

THE NEBRASKA MEDICAL CENTER- 2011 COMMUNITY HEALTH NEEDS ASSESSMENT

As part of The Nebraska Medical Center's mission to improve the health of the community it serves, a Community Health Needs Assessment (CHNA) was completed in the Fall of 2011. The Affordable Care Act (ACA) imposed new requirements on not-for-profit hospitals to work collaboratively with the communities they serve to identify and prioritize top community health needs and strategically plan to address those needs. More information on the new requirements for tax-exempt hospitals as outlined in the ACA can be found here:

<http://www.irs.gov>

For this comprehensive CHNA process, a steering committee comprised of key stakeholders from area health systems, local county health department representatives, and key informants from several community agencies worked collaboratively to oversee the process. The CHNA steering committee retained Professional Research Consultants (PRC), Inc. to conduct the survey. PRC is a nationally recognized health care consulting firm with extensive experience conducting CHNAs such as this in hundreds of communities across the United States since 1994.

A full listing of steering committee members can be found in **Appendix A.*

PRC also performed CHNA surveys for Douglas County completed in 2002 and 2008. The data from those studies was used to compile a Douglas County health "Report Card". The Nebraska Medical Center participated in funding these previous studies, as well, and has utilized the 2002 and 2008 Report Cards to guide community benefit efforts. These historical PRC reports now provide valuable background and show trends in the CHNA data upon which to guide current community health improvement initiatives.

The 2011 CHNA report utilizes a systematic, data driven approach to determining the health status, behaviors and needs of residents in the Omaha metropolitan area, including Douglas, Sarpy, Cass and Pottawattamie counties. In order to be compliant with the new CHNA requirements of the ACA, The Nebraska Medical Center will complete this CHNA reporting process every three years, and provide annual progress updates as part of maintaining the hospital's not-for-profit status.

DESCRIPTION OF COMMUNITY SERVED

Due to the size and scope of The Nebraska Medical Center and the variety of services it provides, the community surveyed in the PRC CHNA report essentially covers the community served by The Nebraska Medical Center and its affiliate, Bellevue Medical Center (BMC). The study area for this CHNA survey effort (referred to as the "Metro Area" in this report) includes Douglas, Sarpy and Cass counties in Nebraska, as well as Pottawattamie County in Iowa. Douglas County is further divided into five geographical areas (northeast Omaha, southeast Omaha, northwest Omaha, southwest Omaha, and western Douglas County). A map of the assessed counties can be found in the full PRC CHNA document in the link below.

[CHNA Project Overview](#)

The four-county community defined for this assessment was determined by agreement among the collaborative of sponsors of this study. It is a geography that: 1) encompasses areas from which a clear majority of The Nebraska Medical Center's patients originate; 2) promotes collaboration among multiple health systems, health departments and other community organizations; 3) provides a more coherent picture of community health needs, while reducing redundancy; and 4) affords the sponsoring organizations a focus that allows for drill-

down to known high-need areas of the community. Full demographic information for the assessed counties can be found here: <http://quickfacts.census.gov/qfd/states/31/31055.html>

PROCESS, METHODS AND ANALYTICS

The following is a description of the process and methods used to conduct the assessment, including a description of the sources used in the assessment and the analytical methods applied to identify community health needs.

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of key informant focus groups.

The approach for this survey is identical to that applied previously in the metro area by Live Well Omaha and the Douglas County Health Department, allowing for extensive trending. Most indicators identified in this assessment allow for benchmarking, including trending comparison to state and national data, and/or comparison against [Healthy People 2020](#) objectives.

Certain population groups, such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish are not represented in the survey data. Other population groups, for example, pregnant women, lesbian, gay, bisexual, transgender residents, undocumented residents and members of certain racial/ethnic or immigrant groups might not be identifiable or might not be represented in numbers sufficient for independent analysis.

The report brings together a wide array of community health indicators in the metro area, gathered from both primary and secondary data sources, including:

- A telephone survey (both landline and cell phone interviews) among 2,200 residents throughout the metro area (Douglas, Sarpy and Cass counties in Nebraska, as well as, Pottawattamie County, Iowa.)
 - 149 survey items, 25 to 30 minute interview
 - By geography, 55 percent Douglas County (200 random in five city areas), 18 percent Sarpy County, 9 percent Cass County, 19 percent Pottawattamie County
 - The questions used for this survey were based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues.
- County-level data from the *Behavioral Risk Factor Surveillance System*.
- The most recently published public health and vital statistics data related to births, deaths and notifiable disease conditions (2010 data for Nebraska and Iowa).
- The Centers for Disease Control and Prevention
- County Health Rankings Project: Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute
- GeoLytics Demographic Estimates and Projections
- Iowa Department of Public Health

- National Center for Health Statistics
- Nebraska Department of Health and Human Services
- Pottawattamie County Health Department
- Sarpy/Cass Department of Health and Wellness
- State Health Facts: Kaiser Family Foundations
- US Census Bureau data
- US Department of Health and Human Services
- “Healthy People 2020” Project by the US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Detailed information on PRC's CHNA methodology can be found in this link:

[PRC CHNA Survey: Project Overview and Methodology](#)

INPUT FROM COMMUNITY STAKEHOLDERS

Key informant focus group discussions included representation from all of the assessed counties. Focus group participants were chosen because of their ability to provide input regarding vulnerable or medically underserved populations, minorities, and/or populations with chronic disease.

Eighty-seven community stakeholders, including physicians, other health professionals, social service providers, and business and community leaders participated in focus group sessions held in August 2011:

August 16: Jennie Edmundson Hospital, Council Bluffs, Iowa (Pottawattamie County)

August 23: Alegent Creighton Health, McAuley Center, Omaha, Neb. (Douglas County)

August 24: Methodist Hospital, Nebraska Room, Omaha, Neb. (Douglas County)

August 24: The Nebraska Medical Center, Clarkson Board Room, Omaha Neb. (Douglas County)

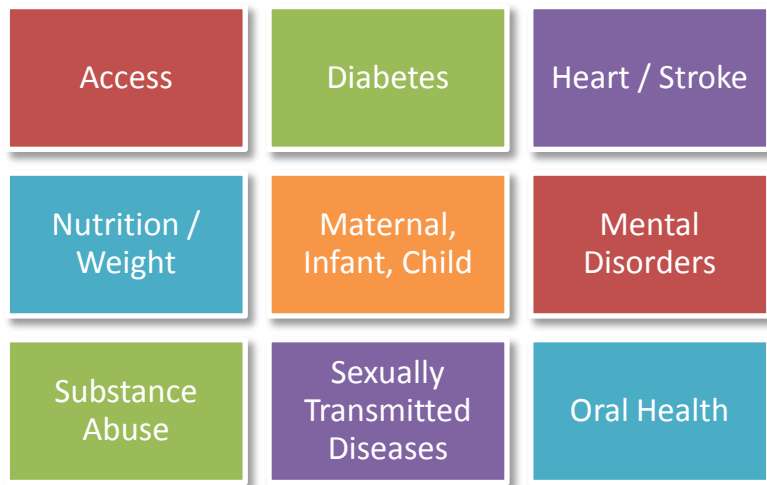
August 25: Alegent Creighton Health, Midlands Hospital, Bellevue, Neb. (Sarpy/Cass Counties)

****Key informant names, organizations, and areas of expertise can be found in: Appendix B***

SUMMARY OF CHNA KEY FINDINGS

PRC prioritized the survey data into nine community needs. This was done by first comparing the local survey data to State and National survey data. Health needs which scored statistically worse than the national or state averages were flagged. A second filter was applied using other related factors, such as the relative size of the population impacted by the need in the community.

The following “health needs” represent recommended areas of intervention, based on the information gathered through the CHNA and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health concerns:



An executive summary of PRC’s findings can be accessed here: [CHNA Summary](#)

In January 2013, the CHNA Steering Committee reconvened to discuss the CHNA results and share priority focus areas for each of the area health systems and county health departments. Through these discussions, the steering committee was able to identify opportunities to collaborate and share information on existing community assets to address all of the CHNA identified needs. The collaboration plans and listing of community resources will be detailed in each hospital’s required “Implementation Strategy Plan” (ISP).

Further, the steering committee agreed to begin discussions with the Douglas County Health Department to collaboratively formulate a Community Health Improvement Plan (CHIP). The CHIP will create a broader community health improvement implementation plan specifically targeted at community needs in Douglas County, the primary area of residence for patients from The Nebraska Medical Center.

INTERNAL PRIORITIZATION OF COMMUNITY NEEDS

To prioritize the CHNA findings internally, The Nebraska Medical Center consulted a broad group of enterprise-wide stakeholders with special expertise in each of the CHNA-identified need areas. This group reviewed the survey findings to determine which of the nine high priority needs would be best addressed by the specific expertise of The Nebraska Medical Center and Bellevue Medical Center (BMC). The internal prioritization meeting participants are listed below:

- James Canedy, MD, Private Practice Physician
- Chris Kratochvil, MD, College of Medicine, Research

- Mike Sitorius, MD, UNMC Physicians- Family Practice and Board Director- BMC
- Carl Smith, MD, President, UNMC Physicians and Board Director-BMC
- Shelly Schwedhelm, Director, Emergency and Trauma
- Connie Ogden, Executive Director, Adult Psychiatric/ Diabetes
- Lisa McClane, Executive Director, Women, Infants and Children
- Jorge Parodi, Executive Director, Cardiovascular Services
- Tadd Pullin, Senior Vice President, Marketing, Strategic Planning, and Network Ops
- Melissa Anderson, Director, Patient Experience
- Leslie Spethman, Community Relations Liaison
- David Larrick, Senior Marketing Consultant, BMC
- Randall Hallett, Executive Director, Office of Development
- Annette Wolfe, Director, Strategic Planning

The group's consensus was that in order to create meaningful change, The Nebraska Medical Center should narrow the list of nine health needs down to three primary focus areas for this initial community health improvement planning process. The group considered several criteria in deciding which of the high priority needs to focus on, including the following questions:

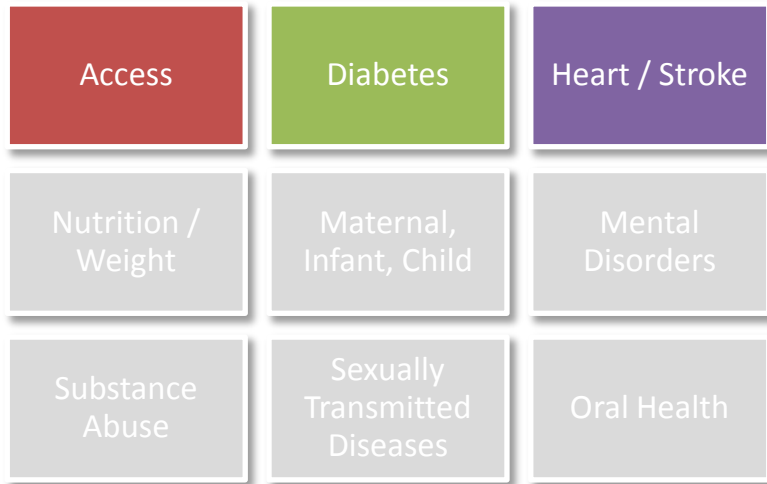
- Do any CHNA-identified needs align with The Nebraska Medical Center core competencies?
- Are existing initiatives in progress to address any of identified needs?
- Does The Nebraska Medical Center have the ability to make meaningful impact to area of need?
- Does the need involve vulnerable populations and address health disparities?
- What is the availability of other community resources to address the need?

Based on prioritization data found in **Appendix C**, the committee determined that given The Nebraska Medical Center's strength of cardiovascular and diabetes programs, the depth of existing programs and initiatives addressing these health concerns, and the ability of the medical center to make meaningful impact in these areas, The Nebraska Medical Center will focus on the CHNA-identified needs of heart disease/stroke and diabetes. Further, the hospital will also address access to care; which will allow The Nebraska Medical Center to reach populations defined as most in need per the CHNA.

Of special note is that The Nebraska Medical Center's main campus is geographically located in an area of Douglas County the CHNA identified as having a high-concentration of community need and health disparities. Thus, particular program emphasis will be placed on the geographic areas of northeast and southeast Douglas County.

NEXT STEPS

Given the medical center's geographic location, core competencies, existing community benefit initiatives, and quantitative data supporting the prevalence of these needs; three highlighted health needs below were determined to be most logical as initial areas of focus for The Nebraska Medical Center's required "Implementation Strategy Plan" (ISP) based on the 2011 CHNA.



To access the full PRC-conducted CHNA report click here: <http://www.douglascohealth.org>

Analysis of the 2011 CHNA results is an ongoing process involving many internal and external stakeholders. The Nebraska Medical Center is currently assessing all existing community benefit programs and initiatives and recruiting an enterprise-wide advisory committee to provide meaningful input and direction into each of the focus areas for the plan to improve community health. This plan will be laid out in The Nebraska Medical Center's ISP document. That ISP, based on the 2011 CHNA, will be approved by The Nebraska Medical Center's Board of Directors.

To satisfy all ACA requirements, the board-approved ISP for the 2011 CHNA will be made publicly available through this website by November 15, 2013. If you'd like to request paper copies of the 2011 CHNA or ISP documents, please email webmaster@nebraskamed.com.

Appendix A- CHNA Steering Committee Participant Names

Below is a listing of the participants and the sponsoring organizations represented in the original CHNA Steering Committee formed in 2011.

Alegent Creighton Health:

- Beth Llewellyn- Vice President, Mission Integration
- Mikki Frost- Director, Community Benefit and Healthier Communities

Douglas County Health Department:

- Dr. Adi Pour- Health Director
- Mary Balluff- Division Chief, Community Health and Nutrition Services

Live Well Omaha:

- Kerri Peterson- Executive Director

Methodist Health System:

- Ken Klaasmeyer- Vice President
- Ruth Freed- Director of Clinical Alignment
- Jeff Prochaska- Director, Strategic Planning

Visiting Nurses Association/Pottawattamie County:

- Kris Stapp- Vice President, Community Health Service

Sarpy/Cass County Health Department:

- Diane Kelly- Health Director

The Nebraska Medical Center:

- Tadd Pullin- Senior Vice President, Marketing, Strategic Planning and Network Ops
- Annette Wolfe- Director, Strategic Planning
- Leslie Spethman- Gift Officer/Community Relations and Community Benefit

Appendix B- Focus Group Key Informants

2011 CHNA	KEY INFORMANT FOCUS GROUPS	Populations Served (choose all that apply)			
Attendee Name and Title	Organization Represented	Medically Underserved	Low-Income	Minority	Populations w/ Chronic Disease
Carol Maguire, <i>Operations Director</i>	Alegent Health	x	x	X	X
Dr. Joseph Hoagbin, <i>System Director of Clinical Effectiveness and Utilization Management</i>	Alegent Health Mercy Hospital	X	X	X	X
Connie Bliez, <i>Chief Nurse Executive</i>	Alegent Health Mercy Hospital	x	x	x	x
Shiree Keely, <i>VP of Behavioral Health</i>	Alegent Health System	X	X	X	x
Dr. Rick Miller, <i>SVP and Chief Quality Officer</i>	Alegent Health System	x	x	x	x
Regina Tullow-Williams	B6CM			x	
Dr. Dave Filipi	BCBSNE	x	x	X	x
Herb Evers, <i>Captain</i>	Bellevue Police Department	x	x	x	x
Maureen Mcnamara, <i>Director of Program Services</i>	Bellevue Public Schools	x	x	x	x
Danielle Brandt, <i>Director</i>	Bellevue Senior Center	x	x	x	x
Nichole Turgeon, <i>Development</i>	Big Brothers Big Sisters		x	x	
Tom Pettigrew, <i>CEO</i>	Brush Up Nebraska and Rebuilding Together	x	x	x	x
Michelle Bacalucco	Carter Lake Resource Center			x	
Sam Balk, <i>Physicians Assistant</i>	Cass Family Medicine	x	x	x	x
Nancy Draheta,	Children's Square		x	x	x

<i>Director</i>					
Donna Lynam, <i>Zoning Administrator</i>	City Of Gretna	x			
Rev. Portia A. Cavitt	Clair Memorial UMC	x	x	x	x
Dr. Mary Anne Stevens, <i>President</i>	College Of St. Mary		x	x	
Lori Shields, <i>Director of Marketing</i>	Council Bluffs Chamber of Commerce		X	x	
Debra Bertrand, <i>Clinical Coordinator</i>	Council Bluffs Community Health Center	x	x	x	x
Dr. Martha Bruckner, <i>Superintendent of Schools</i>	Council Bluffs Schools	x	x	x	x
Dr. Debra Esser, <i>Physician, Vice President of Medical Affairs</i>	Coventry Health Care Of Nebraska	x	x	x	x
Dr. Amy Haddad, <i>Director, Center for Health Policy</i>	Creighton	x	X	x	
Tom Bouska, <i>Service Area Manager</i>	Iowa Department of Health	x	x	x	x
Dr. Mary Lee Fitzsimmons, <i>RN, MA, PhD, Non-Profit Management Consultant, Community Leader</i>	Domestic Violence Coordinating Counsel	x	x	x	x
Sarah Zach, <i>Program Manager</i>	FAMILY, Inc.	x	x	x	
Connie Gronstal, <i>CEO</i>	FAMILY, Inc.		x	x	
Kimberly Kolakowski, <i>Director</i>	Family Connections, Inc.		x	x	x
Cheryl Perkins, <i>Administrator</i>	Gabriel's Corner		x		
Carol Johnson, <i>Program Coordinator</i>	Green Hills AEA			X	
Debra Kissel, <i>Program Coordinator</i>	Green Hills AEA			X	
Courtney Pinzard, <i>Program Coordinator</i>	Gretchen Swanson Center For Nutrition	x	x	x	x
John Levy, <i>Executive Director</i>	Heart Ministry Center	x	x	x	x

Sandra McKinnon, <i>MS, Family Life Specialist</i>	Iowa State University Extension		X	X	
Sue Willms, <i>RN, Director of Nursing</i>	Iowa West Community College		X	X	
Sandy Hall, <i>Executive Director</i>	Keep Council Bluffs Beautiful			X	
Mike Mcmeekin, <i>President</i>	Lamp Ryneason & Associates Inc		X	X	
Ruth Henrichs, <i>CEO</i>	Lutheran Family Services	x	x	x	
Carol Casey, <i>Director</i>	Management Solutions		X		
Dr. Anton Piskac, <i>Physician, Internal Medicine</i>	Westroads Medical Group	X	X	X	x
Kevin Rochford, <i>Service Executive</i>	Methodist Health System	X	X	X	X
Bobbie Nielsen, <i>Program Director</i>	MICHAH House Shelter		X	X	
Kay Farrell, <i>CEO</i>	National Safety Council Omaha	x	X	X	
Dr. Donna Polk-Primm, <i>PhD, CEO</i>	NE Urban Indian Health	x	x	x	x
Ronald Abdouch, <i>Executive Director</i>	Neighborhood Center		x	x	
Ryan Willer, <i>Outreach Coordinator</i>	Neighborhood Center		X	X	
Wayne Houston, <i>MPH, Administrator College of Public Health UNMC</i>	North Omaha Community Care Council C/O UNMC COPH	x	x	x	x
Connie Spellman, <i>Founding Director</i>	Omaha By Design		X		
Andrea Skolkin, <i>CEO</i>	OneWorld	x	x	x	x
Dr. Kristine Mcvey, <i>Medical Director</i>	OneWorld Community Health Center	x	x	x	x
Diana Kelly	OPD		X	X	
Laura Jean O Connor, <i>Director</i>	Papillion Sr. Center	x	x	x	x
Dr. Brad Conner, <i>Director of Student Services</i>	Papillion/Lavista Public Schools	x	x	X	
Lois Erickson, <i>Coordinator of Business Partners</i>	Papillion/Lavista Public Schools	X	X	X	
Sylia Roundtree, <i>RN</i>	Parish Nurse	x	x	x	

Monica Sciortine, <i>RN</i>	Parish Nurse Coordinator		x	x	x
Ejay Jack, <i>MSW, MPA, Health Education Director</i>	Planned Parenthood of the Heartland	x	X	X	X
Dr. Cherie Larson, <i>Director of Instructional Services</i>	Plattsmouth Community School District		x	x	
Kristine Wood, <i>WIC Program Coordinator</i>	Pottawattamie County WIC	x	x		
Diane Riibe, <i>CEO</i>	Project Extra Mile		X		
Patricia Russman, <i>Executive Director</i>	Promise Partners		x		
John Birge, <i>Architect</i>	Rdg Planning & Design		X		
Patti Jurjevich, <i>Regional Administrator</i>	Region 6 Behavioral Healthcare	x	x	x	x
Douglas Zbylut, <i>CEO</i>	Ronald Mcdonald House Charities	x	x	x	x
Fred Uhe, <i>Chief Deputy County Clerk's Office</i>	Sarpy County			x	
Kevin Nokels, <i>CEO</i>	Sarpy County Chamber Of Commerce			X	
Curtis Rainge, <i>Director of Community Services</i>	Sarpy County Community Services	x	x	x	x
Jean Brazda, <i>Director of Diversion Office</i>	Sarpy County Diversion	x	x	x	x
Dean Loftus, <i>Intake Program Coordinator</i>	Sarpy County Diversion				
Kathy Roehrig, <i>Teacher</i>	Sarpy County Juvenile Justice Center	x	x	x	x
Russ Zeeb <i>LT, Community Relations</i>	Sarpy County Sheriff's Department				
Sherrie McDonald, <i>Case Management Coordinator</i>	Southwest 8 Senior Services		x		x
Shon Barenklau, <i>Publisher</i>	Suburban Newspaper				
Nancy Hemesath <i>CEO</i>	Ted E Bear Hollow		x	x	
Joan Friedman, <i>Tobacco Program Coordinator</i>	Tobacco Free Nebraska	x			
Karen Bricklemeyer, <i>CEO</i>	United Way Of The Midlands		x	x	
Carolyn Dorn, <i>RN,</i>	Immanuel Lutheran	x	x		x

<i>Parish Nurse</i>	Church				
Harlan Metschke, <i>Administrator</i>	Building Bright Futures	x	x	x	x
Dr. Kari Simonsen, <i>Physician</i>	UNMC Medical Advisor to DH	x	x	x	x
Dr. Katherine Kaiser, <i>PhD, RN, PHCNS, BC</i>	UNMC, College of Nursing	x	x	x	x
Anotonia Correa, <i>BA, MA, Community Outreach/Tobacco Prevention Specialist</i>	UNMC, College of Public Health, Center for Reducing Health Disparities	x	x	x	x
Dr. Marvin Bittner, <i>Physician</i>	VA Medical Center		x	x	X
Aubrey Mancuso, <i>Development Director</i>	Voices For Children In Nebraska	x	x	X	
Carolyn Rooker, <i>Executive Director</i>	Voices For Children In Nebraska	x	x	x	
Ellie Archer, <i>CEO</i>	Women's Fund	X	X	X	
Nancy Noda, <i>RN</i>	Bellevue Medical Center	X	X	X	X

Appendix C- Prioritization Data

The following tables outline prioritization data considered to determine The Nebraska Medical Center’s focus areas.

Access	
Quantitative Evidence	<p>Among currently insured adults in the metro area, 5.5 percent report that they were without health care coverage at some point in the past year.</p> <p>A total of 12.1 percent adults, age 18 to 64 report having no insurance coverage for health care expenses. Among those without insurance at some point of the year and those without health insurance, the following segments are more likely to have this occurrence:</p> <ul style="list-style-type: none"> • Adults under age 40. • Lower-income residents. • Blacks. • Hispanics. <p>One-third (33.4 percent) of metro area adults report some type of difficulty or delay in obtaining health care services in the past year. Cost of care seems to be a prevalent barrier.</p> <p>14.5 percent of those surveyed indicated cost prevented them from obtaining a visit to a physician in the past year; and 14.5 percent say that cost prevented them from getting a needed prescription.</p> <p>A total of 4.9 percent of metro area adults have gone to a hospital emergency department (ED) more than once in the past year about their own health.</p> <p>When asked why they used an ED instead of seeing a regular doctor, 55.8 percent say this is because it was an emergent or life-threatening situation, while 32.4 percent said their health concern occurred after-hours or on the weekend. A total of 5.5 percent cited difficulties accessing primary care for various reasons, and 1.4 percent mentioned convenience. <i>(Source: 2011 PRC Community Health Needs Assessment)</i></p> <p>The Nebraska Medical Center’s ED treats approximately 51,000 patients per year. Further, as a partner with Alegent Creighton Health in the local trauma system, The Nebraska Medical Center receives half of the trauma cases in the area, while Alegent Creighton Health cares for the other half.</p>

	<p>The Nebraska Medical Center’s ED payer mix has recently shifted to a higher percentage of self-pay patients- up to 26 percent self-pay patients in the past five years.</p> <ul style="list-style-type: none"> • 116 patients who are homeless sought care in our ED in 2012 • In 2012, 350 unique patients utilized the ED for care more than eight times <p>In the highest areas of need, northeast and southeast Douglas County, The Nebraska Medical Center provided inpatient care for over 30 percent of the patients living in those areas (east of 72nd Street.) The next highest serving hospital of that population is Creighton, providing inpatient services to 17 percent of that population.</p>
Hospital Competencies	<p>The Nebraska Medical Center’s ED has strong community connections including relationships with local Federally Qualified Health Centers (FQHC), referral information for area clinics treating un/underinsured individuals, and great working relationships with numerous agencies who support individuals in need of oral health care, chronic pain care, substance abuse counseling, social service issues, etc.</p>

Diabetes	
Quantitative Evidence	<p>Diabetes is a major cause of heart disease and stroke. Death rates for heart disease and the risk of stroke are about two to four times higher among adults with diabetes than among those without diabetes. In addition, 67 percent of U.S. adults who report having diabetes also report having high blood pressure.</p> <p>Average medical expenses are more than twice as high for a person with diabetes as they are for a person without diabetes. In 2007, the estimated cost of diabetes in the United States was \$174 billion. That amount included \$116 billion in direct medical care costs and \$58 billion in indirect costs (from disability, productivity loss, and premature death).</p> <p>(Sources: Centers for Disease Control and Prevention. <i>Diabetes Report Card 2012</i>. And Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2012.)</p> <p>Percentage of adults with diagnosed diabetes, in Nebraska (as of 2010) was 7.1 percent.</p> <p>Percentage of adults who have ever been told they have prediabetes in</p>

	<p>Nebraska (as of 2010) was 5.4 percent.</p> <p><i>(Source: National Diabetes Surveillance System, Behavioral Risk Factor Surveillance System data.)</i></p> <p>A total of 10.6 percent of metro area adults report having been diagnosed with diabetes. In 2010, there was an annual average age-adjusted diabetes mortality rate of 21.3 deaths per 100,000 population in Douglas County.</p> <p><i>(Source: 2011 Community Needs Assessment)</i></p>
Qualitative Evidence	<p>The state of Nebraska has identified diabetes as a significant, and growing, health problem. In particular, minorities and elderly, who make up a large portion of The Nebraska Medical Center’s inpatient population, are disproportionately affected by this condition. As the population demographic shifts, with the aging baby boomer population, this concerted focus on diabetes is clearly a health mandate for The Nebraska Medical Center.</p>
Hospital Strengths	<p>The Nebraska Medical Center Diabetes Center is recognized by the American Diabetes Association for quality diabetes care education and has earned the Joint Commission’s 2011 Gold Seal of Approval™ for Advanced Inpatient Diabetes Care. In addition to the variety of clinical services, the center offers self-management educational programs and research study opportunities. Continued education is critical to the successful management of diabetes; thus the strength of The Nebraska Medical Center’s diabetes education programs illustrates special expertise to address this need.</p>
Alignment with local, regional, state or national health goals	<p>The Nebraska Diabetes Prevention and Control Program (DPCP) was established in 1977 within the Nebraska Department of Health, which is now part of the Nebraska Department of Health and Human Services (DHHS). The mission of the program is to reduce the impact of diabetes in Nebraska by promoting and improving diabetes prevention, management, and education. In recent years, program activities have focused primarily on public and professional education. The DPCP is funded by Centers for Disease Control (CDC), an agency within the U.S. Department of Health and Human Services.</p>

Heart Disease / Stroke

<p>Quantitative Evidence</p>	<p>Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in health care expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.</p> <p>In 2010, there was an annual average age-adjusted heart disease mortality rate of 156.7 deaths per 100,000 population in Douglas County.</p> <p>In 2010, there was an annual average age-adjusted stroke mortality rate of 43.6 deaths per 100,000 population in Douglas County.</p> <p>A total of 5.2 percent of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.</p> <p>A total of 2.3 percent of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke). <i>(Source: 2011 Community Needs Assessment)</i></p> <p>In 2008, 3,453 hospitalizations occurred among Nebraska residents due to stroke. In 2007, Nebraska paid an estimated \$38.1 million for medical costs due to stroke for Medicaid enrollees. Nebraska Hospital Discharge Data. Year 2008. <i>(Source: Estimated from CDC Chronic Disease Cost Calculator at http://www.cdc.gov/nccdphp/resources/calculator.htm)</i></p> <p>Approximately 1 in every 4 (27.1 percent) Nebraska adults reported having been told by a health care professional that they have high blood pressure. Over half (58.1 percent) of Nebraskans age 65 and older have high blood pressure. <i>(Source: Nebraska Behavioral Risk Factor Surveillance System. Year 2009. Nebraska Department of Health and Human Services. Financial Services)</i></p>
<p>Hospital Strengths</p>	<p>2011 Congestive Heart Failure The Joint Commission Certification 2011 Joint Commission Certification for Destination Therapy 2013 Ventricular Assist Device (VAD) The Joint Commission Certification 2011 Primary Stroke Joint Commission Certification</p>