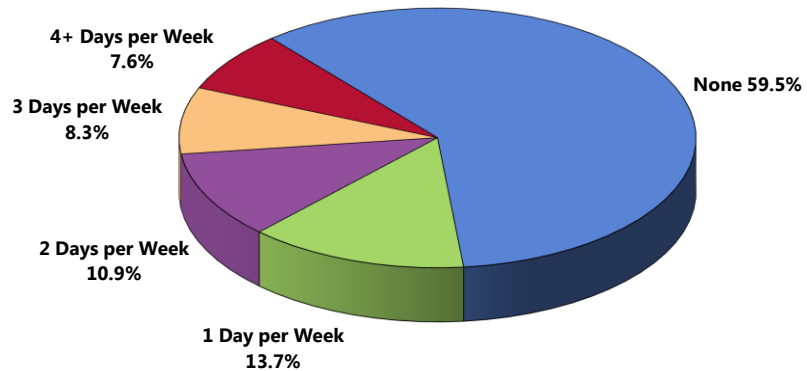
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

Use of Local Parks & Recreational Centers

The majority (59.5%) of Metro Area adults report using local parks or recreational centers for exercise less than once a week, if at all.

- On the other hand, 40.5% of survey respondents use a local park or recreational center at least once per week (including 15.9% who use such facilities at least three times weekly).

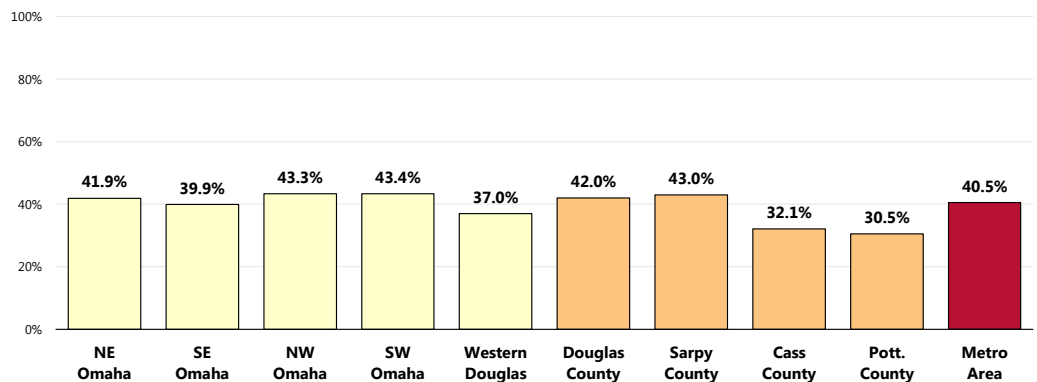
Frequency of Using Local Parks or Recreation Centers for Exercise (Average Days per Week; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
Notes: • Asked of all respondents.

- Highest in Douglas County; lower in Cass and Pottawattamie counties.
- No statistical difference within Douglas County.

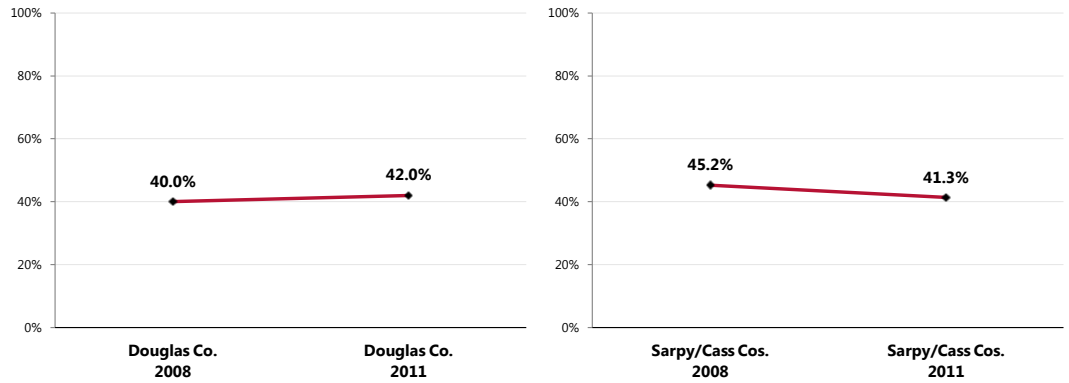
Typically Use Local Parks or Recreation Centers for Exercise at Least Once a Week



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
Notes: • Asked of all respondents.

Statistically unchanged since 2008 in Douglas County and Sarpy/Cass counties.

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

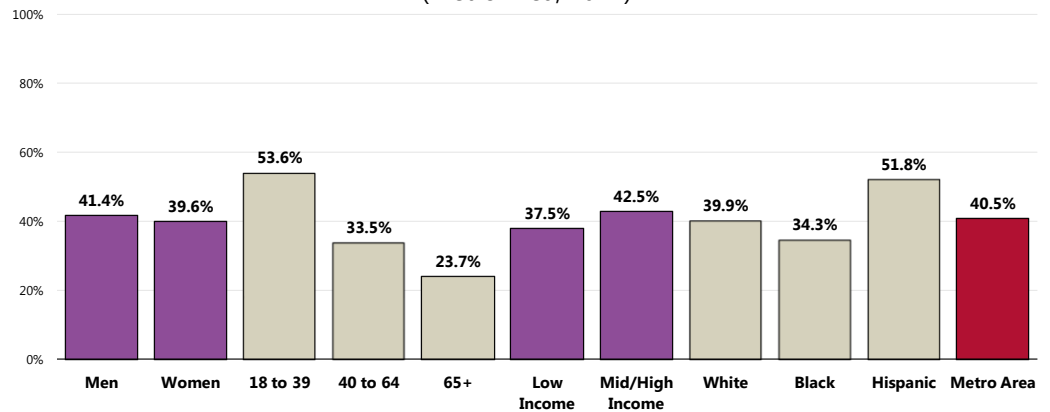


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 94]
 Notes: Asked of all respondents.

Note the following findings regarding use of local parks and recreation centers:

- There is a negative correlation with age.
- Whites and Blacks are much less likely than Hispanics to report weekly use.

Typically Use Local Parks or Recreation Centers for Exercise at Least Once a Week (Metro Area, 2011)



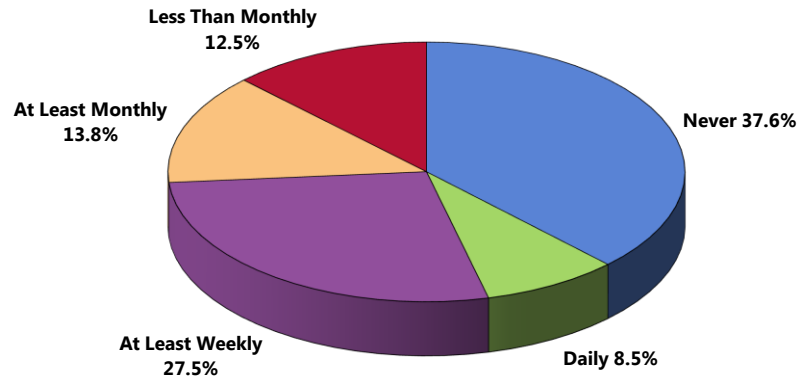
Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
 Notes: Asked of all respondents.
 Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Use of Local Trails

When asked how often they use a local paved or dirt trail for walking in good weather, one-half of community members said “never” (mentioned by 37.6%) or “less than once a month” (12.5%).

- On the other hand, 13.8% of survey respondents use a paved or dirt trail for walking in good weather at least **monthly**, while 27.5% use one at least **weekly** and 8.5% use one **daily**.

Frequency of Using Local Paved or Dirt Trails for Walking, Hiking or Biking in Good Weather (Metro Area, 2011)

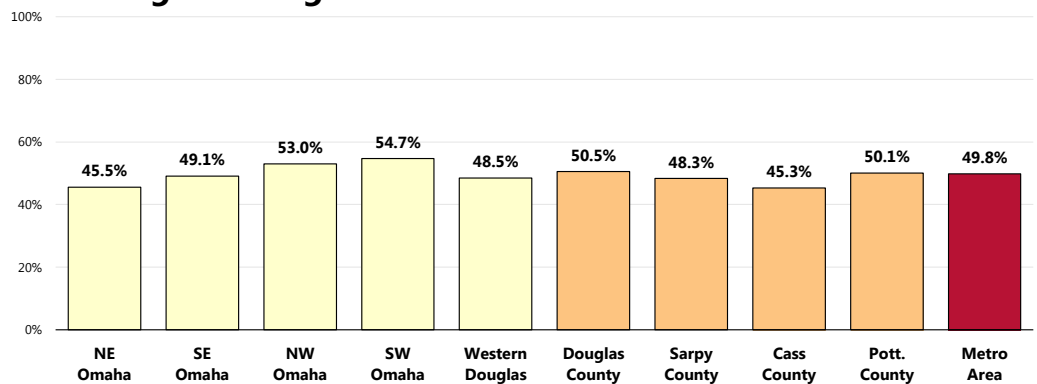


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 95]
Notes: • Asked of all respondents.

In all, one-half (49.8%) of survey respondents report using a local paved or dirt trail for exercising at least monthly in good weather.

- Statistically similar by county.
- Within Douglas County, lowest (least favorable) in Northeast Omaha.

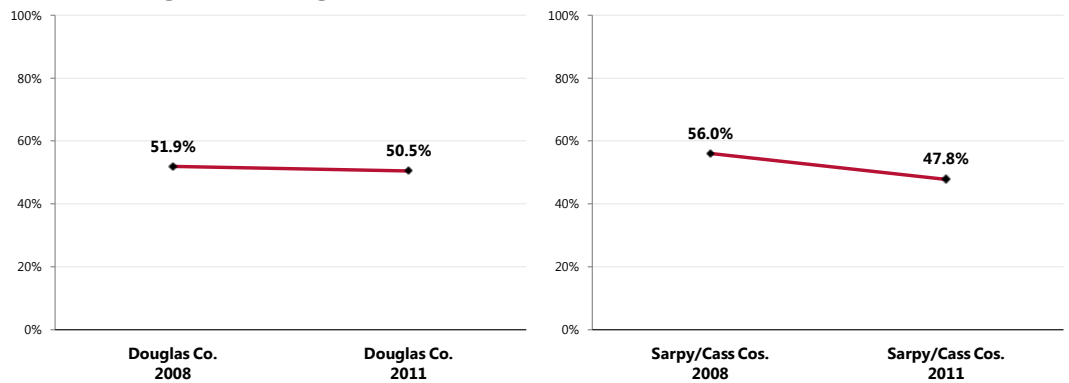
Typically Use Local Paved or Dirt Trails for Walking, Hiking or Biking at Least Once a Month in Good Weather



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 95]
Notes: • Asked of all respondents.

Statistically unchanged since 2008 in Douglas County; marks a statistically significant decrease since 2008 in Sarpy/Cass counties.

Typically Use Local Paved or Dirt Trails for Walking, Hiking or Biking at Least Once a Month in Good Weather

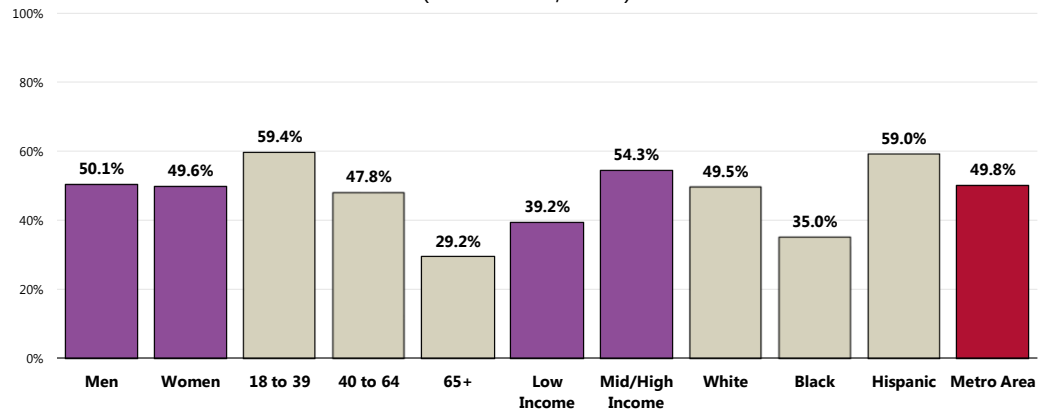


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 95]
 Notes: • Asked of all respondents.

The following populations are less likely to report monthly use of local trails:

- 👤 Adults 40+ (and especially those 65+).
- 👤 Low-income residents.
- 👤 Blacks.

Typically Use Local Paved or Dirt Trails for Walking, Hiking or Biking at Least Once a Month in Good Weather (Metro Area, 2011)



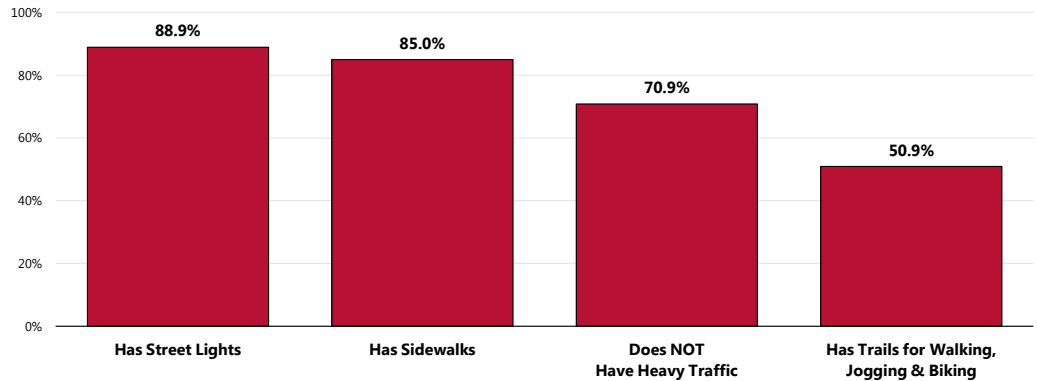
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 95]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Community Attributes Which Support Physical Activity

The majority (88.9%) of survey respondents reports having street lights in their neighborhoods, and 85.0% report having sidewalks.

Another 70.9% of community members report not having heavy traffic in their neighborhoods, and 50.9% report having trails for jogging, walking or biking.

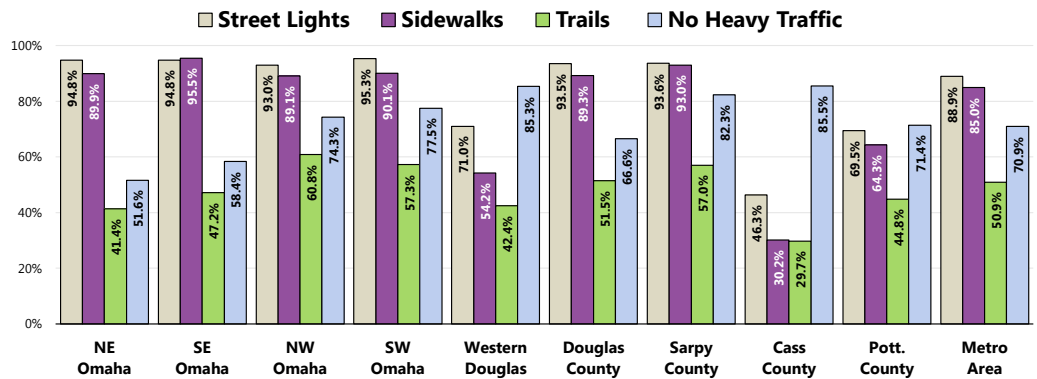
Presence of Neighborhood Attributes That Support Physical Activity (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96-99]
Notes: • Asked of all respondents.

- Viewed geographically, most adults report having **street lights** and **sidewalks** in the community (the lowest percentages are reported in Western Douglas County, Cass County and Pottawattamie County).
- Trails** are least prevalent in Cass County; also, as might be expected, Douglas County residents are most likely to report **heavy traffic** in their neighborhoods (especially those in eastern Omaha).

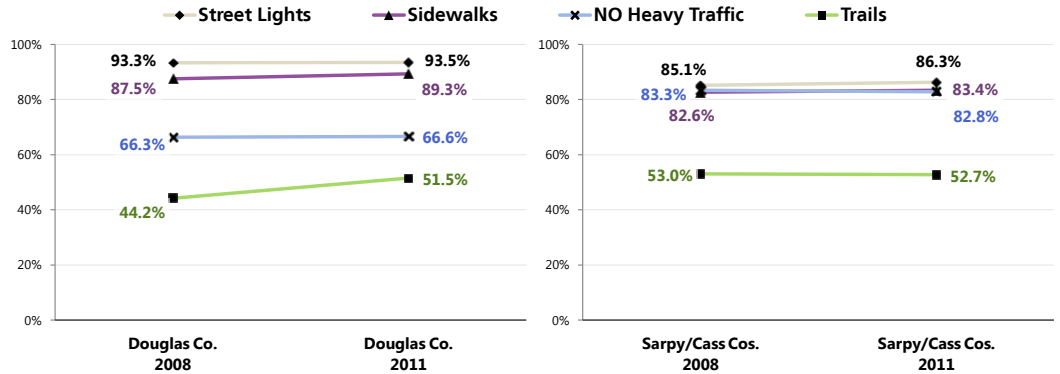
Presence of Neighborhood Attributes That Support Physical Activity



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96-99]
Notes: • Asked of all respondents.

☒ Douglas County has experienced a significant increase in the prevalence of trails for jogging, walking or biking; in Sarpy/Cass counties, the prevalence of various neighborhood attributes has remained statistically unchanged.

Presence of Neighborhood Features That Support Physical Activity



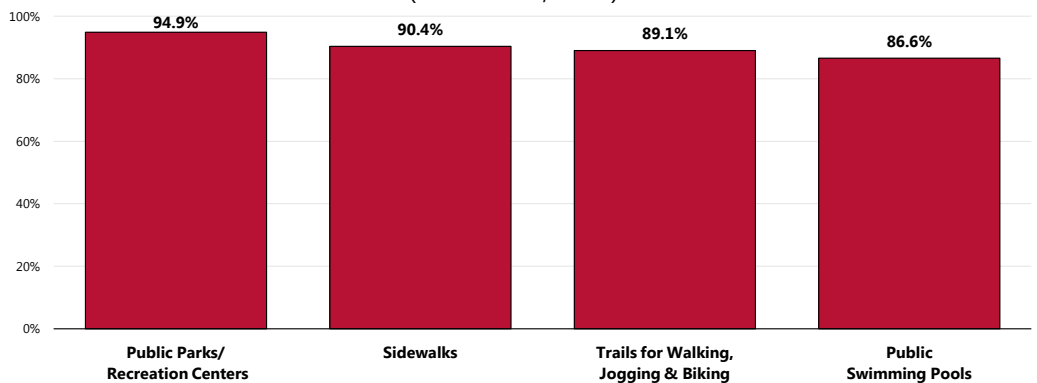
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 96-99]
 Notes: • Asked of all respondents.

Use of Local Government Funding

At least nine out of 10 Metro Area community members feel that local government funds should be spent to build and maintain public parks/recreation centers (mentioned by 94.9%) and sidewalks (90.4%).

At least eight out of 10 Metro Area community members feel that local government should fund trails (mentioned by 89.1%) and public swimming pools (86.6%).

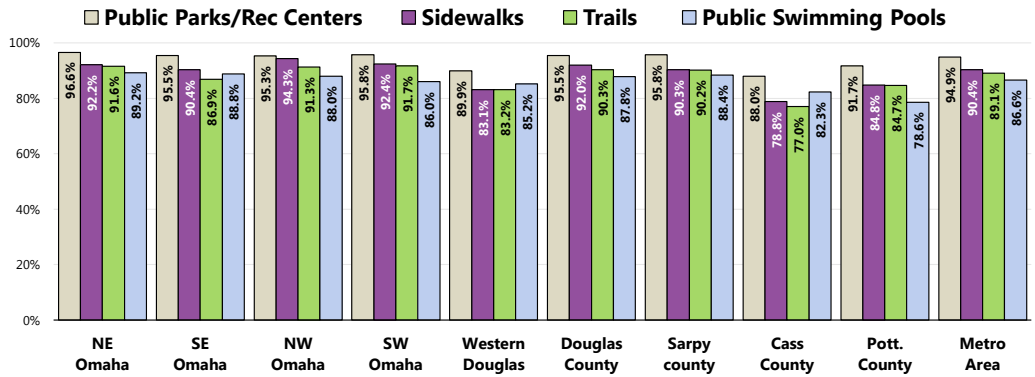
Believe That Local Government Funds Should Be Spent to Build and Maintain: (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 100-103]
 Notes: • Asked of all respondents.

- Cass County residents are less likely to agree that local government funds should be spent on public parks/recreation centers, sidewalks, or trails.
- Pottawattamie County residents are less likely to feel that local government should fund public swimming pools.

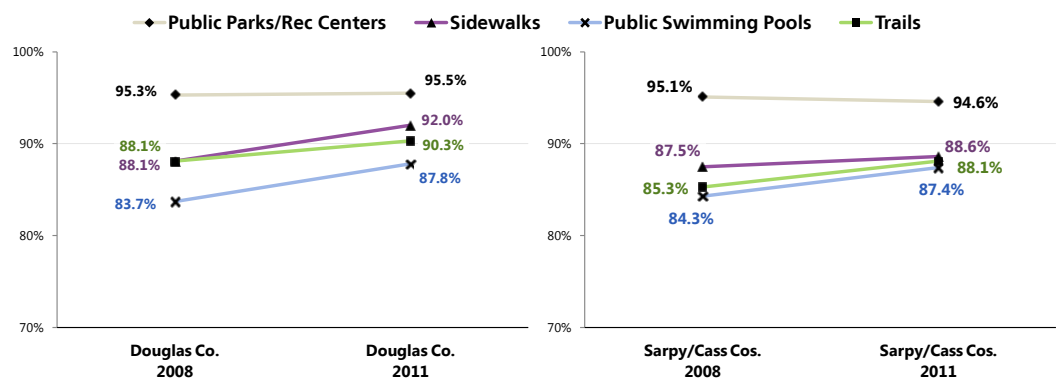
Believe That Local Government Funds Should Be Spent to Build and Maintain:



Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 100-103]
 Notes: ● Asked of all respondents.

- ☒ Over time, Douglas County reported an increase in the percentage of residents who believe that local government funding should be spent on sidewalks and public swimming pools; percentages were statistically unchanged over time in Sarpy/Cass counties.

Believe That Local Government Funds Should Be Spent to Build and Maintain:



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 100-103]
 Notes: ● Asked of all respondents.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Healthy Weight

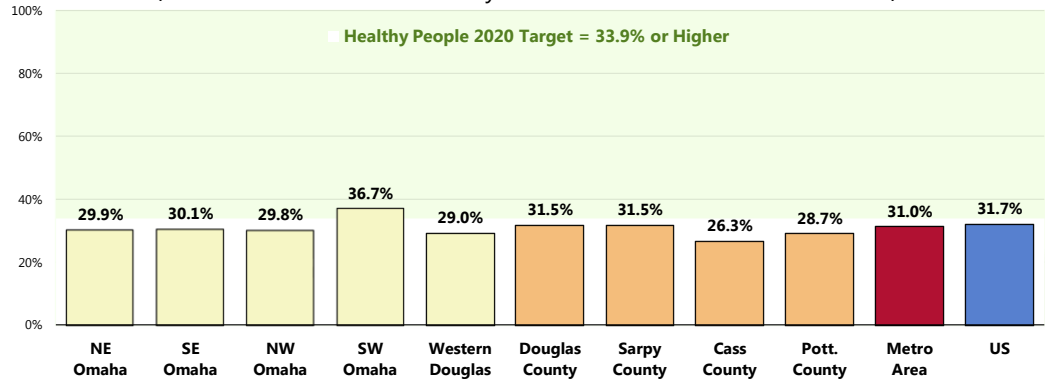
Based on self-reported heights and weights, 31.0% of Metro Area adults are at a healthy weight.

- Nearly identical to national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Among the four Metro Area counties, no significant difference is found.
- Within Douglas County, no difference by sub-area.

“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

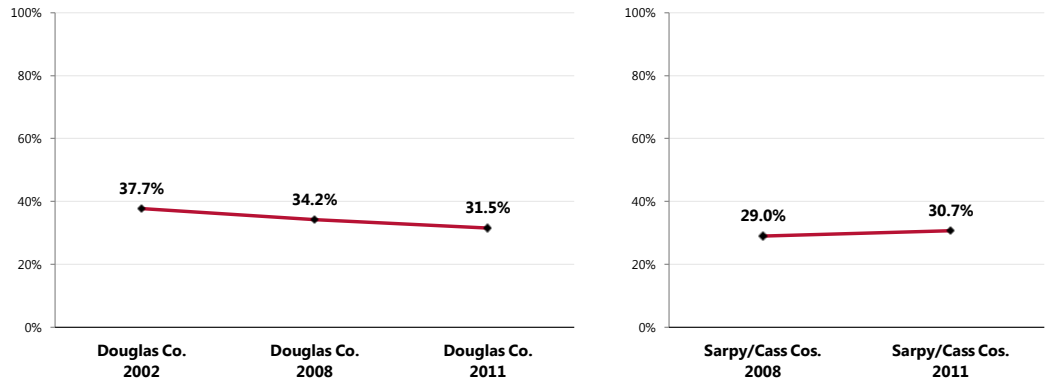
Notes: • Based on reported heights and weights, asked of all respondents.

• The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

⚠ Signifies a statistical decrease in healthy weight among Douglas County adults since 2002; no significant change for Sarpy/Cass counties since 2008.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 189]

Notes: • Asked of all respondents.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

Notes: • Based on reported heights and weights, asked of all respondents.

• The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

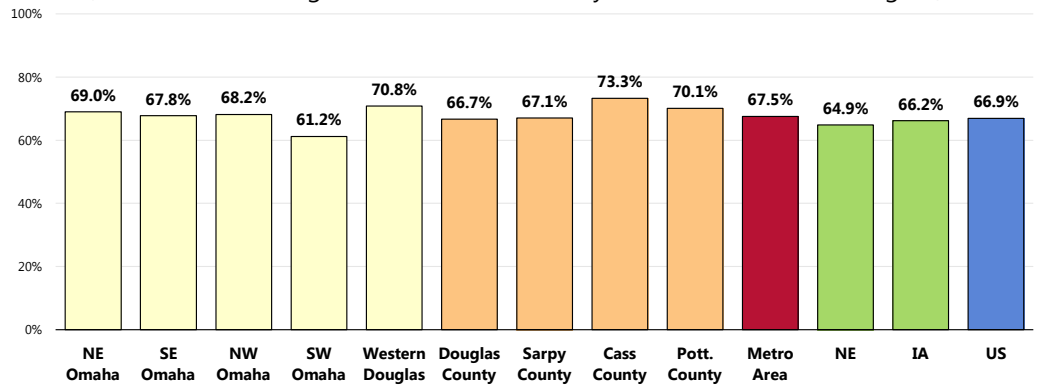
Here, "overweight" includes those respondents with a BMI value ≥ 25 .

More than two-thirds (67.5%) of Metro Area adults are overweight.

- Higher than the Nebraska prevalence, similar to the Iowa prevalence.
- Similar to the US overweight prevalence.
- No significant difference by county across the Metro Area.
- Within Douglas County, lowest in Southwest Omaha.

Prevalence of Total Overweight

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)

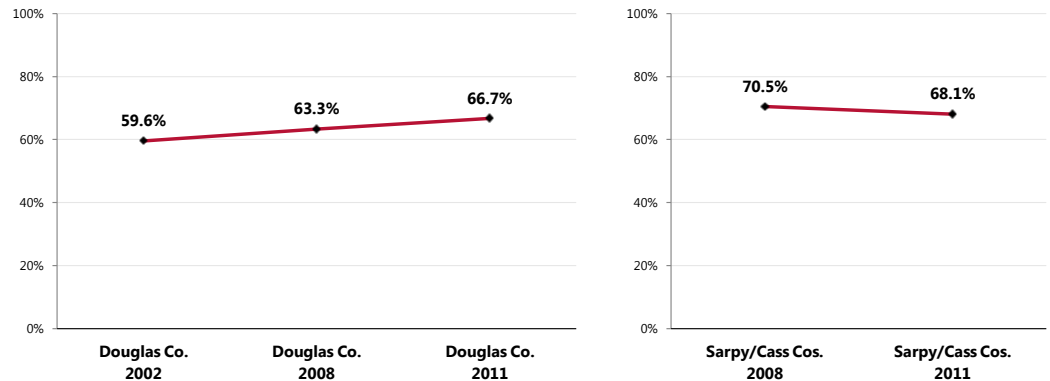


- Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Nebraska and Iowa data.
- Notes:
- Asked of all respondents.
 - Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

⚠ Denotes a statistically significant increase in Douglas County since 2002; no significant change to report for Sarpy/Cass counties since 2008.

Prevalence of Total Overweight

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 189]
- Notes:
- Asked of all respondents.
 - Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

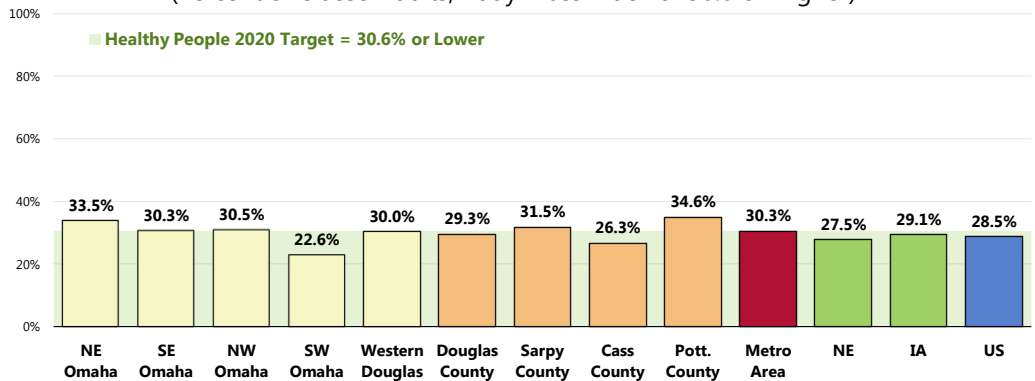
“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Further, 30.3% of Metro Area adults are obese.

- Less favorable than Nebraska findings, similar to Iowa findings.
- Similar to US findings.
- Similar to the Healthy People 2020 target (30.6% or lower).
- No difference by county across the Metro Area.
- Within Douglas County, lowest (most favorable) in Southwest Omaha.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)

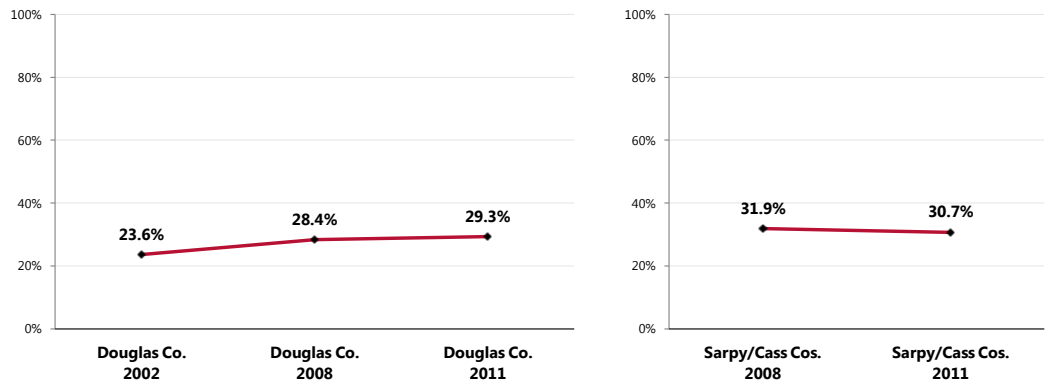


- Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Nebraska and Iowa data.
- Notes:
- Asked of all respondents.
 - Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Denotes a statistically significant increase in obesity for Douglas County since 2002; no significant change in findings for Sarpy/Cass counties.





Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)



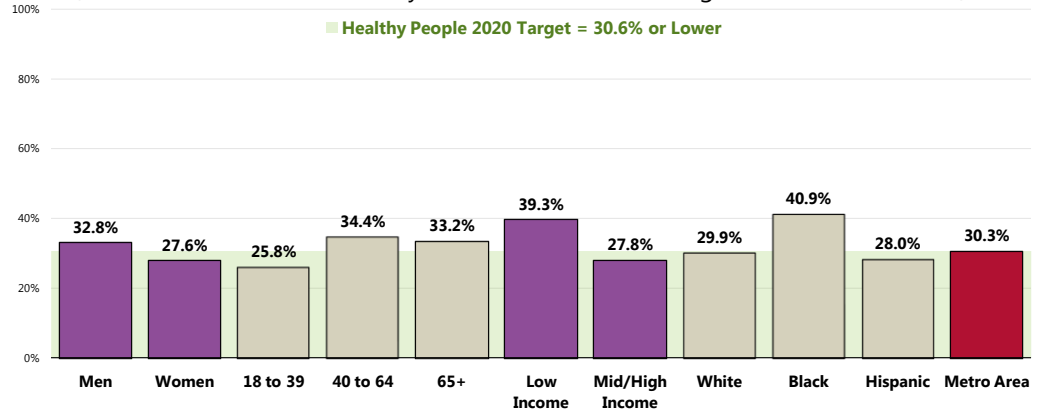
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 189]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Asked of all respondents.
 - Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

-  Men.
-  Residents aged 40 and older.
-  Respondents with lower incomes.
-  Blacks.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; Metro Area, 2011)



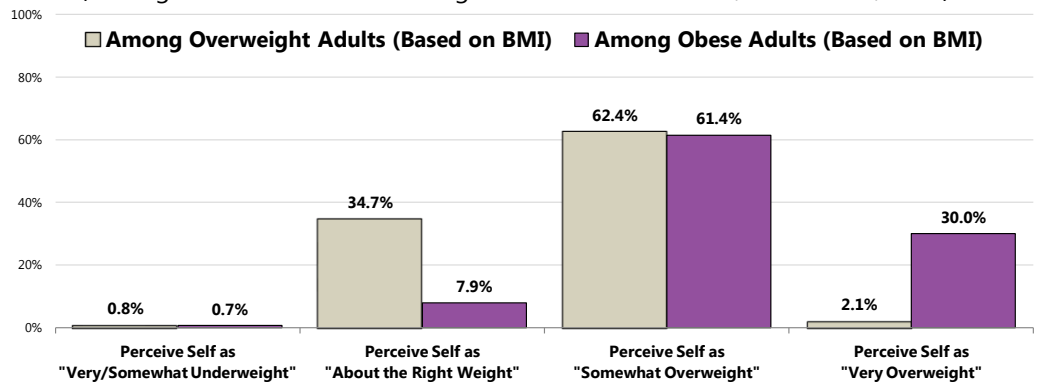
- Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Actual vs. Perceived Body Weight

Note that 7.9% of obese adults and 34.7% of overweight (but not obese) adults feel that their current weight is "about right."

Actual vs. Perceived Weight Status

(Among Adults Who Are Overweight/Obese Based on BMI; Metro Area, 2011)



- Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
- Notes:
- BMI is based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

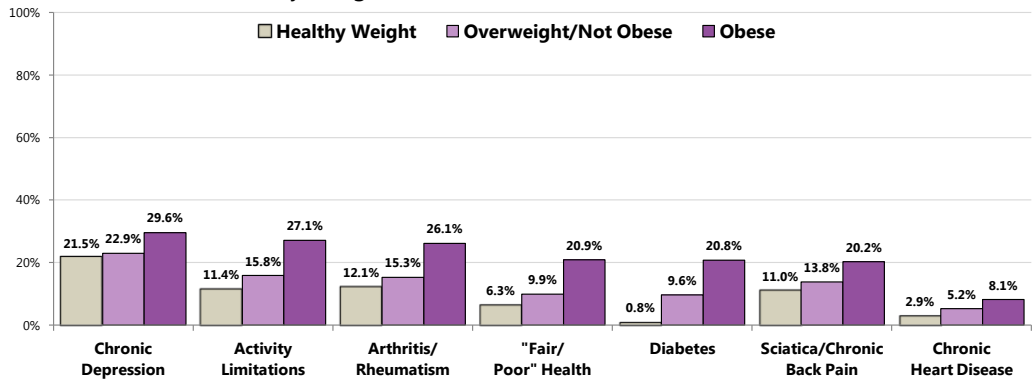
The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- Chronic depression.
- Activity limitations.
- Arthritis/rheumatism.
- "Fair/poor" physical health.
- Diabetes.
- Sciatica/chronic back pain.
- Chronic heart disease.

Relationship of Overweight With Other Health Issues (By Weight Classification; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7, 33, 34, 38, 42, 112, 115]
Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

A total of 26.2% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

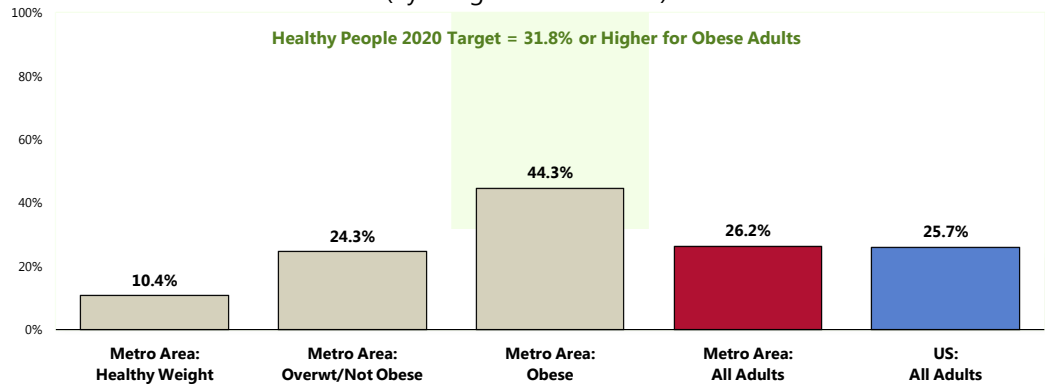
- Statistically similar to the national findings.



Note that 44.3% of obese adults have been given advice about their weight by a health professional in the past year (while over one-half have not).

- This satisfies the Healthy People 2020 target of 31.8% or higher.

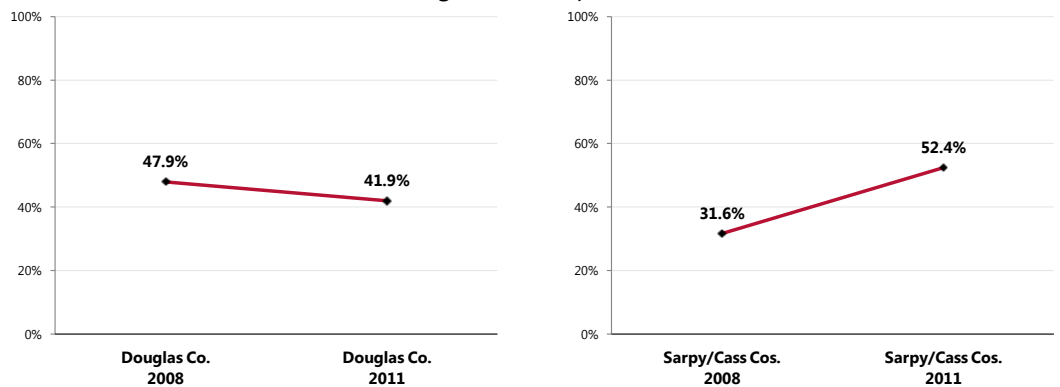
Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- ☒ This percentage has not changed significantly among obese adults in Douglas County; in Sarpy/Cass counties, there has been a statistically significant increase in this indicator since 2008.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (Among Obese Respondents)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 109]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-6.2]
 Notes: • Asked of all respondents.

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight..... <5th percentile
- Healthy Weight..... ≥5th and <85th percentile
- Overweight..... ≥85th and <95th percentile
- Obese..... ≥95th percentile

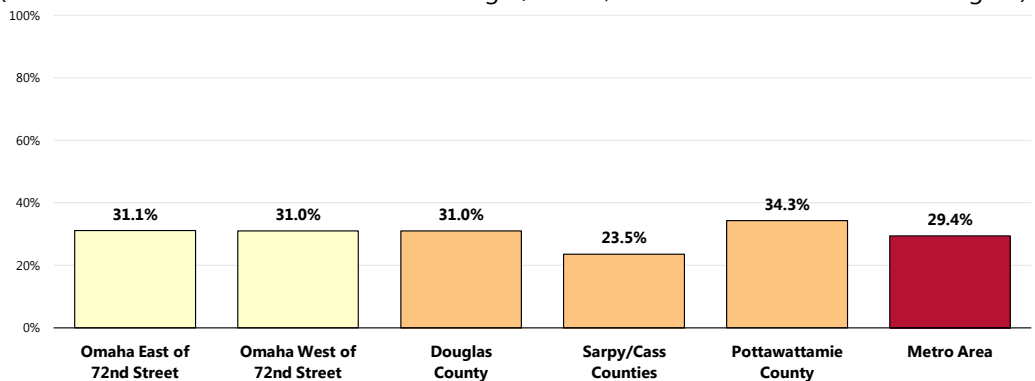
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 29.4% of Metro Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Similar to that found nationally.
- Among the four Metro Area counties, no significant difference is found.
- Within Douglas County, nearly identical findings on either side of 72nd Street in Omaha.

Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



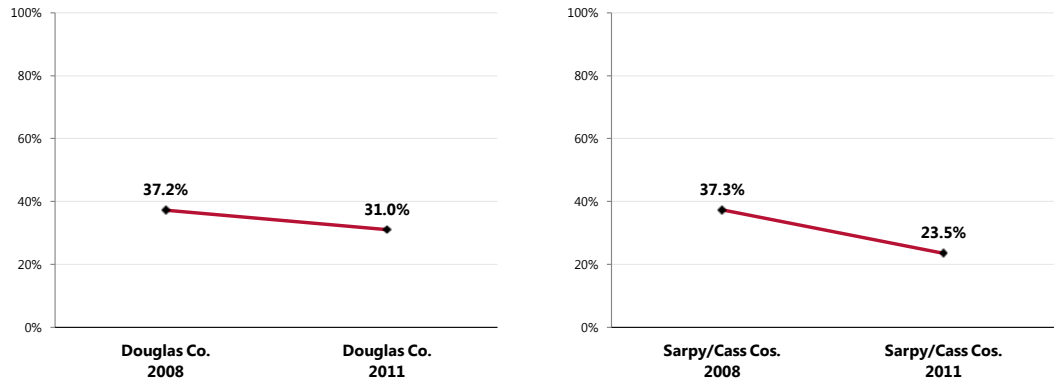
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents with children age 5-17 at home.
● Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

☒ No statistically significant change in findings in Douglas County since 2008; in Sarpy/Cass counties, the prevalence of childhood overweight has decreased since the last study.

Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 193]

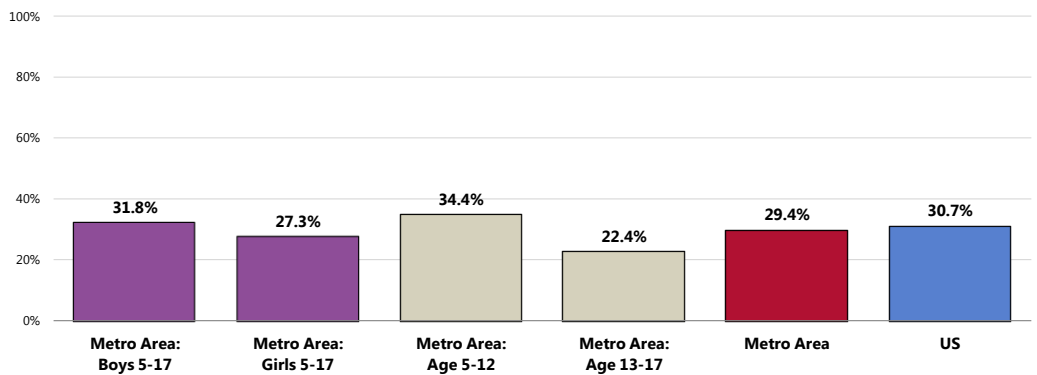
Notes: • Asked of all respondents with children age 5-17 at home.

• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

👥 Metro Area children age 5 to 12 are more likely to be overweight when compared with area teens; the difference by gender is not statistically significant.

Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.

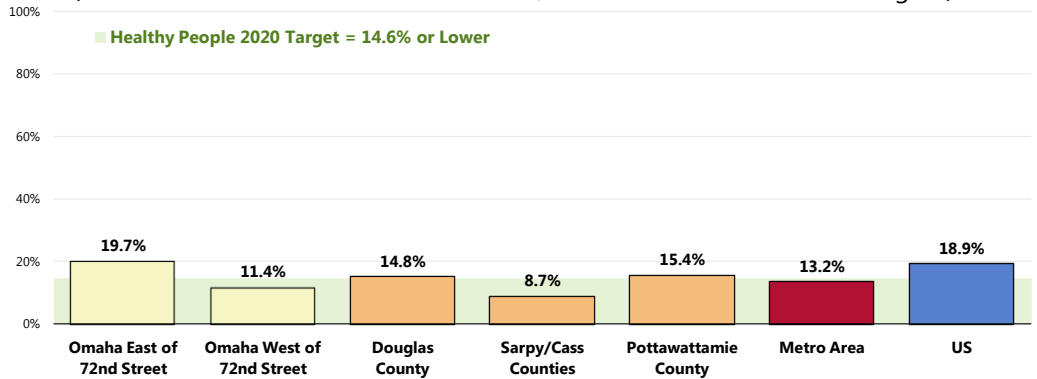
• Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 13.2% of Metro Area children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.6% or lower for children age 2-19).
- Among the four Metro Area counties, no statistically significant difference is found.
- Within Douglas County, a higher childhood obesity prevalence is found east of 72nd Street.

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

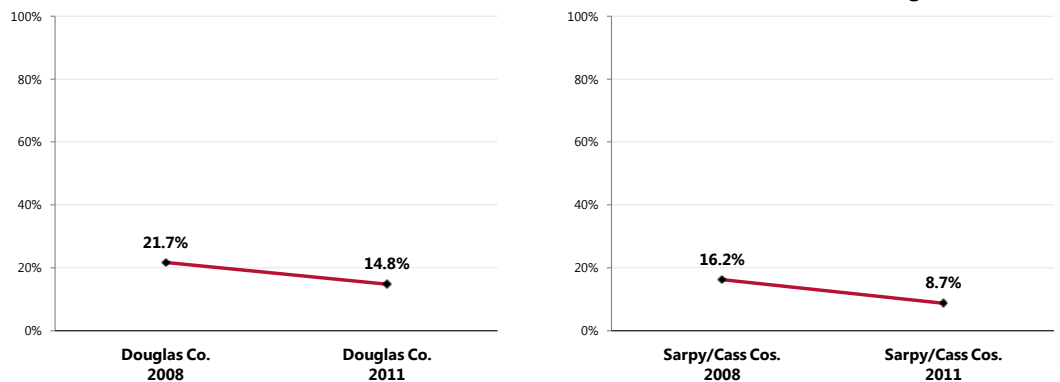


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

☒ Childhood obesity prevalence is statistically unchanged since 2008 in Douglas and Sarpy/Cass counties.

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)



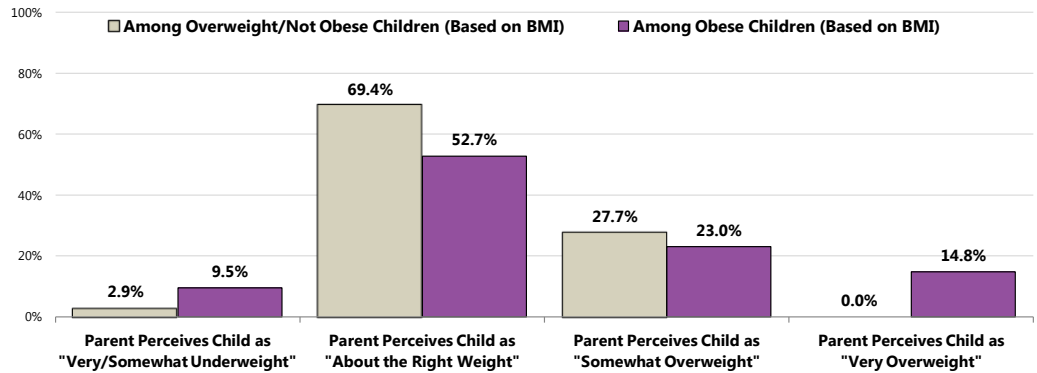
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 193]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Actual vs. Perceived Body Weight

Interestingly, among parents of children age 5-17 who are overweight or obese, most see their child as being at “about the right weight.”

- In fact, only 14.8% perceive their obese child as “very overweight.”

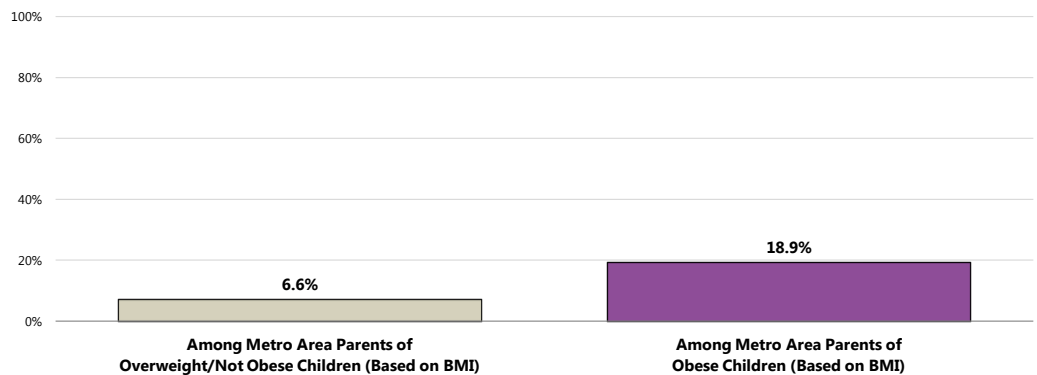
Children’s Actual vs. Perceived Weight Status (Among Children 5-17 Who Are Overweight/Obese Based on BMI; Metro Area, 2011)



- Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
Notes: • Asked of all respondents with children age 5-17 at home.
• Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age;
obesity in children is defined as a BMI value at or above the 95th percentile.

In the past year, relatively few parents with an overweight or obese child have been told by a school or health professional that their child is overweight.

Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight (Among Children 5-17 Who Are Overweight/Obese Based on BMI; Metro Area, 2011)



- Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
Notes: • Asked of all respondents with children age 5-17 at home.
• Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age;
obesity in children is defined as a BMI value at or above the 95th percentile.

Childhood Overweight & Obesity Prevention

Breastfeeding

Breastfeeding and the Risk for Childhood Overweight

Breastfeeding has long been recognized as a proven disease prevention strategy. Among its other well-documented effects, breastfeeding also has recently been found to play a foundational role in preventing childhood overweight. A recent analysis, which included 61 studies and nearly 300,000 participants, showed that breastfeeding consistently reduced risks for overweight and obesity.¹ The greatest protection is seen when breastfeeding is exclusive (no formula or solid foods) and continues for more than 3 months^{2,3}.

The breastfeeding-obesity link is now recognized by key government agencies and professional groups, including the U.S. Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP). Experts at the CDC in Atlanta estimate that 15% to 20% of obesity could be prevented through breastfeeding⁴. The AAP recommends exclusive breastfeeding for the first 6 months and continued breastfeeding with the addition of appropriate foods up to at least 1 year of age.

Researchers have identified several possible reasons for the protective effect of breastfeeding against obesity⁵.

- Breastfed infants may be better at self-regulating their intake. Mothers cannot see how much milk their child is drinking, so they must rely on their infant's behavior, not an empty bottle, to signal when their infant is full. Thus, breastfed babies might be better able to eat only as much as they need.
- Breastfeeding has different effects than formula feeding on infant's metabolism and hormones such as insulin, which tells the body to store fat. Formula-fed infants tend to be fatter than breastfed infants at 12 months of age⁵.
- Breastfed infants are more likely than formula-fed infants to try and accept new foods. Acceptance of new foods is important because a healthy diet should include a wide variety of foods, especially fruits and vegetables⁶. Because breast milk contains flavors from foods eaten by mothers, breastfed infants are exposed to a variety of tastes early in life. In contrast, artificial baby milk (formula) always tastes the same.

1 Owen CG, et al. Effect of infant feeding on the risk of obesity across the life course; a quantitative review of published evidence. *Pediatrics* 2005;115:1367-1377.

2 Arenz S, et al. Breastfeeding and childhood obesity – a systematic review. *Int J Obesity* 2004;28:1247-1256.

3 Harder T, et al. Duration of breastfeeding and risk of overweight: a meta-analysis. *Am J Epidemiol.* 2005;162(5):397-403.

4 Dietz WH. Breastfeeding may help prevent childhood overweight. *JAMA* 2001;285:2506-2507.

5 Dewey KG. Is breastfeeding protective against childhood obesity? *J Hum Lact* 2003;19:9-18.

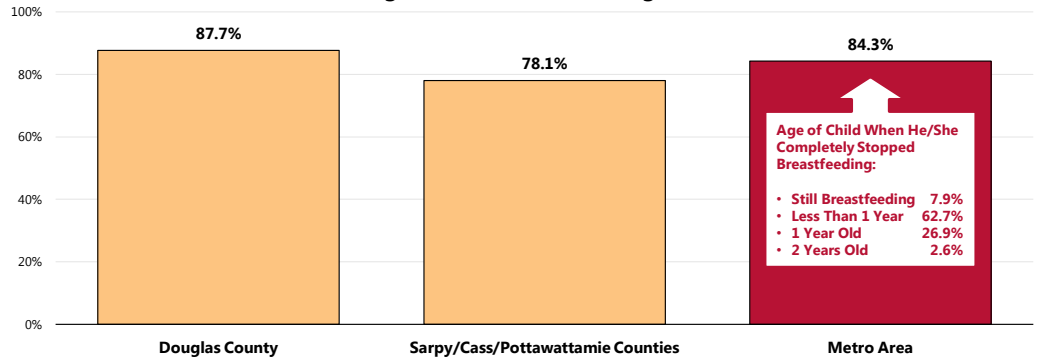
6 Menella JA. Mother's milk: A medium for early flavor experiences. *J Hum Lact* 1995;11:39-45.

Among parents of children age 0 to 4, 84.3% indicate that their child was breastfed or fed breast milk.

- Higher in Douglas County when compared with Sarpy, Cass and Pottawattamie counties combined.
- 👨👩👧 When asked about the age of the child at the end of breastfeeding, 62.7% of these adults reported that the child was **under one** year of age, while 26.9% stopped breastfeeding when the child was **one year old** (after his/her first birthday, but prior to his/her second birthday) and 2.6% breastfed until the child was **two years** of age or older.

Child Was Ever Breastfed or Fed Breast Milk

(Among Parents of Children Age 0-4)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 130-131]
 Notes: • Asked of parents of children age 0-4.

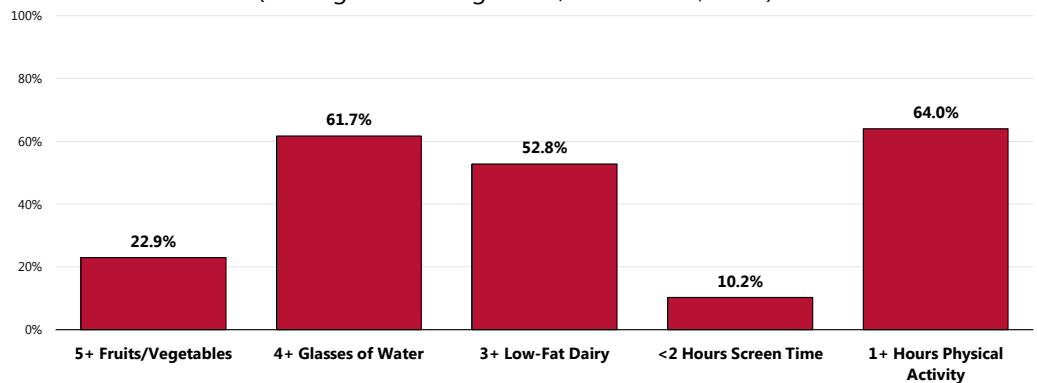
"5-4-3-2-1 Go!" Guidelines

As a health initiative geared toward school-aged children in the Metro Area, Live Well Omaha has established the "5-4-3-2-1 Go!" daily guidelines: 5+ servings of fruits/vegetables; 4+ glasses of water; 3 servings of low-fat dairy; <2 hours of screen time; and 1+ hours of physical activity.

Viewed individually, area parents are more likely to report that their school-aged child (age 5 to 17) fulfilled the physical activity, water and dairy guidelines each day in the week preceding the survey. They are less likely to report their child's compliance with screen time and fruit/vegetable guidelines.

Compliance With Individual "5-4-3-2-1 Go!" Guidelines on Each Day of the Previous Week

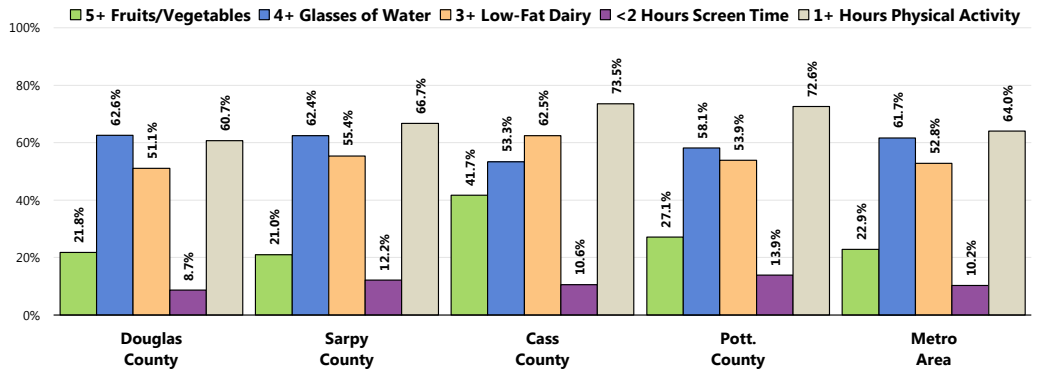
(Among Children Age 5-17; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 138-143]
 Notes: • Asked of respondents with children age 5-17.
 • Percentages represent parents reporting that their child exhibited the desired behavior on seven of the past seven days.

- The following chart provides an illustration of compliance with the individual guidelines, viewed by county within the Metro Area.

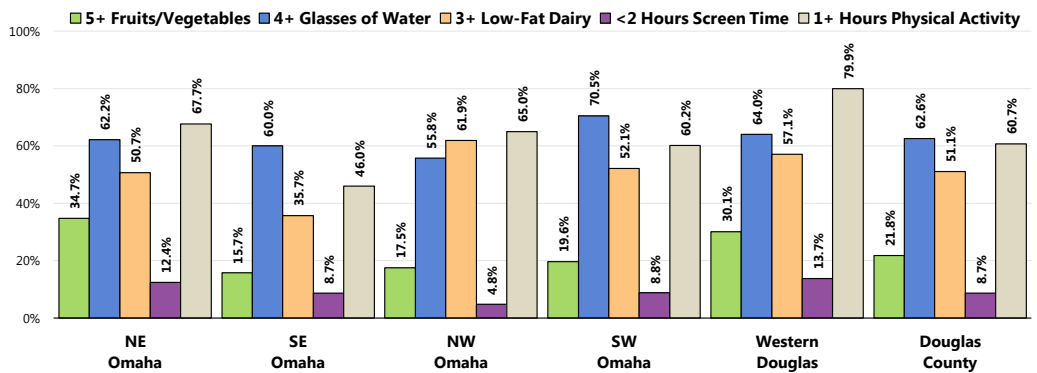
Compliance With Individual "5-4-3-2-1 Go!" Guidelines on Each Day of the Previous Week (Among Children Age 5-17; Metro Area By County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 138-143]
 Notes: • Asked of respondents with children age 5-17.
 • Percentages represent parents reporting that their child exhibited the desired behavior on seven of the past seven days.

- The following chart provides an illustration of compliance with the individual guidelines, viewed by areas within Douglas County.

Compliance With Individual "5-4-3-2-1 Go!" Guidelines on Each Day of the Previous Week (Among Children Age 5-17; Douglas County, 2011)

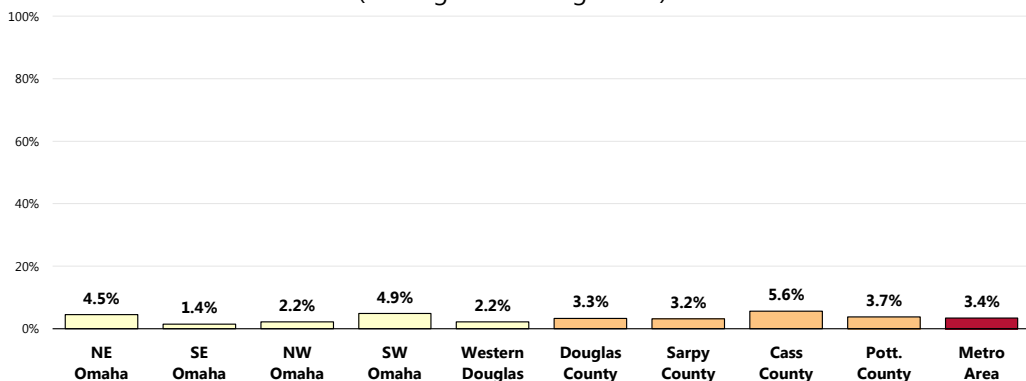


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 138-143]
 Notes: • Asked of respondents with children age 5-17.
 • Percentages represent parents reporting that their child exhibited the desired behavior on seven of the past seven days.

Overall, just 3.4% of school-aged children in the Metro Area were in compliance with all of the “5-4-3-2-1 Go!” guidelines on each of the seven days preceding the survey.

- Statistically similar by county within the Metro Area.
- Within Douglas County, highest in Southwest Omaha, lowest in Southeast Omaha.

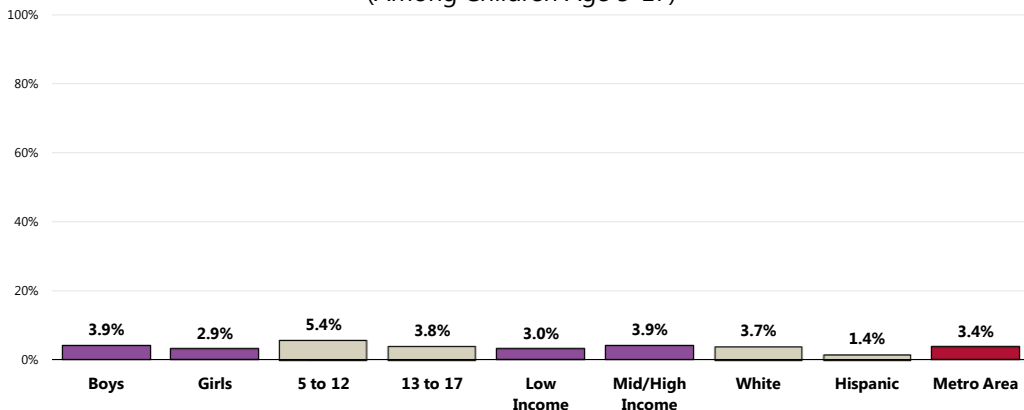
Compliance With All “5-4-3-2-1 Go!” Guidelines on Each Day of the Previous Week (Among Children Age 5-17)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 215]
 Notes: • Asked of respondents with children age 5-17.
 • Percentages represent parents reporting that their child exhibited all desired “5-4-3-2-1 Go!” behaviors on seven of the past seven days.

👤 No statistically significant difference when viewed by the child’s demographic characteristics.

Compliance With All “5-4-3-2-1 Go!” Guidelines on Each Day of the Previous Week (Among Children Age 5-17)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 215]
 Notes: • Asked of respondents with children age 5-17.
 • Percentages represent parents reporting that their child exhibited all desired “5-4-3-2-1 Go!” behaviors on seven of the past seven days.
 • Race/ethnicity is based on the parents’ race/ethnicity. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

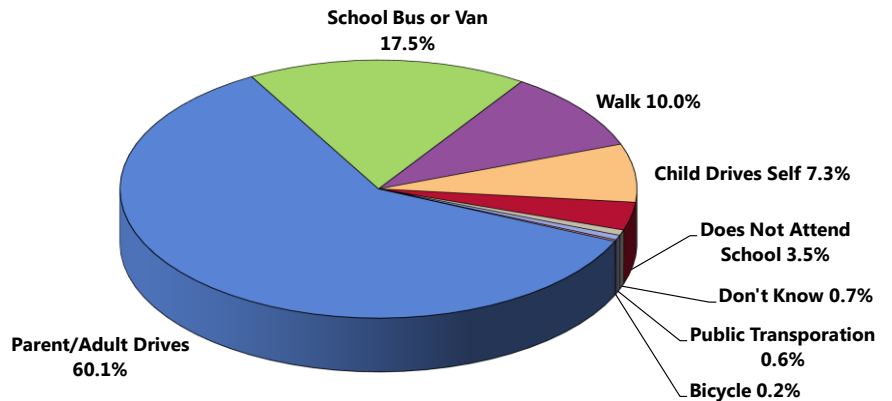
Walking or Riding a Bicycle to School

When parents of Metro Area school-aged children were asked to indicate how their child gets to school, 60.1% report that they (or another adult) drive their child; another 7.3% indicate that the child drives him/herself.

- Another 17.5% of school-aged children ride a school bus or van, while 10.0% walk to school (just 0.2% bike to school).

Means of Transportation to School on Most Days

(Children Age 5-17; Metro Area, 2011)



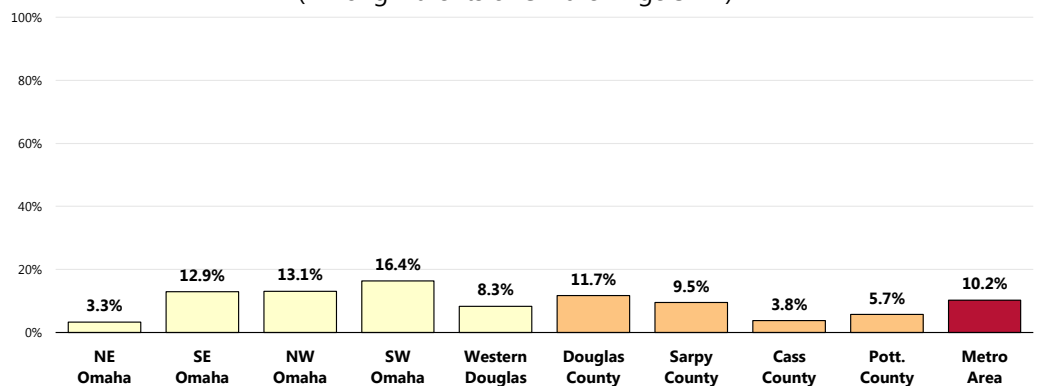
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
Notes: • Asked of respondents with children age 5-17.

Overall, 10.2% of Metro Area school-aged children walk or bike to school.

- Among the four Metro Area counties, lowest in Cass and Pottawattamie counties.
- Within Douglas County, lowest in Northeast Omaha.

Child Walks/Rides Bike to School on Most Days

(Among Parents of Children Age 5-17)

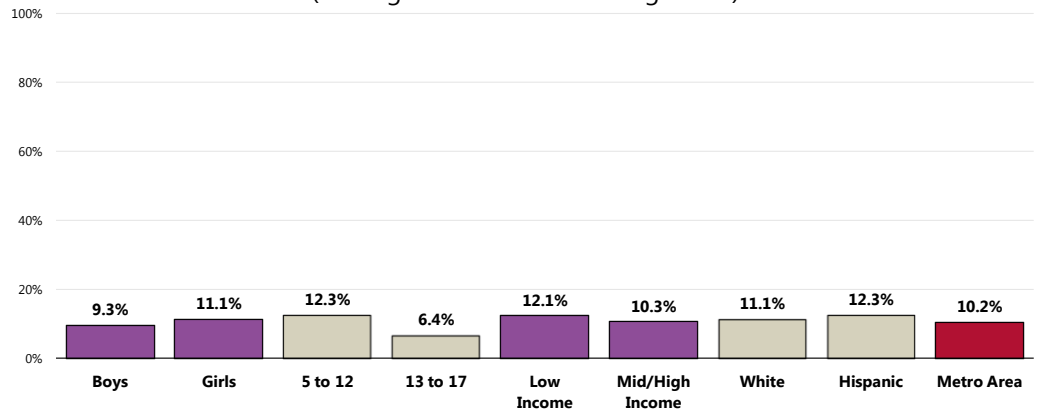


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
Notes: • Asked of respondents with children age 5-17.

Viewed demographically, children aged 5-12 are more likely to walk or bike to school.

Child Walks/Rides Bike to School on Most Days

(Among Parents of Children Age 5-17)



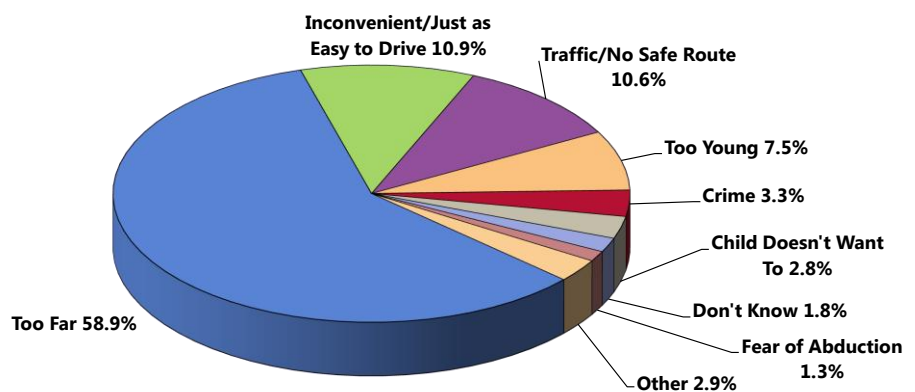
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
 Notes: • Asked of respondents with children age 5-17.
 • Race/ethnicity is based on the parents' race/ethnicity. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

The majority of parents whose children do not walk or bike to school indicate that this is because the distance is too far (58.9%).

- Another 10.9% report that having the child walk/bike would be **inconvenient**, and 10.6% mentioned **traffic/no safe route** as the barrier.
- 7.5% of these parents feel their child is **too young** to walk/bike to school, and 4.6% cited **crime or fear of abduction** as the reason their children do not walk/bike to school.

Reasons Child Does Not Walk/Ride Bike to School on Most Days

(Children Age 5-17 Who Do Not Regularly Walk/Bike to School; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
 Notes: • Asked of respondents with children age 5-17 who do not regularly walk/bike to school.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

High-Risk Alcohol Use

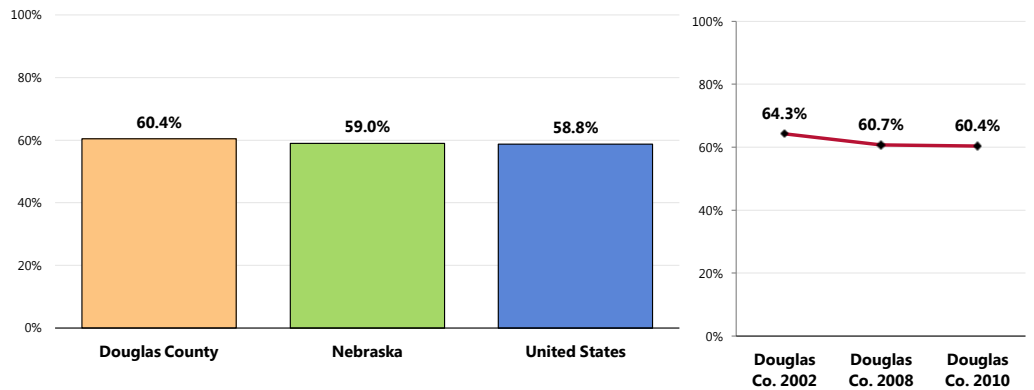
Current Drinking

Current drinkers include survey respondents reporting one or more drinks of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 60.4% of Douglas County adults had at least one drink in the past month (defined as "current drinkers").*

- Similar to the statewide proportion.
- Similar to the national proportion.
- Note that data for Sarpy, Cass and Pottawattamie counties are not available in this instance.
- ☒ The current drinking prevalence has not changed significantly since 2002. **

Current Drinkers

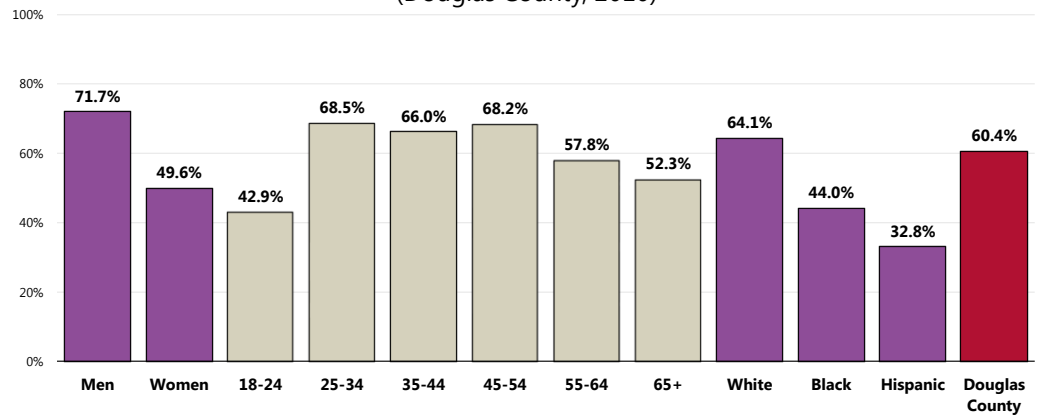


Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Nebraska data.

Notes: • Asked of all respondents.
 • Current drinkers are defined as having one or more alcoholic drinks in the past month.

☺ Current drinkers are more likely to be men, aged 25-54, or White.

Current Drinkers (Douglas County, 2010)



Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Current drinkers are defined as those having at least one drink in the past month.

* Provided through county-level BRFSS (Behavioral Risk Factor Surveillance Survey) data.

** Note that, in this case, current data are derived from the state-level BRFSS survey (county samples), while historical comparisons are derived from the 2002 and 2008 PRC survey administrations.

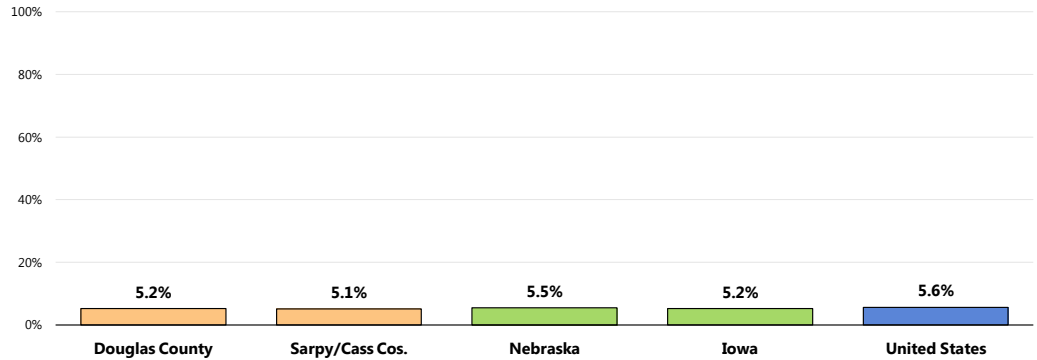
Chronic Drinking

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

A total of 5.2% of Douglas County residents averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the Nebraska and Iowa proportions.
- Similar to the national proportion.
- Similar findings in Douglas and Sarpy/Cass counties.
- Note that data Pottawattamie County are not available in this instance.

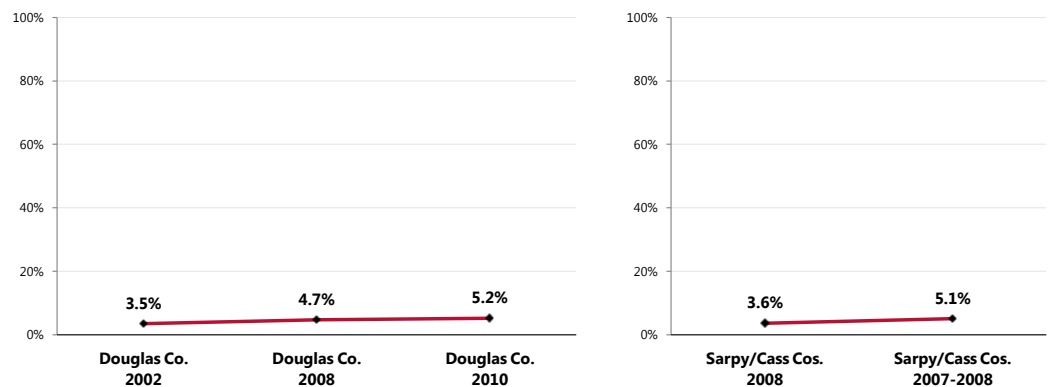
Chronic Drinkers



- Sources:
- Summary of Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas, Sarpy and Cass Counties. Douglas County Health Department; Sarpy/Cass Department of Health & Wellness.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Nebraska and Iowa data.
- Notes:
- Asked of all respondents.
 - In this case, chronic drinkers are defined as adults who self-report as heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day).
 - The US prevalence does not distinguish chronic drinking by gender.
 - The Douglas County percentage reflects 2010 data; the Sarpy/Cass percentage reflects 2007-2008 data.

☒ The chronic drinking prevalence has increased significantly since 2002 in Douglas County, but has not changed significantly in Sarpy/Cass counties since 2008. **

Chronic Drinkers



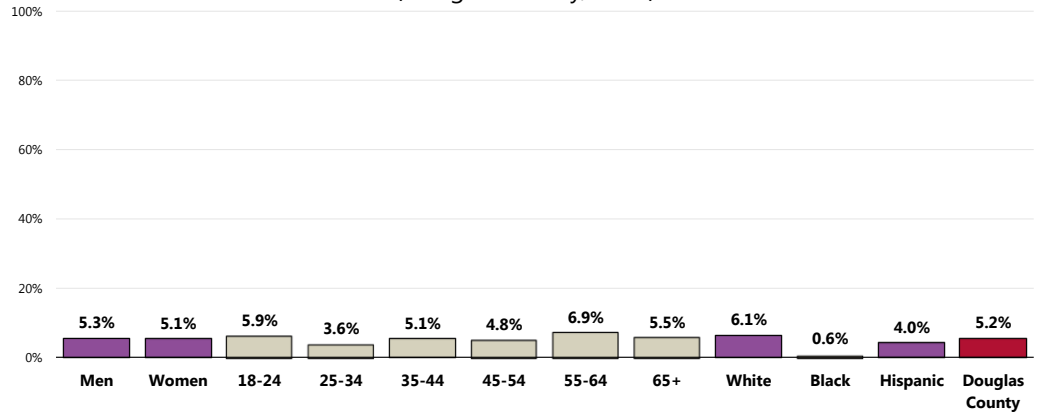
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc.
 - Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas, Sarpy and Cass. Douglas County Health Department; Sarpy/Cass Department of Health & Wellness.
- Notes:
- Asked of all respondents.
 - In this case, chronic drinkers are defined as adults who self-report as heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day).

** Note that, in this case, current data are derived from the state-level BRFSS survey (county samples), while historical comparisons are derived from the 2002 and 2008 PRC survey administrations.

RELATED ISSUE:
See also *Stress* in the
**Mental Health & Mental
Disorders** section of this
report.

👤 Chronic drinking is least prevalent among Douglas County Blacks.

Chronic Drinkers (Douglas County, 2010)



Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• In this case, chronic drinkers are defined as adults who self-report as heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day).

Binge Drinking

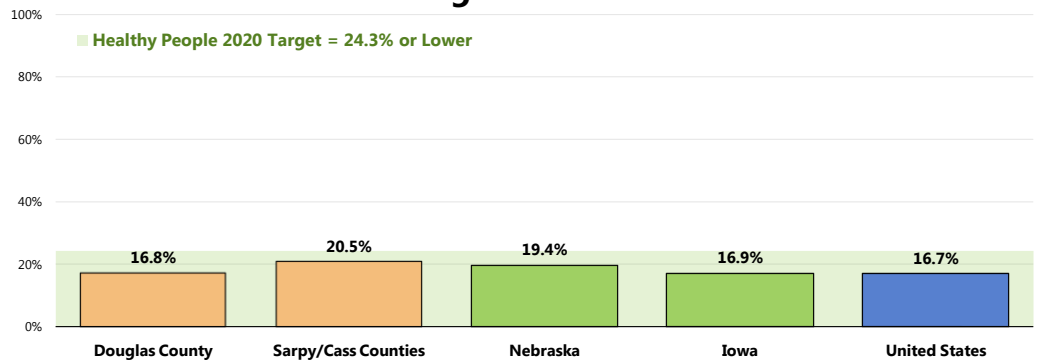
Binge drinkers include:

- 1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and
- 2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during


A total of 16.8% of Douglas County adults are binge drinkers.

- More favorable than Nebraska findings and similar to Iowa findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- More favorable (lower) in Douglas County than in Sarpy/Cass counties.
- Note that data Pottawattamie County are not available in this instance.

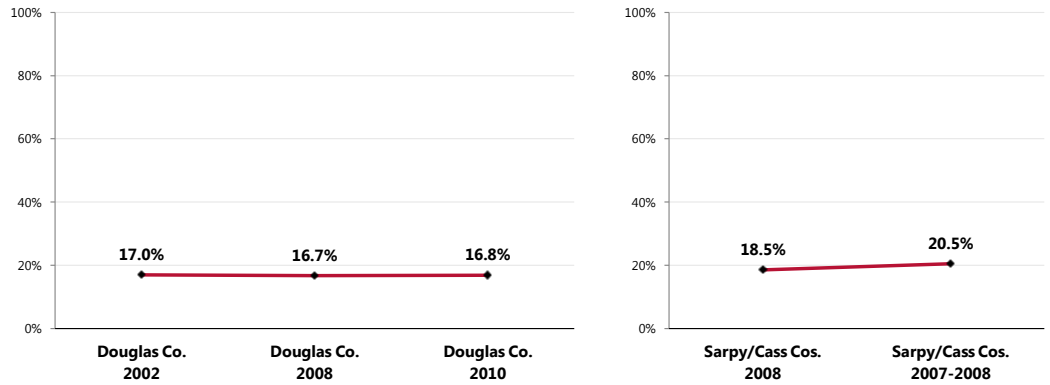
Binge Drinkers



Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
• Nebraska Department of Health and Human Services
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Nebraska and Iowa data.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
Notes: • Asked of all respondents.
• Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.
• The Douglas County percentage reflects 2010 data; the Sarpy/Cass percentage reflects 2007-2008 data.

 Binge drinking prevalence has remained relatively unchanged over time in Douglas and Sarpy/Cass counties. **

Binge Drinkers






Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc.
- Summary of Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas, Sarpy and Cass Counties. Douglas County Health Department; Sarpy/Cass Department of Health & Wellness.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]

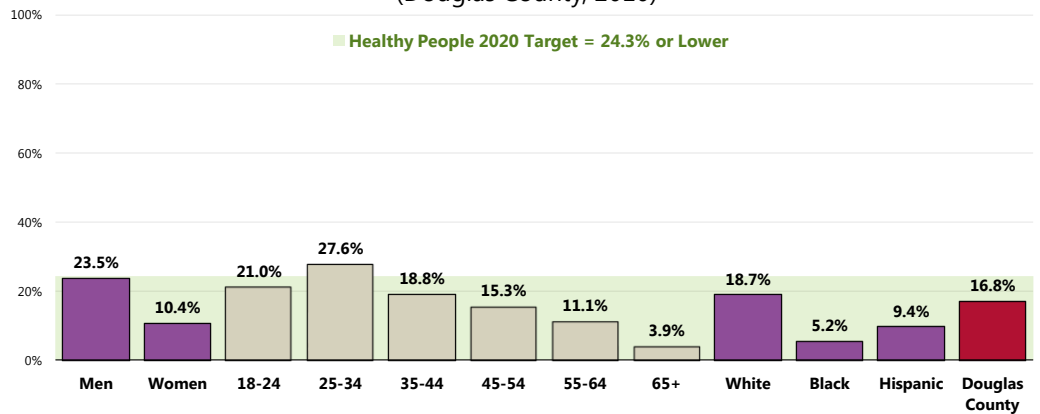
 Notes:

- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Douglas County binge drinking is more prevalent among:

-  Men.
-  Adults under age 35.
-  Whites.

Binge Drinkers (Douglas County, 2010)



Sources:

- Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]

 Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

** Note that, in this case, current data are derived from the state-level BRFSS survey (county samples), while historical comparisons are derived from the 2002 and 2008 PRC survey administrations.

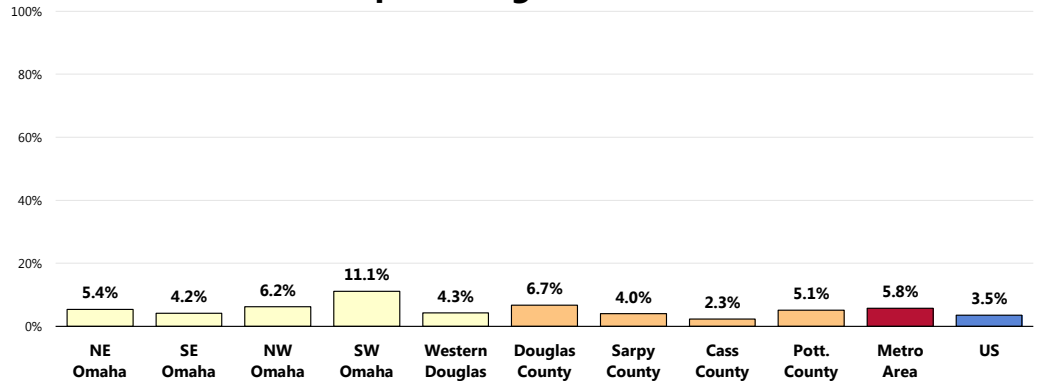
Drinking & Driving

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

A total of 5.8% of Metro Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Higher than the national findings.
- Among the four Metro Area counties, least favorable in Douglas County, and lowest in Sarpy and Cass counties.
- Within Douglas County, least favorable in Southwest Omaha.

Have Driven in the Past Month After Perhaps Having Too Much to Drink

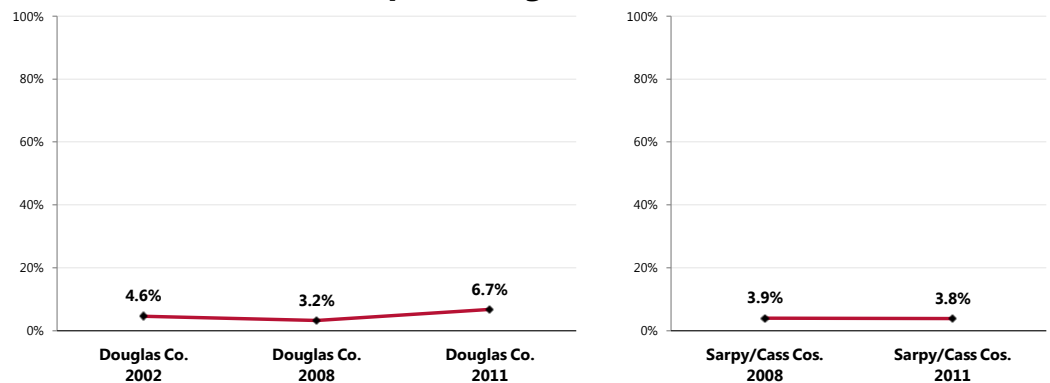


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- ☒ The drinking and driving prevalence has increased significantly in Douglas County over time; no significant change to report for Sarpy/Cass counties since 2008.

Have Driven in the Past Month After Perhaps Having Too Much to Drink

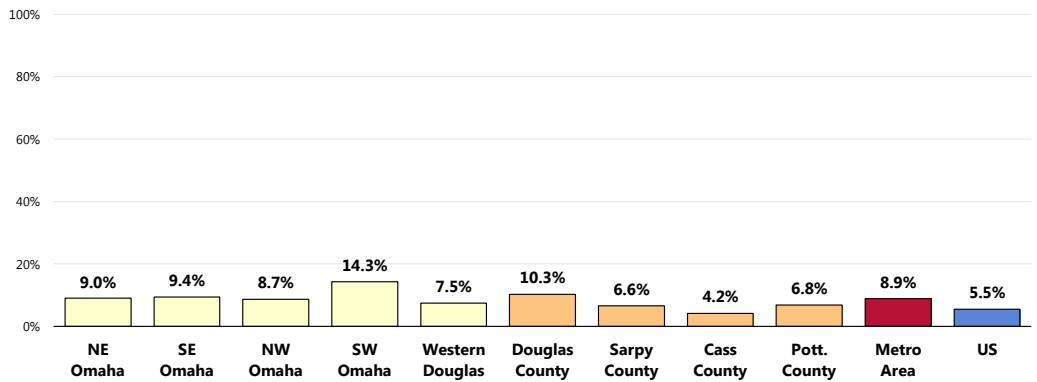


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 56]
 Notes: • Asked of all respondents.

A total of 8.9% of Metro Area adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Less favorable than the national findings.
- Among the four Metro Area counties, highest in Douglas County and lower in Sarpy and Cass counties.
- Within Douglas County, highest in Southwest Omaha.

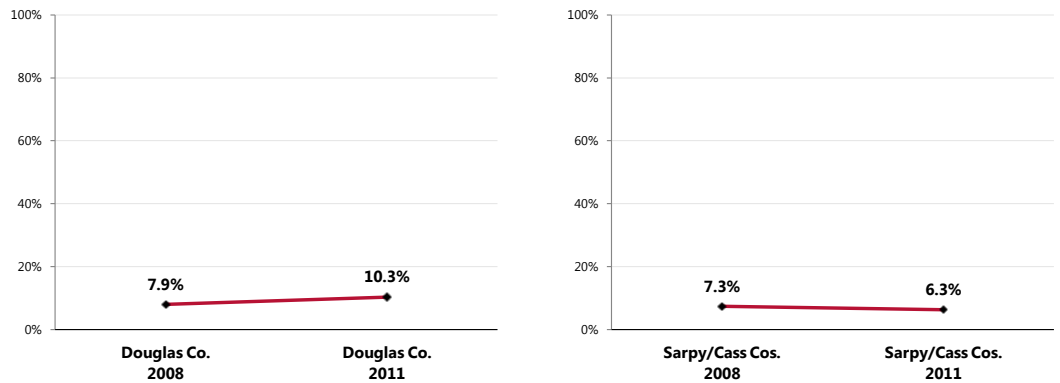
Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

☒ Statistically unchanged over time in Douglas and Sarpy/Cass counties.

Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 201]
 Notes: • Asked of all respondents.

Illicit Drug Use

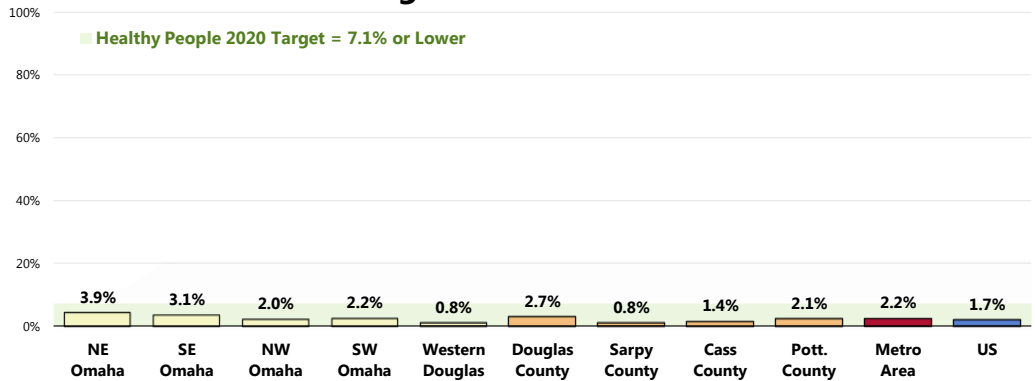
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely

A total of 2.2% of Metro Area adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.
- Among the four Metro Area counties, highest in Douglas County and lowest in Sarpy County.
- Within Douglas County, lowest in Western Douglas County.

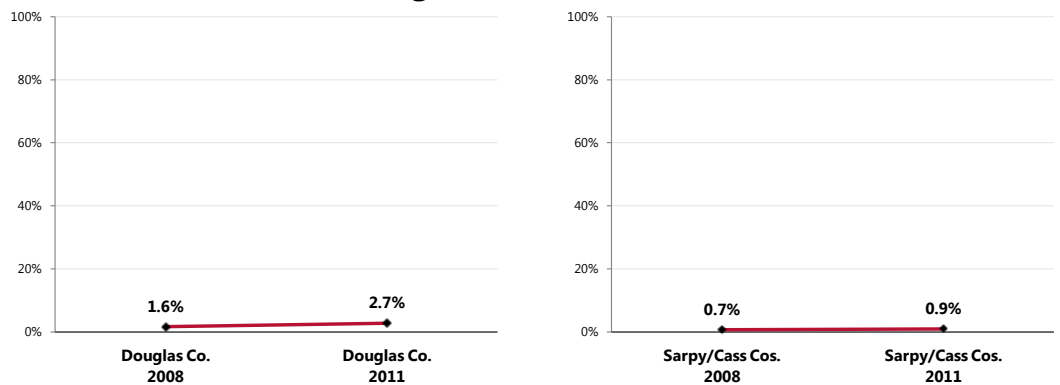
Illicit Drug Use in the Past Month



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

Statistically unchanged since 2008.

Illicit Drug Use in the Past Month



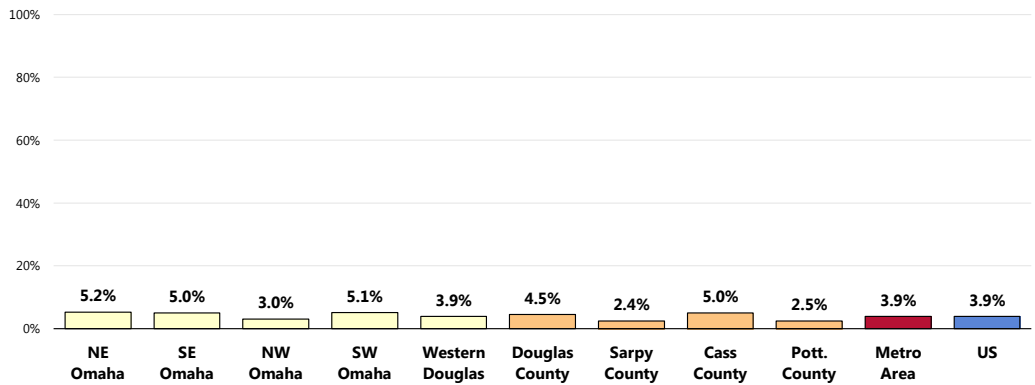
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 3.9% of Metro Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Identical to national findings.
- Among the four Metro Area counties, most favorable in Douglas County and least favorable in Sarpy County.
- No difference by sub-area within Douglas County.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

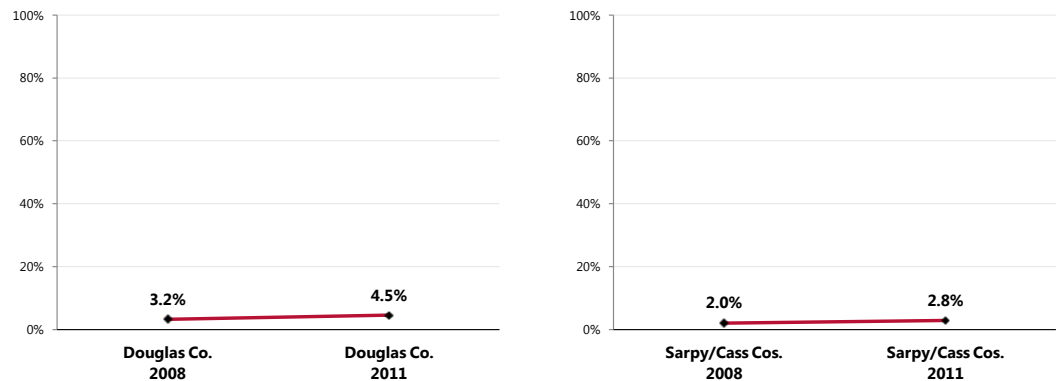


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

No significant change since 2008.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 59]

Notes: • Asked of all respondents.

Related Focus Group Findings: Substance Abuse

The focus group participants are concerned with substance abuse in the community. The main issues discussed surrounding substance abuse include:

- Treatment accessibility
- Cost
- Preventative efforts

A number of focus group participants are concerned with substance abuse in the community, specifically alcohol and methamphetamines. Participants described barriers to **treatment accessibility and cost**, and members feel there are more patients than facilities available. One member described:

“And we have treatment services, and I know that there’s a lot of effort to increase the range of services that can be offered for, from alcohol and drug abuse -- but if all those 20 percent of people showed up at their doors, we would not have the capacity to serve them.” — Pottawattamie County Key Informant

In addition to limited facilities, the **cost** associated with substance abuse treatment can become a barrier to access. Members feel that insurance coverage is limited and out-of-pocket costs can be overwhelming, especially for adolescent services. Members also indicated that there are similar issues with both behavioral health treatment and substance abuse management. One participant said:

“I would like to add that for substance abuse treatment, that there is also a lack of services for people that cannot afford it and then a lot of barriers for them even getting to those services. So...a lot of them are self medicating and self diagnosing and become addicted to the drugs and they are really at a loss for a place to go or how they are going to get there.” — Sarpy and Cass County Key Informant

Participants also described a lack of funding available to fight substance abuse and addiction. Members described the decrease in funding for **prevention messaging**; specifically, participants recalled that funding for Safe and Drug-Free Schools was cut off. Members worry about the ramifications of the messaging ending because they believe these educational messages helped curtail substance abuse in the community.

“And in terms of prevention for alcohol and drugs, the Safe and Drug-Free Schools money was cut off to schools, and that was funding a lot of prevention programs that reached youth. And those are no longer available in any of our districts in the county.” — Pottawattamie County Key Informant

Lastly, participants believe that rural communities have a high rate of illicit drug use and this is an important issue that deserves further attention.

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

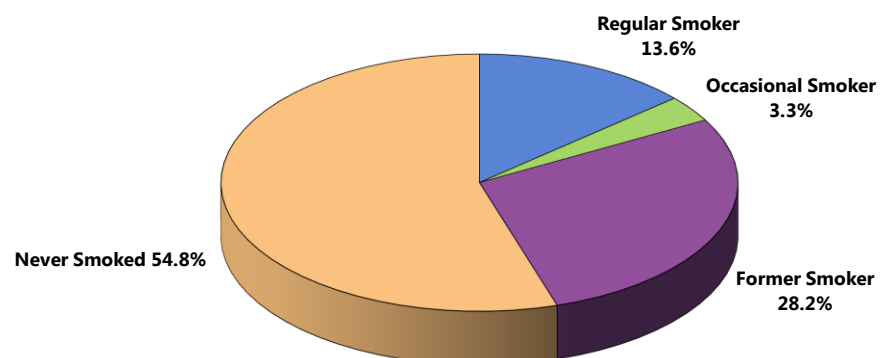
– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

Fewer than one in five Douglas County adults currently smoke cigarettes, either regularly (13.6% every day) or occasionally (3.3% on some days).*

Cigarette Smoking Prevalence
(Douglas County, 2010)

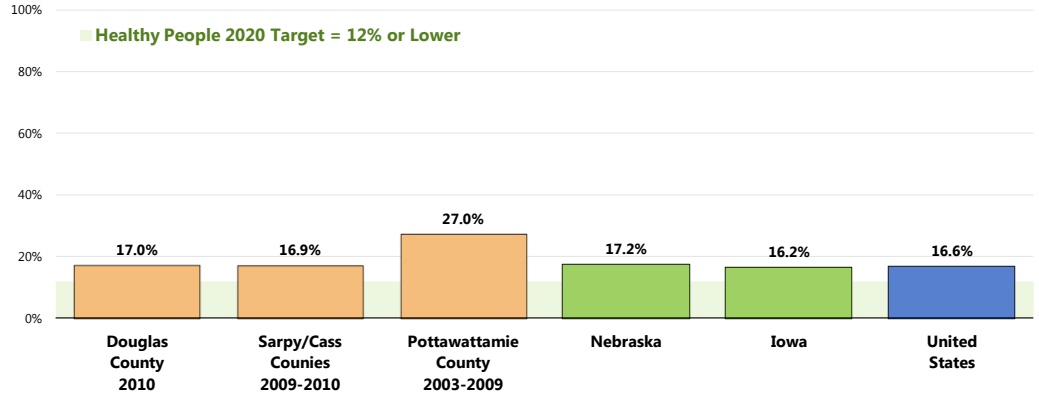


Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
Notes: • Asked of all respondents.

* Provided through county-level BRFSS (Behavioral Risk Factor Surveillance Survey) data.

- Similar to Nebraska and Iowa figures.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Among the four Metro Area counties, least favorable in Pottawattamie County (using 2003-2009 data).

Current Smokers



Sources:

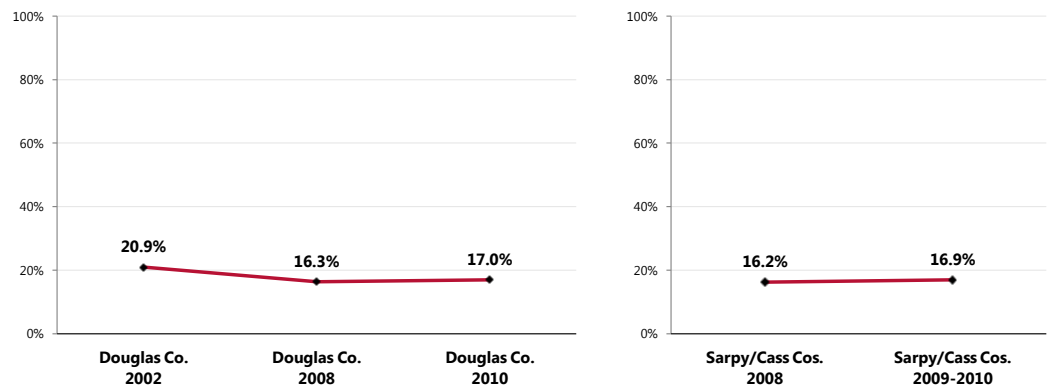
- Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
- Nebraska Department of Health and Human Services
- County Health Rankings Project. Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. countyhealthrankings.org
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Nebraska and Iowa data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

 Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).
- The Douglas County percentage reflects 2010 data; the Sarpy/Cass percentage reflects 2009-2010 data; the Pottawattamie County percentage reflects 2003-2009 data.

☒ The smoking prevalence has decreased significantly since 2002 in Douglas County, but has not changed since 2008 in Sarpy/Cass counties. **

Current Smokers



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc.
- Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
- Nebraska Department of Health and Human Services
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

 Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

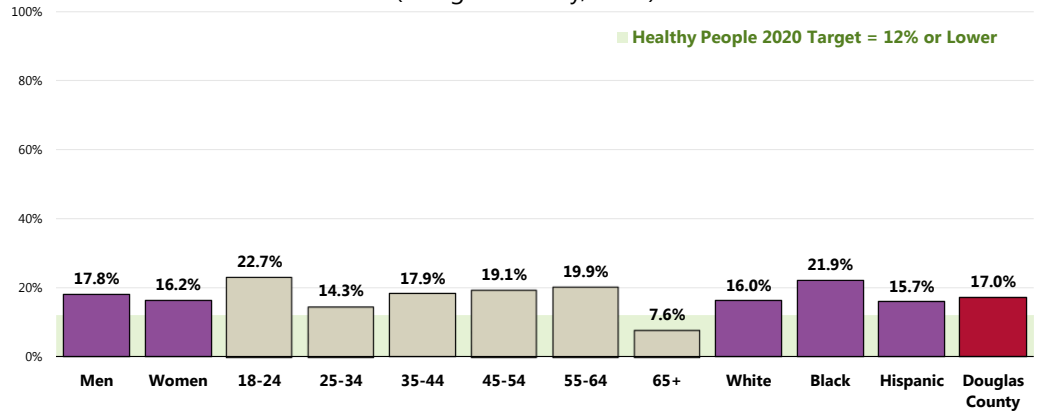
** Note that, in this case, current data are derived from the state-level BRFSS survey (county samples), while historical comparisons are derived from the 2002 and 2008 PRC survey administrations.

Cigarette smoking is more prevalent among:

👤 Adults under 25.

👤 Blacks.

Current Smokers (Douglas County, 2010)



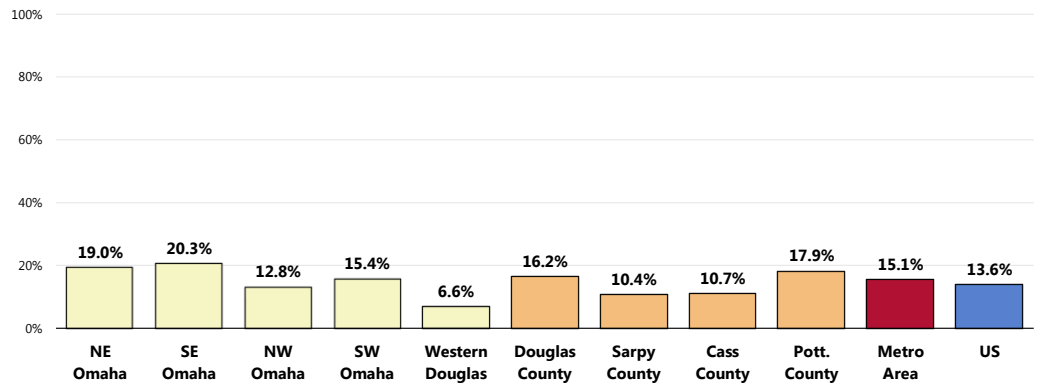
Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County, Douglas County Health Department.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Includes regular and occasional smokers (everyday and some days).

Environmental Tobacco Smoke


A total of 15.1% of Metro Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- Comparable to national findings.
- Among the four Metro Area counties, highest in Douglas County and lowest in Sarpy and Cass counties.
- Within Douglas County, lowest in the western ZIP Codes.

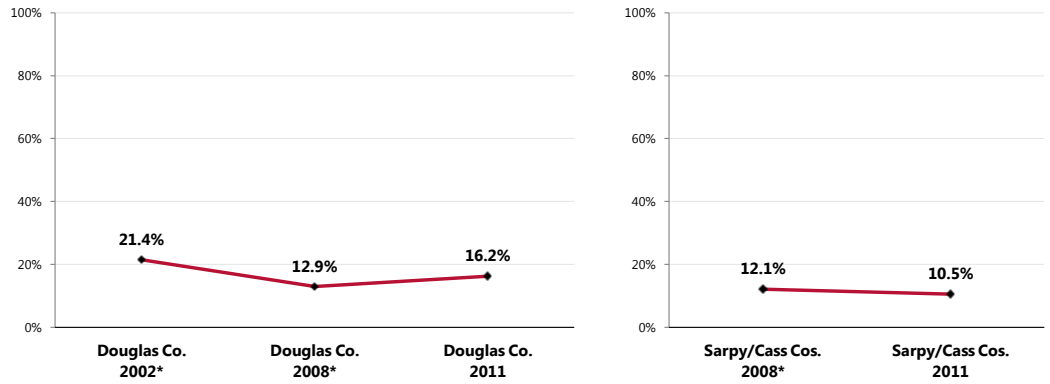
Member of Household Smokes at Home



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.




 The prevalence of environmental tobacco smoke in the home has decreased significantly since 2002 in Douglas County; no significant change to report in Sarpy/Cass counties since 2008.

Member of Household Smokes at Home

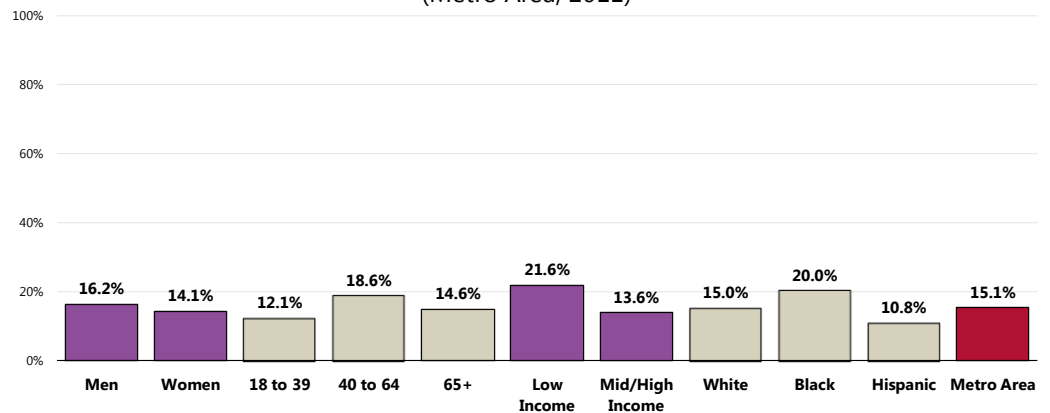


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 55]
 Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
 *Note that 2002 and 2008 reflect an average of three or more times per week.

Environmental tobacco smoke in the home is more often reported among:

-  Residents age 40 to 64.
-  Those with lower incomes.
-  Blacks.

Member of Household Smokes At Home (Metro Area, 2011)

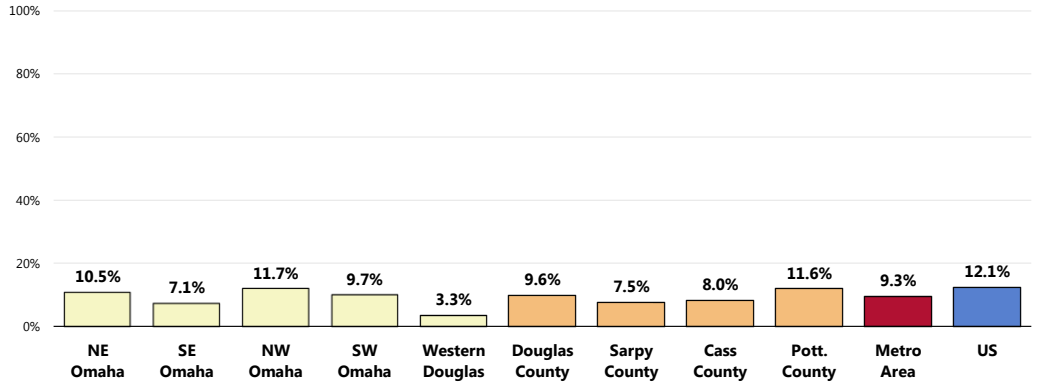


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 9.3% have someone who smokes cigarettes in the home.

- Similar to national findings.
- Among the four Metro Area counties, no significant difference is found.
- Within Douglas County, lowest in the western ZIP Codes.

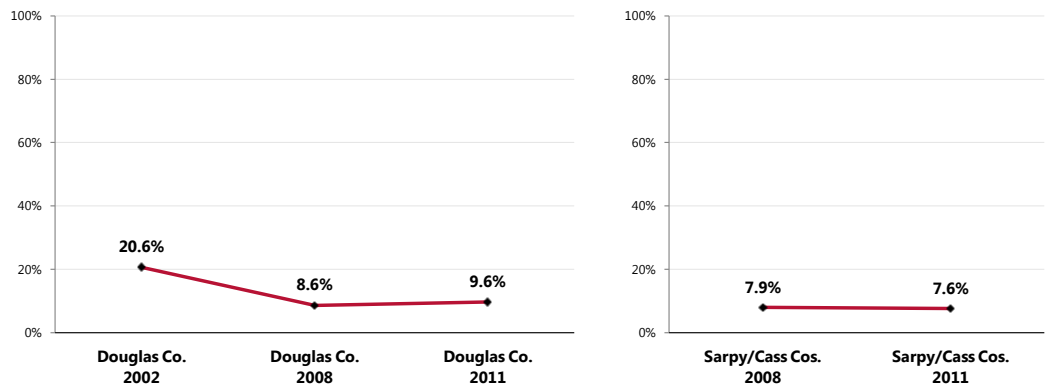
Percentage of Households With Children In Which Someone Smokes in the Home



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked among parents of children age 0-17.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

☒ The Douglas County prevalence has decreased significantly since 2002; no significant change since 2008 for Sarpy/Cass counties.

Percentage of Households With Children In Which Someone Smokes in the Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 197]
 Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
 *Note that 2002 and 2008 reflect an average of three or more times per week.

Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

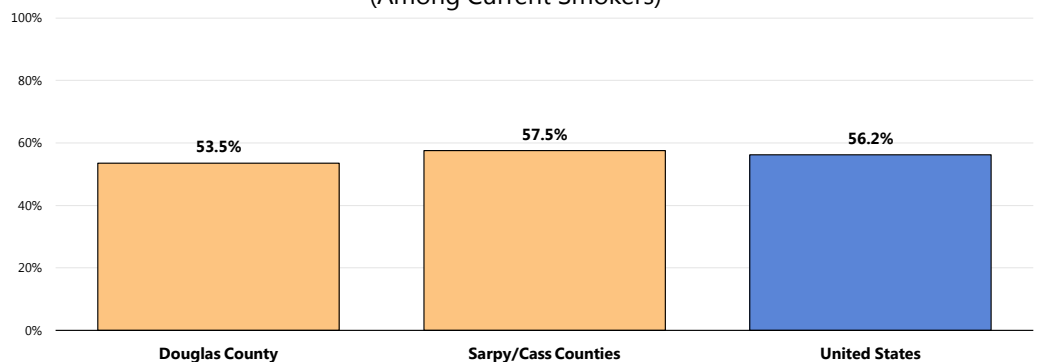
– Healthy People 2020 (www.healthypeople.gov)

Smoking Cessation Attempts

A total of 53.5% of current Douglas County smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.*

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- Statistically similar to the prevalence reported in Sarpy County.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Among Current Smokers)

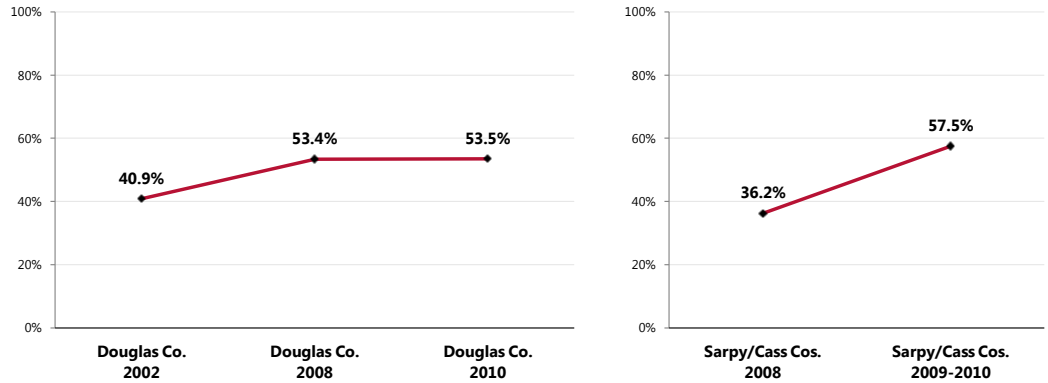


Sources: ● Summary of Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas, Sarpy and Cass Counties. Douglas County Health Department; Sarpy/Cass Department of Health & Wellness.
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents who smoke cigarettes every day or on some days.
● The Douglas County percentage reflects 2010 data; the Sarpy/Cass percentage reflects 2009-2010 data.

* Provided through county-level BRFSS (Behavioral Risk Factor Surveillance Survey) data.

☒ The prevalence of smokers who have quit smoking in the past year has increased significantly over time in Douglas and Sarpy/Cass counties.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Among Current Smokers)



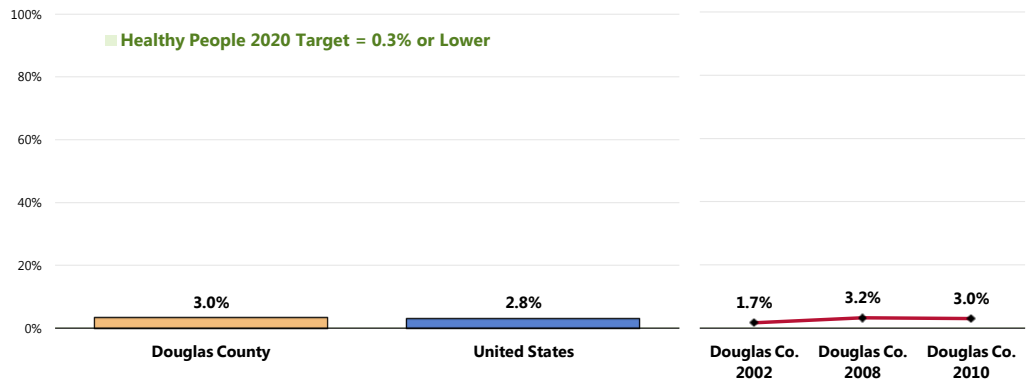
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc.
 • Summary of Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas, Sarpy and Cass Counties. Douglas County Health Department; Sarpy/Cass Department of Health & Wellness.
 Notes: • Asked of respondents who smoke cigarettes every day or on some days.

Smokeless Tobacco

A total of 3.0% of Douglas County adults use some type of smokeless tobacco every day or on some days.*

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- ☒ Smokeless tobacco use has increased since 2002 in Douglas County.**

Use of Smokeless Tobacco



Sources: • Summary of 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data for Douglas County. Douglas County Health Department.
 • PRC Community Health Surveys, Professional Research Consultants, Inc.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
 Notes: • Asked of all respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

* Provided through county-level BRFSS (Behavioral Risk Factor Surveillance Survey) data.

** Note that, in this case, current data are derived from the state-level BRFSS survey (county samples), while historical comparisons are derived from the 2002 and 2008 PRC survey administrations.

Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community. The main issues included:

- Public health consequences
- Education
- Smokeless tobacco

Focus group participants think that cigarette smoking continues to be an issue in the community and has large **public health consequences**, including being a contributor to cardiovascular disease. One participant used the following analogy to describe the public health importance:

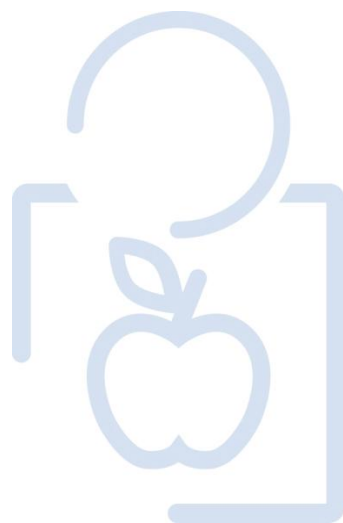
"I don't know that the community even recognizes what a devastating impact smoking has...I can't think of the joke offhand, but, you know, the building's about to collapse on somebody and they're worried, 'Did I shine my shoes today?' And the issue is they've totally lost perspective. If you look at smoking, that building's about ready to collapse, and I don't think there's recognition of the big impact of smoking, you're getting distracted by, you know, 'Oh my goodness, what a wonderful waiting lounge we have for people.'" — Douglas County Healthcare Provider

Participants report that smoking has decreased since buildings have become smoke-free. Additionally, targeted smoking prevention **education** continues to exist in the classroom and on television. Members believe that these educational efforts targeted at youth have helped curb smoking rates and have, in a roundabout way, affected parents. One participant described:

"I think probably the biggest thing in the United States that retarded smoking was not so much the Surgeon General, but the education in the schools with kids that, then they would go home and say to their parents, 'Don't smoke.'" — Douglas County Community/Business Leader

Members also expressed concern for the high rates of **smokeless tobacco** in the rural communities.

ACCESS TO HEALTH SERVICES



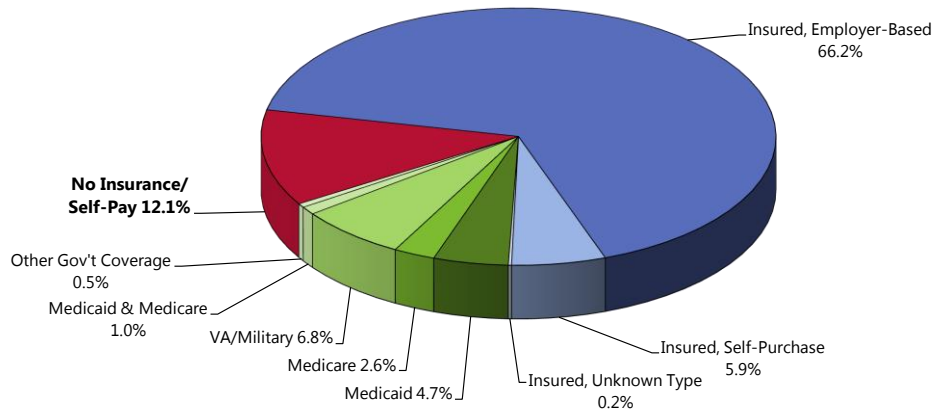
Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Type of Healthcare Coverage

A total of 72.1% of Metro Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 15.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults 18-64; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
Notes: • Reflects respondents age 18 to 64.

Supplemental Coverage

Among Medicare recipients, the majority (77.9%) has additional, supplemental healthcare coverage.

- Comparable to that reported among Medicare recipients nationwide.

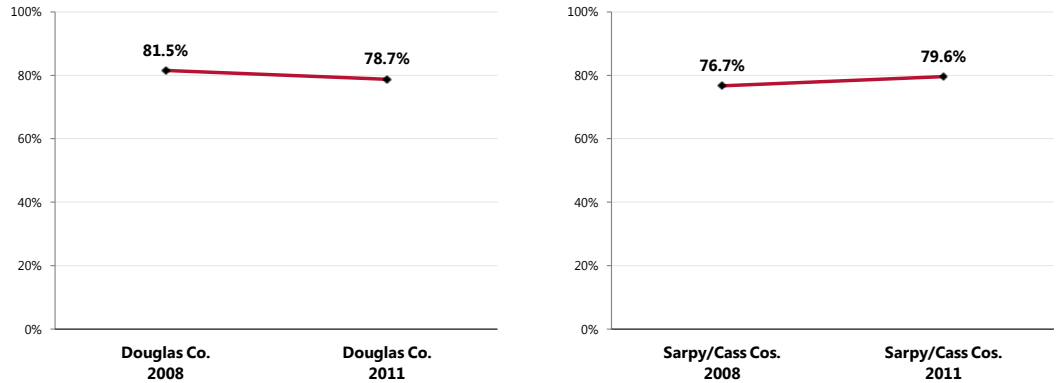
Have Supplemental Coverage in Addition to Medicare
(Among Adults 65+)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents age 65+.

Statistically unchanged since 2008 for Douglas and Sarpy/Cass counties.

Have Supplemental Coverage in Addition to Medicare (Among Adults 65+)



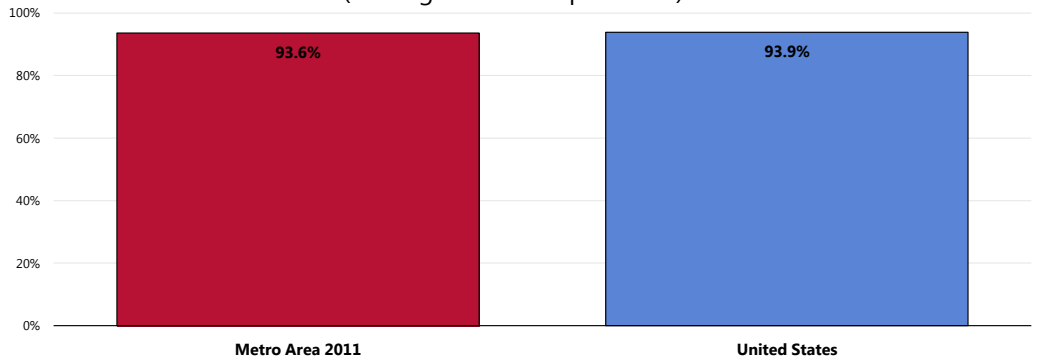
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
Notes: • Asked of respondents age 65+.

Prescription Drug Coverage


Among insured adults, 93.6% report having prescription coverage as part of their insurance plan.

- Nearly identical to the national prevalence.

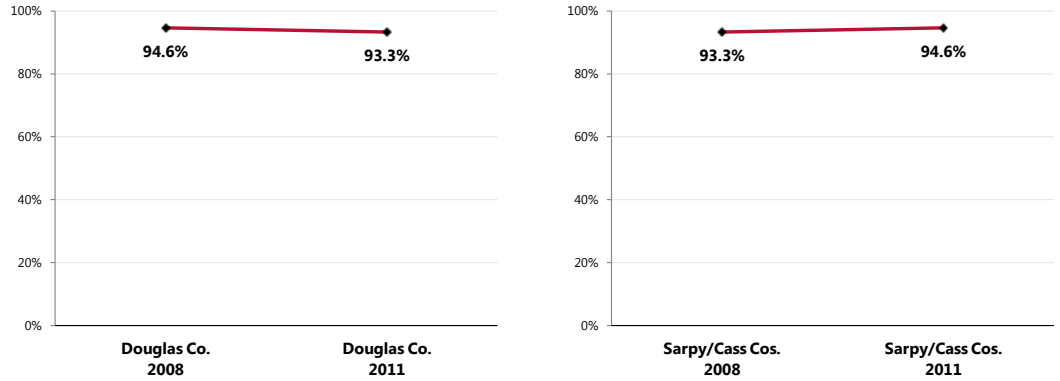
Health Insurance Covers Prescriptions at Least in Part (Among Insured Respondents)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with healthcare insurance coverage.

 No significant change to report over time.

Health Insurance Covers Prescriptions at Least in Part (Among Insured Respondents)



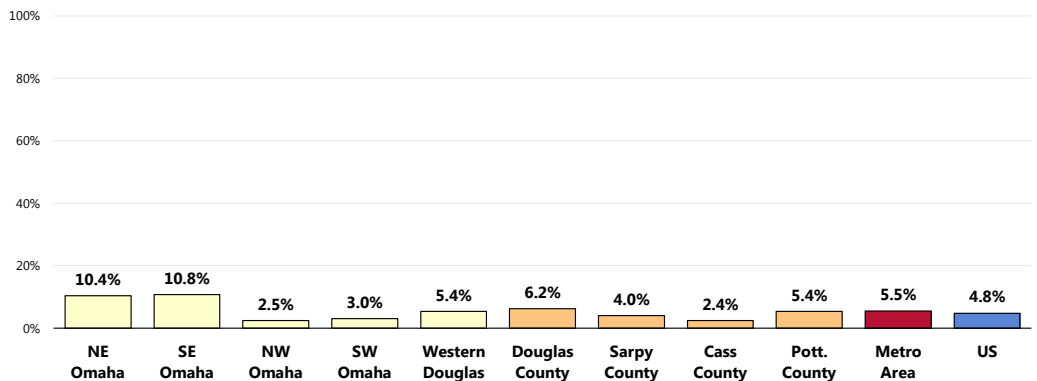
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 71]
Notes: • Asked of all respondents with healthcare insurance coverage.

Recent Lack of Coverage (Insurance Instability)


Among currently insured adults in the Metro Area, 5.5% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.
- Among the four Metro Area counties, lowest (most favorable) in Cass County.
- Within Douglas County, particularly high in the eastern parts of Omaha.

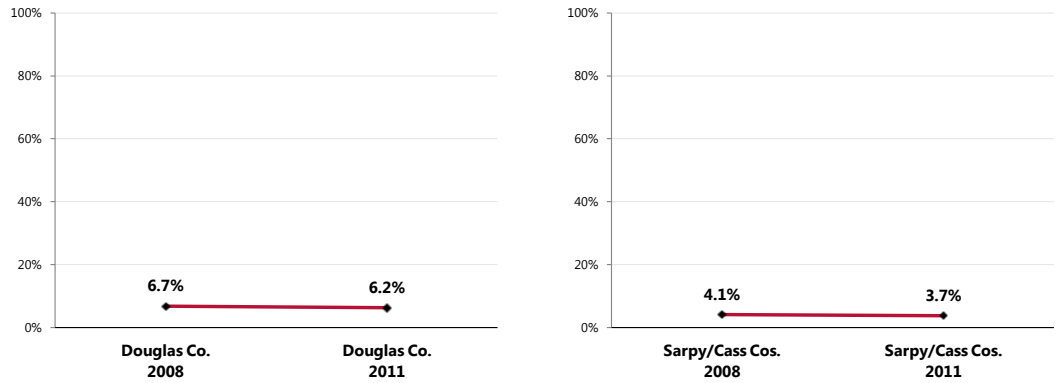
Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all insured respondents.





 No significant change since 2008.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)

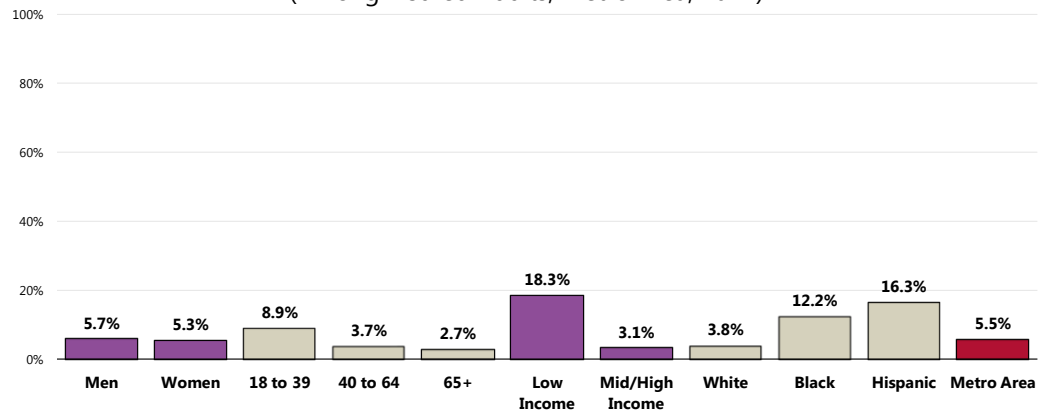


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 72]
Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

-  Adults under age 40.
-  Lower-income residents.
-  Blacks.
-  Hispanics.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
Notes: • Asked of all insured respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Lack of Health Insurance Coverage

Adults

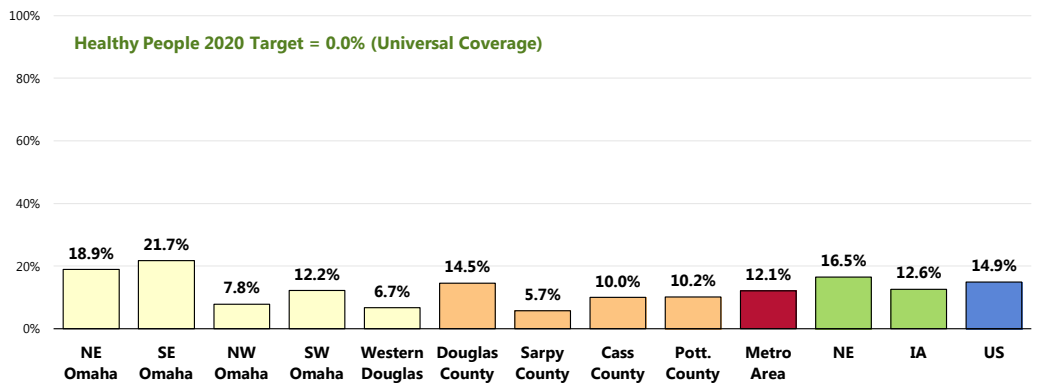
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

A total of 12.1% of adults age 18 to 64 report having no insurance coverage for healthcare expenses.

- More favorable than the Nebraska finding, but similar to the Iowa finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Among the four Metro Area counties, highest in Douglas County and lowest in Sarpy County.
- Within Douglas County, particularly high in Northeast and Southeast Omaha.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64)



Sources:

- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Nebraska and Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

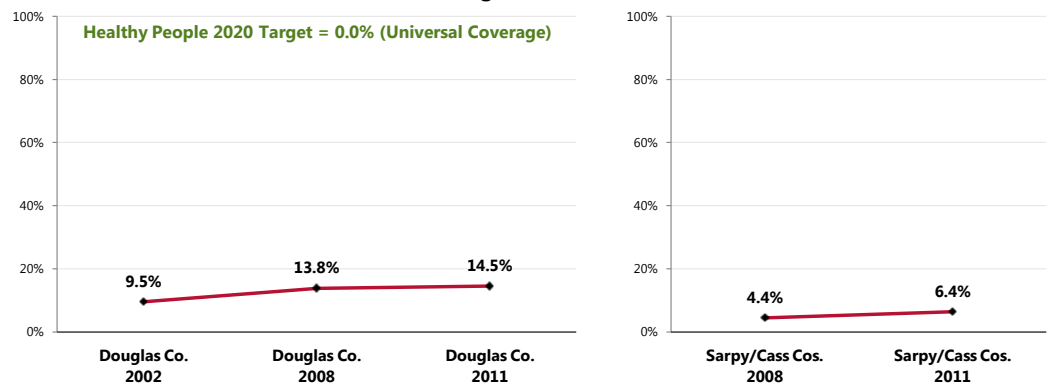
 Notes:

- Asked of all respondents under the age of 65.

⚠ This denotes a statistically significant increase in the uninsured since 2002 in Douglas County; it is statistically unchanged in Sarpy/Cass counties since 2008.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 202]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

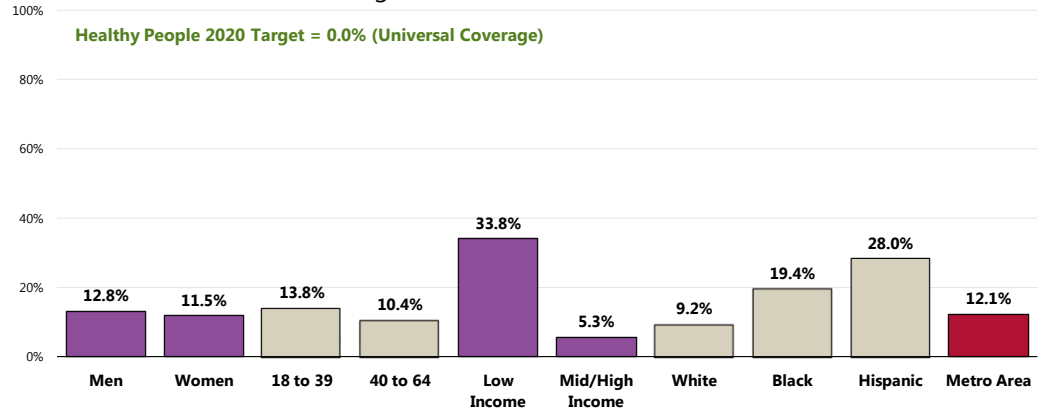
 Notes:

- Asked of all respondents under the age of 65.

The following population segments are more likely to be without healthcare insurance coverage:

- 👤 Those under age 40.
- 👤 Residents living at lower incomes (note the 33.8% uninsured prevalence among low-income adults).
- 👤 Blacks.
- 👤 Hispanics.

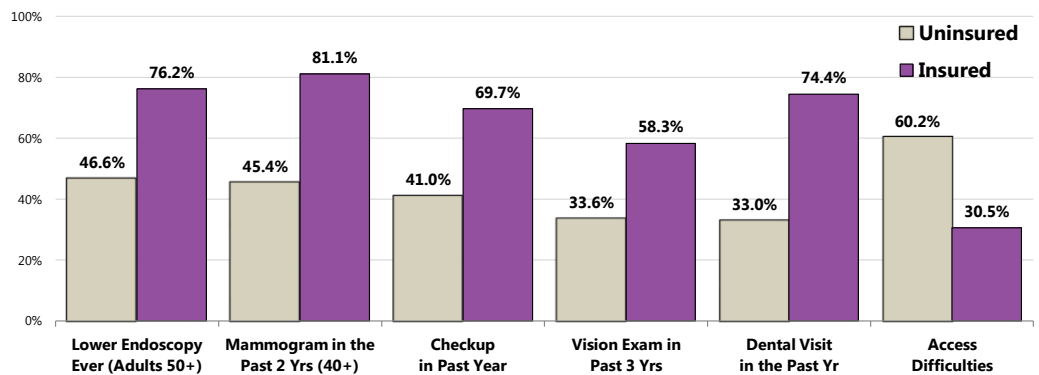
Lack of Healthcare Insurance Coverage (Among Adults 18-64; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

👤 As might be expected, uninsured adults in the Metro Area are much less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

Preventive Healthcare (By Insured Status; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 21, 26, 27, 155, 159, 206]
 Notes: • Asked of all respondents.

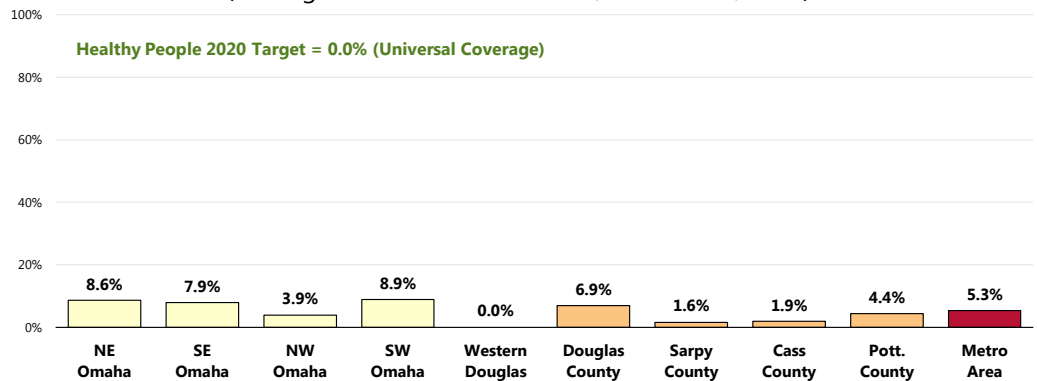
Children

A total of 5.3% of parents with children under 18 at home report having no insurance coverage for their child's healthcare expenses.

- In the Metro Area, highest in Douglas County and lowest in Sarpy and Cass counties.
- Within Douglas County, most favorable in the western portion of the county.

Child Lacks Healthcare Insurance Coverage

(Among Parents of Children 0-17; Metro Area, 2011)



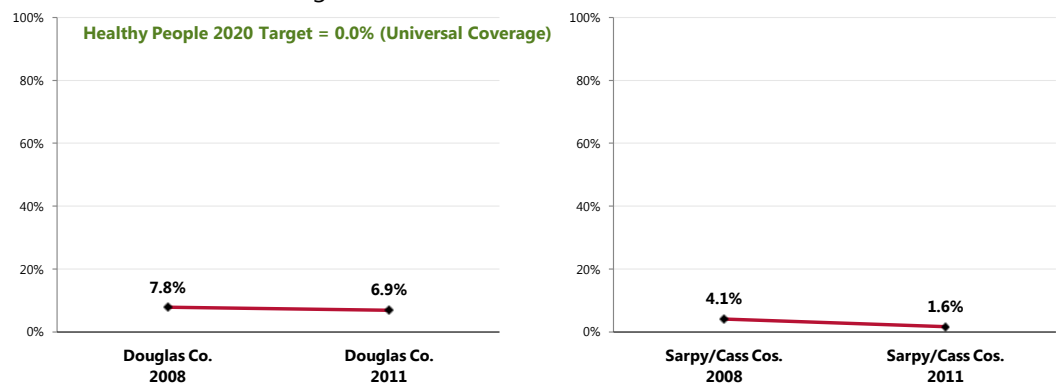
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 216]
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: ● Asked of parents with children age 0-17 in the household.

☒ There has been no significant change in this indicator since 2008 in Douglas and Sarpy/Cass counties.

Child Lacks Healthcare Insurance Coverage

(Among Parents of Children 0-17; Metro Area, 2011)

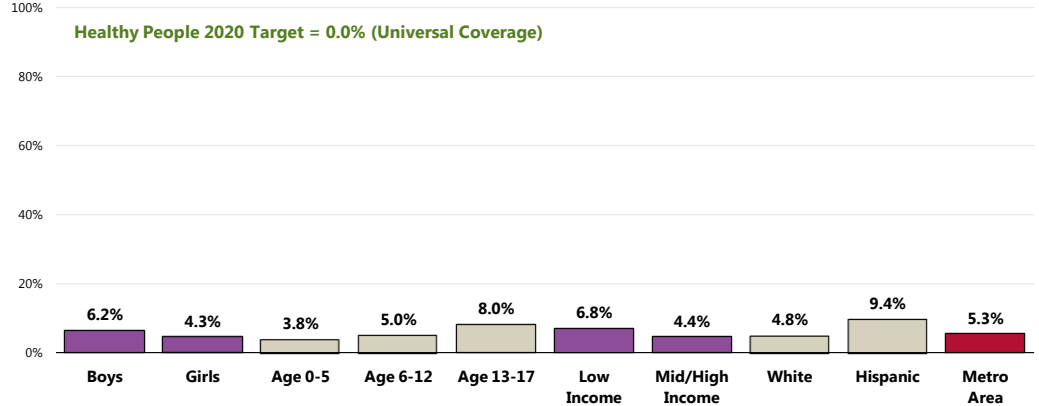


Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 216]
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: ● Asked of parents with children age 0-17 in the household.

👥 No statistical differences to report when viewed by children's demographic characteristics.

Child Lacks Healthcare Insurance Coverage (Among Parents of Children 0-17; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 216]
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
Notes: • Asked of parents with children age 0-17 in the household.
• Race/ethnicity is based on the parents' race/ethnicity. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Related Focus Group Findings: Insurance

Many focus group participants are concerned with insurance coverage in the community. The main issue discussed is:

- Cost

Focus group participants perceive there to be a lack of insurance coverage in the community for lower-income and some middle-income individuals. Insurance deductibles can be very **costly**. Respondents discussed that some employers have seen employees' premiums raise; therefore, many people who could have employer-based health insurance elect not to take it because of the expense. Participants feel that many individuals should be considered underinsured because high out-of-pocket costs remain. One respondent described:

"You know, if I'm paying \$500 a month for my health insurance policy, and my co-pay is still \$45 just to walk through the door, do I take it? Do I pay that four or five hundred dollars a month, or do I just hang onto that, because in these economic times...I have to make that choice." — Pottawattamie County Key Informant

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

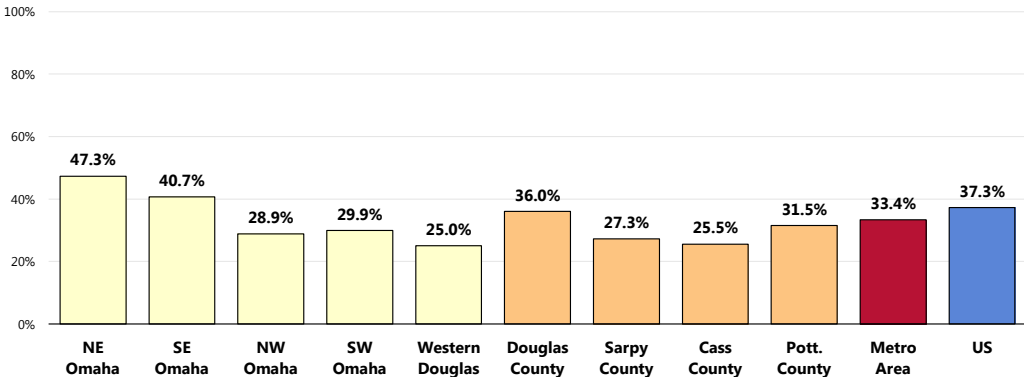
This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Difficulties Accessing Services

One-third (33.4%) of Metro Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings.
- Among the four Metro Area counties, highest in Douglas County and lower in Sarpy and Cass counties.
- Within Douglas County, particularly high in Northeast Omaha.

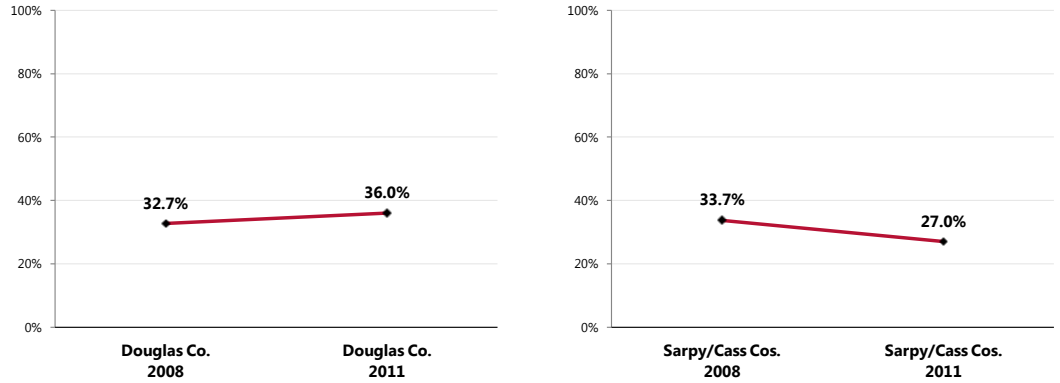
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 206]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Statistically unchanged since 2008 in Douglas County; marks a statistically significant decrease (improvement) since 2008 in Sarpy/Cass counties.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



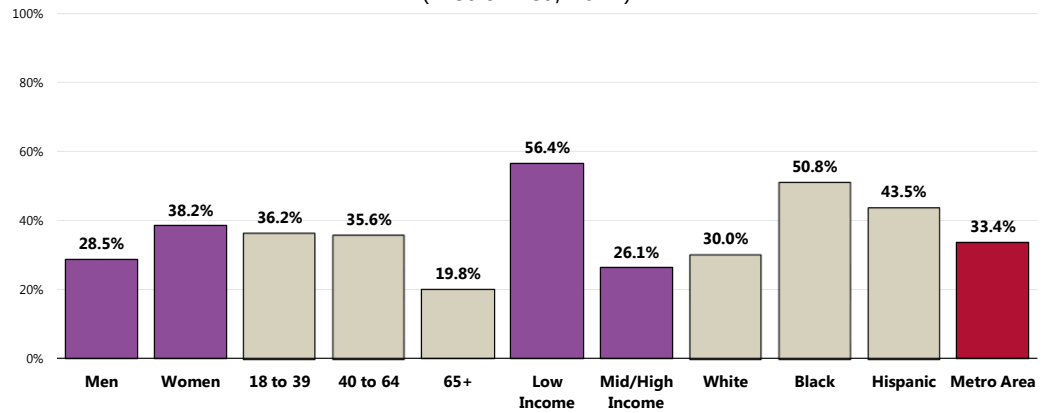
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 206]
 Notes: Asked of all respondents.
 Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- 👥 Women.
- 👥 Adults under the age of 65.
- 👥 Lower-income residents.
- 👥 Blacks and Hispanics.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Metro Area, 2011)



Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 206]
 Notes: Asked of all respondents.
 Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

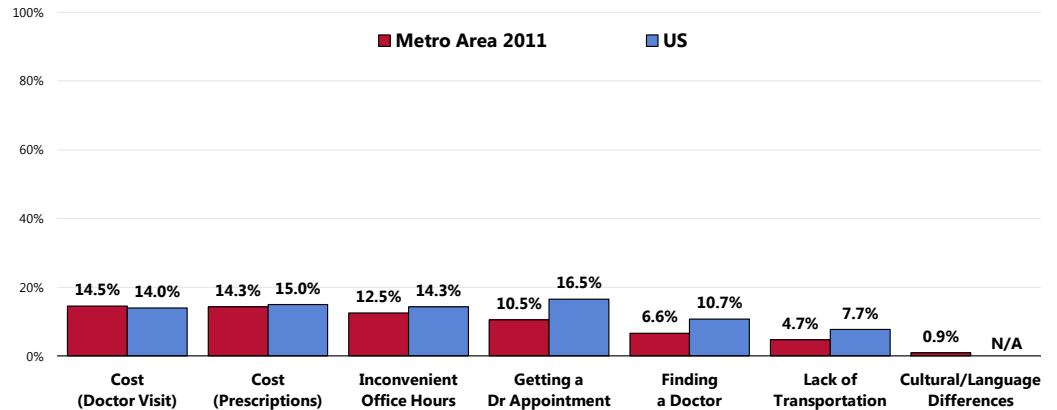
To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, the cost of a physician visit and the cost of prescriptions impacted the greatest shares of Metro Area adults (14.5% say that cost prevented them from obtaining a visit to a physician in the past year; 14.5% say that cost prevented them from getting a needed prescription).

- The proportion of Metro Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers (note that the inquiry about cultural/language differences was not addressed nationally).

Barriers to Access Have Prevented Medical Care in the Past Year



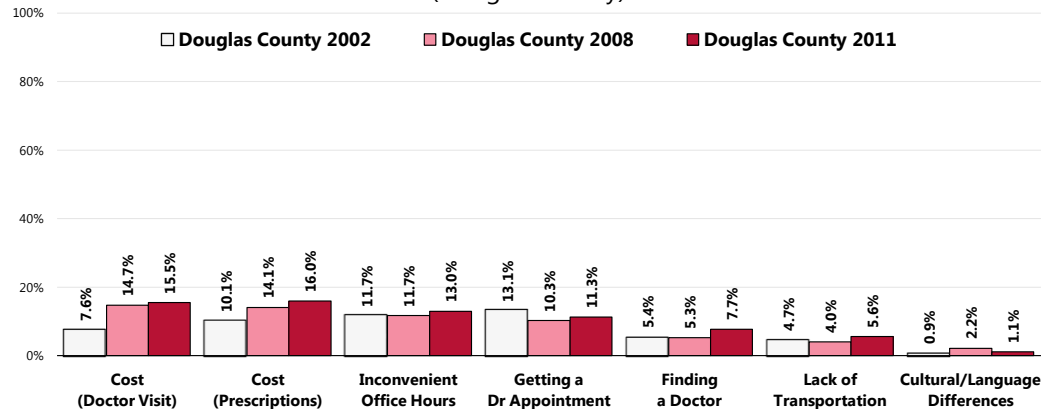
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 9-14; 16]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- ☒ Compared to baseline data, Douglas County has seen significant increases since 2002 with regard to the barriers of **cost** (of physicians as well as prescription medications) and of **difficulty finding a physician**.

Barriers to Access Have Prevented Medical Care in the Past Year

(Douglas County)

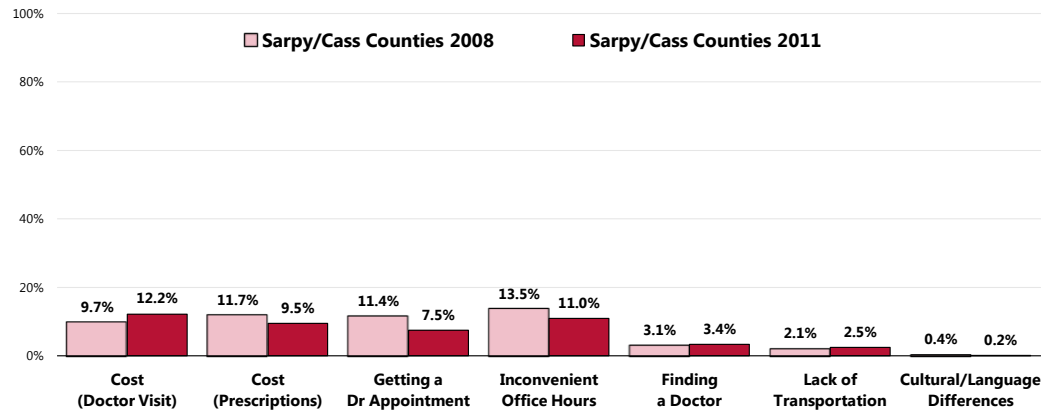


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 9-14; 16]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

☒ Compared with 2008 data, Sarpy/Cass counties have not experienced any significant changes in the tested barriers to healthcare access.

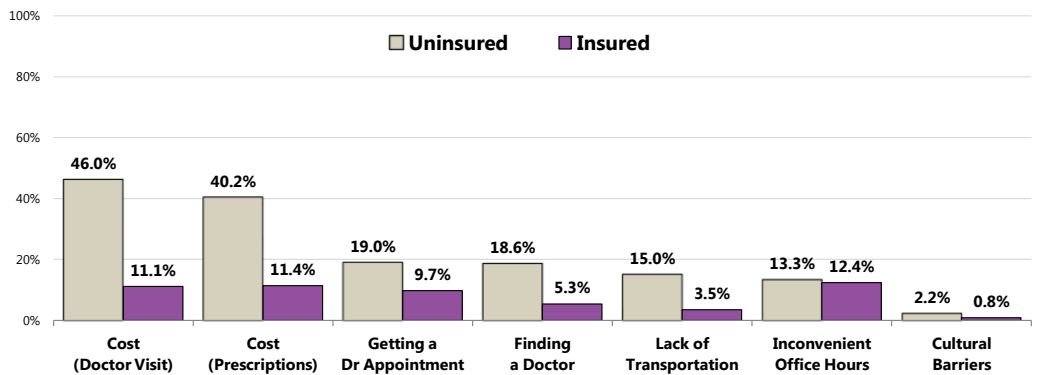
Barriers to Access Have Prevented Medical Care in the Past Year (Sarpy/Cass Counties)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 9-14; 16]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

👥 As might be expected, Metro Area adults without health insurance are much more likely to report access barriers (particularly those related to cost) when compared to the insured population. (Note that **inconvenient office hours** appear to affect both populations nearly equally, regardless of insurance status.)

Barriers to Healthcare Access (By Insured Status, Adults 18+; Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 9-14, 16]
 Notes: • Asked of all respondents.

Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned with access to healthcare. The main issues discussed include:

- Medicare/Medicaid
- Medicare/Medicaid reimbursement rate
- Uninsured/underinsured
- Location and office hours
- Emergency room utilization
- Language barriers

A number of respondents feel there are not enough physicians who accept **Medicare/Medicaid** in the community; nor are there enough clinics providing low cost options for those who lack insurance coverage. The clinics that do provide these services are generally overbooked and cannot accommodate the need. One respondent recalled:

"I'm already inundated [physician], I can't take any more. So I'm not going to go say, 'Guess what? This is available, take your kid there,' and then have you show up at their door and be told 'Sorry, there's no room at the inn.'" — Pottawattamie County Key Informant

Focus group members also discussed **the low Medicaid/Medicare reimbursement rate**. The reimbursement rate was cited as a primary reason many physicians do not accept this type of insurance. For some providers the lower reimbursement rate causes them to turn patients away in order to remain in business.

"And we've got people, any one of us, who does Medicaid kinds of services -- we're all running the numbers daily and seeing how many we can continue to serve. Because if you serve more than you can afford to serve, we will all close our doors. And so you take the mission, of what we're called to do, and then you take the reimbursement rate, and would you rather serve 20 and keep the doors open or would you rather serve 40 and take your own bottom line right out the door and close the door?" — Douglas County Social Service Provider

Participants also spoke about the **uninsured/underinsured populations**. These include those individuals who may qualify for employer insurance, but the deductibles are too high or the monthly employee cost is too great, so they elect to go without. The uninsured population also represents a large gap in healthcare coverage. One member described:

"I think about lots of people in their 30's and 40's who aren't getting treated for significant hypertension and diabetes. They may not even know they have it because they haven't had a preventive health check for a zillion years, maybe since they were kids. " — Sarpy and Cass County Key Informant

In addition to medical services, the cost of prescription drugs can be high and a barrier to treatment. Participants believe some community members receive a medical treatment plan, but cannot afford the medication. One noted:

"They get the healthcare, they go to the doctor, the doctor writes the prescription but they have no clue what that medicine costs. They go to the pharmacy and they can't get it filled. They might give them a month's supply and after that they're on their own, trying to figure out what else to use. So a lot of people stop taking the meds because they just plain can't afford it. So

they've gotten the direction of what they need, but they can't afford the medication itself. " — Sarpy and Cass County Key Informant

Participants also noted that **location and office hours** created barriers for accessing healthcare. Individuals feel that the geographical distribution of the community make it difficult for some individuals to access medical providers. In addition, the hours of operation are very limited and individuals who work more than one job, or shift work, have to go to the urgent care or emergency room. Individuals who cannot find a physician often end up in the **emergency room** along with the uninsured population. For many individuals who cannot afford to take time off, the ER becomes their primary care provider. A participant described:

"After hours is also not evenly distributed geographically, so that in the eastern part of the city there's probably less access other than going to the emergency room."— Douglas County Healthcare Provider

Another concern discussed in the focus groups was **language**. Participants noted that clinics who receive federal dollars must have a translator available, but non-English speaking patients, or new immigrants, may not know how to access those services. In addition, interpreters may only be available at certain times and other individuals may step in; however, the translation of health information may be incorrect.

Related Focus Group Findings: Cultural Competence

Focus group members consider the region to be a very diverse area and medical providers service a range of cultures. The focus group participants mentioned that both physicians and service providers need to be **culturally competent** to make an impact on an individual's health. Culturally competent providers recognize how culture affects a patient's attitudes and subsequently tailor the message to the patient. In addition, a focus group member brought up how immigration can impact an individual's health beliefs:

"So we're dealing with people that come from countries that prevention is never heard -- that's not a word they're related to. So when they come here, they are willing to listen, they're willing to learn, but they need someone that can communicate with them in the way they understand." — Douglas County Healthcare Provider

Related Focus Group Findings: Transportation

Focus group members described several transportation options available in the community, both public and private. The main issues discussed regarding transportation were:

- Availability, limited routes and hours of operation
- Cost
- Medicare cabs

Several focus group respondents discussed the Metro bus service as one of the only options for public transportation. The bus services are available throughout the day, but have **limited routes and hours of operation**. The bus routes do not necessarily reflect where healthcare providers or hospitals are located. Respondents also feel that the **cost**

of riding the bus can play a factor in someone’s ability to access the service. In addition, this option may not be appropriate for some individuals with small children or mobility issues. A respondent commented:

“The time is limited, and the roads are limited. So basically it gets you to only a couple of spots in town, and so you really have to be thinking of elderly and parents with young children -- I mean, when it’s below zero and snowing or raining, and you have to walk 20 blocks or more to get to, or five miles, to get to a bus stop, that doesn’t work” — Pottawattamie County Key Informant

Focus group members noted there are **Medicare cabs**, but these can be costly and filled with barriers for both the provider and patient. One healthcare provider described:

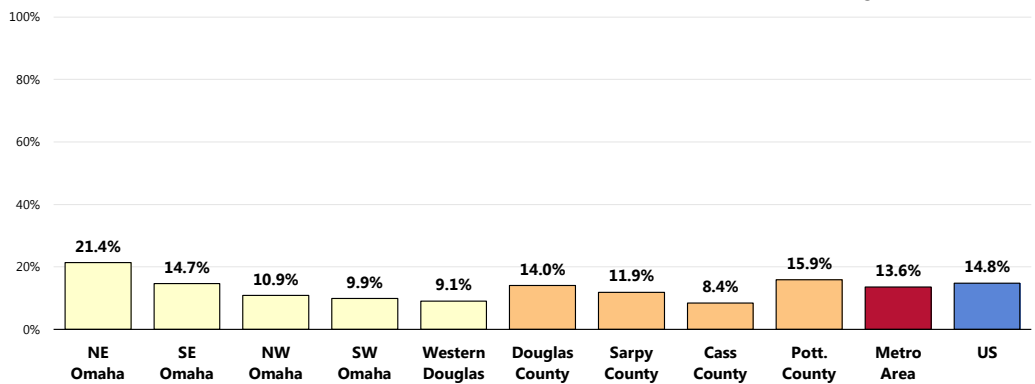
“I would say from a provider standpoint who’s arranged Medicaid cabs for people on a frequent basis -- it is a barrier-filled system. And especially if you have a patient trying to access a system that’s not a native English speaker. But we’ve had more and more sort of missed opportunities because somewhere in that chain of phone calls, the message isn’t relayed correctly.” — Douglas County Healthcare Provider

Prescriptions

Among all Metro Area adults, 13.6% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- Among the four Metro Area counties, lowest in Cass County.
- Within Douglas County, highest in Northeast Omaha.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

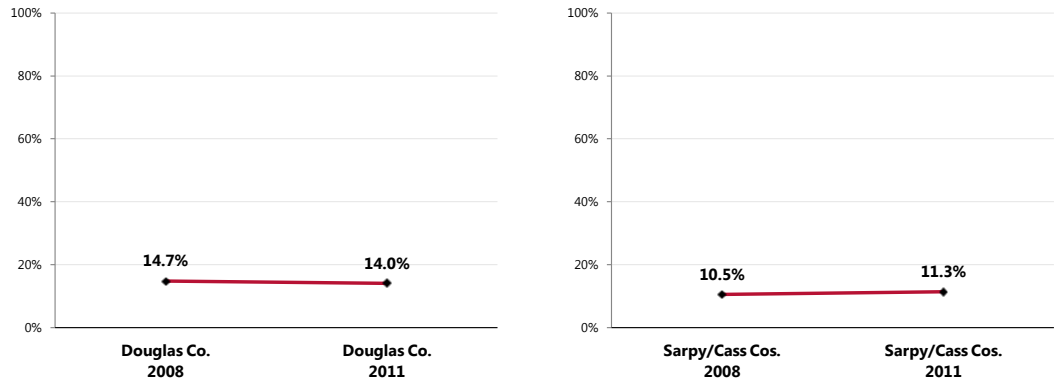


Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 15]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

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

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



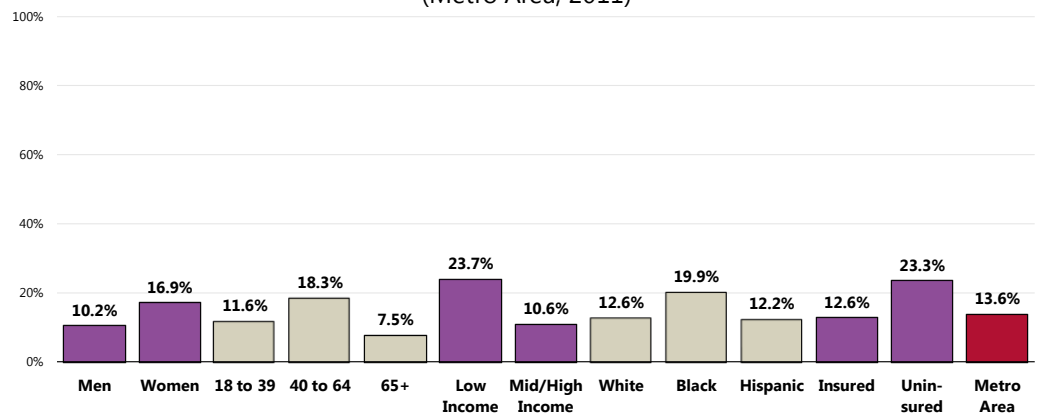
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 15]
 Notes: Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- 👤 Women.
- 👤 Adults age 40 to 64.
- 👤 Respondents with lower incomes.
- 👤 Blacks.
- 👤 Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Metro Area, 2011)



Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 15]
 Notes: Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

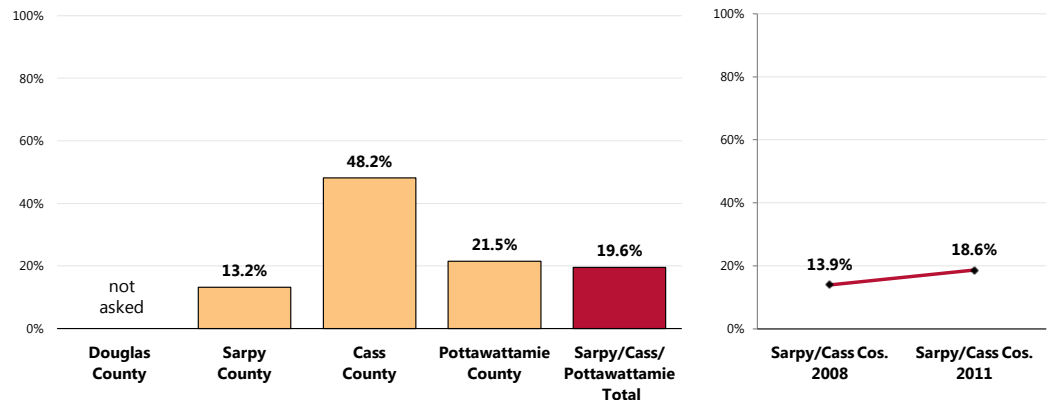
Outmigration for Care (Sarpy, Cass & Pottawattamie Counties)

When residents of Sarpy, Cass and Pottawattamie counties were asked whether they have traveled more than 30 minutes for a medical appointment in the past year, one in five answered affirmatively.

- Particularly high in Cass County.
- ☒ In the combined area of Sarpy/Cass counties, this has not changed significantly since 2008.

Have Had to Travel 30 Minutes or More for a Medical Appointment in the Past Year

(Sarpy, Cass & Pottawattamie Counties Only)



Sources: ● 2011 PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
Notes: ● Asked only of respondents in Sarpy, Cass or Pottawattamie Counties.

Medical Specialties

Related Focus Group Findings: Specialties

Many focus group participants discussed medical specialties available in the community. The main discussion centered on:

- Accessibility

Most of the focus group participants believe that their community has a large number of specialty providers; however, **accessing** these providers can be troublesome. The participants noted that the specialists may be at different locations depending upon the day. This caused some concern about patients being able to travel across town for the services. A respondent described:


"The problem with that is if you call a particular specialist's office, and they say, 'Well, we are at Midtown on Tuesdays and we're here on Thursdays and we're there on... --' That means if you have a real problem, you can't go to the one close to you, you're going to have to pick wherever he happens to be." — Douglas County Community/Business Leader

Accessing Healthcare for Children

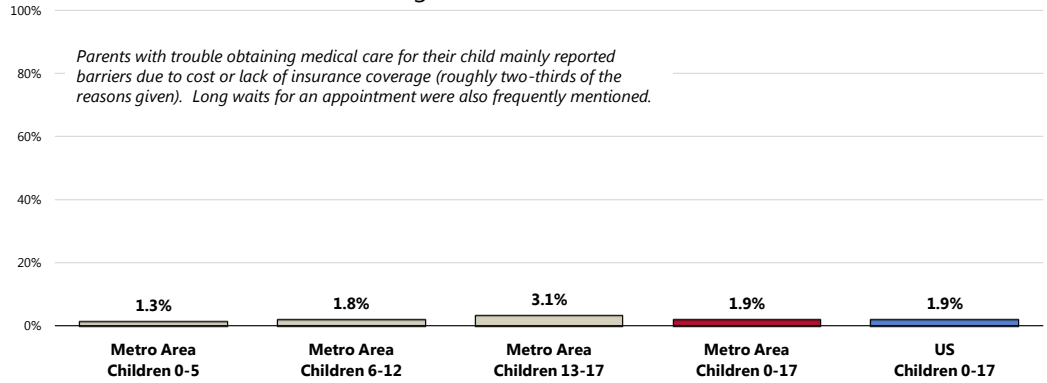
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 1.9% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Identical to what is reported nationwide.


 The prevalence appears to increase with the child's age.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)

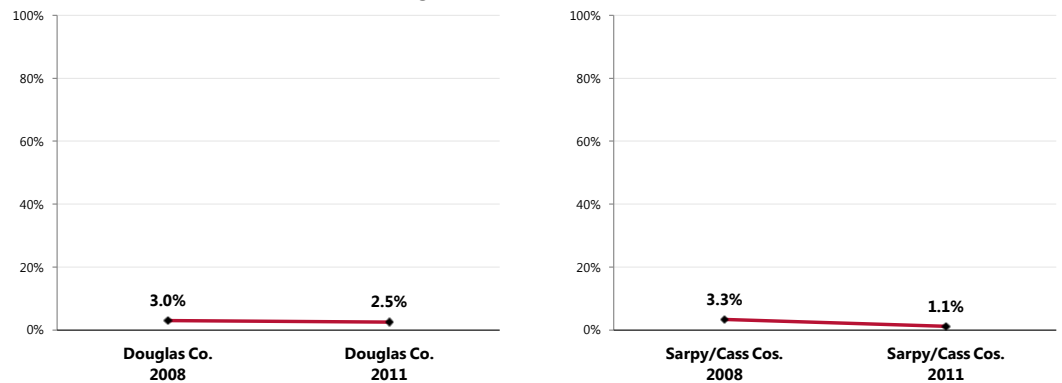


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 124-125]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children under 18 at home.

 The prevalence has not changed significantly in Douglas and Sarpy/Cass counties.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]

Notes: • Asked of all respondents with children under 18 at home.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited long waits for appointments.

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

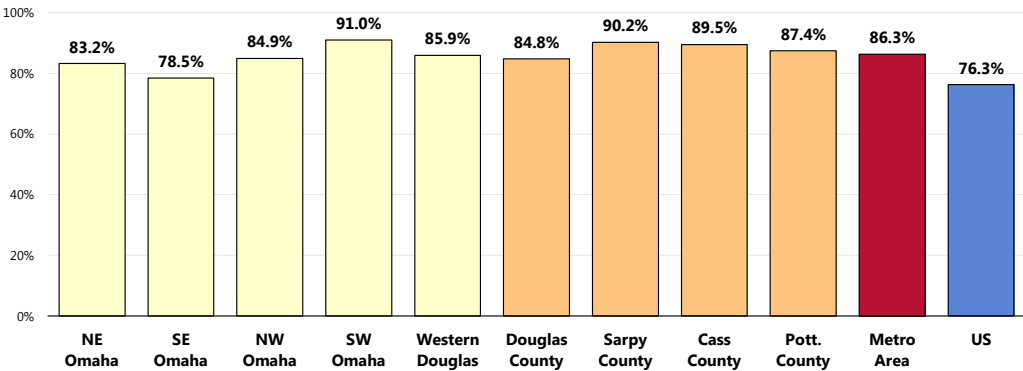
– Healthy People 2020 (www.healthypeople.gov)

Particular Place for Medical Care


A total of 86.3% of Metro Area adults were determined to have a particular place they visit when in need of medical care.

- Higher than the national figure.
- Among the four Metro Area counties, lowest in Douglas County and highest in Sarpy County.
- Within Douglas County, highest in Southwest Omaha and lowest in Southeast Omaha.

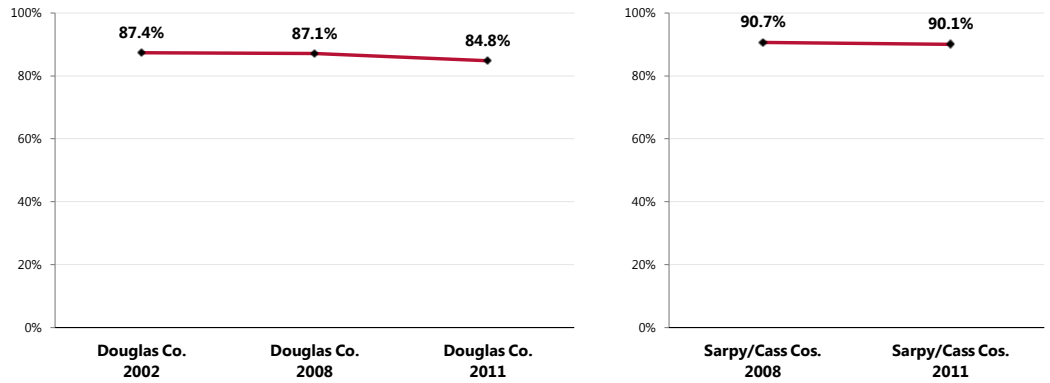
Have a Particular Place for Medical Care



Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

 No significant difference when compared with baseline data.

Have a Particular Place for Medical Care






Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.3, 5.4]

 Notes:

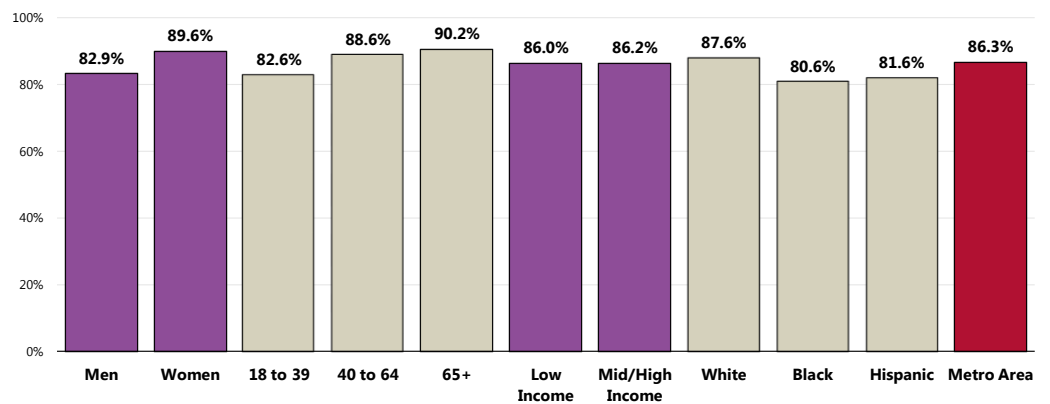
- Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

-  Men.
-  Adults under age 40.
-  Blacks and Hispanics.

Have a Particular Place for Medical Care

(Metro Area, 2011)



Sources:

- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- Asked of all respondents.

 Notes:

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

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (78.4%) identified a particular doctor's office.

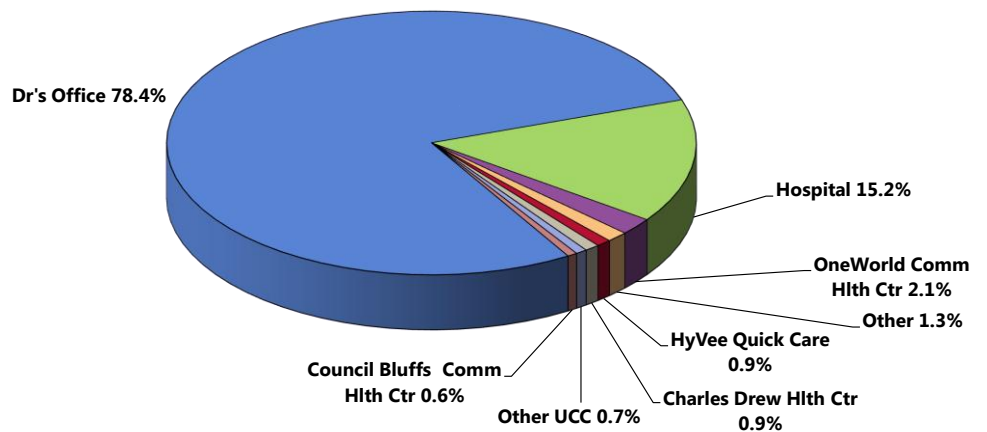
Another 15.2% say they rely on services provided by a local hospital (unidentified).

Other, lesser-mentioned sources of care include:

- **OneWorld Community Health Center** (2.1%);
- **Charles Drew Health Center** (0.9%);
- **Hy-Vee Quick Care** (0.9%);
- Various other **urgent care centers** (0.7%); and
- **Council Bluffs Community Health Center** (0.6%).

Particular Place Utilized for Medical Care

(Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 19-20]
Notes: • Asked of all respondents.

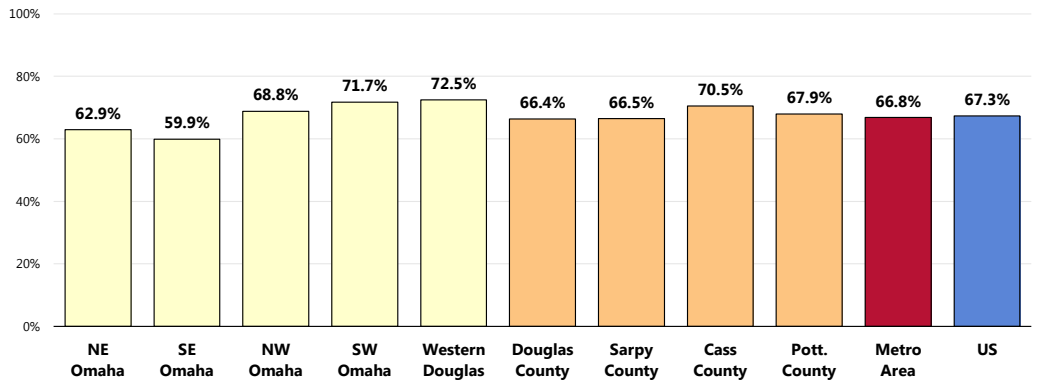
Utilization of Primary Care Services

Adults

Two-thirds (66.8%) of adults visited a physician for a routine checkup in the past year.

- Comparable to national findings.
- Among the four Metro Area counties, no significant difference is found.
- Within Douglas County, highest in Southwest Omaha and lowest in Southeast Omaha.

Have Visited a Physician for a Checkup in the Past Year

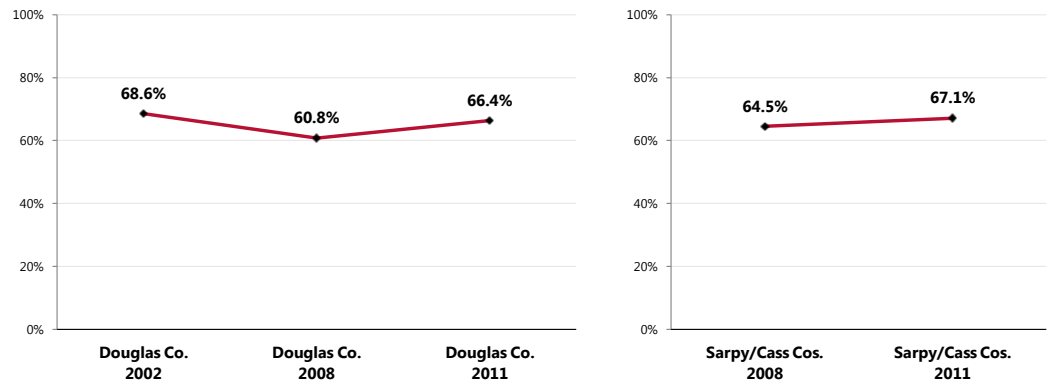


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

☒ Statistically similar to baseline survey findings.

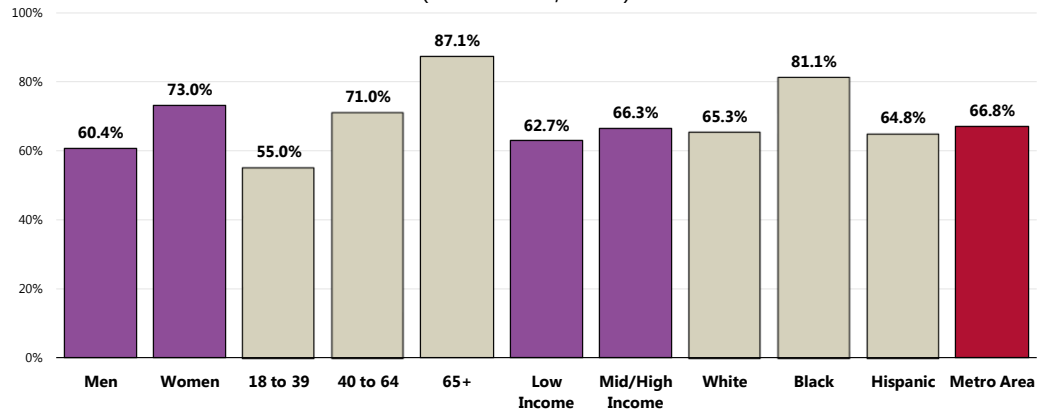
Have Visited a Physician for a Checkup in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
 Notes: • Asked of all respondents.

👤 Men and adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age); also, Whites and Hispanics are less likely than Blacks to have seen a physician for a checkup in the past year.

Have Visited a Physician for a Checkup in the Past Year (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Related Focus Group Findings: Elderly

Many focus group participants discussed elderly care in the community. The main issues include:

- Providers
- Limited information about resources

According to focus group participants, the number of seniors in the community will continue to increase in the next decades. Members agree that medical **providers** need special training to deal with geriatric issues, especially medication, nutrition, and social isolation. In addition, focus group members feel that there is **limited information about resources** for the geriatric population and their family members. Many agree that they would not know where to go for in-home care assistance or support for family caregivers. One member described:

"There's this kind of missing piece in there between we didn't need full-time nursing care, but we needed someone to come in and help with my mom and dad when he was unable to get out of the bed. And she'd been taking care of my dad when he had a brain tumor, so getting him his medications on time -- no one would come in and help with that...And so we had to resolve it as a family." — Douglas County Healthcare Provider

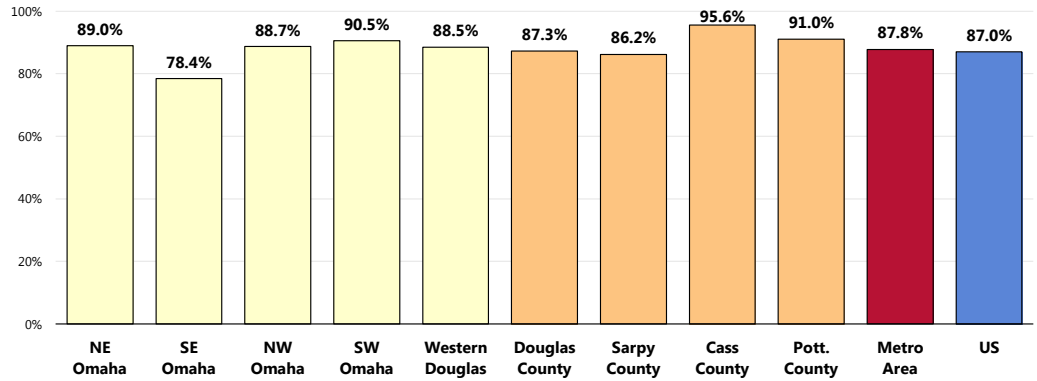
Focus group members also spoke about financial and budget constraints for elderly services. Participants believe that grants are limited for this age group.

Children

Among surveyed parents, 87.8% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- Among the four Metro Area counties, highest in Cass County.
- Within Douglas County, lowest in Southeast Omaha.

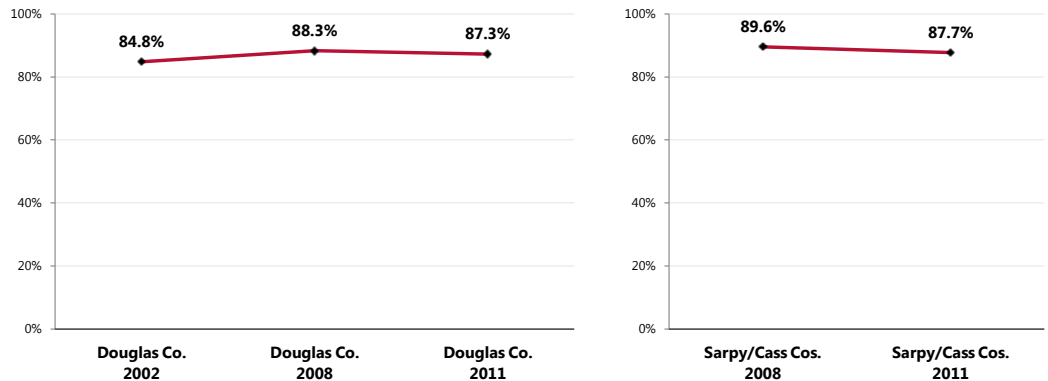
Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children under 18 at home.

Statistically similar to previous survey findings in Douglas and Sarpy/Cass counties.

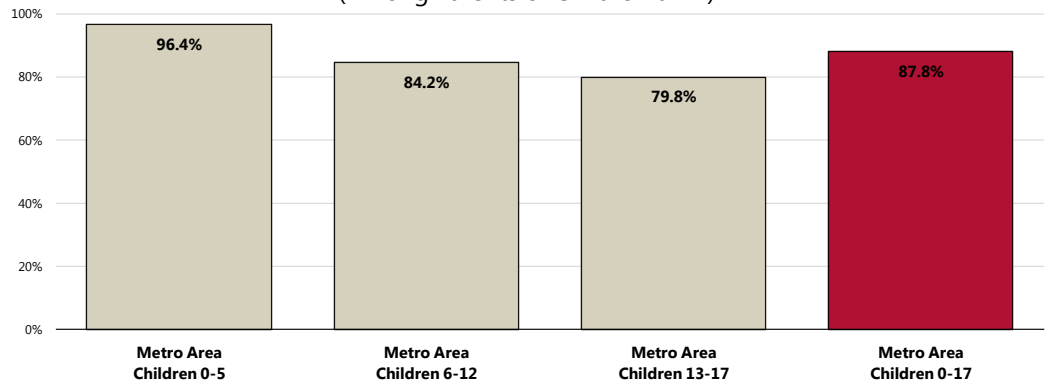
Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
 Notes: • Asked of all respondents with children under 18 at home.

👤 Routine checkups for children are highest among children age 0-5.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
Notes: • Asked of all respondents with children under 18 at home.

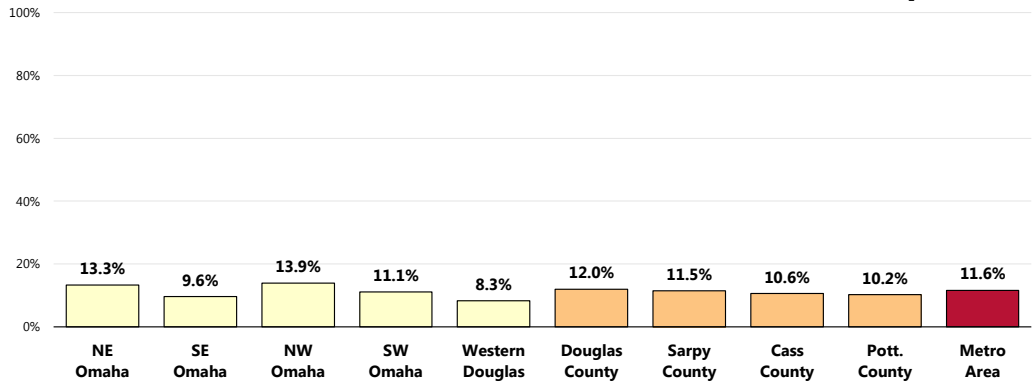
Electronic Communication

The majority (88.4%) of Metro Area adults report that they “seldom” or “never” communicate electronically (e.g., via email or text) with a physician or hospital.

However, 11.6% “frequently” or “sometimes” do so.

- Statistically similar by county in the Metro Area.
- Within Douglas County, no significant differences.

“Frequently” or “Sometimes” Use Electronic Communication to Communicate with a Doctor or Hospital

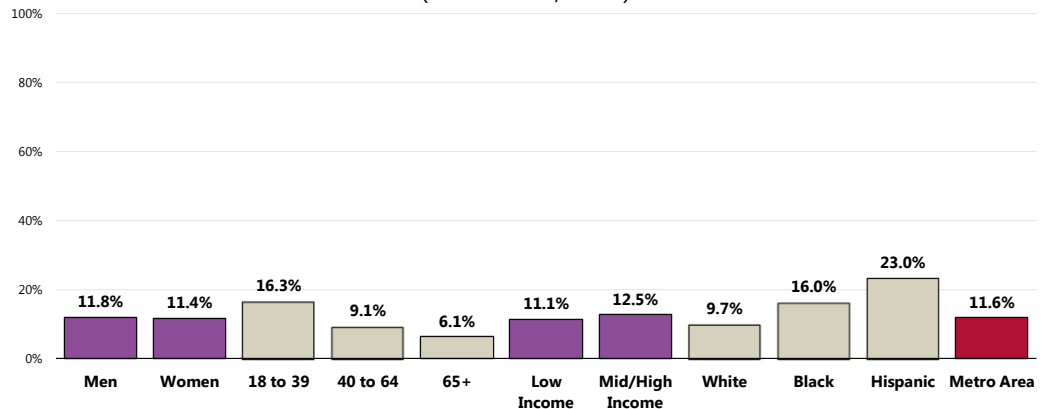


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
 Notes: • Asked of all respondents.
 • In this case the term “electronic communication” includes email and texting on cell phones.

- Viewed demographically, note the negative correlation with age.
- Also, Whites are less likely than Blacks or Hispanics to communicate electronically with a physician or hospital.

“Frequently” or “Sometimes” Use Electronic Communication to Communicate with a Doctor or Hospital

(Metro Area, 2011)

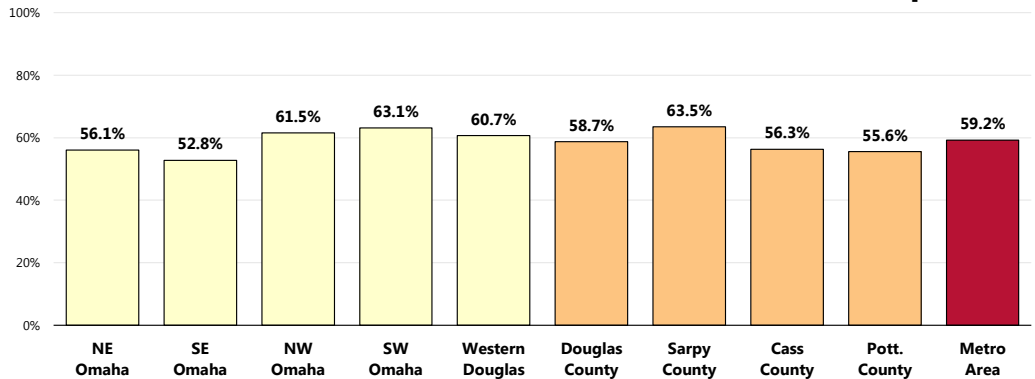


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
 • In this case the term “electronic communication” includes email and texting on cell phones.

However, 59.2% of community members say they would be “very” or “somewhat” likely to use electronic communication with a physician or hospital if it were an option.

- In the Metro Area, highest in Sarpy County.
- Within Douglas County, lowest in Southeast Omaha.

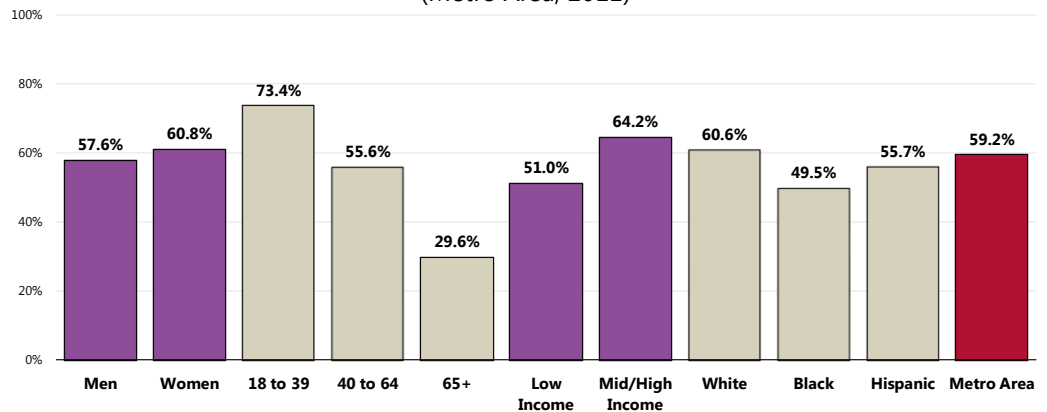
Would Be “Very” or “Somewhat” Likely to Use Electronic Communication to Communicate With a Doctor or Hospital



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
 Notes: • Asked of all respondents.

- 👥 Viewed demographically, note the negative correlation with age.
- 👥 Also, low-income residents and Blacks are less likely to consider using electronic communication with healthcare providers.

Would Be “Very” or “Somewhat” Likely to Use Electronic Communication to Communicate With a Doctor or Hospital (Metro Area, 2011)



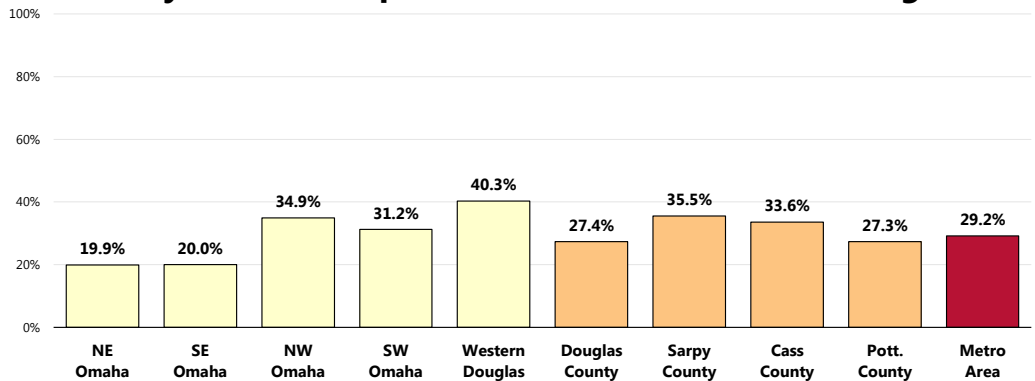
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Advanced Directives

A total of 29.2% of Metro Area adults have a completed Advanced Directive or Living Will in place.

- Among the four Metro Area counties, this is lowest in Douglas County and highest in Sarpy County.
- Within Douglas County, particularly low in the eastern Omaha communities.

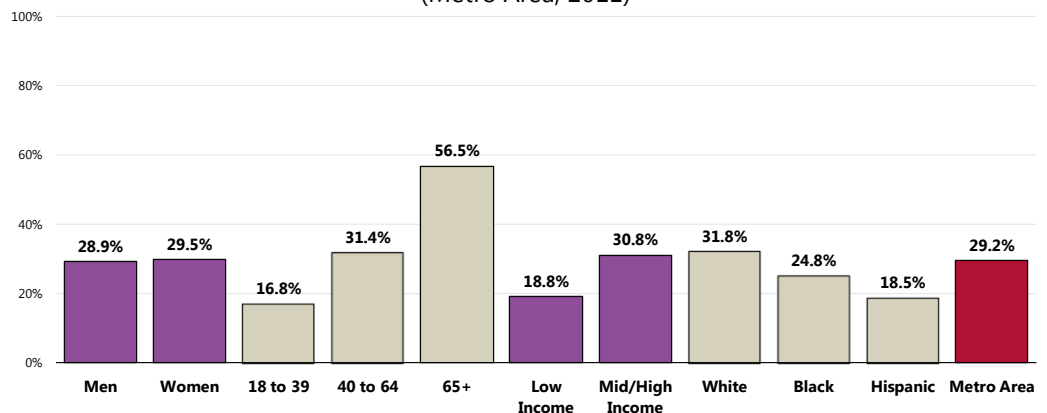
Currently Have a Completed Advance Directive or Living Will



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
 Notes: • Asked of all respondents.

- As might be expected, there is a positive correlation between age and having a completed Advanced Directive/Living Will.
- Also, low-income residents, Blacks and Hispanics are less likely to have a completed Advanced Directive/Living Will.

Currently Have a Completed Advance Directive or Living Will (Metro Area, 2011)

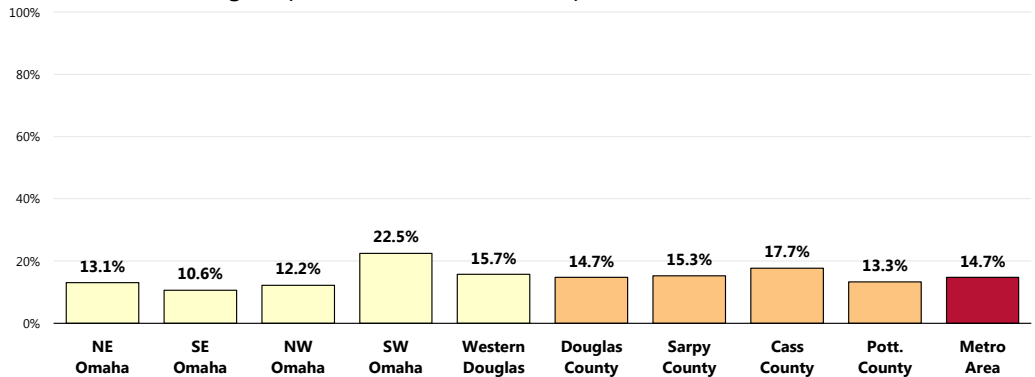


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Of those who do not have a completed Advanced Directive/Living Will, 14.7% say that they have discussed these with a healthcare professional, lawyer or clergy member.

- In the Metro Area, no significant difference to report.
- Within Douglas County, highest in Southwest Omaha.

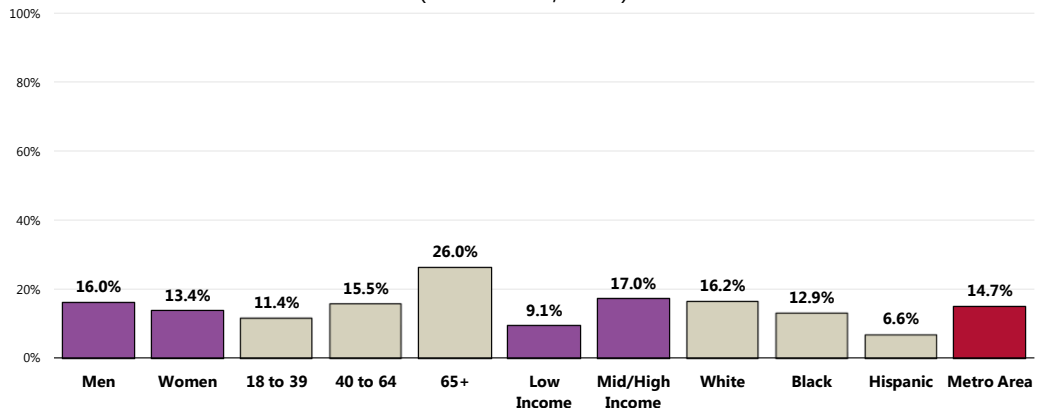
Have Ever Discussed an Advance Directive or Living Will With a Healthcare Professional, Lawyer or Clergy (Among Respondents Without a Completed Advanced Directive)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
Notes: • Asked of respondents who do not have a completed Advanced Directive or Living Will.

- Viewed demographically, note the positive correlation with age.
- Also, higher-income residents and Whites are more likely to have discussed Advanced Directives/Living Wills with a healthcare professional, lawyer or member of the clergy.

Have Ever Discussed an Advance Directive or Living Will With a Healthcare Professional, Lawyer or Clergy (Metro Area, 2011)



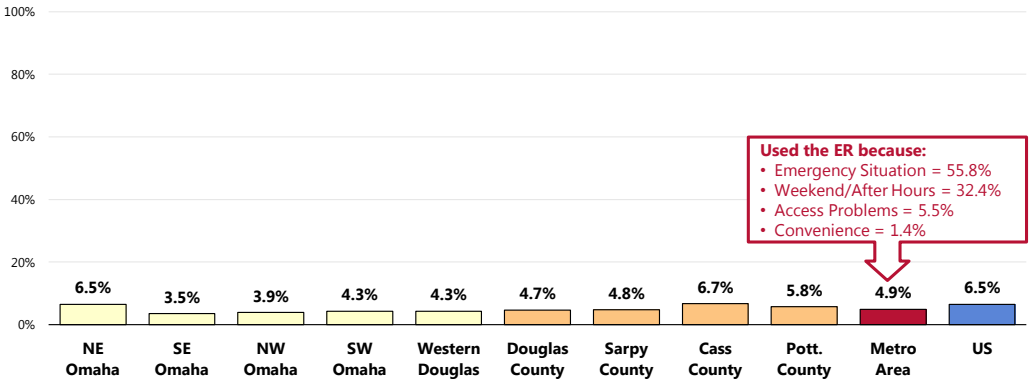
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
Notes: • Asked of respondents who do not have a completed Advanced Directive or Living Will.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Emergency Room Utilization

A total of 4.9% of Metro Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.
- Among the four Metro Area counties, no significant difference is found.
- Within Douglas County, similar by area.

Have Used a Hospital Emergency Room More Than Once in the Past Year

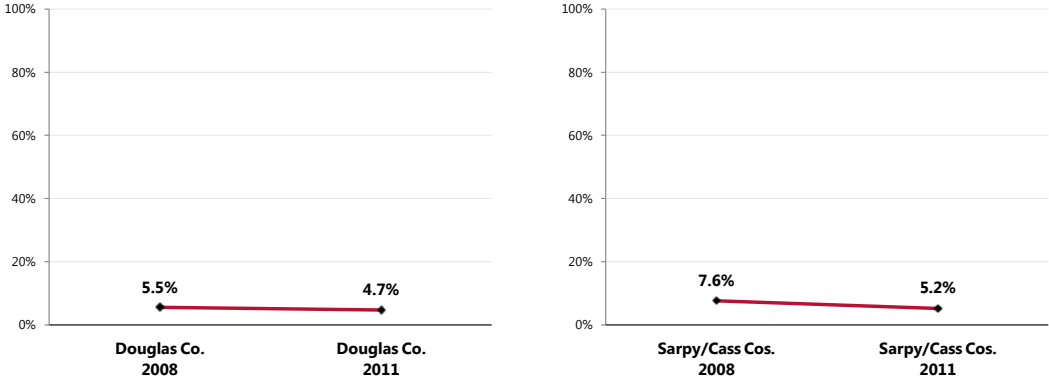


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 29-30]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

⊠ This indicator is statistically unchanged since in Douglas and Sarpy/Cass counties.

Have Used a Hospital Emergency Room More Than Once in the Past Year



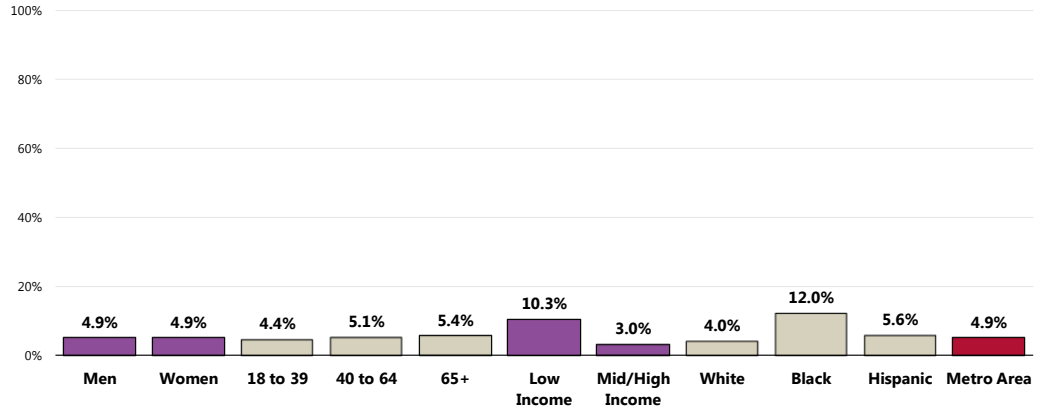
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]

Notes: • Asked of all respondents.

When asked why they used an ER instead of seeing a regular doctor, 55.8% say this is because it was an **emergency or life-threatening situation**, while 32.4% said it occurred **after-hours or on the weekend**. A total of 5.5% cited **difficulties accessing primary care** for various reasons, and 1.4% mentioned **convenience**.

Viewed by demographic characteristics, low-income residents and Blacks are more likely to have used an ER for medical care more than once in the past year.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

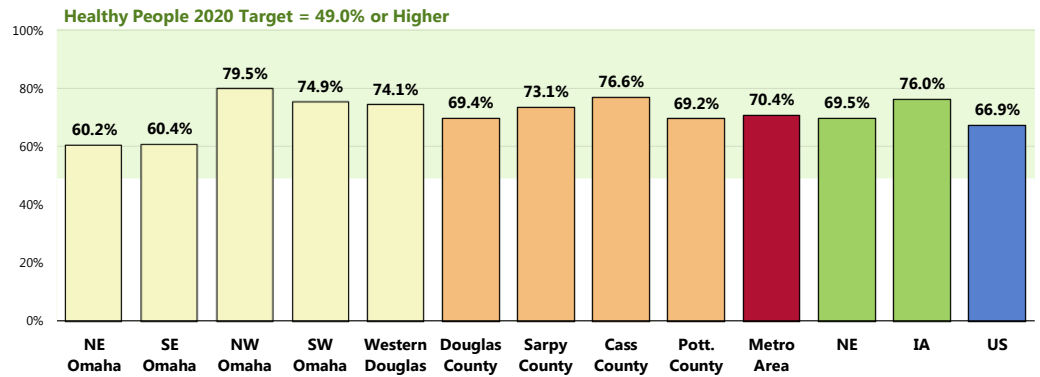
Dental Care

Adults

A total of 70.4% of Metro Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to Nebraska findings but less favorable than Iowa findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Among the four Metro Area counties, highest in Cass County.
- Within Douglas County, lower in eastern Omaha, higher in western Omaha.

Have Visited a Dentist or Dental Clinic Within the Past Year

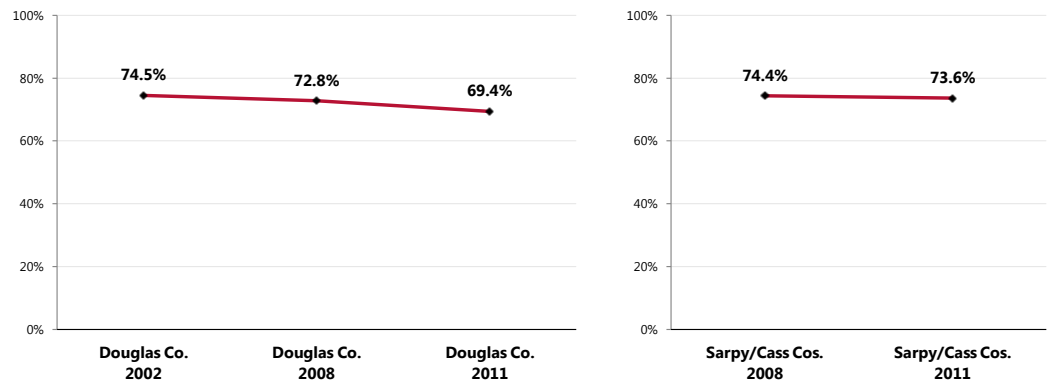


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Nebraska and Iowa data.

Notes: • Asked of all respondents.

⚠ Marks a statistically significant decrease since 2002 in Douglas County; no change to report for Sarpy/Cass counties since 2008.

Have Visited a Dentist or Dental Clinic Within the Past Year



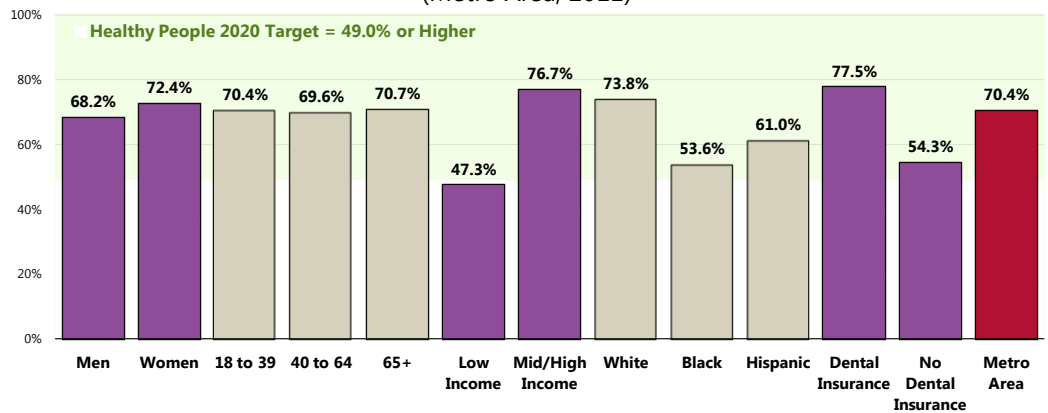
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents.

Note the following:

- 👤 Men are less likely than women to report recent dental visits.
- 👤 Persons living in the lower income category report much lower utilization of oral health services.
- 👤 Blacks are less likely than Whites or Hispanics to report recent dental care.
- 👤 As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

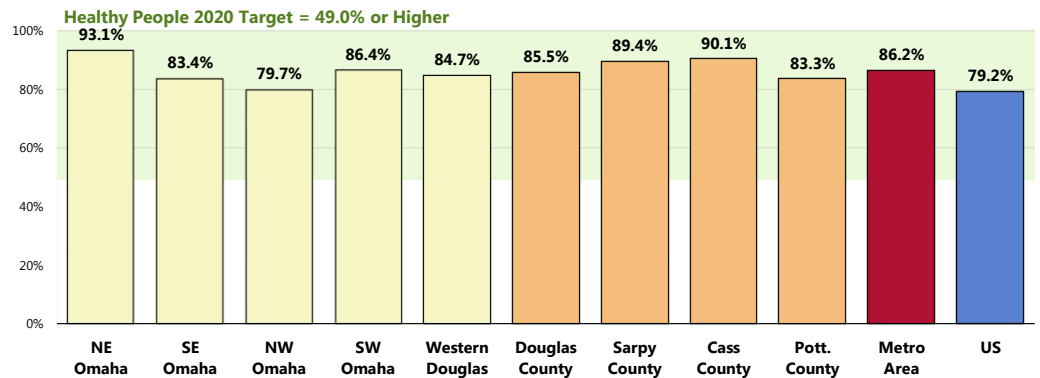
Children

A total of 86.2% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Among the four Metro Area counties, no significant differences.
- Within Douglas County, highest in Northeast Omaha.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)

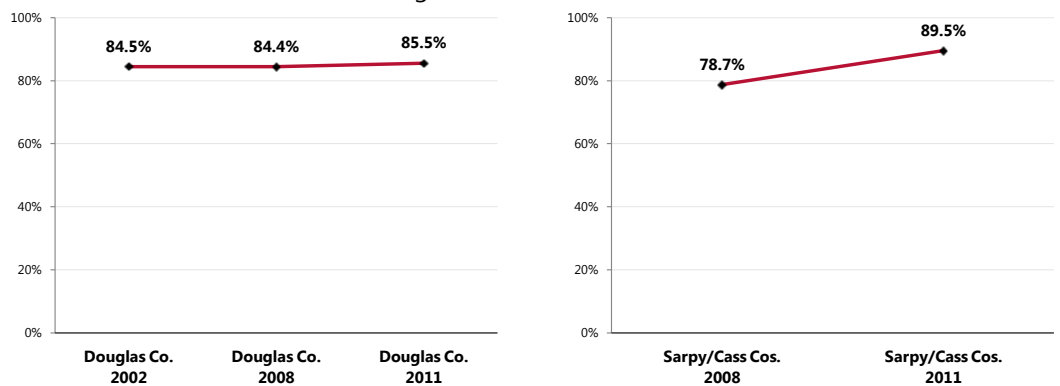


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Statistically unchanged since 2002 in Douglas County; marks a statistically significant increase in Sarpy/Cass children's dental care since 2008.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

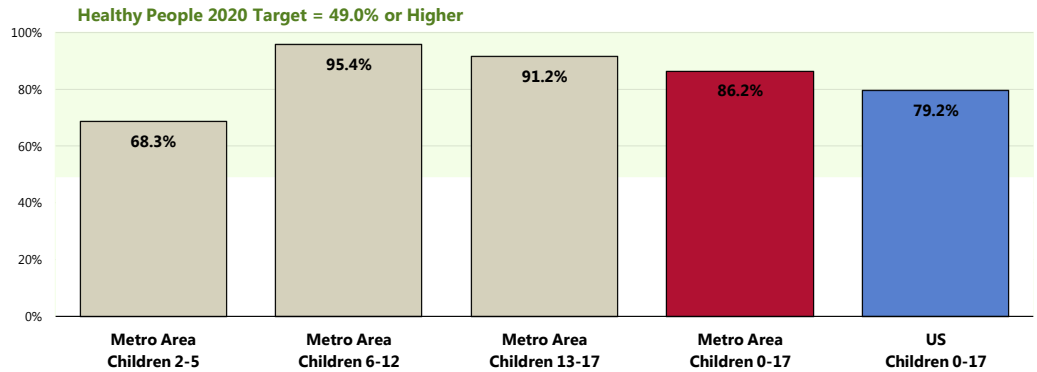
(Among Parents of Children 2-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Regular dental care is notably lower among children age 2 to 5.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children 2-17)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

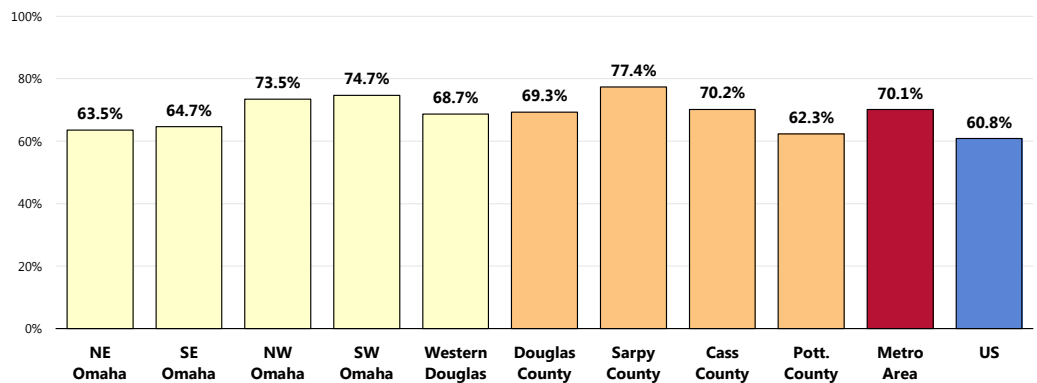
Notes: • Asked of all respondents with children age 2 through 17.

Dental Insurance

A total of 70.1% of Metro Area adults have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.
- Among the four Metro Area counties, highest in Sarpy County and lowest in Pottawattamie County.
- Within Douglas County, lower in the eastern parts of Omaha.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

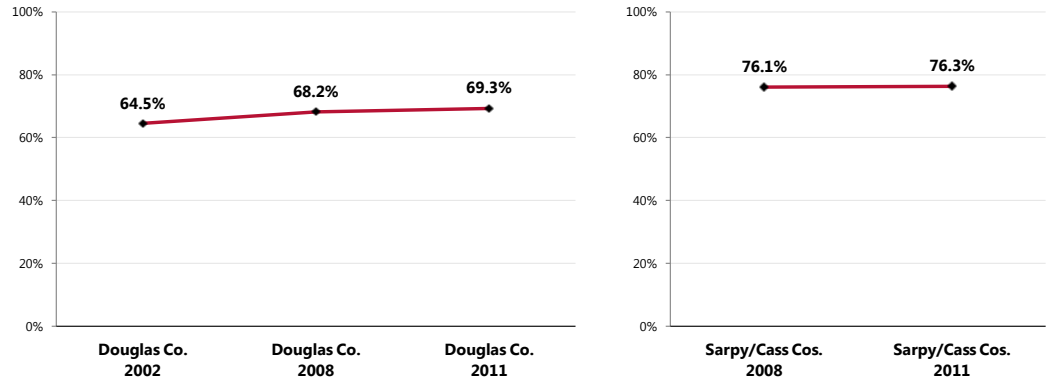


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

▣ Marks a statistically significant increase since 2002 in Douglas County; statistically unchanged since 2008 in Sarpy/Cass counties.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 28]
Notes: ● Asked of all respondents.

Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community. The main issues discussed include:

- Insurance
- Pediatric dental care

According to focus group participants, there are many oral health resources available in the community, including dentists and oral health education. Focus group members feel that dental care options are readily available for individuals who possess insurance or can self-pay. Individuals without any kind of **insurance** and those on Medicaid have the most difficulty accessing dental care. However, participants mentioned a clinic in Omaha which provides services one afternoon a week, regardless of payment ability or immigration status. Focus group members also mentioned the University Medical Center, Creighton University, and Douglas County Hospital as possible resources for dental care. Those resources can be very time-intensive, which may limit a person's ability to utilize the service. One member described:

"So if you go to Creighton's dental clinic, and you just say that you just need an ordinary dental cleaning, it's going to take you two to three months to get in, and then you're going to have a three- to four-hour process, because you're used as a learning piece." — Douglas County Social Service Provider

Focus group members agree that **pediatric dental care** is extremely critical for overall health and believe many children do not receive regular dental care. However, some school districts are attempting to collaborate with local dentists to have clinics for the children. A respondent recalled:

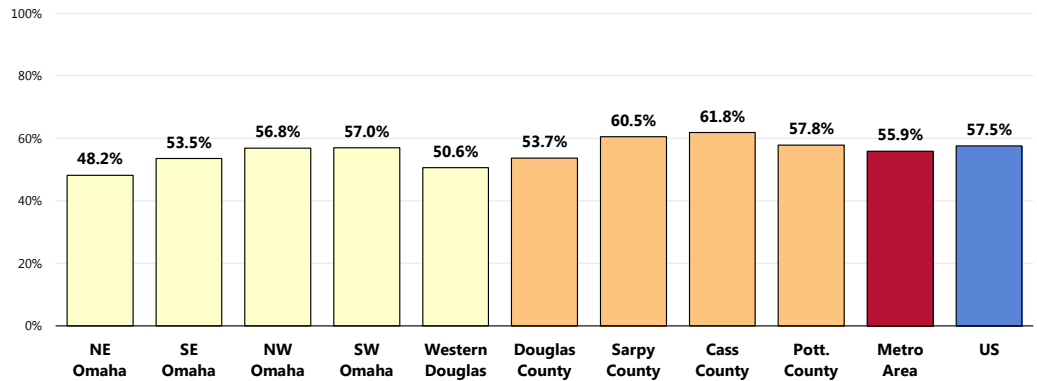
"The hygienist has worked together with dentists to have clinics for kids. And, but the problem this year was not enough money for transportation, so they're fundraising for the transportation costs." — Pottawattamie County Key Informant

Vision Care

A total of 55.9% of Metro Area adults had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- Among the four Metro Area counties, lowest in Douglas County.
- Within Douglas County, lowest in Northeast Omaha.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

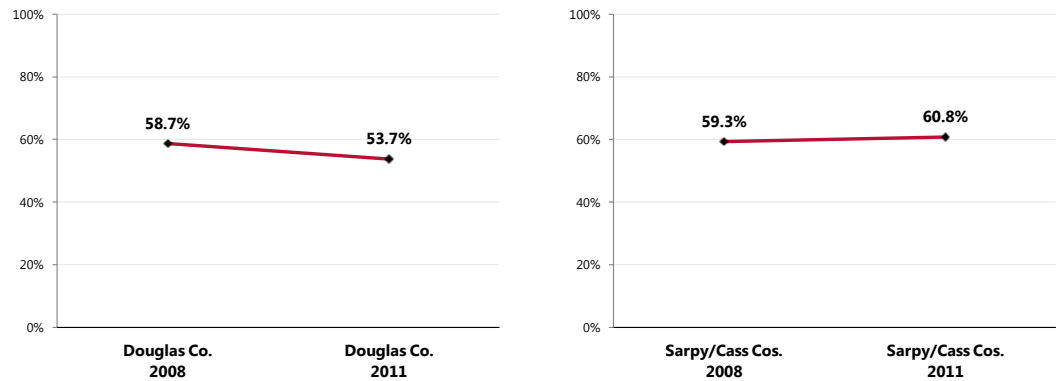


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

⚠ Denotes a statistically significant decrease since 2008 in Douglas County; relatively unchanged in Sarpy/Cass counties.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

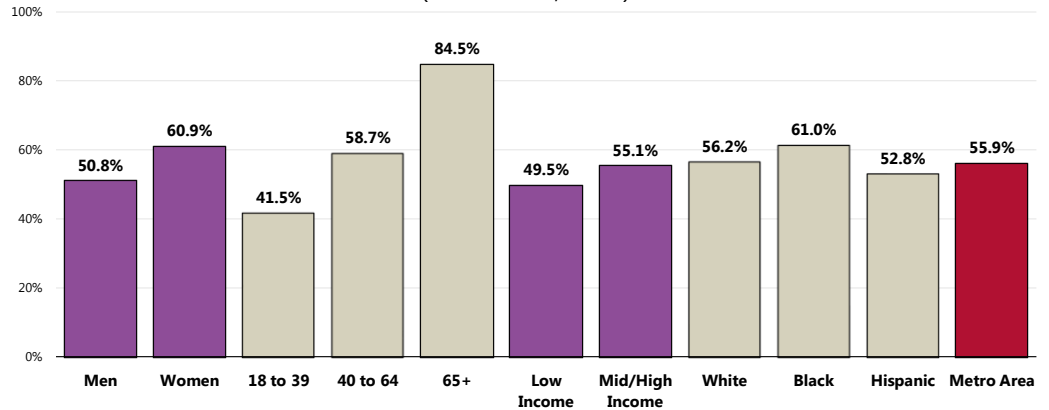


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
 Notes: • Asked of all respondents.

Recent vision care in the Metro Area is less often reported among:

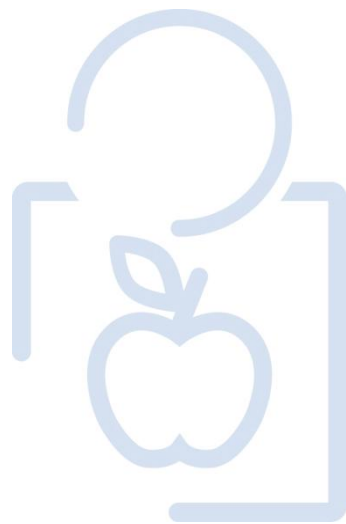
- Men.
- Adults under 40 (note the positive correlation with age).
- Low-income residents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

HEALTH EDUCATION & OUTREACH

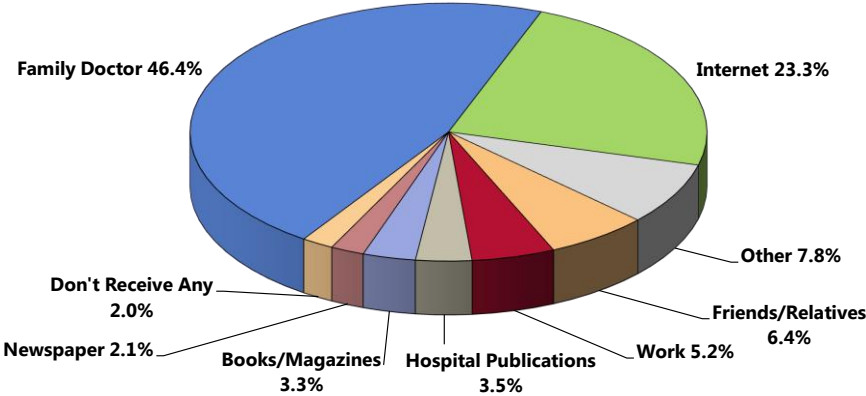


Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 46.4% of Metro Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 23.3%.

Primary Source of Healthcare Information
(Metro Area, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes: • Asked of all respondents.

☒ Note that reliance on the Internet for healthcare information has grown considerably over the years: [Douglas County data] increasing from 7.3% in 2002, to 17.4% in 2008, to 22.4% in 2011.

Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.


Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

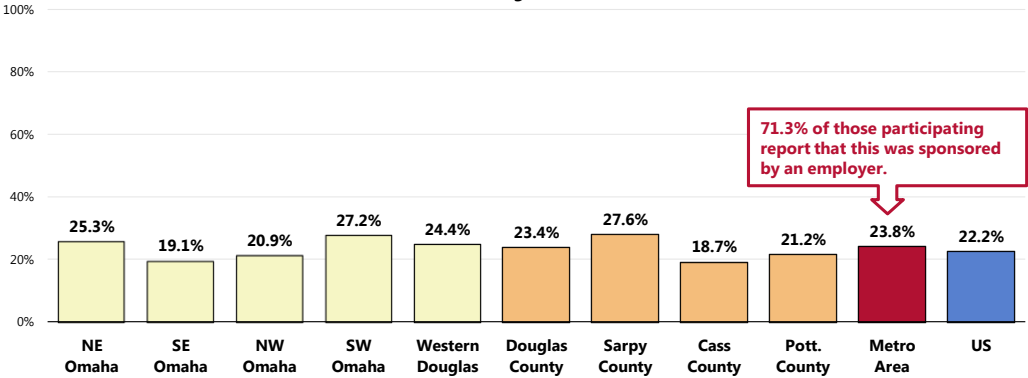
– Healthy People 2020 (www.healthypeople.gov)

A total of 23.8% of Metro Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Comparable to the national prevalence.
- Among the four Metro Area counties, no significant differences are found.
- Within Douglas County, similar by area.

 Note that 71.3% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year

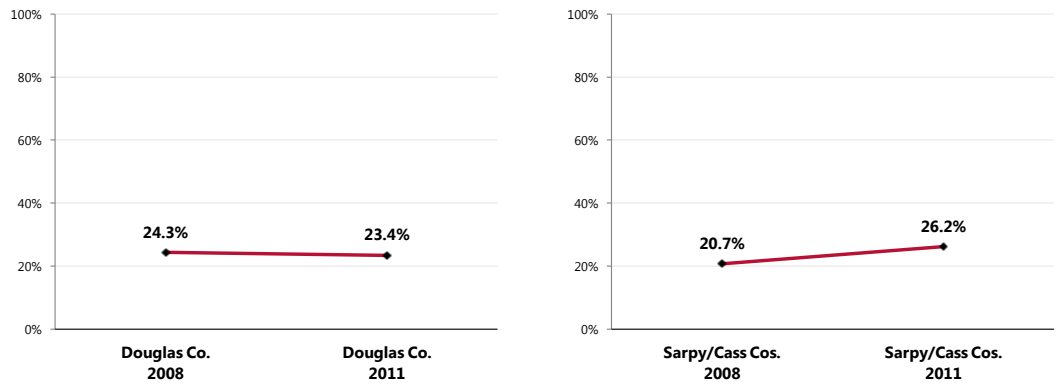


71.3% of those participating report that this was sponsored by an employer.

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Statistically unchanged since 2008 in Douglas and Sarpy/Cass counties.

Participated in a Health Promotion Activity in the Past Year



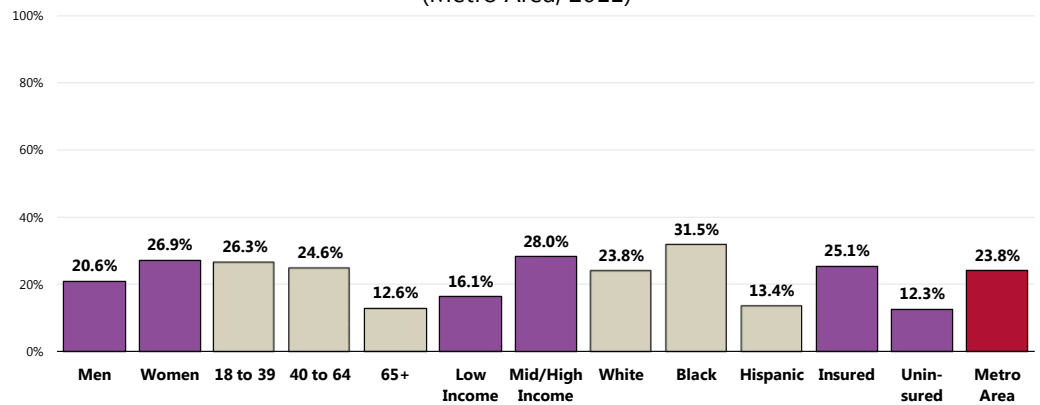
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 118]
 Notes: Asked of all respondents.

These population segments are less likely to report participation in a health promotion activity:

- Men.
- Adults age 65+.
- Low-income residents.
- Hispanics.
- The uninsured.

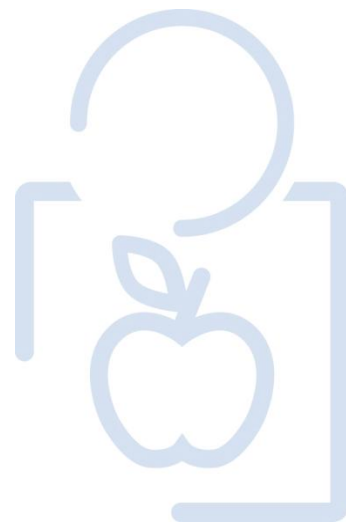
Participated in a Health Promotion Activity in the Past Year

(Metro Area, 2011)



Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
 Notes: Asked of all respondents.
 Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

LOCAL HEALTHCARE

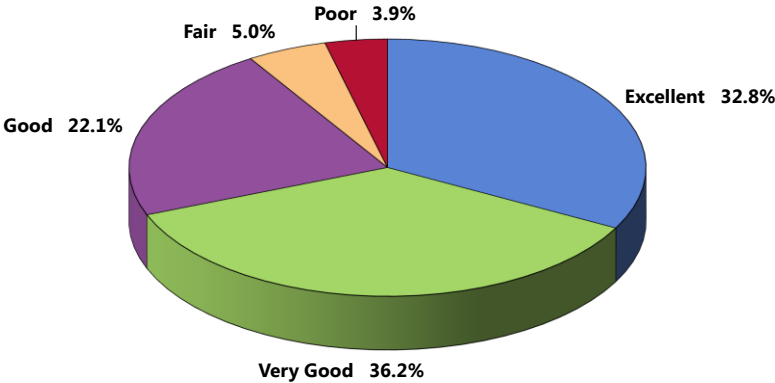


Perceptions of Local Healthcare Services

Nearly 7 in 10 Metro Area adults (69.0%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 22.1% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Metro Area, 2011)

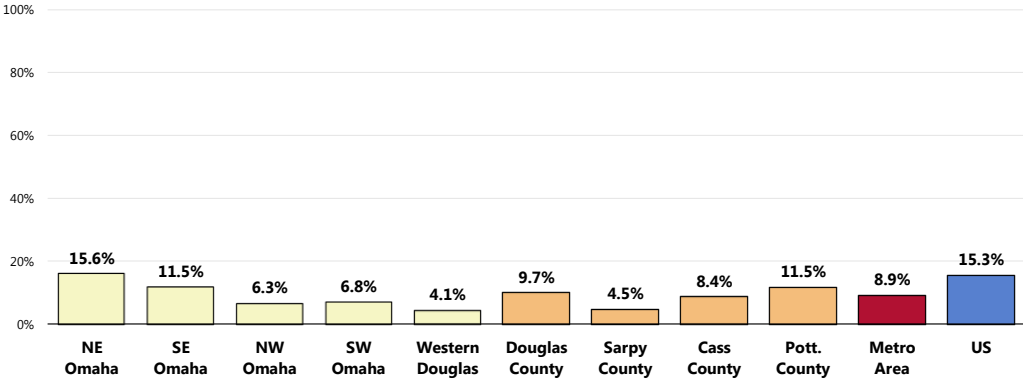


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.

However, 8.9% of residents characterize local healthcare services as “fair” or “poor.”

- Much lower (more favorable) than reported nationally.
- Among the four Metro Area counties, most favorable in Sarpy County.
- Within Douglas County, least favorable in Northeast Omaha.

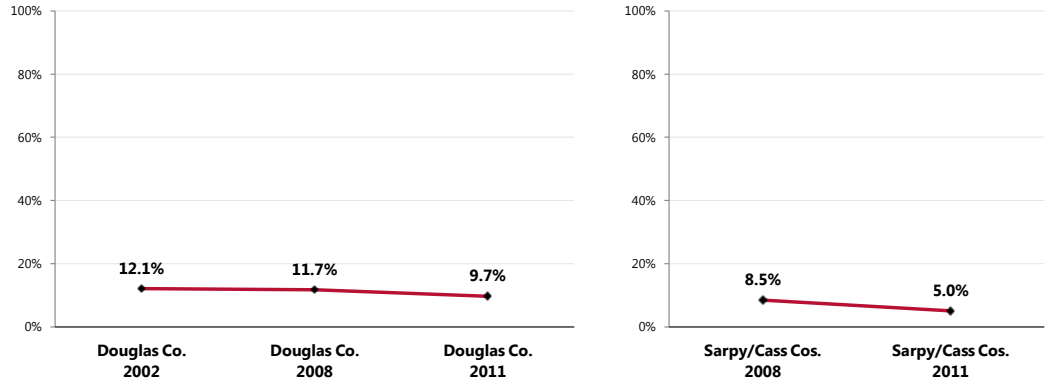
Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

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

Perceive Local Healthcare Services as "Fair/Poor"

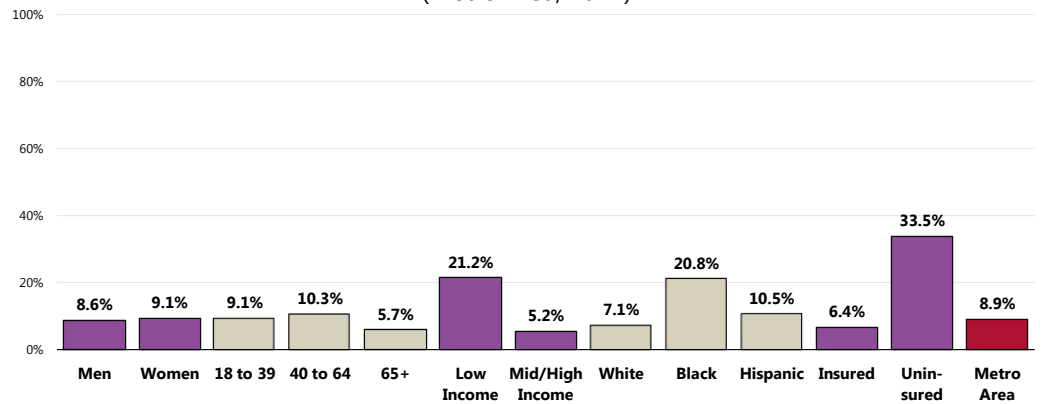


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
 Notes: Asked of all respondents.

The following residents are most critical of local healthcare services:

- 👤 Residents with lower incomes.
- 👤 Blacks.
- 👤 Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor" (Metro Area, 2011)



Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
 Notes: Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Collaboration

Related Focus Group Findings

Participants spent time discussing the varying levels of collaboration occurring in the community between non-profit organizations, schools, and healthcare facilities. The two issues surrounding collaboration are:

- History of collaboration
- Community members
- Resource directory

Several focus group participants feel there is excellent collaboration happening in the community between businesses, schools, organizations and healthcare facilities. Members noted that the **history of collaboration** assisted in the current coordination efforts. A member noted:

"I would echo the harmonious nature of Omaha. It's got all the competition that everyplace else has, but it's not done in the certain kind of potentially cutthroat way that it's done in other places. And even though people compete with each other, they also talk to each other, and everybody's concerned about changes in health care, how they'll adapt." — Douglas County Healthcare Provider

Other focus group participants feel the history of collaboration paved the way for future coordination, but the financial climate created some strain on organizations, which limited the ability to collaborate. One participant described:

"I would wonder if part of what inhibits, for lack of a better word, the collaboration is just survivability and resources. I'm not hearing people say, 'I don't want to come together,' it's having the ability to take your eye off of the ball of fundraising or managing other resources to then spend time in building and even furthering collaborations." — Douglas County Social Service Provider

Focus group members agree that to continue to excel in collaboration, organizations must consistently work towards this outcome. In addition, organizations need to remember to go beyond their office walls and obtain **community members'** buy-in and support in order to succeed:

"Having citizens and clients on community boards is really, really important, but we need to go further than that -- we need to build the capacity. Because it's intimidating. Can you imagine coming in here, in this room? So getting them up to speed with verbiage, understanding that, and technology." — Pottawattamie County Key Informant

Participants also discussed the importance of having a **resource directory** available and accessible. Members feel this area is a critical link for community members and the organizations operating in the area, to not only increase awareness, but facilitate coordination. Focus group participants specifically mentioned countyconnection.org (Pottawattamie County) and 2-1-1 (Omaha metropolitan area).