



SHDHD Priority Setting 09.25.18

## South Heartland Community Health Assessment Priority Setting

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## Priority Setting September 25, 2018

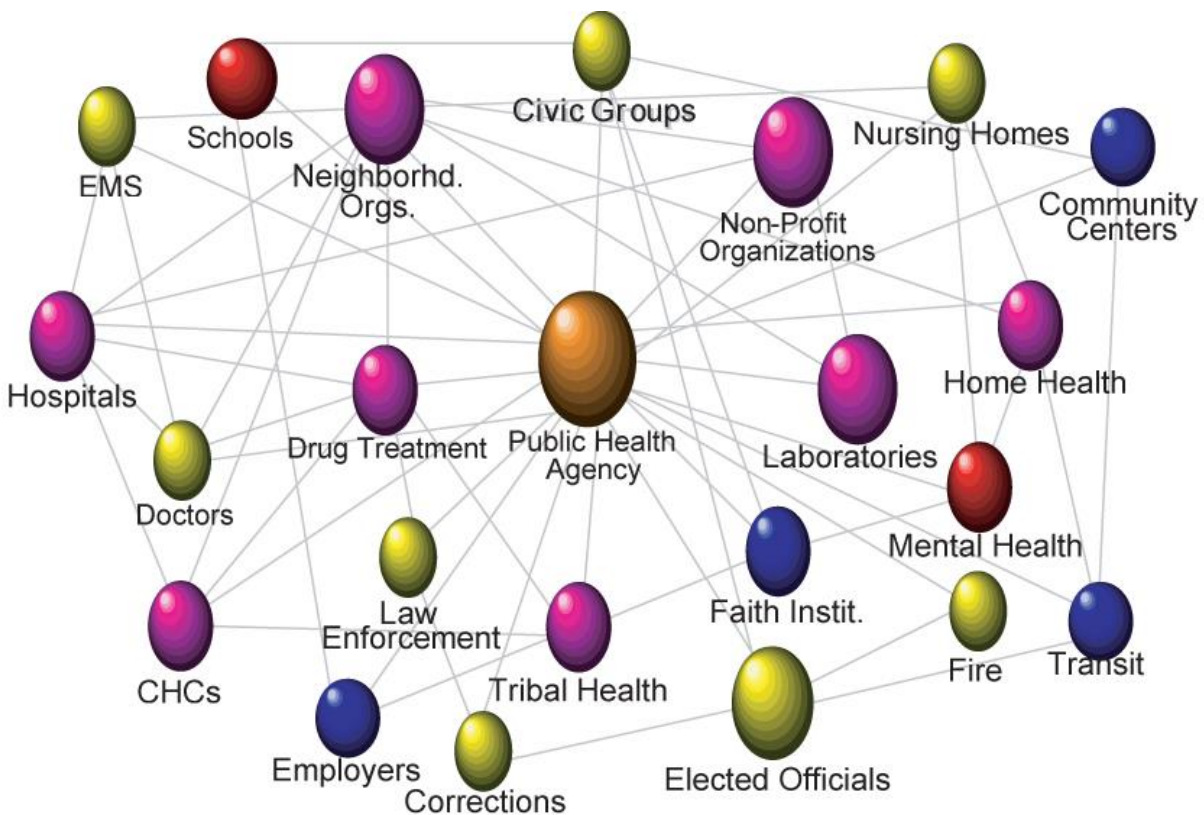
### Agenda:

1. Brief Introductions & Housekeeping
2. Review of Objectives
3. Criteria Weighting
4. Public Health System Overview
5. Data Review
6. Discussion
7. Assessing to Prioritize Community Health Issues

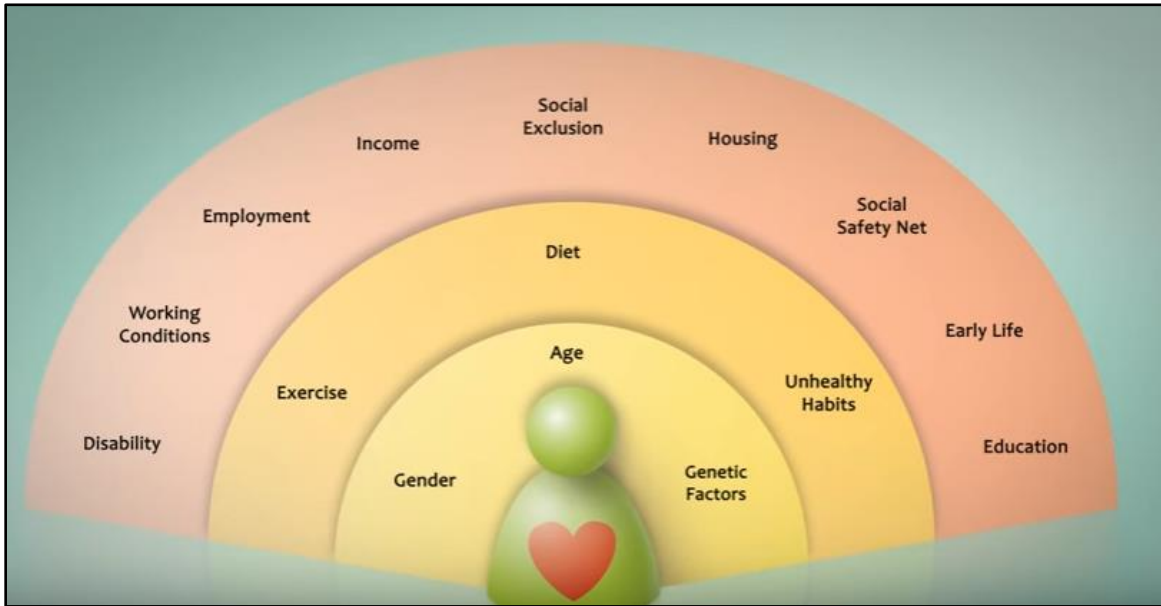
### Objectives:

- Share Data
- Prioritize
- Position for Strategy Development

### Overall Public Health System



## Determinants of Health



**Equity** - CDC definition: "When everyone has the opportunity to 'attain their full health potential' and no one is 'disadvantage from achieving this potential because of their social position or other socially determined circumstance.'" Health equity is the opportunity for every individual to attain their full health potential. Access to quality healthcare is one key in reducing inequities and disparities, but health is more than just disease or illness.

**Social determinants of health** are "the structural determinants and conditions in which people are born, grow, live, work and age." They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care.

Figure 2

### Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training	Higher education	Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

THE HENRY KAISER FAMILY FOUNDATION



## Community Health Improvement Tracker – 2016

Progress Toward Target	Priority Area	Baseline Year	2015-2016 Data	Target	Special Thanks to our partners
<b>Obesity (%)</b>					
	Increase the percentage of adults exercising 30 minutes a day, five times per week.	<b>49.1</b>	<b>53.1</b>	<b>52.0</b>	YMCA, UNL Extension, Hastings College, Healthy Hastings, Mary Lanning Wellness, City of Hastings, Choose Healthy Here stores, Brodstone Hospital, Brodstone Healthcare, Harvard Multicultural Parent Association, HPS School Wellness Teams, Harvard Wellness Team, St. Cecilia Wellness Team, DHHS
	Increase the percentage of youth exercising 60 minutes a day, five times per week.	<b>58.7</b>	<b>51.7</b>	<b>62.2</b>	
	Consumed fruit more than 1 time per day*	<b>54.6</b>	<b>60.5</b>	<b>58.1</b>	
	Consumed vegetables more than 1 time per day*	<b>72.9</b>	<b>75.8</b>	<b>77.2</b>	
	Increase the percentage of youth who report eating fruits ≥2 times/day during the past 7 days	<b>23.4</b>	<b>18.0</b>	<b>24.8</b>	
	Increase the percentage of youth who report vegetables ≥ 3 times/day during the past 7 days	<b>8.5</b>	<b>8.2</b>	<b>10.5</b>	
	Decrease the percentage of adults 18+ years who are overweight or obese (BMI ≥ 25.0)	<b>68.7</b>	<b>70.9</b>	<b>64.6</b>	
	Decrease the percentage of adults who are obese (BMI ≥ 30.0)	<b>30.6</b>	<b>34.4</b>	<b>28.8</b>	
	Decrease the percentage of children under 18 years who are overweight (BMI ≥ 25) or at risk of becoming overweight (21 < BMI <25)	<b>32.1</b>	<b>32.5</b>	<b>30.0</b>	
<b>Cancer (% and rate per 100,000)</b>					
	Increase percentage of women aged 50-74 years who are up-to-date on breast cancer screening	<b>70.0</b>	<b>71.7</b>	<b>74.2</b>	Morrison Cancer Center, Brodstone Healthcare, Webster Co. Hospital, Vital Signs Health Fair, Mary Lanning Cancer Committee, SHDHD Cancer Coalition, American Cancer Society
	Increase percentage of women aged 21-65 years who are up-to-date on cervical cancer screening rates	<b>80.4</b>	<b>79.3</b>	<b>85.2</b>	
	Increase percentage of adults aged 50-75 years who are up-to-date on colorectal cancer screening (annual fecal occult blood test (FOBT), OR sigmoidoscopy every 5 years + FOBT every 3 years, OR colonoscopy)	<b>59.9</b>	<b>72.1</b>	<b>60.0</b>	
	Reduce incidence rates due to female breast cancer	<b>128.9</b>	<b>131.6</b>	<b>121.2</b>	
	Reduce mortality rates due to female breast cancer	<b>19.0</b>	<b>22.8</b>	<b>18.0</b>	
	Reduce incidence rates due to colorectal cancer	<b>64.7</b>	<b>42.6</b>	<b>60.9</b>	
	Reduce mortality rates due to colorectal cancer	<b>15.5</b>	<b>15.7</b>	<b>14.6</b>	
	Reduce incidence rates due to prostate cancer	<b>161.3</b>	<b>117.1</b>	<b>151.6</b>	
	Reduce mortality rates due to prostate cancer	<b>25.1</b>	<b>18.8</b>	<b>23.6</b>	

at or within 1% of target, 
 within 5% of target, 
 greater than 5% change from baseline away from target



## Community Health Improvement Tracker – 2016

Progress Toward Target	Priority Area	Baseline Year	2015-2016 Data	Target	Special Thanks to our partners
<b>Cancer (% and rate per 100,000), continued</b>					<b>Partners, Continued</b>
	Reduce incidence rates due to skin cancer	<b>18.5</b>	<b>29.0</b>	<b>17.4</b>	Providers for Sun-Safe behavioral counseling, Community Pools, City of Hastings, DHHS Radon Program
	Reduce mortality rates due to skin cancer	<b>4.6</b>	<b>5.6</b>	<b>4.3</b>	
	Reduce incidence rates due to lung cancer	<b>66.2</b>	<b>63.3</b>	<b>62.3</b>	
	Reduce mortality rates due to lung cancer	<b>48.2</b>	<b>43.9</b>	<b>45.3</b>	
<b>Mental Health (#)</b>					
	Average number of days mental health was not good in past 30 days*	<b>3.4</b>	<b>3.1</b>	<b>2.8</b>	Region III, churches/ colleges-suicide prevention; Dr. Kathy Anderson, Mary Lanning - integrated care
	Mental health was not good on 14 or more of the past 30 days*	<b>11.0</b>	<b>9.2</b>	<b>10.3</b>	
	Reduce reported suicide attempts by high school students during the past year.	<b>9.6</b>	<b>13.2</b>	<b>9.0</b>	
<b>Substance Abuse (%)</b>					
	Decrease the proportion of high school students who reported use of alcohol in the past 30 days.	<b>24.2</b>	<b>23.9</b>	<b>22.7</b>	Horizon Recovery, ASAAP, Region 3, Life of an Athlete, Dr. Ken Zoucha, Dr. Max Owen, Hastings Public Schools, Harvard Public Schools, Hastings Ste. Cecilia Schools
	Decrease the proportion of high school students who reported use of marijuana in the past 30 days.	<b>12.3</b>	<b>11.3</b>	<b>11.5</b>	
	Decrease the misuse or abuse of prescription drugs among high school students.	<b>11.8</b>	<b>11.1</b>	<b>11.1</b>	
	Reduce the proportion of adolescents who report riding in the past 30 days with a driver who had been drinking alcohol	<b>22.7</b>	<b>22.1</b>	<b>21.3</b>	
	Decrease the proportion of high school students who reported texting or email while driving	<b>38.7</b>	<b>38.6</b>	<b>36.4</b>	
<b>Access to Care (%)</b>					
	Increase the proportion of persons with a personal doctor or health care provider.	<b>88.2</b>	<b>83.5</b>	<b>93.5</b>	Mary Lanning Insurance enrollment, SC Partnership (Emergency Dentist), Project Homeless Connect, Salvation Army
	Increase the proportion of persons who report visiting the doctor for a routine exam in the past year.	<b>63.0</b>	<b>67.0</b>	<b>66.8</b>	
	Decrease the proportion of persons aged 18 – 64 years without healthcare coverage.	<b>19.3</b>	<b>13.9</b>	<b>18.1</b>	
	Decrease the proportion of persons reporting cost as a barrier to visiting a doctor in the past year.	<b>9.5</b>	<b>11.4</b>	<b>8.4</b>	
	Increase the proportion of persons who report visiting a dentist for any reason in the past year.	<b>67.9</b>	<b>61.6</b>	<b>72.0</b>	

**Sources: BRFSS 2015&2016, YRBS 2016, Nebraska Cancer Registry 2015.**

at or within 1% of target, 
 within 5% of target, 
 greater than 5% change from baseline away from target

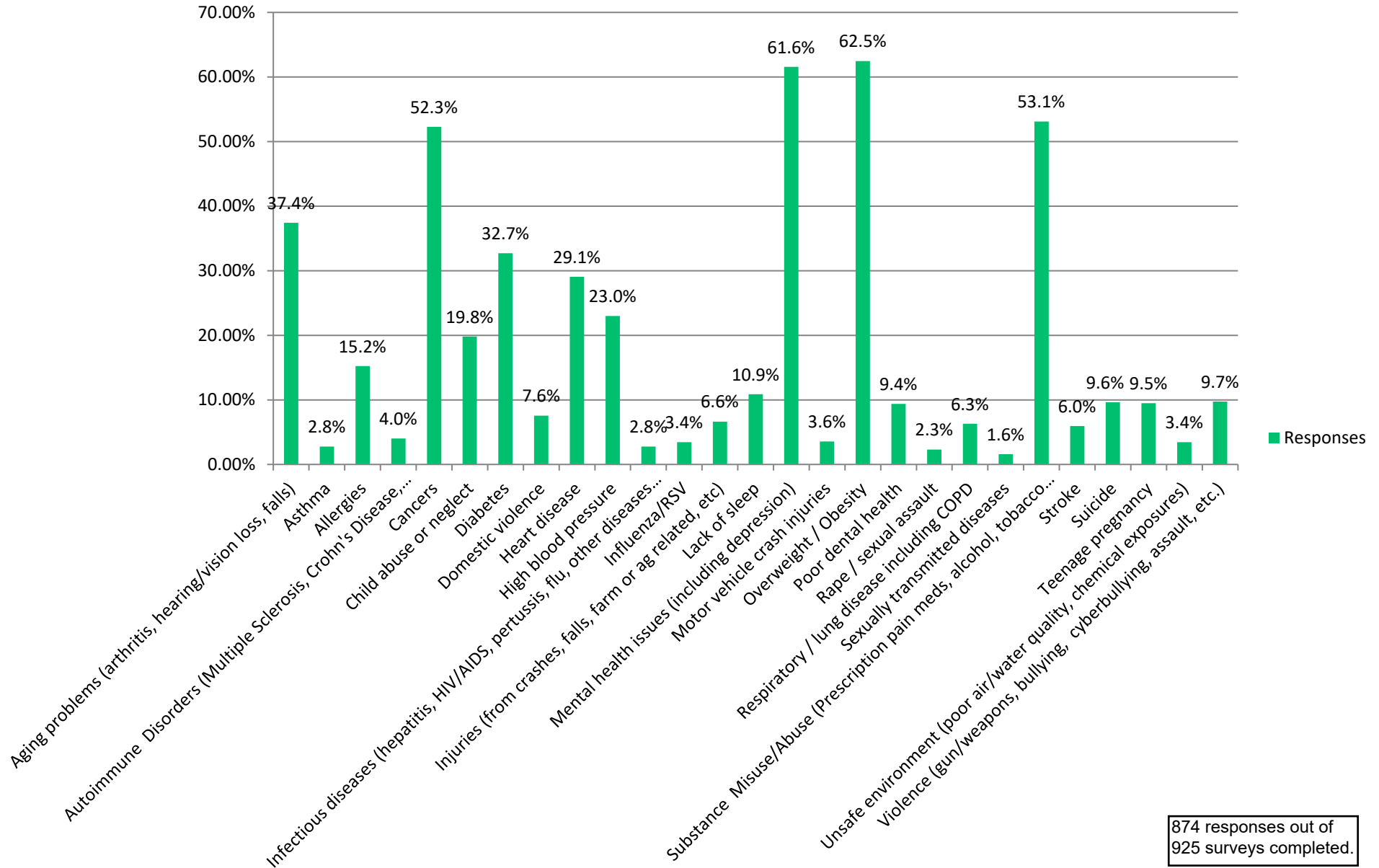
	Nebraska	Adams	Clay	Nuckolls	Webster	Measure	Wt	Source	Year(s)
<b>Health Outcomes</b>		50	47	25	77				
<b>Length of Life</b>		31	34	52	78				
Premature death	6,000	6,400	6,500	7,000	10,100	Premature death (years of potential life lost before age 75 per 100,000 pop)	50%	National Center for Health Statistics	2014-2016
<b>Quality of Life</b>		61	58	10	54				
Poor or fair health	14%	15%	13%	13%	14%	Poor or fair health (percent of adults reporting fair or poor health)	10%	Behavioral Risk Factor Surveillance System	2016
Poor physical health days	3.2	3.2	3.1	3.1	3.2	Poor physical health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2016
Poor mental health days	3.2	3.2	3.1	3.1	3.2	Poor mental health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2016
Low birthweight	7%	6%	7%	5%	6%	Low birthweight (percent of live births with weight < 2500 grams)	20%	National Center for Health Statistics - Natality files	2010-2016
<b>Health Factors</b>		42	55	28	54				
<b>Health Behaviors</b>		53	52	25	57				
Adult smoking	17%	17%	17%	15%	18%	Adult smoking (percent of adults that smoke)	10%	Behavioral Risk Factor Surveillance System	2016
Adult obesity	31%	35%	32%	34%	32%	Adult obesity (percent of adults that report a BMI ≥ 30)	5%	CDC Diabetes Interactive Atlas	2014
Physical inactivity	23%	25%	26%	29%	31%	Physical inactivity (percent of adults that report no leisure time physical activity)	2%	CDC Diabetes Interactive Atlas	2014
Excessive drinking	21%	19%	19%	18%	19%	Excessive drinking (percent of adults who report heavy or binge drinking)	2.5%	Behavioral Risk Factor Surveillance System	2016
Motor vehicle crash deaths	12	14	22			Motor vehicle crash deaths per 100,000 population		CDC WONDER mortality data	2010-2016
Sexually transmitted infections	422.9	343.3	190	91.6		Sexually transmitted infections (chlamydia rate per 100,000 population)	2.5%	National Center for HIV/AIDS, Viral Hepatitis,	2015
Teen births	25	27	34	18	26	Teen birth rate (per 1,000 females ages 15-19)	2.5%	National Center for Health Statistics - Natality files	2010-2016
<b>Clinical Care</b>		10	51	36	39				
Uninsured	9%	10%	12%	9%	10%	Uninsured (percent of population < age 65 without health insurance)	5%	Small Area Health Insurance Estimates	2015
Primary care physicians	1,340:1	1,210:1	3,150:1	870:1	1,210:1	Ratio of population to primary care physicians	3%	Area Health Resource File/American Medical Association	2015
Preventable hospital stays	48	47	53	80	60	Preventable hospital stays (rate per 1,000 Medicare enrollees)	5%	Dartmouth Atlas of Health Care	2015
Diabetic screening	87%	91%	93%	89%	88%	Diabetic screening (Percent of diabetics that receive HbA1c screening)	2.5%	Dartmouth Atlas of Health Care	2014
Mammography screening	62%	64%	61%	66%	64%	Mammography screening	2.5%	Dartmouth Atlas of Health Care	2014

Note: Blank values reflect missing or unreliable data. Additional Data found at: <https://gis.cdc.gov/grasp/nchhstpatlas/maps.html> 06/18/2018 \*Sexually Transmitted Infection - Adams County: 329.2 \*Sexually Transmitted Infection - Clay County: 95.1 \*Sexually Transmitted Infection - Nuckolls County: 69.3 \*Sexually Transmitted Infection - Webster County: 110.3 Additional data found at: <https://dot.nebraska.gov/media/10414/facts2016.pdf> 06/18/2018 \*\*Motor Vehicle Crash Deaths - Adams County: 5 \*\*Motor Vehicle Crash Deaths - Clay County: 1 \*\*Motor Vehicle Crash Deaths - Nuckolls County: 0 \*\*Motor Vehicle Crash Deaths - Webster County: 0 Additional data found at: <https://ncc.nebraska.gov/arrest-and-offense-rates-county-map> 06/18/2018 \*\*\*Violent Crime Rate - Adams County: 2.4 per 1000 people \*\*\*Violent Crime Rate - Clay County: 1.0 per 1000 people \*\*\*Violent Crime Rate - Nuckolls County: 0.5 per 1000 people \*\*\*Violent Crime Rate - Webster County: 0.6 per 1000 people Additional Data found at: <http://nep.education.ne.gov/Search?DataYears=20162017> 06/18/2018 \*\*\*\*High School Graduation - Adams County: 95% \*\*\*\*High School Graduation - Clay County: 100% \*\*\*\*High School Graduation - Nuckolls County: 100% \*\*\*\*High School Graduation - Webster County: 96.88%

	Nebraska	Adams	Clay	Nuckolls	Webster	Measure	Wt	Source	Year(s)
<b>Health Factors</b>		42	55	28	54				
<b>Social &amp; Economic Factors</b>		48	45	33	67				
High school graduation	87%	91%				High school graduation	5%	EDFacts	2014-2015
Some college	71%	70%	60%	68%	68%	Some college (Percent of adults aged 25-44 years with some post-secondary education)	5%	American Community Survey	2012-2016
Unemployment	3.20%	3.30%	3.30%	3.10%	3.30%	Unemployment rate (percent of population age 16+ unemployed)	10%	Bureau of Labor Statistics	2016
Children in poverty	14%	17%	15%	18%	16%	Children in poverty (percent of children under age 18 in poverty)	7.5%	Small Area Income and Poverty Estimates	2016
Social Associations	13.9	14.9	19	41.6	13.8	The number of associations (membership organizations like fitness centers, sports organizations, religious organizations, political organizations, business organizations) per 10,000 population	2.5%	County Business Patterns	2015
Children in single-parent households	29%	25%	29%	31%	24%	Percent of children that live in single-parent household	2.5%	American Community Survey	2012-2016
Violent crime rate	267	204			81	Violent crime rate per 100,000 population	2.5%	Uniform Crime Reporting - FBI	2012-2014
<b>Physical Environment</b>		63	66	14	17				
Air pollution-particulate matter days	8.2	8.7	8.7	8.5	8.2	Air pollution-particulate matter days (average number of unhealthy air quality days)	2.5%	Environmental Public Health Tracking Network	2012
Drinking water violations		Yes	Yes	No	No	Indicates the presence or absence of at least one community water system in the county that received a violation during a specified time frame	2.5%	Safe Drinking Water Information System	2016
Severe housing problems	13%	9%	8%	8%	9%	Percentage of households with one or more of the following problems: lacking complete kitchen facilities, lacking complete plumbing facilities, severely overcrowded, or severely cost burdened	2.0%	Comprehensive Housing Affordability Strategy (CHAS) data	2010-2014
Driving alone to work	81%	83%	81%	75%	75%	Percentage of the workforce that usually drives to work alone	2.0%	American Community Survey	2012-2016
Long commute - driving alone	18%	13%	31%	16%	26%	The percentage of commuters, among those who commute to work by car, truck, or van alone, who drive longer than 30 minutes to work each day	1.0%	American Community Survey	2012-2016
<p>Note: Blank values reflect missing or unreliable data. Additional Data found at: <a href="https://gis.cdc.gov/grasp/nchhstpatlas/maps.html">https://gis.cdc.gov/grasp/nchhstpatlas/maps.html</a> 06/18/2018 *Sexually Transmitted Infection - Adams County: 329.2 *Sexually Transmitted Infection - Clay County: 95.1 *Sexually Transmitted Infection - Nuckolls County: 69.3 *Sexually Transmitted Infection - Webster County: 110.3 Additional data found at: <a href="https://dot.nebraska.gov/media/10414/facts2016.pdf">https://dot.nebraska.gov/media/10414/facts2016.pdf</a> 06/18/2018 **Motor Vehicle Crash Deaths - Adams County: 5 **Motor Vehicle Crash Deaths - Clay County: 1 **Motor Vehicle Crash Deaths - Nuckolls County: 0 **Motor Vehicle Crash Deaths - Webster County: 0 Additional data found at: <a href="https://ncc.nebraska.gov/arrest-and-offense-rates-county-map">https://ncc.nebraska.gov/arrest-and-offense-rates-county-map</a> 06/18/2018 ***Violent Crime Rate - Adams County: 2.4 per 1000 people ***Violent Crime Rate - Clay County: 1.0 per 1000 people ***Violent Crime Rate - Nuckolls County: 0.5 per 1000 people ***Violent Crime Rate - Webster County: 0.6 per 1000 people Additional Data found at: <a href="http://nep.education.ne.gov/Search?DataYears=20162017">http://nep.education.ne.gov/Search?DataYears=20162017</a> 06/18/2018 ****High School Graduation - Adams County: 95% ****High School Graduation - Clay County: 100% ****High School Graduation - Nuckolls County: 100% ****High School Graduation - Webster County: 96.88%</p>									

# Community Themes and Strengths Assessment Survey - Selected Results, SHDHD CHA 2018

Thinking about what you know from your personal experience and/or the experiences of others you know, what do you think are the 5 most troubling health-related problems in your community? (Choose ONLY 5)





**Selected Comments for: Thinking about what you know from your personal experience and/or the experiences of others you know, what do you think are the 5 most troubling health-related problems in your community?**

- Moral values declining, apathy increased, "entitled" mentality, w/ no motivation to work hard to improve their life. So many "free" programs/help they end up w/ no sense of purpose, drive & responsibility. Leads to depression, obesity,(diabetes, substance abuse, child neglect).
- The meth problem needs to be dealt with!!!
- poor parenting
- Bedbugs in the hotels, homeless shelters, hospital, and homes.
- people buying the guns, people bullying, not the guns. You give a great list. Abuse and neglect are high across the state. People want more food, sometimes because they are overweight, but they consider food an asset. too much suicide and mental illness.
- Social media addiction.
- Also overweight and obesity
- believe mental health issues are the root cause of most, if not all, illness, abuse, neglect, violence, teen pregnancy, obesity. Mental and emotional issues are behind it all. Fix mental health and you would have 5 or 6 things on this list.
- sex traffic
- Violence/cyber-bullying is largely ignored.
- Really hard to choose just 5.
- cyberbullying and bullying in our schools
- Child abuse and neglect.

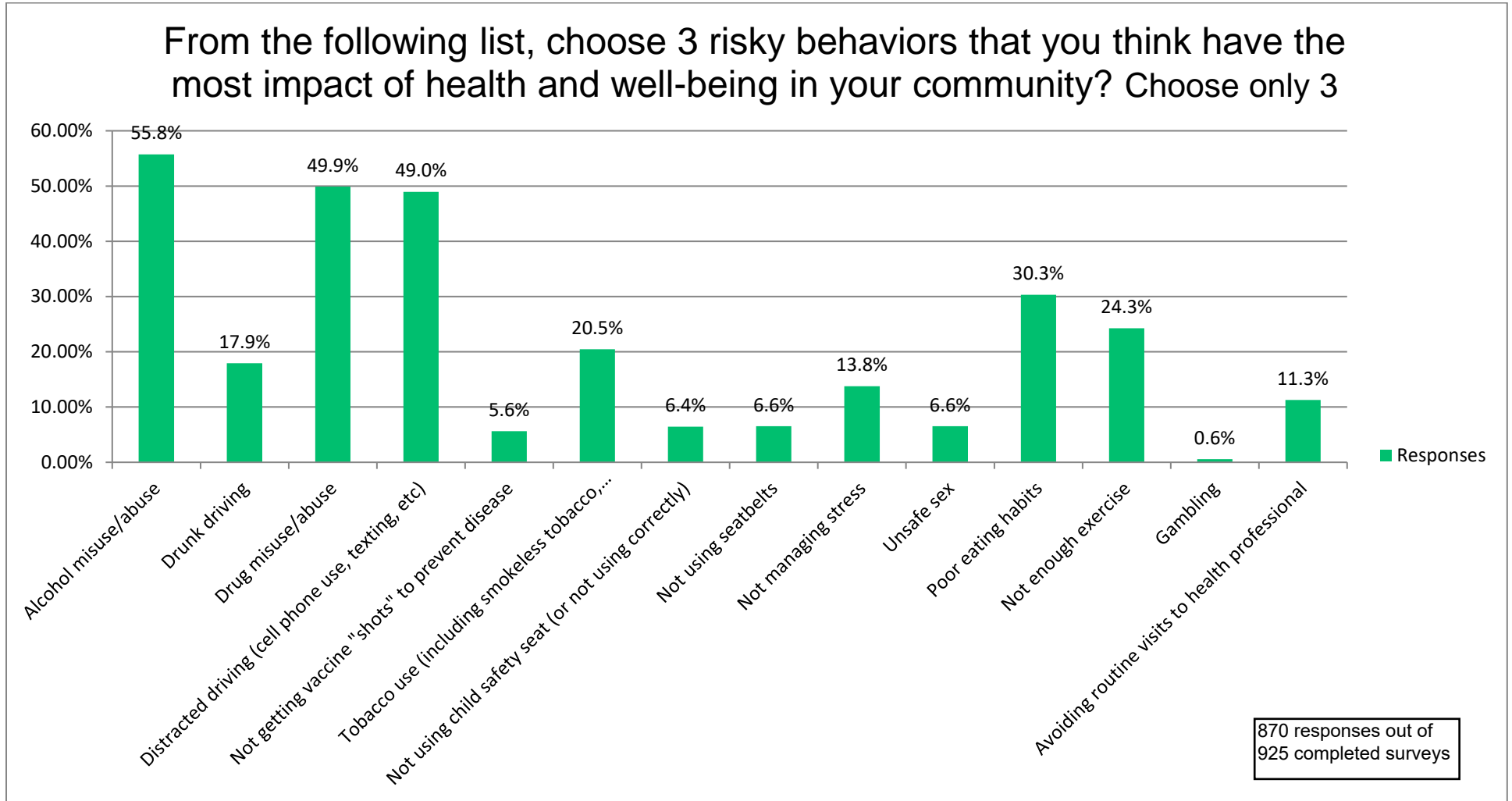
Sex Problem Parenting Education  
 Obesity Violence Abuse Hard  
 Bullying Care

Showing 10 words and phrases

Abuse		18.75%	6
Obesity		12.50%	4
Bullying		9.38%	3
Parenting		9.38%	3
Care		6.25%	2
Sex		6.25%	2
Violence		6.25%	2
Education		6.25%	2
Hard		6.25%	2
Problem		6.25%	2



## Community Themes and Strengths Assessment Survey - Selected Results, SHDHD 2018



Summary of Participant Responses for Five Priority Health Issue Choices

Showing 24 words and phrases

Community		18.92%	14
Driving		16.22%	12
Issue		14.86%	11
Health		14.86%	11
Drug		8.11%	6
Stress		8.11%	6
Problems		6.76%	5
Think		6.76%	5
School		6.76%	5
Behavior		5.41%	4

Believe Break Behavior Individuals Think Deal  
 Stress Clinic Health Life Style Driving  
 Heart Disease Community Low Income  
 Issue Equipment Drug Hand Problems  
 Parents School Patients Concern  
 Poor Eating Habits

- I chose distracted driving, because the others affect the person with the behavior, but this one can kill others.
- By giving us this list, you are telling us what YOU think the "risky behaviors" are. There might be a health reason why I can't get enough exercise, so to me that isn't a risky behavior. I see not going to a medical professional for routine visits as risky behavior, but I have insurance with a reasonable deductible while my friend doesn't so they choose not to go.
- The cost of health professional visits is a deterrent for a lot of people
- Our community needs to be more vocal about the issues leading up to suicide. I know more teens that have died from suicide in the past year than I have in my whole life- and they all have happened in Hastings.
- I see our own police using cell phones while driving.
- Alcohol and tobacco are big issues in the community.
- Accessibility to primary care and prevention is a huge issue, be it due to financial restraints, transportation issues, or knowledge deficit.
- Not managing stress leads to alcohol/drug and other issues but distracted driving impacts everyone daily. I almost hit someone yesterday because she was talking on her cell phone and pulled out in front of me. She has NO idea how close we were to a wreck... inches!!
- Almost all of these I feel are a big concern in my community. Alcohol abuse and drunk driving are not considered problematic and often joked about and praised. So many vehicle deaths could have been prevented with seatbelt use.
- The "not getting vaccines" is to me the most scary. It does not seem like a huge problem here in my community BUT it could catch on like some parts of the country. And I have friends who live in area's that this is a huge problem. Measles and mumps are back. These along with others will not just affect the young but the old too.
- We need more spaces free of secondhand smoke. There could be many more miles of trails for biking and walking.
- Free clinic to the public
- No dentist for medicare patients
- It appears the mentality is to pretend the various problems do not exist and then there is no problem.
- people are always ready for a hand out, they don't pay their bills, the rest of us are called on to take care of it for them through higher costs.

- Legalizing marijuana would be a bad deal.
- The future health well being of Hastings and the nation will be most affected by requiring and expecting individuals to take personal responsibility for and being rewarded for making and maintaining correct life style decisions.
- can we get some equipment in some more parks or more in parks.
- Two men that were high on meth tried to break into my house last summer in the middle of the night.
- Stress I believe is the cause of so many of these behaviors.
- I teach at a school and see the non use of car seats or seat belts for children EVERYDAY!
- We are seeing a huge surge of patients with obesity and obesity related health problems. There needs to be a way to educate our community on nutrition.
- In a perfect world, would like to see more of a "gap" closure between student safety at school and home.
- More then when DUI throw their ass in jail
- we should not be seeing people with 5 DWI arrests pleading down offenses
- I BELIEVE all categories matter. I feel a lot of our children do not get the physical activity they need.
- All three need to be addressed, I just know first hand how detrimental it can be to your health when stress is not managed.
- I think we have a community of low income and uneducated families that are stuck in a cycle of abuse and poor eating habits. it's all mental illness and depression/obesity tied into one. and until we educate and break the cycle with Kids, it will just continue. :(
- alcoholism/avoiding health professional visits
- I think the community has a huge drug issue that needs to be addressed
- BIGGEST ISSUE IS FAMILY BREAKDOWN
- Making old imperial mall into low income or refuge housing.
- It seems as though there are more and more crashes in town on streets that aren't busy. Usually you see wrecks at busy intersections, but now they are becoming more common in residential areas. Distracted driving is a big issue.
- Law enforcement needs to stop "looking the other way" when someone is driving impaired.
- Most chronic diseases can be prevent with healthy lifestyle choices, most importantly what people eat. Poor eating habits contribute to high cholesterol, diabetes, heart disease, types of cancer, stroke, obesity, etc. Exploring more community gardening options and availability is worth looking into as community/neighborhood gardens and gardening efforts promotes a sense of community, wellness, and healthy eating habits.
- Fast food consumption is extremely high which leads to obesity, diabetes and heart disease. Fast food companies encourage "Large size" options at cheaper prices which leads to unhealthy eating habits.
- Drug misuse/abuse and alcohol misuse/abuse are difficult community health issues, but I believe we must continue to look for solutions.
- I thinks that drug misuse/abuse is the reason for having child abuse. Parents that are under the influence of drug and that have a habit of getting high usually don't have time for kids.
- Many legal issues in our county in a close connection to drug/alcohol abuse. This issue usually lead to other problems like some kind of violence along with felony or misdemeanor crimes. Mental is a major issue in our communities, many people go to illegal drugs to deal their issues. Drug are usually the central issue to many people's problems.
- Too many parents more concerned over their social lives and not their kids.
- I do think we also need to address distracted driving. Texting while driving should be a primary offense. I see it with teenagers and adults alike.

- Excess time spent on social media perhaps contribute to some depression/mental health and that is not listed.
- Many of these behaviors are seen as normal by many in the general population.
- I know that there are numerous drug problems including an increase in the use of pot because of the legalization of marijuana in Colorado.
- I see people driving using their cell phones more than than non cell phone users. Some states have laws against driving while using cel phone.
- It's scary to sit at a busy intersection to see how many people that drive by are on their phones. I see people looking down at their phones ALL of the time.
- quality in school drug and life-skill education
- I also think that all bicycle riders should wear helmets.
- concern for those that work 6 days 12 hour shifts at some organizations-health concern mental/physical,
- We need education/advice for community meals/benefits which seem to be a menu of a meat and carbs. How about using such meals to introduce people to veggies and fruit?
- Community garden participation for all able bodied persons receiving food stamps!
- Health and police need to team up. Our kids feel unsafe, even at school.
- We have people living in houses with no electricity or water.
- This is a scary list and hard to choose 3 because I'm sure they are all an issue. Unfortunately all of these lead to poor parenting which affects future generations.
- Everyday when school lets out, folks drive by my place and most are looking at some device
- Due to the small size of the community, confidential health care is not possible.
- distracted driving has the easiest fix
- Local food places offer lots of fried everything and very few healthy options. Can't walk the streets as dogs are ALWAYS an issue plus streets are sloped so badly it's hard to walk on a level surface. And alcohol is Ev.Vry.WHERE. and over-used!!
- I chose poor eating habits because it's going to take a generational change for the drinking to slow down
- the amount of 'drug-seeking' activity seen at the ER and clinic is STAGGERING.
- I feel it is about promoting an overall healthy life style as a whole
- this goes along with the fitness center. I know they have in the past had exercise classes/aerobics as well as pool aerobics however recently this has not been available. Also it would be nice to have a place for the fitness center other than where it is currently located as it is so cramped. It would also be nice to have more equipment.
- Not being able to manage stress leads to the others.
- I believe mental health should be top priority.
- none at this time
- Education to inform the community about things to watch for. Law enforcement is a concern as well.
- stress, poor eating and alcohol are all related.
- Our teens need to feel valued in our community. Where I live, the majority don't feel that way.
- Distracted Driving in Hastings is an epidemic by adults.
- Type 2 Diabetes is a growing concern
- No stress management or relieve

SHDHD CHA 2018

# Fact Sheet

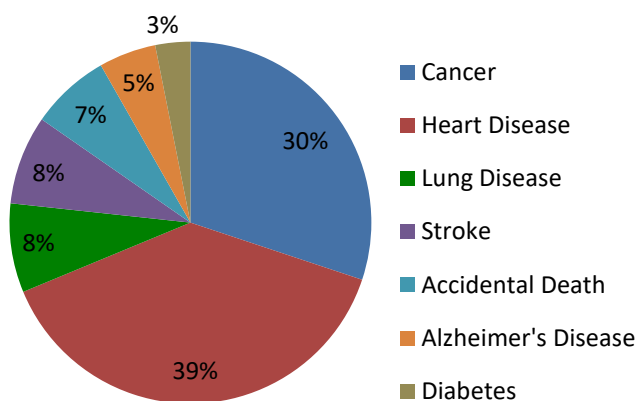
## Cancer

Leading Causes of Years of Potential Life Lost (Before Age 75), South Heartland District Health Department\*, 2010-2014 Combined

Rank	Cause of Death	Total Deaths	Total YPLL	Average YPLL Per Death
-	All Injury	141	3,364	23.9
1	Cancer	516	3,412	6.6
2	Unintentional Injury	113	2,620	23.2
3	Heart Disease	682	2,421	3.5
4	Suicide	26	667	25.7
5	Chronic Lung Disease	150	368	2.5
6	Stroke	137	322	2.4
7	Diabetes	55	192	3.5
8	Birth Defects	<5	163	40.8
9	Nephritis/Nephrosis	58	111	1.9
10	Pneumonia	55	103	1.9

Source: Nebraska Vital Records

### SHDHD Top Causes of Death, 2016 NE Vital Statistics



### SHDHD Cancer Deaths by Type\*

Type	2011-2015
Lung	138
Colon/Rectum	56
Breast	35
Pancreas	30
Prostate	28
Non-Hodgkin Lymphoma	24
Skin	16
Bladder	13



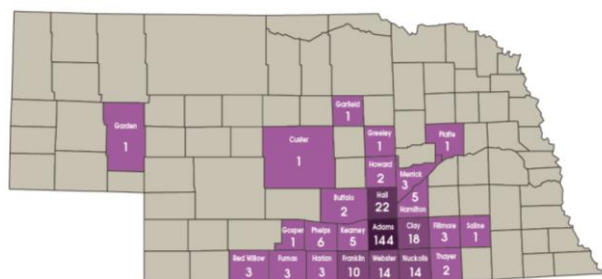
### Cancer in Nebraska Quick Facts:

- Cancer was the leading cause of death in NE for the 6<sup>th</sup> year in a row. (Nebraska Vital Statistics)
- Cancer is the 2<sup>nd</sup> leading cause of death in SH Dist. For the years of 2012-2016.

### US Fact:

- Estimates suggest that less than 30% of a person's lifetime risk of getting cancer results from uncontrollable factors. The rest you have the power to change, including your diet. (Harvard Medical School, Sept, 2016)

2016 MLH cancer cases by county of residence



15 cases came from counties outside of the state of Nebraska.

Cancer was perceived as 4<sup>th</sup> most troubling health issue from our Community Themes and Strengths survey of 925 residents

Responses to: Top five most troubling health-related problems in our community

**Table 3. Number of deaths and mortality rates, all sites and top 10 primary sites (rank-ordered by number of deaths), by race/ethnicity, Nebraska, 2004-2013**

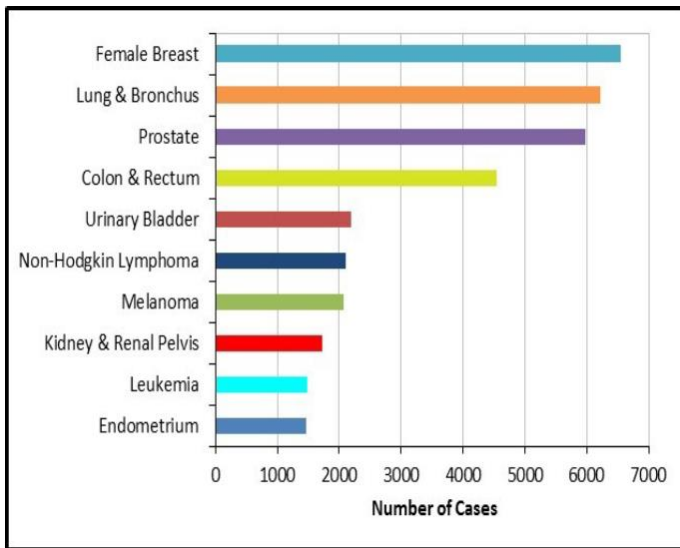
Rank	White			African-American			American Indian			Asian/Pacific Islander			Hispanic*		
	Primary Site	Deaths	Rate	Primary Site	Deaths	Rate	Primary Site	Deaths	Rate	Primary Site	Deaths	Rate	Primary Site	Deaths	Rate
--	All sites	32,435	167.3	All sites	1,129	222.7	All sites	157	168.1	All sites	192	110.6	All sites	499	102.6
1	Lung & bronchus	8,569	44.9	Lung & bronchus	316	63.6	Lung & bronchus	47	58.2	Lung & bronchus	42	24.7	Lung & bronchus	79	19.0
2	Colorectal	3,392	17.2	Colorectal	128	28.2	Colorectal	19	16.4	Liver & intrahepatic bile ducts	32	14.6	Breast (female only)	39	13.3
3	Breast (female only)	2,206	20.6	Breast (female only)	83	27.4	Breast (female only)	11	16.4	Colorectal	19	11.9	Liver & intrahepatic bile ducts	38	8.1
4	Pancreas	2,003	10.3	Pancreas	80	16.3	Kidney & renal pelvis	7	8.3	Pancreas	13	8.0	Colorectal	38	8.0
5	Prostate	1,817	22.8	Prostate	61	34.7	Liver & intrahepatic bile ducts	7	5.5	NHL	12	8.5	Prostate	28	20.6
6	Leukemia	1,370	7.1	Liver & intrahepatic bile ducts	51	8.0	Pancreas	7	4.7	Breast (female only)	11	9.3	Stomach	25	3.9
7	NHL	1,318	6.7	Myeloma	40	8.3	Ovary	6	10.9	Leukemia	7	3.4	Leukemia	24	3.9
8	Brain & central nervous system	947	5.2	Esophagus	35	6.3	Stomach	6	5.9	Stomach	7	2.8	NHL	23	5.2
9	Kidney & renal pelvis	864	4.5	Stomach	28	5.1	Three sites tied	5	--	Brain & central nervous system	6	2.7	Kidney & renal pelvis	22	3.7
10	Esophagus	846	4.4	Leukemia	28	4.9				Two sites tied	4	--	Brain & central nervous system	21	2.3

\*persons of Hispanic origin may be of any race

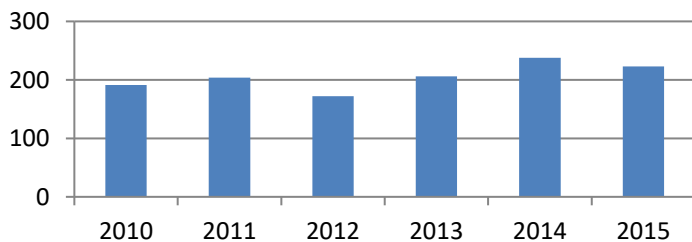
†rates are the average annual number of deaths per 100,000 population, excluding gender-specific sites (cervix uteri, corpus uteri, female breast, ovary, prostate), which are per 100,000 male or female population, and all rates are age-adjusted to the 2000 US population

ABBREVIATION: NHL, Non-Hodgkin lymphoma

**Number of Cancers Diagnosed, by Primary Site Nebraska (2010-2014)**



**SHDHD Trends of Eight Most Common Cancer Types\***



\* Nebraska Cancer Registry- Includes: lung, breast, colon/rectum, prostate, bladder, lymphoma, skin, pancreas



Credit: Shutterstock

**CANCER PREVENTION WORKS**

A 2012 survey of cancer survivors found that one-third of those surveyed had gone into debt. Of those who had gone into debt, 55 percent owed \$10,000 or more.

Source: Banegas M, Guy Jr. G, Yabroff K, et al. For Working-Age Cancer Survivors, Medical Debt And Bankruptcy Create Financial Hardships. Health Affairs. January 2016;35(1):54-61.

## Nebraska Cancer Registry Data for SHDHD, 2016

**Table 1. Incidence and mortality statistics for cancers of the lung and bronchus; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015**

	N Cases	Incidence rate*	N Deaths	Mortality rate**
<b>Adams County</b>	135	69.4	97	48.8
<b>Clay County</b>	24	53.5	12	27.0
<b>Nuckolls County</b>	20	48.1	16	39.6
<b>Webster County</b>	18	56.7	13	39.2
<b>South Heartland HD</b>	197	63.3	138	43.9
<b>Nebraska</b>	6257	58.7	4464	41.8

**Table 2. Incidence and mortality statistics for female breast cancer; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015**

	N Cases	Incidence rate*	N Deaths	Mortality rate**
<b>Adams County</b>	134	137.7	24	24.6
<b>Clay County</b>	32	148.1	7	28.7
<b>Nuckolls County</b>	20	115.2	‡	4.0
<b>Webster County</b>	13	82.0	3	19.5
<b>South Heartland HD</b>	199	131.6	35	22.8
<b>Nebraska</b>	6714	124.6	1174	20.1

**Table 3. Incidence and mortality statistics for cancers of the colon and rectum; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015**

	N Cases	Incidence rate*	N Deaths	Mortality rate**
<b>Adams County</b>	88	43.8	33	16.2
<b>Clay County</b>	11	23.6	6	11.6
<b>Nuckolls County</b>	20	71.6	9	19.0
<b>Webster County</b>	14	41.1	8	20.4
<b>South Heartland HD</b>	133	42.6	56	16.3
<b>Nebraska</b>	4527	43.1	1692	15.7



## Nebraska Cancer Registry Data for SHDHD, 2016

**Table 4. Incidence and mortality statistics for prostate cancer; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015**

	N Cases	Incidence rate*	N Deaths	Mortality rate**
<b>Adams County</b>	98	105.1	17	19.3
<b>Clay County</b>	28	118.6	5	22.7
<b>Nuckolls County</b>	30	156.2	6	21.2
<b>Webster County</b>	20	140.2	0	0.0
<b>South Heartland HD</b>	176	117.1	28	18.8
<b>Nebraska</b>	5880	115.1	905	20.2

**Table 5. Incidence and mortality statistics for cancers of the urinary bladder; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015**

	N Cases	Incidence rate*	N Deaths	Mortality rate**
<b>Adams County</b>	36	17.5	6	2.9
<b>Clay County</b>	6	13.0	‡	1.7
<b>Nuckolls County</b>	11	27.5	3	5.2
<b>Webster County</b>	5	14.8	3	8.3
<b>South Heartland HD</b>	58	17.7	13	3.6
<b>Nebraska</b>	2232	21.9	436	4.0

**Table 6. Incidence and mortality statistics for non-Hodgkin lymphoma; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015**

	N Cases	Incidence rate*	N Deaths	Mortality rate**
<b>Adams County</b>	40	20.3	12	5.4
<b>Clay County</b>	15	34.8	5	10.6
<b>Nuckolls County</b>	11	33.2	5	10.9
<b>Webster County</b>	7	24.5	‡	6.3
<b>South Heartland HD</b>	73	23.9	24	6.9
<b>Nebraska</b>	2120	20.4	634	5.9

## Nebraska Cancer Registry Data for SHDHD, 2016

**Table 7. Incidence and mortality statistics for melanoma of the skin; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015**

	N Cases	Incidence rate*	N Deaths	Mortality rate**
<b>Adams County</b>	48	29.8	10	5.4
<b>Clay County</b>	11	27.6	‡	4.7
<b>Nuckolls County</b>	9	30.2	‡	6.9
<b>Webster County</b>	6	19.5	‡	6.5
<b>South Heartland HD</b>	74	29.0	16	5.6
<b>Nebraska</b>	2235	22.2	310	2.9

**Table 8. Incidence and mortality statistics for cancer of the pancreas; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015**

	N Cases	Incidence rate*	N Deaths	Mortality rate**
<b>Adams County</b>	34	18.1	21	10.2
<b>Clay County</b>	3	7.3	3	6.8
<b>Nuckolls County</b>	9	23.4	4	10.4
<b>Webster County</b>	3	9.3	‡	6.1
<b>South Heartland HD</b>	49	16.3	30	9.3
<b>Nebraska</b>	1318	12.4	1116	10.4

\*incidence rates are expressed as the average annual number of new cases per 100,000 population (gender-specific cancers are expressed per 100,000 female or male population), and are age-adjusted to the 2000 US population

\*\*mortality rates are expressed as the average annual number of deaths per 100,000 population (gender-specific cancers are expressed per 100,000 female or male population), and are age-adjusted to the 2000 US population

‡number not shown if lower than three (cases or deaths)

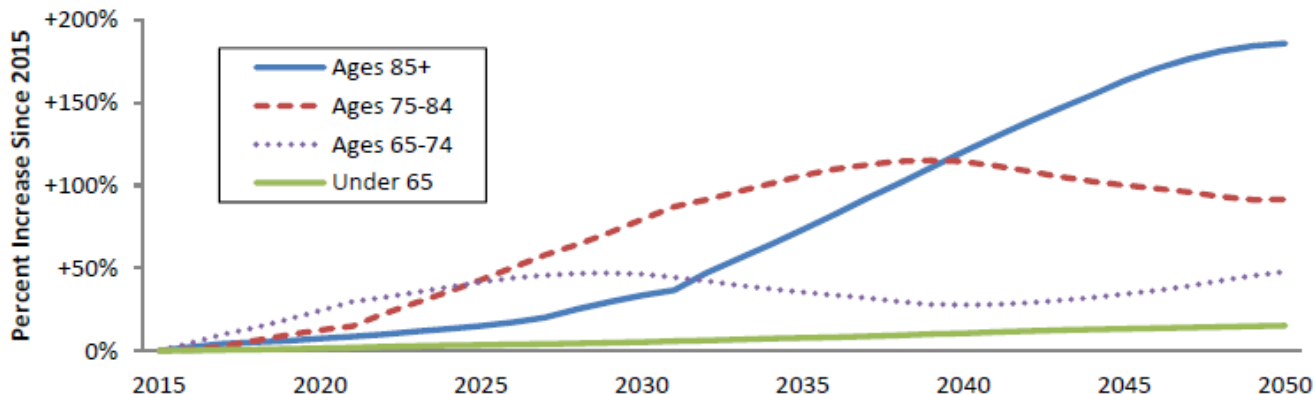
¶rate is significantly different from the statewide rate ( $p < .01$ )

§rate is significantly different from the statewide rate ( $p < .05$ )

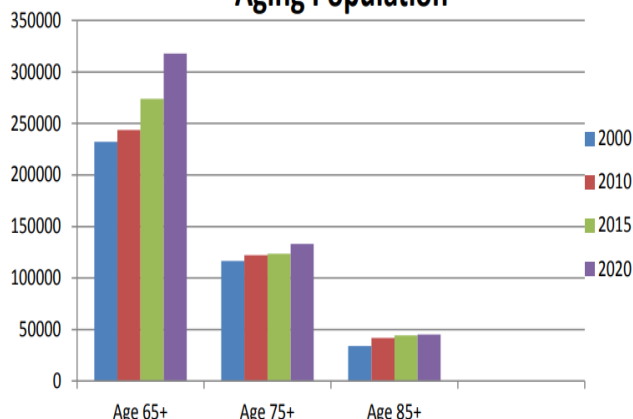
# Fact Sheet

## Aging

Projected Population Growth in Nebraska, by Age Group, 2015-2050



Changing Characteristics of Nebraska's Aging Population



From the NDHHS 2012-2015 Plan for Aging.

### Top 10 Leading Causes of Death for Ages 65+

1. Heart Disease
2. Cancer
3. COPD
4. Chronic Lung Disease
5. Stroke
6. Alzheimer's
7. Pneumonia
8. Diabetes
9. Unintentional Injury
10. Nephritis/Nephrosis

\*Data based on number of deaths 65+ from 2013-2017 in the South Heartland District

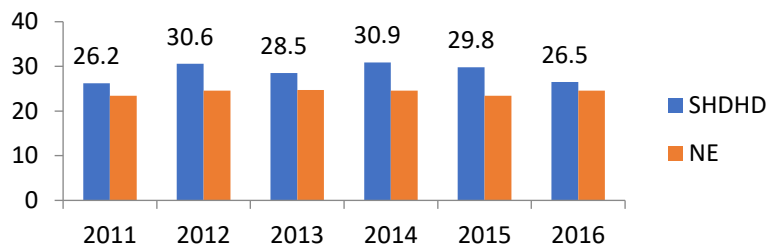
### SHDHD Aging Population by County, SHDHD

AGE	Adams		Clay		Nuckolls		Webster	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total (All ages)	31536	100.00%	6313	100.00%	4352	100.0%	3665	100.0%
Under 5 years	2046	6.5%	389	6.20%	218	5.0%	189	5.2%
5 - 14 years	4179	13.3%	881	13.90%	513	11.8%	470	12.8%
15 - 24 years	4999	15.8%	710	11.20%	425	9.8%	420	11.5%
25 - 44 years	6812	21.6%	1292	20.50%	832	19.1%	658	18.0%
45 - 64 years	8295	26.3%	1827	29.00%	1224	28.1%	1071	29.1%
65 - 84 years	4321	13.7%	1024	16.20%	965	22.2%	744	20.3%
85 and older	884	2.8%	190	3.00%	175	4.0%	113	3.1%

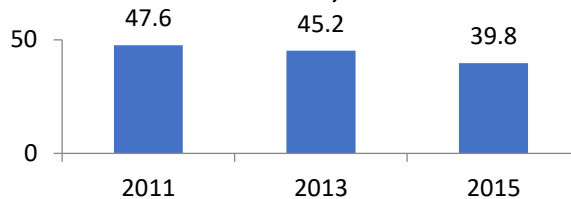
Aging Issues were perceived as 5<sup>th</sup> most troubling health problem from our Community Themes and Strengths survey of 925 residents *Responses to: Top five most troubling health-related problems in our community*

**Arthritis**

**Percent SHDHD adults ever told they had arthritis, BRFSS 2011-2016**

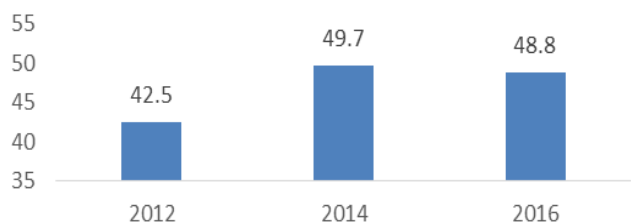


**Percent SHDHD adults who currently have activity limitations due to arthritis, among those ever told they had arthritis, BRFSS**

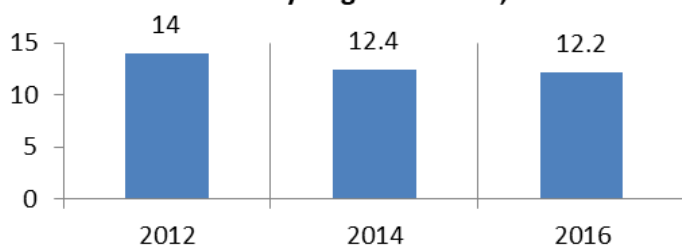


**Oral Health**

**Percent SHDHD adults aged 45-64 who had any permanent teeth extracted due to tooth decay or gum disease, BRFSS**



**Percent SHDHD adults aged 65 and older who had all permanent teeth extracted due to tooth decay or gum disease, BRFSS**



**Alzheimer's Quick Facts**

- Alzheimer's disease is a major neurocognitive disorder that causes deteriorating changes in attention, social cognition, executive functioning, learning and memory, perceptual motor functioning and language.<sup>1</sup>
- Scientists do not yet know what causes Alzheimer's, but genetics seemed to play a large part in the onset of the disease. There is interest in the relationship between poor vascular disease and mental decline.<sup>2</sup>
- Increased physical activity, a nutritious diet, social interaction, and mentally stimulating pursuits that help people stay healthy as they age and may decrease the chance of getting Alzheimer's disease.<sup>2</sup>
- There are currently an estimated 33,000 Nebraskans living with Alzheimer's Disease and Related Dementias, and this number is projected to increase by more than 20 percent to 40,000 by 2025.<sup>1</sup>

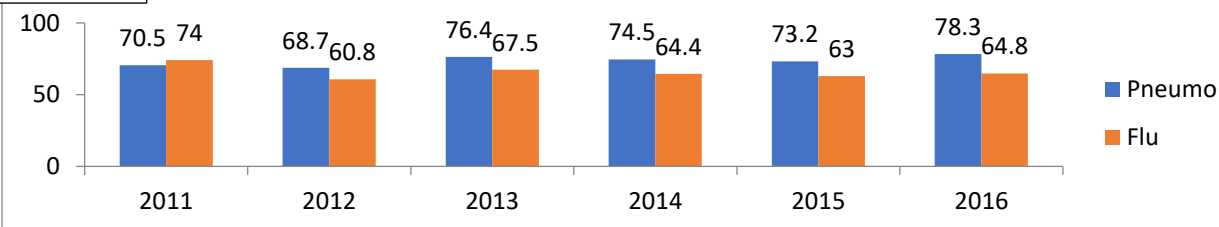
<sup>1</sup>Source Nebraska Department of Health and Human Services, <sup>2</sup>NIH National Institute on Aging

**Cognitive Decline: 10.5%**

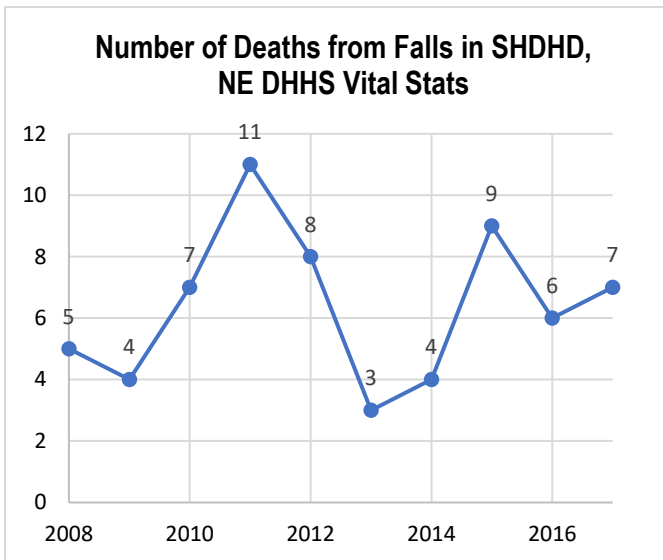
Percent of SHDHD adults aged 45 years and older who have experienced more or worsening confusion or memory loss in past year, BRFSS 2015

**Prevention of Respiratory Illnesses**

**Percent of SHDHD adults who reported ever having a pneumonia or flu shot, BRFSS 2011-2016**



**Falls**



Mary Lanning Healthcare Emergency  
Department 2012-2016  
N=861

Characteristic	Median	N	(%)
Age	84.0		
65-74		192	(22.3)
75-84		279	(32.4)
85+		390	(45.3)
Sex			
Male		274	(31.86)
Female		586	(68.14)
Status after ED visit			
Discharged		529	(61.44)
Admitted		313	(36.35)
Other		19	(2.21)

Between 2012 and 2016, **861** unintentional falls for individuals over 65 years of age came into the MLH ED. The median age of unintentional fall cases was 84.0. Most of the cases were female (68.14%). The majority of cases were discharged from the ED after their visit (61.44%).

**Hearing Loss Quick Facts**

- Approximately 1 in 3 people between the ages of 65 and 74 experience hearing loss and half of those over 75 are hard of hearing.
- This can lead to depression, withdrawal, frustration, and embarrassment.
- Loud noise is the main cause of hearing loss. Less exposure to loud noise will decrease the chances of hearing loss.
- A buildup of ear wax can also lead to hearing loss.

Source: NIH Institute for Aging

**Community Burden - Aging**

A new study by researchers from the AARP Public Policy Institute, Stanford University, and Harvard finds that Medicare spends an estimated \$6.7 billion more each year on seniors who have little social contact with others. The study found that Medicare spent about \$1,600-a-year more on older adults who are socially isolated than those who are not.

**Caregiving: 27%**

Percent of SHDHD adults who provided regular care/assistance in past month to friend or family member with health issue, BRFSS, 2015

**Economic Value of Family Caregiving, Nebraska**

Pop of NE	# Caregivers	# per 1000 people	# Care Hours	Economic Value/ hr (unpaid)	Total Economic Value	Caregiver Support Ratio**, 2015	Caregiver Support Ratio, 2050 (projected)
1,870,000	195,000	104 (Rank 47)	182 M	\$13.81	\$2.5 B	6.0 (rank 44)	2.8 (rank 28)

\*Across the States 2018: Profile of Long-Term Services and Supports in Nebraska – AARP

\*\*The caregiver support ratio is defined as the number of people ages 45–64 divided by the number of people ages 80 and older.

Summary Report

Midlands Agency on Aging

Adams County, FY 2017-18

Undup. Cnt. cnt	
Total	469

NRA	
Score	Count
0	46
1	101
2	79
3	51
4	52
5	28
6	23
7	15
8	8
9	11
10	4
11	1
12	3
13	1
14	1
15	2
16	1
17	1

Race	
American Indian or Alaska Native	1
Native Hawaiian or Other Pacific Islander	1
No Response	10
Persons Reporting 2 or More Races	2
Persons Reporting Some Other Race	5
White	450

Age	
<60	12
60 - 64	29
65 - 74	128
75-84	173
85 +	127

Live With	
Lives Alone	265
Lives with other Family/Friend	30
Lives with Spouse only	170
No Response	4

Two or more Races	
American Indian or Alaska Native	1
Black or African American	1
White	2
Hispanic or Latino	6
No Response	10
Not Hispanic or Latino	453

ADL Values	
Bathing	33
Dressing	6
Eating	4
Toileting	8
Transfer	32
Walking	82

IADL Count	
Heavy Housework	148
Light Housework	79
Medication Management	27
Need assistance to manage money	32
Need transportation assistance	54
Preparing Meals	41
Shopping	49
Use of Telephone	5

Gender	
Female	333
Male	132
No Response	4

Poverty	
No	352
No Response	52
Yes	65

TitleXX	
Yes	68

Waiver	

Nutritional Classification		
0-2	Good	226
3-5	Moderate	131
6 and Above	High	71

Group Service	Total Units
Access Assistance - III E	438.00
ADRC Options Counseling	91.00
Durable Medical Equipment	37.00
Financial Counseling	140.00
General Information	57.00
Health Clinic	2,990.00
Health Education	3,924.00
Information & Assistance	3,051.00
Information Service - III E	9.00
Information Services - III B	709.00
Legal Assistance	640.80
Nutrition Education	1,755.00
Outreach	159.00
Supportive Services	27,782.00
Volunteerism	20,873.45

ServiceUsage		
Service	TotalUnits	Clientcount
Care Management	881.50	67
Chore	193.25	10
Congregate Meals	14216.00	242
Counseling - III E	203.00	20
Emergency Response System	121.00	18
Health Pro/Disease Prevention	635.00	53
Home Delivered Meals	872.00	15
Homemaker	336.00	11
Self Directed Care	12.00	12
Self Directed Care III-E	3.00	3
Supplemental Service - III E	98.00	10
Telephoning/Visiting	1342.00	220
Transportation	159.00	3

\* Total units don't include units tracked as group services. Meals include USDA ineligible also.

Acronym key:  
 NRD - Nutritional Risk Assessment  
 ADL - Activities of Daily Living  
 IADL - Instrumental Activities of Daily Living

Summary Report

Midlands Agency on Aging

Clay County, FY 2017-18

Undup. Cnt. cnt	
Total	216

NRA	
Score	Count
0	9
1	37
2	32
3	21
4	14
5	21
6	15
7	12
8	7
9	5
10	6
11	4
12	4
13	1
14	1

Race	
No Response	1
Persons Reporting Some Other Race	2
White	213

Age	
<60	16
60 - 64	15
65 - 74	54
75-84	76
85 +	55

Live With	
Lives Alone	95
Lives in Group Setting	1
Lives with other Family/Fri	14
Lives with Spouse only	104
No Response	2

Two or more Races	

Client Ethnicity	
Hispanic or Latino	2
No Response	4
Not Hispanic or Latino	210

ADL Values	
Bathing	15
Dressing	16
Eating	4
Toileting	6
Transfer	22
Walking	45

IADL Count	
Heavy Housework	86
Light Housework	37
Medication Management	16
Need assistance to manage money	10
Need transportation assistance	39
Preparing Meals	26
Shopping	30
Use of Telephone	7

Gender	
Female	139
Male	76
No Response	1

Poverty	
No	114
No Response	61
Yes	41

TitleXX	
Yes	34

Waiver	
Yes	23

Nutritional Classification		
0-2	Good	78
3-5	Moderate	56
6 and Above	High	55

ServiceUsage		
Service	TotalUnits	Clientcount
Care Management	83.50	8
Chore	7.00	2
Congregate Meals	3466.00	141
Emergency Response System	9.00	1
Health Pro/Disease Prevention	283.00	24
Home Delivered Meals	3481.00	32
Homemaker	160.00	12
Supplemental Service - III E	470.00	8
Telephoning/Visiting	10.00	4
Transportation	847.00	34

\* Total units don't include units tracked as group services. Meals include USDA ineligible also.

Group Service	Total Units
Access Assistance - III E	438.00
ADRC Options Counseling	91.00
Durable Medical Equipment	37.00
Financial Counseling	140.00
General Information	57.00
Health Clinic	2,990.00
Health Education	3,924.00
Information & Assistance	3,051.00
Information Service - III E	9.00
Information Services - III B	709.00
Legal Assistance	640.80
Nutrition Education	1,755.00
Outreach	159.00
Supportive Services	27,782.00
Volunteerism	20,873.45

Acronym key:  
 NRD - Nutritional Risk Assessment  
 ADL - Activities of Daily Living  
 IADL - Instrumental Activities of Daily Living

Summary Report

Midlands Agency on Aging

Nuckolls County, FY 2017-18

Undup. Cnt. cnt	
Total	188

Race	
White	188

Age	
<60	10
60 - 64	19
65 - 74	55
75-84	58
85 +	46

Live With	
Lives Alone	89
Lives in Group Setting	11
Lives with other Family/Fri	13
Lives with Spouse only	75

NRA	
Score	Count
0	5
1	22
2	17
3	17
4	17
5	7
6	11
7	8
8	5
9	9
10	9
11	2
12	5
13	1
14	1
15	1

Two or more Races	

Client Ethnicity	
Hispanic or Latino	3
Not Hispanic or Latino	185

ADL Values	
Bathing	32
Dressing	22
Eating	8
Toileting	17
Transfer	42
Walking	71

IADL Count	
Heavy Housework	101
Light Housework	43
Medication Management	42
Need assistance to manage money	30
Need transportation assistance	48
Preparing Meals	41
Shopping	51
Use of Telephone	11

Gender	
Female	125
Male	63

Poverty	
No	139
No Response	12
Yes	37

TitleXX	
Yes	126

Waiver	
Yes	12

Nutritional Classification		
0-2	Good	44
3-5	Moderate	41
6 and Above	High	52

ServiceUsage		
Service	TotalUnits	Clientcount
Care Management	206.25	12
Chore	19.00	1
Congregate Meals	4793.00	68
Emergency Response System	29.00	3
Health Pro/Disease Prevention	530.00	38
Home Delivered Meals	4952.00	46
Homemaker	1082.25	16
Self Directed Care	3.00	3
Supplemental Service - III E	82.00	8
Transportation	3665.00	53

\* Total units don't include units tracked as group services. Meals include USDA ineligible also.

Group Service	Total Units
Access Assistance - III E	438.00
ADRC Options Counseling	91.00
Durable Medical Equipment	37.00
Financial Counseling	140.00
General Information	57.00
Health Clinic	2,990.00
Health Education	3,924.00
Information & Assistance	3,051.00
Information Service - III E	9.00
Information Services - III B	709.00
Legal Assistance	640.80
Nutrition Education	1,755.00
Outreach	159.00
Supportive Services	27,782.00
Volunteerism	20,873.45

Acronym key:  
 NRD - Nutritional Risk Assessment  
 ADL - Activities of Daily Living  
 IADL - Instrumental Activities of Daily Living



Summary Report

Midlands Agency on Aging

Webster County, FY 2017-18

Undup. Clnt. cnt	
Total	166

Race	
No Response	5
White	161

Age	
<60	4
60 - 64	6
65 - 74	43
75-84	65
85 +	48

Live With	
Lives Alone	68
Lives in Group Setting	4
Lives with other Family/Fri	17
Lives with Spouse only	71
No Response	6

NRA	
Score	Count
0	18
1	45
2	27
3	19
4	11
5	6
6	5
7	1
8	6
9	5
10	3
11	1
13	1

Two or more Races	

Client Ethnicity	
No Response	7
Not Hispanic or Latino	159

ADL Values	
Bathing	11
Dressing	8
Eating	2
Toileting	3
Transfer	6
Walking	26

IADL Count	
Heavy Housework	88
Light Housework	18
Medication Management	20
Need assistance to manage money	12
Need transportation assistance	41
Preparing Meals	28
Shopping	24
Use of Telephone	4

Gender	
Female	108
Male	56
No Response	2

Poverty	
No	117
No Response	16
Yes	33

TitleXX	
Yes	75

Waiver	
Yes	0

Nutritional Classification		
0-2	Good	90
3-5	Moderate	36
6 and Above	High	22

ServiceUsage		
Service	TotalUnits	Clientcount
Care Management	332.75	16
Congregate Meals	5453.00	77
Emergency Response System	22.00	3
Health Pro/Disease Prevention	347.00	15
Home Delivered Meals	6806.00	75
Respite Care - III E	70.00	4
Self Directed Care	7.00	7
Supplemental Service - III E	74.00	4
Telephoning/Visiting	5.00	2
Transportation	1935.00	45

\* Total units don't include units tracked as group services. Meals include USDA ineligible

Group Service	Total Units
Access Assistance - III E	438.00
ADRC Options Counseling	91.00
Durable Medical Equipment	37.00
Financial Counseling	140.00
General Information	57.00
Health Clinic	2,990.00
Health Education	3,924.00
Information & Assistance	3,051.00
Information Service - III E	9.00
Information Services - III B	709.00
Legal Assistance	640.80
Nutrition Education	1,755.00
Outreach	159.00
Supportive Services	27,782.00
Volunteerism	20,873.45

Acronym key:  
 NRD - Nutritional Risk Assessment  
 ADL - Activities of Daily Living  
 IADL - Instrumental Activities of Daily Living



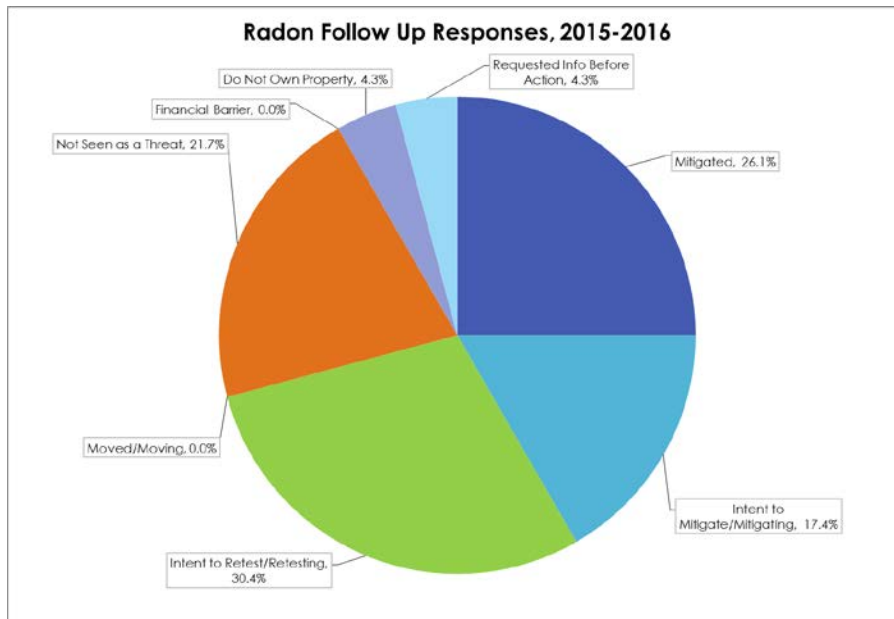
Fact Sheet

**Environmental-  
Radon / Air / Water Quality**

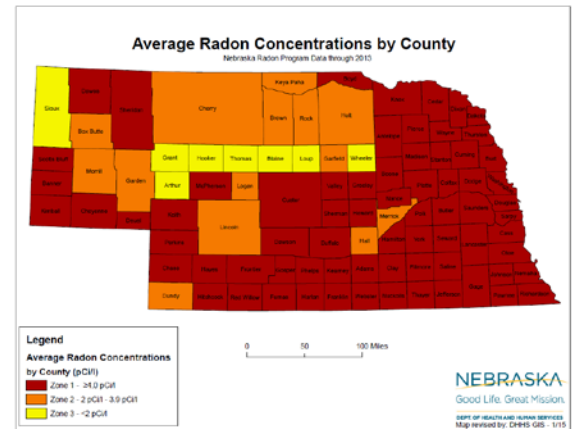
Incidence and Prevalence

County	Total Number of Homes Tested	Average Radon Level (pCi/L)	Highest Result (pCi/L)	Number of Homes Tested Above 4.0 (pCi/L)	Percentage of Homes Tested above 4.0 (pCi/L)
Adams	1,181	6.6	31.2	120	64
Clay	244	8.5	41.8	194	80
Nuckolls	191	8.7	29.0	147	78
Webster	140	10.4	48.0	116	83

Source: Nebraska DHHS, 2015



Results from a telephone survey conducted on 20 South Heartland District residents with highest levels (2016).



- Average radon levels above 4pCi/L are indicated in red.
- South Heartland has reported results as high as 63.4 pCi/L.
- Approximately 72.3% of homes tested in 2018 were found to have levels greater than 4pCi/L.

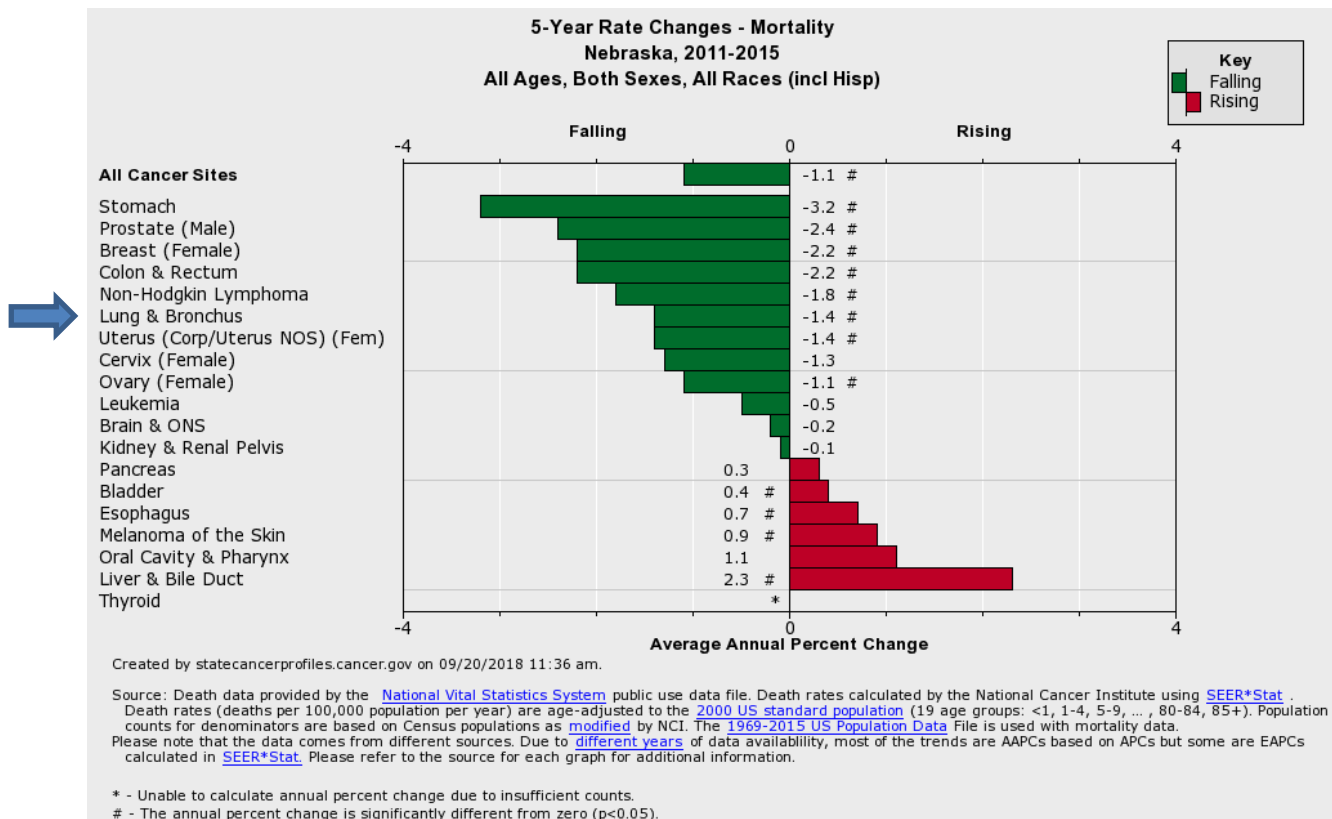
Unsafe Environment was perceived as 23<sup>th</sup> most troubling health issue from our Community Themes and Strengths survey of 925 residents

Responses to: Top five most troubling health-related problems in our community



## Trends

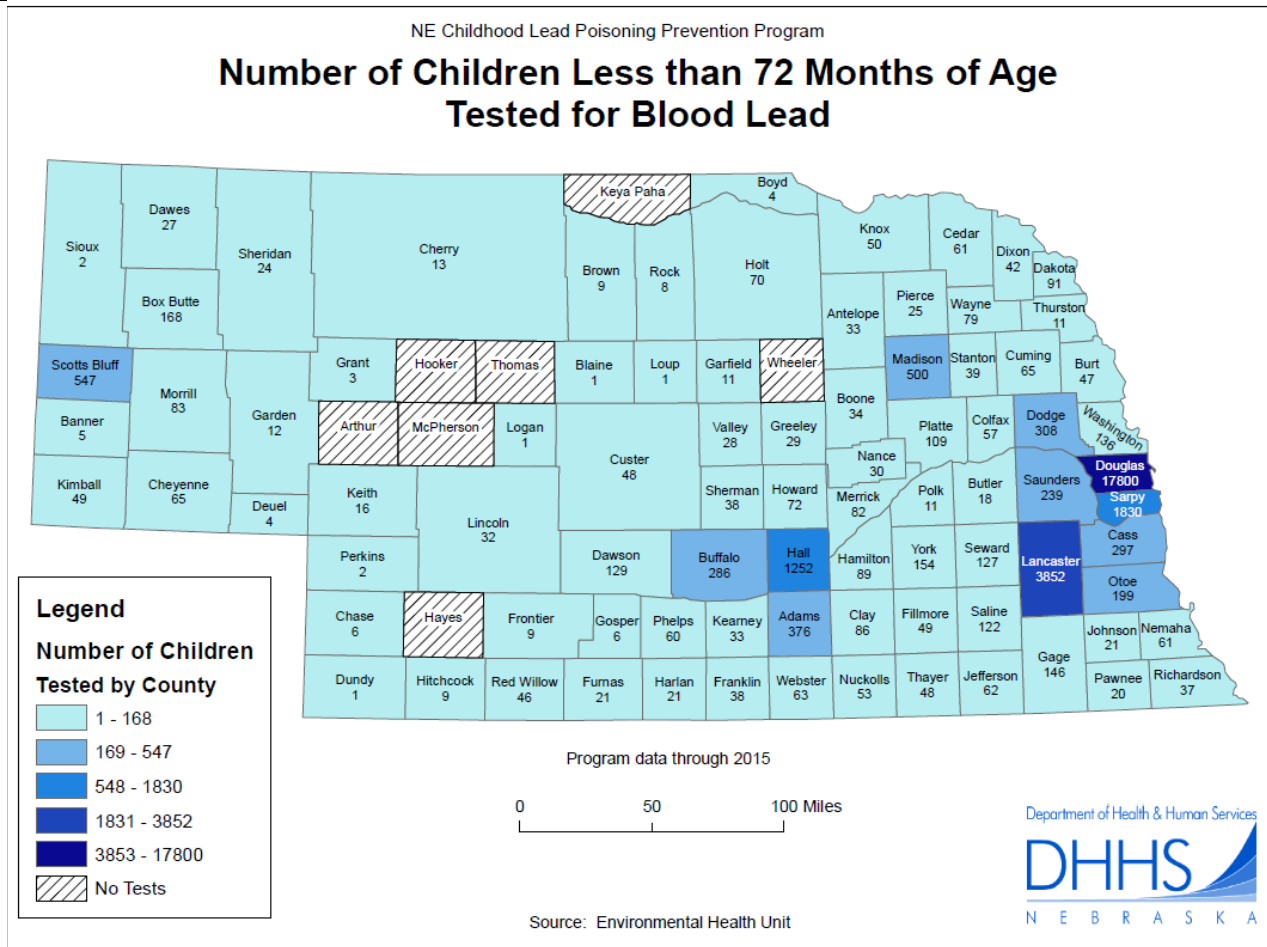
2016-2017	Adams	Webster	Clay	Nuckolls	Other	SHDHD
Max (pCi/L)	17.5	14.5	19.6	13.5	11.6	19.6
Min (pCi/L)	0.5	1.0	0.9	<0.3	1.7	<0.3
Average (pCi/L)	6.1	7.3	7.0	6.9	4.9	6.3
% of Results $\geq$ 4 pCi/L	71.2%	75.0%	61.9%	50.0%	50.0%	69.2%
2017-2018	Adams	Webster	Clay	Nuckolls	Other	SHDHD
Max (pCi/L)	16.0	19.2	23.5	12.2	9.3	23.5
Min (pCi/L)	1.0	12.5	3.9	9.8	4.9	1.0
Average (pCi/L)	6.5	15.9	11.4	10.9	6.8	7.8
% of Results $\geq$ 4 pCi/L	65.3%	100.0%	90%	100.0%	100.0%	72.3%



Sources: NIH, National Cancer Institute, State Cancer Profiles (2011-2015)

The Surgeon General of the United States issued a Health Advisory in 2005 warning Americans about the health risk from exposure to radon in indoor air. The Nation's Chief Physician urged Americans to test their homes to find out how much radon they might be breathing. Dr. Carmona also stressed the need to remedy the problem as soon as possible when the radon level is 4 pCi/L or more. Dr. Carmona noted that more than **20,000 Americans die of radon-related lung cancer each year.**

# Environmental- Lead



SHDHD Lead Investigations	2018	2017	2016
Lead poisoning (Adult)	1	6	7
Lead poisoning (Child)	5	35	40
Number of Home Lead Assessments with DHHS	2	4	1

### Occurrences of Asthma and Lung Disease – Hastings Area

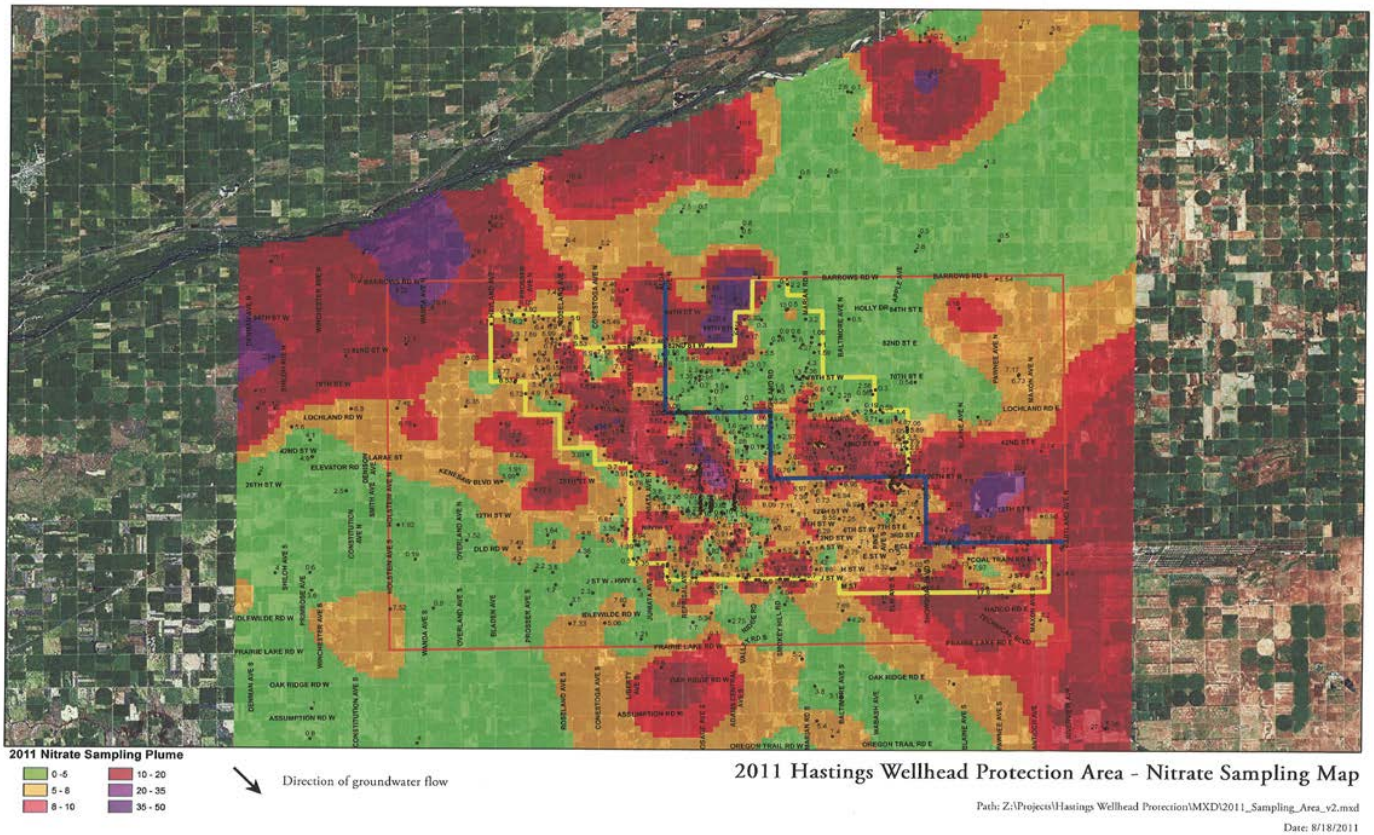
	Number
Adult Asthma	1,772
Pediatric Asthma	487
COPD	1,337

Source: American Lung Association, State of the Air (2015).

According to the CDC (2015) there are 101,854 adults in Nebraska with Asthma.

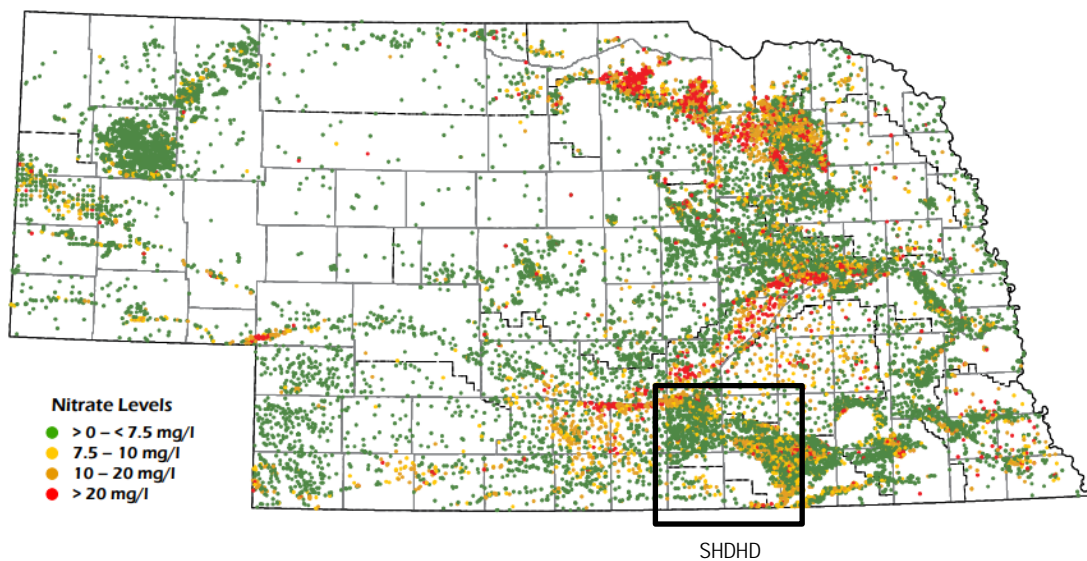
# Environmental- Water Quality

## Nitrate Levels

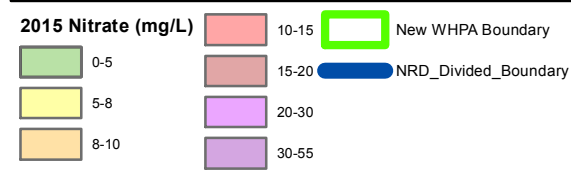
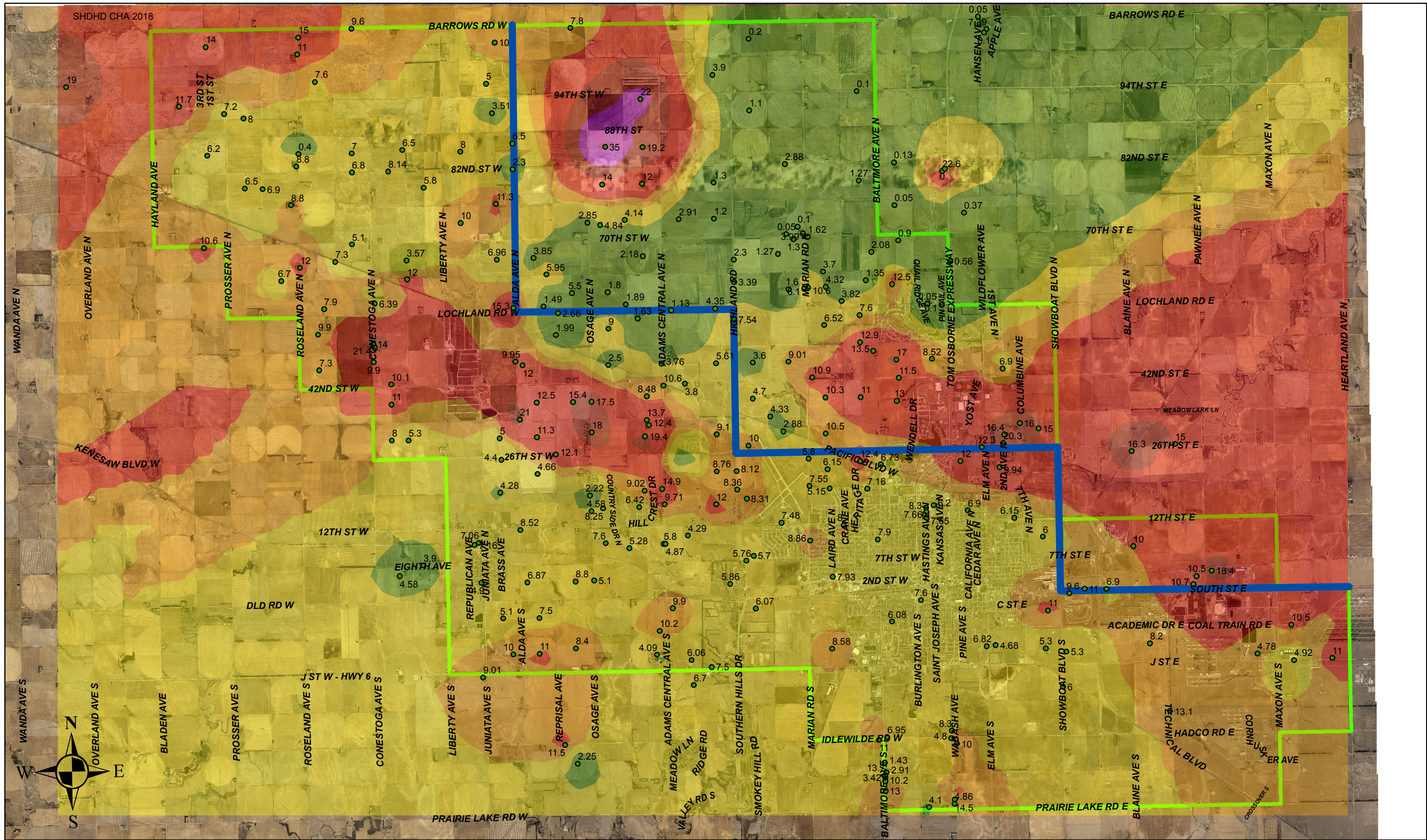


Nitrate levels identified in red and purple (above 10 ppm) indicate unsafe levels for drinking water. Groundwater flow from Northwest to Southeast is being monitored for nitrate levels that may cause nitrate contamination. Nitrate violations in public water systems between 2004 and 2012 have been minimal.

### MOST RECENT NITRATE-N CONCENTRATIONS



**Figure 11.** Most recent recorded Nitrate-N concentrations of 18,160 wells from 1997-2016. (Source: Quality-Assessed Agrichemical Database for Nebraska Groundwater, 2017) Empty areas indicate no data reported, not the absence of nitrate in groundwater.

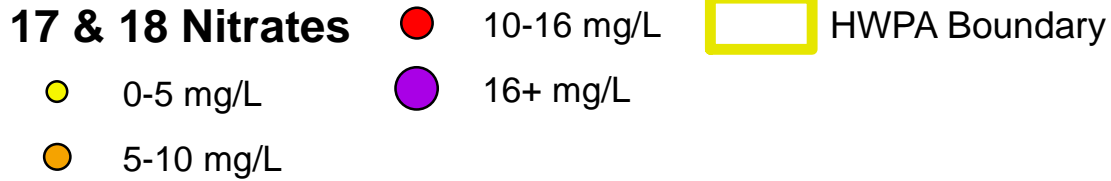
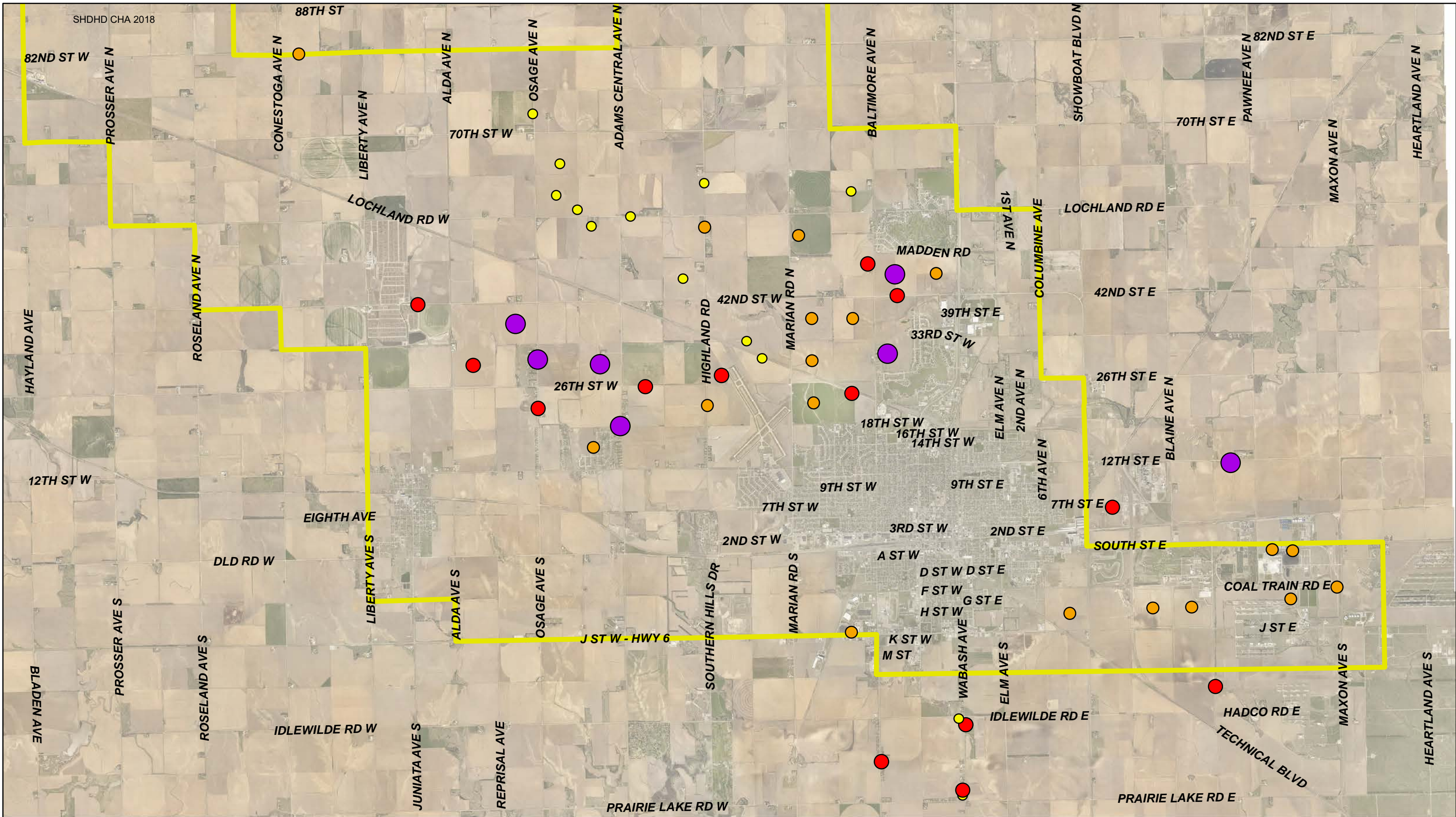


↙ Direction of groundwater flow

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# Nitrate Results - 2015

Date: 10/9/2015  
30

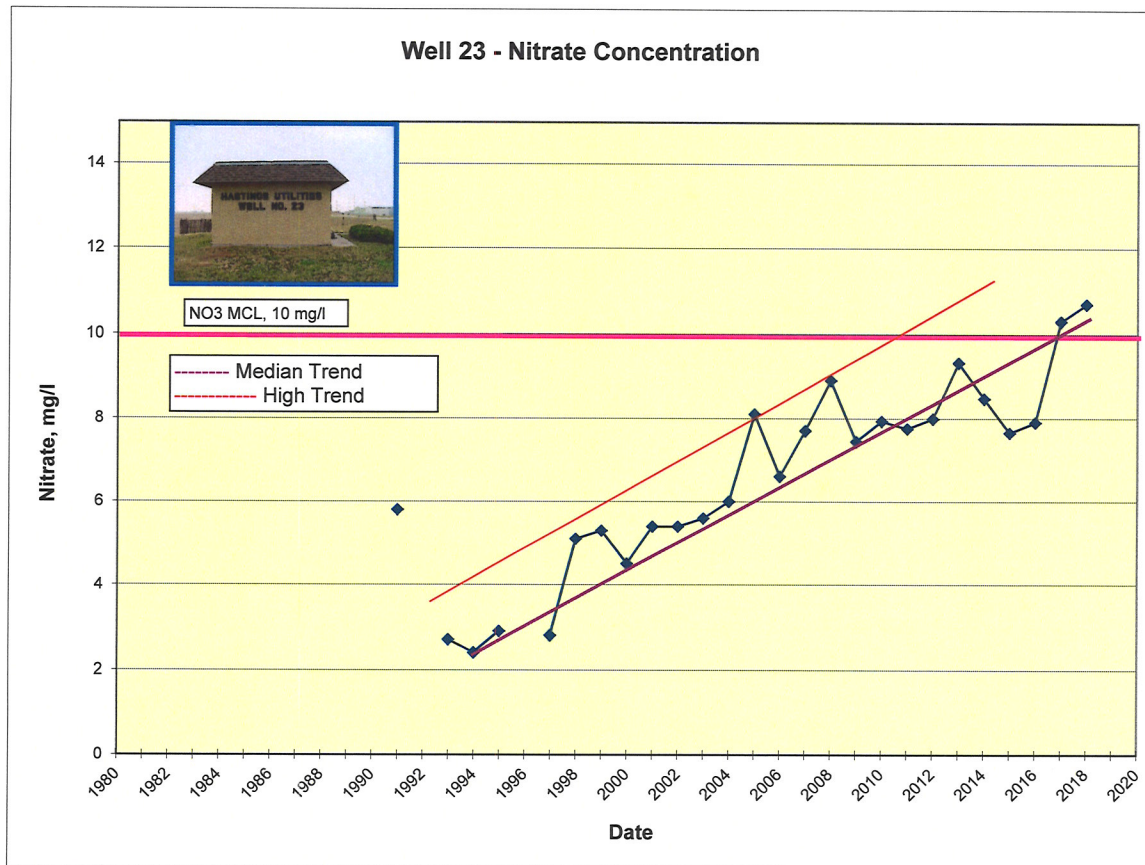


### 2017 & 2018 Nitrate Results



## Well 23 - Nitrate Concentration

Date	Nitrate, mg/l
3/20/1991	5.8
6/8/1993	2.7
4/5/1994	2.4
8/9/1995	2.9
5/2/1995	2.6
5/2/1995	2.5
12/15/1997	2.8
3/11/1998	1.5
9/23/1998	5
10/2/1998	5.1
9/3/1999	5.3
7/24/2000	4.5
8/7/2000	4.1
8/9/2000	2.9
10/24/2000	3.4
8/14/2001	4.8
8/5/2001	5.4
8/12/2002	5.4
8/25/2003	5.6
8/2/2004	6
6/13/2005	8.1
7/18/2005	6.7
8/16/2006	6.6
8/27/2007	7.7
9/17/2007	7.7
8/25/2009	7.33
4/21/2010	6.31
7/27/2010	7.93
10/27/2010	7.84
1/26/2011	6.97
4/13/2011	7.75
7/20/2011	7.11
10/18/2011	5.76
1/24/2012	5.15
5/2/2012	7.01
8/1/2012	7.99
10/30/2012	7.89
1/23/2013	8.05
4/16/2013	8.26
7/30/2013	9.32
10/23/2013	8.33
1/14/2014	8.47
4/22/2014	7.37
8/13/2014	7.48
10/8/2014	7.96
1/27/2015	7.65
4/27/2015	5.12
11/29/2016	7.9
8/10/2017	10.3
8/11/2017	10.2
8/15/2017	9.68



Date	Nitrate, mg/l
10/12/2017	8.06
11/27/2017	8.32
2/12/2018	8.04
5/9/2018	8.00
8/13/2018	10.7
8/20/2018	10.6



## 2017 Nebraska Groundwater Quality Monitoring Report

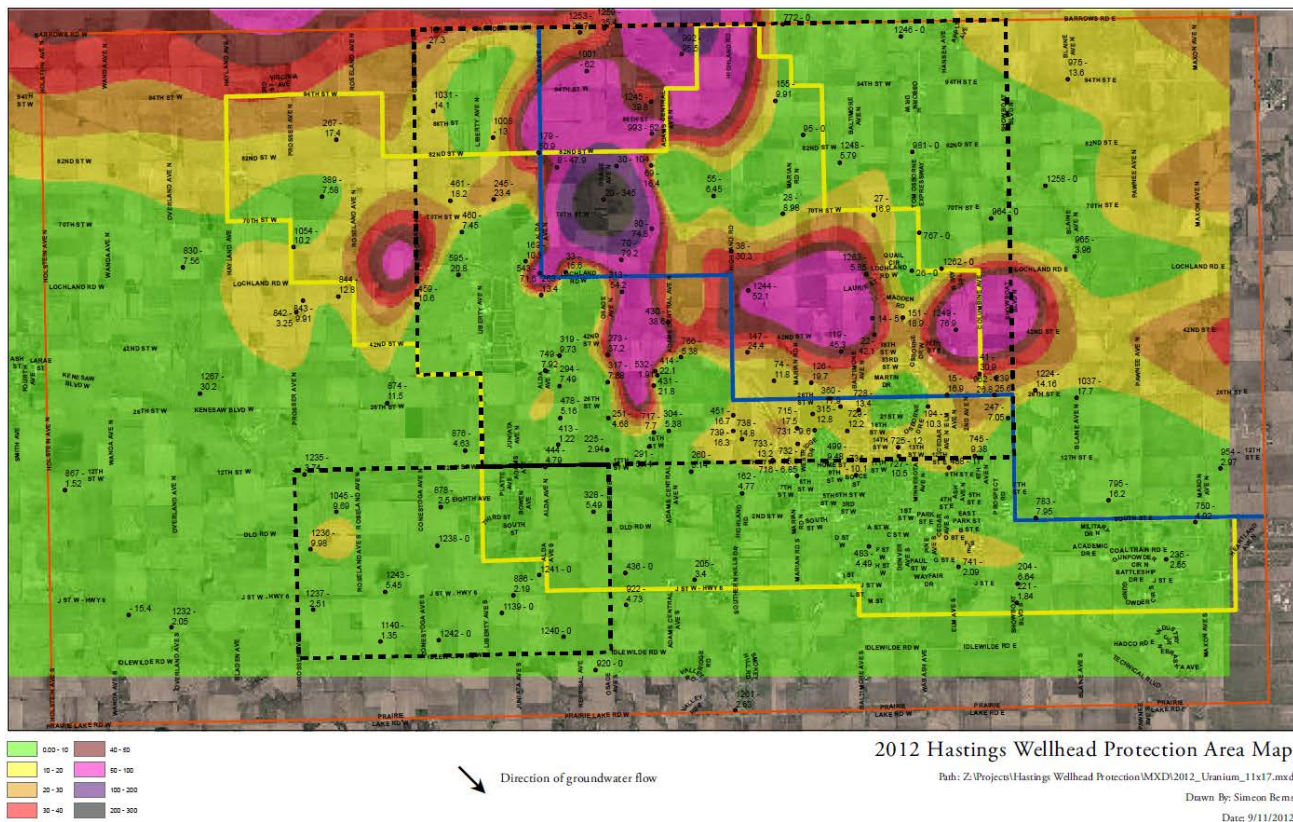
## County/City Population\* # Nitrate Violations (Highlights)

City	Population	2012	2013	2014	2015	2016	2017	2018	Total
Deweese	63	2							2
Edgar	470		1	2	1			2	6
Hastings	24,991					1	1		2
Ong	59						2	1	3
Prosser	71		4		2	1			7
<b>Total</b>		<b>2</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>20</b>

Reported Nitrate violations for cities and counties within South Heartland District, 2012-2018.

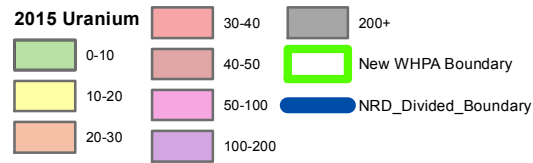
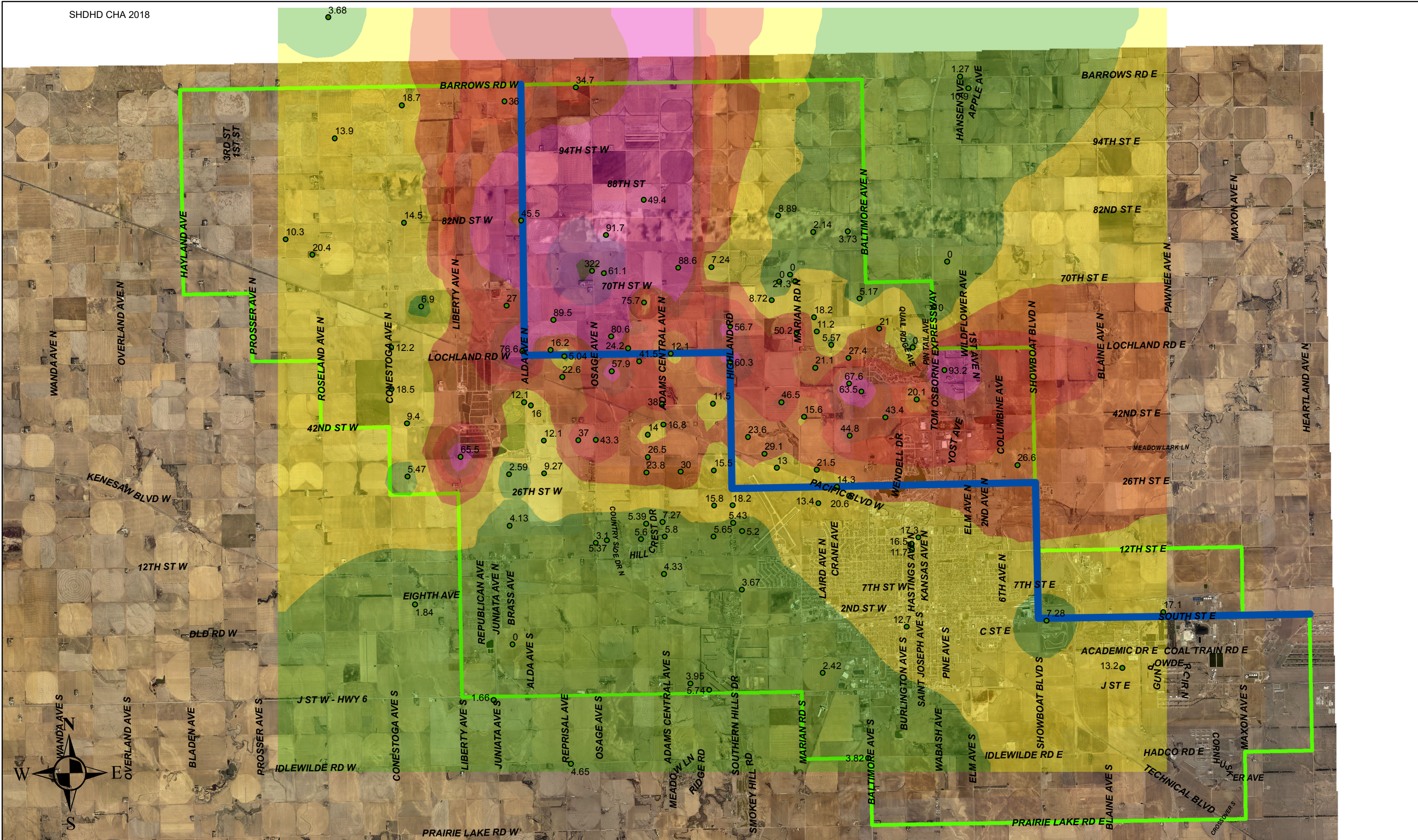
- Population data from US Census Bureau, 2016 census. <http://www.census.gov/>
- Rules and Regulations for Nebraska public water systems can be found here: <http://www.dhhs.ne.gov/reg/t179.htm>
- \* Population served by Community Water Systems

## Uranium Levels



Uranium levels in red, pink, purple and grey (above 35 mcl) indicate unsafe levels for drinking water. Studies suggest that ingesting of high levels of uranium may be associated with an increased risk of kidney damage<sup>1</sup>. Exposure to soluble uranium in drinking water has not been shown to increase the risk of developing cancer. The Environmental Protection Agency (EPA) has estimated that the additional lifetime risk associated with drinking water that contains uranium at the concentration allowed in a public water supply is about 1 in 10,000. One fatal cancer in per 10,000 people exposed might occur from Uranium exposure after 70 years of drinking approximately two liters of public water per day.

Source: University of Nebraska-Lincoln Extension, Institute of Agricultural and Natural Resources, (2008)



↙ Direction of groundwater flow

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# Uranium Results - 2015

Date: 10/9/2015



# Fact Sheet

## Domestic Violence, Sexual Assault & Child Abuse/Neglect

### Cases of Domestic Violence by County and Type (2017)

	Aggravated Domestic Violence	Simple Domestic Violence
Adams	7	121
Clay	2	1
Nuckolls	0	0
Webster	0	2

Data from the Nebraska Crime Commission. Statistics are the combined number of Aggravated and Simple domestic assaults.

### What is Domestic Violence?

Domestic Violence is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.

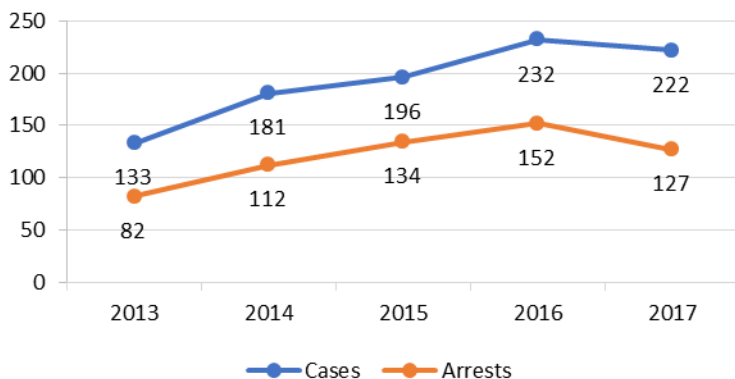
### What is Sexual Assault?

Sexual Assault is an assault of a sexual nature on another person, or any sexual act committed without consent.

### What is Child Abuse?

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types of abuse: Physical Abuse; Sexual Abuse; Emotional Abuse and Neglect.

### Trends: Cases and Arrests of Domestic Violence in the South Heartland District

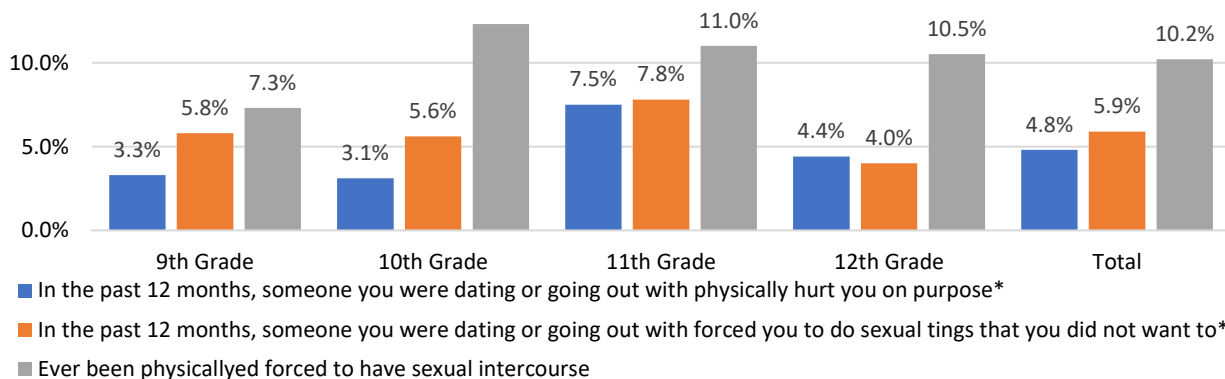


### SASA

- Stands for Spousal Abuse/Sexual Assault
- Helped 746 survivors in 2017
- 1,363 bed nights and 4,089 meals were provided at shelters.
- Filed 133 protection orders and 51 harassment orders.
- Court accompaniment was provided 188 times.
- Community education about domestic violence

Data from the SASA in Hastings, NE

### Domestic Violence and Sexual Assault in SHDHD High School Students



Data from Youth Risk Behavior Survey.

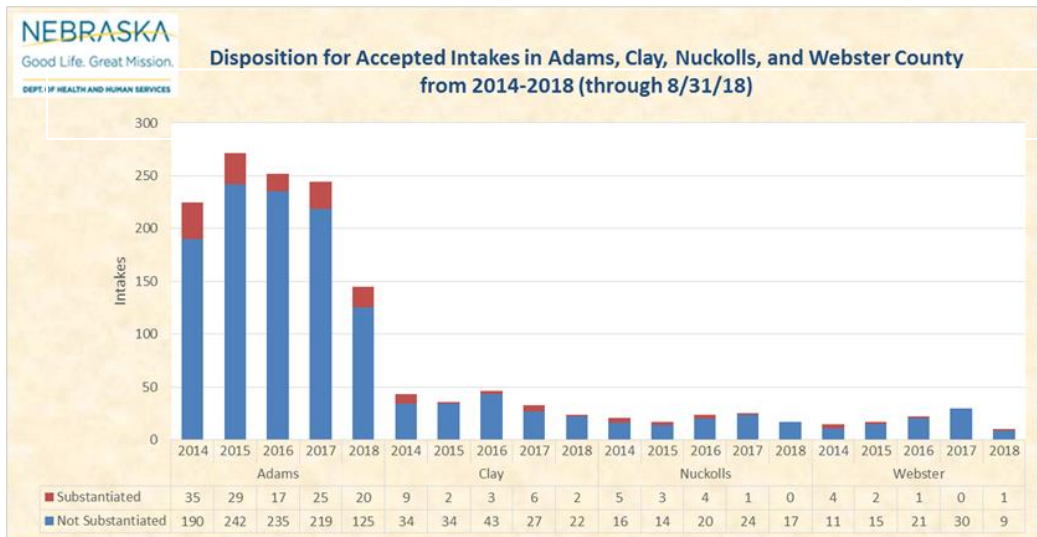
\*Percentages combined for answer. Percentage includes answers or 1 time, 2 or 3 times, 4 or 5 times, and 6 or more times.

# Child Abuse/Neglect Intakes by Disposition and County, SHDHD

## ACE

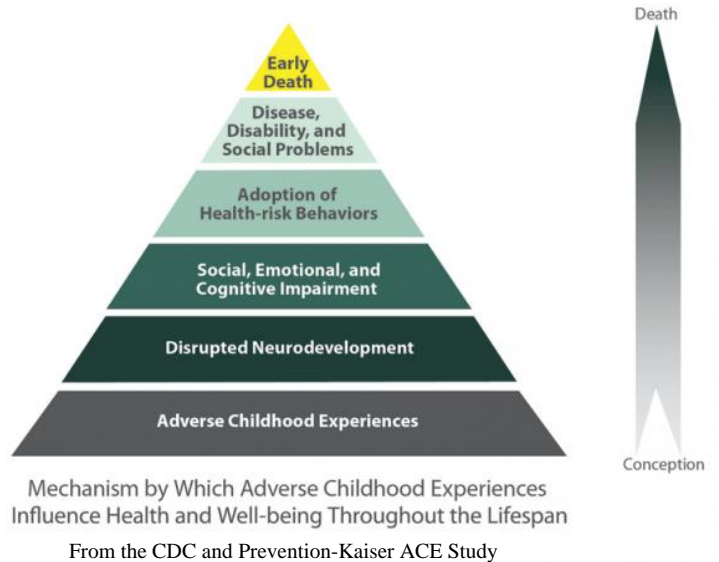
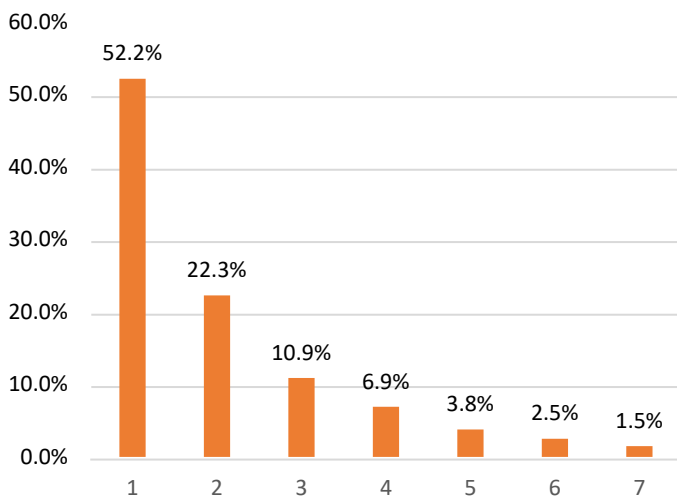
### What is an ACE?

According to the CDC, an ACE, or Adverse Childhood Experience, is a negatively impacting experience that a child may face. ACEs have a tremendous impact on future violence, victimization, and perpetration, and lifelong health opportunities. They are categorized into three groups: abuse, neglect, and family/household change.



## Number of ACEs: 2015 State BFRSS

Nebraska BFRSS 2015. From UNMC Behavioral Health Needs Assessment



Question	Total	Male	Female
Did you live with anyone who was depressed, mentally ill, or suicidal?	Yes: 18.0%	Yes: 15.6%	Yes: 20.3%
Did you live with anyone who was a problem drinker or alcoholic?	Yes: 24.6%	Yes: 22.2%	Yes: 26.8%
Did you live with anyone who used illegal street drugs or who abused prescription medications?	Yes: 10.8%	Yes: 11.7%	Yes: 10.0%
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	Yes: 8.7%	Yes: 10.0%	Yes: 7.4%
Were you parents separated or divorced?	Yes: 24.9%	Yes: 25.0%	Yes: 24.7%
How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?	At least once: 16.8%	At least once: 16.7%	At least once: 16.9%
	Multiple times: 11.2%	Multiple times: 11.9%	Multiple Times: 10.4%

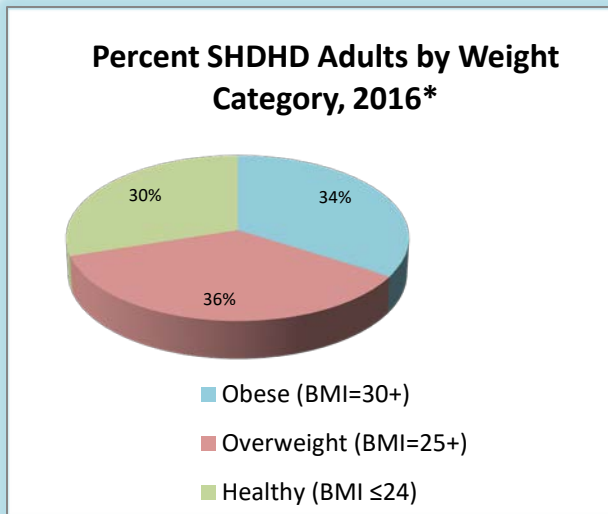
Data for this table were provided by the Nebraska Department of Health & Human Services.

Nebraska BFRSS, 2015

# Fact Sheet

## Overweight/Obesity

### Incidence and Prevalence

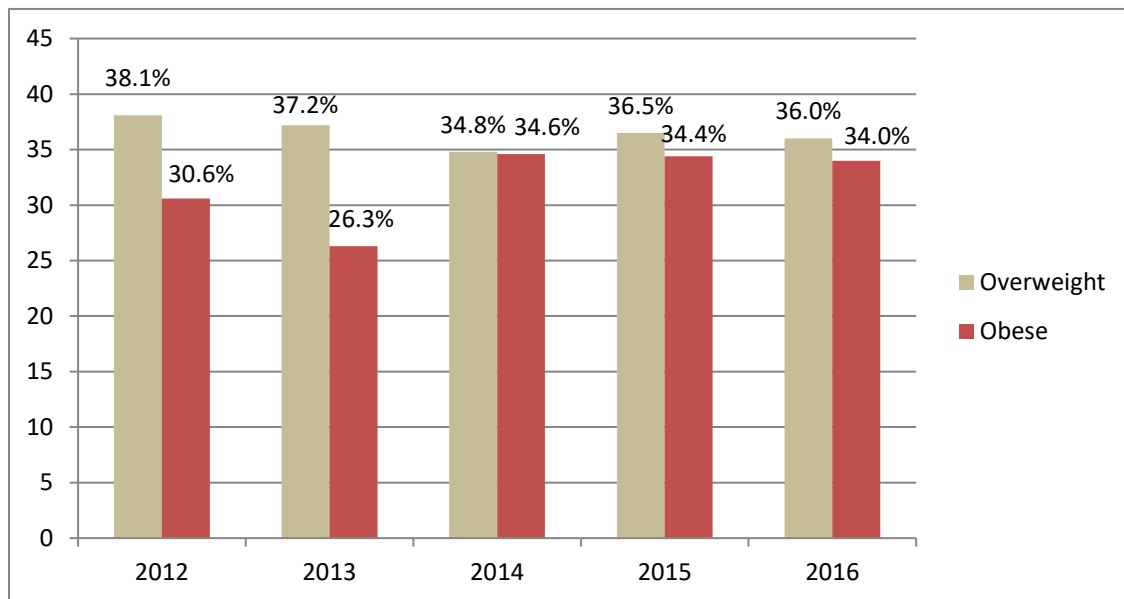


\*BRFSS Data



### Trends

#### SHDHD Obesity Trends, 2012-2016\*

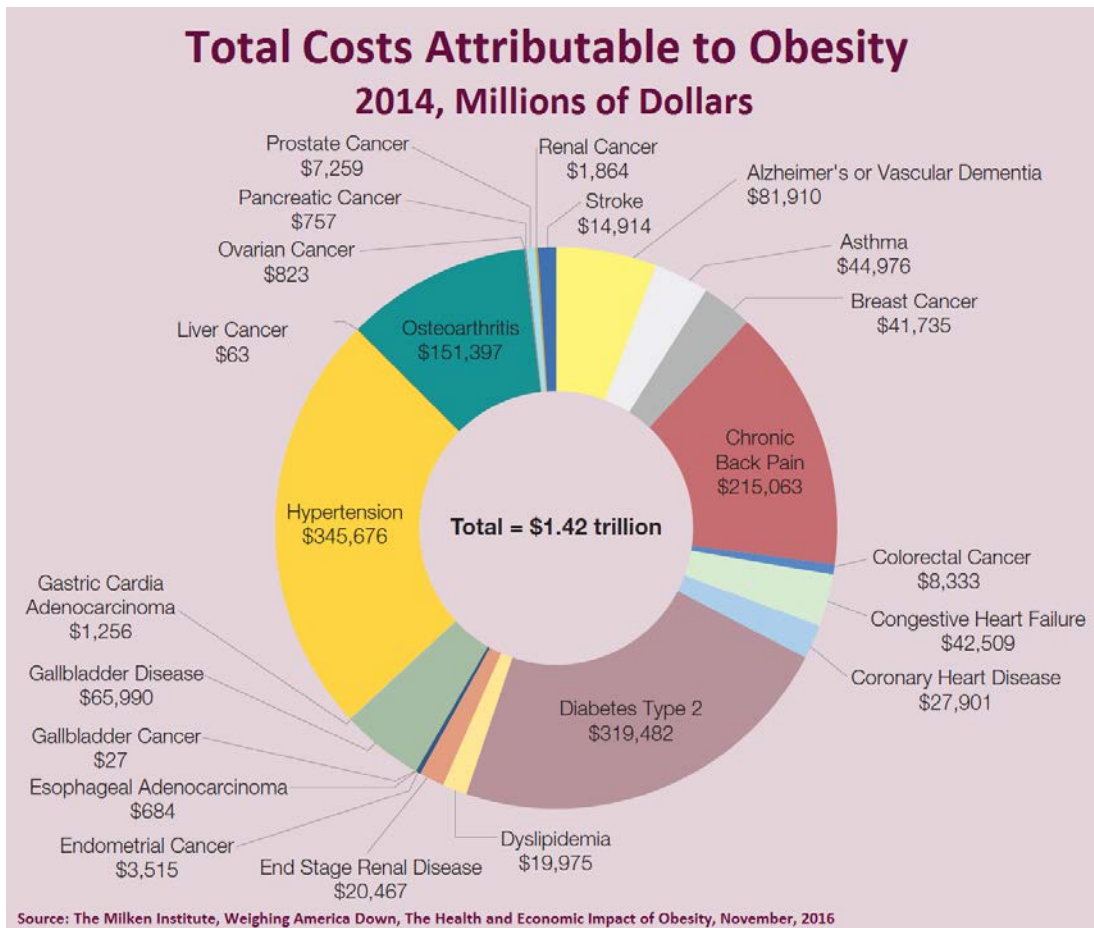


Obesity was perceived as #1 most troubling health issue from our Community Themes and Strengths survey of 925 residents

Responses to: Top five most troubling health-related problems in our community

## Nebraska has the 15th highest Adult Obesity Rate in the nation and the 33rd highest Obesity Rate for Youth ages 10-17.

Robert Wood Johnson Foundation, 2018



### Breakdown of Daily Average Vegetable Consumption by Group, SNAP-Ed Population

This indicator reports the average daily consumption of vegetables by vegetable group. Data represents the average daily consumption of adults living at or below 185% of the Federal Poverty Level (FPL).

Report Area	Servings of Vegetables per Day, Total	Servings of Beans per Day	Servings of Green Vegetables per Day	Servings of Orange Vegetables per Day	Servings of Other Vegetables per Day
Report Location	1.7	0.3	0.46	0.24	0.77
Adams County, NE	1.7	0.3	0.46	0.24	0.77
Clay County, NE	1.7	0.3	0.46	0.24	0.77
Nuckolls County, NE	1.7	0.3	0.46	0.24	0.77
Webster County, NE	1.7	0.3	0.46	0.24	0.77
Nebraska	1.7	0.32	0.42	0.25	0.75
United States	1.8	0.38	0.5	0.27	0.66

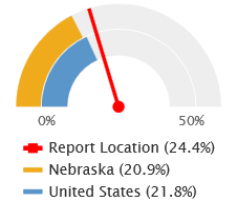
Prepared by engagementnetwork.org. 9/26/2018

### Physical Inactivity

Within the report area, 8,726 or 24.4% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Report Location	33,855	8,726	24.4%
Adams County, NE	22,992	5,702	23.9%
Clay County, NE	4,675	1,136	22.5%
Nuckolls County, NE	3,397	992	26.5%
Webster County, NE	2,791	896	29.4%
Nebraska	1,352,107	290,828	20.9%
United States	234,207,619	52,147,893	21.8%

Percent Population with no Leisure Time Physical Activity



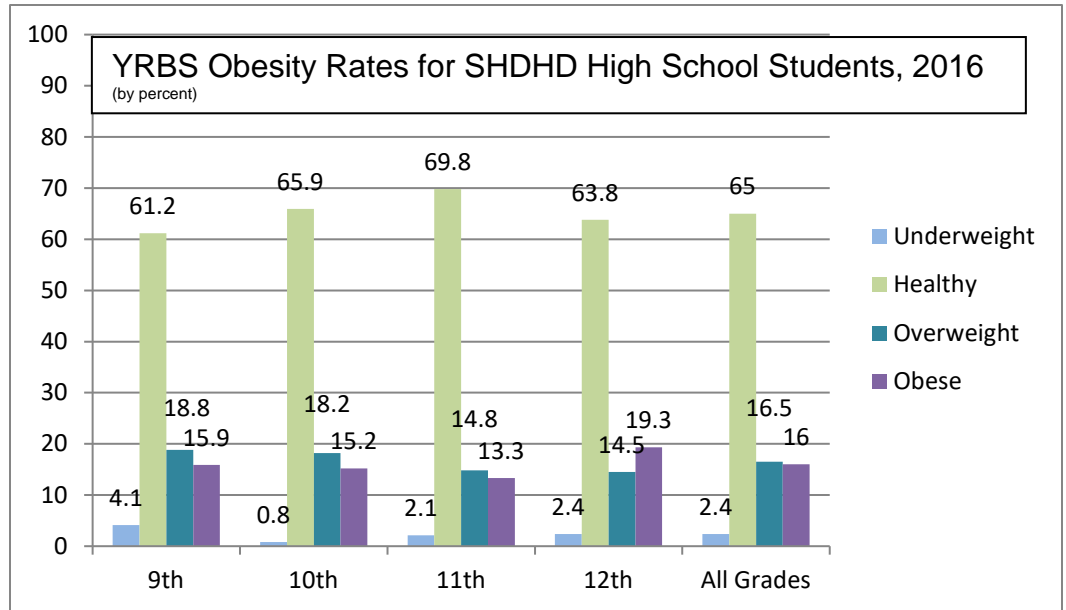
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County → Show more details Prepared by engagementnetwork.org. 9/26/2018



### Risk Factors

- Genetics
- Inactivity
- Unhealthy diet and eating
- Family lifestyle
- Quitting smoking
- Pregnancy
- Lack of sleep
- Age
- Certain medications
- Social and economic issues





### Cost Savings To Society

By Helping A Person Go From Obesity To Healthy Weight



\$28,020

Average total societal cost savings for **20-year-old** patient going from obesity to healthy weight.



\$27,331

Average total societal cost savings for **30-year-old** patient going from obesity to healthy weight.



\$31,447

Average total societal cost savings for **40-year-old** patient going from obesity to healthy weight.



\$36,278

Average total societal cost savings for **50-year-old** patient going from obesity to healthy weight.



\$34,649

Average total societal cost savings for **60-year-old** patient going from obesity to healthy weight.



\$29,424

Average total societal cost savings for **70-year-old** patient going from obesity to healthy weight.



\$16,882

Average total societal cost savings for **80-year-old** patient going from obesity to healthy weight.

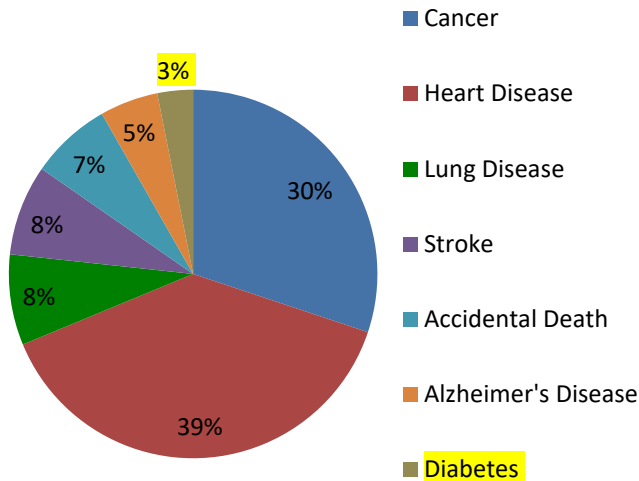


# Fact Sheet

## Diabetes

### Incidence and Prevalence

#### SHDHD Top Causes of Death, 2016



**2016** - Diabetes is the 7<sup>th</sup> leading cause of death in NE

**2017 & 2018** – Diabetes is the leading reason for ML primary clinic visits.

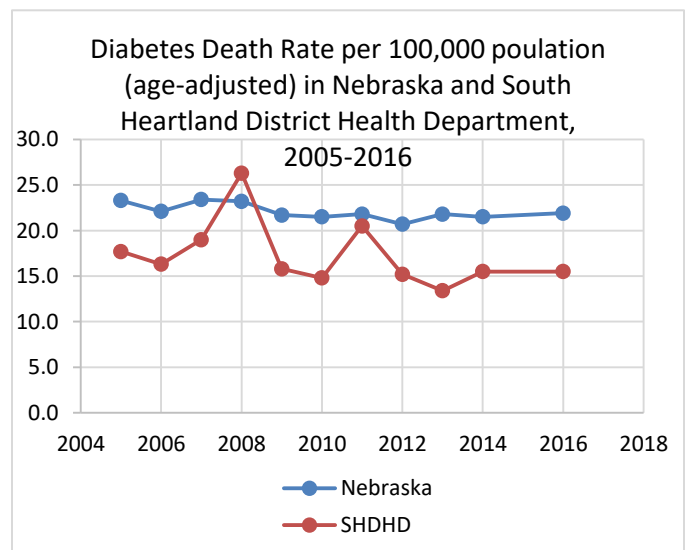
### Mortality

An estimated 104,000 Nebraska adults have diabetes, and over 250,000 are undiagnosed, according to 2009

#### Deaths due to Diabetes (2016)

Adams	5
Clay	2
Nuckolls	3
Webster	1

Data Source: Nebraska Department of Health and Human Services  
Vital Statistics Reports (2016)



Diabetes was perceived as 6<sup>th</sup> most troubling health issue from our Community Themes and Strengths survey of 925 residents

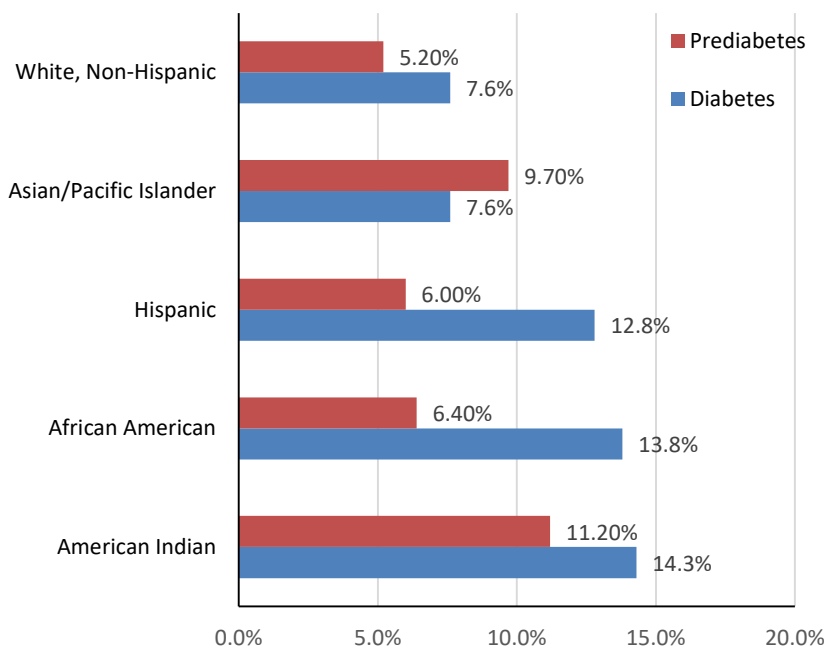
Responses to: Top five most troubling health-related problems in our community



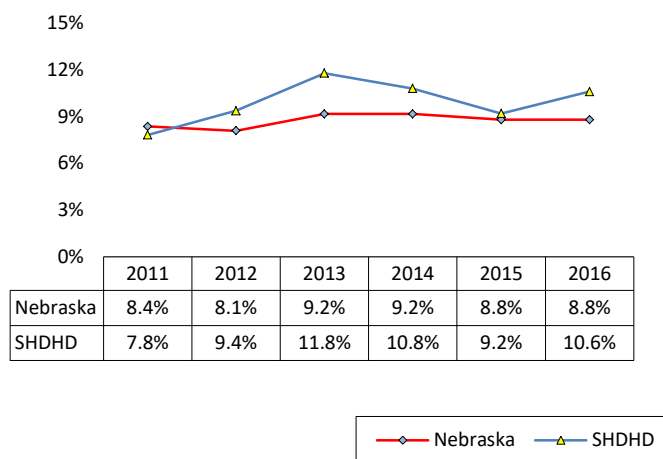


## Demographics

### NE Age-Adjusted prevalence of Diabetes and Prediabetes among Adults by Race/Ethnicity, 2012-2016



### Ever told they have Diabetes (excluding pregnancy)\*, Adults 18+, Nebraska and South Heartland District Health Department\*\* 2011-2016

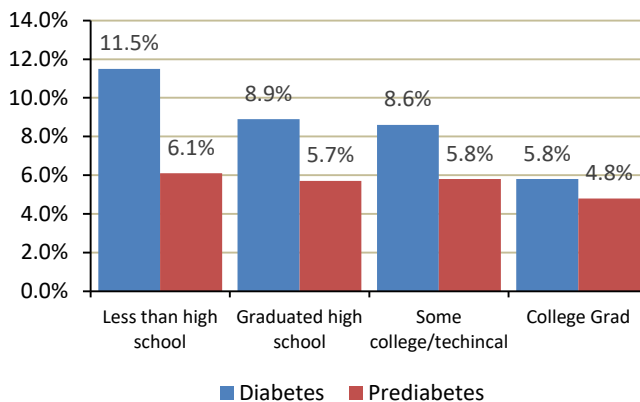


\*Percentage of adults 18 and older who report that they have ever been told by a doctor that they have diabetes (excluding pregnancy)  
 \*\*South Heartland District Health Department includes Adams, Clay, Nuckolls, and Webster Counties  
 Source: Behavioral Risk Factor Surveillance System (BRFSS)

## Risk Factors

- Family history of diabetes
- History of gestational diabetes or giving birth to at least one baby weighing 9 lbs. or more
- African American, Hispanic/Latino, American Indian, Native Hawaiian, or Pacific Islander heritage
- Physical inactivity
- High blood pressure
- Smoking
- Being overweight or obese
- Being age 45 years or older
- Impaired glucose tolerance (IGT) and/or impaired fasting glucose (IFG)
- Low HDL cholesterol or high triglycerides

### NE Age-Adjusted prevalence of Diabetes and Prediabetes among Adults by Education Level and Annual Household Income. 2012-2016



Data from Nebraska BRFSS study 2012-2016

## DHHS Quick Facts

- In Nebraska, the prevalence of obesity has doubled in less than two decades, and close to two-thirds of Nebraska adults are now above their healthy weight, putting them at increased risk for developing diabetes.
- Almost 1 in 11 (8.8%) Nebraska adults were diagnosed with diabetes in 2016.
- 10.6% of adults 18+ in the South Heartland District were told that they have diabetes in 2016.
- Only 6% of Nebraskan adults are aware of having prediabetes.
- 15-30% of people with prediabetes will develop Type 2 diabetes within 5 years.
- Diabetes is the 7<sup>th</sup> leading cause of death in Nebraska in 2016.

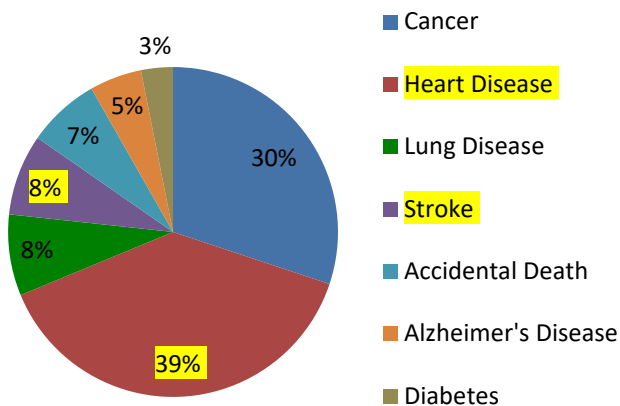


# Fact Sheet

## Cardiovascular Heart Disease/Stroke

### Incidence and Prevalence

### SHDHD Top Causes of Death, 2016\*



Leading Causes of Years of Potential Life Lost (Before Age 75), South Heartland District Health Department\*, 2010-2014 Combined

Rank	Cause of Death	Total Deaths	Total YPLL	Average YPLL Per Death
-	All Injury	141	3,364	23.9
1	Cancer	516	3,412	6.6
2	Unintentional Injury	113	2,620	23.2
3	Heart Disease	682	2,421	3.5
4	Suicide	26	667	25.7
5	Chronic Lung Disease	150	368	2.5
6	Stroke	137	322	2.4
7	Diabetes	55	192	3.5
8	Birth Defects	<5	163	40.8
9	Nephritis/Nephrosis	58	111	1.9
10	Pneumonia	55	103	1.9

Source: Nebraska Vital Records

\*South Heartland District Health Department includes Adams, Clay,

### Trends

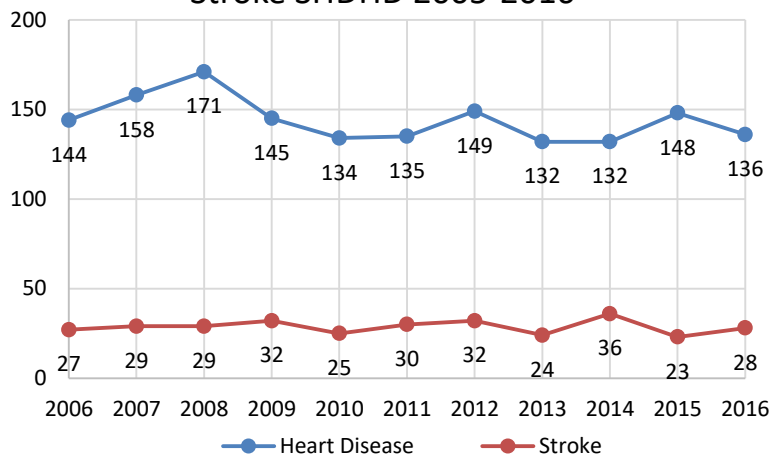
#### Number of deaths due to Heart Disease and Stroke per County\*

	2016
Adams	91
Clay	17
Nuckolls	14
Webster	14

\* Data Source: Nebraska Department of Health and Human Services Vital Statistics Reports (2016)

### Mortality

#### Total Deaths due to Heart Disease and Stroke SHDHD 2005-2016\*



Heart Disease was perceived as the 6<sup>th</sup> most troubling health issue from our Community Themes and Strengths survey of 925 residents and High Blood Pressure was perceived as the 7<sup>th</sup> most troubling.

Responses to: Top five most troubling health-related problems in our community



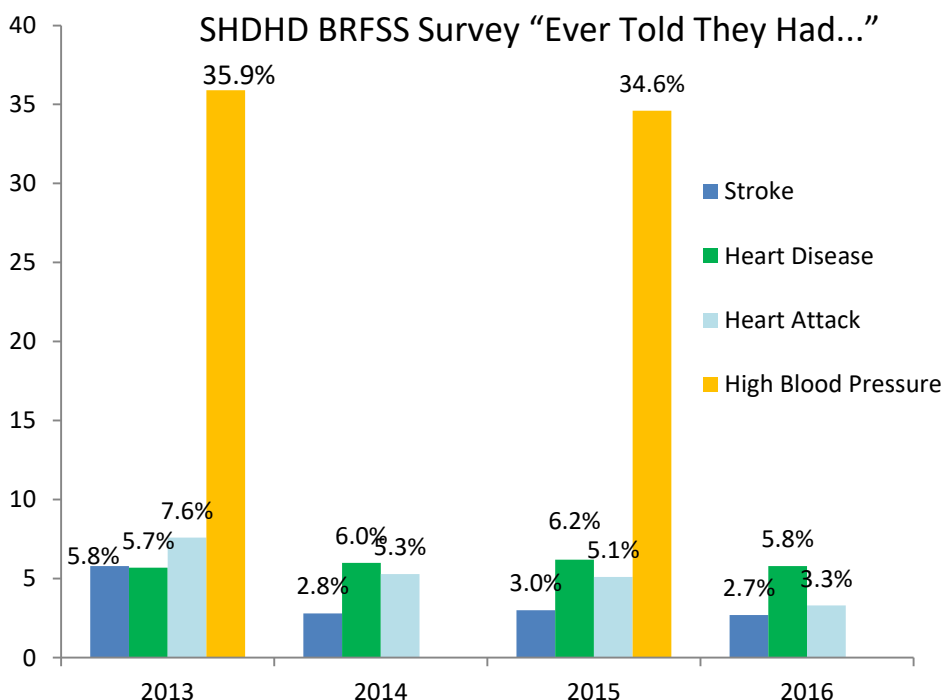
## Risk Factors

### Preventable Risk Factors

- Type-2 Diabetes
- High Blood Cholesterol
- High Blood Pressure
- Lack of Physical Activity
- Overweight and Obesity
- Unhealthy Eating
- Smoking

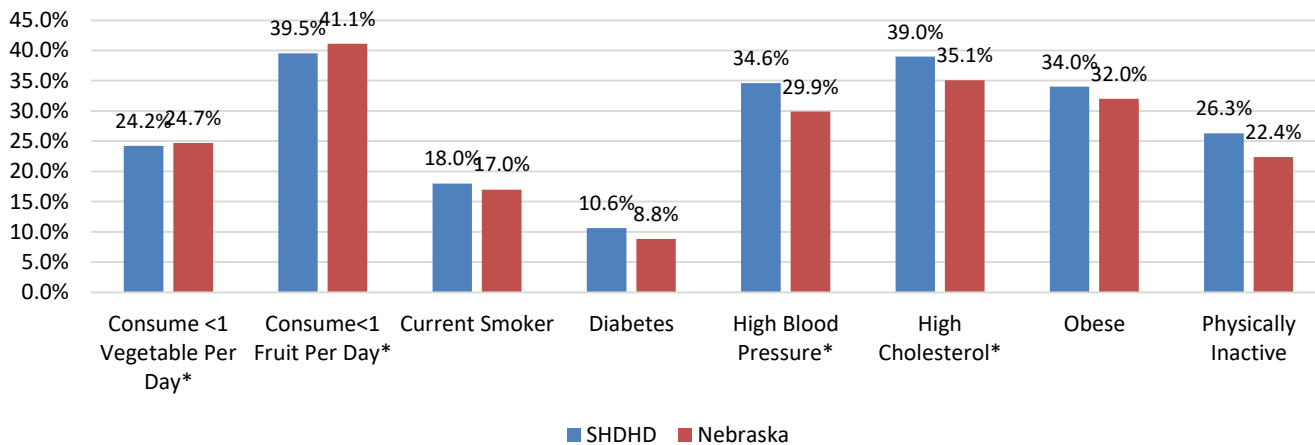
### Non-Preventable Risk Factors

- Increasing Age
- Male Gender
- Race/Ethnicity
- Family History of Premature CVD



## Risk Factors

### Prevalence Of Selected Risk Factors For Cardiovascular Disease Among Adults, 2016



Sources: NE BRFSS Data 2015 and 2016.

Notes: \* 2015 data used. Physically inactive was defined as no leisure time physical activity in the last 30 days.

## Quick Facts

- **CVD was the leading cause of death in Nebraska AND in the South Heartland District.**
- In 2016, 2.7% of adults in the SHDHD reported ever being told they had a stroke (BRFSS 2016).
- CVD is related in 1 in 4 Nebraska Deaths (DHHS, 2018).
- In 2016, total hospital charges for CVD in Nebraska was over \$1 billion (DHHS, 2018).
- In 2016, 7.4% reported having a Heart attack or being told they have Coronary Heart Disease (BRFSS, 2016).
- About 1 in every 10 Nebraska Adults reported that they have been diagnosed with or had a heart attack or stroke during their lifetime. Subsequently, these individuals are at extreme high risk for a recurrent heart attack or stroke.
- Nebraska Adults earning less than \$25,000 (BRFSS, 2010) are more than twice as likely to be affected by CHD as those who earn more than \$50,000.
- **According the BRFSS, in 2016, 70.0% of SHDHD residents were overweight and/or obese.**

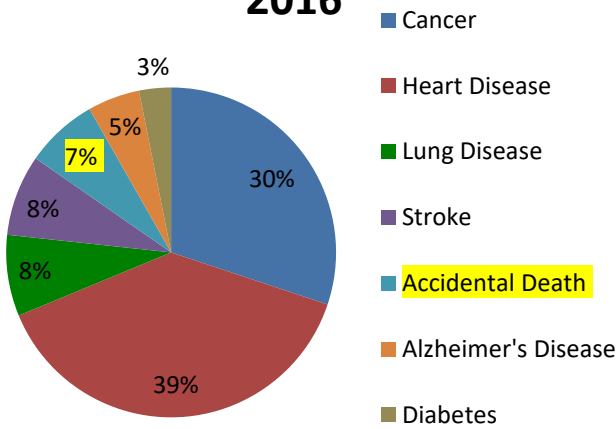


# Fact Sheet

## Injury

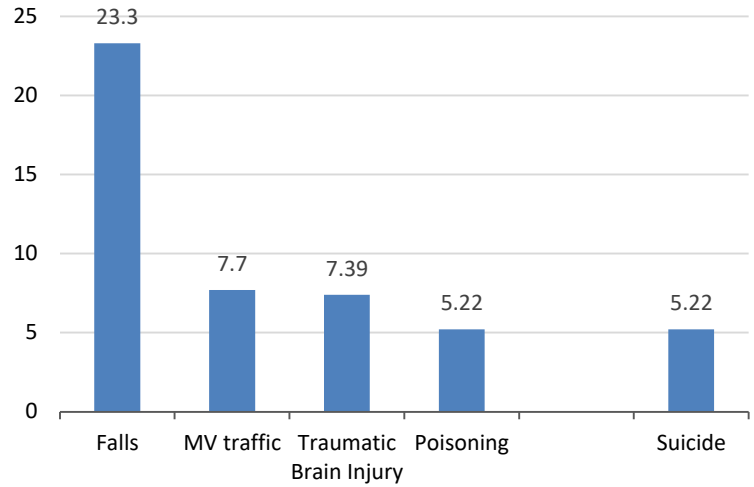
### Incidence and Prevalence

#### SHDHD Top Causes of Death, 2016



- Accidental Death is the 5<sup>th</sup> leading cause of death in for South Heartland

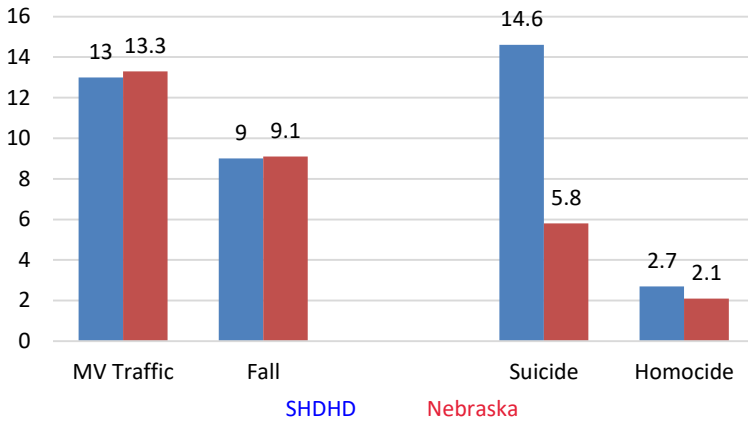
### Age-adjusted Injury Hospitalization Rates by Cause, 2014



Data from SHDHD Injury Data, 2014  
\*Rates per 10,000 population

### Mortality

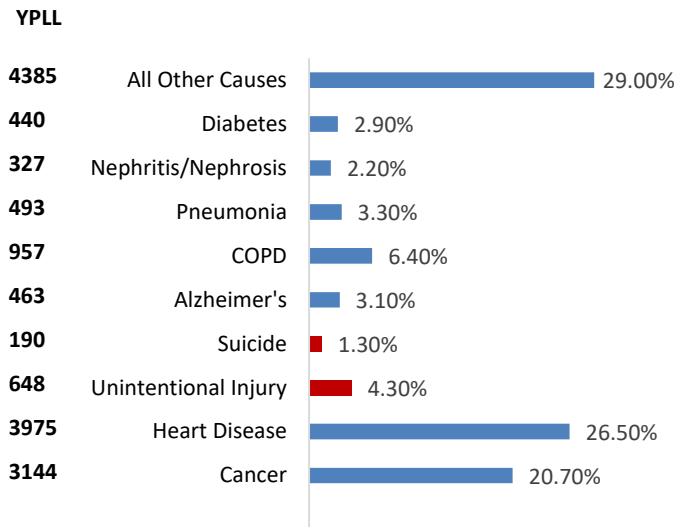
#### Age-adjusted Injury Death Rates by Cause, 2013-2017 (per 100,000 pop.)



Motor vehicle crashes were the leading cause of injury death in the counties served by SHDHD. Falls were the second leading cause of injury death; suicide was third.  
Source: Nebraska Vital Records

### Burden

#### Years of Potential Life Lost (YPLL) Before Age 75 by Cause of Death, SHDHD, 2013-2017



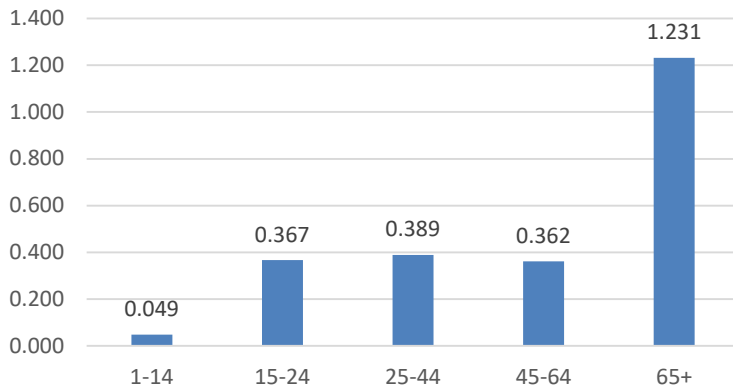
Injury was perceived as 13<sup>th</sup> most troubling health issue from our Community Themes and Strengths survey of 925 residents

Responses to: Top five most troubling health-related problems in our community



## Demographics

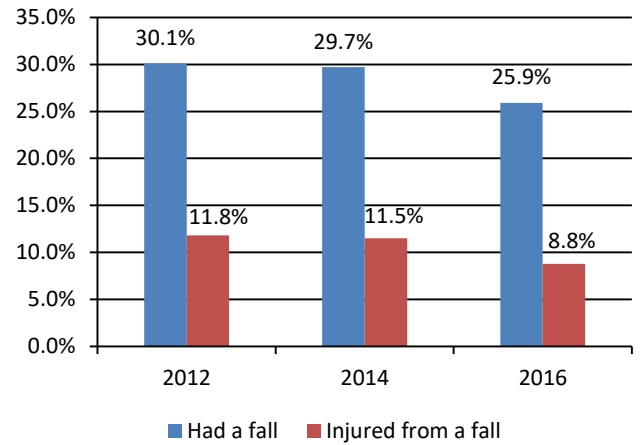
**All Unintentional Injury Death Rates by Age, 2013-2017**



*3 times the number of males died compared to females from unintentional injury in the SHDHD coverage area.*

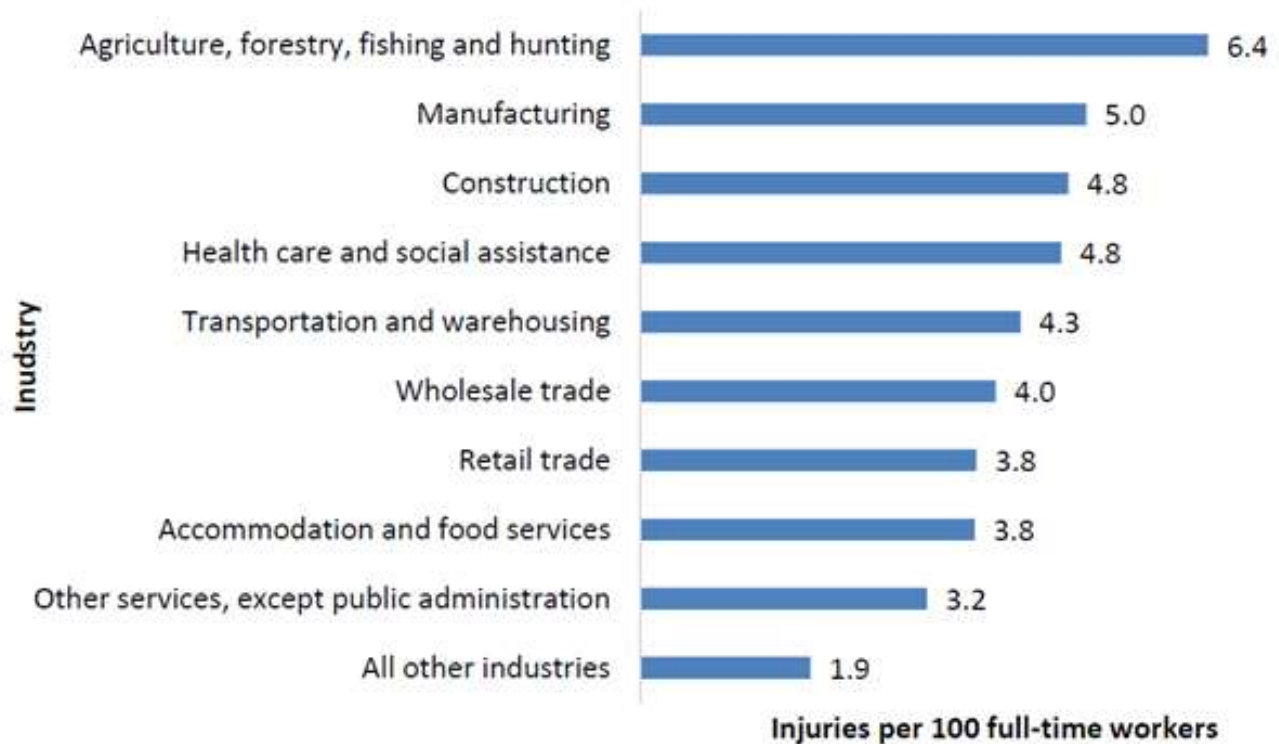
## Behavioral Risk Factors

**Percentage of Adults Aged 45+ who had a fall in the past year (2012, 2014, 2016)**



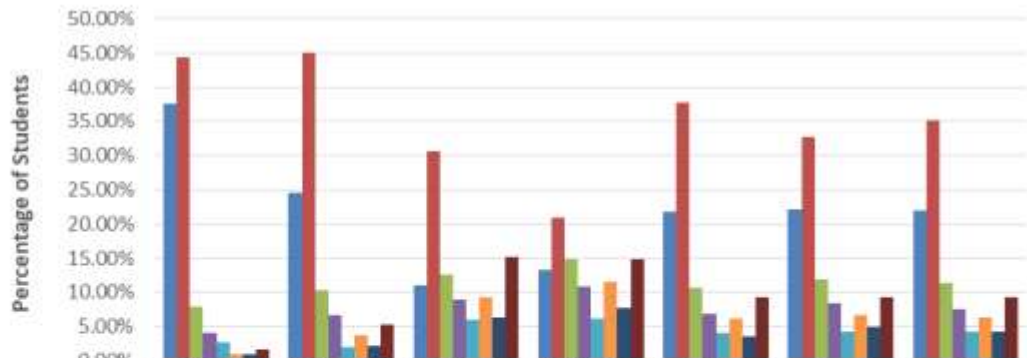
Source: NE BRFSS 2012, 2014, 2016

**Figure 58: Average estimated non-fatal occupational injury rate by industry, Nebraska, 2009-2013 (n=113,600)**



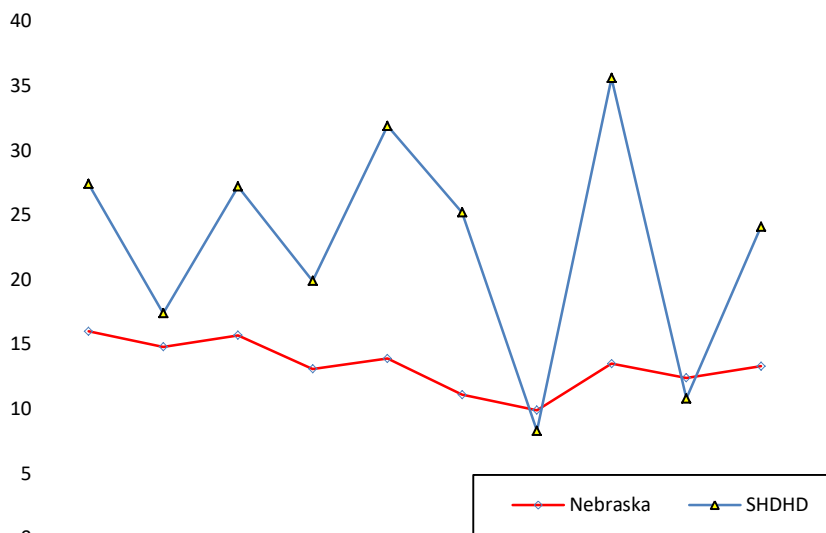
Source: BLS Survey of Occupational Injuries and Illnesses (SOII), 2009-2013

Frequency of emailing or texting and driving among SHDHD High School Students – YRBS, 2016



	9th Grade	10th Grade	11th Grade	12th Grade	Male	Female	Total
I did not drive a car or other vehicle during the past 30 days	37.60%	24.60%	11.00%	13.20%	21.70%	22.20%	21.90%
0 days	44.30%	45.10%	30.70%	20.90%	37.80%	32.70%	35.20%
1 or 2 days	7.90%	10.40%	12.50%	14.90%	10.60%	11.80%	11.30%
3 to 5 days	4.10%	6.70%	9.00%	10.80%	6.80%	8.40%	7.60%
6 to 9 days	2.60%	1.90%	6.00%	6.10%	4.10%	4.30%	4.20%
10 to 19 days	0.90%	3.70%	9.30%	11.50%	6.20%	6.60%	6.40%
20 to 29 days	0.90%	2.20%	6.30%	7.80%	3.60%	4.90%	4.30%
All 30 days	1.70%	5.20%	15.20%	14.90%	9.20%	9.20%	9.20%

Motor Vehicle Crashes Death Rate per 100,000 (age adjusted), Nebraska and South Heartland District Health Department\*, 2005-2014



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nebraska	16.0	14.8	15.7	13.1	13.9	11.1	9.9	13.5	12.4	13.3
SHDHD	27.4	17.4	27.2	19.9	31.9	25.2	8.3	35.6	10.8	24.1

\*South Heartland District Health Department includes Adams, Clay, Nuckolls, and Webster Counties

Source: Nebraska Department of Roads; Nebraska Office of Highway Safety



# Fact Sheet

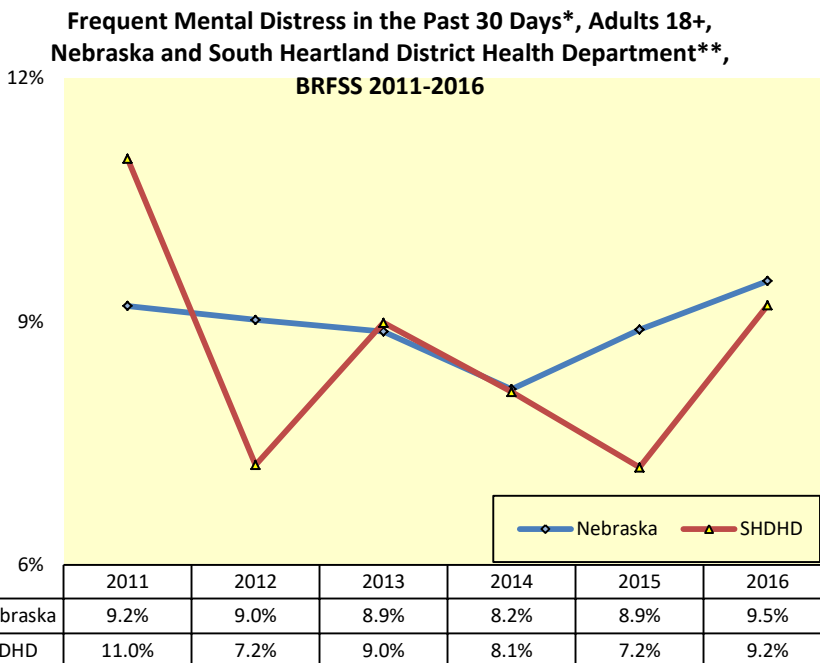
## Mental Health

"We know that mental illness is an important public health problem in itself and is also associated with chronic medical diseases such as cardiovascular disease, diabetes, obesity, and cancer... we need to expand surveillance activities that monitor levels of mental illness in the United States in order to strengthen our prevention efforts."

— Ileana Arias, Ph.D., Principle Deputy Director, Centers for Disease Control and Prevention (CDC)

### Incidence and Prevalence

- Approximately 30,000 clients are served through the Nebraska Division of Behavioral Health Services each year.
- Among adults with mental illness, only 47% report receiving treatment.
- 43% of adolescents reporting depression receive treatment.
- 24.1% of Nebraska HS Students reported feeling depressed in the past year and 15% reported serious thoughts of committing Suicide
- The Nebraska suicide rate for 10-24 year-olds exceeds the national rate.



\*Percentage of adults 18 and older who report that their mental health (including stress, depression, and problems with emotions) was not good on 14 or more of the previous 30 days  
 \*\*South Heartland District Health Department includes Adams, Clay, Nuckolls, and Webster Counties

### Behavioral Health Consumer Survey Summary of Results: Agreement Rate Adults Aged 18+ (2012-2017)

	2012	2013	2014	2015	2016	2017
<b>Access</b>	80.5%	82.3%	81.4%	82.8%	81.3%	82.3%
<b>Treatment Quality</b>	86.0%	86.2%	84.8%	87.4%	86.0%	85.9%
<b>Outcomes</b>	74.2%	69.8%	71.5%	72.9%	68.3%	69.2%
<b>General Satisfaction</b>	83.6%	85.0%	78.8%	86.6%	84.1%	86.1%
<b>Participation in Treatment Plan</b>	76.7%	78.9%	83.7%	79.4%	78.2%	76.4%
<b>Improved Functioning</b>	76.1%	71.2%	74.3%	73.1%	68.0%	69.9%
<b>Social Connectedness</b>	74.7%	68.7%	71.3%	68.4%	67.6%	67.1%

Source: DHHS-DBH 2017 Behavioral Health Consumer Survey Results

Mental Health was perceived as 2nd<sup>th</sup> most troubling health issue from our Community Themes and Strengths survey of 925 residents

Responses to: Top five most troubling health-related problems in our community

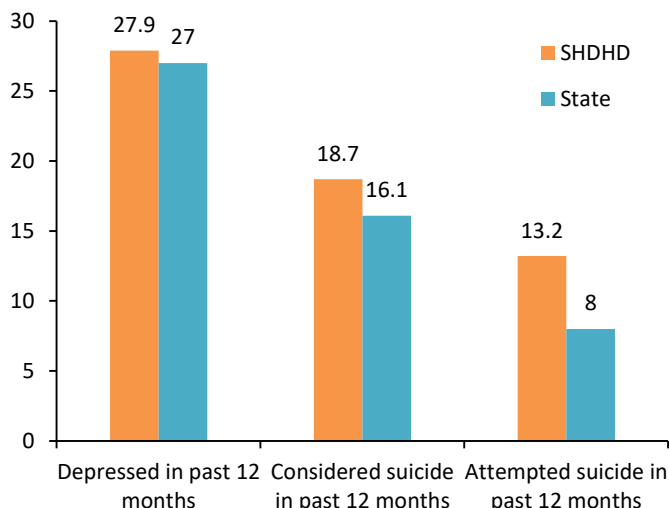


## Perceived Barriers to Behavioral Health Services

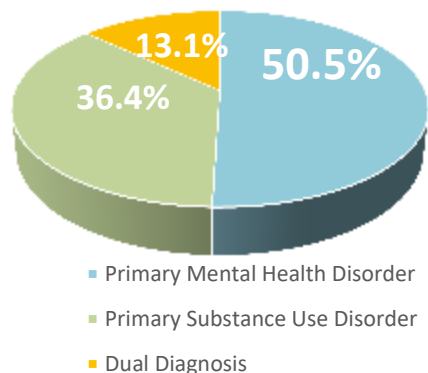
Cost	74.8%
Not knowing what services are available	64.2%
Stigma (embarrassment and/or fear of "being judged")	62.9%
Insurance won't cover the cost of services	61.7%
Services are not well advertised	53.6%
Not knowing about behavioral health issues	49.2%
Lack of transportation	39.4%
Too far to travel	36.0%
Long wait time to receive services	24.8%
Services aren't available	22.5%
Specialized services not available	17.8%
Conflict of interest with available services and/or providers	16.3%
Lack of good services	12.3%
Other	3.8%

Source: Schmeckle, J. (2012). Behavioral Health and Integrated Care Needs Assessment.

## Percentage of Depression and Suicide- High School Students (Grades 9-12), YRBS 2016



## BRFSS, 2016 Treatment Admissions



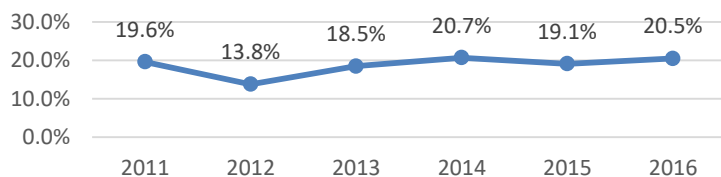
### Reasons for Admission:

- 50.5% of persons served were admitted for a primary mental health disorder.
- 36.4% had a primary substance use disorder.
- 13.1% experienced a dual diagnosis of a primary mental illness and primary substance dependence disorder

## Risk Factors

- having a biological relative, such as a parent or sibling, with a mental illness
- in utero exposure to biological or environmental hazards
- stressful life situations, such as unemployment, financial problems, a loved one's death or divorce
- substance abuse
- abuse, neglect or other childhood trauma
- chronic medical conditions, such as cancer
- traumatic experiences such as assault or military combat
- having few friends or few healthy relationship
- stressful life conditions

## SHDHD Depression Trends, BRFSS 2016



## Public Behavioral Health System Expenditures

### Nebraska Expenditures

The expenditures for mental health and substance use disorders for the previous three years are reflected in **Table 6.9**. These funds include state and federal revenues supporting community based treatment, recovery, and prevention initiatives in Nebraska as well as work force training and development activities. In 2016, the expenditure for the Division of Behavioral Health (DBH) funded public behavioral system in Nebraska was over \$94,000,000 for mental health and substance use disorder services combined (**Table 6.9**). This was a considerable increase compared to the 2014 expenditure of about \$86,000,000.

**Table 6.9:** Nebraska's Mental Health & Substance Use Disorder Program Expenditures: FY 2014-2016

Service	2014	2015	2016
Mental Health	55,760,743.04	56,632,592.15	60,383,501.62
Substance Use	30,127,033.76	32,161,577.78	33,737,609.80
Total	85,887,746.80	88,794,169.93	94,121,111.42

Data for this table were provided by the Nebraska Department of Health & Human Services Division of Behavioral Health.





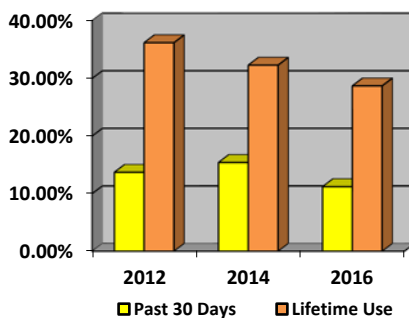


# Fact Sheet

## Tobacco Use

### Incidence and Prevalence

Percentage of SHDHD High School Students who have used Cigarettes, YRBS 2012-2016



	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
Smokeless	2%	6.8%	10.1%	6.8%
E-Cigarettes	15.4%	14.4%	17.7%	19.8%
Cigar Use	2%	6.8%	9.6%	9.9%

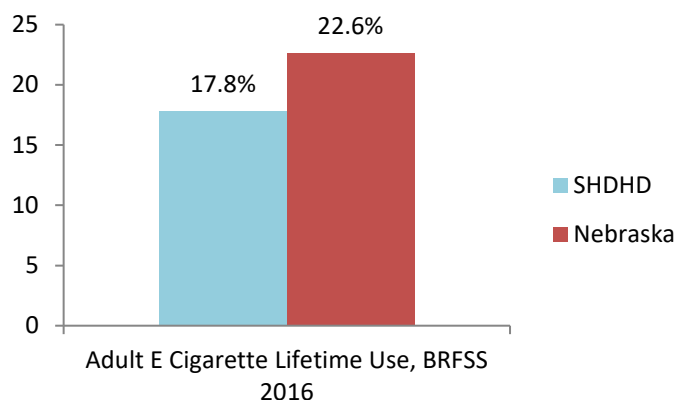
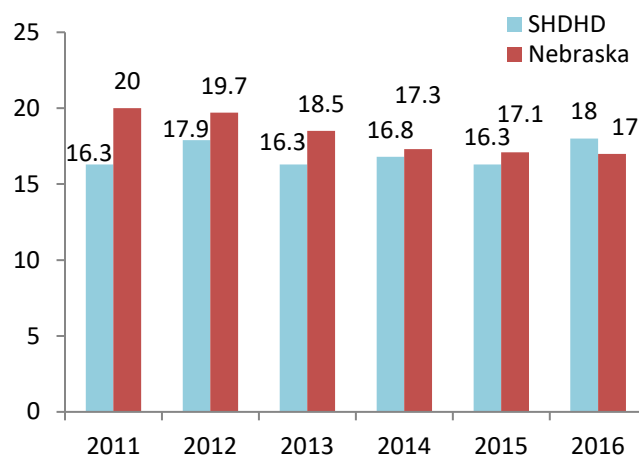
High school students who smoke	7.4% (7,700)
Male high school students who smoke cigars (female use much lower)	8.3%
High school students who use e-cigarettes	9.4%
Kids (under 18) who become new daily smokers each year	900
Adults in Nebraska who smoke	17.0% (245,500)
Proportion of cancer deaths in Nebraska attributable to smoking	27.1%

Percent of Adults who currently smoke

NE	Adams	Clay	Nuckolls	Webster
17%	17%	17%	15%	18%

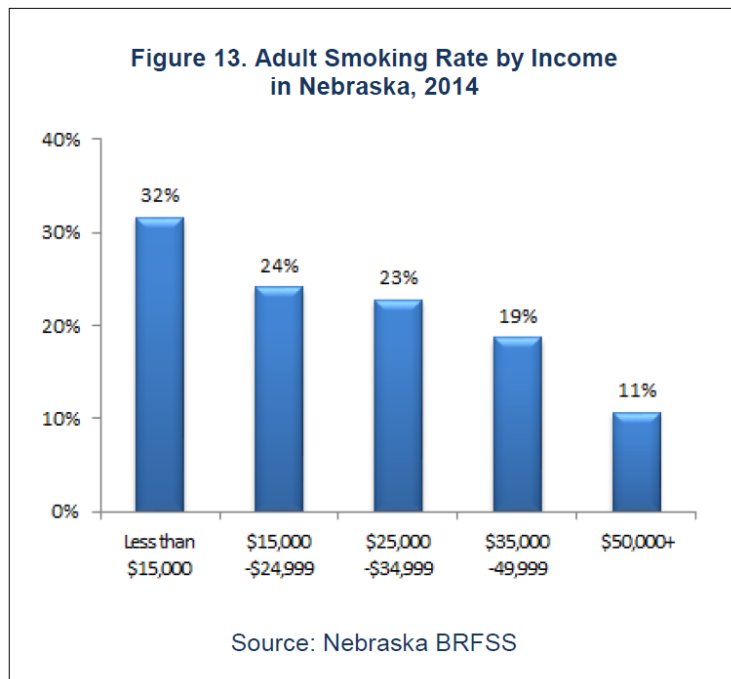
Source: County Health Rankings, 2018

### Current Tobacco Use among Adults Aged 18+ SHDHD- , '11-'16 (by Percent)



Substance Abuse was perceived as 3<sup>th</sup> most troubling health issue from our Community Themes and Strengths survey of 925 residents

<b>Exposure to secondhand smoke*</b>	
Non-smokers' exposure to secondhand smoke at home	5.5%
Homes with a smoke-free rule	89.0%
Non-smokers' exposure to secondhand smoke in family car	8.6%
Family vehicles with a smoke-free rule	85.2%
<b>Mortality and diseases associated with tobacco in Nebraska**</b>	
Annual smoking-related deaths	2,500
Annual smoking-related healthcare cost	\$ 795 million
Annual smoking-related healthcare cost per capita	\$ 727
Annual smoking-related years of productive life lost	13 years
Sources: *Adult Tobacco Survey (ATS); Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior Survey (YRBS); Tobacco Free Nebraska (TFN) - Nebraska Department of Health and Human Services. **CDC, 2014 Data and Trend on Tobacco Use in NE Report	



**Tobacco's Toll in Nebraska**

(December 13, 2017)

Adults who smoke	17.0%
High school students who smoke	13.3%
Death caused by smoking each year	2,500
Annual health care costs directly caused by smoking	\$795 million
Proportion of cancer deaths attributable to smoking	27.1%
Residents' state and federal tax burden from smoking-caused government expenditures	\$746 per household
Estimated annual tobacco industry marketing in state	\$58.8 million
Ratio of industry marketing to state tobacco prevention spending	22.9 to 1



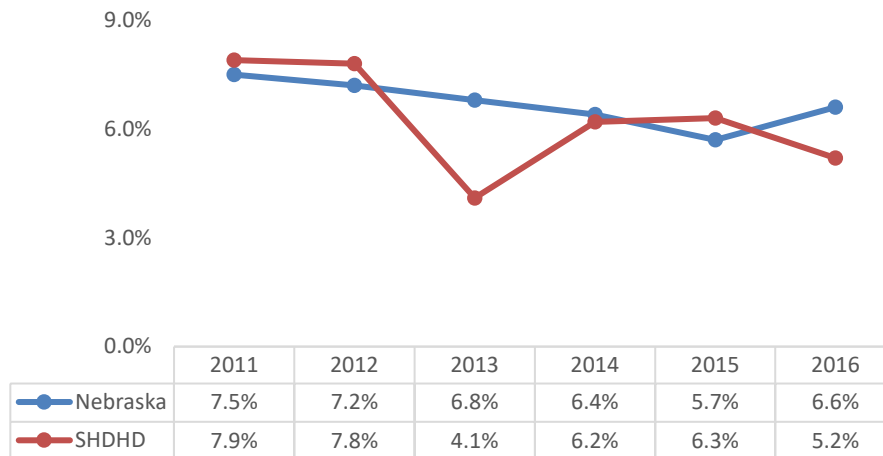


# Fact Sheet

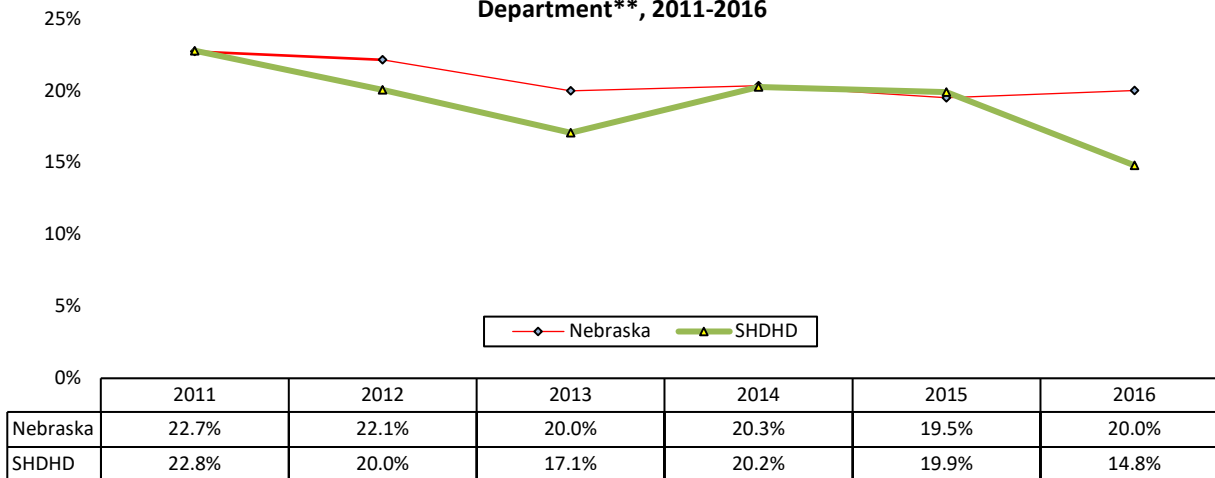
## Alcohol & Substance Use

### Trends in Incidence and Prevalence of Alcohol Use

Heavy Drinking in past 30 days Adults 18+ in Nebraska and SHDHD, 2011-2016



Binge Drank in the Past 30 Days\*, Adults 18+, Nebraska and South Heartland District Health Department\*\*, 2011-2016



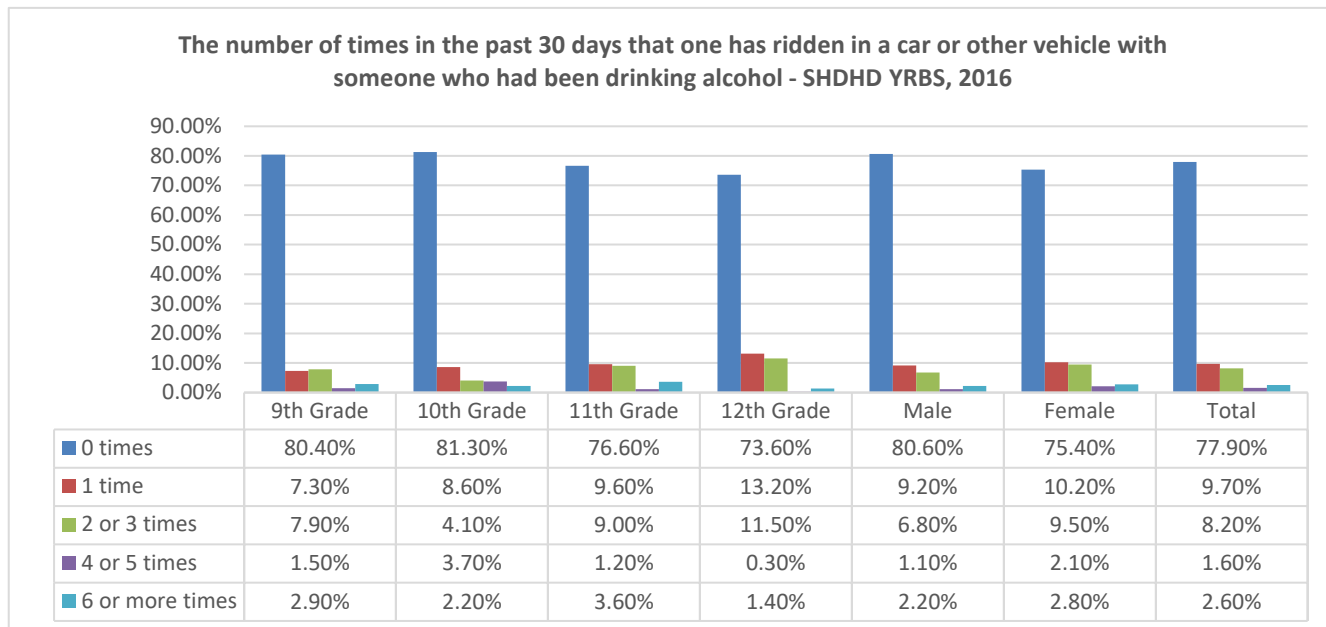
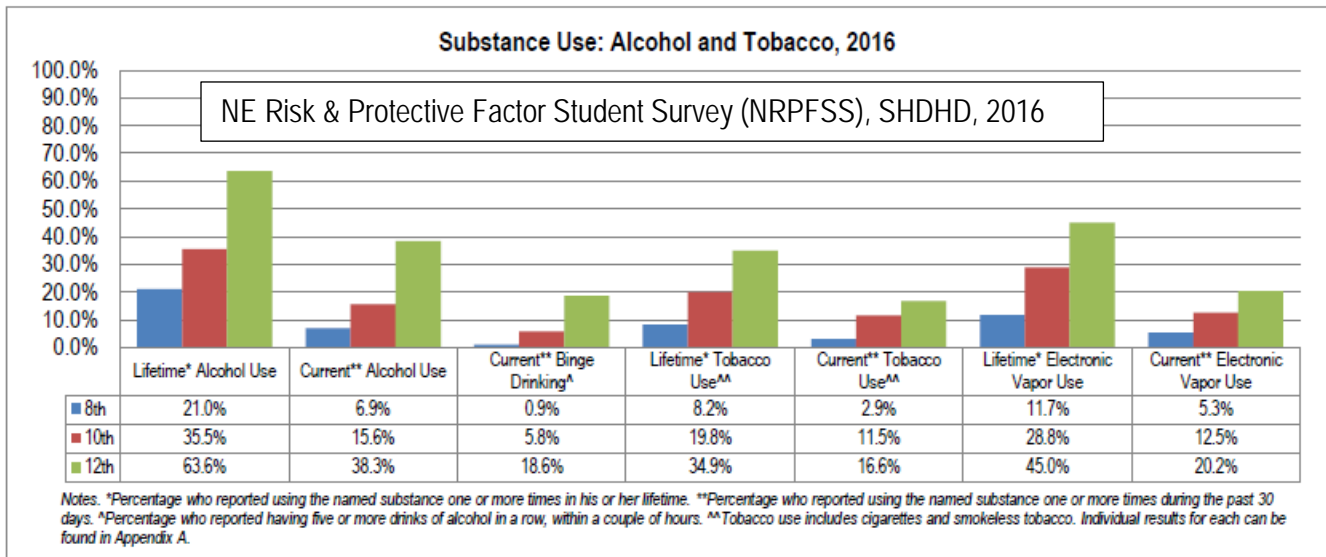
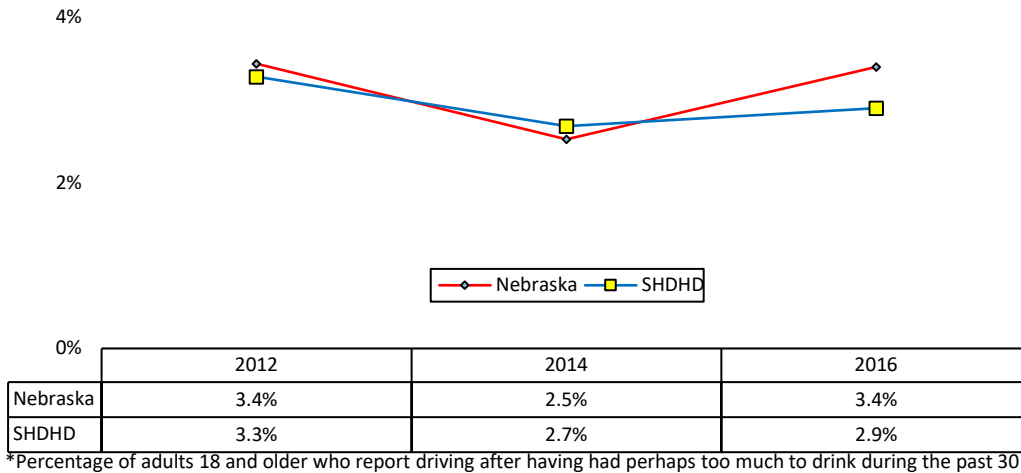
\*Percentage of adults 18 and older who report having five or more drinks for men/four or more drinks for women on at least one occasion during the past 30 days

\*\*South Heartland District Health Department includes Adams, Clay, Nuckolls, and Webster Counties

Substance Abuse issues were perceived as 3rd most troubling health problem from our Community Themes and Strengths survey of 925 residents *Responses to: Top five most troubling health-related problems in our community*



**Alcohol-Impaired Driving during the Past 30 days\*, Adults 18+, Nebraska and South Heartland District Health Department\*\*, 2012-2016**



## Morbidity / Mortality: Alcohol

### Alcohol-Impaired Driving Deaths by County

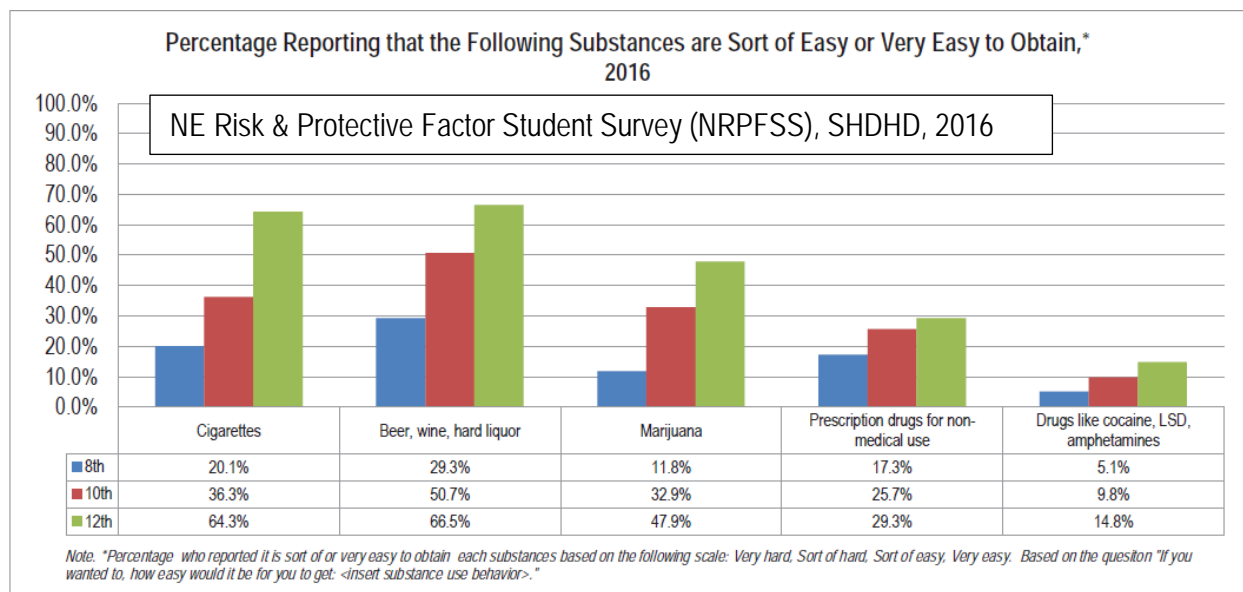
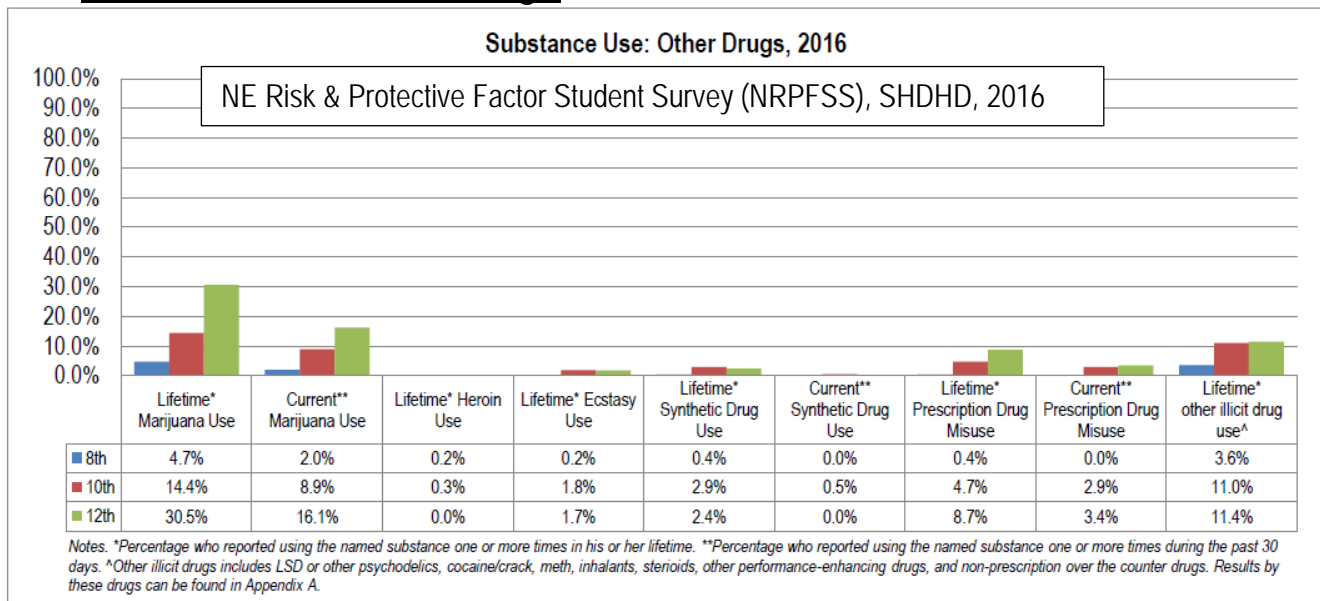
2018	# Alcohol Impaired Driving Deaths	% Alcohol-Impaired Driving Deaths
Adams	5	36%
Clay	8	73%
Nuckolls	2	50%
Webster	0	0%

### Deaths due to Cirrhosis Liver

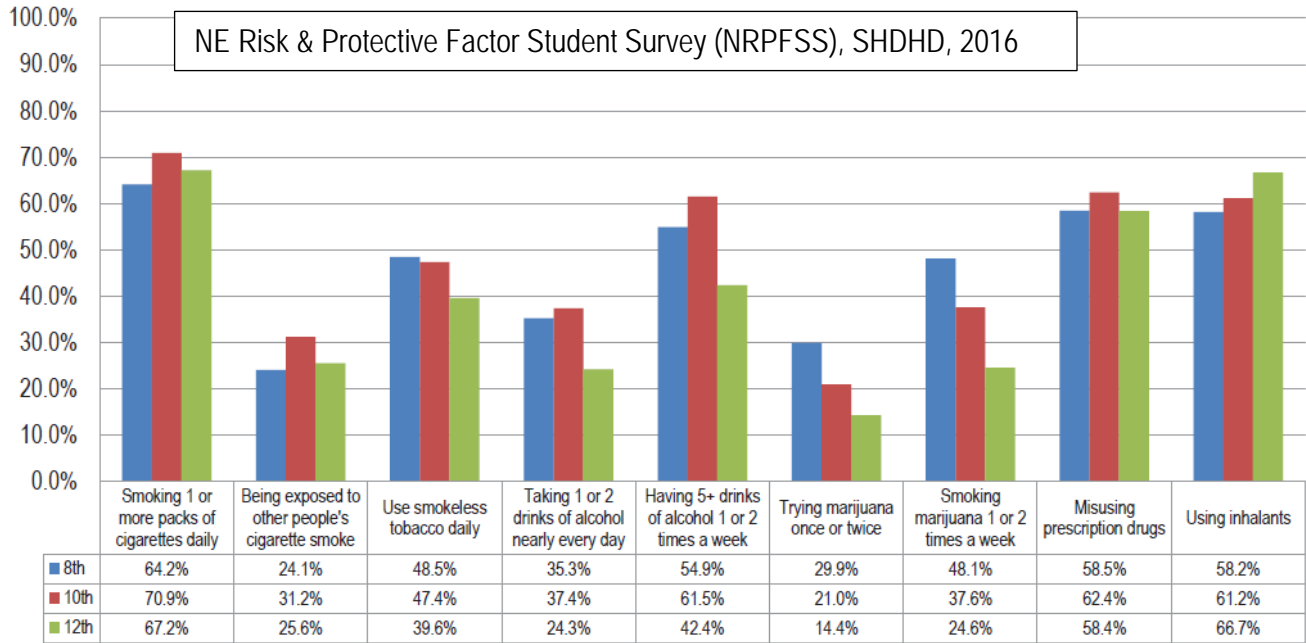
Years	SHDHD #	Age-Adjusted Rate (AAR) per 100,000	NE AAR per 100,000
01-05	12	4.6	6.6
05-09	15	7.1	6.8
09-13	17	7.3	7.7
13-17	23	8.2	8.8

Fatality Analysis Reporting System, County Health Rankings 2018

## Substance Use: Other Drugs

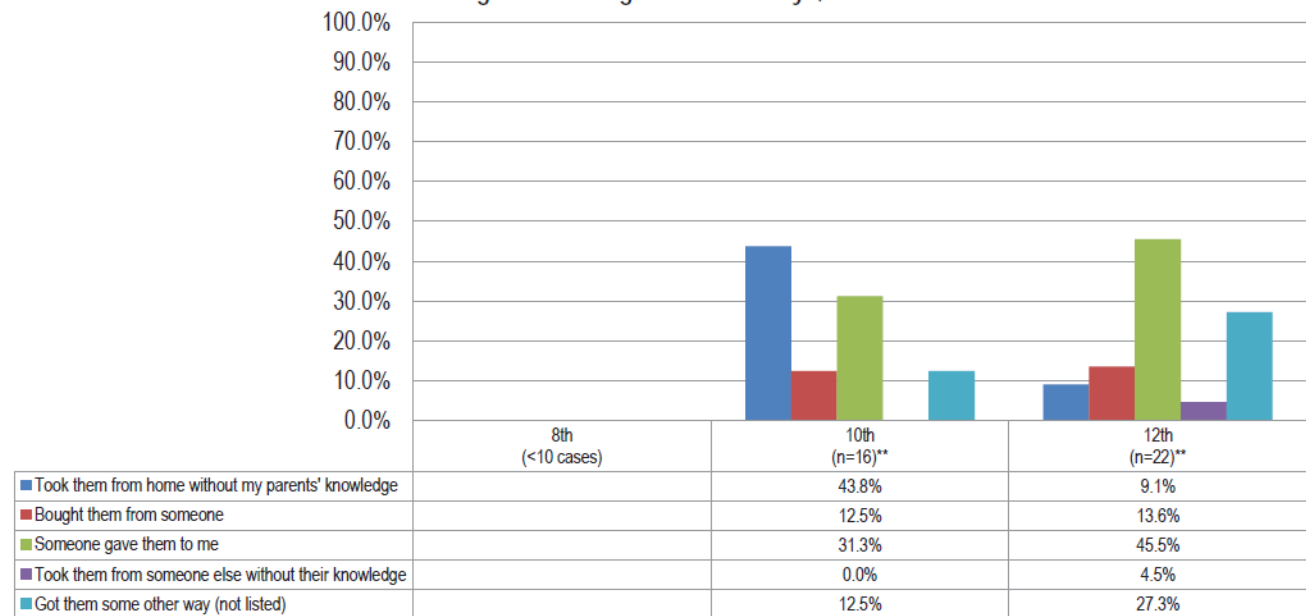


### Percentage Reporting that the Following Substance Use Behaviors Place People at Great Risk\*, 2016



Note. \*Percentage who reported great risk associated with each substance behaviors based on the following scale: No risk, Slight risk, Moderate risk, Great risk. Based on the question "How much do you think people risk harming themselves (physically or in other ways) if they: <insert substance use behavior>."

### Sources for Obtaining Prescription Drugs during the Past 30 Days, among Students who Reported Using Them during the Past 30 Days,\* 2016



Notes. \*Among past 30 day prescription drug users, the usual manner they used for obtaining prescription drugs during the past 30 days. \*\*The n-size displayed is the same for all sources given that the manner for obtaining prescription drugs is asked as one question.

## Prescription Drug Use

During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

From: Youth Risk Behavior Survey, **2016**  
(SHDHD Schools)

OVERALL	Total		9 <sup>th</sup> Grade		10 <sup>th</sup> Grade		11 <sup>th</sup> Grade		12 <sup>th</sup> Grade	
	N	%	N	%	N	%	N	%	N	%
0 times	999	88.8%	266	93.0%	253	89.4%	205	84.0%	274	88.1%
1 or 2 times	44	3.9%	9	3.1%	12	4.2%	14	5.7%	9	2.9%
3 to 9 times	34	3.0%	7	2.4%	6	2.1%	9	3.7%	12	3.9%
10 to 19 times	26	2.3%	1	0.3%	6	2.1%	9	3.7%	10	3.2%
20 to 39 times	8	0.7%	1	0.3%	0	0.0%	3	1.2%	4	1.3%
40 or more times	14	1.2%	2	0.7%	6	2.1%	4	1.6%	2	0.6%
Totals	1125	100.0%	286	100.0%	283	100.0%	244	100.0%	311	100.0%

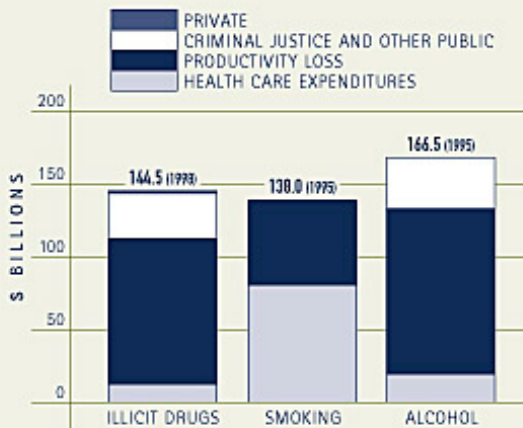
During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

From: Youth Risk Behavior Survey, **2014**  
(SHDHD Schools)

OVERALL	Total		9 <sup>th</sup> Grade		10 <sup>th</sup> Grade		11 <sup>th</sup> Grade		12 <sup>th</sup> Grade	
	N	%	N	%	N	%	N	%	N	%
0 times	1101	88.9%	312	91.5%	242	90.6%	283	84.7%	263	89.5%
1 or 2 times	64	5.2%	15	4.4%	8	3.0%	29	8.7%	12	4.1%
3 to 9 times	31	2.5%	3	0.9%	8	3.0%	9	2.7%	11	3.7%
10 to 19 times	19	1.5%	3	0.9%	5	1.9%	9	2.7%	2	0.7%
20 to 39 times	9	0.7%	4	1.2%	1	0.4%	1	0.3%	3	1.0%
40 or more times	14	1.1%	4	1.2%	3	1.1%	3	0.9%	3	1.0%
Totals	1238	100.0%	341	100.0%	267	100.0%	334	100.0%	294	100.0%

### Productivity Losses from Substance Abuse are Substantial

FIGURE 1  
Societal Costs from Substance Abuse



SOURCE: Center on an Aging Society tabulations of published data from The Economic Costs of Drug Abuse in the United States, 1992-1998, Office of National Drug Control Policy, September 2001 and Schneider Institute for Health Policy, Substance Abuse: The Nation's Number One Health Problem, Robert Wood Johnson Foundation, Princeton, NJ, February 2001 Update.

### Community Burden of Substance Abuse

The societal costs of substance abuse in disease, premature death, lost productivity, theft and violence, including unwanted and unplanned sex, as well as the cost of interdiction, law enforcement, prosecution, incarceration, and probation are, however, greater than the value of the sales of these addictive substances (see Figure 1.) Everyone pays for these costs. Consumers pay in the form of higher prices for goods and services. Employers and employees pay higher health insurance premiums. Taxpayers pay higher taxes for the public expenditures of health care, law enforcement, the judicial system, incarceration as well as prevention and treatment programs. The price is also reflected in the need for foster care and homeless shelters. Substance abuse also hinders economic growth and diverts resources away from future investments.

*Substance Abuse: Facing the Costs: Issue Brief Number 1, August*