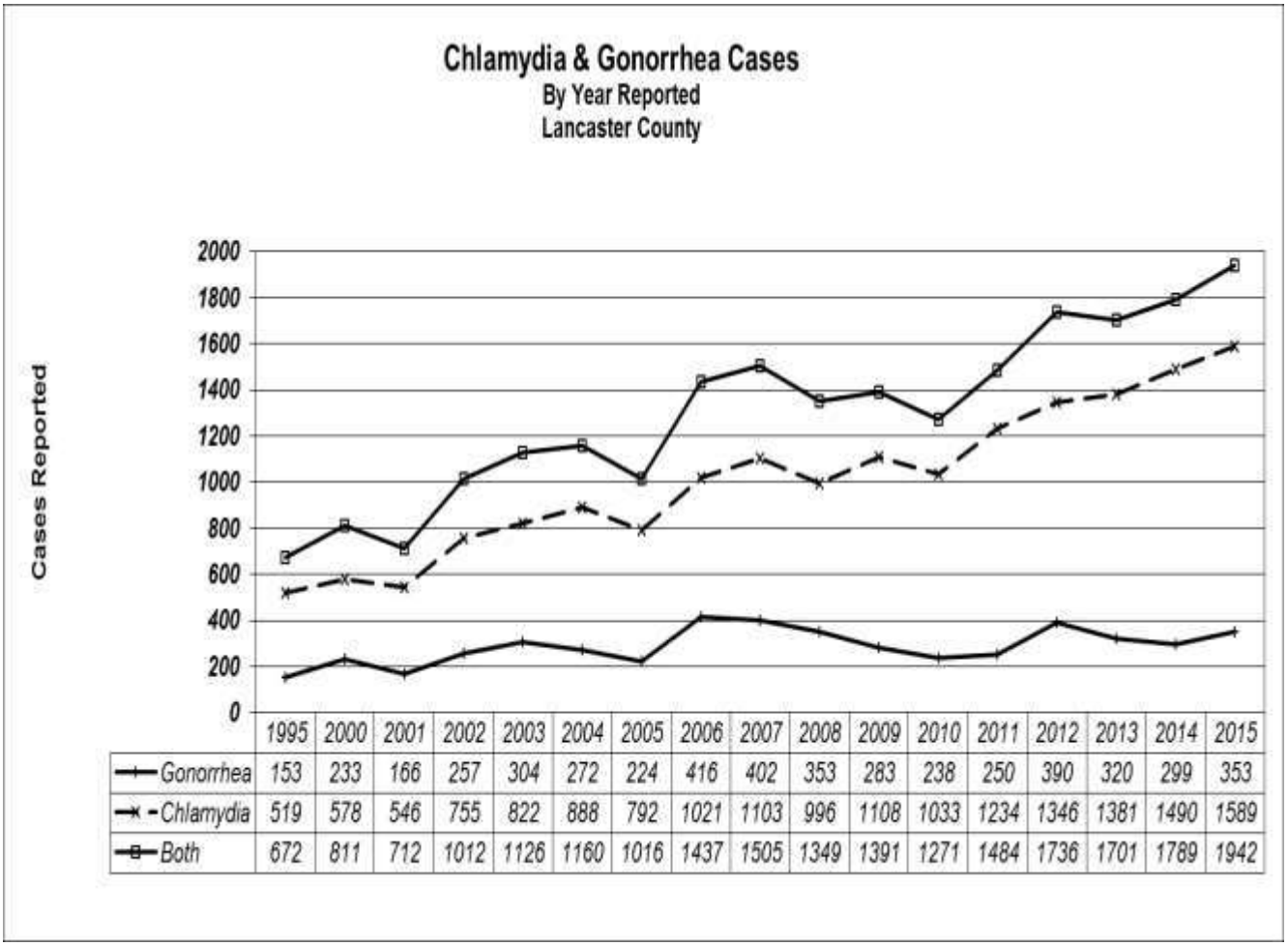
Facts from the Community Health Assessment

Handout to the LLCHD Board of Health, March 8, 2016

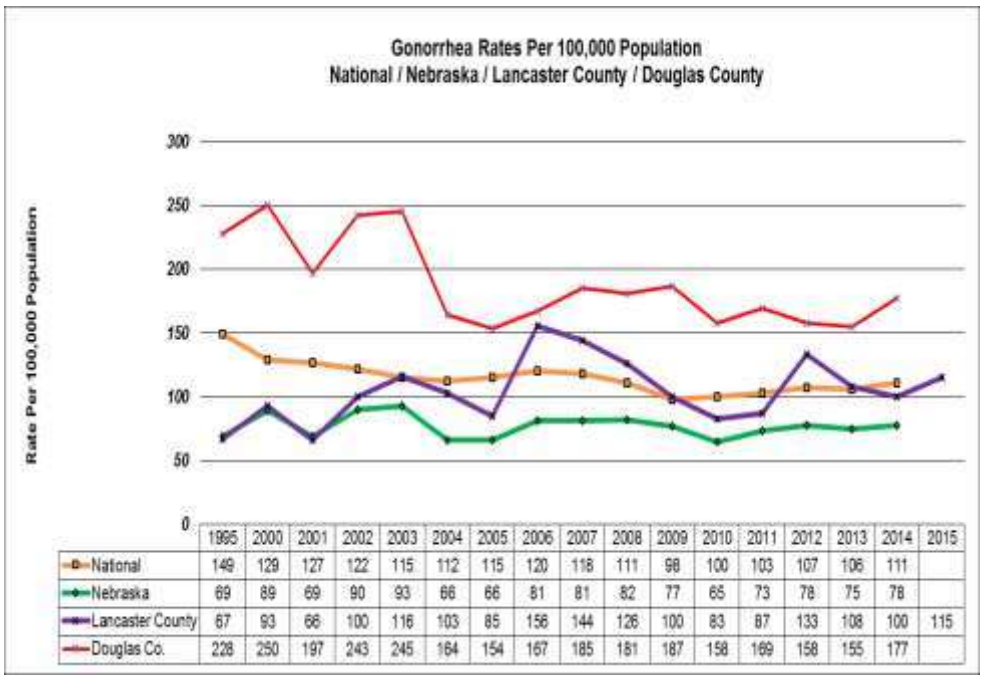
Number 10—STDs/STIs keep rising

Community Health Profile—pages 65-68

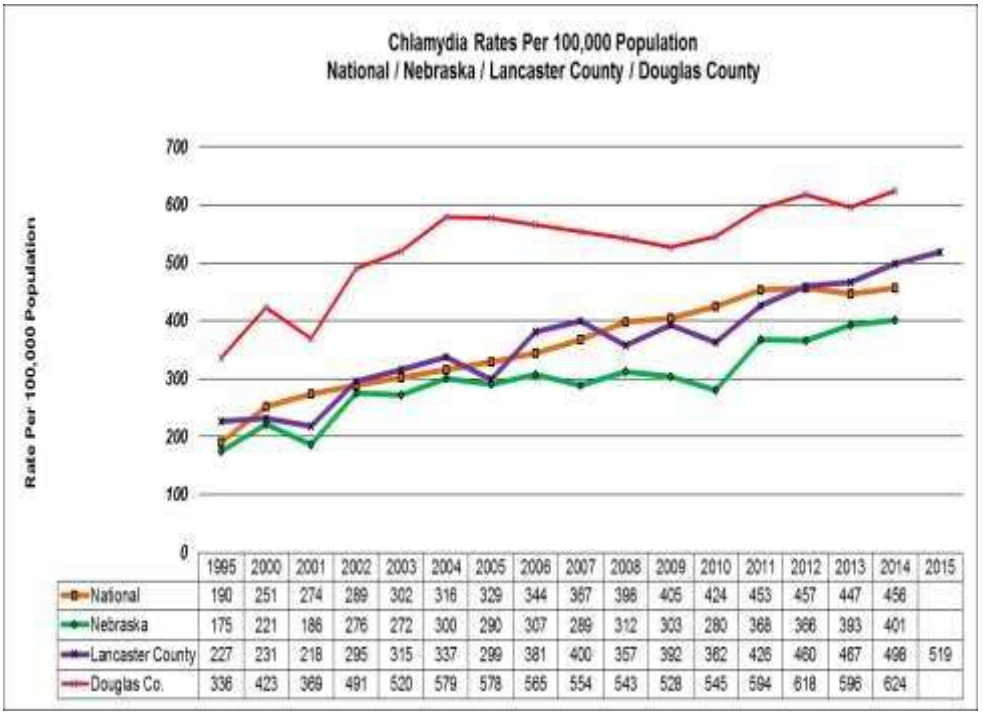
The following charts include 2015 rates



	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Gonorrhea	153	233	166	257	304	272	224	416	402	353	283	238	250	390	320	299	353
Chlamydia	519	578	546	755	822	888	792	1021	1103	996	1108	1033	1234	1346	1381	1490	1589
Both	672	811	712	1012	1126	1160	1016	1437	1505	1349	1391	1271	1484	1736	1701	1789	1942



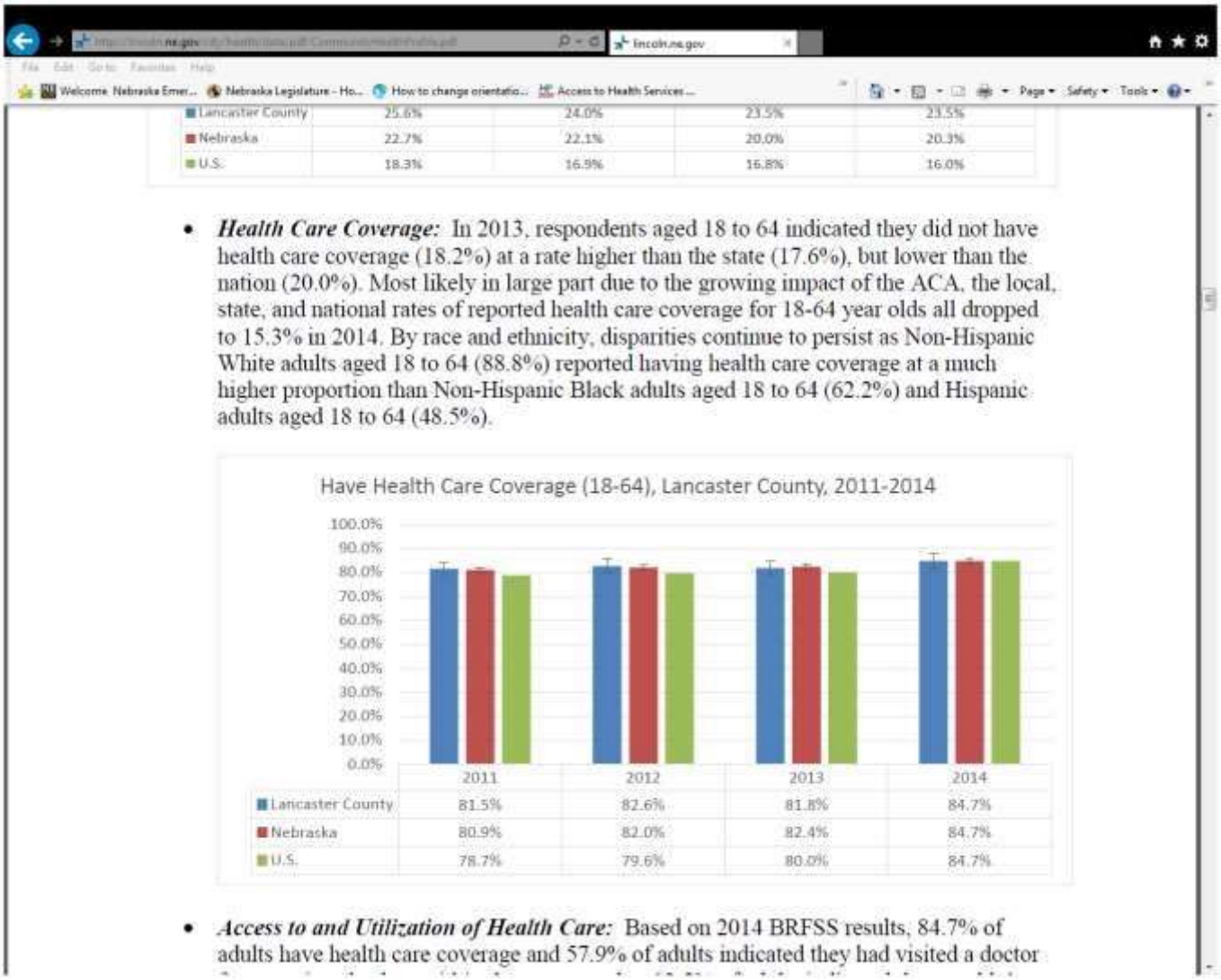
	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
National	149	129	127	122	115	112	115	120	118	111	98	100	103	107	106	111	
Nebraska	69	89	69	90	93	66	66	81	81	82	77	65	73	78	75	78	
Lancaster County	67	93	66	100	116	103	85	156	144	126	100	83	87	133	108	100	115
Douglas Co.	228	250	197	243	245	164	154	167	185	181	187	158	169	158	155	177	



	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
National	190	251	274	289	302	316	329	344	367	398	405	424	453	457	447	456	
Nebraska	175	221	186	276	272	300	290	307	289	312	303	280	368	366	393	401	
Lancaster County	227	231	218	295	315	337	299	381	400	357	392	362	426	460	467	498	519
Douglas Co.	336	423	369	491	520	579	578	565	554	543	528	545	594	618	596	624	

Number 9—Health Care Access remains higher than it should

Community Health Profile, pages 47 and 48



Lancaster County	25.6%	24.0%	23.5%	23.5%
Nebraska	22.7%	22.1%	20.0%	20.3%
U.S.	18.3%	16.9%	16.8%	16.0%

- ***Health Care Coverage:*** In 2013, respondents aged 18 to 64 indicated they did not have health care coverage (18.2%) at a rate higher than the state (17.6%), but lower than the nation (20.0%). Most likely in large part due to the growing impact of the ACA, the local, state, and national rates of reported health care coverage for 18-64 year olds all dropped to 15.3% in 2014. By race and ethnicity, disparities continue to persist as Non-Hispanic White adults aged 18 to 64 (88.8%) reported having health care coverage at a much higher proportion than Non-Hispanic Black adults aged 18 to 64 (62.2%) and Hispanic adults aged 18 to 64 (48.5%).

Have Health Care Coverage (18-64), Lancaster County, 2011-2014

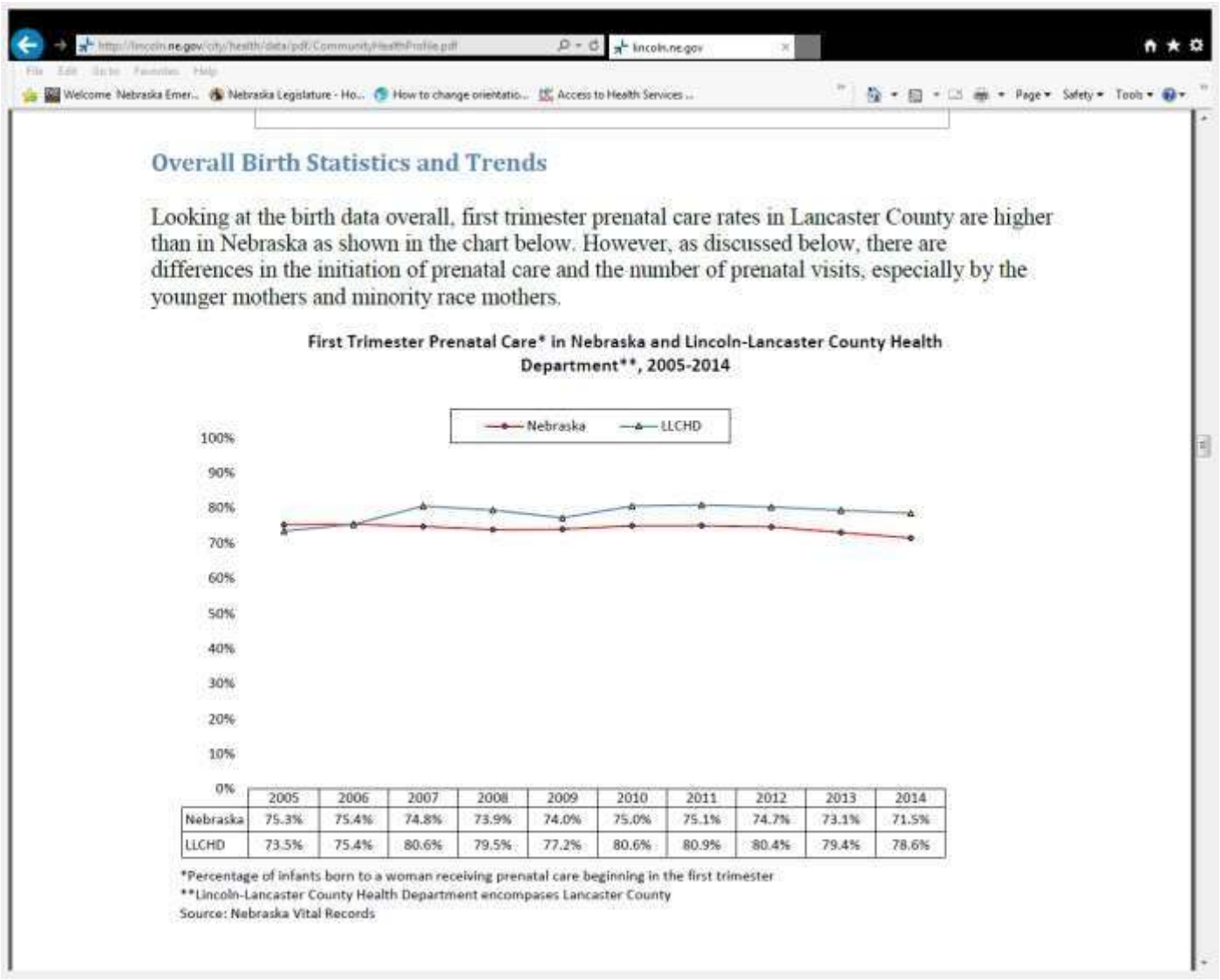
	2011	2012	2013	2014
Lancaster County	81.5%	82.6%	81.8%	84.7%
Nebraska	80.9%	82.0%	82.4%	84.7%
U.S.	78.7%	79.6%	80.0%	84.7%

- ***Access to and Utilization of Health Care:*** Based on 2014 BRFSS results, 84.7% of adults have health care coverage and 57.9% of adults indicated they had visited a doctor

Also, Community Health Profile, page 104 for disparities in rates of health coverage.

Number 8—Maternal and Child Health Measures are very good

Community Health Profile, pages 86-94



Overall Birth Statistics and Trends

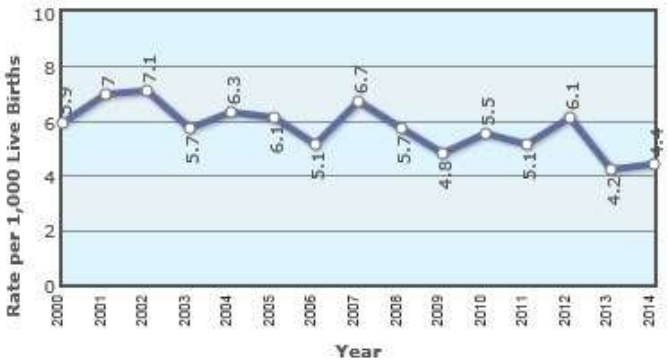
Looking at the birth data overall, first trimester prenatal care rates in Lancaster County are higher than in Nebraska as shown in the chart below. However, as discussed below, there are differences in the initiation of prenatal care and the number of prenatal visits, especially by the younger mothers and minority race mothers.

First Trimester Prenatal Care* in Nebraska and Lincoln-Lancaster County Health Department, 2005-2014**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nebraska	75.3%	75.4%	74.8%	73.9%	74.0%	75.0%	75.1%	74.7%	73.1%	71.5%
LLCHD	73.5%	75.4%	80.6%	79.5%	77.2%	80.6%	80.9%	80.4%	79.4%	78.6%

*Percentage of infants born to a woman receiving prenatal care beginning in the first trimester
**Lincoln-Lancaster County Health Department encompasses Lancaster County
Source: Nebraska Vital Records

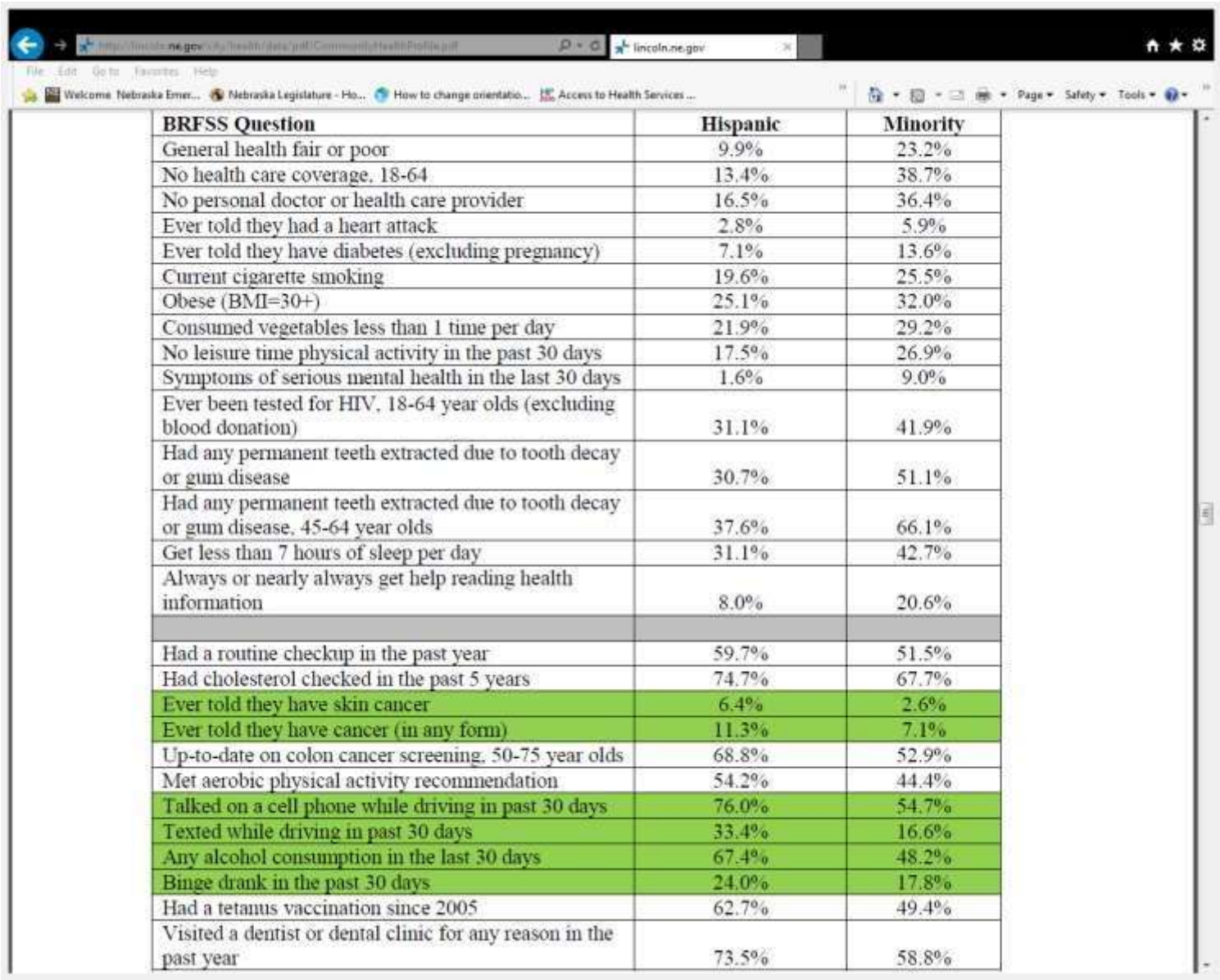
In addition, the Vital Statistics dashboard shows that the 2014 LBW rate was 6 percent and the Infant Mortality Rate was 4.4 per 1,000 live births (see below) in 2014. These rates compare favorably with NE and national rates



Number 7—Distracted Driving Behaviors are a concern

Community Health Profile, Pages 17 and 107

The chart on page 17 indicates that teenagers were texting while driving 48.5% of the time in 2013 and 49% of the time in 2015. Adult behaviors aren't much better, based on 2012 BRFSS data that showed that 30.5 percent of adults texted while driving. 73.6 percent of adults also indicated that they talked on a cell phone while driving. The data on texting and talking on a cell phone while driving was one of the behaviors shown in the section on disparities:



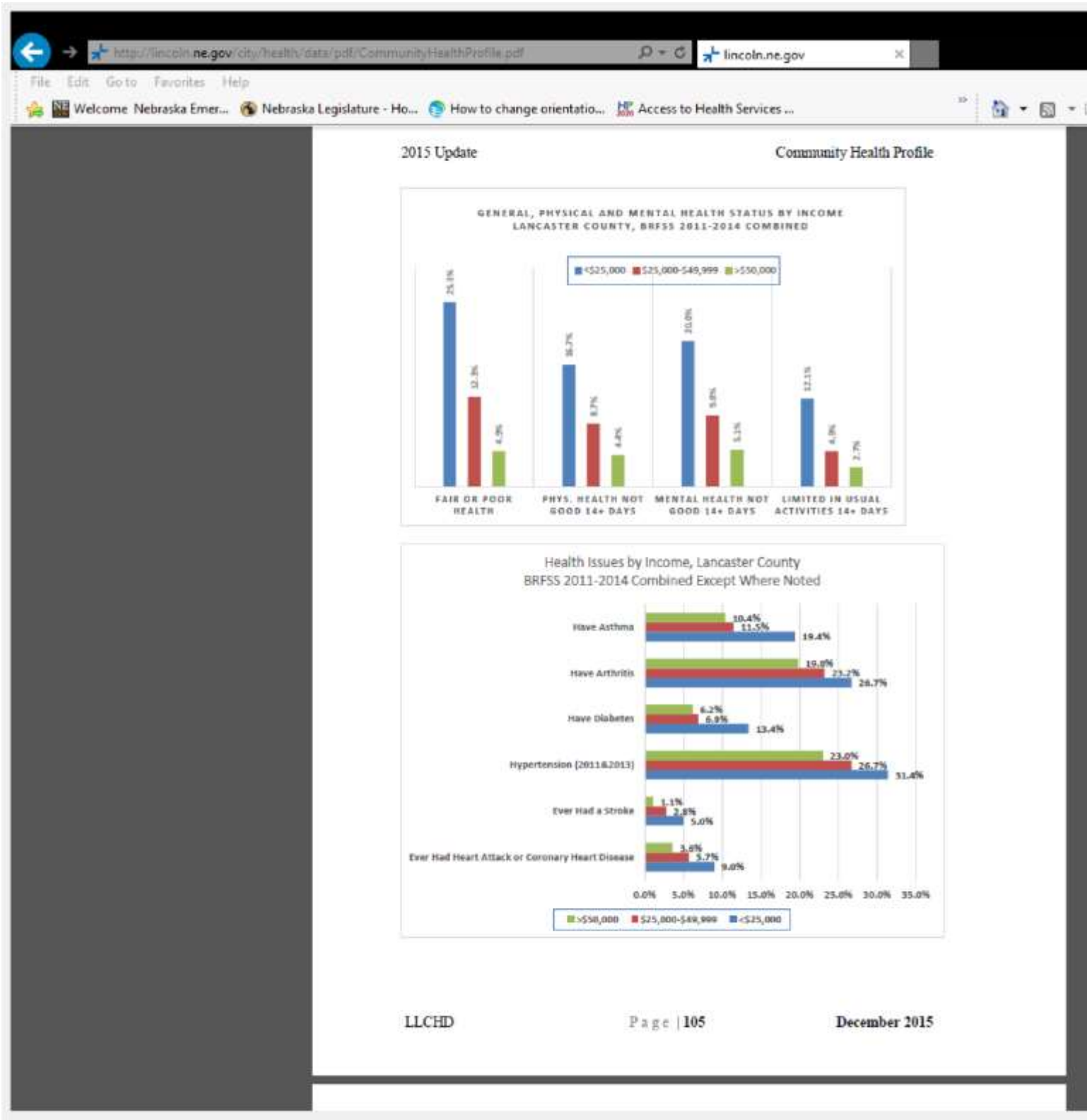
BRFSS Question	Hispanic	Minority
General health fair or poor	9.9%	23.2%
No health care coverage, 18-64	13.4%	38.7%
No personal doctor or health care provider	16.5%	36.4%
Ever told they had a heart attack	2.8%	5.9%
Ever told they have diabetes (excluding pregnancy)	7.1%	13.6%
Current cigarette smoking	19.6%	25.5%
Obese (BMI=30+)	25.1%	32.0%
Consumed vegetables less than 1 time per day	21.9%	29.2%
No leisure time physical activity in the past 30 days	17.5%	26.9%
Symptoms of serious mental health in the last 30 days	1.6%	9.0%
Ever been tested for HIV, 18-64 year olds (excluding blood donation)	31.1%	41.9%
Had any permanent teeth extracted due to tooth decay or gum disease	30.7%	51.1%
Had any permanent teeth extracted due to tooth decay or gum disease, 45-64 year olds	37.6%	66.1%
Get less than 7 hours of sleep per day	31.1%	42.7%
Always or nearly always get help reading health information	8.0%	20.6%
Had a routine checkup in the past year	59.7%	51.5%
Had cholesterol checked in the past 5 years	74.7%	67.7%
Ever told they have skin cancer	6.4%	2.6%
Ever told they have cancer (in any form)	11.3%	7.1%
Up-to-date on colon cancer screening, 50-75 year olds	68.8%	52.9%
Met aerobic physical activity recommendation	54.2%	44.4%
Talked on a cell phone while driving in past 30 days	76.0%	54.7%
Texted while driving in past 30 days	33.4%	16.6%
Any alcohol consumption in the last 30 days	67.4%	48.2%
Binge drank in the past 30 days	24.0%	17.8%
Had a tetanus vaccination since 2005	62.7%	49.4%
Visited a dentist or dental clinic for any reason in the past year	73.5%	58.8%

It should also be noted that in our Community Themes and Strengths (CTS) surveys, distracted driving was the third most mentioned health "behavior" identified by the respondents in 2011 CTS survey (Appendix 4, ; it was 9th of issues that was identified in the NDHHS (CTS) survey; and 6th mentioned risky behavior in the 2015 (CTS) survey (Appendix 4, page 199).

Number 6—Disparities in Health Status by Income

Community Health Profile, Pages 104-106

Looking at Income cuts across a number of demographics, including gender, age and race/ethnicity. It is correlated with education so we did not include a disparity based on educational level. Disparities based on income levels also connects to poverty, which is one of the areas spotlighted in the Vital Signs/Prosper Lincoln, CHE mapping project and in the CHA.

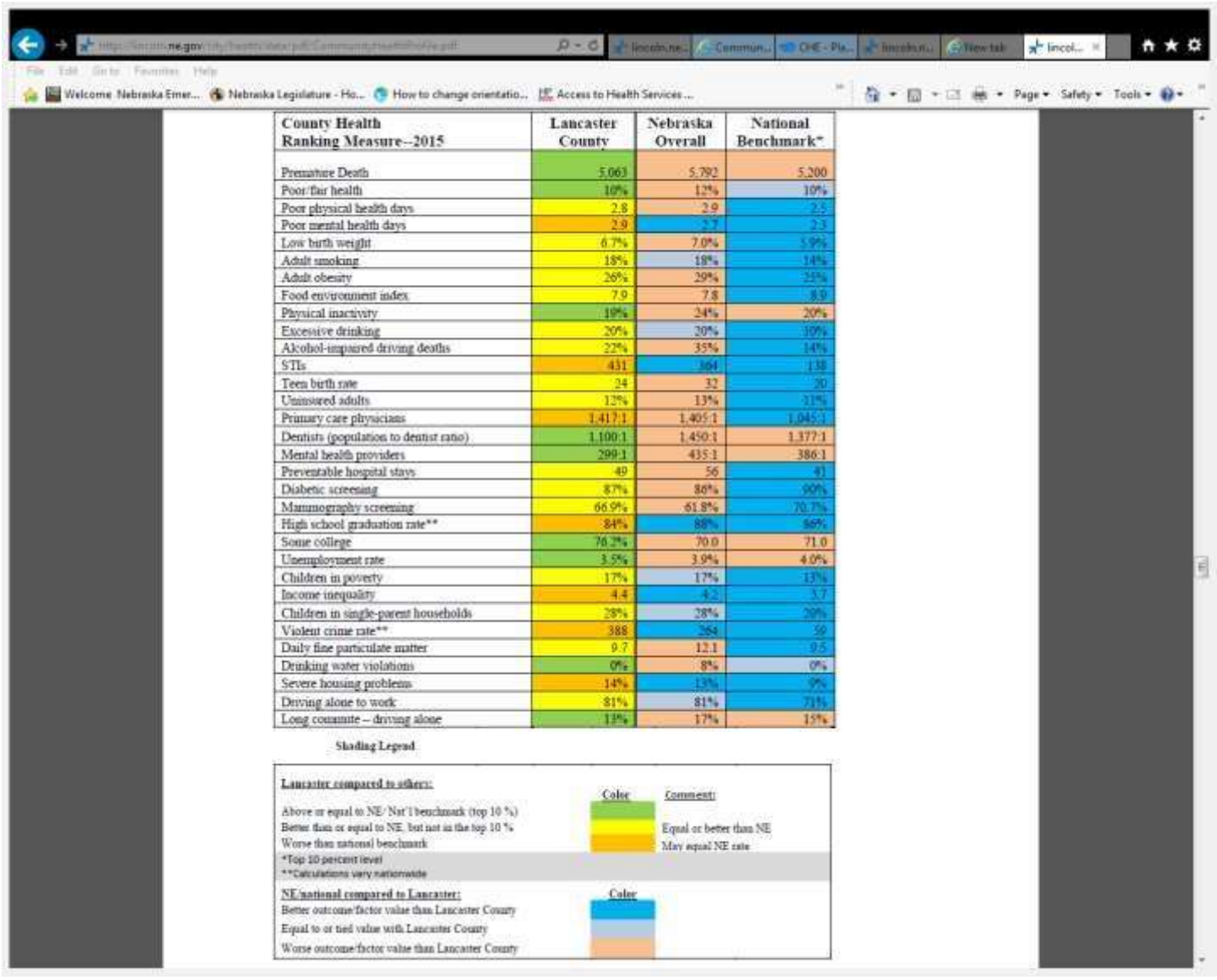


Number 5—Community health comparisons are mostly good to very good

Community Health Profile, pages 119-123

Comparing communities or counties is difficult and comparisons often differ in the number of comparison groups, whether other factors besides health outcomes of health behaviors are included and whether the same measures are used over time.

The County Health Rankings (CHR) are published each March and a new CHR will be released on March 16, 2016. CHR ranks are based on a sophisticated statistical model and includes both ranks for Health Outcomes and Health Factors. The actual ranking of Lancaster County within the state was 24th in Health Outcomes and 33rd in Health Factors in 2015 However, as shown below, In 2015 Lancaster County was better than the National Top 10 percent of counties for 9 indicators, and was similar or better than Nebraska indicators in all but seven categories and two of those categories where local indicators are poor (high school graduation rates [see page 106 of the CHA for the latest Lincoln rates] and violent crime rate) are nuanced by the definition or measure used.



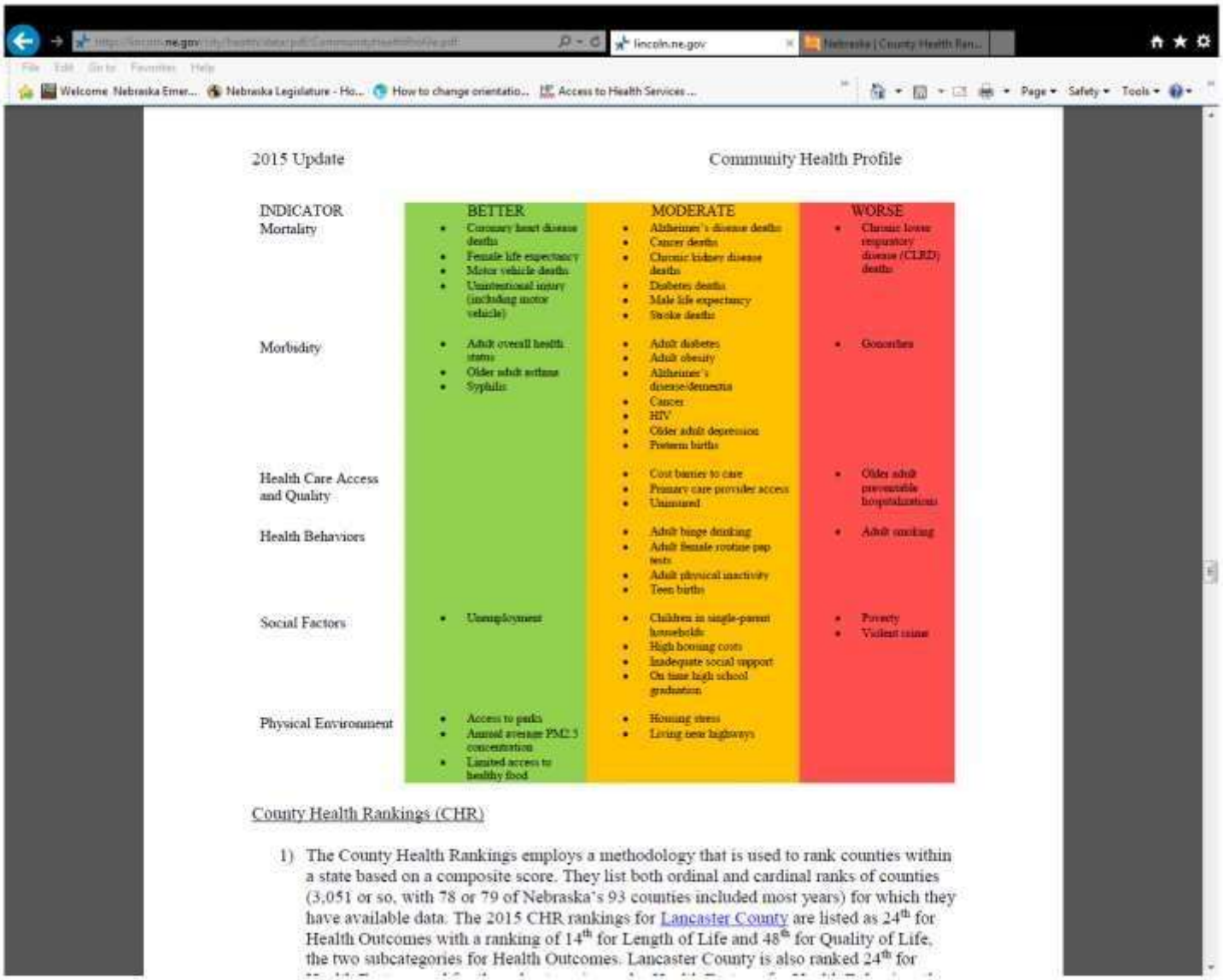
County Health Ranking Measure--2015	Lancaster County	Nebraska Overall	National Benchmark*
Premature Death	5,063	5,792	5,200
Poor/fair health	10%	12%	10%
Poor physical health days	2.8	2.9	2.5
Poor mental health days	2.9	2.7	2.3
Low birth weight	6.7%	7.0%	5.9%
Adult smoking	18%	18%	14%
Adult obesity	26%	29%	25%
Food environment index	7.9	7.8	8.9
Physical inactivity	19%	24%	20%
Excessive drinking	20%	20%	10%
Alcohol-impaired driving deaths	22%	35%	14%
STIs	431	364	138
Teen birth rate	24	32	20
Uninsured adults	12%	13%	11%
Primary care physicians	1,417:1	1,405:1	1,045:1
Dentists (population to dentist ratio)	1,100:1	1,450:1	1,377:1
Mental health providers	299:1	435:1	386:1
Preventable hospital stays	49	56	43
Diabetic screening	87%	86%	90%
Mammography screening	66.9%	61.8%	70.7%
High school graduation rate**	84%	88%	89%
Some college	70.2%	70.0	71.0
Unemployment rate	3.5%	3.9%	4.0%
Children in poverty	17%	17%	13%
Income inequality	4.4	4.2	3.7
Children in single-parent households	28%	28%	20%
Violent crime rate**	388	264	59
Daily fine particulate matter	9.7	12.1	9.5
Drinking water violations	0%	8%	0%
Severe housing problems	14%	13%	9%
Driving alone to work	81%	81%	71%
Long commute – driving alone	13%	17%	15%

Shading Legend

Lancaster compared to others:	Color	Comment:
Above or equal to NE/ Nat'l benchmark (top 10 %)		
Better than or equal to NE, but not in the top 10 %		Equal or better than NE
Worse than national benchmark		May equal NE rate
*Top 10 percent level		
**Calculations vary nationwide		
NE/national compared to Lancaster:	**Color**	
Better outcome/factor value than Lancaster County		
Equal to or tied value with Lancaster County		
Worse outcome/factor value than Lancaster County		

The CDC has also published County Health Status Indicators (CHSI) that uses a different set of indicators and places a county's results into a Better, Moderate or Worse categorization based on how a county compares to "peer counties." Some of the indicators are the same and Lancaster County scores poorly on some of the same factors (smoking rates,

STIs, poverty level, and violent crime) as was reported on the CHR results. However, most of the results are in the "Moderate" category and there are more "Better" results than "Worse" results. There is no actual rank in the CHSI comparison:



2015 Update

Community Health Profile

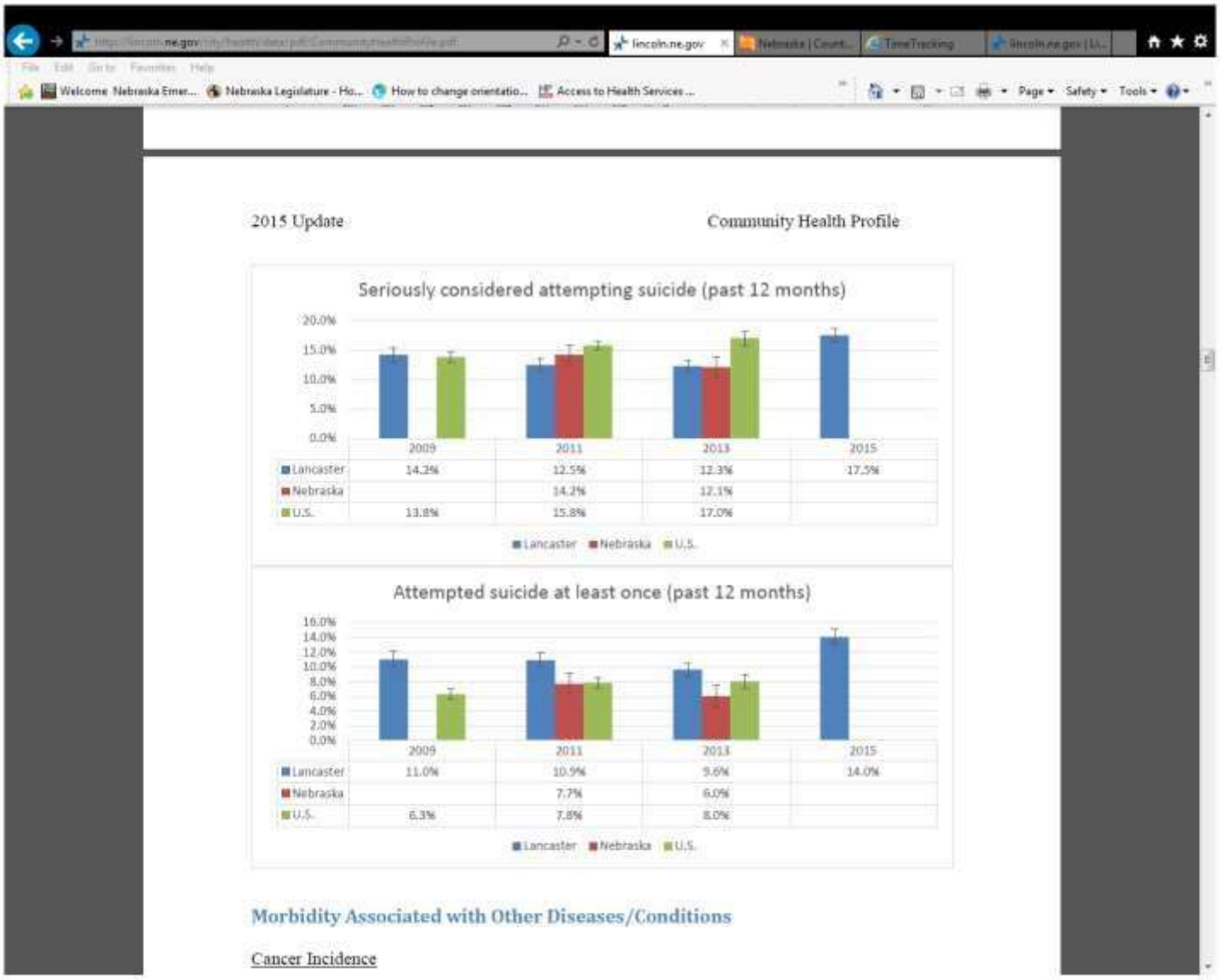
INDICATOR	BETTER	MODERATE	WORSE
Mortality	• Coronary heart disease deaths • Female life expectancy • Motor vehicle deaths • Unintentional injury (including motor vehicle)	• Alzheimer's disease deaths • Cancer deaths • Chronic kidney disease deaths • Diabetes deaths • Male life expectancy • Stroke deaths	• Chronic lower respiratory disease (CLRD) deaths
Morbidity	• Adult overall health status • Older adult asthma • Syphilis	• Adult diabetes • Adult obesity • Alzheimer's disease/dementia • Cancer • HIV • Older adult depression • Preterm births	• Gonorrhea
Health Care Access and Quality		• Cost barrier to care • Primary care provider access • Uninsured	• Older adult preventable hospitalizations
Health Behaviors		• Adult binge drinking • Adult female routine pap tests • Adult physical inactivity • Teen births	• Adult smoking
Social Factors	• Unemployment	• Children in single-parent households • High housing costs • Inadequate social support • On time high school graduation	• Poverty • Violent crime
Physical Environment	• Access to parks • Annual average PM2.5 concentration • Limited access to healthy food	• Housing stress • Living near highways	

County Health Rankings (CHR)

1) The County Health Rankings employs a methodology that is used to rank counties within a state based on a composite score. They list both ordinal and cardinal ranks of counties (3,051 or so, with 78 or 79 of Nebraska's 93 counties included most years) for which they have available data. The 2015 CHR rankings for Lancaster County are listed as 24th for Health Outcomes with a ranking of 14th for Length of Life and 48th for Quality of Life, the two subcategories for Health Outcomes. Lancaster County is also ranked 24th for

Number 4—Suicide numbers for teens/young adults are a concern

Community Health Profile, page 63 for teens where the suicide ideation and attempt information is shown:



2015 Update Community Health Profile

Seriously considered attempting suicide (past 12 months)

20.0%
15.0%
10.0%
5.0%
0.0%

	2009	2011	2013	2015
Lancaster	14.2%	12.5%	12.3%	17.5%
Nebraska		14.2%	12.1%	
U.S.	13.8%	15.8%	17.0%	

Lancaster Nebraska U.S.

Attempted suicide at least once (past 12 months)

16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%

	2009	2011	2013	2015
Lancaster	11.0%	10.5%	9.6%	14.0%
Nebraska		7.7%	6.0%	
U.S.	6.3%	7.8%	8.0%	

Lancaster Nebraska U.S.

Morbidity Associated with Other Diseases/Conditions

Cancer Incidence

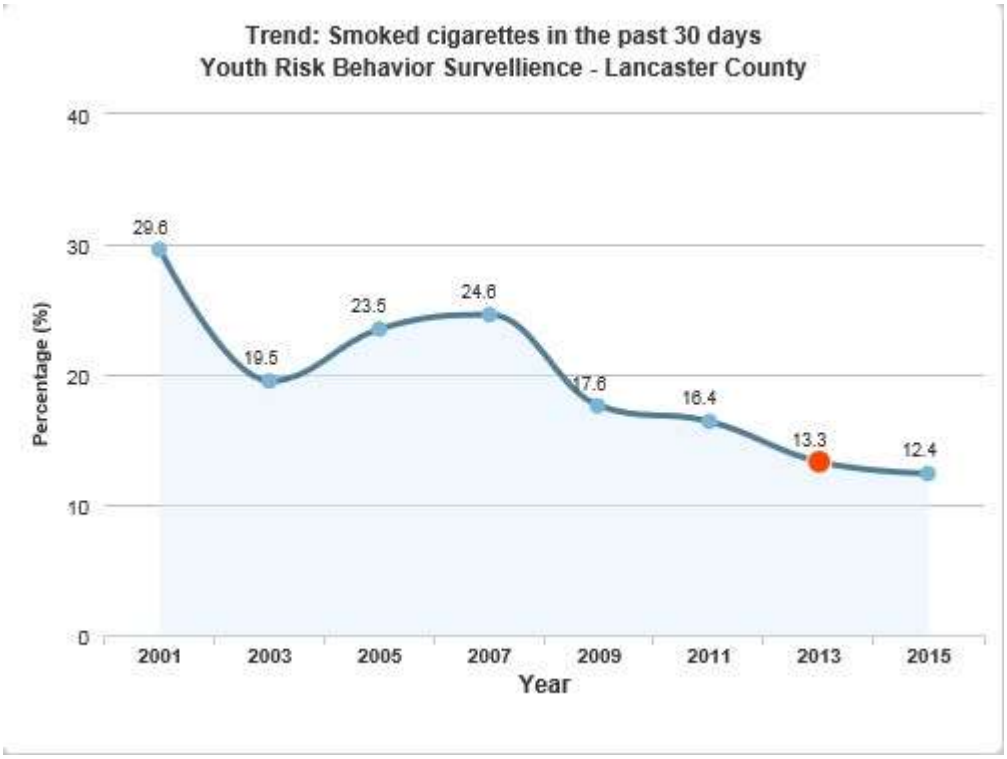
The Vital Statistics data reveals the numbers of suicides:

Age	2009	2010	2011	2012	2013	2014
15 to 19	0	0	1	2	5	3
20 to 24	2	1	1	3	5	7
25 to 34	6	4	6	8	8	10
Total 15 to 34	8	5	7	13	18	20
Total Suicides	22	19	26	38	37	46

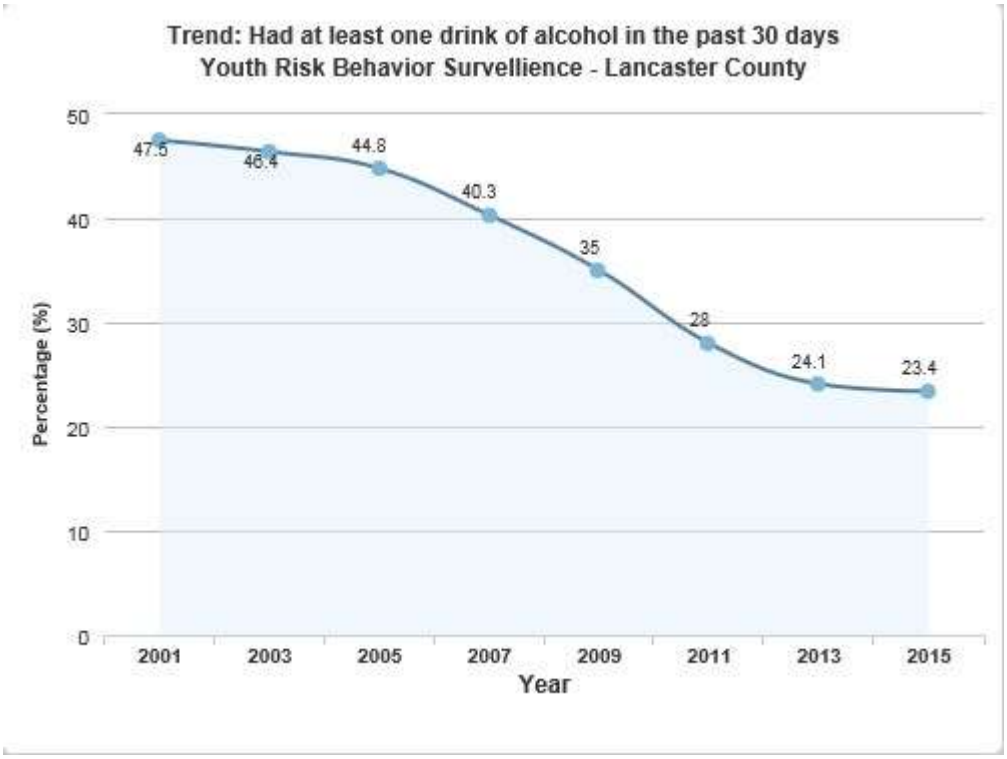
Because of the increased numbers, both overall, and for the 15 to 24 year olds in particular, there is a suicide prevention focus in the CHIP.

Number 3 the teen smoking and drinking rates have trended downward

Community Health Profile, pages 50-63.

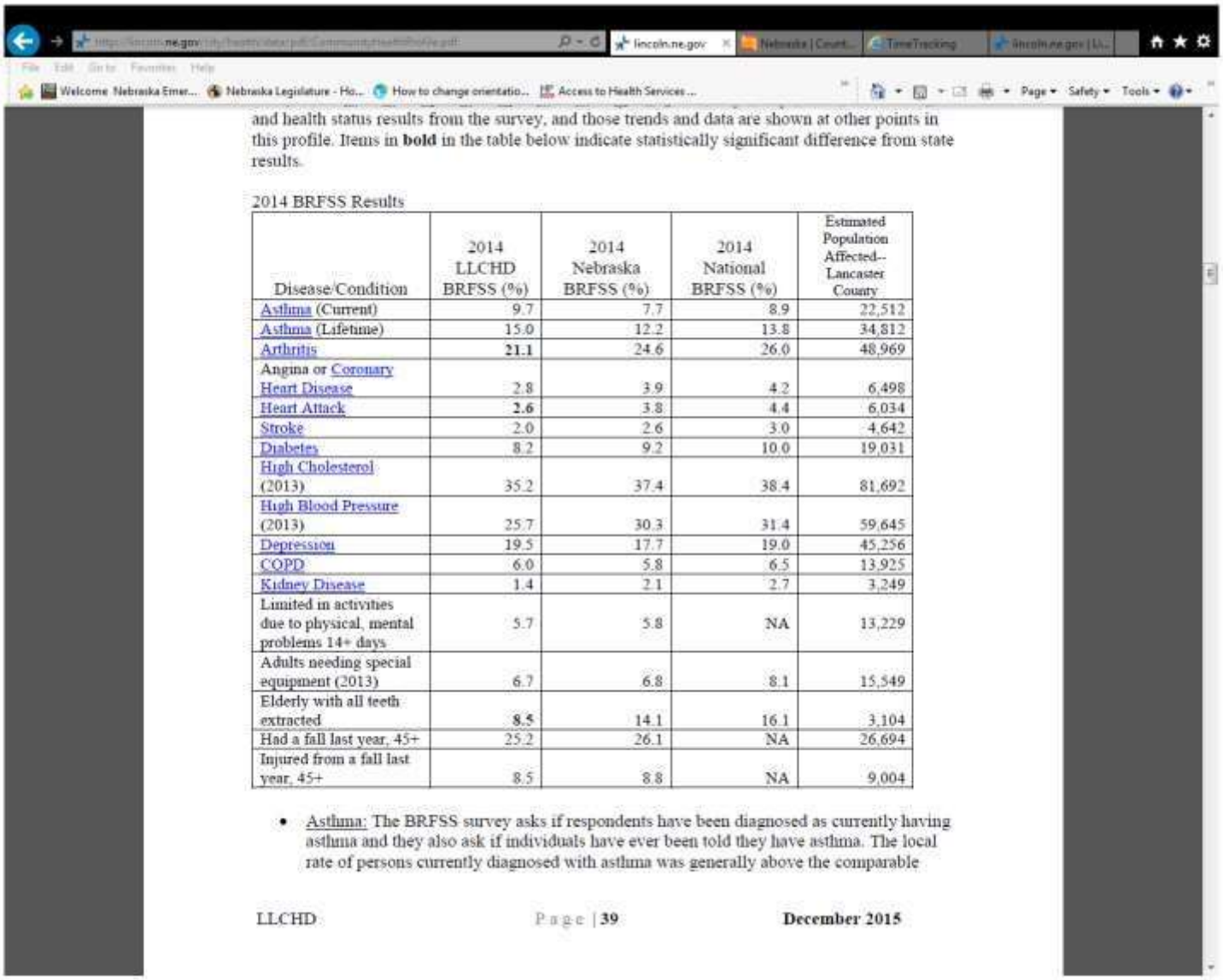


The YRBS data are available in the CHA on the pages above and some of the results are shown in the YRBS dashboard, which is at http://lincoln.ne.gov/city/health/data/yrbss/index.htm.



Number 2 most chronic disease rates are lower than in Nebraska and the nation

Community Health Profile, pages, 15-16 and 39 to 42. Asthma is the exception along with depression (when compared to NE).



and health status results from the survey, and those trends and data are shown at other points in this profile. Items in **bold** in the table below indicate statistically significant difference from state results.

2014 BRFSS Results

Disease/Condition	2014 LLCHD BRFSS (%)	2014 Nebraska BRFSS (%)	2014 National BRFSS (%)	Estimated Population Affected--Lancaster County
Asthma (Current)	9.7	7.7	8.9	22,512
Asthma (Lifetime)	15.0	12.2	13.8	34,812
Arthritis	**21.1**	24.6	26.0	48,969
Angina or Coronary Heart Disease	2.8	3.9	4.2	6,498
Heart Attack	**2.6**	3.8	4.4	6,034
Stroke	2.0	2.6	3.0	4,642
Diabetes	8.2	9.2	10.0	19,031
High Cholesterol (2013)	35.2	37.4	38.4	81,692
High Blood Pressure (2013)	25.7	30.3	31.4	59,645
Depression	19.5	17.7	19.0	45,256
COPD	6.0	5.8	6.5	13,925
Kidney Disease	1.4	2.1	2.7	3,249
Limited in activities due to physical, mental problems 14+ days	5.7	5.8	NA	13,229
Adults needing special equipment (2013)	6.7	6.8	8.1	15,549
Elderly with all teeth extracted	**8.5**	14.1	16.1	3,104
Had a fall last year, 45+	25.2	26.1	NA	26,694
Injured from a fall last year, 45+	8.5	8.8	NA	9,004

- Asthma: The BRFSS survey asks if respondents have been diagnosed as currently having asthma and they also ask if individuals have ever been told they have asthma. The local rate of persons currently diagnosed with asthma was generally above the comparable

LLCHD Page | 39 December 2015

While the prevalence of chronic disease is lower for most conditions currently, with the growth in the elderly population that is anticipated and with trends in obesity and diabetes, the priority in the CHIP on chronic disease prevention to stay ahead of the curve.

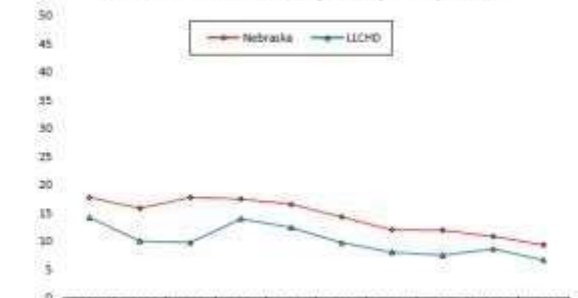
Number 1 the drop in teen births is rather dramatic

Community Health Profile, pages 86-93

significant change in the birth certificate was the way of determining when the expectant mother began prenatal care. Prior to 2005, the information was self-reported by the mother. After the change, the information comes from the medical records completed by the providers.

- ***Births to Teenage Mothers:*** The number of births to teens (mothers under 20) rose slightly from 177 in 2013, to 180 in 2014; which is still down significantly from the 232 teen births in 2012, 198 teen births in 2011, and 241 teen births in 2010. The 2014 births represent a 25.3 percent decrease in birth numbers from 2012, and a 41.7 percent decline from 2003 when there were 309 teen births. The graph below looks at teen moms 15 to 17, and Lancaster County teen birth rates are consistently lower than the state rate.

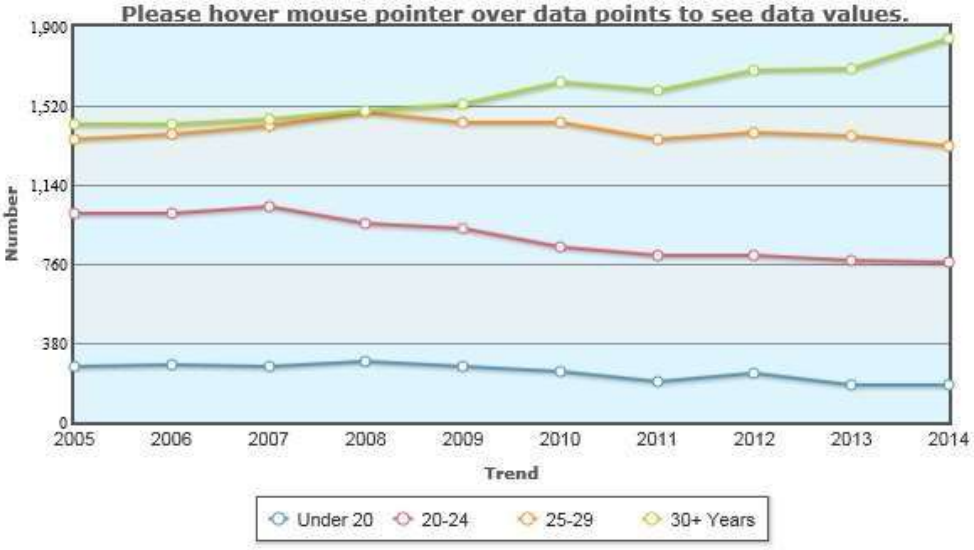
Teen Birth Rate among 15-17 year old females per 1,000 population, Nebraska and Lincoln-Lancaster County Health Department*, 2005-2014



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nebraska	17.8	15.9	17.8	17.5	16.8	14.4	13.1	12.0	10.9	9.4
LLCHD	14.3	10.1	9.8	14.0	12.5	9.8	8.1	7.6	8.7	6.7

*Lincoln-Lancaster County Health Department encompases Lancaster County

Mothers Age Group Trend
Lancaster County
Please hover mouse pointer over data points to see data values.



The above chart is from our Vital Statistics dashboard (http://lincoln.ne.gov/city/health/data/vitalstats/birth.htm) and the numbers are not shown unless you hover over the points live. For teen births (mothers under 20) the following table shows the values:

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Teen Births	269	277	268	289	270	241	198	232	177	180
LBW (%)	7.0	6.9	5.8	7.2	7.2	7.5	6.5	6.5	6.3	6.0
Infant Deaths per 1,000 Live Births	6.6	6.8	6.4	6.8	6.5	5.8	5.0	5.6	4.4	4.4

As can be seen, as recently as 2008 there were 289 births to teen mothers and the 2014 number is 180, which represents 109 fewer babies born to teen moms. That has a significant impact of other MCH measures (i.e., LBW babies, first trimester care, adequacy of prenatal care, and also on infant mortality) and even though these are not a one to one link, there is an association between teen births and LBW babies; and a definite association between LBW babies and infant deaths (gestational anomalies are the largest contributing factor to infant deaths).

The other thing that is obvious from the chart is that births to moms under 30 have declined from 2005 to 2014, while the births to moms over 30 are increasing. In 2005, there were 1,434 births to mothers over 30 and in 2014 there were 1,845. Over the same time period, births to moms aged 20-24 dropped from 1,006 to 766; and births to moms aged 2529 dropped slightly from 1,358 to 1,324.