a report on the health of the residents of douglas county, nebraska
According to the Kaiser Family Foundation, health care costs have hit an all time high, reaching more than 2.3 trillion dollars in 2008, accounting for 16.2 percent of the nation’s Gross Domestic Product. Further, it is estimated that chronic diseases account for over 75 percent of this expenditure (Kaiser Family Foundation).

Health is not only a personal concern, it is a community concern. Unhealthy trends have not only an economic impact, but also a personal impact (potentially a lesser quality of life). The cost of poor community health lies not only in the disease states and their treatment, but also in the current and future health status of our citizens and children. So we begin to ask the question- Omaha is a great city- shouldn’t a great city also be a healthy city?

In our 2008 Community Report Card, we referenced the rate at which life’s increased pace impacted how our cities and communities reacted to the faster rate of life; creating an environment which moves us from here to there faster on streets built for cars not people; enticing us to eat outside the home more often rather than around the family dining table, and consuming processed foods rather than locally grown fresh produce.

The transformation that is required to make Omaha not only a great city, but also a healthy city will not happen overnight. It has taken years for the behavioral and environmental changes to get us to where we are now; it will take a turbo effort to reverse the culture which we have created.

The good news is this.

Encouraging individuals, organizations, and institutions to take responsibility for improving the health and quality of life in their community produces dramatic results. Changing the health of an entire community can only occur through strategically focused collaborative efforts of family, schools, government, industry, health care, and public and private non-profit community organizations. The premise is based on the fact that well informed people working together in an effective process can make a difference in a community. In Omaha, an effort is underway to change the footprint of health in the community. Where we live matters to our health and we will make Omaha a healthier community!

Welcome to the 2010 Community Report Card.

Kerri Peterson  
Executive Director,  
Live Well Omaha

Adi Pour, Ph.D.  
Director,  
Douglas County Health Department
September 30, 2010

Kerri R. Peterson
Live Well Omaha
12565 West Center Road, Suite 220
Omaha, NE 68144

Dear Ms. Peterson,

Live Well Omaha is committed to community betterment by working together through collaborative endeavors. As a member organization, the Metro Omaha Medical Society supports the mission of Live Well Omaha and recognizes their efforts through emerging initiatives and establishment of reliable measurement to track their progress.

The use of a "Community Report Card on Health for Douglas County" reflects the commitment and work in assessing the health-related needs of the community. In collaboration with all member organizations, this provides the infrastructure for community discussion, education and long term strategic planning.

As an organization of physicians dedicated to: helping physicians serve as patient advocates, promoting the ethics and the art and science of medicine; and improving the general health of the community, the Metro Omaha Medical Society applauds the tireless efforts of Live Well Omaha to make this community a better place for all.

We look forward to our continued association with Live Well Omaha and know that together, we make a difference.

Sincerely,

Pierre Lavedan, M.D.
President
Metro Omaha Medical Society
From Eliminating Health Disparities to Advancing Health Equity

According to the US Department of Health and Human Services, Office of Minority Health, African Americans, Hispanic Americans, American Indians and other minority groups continue to experience worse health outcomes when comparing their health indicators against those of the rest of the U.S. population. This is true across the nation and in Douglas County, Nebraska. Such communities experience higher rates of illness and death from health conditions, such as heart disease, stroke, specific cancers, diabetes, HIV/AIDS, asthma, hepatitis B, and overweight and obesity. Research tells us that working to improve individual health behaviors - eating, smoking, exercise - is absolutely necessary, but insufficient to narrow the gap. Lack of access to quality healthcare and broader social determinants of health such as having lesser educational attainment, living in low income areas with substandard housing, etc., also are associated with poorer health.

So we must ask together: Beyond improving individuals’ behaviors, how are we developing or advancing policies, programs, and practices that address the social, economic, environmental and other factors which impact the conditions in which people live, work and play? The 2007 Douglas County Health Disparities Report card offered specific recommendations to improve perinatal outcomes, reduce the burden of obesity, diabetes and cardiovascular disease, and prevent sexually transmitted diseases (STDs). In the last three years, the scope and intensity of efforts have increased in our community to promote safe sleep in infants, expand school-based services, focus creatively on childhood obesity prevention, take on STDs, and more. Remarkable, robust partnerships across disciplines and sectors have been forged or expanded.

As U.S. Surgeon General Regina Benjamin reflected1 “The question we need to ask today is not whether disparities exist, but whether our hard-earned scientific advances are being transformed into practice effectively - whether neighborhoods have safe playgrounds, walking paths, and access to farmers’ markets; and whether families enjoy an equitable share of societal benefits, can find jobs at decent wages, medicines they can afford, and good educational opportunities.”

Beyond promoting healthy lifestyles and designing healthier communities through evidence-based programs and policies, our next and more difficult challenge will be to take a fresh look at the known social determinants of health - poverty and education, race and culture. In doing so, we can move from eliminating health disparities to promoting health “equity.”

In summary, shifting toward achieving health equity calls for a widening of our lens to bring into view the ways in which jobs, working conditions, education, housing, social inclusion, and political power influence individual and community health2. This is a fresh framework for our community to explore in the decade ahead, to make a greater difference, together.

Good health for all is precious; it enables us to be productive, learn, and build on opportunities. A significant health gap exists in our nation, and it harms us all. We know the strategies that will be effective in closing it. Now is the time to implement them.

Reducing the Inequities in Health and Safety through Prevention Report, January 2009

2www.unnaturalcauses.org
Health is affected by where you live, how you live, and your financial health. One way to measure the health of a community is to look at the economic indicators of community health. Poverty, unemployment, number of people on public assistance (including Medicaid), age of housing, and number of people living in rental housing are all closely associated with undesirable health outcomes. Overall, when people lose their jobs and their health insurance, the snowball effect brought on by a depressed economy results in higher unemployment and home foreclosures. Businesses fail. And the cycle continues bringing with it higher stress levels and poorer health in a down economy. Goals are needed and strategies put in place to move our citizens out of poverty and poor housing, off public assistance, and into employment—for the health of us all.

Health care costs have been rising for several years. According to the Kaiser Family Foundation, expenditures in the United States on health care surpassed $2.3 trillion in 2008. As a result, this growth has become a major policy priority, as the government, employers, and consumers increasingly struggle to keep up with health care costs.

In 2008, U.S. health care spending was about $7,681 per resident and accounted for 16.2% of the nation’s Gross Domestic Product (GDP); this is among the highest of all industrialized countries. Total health care expenditures grew at an annual rate of 4.4% in 2008, a slower rate than recent years, yet still outpacing inflation and the growth in national income. Additionally, Gallup estimates in the most obese states, the direct costs associated with obesity and subsequent chronic diseases are approximately $50 million per 100,000 residents. Absent reform and a change in the chronic disease trends, health costs are likely to continue to rise in the foreseeable future.

According to the Kaiser Family Foundation, health care costs for all payers continue to increase. Employers pay 20% more toward their employees’ health insurance than they did in 2005. Workers pay 47% more now than they did in 2005 for the family health coverage they get through their jobs, while their wages have increased only 18%. There is much debate over how these trends will be affected by the recently enacted Patient Protection and Affordable Care Act as it phases in over the next few years. Key elements of the act include increased subsidies for the poor and middle class.

Government programs, such as Medicare and Medicaid, account for a significant share of health care spending. Medicare per capita spending has grown at a slightly lower rate, on average, than private health insurance spending, at about 6.8 vs. 7.1% annually respectively between 1998 and 2008. Medicaid expenditures, similarly, have grown at a slower rate than private spending, though enrollment in the program has increased during the current economic recession, which may result in increased Medicaid spending figures soon, according to the Kaiser Family Foundation.

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<td>Adults aged 18 - 64, reporting having no insurance coverage for healthcare, Douglas County</td>
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<td>2009 14.3% 2008 16.3% 2007 N/A 2006 N/A 2005 N/A Decrease of 12% from 2008 - 2009</td>
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What is driving health care costs?
To some degree, there is disagreement about the drivers of increasing health care costs. However, according to the Kaiser Family Foundation, general agreement includes the following:

- **Chronic disease:** The nature of health care in the U.S. has changed dramatically over the past century with longer life spans and greater prevalence of chronic illnesses. This has placed tremendous demands on the health care system, particularly an increased need for treatment of ongoing illnesses and long-term care services such as nursing homes; it is estimated that health care costs for chronic disease treatment account for over 75% of national health expenditures (Center for Disease Control, Chronic Disease Overview).

- **Technology and prescription drugs:** For several years, spending on new medical technology and prescription drugs has been cited as a leading contributor to the increase in overall health spending; however, in recent years, the rate of spending on prescription drugs has decelerated. Some analysts state that the availability of more expensive, state-of-the-art technological services and new drugs fuel health care spending not only because the development costs of these products must be recouped by industry but also because they generate consumer demand for more intense, costly services even if they are not necessarily cost-effective.

- **Aging of the population:** Health expenses rise with age and as the baby boomers are now in their middle years, some say that caring for this growing population has raised costs. This trend will continue as the baby boomers will begin qualifying for Medicare in 2011 and many of the costs are shifted to the public sector.

However, experts agree that aging of the population contributes minimally to the high growth rate of health care spending.

- **Administrative costs:** It is estimated that at least 7% of health care expenditures are for administrative costs (such as marketing, billing) and this portion is much lower in the Medicare program (<2%), which is operated by the federal government.

How to contain costs has been a national debate. Proposals have included investment in technology such as electronic medical records, improving quality and efficiency, and/or government regulation. Additional suggestions include these:

- Increase in wellness and disease management programs. With as much as 85% (according to some findings) of health care costs attributable to lifestyle choices, employers are increasingly turning to wellness programs to reduce otherwise preventable health care consumption and resultant costs.

- Ongoing decrease in the growth rate of drug spending with the increased use of generic drugs. In addition, in 2010, five blockbuster drugs will go off patent, which typically results in price decreases for the affected therapeutic categories.

- Increases in so called “high deductible health plans” result in consumers making more informed and better decisions relative to their purchase of health care.

Simply stated, the single greatest reason behind any health care cost increase is over-utilization. Some pundits suggest that unless and until the payment system rewards health care providers for doing more, it will be difficult to rein in health care costs. Clearly, a healthier, more informed public is the single greatest way to reduce health care costs.


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Omaha is one of America’s great cities because we are committed to creating an unsurpassed quality of life. The health of our citizens and putting community assets in place to promote and encourage healthy lifestyles is an important part of our quality lifestyle.

David Brown
President & CEO; Greater Omaha Chamber
environmental concerns

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<td>(Source: NeDHHS, 2009)</td>
<td>visits per 100,000 population in 2008</td>
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<td>in children (EBLs)</td>
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Exposure to indoor air pollutants may have a more important effect on childhood asthma than may exposure to outdoor air (IOM, 2000). Adults and children, in increasing numbers especially among minority populations, are developing asthma, which may have a link to environmental causes. People with asthma require medical care and sometimes emergency room visits. Newer medications and better control over symptoms through awareness can lower doctor visits and reduce hospitalizations and deaths from asthma. Community groups continue to improve access to care for our citizens with asthma, especially for those with no health insurance. Another environmental risk continues to be lead-based paint in older homes and lead in soil. Exposure to lead-paint dust or ingesting paint particles can cause nervous system damage, stunted growth, and delayed development in toddlers. Children at risk in older homes and environments are being tested, and hazards in our midst are being mitigated.

Lead poisoning is the number one environmental pediatric disease that is preventable. The focus in childhood lead-poisoning policy should shift from case identification and management to primary prevention, with a goal of safe housing for all children.

American Association of Pediatrics

> 10 μg/dL. Most of the children identified reside in the zip codes that encompass the Superfund site and in houses built before 1960.

A comprehensive plan to remove lead hazards in Omaha has been supported by the community. There are approximately 40,000 residential properties that have lead in the soil at a concentration > 400 ppm (mg/kg), which according to EPA will require soil remediation. Around 10,000 yards have been excavated, backfilled with new soil and replanted. Besides soil replacement, some of the homes are eligible for exterior lead-based paint stabilization. A grant from HUD will address interior lead hazard control in a smaller number of homes.

Several community organizations, OHKA (Omaha Healthy Kids Alliance), Lead Safe Omaha, and Community Health Workers from Douglas County Health Department are providing outreach to the community for lead poisoning prevention. OHKA and partners such as the Douglas County Health Department, the City of Omaha and the University of Nebraska-Extension held Omaha’s first Lead and Healthy Homes Conference, which brought more than 150 attendees together. OHKA has also worked with several student groups such as ENCAP to create a lead poisoning

Asthma

Asthma prevention continues to be a priority for the Douglas County Health Department. By investigating environmental factors that contribute to asthma cases, the department can identify asthma triggers and propose remediation. In a year, the Douglas County health department responds to more than 100 locations in regards to Indoor Air Quality Concerns. Recommendations and identification of the issues educate residents on minimizing asthma triggers to prevent asthma injuries.

Childhood Lead Poisoning and Environmental Interventions

Childhood lead exposure has long been linked to developmental and neurological delays, associated with a decrease in IQ and an increase in behavioral problems, but lead exposure can also affect nearly every system in the body.

In 2009, more than 15,000 children, the highest number ever, have been tested for blood lead levels and 173 children have been identified with an elevated blood lead level
prevention rap video and bench ad that was featured in North Omaha. OHKA’s Get The Lead Out! Program works to assist property owners to make homes lead-safe. Oversight of the activities related to the superfund site is provided by a Community Advisory Group made up of more than 30 different agencies to resolve specific issues.

Injury
The majority of injuries are predictable and preventable. Injury prevention can make a measurable positive impact on the wellness of our community.

Each year one in nine people seek medical attention for an injury. In Douglas County that translates to about 46,000 people each year. More years of potential life were lost due to injuries than to any other cause of death, including heart disease and cancer. Injury is a serious public health problem and is the fifth leading cause of death and number one cause of death for our citizens up to age 44. Most common causes of injury death in Douglas County in order are motor vehicle crashes, falls, and poisoning. While motor vehicle crash fatalities are going down, death from falls and unintentional poisoning are on the rise.

Unintentional Poisoning
Primarily affected with misuse of prescription drugs are adult women ages 35 to 54. Organizations that include LiveWise, NE Regional Poison Control Center, PRIDE, and the NSC, Omaha Chapter with support from the DEA, Douglas County Sheriff, and Omaha Police Department have held prescription take-back events designed to get unwanted medications out of the home.

Mobile Phone Distractions
Distracted driving includes driving while speaking on a mobile phone and now, even more concerning, is driving while texting. In 2009 Nebraska crashes 142 involved mobile phone distractions. In 2010 Nebraska legislators made texting while driving a secondary offense; drivers will have to be pulled over by a primary offense like speeding before they can be ticketed for the offense. In 2007 lawmakers banned teen drivers with provisional licenses from texting and talking on cell phones while driving, also a secondary offense. Teen drivers again are most at risk for distracted driving accidents, they risk fatality by talking, texting, and not wearing seat belts.

Most successful in reducing these fatalities has been implementation of graduated licensing laws and enforcement of non-alcohol use laws for under 21.

Alcohol-Related Crashes
Project Extra Mile partners with law enforcement to help coordinate collaborative alcohol compliance checks of licensed establishments. The rate of businesses selling alcohol to youth under 21 decreased from 41% in 1997 to 6% in 2010. In 2008, Project Extra Mile successfully advocated for a dram shop and social host liability law to allow for civil liability in cases where adults or retailers sell or provide alcohol to a minor who later injures or kills an innocent third party.

In 2009, more than 15,200 children have been tested for blood lead levels, the highest number ever, thanks to the Health Care Providers in Douglas County.
The research is clear: Where children and families live, learn, work, and play affects their health. People thrive when they earn living wages and live in the communities with parks and playgrounds, grocery stores selling nutritious food, and neighbors who know one another. Without a healthy environment, people are more likely to suffer from obesity or one of the many chronic diseases plaguing the United States; diabetes, asthma, and heart disease.

Healthy Eating Active Living Convergence Partnership, 2008

**Active Living**

Douglas County organizations have been focused on creating environments for adults and children to be physically active in their daily routines by increasing and enhancing physical activity opportunities for adults and children, such as new park facilities, walking/biking trails, and bike lanes on roadways.

Omaha’s first Safe Routes to School Coordinator was hired in 2008. Since then, the number of schools participating has grown to over 25 in the metro area. From one-day events to walking school buses (parent-led walking groups to/from school) to bike rodeos, the Omaha Safe Routes to School Program has effectively increased the number of children walking/biking to school safely.

Thanks to local, private funding and the recommendation from the Mayor’s Bicycle Pedestrian Advisory Committee, the City of Omaha hired its first Bicycle Pedestrian Coordinator with the goal to reasonably implement bicycle and pedestrian access facilities into new and existing planning, public works, and recreation projects. Complementary to the new staff position, the City of Omaha will also update the Transportation Element to the City of Omaha Master Plan with funding from a federal grant. Complete street theories and balanced transportation tactics will be implemented into the new plan as it considers bicycle, pedestrian and mass transit facilities.

In November 2008, Omaha by Design partnered with the City of Omaha to launch Environment Omaha, a multi-year policy development initiative designed to create a new comprehensive environmental section for Omaha’s Master Plan. Environment Omaha covers five major content areas: the natural environment, urban form and transportation, building construction, resource conservation, and community health. The plan was passed by the planning board October 2010.

After more than 3,460 volunteer hours and close to two years of research, community meetings, interactive efforts, and consensus building, the Environment Omaha team has developed 25 goals and measurements in the five major content areas. These goals seek to preserve and enhance the natural environment; improve how Omahans move around the city and what shape its future growth should take; lead the nation in innovative building construction, renovation and maintenance; conserve natural and material resources; and create an active, safe and healthy community.

**Healthy Eating**

Douglas County continues to report lower fruit and vegetable intake than the national average. A recent study by UNMC (University of Nebraska Medical Center) for LWOK (Live Well Omaha Kids) indicates that less than 5% of our children eat the recommended number of servings of fruits and vegetables daily. Community gardens, school gardens, and farmers’ markets are on the rise. DCHD has completed a study of neighborhood access to healthy foods through retail outlets. The results show that most neighborhoods are within a mile of a healthy retail outlet, yet some heavily populated neighborhoods have decreased access to healthy foods. Within these nutritionally fragile areas, residents must travel nearly 2 miles to a healthy retail food outlet.

Douglas County through a CPPW (Communities Putting Prevention to Work) grant has begun the process of identifying small retail food outlets in those vulnerable areas of the city that are interested in improving the healthy choices available in their stores. Changes in the WIC food package have increased access for low income women and children to fresh produce and whole grains along with the dairy products.

Through the CDC CPPW grant, emphasis has been placed on school gardens and farm-to-school projects. The number of community gardens has more than doubled to 50 gardens and farmers markets now exist in nearly every section of the city. In addition the Food Bank of the Heartland has initiated produce drop-off sites at 4 locations and provided over 90,000 pounds of produce this summer alone.

**Miles of bike trails in Douglas County:**
- 100 miles (same as 2008)

**Miles of bike lanes in Douglas County:**
- 4.6 miles

**Number of neighborhood parks:**
- 128 (same as 2008)

**Number of community parks:**
- 17 (same as 2008)

**Number of open spaces:**
- 22 (same as 2008)

**Number of licensed farmers markets:**
- 5 (2009)
The bottom line for business: Healthy employees are more productive, have higher morale, and allow companies to better manage uncontrolled health care costs. By promoting health through worksite wellness programs, Omaha employers have created healthier workplaces—and the benefits spill over into the home and reach dependents. A national movement to create healthier workplaces began in Omaha in the 1980s. Since then, Omaha has become one of a handful of cities to earn the national designation of Well City—in which companies of all sizes in all industries are holding health screenings, physical activity programs, and health education for employees and their families.

Omaha continues to be the national leader in workplace wellness and has been in the forefront of corporate health promotion since the 1980s when the Wellness Council of the Midlands was formed to promote health in Omaha-area businesses. 

More and more organizations are realizing the importance of making sure their employees and their families have opportunities to improve their well-being and are therefore more productive at work and home.

Companies that make wellness a core business strategy are finding that efforts not only improve the health of their people but also contribute to a healthy bottom line.

The Wellness Council of the Midlands (WELCOM) is committed to continue the work of helping businesses of all sizes implement outcome-focused wellness programs.

An organization that implements WELCOM's Well Workplace planning process over time will begin to see outcomes from their program. Based on proven benchmarks, companies such as Blue Cross Blue Shield of Nebraska and First National Bank are showing outstanding results. Blue Cross Blue Shield’s program has reduced health risk in their workforce while First National Bank has shown a reduction in health claims for those participating in the wellness program. Smaller businesses too are successfully showing outstanding results. As a matter of fact, as part of health care reform legislation, federal grants will be available to small businesses in an effort to assist them in building solid wellness programs.

The purpose of worksite wellness is not to change people, but to create a healthy corporate culture. Encouraging employees to adopt healthier behaviors is not an easy task, but building a culture that supports health and well-being makes sense. When people are ready to change, the organization makes it convenient and easy to get plugged into the appropriate program. WELCOM is one of 19 partners implementing Douglas County Communities Putting Prevention to Work, a federal grant Omaha received in 2009. The focus is assisting our community in implementing policies around increasing physical activity and improving nutrition. During the next two years and into the future, WELCOM will be assisting companies in improving and enhancing the healthy culture that is already being developed by these forward-thinking businesses.

**Workplace Injuries—Greater Omaha’s Safest Companies**

Nationally, workplace injuries are on the decline, having reduced by 10% from 2007 to 2008. For many years, businesses have known that a safe workplace contributes to their profitability through reduced workers’ compensation claims. In Douglas County, 109 businesses achieved the designation of Greater Omaha’s Safest Companies in recognition of their safe workplace efforts. These companies are all better than their industry in incident rates and other measures.

More recently companies are recognizing that workers can often be injured off the job as well and any injury has a devastating effect on families, too. Companies are beginning programs that will prevent unintentional injuries on and off the job to workers and their families.

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At Valmont, we focus a great deal of effort on working with our employees on developing and living a healthy lifestyle...eating the right food, exercising, not smoking and maintaining a good weight. If we do this in both the workplace and in the home, our entire community will benefit through healthier children and more engaged parents and adults. We all need to take charge of our own health...and our family’s health...and not leave it up to someone else.

Ed Burchfield
Director, Global Security & Facilities Management
Valmont Industries, Inc.
Baby boomers are now nearing retirement. Their parents are living longer than ever, which sandwiches the boomers in the middle: caring for aging parents while still raising their own children. Health needs of boomers and their aging parents are expected to put a strain on health care resources in the community—doctors, clinics, hospitals, and specialty practices such as orthopedics. How do we strengthen health promotion and prevention policies to ensure the aging the population can age in the best way possible?

In 2005, the World Health Organization (WHO) launched the global Age-Friendly Cities Project to address active aging. Defined as the process of optimizing opportunities for health, active aging sets guidelines for cities to become an Age Friendly City—an inclusive and accessible urban environment that promotes active aging. This framework allows for cities to assess their capacity to support its older residents to remain healthy and actively engaged in their community. Omaha hopes to become involved in this global effort.

Data about the health of older Omahans are limited; targeted surveillance, needs assessment, and comprehensive health planning is needed to address the growing concerns of this population. Locally, the Partnerships in Aging and the Continuum of Care for Older Adults unite community organizations that address aging issues and gaps in services. Advocates across initiatives are working in the areas of legislation/advocacy, caregiver resources, housing and transportation, elder abuse, and service integration.

Falls

Falls are the number one cause of injury and death for people over 65. Almost 11% of Douglas County residents are 65 or older. A collaborative of five partners and more than 70 organizations is working to reduce falls among our elderly including the National Safety Council, Greater Omaha Chapter, the Eastern Nebraska Office on Aging, United Way of the Midlands, the University of Nebraska at Omaha, and Visiting Nurses Association. Task groups are working to develop interventions to reduce falls in areas such as medication management, physical activity and mobility, home safety and modifications, environment, and cross cutting issues.

Way of the Midland, the University of Nebraska at Omaha, and Visiting Nurses Association. Task groups are working to develop interventions to reduce falls in areas such as medication management, physical activity and mobility, home safety and modifications, environment, and cross cutting issues.

More than 56 Movement Improvement Tai Chi trainers are teaching classes in the Greater Omaha area. The goal is to train 200 instructors who will actively reach more than 12,000 seniors annually through fitness, senior and community centers, and the faith community. Tai Chi has been proven to increase balance in older adults by 47%.

Most falls of older adults occur at home. In 2009 a video, Simple Changes Can Keep You Safe Where You Live, was produced in Omaha. More than 5,000 videos have been distributed in the area.

Promoting and protecting the health and well-being of Omaha’s growing population of seniors 65+ is the newest community priority. Eleven percent (53,223) of the county’s 500,000 inhabitants are 65+; 14% of all seniors are 85+, a growing proportion as lifespan increases. Nationwide the 65+ population is expected to more than double by 2050.

The need exists to employ a life course perspective in addressing senior health, with special focus on more vulnerable aging populations in communities of color and in isolated and resource challenged neighborhoods.

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Healthy babies start with healthy mothers and educated caregivers. Prenatal care for expectant mothers is essential for giving babies a healthy start in life. The alternative is tragic: Babies are born prematurely, at low birth weight, and can be at risk for not developing normally. Every woman of childbearing age needs to have care starting not only in the first three months of pregnancy but even before. Once babies are born, the duties of parenting and caregiving include understanding the risk for Sudden Unexplained Infant Death (SUID), formerly known as Sudden Infant Death Syndrome (SIDS) and creating a safe sleep environment by eliminating any risks for suffocation, which includes no bed sharing. The SIDS rate can go down, with community awareness, but even one death of a precious infant is one too many.

Research has shown that smaller babies are more likely to have health consequences that may lead to premature death. Recent studies have proposed a Life Course Perspective, which suggests that circumstances beginning before birth and continuing throughout childhood and adult age influence health in old age.

The development of an integrated system of health services and community resources to provide continuous monitoring of the health needs of women, children, and their families as they journey through the lifespan is key to reversing these trends.

The BBC works with the health care providers to assure that pregnant women are routinely screened for risk factors and that systems are in place to provide resources for women at risk. A provider survey shows that nearly all women are carefully screened initially for risk factors and less than half of all women continue to be screened throughout their pregnancy. Developing ongoing screening and the corresponding resources is critical to assuring the best birth outcomes, an improvement in overall infant mortality and a narrowing of the gap between white and black infant deaths.

Rates of Sudden Unexplained Infant Death Syndrome demonstrate a continued need to train and educate parents and caregivers about the importance of a safe sleep environment. Even one SUID death is too many. Current BBC efforts focus on creating dialogues between physicians and mothers to understand a safe sleep environment.

To reverse the trend, more women need to enter pregnancy in the best possible health. To achieve this, the collaborative seeks to engage adolescent men and young women in the development of healthy habits. BBC currently partners with youth-serving agencies to offer health activities in youth development programming and increase staff knowledge of the Life Course Perspective.
Suicide—the tragic outcome of mental illness—can be prevented. But it takes recognition of the problem, referrals to mental health services, and partnerships among the key providers in the community. Among vulnerable adolescents 17 years old and younger, the suicide rates are decreasing significantly. Slight reductions in suicide rates are seen in populations 18 and older. Whether it’s recognizing depression as a treatable illness without the stigma attached to mental illness, or whether newer medications are more effective, or perhaps the success of community-based programs that keep people out of institutional settings, progress is being made. The sad result of untreated mental illness that leads to suicide is not acceptable.

As part of the Nebraska Suicide Prevention Project, Region 6 Behavioral Healthcare has established a process to identify youth in the Professional Partner Program at risk of suicide. Youth, age 13 years and over, participate in the Suicide Behaviors Questionnaire-Revised (SBQ-R) risk assessment tool. Youth that score positive on the risk assessment tool are referred to appropriate services, their treatment progress monitored, and the assessment tool re-administered at regular intervals to measure continued suicide risk.

Goals of the statewide Youth Suicide Prevention Project include:
1) By 2012, every child engaged with the Professional Partner Program will be regularly screened for suicide
2) By 2012, Public Health Districts and Behavioral Health Regions will incorporate suicide awareness benchmarks in regular reports.

As a result of Safe Haven Legislation (LB 603, 2009), Region 6 Behavioral Healthcare received additional funds to address crisis behavioral health needs for youth. These LB 603 funds, along with other behavioral health dollars, were allocated by Region 6 to develop a Mobile Crisis Response Program in Douglas County and a Rapid Response Professional Partner Program serving Cass, Dodge, Douglas, Sarpy, and Washington Counties.

The Crisis Response Program includes both mobile crisis response and post crisis services for youth and adults in Douglas County. The program is activated by law enforcement officers and provides on-site crisis stabilization, evaluation, and recommendations for possible treatment and placement options.

The Rapid Response Professional Partner Program provides crisis response case management services designed to prevent unnecessary entry into the Juvenile Justice System. These services are accessed by referral from county attorney offices in the region.

Mental health illness is a burden to our community and resources are limited but coordinated efforts have been successful to provide an effective safety net for everyone.

Mary Ann Borgeson
Chair, Douglas County Board of Commissioners
Although incidents of child abuse and neglect do not seem to be increasing on a national level, in the last year Nebraska has seen an increase in the number of child abuse reports assessed and substantiated, and in the number of children involved. The increase may be attributed to professionals and citizens learning how to identify and then report suspicions of abuse and neglect.

In the past year, the NDHSS Division of Children and Family Services began an out-of-home care reform, which led to contracting with private agencies for ongoing child protective services. Of the three original service providers, two continue to provide services to children and families (KVC Nebraska and the Nebraska Families Collaborative).

Also, the Nebraska child abuse hotline was consolidated into one geographic location and is now located at Project Harmony in Omaha. Finally, Project Harmony Child Protection Center will be moving to a larger facility by the end of the year in order to expand programs, services, and training in child abuse and neglect.

Although the trend is not considered negative in Douglas County, there is still a need for prepared, committed, and creative child welfare professionals. Children and families need to learn how to recognize and strengthen protective capacities; students need to learn the dynamics of child abuse and neglect; and anyone who works with children needs to become familiar with recognizing and reporting abuse and neglect.

Domestic violence and child abuse are terrible crimes most often perpetrated against women, children, and intimate partners. Violent acts that cause injury and death must be prevented. Lawmakers and law enforcement are working to hold the offenders accountable and make the consequences stronger. At the same time, community groups are targeting areas for action: To educate and train professionals in law enforcement, education, and child care workers to set up surveillance, reporting, and prevention as a first line of defense.

Safety is a key component to building a healthy community - a community where residents feel secure both in their homes and when utilizing public facilities and trails.

Omaha Mayor, Jim Suttle

Domestic Violence

The Domestic Violence Coordinating Council (DVCC) welcomes a new addition—the Family Justice Center of the Midlands (FJCM), a “one stop shop” for victims of domestic violence and their children. Many on site and off-site partner agencies collaborate and provide their expertise to a victim in need of information such as obtaining a protection order, filling out paperwork to get assistance from Legal Aid of Nebraska, for consulting with an advocate on-site, and providing off-site Chaplaincy services to fulfill any faith-needed assistance. There are two registered nurses on-site to conduct head-to-toe assessments and referrals to hospitals in the event of an assault (sexual, strangulation, or domestic violence).

Further, the FJCM is located on the same floor as the domestic violence police unit, where officers are readily available to assist a client with filling out warrants. An off-site partnership exists with Shaul Mediation for custody questions and close connection with the Domestic Violence Sexual Assault Coalition, which is the umbrella agency over all of the 22 programs in Nebraska.

All individuals who have contact with children should learn how to recognize and report abuse. All children and their families should receive the mental health advocacy and treatment they need to heal from trauma due to abuse and neglect.

2008:
Nebraska
# of substantiated reports 3260
# of children in substantiated reports of abuse/neglect 4920

Eastern Service Area (Basically Douglas and Sarpy Counties)
# of substantiated reports 1203
# of children in substantiated reports 1840

2009:
Nebraska
# of substantiated reports 3520
# of children in substantiated reports of abuse/neglect 5437

Eastern Service Area:
# of substantiated reports 1472
# of children in substantiated report 2344

(Sources: Nebraska Dept of Health and Human Services Child Abuse or Neglect Annual Data Calendar Year 2008; Nebraska Dept of Health and Human Services Child Abuse or Neglect Annual Data Calendar Year 2009)
Among America’s healthiest cities, Omaha ranks in 142nd out of 182 metropolitan cities. This position is reflective of a composite ranking across five indicator areas: current smokers, binge drinkers, activity levels, consumption of fruits and vegetables, and overweight/obese. It is alarming to learn that over 62 percent of adults in Douglas County reported being overweight and/or obese, increasing the risk of heart disease, arthritis, stroke and diabetes. Not only do chronic diseases have a high human cost, they leave an economic burden on the entire population. Now, for the first time in two centuries, experts forecast that the current generation of children in America may have shorter life expectancies than their parents.

Simply put, this is unacceptable - in terms of health, life expectancy, quality of life and the health care costs. If we take the time now to invest in our future, by 2018, we will save more than $1 billion in Nebraska alone. A healthy community is a wealthy community.

The five indicators you see here represent strategic areas, which if our community could reverse the negative trend, many other health outcomes could be potentially improved. The data was collected by the Centers for Disease Control’s Behavioral Risk Factor Surveillance System, and rankings were computed for each of the five indicators by the UNMC College of Public Health. A composite ranking was calculated by ranking the ‘average ranking of all five indicators.’

The Challenge
Though the ranking speaks for itself, the reality is in their impact on the vitality, economics, and image of our community. Ranking in the bottom is never a good thing, but when this community sets its mind to something, it can solve any problem.

During the past 10 years, organizations throughout the Omaha community have been laying the ground work for a new kind of movement - a call-to-action to change the health and vitality of Omaha and Douglas County.

Changing the health of an entire community can only occur through strategically focused collaborative efforts of family, schools, government, industry, health care and public and private non-profit community organizations. Live Well Omaha’s partner organizations will be visiting hundreds of local businesses, nonprofits, religious organizations, schools, churches and other community organizations to ask them to join the movement by enacting two policy changes that will create healthy practices in one of these key areas. Research has shown that when environmental policy change is combined with program initiatives, a change in behavior results. That’s how Omaha will rise to the top of the 182 healthiest cities list.
Health-related behavior is one of the most critical determinants of a person’s health. Omaha, like many other communities in the nation faces challenges of lack of environments that support healthy lifestyle choices. Several initiatives have been developed to improve the health of our community by addressing behaviors and lack of supportive environments that are detrimental to the community’s health. Live Well Omaha is committed to leading these initiatives in a collaborative campaign to improve the health of our community by addressing these challenges.

These five indicators demonstrate the health dilemma that we as a community face. By focusing our efforts on these indicators we can begin to make a significant difference in our own health as well as our community as a whole.

Dr. BJ Reed
Dean of the College of Public Affairs and Community Service
Sexually transmitted diseases (STDs) remain a major public health challenge in the U.S. Despite coordinated efforts to increase public awareness and clinical testing, the number of cases of STDs continues to be high in Douglas County. Most at risk are young people ages 15 to 24, yet this is a difficult group to reach. They may seek care without parental involvement, but it is parents who are best positioned to intervene and have a frank discussion about prevention and the consequences of poor choices. Behavior changes are not easy and require consistent messages from family, friends, health care providers, schools and churches.

When the sexually transmitted infections chlamydia and gonorrhea were declared “epidemic” in Douglas County in 2004, many area service agencies joined the countywide fight against them, expanding either prevention education or testing and treatment. Although gonorrhea responded to efforts with a drop in rates, chlamydia rates continue well above both state and national numbers. An additional concern with both of these infections is an apparent disproportionality of infection among minority individuals residing in the Omaha metro area.

In a collaborative venture to address these continuing problems, Omaha’s One Hundred Black Men and Alegent Health System held a strategic planning conference in July 2008. A trained facilitator led the session in which more than 50 community agencies participated. Douglas County Sexually Transmitted Infections (STI) Initiative (DCSI) activities include: an outline of a community plan, the hiring of a coordinator and community committees that continue to meet regarding education, testing, treatment, and efforts to obtain funding.

In recognition of this problem and in support of the local efforts to combat it, NE Department of Health and Human Services (NE DHHS) provided 15,000 urine tests for chlamydia and gonorrhea infections. Testing for STI’s via urine specimen allows high-risk individuals and target populations to be contacted in very innovative and non-traditional environments. DCSI collaborators including Douglas County Health Department, Charles Drew Health Center, One World Community Health Center, Nebraska AIDS Project, Creighton University, University of Nebraska Medical Center, Methodist College of Health Careers, and the Medical Reserve Corps of the Omaha United Way have pooled creative ideas and available staff to reach youth and young adults where they go for recreation and fun. Urine testing has been offered in libraries, before pop concerts, at Halloween haunted house events and roller-skating rinks, in after-school venues and at community parades. Youth are encouraged to test in these unusual settings with education on disease risk and prevention, and if feasible, incentives such as free admission to events or T-shirts.

The newest collaborator to come on board with innovative and non-traditional testing is Douglas County Department of Corrections (DCDC). Studies have shown that individuals at high risk for incarceration are also at high risk for STIs and disease rates are generally much higher in prisons than in the surrounding community. STI testing has been allowed and encouraged in the very-low security programs for Day Reporting, Work Release and Probationary individuals. More recently, the Adult Correctional Center itself has partnered with area institutions to implement a Service Learning Program, allowing students in health professions to educate and test inmates on a regular basis. In its second year, this program is expanding the numbers of both student-participants and inmates reached. The long-term goal is universal testing offered to all those incarcerated in DCDC.

Douglas County Health Department has again stepped up to meet the challenge by merging all STI services into one location and providing greater than 40 hours per week of care. The services include same-day testing, rapid HIV testing, express urine testing for chlamydia and gonorrhea, and clinical examinations with a full-time clinician, who has specialized in STI work. Douglas County Health Department also maintains its successful treatment assurance and partner notification programs.

<table>
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<tr>
<th>Indicator</th>
<th>Current Data</th>
<th>Trend Data</th>
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<tr>
<td>Chlamydia in 15 - 24 year-olds (Source: DCHD, 2009)</td>
<td>2,606.8 cases per 100,000 population in 2009</td>
<td>2009 2,606.8 cases 2008 2,723.8 cases 2007 2,791.5 cases 2006 2,927.5 cases 2005 2,886.3 cases Decrease of 10% from 2005 - 2009</td>
</tr>
<tr>
<td>Gonorrhea in 15 - 24 year-olds (Source: DCHD, 2009)</td>
<td>775.3 cases per 100,000 population in 2009</td>
<td>2009 775.3 cases 2008 832.7 cases 2007 882.4 cases 2006 768.1 cases 2005 670.5 cases Increase of 16% from 2005 - 2009</td>
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More often than not, diabetes is an unfortunate consequence of obesity among adults. Unfortunately, more children are being diagnosed with type-2 diabetes at earlier ages—unheard of in recent history. Because diabetes is such a silent killer, with relatively few early symptoms, a third of people who have diabetes do not know it—yet. But left unregulated, diabetes can do serious damage to organ systems including hearts and blood vessels. As more of us become overweight or obese, diabetes and its serious consequences can lead to chronic illness and death. Reducing risk for diabetes includes keeping weight at normal levels and staying active with daily physical activity for both adults and children. Lifestyle choices can prevent diabetes, keep it from developing so quickly, and can control diabetes once it is discovered through vital diabetes education programs.

Diabetes rates are drastically on the rise, with 1.6 million new cases of diabetes diagnosed in people aged 20 years and older each year. The health and cost implications of this trend are staggering. This is cause for concern because the rate of obesity among adults in the U.S. has doubled since 1980. Currently 16% of children ages 6 to 19 years, a total of 9 million youths, are overweight. Along with obesity, other risk factors for type 2 diabetes include lack of physical activity and an unhealthy weight (American Diabetes Association).

Despite valiant efforts, there is still no cure for diabetes, however, there is good news: the progression from pre-diabetes to diabetes is not inevitable and is manageable. An aggressive state and national agenda focusing on both clinical preventive services (early detection, improved delivery of care, and proper self-management measures) coupled with community preventive services (education initiatives, public health programs, and policies) are needed to tackle this growing epidemic.

There is a strong correlation between diabetes and being overweight, yet being overweight is one of the leading modifiable risk factors for diabetes.

Preventing and managing diabetes can be done through active living and good nutrition. Efforts at the local, state, and national levels are advocating for increased physical activity opportunities and access to healthy options as a means to prevent overweight and obesity and reduce the incidence of diabetes.

Costs The national cost of diabetes in the U.S. in 2007 exceeds $174 billion. This estimate includes $116 billion in excess medical costs attributed to diabetes, as well as $58 billion in reduced productivity. People with diagnosed diabetes, on average, have medical expenditures that are approximately 2.3 times higher than the costs would be in the absence of diabetes. Approximately 1 in every 10 health care dollars is attributed to diabetes. Indirect costs include increased factors such as absenteeism, reduced productivity, and lost productive capacity due to early mortality.
Since the 1960s, American children have become increasingly more overweight and obese. The older an overweight/obese child becomes, the greater the likelihood he or she will become an overweight/obese adult. Preventing children from becoming overweight/obese is the most effective way for parents to significantly reduce the risk of their children developing many life-threatening diseases such as heart disease, diabetes, and kidney failure as adults. A healthy diet is one of the best ways to prevent obesity in children with special attention to lowering the amount of sugar and fat in the diet. Promoting physical activity for children and limiting TV and computer time is also important. A growing body of research suggests that breastfeeding has a significant impact on reducing overweight/obesity from infancy to adulthood.

In 2006, Live Well Omaha (LWO) and Alegent Health created a community coalition to fight childhood obesity in Douglas County—now known as Live Well Omaha Kids (LWOK). Over 200 volunteers from more than 90 organizations have joined to implement best practice childhood obesity prevention strategies: increasing the support for breastfeeding; improving the availability of healthy affordable foods; increasing opportunities for physical activity in schools and our communities; and reducing screen time.

A random survey of local youth, conducted in 2008, helped to establish a baseline to monitor coalition success through 2011 and to better inform LWOK in developing community-based programs to improve youth lifestyle behaviors. Based on survey results, the evidence based 54321GO social marketing campaign was created to promote daily healthy behaviors for youth (for example, healthy habits such as 5 servings of fruits and vegetables, 4 glasses of water, 3 servings of low or non-fat dairy, 2 hours or less of screen time, and 1 hour of physical activity). The campaign has made an impact with 71% reporting recognition of the message and moderate behavior change around the message.

Other LWOK initiatives have included the promotion of “walking school buses”, Safe Routes to Schools and the Ready for Recess programs. The School Wellness Network—a forum in which schools/districts can share best practices in school wellness and learn about nutrition and physical activity resources in the community—has also been created. In addition, LWOK was instrumental in the hiring of a city Pedestrian/Bicycle Coordinator.

Due to its best practices approach and the positive results being realized, LWOK has been recognized nationally in research, publications, and professional presentations. The model is also being replicated in neighboring communities. LWOK’s partnership with LWO and its other initiatives has stimulated new funding to promote physical activity and healthy eating. Funding to date has been secured which includes a $5.6 million federal stimulus grant, $720,000 over three years from the Robert Wood Johnson Foundation, over $350,000 from Catholic Health Initiatives for breastfeeding education and support, $120,000 over three years from the Metropolitan Area Planning Association, and $40,000 from YMCA Pioneering Healthier Communities.

The priorities of the coalition in the next several years are these:
1. Increase support of breastfeeding: Nebraska is one of two states that has no legislation on breastfeeding. Breastfeeding provides the best nutrition for babies, is beneficial to both mother and child, as well as the community, and reduces the risk of childhood obesity.
2. Improve the availability of healthy affordable foods (for example, community gardens, farmers’ markets, access to fresh fruits and vegetables) and decrease the availability of unhealthy foods (such as sugar-sweetened beverages).
3. Increase opportunities for physical activity in schools, childcare, and in our communities (for example, parks, trails, sidewalks, bike lanes, mixed use developments).
4. Reduce screen time (that includes TV, computers, video games).

### Youth Weight Status by CDC Body Mass Index Categories

- **Healthy weight**, 70.4%
- **Overweight**, 15.3%
- **Underweight**, 1.2%
- **Obese**, 13.2%

Source: 2009 Youth Physical Activity and Dietary Behaviors (YPADB) Survey
Douglas County Survey Results

Obesity rate has reached 28.4% among all youth and is even higher among minority youth—46.8%.

Youth Dietary Behaviors

3.4% of Douglas County youth reported eating five or more servings of fruits and vegetables daily in the past seven days.

Of the youth surveyed, 6.7% reported drinking three or more glasses of milk, 18.8% reported not drinking juices, 24.0% reported not drinking soda, and 31% reported not drinking other sweetened beverage in the past seven days.

Of the youth surveyed 56.2% reported eating breakfast daily in the past seven days and 75.6% reported eating at a fast food restaurant at least once in the past seven days.

Youth Physical Activities

Only 41.7% of Douglas County youth reported participating in physical activity for 60 minutes or more daily in the past seven days.

Approximately 37.2% of Douglas County youth reported having more than two hours of screen time on an average weekday. During the weekend, this percentage significantly increases to 57.0% of youth reporting more than 2 hours of screen time on average.

Approximately 71.2% of Douglas County youth reported playing on one or more sports teams in the past year.

Approximately 37.8% of youth surveyed reported not attending physical education class and 16% reported walking or biking to school three or more days during the school week.

Seeing how Omaha has taken a comprehensive approach to obesity we really have a chance to be the place that figures this challenge out. Everyone has an opportunity to contribute—parents, schools, parks, businesses, health professionals, religious leaders and the list goes on to include everyone. Omaha can show measurable change in how healthy we are as a community. Let us continue to make progress.

Dr. Tom Tonniges
Director, Boystown Institute for Child Health Improvement

In Omaha, 1/3 of our children and 1/2 of minority children are at an unhealthy weight. This has led the often quoted prediction that this generation of kids will live shorter less healthy lives than their parents. As parents, teachers, community leaders and health professionals, we have the responsibility to reverse this trend. We must all be role models and advocates to assure that in our homes, schools, and neighborhoods we practice healthy eating and are physically active. It will take a village to raise healthy children into healthy adults.

Live Well Omaha Kids
The healthier lifestyle choices aren't always the most popular choices. But when it comes to preventing heart disease and stroke—two leading causes of death—the message is clear: don’t smoke, choose heart-healthy foods that include daily fruits and vegetables, and be active. Adopting such healthful lifestyles can keep the causes of heart disease—high cholesterol, high blood pressure, diabetes, and obesity—at bay. In fact, increasing activity levels alone can directly affect most risk factors for heart disease. Despite growing numbers of our adults and our children becoming overweight or obese, community efforts are attempting to keep Midlanders active and thus healthier.

Heart Disease and Stroke remain the nation’s first and third leading cause of death. In Douglas County, heart disease is the second leading cause of death after cancer and stroke is the third cause of death. Heart disease and stroke take a tremendous toll on our society in lives lost, lost productivity, disabilities and hospitalizations. On a positive note, there has been tremendous progress made.

Locally, deaths from heart disease have declined by 20% and stroke increased by 1% since 2005. Nationally, the American Heart Association’s 2010 goal of reducing death by heart disease and stroke by 25 percent was met even earlier and by a larger margin than expected. While this data reflects remarkable strides against both heart disease and stroke, there is still work to be done.

To help bring emphasis to the need for prevention, seven health factors known as Life’s Simple Seven have been identified:

- Physical Activity
- Cholesterol
- Blood Pressure
- Nutrition
- Weight
- Smoking
- Blood Sugar

Many of the activities aimed at improving these risk factors are included in other sections of the report and reflect the need to make community change. Improving the built environment encourages physical activity. Assuring access to fresh produce through farmer’s markets helps provide the daily fruits and vegetables recommended for heart health.
markets, community gardens and healthy choices in grocery stores encourages healthy eating. Attention to the clean indoor air act and smoke free policies not only reduces cigarette smoking but also the harmful effects of second hand smoke. As the community strives to improve our streets, parks, trails, and retail food outlets, we are making a commitment to reduce heart disease. It appears that these efforts are having an effect, as Douglas County adults are beginning to exercise more resulting in an increase of 22% of adults who reported 20 minutes or more of vigorous activity three or more times a week.

Perhaps the best way to stem the tide is to change the habits of children before they acquire the heart disease risk by encouraging physical education in schools is one such activity. In a systematic review of physical education programs that increased the amount of time that students were physically active, showed students’ aerobic and physical fitness increased. Regular exercise has been shown to restore blood vessel function and improve cardiovascular risk factors in obese children.

Efforts that promote physical activity and healthy eating are vitally important. Fortunately, there are several initiatives in Omaha that are addressing these issues. In the last two years, Omaha’s collaboration and commitment to making this one of the healthiest cities in the Nation has leveraged over 6 million dollars of federal funds. These funds will allow for a laser focus on policy change, which will create sustainable changes to the environment in which we live, work, and play.

In 1998, the U.S. Congress provided funding for Centers for Disease Control and Prevention (CDC) to initiate a national, state-based heart disease and stroke prevention program with funding for eight states. Currently, 41 states and the District of Columbia are funded, 28 as capacity building programs and 14 as basic implementation programs.

American Heart Association

A community with an infrastructure that is conducive to active living is essential to reduce chronic diseases and the related health care costs.

Chris Rodgers
Chair, Board of Health
Douglas County Commissioner
Smokers are having a tougher time finding a place to smoke in public places. The community is breathing easier now that smoking is banned in most public places and outdoor venues including worksites, bars, and restaurants. But has this ban affected smoking rates? Adults continue to smoke without significant drops in numbers of smokers, despite smoking bans. Some 25 percent of high school students smoke cigarettes and are at risk for... types of community action will help to slow the number of teens who take up smoking and help adults who smoke to quit?

Let’s review the numbers: More than 440,000 Americans die annually from cigarette smoking and secondhand smoke, while 8.6 million are sickened by smoking, according to the CDC. Tobacco use is the single leading preventable cause of disease, disability, and death in the United States. In 1966, over 42% of adults smoked. Today about 20% of adults smoke (about 22% of teens smoke), and Nebraska is no different.

Lung cancer remains the number-one cancer killer of Americans, striking more people than breast, prostate, and colon cancers combined.

“Smoking or nonsmoking” is no longer an option in Nebraska restaurants. The community is breathing easier now that the Nebraska Unicameral passed Legislative Bill (LB) 395, the statewide smoking ban, which took effect June 1, 2009. For the first time Nebraska citizens are assured they can work in a healthy smokefree environment and enjoy a meal in favorite restaurants without exposure to the dangers of secondhand smoke.

The reality is that the tobacco industry continues to introduce new products targeting the youth and adults of our community. The key question remains: “What types of community action will help reduce the number of adolescents who take up smoking and help adults who smoke to quit?”

In 2010, the non-compliance rate for tobacco sales to minors is at an all time low of 3.4 percent, a significant reduction from the 23 percent failure rate in 2002.

PRIDE-Omaha, Inc. 2010

Children’s exposure to secondhand smoke can be reduced if smokers smoke outside. Secondhand tobacco smoke can contribute to both the onset and severity of asthma, according to lung experts. If parents cannot give up smoking, smoking outside reduces a child’s exposure to smoke by about 75%, according to a study presented to the American Thoracic Society. And now a third type of smoking hazard has been identified: thirdhand smoke. This is the harmful residue left on surfaces by smoking. Parents and other caregivers are urged not to smoke in vehicles while transporting children or smoking in vehicles at all because the smoke leaves behind harmful chemicals on surfaces children touch. Community education can go a long way toward reducing the risk to others who choose not to smoke. Smokers will continue to find themselves ostracized from public areas.

Stop-smoking efforts should continue to keep reminding smokers of the risks and to be there when smokers decide to make an attempt to quit. Research shows that smokers may need to try to quit several times before they are successful. Combination treatments seem to be helpful (nicotine replacement products and quit-smoking hotlines).
Community Action at the Grass roots level has grown, building on the national and international trends to restrict exposure to tobacco smoke in public places. In order to address tobacco prevention and control, in the Omaha area, tobacco prevention coalitions like Metro Omaha Tobacco Action Coalition, Tobacco Free Sarpy, and Tobacco Free Cass County formed partnerships among diverse community organizations and governmental agencies.

Of the U.S. population, 62.1% now live in cities and states with smokefree private workplaces/government buildings (non-restaurant/bar), 73.8% in areas with smokefree restaurants, and 62.8% in areas with smokefree freestanding bars. In total, 46.9% are currently protected in all three categories.

American Nonsmokers Rights Foundation, 2010

Perhaps the single most important solution that we can bring to bear on the problem of smoking is to energize individuals and communities across the country. We need to capitalize on the unique assets of all different sectors of society to help lift the burden of tobacco use from the backs of American families.

Collaboration and Action

For 10 years, the Douglas/Sarpy Colon Cancer Task Force has represented the finest in a collaborative effort between major health players in the metropolitan area including Alegent Health, American Cancer Society, Baker’s Pharmacy Express Services, Colon Cancer Alliance, Colonoscopy Center/Colon and Rectal Surgery, Inc., Creighton Medical Laboratories, Creighton Pharmacy, Creighton University Medical Center, Douglas County Health Department, Health Mart Pharmacy, Kohl’s Pharmacy and Homecare, LIVESTRONG Army Omaha, Methodist Health System, Mills County Iowa Health Department, Myriad Genetic Laboratories, Nebraska C.A.R.E.S., The Nebraska Medical Center, Omaha Running Club, Omaha World-Herald, Oncology Associates, P.C., UNMC Eppley Cancer Center, U-Save Pharmacy, and Walgreens Pharmacy.

This year, the collaboration took a major step forward when it incorporated as a not-for-profit health care entity and assumed a new name in recognition of its growing area of influence in colon cancer control efforts. The collaboration is now known as the Great Plains Colon Cancer Task Force and promotes education, detection, and prevention as the best defense against colon cancer. The mission of the collaborative effort has not changed.

Special educational supplements promoting colon cancer awareness are published in the Omaha World-Herald each year, and the annual Fecal Occult Blood Test (FOBT) screening program remains a highlight of Colon Cancer Awareness Month each March. To date, nearly 10,000 people have been screened for colon cancer through this program.

Screening saves lives. And that’s particularly true with the various forms of screening for colon cancer. In fact, the definitive screening test—the colonoscopy—can also be the cure when the procedure detects early polyps, snips them out, and prevents invasive cancer in the colon and rectum. Although many people shy away from having this screening test, it is proven to work. Most adults should consider having a baseline screening at age 50. Other detection tests include less invasive methods and simple stool sample kits. Public awareness has been heightened because of media efforts, but still, many adults over age 50 have not been screened in our community.

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This year, the collaboration took a major step forward when it incorporated as a not-for-profit health care entity and assumed a new name in recognition of its growing area of influence in colon cancer control efforts. The collaboration is now known as the Great Plains Colon Cancer Task Force and promotes education, detection, and prevention as the best defense against colon cancer. The mission of the collaborative effort has not changed.

Special educational supplements promoting colon cancer awareness are published in the Omaha World-Herald each year, and the annual Fecal Occult Blood Test (FOBT) screening program remains a highlight of Colon Cancer Awareness Month each March. To date, nearly 10,000 people have been screened for colon cancer through this program.
The establishment of not-for-profit status has allowed the Great Plains Colon Cancer Task Force to develop additional programs aimed at promoting the value of physical fitness in decreasing risks of colon cancer and cancer risk in general while raising funds for educational, awareness, and support efforts. The Boxer 500 is held annually in August as a 5K run/walk in boxer shorts. The venue helps promote openness in discussing colon cancer and had over 450 runners in 2010. Rollin’ to Colon is a 53-mile bike ride from Valley to Colon, in Nebraska, held annually in June. This year’s inaugural ride drew 250 riders. These annual events are destined to become important links in the overall health of greater metropolitan Omaha and statewide in Nebraska communities. The Great Plains Colon Cancer Task Force is on Facebook. Additional information on the individual events can be obtained at www.rollintocolon.org and www.boxer500.org

**Public Health Awareness**

The Nebraska Colon Cancer Screening Program, initiated as a Centers for Disease Control and Prevention demonstration project in 2006, continues as a public health initiative to educate Nebraskans about the need for colon and rectal cancer screening, decrease the number of Nebraskans who develop colon and rectal cancers through preventive screening, and provide appropriate education and/or colon and rectal cancer screening tests to Nebraskans who are under- or uninsured. More information about this important program can be found at www.hhs.state.ne.us/crc.

As a part of this program, the Stay in the Game media campaign continues in collaboration with Husker Sports Network and spokespersons including Jerry Tagge, Doc Sadler, Joe Kosiski, and Daniel Beck, reminding people to “stay in the game of life, get screened for colon cancer today.” More information on the Stay in the Game Campaign can be found at www.stayinthegameNE.com.

Screening can also find CRC when it is early and still curable. CRC when found at a local stage can be cured 90% of the time, but if found after it has spread to distant sites (liver, lungs) is cured less than 10% of the time. It is recommended that screening for CRC begin at age 50 unless there is a family history of CRC in which case screening at an earlier age may be indicated.

Colon cancer screening is the most evidence-based, effective cancer screening we have. Because it not only detects cancer at an early stage but can also detect and remove pre-malignant polyps, screening for colon cancer can actually prevent many cancers.

Dr. Alan Thorson
Clinical Professor of Surgery, Creighton University and the University of Nebraska
President, American Cancer Society

American Cancer Society
The World Health Organization defines health as “not only the absence of infirmity and disease but also a state of physical, mental and social well-being.” Linking the idea of well-being with health outcomes, this provides a new lens to look at the health of a community.

In order to establish a data base for this concept, Gallup and Healthways collaborated to develop the Gallup-Healthways Well-Being Index (WBI) – the first and largest survey of its kind. Aggregating data from 1,000 calls a day, 350 days a year, The Well-Being Index was created using decades of social and clinical research, top leaders in health field, and behavioral economics. To date, The Well-Being Index is already the largest behavioral economic database ever created. Over the next quarter century, it will generate more than a million responses.

The research and methodology underlying the Gallup-Healthways Well-Being Index are based on the World Health Organization’s definition of health. In addition to asking about medical condition and access to healthcare coverage and services, the Index also asks respondents about economic, professional, emotional and social circumstances. This is making it possible to quantify and establish a correlation between the places where people work and communities in which they live and their well-being.

To compile the Well-Being Index, Gallup obtains completed interviews from 1,000 U.S. adults nationally, seven days a week. Based on their response, individuals and communities receive an overall wellbeing composite score and a score in each of six categories: life evaluation, emotional health, physical health, healthy behavior, work environment and basic access. Changes in condition can be tracked over time and give a trend picture of a community’s relative well-being.

Adapted from the State of Well-Being, 2009 City, State and Congressional District Well-being Report.

The Gallup-Healthways collaboration draws on a team of individuals with diverse backgrounds and high level achievements including authors of best-selling books on employee engagement and organizational psychology; a Nobel Prize winner in economic sciences whose research pioneered behavioral economics; leaders specializing in health support interventions; and the inventor of an economic model that establishes a direct correlation between human nature in the workplace, employee engagement and business outcomes.

There are many tools to measure a community’s health and the Gallup Wellbeing index is a new way to quantify behaviors important to the physical and economic health of a community.
Live Well Omaha (LWO) has as an obligation to be a catalyst organization and a purveyor of data regarding our community’s health. An important part of that role is to create health literacy so that as community leaders, individual citizens and businesses we can work collaboratively to improve our community’s health status. In partnership with the Douglas County Health Department, we have worked to bring the latest information available through this report card.

Others have spoken to the trends and the importance of evaluation that are behind this report card. We are working to engage everyone across this community in conversations regarding healthy living. Let me speak to the key actions that LWO hopes to catalyze between now and the next Report Card with our many partner organizations:

- We are working through the Community’s Putting Prevention to Work grant to impact practice and policy throughout our community that will create the environments at home, work, and public places to support healthy living.
- We will finalize Activate Omaha and Live Well Omaha Kids big hits to make it easy to bike and walk to school, work, shop, and play.
- We are using social media to translate the call to action in a manner that communicates across age, culture and political boundaries.
- We are putting the infrastructure in place to change the Report Card to a virtual site. And where the ownership for use of measures for behavior change can shift from professional evaluation to community effort.

Please take the time to read this document and pass it along to many individuals. Wear it out, send the web link or call for more copies. This is the time to leverage our many talents, resources and healthy pride to improve the health of our community.

Best of Health,
Chair

So you just can’t get enough?

The Douglas County Health Department produced many graphs in the production of this Report Card. Although there was not enough space to present them all here, they have been gathered in a special PDF publication entitled “Community Report Card 2010: Data Supplement”. In it you will find more graphs and data which together provide greater depth and detail to this snapshot of the health of Douglas County residents. Copies may be obtained at http://www.douglascountyhealth.com/health-statistics/community-report-card-2010
Live Well Omaha (formerly Our Healthy Community Partnership), founded in 1995, is a community health collaborative, comprising over 45 public and private organizations. Collaboratively, these organizations work to improve the health of the Omaha community and make Omaha one of the healthiest cities in the nation. Live Well Omaha (LWO) serves three main functions: 1) to be a purveyor of data through an annual Health Summit and Report Card, 2) to be a catalyst organization around community health, and 3) to provide a home for emerging and/or existing collaborative health efforts.

Through collective work across our community including Activate Omaha, Live Well Omaha Kids, Douglas County Putting Prevention to Work, and Pioneering Healthy Communities, Omaha will become a national model for health and wellness, prevention and promotion. Live Well Omaha serves as the umbrella organization for the initiatives to promote and facilitate collaboration, coordination, and achievement of the goals, for each initiative individually, and for the overall goals of the collaborative effort.

Douglas County Putting Prevention to Work - livewellomaha.org
A community-wide initiative that focuses on obesity prevention by creating an environment that supports people in eating healthy foods and being physically active. The initiative strives to make sustainable change by encouraging government, business, faith-based organizations, schools and after school programs, health care and retail food outlets to engage in policy change that offers healthy food options, suggests water as the first choice, encourages active work and play sites and supports all forms of transportation.

Activate Omaha - activateomaha.org
A community effort that empowers people to incorporate activity into daily living. Activate Omaha establishes innovative approaches to increase physical activity through community design and communication strategies, and supports active living by promoting changes in urban design, land use and transportation planning.

Live Well Omaha Kids - livewellomahakids.org
A coalition of organizations whose focus is to systematically address the childhood obesity epidemic. Live Well Omaha Kids has identified strategies that will help Omaha children achieve measureable improvements in healthy living by the year 2011.

Pioneering Healthy Communities
An initiative set by the national YMCA’s Activate America, Pioneering Healthy Communities aims to raise visibility of lifestyle health issues. The organization supports local communities in developing more effective strategies to promote healthy lifestyles through physical activity and nutrition. Since its inception, 46 communities around the country have taken on this challenge.

Special Thanks
Live Well Omaha would like to give a special thanks to Dr. Adi Pour and her team at the Douglas County Health Department who makes this report card possible. Additionally, thank you to all the contributors and individuals who work hard every day to make Omaha one of the healthiest cities in the nation.

Special acknowledgement must be paid to Connie Lehman for the exceptional design and Richard Schultz and his team of data experts for providing the data in a communicable form.