

BOONE | COLFAX | NANCE | PLATTE

2017 EAST CENTRAL DISTRICT COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT



**EAST-CENTRAL DISTRICT
Health Department**
a nebraska *health+* center



Report prepared by GIS and Human Dimensions in conjunction with the East Central District Health Department

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Introduction

Overview of the Comprehensive Community Health Needs Assessment

Under the direction of the East Central District Health Department, the 2017 *Comprehensive Community Health Needs Assessment* has been devised for the four counties in the East Central Health District (Boone, Colfax, Nance, and Platte Counties in Nebraska). This assessment was conducted in partnership with multiple agencies within the district and will be the basis for the Community Health Improvement Plan (CHIP). This assessment will also serve as a reference document for the four non-profit hospitals in the district to assist in strategic planning. It is the purpose of this assessment to inform all interested parties about the health status of the population within the district and to provide community partners with a wide array of data that can be used to educate and mobilize the community and its resources to improve the health of the population.

The *Comprehensive Community Health Needs Assessment* process is collaborative and is intended to serve as a single data report for multiple coalitions, organizations, and hospitals in the four-county region unified by the East Central District Health Department. It is the goal of the *Comprehensive Community Health Needs Assessment* to describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address public health improvement. This assessment will be updated and revised every three years, thus providing communities with up to date data to evaluate progress made towards identified health priorities, and for the selection of new ones.

This report contains three sections. The **first section** describes the state of the public health system in the East Central District, including the 10 Essential Public Health Services, the availability of health resources, and perceptions of community need. **Section II** contains a broad array of demographic and public health data and provides the main body of the report. **Section III** contains district-wide and county-level health needs and priorities. This third section serves as a succinct summary of the major health needs within the overall district and for each county in the district.

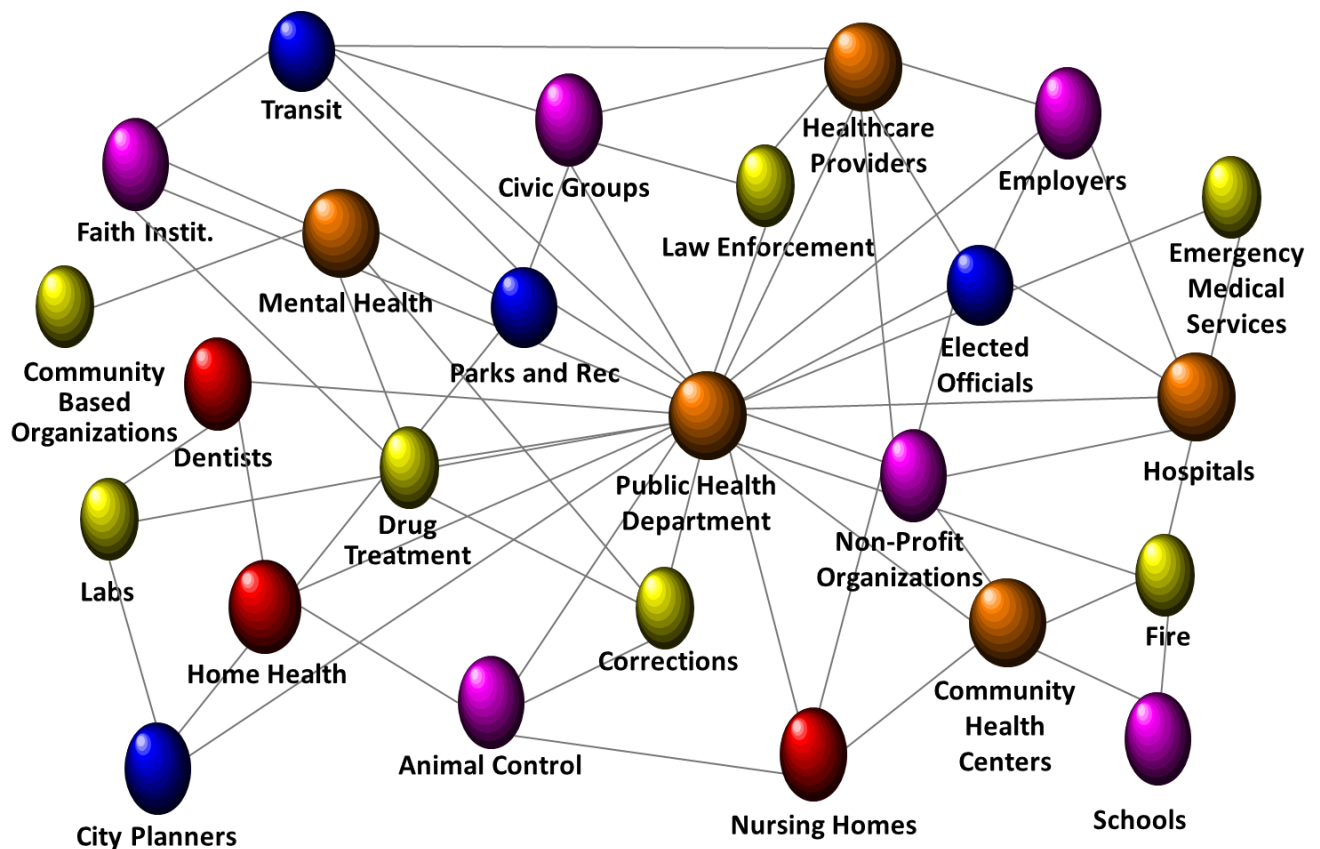
GIS and Human Dimensions, LLC., assembled this assessment of public health and community well-being under the provision of the East Central District Health Department, based largely upon data collected through the process of Mobilizing for Action through Planning and Partnerships (MAPP).

Community Health and the Local Public Health System

Community health includes a broad array of issues addressed by numerous agencies. Topics that fall under community health include such things as access to health care, health literacy, perceptions of the well-being of the community, utilization of social programs, child welfare, crime, alcohol and tobacco use, drug use, poverty, obesity, diabetes, teen pregnancy, teen sexual activity, healthy children, environmental factors affecting health, cancer, heart disease, and a broad array of other epidemiological topics.

Addressing needs of community health goes far beyond the work of hospitals and the public health department. A broad network of agencies must work in collaboration to meet the diverse health needs of the community. An example of the local public health system network is shown in Figure 1 below in which over 20 agencies collaborate in various ways in order to form a multi-connected network of public, private, faith based, non-profit, and for-profit agencies that effectively addresses the health needs of the community.

Figure 1: The Local Public Health System



(Source: East Central District Health Department)

Mobilizing for Action through Planning and Partnerships

Mobilizing for Action through Planning and Partnerships (MAPP) is the strategy used by the East Central District Health Department to gather data, select public health priorities, and foster collaboration among multiple health care providers. MAPP is a community-driven strategic planning tool for improving community health. Facilitated by public health leaders, this tool helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

The essential building blocks of MAPP are four assessments which provide critical insights into the health challenges and opportunities confronting the community. These four assessments and the issues they address are described below. All four of the assessments are utilized in this *Comprehensive Community Health Needs Assessment*. See also Figure 2.

1. ***The Community Health Status Assessment*** identifies community health and quality of life issues. Questions answered by this assessment include: "How healthy are our residents?" and "What does the health status of our community look like?" The Community Health Status Assessment contains a comprehensive data collection process. It includes public health data collected by Nebraska DHHS, as well as data from the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS), and Nebraska Risk and Protective Factor Student Survey (NRPFS), among other data sources. ***The Community Health Status Assessment provides the majority of data in this report.***
2. ***The Community Themes and Strengths Assessment (see Appendices A & B)*** provides a deep understanding of the issues that residents feel are important by answering questions such as: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" This assessment includes focus groups and a community survey.
3. ***The Forces of Change Assessment (see Appendix C)*** focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"
4. ***The Local Public Health System Assessment (see Appendix D)*** focuses on all of the organizations and entities that contribute to the public health. The LPHSA answers questions such as: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

Figure 2: The MAPP Conceptual Model

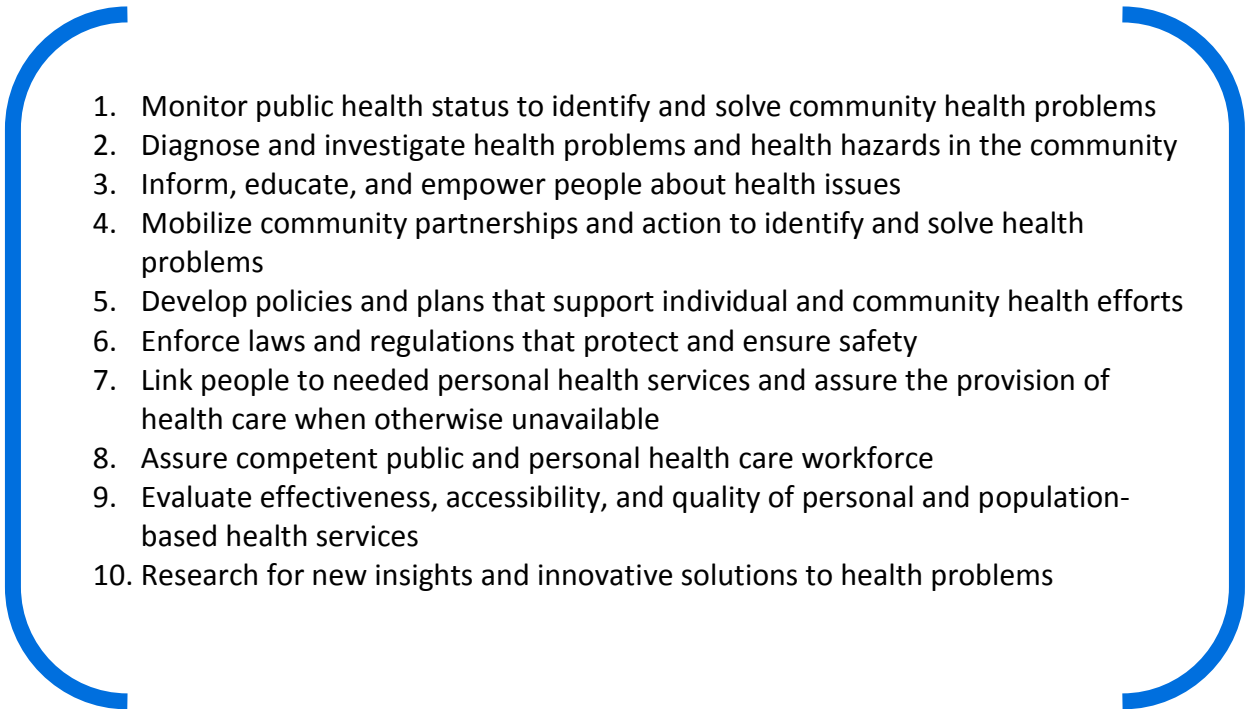


(Source: National Association of County and City Health Officials)

Section I. The Public Health System in the East Central District

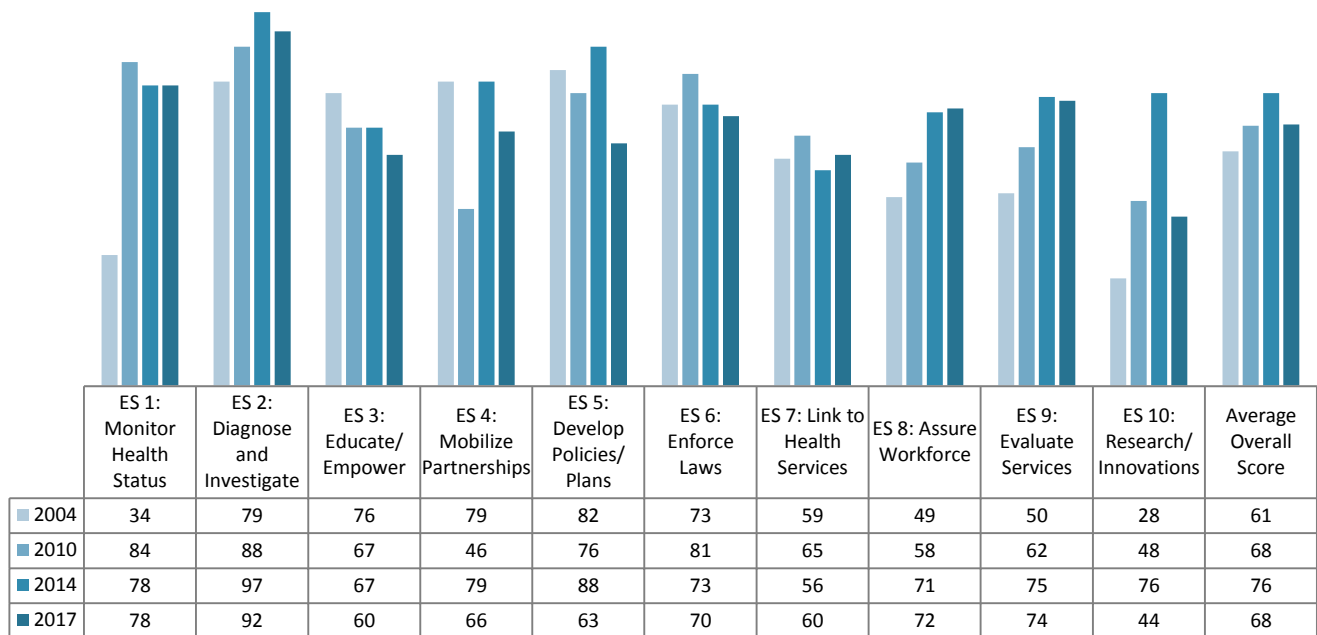
The Ten Essential Public Health Services

The East Central District Health Department has conducted the Local Public Health System Performance Standard Assessment in 2004, 2010, 2014, and 2017. On each of the four occasions, individuals from various agencies that contribute to the Public Health System gathered to assess the East Central public health system's performance with regard to the Ten Essential Public Health Services. The Ten Essential Public Health Services are listed below.

- 
1. Monitor public health status to identify and solve community health problems
 2. Diagnose and investigate health problems and health hazards in the community
 3. Inform, educate, and empower people about health issues
 4. Mobilize community partnerships and action to identify and solve health problems
 5. Develop policies and plans that support individual and community health efforts
 6. Enforce laws and regulations that protect and ensure safety
 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
 8. Assure competent public and personal health care workforce
 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
 10. Research for new insights and innovative solutions to health problems

Scores on a range from 1 to 100 for each of the 10 services were obtained from the representatives of various community agencies through a complex process that involved comparison to a "golden standard", sub-committee work, analysis of individual components for each of the 10 services, identification of gaps, group brainstorming and discussion, and finally ballot voting. From 2004 to 2014, the East Central District Health Department improved its overall average score on the Local Public Health System Assessment. In 2017, the overall average score decreased to 68 from 76 in 2014. In 2017, five services received a score of 70 or higher. Areas for potential improvement (i.e., those areas with scores below 70) are ES 3: Educate and Empower, ES 4: Mobilize Partnerships, ES 5: Develop Policies/ Plans, ES 7: Link to Health Services, and ES 10: Research/ Innovations. (Figure 3).

Figure 3. The Ten Essential Health Services in the East Central District (2004-2017)



(Source: National Public Health Performance Standards, Local Assessment Reports, 2004, 2010, 2014, 2017)

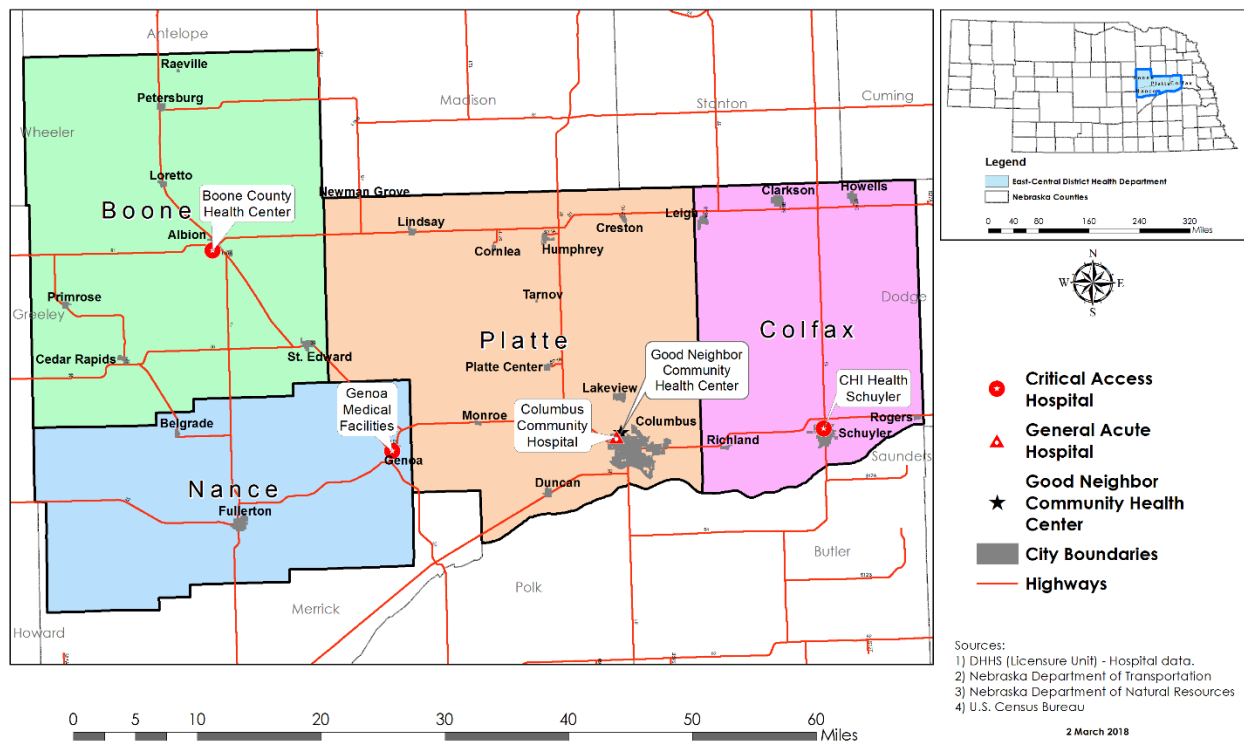
Resource Inventory

There is one hospital located in each of the four counties of the East Central District, plus the Good Neighbor Community Health Center, a Federally Qualified Health Center in Columbus. Each hospital provides an array of services, though there are several shortages in health care professionals. For a further discussion of the shortages in health care professions and a more complete display of the medical resources available in each county, see the "Access to Health Care" topic section below in Section II.

Description of County Hospitals/Health Clinics

The Resource Inventory Survey was distributed to each of the county hospitals. The participating hospitals were also asked to provide a brief description of their hospital, including the number of beds, available services, and any other pertinent information about the hospital. The four major health care providers in the East Central District are Boone County Health Center (located in Albion, Boone County), Genoa Medical Facilities (located in Genoa, Nance County), Columbus Community Hospital (located in Columbus, Platte County), and Catholic Health Initiatives Hospital (located in Schuyler, Colfax County). Columbus also has the Good Neighbor Community Health Center. The location of the primary health resources are located in Figure 4 below.

Figure 4: East Central District Health Resources Map



Boone County Health Center

Boone County Health Center, located in Albion, Nebraska, is a recognized leader in providing a continuum of healthcare to the 10,000 rural residents in Boone, Antelope, Greeley, western Madison and Platte, Nance and Wheeler Counties. The Health Center and its five clinics are the singular and primary source of healthcare for the rural communities it serves. The hospital is a twenty-five bed, five nursery facility which operates five clinics in the towns of Albion, Spalding, Newman Grove, Fullerton and Elgin. In addition, two affiliate physician clinics are in St. Edward and Cedar Rapids.

The Health Center is a county hospital that sees over 70,000 outpatient visits and over 30,000 clinic visits on an annual basis. With eight physicians and four physician assistants, a well-rounded medical staff is present to meet the needs of the patients and their families.

Services provided by the 250 employees at the Health Center include; cardiac rehab, physical therapy, occupational therapy, speech therapy, radiology (ultra sound, digital mammography, nuclear medicine, computerized tomography (CT scan), open magnetic resonance imaging (MRI), CT, dextra scanner, fluoroscopy and general x-ray, full laboratory services, oncology, aesthetics care, full OB services, home health and mental health services. In addition to the services provided by our local staff, a full range of seventeen specialty clinics are scheduled throughout the month to allow patients the ability to obtain these services at home.

CHI Health Schuyler (Colfax County)

CHI Health Schuyler is a Critical Access Hospital serving the communities of Schuyler, Clarkson, Howells, Leigh and the residents of rural Colfax County. In addition to its 25 Critical Access beds, CHI Health Schuyler offers a wide variety of services to the residents of Colfax County. 24 hour emergency services, inpatient medical and surgical care, outpatient observation, outpatient surgical and skilled services are provided locally for patients of all ages.

A full complement of outpatient diagnostic and therapeutic services is also available such as laboratory, radiology, physical therapy, occupational therapy, sleep studies and cardiac rehabilitation. Home Care professional services and Durable Medical Equipment are also available locally provided by CHI Health.

Outpatient specialty physicians supplement the local medical staff by providing specialty clinics in areas such as cardiology, ENT, gastrointestinal, general surgery, gynecology, nephrology, orthopedics, podiatry, and urology on a regular basis ensuring our patients receive services from the expertise of specialists in a service close to home.

CHI Health continues to provide primary medical clinic services at three locations within Colfax County: CHI Health Schuyler Clinic, CHI Health Clarkson Clinic and CHI Health Howells Clinic.

Through the years, CHI Health Schuyler has strived to improve the health status of Colfax County residents –children, teens, adults, senior citizens, friends and neighbors. CHI Health Schuyler offers healthcare services to area residents – close to home – right in their community.

Genoa Medical Facilities (Nance County)

Genoa Medical Facilities (GMF) is the sole health care facility in Nance County, Nebraska, located in the city of Genoa, NE. GMF is comprised of the hospital, long-term care, and assisted living facilities. The hospital is a 19-bed, critical access, city owned, non-profit facility. GMF provides healthcare for a community of almost 5,000 people within a 10-mile radius. The 35-bed long term care unit and the 20-unit assisted living facility provide a home for those whose needs include additional living care.

Most importantly, GMF provides the care for the people of the community. The care people receive here pales by comparison to the services offered at large facilities. For this reason, the community is uniquely supportive of the hospital's mission, which is to be “Champions for Rural Healthcare.”

Columbus Community Hospital (Platte County)

Columbus Community Hospital is a community-owned, not-for-profit hospital. The facility opened its doors at its location in August 2002 and is located on 80 acres in the northwest part of Columbus, NE. The 153,000 square foot hospital is a four story, prairie-style building with an

attached 70,000 square foot one-story medical office building, housing local and visiting physicians.

The Hospital is a 47 bed acute care facility (certified for swing beds), with 4 skilled nursing beds and 14 ambulatory outpatient beds, all private rooms. Columbus Community Hospital is licensed by the Nebraska State Board of Health and is accredited through The Joint Commission. The Hospital is also a member of the Nebraska Hospital Association (NHA), American Hospital Association (AHA), Voluntary Hospital Association (VHA) and Heartland Health Alliance (HHA).

Columbus Community Hospital's success can be measured in the quality of its facilities and the commitment of volunteers, staff, board, and physicians. Leadership consists of an 11 member Board of Directors, President/CEO, 4 Vice-Presidents, 45 active members of the Medical Staff representing 14 medical specialties with an additional 20 specialty services brought to the community on an intermittent basis from visiting physicians, over 720 employees, and 230 volunteers.

In October 2012, the Hospital completed construction on a 30,000 square foot addition: 20,000 square feet to the 1st floor and 10,000 square feet to the 2nd floor. The building project allows the Hospital to expand services in the Emergency Department, increase patient privacy in the registration area and create a women's imaging center. In fall 2015, the Hospital collaborated with the YMCA to open the Columbus Wellness Center on adjacent property. Most of the Rehabilitative Services department moved to the Columbus Wellness Center and the pediatric rehabilitation service, Wiggles & Giggles Therapy for Kids™, moved from their off-site location. In August 2017, CCH-owned Child Care Center was completed. The Child Care Center accommodates up to 101 children and gives CCH employees a convenient child care option.

For over 150 years, the Columbus area medical professionals have been committed to providing the best patient-centered care. Their dedication to the community and loyalty to the Hospital enables CCH to provide the highest quality care to area residents. For a complete listing of the Hospital's services and a directory of the physicians who serve the community, visit www.columbushosp.org

Services Offered by County Hospital/Health Clinics

Located in Figure 5 below are the health resources available in each of the four county hospitals.

Throughout the East Central District, health resources that appear to be most in need include services for adolescent sexual health, neurology services, pulmonary services, respite care for children, behavioral health services, and substance abuse services. Perhaps the most needed services are in the area of behavioral health, where each hospital indicated that the service is present, but inadequate to meet the needs of the county.

Figure 5. Availability of Health Resources by County

	County Hospital/ Health Clinic	Not Present in the County	Present but Not Adequate to Meet the Needs of the County	Present and Adequate to Meet the Needs of the County	Bilingual Service in Spanish or through an Interpreter
Primary Care Physicians for Adults	Boone			✓	
	Colfax		✓		✓
	Nance			✓	✓
	Platte			✓	✓
Primary Care Physicians for Children	Boone			✓	
	Colfax		✓		✓
	Nance			✓	✓
	Platte			✓	✓
OB/GYN Services	Boone			✓	
	Colfax		✓		✓
	Nance	✓			
	Platte			✓	✓
Services for Adolescent Sexual Health	Boone			✓	
	Colfax	✓			
	Nance	✓			
	Platte			✓	✓
Cardiology Services	Boone			✓	
	Colfax			✓	✓
	Nance			✓	
	Platte			✓	
Neurology Services	Boone	✓			
	Colfax	✓			
	Nance	✓			
	Platte			✓	✓
Orthopedic Services	Boone			✓	
	Colfax			✓	✓
	Nance	✓			
	Platte			✓	✓
Urology Services	Boone			✓	
	Colfax			✓	✓
	Nance	✓			
	Platte			✓	✓
Pulmonary Services	Boone			✓	
	Colfax	✓			
	Nance			✓	
	Platte			✓	✓
Radiology and Imaging Services	Boone			✓	
	Colfax			✓	✓
	Nance			✓	
	Platte			✓	✓
Hospice Care	Boone			✓	
	Colfax		✓		
	Nance			✓	
	Platte			✓	✓
Respite Care for Adults	Boone			✓	
	Colfax		✓		
	Nance			✓	
	Platte		✓		

Figure 5 continued.

	County Hospital/ Health Clinic	Not Present in the County	Present but Not Adequate to Meet the Needs of the County	Present and Adequate to Meet the Needs of the County	Bilingual Service in Spanish or through an Interpreter
Respite Care for Children	Boone	✓			
	Colfax		✓		
	Nance	✓			
	Platte		✓		
Dental Care Services for Adults	Boone			✓	
	Colfax			✓	✓
	Nance			✓	
	Platte			✓	✓
Dental Care Services for Children	Boone			✓	
	Colfax		✓		✓
	Nance			✓	
	Platte			✓	✓
Behavioral Health Services	Boone			✓	
	Colfax		✓		✓
	Nance		✓		
	Platte		✓		
Substance Abuse Services	Boone			✓	
	Colfax		✓		✓
	Nance		✓		
	Platte		✓		
Mammography Facilities	Boone			✓	
	Colfax			✓	✓
	Nance		✓		
	Platte			✓	✓
Diabetes Education	Boone			✓	
	Colfax	✓			
	Nance			✓	
	Platte			✓	✓
Sites for Blood Pressure Checks	Boone			✓	
	Colfax			✓	✓
	Nance			✓	
	Platte			✓	✓
Education for Breast and Cervical Cancer	Boone			✓	
	Colfax		✓		✓
	Nance			✓	
	Platte			✓	✓
Education for Colon Cancer	Boone			✓	
	Colfax		✓		✓
	Nance			✓	
	Platte			✓	✓
Education for Heart Disease	Boone			✓	
	Colfax		✓		✓
	Nance			✓	
	Platte			✓	✓

(Source: East Central District Health Department, Hospital Resource Inventory, 2011, 2014, 2017)

The Good Neighbor Community Health Center

The Good Neighbor Community Health Center in Columbus is one of seven Federally Qualified Health Centers in Nebraska. Federally Qualified Health Centers are an integral part of the nation's health delivery system, providing cost effective, community oriented, and comprehensive primary health care services. Offering payment options on a sliding scale for patients who would be otherwise unable to afford health care, a Federally Qualified Health Center serves medically underserved areas and/or populations and receives Public Health Service funds.

The Good Neighbor Center is the only provider of certain services for the medically underserved population in the East Central District. Programs offered are listed below.

- Dental Health Care
- Transportation Services
- Family Medical Care
- Reproductive Health Services
- Diabetes Education Classes
- Onsite Pharmacy
- Outreach and Enrollment
- Substance Abuse Counseling
- Immunizations
- Obstetric Services
- Mental Health Services
- Services in Spanish

The East Central District Health Department

The East Central District Health Department provides a broad array of services, which are listed below.

- Student Health Screenings
- Early Development Network Services
- Immunizations
- Transportation Services
- Women, Infants, and Children (WIC) Program
- Community Health Needs Assessment and Strategic Planning
- Environmental Health Programs
- Infectious Disease Tracking and Surveillance Programs
- Public Health Emergency Response Program
- Tobacco Prevention Program and Coalition
- West Nile Virus Surveillance Program
- Services in Spanish
- Minority Health
- Youth Substance Prevention Program and Back to Basics Coalition
- Community Well Being Program and Collaborative
- Radon Risk Awareness Program
- Cancer Prevention
- Health Coaching
- Rural Veterans Assistance Program
- Lead Surveillance and Education

Perceptions of Community Need

Health Concerns and Risky Behaviors

Over 500 individuals throughout the four-county area of the East Central District participated in the Community Health Survey in 2017 as part of the Community Themes and Strengths Assessment. Respondents were asked to identify what they perceive to be the three most important health concerns and risky behaviors. Issues of alcohol and drug abuse were chosen by respondents as the most important issues in their communities (Figures 6 through 9).

Figure 6. In the following list, what do you think are the 3 most important "health concerns" in our community? Check only 3 (2017)			
1. Alcohol/drug abuse	56.9%	14. Child abuse/neglect	5.3%
2. Cancers	33.9%	15. Domestic violence	4.8%
3. Obesity	29.3%	16. Dental care	3.3%
4. Mental health problems	28.5%	17. Respiratory/lung disease	2.2%
5. Housing that is adequate, safe, and affordable	25.6%	18. Sexually transmitted diseases	1.7%
6. Bullying	22.7%	19. Rape/sexual assault	1.3%
7. Aging problems (e.g., arthritis, hearing/vision loss)	19.2%	20. Firearm-related injuries	0.9%
8. Diabetes	16.9%	21. Infectious diseases (e.g., hepatitis, TB)	0.7%
9. Heart disease and stroke	13.1%	22. HIV/AIDS	0.6%
10. High blood pressure	9.9%	23. Homicide	0.6%
11. Motor vehicle crash injuries	7.7%	24. Infant death	0.4%
12. Teenage pregnancy	6.8%	25. Other	0.0%
13. Suicide	6.1%		

(Source: ECDHD, Community Health Survey, 2017)

Figure 7. In the following list, what do you think are the 3 most important "risky behaviors" in our community? (those behaviors that have the greatest impact on overall community health) Check only 3 (2017)			
1. Alcohol abuse	59.6%	9. Not following doctor's advice	10.4%
2. Drug abuse	53.3%	10. Racism	8.8%
3. Texting/cell phone while driving	44.1%	11. Unsafe sex	6.7%
4. Poor eating habits	29.2%	12. Dropping out of school	6.1%
5. Lack of exercise	24.1%	13. Not getting "shots" to prevent disease	4.7%
6. Not using seat belts and/or child safety seats	14.3%	14. Not using birth control	3.3%
7. Overeating	13.5%	15. Other	1.4%
8. Tobacco use/or electronic cigarette use	11.4%		

(Source: ECDHD, Community Health Survey, 2017)

Figure 8. Top Three Perceived Health Concerns by County (2017) *	
Boone°	1. Alcohol/drug abuse (50.9%) 2. Mental health (47.3%) 3. Housing that is adequate (33.3%)
Colfax	1. Alcohol/drug abuse (52.2%) 2. Obesity (25.6%) 3. Diabetes (22.2%)
Nance°	1. Alcohol/drug abuse (43.2%) 1. Mental health (43.2%) 3. Obesity (31.8%)
Platte	1. Alcohol/drug abuse (61.3%) 2. Cancers (38.3%) 3. Obesity (26.9%)
<i>East Central</i>	1. Alcohol/drug abuse (56.9%) 2. Cancers (33.9%) 3. Obesity (29.3%)

*See Figure 6 above for response options.

°There has been a small number of respondents from Boone and Nance Counties in the administrations of the survey (2011, 2014, and 2017). Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

Figure 9. Top Three Perceived Risky Behaviors by County (2017) *	
Boone	1. Texting/cell phone while driving (60.0%) 2. Alcohol abuse (58.2%) 3. Drug abuse (54.5%)
Colfax	1. Texting/cell phone while driving (50.5%) 2. Alcohol abuse (49.5%) 3. Drug abuse (34.1%)
Nance	1. Alcohol abuse (50.0%) 2. Drug abuse (45.5%) 3. Poor eating habits (38.6%)
Platte	1. Alcohol abuse (64.1%) 2. Drug abuse (59.4%) 3. Texting/cell phone while driving (40.6%)
<i>East Central</i>	1. Alcohol abuse (59.6%) 2. Drug abuse (53.3%) 3. Texting/cell phone while driving (44.1%)

*See Figure 7 above for response options.

Service Needs (Community Well-Being)

The Platte-Colfax Partnership is a Community Well-Being Coalition that works collaboratively to address a number of community issues affecting children and families that may impact upon protective factors. In 2017 the coalition identified numerous services in Platte and Colfax Counties that are not meeting the needs of the population. These services are displayed below under the four domains of basic needs, health care and promotion, child and youth safety and development, and family (Figure 10).

Figure 10. Services Not Meeting Enough Need as Identified by the Platte-Colfax Partnership Community Well-Being	
<i>DOMAIN</i>	<i>SERVICE NEEDS</i>
<i>Basic Needs</i>	<ul style="list-style-type: none">• Food assistance• Clothing assistance• Employee assistance• Housing assistance• Child care assistance• Transportation
<i>Health Care and Promotion</i>	<ul style="list-style-type: none">• Primary Health Care including Nutrition• Physical activity• Mental Health Assessment and Treatment• Primary Adult Health Care (Mental Health)• Child Dental Care• Prescription Drugs• Substance Abuse Assessment and Treatment
<i>Child and Youth Safety and Development</i>	<ul style="list-style-type: none">• Early Intervention Services (0-5)• Youth Leadership, Crisis, and Intervention (5-19)• Home Visitation• Youth Suicide Prevention• Youth Employment• School Based Personal Safety Curriculum• Substance Use Prevention
<i>Family Life and Development</i>	<ul style="list-style-type: none">• Mediation• Domestic Violence• Respite Care• Legal Assistance• Crisis stabilization• Parent education

(Sources: Nebraska Children and Families Foundation – Service Array Matrix, 2017. Platte-Colfax County Service Array Outcomes, 2017)

Community Focus Areas

As part of the Community Themes and Strengths Assessment of the MAPP process, a total of nine community focus groups were conducted throughout the East Central District with youth, adults, and Hispanic/Latino populations. Each focus group identified a fairly wide range of potential community focus areas, including recreation, housing, medical services, teen alcohol and drug use, and activities for youth, among others. A summary by county of the community focus areas identified by each focus group are located in the tables below (Figures 11 through 14). Note that Nance County held a focus group for youth but not for adults who were not able to gather for the purpose of a focus group. Answers to the structured questions of the focus groups for youth and adults (Anglo and Hispanic populations) are found in **Appendix B**.

Figure 11. Boone County Focus Groups Summary: Community Focus Areas		
Focus Group	Participant Description	Community Focus Areas
Boone Adult Focus Group	6 adults from Albion	<ul style="list-style-type: none"> ▪ Lack of housing ▪ Lack of quality child care ▪ Side walks <ul style="list-style-type: none"> ○ A lot are broken up and messy ○ Not all streets have them ▪ A lot of empty spaces ▪ A Target would be nice ▪ Park needs some help <ul style="list-style-type: none"> ○ Renovation ▪ Senior center is closing <ul style="list-style-type: none"> ○ Supposed reason is that the seniors in the area are healthier than in the past and the center is no longer needed ▪ Bowling alley closed ▪ Very sports oriented ▪ Drug problem – in the high school ▪ Underage drinking ▪ Kids are bored
Boone Youth Focus Group	5 youth from Albion Central High School	<ul style="list-style-type: none"> ▪ Drugs (illegal) <ul style="list-style-type: none"> ○ Both teens and adults ○ Younger youth are getting involved (under high school) ○ Dealings ○ Cocaine, acid, and marijuana ▪ Tobacco Use <ul style="list-style-type: none"> ○ In schools

		<ul style="list-style-type: none"> ○ Vaping in lockers between classes ○ Chew is being snuck in ▪ Alcohol <ul style="list-style-type: none"> ○ In schools ○ In water bottles ○ Adults are also having problems <ul style="list-style-type: none"> ▪ Ruining home life ▪ Parties at home ▪ Self-Harm <ul style="list-style-type: none"> ○ Students with cuts on their wrists and thighs ○ Starting in middle school and up ○ A lot of kids speaking about depression and suicide ○ Some get involved with drugs – making this issue worse ▪ Family plays a role but some come from good families and get caught up in the wrong peer crowd
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(Source: East Central District Health Department Focus Groups, 2017)

Figure 12. Colfax County Focus Groups Summary: Community Focus Areas

Focus Group	Participant Description	Community Focus Areas
Colfax Adult Focus Group	5 adults from Schuyler (held at CHI)	<ul style="list-style-type: none"> ▪ Housing – all types <ul style="list-style-type: none"> ○ Market (rate) ○ Affordable ○ Housing that fits the demographic needs ○ Flood plain land that has already been developed is a financial burden – no one wants to purchase those homes because of insurance costs ○ Many needs – apartments, duplexes, single, family, rentals, etc.) ▪ Behavioral health and mental health <ul style="list-style-type: none"> ○ Bullying ○ All ages ○ Suicide ▪ Safety for children <ul style="list-style-type: none"> ○ More and better cross walks ▪ Public transportation <ul style="list-style-type: none"> ○ Currently have an option but it is for 10 years and older (limited) <ul style="list-style-type: none"> ▪ State and federal funds so it is regulated
Colfax Youth Focus Group	7 youth from Schuyler (held at ECDHD building)	<ul style="list-style-type: none"> ▪ Smoking (tobacco) in adults ▪ Drinking alcohol in adults ▪ Youth as well for tobacco and alcohol ▪ Marijuana use in: <ul style="list-style-type: none"> ○ High school ○ Middle school ○ People talk about the use of it on social media ○ Obtain it from people they know ▪ Alcohol: <ul style="list-style-type: none"> ○ Use in middle school ○ Talk about it amongst themselves

Colfax Hispanic Focus Group	10 persons of Hispanic Ethnicity from Schuyler (held at the Homestead Office building in Schuyler)	<ul style="list-style-type: none"> ▪ The quality of the housing (when renting) ▪ Recreational activities for kids <ul style="list-style-type: none"> ○ Especially in the winter and for the adults as well (help mental state) ▪ Leadership (lack thereof) ▪ More activities not revolving around the church ▪ Older housewives don't have a place to go ▪ Buildings to host events in ▪ Retired population ▪ Bicycle/Skateboarding park for children ▪ Surveillance (at night) <ul style="list-style-type: none"> ○ Spike in bicycle theft, slashed tires, graffiti ▪ More opportunities for employment <ul style="list-style-type: none"> ○ For youth ○ For people who don't speak English ○ Other than Cargill ▪ Daycare ▪ Better education (for special needs children) ▪ Reduce the wait time to see specialist
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(Source: East Central District Health Department Focus Groups, 2017)

Figure 13. Nance County Focus Groups Summary: Community Focus Areas

Focus Group	Participant Description	Community Focus Areas
Nance Youth Focus Group	7 youth participated of the focus (held at the Twin River High School in Genoa)	<ul style="list-style-type: none">▪ Start a Recycling program again▪ Organize jogging groups<ul style="list-style-type: none">○ More communication when people are going for runs/jogs▪ Better weight room<ul style="list-style-type: none">○ Needs updating○ Some parts are currently being updated

(Source: East Central District Health Department Focus Groups, 2017)

Figure 14. Platte County Focus Groups Summary: Community Focus Areas

Focus Group	Participant Description	Community Focus Areas
Platte Adult Focus Group	5 adults from Columbus (held at the Family Resource Center)	<ul style="list-style-type: none">▪ Transportation▪ Bridges over the railroad track (in progress) – lots of accidents on the tracks▪ Unclear or lack of traffic signals/stop signs in neighborhoods▪ Mental health issues in our youth – especially suicide▪ More health care specialists<ul style="list-style-type: none">○ Currently having to travel out of town
Platte Youth Focus Group	8 participants (7 from Columbus and one live in the country outside of Columbus)	<ul style="list-style-type: none">▪ Platte County is known for having an underage drinking problem▪ More public trash cans<ul style="list-style-type: none">○ Throughout the entire town▪ Neighborhood clean ups▪ There are some gang members here<ul style="list-style-type: none">○ Can tell by the way they look or if they tell you they are part of a gang▪ Less tobacco use▪ Less criticism<ul style="list-style-type: none">○ Community members like to dwell on past mistakes that a person makes○ Those people continue to make mistakes because others will not let them forget – they give up trying▪ Have more drinking fountains<ul style="list-style-type: none">○ So more people would drink water

Platte Hispanic Focus Group	13 persons of Hispanic Ethnicity from Columbus	<ul style="list-style-type: none"> ▪ Medical Insurance for those who are uninsured ▪ Income based discounts ▪ Payment plans for expensive visits ▪ Help with obstacles that face minorities <ul style="list-style-type: none"> ○ Such as: food habits, culture, diets ○ Limited time frames to see providers ▪ Groups/Centers for youth to attend after school to keep them busy while parents are at work ▪ More activities for the elderly who are not living in nursing homes <ul style="list-style-type: none"> ○ Example is an event at Pinnacle Bank ○ Texas has activities like Bingo night ▪ Transportation <ul style="list-style-type: none"> ○ Public transport for all ages. Include services in a bilingual format ○ Transport for school aged children to/from school ▪ Doctors seem rushed when they are speaking with patients ▪ More availability for same day appointments ▪ Providers don't seem to "listen" to patient request <ul style="list-style-type: none"> ○ Latinos have a notion of being very embarrassed or too polite to ask providers to clarify medical terminology
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(Source: East Central District Health Department Focus Groups, 2017)

Forces of Change

On September 12, 2017, 26 public health leaders in the East Central District gathered to identify the key forces that are or will impact the public health system in the East Central District.

Following is a bulleted summary of the key forces that were identified. See also Appendix C for further information.

Figure 15. Forces of Change Summary

Domain	Forces of Change
Political	<ul style="list-style-type: none"> ▪ Immigration law changes ▪ Implementation of Medicaid expansion for the state ▪ Affordable Care Act – changes, implementation, dissection, health insurance market, commercial insurers ▪ Political climate (changing people & policies) affecting health and healthcare issues ▪ New state administration and questions on what will be the priorities for funding ▪ Broken Mental Health system ▪ Health Services for Veterans ▪ Unrest due to ISIS may increase threat of terrorist attacks
Economic	<ul style="list-style-type: none"> ▪ New community facilities including Wellness Center in Columbus ▪ Insurance coverage, i.e. Catholic Health Initiatives ▪ Poverty – percent people under poverty line, families living in poverty, more single parent families in poverty ▪ Aging Baby Boomers moving into retirement years ▪ Increase (or not) of minimum wage law ▪ Reimbursement shift from fee for service to population health management ▪ Continued availability of grant opportunities – More healthcare regulations such as ICD-10, Medicare G codes, Meaningful use ▪ Shortage of General Practitioners/MD's ▪ Aging infrastructure- Bridges, roads, sewer systems ▪ Health services for veterans
Social	<ul style="list-style-type: none"> ▪ Changing cultural diversity – more immigrants – language barriers within communities we serve – changing demographics (e.g., Baby Boomers going into retirement – more single parent families) ▪ Substance abuse – drugs, alcohol, smoking, synthetic drugs, K2, etc., increase use by youth – legalization of marijuana in nearby states & US – E-cigarette regulations ▪ Obesity – childhood, youth, adults ▪ Poverty - Increase of children & families who face poverty struggles - especially single parents ▪ Changing Family units & Issues – e.g., Childcare – increasing # single parents ▪ Increase in suicide rates ▪ Mental Health system is broken ▪ Healthcare Issues – <ul style="list-style-type: none"> ○ Shortage of General Practitioners/MD's ○ Aging healthcare workforce ○ Aging Healthcare needs ○ End-of-life care

Figure 15 continued.

Domain	Forces of Change
Technological	<ul style="list-style-type: none"> ▪ Cyber security ▪ Service Point information system for providers ▪ Electronic medical records ▪ Better and faster surveillance systems for infectious diseases ▪ Tele-Health via a broadband (internet) connection ▪ Children with less connection to real in person people - more connection to electronic media and a loss of social skills
Environmental	<ul style="list-style-type: none"> ▪ Ebola Virus – Communicable Diseases ▪ Emerging diseases ▪ Cancer prevalence ▪ Natural disasters – tornadoes, flooding ▪ Poverty ▪ Substance abuse – synthetic drugs, K2, etc., drugged & drunk driving, e-cigarette use among youth ▪ Obesity – adults & children ▪ Texting and driving ▪ Outbreak of food-borne illness ▪ Childhood vaccinations
Scientific	<ul style="list-style-type: none"> ▪ New drug developments & new vaccines ▪ E-cigarettes not being regulated by FDA ▪ Vaccine for Ebola ▪ New evidence based practices ▪ Surgery that is more and more outpatient ▪ Genetic modification
Legal	<ul style="list-style-type: none"> ▪ Immigration law changes ▪ E-cigarette regulations ▪ Driving while texting or talking on the phone ▪ E-cigarette use among youth ▪ End of life care ▪ Legalization of marijuana in nearby states and across the country
Ethical	<ul style="list-style-type: none"> ▪ Assisted suicide ▪ End-of-life care ▪ Mental Health system is broken ▪ Health services for veterans – for people living in poverty - seniors

Section II. Demographic and Public Health Data

Description of Data Sources

A broad array of sources provide data for this report. Following is a summary of the more frequently cited sources (Figure 16).

Figure 16. Frequently Cited Data Sources	
Data Source	Description
Behavioral Risk Factor Surveillance System (BRFSS)	- A comprehensive, annual health survey of adults ages 18 and over on risk factors such as alcohol use, tobacco use, obesity, physical activity, health screening, economic stresses, access to health care, mental health, physical health, cancer, diabetes, and many other areas impacting public health.
ECDHD Community Health Survey	- A community survey conducted by the East Central District Health Department (ECDHD) in 2011, 2014 and 2017 around issues such as health concerns, health risk factors, perceived quality of life, access to medical care, and community well-being.
Nebraska Crime Commission	- Annual counts on arrests (adult and juvenile) by type.
Nebraska Department of Education	- Data contained in Nebraska's annual State of the Schools Report, including graduation and dropout rates, student characteristics, and student achievement scores.
Nebraska Department of Health and Human Services (DHHS)	- A wide array of data around births, causes of mortality, causes of hospitalization, access to social programs, child abuse and neglect, health professionals, and cancer, among other areas.
Nebraska Risk and Protective Factor Student Survey (NRPFS)	- A survey of youth in grades 6, 8, 10, and 12 on risk factors such as alcohol, tobacco, and drug use, and bullying. The survey was conducted most recently in 2016.
Youth Risk Behavior Survey (YRBS)	- A public health survey of youth in grades 9 through 12. The East Central District conducted oversamples of YRBS in 2001, 2010, and 2016. Data analysis include mental health, obesity, physical activity, and sexual activity.
U.S. Census/American Community Survey	- U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, single parent families, and educational attainment. Annual estimates are available through the American Community Survey.

Demographics

From 2000 to 2016 the total population in the East Central District has basically remained stable with just a 0.5% decline. The populations in Platte and Colfax Counties appear to be remaining stable, while Boone and Nance are declining (Figure 17).

Figure 17. Total Population (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2016)
Boone	6,259	5,553	5,437	5,353	-14.5%
Colfax	10,441	10,201	10,453	10,499	0.6%
Nance	4,038	3,755	3,730	3,607	-10.7%
Platte	31,662	31,675	32,195	32,703	3.3%
East Central	52,400	51,184	51,815	52,162	-0.5%

(Source: U.S. Census/American Community Survey 5-Year Estimates)

Although the total population has more or less remained stable throughout the East Central District, the under 18 population declined by 8.4% from 2000 to 2016. With the exception of Colfax County, the remaining three counties in the district saw notable declines in the number of persons under 18 years old from 2000 to 2016 (Figure 18).

Figure 18. Under 18 Population (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2016)
Boone	1,822	1,327	1,299	1,248	-31.5%
Colfax	3,017	2,831	3,000	3,186	5.6%
Nance	1,126	883	872	817	-27.4%
Platte	9,184	8,444	8,535	8,623	-6.1%
East Central	15,149	13,485	13,706	13,874	-8.4%

(Source: U.S. Census/American Community Survey 5-Year Estimates)

Three of the four counties in the East Central District saw increases in their median age **from 2000 to 2016** (the exception being Colfax County). See **Appendix E – Population Pyramids** that graphically explain this phenomenon. Boone and Nance Counties have relatively high median ages compared to the state and the nation (Figure 19).

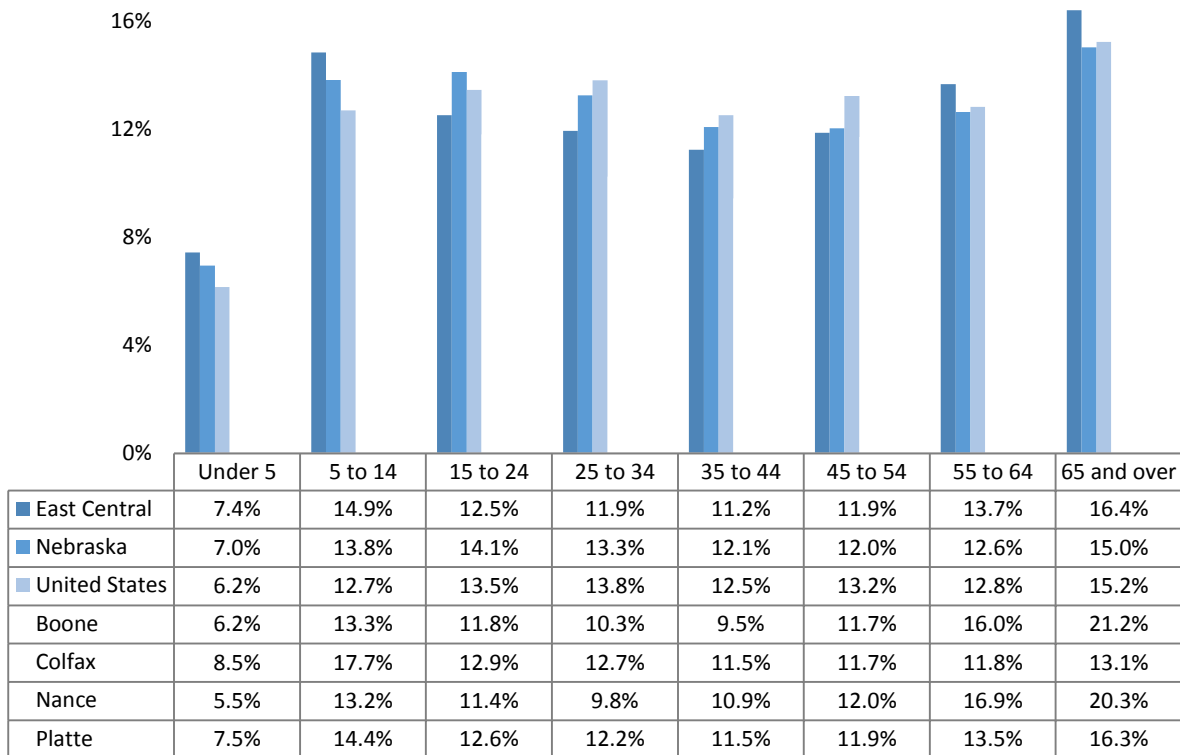
Figure 19. Median Age (2000-2016)

	2000	2012	2016
Boone	39.9	45.7	45.4
Colfax	35.0	34.4	33.9
Nance	40.1	44.9	45.8
Platte	35.8	38.7	38.4
East Central*	36.5	38.7	37.0
Nebraska	35.3	36.2	36.3
United States	35.3	37.5	37.9

*An average weighted by the population of each county.

Compared to the state and the nation, the East Central District has a higher percentage of the population that is aged 65 and over (Figure 20).

Figure 20. Age Distribution (2016)



(Source: U.S. Census/American Community Survey 5-Year Estimates. Table: PEPAGESEX)

Relatively large Hispanic/Latino minority populations are located in Colfax and Platte Counties. Outside of the Hispanic/Latino population, there are very few other minorities in the East Central District (Figure 21).

Figure 21. Population by Race/Ethnicity (2016)

	White	Hispanic/ Latino	Black/ African- American	Asian	American Indian/ Alaskan Native	Native Hawaiian/ Pacific Islander	Two or More Races	Other
Boone	96.9%	1.8%	0.5%	0.0%	0.0%	0.1%	0.7%	0.0%
Colfax	52.5%	43.8%	2.7%	0.1%	0.1%	0.2%	0.6%	0.0%
Nance	97.4%	2.4%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%
Platte	80.8%	16.9%	0.3%	0.6%	0.1%	0.0%	1.3%	0.0%
East Central	77.9%	19.8%	0.8%	0.4%	0.1%	0.0%	1.0%	0.0%
Nebraska	80.3%	10.2%	4.6%	2.1%	0.7%	0.1%	1.9%	0.1%

(U.S. Census Bureau, American Community Survey, 5-year Estimates. Table: DP05)

Platte County has the highest median household income in the East Central District, however Boone County has the highest per capita income. The East Central District as a whole has a lower per capita income compared to the state and the nation. Nearly one-fourth of households in Platte County have an income between \$50,000 to \$75,000 (highest among all income groups), which explains the higher median for East Central District (Figure 22).

Figure 22. Income (2016)							
	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
Median Household Income	\$51,890	\$52,712	\$42,429	\$58,473	\$62,500	\$54,384	\$55,322
Per Capita Income	\$28,288	\$23,619	\$26,179	\$27,052	\$26,427	\$28,596	\$29,829

*An average weighted by the population of each county. (U.S. Census Bureau, American Community Survey, 5-year Estimates. Tables S1901 & DP03)

Unemployment throughout the East Central District is on par with the rest of the state. Platte County has the highest rate of unemployment, though the rate of unemployment in Platte County is still equal to the state yet below the national average (Figure 23).

Figure 23. Unemployment (December 2017)						
Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
2.3%	2.3%	2.2%	2.7%	2.5%	2.7%	4.1%

*An average weighted by the population of each county.

(Nebraska Department of Labor, Labor Market Information, Local Area Unemployment Statistics)

Poverty throughout the East Central District is lower than the rest of the state and nation, however Colfax and Nance Counties have relatively high rates of poverty (Figure 24).

Figure 24. Poverty Rates (2016)						
Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
7.5%	12.0%	12.4%	8.7%	9.5%	12.4%	15.1%

*An average weighted by the population of each county.

(U.S. Census Bureau, American Community Survey, 5-year Estimates. Table DP03 – All people)

Children and Families

Single parent families and married-couple families are declining throughout the East Central District. Across the district from 2010 to 2016, the number of single parent families decreased by 9.5% (Figure 25), and the number of married couple families decreased by 6.7% (Figure 26).

Figure 25. Number of Single Parent* Family Households with Children under 18 (2000-2016)

	2000	2010	2012	2016	% Change (2010 to 2016)
Boone	114	108	105	120	11.1%
Colfax	215	349	461	287	-17.8%
Nance	90	86	116	106	23.3%
Platte	733	1,023	1,132	905	-11.5%
East Central	1,152	1,566	1,814	1,418	-9.5%

*Includes both male householder, no wife present, families with own children under 18 and female householder, no husband present, families with own children under 18. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

Figure 26. Number of Married Couple Family Households with Children under 18 (2000-2016)

	2000	2010	2012	2016	% Change (2010 to 2016)
Boone	721	583	489	424	-27.3%
Colfax	1,173	1,003	985	1,037	3.4%
Nance	434	307	264	337	9.8%
Platte	3,721	2,808	2,560	2,587	-7.9%
East Central	6,049	4,701	4,298	4,385	-6.7%

(Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

In the East Central District in 2016, seven out of ten single parent households with children were female householders with no husband present (Figure 27).

Figure 27. Composition of Single Parent Households with Children under 18

	Male householder, no wife present, families with children under 18	Female householder, no husband present, families with children under 18
Boone	43	77
Colfax	81	206
Nance	49	57
Platte	243	662
East Central	416	1,002

(Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

The rate of single parent families as a percentage of total families has increased from 16.0% in 2000 to 24.4% in 2016 in the East Central District. However, a decrease was observed from

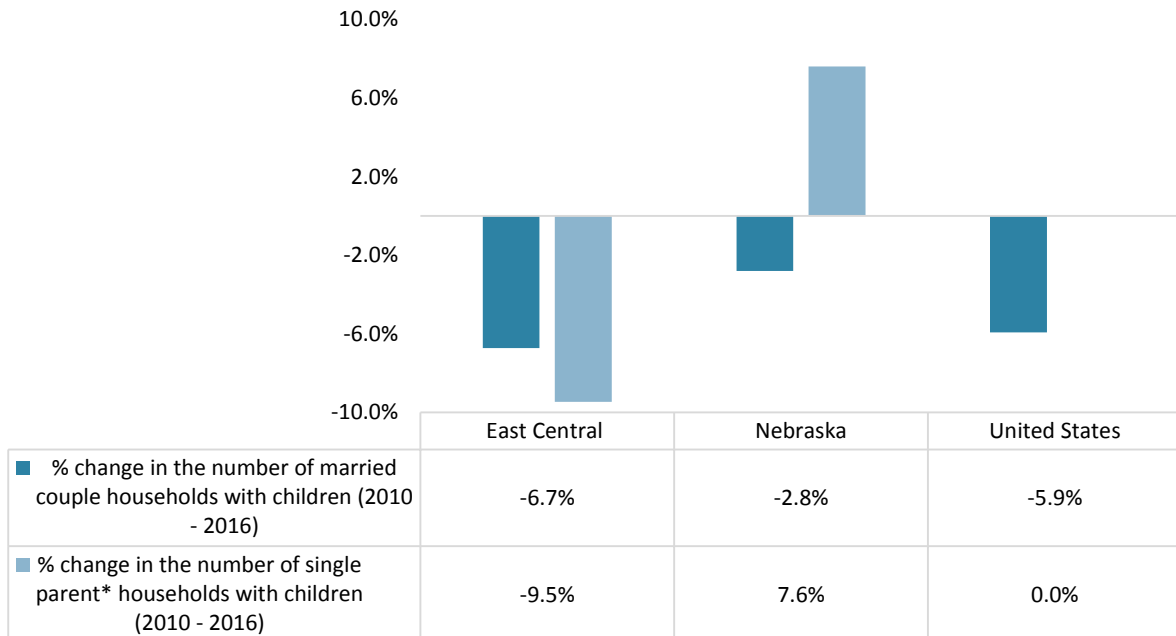
2012 to 2016 (29.7% and 24.4%, respectively). Compared to the state, all counties of East Central have lower rates of single parent families (Figure 28).

Figure 28. Single Parent* Family Households with Children under 18 as a Percent of Total Family Households with Children under 18 (2000-2016)				
	2000	2010	2012	2017
Boone	13.7%	15.6%	17.7%	22.1%
Colfax	15.5%	25.8%	31.9%	21.7%
Nance	17.2%	21.9%	30.5%	23.9%
Platte	16.5%	26.7%	30.7%	25.9%
East Central	16.0%	25.0%	29.7%	24.4%
Nebraska	23.2%	27.3%	28.6%	29.3%
United States	27.1%	31.2%	32.1%	32.6%

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

The number of married couple families in the East Central district is decreasing at a faster rate compared to the state and the nation. The number of single parent families is also decreasing in East Central district, while in Nebraska is increasing, and no changes were found at the national level (Figure 29).

Figure 29. Change in Household Composition (2010 - 2016)

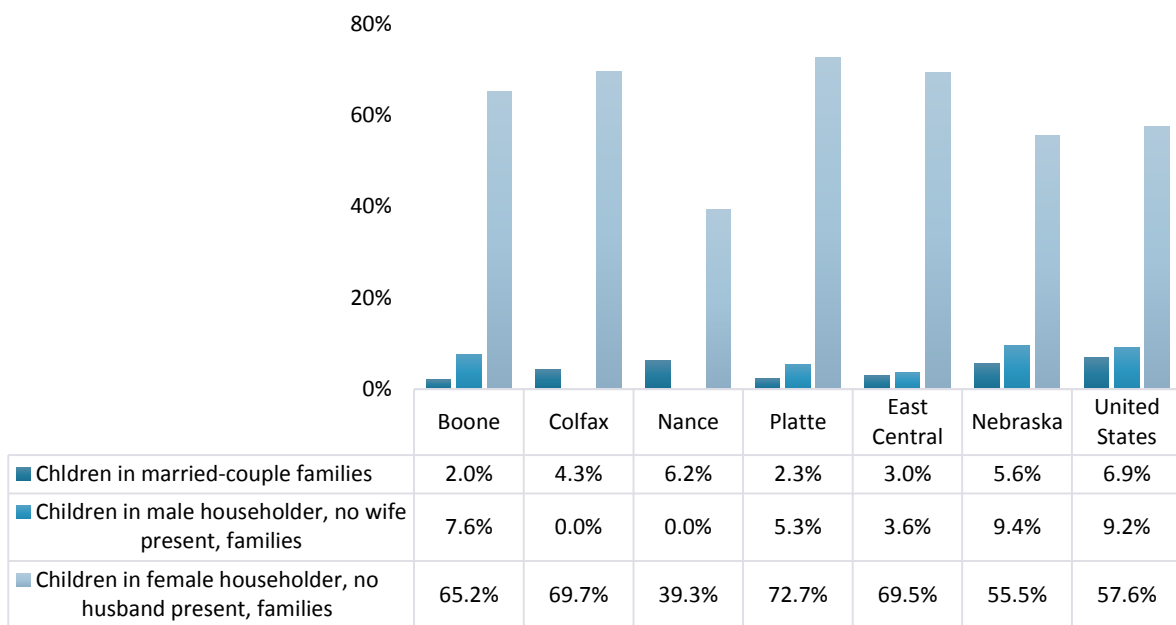


*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

Single parent families experience poverty at notably higher rates than married couple families. In 2016, 3.0% of children in married-couple families in the East Central District were at or below poverty, compared to 3.6% of children in single father families ("male householder, no wife present, families) and **69.5%** of children in single mother families ("female householder, no husband present, families). Boone, Colfax and Platte Counties have higher poverty rates for single mother families compared to Nance County.

Note that the poverty rate for single father families in the district is lower than the state and the nation, while the poverty rate for single mother families is higher than the state and the nation (Figure 30).

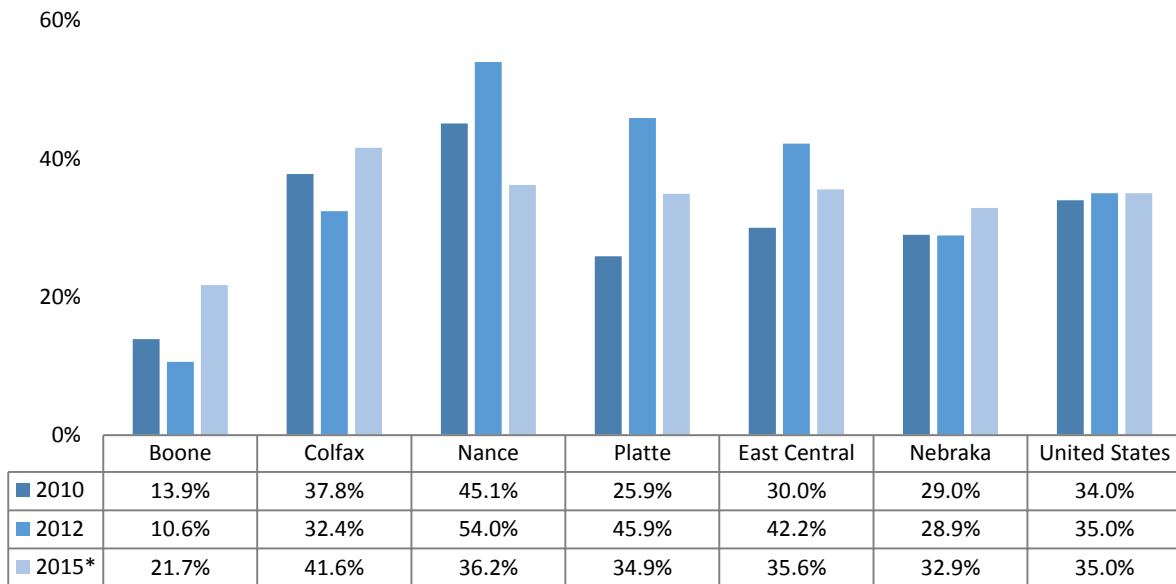
Figure 30. Poverty Rates for Children by Family Type (2016)



(Source: American Community Survey 5-Year Estimates. Table B17006)

The trend of increasing births to unmarried women reversed in 2015 (from 42.2% in 2012, to 35.6% in 2015). The percentage of births to unmarried women in the district is still higher when compared to the state level (35.6% vs. 32.9%), but the noticeable difference decreased when compared to 2012 (Figure 31).

Figure 31. Percent of Births to Unmarried Women (2010-2015)



(Sources: American Community Survey 5-Year Estimates, Table B13004. *2015 Nebraska Vital Statistics. Tables 7 and 22)

Poverty rates for the under 18 population decreased by 3.0% in the East Central District from 2000 to 2016. It is important to note that there are some unexpected fluctuations in the data from 2000 to 2010 to 2012 to 2016. At this point, an explanation for these fluctuations is unavailable (Figure 32). Also, note that participants in the Connect Columbus Key Informant Survey conducted in 2014 identified “basic needs (food, clothing, etc.)” as the number three unmet need among the families and individuals that they serve.

Figure 32. Poverty Rates for the under 18 Population (2000-2016)						
	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	11.7%	3.0%	10.0%	7.7%	-14.5%	-54.8%
Colfax	13.8%	8.9%	22.5%	16.0%	63.0%	16.2%
Nance	17.2%	7.3%	17.8%	10.3%	3.5%	-55.1%
Platte	9.0%	10.5%	16.6%	11.0%	84.4%	12.7%
East Central*	10.9%	9.2%	17.3%	11.8%	58.7%	-3.0%
Nebraska	11.8%	15.5%	16.7%	16.4%	41.5%	44.7%
United States	16.1%	19.2%	20.8%	21.2%	29.2%	34.7%

*An average weighted by the under 18 population of each county. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1701; Census 2000 – Table DP-3)

Poverty rates for the total population have increased from 2000 to 2016. In 2016, Boone, Colfax and Platte Counties had poverty rates that were lower than the state, while Nance County had a poverty rate similar to the state. As a whole, the East Central District has noticeably lower poverty rate when compared to the state and nation (Figure 33).

Figure 33. Poverty Rates for the Total Population (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2016)
Boone	10.4%	6.6%	8.8%	7.5%	-38.2%
Colfax	10.8%	11.0%	17.1%	12.0%	9.9%
Nance	13.1%	9.8%	14.1%	12.4%	-15.8%
Platte	7.7%	8.0%	9.9%	8.7%	16.1%
East Central*	9.1%	8.6%	11.5%	9.5%	3.7%
Nebraska	9.7%	11.8%	12.4%	12.4%	40.8%
United States	12.4%	13.8%	14.9%	15.1%	38.4%

*An average weighted by the population of each county. (Source: U.S. Census/American Community Survey 5-Year Estimates. Tables DP-3 and S1701)

Child Well-Being Indicators

The Nebraska Children and Families Foundation (NCFF) has been tracking state and county-level data on numerous indicators of child well-being since 2009. These measures are used to identify counties of high need. Colfax and Platte Counties have been identified as high need, and as a result a child/community well-being coalition has been formed.

Following is a complete listing of the NCFF child well-being measures for the East Central District and Nebraska that have been collected to date. County/district numbers that are colored **red** indicate areas where the county statistic is more indicative of need, as compared to the state average. There are 10 indicators altogether. Below is a bulleted listing of the number of indicators by county/district that are more indicative of need as compared to the state for the most current year of available data.

- **Boone County:** 0 out of 9 indicators are more indicative of need compared to the state (arrest data are incomplete)
- **Colfax County:** 5 out of 9 indicators are more indicative of need compared to the state (arrest data are incomplete)
- **Nance County:** 2 out of 10 indicators are more indicative of need compared to the state
- **Platte County:** 6 out of 10 indicators are more indicative of need compared to the state
- **East Central District:** 5 out of 9 indicators are more indicative of need compared to the state (arrest data are incomplete)

(Figures 34 through 43)

Figure 34. Number and Rate* of Infant Deaths per 1,000 Live Births

	2005-2009	2006-2010	2007-2011	2008-2012	2011-2015 [°]
Boone	0, -	0, -	0, -	0, -	2, 6.6
Colfax	9, 8.6	9, 8.9	8, 8.0	5, 5.2	4, 4.5
Nance	1, -	1, -	1, -	1, -	0, -
Platte	15, 6.2	15, 6.2	20, 8.2	16, 6.6	12, 4.9
East Central	25, 6.3	25, 6.3	29, 7.3	22, 5.6	18, 4.6
Nebraska	769, 5.8	758, 5.7	753, 5.7	690, 5.2	692, 5.3

*Crude rates are masked for counties with less than five events due to the rates being unstable with such a small number of cases. (Source: Nebraska Department of Health and Human Services. ° NE DHHS 2015 Vital Statistics Report. Table 59)

Figure 35. Number and Percent of Births to Teen Mothers

	2005-2009	2006-2010	2007-2011	2008-2012	2011-2015
Boone	20, 6.7%	18, 6.0%	17, 5.5%	13, 4.2%	14, 4.6%
Colfax	140, 13.4%	124, 12.3%	113, 11.3%	95, 9.8%	67, 7.6%
Nance	6, 2.9%	10, 5.0%	9, 4.1%	10, 4.4%	9, 4.2%
Platte	247, 10.2%	241, 9.9%	237, 9.7%	229, 9.4%	184, 7.5%
East Central	413, 10.4%	393, 9.9%	376, 9.5%	347, 8.8%	274, 7.1%
Nebraska	11,168, 8.4%	10,968, 8.2%	10,570, 8.0%	9,955, 7.6%	7,805, 5.9%

(Source: Nebraska Department of Health and Human Services)

Figure 36. Number and Rate* of Juvenile Arrests per 1,000 under 18 Population

	2009	2010	2011	2012	2016 ⁺
Boone[°]	1, -	2, -	0, -	0, -	2, -
Colfax[°]	2, -	2, -	3, -	1, -	7, 2.2
Nance	14, 16.3	7, 8.4	2, -	2, -	0, 0
Platte	440, 52.0	392, 45.6	302, 35.0	248, 29.1	269, 31.2
East Central[°]	457, 33.1	403, 29.3	307, 22.4	251, 18.3	278, 20.04
Nebraska[^]	15,186, 33.6	14,032, 31.1	13,155, 28.6	12,206, 26.2	9,463, 19.99

*Crude rates are masked for counties with less than five events due to the rates being unstable with such a small number of cases.

[°]Data are under-represented in Boone and Colfax Counties due to Albion Police Department and Schuyler Police Department not submitting arrest data to the Nebraska Crime Commission. Albion PD has not submitted data since 2003 and Schuyler PD has not submitted data since 2007.

[^]Note that state-level data are under-reported due to some police departments opting not to submit arrest data to the Nebraska Crime Commission. (Source: Nebraska Crime Commission)

+ Includes Years 2014, 2015 and 2016 for each county. (Total number of crimes: 834; average number of crimes for ECDHD is 278).

Figure 37. Number and Rate* of Substantiated Cases of Child Abuse/Neglect per 1,000 under 18 Population

	2009	2010	2011	2012	2013	2015
Boone	0, -	6, 4.3	6, 4.9	4, -	1, -	4, -
Colfax	4, -	21, 6.5	17, 5.4	7, 2.3	14, 4.7	14, 4.4
Nance	6, 7.2	5, 5.3	5, 5.7	2, -	4, -	5, 6.2
Platte	36, 4.2	50, 5.5	45, 5.2	37, 4.3	35, 4.1	48, 5.6
East Central	46, 3.3	82, 6.0	73, 5.3	50, 3.6	54, 3.9	71, 5.1
Nebraska	3,520, 7.8	5,169, 10.6	3,410, 7.4	2,723, 5.9	2,892, 6.2	2,223, 4.7

*Crude rates are masked for counties with less than five events due to the rates being unstable with such a small number of cases. (Source: Nebraska Department of Health and Human Services)

Figure 38. Number in Foster Care and Rate* per 1,000 under 18 Population

	2009	2010	2011	2012	2017°
Boone	3, -	2, 0	4, -	6, 4.6	6, 4.8
Colfax	11, 3.5	14, 4.6	23, 7.9	23, 7.7	23, 7.2
Nance	6, 7.0	5, 5.7	4, 4.5	6, 6.9	9, 11.0
Platte	42, 5.0	45, 5.3	55, 6.4	50, 5.9	82, 9.5
East Central	62, 4.5	66, 4.8	86, 6.3	85, 6.2	120, 8.6
Nebraska	4,447, 9.2	4,300, 8.9	4,265, 8.8	3,892, 8.5	4,950, 10.5

*Crude rates are masked for counties with less than five events due to the rates being unstable with such a small number of cases.) (Source: Nebraska Foster Care Review Board)

°Population estimates as of July 1, 2016 (American Community Survey, Table PEAGESEX)

Figure 39. Four-Year High School Graduation Rate*

	2011	2012	2013	2017
Boone	93.8%	92.6%	-	98.2%
Colfax	90.4%	90.1%	80.0%	90.7%
Nance	94.0%	-	97.3%	87.9%
Platte	86.4%	88.7%	84.2%	87.3%
East Central	88.9%	89.5%	84.4%	89.2%
Nebraska	86.1%	87.6%	88.5%	89.1%

*The source data are reported by school districts. County and district-level rates are calculated by taking the weighted average of all school districts within a county/district.

Note: Data has been masked to protect the identity of students using one the following criteria:

- 1) fewer than 10 students were reported in a group.
 - a) Fewer than 5 students were reported at a performance level.
- 2) All students were reported in a single group or performance category.

Use extreme caution when interpreting data as several school districts in East Central were masked.

(Source: Nebraska Department of Education. Table S1501)

Figure 40. Percent of Population Ages 5 and over Speaking a Language Other Than English at Home

	2009	2010	2011	2012	2015
Boone	1.0%	0.8%	1.7%	1.6%	2.8%
Colfax	34.4%	35.9%	38.1%	40.2%	41.7%
Nance	3.2%	2.8%	2.2%	1.9%	2.2%
Platte	12.2%	13.2%	13.7%	13.8%	14.7%
<i>East Central*</i>	14.6%	15.5%	16.4%	16.8%	18.0%
Nebraska	9.2%	9.7%	9.9%	10.4%	11.0%

*An average weighted by the population of each county.

(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates)

Figure 41. Percent of Population below Poverty

	2009	2010	2011	2012	2016
Boone	7.4%	6.6%	8.0%	8.8%	7.5%
Colfax	11.0%	11.0%	14.4%	17.1%	12.0%
Nance	11.4%	9.8%	12.0%	14.1%	12.4%
Platte	7.8%	8.0%	9.1%	9.9%	8.7%
<i>East Central*</i>	8.6%	8.6%	10.3%	11.5%	9.5%
Nebraska	12.2%	11.8%	12.0%	12.4%	12.4%

*An average weighted by the population of each county. (Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates)

Figure 42. Percent of Children Living in Single Parent Households

	2009	2010	2011	2012	2016
Boone	15.1%	11.7%	12.4%	13.7%	15.8%
Colfax	28.8%	23.1%	29.7%	34.1%	26.3%
Nance	20.0%	26.3%	30.3%	34.7%	18.0%
Platte	23.9%	25.5%	27.3%	30.8%	28.7%
<i>East Central</i>	23.9%	23.7%	26.4%	30.1%	26.3%
Nebraska	25.7%	26.3%	27.3%	27.7%	28.6%

(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates. Table B09005)

Figure 43. Percent of Third Grade Children Proficient in Reading at Grade Level *

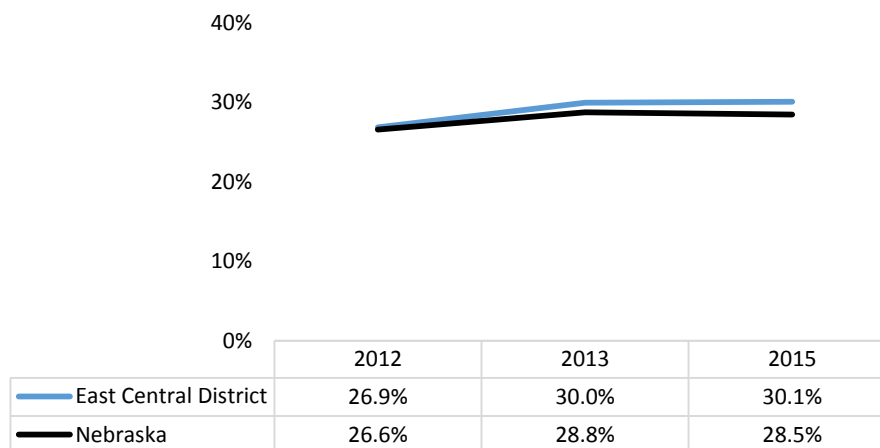
	2009-2010	2010-2011	2011-2012	2012-2013
Boone	65.0%	54.7%	84.9%	86.1%
Colfax	47.0%	71.8%	87.2%	88.5%
Nance	64.1%	69.3%	92.4%	77.7%
Platte	70.7%	63.9%	82.1%	79.7%
<i>East Central</i>	63.7%	65.6%	84.6%	82.3%
Nebraska	67%	71%	76%	77%

*The source data are reported by school districts. County-level rates are calculated by taking the weighted average of all school districts within a county. (Source: Nebraska Department of Education)

Housing and Food Insecurity

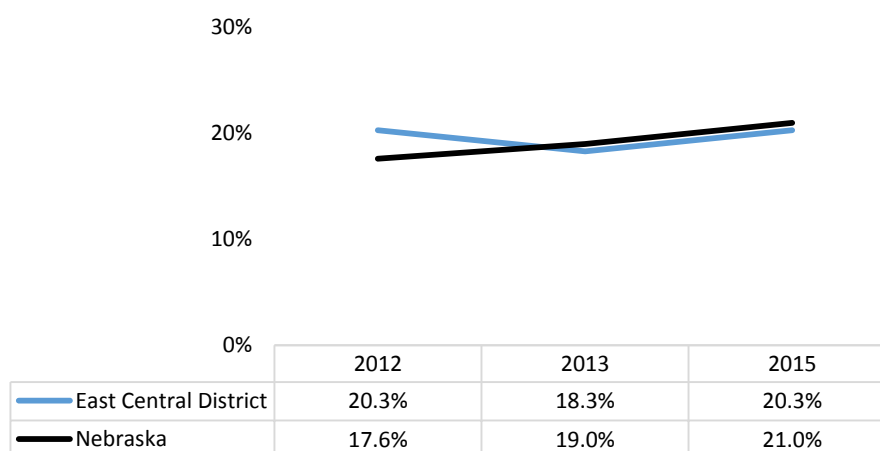
In 2015, 30.1% of respondents to the BRFSS in the East Central District reported housing insecurity and 20.3% reported food insecurity. These rates are comparable to the state (Figures 44 and 45).

Figure 44. Housing Insecurity* in the Past Year among Adults Ages 18 and Over Who Own or Rent Their Home



*Percentage reporting that they were always, usually, or sometimes worried or stressed during the past 12 months about having enough money to pay their rent or mortgage. (Source: Behavioral Risk Factor Surveillance System, 2011-2015. Data in 2011 and 2014 was not available).

Figure 45. Food Insecurity* in Past Year among Adults Ages 18 and Over



*Percentage reporting that they were always, usually, or sometimes worried or stressed during the past 12 months about having enough money to buy nutritious meals. (Source: Behavioral Risk Factor Surveillance System, 2011-2015. Data in 2011 and 2014 was not available).

Social Programs

As a whole the East Central District has a higher percentage of WIC clients compared to the state, due largely to high numbers in Colfax and Platte Counties. (Figure 46). The total number of WIC clients in East Central District has decreased 18.7% since 2013; not only an ECDHD trend but statewide and national trend.

Figure 46. WIC Clients

<u>2017 Clients by County (percent of total population)</u>	
Boone	116 (2.2%)
Colfax	733 (7.0%)
Nance	70 (1.9%)
Platte	994 (6.0%)
<i>East Central</i>	<i>1,963 (5.5%)</i>
<i>Nebraska (2017)</i>	<i>37,437 (2.0%)</i>

(Source: Nebraska Department of Health and Human Services. WIC Program)

As a whole the East Central District has a slightly lower rate of Medicaid Eligibles compared to the state (11.4% vs. 12.7%, respectively) in 2011 (Figure 47). East Central District data shows that Medicaid Eligibles have grown from 11.6% in 2012 to 12.1% in 2016.

Figure 47. Medicaid Eligibles (Percent of Total Population) *

	2009	2011
Boone	462 (8.5%)	463 (8.6%)
Colfax	1,322 (12.8%)	1,542 (14.5%)
Nance	454 (13.1%)	482 (12.9%)
Platte	2,962 (9.1%)	3,480 (10.7%)
<i>East Central</i>	<i>5,200 (10.1%)</i>	<i>5,967 (11.4%)</i>
<i>Nebraska</i>	<i>206,725 (11.5%)</i>	<i>233,753 (12.7%)</i>

* County data was not available in 2016 (Source: Nebraska Department of Health and Human Services.)

One out of three children (31.1%) in the East Central District are enrolled in Medicaid. This rate is below the state average of 33.7% (Figure 48).

Figure 48. Children Enrolled in Medicaid (Percent of All Children)

	2012	2016
Boone	259 (19.0%)	288 (22.2%)
Colfax	1,284 (37.0%)	1,382 (43.5%)
Nance	246 (26.0%)	220 (26.6%)
Platte	2,481 (26.1%)	2,499 (28.4%)
<i>East Central</i>	<i>4,270 (27.9%)</i>	<i>4,389 (31.1%)</i>
<i>Nebraska</i>	<i>160,232 (31.0%)</i>	<i>161,530 (33.7%)</i>

(Source: Kids Count in Nebraska)

Enrollment in SNAP (formerly known as Food Stamps) is lower in the East Central District compared to the rest of the state (Figure 49).

Figure 49. Supplemental Nutrition Assistance Program (SNAP) Participation among Children (Percent of All Children)

	2012	2016
Boone	110 (8.6%)	110 (8.5%)
Colfax	541 (16.6%)	528 (16.6%)
Nance	100 (11.2%)	85 (10.3%)
Platte	1,167 (13.2%)	1,163 (13.2%)
East Central	1,927 (12.6%)	1,886 (13.4%)
Nebraska	89,075 (18.7%)	88,525 (18.5%)

(Source: Kids Count in Nebraska, 2017)

As a whole the East Central District has a slightly higher rate of children receiving free and reduced school meals compared to the rest of the state, due to high numbers in Colfax County (Figure 50).

Figure 50. Children Receiving Free and Reduced School Meals (Percent of All Children)

	2011-2012	2015-2016
Boone	321 (34.0%)	415 (39.5%)
Colfax	1,476 (60.1%)	1,622 (64.5%)
Nance	288 (35.8%)	304 (36.7%)
Platte	2,439 (38.3%)	3,116 (41.0%)
East Central	3,896 (42.8%)	5,457 (45.5%)
Nebraska	136,845 (40.3%)	146,012 (42.1%)

(Source: Kids Count in Nebraska, 2017)

In 2012, the East Central District has a higher percentage of children enrolled in Head Start compared to the rest of the state (Figure 51). County data was not available in 2016. State data shows that enrollment decreased by 0.3% in 2016.

Figure 51. Children Enrolled in Head Start and Early Head Start (Percent of Children under 5)

	2008	2012
Boone	17 (6.4%)	0 (0.0%)
Colfax	75 (7.7%)	100 (9.6%)
Nance	16 (7.7%)	17 (7.5%)
Platte	189 (8.2%)	205 (8.3%)
East Central	297 (7.9%)	339 (8.5%)
Nebraska	5,425 (4.1%)	6,756 (5.1%)

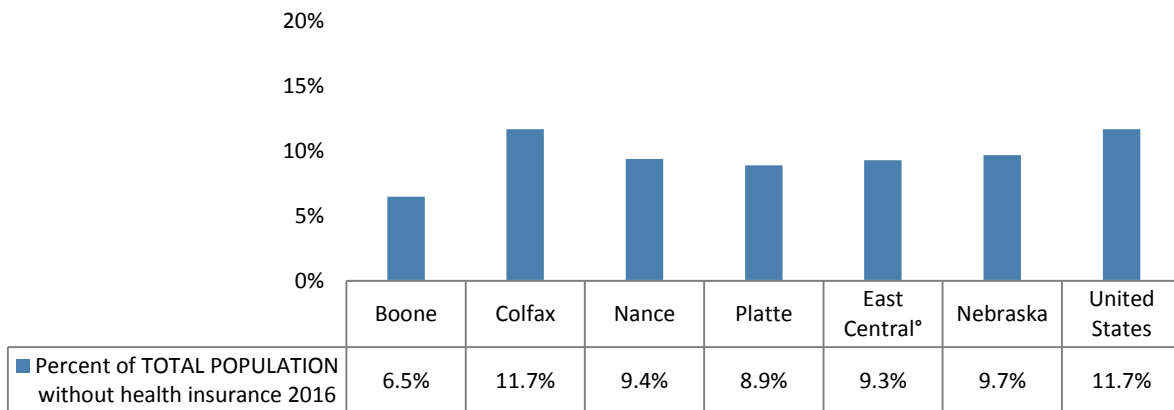
(Source: Kids Count in Nebraska, 2017)

Access to Health Care

Health Insurance

The East Central District as a whole had a lower percentage of the population that is without health insurance, as compared to the state in 2016. Nearly 12% of the population in Colfax County was without health insurance in 2016 (Figure 52).

Figure 52. Percent of Total Population without Health Insurance* (2016)



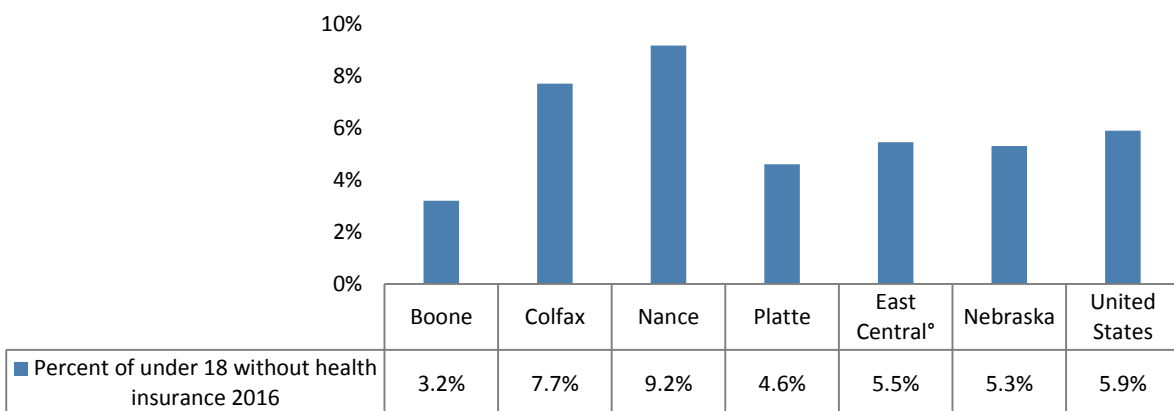
*Those who have neither a private nor public health insurance plan

[°]An average weighted by the population of each county.

(American Community Survey 5-Year Estimates)

Approximately 1-in-18 (5.5%) children under 18 in the East Central District are without health insurance, a rate that is slightly higher than the state (Figure 53).

Figure 53. Percent of under 18 without health insurance* (2016)



*Those who have neither a private nor public health insurance plan.

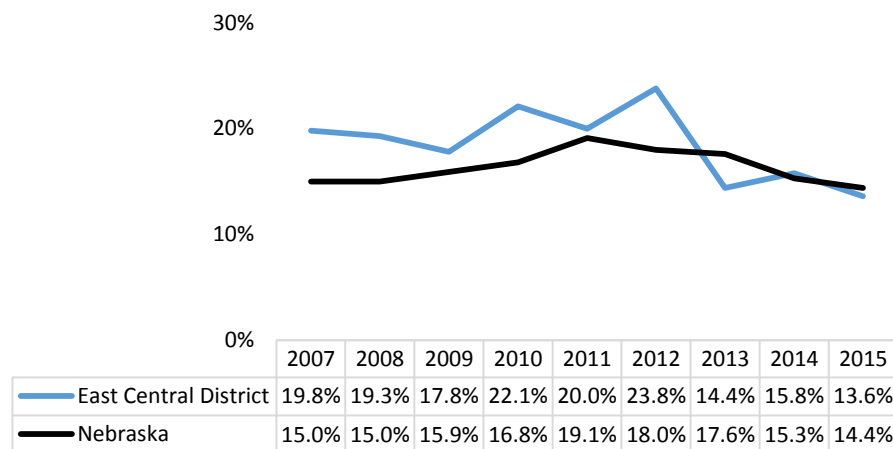
[°]An average weighted by the population of each county.

Source: American Community Survey 5-Year Estimates, 2012 - 2016

Note that participants in the Connect Columbus Key Informant Survey conducted in 2014 identified “health/medical issues” as the number one unmet need among the families and individuals that they serve.

There has been a notable decline from previous years among East Central respondents to the BRFSS reporting that they have no health care coverage (Figure 54).

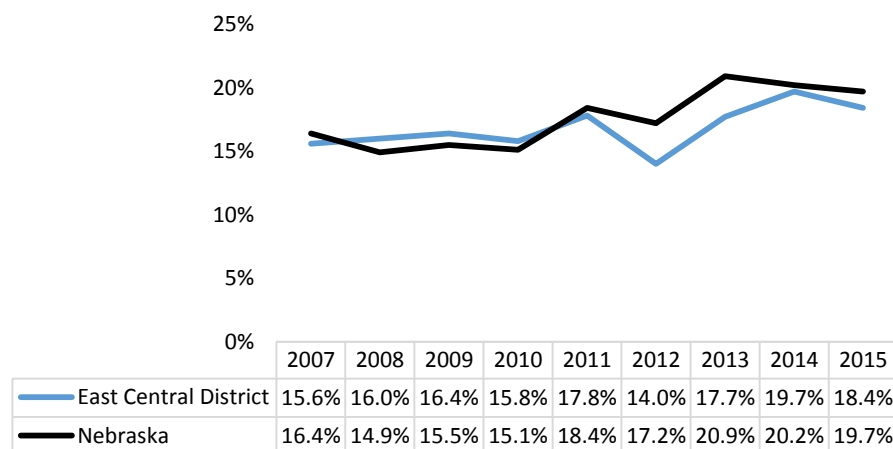
Figure 54. Percent of Adults Ages 18 and Over Reporting They Have No Health Care Coverage



(Source: Behavioral Risk Factor Surveillance System, 2007 - 2015)

In 2015, 18.4% of East Central respondents to the BRFSS reported that they have no personal doctor or health care provider, a rate that is lower than the state (Figure 55).

Figure 55. Percent of Adults Ages 18 and Over Reporting They Have No Personal Doctor or Health Care Provider

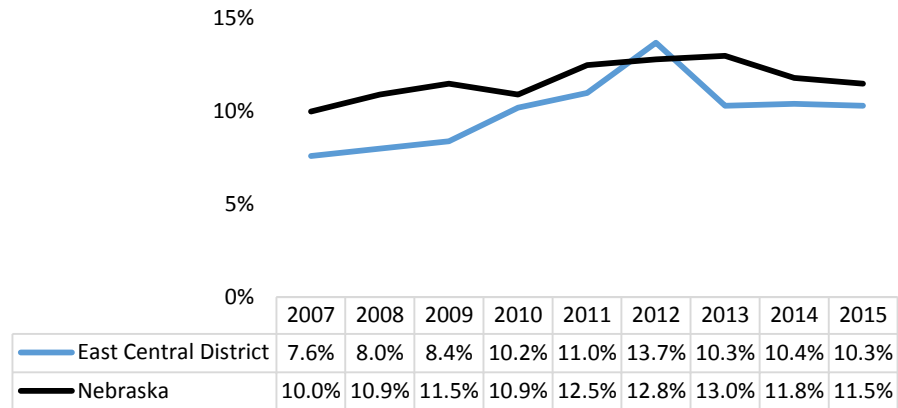


(Source: Behavioral Risk Factor Surveillance System, 2007 - 2015)

Access to Health Providers

With the exception of 2012, in every year of the BRFSS from 2007 to 2015 there was a lower rate of East Central respondents reporting that they were unable to see a doctor due to cost, as compared to the state (Figure 56).

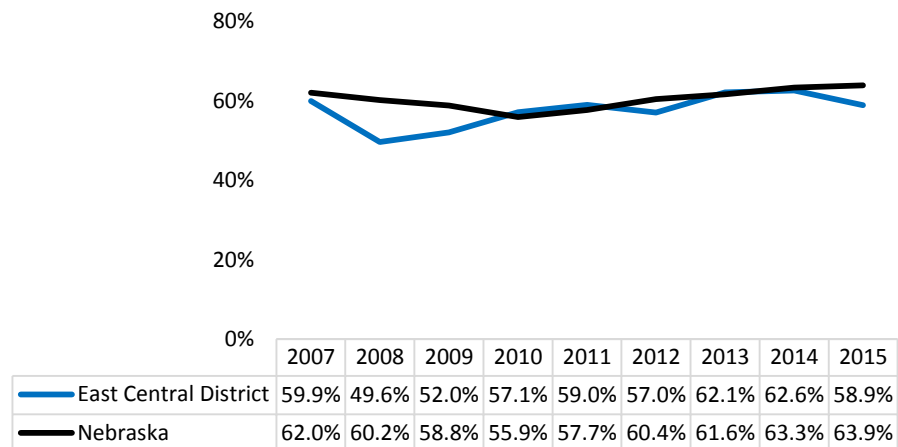
Figure 56. Percent of Adults Ages 18 and Over Reporting They Were Unable to See a Doctor Due to Cost in the Past Year



(Source: Behavioral Risk Factor Surveillance System, 2007 - 2015)

The percentage of BRFSS respondents from the East Central District reporting that they have had a routine checkup in the past 12 months ranged from 49.6% to 62.6% during the 2007 through 2015 administrations of the survey (Figure 57).

Figure 57. Percent of Adults Ages 18 and Over Reporting They Had a Routine Checkup in the Past 12 Months



(Source: Behavioral Risk Factor Surveillance System)

In 2017, eight out of ten respondents to the Community Health Survey reported that they are able to get medical care whenever they need it. This represented a slight increase from 2014 (75.7%) (Figure 58).

Figure 58. I am able to get medical care whenever I need it. *			
	2011	2014	2017
Boone	89.3%	73.3%	81.8%
Colfax	77.0%	87.0%	83.7%
Nance	88.6%	68.2%	75.6%
Platte	76.4%	72.4%	78.8%
White	83.0%	75.4%	78.6%
Minority	66.9%	77.3%	84.0%
Male	77.5%	78.7%	92.0%
Female	80.7%	74.6%	76.4%
Under 40	77.8%	63.8%	83.8%
40 to 54	79.6%	78.9%	77.2%
55 & over	81.1%	79.8%	77.2%
East Central	79.2%	75.7%	79.7%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree. (Source: ECDHD, Community Health Survey, 2011, 2014 & 2017)

The majority (78.5%) of respondents to the Community Health Survey in 2017 reported that they have easy access to the medical specialists they need. This represented an increase from 2014 (70.8%) (Figure 59).

Figure 59. I have easy access to the medical specialists I need. *			
	2011	2014	2017
Boone	76.8%	78.8%	87.3%
Colfax	72.1%	80.2%	82.6%
Nance	47.2%	59.1%	62.2%
Platte	57.7%	67.0%	78.2%
White	63.4%	70.0%	78.6%
Minority	59.5%	72.3%	80.0%
Male	69.6%	68.0%	85.0%
Female	59.9%	71.9%	77.1%
Under 40	61.9%	66.0%	79.7%
40 to 54	57.3%	64.9%	73.8%
55 & over	70.1%	79.0%	80.7%
East Central	62.6%	70.8%	78.5%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree

Cost of Health Care

In the three administrations of the Community Health Survey, more than two-fifths of the respondents reported that it is sometimes a problem for them to cover their share of the cost for a medical care visit. Minorities tended to report greater difficulty in covering the cost of medical care visits compared to Whites (Figure 60).

Figure 60. Sometimes it is a problem for me to cover my share of the cost for a medical care visit. *			
	2011	2014	2017
Boone	34.5%	34.4%	41.8%
Colfax	45.9%	41.6%	52.2%
Nance	38.9%	31.8%	35.6%
Platte	42.5%	46.0%	41.5%
White	40.8%	38.7%	39.7%
Minority	46.2%	58.1%	55.0%
Male	39.9%	47.7%	46.0%
Female	43.5%	41.6%	41.8%
Under 40	48.7%	47.9%	40.6%
40 to 54	37.3%	51.5%	51.7%
55 & over	38.1%	34.6%	38.6%
East Central	42.1%	43.9%	42.9%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree

Satisfaction with Health Care

In the previous two administrations of the Community Health Survey, approximately 70% of respondents reported being satisfied with the health care system in their community. In the 2017 survey, 80% of respondents expressed satisfaction with the health care system. Respondents from Platte County tended to report less satisfaction than respondents from the other three counties in the East Central District for the previous survey administrations. In the 2017 survey, this trend was reversed, as Platte County respondents expressed the second highest satisfaction levels, after Boone County (80.3% vs. 85.5%, respectively). Those 55 and older tended to report higher satisfaction than younger respondents in previous survey administrations. However, in the 2017 survey, those under 40 years of age showed higher satisfaction levels with the health care system in comparison to those 40 to 54 (73.8%) (Figure 61).

Figure 61. I am satisfied with the health care system in our community. *			
	2011	2014	2017
Boone	92.9%	84.8%	85.5%
Colfax	76.4%	82.6%	77.2%
Nance	86.1%	77.3%	75.6%
Platte	62.2%	63.2%	80.3%
White	72.5%	69.3%	80.7%
Minority	66.1%	71.3%	79.0%
Male	71.0%	70.5%	89.0%
Female	71.4%	70.4%	77.9%
Under 40	69.7%	62.5%	83.2%
40 to 54	65.2%	67.1%	73.8%
55 & over	79.7%	77.1%	81.3%
East Central	71.0%	70.1%	79.9%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree

In the previous survey administrations of the Community Health Survey, approximately three-fourths of the respondents reported being satisfied with the medical care they receive. The 2017 survey shows an increase in satisfaction levels compared to 2014 (86.8% vs. 75.6%). Respondents from Platte County tended to have lower satisfaction than those from other counties, a trend that was reversed in 2017. No satisfaction differences were found among respondents based on their age. (Figure 62).

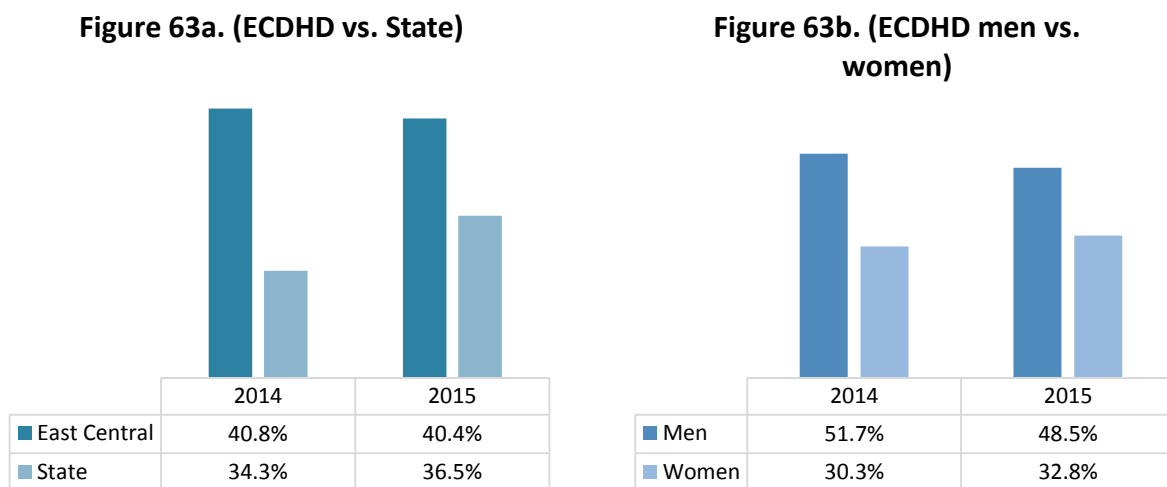
Figure 62. I am very satisfied with the medical care I receive. *			
	2011	2014	2017
Boone	87.5%	84.8%	90.9%
Colfax	78.9%	84.5%	89.1%
Nance	88.9%	66.7%	75.6%
Platte	67.4%	71.5%	87.1%
White	75.2%	74.8%	86.5%
Minority	70.3%	76.9%	86.0%
Male	73.9%	71.7%	94.0%
Female	74.6%	77.9%	85.0%
Under 40	73.7%	68.1%	86.3%
40 to 54	70.3%	73.5%	85.5%
55 & over	79.7%	82.9%	88.3%
East Central	74.1%	75.6%	86.8%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree

Health Literacy

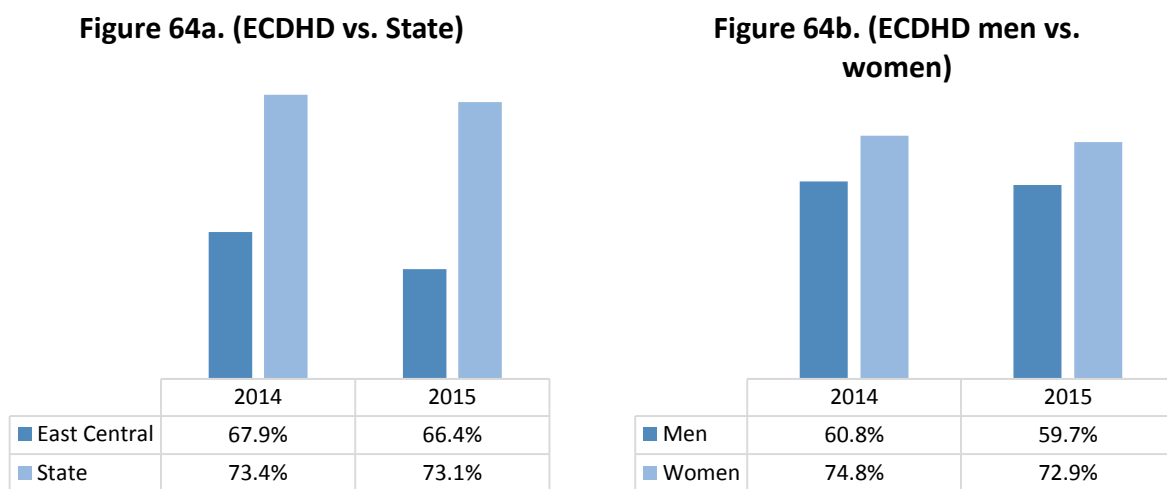
The Nebraska Behavioral Risk Factor Surveillance System (BRFSS) in 2014 included three statements related to health literacy: 1) Lacking confidence in their ability to fill out health forms, 2) Written health information is always or nearly always easy to understand, and 3) Always or nearly always get help reading health information. Overall, the East Central District shows lower levels of health literacy compared to the State, and those differences were statistically significant. Gender differences were also found in the East Central District, where men show lower levels of health literacy when compared to women (these differences were also statistically different) (Figures 63 to 65).

Figure 63. Lacking confidence in their ability to fill out health forms



(Source: Behavioral Health Risk Factor Surveillance System)

Figure 64. Written health information is always or nearly always easy to understand



(Source: Behavioral Health Risk Factor Surveillance System)

Figure 65. Always or nearly always get help reading health information

Figure 65a. (ECDHD vs. State)

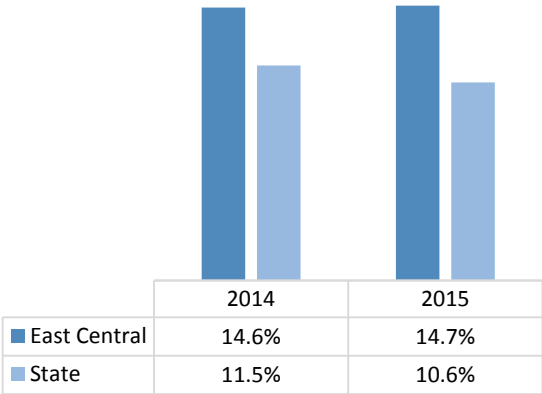
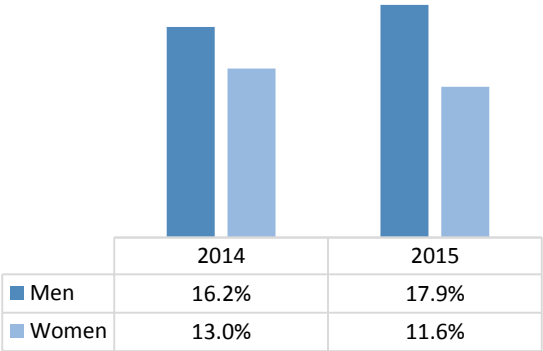


Figure 65b. (ECDHD men vs. women)



(Source: Behavioral Health Risk Factor Surveillance System)

Census of Health Care Professionals

The number of persons responsible per health professional is generally higher in the East Central District compared to the rest of the state. East Central numbers colored in **red** in the table below indicate health professions for which there is a higher number of people served per professional as compared to the state. All but three of the major health professions in the East Central District have a higher number of persons responsible per professional than the State (Figure 66).

Figure 66. Persons Responsible per Health Care Professional (2017)						
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Physicians	595	N/A	3,607	1,022	1,242	426
FM/GP	892	5,250	1,804	2,725	2,371	2,440
Internal Medicine	N/A	N/A	N/A	32,703	52,162	8,496
Pediatrics	5,353	N/A	N/A	4,672	6,520	8,312
OB/GYN	N/A	N/A	N/A	10,901	17,387	11,567
Psychiatrists	N/A	N/A	N/A	N/A	N/A	11,708
Dentists	1,338	5,250	3,607	2,725	2,745	1,515
Pharmacists	892	2,625	1,202	962	1,110	757
Physical Therapists	2,677	10,499	1,202	1,090	1,449	1,127
Physician Assistants	765	10,499	3,607	3,270	2,745	173
Nurse Practitioners	N/A	2,625	3,607	2,516	2,898	1,281
RNs*	80	256	180	115	126	87
LPNs*	112	456	190	240	231	333

*Data for RNs, and LPNs are from renewal surveys 2016 and 2015, respectively. (Sources: Nebraska Department of Health and Human Services. Licensure Unit; University of Nebraska Medical Center, College of Public Health, Health Professions Tracking Service)

From 2010 to 2017 there have been some increases in the numbers of health professionals. Most notably, physical therapists have increased by 13, RNs by 12, and nurse practitioners by 8. All other health professionals from whom 2010 and 2012 data were available have either remained the same or increased slightly, with the exception of LPNs, who have decreased by 38 (Figure 67).

Figure 67. Number of Health Professionals in the East Central District (2010-2017)				
East Central	2010	2012	2017	Change 2010 - 2017
Physicians	41	56	41	0
FM/GP	19	21	22	+3
Internal Medicine	1	1	1	0
Pediatrics	4	4	8	+4
OB/GYN	4	4	3	-1
Psychiatrists	1	1	0	-1
Dentists	21	23	19	-2
Pharmacists	40	41	47	+7
Physical Therapists	23	-	36	+13
Physician Assistants	16	13	18	+2
Nurse Practitioners^o	10	12	18	+8
RNs^o	401	-	413	+12
LPNs^o	257	-	219	-38

^o LPN and RN Renewal Surveys (place where they work). 2015 LPN Renewal Survey and 2017 RN Renewal Survey.

(Sources: Nebraska Department of Health and Human Services. Licensure Unit – 2017; University of Nebraska Medical Center, College of Public Health, Health Professions Tracking Service, 2017)

State and Federally Designated Health Professional Shortages

As illustrated in Figure 68 below, every county in the East Central District was designated as lacking in mental health professionals in 2017, highlighting the need for such services.

Figure 68. Federally Designated Health Professional Shortages (2017)					
	Boone	Colfax	Nance	Platte	East Central
Primary Care					
Mental Health	✓	✓	✓	✓	✓
Dental Health					

(Source: HRSA Data Warehouse)

The state tracks a broader set of health professionals than the federal government. Every county was designated by the state in 2014 as having a shortage of professionals in internal medicine and psychiatrics. Nance and Colfax counties stood out as having the most areas with health professional shortages. Physical therapy was the only area in which the East Central District did not have a full or partial professional shortage (Figure 69).

Figure 69. State Designated Health Professional Shortages (2014)					
	Boone	Colfax	Nance	Platte	East Central
Family Practice		✓	✓	°	<i>partial</i>
General Surgery	✓	✓	✓	✓	✓
Internal Medicine	✓	✓	✓	✓	✓
Pediatrics		✓	✓	✓	<i>partial</i>
Obstetrics/Gynecology	✓	✓	✓	✓	✓
Psychiatrics	✓	✓	✓	✓	✓
Dental		<i>partial</i>	✓		<i>partial</i>
Pharmacy		✓	✓		<i>partial</i>
Occupational Therapy		<i>partial</i>			<i>partial</i>
Physical Therapy					

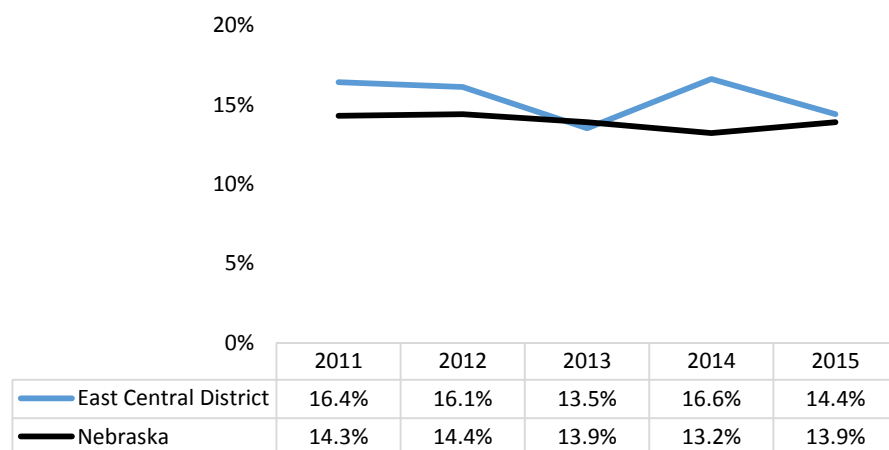
°Indicates county is not eligible by definition for that specialty. (Source: Nebraska Department of Health and Human Services. State Health Assessment: Nebraska, 2016 & Access Monitoring Review Plan, 2016)

Quality of Life

Overall and Physical Health

From 2011 to 2015, between 13.5% and 16.6% of respondents to the BRFSS from the East Central District reported their general health as fair or poor (Figure 70).

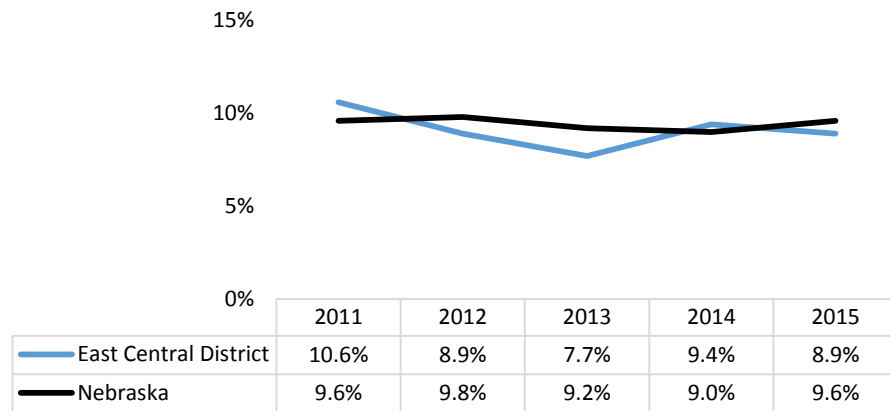
Figure 70. General Health Reported as Fair or Poor* among Adults Ages 18 and Over



*Response options: Excellent, very good, good, fair, poor. (Source: Behavioral Risk Factor Surveillance System, 2011 -2015)

From 2014 to 2015, the percentage of BRFSS respondents from the East Central District who reported that their physical health was not good on 14 or more of the past 30 days has decreased (from 9.4% to 8.9%), which was lower than the state (Figure 71).

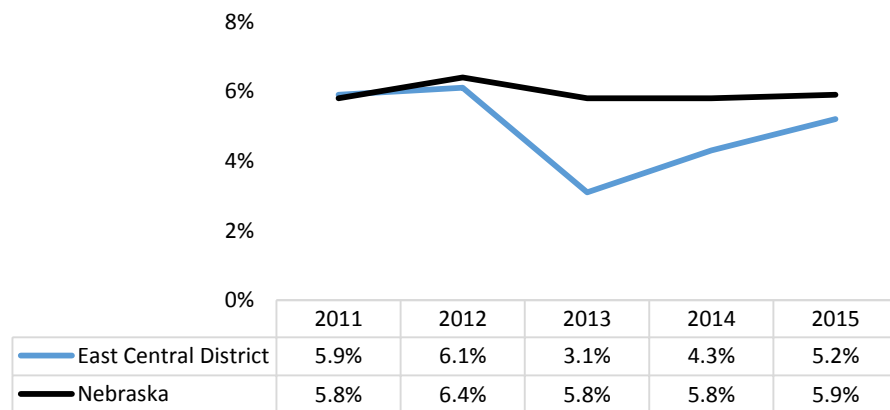
Figure 71. Percent of Adults Ages 18 and Over Reporting Physical Health Was Not Good on 14 or More of the Past 30 Days



(Source: Behavioral Risk Factor Surveillance System, 2011-2015)

From 2011 to 2015 between 3.1% and 6.1% of BRFSS respondents from the East Central District reported that poor physical or mental health limited their activities on 14 days or more in the past 30 days (Figure 72).

Figure 72. Percent Reporting that Poor Physical or Mental Health Limited Usual Activities on 14 or More of the Past 30 Days



(Source: Behavioral Risk Factor Surveillance System, 2011-2015)

County Health Rankings

County Health Rankings provides **health outcomes** rankings at the county-level for every state in the country. There are two primary sub-categories that comprise the health outcomes ranking: length of life and quality of life. The county that is ranked 1st is considered the healthiest county in the state. In 2017, Platte County was ranked 20th in terms of health outcomes out of the 78 counties in Nebraska that were included in the rankings. Colfax County also had a fairly high ranking at 37th. Colfax County had an above average ranking in 2014 at 23rd. Boone County was in the bottom tier at 52nd in 2017. (Figure 73). When looking into more details of the rankings, it is important to consider that Boone County is ranked 15th in quality of life, but only 70th in length of life, which noticeably affects its overall health outcome.

Figure 73. County Health Outcomes Rankings (length of life and quality of life)

	2011 (out of 75 counties)	2014 (out of 79 counties)	2017 (out of 78 counties)
Boone	20th	6th	52nd
Colfax	17th	23rd	37th
Nance	49th	58th	48th
Platte	14th	11th	20th

(Source: County Health Rankings 2011, 2014 & 2017)

County Health Rankings also provides **health factors** rankings at the county-level for every state in the country. The sub-categories that comprise the health factors rankings include health behaviors, clinical care, social & economic factors, and physical environment. Boone and Platte had above average rankings in 2017, with Boone receiving a 15th place ranking and Platte receiving a 32nd place ranking out of the 78 Nebraska counties that were ranked. Nance County did not change ranking when compared to 2014, and Colfax County has remained in the bottom tier (Figure 74).

Figure 74. County Health Factors Rankings (health behaviors, clinical care, social & economic factors, physical environment)

	2011 (out of 75 counties)	2014 (out of 79 counties)	2017 (out of 78 counties)
Boone	6th	3rd	15th
Colfax	60th	71st	62nd
Nance	13th	48th	48th
Platte	25th	17th	32nd

(Source: County Health Rankings 2011, 2014 & 2017)

Perception of Community Health

Two-fifths of respondents to the Community Health Survey perceived their community as a "healthy community" in the Community Health Survey. A substantially higher percentage of minorities perceived their community as healthy compared to Whites. Those under 40 and those 55 & over were more likely to perceive their community as healthy compared to the 40 to 54 age respondents (Figure 75).

Figure 75. How would you rate your community as a "Healthy Community?"*			
	2011	2014	2017
Boone°	82.1%	45.5%	27.3%
Colfax	52.8%	56.3%	44.0%
Nance°	54.3%	63.6%	34.1%
Platte	53.2%	50.1%	40.3%
White	52.3%	45.2%	31.6%
Minority	70.1%	76.2%	70.0%
Male	61.3%	52.5%	44.0%
Female	54.6%	52.9%	37.3%
Under 40	54.8%	47.3%	42.6%
40 to 54	48.4%	45.6%	29.7%
55 & over	69.3%	62.1%	42.1%
East Central	56.6%	52.9%	39.0%

*Response options: very unhealthy, unhealthy, somewhat unhealthy, healthy, and very healthy. Percent rating healthy or very healthy. (Source: ECDHD, Community Health Survey, 2011, 2014 & 2017)

Community Well-Being

Quality of Life

In 2014, 73.9% of respondents to the Community Health Survey reported being satisfied with the quality of life in their community. In 2017, this rate of satisfaction increased to 78.3%. Respondents from Boone and Colfax Counties tended to report higher levels of satisfaction with the quality of life in their community compared to respondents from Nance & Platte counties. In addition, those under 44 tended to report higher satisfaction compared to older respondents, which shows a change from the previous administrations of the survey (Figure 76).

Figure 76. I am satisfied with the quality of life in our community (considering my sense of safety and well-being). *			
	2011	2014	2017
Boone	98.2%	81.8%	85.5%
Colfax	60.2%	71.9%	80.4%
Nance	80.6%	90.9%	77.8%
Platte	66.5%	71.8%	75.4%
White	71.1%	71.8%	78.6%
Minority	65.0%	79.5%	78.0%
Male	72.5%	71.1%	83.0%
Female	69.8%	74.6%	76.2%
Under 40	61.9%	67.8%	81.7%
40 to 54	70.9%	69.2%	71.7%
55 & over	79.7%	81.2%	77.8%
East Central	69.8%	73.9%	78.3%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

The Community as a Place to Raise Children

In 2017 Community Health Survey, nearly nine out of ten respondents agreed or strongly agreed with the statement: "This community is a good place to raise children". Respondents from Boone, Nance, and Platte Counties tended to be more positive on this survey item than respondents from Colfax. In 2014 and 2017, minorities were more likely than Whites to perceive the community as a good place to raise children (Figure 77).

Figure 77. This community is a good place to raise children. *			
	2011	2014	2017
Boone	96.4%	87.9%	94.5%
Colfax	55.7%	66.4%	80.4%
Nance	88.9%	90.9%	88.9%
Platte	80.5%	77.3%	91.4%
White	77.8%	72.6%	88.5%
Minority	72.6%	85.6%	93.0%
Male	76.6%	76.8%	89.0%
Female	77.4%	75.1%	89.7%
Under 40	68.7%	72.0%	93.4%
40 to 54	79.0%	77.2%	89.7%
55 & over	85.7%	77.7%	85.4%
East Central	76.7%	76.0%	89.6%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Jobs

There was a fairly substantial increase from 2011 to 2014 and from 2014 to 2017 in the percentage of respondents to the Community Health Survey who perceived that there are jobs available in their community, increasing from 40.8% in 2011 to 68.7% in 2017. Respondents under 55 were more likely to perceive that there are jobs available, as compared to those over 55. In 2017, a greater percentage of minorities perceived that there are jobs available in the community, as compared to Whites, but in 2011 this was reversed, with Whites perceiving that there are available jobs at a higher rate. Boone and Nance tended to be lower on this survey item compared to Colfax and Platte (Figure 78).

Figure 78. There are jobs available in the community (considering locally owned and operated businesses, jobs with career growth, affordable housing, reasonable commute, etc.)			
	2011	2014	2017
Boone	41.1%	50.0%	56.4%
Colfax	29.5%	43.4%	63.0%
Nance	19.4%	18.2%	46.7%
Platte	49.2%	63.2%	75.4%
White	41.5%	53.6%	65.6%
Minority	37.6%	66.2%	75.0%
Male	47.8%	62.8%	77.0%
Female	38.0%	52.9%	66.6%
Under 40	44.2%	62.1%	73.6%
40 to 54	44.1%	65.3%	70.3%
55 & over	34.6%	46.8%	61.4%
East Central	40.8%	56.4%	68.7%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Social Support and Community Cohesion

In 2017, 65.8% of respondents to the Community Health Survey felt that there are support networks for individuals and families, a slight decrease from 2014 (68.7%) (Figure 79).

Figure 79. There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of need and stress. *			
	2011	2014	2017
Boone	76.8%	72.7%	81.8%
Colfax	60.2%	60.2%	64.1%
Nance	72.2%	54.5%	53.3%
Platte	61.7%	72.3%	65.2%
White	68.6%	68.0%	65.1%
Minority	50.0%	71.5%	68.0%
Male	65.9%	72.4%	68.0%
Female	64.2%	67.0%	64.9%
Under 40	60.6%	67.7%	70.6%
40 to 54	68.4%	70.0%	57.2%
55 & over	64.6%	67.4%	67.8%
East Central	64.2%	68.7%	65.8%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

In 2017, nearly three-fourths of all respondents to the Community Health Survey felt that residents can make their community a better place to live, 20 percent higher compared to previous administrations of the survey (Figure 80).

Figure 80. All residents believe that they, individually or collectively, can make the community a better place to live. *			
	2011	2014	2017
Boone	64.3%	51.5%	74.5%
Colfax	34.7%	50.0%	65.2%
Nance	72.2%	36.4%	77.8%
Platte	57.1%	54.3%	75.4%
White	56.4%	46.4%	72.8%
Minority	44.4%	71.9%	78.0%
Male	55.8%	58.2%	83.0%
Female	53.4%	49.3%	71.5%
Under 40	50.5%	54.5%	77.7%
40 to 54	52.2%	57.4%	74.5%
55 & over	60.2%	47.7%	69.0%
East Central	53.7%	52.5%	73.7%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

In 2017, 82.4% of respondents to the Community Health Survey felt that their community is a safe place to live, an increase from 2014 (74.0%) (Figure 81).

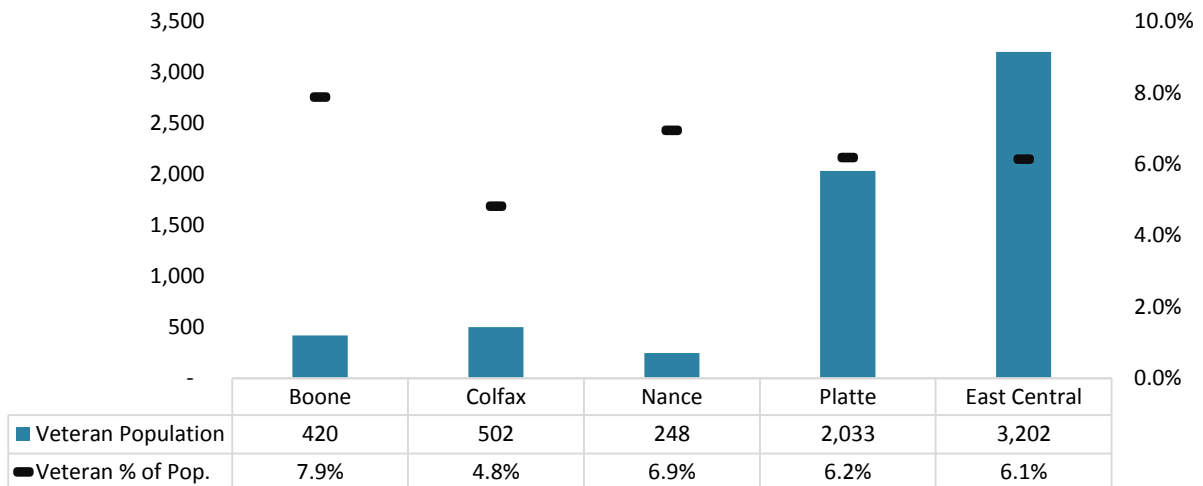
Figure 81. The community is a safe place to live (considering resident's perception of safety in the home, the workplace, schools, playgrounds, parks, shopping areas). Neighbors know and trust one another and look out for one another. *			
	2011	2014	2017
Boone	96.4%	87.9%	92.7%
Colfax	48.0%	65.2%	77.2%
Nance	94.4%	95.5%	77.8%
Platte	70.3%	74.4%	82.8%
White	73.2%	71.6%	80.9%
Minority	58.5%	81.4%	88.0%
Male	70.3%	75.6%	93.0%
Female	70.7%	72.6%	79.9%
Under 40	62.6%	69.0%	85.8%
40 to 54	67.7%	76.6%	82.8%
55 & over	82.7%	74.9%	78.9%
East Central	69.8%	74.0%	82.4%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Veterans

There are 3,202 veterans in the East Central District which represents 6.1% of the total population, slightly lower when compared to 7.0% at the State level. Boone County has the largest percentage of veterans in the East Central District (7.9%), followed by Nance County (6.9%) (Figure 82).

Figure 82. Veteran Population (ECDHD)



Veterans Survey

A survey targeting veterans and their family members was conducted in the East Central District between 04/2015 and 08/2016. A total of 149 respondents participated in the survey. Nearly two-thirds of respondents were male (64%) and 36% were female. Eight out of ten respondents were from Platte County (Figure 83).

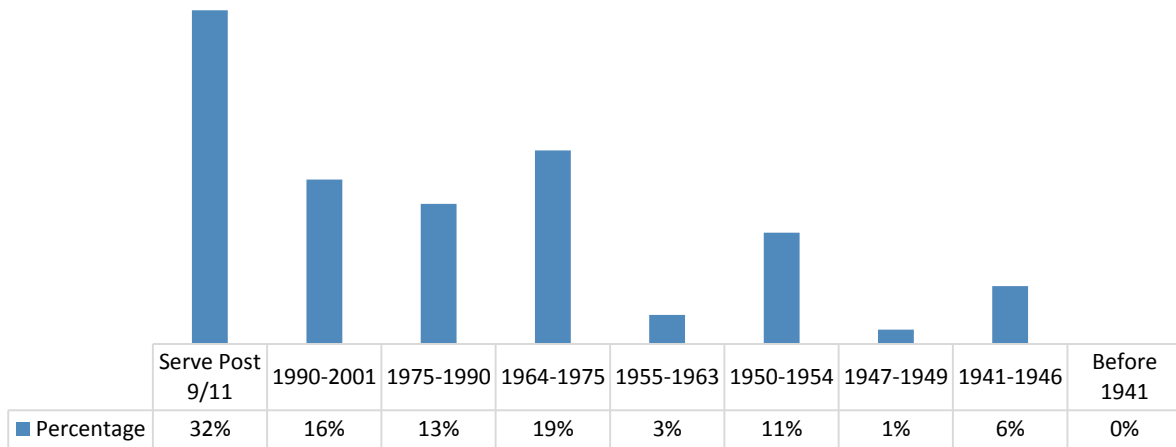
Figure 83. Number of, and gender of respondents

	# Respondents	% Respondents	# Females	% Females	# Males	% Males
Boone	13	8.7%	5	38%	8	62%
Colfax	12	8.1%	3	25%	9	75%
Nance	4	2.7%	2	50%	2	50%
Platte	120	80.5%	43	36%	76	63%
East Central	149*	100.0%	53	36%	95	64%

*One respondent did not indicate gender. (Source: ECDHD Veterans Survey, 2015-2016)

The majority of respondents are enrolled in the VA Health Care System (52%), 42% are not enrolled, and five percent “don’t know”. In terms of service period, 32% of veteran respondents served post 9/11, followed by Vietnam Veterans (19%) (Figure 84).

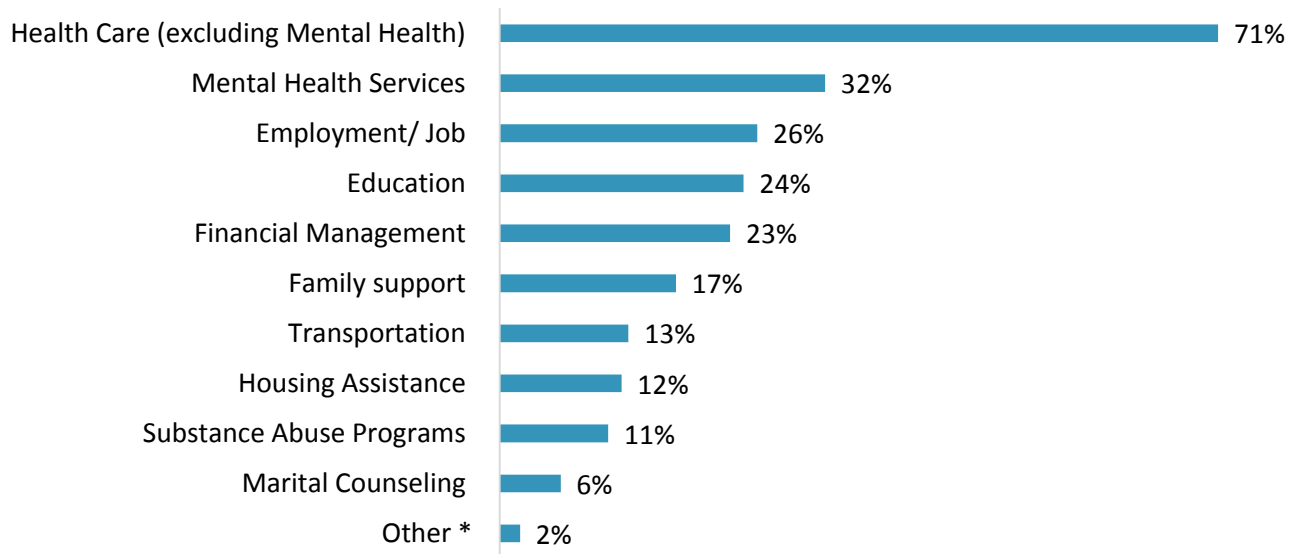
Figure 84. VA Service Period (%)



(Source: ECDHD Veterans Survey, 2015-2016)

Veterans and their family members were asked which of the greatest needs were of highest priority in rural communities. Seven out of ten respondents indicated “Health Care” (71%), followed by “Mental Health Services” (32%) (Figure 85).

Figure 85. Greatest Needs of Veterans at ECDHD (%)

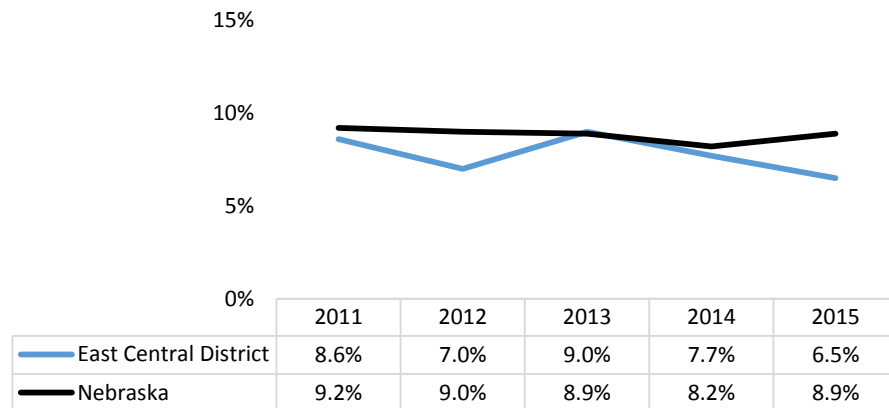


*The “Other” category included: “Acceptance”, “Housekeeping/shopping”, and “Individual advocacy for in crisis veterans”. (Source: ECDHD Veterans Survey, 2015-2016).

Mental Health

From 2011 to 2015, between 6.5% and 9% of East Central respondents to the BRFSS reported having 14 or more days in the past month when their mental health was not good (Figure 86).

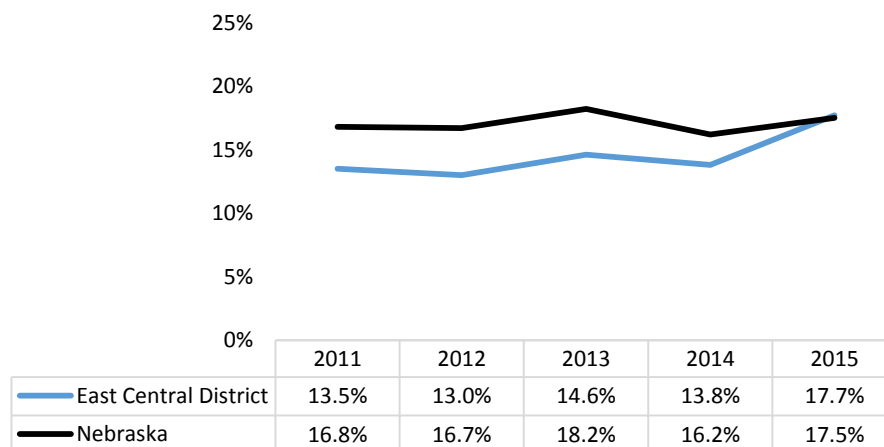
Figure 86. Percent of Adults Ages 18 and Over Reporting Mental Health Was Not Good on 14 or More of the Past 30 Days



(Source: Behavioral Risk Factor Surveillance System)

From 2011 to 2015, between 13% and 17.7% of East Central respondents to the BRFSS reported that they have ever been told that they have depression. These rates were slightly lower than the state until 2015 (Figure 87).

Figure 87. Percent of Adults Ages 18 and Over Ever Told They Have Depression



(Source: Behavioral Risk Factor Surveillance System)

Figure 88 gives additional indicators of mental health issues among adults.

Figure 88. Indicators of Mental Health Issues among Adults Ages 18 and Over (2012)

	East Central	Nebraska
Currently taking medication or receiving treatment for a mental health condition	10.1%	11.0%
Symptoms of serious mental illness in the past 30 days	2.3%	3.2%

(Source: Behavioral Risk Factor Surveillance System. Data has not been updated since 2012)

The Youth Risk and Behavior Survey (YRBS) contains questions pertaining to depression, thoughts of suicide, and suicide attempts. Results from 2010 and 2016 for the East Central District are displayed below with the 2016 results for the whole state of Nebraska to serve as comparison data. Compared to 2010, East Central youth in grades 9-12 appeared to have worse mental health outcomes on the YRBS in 2016. Compared to the 2016 rates for the state as a whole, there are lower rates of East Central youth reporting depression and consideration of suicide, but **higher rates of suicide attempts** (11.9% vs. 6.0%, respectively) (Figure 89).

Figure 89. Youth Depression and Suicide Statistics (9th-12th grade)

	East Central 2010	East Central 2016	Nebraska 2016
During past 12 months, felt hopeless and sad almost every day for two or more weeks in a row	18.0%	23.7%	27.0%
During past 12 months, seriously considered attempting suicide	12.7%	15.3%	16.1%
During past 12 months, attempted suicide (one or more times)	11.2%	11.9%	6.0%

(Source: Youth Risk Behavior Survey)

Note: Data supporting a need for mental health services among children are lacking. However, it is worthy to note that participants in the Connect Columbus Key Informant Survey conducted in 2014 identified “dealing with a child’s mental health/behavioral issues” as the number two unmet need among the families and individuals that they serve.

Youth Substance Abuse

Perceptions of Underage Alcohol Use

Compared to the rest of the state, a greater percentage of East Central participants in the 2011 *Nebraska Community Themes and Strengths Assessment* perceived that alcohol use among those under 21 years old is a big problem in their community and that the community should do more to prevent underage alcohol use. At the same time, a higher percentage of adults in the district hold the perception that "drinking is a rite of passage for youth" (Figure 90).

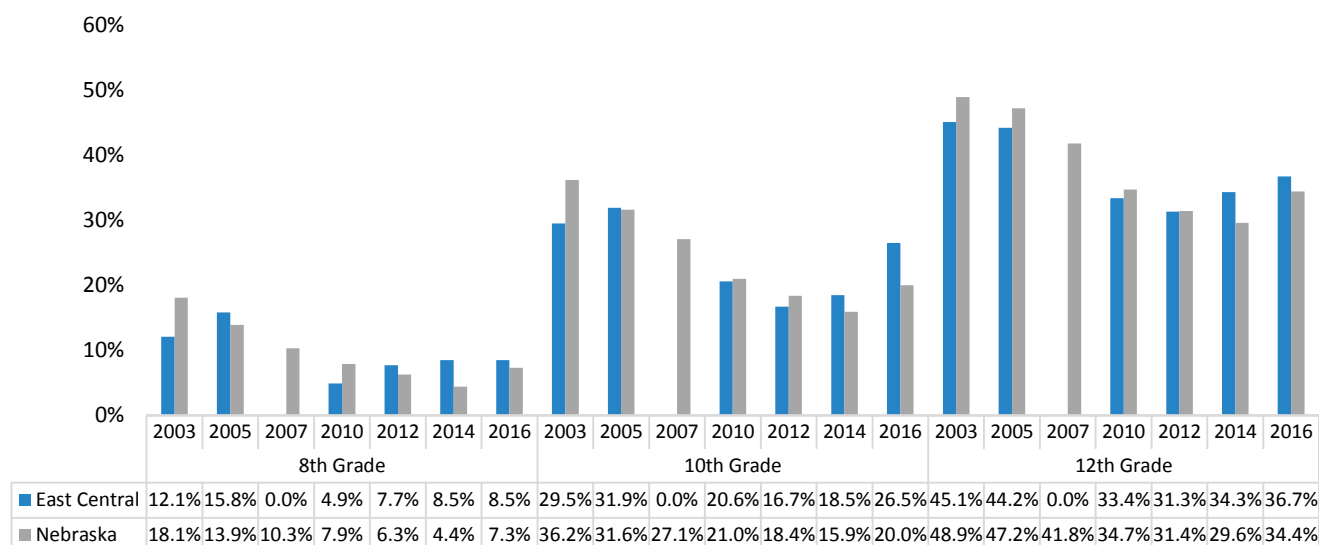
Figure 90. Perceptions of Underage Alcohol Use		
	% Who Agree	
	East Central	Nebraska
Alcohol use among individuals under 21 years old is a big problem in your community.	79.5%	72.0%
Your community should do more to prevent alcohol use among individuals under 21 years old.	80.5%	76.9%
Your level of agreement with the notion that "drinking is a rite of passage for youth," meaning it is an important milestone as they move into adulthood.	22.0%	18.9%

(Source: Nebraska DHHS, Community Themes and Strengths Assessment, 2011)

Past 30-Day and Lifetime Substance Use among Youth

Reported rates of past 30-day underage alcohol use have been on the rise in the East Central District since 2014, following trends for the state (Figure 91).

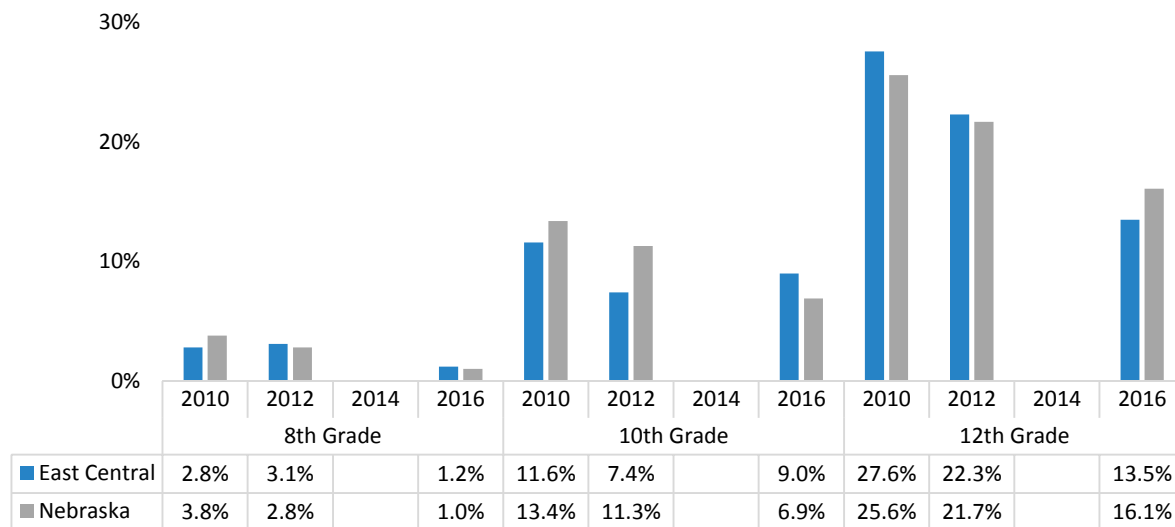
Figure 91. Past 30-Day Alcohol Use among 8th to 12th graders



(Source: Nebraska Risk and Protective Factor Student Survey)

Reported rates of past 30-day underage binge drinking (defined as five or more drinks in a row) declined in both the East Central District and the state from 2010 to 2016. In 2016 13.5% of 12th graders in the district reported binge drinking in the past 30 days, which is nearly half the percentage who reported past 30-day binge drinking in 2010 (Figure 92).

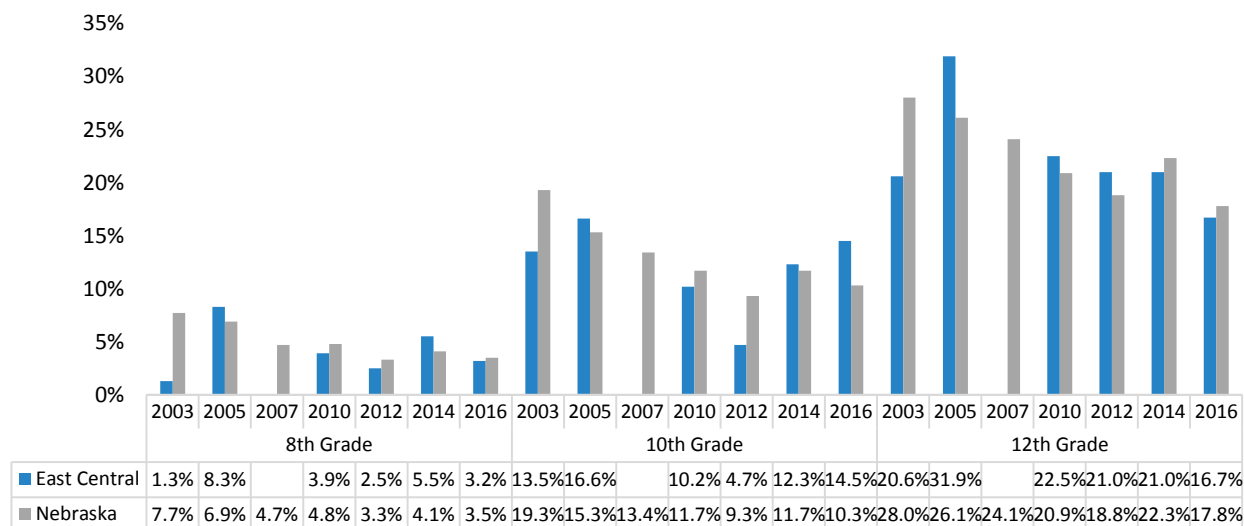
Figure 92. Past 30-Day Binge Drinking* among 8th to 12th graders



*Binge drinking defined as 5 or more drinks in a row. Binge drinking data was not available in 2014. (Source: Nebraska Risk and Protective Factor Student Survey)

Reported rates of past 30-day underage cigarette use have been on the decline in the East Central District since 2005, following trends for the state (Figure 93).

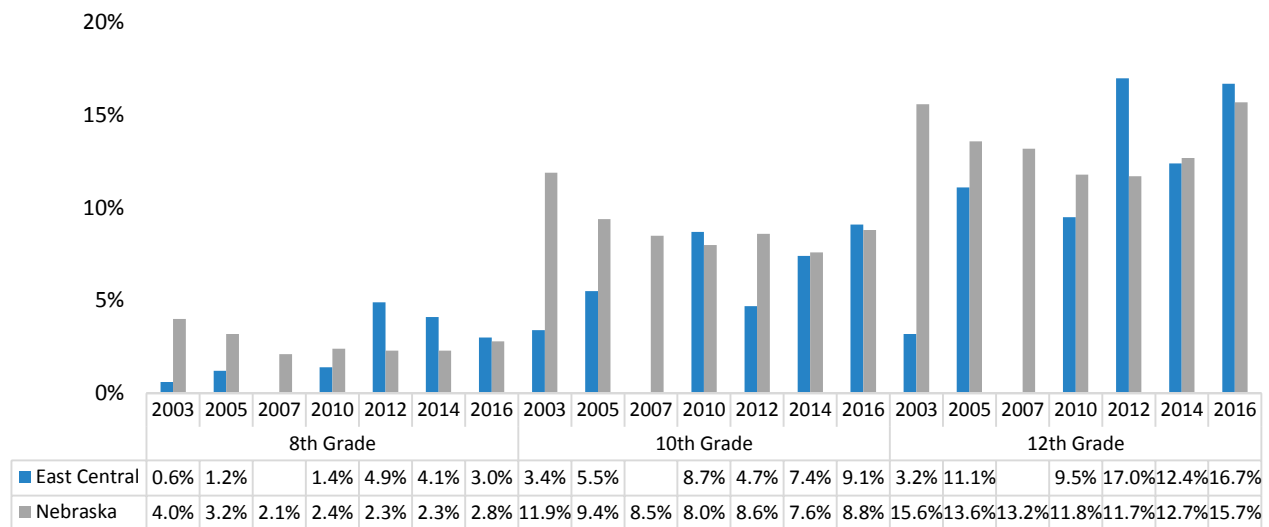
Figure 93. Past 30-Day Cigarette Use among 8th to 12th graders



(Source: Nebraska Risk and Protective Factor Student Survey)

While alcohol and cigarette use have been on the decline among youth, trends for marijuana use in the East Central District and in the state appear to be increasing. In 2016, 16.7% of East Central 12th graders reported using marijuana in the past 30 days, compared with a rate of 15.7% for the state (Figure 94).

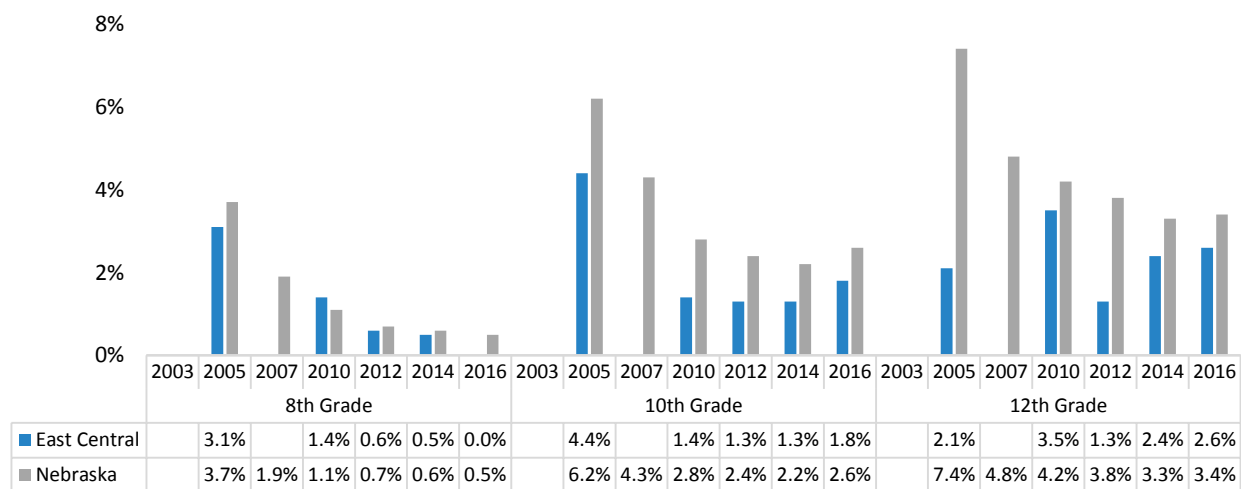
Figure 94. Past 30-Day Marijuana Use among 8th to 12th graders



(Source: Nebraska Risk and Protective Factor Student Survey)

The use of prescription drugs not prescribed by a doctor has been slightly increasing among East Central District youth since 2012. Since 2005, East Central had notably lower rates of reported past 30-day prescription drug use when compared with state averages (Figure 95).

Figure 95. Past 30-Day Prescription Drug Use (not prescribed by a doctor) among 8th to 12th graders



(Source: Nebraska Risk and Protective Factor Student Survey)

Lifetime substance use rates among East Central youth are displayed below in Figure 96. The most commonly used substances are marijuana, inhalants, prescription drugs, and non-prescription drugs.

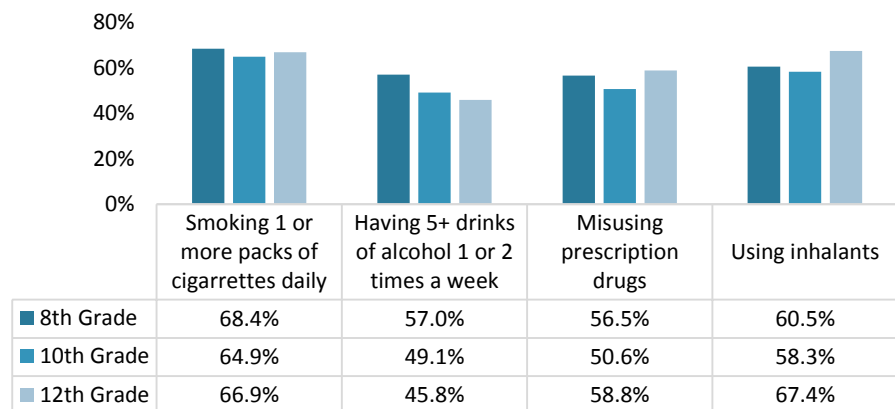
Figure 96. Lifetime Substance Use Rates among East Central 8th to 12th Graders (%)												
	8th Grade				10th Grade				12th Grade			
	2010	2012	2014	2016	2010	2012	2014	2016	2010	2012	2014	2016
Marijuana	3.9	9.8	11.2	5.7	15.1	13.3	19.1	20.0	24.4	34.0	31.4	33.7
LSD/ other psychedelics	0.7	0.0	0.7	0.5	1.9	0.0	1.3	3.5	2.5	1.9	4.1	3.0
Cocaine/ crack	0.7	0.3	1.1	0.5	1.9	0.0	1.1	1.3	3.2	3.8	3.9	3.3
Meth	0.7	0.0	0.9	0.5	0.9	0.7	0.5	0.8	1.5	1.3	1.6	0.4
Inhalants	8.5	8.3	8.1	3.5	9.9	6.7	2.7	3.8	0.8	0.6	4.2	1.5
Prescription drugs	2.5	1.8	1.6	0.7	4.3	2.7	3.2	3.3	8.6	3.1	5.2	7.8
Non-prescription drugs	2.5	1.8	1.4	2.1	4.0	2.0	3.2	1.8	5.5	3.8	5.2	4.5

(Source: Nebraska Risk and Protective Factor Student Survey)

Perceived Risk from Substance Use

The NRPFS asks the perceived risk of substance abuse based on the following question: “How much do you think people risk harming themselves (physically or in other ways) if they: <insert substance abuse behavior>.” Adjacent is the “Perceived Risk from Substance Abuse”. “Smoking 1 or more packs of cigarettes daily” was perceived as the greatest risk among East Central youth.

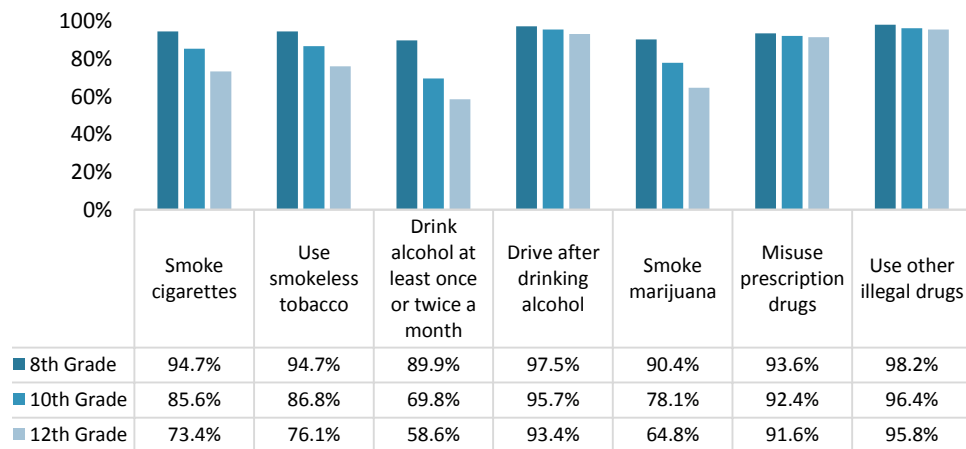
Figure 97. Percentage Reporting that the Following Substance Abuse Behaviors Place People at Great Risk* (2016)



*Percentage who reported great risk associated with each substance abuse behaviors based on the following scale: No risk, Slight risk, Moderate risk, Great risk. Four substance abuse behaviors with the highest perceived risk were selected out of nine. The rest of the substance abuse behaviors are: 1) Being exposed to other’s people’s cigarette smoke; 2) Use smokeless tobacco daily; 3) Taking 1 or 2 drinks of alcohol every day; 4) Trying marijuana once or twice; and 5) Smoking marijuana 1 or 2 times a week. (Source: Nebraska Risk and Protective Factor Student Survey).

Adjacent is another NRPFS attitude toward substance use: "Youth Reporting Wrong or Very Wrong to Substance Abuse Behavior". East Central youth in 12th grade reported a lower negative attitude toward smoking cigarettes, use of smokeless tobacco, drinking alcohol, and smoking marijuana than their peers in 8th and 10th grade (Figure 98).

Figure 98. Percentage Reporting Wrong or Very Wrong to Substance Use Behavior* (2016)

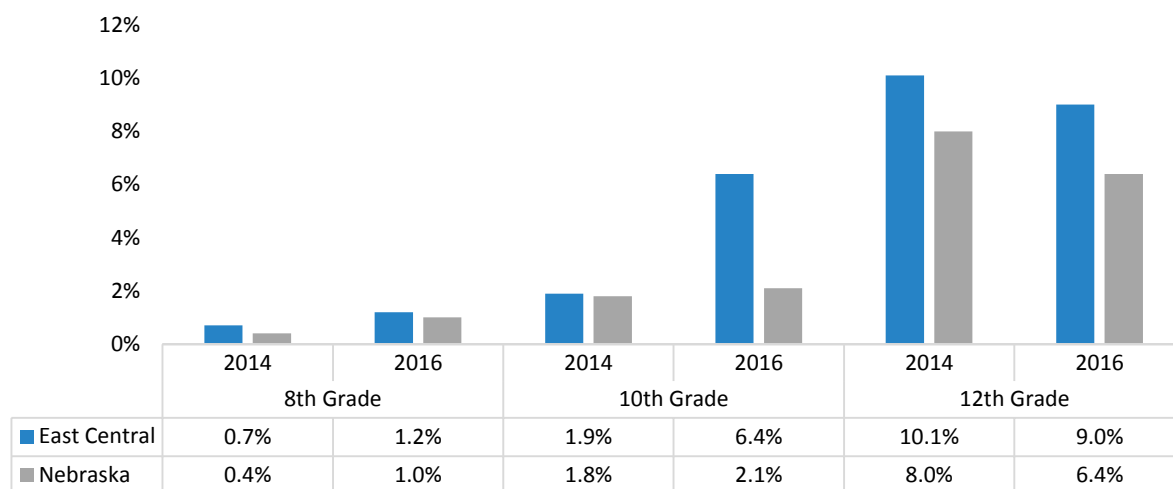


*Percentage who reported how wrong they think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all. (Source: Nebraska Risk and Protective Factor Student Survey)

Alcohol Impaired Driving

Reported rates of alcohol impaired driving by youth in the past 30 days shows an increase for students in 10th Grade from 1.9% in 2014 to 6.4% in 2016. However, 12th graders show a decline from 10.1% in 2014 to 9.0% in 2016. East Central youth in 10th Grade and 12th Grade reported driving under the influence of alcohol in the past 30 days at a higher rate as compared to the rate in the State (Figure 99).

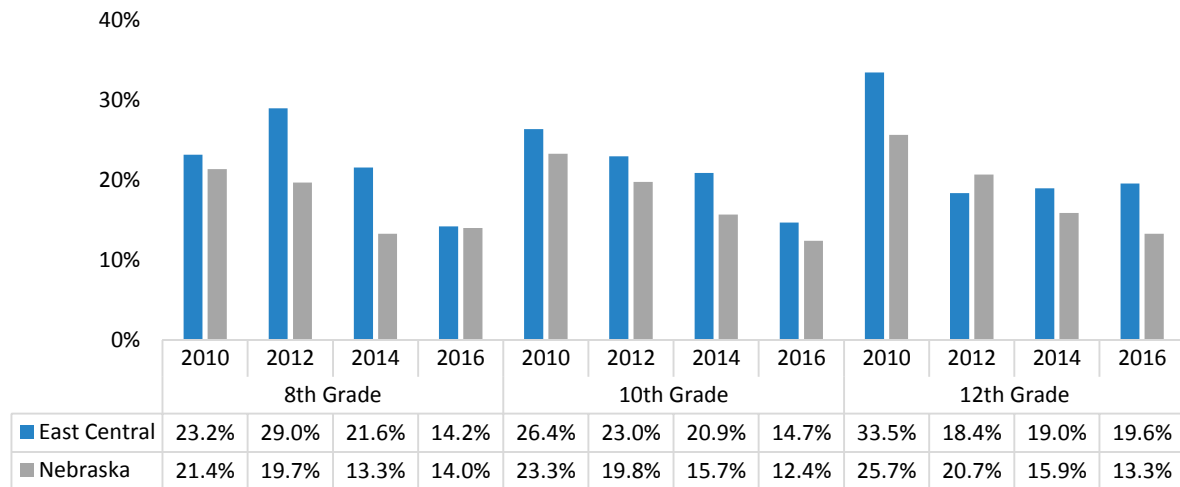
Figure 99. Past 30 Day Alcohol Impaired Driving among 8th to 12th Graders



(Source: Nebraska Risk and Protective Factor Student Survey)

In 2016, 14.2% of 8th graders, 14.7% of 10th graders, and 19.6% of 12th graders in the East Central District reported riding in a vehicle driven by someone who had been drinking alcohol in the past 30 days (Figure 100).

Figure 100. Rode in a Vehicle Driven by Someone Who Had been Drinking Alcohol in the Past 30 Days among 8th to 12th Graders



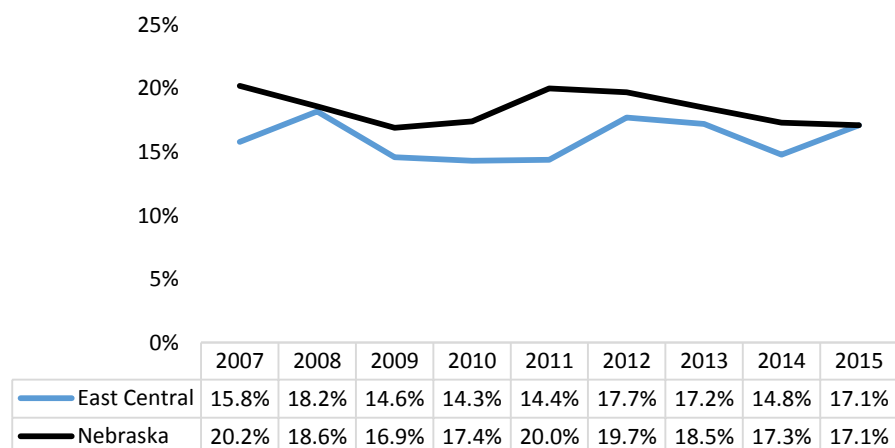
(Source: Nebraska Risk and Protective Factor Student Survey)

Adult Alcohol and Tobacco Abuse

Tobacco Use

Compared to the state, a similar percentage of East Central adults report that they are smokers. From 2007 to 2015, between 14.3% and 18.2% of East Central BRFSS respondents reported that they are tobacco smokers (Figure 101).

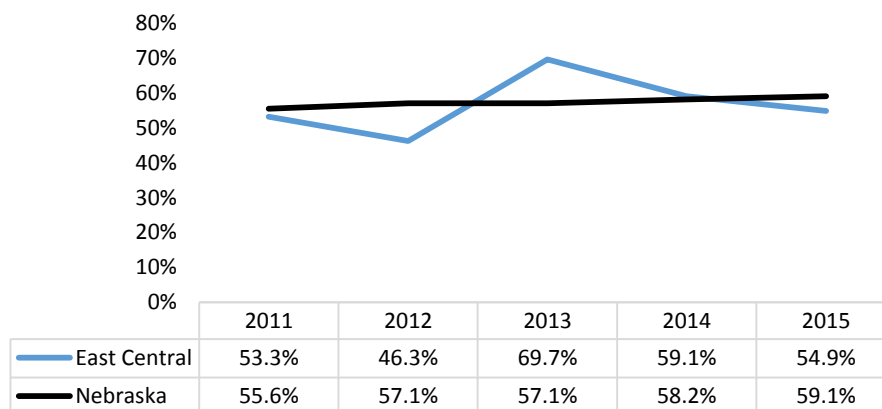
Figure 101. Smoking Prevalence among Adults Ages 18 and Over



(Source: Behavioral Risk Factor Surveillance System)

Among adults who reported currently being smokers in the East Central District, between 46.3% and 69.7% reported that they attempted to quit smoking during 2011 to 2015 administrations of the BRFSS (Figure 102).

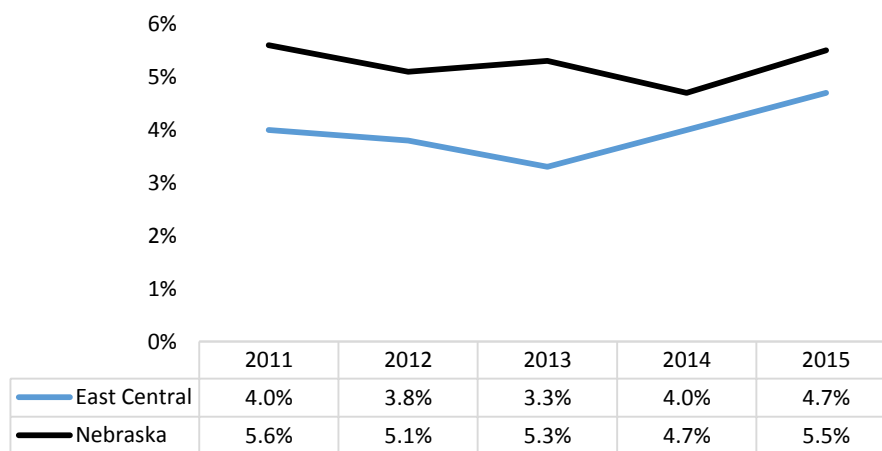
Figure 102. Attempted to Quit Smoking in Past Year among Adults Ages 18 and Over Who are Current Smokers



(Source: Behavioral Risk Factor Surveillance System)

Between 3.3% and 4.7% of East Central adults reported currently using smokeless tobacco products from 2011 to 2015. These rates are slightly lower than the state (Figure 103).

Figure 103. Current Smokeless Tobacco Use among Adults Ages 18 and Over

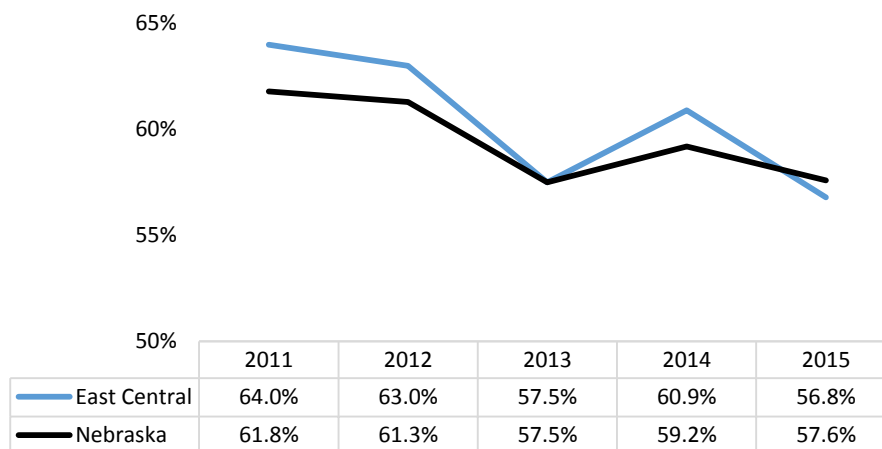


(Source: Behavioral Risk Factor Surveillance System)

Alcohol Use

Past month use of any alcohol decreased among adults across the state in 2015 when compared to 2014, including adults in the East Central District (Figure 104).

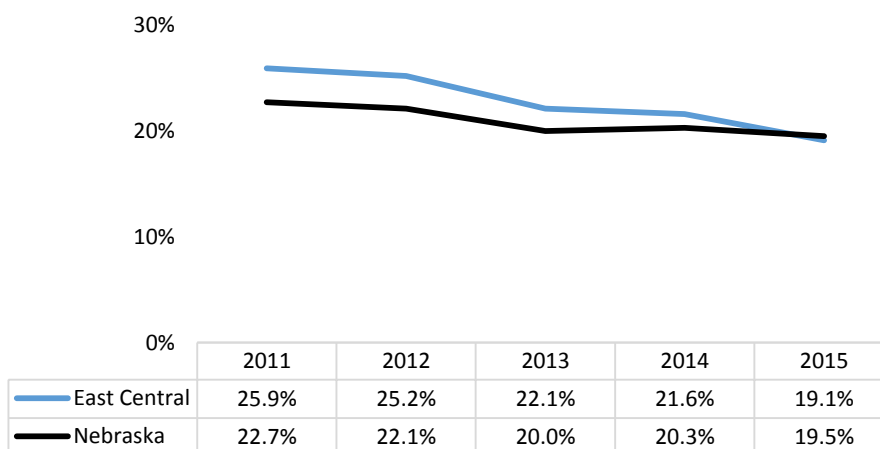
Figure 104. Any Alcohol Consumption in the Past 30 Days among Adults Ages 18 and Over



(Source: Behavioral Risk Factor Surveillance System)

Past month binge drinking declined slightly from 2011 to 2015 among East Central respondents to the BRFSS. From 2011 to 2015, past month binge drinking declined from 25.9% to 19.1% among East Central respondents (percentage slightly lower compared to the state in 2015) (Figure 105).

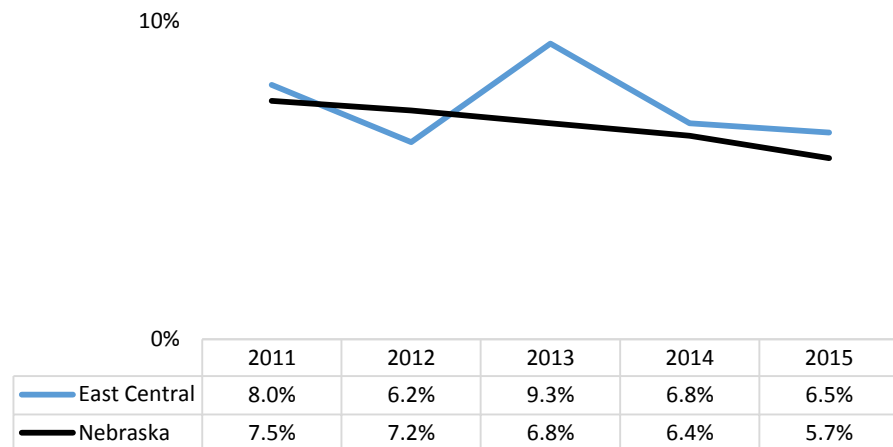
Figure 105. Binge Drinking* in the Past 30 Days among Adults Ages 18 and Over



*Binge drinking defined as 4 drinks in a row for women, 5 for men. (Source: Behavioral Risk Factor Surveillance System)

From 2011 to 2015, between 6.2% and 9.3% of East Central adults reported heavy drinking (Figure 106). A strong decline of heavy drinking in East Central was observed in 2014 compared to 2013.

Figure 106. Heavy Drinking in the Past 30 Days among Adults Ages 18 and Over



*Heavy drinking defined as more than 1 drink per day on average in the past month for women (more than 30 drinks total in the past month), and more than 2 drinks per day for men (more than 60 drinks total in the past month). (Source: Behavioral Risk Factor Surveillance System)

In 2014, 3.5% of East Central adults reported that they had driven a vehicle under the influence of alcohol in the past month (Figure 107).

Figure 107. Alcohol Impaired Driving in the Past 30 Days among Adults Ages 18 and Over (2014*)

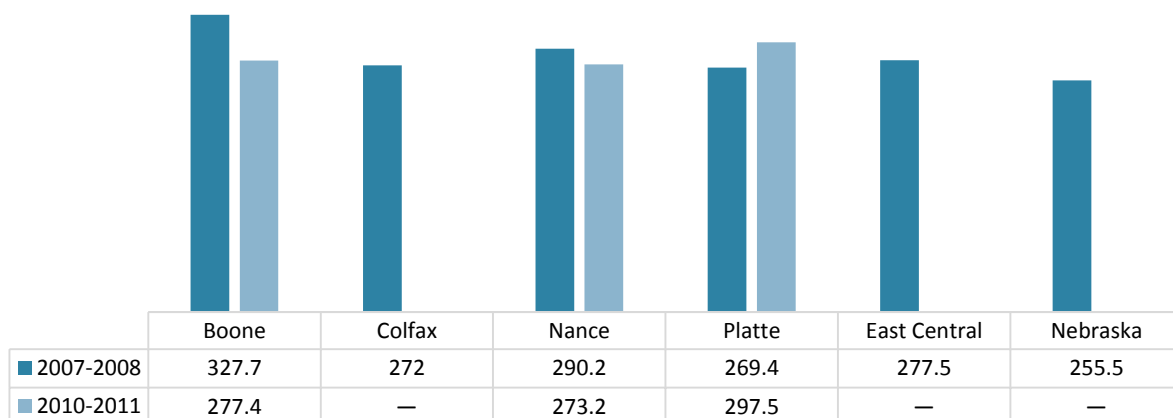
East Central	Nebraska
3.5%	2.5%

*Data was not available in 2015. (Source: Behavioral Risk Factor Surveillance System)

Health Problems Due to Alcohol and Tobacco

Rates of hospitalizations for tobacco-related diseases are displayed below in Figure 108. Note that some data are missing for 2010-2011.

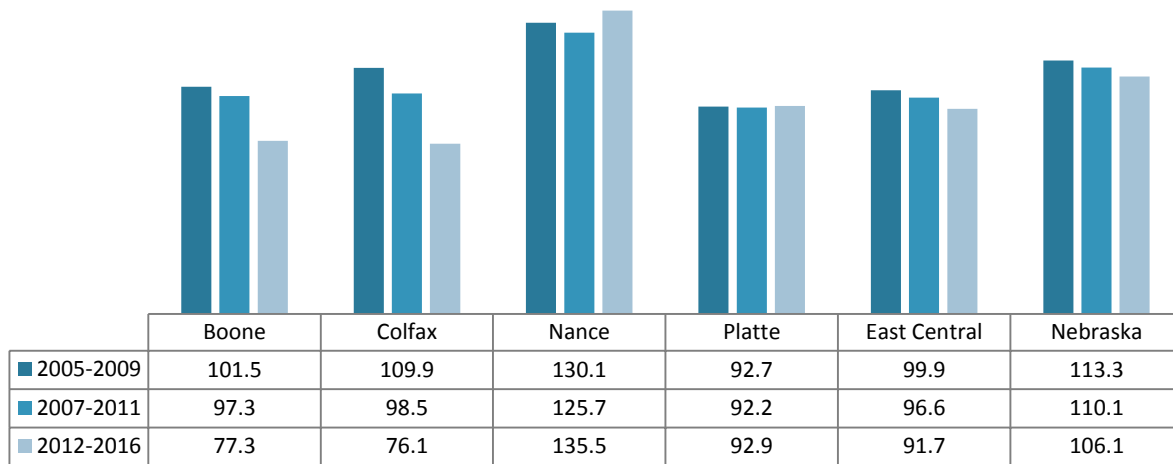
Figure 108. Hospitalizations for Tobacco-Related Diseases per 100,000 Population *



*Data was incomplete in 2010-2011 (Source: Nebraska Department of Health and Human Services)

The rate of tobacco-related deaths in the East Central District overall is lower than the state (2005-2016). However, Nance County has rates that are higher than the state (Figure 109).

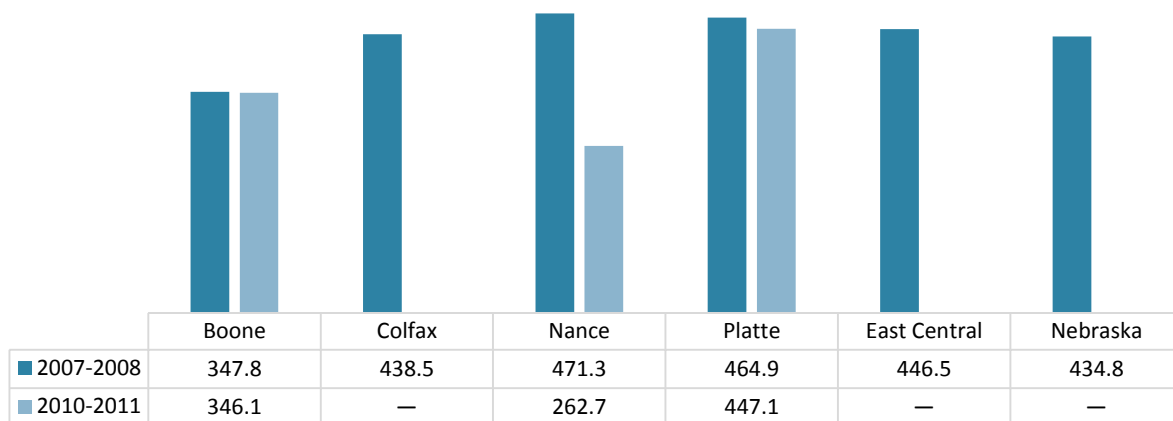
Figure 109. Tobacco Related Deaths



(Source: Nebraska Department of Health and Human Services)

Rates of hospitalizations for alcohol-related diseases are displayed below in Figure 110. Note that some data are missing for 2010-2011.

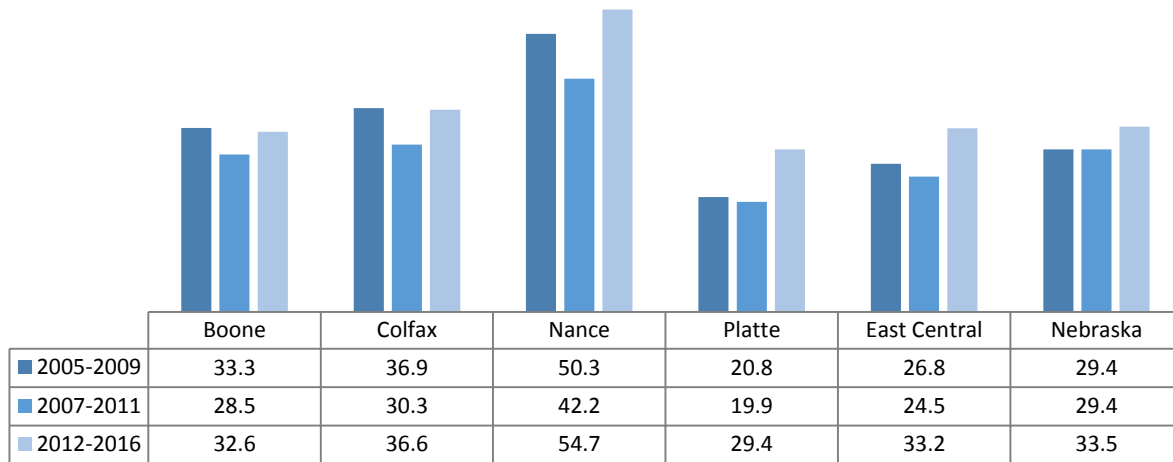
Figure 110. Hospitalizations for Alcohol-Related Diseases per 100,000 Population *



*Data was incomplete in 2010-2011 (Source: Nebraska Department of Health and Human Services)

The rate of alcohol-related deaths in the East Central District overall is comparable to the state. However, Colfax and Nance Counties have rates that are higher than the state (Figure 111).

Figure 111. Alcohol Related Deaths per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Education and Schools

Educational Attainment

Four-year high school graduation rates among public schools students are aggregated below in Figure 112. Data colored **red** are lower than the state average. In 2017, Nance, and Platte Counties had lower rates of graduation than the state. Rates were unavailable for Boone County in 2013, as the data has been masked to protect the identity of students.

Figure 112. Four-Year High School Graduation Rate*

	2011	2012	2013	2017
Boone	93.8%	92.6%	-	98.2%
Colfax	90.4%	90.1%	80.0%	90.7%
Nance	94.0%	-	97.3%	87.9%
Platte	86.4%	88.7%	84.2%	87.3%
East Central	88.9%	89.5%	84.4%	89.2%
Nebraska	86.1%	87.6%	88.5%	89.1%

*The source data are reported by school districts. County and district-level rates are calculated by taking the weighted average of all school districts within a county/district.

Note: Data has been masked to protect the identity of students.

Use extreme caution when interpreting data as several school districts in East Central were masked.

(Source: Nebraska Department of Education, Table S1501)

Among the four counties in the East Central District, Colfax County stands out as having a fairly high percentage of the over 25 population without a high school degree or equivalent. As a whole, the East Central District has lower rates of the over 25 population with a high school degree or equivalent, as compared to the state. The percentage of the population with at least a bachelor's degree or higher increased from 15.6% to 19.3% between 2012 and 2016. Among the four counties in the district, Boone County has the highest rates of the population with a high school degree or equivalent and Platte County has the highest rates of the population with a bachelor's degree or higher (Figures 113 and 114).

Figure 113. Educational Attainment: High School and College - Individuals over 25 (2012 - 2016)

	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
2012 - Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	92.5%	70.0%	87.8%	89.3%	85.8%	90.5%	85.7%
2016 - Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	93.5%	71.5%	90.7%	89.0%	86.3%	90.7%	87.0%
2012 - Percent of the Population with at Least a Bachelor's Degree or Higher	14.2%	12.4%	12.1%	17.3%	15.6%	28.1%	28.5%
2016 - Percent of the Population with at Least a Bachelor's Degree or Higher	17.7%	13.9%	17.3%	21.4%	19.3%	30.0%	30.3%

*An average weighted by the over 25 population of each county. (U.S. Census Bureau, American Community Survey, 5-year Estimates. Table S1501)

Figure 114. Highest Level of Educational Attainment - Individuals over 25 (2016)

	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
Less Than 9th Grade	2.0%	15.0%	3.8%	5.4%	7.3%	4.1%	5.6%
9th to 12th Grade, no Diploma	4.4%	13.5%	5.5%	5.6%	6.9%	5.2%	7.4%
High School (or GED/Equivalent)	38.4%	31.5%	37.4%	31.2%	33.3%	27.0%	27.5%
Some College, no Degree	23.6%	17.8%	26.5%	24.2%	26.4%	23.6%	21.0%
Associate's Degree	13.9%	8.3%	9.5%	12.2%	10.5%	10.1%	8.2%
Bachelor's Degree	12.1%	8.9%	10.9%	14.6%	10.8%	20.1%	18.8%
Graduate or Professional Degree	5.5%	5.0%	6.4%	6.8%	4.8%	9.9%	11.5%

*An average weighted by the over 25 population of each county. (U.S. Census Bureau, American Community Survey, 5-year Estimates. Table S1501)

From 2000 to 2016 there was a slight increase in the percentage of the East Central population ages 25 and over with at least a high school degree/GED/equivalent from 82.0% to 86.3%. The percentage of the population ages 25 and over with at least a bachelor's degree or higher in the district increased from 15.3% in 2000 to 19.3% in 2016 (Figures 115 and 116).

Figure 115. Percent of the Population Ages 25 and Over with at Least a High School Degree or GED/Equivalent or Higher (2000-2016)				
	2000	2010	2012	2016
Boone	84.4%	91.8%	92.5%	93.5%
Colfax	72.0%	73.2%	70.0%	71.5%
Nance	80.6%	85.2%	87.8%	90.7%
Platte	84.7%	89.7%	89.3%	89.0%
East Central*	82.0%	85.9%	85.8%	86.3%
Nebraska	86.6%	90.0%	90.5%	90.7%
United States	80.4%	85.0%	85.7%	87.0%

*An average weighted by the over 25 population of each county.

(U.S. Census Bureau, American Community Survey, 5-year Estimates, Table S1501)

Figure 116. Percent of the Population Ages 25 and Over with at Least a Bachelor's Degree or Higher (2000-2016)				
	2000	2010	2012	2016
Boone	13.1%	15.8%	14.2%	17.7%
Colfax	11.5%	12.7%	12.4%	13.9%
Nance	11.4%	11.6%	12.1%	17.3%
Platte	17.2%	18.9%	17.3%	21.4%
East Central*	15.3%	16.9%	15.6%	19.3%
Nebraska	23.7%	27.7%	28.1%	30.0%
United States	24.4%	27.9%	28.5%	30.3%

*An average weighted by the over 25 population of each county.

(U.S. Census Bureau, American Community Survey, 5-year Estimates, Table S1501)

Schools Data

Education statistics including Nebraska Accountability scores and student characteristics for each of the public school districts in the East Central District are displayed below in Figures 117 through 124.

Figure 117. Education Statistics for Public Schools Districts in <u>Boone County</u> (2016-2017)					
		Boone Central Schools	Cedar Rapids Public Schools	St. Edward Public Schools	Nebraska
Nebraska Accountability Scores	% English Language Arts ^o	50%	45%	25%	51%
	% Proficient in mathematics	77%	83%	56%	72%
	% Proficient in science	84%	_*	52%	70%
Student Characteristics	Enrollment	538	87	166	318,853
	% Receiving free/reduced lunch	33.1%	62.1%	45.2%	44.7%
	% of ELL students	_*	_*	6.5%	7.3%
	% School mobility rate	8.9%	15.7%	7.8%	11.1%
	% of Students in special education	13.8%	_*	17.7%	15.0%

*Data has been masked to protect the identity of students if fewer than 10 students were reported in a group.

^oBeginning in 2017, 11th grade was tested via the ACT. The 2017 statewide percents above include only students in grades 3-8 and 11th grade alternate assessment students. 2016-2017 is the first year that the English Language Arts exam was administered. (Nebraska Department of Education)

Figure 118. Four-Year Graduation Rates for Public Schools Districts in <u>Boone County</u>					
	2013	2014	2015	2016	2017
Boone Central Schools	_*	96.9%	100%	98.0%	97.8%
Cedar Rapids Public Schools	_*	100%	100%	100%	100%
St. Edward Public Schools	_*	100%	100%	100%	_*
Nebraska	88.5%	89.7%	88.9%	89.3%	89.1%

*Data has been masked to protect the identity of students. (Nebraska Department of Education)

Figure 119. Education Statistics for Public Schools Districts in Colfax County (2016-2017)

		Clarkson Public Schools	Howells-Dodge Consolidated Schools	Leigh Community Schools	Schuyler Community Schools	Nebraska
Nebraska Accountability Scores	% English Language Arts ^o	57%	48%	67%	45%	51%
	% Proficient in mathematics	60%	74%	89%	75%	72%
	% Proficient in science	83%	64%	90%	61%	70%
Student Characteristics	Enrollment	201	248	227	2,044	318,853
	% Receiving free/reduced lunch	31.3%	31.9%	33.0%	78.3%	44.7%
	% of ELL students	7.3%	-*	-*	36.8%	7.3%
	% School mobility rate	7.1%	16.9%	9.7%	12.3%	11.1%
	% of Students in special education	18.7%	8.4%	11.8%	10.4%	15.0%

*Data has been masked to protect the identity of students if fewer than 10 students were reported in a group.

^oBeginning in 2017, 11th grade was tested via the ACT. The 2017 statewide percents above include only students in grades 3-8 and 11th grade alternate assessment students. 2016-2017 is the first year that the English Language Arts exam was administered. (Nebraska Department of Education). (Nebraska Department of Education)

Figure 120. Four-Year Graduation Rates for Public Schools Districts in Colfax County

	2013	2014	2015	2016	2017
Clarkson Public Schools	-*	95.0%	100%	100%	100%
Howells-Dodge Consolidated Schools	-*	96.0%	95.2%	100%	100%
Leigh Community Schools	-*	-*	100%	91.7%	100%
Schuyler Community Schools	80.0%	82.4%	91.9%	82.7%	86.7
Nebraska	88.5%	89.7%	88.9%	89.3%	89.1%

*Data has been masked to protect the identity of students. (Nebraska Department of Education)

Figure 121. Education Statistics for Public Schools Districts in <u>Nance County</u> (2016-2017)				
		Fullerton Public Schools	Twin River Public Schools	Nebraska
Nebraska Accountability Scores	% English Language Arts^o	64%	52%	51%
	% Proficient in mathematics	88%	86%	72%
	% Proficient in science	87%	67%	70%
Student Characteristics	Enrollment	310	466	318,853
	% Receiving free/reduced lunch	44.2%	38.8%	44.7%
	% of ELL students	_*	_*	7.3%
	% School mobility rate	3.6%	7.7%	11.1%
	% of Students in special education	13.7%	16.2%	15.0%

*Data has been masked to protect the identity of students if fewer than 10 students were reported in a group.

^oBeginning in 2017, 11th grade was tested via the ACT. The 2017 statewide percents above include only students in grades 3-8 and 11th grade alternate assessment students. 2016-2017 is the first year that the English Language Arts exam was administered. (Nebraska Department of Education). (Nebraska Department of Education)

Figure 122. Four-Year Graduation Rates for Public Schools Districts in <u>Nance County</u>					
	2013	2014	2015	2016	2017
Fullerton Public Schools	_*	100%	93.3%	100%	88.2%
Twin River Public Schools	97.3%	97.0%	100%	97.5%	87.8%
Nebraska	88.5%	89.7%	88.9%	89.3%	89.1%

*Data has been masked to protect the identity of students. (Nebraska Department of Education)

Figure 123. Education Statistics for Public Schools Districts in <u>Platte County</u> (2016-2017)					
		Columbus Public Schools	Humphrey Public Schools	Lakeview Community Schools	Nebraska
Nebraska Accountability Scores	% English Language Arts ^o	48%	37%	44%	51%
	% Proficient in mathematics	73%	68%	78%	72%
	% Proficient in science	70%	72%	73%	70%
Student Characteristics	Enrollment	3,891	267	907	318,853
	% Receiving free/reduced lunch	55.4%	23.2%	42.7%	44.7%
	% of ELL students	13.2%	-*	11.2%	7.3%
	% School mobility rate	19.7%	15.1%	10.5%	11.1%
	% of Students in special education	14.5%	16.4%	15.0%	15.0%

*Data has been masked to protect the identity of students if fewer than 10 students were reported in a group.

^oBeginning in 2017, 11th grade was tested via the ACT. The 2017 statewide percents above include only students in grades 3-8 and 11th grade alternate assessment students. 2016-2017 is the first year that the English Language Arts exam was administered. (Nebraska Department of Education). (Nebraska Department of Education)

Figure 124. Four-Year Graduation Rates for Public Schools Districts in <u>Platte County</u>					
	2013	2014	2015	2016	2017
Columbus Public Schools	84.5%	86.7%	86.7%	86.1%	84.5%
Humphrey Public Schools	91.7%	94.7%	100%	96.6%	100%
Lakeview Community Schools	79.3%	90.4%	92.8%	87.9%	93.3%
Nebraska	88.5%	89.7%	88.9%	89.3%	89.1%

*Data has been masked to protect the identity of students. (Nebraska Department of Education)

Arrests

Total Arrests

The number of arrests by county is displayed below in Figure 125. Police departments are not required to report arrest data. Note that Albion Police Department stopped reporting arrests after 2003, Schuyler Police Department stopped after 2007, and Colfax County Sherriff's Office stopped after 2011.

Figure 125. Total Number of Arrests

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Boone*	17	15	10	10	10	1	7	42	26	2
Colfax*	547	166	171	117	82	18	8	20	16	109
Nance	37	74	99	79	26	39	18	0	12	2
Platte	1,404	1,732	1,442	1,378	1,125	1,254	1,178	1,469	1,165	1,195

*Data are under-represented in Boone and Colfax Counties due to Albion Police Department, Schuyler Police Department, and Colfax County Sherriff's Office not submitting arrest data to the Nebraska Crime Commission. Albion PD has not submitted data since 2003, Schuyler PD has not submitted data since 2007, and Colfax County S.O. has not submitted data since 2011. (Source: Nebraska Crime Commission)

The annual rate of arrests from 2008 to 2012 & 2012-2016 for Nance and Platte Counties is displayed in Figure 126.

Figure 126. Number and Annual Rate of Arrests per 1,000 Population - Five-Year Period (2008-2012 & 2012-2016) *

	Nance	Platte	Nebraska°
2008-2012	317 (17.3)	6,931 (43.5)	425,407 (46.7)
2012-2016	71 (3.9)	6,261 (38.6)	367,169 (39.0)

*Boone and Colfax Counties not included as Albion PD, Schuyler PD, and Colfax County S.O. have not submitted arrest data to the Nebraska Crime Commission.

°Note that state-level data are underrepresented due to some police departments opting not to submit data to the Nebraska Crime Commission. (Source: Nebraska Crime Commission)

Leading causes of arrests across the entire East Central district are displayed in Figure 127.

Figure 127. Leading Causes of Arrests in the East Central District (2016) *

1. Larceny (179 arrests)	6. Vandalism (51)
2. Drug abuse violations (175)	7. Runaway (juvenile only) (48)
3. Simple assault (135)	8. Aggravated assault (23)
3. Driving under the influence (135)	9. Burglary (17)
5. Liquor laws (103)	9. Fraud (17)

*Boone and Colfax Counties data is under-represented as Albion PD, Schuyler PD, and Colfax County S.O. have not submitted arrest data to the Nebraska Crime Commission. (Source: Nebraska Crime Commission)

Juvenile Arrests

The number of juvenile arrests by county is displayed below in Figure 128. Again, note that police departments are not required to report arrest data. Note that Albion Police Department stopped reporting arrests after 2003, Schuyler Police Department stopped after 2007, and Colfax County Sherriff's Office stopped after 2011.

Figure 128. Total Number of <u>Juvenile</u> Arrests										
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Boone*	2	4	1	2	0	0	1	4	1	0
Colfax*	116	2	2	2	3	1	0	1	3	0
Nance	2	23	14	7	2	2	1	0	0	0
Platte	352	564	440	395	301	248	222	274	237	296

*Data are under-represented in Boone and Colfax Counties due to Albion Police Department, Schuyler Police Department, and Colfax County Sherriff's Office not submitting arrest data to the Nebraska Crime Commission. Albion PD has not submitted data since 2003, Schuyler PD has not submitted data since 2007, and Colfax County S.O. has not submitted data since 2011. (Source: Nebraska Crime Commission)

The annual rate of juvenile arrests from 2012 to 2016 for Nance and Platte Counties is displayed in Figure 129. Platte County has had higher rates of juvenile arrests compared to the state.

Figure 129. Number and Annual Rate of <u>Juvenile</u> Arrests per 1,000 Population - Five-Year Period (2012-2016)*		
Nance	Platte	Nebraska°
3 (1.2)	1,277 (29.6)	52,916 (22.4)

*Boone and Colfax Counties not included as Albion PD, Schuyler PD, and Colfax County S.O. have not submitted arrest data to the Nebraska Crime Commission.

°Note that state-level data are underrepresented due to some police departments opting not to submit data to the Nebraska Crime Commission. (Source: Nebraska Crime Commission)

Leading causes of juvenile arrests across the entire East Central district are displayed adjacent in Figure 130.

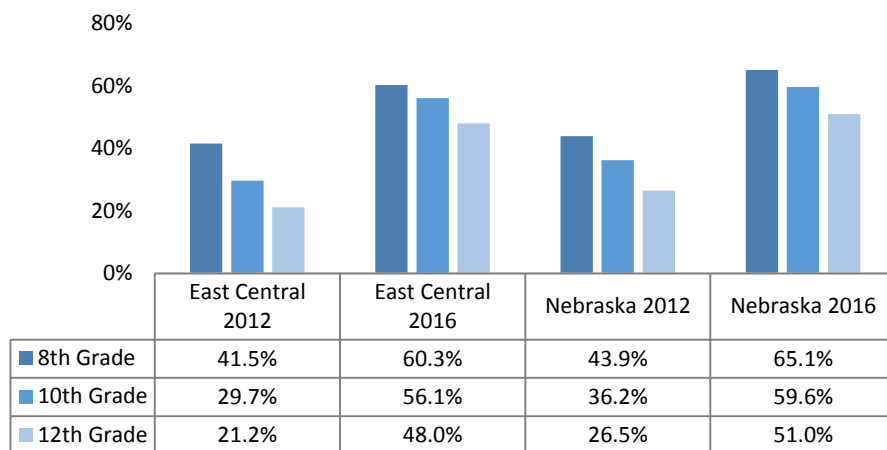
Figure 130. Leading Causes of <u>Juvenile</u> Arrests in the East Central District (2014-2016) *	
1. Drug abuse violations (122)	6. Vandalism (41)
2. Larceny (121)	7. Disorderly conduct (18)
2. Runaway (121)	8. Burglary (12)
4. Liquor laws (117 juvenile arrests)	8. Motor vehicle theft (12)
5. Simple assault (71)	10. Curfew (11 Juvenile only)

*Boone and Colfax Counties data is under-represented as Albion PD, Schuyler PD, and Colfax County S.O. have not submitted arrest data to the Nebraska Crime Commission. (Source: Nebraska Crime Commission)

Bullying

Across the state and in the East Central District, youth reports of being bullied tend to be higher among 8th grade students and decrease with age. In the East Central District in 2016, 60.3% of 8th graders reported experiencing any type of bullying in the past 12 months. Bullying has noticeably increased at the local and State level between 2012 and 2016 (Figure 131).

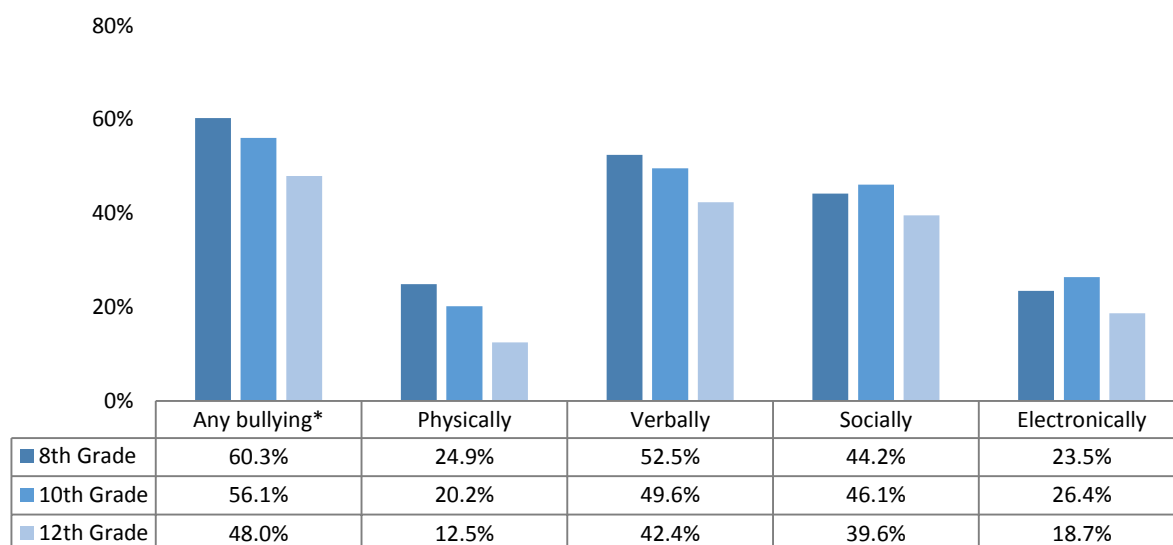
Figure 131. Experienced Any Bullying in the Past 12 Months: 8th to 12th Grade (2012 and 2016)



(Source: Nebraska Risk and Protective Factor Student Survey 2012 and 2016)

The most common type of bullying experienced by East Central students from 8th to 12 Grades in the past 12 months is verbal, followed by social, electronic, and then physical. Social and electronic bullying tend to slightly increase for students in 10th Grade (Figure 132).

Figure 132. Bullied during the Past 12 Months, by Type of Bullying: 8th to 12 Grade (2016)



(Source: Nebraska Risk and Protective Factor Student Survey, 2016)

Health Screening

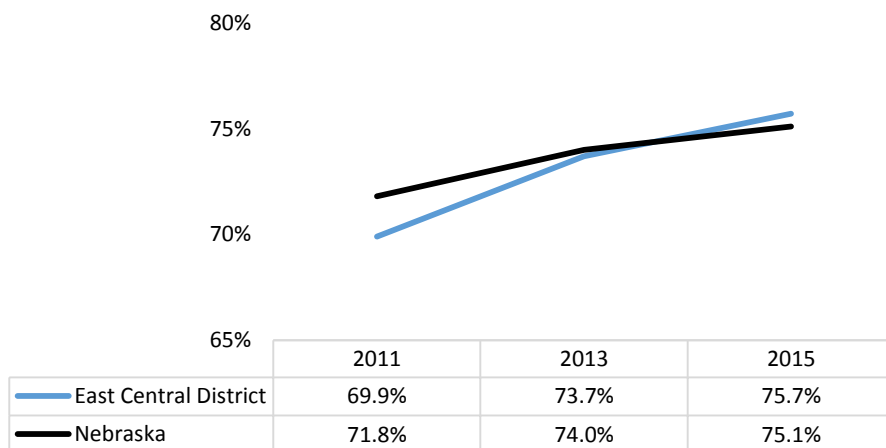
Various data on health screenings (including blood pressure, cholesterol, and various types of cancer screening) are displayed below in Figures 133 through 140. Note that some pieces data are more current, while for others 2010 is the most current year of data. Potential areas for concern include low rates of digital rectal examination (DRE) among males ages 50 and over (Figure 137) and low rates of mammography and clinical breast examination among women ages 40 and over (Figures 138 and 139).

Figure 133. Had Blood Pressure Checked in the Past Year among Adults Ages 18 and Over (2015)

East Central	Nebraska
82.1%	88.0%

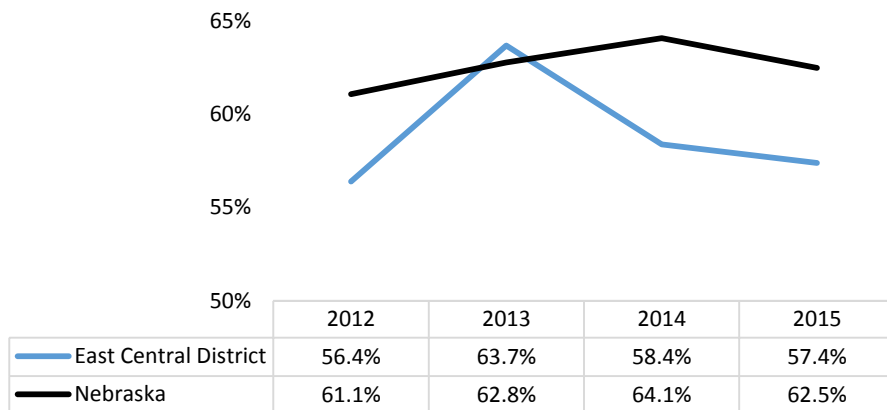
(Source: Behavioral Risk Factor Surveillance System)

Figure 134. Had Cholesterol Checked in the Past 5 Years (Adults Ages 18 and Over)



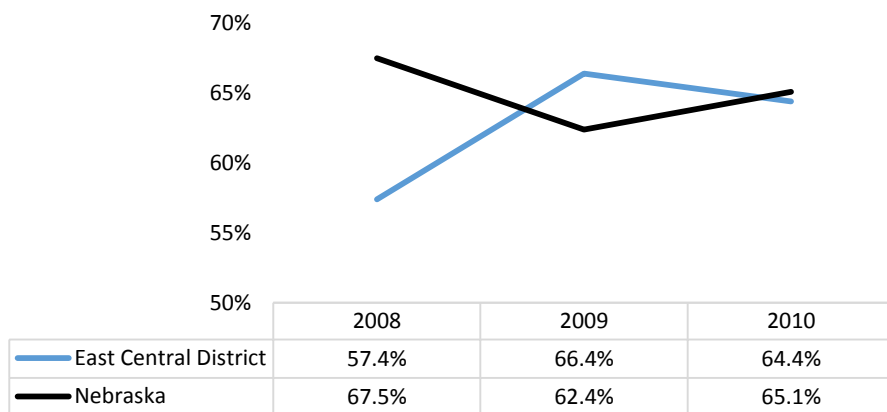
(Source: Behavioral Risk Factor Surveillance System)

Figure 135. Up-to-Date on Colon Cancer Screening (Ages 50-75 Year Olds)



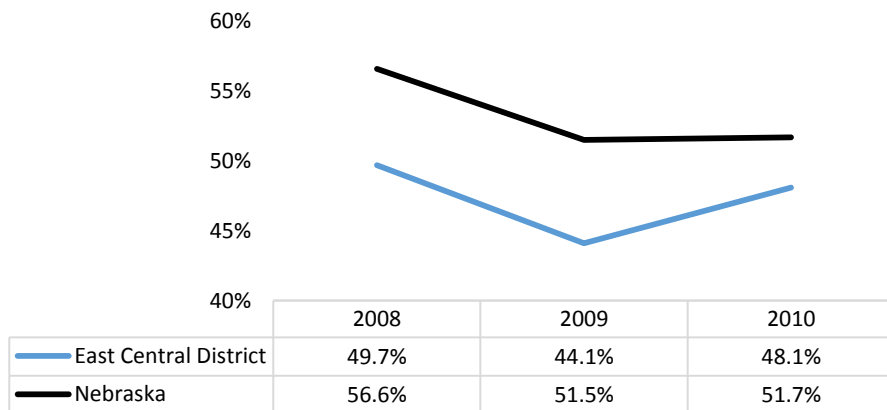
(Source: Behavioral Risk Factor Surveillance System)

Figure 136. Had a Prostate Specific Antigen (PSA) in the Past Two Years (Males Ages 50 and Over)



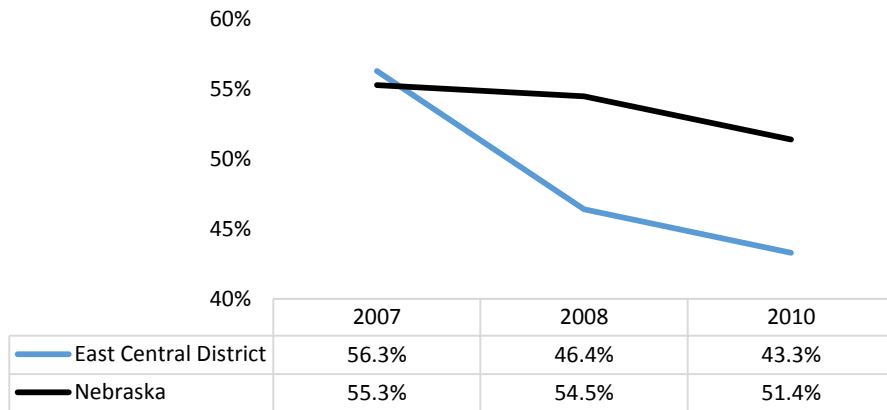
(Source: Behavioral Risk Factor Surveillance System)

Figure 137. Had a Digital Rectal Exam (DRE) in the Past Two Years (Males Ages 50 and Over)



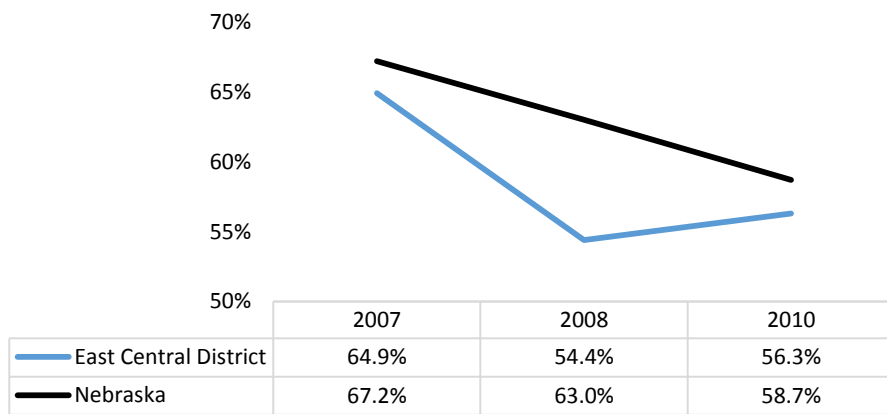
(Source: Behavioral Risk Factor Surveillance System)

**Figure 138. Had a Mammogram in the Past Year
(Females Ages 40 and Over)**



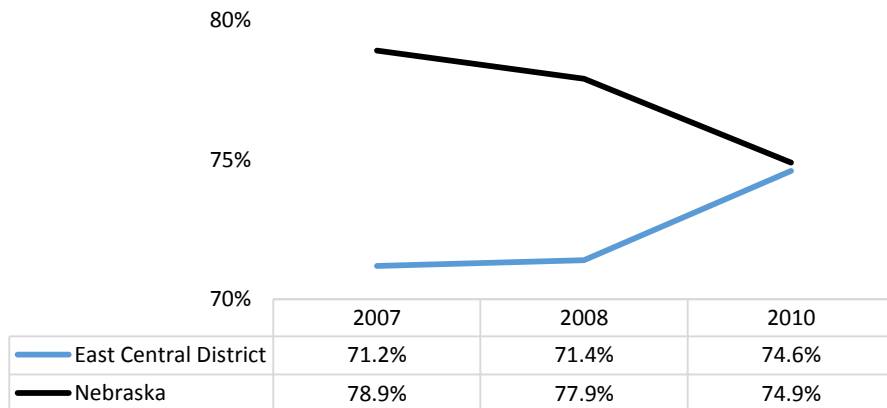
(Source: Behavioral Risk Factor Surveillance System)

**Figure 139. Had a Clinical Breast Exam in the Past Year
(Females Ages 40 and Over)**



(Source: Behavioral Risk Factor Surveillance System)

**Figure 140. Had a PAP Test in the Past Three Years
(Females Ages 18 and Over)**



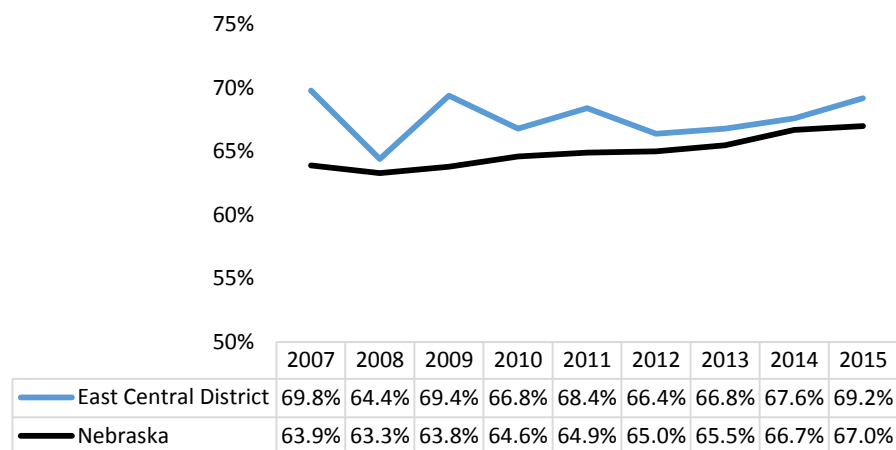
(Source: Behavioral Risk Factor Surveillance System)

Obesity and Physical Activity

Obese and Overweight Population

Since 2007, roughly two-thirds of East Central District respondents to the BRFSS have been identified as either overweight or obese based on body mass index (BMI) data, which is a calculation based on height and weight. East Central has been slightly higher than the state in every year since 2007 (Figure 141).

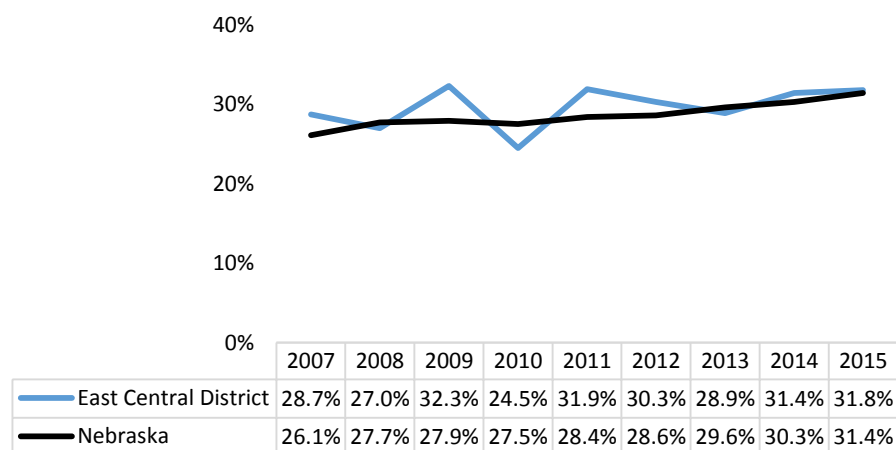
Figure 141. Percent of the Adult Population Ages 18 and Over That is Overweight or Obese (BMI 25 or higher)



(Source: Behavioral Risk Factor Surveillance System)

Rates of obesity have ranged between 24.5% and 32.3% each year since 2007 among East Central District respondents to the BRFSS. Obesity rates are more or less on par with the state in the East Central District (Figure 142).

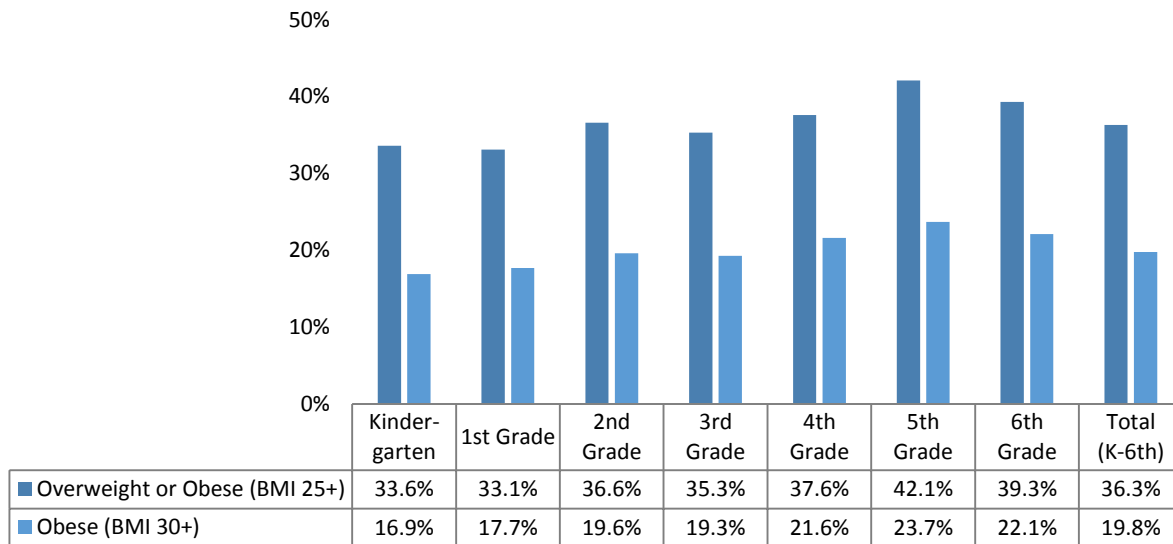
Figure 142. Percent of the Adult Population Ages 18 and Over that is Obese (BMI 30 or Higher)



(Source: Behavioral Risk Factor Surveillance System)

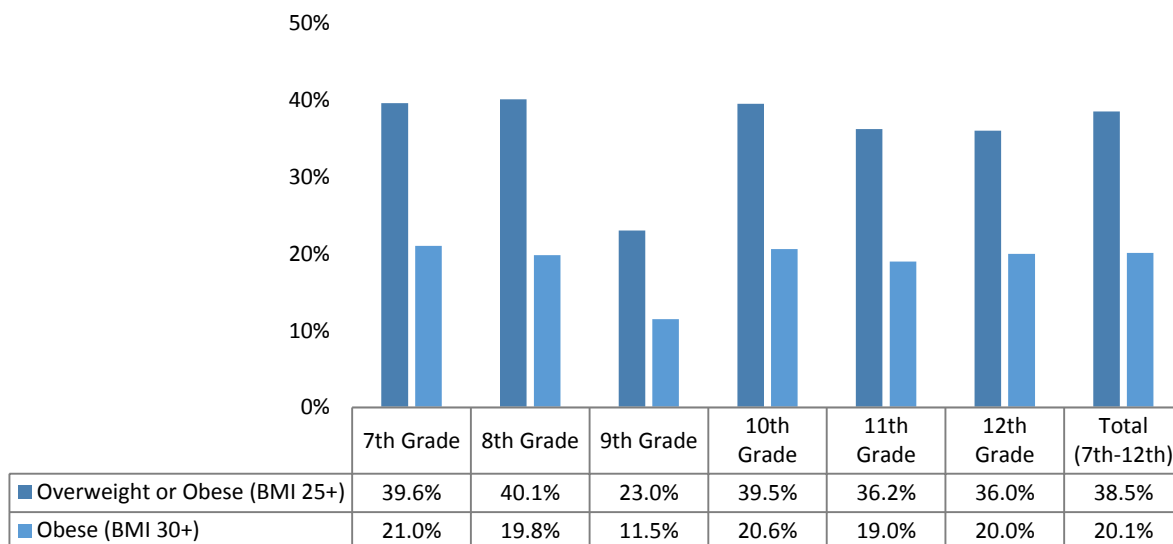
BMI data on a total of 5,350 K-12th grade students (including both public and private schools) in the East Central District were assessed in 2016-2017. Issues of being overweight or obese are common among all grades, with the exception of 9th graders. Over 40% of students in 5th and 8th grades are either overweight or obese (Figures 143 and 144).

Figure 143. East Central District BMI Data on K-6th Grade Students (2016-2017)



(Source: East Central District Health Department, K-12 Student BMI Data)

Figure 144. East Central District BMI Data on 7th-12th Grade Students (2016-2017)

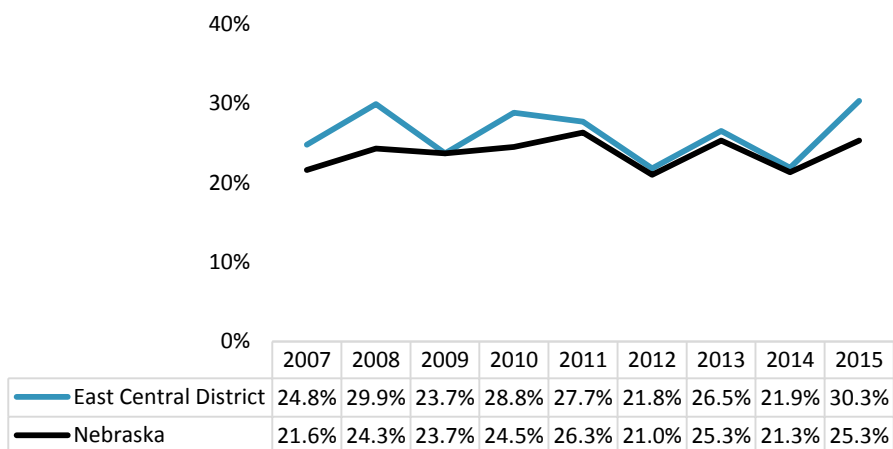


(Source: East Central District Health Department, K-12 Student BMI Data)

Participation in Physical Activity

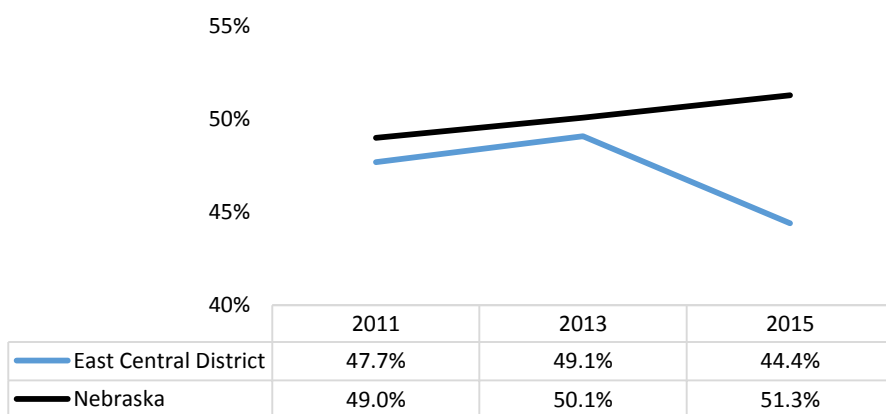
The next four figures (145 through 148) display BRFSS results on topics related to physical activity. Compared to the state, East Central respondents tend to have slightly less time devoted to physical activity and tend not to meet recommendations for both aerobic physical activity and muscle strengthening (Figure 148).

Figure 145. Percent of the Adult Population Ages 18 and Over with no Physical Activity in Leisure Time



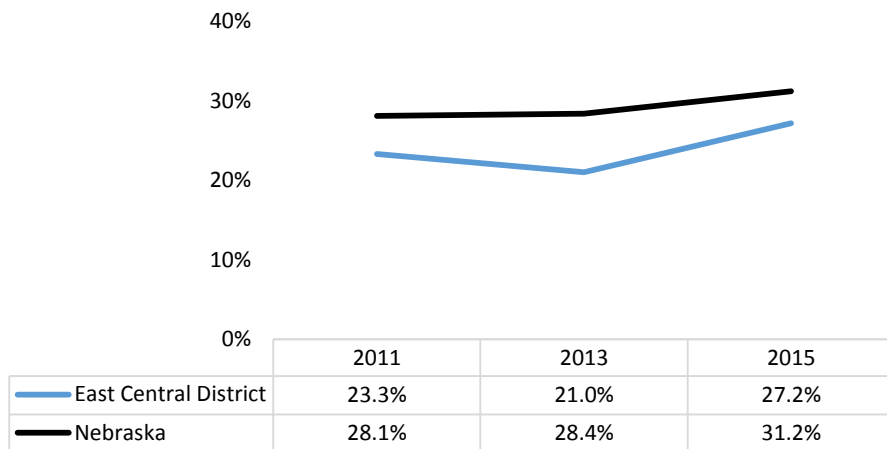
(Source: Behavioral Risk Factor Surveillance System)

Figure 146. Percent of the Adult Population Ages 18 and Over That Met Aerobic Physical Activity Recommendation



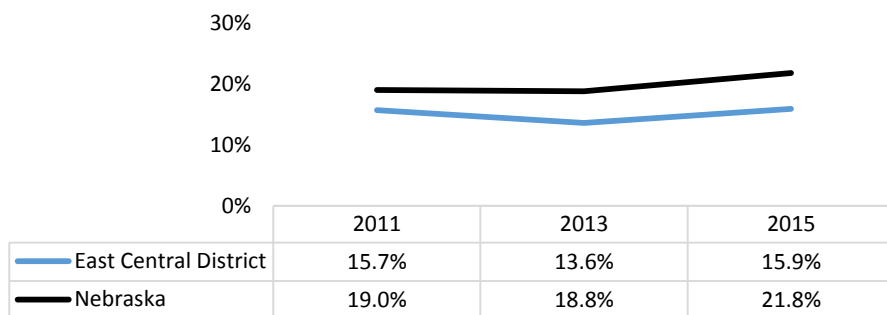
(Source: Behavioral Risk Factor Surveillance System)

Figure 147. Percent of the Adult Population That Met Muscle Strengthening Recommendation



(Source: Behavioral Risk Factor Surveillance System)

Figure 148. Percent of the Adult Population Ages 18 and Over That Met Both Aerobic Physical Activity and Muscle Strengthening Recommendation



(Source: Behavioral Risk Factor Surveillance System)

Compared to youth across the state, a slightly higher percentage of East Central youth reported having 5 days or more of physical activity in the past week in the 2010 and 2016 YRBS (Figure 149).

Figure 149. Number of Days Youth (Grades 9 through 12) Were Physically Active for a Total of At Least 60 Minutes per Day in the Past Week (2010 & 2016^o)				
	East Central		Nebraska	
	2010	2016	2010	2016
0 days	13.0%	13.1%	10.2%	-
1 to 2 days	15.4%	14.9%	15.4%	-
3 to 4 days	17.7%	17.2%	20.8%	-
5 days or more	54.0%	54.8%	53.7%	51.7%

^o Specific number of days of physical activity were not reported in 2016 at the state level. (Source: Youth Risk Behavior Survey)

In the 2011, 2014 and 2017 administrations of the Community Health Survey, just 72.9% of respondents reported that their community has adequate health and wellness activities. Boone County respondents were considerably more positive than respondents from other counties (Figure 150).

Figure 150. The community has adequate health and wellness activities. *			
	2011	2014	2017
Boone	90.9%	93.9%	85.5%
Colfax	67.5%	65.2%	69.6%
Nance	66.7%	45.5%	42.2%
Platte	64.7%	66.7%	76.0%
White	70.2%	66.1%	72.5%
Minority	62.4%	69.7%	75.0%
Male	71.0%	68.9%	81.0%
Female	68.0%	66.5%	71.3%
Under 40	67.0%	63.7%	72.1%
40 to 54	62.0%	66.9%	67.6%
55 & over	78.0%	70.7%	78.9%
East Central	68.5%	67.3%	72.9%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree. (Source: ECDHD, Community Health Survey, 2011, 2014 & 2017)

Nutrition

In 2015, East Central respondents to the BRFSS indicated consuming sugar-sweetened beverages at lower rates, and watching/reducing sodium intake at higher rates, as compared to the state (Figure 151).

Figure 151. Indicators of Nutrition among Adults Ages 18 and Over (2015)		
	East Central	Nebraska
Consumed sugar-sweetened beverages 1 or more times per day in the past 30 days^o	23.0%	28.5%
Currently watching or reducing sodium or salt intake	54.1%	46.8%
Consumed fruits less than 1 time per day	42.7%	41.1%
Consumed vegetables less than 1 time per day	27.8%	24.7%

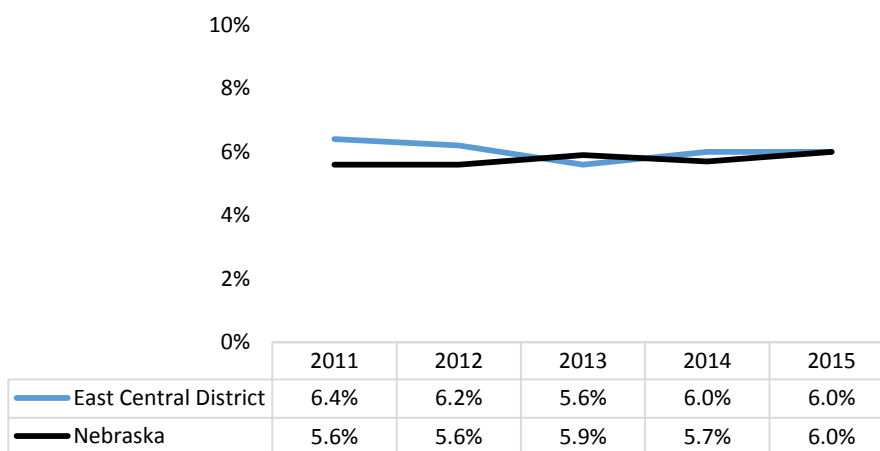
^oData not available in 2015. (Source: Behavioral Risk Factor Surveillance System.)

Cancer

Incidence of Cancer

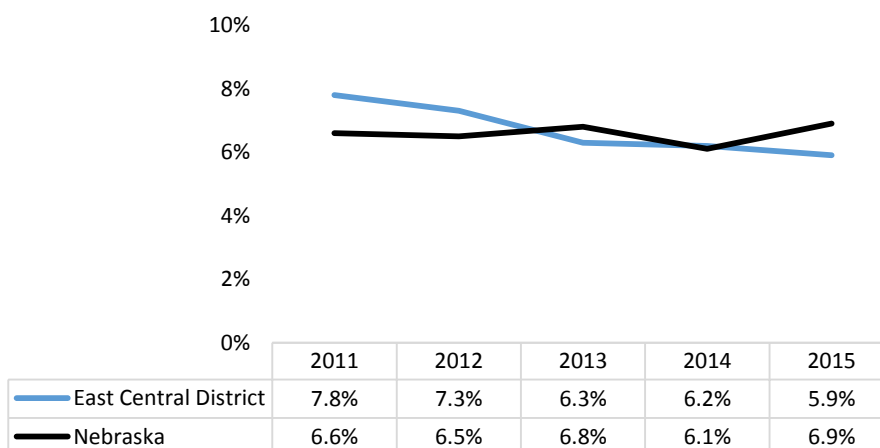
Figures 152 through 154 present BRFSS data on cancer. In 2015, 6.0% of East Central respondents reported that they have ever been told that they have skin cancer, 5.9% that they have a cancer other than skin cancer, and 10.5% that they have cancer of any form. These rates are basically comparable to the state.

Figure 152. Percent of Adults Ages 18 and Over Ever Told They Have Skin Cancer



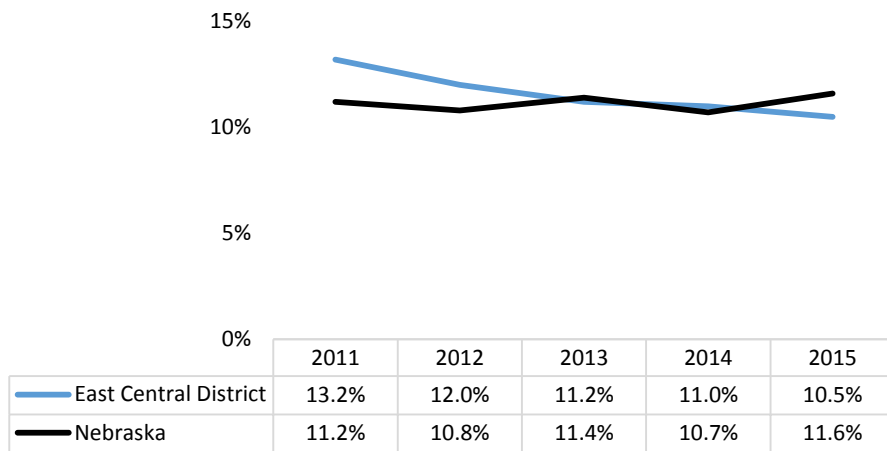
(Source: Behavioral Risk Factor Surveillance System)

Figure 153. Percent of Adults Ages 18 and Over Ever Told They Have Cancer Other Than Skin Cancer



(Source: Behavioral Risk Factor Surveillance System)

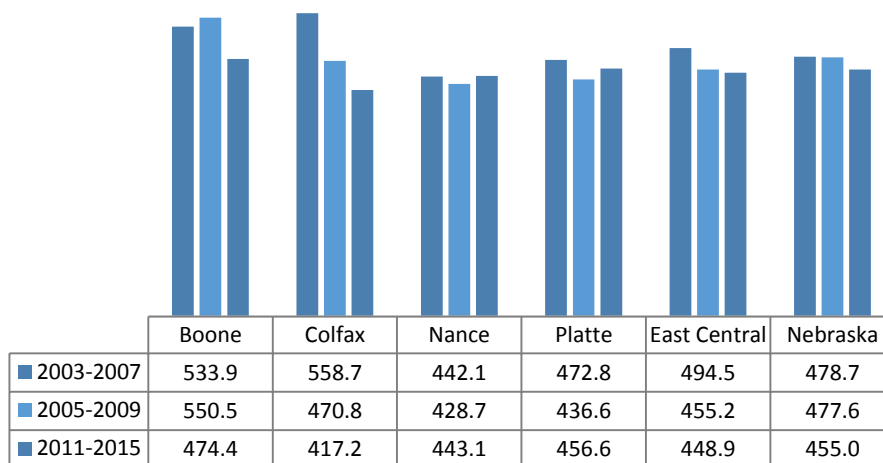
Figure 154. Percent of Adults Ages 18 and Over Ever Told They Have Cancer (in any form)



(Source: Behavioral Risk Factor Surveillance System)

From 2011-2015, the East Central District had a cancer incidence rate that was slightly lower compared to the state. Boone and Platte counties had rates that were higher than the East Central District and the State (Figure 155).

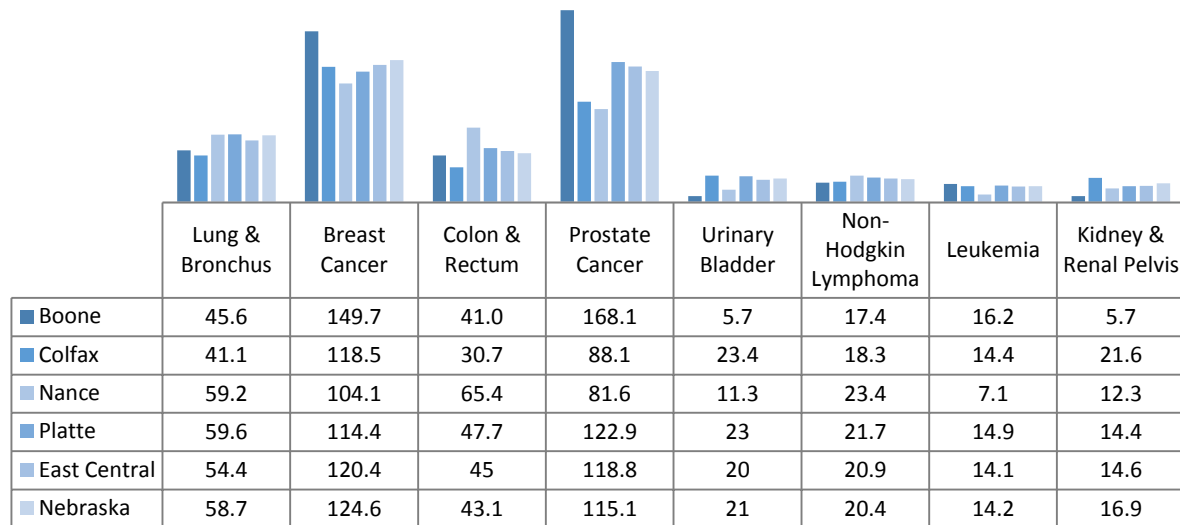
Figure 155. Incidence of Cancer per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Incidence rates of cancer by type are displayed below in Figure 156. A potential area of concern is the rate of breast and prostate cancer in Boone County.

Figure 156. Incidence of Cancer by Type per 100,000 Population (2011-2015)

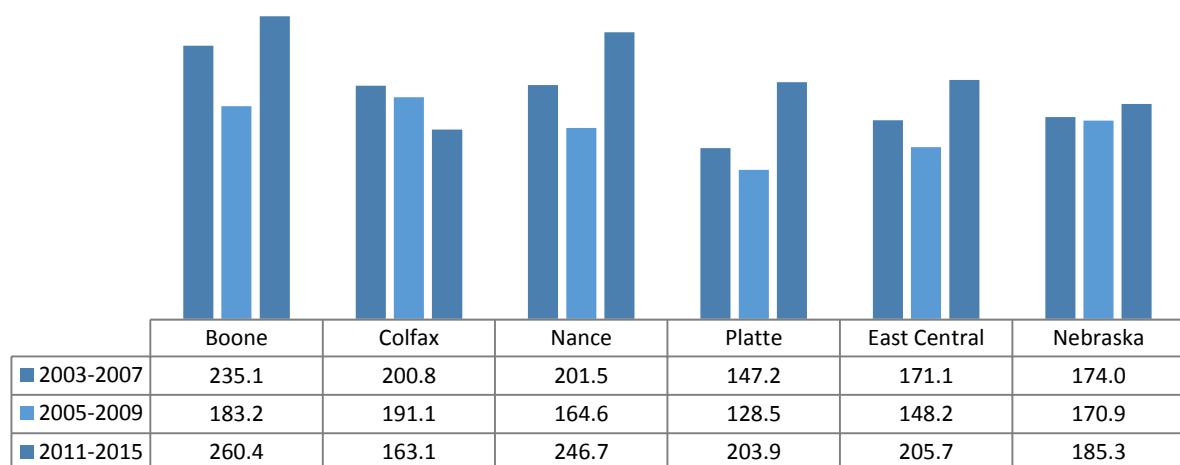


(Source: Nebraska Department of Health and Human Services. 2/2018)

Deaths Due to Cancer

During the 5-year period of 2011-2015, there were higher rates of deaths due to cancer across the East Central District as a whole, as compared to the state. However, Colfax County had a rate that was lower than the state (Figure 157).

Figure 157. Deaths Due to Cancer per 100,000 Population

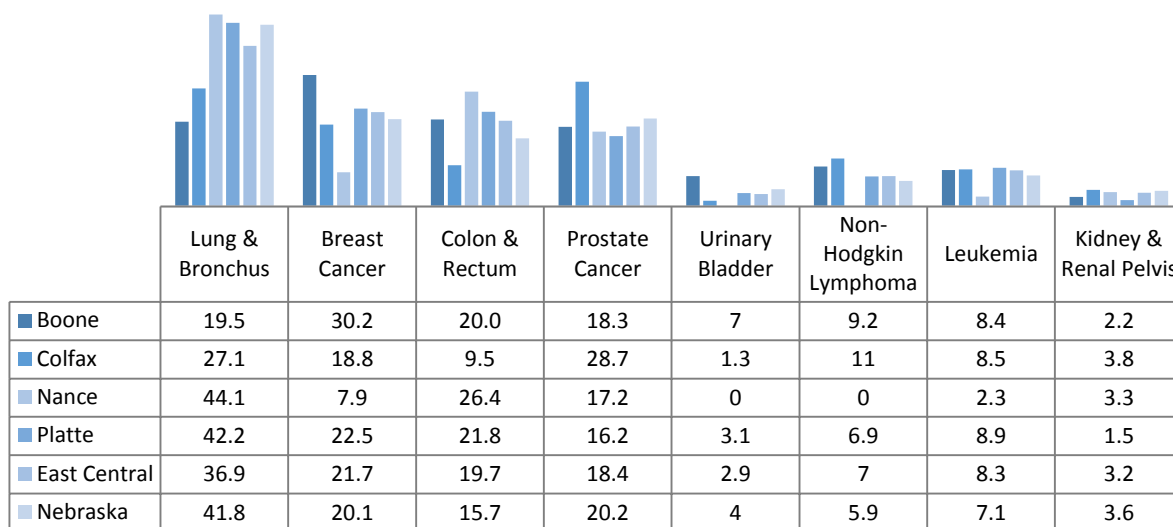


(Source: Nebraska Department of Health and Human Services. Vital Statistics, Table 45)

Death rates of cancer by type are displayed below in Figure 158. Potential areas for concern include breast cancer in Boone County, and prostate cancer in Colfax County, as well as lung & bronchus

cancer in Nance and Platte Counties. The incidence of prostate cancer in Colfax County was low (see Figure 156 above), however the rate of deaths due to prostate cancer in Colfax County is alarming.

Figure 158. Deaths Due to Cancer by Type per 100,000 Population (2011-2015)

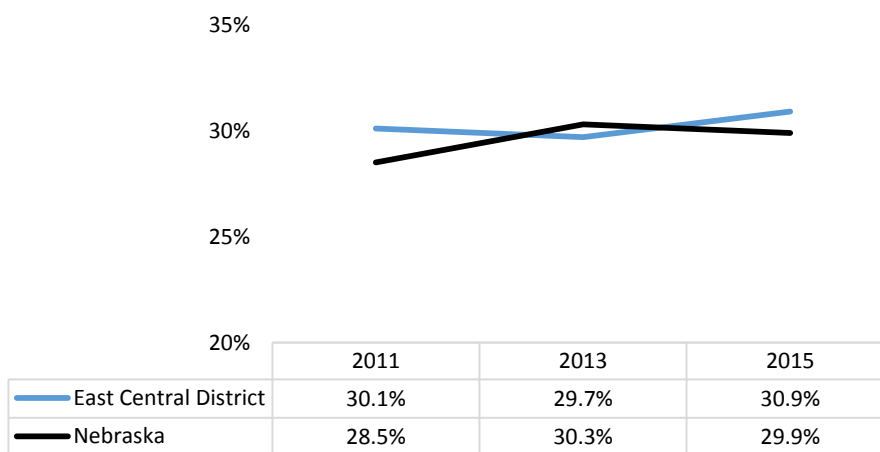


(Source: Nebraska Department of Health and Human Services. 02/2018)

High Blood Pressure and Cholesterol

In 2011, 2013 and 2015, around 30% of BRFSS respondents in the East Central District indicated that they have ever been told that they have high blood pressure. This is comparable to the state (Figure 159).

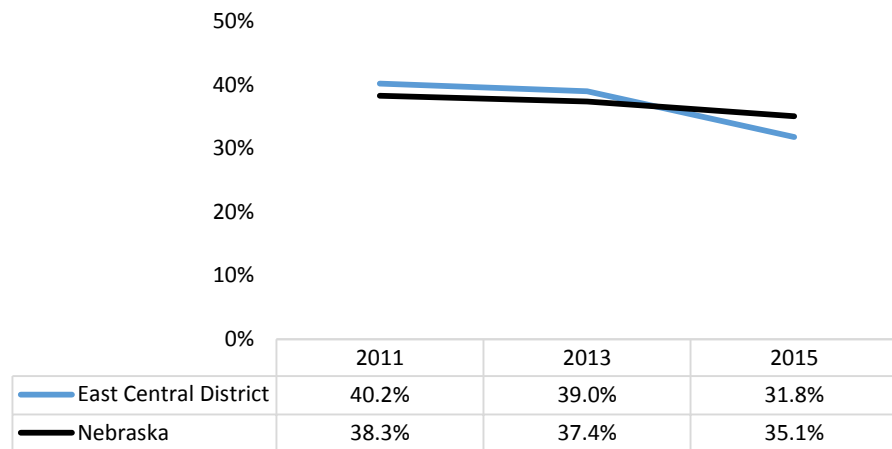
Figure 159. Percent of Adult Population Ages 18 and Over Ever Told They Have High Blood Pressure



(Source: Behavioral Risk Factor Surveillance System)

In 2015, 31.8% of BRFSS respondents in the East Central District indicated that they have ever been told that they have high cholesterol. This is slightly lower than the state, and it shows a reverse trend from previous years (Figure 160).

Figure 160. Percent of Adult Population Ever Told They Have High Cholesterol



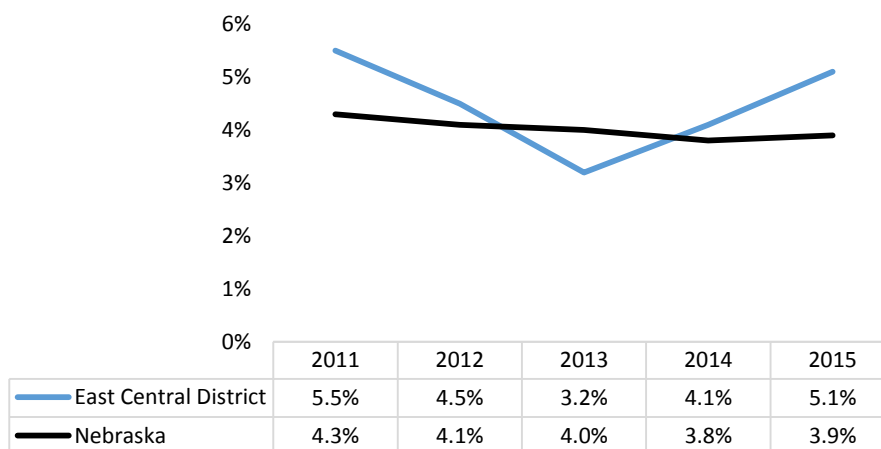
(Source: Behavioral Risk Factor Surveillance System)

Heart Disease and Stroke

Heart Disease

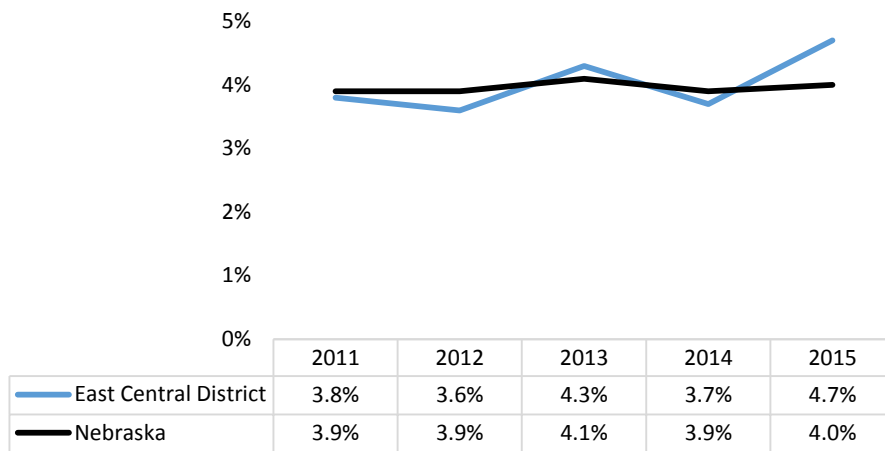
Figures 161 through 163 present BRFSS data on heart disease. In 2015, 5.1% of East Central respondents reported that they have ever been told that they had a heart attack, 4.7% that they have a coronary heart disease, and 7.5% that they have had a heart attack or coronary heart disease. These rates are basically comparable to the state.

Figure 161. Percent of Adult Population Ages 18 and Over Ever Told They Had a Heart Attack



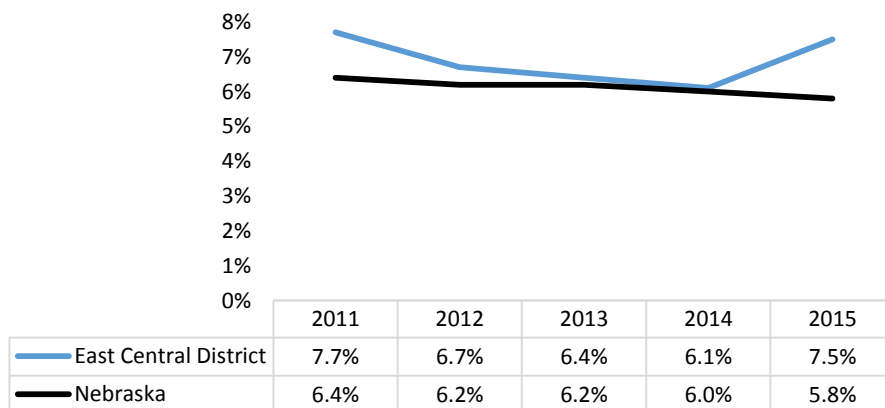
(Source: Behavioral Risk Factor Surveillance System, 2011 - 2015)

Figure 162. Percent of Adult Population Ages 18 and Over Ever Told They Have Coronary Heart Disease



(Source: Behavioral Risk Factor Surveillance System, 2011 - 2015)

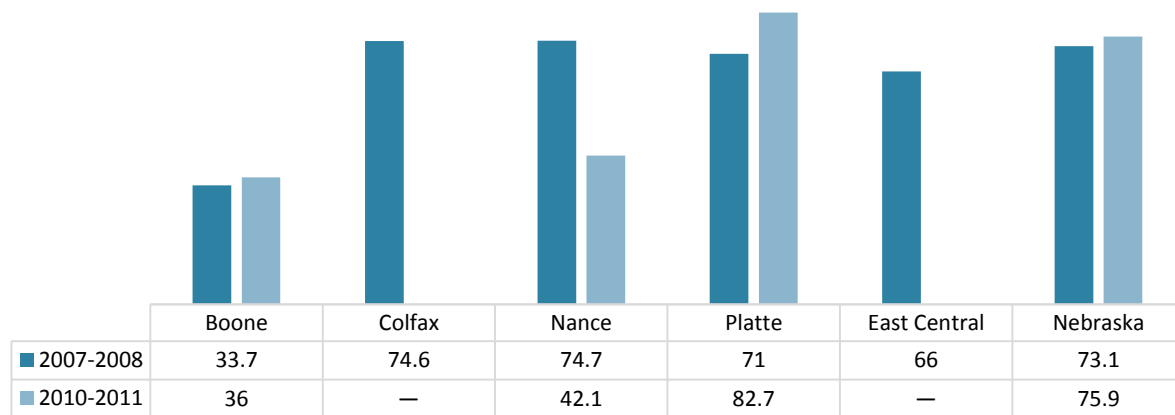
Figure 163. Percent of Adult Population Ages 18 and Over Ever Told They Had a Heart Attack or Coronary Heart Disease



(Source: Behavioral Risk Factor Surveillance System, 2011 - 2015)

Rates of hospitalizations for congestive heart failure are displayed below in Figure 164. Note that some data are missing for 2010-2011.

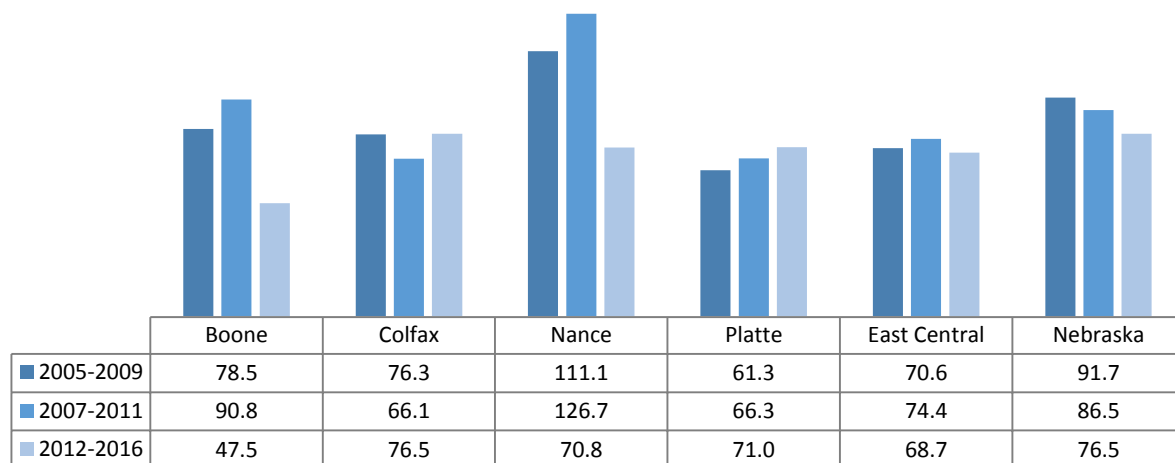
Figure 164. Hospitalizations for Congestive Heart Failure per 100,000 Population



Note: Heart failure rate for Nebraska in 2010-2011 only considers the year 2011. (Source: Nebraska Department of Health and Human Services)

Overall, the rate of deaths due to coronary heart disease has been lower in the East Central District compared to the state. Rates used to be notably high in Nance County, but coronary heart disease rates noticeably decreased in that County for the last period of reporting (Figure 165).

Figure 165. Deaths Due to Coronary Heart Disease per 100,000 Population

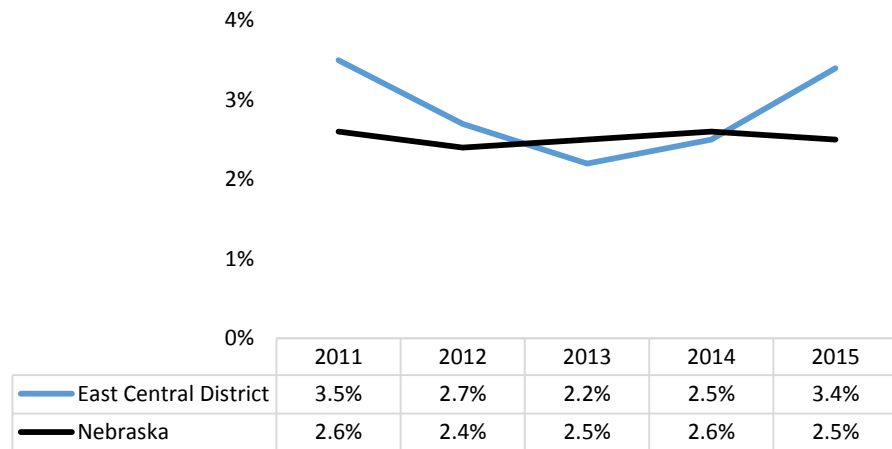


(Source: Nebraska Department of Health and Human Services)

Stroke

From 2011 to 2015, 2.2% to 3.5% of BRFSS respondents in the East Central District indicated that they have ever been told that they had a stroke. This is comparable to the state (Figure 166).

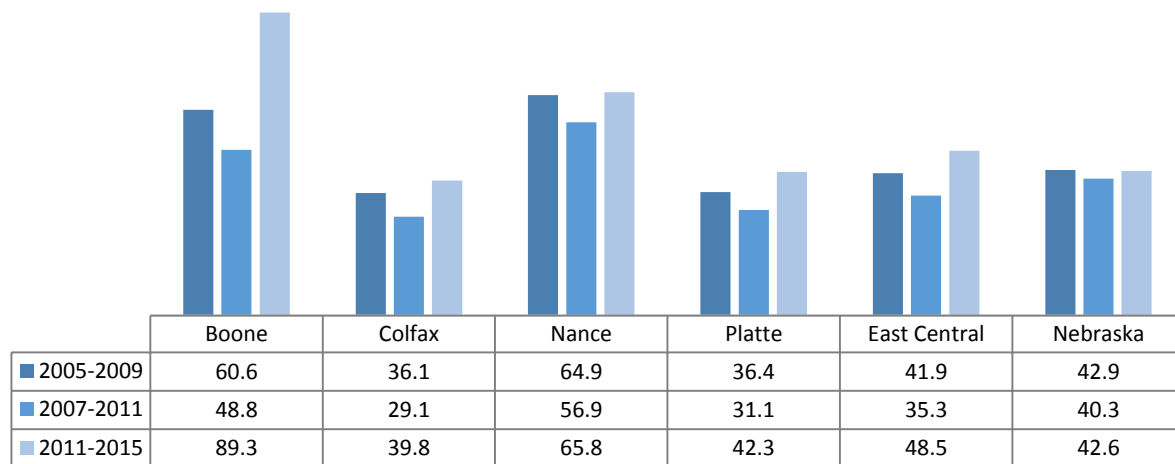
Figure 166. Percent of Adult Population Ages 18 and Over Ever Told They Had a Stroke



(Source: Behavioral Risk Factor Surveillance System)

The death rate due to stroke increased in the East Central District during the last period of reporting, and now is higher compared to the state. Death rates due to stroke are relatively high in Boone and Nance Counties (Figure 167).

Figure 167. Deaths Due to Stroke per 100,000 Population

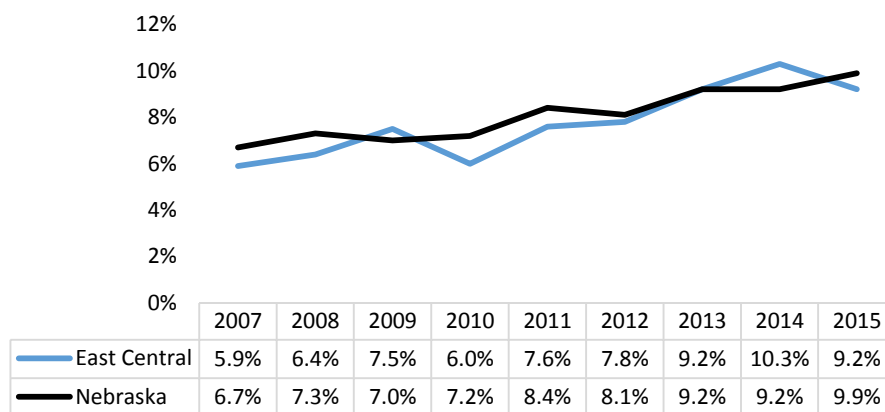


(Source: Nebraska Department of Health and Human Services)

Diabetes

The percentage of BRFSS respondents in both the East Central District and the state reporting that they have ever been told that they have diabetes has been on the rise in recent years. As of 2015, 9.2% of respondents in East Central and 9.9% in the State indicated that they have ever been told that they have diabetes (Figure 168).

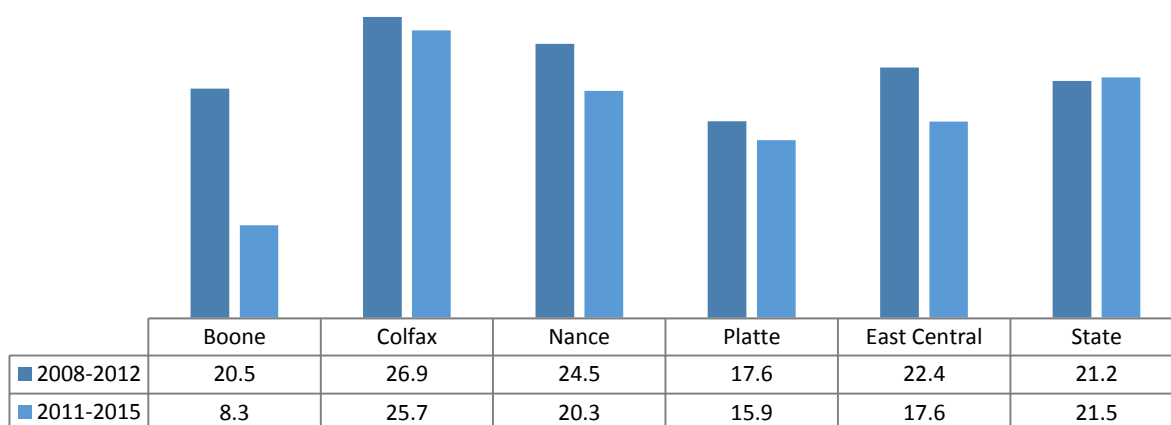
Figure 168. Percent of Adult Population Ages 18 and Over Ever Told They Have Diabetes (excluding pregnancy)



(Source: Behavioral Risk Factor Surveillance System)

In 2011-2015, the death rates due to diabetes have been lower in the East Central District compared to the state, due largely to low rates in Platte County. However, Colfax County had rates of diabetes-related deaths that were higher than the state. The age-adjusted rate of diabetes-related deaths decreased for every county in the district, across the two time periods of 2008-2012 and 2011-2015 (Figure 169).

Figure 169. Diabetes-Mellitus Deaths Age-Adjusted Rate 2011-2015*



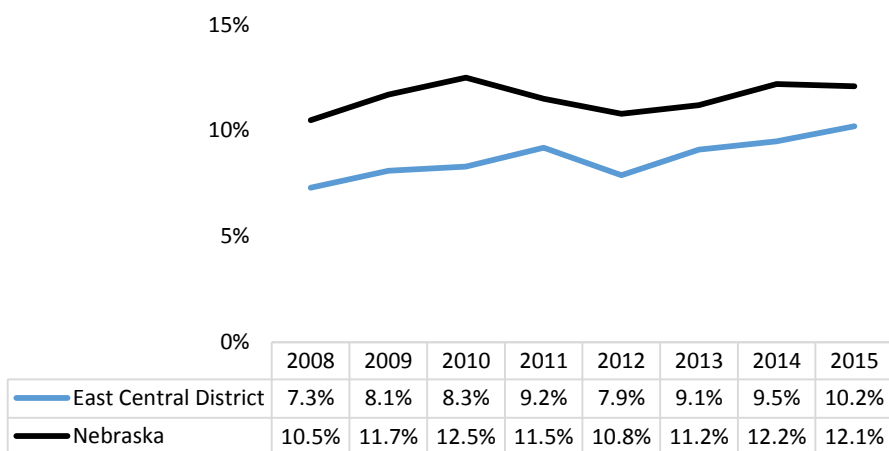
*Rates based on small numbers may not be reliable. (Source: Nebraska Department of Health and Human Services. 2012 and 2016 Vital Statistic Reports)

Pulmonary Disease

Asthma

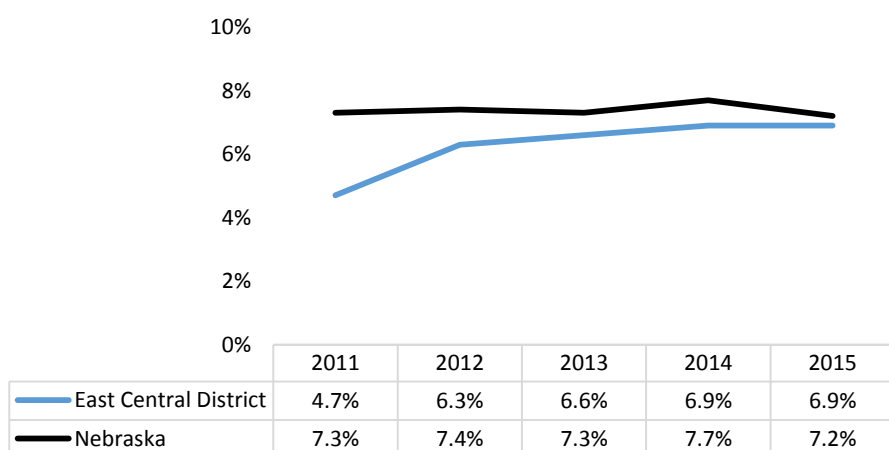
The prevalence of asthma appears to be slightly lower in the East Central District compared to the state. In 2015, 10.2% of East Central respondents to the BRFSS indicated that they have ever been told that they have asthma, and 6.9% indicated that they currently have asthma. Both rates are lower than the state (Figures 170 and 171).

Figure 170. Percent of the Adult Population Ages 18 and Over Ever Told They Have Asthma



(Source: Nebraska Department of Health and Human Services, 2008 - 2015)

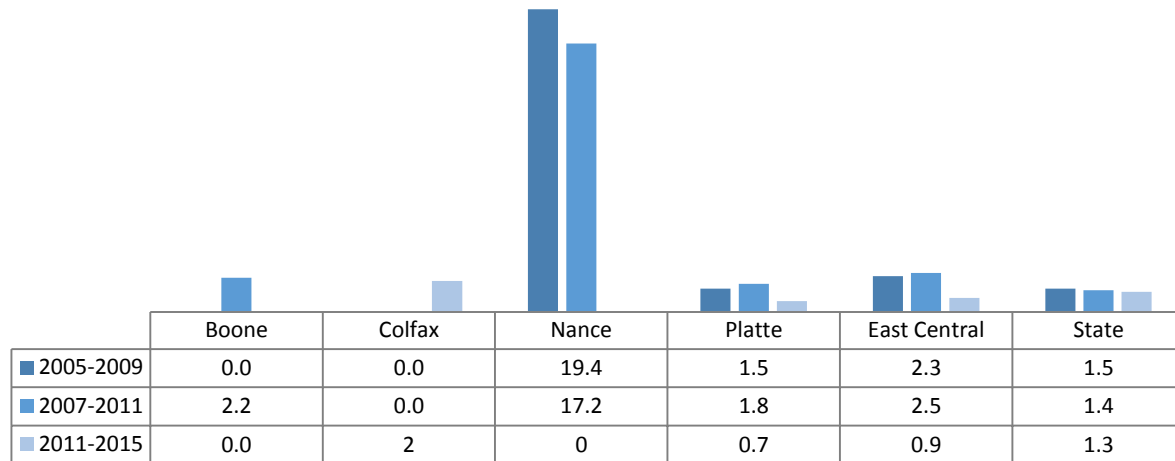
Figure 171. Percent of the Adult Population Ages 18 and Over That Currently Has Asthma



(Source: Nebraska Department of Health and Human Services, 2008 - 2015)

The annual death rates due to asthma are incredibly high in Nance County compared to the rest of the East Central District and the state (Figure 172).

Figure 172. Annual Death Rates Due to Asthma per 100,000 Population

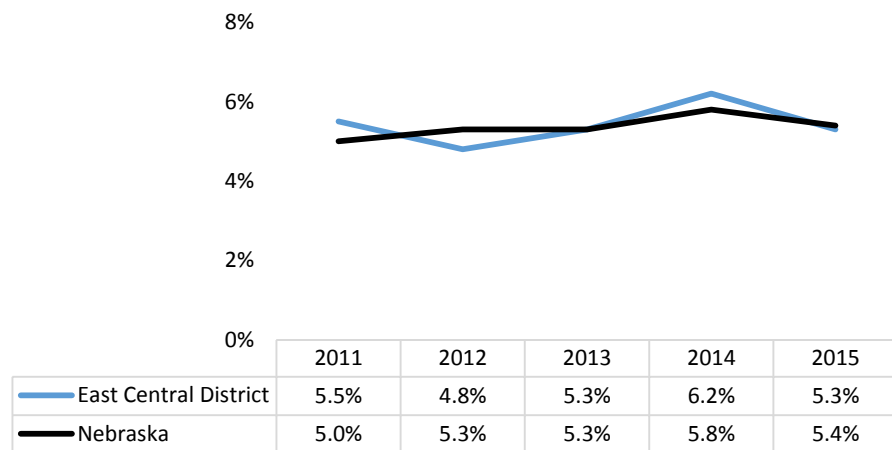


(Source: Nebraska Department of Health and Human Services)

Lung Disease

The rate of incidence of Chronic Obstructive Pulmonary Disease (COPD) as reported by BRFSS respondents has been around 5-6% among East Central respondents to the BRFSS in the last years. A slight increase was noticed in 2014, reaching 6.2% in East Central and 5.8% at the State level. (Figure 173).

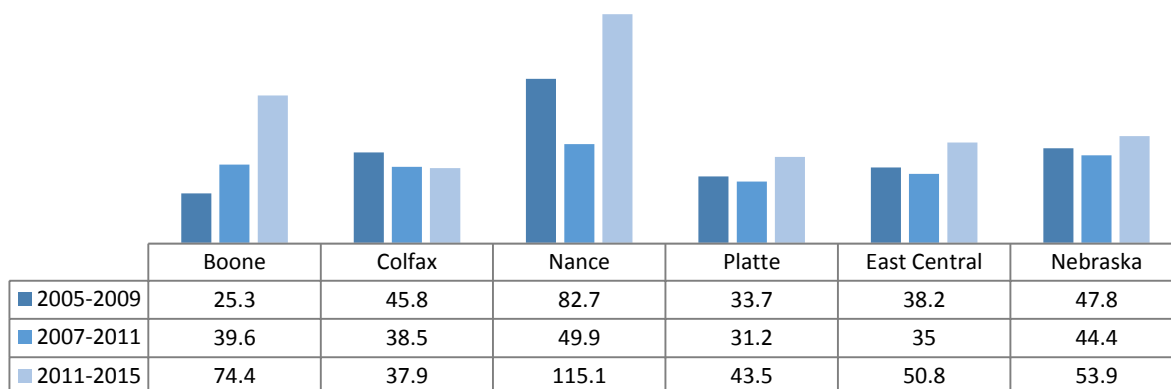
Figure 173. Percent of the Adult Population Ages 18 and Over Ever Told They Have COPD



(Source: Nebraska Department of Health and Human Services, 2011 - 2015)

Chronic lung disease was Nebraska's third leading cause of death, accounting for 1,097 deaths in 2015. Annual death rates due to chronic lung disease increased in the East Central District compared to the state. Nance County had very high rates from 2005-2009 and 2011-2015, and they have remained higher than the state (Figure 174).

Figure 174. Annual Death Rates Due to Chronic Lung Disease per 100,000 Population



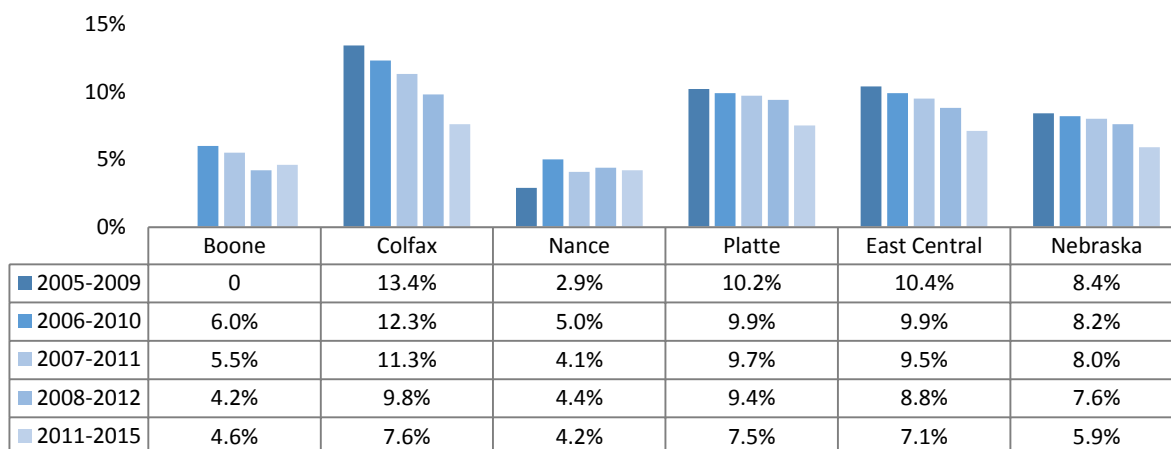
(Source: Nebraska Department of Health and Human Services. Vital Statistic Reports)

Teen Pregnancy and Sexual Activity

Births to Teenage Mothers

As a whole, the East Central District has had slightly higher rates of births to teen mothers compared to the state, due to high rates in Colfax County and Platte County (7.6% and 7.5%, respectively). Although births to teen mothers are slightly elevated across the district as compared to the state, they are on the decline (Figure 175).

Figure 175. Percent of Births to Teen Mothers



(Source: Nebraska Department of Health and Human Services, 2005-2015)

Teen Sexual Activity

Compared to 2010, youth in grades 9-12 in the East Central District were less sexually active in 2017. From 2010 to 2017, notably less 9th, 10th, 11th, and 12th graders reported sexual activity. Youth in the East Central District in 2017 were more sexually active than youth in the State of Nebraska as a whole. Compared to the state, there were similar rates of sexual activity among 10th and 11th graders, but 9th and 12th graders in the East Central District were more sexually active than their peers across the state (Figure 176).

Figure 176. Percent of Teens That Have Ever Had Sex					
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District 2001	20.0%	19.7%	35.2%	43.2%	29.8%
East Central District 2010	19.7%	38.2%	49.8%	51.9%	38.0%
East Central District 2017	18.2%	27.2%	35.5%	48.9%	31.8%
Nebraska 2010	17.2%	31.9%	47.7%	51.4%	34.9%
Nebraska 2017	10.9%	25.6%	36.5%	42.6%	29.1%

(Source: Youth Risk Behavior Survey)

As youth in grades 9-12 in the East Central District were less sexually active in 2017 as compared to 2010, of those teens that are sexually active, less reported having had sexual intercourse with more than one person in 2017 compared to 2010 (Figure 177).

Figure 177. Among Teens That Ever Had Sex, the Percentage That Have Had Sexual Intercourse with More Than One Person in Their Life					
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District 2001	37.8%	46.7%	47.2%	39.6%	43.0%
East Central District 2010	60.5%	46.5%	58.5%	66.2%	58.8%
East Central District 2017	43.3%	50.9%	51.4%	61.8%	53.6%
Nebraska 2010	53.8%	51.4%	62.9%	64.5%	59.8%
Nebraska 2017*	-	-	-	-	-

*The YRBS survey in 2017 changed the reporting for "Percentage of students who had sexual intercourses with four or more people during their lifetime". Source: Youth Risk Behavior Survey)

Male and Female youth in the East Central District have higher rates of sexual activity than the state average. Most notably, in 2017, 48.9% of 12th grade males in the East Central District reported having sexual intercourse. East Central District 12th grade females were also notably sexually active, with 49.0% reporting having had sexual intercourse (Figure 178).

Figure 178. Percent of Teens That Have Ever Had Sex by Gender (2017)					
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District Males	19.4%	33.0%	36.5%	48.9%	33.7%
Nebraska Males	10.6%	28.4%	38.8%	41.3%	30.0%
East Central District Females	17.4%	22.1%	34.4%	49.0%	30.1%
Nebraska Females	11.2%	22.8%	34.2%	44.0%	28.2%

(Source: Youth Risk Behavior Survey)

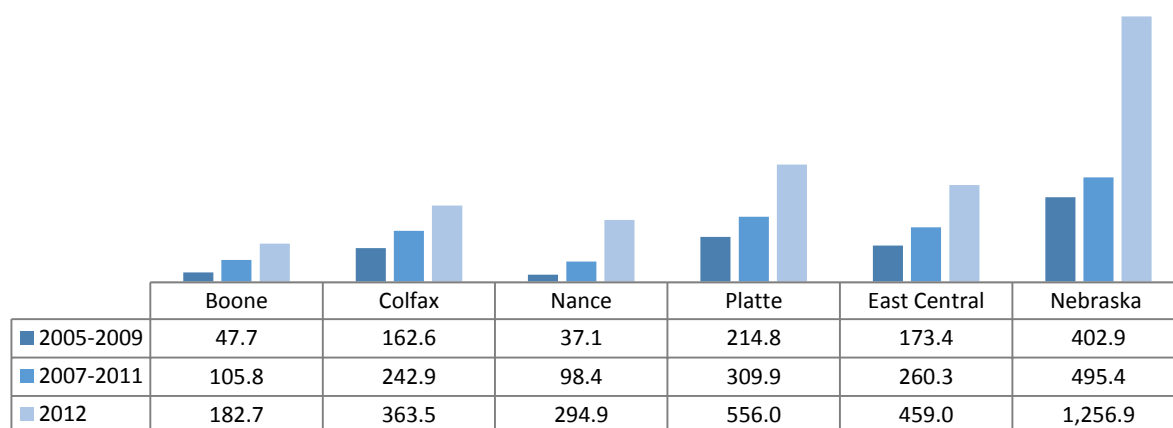
Of youth in grades 9-12 in the East Central District that were sexually active in 2017, 20.2% used no method to prevent pregnancy (an increase from 2010 of 7.2%), 9.9% used withdrawal or some other method, and 2.6% were not sure. Condoms were the most commonly used method, with 46.8% reporting having used condoms (a decrease from 2010 of 8.5%) (Figure 179).

Figure 179. Method Used to Prevent Pregnancy among East Central Youth Who Were Sexually Active (2010 & 2017)			
	2010	2017	Change 2010-2017
Condoms	55.3%	46.8%	-8.5%
Birth Control Pills	16.0%	17.3%	1.3%
No Method Used to Prevent Pregnancy	13.0%	20.2%	7.2%
Withdrawal^x	6.9%	9.9%	3.0%
Not Sure	3.4%	2.6%	-0.8%
Depo-Provera (or any injectible birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD	3.1%	1.2%	-1.9%
Some Other Method^x	2.3%	-	-

^x In 2017, "Withdrawal or some other method" were combined into one category. (Source: Youth Risk Behavior Survey)

The incidence of sexually transmitted diseases among teenagers has been considerably lower in the East Central District, as compared to the state. However, rates of STDs appear to be on the rise in each county in the district (Figure 180). In 2015, the Centers for Disease Control and Prevention (CDC) stated that "sexually transmitted disease are on the rise, some at alarming rate".

Figure 180. Incidence of Sexually Transmitted Diseases among Teens per 100,000 Population



(Sources: Nebraska Department of Health and Human Services: 2005-2009 & 2007-2011, ages 17 and under. Kids County data: 2012, ages 19 and under). Use extreme caution when comparing results from these two databases.

Forced Sexual Intercourse

From 2010 to 2017 the percentage of East Central youth who report being physically forced to have sexual intercourse slightly decreased. Compared to the 2017 state average, the East Central District had a considerably higher rate of youth reporting being forced to have sexual intercourse (Figure 181).

Figure 181. Percent of Teens Physically Forced to Have Sexual Intercourse, 2001, 2010 and 2017 Comparisons

	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District 2001	4.5%	4.4%	7.4%	6.1%	5.6%
East Central District 2010	8.8%	7.4%	13.0%	11.8%	10.4%
East Central District 2017	7.3%	9.4%	9.4%	13.0%	9.6%
Nebraska 2010	6.3%	6.6%	7.9%	10.0%	7.5%
Nebraska 2017	6.2%	8.1%	6.1%	12.7%	8.4%

(Source: Youth Risk Behavior Survey)

For the state as a whole, high school-aged females are much more likely to be physically forced to have sexual intercourse than males. In the East Central District a higher percentage high school-aged of males and females reported being physically forced to have sexual intercourse as compared to their peers across the state (Figure 182).

Figure 182. Percent of Teens Physically Forced to Have Sexual Intercourse by Gender (2017)

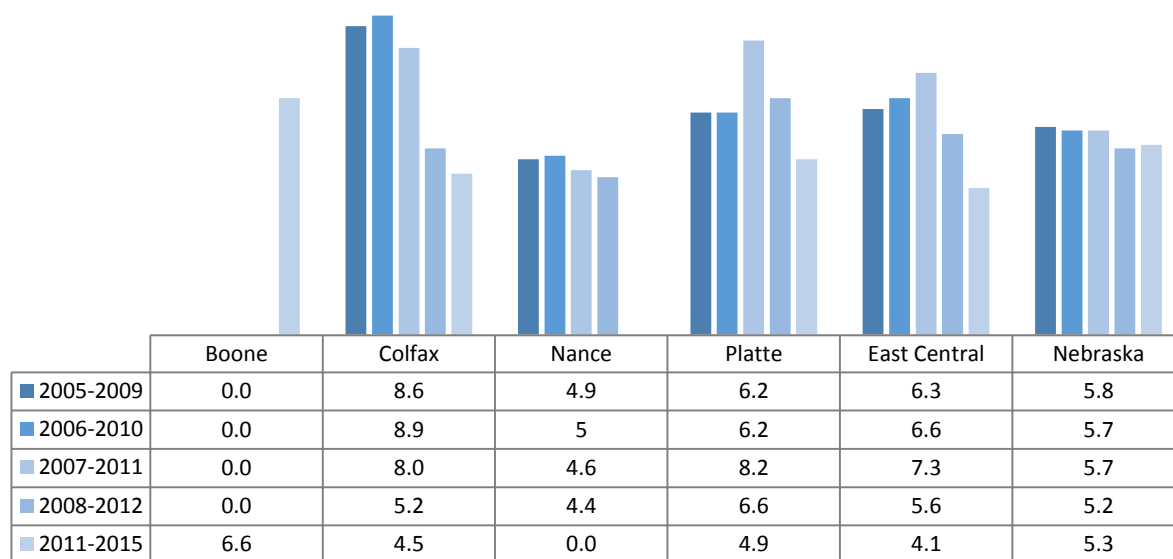
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District Males	2.3%	6.0%	6.4%	8.5%	5.6%
Nebraska Males	1.8%	2.3%	2.3%	7.8%	3.9%
East Central District Females	11.4%	12.2%	12.7%	17.2%	13.2%
Nebraska Females	10.2%	14.2%	10.0%	18.0%	13.0%

(Source: Youth Risk Behavior Survey)

Newborn Child Health

Rates of infant mortality decreased in the East Central district, as compared to the state. There was a notable decline in 2011-2015 (the most current year of available data), due to a substantial decline in Platte County. There have been no infant mortalities in Nance County during this time period (Figure 183).

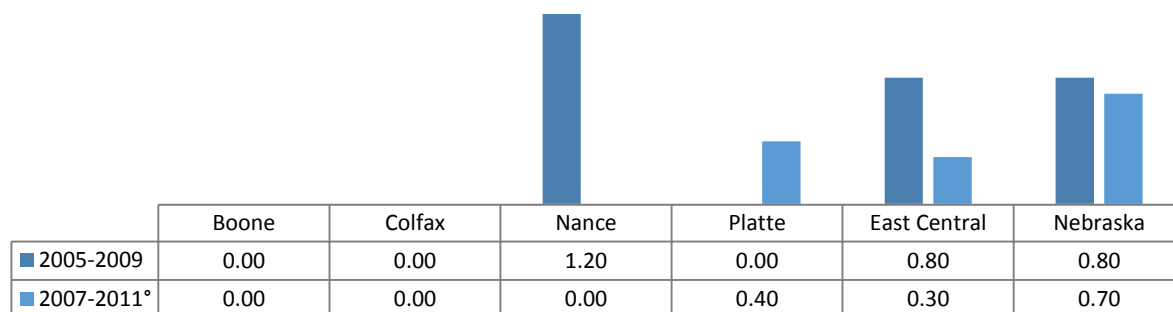
Figure 183. Infant Mortality per 1,000 Live Births *



*Infant death rates are per 1,000 live births. (Source: Nebraska Department of Health and Human Services. Vital Statistics)

Sudden Infant Death Syndrome (SIDS) is a fairly rare occurrence in the East Central District, though there have been instances in Nance and Platte Counties (Figure 184).

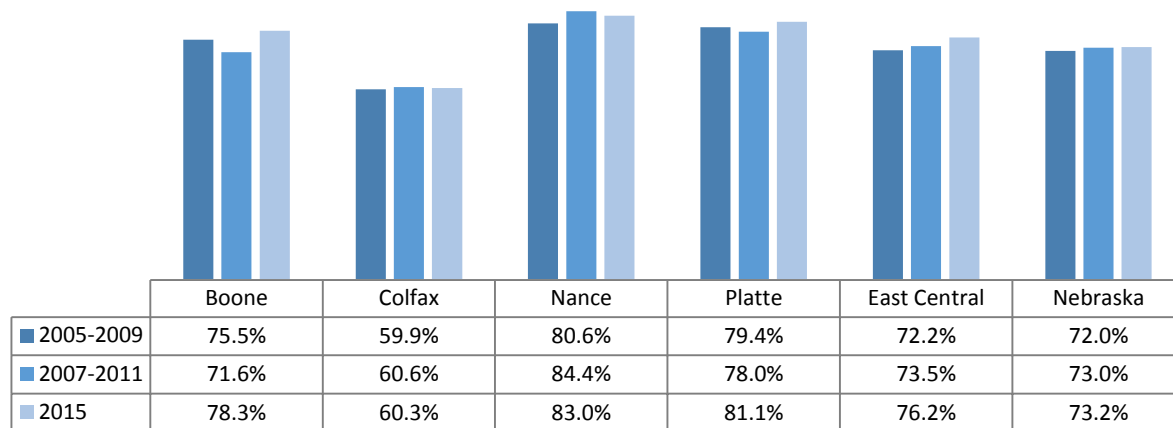
Figure 184. Incidence of Sudden Infant Death Syndrome (SIDS) per 1,000 Live Births



°Most recent year of available data. (Source: Nebraska Department of Health and Human Services)

The rate of pregnant women who received first trimester prenatal care in the East Central District has basically been comparable to the state. However, rates of receiving first trimester prenatal care are considerably low in Colfax County, while the other three counties in the district have rates that are higher than the state (Figure 185).

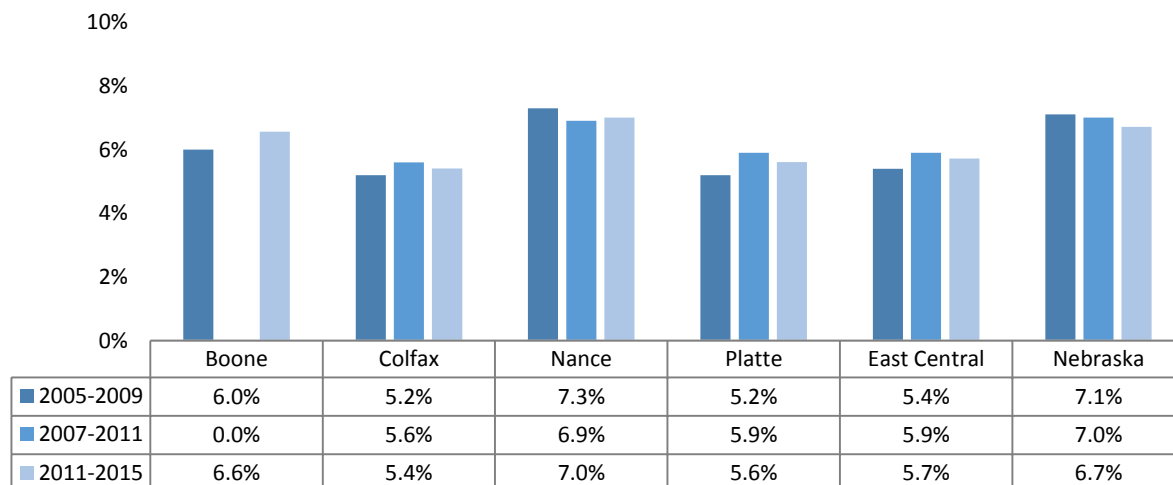
Figure 185. Percent of Births Receiving First Trimester Prenatal Care



(Source: Nebraska Department of Health and Human Services. Vital Statistics)

The percent of newborns born with low birth weight (i.e., less than 2,500 grams) is lower in the East Central District than the state (Figure 186).

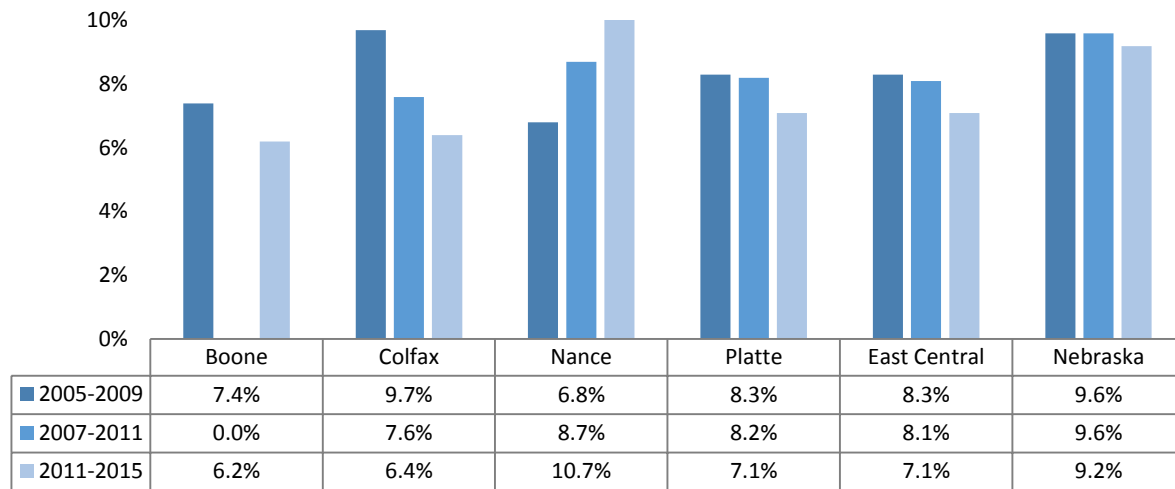
Figure 186. Percent of Newborns with Low Birth Weight*



*Less than 2,500 grams. (Source: Nebraska Department of Health and Human Services. Vital Statistics)

The incidence of pre-term births (i.e., births occurring before 37 weeks of pregnancy) is lower in the East Central District than the state (Figure 187).

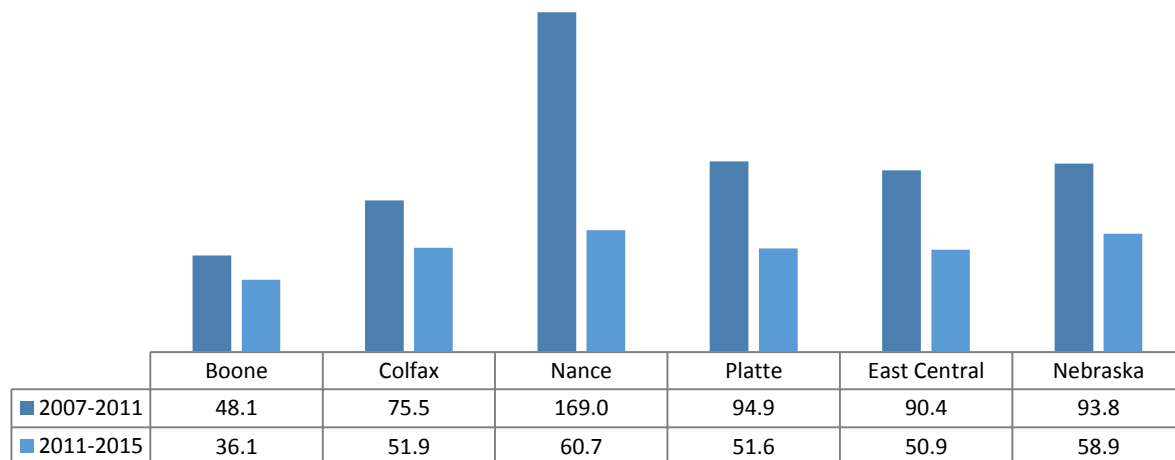
Figure 187. Pre-Term* Birth Rate



*Births occurring before 37 weeks of pregnancy. (Source: Nebraska Department of Health and Human Services. Vital Statistics, Table S6a)

The rate of birth defects in the East Central district was lower than the state during the five-year period of 2011-2015, which shows significant improvements compared to the previous period of 2007-2011. However, the incidence of birth defects was still high in Nance County (Figure 188).

Figure 188. Birth Defects per 1,000 Live Births

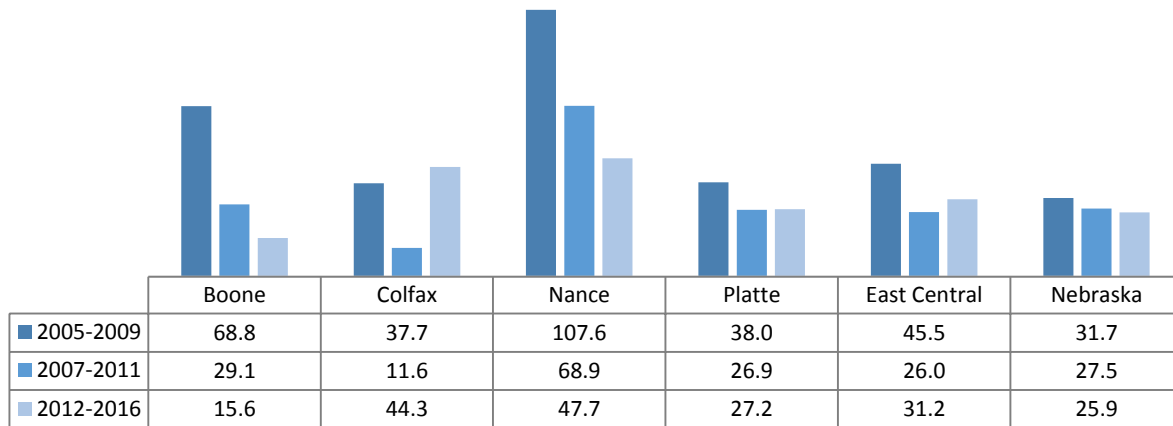


(Source: Nebraska Department of Health and Human Services. Vital Statistics, Table 29)

Child and Adolescent Mortality

The death rate for youth ages 1 through 19 declined markedly across the two time periods of 2005-2009 and 2007-2011 in the East Central District. However, an overall increase was observed in the time period reported. Boone and Nance counties saw notable declines in death rates among youth ages 1 to 19. Nance County has a rate that is still nearly two times higher than the state for the most current years of available data (Figure 189).

Figure 189. Death Rate per 100,000 for Youth Ages 1 through 19

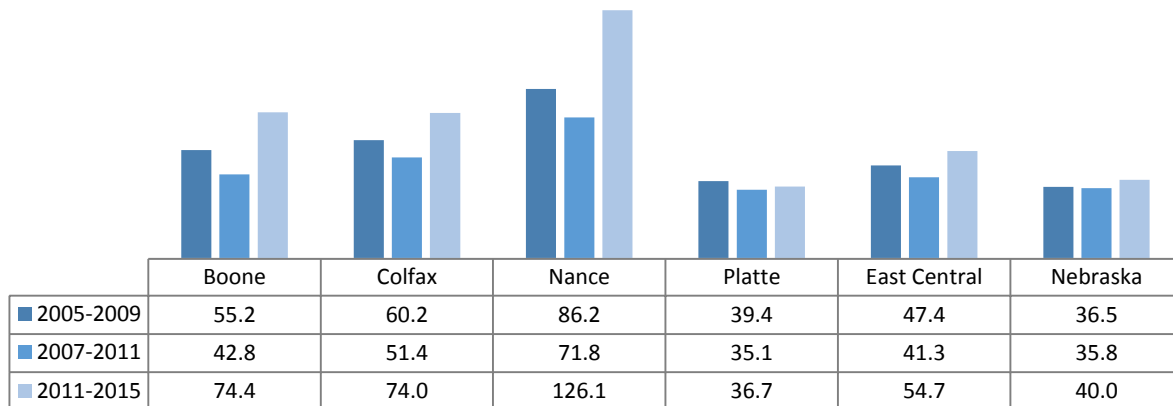


(Source: Nebraska Department of Health and Human Services)

Accidental Deaths

Rates of unintentional injury deaths are a potential cause for concern in the East Central District, especially in Nance County where the rates are more than triple the state. Boone and Colfax Counties also have rates that are considerably higher than the state. Overall, unintentional injury deaths increased in the East Central District and in the state compared to the previous period (Figure 190).

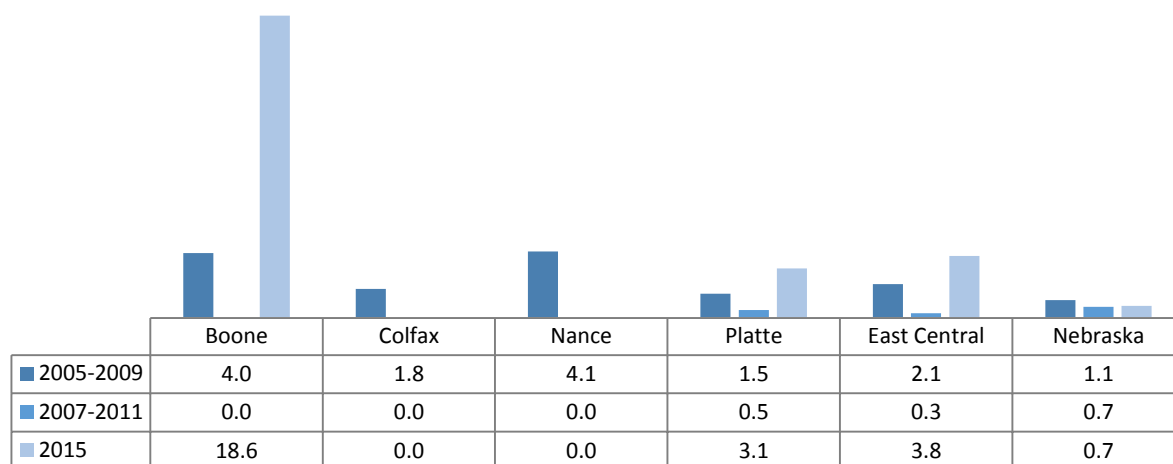
Figure 190. Unintentional Injury Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services. Vital Statistics, Table 47)

In 2015, the rate of work-related accidental deaths was higher in the East Central District, compared to previous years. Boone County showed a significant increase of work-related accidental deaths in 2015, however due to the small size of the population, results may not be reliable (Figure 191).

Figure 191. Work-Related Accidental Death Rate per 100,000 Population

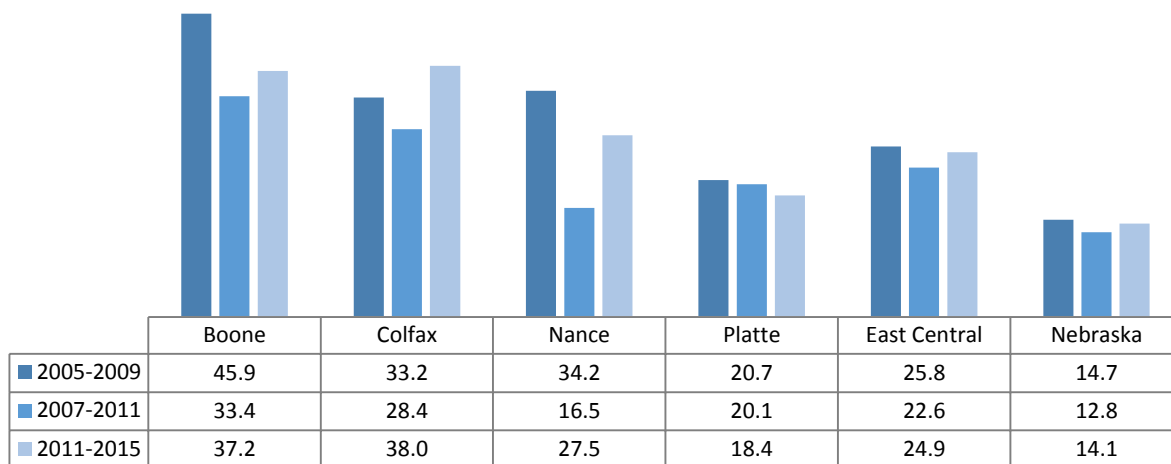


(Source: Nebraska Department of Health and Human Services. Vital Statistics, Table 55)

Motor Vehicle Safety

Rates of motor vehicle deaths are a potential cause for concern across the district. Each county has higher rates of motor vehicle deaths than the state, and the rate for the entire district is 1.8 times the rate for the state (Figure 192).

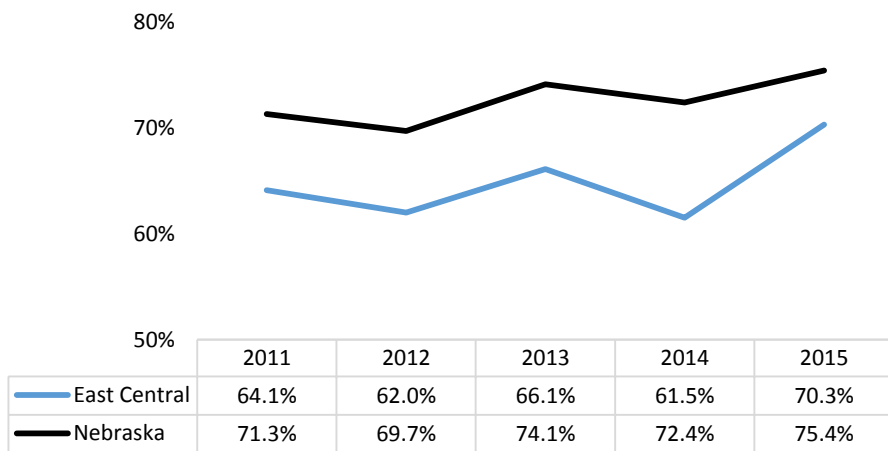
Figure 192. Motor Vehicle Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services. Vital Statistics, Table 55)

As the motor vehicle death rate is a concern in the East Central District (above Figure 187), so the percentage of adult respondents to the BRFSS in the district reporting that they always wear a seat belt when driving or riding in a car has been notably lower than the state. However, differences between the East Central District and the State decreased for the last year of reporting (Figure 193).

Figure 193. Percent of Adults Ages 18 and Over Who Always Wear a Seat Belt When Driving or Riding in a Car



(Source: Behavioral Risk Factor Surveillance System)

The percentage of BRFSS respondents ages 45 and over in the East Central District who reported texting while driving or talking on a cell phone while driving was lower than the state in 2015. (Figure 194).

Figure 194. Indicators of Distracted Driving among Adults Ages 18 and Over (2015)		
	East Central	Nebraska
Texted while driving in the past 30 days	19.9%	24.9%
Talked on a cell phone while driving in the past 30 days	64.0%	67.0%

(Source: Behavioral Risk Factor Surveillance System)

Falls

The percentage of BRFSS respondents in the East Central District who reported falling in the past year and being injured due to a fall was lower than the state in 2014 (Figure 195).

Figure 195. Falls among Adults Ages 45 and Over (2014)		
	East Central	Nebraska
Had a fall in the past year	24.2%	26.1%
Injured due to a fall in the past year	8.0%	8.8%

(Source: Behavioral Risk Factor Surveillance System)

Environmental Health Indicators

Nitrate Levels in the Community Water System

Rates of nitrate levels in the community water system have been found to be considerably high in Colfax County, where levels are more than twice the average rate across the state. In addition, Nance County also has nitrate levels that are higher than the state average (Figure 196).

Figure 196. Nitrate Levels in the Community Water System (mg/L)						
	Boone	Colfax	Nance	Platte	East Central	Nebraska
2005-2009	2.2	7.4	3.7	1.1	2.8	2.9
2007-2011	2.3	6.7	3.8	1.1	2.8	2.6
2010-2014	2.5	5.0	3.7	0.9	2.2	2.0

(Source: Nebraska Department of Health and Human Services)

Population Served by Community Water

Given the rural nature of the district, the percentage of the population served by community water is lower in the East Central District, as compared to the state (Figure 197).

Figure 197. Community Water Environmental Health Indicators			
	Percent of Population Served by Community Water		
	2009	2012	2014
Boone	65.8%	61.2%	62.0%
Colfax	72.7%	75.1%	80.1%
Nance	71.8%	66.6%	76.2%
Platte	73.4%	72.3%	78.7%
East Central	72.3%	71.3%	77.1%
Nebraska	83.1%	85.9%	87.7%

(Source: Nebraska Department of Health and Human Services)

Blood Lead Levels

The district as a whole has a lower percentage of children with elevated blood levels, as compared to the state. Note that rates are elevated for Nance County, but a small number of children have been tested, so use caution when interpreting these results (Figure 198).

Figure 198. Elevated Blood Lead Levels in Children		
	Percent of Children with Elevated Blood Lead Levels [# tested]	
	2007-2008	2009-2011
Boone	5.6% [54]	0.0% (77)
Colfax	1.5% [136]	1.5% (133)
Nance	7.7% [13]	9.7% (31)
Platte	2.3% [343]	1.6% (321)
East Central	2.6% [546]	1.8% (562)
Nebraska	1.8% [48,444]	2.6% (75,688)

(Source: Nebraska Department of Health and Human Services)

Age of Housing Structures

As a whole, the East Central District has a higher percentage of older houses (built in 1939 or earlier), as compared to the state (Figure 199).

Figure 199. Age of Housing Structures (2016)

	Boone	Colfax	Nance	Platte	East Central	Nebraska	United States
2014 or later	0.0%	0.0%	0.2%	0.2%	0.2%	0.4%	0.4%
2010 to 2013	1.9%	0.4%	0.4%	1.6%	1.3%	2.2%	1.9%
2000 to 2009	5.0%	7.1%	5.4%	8.6%	7.6%	12.2%	14.7%
1990 to 1999	10.0%	11.2%	3.7%	8.7%	8.9%	11.4%	14.0%
1980 to 1989	8.7%	5.3%	6.5%	10.0%	8.7%	9.5%	13.7%
1970 to 1979	14.2%	18.7%	12.9%	19.3%	18.1%	16.3%	15.6%
1960 to 1969	7.5%	8.3%	12.7%	13.2%	11.6%	11.4%	10.9%
1950 to 1959	5.6%	10.6%	11.5%	13.9%	12.1%	9.9%	10.6%
1940 to 1949	7.2%	7.0%	7.6%	5.1%	5.9%	5.0%	5.2%
1939 or earlier	39.8%	31.4%	39.0%	19.4%	25.7%	21.7%	13.0%

(Source: U.S. Census/American Community Survey 5-Year Estimates, Table B25034)

Radon

Colfax County has the highest average radon levels in the East Central District in both 2011 and 2013 data. Two-thirds of residences in Boone, Colfax, and Nance Counties have radon levels that are above 4 pCi/L. Boone and Colfax counties have radon levels that are above the state average. Nance and Platte Counties have radon levels that are below the state average. All counties increased average radon levels between 2011 and 2013. (Figure 200).

Figure 200. East Central District Radon Levels (2011 and 2013)

	Number of Homes Tested		Average Radon Level (pCi/L)		% Results over 4 pCi/L		Highest Result (pCi/L)	
	2011	2013	2011	2013	2011	2013	2011	2013
Boone	140	195	6.2	7.0	59.3%	67.2%	24.1	35.5
Colfax	119	194	7.3	8.7	67.2%	70.1%	26.3	53.4
Nance	70	83	6.3	6.7	57.1%	56.6%	27.5	43.7
Platte	682	899	5.3	5.6	47.8%	48.3%	38.2	47.7
East Central	1,011	1,371	5.7	7.0	52.3%	54.6%	38.2	53.4
Nebraska	48,612	73,280	6.3	6.0	58.5%	59.5%	290.0	282.0

(Source: Nebraska Radon Program)

Childhood Immunizations

With the exception of the DTaP/DTP/DT/Td and the MMR vaccines, a higher percentage of East Central kindergarten students have received their immunizations, as compared to the state (Figure 201).

Table 201. Kindergarten Students Immunized* for the 2016-2017 School Year

	Boone (n=72)	Colfax (n=187)	Nance (n=47)	Platte (n=456)	East Central (n=762)	Nebraska (n=26,474)
DTaP/DTP/DT/Td (more than 3 doses)	100%	97.4%	95.8%	95.7%	96.5%	97.2%
Polio (more than 3 doses)	100%	97.9%	97.9%	98.5%	98.5%	97.6%
MMR (2 doses)	97.2%	97.4%	95.8%	95.5%	96.1%	96.7%
Hepatitis B (3 doses)	100%	97.9%	95.8%	98.3%	98.2%	97.4%
Varicella (2 doses)	97.2%	97.4%	95.8%	94.6%	95.6%	95.5%

*Those receiving medical or religious exemptions are counted as not being immunized. There was a total of six religious exemptions in the entire East Central District. (School Immunization Survey, 2016-2017)

A higher percentage of East Central 7th grade students have received their immunizations, as compared to the state (Figure 202).

Table 202. 7th Grade Students Immunized* for the 2016-2017 School Year

	Boone (n=66)	Colfax (n=190)	Nance (n=56)	Platte (n=396)	East Central (n=708)	Nebraska (n=25,574)
Tdap (1 dose)	98.5%	100%	98.3%	94.3%	96.5%	94.7%
MMR (2 doses)	100%	100%	98.3%	99.0%	99.3%	98.7%
Hep B (3 doses)	100%	100%	98.3%	98.8%	99.2%	98.8%
Varicella (2 doses)	100%	96.8%	98.3%	97.8%	97.8%	95.3%

* There were no medical or religious exemptions among 7th grade students. (School Immunization Survey, 2016-2017)

A lower percentage of East Central transfer students have received their immunizations, as compared to the state. Note the small number of students (Figure 203).

Table 203. Out of State Transfer Students Immunized for the 2016-2017 School Year						
	Boone (n=23)	Colfax (n=76)	Nance (n=6)	Platte (n=121)	East Central (n=226)	Nebraska (n=6,924)
MMR (2 doses)	100%	83.5%	100%	93.1%	90.4%	93.5%
Hep B (3 doses)	100%	71.4%	100%	91.5%	85.2%	91.4%
Varicella (2 doses)	91.3%	72.5%	100%	83.1%	80.4%	85.7%

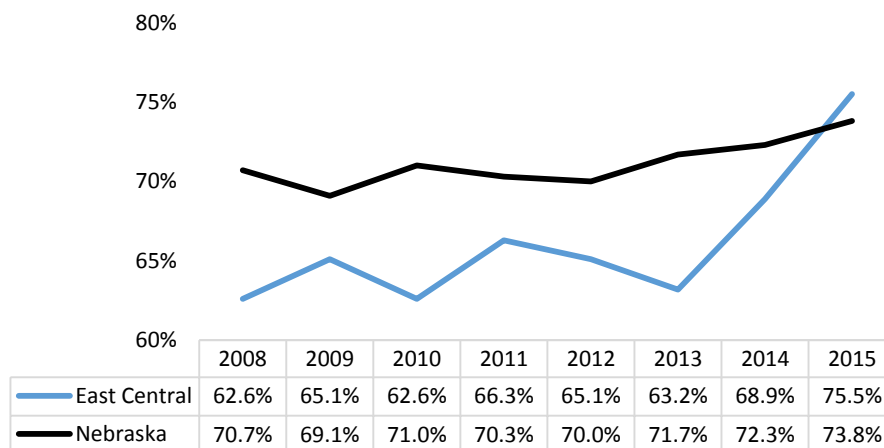
*There were no medical or religious exemptions among out-of-state transfers. (School Immunization Survey, 2016-2017)

Communicable Diseases

Pneumonia and Influenza

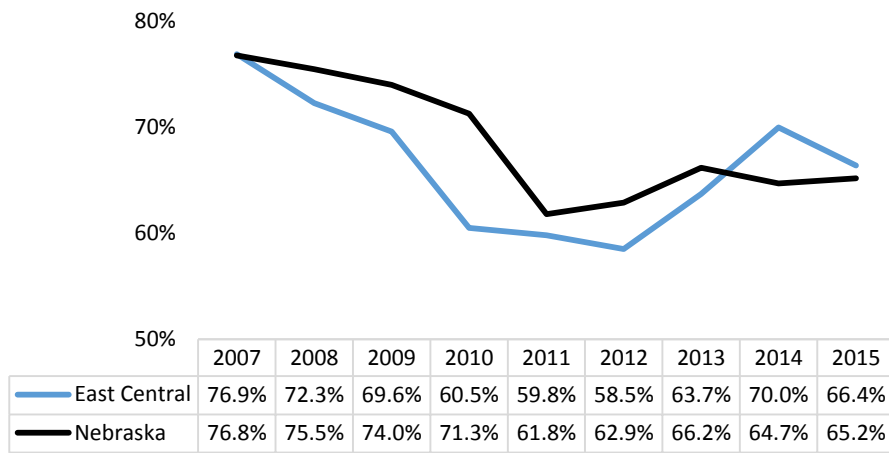
Rates for the over 65 population immunized for pneumonia and influenza used to be lower among East Central respondents compared to the state. However, in 2015, this trend was reversed (Figures 204 and 205).

Figure 204. Percent of Population over 65 Ever Immunized for Pneumonia



(Source: Behavioral Risk Factor Surveillance System)

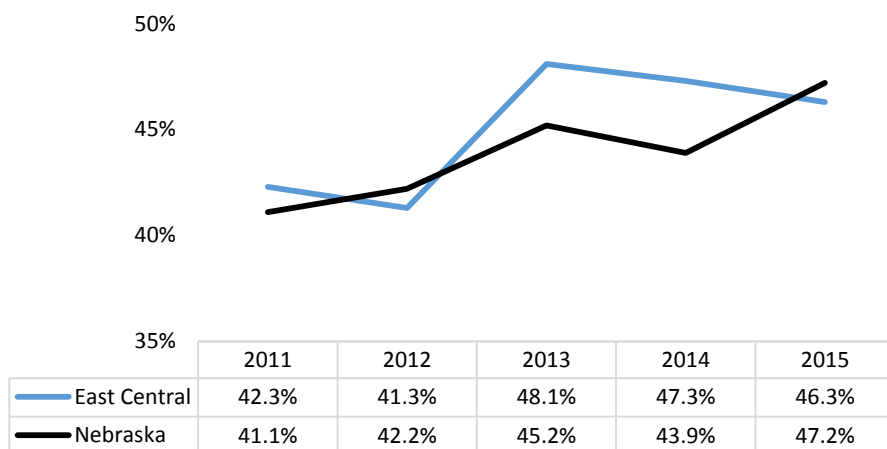
Figure 205. Percent of Population over 65 Immunized for Influenza in the Past Year



(Source: Behavioral Risk Factor Surveillance System)

From 2011 and 2015, between 41.3% and 48.1% of respondents to the BRFSS in the East Central district reported being immunized for influenza in the past year. These rates are basically comparable to the state (Figure 206).

Figure 206. Percent of Population over 18 Immunized for Influenza in the Past Year



(Source: Behavioral Risk Factor Surveillance System)

Rates of hospitalizations for pneumonia and influenza are displayed below in Figure 207. Note that some data are missing for 2010-2011.

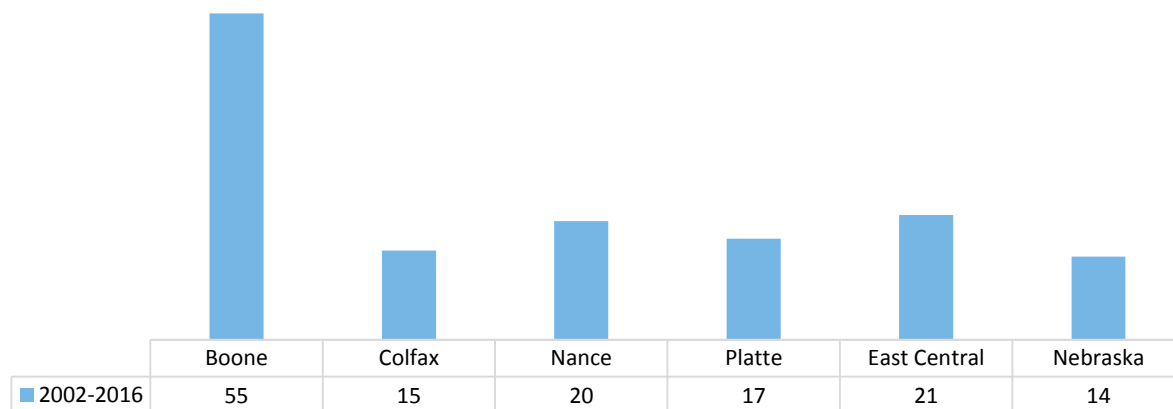
Figure 207. Inpatient Hospitalizations* for Pneumonia and Influenza (Rates per 100,000)							
		Boone	Colfax	Nance	Platte	East Central	Nebraska
Pneumonia	2007-2008	454.7	288.6	497.6	192.1	265.1	242.1
	2010-2011	357.8	-	349.4	181.8	-	-
	2012-2016	377.5	179.7	361.2	208.1	235.1	230.2
Influenza	2007-2008	37.0	14.0	43.9	10.1	17.2	14.0
	2010-2011	5.6	-	22.3	8.3	-	-
	2012-2016	24.7	10.0	20.7	8.6	11.6	16.2

*Gaps exist in the hospitalization data: Colfax, East Central, and Nebraska data are not reported. (Source: Nebraska Department of Health and Human Services)

West Nile Virus

The average annual rate (2002-2016) of West Nile Virus has been higher in the East Central District than the rest of the state. Rates are notably high in Boone County (Figure 208).

Figure 208. Average Annual Rate of West Nile Virus in Humans per 100,000 Population 2002-2016

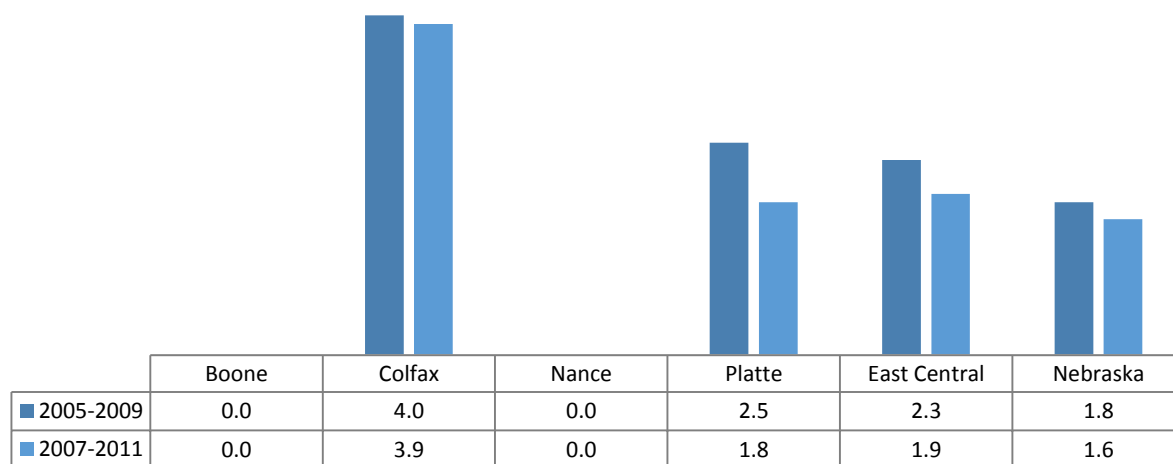


(Source: Nebraska Department of Health and Human Services)

Tuberculosis

The incidence of tuberculosis has been slightly higher in the East Central District, as compared to the state, due to high rates in Colfax County (Figure 209). A total of eight (8) cases were reported in the East Central District between 2007 to 2016.

Figure 209. Incidence of Tuberculosis per 100,000 Population

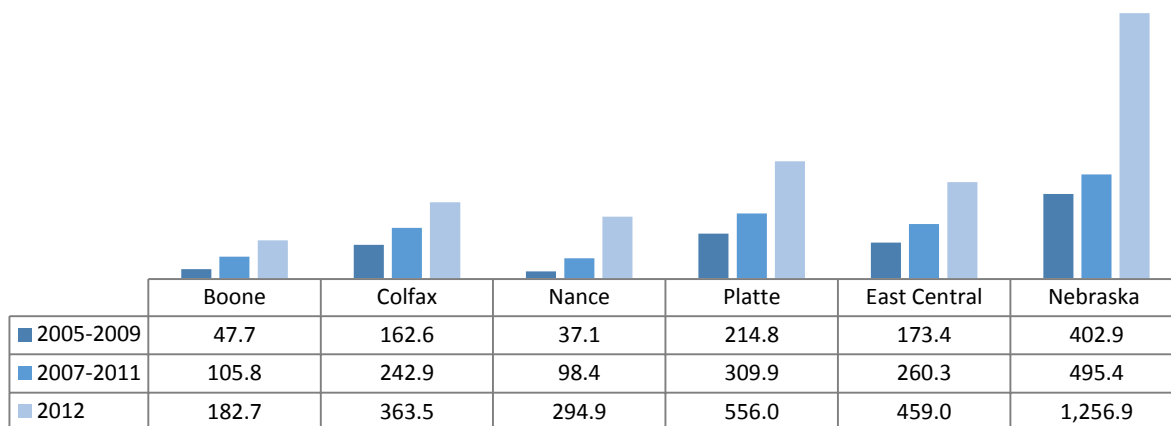


(Source: Nebraska Department of Health and Human Services)

Sexually Transmitted Diseases

The incidence of sexually transmitted diseases among those 17 and under has been considerably lower in the East Central District, as compared to the state. However, rates of STDs among youth appear to be on the rise in each county in the district (Figure 210).

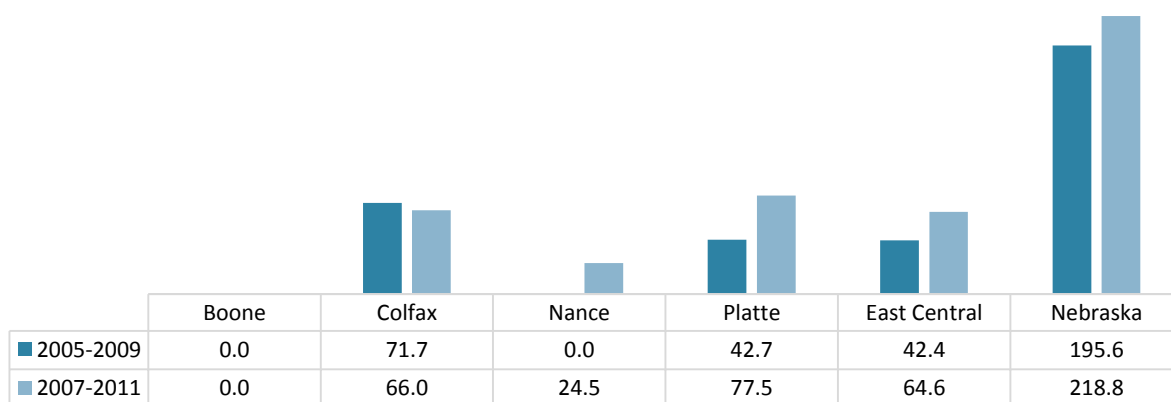
Figure 210. Incidence of Sexually Transmitted Diseases among Teens per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Likewise, the incidence of sexually transmitted diseases among those 18 and over has been considerably lower in the East Central District, as compared to the state. However, rates of STDs among adults appear to be on the rise due to increases in Nance and Platte Counties (Figure 211).

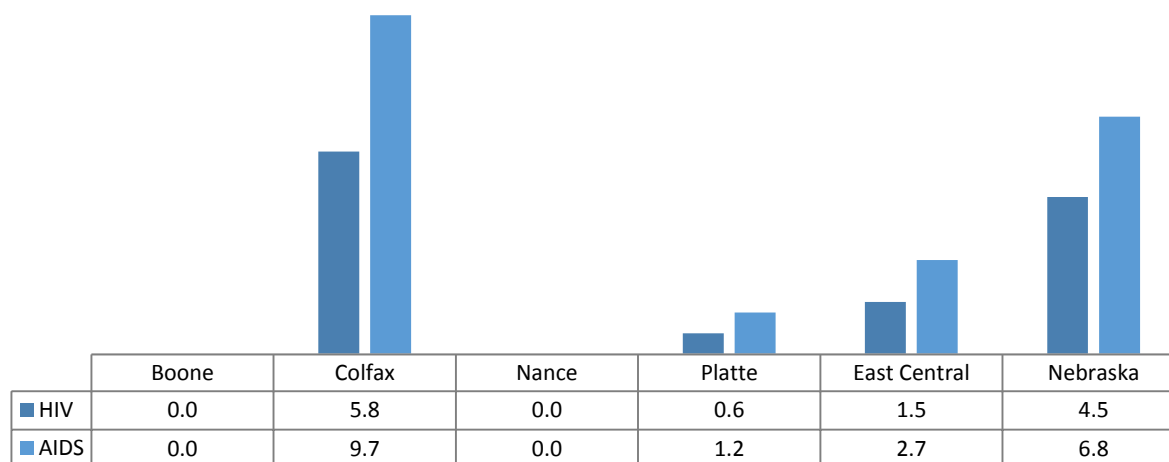
Figure 211. Incidence of Sexually Transmitted Diseases among those 18 and Over per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

The incidence of HIV and AIDS is alarmingly high in Colfax County, while HIV/AIDS remains low throughout the rest of the district (Figure 212). Data for the East Central District in 2016 shows that there were two new infections identified, at a rate of 3.83 per 100,000 population. Due to the small number, DHHS did not release HIV/AIDS data at the county level (02/2018).

Figure 212. Incidence of HIV and AIDS per 100,000 Population (2007-2011)



(Source: Nebraska Department of Health and Human Services)

Aging Population

Approximately one-fifth of the population in Boone and Colfax Counties are 65 and older, rates which are notably higher than the state (Figure 213).

Figure 213. Percent of the Population Ages 65 and Over (2012 & 2016)

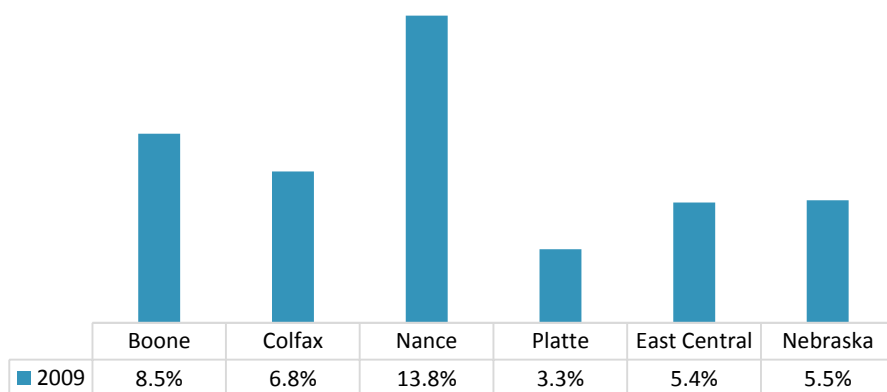
	2012	2016
Boone	21.2%	21.3%
Colfax	13.9%	13.1%
Nance	19.2%	20.5%
Platte	14.6%	15.7%
East Central	15.5%	16.1%
Nebraska	13.5%	14.4%
United States	13.2%	14.5%

(Source: U.S. Census/American Community Survey 5-Year Estimates)

Nursing Home and Long-Term Care

Among the population 65 and over, 8.5% in Boone and 13.8% in Nance Counties are in a nursing home or long-term care, rates which are considerably higher than the state (Figure 214).

Figure 214. Percent of Population Ages 65 and Over in a Nursing Home or Long-Term Care



(Source: Nebraska Department of Health and Human Services)

Dementia

As of 2018, there were 1,666 individuals in the East Central District estimated to have Dementia (Figure 215).

Figure 215. Estimated Number of Individuals over 65 with Dementia

	2009	2011	2018	Percent Change
Boone	234	246	233	-5.3%
Colfax	264	293	262	-10.6%
Nance	137	147	147	0.0%
Platte	1,060	948	1024	8.0%
East Central	1,696	1,635	1,666	1.9%
Nebraska	46,922	48,407	52,955	9.4%

(Source: Alzheimer's Association; Nebraska Department of Health and Human Services)

Approximately 1-in-5 adults over 65 have dementia in the East Central District, a rate that is comparable to the state (Figure 216).

Figure 216. Percent of Population Ages over 65 with Dementia (2011 & 2016)		
	2011	2016
Boone	21.2%	20.6%
Colfax	20.7%	19.2%
Nance	21.0%	20.3%
Platte	19.5%	19.2%
East Central	20.1%	19.5%
Nebraska	19.3%	18.5%

(Source: Nebraska Department of Health and Human Services)

Perceptions of Community Support for the Elderly

In the 2017 administration of the Community Health Survey, over nearly 85% of respondents agreed or strongly agreed with the statement: "This community is a good place to grow old (considering elder-friendly housing, transportation to medical services, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)." In 2017, those under 40 answered more positively on this survey item, but in 2014 there was virtually no difference between age groups. In the survey administrations, Boone County respondents have answered more positively than respondents from other counties. (Figure 217).

Figure 217. This community is a good place to grow old (considering elder-friendly housing, transportation to medical services, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)			
	2011	2014	2017
Boone	91.1%	81.8%	94.5%
Colfax	59.0%	55.3%	72.8%
Nance	65.7%	63.6%	86.7%
Platte	62.4%	70.3%	86.5%
White	71.2%	66.3%	86.3%
Minority	45.3%	71.8%	81.0%
Male	69.6%	66.0%	87.0%
Female	64.0%	67.9%	84.5%
Under 40	54.3%	66.9%	88.8%
40 to 54	66.5%	67.4%	82.1%
55 & over	79.4%	67.4%	82.5%
East Central	65.1%	67.6%	84.9%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree. (Source: ECDHD, Community Health Survey, 2011, 2014 & 2017)

In 2011 and 2014 administrations of the Community Health Survey, around 70% of respondents perceived that there is a transportation service for older adults. Please note that this question was worded differently in 2017 (Figure 218).

Figure 218. There is a transportation service that takes older adults to medical facilities or to shopping centers.*			There are transportation resources that take me where I want to go.
	2011	2014	2017
Boone	89.3%	72.7%	27.3%
Colfax	70.2%	69.3%	62.0%
Nance	66.7%	59.1%	26.7%
Platte	65.8%	73.9%	42.8%
White	74.5%	70.3%	37.7%
Minority	53.8%	75.4%	63.0%
Male	72.5%	66.2%	58.0%
Female	69.1%	75.1%	39.1%
Under 40	64.8%	72.4%	46.2%
40 to 54	70.3%	70.3%	34.5%
55 & over	76.4%	72.5%	46.2%
East Central	69.6%	71.8%	43.1%

*Response options: strongly disagree, disagree, neutral, agree, strongly agree. (Source: ECDHD, Community Health Survey, 2011, 2014 & 2017)

In 2017, nearly 60% of respondents to the Community Health Survey felt that there are enough programs that provide meals for older adults in their community (Figure 219).

Figure 219. There are enough programs that provide meals for older adults in my community. *			
	2011	2014	2017
Boone	74.5%	69.7%	49.1%
Colfax	55.5%	64.6%	59.8%
Nance	63.9%	63.6%	44.4%
Platte	47.3%	56.5%	61.2%
White	57.3%	57.3%	56.5%
Minority	41.2%	64.8%	66.0%
Male	58.4%	56.0%	65.0%
Female	52.1%	60.1%	56.3%
Under 40	51.3%	53.5%	58.9%
40 to 54	51.6%	52.9%	53.1%
55 & over	59.5%	67.3%	60.8%
East Central	53.7%	59.1%	58.2%

*Response options: strongly disagree, disagree, neutral, agree, strongly agree. (Source: ECDHD, Community Health Survey, 2011, 2014 & 2017)

Less than half of respondents in the administrations of the Community Health Survey agreed or strongly agreed that there are networks of support for the elderly living alone (Figure 220).

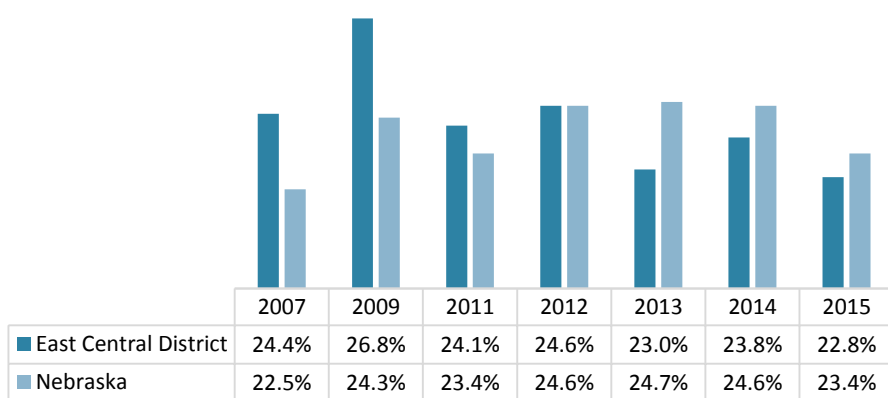
Figure 220. There are networks for support for the elderly living alone. *			
	2011	2014	2017
Boone	50.0%	56.3%	41.8%
Colfax	45.0%	43.1%	46.7%
Nance	33.3%	27.3%	51.1%
Platte	38.5%	43.8%	48.0%
White	41.1%	39.4%	43.3%
Minority	39.1%	60.7%	61.0%
Male	45.7%	48.7%	52.0%
Female	38.9%	42.2%	46.2%
Under 40	49.2%	49.0%	56.9%
40 to 54	31.8%	40.6%	43.4%
55 & over	38.6%	44.5%	39.2%
East Central	40.9%	44.6%	47.4%

*Response options: strongly disagree, disagree, neutral, agree, strongly agree. (Source: ECDHD, Community Health Survey, 2011, 2014 & 2017)

Arthritis

Approximately 1-in-4 East Central District respondents to the BRFSS have indicated that they have arthritis from 2007-2015. This is basically comparable to the state (Figure 221).

Figure 221. Percent of Adults Ages 18 and Over Ever Told They Have Arthritis

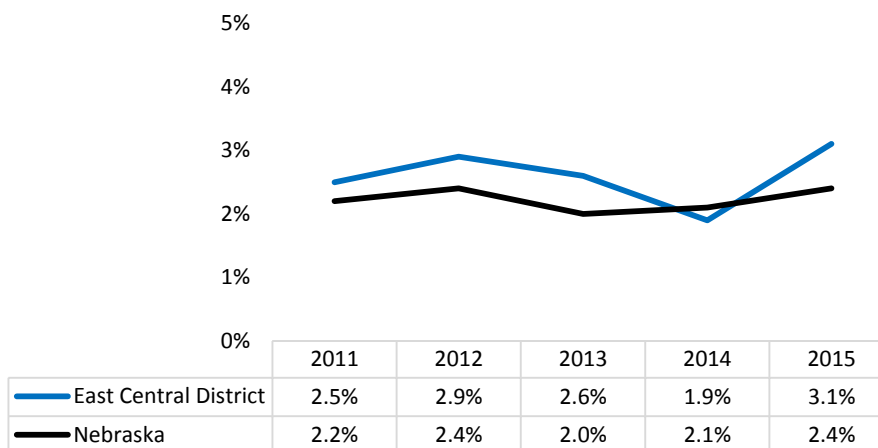


(Source: Behavioral Risk Factor Surveillance System)

Kidney Disease

3.1% of East Central respondents to the BRFSS in 2015 have reported that they have ever been told they have kidney disease (Figure 222).

Figure 222. Percent of Adults Ages 18 and Over Ever Told They Have Kidney Disease



(Source: Behavioral Risk Factor Surveillance System)

Oral Health

Compared to the state, a lower percentage of East Central respondents to the BRFSS have reported that they visited a dentist or dental clinic in the past year, and higher percentages have reported having permanent teeth extracted due to gum disease (Figure 223).

Figure 223. Indicators of Oral Health among Adults Ages 18 and Over (2012)

	East Central	Nebraska
Visited a dentist or dental clinic for any reason in the past year	61.2%	67.6%
Ever had any permanent teeth extracted due to tooth decay or gum disease	46.3%	39.8%
Had all permanent teeth extracted due to tooth decay or gum disease (adults ages 65 and older)	17.8%	13.4%

(Source: Behavioral Risk Factor Surveillance System)

Section III. Community Health Needs and Priorities

Based upon the preceding data from Sections I and II, community health needs have been selected by the author of this report. The needs and priorities are not ranked, but are merely listed in alphabetical order. The selection of health priorities and strategies will be the work of the public health department, county hospitals, and other local agencies using this document as a reference.

Overall East Central District

Following the demographic profile, 17 community health needs and priorities for the entire East Central District are listed alphabetically in Figure 1 below with a brief description of the rationale for selection. Data that support the selection and prioritization of the community health needs follow.

Demographic Profile: East Central District

Population: 52,162

% White: 82.1%

% Hispanic: 19.8% (of any race)

Median age: 37.0

Median Household Income: \$62,500

% at or below Poverty: 9.5%

% with High School Degree/GED/Equivalent or higher: 86.3%

Figure 1: Community Health Needs and Priorities for the East Central District

Community Health Needs and Priorities	Rationale for Selection
1. Access to Health Care Professionals	<ul style="list-style-type: none">With the exception of FM/GP, Pediatrics, and LPNs, all of the major health care professions in the East Central District are responsible for serving a higher number of individuals than the state.There are numerous Federally and State Designated Health Professional Shortages in the East Central District.
2. Aging Population	<ul style="list-style-type: none">As of 2016, 16.1% of the East Central population was over the age of 65 (state comparison: 14.4%).As of 2016, the median age was 39.9 for the East Central District (state comparison: 36.3).In 2016, 19.5% of the East Central population ages 65 and over had dementia (state comparison: 18.5%).In a 2017 survey, just 47.4% of respondents from the East Central District agreed or strongly agreed that there are networks for support for the elderly living alone.
3. Alcohol and Drug Use	<ul style="list-style-type: none">Alcohol and drug use were identified by East Central respondents as the top health concerns and risky behaviors in a 2017 survey.In 2016, 16.7% of East Central 12th graders reported using marijuana in the past 30 days (state comparison: 15.7%).In 2015, 19.1% of adults ages 18 and over reported binge drinking in the past 30 days (state comparison: 19.5%).In 2015, 6.5% of adults ages 18 and over reported heavy drinking (state comparison: 5.7%).

Community Health Needs and Priorities <i>(continued)</i>	Rationale for Selection
4. Alcohol Impaired Driving	<ul style="list-style-type: none"> ▪ In 2016, between 6.4%% and 9.0% of East Central 10th, and 12th graders, respectively, reported riding in a vehicle driven by someone who had been drinking alcohol in the past 30 days. ▪ In 2014, 3.5% of East Central adults ages 18 and over reported alcohol impaired driving in the past 30 days (state comparison: 2.5%).
5. Births to Teen Mothers	<ul style="list-style-type: none"> ▪ From 2011 to 2015, there were 274 births to teen mothers in the East Central District, comprising 7.1% of all births (state comparison: 5.9%)
6. Educational Attainment	<ul style="list-style-type: none"> ▪ As of 2016, 86.3% of the over 25 population in the East Central District has at least a High School Degree or GED/Equivalent (state comparison: 90.7%).
7. Health Insurance	<ul style="list-style-type: none"> ▪ As of 2016, 5.5% of the under 18 population in East Central was without health insurance (state comparison: 5.3%).
8. Infant Mortality	<ul style="list-style-type: none"> ▪ From 2008 to 2012, there were 22 infant mortalities in the East Central District, making for a rate of 5.6 per 1,000 live births (state comparison: 5.2 per 1,000).
9. Language	<ul style="list-style-type: none"> ▪ As of 2015, 18.0% of the East Central population ages 5 and over spoke a language other than English at home (state comparison: 11.0%).
10. Motor Vehicle Safety	<ul style="list-style-type: none"> ▪ From 2011 to 2015, the motor vehicle death rate in the East Central District was 21.9 per 100,000 (state comparison: 12.9 per 100,000). ▪ In 2015, 70.3% of East Central adults ages 18 and over reported that they always wear a seat belt when driving or riding in a car (state comparison: 75.4%).
11. Obesity/Overweight and Physical Activity	<ul style="list-style-type: none"> ▪ In 2015, 69.2% of East Central adults ages 18 and over were overweight or obese (BMI 25 or higher) (state comparison: 67.0%). ▪ In 2016-2017, 40% or more of East Central 5th and 8th graders were overweight or obese (BMI 25 or higher). ▪ In 2015, 15.9% of East Central adults ages 18 met both aerobic physical activity and muscle strengthening recommendation (state comparison: 21.8%).
12. Oral Health	<ul style="list-style-type: none"> ▪ In 2014, 64.0% of adults ages 18 and over in the East Central District reported that they visited a dentist for any reason in the past year (state comparison: 66.9%), and 44.3% reported that they had any permanent teeth extracted due to tooth decay or gum disease (state comparison: 39.1%).
13. Pneumonia and Influenza Immunization for the Over 65 Population	<ul style="list-style-type: none"> ▪ In 2015, 75.5% of adults over the age of 65 in the East Central District were ever immunized for pneumonia and 66.4% were immunized for influenza in the past year (state comparison: 73.8% and 65.2%, respectively).
14. Poverty	<ul style="list-style-type: none"> ▪ As of 2016, 11.8% of the under 18 population in the East Central District was in poverty (state comparison: 16.4%).
15. Single Parent Households	<ul style="list-style-type: none"> ▪ As of 2016, 24.4% of children in the East Central District lived in a single parent household (state comparison: 29.3%). ▪ As of 2016, 69.5% of children in single mother family households were at or below poverty (state comparison: 55.5%). ▪ In 2016, 35.6% of births in the East Central District were to unmarried women (state comparison: 32.9%).
16. Teen Sexual Activity	<ul style="list-style-type: none"> ▪ In 2017, 31.8% of East Central high school students reported that they have ever had sex (state comparison: 29.1%). ▪ In 2017, 9.6% of East Central high school students reported that they have ever been physically forced to have sex (state comparison: 8.4%).
17. Unintentional Injury Deaths	<ul style="list-style-type: none"> ▪ From 2011 to 2015, the rate of unintentional injury deaths per 100,000 population was 54.7 in the East Central District (state comparison: 40.0 per 100,000).

Access to Health Care Professionals

Figure 2. Persons Responsible per Health Care Professional (2017)						
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Physicians	595	N/A	3,607	1,022	1,242	426
FM/GP	892	5,250	1,804	2,725	2,371	2,440
Internal Medicine	N/A	N/A	N/A	32,703	52,162	8,496
Pediatrics	5,353	N/A	N/A	4,672	6,520	8,312
OB/GYN	N/A	N/A	N/A	10,901	17,387	11,567
Psychiatrists	N/A	N/A	N/A	N/A	N/A	11,708
Dentists	1,338	5,250	3,607	2,725	2,745	1,515
Pharmacists	892	2,625	1,202	962	1,110	757
Physical Therapists	2,677	10,499	1,202	1,090	1,449	1,127
Physician Assistants	765	10,499	3,607	3,270	2,745	173
Nurse Practitioners	N/A	2,625	3,607	2,516	2,898	1,281
RNs*	80	256	180	115	126	87
LPNs*	112	456	190	240	231	333

*Data for RNs, and LPNs are from renewal surveys 2016 and 2015, respectively. (Sources: Nebraska Department of Health and Human Services. Licensure Unit; University of Nebraska Medical Center, College of Public Health, Health Professions Tracking Service)
(Source: Nebraska Department of Health and Human Services)

Figure 3. Federally Designated Health Professional Shortages (2017)					
	Boone	Colfax	Nance	Platte	East Central
Primary Care					
Mental Health	✓	✓	✓	✓	✓
Dental Health					

(Source: Nebraska Department of Health and Human Services)

Figure 4. State Designated Health Professional Shortages (2014)					
	Boone	Colfax	Nance	Platte	East Central
Family Practice		✓	✓	◦	<i>partial</i>
General Surgery	✓	✓	✓	✓	✓
Internal Medicine	✓	✓	✓	✓	✓
Pediatrics		✓	✓	✓	<i>partial</i>
Obstetrics/Gynecology	✓	✓	✓	✓	✓
Psychiatrics	✓	✓	✓	✓	✓
Dental		<i>partial</i>	✓		<i>partial</i>
Pharmacy		✓	✓		<i>partial</i>
Occupational Therapy		<i>partial</i>			<i>partial</i>
Physical Therapy					

(Source: Nebraska Department of Health and Human Services)

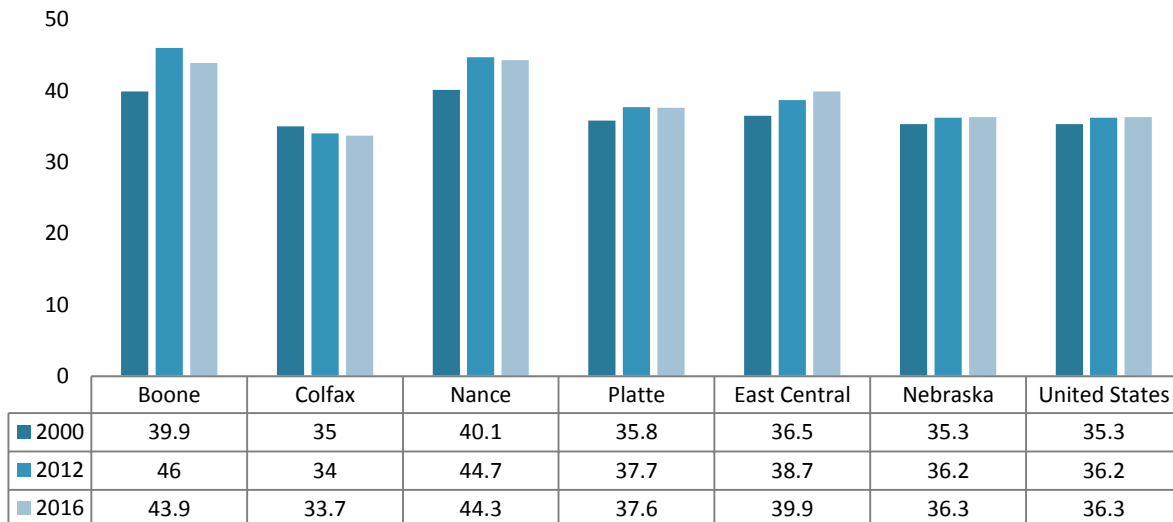
Aging Population

Figure 5. Percent of the Population Ages 65 and Over (2012 & 2016)

	2012	2016
Boone	21.2%	21.3%
Colfax	13.9%	13.1%
Nance	19.2%	20.5%
Platte	14.6%	15.7%
East Central	15.5%	16.1%
Nebraska	13.5%	14.4%
United States	13.2%	14.5%

(Source: U.S. Census/American Community Survey 5-Year Estimates. Table S0101)

Figure 6. Median Age



*An average weighted by the population of each county. (Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 7. Percent of Population Ages over 65 with Dementia (2011 & 2016)

	2011	2016
Boone	21.2%	20.6%
Colfax	20.7%	19.2%
Nance	21.0%	20.3%
Platte	19.5%	19.2%
East Central	20.1%	19.5%
Nebraska	19.3%	18.5%

(Source: Nebraska Department of Health and Human Services)

Figure 8. There are networks for support for the elderly living alone.			
	2011	2014	2017
Boone	50.0%	56.3%	41.8%
Colfax	45.0%	43.1%	46.7%
Nance	33.3%	27.3%	51.1%
Platte	38.5%	43.8%	48.0%
White	41.1%	39.4%	43.3%
Minority	39.1%	60.7%	61.0%
Male	45.7%	48.7%	52.0%
Female	38.9%	42.2%	46.2%
Under 40	49.2%	49.0%	56.9%
40 to 54	31.8%	40.6%	43.4%
55 & over	38.6%	44.5%	39.2%
East Central	40.9%	44.6%	47.4%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree. (Source: ECDHD, Community Health Survey, 2011, 2014 & 2017)

Alcohol and Drug Use

Figure 9. In the following list, what do you think are the 3 most important "health concerns" in our community? Check only 3 (2017 only)			
1. Alcohol/drug abuse	56.9%	14. Child abuse/neglect	5.3%
2. Cancers	33.9%	15. Domestic violence	4.8%
3. Obesity	29.3%	16. Dental care	3.3%
4. Mental health problems	28.5%	17. Respiratory/lung disease	2.2%
5. Housing that is adequate, safe, and affordable	25.6%	18. Sexually transmitted diseases	1.7%
6. Bullying	22.7%	19. Rape/sexual assault	1.3%
7. Aging problems (e.g., arthritis, hearing/vision loss)	19.2%	20. Firearm-related injuries	0.9%
8. Diabetes	16.9%	21. Infectious diseases (e.g., hepatitis, TB)	0.7%
9. Heart disease and stroke	13.1%	22. HIV/AIDS	0.6%
10. High blood pressure	9.9%	23. Homicide	0.6%
11. Motor vehicle crash injuries	7.7%	24. Infant death	0.4%
12. Teenage pregnancy	6.8%	25. Other	0.0%
13. Suicide	6.1%		

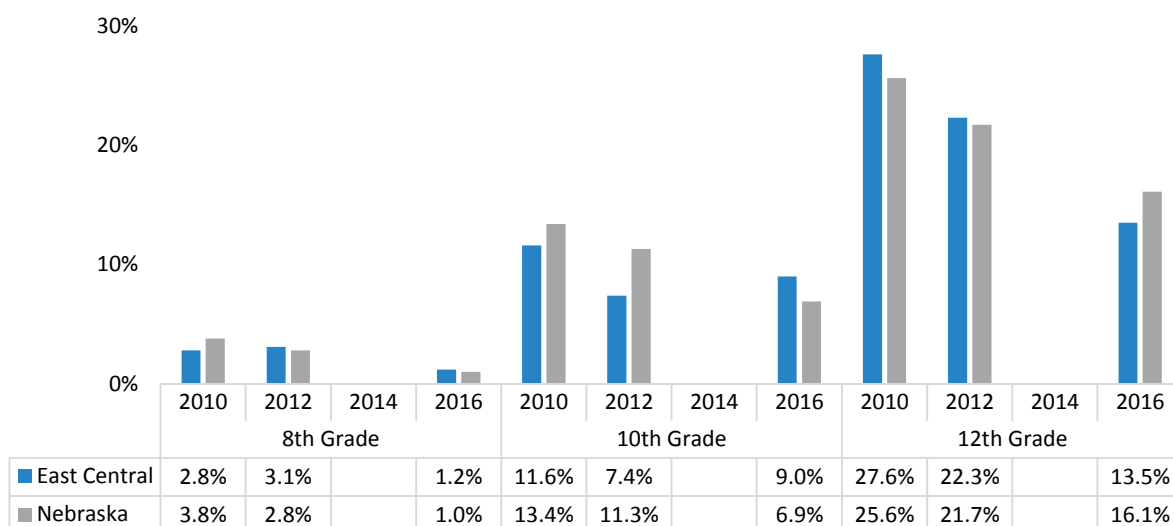
(Source: ECDHD, Community Health Survey, 2017)

Figure 10. In the following list, what do you think are the 3 most important "risky behaviors" in our community? (those behaviors that have the greatest impact on overall community health) Check only 3 (East Central District, 2017)

1. Alcohol abuse	59.6%	9. Not following doctor's advice	10.4%
2. Drug abuse	53.3%	10. Racism	8.8%
3. Texting/cell phone while driving	44.1%	11. Unsafe sex	6.7%
4. Poor eating habits	29.2%	12. Dropping out of school	6.1%
5. Lack of exercise	24.1%	13. Not getting "shots" to prevent disease	4.7%
6. Not using seat belts and/or child safety seats	14.3%	14. Not using birth control	3.3%
7. Overeating	13.5%	15. Other	1.4%
8. Tobacco use/or electronic cigarette use	11.4%		

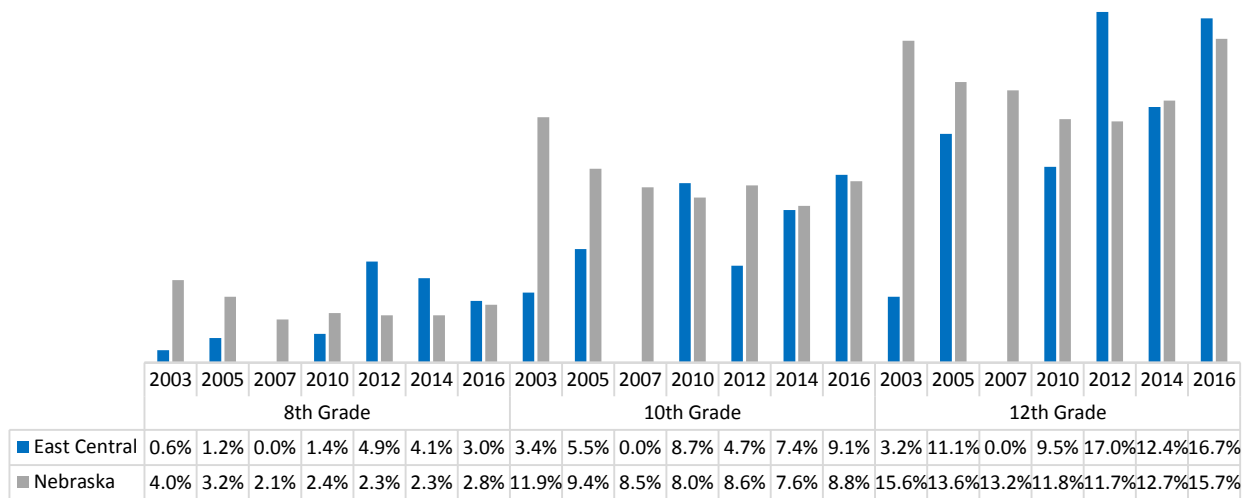
(Source: ECDHD, Community Health Survey, 2017)

Figure 11. Past 30-Day Binge Drinking* among 8th to 12th graders



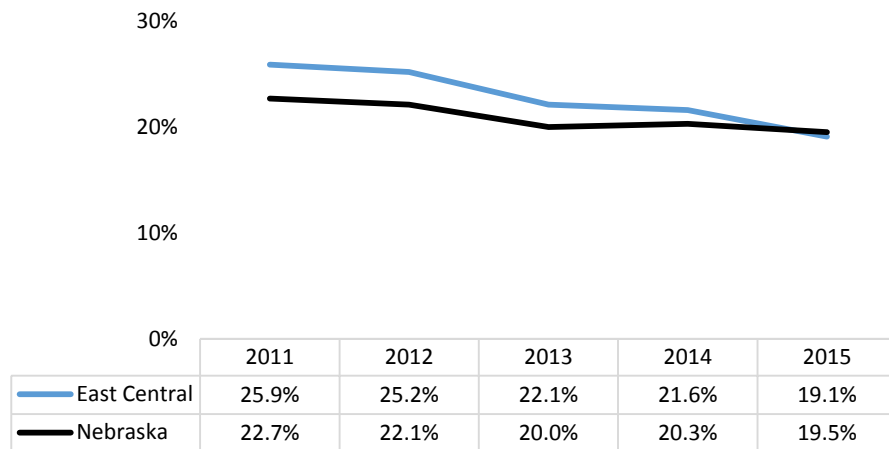
*Binge drinking defined as 5 or more drinks in a row. Data was not available in 2014 (Source: Nebraska Risk and Protective Factor Student Survey)

Figure 12. Past 30-Day Marijuana Use among 8th to 12th graders



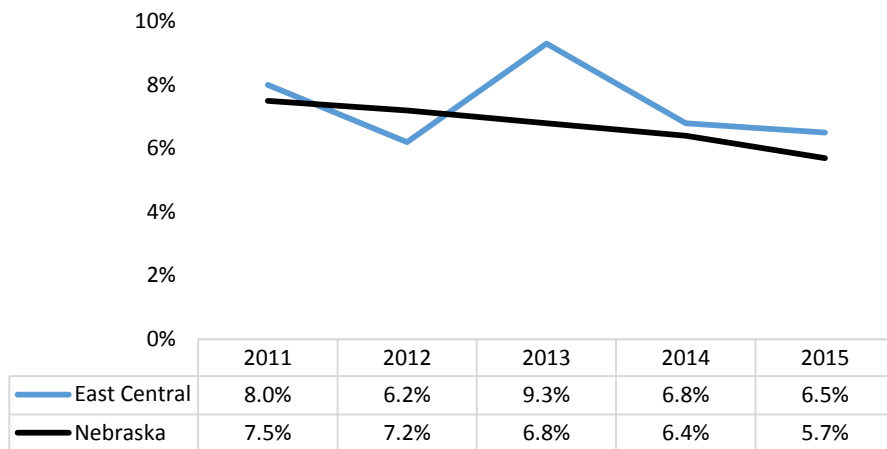
(Source: Nebraska Risk and Protective Factor Student Survey)

Figure 13. Binge Drinking* in the Past 30 Days among Adults Ages 18 and Over



*Binge drinking defined as 4 drinks in a row for women, 5 for men. (Source: Behavioral Risk Factor Surveillance System)

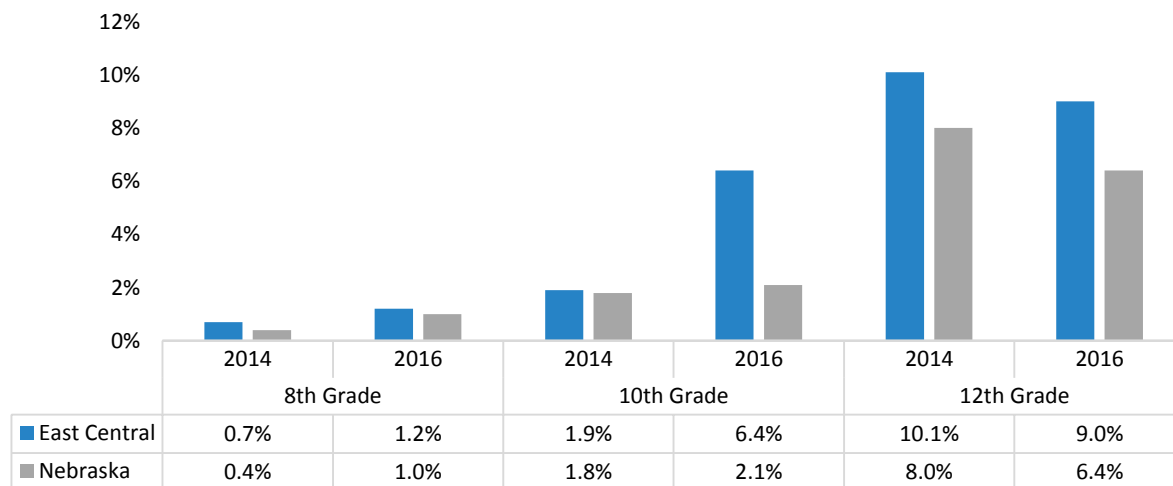
Figure 14. Heavy Drinking in the Past 30 Days among Adults Ages 18 and Over



*Heavy drinking defined as more than 1 drink per day on average in the past month for women (more than 30 drinks total in the past month), and more than 2 drinks per day for men (more than 60 drinks total in the past month). (Source: Behavioral Risk Factor Surveillance System)

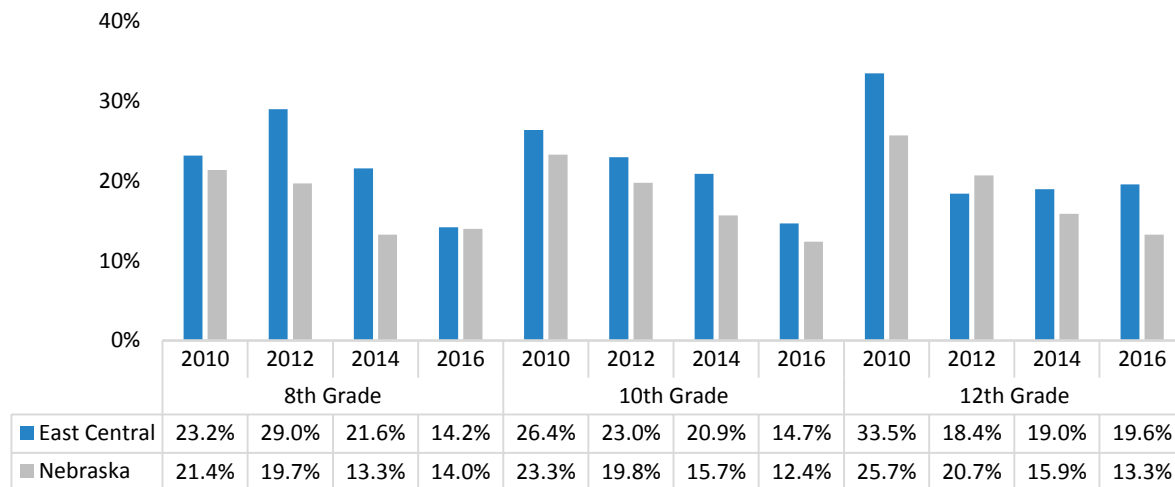
Alcohol Impaired Driving

Figure 15. Past 30 Day Alcohol Impaired Driving among 8th to 12th Graders



(Source: Nebraska Risk and Protective Factor Student Survey)

Figure 16. Rode in a Vehicle Driven by Someone Who Had been Drinking Alcohol in the Past 30 Days among 8th to 12th Graders



(Source: Nebraska Risk and Protective Factor Student Survey)

Figure 17. Alcohol Impaired Driving in the Past 30 Days among Adults Ages 18 and Over (2014^x)

East Central	Nebraska
3.5%	2.5%

Data was not available in 2015. (Source: Behavioral Risk Factor Surveillance System)

Births to Teen Mothers

Figure 18. Number and Percent of Births to Teen Mothers

	2005-2009	2006-2010	2007-2011	2008-2012	2011-2015
Boone	20, 6.7%	18, 6.0%	17, 5.5%	13, 4.2%	14, 4.6%
Colfax	140, 13.4%	124, 12.3%	113, 11.3%	95, 9.8%	67, 7.6%
Nance	6, 2.9%	10, 5.0%	9, 4.1%	10, 4.4%	9, 4.2%
Platte	247, 10.2%	241, 9.9%	237, 9.7%	229, 9.4%	184, 7.5%
East Central	413, 10.4%	393, 9.9%	376, 9.5%	347, 8.8%	274, 7.1%
Nebraska	11,168, 8.4%	10,968, 8.2%	10,570, 8.0%	9,955, 7.6%	7,805, 5.9%

(Source: Nebraska Department of Health and Human Services. 2015 Vital Statistics Report. Table 7)

Educational Attainment

Figure 19. Four-Year High School Graduation Rate*

	2011	2012	2013	2017
Boone	93.8%	92.6%	-	98.2%
Colfax	90.4%	90.1%	80.0%	90.7%
Nance	94.0%	-	97.3%	87.9%
Platte	86.4%	88.7%	84.2%	87.3%
East Central	88.9%	89.5%	84.4%	89.2%
Nebraska	86.1%	87.6%	88.5%	89.1%

*The source data are reported by school districts. County and district-level rates are calculated by taking the weighted average of all school districts within a county/district.

Note: Data has been masked to protect the identity of students using one the following criteria:

- 1) fewer than 10 students were reported in a group.
 - a) Fewer than 5 students were reported at a performance level.
- 2) All students were reported in a single group or performance category.

Use extreme caution when interpreting data as several school districts in East Central were masked.

(Source: Nebraska Department of Education. Table S1501)

Figure 20. Educational Attainment: High School and College - Individuals over 25 (2012 - 2016)

	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
2012 - Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	92.5%	70.0%	87.8%	89.3%	85.8%	90.5%	85.7%
2016 - Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	93.5%	71.5%	90.7%	89.0%	86.3%	90.7%	87.0%
2012 - Percent of the Population with at Least a Bachelor's Degree or Higher	14.2%	12.4%	12.1%	17.3%	15.6%	28.1%	28.5%
2016 - Percent of the Population with at Least a Bachelor's Degree or Higher	17.7%	13.9%	17.3%	21.4%	19.3%	30.0%	30.3%

*An average weighted by the over 25 population of each county.

(U.S. Census Bureau, American Community Survey, 5-year Estimates. Table S1501)

Falls

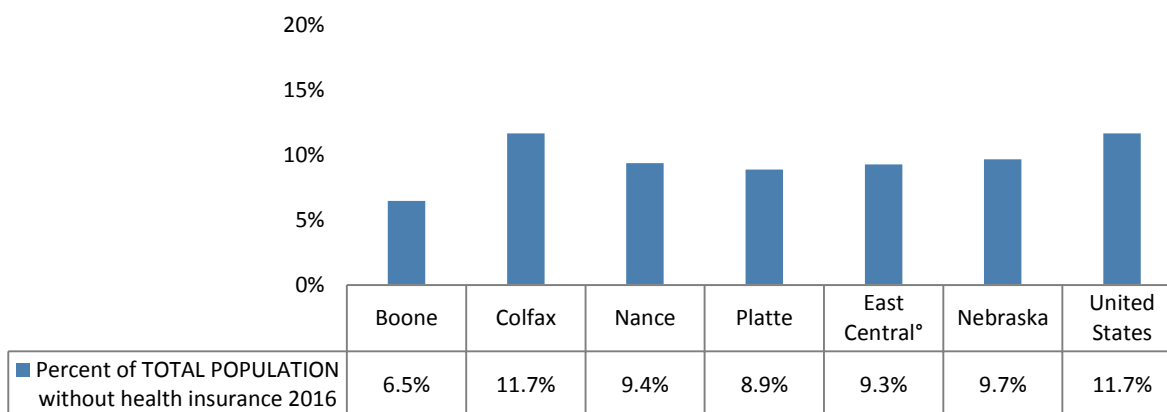
Figure 21. Falls among Adults Ages 45 and Over (2012 & 2014^x)

	East Central		Nebraska	
	2012	2014	2012	2014
Had a fall in the past year	31.9%	24.2%	28.8%	26.1%
Injured due to a fall in the past year	11.6%	8.0%	9.9%	8.8%

^xData was not available in 2015. (Source: Behavioral Risk Factor Surveillance System)

Health Insurance

Figure 22. Percent of Total Population without Health Insurance* (2016)

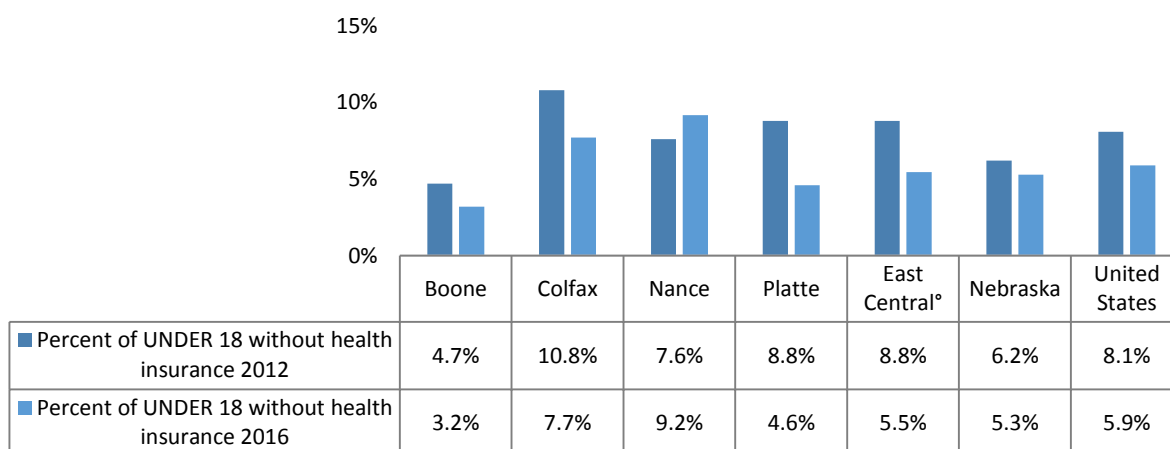


*Those who have neither a private nor public health insurance plan

°An average weighted by the population of each county.

(American Community Survey 5-Year Estimates, 2012 - 2016)

Figure 23. Percent of Under 18 Population without Health Insurance* (2012 - 2016)



*Those who have neither a private nor public health insurance plan.

*An average weighted by the population of each county. (American Community Survey 5-Year Estimates)

Infant Mortality

Figure 24. Number and Rate* of Infant Deaths per 1,000 Live Births

	2005-2009	2006-2010	2007-2011	2008-2012	2011-2015 [°]
Boone	0, -	0, -	0, -	0, -	2, 6.6
Colfax	9, 8.6	9, 8.9	8, 8.0	5, 5.2	4, 4.5
Nance	1, -	1, -	1, -	1, -	0, -
Platte	15, 6.2	15, 6.2	20, 8.2	16, 6.6	12, 4.9
<i>East Central</i>	25, 6.3	25, 6.3	29, 7.3	22, 5.6	18, 4.6
<i>Nebraska</i>	769, 5.8	758, 5.7	753, 5.7	690, 5.2	692, 5.3

*Crude rates are masked for counties with less than five events due to the rates being unstable with such a small number of cases. (Source: Nebraska Department of Health and Human Services. ° NE DHHS 2015 Vital Statistics Report. Table 59)

Language

Figure 25. Percent of Population Ages 5 and over Speaking a Language Other Than English at Home

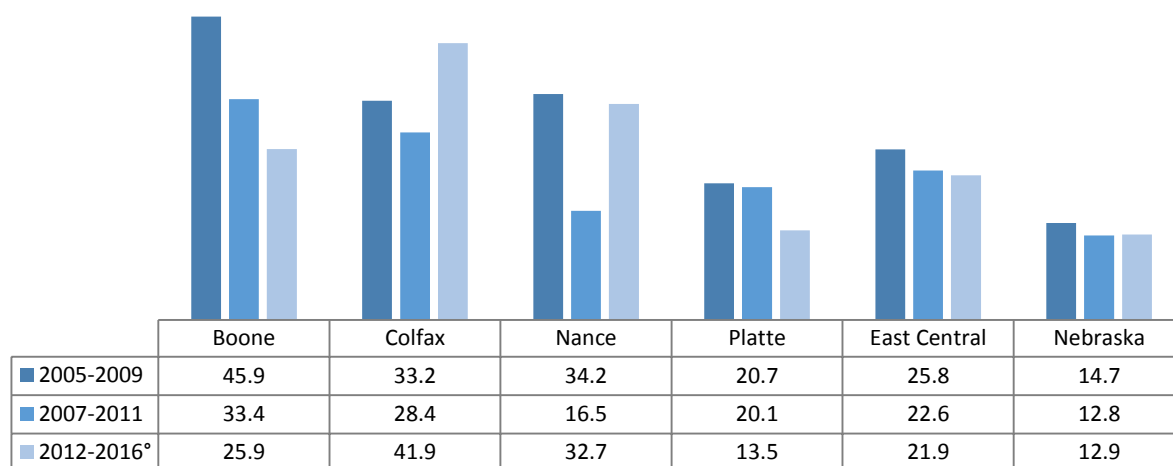
	2009	2010	2011	2012	2015
Boone	1.0%	0.8%	1.7%	1.6%	2.8%
Colfax	34.4%	35.9%	38.1%	40.2%	41.7%
Nance	3.2%	2.8%	2.2%	1.9%	2.2%
Platte	12.2%	13.2%	13.7%	13.8%	14.7%
<i>East Central*</i>	14.6%	15.5%	16.4%	16.8%	18.0%
<i>Nebraska</i>	9.2%	9.7%	9.9%	10.4%	11.0%

*An average weighted by the population of each county.

(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates. Table B16001)

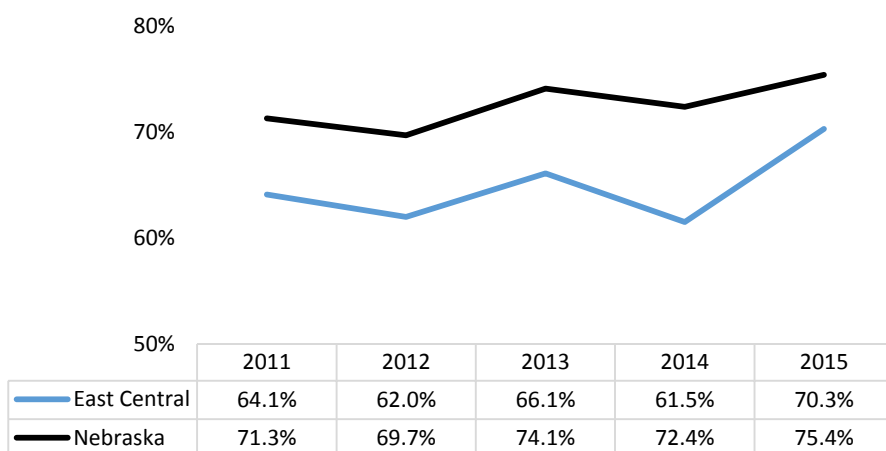
Motor Vehicle Safety

Figure 26. Motor Vehicle Death Rate per 100,000 Population



°Rates based on fewer than 20 cases may be unreliable. Boone and Nance counties had less than 10 cases between 2012 and 2016. (Source: Nebraska Department of Health and Human Services. 2012-2016: Nebraska Vital Statistics retrieved 2/2018)

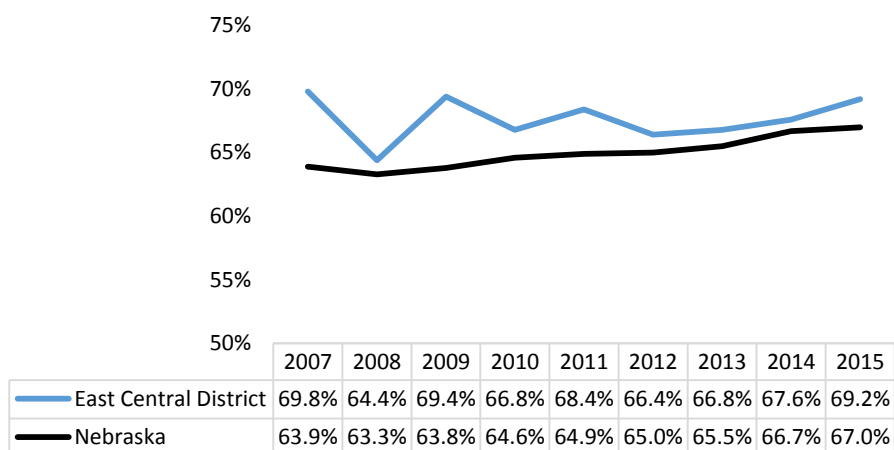
Figure 27. Percent of Adults Ages 18 and Over Who Always Wear a Seat Belt When Driving or Riding in a Car



(Source: Behavioral Risk Factor Surveillance System)

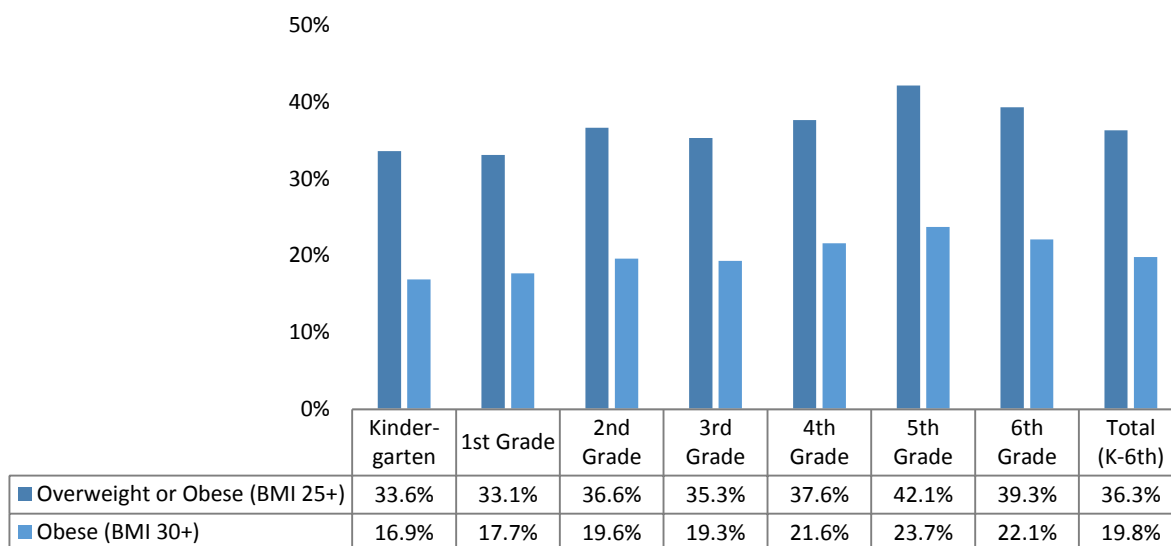
Obesity/Overweight and Physical Activity

Figure 28. Percent of the Adult Population Ages 18 and Over That is Overweight or Obese (BMI 25 or higher)



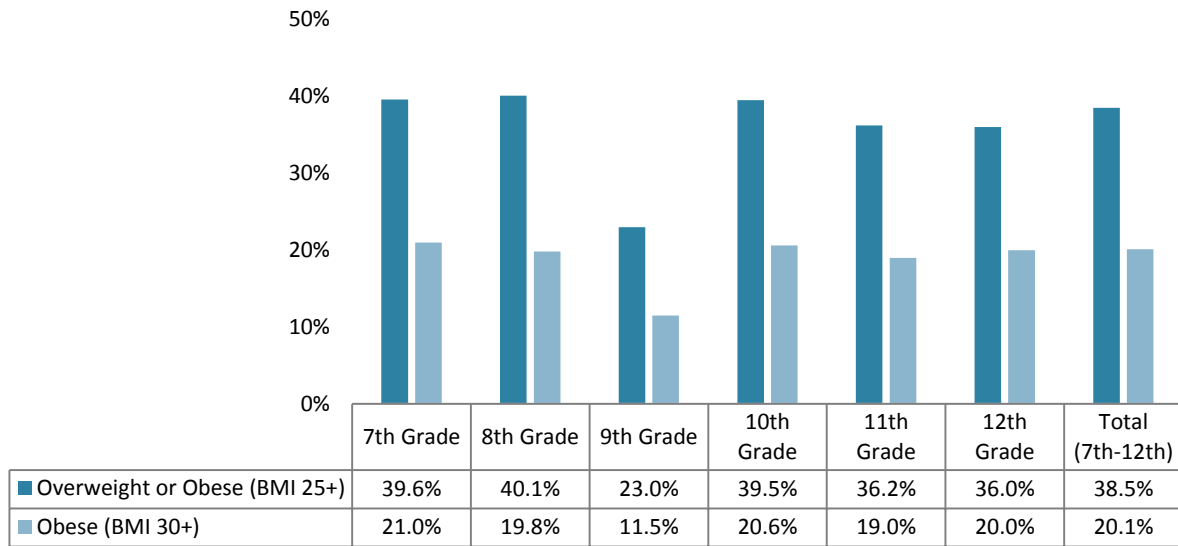
(Source: Behavioral Risk Factor Surveillance System)

Figure 29. East Central District BMI Data on K-6th Grade Students (2016-2017)



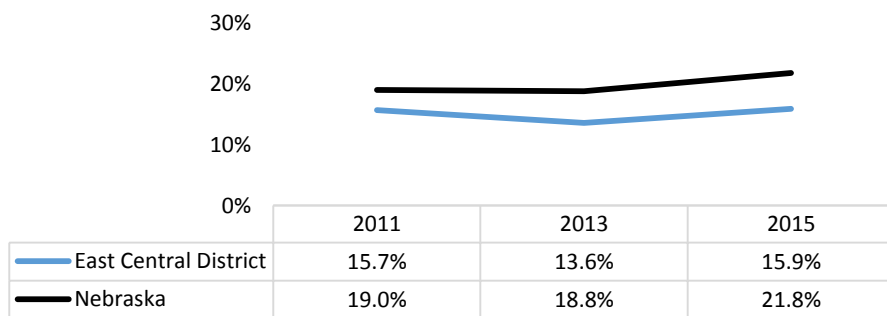
(Source: K-12 Student BMI Data, East Central District Health Department)

Figure 30. East Central District BMI Data on 7th-12th Grade Students (2016-2017)



(Source: K-12 Student BMI Data, East Central District Health Department)

Figure 31. Percent of the Adult Population Ages 18 and Over That Met Both Aerobic Physical Activity and Muscle Strengthening Recommendation



(Source: Behavioral Risk Factor Surveillance System)

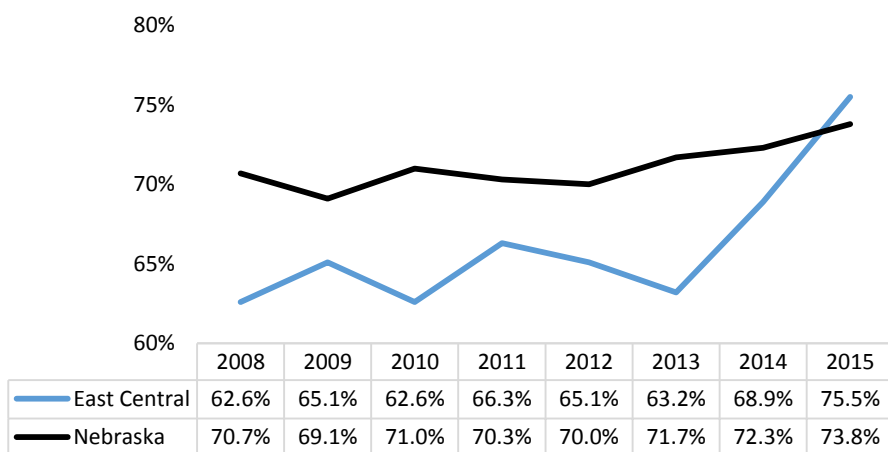
Oral Health

Figure 32. Indicators of Oral Health among Adults Ages 18 and Over (2012 & 2014[*])				
	East Central		Nebraska	
	2012	2014	2012	2014
Visited a dentist or dental clinic for any reason in the past year	61.2%	64.0%	67.6%	66.4%
Ever had any permanent teeth extracted due to tooth decay or gum disease	46.3%	44.3%	39.8%	39.1%
Had all permanent teeth extracted due to tooth decay or gum disease (adults ages 65 and older)	17.8%	17.1%	13.4%	14.1%

^{*}Data from 2015 was not available. (Source: Behavioral Risk Factor Surveillance System)

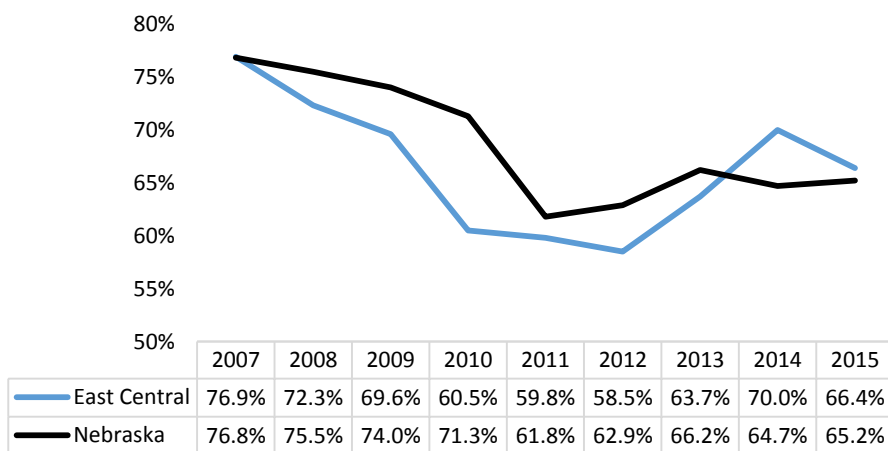
Pneumonia and Influenza Immunization for the Over 65 Population

Figure 33. Percent of Population over 65 Ever Immunized for Pneumonia



(Source: Behavioral Risk Factor Surveillance System)

Figure 34. Percent of Population over 65 Immunized for Influenza in the Past Year



(Source: Behavioral Risk Factor Surveillance System)

Poverty

Figure 35. Poverty Rates for the under 18 Population (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	11.7%	3.0%	10.0%	7.7%	-14.5%	-54.8%
Colfax	13.8%	8.9%	22.5%	16.0%	63.0%	16.2%
Nance	17.2%	7.3%	17.8%	10.3%	3.5%	-55.1%
Platte	9.0%	10.5%	16.6%	11.0%	84.4%	12.7%
East Central*	10.9%	9.2%	17.3%	11.8%	58.7%	-3.0%
Nebraska	11.8%	15.5%	16.7%	16.4%	41.5%	44.7%
United states	16.1%	19.2%	20.8%	21.2%	29.2%	34.7%

*An average weighted by the under 18 population of each county. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1701; Census 2000 – Table DP-3)

Single Parent Households

Figure 36. Number of Single Parent* Family Households with Children under 18 (2000-2016)

	2000	2010	2012	2016	% Change (2010 to 2016)
Boone	114	108	105	120	11.1%
Colfax	215	349	461	287	-17.8%
Nance	90	86	116	106	23.3%
Platte	733	1,023	1,132	905	-11.5%
East Central	1,152	1,566	1,814	1,418	-9.5%

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18. (Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 37. Number of Married Couple Family Households with Children under 18 (2000-2016)

	2000	2010	2012	2016	% Change (2010 to 2016)
Boone	721	583	489	424	-27.3%
Colfax	1,173	1,003	985	1,037	3.4.%
Nance	434	307	264	337	9.8%
Platte	3,721	2,808	2,560	2,587	-7.9%
East Central	6,049	4,701	4,298	4,385	-6.7%

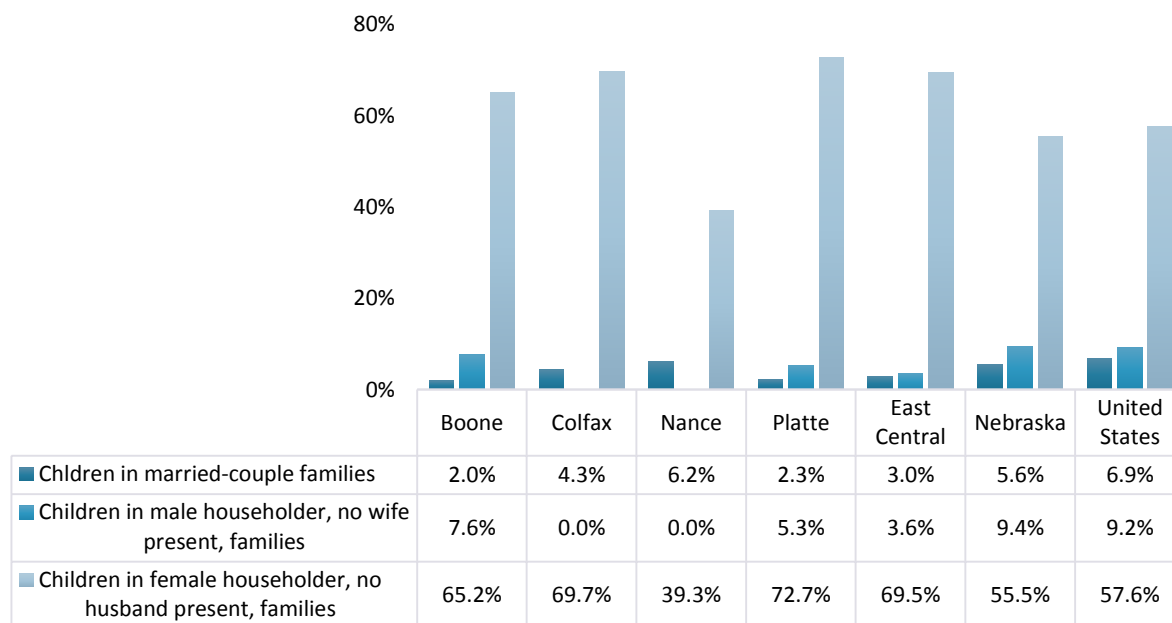
(Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 38. Percent of Children Living in Single Parent Households

	2009	2010	2011	2012	2016
Boone	15.1%	11.7%	12.4%	13.7%	15.8%
Colfax	28.8%	23.1%	29.7%	34.1%	26.3%
Nance	20.0%	26.3%	30.3%	34.7%	18.0%
Platte	23.9%	25.5%	27.3%	30.8%	28.7%
East Central	23.9%	23.7%	26.4%	30.1%	26.3%
Nebraska	25.7%	26.3%	27.3%	27.7%	28.6%

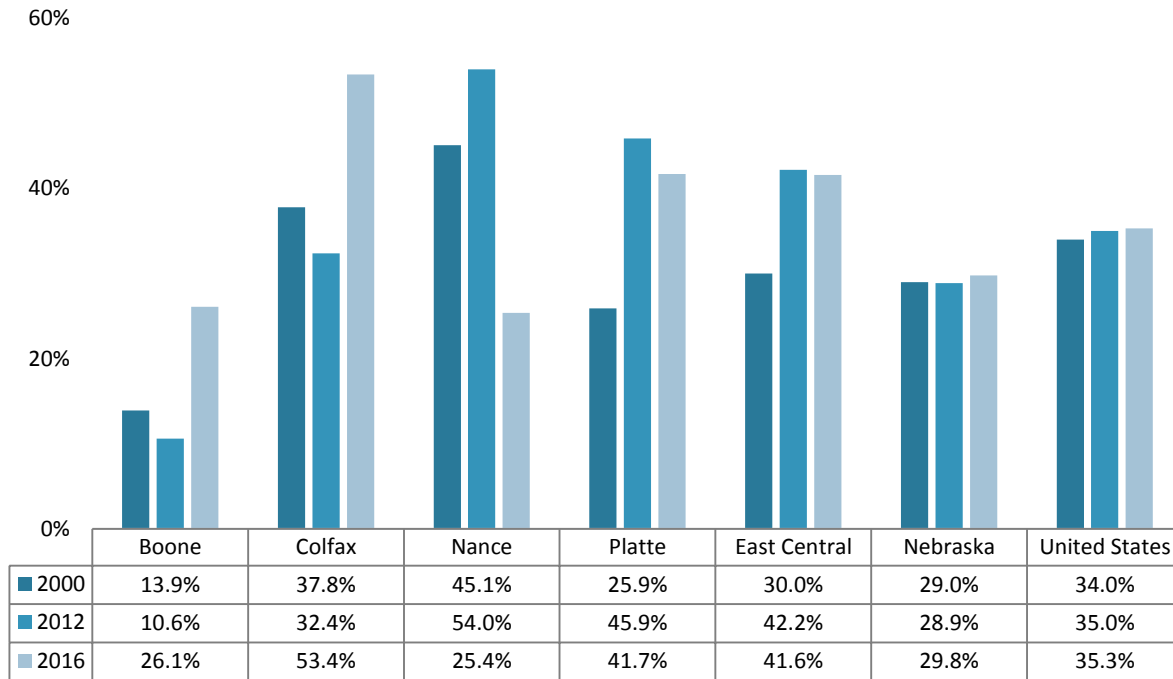
(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates)

Figure 39. Poverty Rates for Children by Family Type (2016)



(Source: U.S. Census/American Community Survey 5-Year Estimates. Table B17006)

Figure 40. Percent of Births to Unmarried Women (2000-2016)



(American Community Survey 5-Year Estimates)

Teen Sexual Activity

Figure 41. Percent of Teens That Have Ever Had Sex (2001, 2010 & 2017 Comparisons)

	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District 2001	20.0%	19.7%	35.2%	43.2%	29.8%
East Central District 2010	19.7%	38.2%	49.8%	51.9%	38.0%
East Central District 2017	18.2%	27.2%	35.5%	48.9%	31.8%
Nebraska 2010	17.2%	31.9%	47.7%	51.4%	34.9%
Nebraska 2017	10.9%	25.6%	36.5%	42.6%	29.1%

(Source: Youth Risk Behavior Survey)

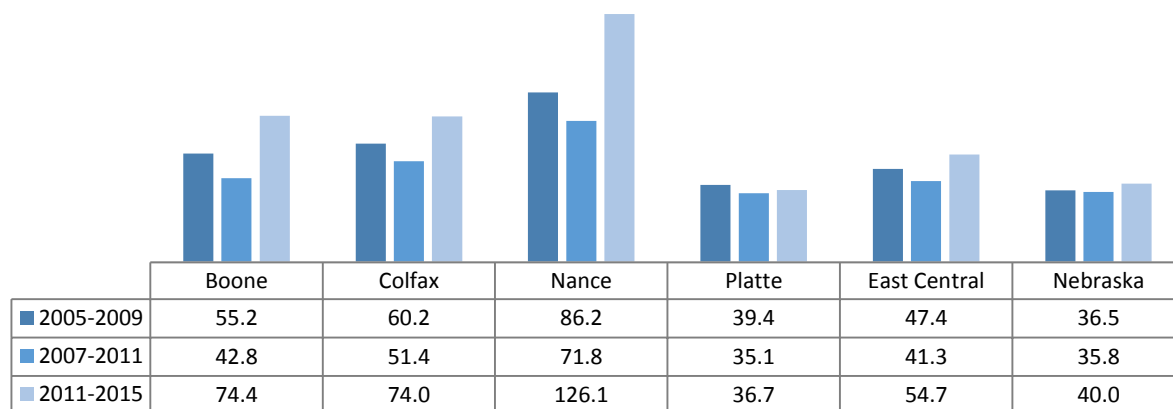
Figure 42. Percent of Teens Physically Forced to Have Sexual Intercourse, 2001, 2010 and 2017 Comparisons

	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District 2001	4.5%	4.4%	7.4%	6.1%	5.6%
East Central District 2010	8.8%	7.4%	13.0%	11.8%	10.4%
East Central District 2017	7.3%	9.4%	9.4%	13.0%	9.6%
Nebraska 2010	6.3%	6.6%	7.9%	10.0%	7.5%
Nebraska 2017	6.2%	8.1%	6.1%	12.7%	8.4%

(Source: Youth Risk Behavior Survey)

Unintentional Injury Deaths

Figure 43. Unintentional Injury Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Boone County

Following the demographic profile, 6 community health needs and priorities for the Boone County are listed alphabetically in Figure 1 below with a brief description of the rationale for selection. Data that support the selection and prioritization of the community health needs follow.

Demographic Profile: Boone County

Population: 5,353

% White: 96.9%

% Hispanic: 1.8%

Median age: 45.4

Median Household Income: \$51,890

% below Poverty level: 7.5%

% with High School Degree/GED/Equivalent or Higher: 93.5%

Source: 2012-2016 American Community Survey 5-Year Estimates (Tables: DP05; S0101; S1901; S1701; S1501)

Figure 1: Community Health Needs and Priorities for Boone County

Community Health Needs and Priorities	Rationale for Selection
1. Aging Population	<ul style="list-style-type: none"> As of 2016, 20.4% of the Boone County population was over the age of 65 (state comparison: 15.0%). As of 2016, the median age was 45.4 for Boone County (state comparison: 36.3). In 2016, 20.6% of the Boone County population ages 65 and over had dementia (highest in the ECDHD. State comparison: 18.5%).
2. Cancer	<ul style="list-style-type: none"> From 2011 to 2015, the rate of incidence of cancer in Boone County was 474.4 per 100,000 (highest in the ECDHD. State comparison: 455.0 per 100,000), and the rate of deaths due to cancer was 176.1 per 100,000 in Boone County (state comparison: 156.8). From 2011 to 2015, the rate of incidence of prostate cancer was 168.1 per 100,000 in Boone County (highest in the ECDHD. State comparison: 115.1), and the rate of deaths due to prostate cancer was 18.3 per 100,000 (state comparison: 20.2 per 100,000). From 2011 to 2015, the rate of incidence of breast cancer was 149.7 per 100,000 in Boone County (highest in the ECDHD. State comparison: 124.6), and the rate of deaths due to breast cancer was 30.2 per 100,000 (highest in the ECDHD. State comparison: 20.1 per 100,000). From 2011 to 2015, the rate of incidence of leukemia was 16.2 per 100,000 in Boone County (highest in the ECDHD. State comparison: 14.2), and the rate of deaths due to leukemia was 8.4 per 100,000 (state comparison: 7.1 per 100,000).
3. Motor Vehicle Safety	<ul style="list-style-type: none"> From 2011 to 2015, the motor vehicle death rate in Boone County was 25.9 per 100,000 (state comparison: 12.9 per 100,000).
4. Pneumonia and Influenza	<ul style="list-style-type: none"> From 2012 to 2016, the rates of inpatient hospitalizations for Pneumonia and Influenza were 377.5 per 100,000 and 24.7 per 100,000 respectively in Boone County (highest in the ECDHD. State comparison: 230.2 per 100,000 and 16.2 per 100,000, respectively).
5. Stroke	<ul style="list-style-type: none"> From 2011 to 2015, the rate of deaths due to stroke in Boone County was 89.3 per 100,000 (highest in the ECDHD. State comparison: 42.6 per 100,000).
6. Unintentional Injury Deaths	<ul style="list-style-type: none"> From 2011 to 2015, the rate of unintentional injury deaths per 100,000 population was 74.4 in Boone County (state comparison: 40.0 per 100,000).

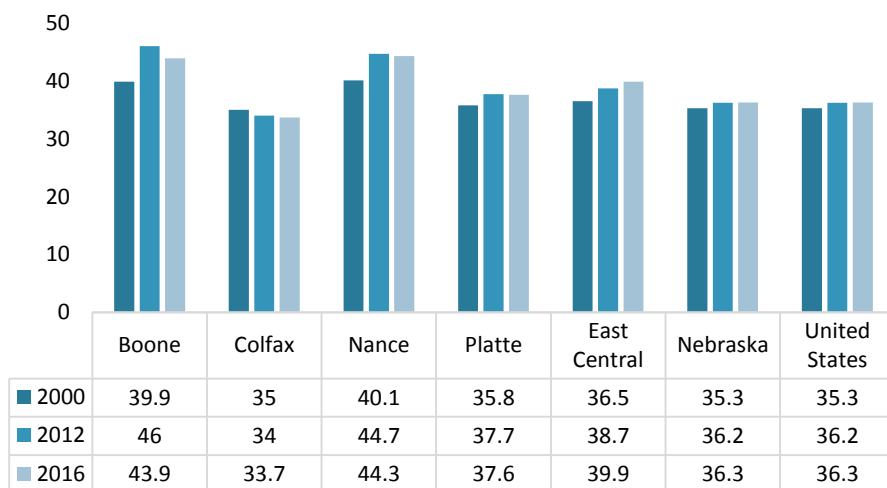
Aging Population

Figure 2. Percent of the Population Ages 65 and Over (2012 & 2016)

	2012	2016
Boone	21.2%	20.4%
Colfax	13.9%	13.4%
Nance	19.2%	20.3%
Platte	14.6%	16.3%
East Central	15.5%	16.4%
Nebraska	13.5%	15.0%
United States	13.2%	15.2%

(Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 3. Median Age



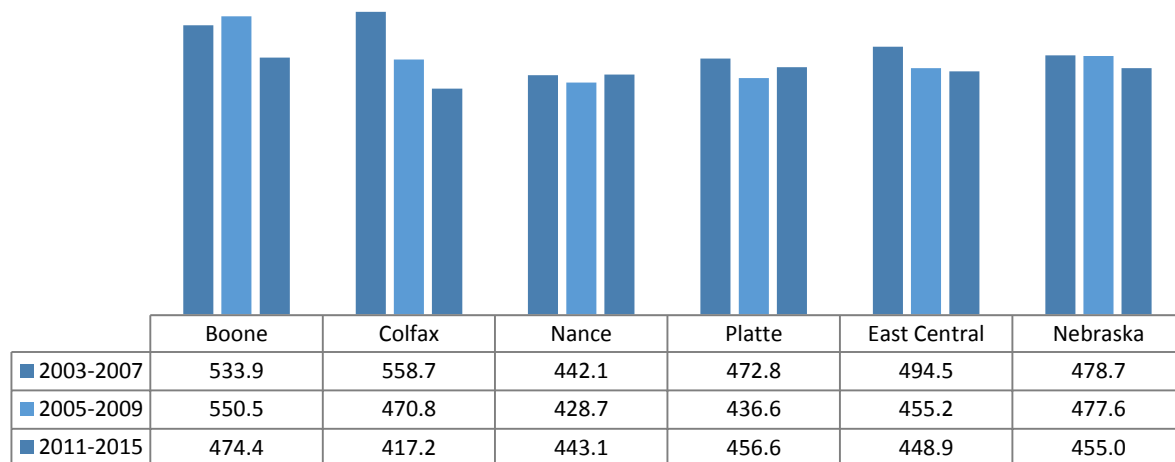
*An average weighted by the population of each county. (Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 4. Percent of Population Ages over 65 with Dementia (2011 & 2016)		
	2011	2016
Boone	21.2%	20.6%
Colfax	20.7%	19.2%
Nance	21.0%	20.3%
Platte	19.5%	19.2%
East Central	20.1%	19.5%
Nebraska	19.3%	18.5%

(Source: Nebraska Department of Health and Human Services)

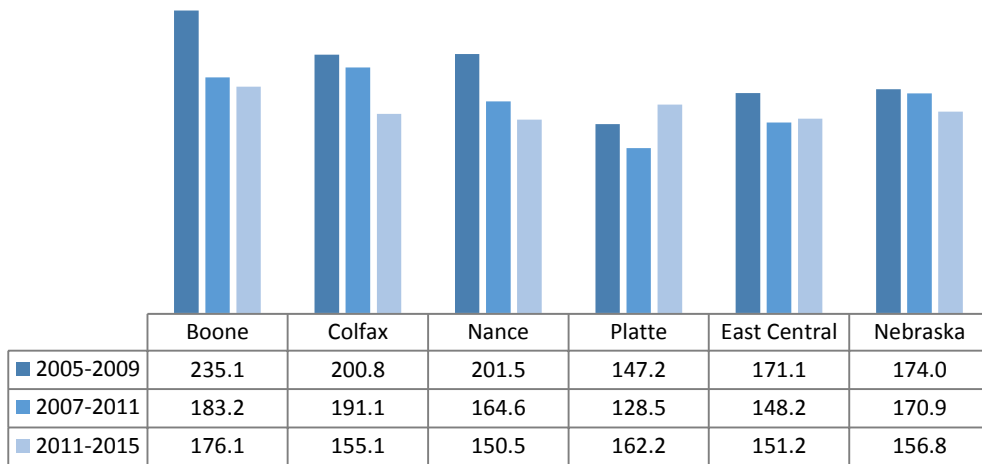
Cancer

Figure 5. Incidence of Cancer per 100,000 Population



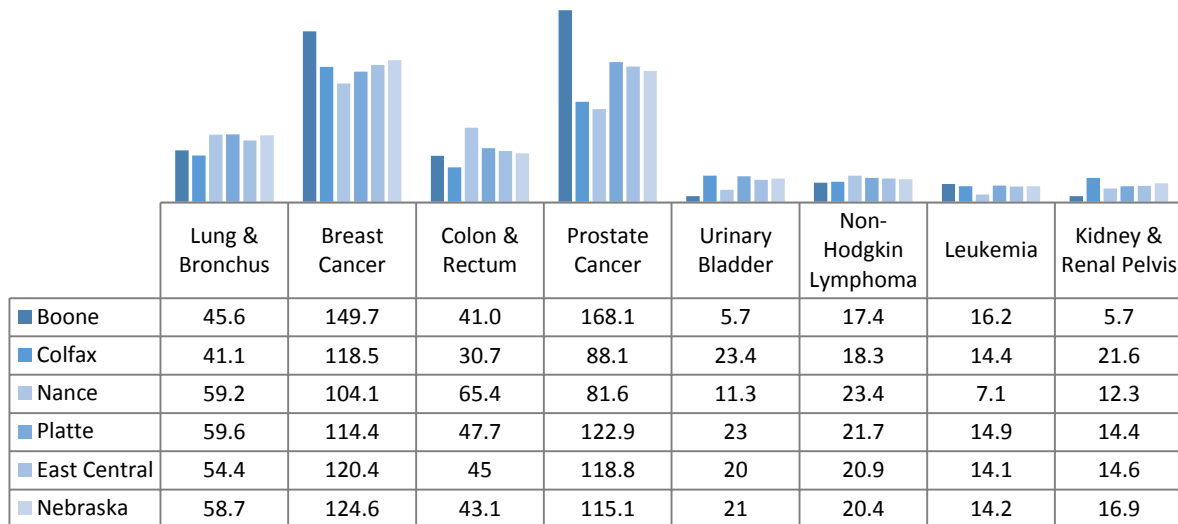
Note: Rates based on small numbers may not be reliable. (Sources: Nebraska Department of Health and Human Services; National Cancer Institute)

Figure 6. Deaths Due to Cancer per 100,000 Population



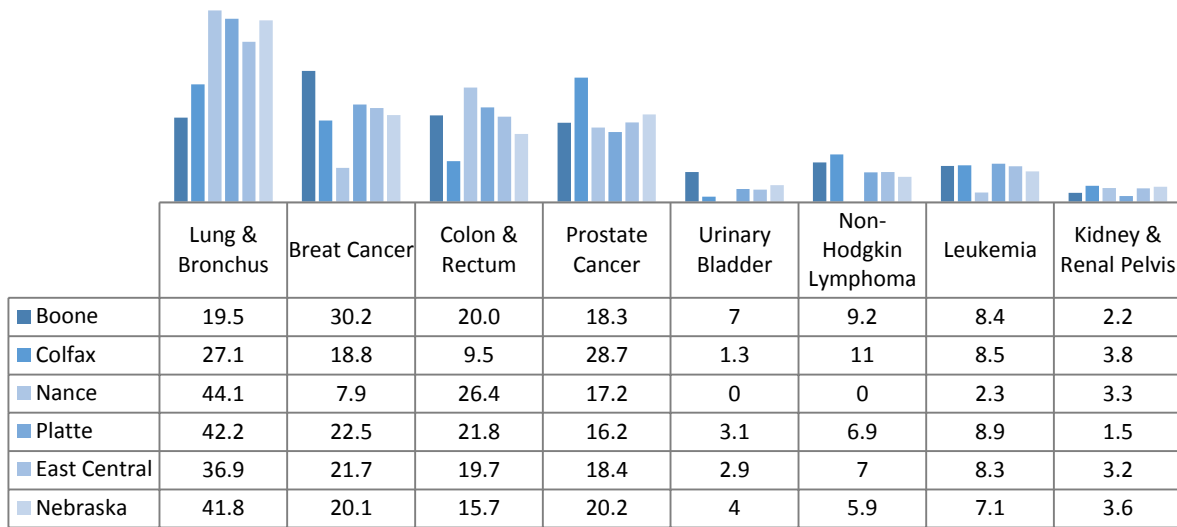
Note: Rates based on small numbers may not be reliable. (Sources: Nebraska Department of Health and Human Services; National Cancer Institute)

Figure 7. Incidence of Cancer by Type per 100,000 Population (2011-2015)



(Source: Nebraska Department of Health and Human Services)

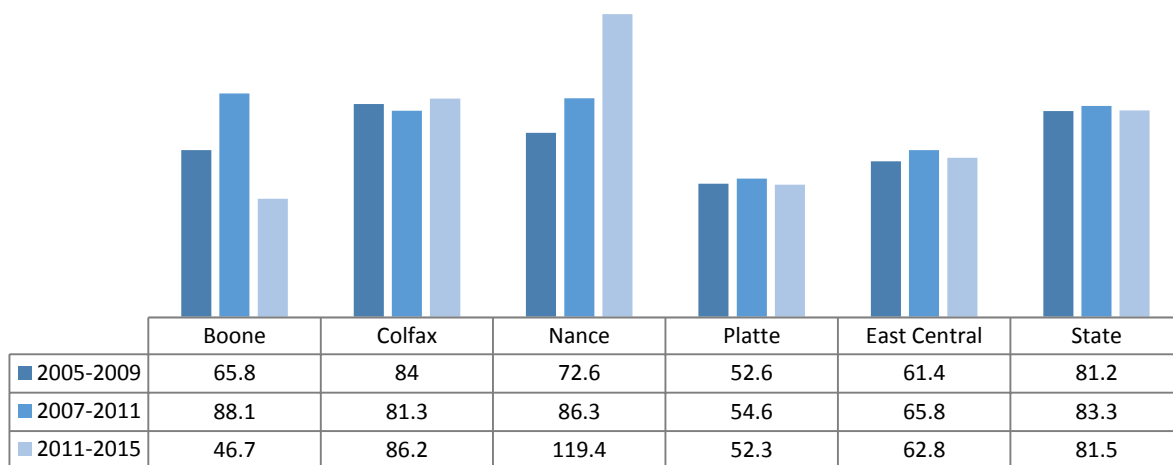
**Figure 8. Deaths Due to Cancer by Type per 100,000 Population
(2011-2015)**



(Source: Nebraska Department of Health and Human Services)

Diabetes

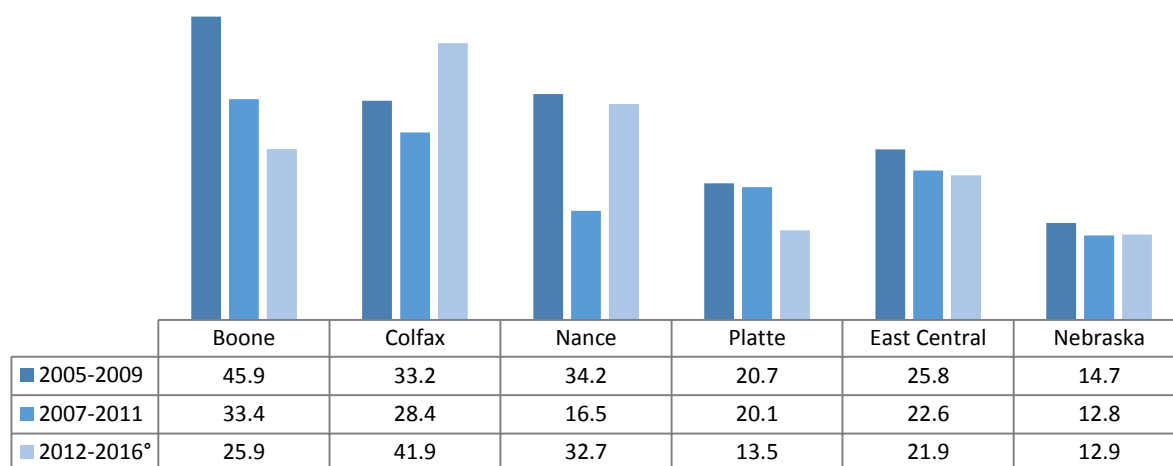
Figure 9. Diabetes-Related Deaths per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Motor Vehicle Safety

Figure 10. Motor Vehicle Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

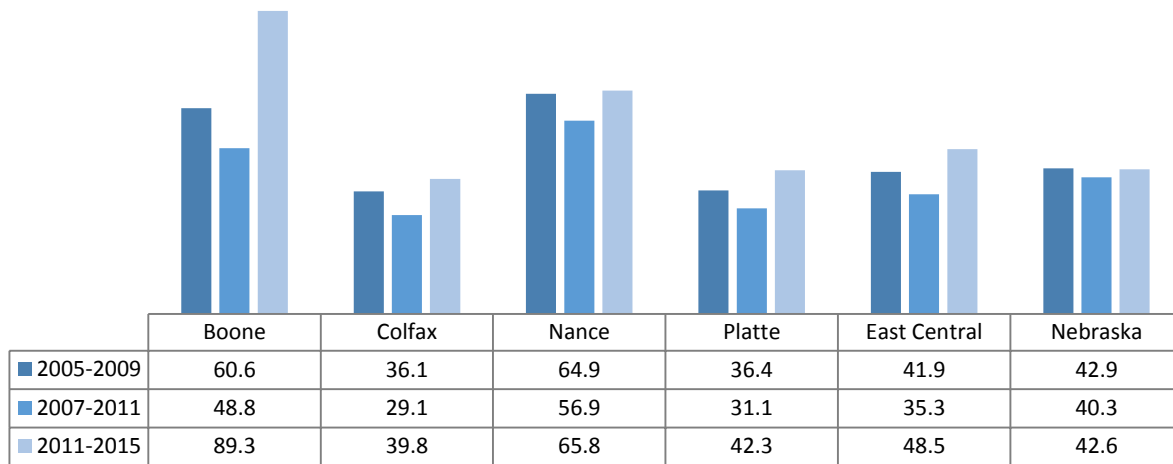
Pneumonia and Influenza

Figure 11. Inpatient Hospitalizations* for Pneumonia and Influenza (Rates per 100,000)							
		Boone	Colfax	Nance	Platte	East Central	Nebraska
Pneumonia	2007-2008	454.7	288.6	497.6	192.1	265.1	242.1
	2010-2011	357.8	-	349.4	181.8	-	-
	2012-2016	377.5	179.7	361.2	208.1	235.1	230.2
Influenza	2007-2008	37.0	14.0	43.9	10.1	17.2	14.0
	2010-2011	5.6	-	22.3	8.3	-	-
	2012-2016	24.7	10.0	20.7	8.6	11.6	16.2

*Gaps exist in the hospitalization data: Colfax, East Central, and Nebraska data are not reported. (Source: Nebraska Department of Health and Human Services)

Stroke

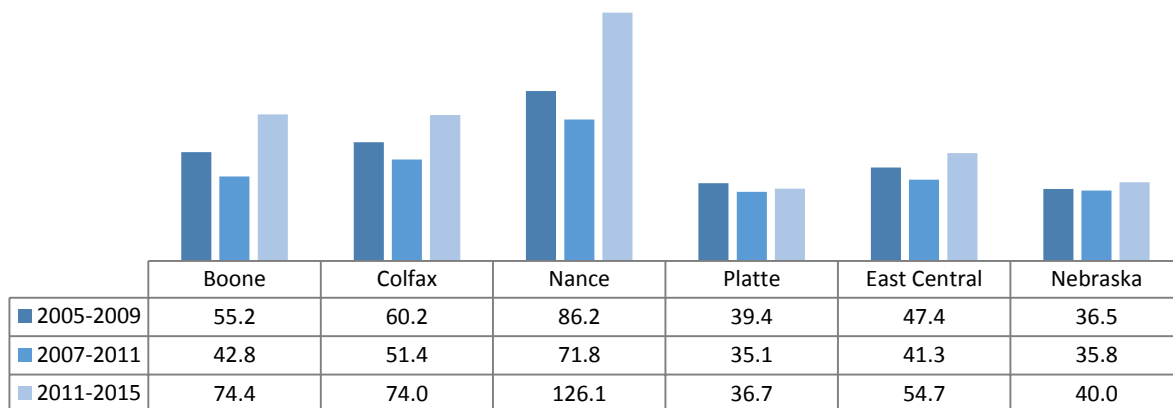
Figure 12. Deaths Due to Stroke per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Unintentional Injury Deaths

Figure 13. Unintentional Injury Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Colfax County

Following the demographic profile, 12 community health needs and priorities for the Colfax County are listed alphabetically in Figure 1 below with a brief description of the rationale for selection. Data that support the selection and prioritization of the community health needs follow.

Demographic Profile: Colfax County

Population: 10,499

% White: 52.5%

% Hispanic: 43.8%

Median age: 33.9

Median Household Income: \$52,712

% below Poverty level: 12.0%

% with High School Degree/GED/Equivalent or Higher: 71.5%

Source: 2012-2016 American Community Survey 5-Year Estimates (Tables: DP05; S0101; S1901; S1701; S1501)

Figure 1: Community Health Needs and Priorities for Colfax County

Community Health Needs and Priorities	Rationale for Selection
1. Births to Teen Mothers	<ul style="list-style-type: none"> From 2011 to 2015, there were 67 births to teen mothers in Colfax County, comprising 7.6% of all births (state comparison: 5.9%). Birth teen rate (1,000 female population ages 15-19) is 1.8 times higher than the birth teen rate at the state level (52.8 vs. 29, respectively). The teen birth rate for Colfax County is the 3rd highest in the State, after Thurston and Dawson counties.
2. Cancer	<ul style="list-style-type: none"> From 2011 to 2015, the rate of incidence of cancer in Colfax County was 417.2 per 100,000 (state comparison: 455.0 per 100,000). The rate of deaths due to cancer was 163.1 per 100,000 in Colfax County (state comparison: 185.3). From 2007 to 2011, the rate of incidence of prostate cancer was 212.9 per 100,000 in Colfax County (state comparison: 151.6), and the rate of deaths due to prostate cancer was 39.9 per 100,000 (state comparison: 23.3 per 100,000). From 2011 to 2015, the rate of incidence of breast cancer was 118.5 per 100,000 in Colfax County (second highest after Boone County; State comparison: 124.6). The rate of deaths due to breast cancer was 18.8 per 100,000 (state comparison: 20.1 per 100,000). From 2011 to 2015, the rate of incidence of leukemia was 14.4 per 100,000 in Colfax County (state comparison: 14.2), and the rate of deaths due to leukemia was 8.5 per 100,000 (state comparison: 7.1 per 100,000). From 2011 to 2015, the rate of incidence of prostate cancer was 88.1 per 100,000 in Colfax County (state comparison: 115.1). However, the rate of deaths due to prostate cancer was 28.7 per 100,000 (highest in ECDHD. State comparison: 20.2 per 100,000).
3. Community Water	<ul style="list-style-type: none"> From 2010 to 2014, the level of nitrates in Colfax County community water systems was 5.0 mg/L (highest in ECDH. State comparison: 2.0 mg/l).
4. Educational Attainment	<ul style="list-style-type: none"> As of 2016, 71.5% of the over 25 population in Colfax County has at least a High School Degree or GED/Equivalent (state comparison: 90.7%).

Figure 1 continued.

Community Health Needs and Priorities	Rationale for Selection
5. First Trimester Prenatal Care	<ul style="list-style-type: none"> As of 2015, 60.3% of all births in Colfax County received first trimester prenatal care (state comparison: 73.2%).
6. Health Insurance	<ul style="list-style-type: none"> As of 2016, 11.7% of the total Colfax County population and 7.7% of the under 18 population was without health insurance (highest in ECDHD. State comparison: 9.7% and 5.3%, respectively).
7. Language	<ul style="list-style-type: none"> As of 2015, 41.7% of the Colfax County population ages 5 and over spoke a language other than English at home (state comparison: 11.0%).
8. Motor Vehicle Safety	<ul style="list-style-type: none"> From 2012 to 2016, the motor vehicle death rate in Colfax County was 41.9 per 100,000 (highest in ECDHD. State comparison: 12.9 per 100,000).
9. Poverty	<ul style="list-style-type: none"> As of 2016, 12.0% of the total population in Colfax County was in poverty (state comparison: 12.4%). As of 2016, 16.0% of the under 18 population in Colfax County was in poverty (highest in ECDHD. State comparison: 16.4%). A greater percentage of the Colfax County population participates in social programs such as WIC, Medicaid, Free and Reduced Meals, and Head Start, as compared to the state.
10. Single Parent Households	<ul style="list-style-type: none"> From 2000 to 2016, there was a 33.5% increase in single parent family households (highest in ECDHD. State comparison: 23.1% increase). As of 2016, 69.7% of children in single mother family households in Colfax County were at or below poverty (state comparison: 55.5%). In 2016, 53.4% of births in Colfax County were to unmarried women (state comparison: 29.8%).
11. Tuberculosis	<ul style="list-style-type: none"> From 2007 to 2011, the rate of tuberculosis in Colfax County was 3.9 per 100,000 (state comparison: 1.6 per 100,000).
12. Unintentional Injury Deaths	<ul style="list-style-type: none"> From 2011 to 2015, the rate of unintentional injury deaths per 100,000 population was 74.0 in Colfax County (state comparison: 40.0 per 100,000).

Births to Teen Mothers

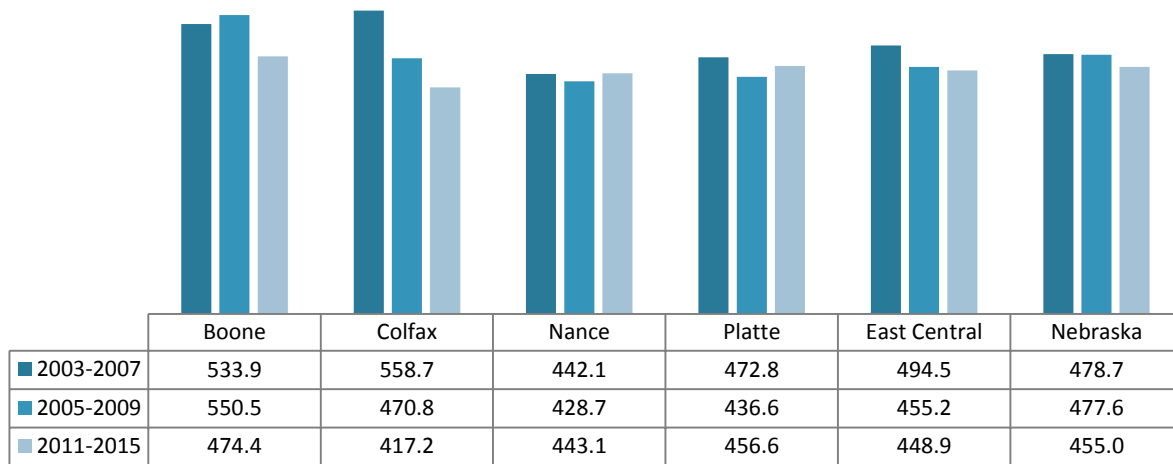
Figure 2. Number and Percent of Births to Teen Mothers

	2005-2009	2006-2010	2007-2011	2008-2012	2011-2015
Boone	20, 6.7%	18, 6.0%	17, 5.5%	13, 4.2%	14, 4.6%
Colfax	140, 13.4%	124, 12.3%	113, 11.3%	95, 9.8%	67, 7.6%
Nance	6, 2.9%	10, 5.0%	9, 4.1%	10, 4.4%	9, 4.2%
Platte	247, 10.2%	241, 9.9%	237, 9.7%	229, 9.4%	184, 7.5%
East Central	413, 10.4%	393, 9.9%	376, 9.5%	347, 8.8%	274, 7.1%
Nebraska	11,168, 8.4%	10,968, 8.2%	10,570, 8.0%	9,955, 7.6%	7,805, 5.9%

(Source: Nebraska Department of Health and Human Services. 2015 Vital Statistics Report. Table 7)

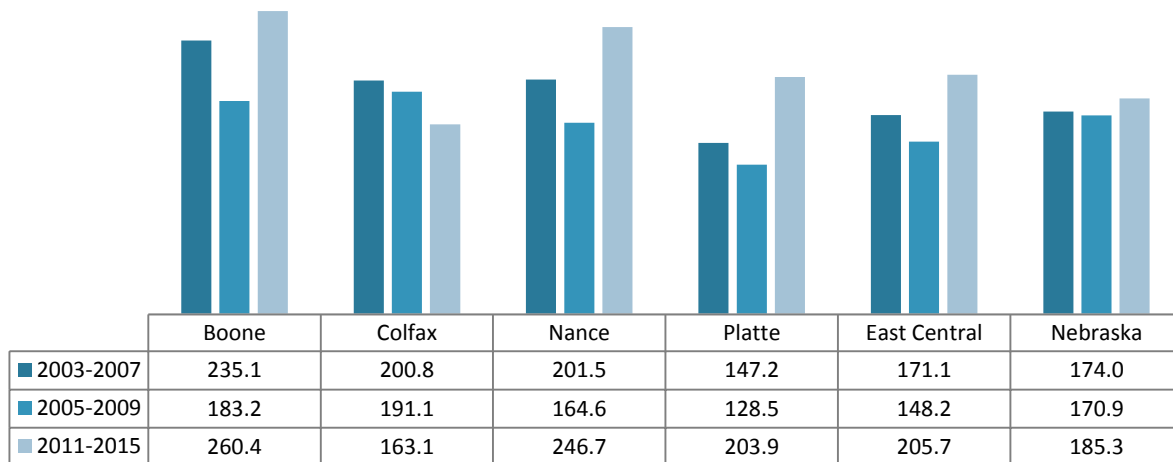
Cancer

Figure 3. Incidence of Cancer per 100,000 Population



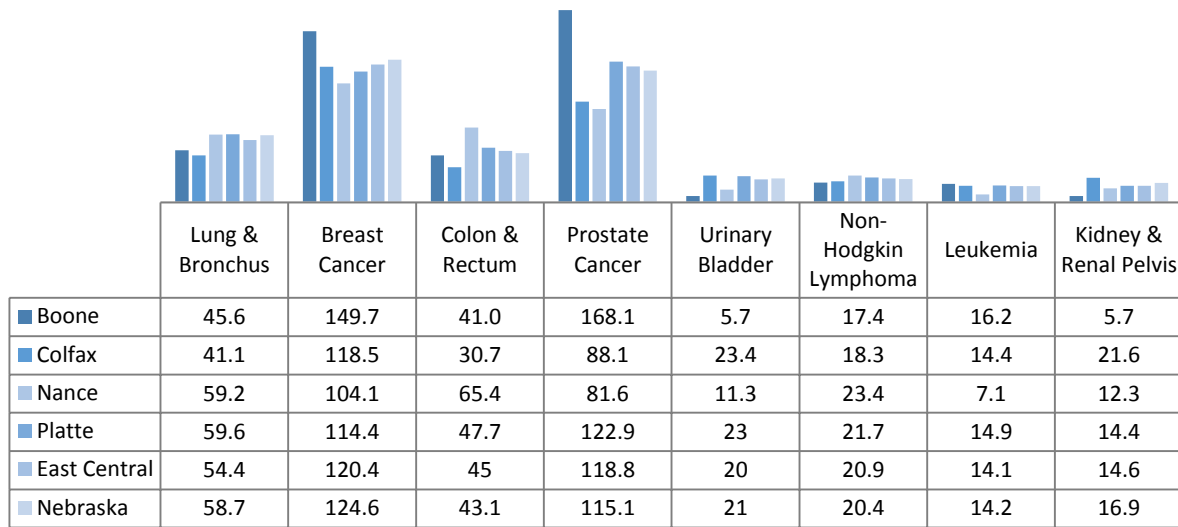
(Source: Nebraska Department of Health and Human Services)

Figure 4. Deaths Due to Cancer per 100,000 Population



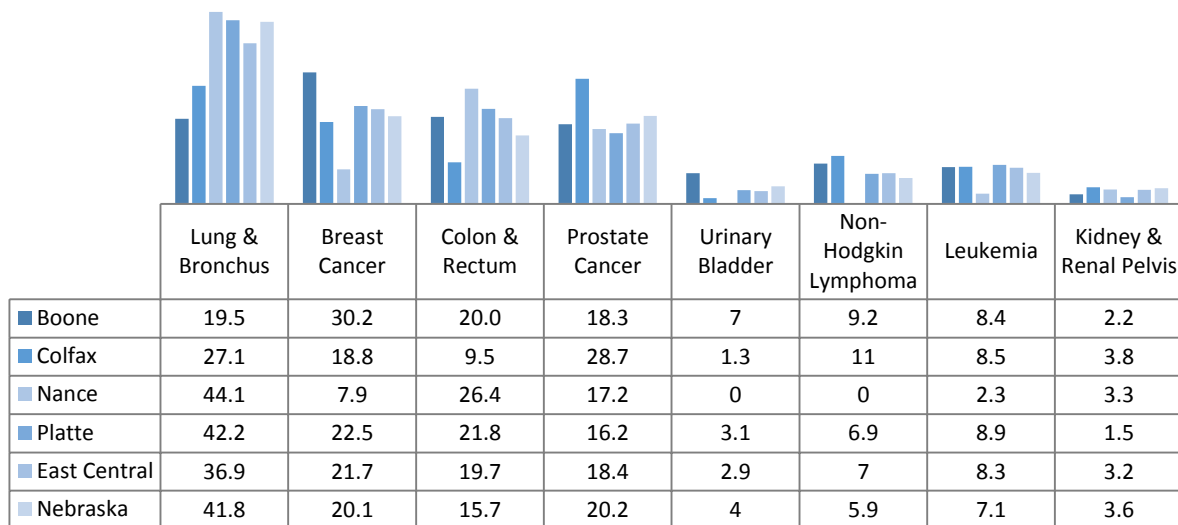
(Source: Nebraska Department of Health and Human Services)

**Figure 5. Incidence of Cancer by Type per 100,000 Population
(2011-2015)**



(Source: Nebraska Department of Health and Human Services)

**Figure 6. Deaths Due to Cancer by Type per 100,000 Population
(2011-2015)**



(Source: Nebraska Department of Health and Human Services)

Community Water

Figure 7. Nitrate Levels in the Community Water System (mg/L)

	Boone	Colfax	Nance	Platte	East Central	Nebraska
2005-2009	2.2	7.4	3.7	1.1	2.8	2.9
2007-2011	2.3	6.7	3.8	1.1	2.8	2.6
2010-2014	2.5	5.0	3.7	0.9	2.2	2.0

(Source: Nebraska Department of Health and Human Services)

Figure 8. Community Water Environmental Health Indicators

	Percent of Population Served by Community Water		
	2009	2012	2014
Boone	65.8%	61.2%	62.0%
Colfax	72.7%	75.1%	80.1%
Nance	71.8%	66.6%	76.2%
Platte	73.4%	72.3%	78.7%
East Central	72.3%	71.3%	77.1%
Nebraska	83.1%	85.9%	87.7%

(Source: Nebraska Department of Health and Human Services)

Educational Attainment

Figure 9. Four-Year High School Graduation Rate*

	2011	2012	2013	2017
Boone	93.8%	92.6%	-	98.2%
Colfax	90.4%	90.1%	80.0%	90.7%
Nance	94.0%	-	97.3%	87.9%
Platte	86.4%	88.7%	84.2%	87.3%
East Central	88.9%	89.5%	84.4%	89.2%
Nebraska	86.1%	87.6%	88.5%	89.1%

*The source data are reported by school districts. County and district-level rates are calculated by taking the weighted average of all school districts within a county/district.

Note: Data has been masked to protect the identity of students using one the following criteria:

- 1) fewer than 10 students were reported in a group.
 - a) Fewer than 5 students were reported at a performance level.
- 2) All students were reported in a single group or performance category.

Use extreme caution when interpreting data as several school districts in East Central were masked.

(Source: Nebraska Department of Education)

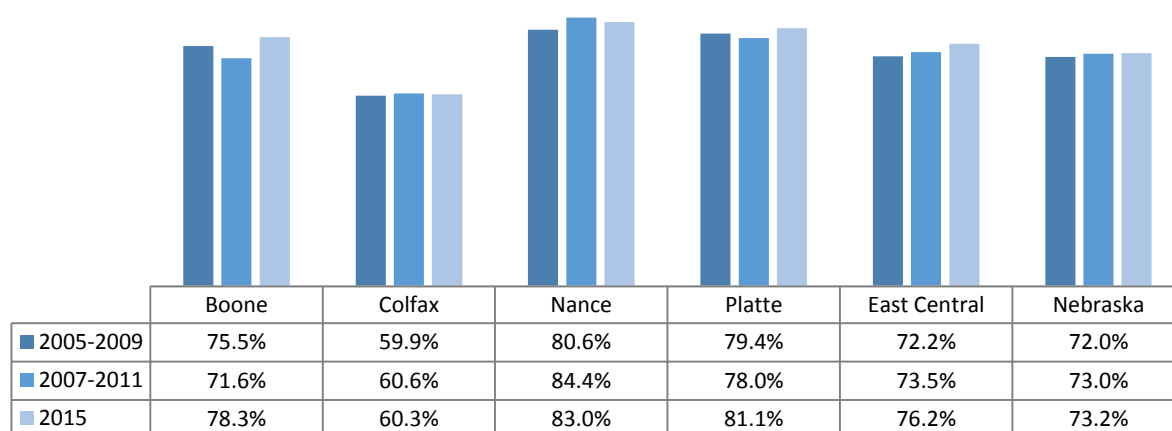
Figure 10. Educational Attainment: High School and College - Individuals over 25 (2012 - 2016)

	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
2012 - Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	92.5%	70.0%	87.8%	89.3%	85.8%	90.5%	85.7%
2016 - Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	93.5%	71.5%	90.7%	89.0%	86.3%	90.7%	87.0%
2012 - Percent of the Population with at Least a Bachelor's Degree or Higher	14.2%	12.4%	12.1%	17.3%	15.6%	28.1%	28.5%
2016 - Percent of the Population with at Least a Bachelor's Degree or Higher	17.7%	13.9%	17.3%	21.4%	19.3%	30.0%	30.3%

*An average weighted by the over 25 population of each county. (U.S. Census Bureau, American Community Survey, 5-year Estimates. Table S1501)

First Trimester Prenatal Care

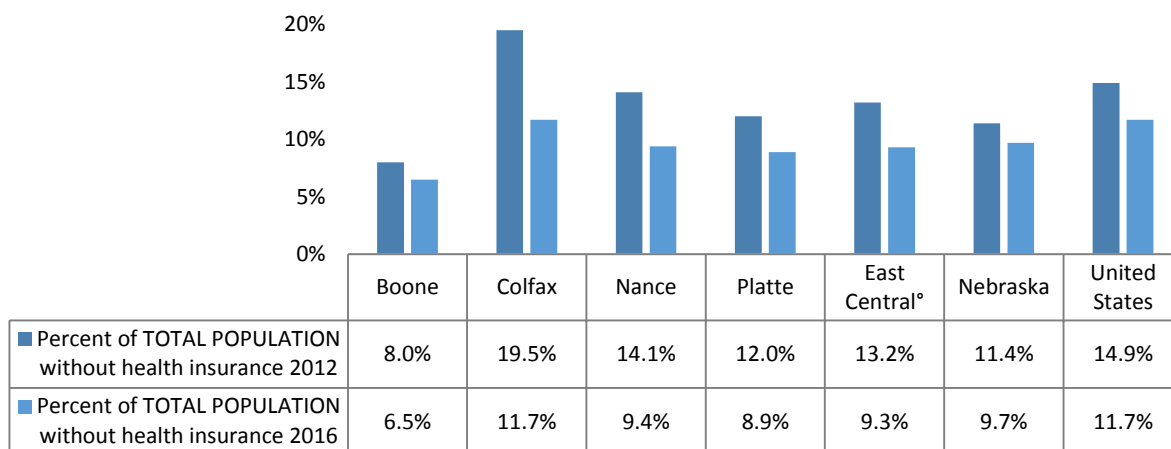
Figure 11. Percent of Births Receiving First Trimester Prenatal Care



(Source: Nebraska Department of Health and Human Services)

Health Insurance

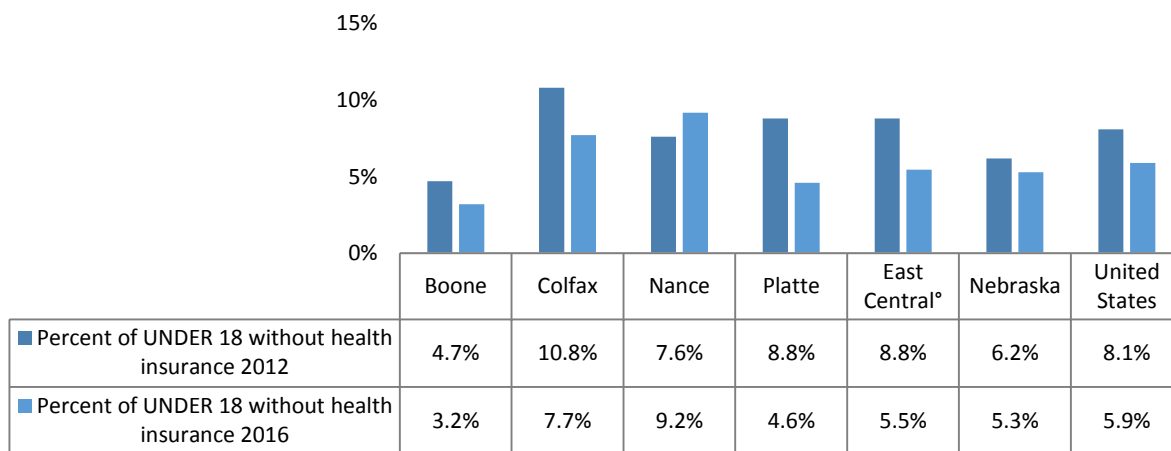
Figure 12. Percent of Total Population without Health Insurance (2012-2016)*



*Those who have neither a private nor public health insurance plan

°An average weighted by the population of each county. (American Community Survey 5-Year Estimates. Table S2701)

Figure 13. Percent of Under 18 Population without Health Insurance (2012 - 2016)*

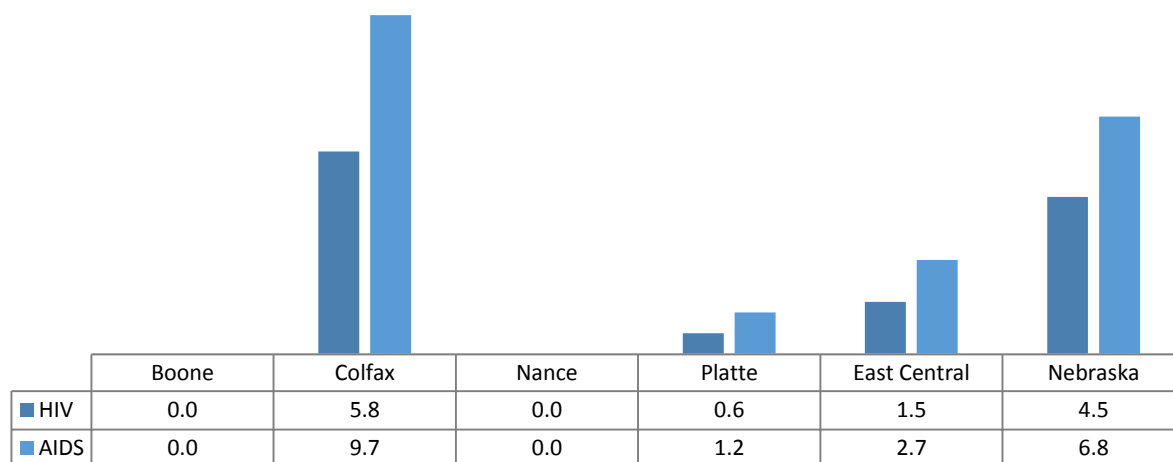


*Those who have neither a private nor public health insurance plan.

*An average weighted by the population of each county. (American Community Survey 5-Year Estimates. Table S2701)

HIV/AIDS

Figure 14. Incidence of HIV and AIDS per 100,000 Population (2007-2011)



(Source: Nebraska Department of Health and Human Services)

Language

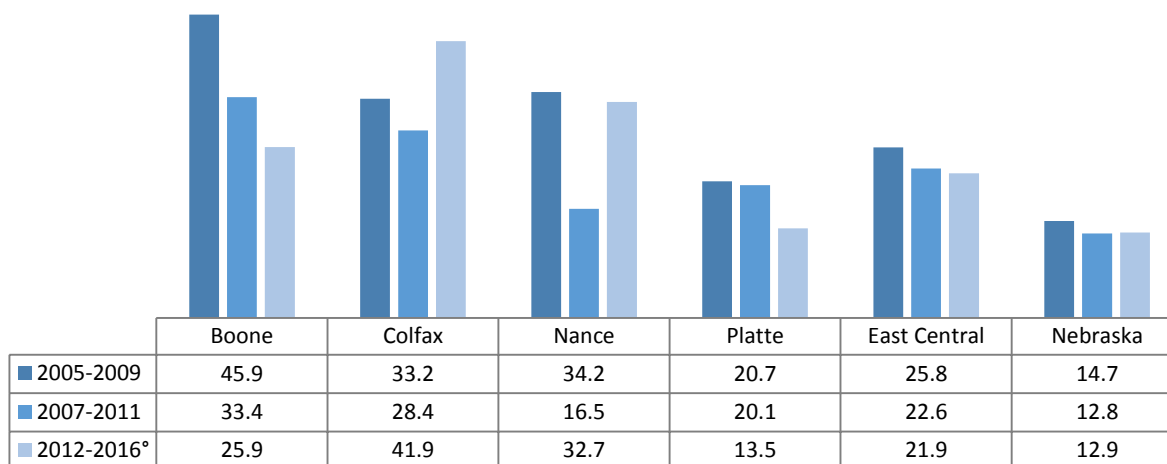
Figure 15. Percent of Population Ages 5 and over Speaking a Language Other Than English at Home

	2009	2010	2011	2012	2015
Boone	1.0%	0.8%	1.7%	1.6%	2.8%
Colfax	34.4%	35.9%	38.1%	40.2%	41.7%
Nance	3.2%	2.8%	2.2%	1.9%	2.2%
Platte	12.2%	13.2%	13.7%	13.8%	14.7%
East Central*	14.6%	15.5%	16.4%	16.8%	18.0%
Nebraska	9.2%	9.7%	9.9%	10.4%	11.0%

*An average weighted by the population of each county. (Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates. Table B16001)

Motor Vehicle Safety

Figure 16. Motor Vehicle Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Poverty

Figure 17. Poverty Rates (2012 - 2016)

	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
2012	8.8%	17.1%	14.1%	9.9%	11.5%	12.4%	14.9%
2016	7.5%	12.0%	12.4%	8.7%	9.5%	12.4%	15.1%

*An average weighted by the population of each county. (U.S. Census Bureau, American Community Survey, 5-year Estimates. Table S1701)

Figure 18. Poverty Rates for the under 18 Population (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	11.7%	3.0%	10.0%	7.7%	-14.5%	-54.8%
Colfax	13.8%	8.9%	22.5%	16.0%	63.0%	16.2%
Nance	17.2%	7.3%	17.8%	10.3%	3.5%	-55.1%
Platte	9.0%	10.5%	16.6%	11.0%	84.4%	12.7%
East Central*	10.9%	9.2%	17.3%	11.8%	58.7%	-3.0%
Nebraska	11.8%	15.5%	16.7%	16.4%	41.5%	44.7%
United states	16.1%	19.2%	20.8%	21.2%	29.2%	34.7%

*An average weighted by the under 18 population of each county. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1701; Census 2000 – Table DP-3)

Figure 19. WIC Recipients (Percent of Total Population)			
	2009	2011	2017
Boone	190 (3.5%)	124 (2.3%)	116 (2.2%)
Colfax	1,004 (9.7%)	839 (7.9%)	733 (7.0%)
Nance	136 (3.9%)	121 (3.2%)	70 (1.9%)
Platte	1,453 (4.5%)	1,404 (4.3%)	994 (6.0%)
East Central	2,783 (5.4%)	2,488 (4.8%)	1,963 (5.5%)
Nebraska	79,047 (4.3%)	75,263 (4.1%)	37,437 (2.0%)

(Source: Nebraska Department of Health and Human Services)

Figure 20. Medicaid Eligibles (Percent of Total Population) *		
	2009	2011
Boone	462 (8.5%)	463 (8.6%)
Colfax	1,322 (12.8%)	1,542 (14.5%)
Nance	454 (13.1%)	482 (12.9%)
Platte	2,962 (9.1%)	3,480 (10.7%)
East Central	5,200 (10.1%)	5,967 (11.4%)
Nebraska	206,725 (11.5%)	233,753 (12.7%)

*County data was not available in 2016 (Source: Nebraska Department of Health and Human Services)

Figure 21. Children Enrolled in Medicaid (Percent of All Children)		
	2012	2016
Boone	259 (19.0%)	288 (22.2%)
Colfax	1,284 (37.0%)	1,382 (43.5%)
Nance	246 (26.0%)	220 (26.6%)
Platte	2,481 (26.1%)	2,499 (28.4%)
East Central	4,270 (27.9%)	4,389 (31.1%)
Nebraska	160,232 (31.0%)	161,530 (33.7%)

Source: Kids Count in Nebraska)

Figure 22. Supplemental Nutrition Assistance Program (SNAP) Participation among Children (Percent of All Children)		
	2012	2016
Boone	110 (8.6%)	110 (8.5%)
Colfax	541 (16.6%)	528 (16.6%)
Nance	100 (11.2%)	85 (10.3%)
Platte	1,167 (13.2%)	1,163 (13.2%)
East Central	1,927 (12.6%)	1,886 (13.4%)
Nebraska	89,075 (18.7%)	88,525 (18.5%)

(Source: Kids Count in Nebraska)

Figure 23. Children Receiving Free and Reduced School Meals (Percent of All Children)		
	2011-2012	2015-2016
Boone	321 (34.0%)	415 (39.5%)
Colfax	1,476 (60.1%)	1,622 (64.5%)
Nance	288 (35.8%)	304 (36.7%)
Platte	2,439 (38.3%)	3,116 (41.0%)
East Central	3,896 (42.8%)	5,457 (45.5%)
Nebraska	136,845 (40.3%)	146,012 (42.1%)

(Source: Kids Count in Nebraska)

Figure 24. Children Enrolled in Head Start and Early Head Start (Percent of Children under 5)*		
	2008	2012
Boone	17 (6.4%)	0 (0.0%)
Colfax	75 (7.7%)	100 (9.6%)
Nance	16 (7.7%)	17 (7.5%)
Platte	189 (8.2%)	205 (8.3%)
East Central	297 (7.9%)	339 (8.5%)
Nebraska	5,425 (4.1%)	6,756 (5.1%)

*Data was not available by county in 2016. (Source: Kids Count in Nebraska)

Single Parent Households

Figure 25. Number of Single Parent* Family Households with Children under 18 (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	114	108	105	120	-7.9%	5.3%
Colfax	215	349	461	287	114.4%	33.5%
Nance	90	86	116	106	28.9%	17.8%
Platte	733	1,023	1,132	905	54.4%	23.5%
East Central	1,152	1,566	1,814	1,418	57.5%	23.1%

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

Figure 26. Number of Married Couple Family Households with Children under 18 (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	721	583	489	544	-32.2%	-24.5%
Colfax	1,173	1,003	985	1,324	-16.0%	12.9%
Nance	434	307	264	443	-39.2%	2.1%
Platte	3,721	2,808	2,560	3,942	-31.2%	5.9%
East Central	6,049	4,701	4,298	6,253	-28.9%	3.4%

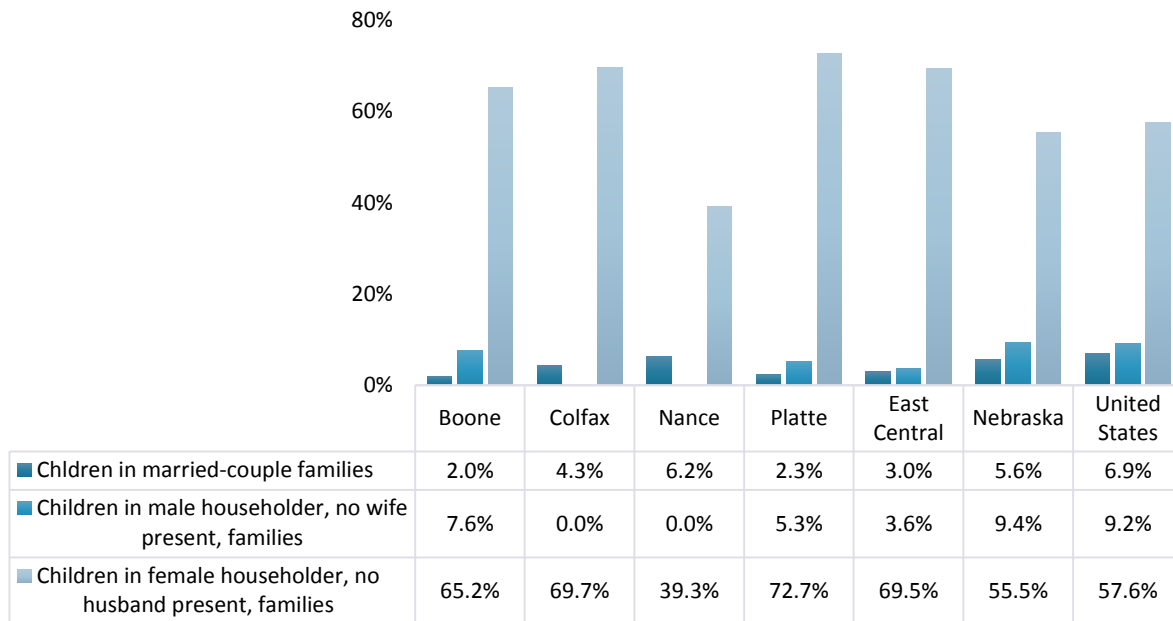
(Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

Figure 27. Percent of Children Living in Single Parent Households

	2009	2010	2011	2012	2016
Boone	15.1%	11.7%	12.4%	13.7%	22.1%
Colfax	28.8%	23.1%	29.7%	34.1%	21.7%
Nance	20.0%	26.3%	30.3%	34.7%	23.9%
Platte	23.9%	25.5%	27.3%	30.8%	23.0%
East Central	23.9%	23.7%	26.4%	30.1%	22.7%
Nebraska	25.7%	26.3%	27.3%	27.7%	29.3%

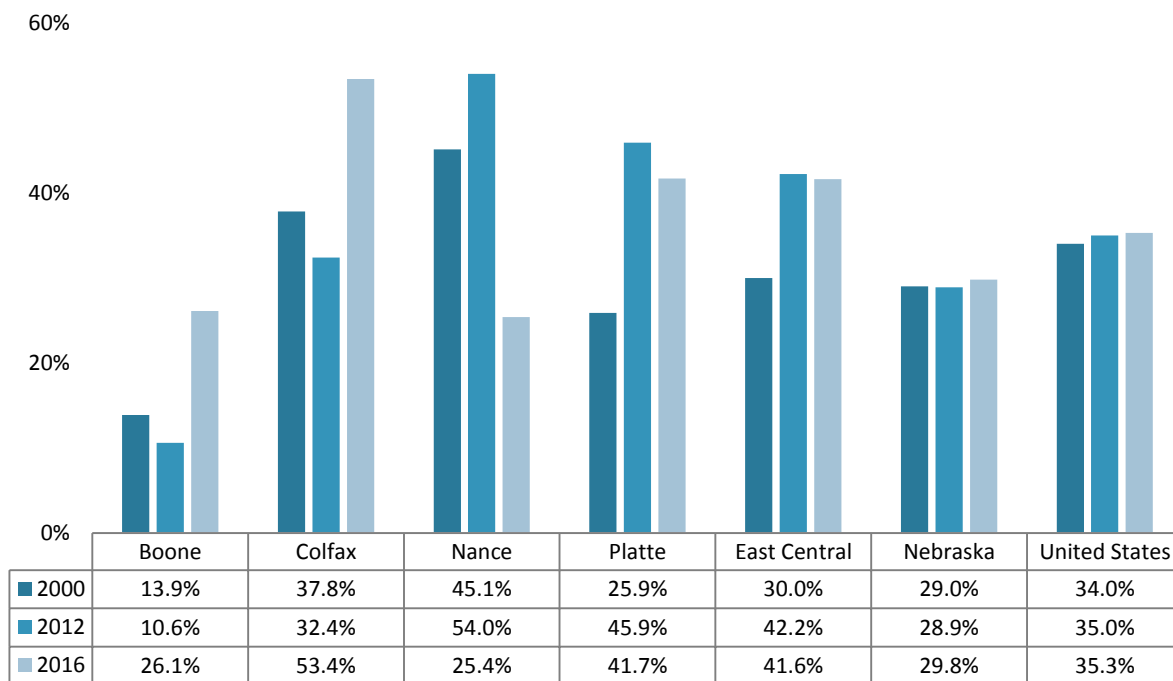
(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates. Table S1101)

Figure 28. Poverty Rates for Children by Family Type (2016)



(Source: American Community Survey 5-Year Estimates. Table B17006)

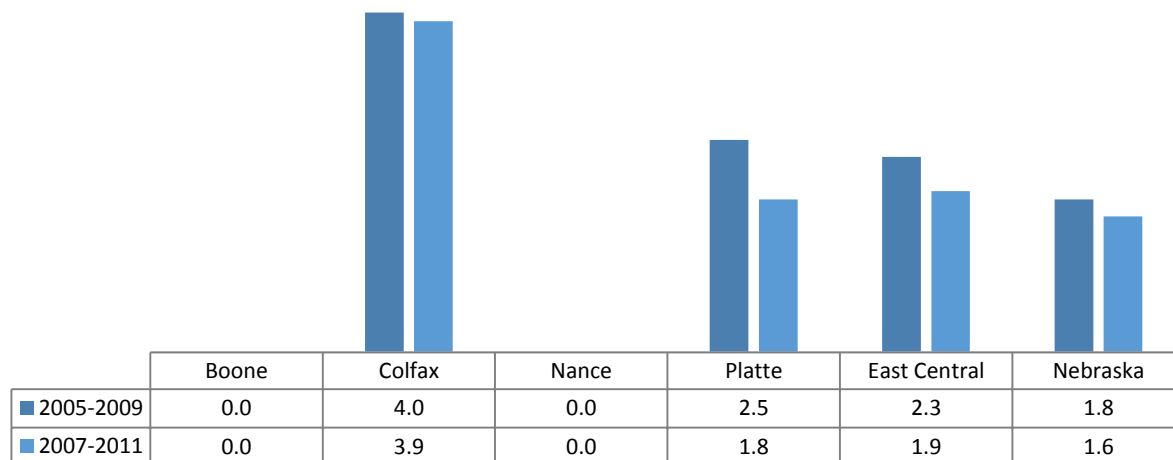
Figure 29. Percent of Births to Unmarried Women (2000-2016)



(Source: American Community Survey 5-Year Estimates. Table S1301)

Tuberculosis

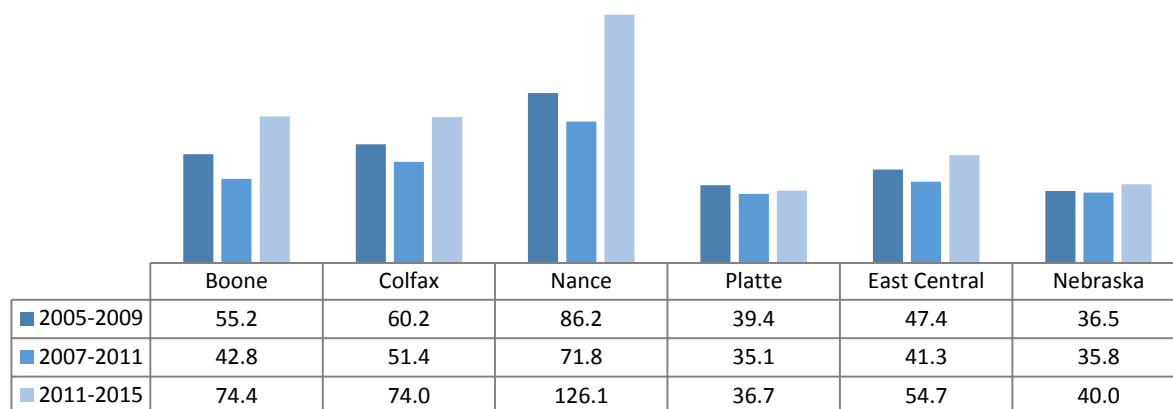
Figure 30. Incidence of Tuberculosis per 100,000 Population *



* Note: Only eight (8) cases were reported in the East Central District between 2007 to 2016. (Source: Nebraska Department of Health and Human Services)

Unintentional Injury Deaths

Figure 31. Unintentional Injury Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Nance County

Following the demographic profile, 14 community health needs and priorities for the Nance County are listed alphabetically in Figure 1 below with a brief description of the rationale for selection. Data that support the selection and prioritization of the community health needs follow.

Demographic Profile: Nance County

Population: 3,607

% White: 97.4%

% Hispanic: 2.4%

Median age: 45.8

Median Household Income: \$42,429

% below Poverty: 12.4%

% with High School Degree/GED/Equivalent or Higher: 90.7%

Source: 2012-2016 American Community Survey 5-Year Estimates (Tables: DP05; S0101; S1901; S1701; S1501)

Figure 1: Community Health Needs and Priorities for Nance County

Community Health Needs and Priorities	Rationale for Selection
1. Aging Population	<ul style="list-style-type: none"> As of 2016, 20.3% of the Nance County population was over the age of 65 (state comparison: 15.0%). As of 2016, the median age was 45.8 for Nance county (state comparison: 36.3). In 2016, 20.3% of the Nance County population ages 65 and over had dementia (state comparison: 18.5%).
2. Alcohol and Tobacco Related Deaths	<ul style="list-style-type: none"> From 2012 to 2016 the rate of tobacco-related deaths in Nance County was 135.5 per 100,000 (highest in the ECDHD. State comparison: 106.1 per 100,000). From 2012 to 2016 the rate of alcohol-related deaths in Nance County was 54.7 per 100,000 (highest in the ECDHD. State comparison: 33.5 per 100,000).
3. Asthma	<ul style="list-style-type: none"> From 2007 to 2011 the annual death rate due to asthma in Nance County was 17.2 per 100,000 (state comparison: 1.4 per 100,000). No deaths were reported between 2011-2015.
4. Birth Defects	<ul style="list-style-type: none"> From 2011 to 2015 the rate of birth defects in Nance County was 60.7 per 1,000 live births (highest in the ECDHD. State comparison: 58.9 per 1,000).
5. Cancer	<ul style="list-style-type: none"> From 2011 to 2015, the rate of deaths due to lung & bronchus cancer in Nance County was 44.1 per 100,000 (highest in the ECDHD. State comparison: 41.8 per 100,000). From 2011 to 2015, the rate of deaths due to colorectal cancer in Nance County was 26.4 per 100,000 (highest in the ECDHD. State comparison: 15.7 per 100,000).
6. Child and Adolescent Mortality	<ul style="list-style-type: none"> From 2012 to 2016, the rate of deaths among youth ages 1 to 19 was 47.7 per 100,000 (highest in the ECDHD. State comparison: 25.9 per 100,000).
7. Diabetes	<ul style="list-style-type: none"> From 2011 to 2015, the rate of diabetes-related deaths in Nance County was 119.4 per 100,000 (highest in the ECDHD. State comparison: 81.5 per 100,000).
8. Health Insurance	<ul style="list-style-type: none"> As of 2016, 9.4% of the Nance County population was without health insurance (second highest in the ECDHD. State comparison: 9.7%).

Figure 1 continued.

Community Health Needs and Priorities	Rationale for Selection
9. Stroke	<ul style="list-style-type: none"> From 2012 to 2016, the rate of deaths due to stroke in Nance County was 65.8 per 100,000 (state comparison: 42.6 per 100,000).
10. Motor Vehicle Safety	<ul style="list-style-type: none"> From 2012 to 2016, the motor vehicle death rate in Nance County was 32.7 per 100,000 (state comparison: 12.9 per 100,000).
11. Pneumonia and Influenza	<ul style="list-style-type: none"> From 2012 to 2016, the rates of inpatient hospitalizations for Pneumonia and Influenza were 361.2 per 100,000 and 20.7 per 100,000 in Nance County, respectively (state comparison: 230.2 per 100,000 and 16.2 per 100,000, respectively).
12. Poverty	<ul style="list-style-type: none"> As of 2016, 12.4% of the total population in Nance County was in poverty (highest in the EDDHD. State comparison: 12.4%).
13. Single Parent Households	<ul style="list-style-type: none"> From 2000 to 2016, there was a 17.8% increase in single parent family households in Nance County. As of 2016, 23.9% of children in Nance County lived in a single parent household (highest in the ECDHD. State comparison: 29.3%).
14. Unintentional Injury Deaths	<ul style="list-style-type: none"> From 2011 to 2015, the rate of unintentional injury deaths per 100,000 population was 126.1 in Nance County (highest in the ECDHD. State comparison: 40.0 per 100,000).

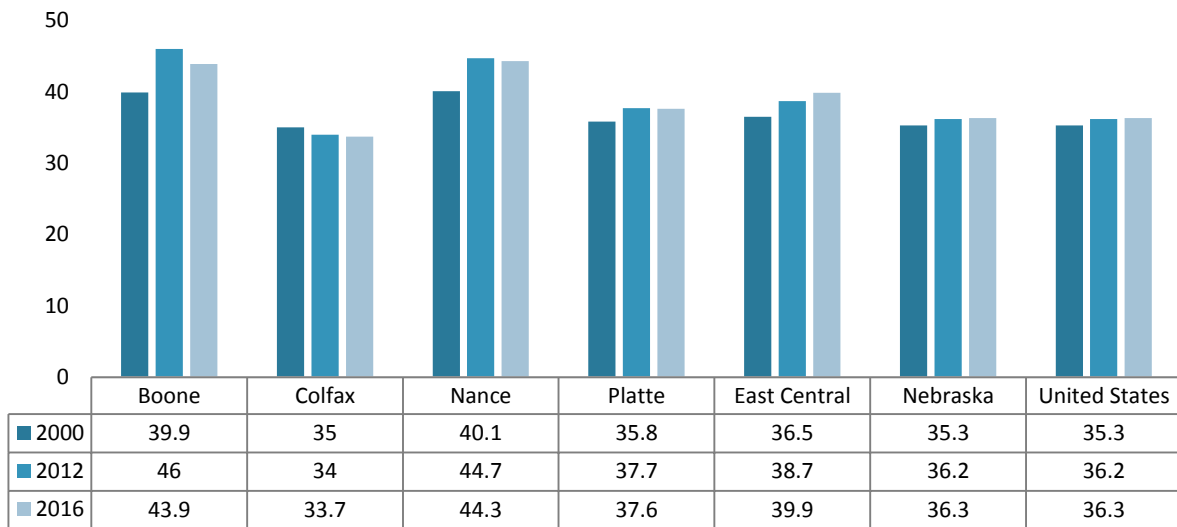
Aging Population

Figure 2. Percent of the Population Ages 65 and Over (2016)

Boone	20.4%
Colfax	13.4%
Nance	20.3%
Platte	16.3%
East Central	16.4%
Nebraska	15.0%
United States	15.2%

(Source: U.S. Census/American Community Survey 5-Year Estimates. Table PEPA6 SEX)

Figure 3. Median Age



(Source: U.S. Census/American Community Survey 5-Year Estimates. Table PEPAGE SEX)

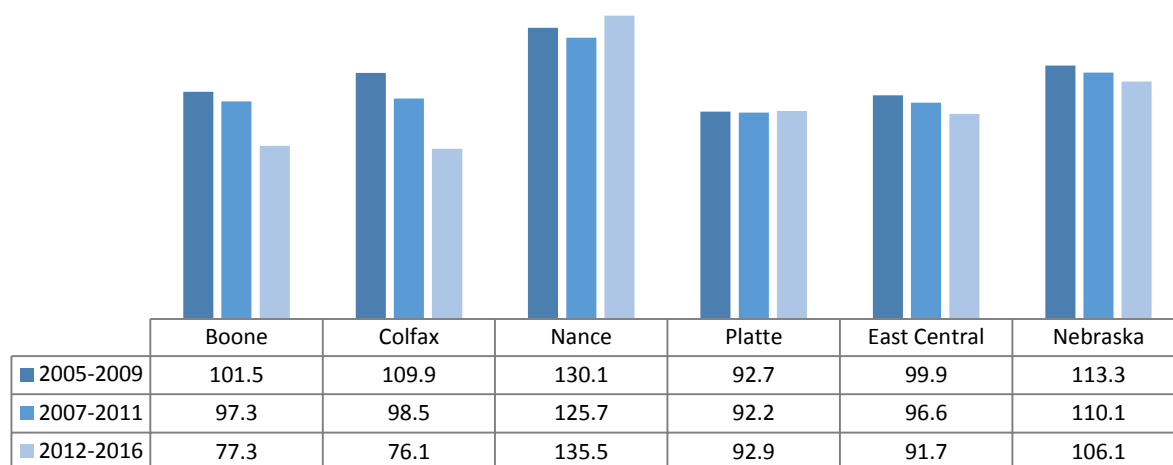
Figure 4. Percent of Population Ages over 65 with Dementia (2011 & 2016)

	2011	2016
Boone	21.2%	20.6%
Colfax	20.7%	19.2%
Nance	21.0%	20.3%
Platte	19.5%	19.2%
East Central	20.1%	19.5%
Nebraska	19.3%	18.5%

(Source: Nebraska Department of Health and Human Services)

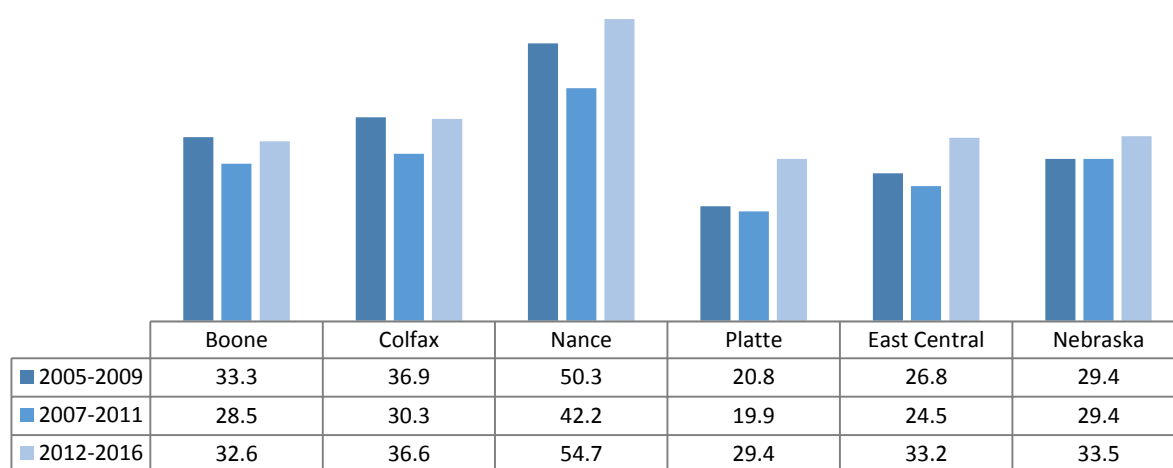
Alcohol and Tobacco-Related Deaths

Figure 5. Tobacco Related Deaths



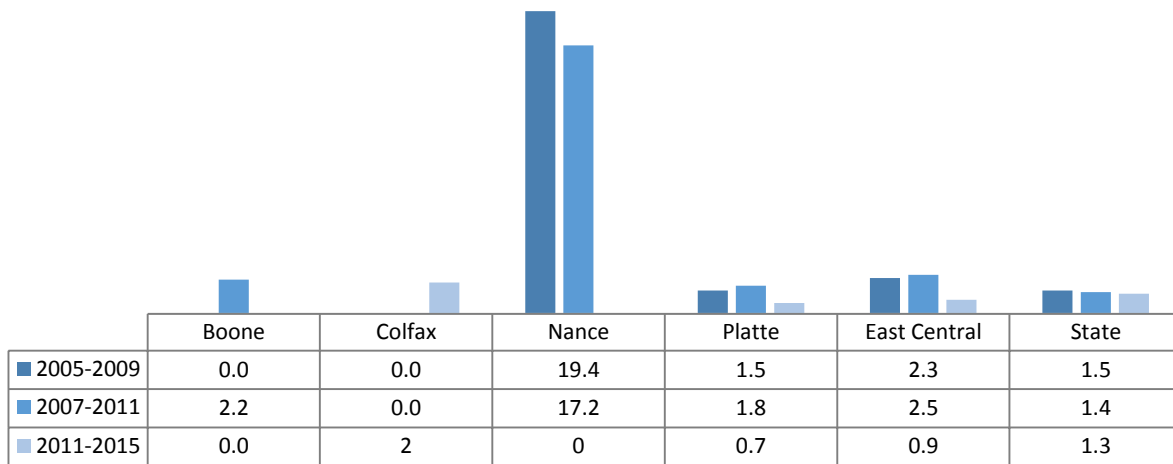
(Source: Nebraska Department of Health and Human Services)

Figure 6. Alcohol Related Deaths per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

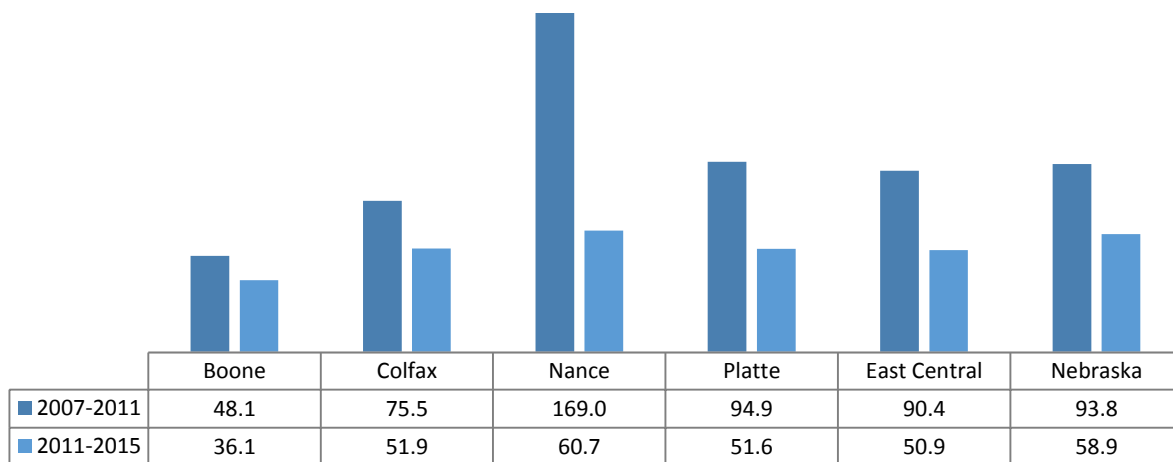
Figure 7. Annual Death Rates Due to Asthma per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Birth Defects

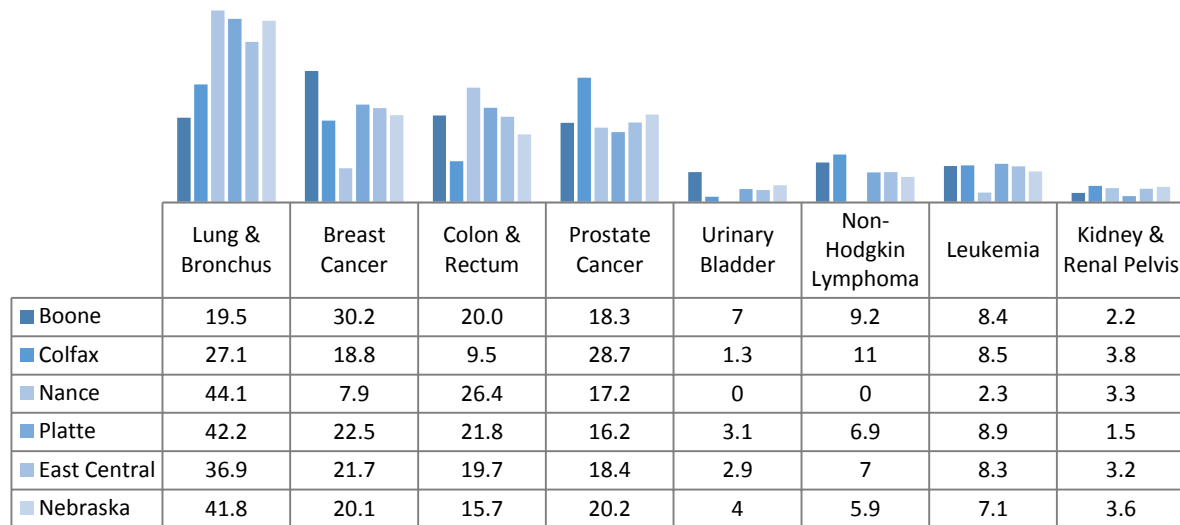
Figure 8. Birth Defects per 1,000 Live Births



(Source: Nebraska Department of Health and Human Services)

Cancer

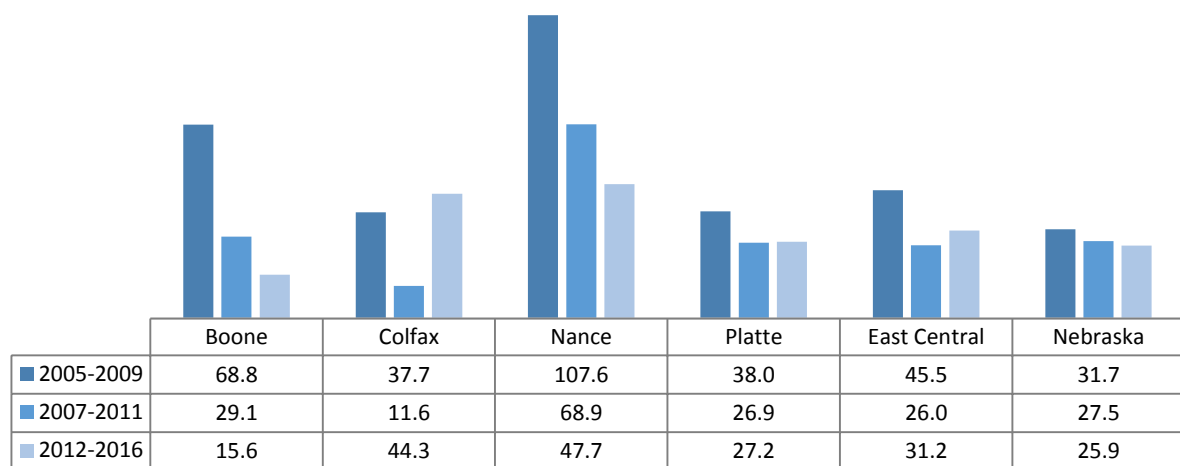
Figure 9. Deaths Due to Cancer by Type per 100,000 Population (2011-2015)



(Source: Nebraska Department of Health and Human Services)

Child and Adolescent Mortality

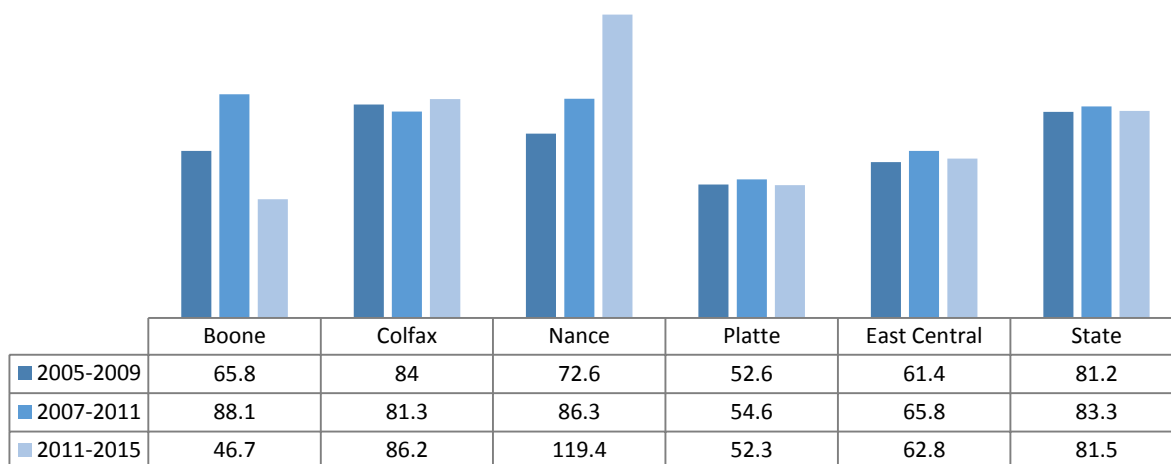
Figure 10. Death Rate per 100,000 for Youth Ages 1 through 19



(Source: Nebraska Department of Health and Human Services)

Diabetes

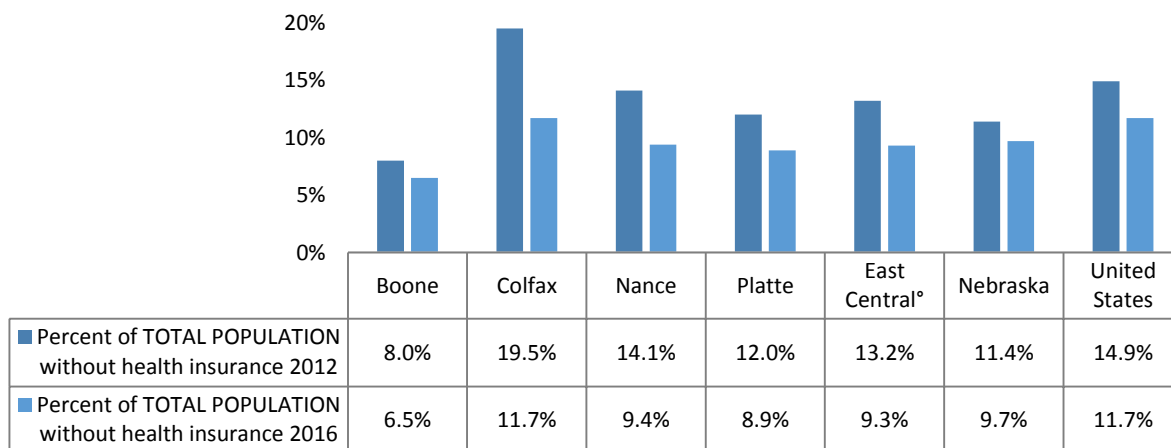
Figure 11. Diabetes-Related Deaths per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Health Insurance

Figure 12. Percent of Total Population without Health Insurance (2012-2016)*

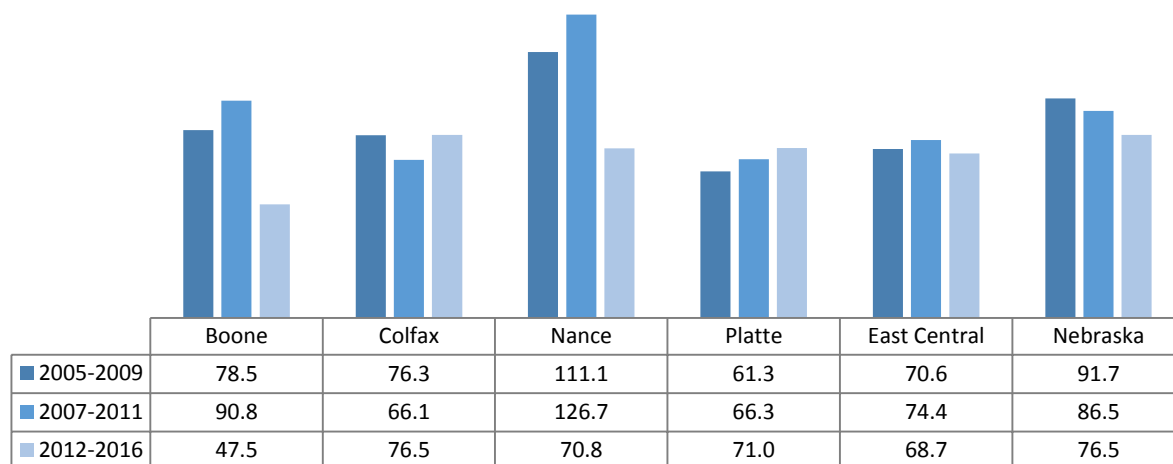


*Those who have neither a private nor public health insurance plan

°An average weighted by the population of each county. (American Community Survey 5-Year Estimates. Table S2701)

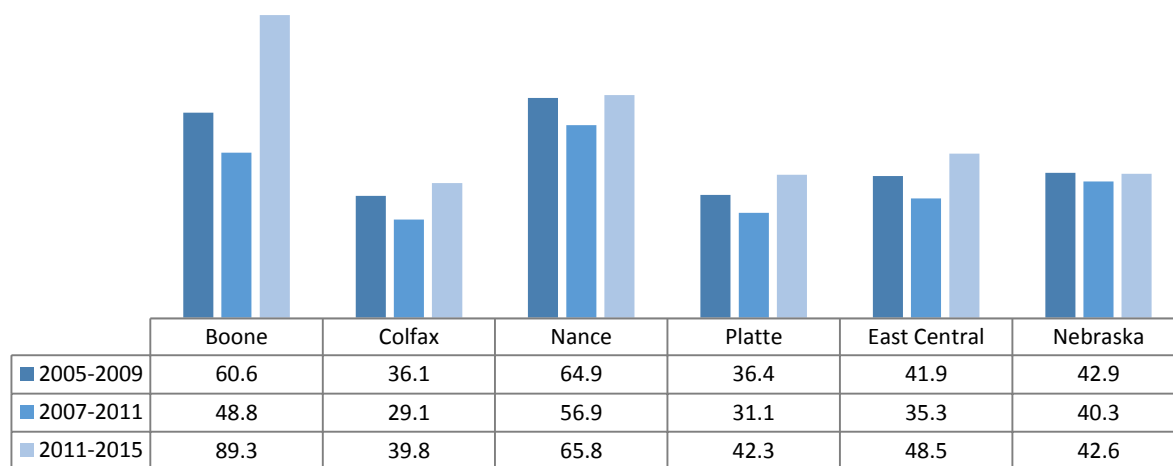
Heart Disease and Stroke

Figure 13. Deaths Due to Coronary Heart Disease per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

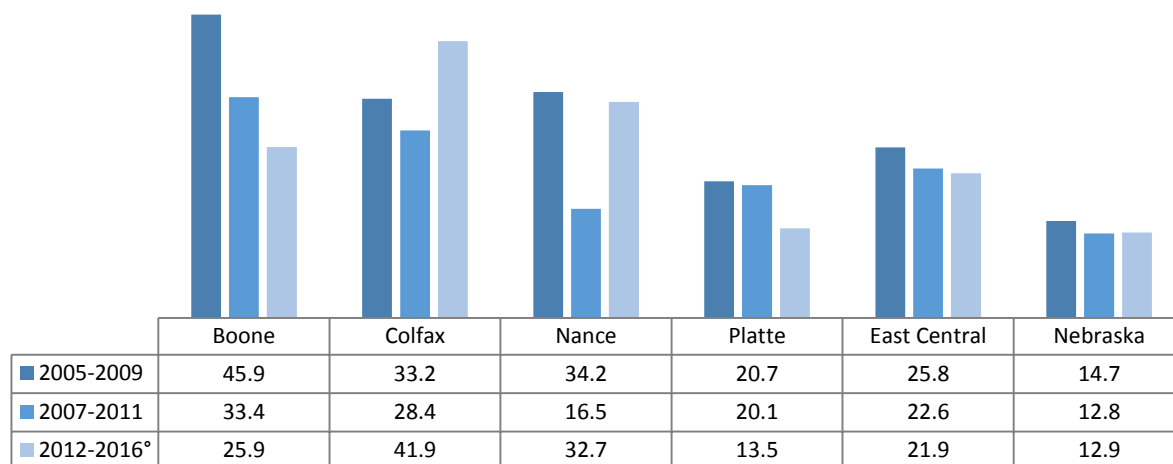
Figure 14. Deaths Due to Stroke per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Motor Vehicle Safety

Figure 15. Motor Vehicle Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Pneumonia and Influenza

Figure 16. Inpatient Hospitalizations* for Pneumonia and Influenza (Rates per 100,000)

		Boone	Colfax	Nance	Platte	East Central	Nebraska
Pneumonia	2007-2008	454.7	288.6	497.6	192.1	265.1	242.1
	2010-2011	357.8	-	349.4	181.8	-	-
	2012-2016	377.5	179.7	361.2	208.1	235.1	230.2
Influenza	2007-2008	37.0	14.0	43.9	10.1	17.2	14.0
	2010-2011	5.6	-	22.3	8.3	-	-
	2012-2016	24.7	10.0	20.7	8.6	11.6	16.2

*Gaps exist in the hospitalization data: Colfax, East Central, and Nebraska data are not reported. (Source: Nebraska Department of Health and Human Services)

Poverty

Figure 17. Poverty Rates (2012 - 2016)

	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
2012	8.8%	17.1%	14.1%	9.9%	11.5%	12.4%	14.9%
2016	7.5%	12.0%	12.4%	8.7%	9.5%	12.4%	15.1%

*An average weighted by the population of each county. (U.S. Census Bureau, American Community Survey, 5-year Estimates. Table S1701)

Figure 18. Poverty Rates for the under 18 Population (2000-2016)						
	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	11.7%	3.0%	10.0%	7.7%	-14.5%	-54.8%
Colfax	13.8%	8.9%	22.5%	16.0%	63.0%	16.2%
Nance	17.2%	7.3%	17.8%	10.3%	3.5%	-55.1%
Platte	9.0%	10.5%	16.6%	11.0%	84.4%	12.7%
East Central*	10.9%	9.2%	17.3%	11.8%	58.7%	-3.0%
Nebraska	11.8%	15.5%	16.7%	16.4%	41.5%	44.7%
United states	16.1%	19.2%	20.8%	21.2%	29.2%	34.7%

*An average weighted by the under 18 population of each county. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1701)

Single Parent Households

Figure 19. Number of Single Parent* Family Households with Children under 18 (2000-2016)						
	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	114	108	105	120	-7.9%	5.3%
Colfax	215	349	461	287	114.4%	33.5%
Nance	90	86	116	106	28.9%	17.8%
Platte	733	1,023	1,132	905	54.4%	23.5%
East Central	1,152	1,566	1,814	1,418	57.5%	23.1%

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

Figure 20. Number of Married Couple Family Households with Children under 18 (2000-2016)						
	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	721	583	489	544	-32.2%	-24.5%
Colfax	1,173	1,003	985	1,324	-16.0%	12.9%
Nance	434	307	264	443	-39.2%	2.1%
Platte	3,721	2,808	2,560	3,942	-31.2%	5.9%
East Central	6,049	4,701	4,298	6,253	-28.9%	3.4%

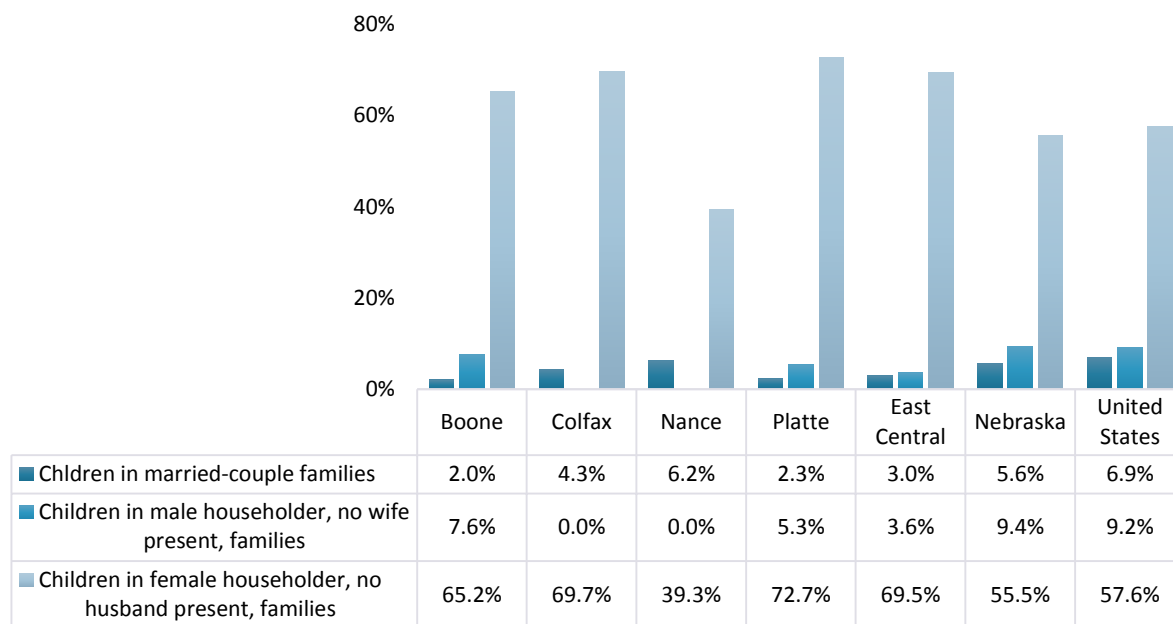
(Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

Figure 21. Percent of Children Living in Single Parent Households

	2009	2010	2011	2012	2016
Boone	15.1%	11.7%	12.4%	13.7%	22.1%
Colfax	28.8%	23.1%	29.7%	34.1%	21.7%
Nance	20.0%	26.3%	30.3%	34.7%	23.9%
Platte	23.9%	25.5%	27.3%	30.8%	23.0%
East Central	23.9%	23.7%	26.4%	30.1%	22.7%
Nebraska	25.7%	26.3%	27.3%	27.7%	29.3%

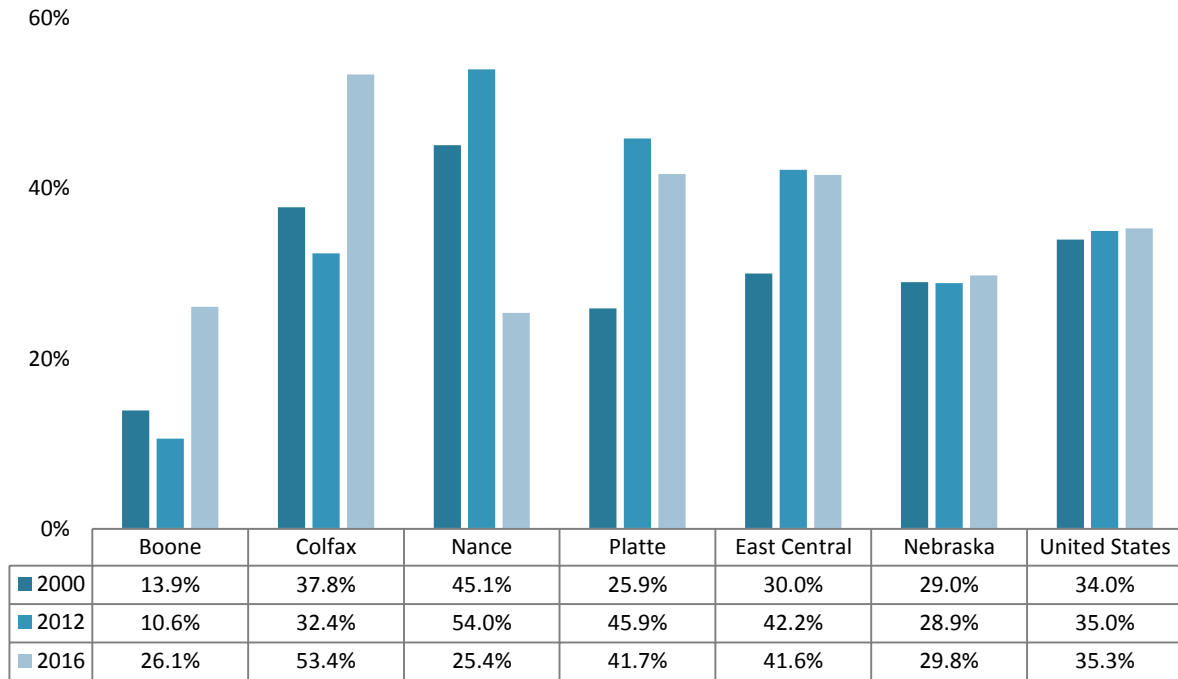
(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates. Data from 2016 – Table S1101: Households with own children of the householder under 18 years)

Figure 22. Poverty Rates for Children by Family Type (2016)



(Source: American Community Survey 5-Year Estimates. Table B17006)

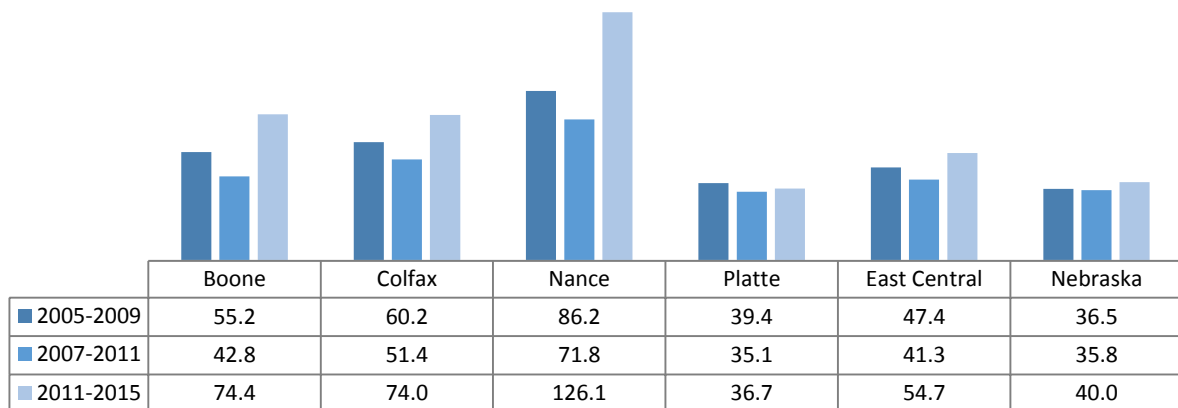
Figure 23. Percent of Births to Unmarried Women (2000-2016)



(American Community Survey 5-Year Estimates. Table S1301))

Unintentional Injury Deaths

Figure 24. Unintentional Injury Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Platte County

Following the demographic profile, 6 community health needs and priorities for the Platte County are listed alphabetically in Figure 1 below with a brief description of the rationale for selection. Data that support the selection and prioritization of the community health needs follow.

Demographic Profile: Platte County

Population: 32,703

% White: 80.8%

% Hispanic: 16.9%

Median age: 38.4

Median Household Income: \$58,473

% below Poverty level: 8.7%

% with High School Degree/GED/Equivalent or Higher: 89.0%

Source: 2012-2016 American Community Survey 5-Year Estimates (Tables: DP05; S0101; S1901; S1701; S1501)

Figure 1: Community Health Needs and Priorities for Platte County

Community Health Needs and Priorities	Rationale for Selection
1. Births to Teen Mothers	<ul style="list-style-type: none"> From 2011 to 2015, there were 184 births to teen mothers in Platte County, comprising 7.5% of all births (state comparison: 5.9%). Birth teen rate (1,000 female population ages 15-19) is 1.3 times higher than the birth teen rate at the state level (38.3 vs. 29.0, respectively). The teen birth rate for Platte County is the 11th highest in the State.
2. High School Graduation	<ul style="list-style-type: none"> In 2017, among public schools students throughout the Platte County, the four-year high school graduation rate was 87.3% (lowest in the ECDHD. State comparison: 89.1%).
3. Juvenile Arrests	<ul style="list-style-type: none"> In 2016, the rate of juvenile arrests in Platte County was 31.2 per 1,000 under 18 population (state comparison: 20.0 per 1,000).
4. Language	<ul style="list-style-type: none"> As of 2016, 14.7% of the Platte County population ages 5 and over spoke a language other than English at home (state comparison: 11.0%).
5. Motor Vehicle Safety	<ul style="list-style-type: none"> From 2012 to 2016, the motor vehicle death rate in Platte County was 13.5 per 100,000 (state comparison: 12.9 per 100,000).
6. Single Parent Households	<ul style="list-style-type: none"> As of 2016, 72.7% of children in single mother family households in Platte County were at or below poverty (highest in the ECDHD. State comparison: 55.5%). In 2016, 41.7% of births in Platte County were to unmarried women (state comparison: 29.8%).

Births to Teen Mothers

Figure 2. Number and Percent of Births to Teen Mothers

	2005-2009	2006-2010	2007-2011	2008-2012	2011-2015
Boone	20, 6.7%	18, 6.0%	17, 5.5%	13, 4.2%	14, 4.6%
Colfax	140, 13.4%	124, 12.3%	113, 11.3%	95, 9.8%	67, 7.6%
Nance	6, 2.9%	10, 5.0%	9, 4.1%	10, 4.4%	9, 4.2%
Platte	247, 10.2%	241, 9.9%	237, 9.7%	229, 9.4%	184, 7.5%
East Central	413, 10.4%	393, 9.9%	376, 9.5%	347, 8.8%	274, 7.1%
Nebraska	11,168, 8.4%	10,968, 8.2%	10,570, 8.0%	9,955, 7.6%	7,805, 5.9%

(Source: Nebraska Department of Health and Human Services)

High School Graduation

Figure 3. Four-Year High School Graduation Rate*

	2011	2012	2013	2017
Boone	93.8%	92.6%	-	98.2%
Colfax	90.4%	90.1%	80.0%	90.7%
Nance	94.0%	-	97.3%	87.9%
Platte	86.4%	88.7%	84.2%	87.3%
East Central	88.9%	89.5%	84.4%	89.2%
Nebraska	86.1%	87.6%	88.5%	89.1%

*The source data are reported by school districts. County and district-level rates are calculated by taking the weighted average of all school districts within a county/district.

Note: Data has been masked to protect the identity of students using one the following criteria:

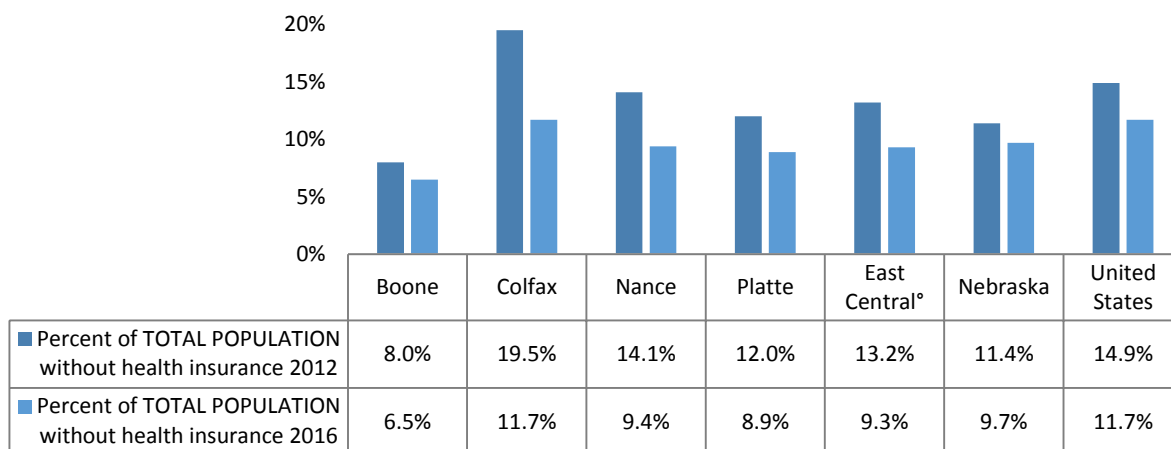
- 1) Fewer than 10 students were reported in a group.
 - a) Fewer than 5 students were reported at a performance level.
- 2) All students were reported in a single group or performance category.

Use extreme caution when interpreting data as several school districts in East Central were masked.

(Source: Nebraska Department of Education)

Health Insurance

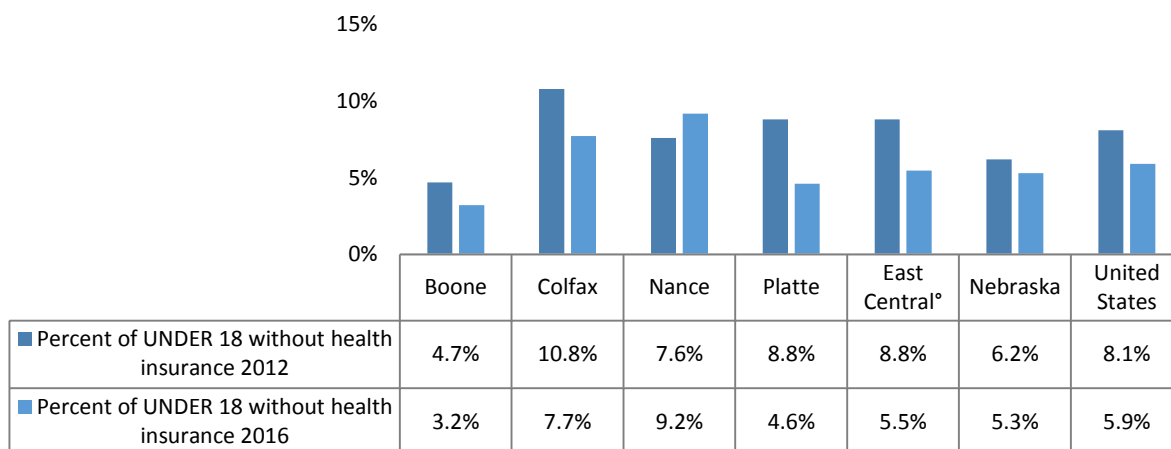
Figure 4. Percent of Total Population without Health Insurance (2012-2016)*



*Those who have neither a private nor public health insurance plan

°An average weighted by the population of each county. (American Community Survey 5-Year Estimates. Table S2701)

Figure 5. Percent of Under 18 Population without Health Insurance* (2012 - 2016)



*Those who have neither a private nor public health insurance plan.

*An average weighted by the population of each county. (American Community Survey 5-Year Estimates. Table S2701)

Infant Mortality

Figure 6. Number and Rate* of Infant Deaths per 1,000 Live Births

	2005-2009	2006-2010	2007-2011	2008-2012	2011-2015 ^o
Boone	0, -	0, -	0, -	0, -	2, 6.6
Colfax	9, 8.6	9, 8.9	8, 8.0	5, 5.2	4, 4.5
Nance	1, -	1, -	1, -	1, -	0, -
Platte	15, 6.2	15, 6.2	20, 8.2	16, 6.6	12, 4.9
East Central	25, 6.3	25, 6.3	29, 7.3	22, 5.6	18, 4.6
Nebraska	769, 5.8	758, 5.7	753, 5.7	690, 5.2	692, 5.3

*Crude rates are masked for counties with less than five events due to the rates being unstable with such a small number of cases. (Source: Nebraska Department of Health and Human Services. ^o NE DHHS 2015 Vital Statistics Report. Table 59)

Juvenile Arrests

Figure 7. Number and Rate* of Juvenile Arrests per 1,000 under 18 Population

	2009	2010	2011	2012	2016 ⁺
Boone^o	1, -	2, -	0, -	0, -	2, -
Colfax^o	2, -	2, -	3, -	1, -	7, 2.2
Nance	14, 16.3	7, 8.4	2, -	2, -	0, 0
Platte	440, 52.0	392, 45.6	302, 35.0	248, 29.1	269, 31.2
East Central^o	457, 33.1	403, 29.3	307, 22.4	251, 18.3	278, 20.04
Nebraska[^]	15,186, 33.6	14,032, 31.1	13,155, 28.6	12,206, 26.2	9,463, 19.99

*Crude rates are masked for counties with less than five events due to the rates being unstable with such a small number of cases.

^oData are under-represented in Boone and Colfax Counties due to Albion Police Department and Schuyler Police Department not submitting arrest data to the Nebraska Crime Commission. Albion PD has not submitted data since 2003 and Schuyler PD has not submitted data since 2007.

[^]Note that state-level data are under-reported due to some police departments opting not to submit arrest data to the Nebraska Crime Commission. (Source: Nebraska Crime Commission)

+ Includes Years 2014, 2015 and 2016 for each county. (Total number of crimes: 834; average number of crimes for ECDHD is 278). Nebraska only includes crime data from 2016.

Language

Figure 8. Percent of Population Ages 5 and over Speaking a Language Other Than English at Home

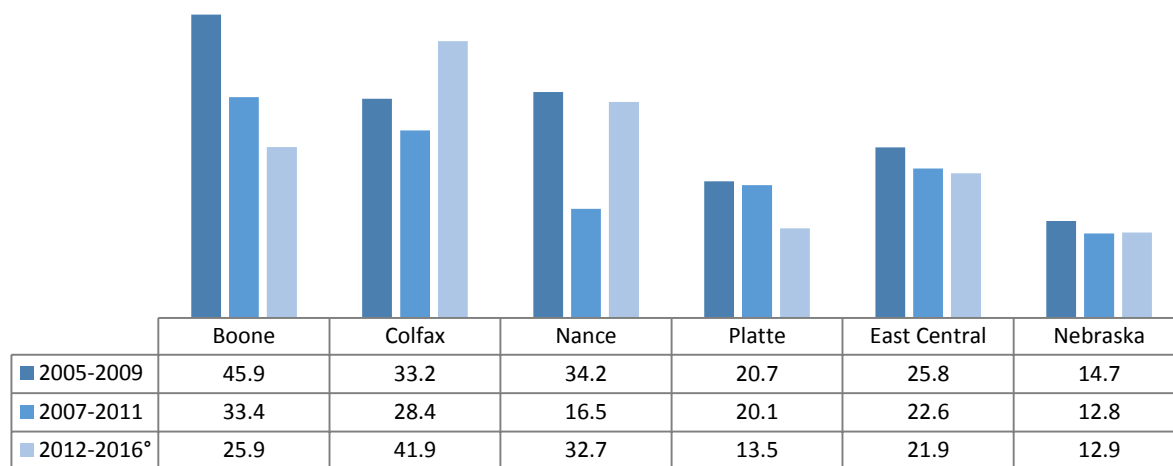
	2009	2010	2011	2012	2015
Boone	1.0%	0.8%	1.7%	1.6%	2.8%
Colfax	34.4%	35.9%	38.1%	40.2%	41.7%
Nance	3.2%	2.8%	2.2%	1.9%	2.2%
Platte	12.2%	13.2%	13.7%	13.8%	14.7%
East Central*	14.6%	15.5%	16.4%	16.8%	18.0%
Nebraska	9.2%	9.7%	9.9%	10.4%	11.0%*

*An average weighted by the population of each county. (Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates. Table B16001)

^oACS 5-Year Estimates 2011-2016

Motor Vehicle Safety

Figure 9. Motor Vehicle Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Single Parent Households

Figure 10. Number of Single Parent* Family Households with Children under 18 (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	114	108	105	120	-7.9%	5.3%
Colfax	215	349	461	287	114.4%	33.5%
Nance	90	86	116	106	28.9%	17.8%
Platte	733	1,023	1,132	905	54.4%	23.5%
East Central	1,152	1,566	1,814	1,418	57.5%	23.1%

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

Figure 11. Number of Married Couple Family Households with Children under 18 (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	721	583	489	544	-32.2%	-24.5%
Colfax	1,173	1,003	985	1,324	-16.0%	12.9%
Nance	434	307	264	443	-39.2%	2.1%
Platte	3,721	2,808	2,560	3,942	-31.2%	5.9%
East Central	6,049	4,701	4,298	6,253	-28.9%	3.4%

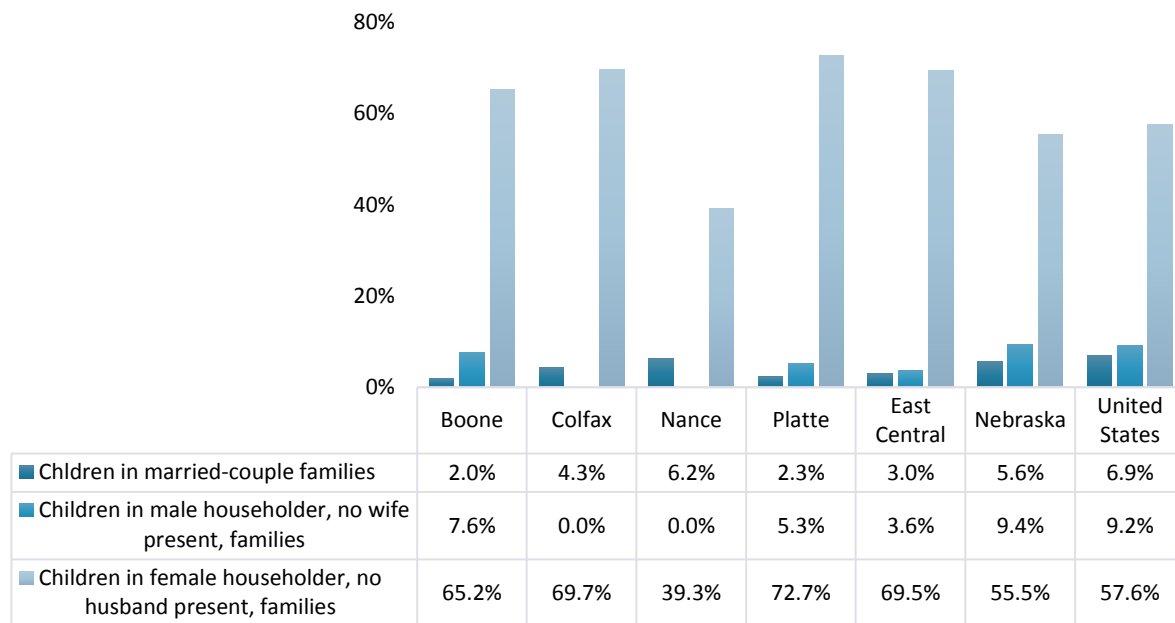
(Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

Figure 12. Percent of Children Living in Single Parent Households

	2009	2010	2011	2012	2016
Boone	15.1%	11.7%	12.4%	13.7%	22.1%
Colfax	28.8%	23.1%	29.7%	34.1%	21.7%
Nance	20.0%	26.3%	30.3%	34.7%	23.9%
Platte	23.9%	25.5%	27.3%	30.8%	23.0%
East Central	23.9%	23.7%	26.4%	30.1%	22.7%
Nebraska	25.7%	26.3%	27.3%	27.7%	29.3%

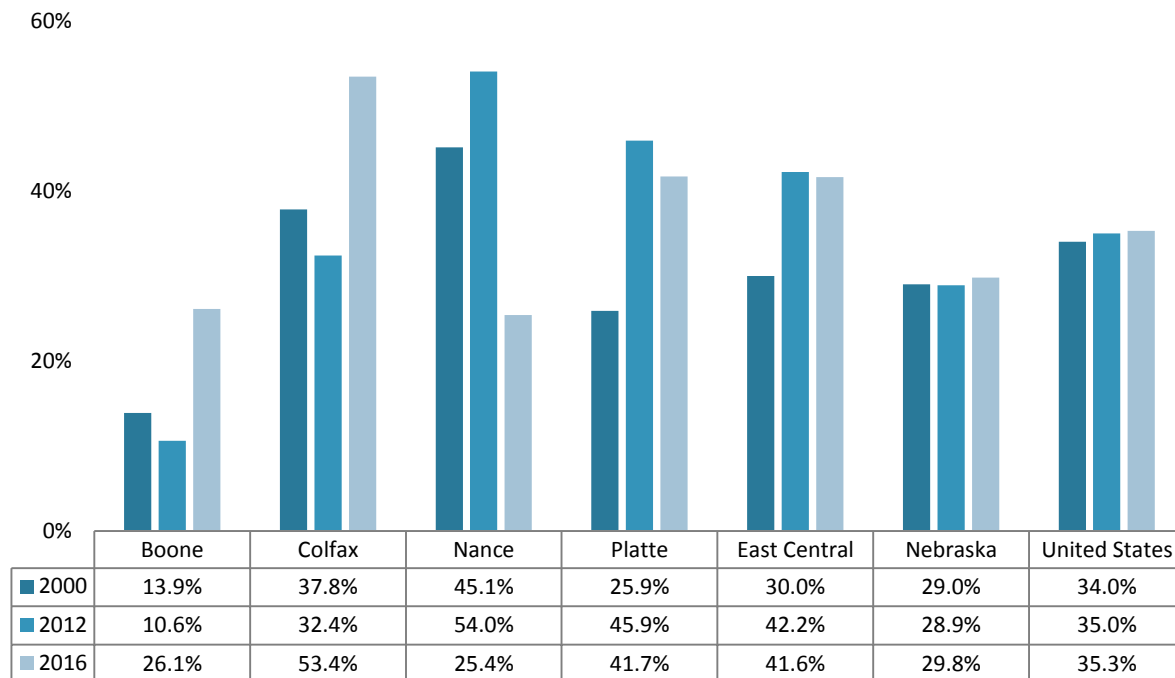
(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates. Table S1101)

Figure 13. Poverty Rates for Children by Family Type (2016)



(Source: American Community Survey 5-Year Estimates. Table B17006)

Figure 14. Percent of Births to Unmarried Women (2000-2016)



(Source: American Community Survey 5-Year Estimates. Table S1301)

Appendices

Appendix A. Community Health Survey Results (Community Themes and Strengths Assessment)

Appendix B. Focus Group Summaries (Community Themes and Strengths Assessment)

Appendix C. Forces of Change Assessment

Appendix D. The Local Public Health System Assessment (a selection from the full report)

Appendix E. Population Pyramids for East Central District, Boone, Colfax, Nance and Platte counties (2016 Population Estimates)

Appendix A. Community Health Survey Results¹ (Community Themes and Strengths Assessment)

Respondent Demographics

Respondent demographics (ECDHD)			
	2011	2014	2017
Boone	56 (11.5%)	33 (6.0%)	55 (8.9%)
Colfax	123 (25.3%)	114 (20.6%)	92 (14.9%)
Nance	36 (7.4%)	22 (4.0%)	45 (7.3%)
Platte	267 (54.8%)	355 (64.1%)	325 (52.6%)
Other/Unknown	5 (1.0%)	30 (5.4%)	101 (16.3%)
White	367 (75.7%)	416 (75.9%)	393 (79.7%)
Minority	118 (24.3%)	132 (24.1%)	100 (20.3%)
Male	138 (28.9%)	198 (36.1%)	100 (19.7%)
Female	339 (71.1%)	350 (63.9%)	407 (80.3%)
Under 40	198 (40.9%)	146 (26.9%)	197 (38.4%)
40 to 54	158 (32.6%)	172 (31.7%)	145 (28.3%)
55 & over	128 (26.4%)	225 (41.4%)	171 (33.3%)
Total Respondents	487	554	618

Community Health and Quality of Life

Q1. How would you rate your community as a "Healthy Community?"*			
	2011	2014	2017
Boone	82.1%	45.5%	27.3%
Colfax	52.8%	56.3%	44.0%
Nance	54.3%	63.6%	34.1%
Platte	53.2%	50.1%	40.3%
White	52.3%	45.2%	31.6%
Minority	70.1%	76.2%	70.0%
Male	61.3%	52.5%	44.0%
Female	54.6%	52.9%	37.3%
Under 40	54.8%	47.3%	42.6%
40 to 54	48.4%	45.6%	29.7%
55 & over	69.3%	62.1%	42.1%
East Central	56.6%	52.9%	39.0%

¹ There has been a small number of respondents from Boone and Nance Counties in the administrations of the survey. Use extreme caution when interpreting results for these two counties.

*Response options: very unhealthy, unhealthy, somewhat unhealthy, healthy, and very healthy. Percent rating healthy or very healthy.

Q2. I am satisfied with the quality of life in our community (considering my sense of safety and well-being).*			
	2011	2014	2017
Boone	98.2%	81.8%	85.5%
Colfax	60.2%	71.9%	80.4%
Nance	80.6%	90.9%	77.8%
Platte	66.5%	71.8%	75.4%
White	71.1%	71.8%	78.6%
Minority	65.0%	79.5%	78.0%
Male	72.5%	71.1%	83.0%
Female	69.8%	74.6%	76.2%
Under 40	61.9%	67.8%	81.7%
40 to 54	70.9%	69.2%	71.7%
55 & over	79.7%	81.2%	77.8%
East Central	69.8%	73.9%	78.3%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q2a. The community has adequate health and wellness activities. *			
	2011	2014	2017
Boone	90.9%	93.9%	85.5%
Colfax	67.5%	65.2%	69.6%
Nance	66.7%	45.5%	42.2%
Platte	64.7%	66.7%	76.0%
White	70.2%	66.1%	72.5%
Minority	62.4%	69.7%	75.0%
Male	71.0%	68.9%	81.0%
Female	68.0%	66.5%	71.3%
Under 40	67.0%	63.7%	72.1%
40 to 54	62.0%	66.9%	67.6%
55 & over	78.0%	70.7%	78.9%
East Central	68.5%	67.3%	72.9%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q3. I am satisfied with the health care system in our community. *			
	2011	2014	2017
Boone	92.9%	84.8%	85.5%
Colfax	76.4%	82.6%	77.2%
Nance	86.1%	77.3%	75.6%
Platte	62.2%	63.2%	80.3%
White	72.5%	69.3%	80.7%
Minority	66.1%	71.3%	79.0%
Male	71.0%	70.5%	89.0%
Female	71.4%	70.4%	77.9%
Under 40	69.7%	62.5%	83.2%
40 to 54	65.2%	67.1%	73.8%
55 & over	79.7%	77.1%	81.3%
East Central	71.0%	70.1%	79.9%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

I have easy access to family health providers. **			Q3a*
	2011	2014	2017
Boone	n.a.	n.a.	90.9%
Colfax	n.a.	n.a.	51.1%
Nance	n.a.	n.a.	82.2%
Platte	n.a.	n.a.	81.8%
White	n.a.	n.a.	89.8%
Minority	n.a.	n.a.	28.0%
Male	n.a.	n.a.	73.0%
Female	n.a.	n.a.	79.1%
Under 40	n.a.	n.a.	77.2%
40 to 54	n.a.	n.a.	74.5%
55 & over	n.a.	n.a.	80.1%
East Central	n.a.	n.a.	77.4%

* Question was not available in previous administrations of the survey.

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q3a. I have easy access to the medical specialists I need.*			Q3b
	2011	2014	2017
Boone	76.8%	78.8%	87.3%
Colfax	72.1%	80.2%	82.6%
Nance	47.2%	59.1%	62.2%
Platte	57.7%	67.0%	78.2%
White	63.4%	70.0%	78.6%
Minority	59.5%	72.3%	80.0%
Male	69.6%	68.0%	85.0%
Female	59.9%	71.9%	77.1%
Under 40	61.9%	66.0%	79.7%
40 to 54	57.3%	64.9%	73.8%
55 & over	70.1%	79.0%	80.7%
East Central	62.6%	70.8%	78.5%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q3b. I am very satisfied with the medical care I receive.*			Q3c
	2011	2014	2017
Boone	87.5%	84.8%	90.9%
Colfax	78.9%	84.5%	89.1%
Nance	88.9%	66.7%	75.6%
Platte	67.4%	71.5%	87.1%
White	75.2%	74.8%	86.5%
Minority	70.3%	76.9%	86.0%
Male	73.9%	71.7%	94.0%
Female	74.6%	77.9%	85.0%
Under 40	73.7%	68.1%	86.3%
40 to 54	70.3%	73.5%	85.5%
55 & over	79.7%	82.9%	88.3%
East Central	74.1%	75.6%	86.8%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q3c. Sometimes it is a problem for me to cover my share of the cost for a medical care visit.*			Q3d
	2011	2014	2017
Boone	34.5%	34.4%	41.8%
Colfax	45.9%	41.6%	52.2%
Nance	38.9%	31.8%	35.6%
Platte	42.5%	46.0%	41.5%
White	40.8%	38.7%	39.7%
Minority	46.2%	58.1%	55.0%
Male	39.9%	47.7%	46.0%
Female	43.5%	41.6%	41.8%
Under 40	48.7%	47.9%	40.6%
40 to 54	37.3%	51.5%	51.7%
55 & over	38.1%	34.6%	38.6%
East Central	42.1%	43.9%	42.9%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q3d. I am able to get medical care whenever I need it.*			Q3e
	2011	2014	2017
Boone	89.3%	73.3%	81.8%
Colfax	77.0%	87.0%	83.7%
Nance	88.6%	68.2%	75.6%
Platte	76.4%	72.4%	78.8%
White	83.0%	75.4%	78.6%
Minority	66.9%	77.3%	84.0%
Male	77.5%	78.7%	92.0%
Female	80.7%	74.6%	76.4%
Under 40	77.8%	63.8%	83.8%
40 to 54	79.6%	78.9%	77.2%
55 & over	81.1%	79.8%	77.2%
East Central	79.2%	75.7%	79.7%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q4. This community is a good place to raise children.*			
	2011	2014	2017
Boone	96.4%	87.9%	94.5%
Colfax	55.7%	66.4%	80.4%
Nance	88.9%	90.9%	88.9%
Platte	80.5%	77.3%	91.4%
White	77.8%	72.6%	88.5%
Minority	72.6%	85.6%	93.0%
Male	76.6%	76.8%	89.0%
Female	77.4%	75.1%	89.7%
Under 40	68.7%	72.0%	93.4%
40 to 54	79.0%	77.2%	89.7%
55 & over	85.7%	77.7%	85.4%
East Central	76.7%	76.0%	89.6%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q5. This community is a good place to grow old (considering elder-friendly housing, transportation to medical services, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)*			
	2011	2014	2017
Boone	91.1%	81.8%	94.5%
Colfax	59.0%	55.3%	72.8%
Nance	65.7%	63.6%	86.7%
Platte	62.4%	70.3%	86.5%
White	71.2%	66.3%	86.3%
Minority	45.3%	71.8%	81.0%
Male	69.6%	66.0%	87.0%
Female	64.0%	67.9%	84.5%
Under 40	54.3%	66.9%	88.8%
40 to 54	66.5%	67.4%	82.1%
55 & over	79.4%	67.4%	82.5%
East Central	65.1%	67.6%	84.9%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q5a. There is a transportation service that takes older adults to medical facilities or to shopping centers.*			Q6 – There are transportation resources that take me where I want to go.
	2011	2014	2017
Boone	89.3%	72.7%	27.3%
Colfax	70.2%	69.3%	62.0%
Nance	66.7%	59.1%	26.7%
Platte	65.8%	73.9%	42.8%
White	74.5%	70.3%	37.7%
Minority	53.8%	75.4%	63.0%
Male	72.5%	66.2%	58.0%
Female	69.1%	75.1%	39.1%
Under 40	64.8%	72.4%	46.2%
40 to 54	70.3%	70.3%	34.5%
55 & over	76.4%	72.5%	46.2%
East Central	69.6%	71.8%	43.1%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree. Please note that this question is worded differently across survey administrations.

Q5b. There are enough programs that provide meals for older adults in my community.*			Q5a
	2011	2014	2017
Boone	74.5%	69.7%	49.1%
Colfax	55.5%	64.6%	59.8%
Nance	63.9%	63.6%	44.4%
Platte	47.3%	56.5%	61.2%
White	57.3%	57.3%	56.5%
Minority	41.2%	64.8%	66.0%
Male	58.4%	56.0%	65.0%
Female	52.1%	60.1%	56.3%
Under 40	51.3%	53.5%	58.9%
40 to 54	51.6%	52.9%	53.1%
55 & over	59.5%	67.3%	60.8%
East Central	53.7%	59.1%	58.2%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree.

Q5c. There are networks for support for the elderly living alone.*			Q5b
	2011	2014	2017
Boone	50.0%	56.3%	41.8%
Colfax	45.0%	43.1%	46.7%
Nance	33.3%	27.3%	51.1%
Platte	38.5%	43.8%	48.0%
White	41.1%	39.4%	43.3%
Minority	39.1%	60.7%	61.0%
Male	45.7%	48.7%	52.0%
Female	38.9%	42.2%	46.2%
Under 40	49.2%	49.0%	56.9%
40 to 54	31.8%	40.6%	43.4%
55 & over	38.6%	44.5%	39.2%
East Central	40.9%	44.6%	47.4%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q6. There are jobs available in the community (considering locally owned and operated businesses, jobs with career growth, affordable housing, reasonable commute, etc.)*			Q7
	2011	2014	2017
Boone	41.1%	50.0%	56.4%
Colfax	29.5%	43.4%	63.0%
Nance	19.4%	18.2%	46.7%
Platte	49.2%	63.2%	75.4%
White	41.5%	53.6%	65.6%
Minority	37.6%	66.2%	75.0%
Male	47.8%	62.8%	77.0%
Female	38.0%	52.9%	66.6%
Under 40	44.2%	62.1%	73.6%
40 to 54	44.1%	65.3%	70.3%
55 & over	34.6%	46.8%	61.4%
East Central	40.8%	56.4%	68.7%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q7. The community is a safe place to live (considering resident's perception of safety in the home, the workplace, schools, playgrounds, parks, shopping areas). Neighbors know and trust one another and look out for one another.*			Q8
	2011	2014	2017
Boone	96.4%	87.9%	92.7%
Colfax	48.0%	65.2%	77.2%
Nance	94.4%	95.5%	77.8%
Platte	70.3%	74.4%	82.8%
White	73.2%	71.6%	80.9%
Minority	58.5%	81.4%	88.0%
Male	70.3%	75.6%	93.0%
Female	70.7%	72.6%	79.9%
Under 40	62.6%	69.0%	85.8%
40 to 54	67.7%	76.6%	82.8%
55 & over	82.7%	74.9%	78.9%
East Central	69.8%	74.0%	82.4%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q8. There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of need and stress.*			Q9 - I feel I have support networks during times of stress and need.
	2011	2014	2017
Boone	76.8%	72.7%	81.8%
Colfax	60.2%	60.2%	64.1%
Nance	72.2%	54.5%	53.3%
Platte	61.7%	72.3%	65.2%
White	68.6%	68.0%	65.1%
Minority	50.0%	71.5%	68.0%
Male	65.9%	72.4%	68.0%
Female	64.2%	67.0%	64.9%
Under 40	60.6%	67.7%	70.6%
40 to 54	68.4%	70.0%	57.2%
55 & over	64.6%	67.4%	67.8%
East Central	64.2%	68.7%	65.8%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree.

Q9. All residents believe that they, individually or collectively, can make the community a better place to live.*			Q10
	2011	2014	2017
Boone	64.3%	51.5%	74.5%
Colfax	34.7%	50.0%	65.2%
Nance	72.2%	36.4%	77.8%
Platte	57.1%	54.3%	75.4%
White	56.4%	46.4%	72.8%
Minority	44.4%	71.9%	78.0%
Male	55.8%	58.2%	83.0%
Female	53.4%	49.3%	71.5%
Under 40	50.5%	54.5%	77.7%
40 to 54	52.2%	57.4%	74.5%
55 & over	60.2%	47.7%	69.0%
East Central	53.7%	52.5%	73.7%

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. . Percent rating agree or strongly agree.

Q11. In the following list, what do you think are the 3 most important "health concerns" in our community? Check only 3 (2017 only)			
1. Alcohol/drug abuse	56.9%	14. Child abuse/neglect	5.3%
2. Cancers	33.9%	15. Domestic violence	4.8%
3. Obesity	29.3%	16. Dental care	3.3%
4. Mental health problems	28.5%	17. Respiratory/lung disease	2.2%
5. Housing that is adequate, safe, and affordable	25.6%	18. Sexually transmitted diseases	1.7%
6. Bullying	22.7%	19. Rape/sexual assault	1.3%
7. Aging problems (e.g., arthritis, hearing/vision loss)	19.2%	20. Firearm-related injuries	0.9%
8. Diabetes	16.9%	21. Infectious diseases (e.g., hepatitis, TB)	0.7%
9. Heart disease and stroke	13.1%	22. HIV/AIDS	0.6%
10. High blood pressure	9.9%	23. Homicide	0.6%
11. Motor vehicle crash injuries	7.7%	24. Infant death	0.4%
12. Teenage pregnancy	6.8%	25. Other	0.0%
13. Suicide	6.1%		

Q11. Top Three Perceived Health Concerns by County (2017 only)*	
Boone	1. Alcohol/drug abuse (50.9%) 2. Mental health (47.3%) 3. Housing that is adequate (33.3%)
Colfax	1. Alcohol/drug abuse (52.2%) 2. Obesity (25.6%) 3. Diabetes (22.2%)
Nance	1. Alcohol/drug abuse (43.2%) 1. Mental health (43.2%) 3. Obesity (31.8%)
Platte	1. Alcohol/drug abuse (61.3%) 2. Cancers (38.3%) 3. Obesity (26.9%)
East Central	1. Alcohol/drug abuse (56.9%) 2. Cancers (33.9%) 3. Obesity (29.3%)

*See the above figure for response options.

Q12. In the following list, what do you think are the 3 most important "risky behaviors" in our community? (those behaviors that have the greatest impact on overall community health) Check only 3 (2017 only)			
1. Alcohol abuse	59.6%	9. Not following doctor's advice	10.4%
2. Drug abuse	53.3%	10. Racism	8.8%
3. Texting/cell phone while driving	44.1%	11. Unsafe sex	6.7%
4. Poor eating habits	29.2%	12. Dropping out of school	6.1%
5. Lack of exercise	24.1%	13. Not getting "shots" to prevent disease	4.7%
6. Not using seat belts and/or child safety seats	14.3%	14. Not using birth control	3.3%
7. Overeating	13.5%	15. Other	1.4%
8. Tobacco use/or electronic cigarette use	11.4%		

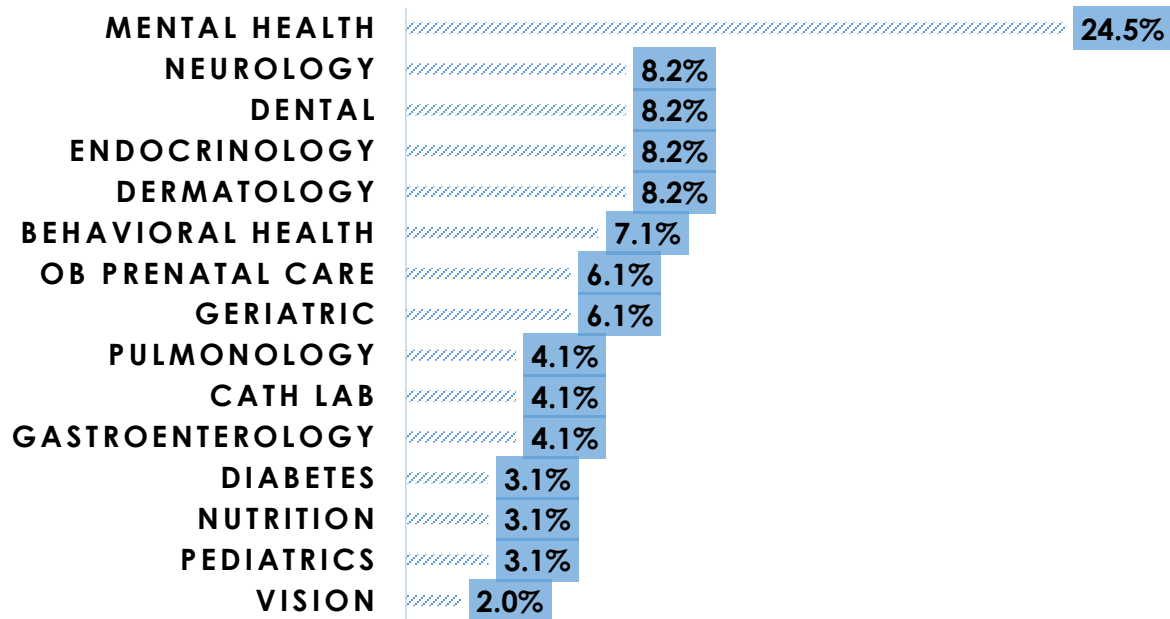
Q12. Top Three Perceived Risky Behaviors by County (2017 only)*	
Boone	1. Texting/cell phone while driving (60.0%) 2. Alcohol abuse (58.2%) 3. Drug abuse (54.5%)
Colfax	1. Texting/cell phone while driving (50.5%) 2. Alcohol abuse (49.5%) 3. Drug abuse (34.1%)
Nance	1. Alcohol abuse (50.0%) 2. Drug abuse (45.5%) 3. Poor eating habits (38.6%)
Platte	1. Alcohol abuse (64.1%) 2. Drug abuse (59.4%) 3. Texting/cell phone while driving (40.6%)
<i>East Central</i>	1. Alcohol abuse (59.6%) 2. Drug abuse (53.3%) 3. Texting/cell phone while driving (44.1%)

*See the above figure for response options.

Open-Ended Comments (2017 only)

What health care services that we do not currently have, would you like to see in your community?

A total of 98 comments related to health care services were classified into 15 categories. The following chart shows the main preferences from the highest to the lowest by respondents:



Community Health Survey 2017

Please take a moment to complete the survey below. The purpose of this survey is to get your input about health topics in your community. The East Central District Health Department and other community partners will use the results of this survey and other information to identify the most pressing health issues which can be addressed through community action. If you have previously completed **this** survey, please ignore this. Remember ...your opinion is important! Thank you and if you have any questions, please contact us (see contact information at end of survey).

Please indicate your level of agreement with each of the following statements.

	Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy
1. How "Healthy" would you rate your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2. I am satisfied with the quality of life in our community (considering my sense of safety and well-being)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. The community has adequate health and wellness activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am satisfied with the health care system in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. I have easy access to family health providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have easy access to the medical specialists I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am very satisfied with the medical care I receive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sometimes it is a problem for me to cover my share of the cost for a medical care visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am able to get medical care whenever I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What health care services that we do not currently have, would you like to see in your community?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4. This community is a good place to raise children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. This community is a good place to grow old.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. There are enough programs that provide meals for older adults in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are support networks for the elderly living alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. There are transportation resources that take me where I want to go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. There are jobs available in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The community is a safe place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel I have support networks during times of stress and need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Residents believe that they, individually or collectively, can make the community a better place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What do you think are the **3 most important "health concerns"** in our community? **Check only 3.**

- | | |
|--|--|
| <input type="checkbox"/> Aging problems (e.g., arthritis, hearing/vision loss) | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Alcohol/Drug abuse | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Infectious diseases (e.g., hepatitis, TB) |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Respiratory/lung disease |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Housing that is adequate, safe and affordable | |

12. In the following list, what do you think are the **3 most important "risky behaviors"** in our community? (those behaviors that have the greatest impact on overall community health) **Check only 3.**

- | | |
|---|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Texting/cell phone while driving |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Tobacco use/or electronic cigarette use |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Not using seat belts and/or child safety seats |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Not getting "shots" to prevent disease | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Not following doctor's advice | |

Please provide the following information. It will be used for demographic purposes only. Keep in mind you will NOT be identified in any way with your answers

13. Zip Code:

14. Your Gender: ☐ Male ☐ Female

15. Age
- ☐ Under 18 years
 - ☐ 18-25 years
 - ☐ 26-39 years
 - ☐ 40-54 years
 - ☐ 55-64 years
 - ☐ 65-80 years
 - ☐ Over 80 years

16. Marital Status
- ☐ Married
 - ☐ Living together
 - ☐ Divorced
 - ☐ Never married
 - ☐ Separated
 - ☐ Widowed

17. Which of these groups represents you?
- ☐ White (Not Hispanic or Latino)
 - ☐ Hispanic/Latino
 - ☐ Black or African American (Not Hispanic or Latino)
 - ☐ American Indian or Alaskan Native (Not Hispanic or Latino)
 - ☐ Asian (Not Hispanic or Latino)
 - ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 - ☐ Other: _____

18. Household Income

- | | |
|---|---|
| <input type="checkbox"/> Student- no income | <input type="checkbox"/> Less than \$20,400 |
| <input type="checkbox"/> \$20,400 to \$25,524 | <input type="checkbox"/> \$25,525 to \$30,629 |
| <input type="checkbox"/> \$30,630 to \$35,734 | <input type="checkbox"/> \$35,735 to \$40,839 |
| <input type="checkbox"/> Above \$40,840 | <input type="checkbox"/> |

20. Your highest education level:

- | | |
|---|--|
| <input type="checkbox"/> Less than high school graduate | <input type="checkbox"/> High School Diploma/GED |
| <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Graduate Degree or higher | <input type="checkbox"/> |

21. How do you pay for your health care? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Veterans Administration | |
| <input type="checkbox"/> Other: | |

Thank you very much for your response!

Please return completed surveys as directed. If you would like more information about this community project, please contact us at the number below.

East Central District Health Department
4321 41st Avenue, PO Box 1028, Columbus, NE 68602
Phone: 402-563-9656

Encuesta Sobre Salud Comunitaria 2017

Por favor tómese un momento para contestar la siguiente encuesta. El propósito de esta encuesta es conocer su opinión acerca del tema de salud en su comunidad. El departamento de salud del distrito del Este Central (ECDHD) y otros socios de la comunidad usarán los resultados de esta encuesta junto con otras informaciones, para identificar los asuntos de salud más urgentes que deben ser resueltos a través de una acción comunitaria (sin identificar nombres de personas). Si usted ya ha contestado esta encuesta, ignorela! Por favor, tenga en cuenta que su opinión es muy importante para nosotros! Muchas gracias por su colaboración. Si tiene alguna pregunta por favor contáctenos. La información de contacto está al final de esta encuesta.

Indique por favor su nivel de conformidad con cada una de las siguientes afirmaciones.

		Muy enfermiza	Enfermiza	Poco saludable	Saludable	Muy saludable
1.	En cuanto a “Salud Comunitaria”, Cómo considera usted que es su comunidad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
2.	Me siento satisfecho con la calidad de vida en nuestra comunidad en relación con la sensación de seguridad y bienestar que tenemos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	a. La comunidad tiene actividades adecuadas que promueven la salud y bienestar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Me siento satisfecho con el sistema del cuidado de salud en nuestra comunidad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	a. Tengo fácil acceso a los especialistas médicos que necesito:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. Estoy muy satisfecho con el cuidado médico que recibo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

De los cuidados de salud que no tenemos en su comunidad, Cuáles servicios me gustaría tener? Comentarios:

	c. Pagar mi parte del costo de una visita médica, a veces me es difícil.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	d. Puedo tener cuidado médico Cuando lo necesité	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Esta comunidad es un buen lugar para criar niños.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Esta comunidad es un buen lugar para personas mayores (en relación a hogares adaptados o diseñados para personas mayores, transporte a servicios medicos, para ir de compras, hogares de cuidado diario para los mayores, soporte social para los mayores que viven solos, comidas a domicilio, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Hay servicio de transporte que lleva a las personas mayores a los centros de atención médica, o a las tiendas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a.	En mi comunidad hay suficientes programas que proporcionan alimentos a personas mayores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Hay grupos de soporte para ancianos que viven solos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Hay trabajos disponibles en la comunidad (considerando negocios propios, trabajos con posibilidades de ascenso, costos accesibles de vivienda, travesía razonable para ir al trabajo, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	La comunidad es un lugar seguro para vivir (considerando la percepción de los residentes en cuanto a seguridad en el hogar, el lugar de trabajo, escuelas,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- parques, áreas de recreo, áreas de compras), los vecinos se conocen, se tienen confianza y se ayudan entre ellos:
8. En tiempos de estrés y necesidad, hay grupos de soporte para individuos y para familias (como vecinos, grupos de apoyo, miembros de comunidades religiosas que salen a la comunidad ayudar, otras agencias y organizaciones) ☐ ☐ ☐ ☐ ☐
9. Todos los residentes creen que en forma individual y colectiva, pueden hacer a la comunidad un mejor lugar para vivir. ☐ ☐ ☐ ☐ ☐

10. De la siguiente lista usted, Cuales son las tres cosas más importantes en **problemas de salud** en nuestra comunidad? (problemas que tienen su mayor impacto en la salud de la comunidad en general)

- | | |
|---|--|
| <input type="checkbox"/> Problemas de la edad (artritis, pérdida de la vision, audición) | <input type="checkbox"/> Homicidios |
| <input type="checkbox"/> Abuso de alcohol y/o drogas | <input type="checkbox"/> Mortalidad infantil |
| <input type="checkbox"/> Intimidación (bullying en las escuelas) | <input type="checkbox"/> Enfermedades infecciosas (e.g., hepatitis, TB) |
| <input type="checkbox"/> Cánceres | <input type="checkbox"/> Problemas de salud mental |
| <input type="checkbox"/> Abuso / descuido de la niñez | <input type="checkbox"/> Lesiones causadas por vehículos motorizados |
| <input type="checkbox"/> Problemas dentales | <input type="checkbox"/> obesidad |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Violación/ ataque sexual |
| <input type="checkbox"/> Violencia doméstica | <input type="checkbox"/> Enfermedad de los pulmones o del sistema respiratorio |
| <input type="checkbox"/> Lesiones por armas de fuego | <input type="checkbox"/> Enfermedades de transmisión sexual (STDs) |
| <input type="checkbox"/> Enfermedades cardíacas y accidentes cerebrovasculares (ataques de apoplejía) | <input type="checkbox"/> Suicidios |
| <input type="checkbox"/> Alta presión arterial | <input type="checkbox"/> Embarazo en adolescentes |
| <input type="checkbox"/> VIH/SIDA | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Vivienda adecuada segura y de costo accesible | |

11. De los problemas que usted marcó, con cuál le gustaría a usted trabajar como voluntario(a) para ayudar a mejorarlo? _____

12. De la siguiente lista, Cuáles cree usted que son **las tres conductas de riesgo más importantes** en nuestra comunidad? (aquellas conductas que tienen su mayor impacto en la comunidad en general)

- | | |
|--|---|
| <input type="checkbox"/> Abuso de alcohol | <input type="checkbox"/> Racismo |
| <input type="checkbox"/> Abandono de los estudios | <input type="checkbox"/> Uso de mensajes de texto o teléfono mientras maneja |
| <input type="checkbox"/> Abuso de drogas | <input type="checkbox"/> Uso de tabaco o cigarrillo electrónico |
| <input type="checkbox"/> Falta de ejercicio | <input type="checkbox"/> No usar control de natalidad |
| <input type="checkbox"/> Tener sobrepeso | <input type="checkbox"/> No usar cinturón de seguridad y/o sillas de seguridad para niños (en los carros) |
| <input type="checkbox"/> Malos hábitos alimenticios | <input type="checkbox"/> Tener relaciones sexuales sin protección contra enfermedades de transmisión sexual |
| <input type="checkbox"/> No vacunarse para prevenir enfermedades | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> No seguir el consejo del doctor | |

Por favor proporcione la siguiente información, la cual sólo será usada con fines demográficos. Tenga en cuenta que su respuestas NO lo identifican de ninguna manera.

13. Código postal:

14. Su sexo es: ☐ Hombre ☐ Mujer

17. Es usted Hispano o Latino? ☐ Si ☐ No

15. Su edad:
- ☐ Menor de 18 años
 - ☐ 18-25 años
 - ☐ 26-39 años
 - ☐ 40-54 años
 - ☐ 55-64 años
 - ☐ 65-80 años
 - ☐ Mayor de 80 años
16. Estado civil
- ☐ Casados/O viven juntos
 - ☐ Divorciado(a)
 - ☐ nunca se casó
 - ☐ separados
 - ☐ Viudo(a)
 - ☐ Otro _____
- 18.Cuál de estos grupos diria usted que representa mejor su raza?
- ☐ Blancos
 - ☐ Negros o africano- americano
 - ☐ asiáticos
 - ☐ Nativos de Hawái otra isla del Pacífico
 - ☐ Indios americanos o Nativos de Alaska
 - ☐ Otros [especifique]:
19. Ingreso del hogar (al año)
- ☐ Menos de \$20,000
 - ☐ \$30,000 a \$49,999
 - ☐ \$75,000 a \$99,999
 - ☐ \$20,000 a \$29,999
 - ☐ \$50,000 a \$74,999
 - ☐ Más de \$100,000
20. Su máximo nivel de educación es:
- ☐ No se graduó de secundaria
 - ☐ Diploma de secundaria o equivalente
 - ☐ Diploma de preparatoria o universidad
 - ☐ Otro
21. Cómo paga usted por su cuidado de salud? (Marque todo lo apropiado)
- ☐ Pago en efectivo (no tiene seguranza o seguro médico)
 - ☐ Medicaid
 - ☐ Administración de veteranos
 - ☐ Otro: _____
 - ☐ Seguro de salud/ seguranza (e.g., seguro privado como Blue Shield, HMO, a través de su empleador)
 - ☐ Medicare
 - ☐ Servicios de salud para indios

Muchísimas gracias por su respuestas!

Por favor devuelva la encuesta ya terminada cómo le fue indicado. Si usted desea más información sobre este proyecto comunitario por favor contáctenos a la siguiente dirección:

Organización: East Central District Health Department
Dirección: 4321 41st Avenue, PO Box 1028, Columbus, NE 68602
Teléfono: 402-563-9656

Appendix B. Focus Group Summaries (Community Themes and Strengths Assessment)

Boone county Adult Focus Group Session was held Thursday, July 17, 2017 from 8:00 to 9:00 pm at the home of Jeff and Lindsey Jarecki in Albion, Nebraska. The focus group was conducted by Roberta Miksch, Chief Public Health Officer, and recorder was Chantel Sempek, Cancer Prevention Coordinator.

Six female participants were in attendance.

Adult Focus Group Questions

1. How would you describe your community?

- For a small town it is busy
 - The Chamber of Commerce is very actively involved with their community
- A lot of things to do
 - Family oriented activities
- Community members seem actively involved
- Growing community/young families
- Albion has a theater and pool
- There are kids programs
 - After school program starts this year
 - Painting and pottery down town
- Library Program
- Forward thinking
 - Walking paths are being made
 - Big Give event is always huge. The Big Give involves:
 - Foundation chooses where the money goes
 - Library Renovation was a recipient of the Big Give
 - Happens in December
 - Organizations pick projects (competitive)
 - Down town renovation
 - Boone County Foundation and Albion Economic Development Corporation (BCDA and AEDC)
- Many churches
- Hospital has a lot of services

2. How would you describe the interactions between community members of different backgrounds?

- Outsiders feel welcomed
- People are always nice but that's not the same as welcoming

- “We live here but we will never be from here”
- First few months after moving to Albion were tough, cried the first six months
- Albion gives off the vibe that “they are better than the smaller towns around them”
- Resistance against merging schools in the area
- Residents are loyal to their home towns
 - See it in all the generations
 - Education plays a role
 - Jobs available bring in the different classes of people to certain towns
 - Housing is expensive in Albion
- Seniors (75 and older) are not accepting of change – very vocal
 - The more money they have the more vocal they seem to be
- Agriculture versus Non-Agriculture community members
 - Separate votes

3. What are some positive things in your community that contribute to your health?

- Fitness center
- Walking path – four phases but they don’t all exist yet
- Kids sports
- Swimming pool
- Hospital
- Multiple dentists
- Eye doctor
- Mental/behavioral health
- Multiple pharmacies (3)
- Hospital/fitness center have classes
 - Some are free
 - Tai Chi
- Fitness challenges among friends
- Home businesses promoting healthy lifestyles
 - Supplements
 - Food – non GMO or Genetically Modified Organism
 - Workouts (Beach Body for example)
- Farmer’s Market in the summer on Thursday evenings
- Bountiful Baskets
 - Once a month
 - Can choose produce
 - popular

4. If a task force was being formed to improve things in your community what topics do you think they would need to address and why?

- Lack of housing
- Lack of quality child care
- Side walks
 - A lot are broken up and messy
 - Not all streets have them
- A lot of empty spaces
- A Target would be nice
- Park needs some help
 - Renovation
- Senior center is closing
 - Supposed reason is that the seniors in the area to healthier than in the past and the center is no longer needed
- Bowling alley closed
- Very sports oriented
- Drug problem – in the high school
- Underage drinking
- Kids are bored

5. Where do you go for health care?

- Hospital/clinic in town
- Stay in town for specialists
- Dentist - local
- Eye doctor - local
- Orthopedic - out of town
- Chiropractor - local
- Hospital has tele-health available
 - Behavior health
- Portal to their doctors via cell phone app or email
 - Docs will call patients personally or clinic nurse will reply to questions patients email them
- Hospital is forward thinking
- Doctors have been here long term
- Teaching hospital
 - Housing available for students that is owned by the hospital

6. From where and how do you get most of your health information?

- Clinic/doctors
- Facebook Groups
 - Moms
- Text friends who are in health care (clinic nurses)
- Doctors and the clinic/hospital are invested in the people

- They have roots here
- From here or have lived here a long time
- Doctors are approachable in public and don't mind answering questions outside of work
- Hospital owns houses for students and daycare for employees

7. Which health conditions are you most interested in learning more about for you or a family member?

- Cancer in general
- Dementia/Alzheimer's
- Reproduction health
 - How our everyday lives may be effecting our reproduction and future
- Allergies
- Behavioral health for children
- Diet/good science
 - Nutrition
 - Community awareness
 - Access to healthier food

Boone County Youth Focus Group

A Boone Youth Focus Groups session was held Monday, May 1, 2017 from 3:30 to 4:30 pm at the Boone Central High School in Albion, NE. Focus groups were conducted by Roberta Miksch, Deputy Director, recorder was Chantel Sempek, Cancer Prevention Coordinator, and observer was Caitlin Schneider, Project Coordinator.

Five participants were in attendance, four female and one male.

Youth Focus Group Questions

1. How would you describe your community?

- All here for each other
- A lot of fundraising for those in need
- Church Involvement
 - Multiple options available
 - Both Youth and Adults volunteer
 - Food Pantry
- Community Involvement
 - Businesses like to get involved with the community during holidays such as Easter and Halloween
- Caring – Everybody knows Everybody
- Supportive
- Community Trash Clean-up

2. What do people in your community do in their free time?

a) For fun?

- Drive around
- Bonfires
- Cheap movie theater
- The Bike Shop (empty parking lot) – hangout and talk for kids
-

b) For physical activity/sports?

- High school sports
- Fitness Center – they have flexible hours
- Sports – most kids are involved in some sort of sport
- Ball Fields – soccer, basketball, baseball, tennis (currently being reconstructed)
- Dirt Track Races
- Demo Derby

c) Other Extracurricular activities?

- Older generations walk dogs
- The J Sports Bar – Happy hour for adults
- Water Park
- Young adults walk and take kids to the park
- Extracurricular – for youth:

1. Band
 2. Cheer
 3. Book Club at the Library
 4. Library
 5. 4-H
 6. Fair – Concerts
- Car Soccer
 - National FFA Organization
 - Speech
 - S.A.D.D - lock-in, movie night, posters in schools to not drink, talking to middle school students
 - FCCLA
 - FBLA
 - Cruising Cardinals – opportunities for students to travel
 - Close-Up – students can travel to Washington D.C.

3. When you look around, what kinds of things do you see in the community that promote health?

- Cancer Care – sell shirts for different causes
- Car Seat Training
- Speakers come to schools – speak about drugs and bullying
- Evacuate during gas leaks
- Safety drills in school
- 1st Thursday of the month they test the tornado siren
- Healthy lunches at school
- Fitness Center – indoor pool is where people use it for exercise
- Outdoor pool – more of a hangout area

4. In particular to health: In your opinion, what are some things that could make your community healthier?

- Drinking (less)
 - A lot of legal age drinking
 - A lot of underage drinking
- Better/Healthier Food Services (more options)
- Not as many younger kids are seen playing outside because of technology
- Need more trash cans around town – cut down on the litter
- Bring back hand washing in elementary
 - Before lunch it used to be a requirement but isn't now
- Not sure if kids are taught the “elbow cough”
- Elementary Fitness Testing was taken away this year (mile run, sit and reach, etc.) – some children couldn't do the tests and it was considered a form of “child abuse”
- Less P.E. – now they do music 1 day and P.E. the next (alternating)
 - K-8th grade

- Freshmen have it every day
- After freshman year, no PE is required, but there are electives students can take like weightlifting or lifetime sports
- More exercise and healthier eating
- School should teach more healthy lifestyles as many don't get it at home
- Would like to see more P.E. – controversy on importance of P.E. and other course work/time already spent in athletics

5. In particular to health: If you have a friend who has never visited your community before and they asked you what some of the best things about it were, what would you tell them?

- Good place to raise your kids
- Good grocery store options
- Good day cares (plenty of options)
 - They follow the school's health food program
 - Majority are in-home day cares
- Helpful after school program "Coming this fall"
- A lot of different backgrounds
 - Moving in from different states
 - Job opportunities
 - Community is friendly and welcoming
 - School is a big draw (co-oping with other schools such as Newman Grove)

6. In particular to health: Of all the health issues we've talked about today, which do you think are the most important for your community to deal with?

- Drugs (illegal)
 - Both teens and adults
 - Younger youth are getting involved (under high school)
 - Dealings
 - Cocaine, acid, and marijuana
- Tobacco Use
 - In schools
 - Vaping in lockers between classes
 - Chew is being snuck in
- Alcohol
 - In schools
 - In water bottles
 - Adults are also having problems
 - Ruining home life
 - Parties at home
- Self-Harm
 - Students with cuts on their wrists and thighs
 - Starting in middle school and up

- A lot of kids speaking about depression and suicide
- Some get involved with drugs – making this issue worse
- Family plays a role but some come from good families and get caught up in the wrong peer crowd

7. In particular to health: Is there anything else you'd like to tell me about your community?

- “Bring back the bowling alley”
 - Long distance to the next bowling alley (Newman Grove)
- Closed the Fusion Center
 - Place for teens to hangout
 - Wasn't attractive to the youth because drugs and alcohol were not allowed
- Benefit from more “help” centers – for those dealing with depression and suicide
- Therapy is available
- The Ball Fields
 - City owned
 - Baseball, soccer, tennis, basketball
 - Currently remodeling

Colfax County Adult Focus Group

Colfax county English speaking Adult Focus Group Session was held Monday, October 9, 2017 from 12:00 to 1:00 pm at CHI in Schuyler, Nebraska. The focus group was conducted by Caitlin Schneider, Projects Coordinator, and recorder was Chantel Sempek, Cancer Prevention Coordinator.

Four female and one male participants were in attendance.

Adult Focus Group Questions

1. How would you describe your community?

- Diverse
- Growing
- Small town
- Multiple cultures
- Home
- Lack of housing
- Embracing – welcoming community of new cultures
- Young community

2. How would you describe the interactions between community members of different backgrounds?

- Tense interactions
- Multiple areas to interact with community members because it is a small town
 - Grocery store
 - Church
 - Schools
- Respectful interactions
 - There was a situation at the African store where a Somali man would not shake a woman's hand but he explained that their culture doesn't condone it – he was kind enough to explain why he wouldn't shake her hand.
- School works with churches and other cultural groups
- Students volunteer at recycling center
 - All ages and all groups help
 - Community makes an effort to support this

3. What are some positive things in your community that contribute to your health?

- Bike and walk trails
- Field house (indoor) – there is a turf, basketball, volleyball, and soccer
 - Any community member can use it
- Yoga
- After school program

- They have swimming in the summer
- WIC – Women Infant and Children program
- Support Groups
- Health Fair – CHI
- Blood drives at the high school
- Food pantry school food programs
 - Grab and Go breakfast
- Head start
 - Commodities monthly pantry and support
- Senior center provides meals at noon
 - 5 days a week
- Safe water
- Clean air
- No smoking policies in community

4. If a task force was being formed to improve things in your community what topics do you think they would need to address and why?

- Housing – all types
 - Market (rate)
 - Affordable
 - Housing that fits the demographic needs
 - Flood plain land that has already been developed is a financial burden – no one wants to purchase those homes because of insurance costs
 - Many needs – apartments, duplexes, single, family, rentals, etc.)
- Behavioral health and mental health
 - Bullying
 - All ages
 - Suicide
- Safety for children
 - More and better cross walks
- Public transportation
 - Currently have an option but it is for 10 years and older (limited)
 - State and federal funds so it is regulated

5. Where do you go for health care?

- CHI
- Various places – depending on needs
- Columbus
- Lincoln and Omaha – specialists
- Dentist in Fremont
- Marathon – Cargill's private clinic

- Hard for others to market to Cargill employees
- Local Chiropractor is well liked and very successful

6. From where and how do you get most of your health information?

- Referral
 - Community word of mouth
- Internet – Google
- Local Docs
- Type of insurances influences whether you see a doctor or not
- Able to get prescription drugs at local Hispanic stores without prescriptions

7. Which health conditions are you most interested in learning more about for you or a family member?

- Autoimmune diseases
- Mental health
 - Especially in youth
 - Currently not being addressed
 - Stigma around depression
 - High school and middle school have a therapist once a week
- Radon and lead exposure
 - More education (public education)
 - Expense involved versus physical risks
- Concussion education
 - Long term risks
 - High school has protocols and the nurse has to talk with parents
- STD (STI) and teen pregnancies
 - HPV – cancer prevention

Colfax County Youth Focus Groups

A Colfax County Youth Focus Groups session was held Friday, August 5, 2017 from 2:30 – 3:40 pm at the ECDHD building in Schuyler. The focus groups was conducted by Roberta Miksch, Chief Public Health Officer, recorder was Rosie Velasco, Chief Fiscal Officer, and observer was Ricardo Sanabria, Minority Health Coordinator.

Seven participants were in attendance; six female and one male. All lived in town. The majority were of Hispanic descent.

Youth Focus Group Questions

1. How would you describe your community?

- Small
- Everyone knows everyone
- Diversity exists
- Different cultures
- Hispanics and other races, Somalians, Caucasians, Africans
- Rural families
- Blend well (members of the community)
- Language barriers
- Interact well within different cultures
- Low crime
- Crime occurs – recent murder, thefts

2. What do people in your community do in their free time?

- a) For fun?
 - Cruise on country roads
 - Fishing and boating
 - 15th birthday celebrations (Quinceañera)
 - Adults:
 - i. Go to bar
 - ii. Walk at park
- b) For physical activity/sports?
 - Ball fields – baseball
 - Field house is connected to school – youth and adults use it
 - Anytime Fitness
 - Jogging
 - Workout
 - In winter
 - Snowball fights
 - Igloos
 - forts
- c) Other Extracurricular activities?
 - Practice for sports
 - Netflix

- Go out to eat
- Swim at pool
- Movie theater
- Club art
- Culture club
- One Act
- Band
- Speech chorus
- Student Council

3. When you look around, what kinds of things do you see in the community that promote health?

- Jogging around town
- See kids playing in the yard
- Biking
- Running at park
- Street vendors selling fruits and veggies
- In school:
 - 1 year (2 semesters) of PE is required between the grades of 9-12
 - Weight room use
 - Vending machines in school are not healthy, they have chips and candy in them for food to eat. The drinks offered are water, diet pop and Gatorade
 - Vending machines are available in 'am' before school starts and after school
 - These vending machines are not turned on during lunchtime
 - For lunch, students are required to take one cup of fruits and/or veggies

4. In particular to health: In your opinion, what are some things that could make your community healthier?

- Smoking (tobacco) in adults
- Drinking alcohol in adults
- Youth as well for tobacco and alcohol
- Marijuana use in:
 - High school
 - Middle school
 - People talk about the use of it on social media
 - Obtain it from people they know
- Alcohol:
 - Use in middle school
 - Talk about it amongst themselves

5. In particular to health: If you have a friend who has never visited your community before and they asked you what some of the best things about it were, what would you tell them?
6. In particular to health: Of all the health issues we've talked about today, which do you think are the most important for your community to deal with?
 - Go to Columbus for health – for specialty and regular doc
7. In particular to health: Is there anything else you'd like to tell me about your community?
 - People take walks at night

Colfax Adult Hispanic Focus Group

A Colfax County Adult Hispanic Focus Groups session was held Thursday, August 24, 2017 from 7:00pm – 8:00 pm at the Homestead Office building in Schuyler. The focus groups was conducted by Rosie Velasco, Chief Fiscal Officer and recorder was Ricardo Sanabria, Minority Health Coordinator.

The focus group consisted of ten (10) participants; eight (8) females and two (2) males. All participants lived within the Schuyler city limits. Self-reported ethnic classification for the participants was Latino.

Adult Spanish Focus Group Questions

1. How would you describe your community?

- Diverse
- Growing
- A welcoming community
- Tranquil
- Family vibe/ everyone knows everyone
- Along with “everyone knows everyone” this is a liberating feeling for my children
- There are no options for healthcare (seen as a disadvantage)
 - There are only two doctors [at Catholic Health Initiative or CHI]
- We don’t know the doctors
- We grew in housing/ addition of the field house
- There is no place to give birth in Schuyler
- There are no competent doctors [here in Schuyler]
- A unified community
 - Examples given Hispanic Festival, Firefighter meals
- There are more activities for children now compared to before
- A lack of job opportunities in Schuyler
 - Children go to college in bigger cities and do not return
 - [Has caused our demographics to shift to] older people and new families
- In the winter people get depressed.
- There is a need for a dance hall
- The clean atmosphere is no longer
- We feel trust within one another

2. How would you describe the interactions between community members of different backgrounds?

- There is more communication [among groups of different backgrounds]
- There are lots of language barriers between Latinos and Africans
- Nationalities of the people has changed
- Cultural differences [are being learned/taught]
 - Last names for Somalis
 - Shoes for Asians
- The mayor declared a cultural celebration holiday

- First Generation [of any nationality] will always have language barriers

3. What are some positive things in your community that contribute to your health?

- Field House
 - the cost is a barrier
 - older people use the track for walking
- The lack of restaurants causes people to eat at home [this is a positive]
- Marathon Health Clinic
- 5k marathon race
- Schuyler Pool
 - New slides, basketball hoops
- New walk over bridge
- New sidewalks [has caused more people to start walking]
- New housing ordinances
 - Weed removal
 - Insect control
 - Visually more appealing

4. If a task force was being formed to improve things in your community, what topics do you think they would need to address and why?

- The quality of the housing [when renting]
- Recreational activities for kids
 - Especially in the winter and for the adults as well (help mental state)
- Leadership [lack thereof]
- More activities not revolving around the church
- Older housewife's don't have a place to go
- Buildings to host events in
- Retired population
- Bicycle/Skateboarding park for children
- Surveillance (at night)
 - Spike in bicycle theft, slashed tires, graffiti
- More opportunities for employment
 - For youth
 - For people who don't speak English
 - Other than Cargill
- Daycare
- Better education [for special needs children]
- Reduce the wait time to see specialist

5. Where do you go for healthcare?

- CHI Clarkson
- David City
- Columbus

- Women's Health, Eye Physicians, Columbus Family Practice, Eye Care Associates
- If It's an emergency [I'll] go to CHI
- Dentists
 - Fremont, Columbus, East Central, kids connect, Peterson, Mexico

6. From where do you get most of your health information?

- Internet
 - Google, WebMD, Pandora [CHI ad's]
- Brochures/Promotional Magazines
 - East Central, Fremont
- Health fairs
- Word of mouth from people

7. Which Health conditions are you most interested in learning more about for you or a family member?

- Mental Illness
 - Signs of depression, anxiety more information in general
 - Not a "white people" disease
- Diabetes (pre-diabetes as well)
- Cancer
- Heart problems
- Joint(s) problems
- Asthma
- Skin conditions (eczema, psoriasis)
- Autism
- IEP (Individual Education Plan)
- **Probe "What is the reason you 'd like to learn more about the health conditions"**
 - To avoid a trip to the emergency room/treat at home
 - Prevent
 - To change culture and ideas
 - Support group
 - For more support
 - To education non status residents

Nance Youth Focus Groups

Nance Youth Focus Groups Session was held Tuesday, May 17, 2017 from 1:50 to 2:45 pm at the Twin River High School in Genoa, NE. Focus groups were conducted by Roberta Miksch, Deputy Director, and recorder was Chantel Sempek, Cancer Prevention Coordinator.

Six participants and one observer were in attendance, five female and two males. Three of the participants were from the town of Genoa, one from Silver Creek, and three were rural area residents.

Youth Focus Group Questions

1. How would you describe your community?

- Smaller Community
 - Businesses help each other out
- Climate changing (meaning weather changes)
- Everybody knows everybody else
- Everyone gets along
 - All ages
- Everyone supports each other
 - Local businesses: residents get their groceries locally
 - World Strides: student travelling program
 - If someone is injured or sick there are usually benefit events for the family

2. What do people in your community do in their free time?

- a) For fun?
- b) For physical activity/sports?
- c) Other Extracurricular activities?
- Sports
- Video Games
- TV
- Jeep/4-wheeling
- Outside
 - Gardening
- Jobs
- Weight Room/Fitness Center
 - Open to the community
- FFA
- FBLA
- FCLA
- Volunteering
- Hunting/fishing
- Volley-bat: playing baseball with a volley ball
- Kids get together and make-up games
- 4-H/Fair (Fullerton)
- Camping
- Bonfires: adults on the weekends

- Attend sporting events
- Gardening
- Biking/skating/hover boards
- Swimming pool

3. When you look around, what kinds of things do you see in the community that promote health?

- Weight Room/Fitness Center in Genoa; it is the schools but the community can buy a pass for using the facility
- Students are encouraged to go out for sports
- Park has a new walking route
 - Maybe a half mile long
- Parents take kids to the park and pool
- 5K Runs
 - Color run
 - Warrior Dash
 - See all ages: kids on bikes, moms and strollers
- Fund raising for community members who get into accidents or need help
- Farmer's Market at the Senior Center open to all to shop at
- FFA sells produce
- School track is available to all
 - Sometimes they see adults on it
- Teachers run in half marathons
- Sports metrics
 - Prevent injuries
 - Physical therapists come in from Genoa Medical
 - Six weeks: Monday, Wednesday, and Friday
- Coaches encourage students to go to weight room/fitness center during the summer
 - Coaches are there too
 - Always open meaning hours of the day

4. In particular to health: In your opinion, what are some things that could make your community healthier?

- Start a Recycling program again
- Organize jogging groups
 - More communication when people are going for runs/jogs
- Better weight room
 - Needs updating
 - Some parts are currently being updated
- Walk/jog trails outside of town

5. In particular to health: If you have a friend who has never visited your community before and they asked you what some of the best things about it were, what would you tell them?

- Nice new baseball fields (3)
- New track
- East access to the weight room/fitness center
- Can walk anywhere in town
 - See all ages walking
- No fast food restaurants which promotes more home cooking
 - Clean river
 - Head Gates
 - Private land - if you know people you can get easy river access
- Medical Clinic
 - Mostly have just Physician Assistants
 - Doctor does come on Thursdays
 - Chiropractor from Fullerton comes to Genoa on Tuesdays
 - Travelling CNAs
 - Athletic trainer from Columbus Hospital
 - Twice a week during the school year
 - Attend some games (rarely)

6. In particular to health: Of all the health issues we've talked about today, which do you think are the most important for your community to deal with?

- Healthy Eating Habits
 - More fruits and vegetables
 - Consume a lot of red meat which isn't the best
- No place to play basketball, volleyball, and tennis outside because they tore them down to make the baseball fields
 - Pro: can have local baseball games
- Improving weight room
 - Adding ice baths
 - Adding lockers

7. In particular to health: Is there anything else you'd like to tell me about your community?

- Mental Health
 - Counseling for students by the coaches
 - For all ages
- Would like to see no drugs in their community
 - Some students use drugs
 - Mostly young adults
 - Mostly marijuana
- Alcohol is a problem
 - All ages
 - Hear about it more than they see it
- Vaping (E-cigarettes)
 - A lot of students have them
 - All ages

- “Better than the other stuff” referring to regular cigarettes and tobacco

Platte county Adult Focus

Platte county Adult Focus Group Session was held Wednesday, September 20, 2017 from 12:00 to 1:00 pm at the Family Resource Center in Columbus, Nebraska. The focus group was conducted by Caitlin Schneider, Projects Coordinator, and recorder was Chantel Sempek, Cancer Prevention Coordinator.

Three female and 2 male participants were in attendance.

Adult Focus Group Questions

1. How would you describe your community?

- Safe
- Quiet – less shootings, gangs, and just much safer than other towns
- Good place to raise a family
- Strong economics – low unemployment, affordable living, and it is easy to find jobs
- Generous/supportive of fundraisers
- Beautiful and clean
- A lot of available green spaces and parks
 - Dog parks
 - Fishing
 - Plenty of place and things to do with your family
- Accommodates the different cultures
 - Has different Hispanic and African stores

2. How would you describe the interactions between community members of different backgrounds?

- a. Embraces other cultures
- b. One clinic did not allow spouse of a different race to enter their wife’s patient room because they assumed they weren’t married or together
- c. Work in progress – process that takes time
- d. Some people here assume all Hispanics don’t speak English
- e. Hospitals bring in translators before asking if one is even needed first
- f. We have learned how to live together but now we need to learn how to properly interact with each other and the different cultures/languages

3. What are some positive things in your community that contribute to your health?

- Multiple green spaces
 - Inviting
 - Enjoyable

- There are activities for youth
- Several soccer fields
- Parks – bike trails
- Football fields
- Having quality produce available
- Great hospital
- Great health department – ECDHD
- Elderly walking groups
- Hy-Vee has discounts on healthy foods on Wednesdays
- Community does a good job organizing support groups
 - Substance abuse
 - Mental health
- Community gardens

4. If a task force was being formed to improve things in your community what topics do you think they would need to address and why?

- Transportation
- Bridges over the railroad track (in progress) – lots of accidents on the tracks
- Unclear or lack of traffic signals/stop signs in neighborhoods
- Mental health issues in our youth – especially suicide
- More health care specialists
 - Currently having to travel out of town

5. Where do you go for health care?

- Columbus Medical Center
- Urgent Care
- Pediatric Clinic
- ECDHD/GNCHC
 - Immunization program
- Columbus Women's Hospital P.C.
- General practitioners – start
- A barrier to health care is being uninsured or underinsured
- Not every clinic accepts Medicaid
- Some clinics don't offer payment plans to uninsured so they don't go because it is too expensive
- There are many chiropractors
- There are no pediatric specialists
 - Gastroenterologists
 - Cardiologist
- During a surgery, if you need a blood transfusion you have to go to Omaha

6. From where and how do you get most of your health information?

- Internet
- Ask MD – phone App
- Pediatric Clinic has over the phone services/information
- Mother
- Pharmacist
- Home remedies
- Family members
- Grandma
- Food allergies
- Panic disorder
- Family doctor

7. Which health conditions are you most interested in learning more about for you or a family member?

- Panic disorders
- Mental health
- Cancer – Non –Hodgkin’s lymphoma
 - Why is it so common?
- Eating disorders
- High blood pressure
- Low blood pressure
- Lupus
- Anemia
- More wellness programs
- Transplants
- Diabetes
- Cholesterol
- Support groups for those grieving a loss
- Mental health
 - Youth suicide

Platte County Adult Spanish Focus Groups

A Platte County Adult Spanish Focus Groups session was held Wednesday, October 4, 2017 from 7:00pm – 8:00 pm at the “Roca de Poder” Church building in Columbus. The focus groups was conducted by Rosie Velasco, Chief Fiscal Officer and recorder was Ricardo Sanabria, Minority Health Coordinator. The focus group consisted of thirteen (13) participants; twelve (12) females and one (1) male. All participants lived within the Columbus city limits. Self-reported ethnic classification for the participants was Latino.

Adult Spanish Focus Group Questions

1. How would you describe your community?

- Tranquil
- Little corruption
- Family Focus
- Beautiful

2. How would you describe the interactions between community members of different backgrounds?

- More harmony among Latinos vs Schuyler
- Racism – is present everywhere to some degree
 - At school comments like “you smell Mexican”
 - At work
 - You can sense people staring at you
 - It is less frequency compared to before; generational

3. What are some positive things in your community that contribute to your health?

- Sports
 - All ages participate
 - Soccer is a popular sport
- Parks
- YMCA
- City Cleaning Ordinance
- School district promotes healthy eating
- Parent involvement in children’s lives

4. If a task force was being formed to improve things in your community, what topics do you think they would need to address and why?

- Medical Insurance for those who are uninsured
- Income based discounts
- Payment plans for expensive visits
- Help with obstacles that face minorities
 - Such as: food habits, culture, diets
 - Limited time frames to see providers

- Groups/ Centers for youth to attend after school to keep them busy while parents are at work
- More activities for the elderly who are not living in nursing homes
 - Example is an event at Pinnacle bank
 - Texas has activities like Bingo night
- Transportation
 - Public transport for all ages. Include services in a bilingual format
 - Transport for school aged children to/from school
- Doctors seem rushed when they are speaking with patients
- More availability for same day appointments
- Providers don't seem to "listen" to patient request
 - Latinos have a notion of being very embarrassed or too polite to ask providers to clarify medical terminology

5. Where do you go for healthcare?

- Good Neighbor Community Health Center/ The clinic with the heart (logo)
- Columbus Family Practice
- Columbus Medical Center/ Urgent Care
- Walmart Eye vision
- Optometric Center of Columbus
- Columbus Women's Health
- Nutrition Classes in the community – Hy-Vee

6. From where do you get most of your health information?

- Internet
 - Google medications and symptoms
- Doctors office
- Prayer/faith
- Classes(nutrition classes from CCH)

7. Which Health conditions are you most interested in learning more about for you or a family member?

- Diabetes
 - More of the food aspect
 - Need more than just the basics
 - Support groups
- Lifestyle Change
- Cancer
 - Symptoms, types, causes, prevention
- Heart diseases like heart attacks
- Mental Health
 - More of a holistic approach vs. pharmaceutical
 - Depression and low self-esteem

- Current state of mental health vs. what will be done to improve it
- Stress management
 - Support group to know that we are not the only ones having those feelings

Platte County Youth Focus Groups

Platte Youth Focus Groups Session was held Thursday, June 22, 2017 from 2:00 to 3:00 pm at Youth For Christ in Columbus, NE. Focus groups were conducted by Roberta Miksch, Deputy Director, recorder was Chantel Sempek, Cancer Prevention Coordinator, while Rob Hotovy, Emergency Response Coordinator, and Denise Kollath, United Way, observed.

Eight participants were in attendance, six females and two males. Seven of the participants were from the town of Columbus and one lives in the country outside of Columbus. Six of the participants attend Columbus Public Schools, two attend Lakeview School System.

Youth Focus Group Questions

1. How would you describe your community?

- Smaller
- Nice People
- Crowded
 - Houses are closer together in Columbus than they are in smaller towns
- Diversity
 - In neighborhoods
 - In School
 - Some people are from different countries and some are from different states and towns
- Safe
 - Not many “bad” people

2. What do people in your community do in their free time?

a) For fun?

- Cruise around
- Hangout at Youth For Christ
- Hunting
- Camping
- Swimming
 - Water Park
 - Aquatic Center
 - Loup River
- Mini Golf
- Soccer/Basketball
- Park – play different games
 - Gravel and Chips
- X-box

- Bowling Allies
- Movie theater

b) For physical activity/sports?

- Softball and baseball
- Football
- Golf – see all ages playing this
- Volleyball – all ages
 - Adult leagues during the summer
- Soccer
- Running – all ages
- Basketball

c) Other Extracurricular activities?

- Community Service
 - Revolution/Center For Survivors
- Girl Scouts and Boy Scouts
- Robotics
 - Lakeview has a class and a club
 - Columbus Middle School has this
- Band/Choir
- After School Programs
 - Dodge ball at Wish Bones (they get picked up and dropped off)
- PRE
- Dance
- Church Youth Group
- Guitar Lessons
- 5 Day Club
- 4-H

3. When you look around, what kinds of things do you see in the community that promote health?

- Seat Belt Awareness
 - Stickers at gas stations reminding people that there's a fine for not wearing seat belts
- Running - all ages
- Health Council at Columbus Middle School
- 'No Smoking' Signs
 - Seen all over the community
- Recycling
- Weight Lifting
- Youth For Christ Exercise Classes
- Relay For Life
- Schools hand out free bowling/McDonald passes with Drug Free education
- Pugs not Drugs

- Drinking Fountains are available at the parks
 - There are mandatory health classes at all the schools
 - Optional extra health classes are available at all the schools
 - Columbus Track and Field
 - For K-6 graders
4. **In particular to health: In your opinion, what are some things that could make your community healthier?**
- Platte County is known for having an underage drinking problem
 - More public trash cans
 - Throughout the entire town
 - Neighborhood clean ups
 - There are some gang members here
 - Can tell by the way they look or if they tell you they are part of a gang
 - Less tobacco use
 - Less criticism
 - Community members like to dwell on past mistakes that a person makes
 - Those people continue to make mistakes because others will not let them forget – they give up trying
 - Have more drinking fountains
 - So more people would drink water
5. **In particular to health: If you have a friend who has never visited your community before and they asked you what some of the best things about it were, what would you tell them?**
- Safe – not violent
 - There are a lot of places to hangout for all ages
 - A lot of restaurants
 - There are many places to be active
 - Gym
 - YMCA
 - Since it is a smaller community it is easier to get involved with things
 - Small
6. **In particular to health: Of all the health issues we've talked about today, which do you think are the most important for your community to deal with?**
- Drugs
 - Marijuana
 - In the Middle and High schools
 - Getting it from adults or from dealers outside of town
 - Violence
 - Kids are fixing problems with/by fighting in the schools
 - 'Bad' talking leads to fights instead of calmly talking through conflicts
 - Both word and physical violence

- A lot of kids use social media believing 'they are safe behind the screen' if they say something mean or bad about another kid
- Lakeview does not see much physical violence
- Social Media
 - Spread rumors and start drama
 - You have to be careful who you mess with because some kids are in groups that will defend group members
 - This problem is in all the schools
- Bullying
 - Cyber
 - In person
 - In the halls or after school
 - The last day of school is really bad and known to have many fights break out
 - Exclusion
 - Based on how you dress
 - If you have money or not
 - Kids need to be strong about sticking up for each other when someone is singled out from a group
 - Upper classmen pick and tease the freshmen (or under) and call them 'fresh meat'
 - They feel that adults are sweeping the bad stuff under the rug
 - They don't see much education on the topic of bullying at school
 - An Assembly about bullying once a year is not enough in school
- Littering
- Pedestrian safety
 - A few participants have had close calls with vehicles driving through cross walks – one girl was almost hit twice by a vehicle in one walk
- Discrimination based on race
 - They see it everywhere
 - Especially with the recent election
 - Some get dirty looks in public based on the color of their skin
 - Fights in school over race and election

7. In particular to health: Is there anything else you'd like to tell me about your community?

- Bullying
 - Would like to see less threats from high school and older
 - Wish the teachers would do more to prevent bullying
 - They want more people sticking up for each other if they want to see change
- Swearing in the class room
 - Teachers aren't doing anything
 - This doesn't seem to be a problem at Lakeview
- More activities

- Sky zone – trampoline center
 - Go Carts
- Teachers have their favorites
 - Band seating based on who they like better (front row)
- Being judged based on beliefs and opinions
 - See it in all ages

Appendix C. MAPP Forces of Change Assessment

MAPP Forces of Change Assessment East Central Health District September, 12 2017

Attendance:

Roberta Miksch	Dr. John Beauvais	Michelle Evert
Caitlin Schneider	Greg Moser	Pat Heimes
Amy Blaser	Ileana Jarecki	Ricardo Sanabria
Chantel Sempek	Jackie Farrell	Robert Hotovy
Claudia Lanuza	Jamie Rodriguez	Susan Alexander
Connie Peters	Jennifer Brownlow	Tammy Bichlmeier
Cory Nelson	Jody Willison	Theresa Hilton
Danielle Frewing	K.C. Belitz	Will Rodgers
Doug Janssen	Kristie Stricklin	

Ester Mae Cox – Facilitator/Producer of Adobe Connect/Virtual Meeting

What are the forces of change?

Forces are broad all-encompassing category that includes

- **TRENDS** – patterns over time, such as migration in and out of a community or a growing disillusionment with government
- **FACTORS** – discrete elements, such as community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway
- **EVENTS** – one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation

Some Common Categories...

- ☐ **Political**
- ☐ **Economic**
- ☐ **Social**
- ☐ **Technological**
- ☐ **Environmental**
- ☐ **Scientific**
- ☐ **Legal**
- ☐ **Ethical**

Focus Question:

What is occurring or might occur in the next 3 years (January 2018 to December 2020) that affects the health (viability, function, quality) of our 4-county service area?

Sorting Brainstorm Ideas Into Categories**Political:**

- DACA changes, along with changes in immigration laws
- Increased focus on immigration reform - DACA
- What will or will not be happening with immigration, especially with undocumented families
- Possible changes in access to healthcare
- Elevated sense of fear with government...DACA
- Federal funding cuts
- Collapse of the ACA if it is not dealt with through reforms
- Trade agreement changes and impact on local and national economy
- With new presidential administration changes in immigration and funding for Community agencies
- Repeal/replacement of ACA
- Changes in Federal funding (grants)
- National Health Service Corps funding
- Federal healthcare reform
- Changes to or repeal of Obamacare
- Continuing political unrest
- Potential for regulatory relief
- Possible funding cuts on the federal level to state and local health departments
- Terrorism and governmental funds
- Potential for employees working on work visa's not getting renewed... workforce issue in future if passes
- Deportations for those whose immigration hearing becomes current - which would lead to separation of families
- Cybersecurity issues
- Unstable international political environment - threats of war (North Korea)
- Changing reimbursements on a national level – Providers don't know what insurance companies are going to be available and how they will be cutting our reimbursements over the coming years

- Medicaid program failure through third parties not equipped to manage the care/claims
- Health and wellness of our less fortunate populations
- Limited visits for services with Medicaid and third party payers
- Limited providers accepting Medicaid
- Cuts in Medicaid program at the state level (\$ and or benefits)
- Cost of prescription medication
- Natural disasters that might stress federal state funding to respond
- Organizing physicians and hospitals to have more clout in dealing with insurance and government regulations and fee schedules. Smaller hospitals and practices have a hard time complying with the ever-changing requirements
- Increasing out of pocket costs for healthcare
- Unsustainable growth in health insurance premiums

Economic:

- Federal funding cuts
- Housing trends
- Insurance options on the exchange may be reduced or lost
- Unaffordable college tuition
- Baby Boomers retiring from work force
- Rising healthcare costs
- Increased consumerism
- Increased cost sharing
- Trade agreement changes and impact on local and national economy
- Skyrocketing prescription drug costs
- Demands in healthcare that outpace the supply
- Continued conflict with current fee-for-service model in direct competition with the growing patient centered, or population wellness model
- Transition to value-based care
- Increased obesity - children not active enough due to trend in "playing" on tablets
- Lack of affordable housing
- Improvement or lack of improvement in our housing situation
- Housing
- Rising medical costs

- Continued growth in single parent homes
- Intense funding pressures on Medicare and Medicaid, decreasing commercial reimbursement, flat or declining volume trends, federal budget deficits and growing uncompensated care
- Shifts in employer- based commercial insurance
- ACO's
- Funding sources
- Continued sedentary population
- Financial irresponsibility increasing
- Need and desire to treat versus remaining financially viable in rural areas
- Potential for employees working on work visa's not getting renewed... workforce issue in future if passes
- Retiring workforce
- Getting youth to return to their communities after college
- Insurance changes
- Workforce availability
- Housing – AFFORDABLE for those making minimum wages
- Medicaid program failure through third parties not equipped to manage the care/claims
- Health and wellness of our less fortunate populations
- Limited visits for services with Medicaid and third party payers
- Limited providers accepting Medicaid
- Cost of prescription medication
- Housing shortage
- Natural disasters that might stress federal state funding to respond
- Organizing physicians and hospitals to have more clout in dealing with insurance and government regulations and fee schedules. Smaller hospitals and practices have a hard time complying with the ever-changing requirements
- Stronger partnerships with surrounding communities
- Increasing out of pocket costs for healthcare
- Quality of workforce for early childhood services
- Generational poverty
- Decreased usage of WIC services
- Unsustainable growth in health insurance premiums

- Continuation of families that have experienced trauma coming to the area
- Increase in low income/non-traditional students coming to community college and needing support
- Decreased interest in young people going into medical fields (especially Physicians) due to the long periods of training, high cost of education and uncertain playing field years down the road when they finally get into practice.

Social:

- Aging Populations
- Aging workforce
- Continued growth in single parent homes
- People having an I don't care attitude. The thinking that government will fix everything
- Continued shortage of Behavioral Mental Health services
- Coping mechanisms for stress
- Obesity/diabetes/heart disease in younger people and epidemic level
- Increased obesity - children not active enough due to trend in "playing" on tablets
- "Always being available" stress on families
- Parenting issues
- Ways to communicate in an emergency
- DACA changes, along with changes in immigration laws
- Potential for employees working on work visa's not getting renewed... workforce issue in future if passes
- Increased consumerism
- Change in the ethnic immigration to area, needing interpreting
- Health and wellness of our less fortunate populations
- Behavior changes around substance abuse
- Housing shortage
- Stronger partnerships with surrounding communities
- Rising living costs without equivalent increases in compensation
- Quality of workforce for early childhood services
- Generational poverty
- Decreased usage of WIC services
- Continuation of families that have experienced trauma coming to the area
- Opioid addictions

Technological:

- Data Security
- Technology makes it increasingly easy to be sedentary
- Transportation challenges
- Increased obesity - children not active enough due to trend in "playing" on tablets
- Obesity/diabetes/heart disease in younger people and epidemic level
- Ways to communicate in an emergency
- Lack of interest in health-related careers - more students are technology driven
- Widespread use of technology
- Decentralization of care - remote patient monitoring and virtual clinics
- Dramatic changes to every industry will change income, health insurance, etc. for more families
- Continued sedentary population
- New work force with mostly social media communication awareness
- Cybersecurity issues
- Increasing demands for capital dollars for replacement and new technology
- Lack of interest in health-related careers - more students are technology driven
- IT standardization for one healthcare record

Environmental:

- Aging Populations
- Continued shortage of Behavioral & Mental Health services
- Lack of affordable housing
- Improvement or lack of improvement in our housing situation
- Housing
- Housing – AFFORDABLE for those making minimum wages
- Housing shortage
- Infectious diseases that may or may not be related to Hurricanes occurring lately
- Housing trends
- Marijuana legalization in our state our near by
- Mosquito borne illness
- Radon

- New proven treatment methods for disease, but unattainable for most due to cost
- Increased focus on wellness
- Terrorism and governmental funds
- Housing trends
- Natural disasters that might stress federal state funding to respond

Scientific:

- New and emerging drug trends
- Infectious diseases that may or may not be related to Hurricanes occurring lately
- New proven treatment methods for disease, but unattainable for most due to cost
- Radon
- Skyrocketing prescription drug costs
- Access to specialists
- Cost of prescription medication
- Continued changes around substance abuse

Legal:

- DACA changes, along with changes in immigration laws
- Migration from Miami (Cubans) or Sudanese
- Increased focus on immigration reform - DACA
- What will or will not be happening with immigration, especially with undocumented families
- Opioid epidemic reaching Nebraska
- Elevated sense of fear with government...DACA
- Increased disparity in accessing and receiving health services by ethnic groups
- Trade agreement changes and impact on local and national economy
- Collapse of ACA if it is not dealt with through reforms
- Cybersecurity issues
- Possible funding cuts on the federal level to state and local health departments
- Potential for employees working on work visa's not getting renewed... workforce issue in future if passes
- Backlog of immigration renewals for Employment authorizations non-DACA related
- Marijuana legalization in our state our near by

- Repeal/replacement of ACA
- Deportations for those whose immigration hearing becomes current - which would lead to separation of families
- With new presidential administration changes in immigration and funding for Community agencies
- Continued changes around substance abuse
- Organizing physicians and hospitals to have more clout in dealing with insurance and government regulations and fee schedules. Smaller hospitals and practices have a hard time complying with the ever-changing requirements
- Continuation of families that have experienced trauma coming to the area
- Opioid addictions

Ethical:

- Financial irresponsibility increasing
- Insurance and other funding dictating healthcare rather than the professional ethics of the care
- Need and desire to treat versus remaining financially viable in rural areas

Health System:

- Recruiting and maintaining Primary Care Providers in the smaller hospitals in our area
- Increased cost to deliver Mental Health and health care
- Mental and Behavioral Health
- Staffing challenges – lack of nursing and medical providers
- Mental Health services/lack of services
- Consolidation of smaller health care organization into larger ACO and other groups
- Lack of behavioral health services in area
- Insurance changes
- Mental health workers
- Skilled professional staff
- Change in the ethnic immigration to area, needing interpreting
- Continued shortage of Behavioral & Mental Health services
- Changing reimbursements on a national level – Providers don't know what insurance companies are going to be available and how they will be cutting our reimbursements over the coming years

- Medicaid program failure through third parties not equipped to manage the care/claims
- Continued struggles with mental health – lack of services and reimbursement challenges
- Limited visits for services with Medicaid and third party payers
- Health and wellness of our less fortunate populations
- Limited providers accepting Medicaid
- Cuts in Medicaid program at the state level (\$ and or benefits)
- Cost of prescription medication
- Continued changes around substance abuse
- Organizing physicians and hospitals to have more clout in dealing with insurance and government regulations and fee schedules. Smaller hospitals and practices have a hard time complying with the ever-changing requirements
- Respite rooms available
- Community health and wellness
- Crisis stabilization beds
- Mental health resources
- IT standardization for one healthcare record
- Changes in healthy choices for nutrition – driven by consumer demands
- Qualified bilingual workforce for health care
- Limited language services for lesser spoken languages
- Lack of proper bilingual training/education - upon first generation growing older, the second language will be lost even more
- Healthcare movement towards more patients seen in the same amount of time but improving health status at same time
- Continuation of families that have experienced trauma coming to the area
- More promotion of Integrated care from different areas of healthcare, i.e. Medical and Dental
- Growing ratio of population to health care providers (not enough)
- Decreased interest in young people going into medical fields (especially Physicians) due to the long periods of training, high cost of education and uncertain playing field years down the road when they finally get into practice

Threats & Opportunities by Category:

Political Threats	Political Opportunities
<ul style="list-style-type: none"> • Inability of government to move forward with anything right now • Immigration changes • Continued failure to govern at federal and state level • Gridlock in Congress • Personal investigations for wrong doing among leaders in Washington • Failure to work "in the best interest" instead of personal belief • Funding cliff for Community Health Centers and National Health Service Corps 	<ul style="list-style-type: none"> • Immigration changes • Work to get healthcare more available for everyone • government funding past 6 months • Mean insurance coverage for healthcare being available • sparked interest in immigration law reform • simplifying regulations • State level mobilization to drive federal level decisions • movement away from national toward local solutions, smaller government
Economic Threats	Economic Opportunities
<ul style="list-style-type: none"> • housing prices • People not saving for retirement • Explosion in insurance premiums and deductible • rising health care costs • decrease in the middle class and jobs to support a family • Collapse of ACA • costs of college which may further impact workforce development • potential loss of workforce when DACA renewals will not be able to be renewed (After March 5, 2018) • Affordable child care • Rural health care and access • Funding cliff for Community Health Centers and National Health Service Corps 	<ul style="list-style-type: none"> • Increase in STEM programs and awareness of its importance • Job creation • As systems fail it can create a demand for rational change • programs for student loan assistance in exchange for employment • Innovation and value propositions along with patient centered payments • Hospitals proactively paying for education for high demand needs in exchange for commitments to work for a specified time period
Social Threats	Social Opportunities
<ul style="list-style-type: none"> • Population aging • Increase in discrimination and ill will toward immigrants • Lack of community interaction • potential loss of workforce when DACA renewals will not be able to be 	<ul style="list-style-type: none"> • Immigration helping offset the aging population • More information and knowledge is available through technology for educating people on issues • Mental Health not seen as a stigma

<ul style="list-style-type: none"> renewed (After March 5, 2018) • Busy parents finding time to exercise • collapsing of what community means • Finding movement activities for kids that aren't in sports • Removing PE and recess at school • breakdown of family unit 	<ul style="list-style-type: none"> • Opportunity to create new communities through social and technological connections • Increase of 'Health in all policies' in workforce/schools, etc.
Technological Threats	Technological Opportunities
<ul style="list-style-type: none"> • robotics in manufacturing • Everything moves faster than we can keep up • data breaches • electronic/electrical grid failure causing loss of systems • Costs associated with maintaining compliance with EMR's and other high tech medical applications • High cost of technology and every hospital trying to provide every service 24/7 • Cybersecurity • too much Dependence on technology - delay of care when down 	<ul style="list-style-type: none"> • Improved analytics to make both clinical and business decisions • health service by telemedicine to underserved areas • Better communication through technology
Environmental Threats	Environmental Opportunities
<ul style="list-style-type: none"> • Mosquitos and diseases • Old housing stock • Squeeze of costs in all areas impacting living conditions and then impacting health conditions • overpopulation in geographic areas • shortage of clean water supply • Aging related and chronic disease account for significant percentage of healthcare costs • climate change • increase in natural disasters and/or its effects • Accessible facilities/parks for recreation and exercise • Consumer demand for personalized medicine (safer, more effective drugs, faster time to a cure, cost-effective 	<ul style="list-style-type: none"> • Beginning of politicians recognizing social indicators of health, including housing and homelessness • Yes! Social determinants of health! • return to environmentally conscious farming/ranching practices • new technologies decreasing reliance on oil • Personalized Medicine • Episode-based, outcome-based

healthcare) <ul style="list-style-type: none"> Consumer apps & mobile devices driving wellness shift 	
Scientific Threats	Scientific Opportunities
<ul style="list-style-type: none"> Reduced funding for research New treatments developed but not always access to them an increasingly mobile society without attachment to providers where there is no money to be made, there is no research nor cures sought big pharma determines where they will spend research dollars on where they can make the most profit 	<ul style="list-style-type: none"> New research in disease prevention, vaccines, etc. Potential to "cure" or abate conditions Health screening programs Evidence based programs
Ethical Threats	Ethical Opportunities
<ul style="list-style-type: none"> Corporate financial gains over individual or community benefit Profit v. payment for insurers all the way down to providers and organizations Extended treatment plans for life limiting illnesses with no reimbursement for palliative care ongoing corporate greed non-consideration of other cultures when making ethical decision 	<ul style="list-style-type: none"> Value may help some in this area decrease in ethnic disparities in services

Items Getting Priority Marks from the Brainstormed List:

	Items Getting Priority Marks from the Brainstormed List:			
Rank	Item	Percentage	N	
1	Mental and behavioral health	50.0%	13	
	Mental health services/lack of services	23.1%	6	
	Continued shortage of Mental Health services	11.5%	3	
	continued struggles with mental health - lack of services and reimbursement challenges	7.7%	2	
	Lack of behavioral health services in area	3.8%	1	25

2	Increasing out of pocket costs for healthcare	42.3%	11	
	Intense funding pressures on Medicare and Medicaid, decreasing commercial reimbursement, flat or declining volume trends, federal budget deficits and growing uncompensated care	11.5%	3	
	Insurance changes	3.8%	1	
	Changing reimbursements on a national level. Providers don't know what insurance companies are going to be available and how they will be cutting our reimbursements over the coming years	3.8%	1	
	Collapse of the ACA if it is not dealt with through reforms	3.8%	1	17
3	Workforce availability	30.8%	8	
	Skilled professional staff	7.7%	2	
	Staffing challenges - lack of nursing and medical providers	7.7%	2	
	Recruiting and maintaining Primary Care Providers in the smaller hospitals in our area	3.8%	1	
	Decreased interest in young people going into medical fields (especially Physicians) due to the long periods of training, high cost of education and uncertain playing field years down the road when they finally get into practice.	3.8%	1	
	Unaffordable college tuition	3.8%	1	15
4	Federal funding cuts	46.2%	12	
	Funding sources	7.7%	2	14
5	Obesity/diabetes/heart disease in younger people and epidemic level	30.8%	8	
	Continued sedentary population	11.5%	3	11
6	Housing - AFFORDABLE for those making minimum wages.	7.7%	2	
	Housing	15.4%	4	6
7	DACA changes, along with changes in immigration laws	15.4%	4	4
8	Increased focus on wellness	7.7%	2	
	Community health and wellness	3.8%	1	3
9 (tie)	Cost of prescription medication	3.8%	1	
	Skyrocketing prescription drug costs	3.8%	1	2

9 (tie)	Opioid epidemic reaching Nebraska	3.8%	1	2
	Opioid addictions	3.8%	1	
	Retiring workforce	3.8%	1	
	Aging Populations	3.8%	1	
	Potential for employees working on work visa's not getting renewed... workforce issue in future if passes	3.8%	1	
	There will be dramatic changes to virtually every industry which will change income, health insurance, etc. for many families	3.8%	1	
	Parenting issues	3.8%	1	
	Generational poverty	3.8%	1	
	Ways to communicate in an emergency.	3.8%	1	
	Data security	3.8%	1	

Raw Data – Mark top 4 priorities from the brainstormed list of Forces of Change

Item	N	%
DACA changes, along with changes in immigration laws	4	15.3
Federal funding cuts	12	46.1
Retiring workforce	1	3.85
Aging Populations	1	3.85
Opioid epidemic reaching Nebraska	1	3.85
Recruiting and maintaining Primary Care Providers in the smaller hospitals in our area	1	3.85
Mental and behavioral health	13	50
Staffing challenges - lack of nursing and medical providers	2	7.69
Mental health services/lack of services	6	23
Collapse of the ACA if it is not dealt with through reforms	1	3.85
Continued shortage of Mental Health services	3	11.5
Lack of behavioral health services in area	1	3.85
Insurance changes	1	3.85
Workforce availability	8	30.7
Housing	4	15.3
Funding sources	2	7.69
Skilled professional staff	2	7.69
Changing reimbursements on a national level. Providers don't know what insurance companies are going to be available and how they will be cutting our reimbursements over the coming years	1	3.85
Housing - AFFORDABLE for those making minimum wages.	2	7.69
continued struggles with mental health - lack of services and reimbursement challenges	2	7.69
Cost of prescription medication	1	3.85
Skyrocketing prescription drug costs	1	3.85
Community health and wellness	1	3.85
Potential for employees working on work visa's not getting renewed... workforce issue in future if passes	1	3.85
There will be dramatic changes to virtually every industry which will change income, health insurance, etc. for many families	1	3.85
Increasing out of pocket costs for healthcare	11	42.3
Parenting issues	1	3.85
Continued sedentary population	3	11.5
Generational poverty	1	3.85

Ways to communicate in an emergency.	1	3.85
Increased focus on wellness	2	7.69
Opioid addictions	1	3.85
Obesity/diabetes/heart disease in younger people and epidemic level	8	30.7
Intense funding pressures on Medicare and Medicaid, decreasing commercial reimbursement, flat or declining volume trends, federal budget deficits and growing uncompensated care	3	11.5
Decreased interest in young people going into medical fields (especially Physicians) due to the long periods of training, high cost of education and uncertain playing field years down the road when they finally get into practice.	1	3.85
Unaffordable college tuition	1	3.85
Data security	1	3.85

Additional questions:

Hosts: 1) What went well with today's meeting?

- Efficient use of technology!
- Appreciated the Adobe system
- Good use of time
- I think it was a very efficient way to brainstorm
- Convenient!
- Very efficient
- Format conducive to getting a lot of opinions in a short amount of time
- Able to get lots of feedback in a short time
- Efficient way of collecting data from a large group
- Appreciate the efficiency for time and travel
- Great use of our times and keeping us on task.
- Easy to understand what we were supposed to be doing
- Great use of technology to get all together
- Ditto - convenient and liked not leaving the office.

Hosts: 2) What improvements/suggestions would you offer regarding today's meeting?

- None - great session!
- Do this first thing in the morning so we are sharp! Late afternoon is hard.
- Did a great job but still felt a little rushed
- Need more Physicians giving their input

- Would be nice if we could have drug ideas into the categories instead of re typing then we could have seen the ones that we didn't move over
- All good
- Duplication in so many areas to be synthesized later
- Even more cross-community participation

Hosts: 3) Other questions/comments/suggestions?

- Thank you for a very efficient session
- Nice job Roberta for pulling it together.
- Well done - thanks Roberta, Ester and all!
- Well done
- It was great to see this method work for this type of meeting!
- Good participation
- Well done!
- These are opinion polls, would like to base some of the focus on what our area/state's data are in these realms.
- Thank you - I know the invitation was out there but wished more community agencies had been represented. Thanks for your hard work!
- I appreciate the efforts of organizers and facilitator
- Okay - it was still a lot of ideas to manage with the group we had

Appendix D. The Local Public Health System Assessment (a selection from the full report – State level)

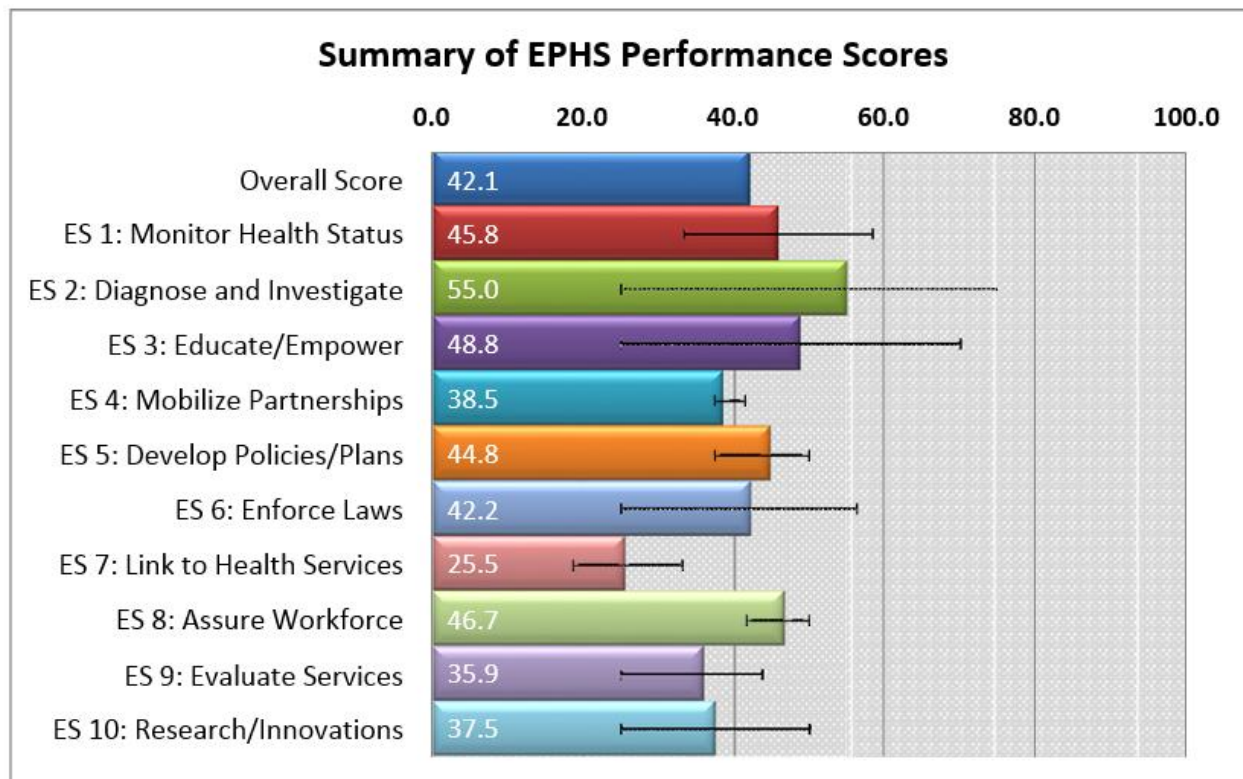
Results

The overall results of the assessment are presented in Figure 1. Using the responses to all of the assessment questions, a scoring process generates scores (performance scores). Each Essential Public Health Service score can be interpreted as the overall degree to which the public health system meets the performance standards (quality indicators) for each Essential Public Health Service. Scores can range from a minimum value of 0 percent (no activity is performed pursuant to the standards) to a maximum value of 100 percent (all activities associated with the standards are performed at optimal levels).

Figure 1 displays the average score for each Essential Public Health Service, along with an overall average assessment score across all Ten Essential Public Health Services. Note the black bars that identify the range of performance score responses within each Essential Public Health Service.

Overall Scores for Each Essential Public Health Service

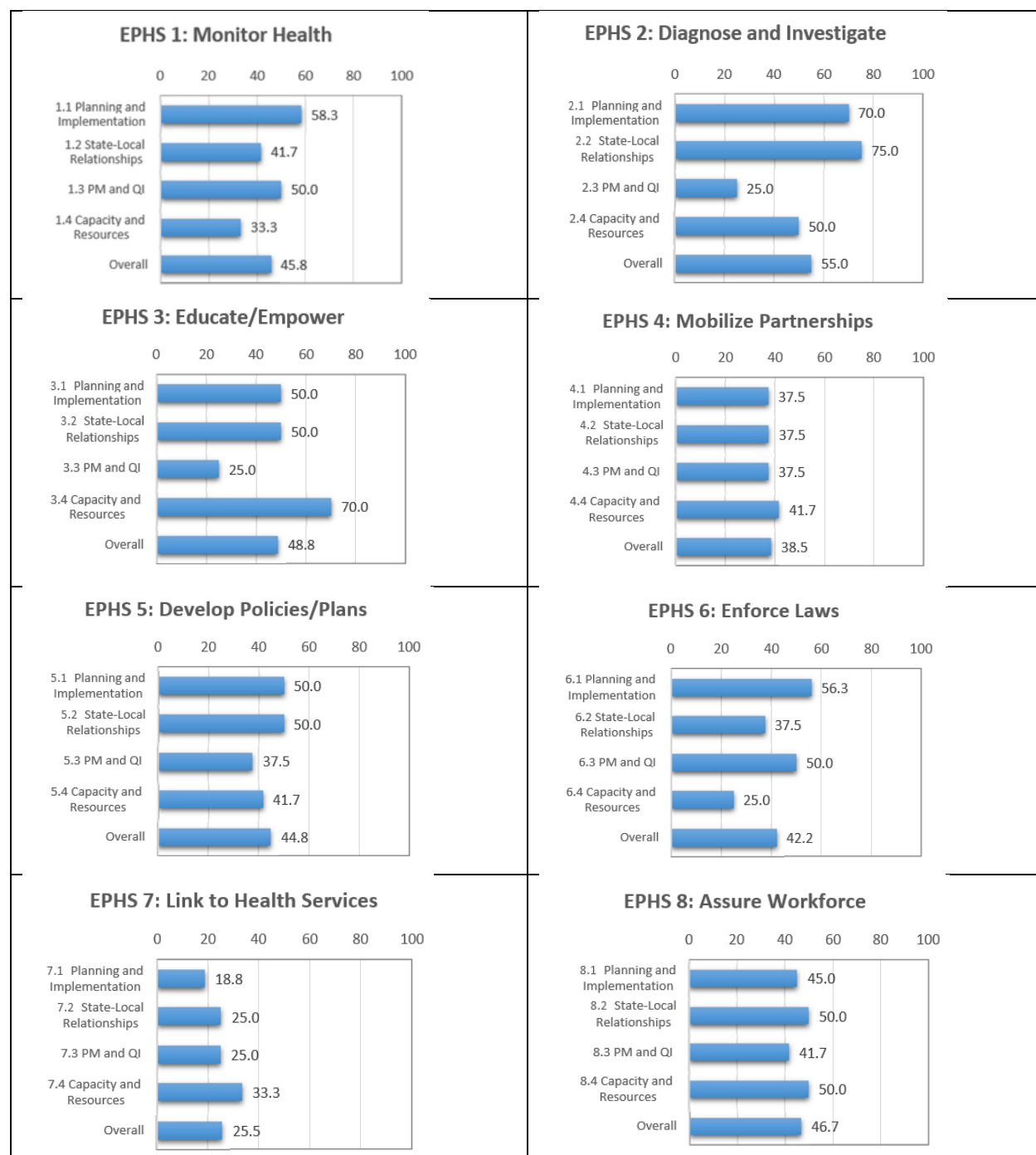
Figure 1. Summary of Average Essential Public Health Service (EPHS) Performance Scores

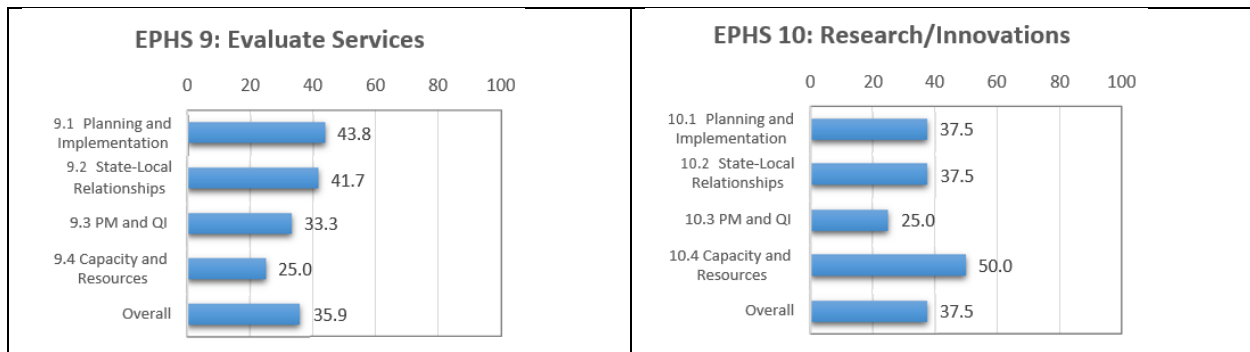


Performance Scores by Essential Public Health Service for Each Model Standard

Figure 2 displays the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.

Figure 2. Performance Scores by Essential Public Health Service for Each Model Standard



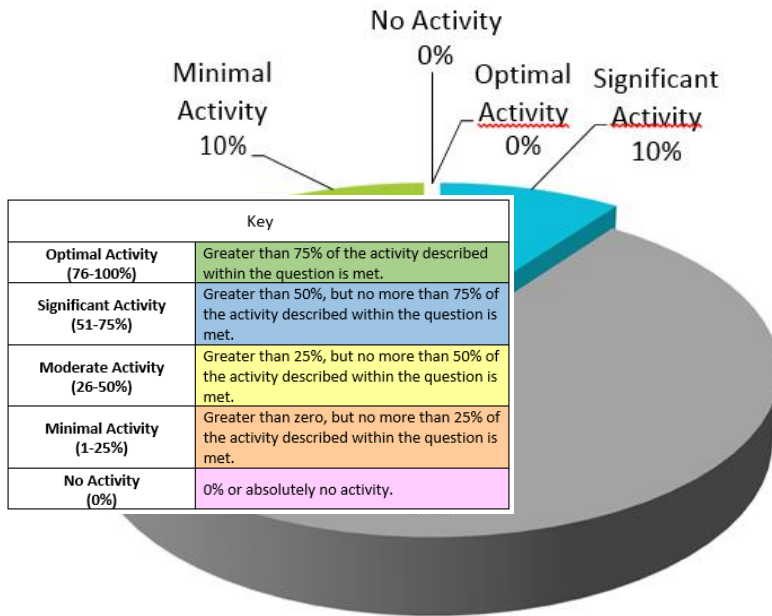


The proportions of Essential Public Health Service performance scores that met the five specified levels of activity (optimal, significant, moderate, minimal and no activity) can be found in the following pie chart (**Figure 3**). This graph indicates that the majority, 80 percent (8 of 10), of the performance levels in the Ten Essential Public Health Services meet the threshold for “moderate activity” in these areas.

Performance scores for one of the Essential Public Health Services (ES 2) met the threshold for activity that can be described as “significant” while one (ES 7) received an overall performance score that indicates activity in this area as “minimal”. None of the Essential Public Health Services received overall performance scores that fell within the activity categories of “no activity” or “optimal activity” indicating that, in the Nebraska SPHS, activity is occurring within all Essential Public Health Service areas, though there is opportunity for this activity to be increased and improved.

Figure 3. Essential Public Health Service performance scores broken down by the five activity levels

Essential Services by Activity Level



Public Health System Areas for Improvement

Immediately following the comprehensive system assessment, a smaller subgroup of public health leaders including Division of Public Health leadership, local health directors, tribal health departments, Public Health Association of Nebraska, Nebraska Association of Local Health Directors, and UNMC College of Public Health convened to synthesize the assessment results. The purpose was to come together as an entire system to better assess next steps and how best to make progress as a system. The facilitated process worked toward collective agreement on the question “What are the important existing or emerging public health system gaps that would need to be addressed to improve the Nebraska Public Health System?” The following consensus-based strategic priorities (Figure 4) provide a direction for the Nebraska Public Health System on gaps that need to be addressed to become the healthiest state in the nation.

Figure 4. Priorities for the Nebraska Statewide Public Health System

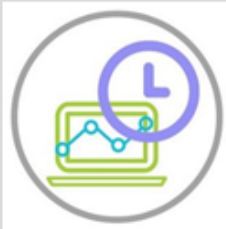
“What are the important existing or emerging public health system gaps that would need to be addressed to improve the Nebraska State Public Health System?”



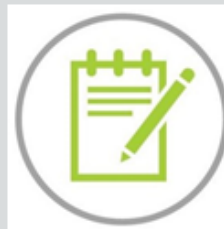
Ensuring Access to
Timely and Quality
Data



Shared
Understanding of
Collective Vision
and Priorities for
Public Health



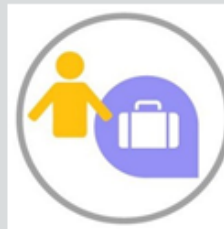
Integration of
Public Health into
the Changing
Health System



Set a Collective
Agenda for Building
Public Health Capacity



Communicate
the Value of
Public Health



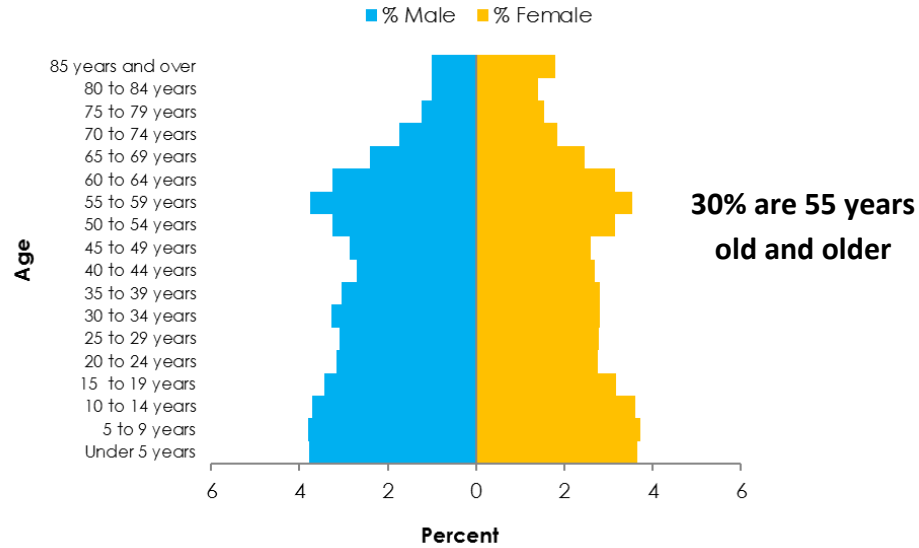
Build Workforce
Capacity



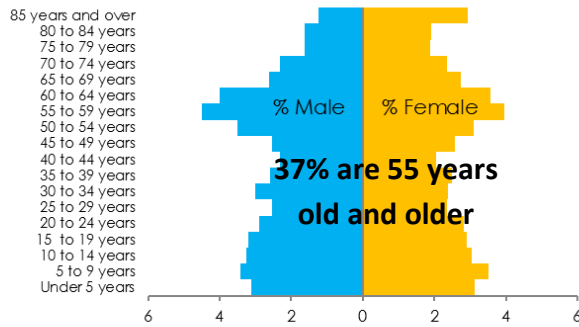
Effective
Alignment of
Partnerships,
Resources and
Information

Appendix E. Population Pyramids

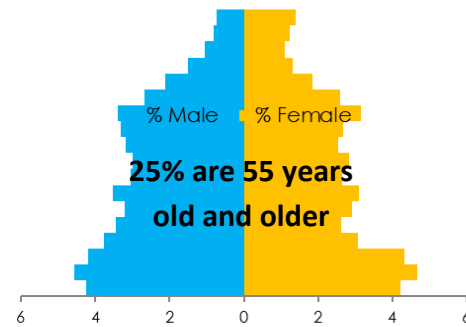
East Central District Health Department



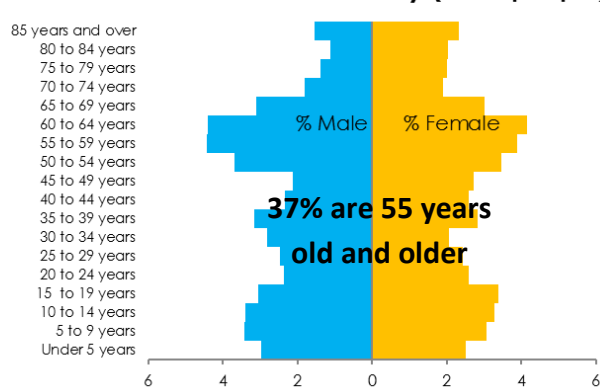
Boone County (5,332 people)



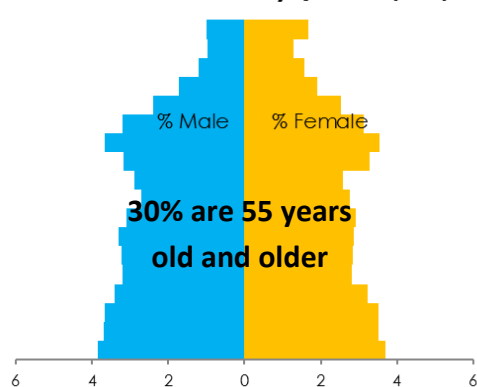
Colfax County (10,414 people)



Nance County (3,576 people)



Platte County (32,861 people)



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