



# Community Health Needs Assessment

**2019 – 2022**

## Executive Summary

Nebraska Medicine and our campus partner, The University of Nebraska Medical Center (UNMC), share a long-standing tradition of serving the health needs of the local, state, and regional communities. With innovative resources for clinical care, groundbreaking research and some of the world's brightest minds training the future of medicine- Nebraska Medicine and UNMC are respected leaders in the healthcare community.

Our hospital system is located in Nebraska and operates two hospital facilities and several clinics. The main academic medical center campus is located in Omaha, Nebraska, and a smaller, community hospital is located in Bellevue, Nebraska. We also operate primary and specialty care clinics across the Omaha Metropolitan area. We serve a high proportion of uninsured and underinsured individuals and have always considered the health needs of the community when planning for programs and services.

The Affordable Care Act brought new requirements for non-profit hospitals to address the significant health needs in our respective communities. Those requirements include conducting a community health needs assessment (CHNA) every three years and developing an implementation strategy to address identified health needs. For a summary of those requirements, please click here: <https://www.healthaffairs.org>

The CHNA survey was created and funded by a collaborative group representing all of the local health systems and county health departments from the Omaha Metropolitan area. The team engaged local CHNA experts, Professional Research Consultants (PRC) to conduct a broad assessment of the community and prepare a report of the significant health needs.

This unique partnership has created opportunities for local hospital systems and public health officials to have conversations and work together in ways that promote better health for all who reside in the four counties surveyed as part of the CHNA process. This document will outline the results of that CHNA and the implementation plan for Nebraska Medicine.

## Progress to Date: 2016 CHNA and Implementation Plan

The 2016 assessment and planning cycle identified nine health needs in the community. Those significant health needs were as follows:

<b>Access to Care</b>
<b>Cancer</b>
<b>Dementia, Including Alzheimer's Disease</b>
<b>Diabetes</b>
<b>Heart Disease &amp; Stroke</b>
<b>Injury &amp; Violence</b>
<b>Mental Health</b>
<b>Nutrition, Physical Activity &amp; Weight</b>
<b>Respiratory Diseases</b>
<b>Sexually Transmitted Diseases</b>
<b>Substance Abuse</b>

**Table 1.** [Source, PRC CHNA Full Survey](#)

Utilizing an internal prioritization process driven by administrators, community and public health professionals, and healthcare providers with special expertise within each of the identified needs, we narrowed our primary community health improvement focus to addressing four of the significant health needs identified in the 2016 CHNA. Those four priority focus areas were 1) *access to care*, 2) *cancer*, 3) *injury & violence prevention*, and 4) *mental health*.

For the implementation planning phase, a steering committee and three focus teams were formed- one for each prioritized need. The three focus teams were tasked with identifying significant access barriers within their patient populations and coming up with strategies to help address those barriers both within and outside of our walls. It is important to note, our main academic medical center is located within the geographic area identified as having the largest concentration of underserved populations and those who are at risk for poor health, as well as many underinsured and uninsured patients. Given that fact, the issues most commonly seen in our patient population were directly aligned with the findings of the CHNA. The focus teams met for several months, collecting data on existing programs, looking for ways to improve upon efforts to better target the needs, and using their findings to create proposals for the steering committee to review and approve for implementation.

### Access to Care

To address ongoing access to care issues, Nebraska Medicine transitioned all primary care clinics to the Patient Centered Medical Home (PCMH) model. This model improves healthcare coordination by integrating behavioral health, pharmacy, social work and nutrition staff into each clinic. Nurse Care Managers help to coordinate care across the continuum of each patient's life, by focusing on population health management, care transitions, and proactive management of the patient base.

Across the Metro area, convenient, affordable access was expanded through the opening of our Immediate Care Clinics. Four sites (Chalco, Bellevue Family Medicine, Eagle Run and Midtown) offer extended hours on evenings, weekends, and holidays. Utilization of immediate care provides additional options for the community to seek care after hours of traditional clinic hours.

### Cancer

In June 2017, the Fred & Pamela Buffett Cancer Center opened on the Nebraska Medical Center campus. This uniquely designed center allows for clinical physicians and researchers to collaborate on treatments for all types of cancer. To enhance cancer care for patients, all inpatient and outpatient cancer services are provided within one building, including access to a 24/7 Infusion Center. Since the building opened, over 27,000 patients have received care in our inpatient or outpatient areas. Specifically, we have seen an 18% increase in the number of patients treated in the clinics and Infusion Center.

### Mental Health

Over this cycle, Nebraska Medicine has significantly increased the number of mental health practitioners available to see patients. More than 20 positions have been added including psychiatrists, psychologists, and psychiatric social workers. In July 2018, we launched the Behavioral Health Intensive Outpatient Program, which provides integrated care for individuals suffering from both addiction and psychiatric disorders. This program fills the necessary gap for those needing comprehensive treatment without requiring hospitalization.

### Injury & Violence

Nebraska Medicine continues to focus on injury and violence prevention through collaboration and education. The Nebraska Regional Poison Center serves the entire state of Nebraska by providing access to a 24/7 emergency line as well as providing poison education programs. Annually, the NRPC receives more than 36,000 incoming phone calls related to poison exposures, and reach nearly 5,000 individuals through their poison education programs.

Additional collaboration provides geriatric fall education programs in nursing homes and teen suicide prevention strategies through the Boys Town National Hotline. The Hotline answered nearly 130,000 calls in 2018 alone. We continue to build a trauma-informed community through programs such as Dusk to Dawn, a hospital-based youth violence prevention program with almost 400 attendees in the first three years. Another program, Stop the Bleed, is a trauma intervention program that has taught 1500 community members how to stop uncontrolled bleeding in trauma situations in the past two years. Additionally, a new collaboration with our Emergency Department, trauma team, and YouTurn works to mitigate potential acts of violence or retaliation for patients and families.

Nebraska Medicine's commitment to the community is best illustrated by our community benefit figures. We make significant investments in financial assistance, health professions education, subsidized health services, community health improvement, and community building activities. The table below shows the aggregated total of our annual investments for the last three fiscal years.

Fiscal Year 2016	Fiscal Year 2017	Fiscal Year 2018
\$158,590,999	\$198,546,920	\$229,482,143

## 2019-2022 CHNA and Implementation Plan

### Description of Community Served

In 2018, Nebraska Medicine participated in a collaborative community health needs assessment process with all of the local health systems and county health departments for the 2019 community health improvement planning cycle. The assessed community includes a four county region that is considered the Omaha Metropolitan area, or the “Metro” as referred to in this document. The four county Metro area includes: Douglas, Sarpy and Cass counties in Nebraska, and Pottawattamie county in Western Iowa.

Nebraska Medicine’s health system includes a 718 bed academic medical center in Douglas County, a 91 bed community hospital in Sarpy County, and a network of over 40 primary and specialty care clinics in the region. While we serve patients from all over the state of Nebraska and the region, for purposes of this needs assessment and implementation plan, Douglas and Sarpy Counties in the Metro area are the most highly populated and are considered to be Nebraska Medicine’s primary service area - accounting for the majority of our inpatient and outpatient encounters at both hospital locations. Nebraska Medicine’s main academic medical center campus is located in Douglas County and serves the entire Metro area for tertiary and quaternary care. Nebraska Medicine’s Bellevue campus provides hospital services to Sarpy County and parts of Cass County bordering the Southern edge of the Metro area.

We also have primary care clinic locations in both Douglas and Sarpy counties, and one immediate care clinic serving Northern Cass County. Pottawattamie County is primarily served by Mercy Medical Center (CHI Health) and Jennie Edmundson Hospital (Methodist Health System).

All four counties surveyed in the Metro area also have Federally Qualified Health Centers that provide safety net services for underserved individuals. The following tables show the population characteristics for each of the surveyed counties (Source, PRC 2018 Community Health Needs Assessment).

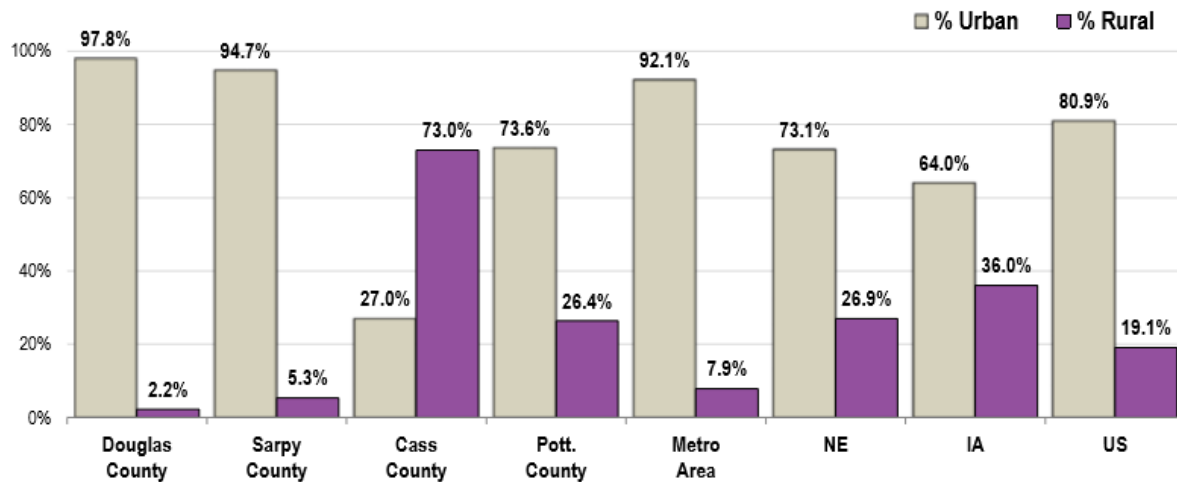
**Total Population**  
(Estimated Population, 2012-2015)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Douglas County	543,253	328.48	1,653.82
Sarpy County	172,460	239.02	721.53
Cass County	25,463	557.45	45.68
Pottawattamie County	93,198	950.56	98.05
Metro Area	834,374	2,075.51	402.01
Nebraska	1,881,259	76,823.79	24.49
Iowa	3,106,589	55,856.49	55.62
United States	318,558,162	3,532,068.58	90.19

Sources: • US Census Bureau American Community Survey 5-year estimates (2012-2015).  
• Retrieved March 2018 from Community Commons at <http://www.chna.org>.

**Table 2.** *Douglas and Sarpy Counties make up the majority of the surveyed population, accounting for 715,713 of the 834,374 residents. Nebraska Medicine's main academic medical center is located in Douglas County, while Nebraska Medicine Bellevue is located in Sarpy County.*

### Urban and Rural Population (2010)



Sources: • US Census Bureau Decennial Census (2010).

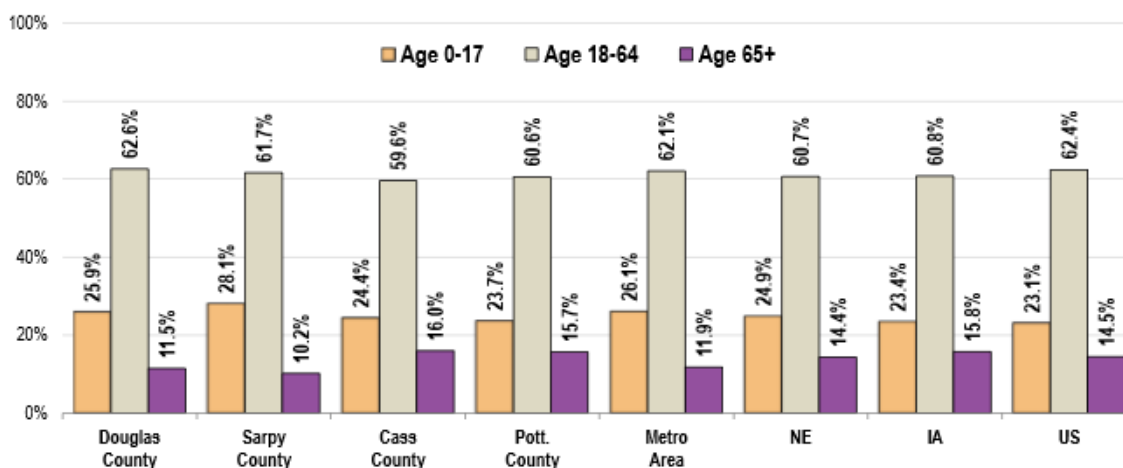
• Retrieved March 2018 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

**Table 3.** *Most of Douglas, Sarpy, and Pottawattamie County residents are living in an urban setting while the majority of Cass County residents are in rural areas. The bulk of the population served by Nebraska Medicine system facilities reside in urban areas (Douglas and Sarpy Counties).*



### Total Population by Age Groups, Percent (2012-2016)

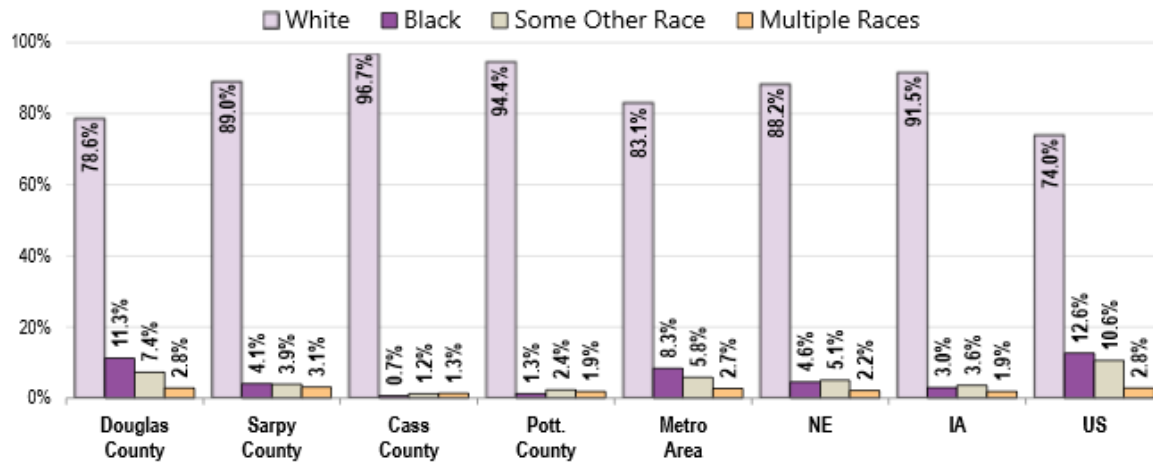


Sources: 

- US Census Bureau American Community Survey 5-year estimates (2012-2016).
- Retrieved March 2018 from Community Commons at <http://www.chna.org>.

**Table 4.** The majority of Metro area residents are in the 18-64 age range, which is similar to the age demographics for the states of Nebraska and Iowa, and also reflective of what is seen across the United States.

### Total Population by Race Alone, Percent (2009-2013)



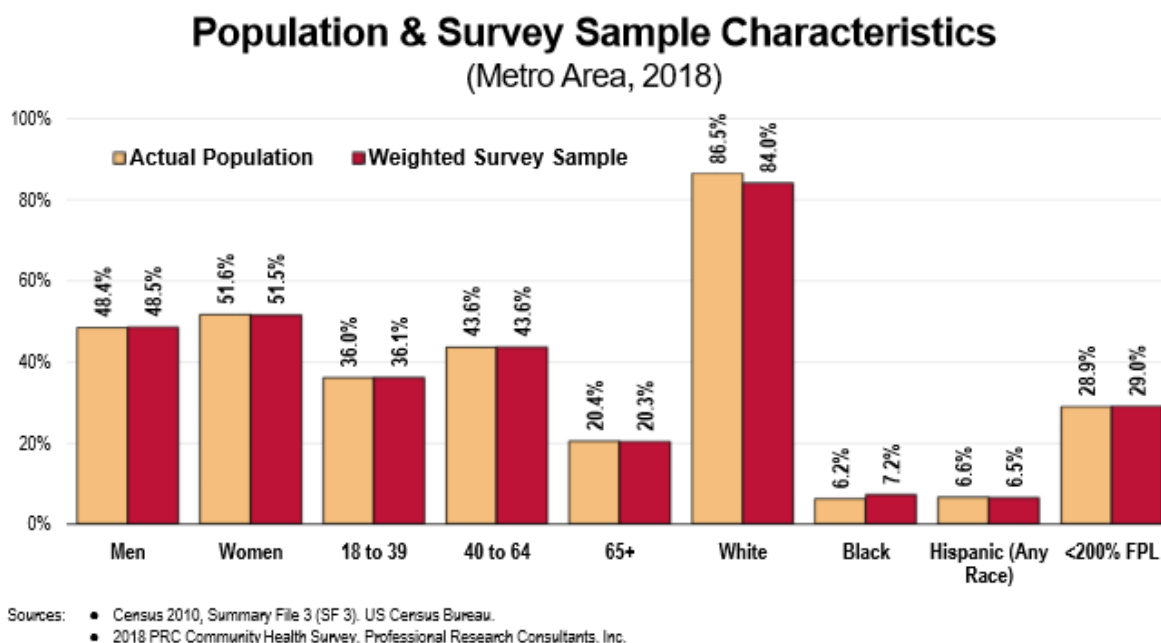
Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).  
• Retrieved March 2018 from Community Commons at <http://www.chna.org>.

**Table 5.** Douglas County is the most diverse in terms of race and ethnicity and is comparable to National percentages. Nebraska Medicine facilities in Omaha are serving the Douglas County population. Nebraska Medicine Bellevue serves Sarpy County, the second most diverse of the four-county Metro area.

## Assessment Process and Survey Methodology

The information provided in the needs assessment survey was collected through both quantitative and qualitative research. The professional survey company, Professional Research Consultants (PRC) administered the telephone survey to the four-county region. PRC also collected quantitative data from outside sources in order to provide state and national trends and benchmark data. The additional sources of quantitative data came from county vital statistics, public health information from the participating health departments, the Centers for Disease Control (CDC), and the Behavioral Risk Factor Surveillance System (BRFSS).

To conduct the telephone survey, a stratified random sample of individuals age 18 and older in the metro area was taken. The survey was conducted via a telephone interview using both landline and cell phones. The overall sample design plan surveyed 1,527 in Douglas County, 500 in Sarpy County, 400 in Pottawattamie County and 100 in Cass County. In addition, over sampling was administered to increase participation from minority populations. In total 2,527 metro area residents were included in the survey.



**Table 6.** The surveys were weighted in proportion to the actual population distribution to appropriately represent the Metro Area as a whole.

### Community Stakeholder Input

In addition to the individual resident surveys, an online key informant email survey was conducted to gather additional qualitative input and do a deeper dive into the needs of the surveyed communities. This online survey solicited written comments from individuals regularly interacting with low-income, minority, and other underserved and/or vulnerable populations. In total, 163 respondents including physicians, other health professionals, public health professionals, social service providers and community leaders completed the key informant survey. This group provided valuable input including written comments on their perception of community needs for each of the surveyed counties. The written responses of the key informants were used as part of Nebraska Medicine's prioritization process.

Additionally, Nebraska Medicine's CHNA and implementation plans are publically available on the hospital website. Public comments are encouraged on the website via a dedicated email address that is monitored by the team who completes the CHNA and implementation plan. That public feedback is taken into consideration for all community health improvement planning efforts.

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Social Services Providers	119	60
Community Leaders	84	41
Other Health Providers	79	24
Physicians	55	12
Business Leaders	35	11
First Responders	6	5
Public Health Representatives	15	5
Criminal Justice	8	3
Advanced Practice Providers	13	1
Postsecondary Educators	3	1

**Table 7.** *Nearly half of the key informants invited to participate completed the survey. Nebraska Medicine welcomes public comment via our website at the email address [community@nebraskamed.com](mailto:community@nebraskamed.com).*

The CHNA survey indicates that over thirty-one percent of metro area adults reported some type of difficulty or delay in obtaining healthcare services in the past year. This is more favorable than the national average. However, women, minorities, lower-insured residents, the uninsured and those under sixty-five years of age more often report difficulties accessing healthcare services.

The majority of the key informants expressed concerns in their written comments over a lack of mental health resources and needing better access to healthcare for low-income and minority populations. One local social service provider remarked *“Barriers including ease of access, medication affordability and poverty affect all aspects of health and health care”*. The CHNA survey results seem to support this sentiment.

### Mental health

*“Do not feel that there are enough resources available for people and the majority of the population suffering from mental illness are untreated and not on medications” – Other Health Provider, Douglas County*

*“Access to treatment, affordability, entry into a fragmented and confusing system. Police as first responders in many cases. County jail serving as the largest mental health facility in the state. One in four families impacted. Shortage of providers.” – Community Leader, Douglas County*

*“The lack of practitioners is one the single largest barriers we face currently in evaluating, diagnosing, and treating people with mental health conditions in our community.” – Social Services Provider, Douglas County*

### Injury and Violence

*“Based on the neighborhood a person, family lives in, threat of violence is a daily occurrence. Keeps people from being able to think about their physical activity or eating right because they're more concerned about their safety or that of their child” – Social Services Provider, Douglas County*

*Violence is deemed as a health condition. Many adolescences and young adults have untreated violent health conditions that generally stem from childhood experiences, acceptable violent norms, post/current traumatic events” – Social Services Provider, Douglas County*

### Summary of Significant Health Needs

The following table illustrates the primary areas of need found in the most recently conducted CHNA. For each significant health need, the highlights and areas of opportunity are listed.

<b>Access to Healthcare Services</b>	<ul style="list-style-type: none"><li>• Specific Source of Ongoing Medical Care</li><li>• Emergency Room Utilization</li></ul>
<b>Cancer</b>	<ul style="list-style-type: none"><li>• Cancer is a leading cause of death</li><li>• Cancer Deaths</li><li>• Including Lung Cancer and Prostate Cancer</li><li>• Cancer Incidence</li><li>• Including Lung Cancer and Colorectal Cancer Incidence</li><li>• Cervical Cancer Screening (Age 21-65)</li><li>• Colorectal Cancer Screening (Age 50-75)</li></ul>
<b>Dementia, Including Alzheimer's Disease</b>	<ul style="list-style-type: none"><li>• Alzheimer's Disease Deaths</li><li>• Caregiving</li></ul>
<b>Diabetes</b>	<ul style="list-style-type: none"><li>• Diabetes Deaths</li><li>• <i>Diabetes ranked as a top concern in the Online Key Informant Survey</i></li></ul>
<b>Heart Disease &amp; Stroke</b>	<ul style="list-style-type: none"><li>• Cardiovascular disease is a leading cause of death</li></ul>
<b>Injury &amp; Violence</b>	<ul style="list-style-type: none"><li>• Unintentional Injury Deaths</li><li>• Including Motor Vehicle Crash, Falls (Age 65+) Deaths</li><li>• Firearm-Related Deaths</li><li>• Firearm Prevalence</li><li>• Including In Homes With Children</li><li>• Violent Crime Rate</li></ul>
<b>Mental Health</b>	<ul style="list-style-type: none"><li>• Suicide Deaths</li><li>• <i>Mental Health ranked as a top concern in the Online Key Informant Survey</i></li></ul>

<b>Nutrition, Physical Activity &amp; Weight</b>	<ul style="list-style-type: none"> <li>• Fruit/Vegetable Consumption</li> <li>• Overweight &amp; Obesity (Adults)</li> <li>• Medical Advice on Weight</li> <li>• Trying to Lose Weight (Overweight Adults)</li> <li>• Leisure-Time Physical Activity</li> <li>• Use of Local Trails</li> <li>• Use Local Parks/Recreation Centers</li> <li>• <i>Nutrition, Physical Activity &amp; Weight ranked as a top concern in the Online Key Informant Survey</i></li> </ul>
<b>Respiratory Diseases</b>	<ul style="list-style-type: none"> <li>• Chronic Lower Respiratory Disease (CLRD) Deaths</li> <li>• Chronic Obstructive Pulmonary Disease (COPD) Prevalence</li> <li>• Pneumonia/Influenza Deaths</li> </ul>
<b>Sexually Transmitted Diseases</b>	<ul style="list-style-type: none"> <li>• Gonorrhea Incidence</li> <li>• Chlamydia Incidence</li> <li>• Multiple Sexual Partners (Unmarried Age 18-64)</li> <li>• Condom Use (Unmarried Age 18-64)</li> <li>• <i>Sexually Transmitted Diseases ranked as a top concern in the Online Key Informant Survey</i></li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Cirrhosis/Liver Disease Deaths</li> <li>• Excessive Drinking</li> <li>• Binge Drinking</li> <li>• Unintentional Drug-Related Deaths</li> <li>• <i>Substance Abuse ranked as a top concern in the Online Key Informant Survey</i></li> </ul>

**Table 8.** The 2018 survey identified eleven significant health needs. Many of these were also identified in the 2016 survey and showed little improvement in the last three years.

### 2016-2019 Nebraska Medicine Priorities

Utilizing an internal prioritization process driven by stakeholders and based on the survey data and qualitative responses, we narrowed our primary community health improvement focus to addressing three of the significant health needs identified in the 2018 CHNA. In an effort to make meaningful impact and to use our finances most effectively and efficiently, Nebraska Medicine will place a primary focus on *access to care, mental health, and injury and violence prevention* for this upcoming three year planning cycle. These three areas were chosen based on our strategic objectives, core competencies and community feedback. Nebraska Medicine is geographically located within the boundaries of the area most frequently reporting difficulty with access to care, thus this health need was of particular concern for us. Mental health was a common

concern of community stakeholders, with 79% of key informants indicating it was a major problem in our community. We felt it was very important to be responsive to the community's need for more mental health services to meet the demand and thus, prioritized mental health for this planning cycle. Finally, as a designated Level 1 Trauma Center and as one of the sustaining partners of the Nebraska Regional Poison Center, a focus on injury and violence prevention is aligned with our efforts to provide advanced care and support for patients in this region and beyond. While these three areas were chosen as a priority focus for the next three years, there are efforts underway within many of the identified needs.

The Nebraska Medicine community health improvement plan development is ongoing and will be made available by November 15, 2019.

## References

The full community health needs assessment conducted by Professional Research Consultants (PRC) can be accessed here:

[https://www.douglascountyhealth.com/images/CHNS/CHIP/2018\\_CHA\\_Adult\\_Metro\\_Area\\_survey\\_report.pdf](https://www.douglascountyhealth.com/images/CHNS/CHIP/2018_CHA_Adult_Metro_Area_survey_report.pdf)

The full report from Health Affairs regarding nonprofit hospitals' community benefit requirements can be accessed here:

[https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=153](https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=153)

## Contact Information

To provide feedback on the contents of this report or to request a paper copy, please send a note to [community@nebraskamed.com](mailto:community@nebraskamed.com) or send a letter to:

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