



# 2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Sarpy & Cass Counties, Nebraska

Sponsored by

**SARPY/CASS**  
Health Department

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# INTRODUCTION

# PROJECT OVERVIEW

## Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the combined Sarpy and Cass County area. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

The data shared in this report is drawn from a broader, regional assessment sponsored and supported by various health departments, health systems, federally qualified health centers, and community-based organizations in the Metro Omaha area. This assessment was conducted by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

## Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

### PRC Community Health Survey

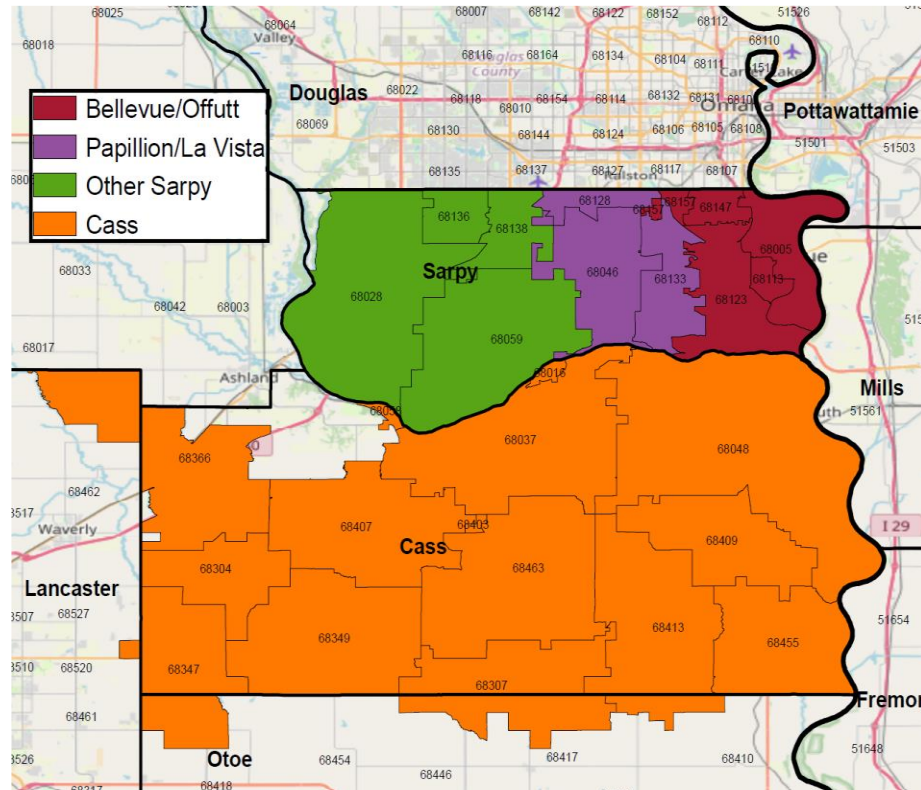
#### Survey Instrument

The survey instrument used for this study is 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. The final survey instrument was developed by the collaborating sponsors and PRC and is similar to the previous surveys used in the region, allowing for data trending.



## Community Defined for This Assessment

The study area for this report (referred to as “Sarpy/Cass”) combines Sarpy and Cass counties in Nebraska. Further, Sarpy County is divided into three geographical subareas (Bellevue/Offutt, Papillion/La Vista, and Other Sarpy). This community definition is illustrated in the following map.



## Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

**RANDOM-SAMPLE SURVEYS (PRC)** ► For the targeted administration, PRC administered 909 surveys throughout Sarpy and Cass counties.

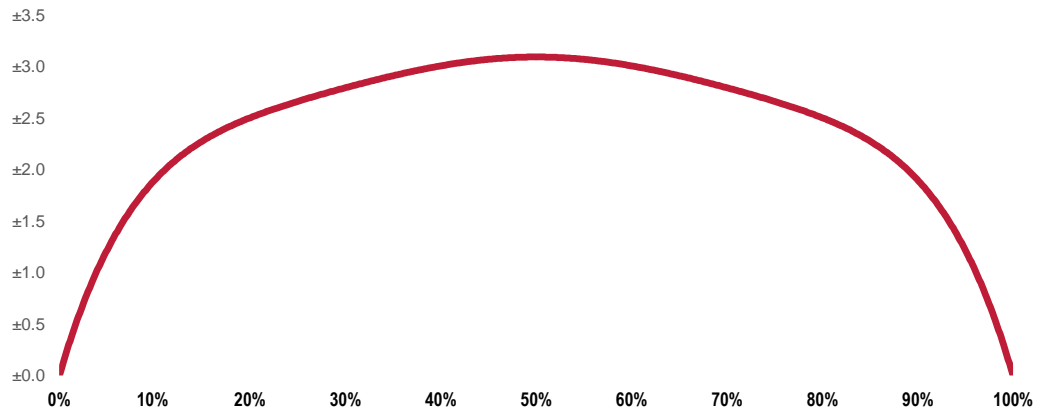
**COMMUNITY OUTREACH SURVEYS (Study Sponsors)** ► PRC also created a link to an online version of the survey, and the health department and others promoted this link locally in order to drive additional participation and bolster overall samples. This yielded an additional 162 surveys to the overall sample.

**In all, 1,071 surveys were completed through these mechanisms**, including 335 in the Bellevue/Offutt community, 267 in Papillion/La Vista, 242 in Other Sarpy, and 227 in Cass County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Sarpy/Cass as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.



For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 1,071 respondents is  $\pm 3.1\%$  at the 95 percent confidence level.

### Expected Error Ranges for a Sample of 1,071 Respondents at the 95 Percent Level of Confidence



Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

- Examples: • If 10% of the sample of 1,071 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% ( $10\% \pm 1.9\%$ ) of the total population would offer this response.  
 • If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% ( $50\% \pm 3.1\%$ ) of the total population would respond "yes" if asked this question.

### Sample Characteristics

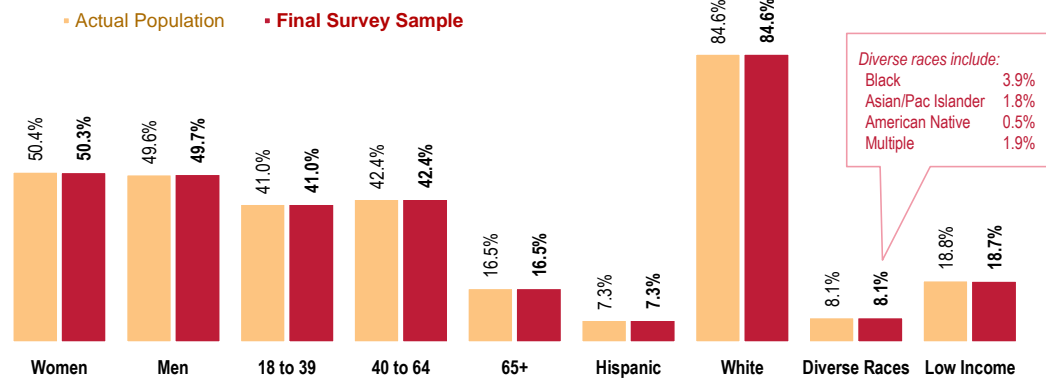
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Sarpy/Cass sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]





## Population & Survey Sample Characteristics (Sarpy/Cass, 2024)



Sources: 

- US Census Bureau, 2016-2020 American Community Survey.
- 2024 PRC Community Health Survey, PRC, Inc.

Notes: 

- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

### Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Sarpy/Cass were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap ([sparkmap.org](http://sparkmap.org))
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics



## Benchmark Comparisons

### Trending

Similar surveys were administered in Sarpy and Cass counties in 2011, 2015, 2018, and 2021 by PRC as part of a larger regional assessment. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

### Nebraska Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

### National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

### Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

## Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

## Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, 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, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.



# SUMMARY OF FINDINGS

## Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue..

| AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT |   |
|---|---|
| ACCESS TO HEALTH CARE SERVICES                          | <ul style="list-style-type: none"> <li>▪ Barriers to Access                             <ul style="list-style-type: none"> <li>– Inconvenient Office Hours</li> <li>– Cost of Prescriptions</li> <li>– Appointment Availability</li> <li>– Difficulty Finding a Physician</li> <li>– Lack of Transportation</li> </ul> </li> <li>▪ Skipping/Stretching Prescriptions</li> <li>▪ Primary Care Physician Ratio</li> <li>▪ Emergency Room Utilization</li> </ul> |
| CANCER  | <ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> <li>▪ Cervical Cancer Screening</li> </ul>   |
| DIABETES  | <ul style="list-style-type: none"> <li>▪ Prevalence of Borderline/Pre-Diabetes</li> </ul>   |
| DISABLING CONDITIONS                                    | <ul style="list-style-type: none"> <li>▪ Activity Limitations</li> <li>▪ Alzheimer’s Disease Deaths</li> </ul>  |
| HEART DISEASE & STROKE                                  | <ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> <li>▪ Heart Disease Prevalence</li> </ul>  |
| INFANT HEALTH & FAMILY PLANNING                         | <ul style="list-style-type: none"> <li>▪ Prenatal Care</li> </ul>   |
| INJURY & VIOLENCE                                       | <ul style="list-style-type: none"> <li>▪ Unintentional Injury Deaths</li> </ul>   |

—continued on the following page—



## AREAS OF OPPORTUNITY (continued)

|  |   |
|--|---|
| <p>MENTAL HEALTH</p>                                     | <ul style="list-style-type: none"> <li>▪ “Fair/Poor” Mental Health</li> <li>▪ Diagnosed Depression</li> <li>▪ Symptoms of Chronic Depression</li> <li>▪ Stress</li> <li>▪ Current Anxiety &amp; Depression</li> <li>▪ Suicide Deaths</li> <li>▪ Social Support</li> <li>▪ Mental Health Provider Ratio</li> <li>▪ Receiving Treatment for Mental Health</li> <li>▪ Difficulty Obtaining Mental Health Services</li> </ul> |
| <p>NUTRITION,<br/>PHYSICAL ACTIVITY<br/>&amp; WEIGHT</p> | <ul style="list-style-type: none"> <li>▪ Low Food Access</li> <li>▪ Leisure-Time Physical Activity</li> <li>▪ Meeting Physical Activity Guidelines</li> <li>▪ Barriers to Exercise</li> <li>▪ Access to Recreation/Fitness Facilities</li> <li>▪ Overweight &amp; Obesity</li> </ul>  |
| <p>SOCIAL<br/>DETERMINANTS OF<br/>HEALTH</p>             | <ul style="list-style-type: none"> <li>▪ Financial Resilience</li> <li>▪ Housing Insecurity</li> <li>▪ Housing Conditions</li> <li>▪ Discrimination</li> </ul>  |
| <p>SUBSTANCE USE</p>                                     | <ul style="list-style-type: none"> <li>▪ Alcohol-Induced Deaths</li> <li>▪ Unintentional Drug-Induced Deaths</li> <li>▪ Seeking Professional Help</li> </ul>  |
| <p>TOBACCO USE</p>                                       | <ul style="list-style-type: none"> <li>▪ Use of Vaping Products</li> </ul>  |



# Summary Tables: Comparisons With Benchmark Data

## Reading the Summary Tables

- In the following tables, Sarpy/Cass results are shown in the larger, gray column.
- The group of columns [to the left of the Sarpy/Cass column] provide comparisons among the four subareas, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing areas of the county.
- The columns to the right of the Sarpy/Cass column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the area compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

*Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

### TREND SUMMARY

(Current vs. Baseline Data)
























































#### SURVEY DATA INDICATORS:





















































Trends for survey-derived indicators represent significant changes since 2011 (or earliest available data). Note that survey data reflect the ZIP Code-defined Sarpy/Cass.

#### OTHER (SECONDARY) DATA INDICATORS:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Local secondary data reflect county-level data.










| SOCIAL DETERMINANTS                                | DISPARITY AMONG SUBAREAS  |   |   |   | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS   |   |  | TREND   |
|--|---|---|---|---|-------------|---|---|--|---|
|  | Bellevue/<br>Offutt   | Papillion/<br>LaVista   | Other<br>Sarpy*   | Cass<br>County  |             | vs. NE  | vs. US  | vs.<br>HP2030  |   |
| Linguistically Isolated Population (Percent)*      |   |   | <br>1.2    | <br>0.3    | <b>1.0</b>  | <br>2.6    | <br>3.9    |  |   |
| Population in Poverty (Percent)*                   |   |   | <br>5.5    | <br>5.6    | <b>5.5</b>  | <br>10.4   | <br>12.5   | <br>8.0 |   |
| Children in Poverty (Percent)*                     |   |   | <br>5.8    | <br>5.4    | <b>5.8</b>  | <br>12.0   | <br>16.7   | <br>8.0 |   |
| No High School Diploma (Age 25+, Percent)*         |   |   | <br>4.3    | <br>4.6    | <b>4.3</b>  | <br>8.1    | <br>10.9   |  |   |
| Unemployment Rate (Age 16+, Percent)*              |   |   | <br>2.2    | <br>2.3    | <b>2.2</b>  | <br>2.3    | <br>3.6    |  |   |
| % Unable to Pay Cash for a \$400 Emergency Expense | <br>26.8   | <br>12.5   | <br>16.5   | <br>20.3   | <b>19.6</b> |   | <br>34.0   |  | <br>9.8    |
| % Worry/Stress Over Rent/Mortgage in Past Year     | <br>31.1   | <br>26.9   | <br>28.5   | <br>28.9   | <b>29.0</b> |   | <br>45.8   |  | <br>15.4   |
| % Unhealthy/Unsafe Housing Conditions              | <br>10.8 | <br>7.9  | <br>7.3  | <br>10.1 | <b>9.1</b>  |   | <br>16.4 |  | <br>4.8  |
| % Went Without Electricity, Water, or Heat         | <br>10.6 | <br>2.1  | <br>7.1  | <br>8.3  | <b>7.1</b>  |   |   |  | <br>9.2  |
| Population With Low Food Access (Percent)*         |   |   | <br>36.7 | <br>18.4 | <b>34.2</b> | <br>21.9 | <br>22.2 |  |   |
| % Worried About Food in the Past Year              | <br>25.8 | <br>14.7 | <br>17.0 | <br>22.1 | <b>20.1</b> |   | <br>40.7 |  | <br>12.7 |

| SOCIAL DETERMINANTS (continued)                      | DISPARITY AMONG SUBAREAS   |   |  |  | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS |  |               | TREND  |
|--|--|---|--|--|-------------|---------------------------|--|---------------|--|
|  | Bellevue/<br>Offutt  | Papillion/<br>LaVista   | Other<br>Sarpy*  | Cass<br>County   |             | vs. NE                    | vs. US   | vs.<br>HP2030 |  |
| % Ran Out of Food in the Past Year                   |  19.7   |  12.4   |  12.1   |  17.8   | <b>15.6</b> |                           |  32.6   |               |  |
| % Food Insecure                                      |  28.7   |  16.7   |  17.3   |  23.8   | <b>22.1</b> |                           |  43.3   |               |  |
| % Treated With Less Respect Than Others              |  25.5   |  28.2   |  21.9   |  26.4   | <b>25.6</b> |                           |  |               |  22.7   |
| % Receive Poorer Treatment at Restaurants/Stores     |  8.7    |  7.6    |  7.1    |  6.7    | <b>7.7</b>  |                           |  |               |  6.2    |
| % Treated as Less Intelligent                        |  17.7   |  16.3   |  16.6   |  13.5   | <b>16.5</b> |                           |  |               |  10.7   |
| % Threatened or Harassed                             |  4.9    |  3.6    |  7.1    |  4.7    | <b>5.0</b>  |                           |  |               |  3.9    |
| % Treated as Someone to Fear                         |  6.8    |  6.0    |  8.0    |  9.0    | <b>7.1</b>  |                           |  |               |  4.4    |
| % Disagree That the Community Welcomes All Races     |  9.2   |  5.5   |  6.9   |  12.6  | <b>8.1</b>  |                           |  |               |  8.6   |
| % Treated Worse Than Other Races (Health Care)       |  4.0  |  0.9  |  0.7  |  2.2  | <b>2.1</b>  |                           |  6.1  |               |  2.2  |
| % 4+ Adverse Childhood Experiences (High ACEs Score) |  22.0 |  20.6 |  15.6 |  23.7 | <b>20.3</b> |                           |  25.5 |               |  18.2 |

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




| OVERALL HEALTH               | DISPARITY AMONG SUBAREAS  |  |   |   | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS   |   |               |   |
|------------------------------|---|--|---|---|-------------|---|---|---------------|---|
|                              | Bellevue/<br>Offutt   | Papillion/<br>LaVista  | Other<br>Sarpy*   | Cass<br>County  |             | vs. NE  | vs. US  | vs.<br>HP2030 | TREND   |
| % "Fair/Poor" Overall Health | <br>20.9 | <br>15.7 | <br>10.4 | <br>11.8 | <b>15.9</b> | <br>15.0 | <br>15.7 |               | <br>11.6 |











































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| ACCESS TO HEALTH CARE                                       | DISPARITY AMONG SUBAREAS  |  |   |   | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS   |   |  |   |
|---|---|--|---|---|-------------|---|---|--|---|
|   | Bellevue/<br>Offutt   | Papillion/<br>LaVista  | Other<br>Sarpy*   | Cass<br>County  |             | vs. NE  | vs. US  | vs.<br>HP2030  | TREND   |
| % [Age 18-64] Lack Health Insurance                         | <br>9.2    | <br>5.9    | <br>5.0    | <br>7.6    | <b>7.1</b>  | <br>10.8 | <br>8.1    | <br>7.6 | <br>6.4    |
| % Difficulty Accessing Health Care in Past Year (Composite) | <br>42.4   | <br>41.9   | <br>40.5   | <br>39.4   | <b>41.4</b> |   | <br>52.5   |  | <br>27.0   |
| % Cost Prevented Physician Visit in Past Year               | <br>15.9   | <br>13.1   | <br>16.4   | <br>15.0   | <b>15.1</b> | <br>10.2 | <br>21.6   |  | <br>12.2   |
| % Cost Prevented Getting Prescription in Past Year          | <br>13.6  | <br>12.9  | <br>10.0  | <br>13.9  | <b>12.6</b> |   | <br>20.2  |  | <br>9.5   |
| % Difficulty Getting Appointment in Past Year               | <br>18.4 | <br>20.8 | <br>22.7 | <br>17.7 | <b>20.0</b> |   | <br>33.4 |  | <br>3.4  |
| % Inconvenient Hrs Prevented Dr Visit in Past Year          | <br>17.8 | <br>16.6 | <br>19.6 | <br>19.1 | <b>18.0</b> |   | <br>22.9 |  | <br>11.0 |
| % Difficulty Finding Physician in Past Year                 | <br>12.5 | <br>9.5  | <br>10.7 | <br>10.2 | <b>11.0</b> |   | <br>22.0 |  | <br>3.4  |



| ACCESS TO HEALTH CARE (continued)                  | DISPARITY AMONG SUBAREAS   |   |  |  | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS  |   |  | TREND  |
|--|--|---|--|--|-------------|--|---|--|--|
|  | Bellevue/<br>Offutt  | Papillion/<br>LaVista   | Other<br>Sarpy*  | Cass<br>County   |             | vs. NE   | vs. US  | vs.<br>HP2030  |  |
| % Transportation Hindered Dr Visit in Past Year    |  6.9  |  5.1  |  4.7  |  4.8  | <b>5.6</b>  |  |  18.3  |  |  2.5  |
| % Language/Culture Prevented Care in Past Year     |  0.3  |  1.2  |  0.9  |  0.5  | <b>0.7</b>  |  |  5.0   |  |  0.2  |
| % Stretched Prescription to Save Cost in Past Year |  15.5 |  16.5 |  13.6 |  13.8 | <b>15.1</b> |  |  19.4  |  |  11.3 |
| Primary Care Doctors per 100,000*                  |  |   |  53.0 |  7.5  | <b>47.4</b> |  99.7 |  110.3 |  |  |
| % Have a Specific Source of Ongoing Care           |  72.9 |  80.2 |  80.4 |  76.8 | <b>77.2</b> |  |  69.9  |  84.0 |  66.9 |
| % Routine Checkup in Past Year                     |  71.2 |  67.3 |  73.5 |  71.1 | <b>70.6</b> |  74.7 |  65.3  |  |  67.1 |
| % Two or More ER Visits in Past Year               |  15.1 |  8.8  |  8.0  |  10.3 | <b>11.1</b> |  |  15.6  |  |  5.2  |














































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| CANCER   | DISPARITY AMONG SUBAREAS   |  |  |  | Sarpy/Cass   | SARPY/CASS vs. BENCHMARKS  |  |  | TREND  |
|--|--|--|--|--|--------------|--|--|--|--|
|  | Bellevue/<br>Offutt  | Papillion/<br>LaVista  | Other<br>Sarpy*  | Cass<br>County   |              | vs. NE   | vs. US   | vs.<br>HP2030  |  |
| Cancer Deaths per 100,000 (Age-Adjusted)*                  |  |  | <br>144.9   | <br>147.1   | <b>144.8</b> | <br>148.5   | <br>146.5   | <br>122.7 | <br>168.5 |
| Lung Cancer Deaths per 100,000 (Age-Adjusted)              |  |  |  |  | <b>32.0</b>  | <br>31.8    | <br>33.4    | <br>25.1  |  |
| Female Breast Cancer Deaths per 100,000 (Age-Adjusted)     |  |  |  |  | <b>18.1</b>  | <br>20.8    | <br>19.4    | <br>15.3  |  |
| Prostate Cancer Deaths per 100,000 (Age-Adjusted)          |  |  |  |  | <b>18.4</b>  | <br>18.7    | <br>18.5    | <br>16.9  |  |
| Colorectal Cancer Deaths per 100,000 (Age-Adjusted)        |  |  |  |  | <b>13.8</b>  | <br>14.9    | <br>13.1    | <br>8.9   |  |
| Cancer Incidence per 100,000 (Age-Adjusted)*               |  |  | <br>473.2   | <br>490.4   | <b>475.9</b> | <br>459.1   | <br>442.3   |  |  |
| Lung Cancer Incidence per 100,000 (Age-Adjusted)*          |  |  | <br>52.6    | <br>66.7    | <b>55.1</b>  | <br>52.3    | <br>54.0    |  |  |
| Female Breast Cancer Incidence per 100,000 (Age-Adjusted)* |  |  | <br>141.0 | <br>124.7 | <b>138.6</b> | <br>131.0 | <br>127.0 |  |  |
| Prostate Cancer Incidence per 100,000 (Age-Adjusted)*      |  |  | <br>130.9 | <br>120.5 | <b>129.1</b> | <br>124.8 | <br>110.5 |  |  |
| Colorectal Cancer Incidence per 100,000 (Age-Adjusted)*    |  |  | <br>36.6  | <br>39.3  | <b>37.0</b>  | <br>40.5  | <br>36.5  |  |  |
| % Cancer   | <br>8.6 | <br>6.0 | <br>9.3   | <br>13.2  | <b>8.6</b>   | <br>11.1  | <br>7.4   |  | <br>8.3 |

| CANCER (continued)                        | DISPARITY AMONG SUBAREAS |                   |              |             | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS |        |            |       |
|---|--------------------------|-------------------|--------------|-------------|-------------|---------------------------|--------|------------|-------|
|   | Bellevue/Offutt          | Papillion/LaVista | Other Sarpy* | Cass County |             | vs. NE                    | vs. US | vs. HP2030 | TREND |
| % [Women 50-74] Breast Cancer Screening   | 81.6                     | 81.1              | 85.3         | 78.2        | <b>81.7</b> | 76.9                      | 64.0   | 80.5       | 82.1  |
| % [Women 21-65] Cervical Cancer Screening | 69.5                     | 71.0              | 81.7         | 61.9        | <b>71.8</b> |                           | 75.4   | 84.3       | 86.7  |
| % [Age 50-75] Colorectal Cancer Screening | 84.0                     | 82.5              | 70.8         | 83.8        | <b>81.0</b> | 68.3                      | 71.5   | 74.4       | 77.0  |

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| DIABETES   | DISPARITY AMONG SUBAREAS |                   |              |             | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS |        |            |       |
|--|--------------------------|-------------------|--------------|-------------|-------------|---------------------------|--------|------------|-------|
|  | Bellevue/Offutt          | Papillion/LaVista | Other Sarpy* | Cass County |             | vs. NE                    | vs. US | vs. HP2030 | TREND |
| Diabetes Deaths per 100,000 (Age-Adjusted)*      |                          |                   | 16.0         | 24.2        | <b>17.2</b> | 25.1                      | 22.6   |            | 18.8  |
| % Diabetes/High Blood Sugar                      | 13.3                     | 11.3              | 10.6         | 10.1        | <b>11.7</b> | 10.8                      | 12.8   |            | 9.0   |
| % Borderline/Pre-Diabetes                        | 12.3                     | 12.2              | 8.4          | 12.1        | <b>11.4</b> |                           | 15.0   |            | 3.8   |
| Kidney Disease Deaths per 100,000 (Age-Adjusted) |                          |                   |              |             | <b>7.1</b>  | 10.3                      | 12.8   |            | 11.1  |

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| DISABLING CONDITIONS                                   | DISPARITY AMONG SUBAREAS |                   |              |             | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS |        |            |       |
|--|--------------------------|-------------------|--------------|-------------|-------------|---------------------------|--------|------------|-------|
|  | Bellevue/Offutt          | Papillion/LaVista | Other Sarpy* | Cass County |             | vs. NE                    | vs. US | vs. HP2030 | TREND |
| % Activity Limitations                                 | 29.8                     | 31.7              | 24.4         | 27.0        | <b>28.8</b> |                           | 27.5   |            | 19.7  |
| Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)* |                          |                   | 41.7         | 31.7        | <b>39.8</b> | 30.0                      | 30.9   |            | 26.8  |

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| HEART DISEASE & STROKE                           | DISPARITY AMONG SUBAREAS |                   |              |             | Sarpy/Cass   | SARPY/CASS vs. BENCHMARKS |        |            |       |
|--|--------------------------|-------------------|--------------|-------------|--------------|---------------------------|--------|------------|-------|
|  | Bellevue/Offutt          | Papillion/LaVista | Other Sarpy* | Cass County |              | vs. NE                    | vs. US | vs. HP2030 | TREND |
| Heart Disease Deaths per 100,000 (Age-Adjusted)* |                          |                   | 130.9        | 167.7       | <b>136.8</b> | 144.8                     | 164.4  | 127.4      | 141.9 |
| % Heart Disease                                  | 7.6                      | 7.1               | 5.5          | 7.9         | <b>7.0</b>   | 6.6                       | 10.3   |            | 3.7   |
| Stroke Deaths per 100,000 (Age-Adjusted)*        |                          |                   | 31.4         | 29.1        | <b>31.0</b>  | 33.0                      | 37.6   | 33.4       | 36.3  |
| % Stroke   | 3.0                      | 1.2               | 0.7          | 3.3         | <b>2.0</b>   | 2.6                       | 5.4    |            | 3.1   |

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| INFANT HEALTH & FAMILY PLANNING                        | DISPARITY AMONG SUBAREAS |                       |                 |                | Sarpy/Cass | SARPY/CASS vs. BENCHMARKS |        |               | TREND |
|--|--------------------------|-----------------------|-----------------|----------------|------------|---------------------------|--------|---------------|-------|
|  | Bellevue/<br>Offutt      | Papillion/<br>LaVista | Other<br>Sarpy* | Cass<br>County |            | vs. NE                    | vs. US | vs.<br>HP2030 |       |
| No Prenatal Care in First 6 Months (Percent of Births) |                          |                       |                 |                | 3.3        | 4.9                       | 6.1    |               | 2.8   |
| Teen Births per 1,000 Females 15-19*                   |                          |                       | 9.5             | 10.9           | 9.7        | 16.0                      | 16.6   |               |       |
| Low Birthweight (Percent of Births)*                   |                          |                       | 7.2             | 7.0            | 7.2        | 7.5                       | 8.3    |               |       |
| Infant Deaths per 1,000 Births                         |                          |                       |                 |                | 4.2        | 5.4                       | 5.5    | 5.0           | 4.2   |

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| INJURY & VIOLENCE                                       | DISPARITY AMONG SUBAREAS |                       |                 |                | Sarpy/Cass | SARPY/CASS vs. BENCHMARKS |        |               | TREND |
|---|--------------------------|-----------------------|-----------------|----------------|------------|---------------------------|--------|---------------|-------|
|   | Bellevue/<br>Offutt      | Papillion/<br>LaVista | Other<br>Sarpy* | Cass<br>County |            | vs. NE                    | vs. US | vs.<br>HP2030 |       |
| Unintentional Injury Deaths per 100,000 (Age-Adjusted)* |                          |                       | 36.0            | 46.4           | 37.4       | 40.3                      | 51.6   | 43.2          | 30.6  |
| Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)   |                          |                       |                 |                | 10.7       | 12.3                      | 11.4   | 10.1          |       |
| [65+] Fall-Related Deaths per 100,000 (Age-Adjusted)    |                          |                       |                 |                | 76.0       | 67.8                      | 67.1   | 63.4          |       |
| % [Age 45+] Fell in the Past Year                       | 34.9                     | 33.7                  | 35.5            | 31.8           | 34.2       |                           |        |               | 30.1  |

| INJURY & VIOLENCE (continued)                | DISPARITY AMONG SUBAREAS |                       |                 |                | Sarpy/Cass | SARPY/CASS vs. BENCHMARKS |        |               | TREND |
|--|--------------------------|-----------------------|-----------------|----------------|------------|---------------------------|--------|---------------|-------|
|  | Bellevue/<br>Offutt      | Papillion/<br>LaVista | Other<br>Sarpy* | Cass<br>County |            | vs. NE                    | vs. US | vs.<br>HP2030 |       |
| Homicide Deaths per 100,000 (Age-Adjusted)   |                          |                       |                 |                | 1.7        | 3.4                       | 5.9    | 5.5           |       |
| Violent Crimes per 100,000*                  |                          |                       | 94.7            | 108.6          | 96.5       | 286.4                     | 416.0  |               |       |
| % Neighborhood Is "Slightly/Not At All Safe" | 10.7                     | 6.9                   | 6.1             | 5.3            | 7.8        |                           |        |               | 6.2   |
| % Victim of Intimate Partner Violence        | 18.9                     | 12.7                  | 14.6            | 16.3           | 15.8       |                           | 20.3   |               | 12.9  |

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| MENTAL HEALTH                    | DISPARITY AMONG SUBAREAS |                       |                 |                | Sarpy/Cass | SARPY/CASS vs. BENCHMARKS |        |               | TREND |
|----------------------------------|--------------------------|-----------------------|-----------------|----------------|------------|---------------------------|--------|---------------|-------|
|                                  | Bellevue/<br>Offutt      | Papillion/<br>LaVista | Other<br>Sarpy* | Cass<br>County |            | vs. NE                    | vs. US | vs.<br>HP2030 |       |
| % "Fair/Poor" Mental Health      | 22.6                     | 21.7                  | 17.2            | 20.4           | 20.8       |                           | 24.4   |               | 7.4   |
| % Diagnosed Depression           | 31.0                     | 28.2                  | 24.1            | 29.0           | 28.4       | 17.0                      | 30.8   |               | 20.1  |
| % Symptoms of Chronic Depression | 40.3                     | 35.7                  | 33.9            | 35.0           | 36.8       |                           | 46.7   |               | 19.6  |
| % Recent Anxiety                 | 26.6                     | 24.5                  | 20.8            | 17.7           | 23.5       |                           |        |               | 17.0  |

| MENTAL HEALTH (continued)                                   | DISPARITY AMONG SUBAREAS |                       |                 |                | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS |        |               |       |
|---|--------------------------|-----------------------|-----------------|----------------|-------------|---------------------------|--------|---------------|-------|
|   | Bellevue/<br>Offutt      | Papillion/<br>LaVista | Other<br>Sarpy* | Cass<br>County |             | vs. NE                    | vs. US | vs.<br>HP2030 | TREND |
| % Recent Depression   | 17.3                     | 13.2                  | 13.2            | 10.6           | <b>14.3</b> |                           |        |               | 11.1  |
| % Moderate to Severe Anxiety/Depression (PHQ-4 Score of 6+) | 19.2                     | 13.9                  | 12.3            | 12.4           | <b>15.2</b> |                           |        |               | 13.1  |
| % Typical Day Is "Extremely/Very" Stressful                 | 17.3                     | 14.4                  | 17.5            | 13.5           | <b>16.0</b> |                           | 21.1   |               | 11.2  |
| Suicide Deaths per 100,000 (Age-Adjusted)                   |                          |                       |                 |                | <b>12.9</b> | 14.8                      | 13.9   | 12.8          | 9.5   |
| % Have Someone to Turn to All/Most of the Time              | 77.9                     | 80.9                  | 78.8            | 77.1           | <b>78.8</b> |                           |        |               | 90.0  |
| Mental Health Providers per 100,000*                        |                          |                       | 71.9            | 33.8           | <b>67.2</b> | 182.2                     | 182.5  |               |       |
| % Receiving Mental Health Treatment                         | 29.6                     | 25.7                  | 25.9            | 23.2           | <b>26.8</b> |                           | 21.9   |               | 17.3  |
| % Unable to Get Mental Health Services in Past Year         | 9.7                      | 6.8                   | 6.5             | 9.6            | <b>8.2</b>  |                           | 13.2   |               | 2.2   |






























































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| NUTRITION, PHYSICAL ACTIVITY & WEIGHT                       | DISPARITY AMONG SUBAREAS   |   |  |  | Sarp/Cass   | SARPY/CASS vs. BENCHMARKS  |  |  | TREND |
|---|--|---|--|--|-------------|--|--|--|-------|
|   | Bellevue/<br>Offutt  | Papillion/<br>LaVista   | Other<br>Sarp*<br>Sarp   | Cass<br>County   |             | vs. NE   | vs. US   | vs.<br>HP2030  |       |
| % "Very/Somewhat" Difficult to Buy Fresh Produce            |  22.8   |  15.1   |  19.3   |  26.0   | <b>20.2</b> |  |  30.0   |  17.6   |       |
| % 7+ Sugar-Sweetened Drinks in Past Week                    |  30.2   |  20.2   |  24.5   |  28.1   | <b>25.8</b> |  |  |  27.5   |       |
| % No Leisure-Time Physical Activity                         |  29.3   |  31.8   |  17.5   |  30.3   | <b>27.5</b> |  24.7   |  30.2   |  21.8<br> 12.1 |       |
| % Meet Physical Activity Guidelines                         |  24.5   |  23.2   |  27.0   |  21.1   | <b>24.2</b> |  20.9   |  30.3   |  29.7<br> 20.7 |       |
| % Lack of Sidewalks/Poor Sidewalks Prevent Exercise         |  16.5   |  6.9    |  13.2   |  40.6   | <b>16.2</b> |  |  |  12.9   |       |
| % Lack of Trails/Poor Quality Trails Prevent Exercise       |  14.7   |  8.9    |  13.4   |  23.9   | <b>13.9</b> |  |  |  7.0  |       |
| % Heavy Neighborhood Traffic Prevents Exercise              |  12.9   |  7.4    |  7.5    |  6.7    | <b>9.3</b>  |  |  |  8.9  |       |
| % Lack of Street Lights/Poor Street Lights Prevent Exercise |  9.6   |  5.4   |  5.2   |  21.3  | <b>8.9</b>  |  |  |  7.0   |       |
| % Crime Prevents Exercise in the Neighborhood               |  3.9  |  3.2  |  5.5  |  3.9  | <b>4.1</b>  |  |  |  2.2  |       |
| Recreation/Fitness Facilities per 100,000                   |  |   |  |  | <b>12.4</b> |  14.2 |  14.8 |  |       |
| % Overweight (BMI 25+)                                      |  78.8 |  70.4 |  76.4 |  70.1 | <b>74.7</b> |  70.4 |  63.3 |  68.1   |       |



| NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)  | DISPARITY AMONG SUBAREAS |                   |              |             | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS |        |            |       |
|--|--------------------------|-------------------|--------------|-------------|-------------|---------------------------|--------|------------|-------|
|  | Bellevue/Offutt          | Papillion/LaVista | Other Sarpy* | Cass County |             | vs. NE                    | vs. US | vs. HP2030 | TREND |
| % Obese (BMI 30+)                                  | 43.4                     | 42.2              | 39.0         | 46.1        | <b>42.4</b> | 35.3                      | 33.9   | 36.0       | 30.7  |
| % Have Received Professional Advice to Lose Weight | 23.0                     | 25.0              | 19.7         | 24.1        | <b>23.0</b> |                           |        |            |       |

\* For secondary data indicators, "Other Sarpy" data represent the entirety of Sarpy County.

Note: In the section above, each subarea is compared against all other areas combined.

better
 similar
 worse











| ORAL HEALTH                 | DISPARITY AMONG SUBAREAS |                   |              |             | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS |        |            |       |
|-----------------------------|--------------------------|-------------------|--------------|-------------|-------------|---------------------------|--------|------------|-------|
|                             | Bellevue/Offutt          | Papillion/LaVista | Other Sarpy* | Cass County |             | vs. NE                    | vs. US | vs. HP2030 | TREND |
| % Dental Visit in Past Year | 69.5                     | 73.0              | 82.8         | 63.5        | <b>72.7</b> | 66.2                      | 56.5   | 45.0       | 73.6  |

\* For secondary data indicators, "Other Sarpy" data represent the entirety of Sarpy County.

Note: In the section above, each subarea is compared against all other areas combined.




better
 similar
 worse


























| RESPIRATORY DISEASE                                   | DISPARITY AMONG SUBAREAS |                   |              |             | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS |        |            |       |
|---|--------------------------|-------------------|--------------|-------------|-------------|---------------------------|--------|------------|-------|
|   | Bellevue/Offutt          | Papillion/LaVista | Other Sarpy* | Cass County |             | vs. NE                    | vs. US | vs. HP2030 | TREND |
| Lung Disease Deaths per 100,000 (Age-Adjusted)*       |                          |                   | 36.6         | 49.0        | <b>38.7</b> | 45.7                      | 38.1   |            | 43.0  |
| Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted) |                          |                   |              |             | <b>12.2</b> | 14.2                      | 13.4   |            | 13.7  |
| % Asthma  | 11.9                     | 9.9               | 10.7         | 9.2         | <b>10.7</b> | 8.1                       | 17.9   |            | 8.1   |
| % COPD (Lung Disease)                                 | 4.0                      | 1.0               | 5.1          | 6.3         | <b>3.7</b>  | 5.6                       | 11.0   |            | 8.2   |

| SEXUAL HEALTH                    | DISPARITY AMONG SUBAREAS |                       |  |  | Sarpy/Cass | SARPY/CASS vs. BENCHMARKS  |  |               | TREND |
|----------------------------------|--------------------------|-----------------------|--|--|------------|--|--|---------------|-------|
|                                  | Bellevue/<br>Offutt      | Papillion/<br>LaVista | Other<br>Sarpy*  | Cass<br>County   |            | vs. NE   | vs. US   | vs.<br>HP2030 |       |
| HIV Prevalence per 100,000       |                          |                       |  |  | 32.4       | <br>148.9 | <br>386.6 |               |       |
| Chlamydia Incidence per 100,000* |                          |                       | <br>450.3 | <br>283.9 | 430.1      | <br>489.2 | <br>495.0 |               |       |
| Gonorrhea Incidence per 100,000* |                          |                       | <br>118.9 | <br>37.0  | 76.5       | <br>130.1 | <br>194.4 |               |       |

\* For secondary data indicators, "Other Sarpy" data represent the entirety of Sarpy County.




Note: In the section above, each subarea is compared against all other areas combined.


























 better     similar     worse

| SUBSTANCE USE  | DISPARITY AMONG SUBAREAS  |  |   |   | Sarpy/Cass | SARPY/CASS vs. BENCHMARKS  |   |               | TREND   |
|--|---|--|---|---|------------|--|---|---------------|---|
|  | Bellevue/<br>Offutt   | Papillion/<br>LaVista  | Other<br>Sarpy*   | Cass<br>County  |            | vs. NE   | vs. US  | vs.<br>HP2030 |   |
| Alcohol-Induced Deaths per 100,000 (Age-Adjusted)            |   |  |   |   | 8.1        | <br>12.0  | <br>11.9   |               | <br>4.3    |
| % Excessive Drinking   | <br>16.5  | <br>19.9  | <br>18.9  | <br>21.3  | 18.7       | <br>20.5 | <br>34.3  |               | <br>23.5  |
| Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted) |   |  |   |   | 7.3        | <br>7.4 | <br>21.0 |               | <br>5.5  |
| % Used a Prescription Opioid in Past Year                    | <br>11.3 | <br>12.5 | <br>10.8 | <br>17.5 | 12.3       |  | <br>15.1 |               | <br>18.1 |
| % Ever Sought Help for Alcohol or Drug Problem               | <br>7.3  | <br>2.6  | <br>1.4  | <br>4.3  | 4.2        |  | <br>6.8  |               | <br>2.8  |

\* For secondary data indicators, "Other Sarpy" data represent the entirety of Sarpy County.

Note: In the section above, each subarea is compared against all other areas combined.

 better     similar     worse

| TOBACCO USE  | DISPARITY AMONG SUBAREAS  |   |  |   | Sarpy/Cass  | SARPY/CASS vs. BENCHMARKS   |   |   |   |
|--|---|---|--|---|-------------|---|---|---|---|
|  | Bellevue/<br>Offutt   | Papillion/<br>LaVista   | Other<br>Sarpy*  | Cass<br>County  |             | vs. NE  | vs. US  | vs.<br>HP2030   | TREND   |
| % Smoke Cigarettes                                 | <br>13.1 | <br>8.0 | <br>7.8 | <br>13.3 | <b>10.5</b> | <br>13.0 | <br>23.9 | <br>6.1  | <br>12.9 |
| % Someone Smokes at Home                           | <br>8.9  | <br>2.8 | <br>4.9 | <br>12.6 | <b>6.8</b>  |   | <br>17.7 |   | <br>10.5 |
| % Use Vaping Products                              | <br>13.2 | <br>8.1 | <br>7.3 | <br>9.9  | <b>9.9</b>  | <br>8.5  | <br>18.5 |   | <br>3.6  |
| % [Smokers] Have Quit Smoking 1+ Days in Past Year |   |   |  |   | <b>41.2</b> | <br>52.8 | <br>53.1 | <br>65.7 | <br>46.6 |

\* For secondary data indicators, "Other Sarpy" data represent the entirety of Sarpy County.

Note: In the section above, each subarea is compared against all other areas combined.

  
better

  
similar

  
worse



# COMMUNITY DESCRIPTION

# POPULATION CHARACTERISTICS

## Total Population

The combined Sarpy/Cass area, the focus of this Community Health Needs Assessment, encompasses nearly 800 square miles and houses a total population of 218,021 residents, according to latest census estimates.

Total Population  
(Estimated Population, 2020)

|                   | TOTAL POPULATION | TOTAL LAND AREA (square miles) | POPULATION DENSITY (per square mile) |
|-------------------|------------------|--------------------------------|--------------------------------------|
| Sarpy County      | 191,272          | 238.10                         | 803                                  |
| Cass County       | 26,749           | 557.35                         | 48                                   |
| <b>Sarpy/Cass</b> | <b>218,021</b>   | <b>795.45</b>                  | <b>274</b>                           |
| Nebraska          | 1,958,939        | 76,817.00                      | 26                                   |
| United States     | 331,097,593      | 3,533,269.34                   | 94                                   |

Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).

## Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

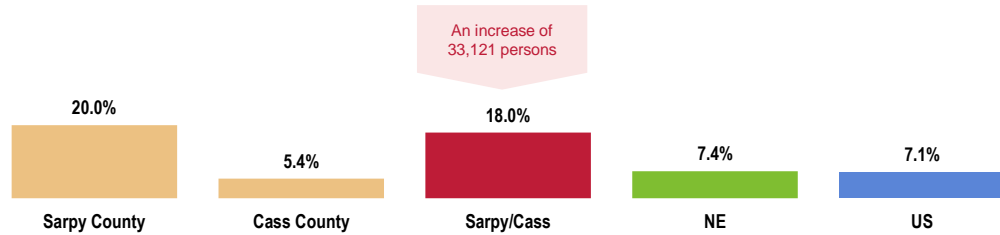
**Between the 2010 and 2020 US Censuses, the population of Sarpy/Cass increased by 33,121 persons, or 18.0%.**

**BENCHMARK** ▶ A larger percentage growth than reported in Nebraska and the US overall.

**DISPARITY** ▶ Most of the growth has been in Sarpy County.



## Change in Total Population (Percentage Change Between 2010 and 2020)



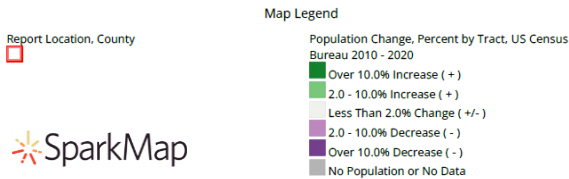
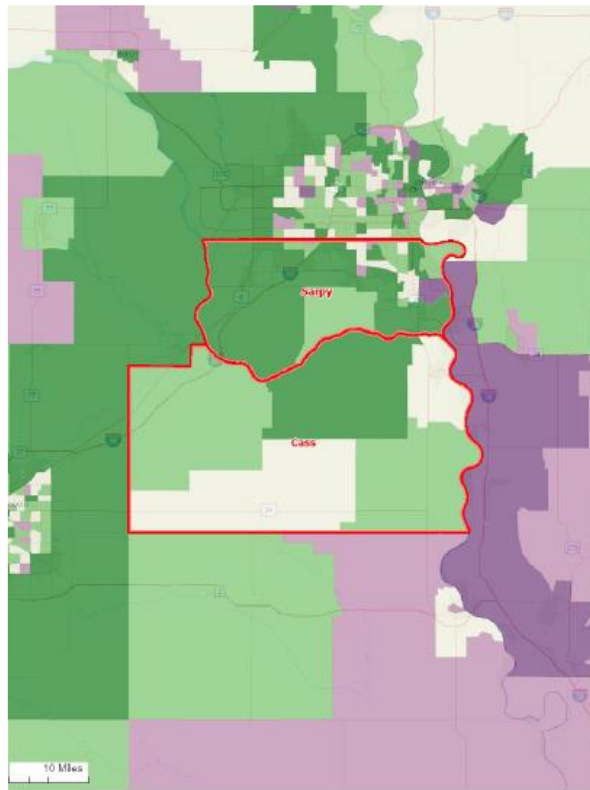
Sources: 

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).

Notes: 

- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



# Urban/Rural Population

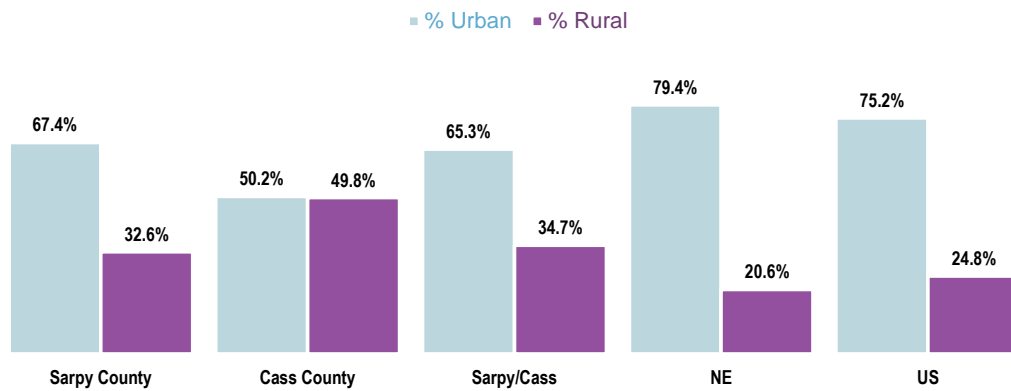
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

**The Sarpy/Cass is predominantly urban, with 65.3% of the population living in areas designated as urban.**

**BENCHMARK** ► A less-urban population when compared with state and US figures.

**DISPARITY** ► Note that Cass County is split between urban and rural populations.

### Urban and Rural Population (2020)



Sources: 

- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map ([sparkmap.org](http://sparkmap.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.



# Age

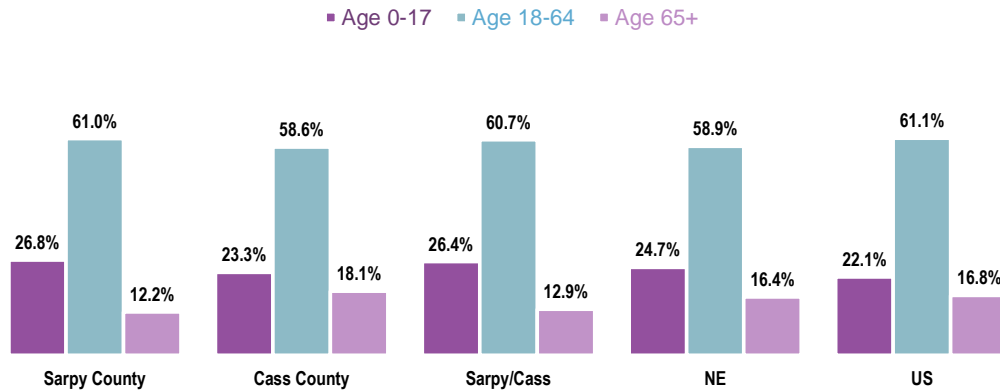
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

**In the combined Sarpy/Cass community, 26.4% of the population are children age 0-17; another 60.7% are age 18 to 64, while 12.9% are age 65 and older.**

**BENCHMARK** ▶ A younger population than reported for Nebraska and the US overall.

**DISPARITY** ▶ Cass County houses a larger population of residents age 65+.

**Total Population by Age Groups (2020)**

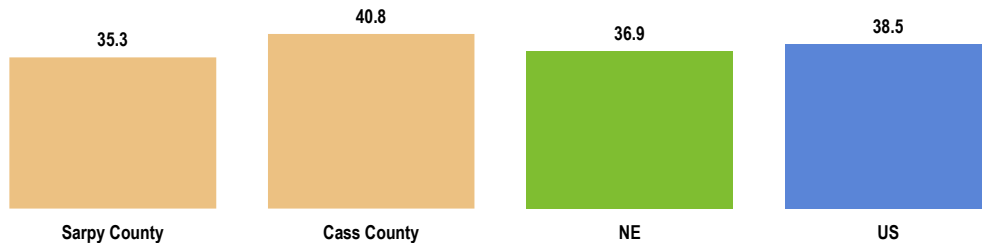


Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).

# Median Age

**In contrast to Sarpy County, Cass County is “older” than the state and the nation in that the median age is higher. (A composite median is not available for Sarpy/Cass combined.)**

**Median Age (2018-2022)**

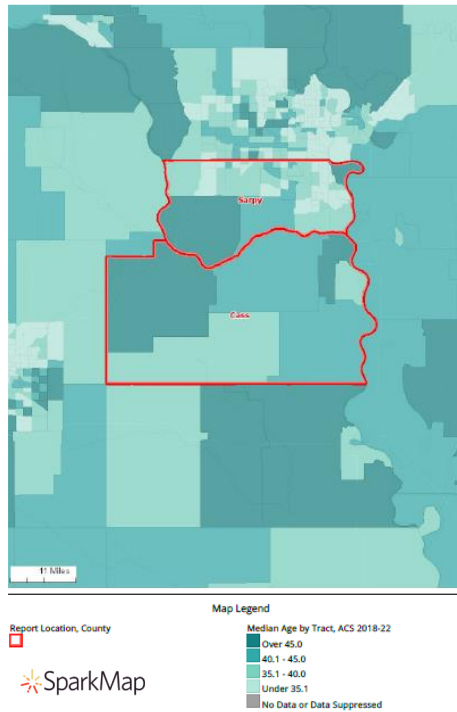


Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).





The following map provides an illustration of the median age by census tract throughout Sarpy/Cass.



## Race & Ethnicity

### Race

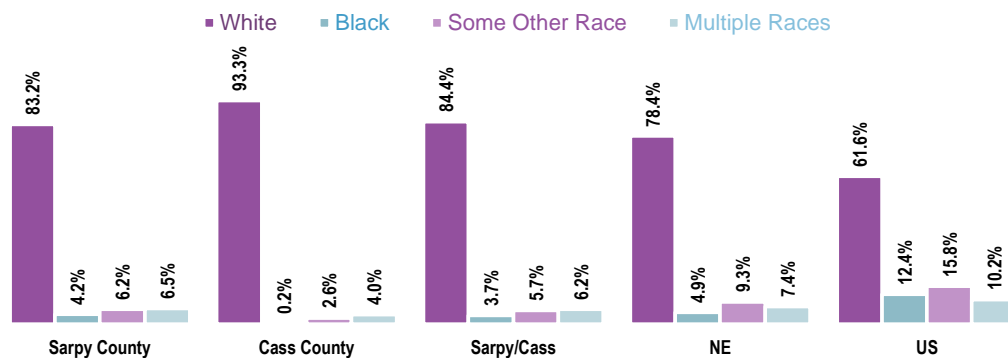
In looking at race independent of ethnicity (Hispanic or Latino origin), 84.4% of Sarpy/Cass residents are White and 3.7% are Black.

**BENCHMARK** ▶ The area is less diverse than the state and especially the nation.

**DISPARITY** ▶ Cass County is much less diverse than Sarpy County.

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

### Total Population by Race Alone (2020)



Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).



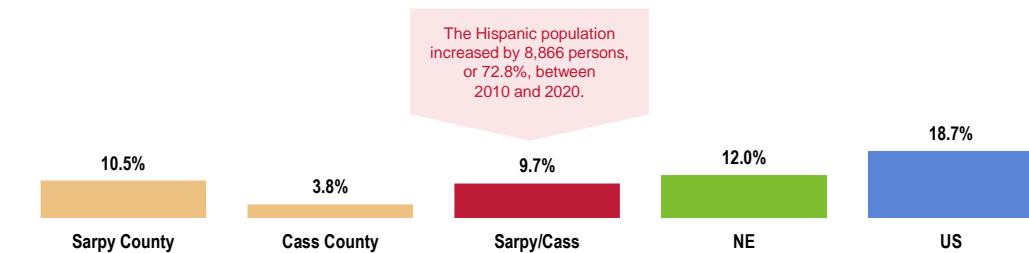
## Ethnicity

**A total of 9.7% of Sarpy/Cass residents are Hispanic or Latino.**

**BENCHMARK** ▶ Lower than the state percentage and especially the US percentage.

**DISPARITY** ▶ The percentage of Hispanic residents is three times as high in Sarpy County as in Cass County.

### Hispanic Population (2020)



Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).  
 Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

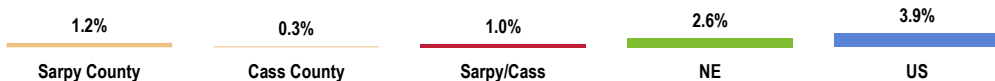
## Linguistic Isolation

**A total of 1.0% of the population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).**

**BENCHMARK** ▶ Well below the Nebraska and US percentages.

**DISPARITY** ▶ Four times as high in Sarpy County as in Cass County.

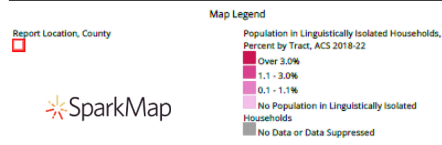
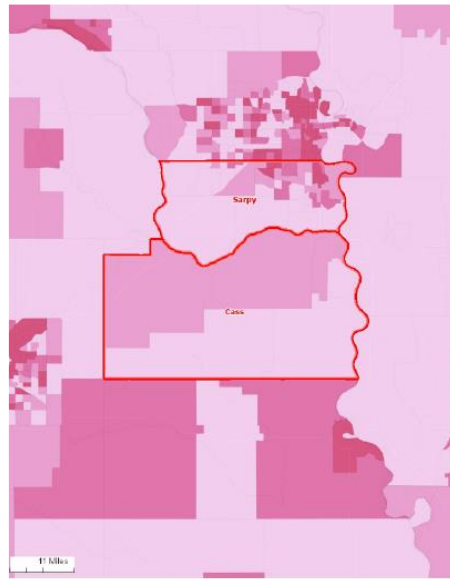
### Linguistically Isolated Population (2018-2022)



Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).  
 Notes: • This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”



Note the following map illustrating linguistic isolation throughout Sarpy/Cass.



# SOCIAL DETERMINANTS OF HEALTH

## ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Poverty

**The latest census estimate shows 5.5% of the Sarpy/Cass total population living below the federal poverty level.**

**BENCHMARK** ► Well below the state and national figures.

**Among just children (ages 0 to 17), this Sarpy/Cass percentage is 5.8% (representing an estimated 3,271 children).**

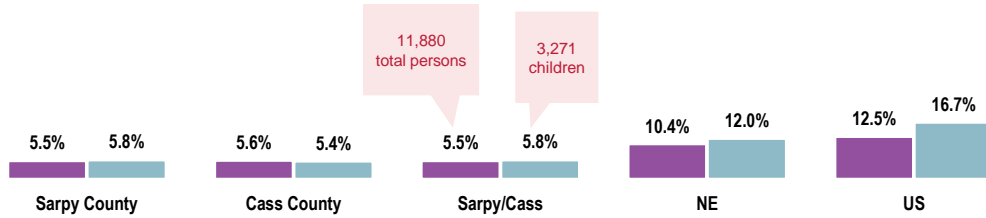
**BENCHMARK** ► Much lower than the Nebraska and US percentages.

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.



## Population in Poverty (Populations Living Below the Poverty Level; 2018-2022) Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



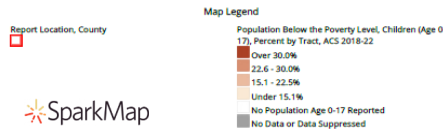
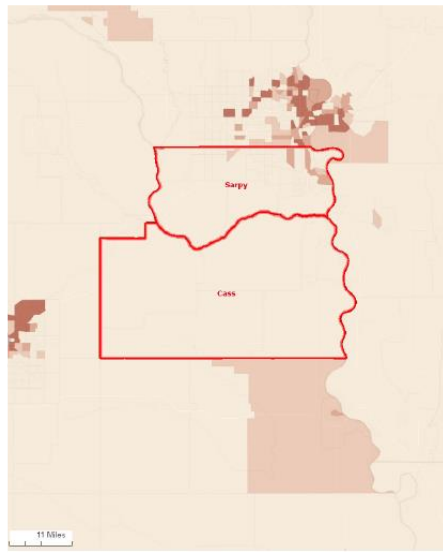
Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

The following maps highlight concentrations of persons living below the federal poverty level.

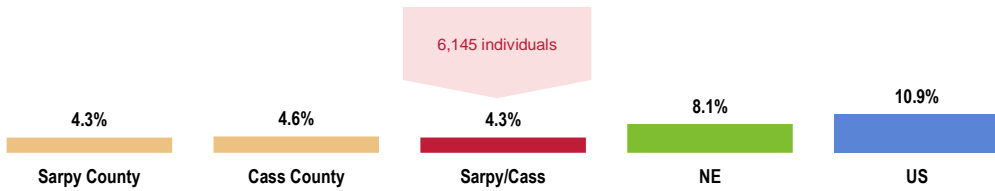


# Education

Among the Sarpy/Cass population age 25 and older, an estimated 4.3% (over 6,100 people) do not have a high school education.

**BENCHMARK** ▶ Lower than the Nebraska and US percentages.

## Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2018-2022)

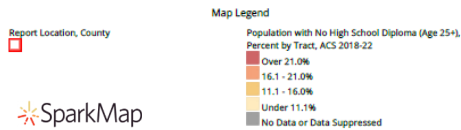
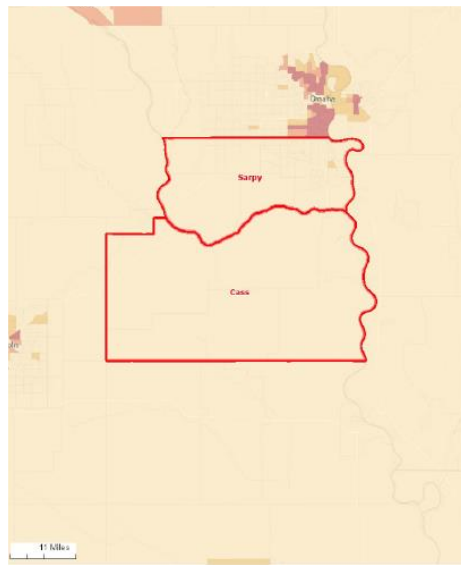


Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).

Notes: 

- This indicator is relevant because educational attainment is linked to positive health outcomes.

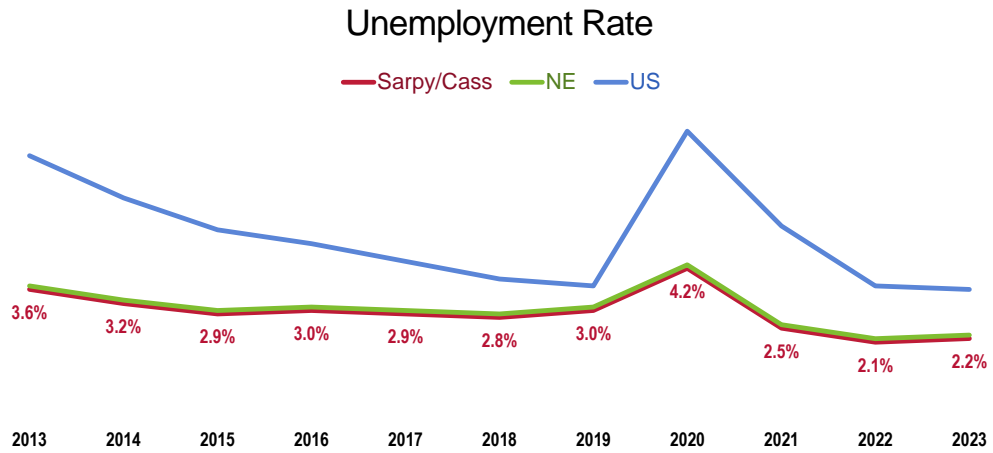


# Employment

According to data derived from the US Department of Labor, the 2023 unemployment rate in Sarpy/Cass was 2.2%.

**BENCHMARK** ▶ Lower than the national unemployment rate.

**TREND** ▶ Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment has dropped below pre-pandemic levels, and lower than found a decade ago.



Sources: 

- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).

Notes: 

- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).



# Financial Resilience

A total of 19.6% of Sarpy/Cass residents would not be able to afford an unexpected \$400 expense without going into debt.

**BENCHMARK** ▶ Considerably lower (better) than the US percentage.

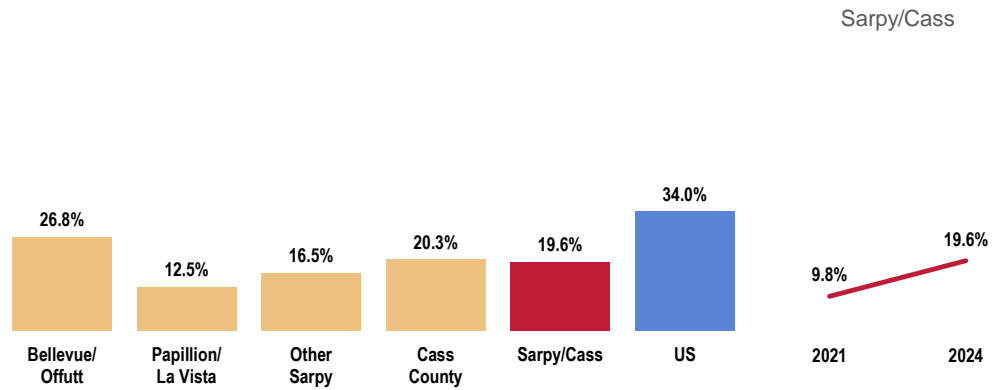
**TREND** ▶ But increasing significantly from 2021 findings.

**DISPARITY** ▶ Highest in the Bellevue/Offutt community. Reported more often among women, young adults, those living in low-income households (especially), and people who identify as LGBTQ+.

Respondents were asked: "Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

## Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



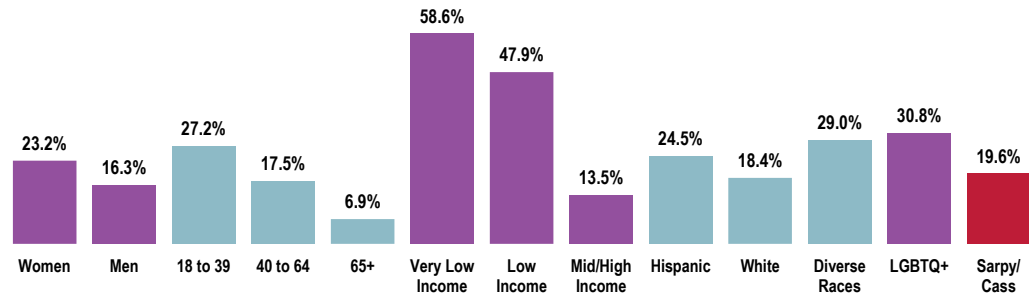
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 53]  
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
 • Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.





## Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Sarpy/Cass, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 53]

Notes: ● Asked of all respondents.

● Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

### INCOME & RACE/ETHNICITY

**INCOME** ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2023 guidelines place the poverty threshold for a family of four at \$30,000 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more ( $\geq 200\%$  of) the federal poverty level.

**RACE & ETHNICITY** ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin. “Diverse Races” includes those who identify as Black; American Indian or Alaska Native; Native Hawaiian/Pacific Islander; or as being of multiple races, without Hispanic origin.

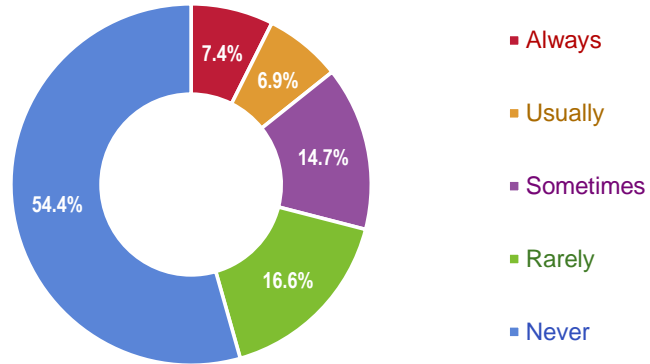


# Housing

## Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress About Paying Rent or Mortgage in the Past Year (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 56]  
Notes: • Asked of all respondents.

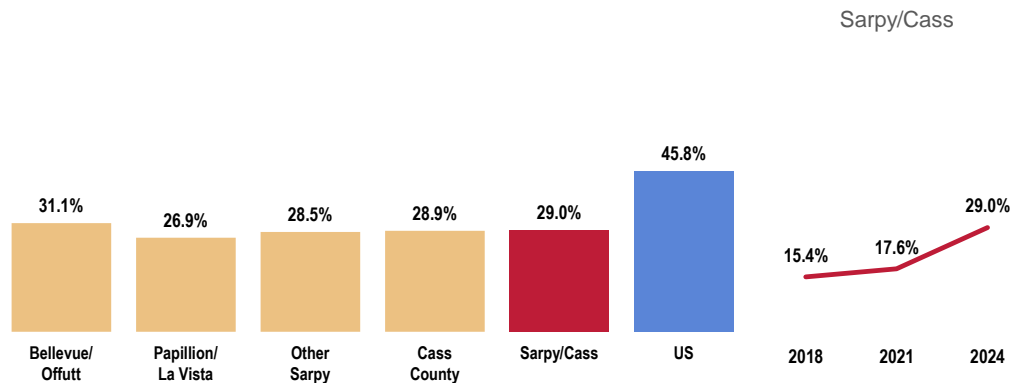
However, a considerable share (29.0%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

**BENCHMARK** ▶ Well below the national figure.

**TREND** ▶ Doubling since 2018.

**DISPARITY** ▶ Reported more often among women, young adults, those in low-income households (especially), Hispanic respondents, those of Diverse Races, renters, and LGBTQ+ respondents.

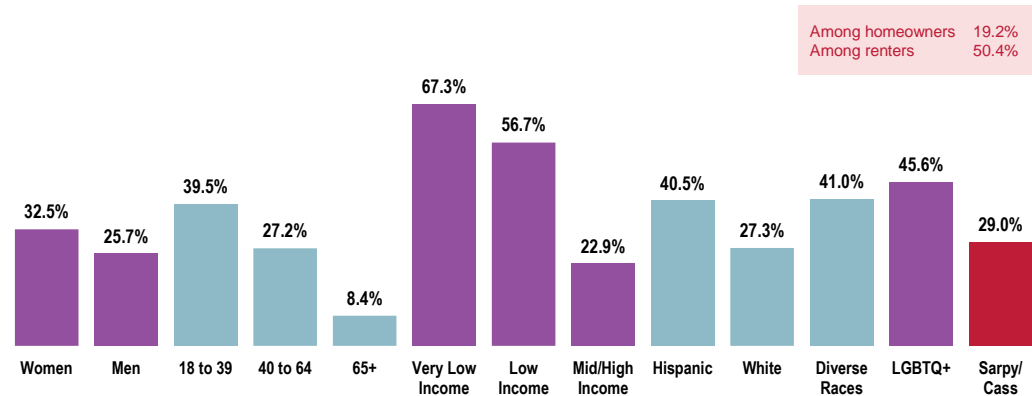
“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 56]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.



## “Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Sarpy/Cass, 2024)



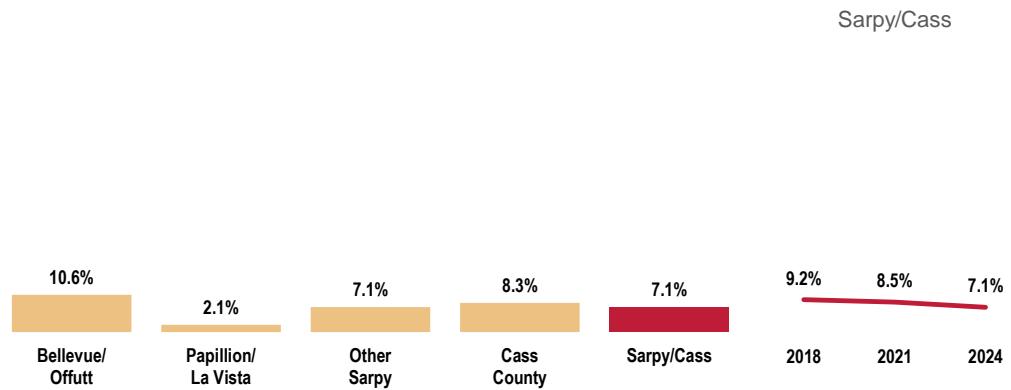
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 56]  
Notes: • Asked of all respondents.

## Loss of Utilities

**A total of 7.1% of Sarpy/Cass residents were without electricity, water, or heat at some point in the past year.**

**DISPARITY** ► Highest in the Bellevue/Offutt community. Reported more often among respondents in low-income households, those who rent their homes, and those who identify as LGBTQ+.

## Went Without Electricity, Water, or Heating in the Past Year

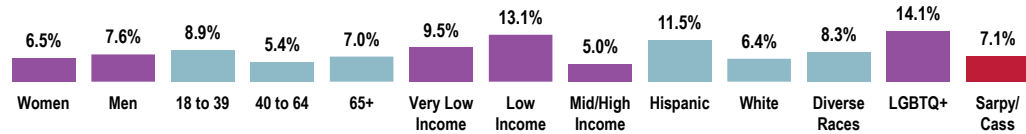


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 310]  
Notes: • Asked of all respondents.



## Went Without Electricity, Water, or Heating in the Past Year (Sarpy/Cass, 2024)

Among homeowners 4.9%  
Among renters 9.9%



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 310]  
Notes: • Asked of all respondents.

## Unhealthy or Unsafe Housing

**A total of 9.1% of Sarpy/Cass residents report living in unhealthy or unsafe housing conditions during the past year.**

**BENCHMARK** ▶ Well below the US prevalence.

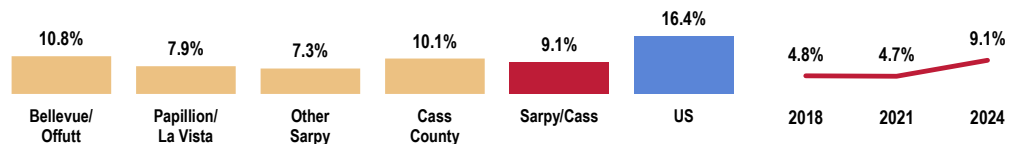
**TREND** ▶ Increasing significantly since 2018.

**DISPARITY** ▶ Found more often among adults under 40, those in low-income households, renters, and LGBTQ+ residents.

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

## Unhealthy or Unsafe Housing Conditions in the Past Year

Sarpy/Cass

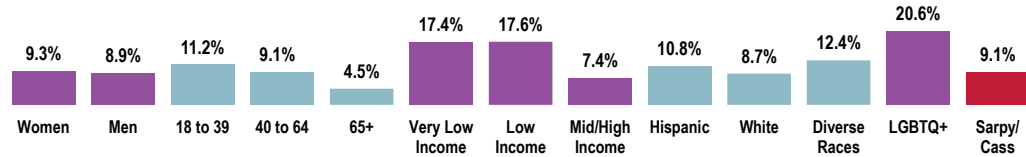


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 55]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.  
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



## Unhealthy or Unsafe Housing Conditions in the Past Year (Sarpy/Cass, 2024)

Among homeowners 5.6%  
Among renters 15.3%



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 55]

Notes: • Asked of all respondents.

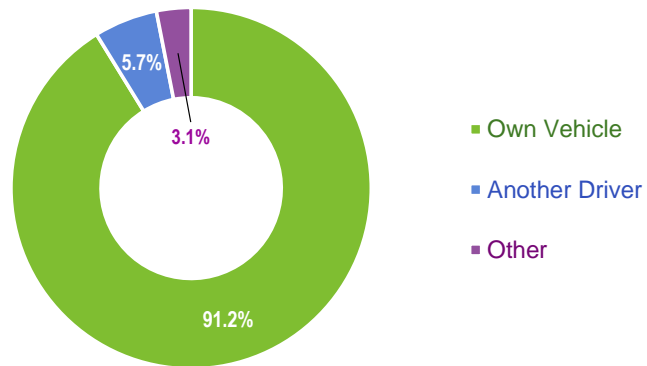
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

## Transportation

While the vast majority of survey respondents report owning their own vehicle for transportation purposes, 8.8% rely on other means of transportation.

This includes a total of 5.7% who have **someone else who drives them** and 3.1% who rely on other modes like **public transportation, walking**, etc.

### Primary Form of Transportation (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 311]

Notes: • Asked of all respondents.



# Food Access

## Low Food Access

Low food access is defined as living more than ½ mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

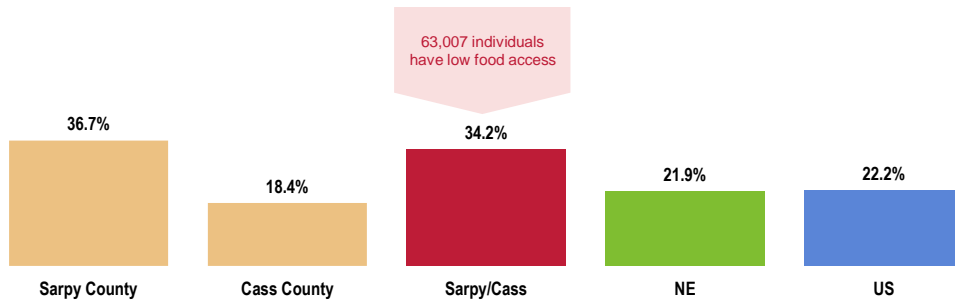
**RELATED ISSUE**  
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

US Department of Agriculture data show that **34.2% of the Sarpy/Cass population (representing over 63,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.**

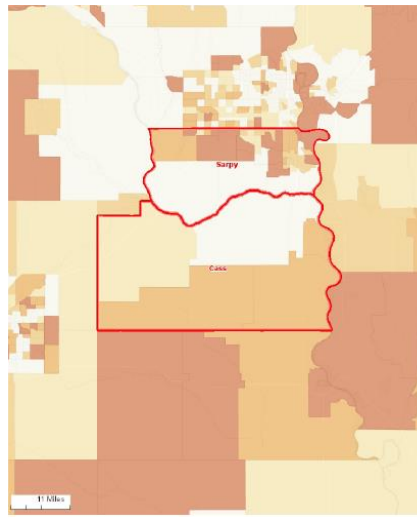
**BENCHMARK** ▶ Higher than the Nebraska and US percentages.

**DISPARITY** ▶ Twice as high in Sarpy County as in Cass County.

**Population With Low Food Access**  
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)



Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).  
Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Report Location, County

Map Legend

Population with Limited Food Access, Percent by Tract, USDA - FARA 2019

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access



## Food Insecurity

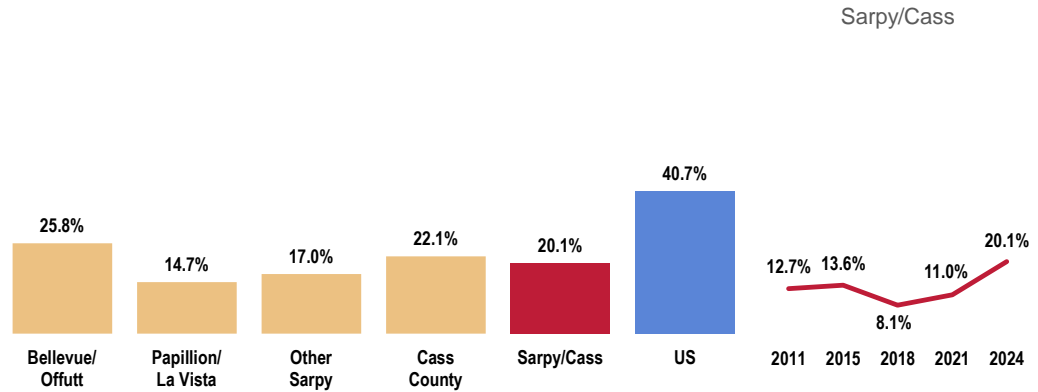
Over the past year, 20.1% of Sarpy/Cass residents “often” or “sometimes” worried about running out of food.

**BENCHMARK** ▶ Half the US percentage.

**TREND** ▶ But increasing significantly from earlier survey administrations.

**DISPARITY** ▶ Highest among Bellevue/Offutt respondents.

### “Often” or “Sometimes” Worry About Food Running Out Before Having Money to Buy More



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 67]  
 • 2023 PRC National Health Survey, PRC, Inc.

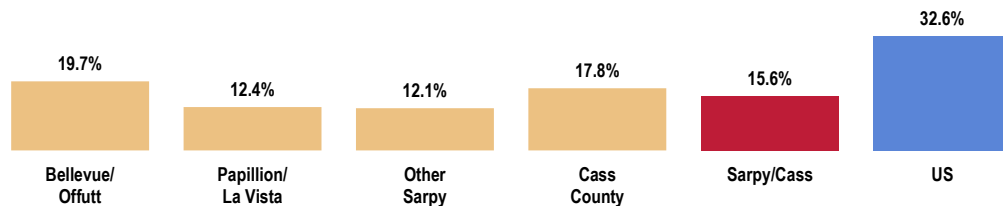
Notes: • Asked of all respondents.

In fact, 15.6% of adults actually ran out of food in the past year before there were funds to buy more.

**BENCHMARK** ▶ Half the national prevalence.

**DISPARITY** ▶ Highest in the Bellevue/Offutt community.

### Ran Out of Food in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 68]  
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

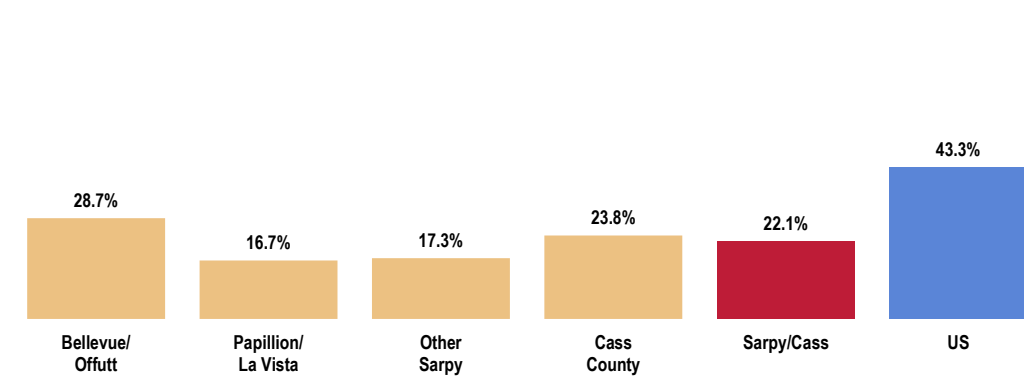


Overall, 22.1% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

**BENCHMARK** ► Well below the national figure.

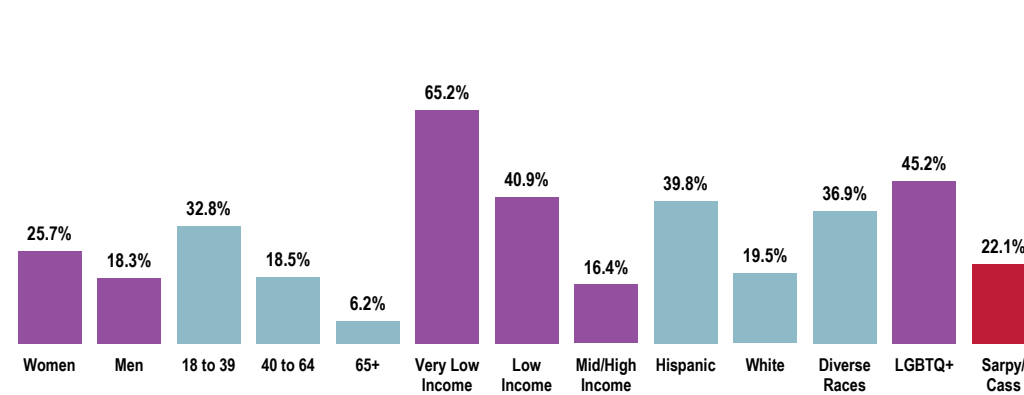
**DISPARITY** ► Highest in Bellevue/Offutt and among women, adults under 40, those in low-income households (especially), Hispanic respondents, those of Diverse Races, and LGBTQ+ residents.

### Food Insecure



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 98]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

### Food Insecure (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 98]  
 Notes: • Asked of all respondents.





# Discrimination

## Unfair Treatment

Using a short version of the Everyday Discrimination Scale (EDS), respondents were asked about how frequently they encounter treatment they perceive to be unfair.

*In your day-to-day life, how often do the following things happen to you:*

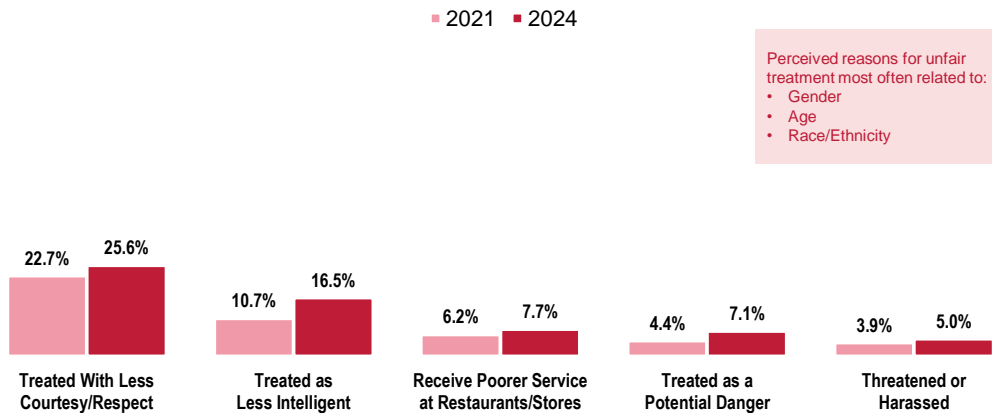
- You are treated with less courtesy or respect than other people?
- You receive poorer service than other people at restaurants or stores?
- People act as if they think you are not smart?
- People act as if they are afraid of you?

One in four survey respondents (25.6%) reports that in their daily lives, they feel that they are treated with **less courtesy or respect** than other people a few times per month or more often; another 16.5% report frequently being treated as **less intelligent** than others.

Fewer respondents (7.7%) report receiving **poorer service** at restaurants and stores, and 7.1% report being treated as a **potential danger** by others. A total of 5.0% of survey respondents have been **threatened or harassed**.

**TREND** ▶ Since 2021, the percentage of respondents who feel they have been treated as **less intelligent** or treated as **someone to fear** have increased significantly.

### Perceptions of Unfair Treatment in Day-to-Day Life (Sarp/Cass Trends)



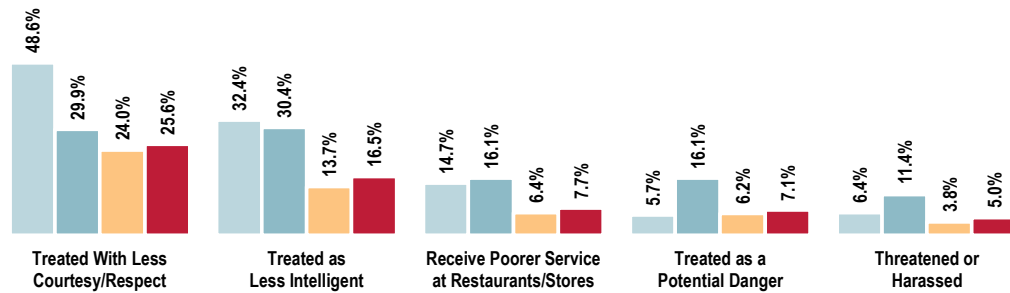
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 325-329]  
Notes: ● Asked of all respondents.  
● Percentages represent combined "almost daily," "at least weekly," and "a few times a month" responses.



DISPARITY ► Viewed by **household income level**, respondents living in lower-income households are more likely to report each of the tested aspects of unfair treatment.

### Perceptions of Unfair Treatment in Day-to-Day Life (By Household Income Level; Sarp/Cass, 2024)

■ Very Low Income ■ Low Income ■ Mid-High Income ■ Total Sample

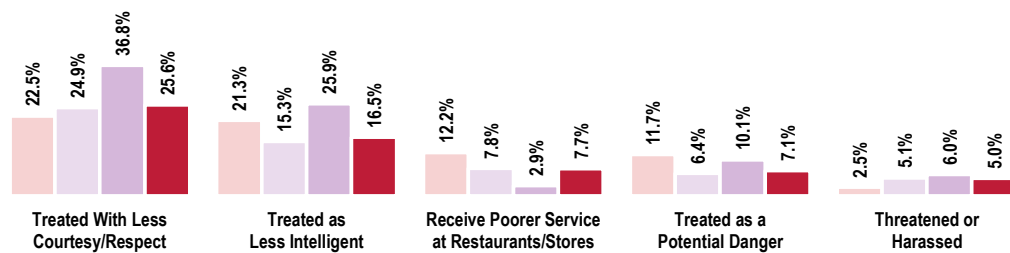


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 325-329]  
 Notes: • Asked of all respondents.  
 • Percentages represent combined "almost daily," "at least weekly," and "a few times a month" responses.

DISPARITY ► Viewed by **race/ethnicity**, people of Diverse Races gave the highest response for the experiences of being treated with less respect and treated as less intelligent. Hispanics were significantly more likely to report receiving poorer service at restaurants and stores.

### Perceptions of Unfair Treatment in Day-to-Day Life (By Race/Ethnicity; Sarp/Cass, 2024)

■ Hispanic ■ White ■ Diverse Races ■ Total Sample



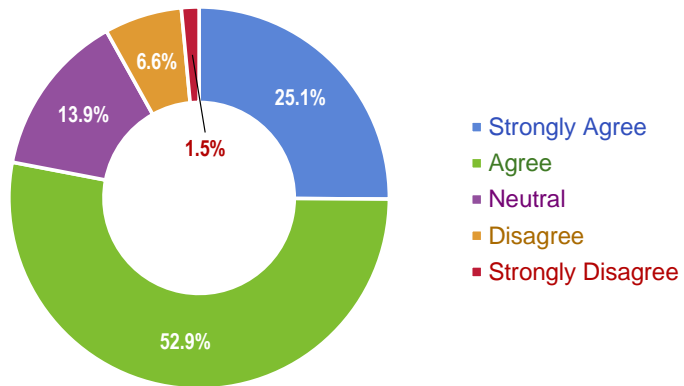
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 325-329]  
 Notes: • Asked of all respondents.  
 • Percentages represent combined "almost daily," "at least weekly," and "a few times a month" responses.



## Community as a Welcoming Place for All Races/Ethnicities

Most Sarpy/Cass adults agree that the community is a welcoming place for people of all races and ethnicities, with over three-fourths giving “agree” or “strongly agree” responses.

Level of Agreement About the Community as a Welcoming Place for People of All Races and Ethnicities (Sarpy/Cass, 2024)



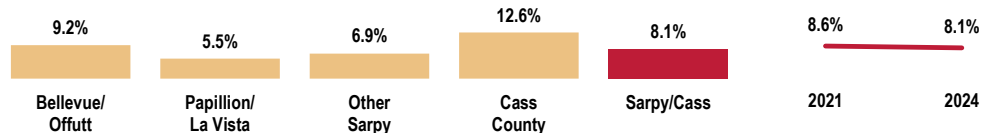
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 306]  
Notes: • Asked of all respondents.

However, 8.1% of residents do not agree that the community is welcoming to all people.

**DISPARITY** ► The prevalence is unfavorably high among Cass County respondents. Reported more often among adults of Diverse Races and LGBTQ+ respondents.

## Disagree That the Community is a Welcoming Place for All Races/Ethnicities

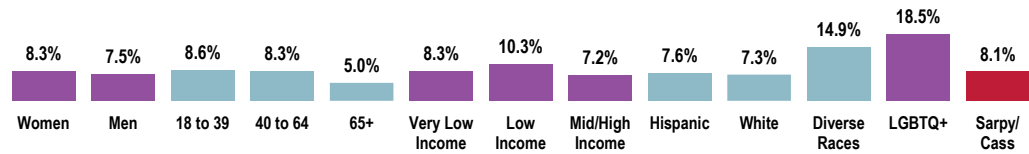
Sarpy/Cass



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 306]  
Notes: • Asked of all respondents.  
• Percentages include “disagree” and “strongly disagree” responses.



## Disagree That the Community is a Welcoming Place for All Races/Ethnicities (Sarpy/Cass, 2024)

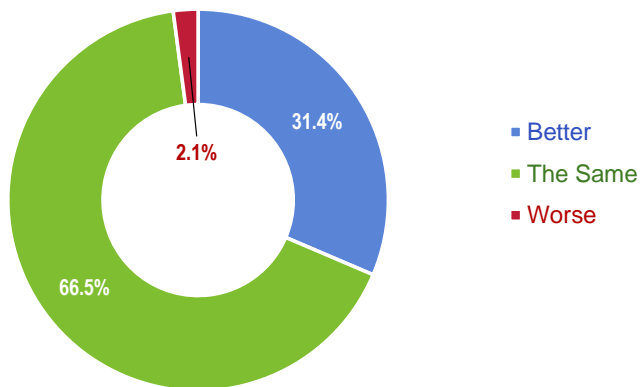


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 306]  
 Notes: • Asked of all respondents.  
 • Percentages include "disagree" and "strongly disagree" responses.

## Treatment Based on Race/Ethnicity in Health Care Settings

**A large share of survey respondents (31.4%) feel they were treated "better" than people of other races or ethnicity during recent health care experiences; two in three (66.5%) felt they were treated "the same."**

### Treated in Health Care Settings Over the Past Year in Comparison With People of Other Races/Ethnicities (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 307]  
 Notes: • Asked of all respondents.  
 • As compared to the experiences of people of other races or ethnicities.

"In the past 12 months, in general, do you feel your health care experiences were "better," "the same," or "worse" than those of other races or ethnicities?"

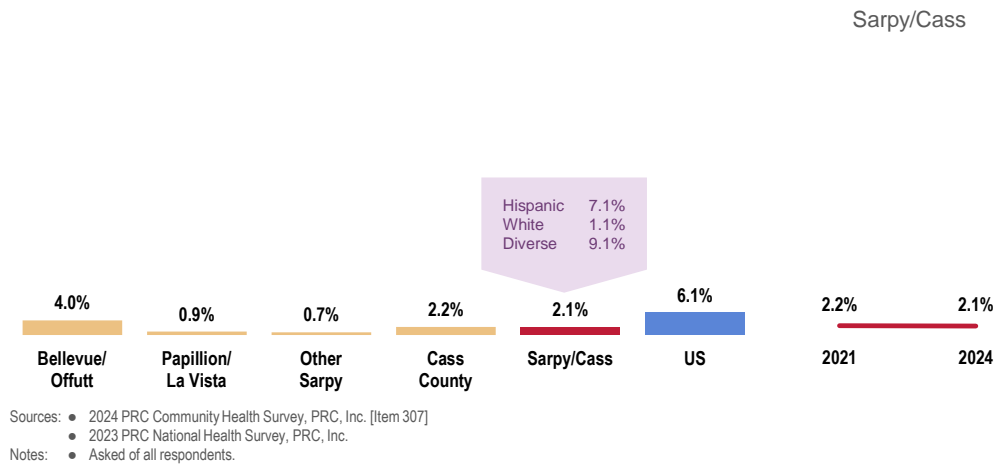


On the other hand, 2.1% of residents perceive their treatment as being “worse” than people of other races or ethnicity during recent health care experiences.

**BENCHMARK** ▶ Well below the national figure.

**DISPARITY** ▶ Highest in the Bellevue/Offutt community. Reported more often among Hispanic residents and those of Diverse Races.

## Recent Health Care Experiences Were Worse Due to Race/Ethnicity



## Adverse Childhood Experiences (ACEs)

### ABOUT ACEs

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance use disorders and can impact prevention efforts. ACEs include:

- Physical abuse or neglect
- Emotional abuse or neglect
- Sexual abuse
- Intimate partner violence
- Household substance misuse
- Household mental illness
- Parental separation/divorce
- Incarcerated household member



A series of 11 survey questions was used to identify adults' experiences of adverse childhood events prior to the age of 18 years. These 11 questions align with eight ACEs categories, as outlined in the following table.

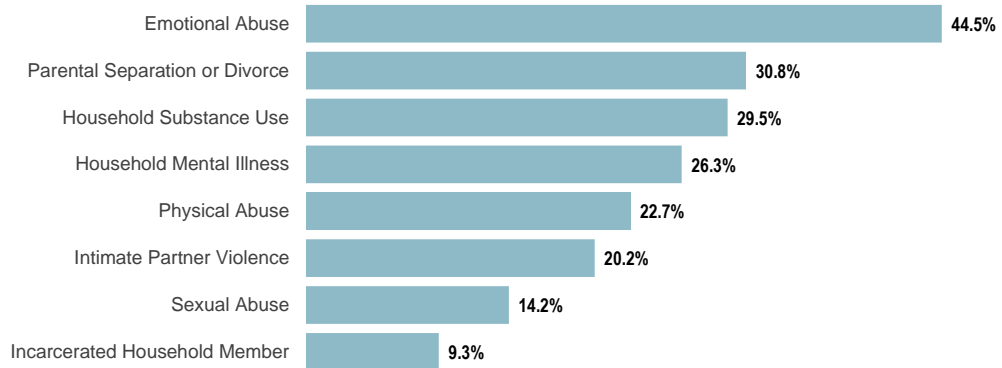
## Adverse Childhood Experiences (ACEs)

| CATEGORY                       | QUESTION  |
|--------------------------------|---|
| HOUSEHOLD MENTAL ILLNESS       | Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?   |
| HOUSEHOLD SUBSTANCE USE        | Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?   |
|                                | Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?                             |
| INCARCERATED HOUSEHOLD MEMBER  | Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? |
| PARENTAL SEPARATION OR DIVORCE | Before you were 18 years of age, were your parents separated or divorced?   |
| INTIMATE PARTNER VIOLENCE      | Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?  |
| PHYSICAL ABUSE                 | Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.                    |
| EMOTIONAL ABUSE                | Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?  |
| SEXUAL ABUSE                   | Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?                                       |
|                                | Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?                      |
|                                | Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?                                    |

Sources: • 2024 PRC Community Health Survey, PRC, Inc.  
 Notes: • Reflects the total sample of respondents.

**By category, emotional abuse during the respondent's childhood is the most prevalent ACE in Sarpy/Cass (affirmed by 44.5% of respondents), followed by parental separation or divorce (30.8%), household substance use (29.5%), and household mental illness (26.3%).**

## Adverse Childhood Experiences (ACEs) (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 344-351]  
 Notes: • Reflects the total sample of respondents.  
 • ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.



## High ACE Scores

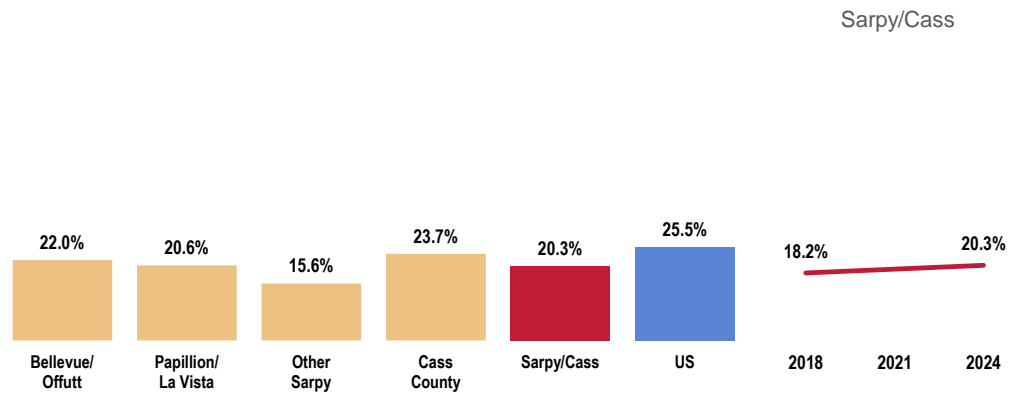
The impact of ACEs on future health and well-being are cumulative. PRC looks at these compounding issues by scoring the ACE series — survey respondents receive one “point” for each of the eight ACEs categories containing an affirmative response; a score of four or higher is determined to be a “high” ACE score.

**In all, 20.3% of Total Area residents reported four or more of the adverse childhood experiences tested (a high ACE score).**

**BENCHMARK** ▶ Lower than the US prevalence.

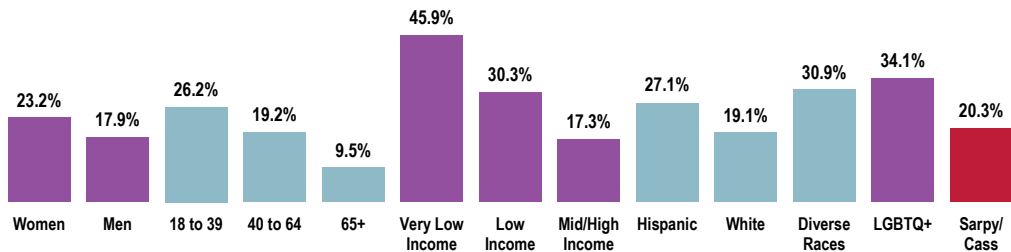
**DISPARITY** ▶ Lowest in the Other Sarpy community. Reported more often among women, adults under 40, those in low-income households (especially very low incomes), Hispanic residents, those of Diverse Races, and LGBTQ+ residents.

### Prevalence of High ACE Scores (Four or More ACEs)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 352]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • Adults who report four or more ACEs is categorized as having a high ACE score.

### Prevalence of High ACE Scores (Four or More ACEs) (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 352]  
 Notes: • Asked of all respondents.  
 • Adults who report four or more ACEs is categorized as having a high ACE score.

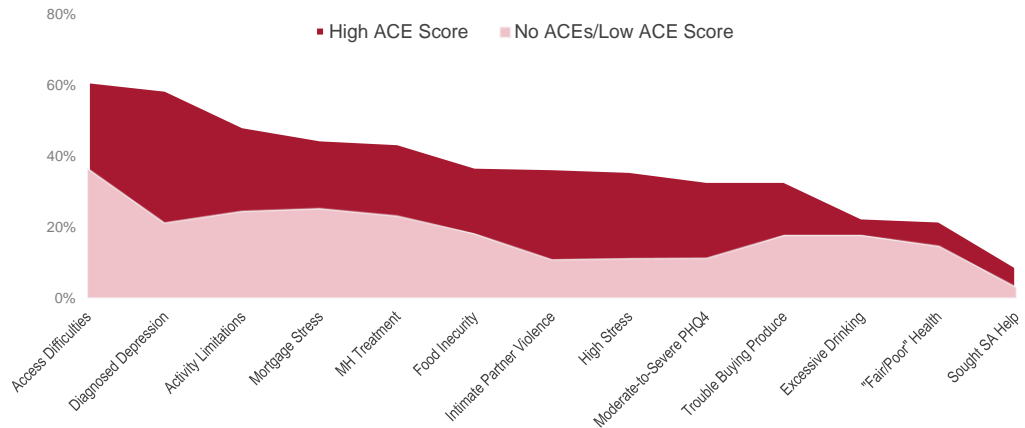


## Relationship of ACEs with Other Health Issues

As a person's ACE score increases, so does their risk for disease, social issues, and emotional problems.

**Note the following strong correlations of various health indicators in the Total Area, comparing those reporting no ACEs with those with low (1-3) and high (4+) ACE risk.**

**Relationship of ACEs With Other Health Issues**  
(By ACE Risk Classification; Sary/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 352]  
 Notes: • Asked of all respondents.  
 • Adults with at least one ACE are categorized as having a low score (1 to 3 ACEs) or a high score (4+ ACEs).







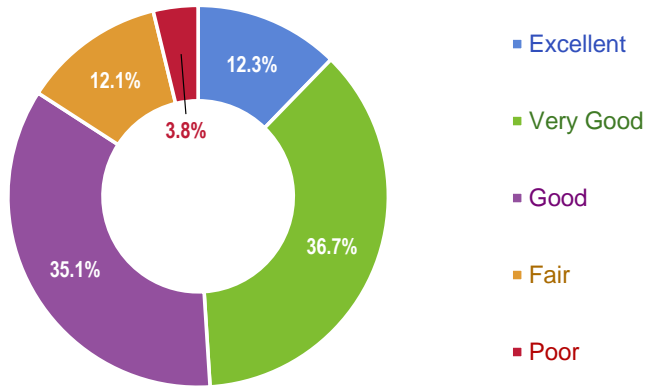
# HEALTH STATUS

# OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

Most Sarpy/Cass residents rate their overall health favorably (responding "excellent," "very good," or "good").

Self-Reported Health Status  
(Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]  
Notes: • Asked of all respondents.

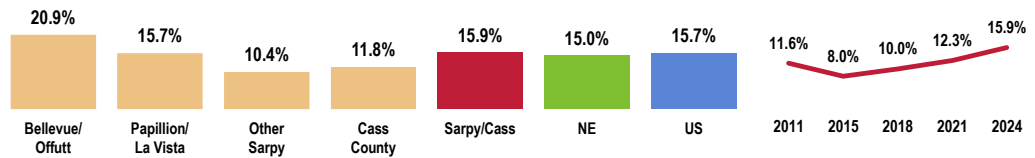
However, 15.9% of Sarpy/Cass adults believe that their overall health is "fair" or "poor."

**TREND** ► Increasing significantly over time.

**DISPARITY** ► Highest in Bellevue/Offutt. Reported more often among men, adults age 65+, those in low-income households, and people who identify as LGBTQ+.

## Experience "Fair" or "Poor" Overall Health

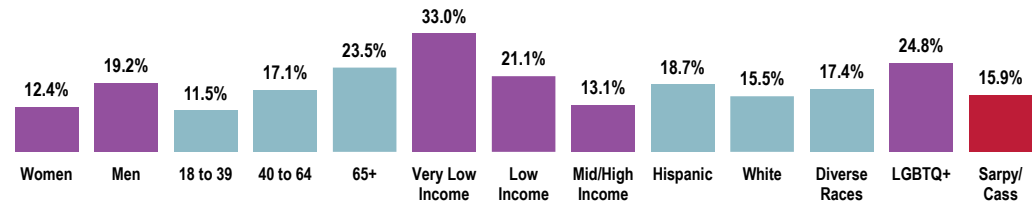
Sarpy/Cass



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.



## Experience “Fair” or “Poor” Overall Health (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]  
 Notes: • Asked of all respondents.



# MENTAL HEALTH

## ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

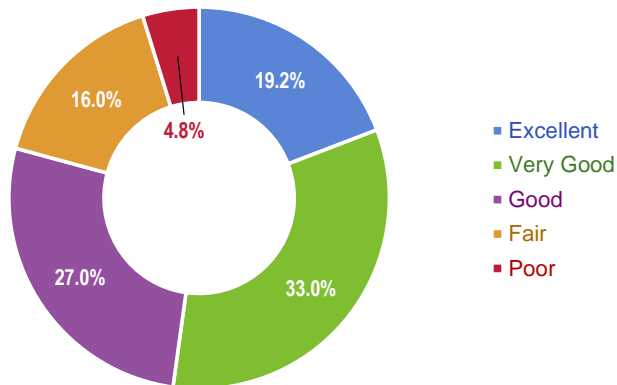
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Mental Health Status

**Most Sarpy/Cass adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).**

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is excellent, very good, good, fair, or poor?”

Self-Reported Mental Health Status  
(Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]  
Notes: • Asked of all respondents.

**However, 20.8% believe that their overall mental health is “fair” or “poor.”**

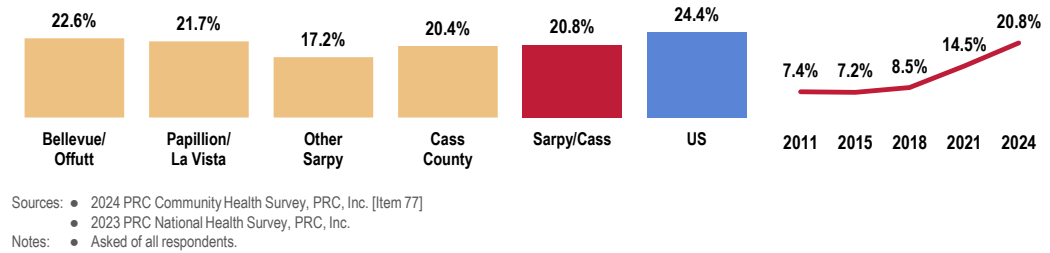
**BENCHMARK** ▶ Lower than the US prevalence.

**TREND** ▶ Marks a statistically significant increase.



## Experience “Fair” or “Poor” Mental Health

Sarpy/Cass



## Depression & Anxiety

### Diagnosed Depression

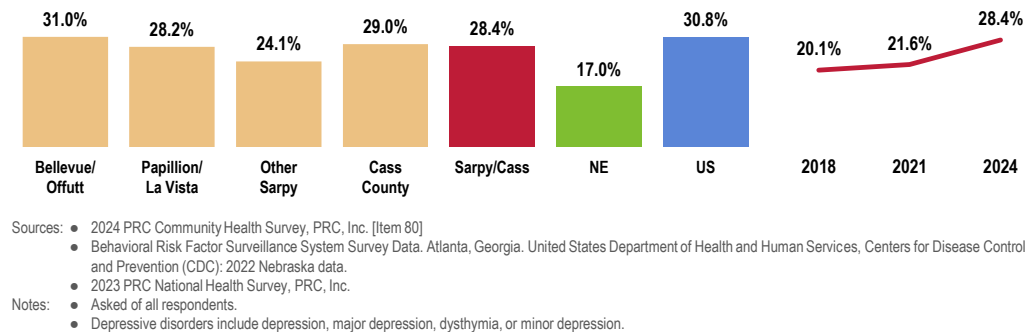
A total of 28.4% of Sarpy/Cass adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

**BENCHMARK** ▶ Worse than the Nebraska prevalence.

**TREND** ▶ Increasing significantly from previous survey findings.

### Have Been Diagnosed With a Depressive Disorder

Sarpy/Cass



## Symptoms of Chronic Depression

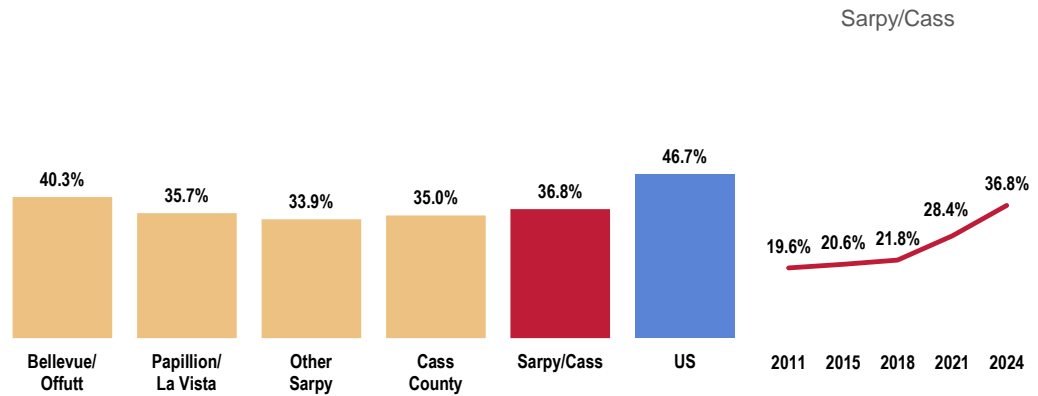
A total of 36.8% of Sarpy/Cass adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

**BENCHMARK** ▶ Lower than the national figure.

**TREND** ▶ Increasing considerably over time.

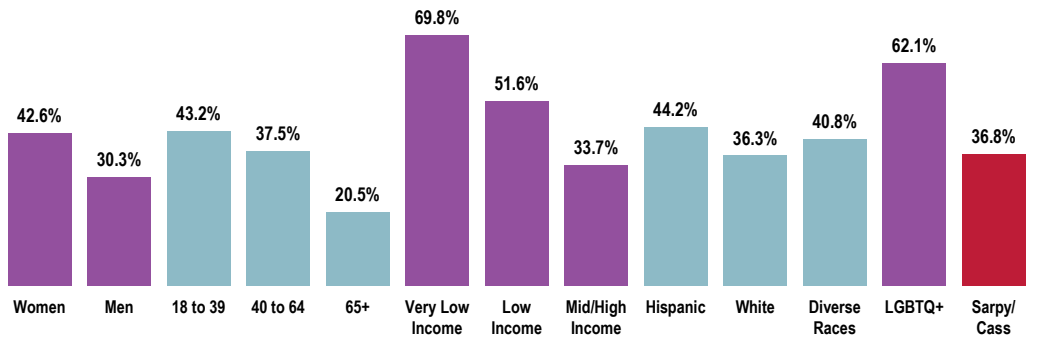
**DISPARITY** ▶ Reported more often among women, adults under 40, those in low-income households, and people who identify as LGBTQ+.

### Have Experienced Symptoms of Chronic Depression



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 78]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

### Have Experienced Symptoms of Chronic Depression (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 78]  
 Notes: • Asked of all respondents.  
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

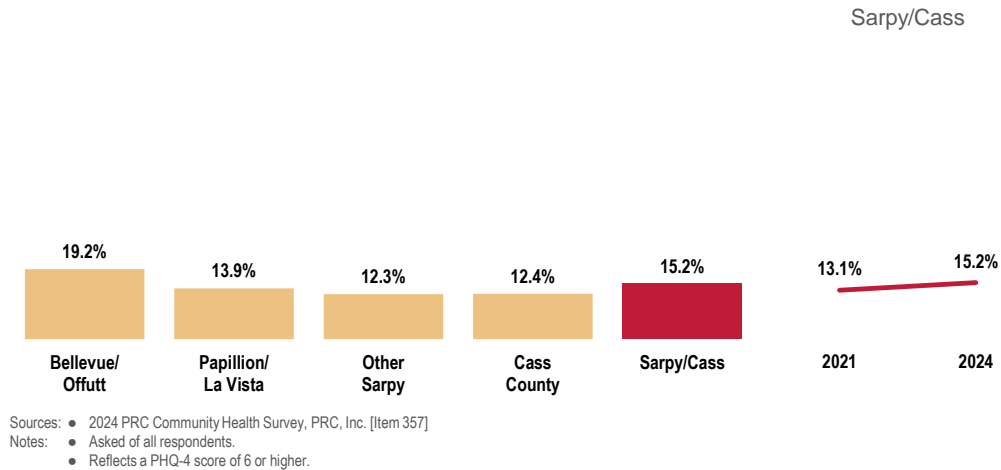


## Current Anxiety & Depression

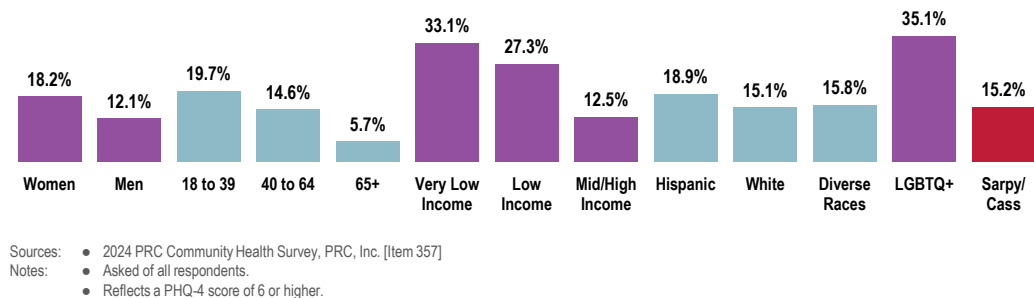
At the time of the survey, 15.2% of Sarpy/Cass respondents reported experiencing feelings that signal moderate-to-severe anxiety and/or depression (reflecting a PHQ-4 score of 6 or higher).

**DISPARITY** ▶ Highest in Bellevue/Offutt and reported more often among women, young adults, those in low-income households, and LGBTQ+ respondents.

### Moderate to Severe Anxiety/Depression



### Moderate to Severe Anxiety/Depression (Sarpy/Cass, 2024)



The Patient Health Questionnaire-4 (PHQ-4) was developed in order to address anxiety and depression, two of the most prevalent illnesses among the general population and often comorbid in nature.

The PHQ-4 is a four-item questionnaire allowing for ultra-brief and accurate measurement of core symptoms/signs of depression and anxiety. An elevated PHQ-4 score is not diagnostic but is an indicator for further inquiry to establish the presence or absence of a clinical disorder warranting treatment.

Respondents were asked:

*During the past two weeks, how often have you been bothered by the following problems:*

- Feeling Nervous, Anxious, or On Edge
- Not Being Able to Stop or Control Worrying
- Feeling Down, Depressed, or Hopeless
- Feeling Little Interest or Pleasure in Doing Things

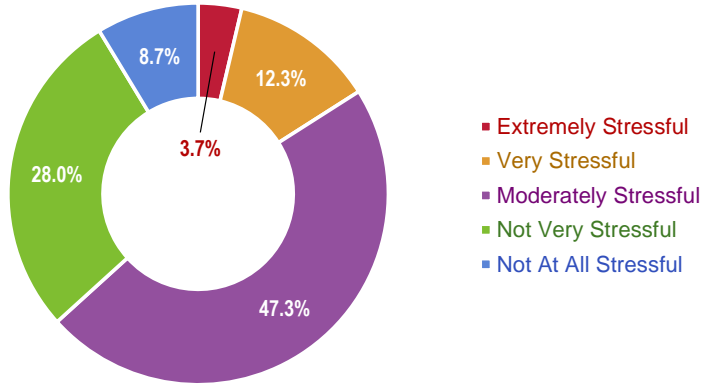
Responses were scored according to how frequently each was experienced in the previous two weeks (nearly every day, more than half the days, several days, or not at all).



# Stress

A majority of surveyed adults characterize most days as no more than “moderately” stressful.

Perceived Level of Stress On a Typical Day  
(Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]  
Notes: • Asked of all respondents.

In contrast, 16.0% of Sarpy/Cass adults feel that most days for them are “very” or “extremely” stressful.

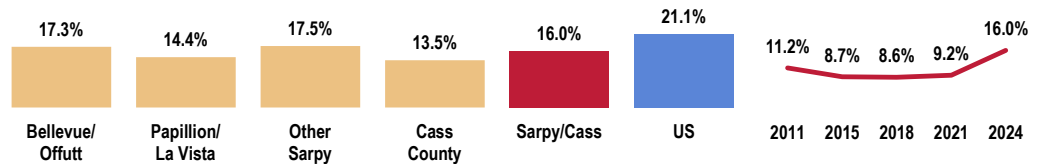
**BENCHMARK** ▶ Lower than the national figure.

**TREND** ▶ Increasing significantly from previous findings.

**DISPARITY** ▶ Reported more often among women, adults under 40, those in low-income households, Hispanic residents, those of Diverse Races, and LGBTQ+ respondents.

## Perceive Most Days As “Extremely” or “Very” Stressful

Sarpy/Cass

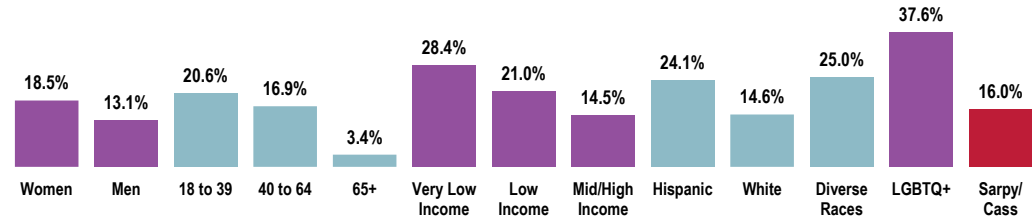


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.





## Perceive Most Days as “Extremely” or “Very” Stressful (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]  
Notes: • Asked of all respondents.

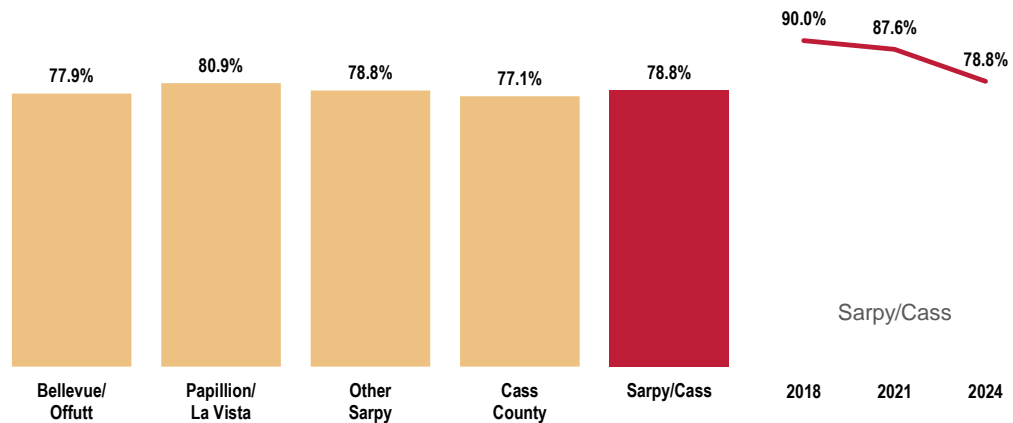
## Social Support

**Most Sarpy/Cass adults (78.8%) report having someone to turn to “all” or “most” of the time, if they needed or wanted help.**

**TREND** ▶ Denotes a statistically significant decrease since 2018.

**DISPARITY** ▶ Lowest among young adults, those in low-income households, Hispanic respondents, and people who identify as LGBTQ+.

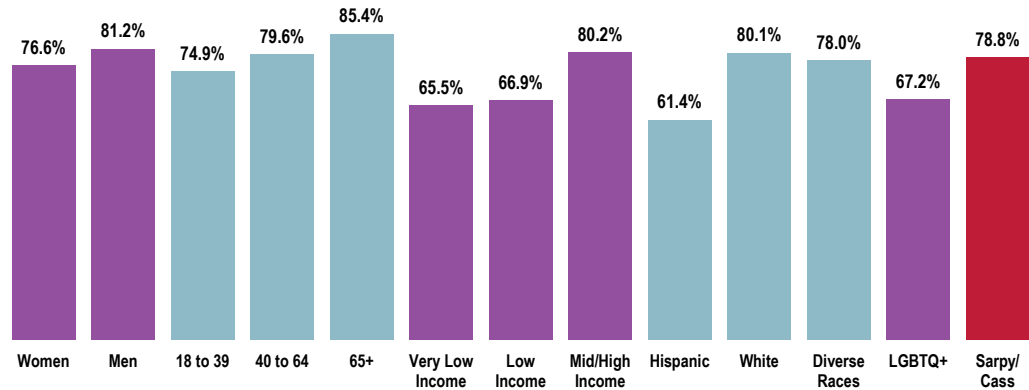
## Have Someone to Turn to for Help All/Most of the Time



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 320]  
Notes: • Asked of all respondents.



## Have Someone to Turn to for Help All/Most of the Time (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 320]  
Notes: • Asked of all respondents.

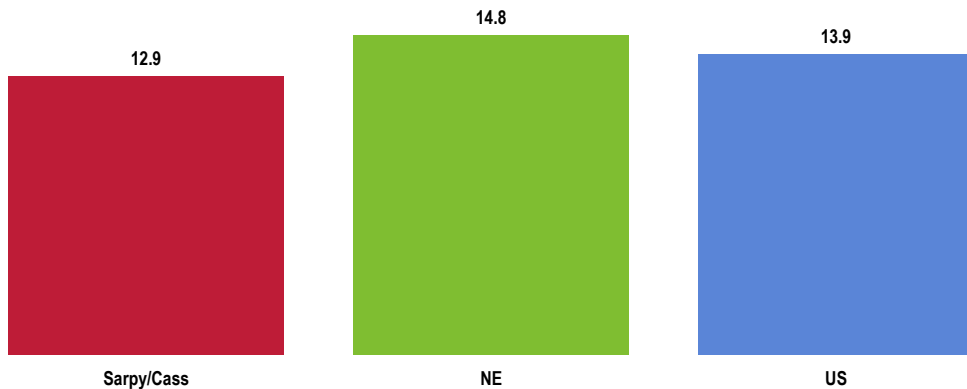
## Suicide

Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.

The Sarpy/Cass community reported 12.9 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

**TREND** ► Marks an increase in the suicide rate over the past decade.

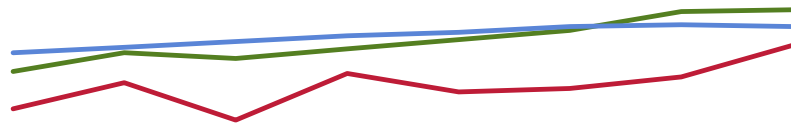
### Suicide: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



## Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



|            | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Sarpy/Cass | 9.5       | 10.9      | 8.9       | 11.4      | 10.4      | 10.6      | 11.2      | 12.9      |
| NE         | 11.5      | 12.5      | 12.2      | 12.7      | 13.2      | 13.7      | 14.7      | 14.8      |
| US         | 12.5      | 12.8      | 13.1      | 13.4      | 13.6      | 13.9      | 14.0      | 13.9      |

Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Mental Health Treatment

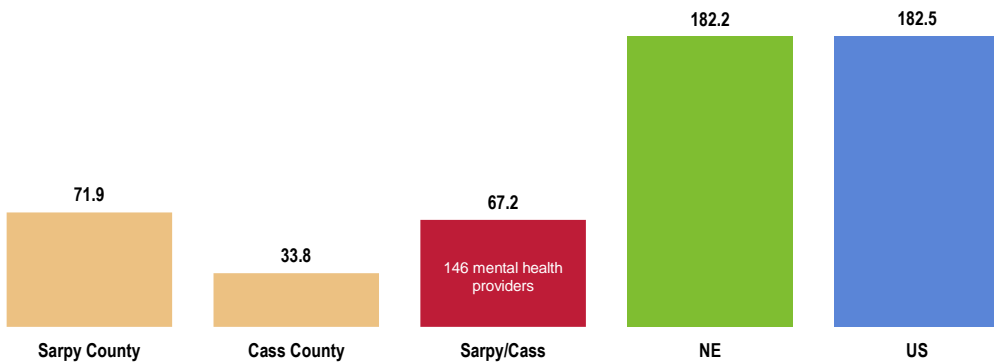
### Mental Health Providers

**In Sarpy/Cass in 2020, there were 67.2 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.**

**BENCHMARK** ▶ Considerably lower than the state and national ratios.

**DISPARITY** ▶ The proportion is much higher in Sarpy County than in Cass County.

### Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2020)



Sources: 

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap ([sparkmap.org](http://sparkmap.org)).

Notes: 

- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Note that this indicator only reflects providers practicing in Sarpy/Cass and residents in Sarpy/Cass; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.



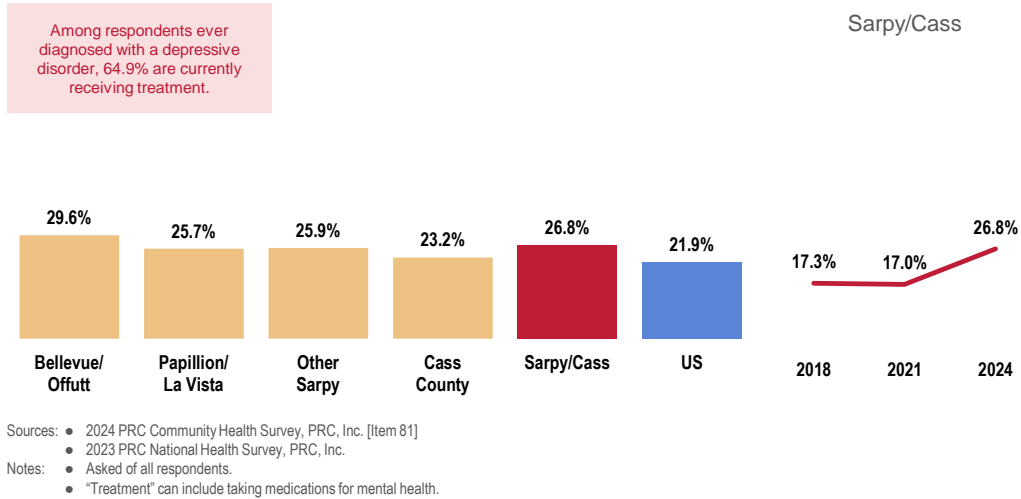
## Currently Receiving Treatment

A total of 26.8% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

**BENCHMARK** ▶ Higher than the national figure.

**TREND** ▶ Increasing significantly from previous findings.

### Currently Receiving Mental Health Treatment



## Difficulty Accessing Mental Health Services

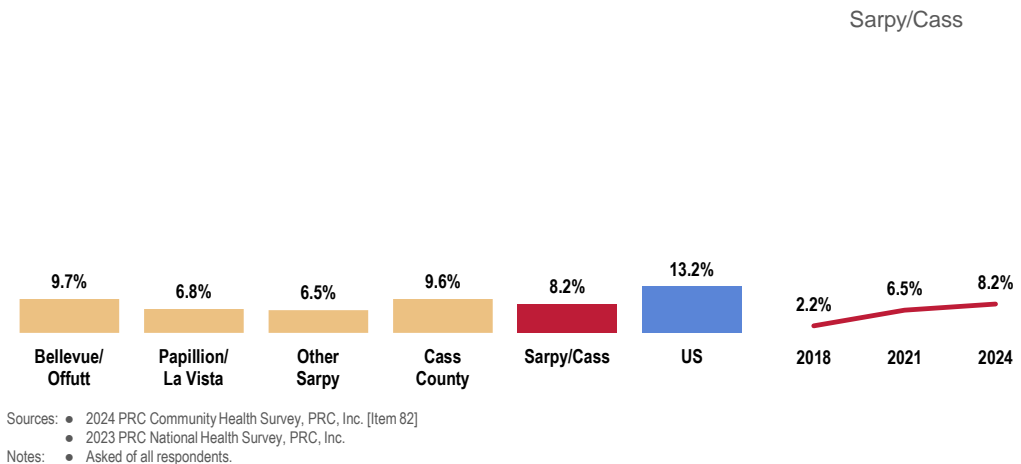
A total of 8.2% of Sarpy/Cass adults report a time in the past year when they needed mental health services but were not able to get them.

**BENCHMARK** ▶ Lower than the US prevalence.

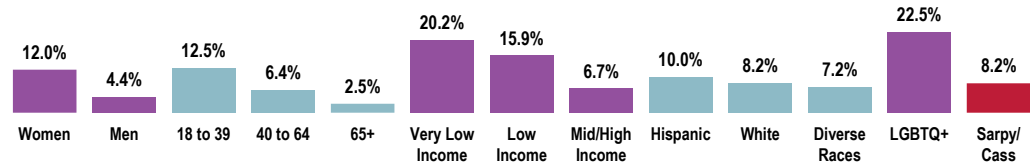
**TREND** ▶ Increasing significantly since 2018.

**DISPARITY** ▶ Reported more often among women, young adults, those in low-income households, and LGBTQ+ respondents.

### Unable to Get Mental Health Services When Needed in the Past Year



## Unable to Get Mental Health Services When Needed in the Past Year (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 82]  
 Notes: • Asked of all respondents.





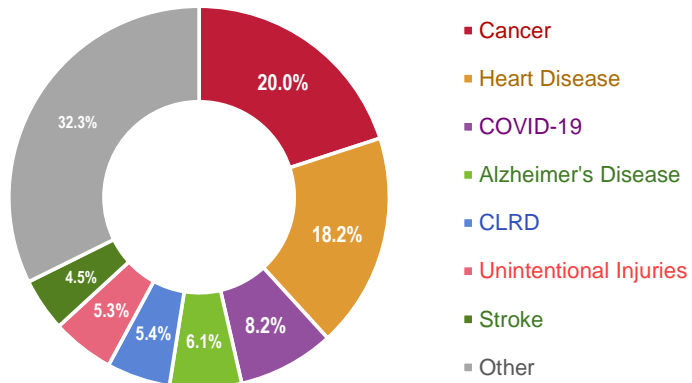
# DEATH, DISEASE & CHRONIC CONDITIONS

# LEADING CAUSES OF DEATH

## Distribution of Deaths by Cause

Together, cancers and heart disease accounted for the largest share of all Sarpy/Cass deaths in 2020.

Leading Causes of Death  
(Sarpy/Cass, 2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

## Age-Adjusted Death Rates for Selected Causes

### AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, Nebraska and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in Sarpy/Cass.



Leading causes of death are discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

### Age-Adjusted Death Rates for Selected Causes (2018-2020 Deaths per 100,000 Population)

|   | Sarpy/Cass | NE    | US    | HP2030 |
|---|------------|-------|-------|--------|
| <b>Malignant Neoplasms (Cancers)</b>            | 144.8      | 148.5 | 146.5 | 122.7  |
| <b>Diseases of the Heart</b>                    | 136.8      | 144.8 | 164.4 | 127.4* |
| <b>Fall-Related Deaths (65+)</b>                | 76.0       | 67.8  | 67.1  | 63.4   |
| <b>Alzheimer's Disease</b>                      | 39.8       | 30.0  | 30.9  | —      |
| <b>Chronic Lower Respiratory Disease (CLRD)</b> | 38.7       | 45.7  | 38.1  | —      |
| <b>Unintentional Injuries</b>                   | 37.4       | 40.3  | 51.6  | 43.2   |
| <b>Cerebrovascular Disease (Stroke)</b>         | 31.0       | 33.0  | 37.6  | 33.4   |
| <b>Diabetes Mellitus</b>                        | 17.2       | 25.1  | 22.6  | —      |
| <b>Intentional Self-Harm (Suicide)</b>          | 12.9       | 14.8  | 13.9  | 12.8   |
| <b>Pneumonia/Influenza</b>                      | 12.2       | 14.2  | 13.4  | —      |
| <b>Motor Vehicle Deaths</b>                     | 10.7       | 12.3  | 11.4  | 10.1   |
| <b>Cirrhosis/Liver Disease</b>                  | 8.7        | 9.8   | 12.5  | 10.9   |
| <b>Alcohol-Induced</b>                          | 8.1        | 12.0  | 11.9  | —      |
| <b>Drug-Induced</b>                             | 7.3        | 7.4   | 21.0  | —      |
| <b>Kidney Diseases</b>                          | 7.1        | 10.3  | 12.8  | —      |
| <b>Homicide</b>                                 | 1.7        | 3.0   | 6.1   | 5.5    |

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>.  
 Note: ● \*The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.





# CARDIOVASCULAR DISEASE

## ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Heart Disease & Stroke Deaths

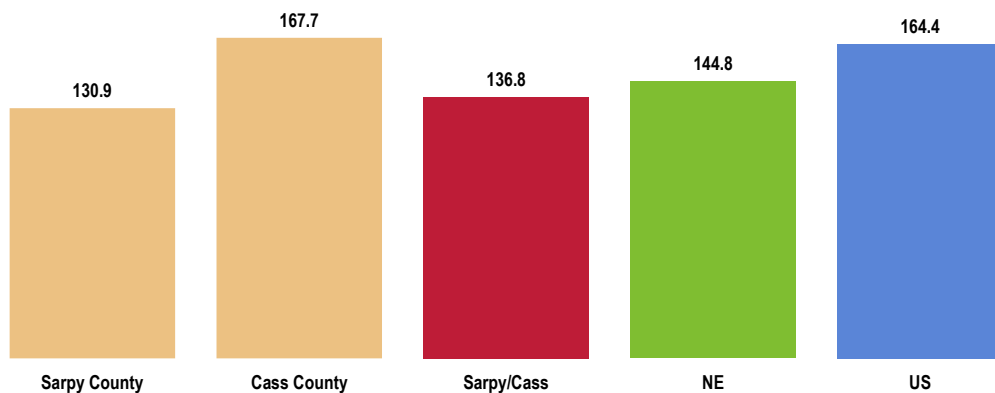
### Heart Disease Deaths

Between 2018 and 2020, Sarpy/Cass reported an annual average age-adjusted heart disease mortality rate of 136.8 deaths per 100,000 population.

**BENCHMARK** ▶ Lower than the US mortality rate.

The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease: Age-Adjusted Mortality  
(2018-2020 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 127.4 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.
  - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



## Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



|              | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| — Sarpy/Cass | 141.9     | 143.2     | 146.3     | 133.7     | 136.2     | 135.1     | 140.1     | 136.8     |
| — NE         | 147.2     | 145.9     | 148.5     | 145.9     | 148.0     | 145.1     | 146.6     | 144.8     |
| — US         | 171.3     | 169.6     | 168.9     | 167.5     | 166.3     | 164.7     | 163.4     | 164.4     |

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.
  - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Stroke Deaths

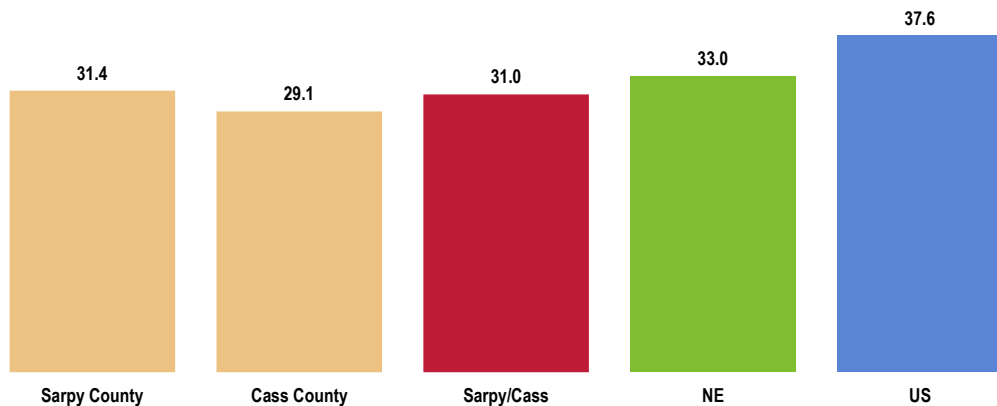
**Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 31.0 deaths per 100,000 population in Sarpy/Cass.**

**BENCHMARK** ▶ Lower than the national rate.

**TREND** ▶ Increasing in recent years, but below rates reported roughly a decade ago.

## Stroke: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower

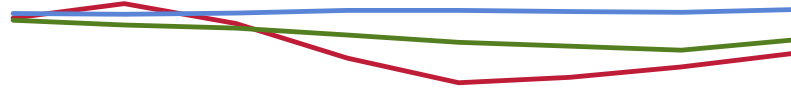


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



## Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



|            | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Sarpy/Cass | 36.3      | 38.5      | 35.5      | 30.3      | 26.6      | 27.4      | 29.0      | 31.0      |
| NE         | 36.0      | 35.3      | 34.8      | 33.8      | 32.7      | 32.1      | 31.5      | 33.0      |
| US         | 37.0      | 36.9      | 37.1      | 37.5      | 37.5      | 37.3      | 37.2      | 37.6      |

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
 ● US Department of Health and Human Services. Healthy People 2030, August 2020. <http://www.healthypeople.gov>  
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Prevalence of Heart Disease & Stroke

### Prevalence of Heart Disease

**A total of 7.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.**

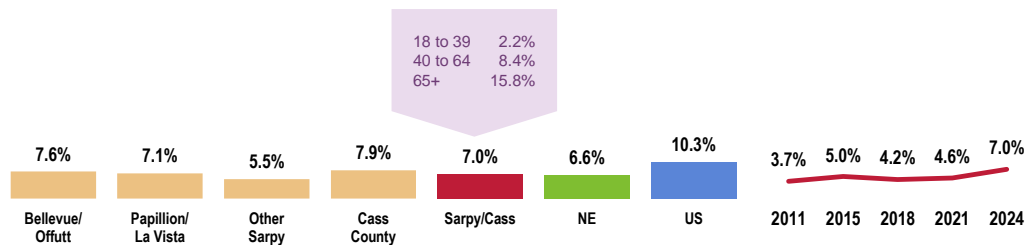
**BENCHMARK** ▶ Lower than the national prevalence.

**TREND** ▶ Marks a statistically significant increase since 2011.

**DISPARITY** ▶ Strong correlation with age.

### Prevalence of Heart Disease

Sarpy/Cass



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 22]  
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.  
 ● 2023 PRC National Health Survey, PRC, Inc.  
 Notes: ● Asked of all respondents.  
 ● Includes diagnoses of heart attack, angina, or coronary heart disease.



## Prevalence of Stroke

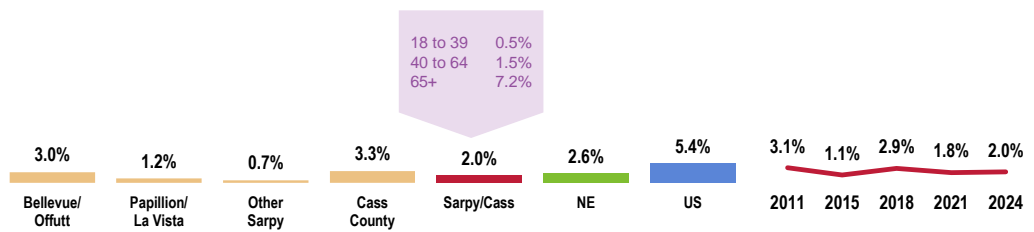
A total of 2.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

**BENCHMARK** ▶ Less than half the US figure.

**DISPARITY** ▶ Lowest in the Other Sarpy community. Increases with age in Sarpy/Cass.

## Prevalence of Stroke

Sarpy/Cass



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 23]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Nebraska data.  
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.



# CANCER

## ABOUT CANCER

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Cancer Deaths

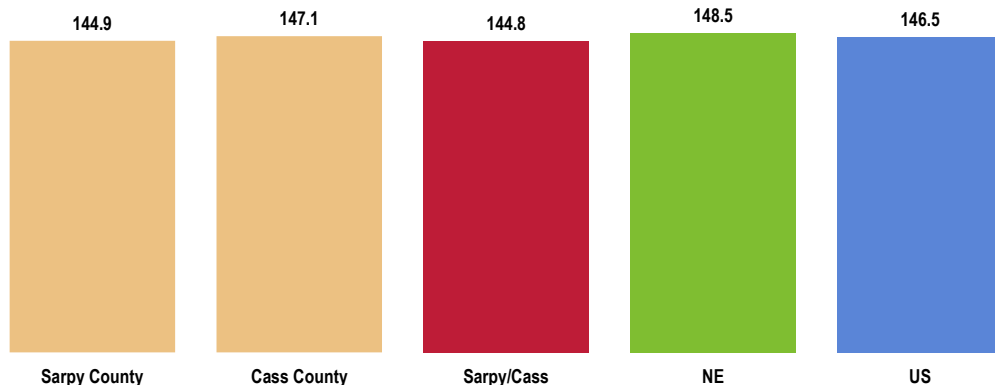
### All Cancer Deaths

**Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 144.8 deaths per 100,000 population in Sarpy/Cass.**

**BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.

**TREND** ▶ Note the decreasing mortality rate, echoing state and national trends.

**Cancer: Age-Adjusted Mortality**  
(2018-2020 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 122.7 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



## Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



|   | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <span style="color: red;">—</span> Sarpy/Cass | 168.5     | 169.8     | 166.2     | 158.0     | 148.6     | 144.4     | 141.8     | 144.8     |
| <span style="color: green;">—</span> NE       | 163.4     | 161.9     | 159.6     | 157.0     | 154.7     | 152.2     | 150.2     | 148.5     |
| <span style="color: blue;">—</span> US        | 166.2     | 162.7     | 160.1     | 157.6     | 155.6     | 152.5     | 149.3     | 146.5     |

Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Cancer Deaths by Site

**Lung cancer is the leading cause of cancer deaths in Sarpy/Cass.**

Other leading sites include prostate cancer, female breast cancer, and colorectal cancer (both sexes).

### BENCHMARK

Lung Cancer ► Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective.

## Age-Adjusted Cancer Death Rates by Site (2018-2020 Annual Average Deaths per 100,000 Population)

|                             | Sarpy/Cass   | NE           | US           | HP2030       |
|-----------------------------|--------------|--------------|--------------|--------------|
| <b>ALL CANCERS</b>          | <b>144.8</b> | <b>148.5</b> | <b>146.5</b> | <b>122.7</b> |
| <b>Lung Cancer</b>          | <b>32.0</b>  | <b>31.8</b>  | <b>33.4</b>  | <b>25.1</b>  |
| <b>Prostate Cancer</b>      | <b>18.4</b>  | <b>18.7</b>  | <b>18.5</b>  | <b>16.9</b>  |
| <b>Female Breast Cancer</b> | <b>18.1</b>  | <b>20.8</b>  | <b>19.4</b>  | <b>15.3</b>  |
| <b>Colorectal Cancer</b>    | <b>13.8</b>  | <b>14.9</b>  | <b>13.1</b>  | <b>8.9</b>   |

Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

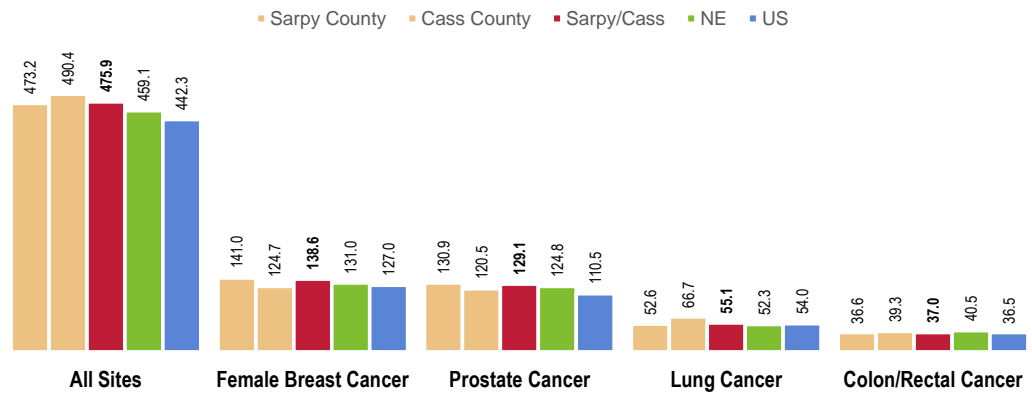


# Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

**Cancer Incidence Rates by Site**  
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2016-2020)



Sources:
 

- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

 Notes:
 

- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population.



# Prevalence of Cancer

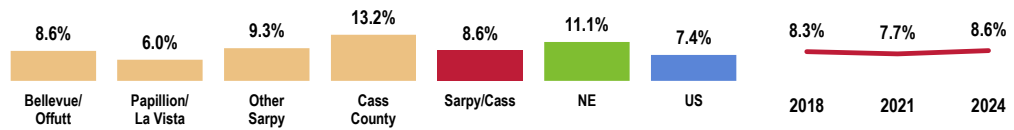
A total of 8.6 % of surveyed adults report having ever been diagnosed with cancer.

**BENCHMARK** ▶ Lower than the Nebraska percentage.

**DISPARITY** ▶ The prevalence is highest in Cass County. Reported more often among older adults (age 65+) and White respondents.

## Prevalence of Cancer

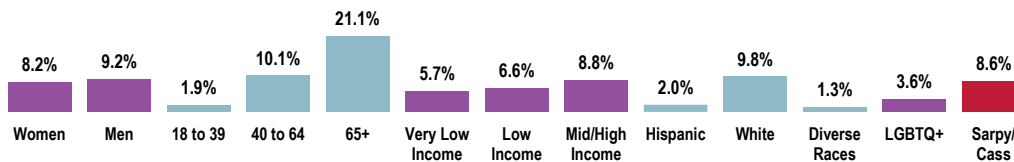
Sarpy/Cass



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 24]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.  
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.

## Prevalence of Cancer (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 24]  
 Notes: • Reflects all respondents.





# Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures. Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

## FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

## CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

## COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

**Among women age 50 to 74, 81.7% have had a mammogram within the past 2 years.**

**BENCHMARK** ▶ Much higher than the US percentage.

**Among Sarpy/Cass women age 21 to 65, 71.8% have had appropriate cervical cancer screening.**

**BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.

**TREND** ▶ Decreasing significantly since 2011.

**DISPARITY** ▶ Lowest in Cass County (not shown).

“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.



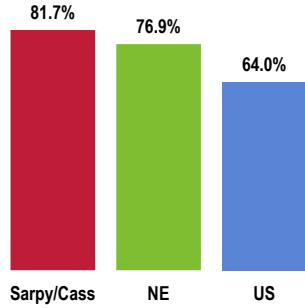
**Among all adults age 50 to 75, 81.0% have had appropriate colorectal cancer screening.**

**BENCHMARK** ▶ Well above the state and national percentages.

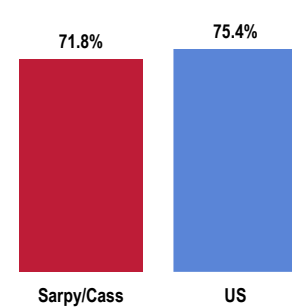
**DISPARITY** ▶ Lowest in the Other Sarpy area (not shown).

“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

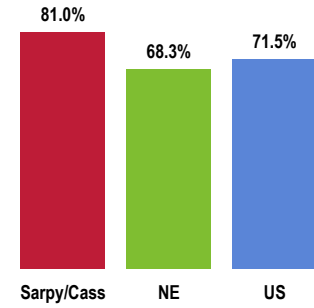
**Breast Cancer Screening**  
(Women Age 50-74)  
Healthy People 2030 = 80.5% or Higher



**Cervical Cancer Screening**  
(Women Age 21-65)  
Healthy People 2030 = 84.3% or Higher



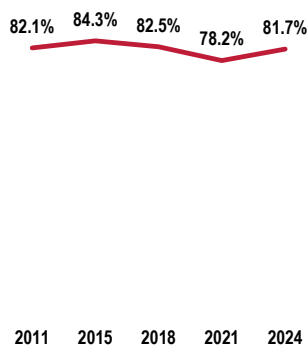
**Colorectal Cancer Screening**  
(All Adults Age 50-75)  
Healthy People 2030 = 74.4% or Higher



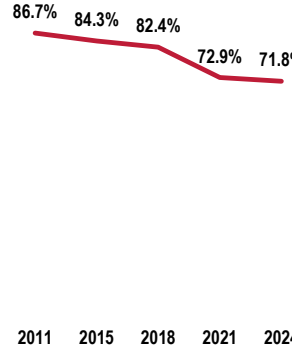
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.  
 • 2023 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Each indicator is shown among the gender and/or age group specified.

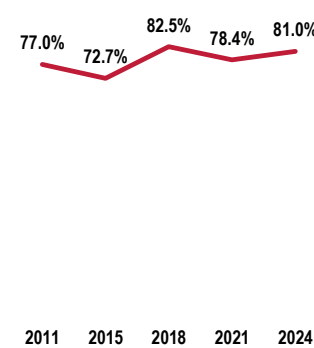
**Breast Cancer Screening**  
(Women Age 50-74)  
Healthy People 2030 = 80.5% or Higher



**Cervical Cancer Screening**  
(Women Age 21-65)  
Healthy People 2030 = 84.3% or Higher



**Colorectal Cancer Screening**  
(All Adults Age 50-75)  
Healthy People 2030 = 74.4% or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Each indicator is shown among the gender and/or age group specified.



# RESPIRATORY DISEASE

## ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Note that this section also includes data relative to COVID-19 (coronavirus disease).

## Age-Adjusted Respiratory Disease Deaths

### Lung Disease Deaths

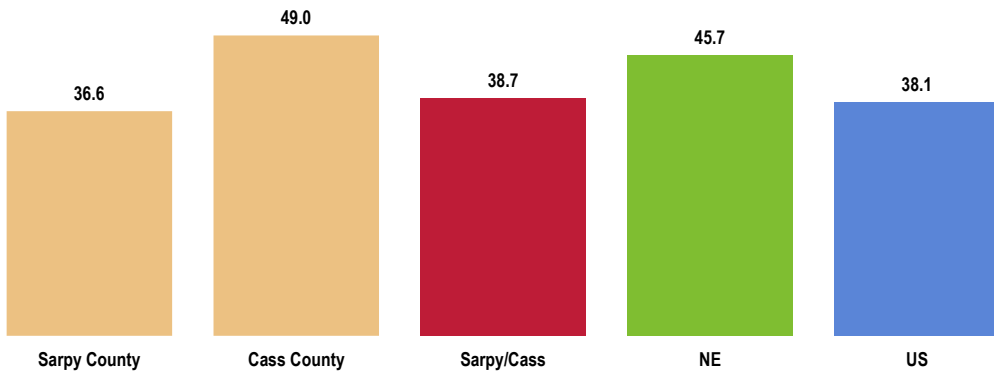
**Between 2018 and 2020, Sarpy/Cass reported an annual average age-adjusted lung disease mortality rate of 38.7 deaths per 100,000 population.**

**BENCHMARK** ▶ Lower than the Nebraska mortality rate.

**DISPARITY** ▶ Higher in Cass County.

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

**CLRD: Age-Adjusted Mortality**  
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes: ● CLRD is chronic lower respiratory disease.  
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



## CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



|   | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <span style="color: red;">—</span> Sarpy/Cass | 43.0      | 44.2      | 47.4      | 46.3      | 46.5      | 44.6      | 42.5      | 38.7      |
| <span style="color: green;">—</span> NE       | 49.0      | 49.1      | 50.2      | 50.6      | 51.2      | 49.7      | 48.8      | 45.7      |
| <span style="color: blue;">—</span> US        | 42.0      | 41.7      | 41.8      | 41.3      | 41.0      | 40.4      | 39.6      | 38.1      |

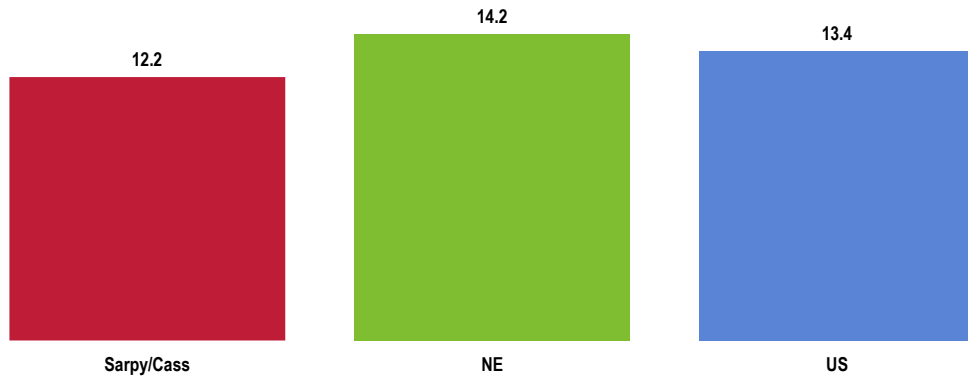
- Sources:
  - CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- Notes:
  - CLRD is chronic lower respiratory disease.
  - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Pneumonia/Influenza Deaths

Between 2018 and 2020, Sarpy/Cass reported an annual average age-adjusted pneumonia/influenza mortality rate of 12.2 deaths per 100,000 population.

**BENCHMARK** ▶ Lower than the state rate.

### Pneumonia/Influenza: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)



- Sources:
  - CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- Notes:
  - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



## Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



|            | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Sarpy/Cass | 13.7      | 15.2      | 15.7      | 14.5      | 15.6      | 15.1      | 14.7      | 12.2      |
| NE         | 13.8      | 14.1      | 15.5      | 15.4      | 15.8      | 15.5      | 15.6      | 14.2      |
| US         | 15.3      | 15.2      | 15.4      | 14.6      | 14.3      | 14.2      | 13.8      | 13.4      |

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Prevalence of Respiratory Disease

### Asthma

**A total of 10.7% of Sarpy/Cass adults have asthma.**

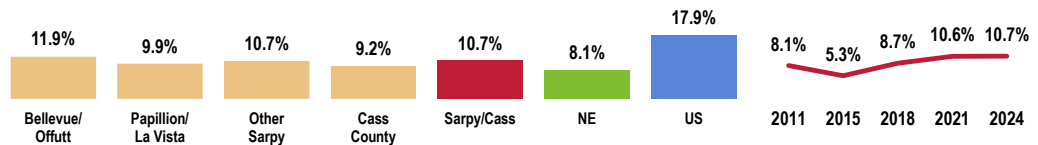
**BENCHMARK** ▶ Higher than the Nebraska prevalence but lower than the US.

**DISPARITY** ▶ Reported more often among adults living at the lowest income level, those of Diverse Races, and LGBTQ+ respondents.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

### Prevalence of Asthma

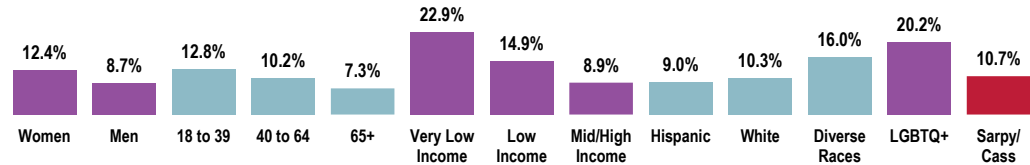
Sarpy/Cass



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 26]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Nebraska data.  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.



## Prevalence of Asthma (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 26]  
 Notes: • Asked of all respondents.

## Chronic Obstructive Pulmonary Disease (COPD)

**A total of 3.7% of Sarpy/Cass adults suffer from chronic obstructive pulmonary disease (COPD).**

**BENCHMARK** ▶ Lower than the state and national figures.

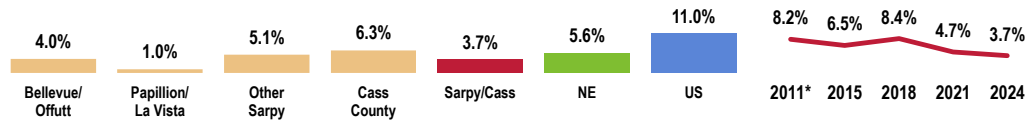
**TREND** ▶ Marks a statistically significant decrease since 2011.

**DISPARITY** ▶ Lowest in the Papillion/La Vista community.

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

## Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Sarpy/Cass



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 21]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.  
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.  
 • \*In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.



# INJURY & VIOLENCE

## ABOUT INJURY & VIOLENCE

**INJURY** ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

**VIOLENCE** ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Unintentional Injury

### Age-Adjusted Unintentional Injury Deaths

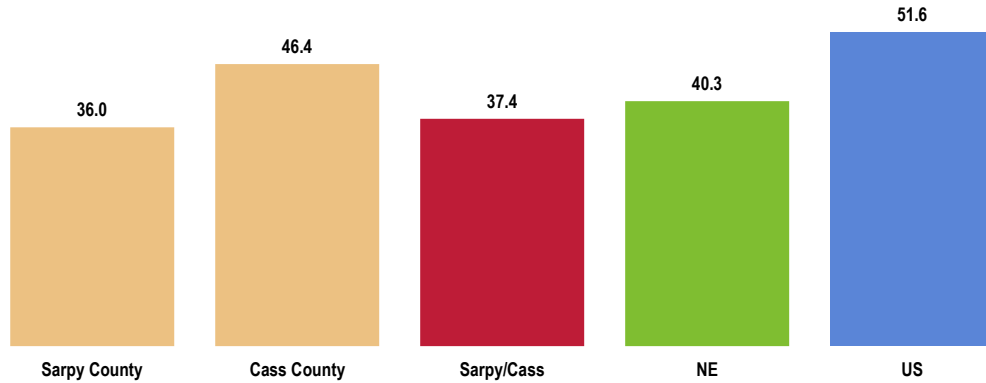
**Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 37.4 deaths per 100,000 population in Sarpy/Cass.**

**BENCHMARK** ► Lower than the US mortality rate and satisfies the Healthy People 2030 objective.

**TREND** ► The mortality rate has increased over the past decade.



## Unintentional Injuries: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 43.2 or Lower



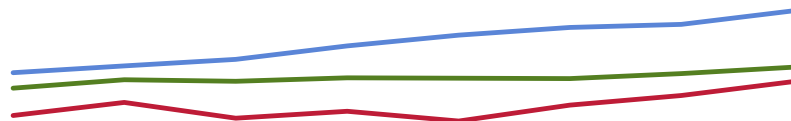
Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 43.2 or Lower



|   | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <span style="color: red;">—</span> Sarpy/Cass | 30.6      | 33.2      | 30.1      | 31.5      | 29.5      | 32.7      | 34.6      | 37.4      |
| <span style="color: green;">—</span> NE       | 36.1      | 37.8      | 37.5      | 38.2      | 38.1      | 38.0      | 39.0      | 40.3      |
| <span style="color: blue;">—</span> US        | 39.2      | 40.6      | 41.9      | 44.6      | 46.7      | 48.3      | 48.9      | 51.6      |

Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

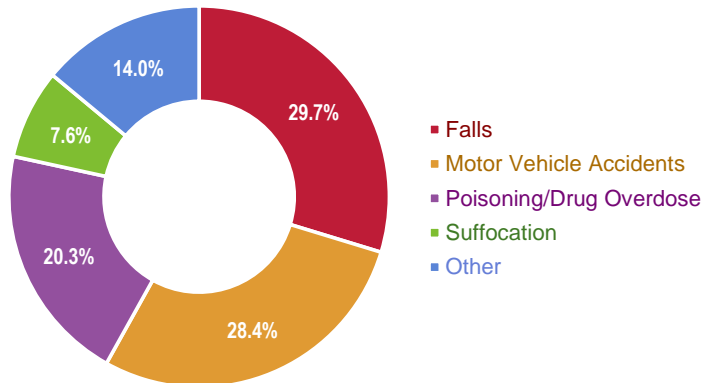




## Leading Causes of Unintentional Injury Deaths

Falls, motor vehicle crashes, poisoning (including unintentional drug overdose), and suffocation accounted for most unintentional injury deaths in Sarpy/Cass between 2018 and 2020.

Leading Causes of Unintentional Injury Deaths  
(Sarpy/Cass, 2018-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

## Falls

### ABOUT FALLS

Falls are the leading cause of fatal and nonfatal injuries for persons age 65 and older .... Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

– Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

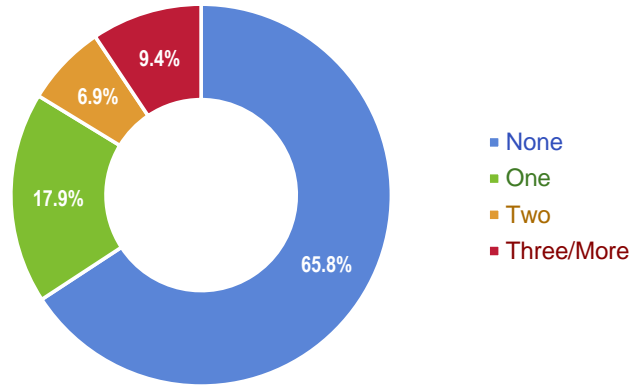
**Among surveyed Sarpy/Cass adults age 45 and older, most have not fallen in the past year.**

**RELATED ISSUE**  
For more information about unintentional drug-related deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

**RELATED ISSUE**  
For fall-related mortality data, see *Age-Adjusted Death Rates for Selected Causes* in the **Leading Causes of Death** section of this report.



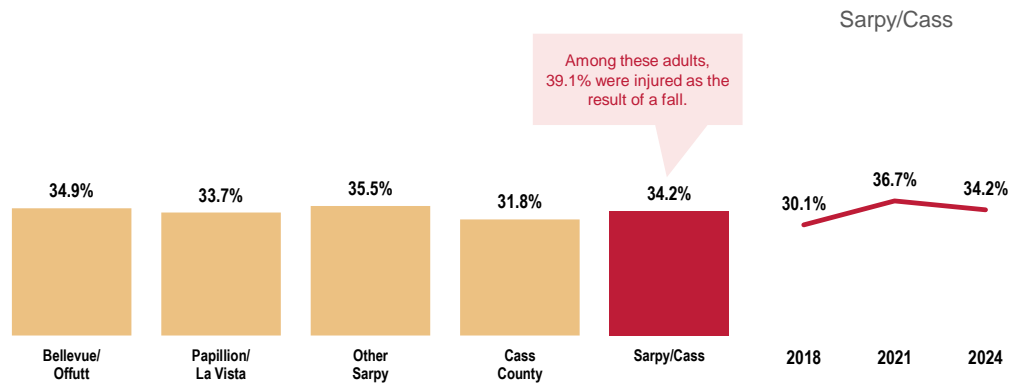
### Number of Falls in Past 12 Months (Adults Age 45 and Older; Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 331]  
 Notes: • Asked of all respondents age 45+.

However, 34.2% have experienced a fall at least once in the past year.

### Fell One or More Times in the Past Year (Adults Age 45 and Older)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 331-332]  
 Notes: • Asked of those respondents age 45 and older.



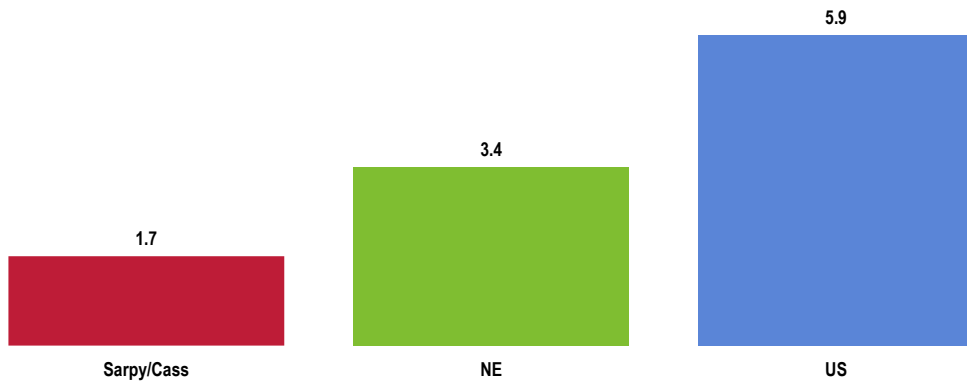
# Intentional Injury (Violence)

## Age-Adjusted Homicide Deaths

In Sarpy/Cass, the homicide rate was 1.7 per 100,000 population (2018-2020 annual average age-adjusted rate).

**BENCHMARK** ► Well below the state and national rates. Satisfies the Healthy People 2030 objective.

**Homicide: Age-Adjusted Mortality**  
(2018-2020 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 5.5 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



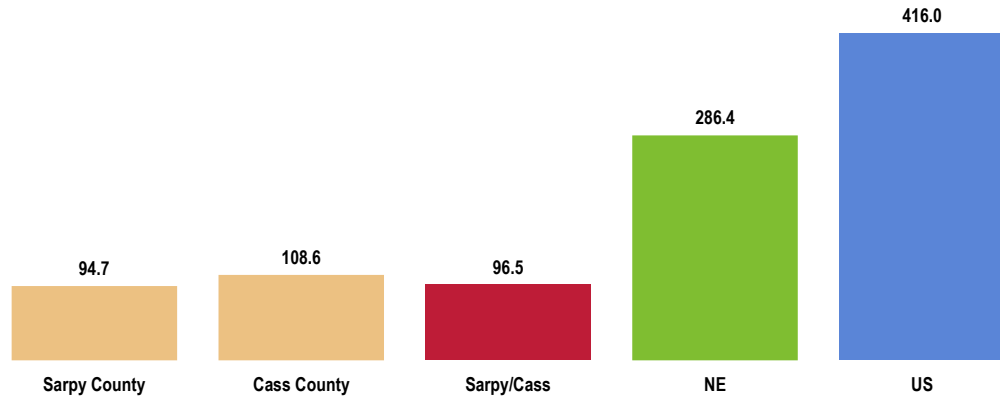
## Violent Crime

### Violent Crime Rates

Between 2015 and 2017, Sarpy/Cass reported 96.5 violent crimes per 100,000 population.

**BENCHMARK** ▶ Much lower than the Nebraska and US violent crime rates.

Violent Crime  
(Rate per 100,000 Population, 2015-2017)



Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).  
 Notes: • This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.  
 • Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

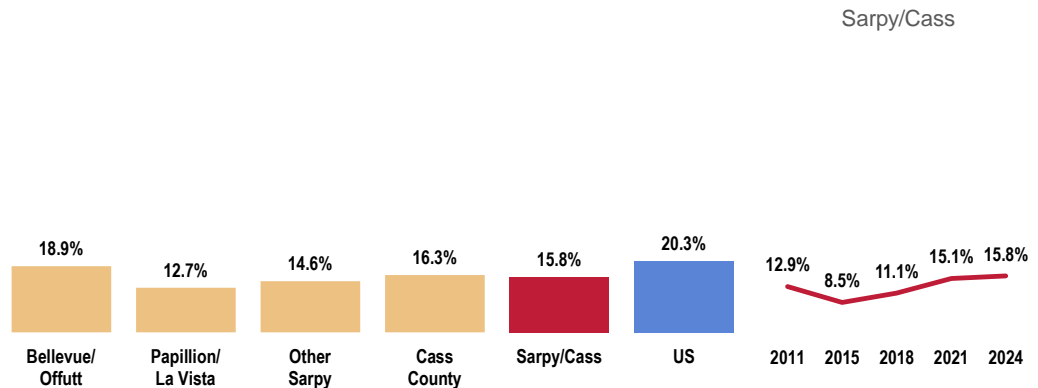
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

## Intimate Partner Violence

A total of 15.8% of Sarpy/Cass adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

**BENCHMARK** ▶ Lower than the national prevalence.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 33]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

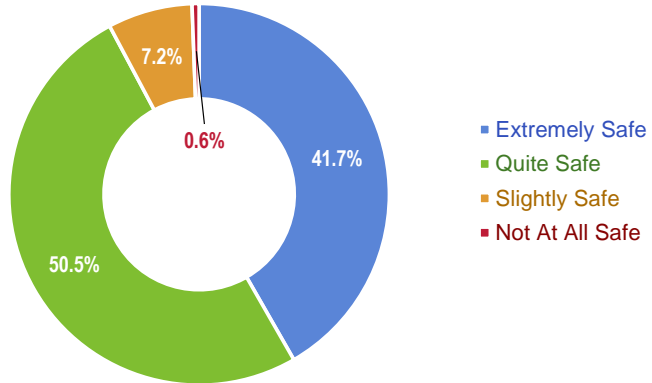


## Perceived Neighborhood Safety

While most Sarpy/Cass adults consider their own neighborhoods to be “extremely safe” or “quite safe,” 7.8% consider them as only “slightly safe” or “not at all safe.”

DISPARITY ► Highest in the Bellevue/Offutt community. Reported more often among adults living at the lowest income level and those who identify as LGBTQ+.

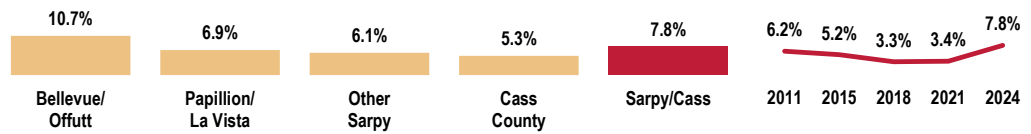
Perceived Safety of Own Neighborhood  
(Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 319]  
Notes: • Asked of all respondents.

## Perceive Own Neighborhood as “Slightly” or “Not At All” Safe

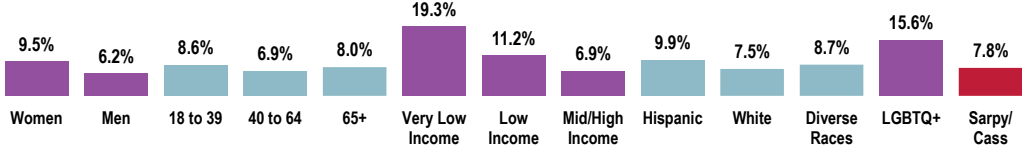
Sarpy/Cass



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 319]  
Notes: • Asked of all respondents.



## Perceive Own Neighborhood as “Slightly” or “Not At All” Safe (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 319]  
 Notes: • Asked of all respondents.



# DIABETES

## ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

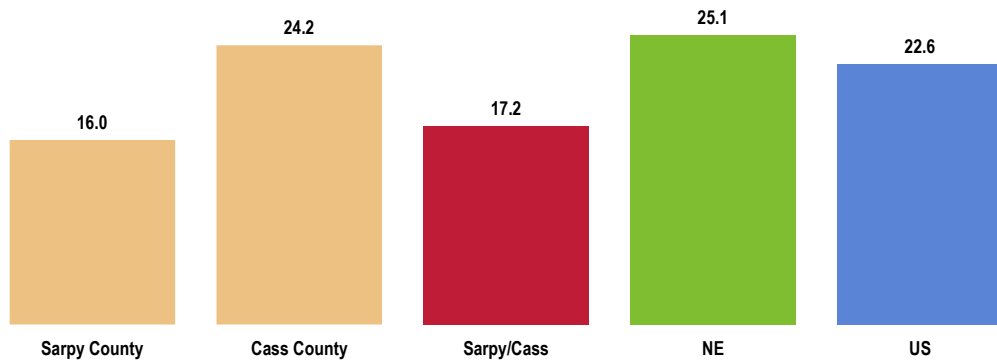
## Age-Adjusted Diabetes Deaths

**Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 17.2 deaths per 100,000 population in Sarpy/Cass.**

**BENCHMARK** ▶ Lower than the Nebraska and US mortality rates.

**DISPARITY** ▶ The rate is much higher in Cass County than in Sarpy County.

**Diabetes: Age-Adjusted Mortality**  
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



## Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



|            | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Sarpy/Cass | 18.8      | 20.3      | 20.4      | 20.1      | 19.2      | 18.8      | 18.6      | 17.2      |
| NE         | 21.4      | 21.3      | 22.7      | 22.7      | 23.9      | 24.3      | 24.7      | 25.1      |
| US         | 21.3      | 21.2      | 21.3      | 21.2      | 21.3      | 21.3      | 21.5      | 22.6      |

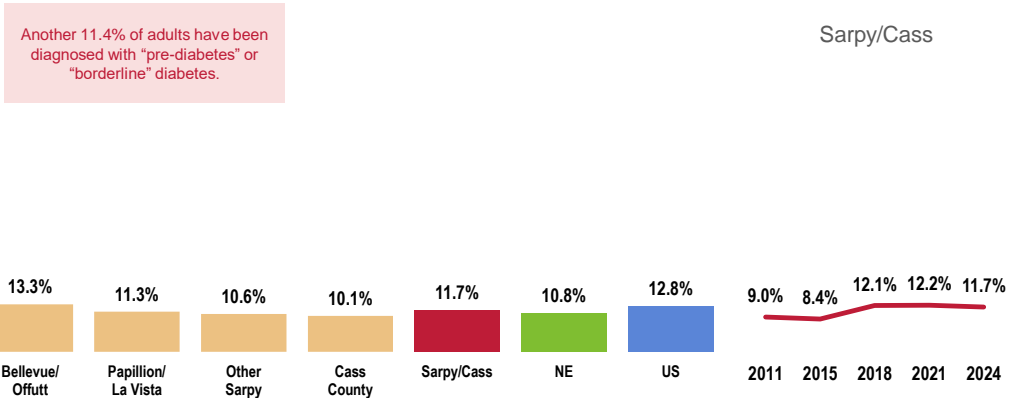
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Prevalence of Diabetes

A total of 11.7% of Sarpy/Cass adults report having been diagnosed with diabetes.

DISPARITY ► Reported more often among men, older residents, Hispanic adults, and White adults.

### Prevalence of Diabetes

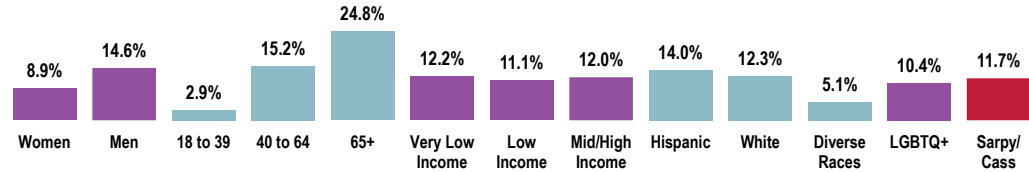


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 106]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.





## Prevalence of Diabetes (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 106]  
 Notes: • Asked of all respondents.  
 • Excludes gestational diabetes (occurring only during pregnancy).

## Age-Adjusted Kidney Disease Deaths

### ABOUT KIDNEY DISEASE & DIABETES

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

– Centers for Disease Control and Prevention (CDC)  
<https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html>

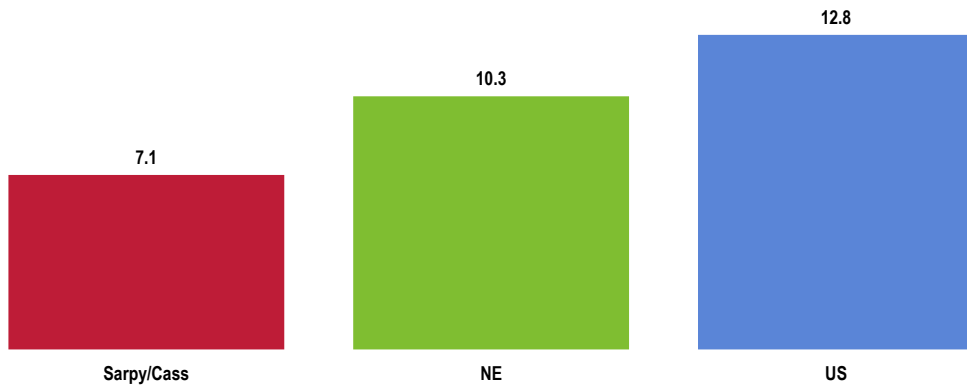
**Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 7.1 deaths per 100,000 population in Sarpy/Cass.**

**BENCHMARK** ▶ Lower than the state and national rates.

**TREND** ▶ Decreasing over the past decade.

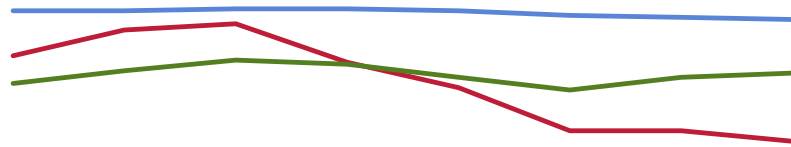


## Kidney Disease: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



|   | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <span style="color: red;">—</span> Sarpy/Cass | 11.1      | 12.3      | 12.6      | 10.8      | 9.6       | 7.6       | 7.6       | 7.1       |
| <span style="color: green;">—</span> NE       | 9.8       | 10.4      | 10.9      | 10.7      | 10.1      | 9.5       | 10.1      | 10.3      |
| <span style="color: blue;">—</span> US        | 13.2      | 13.2      | 13.3      | 13.3      | 13.2      | 13.0      | 12.9      | 12.8      |

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



# DISABLING CONDITIONS

## Activity Limitations

### ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

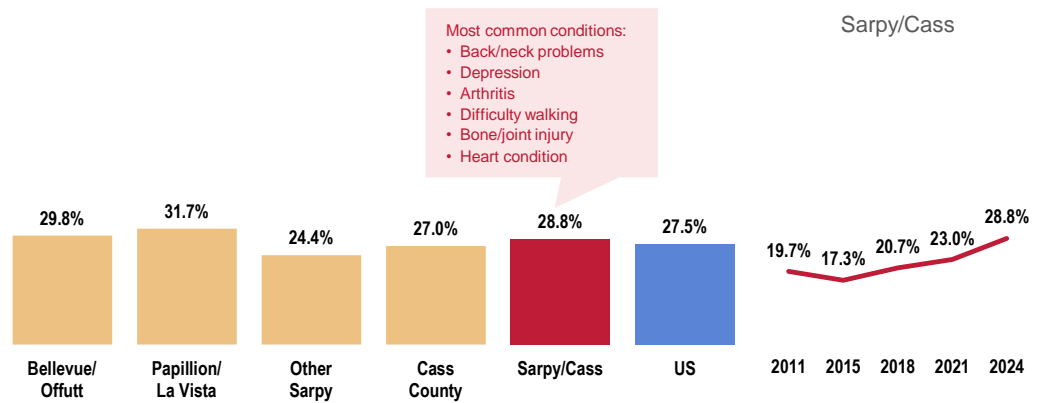
– Healthy People 2030 (<https://health.gov/healthypeople>)

**A total of 28.8% of Sarpy/Cass adults are limited in some way in some activities due to a physical, mental, or emotional problem.**

**TREND** ▶ Denotes a statistically significant increase since 2011.

**DISPARITY** ▶ The prevalence increases with age and is reported more often among adults in low-income households and those who identify as LGBTQ+. Particularly low among Hispanic adults.

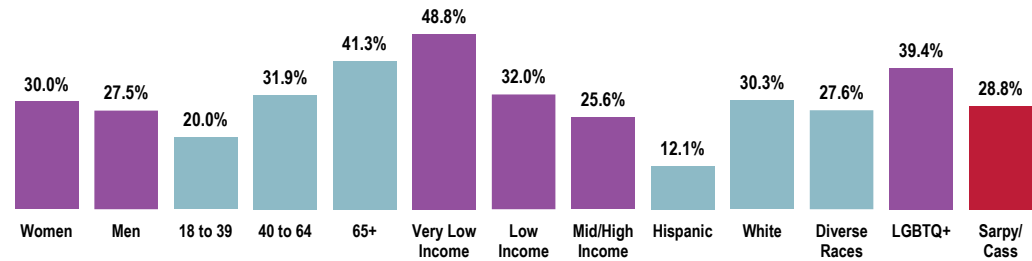
### Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.



## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 83]  
Notes: • Asked of all respondents.

## Alzheimer's Disease

### ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Alzheimer's Disease Deaths

**Between 2018 and 2020, the Sarpy/Cass area reported an annual average age-adjusted Alzheimer's disease mortality rate of 39.8 deaths per 100,000 population.**

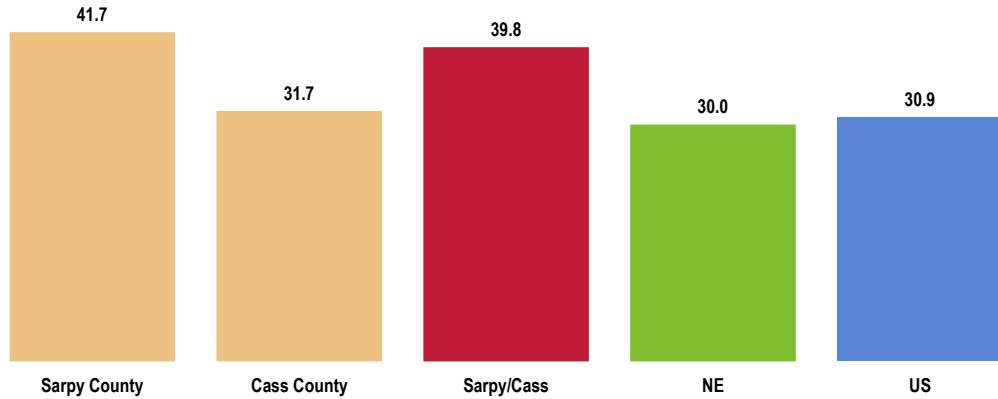
**BENCHMARK** ▶ Worse than the Nebraska and US rates.

**TREND** ▶ Increasing considerably over the past decade.

**DISPARITY** ▶ Much lower among Cass County residents.

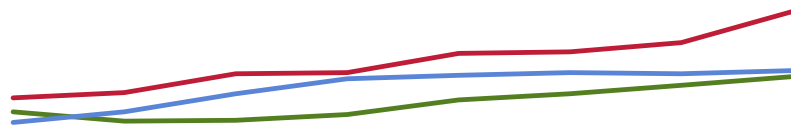


## Alzheimer's Disease: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



|              | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| — Sarpy/Cass | 26.8      | 27.6      | 30.4      | 30.6      | 33.5      | 33.7      | 35.1      | 39.8      |
| — NE         | 24.7      | 23.3      | 23.4      | 24.3      | 26.5      | 27.4      | 28.7      | 30.0      |
| — US         | 23.1      | 24.7      | 27.4      | 29.7      | 30.2      | 30.6      | 30.4      | 30.9      |

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.





# BIRTHS

# PRENATAL CARE

## ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

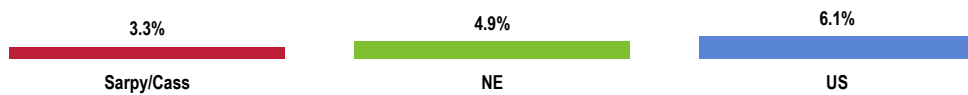
Early and continuous prenatal care is the best assurance of infant health.

**Between 2017 and 2019, 3.3% of all Sarpy/Cass births did not receive prenatal care in the first six months of pregnancy.**

**BENCHMARK** ▶ Lower than the state and national percentages.

**DISPARITY** ▶ The prevalence has increased from baseline findings.

## Lack of Prenatal Care in the First Six Months of Pregnancy (Percentage of Live Births, 2017-2019)



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap ([sparkmap.org](http://sparkmap.org)).

Note: 

- This indicator reports the percentage of women who do not obtain prenatal care before their seventh month of pregnancy (if at all).



## Lack of Prenatal Care in the First Six Months of Pregnancy (Percentage of Live Births)



|   | 2008-2010 | 2011-2013 | 2014-2016 | 2017-2019 |
|---|-----------|-----------|-----------|-----------|
| <span style="color: red;">—</span> Sarpy/Cass | 2.8%      | 3.0%      | 3.7%      | 3.3%      |
| <span style="color: green;">—</span> NE       | 4.3%      | 4.6%      | 5.2%      | 4.9%      |
| <span style="color: blue;">—</span> US        | 4.3%      | 5.0%      | 5.7%      | 6.1%      |

Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Note: 

- This indicator reports the percentage of women who do not obtain prenatal care before their seventh month of pregnancy (if at all).





# BIRTH OUTCOMES & RISKS

## Low-Weight Births

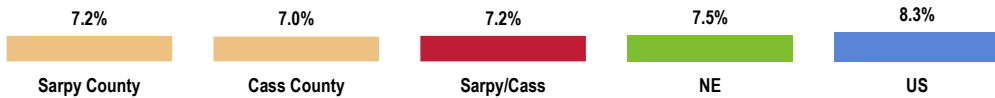
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 7.2% of 2016-2022 Sarpy/Cass births were low-weight.

**BENCHMARK** ▶ Lower than the national prevalence.

Low-Weight Births  
(Percent of Live Births, 2016-2022)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).  
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).

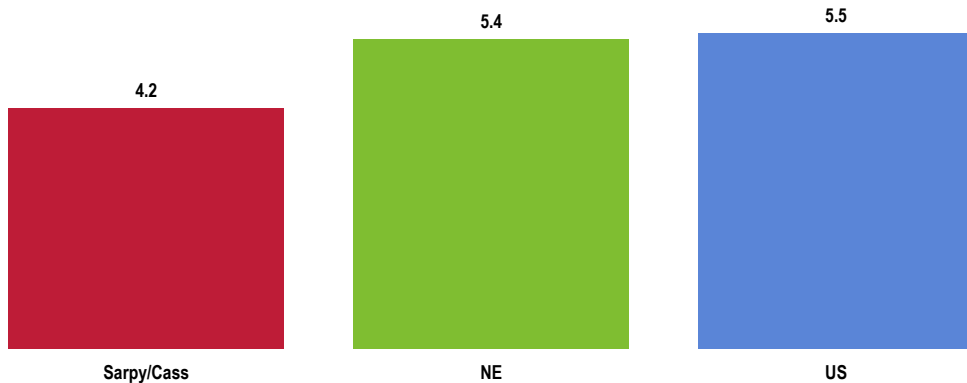
## Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2018 and 2020, there was an annual average of 4.2 infant deaths per 1,000 live births.

**BENCHMARK** ▶ Lower than state and national rates. Falls within the Healthy People 2030 objective.

Infant Mortality Rate  
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)  
Healthy People 2030 = 5.0 or Lower



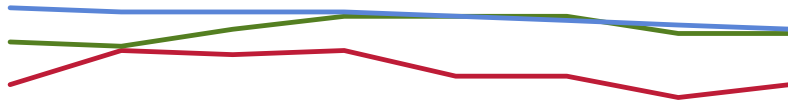
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2024.  
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
Notes: • Infant deaths include deaths of children under 1 year old.



## Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



|   | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <span style="color: red;">—</span> Sarpy/Cass | 4.2       | 5.0       | 4.9       | 5.0       | 4.4       | 4.4       | 3.9       | 4.2       |
| <span style="color: green;">—</span> NE       | 5.2       | 5.1       | 5.5       | 5.8       | 5.8       | 5.8       | 5.4       | 5.4       |
| <span style="color: blue;">—</span> US        | 6.0       | 5.9       | 5.9       | 5.9       | 5.8       | 5.7       | 5.6       | 5.5       |

Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2024.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: 

- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.



# FAMILY PLANNING

## ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ... Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (<https://health.gov/healthypeople>)

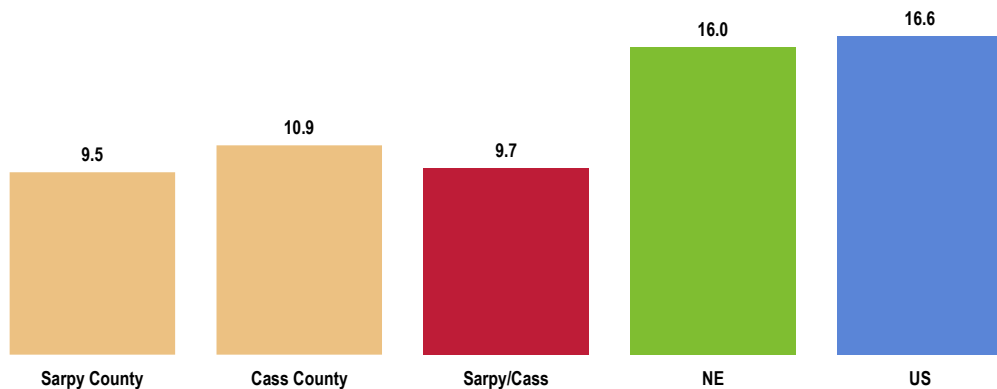
## Births to Adolescent Mothers

**Between 2016 and 2022, there were 9.7 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Sarpy/Cass.**

**BENCHMARK** ▶ Well below the Nebraska and US rates.

**DISPARITY** ▶ The rate is higher among Black teens and Hispanic teens in Sarpy/Cass.

**Teen Birth Rate**  
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)  
Healthy People 2030 = 31.4 or Lower



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap ([sparkmap.org](http://sparkmap.org)).

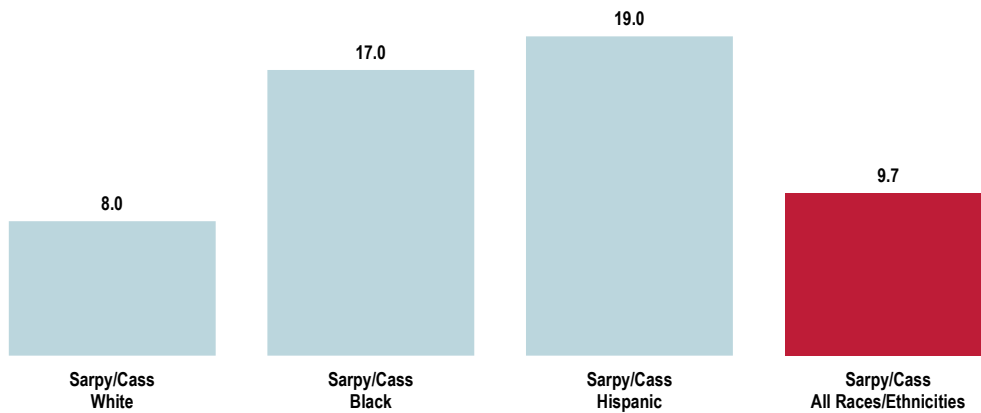
Notes: 

- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19.



## Teen Birth Rate

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)  
Healthy People 2030 = 31.4 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19.
  - Race categories reflect individuals without Hispanic origin.





# MODIFIABLE HEALTH RISKS

# NUTRITION

## ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

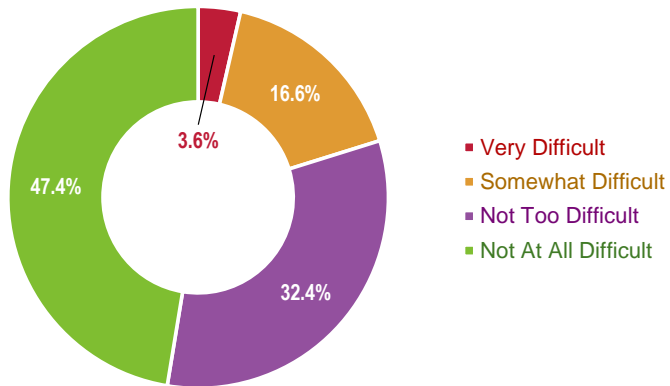
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Difficulty Accessing Fresh Produce

**Most Sarpy/Cass adults report little or no difficulty buying fresh produce at a price they can afford.**

Level of Difficulty Finding Fresh Produce at an Affordable Price  
(Sarpy/Cass, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]  
Notes: ● Asked of all respondents.

**However, 20.2% of Sarpy/Cass adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.**

**BENCHMARK** ► Well below the national prevalence.

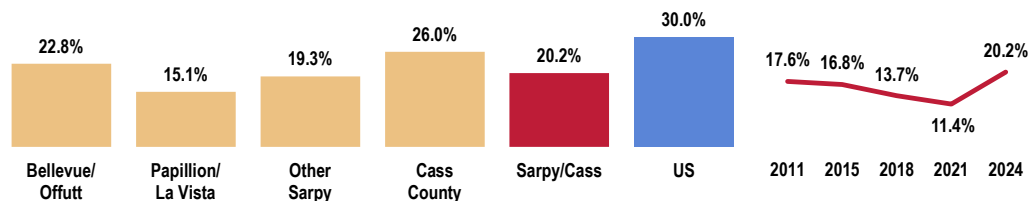
**TREND** ► Much higher than found in 2021, although statistically similar to the baseline 2011 findings.

**DISPARITY** ► Highest in Cass County. Reported more often among women, young adults, those in low-income households, and people who identify as LGBTQ+.



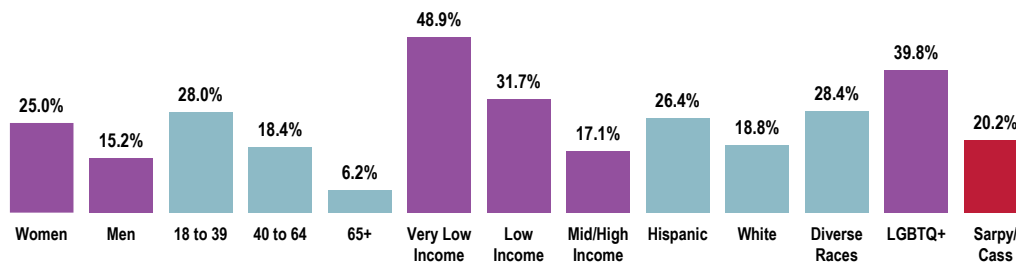
## Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

Sarpy/Cass



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]  
 Notes: • Asked of all respondents.

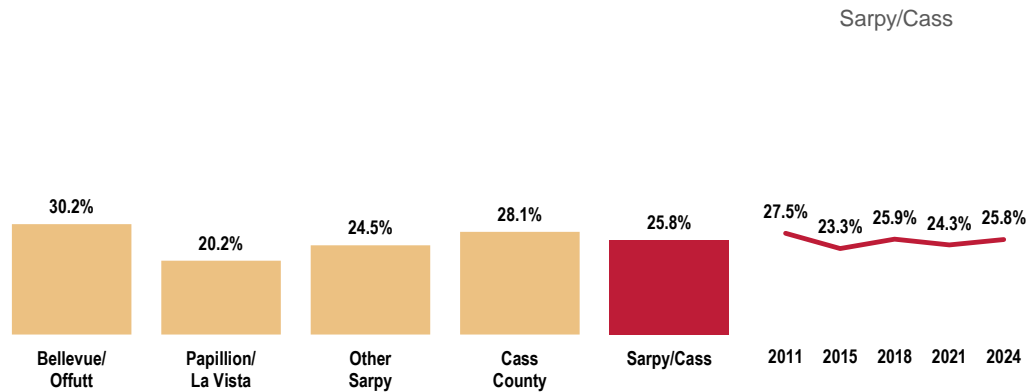


# Sugar-Sweetened Beverages

One in four (25.8%) Sarpy/Cass adults reports drinking an average of at least one sugar-sweetened beverage per day in the past week.

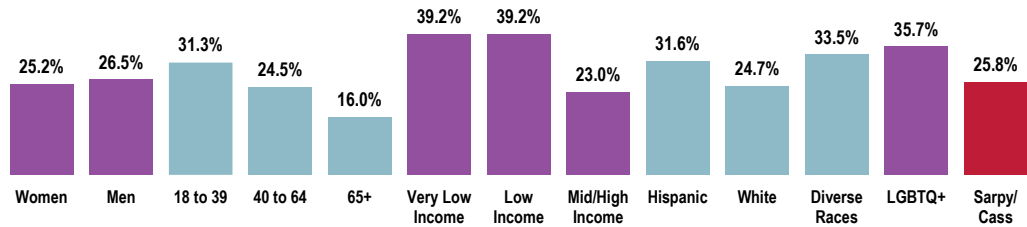
**DISPARITY** ▶ Highest in the Bellevue/Offutt community. Reported more often among adults under 40, those in low-income households, and LGBTQ+ residents.

## Had Seven or More Sugar-Sweetened Beverages in the Past Week



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 354]  
 Notes: • Asked of all respondents.

## Had Seven or More Sugar-Sweetened Beverages in the Past Week (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 354]  
 Notes: • Asked of all respondents.





# PHYSICAL ACTIVITY

## ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Leisure-Time Physical Activity

**A total of 27.5% of Sarpy/Cass adults report no leisure-time physical activity in the past month.**

**BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.

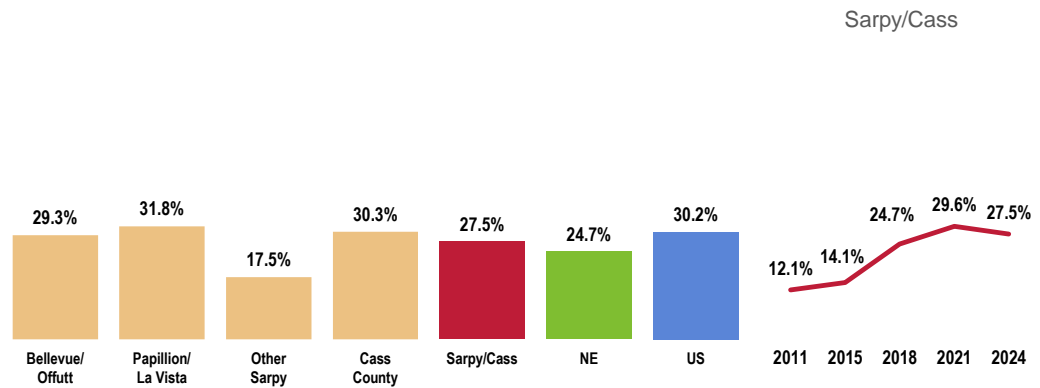
**TREND** ▶ Marks a statistically significant increase since 2011.

**DISPARITY** ▶ Lowest (most favorable) in the Other Sarpy area.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

### No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 69]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.  
 • 2023 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



# Activity Levels

## Adults

### ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, “meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**A total of 24.2% of Sarpy/Cass adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).**

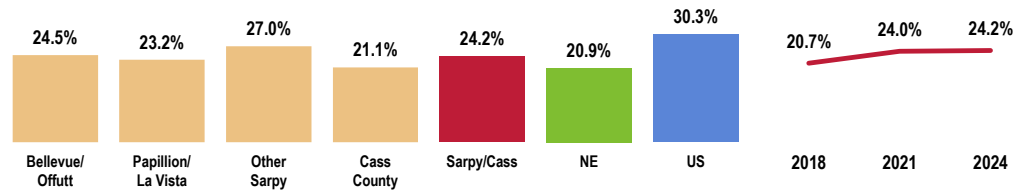
**BENCHMARK** ▶ Higher than the Nebraska prevalence but below the US. Fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ▶ Reported less often among adults living in low-income households and those who identify as LGBTQ+.

### Meets Physical Activity Recommendations

Healthy People 2030 = 29.7% or Higher

Sarpy/Cass



Sources:
 

- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2022 Nebraska data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

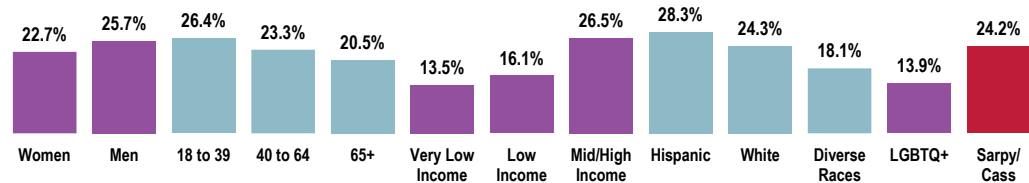
 Notes:
 

- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.



## Meets Physical Activity Recommendations (Sarpy/Cass, 2024)

Healthy People 2030 = 29.7% or Higher



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
  - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

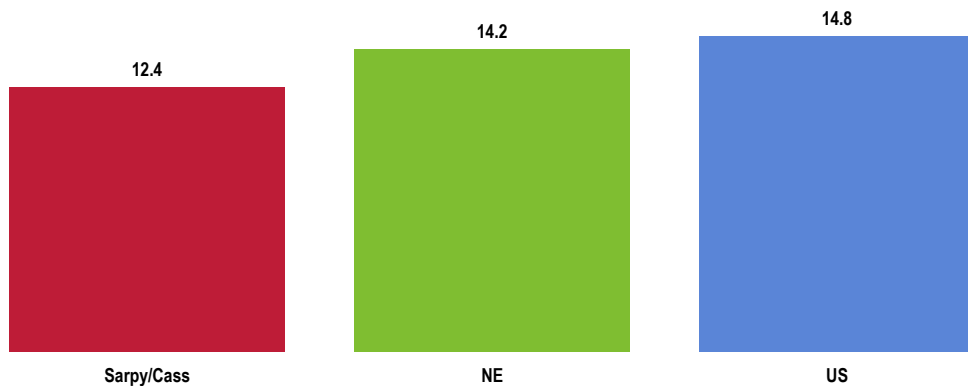
## Built Environment

### Recreation & Fitness Facilities

In 2021, there were 12.4 recreation/fitness facilities for every 100,000 population in Sarpy/Cass.

**BENCHMARK** ▶ Lower than the national figure.

### Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2021)



- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap ([sparkmap.org](http://sparkmap.org)).
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
  - Counts of establishments <3 are suppressed.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.



## Neighborhood Barriers

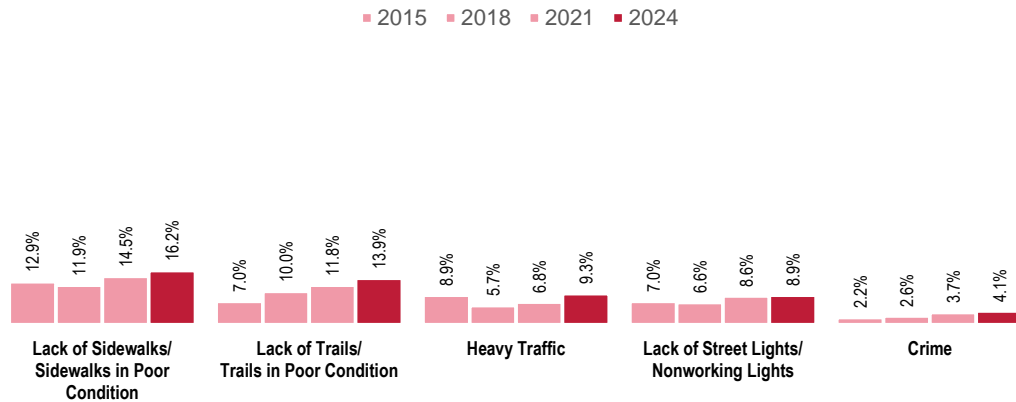
Survey respondents were next asked about the presence of five neighborhood factors that potentially prevent people from exercising, including lack (or poor condition) of sidewalks; heavy traffic; lack (or poor condition) of trails; crime; and lack of streetlights or nonworking streetlights.

**Overall, a lack of sidewalks/poor sidewalks received the largest share of responses among Sarpy/Cass adults (mentioned by 16.2%), followed by a lack of trails or trails in poor condition (13.9%).**

**TREND** ▶ Over time, reports of these barriers have remained fairly stable, with the exception of **trails** (worsened).

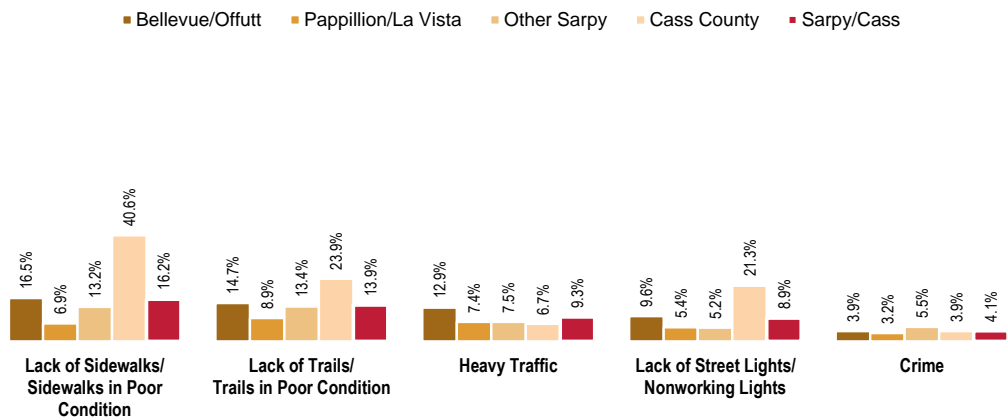
**DISPARITY** ▶ Residents of Cass County were more likely to mention these potential barriers to outdoor physical activity, with the exception of traffic (worse in the Bellevue/Offutt community).

### Presence of Neighborhood Barriers That Prevent Physical Activity (Sarpy/Cass)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 314-318]  
Notes: • Asked of all respondents.

### Presence of Neighborhood Barriers That Prevent Physical Activity (By County; Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 314-318]  
Notes: • Asked of all respondents.



# WEIGHT STATUS

## ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m<sup>2</sup>). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches<sup>2</sup>)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m<sup>2</sup> and obesity as a BMI ≥30 kg/m<sup>2</sup>. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m<sup>2</sup>. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m<sup>2</sup> is reached. For persons with a BMI ≥30 kg/m<sup>2</sup>, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m<sup>2</sup>.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

## Adult Weight Status

| CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI | BMI (kg/m <sup>2</sup> ) |
|---|--------------------------|
| Underweight                                     | <18.5                    |
| Healthy Weight                                  | 18.5 – 24.9              |
| Overweight                                      | 25.0 – 29.9              |
| Obese   | ≥30.0                    |

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.



## Overweight Status

Three in four Sarpy/Cass adults (74.7%) are **overweight**.

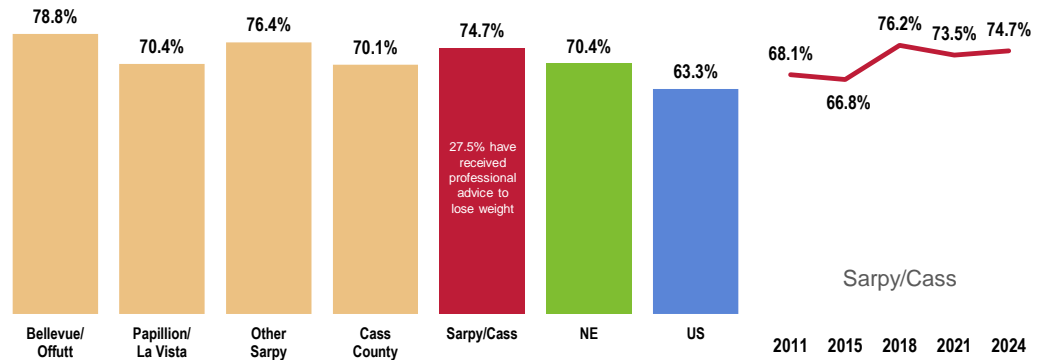
**BENCHMARK** ▶ Higher than the state and national (especially) percentages.

**TREND** ▶ Increasing significantly from 2011 and 2015 findings.

**DISPARITY** ▶ Highest in the Bellevue/Offutt community.

Here, "overweight" includes those respondents with a BMI value  $\geq 25$ .

### Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 112, 313]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.
  - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

The overweight prevalence above includes **42.4%** of Sarpy/Cass adults who are **obese**.

**BENCHMARK** ▶ Well above the state and national percentages and failing to satisfy the Healthy People 2030 objective.

**TREND** ▶ Denotes a statistically significant increase since 2011.

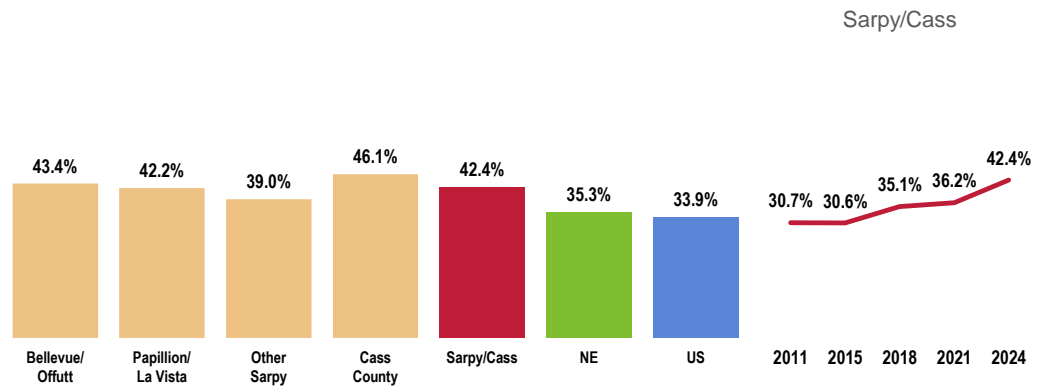
**DISPARITY** ▶ Higher among adults age 40 to 64 when compared with young adults.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value  $\geq 30$ .



## Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



Sources:

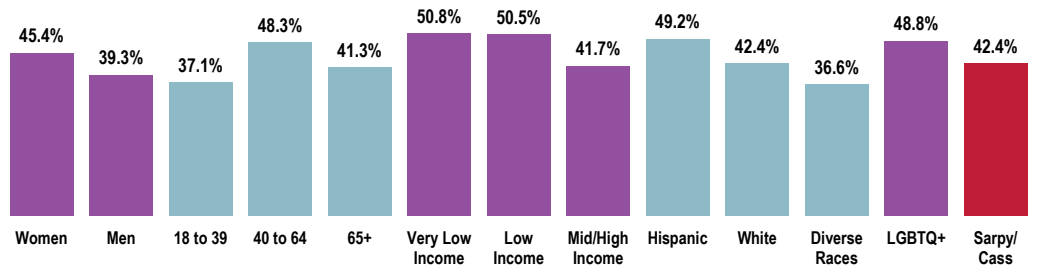
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Nebraska data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

## Prevalence of Obesity (Sarpy/Cass, 2024)

Healthy People 2030 = 36.0% or Lower



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



# SUBSTANCE USE

## ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Alcohol Use

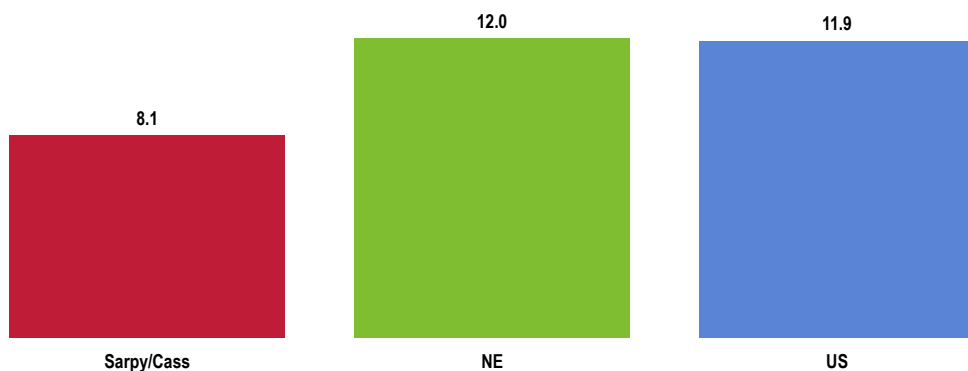
### Age-Adjusted Alcohol-Induced Deaths

**Between 2018 and 2020, Sarpy/Cass reported an annual average age-adjusted mortality rate of 8.1 alcohol-induced deaths per 100,000 population.**

**BENCHMARK** ▶ Lower than Nebraska and US rates.

**TREND** ▶ Though decreasing in recent years, the death rate is an increase from baseline reports.

**Alcohol-Induced Deaths: Age-Adjusted Mortality**  
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

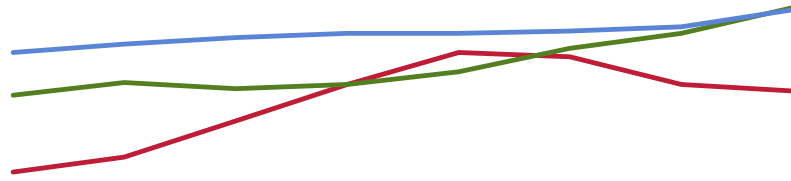
Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.





## Alcohol-Induced Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



|   | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <span style="color: red;">—</span> Sarpy/Cass | 4.3       | 5.0       | 6.7       | 8.4       | 9.9       | 9.7       | 8.4       | 8.1       |
| <span style="color: green;">—</span> NE       | 7.9       | 8.5       | 8.2       | 8.4       | 9.0       | 10.1      | 10.8      | 12.0      |
| <span style="color: blue;">—</span> US        | 9.9       | 10.3      | 10.6      | 10.8      | 10.8      | 10.9      | 11.1      | 11.9      |

Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Excessive Drinking

**Excessive drinking** includes heavy and/or binge drinkers:

- **HEAVY DRINKING** ▶ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKING** ▶ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

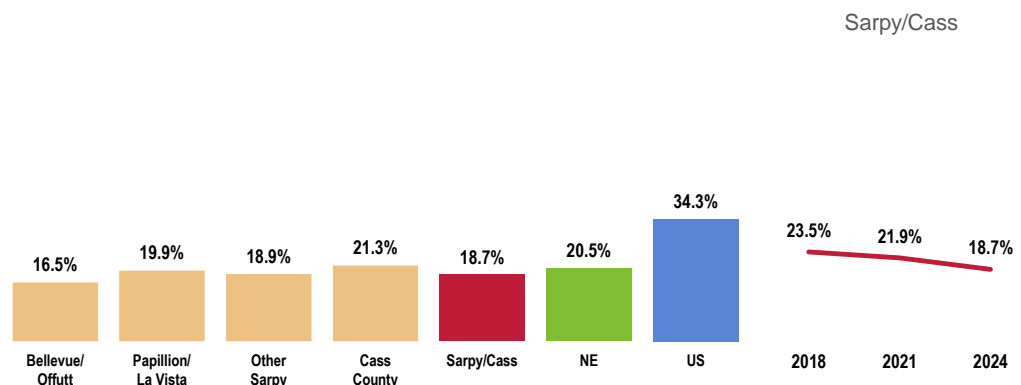
**A total of 18.7% of area adults engage in excessive drinking (heavy and/or binge drinking).**

**BENCHMARK** ▶ Well below the national figure.

**TREND** ▶ Marks a statistically significant decrease since 2018.

**DISPARITY** ▶ Reported more often among adults under 65.

## Excessive Drinking



Sources: 

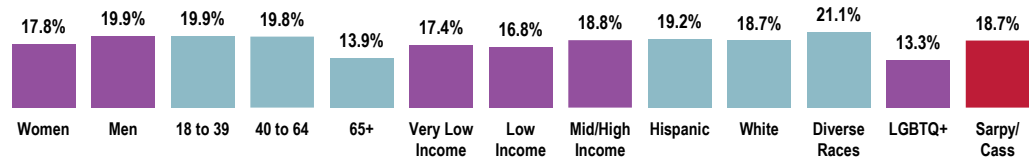
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
- 2023 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.

Notes: 

- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



## Excessive Drinking (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 116]  
 Notes: • Asked of all respondents.  
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

## Drug Use

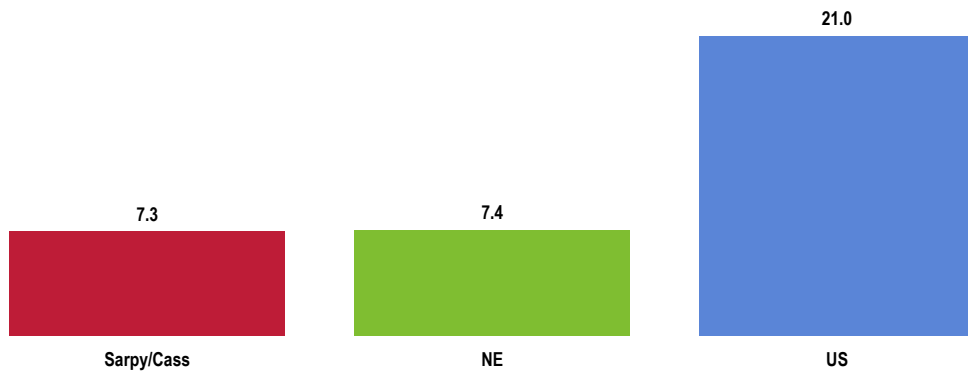
### Age-Adjusted Unintentional Drug-Induced Deaths

**Between 2018 and 2020, there was an annual average age-adjusted mortality rate of 7.3 unintentional drug-induced deaths per 100,000 population in Sarpy/Cass.**

**BENCHMARK** ► Well below the national prevalence.

**TREND** ► Increasing in recent years, though less dramatically than the national trend.

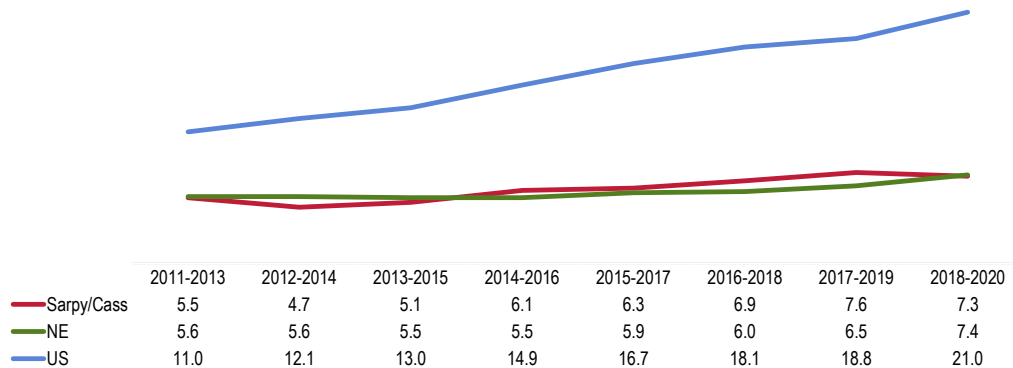
### Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



## Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

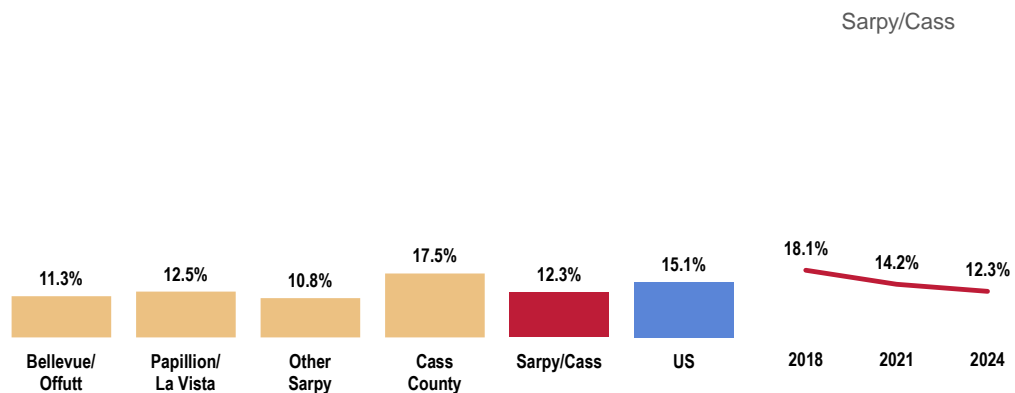
## Use of Prescription Opioids

**A total of 12.3% of Sarpy/Cass adults report using a prescription opioid drug in the past year.**

**TREND** ► Decreasing significantly since 2018.

**DISPARITY** ► Highest in Cass County. Reported more often among women, White residents, and LGBTQ+ individuals.

### Used a Prescription Opioid in the Past Year

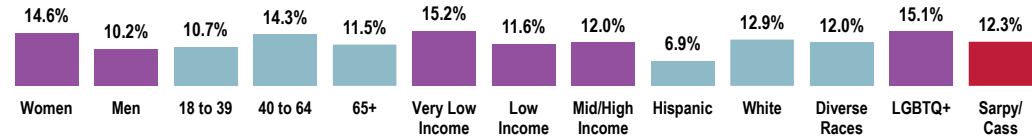


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.



## Used a Prescription Opioid in the Past Year (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## Alcohol & Drug Treatment

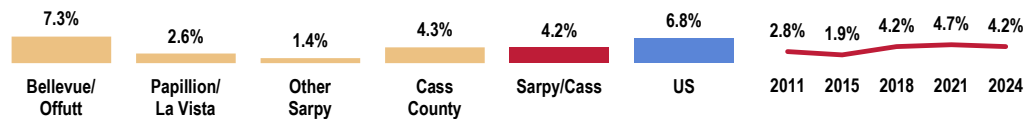
A total of 4.2% of Sarpy/Cass adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

**BENCHMARK** ▶ Lower than the national prevalence.

**DISPARITY** ▶ Ranging considerably from 7.3% in Bellevue/Offutt to 1.4% in Other Sarpy.

## Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Sarpy/Cass



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 42]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.



# TOBACCO USE

## ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

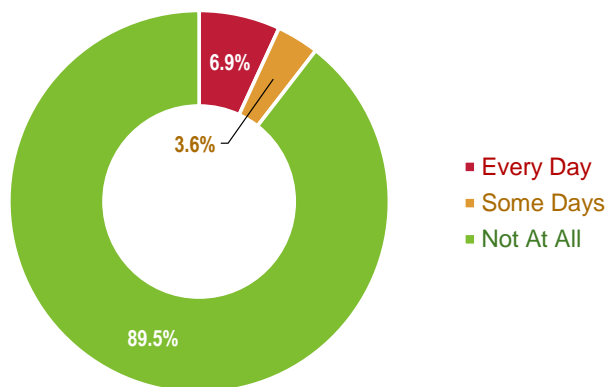
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Cigarette Smoking

### Prevalence of Cigarette Smoking

**A total of 10.5% of Sarpy/Cass adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**

Cigarette Smoking Prevalence  
(Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]  
Notes: • Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Sarpy/Cass.

**BENCHMARK** ► The prevalence is lower than state and national percentages but fails to satisfy the Healthy People 2030 objective.

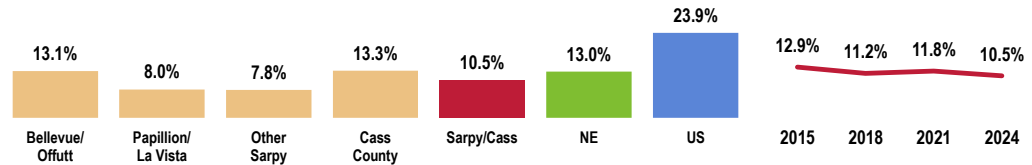
**DISPARITY** ► Reported more often among men, adults under 65, those in low-income households, people of Diverse Races, and those who identify as LGBTQ+.



## Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Sarpy/Cass



Sources:

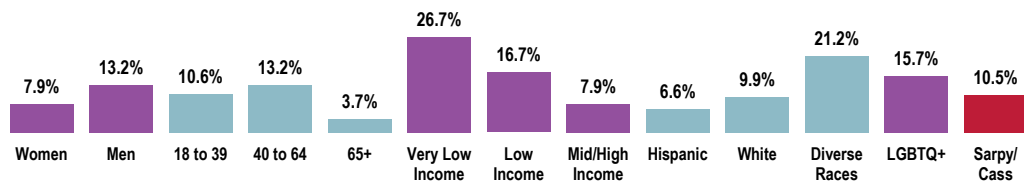
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Nebraska data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

## Current Smoke Cigarettes (Sarpy/Cass, 2024)

Healthy People 2030 = 6.1% or Lower



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents.
- Includes regular and occasion smokers (every day and some days).



## Environmental Tobacco Smoke

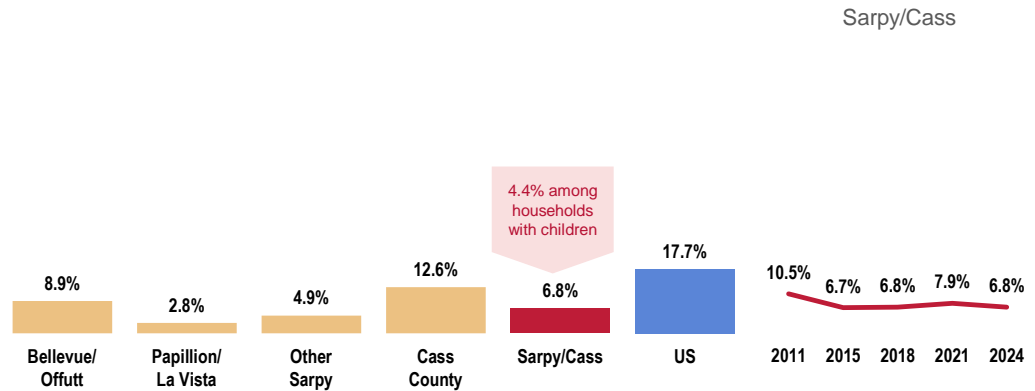
Among all surveyed Sarpy/Cass households, 6.8% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

**BENCHMARK** ▶ Well below the national figure.

**TREND** ▶ Decreasing significantly since 2011.

**DISPARITY** ▶ Highest in Cass County.

### Member of Household Smokes at Home



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 35, 114]  
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

## Smoking Cessation

Among adults who regularly smoke cigarettes, 41.2% went without smoking for one day or longer in the past year because they were trying to quit smoking.

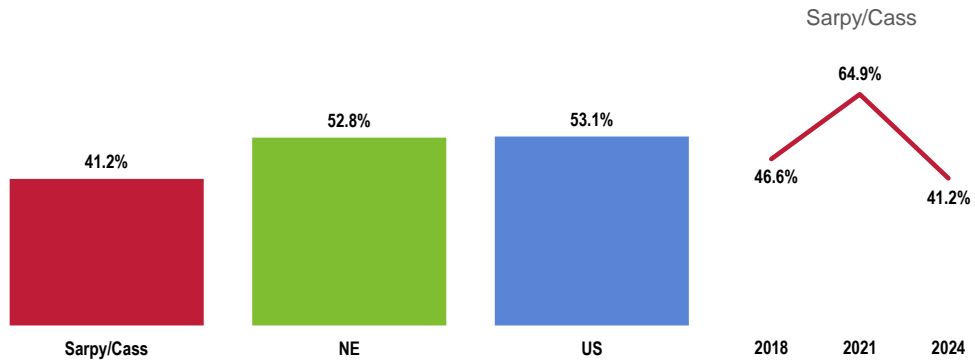
**BENCHMARK** ▶ Lower than the state figure and failing to meet the Healthy People 2030 objective.

**TREND** ▶ Similar to 2018 findings (but well below the 2021 percentage).



## Have Stopped Smoking for One Day or Longer in the Past Year (Everyday Smokers)

Healthy People 2030 = 65.7% or Higher



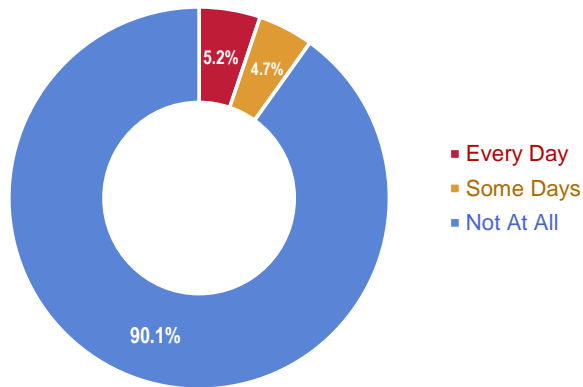
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 305]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Nebraska data.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of respondents who smoke cigarettes every day.

## Use of Vaping Products

Most Sarpy/Cass adults do not use electronic vaping products.

### Use of Vaping Products (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 36]  
 Notes: • Asked of all respondents.

However, 9.9% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

**BENCHMARK** ► Lower than the US prevalence.

**TREND** ► Increasing significantly since 2015.

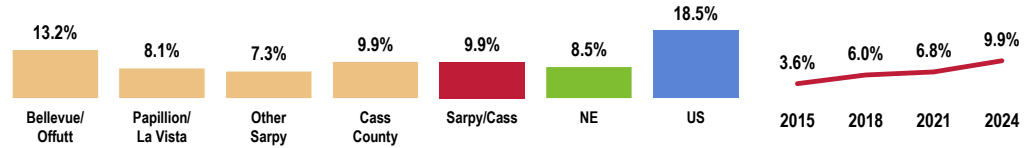
**DISPARITY** ► Highest in the Bellevue/Offutt community. Reported more often among adults under 40, those living in low-income households, residents of Diverse Races, and LGBTQ+ respondents.





## Currently Use Vaping Products (Every Day or on Some Days)

Sarpy/Cass



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 36]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.  
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

## Currently Use Vaping Products (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 36]  
 Notes: • Asked of all respondents.  
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



# SEXUAL HEALTH

## ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

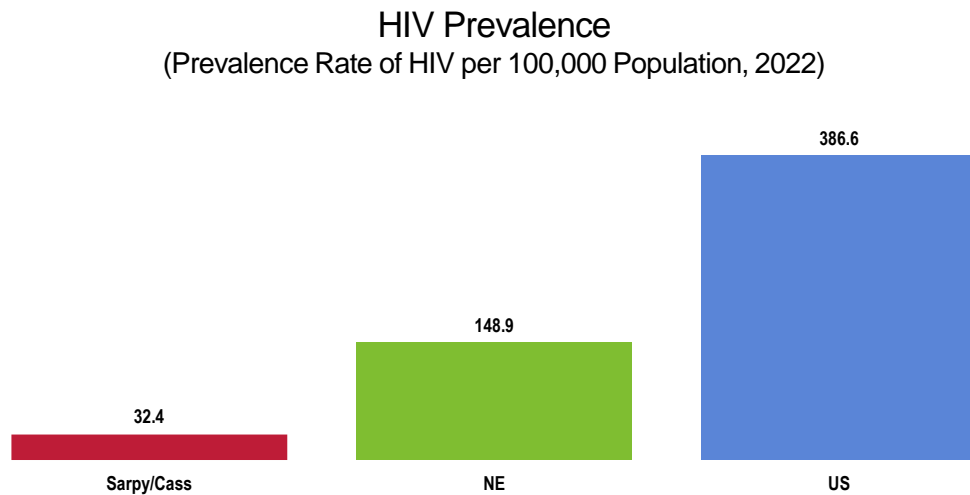
– Healthy People 2030 (<https://health.gov/healthypeople>)

## HIV

**In 2022, there was a prevalence of 32.4 HIV cases per 100,000 population in Sarpy/Cass.**

**BENCHMARK** ▶ Far below the Nebraska and especially the US prevalence.

**DISPARITY** ▶ Dramatically higher among Black residents in Sarpy/Cass.

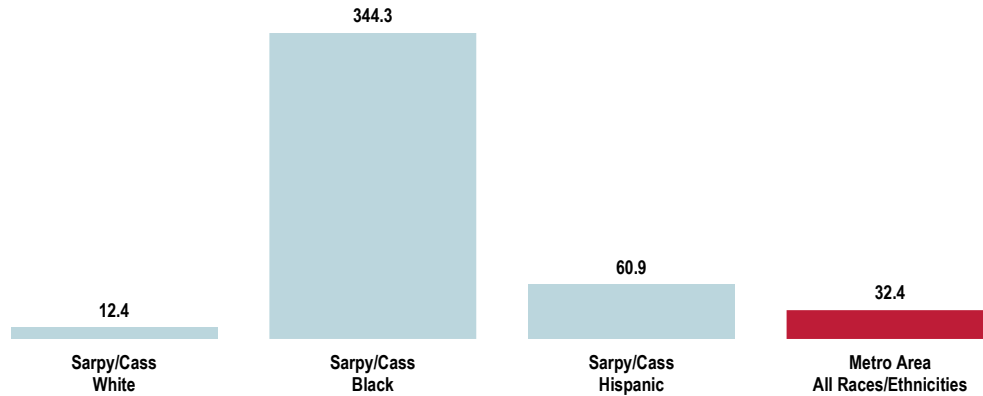


Sources: 

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap ([sparkmap.org](https://sparkmap.org)).



## HIV Prevalence by Race/Ethnicity (Rate per 100,000 Population, 2022)



Sources: 

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes: 

- Race categories reflect individuals without Hispanic origin.

## Sexually Transmitted Infections (STIs)

### Chlamydia & Gonorrhea

In 2022, the Sarpy/Cass chlamydia incidence rate was 430.1 cases per 100,000 population.

**BENCHMARK** ▶ Lower than the national rate.

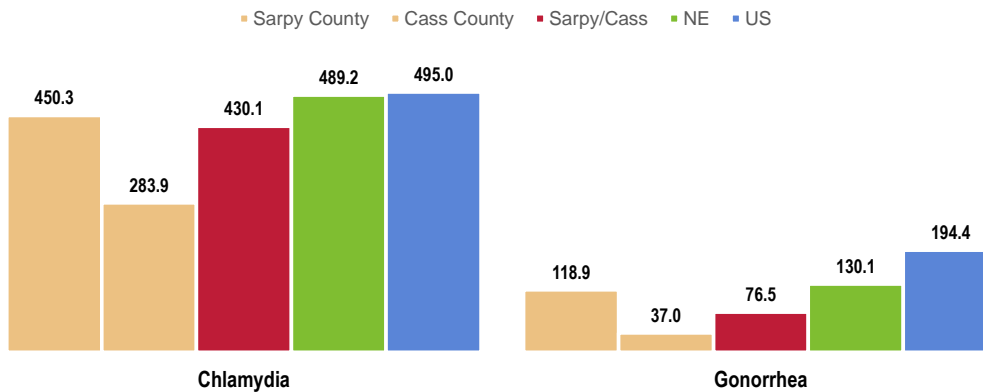
**DISPARITY** ▶ Much higher in Sarpy County than in Cass County.

The Sarpy/Cass gonorrhea incidence rate in 2022 was 76.5 cases per 100,000 population.

**BENCHMARK** ▶ Well below the Nebraska and US rates.

**DISPARITY** ▶ Much higher in Sarpy County than in Cass County.

### Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2022)



Sources: 

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).





# ACCESS TO HEALTH CARE

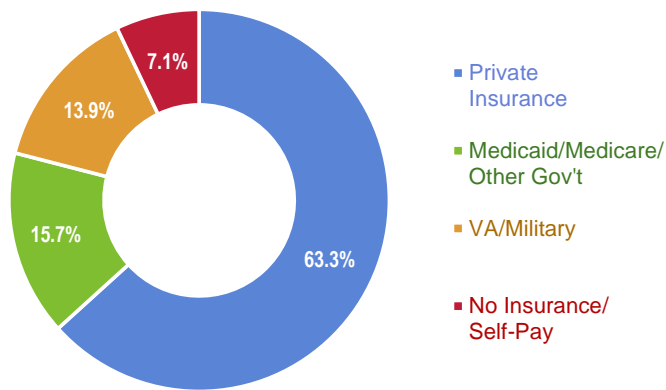
# HEALTH INSURANCE COVERAGE

## Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 63.3% of Sarpy/Cass adults age 18 to 64 report having health care coverage through private insurance. Another 29.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage  
(Adults Age 18-64; Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]  
Notes: • Reflects respondents age 18 to 64.

## Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 7.1% report having no insurance coverage for health care expenses.

**BENCHMARK** ► Lower than the state prevalence.

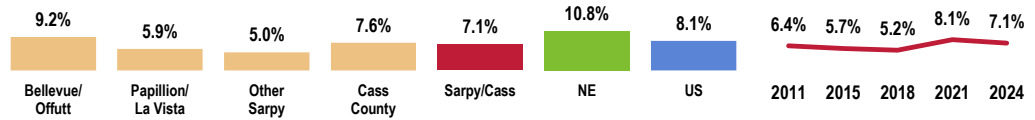
**DISPARITY** ► Reported more often among Sarpy/Cass men, adults living in low-income households, and Hispanic residents.



## Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.6% or Lower

Sarpy/Cass

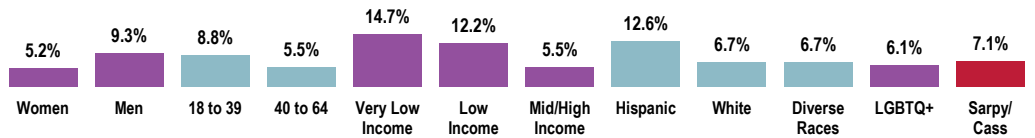


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.  
 • 2023 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.

## Lack of Health Care Insurance Coverage (Adults Age 18-64; Sarpy/Cass, 2024)

Healthy People 2030 = 7.6% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.



# DIFFICULTIES ACCESSING HEALTH CARE

## ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Difficulties Accessing Services

**A total of 41.4% of Sarpy/Cass adults report some type of difficulty or delay in obtaining health care services in the past year.**

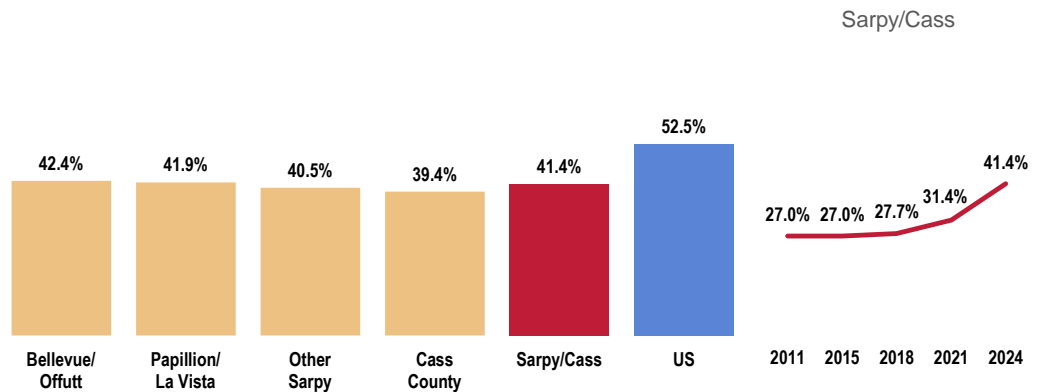
**BENCHMARK** ▶ Lower than the national figure.

**TREND** ▶ Increasing significantly from previous findings.

**DISPARITY** ▶ Reported more often among women, young adults, those in low-income households, and LGBTQ+ residents.

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year

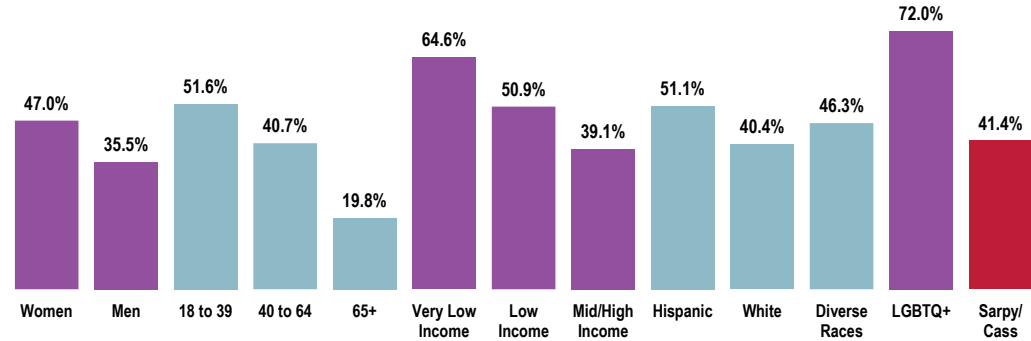


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]  
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



## Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]  
 Notes: • Asked of all respondents.  
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

## Barriers to Health Care Access

Of the tested barriers, appointment availability and inconvenient office hours impacted the greatest shares of Sarpy/Cass adults.

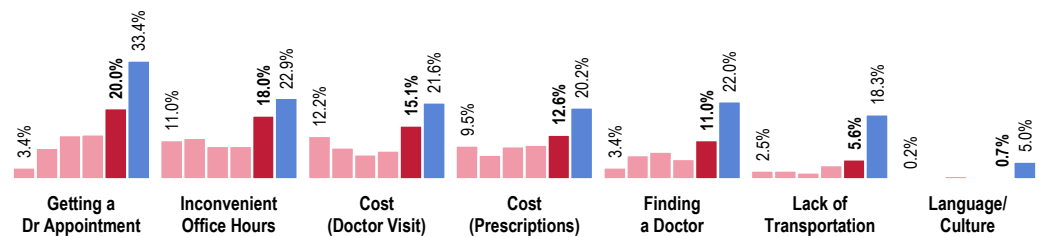
**BENCHMARK** ► Each barrier surveyed fared better among Sarpy/Cass adults than found nationally.

**TREND** ► On the other hand, these barriers have worsened significantly since 2011: cost of prescriptions, appointment availability, inconvenient office hours, difficulty finding a physician, and lack of transportation.

## Barriers to Access Have Prevented Medical Care in the Past Year (Sarpy/Cass)

■ 2011 ■ 2015 ■ 2018 ■ 2021 ■ 2024 ■ US

In addition, 15.1% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 6-13]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.





# PRIMARY CARE SERVICES

## ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Access to Primary Care

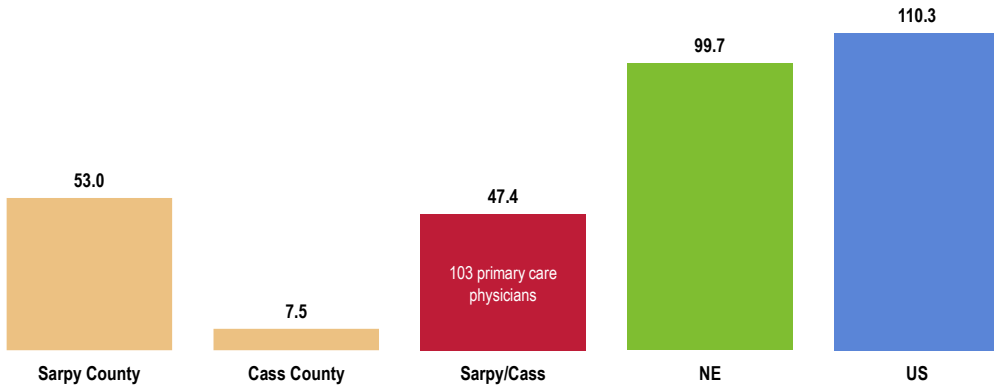
As of July 2024, there were 103 primary care physicians in Sarpy/Cass, translating to a rate of 47.4 primary care physicians per 100,000 population.

**BENCHMARK** ▶ Much lower than the Nebraska and US ratios.

**DISPARITY** ▶ The rate is considerably higher in Sarpy County than in Cass County.

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

Access to Primary Care  
(Number of Primary Care Physicians per 100,000 Population as of July 2024)



Sources: 

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap ([sparkmap.org](http://sparkmap.org)).

Notes: 

- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.



# Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

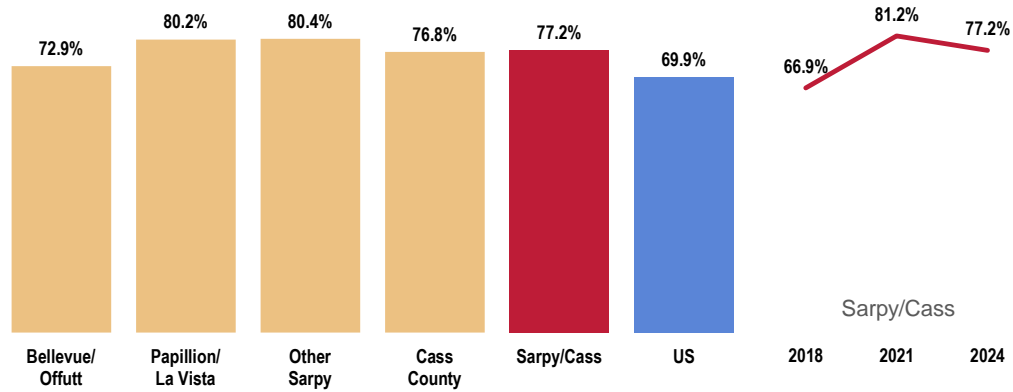
**A total of 77.2% of Sarpy/Cass adults were determined to have a specific source of ongoing medical care.**

**BENCHMARK** ▶ Higher than the US percentage but fails to satisfy the Healthy People 2030 objective.

**TREND** ▶ Increasing significantly since 2018.

**DISPARITY** ▶ Lowest in the Bellevue/Offutt area.

**Have a Specific Source of Ongoing Medical Care**  
Healthy People 2030 = 84.0% or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 118]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents.

# Utilization of Primary Care Services

## Adults

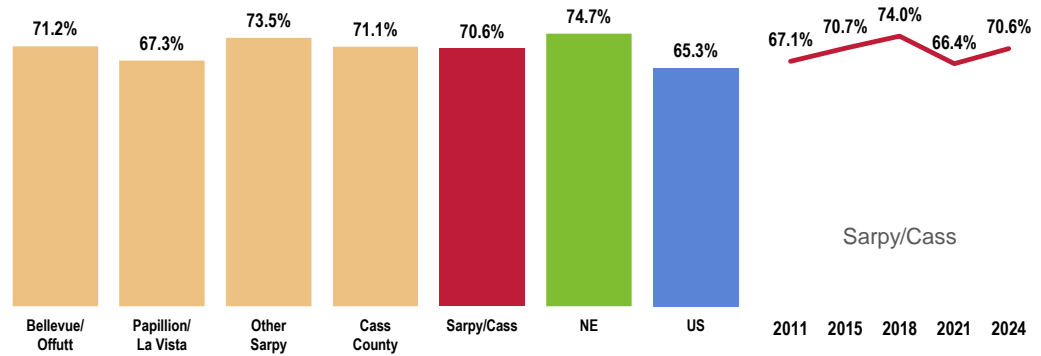
**A total of 70.6% of adults visited a physician for a routine checkup in the past year.**

**BENCHMARK** ▶ Lower than the state percentage but higher than the US.

**DISPARITY** ▶ Reported less often among adults under 40, those in low-income households, and people who identify as LGBTQ+.



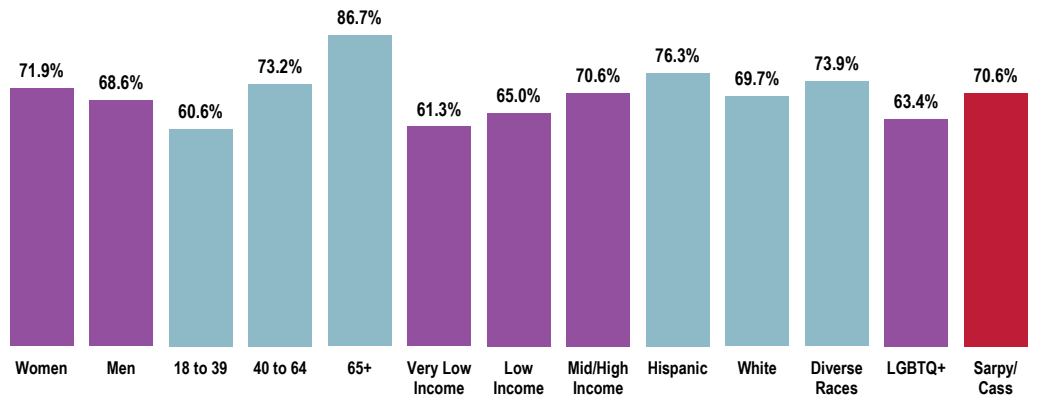
## Have Visited a Physician for a Checkup in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 16]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.  
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

## Have Visited a Physician for a Checkup in the Past Year (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 16]  
 Notes: • Asked of all respondents.



# EMERGENCY ROOM UTILIZATION

A total of 11.1% of Sarpy/Cass adults have gone to a hospital emergency room more than once in the past year about their own health.

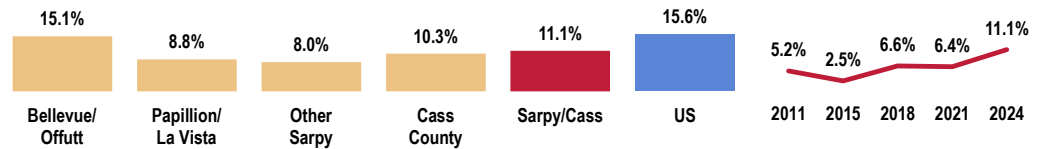
**BENCHMARK** ▶ Lower than the US prevalence.

**TREND** ▶ The prevalence has increased significantly since 2011.

**DISPARITY** ▶ Highest in Bellevue/Offutt. Reported more often among adults in low-income households and LGBTQ+ respondents.

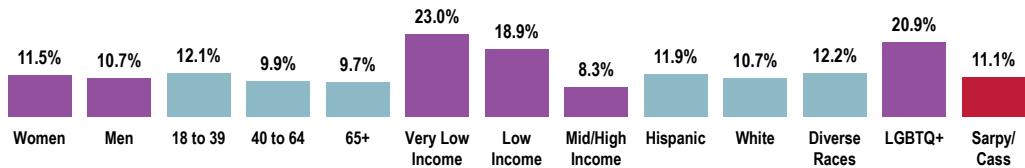
## Have Used a Hospital Emergency Room More Than Once in the Past Year

Sarpy/Cass



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 19]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## Have Used a Hospital Emergency Room More Than Once in the Past Year (Sarpy/Cass, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 19]  
 Notes: • Asked of all respondents.



# ORAL HEALTH

## ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Adults

**A total of 72.7% of Sarpy/Cass adults have visited a dentist or dental clinic (for any reason) in the past year.**

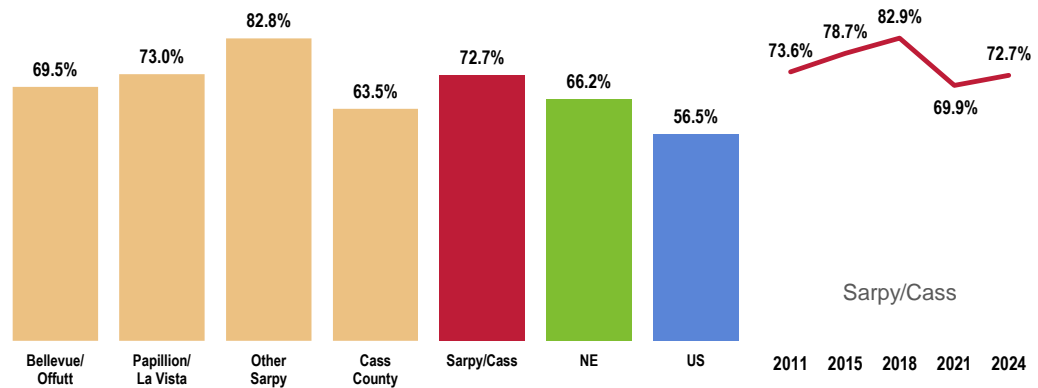
**BENCHMARK** ▶ Higher than the Nebraska and US percentages and easily satisfies the Healthy People 2030 objective.

**TREND** ▶ Though fluctuating considerably, the percentage is similar to the 2011 findings.

**DISPARITY** ▶ Lowest in Cass County. Reported less often among adults under 40, those in low-income households, and LGBTQ+ residents.

### Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



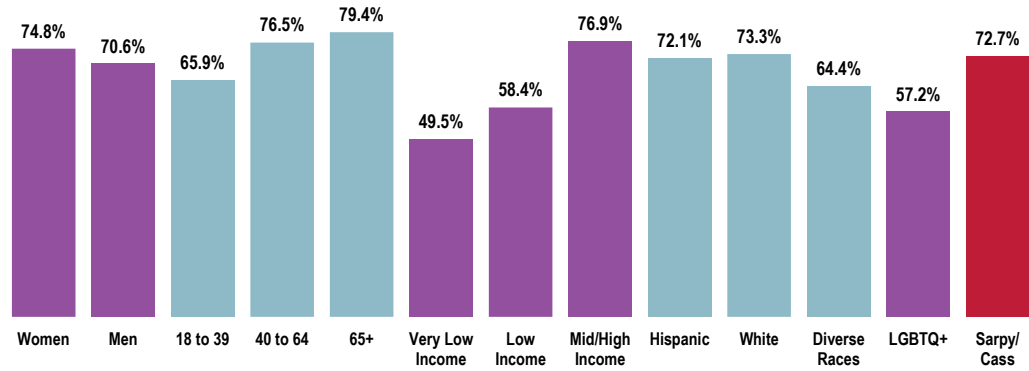
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 17]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Nebraska data.  
• 2023 PRC National Health Survey, PRC, Inc.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



## Have Visited a Dentist or Dental Clinic Within the Past Year (Sarpy/Cass, 2024)

Healthy People 2030 = 45.0% or Higher



Sources: 

- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

- Asked of all respondents.





# LOCAL RESOURCES

# HEALTH CARE RESOURCES & FACILITIES

## Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Sarpy/Cass as of December 2023.

