

2008 PRC
COMMUNITY HEALTH
ASSESSMENT

Sarpy & Cass Counties, Nebraska

Funding Provided By

**UNMC/UNO's School of Public Health,
Alegent Health &
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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in a defined geographical region. Subsequently, this information may be used to formulate strategies to improve community health and wellness.

A PRC Community Health Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health 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.

METHODOLOGY

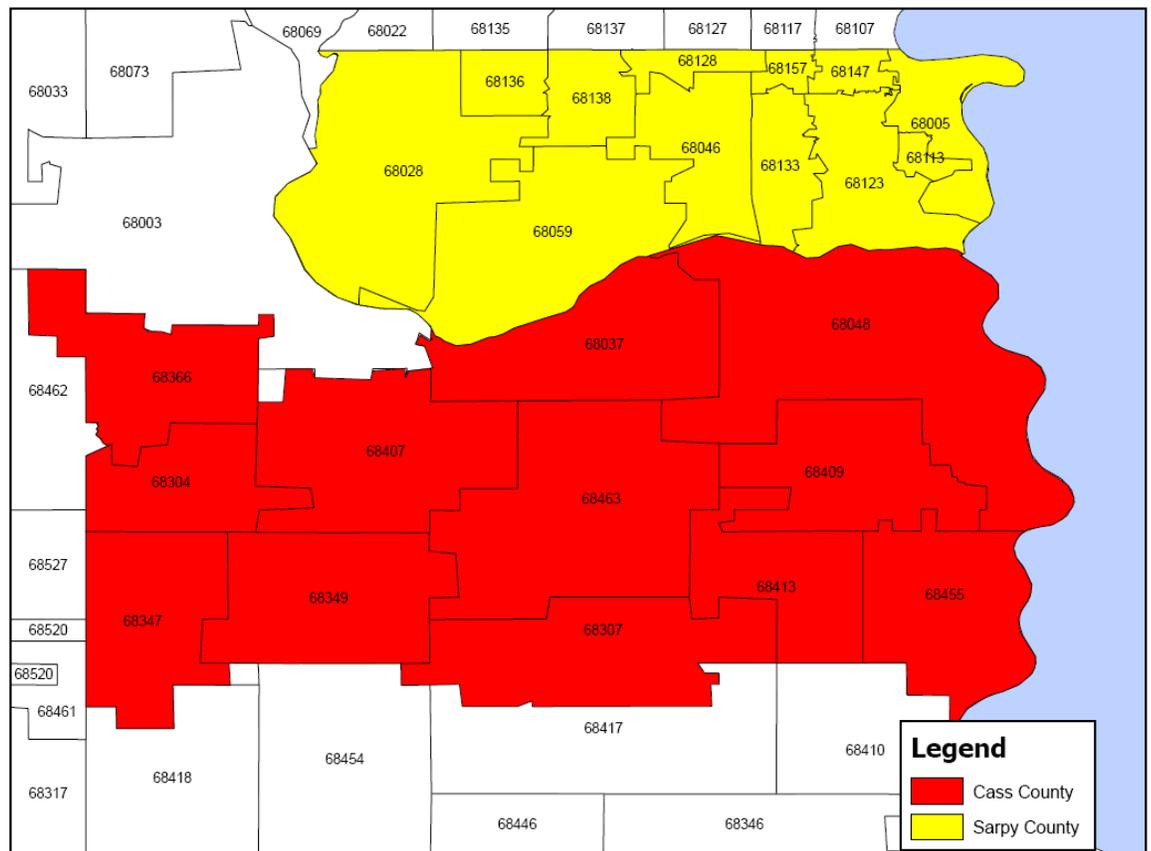
2008 PRC Community Health Survey

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 national health promotion and disease prevention objectives and other recognized health issues.

Community Defined for This Assessment

The study area for this effort is defined as ZIP Codes in the combined area of Sarpy and Cass Counties, Nebraska (described in the following chart).



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *2008 PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

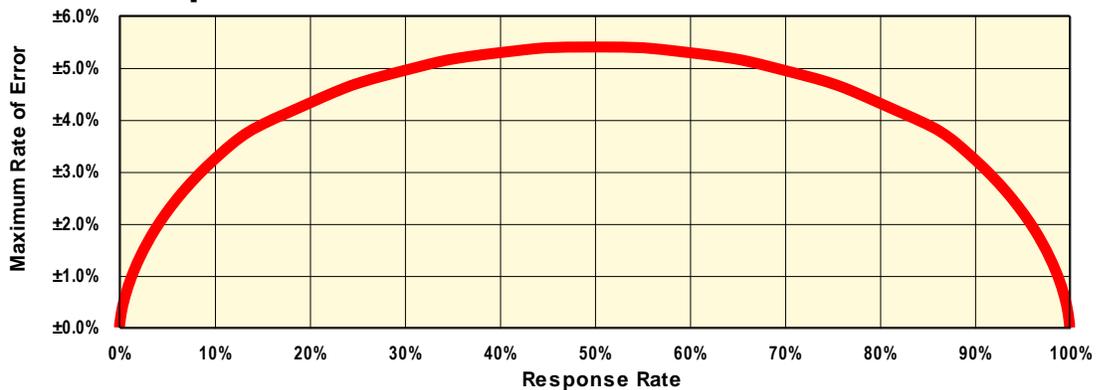
The sample design used for this effort consisted of a total of 330 individuals aged 18 and older in Sarpy/Cass Counties (including a stratified random sample of 230 Sarpy County adults and 100 Cass County adults).

Once these data were collected, the sample was weighted in proportion to the actual population distribution at the ZIP Code level so that area estimates reflect the area as a whole. Population estimates were based on census projections of adults aged 18 and over provided in the latest *ESRI BIS Demographic Portfolio*. 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 330 respondents is $\pm 5.4\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 330 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 330 respondents answered a certain question with a "yes," it can be asserted that between 6.8% and 13.2% (10% \pm 3.2%) 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 44.6% and 55.4% (50% \pm 5.4%) of the total population would respond "yes" if asked this question.

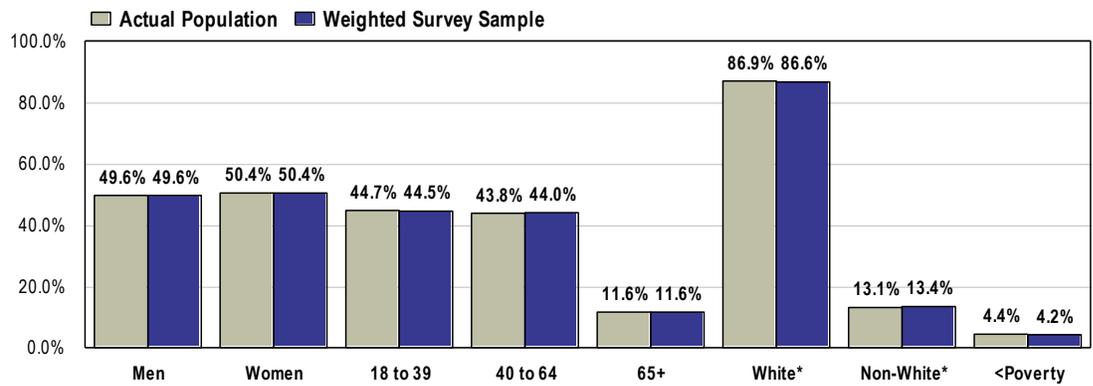
Sample Characteristics

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 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 chart outlines the characteristics of the sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 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

(Sarpy/Cass Counties, 2008)



Source:

- 2005 ESRI BIS Demographic Database.
- 2008 PRC Community Health Survey, Professional Research Consultants.
- Hispanic can be of any race.
- *White and Non-White sample percentages do not include Hispanic respondents who did not offer a race response.

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 Sarpy/Cass Counties with a high degree of confidence.

Public Health, Vital Statistics and Other Data

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

- ☐ Centers for Disease Control & Prevention
- ☐ Crime in Nebraska
- ☐ ESRI BIS Demographic Portfolio (Projections Based on Census 2000)
- ☐ FBI, Crime in the United States
- ☐ National Center for Health Statistics
- ☐ Nebraska Department of Health and Human Services

Secondary data are based on county-level data, combined to represent the composite Sarpy/Cass Counties area.

Nebraska Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are drawn from the most recent *BRFSS (Behavioral Risk Factor Surveillance System)* data published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2008 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 U.S. population with a high degree of confidence.

Healthy People 2010

Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Like the preceding Healthy People 2000 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the nation’s health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.



SUMMARY OF ASSESSMENT FINDINGS

COMPARISON WITH NATIONAL BENCHMARKS

Self-Reported Health Status

Favorable Findings

Sarpy/Cass adults' self-reported assessments of their own physical and mental health are more favorable than what is reported nationwide.

The prevalence of chronic depression (and depressed persons seeking professional help) are more favorable than seen nationwide.

Note also that the age-adjusted death rate due to Alzheimer's disease in Sarpy/ Cass Counties is lower than the nationwide rate.

Death & Disability

Favorable Findings

Note these positive findings with regard to **heart disease and stroke**: a lower age-adjusted death rate from heart disease; a lower prevalence of stroke; and greater hypertension screening levels.

Trend data show that **cancer** mortality rates have declined in recent years in Sarpy/Cass Counties; the current **female breast cancer** rate is more favorable than the national rate.

With regard to **respiratory disease**, the Sarpy/Cass tuberculosis incidence rate is lower than the U.S. rate.

Among **injury-related** variables, age-adjusted death rates due to unintentional injury (including motor vehicle accidents), homicide, and suicide are lower than rates seen nationally (homicide and suicide mortality have both declined). The violent crime rate is lower than the national rate, and survey respondents are less likely than adults nationwide to report being victims of a violent crime in the past five years. The proportion of Sarpy/Cass homes with unlocked, loaded firearms is lower than that reported nationally.

The Sarpy/Cass age-adjusted **diabetes** death rate is more favorable than that found nationally.

Asthma prevalence (for both adults and children) is better than found nationally.

With regard to **disability**, the community fares better than the nation in terms of the proportion of residents with activity limitations.

The Sarpy/Cass age-adjusted **HIV** death rate is also lower than that found nationally.

Also, pertaining to **chronic pain**, the area exhibits lower percentages of adults with arthritis/rheumatism as well as osteoporosis and chronic neck pain.

Regarding **environmental health**, the percentage of Sarpy/Cass adults with mold in the home is more favorable than that reported nationally. Area residents are less likely than adults nationwide to attribute illnesses to outdoor air quality.

With regard to **immunization and infectious disease**, hepatitis C and pertussis rates are lower than those found across the United States.

Pertaining to **vision**, Sarpy/Cass Counties exhibits lower percentages of adults with vision problems/blindness.

Lastly, with regards to **sexually-transmitted diseases**: gonorrhea, syphilis, Chlamydia, and hepatitis B rates are below the national average. Also, area adults are less likely to have had multiple sexual partners (more than two) in the past year, compared to American adults overall.

Unfavorable Findings

However, Sarpy/Cass Counties compare unfavorably to national findings in the following regards:

- ☐ **Stroke Deaths.** Stroke mortality is higher in Sarpy/Cass Counties than it is across the nation.
- ☐ **Respiratory Disease.** The age-adjusted death rates from CLRD and pneumonia/influenza are higher in Sarpy/Cass Counties than they are nationally.
- ☐ **Sexually-Transmitted Diseases.** Sarpy/Cass adults under 65 are less likely to use condoms than adults under 65 across the United States.

Births

Favorable Findings

With regard to family planning, the Sarpy/Cass Counties percentage of births to unwed mothers is lower than that reported across the nation.

Regarding maternal, infant, and child health: infant and neonatal mortality rates are lower than found nationwide. The percentage of low birthweight births is lower than that reported across the country.

Modifiable Health Risks

Favorable Findings

In comparison to national averages, positive findings relating to modifiable health risk behavior in Sarpy/Cass Counties include: a lower prevalence of illicit drug use; lower secondhand smoking percentages; a lower prevalence of smokeless tobacco use; a lower age-adjusted death rate due to cirrhosis or liver disease; and a higher proportions of people meeting leisure-time, vigorous, and overall physical activity recommendations.

Unfavorable Findings

In contrast, note the following negative findings:

- ❑ **Advice About Weight.** Overweight survey respondents are less likely than overweights nationwide to have been given advice about their weight by a healthcare professional.
- ❑ **Smoking Cessation.** The proportion of smokers in Sarpy/Cass Counties who have quit smoking in the past year is higher than the national proportion.
- ❑ **Substance Abuse.** Residents of Sarpy/Cass Counties are more likely than adults nationwide to be current drinkers, and less likely to have sought professional help for an alcohol or drug problem.

Access to Healthcare Services

Access is a key issue for communities across the country. Barriers such as cost, transportation, insurance acceptance, physician and appointment availability, and inconvenient office hours are prohibitive factors for many residents. While the levels for access limitations in Sarpy/Cass Counties as a whole are comparable to the U.S. for most of these items, the important analysis is how these barriers impact various subsegments of the population, particularly low-income residents.

Favorable Findings

Positive survey findings related to access in Sarpy/Cass Counties include:

A lower proportion of person reporting **difficulty accessing healthcare** (including barriers such as cost, transportation, office hours, physician and appointment availability). Area parents also report less difficulty accessing healthcare for their children.

Area adults under 65 are more likely than their national counterparts to have **health insurance**.

With regards to **primary care**, Sarpy/Cass residents are also more likely to have a specific source of primary care.

Survey respondents are less likely than adults nationwide to have **skipped or stretched prescription doses** in order to save money.

For **dental care**, Sarpy/Cass Counties compare favorably for routine dental visits, as well as dental insurance coverage.

In addition, area residents give more favorable **ratings of their local healthcare services** than do adults nationwide.

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 Assessment and the guidelines set forth in *Healthy People 2010*. From these data, opportunities for health improvement exist in the area with regard to the following health areas (see also the summary tables presented in the following section). 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

Access to Healthcare Services

- ☐ Primary Care

Death, Disease & Disability

- ☐ Heart Disease & Stroke
- ☐ Lung Disease

Modifiable Health Risks

- ☐ Alcohol Abuse
- ☐ Overweight & Obesity
- ☐ Smoking Cessation

Selecting Health Priorities

There are various mechanisms through which individual organizations may wish to identify priority areas, such as through community direction and feedback, through analyses of primary and secondary data, or through a combination of the two. Regardless of which mechanism is applied, a variety of criteria must be considered when identifying priority areas, and these are outlined below. Keep in mind that no single criterion determines a specific area of need. Rather, the interplay among the different criteria should be considered in identifying priority areas.

Furthermore, it is important to recognize two important facts: 1) that many local efforts are currently active in addressing aspects of several of the outlined issues; and 2) that no individual or organization acting alone can remedy all of the implications of a given issue or problem. In identifying priorities for community action and designing strategies for implementation, a variety of criteria should be applied to the consideration process, including:

- ☐ **Impact.** The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- ☐ **Magnitude.** The number of persons affected, also taking into account variance from benchmark data and Year 2010 targets.
- ☐ **Seriousness.** The degree to which the problem leads to death, disability or impairs one’s quality of life.

- ☐ **Feasibility.** The ability of organizations to reasonably impact the issue, given available resources.
- ☐ **Consequences of Inaction.** The risk of exacerbating the problem by not addressing at the earliest opportunity.

The following section provides a series of summary tables detailing health indicators for the community.

SUMMARY TABLES

The following tables provide an overview of indicators in Sarpy/Cass Counties, including individual analyses of the geographic subareas. These data are grouped to correspond with the Focus Areas presented in Healthy People 2010.

Reading the Summary Tables

■ In the following charts, Sarpy/Cass results are shown in the larger, blue column.

■ The columns to the right of the Sarpy/Cass Counties column provide comparisons between Sarpy/Cass Counties and any available state/national findings, as well as Healthy People 2010 targets. Again, symbols indicate whether Sarpy/Cass Counties compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

Note that data years for secondary data (e.g., death rates and other public health data) are two to three years behind survey data dates.

Access to Healthcare Services	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks			
		vs. NE	vs. US	vs. HP2010	
% Lack Health Insurance (Aged 18-64)	4.4	☀️ 14.4	☀️ 17.7	🌧️ 0.0	
% Difficulty Accessing Healthcare in Past Year	33.7		☀️ 42.4	🌧️ 7.0	
% Difficulty Finding Physician in Past Year	3.1		☀️ 12.9		
% Difficulty Getting Appointment in Past Year	11.4		☀️ 18.9		
% Inconvenient Hrs Prevented Physician Visit in Past Year	13.5		☀️ 18.8		
% Transportation Prevented Physician Visit in Past Year	2.1		☀️ 8.5		
% Cost Prevented Physician Visit in Past Year	9.7		☀️ 18.2		
% Cost Prevented Getting Prescription in Past Year	11.7		☀️ 19.7		
% Skipped Prescription Doses to Save Costs	10.5		☀️ 17.5		
% Difficulty Getting Child's Healthcare in Past Year	3.3		☀️ 7.7		
% Have a Specific Source of Ongoing Care	87.7		☀️ 76.8	🌧️ 96.0	
% Have Had Routine Checkup in Past Year	64.5	🌧️ 70.3	☁️ 65.2		
% Child Has Had Checkup in Past Year	89.6		☁️ 91.3		
% Gone to ER More Than Once in Past Year	7.6		☁️ 10.6		
% Rate Local Healthcare "Excellent/Very Good"	62.9		☀️ 47.7		
% Unable to See Physician Due to Language/Cultural Barriers	0.4				
% Traveled >30 Minutes to See a Physician Last Year	13.9				
		-blank- no data	☀️ favorable	🌧️ unfavorable	☁️ similar

Arthritis, Osteoporosis & Chronic Pain	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% Arthritis/Rheumatism	14.6	28.0	24.2	
% Osteoporosis	3.6		6.7	
% Sciatica/Chronic Back Pain	18.4		22.2	
% Chronic Neck Pain	5.6		12.5	
		-blank-no data	favorable	unfavorable
				similar

Cancer	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
Cancer (Age-Adjusted Death Rate)	178.7	176.0	186.5	159.9
Lung Cancer (Age-Adjusted Death Rate)	52.3	48.1	54.3	44.8
Female Breast Cancer (Age-Adjusted Death Rate)	22.9	23.8	28.0	24.1
% Skin Cancer	4.8		4.6	
% Cancer (Other Than Skin)	4.1		5.8	
% Sigmoid/Colonoscopy Ever (Aged 50+)	69.1		64.8	50.0
% Blood Stool Test in Past 2 Years (Aged 50+)	29.6		36.5	50.0
% Mammogram in Past 2 Years (Women 40+)	72.8		74.6	70.0
% Pap Smear in Past 3 Years (Women)	75.1		81.3	90.0
		-blank-no data	favorable	unfavorable
				similar

Diabetes	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
Diabetes Mellitus (Age-Adjusted Death Rate)	16.6	21.5	24.8	15.1
% Diabetes/High Blood Sugar	9.7	7.1	11.1	
% (Diabetics) Taking Insulin/Medication	79.0		84.2	
		-blank-no data	favorable	unfavorable
				similar

Disability	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% Activity Limitations	16.6	 17.4	 21.8	
	-blank-no data	 favorable	 unfavorable	 similar

Education & Community-Based Programs	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% Attended Health Event in Past Year (Aged 65+)	6.4		 13.3	 90.0
% Attended Employer-Sponsored Health Event (Employed)	19.7		 17.2	 75.0
	-blank-no data	 favorable	 unfavorable	 similar

Environmental Health	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% Attribute Illness in Past Year to Indoor Air Quality	14.9		 19.0	
% Have Mold in the Home	3.5		 6.2	
% Attribute Illness in Past Year to Outdoor Air Quality	4.9		 12.0	
	-blank-no data	 favorable	 unfavorable	 similar

Family Planning	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% of Births to Unwed Mothers	19.6	 29.5	 34.8	
% Births to Teenagers	5.4	 9.1		
	-blank-no data	 favorable	 unfavorable	 similar

Heart Disease & Stroke	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
Diseases of the Heart (Age-Adjusted Death Rate)	203.6	 185.7	 220.0	 213.7
Stroke (Age-Adjusted Death Rate)	55.9	 49.7	 50.0	 48.0
% Chronic Heart Disease	5.3	 7.9	 6.6	
% Stroke	0.9	 2.6	 4.9	
% Blood Pressure Checked in Past 2 Years	97.4		 94.5	 95.0
% Told Have High Blood Pressure	32.9	 26.5	 34.0	 16.0
% Taking Action to Control High Blood Pressure	93.4		 90.9	 95.0
% Cholesterol Checked in Past 5 Years	87.1	 73.8	 87.0	 80.0
% Told Have High Cholesterol	31.9	 29.3	 30.5	 17.0
% Taking Action to Control High Blood Cholesterol	87.0		 90.4	
% 1+ Cardiovascular Risk Factor	85.2	 87.4	 85.1	
		-blank- no data	 favorable	 unfavorable
				 similar

HIV	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
HIV (Age-Adjusted Death Rate)	0.2	 1.1	 4.5	 0.7
AIDS Incidence/100,000	2.2	 3.9		
% Ever Tested for HIV (Ages 18-64)	47.8		 47.2	
		-blank- no data	 favorable	 unfavorable
				 similar

Immunization & Infectious Disease	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
Hepatitis C, non-A non-B Incidence/100,000	0.2	 0.1	 0.3	 1.0
% Flu Shot in Past Year (Aged 65+)	73.4	 76.8	 73.2	 90.0
% Flu Shot in Past Year (High-Risk Aged 18-64)	50.1		 43.7	 60.0
% Pneumonia Vaccine Ever (Aged 65+)	69.0	 71.8	 69.7	 90.0
% Pneumonia Vaccine Ever (High-Risk Aged 18-64)	32.8		 36.1	 60.0
		-blank- no data	 favorable	 unfavorable
				 similar

Injury & Violence	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks			
		vs. NE	vs. US	vs. HP2010	
Unintentional Injury (Age-Adjusted Death Rate)	32.7	38.1	38.1	17.5	
Motor Vehicle Crashes (Age-Adjusted Death Rate)	8.6	16.3	15.2	9.2	
Homicide (Age-Adjusted Death Rate)	1.2	2.8	6.1	3.0	
Suicide (Age-Adjusted Death Rate)	8.7	10.2	10.9	5.0	
% "Always" Wear Seat Belt	84.4		83.5	92.0	
% Child (Aged 0-4) "Always" Uses Auto Child Restraint	100.0		97.4	100.0	
% Child (Aged 5-17) "Always" Uses Seat Belt	90.5		93.0	92.0	
% Child (Aged 0-17) "Always" Uses Seat Belt/Car Seat	94.4		94.3		
% Child "Always" Wears Bicycle Helmet (Aged 5-16)	44.3		41.7		
% Firearm in Home	36.2		35.3		
% Homes With Children With a Firearm	38.7		31.2		
% Homes w/Unlocked Loaded Firearm	5.8		15.2	16.0	
Violent Crime/100,000	87.9	287.4	467.5		
% Victim of Violent Crime in Past 5 Years	0.6		2.4		
% Perceive Neighborhood to Be Slightly/Not At All Safe From Crime	5.1				
% Victim of Domestic Violence in Past 5 Years	0.8				
		-blank-no data	favorable	unfavorable	similar

Maternal, Child & Infant Health	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks			
		vs. NE	vs. US	vs. HP2010	
% of Low Birthweight Births	6.9	7.1	7.9	5.0	
Infant Death Rate	5.3	6.3	6.9	4.5	
Neonatal Death Rate	4.0	4.2	4.6	2.9	
		-blank-no data	favorable	unfavorable	similar

Mental Health & Mental Disorders	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% "Fair/Poor" Mental Health	5.6		12.9	
% Major Depression	8.3		9.7	
% Chronic Depression (2+ Years)	16.6		30.3	
% Depressed Persons Seeking Help	57.5		43.0	50.0
% Typical Day Is "Extremely/Very" Stressful	13.3		13.4	
% Child Takes Prescription for ADD/ADHD	4.7		6.3	
Alzheimer's Disease (Age-Adjusted Death Rate)	19.5	21.6	22.0	
	-blank-no data	favorable	unfavorable	similar

Nutrition & Overweight	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% Eat 5+ Servings of Fruit or Vegetables per Day	41.1		43.5	
% Eat 2+ Servings of Fruit per Day	53.7		58.4	75.0
% Eat 3+ Servings of Vegetables per Day	37.8		38.8	50.0
% Received Advice on Nutrition in Past Year	37.7		38.2	
% Unhealthy Weight (BMI <18.5 or 25+)	71.0	65.5	68.0	40.0
% Overweight	70.5	64.7	67.4	
% Obese	31.9	26.5	29.0	15.0
% Overweights Advised to Lose Weight	26.6		33.4	
% Overweight Trying to Lose	68.6		62.2	
% Children (Aged 6-17) Overweight	16.2		26.1	
	-blank-no data	favorable	unfavorable	similar

Oral Health	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% Have Dental Insurance	76.1		61.7	
% Have Visited Dentist in Past Year (18+)	74.4		63.5	56.0
% Child (Aged 2-17) Has Visited Dentist in Past Year	78.7		85.1	56.0
		-blank-no data	favorable	unfavorable
				similar

Physical Activity & Fitness	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% No Leisure-Time Physical Activity	21.9	22.2	28.8	20.0
% Meeting Physical Activity Recommendations	48.3	42.8	38.5	
% Vigorous Physical Activity	48.3		28.0	30.0
% Moderate Physical Activity	24.8		22.6	30.0
% Received Advice on Exercise in Past Year	43.7		42.7	
% Feel Local Schools Should Require PE For All Students	97.2			
% Use Local Parks/Recreational Centers At Least Once/Week	45.2			
% Use Local Paved/Dirt Trail for Exercise Once/Month	56.0			
% Neighborhood Has Sidewalks	82.6			
% Neighborhood Has Walking/Jogging/Biking Trails	53.0			
% Neighborhood Has Heavy Traffic	16.7			
% Neighborhood Has Street Lights	85.1			
% Feel Local Government Should Fund Sidewalks	87.5			
% Feel Local Government Should Fund Walking/Jogging/Biking Trails	85.3			
% Feel Local Government Should Fund Public Swimming Pools	84.3			
% Feel Local Government Should Fund Public Parks/Recreational Centers	95.1			
		-blank-no data	favorable	unfavorable
				similar

Physical Health	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% "Fair/Poor" Physical Health	10.2	12.1	17.4	
		-blank-no data	favorable	unfavorable
				similar

Respiratory Disease	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks			
		vs. NE	vs. US	vs. HP2010	
CLRD (Age-Adjusted Death Rate)	53.6	 45.7	 42.6		
Pneumonia/Influenza (Age-Adjusted Death Rate)	31.5	 18.2	 22.7		
% Chronic Lung Disease	7.8		 9.9		
% Currently Have Asthma	5.8	 8.1	 8.3		
% Child Has Asthma	7.6		 19.2		
Tuberculosis Incidence/100,000	1.2	 1.6	 4.7	 1.0	
		-blank-no data	 favorable	 unfavorable	 similar

Sexually Transmitted Diseases	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks			
		vs. NE	vs. US	vs. HP2010	
Gonorrhea Incidence/100,000	28.1	 75.8	 116.7	 19.0	
Primary & Secondary Syphilis Incidence/100,000	0.0	 0.1	 3.0	 0.2	
Chlamydia Incidence/100,000	227.2	 294.4	 333.3		
Hepatitis B Incidence/100,000	0.0	 1.5	 1.8		
% Non-Monogamous Adults (Ages 18-64) Using Condoms	33.6		 64.8		
% Used Condom During Last Sexual Intercourse (18-64)	13.3		 35.1		
% 3+ Sexual Partners in the Past Year (18-64)	1.5		 10.8		
		-blank-no data	 favorable	 unfavorable	 similar

Substance Abuse	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	6.1	6.5	9.1	3.0
% Current Drinker	61.8		52.6	
% Chronic Drinker	3.6		4.5	
% Binge Drinker	18.5	10.4	17.8	6.0
% Drinking & Driving in Past Month	3.9		3.8	
% Driving Drunk or Riding with Drunk Driver	7.3		8.6	
% Illicit Drug Use in Past Month	0.7		2.9	2.0
% Sought Help for Alcohol or Drug Problem	2.0		5.5	
		-blank-no data	favorable	unfavorable
			similar	

Tobacco Use	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% Current Smoker	16.2	20.0	19.2	12.0
% Received Advice to Quit Smoking (Smokers)	54.3		61.4	
% Have Quit Smoking 1+ Days in Past Year (Smokers)	36.2		57.0	75.0
% Someone Smokes at Home	12.1		16.3	
% Children <18 Exposed to Smoke at Home	7.9		13.3	
% Use Smokeless Tobacco	2.0		4.0	0.4
		-blank-no data	favorable	unfavorable
			similar	

Vision & Hearing	Sarpy/Cass Counties	Sarpy/Cass Counties vs. Benchmarks		
		vs. NE	vs. US	vs. HP2010
% Eye Exam in Past 2 Years	59.3		59.2	
% Blindness/Trouble Seeing	4.3		9.1	
% Deafness/Trouble Hearing	9.0		11.7	
		-blank-no data	favorable	unfavorable
			similar	

SELF-REPORTED HEALTH STATUS

PHYSICAL HEALTH STATUS

The initial inquiry of the 2008 PRC Community Health Survey asked respondents the following: "Would you say that in general your health is: excellent, very good, good, fair or poor?"

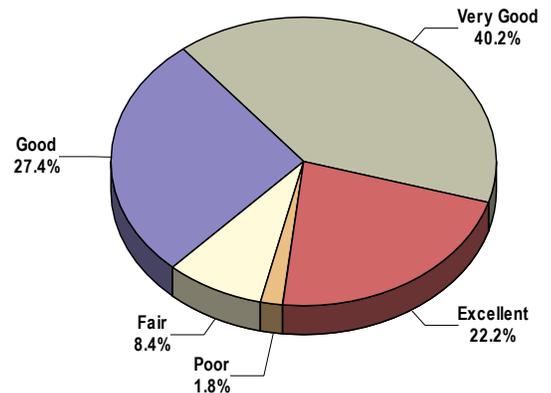
A majority of Sarpy/Cass adults (62.4%) rate their overall physical health as "excellent" or "very good."

- Another 27.4% of survey respondents gave "good" ratings of their overall health.

In contrast, 10.2% of adults believe that their overall health is "fair" or "poor."

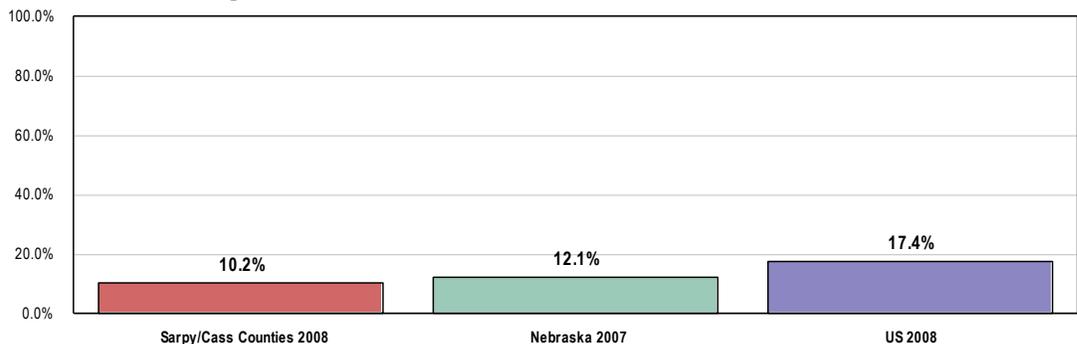
- Similar to Nebraska findings (12.1% "fair/poor").
- More favorable than the national percentage (17.4% "fair/poor").

Self-Reported Health Status
(Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 8
Note: • Asked of all respondents.

Experience "Fair" or "Poor" Overall Health



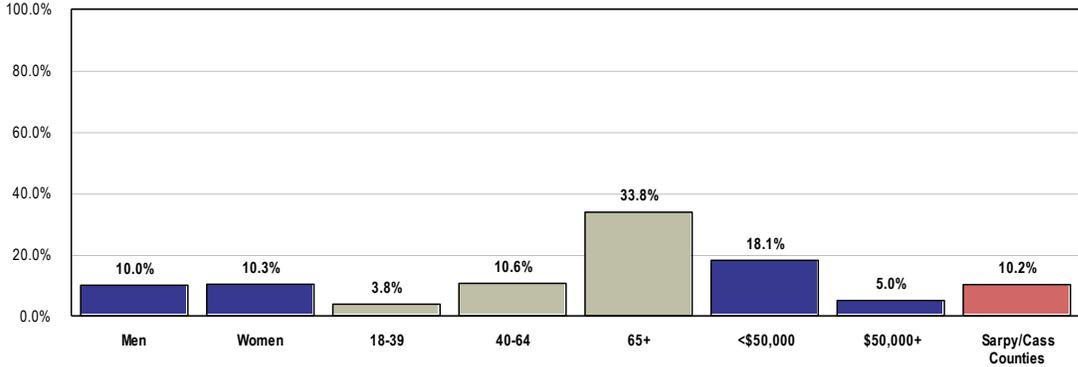
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 8
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Nebraska data.
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

The following chart further examines self-reported health status by key demographic characteristics.

- 👤 Note also the positive correlation between age and “fair/poor” health.
- 👤 Note that those in lower-income households (defined here as less than \$50,000 per year) are more likely to report “fair/poor” health than those at higher incomes (\$50,000 or above).
- 👤 Also note that race and ethnicity data were collected in the survey; however, non-White population samples were too small to represent in this report.

Experience “Fair” or “Poor” Overall Health

(Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 8
Note: • Asked of all respondents.

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 adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. *Mental disorders* are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders...

Mental disorders generate an immense public health burden of disability. The World Health Organization, in collaboration with the World Bank and Harvard University, has determined ... that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly underrecognized [*Global Burden of Disease* study]. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the U.S.—occurs most frequently as a consequence of a mental disorder.

Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups...

- Modern treatments for mental disorders are highly effective, with a variety of treatment options available for most disorders...[however], the majority of persons with mental disorders do not receive mental health services.

The co-occurrence of addictive disorders among persons with mental disorders is gaining increasing attention from mental health professionals...Having both mental and addictive disorders...is a particularly significant clinical treatment issue, complicating treatment for each disorder...

- There is increasing awareness and concern in the public health sector regarding the impact of stress, its prevention and treatment, and the need for enhanced coping skills...
- Evidence that mental disorders are legitimate and highly responsive to appropriate treatment promises to be a potent antidote to stigma. Stigma creates barriers to providing and receiving competent and effective mental health treatment and can lead to inappropriate treatment, unemployment, and homelessness.

As the life expectancy of individuals continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand. This trend will present society with unprecedented challenges in organizing, financing, and delivering effective preventive and treatment services for mental health.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

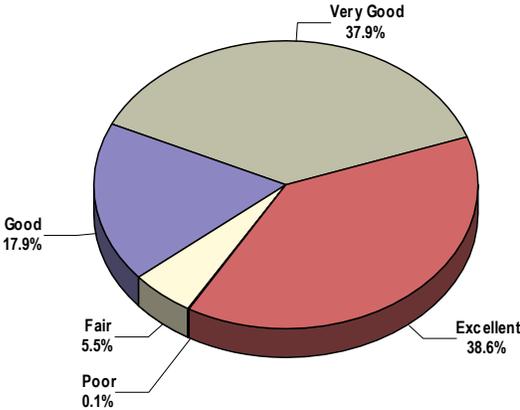
Self-Reported Mental Health Status

Similarly, respondents were also asked to evaluate their own mental and emotional health.

More than three in four Sarpy/Cass adults (76.5%) rate their overall mental health as “excellent” or “very good.”

- ☐ Another 17.9% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Sarpy/Cass Counties, 2008)

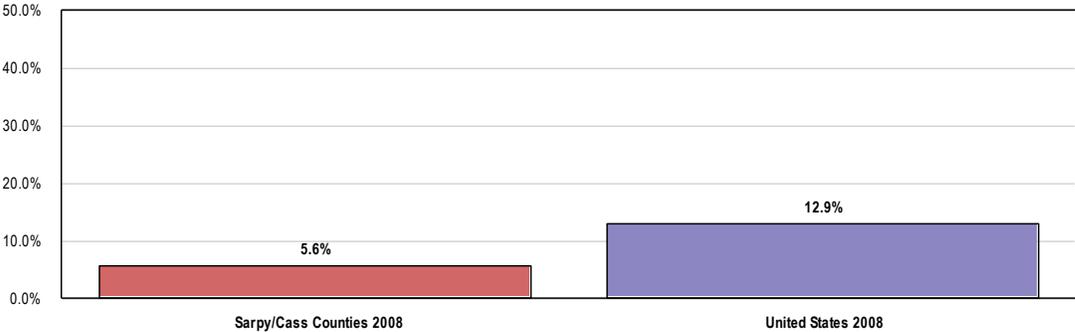


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 123
 Note: • Asked of all respondents.

However, 5.6% of adults believe that their overall mental health is “fair” or “poor.”

- ☐ More favorable than the 12.9% “fair/poor” reported across the nation.

Experience “Fair” or “Poor” Mental Health



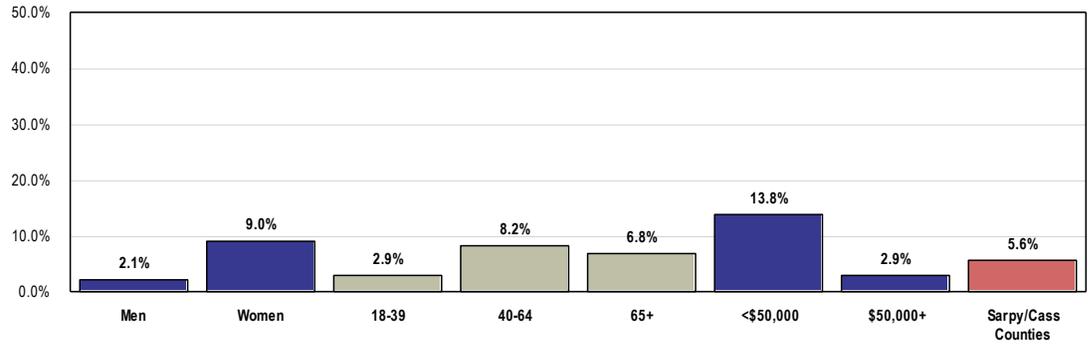
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 123
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

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

- 👥 Women.
- 👥 Those living at lower incomes.

Experience “Fair” or “Poor” Mental Health

(Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 123
Note: • Asked of all respondents.

Depression

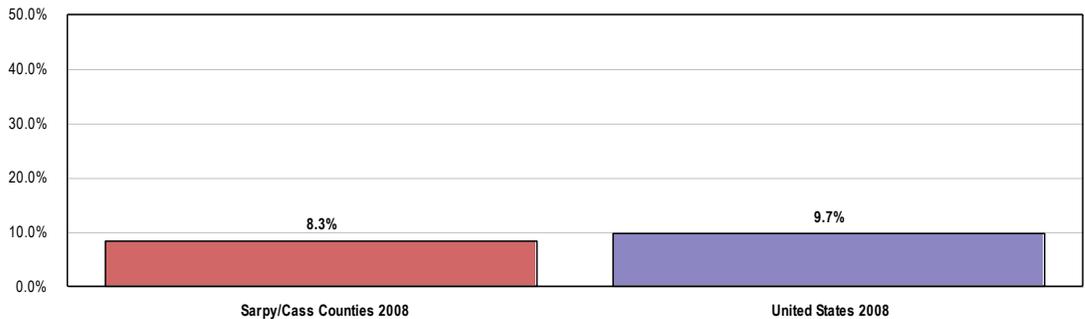
Depression is a serious illness affecting many in the population, whether occasionally or, in many cases, for prolonged periods of time.

Major Depression

Across Sarpy/Cass Counties, 8.3% of adults report that they have been diagnosed with major depression by a physician at some point in their lives.

- Statistically similar to the national findings (9.7%).

Prevalence of Major Depression



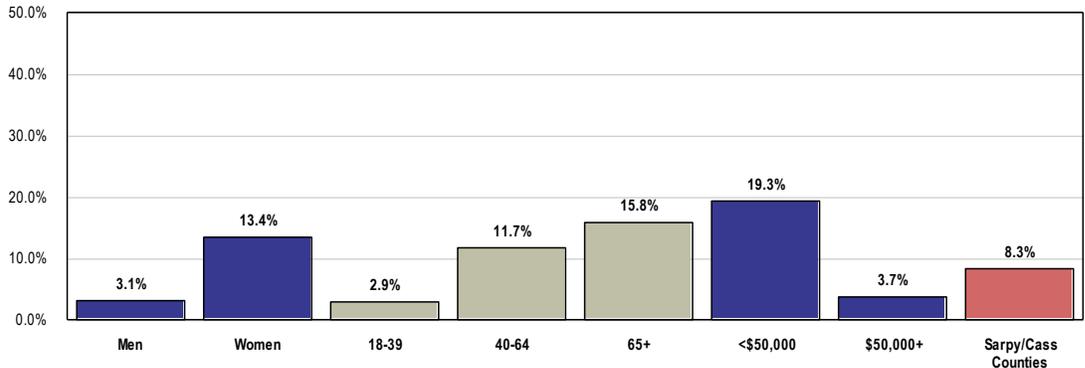
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 40
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.
 • In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician.

By key demographic characteristics, note the following findings:

- Women report a higher prevalence of major depression than do men.
- There is a positive correlation between major depression and age.
- Note also the negative correlation with income.

Prevalence of Major Depression

(Sarpy/Cass Counties, 2008)



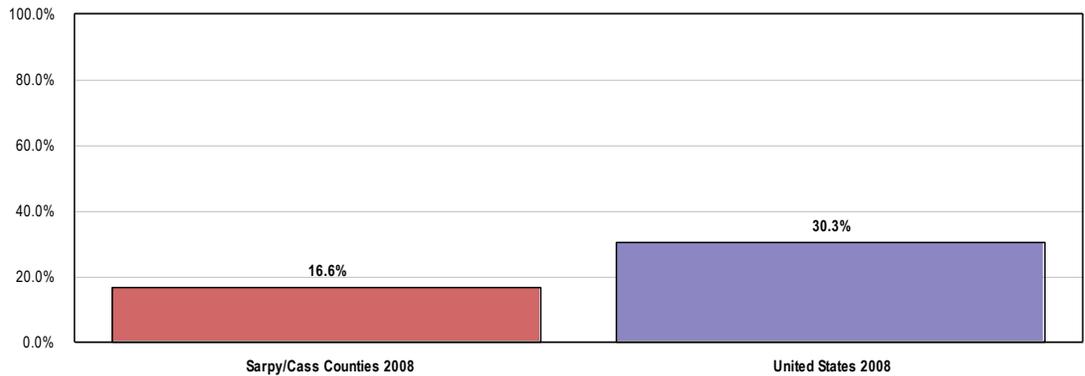
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 40
 Note: • Asked of all respondents.
 • In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician.

Chronic Depression

A total of 16.6% of Sarpy/Cass adults report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- More favorable than the national findings (30.3%).

Have Experienced Symptoms of Chronic Depression

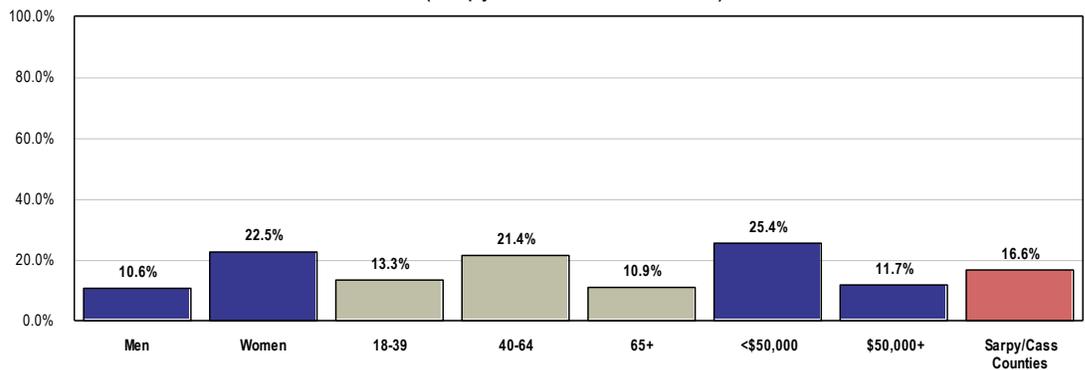


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 124
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.
 • In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.

Note that self-reported prevalence of chronic depression is notably higher among:

- Women.
- Residents age 40 to 64.
- Those with lower household incomes.

Have Experienced Symptoms of Chronic Depression (Sarpy/Cass Counties, 2008)



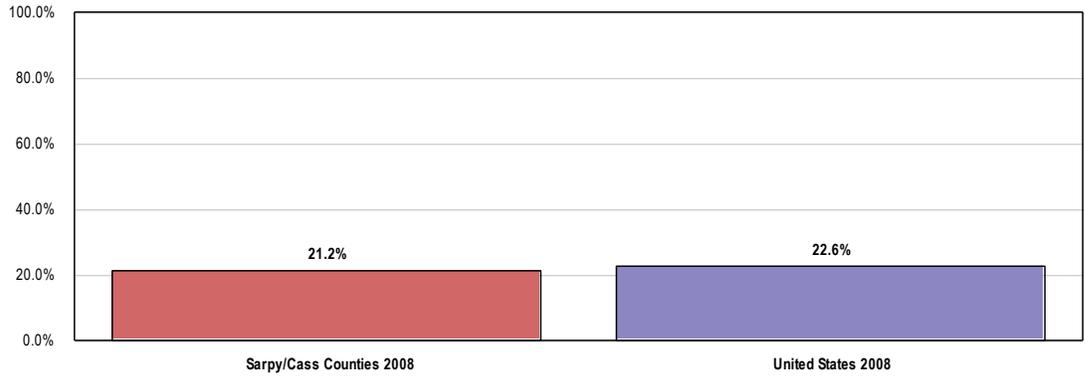
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 124
 Note: • Asked of all respondents.
 • In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.

Mental Health Treatment

Among Sarpy/Cass respondents, 21.2% acknowledge that they have sought professional help for a mental or emotional problem.

- ☐ Statistically similar to national findings (22.6%).

Have Sought Professional Help With a Mental or Emotional Problem



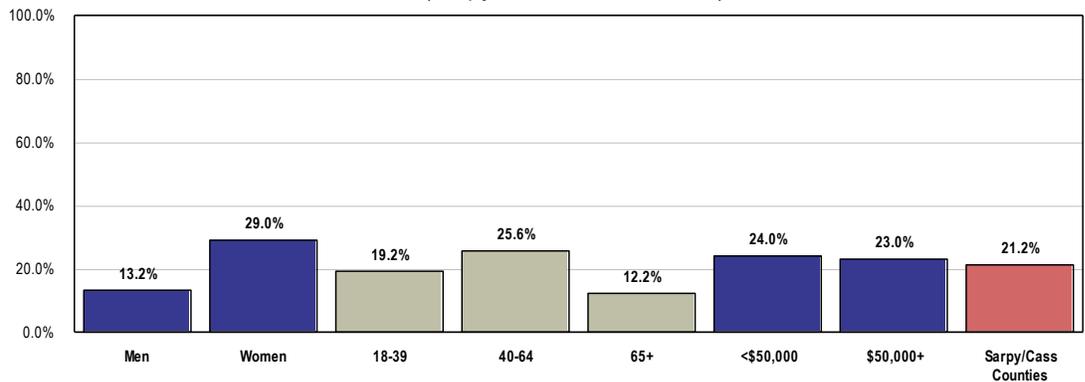
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 126
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Adults less likely to have sought professional help for a mental issue include:

- 👤 Men.
- 👤 Seniors.

Have Sought Professional Help With a Mental or Emotional Problem

(Sarpy/Cass Counties, 2008)



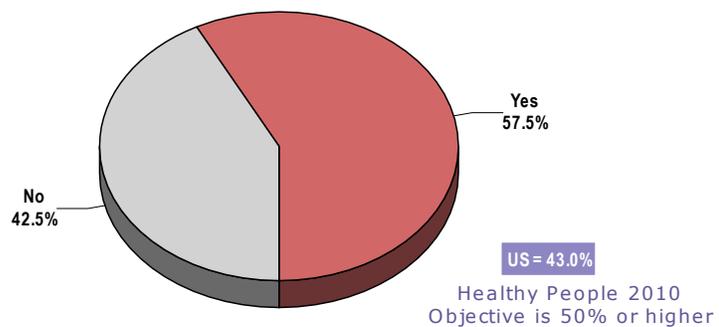
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 126
 Note: • Asked of all respondents.

Among Sarpy/Cass respondents with recognized depression, 57.5% acknowledge that they have sought professional help for a mental or emotional problem.

- ☑ More favorable than national findings (43.0%).
- ☑ Just above the Healthy People 2010 objective of 50% or higher among adults with recognized depression.

Have Sought Professional Help With a Mental or Emotional Problem

(Among Respondents With Recognized Depression;
Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 178
• 2008 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-9b].

Note: • Reflects respondents who have been diagnosed with major depression or who have experienced two or more years of depression at some point in their lives.

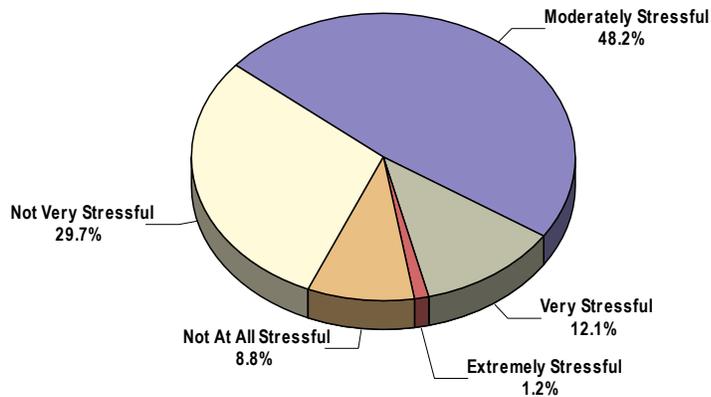
(Related Issue: see also “Substance Abuse.”)

Stress

Nearly 4 in 10 Sarpy/Cass adults say their level of stress on a typical day is “not very stressful” (29.7%) or “not at all stressful” (8.8%).

- ☐ Another 48.2% report “moderately stressful” typical days.

Perceived Level of Stress on a Typical Day (Sarpy/Cass Counties, 2008)

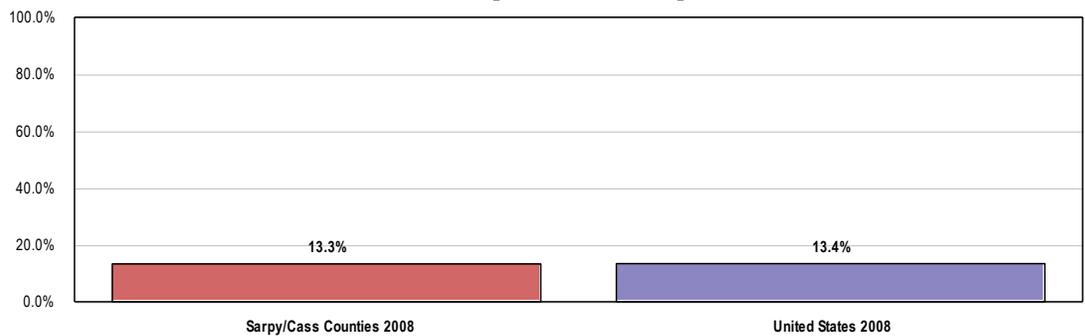


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 125
 Note: • Asked of all respondents.

In contrast, 13.3% say their typical day is “extremely” or “very” stressful.

- ☐ Nearly identical to national data (13.4%).

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

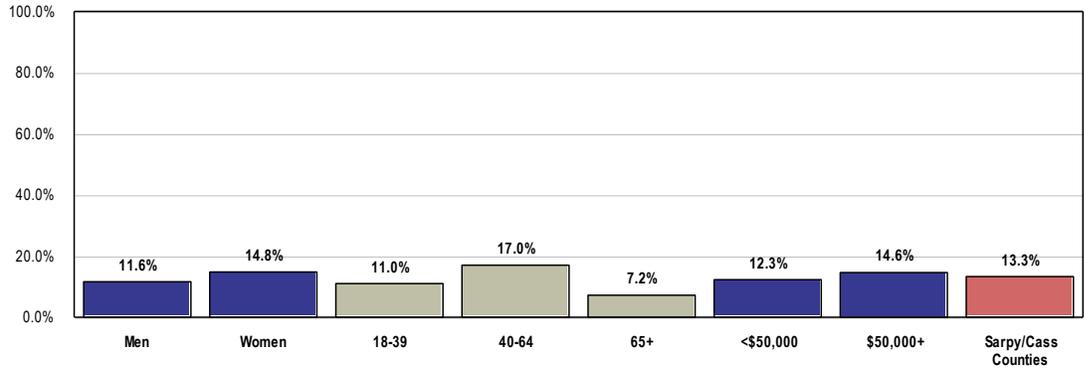


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 125
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Adults age 40 to 64 are more likely to perceive their days to be “extremely/very stressful.”

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

(Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 125
 Note: • Asked of all respondents.
 • Percentages represent combined “extremely stressful” and “very stressful” responses.

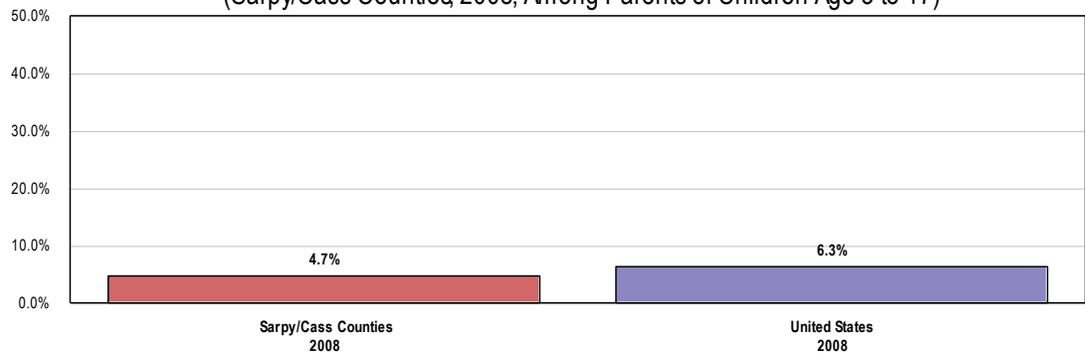
Children & ADD/ADHD

A total of 4.7% of Sarpy/Cass children take medication for ADD/ADHD (attention-deficit/hyperactivity disorder).

Similar to national findings (6.3%).

Child Takes Medication for ADD/ADHD

(Sarpy/Cass Counties, 2008; Among Parents of Children Age 5 to 17)



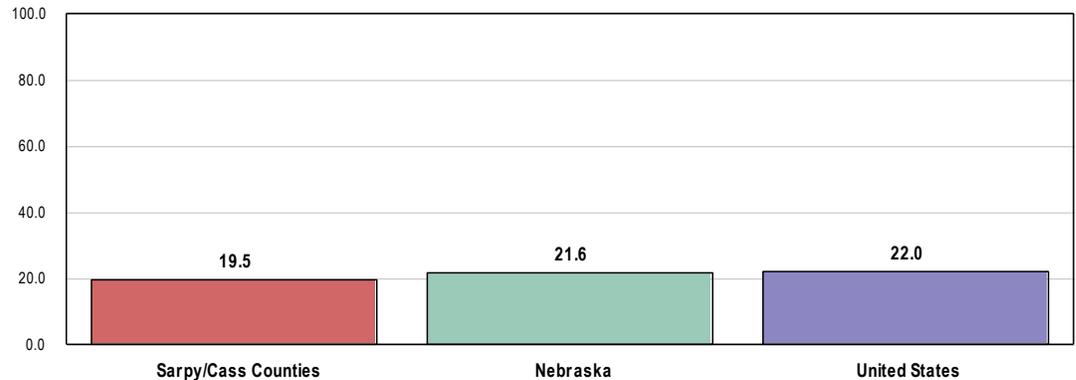
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 141
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents with children aged 5 through 17 at home.
 • “ADD/ADHD” refers to “Attention-Deficit Disorder” and “Attention-Deficit/Hyperactivity Disorder.”

Alzheimer's Disease

Between 2003 and 2005, the age-adjusted mortality rate due to Alzheimer's disease was 19.5 deaths per 100,000 Sarpy/Cass residents.

- ☑ More favorable than the 21.6 rate reported across Nebraska.
- ☑ More favorable than the 22.0 rate reported nationwide.

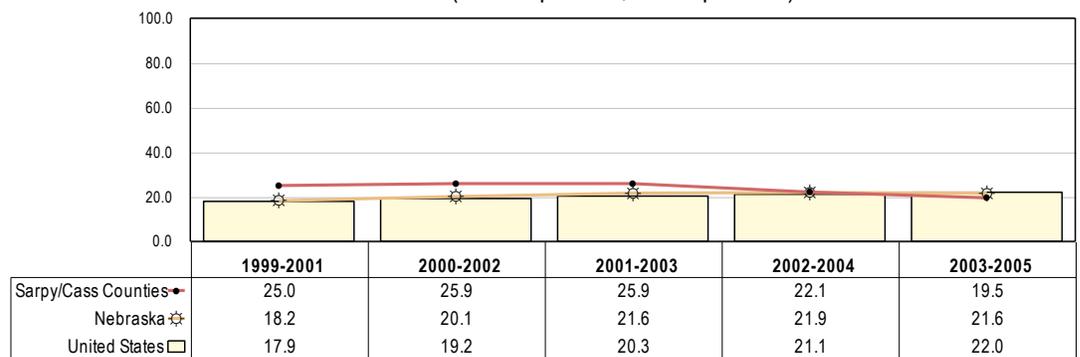
Age-Adjusted Mortality: Alzheimer's Disease (2003-2005 Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 Note: • 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.

☒ Age-adjusted Alzheimer's disease mortality rates appear to be decreasing in Sarpy/Cass Counties in recent years; statewide and nationwide, an increasing trend is apparent.

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



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

DEATH & DISABILITY

LEADING CAUSES OF DEATH

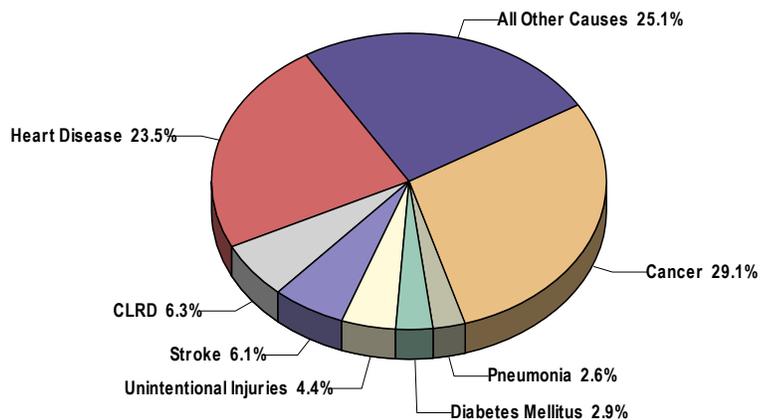
Leading Causes of Death

Together, cancers (29.1%) and heart disease (23.5%) account for more than one-half of all deaths in Sarpy/Cass Counties (2005 data).

- Other leading causes of death include **CLRD, or chronic lower respiratory disease** (6.3% of total deaths), **stroke** (6.1%), and **unintentional injuries** (4.4%).

Leading Causes of Death

(Sarpy/Cass Counties, 2005)



Source: • NeHHS
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Age-Adjusted Death Rates for All Causes

In order to compare mortality in Sarpy/Cass Counties with other localities (in this case, Nebraska 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).

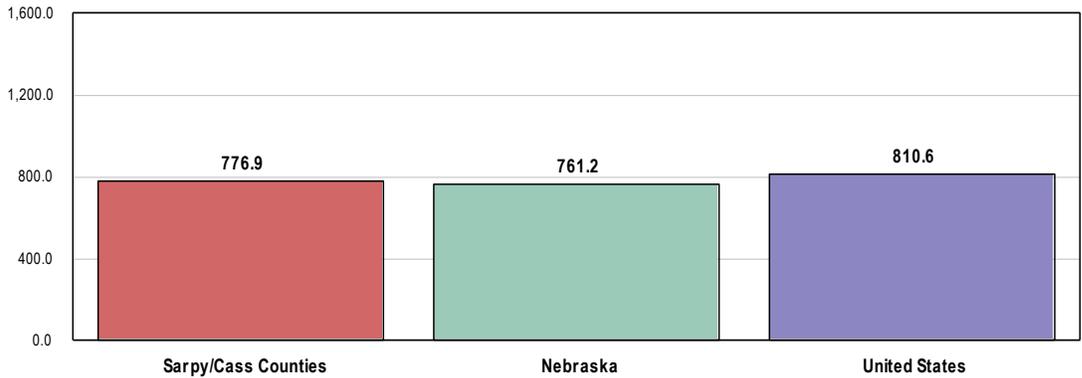
Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2010* targets.

In Sarpy/Cass Counties, the 2003-2005 age-adjusted death rate (for all causes) was 776.9 deaths per 100,000 population.

- ☑ Higher than the Nebraska mortality rate for all causes (761.2).
- ☑ Lower than the United States mortality rate for all causes (810.6).

Age-Adjusted Mortality: All Causes

(2003-2005 Deaths per 100,000 Population)

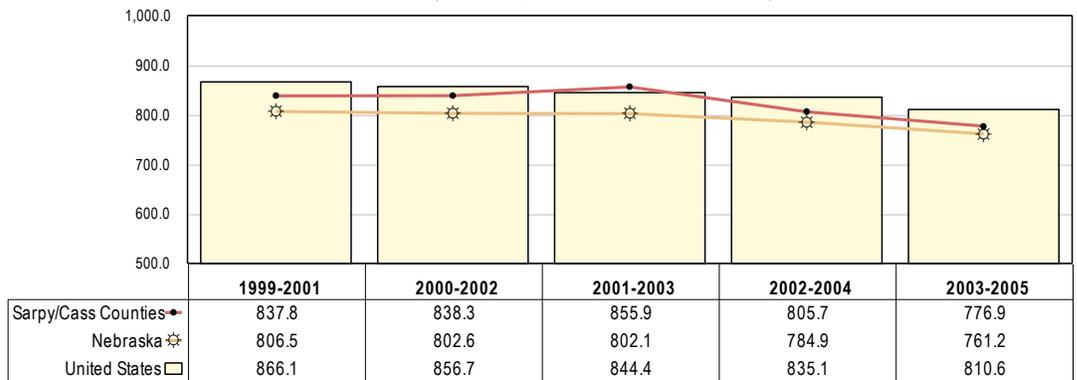


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

- ☒ Age-adjusted death rates (for all causes) have declined in recent years, mirroring trends seen across Nebraska and the U.S. overall.

Age-Adjusted Mortality: All Causes

(Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Age-Adjusted Death Rates for Selected Causes

The following chart outlines 2003-2005 age-adjusted death rates per 100,000 population for selected causes of death in Sarpy/Cass Counties. Death rates were similar or better than Nebraska and U.S. rates for many of the selected causes. However, Sarpy/Cass death rates compared unfavorably for the following:

- ☐ Chronic lower respiratory disease (CLRD)
- ☐ Stroke
- ☐ Influenza/pneumonia.

Further, Sarpy/Cass death rates fail to meet the available Healthy People 2010 objectives for all of the selected causes, with the exceptions of **heart disease, motor vehicle accidents, homicide, and HIV.**

Age-Adjusted Death Rates for Selected Causes (2003-2005 Deaths per 100,000 Population)

	Sarpy/Cass Counties	Nebraska	United States	HP2010
Malignant Neoplasms (Cancers)	178.7	176.0	186.5	159.9
Diseases of the Heart	203.6	185.7	220.0	213.7*
CLRD	53.6	45.7	42.6	
Cerebrovascular Disease (Stroke)	55.9	49.7	50.0	48.0
Unintentional Injuries (Accidents)	32.7	38.1	38.1	17.5
Diabetes Mellitus	16.6	21.5	24.8	15.1*
Alzheimer's Disease	19.5	21.6	22.0	
Influenza/Pneumonia	31.5	18.2	22.7	
Liver Disease/Cirrhosis	6.1	6.5	9.1	3.0
Motor Vehicle Accidents	8.6	16.3	15.2	9.2
Intentional Self-Harm (Suicide)	8.7	10.2	10.9	5.0
Homicide/Legal Intervention	1.2	3.8	6.1	3.0
HIV	0.2	1.1	4.5	0.7

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.

• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.

• The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart; the Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

(For infant mortality data, see "Maternal, Infant & Child Health.")

CARDIOVASCULAR DISEASE

Heart disease and stroke—the principal components of cardiovascular disease—are the first and third leading causes of death in the United States, accounting for more than 40% of all deaths.

- About 950,000 Americans die of heart disease or stroke each year, which amounts to one death every 33 seconds.
- Although heart disease and stroke are often thought to affect men and older people primarily, it is also a major killer of women and people in the prime of life. More than half of those who die of heart disease or stroke each year are women.
- Each year, about 63 of every 100,000 deaths are due to stroke.

Looking at only deaths due to heart disease or stroke, however, understates the health effects of these two conditions:

- About 61 million Americans (almost one-fourth of the population) live with the effects of stroke or heart disease.
- Heart disease is a leading cause of disability among working adults.
- Stroke alone accounts for the disability of more than 1 million Americans.
- Almost 6 million hospitalizations each year are due to heart disease or stroke.
- About 4.5 million stroke survivors are alive today.

The economic effects of heart disease and stroke on the U.S. healthcare system grow larger as the population ages. In 2001, for example, the [nationwide] cost for all cardiovascular diseases was \$300 billion: for heart disease the cost was \$105 billion; for stroke, \$28 billion. Lost productivity due to stroke and heart disease cost more than \$129 billion.

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

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease

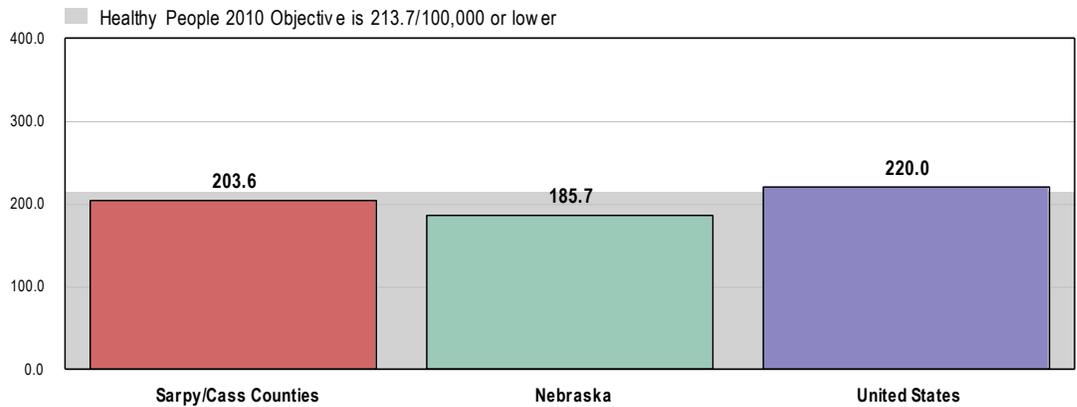
The greatest share of cardiovascular deaths is attributed to heart disease.

The Sarpy/Cass Counties age-adjusted heart disease death rate for 2003-2005 was 203.6 deaths per 100,000 population.

- ☐ Less favorable than the Nebraska rate (185.7 deaths per 100,000 population).
- ☐ Below the U.S. rate (220.0).
- ☐ Comparable to the Healthy People 2010 objective of 213.7 per 100,000 or lower.

Age-Adjusted Mortality: Heart Disease

(2003-2005 Deaths per 100,000 Population)

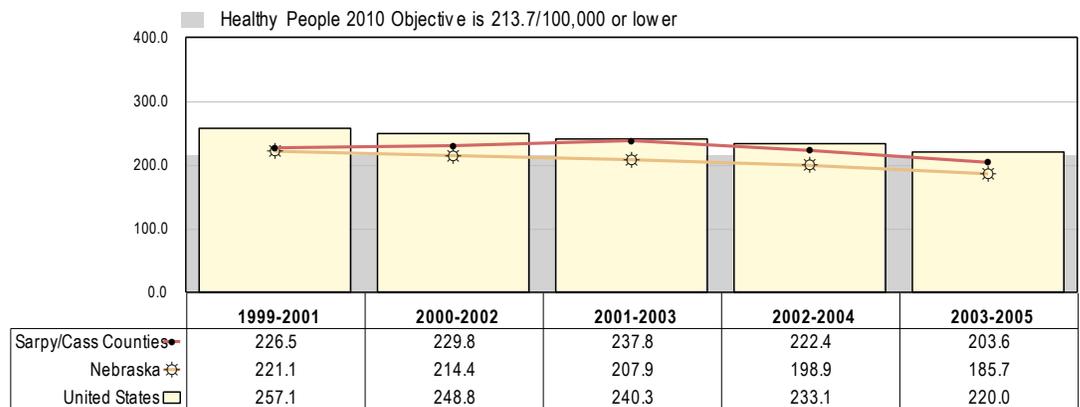


- Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.
- Note:
- 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 2010 Heart Disease target is adjusted to account for all diseases of the heart [Objective 12-1].

☒ Heart disease death rates have decreased steadily in recent years in Sarpy/Cass Counties (despite a marginal increase between 2001-2003); this downward trend is also evident across Nebraska and the nation as a whole.

Age-Adjusted Mortality: Heart Disease

(Deaths per 100,000 Population)



- Source:
- NeHHS Vital Statistics
 - CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.
- Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart [Objective 12-1].

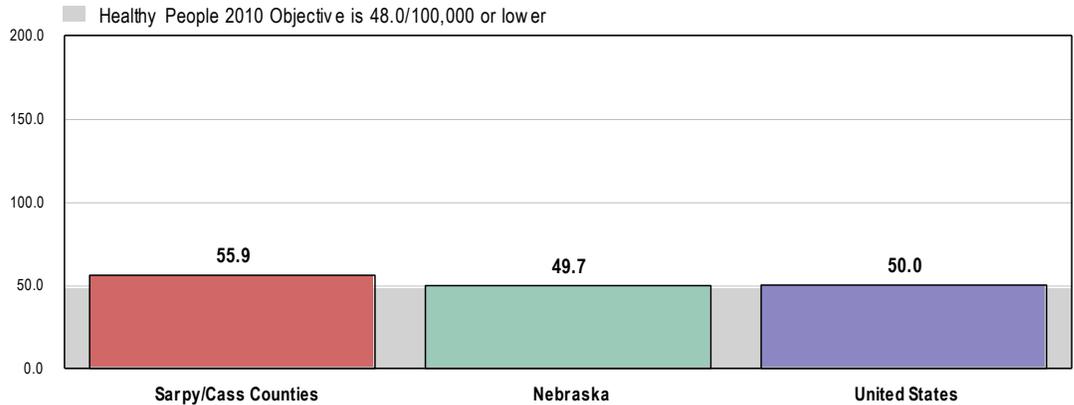
Stroke Deaths

The 2003-2005 Sarpy/Cass age-adjusted death rate for stroke (cerebrovascular disease) was 55.9 deaths per 100,000 population.

- ☑ Higher than the statewide rate (49.7 deaths per 100,000 population).
- ☑ Higher than the U.S. rate (50.0).
- ☑ Fails to satisfy the Healthy People 2010 objective of 48.0 per 100,000 or lower.

Age-Adjusted Mortality: Stroke

(2003-2005 Deaths per 100,000 Population)



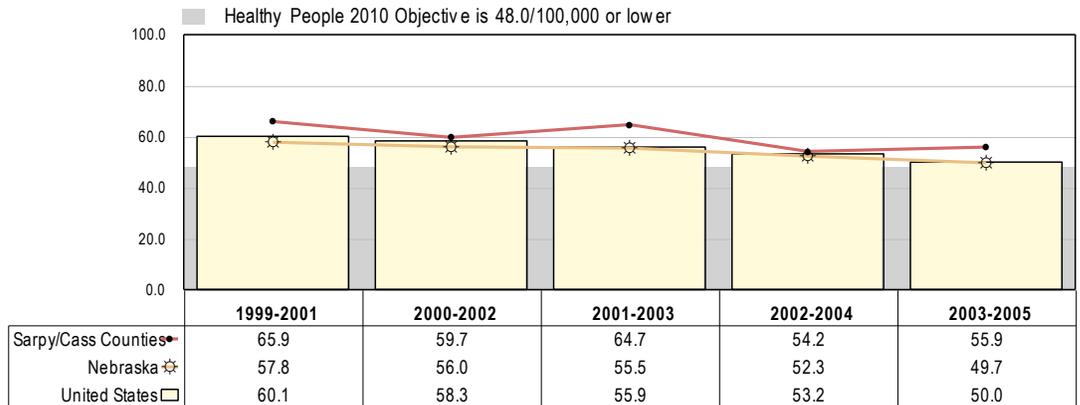
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-7].

Note: • 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.

- ☒ Although increasing between 2001 and 2003, Sarpy/Cass age-adjusted death rates for stroke (cerebrovascular disease) have otherwise followed a general decline over the past several years. Steady declines in stroke mortality are also seen across Nebraska and the U.S. overall.

Age-Adjusted Mortality: Stroke

(Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-7].

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

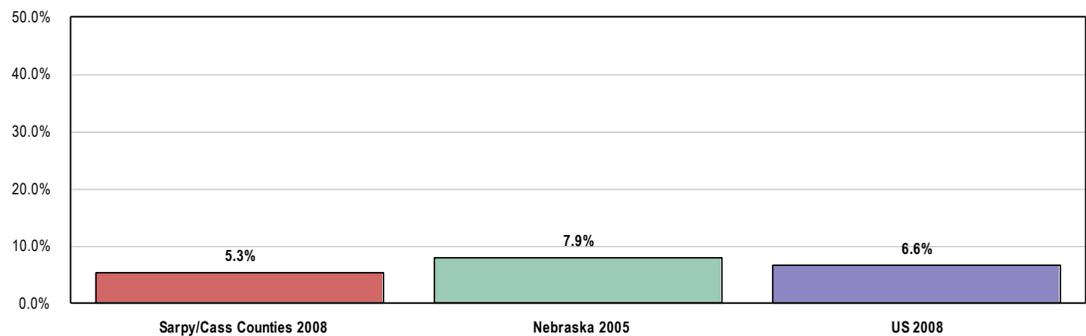
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 5.3% of surveyed Sarpy/Cass adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- ☑ More favorable than the Nebraska percentage (7.9%).
- ☑ Statistically similar to the national percentage (6.6%).

Self-Reported Prevalence of Heart Disease



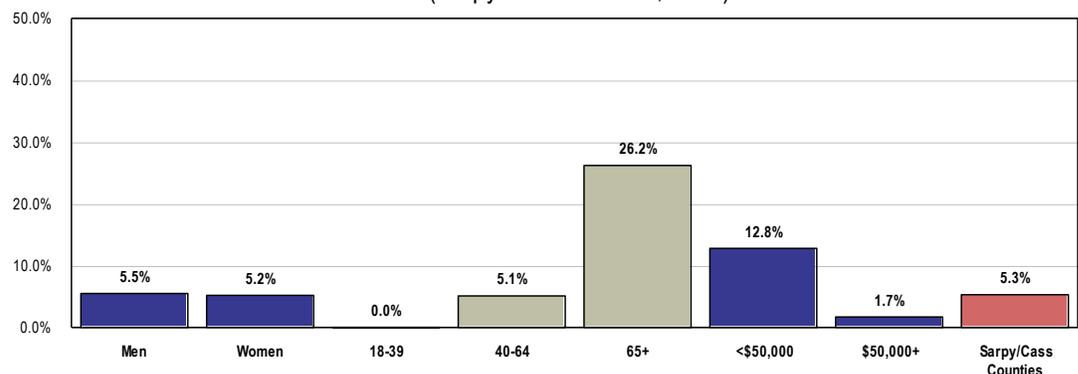
- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 35
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2005 Nebraska data.
- Note:
- Asked of all respondents.
 - Respondents were asked if they have ever been diagnosed with coronary heart disease, angina, or a heart attack.

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

- 👤 Adults aged 65 and older.
- 👤 Those living at lower incomes.

Self-Reported Prevalence of Chronic Heart Disease

(Sarpy/Cass Counties, 2008)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 35
- Note:
- Asked of all respondents.
 - Respondents were asked if they have ever been diagnosed with chronic heart disease, including coronary heart disease, angina, or a heart attack.

Prevalence of Stroke

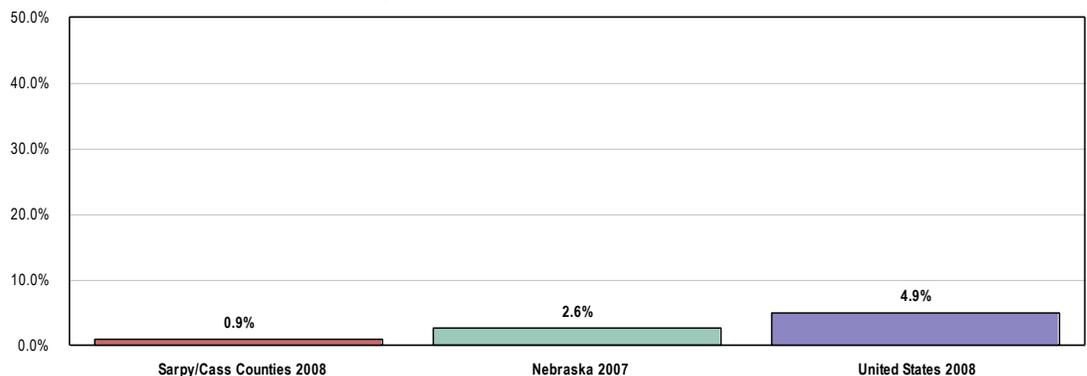
Just 0.9% of surveyed Sarpy/Cass adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

☑ More favorable than statewide findings (2.6%).

☑ More favorable than national findings (4.9%).

👤 Note: Among Sarpy/Cass residents aged 65 and older, 6.9% have had a stroke.

Self-Reported Prevalence of Stroke



Source:

- 2008 PRC Community Health Survey, Professional Research Consultants. Item 36
- 2008 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2007 Nebraska data.

Note:

- Asked of all respondents.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

High blood pressure is known as the “silent killer” and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 50 million adults in the United States have high blood pressure.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

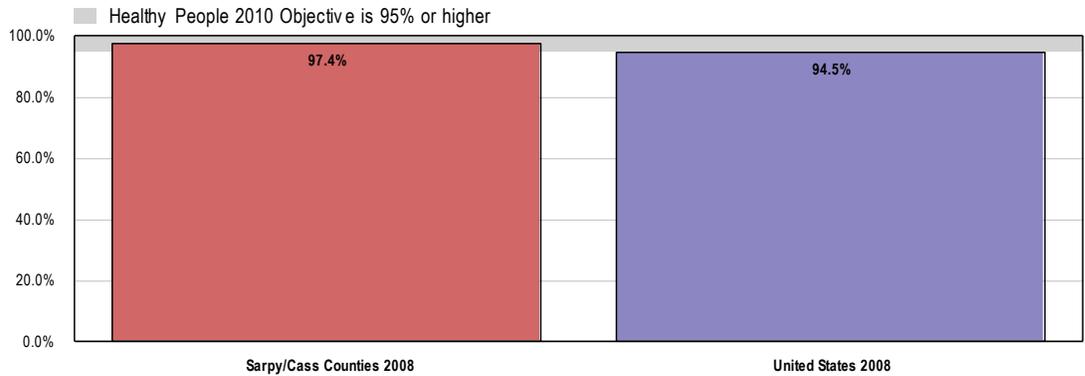
High Blood Pressure Testing

97.4% of Sarpy/Cass adults have had their blood pressure tested within the past two years.

☑ More favorable than national findings (94.5%).

☑ Satisfies the Healthy People 2010 target (95% or higher).

Have Had Blood Pressure Checked Within the Past Two Years



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 49
 • 2008 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-12]

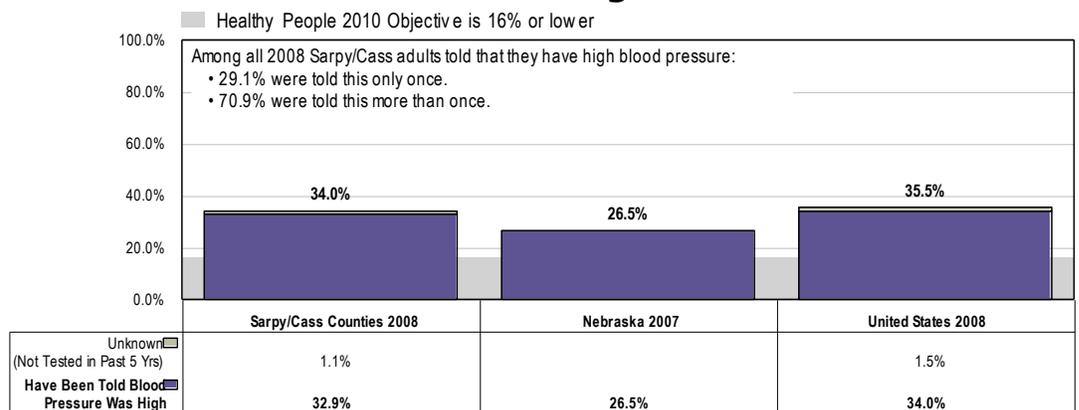
Note: • Asked of all respondents.
 • Excludes uncertain responses.

Prevalence of Hypertension

Nearly one-third (32.9%) of surveyed Sarpy/Cass adults have been told at some point that their blood pressure was high (an additional 1.1% have not been tested in the past five years).

- ☐ Less favorable than the Nebraska prevalence (26.5%).
- ☐ Similar to national findings (34.0%).
- ☐ Fails to satisfy the Healthy People 2010 target (16% or lower).

Self-Reported Prevalence of High Blood Pressure

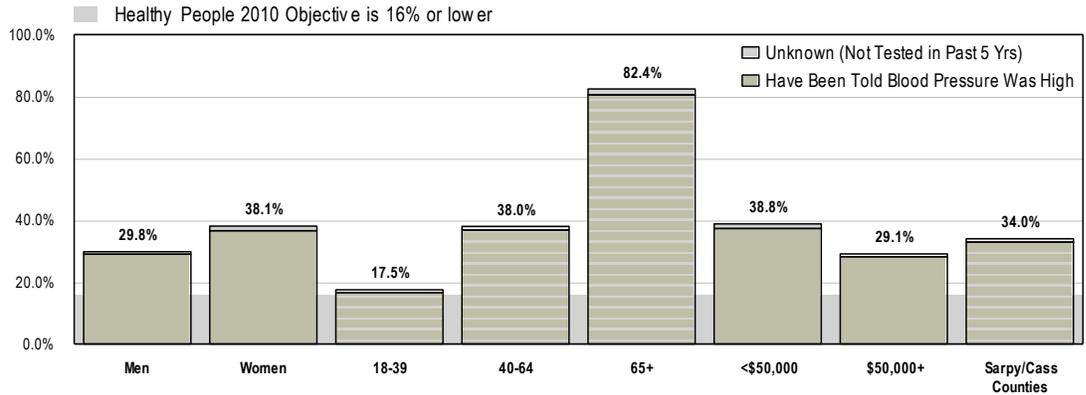


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 47, 151
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Nebraska data.
 • 2008 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9].

Note: • Asked of the total sample of respondents.
 • HBP refers to adults who have been told they have high blood pressure.
 • "Unknown" includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.

 Self-reported hypertension diagnoses increase with age in Sarpy/Cass Counties.

Self-Reported Prevalence of High Blood Pressure (Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 151
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9].

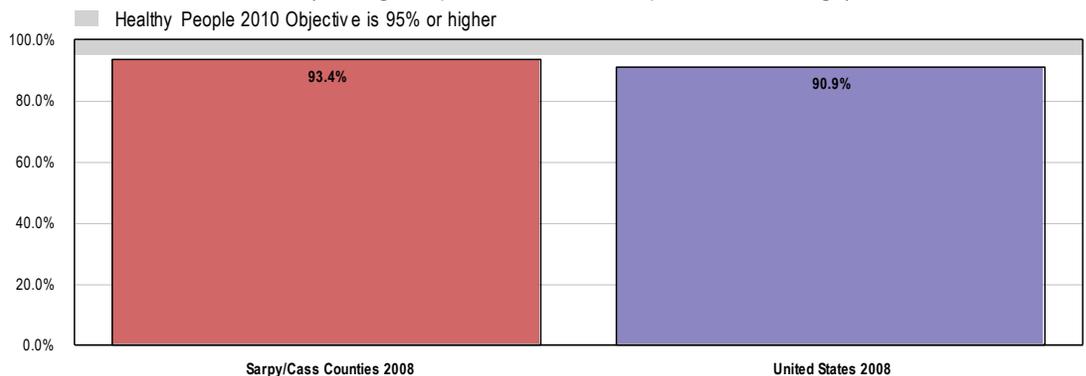
Note: • Asked of all respondents.
 • "Unknown" includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.

Hypertension Management

Among Sarpy/Cass respondents who have been told that their blood pressure was high, 93.4% report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- ☑ Similar to the national findings (90.9%).
- ☑ Similar to the Healthy People 2010 target of 95% or higher.

Taking Action to Control High Blood Pressure (Among Respondents With Multiple HBP Readings)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 48
 • 2008 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-11]

Note: • Asked of respondents who have been told more than once that their blood pressure was high.
 • In this case, "taking action" includes medication, diet modification, and/or exercise.

High Blood Cholesterol

High blood cholesterol is a major risk factor for coronary heart disease that can be modified. More than 50 million U.S. adults have blood cholesterol levels that require medical advice and treatment. More than 90 million adults have cholesterol levels that are higher than desirable. Experts recommend that all adults aged 20 years and older have their cholesterol levels checked at least once every 5 years to help them take action to prevent or lower their risk of coronary heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.

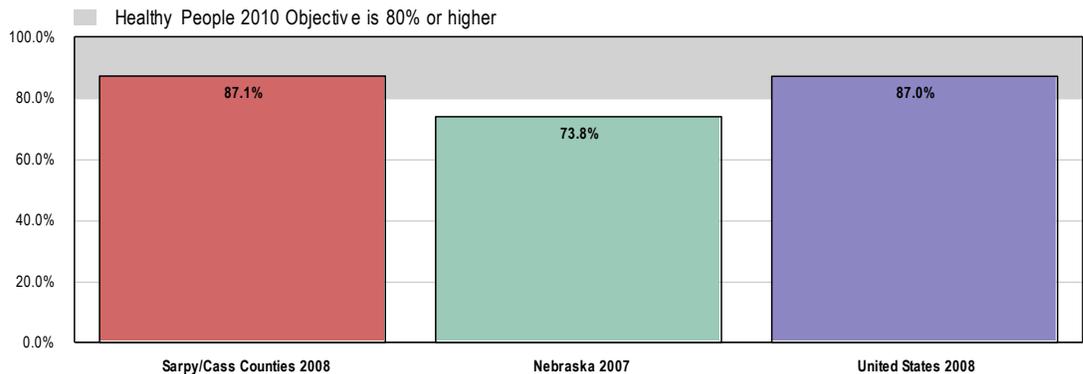
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Blood Cholesterol Testing

A total of 87.1% of Sarpy/Cass adults have had their blood cholesterol checked within the past five years.

- ☑ More favorable than Nebraska findings (73.8%).
- ☑ Nearly identical to national findings (87.0%).
- ☑ Satisfies the Healthy People 2010 target (80% or higher).

Have Had Blood Cholesterol Level Checked Within the Past Five Years



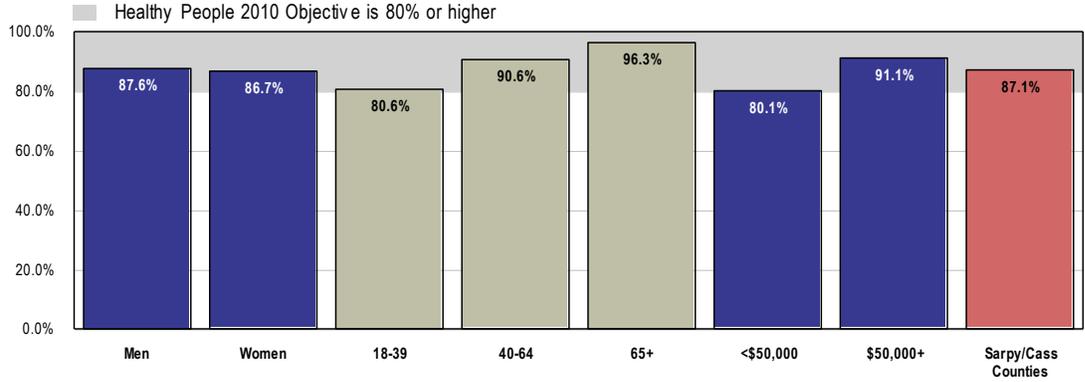
- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 52
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Nebraska data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15].
- Note:
- Asked of all respondents.
 - Excludes uncertain responses.

Note that testing levels are notably lower among:

- 👤 Younger adults
- 👤 Adults living at lower incomes.

Have Had Blood Cholesterol Level Checked Within the Past Five Years

(Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 52
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15].

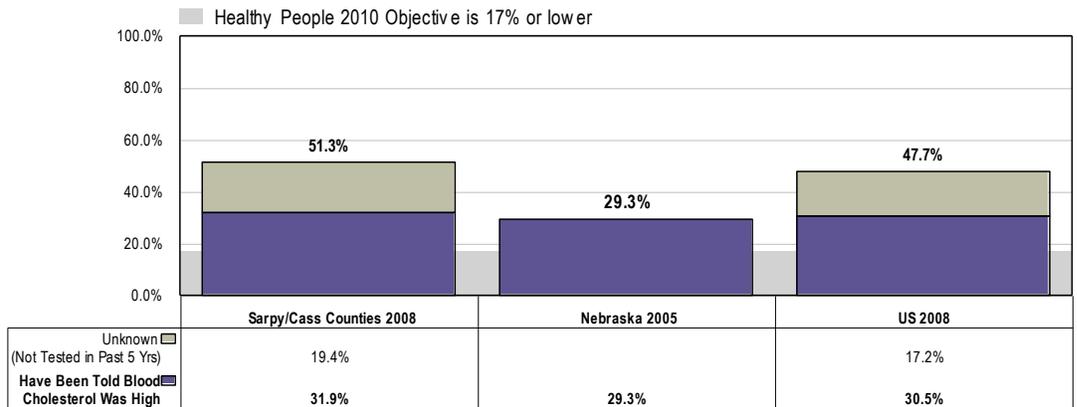
Note: • Asked of all respondents.
 • Excludes uncertain responses.

Self-Reported High Blood Cholesterol

In all, 31.9% of Sarpy/Cass adults have been told by a health professional that their cholesterol level was high (note that an additional 19.4% have not had their cholesterol tested in the past five years).

- Similar to the statewide prevalence (29.3%, excluding “unknowns”).
- Similar to the national prevalence (30.5%).
- Fails to satisfy the Healthy People 2010 target (17% or lower).

Self-Reported Prevalence of High Blood Cholesterol



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 152
 • 2008 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14].
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2005 Nebraska data.

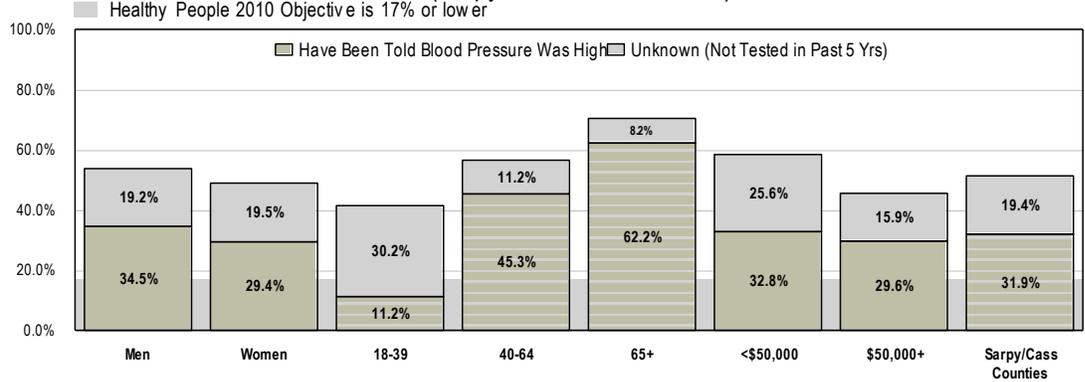
Note: • Asked of the total sample of respondents.
 • HBC reflects adults who have been told they have high blood cholesterol.
 • “Unknown” includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.

Note the following demographic breakout of self-reported prevalence of high blood cholesterol. Adults more likely to experience high cholesterol levels include:

- 👥 Adults aged 40 and older.
- 👥 Note: “Unknowns” are relatively high in young adults.

Self-Reported Prevalence of High Blood Cholesterol

(Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 152
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14].
 Note: • Asked of all respondents.

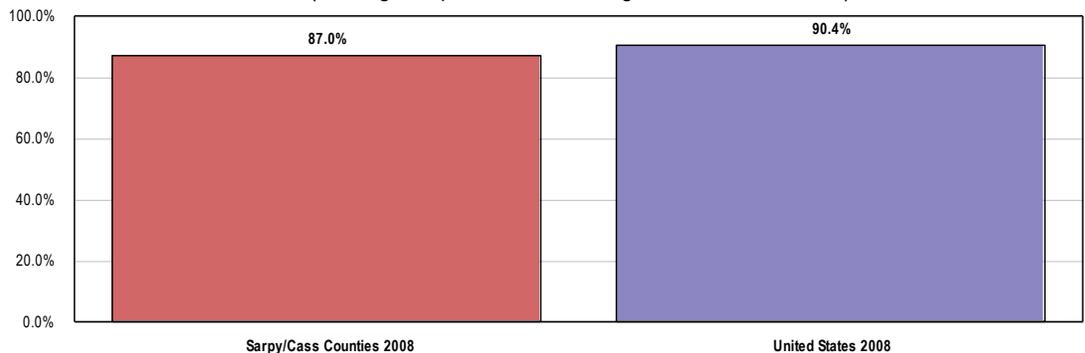
High Cholesterol Management

Among Sarpy/Cass adults who have been told that their blood cholesterol was high, 87.0% report that they are currently taking actions to control their cholesterol levels, such as through medication, diet and/or exercise.

- ☑ Similar to national findings (90.4%).

Taking Action to Control High Blood Cholesterol

(Among Respondents With High Blood Cholesterol)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 51
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of respondents who have been told that their blood cholesterol was high.
 • In this case, "taking action" includes medication, diet modification, and/or exercise.

Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

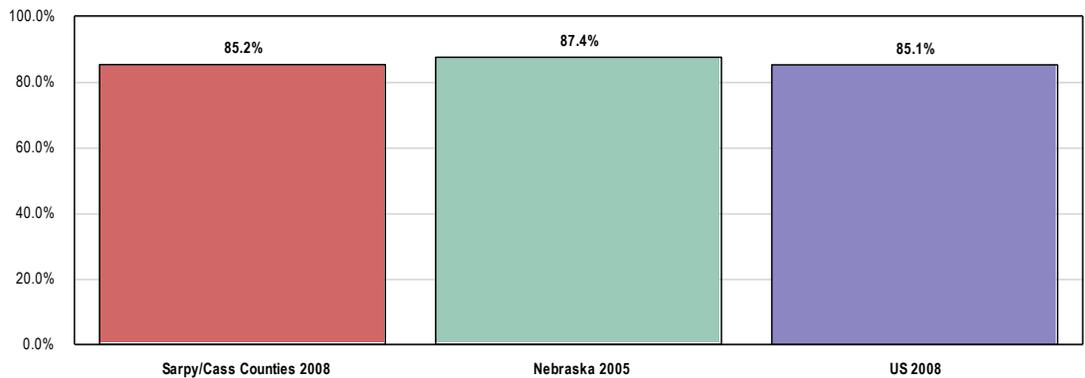
- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

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

In all, 85.2% of Sarpy/Cass adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- ☐ Similar to that found statewide (87.4%).
- ☐ Similar to national findings (85.1%).

Present One or More Cardiovascular Risk Factors or Behaviors



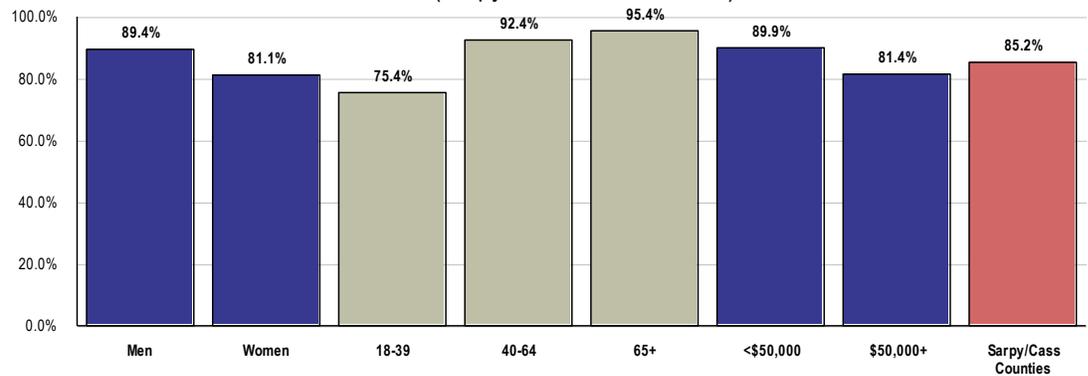
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 150
• 2008 PRC National Health Survey, Professional Research Consultants.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Nebraska data.
Note: • Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

Sarpy/Cass adults more likely to exhibit cardiovascular risk factors include:

- 👤 Men.
- 👤 Adults aged 40 and older.
- 👤 Adults with lower household incomes.

Present One or More Cardiovascular Risk Factors or Behaviors

(Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 150
 Note: • Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of U.S. adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the U.S.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

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

(Related Issue: See also “Nutrition & Overweight,” “Physical Activity & Fitness” and “Tobacco Use” in the Modifiable Health Risk section.)

CANCER

Cancer, the second leading cause of death among Americans, is responsible for one of every four deaths in the United States. In 2003, over half a million Americans—or more than 1,500 people a day—will die of cancer. Black Americans are more likely to die from cancer than people of any other racial or ethnic group.

The financial costs of cancer are staggering. According to the National Institutes of Health, cancers cost the United States more than \$170 billion in 2002. This includes more than \$110 billion in lost productivity and over \$60 billion in direct medical costs.

The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Healthier lifestyles can significantly reduce a person's risk for cancer—for example, avoiding tobacco use, increasing physical activity, improving nutrition, and avoiding sun exposure. Making cancer screening and information services available and accessible to all Americans is also essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths from these diseases by finding them early, when they are most treatable. Screening tests for cervical and colorectal cancers can actually prevent these cancers from developing by detecting treatable precancerous conditions.

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

Age-Adjusted Cancer Deaths

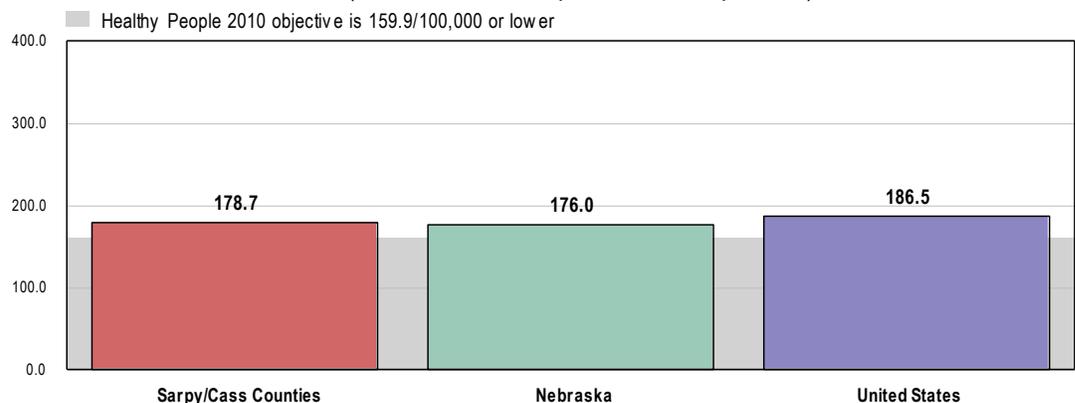
All Cancer Deaths

Between 2003-2005, the age-adjusted cancer death rate in Sarpy/Cass Counties was 178.7 deaths per 100,000 population.

- ☐ Comparable to the corresponding Nebraska rate (176.0 deaths per 100,000).
- ☐ Comparable to the U.S. rate (186.5).
- ☐ Fails to satisfy the Healthy People 2010 objective (159.9 or lower).

Age-Adjusted Mortality: Cancer

(2003-2005 Deaths per 100,000 Population)

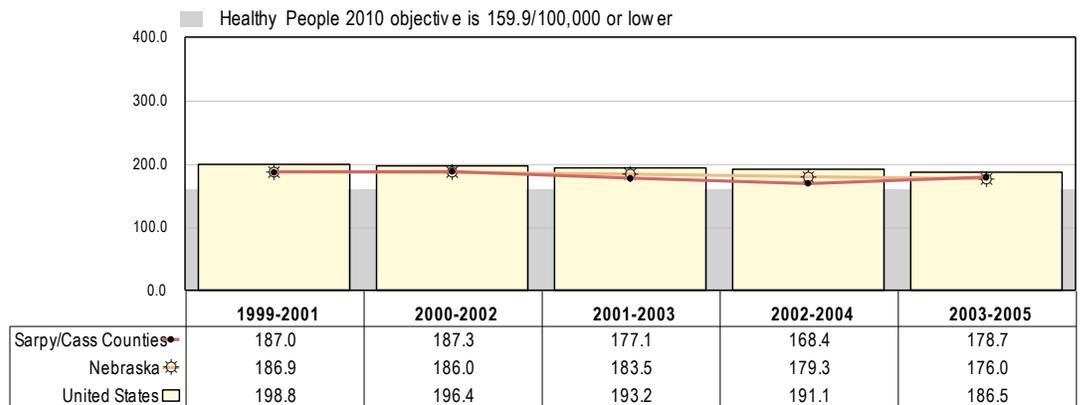


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-1].

Note: • 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.

- Over the past decade, Sarpy/Cass age-adjusted cancer death rates have declined overall, mirroring the downward trends reported both statewide and nationwide.

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



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-1].

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Cancer Deaths by Site

LUNG CANCER

Lung cancer is the most common cause of cancer death among both females and males in the United States. Cigarette smoking is the most important risk factor for lung cancer, accounting for 68 to 78 percent of lung cancer deaths among females and 88 to 91 percent of lung cancer deaths among males. Other risk factors include occupational exposures (radon, asbestos) and indoor and outdoor air pollution (radon, environmental tobacco smoke). One to two percent of lung cancer deaths are attributable to air pollution. After 10 years of abstinence, smoking cessation decreases the risk of lung cancer to 30 to 50 percent of that of continuing smokers.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Lung cancer is by far the leading cause of cancer deaths in the combined counties. Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2003-2005 annual average age-adjusted rates):

- The Sarpy/Cass **lung cancer** death rate is less favorable than the state rate, but similar to the national rate.
- The **prostate cancer** death rate is worse than both the state and national rates (fails to satisfy the Healthy People 2010 objective).
- The **female breast cancer** death rate is comparable to the state rate and better than the national rate (satisfies the Healthy People 2010 objective).
- The **colorectal cancer** death rate is similar to the Nebraska rate but higher than that found nationwide.

Age-Adjusted Cancer Death Rates by Leading Sites

(2003-2005 Deaths per 100,000 Population)

	Sarpy/Cass Counties	Nebraska	United States
Lung Cancer	52.3	48.1	54.3
Prostate Cancer (Males)	26.7	24.2	20.7
Female Breast Cancer	22.9	23.8	28.0
Colorectal Cancer	20.3	19.6	19.1

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.

Prevalence of Cancer

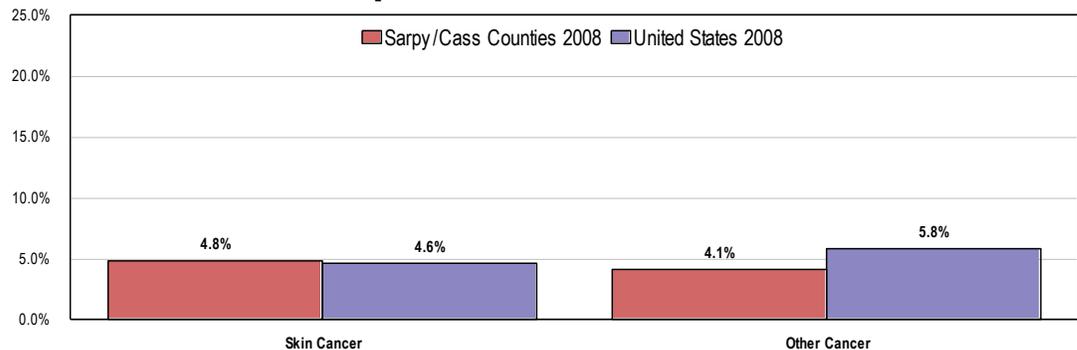
A total of 4.8% of Sarpy/Cass adults report having been diagnosed with skin cancer.

- ☐ Comparable to the 4.6% national average.

A total of 4.1% of Sarpy/Cass adults report having been diagnosed with another type of cancer (non-skin).

- ☐ Comparable to the national average (5.8%).

Self-Reported Prevalence of Cancer



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 3,738
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Cancer Risk

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

(Related Issue: see also “Nutrition & Overweight,” “Physical Activity & Fitness” and “Tobacco Use” in the Modifiable Health Risk section.)

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in Sarpy/Cass Counties were measured in the survey relative to three cancer sites: colorectal cancer (**sigmoidoscopy** and **fecal occult blood testing**); female breast cancer (**mammography**); and cervical cancer (**Pap smear testing**).

Colorectal Cancer Screenings

COLORECTAL CANCER

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. When cancer-related deaths are estimated separately for males and females, however, CRC becomes the third leading cause of cancer death behind lung and breast cancers for females and behind lung and prostate cancers for males.

Risk factors for CRC may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use, and a diet high in fat and low in fruits and vegetables. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from CRC. Fecal occult blood testing and sigmoidoscopy are widely used to screen for CRC, and barium enema and colonoscopy are used as diagnostic tests.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Beginning at age 50, both men and women should follow one of these five testing schedules:

- Yearly fecal occult blood test (FOBT)*
- Flexible sigmoidoscopy every 5 years
- Yearly fecal occult blood test plus flexible sigmoidoscopy every 5 years**
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years

*For FOBT, the take-home multiple sample method should be used.

**The combination of FOBT and flexible sigmoidoscopy is preferred over either of these two tests alone.

All positive tests should be followed up with a colonoscopy. People should begin colorectal cancer screening earlier and/or undergo screening more often if they have certain colorectal cancer risk factors.

– American Cancer Society

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

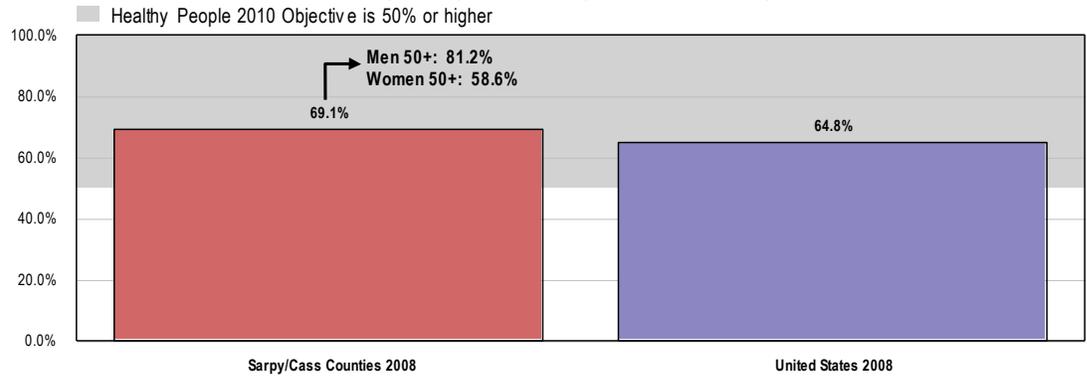
Sigmoidoscopy/Colonoscopy

Among Sarpy/Cass adults aged 50 and older, 69.1% have had a sigmoidoscopy or colonoscopy at some point in their lives.

- ☑ Similar to national findings (64.8%).
- ☑ Satisfies the Healthy People 2010 target (50% or higher).
- 👤 Note: Includes 81.2% of Sarpy/Cass men 50+ and 58.6% of Sarpy/Cass women 50+.

Have Ever Had a Sigmoidoscopy/Colonoscopy Examination

(Among Persons Aged 50 and Older)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 181
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12b]
- Note:
- Asked of all respondents aged 50 or over.

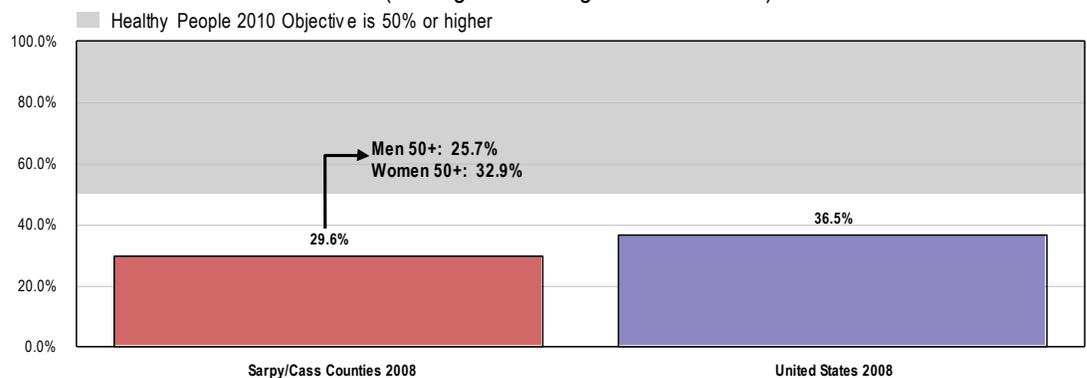
Fecal Occult Blood Testing

Among Sarpy/Cass adults aged 50 and older, 29.6% have had a blood stool test (a.k.a., fecal occult blood test) within the past two years.

- ☑ Comparable to national findings (36.5%).
- ☑ Fails to satisfy the Healthy People 2010 target (50% or higher).
- 👤 Note: Includes 25.7% of Sarpy/Cass men 50+ and 32.9% of Sarpy/Cass women 50+.

Have Had a Blood Stool Test in the Past Two Years

(Among Persons Aged 50 and Older)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 182
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12a]
- Note:
- Asked of respondents aged 50 and older.

Female Breast Cancer Screening

FEMALE BREAST CANCER

Breast cancer is the most common cancer [diagnosis] among women in the United States. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Clinical trials have demonstrated that mammography screening can reduce breast cancer deaths by 20 to 39 percent in women aged 50 to 74 years and about 17 percent in women aged 40 to 49 years. Breast cancer deaths can be reduced through increased adherence with recommendations for regular mammography screening.

Many breast cancer risk factors, such as age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity, are not subject to intervention. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing breast cancer.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Screenings for female breast cancer are recommended as outlined below:

- Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.
- Women should report any breast change promptly to their healthcare providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI), or having more frequent exams.

– American Cancer Society

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

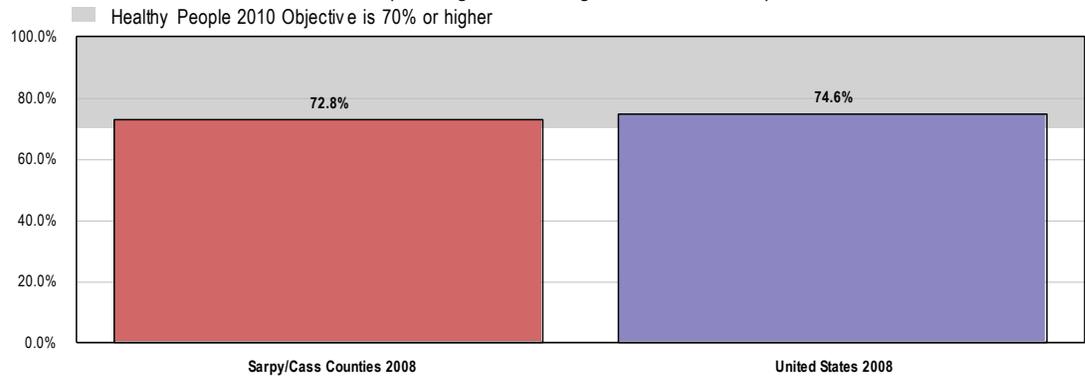
Mammography

Among Sarpy/Cass women aged 40 and older, 72.8% have had a mammogram within the past two years.

- 📊 Similar to national findings (74.6%).
- 📊 Similar to the Healthy People 2010 target (70% or higher).
- 👥 Note that 64.8% of Sarpy/Cass women aged 65 and older had a mammogram in the preceding two years.

Have Had a Mammogram in the Past Two Years

(Among Women Aged 40 and Older)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 179
• 2008 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-13]

Note: • Asked of women aged 40 and over.

Cervical Cancer Screenings

Screenings for cervical cancer are recommended as outlined below:

- All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test.
- Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years with either the conventional (regular) or liquid-based Pap test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.
- Another reasonable option for women over 30 is to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, *plus* the HPV DNA test.
- Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening as long as they are in good health.
- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or precancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.

– American Cancer Society

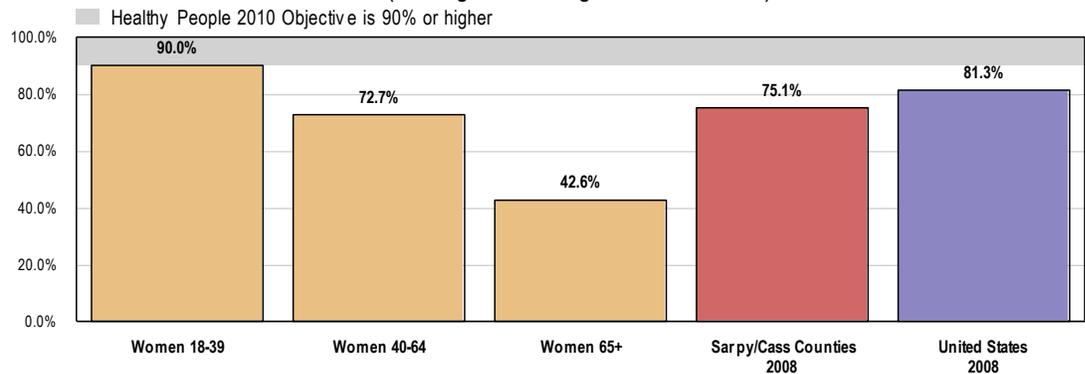
Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

Pap Smear Testing

Among Sarpy/Cass women aged 18 and older, 75.1% have had a Pap smear within the past three years.

- Similar to national findings (81.3%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- Note: Women under age 40 (90.0%) are at the Healthy People 2010 target.

Have Had a Pap Smear Within the Past Three Years (Among Women Aged 18 and Older)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 94
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 3-11]
- Note:
- Asked of all female respondents.

RESPIRATORY DISEASE

Asthma and COPD (chronic obstructive pulmonary disease) are among the 10 leading chronic conditions causing restricted activity [in Americans]. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

- Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their healthcare providers managed the disease according to established guidelines.
- COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by an airway hyperresponsiveness. Most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to a causative agent—usually tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Age-Adjusted Respiratory Disease Deaths

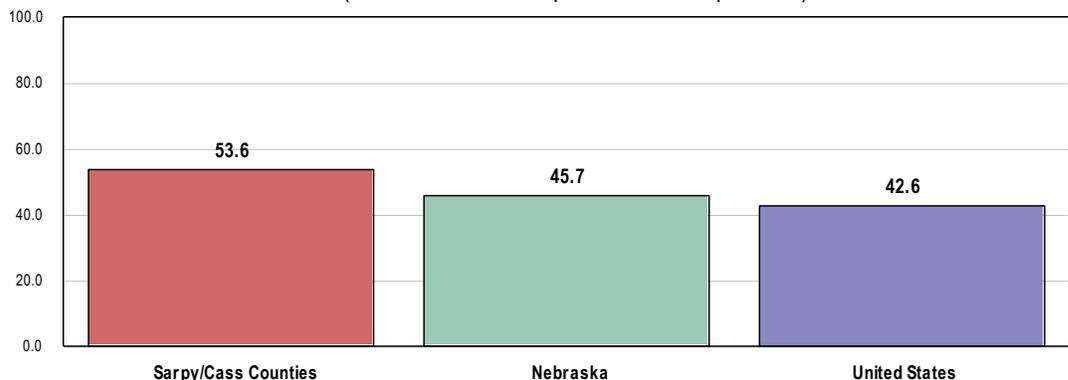
Chronic Lower Respiratory Disease

Between 2003 and 2005, the age-adjusted chronic lower respiratory disease death rate in Sarpy/Cass Counties was 53.6 deaths per 100,000 population.

- ☐ Less favorable than the corresponding Nebraska rate (45.7).
- ☐ Less favorable than the U.S. rate (42.6).

Age-Adjusted Mortality: CLRD

(2003-2005 Deaths per 100,000 Population)



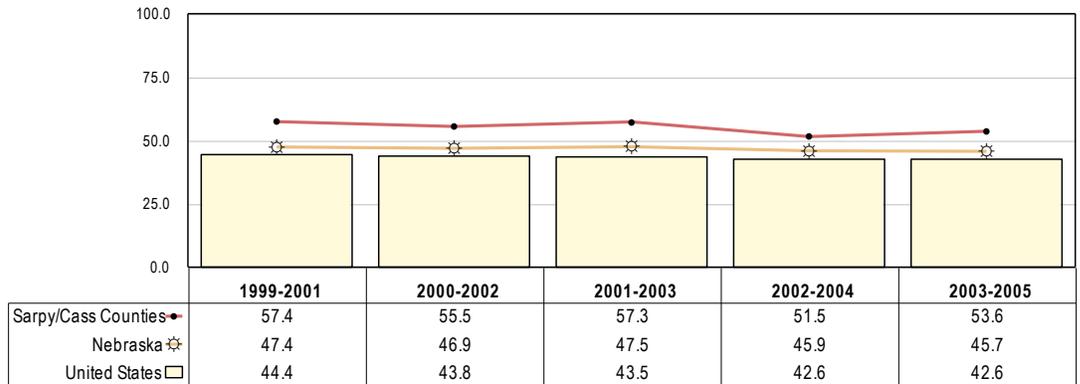
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.

Note: • 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.

- ☑ Deaths due to CLRD in Sarpy/Cass Counties range from 51.5 to 57.4 in recent years. Statewide and nationally, rates have decreased somewhat.

Age-Adjusted Mortality: CLRD

(Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

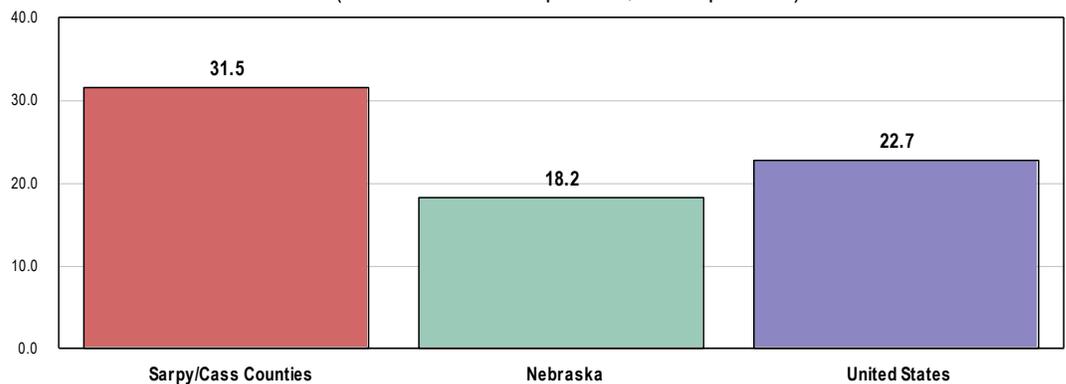
Pneumonia/Influenza Deaths

Between 2003-2005, the age-adjusted pneumonia/influenza death rate in Sarpy/Cass Counties was 31.5 per 100,000 population.

- ☑ Less favorable than the corresponding Nebraska rate (18.2).
- ☑ Less favorable than the national rate (22.7).

Age-Adjusted Mortality: Pneumonia/Influenza

(2003-2005 Deaths per 100,000 Population)

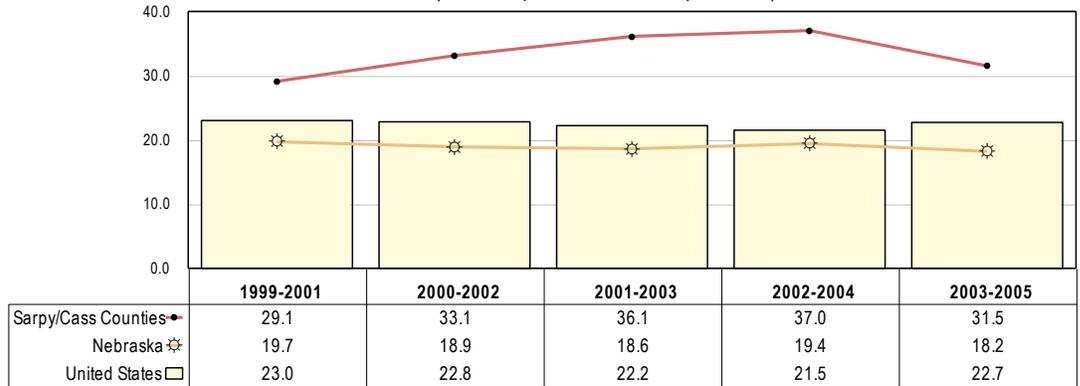


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.

Note: • 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.

- Between 1999 and 2005, age-adjusted pneumonia/influenza death rates increased across Sarpy/Cass Counties; in contrast, rates decreased across Nebraska and the U.S. overall.

Age-Adjusted Mortality: Pneumonia/Influenza (Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

(For prevalence of vaccinations for pneumonia and influenza, see also “Immunization & Infectious Disease.”)

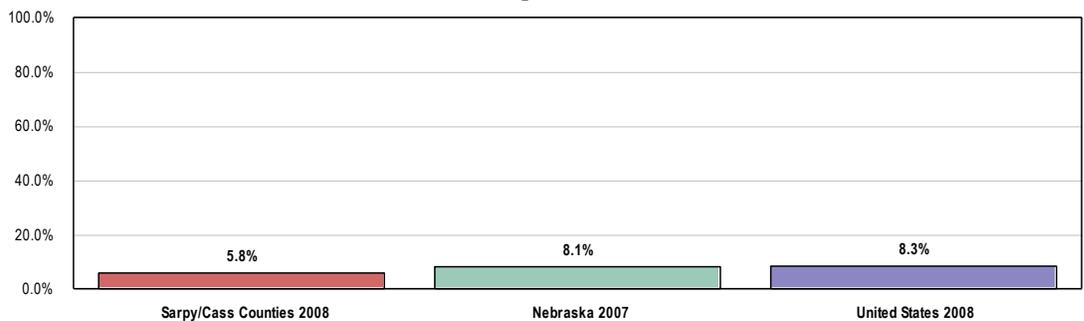
Prevalence of Asthma

Adults

A total of 5.8% of Sarpy/Cass adults currently suffer from asthma.

- Similar to the 8.1% reported across Nebraska.
- Similar to national (8.3%) prevalence reports.

Currently Has Asthma



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 43
 • 2008 PRC National Health Survey, Professional Research Consultants.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Nebraska data.
 Note: • Asked of all respondents. Reflects those who have ever been diagnosed with asthma and state that they still have the condition.

Children

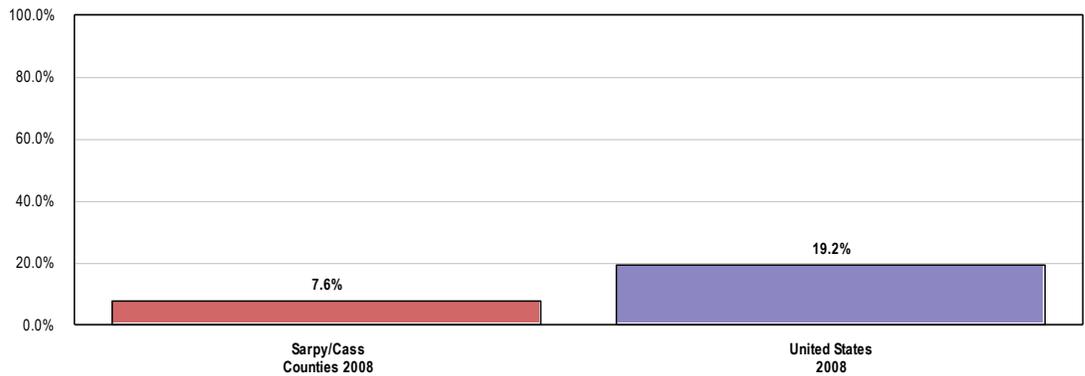
While the number of adults with asthma is greater than the number of children with asthma, the asthma rate is rising more rapidly in preschool-aged children than in any other group.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Among Sarpy/Cass children under 18, 7.6% are reported to have been diagnosed with asthma.

- ☑ More favorable than national findings (19.2%).

Child Has Ever Been Diagnosed With Asthma



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 140
• 2002 PRC Quality of Life Survey, Professional Research Consultants.

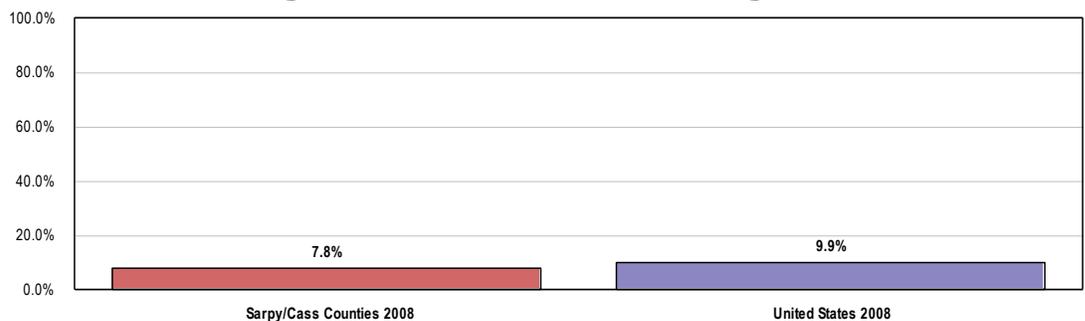
Note: • Asked of all respondents.

Prevalence of Chronic Lung Disease

A total of 7.8% of Sarpy/Cass adults suffer from chronic lung disease.

- ☑ Statistically similar to the 9.9% found nationally.

Diagnosed With Chronic Lung Disease



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 30
• 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

INJURY & VIOLENCE

The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable “accidents.” In fact, many injuries are not “accidents,” or random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.

For ages 1 through 44 years, [U.S.] deaths from injuries far surpass those from cancer—the overall leading natural cause of death at these ages—by about three to one. Injuries cause more than two out of five deaths (43 percent) of children aged 1 through 4 years and result in four times the number of deaths due to birth defects, the second leading cause of death for this age group. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined from ages 5 through 44 years. For ages 15 to 24 years, injuries are the cause of nearly four out of five deaths. After age 44 years, injuries account for fewer deaths than other health problems, such as heart disease, cancer, and stroke. However, despite the decrease in the proportion of deaths due to injury, the death rate from injuries is actually higher among older persons than among younger persons.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

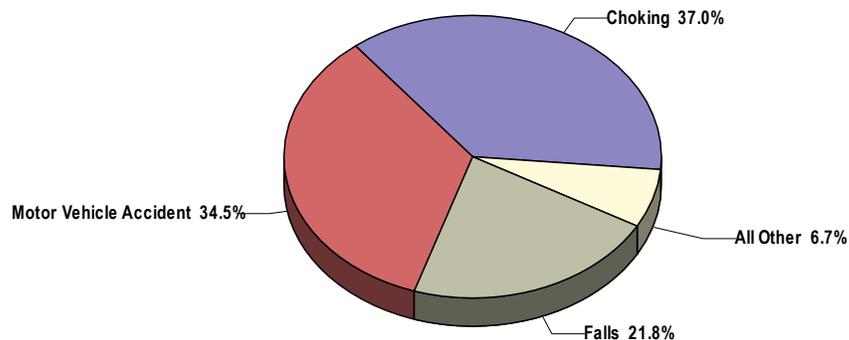
Unintentional Injury

Leading Causes of Unintentional Injury Deaths

Choking (37.0%), motor vehicle accidents (34.5%), and falls (21.8%) were the top three causes of accidental deaths in Sarpy/Cass Counties between 2003 and 2005.

Leading Causes of Accidental Death

(Sarpy/Cass Counties, 2003-2005)



Source: • NeHHS

Note: • Percentages are of the total accidental deaths in the Sarpy/Cass Counties for 2003-2005.

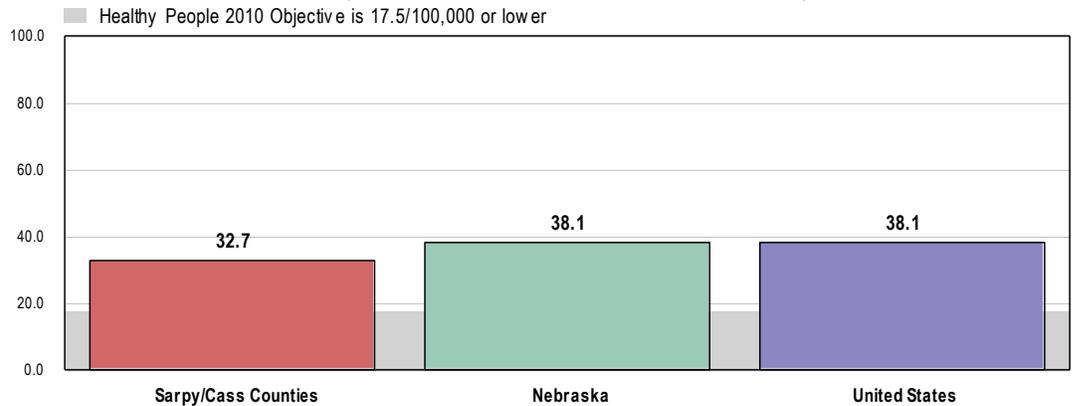
Age-Adjusted Unintentional Injury Deaths

Between 2003 and 2005, the age-adjusted unintentional injury death rate in Sarpy/Cass Counties was 32.7 deaths per 100,000 population.

- ☑ Lower than found both state- and nationwide (38.1).
- ☑ Fails to meet the Healthy People 2010 objective (17.5 or lower).

Age-Adjusted Mortality: Unintentional Injuries

(2003-2005 Deaths per 100,000 Population)

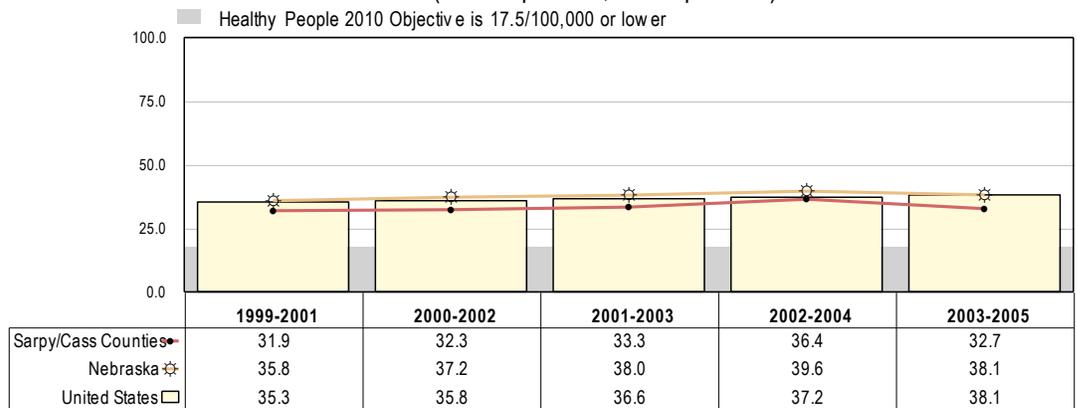


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13].
 Note: • 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.

- ☒ In recent years, Sarpy/Cass age-adjusted unintentional injury death rates ranged from 31.9 to 36.4 per 100,000 population. State- and nationwide rates increased somewhat during this time.

Age-Adjusted Mortality: Unintentional Injuries

(Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13].
 Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Motor Vehicle Safety

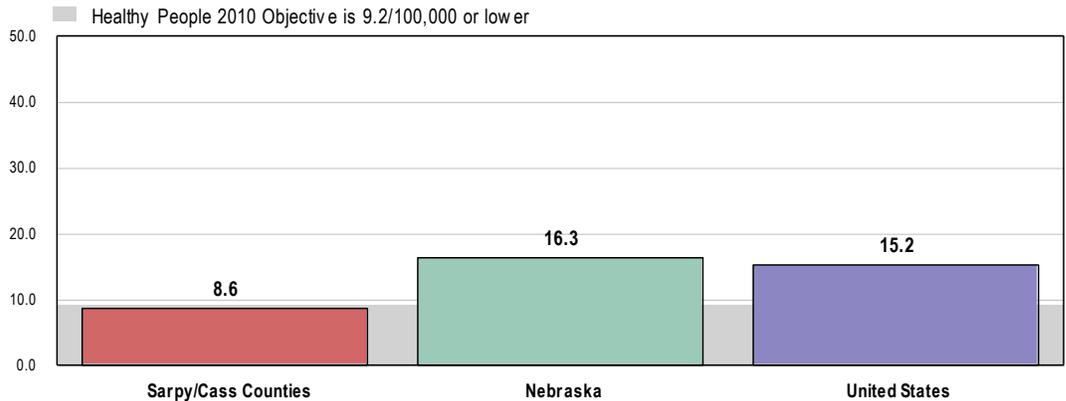
Age-Adjusted Motor-Vehicle Related Deaths

Between 2003 and 2005, the age-adjusted motor vehicle crash death rate in the area was 8.6 deaths per 100,000 population.

- ☑ More favorable than the Nebraska rate (16.3).
- ☑ More favorable than the national rate (15.2).
- ☑ Satisfies the Healthy People 2010 objective of 9.2 per 100,000.

Age-Adjusted Mortality: Motor Vehicle Accidents

(2003-2005 Deaths per 100,000 Population)

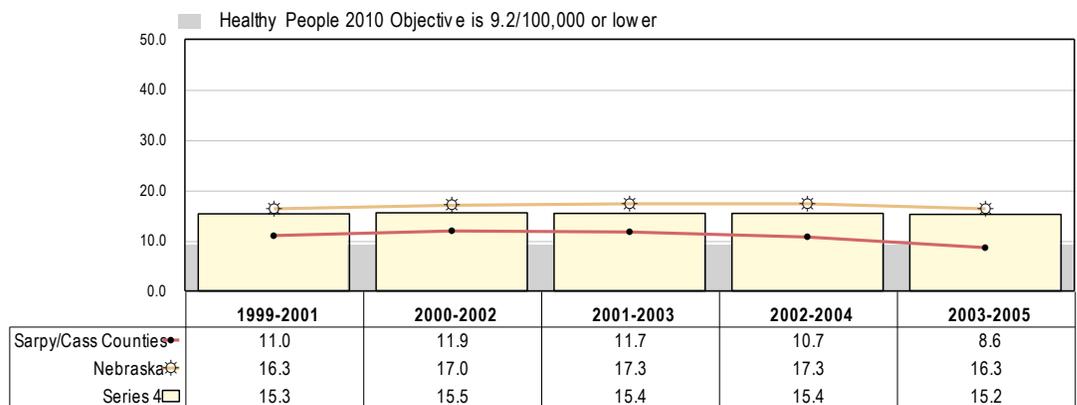


- Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-15a].
- Note:
- 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.

- ☒ Across Sarpy/Cass Counties, motor vehicle accident deaths decreased between the 1999-2001 and 2003-2005 reporting periods.

Age-Adjusted Mortality: Motor Vehicle Accidents

(Deaths per 100,000 Population)



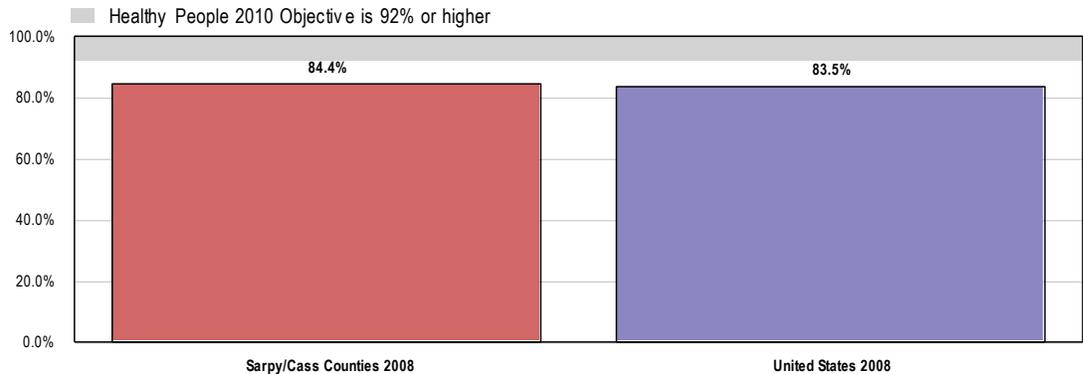
- Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-15a].
- Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Seat Belt Usage - Adults

Most Sarpy/Cass adults (84.4%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Similar to that found nationally (83.5%).
- Fails to satisfy the Healthy People 2010 objective of 92% or higher.

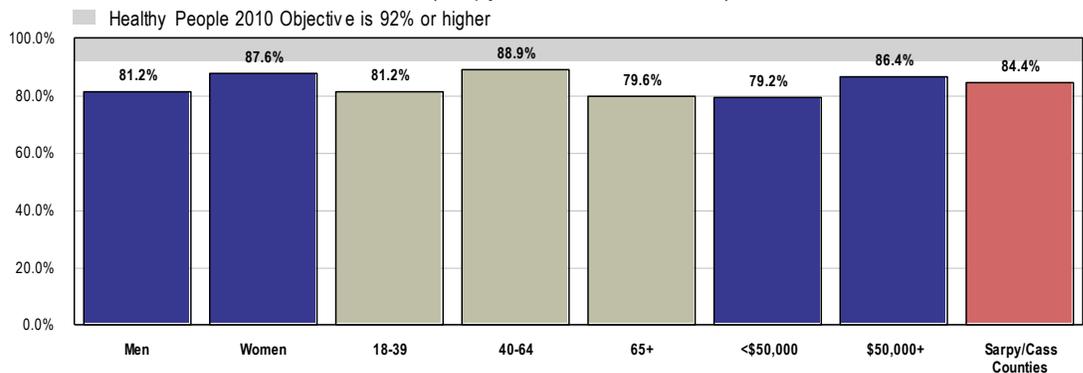
“Always” Wear a Seat Belt When Driving or Riding in a Vehicle



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 56
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]
- Note:
- Asked of all respondents.

👤 Consistent seat belt usage in Sarpy/Cass Counties is statistically comparable by demographic characteristic.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle (Sarpy/Cass Counties, 2008)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 56
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19].
- Note:
- Asked of all respondents.

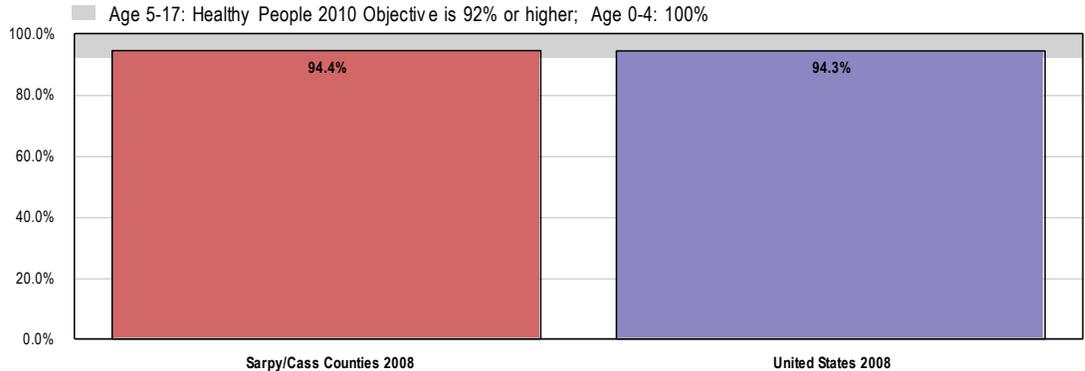
Seat Belt Usage - Children

A total of 94.4% of Sarpy/Cass parents report that their child (aged 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- ☐ Nearly identical to that found nationally (94.3%).

Child “Always” Wear a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Children Aged 0 to 17 Years)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 142
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]
- Note:
- Asked of respondents with children aged 0 to 17 living in the household.

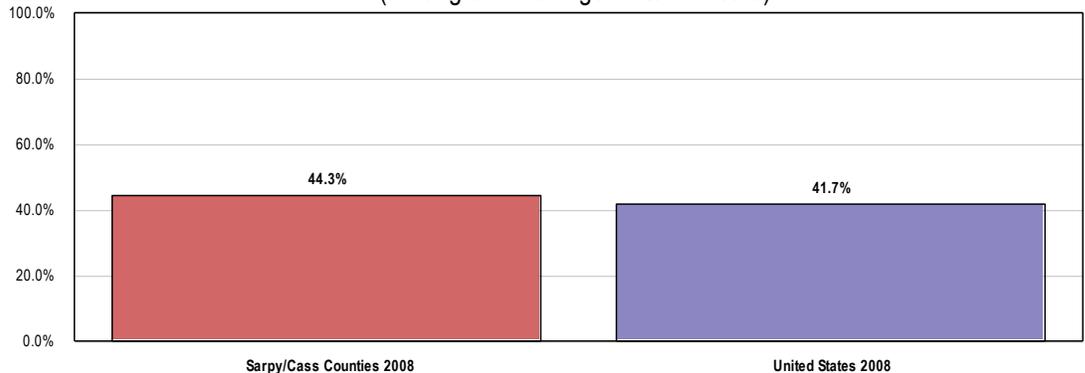
Bicycle Safety

More than 4 in 10 Sarpy/Cass children aged 5 to 16 (44.3%) are reported to “always” wear a helmet when riding a bicycle.

- ☐ Similar to national findings (41.7%).

Child “Always” Wears a Helmet When Riding a Bicycle

(Among Children Aged 5 to 16 Years)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 143
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of respondents with children aged 5 to 16.

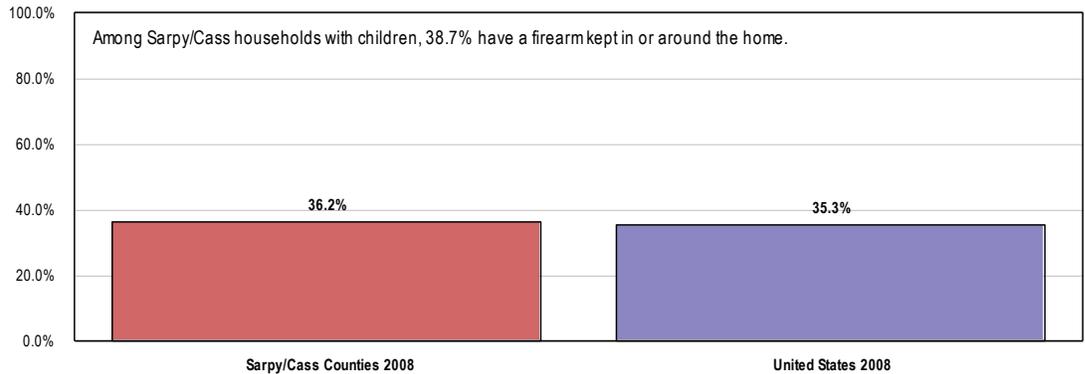
Firearms Safety

Survey respondents were further asked about the presence of weapons in the home: “Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car?” For the purposes of this inquiry, “firearms” include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.

Overall, 36.2% of Sarpy/Cass adults have a firearm kept in or around their home.

- Similar to the national prevalence (35.3%).
- 👤 Among households with children, 38.7% have a firearm kept in or around the home (comparable to the 31.2% nationally).

Have a Firearm Kept in or Around the Home

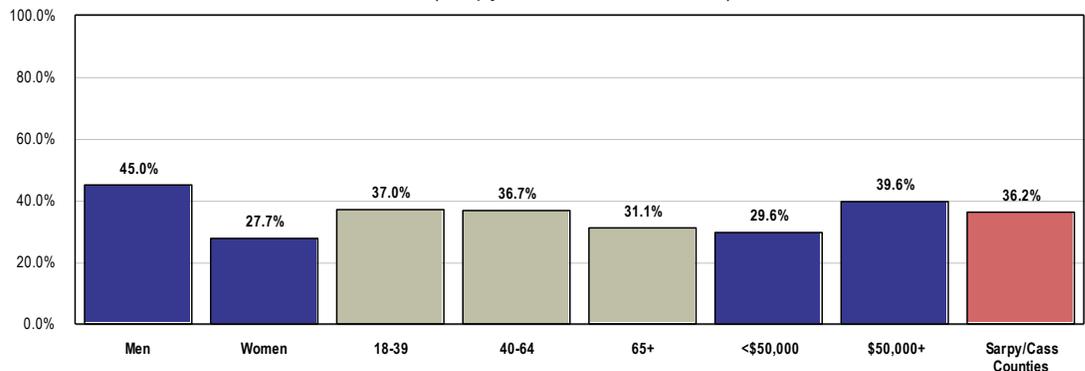


- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Items 59, 174
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of all respondents.
 - In this case, the term “firearm” includes pistols, shotguns, rifles, and other types of guns. This does NOT include starter pistols, BB guns, or guns that cannot fire. Guns can be in or around the home, including those kept in a garage, outdoor storage area, truck, or car.

- 👤 Reports of firearms in or around the home are more prevalent among men in Sarpy/Cass Counties.

Have a Firearm Kept in or Around the Home

(Sarpy/Cass Counties, 2008)

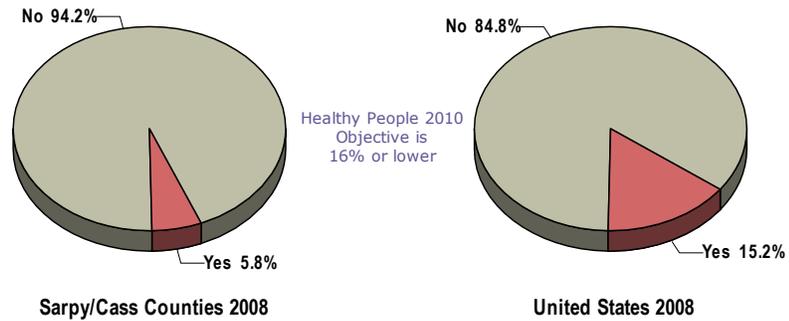


- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 59
- Note:
- Asked of all respondents.
 - FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
 - categorizations.
 - In this case, the term “firearm” includes pistols, shotguns, rifles, and other types of guns. This does NOT include starter pistols, BB guns, or guns that cannot fire. Guns can be in or around the home, including those kept in a garage, outdoor storage area, truck, or car.

Among Sarpy/Cass households with firearms, 5.8% report that there is at least one weapon that is kept unlocked and loaded.

- ☑ More favorable than found nationally (15.2%).
- ☑ Satisfies the *Healthy People 2010* target (16% or lower).

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



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 175
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, D.C. Government Printing Office, November 2000. [Objective 15-4
- Note:
- Among respondents reporting a firearm in or around the home.
 - In this case, the term "firearm" includes pistols, shotguns, rifles, and other types of guns. This does NOT include starter pistols, BB guns, or guns that cannot fire. Guns can be in or around the home, including those kept in a garage, outdoor storage area, truck, or car.

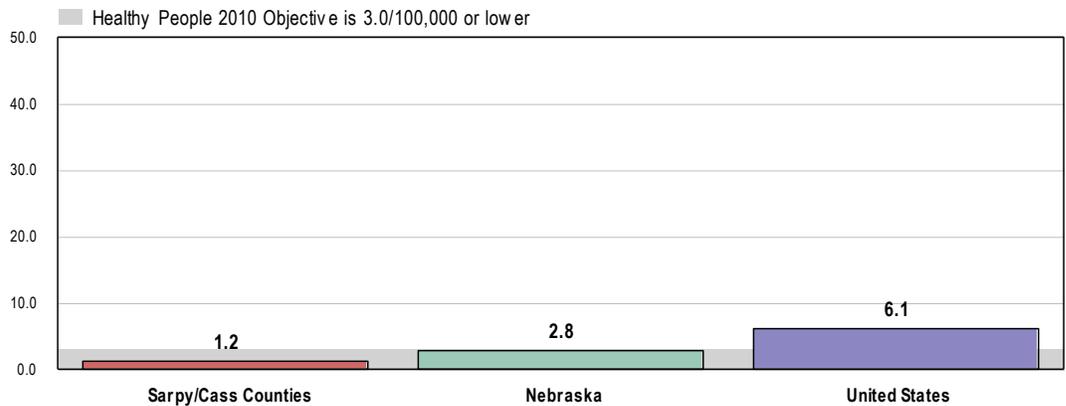
Age-Adjusted Intentional Injury Deaths

Homicide

Between 2003 and 2005, the age-adjusted homicide death rate in the Sarpy/ Cass County area was 1.2 deaths per 100,000 population.

- ☑ More favorable than the Nebraska rate (2.8 per 100,000 population).
- ☑ More favorable than the national homicide rate (6.1).
- ☑ Satisfies the Healthy People 2010 goal of 3.0 or lower.

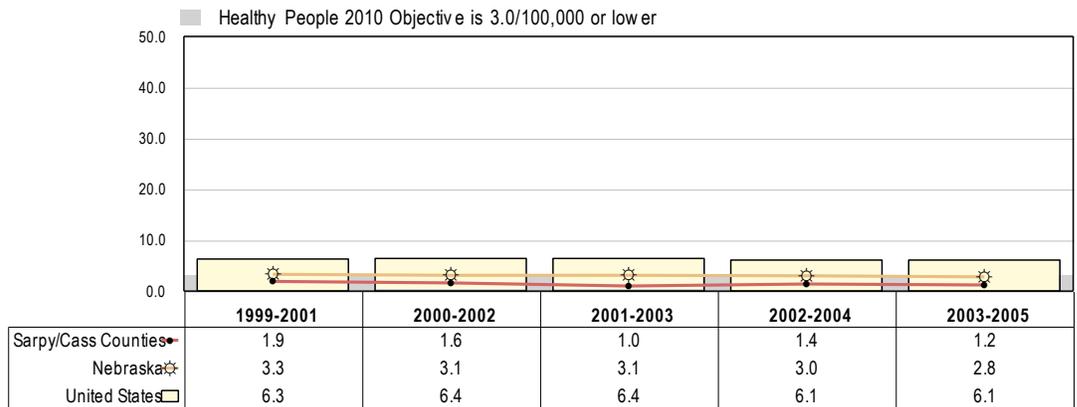
Age-Adjusted Mortality: Homicide (2003-2005 Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-32].
 Note: • 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.

☒ Homicide death rates in Sarpy/Cass Counties range from 1.9 per 100,000 population in 1999-2001 to 1.2 between 2003-2005.

Age-Adjusted Mortality: Homicide (Deaths per 100,000 Population)



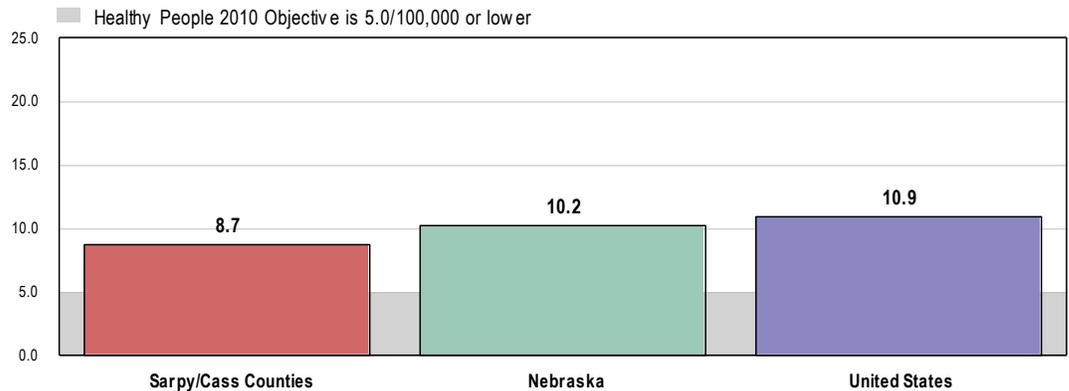
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-32].
 Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Suicide

Between 2003 and 2005, the age-adjusted suicide death rate in Sarpy/Cass Counties was 8.7 deaths per 100,000 population.

- ☑ More favorable than the statewide rate (10.2).
- ☑ More favorable than the national rate (10.9).
- ☑ Fails to satisfy the Healthy People 2010 objective (5.0 or lower).

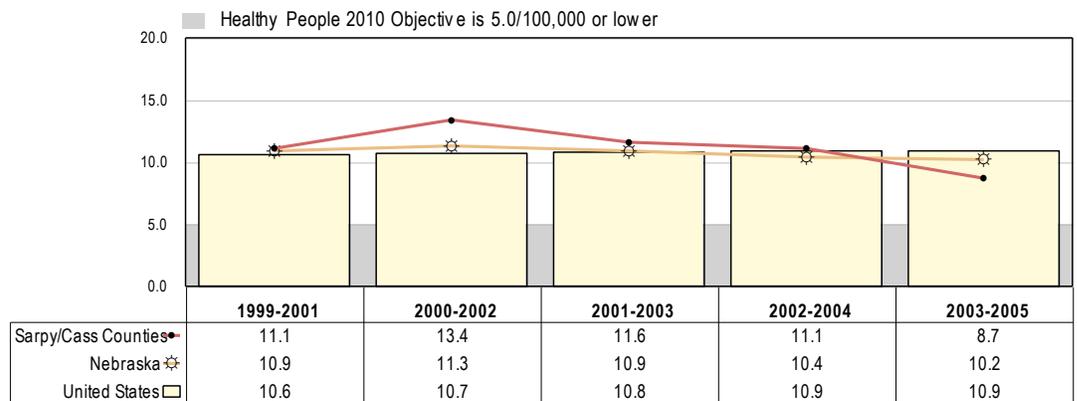
Age-Adjusted Mortality: Suicide (2003-2005 Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-1].
 Note: • 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.

- ☒ Despite fluctuations, there has been a net decrease in suicide mortality in Sarpy/Cass Counties between 1999 and 2005. Nationally, suicide rates are stable.

Age-Adjusted Mortality: Suicide (Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-1].
 Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

(Related Issue: see also “Mental Health.”)

Violent Crime

Violence claims the lives of many of the Nation's young persons and threatens the health and well-being of many persons of all ages in the United States. On an average day in America, 53 persons die from homicide, and a minimum of 18,000 persons survive interpersonal assaults, 84 persons complete suicide, and as many as 3,000 persons attempt suicide.

Youth continue to be involved as both perpetrators and victims of violence. Elderly persons, females, and children continue to be targets of both physical and sexual assaults, which are frequently perpetrated by individuals they know.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

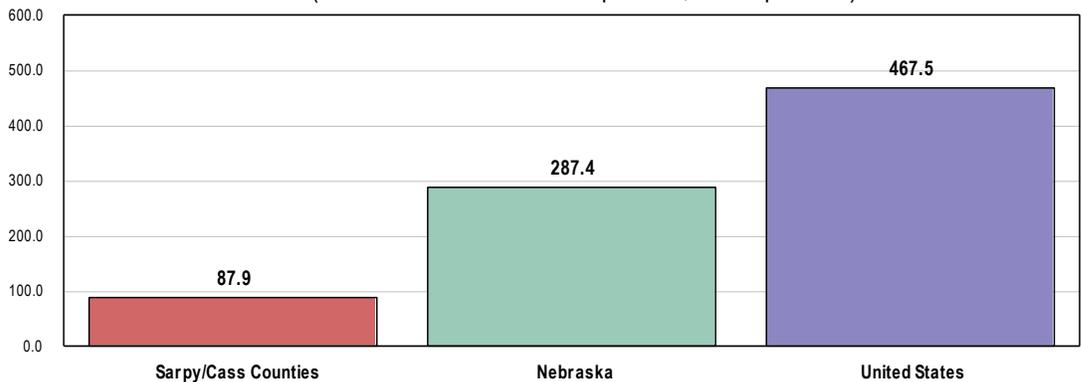
Violent Crime Rates

The following chart illustrates the violent crime rates as reported in Sarpy/Cass Counties between 2004 and 2006. Note that violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

In Sarpy/Cass Counties, there were 87.9 violent crimes per 100,000 population during this time period.

- ☑ More favorable than the corresponding Nebraska rate (287.4).
- ☑ More favorable than that reported nationally (467.5).

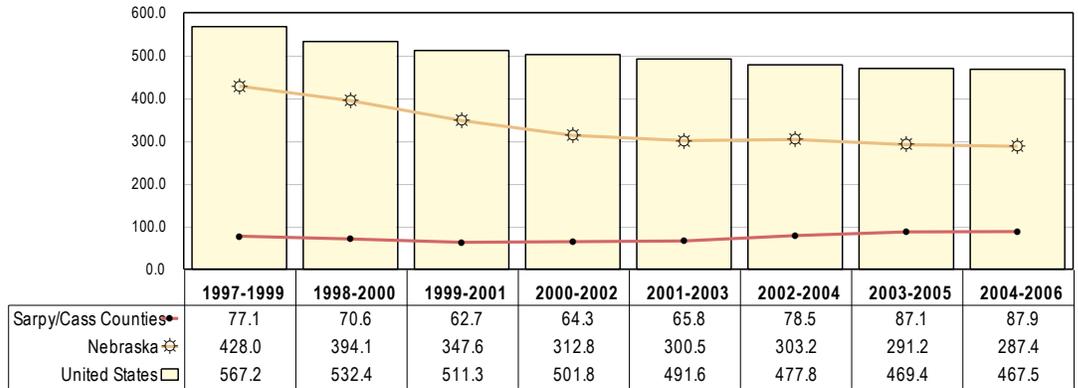
Violent Crime Rates
(2004-2006 Violent Crimes per 100,000 Population)



Source: • Nebraska Crime Commission.
Note: • Rates are per 100,000 population.
• Violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.
• Note: it is possible that not all agencies report for a given year.

- ☒ Sarpy/Cass violent crime rates have increased in recent years. Note that violent crime rates are declining statewide and nationally.

Violent Crime Rates (Violent Crimes per 100,000 Population)



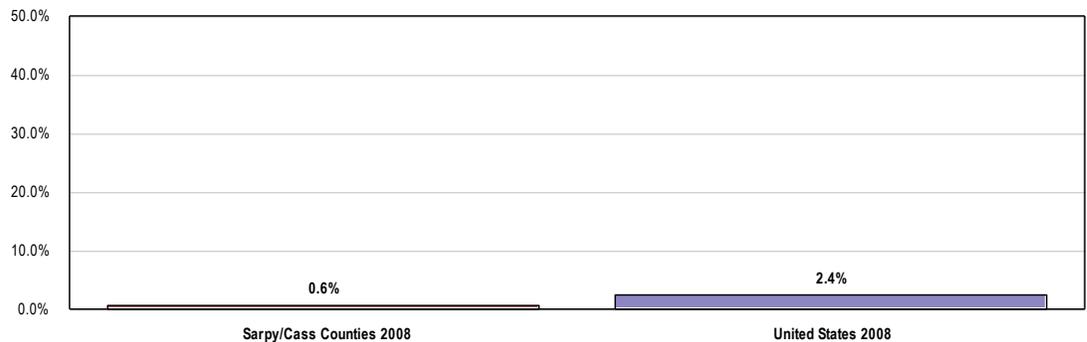
Source: • Crime in Nebraska.
 Note: • Rates are per 100,000 population.
 • Violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.
 • Note: it is possible that not all agencies report for a given year.

Self-Reported Crime Victimization

Among surveyed adults, just **0.6%** acknowledge being the victim of a violent crime in the past five years.

- ☒ Notably lower than national findings (2.4%).

Victim of a Violent Crime in the Past Five Years



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 57
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Domestic Violence

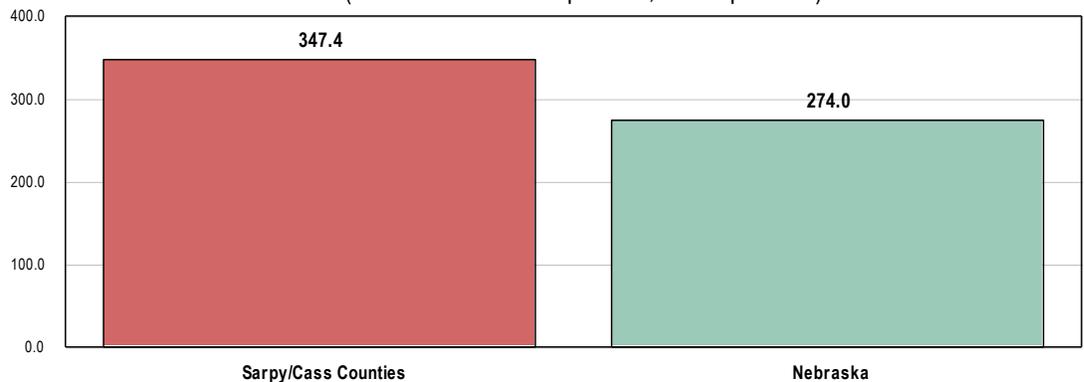
Domestic Assault Rates

Between 2004 and 2006, Sarpy/Cass Counties reported 347.4 domestic assaults per 100,000 population.

- ☐ Less favorable than the 274.0 rate reported across Nebraska.

Reported Domestic Assault Rates

(2004-2006 Assaults per 100,000 Population)

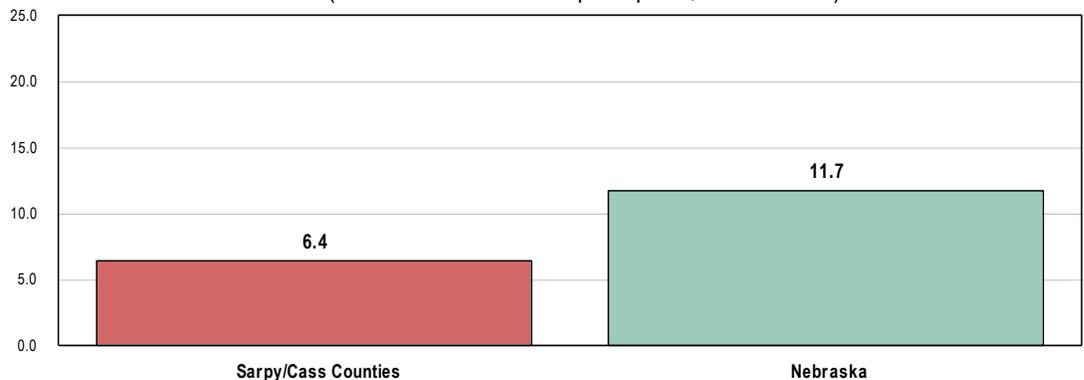


Source: • Nebraska Crime Commission.
Note: • Rates are per 100,000 population.

In 2004, Sarpy/Cass Counties reported 6.4 substantiated child abuse cases per 1,000 children, lower than the 11.7 rate reported statewide.

Substantiated Child Abuse Rates

(2004 Substantiated Reports per 1,000 Children)

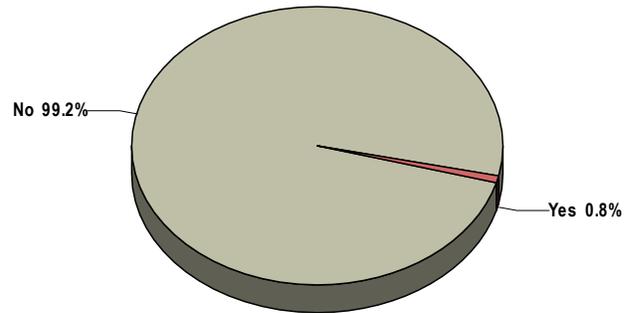


Source: • Nebraska Healthy and Human Services.
Note: • Rates are per 1,000 children.

Self-Reported Domestic Violence

Another 0.8% acknowledge being the victim of domestic violence in the past five years.

Victim of Domestic Violence in the Past Five Years



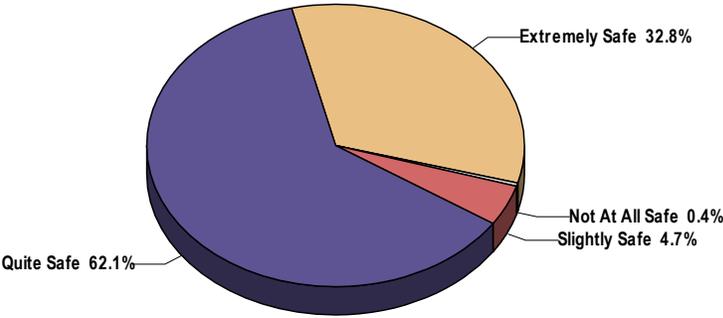
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 58
Note: • Asked of all respondents.

Perceived Safety of Neighborhoods

Nearly all (94.9%) survey respondents consider the safety of their neighborhood to be “extremely” or “quite” safe.

- ☑ In contrast, 4.7% of Sarpy/Cass adults feel their neighborhood is “slightly” safe while 0.4% gave “not at all safe” responses.

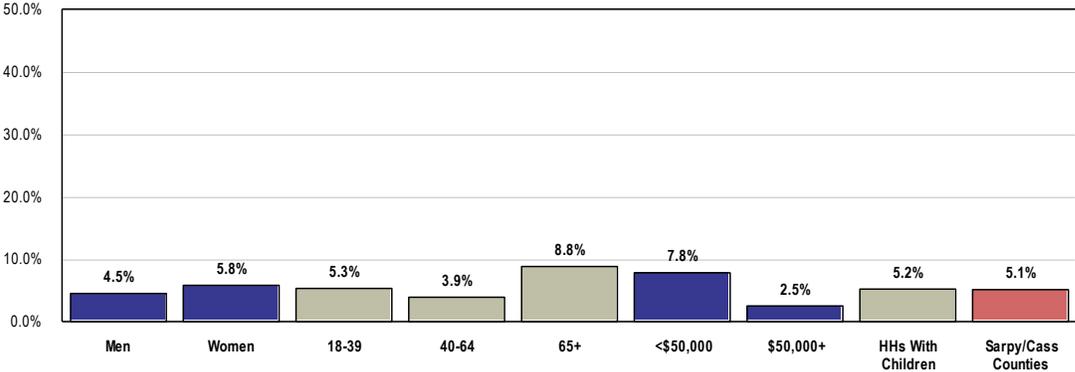
Perceived Safety of Own Neighborhood (Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 118
 Note: • Asked of all respondents.

- 👤 Little difference by key demographic characteristics.
- 👤 Note also that 5.2% of households with children under 18 consider their neighborhood to be “slightly” or “not at all” safe.

Perceive Own Neighborhood as “Slightly Safe” or “Not At All Safe” (Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 118
 Note: • Asked of all respondents.

DIABETES

Diabetes affects nearly 16 million Americans and contributes to about 200,000 deaths a year. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to influenza and pneumonia. About 5.4 million Americans are unaware they have the disease.

- Among U.S. adults, diagnosed diabetes (including gestational diabetes) increased 49% from 1990 to 2000. The largest increase was among people aged 30–39. Type 2 affects 90%–95% of people with diabetes and is linked to obesity and physical inactivity.
- More than 18% of U.S. adults older than age 65 have diabetes.
- Diabetes affects more women than men.

The direct and indirect costs of diabetes in America are nearly \$100 billion a year.

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

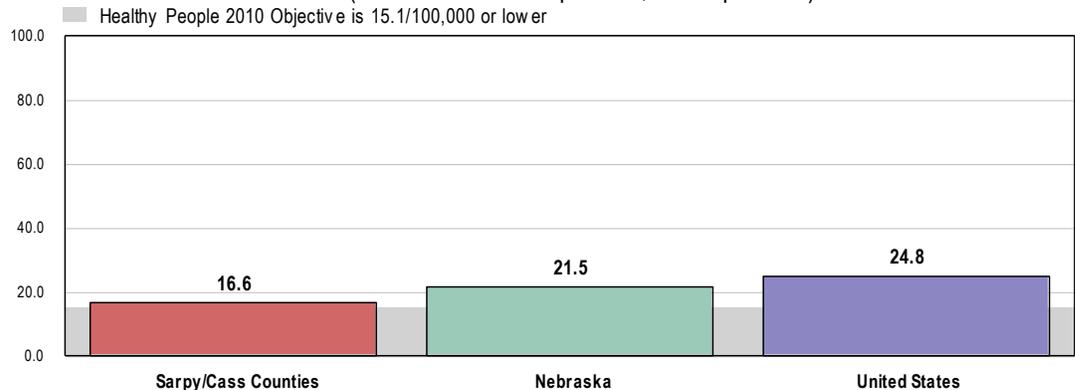
Age-Adjusted Diabetes Mellitus Deaths

Between 2003 and 2005, there were 16.6 age-adjusted diabetes mellitus deaths per 100,000 population in Sarpy/Cass Counties.

- ☑ Better than the statewide rate (21.5).
- ☑ Better than the U.S. rate (24.8).
- ☑ Fails to satisfy the Healthy People 2010 objective of 15.1 or lower.

Age-Adjusted Mortality: Diabetes Mellitus

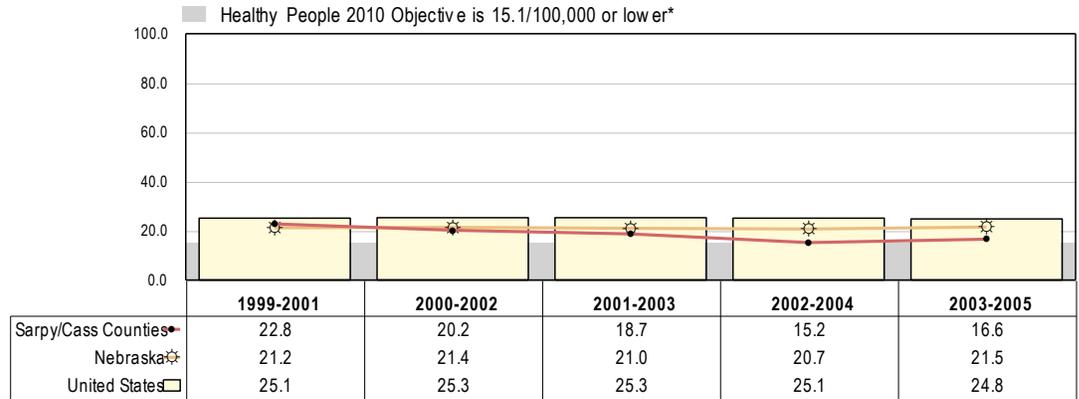
(2003-2005 Deaths per 100,000 Population)



- Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13].
- Note:
- 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 2010 target for diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].

- Between 1999 and 2005, age-adjusted diabetes mellitus mortality rates decreased in Sarpy/Cass Counties. State- and nationwide, rates were more stable during this time period.

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



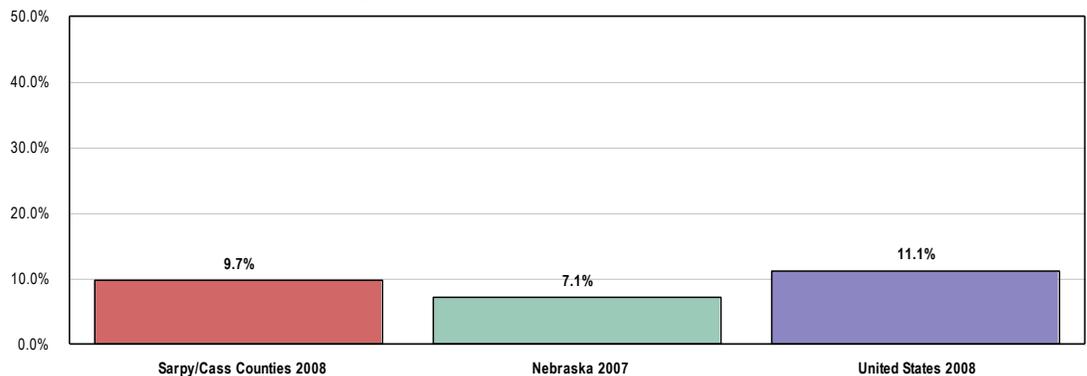
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13].
 Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • *The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].

Prevalence of Diabetes

Among surveyed Sarpy/Cass adults, 9.7% report having been diagnosed with diabetes.

- Statistically similar to the proportion statewide (7.1%).
- Statistically similar to national proportion (11.1%).

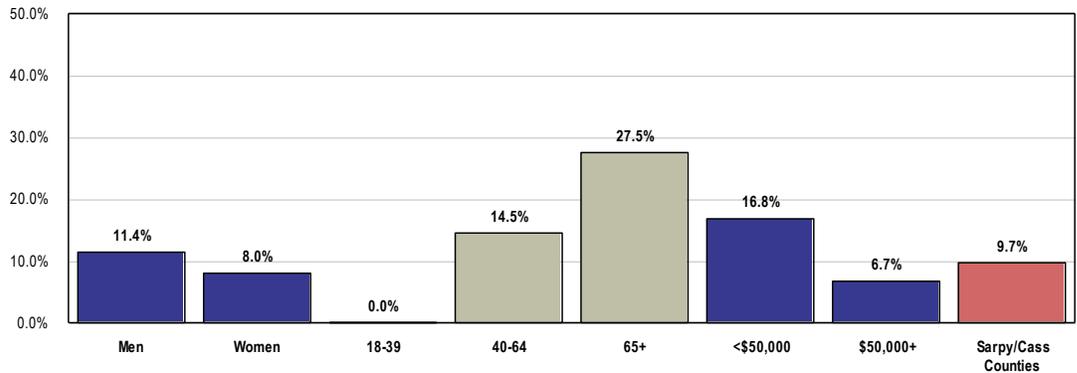
Self-Reported Prevalence of Diabetes



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 44
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Nebraska data.
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents. Excludes gestational diabetes.

- 👥 Note the positive correlation between diabetes and age in Sarpy/Cass Counties.
- 👥 Residents with lower incomes are also more likely to report having diabetes.

Self-Reported Prevalence of Diabetes (Sarpy/Cass Counties, 2008)

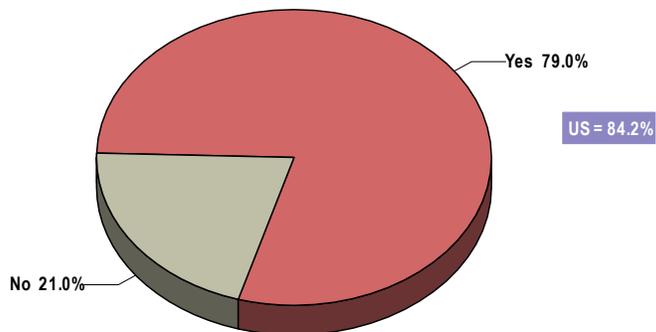


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 44
 Note: • Asked of all respondents.

Among Sarpy/Cass adults with diabetes, most (79.0%) are currently taking insulin or some type of medication to manage their condition.

- 📍 Similar to the 84.2% found nationally.

Currently Taking Insulin or Other Medicine for Diabetes (Sarpy/Cass Counties, 2008; Among Adults With Diabetes)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 45
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of those respondents who have been diagnosed with diabetes.

ARTHRITIS, OSTEOPOROSIS & CHRONIC PAIN

The current and projected growth in the number of people aged 65 years and older in the United States has focused attention on preserving quality of life as well as length of life. Chief among the factors involving preserving quality of life are the prevention and treatment of musculoskeletal conditions—the major causes of disability in the United States. Among musculoskeletal conditions, arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions have the greatest impact on public health and quality of life.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

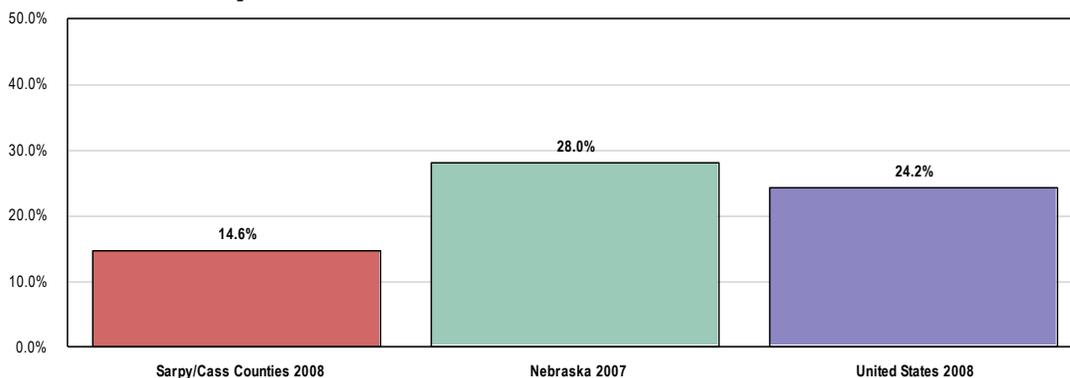
Prevalence of Arthritis & Osteoporosis

Arthritis & Rheumatism

In all, 14.6% of Sarpy/Cass adults report suffering from arthritis or rheumatism.

- ☐ More favorable than the statewide prevalence (28.0%).
- ☐ More favorable than that found nationwide (24.2%).
- 👥 Among Sarpy/Cass adults aged 65 and older, the prevalence of arthritis or rheumatism is 48.4%.

Self-Reported Prevalence of Arthritis/Rheumatism



Source:

- 2008 PRC Community Health Survey, Professional Research Consultants. Item 33
- 2008 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Nebraska data.

Note:

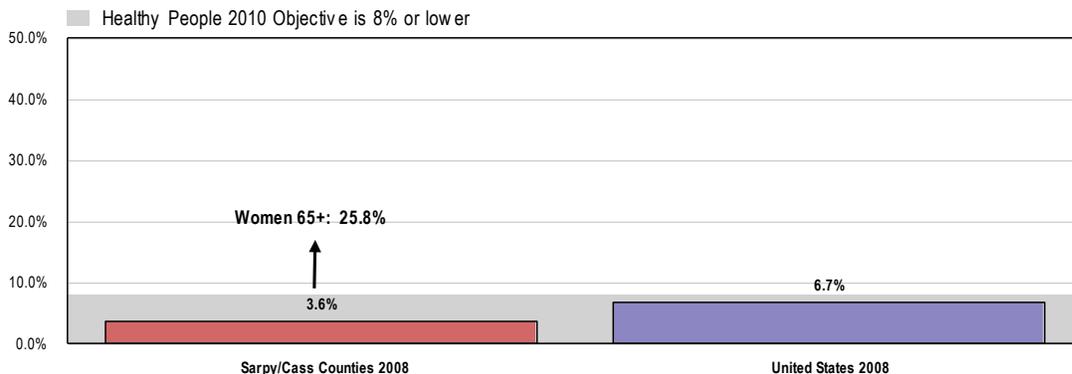
- Asked of all respondents.

Osteoporosis

A total of 3.6% of Sarpy/Cass adults report suffering from osteoporosis.

- ☑ More favorable than that found nationwide (6.7%).
- 👥 Further note that osteoporosis is much more prevalent among women aged 65 and older (affecting 25.8% of this segment).

Self-Reported Prevalence of Osteoporosis



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 39
 • 2008 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 2-9]

Note: • Asked of all respondents.

Prevalence of Chronic Pain

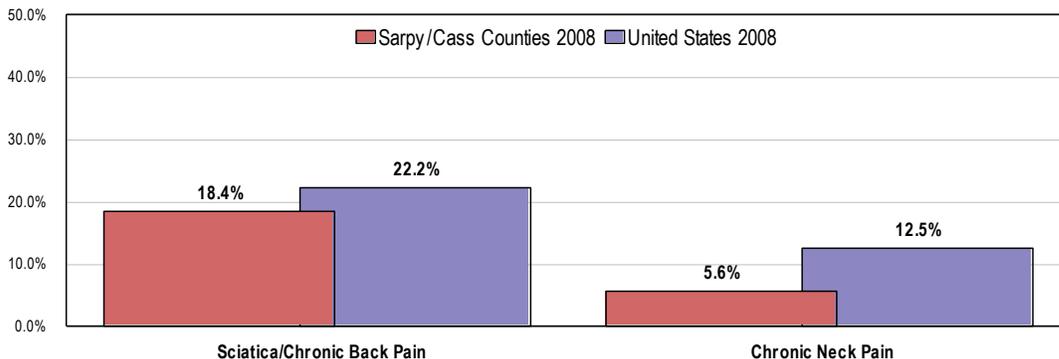
A total of 18.4% of Sarpy/Cass adults report suffering from sciatica or chronic back pain.

- ☑ Comparable to that found nationwide (22.2%).

A total of 5.6% of county adults suffer from chronic neck pain.

- ☑ Less than one-half the percentage found nationwide (12.5%).

Self-Reported Prevalence of Chronic Pain



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 34, 41
 • 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

ACTIVITY LIMITATIONS

An estimated 54 million persons in the United States, or nearly 20 percent of the population, currently live with disabilities. The increase in disability among all age groups indicates a growing need for public health programs serving people with disabilities.

The direct medical and indirect annual costs associated with disability [in the U.S.] are more than \$300 billion, or 4 percent of the gross domestic product. This total cost includes \$160 billion in medical care expenditures (1994 dollars) and lost productivity costs approaching \$155 billion.

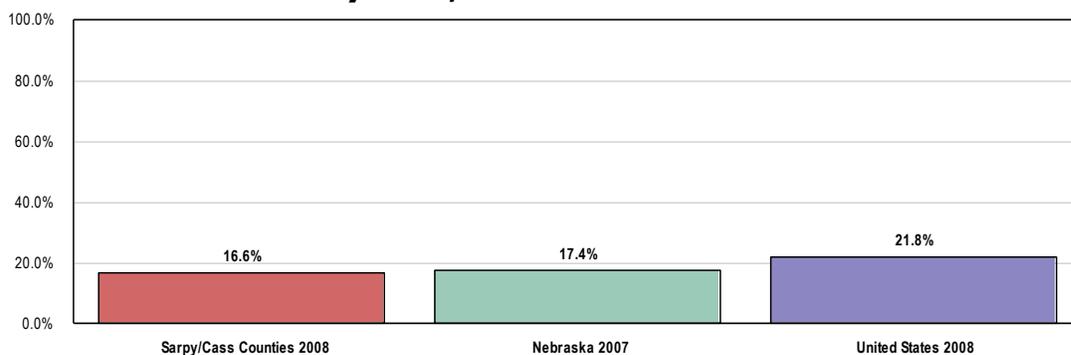
The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary conditions. Having a long-term condition increases the need for health promotion that can be medical, physical, social, emotional, or societal.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

A total of 16.6% of Sarpy/Cass adults are limited in some way in some activities due to a physical, mental or emotional problem.

- ☐ Similar to the 17.4% prevalence in Nebraska.
- ☐ More favorable than the 21.8% prevalence nationwide.

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



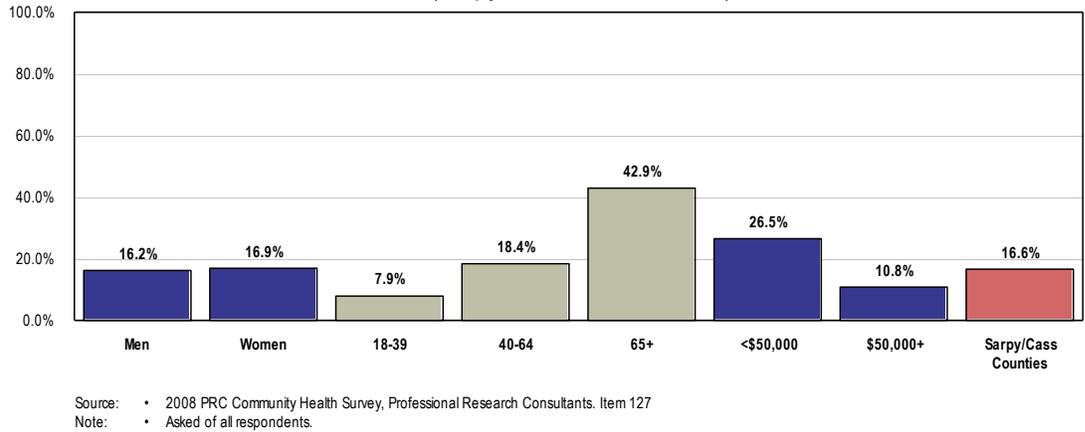
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 127
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Nebraska data.
• 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

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

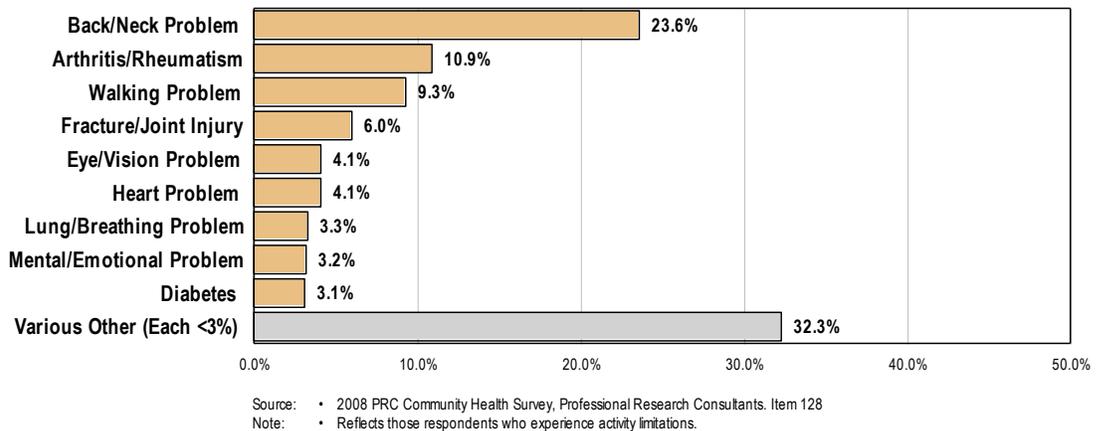
-  Adults aged 40 or older are more often limited in activities.
-  Activity limitations are much more prevalent among adults living at lower incomes.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Sary/Cass Counties, 2008)



Among persons reporting activity limitations, these are most often attributed to back/neck problems, arthritis/rheumatism, difficulty walking, fractures or joint injuries, or problems with vision, to name a few.

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Sary/Cass Counties, 2008)



VISION & HEARING

Among the five senses, people depend on vision and hearing to provide the primary cues for conducting the basic activities of daily life. At the most basic level, vision and hearing permit people to navigate and to stay oriented within their environment. These senses provide the portals for language, whether spoken, signed, or read. They are critical to most work and recreation and allow people to interact more fully. For these reasons, vision and hearing are defining elements of the quality of life. Either, or both, of these senses may be diminished or lost because of heredity, aging, injury, or disease. Such loss may occur gradually, over the course of a lifetime, or traumatically in an instant.

Conditions of vision or hearing loss that are linked with chronic and disabling diseases pose additional challenges for patients and their families. From the public health perspective, the prevention of either the initial impairment or additional impairment from these environmentally orienting and socially connecting senses requires significant resources. Prevention of vision or hearing loss or their resulting disabling conditions through the development of improved disease prevention, detection, or treatment methods or more effective rehabilitative strategies must remain a priority.

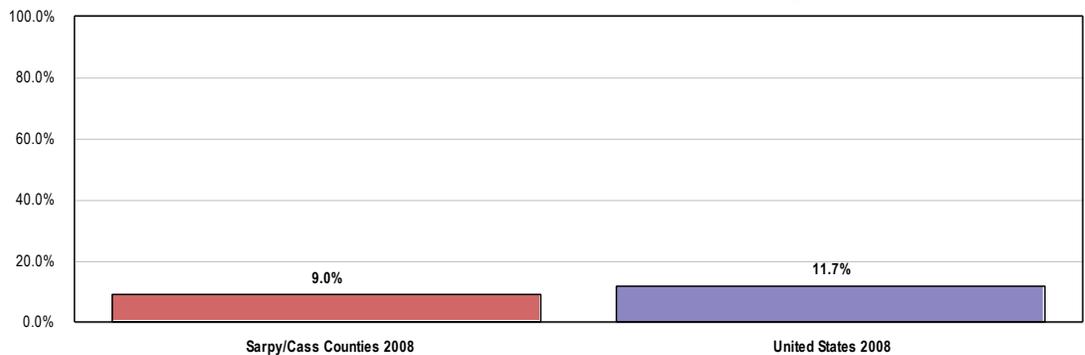
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Hearing Trouble

In all, 9.0% of Sarpy/Cass adults report being deaf or having difficulty hearing.

- Similar to that found nationwide (11.7%).
- Among Sarpy/Cass adults aged 65 and older, 26.2% have partial or complete hearing loss.

Self-Reported Prevalence of Hearing Problems



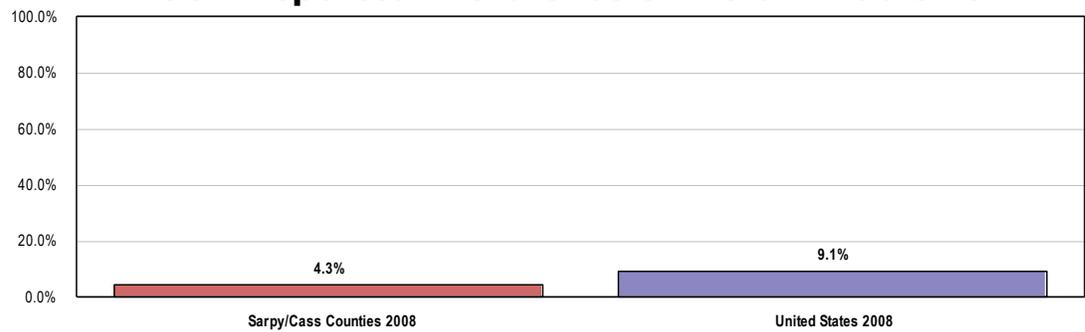
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 32
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Vision Trouble

A total of 4.3% of Sarpy/Cass adults are blind, or have trouble seeing even when wearing corrective lenses.

- ☑ Lower than that found nationwide (9.1%).
- 👥 Among Sarpy/Cass adults aged 65 and older, a total of 15.0% have vision trouble.

Self-Reported Prevalence of Vision Problems



Source:

- 2008 PRC Community Health Survey, Professional Research Consultants. Item 31
- 2008 PRC National Health Survey, Professional Research Consultants.

Note:

- Asked of all respondents.

ENVIRONMENTAL HEALTH

Air Contaminants

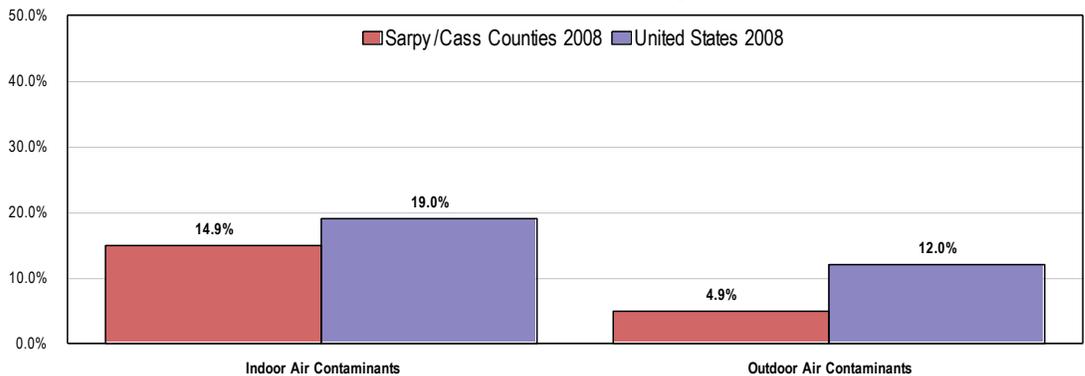
A total of 14.9% of Sarpy/Cass adults had an illness or symptom in the past year that they believed to be caused by indoor air contaminants (such as dust, mold, smoke or chemicals inside the home or office).

- ☑ Similar to national findings (19.0%).

Fewer respondents (4.9%) reported an illness or symptom in the past year that they believed to be caused by outdoor contaminants (such as smog, automobile exhaust or chemicals).

- ☑ Much lower than found nationwide (12.0%).

Had an Illness or Symptoms in the Past Year Believed to Be Caused by Air Contaminants



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 5,354
 • 2008 PRC National Health Survey, Professional Research Consultants.

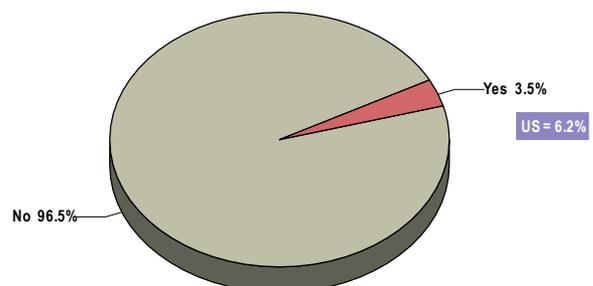
Note: • Asked of all respondents.
 • Examples of indoor air contaminants include dust, mold, smoke and chemicals.
 • Examples of outdoor air contaminants include smog, automobile exhaust and chemicals.

Mold in the Home

A total of 3.5% of respondents report having an area of mold in their homes that is greater than the size of a dollar bill.

- ☑ Better than found nationwide (6.2%).

Have an Area of Mold in the Home Greater Than the Size of a Dollar Bill (Sarpy/Cass Counties, 2008)



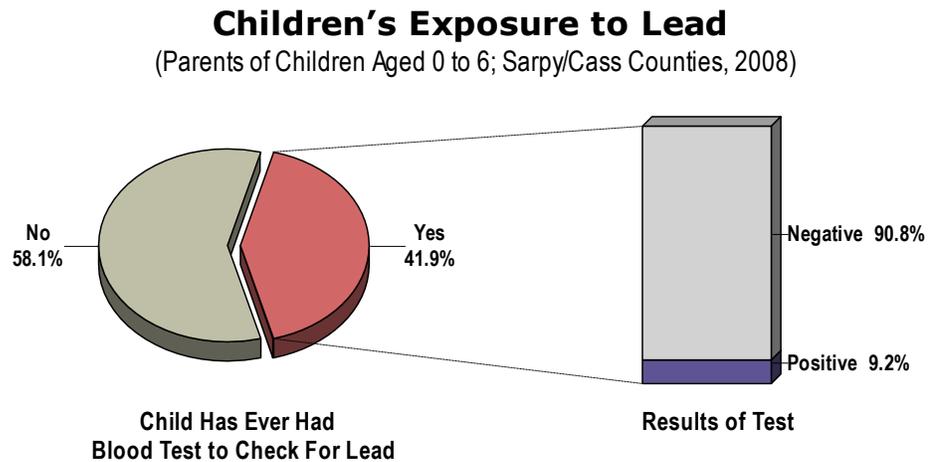
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 55
 • 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Reflects the total sample of respondents.

Lead Exposure

Among parents of children ages 6 years or younger, 41.9% indicate that their child has been tested for lead exposure.

Of those children tested, 9.2% had results that showed elevated blood lead levels (positive results).



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 148, 149
Note: • Asked of all parents of children aged 0 to 6.

INFECTIOUS DISEASE

IMMUNIZATION & INFECTIOUS DISEASE

Infectious diseases remain major causes of illness, disability, and death. Moreover, new infectious agents and diseases are being detected, and some diseases considered under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly in a variety of hospital- and community-acquired infections. These trends suggest that many challenges still exist in the prevention and control of infectious diseases.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Vaccine-Preventable Disease Incidence

Measles, Mumps, Rubella

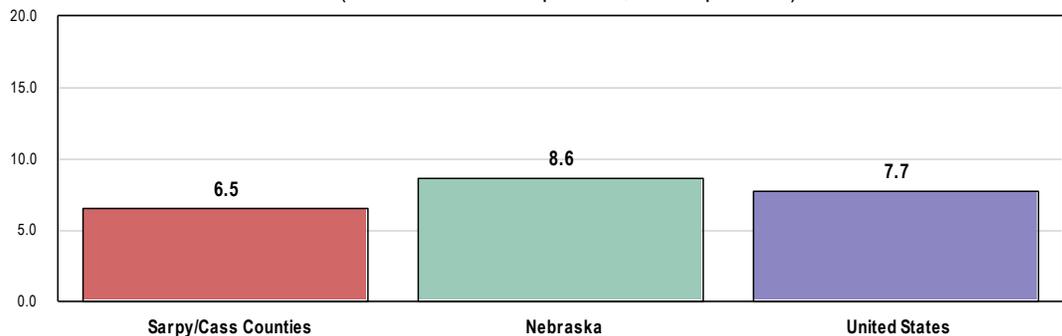
Between 2004 and 2006, there were no reported cases of measles or rubella in Sarpy/Cass Counties. In 2006, there were 14 cases of mumps throughout the combined counties.

Pertussis

Between 2004 and 2006, there were 6.5 new pertussis cases per 100,000 population in Sarpy/Cass Counties.

- ☐ Below the Nebraska incidence rate of 8.6 per 100,000 population.
- ☐ Below the national pertussis incidence rate (7.7).

Pertussis Incidence
(2004-2006 Cases per 100,000 Population)

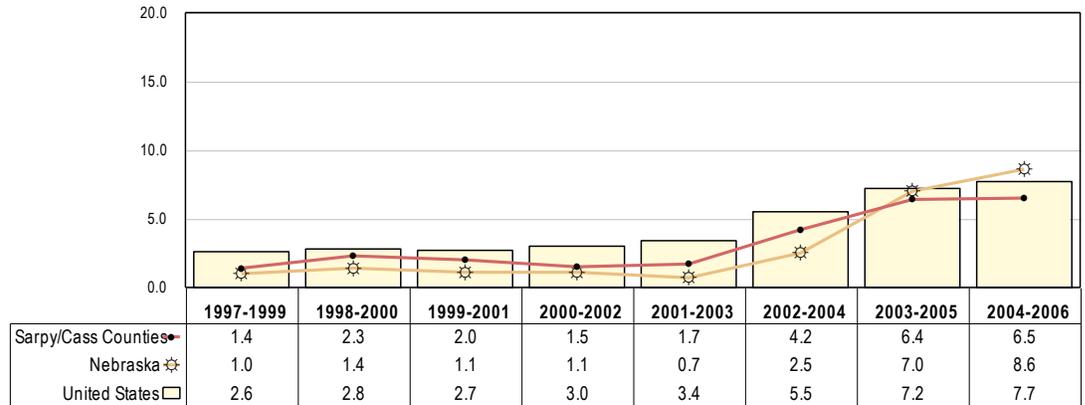


Source: • Nebraska Department of Health and Human Services.
• Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office

Note: • Rates are per 100,000 population.
• National data is from 2006, more current data is not available.

- ☒ Note the pertussis outbreaks evident in Sarpy/Cass Counties and nationwide between 2002 and 2006.

Pertussis Incidence (Cases per 100,000 Population)



Source:

- Nebraska Department of Health and Human Services.
- Centers for Disease Control and Prevention.

 Note:

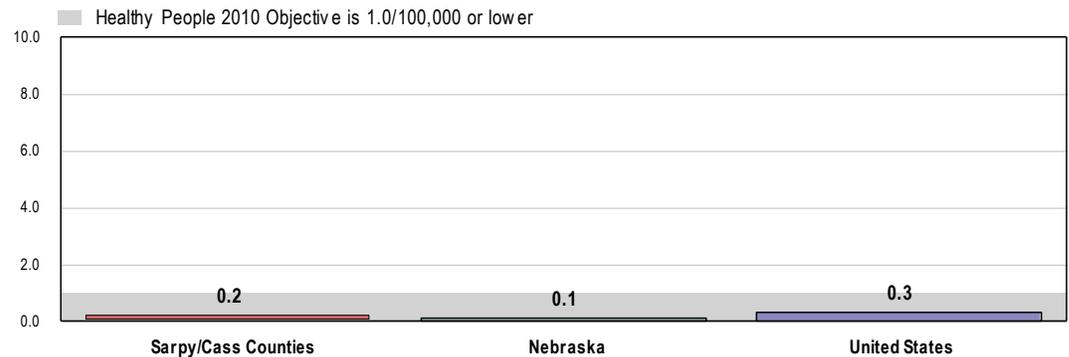
- Rates are per 100,000 population.

Hepatitis C

Between 2004 and 2006, the hepatitis C incidence rate in Sarpy/Cass Counties was 0.2 per 100,000 population.

- ☑ Less favorable than the 0.1 reported across Nebraska.
- ☑ More favorable than the national rate for those years (0.3).
- ☑ Satisfies the Healthy People 2010 target.

Hepatitis C Incidence (2004-2006 Cases per 100,000 Population)



Source:

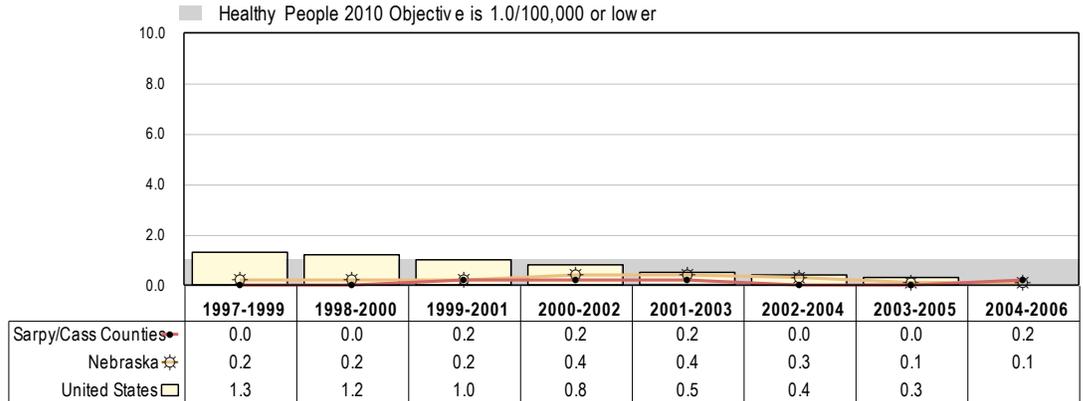
- Nebraska Department of Health and Human Services.
- Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-9].

 Note:

- Rates are per 100,000 population.
- National data is from 2003-2005, more current data is not available.

☒ Note the decreasing national trend for acute hepatitis C.

Hepatitis C Incidence (Cases per 100,000 Population)



Source: • Nebraska Department of Health and Human Services.
• Centers for Disease Control and Prevention.
Note: • Rates are per 100,000 population.

Influenza/Pneumonia Vaccination

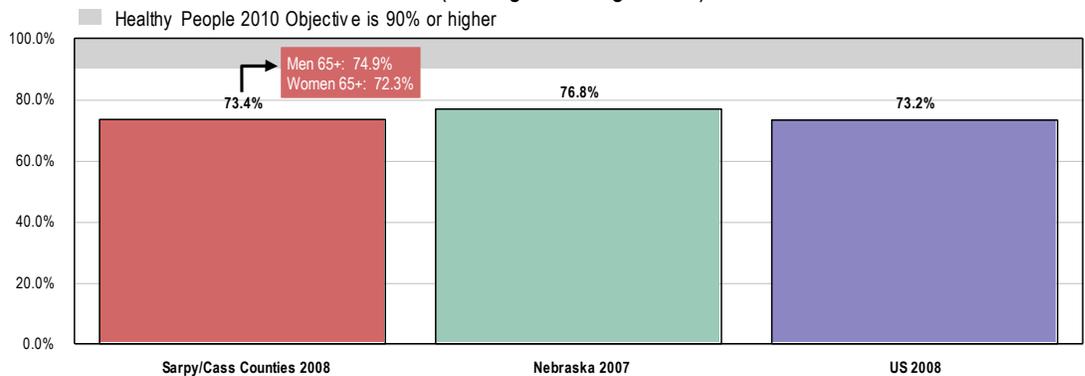
Influenza Vaccination

Seniors

Among Sarpy/Cass adults aged 65 and older, 73.4% received a flu shot within the past year.

- ☑ Similar to the Nebraska finding (76.8%).
- ☑ Similar to the national finding (73.2%).
- ☑ Fails to satisfy the Healthy People 2010 target (90% or higher).
- 👤 Includes 74.9% of men 65+ and 72.3% of women 65+ in Sarpy/Cass Counties.

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



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 183
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Nebraska data.
• 2008 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29c].
Note: • Asked of all respondents aged 65 and older.

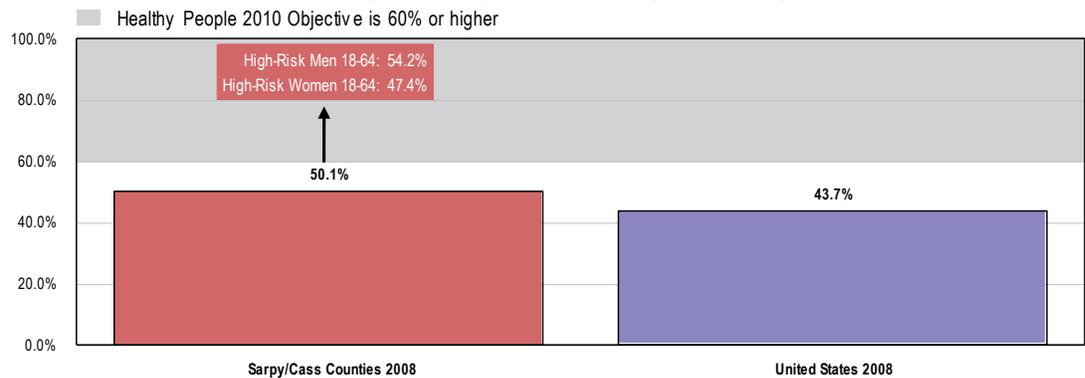
High-Risk Adults*

One-half of Sarpy/Cass high-risk adults aged 18 to 64 (50.1%) received a flu shot within the past year.

- 📍 Comparable to national findings (43.7%).
- 📍 Comparable to the Healthy People 2010 target (60% or higher).
- 👤 Includes 54.2% of high-risk men and 47.4% of high-risk women (18-64).

Have Had a Flu Shot in the Past Year

(Among High-Risk Adults Aged 18 to 64)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 184
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29c
- Note:
- "High-Risk" includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Pneumonia Vaccination

Seniors

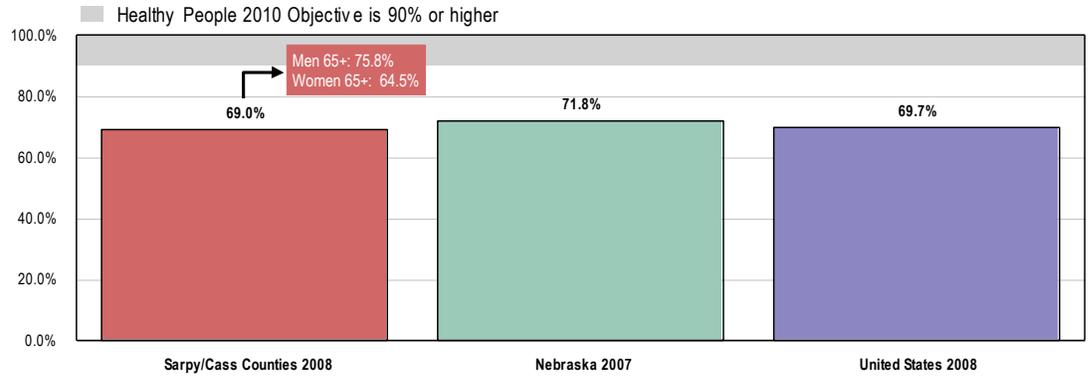
A total of 69.0% of Sarpy/Cass adults aged 65 and older have received a pneumonia vaccination at some point in their lives.

- 📍 Comparable to the Nebraska finding (71.8%).
- 📍 Comparable to the national finding (69.7%).
- 📍 Fails to satisfy the Healthy People 2010 objective of 90% or higher.
- 👤 Includes 75.8% of men 65+ and 64.5% of women 65+.

* "High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

Have Ever Had a Pneumonia Vaccination

(Among Adults Aged 65+)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 185
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Nebraska data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29b].
- Note:
- Asked of all respondents aged 65 and older.

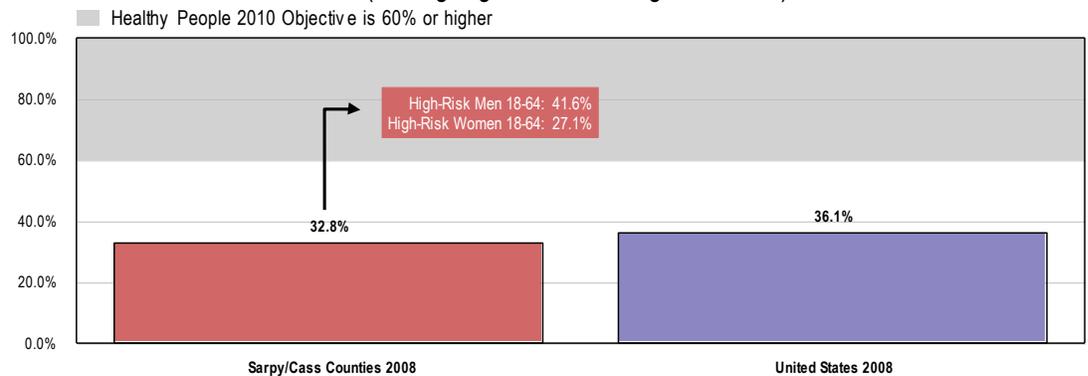
High-Risk Adults*

Nearly one-third (32.8%) of Sarpy/Cass high-risk adults aged 18 to 64 have received a pneumonia vaccination at some point in their lives.

- Similar to national findings (36.1%).
- Fails to satisfy the Healthy People 2010 target (60% or higher).
- Includes 41.6% of high-risk men and 27.1% of high-risk women (18-64).

Have Ever Had a Pneumonia Vaccination

(Among High-Risk Adults Aged 18 to 64)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 186
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29d]
- Note:
- "High-Risk" includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

* "High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

TUBERCULOSIS

Tuberculosis (TB) is an infectious disease caused by a type of bacteria called *Mycobacterium tuberculosis*. TB is spread from person to person through the air, as someone with active tuberculosis of the respiratory tract coughs, sneezes, yells, or otherwise expels bacteria-laden droplets.

The Institute of Medicine (IOM), an arm of the National Academy of Sciences, released a report in May 2000 that lays out an action plan for eliminating tuberculosis in the United States ... As a key part of the plan, new TB treatment and prevention strategies must be developed that are tailored to the current environment. Among today's hallmarks:

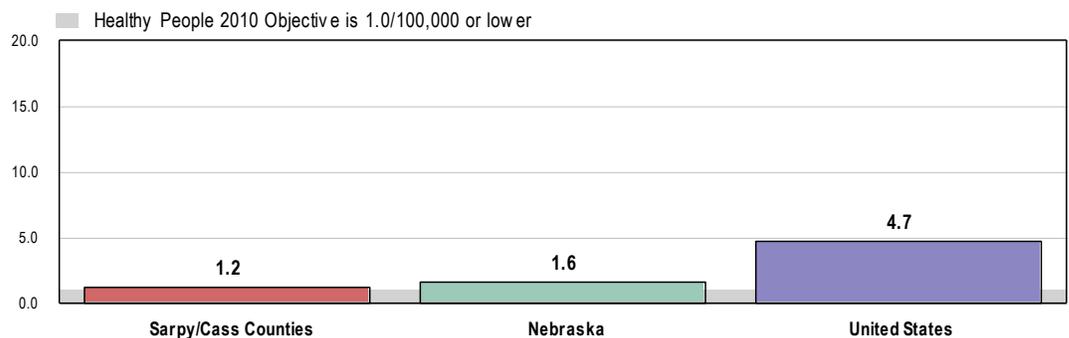
- Tuberculosis now occurs in ever-smaller numbers in most regions of the country.
- Foreign-born people (both legal and undocumented immigrants) coming to the United States from countries with high rates of TB now account for nearly half of all TB cases.
- Higher numbers of cases are concentrated in pockets located in major metropolitan areas, and this increased prevalence is due, in large part, to the increased number of people with or at risk for HIV/AIDS infection.
- Other groups, such as HIV-infected people and the growing population of prison inmates, the homeless, and intravenous drug abusers, are emerging as being at high risk.

— Ending Neglect: The Elimination Of Tuberculosis In The United States. National Academy of Sciences, Institute of Medicine. Funded by the Centers for Disease Control and Prevention. 2000.

The tuberculosis incidence rate in Sarpy/Cass Counties between 2005 and 2007 was 1.2 per 100,000 population.

- ☉ Lower than the Nebraska rate (1.6).
- ☉ Lower than the rate nationwide (4.7).
- ☉ Fails to satisfy the Healthy People 2010 objective of 1.0 or lower.
- 👤 Over 90% of TB cases in Sarpy/Cass Counties were to foreign-born residents.

Tuberculosis Incidence (2005-2007 Cases per 100,000 Population)



Source:

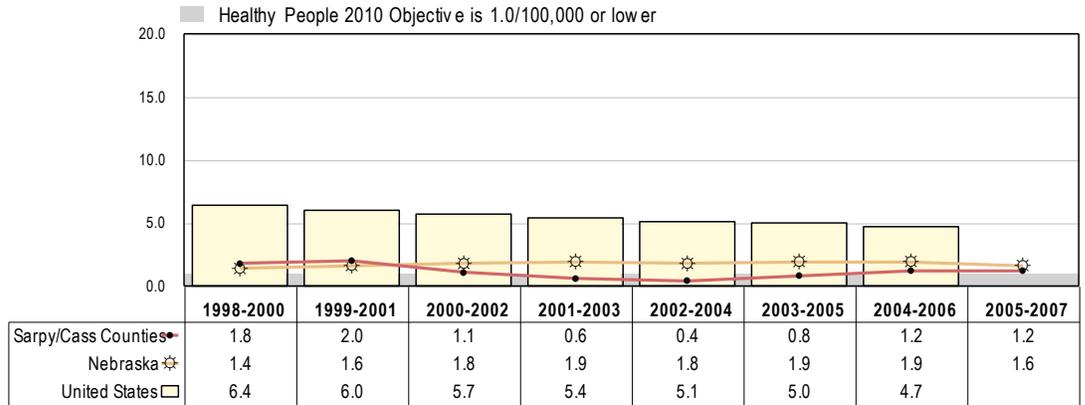
- Nebraska Department of Health and Human Services.
- National Center for Health Statistics. Health, United States, 2004.
- Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13].

Note:

- Rates are per 100,000 population.
- National data is from 2004-2006, more current data is not available.

- ☒ Despite increasing in the past few reporting periods, tuberculosis incidence in Sarpy/Cass Counties has remained well below national rates.

Tuberculosis Incidence (Cases per 100,000 Population)



Source: • Nebraska Department of Health and Human Services.
 • Centers for Disease Control and Prevention.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-11].

Note: • Rates are per 100,000 population.

HIV

In the United States, HIV/AIDS remains a significant cause of illness, disability, and death, despite declines in 1996 and 1997.

Principal health determinants. Behaviors (sexual practices, substance abuse, and accessing prenatal care) and biomedical status (having other STDs) are major determinants of HIV transmission. Unprotected sexual contact, whether homosexual or heterosexual, with a person infected with HIV and sharing drug-injection equipment with an HIV-infected individual account for most HIV transmission in the United States. Increasing the number of people who know their HIV serostatus is an important component of a national program to slow or halt the transmission of HIV in the United States.

For persons infected with HIV, behavioral determinants also play an important role in health maintenance. Although drugs are available specifically to prevent and treat a number of opportunistic infections, HIV-infected individuals also need to make lifestyle-related behavioral changes to avoid many of these infections. The new HIV antiretroviral drug therapies for HIV infection bring with them difficulties in adhering to complex, expensive, and demanding medication schedules, posing a significant challenge for many persons infected with HIV.

Because HIV infection weakens the immune system, people with tuberculosis (TB) infection and HIV infection are at very high risk of developing active TB disease.

Comparing the 1980s to the 1990s, the proportion of AIDS cases in White men who have sex with men *declined*, whereas the proportion in females and males in other racial and ethnic populations *increased*, particularly among African Americans and Hispanics. AIDS cases also appeared to be *increasing* among injection drug users and their sexual partners. The true extent of the epidemic remains difficult to assess for several reasons, including the following:

- Because of the long period of time from initial HIV infection to AIDS and because highly active antiretroviral therapy (HAART) has slowed the progression to AIDS, new cases of AIDS no longer provide accurate information about the current HIV epidemic in the United States.
 - Because of a lack of awareness of HIV serostatus as well as delays in accessing counseling, testing, and care services by individuals who may be infected or are at risk of infection, some populations do not perceive themselves to be at risk. As a result, some HIV-infected persons are not identified and provided care until late in the course of their infection.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

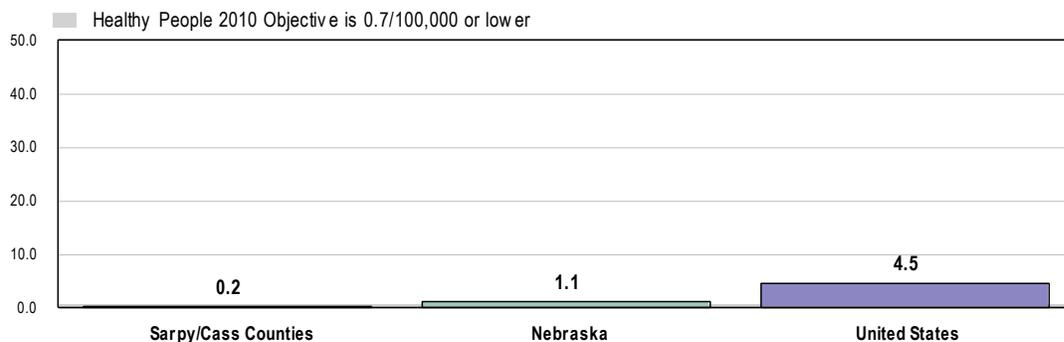
Age-Adjusted HIV/AIDS Deaths

Between 2003 and 2005, there were 0.2 HIV/AIDS deaths per 100,000 population in Sarpy/Cass Counties.

- ☑ Lower than the mortality rate statewide (1.1 per 100,000)
- ☑ Lower than the mortality rate nationwide (4.5 per 100,000).
- ☑ Satisfies the Healthy People 2010 objective (0.7 or lower).

Age-Adjusted Mortality: HIV

(2003-2005 Deaths per 100,000 Population)



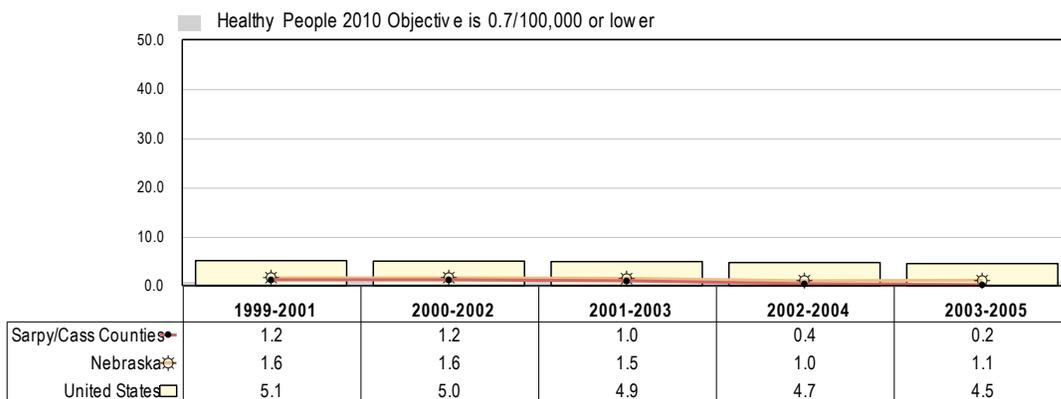
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-14].

Note: • 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.

☒ HIV/AIDS deaths are declining nationally; this downward trend is apparent across Sarpy/Cass Counties as well.

Age-Adjusted Mortality: HIV

(Deaths per 100,000 Population)



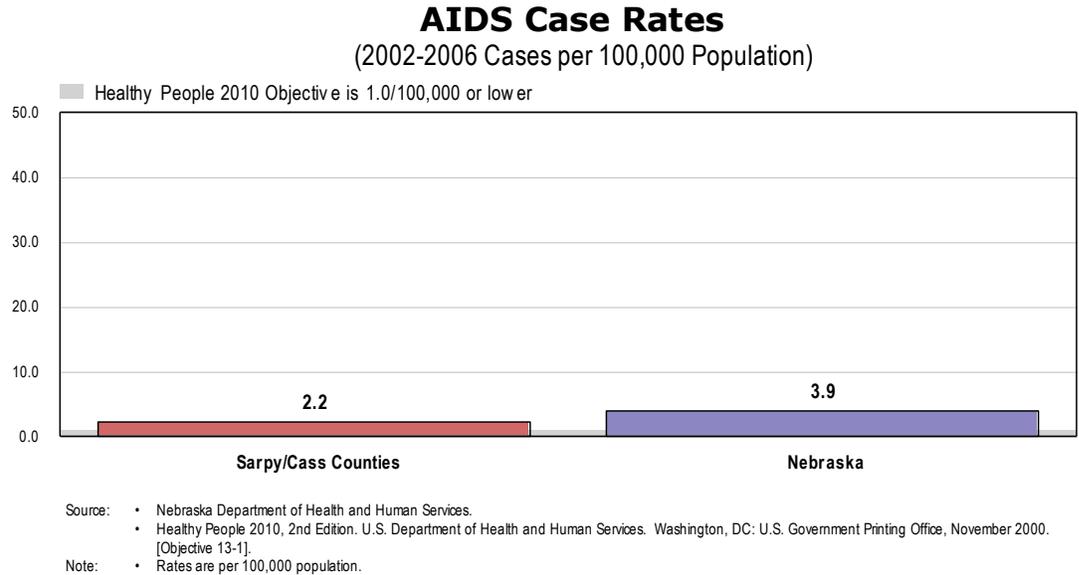
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-14].

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

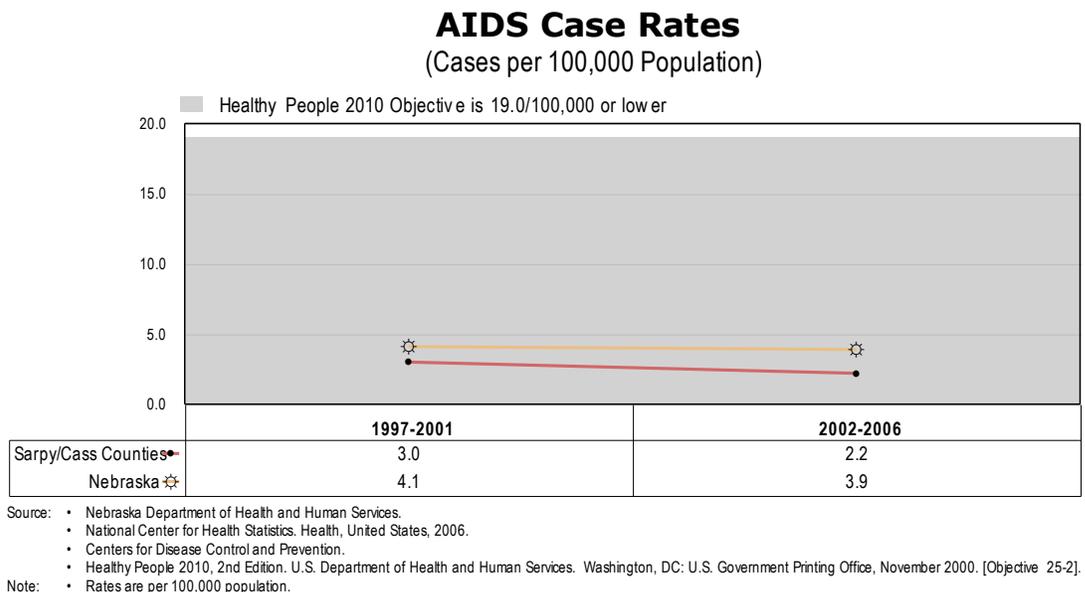
AIDS Incidence

Between 2002 and 2006, the incidence of new AIDS cases in Sarpy/Cass Counties was 2.2 per 100,000 population.

- Lower than the statewide rate (3.9).



- AIDS cases decreased across Sarpy/Cass Counties in recent years, echoing the statewide trend.



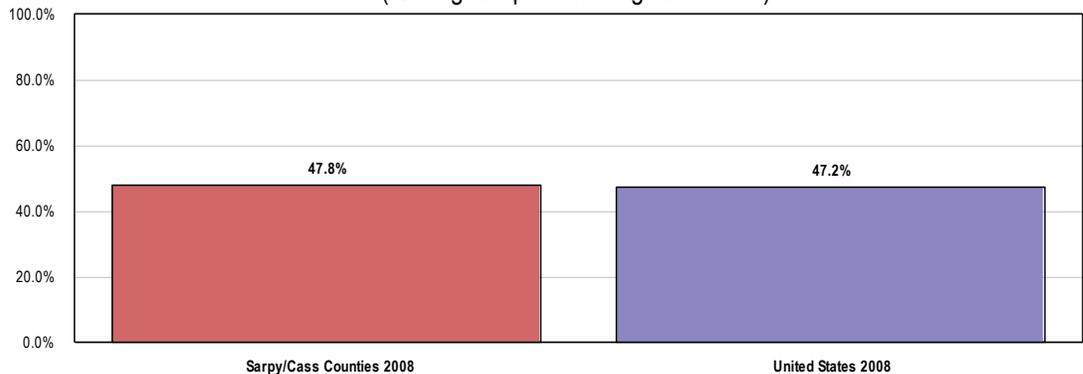
HIV Testing

Among Sarpy/Cass adults aged 18 to 64 years, 47.8% report that they have ever been tested for human immunodeficiency virus (HIV).

- Nearly identical to the proportion found nationally (47.2%).
- Note that 13.0% of adults aged 18 to 64 report that they had an HIV test within the past year (vs. 18.3% nationally).

Have Ever Been Tested for Human Immunodeficiency Virus (HIV)

(Among Respondents Aged 18 to 64)



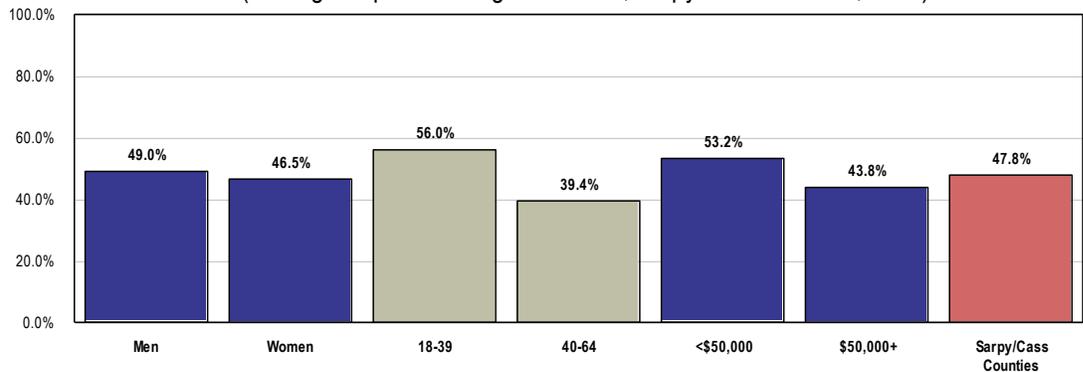
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 99
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of respondents aged 18 through 64.

By demographic characteristics:

- A greater proportion of young adults (aged 18 to 39) report that they have been tested for HIV, compared with middle-aged adults (aged 40 to 64).

Have Ever Been Tested for Human Immunodeficiency Virus (HIV)

(Among Respondents Aged 18 to 64; Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 99
 Note: • Asked of respondents aged 18 through 64.

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. STDs are among many related factors that affect the broad continuum of reproductive health agreed on in 1994 by 180 governments at the International Conference on Population and Development (ICPD). At ICPD, all governments were challenged to strengthen their STD programs. STD prevention as an essential primary care strategy is integral to improving reproductive health.

Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and healthcare professionals in the United States. STDs cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STDs to a causal chain of events in the sexual transmission of HIV infection.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Just over 6 in 10 Americans (59.3%) believe that **teen pregnancy/STDs** is a “major/moderate” problem in their community.

– 2008 PRC National Health Survey. Professional Research Consultants, Inc. © PRC 2008.

Safe Sexual Practices

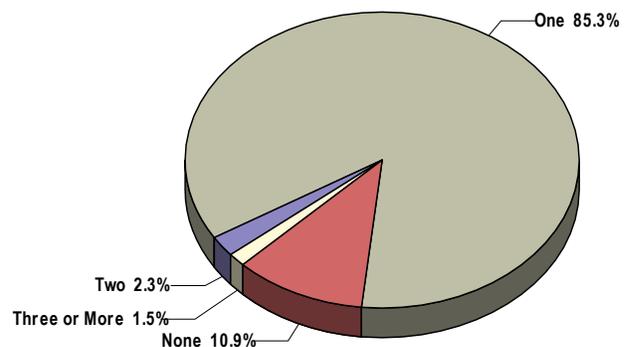
Sexual Partners

Among Sarpy/Cass adults aged 18 to 64, most (85.3%) report one sexual partner in the past 12 months.

- ☐ In contrast, 10.9% had no sexual partner in the past year, while 2.3% had two partners in the past year.

Number of Sexual Partners in the Past 12 Months

(Among Respondents Aged 18 to 64)

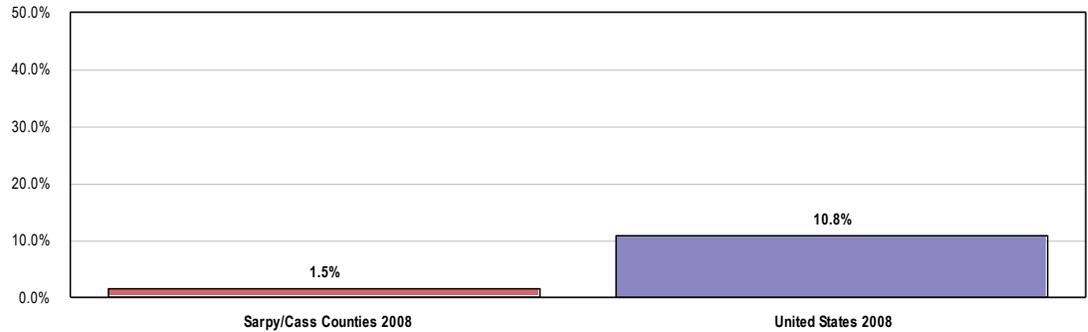


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 97
Note: • Asked of respondents age 18 through 64.

Note that 1.5% of adults under age 65 have had three or more sexual partners in the past year.

- ☐ Notably lower than the 10.8% reported nationally.

Had Three or More Sexual Partners in the Past Year (Among Respondents Aged 18 to 64)



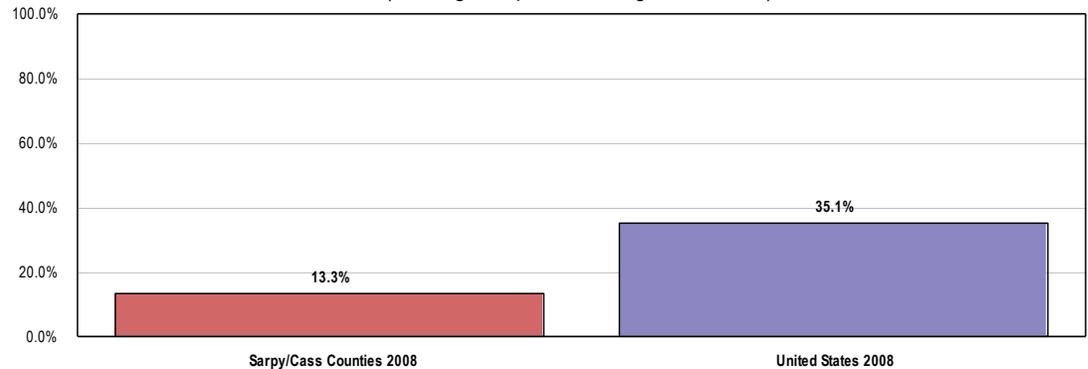
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 97
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents aged 18 through 64.

Condom Use

A total of 13.3% of Sarpy/Cass adults aged 18 to 64 report using a condom during their last sexual intercourse.

- ☐ Much lower than the 35.1% reported nationally.

Used a Condom During Last Sexual Intercourse (Among Respondents Aged 18 to 64)



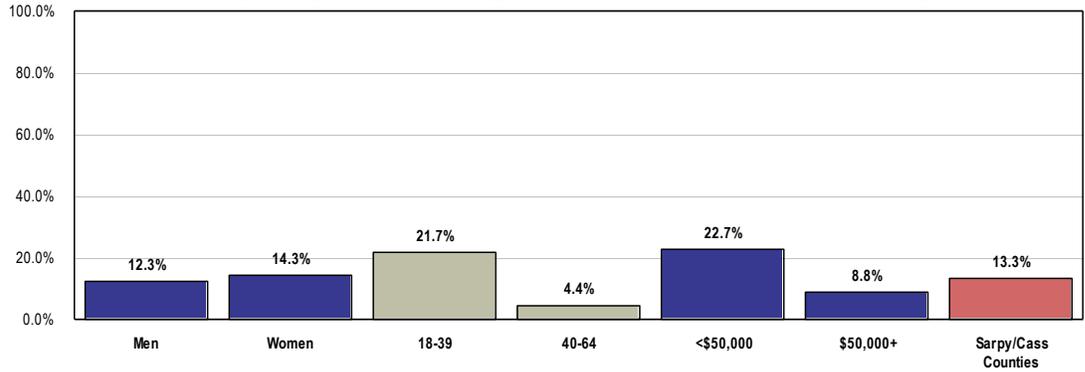
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 98
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents aged 18 through 64.

The following population segments (under 65) are less likely to have used a condom during their last sexual intercourse:

- 👤 Adults age 40 and older.
- 👤 Residents living at higher incomes.

Used a Condom During Last Sexual Intercourse

(Among Respondents Aged 18 to 64; Sarpy/Cass Counties, 2008)



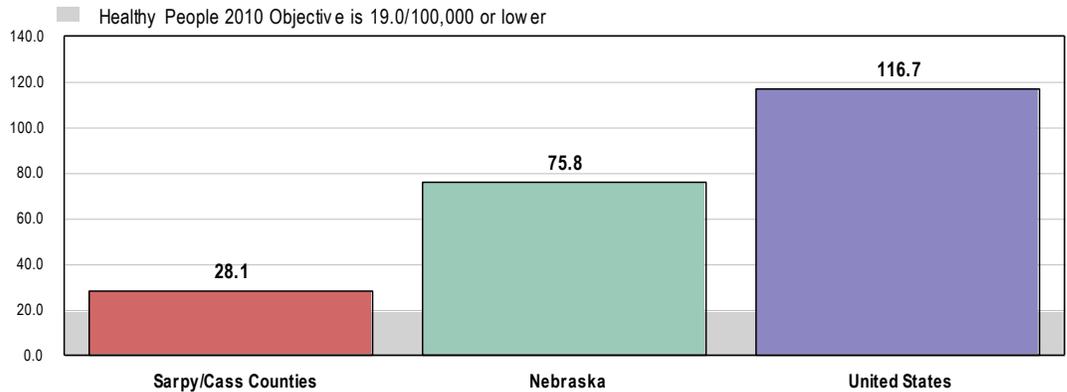
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 98
Note: • Asked of respondents aged 18 through 64.

Gonorrhea

Between 2005 and 2007 in Sarpy/Cass Counties, there was an incidence of 28.1 cases of gonorrhea per 100,000 population.

- ☑ Dramatically lower than the state incidence rate (75.8).
- ☑ Significantly lower than the 116.7 reported nationwide.
- ☑ Exceeds the Healthy People 2010 objective of 19.0 or lower.

Gonorrhea Incidence (2005-2007 Cases per 100,000 Population)

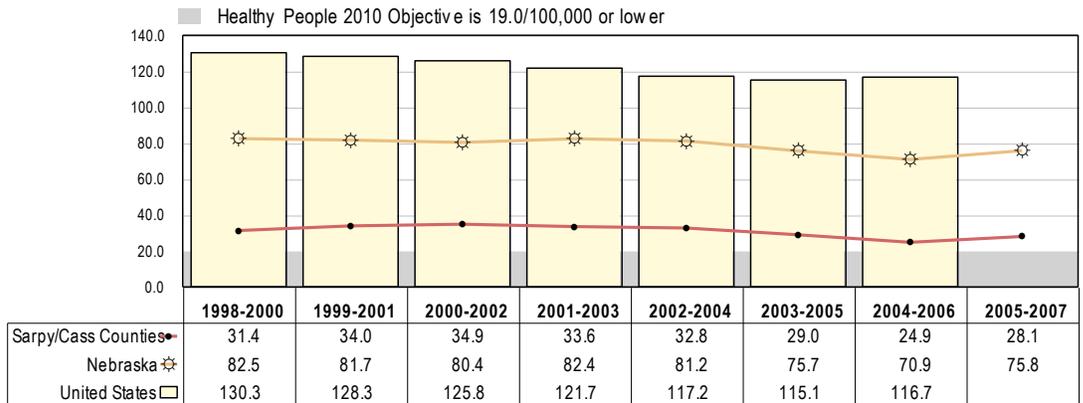


Source: • Nebraska Department of Health and Human Services.
 • National Center for Health Statistics. Health, United States, 2006.
 • Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-2].

Note: • Rates are per 100,000 population.
 • National data is from 2004-2006; more current data not available.

☒ Sarpy/Cass gonorrhea incidence has decreased since the 1998-2000 reporting period.

Gonorrhea Incidence (Cases per 100,000 Population)



Source: • Nebraska Department of Health and Human Services.
 • National Center for Health Statistics. Health, United States, 2006.
 • Centers for Disease Control and Prevention.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-2].

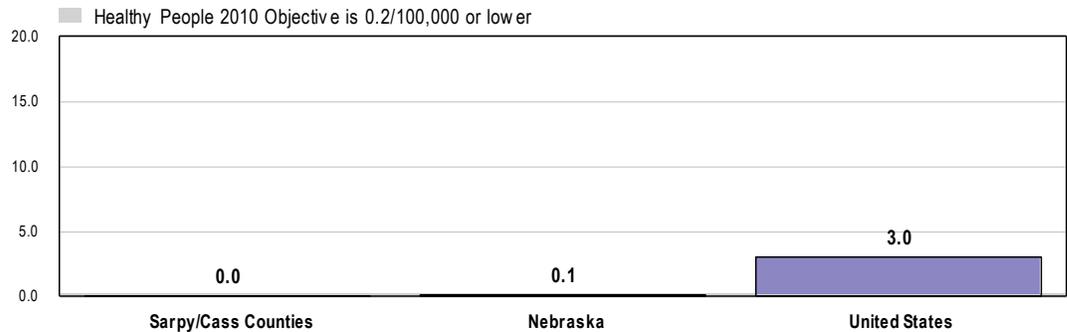
Note: • Rates are per 100,000 population.

Syphilis

Between 2005 and 2007 in Sarpy/Cass Counties, there were no cases of syphilis reported per 100,000 population.

- ☑ More favorable than found statewide (0.1).
- ☑ More favorable than found nationally (3.0).
- ☑ Satisfies the Healthy People 2010 objective (0.2 or lower).

Primary and Secondary Syphilis Incidence (2005-2007 Cases per 100,000 Population)



Source:

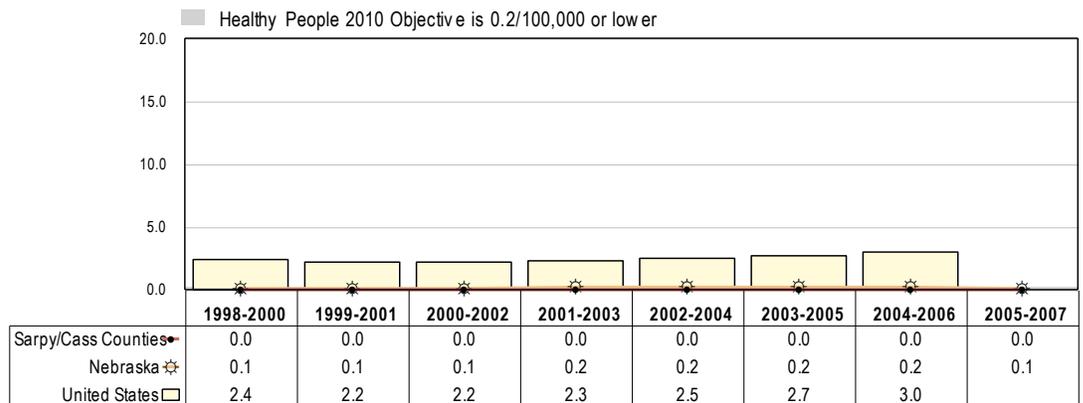
- Nebraska Department of Health and Human Services.
- National Center for Health Statistics. Health, United States, 2004.
- Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-3].

Note:

- Rates are per 100,000 population.
- National data is from 2004-2006; more current data not available.

☒ Note the lack of syphilis cases across Sarpy/Cass Counties since the 1998-2000 reporting period.

Primary and Secondary Syphilis Incidence (Cases per 100,000 Population)



Source:

- Nebraska Department of Health and Human Services.
- Centers for Disease Control and Prevention.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-3].

Note:

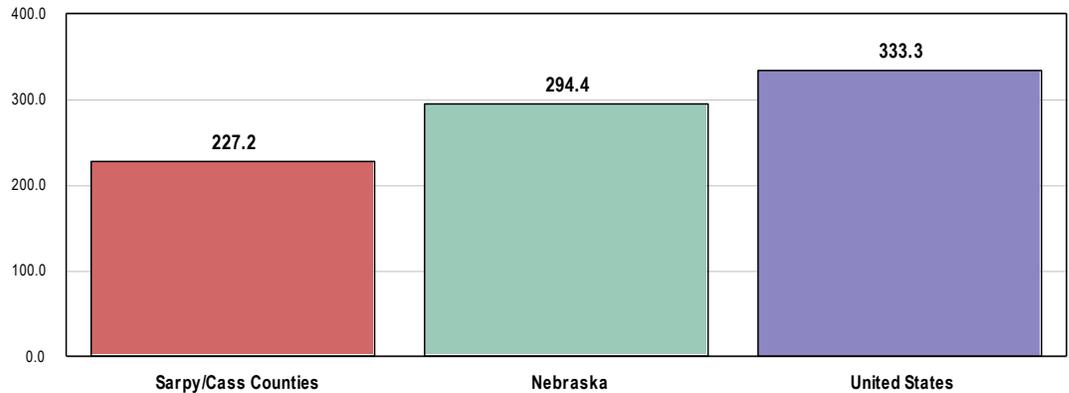
- Rates are per 100,000 population.

Chlamydia

Between 2005 and 2007 in Sarpy/Cass Counties, there was an incidence rate of 227.2 cases of chlamydia per 100,000 population.

- ☐ Much lower than the 294.4 across Nebraska.
- ☐ Much lower than the 333.3 found nationwide.

Chlamydia Incidence
(2005-2007 Cases per 100,000 Population)



Source:

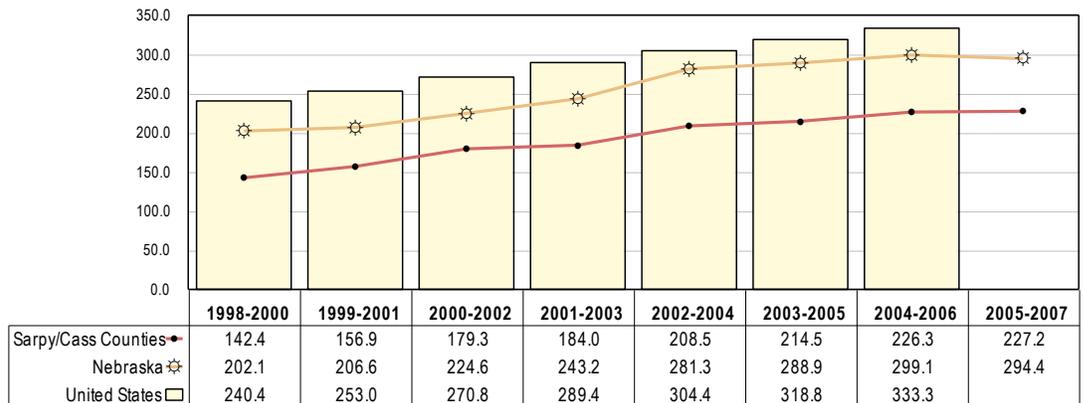
- Nebraska Department of Health and Human Services.
- National Center for Health Statistics. Health, United States, 2004.
- Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.

 Note:

- Rates are per 100,000 population.
- National data is from 2004-2006; more current data not available.

☒ Chlamydia incidence is increasing dramatically in Sarpy/Cass Counties, as it is both statewide and nationwide.

Chlamydia Incidence
(Cases per 100,000 Population)



Source:

- Nebraska Department of Health and Human Services.
- Centers for Disease Control and Prevention.

 Note:

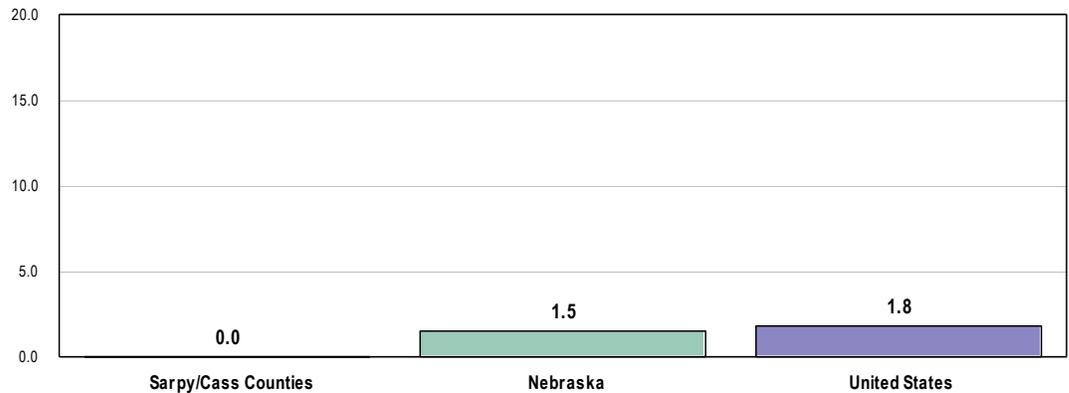
- Rates are per 100,000 population.

Hepatitis B

Between 2004 and 2006 in Sarpy/Cass Counties, there were no cases of hepatitis B reported.

- ☑ Note the 1.5 incidence rate reported across Nebraska, as well as the 1.8 reported nationwide.

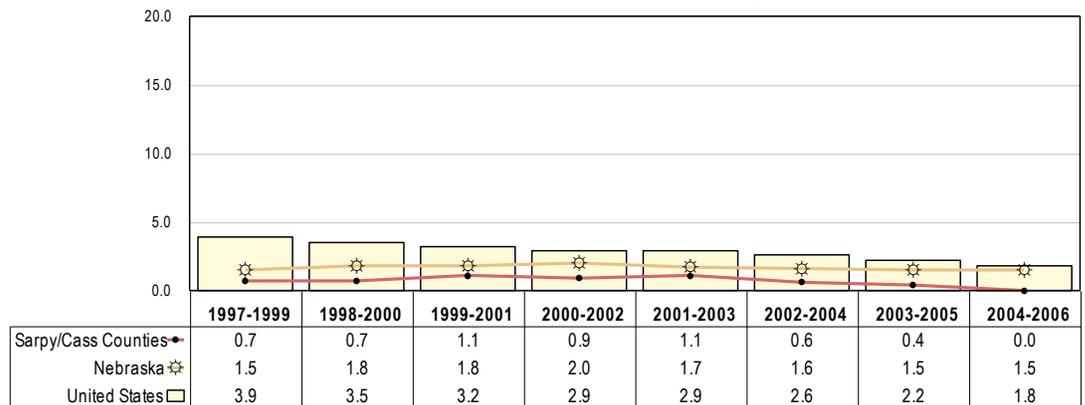
Hepatitis B Incidence
(2004-2006 Cases per 100,000 Population)



Source:
 • Nebraska Department of Health and Human Services.
 • Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
 Note:
 • Rates are per 100,000 population.
 • National data is from 2006, more current data is not available.

- ☒ Despite increases in the 1999-2001 and 2001-2003 reporting periods, the overall trend in hepatitis B incidence across Sarpy/Cass Counties is decreasing, mirroring the downward trend nationwide.

Hepatitis B Incidence
(Cases per 100,000 Population)



Source:
 • Nebraska Department of Health and Human Services.
 • Centers for Disease Control and Prevention.
 Note:
 • Rates are per 100,000 population.

BIRTHS

MATERNAL, INFANT & CHILD HEALTH

The health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of a large segment of the U.S. population and as a predictor of the health of the next generation ... Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. As of 1995, the U.S. infant mortality rates ranked 25th among industrialized nations. In the past decade, critical measures of increased risk of infant death, such as new cases of low birth weight (LBW) and very low birth weight (VLBW), actually have increased in the United States. In addition, the disparity in infant mortality rates between Whites and specific racial and ethnic groups (especially African Americans, American Indians or Alaska Natives, Native Hawaiians, and Puerto Ricans) persists. Although the overall infant mortality rate has reached record low levels, the rate for African Americans remains twice that of Whites.

LBW is associated with long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities ... The general category of LBW infants includes both those born too early (preterm infants) and those who are born at full term but who are too small, a condition known as intrauterine growth retardation (IUGR). Maternal characteristics that are risk factors associated with IUGR include maternal LBW, prior LBW birth history, low prepregnancy weight, cigarette smoking, multiple births, and low pregnancy weight gain. Cigarette smoking is the greatest known risk factor.

African American and Hispanic women also are less likely than Whites to enter prenatal care early. For both African American and White women, the proportion entering prenatal care in the first trimester rises with maternal age until the late thirties, then begins to decline ... Women in certain racial and ethnic groups also are less likely than White women to breastfeed their infants.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

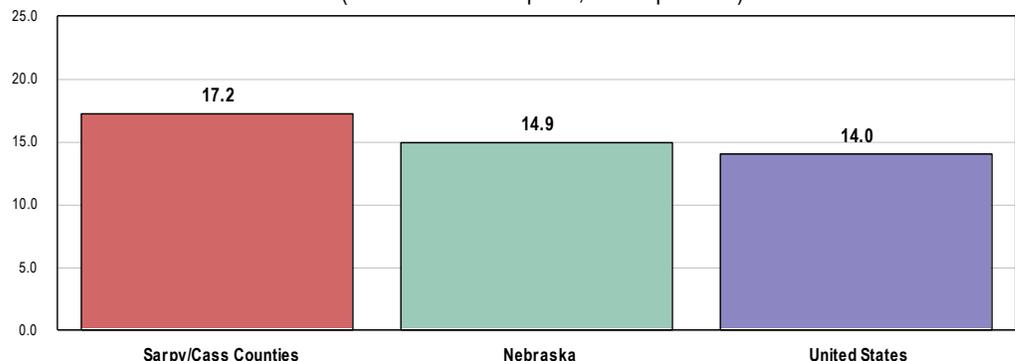
Birth Rates

Between 2002 and 2004, Sarpy/Cass Counties reported a crude birth rate of 17.2 births per 1,000 population.

- ☑ Higher than the 14.9 crude birth rate reported across Nebraska.
- ☑ Higher than the rate reported nationwide (14.0).

Crude Birth Rates

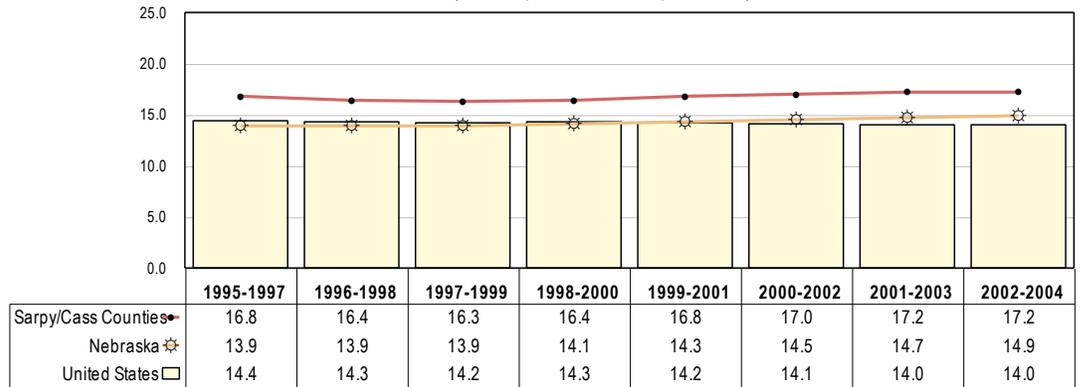
(2002-2004 Births per 1,000 Population)



Source: • Nebraska Department of Health and Human Services.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Note: • Rates are per 1,000 population.

- Between 1995 and 2004, the Sarpy/Cass crude birth rate has increased somewhat, echoing the upward trend across Nebraska.

Crude Birth Rates (Births per 1,000 Population)



Source: • Nebraska Department of Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 Note: • Rates are per 1,000 population.

Birth Outcomes

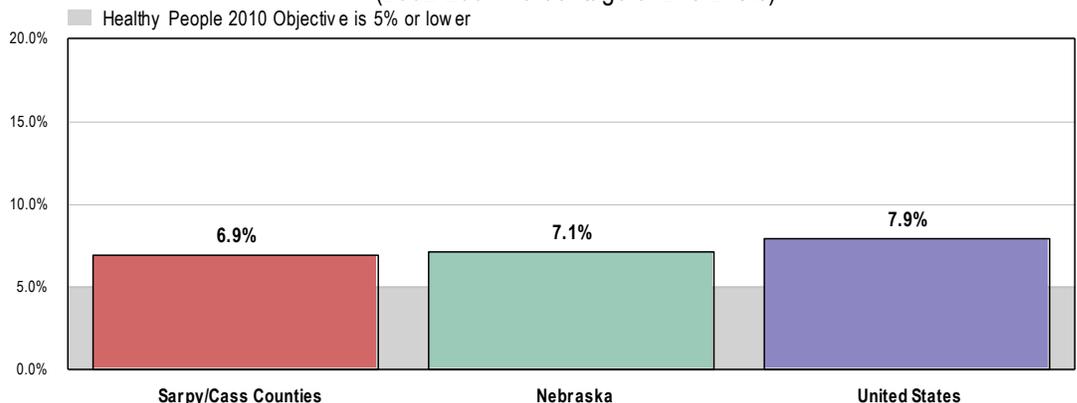
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 6.9% of 2005 Sarpy/Cass births were of low birthweight.

- Comparable to the statewide proportion (7.1%).
- More favorable than the percentage nationwide (7.9%).
- Fails to satisfy the Healthy People 2010 target (5% or lower).

Low-Weight Births (2002-2004 Percentage of Live Births)

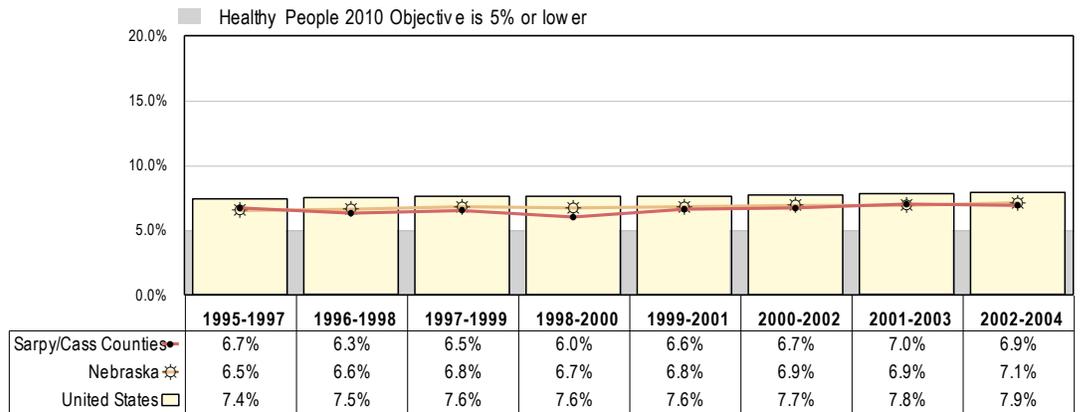


Source: • Nebraska Department of Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10a].
 Note: • Numbers are percentages of live births.

- ☒ Low-weight births have varied only marginally in Sarpy/Cass Counties over the past decade.

Low-Weight Births

(Low-Weight Births as a Percentage of Live Births)



Source:

- Nebraska Department of Health and Human Services.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10a].

Note:

- Numbers are a percentage of all live births within each population.

Infant Mortality

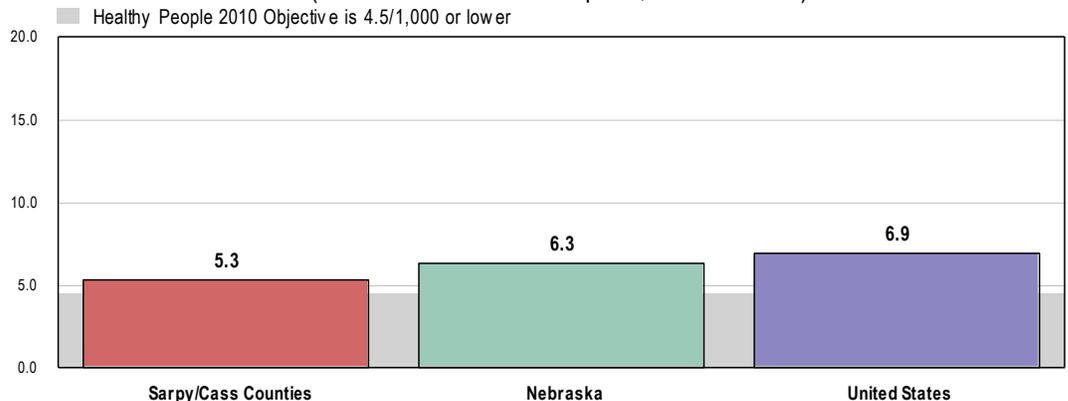
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2002 and 2004, there were 5.3 infant deaths per 1,000 live births across Sarpy/Cass Counties.

- ☑ Lower than the Nebraska infant mortality rate (6.3).
- ☑ Lower (better) than the infant mortality rate nationwide (6.9).
- ☑ Fails to satisfy the Healthy People 2010 target (4.5 per 1,000 live births).

Infant Mortality Rates

(2002-2004 Infant Deaths per 1,000 Live Births)



Source:

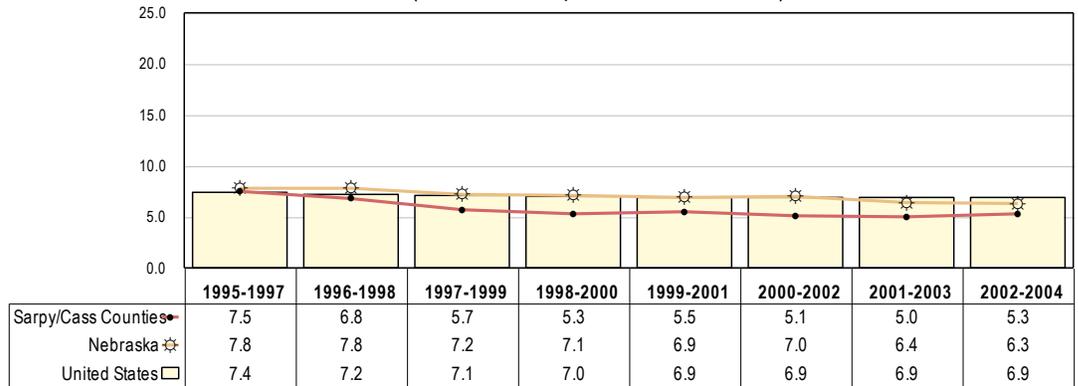
- Nebraska Department of Health and Human Services.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1c].

Note:

- Rates are number of deaths of children under 1 year old per 1,000 live births.

- ☒ Sarpy/Cass infant mortality has fluctuated over the past several years, but has realized a net decrease overall.

Infant Mortality Rates (Infant Deaths per 1,000 Live Births)



Source:

- Nebraska Department of Health and Human Services.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1c].

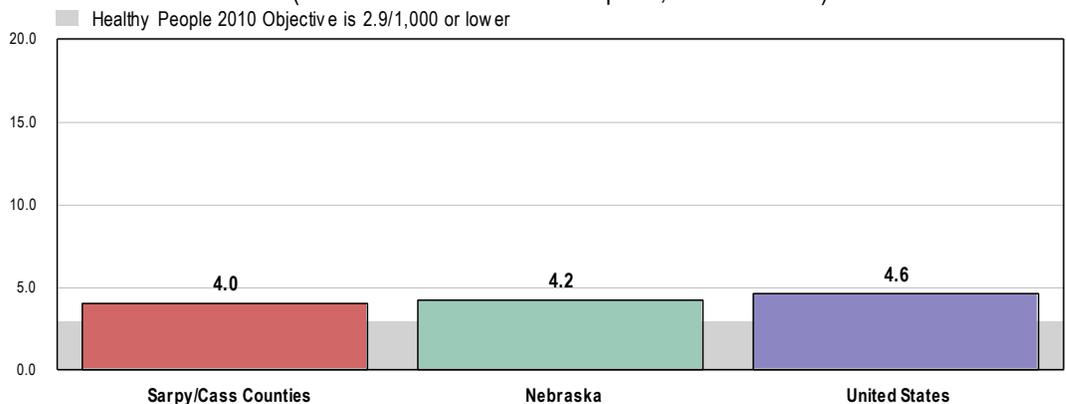
Note:

- Rates are number of deaths of children under 1 year old per 1,000 live births.

Neonatal Mortality

- ☑ The Sarpy/Cass neonatal mortality rate (deaths of infants in the first 28 days of life) of 4.0 per 1,000 live births is close to rates found both statewide and nationwide.
- ☑ The rate fails to satisfy the Healthy People 2010 objective of 2.9 per 1,000 or lower.

Neonatal Mortality Rates (2002-2004 Neonatal Deaths per 1,000 Live Births)



Source:

- Nebraska Department of Health and Human Services.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1d].

Note:

- Rates are three-year averages of deaths of infants within the first 28 days of life per 1,000 live births.
- Regional numbers are based on state data weighted by population.

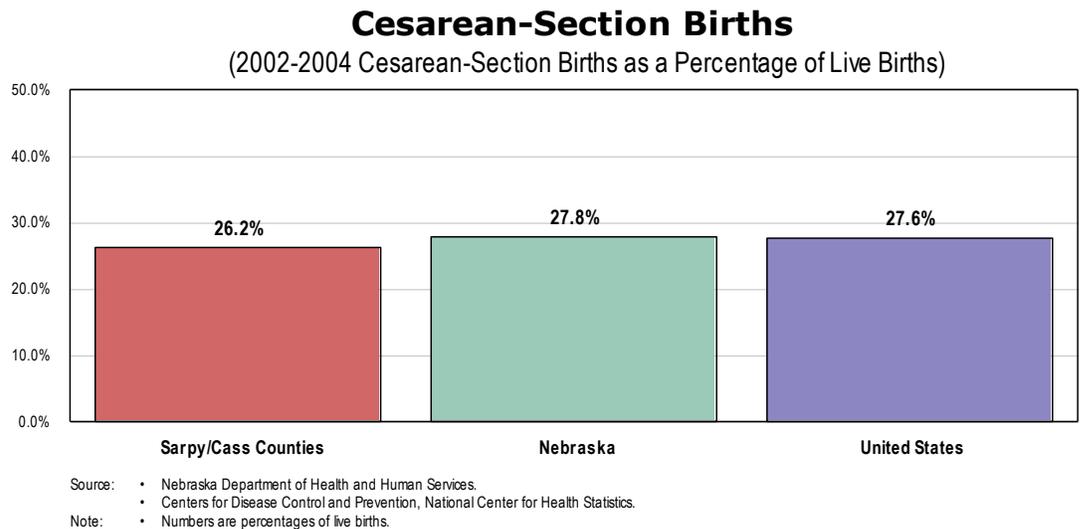
Cesarean-Sections

While Cesarean (surgical) deliveries are sometimes medically indicated, Cesarean birth can carry a greater risk for both the mother and the baby than a vaginal delivery. Some of the increased risks for the mother include possible infection of the uterus and nearby pelvic organs; increased bleeding; blood clots in the legs, pelvic organs and sometimes the lungs; and, in very rare situations, death. For babies, there is the risk of being born prematurely if the due date is not accurately calculated. This can mean difficulty breathing (respiratory distress) and low birthweight. The baby also may be sluggish as a result of the anesthesia. A cesarean birth also is more painful, is more expensive, and takes longer to recover from than a vaginal birth.

– March of Dimes

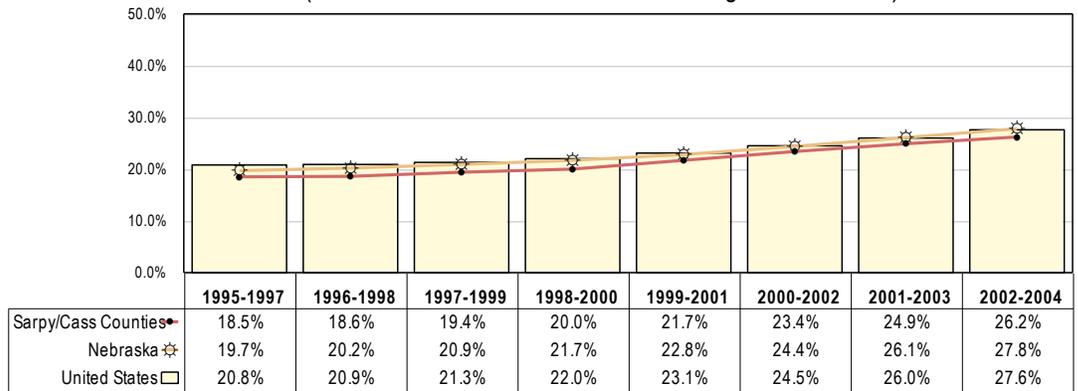
Between 2002 and 2004, more than one-fourth (26.2%) of Sarpy/Cass births were delivered via Cesarean-section (c-section).

- Lower than the state (27.8%) and national (27.6%) proportions.



- ☒ C-section deliveries in Sarpy/Cass Counties increased considerably between 1995 and 2004; note the increasing trend reported state- and nationwide as well.

Cesarean-Section Births (Cesarean-Section Births as a Percentage of Live Births)



Source: • Nebraska Department of Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 Note: • Numbers are a percentage of all live births within each population.

Tobacco Use During Pregnancy

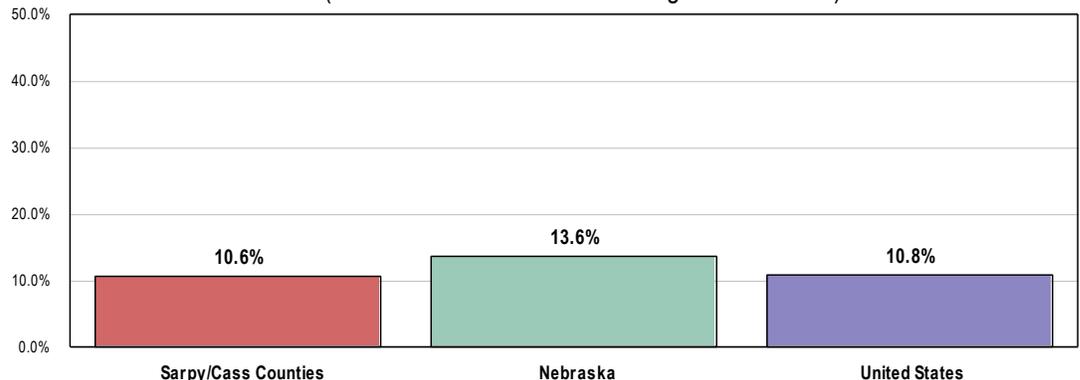
Tobacco use during pregnancy has long been associated with a number of adverse outcomes, including low birthweight, intrauterine growth retardation, miscarriage, and infant mortality, as well as negative consequences for child health and development. Substantial costs result from these adverse outcomes.

– National Center for Health Statistics

A total of 10.6% of 2002-2004 live births in Sarpy/Cass Counties were to mothers who smoked tobacco during pregnancy.

- ☑ Lower than the 13.6% reported across Nebraska.
- ☑ Comparable to the 10.8% reported across the country.

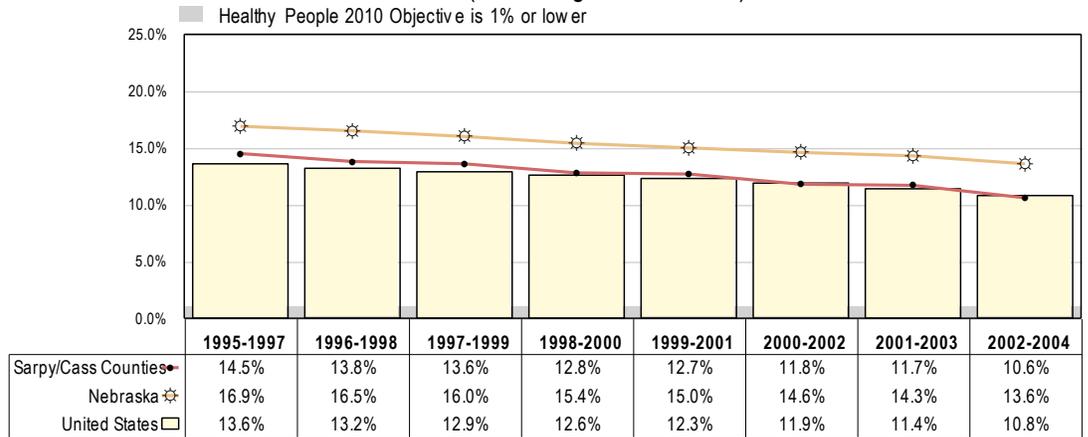
Percentage of Births to Mothers Who Smoked During Pregnancy (2002-2004 Births as a Percentage of Live Births)



Source: • Nebraska Department of Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 Note: • Numbers are percentages of live births.

- ☒ The percentage of births to Sarpy/Cass mothers who smoked during pregnancy has decreased overall in the past decade, echoing the downward trend noted both state- and nationwide.

Percentage of Births to Mothers Who Smoked During Pregnancy (Percentage of Live Births)



Source: • Nebraska Department of Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-17c].

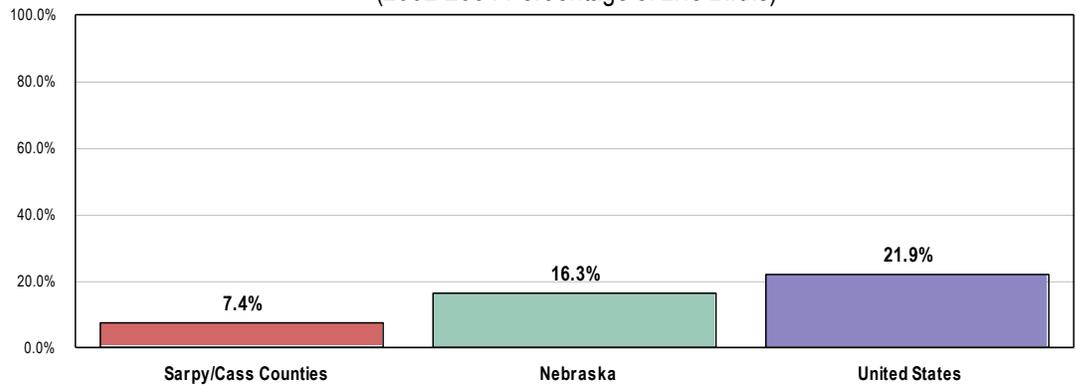
Note: • Numbers are a percentage of all live births within each population.

Mothers With Low Educational Attainment

Between 2002 and 2004, 7.4% of births in Sarpy/Cass Counties were to mothers without a high school diploma.

- ☑ Notably lower than the percentage across Nebraska (16.3%).
- ☑ Notably lower than the percentage across the U.S. (21.9%).

Percentage of Births to Mothers Without a High School Diploma (2002-2004 Percentage of Live Births)

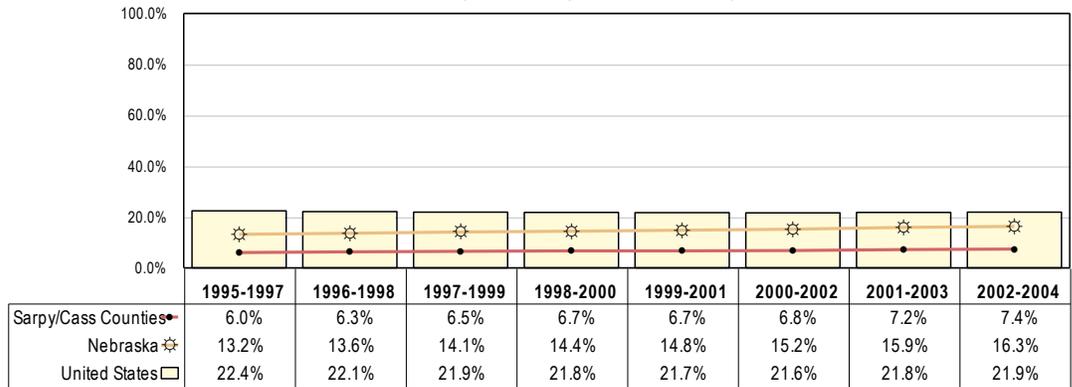


Source: • Nebraska Department of Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.

Note: • Numbers are percentages of live births.

- ☒ The prevalence of births to mothers with low educational attainment has increased slightly in recent years in Sarpy/Cass Counties. Nationally, the percentages are fairly stable.

Percentage of Births to Mothers Without a High School Diploma (Percentage of Live Births)



Source:

- Nebraska Department of Health and Human Services.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.

Note:

- Numbers are a percentage of all live births within each population.

FAMILY PLANNING

In an era when technology should enable couples to have considerable control over their fertility, half of all pregnancies in the United States are unintended. Although between 1987 and 1994 the proportion of pregnancies that were unintended declined in the United States from 57 to 49 percent, other industrialized nations report fewer unintended pregnancies, suggesting that the number of unintended pregnancies can be reduced further. Family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies.

Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, healthcare costs are increased ... The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first trimester and more likely not to obtain prenatal care at all. She is less likely to breastfeed and more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The child of such a pregnancy is at greater risk of low birth weight, dying in its first year, being abused, and not receiving sufficient resources for healthy development. A disproportionate share of the women bearing children whose conception was unintended are unmarried or at either end of the reproductive age span—factors that, in themselves, carry increased medical and social burdens for children and their parents. Pregnancy begun without some degree of planning often prevents individual women and men from participating in preconception risk identification and management.

Unintended pregnancies occur among females of all socioeconomic levels and all marital status and age groups, but females under age 20 years and poor and African American women are especially likely to become pregnant unintentionally. More than 4 in 10 pregnancies to White and Hispanic females [nationwide] are unintended; 7 in 10 pregnancies to African American females [nationwide] are unintended. Poverty is strongly related to greater difficulty in using reversible contraceptive methods successfully, with these females also the least likely to have the resources necessary to access family planning services and the most likely to be affected negatively by an unintended pregnancy.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Births to Unwed Mothers

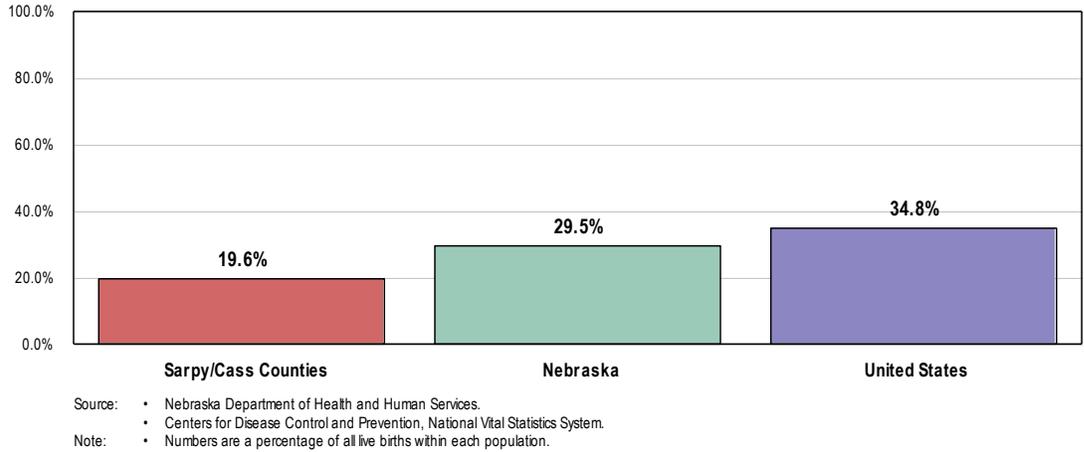
According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

Because it is impossible to measure the true incidence of unintended pregnancy in the U.S., the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

A total of 19.6% of 2002-2004 Sarpy/Cass births were to unmarried mothers.

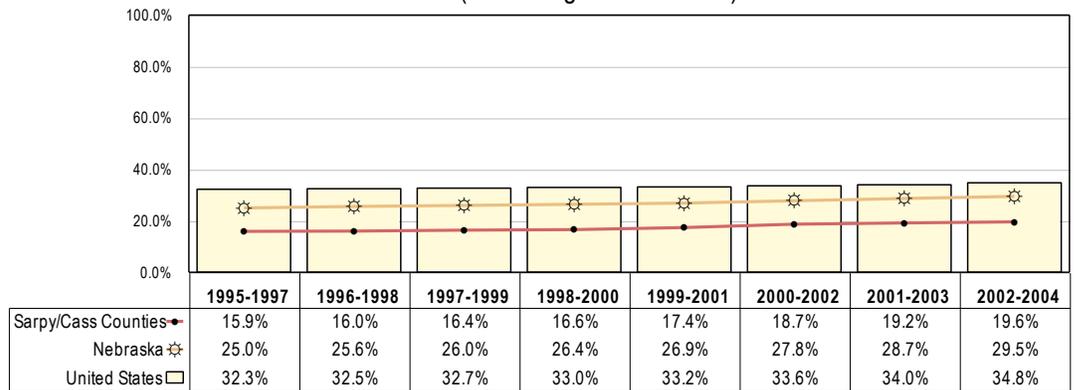
- ☑ Lower than the proportion statewide (29.5%).
- ☑ Lower than the proportion nationwide (34.8%).

Births to Unwed Mothers
(2002-2004 Percentage of Births to Unwed Mothers)



☒ Over the past several years, the proportions of births to unmarried women have increased (in Sarpy/Cass Counties as well as at the state and national levels).

Births to Unwed Mothers
(Percentage of Live Births)



Source: • Nebraska Department of Health and Human Services.
• Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
Note: • Numbers are a percentage of all live births within each population.

Births to Teenage Mothers

For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenage mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenage mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. Nearly 1 million teenage pregnancies occur each year in the United States.

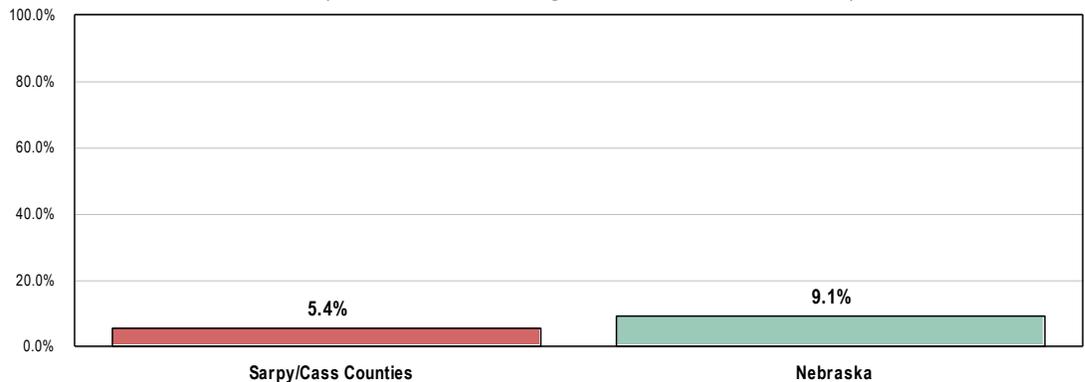
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Between 2002 and 2004, 5.4% of live births in Sarpy/Cass Counties were to teen mothers.

- ☐ Well below the 9.1% reported across Nebraska.

Births to Teen Mothers

(2002-2004 Percentage of Births to Teen Mothers)

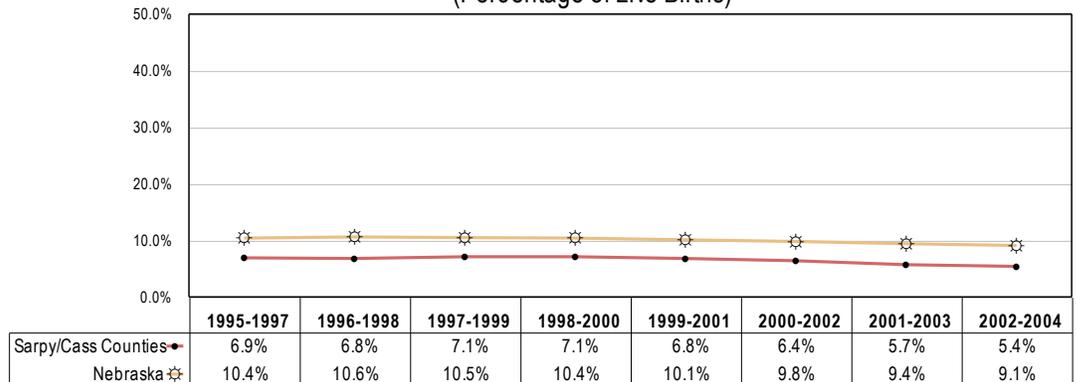


Source: • Nebraska Department of Health and Human Services.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 Note: • Numbers are a percentage of all live births within each population.

- ☒ Teen birth rates are decreasing in Sarpy/Cass Counties, echoing the decreasing trend reported across Nebraska.

Births to Teens

(Percentage of Live Births)



Source: • Nebraska Department of Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 Note: • Numbers are a percentage of all live births within each population.

MODIFIABLE HEALTH RISKS

ACTUAL CAUSES OF DEATH

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	<i>Tobacco use</i> <i>Elevated serum cholesterol</i> <i>High blood pressure</i>	<i>Obesity</i> <i>Diabetes</i> <i>Sedentary lifestyle</i>
Cancer	<i>Tobacco use</i> <i>Improper diet</i>	<i>Alcohol</i> <i>Occupational/environmental exposures</i>
Cerebrovascular disease	<i>High blood pressure</i> <i>Tobacco use</i>	<i>Elevated serum cholesterol</i>
Accidental injuries	<i>Safety belt noncompliance</i> <i>Alcohol/substance abuse</i> <i>Reckless driving</i>	<i>Occupational hazards</i> <i>Stress/fatigue</i>
Chronic lung disease	<i>Tobacco use</i>	<i>Occupational/environmental exposures</i>

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

In particular, a 2002 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.¹

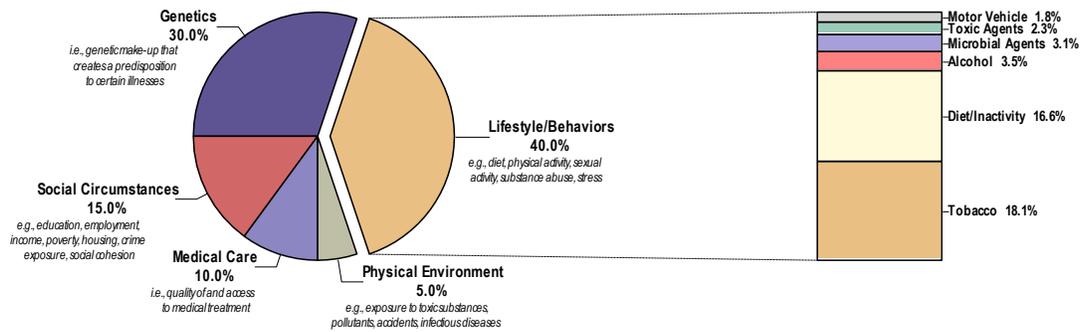
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity patterns** (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual 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 U.S. 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.

¹ “The Case For More Active Policy Attention to Health Promotion”; (McGinnis, Williams-Russo, Knickman) *Health Affairs*, Vol. 21, No. 2, March/April 2002.

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(2004):1238-1245.

NUTRITION & OVERWEIGHT

Nutrition

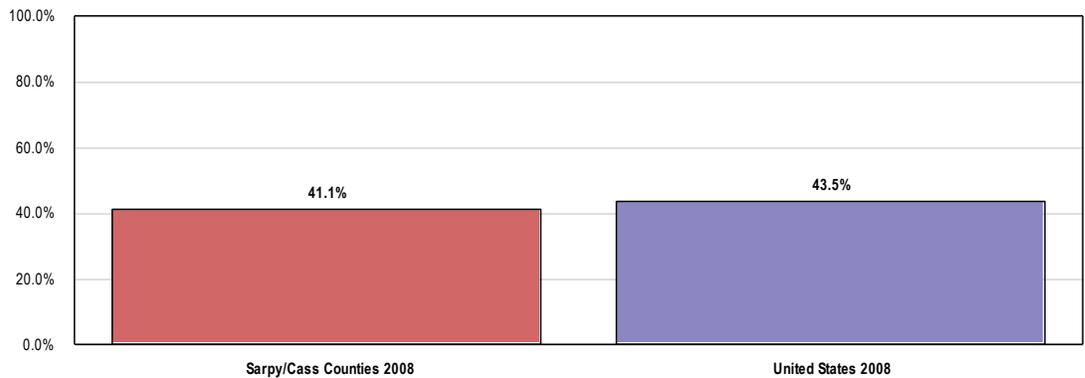
Consumption of Fruits & Vegetables

Daily Recommendation

A total of 41.1% of surveyed Sarpy/Cass adults report eating five or more servings of fruits and/or vegetables per day.

- Statistically similar to national findings (43.5%).

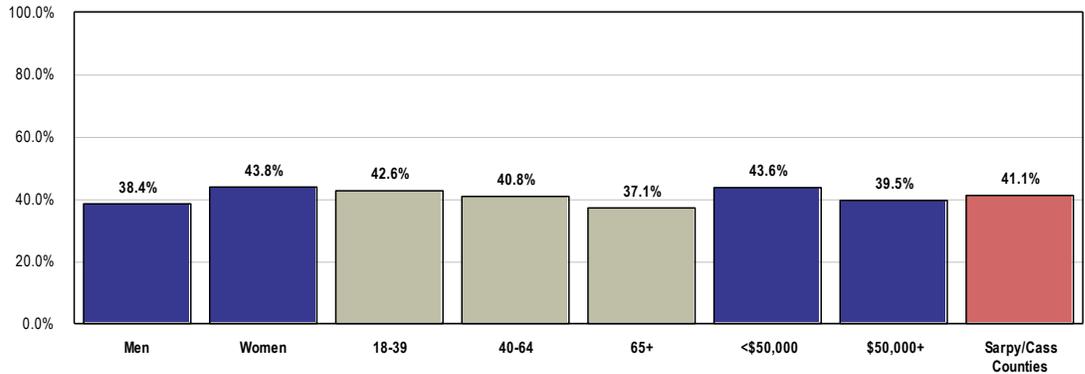
Consume Five or More Servings of Fruits/Vegetables per Day



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 165
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.
 • For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

- Statistically comparable by demographic characteristics.

Consume Five or More Servings of Fruits/Vegetables per Day (Sarpy/Cass Counties, 2008)

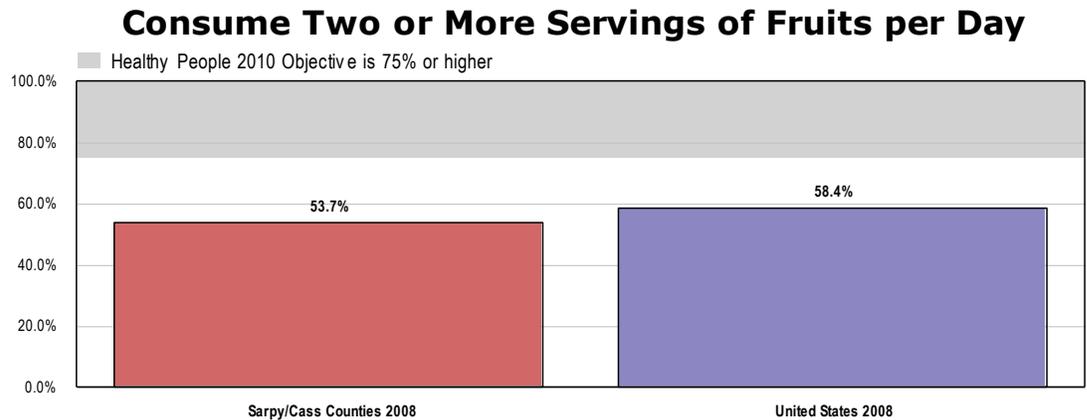


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 165
 Note: • Asked of all respondents.

Fruits

More than one-half of Sarpy/Cass adults (53.7%) report eating at least two servings of fruit per day.

- ☑ Similar to national findings (58.4%).
- ☑ Fails to satisfy the Healthy People 2010 target (75% or higher).



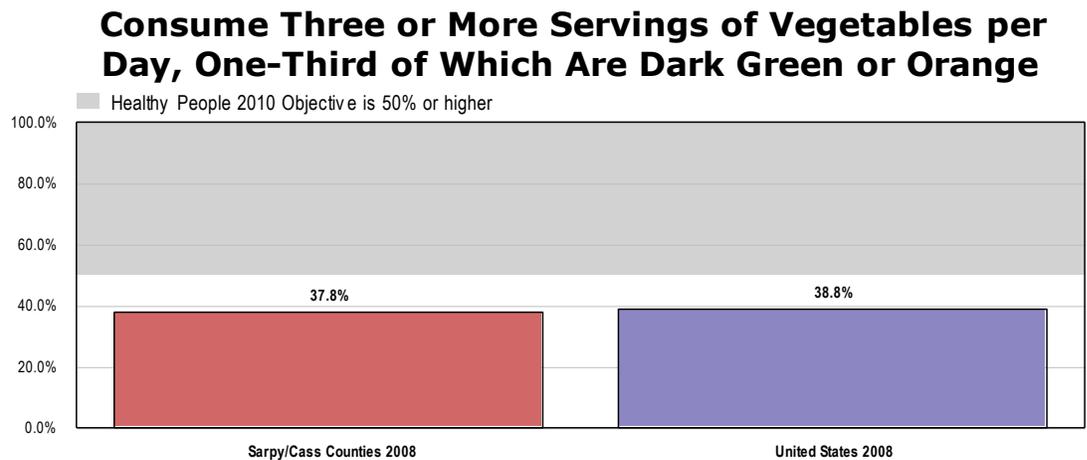
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 163
• 2008 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-5]

Note: • Asked of all respondents.
• For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

Vegetables

37.8% of survey respondents report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- ☑ Similar to national findings (38.8%).
- ☑ Fails to satisfy the Healthy People 2010 target (50% or higher).



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 164
• 2008 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-6]

Note: • Asked of all respondents.
• For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

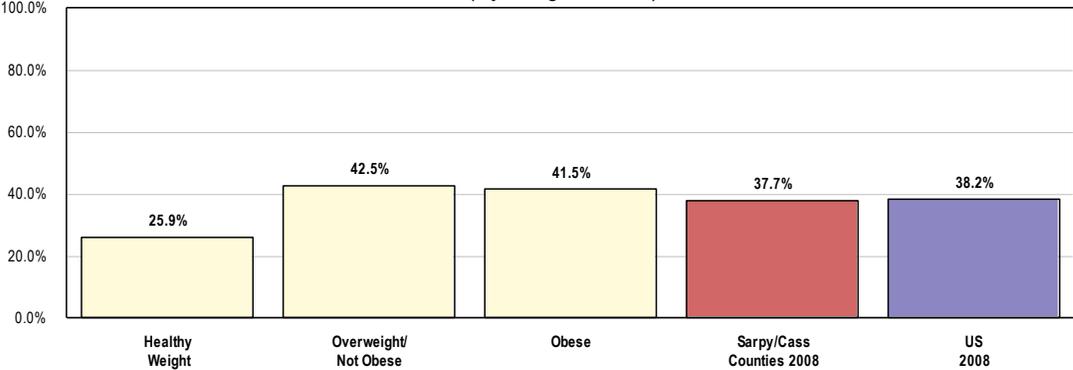
Health Advice About Diet & Nutrition

A total of 37.7% of Sarpy/Cass respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Statistically comparable to national findings (38.2%).
- Note: Among Sarpy/Cass obese respondents, 41.5% report receiving diet/nutrition advice.

Physician Has Asked About or Given Advice Regarding Diet & Nutrition in the Past Year

(By Weight Status)



Source:

- 2008 PRC Community Health Survey, Professional Research Consultants. Item 23
- 2008 PRC National Health Survey, Professional Research Consultants.

Note:

- Asked of all respondents.

Body Weight

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 (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI of ≥ 30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI of ≥ 30 kg/m², 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/m².

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.

– 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
Obesity	Obesity Class	
	I	30.0 – 34.9
	II	35.0 – 39.9
Extreme Obesity	III	≥ 40

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.

Over three-fourths (74.6%) of Americans believe that **overweight/obesity prevalence** is a “major/moderate” problem in their community (the highest ranked among 10 areas tested).

– 2008 PRC National Health Survey. Professional Research Consultants, Inc. © PRC 2008.

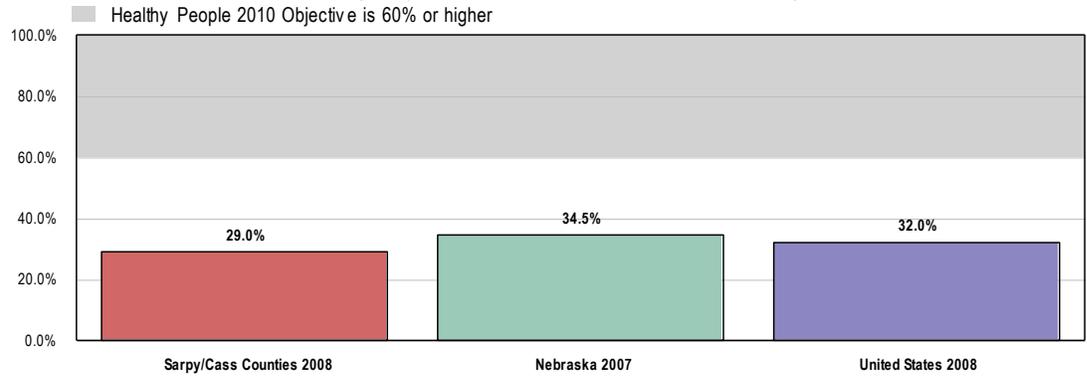
Healthy Weight

Based on self-reported heights and weights, 29.0% of Sarpy/Cass adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- ❑ Less favorable than the Nebraska proportion (34.5%).
- ❑ Statistically similar to the national proportion (32.0%).
- ❑ Far from reaching the Healthy People 2010 target (60% or higher).

Healthy Weight

(Body Mass Index Between 18.5 and 24.9)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 155
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Nebraska data.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: S. Government Printing Office, November 2000.
- Note:
- Based on self-reported height and weight, 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

Adults

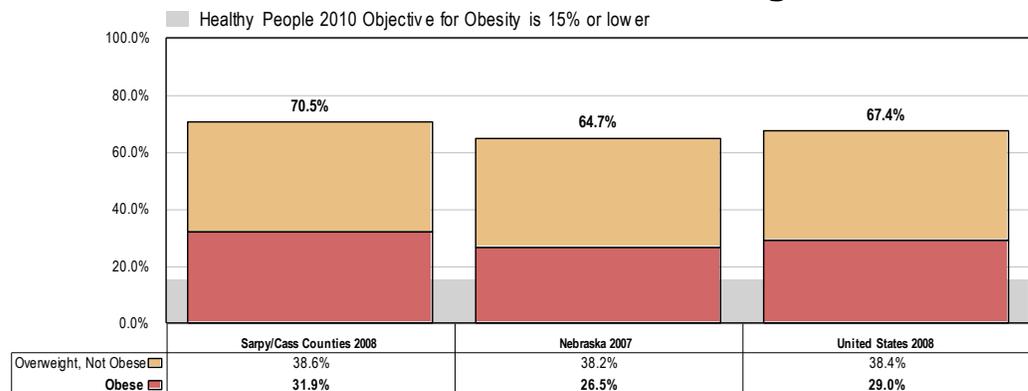
In all, 70.5% of Sarpy/Cass adults are overweight (BMI ≥ 25).

- ❑ Less favorable than the Nebraska percentage (64.7%).
- ❑ Statistically similar to the U.S. overweight proportion (67.4%).

Specifically, 31.9% of Sarpy/Cass adults are obese (BMI ≥ 30).

- ❑ Higher than the Nebraska findings (26.5%).
- ❑ Similar to U.S. findings (29.0%).
- ❑ Fails to satisfy the Healthy People 2010 target (15% or lower).

Prevalence of Overweight



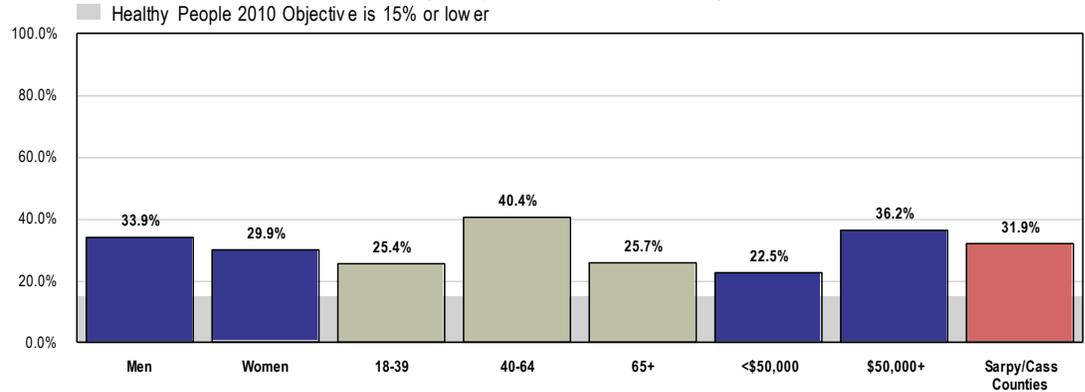
- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 155
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Nebraska data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2].
- Note:
- Based on self-reported height and weight, 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.

Obesity is more prevalent among:

- 👤 Adults aged 40 to 64.
- 👤 Adults living in the higher income category.

Prevalence of Obesity

(Sarpy/Cass Counties, 2008)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 155
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]
- Note:
- Based on self-reported height and weight, 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.

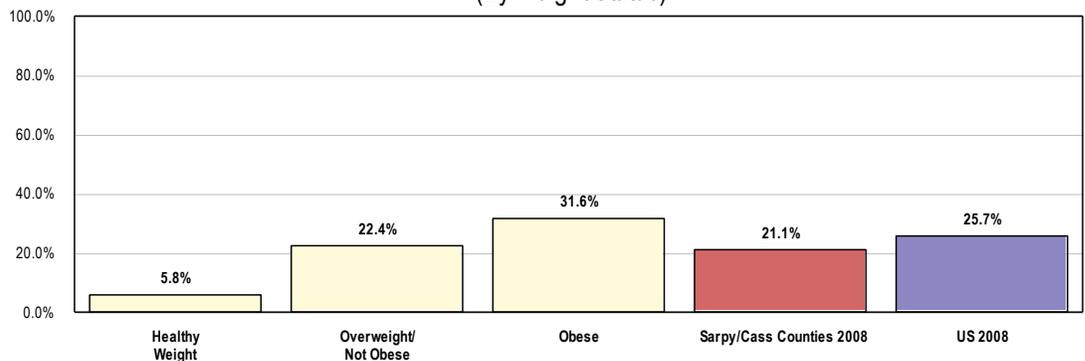
Health Advice About Weight Management

21.1% of Sarpy/Cass adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- 👤 Similar to national findings (25.7%).
- 👤 Note that 31.6% of obese Sarpy/Cass adults have been given advice about their weight by a health professional in the past year.

Physician, Nurse or Other Health Professional Has Given Advice About Weight in the Past Year

(By Weight Status)

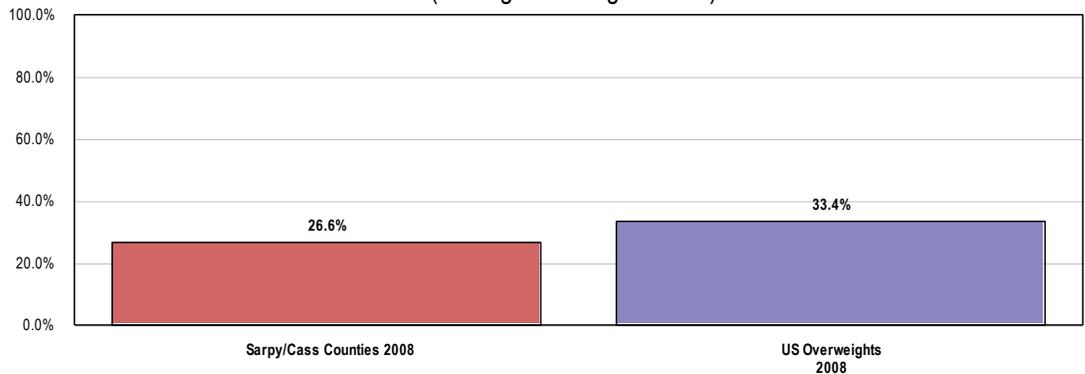


- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 122
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of all respondents.

- Among overweight/obese residents, 26.6% indicate that a health professional has given advice about their weight in the past year (less favorable than the 33.4% reported nationally).

Physician, Nurse or Other Health Professional Has Given Advice About Weight in the Past Year

(Among Overweight Adults)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 122
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all overweight respondents.

Weight Control

Many diseases are associated with overweight and obesity. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain. Total costs (medical costs and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995.

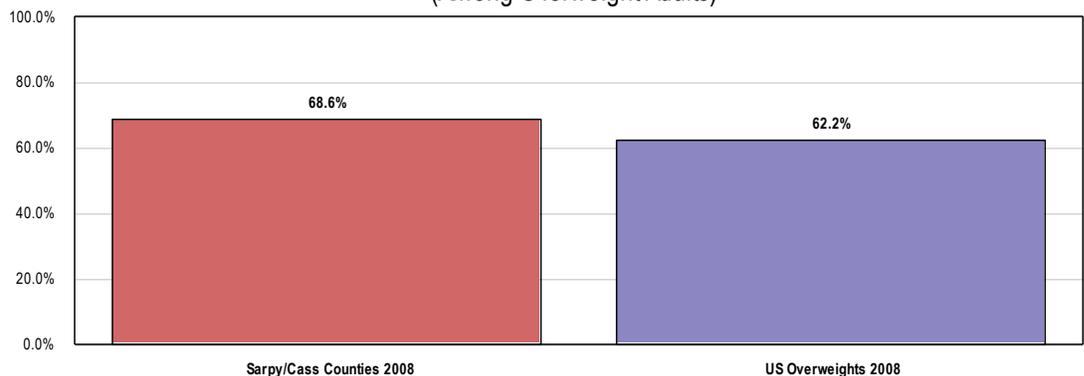
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

68.6% of Sarpy/Cass adults who are overweight say that they are currently trying to lose weight.

- Similar to the national findings (62.2%).

Overweights Currently Trying to Lose Weight

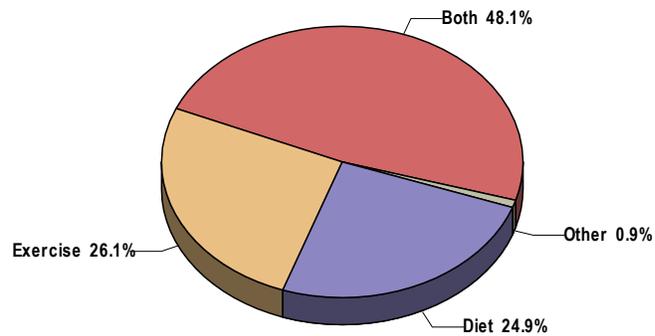
(Among Overweight Adults)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 159
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all overweight respondents.

Among those trying to lose weight, 26.1% are using exercise, 24.9% are using diet, and 48.1% are using both diet and exercise.

Methods Used to Lose Weight (Among Adults Trying to Lose Weight; Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 121
Note: • Asked of respondents trying to lose weight.

Child Overweight

In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children (also referred to as BMI-for-age) is gender- and age-specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 – 20 years of age. Healthcare professionals use the following established percentile cutoff points to identify underweight and overweight in children.

Underweight	<5 th percentile
At Risk of Overweight	85 th to 95 th percentile
Overweight	≥ 95 th percentile

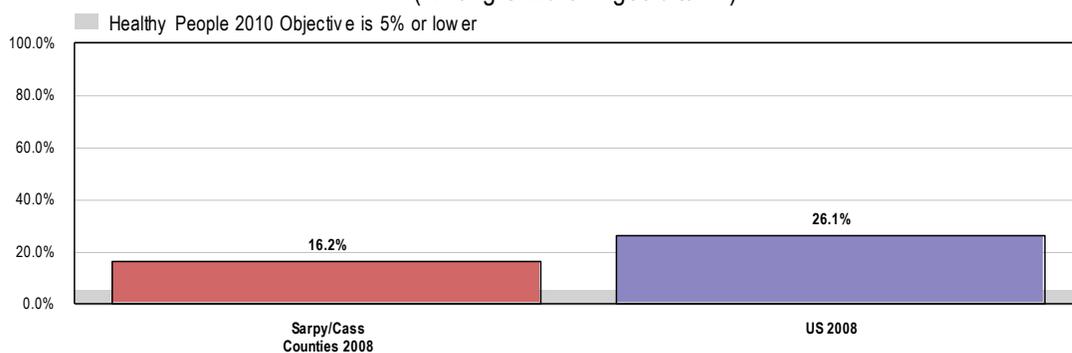
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

16.2% of Sarpy/Cass children aged 6 to 17 are overweight, based on heights/ weights reported by surveyed parents.

- Statistically similar to the national ratio (26.1%).

Child Overweight

(Among Children Ages 6 to 17)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 158
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DD:S. Government Printing Office, November 2000. [Objective 19-3a-b].
- Note:
- Asked of all respondents with children aged 6 to 17 at home.
 - Overweight among children is estimated based on children's Body Mass Index status above the 95th percentile of U.S. growth charts by gender and age.

PHYSICAL ACTIVITY & FITNESS

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages.

The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

A total of 61.4% of Americans believe that **lack of physical activity** is a “major/moderate” problem in their community (ranking sixth-highest among 10 areas tested).

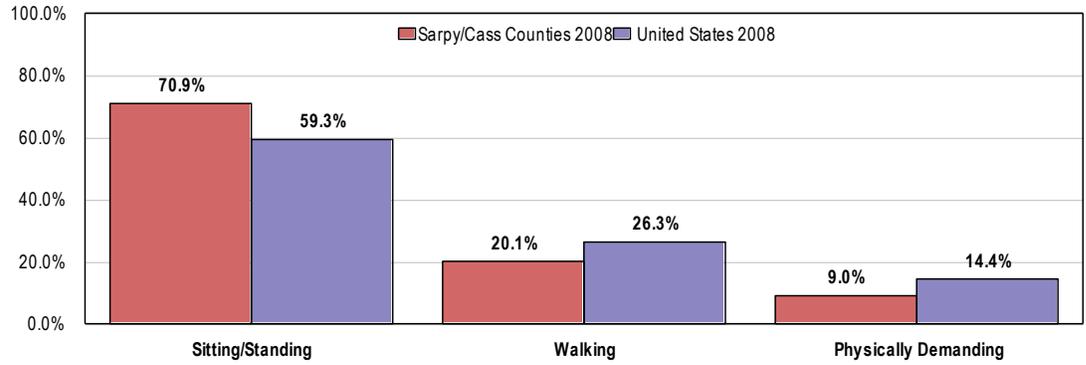
– 2008 PRC National Health Survey. Professional Research Consultants, Inc. © PRC 2008.

Work-Related Activity

A majority of employed Sarpy/Cass respondents report low levels of physical activity at work.

- 70.9% of employed Sarpy/Cass respondents report that their job entails mostly sitting or standing, much higher than the U.S. figure (59.3%).
- 20.1% report that their job entails mostly walking (lower than the 26.3% reported nationally).
- 9.0% report that their work is physically demanding (similar to the 14.4% reported across the nation).

Primary Level of Physical Activity at Work (Among Employed Respondents)



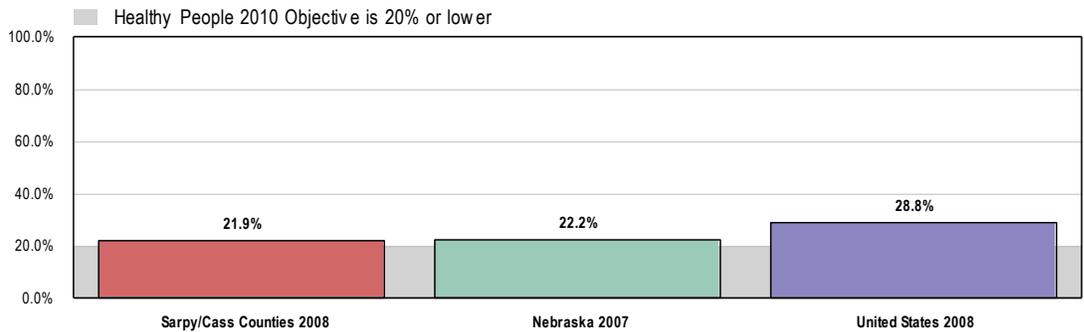
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 103
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all employed respondents.

Leisure-Time Physical Activity

21.9% of Sarpy/Cass adults report no leisure-time physical activity in the past month.

- ☐ Similar to the 22.2% across Nebraska.
- ☐ More favorable than national findings (28.8%).
- ☐ Fails to satisfy the Healthy People 2010 objective (20% or lower).

No Leisure-Time Physical Activity in the Past Month

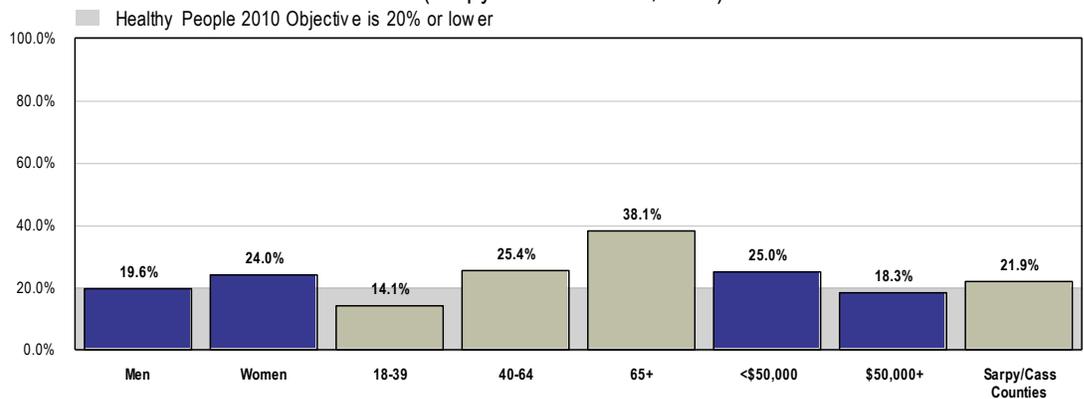


- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 104
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Nebraska data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1].
- Note:
- Asked of all respondents.

👤 Note the positive correlation between lack of leisure-time physical activity and age among Sarpy/Cass adults.

No Leisure-Time Physical Activity in Past Month

(Sarpy/Cass Counties, 2008)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 104
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1].
- Note:
- Asked of all respondents.

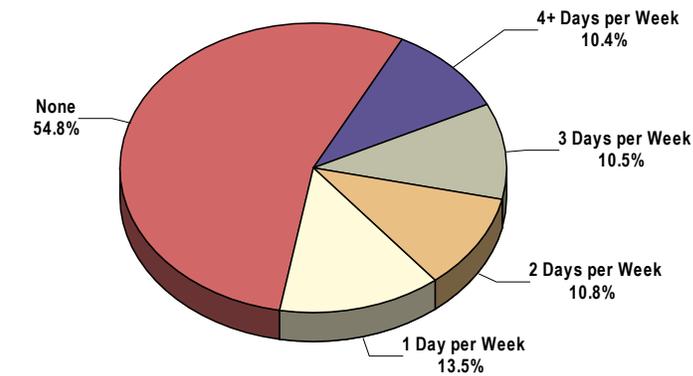
Use of Local Parks & Recreational Centers

The majority (54.8%) of survey respondents do not use a local park or recreational center in the course of a normal week.

- ☐ In contrast, 13.5% use a local park or recreational center at least once weekly, while 10.8% utilize these resources at least twice weekly.
- ☐ The remaining 20.9% use a park or recreational center more often.

Frequency of Using Local Parks or Recreation Centers for Exercise

(Average Days per Week; Sarpy/Cass Counties, 2008)

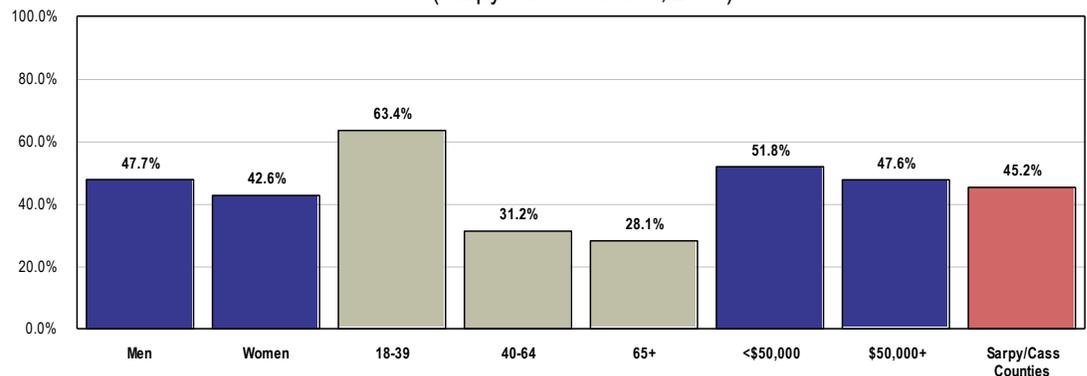


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 107
 Note: • Asked of all respondents.

👥 Note the negative correlation between park/recreational center usage and age.

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

(Sarpy/Cass Counties, 2008)



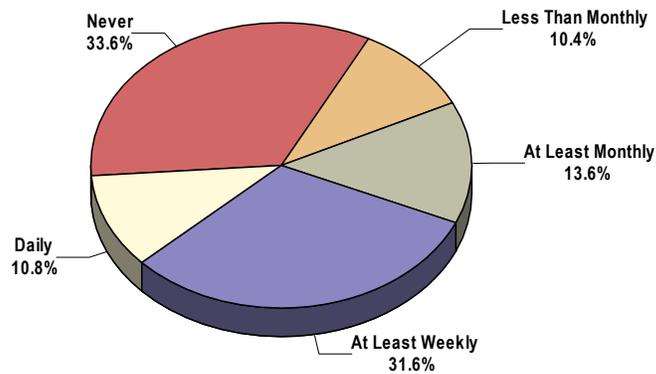
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 107
 Note: • Asked of all respondents.

Use of Local Trails for Exercise

More than one-half (56.0%) of Sarpy/Cass adults report using a local paved or dirt trail for walking, hiking, or biking at least once a month on average.

- ☑ Another 10.4% use trails, but less often than monthly.
- ☑ In contrast, 33.6% of survey respondents “never” use a local paved or dirt trail for walking, hiking, or biking.

Frequency of Using Local Paved or Dirt Trails for Walking, Hiking or Biking (Sarpy/Cass Counties, 2008)

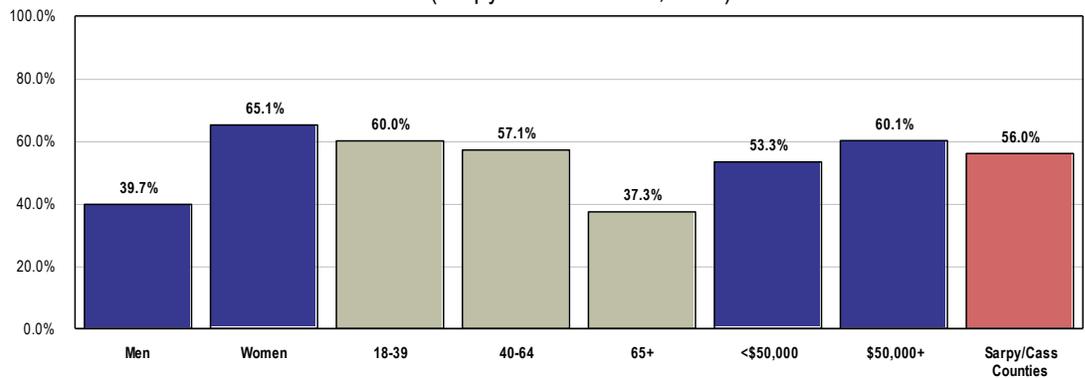


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 108
Note: • Asked of all respondents.

The following population segments are less likely to typically use a paved or dirt trail for exercise:

- 👤 Men.
- 👤 Adults age 65 and older.

Typically Use Local Paved or Dirt Trails for Walking, Hiking or Biking at Least Once a Month (Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 108
Note: • Asked of all respondents.

Activity Levels

Effects of Physical Inactivity and Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
- Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.

Costs

- The direct medical cost associated with physical inactivity was \$29 billion in 1987 and nearly \$76.6 billion in 2000.
 - The annual cost of obesity in the United States is about \$100 billion.
 - After controlling for physical limitations and socioeconomic status, researchers found that more than 12% of the annual medical costs of inactive people with arthritis is associated with their inactivity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Recommended Levels of Physical Activity

Sarpy/Cass adults should strive to meet either of the following physical activity recommendations:

- ☐ Moderate-intensity physical activities (inducing only light sweating or a slight to moderate increase in breathing or heart rate) for at least 30 minutes on 5 or more days of the week.
– *Centers for Disease Control and Prevention/American College of Sports Medicine*

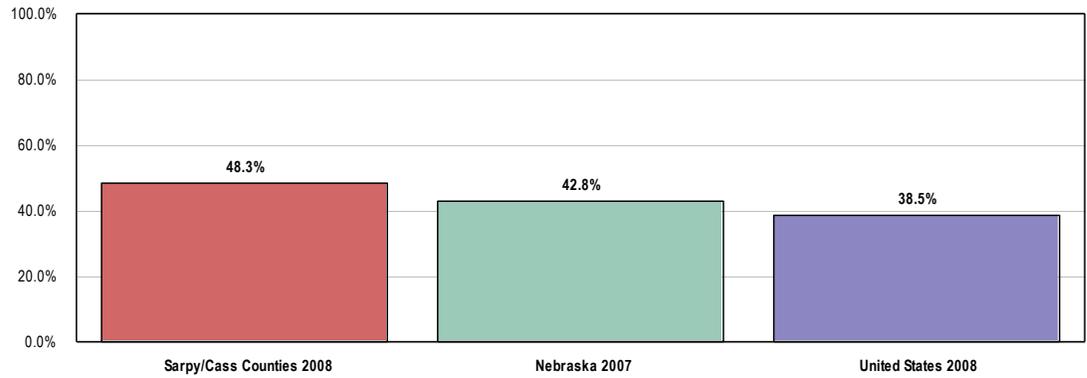
OR

- ☐ Vigorous-intensity physical activity (inducing heavy sweating or a large increase in breathing or heart rate) 3 or more days per week for 20 or more minutes per occasion.
– *Healthy People 2010*

A total of 48.3% of Sarpy/Cass adults participate in regular, sustained moderate or vigorous physical activity.

- ☐ Similar to Nebraska findings (42.8%).
- ☐ Higher than national findings (38.5%).

Meets Physical Activity Recommendations

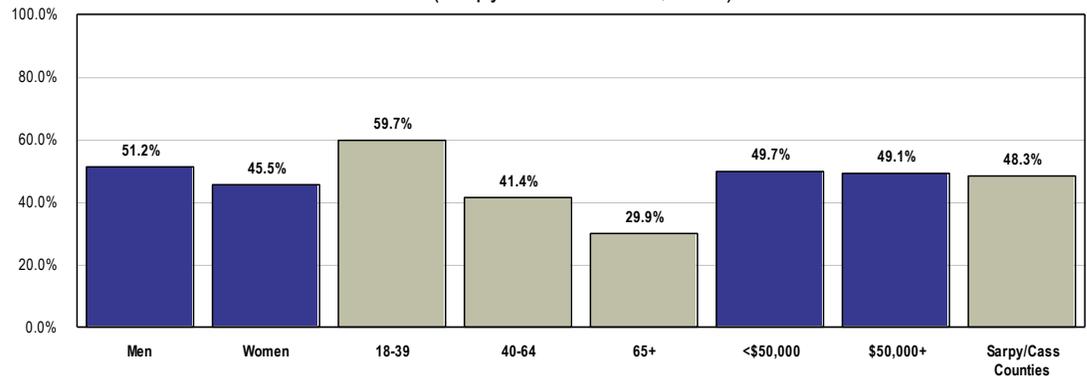


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 162
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2005 Nebraska data.
 • 2008 PRC National Health Survey, Professional Research Consultants.

Note: • 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.

👥 Note the negative correlation with age among Sarpy/Cass residents.

Meets Physical Activity Recommendations (Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 162
 Note: • 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.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown in the following chart. In the past month:

24.8% of Sarpy/Cass adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

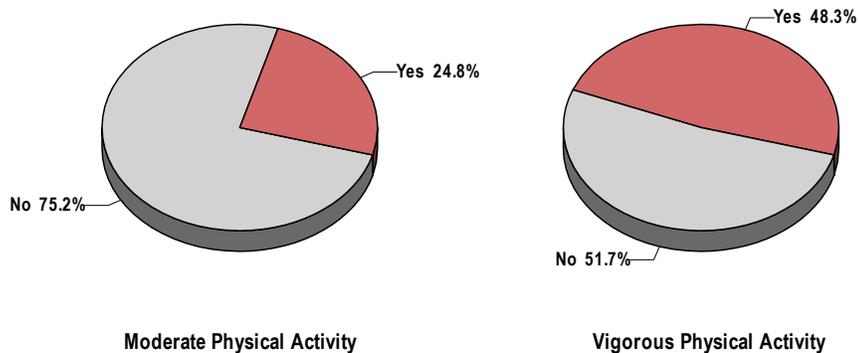
- ☐ Similar to the national proportion (22.6%).
- ☐ Fails to satisfy the Healthy People 2010 objective for moderate activity (30% or higher).

48.3% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- ☐ More favorable than the nationwide figure (28.0%).
- ☐ Satisfies the Healthy People 2010 objective for vigorous activity (30% or higher).

Moderate & Vigorous Physical Activity

(Sarpy/Cass Counties, 2008)



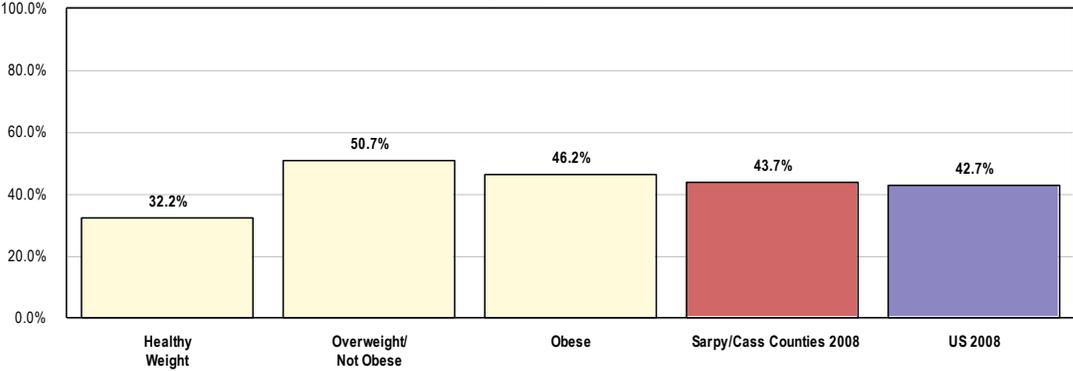
- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Items 161, 162
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-2
- Note:
- Asked of all respondents.
 - In this case, the term "moderate physical activity" refers to 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.
 - The term "vigorous physical activity" includes 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.

Health Advice About Physical Activity & Exercise

A total of 43.7% of Sarpy/Cass adults report that their physician has asked about or given advice to them about physical activity in the past year.

- ☑ Comparable to the national average (42.7%).
- 👥 Note: 46.2% of obese Sarpy/Cass respondents say that they have talked with their doctor about physical activity/exercise in the past year.

**Physician Has Asked About or Given Advice
Regarding Physical Activity/Exercise in Past Year**
(By Weight Status)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 24
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Neighborhood Features Affecting Physical Activity

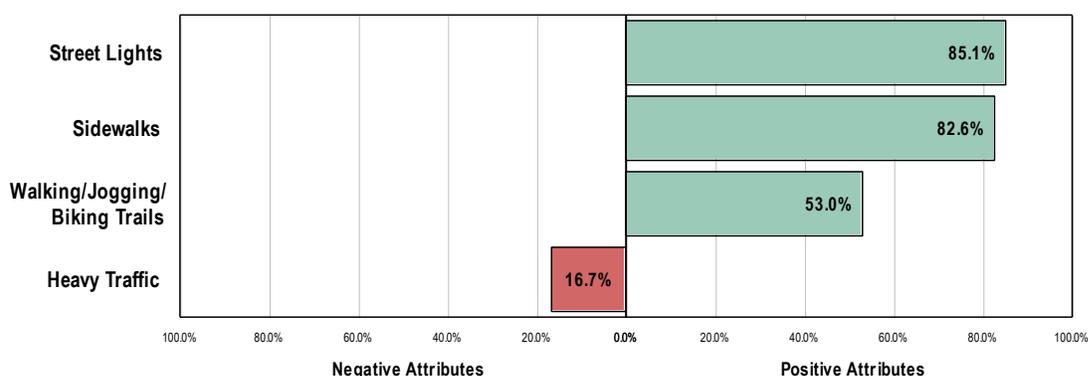
Presence of Neighborhood Features

Survey respondents were next asked to report on a series of neighborhood features that can affect physical activity and neighborhood walkability. As shown in the following chart:

The vast majority of Sarpy/Cass residents live in neighborhoods with street lights (85.1%) and sidewalks (82.6%). Fewer (53.0%) report walking/jogging/biking trails in their neighborhoods.

In terms of negative attributes, 16.7% of Sarpy/Cass residents report heavy traffic in their neighborhoods.

Presence of Neighborhood Features That Can Impact Physical Activity
(Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 109-112
Note: • Asked of all respondents.

Perceptions of the Need for Local Government Funding

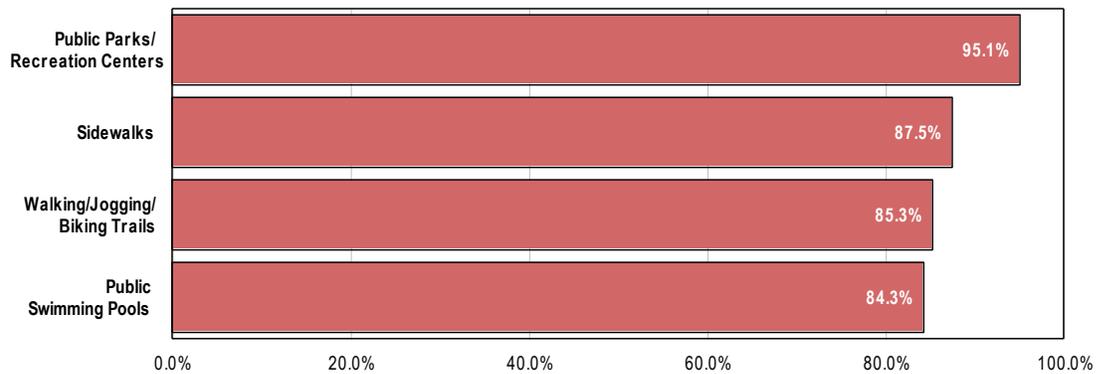
Sarpy/Cass survey respondents were next asked whether they feel that local government should fund certain amenities which are conducive to physical activity, such as sidewalks, trails, public swimming pools, and recreational centers or parks.

A very high percentage of survey respondents (95.1%) feel that local government should fund public parks and recreational centers. Another 87.5% feel that local government should fund sidewalks, and 85.3% believe that local government should fund trails for walking, jogging, and/or biking.

Another 84.3% believe that local government should fund public swimming pools.

Believe That Local Government Funds Should Be Spent to Build and Maintain:

(Sary/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 113-116
 Note: • Asked of all respondents.

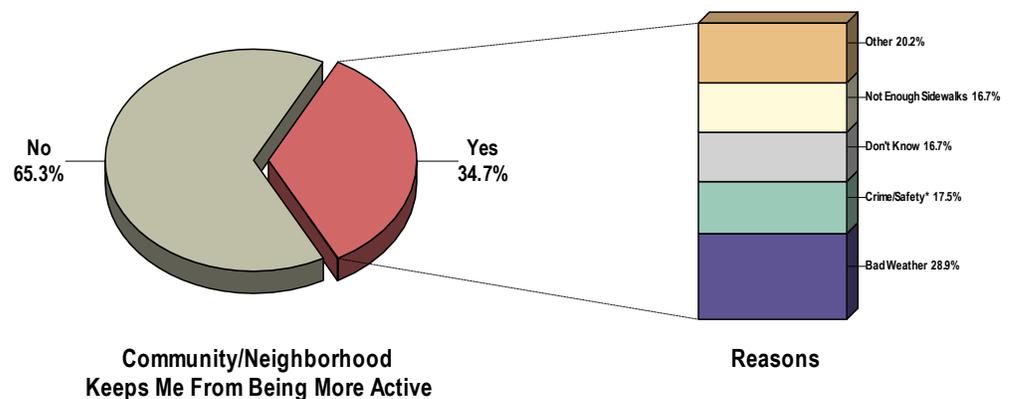
In a follow-up inquiry, survey respondents were asked if there were something in their neighborhood (i.e. unattended dogs, lack of recreational amenities) which prevents them from being more physically active.

While most respondents did not feel there were community/neighborhood factors that keep them from being more physically active, 34.7% offered a variety of responses. These include:

- ☐ Bad weather (mentioned by 28.9%);
- ☐ Crime and safety (mentioned by 17.5% of respondents and including references to high crime, unattended dogs, heavy traffic, safety concerns, and lack of street lights); and
- ☐ Lack of sidewalks (16.7%).

Community/Neighborhood Reasons That Keep Respondents From Being More Active

(Sary/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 119
 Note: • Asked of all respondents.

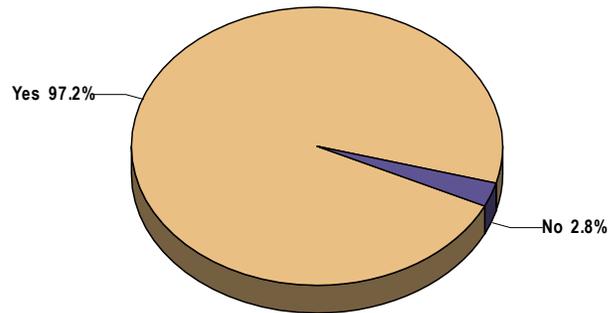
* "Crime/Safety" includes responses such as "high crime," "unattended dogs," "heavy traffic," "safety concerns" and "no street lights."

Physical Educational Requirement in the Schools

Nearly all survey respondents (97.2%) feel that local schools should require physical education classes for all students.

Believe Local Schools Should Require Physical Education for All Students

(Sarpy/Cass Counties, 2008)



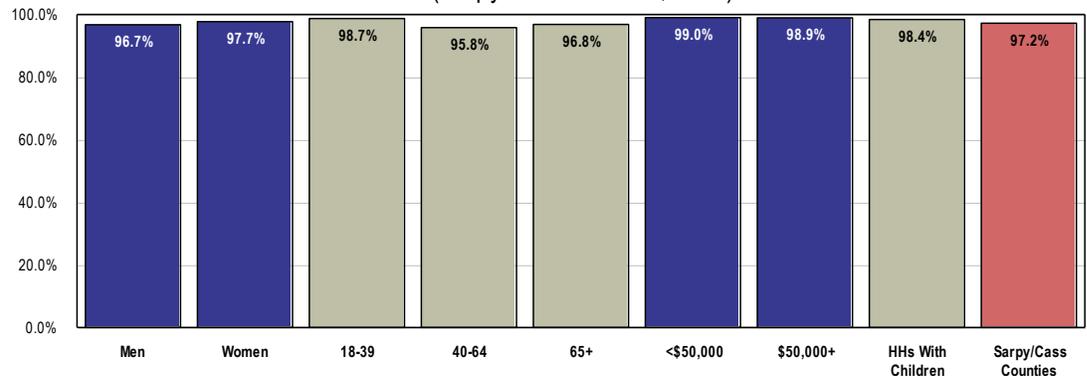
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 117
Note: • Asked of all respondents.

Support is universally high among all key demographic segments.

👤 Note that 98.4% of households with children under 18 feel that local schools should require physical education for all students.

Believe Local Schools Should Require Physical Education for All Students

(Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 117
Note: • Asked of all respondents.

SUBSTANCE ABUSE

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the United States to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol ... Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences ... Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior ...

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections... Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs... Drug use among adolescents aged 12 to 17 years doubled between 1992 and 1997... Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

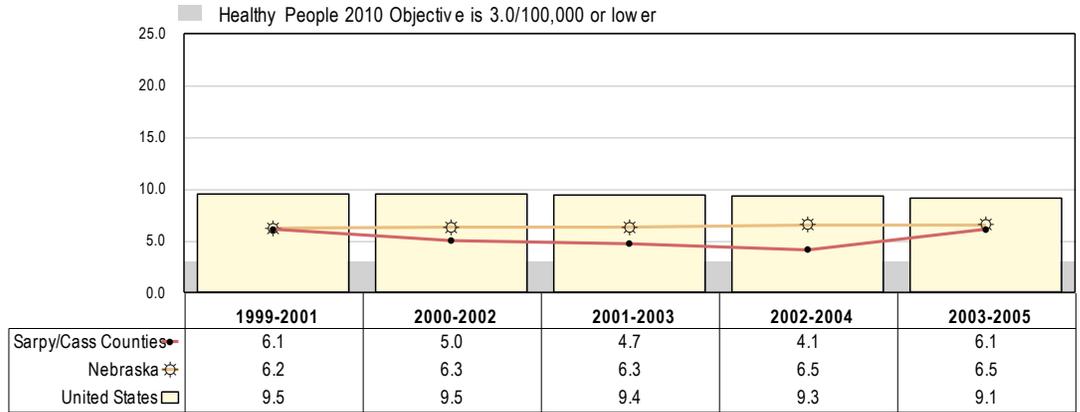
Cirrhosis/Liver Disease

Between 2003 and 2005, the Sarpy/Cass age-adjusted cirrhosis/liver disease mortality rate was 6.1 deaths per 100,000 population.

- ☑ More favorable than the 6.5/100,000 rate found across Nebraska as well as the 9.1 reported nationwide.
- ☑ Fails to satisfy the Healthy People objective of 3.0/100,000 or lower.
- ☒ **Cirrhosis/liver disease death rates have fluctuated in recent years in Sarpy/Cass Counties; rates have decreased somewhat across the nation as a whole.**

Age-Adjusted Mortality: Cirrhosis/Liver Disease

(Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2008.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-2].

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Self-Reported Alcohol Use

Two-thirds (68.6%) of Americans believe that **alcohol and drug abuse** are “major/moderate” problems in their community (the second-highest response among 10 areas tested).

– 2008 PRC National Health Survey. Professional Research Consultants, Inc. © PRC 2008.

High-Risk Alcohol Use

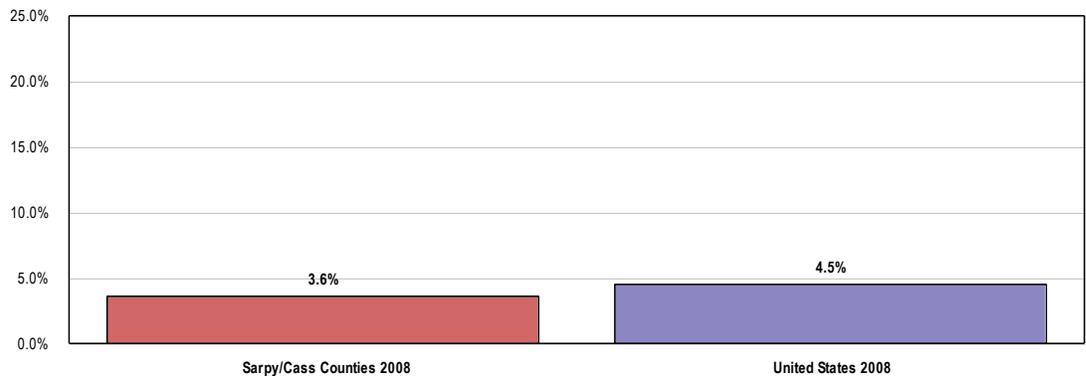
Chronic Drinking

Chronic drinkers include survey respondents reporting 60 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.

3.6% of Sarpy/Cass adults report an average of two or more drinks of alcohol per day in the past month.

- Statistically similar to national findings (4.5%).

Chronic Drinkers

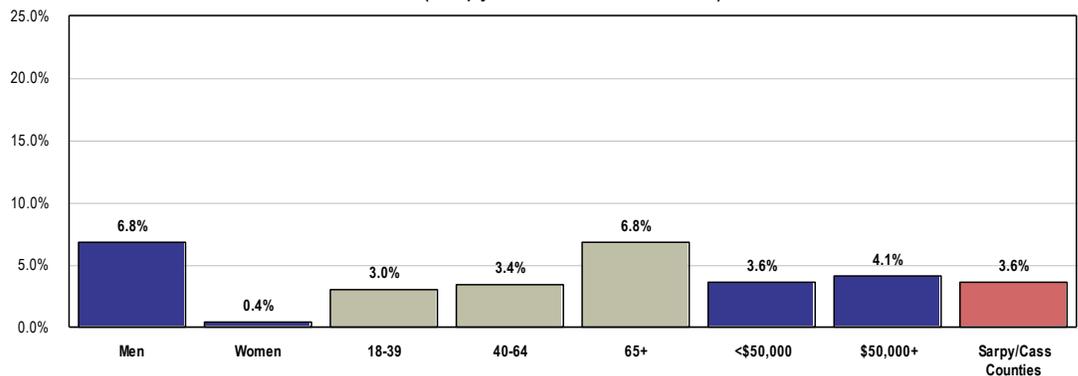


- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 170
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of the total sample of respondents.
 - Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

- In Sarpy/Cass Counties, chronic drinking is more prevalent among men.

Chronic Drinkers

(Sarpy/Cass Counties, 2008)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 170
- Note:
- Asked of all respondents.
 - Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

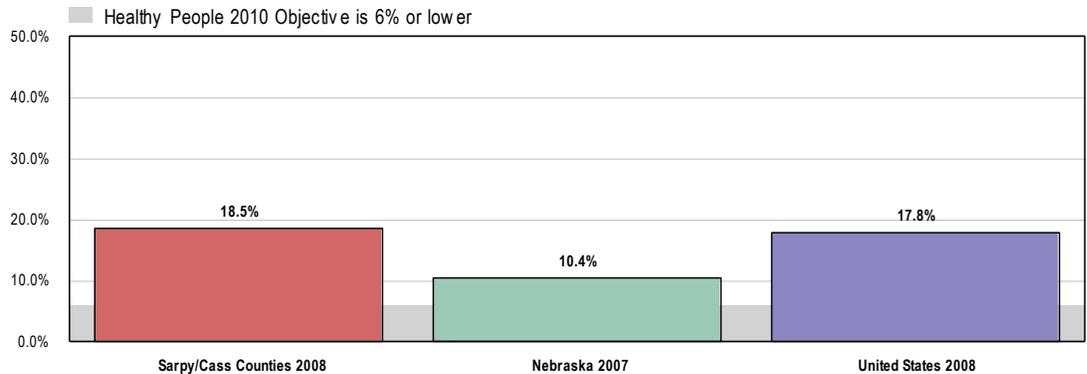
Binge Drinking

Binge drinkers include survey respondents who report that there was one or more times in the past month when they drank five or more drinks on a single occasion.

A total of 18.5% of Sarpy/Cass adults are binge drinkers.

- ☐ Less favorable than the 10.4% in Nebraska.
- ☐ Similar to the 17.8% reported nationwide.
- ☐ Three times the Healthy People 2010 target (6% or lower).

Binge Drinkers

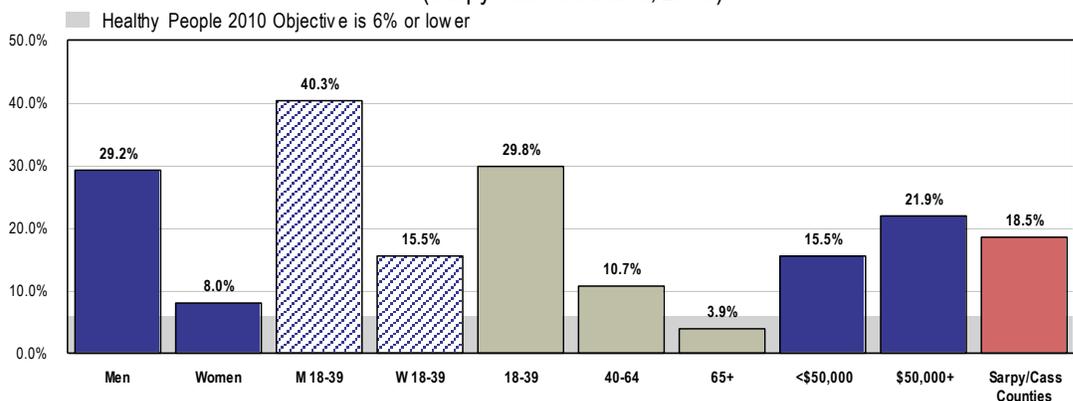


- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 171
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2005 Nebraska data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c].
- Note:
- Asked of the total sample of respondents.
 - Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once in the past month.

All key demographic segments (except seniors) fall outside the targeted Healthy People 2010 range. Note that binge drinking in Sarpy/Cass Counties is more prevalent among:

- ☐ Men (especially those under age 40).
- ☐ Young adults.

Binge Drinkers (Sarpy/Cass Counties, 2008)



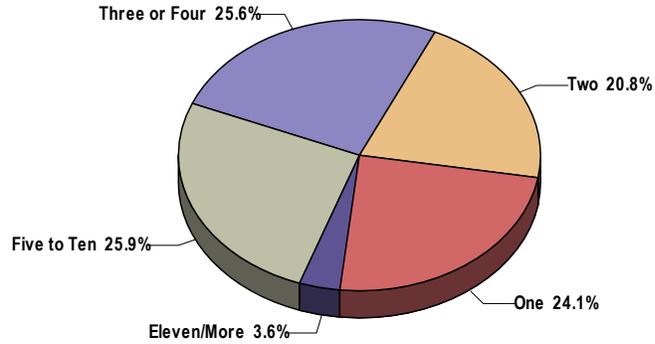
- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 171
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c].
- Note:
- Asked of all respondents.
 - Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.

Among current drinkers, 29.5% report that the most drinks they had on one occasion in the past month was five or more.

- ☐ 24.1% had one drink at most.
- ☐ 20.8% had two drinks at most.
- ☐ 25.6% had three or four drinks at most.

Greatest Number of Drinks on One Occasion in Past Month

(Among Current Drinkers; Sarpy/Cass Counties, 2008)



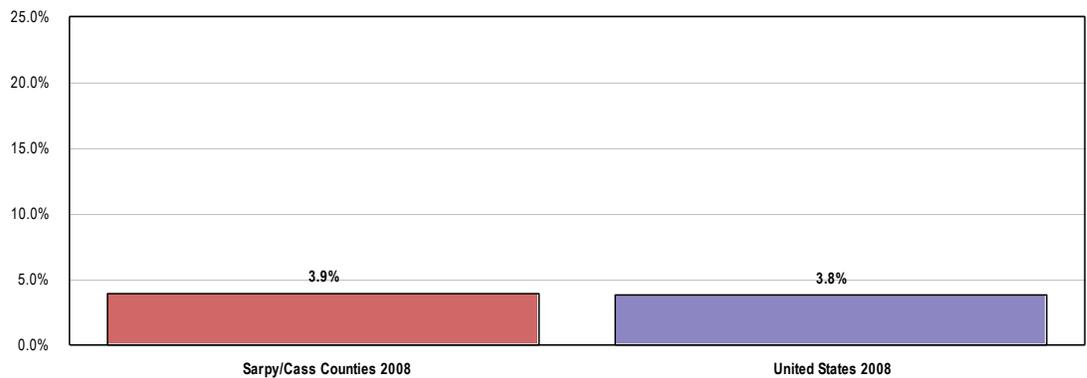
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 72
 Note: • Asked of all current drinkers.

Drinking & Driving

A total of 3.9% of Sarpy/Cass adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- ☐ Nearly identical to national findings (3.8%).

Have Driven in the Past Month After Perhaps Having Too Much to Drink

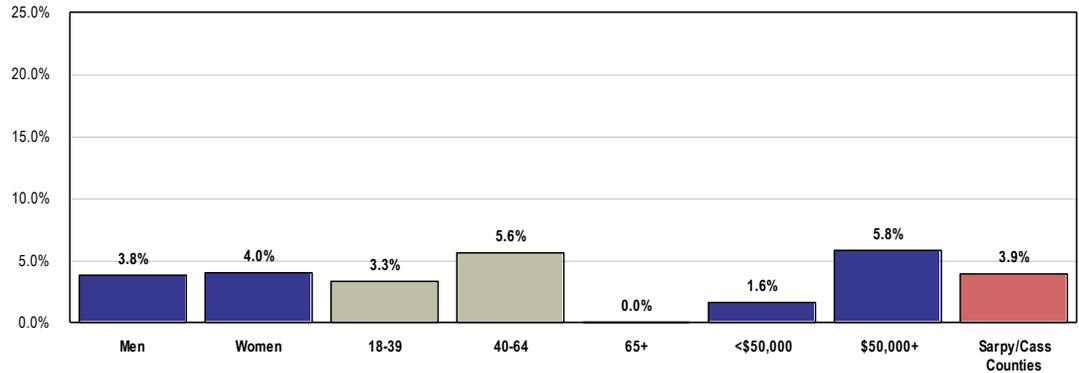


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 73
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Drinking and driving in Sarpy/Cass Counties is more prevalent among:

- ☺ Adults under 65.
- ☺ Those at higher incomes.

Have Driven During the Past Month After Having Had Too Much to Drink (Sarpy/Cass Counties, 2008)

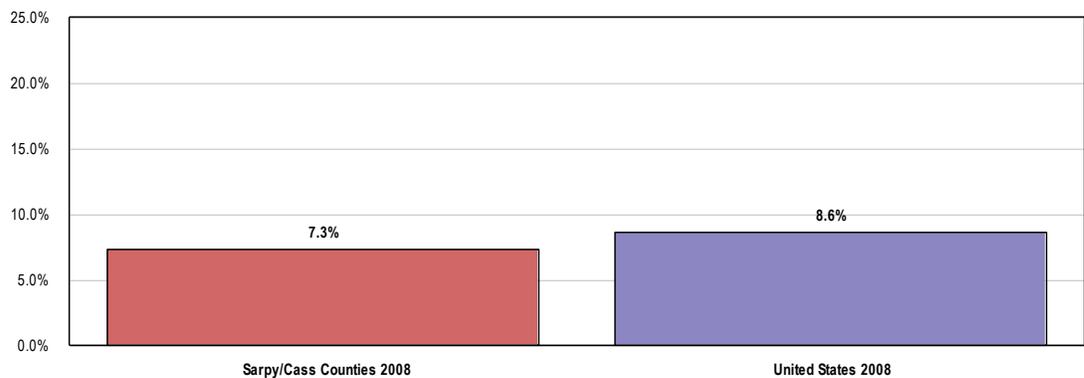


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 73
 Note: • Asked of all respondents.

A total of 7.3% of Sarpy/Cass adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- ☑ Statistically similar to national findings (8.6%).

Have Driven Drunk in the Past Month or Ridden With a Driver Who Had Too Much to Drink



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 172
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

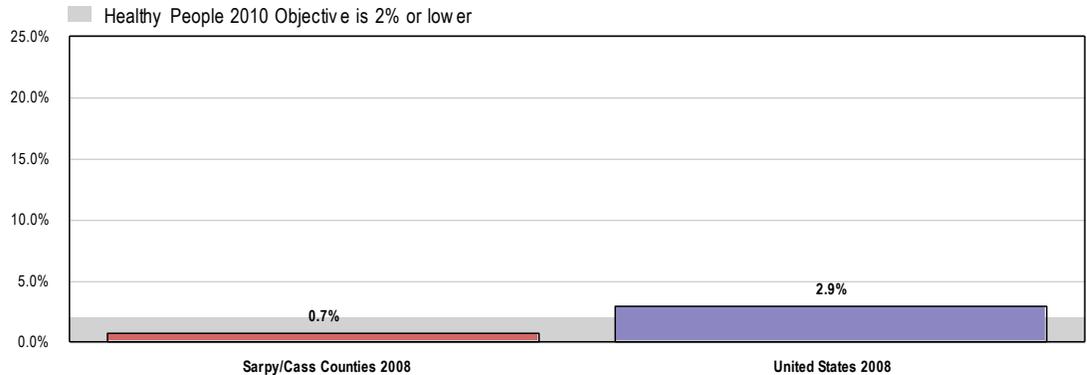
Illicit Drug Use

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

Just 0.7% of Sarpy/Cass residents acknowledge using an illicit drug in the past month.

- ☑ More favorable than the 2.9% reported across the nation.
- ☑ Satisfies the Healthy People 2010 objective of 2% or lower.

Self-Reported Illicit Drug Use in the Past Month



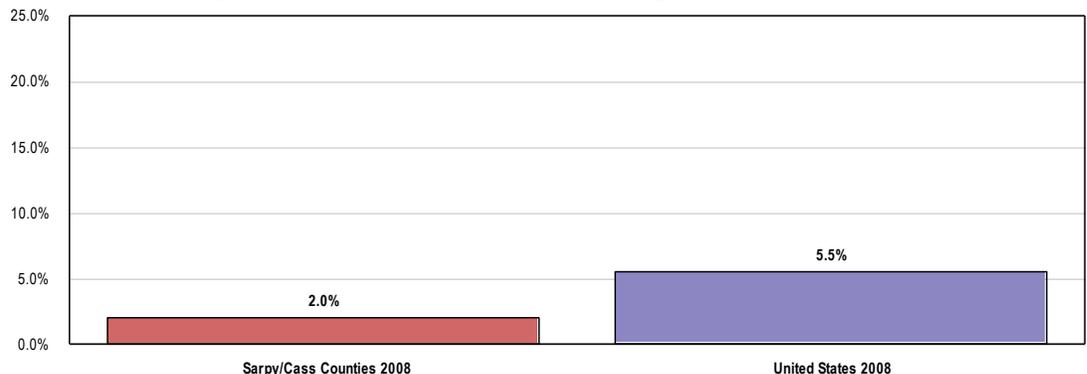
- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 75
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-10c]
- Note:
- Asked of all respondents.
 - In this case, the term “illicit drug use” includes use of an illegal drug and/or use of a prescription drug without a physician’s orders.

Substance Abuse Treatment

2.0% of Sarpy/Cass adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- ☑ Less favorable than the 5.5% reported across the nation.

Have Ever Sought Professional Help for an Alcohol- or Drug-Related Problem



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 76
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of all respondents.

TOBACCO USE

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]... If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least \$50 billion per year [other sources estimate more than \$75 billion in 1998 (about 8% of the personal healthcare expenditures in the U.S.)]; direct medical costs related to smoking during pregnancy are approximately \$1.4 billion per year.

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Two-thirds (66.9%) of Americans believe that **tobacco use** is a “major/moderate” problem in their community (ranking fourth-highest among 10 areas tested).

– 2008 PRC National Health Survey. Professional Research Consultants, Inc. © PRC 2008.

Cigarette Smoking

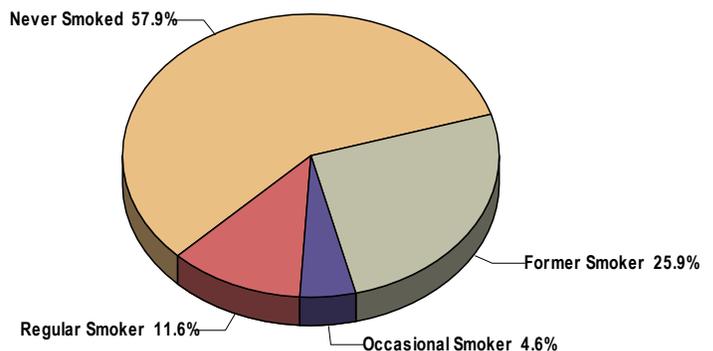
Cigarette Smoking Prevalence

A total of 16.2% of Sarpy/Cass adults currently smoke cigarettes, either regularly (11.6% every day) or occasionally 4.6% on some days).

- Statistically similar to the 20.0% reported across Nebraska.
- Statistically similar to national findings (19.2%).
- Fails to satisfy the Healthy People 2010 target (12% or lower).

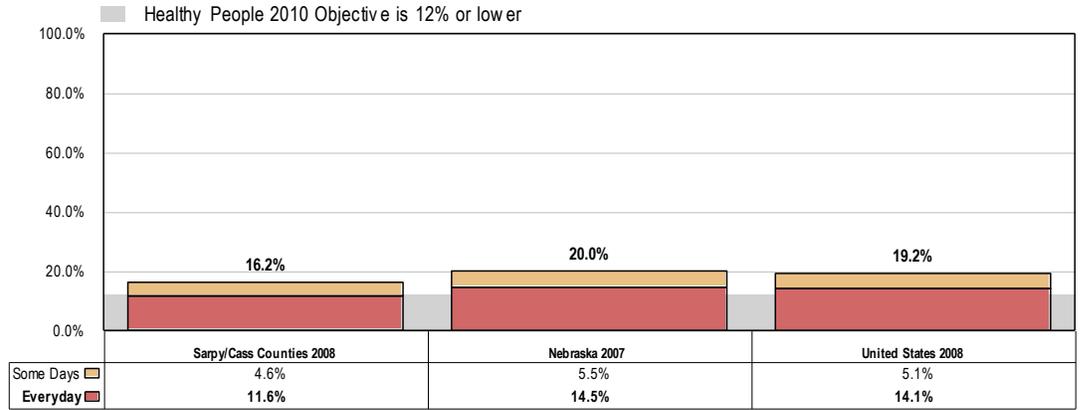
Cigarette Smoking Prevalence

(Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 166
Note: • Asked of all respondents.

Current Smokers

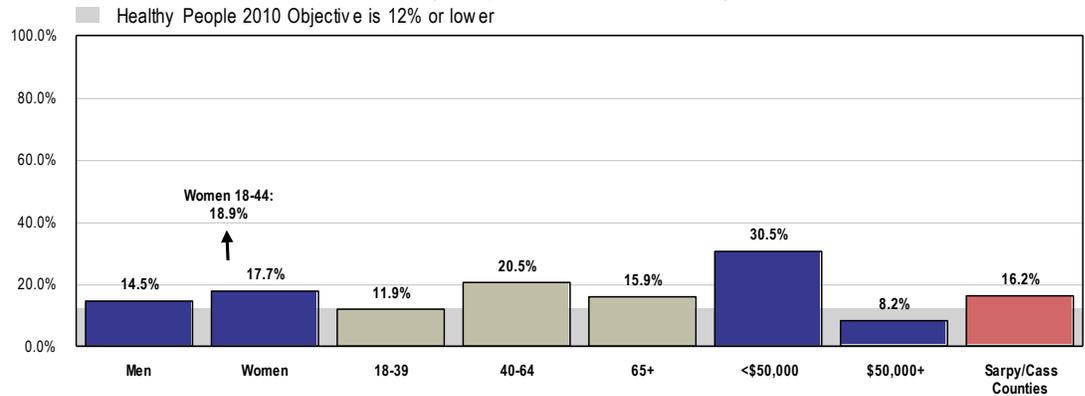


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 166
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Nebraska data.
 • 2008 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a].

Note: • Asked of all respondents.
 • Includes regular and occasional smokers (everyday and some days).

- ☺ Cigarette smoking is much more prevalent among those at lower incomes.
- ☺ Note also that 18.9% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers (Sarpy/Cass Counties, 2008)



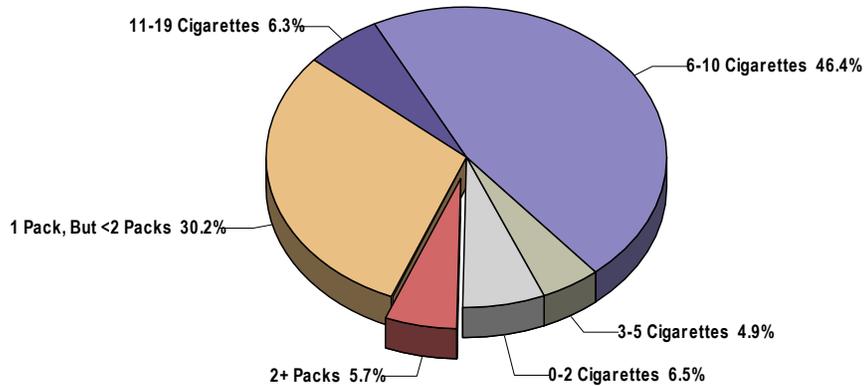
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 166, 167
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a].

Note: • Asked of all respondents.
 • Includes those who smoke everyday or on some days.

Among current smokers, 94.3% report smoking 1 pack or less per day (with 5.7% smoking two packs or more).

Number of Cigarettes Smoked Daily

(Among Current Smokers; Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 65
 Note: • Asked of all current smokers.

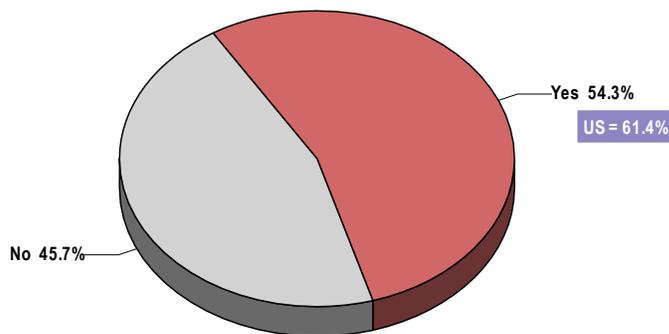
Health Advice About Smoking Cessation

54.3% of Sarpy/Cass smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Similar to the national percentage (61.4%).

Health Professional Has Recommended Quitting Smoking in the Past 12 Months

(Among Current Smokers; Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 66
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of current smokers.

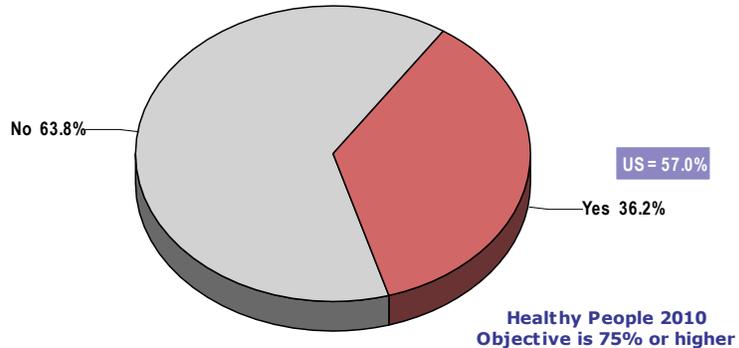
Smoking Cessation Attempts

36.2% of Sarpy/Cass regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- ☑ Much lower than the national percentage (57.0%).
- ☑ Fails to satisfy the Healthy People 2010 target (75% or higher).

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Adults Who Smoke Cigarettes Every Day, Sarpy/Cass Counties, 2008)



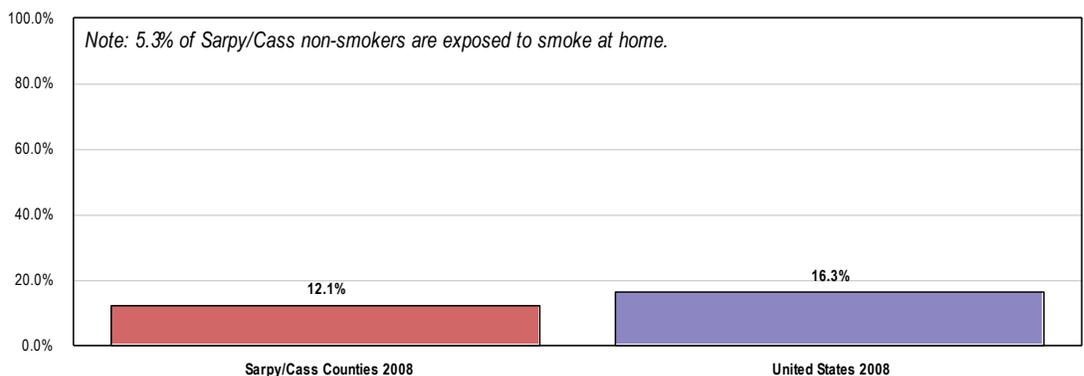
- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 64
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-5
- Note:
- Asked of regular (everyday) smokers.

Environmental Tobacco Smoke

In all, 12.1% of Sarpy/Cass adults 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.

- ☑ More favorable than national findings (16.3%).
- 👤 Note that 5.3% of Sarpy/Cass non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home

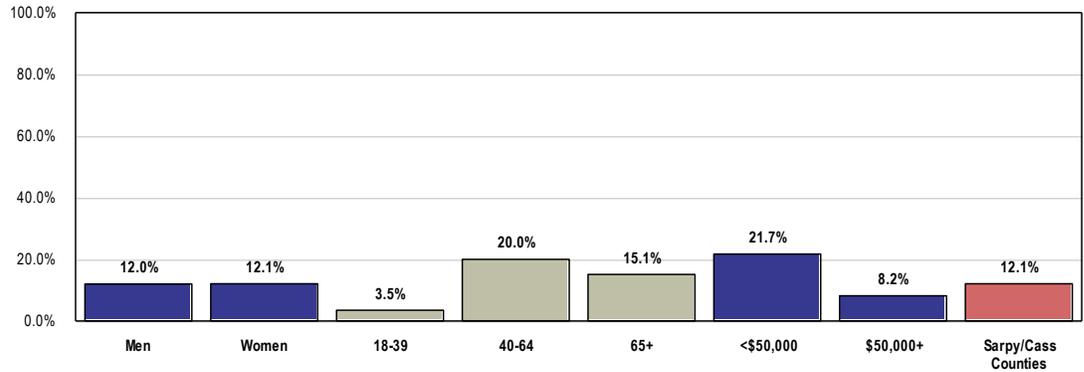


- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 67
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of all respondents.
 - "Smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of FOUR or more times per week in the past month.

Residents who more often report that they live with a smoker in the home include:

- 👤 Those age 40 and older.
- 👤 Those living in the lower income category.

Member of Household Smokes at Home (Sarpy/Cass Counties, 2008)

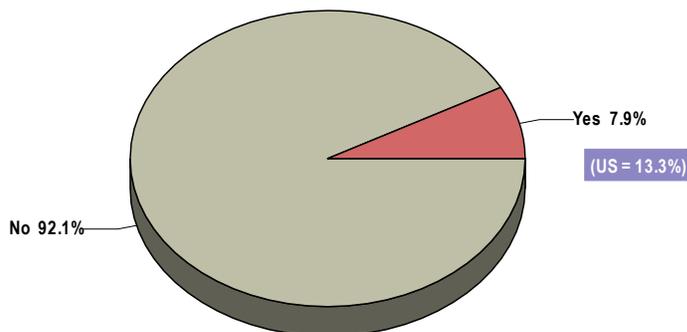


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 67
 Note: • Asked of all respondents.
 • FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
 • "Smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.

Among Sarpy/Cass households with children, 7.9% have someone who smokes cigarettes in the home.

- 📍 Statistically comparable to national findings (13.3%).

Percentage of Households With Children In Which Someone Smokes in the Home (Among Households With Children Under 18; Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 168
 • 2008 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-9]
 Note: • Reflects respondents with children aged 0 to 17 years old.
 • "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.

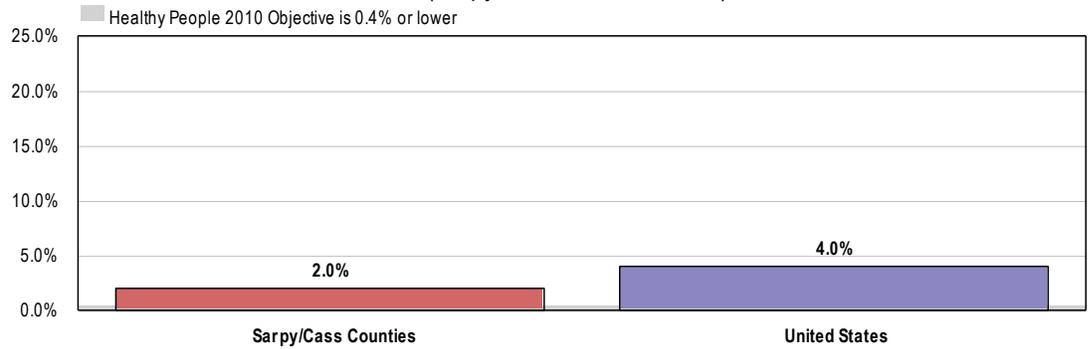
Other Tobacco Use

2.0% of Sarpy/Cass adults use chewing tobacco or snuff every day or on some days.

- ☑ More favorable than the national percentage (4.0%).
- ☑ Fails to satisfy the Healthy People 2010 target (0.4% or lower).

Use of Chewing Tobacco or Snuff

(Sarpy/Cass Counties, 2008)



Source:

- 2008 PRC Community Health Survey, Professional Research Consultants. Item 68
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1b and 27-1c]

Note:

- Asked of all respondents.
- Includes respondents who smoke cigars or use chewing tobacco/snuff every day or on some days.

ACCESS TO HEALTHCARE SERVICES

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States... Limitations in access to care extend beyond basic causes, such as a shortage of healthcare providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or healthcare professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Two-thirds (66.1%) of Americans believe that **poor access to healthcare services** is a “major/moderate” problem in their community (ranking third-highest among 10 areas tested).

– 2008 PRC National Health Survey. Professional Research Consultants, Inc. © PRC 2008.

HEALTH INSURANCE COVERAGE

Adult Healthcare Coverage

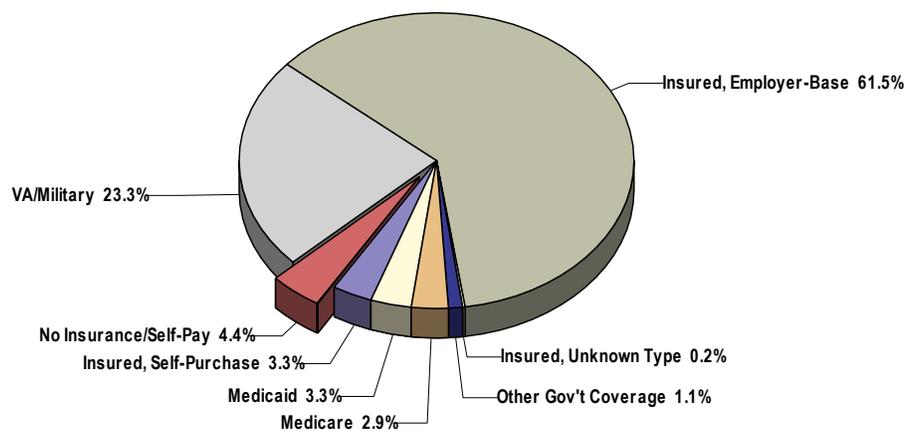
Type of Coverage

The majority (65.0%) of Sarpy/Cass adults aged 18 to 64 report having healthcare coverage through private insurance.

Another 30.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults Age 18 to 64; Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 187
Note: • Reflects respondents age 18 to 64.

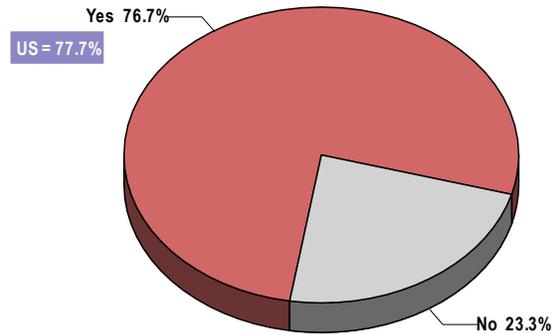
Supplemental Medicare Coverage

Among Medicare recipients, **76.7%** report that they have additional supplemental insurance.

- ☐ Compares to 77.7% among Medicare recipients nationwide.

Have Additional Supplemental Coverage

(Among Recipients of Medicare; Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 88
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects those respondents who currently receive Medicare.

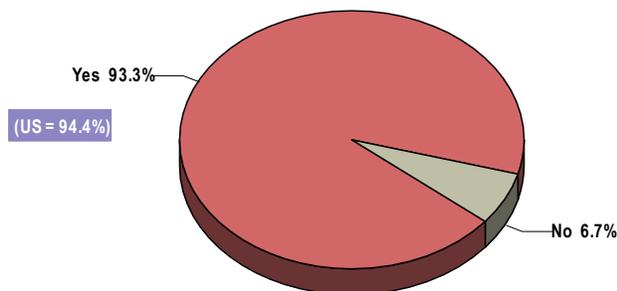
Prescription Drug Coverage

Among all adults with health insurance coverage, the vast majority (**93.3%**) report having prescription coverage as part of their insurance plan.

- ☐ Comparable to the national prevalence (94.4%).

Current Health Insurance Provides Coverage for Prescriptions

(Among Those With Health Insurance Coverage; Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 89
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects those respondents who have health insurance coverage.

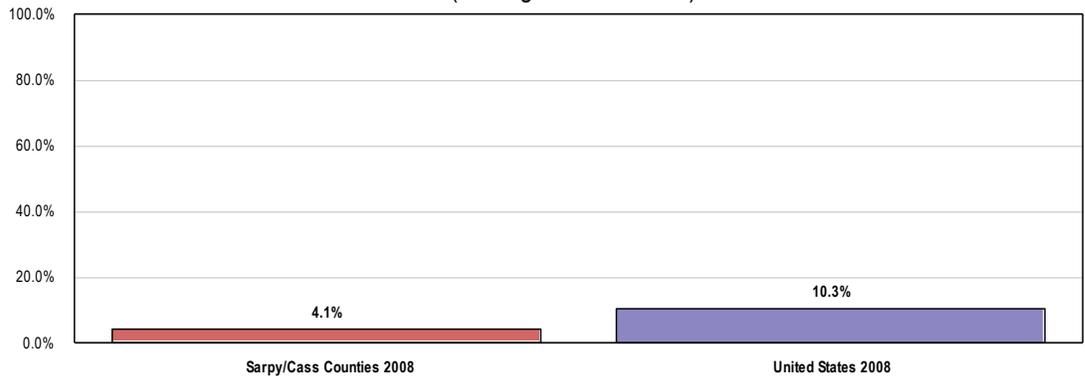
Recent Lack of Coverage

Further, among currently insured adults in Sarpy/Cass Counties, 4.1% report that they were without healthcare coverage at some point in the past year.

- ☑ Better than U.S. findings (10.3%).

Went Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Insured Adults)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 90
 • 2008 PRC National Health Survey, Professional Research Consultants.

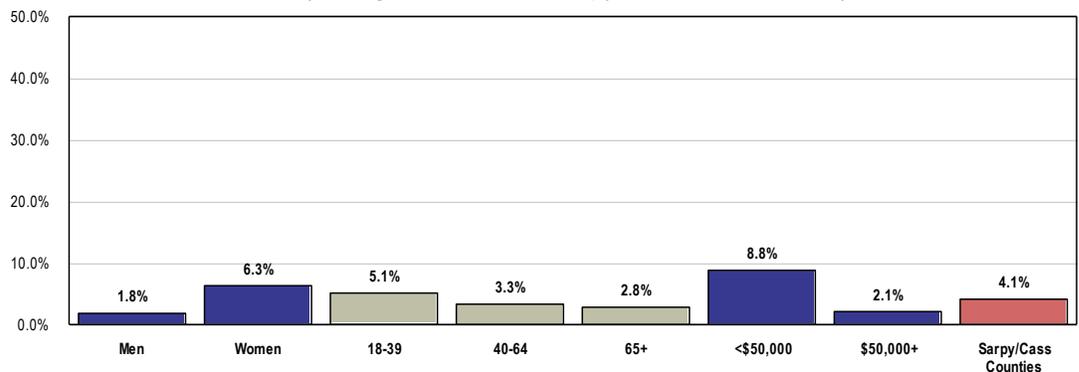
Note: • Reflects respondents with healthcare coverage.

Among insured adults, those more likely to have gone without healthcare insurance coverage in the past year include:

- 👥 Women.
- 👥 Adults under age 40.
- 👥 Those with lower household incomes.

Went Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Insured Adults; Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 90
 Note: • Reflects adults with healthcare insurance coverage.

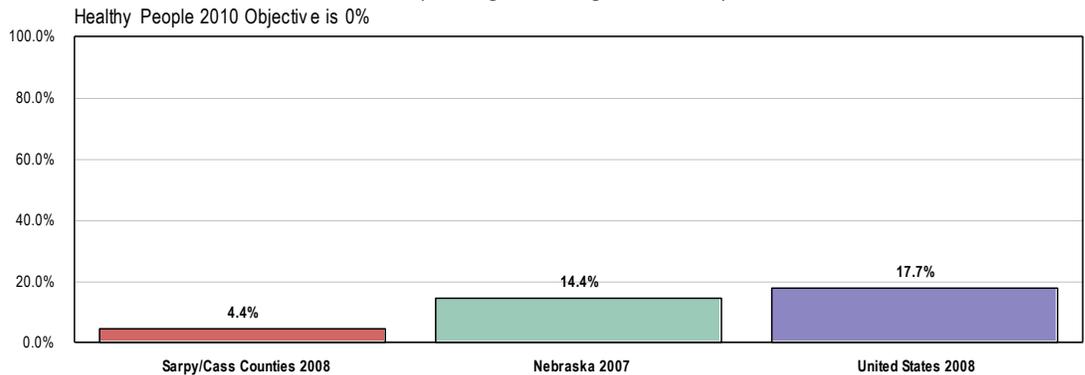
Lack of Health Insurance Coverage

Among Sarpy/Cass adults aged 18 to 64, 4.4% report having no insurance coverage for healthcare expenses.

- ☑ Much lower than the Nebraska percentage (14.4%).
- ☑ Much lower than the national findings (17.7%).
- ☑ The Healthy People 2010 target is universal coverage (0% uninsured).

Lack Healthcare Insurance Coverage

(Among Adults Aged 18 to 64)

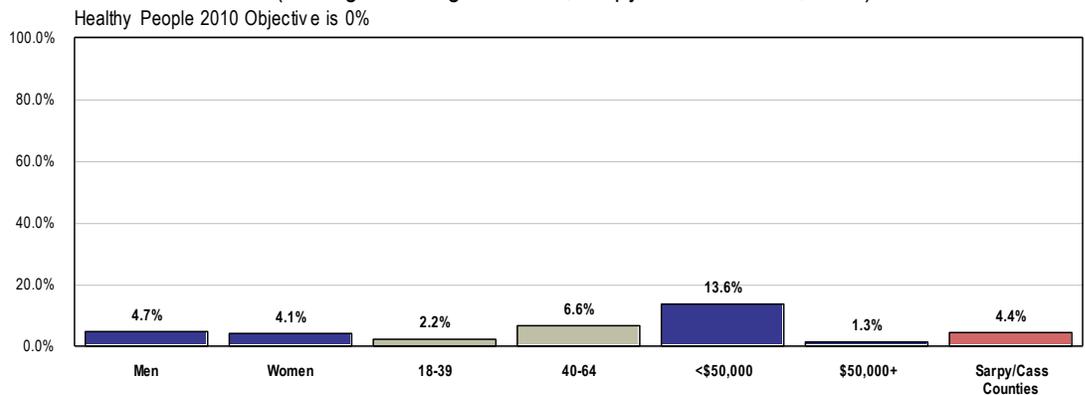


- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 187
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Nebraska data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1].
- Note:
- Reflects respondents aged 18 through 64.

Residents living at lower incomes (under age 65) are more likely to be without healthcare insurance coverage.

Lack Healthcare Insurance Coverage

(Among Adults Age 18 to 64; Sarpy/Cass Counties, 2008)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 187
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1].
- Note:
- Reflects respondents age 18 through 64.

Healthcare Coverage for Area Children

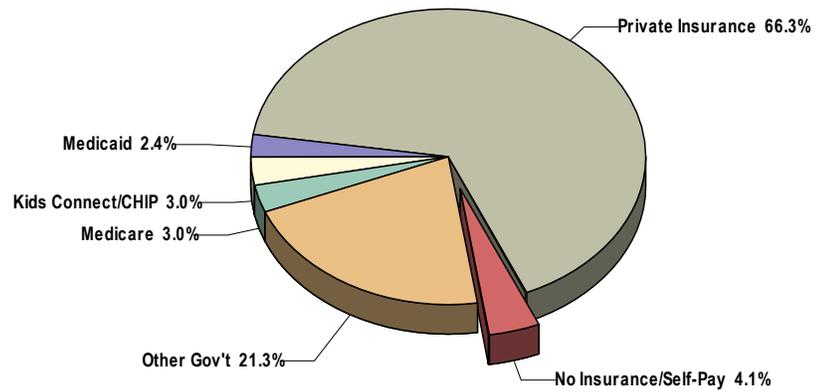
Two-thirds (66.3%) of Sarpy/Cass parents report that their child has healthcare coverage through private insurance.

Another 29.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, Kids Connect, military benefits).

Note that 4.1% of area parents report their child is uninsured.

Child's Healthcare Insurance

(Children Aged 0 to 17; Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 146, 147
Note: • Asked of parents of children under 18.

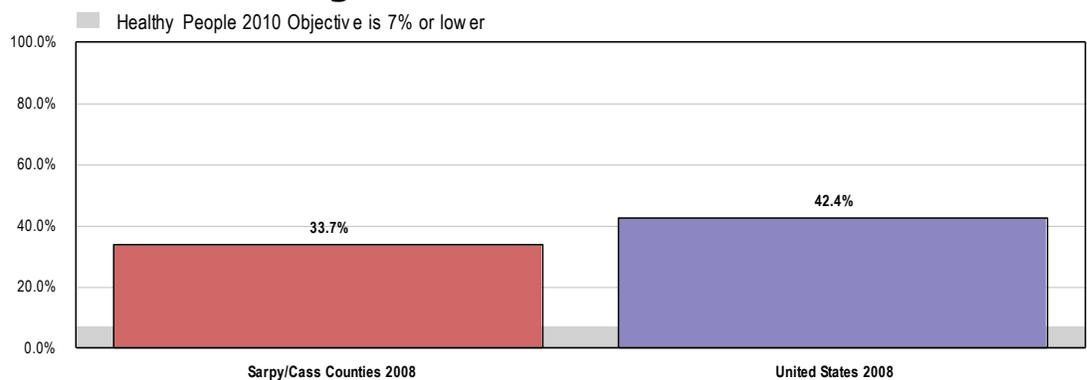
DIFFICULTIES ACCESSING HEALTHCARE

Difficulties Accessing Services

In all, one-third (33.7%) of Sarpy/Cass adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- ☑ More favorable than national findings (42.4%).
- ☑ Fails to satisfy the Healthy People 2010 target (7% or lower).

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



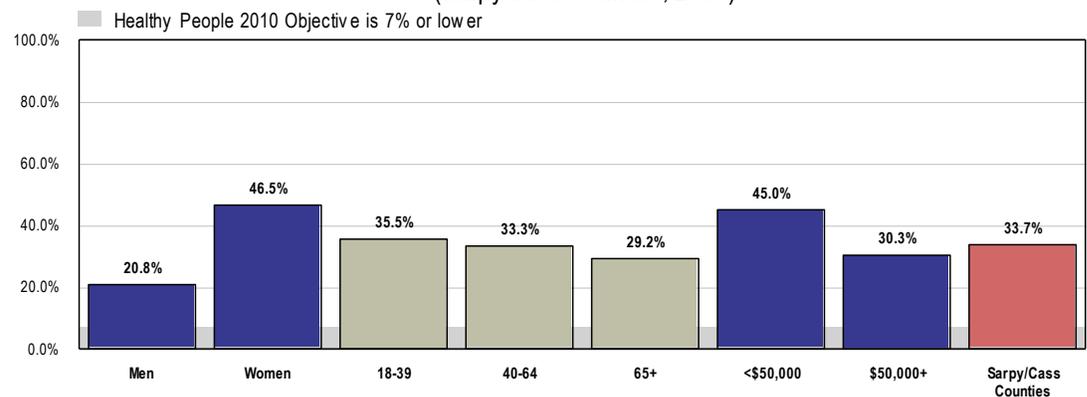
- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 189
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.
- Note:
- Asked of all respondents.
 - Includes difficulties related to availability, cost, office hours, transportation or other unspecified troubles/delays.

👥 Women more often report access difficulties than do men.

👥 As may be expected, adults living at lower incomes are more likely to experience difficulties or delays of some kind in receiving healthcare in the past year.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Sarpy/Cass Counties, 2008)



- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 189
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.
- Note:
- Asked of all respondents.
 - Includes difficulties related to availability, cost, office hours, transportation or other unspecified troubles/delays.

Barriers to Healthcare Access

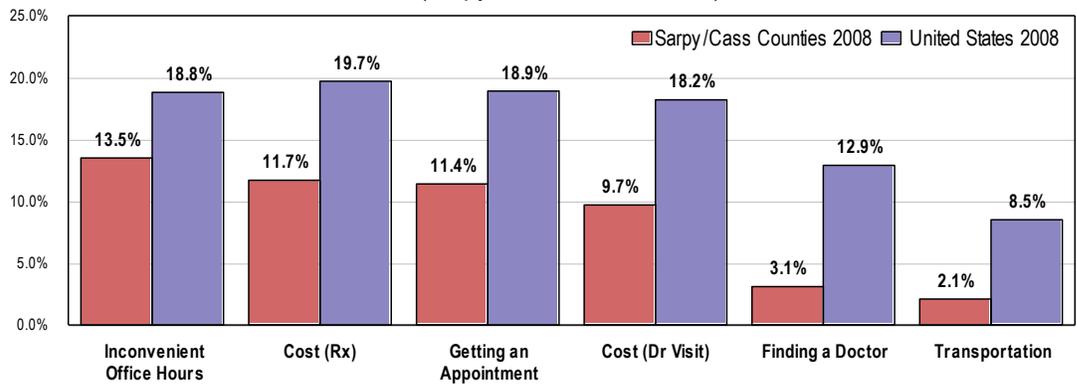
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a prescription in the past year.

The proportions of Sarpy/Cass adults impacted are more favorable than those found nationwide for each of the six tested barriers.

However, inconvenient office hours impacted the greatest share of adults in Sarpy/Cass Counties (13.5% say they were unable to afford a visit with a physician in the past year), followed closely by the cost of a prescription (which affected 11.7%).

Barriers to Access Have Prevented Medical Care in the Past Year

(Sarpy/Cass Counties, 2008)



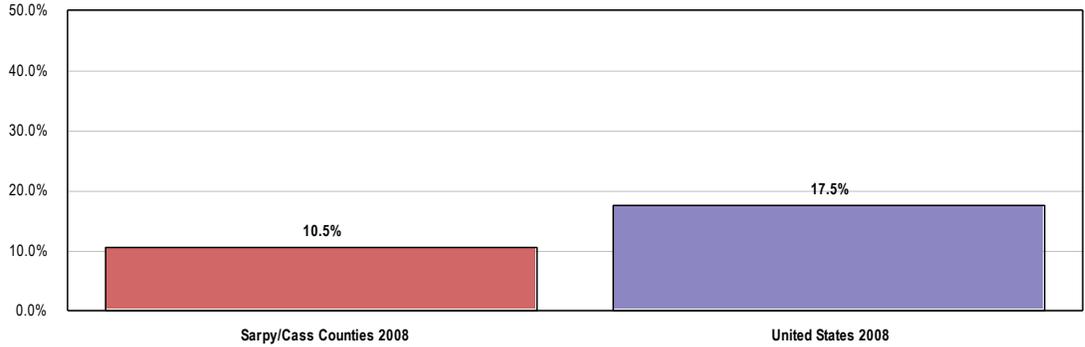
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 10-15
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Prescriptions

Among all Sarpy/Cass adults, 10.5% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- ☑ More favorable than the 17.5% reported nationwide.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money



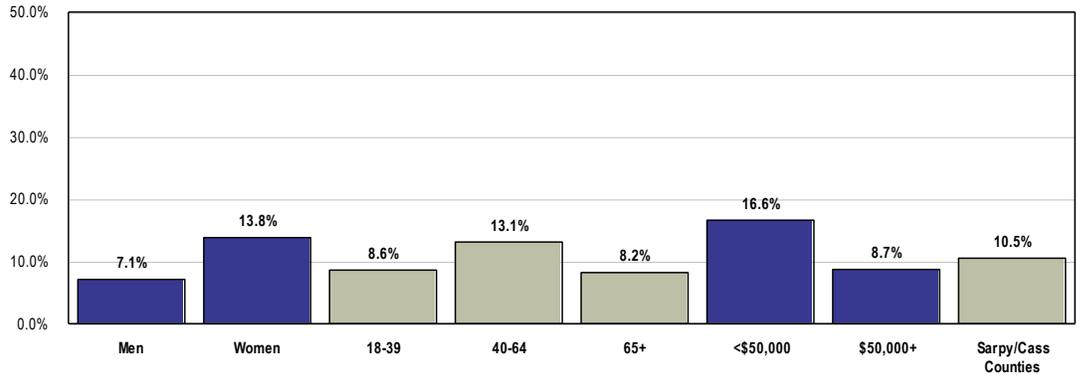
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 16
 • 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents (regardless of whether a prescription was needed or used).

- 👤 Note the lack of significant differences by key demographic characteristic.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money

(Sarpy/Cass Counties, 2008)



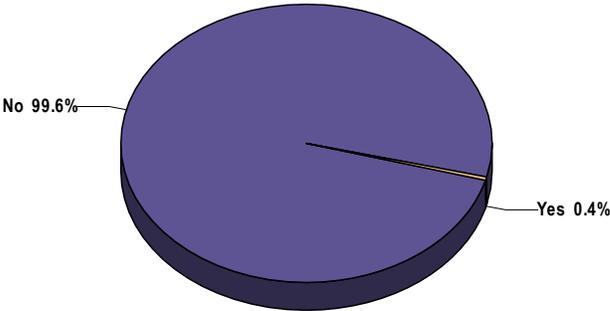
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 16

Note: • Asked of all respondents.

• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].

Among all Sarpy/Cass adults, just 0.4% were unable to see a physician in the past year due to language or cultural differences.

Unable to See a Physician in the Past Year Due to Language or Cultural Differences (Sarpy/Cass Counties, 2008)



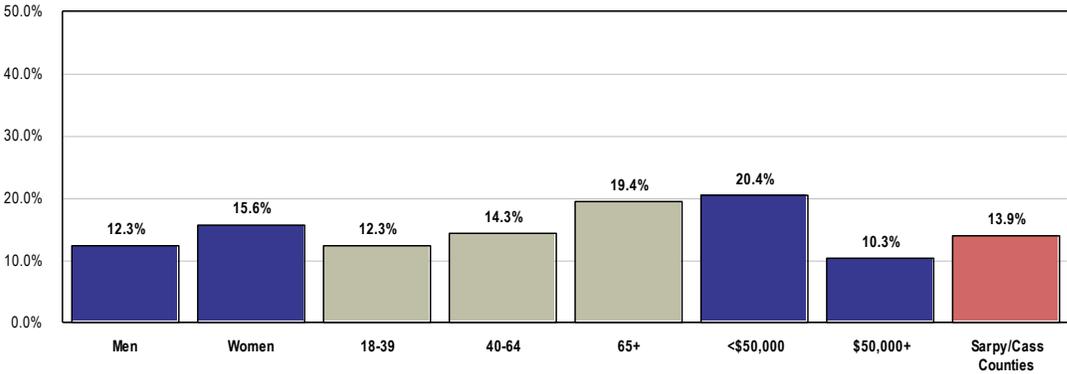
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 17
 Note: • Asked of all respondents.

Travel to See a Physician

A total of 13.9% of survey respondents indicate that in the past year, they traveled more than 30 minutes in order to see a physician for care.

👥 Those living in households with annual incomes under \$50,000 are more likely than those at higher incomes to travel more than 30 minutes for a physician visit.

Traveled More Than 30 Minutes to See a Physician in the Past Year (Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 19
 Note: • Asked of all respondents.
 • FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].

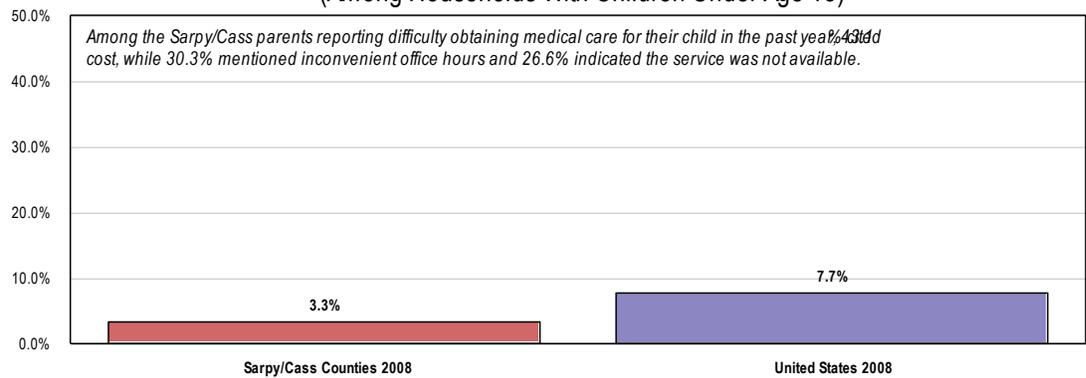
Accessing Healthcare for Children

A total of 3.3% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- ☑ Below the 7.7% reported nationwide.

Have Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Households With Children Under Age 18)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 136137
• 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of respondents with children under the age of 18.

Among the parents experiencing difficulties, the majority cited **cost** as the primary reason. Inconvenient office hours were also mentioned, as was a lack of services.

PRIMARY CARE SERVICES

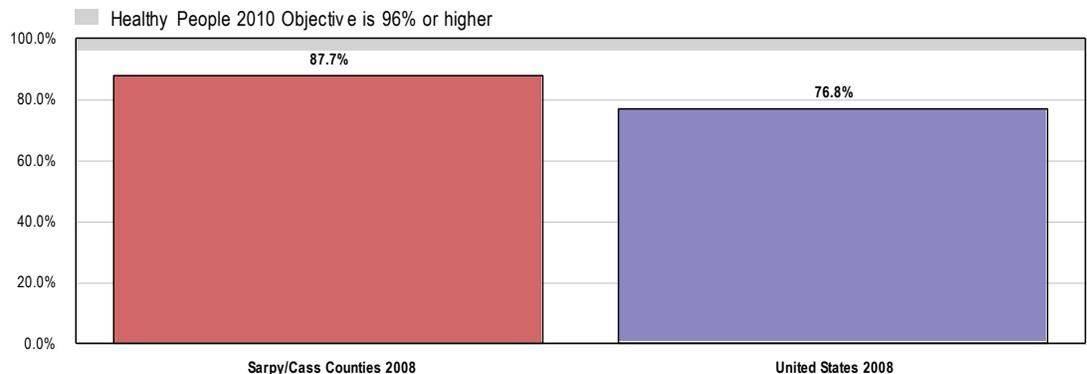
Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

87.7% of Sarpy/Cass adults were determined to have a specific source of ongoing medical care.

- ☑ More favorable than national findings (76.8%).
- ☑ Fails to satisfy the Healthy People 2010 target (96% or higher).

Have a Specific Source of Ongoing Medical Care



Source:

- 2008 PRC Community Health Survey, Professional Research Consultants. Item 188
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]

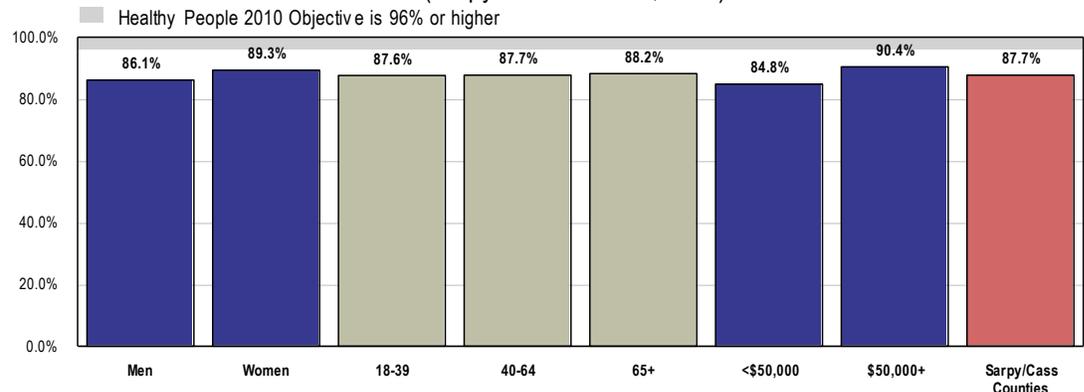
Note:

- Asked of all respondents.
- A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military/VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.

👤 Statistically comparable when viewed by demographic characteristics.

Have a Specific Source of Ongoing Medical Care

(Sarpy/Cass Counties, 2008)



Source:

- 2008 PRC Community Health Survey, Professional Research Consultants. Item 188
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4].

Note:

- Asked of all respondents.
- A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military or other VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.

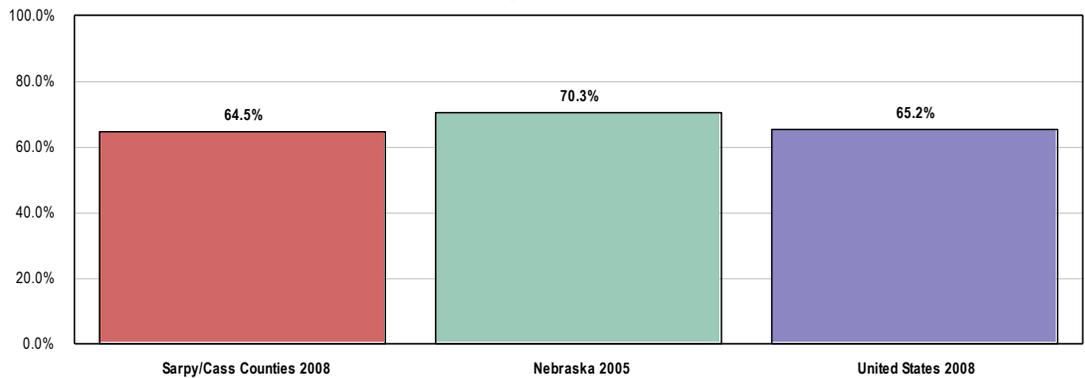
Utilization of Primary Care Services

Adults

A total of 64.5% of Sarpy/Cass adults have visited a physician for a routine checkup in the past year.

- ☑ Lower than the 70.3% reported across Nebraska.
- ☑ Comparable to national findings (65.2%).

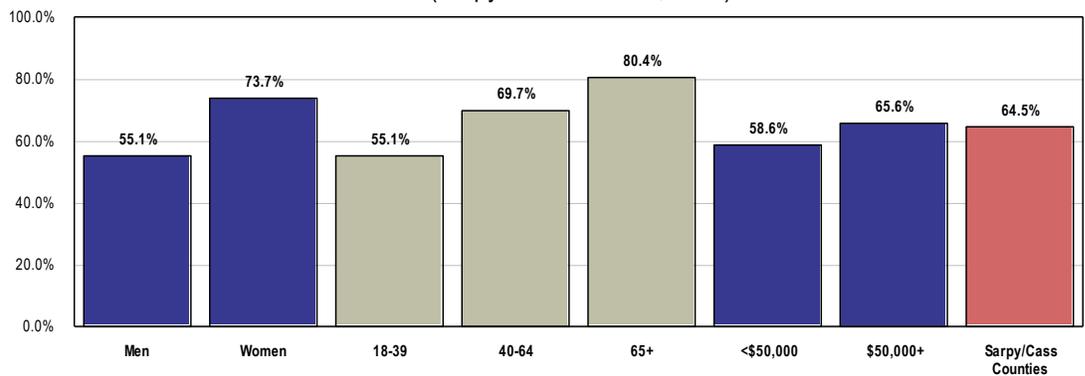
Have Visited a Physician for a Routine Checkup Within the Past Year



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 22
 • 2008 PRC National Health Survey, Professional Research Consultants.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2005 Nebraska data.
 Note: • Asked of all respondents.

Routine checkups increase with age in Sarpy/Cass Counties, and are higher among women as well.

Have Visited a Physician for a Routine Checkup Within the Past Year (Sarpy/Cass Counties, 2008)



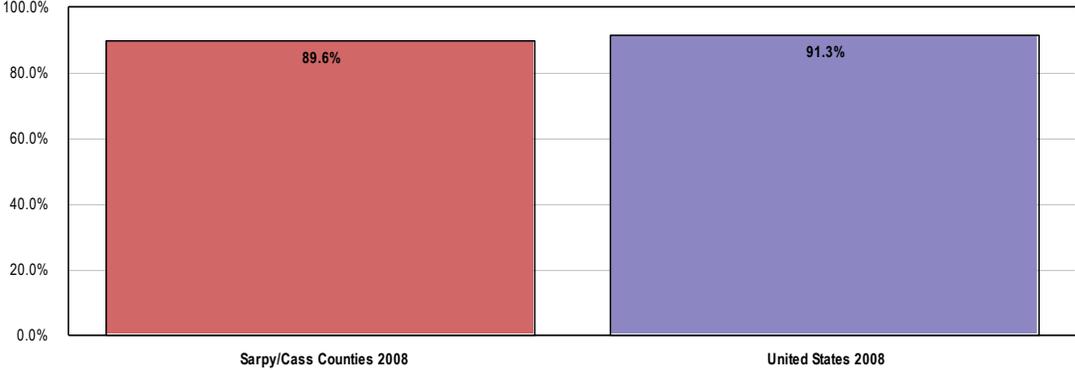
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 22
 Note: • Asked of all respondents.
 • FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].

Children

Among surveyed parents, 89.6% report that their child has had a routine checkup in the past year.

- Similar to national findings (91.3%).

**Child Has Visited a Physician
for a Routine Checkup Within the Past Year**
(Among Households With Children Under the Age of 18)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 139
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents with children under the age of 18.

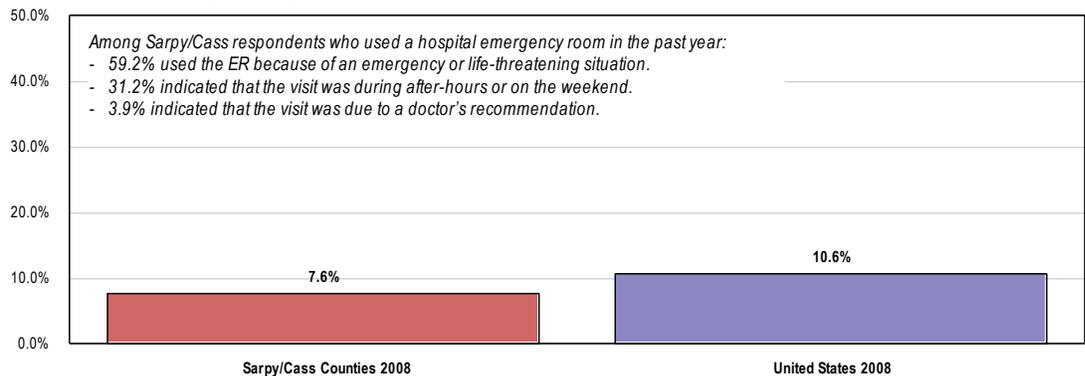
EMERGENCY ROOM SERVICES

A total of 7.6% of Sarpy/Cass adults have gone to a hospital emergency room more than once in the past year about their own health.

- Statistically comparable to national findings (10.6%).

Of those using a hospital ER, 59.2% say this was due to an **emergency or life-threatening situation**, while 31.2% indicated that the visit was during **after-hours** or on the **weekend**, and 3.9% indicate this was due to a **doctor's recommendation**.

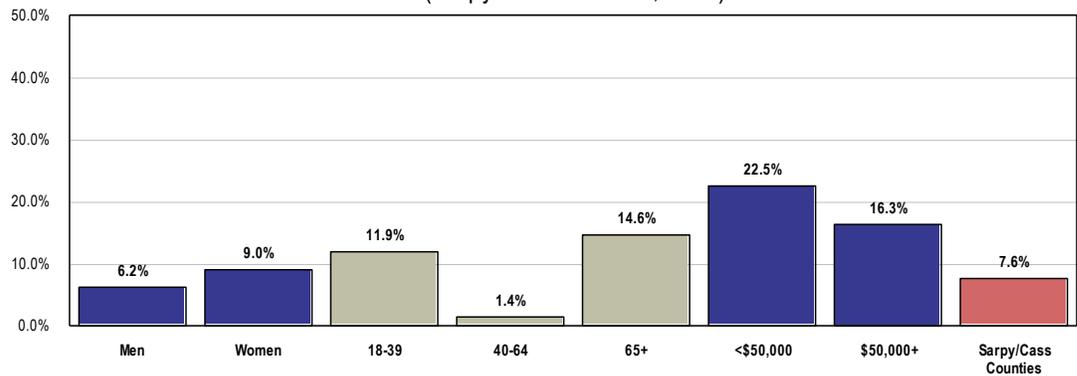
Have Used a Hospital Emergency Room More Than Once in the Past Year



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 2829
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Multiple ER visits were most often noted among residents under 40 and over 64.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 28
 Note: • Asked of all respondents.

ORAL HEALTH

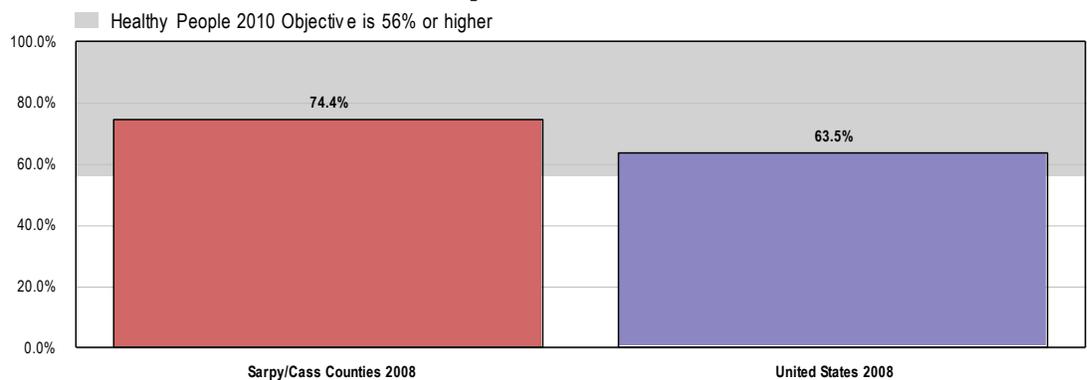
Dental Care

Adults

74.4% of Sarpy/Cass adults have visited a dentist or dental clinic (for any reason) in the past year.

- ☑ More favorable than national findings (63.5%).
- ☑ Satisfies the Healthy People 2010 target (56% or higher).

Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year



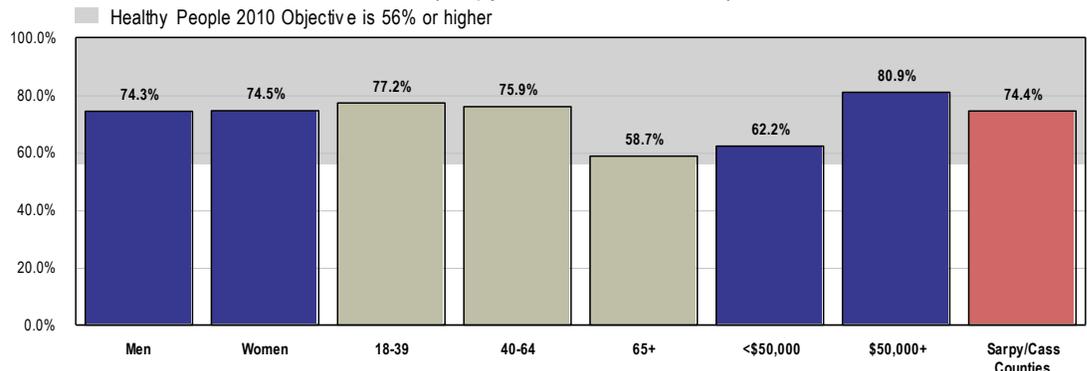
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 26
 • 2008 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]

Note: • Asked of all respondents.

Routine dental checkups are more prevalent among:

- 👤 Adults under age 65.
- 👤 Those with lower incomes.

Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year (Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 26
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10].

Note: • Asked of all respondents.

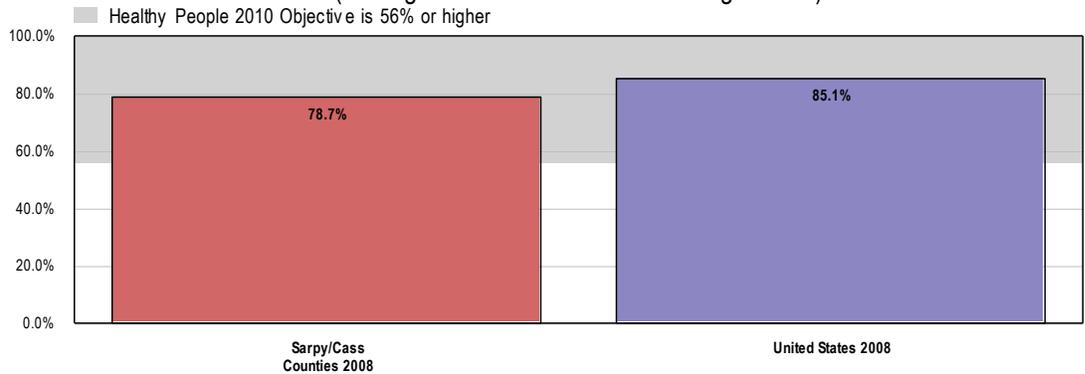
Children

78.7% of parents report that their child (aged 2 to 17) has been to a dentist or dental clinic within the past year.

- ☑ Statistically similar to national findings (85.1%).
- ☑ Satisfies the Healthy People 2010 target (56% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Households With Children Aged 2-17)



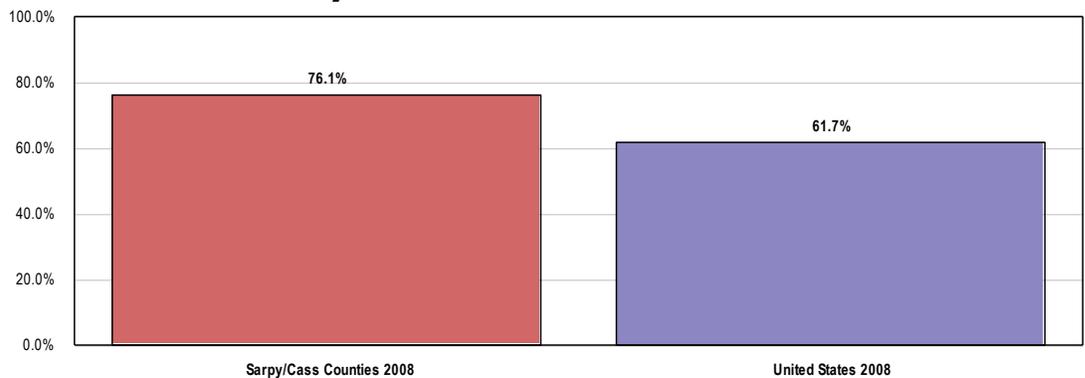
- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 138
 - 2008 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]
- Note:
- Asked of respondents with children aged 2 to 17.

Dental Insurance

Three-fourths (76.1%) of Sarpy/Cass adults have dental insurance that covers all or part of their dental care costs.

- ☑ More favorable than national findings (61.7%).

Have Insurance Coverage That Pays All or Part of Dental Care Costs



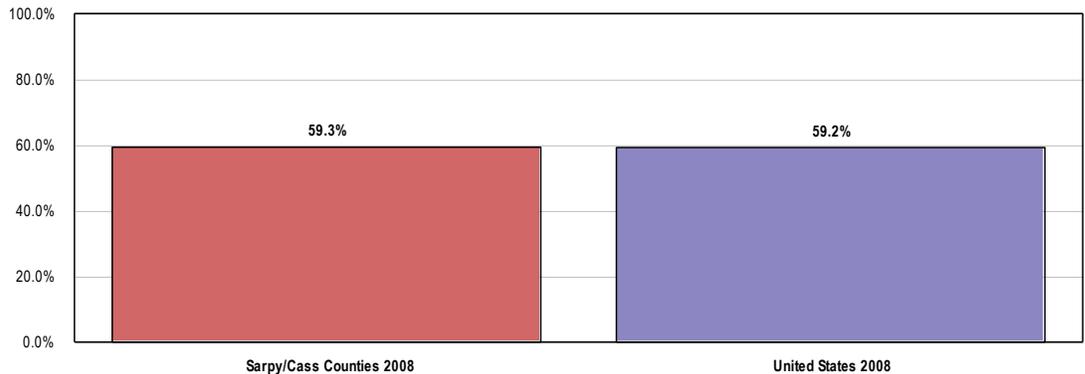
- Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 27
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of all respondents.

VISION CARE

In the past year, 59.3% of Sarpy/Cass residents have had an eye exam during which their pupils were dilated.

- ☑ Nearly identical to national findings (59.2%).

Have Had a Dilated Eye Examination Within the Past Two Years



Source:

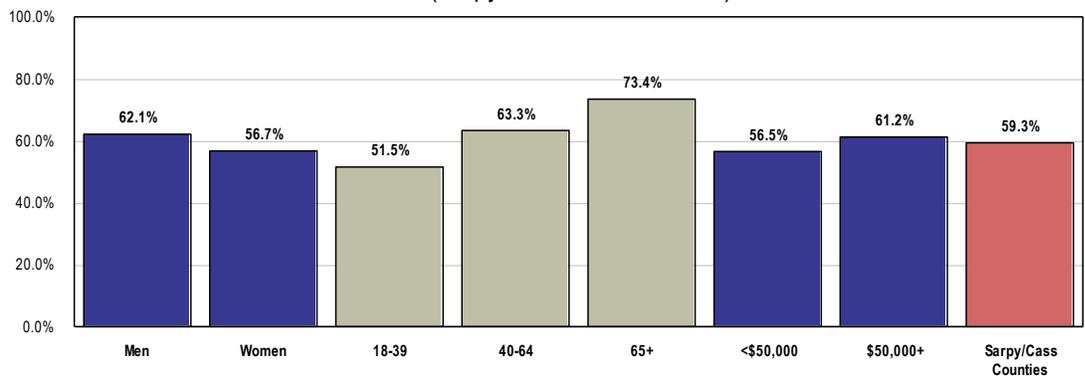
- 2008 PRC Community Health Survey, Professional Research Consultants. Item 25
- 2008 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2005 Nebraska data.

 Note:

- Asked of all respondents.

👥 Note the positive correlation between recent vision care and age in Sarpy/Cass Counties.

Have Had a Dilated Eye Examination Within the Past Two Years (Sarpy/Cass Counties, 2008)



Source:

- 2008 PRC Community Health Survey, Professional Research Consultants. Item 25

 Note:

- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].

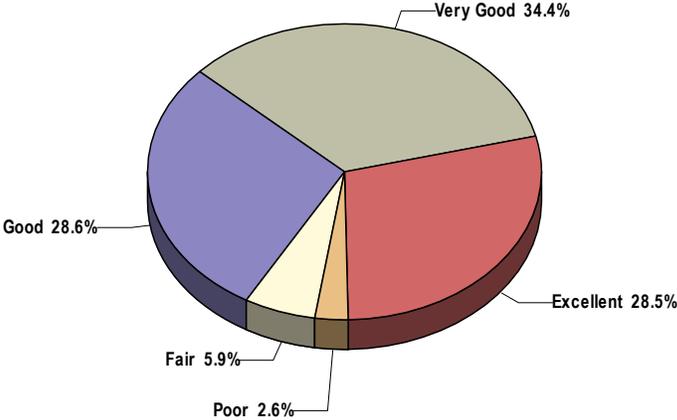
PERCEPTIONS OF LOCAL HEALTHCARE SERVICES

Ratings of Local Healthcare Services

More than 6 in 10 Sarpy/Cass adults (62.9%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- ☐ More favorable than the 47.7% reported nationally.
- ☐ Another 28.6% of survey respondents gave “good” ratings of the overall healthcare services available in their community.

Rating of Overall Healthcare Services Available in the Community
(Sarpy/Cass Counties, 2008)

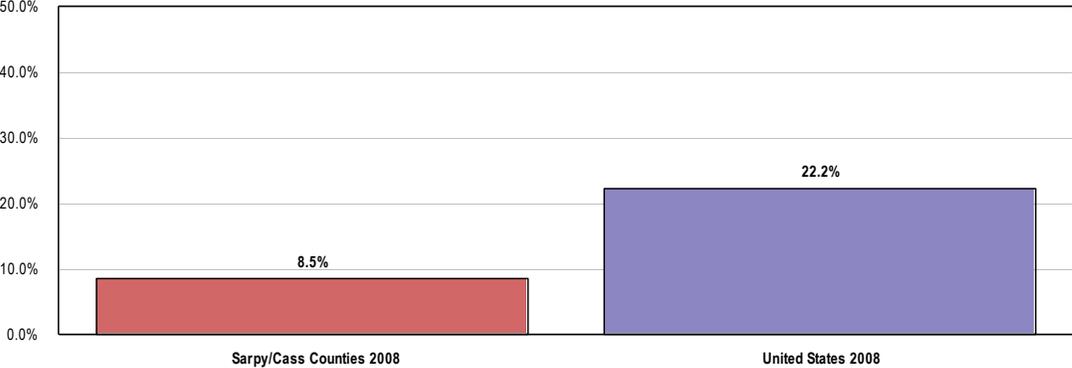


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 9
Note: • Asked of all respondents.

However, 8.5% of Sarpy/Cass residents characterize local healthcare services as “fair” or “poor.”

- ☐ Better than the national findings (22.2%).

Perceive Local Healthcare Services as “Fair/Poor”

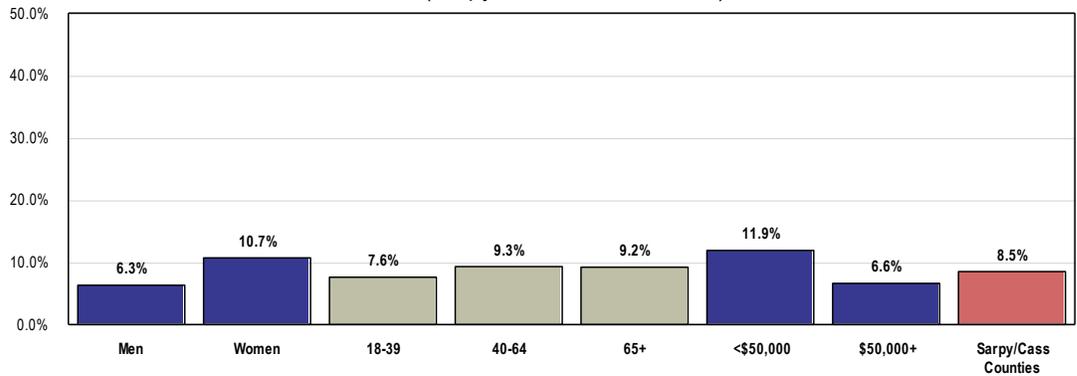


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 9
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

👥 Note the lack of statistically significant differences when segmented by key demographic characteristic.

Perceive Local Healthcare Services as "Fair/Poor"

(Sary/Cass Counties, 2008)



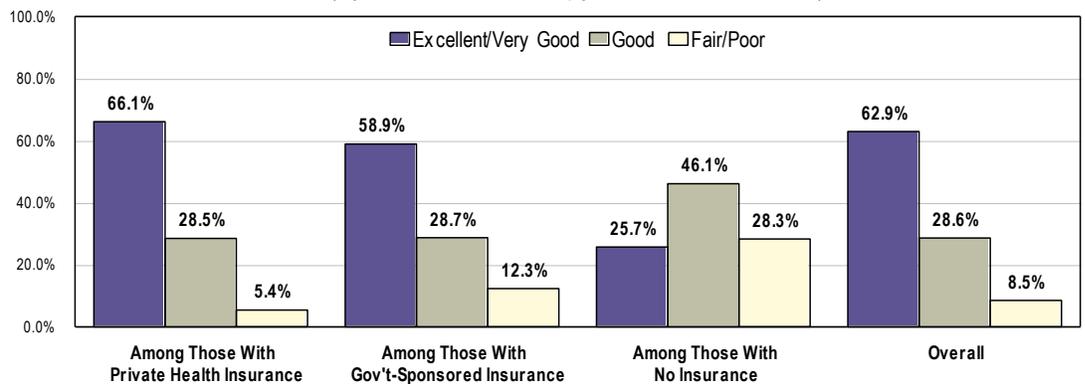
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 9
 Note: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.

By Insurance Status

👥 Note in the following chart the correlation between personal insurance status and ratings of local healthcare services. As may be expected, insured adults are more likely to give positive ratings of local healthcare than are the uninsured.

Ratings of Local Healthcare Services

(By Insured Status; Sary/Cass Counties, 2008)



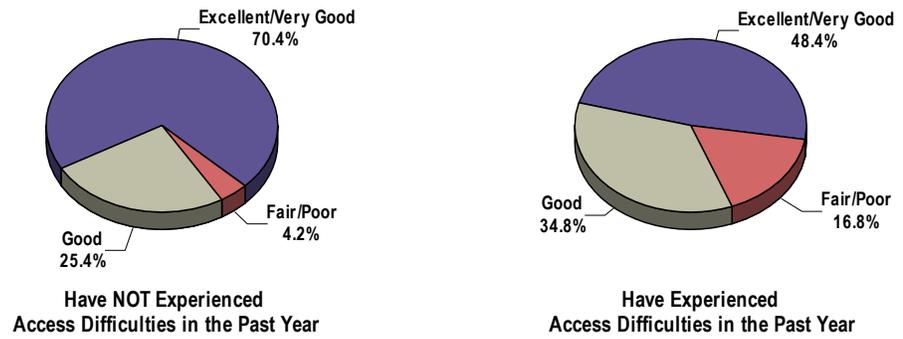
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 9, 187
 Note: • Asked of all respondents.

By Prevalence of Access Difficulties

- 👥 Sarpy/Cass residents with recent access difficulties gave much lower overall ratings of local healthcare services.

Ratings of Local Healthcare Services

(By Access Difficulties; Sarpy/Cass Counties, 2008)



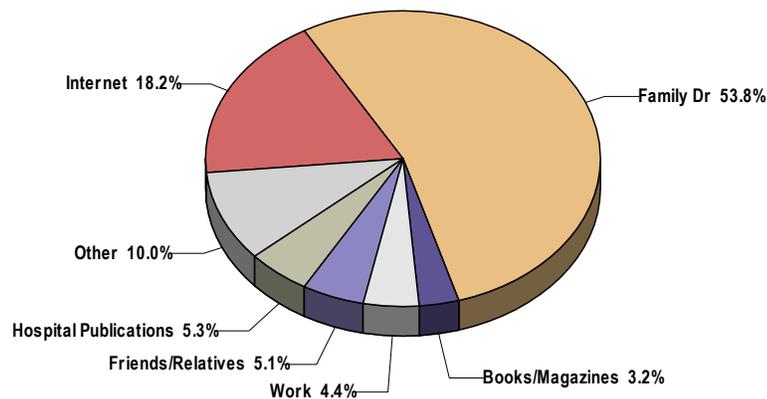
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 9, 189
Note: • Asked of all respondents.

HEALTHCARE INFORMATION SOURCES

Family physicians remain residents' primary source of healthcare information.

- More than one-half (53.8%) of Sarpy/Cass adults cited their **family physician** as their primary source of healthcare information, higher than the 36.1% across the United States.
- The **Internet** received the second-highest response (18.2%), similar to the 17.4% nationally.
- Other sources mentioned include hospital publications (5.3%), friends and relatives (5.1%), work (4.4%), and books or magazines (3.2%),

Primary Source of Healthcare Information
(Sarpy/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 129
Note: • Asked of all respondents.

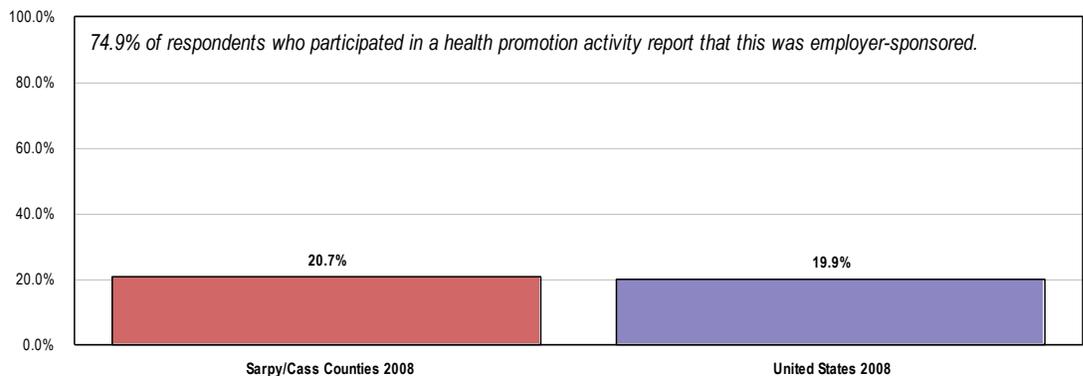
EDUCATIONAL & COMMUNITY-BASED PROGRAMS

Participation in Health Promotion Activities

A total of 20.7% of Sarpy/Cass adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- ☑ Statistically similar to the national prevalence (19.9%).
- 👤 Note that 74.9% 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



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Items 130131
• 2008 PRC National Health Survey, Professional Research Consultants.

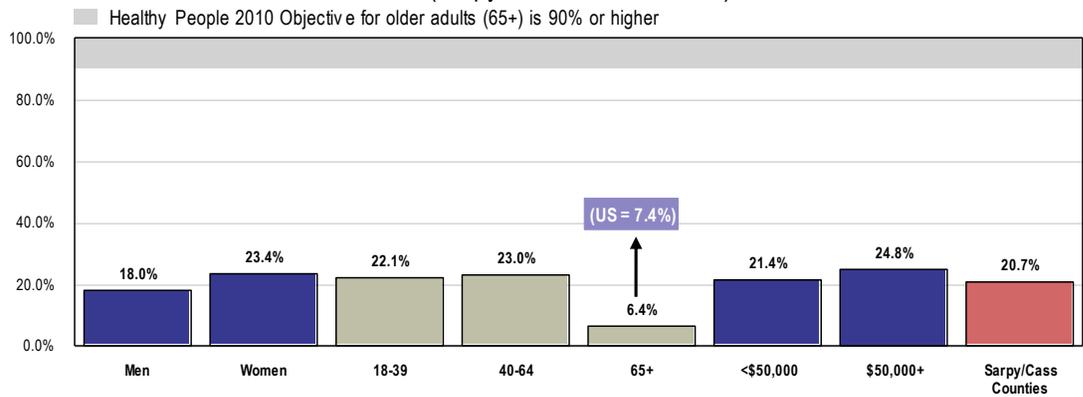
Note: • Asked of all respondents.

The following chart outlines participation among Sarpy/Cass adults by various demographic characteristics.

- 👤 Note that adults under age 65 more often report participation in health promotion activities.
- 👤 Healthy People 2010 has set a target that 90% or more of older adults (65+) participate in health promotion activities — in Sarpy/Cass Counties, only 6.4% of older adults acknowledged doing so in the past year (statistically similar to that found nationally).

Participated in a Health Promotion Activity in the Past Year

(Sary/Cass Counties, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. Item 130
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: S. Government Printing Office, November 2000. [Objective 7-12].

Note: • Asked of all respondents.