Community Health Needs Assessment

Nemaha County

2012

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Overview of the Comprehensive Community Health Needs Assessment

Under the direction of the Southeast District Health Department, a *Comprehensive Community Health Needs Assessment* for the five counties in the District (Johnson, Nemaha, Otoe, Pawnee, and Richardson) has been developed. This document will be the basis for the Community Health Improvement Plan and will serve as a reference document for the non-profit (and for profit) hospitals in the district for selection of strategic issues. This report will also address the requirements of the Patient Protection and Affordable Care Act.

The assessment was completed using the MAPP (Mobilizing for Action through Planning and Partnerships) strategic planning process in cooperation with multiple agencies. It is developed assist individual communities (counties) to serve as a reference and a single data source for multiple coalitions, organizations, and populations in the district to describe and determine the health status of their communities, while being able to compare them to the District, State, and Nation.

It is the goal of the Comprehensive Community Health Needs Assessment to describe the health status of the population, identify areas for health improvement, and determine factors that contribute to health issues and identify assets and resources that can be mobilized to address public health improvement. This process will be ongoing, with the assessment being updated and revised every three years. This process will provide the communities with current data and the ability to evaluate progress made toward their current health priorities and at the same time allowing for identification and selection of new needs/priorities.

This report is developed from various resources involved in a District wide needs assessment which includes community stakeholders group input, Behavioral Risk Factor Survey and the Nebraska Themes and Strengths Assessment Survey, data that identifies the Southeast District Health Department and the communities served by the Agency.

Addressing the needs of community health goes far beyond the work of hospitals and the public health department. A broad network of agencies must work in collaboration to meet the unique and diverse needs of their community. These agencies form a collaborative that includes public, private, faith-based, non-profit, and for profit agencies working together to effectively address the health needs of the community.

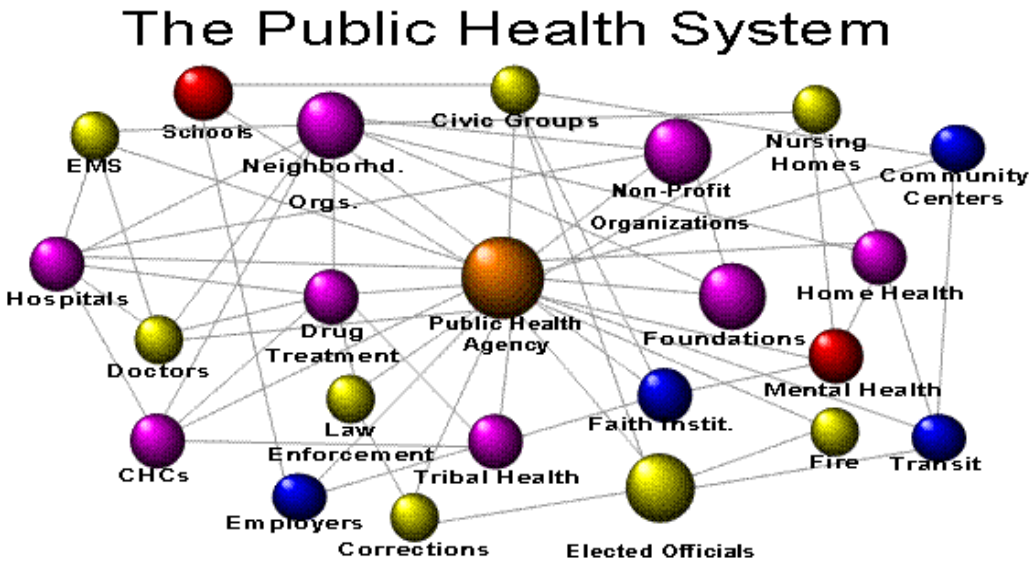
Improving Health Requires Partners

The strategy used by the Southeast District Health Department to gather data, select health priorities, develop and foster collaboration among multiple health care consumers and providers was the MAPP (Mobilizing for Action through Planning and Partnerships) process. A facilitated focus group tool, it assists communities in application of strategic thinking to prioritize public health issues and identify resources to address them. Since it is an interactive tool, it can improve the efficiency, effectiveness, and ultimate performance of local public health system

Public health is “what we as a society do collectively to assure the conditions in which people can be healthy”. Health is more than the absence of illness; rather, health is a “dynamic state of complete physical mental, spiritual, and social well being”. In insuring the public’s health, collective action involves a variety of community organizations, agencies, groups, and individuals. In order to create the conditions in which people can be healthy communities must collectively address social, economic, environmental, and biological factors. Therefore ensuring the public’s health is not just the responsibility of healthcare providers and public health officials. Improving the public's health requires the expertise of all those who live and work in the community. No single entity provides public health services in a community and all entities make important contributions to the local public health system.

The graphic below shows the community groups involved in local public health:

Figure1



Community involvement throughout the creations and the implementation of a health improvement plan results in creative solutions to public health problems. Moreover, continuous community involvement leads to community ownership of the process. Community ownership, in turn increases the credibility and sustainability of health improvement efforts. Community health includes a broad spectrum of issues addressed by numerous agencies. Addressing needs of community health goes far beyond the work of hospitals and the public health department.

Topics addressed through community health may include but not be limited to: access to health care, perceptions of the well-being of the community, utilization of social programs, child welfare, crime, alcohol and tobacco use, poverty, mortality data, obesity, diabetes, teen pregnancy, teen sexual activity, healthy children, seat belt use, texting while driving, bullying, concussion safety, environmental factors affecting health, cancer, cardiovascular disease, safe neighborhoods.

Hospitals have long been a partner in public health and the MAPP process. With the passing of the Patient Protection and Affordable Care Act, and hospitals being called to increase their accountability to the communities they serve, this partnership will serve to fulfill this requirement

Methodology

Participation in a MAPP process results in the following benefits for community partners:

- Access to accurate and current data—partners comment that access to data collected through a MAPP process is the number one benefit of participation
- Improved focus on priorities
- Reduction in the duplication of services within a community
- Increased collaboration on projects and activities
- Increase in financial resources

Qualitative Data is reported from the focus groups that were conducted by a paid facilitator familiar with the MAPP process. The initial meeting involved identifying community (county) strengths and weaknesses.

In a follow-up previous focus group members were invited back to determine priorities and a plan. Members were asked what assets were available currently to address the priorities and what kind of timeline would be involved.

Development of a Community Improvement Plan was outlined and participants were asked to vision how the plan would be implemented, who would be responsible, what the timeline would be and who would evaluate the process.

Participants were further asked to consider the Aim Statements:

- What are we trying to change?
- How will we know if the change is an improvement?
- What are the best ideas for intervention?
- Who do we need to include in the planning?

From this process, the group will continue to develop a Community Improvement Plan with the local Hospitals and the Southeast District Health Department being able to incorporate the important areas identified during the MAPP process in their strategic planning.

Quantitative Data was made available to all participants and is updated on the Southeast District Health Department's website when there is change www.sedhd.org

For the purpose of this process, Data was provided from the Community Health Assessment that provides information from various sources:

- BRFSS: Behavior Risk Factor Surveillance System, for which Southeast District Health Department provides oversampling to provide statistically accurate information.
- YRBS: Youth Risk Behavior Survey
- NRPFSS: NE Risk and Protective Factor Student Survey
- Nebraska Community Themes and Strengths Assessment Survey: Surveys conducted by the NE Department of Health and Human Services during their MAPP process.
- US Census and American Community Survey

**See Data attachments at the end of the report

Demographics

BRFSS, YRBS

Nemaha County:

Nemaha County Hospital Auburn:

Nemaha County Hospital strives to provide high-quality healthcare for the residents of our service area. It is their goal to allow the residents of Nemaha County to receive the quality of care locally that is equal to or better than what they would be able to receive in the larger cities.

Nemaha County Hospital is a 20-bed Critical Access Hospital and a Basic Level Trauma Center located in the town of Auburn, Nebraska approximately 65 miles south of Omaha and 65 miles southeast of Lincoln. It employs approximately 100 people. The hospital's primary service area is Nemaha County, but it also serves some patients from the bordering counties, which includes counties in northwest Missouri. Nemaha County Hospital provides Emergency Care services, Acute and Skilled Nursing care and Radiology and Pathology services. Nemaha County Hospital offers a variety of Outpatient Specialty Clinics including, but not limited to, Cardiology, General Surgery, OB/GYN, Podiatry, Orthopedics, Urology, Pulmonology, Oncology, Vascular, Gastroenterology, ENT, Ophthalmology, and Neurology. Nemaha County Hospital also offer Rehabilitative Services through Cardiac Rehab, Physical, Occupational, Speech and Respiratory therapies so patients may have access to these services instead of traveling to one of the larger hospitals in Lincoln or Omaha.

The population of Nemaha County is approximately 7,500 and the population of Auburn is approximately 3,300 people. Those living in the county but not living in Auburn, live in rural areas or in one of the five very small towns within the county.

Figure 2:

	Not Present in the County	Present but Not Adequate to meet the Needs of the County	Present and Adequate to Meet the Needs of the County	Bilingual Service in Spanish or through an interpreter
Primary Care				
Physicians for				

Adults (# Practicing)			5	
Primary Care Physicians for Children				
			5	
Midlevel Providers # APRN / # PA				
			3	
OB/GYN Services		X		
		See note #3		
Services for Adolescent Sexual Health				
			X	
Cardiology Services			X	
Neurology Services			X	
Orthopedic Services			X	
Urology Services			X	
Pulmonary Services			X	
Radiology and Imaging Services				
			X	
	Not Present in the County	**Present but Not Adequate to meet**	**Present and Adequate to Meet the**	**Bilingual Service in Spanish or**

		the Needs of the County	Needs of the County	through an interpreter
Hospice Care			X	
Respite Care for Adults			X	
Respite Care for Children			X	
Dental Care Services for Adults				
			X	
Dental Care Services for Children				
			X	
Behavioral Health Services			X	
			See note #1	
Substance Abuse Services			X	
			See note #2	

#1 Except for those in crisis

#2 Except for those in crisis

#3 OB services provided by local physicians through 2nd trimester

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Focus Group Results

Community Meeting One: Strengths and Weaknesses

In collaboration, Nemaha County Hospital and the Southeast District Health Department (SEDHD) initiated the MAPP Process in Nemaha County. Nemaha County Hospital served as the host and invited community members from throughout the county. SEDHD provided the data and facilitation.

Groups were divided in tables of approximately 8 per group. Representatives were present from the following: law enforcement, medical community, county government, local businesses, local schools, hospital, and health department.

The paid facilitator explained the MAPP process and tasked the group with remembering the community was defined as the whole county.

Groups were first tasked with identifying all the strengths of the community (county).

Sticky notes were used to write 2-3 word descriptions of positive things about Nemaha County. These were then categorized by placing similar notes in columns. By doing this the facilitator was able to identify five categories:

Community Services

Schools/Education

Emergency Services

Workforce

Health Care

The group was then tasked through the same process to identify weaknesses in the community. The results of this exercise identified:

Social Issues

Transportation

Gaps in Medical Services

Employment challenges/options

Infrastructure

Mental Health

Members agreed to return in one month for the visioning process. SEDHD agreed to send out the results of the first meeting and data needed to support the document.

Referenced input for both categories was as follows:

Strengths:

1. Community Services
    a. Programs for community services
        i. Senior services
        ii. Backpack program
        iii. Meals on Wheels
        iv. Handibus
    b. Community support from churches
        i. Community garden
    c. Lots of kids' activities available
    d. Communication with NADAA (reach younger kids)
    e. Project Response
    f. Wellness Center
    g. Parks & Recreation facilities
2. Schools/Education
    a. Good schools
    b. Community pride
    c. Peru State College
3. Emergency Services
    a. Good Emergency Services/Management
    b. Emergency Medical Services
    c. Good law enforcement
4. Workforce
    a. Industry
        i. Jobs available

5. Healthcare
    a. Good hospital services
    b. Home Health, Hospice, SEDHD
    c. Relationship of medical community
    d. Access to health care
    e. Lifeline program
    f. Blue Valley Mental Health
        i. 24 hour hotline
    g. Good Samaritan Society

Weaknesses:

1. Social Issues
    a. Community wellness culture
        i. All ages
    b. Decrease in non-traditional family
        i. Lack of good role models
    c. Diversity and willingness to accept
    d. Poverty
    e. Access to illegal drugs
    f. Multicultural issues
        i. Language barriers
    g. Aging population
2. Transportation
    a. Lack of transportation
        i. Ability to get to services
    b. Transportation
    c. Alternative transportation
        i. Bikes
        ii. Walking

3. Gaps in medical services
    a. Outpatient specialists
        i. Need to attract more specialties
    b. Gap in medical services
        i. After hours clinic vs. Emergency Room
    c. Lack of non-traditional / alternative medical services
4. Employment challenges/options
    a. Job availability
5. Infrastructure
    a. Housing for elderly
        i. Need for non-income based
    b. Lack of access to necessities in smaller towns
6. Mental health
    a. Mental health
    b. Lack of mental health services/awareness

Community Meeting Two: Prioritizing and Planning

The second community focus group was held approximately one month after the first. Members were invited to return and bring any community members they felt could benefit the group and planning process.

The material from the first focus group was emailed to all participants one week prior to the meeting. Nemaha County Hospital was the host agency and facilitation was managed by the previous facilitator.

The group was tasked with the process of identifying and developing priorities from the strengths and weaknesses document while keeping in mind the AIM statements:

- What are we trying to change?
- How will we know if the change is an improvement?

- What are the best ideas for the intervention?
- Who do we need to include in the planning? (AND are they here?)
- How will we evaluate success/failure?
- What will the timeline be for evaluation of the project?

Tasked with the goal of the evening to develop priorities that will be attainable and a benefit for the entire community, the group was again divided into small groups.

Priorities selected were:

Culture of Wellness

Economic Growth

The group had many ideas for making the priorities become action items. A process to develop interventions involved in meeting the changes chosen.

The following outline is a listing of ideas put before the group as possible activities.

TOP PRIORITIES:

- Keep families together
    - Problems to address:

        - Job availability at an individual's skill level
        - Lack of traditional role models
        - Drug/alcohol availability
        - Mental health access
- Need for culture of wellness
- Economic growth
    - Job opportunity
    - Skilled workers
    - Communication of jobs available

Culture of wellness and Economic growth were identified as the two highest priorities.

ASSETS AND NEEDS:
Keeping Families Together:

- What we have
    - Dave Ramsey course (monitor budget/spending)
    - SENCA budgeting course
    - TeamMates, Big Brother/Big Sister
- What we want
    - New- parent courses
    - Parenting courses
    - Personal Value Programs
    - Outreach from churches and community groups
    - Mental health: increased availability/reduced stigma for accessing

I. Culture of Wellness:

- How do you get the county to want wellness?
    - What we have

        - Parks/ gyms
        - Farmer's market
        - Recreational programs

    - What we want
        - Easy bike routes
        - Safe walking areas year round
        - Trails that connect to priority areas
        - Expanded availability of wellness classes (affordable)
        - Expanded wellness groups/challenges (5K runs, etc)
        - Disc golf course possibly on Peru campus
        - Infrastructure → sidewalks, lighting
        - Age appropriate opportunities
            - Get elderly out (with grandchildren)
        - Push for healthy eating (marketing plan)
        - Smoke-free environments (housing)
        - Target obesity (availability of healthy snacks/drinks and education)
        - Work-site wellness

II. Economic growth

- What we want
    - Better communicate jobs available
        - Train library staff and schools about available job search sites
        - Billboards
    - Training/school opportunities
    - Transportation to jobs
    - Meeting with cities, chambers, etc to develop county-wide plan
    - Establishment of wellness council

NEXT STEPS

The group agreed to meet again to do planning and a Community Health Improvement Plan.
Nemaha County Hospital and SEDHD will be members of the process, but the plan must be community driven to develop.
Nemaha County Hospital will be updating their Strategic Plan as will SEDHD once the district plan is completed.
All organizations will continue to provide planning resources and assistance in development of the plans.

Community Meeting Three: Community Health Improvement Plan

The third community focus group was held approximately two months after the second. Members were invited to return and bring any community members they felt could benefit the group and planning process.

The material from the second focus group was emailed to all participants one week prior to the meeting. Nemaha County Hospital was the host agency and facilitation was managed by the previous facilitator.

The group was tasked with the process of developing a Community Health Improvement Plan based on the top priorities chosen at the second focus group meeting. The group was again asked the following questions:

- What are we trying to change?
- How will we know if the change is an improvement?
- What are the best ideas for the intervention?
- Who do we need to include in the planning? (AND are they here?)
- How will we evaluate success/failure?
- What will the timeline be for evaluation of the project?

Tasked with the goal of the evening to develop a plan that would meet the needs of the community to improve health and wellness, the group came up with the following goal:

Improve Culture of Wellness:

- Utilize current assets
- Include The Wellness Center
    - Find out what is already available
    - Are people outside of Auburn willing to come to Auburn?
        - Should we look at individual towns?
- Getting fitness groups out to all/more towns
    - Could possibly use Peru State College students
        - Would need certifications (about $300 each)
- After school programs

- Make community-wide challenges for healthy lifestyle (businesses and communities)
    - “Live for Life” point system (Body Mass Index, Blood Pressure, etc)
- Software or web-based program for wellness groups/challenges
- Create/send out survey to catalog what is already available (resources)/level of interest
- Tweak School Health Index from CDC to fit communities
    - Survey students and aging population as well
- Community Olympics
    - Possibly sponsored by the hospital and other organizations
    - Could be used to launch Wellness Initiative Programs

Members of Wellness Initiative “Team”:

- Dr. Ellie Kunkel, PSC
- Peru State College students
- Hospital staff (will support)
- Southeast District Health Department

Key Players:

- Nemaha County Wellness Center
- Community chambers/village boards
- Schools
- Youth organizations
- Business leaders
- Senior centers
- Churches
- Extension
- Housing authority
- Service organizations (Rotary, Kiwanis, etc)
- SENCA

- Ministerial Association
- City Rec
- Blue Valley Mental Health
- Southeast District Health Department

Timeline:

- January
    - Develop survey by sub-committee
    - Develop list of those to survey
- February
    - Meeting early in the month prior to sending out the survey
- March/April
    - Face-to-Face with key players
- May/June
    - Develop plan to kick-off initiatives

Community Health Assessment: Southeast District Health Department

Standard I : Community Health Assessment Measures	Nemaha	Southeast District Total	Nebraska	
Data about community health, environmental health risks, he+A1alth disparities and access to critical care services are collected, tracked, analyzed and utilized along with evidence-based practice to support state health policy and program decisions.				
1.1.1. Community Demographics				
.1.1.1.aTotal Population 2010	7280	39369	1842641	
Square Miles	408	2384	76589	
1.1.1.b. Population density	16.8	16	23.3	
1.1.1.c. Population by gender / RE				
Male	3380	18519	884280	
Caucasian	3282	17949	807609	
Black	33	103	40167	
Native American	17	180	9382	
Asian	21	129	15772	
Hispanic	79	702	75688	
Minority	168	1228	146549	
Female	3476	19510	899152	
Caucasian	3384	18938	821957	
Black	15	58	40007	
Native American	9	162	9567	

Asian	32	154	16014	
Hispanic	69	635	64810	
Minority	155	1177	136646	
1.1.1.d. Population by age/race/ethnicity				
Total 2008 data	6856	38029	1783432	
0-4	429	2133	132092	
5-14	789	4347	239370	
15-24	1107	4915	262190	
25-44	1326	7883	457177	
45-64	1945	10609	451756	
65-74	587	3460	117097	
75-84	429	2770	82742	
85+	244	1912	41008	
Caucasian	6666	36887	1629566	
0-4	412	2015	113312	
5-14	754	4113	209781	
15-24	1052	4702	235615	
25-44	1298	7604	413280	
45-64	1906	10406	425476	
65-74	581	3410	111877	
75-84	425	2744	80195	
85+	238	1893	40030	

Black	48	161	80174	
0-4	3	16	8559	
5-14	14	40	14424	
15-24	19	37	14342	
25-44	6	45	22530	
45-64	4	15	15083	
65-74	1	2	3050	
75-84	0	3	1583	
85+	1	3	603	
Native American	26	342	18949	
0-4	0	30	2839	
5-14	4	61	3636	
15-24	10	79	3428	
25-44	4	84	4966	
45-64	6	59	3100	
65-74	1	13	616	
75-84	1	12	248	
85+	0	4	116	
Asian	53	283	31786	
0-4	2	12	2956	
5-14	8	51	4600	
15-24	12	32	4542	

25-44	8	90	12105	
45-64	17	72	5841	
65-74	1	14	1149	
75-84	1	6	460	
85+	4	6	133	
Hispanic	148	1337	140498	
0-4	18	215	20949	
5-14	35	317	30212	
15-24	34	221	21273	
25-44	42	415	45458	
45-64	15	125	18037	
65-74	2	22	2675	
75-84	1	13	1378	
85+	1	9	516	
Minority	323	2405	283195	
0-4	34	317	36907	
5-14	67	539	57226	
15-24	83	417	46173	
25-44	67	676	86561	
45-64	52	321	43193	
65-74	8	71	7793	
75-84	5	37	3878	

85+	7	27	1464	
1.1.1.f. Total live births-2009	72	466	26992	
1.1.1.g. Deaths-2008	100	549	15451	
1.1.1.h. Population - 2000	7567	40066	1713322	
Population 2009 - Population 2000	-711	-743	70110	
1.1.1.i. Household x type x children/no children (2000)	3,047	16,326	666,184	
Families	1,981	10,886	443,411	
Married couples with children <18	711	3,993	170,456	
Single parent families	212	1,129	56,939	
Single parent male household with children <18	50	338	13,651	
Single parent female household with children <18	162	791	43,288	
Non-family household	1,066	5,440	222,773	
1.1.1.j. Household x type x R/E (2000)				
Caucasian	98.1	97.5	92.1	
Families	1949	10614	406981	
Married couples with children <18	689	3772	152355	
Single parent families	191	976	41469	
Single parent male household with children <18	46	294	10407	
Single parent female household with children <18	145	682	31062	
Non-family household	NA	NA	NA	

Black	0.5	0.3	4.3	
Families	3	18	15917	
Married couples with children <18	0	4	3724	
Single parent families	1	6	6191	
Single parent male household with children <18	1	2	778	
Single parent female household with children <18	0	4	5413	
Non-family household	NA	NA	NA	
Native American	0.5	0.7	0.9	
Families	5	65	3066	
Married couples with children <18	3	23	892	
Single parent families	1	21	1130	
Single parent male household with children <18	0	8	229	
Single parent female household with children <18	1	13	901	
Non-family household	NA	NA	NA	
Asian	0.8	0.7	1.6	
Families	10	43	4376	
Married couples with children <18	4	20	2094	
Single parent families	1	8	450	
Single parent male household with children <18	1	4	115	
Single parent female household with children <18	0	4	335	
Non-family household	NA	NA	NA	
Hispanic	1.2	2.4	6.9	

Families	11	133	18352	
Married couples with children <18	8	62	9285	
Single parent families	0	28	3746	
Single parent male household with children <18	0	7	1234	
Single parent female household with children <18	0	21	2512	
Non-family household	NA	NA	NA	
1.1.2. Community Socioeconomic Characteristics				
1.1.2.a. Per capita personal income (2007)	32920	30699	36372	
1.1.2.b. Median household income (2008)	44608	44130	49993	
1.1.2.c. Unemployment (2008)	4.6	3.9	3.4	
1.1.2.d. Percent of population below 100% of poverty (2008)	11.8	10.7	10.8	
1.1.2.e. Percent of children age 5-17 living below 100% of poverty (2008)	11.8	11.7	11.7	
1.1.2.f. Percent of population below 100% of poverty by R/E (2000)				
Caucasian	12.6	9.4	8.2	
Black	0	44.3	27.4	
Native American	0	11.8	33	
Asian	29.2	21.4	12.8	
Hispanic	0	11.5	20.4	
1.1.2.g. Percent of school age children receiving the free or reduced lunch program (Pre K - 12) 08-09 School Year	36.1	36.4	35.7	
1.1.2.h. Food stamp recipients				
1.1.2.i. WIC eligibles				
1.1.2.j. WIC recipients (2009)	211	1364	79047	

Pregnant women	19	74	4282	
Breastfeeding	7	45	5987	
Postpartum	35	262	12658	
Infants	29	197	10238	
Children	121	786	45882	
1.1.2.k. WIC recipients x RE (2009)	211	1364	79050	
Caucasian	195	1100	38116	
Black	3	11	8733	
Native American	0	3	980	
Asian	0	1	1203	
Hispanic	9	221	24774	
1.1.2.l. Medicaid eligibles (2009)	880	4283	206725	
1.1.2.m. Medicaid eligibles and expenditures by recipient category (2008)				
Aged	118	627	17767	
Blind/Disabled	173	713	31409	
ADC children	493	2559	139592	
ADC adults	96	385	17966	
1.1.2.n. Medicaid covered births (2008)	31	159	10049	
1.1.2.o. Medicaid expenditures by type of service provided				
Fee for service (2009)	$8,460,294	$34,602,826	$1,430,837,152	
Capitated				
Mental health				

Medical (2009)	$399	$15,894	$86,971,432	
1.1.2.p. Utilization of services by program				
Reproductive Health, 2009 family planning clients	109	329	21433	
ADC (number of families)--FY2009	31	118	8620	
Food stamp (number of households)--FY2009	258	1162	55026	
1.1.2.q. Nursing home and hospital LTC - licensed beds (2009)	102	734	16814	
Nursing home and hospital LTC - occupancy rate	76.8	72.6	78.5	
Number of persons aged 65+ in NH/LTC	75	538	13325	
% of population aged 65+ in NH/LTC	5.5	6.6	5.5	
1.1.2.r. Access to dental care by low income persons				
1.1.2.s. Education attainment (2000)				
< 9th grade	6.9	7.0	5.4	
9th-11th grade	7.6	9.1	8.0	
High school diploma	33.2	39.9	31.3	
Some college	22.9	20.6	24.3	
Associate Degree	6.6	6.3	7.3	
Baccalaureate Degree	17.0	12.4	16.5	
Graduate or Professional Degree	5.9	4.8	7.3	
1.1.2.t. Educational Attainment by R/E (2000)				
Caucasian				
< 9th grade	6.8	6.8	4.5	

9th-11th grade	7.4	8.8	7.3	
High school diploma	33.3	40.1	31.8	
Some college	23.1	20.7	24.5	
Associate Degree	6.5	6.4	7.5	
Baccalaureate Degree	17.1	12.5	17	
Graduate or Professional Degree	5.8	4.7	7.4	
Black				
< 9th grade	0	20.6	5.3	
9th-11th grade	0	0	16	
High school diploma	100	44.1	31.2	
Some college	0	23.5	27.4	
Associate Degree	0	0	5.9	
Baccalaureate Degree	0	11.8	10.5	
Graduate or Professional Degree	0	0	3.6	
Native American				
< 9th grade	0	4.7	9	
9th-11th grade	36.4	7.6	15.1	
High school diploma	45.5	44.4	33.7	
Some college	0	26.3	26.1	
Associate Degree	18.2	5.3	7.4	
Baccalaureate Degree	0	9.9	6.2	
Graduate or Professional Degree	0	1.8	2.6	

Asian				
< 9th grade	17.9	19.5	10.8	
9th-11th grade	17.9	30.5	11.9	
High school diploma	0	6.8	17.1	
Some college	5.1	12.6	13.3	
Associate Degree	15.4	3.2	5.4	
Baccalaureate Degree	17.9	9.5	21.8	
Graduate or Professional Degree	25.6	17.9	19.8	
Hispanic				
< 9th grade	8	27.8	34.2	
9th-11th grade	0	31.9	19.2	
High school diploma	24	15.8	21.3	
Some college	28	9.5	13.9	
Associate Degree	32	6.2	2.9	
Baccalaureate Degree	0	4.8	5.9	
Graduate or Professional Degree	8	4	2.7	
1.1.2.u. Child protection and safety average # children in/out of home care (2009)	6.4	9.1	11.4	
1.1.2.v. Children involved in substantiated cases of abuse/neglect (2007-2009)	6.4	8	10.4	
1.1.2.w. Total arrests (rate/1,000)--2007	50.9	27.2	51.5	
Total arrests (rate/1,000) - 2008	41.1	39.5	51	
Arrests for violent crimes (rate/1,000) - 2007	0.7	0.3	1	

Arrests for violent crimes (rate/1,000) - 2008	0.3	0.4	1.1	
Reported forcible rape offenses (rate/1,000) - 2007	0.9	0	0.1	
Reported forcible rape offenses (rate/1,000) - 2008	0	0	0.1	
Arrests for DUI (rate/1,000) - 2007	0	4.9	7.6	
Arrests for DUI (rate/1,000) - 2008	0.6	5.1	7.8	
Drug law violations (rate/1,000) - 2007	10.7	2.5	5.8	
Drug law violations (rate/1,000) - 2008	10.2	4.4	5.9	
Total juvenile arrests (rate/1,000) - 2007	14.6	21.2	35	
Total juvenile arrests (rate/1,000) - 2008	7.2	30.7	35	
Juvenile arrests for violent crimes (rate/1,000) - 2007	8.2	0.2	0.6	
Juvenile arrests for violent crimes (rate/1,000) - 2008	8.2	0.2	0.5	
Juvenile arrests for DUI (rate/1,000) - 2007	36.7	0.6	0.6	
Juvenile arrests for DUI (rate/1,000) - 2008	19.3	0.6	0.6	
Juvenile arrests for drug law violations (rate/1,000) - 2007	19.7	1.2	2.6	
Juvenile arrests for drug law violations (rate/1,000) - 2008	0.7	2.7	2.6	
Number of domestic violence crisis calls (rate/1,000)	31.9	29.6	19.8	
1.1.3. Health Resource Availability Data				
1.1.3.a. No health care coverage - 2007 - Ages 18-64	14	12.5	15	
No health care coverage - 2008 - Ages 18-64	19.3	19.3	15	
No health care coverage - 2009 - Ages 18-64	12	12	15.9	
1.1.3.b. No personal health care provider - 2007	10.1	23.2	16.4	
No personal health care provider - 2008	11	11	14.9	

No personal health care provider - 2009	8.8	8.8	15.5	
1.1.3.c. Unable to see a doctor due to cost - 2007	9.8	5.6	10	
Unable to see a doctor due to cost - 2008	12	12	10.9	
Unable to see a doctor due to cost - 2009	10.3	10.3	11.5	
-- Visited doctor in last 12 months - 2007	58	58	62	
-- Visited doctor in last 12 months - 2008	61.2	61.2	60.2	
-- Visited doctor in last 12 months - 2009	60.1	60.1	58.8	
1.1.3.d. Nebraska primary care physicians by race and ethnic origin				
1.1.3.e. Federal Shortage Area Designations				
HPSA				
MUA/MUP				
1.1.3.f. Federally designated primary medical care health professional shortage			Part	
1.1.3.g. Federally designated mental health professional shortage	X	All	Part	
1.1.3.h. Federally designated dental health professional shortage		Part	Part	
1.1.3.i. Federally designated medically underserved areas and populations				
1.1.3.j. State designated health professional shortage areas				
Family practice		Part	Part	
General surgery	X	All	Part	
Internal medicine	X	All	Part	
Pediatrics	X	All	Part	
Obstetrics/Gynecology	X	All	Part	

Psychiatrics	X	All	Part	
Dental		Part	Part	
Pharmacy		Part	Part	
Occupational Therapy	P	Part	Part	
Physical Therapy		Part	Part	
1.1.3.k. Number of health professionals in area (2010)				
Physicians	6	24	4048	
FM/GP	5	25	731	
Internal Medicine	0	1	243	
Pediatrics	0	0	199	
OB/GYN	0	0	159	
Psychiatrists	0	1	151	
Dentists	3	18	1173	
Pharmacists	5	31	2117	
Physical Therapists	3	15	1251	
Physician Assistants	3	11	738	
Nurse Practitioners	1	9	769	
RN's	58	369	22346	
LPN's	27	212	6789	
1.1.3.l. Persons served per health professional				
Physicians	1181	1585	441	

FM/GP	1417	1521	2440	
Internal Medicine	.	38029	7339	
Pediatrics	.	.	8962	
OB/GYN	.	.	11217	
Psychiatrists	.	38029	11811	
Dentists	2362	2113	1520	
Pharmacists	1417	1227	842	
Physical Therapists	2362	2535	1426	
Physician Assistants	2362	3457	2417	
Nurse Practitioners	7085	4225	2319	
RN's	122	103	80	
LPN's	262	179	263	
1.1.3.m. MUA/MUP Status				
1.1.3.n. Ambulance Services (2010)	6	20	416	
1.1.3.o. Availability of transportation services				
1.1.4. Quality of Life Data				
1.1.4.a. General health good to excellent - 2007	84.4	84.4	88.4	
General health good to excellent - 2008	88.4	88.4	88.6	
General health good to excellent - 2009	87.1	87.1	87.4	
1.1.4.b. Ten or more days in the last month when physical health was not good - 2007	11.2	11.2	9.6	
Ten or more days in last month when physical health was not good - 2008	10.2	10.2	9.3	

Ten or more days in last month when physical health was not good - 2009	9.6	9.6	10.8	
1.1.4.c. Ten or more days in past month when mental health was not good - 2007	9	9	10	
Ten or more days in last month when mental health was not good - 2008	11.2	11.2	9.4	
Ten or more days in last month when mental health was not good - 2009	10.3	10.3	10.5	
1.1.5. Behavioral Risk Factors				
Adults				
1.1.5.a. Prevalence of overweight - 2007	35.4	35.4	37.8	
Prevalence of overweight - 2008	35.1	35.1	35.6	
Prevalence of overweight - 2009	36.2	36.2	35.9	
1.1.5.b. Prevalence of obesity - 2007	32.9	32.9	26.1	
Prevalence of obesity - 2008	30.5	30.5	27.7	
Prevalence of obesity - 2009	33.5	33.5	27.9	
1.1.5.c. How often do you eat out?				
1.1.5.d. How often do you eat the following meals? Breakfast, lunch, dinner?				
1.1.5.e. Are you comfortable with your eating habits?				
1.1.5.f. Do you take a daily multivitamin?				
1.1.5.g. How much water do you drink a day?				
1.1.5.h. Pick the category that best describes how often you eat from the following food groups: High fat foods (sweets, cheese, butter, desserts), fruits, vegetables, lean proteins (chicken, turkey, fish, beans/legumes), non-lean proteins (beef, p				
1.1.5.i. Do you ever eat for reasons other than hunger (i.e. stress,				

boredom)?				
1.1.5.j. I eat a diet that is low in fat.				
1.1.5.k. I take steps in my daily life to achieve or maintain a stable and healthy weight.				
I eat five or more fruits and vegetables every day-2005	21	21	21.5	
1.5.l.I eat five or more fruits and vegetables every day-2007	23.2	23.2	24	
I eat five or more fruits and vegetables every day-2009	21.3	21.3	20.9	
1.1.5.c. Percent of 35-44 age group with no extractions - 2008	64.7	64.7	72.7	
1.1.5.d. Percent of adults aged 65-74 years who have had all their permanent teeth extracted - 2008	14	14	13.5	
1.1.5.e. Percent with no leisure-time physical activity - 2007	24.4	24.4	21.6	
Percent with no leisure-time physical activity - 2008	29	29	24.3	
Percent with no leisure-time physical activity - 2009	27.7	27.7	23.7	
Participation in regular sustained physical activity-2005	44.5	44.5	37.6	
Participation in regular sustained physical activity-2007	51.2	51.2	53	
Participation in regular sustained physical activity-2009	50	50	51.7	
Participation in regular vigorous physical activity - 2005	22.8	22.8	27.6	
Participation in regular vigorous physical activity - 2007	27.7	27.7	31.8	
Participation in regular vigorous physical activity - 2009	25.3	25.3	30.7	
1.1.5.i. Participation in vigorous physical activity high school students				
1.1.5.s. How many days a week do you perform the following activities? Cardiovascular (running, jogging, swimming, biking), aerobic sports (soccer, lacrosse, basketball), non-aerobic sports (baseball, golf, bowling, martial arts), aerobics (fitness				
1.1.5.t. In total, how many days a week do you do at least 30 minutes of				

physical activity, without stopping, in which you breathe heavier and your heart beats faster?				
1.1.5.u. In an average day, how much time do you spend exercising?				
1.1.5.w. Are you satisfied with the amount of exercise you perform?				
1.1.5.x. What are your feelings about exercising?				
1.1.5.y. I do at least 30 minutes of physical activity, without stopping, most days of the week (4 or more).				
1.1.5.j. Smoking prevalence - 2007	22.2	22.2	20.2	
Smoking prevalence - 2008	20.5	20.5	18.6	
Smoking prevalence - 2009	18.6	18.6	16.9	
1.1.5.k. Prevalence of male smokeless tobacco use-2008	14.1	14.1	9	
1.1.5.k. Prevalence of male smokeless tobacco use-2009	16.7	16.7	9.1	
1.1.5.l. Prevalence of cigarette smoking - high school(2009)	18.5	18.5	18.5	
1.1.5.cc. Do you smoke and take Oral Contraceptives?				
1.1.5.dd. Do you smoke cigarettes?				
1.1.5.ee Have you used any other tobacco products besides cigarettes?				
1.1.5.ff. How many cigarettes do you smoke in an average day?				
1.1.5.gg. How many times a day do you use the following: Cigars, pipe, and smokeless tobacco (snuff, chew)?				
1.1.5.hh. Please read the following statements about tobacco use and mark the answer that best describes your situation: a. I quit using tobacco products more than 6 months ago. b. I quit using tobacco products less than 6 months ago. c. I cure				
1.1.5.jj. How long have, or had, you used tobacco products for?				
1.1.5.kk. How often do you spend time with other people who are smoking?				

1.1.5.ll. Do you perform regular skin self-exams for changes in existing moles and/or the appearance of a new mole?				
1.1.5.mm. How would you consider your overall health?				
1.1.5.nn.Had colonoscopy < 10 years ago (50+)(2007)	50.1	50.1	49.3	
1.1.5.nn.Had colonoscopy < 10 years ago (50+)(2008)	47	47	55	
1.1.5.nn.Had colonoscopy < 10 years ago (50+)(2009)	48.1	48.1	50.1	
Had PSA test < 2 years ago (males 50+)(2008)	61.7	61.7	67.5	
Had PSA test < 2 years ago (males 50+)(2009)	65.8	65.8	62.4	
Had DRE < 2 years ago (males 50+) (2008)	44.1	44.1	56.6	
Had DRE < 2 years ago (males 50+) (2009)	53	53	51.5	
1.1.5.oo. If you have a gun in your house do you keep it locked?				
1.1.5.pp. Are you aware of the posted speed limits in your community?				
1.1.5.qq. How often in the last year have you driven or ridden in a vehicle when the driver has had more than 2 alcoholic drinks?				
1.1.5.rr. How often in the last year have you driven or ridden in a vehicle when the driver has been awake for more than 18 hours straight?				
1.1.5.ss. How often do you buckle your safety belt when either driving or riding in a motor vehicle?				
1.1.5.tt. On average, how close to the posted speed limit do you usually drive?				
1.1.5.uu. When riding a bicycle do you wear a helmet?				
1.1.5.vv. When riding a motorcycle do you wear a protective helmet?				
1.1.5.ww. Do you have a gun in your home?				
1.1.5.xx. Have you taken a course in gun safety?				
1.1.5.yy. Do you have a working smoke detector in your house?				

1.1.5.zz. Do you regularly change your smoke detector's batteries?				
1.1.5.aaa. When outside do you wear sunscreen, sun block or protective clothing (hat, long sleeved shirt)				
1.1.5.o. Chronic heavy drinking - 2007	5.6	5.6	4.5	
Male - 2007	8.7	8.7	5.4	
Female - 2007	3.4	3.4	3.6	
Chronic heavy drinking - 2008	5.1	5.1	4.7	
Male - 2008	8	8	5.1	
Female - 2008	2.2	2.2	4.4	
Chronic heavy drinking - 2009	6	6	5.1	
Male - 2009	8.2	8.2	6.6	
Female - 2009	3.8	3.8	3.6	
1.1.5.p. Population age 18-64 (2008)	4022	21872	1093792	
1.1.5.q. Number age 18-64 with no health insurance - 2008	483	2625	173913	
Youth (YRBS 2009)				
1.1.5.s. Adolescent alcohol drinking in the past thirty	31.3	31.3	31.3	
1.1.5.t. Adolescent binge drinking in the past 30 days	20	20	20	
1.1.5.u. Adolescent riding with drinking driver in past 30 days	27.2	27.2	27.2	
1.1.5.v. Adolescent ever used marijuana	26.3	26.3	26.3	
1.1.5.w. Adolescent currently use marijuana	11.8	11.8	11.8	
1.1.5.x. Adolescent ever used cocaine	5.6	5.6	5.6	
1.1.5.y. Adolescent ever used inhalants	11.5	11.5	11.5	
Minority				

1.1.5.z. Obesity - 2008	29.1	29.1	37.3	
1.1.5.z. Obesity - 2009	33.6	33.6	32.7	
1.1.5.aa. No leisure activity - 2008	78.8	78.8	33	
1.1.5.aa. No leisure activity - 2009	33.3	33.3	37	
1.1.5.bb. Percent currently smoking cigarettes - 2008	30.1	30.1	22.3	
1.1.5.bb. Percent currently smoking cigarettes - 2009	2.4	2.4	23.2	
1.1.5.cc. Health good to excellent - 2008	48.6	48.6	74.8	
1.1.5.cc. Health good to excellent - 2009	79.3	79.3	78.2	
Percent with no health insurance - 2008	63.7	63.7	31.9	
Percent with no health insurance - 2009	11.6	11.6	31.5	
1.1.5.dd. Couldn't afford to see M.D. - 2008	44.8	44.8	20.1	
1.1.5.dd. Couldn't afford to see M.D. - 2009	22.7	22.7	23.4	
1.1.6. Environmental Health Indicators				
1.1.6.a. Reported cases of food borne illnesses				
1.1.6.b. Reported outbreaks				
1.1.6.c. Percent of population served by community water (2009)	99.8	102.1	83.1	
1.1.6.d. Childhood Blood Lead Levels (2007-2008)--# Elevated	1	13	857	
# of Children Tested	115	555	48444	
% with Elevated Blood Lead Levels	0.9	2.3	1.8	
1.1.6.e. Nitrate levels in community water system (2005-2009)	2.6	2.9	2.9	
1.1.6.f. Percent of population receiving optimally fluoridated water (2007)	45.5	52.3	68.2	
1.1.7. Social and Mental Health				

1.1.7.a. Prevalence of mental illness in Nebraska				
1.1.7.a. Suicide mortality--deaths/100,000 (2004-2008)	7.4	9.8	10.5	
Self-inflicted injury hospitalization--outpatient (2007-2008)	55.4	106.6	74	
Self-inflicted injury hospitalization--inpatient (2007-2008)	53.8	42.3	58.9	
1.1.7.c. Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week. a. I was bothered by things that don't usually bother me. b. I did not feel like eating; my appet				
1.1.7.d. Check the boxes indicating which life events you have experienced in the past year. Death of a spouse, divorce, marital separation, imprisonment, death of a close family member, personal injury or illness, marriage, dismissal from work, ma				
1.1.7.e. At any time in the past year, how often have you felt: a. That you are receiving good support from family and friends. b. That interesting and challenging situations fill you life.				
1.1.7.f. I do things to manage the amount of stress in my daily life.				
1.1.7.g. Do you feel that you are effective in managing your daily stress?				
1.1.7.b Tobacco related deaths (rate/100,000), 2004-2008	92.5	103.1	111.7	
1.1.7.c. Hospitalization for tobacco related disease (rate/100,000), 2007-2008	278.5	273.8	255.5	
1.1.7.d. Alcohol related deaths (rate/100,000), 2004-2008	46.2	36.5	29	
1.1.7.e. Hospitalized for alcohol related disease (rate/100,000), 2007-2008	481.2	450.5	434.8	
1.1.7.f. Prevalence of dementia by age group (2008)	259	1799	47532	
1.1.8. Maternal Child Health				
1.1.8.a. Sexual intercourse before age 15				
1.1.8.b. Total births				

1.1.8.c. Number of teen births (aged 13-19) in 2004-2008	409	208	11218	
Teen births as % of total births (2004-2008)	38	9.4	8.43	
1.1.8.d. Teen births x age x R/E (2004-2008)				
Caucasian				
13-15 (rate/1,000)	5.05	2.46	2.18	
16-19 (rate/100)	88.38	86.21	65.13	
Black				
13-15 (rate/1,000)	0	125	14.56	
16-19 (rate/100)	333.33	375	173.27	
Native American				
13-15 (rate/1,000)	0	0	13.83	
16-19 (rate/100)	0	235.29	206.57	
Asian				
13-15 (rate/1,000)	0	0	1.61	
16-19 (rate/100)	0	0	35.46	
Hispanic				
13-15 (rate/1,000)	0	11.36	10.44	
16-19 (rate/100)	0	119.32	137.72	
1.1.8.e. Infant mortality by R/E (2004-2008)	2.44	5.42	5.99	
Caucasian	2.53	5.42	5.77	
Black	0	0	14.32	
Native American	0	0	11.24	

Asian	0	0	5.8	
Hispanic	0	5.68	6.42	
1.1.8.f. First Trimester Prenatal Care x R/E (% of births), 2004-2008	69.93	72.21	74.15	
Caucasian	70.2	73.69	77.53	
Black	66.67	50	60.92	
Native American	0	35.29	49.01	
Asian	100	73.68	72.31	
Hispanic	50	55.11	58.36	
1.1.8.g. Low birth weights x R/E (% of births), 2004-2008	8.31	7.77	7.06	
Caucasian	8.33	7.83	6.62	
Black	33.33	12.5	13.02	
Native American	0	5.88	6.83	
Asian	0	0	7.8	
Hispanic	0	6.25	6.52	
1.1.8.h. Incidence of preterm birth x R/E (% of births), 2004-2008	8.07	10.17	9.73	
Caucasian	8.08	10.44	9.66	
Black	0	0	12.56	
Native American	0	11.76	9.33	
Asian	0	0	8.54	
Hispanic	12.5	6.82	8.9	
1.1.8.i. Incidence of birth defects	83.7	58	50.2	
1.1.8.j. Incidence of neural tube defects	2.3	0.9	1	

1.1.8.k. Incidence of SIDS (2004-2008)	0	0.45	0.74	
1.1.8.l. # cigarettes smoked per day during pregnancy				
1.1.8.m. Alcohol use during pregnancy				
1.1.8.n. Mammogram screening in past year (women age 40+) - 2007	62.8	62.8	55.3	
Mammogram screening in past year (women age 40+) - 2008	45.6	45.6	54.5	
Clinical breast exam (CBE) in last 12 months (women 40+)-2007	60.8	60.8	67.2	
Clinical breast exam (CBE) in last 12 months (women 40+)-2008	48.3	48.3	63	
1.1.8.o. Child and adolescent mortality				
Number of deaths ages 1-19 (2004-2008)	3	26	801	
2006+A511 Population ages 1-19	1705	9009	469685	
Death rate/100,000 population ages 1-19 (2004-2008)	35.2	57.7	34.1	
1.1.8.p. Causes of child and adolescent deaths				
1.1.8.q. Prevalence of overweight in children 0-5				
1.1.8.r. Proportion of children with untreated dental decay in primary and permanent teeth				
1.1.8.w. How often do you do a self-administered breast exam to check for lumps?				
1.1.8.x. At what age did you have your first menstrual cycle?				
1.1.8.y. How old were you when your first child was born?				
1.1.8.z. Have you given birth to a child weighing more than 9 pounds?				
1.1.8.aa. How many women in your family (mother, sisters, grandmothers, aunts) have had breast cancer?				
1.1.8.bb. Are you experiencing peri-menopausal symptoms (associated with transition to menopause such as hot flashes, insomnia, irritability or fatigue)?				

1.1.8.cc. Are you experiencing peri-menopausal symptoms (associated with transition to menopause such as hot flashes, insomnia, irritability or fatigue)?				
1.1.8.dd. Had PAP test in the last three years - 2007	80.1	80.1	78.9	
1.1.8.dd. Had PAP test in the last three years - 2008	76.2	76.2	77.9	
1.1.8.s. Percent of children who have received dental sealants				
1.1.9. Death, Illness and/or Injury Data				
1.1.9.a. Incidence of cancer (2003-2007)	431.6	442.2	478.7	
1.1.9.b. Deaths due to cancer (rate/100,000), 2004-2008	166	167.6	175.1	
1.1.9.c. Cancer mortality rates x R/E (2004-2008)				
Caucasian	168.3	167.7	174.4	
Black	0	295.7	233.9	
Native American	0	87	177.4	
Asian	0	67.1	99.8	
Hispanic	0	0	106.1	
1.1.9.d. Incidence of LUNG cancer (2003-2007)	46.3	57.4	65.6	
Deaths due to LUNG cancer (2004-2008)	37.3	44.6	47.7	
1.1.9.e. Incidence of BREAST cancer (2003-2007)	97.5	114	123.2	
Deaths due to BREAST cancer (2004-2008)	13.9	20.6	22	
1.1.9.f. Incidence of CERVICAL cancer (2003-2007)	7.4	11.6	7.2	
Deaths due to CERVICAL cancer (2004-2008)	0	1.3	1.8	
1.1.9.g. Incidence of COLORECTAL cancer (2003-2007)	51.6	61.3	56.2	
Deaths due to COLORECTAL cancer (2004-2008)	16.9	21.6	18.5	

1.1.9.h. Incidence of PROSTATE cancer (2003-2007)	147.5	128.9	158.9	
Deaths due to PROSTATE cancer (2004-2008)	32.8	24.5	24.5	
1.1.9.i. Incidence of MELANOMA (2003-2007)	18.1	11.2	17.1	
Deaths due to MELANOMA (2004-2008)	5.5	3.5	3	
1.1.9.j. Incidence of LYMPHOMA (2003-2007)	21.1	19.2	20.4	
Deaths due to LYMPHOMA (2004-2008)	17.5	8.4	7.7	
1.1.9.k. Incidence of LEUKEMIA (2003-2007)	5	12.6	13.8	
Deaths due to LEUKEMIA (2004-2008)	6.1	8.3	7.2	
1.1.9.l. Incidence of diabetes				
1.1.9.l. Prevalence (number of existing cases) of diabetes, 2008	407	2311	97428	
Population of adults aged 18+ (2008)	5282	30015	1334635	Po ad (2
Prevalence of diabetes among adults (%) - 2007	6.6	6.6	6.7	P dia ad (%
Prevalence of diabetes among adults (%) - 2008	7.7	7.7	7.3	
Prevalence of diabetes among adults (%) - 2009	7	7	7	
1.1.9.m Diabetes related deaths (2004-2008)	87.1	81.5	78.6	
1.1.9.n. Hospitalization for uncontrolled diabetes (patients), 2007-2008	5.6	28.8	24.8	
1.1.9.o. Deaths due to coronary heart disease (2004-2008)	74.2	79.5	95.4	
1.1.9.p. Hospitalizations for congestive heart failure (patients), 2007-2008	66.6	64.5	73.1	
1.1.9.q. Hypertension prevalence & screening percent of adults w/high blood pressure; percent who had BP check in past 2 years				

Prevalence of high blood pressure - adults (2005)	26.4	26.4	26.8	
Prevalence of high blood pressure - adults (2007)	28.6	28.6	25.4	
Prevalence of high blood pressure - adults (2009)	29.2	29.2	25.5	
1.1.9.r. Hypercholesterolemia prevalence & screening percent of adults with high blood cholesterol; percent of adults who had blood cholesterol checked				
Percent of adults aged 18+ with high blood cholesterol level (2007)	34.8	34.8	31.9	
Percent of adults aged 18+ with high blood cholesterol level (2009)	30.5	30.5	32.2	
1.1.9.s. Deaths due to stroke (2004-2008)	38.3	48.1	44.1	
1.1.9.t. Pediatric asthma hospitalizations (aged 1-14), 2007-2008 (patients)	0	4	575	
Population aged 1-14 (2008)	1029	6048	344527	
Pediatric asthma hospitalizations (rate/1,000), 2007-2008	0.0	0.3	0.8	
1.1.9.u. Emergency room visits for asthma (patients), 2007-2008	0	4	755	
1.1.9.v. Asthma inpatient hospital discharges (patients),2007-2008	19.4	30.3	49.7	
1.1.9.w. Average annual death rates due to asthma (rate/100,000), 2004-2008	1.2	1.4	1.5	
1.1.9.x. Deaths due to chronic obstructive pulmonary disease (aka chronic lower respiratory disease), 2004-2008	32.3	44	46.3	
1.1.9.z. Do you currently have or have you ever had any of the following? Allergies, arthritis or rheumatism, asthma, cancer, chronic back/neck pain, chronic bronchitis or emphysema, chronic pain, coronary heart disease or angina or congestive hea				
Ever told you have arthritis (2007)	26.6	26.6	26.8	
Ever told you have arthritis (2009)	27.9	27.9	24.3	
Ever told you have asthma (lifetime), 2008	10.9	10.9	10.5	

Ever told you have asthma (lifetime), 2009	11.3	11.3	11.7	
Have coronary heart disease (2008)	3.6	3.6	3.9	
Have coronary heart disease (2009)	3.7	3.7	3.5	
1.1.9.aa. Has a natural brother, sister, child, parent or grandparent of yours had any of the following conditions? Arthritis, cancer (any kind), depression or anxiety, diabetes, glaucoma, heart disease or heart attack or angina before the age of 6				
1.1.9.bb. In the past 6 months, what is the total number of days you have been away from work due to work related injury or accident?				
1.1.9.cc. In the past 6 months, what is the total number of days you have been away from work due to personal illness or injury?				
1.1.9.dd. About how many hours altogether did you work in the past 14 days?				
1.1.9.ee. In the past 6 months, what is the total number of days you have been away from work due to family needs or injury?				
1.1.9.ff. Over the past 4 weeks (28 days) how many days have you spent away from work due to family needs or injury?				
1.1.9.gg. How many men in your family (father, brothers, grandfathers, uncles) have had prostate cancer?				
1.1.9.y. Chronic lung disease deaths, 2004-2008	32.3	39	40.6	
1.1.9.z. Incidence of occupational injuries/illnesses/farm injuries				
1.1.9.aa. Unintentional injury deaths, 2004-2008	55.7	58.8	37.1	
1.1.9.ab. Motor vehicle deaths and rates, 2004-2008	21.6	30.7	15.1	
1.1.9.ac. Homicides and rates, 2004-2008	0	2.3	3.3	
1.1.9.ad. Work-related accidental death rates, 2004-2008	0	3.9	1.5	
1.1.9.ae. Hospitalizations - all leading causes (patients), 2007-2008	7365.6	7646.4	7954.4	
1.1.9.ag. Leading payer types for hospitalizations				

1.1.10. Communicable Disease Data (2004-2008)				
1.1.10.a. Incidence of vaccine preventable diseases; Hepatitis A & B	16.9	7.8	16.2	
1.1.10.b. Adult immunization (65+)				
Pneumonia (2008)	65.7	65.7	70.7	
Pneumonia (2009)	67.8	67.8	69.1	
Influenza (2007)	79.1	79.1	76.8	
Influenza (2008)	76.8	76.8	75.7	
Influenza (2009)	74.5	74.5	74	
1.1.10.c. Hospitalizations (inpatient)				
Pneumonia (2007-2008)	162.9	205.6	242.1	
Influenza (2007-2008)	8.8	22.1	14	
1.1.10.d. Reported cases of STD's				
Primary Syphilis	0	0	19	
Secondary Syphilis	0	0	13	
Chlamydia	53	213	26417	
Gonorrhea	8.6	11.4	75.1	
1.1.10.e. STD rate per 100,000 ages < 18	38.6	90.7	243.2	
1.1.10.f. STD rate per 100,000 ages 18+	163.3	162.9	494.2	
1.1.10.g. Incidence of Genital Herpes	20.2	22.9	53	
1.1.10.h. Incidence of HIV/AIDS	2.8	1.5	5.6	
1.1.10.i. Incidence of West Nile virus	2.8	1	7.8	
1.1.10.j. Incidence of TB	2.8	1	1.8	

Nemaha County Demographics	
Population, 2011 estimate	7,280
Population, percent change, April 1, 2010 to July 1, 2011	0.40%
Population 2010	7,248
Persons under 5 years, percent, 2011	6.20%
Persons under 18 years, percent, 2011	21.10%
Persons 65 years and over, percent, 2011	18.00%
Female persons, percent, 2011	50.90%
White persons, percent, 2011	97.10%
Black persons, percent, 2011	0.90%
American Indian and Alaska Native persons, percent, 2011	0.30%
Asian persons, percent, 2011	0.50%
Native Hawaiian and Other Pacific Islander persons, percent, 2011	Z
Persons reporting two or more races, percent, 2011	1.10%
Persons of Hispanic or Latino Origin, percent, 2011	1.90%
White persons not Hispanic, percent, 2011	95.50%
Living in same house 1 year & over, 2006-2010	83.80%
Foreign born persons, percent, 2006-2010	1.30%
Language other than English spoken at home, pct age 5+, 2006-2010	2.30%
High school graduates, percent of persons age 25+, 2006-2010	89.60%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	23.00%
Veterans, 2006-2010	725
Mean travel time to work (minutes), workers age 16+, 2006-2010	16.3
Housing units, 2010	3,498
Homeownership rate, 2006-2010	71.20%
Housing units in multi-unit structures, percent, 2006-2010	13.90%
Median value of owner-occupied housing units, 2006-2010	$78,200
Households, 2006-2010	3,024
Persons per household, 2006-2010	2.18
Per capita money income in past 12 months (2010 dollars) 2006-2010	$22,151
Median household income 2006-2010	$42,534
Persons below poverty level, percent, 2006-2010	13.70%