

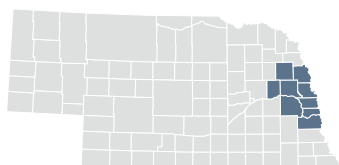


HOSPITAL SYSTEM AT-A-GLANCE

- Non-Profit
- Community Hospital
- Located in Nebraska and Iowa
- 4 Hospitals and 40 Clinics
- HSCB Implementation Location- Douglas- Sarpy, NE

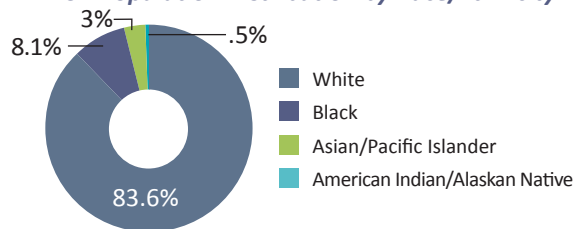
HEALTH SERVICE AREA (HSA) KEY STATISTICS

HSA Counties

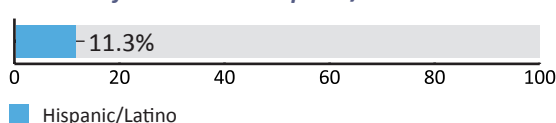


■ Burt, Cass, Colfax, Cuming, Dodge, Douglas, Sarpy, Saunders, and Washington Counties

HSA Population Distribution by Race/Ethnicity



Percent of HSA that is Hispanic/Latino



HSA county-level median household income is **\$62,905** compared to **\$59,116** for Nebraska.



91% of adults age 25 or older within the HSA have a high school diploma and **37%** have a bachelor's degree compared with **91%** and **31%** respectively for Nebraska.



HSA has a cancer death rate of **165** deaths per 100,000 compared with **157** for Nebraska.



89% of adults under age 65 and **95%** of children under age 19 within HSA have insurance which is the same for Nebraska.

INITIATIVE OVERVIEW

The American Cancer Society (ACS) is partnered with the Centers for Disease Control and Prevention (CDC) to support hospital systems, like Nebraska Methodist Hospital. This five-year initiative increases capacity to build multi-sector partnerships to implement evidence-based and informed interventions for cancer prevention and screening.

Participating hospital systems are building a community of practice to share best practices and lessons learned and build the evidence base for increasing breast health equity, colorectal cancer screening or HPV vaccinations.

This community of practice is built on the intersection of participating hospital systems, state and local health departments, ACS and community partners.

Nebraska Methodist Hospital's partners include:

The American Cancer Society, Nebraska Department of Health and Human Services, Douglas County Health Department, Nebraska Cancer Coalition



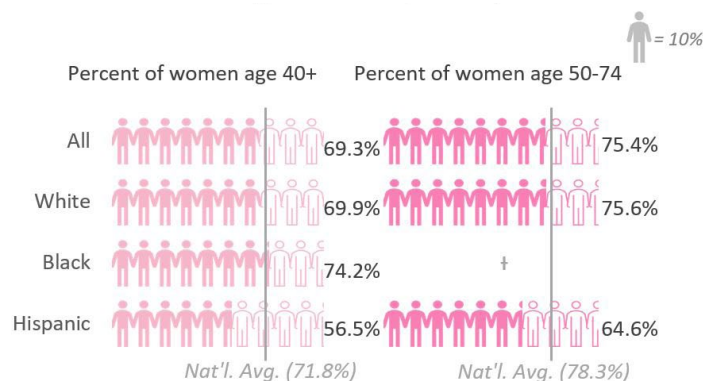
Area of Focus: HPV Vaccination

COMMUNITY CANCER BURDEN

The summary below provides a high-level overview of the cancer burden in the state and corresponding health service area for each area of focus, along with national benchmarks. The Hospital Systems Capacity Building (HSCB) Initiative provides support to improve cancer screening and prevention in breast health equity, colorectal cancer screening, and HPV vaccination. The selected indicators below provide a snapshot of cancer burden, however additional data may be explored during HSCB Community of Practice program planning to better understand health equity and other factors related to differential cancer outcomes.

BREAST CANCER SCREENING

Nebraska: Mammogram in the past 2 years

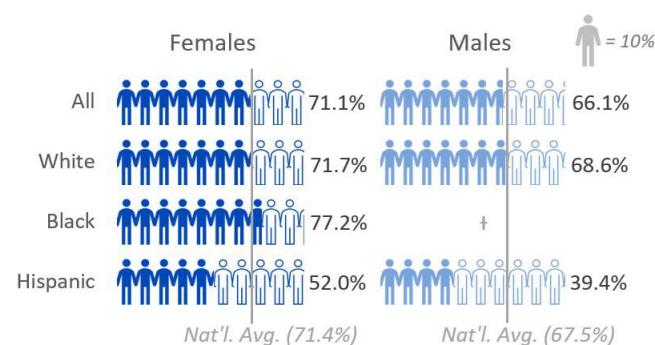


Douglas - Sarpy, NE HSA Breast Cancer Incidence & Mortality Rates

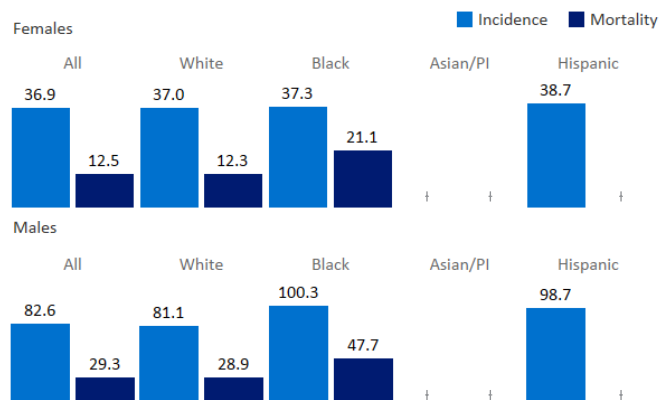


COLORECTAL CANCER SCREENING

Nebraska: Percentage of Adults Age 50-75 Years Up-to-Date with CRC Screening

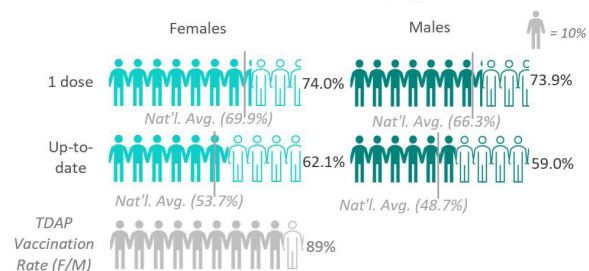


Douglas - Sarpy, NE HSA Colorectal Cancer Incidence & Mortality Rates



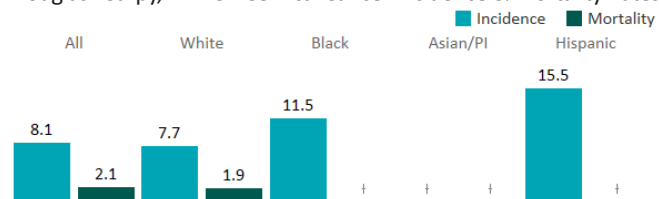
HPV VACCINATIONS

Nebraska: HPV Vaccination Rates, Age 13-17

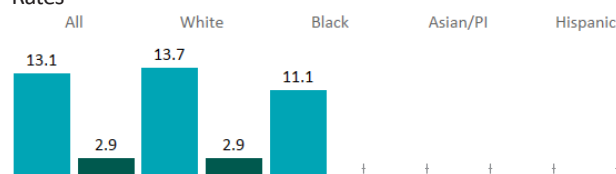


The HPV series, TDAP, and meningococcal vaccines should all be completed by a patient's 13th birthday, so comparing HPV with either highlights missed opportunities when the HPV vaccine could have been administered.

Douglas - Sarpy, NE HSA Cervical Cancer Incidence & Mortality Rates



Douglas - Sarpy, NE HSA Oral Cavity & Pharynx Incidence & Mortality Rates



Footnotes: Biological sex for these data sources was self-reported by the individuals represented. Definition of screening up-to-date: Home-Based Fecal Occult Blood Test (FOBT) in last year and/or flex sig in last 5 years and FOBT in last 3 years and/or colonoscopy in last 10 years. Incidence and Mortality Rates: Calculated per 100,000 people. Data Sources: Mammogram and FBOT Screening- BRFSS Screening and Risk Factors Tables, 2018; HPV Vaccination – 2018 Adolescent HPV Vaccination Coverage Dashboard, 2018; TDAP- 2018 Adolescent Tetanus and diphtheria toxoids (Td) or Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis Vaccination Coverage Dashboard; Incidence – 2013-2017 National Program of Cancer Registries; Mortality – 2014-2018 National Vital Statistics System. † Missing/suppressed data

This publication was supported by Cooperative Agreement number NU38OT000283-02-05, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services