

Attachment F
Stratified Data for Community Health Priorities

SHDHD Community Health Priorities – Data Drill Down

Contents

Introduction	2
Mental Wellbeing and Substance Use	3
Depression	3
Mental Distress	4
Youth drinking	5
Binge drinking	5
Marijuana use	6
Opioid misuse	6
Youth vaping.....	6
Routine checkup.....	6
Suicide	7
Chronic Conditions.....	8
Arthritis	8
Asthma	9
Cancer	9
Chronic Obstructive Pulmonary Disease (COPD)	10
Diabetes	11
Heart Attack/Coronary Heart Disease (CHD)	12
High Blood Pressure	13
Stroke	13
Elder/Senior Health.....	14
Chronic Diseases	14
Falls (E.R. Data).....	15
Senior Support Needs (Community Survey Data)	16
Source	18

Attachment F Stratified Data for Community Health Priorities

Introduction

This document provides data on statistically significant differences in demographic categories (gender, age, income, education, and race/ethnicity) for the top three themes and subthemes identified in the Community Health Prioritization process done as part of the 2024 SHDHD CHA/CHIP. Data sources include BRFSS, YRBS, and the 2016-2022 Nebraska Suicide Fact Sheet. All data presented from BRFSS and YRBS are local to the South Heartland Health Department District.

Table 1: List of variables

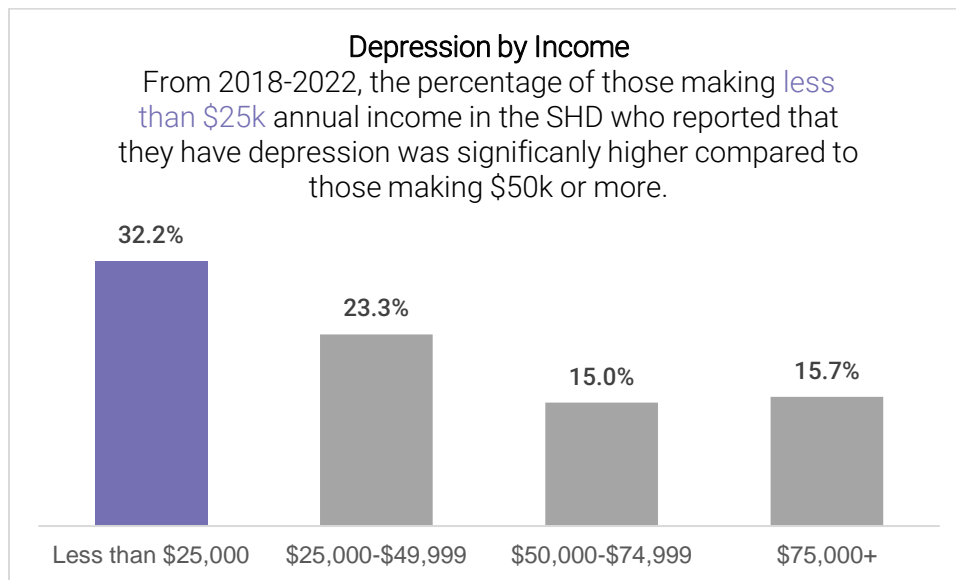
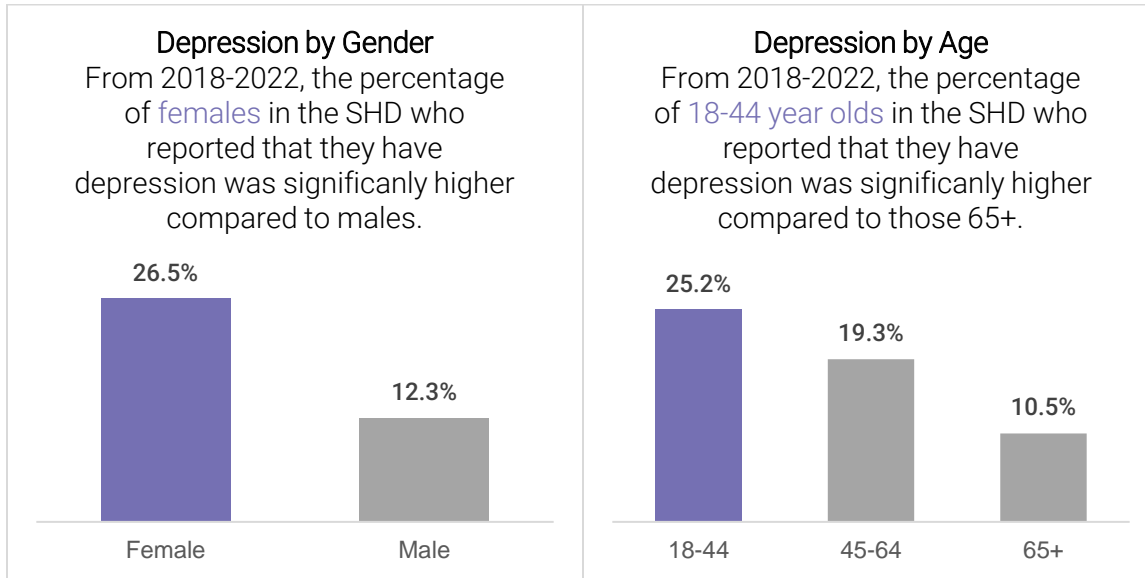
Variable	Significant findings among subgroups
Depression among adults	Gender, age, income
Mental Distress among adults	Gender (adults and youth), age, income
Youth Drinking	Gender
Binge Drinking among adults and youth	Gender (adults)
Marijuana Use among adults and youth	None
Opioid Misuse among adults and youth	None
Youth Vaping	None
Routine Checkup among adults	Gender and age
Suicide among adults (statewide) and youth attempts (locally)	Gender, age, race, geography (adults statewide), Gender (youth)
Arthritis among adults	Gender, age, income
Asthma among adults	Gender
Cancer among adults	Age
COPD among adults	Age, education, income
Diabetes among adults	Age, income
Heart Attack/CHD among adults	Gender, age, income
High Blood Pressure among adults	Age
Stroke among adults	Age, income
Chronic Diseases among adults	Age – Senior (65+)
Falls all ages	No significance testing done
Elder Care Support Needs among adults	Age, race/ethnicity, counties of residence

Attachment F Stratified Data for Community Health Priorities

Mental Wellbeing and Substance Use

Depression

Statistically significant differences for percentage of adults reporting depression among gender, age, and income categories.

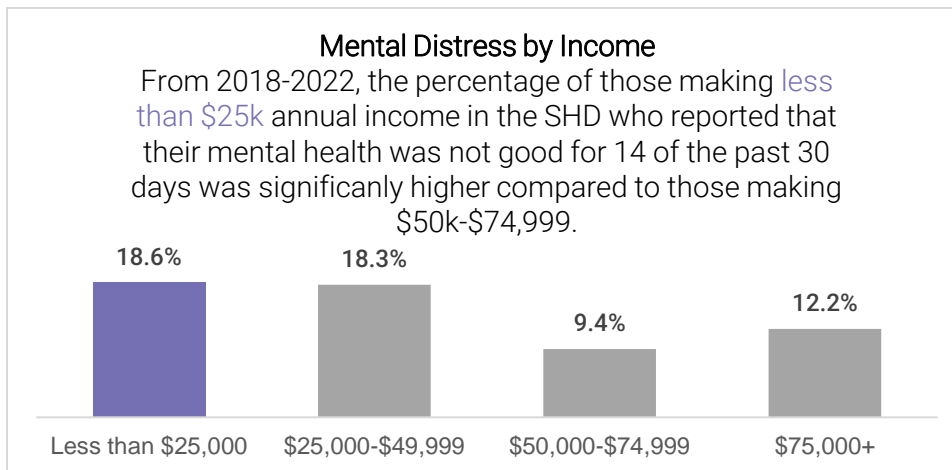
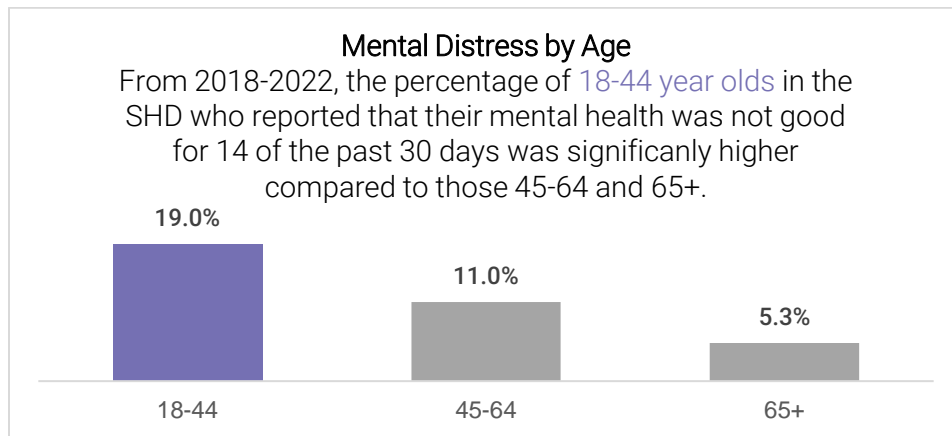
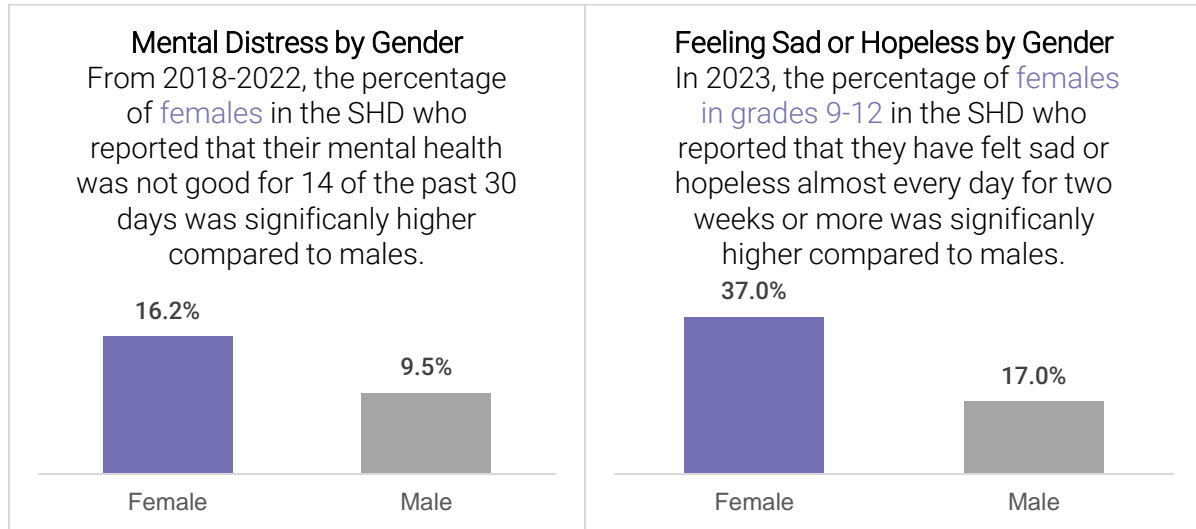


Attachment F

Stratified Data for Community Health Priorities

Mental Distress

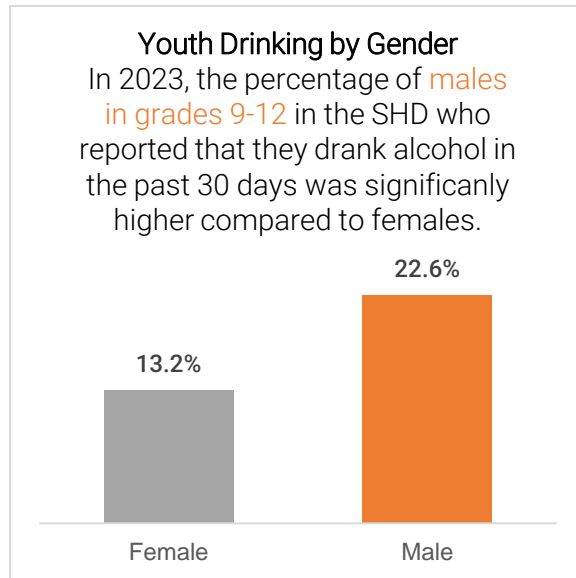
Statistically significant differences for percentage of adults reporting mental distress among gender, age, and income categories. Statistically significant differences for percentage of youth reporting feeling sad or hopeful by gender category.



Attachment F Stratified Data for Community Health Priorities

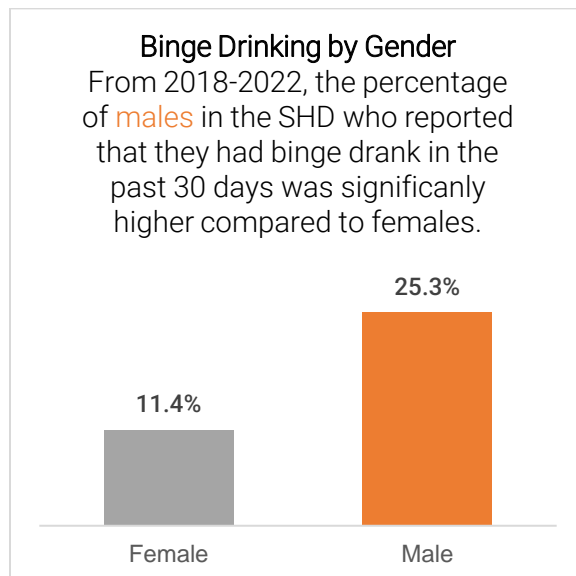
Youth drinking

Statistically significant difference for youth in grades 9-12 reporting past 30 day drinking within gender category.



Binge drinking

Statistically significant difference for percentage of adults reporting past 30-day binge drinking within gender category.



Attachment F Stratified Data for Community Health Priorities

Marijuana use

Among adults 18+, no significant demographic differences and/or unstable estimates. Overall percentage of adults 18+ who used marijuana in the past 30 days was 5.7% from 2019-2022.

Among high schoolers in grades 9-12, no significant gender difference in lifetime marijuana use in 2023. Overall percentage was 11.1%.

Opioid misuse

Among adults 18+, no significant demographic differences and/or unstable estimates. Overall percentage of adults 18+ who misused opioids in the past year (used more frequently or in higher doses than what was prescribed or used opioid pain medication not prescribed to them) was 3.2% from 2018-2022.

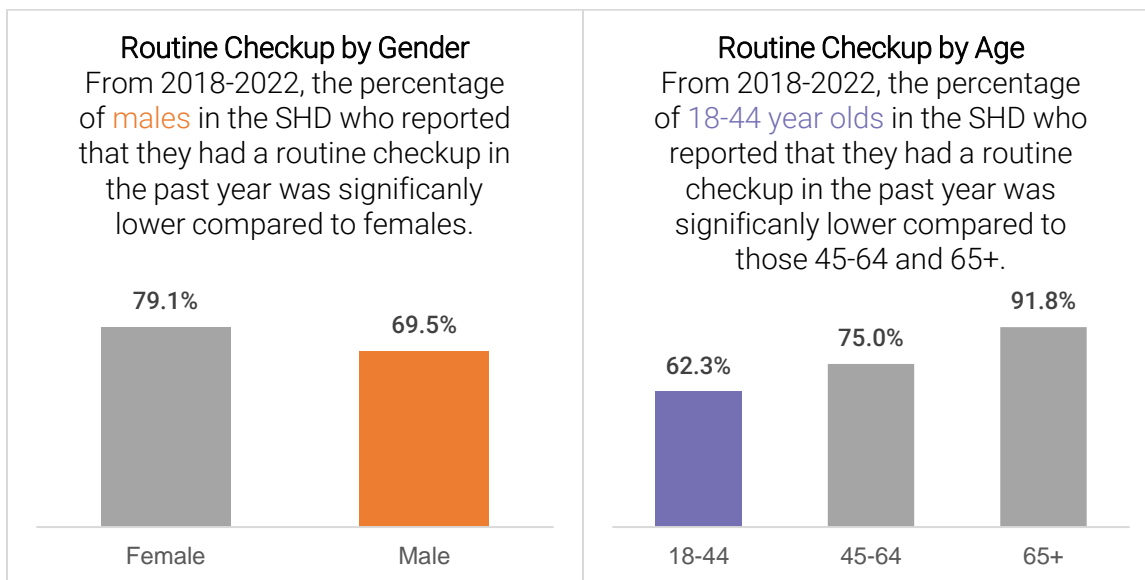
Among high schoolers in grades 9-12, no significant gender difference in lifetime prescription pain medication misuse in 2023. Overall percentage was 9.2%.

Youth vaping

Among high schoolers in grades 9-12, no significant gender difference in lifetime vaping in 2023. Overall use was 18.2%.

Routine checkup

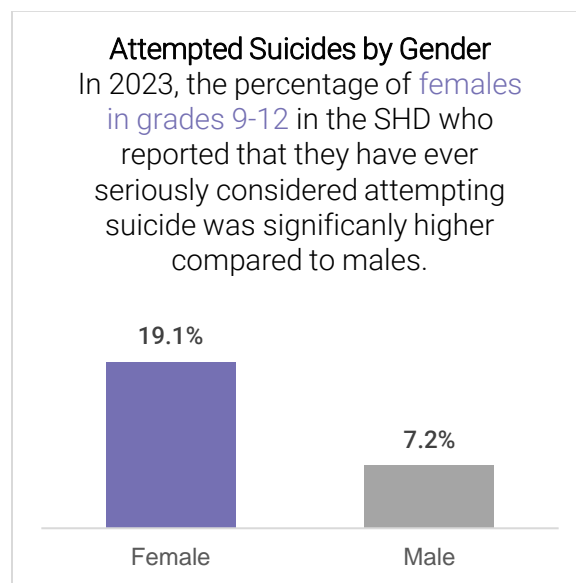
Statistically significant differences for percentage of adults reporting having a routine checkup in the past year among gender and age categories.



Attachment F Stratified Data for Community Health Priorities

Suicide

- Approximately 82% of suicide deaths in Nebraska from 2016 – 2022 were among males, who had 4.5 times the suicide rate of females.
- In Nebraska, from 2016 – 2022, the majority of suicides occurred in the 25-34 year old age group, followed closely by the 35-44, 45-54, and 55-64 year old age groups respectively.
- Most suicide deaths (around 90%) in Nebraska from 2016 – 2022 were among non-Hispanic whites.
- In Nebraska, rural residents had higher suicide rates (20.2 per 100,000 persons) than urban residents (10.0 per 100,000 persons) although most suicide deaths were urban residents.
- In SHD, statistically significant difference for percentage of high school students in grades 9-12 reporting that they have ever seriously consider attempting suicide within gender category.



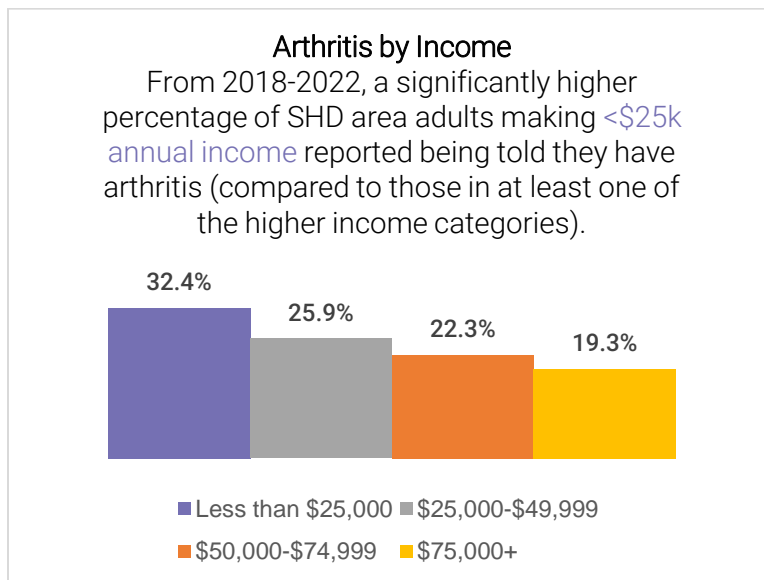
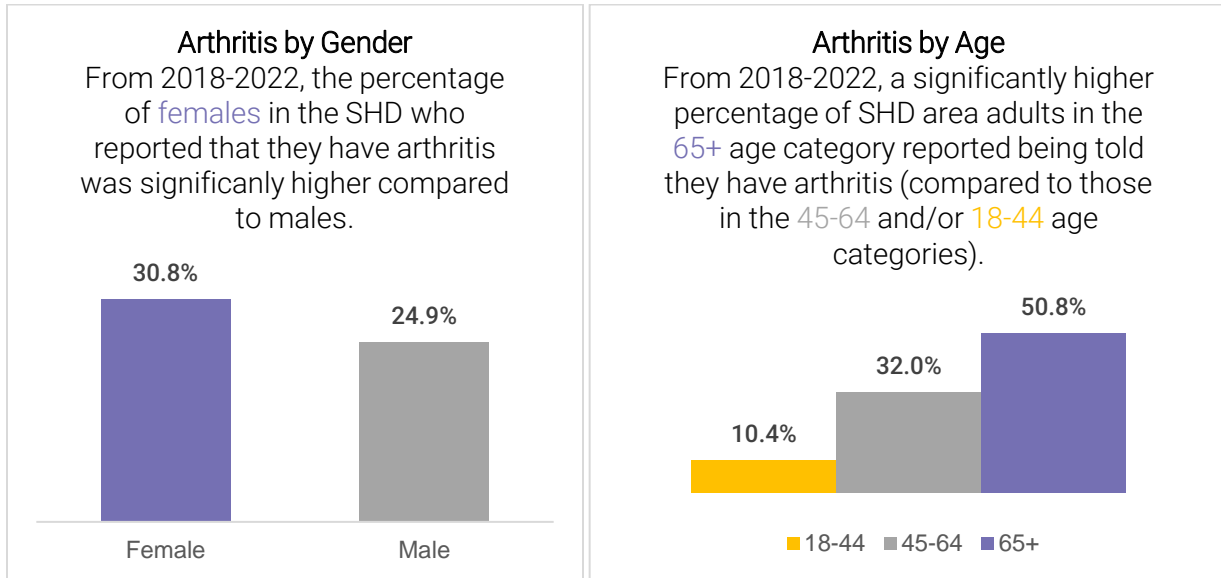
Attachment F

Stratified Data for Community Health Priorities

Chronic Conditions

Arthritis

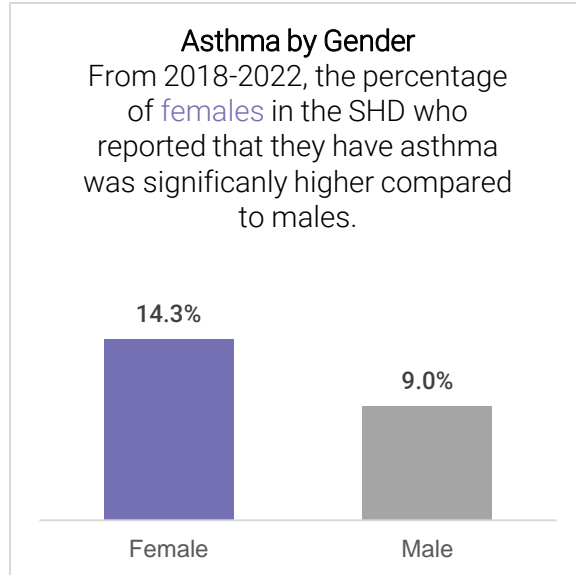
Statistically significant differences for percentage of adults reporting being told they have arthritis within gender, age, and income categories.



Attachment F Stratified Data for Community Health Priorities

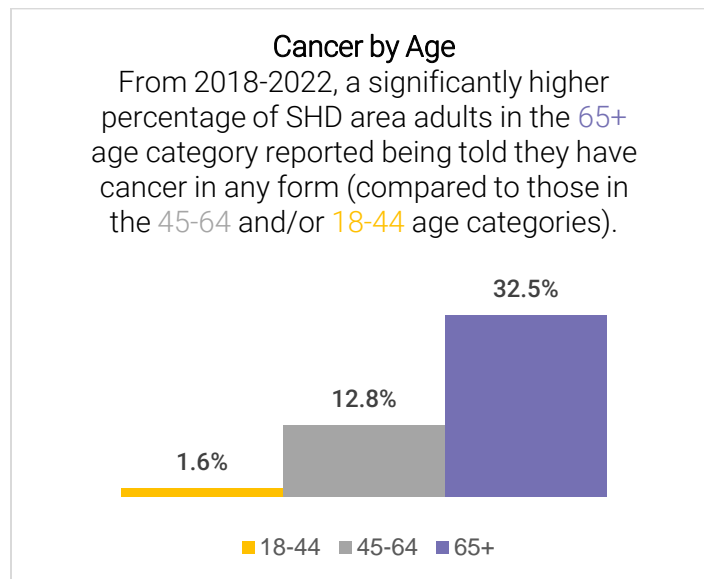
Asthma

Statistically significant differences for percentage of adults reporting being told they have asthma within gender category.



Cancer

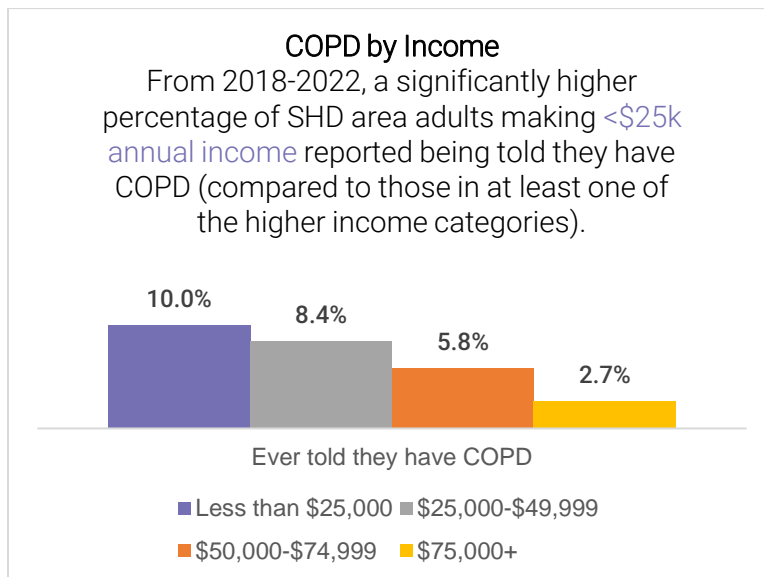
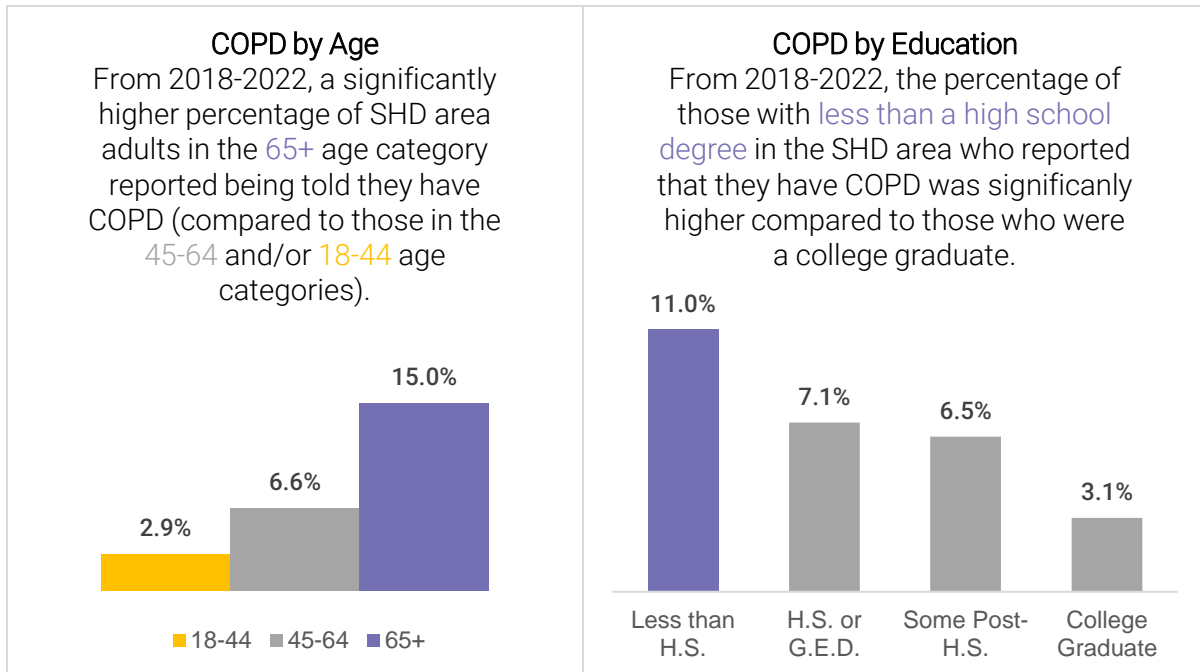
Statistically significant differences for percentage of adults reporting being told they have cancer within age category.



Attachment F Stratified Data for Community Health Priorities

Chronic Obstructive Pulmonary Disease (COPD)

Statistically significant differences for percentage of adults reporting being told they have COPD within age, education, and income categories.

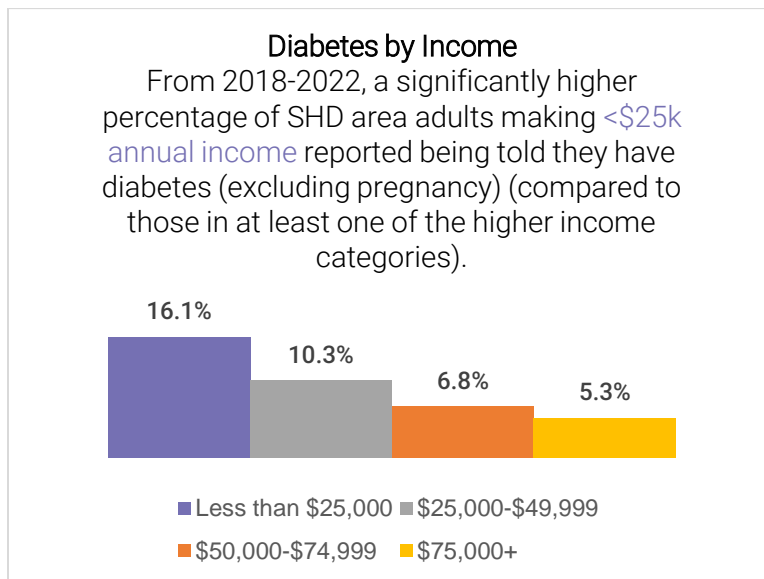
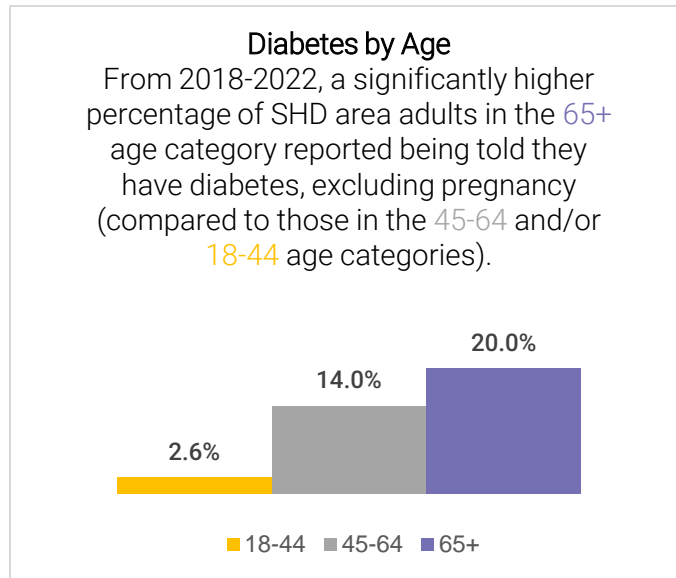


Attachment F

Stratified Data for Community Health Priorities

Diabetes

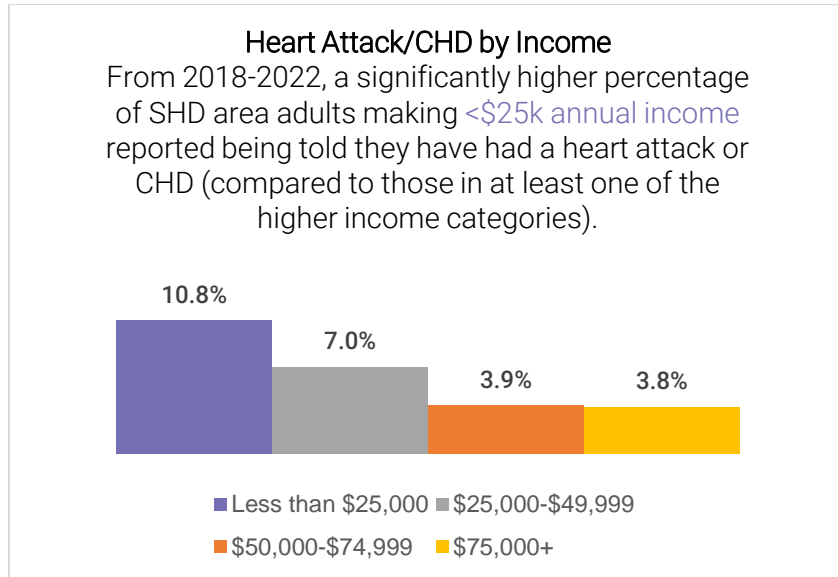
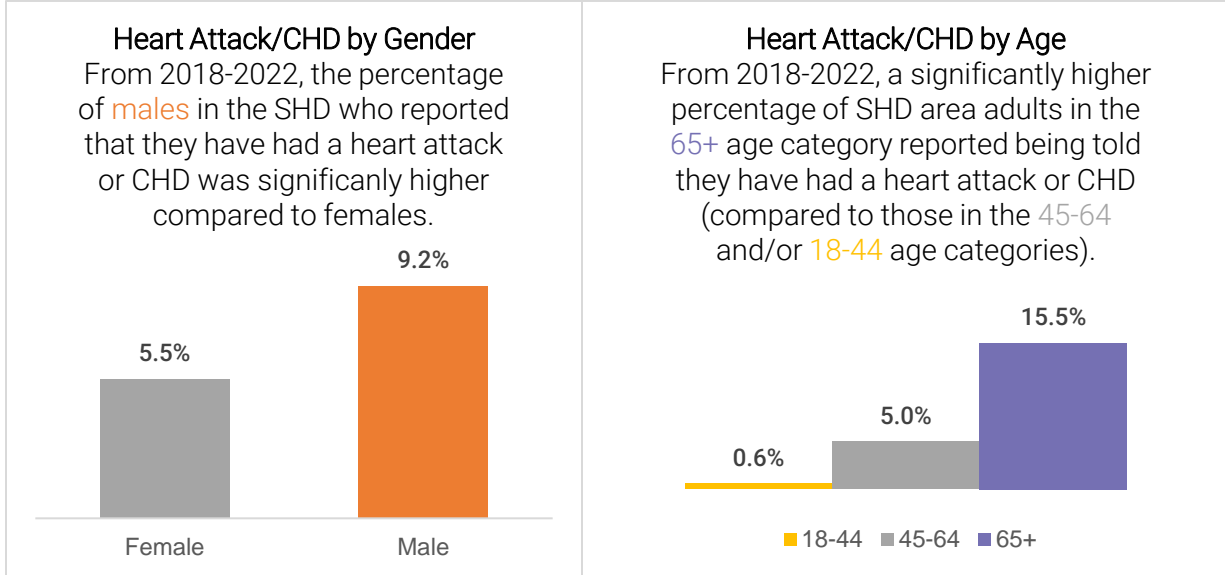
Statistically significant differences for percentage of adults reporting being told they have diabetes (excluding pregnancy) within age and income categories.



Attachment F Stratified Data for Community Health Priorities

Heart Attack/Coronary Heart Disease (CHD)

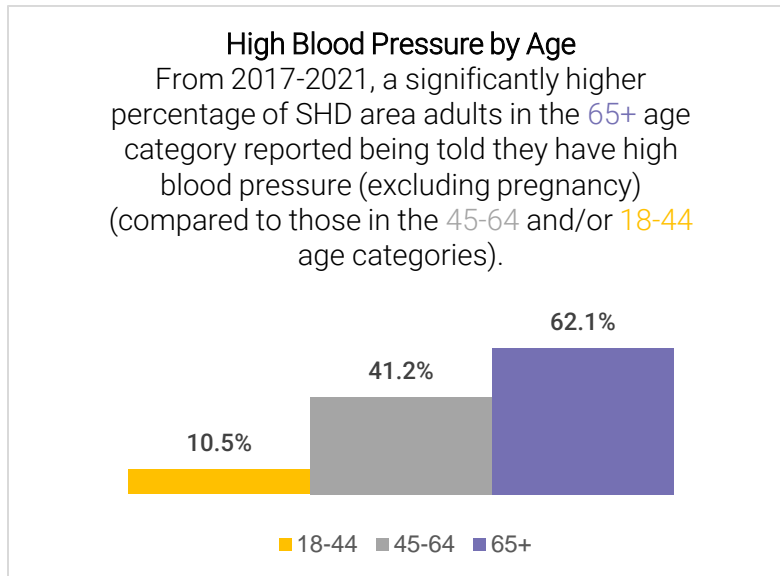
Statistically significant differences for percentage of adults reporting being told they have had a heart attack or coronary heart disease by gender, age, and income categories.



Attachment F Stratified Data for Community Health Priorities

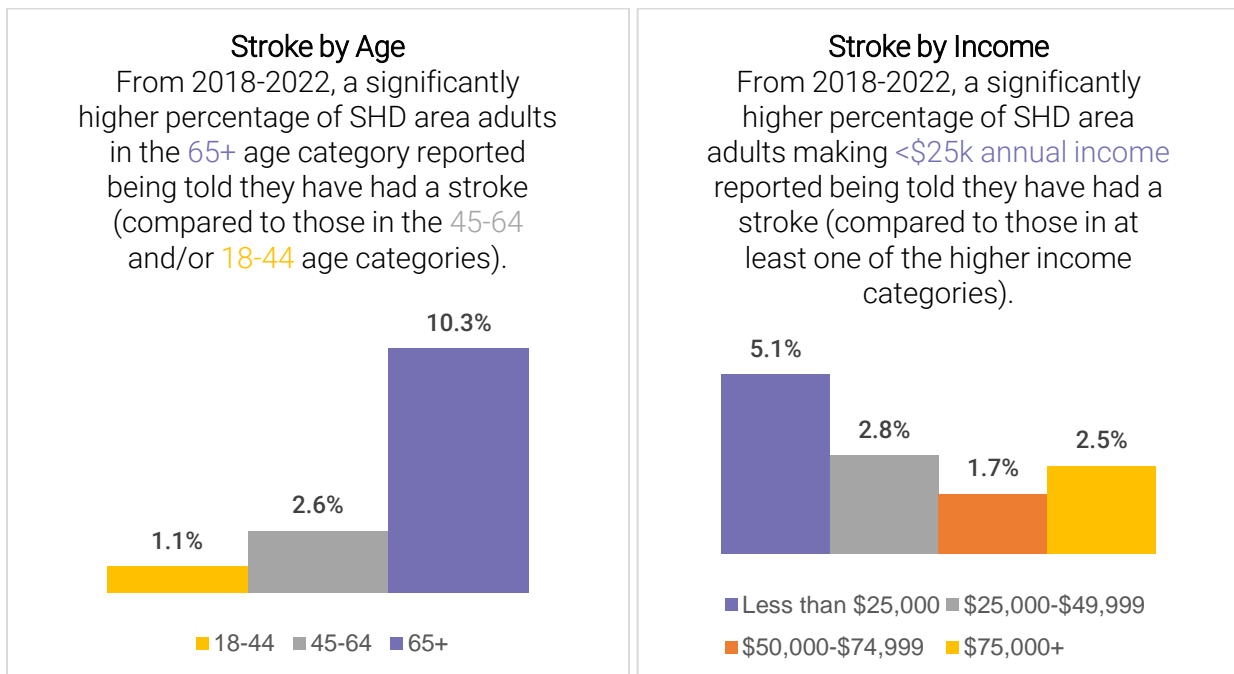
High Blood Pressure

Statistically significant differences for percentage of adults reporting being told they have high blood pressure by age category.



Stroke

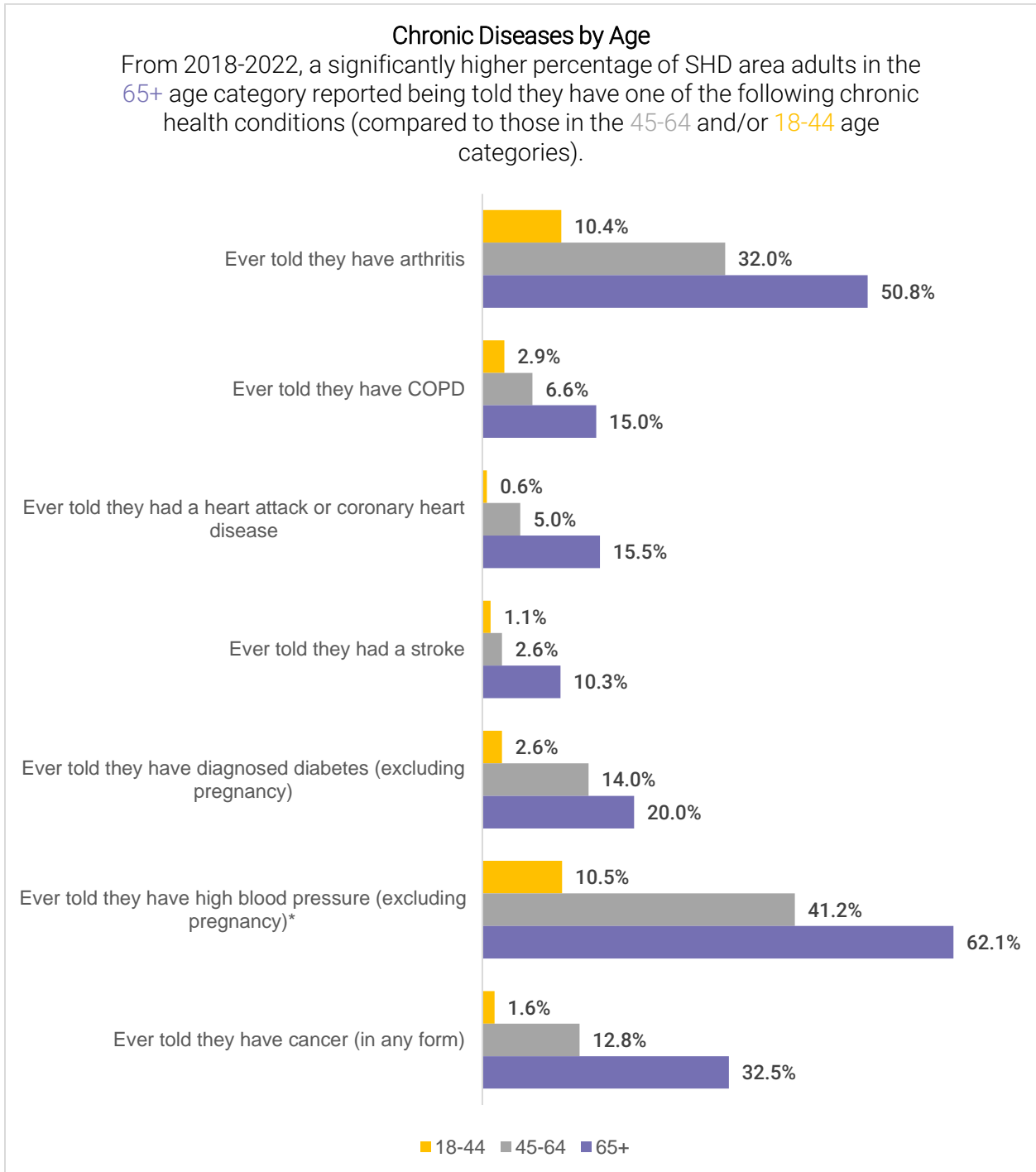
Statistically significant differences for percentage of adults reporting being told they have had a stroke by age and income categories.



Attachment F Stratified Data for Community Health Priorities

Elder/Senior Health

Chronic Diseases

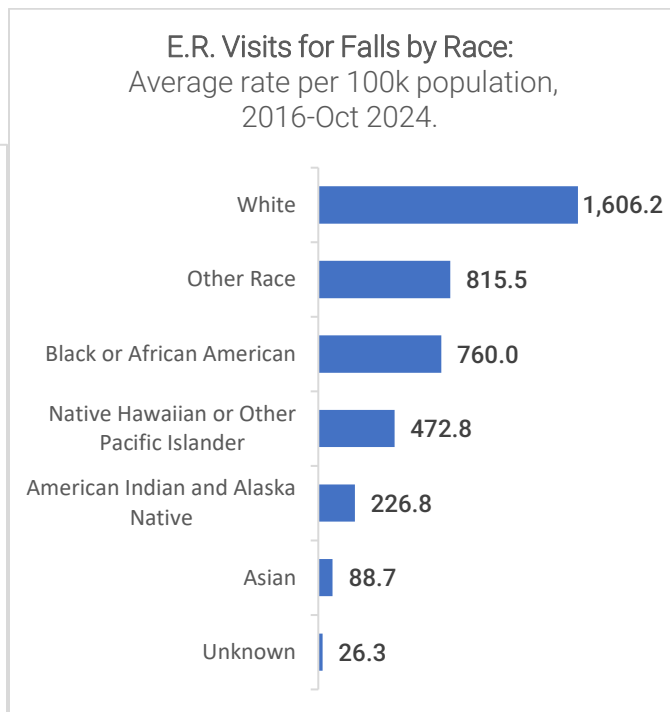
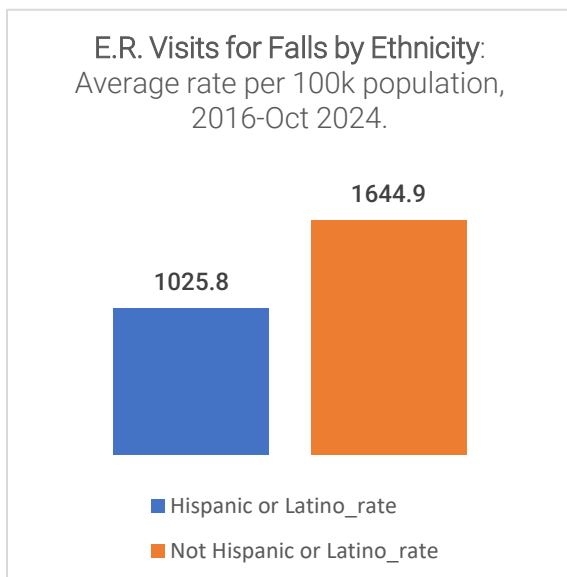
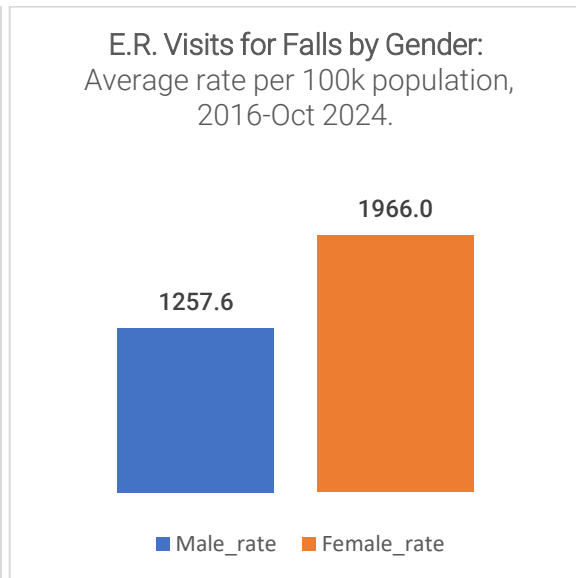
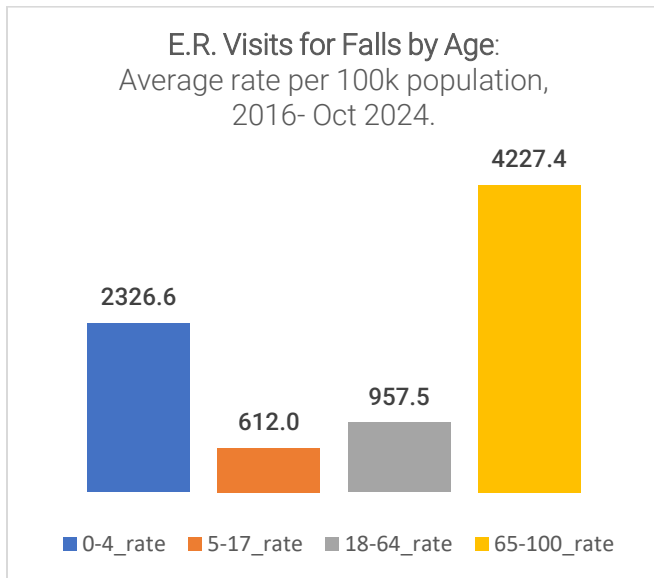


*High blood pressure category data from 2017, 2019, 2021 combined since this question asked for odd years only.

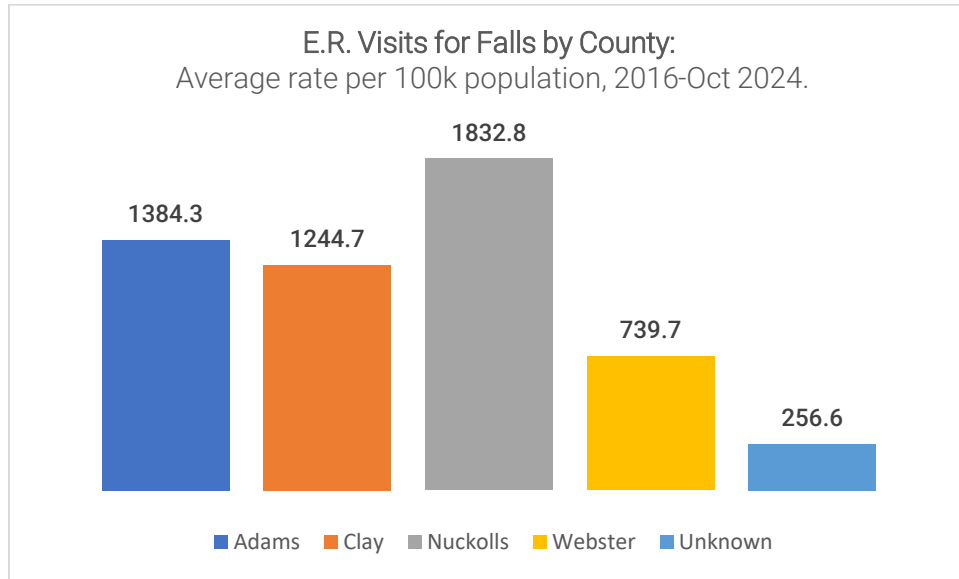
Attachment F Stratified Data for Community Health Priorities

Falls (E.R. Data)

Differences for average rate (per 100k) of adults presenting to Emergency Rooms for falls by age, gender, ethnicity, race, and county. Data includes South Heartland District residents presenting to a Mary Lanning or Brodstone E.R. for fall-related injuries between January of 2016 to October of 2024.

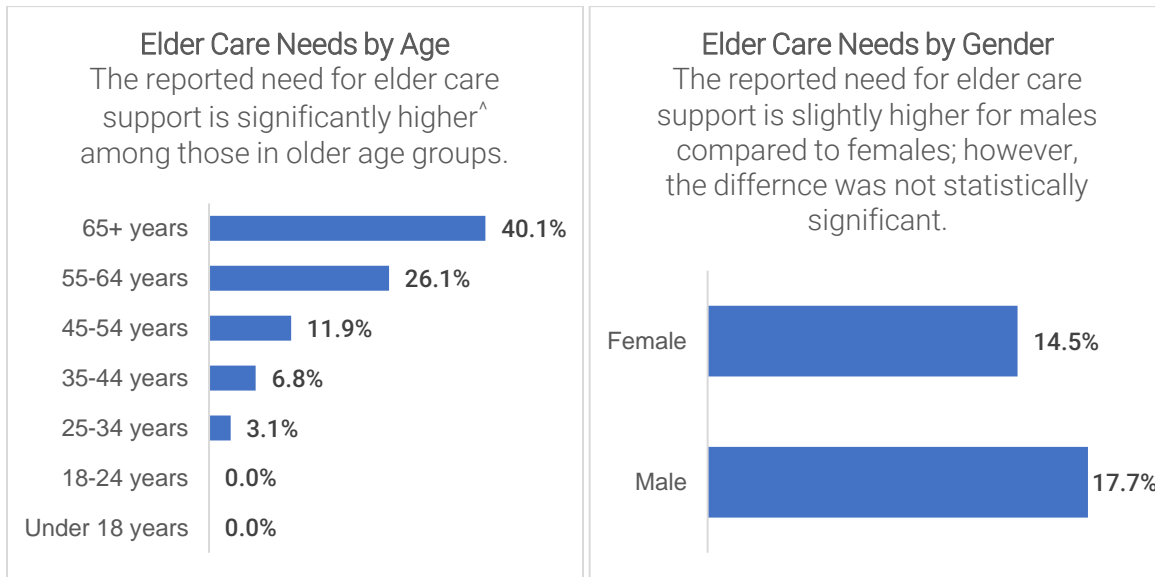


Attachment F Stratified Data for Community Health Priorities



Senior Support Needs (Community Survey Data)

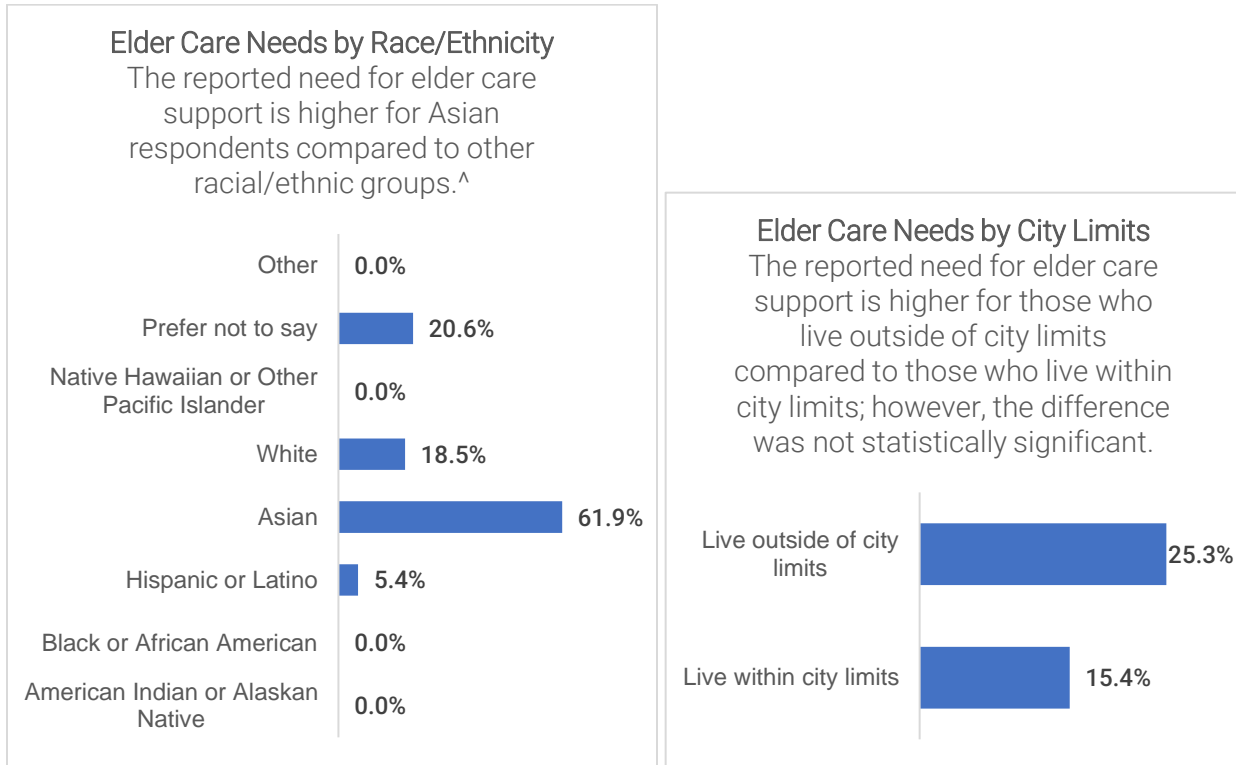
Statistically significant differences among age groups, racial groups, and counties of residence were found in the percentage of survey respondents who reported a need for elder care support.



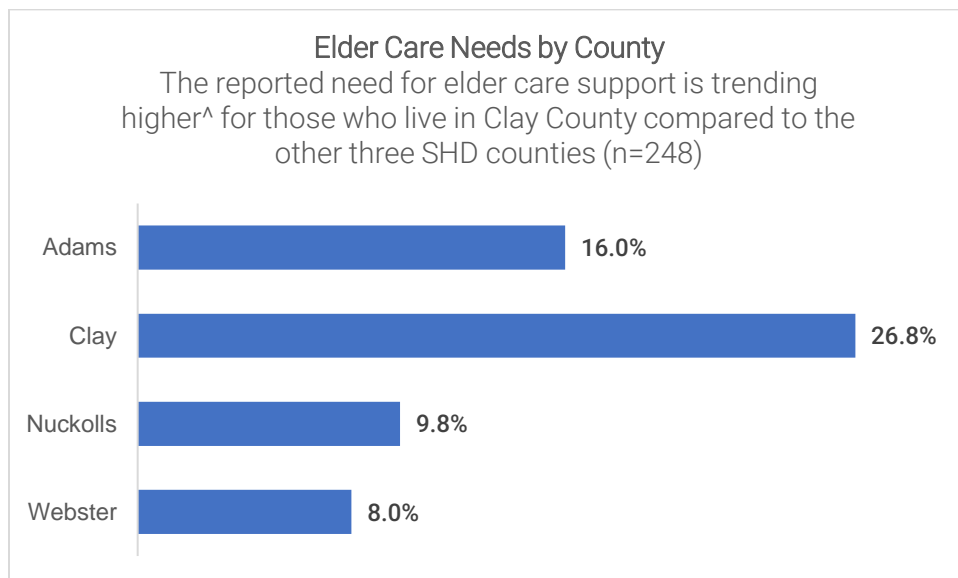
[^]25-34 and 35-44 age groups were significantly less likely to report elder support needs than 55-64 group, 25-34 group based on the responses of sampled participants of Community health survey, 2024.

[^]Similarly 35-44 and 45-54 age groups were significantly less likely to report elder support needs than 65+ age group based on the responses of sampled participants of Community health survey, 2024.

Attachment F Stratified Data for Community Health Priorities



[^]Given the extremely low p-value (0.01) (much smaller than the typical significance level of 0.05), it appears that there is a statistically significant association between racial/ethnic groups and the reported need for elder care support based on the responses of sampled participants of community health survey, 2024. This means that the observed distribution of elder care support needs across racial/ethnic groups is unlikely to be due to random chance.



[^]Significant differences were found in reported elder support needs % among SHD counties

Attachment F

Stratified Data for Community Health Priorities

Source

1. Nebraska BRFSS
2. Nebraska YRBS
3. <https://dhhs.ne.gov/Documents/2016-2022-Nebraska-Suicide-Fact-Sheet.pdf>
4. E.R. Falls Data (Mary Lanning and Broadstone Hospital data, SHD residents)
5. 2024 SHDHD Community Survey