

# ***Southeast District Health Department Community Health Assessment Report***



***2015***



# Southeast District Health Department

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Serving: Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties

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The communities in Southeast Nebraska provide a wonderful place to work, live, and raise a family. This document provides insights as to the health status of the area served by Southeast District Health Department (SEDHD). SEDHD and our partners have shared experience, knowledge, time, and effort to reach a goal of enhancing public health service for all community members. It is through our partnerships that we feel we can accomplish positive health outcomes. One essential service tasked to public health is to "Monitor health status to identify community health problems". In this endeavor, SEDHD joined with additional community members and partner organizations to conduct a district wide community health assessment (CHA). This same group will develop a district wide community health improvement plan (CHIP) based on the findings from the CHA. This document presents the findings of that effort.

It was important when speaking with community partners that SEDHD made it clear that this document is not just the responsibility of the health department, but the responsibility of the community. Without community support, SEDHD will have no chance of making positive change in the health of the community. The communities that we serve are diverse, but the overall health issues seem to be similar. Community members were given an opportunity to prioritize health issues they felt were most important for living in a healthy community. It is important to receive community feedback on projects such as this, because this project will ultimately direct efforts meant to improve the health of our community.

Your Partner in Health,

Kevin Cluskey  
Health Director

## About Southeast District Health Department

### Mission

To prevent diseases, promote good health and protect the welfare of all who live, work, and visit Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties.

### Vision

We will continually evaluate, assess, and adapt our programs and policies to educate and empower all people in all stages of life to improve the quality of health in our community.

### Communities Served

The communities of Auburn, Barada, Brock, Brownville, Burchard, Burr, Cook, Crab Orchard, Dawson, Douglas, Dubois, Dunbar, Elk Creek, Falls City, Howe, Humboldt, Johnson, Julian, Lewiston, Lorton, Nebraska City, Nemaha, Otoe, Palmyra, Pawnee City, Peru, Preston, Rulo, Salem, Shubert, St Mary, Steinauer, Stella, Sterling, Syracuse, Table Rock, Talmage, Tecumseh, Unadilla, and Verdon all fall within our service area.

### Board of Health

The department is governed by a 13 member board with representatives from all five counties. By statute there must be a commissioner and public spirited citizen from each county. In addition each board must have a doctor and dentist as members. Meetings are held quarterly in the health department office in Auburn. Agendas are posted in the courthouses and public notices are printed in the official newspapers of the county prior to the meetings. If you have questions or concerns and are unable to attend a meeting, contact your county board member or the department.



*Map of counties covered by Southeast District Health Department*

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## **Executive Summary**

During 2015, Southeast District Health Department engaged its community members in an effort to assess the health status of the district. The health assessment captured valuable information about the health status of Southeast Nebraska, as well as, community perceptions on health issues, risky behaviors, and quality of life in Johnson, Nemaha, Otoe, Richardson, and Pawnee Counties. This report will outline the results of the health assessment and provide direction for the district's Community Health Improvement Plan.

The Department of Health and Human Services developed a set of goals and objectives to improve the health of all people in the United States. These goals and objectives were published together as *Healthy People 2020*. *Healthy People 2020* was designed with 10-year targets to "guide national health promotion and disease prevention efforts".<sup>9</sup> *Healthy People* is used by federal, state, and local organizations to assist with strategic management. The objectives are used to measure progress and serve as guidelines for prevention and wellness activities. Southeast District Health Department will utilize *Healthy People* in developing the Community Health Improvement Plan (CHIP) and in measuring the progress and effectiveness of goals set within the CHIP.

### **Community Survey**

As part of the Community Health Assessment (CHA) process, a survey was distributed in communities within the district. This survey was used as a tool to gauge residents' perception on the quality of life in the community in which they live, work, and play. The results of the survey were then used in focus groups to identify and discuss issues within the community by key players that also live, work, and play in these communities.

### **Focus Groups**

Public focus group meetings were held to discuss survey results and health-related issues within the communities. The main purpose of these meetings was to discuss health issues within the community and prioritize issues for the development of the CHIP. These meetings were open to all interested individuals within the community invested in improving the health of the people that live, work, and play in these communities.

These individuals were invited and brought together to provide expertise and perspective on the issues that arose from the surveys. These individuals provided insight and direction in identifying the root cause of the health issues and to begin discussions on how to improve the quality of life and reduce/prevent health issues in Southeast Nebraska.

### **Secondary Data Collection**

Quantitative (secondary) data were collected and combined with the survey results to give the focus group members an opportunity to discuss survey results with data that correlated with residents' perceptions. Secondary data were collected from sources such as County Health Rankings, Behavior Risk Factors Surveillance Survey, State of the Schools Report, Nebraska Cancer Registry, etc.

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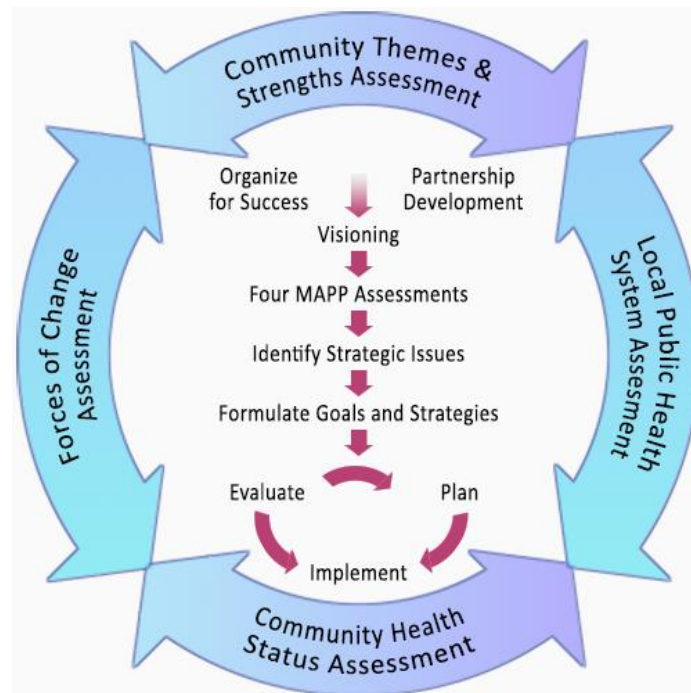
# **Community Themes and Strengths Assessment**

## **Purpose**

The goal of the Southeast District Community Health Assessment is to discuss health issues within Johnson, Otoe, Nemaha, Pawnee, and Richardson Counties, and prioritize issues for the development of a regional Community Health Improvement Plan.

## **Methods**

The assessment conducted evaluated various strengths and assets, as well as the areas of needed improvement within Johnson, Otoe, Nemaha, Pawnee, and Richardson Counties. The information was obtained through the use of a community health survey along with county specific Community Health Assessment focus groups. The assessment helps provide information that is instrumental in understanding community issues and concerns, perceptions about quality of life, and community assets.



*The Mobilizing for Action through Planning and Partnerships (MAPP) model*

The community health survey that was circulated in the community was conducted in both English and Spanish to gather information on various important aspects of the communities pertaining to: quality of life, economic opportunity, raising children, and community involvement and contributions.

## **Results**

A total of 510 people completed the survey that was circulated in five counties including: Johnson, Otoe, Nemaha, Pawnee, and Richardson Counties. The following table describes the demographic characteristics of participants.

Key players in the focus groups included individuals from community leadership, health care communities, media, community members, local businesses, law enforcement, schools, civic groups, pastoral/religious groups, and the chambers of commerce.

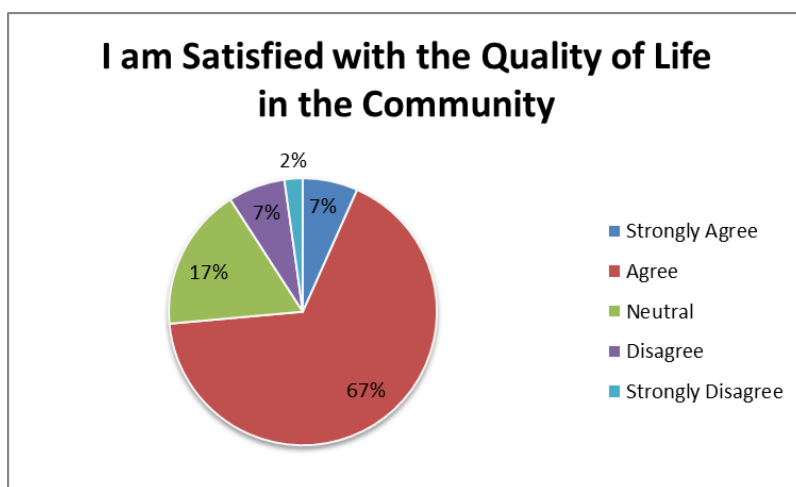
| Characteristic          |                                   | Survey Respondants<br>(n=510) |
|-------------------------|-----------------------------------|-------------------------------|
| Gender                  | Female                            | 72.9%                         |
|                         | Male                              | 21.0%                         |
|                         | Unspecified                       | 6.1%                          |
| Age                     | 18 and Under                      | 0.4%                          |
|                         | 19-24                             | 3.5%                          |
|                         | 25-34                             | 14.9%                         |
|                         | 35-44                             | 22.0%                         |
|                         | 45-54                             | 19.6%                         |
|                         | 55-64                             | 15.1%                         |
|                         | 65-74                             | 9.2%                          |
|                         | 75 and Older                      | 9.8%                          |
| Education               | Unspecified                       | 5.5%                          |
|                         | Less than high school diploma     | 2.9%                          |
|                         | High school diploma or equivalent | 14.3%                         |
|                         | Some college, but no degree       | 19.0%                         |
|                         | Associate degree                  | 15.5%                         |
|                         | Bachelor degree                   | 28.4%                         |
|                         | Graduate degree                   | 15.9%                         |
| Racial/ Ethnic Category | Unspecified                       | 3.9%                          |
|                         | White/Not Hispanic                | 90.8%                         |
|                         | African American                  | 0.4%                          |
|                         | American Indian/Alaska Native     | 0.6%                          |
|                         | Hispanic/Latino                   | 1.4%                          |
|                         | Two or More Races                 | 0.6%                          |
| Yearly Household income | Unspecified                       | 6.3%                          |
|                         | Less than \$20,000                | 10.2%                         |
|                         | \$20,000-\$34,999                 | 11.8%                         |
|                         | \$35,000-\$49,999                 | 10.4%                         |
|                         | \$50,000-\$74,999                 | 18.4%                         |
|                         | \$75,000-\$99,999                 | 15.3%                         |
|                         | \$100,000-\$149,999               | 15.1%                         |
|                         | \$150,000-\$199,999               | 4.7%                          |
|                         | \$200,000 or more                 | 1.2%                          |
|                         | Unspecified                       | 12.9%                         |

## Quality of Life

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Responses acquired through the Community Health Assessment reflect a relatively high perception of quality of life in Johnson, Otoe, Nemaha, Pawnee, and Richardson Counties. Seventy-four percent of survey participants indicated that they agreed or strongly agreed with the statement “I am satisfied with the quality of life in the community”

Around 68% of survey participants involved expressed opportunistic contribution to the quality of life in the community; meaning that they believe the residents, both individually and collectively as a whole, can participate in the community’s quality of life. Although the majority of individuals expressed opportunity to contribute to the quality of life, only 33% of survey respondents indicated they believe that they could make the community a better place to live while 32% believed they could not make the community a better place to live.



In a community where the quality of life is perceived as good, the individuals included within the community will be more inclined to raise a family. When presented with the statement “This is a good place to raise children” the majority of the respondents either agreed or strongly agreed.

With the majority of respondents (80%) being 35

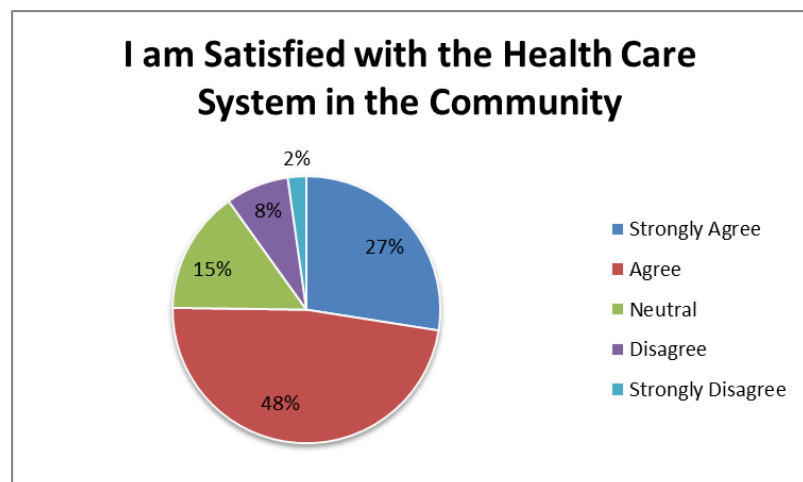
years of age or older, the topic of retirement ties into the perceived quality of life within a community. When community members were asked to portray their level of agreement with the statement “This is a good place to retire” approximately 68% of respondents either agreed or strongly agreed while only 8% of respondents disagreed or strongly disagreed.

According to the results of the survey one of the top three important factors that the community felt led to a high quality of life was the availability of health care. According to the Nebraska Department of Economic Development, the combined total of available hospital beds within the five counties included totaled 97, which is approximately 1.4% of the total number of available hospital beds in the state of Nebraska.<sup>10</sup>

## Health habits and Health Care

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The majority of respondents within the communities that were surveyed stated that the health care available in their area was adequate to meet the needs of the residents. When given the statement “I am satisfied with the health care system in the community,” 75% of the respondents agreed or strongly agreed while only 10% of the respondents disagreed in any fashion.



When presented with the question “What do you think are the most important issues in our community?” four out of the top five issues selected reflected the strong need for an adequate health care system. The top issue selected through the survey was cancer, followed by problems associated with aging, substance abuse, and mental health problems in that order. According to BRFSS data

recorded for individuals 18 and older, the overall percentage of individuals reported with any form of cancer in the state was 11.4% in 2013. In the Southeast District the percentage of individuals with any form of cancer in 2013 was higher than the state average at 14.4%.<sup>5</sup> A common theme presented throughout the course of this survey was the lack of mental health practitioners. This concern was confirmed by the data presented by County Health Rankings. The data stated that the ratio of mental health patients to mental health practitioners was at least four and a half times greater in the Southeast district than that of the state’s average, which was reported at 435:1.<sup>7</sup>

The top three perceived risky behaviors that were reported by the community through the survey were: drug abuse, alcohol dependency, and being overweight. All three of these behaviors deal with the health of the communities, either directly or indirectly. Alcohol dependency and drug abuse are common concerns for the community and the most recent data states that three out of the five counties included in the survey are above the state average in terms of excessive drinking habits (Otoe, Johnson, and Richardson).<sup>7</sup> In terms of tobacco usage, The Southeast District fell below the state average for smoking tobacco but was above the state average for smokeless tobacco usage.<sup>5</sup> According to County Health Rankings, all counties surveyed had overweight and obesity rates which were higher than the state average.<sup>7</sup>

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# **Community Health Status Assessment**

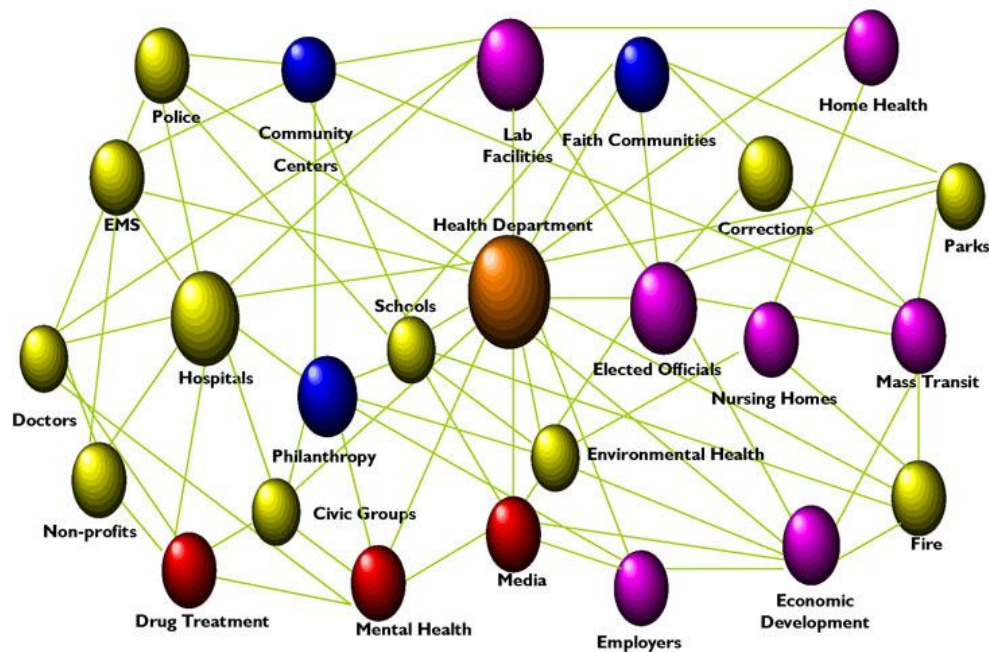
## **Purpose**

The purpose of the Community Health Status Assessment was to identify indicators of health and the health status of Southeast Nebraska.

## **Methods**

Key players in each county within the Southeast District were given the opportunity to participate in a focus group to discuss the qualitative and quantitative data pertaining to the communities within that county. These focus groups were asked to review the data and determine which behaviors and health issues, of those identified by the survey, were the most important. The group was then asked to consider and identify the contributing factors of those issues and what programs, services, and/or organizations were already in place within the communities to address those behaviors and issues.

### **The Public Health System**



## **Results**

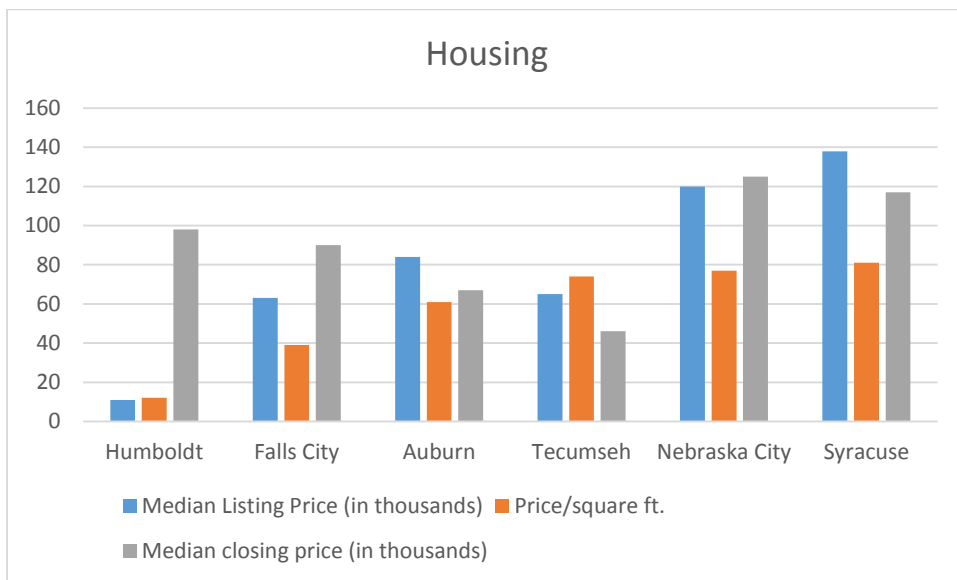
The following data will reflect how the priority issues were identified by the focus group participants and how they are currently being addressed. This information will help in developing a regional CHIP.

### **Socioeconomic Characteristics**

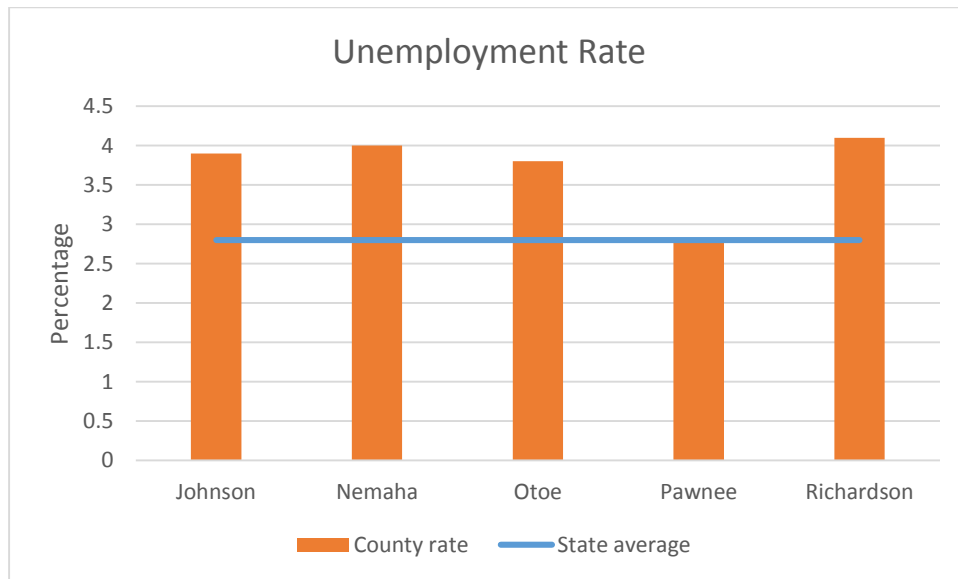
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- Affordable housing
- Joblessness
- Adequate wages

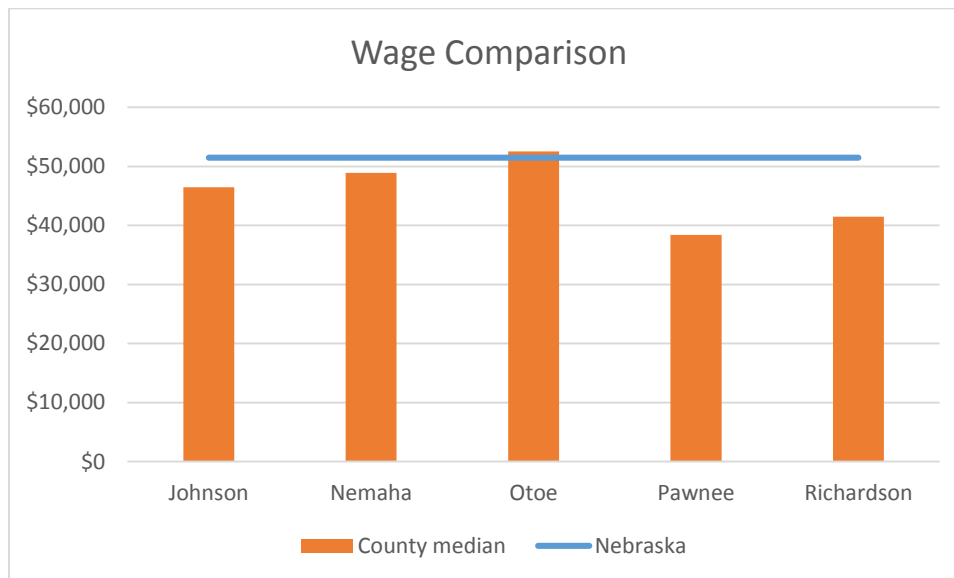
Affordable housing was identified as a factor in determining quality of life in Southeast Nebraska. Based on information from Realtor.com, Richardson County has the lowest cost of homes per square foot with Otoe County being the highest cost.<sup>11</sup>



Joblessness was an indicator which was identified as one of the top five important issues in the community based on the Community Health Assessment Survey. Unemployment rates for each county were compared to the state average. Pawnee County has the lowest unemployment rate and is on par with the state average at 2.8%. Richardson County has the highest unemployment rate at 4.1%.<sup>6</sup>



Adequate wages were another indicator which was identified as being contributory to a good quality of life. Median annual income for each county was compared to the median household income for the state. Pawnee County has the lowest median household income, whereas Otoe County has the highest. Otoe County is also the only county with a median household income at or above the median household income for the state of Nebraska.<sup>7</sup>



## Health Resources

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Availability of health care was the only indicator identified through the survey, and also identified by the focus group, as a key factor in promoting a good quality of life in terms of health resources. Several factors were considered in correlating health care availability with quality of life. Number of providers in the district, hospitals, nursing homes, and assisted living facilities were all considered.

### Hospitals

There are 6 hospitals located within Southeast Nebraska. Each hospital offers a variety of services, both in-patient and out-patient. Specialty clinics are also available. A breakdown of hospital location and number of beds is as follows<sup>10</sup>:

- Johnson County Hospital, located in Tecumseh, has a total of 18 hospital beds.
- Nemaha County Hospital, located in Auburn, has a total of 20 hospital beds.
- Community Memorial Hospital, located in Syracuse, has a total of 18 hospital beds.
- CHI-St. Mary's Hospital, located in Nebraska City, has a total of 18 hospital beds.
- Pawnee County Hospital, located in Pawnee City, has a total of 17 hospital beds.
- Community Medical Center, located in Falls City, has a total of 24 hospital beds.

**Medical Providers (MD's, PA's, Nurse Practitioners, etc.)**

| <u>Hospital</u>             | <u>Medical Doctors</u> | <u>Physician Assistants</u> | <u>Nurse Practitioners</u> |
|-----------------------------|------------------------|-----------------------------|----------------------------|
| Johnson County Hospital     | 2                      | 4                           | 0                          |
| Nemaha County Hospital      | 5                      | 3                           | 0                          |
| CHI-St. Mary's Hospital     | 16                     | 4                           | 2                          |
| Community Memorial Hospital | 2                      | 2                           | 1                          |
| Pawnee County Hospital      | 3                      | 2                           | 1                          |
| Community Medical Center    | 3                      | 3                           | 4                          |

**Nursing Homes**

Each county in Southeast Nebraska has at least one nursing home facility. There is a total number of 10 facilities for Southeast Nebraska.<sup>16</sup> The number of licensed beds for each county and the number of available beds as of January 2016 is outlined in the table below, however, it should be noted that availability can vary throughout the year. Otoe County and Richardson County have the most nursing homes with four and three facilities, respectively. Other counties each have one facility per county.

| Nursing Homes |                      |                  |              |
|---------------|----------------------|------------------|--------------|
|               | Number of facilities | Licensed<br>beds | Availability |
| Johnson       | 1                    | 67               | 40           |
| Nemaha        | 1                    | 102              | 56           |
| Otoe          | 4                    | 304              | 175          |
| Richardson    | 3                    | 233              | 121          |
| Pawnee        | 1                    | 64               | 36           |

**Assisted Living Facilities**

Assisted living facilities were also included in data collection. Southeast Nebraska has 8 facilities total.<sup>15</sup> Again, the number of licensed beds for each county were compared to the number of available beds as of January 2016. Otoe County has the most assisted living facilities, whereas, Pawnee County does not have any. Other counties have one per county.

| Assisted Living Facilities |                      |                  |              |
|----------------------------|----------------------|------------------|--------------|
|                            | Number of facilities | Licensed<br>beds | Availability |
| Johnson                    | 1                    | 36               | 28           |
| Nemaha                     | 1                    | 30               | 25           |
| Otoe                       | 4                    | 125              | 99           |
| Richardson                 | 2                    | 47               | 39           |
| Pawnee                     | 0                    | 0                | 0            |

## Behavior Risk Factors

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- Crime
- Substance Abuse (Alcohol and Drug)
- Obesity
- Exercise and Diet

Low crime and safe neighborhoods were indicators identified as being important for having an impact on the quality of life for residents. Some of the categories of crime considered in this review were violent crimes against a person (i.e. rape, assault, etc.), theft, and alcohol/drug violations. Each county was included in data collection, and the results for 2013-2014 were as follows.<sup>4</sup>

### Violent crimes against a person:

|                   | Simple Assault | Aggravated Assault | Forcible Rape |
|-------------------|----------------|--------------------|---------------|
| Johnson County    | 34             | 5                  | 1             |
| Nemaha County     | 62             | 5                  | 1             |
| Otoe County       | 125            | 5                  | 1             |
| Pawnee County     | 3              | 0                  | 0             |
| Richardson County | 56             | 2                  | 0             |

### Theft:

|                   | Burglary | Robbery | Stolen Property | Motor Vehicle Theft |
|-------------------|----------|---------|-----------------|---------------------|
| Johnson County    | 0        | 0       | 5               | 0                   |
| Nemaha County     | 15       | 0       | 2               | 5                   |
| Otoe County       | 19       | 0       | 4               | 8                   |
| Pawnee County     | 0        | 1       | 1               | 0                   |
| Richardson County | 11       | 0       | 0               | 3                   |

### Alcohol or drug violations:

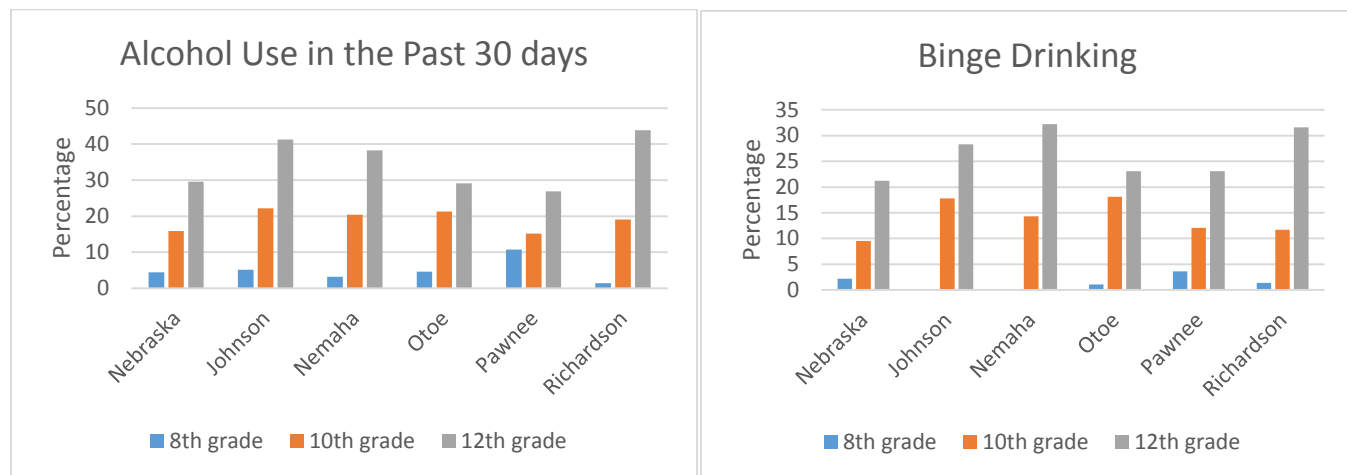
|                   | Driving Under the Influence | Drug Abuse Violations |
|-------------------|-----------------------------|-----------------------|
| Johnson County    | 36                          | 11                    |
| Nemaha County     | 83                          | 54                    |
| Otoe County       | 94                          | 164                   |
| Pawnee County     | 10                          | 1                     |
| Richardson County | 54                          | 25                    |

In considering drug and alcohol use, the data was separated by adult and juvenile age groups. Information was collected from the Risk and Protective Factors Student Survey 2014 for the juvenile age group, and from the Behavior Risk Factor Surveillance System (BRFSS) 2011-2014 for the adult age group.<sup>1,5</sup> Several key factors were considered, such as: alcohol use in the past 30 days, binge drinking in the last 30 days, marijuana use in the last 30 days, cigarette smoking, smokeless tobacco use,

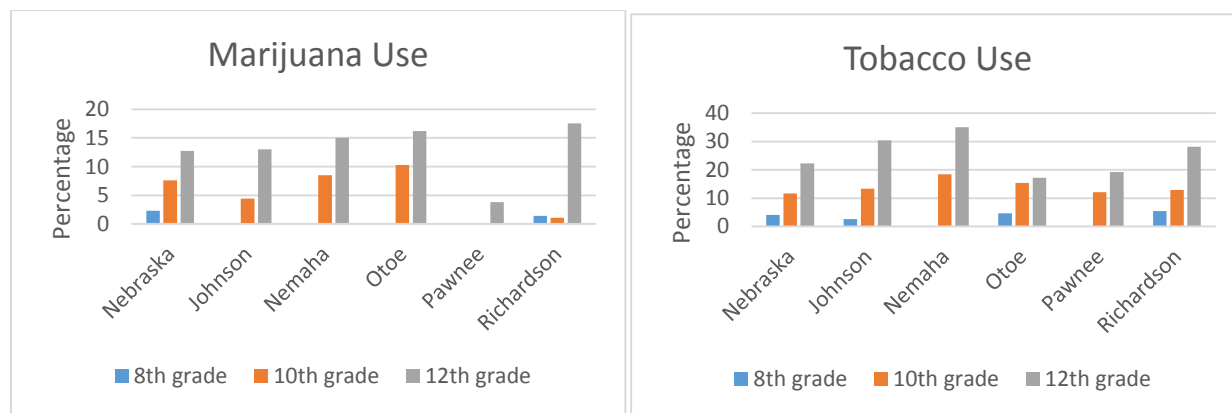
prescription pain medication use (prescribed by a doctor), and leftover pain medication (from the previous group).

### Juveniles:

The following data outlines drug and alcohol use by 8<sup>th</sup>-12<sup>th</sup> grade students. The data was collected from the surveys that were completed by students of participating schools.

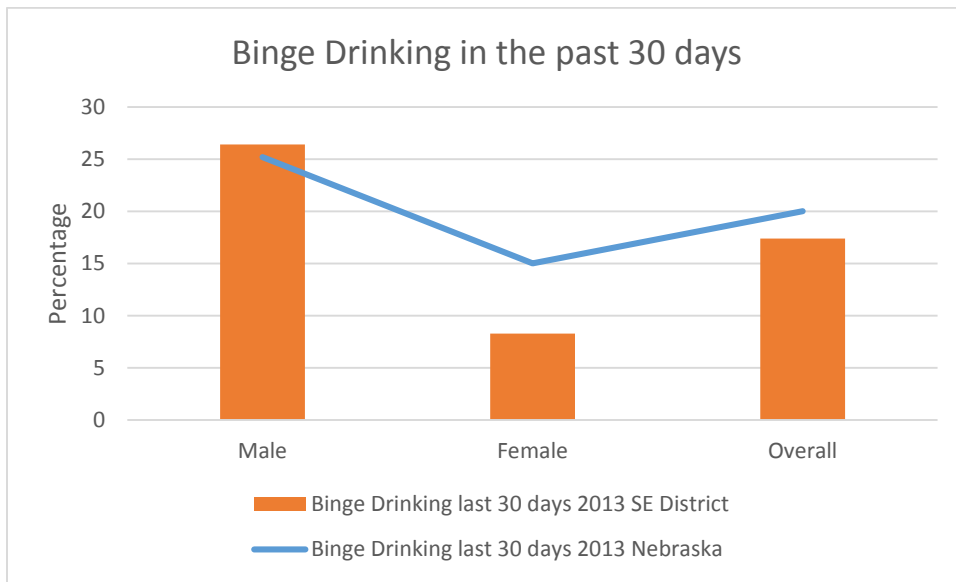


Pawnee County saw the highest rate of alcohol use among 8<sup>th</sup> graders, whereas, Richardson County saw the greatest growth in alcohol use from 8<sup>th</sup>-12<sup>th</sup> grade. Binge drinking was higher than the state average for 10<sup>th</sup> and 12<sup>th</sup> graders for all five counties. Johnson and Nemaha Counties saw the largest growth in binge drinking from 8<sup>th</sup>-12<sup>th</sup> grade.

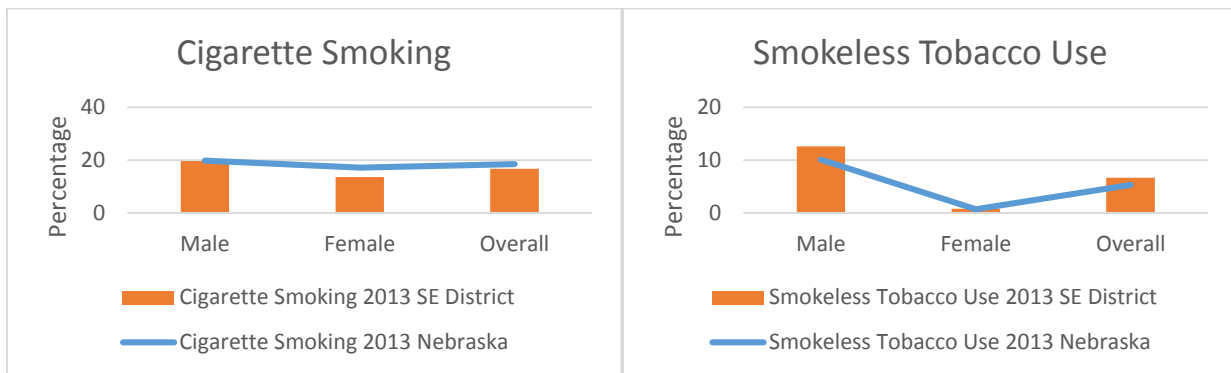


For grades 8-10, four out of five counties saw rates that were below state average for marijuana use. By 12<sup>th</sup> grade, four counties had rates at or above the state average. Tobacco use, however, saw an upward trend for all counties. Grades 10-12 were above state average in all five counties in the 2014 survey.

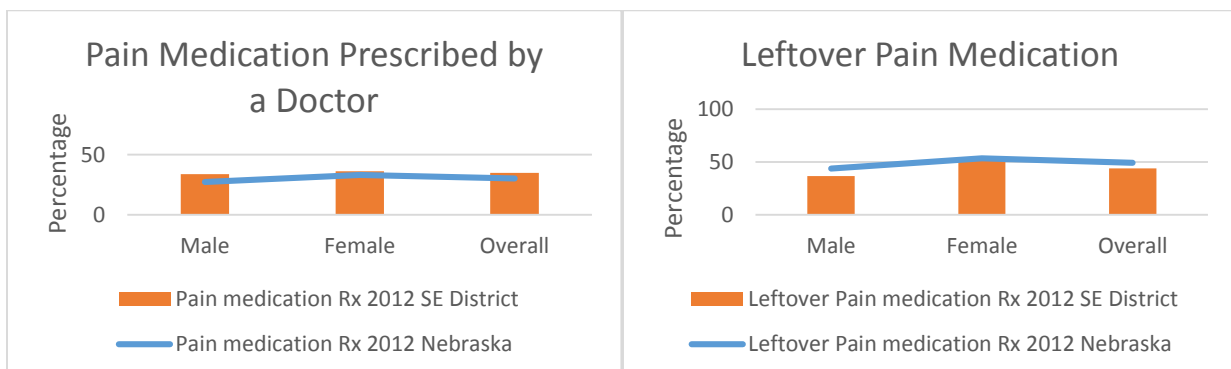
## Adults:



Binge drinking in adults was seen to have been higher in men for the Southeast District. When compared to the state average, the Southeast District saw a lower incidence of binge drinking overall, with a significantly lower incidence for women.

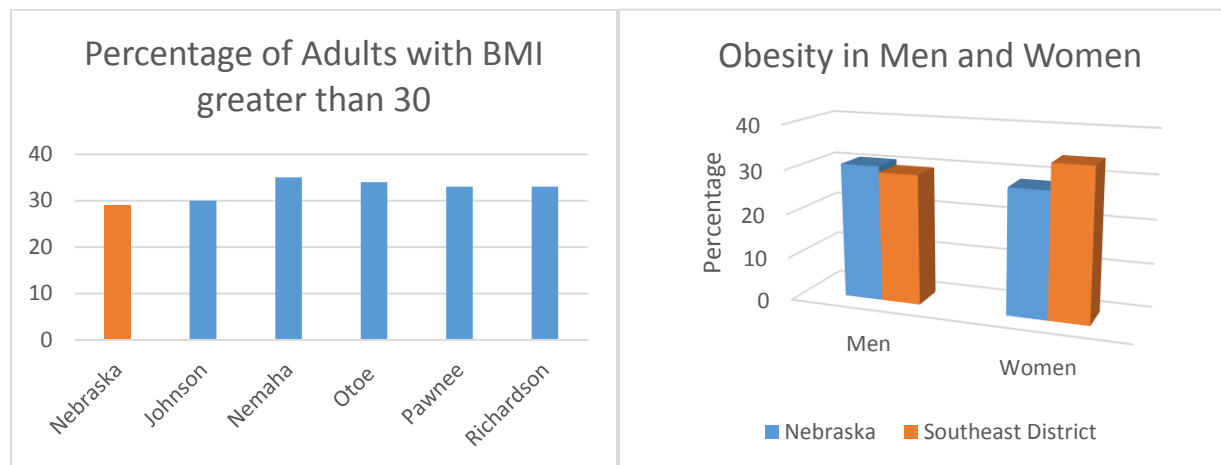


Southeast District saw slightly lower rates for cigarette smoking than the state, however, smokeless tobacco had an overall higher rate than the state, particularly for men.

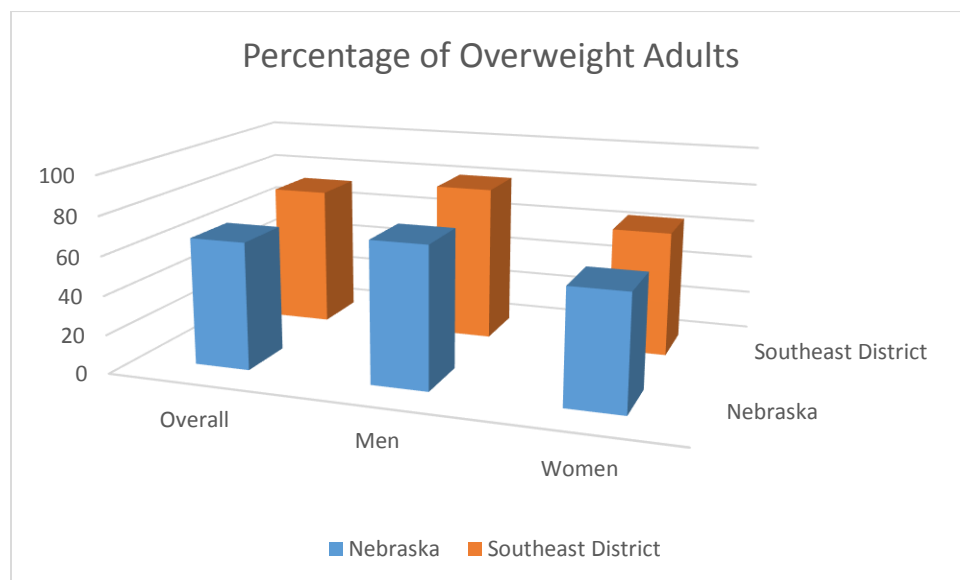


Southeast District saw higher than state average rates for prescription pain medication, and lower rates for leftover pain medication from the same group. Rates of prescription were comparable for men and women, with fewer men having pain medication leftover for Southeast District.

Obesity/Being Overweight were identified as important health issues, and one of the top five risky behaviors in our communities. According to County Health Rankings, all counties in our district are above the state average for adult obesity (BMI above 30).<sup>7</sup> Comparing men and women in Southeast Nebraska with the state averages, it was found that the district percentage for obesity in men was slightly lower than the state's and the district average for women was higher.

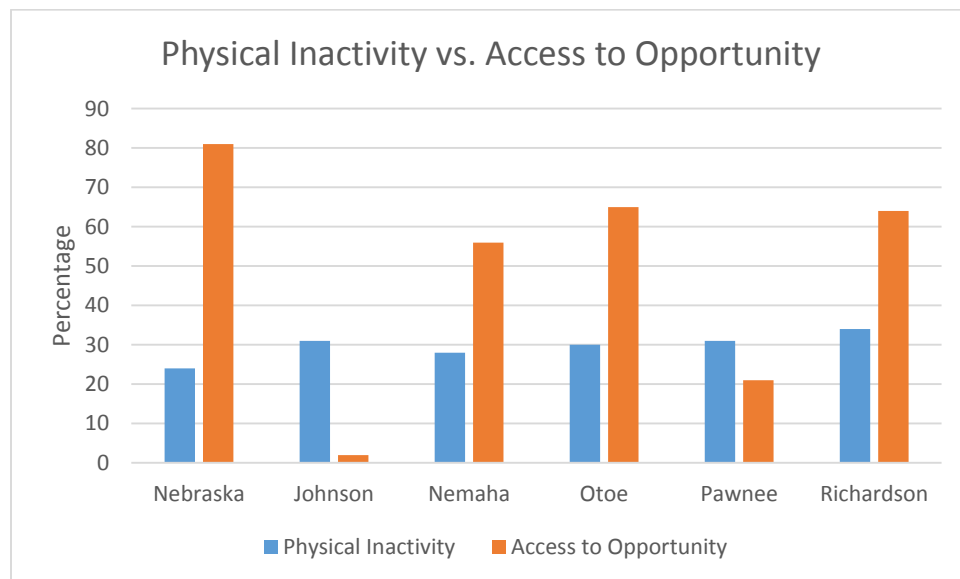


“Being overweight” had a more significant difference by gender. Adult men and women with a BMI of greater than 25 were both higher than the state average. The overall percentage of adults with a BMI greater than 25 was significantly higher than that of the state.<sup>5</sup>



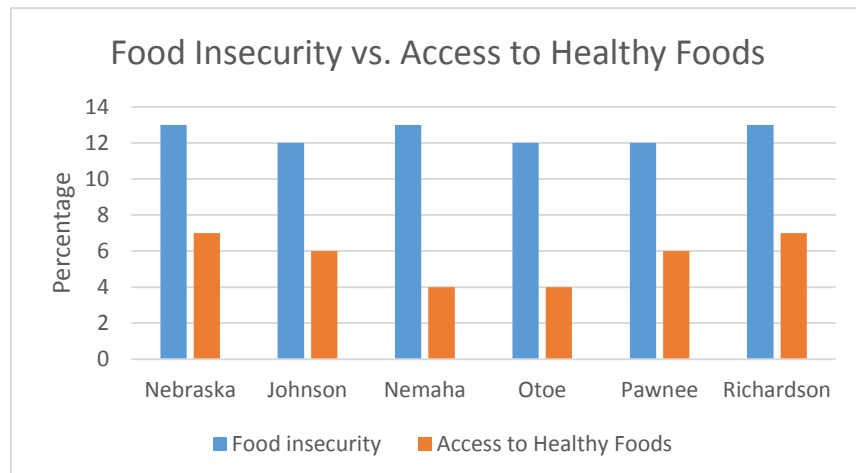
Lack of exercise and poor eating habits were identified as risky behaviors. In reviewing the data, the key factors included were: physical inactivity, access to exercise opportunities, food insecurity, and access to healthy foods.

Physical inactivity in Southeast Nebraska was higher in all five counties when compared to the state (24%). Nemaha County had the lowest inactivity percentage (28%), followed by Otoe County (30%), Johnson and Pawnee Counties (31%), and finally Richardson County (34%). Comparing this data to the access to exercise opportunities shows that Johnson County has the least percent of their population with access to opportunities at 2%; Otoe County was the highest at 65%.<sup>7</sup>



Access to healthy foods and food insecurity were also considered while evaluating the overall health of our communities. The United States Department of Agriculture defines food insecurity as, “a household-level economic and social condition of limited or uncertain access to adequate food.” Access to healthy foods is a measure of the percentage of the population living both in poverty, and having little access to a grocery store (more than 10 miles).<sup>7</sup>

Food insecurity in Southeast Nebraska is comparable to that of the state. Access to healthy foods, however, is slightly below the state average in all counties except Richardson County.<sup>7</sup>

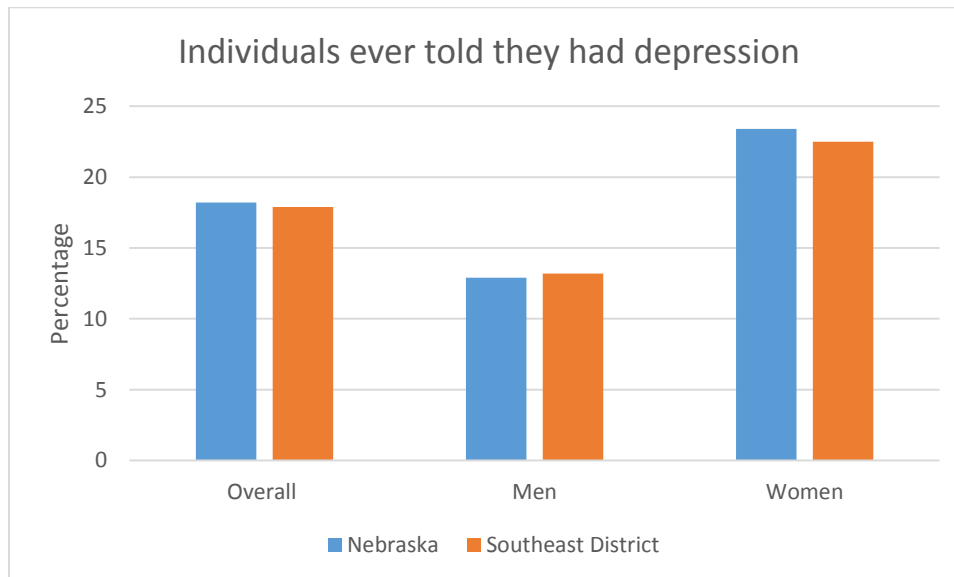


## Social and Mental Health

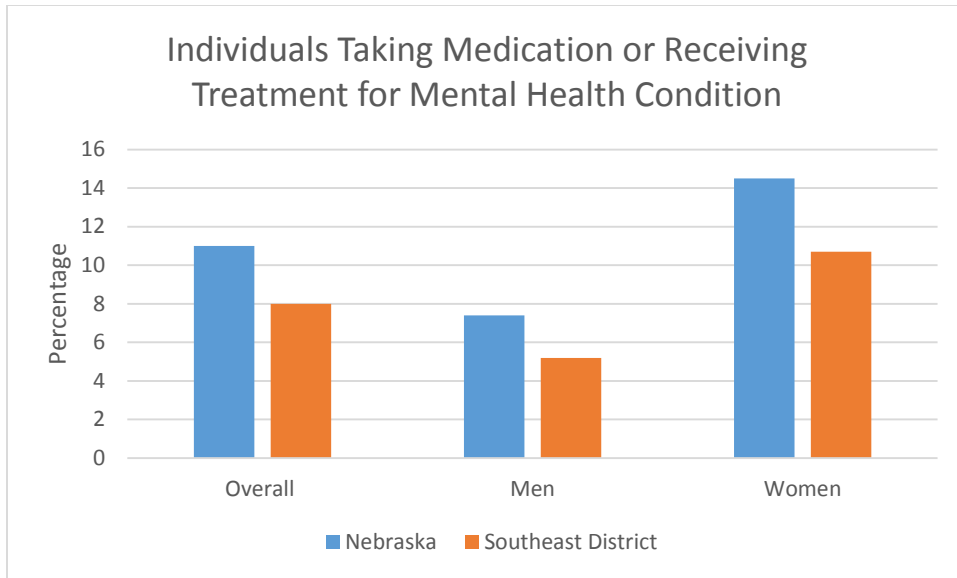
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- Mental Health problems
- Lack of Mental Health services

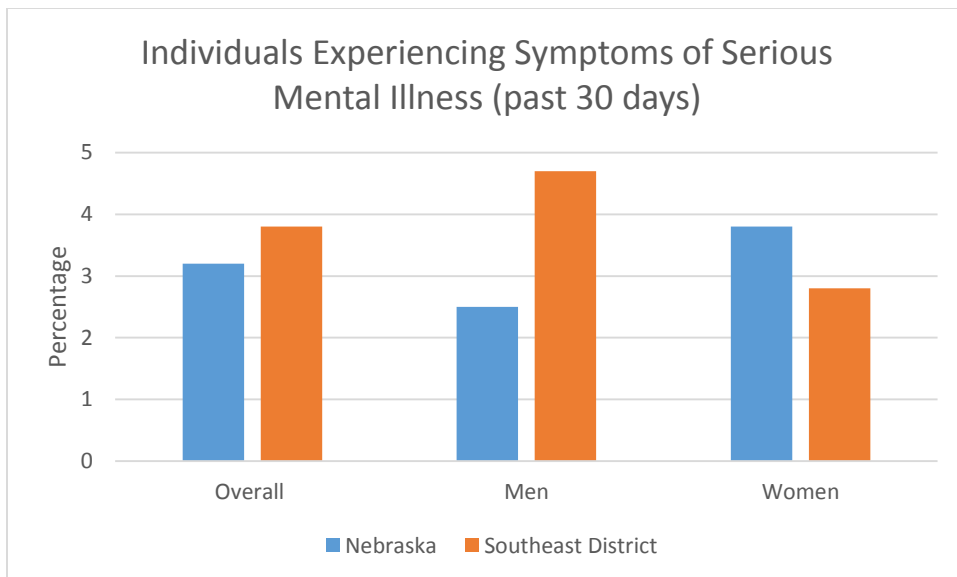
Mental Health problems were identified the most important health-related issue in Southeast Nebraska by focus groups and one of the top five health-related issues by the survey. A key factor in the incidence of mental health problems is a lack of mental health services. Southeast Nebraska has a very high ratio of population to mental health provider. Overall, for the state of Nebraska, the ratio is 435:1.<sup>7</sup> Each county in Southeast Nebraska, with the exception of Johnson County where there was no data available, has a ratio of at least four times the population to one mental health provider; Nemaha County (2,386:1), Otoe County (1,969:1), Pawnee County (2,709:1), and Richardson County (2,031:1).<sup>7</sup> The following data shows the incidence of depression, the percentage of the population currently taking medication or receiving treatment for a mental health condition (2012 data), and the percentage of individuals experiencing symptoms of serious mental illness in the past 30 days (2012).<sup>5</sup>



More women than men had depression diagnoses in 2012 in the Southeast District. This trend is comparable to that of the state. Overall, Southeast District had a slightly lower incidence of depression than that of the state. However, as seen in the following graph, Southeast District has a lower rate of medication usage than that of the state. This data is true for both men and women.



The graph below shows that a much greater percentage of the population of men in the Southeast District experienced serious mental illness symptoms in the thirty days prior to the survey. Women experienced a lower rate when compared to the state. Overall, Southeast District had a higher percentage of the population experience symptoms of serious mental illness.



## Education

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- Good Schools

The community survey identified good schools as being the number one factor contributing to a high quality of life. The focus groups also identified this as one of the top three factors. Southeast Nebraska has 14 school districts made up of 11 public school systems and 3 private school systems. Data was collected on the public school systems to assess 2014 graduation rates and how the districts compare to the state average. It should be noted that there is some variation in rates due, in some part, to school size.

| School                                | Graduation Rate | # of Graduates |
|---------------------------------------|-----------------|----------------|
| State of Nebraska                     | 89.66           | 19,493         |
| Auburn Public Schools                 | 95.59           | 65             |
| Falls City Public Schools             | 92.73           | 51             |
| Humboldt Table Rock Steinauer         | 85.19           | 23             |
| Johnson-Brock Public Schools          | 92.00           | 23             |
| Johnson County Central Public Schools | 90.24           | 37             |
| Lewiston Consolidated Schools         | 100             | 17             |
| Nebraska City Public Schools          | 89.25           | 83             |
| Palmyra District O R 1                | 86.49           | 32             |
| Pawnee City Public Schools            | 90              | 18             |
| Sterling Public Schools               | 94.12           | 16             |
| Syracuse-Dunbar-Avoca Schools         | 97.06           | 66             |

Source: Nebraska Department of Education, State of the Schools Report 2014-2015

## Death, Illness, and Injury

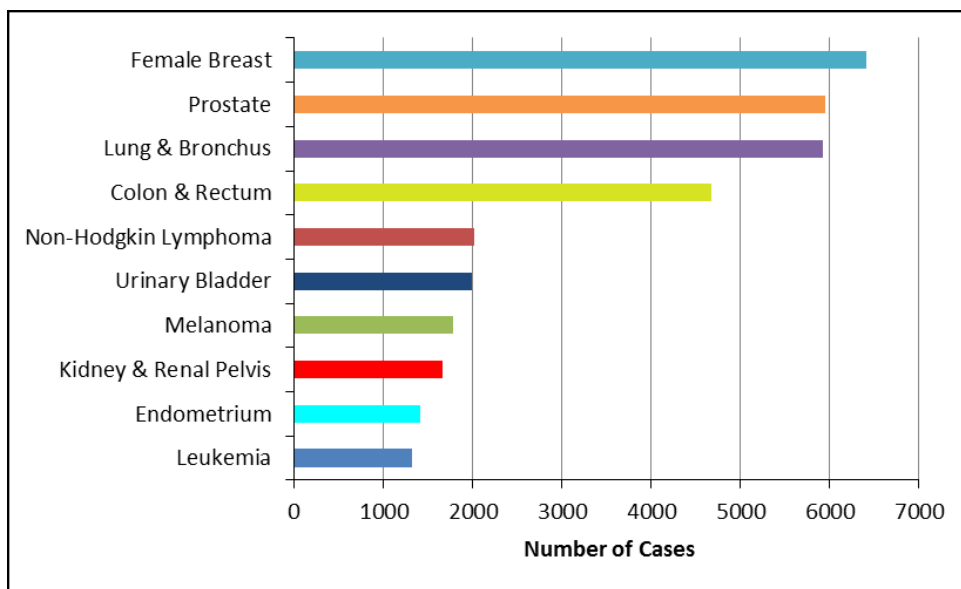
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- Cancers
- Problems associated with aging
- Occupational Health
- Motor Vehicle Accidents

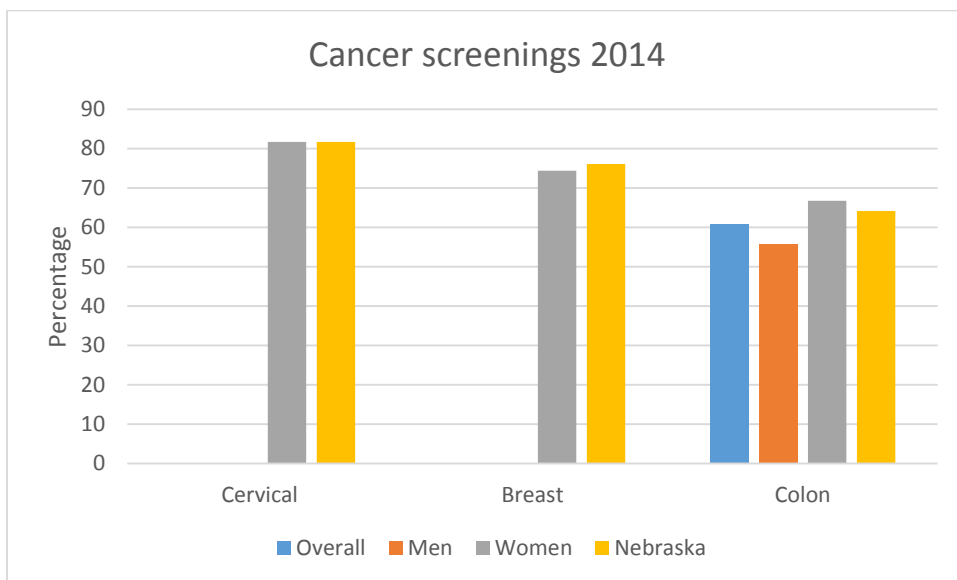
Cancer was identified as one of the top five health-related issues based on the Community Health Assessment Survey. Residents perceive this to be an important issue which can impact the overall quality of life in their community. BRFSS data shows that the percentage of residents in Southeast Nebraska that have ever been told they have cancer (in any form) is higher than the state average for 2014. This trend is true for both men and women in Southeast Nebraska. The state average is at 10.7% overall, 9.3% for men, and 12.1% for women. Southeast District data indicates the overall average is 12.9%, with men having a percentage of 10.2% and women 15.7%.<sup>5</sup>

To identify areas of improvement for cancer incidence rates, the number of adults that seek regular health screenings was reviewed. Other chronic condition risk factors that were also reviewed were blood pressure and cholesterol. These risk factors are not linked to cancer but are linked to heart disease, which is the number two killer of men and women in Nebraska, and should be included when considering overall health.

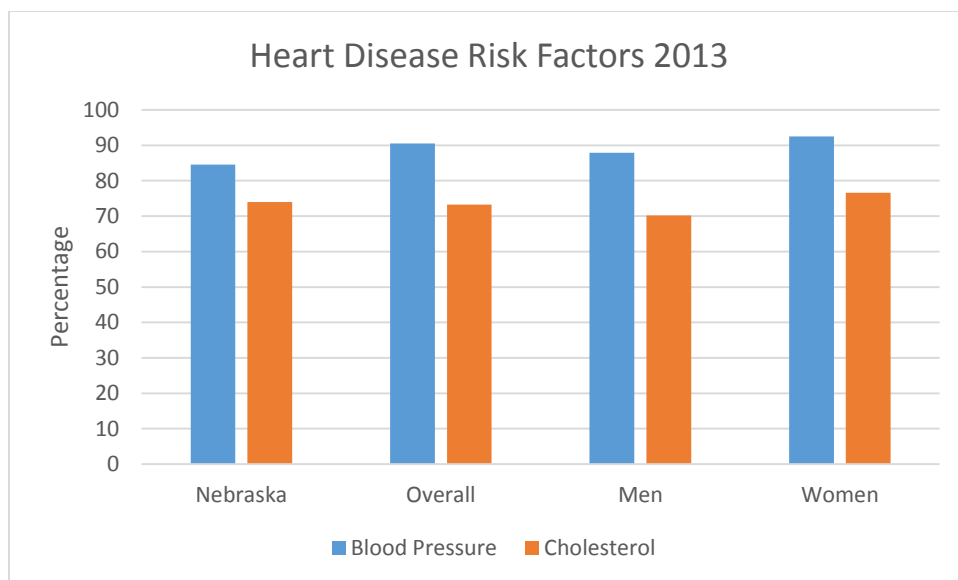
The following chart shows data from the Department of Health and Human Services Cancer Registry and identifies the number of cases of different types of cancers diagnosed in the state of Nebraska.



Source: Nebraska Cancer Registry, Department of Health and Human Services (June 2015)



This graph shows that women in the Southeast District are at or above the state average for being up-to-date on cancer screenings, while men are below both state and overall averages.



Data based on having had blood pressure in the past year or cholesterol checked in the past 5 years.

Problems associated with aging was the second leading health-related issue according to the community survey. In discussion with focus groups several points were brought up regarding the aging population. Issues such as the increase in aging populations, how the aging population will affect healthcare, who will care for the aging population, and how services geared toward the elderly are already being heavily utilized in many communities.

According to the Department of Health and Human Services (DHHS), Nebraska will see a 75% increase in 65 years old and over population between 2010 and 2030.<sup>2</sup> This increase in aging population is also seen in the 75+ and 85+ populations with projections that these populations will also grow, leading to an increase in disability rates, poverty, and a need for more services. Services such as chronic disease management education, elder abuse protection, income support, and other senior care programs will be crucial along with an increase in affordable healthcare needs.

Motor vehicle accidents and occupational health were discussed in focus group meetings. This data was included to wrap-around to information not included in the survey but important to consider when thinking about the health and safety of the communities within the district. Data such as workplace injuries, fatal and non-fatal motor vehicle accidents, number of alcohol-related accidents, and driver/passenger restraint use was collected.

There are a total of 20,493 persons employed in Southeast Nebraska. Between 2008 and 2012, there were 74 in-patient hospitalizations due to work-related injury/illness. Southeast District saw a rate of 73.0 hospitalizations per 100,000 people. The rate for Nebraska was 69.3 per 100,000. There were also 700 Emergency Department visits due to work-related injury/illness which gives Southeast District a rate of 690.1 cases/100,000 workers; the rate for Nebraska was 716.2. Lastly, workers aged 25-34 years old experienced the most work-related ED visits.<sup>13</sup>

Motor vehicle traffic accident data was collected for each county from the Nebraska Department of Roads. The following table outlines the number of accidents and their cause/outcome for each county in 2014. Also included is driver/passenger restraint use.

| County     | Fatal Accident | Non-fatal Accident | Property damage only | Restraints Used | Restraints not used | Apparent alcohol involvement |
|------------|----------------|--------------------|----------------------|-----------------|---------------------|------------------------------|
| Johnson    | 0              | 6                  | 12                   | 59              | 12                  | 1                            |
| Nemaha     | 0              | 7                  | 36                   | 152             | 26                  | 8                            |
| Otoe       | 0              | 22                 | 45                   | 291             | 24                  | 13                           |
| Pawnee     | 0              | 5                  | 7                    | 69              | 13                  | 2                            |
| Richardson | 1              | 11                 | 27                   | 129             | 25                  | 2                            |

Source: Nebraska Department of Roads, Standard Summary of Nebraska Motor Vehicle Traffic Accidents, 2014

## **Conclusion**

This report has summarized quantitative and qualitative data concerning the overall health and quality of life in the Southeast District. Identifying important health issues and behaviors was pivotal in evaluating the health status of the Southeast District. Collaboration of residents, public health staff, hospital employees, and members of other community organizations provided well-rounded discussion of health issues and where the communities' strengths can be utilized to improve risky behaviors and health-related issues.

Information and data from this report regarding cancer, substance abuse, education, healthcare, housing, resources, and risky behaviors will be used to prioritize action steps in the creation of healthier communities through the development of a health improvement plan. The regional Community Health Improvement Plan will outline the needs of the communities and the steps that will be taken to improve the health and quality of life in those communities.

Southeast District Health Department will work in partnership with community organizations to create and implement the Community Health Improvement Plan. From this plan, it is the goal of Southeast District Health Department to build coalitions and working partnerships between the communities to better serve all of the residents and visitors to Southeast Nebraska. In having regional coalitions and partnerships, resources can be better shared and a population-health approach can be taken to give community members a sense of continuity and accessibility to the resources that are vital to providing a high quality of life.

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Partners 4 Otoe County

Midwest Farmers

Palmyra Bennett School

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Otoe County Attorney's Office

First Presbyterian Church-Nebraska City

Tabitha Healthcare

Duff's Friendship Villa

Nebraska City Housing Authority

Golden Living

Nebraska City Ministerial Association

Morton-James Public Library

The Ambassador

Nebraska City Police Department

City of Nebraska City

Nebraska City Tourism and Commerce

Blue Valley Behavioral Health

Falls City Police Department

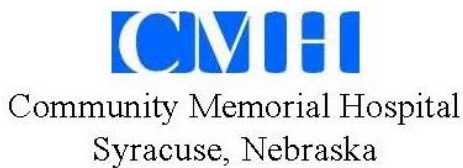
Falls City Sixpence

City of Humboldt

Richardson County Sheriff's Office

Richardson County Emergency Management

Falls City Nursing and Rehab



**St. Mary's**



