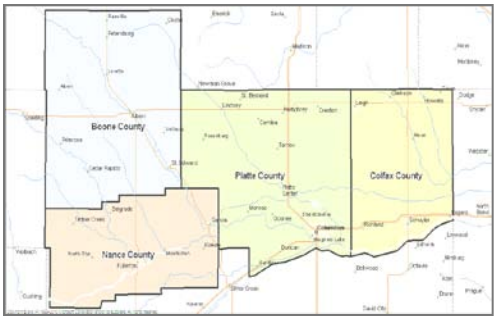
Comprehensive Community Health Needs Assessment



2012

Boone, Colfax, Nance, and Platte Counties, Nebraska

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Section I. Public Health in the East Central District

Overview of the Comprehensive Community Health Needs Assessment

Under the direction of the East Central District Health Department, a *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) and will serve as a reference document for the four non-profit hospitals in the district for the selection of strategic issues. 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. This first section describes public health in the East Central District, including the public health and data collection process used by the district (Mobilizing for Action through Planning and Partnerships), as well as the availability of health resources. Section II contains demographic and public health data; it comprises the majority of the report. Section III contains overall and county-level health needs and priorities selected based upon the broad array of qualitative and quantitative data. This third section serves as a succinct summary of the major health needs within the overall district and for each county in the district.

Schmeeckle Research, Inc. 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, perceptions of the well-being of the community, utilization of social programs, child welfare, crime, alcohol and tobacco use, drug use, poverty, mortality data, 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 1.1 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 1.1: The Local Public Health System[1]

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.[2]

The essential building blocks of MAPP are four assessments which provide critical insights into the health challenges and opportunities confronting the community. The *Comprehensive Community Health Needs Assessment* is based upon data generated from the four MAPP assessments.

The four assessments and the issues they address are described below.[3] All four of the assessments are utilized in this *Comprehensive Community Health Needs Assessment*. See also Figure 1.2.

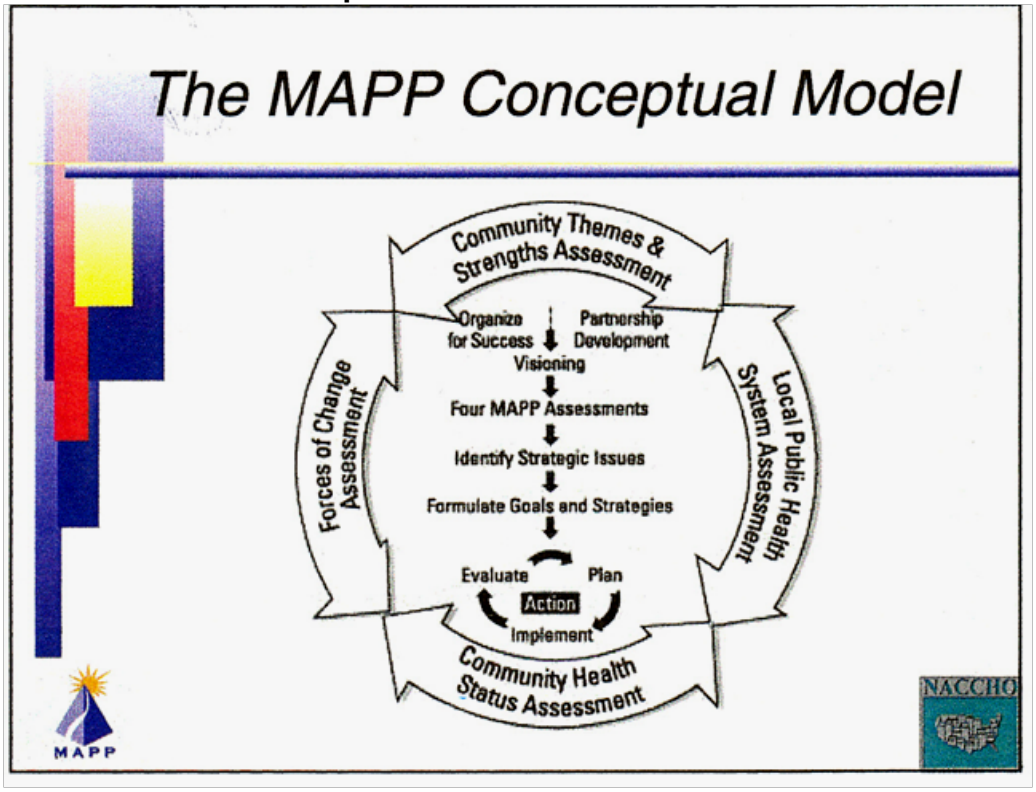
1. ***The Community Health Status Assessment*** identifies priority community health and quality of life issues. Questions answered by this assessment include: "How healthy are our residents?" and "What does the health status of our community look like?" The Community Health Status Assessment contains a comprehensive data collection process. It includes public health data collected by the state, as well as data from the Adult Risk Behavior Factors Survey (BRFS), Youth Risk Behavior Survey (YRBS), and Nebraska Risks and Protective Factors Survey (NRPFSS). **The *Community Health Status Assessment* provides the majority of this report.**

2. ***The Community Themes and Strengths Assessment*** **(see Appendix A)** 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 a broad array of focus groups, surveys, youth photos, and other data.

3. ***The Forces of Change Assessment (see Appendix B)*** 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 (LPHSA; see Appendix C)*** 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 1.2: The MAPP Conceptual Model[3]



Data Collection and Utilization

Strategic issues (also known as health priorities) are defined as "those policy choices or critical challenges that must be addressed for a community to achieve its vision."[1] It is the purpose of this *Comprehensive Community Health Needs Assessment* to serve as a compilation of all of the items within the above-mentioned four assessments conducted within the MAPP process with additional references used as needed, in order to guide local non-profit hospitals in their selection of strategic issues. Additionally, this report may provide useful data for various community agencies.

The primary data sources used in this *Comprehensive Community Health Needs Assessment* are listed below. Several other minor data sources are used throughout the report, and are cited where appropriate. There are 30 unique sources providing information for this report.

Qualitative Data

- ***Focus Groups.*** Five focus groups were conducted throughout the region from May 2011 through June 2011. Two of the focus groups were conducted with English speaking adults, two with English speaking youth, and one with Spanish speaking adults.
- ***The Forces of Change Assessment.*** Local agencies gathered together to answer the single question: "What trends, factors, and events are or will be influencing the health and quality of life in our communities and/or the work of the public health system?"
- ***The Local Public Health System Performance Standard Assessment.*** Approximately 55 individuals gathered to assess how well the Ten Essential Services are provided by the Public Health System.
- ***Needs Assessment Report (2008).*** Provides for the congruence of community issues identified throughout the report.

Quantitative Data

- ***Community Health Assessment.*** A comprehensive collection of data on various public health topics from various sources and the most commonly cited source in this report. The *YRBS* and *NRPFSS* are considered part of this assessment, but are cited as separate sources in this report. The *Community Health Assessment* is compiled by the State Public Health Office.
- ***Community Health Survey.*** There were 487 paper surveys and were completed by East Central District residents. Themes in the survey include quality of life, access to health care, the community as a place to raise children, the community as a place to grow old, jobs, and social support and community solidarity.
- ***Nebraska Community Themes and Strengths Assessment Survey*****.** There were 494 phone surveys were conducted by the Nebraska Department of Health and Human Services. The survey served as a building block for the *Community Health Survey* and contains most of the same themes.
- ***Nebraska Risk and Protective Factors Student Survey (NRPFSS)****.* Provides county-level drug, alcohol, and tobacco data for underage youth, as well as community safety and bullying data for this report.
- ***Uniform Data System (UDS) Comparisons.*** Provides data for the Good Neighbor Community Health Center in Columbus, one of six Federally Qualified Health Centers in Nebraska.
- ***U.S. Census and American Community Survey.*** The primary sources for demographic data.
- ***Youth Risk Behaviors Survey (YRBS).*** Survey oversamples of the youth population in the East Central District were conducted in 2001 and 2010. YRBS data used in this report falls primarily under the categories of obesity and teen sexual activity.

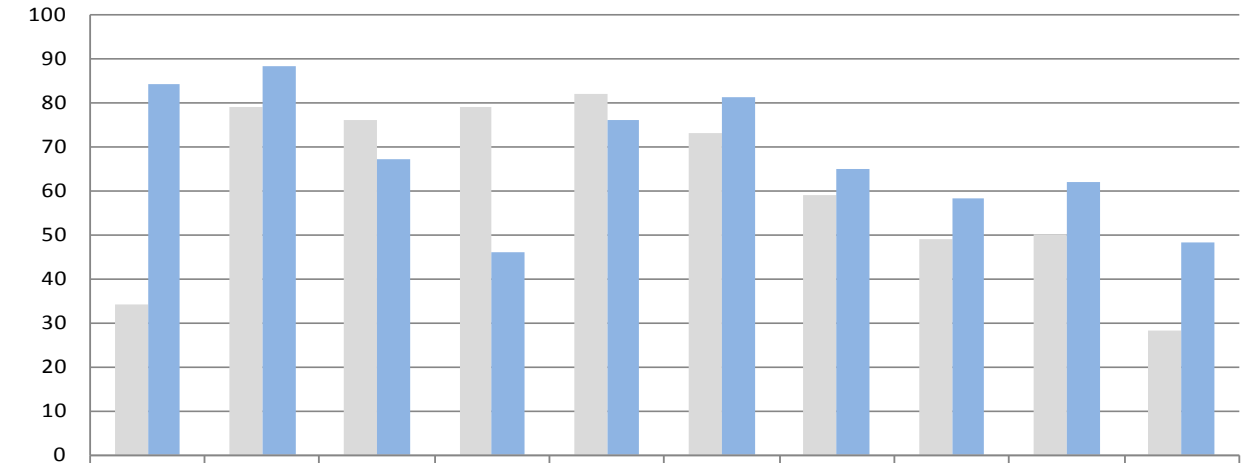
The Ten Essential Public Health Services

The East Central District Health Department conducted the Local Public Health System Performance Standard Assessment in May 2010. Over 50 individuals from various agencies that contribute to the Public Health System gathered to assess the department's performance with regard to the Ten Essential Public Health Services. Prior to the 2010 report, the assessment was last completed in 2004 and the results from this report are compared to the 2010 results. The Ten Essential Public Health Services are listed below.[4]

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 2010, the East Central District Health Department improved its score garnered from the Local Public Health System Assessment on seven of the ten essential services. Essential Services 3, 4, and 5 did not see improvement. See Figure 1.3 below.

Figure 1.3: Ten Essential Health Services: 2004 and 2010 Scores[4]



	Essential Service 1	Essential Service 2	Essential Service 3	Essential Service 4	Essential Service 5	Essential Service 6	Essential Service 7	Essential Service 8	Essential Service 9	Essential Service 10
2004	34	79	76	79	82	73	59	49	50	28
2010	84	88	67	46	76	81	65	58	62	48

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. See also the report on the *Service Array for the Child Well-Being Initiative in* Appendix A for an assessment of the service array in the district.

The East Central District Health Department provides a broad array of services, which are listed below.[5]

- Community Wellness Center
- Dental Health Services
- Early Development Network Services
- HIV Education Program
- HIV Counseling Testing and Referral
- Environmental Health Programs
- Maternal Child Health Programs
- Reproductive Health Clinic
- Family Medical Care
- Immunizations
- Mental Health Services

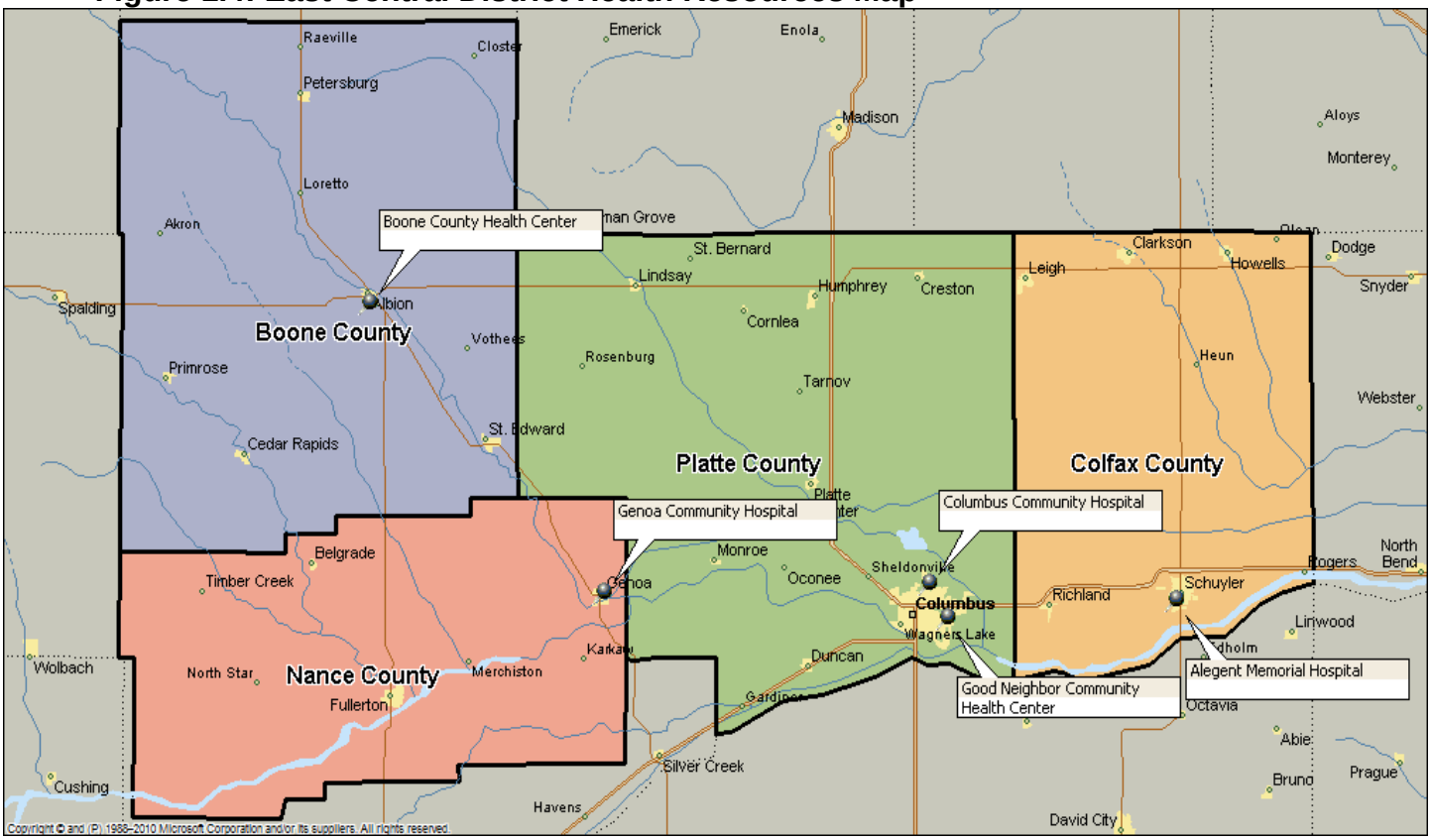
- Transportation Services
- Substance Abuse Evaluations
- Women, Infants, and Children (WIC) Program
- Community Health Needs Assessment and Strategic Planning
- Environmental Health Programs
- Infectious Disease Tracking and Surveillance Programs
- Public Health Outreach Nursing and Education (PHONE) Program
- Public Health Emergency Response Program
- Tobacco Prevention Program and Coalition
- West Nile Surveillance Program
- Services in Spanish
- Minority Health
- Wise Woman Cardiovascular Program
- Youth Substance Prevention Program and Back to Basics Coalition

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 Community Hospital (located in Genoa, Nance County), Columbus Community Hospital (located in Columbus, Platte County), and Alegent Memorial 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 1.4 below.

The self-descriptions as provided by the hospitals follow the map below.[6]

Figure 1.4: East Central District Health Resources Map[6]



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, CT, open MRI, dexa 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.

Alegent Health Memorial Hospital (Colfax County)

Alegent Health Memorial Hospital, located in Schuyler, Nebraska, is a 25 bed Critical Access Hospital. The physicians, nurses, and other associates at this faith based community hospital are committed to delivering personalized, compassionate care to approximately 10,441 individuals that reside in Colfax County. Such care takes many forms - technologically advanced medical services, quality health education, health screenings, and more. Beyond the hospital walls, Memorial Hospital works closely with businesses, community groups, churches, schools, social service agencies, and others to build a healthier community.

Acute care and outpatient services include general medical surgical care, skilled nursing care, home health care, outpatient specialty care that includes general surgery, cardiology, urology, gastrointestinal, orthopedic, gynecology, otolaryngology, nephrology, and podiatry services. Restorative services such as physical therapy and cardiac rehabilitation are also available. A full complement of diagnostic services are offered for the laboratory and radiology which include: CT, MRI, mammography, ultrasound, nuclear medicine, echocardiograms, and vascular exams.

Genoa Community Hospital (Nance County)

Genoa Medical Facilities (GMF) is the sole heath 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 new location in August 2002 and is located on 60 acres in the northwest part of Columbus, NE. The 153,000 square foot hospital is a four story, prairie-style building with an attached 40,000 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, 38 members of the Medical Staff, over 550 employees, and 300+ volunteers.

In October, 2010 the Hospital began 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, to be completed in July, 2012, will allow the Hospital to expand services in the Emergency Department, increase patient privacy in the registration area and create a women's imaging center.

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 Table 1.1 below are the health services not present, present but not adequate to meet the needs of the county, present and adequate to meet the needs of the county, and the availability of bilingual services in Spanish by each hospital/health center in the region according to *The Hospital Resource Inventory Survey*.

Columbus Community Hospital in Platte County and Boone County Health Center reported offering all of the listed services. Columbus Community Hospital also offers all available services in Spanish. Alegent Memorial Hospital in Colfax County reported offering fairly wide array of services. However, all but one service (radiology and imaging) was reported as not being adequate to meet the needs of the county. Nance County reported offering a majority of the listed services, with all present services being able to meet the needs of the county.

Table 1.1	Availability of Health Resources by County[6]				
	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			√	√
Services for Children with Special Needs	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			√	√

Table 1.1 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
Hospice Care	**Boone**			√	
	Colfax		√		
	Nance			√	
	Platte			√	√
Respite Care for Adults	**Boone**			√	
	Colfax		√		
	Nance			√	
	Platte			√	√
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			√	√

The Good Neighbor Community Health Center

The Good Neighbor Community Health Center in Columbus is one of six 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, 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.[5]

- Dental Health Care
- Transportation Services
- Family Medical Care

- Reproductive Health Services
- Diabetes Education Classes
- HIV Education Classes
- Immunizations
- Obstetric Services
- Mental Health Services
- Services in Spanish

In 2010, The Good Neighbor Community Health Center served 6,030 patients for a total of 21,027 visits. Over half of the patients at the Good Neighbor Center are minority (largely Hispanic) and nearly 40% are best served in another language. While a majority of all patients to the Good Neighbor Center visited for medical or dental services, a notably higher percentage of patients received mental health services as compared to state and national statistics. Also, the Good Neighbor Center is the only Federally Qualified Health Center (FQHC) in Nebraska that offers substance abuse and vision services. See Table 1.2 below for a breakdown of the services provided by Good Neighbor.

Table 1.2 Services Used at the Good Neighbor Center with Comparisons to State and National FQHCs[7]

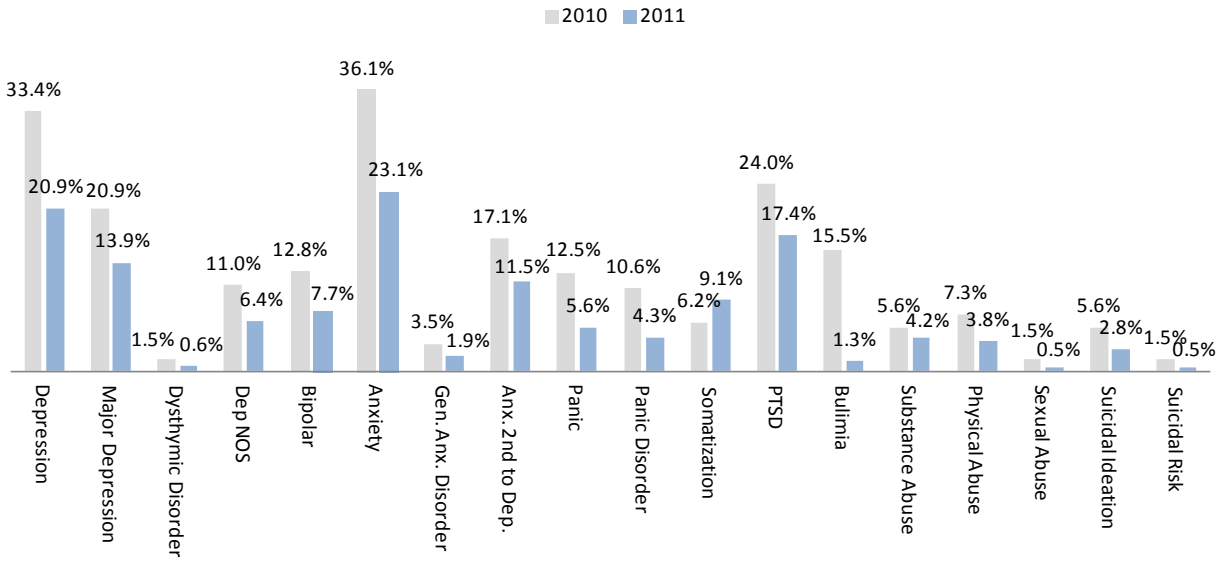
	Good Neighbor	Nebraska	National
Medical	54.2%	65.5%	72.2%
Dental	16.3%	17.8%	12.0%
Mental Health	21.1%	6.7%	5.5%
Substance Abuse	0.8%	0.1%	1.3%
Other Professional Services	1.9%	0.8%	1.3%
Vision	0.3%	0.0%	0.5%
Enabling	5.2%	9.2%	6.5%

As mentioned, the Good Neighbor Center sees a high percentage of patients with mental health issues, most notably major depression, anxiety, and post traumatic stress disorder (PTSD). Figure 1.5 below contains 2010 and 2011 data on mental health comorbidity, which is defined as any mental health issues a patient to the Good Neighbor Community Health Center may have, regardless of the reason for the patient's visit. Good Neighbor tracks the mental health of as many of its patients as possible. The figure below is *not* for those who visited the Good Neighbor Center for mental health, but rather the percentage of patients coming in for another reason (e.g., routine checkup), and who were provided a mental health screen as part of the regular visit and the screen identified characteristics associated with behavioral health issues as secondary to their primary visit. As many patients as possible are screened for mental health issues by medical staff at the Good Neighbor Center.

Many patients to the health center have mental health issues for which they may or may not be receiving treatment. It appears that a greater percentage of patients had mental health issues in 2010 than in 2011. It is unclear why this is the case, though it may result

from the number of reported cases. In 2011, 1,109 patients were tracked for mental health comorbidity, whereas only 592 were in 2010.

Figure 1.5: Mental Health Comorbidity: Patients at the Good Neighbor Center[8]



The Good Neighbor Center serves a highly uninsured population, which holds true for FQHCs in Nebraska when compared to national statistics. Notable is the high percent of uninsured children served as compared to the state and the nation and the low percent of recipients of Medicaid/CHIP served by the Good Neighbor Center. See Table 1.3 below.

Table 1.3	Patients Served at the Good Neighbor Center by Insurance Status with Comparisons to State and National FQHCs[7]		
	Good Neighbor	**Nebraska**	**National**
Uninsured	57.6%	56.7%	37.5%
Children Uninsured (age 0-19 years)	*43.4%*	*36.5%*	*20.3%*
Medicaid/CHIP	15.3%	26.5%	39.7%
Medicare	5.0%	4.2%	7.5%
Other Third Party	22.1%	12.6%	15.2%

Section II. Demographic and Public Health Data

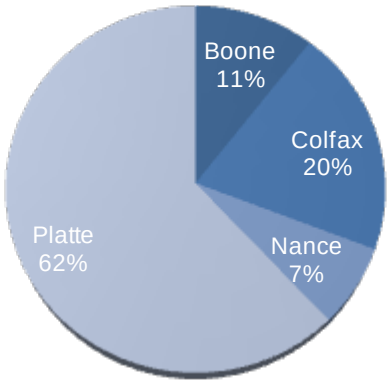
Community Profile

Population

The East Central District is a predominately rural area, with a total population of 51,992 spread across four counties. Platte County, which contains the city of Columbus, is the largest of the four counties, comprising 62% of the district's entire population. Followed in size is Colfax County, which contains the city of Schuyler. See Table 2.1 and Figure 2.1 below.

Table 2.1	2010 Population by County[9]			
Boone	**Colfax**	**Nance**	**Platte**	**East Central**
5,505	10,515	3,735	32,237	**51,992**

Figure 2.1: Population Distribution: East Central Health District[9]



As shown by Table 2.2, Boone and Nance Counties have substantially fewer persons per square mile than do the larger counties of Colfax and Platte.

Table 2.2	2010 Population Density[9,10]		
	Land Area In Square Miles	Population	Persons per Square Mile
Boone	687	5,505	8.0
Colfax	410	10,515	25.6
Nance	439	3,735	8.5
Platte	669	32,327	48.3
East Central	**2,205**	**51,992**	**23.6**

As Boone and Nance Counties are predominately more rural than Colfax and Platte Counties, they have experienced declines in their population over the past ten years, losing 12.0% and 7.5% respectively of their total population. The less rural counties of Colfax and Platte have experienced slight increases in population over the past ten years. As a whole, the population of the entire district has declined less than 1% over the past ten years. See Table 2.3 below.

Table 2.3	2000- 2010 Population Change[9,11]		
	2000	2010	Percent Change
Boone	6,259	5,505	-12.0%
Colfax	10,441	10,515	+0.7%
Nance	4,038	3,735	-7.5%
Platte	31,662	32,327	+2.1%
East Central	**52,400**	**51,992**	**-0.8%**

Race/Ethnicity

Those identifying as "white" make up the vast majority of the population in the East Central District, comprising 88.0% of total population. However, as Hispanic/Latino is classified as an ethnicity and not a race, a portion of those who consider themselves as white, are most likely Hispanic/Latino, as this ethnic group makes up 17.1% of the population. It appears that most Hispanic/Latino identifying individuals claim to be racially white or other. The more rural Boone and Nance counties are almost entirely white, while Colfax and Platte Counties have large Hispanic/Latino minority populations. See Tables 2.4 and 2.5 below.

Table 2.4	2010 Racial Make-Up[9]				
	Boone	**Colfax**	**Nance**	**Platte**	**East Central**
White	98.5%	72.6%	98.0%	90.0%	**88.0%**
Black/African American	0.4%	0.8%	0.2%	0.4%	**0.5%**
American Indian/ Alaskan Native	0.2%	1.1%	0.3%	0.7%	**0.7%**
Asian	0.2%	0.3%	0.1%	0.5%	**0.4%**
Other	0.3%	23.1%	0.5%	6.9%	**9.2%**
Two or More Races	0.3%	2.0%	1.0%	1.5%	**1.4%**

Table 2.5	2010 Hispanic/Latino Population[9]	
	2010 Hispanic/ Latino Population	**Percent of Total Population**
Boone	65	1.2%
Colfax	4,315	41.0%
Nance	65	1.7%
Platte	4,452	13.8%
East Central	**8,897**	**17.1%**

The immigration of Hispanic/Latino individuals to the East Central District has been the most salient change in the make-up of the population over the past twenty years. Since 1990, the Hispanic/Latino population has grown from 534 to 8,897 in 2010 - an increase of over 1,500%. See Table 2.6 below.

Table 2.6	1990-2010 Hispanic/Latino Population Growth[9,10]		
	1990 Hispanic/ Latino Population	**2010 Hispanic/ Latino Population**	**Percent Change**
Boone	17	65	+282.4%
Colfax	224	4,315	+1826.3%
Nance	38	65	+71.1%
Platte	255	4,452	+1,645.9%
East Central	**534**	**8,897**	**+1,566.1%**

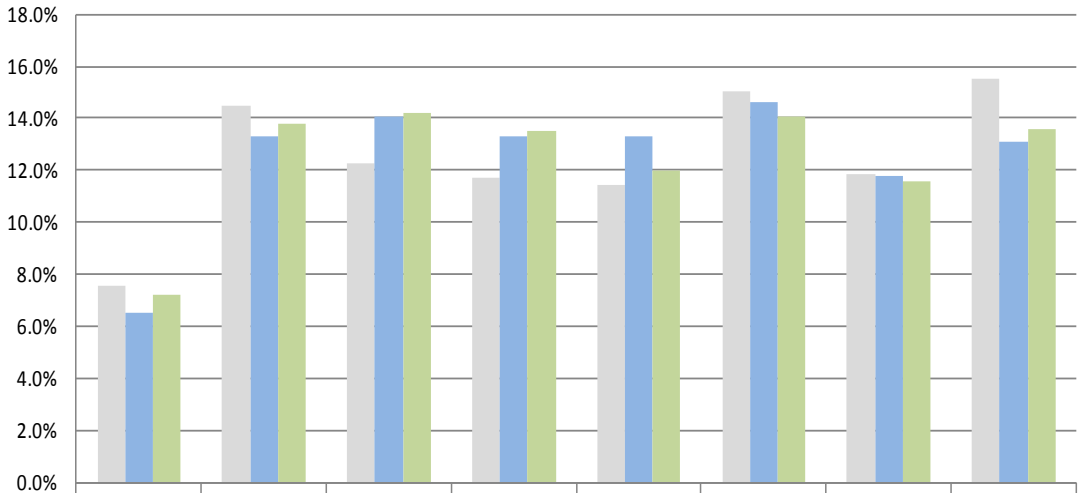
Age

The largest age groups in the East Central District are 45 to 54 and over 65. The counties with declining populations (i.e., Boone and Nance) have a substantially higher proportion of their population in the over 65 group. The populations that have experienced growth over the past 10 years (i.e., Colfax and Platte) have higher percentages of their population in the under 5 and 5 to 14 age ranges. See Table 2.7 below.

Table 2.7	2010 Age Distribution[9]				
	Boone	**Colfax**	**Nance**	**Platte**	**East Central**
Under 5	6.1%	9.3%	6.2%	7.4%	**7.6%**
5 to 14	12.9%	15.2%	13.5%	14.6%	**14.5%**
15 to 24	11.3%	13.5%	10.2%	12.3%	**12.3%**
25 to 34	8.7%	12.9%	10.4%	12.0%	**11.7%**
35 to 44	10.5%	11.8%	9.9%	11.7%	**11.5%**
45 to 54	16.3%	13.6%	16.0%	15.2%	**15.1%**
55 to 64	13.1%	10.0%	14.9%	11.9%	**11.9%**
Over 65	21.2%	13.6%	19.1%	14.8%	**15.5%**

Compared to age distributions for the State of Nebraska and the nation as a whole, the East Central District has a higher percentage of its population in the 45 to 54 and over 65 age group. The East Central District as a whole is also heavily distributed at the other end of the age range, with a higher percent of its population in the under 5 and 5 to 14 age ranges compared to the state and the nation. The age ranges of 15 to 24, 25 to 34, and 35 to 44 make up a comparatively lower percentage of the population as compared to the state and nation. See Figure 2.2 below.

Figure 2.2: 2010 Age Distribution:
District, State, and National Comparisons[9]

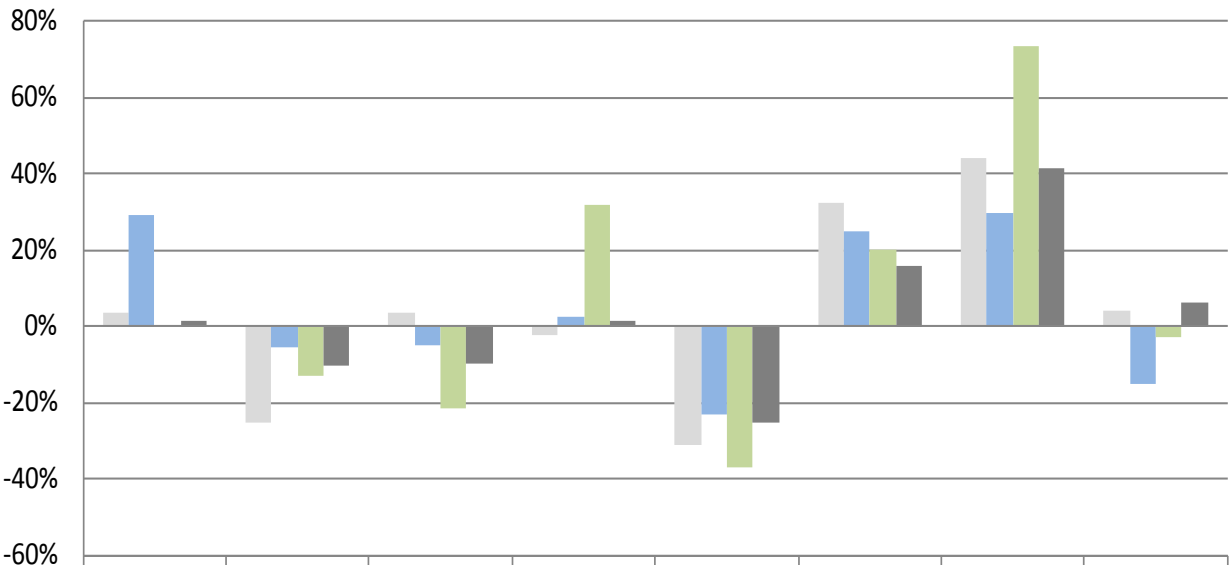


	Under 5	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	Over 65
East Central District	7.6%	14.5%	12.3%	11.7%	11.5%	15.1%	11.9%	15.5%
Nebraksa	6.5%	13.3%	14.1%	13.3%	13.3%	14.6%	11.8%	13.1%
United States	7.2%	13.8%	14.2%	13.5%	12.0%	14.1%	11.6%	13.6%

As demonstrated in Figure 2.3 below, the largest change in age distribution across the four counties over the past four years has been in the 45 to 54 and 55 to 64 age groups, with these two age groups expanding by 19.8% and 42.3%, respectively. Also indicating that the population of the district is aging, the 5 to 14 and 15 to 24 age groups experienced declines (except for a slight increase in the 25 to 34 age group in Colfax

County). However, the under 5 population has also increased, largely due to the large increase in Colfax County. The 25 to 34 age group remained largely flat in growth, except for Nance County, which experienced a 31.6% growth for this age group. The 35 to 44 age group had the largest decline, as members of this group have aged and were not replaced by the younger age group. Though the over 65 age group is the largest in the district, it has experienced little change, except for a 15% decline in Colfax County.

Figure 2.3: Percent Change in Age Distribution: 2000 to 2010[9,11]



	Under 5	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	Over 65
Boone County	3.4%	-25.4%	3.7%	-2.2%	-30.9%	32.5%	44.0%	3.9%
Colfax County	29.2%	-5.6%	-4.9%	2.4%	-22.9%	24.8%	29.9%	-15.0%
Nance County	0.0%	-12.9%	-21.5%	31.6%	-36.9%	20.3%	73.3%	-3.0%
Platte County	1.4%	-10.4%	-9.6%	1.7%	-25.5%	16.0%	41.7%	6.5%
East Central District	7.2%	-11.8%	-8.2%	3.1%	-26.5%	19.8%	42.3%	0.7%

The Family Unit

Community agencies identified the changing family unit as a factor that is or will be influencing the health and quality of life in the community and the work of the public health system in the *Forces of Change Assessment* (see Appendix B). The "breakdown of the family unit," the decrease in marriage rates, and increase single parent families were all aspects of the identified change in the family unit in the East Central District.[12]

As shown in Table 2.8 below, the number of family households has declined from 2000 to 2010 in the East Central District, though not at as fast of a rate as the decline in total population. It is interesting to observe the 0.9% decline in the number of family households in Colfax County, but the 0.7% increase in the total population from 2000 to 2010. This is likely due to the rapid increase in the under 5 population from 2000 to

2010 (see Figure 2.3 above). In other words, from 2000 to 2010 there are fewer families in Colfax County, but more children being born.

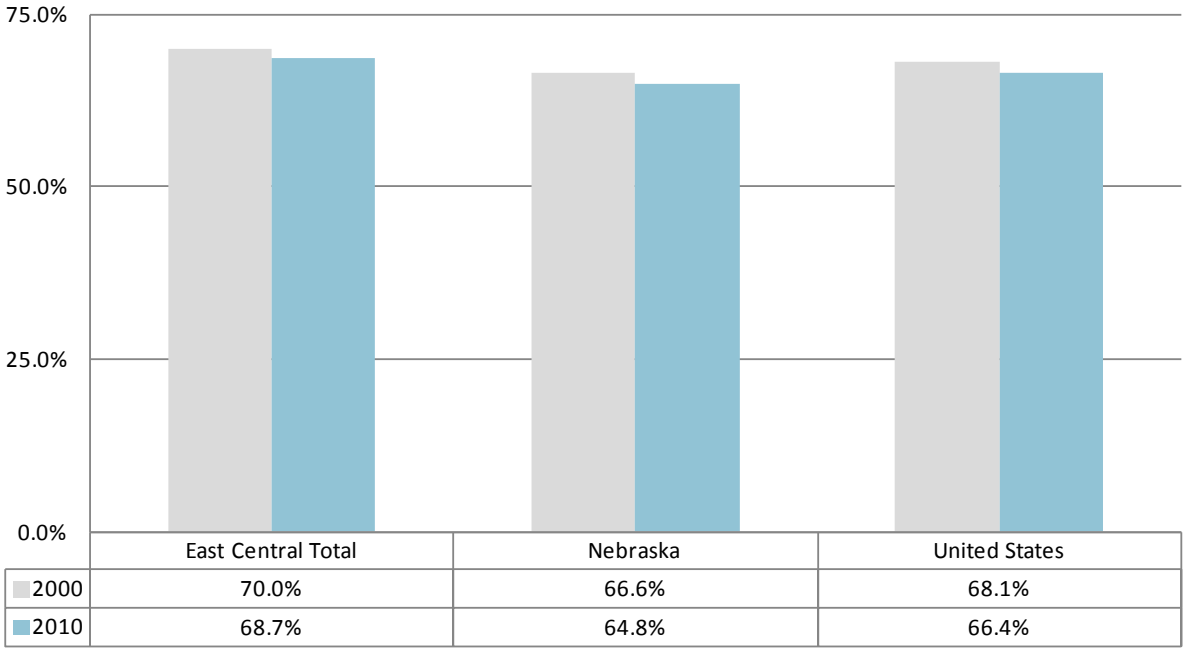
Table 2.8	Family Households: 2000 and 2010[9,11]			
	Family Households (2000)	Family Households (2010)	Percent Change in Number of Family Households (2000 to 2010)	Percent Change in Total Population (2000 to 2010)
Boone	1,700	1,541	-9.4%	-12.0%
Colfax	2,593	2,570	-0.9%	+0.7%
Nance	1,107	1,007	-9.0%	-7.5%
Platte	8,461	8,714	+3.0%	+2.1%
East Central	**13,861**	**13,832**	**-0.2%**	**-0.8%**

Family households make up a smaller percent of total households according to 2010 Census data as compared to 2000 in the East Central District. See Table 2.9 below.

Table 2.9	Family Households as a Percent of Total Households: 2000 and 2010[9,11]	
	Family Households as Percent of Total Households (2000)	Family Households as Percent of Total Households (2010)
Boone	69.3%	66.0%
Colfax	70.4%	71.0%
Nance	70.2%	66.0%
Platte	70.1%	68.8%
East Central	**70.0%**	**68.7%**

Although family households make up a lower percent of total households in the East Central District, they still make up a slightly larger percent of total households compared to Nebraska and the United States. Family households as a percent of total households have also declined in the state and nation as a whole from 2000 to 2010. See Figure 2.4 below.

Figure 2.4: Family Households as a Percent of Total Households: 2000 to 2010 District, State, and National Comparisons[9,11]



	East Central Total	Nebraska	United States
2000	70.0%	66.6%	68.1%
2010	68.7%	64.8%	66.4%

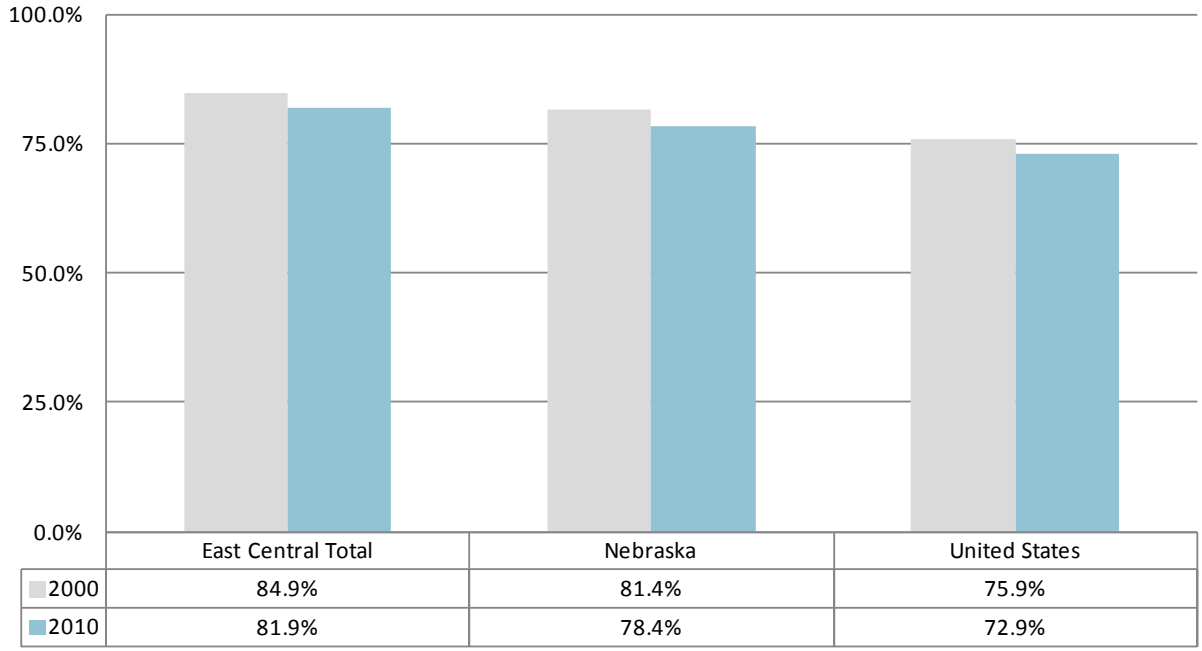
Just as the rate of families as a percent of total households has declined from 2000 to 2010 in the East Central District, so have husband-wife families as a percent of total families. See Table 2.10 below.

Table 2.10 Husband-Wife Families as a Percent of Total Families 2000 and 2010[9,11]

	Husband-Wife Families as a Percent of Total Families (2000)	Husband-Wife Families as a Percent of Total Families (2010)
Boone	87.8%	85.8%
Colfax	83.6%	80.5%
Nance	86.2%	83.9%
Platte	84.5%	81.5%
East Central	84.9%	81.9%

Though the rate of husband-wife families as percent of total families has declined for the East Central District (as it has for both the state and the nation), husband-wife families still make up a larger percent of total families in the district when compared to state and national numbers. See Figure 2.5 below.

Figure 2.5: Husband-Wife Families as a Percent of Total Families: 2000 to 2010 District, State, and National Comparisons[9,11]



	East Central Total	Nebraska	United States
2000	84.9%	81.4%	75.9%
2010	81.9%	78.4%	72.9%

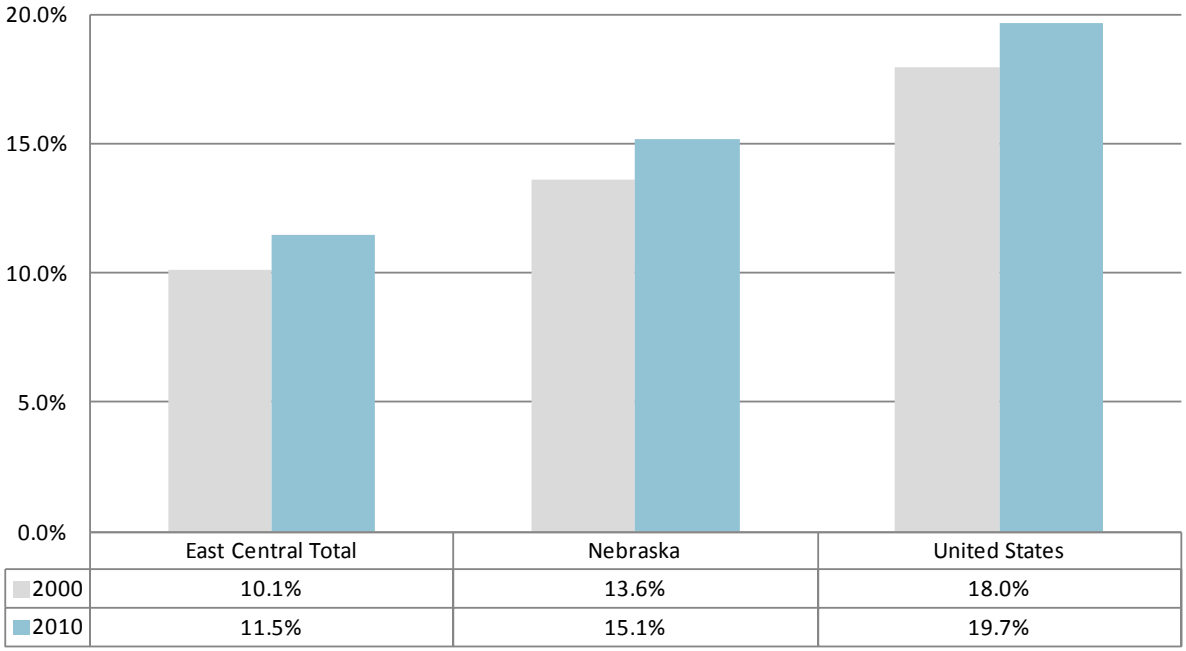
As the rate of husband-wife families as a percent of total families has decreased from 2000 to 2010, the rate of female householder no husband present families as a percent of total families has increased. See Table 2.11 below.

Table 2.11 Female Householder No Husband Present Families as a Percent of Total Families 2000 and 2010[9,11]

	Female Householder No Husband Present Families as a Percent of Total Families (2000)	Female Householder No Husband Present Families as a Percent of Total Families (2010)
Boone	7.9%	8.0%
Colfax	10.1%	11.2%
Nance	8.0%	9.8%
Platte	10.9%	12.4%
East Central	**10.1%**	**11.5%**

Compared to the state and the nation, the rate of female householder no husband present families is notably lower than state and national statistics, though it has increased at a comparable rate from 2000 to 2010. See Figure 2.6 below.

Figure 2.6: Female Householder No Husband Present Families as a Percent of Total Families: 2000 to 2010 District, State, and National Comparisons[9,11]



	East Central Total	Nebraska	United States
2000	10.1%	13.6%	18.0%
2010	11.5%	15.1%	19.7%

Income

Platte County has the highest per capita income and median household income (see Table 2.12). Colfax County has the second highest household income of the four counties, but the lowest per capita income. This discrepancy in Colfax County may be due to the high birth rate (see Figure 2.3 above and note the growth of the under 5 population in Colfax County).

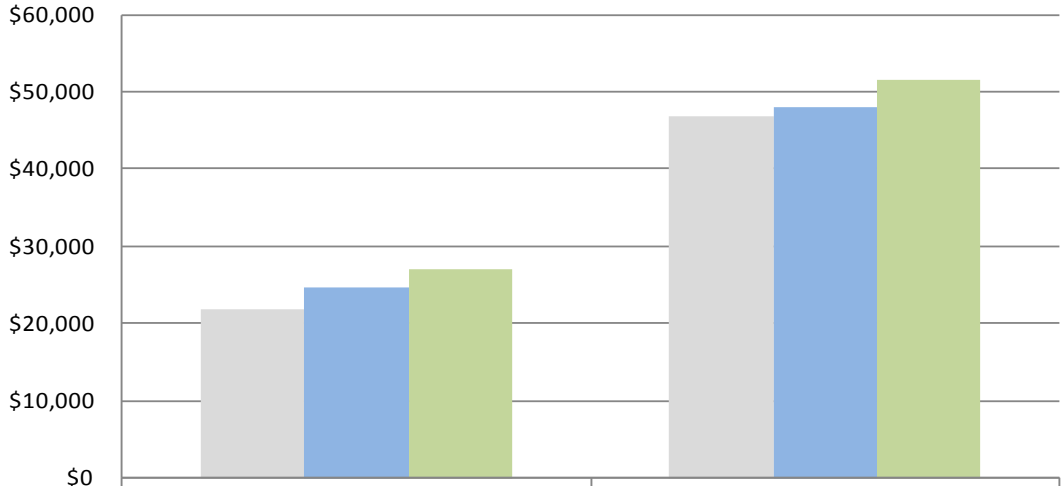
As Colfax and Nance Counties have lower per capita incomes, these counties also have a higher percentage of individuals at or below the poverty line. Despite having the highest per capita and median household income, Platte County has the highest family poverty rate in the district, but a lower rate of individuals below the poverty line. Boone County has the lowest poverty rates in the district. See Table 2.12 below. See also Table 2.15 below for the percentage of youth receiving free and reduced lunches.

Table 2.12 — 2009 Income and Poverty: Household and per Capita[13]

	Per Capita Income	Median Household Income	Percent Families with Related Children under 18 below Poverty	Percent of Individuals below Poverty
Boone	$22,360	$43,891	4.9%	7.4%
Colfax	$18,384	$45,919	8.9%	11.0%
Nance	$19,678	$40,729	7.9%	11.4%
Platte	$23,085	$48,359	9.0%	7.8%
East Central	**$21,837**	**$46,892**	**8.5%**	**8.6%**

Compared to the state of Nebraska and the entire nation, the East Central District has a lower average per capita income and median household income (see Figure 2.7).

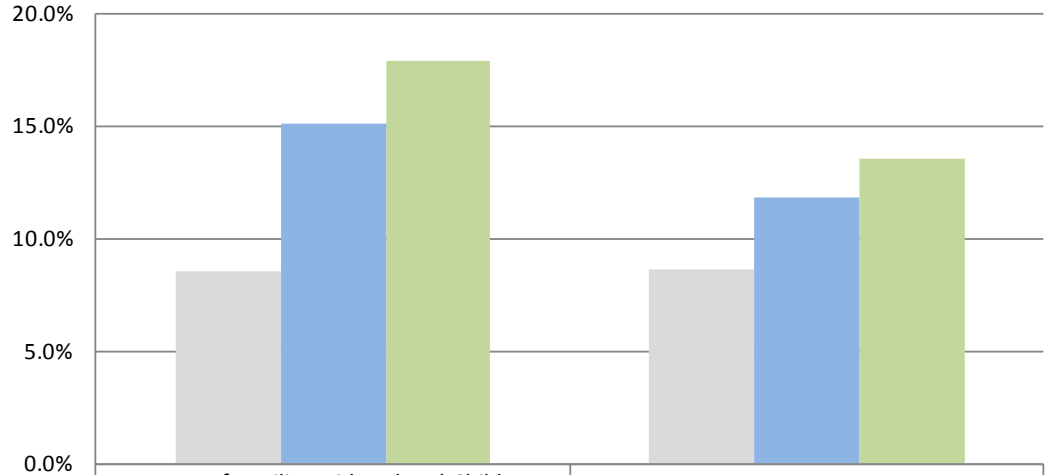
Figure 2.7: 2009 Per Capita and Median Household Income: District, State, and National Comparisons[13]



	Per Capita Income	Median Household Income
East Central District	$21,837	$46,892
Nebraska	$24,568	$47,995
United States	$27,041	$51,425

Despite having lower per capita and median household incomes, East Central District has a notably lower percentage of its families and individuals that are at or below the poverty line as compared to the state and the nation. See Figure 2.8 below.

Figure 2.8: Poverty by Family and Individual: District, State and National Comparisons (2009)[13]



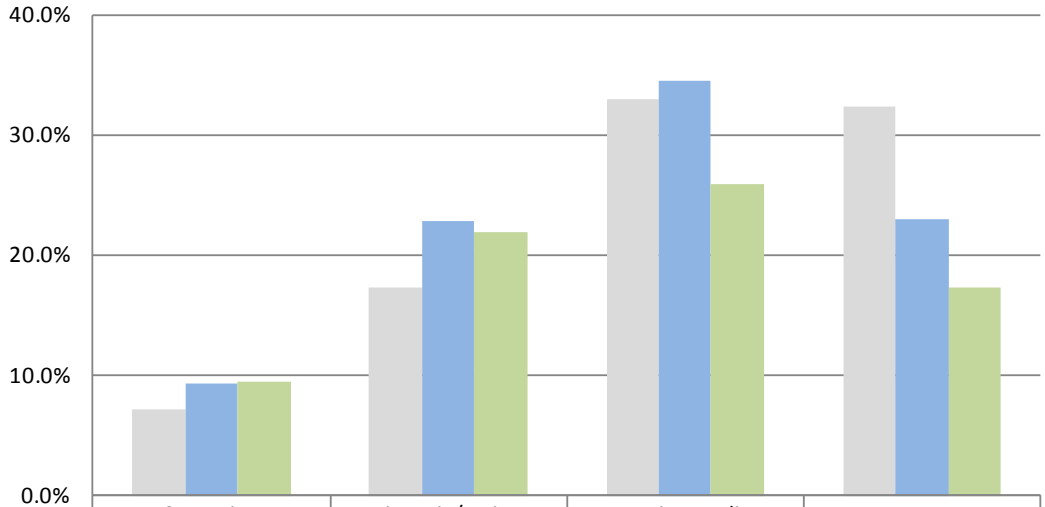
	Percent of Families with Related Children under 18 below Poverty	Percent of Individuals below Poverty
East Central District	8.5%	8.6%
Nebraska	15.1%	11.8%
United States	17.9%	13.5%

Poverty rates by selected race/ethnic categories are contained below in Table 2.13. Non-Hispanic whites in the East Central District have the lowest rates of poverty compared to the other selected racial categories. There were insufficient sample sizes to include other population groups.

Table 2.13	Poverty by Selected Racial/Ethnic Categories (2009)[13]			
	White (non-Hispanic)	Hispanic/Latino	American Indian	Two or More Races
Boone	7.3%	36.0%	-	-
Colfax	4.8%	20.1%	0.0%	67.6%
Nance	11.3%	23.7%	55.0%	0.0%
Platte	7.2%	14.0%	31.5%	16.5%
East Central	**7.2%**	**17.3%**	**32.9%**	**32.4%**

Statistics on poverty by Caucasian, Hispanic/Latino, American Indian, and those identifying as two or more races are shown in Figure 2.9. American Indians comprise less than 1% of the total population in the district, however the racial category is included below, as 32.9% are at the poverty level. Compared to state and national averages, the East Central District has lower rates of poverty for the white (non-Hispanic) and Hispanic/Latino populations.

Figure 2.9: Poverty Selected Racial/Ethnic Categories: District, State, and National Comparisons (2009)[13]



	Caucasian	Hispanic/Latino	American Indian	Two or More Races
East Central District	7.2%	17.3%	32.9%	32.4%
Nebraska	9.3%	22.8%	34.5%	23.0%
United States	9.4%	21.9%	25.9%	17.3%

Education and Schools

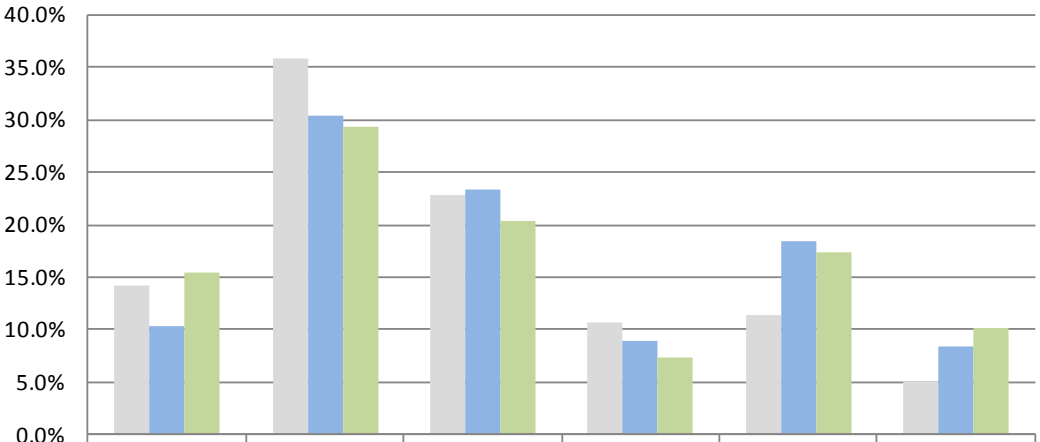
When the educational attainment statistics of the four counties are compared across the four counties, Colfax stands out notably as being behind the other counties, with 30% of its residents lacking a high school degree. Platte and Boone stand out as having a greater percentage of residents with higher education degrees (Associate's Degree and higher) compared to Colfax and Nance (see Table 2.14). Platte and Boone also have higher average per capita incomes than Colfax and Nance as shown above in Table 2.12.

Table 2.14 Highest Level of Educational Attainment - Individuals over 25 (2009)[13]

	Boone	Colfax	Nance	Platte	East Central
No High School Degree	7.8%	30.0%	15.8%	10.5%	14.2%
High School (or GED/Equivalent)	41.5%	31.6%	38.5%	35.7%	35.8%
Some College	23.0%	20.9%	24.0%	23.3%	22.9%
Associate's Degree	11.8%	7.3%	9.1%	11.6%	10.6%
Bachelor's Degree	11.4%	6.7%	9.7%	12.9%	11.3%
Graduate or Professional Degree	4.5%	3.5%	2.9%	6.0%	5.1%

Compared to the state and the nation, the East Central District as a whole has a lower percentage of its residents attaining a Bachelor's Degree or higher, but a slightly higher rate of Associate's Degrees. With 14.2% of its residents lacking a high school degree, the East Central District is higher than the state of Nebraska, but just below the national average. There is a higher percentage of residents in the East Central District compared to the state and the nation that have attained a high school degree (or GED), but have not attained other higher levels of education. See Figure 2.10 below.

Figure 2.10: Highest Level of Educational Attainment: District, State, and National Comparisons (2009)[11]



	No High School Degree	High School (or GED)	Some College	Associate's Degree	Bachelor's Degree	Graduate Degree
East Central District	14.2%	35.8%	22.9%	10.6%	11.3%	5.1%
Nebraska	10.4%	30.3%	23.4%	8.9%	18.5%	8.5%
United States	15.5%	29.3%	20.3%	7.4%	17.4%	10.1%

Data on each school district within the East Central District is contained in Table 2.15 below. Most notable highlights are the high percentage of English language learners in Schuyler Community Schools and Columbus Public Schools and the concurrent high percentage of students receiving free and reduced lunches. Schuyler and Columbus are the largest school districts and also contain the majority of the Hispanic/Latino population in the East Central District. Compared to the state as a whole, there is a higher percentage of students receiving free and reduced lunches and a higher percentage of students who are English language learners. However, every school district is below the state average with regard to students receiving free and reduced lunch except for Schuyler and Columbus.

The graduation rate is calculated by dividing the number of high school diploma recipients by the total number of high school seniors plus dropouts. While the graduation rate for all East Central school districts appears to be incongruent with the percentage of individuals over 25 with no high school degree (see Figure 2.10 and Table 2.14 above), this is likely due to a large portion of the population being educated outside of the district and entering the county for employment opportunities (e.g., Hispanic immigrants).

Table 2.15	2010-2011 School Districts Data in the East Central Region[14]					
School District	**Free and Reduced Lunch**	**English Language Learners**	**Special Education**	**School Mobility Rate**	**Graduation Rate**	**Enrollment**
Boone Central Schools	34.9%	0.0%	13.6%	9.3%	94.4%	610
Cedar Rapids Public Schools	42.1%	0.0%	12.2%	8.4%	unavailable*	131
St. Edward Public Schools	36.5%	0.0%	15.8%	7.5%	80.0%	133
Clarkson Public Schools	28.7%	0.0%	18.2%	7.7%	unavailable*	174
Howells Public Schools	25.3%	2.7%	16.7%	8.0%	unavailable*	150
Leigh Community Schools	38.0%	0.0%	6.0%	8.7%	unavailable*	149
Schuyler Community Schools	72.7%	28.4%	9.5%	11.7%	91.7%	1,777
Fullerton Public Schools	37.9%	0.0%	11.7%	11.1%	unavailable*	325
Twin River Public Schools	32.2%	0.0%	13.3%	10.6%	unavailable*	503
Columbus Public Schools	46.7%	15.1%	16.9%	14.1%	88.2%	3,714
Humphrey Public Schools	33.6%	0.0%	12.2%	9.8%	unavailable*	250
Lakeview Community Schools	40.7%	12.1%	14.5%	12.3%	98.8%	734
East Central District Total	**48.9%**	**13.4%**	**14.2%**	**12.3%**	**90.8%**	**8,650**
State of Nebraska Total	**42.6%**	**6.7%**	**15.2%**	**12.1%**	**90.0%**	**298,177**

*Data not provided by the *Nebraska State of the Schools Report*

Access to Health Care

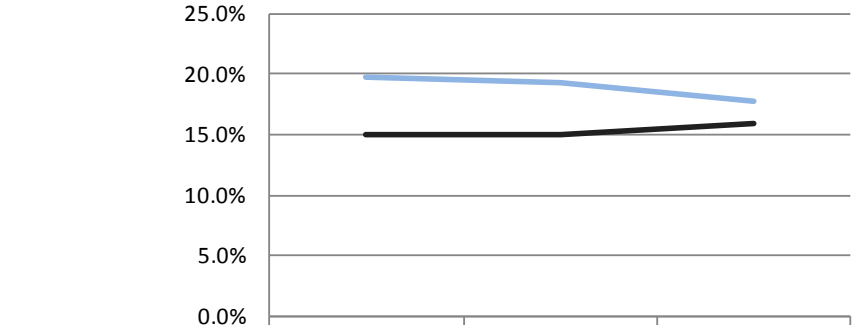
Health Resource Availability

Access to affordable health care and the long wait times for services were identified in the *Forces of Change Assessment* conducted by community agencies as factors that are or will be influencing the health and quality of life in the community and the work of the public health system.[12]

The following four graphs contain statistics on access to health care for the East Central District as a whole as compared to the state. County-level data was unavailable for these measures. The following data was taken from the Behavioral Risk Factors Survey (BRFS), but are cited under the *Community Health Assessment*, as they were included there as part of the larger data set.

Note: all health data are calculated based on the residence rather than the occurrence of treatment. Therefore, the data are not distorted by the location of treatment.

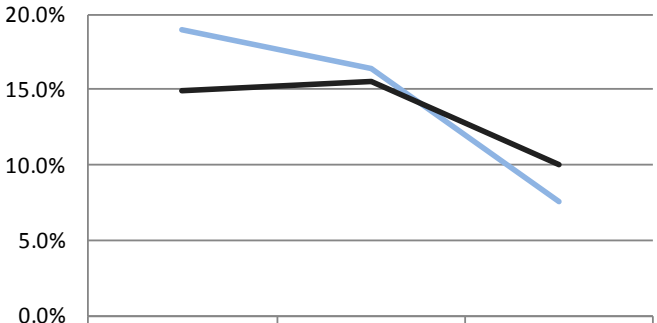
Figure 2.11: Percent of Population Ages 18-64 without Health Care Coverage[10]



	2007	2008	2009
East Central District	19.8%	19.3%	17.8%
Nebraska	15.0%	15.0%	15.9%

Compared to the rest of the state, there is a greater percentage of the 18-64 year old population in the East Central District that is without health care coverage. However, each year from 2007 to 2009, fewer residents were classified as not having access to health care.

Figure 2.12: Percent of Population without a Personal Health Care Provider[10]

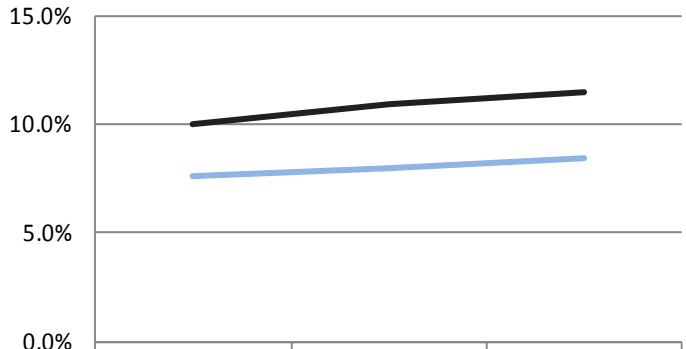


	2007	2008	2009
East Central District	19.0%	16.4%	7.6%
Nebraska	14.9%	15.5%	10.0%

In 2007 and 2008 the number of East Central District residents without a personal health care provider was higher than the state average. However, in 2009, the rate of individuals without a health care provider dropped drastically for both the state and the district, with the East Central District having a lower rate of residents without a personal health care provider.

In each consecutive year from 2007 to 2009 the percent of residents in both the East Central District and the state of Nebraska who were unable to see a doctor due to cost increased. The rate of those unable to see a doctor due to cost was consistently lower than the rate for the entire state.

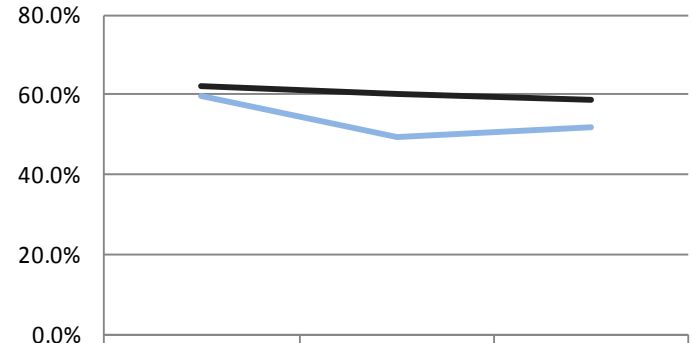
Figure 2.13: Percent of Residents Unable to See a Doctor due to Cost[10]



	2007	2008	2009
East Central District	7.6%	8.0%	8.4%
Nebraska	10.0%	10.9%	11.5%

Figure 2.14: Percent of Population Who Visited a Doctor in the Past 12 Months[10]

Residents in the East Central District consistently see a doctor less than the average for all of Nebraska.

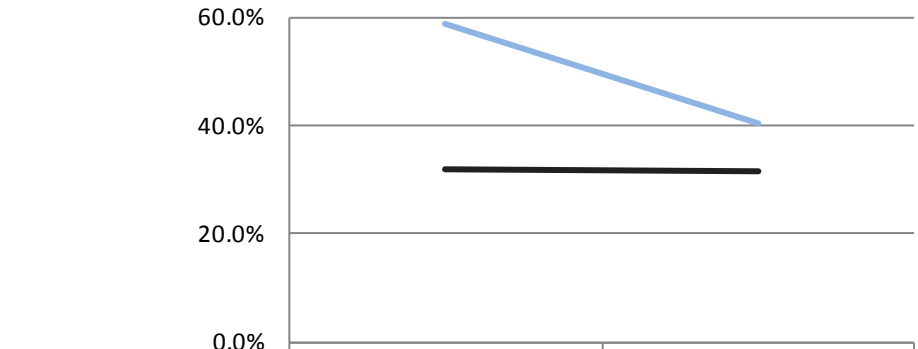


	2007	2008	2009
East Central District	59.9%	49.6%	52.0%
Nebraska	62.0%	60.2%	58.8%

Health Insurance

Compared to the state, the East Central district has a notably higher rate of residents without health insurance. However, there was a drastic decrease in individuals without health insurance from 2008 to 2009.

Figure 2.15: Percent of Population without Health Insurance[10]



	2008	2009
East Central District	58.6%	40.5%
Nebraska	31.9%	31.5%

Shortages in Health Professionals

As illustrated in Table 2.16 below, every county in the East Central District was designated as lacking in mental health professionals in 2008, highlighting the need for such services given the consideration that the Good Neighbor Center in Columbus receives a notably high percentage of mental health patients (see the "Resource Inventory" topic section in Section I above). Additionally, Nance County was designated as having a shortage in primary care professionals, and Colfax County in dental health professionals.

Table 2.16 Federally Designated Health Professional Shortages (2008)[10]

	Boone	Colfax	Nance	Platte	East Central
Primary Care			√		***partial***
Mental Health	√	√	√	√	√
Dental Health		√			***partial***

The state tracks a broader set of health professionals than the federal government. Every county was designated by the state in 2010 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. See Table 2.17 below.

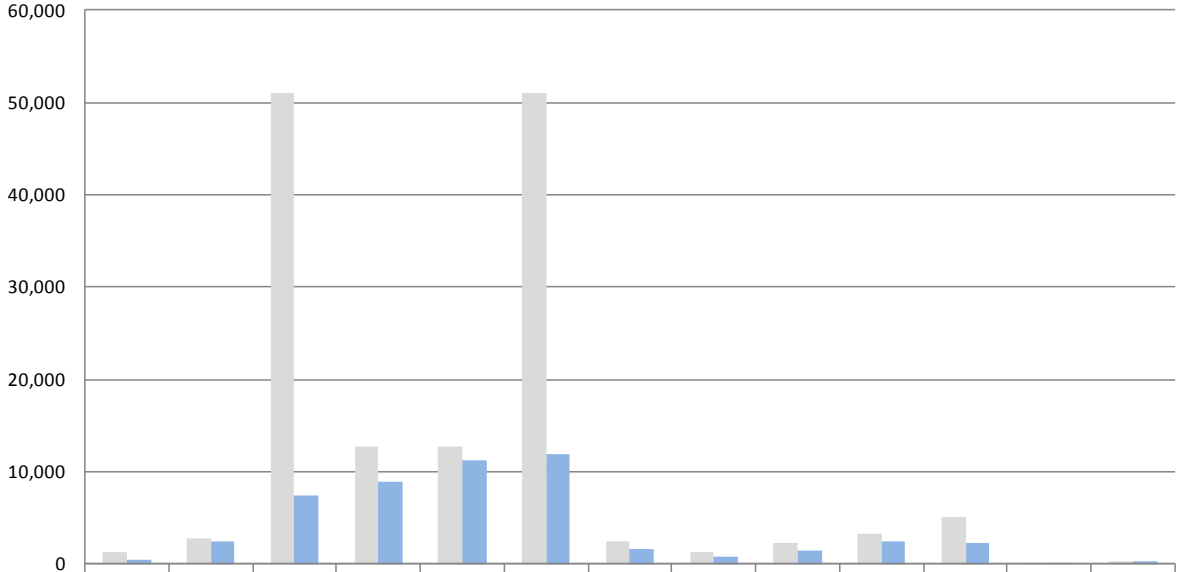
Table 2.17	State Designated Health Professional Shortages (2010)[10]				
	Boone	**Colfax**	**Nance**	**Platte**	**East Central**
Family Practice		√	√		***partial***
General Surgery			√	√	***partial***
Internal Medicine	√	√	√	√	√
Pediatrics		√	√	√	***partial***
Obstetrics/Gynecology	√	√	√		***partial***
Psychiatrics	√	√	√	√	√
Dental		*partial*	√		***partial***
Pharmacy		√	√		***partial***
Occupational Therapy		*partial*			***partial***
Physical Therapy					

Table 2.18 below contains data on the number of persons served per health professional. Areas that are blank indicate that there is no health professional in that county. Notably high numbers of persons are served by internal medicine and psychiatrists, followed by pediatrics and OB/GYN.

Table 2.18	Persons Served per Health Professional (2010)[10]				
	Boone	**Colfax**	**Nance**	**Platte**	**East Central**
Physicians	681	9,989	-	1,002	**1,245**
FM/GP	778	4,995	-	3,207	**2,687**
Internal Medicine	-	-	-	32,072	**51,057**
Pediatrics	5,446	-	-	10,691	**12,764**
OB/GYN	-	-	-	8,018	**12,764**
Psychiatrists	-	-	-	32,072	**51,057**
Dentists	1,815	4,995	3,350	2,138	**2,431**
Pharmacists	778	1,998	1,775	1,234	**1,276**
Physical Therapists	2,723	4,995	3,550	1,782	**2,220**
Physician Assistants	1,089	4,995	1,775	4,582	**3,191**
Nurse Practitioners	-	3,330	-	4,582	**5,106**
RNs	91	145	111	134	**127**
LPNs	127	217	127	229	**199**

As illustrated in Figure 2.16 below, in every health profession except for LPN, the East Central District has higher numbers of persons served per profession, confirming the high number of state and federal designations of health professional shortages.

Figure 2.16: Persons Served per Health Professional: District and State Comparisons[10]



	Phy-sicians	FM/GP	Internal Medicine	Pedia-trics	OB/GYN	Psychia-trists	Dentists	Pharma-cists	Physical Thera-pists	Physician Assist-ants	Nurse Practit-ioners	RNs	LPNs
East Central	1,245	2,687	51,057	12,764	12,764	51,057	2,431	1,276	2,220	3,191	5,106	127	199
Nebraska	441	2,440	7,339	8,962	11,217	11,811	1,520	842	1,426	2,417	2,319	80	263

Perceptions of Satisfaction with and Access to Health Service

Survey participants of the *2011 Community Health Survey* were asked to give their satisfaction with the health care system in their community. Respondents from Boone County had the highest level of satisfaction and respondents from Platte had the lowest, despite having the most health resources. See Table 2.19 below. There were 487 total survey participants, with a relatively low sample from Boone and Nance Counties. Therefore, the data should be interpreted cautiously.

The difference between the means for this survey item was statistically significant ($p<.05$) between Platte and all other Counties, and between Boone and all other counties. Statistical significance indicates that there is a real and verifiable difference between two groups. For example, though there is a difference between Hispanic and non-Hispanic survey participants for the survey item in Table 2.19 is not a statistical difference. On the other hand, the difference between Boone and Platte is statistically significant based the a statistical test known as ANOVA.

See Appendix A for a complete tabulation of the survey results. Note: the mean is calculated as the average response on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree.

Table 2.19	I am satisfied with the health care system in our community.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	1.8%	5.4%	64.3%	28.6%	***4.2***
Colfax	1.6%	9.7%	12.1%	55.6%	21.0%	***3.9***
Nance	0.0%	2.6%	12.8%	76.9%	7.7%	***3.9***
Platte	0.7%	16.4%	20.9%	52.6%	9.3%	***3.5***
Hispanic	1.9%	15.4%	16.3%	50.0%	16.3%	***3.6***
Non-Hispanic	0.5%	11.3%	16.6%	57.9%	13.7%	***3.7***
East Central	**0.8%**	**11.9%**	**16.2%**	**56.7%**	**14.4%**	***3.7***

The average survey participant of the *2011 Community Health Survey* agreed that he or she is able to get medical care whenever it is needed. Platte County had the highest percentages of participants that reported being unable to get medical care whenever they needed. Hispanics also reported being unable to get medical care at about double the rate of non-Hispanics (i.e., the percent who disagreed or strongly disagreed to the survey item). The difference between the means for this survey item was statistically significant ($p<.05$) between Platte and Boone Counties, Platte and Colfax Counties, and between Hispanic and non-Hispanic. See Table 2.20 below.

Table 2.20	I am able to get medical care whenever I need it.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	3.6%	7.1%	73.2%	16.1%	***4.0***
Colfax	1.6%	6.5%	14.6%	48.8%	28.5%	***4.0***
Nance	2.6%	5.3%	2.6%	81.6%	7.9%	***3.9***
Platte	0.7%	9.7%	13.1%	67.5%	9.0%	***3.7***
Hispanic	1.9%	12.5%	18.3%	51.0%	16.3%	***3.7***
Non-Hispanic	0.8%	6.7%	10.0%	68.2%	14.3%	***3.8***
East Central	**1.0%**	**7.8%**	**12.0%**	**64.5%**	**14.6%**	***3.8***

Survey participants of the *2011 Community Health Survey* from Nance County responded as having the poorest access to medical specialists, with over 40% disagreeing or strongly disagreeing to the statement: "I have easy access to the medical specialists that I need." This is likely due to the fact that Nance County is the smallest county in the district and has the fewest health professionals. The difference between the means for this survey item was statistically significant ($p<.05$) between Platte and each of the other three counties, and Nance and each of the other three counties. See Table 2.21 below.

Table 2.21	I have easy access to the medical specialists that I need.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	12.5%	10.7%	60.7%	16.1%	***3.8***
Colfax	1.6%	16.3%	9.8%	44.7%	27.6%	***3.8***
Nance	2.6%	38.5%	12.8%	41.0%	5.1%	***3.1***
Platte	1.9%	18.0%	22.6%	47.4%	10.2%	***3.5***
Hispanic	4.9%	22.5%	11.8%	40.2%	20.6%	***3.5***
Non-Hispanic	0.8%	17.7%	18.8%	49.2%	13.4%	***3.6***
East Central	**1.7%**	**18.6%**	**17.1%**	**47.7%**	**14.9%**	***3.6***

Platte County had the highest percentage of "Strongly Agree" responses among participants in the *2011 Community Health Survey* to the survey item: "Sometimes it is a problem for me to cover my share of the cost for a medical care visit." The Hispanic population also reported more difficulty in covering the cost of health care as compared to non-Hispanics. See Table 2.22 below.

Table 2.22	Sometimes it is a problem for me to cover my share of the cost for a medical care visit.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	9.1%	34.5%	21.8%	32.7%	1.8%	***2.8***
Colfax	9.8%	27.6%	16.3%	36.6%	9.8%	***3.1***
Nance	7.7%	30.8%	23.1%	35.9%	2.6%	***3.0***
Platte	5.6%	30.7%	21.3%	31.5%	10.9%	***3.1***
Hispanic	5.8%	20.4%	27.2%	36.9%	9.7%	***3.2***
Non-Hispanic	7.8%	32.6%	18.3%	32.3%	8.9%	***3.0***
East Central	**7.2%**	**30.4%**	**20.2%**	**33.3%**	**8.9%**	***3.1***

Compared to the rest of the state, East Central District participants of the *2011 Nebraska Community Themes and Strengths Assessment Survey* perceive that there are enough health care services in their *community* and *region* at a higher rate. There was also a notable difference between East Central participants and the rest of the state for the survey item: "The health care services that are available in your *region* are excellent," with a notably lower percentage of East Central participants disagreeing as compared to all participants from the state. However, in correspondence with the above data on health care professional shortages, East Central participants in the survey perceive that there are not enough medical specialists in their particular *community* at a greater rate than the state, yet the availability of health care specialists in the *region* (as opposed to community) is perceived as being slightly better than the response for all survey participants in the state. Lastly, almost none of the East Central survey participants disagreed that the health care provided in their *region* is excellent. There were 494 total survey participants for the *Nebraska Community Themes and Strengths Assessment Survey*. See Table 2.23 below.

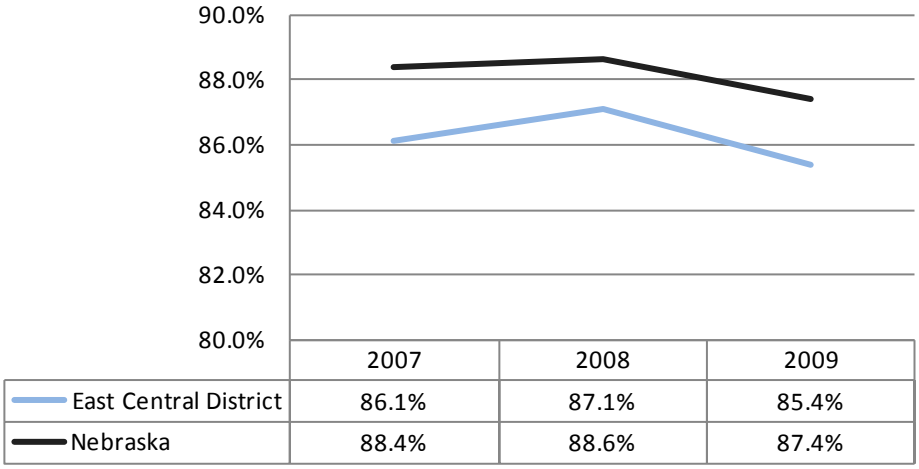
Table 2.23	Health Care Perceptions: *Nebraska Community Themes and Strengths Assessment* (2011)[16]	
	% Who Disagree	
	East Central	Nebraska
There are enough health care services, such as hospitals, emergency rooms, doctors' offices, health clinics, and so forth available in your *community.*	6.5%	9.1%
There are enough health care services, such as hospitals, emergency rooms, doctors' offices, health clinics, and so forth available in your *region.*	0.6%	4.2%
The health care services that are available in your *community* are excellent.	11.6%	12.2%
The health care services that are available in your *region* are excellent.	2.0%	6.3%
There are enough medical specialists in your *community.*	24.9%	20.8%
There are enough medical specialists in your *region.*	8.9%	10.6%
The hospital care being provided in your *community* is excellent.	16.3%	15.0%
The hospital care being provided in your *region* is excellent.	2.5%	7.0%

Quality of Life

Overall and Physical Health

Of the 20 health districts in Nebraska, the East Central District ranked 17th in the percentage of individuals reporting good to excellent health in 2009. Figure 2.17 below shows that with regard to general health, residents of the East Central District are below the state average. Data were not available at the county-level

Figure 2.17: Percent of Population Reporting Good to Excellent General Health[10]



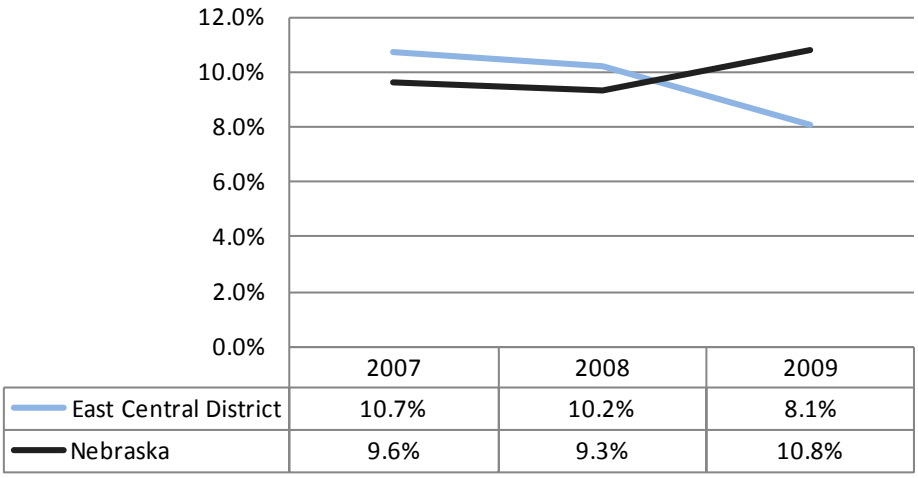
	2007	2008	2009
East Central District	86.1%	87.1%	85.4%
Nebraska	88.4%	88.6%	87.4%

As demonstrated in Table 2.24 below, minorities in the East Central District report good to excellent health at a lower rate than minorities in all of Nebraska. This health index for minorities was also substantially lower than for the general population (compare to Figure 2.17 above).

Table 2.24	Percent of Minorities with Good to Excellent General Health[10]	
Year	**East Central District**	**Nebraska**
2008	73.0%	74.8%
2009	60.3%	78.2%

In 2009 there was a noticeable improvement in the percentage of residents in the East Central District that reported having bad physical health in the past month. In 2007 and 2008 the East Central District had higher rates of bad health as compared to the state, but in 2009, the district had a lower percentage of individuals reporting bad physical health in the past 30 days as compared to the state. See Figure 2.18 below.

Figure 2.18: Percent of Residents with 10 or More Days in Last Month When Physical Health Was Bad[10]



	2007	2008	2009
East Central District	10.7%	10.2%	8.1%
Nebraska	9.6%	9.3%	10.8%

County Health Rankings

County Health Rankings provides health outcomes rankings at the county-level for every state in the country. Of the 93 counties in Nebraska, 75 were given health outcomes rankings. There are two primary sub-categories that comprise the outcomes ranking: mortality and morbidity. The county that is ranked 1st is considered the healthiest county in the state. Boone, Platte, and Colfax all ranked in the top third of the state. Platte and Colfax counties were in the top 25 for both mortality and morbidity. Boone ranked in the top 30 for mortality and top 15 for morbidity. Nance was in the bottom half of the rankings, largely because it ranked 52nd out of 75 for morbidity. See the graphic inset below. [17]

County Health Outcomes* Rankings
East Central District[17]

Platte	14th
Colfax	17th
Boone	20th
Nance	49th

A total of 75 counties were ranked

*Includes rankings on mortality and morbidity

County Health Rankings also provides rankings for health factors, which include health behaviors, clinical care, social and economic factors, and physical environment. Boone County ranked the highest in the district, largely because of top 10 (out of 75) rankings in the health behaviors and social and economic factors sub-rankings. Other noteworthy high rankings include a 4th place ranking for physical environment in Nance County and a 16th place ranking for social and economic factors in Platte County. The low ranking for Colfax is due to below 50 rankings for every theme except health behaviors. See the graphic inset below.

County Health Factors* Rankings
East Central District[17]

Boone	6th
Nance	13th
Platte	25th
Colfax	60th

A total of 75 counties were ranked

*Includes rankings on health behaviors, clinical care, social and economic factors, and physical environment

Perceptions of Quality of Life

As shown in Table 2.25 below, participants of the *2011 Community Health Survey* from Boone County had the highest perceptions of their community as being healthy. Hispanic participants also perceived their community as being healthier than did non-Hispanic participants. The difference between the means for this survey item was statistically significant ($p<.05$) between Boone and Colfax Counties, Boone and Platte Counties, and between Hispanics and non-Hispanics.

Table 2.25	How would you rate your community as a "Healthy Community?"[15]					
	Very Unhealthy	Unhealthy	Somewhat Unhealthy	Healthy	Very Healthy	*Mean (1-5 scale)*
Boone	0.0%	3.6%	14.3%	82.1%	0.0%	***3.8***
Colfax	1.6%	6.5%	38.7%	44.4%	8.9%	***3.5***
Nance	0.0%	2.6%	42.1%	52.6%	2.6%	***3.6***
Platte	0.8%	4.5%	41.7%	49.2%	3.8%	***3.5***
Hispanic	1.0%	1.9%	28.2%	54.4%	14.6%	***3.8***
Non-Hispanic	0.8%	5.4%	40.9%	51.2%	1.6%	***3.5***
East Central	**0.8%**	**4.8%**	**37.8%**	**52.1%**	**4.6%**	***3.6***

Survey participants of the *2011 Community Health Survey* from Boone and Nance Counties were most satisfied with the quality of life in their community, with Colfax County participants having the most negative response to the quality of life in their community. Though Hispanics had a much higher percentage of participants strongly agreeing that they were satisfied with the quality of life in their community, they also had more disagreeing and strongly disagreeing that they were satisfied with the quality of life in their community. The difference between the means for this survey item was statistically significant ($p<.05$) between Platte and all other counties and between Colfax all other counties. See Table 2.26 below.

Table 2.26	I am satisfied with the quality of life in our community (considering my sense of safety and well-being).[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	0.0%	1.8%	67.9%	30.4%	***4.3***
Colfax	3.2%	20.2%	16.1%	50.0%	10.5%	***3.4***
Nance	0.0%	2.6%	15.4%	51.3%	30.8%	***4.1***
Platte	0.4%	7.5%	25.8%	56.9%	9.4%	***3.7***
Hispanic	1.0%	7.8%	28.2%	49.5%	14.6%	***3.7***
Non-Hispanic	0.8%	5.4%	40.9%	51.2%	1.6%	***3.7***
East Central	**1.0%**	**9.5%**	**19.8%**	**56.0%**	**13.8%**	***3.7***

Compared to the rest of the state, East Central District survey participants in *the 2011 Nebraska Community Themes and Strengths Assessment* have more positive perceptions of overall health and quality of life. See Table 2.27 below.

Table 2.27	Perceptions of Quality of Life: *Nebraska Community Themes and Strengths Assessment* (2011)[16]	
	%	
	East Central	Nebraska
Feel that the overall health in their community is somewhat or very unhealthy.	10.6%	17.3%
Feel that the overall quality of life in their community is fair or poor.	8.0%	10.9%

Perceived Health Problems and Risky Behaviors

There were notable differences between counties and ethnicities for the *2011 Community Health Survey* item that asked participants to pick the three most important health problems. Boone and Nance Counties, which are predominately rural and aging, were more concerned with cancer, heart disease and stroke, and aging problems than Colfax and Platte, which, in turn, showed some of the similar concerns, but had a notably higher concern for teenage pregnancy than Boone and Nance. This is largely due the concern among the Hispanic population for teenage pregnancy (the Hispanic population being located primarily in Colfax and Platte Counties). The Hispanic population also had a greater concern for child abuse and neglect, which was less of an issue for the non-Hispanic group. Overall the top concern was cancer, followed by teenage pregnancy, and diabetes. See Table 2.28 below. For a complete breakdown of the results, with percentages of response, see the results of the *Community Health Survey* in Appendix A, survey item 10.

Table 2.28	Top Five Perceived Health Problems by County and Ethnicity[15]						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Cancer	Teenage Pregnancy	Cancer	Cancer	Teenage Pregnancy	Cancer	Cancer
2nd	Heart Disease and Stroke	Cancer	Heart Disease and Stroke	Diabetes	Diabetes	Heart Disease and Stroke	Teenage Pregnancy
3rd	Aging Problems	Diabetes	Aging Problems	Teen Pregnancy	Cancer	Aging Problems	Diabetes
4th	Affordable and Safe Housing	Aging Problems	Diabetes	Heart Disease and Stroke	Child Abuse/ Neglect	Diabetes	Aging Problems
5th	Diabetes	Heart Disease and Stroke	Affordable and Safe Housing	Aging Problems	High Blood Pressure	Teenage Pregnancy	Heart Disease and Stroke

The *Community Themes and Strengths Assessment Survey* asked participants to rate a list of themes, which were similar to the list that participants were given for the *Community Health Assessment.* The top five perceived health problems, beginning with the most important were cancer, overweight and obesity, diabetes, high blood pressure,

and heart disease.[16] Noteworthy is the insertion of the choice for "overweight and obesity," which was lacking from the *Community Health Assessment* rankings.

Survey participants of the *2011 Community Health Survey* were also asked to chose the three most important risky behaviors in their community. Alcohol and drug use were the top two overall responses, followed by being overweight. There was less variation across groups as compared to the selection of health problems. However, Hispanics perceived racism to be much more of a problem than did non-Hispanics. Tobacco use was also less of a concern for Hispanics. See Table 2.29 below. For a complete breakdown of the results, with percentages of response, see the results of the *Community Health Survey* in Appendix A, survey item 12.

Table 2.29 Top Five Perceived Risky Behaviors by County and Ethnicity[15]

	Boone	Colfax	Nance	Platte	Hispanic	Non-Hispanic	East Central
1st	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse
2nd	Being Overweight	Being Overweight	Tobacco Use	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse
3rd	Tobacco Use	Racism	Lack of Exercise	Being Overweight	Racism	Being Overweight	Being Overweight
4th	Lack of Exercise	Drug Abuse	Being Overweight	Tobacco Use	Being Overweight	Tobacco Use	Tobacco Use
5th	Not Using Seat Belts	Unsafe Sex	Not Using Seat Belts	Lack of Exercise	Lack of Exercise	Lack of Exercise	Lack of Exercise

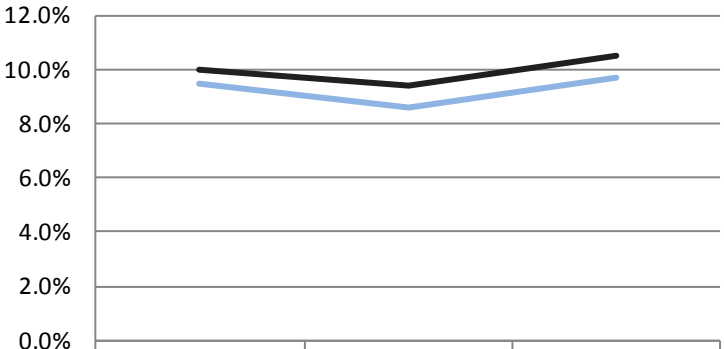
The top five perceived risky behaviors from the *Community Themes and Strengths Assessment Survey*, beginning with the most risky, were talking on a cell phone while driving, texting while driving, not enough exercise, poor eating habits, and alcohol abuse.[16] The options for responses were considerably different from the options on the *Community Health Survey.*

Mental Health

Compared to the rest of the state, residents of the East Central District reported slightly better mental health compared to the state average. However, as previously noted above in the "Resource Inventory" and "Access to Care" topic sections, the East Central District has a shortage in health care professionals and the Good Neighbor Community Health Center sees a high percentage of patients that have mental health issues ancillary to their reason for visiting the health clinic.

For each year from 2007 to 2009, the East Central District had a slightly lower percentage of individuals self-reporting having 10 or more days of bad mental health in the last month as compared to the state.

Figure 2.19: Percent of Population with 10 or More Days in Last Month When Mental Health Was Bad[10]



	2007	2008	2009
East Central District	9.5%	8.6%	9.7%
Nebraska	10.0%	9.4%	10.5%

As a district, East Central has less than half of the suicide mortalities and self-inflicted injury inpatient hospitalizations per 100,000 as compared to the whole of Nebraska. However, the rate of self-inflicted injury outpatient hospitalizations is faintly higher than the rate for all of Nebraska. Colfax and Nance Counties had a higher suicide mortality rate than the state and Platte County had a higher self-inflicted injury outpatient hospitalization rate than the rest of the state. See Table 2.30 below.

Table 2.30 Suicide and Self-Inflicted Hospitalization per 100,000[10]

	Boone	Colfax	Nance	Platte	East Central	Nebraska
Suicide Mortality (2005-2009)	5.6	9.6	14.2	2.8	**5.1**	**10.5**
Self-Inflicted Injury Outpatient Hospitalization (2007-2008)	54.0	16.1	60.9	100.7	**77.0**	**74.0**
Self-Inflicted Injury Inpatient Hospitalization (2007-2008)	8.6	16.1	20.1	32.0	**25.6**	**58.9**

The Youth Risk and Behaviors Survey (YRBS) contains questions pertaining to depression, thoughts of suicide, and suicide attempts. Results from 2001 and 2010 for the East Central District are displayed below with the 2010 results for the whole state of Nebraska to serve as comparison data. Data for individual counties were unavailable.

Compared to 2001, youth in grades 9-12 appear to be have better mental health outcomes on the YRBS. Also, compared to the 2010 averages for the state as a whole, there are lower rates of youth reporting depression and consideration of suicide, but higher rates of suicide attempts. See Table 2.31 below.

Table 2.31	Youth Depression and Suicide Statistics (9th-12th grade)[18,19]		
	East Central 2001	East Central 2010	Nebraska 2010
During past 12 months, felt hopeless and sad almost every day for two or more weeks in a row	20.3%	18.0%	21.0%
During past 12 months, seriously considered attempting suicide	17.0%	12.7%	14.1%
During past 12 months, attempted suicide	15.0%	11.2%	9.2%

Obesity and Physical Activity

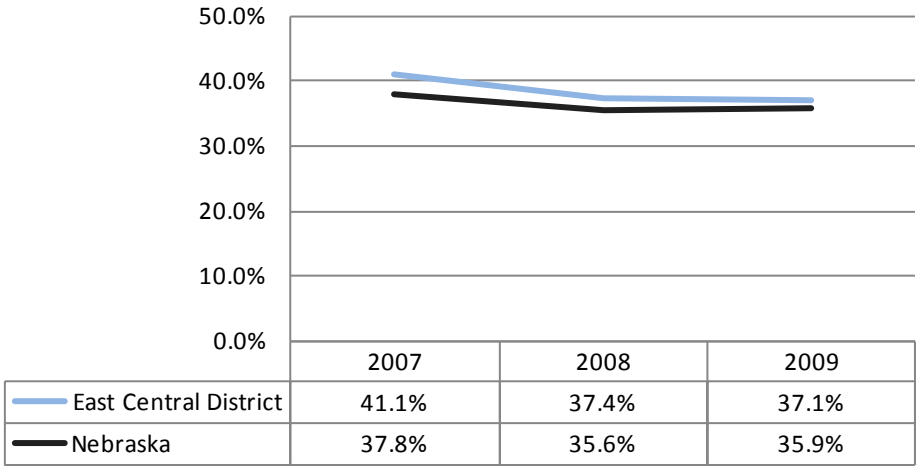
Obesity and the lack of physical activity has been an issue of public concern in recent years in the East Central District. In the *2008 Needs Assessment* conducted for Platte County, obesity was identified as a health and community safety challenge. A decrease in physical activity was noted, leading to childhood obesity.[20] In the five focus groups conducted in Platte, Colfax, and Nance Counties, some focus group participants noted that there are unhealthy lifestyles in their community and 20 of the 21 Hispanic focus group participants wanted to learn more about obesity. (see Appendices A for summaries of the focus groups).[21] As will be shown below, obesity affects the minority population in the district at very high rates.

Obesity was identified as an epidemic influencing the health and quality of life by the *Forces of Change Assessment,* citing the increase in fast food venues and the promotion of junk food.[12] In October 2011 an Obesity Summit was held in Columbus with the goal to mobilize the district towards effective ways of addressing the problem of obesity. Poverty, the convenience of unhealthy foods, and social/cultural norms were identified as some of the factors leading to obesity. Healthy lifestyle strategies were identified both for the youth and adult population.[22]

Obese and Overweight Population

The three figures below contain statistics for the prevalence of the overweight and obese population. Data were unavailable at the county-level. As is evident, the East Central District as a whole is more overweight and more obese than the state average. Overweight is defined as a body mass index (BMI) of 25.0 to 29.9. The data were culled from *BRFS* and included in the *Community Health Assessment.* See Figure 2.20 below.

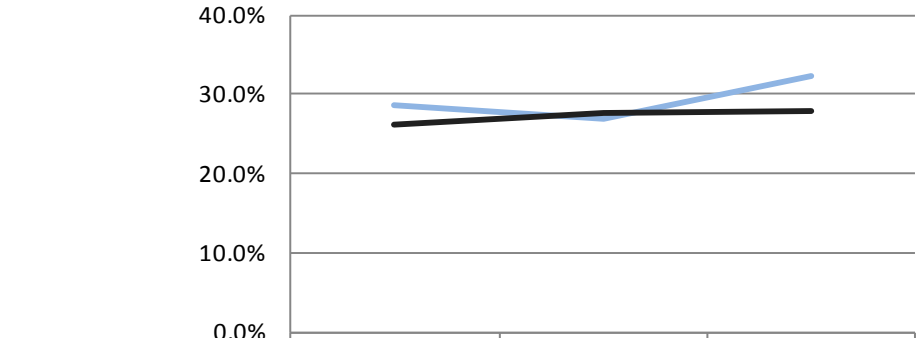
Figure 2.20: Percent of Population Identified As Overweight[10]



	2007	2008	2009
East Central District	41.1%	37.4%	37.1%
Nebraska	37.8%	35.6%	35.9%

Obesity in defined as a BMI of over 30.0. Noteworthy is the increase in obesity rates from 2008 to 2009. In years prior, the East Central District had rates of obesity that were more near the state average as compared to 2009, when the East Central District had rates of obesity that were clearly higher than the state. See Figure 2.21 below.

Figure 2.21: Percent of Population Identified As Obese[10]



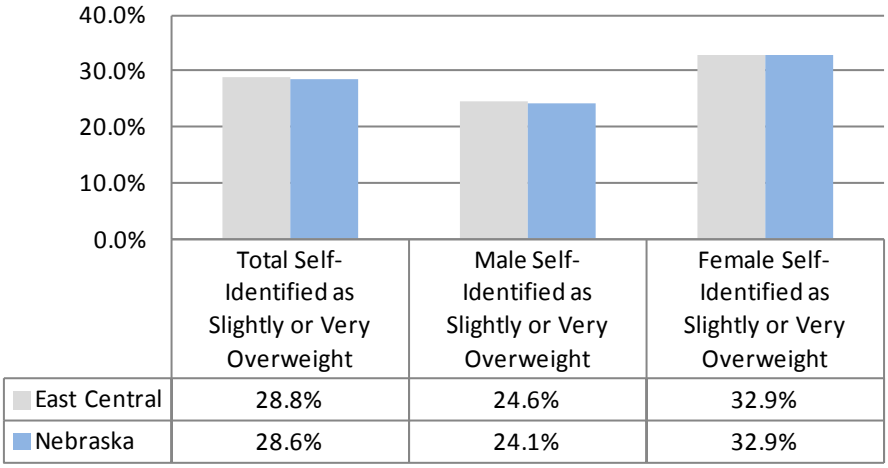
	2007	2008	2009
East Central District	28.7%	27.0%	32.3%
Nebraska	26.1%	27.7%	27.9%

Minorities in the East Central District have higher rates of obesity than minorities in the State of Nebraska. However, there was a noticeable improvement in both the district and the state as a whole from 2008 to 2009 (see Table 2.32 below). Minorities are also more likely to be obese than the general population (compare to Figure 2.21 above).

Table 2.32	Percent of Minorities Identified As Obese[10]	
Year	**East Central**	**Nebraska**
2008	40.8%	37.3%
2009	34.8%	32.7%

Compared to the rest of the state, in 2010 the same percentage of youth in the East Central District in grades 9-12 identified themselves as slightly or very overweight. As a general rule, girls were more likely to identify themselves as being overweight than boys. See Figure 2.22 below.

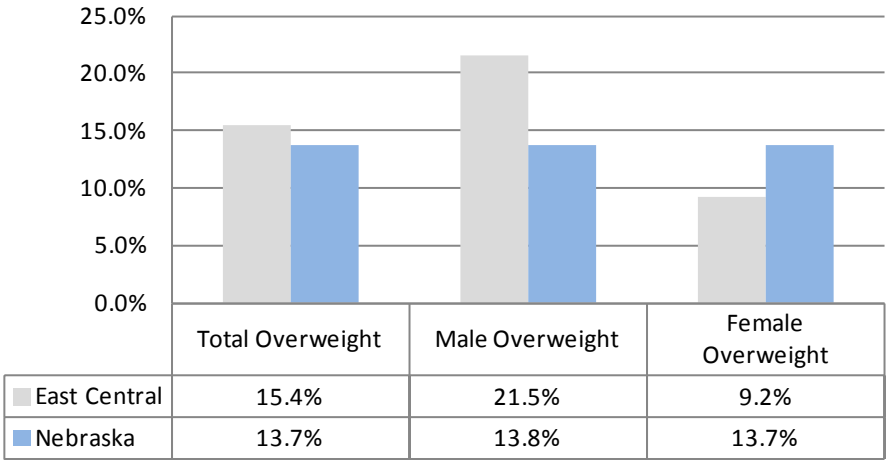
Figure 2.22: Percent of Youth Self-Identified as Slightly or Very Overweight[19]



	Total Self-Identified as Slightly or Very Overweight	Male Self-Identified as Slightly or Very Overweight	Female Self-Identified as Slightly or Very Overweight
East Central	28.8%	24.6%	32.9%
Nebraska	28.6%	24.1%	32.9%

Though there was little difference between state and district in the self-identification of being overweight, results from the YRBS show that the youth of the East Central District are slightly more overweight than the state average. In particular, the male age group in grades 9-12 is substantially more overweight than the male population for the entire of the state, while the female population has a lower percentage of its population identified as overweight as compared to the female population for the entire state. These statistics were gathered using the height and weight provided by students on the YRBS and thence calculating the body mass index (BMI). Data were unavailable at the county-level. See Figure 2.23.

Figure 2.23: Percent of Youth *Actually* Overweight[19]



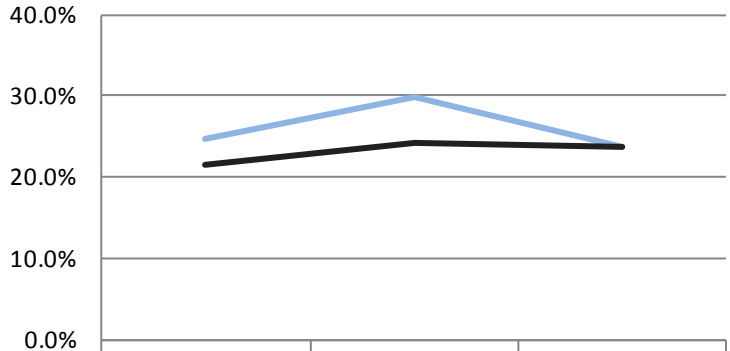
	Total Overweight	Male Overweight	Female Overweight
East Central	15.4%	21.5%	9.2%
Nebraska	13.7%	13.8%	13.7%

Physical Activity

Compared to the rest of the state, adults in the East Central District have less leisure time devoted to physical activity and participate less in vigorous physical activity. See Figures 2.24 and 2.25 below. Data for the following two figures were provided by *BRFS* and were unavailable at the county-level.

Figure 2.24: Percent of Population With No Leisure Time Devoted to Physical Activity[10]

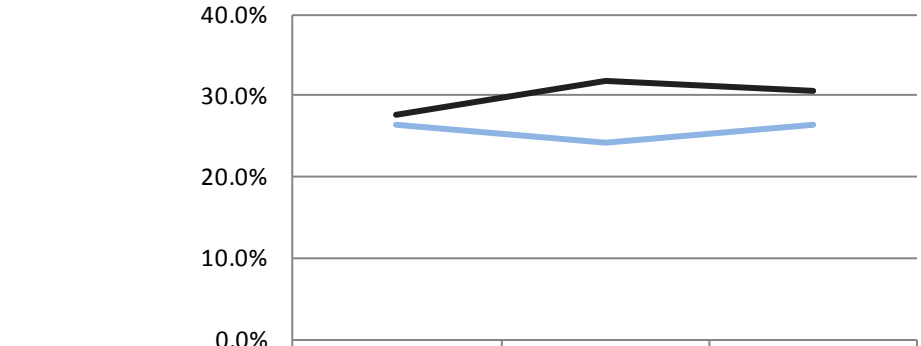
As seen in the figure on the right, residents in the East Central District tend to devote less of their leisure time to physical activity. However, in 2009 the state and district statistics were even.



	2007	2008	2009
East Central District	24.8%	29.9%	23.7%
Nebraska	21.6%	24.3%	23.7%

Figure 2.25: Percent of Population Participating in Regular Vigorous Physical Activity[10]

Residents of the East Central district devote less time to vigorous physical activity as compared to the state as a whole, as shown in the figure to the right.



	2005	2007	2009
East Central District	26.4%	24.1%	26.4%
Nebraska	27.6%	31.8%	30.7%

Youth in grades 9-12 in the East Central District are less physically active than the rest of their peers in the state, as shown by the fact that more youth were active for no days in the past seven preceding the administration of the 2010 YRBS and fewer were active for all seven of the past seven days. See Table 2.33 below.

Table 2.33	Number of Days Youth Were Physically Active for a Total of At Least 60 Minutes Per Day[19]	
	East Central	**Nebraska**
0 days	13.0%	10.2%
1 day	8.3%	7.6%
2 days	7.1%	7.8%
3 days	8.7%	11.6%
4 days	9.0%	9.2%
5 days	16.6%	15.1%
6 days	11.5%	10.8%
7 days	25.9%	27.8%

Availability of Recreation Activities

Survey participants of the *2011 Community Health Survey* were overall neutral to the survey item: "There are plenty of recreation opportunities for children in my community." Participants from Colfax County had the highest rate of disagree or strongly disagree responses among the four counties. Hispanics also disagreed more than non-Hispanics. The difference between the means for this survey item was statistically significant ($p<.05$) between Hispanics and non-Hispanics, between Colfax and all other counties, and between Boone and Platte. See Table 2.34 below.

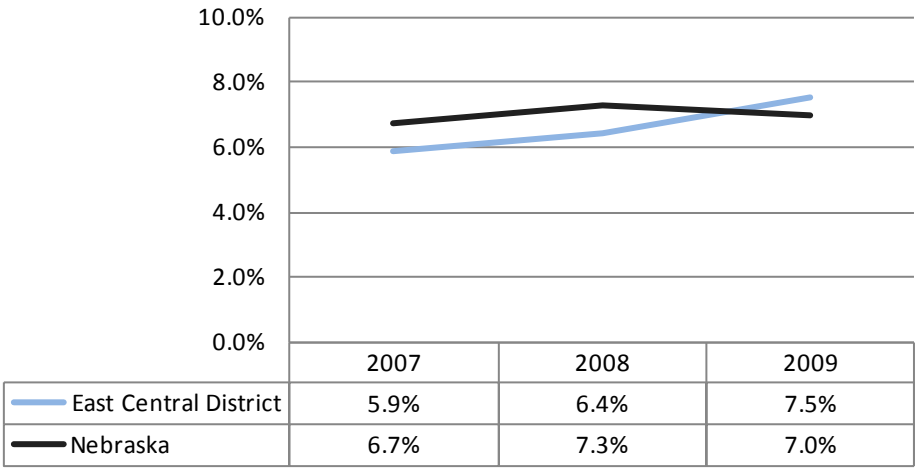
Table 2.34	There are plenty of recreation opportunities for children in my community.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	24.1%	16.7%	55.6%	3.7%	***3.4***
Colfax	11.3%	32.3%	21.0%	31.5%	4.0%	***2.9***
Nance	0.0%	26.3%	21.1%	52.6%	0.0%	***3.3***
Platte	4.5%	25.6%	30.5%	35.3%	4.1%	***3.1***
Hispanic	10.7%	30.1%	29.1%	21.4%	8.7%	***2.9***
Non-Hispanic	4.1%	26.6%	24.9%	42.0%	2.4%	***3.1***
East Central	**5.4%**	**27.2%**	**25.7%**	**38.0%**	**3.7%**	***3.1***

Diabetes

Though the East Central District has a higher percentage of its population that is overweight and obese than the state, the prevalence of diabetes is only slightly higher than the state and the rate of diabetes related deaths is lower than the state for the entire district. However, the prevalence of diabetes does appear to be on the rise. Moreover, given that the youth population in the district is more overweight than the state and given that the minority population, which is also younger than the rest of the population, has very high rates of obesity, it is highly possible that diabetes will be a greater issue in the near future. Participants in the Hispanic focus group seemed to be aware of this issue, as 17 of the 21 participants expressed an interest in learning more about diabetes.[21]

Figure 2.26: Prevalence of Diabetes among Adults[10]

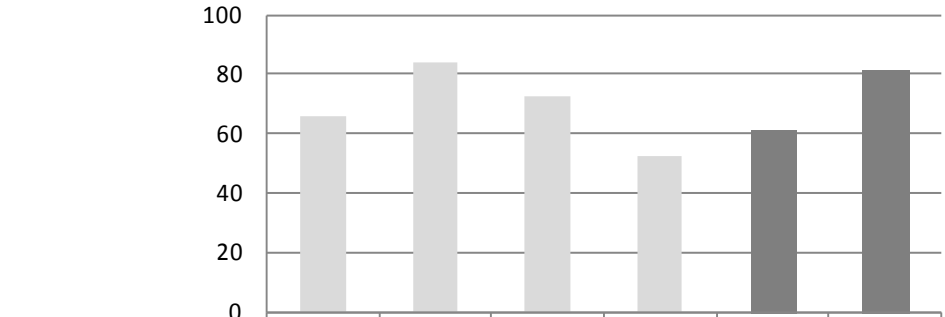
The prevalence of diabetes among the adult population in the East Central District has risen each consecutive year from 2007 to 2009. In 2009 the rate of adults with diabetes surpassed that of the state. County-level data were unavailable.



	2007	2008	2009
East Central District	5.9%	6.4%	7.5%
Nebraska	6.7%	7.3%	7.0%

Figure 2.27: Diabetes Related Deaths per 100,000 (2005-2009)[10]

Diabetes related deaths occur at a rate lower than the state average in every county in the East Central District except for Colfax, which is slightly above the state average. Comparison data are shaded differently.



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Diabetes Related Deaths per 100,000	65.80	84.00	72.60	52.60	61.40	81.20

Teen Pregnancy and Sexual Activity

Teen pregnancy was identified as an issue in the community both in the *Forces of Change Assessment* and in the f*ive focus groups* conducted in 2011. Participants in the Hispanic focus group perceived that there are more teen pregnancies occurring and at the same time feel there is less family support for pregnant young women. As shall be shown below, teen pregnancy is substantially higher among the Hispanic population as compared to the Caucasian population. Participants in other focus groups felt strongly that teen pregnancy was an important issue that needed to be addressed through education.[21]

The *Forces of Change Assessment* identified the increase in teen pregnancy and a breakdown in the traditional family unit as factors influencing the health and quality of life in the community.[12]

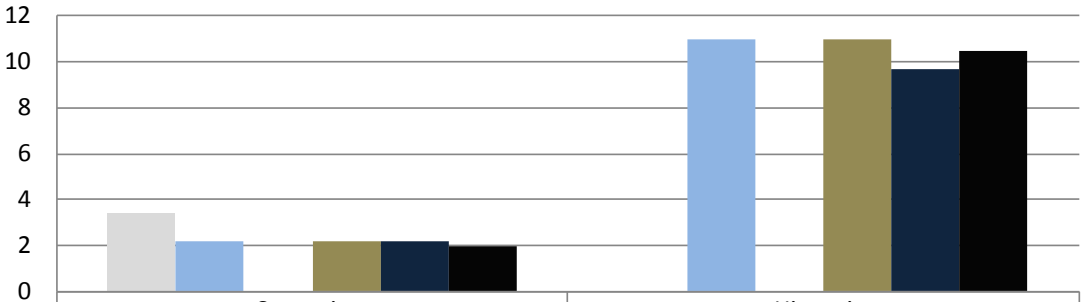
Births to Teenage Mothers

Colfax and Platte Counties are marked with high rates of teen births, both of which exceed the state average. Though teen births are relatively lower in Boone and Nance Counties, the district as a whole has rates of births to teen mothers are higher than the state average due to the high rates in Colfax and Platte. See Table 2.35 below.

Table 2.35	Teen Births as Percent of Total Births (2005-2009)[10]		
	Total Live Births	**Number of Teen Births**	**Teen Births as % of Total Live Births**
Boone	298	20	6.7%
Colfax	1,046	140	13.4%
Nance	206	6	2.9%
Platte	2,427	247	10.2%
East Central	**3,977**	**413**	**10.4%**
Nebraska Total	**133,723**	**11,165**	**8.4%**

Teen births per 1,000 population are contained below for the Caucasian and Hispanic population for mothers ages 13-15. As can be seen, the Hispanic population has rates of teen births for the 13-15 year old population that are close to five times higher than the Caucasian population. For the East Central District as a whole, the rate of teen births for the 13-15 year old population is comparable to that of the state. There were insufficient populations for other racial/ethnic categories to be included in Figure 2.28 below.

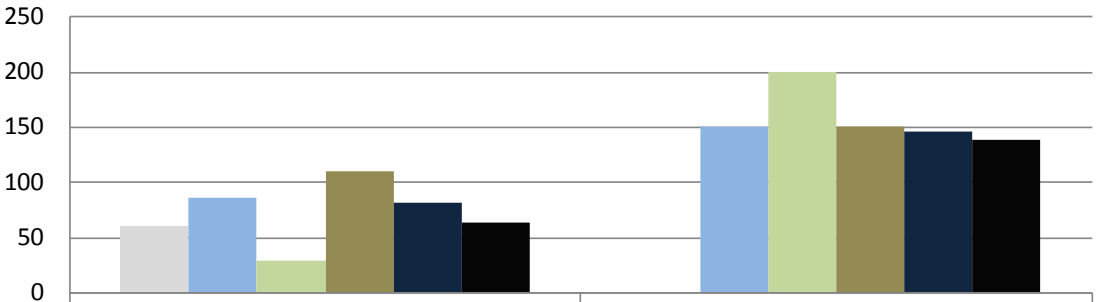
Figure 2.28: Births to Mothers Ages 13-15 per 1,000 Population by Caucasian and Hispanic 2005-2009[10]



	Caucasian	Hispanic
Boone	3.4	0
Colfax	2.2	11.0
Nance	0	0
Platte	2.2	11.0
East Central	2.2	9.7
Nebraska	2	10.5

Teen births per 1,000 population are contained below for the Caucasian and Hispanic population for mothers ages 16-19. Hispanic births to mothers ages 16-19 are nearly double those for Caucasian mothers for the East Central District. The rate of teen births for the 16-19 population is higher in the East Central District compared to Nebraska. Again, there were insufficient populations for other racial/ethnic categories to be included in Figure 2.29 below.

Figure 2.29: Births to Mothers Ages 16-19 per 1,000 Population by Caucasian and Hispanic 2005-2009[10]



	Caucasian	Hispanic
Boone	60.8	0
Colfax	85.7	149.9
Nance	29.3	200.0
Platte	110.2	149.9
East Central	82.1	145.6
Nebraska	62.9	138.9

Teen Sexual Activity

Compared to 2001, youth in grades 9-12 in the East Central District were more sexually active in 2010. From 2001 to 2010, notably more 10th, 11th, and 12th graders reported sexual activity. Youth in the East Central District in 2010 were also 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 11th and 12th graders, but 9th and 10th graders in the East Central District were more sexually active than the state average. See Table 2.36 below. County-level data were unavailable for all sexual activity statistics.

Table 2.36 Percent of Teens Sexually Active 2001 and 2010 Comparisons[18,19]

	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%**
Nebraska 2010	17.2%	31.9%	47.7%	51.4%	**34.9%**

As youth in grades 9-12 in the East Central District were more sexually active in 2010 as compared to 2001, of those teens that are sexually active, more report having had sexual intercourse with more than one person in 2010 as compared to 2001. These rates of sexual activity with multiple partners in 2010 were comparable to those of the state. See Table 2.37 below.

Table 2.37	Percent of Sexually Active Teens That Have Had Sexual Intercourse with More Than One Person in Their Life, 2001 and 2010 Comparisons[18,19]				
	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%**
Nebraska 2010	53.8%	51.4%	62.9%	64.5%	**59.8%**

Whereas female youth in the East Central District have rates of sexual activity comparable to the state average, males in the East Central District have higher rates of sexual activity than the state average. Most notably, in 2010, 63.0% of males in the East Central District reported having sexual intercourse. East Central District 11th grade females were also notably sexually active, with 51.8% reporting having had sexual intercourse. See Table 2.38 below.

Table 2.38	Percent of Teens Sexually Active by Gender (2010)[19]				
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District Males	20.0%	46.5%	47.9%	63.0%	**40.7%**
Nebraska Males	15.7%	30.6%	50.1%	50.4%	**35.0%**
East Central District Females	19.4%	28.8%	51.8%	44.3%	**35.5%**
Nebraska Females	18.8%	33.0%	44.8%	52.6%	**35.0%**

Of youth in grades 9-12 in the East Central District that were sexually active in 2010, 13.0% used no method to prevent pregnancy, 6.9% used withdrawal, and 3.4% were not sure. Condoms were the most commonly used method, with 55.3% reporting having used condoms. See Table 2.39 below.

Table 2.39	Method Used to Prevent Pregnancy (2010)[19]
Condoms	55.3%
Birth Control Pills	16.0%
No Method Used to Prevent Pregnancy	13.0%
Withdrawal	6.9%
Not Sure	3.4%
Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD	3.1%
Some Other Method	2.3%

Forced Sexual Intercourse

From 2001 to 2010 the percentage of East Central youth who report being physically forced to have sexual intercourse almost doubled. Compared to the 2010 state average, the East Central District has a higher rate of youth reporting being forced to have sexual intercourse - a rate that is about one and a half times higher than the state. See Table 2.40 below.

Table 2.40 Percent of Teens Physically Forced to Have Sexual Intercourse, 2001 and 2010 Comparisons[18,19]

	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%**
Nebraska 2010	6.3%	6.6%	7.9%	10.0%	**7.5%**

For the state as a whole, females are much more likely to be physically forced to have sexual intercourse than males. In the East Central District a notably higher percentage of males and females report being physically forced to have sexual intercourse as compared to all males and females in the state. See Table 2.41 below.

Table 2.41 Percent of Teens Physically Forced to Have Sexual Intercourse by Gender (2010)[19]

	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District Males	5.7%	6.8%	10.9%	9.3%	**8.1%**
Nebraska Males	4.9%	3.5%	7.0%	4.3%	**5.2%**
East Central District Females	11.6%	8.3%	15.3%	13.4%	**12.6%**
Nebraska Females	7.7%	10.0%	8.4%	14.9%	**9.4%**

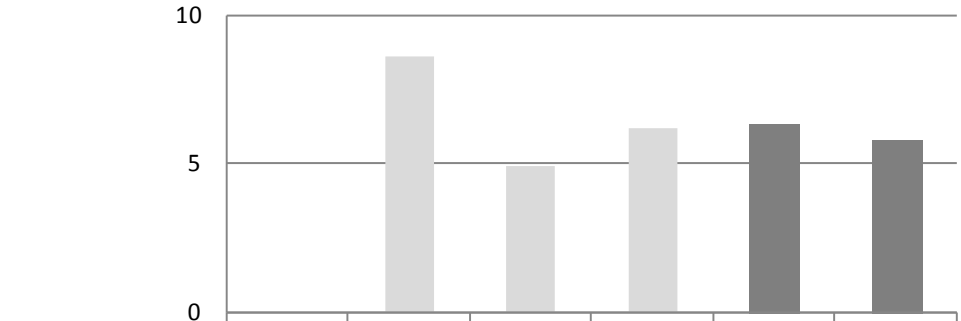
Newborn Child Health

For the following two graphs, and others of the same format. District and state level data are shaded differently in the graphs to show that they are the comparison for the county-level data.

Infant Mortality

Figure 2.30: Infant Mortality per 1,000 Live Births (2005-2009)[10]

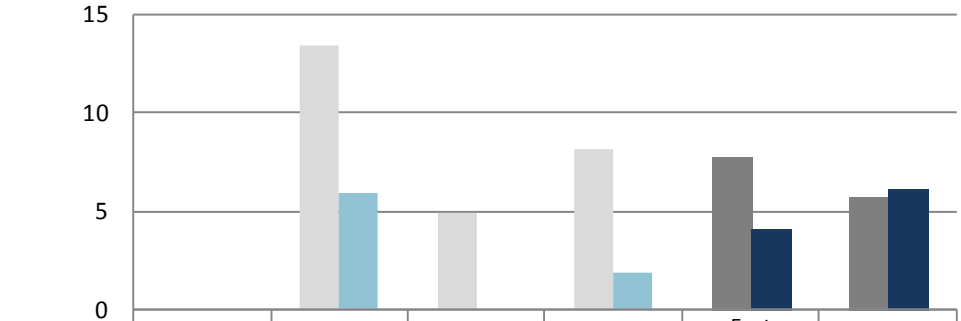
Compared to the rest of the state, the East Central District has a higher rate of infant mortality, largely due to the high rate in Colfax County.



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Infant Mortality per 1,000 Live Births	0	8.6	4.9	6.2	6.3	5.8

Figure 2.31: Infant Mortality per 1,000 Live Births by Caucasian and Hispanic (2005-2009)[10]

Caucasians have a higher rate of infant mortality than Hispanics in the East Central District. Hispanics in the East Central District have a lower rate of infant mortality than the state average for both Caucasians and Hispanics.

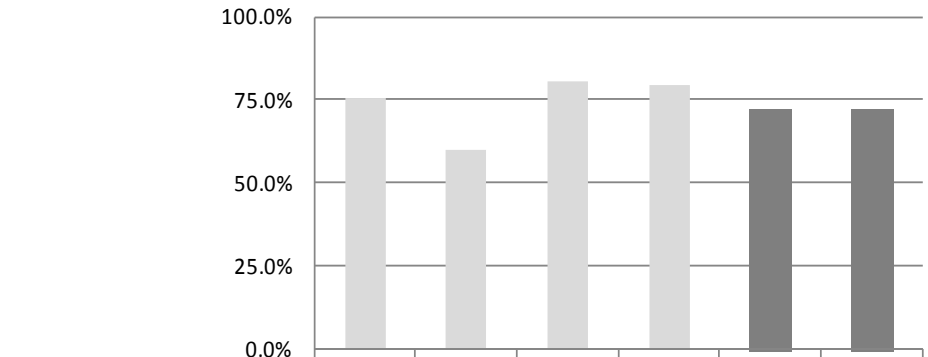


	Boone	Colfax	Nance	Platte	East Central	Nebraska
Caucasian	0	13.4	4.9	8.1	7.7	5.7
Hispanic	0	5.9	0	1.9	4.1	6.1

First Trimester Prenatal Care

As a whole, pregnant women in the East Central District receive first trimester prenatal care at a rate similar to the state. However, women in Colfax County receive first trimester prenatal care at a much lower rate. This is due to the high percentage of Hispanics in the County (see below)

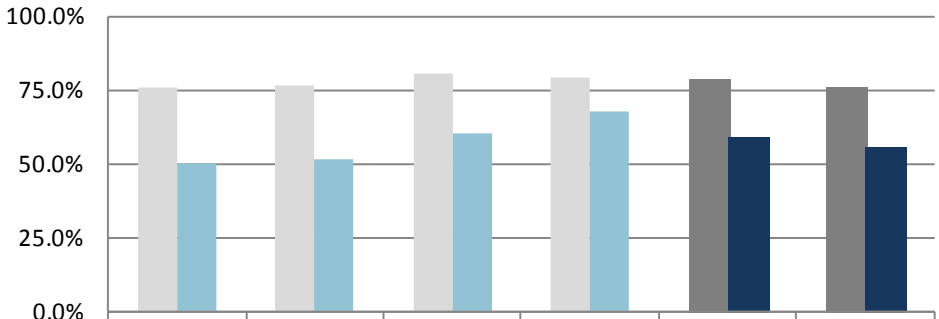
Figure 2.32: Percent of Births Receiving First Trimester Prenatal Care (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
1st Trimester Prenatal Care Rate	75.5%	59.9%	80.6%	79.4%	72.2%	72.0%

Hispanic women in the East Central District receive first trimester prenatal care at a much lower rate than Caucasian women. However, a slightly higher percentage of East Central Hispanic women receive first trimester prenatal care as compared to all Hispanic women in the state.

Figure 2.33: Percent of Births Receiving First Trimester Prenatal Care by Caucasian and Hispanic (2005-2009)[10]

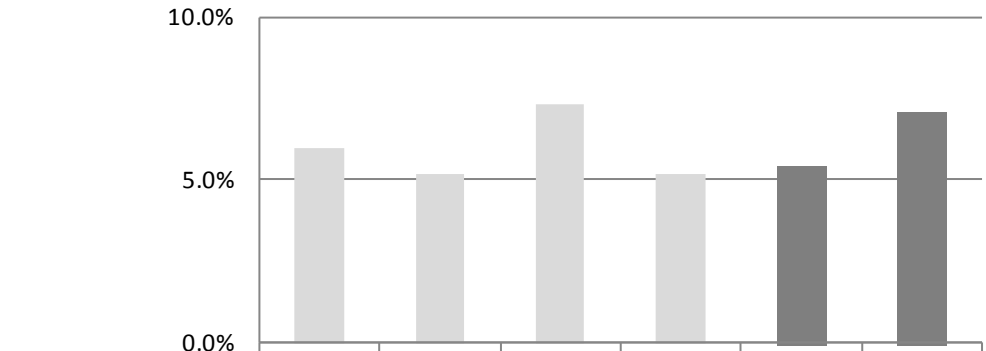


	Boone	Colfax	Nance	Platte	East Central	Nebraska
Caucasian	76.0%	76.3%	80.5%	79.4%	78.7%	76.0%
Hispanic	50.0%	51.8%	60.0%	67.4%	58.8%	55.9%

Low Birth Weight

Compared to the state, the East Central District as a whole has a lower rate of low birth weight newborns. Nance County stands out as having the highest rate of low birth weight newborns in the district.

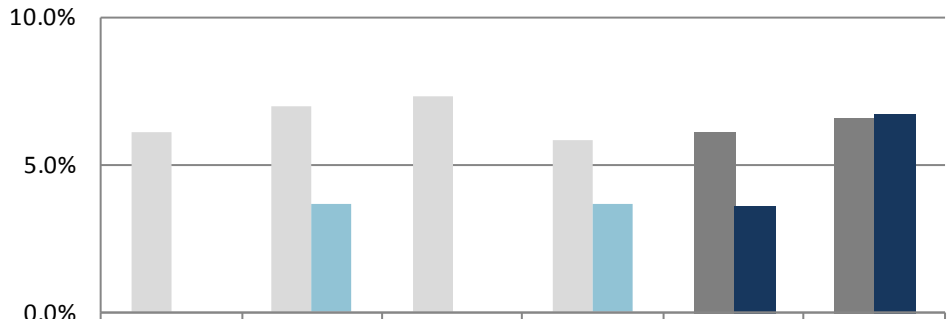
Figure 2.34: Percent of Newborns with Low Birth Weight (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Low Birth Weight Rate	6.0%	5.2%	7.3%	5.2%	5.4%	7.1%

Hispanics in the East Central District have a lower incidence of low birth weight newborns than do Caucasians. Hispanics in the district also have a lower rate of low birth weight newborns than Hispanics in the state as a whole.

Figure 2.35: Percent of Newborns with Low Birth Weight by Caucasian and Hispanic (2005-2009)[10]

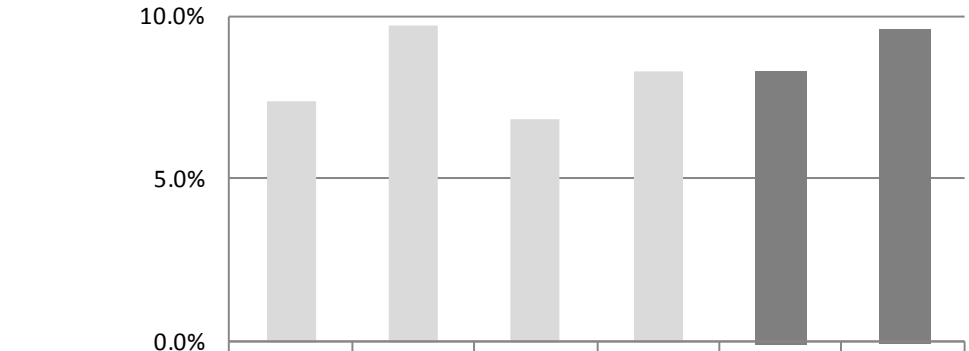


	Boone	Colfax	Nance	Platte	East Central	Nebraska
Caucasian	6.1%	7.0%	7.3%	5.8%	6.1%	6.6%
Hispanic	0.0%	3.7%	0.0%	3.7%	3.6%	6.7%

Pre-Term Birth

The rate of newborns that are born before the full term in the East Central District is lower than the state average. Colfax County had the highest rate of pre-term births in the district.

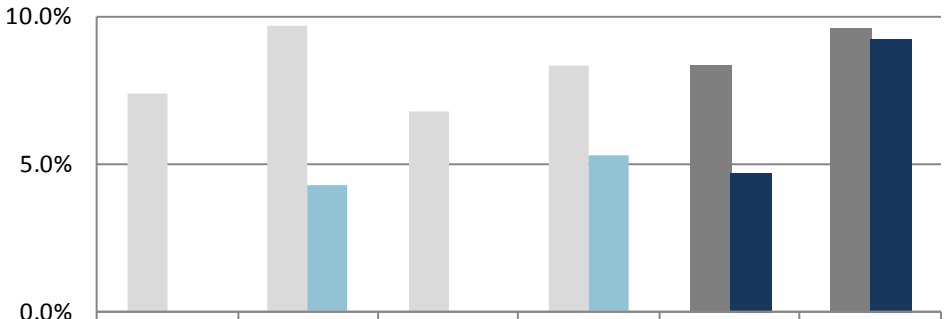
Figure 2.36: Pre-Term Birth Rate(2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Pre-Term Birth Rate	7.4%	9.7%	6.8%	8.3%	8.3%	9.6%

The pre-term birth rate for Hispanics is notably lower than that for Caucasians in the East Central District. Hispanics in the district also have a lower rate of pre-term births than Hispanics in the state as a whole.

Figure 2.37: Pre-Term Birth Rate(2005-2009)[10]

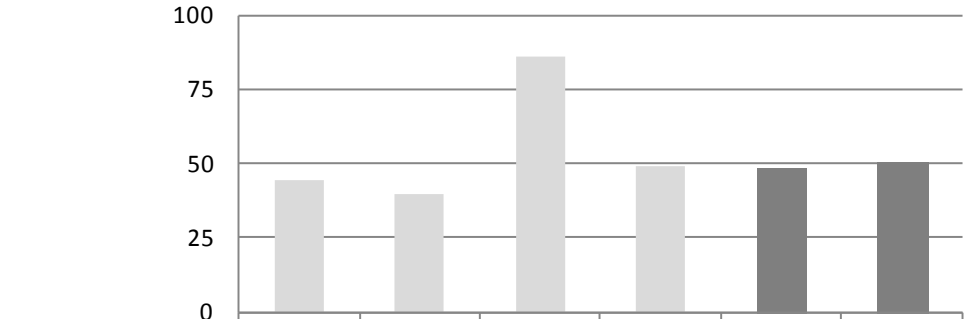


	Boone	Colfax	Nance	Platte	East Central	Nebraska
Caucasian	7.4%	9.7%	6.8%	8.3%	8.3%	9.6%
Hispanic	0.0%	4.3%	0.0%	5.3%	4.7%	9.2%

Birth Defects

Figure 2.38: Birth Defects per 1,000 Live Births (2004-2008)[10]

The rate of birth defects is lower than the state average in all of the counties in the East Central Region except for Nance, which has a notably high rate of birth defects.



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Birth Defect Rate per 1,000 Live Births	44.4	39.7	86.1	48.8	48.1	50.2

Environmental Health Indicators

Nitrate Levels in the Community Water System

High levels of nitrates have been found to be a problem in groundwater, especially in Nebraska where 80% of drinking water comes from groundwater. Nitrates have been found to occur at high frequency in private wells and small community water systems. The role of human activity in introducing nitrates into the groundwater is significant. Sources of nitrate pollution include fertilizer, animal waste (primarily from livestock), waste lagoon sludge, septic systems, and nitrogen-bearing minerals.[23]

Nitrates in water are known to cause a potentially fatal disease in infants known as methemoglobinemia or "blue baby syndrome," which inhibits the blood's ability to carry oxygen. High nitrates levels in water have also been found to lead to cancer. Due to these risks, the Environmental Protection Agency (EPA) has set the Maximum Contaminant Level (MCL) of nitrates in drinking water at 10 mg/L (or 10 parts per million) for the safety of drinking water. [23]

Table 2.42 below contains the levels of nitrate (mg/L) for each of the counties in the East Central District. Colfax County has a notably higher level of nitrates in the water compared to the district and the state as a whole. Though these rates are high, they are still within EPA regulations. Colfax County also has a high rate of infant mortality, primarily among the Caucasian population; Platte County also has an elevated level of infant mortalities among the Caucasian population.

Table 2.42	Nitrate Levels in the Community Water System (mg/L)[10]				
Boone	**Colfax**	**Nance**	**Platte**	**East Central**	**Nebraska**
2.2	7.4	3.7	1.1	**2.8**	**2.9**

Further research conducted by experts is needed to ascertain the cause of high infant mortality among the Caucasian population in Colfax and Platte Counties (see Figure 2.31 above). But, if there is a high number of Caucasians drinking from private wells in rural areas, the level of nitrates in these wells may well exceed the high levels of nitrates in the community water system. Whether there is a connection or not between nitrate levels in the water and infant mortality, the high levels of nitrates in Colfax County is enough to warrant some concern. Further, the high rates of infant mortality among the Caucasian population in Colfax and Platte Counties is likely not due to a lack of prenatal care. See figure 2.33 above.

Colfax County also had has incidents of and deaths due to colorectal cancer, prostate cancer, and leukemia which may or may not be linked to water quality (see the "Incidence of and Deaths Due to Cancer" topic section below).

Population Served by Community Water

Community agencies participating in the *Forces of Change Assessment* identified the aging infrastructure in small towns (i.e., water and sewer) as factors influencing the health and quality of life in the community.[12] Also, the aging infrastructure was noted as one of the weaknesses of the community by participants in the focus group at the Columbus Public Library. [24]

Environmental Health Indicators include several issues surrounding water. As it has a large rural population, every county in the East Central District has a lower percent of its population served by community water than the state average. As of 2007, no one in Colfax County was receiving optimally fluoridated water, and slightly over half of the residents in Boone and Nance were receiving fluoridated water. See Table 2.43 below.

Table 2.43	Community Water Environmental Health Indicators[10]	
	Percent of Population Served by Community Water (2009)	**Percent of Population Receiving Optimally Fluoridated Water (2007)**
Boone	65.8%	53.5%
Colfax	72.7%	0.0%
Nance	71.8%	55.9%
Platte	73.4%	92.3%
East Central	**72.3%**	**67.9%**
Nebraska	**83.1%**	**68.2%**

Blood Lead Levels

Another indicator of environmental health is the percent of children with elevated blood lead levels. As a whole, there is a slightly higher percentage of children in the East Central District with elevated blood lead levels as compared to the state. This is likely due to exposure to lead paint as there is a very high percentage of older homes throughout the district (see the sub-section directly below) Data are difficult to interpret at the county-level due to small number of children that were tested in some counties. See Table 2.44 below.

Table 2.44	Children with Elevated Blood Lead Levels[10]
	Percent of Children with Elevated Blood Lead Levels [# tested] (2007-2008)
Boone	5.6% [54]
Colfax	1.5% [136]
Nance	7.7% [13]
Platte	2.3% [343]
East Central	**2.6% [546]**
Nebraska	**1.8% [48,444]**

Age of Housing Structures

A major cause of elevated blood levels in children is lead-based paint in older homes. As shown below in Table 2.45, the East Central District has a high percentage of older homes, especially Boone and Nance Counties, where over 40% of homes were built in 1939 or earlier. There is also a lower rate of newer houses (i.e., those built in 1990 or later) in every county in the district as compared to the state and nation.

Table 2.45	Age of Housing Structures (2009)[13]						
	Boone	**Colfax**	**Nance**	**Platte**	**East Central**	**Nebraska**	**United States**
2000 or later	3.2%	3.5%	5.9%	6.6%	5.6%	8.8%	11.4%
1990-1999	5.0%	10.0%	8.1%	11.4%	10.1%	11.7%	14.5%
1980-1989	7.0%	11.2%	5.3%	10.1%	9.6%	9.9%	14.3%
1960-1979	21.2%	24.0%	22.6%	32.0%	28.6%	30.6%	28.3%
1940-1959	14.6%	17.9%	14.0%	20.2%	18.7%	16.5%	17.6%
1939 or older	48.3%	33.3%	44.1%	19.7%	27.3%	23.1%	14.0%

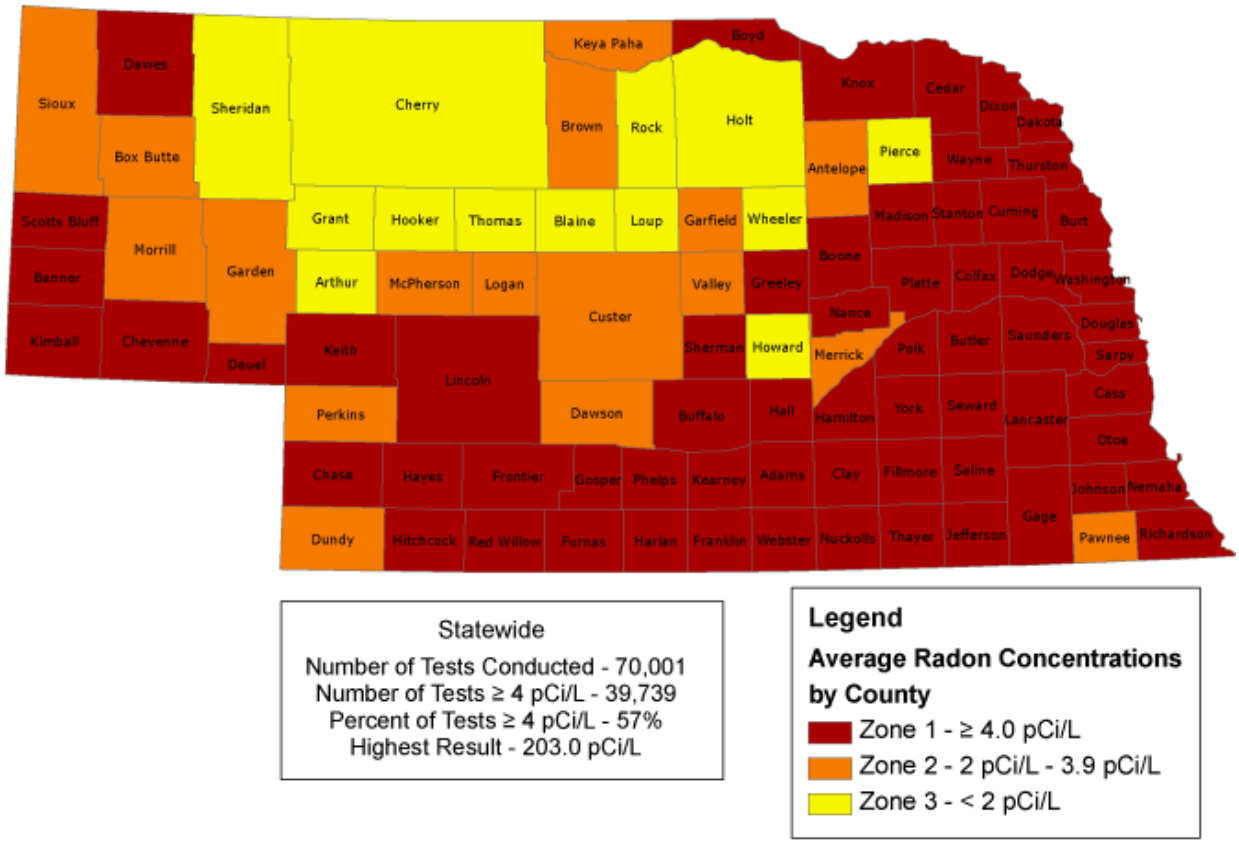
Radon

Radon is a cancer-causing natural radioactive gas. It is the leading cause of lung cancer among non-smokers and claims about 21,000 lives annually.

Nebraska has a very high incidence of radon in homes. One out of every two radon tests conducted in the state indicates elevated levels of radon. Homes with an annual average radon level at or above 4 picocuries per liter (pCi/L) are considered to have high levels of radon and should be mitigated to reduce radon levels.[25]

Figure 2.39 below shows that the four counties of the East Central District all fall into zone 1, as does half of the state. Residences in zone 1 have a predicted average indoor radon screening level at or above 4 pCi/L. Over half of the counties in the state fall into zone 1.

Figure 2.39: Average Radon Levels by County in Nebraska (2009)[25]



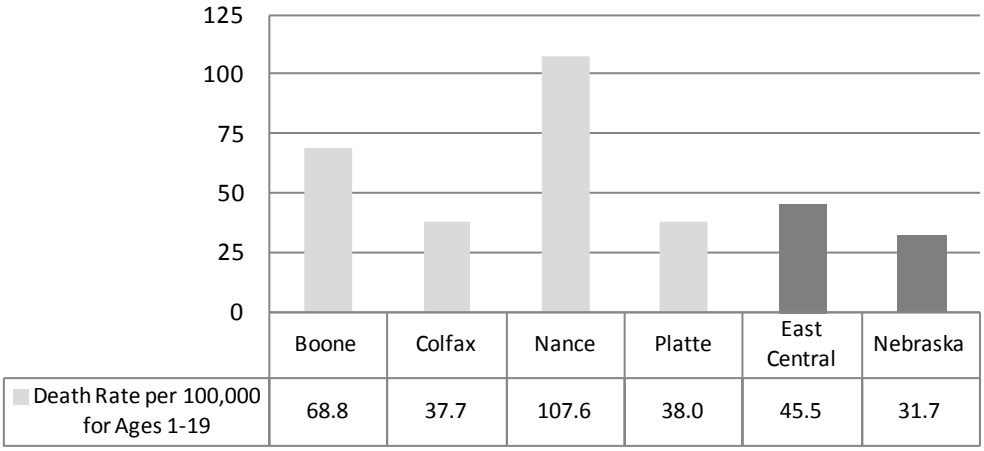
Colfax County has the highest average radon levels in the East Central District. Over 60% of residences in Boone, Colfax, and Nance Counties have radon levels that are above 4 pCi/L. Each of these three counties has radon levels that are above the state average. Platte County has radon levels that are below the state average. As the majority of residences are in Platte County, the average radon levels for the county are at the state level, despite the fact that three of the four counties are above it. See Table 2.46 below.

Table 2.46	East Central District Radon Levels (2009)[25]		
	Average Radon Level (pCi/L)	% Results over 4 pCi/L	Highest Result (pCi/L)
Boone	6.4	66%	30.9
Colfax	7.0	66%	53.4
Nance	6.7	61%	28.0
Platte	5.3	47%	47.7
East Central	**5.9**	**54%**	**53.4**
Nebraska	**5.9**	**57%**	**203.0**

Child and Adolescent Mortality

Every county in the East Central Region has a higher death rate for the 1-19 year old population than the state average. Boone County has a rate of more than double the state average and Nance County has a rate of more than triple the state average. However, due to the small population in these counties, the data are easily affected by the incidence of single death. See Figure 2.40 below.

Figure 2.40: Death Rate per 100,000 Population for Ages 1-19 (2005-2009)[10]

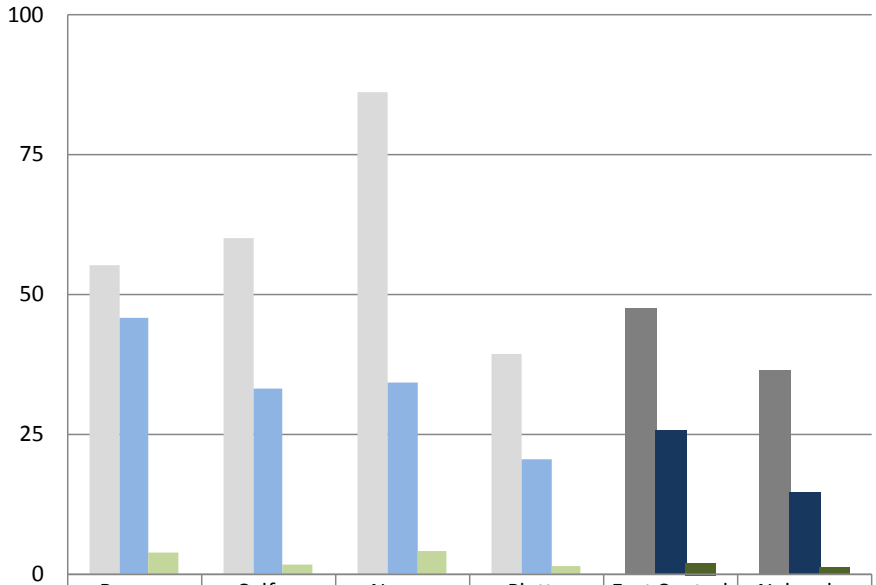


Accidental Deaths

As a whole, the East Central District has higher rates of unintentional injury deaths, motor vehicle deaths, and work-related accidental deaths than the state. Whereas Platte County has rates of accidental death that are only slightly higher than the state, Boone, Colfax, and Nance Counties all have accidental death rates that are two to four times higher than the rate for the state. Nance County stands out as having the highest unintentional injury death rates and work-related accidental death rates in the district;

Boone County has the highest rate of motor vehicle deaths in the district. The comparatively high rate of motor vehicle deaths in the district may be due to the lack of seat belt use. According to a Nebraska State Patrol Survey done in September 2011, only 56% of Platte County residents wear their seat belt, compared to 84% for the state.[26] See Figure 2.41 below.

Figure 2.41: Accidental Death Rate per 100,000 Population (2005-2009)[10]



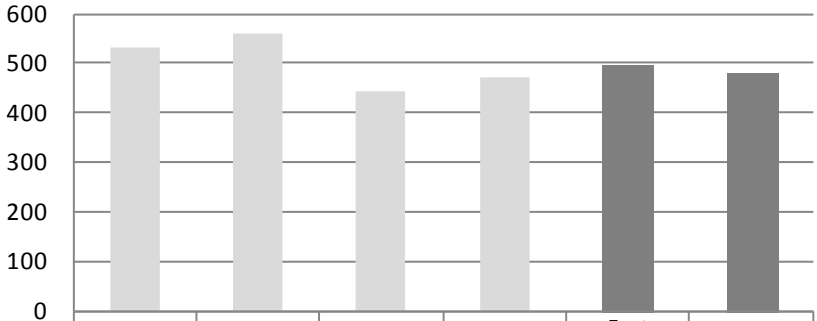
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Unintentional Injury Death Rate	55.2	60.2	86.2	39.4	47.4	36.5
Motor Vehicle Death Rate	45.9	33.2	34.2	20.7	25.8	14.7
Work-Related Accidental Death Rate	4.0	1.8	4.1	1.5	2.1	1.1

Incidence of and Deaths Due to Cancer

Incidence of Cancer

The East Central District has a slightly higher incidence rate of cancer than the state. Of the four counties, Boone and Colfax stand out as having high incidence rates of cancer.

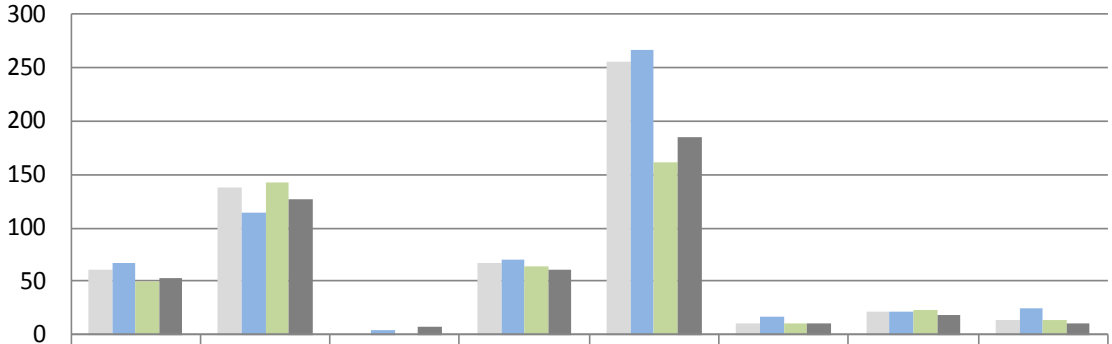
Figure 2.42: Incidence of Cancer per 100,000 Population (2003-2007)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Rate of Incidence of Cancer per 100,000	533.9	558.7	442.1	472.8	494.5	478.7

Figure 2.43 below contains data on the incidence of cancer by type. The East Central District has notably high rates of prostate cancer, due largely in part to the high rates in Boone and Colfax County. The East Central District also has slightly higher rates of colorectal and breast cancer as compared to the state. Colfax County had incidences of leukemia that were twice the rate of the state average.

Figure 2.43: Incidence of Cancer by Type per 100,000 Population (2003-2007)[10]

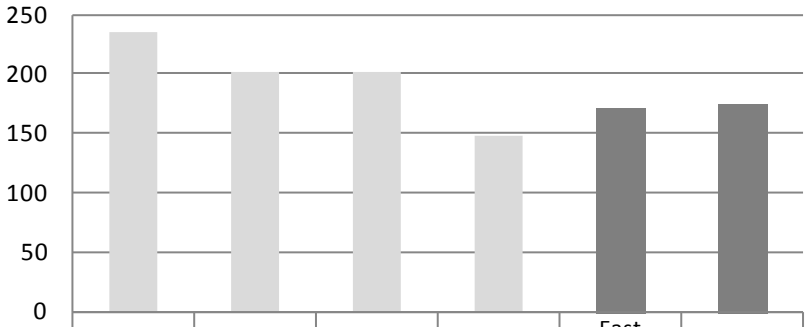


	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	60.6	138.6	0.0	67.1	255.0	11.1	22.0	13.2
Colfax	66.6	115.1	4.1	70.3	267.2	17.1	21.7	25.2
Nance	50.6	142.4	0.0	63.4	161.8	11.4	22.6	14.5
Platte	53.8	127.6	7.0	61.6	185.7	11.1	18.7	10.6
East Central	56.5	127.1	5.3	63.9	209.6	12.4	20.1	14.0
Nebraska	65.6	123.2	7.2	56.2	158.9	17.1	20.4	13.8

Deaths Due to Cancer

Boone, Colfax, and Nance Counties all have rates of death due to cancer that are higher than the state average, while Platte County has a rate that is considerably lower than the state average.

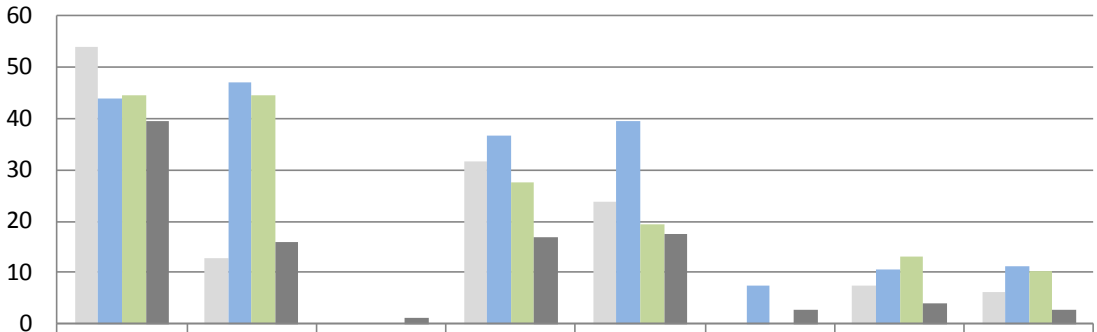
Figure 2.44: Deaths Due to Cancer per 100,000 Population (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Deaths Due to Cancer per 100,000	235.1	200.8	201.5	147.2	171.1	174.0

The East Central District has slightly lower rates of death due to lung cancer and slightly higher rates of death due to colorectal cancer as compared to the state. Otherwise, there were not distinct differences between the district as a whole and the state. However, at the county-level, there are notably higher death rates for certain types of cancer. Boone County has a notably high rate of death due to lung cancer. Colfax and Nance Counties have very high rates of death due to breast cancer, which are more than double that of the state. As a whole, the district has low rates of mammography and clinical breast examinations as compared to the rest of the state (see the "Health Screening" topic section below). Colfax, Nance, and Boone Counties all had high rates of death due to colorectal cancer, with the rate of death due to colorectal cancer in Colfax being double that of the state. Colfax County also has notably high rates of death due to prostate cancer and Melanoma. In Nance County the rate of death due to Lymphoma was nearly double that of the state. See Figure 2.45 below.

Figure 2.45: Deaths Due to Cancer by Type per 100,000 Population (2005-2009)[10]



	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	53.9	12.7	0.0	31.8	23.9	0.0	7.5	6.1
Colfax	44.0	46.9	0.0	36.8	39.4	7.4	10.5	11.1
Nance	44.5	44.6	0.0	27.7	19.4	0.0	13.2	10.2
Platte	39.6	16.1	1.1	17.0	17.5	2.7	4.0	2.9
East Central	42.8	23.1	0.7	23.2	22.4	2.9	6.5	5.5
Nebraska	47.1	21.2	1.6	18.2	24.7	3.1	7.5	7.1

In the State of Nebraska Whites have a substantially higher cancer mortality rate than Hispanics. While Whites in the East Central District have a death rate due to cancer that is comparable to the white population for the entire state, the Hispanic population has a lower cancer mortality rate than the Hispanic population of the entire state. The low rates of cancer in the Hispanic population are most likely due to the fact that the Hispanic population is a much younger group compared to the rest of the district and state.

Deaths Due to Cancer per 100,000 by White and Hispanic[10]

	East Central	Nebraska
White	172.0	173.4
Hispanic	75.8	101.8

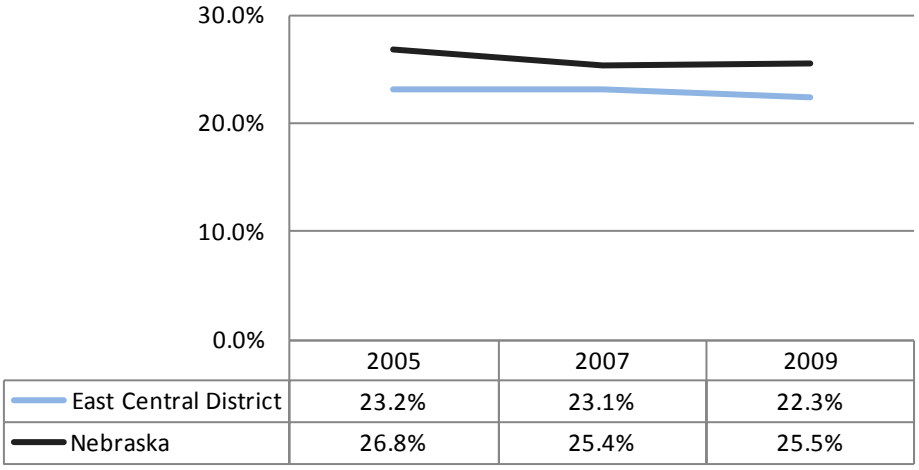
Heart Disease and Stroke

Although issues surrounding heart disease and stroke were not mentioned in the focus groups, 19 of the 21 members of the Hispanic focus group expressed an interest in learning more about high blood pressure and heart problems.[21]

High Blood Pressure and Cholesterol

The East Central District as a whole has a lower percent of its residents with high blood pressure as compared to the state. Data were unavailable at the county-level.

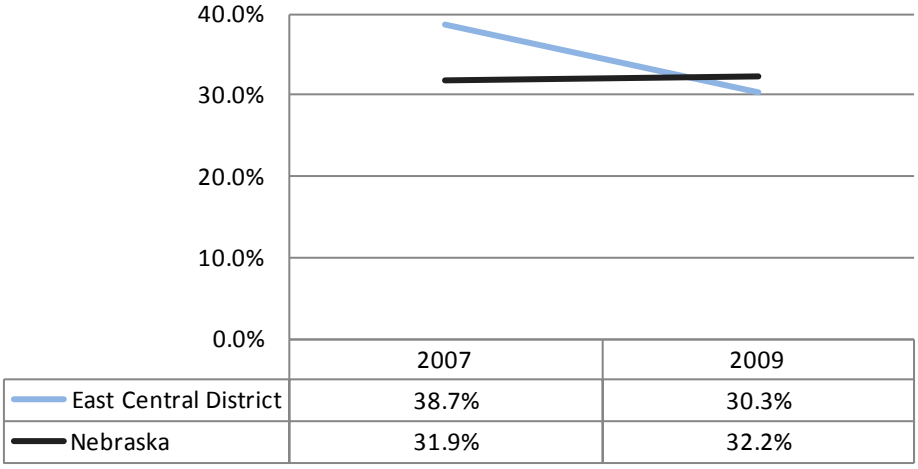
Figure 2.46: Percent of Population with High Blood Pressure (2005-2009)[10]



	2005	2007	2009
East Central District	23.2%	23.1%	22.3%
Nebraska	26.8%	25.4%	25.5%

From 2007 to 2009, the percent of East Central District Residents with High Blood Cholesterol has declined substantially, dropping below the state average. Data were unavailable at the county-level.

Figure 2.47: Percent of Population with High Blood Cholesterol (2005-2009)[10]

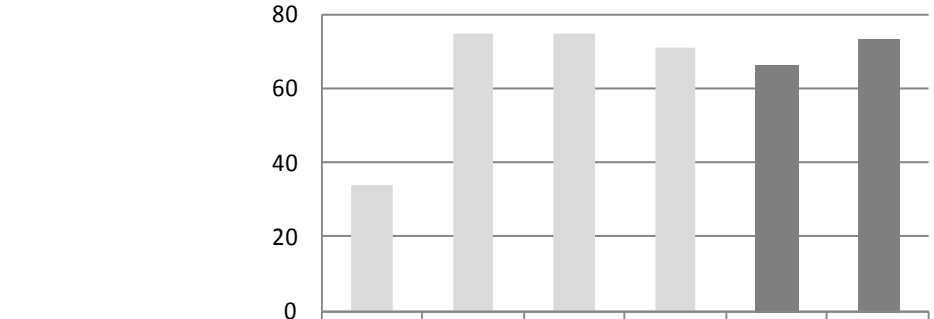


	2007	2009
East Central District	38.7%	30.3%
Nebraska	31.9%	32.2%

Heart Disease

Compared to the state, the East Central District has a lower rate of hospitalizations for congestive heart failure. The rate of hospitalizations was substantially lower in Boone County, being at less than half the rate of any other county in the district.

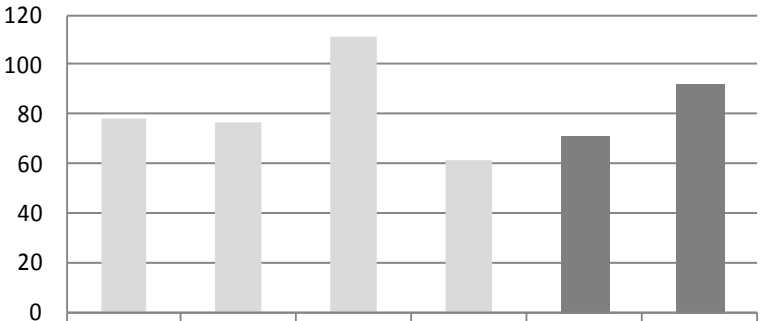
Figure 2.48: Hospitalizations for Congestive Heart Failure per 10,000 Population (2007-2008)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Hospitalizations for Congestive Heart Failure per 10,000	33.7	74.6	74.7	71.0	66.0	73.1

The East Central District has a considerably lower rate of death due to coronary heart disease than the state. However, Nance County has a rate that is higher than the state average.

Figure 2.49: Deaths Due to Coronary Heart Disease per 100,000 Population (2005-2009)[10]

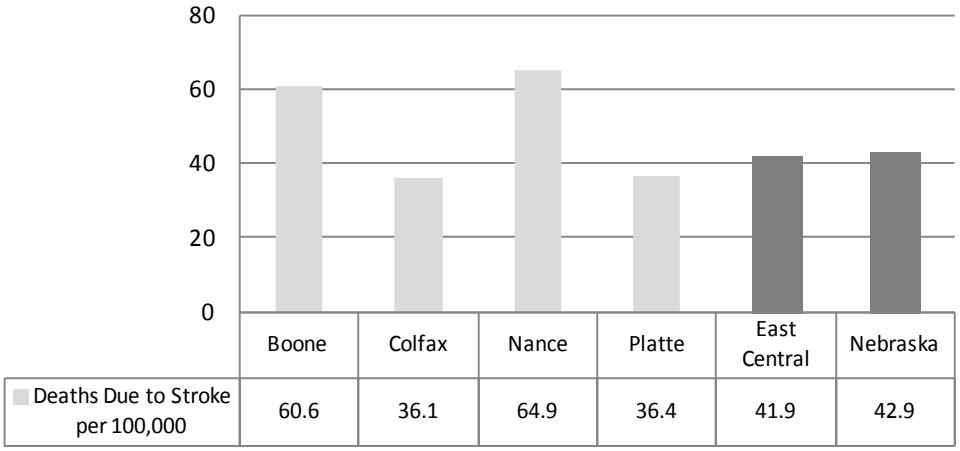


	Boone	Colfax	Nance	Platte	East Central	Nebraska
Heart Failure Deaths per 100,000	78.5	76.3	111.1	61.3	70.6	91.7

Stroke

Deaths due to stroke are high, being well above the state average, in Boone and Nance Counties. However, deaths due to stroke are below the state average in Colfax and Platte Counties.

Figure 2.50: Deaths Due to Stroke per 100,000 Population (2005-2009)[10]



Pulmonary Disease

Asthma

Although asthma does not appear to be an issue for Boone, Colfax, and Platte Counties, there were high rates of inpatient hospital discharges and death rates due to asthma in Nance County. See Table 2.47 below.

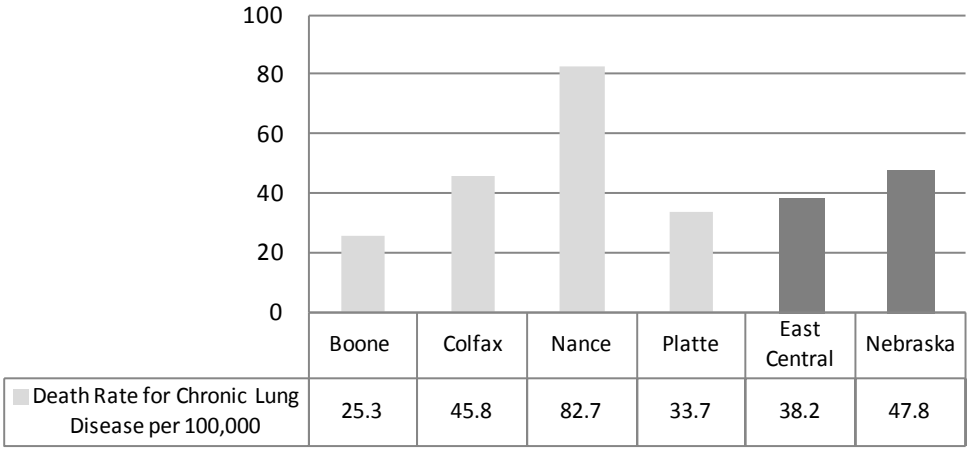
Table 2.47 Asthma Hospitalizations and Death Rates 2005-2009[10]

	Pediatric Asthma Hospitalizations per 1,000 (2007-2008)	Asthma Inpatient Hospital Discharges per 1,000 (2007-2008)	Annual Death Rates due to Asthma per 100,00 (2005-2009)
Boone	0.6	44.6	0
Colfax	0.4	44.3	0
Nance	0.9	67.4	19.4
Platte	0.6	28.1	1.5
East Central	**0.6**	**33.7**	**2.3**
Nebraska Total	**0.8**	**49.7**	**1.5**

Chronic Lung Disease

As a whole, the East Central District has a lower death rate due to chronic lung disease as compared to the state. However, Nance County has a noticeably elevated rate of deaths due to chronic lung disease.

Figure 2.51: Deaths Due to Chronic Lung Disease per 100,000 Population (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Death Rate for Chronic Lung Disease per 100,000	25.3	45.8	82.7	33.7	38.2	47.8

Health Screening

Table 2.48 below contains data on the percent of the population that receives various health screenings. In general, residents of the East Central District receive health screenings at a lower rate than the state average. When considering the high incidences of and deaths due to prostate and breast cancer in certain counties in the district, noteworthy is the relatively low rate of males over 50 that received a digital rectal exam in 2009 and the low rate of women over 40 that received mammogram screening and a clinical breast exam in 2008 (the most current year of data available). Data at the county-level were unavailable as they were taken from a *BRFS* report and included in the *Community Health Assessment*.

Table 2.48 Percent of Population Receiving Health Screenings[10]

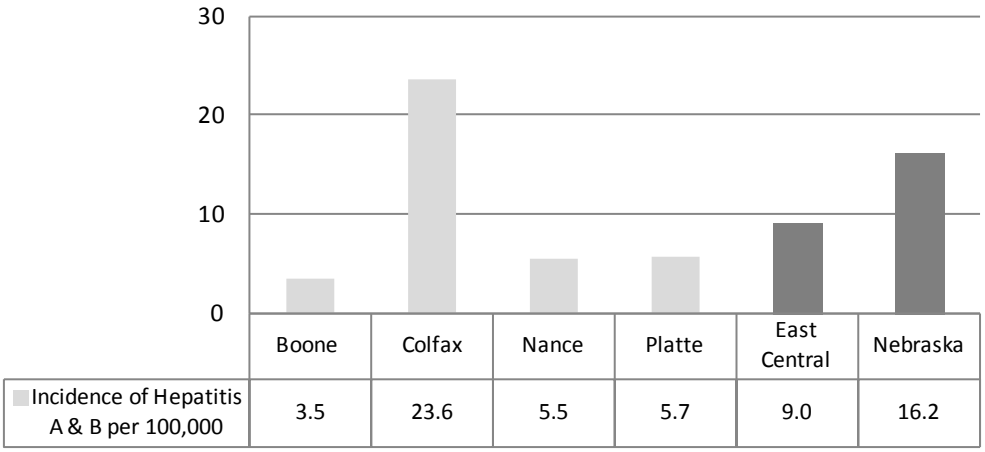
	East Central District	Nebraska
Had a colonoscopy in past ten years (50+) [2009]	48.4%	50.1%
Had a prostate specific antigen (PSA) in past two years (males 50+) [2009]	66.4%	62.4%
Had a digital rectal exam (DRE) in past two years (males 50+) [2009]	44.1%	51.5%
Mammogram screening in past year (women 40+) [2008]	46.4%	54.5%
Clinical breast exam (CBE) in past year (women 40+) [2008]	54.4%	63.0%
Had PAP test in past three years [2008]	71.4%	77.9%

Communicable Diseases

Hepatitis A and B

Hepatitis A and B are vaccine preventable diseases. Colfax County has an outstandingly high rate of incidences of Hepatitis A and B. The other three counties in the district have very low incidence rates of Hepatitis A and B.

Figure 2.52: Incidences of Hepatitis A and B per 100,000[10]

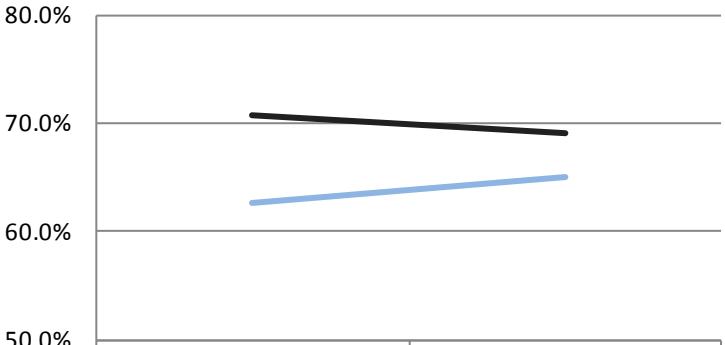


	Boone	Colfax	Nance	Platte	East Central	Nebraska
Incidence of Hepatitis A & B per 100,000	3.5	23.6	5.5	5.7	9.0	16.2

Pneumonia and Influenza

Compared to the state average, the over 65 population in the East Central District receives immunization for Pneumonia at a lower rate. County-level data were unavailable.

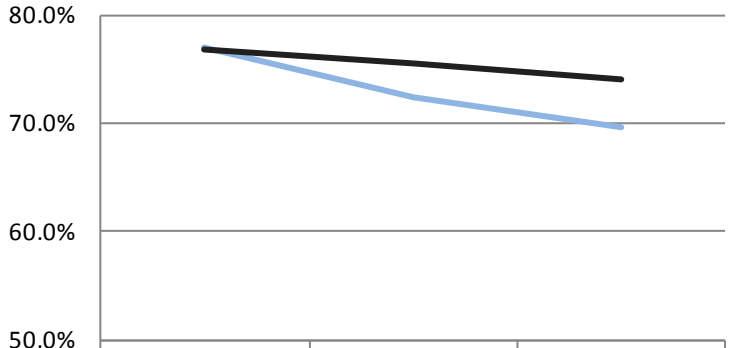
Figure 2.53: Percent of Population over 65 Immunized for Pneumonia[10]



	2008	2009
East Central District	62.6%	65.1%
Nebraska	70.7%	69.1%

In each consecutive year from 2007 to 2009 a lower percentage of the over 65 population in the East Central District were immunized for influenza. Though the percentage of those over 65 immunized for influenza in the whole state also decreased, it did not do so as drastically as in the East Central District. County-level data were unavailable.

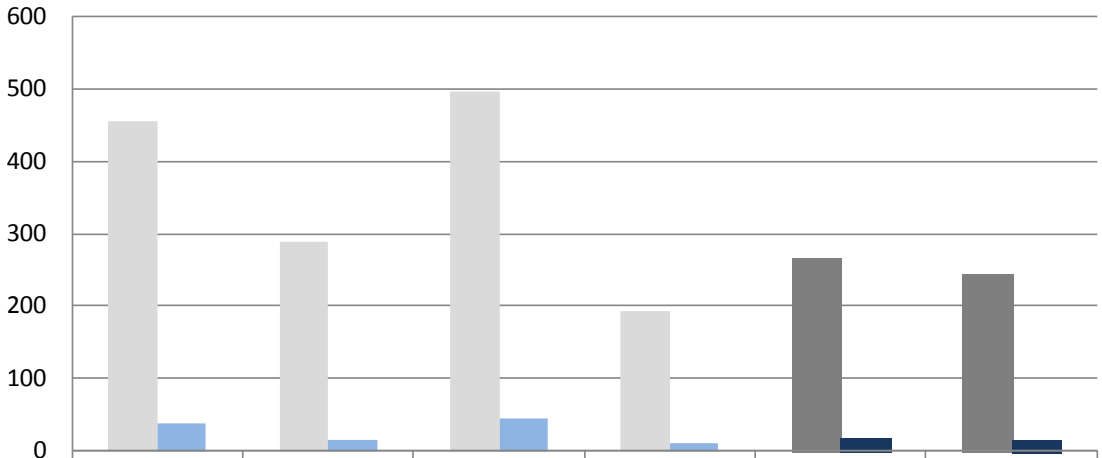
Figure 2.54: Percent of Population over 65 Immunized for Influenza[10]



	2007	2008	2009
East Central District	76.9%	72.3%	69.6%
Nebraska	76.8%	75.5%	74.0%

While Platte County has noticeably low inpatient hospitalizations for pneumonia and influenza, the remaining counties in the district all have rates that are above the state average, with the exception of the rate of hospitalizations for pneumonia in Colfax, which is at the state average. Most notably, Nance and Boone Counties had rates of hospitalization for influenza that were double that for the state, and rates of hospitalization for pneumonia that were more than triple that for the state. See Figure 2.55 below.

Figure 2.55: Inpatient Hospitalizations for Pneumonia and Influenza per 10,000 Population (2007-2008)[10]

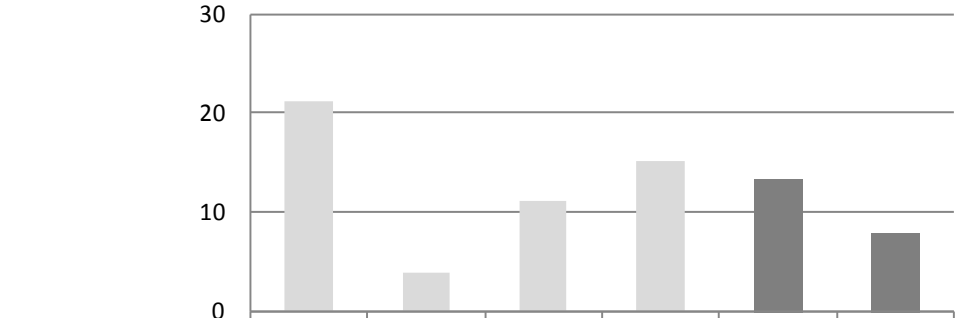


	Boone	Colfax	Nance	Platte	East Central	Nebraska
Pneumonia	454.7	288.6	497.6	192.1	265.1	242.1
Influenza	37.0	14.0	43.9	10.1	17.2	14.0

West Nile Virus

Aside from Colfax County, the remaining counties in the East Central District all have high incidences of West Nile Virus as compared to the state.

Figure 2.56: Incidence of West Nile Virus per 100,000 Population (2009)[10]

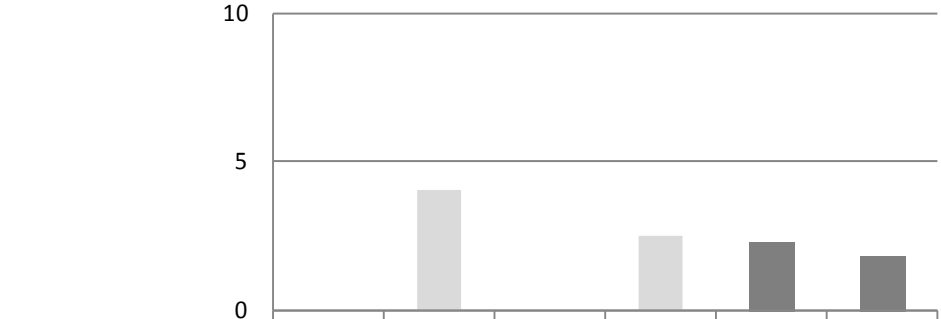


	Boone	Colfax	Nance	Platte	East Central	Nebraska
Incidence of West Nile Virus per 100,000	21.2	3.9	11.0	15.1	13.3	7.8

Tuberculosis

The incidence of Tuberculosis is low in the state of Nebraska. The East Central District has a slightly higher incidence than the state, with Colfax having the highest rate of incidence of tuberculosis in the district.

Figure 2.57: Incidence of Tuberculosis per 100,000 Population (2009)[10]

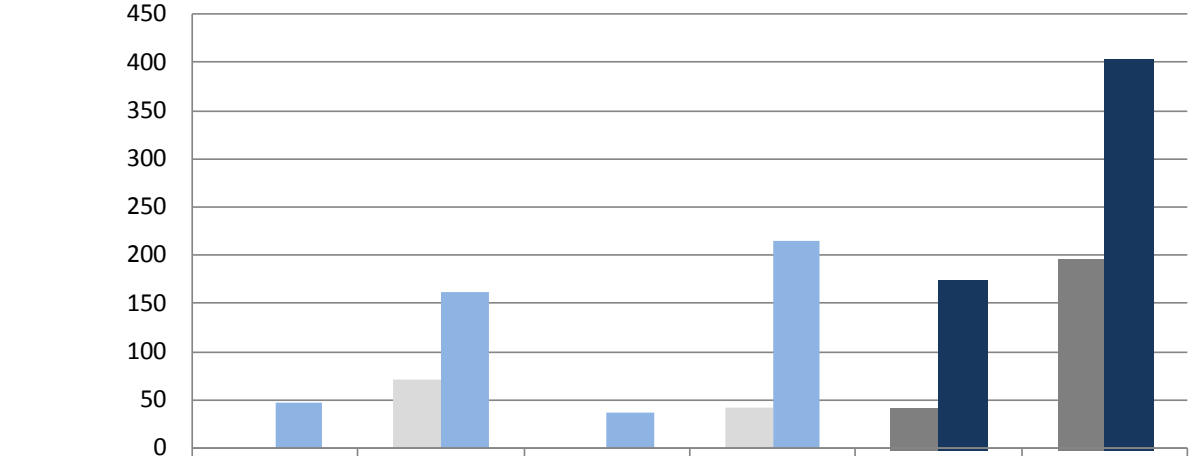


	Boone	Colfax	Nance	Platte	East Central	Nebraska
Incidence of Tuberculosis per 100,000	0.0	4.0	0.0	2.5	2.3	1.8

Sexually Transmitted Diseases

Compared to the rest of the state, the counties of the East Central District have a much lower incidence of sexually transmitted diseases (STDs). Within the district, Colfax and Platte Counties have notably high rates of STDs as compared to Boone and Nance Counties, but Colfax and Platte are still well below the state average. See Figure 2.58 below.

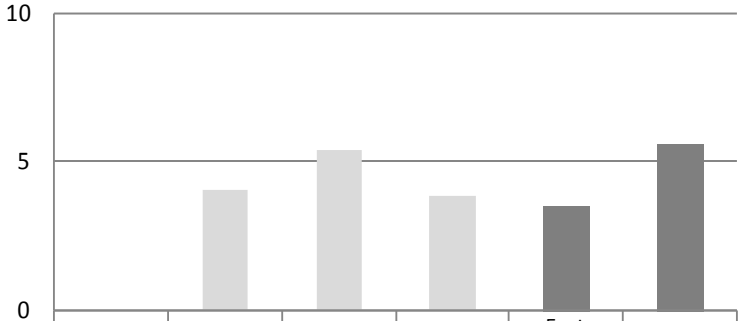
Figure 2.58: Incidence of Sexually Transmitted Diseases per 100,000 Population (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
17 and Under	0	71.7	0	42.7	42.4	195.6
18 and Over	47.7	162.6	37.1	214.8	173.4	402.9

Figure 2.59: Incidence of HIV/AIDS per 100,000 Population (2005-2009)[10]

Every County in the East Central District has a lower incidence of HIV/AIDS as compared to the state.



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Incidence of HIV/AIDS per 100,000	0.0	4.0	5.4	3.8	3.5	5.6

Aging Population

The aging population was a factor noted in the *Forces of Change Assessment* as influencing the health and quality of life in the community and the work of the public health system.[12] In the *2008 Needs Assessment,* the issue of elderly housing options that are affordable and of high quality including in-home respite, assisted living and nursing homes was noted as a health and community safety challenge.[20] Focus group participants were also conscious of the elderly population and mentioned problems of transportation for those who are no longer able to drive.[21]

As shown in Table 2.49 and mentioned above (see the "Community Profile" topic section), the East Central District has an aging population. Most notably, Boone and Nance counties have large portions of their population in the over 65 age group. These two counties also saw decreases in their overall population from 2000 to 2010.

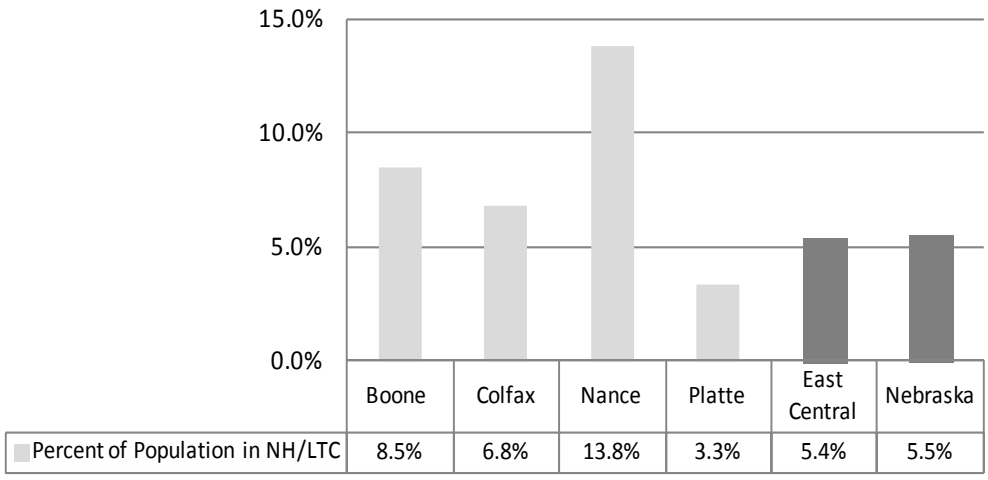
Table 2.49 Percent of the Population 65 and over (2010)[9]

	Percent of the Population over 65
Boone	21.2%
Colfax	13.6%
Nance	19.1%
Platte	14.8%
East Central	**15.5%**
Nebraska Total	**13.6%**
United States	**13.1%**

Nursing Home and Long-Term Care

Not only do Boone and Nance Counties have a larger portion of their population in the 65 and over age group, they also have higher percentages of their over 65 population in nursing homes and long-term care facilities as compared to the rest of the East Central District and the state.

Figure 2.60: Percent of Population Aged 65 and over in a Nursing Home or Long-Term Care (2009)[10]



Arthritis

The East Central District has a lower percentage of its population reporting having arthritis than the state, despite having a higher percentage of its population in the 65 and over age group.

Table 2.50	Percent of Population with Arthritis[10]	
	East Central District	Nebraska
Percent of Population with Arthritis (2007)	24.4%	26.8%
Percent of Population with Arthritis (2009)	22.5%	24.3%

Dementia

The East Central District as a whole has a comparable but slightly higher rate of its over 65 population with dementia. Within the district, Boone and Colfax Counties have the highest rates of dementia. However, there was little variation among the four counties. See Table 2.51 below.

Table 2.51	Percent of Individuals over 65 with Dementia (2009)[10]	
	Number of Individuals over 65 with Dementia	Percent of Population over 65 with Dementia
Boone	234	20.6%
Colfax	264	21.9%
Nance	137	19.5%
Platte	1060	19.3%
East Central	**1,696**	**19.8%**
Nebraska Total	**46,922**	**19.5%**

Perceptions of Community Support for the Elderly

When asked if their community was a good place to grow old, participants of the *2011 Community Health Survey* were mostly neutral or on the positive end of the scale. Colfax County was the most negative, and Hispanics were more negative than non-Hispanics in their response to the survey item. See Table 2.52 below.

Table 2.52	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.)[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	5.4%	3.6%	82.1%	8.9%	***4.0***
Colfax	8.9%	11.4%	20.3%	48.8%	10.6%	***3.4***
Nance	0.0%	7.9%	23.7%	65.8%	2.6%	***3.6***
Platte	1.9%	7.9%	28.5%	55.2%	6.4%	***3.6***
Hispanic	6.8%	12.6%	36.9%	32.0%	11.7%	***3.3***
Non-Hispanic	2.4%	7.5%	19.7%	64.2%	6.2%	***3.6***
East Central	**3.3%**	**8.5%**	**23.1%**	**57.6%**	**7.4%**	***3.6***

Although East Central participants of the *2011 Nebraska Community Themes and Strengths Assessment* who are over 65 perceived a slightly greater access to certain services than did all 65 and older respondents from the state, there still appears to be gaps in services for some individuals. There were notably high percentages of elderly individuals in the East Central District who perceive that there is not enough transportation and social networks and groups in their community. See Table 2.53 below.

Table 2.53	Perceptions of Resources for the Elderly among Those who are 65 and Older: *Nebraska Community Themes and Strengths Assessment* (2011)[16]	
	% Who Disagree	
	East Central	Nebraska
There is enough housing to meet the needs of older adults in your community, including assisted living, retirement centers, and maintenance free homes and apartments.	17.1%	20.5%
There is enough transportation available in your community to take older adults to medical facilities and shopping.	27.1%	29.6%
There are enough programs that provide meals for older adults in your community.	12.8%	19.4%
There are a lot of social networks and groups in your community available for older adults that are living alone.	29.6%	33.6%

Community Well-Being

Participants in the *2011 Focus Groups* had many positive things to say about their community. The prevalence of churches as a cohesive force in the community was mentioned by some participants and this is reflected in the photographs taken by the youth (summaries of the focus groups are located in Appendix A). Some participants described their community as safe, calm, having a "small town feel," a good place to raise a family, and clean. However, there was a broad array of responses. Other

participants felt unsafe due to gang activity; many (especially the youth) expressed frustration over the lack of activities and entertainment options; some participants mentioned that the roads were poor. In general, however, the participants had mostly positive views about their community. Many felt that there was a strong sense of community and volunteerism where they lived.[20]

Health services, churches, community events, organized sports, and opportunities for employment were all mentioned by focus group participants as strengths of their community. Concerns elicited by focus group participants included drugs and alcohol, crime (especially gangs) and the need for law enforcement, the need for more health services, issues with roads and traffic, and lack of parental monitoring, among others.[21]

Participants in the *Columbus Adult Focus Group* perceived a lot of racial tension in their community. Some participants felt that their community was racist and segregated, and that there needs to be mutual respect between different peoples. Other participants were frustrated over the perceived high rate of illegal immigrants; frustration was also expressed with local industry for recruiting in Mexico rather than hiring from the local community. When the *Columbus Hispanic Focus Group* was asked about interactions between community members from different backgrounds there was no mention of the white majority community. The Hispanic participants mentioned conflicts between various Hispanic groups such as liberals/conservatives, legals/illegals, and Cubans/Mexicans. This seemingly narrow view of "community members from different backgrounds" may give some proof to the observation of a participant in the *Columbus Adult Focus Group* that "this community is segregated."[21]

Community Health Survey **Composite Scores**

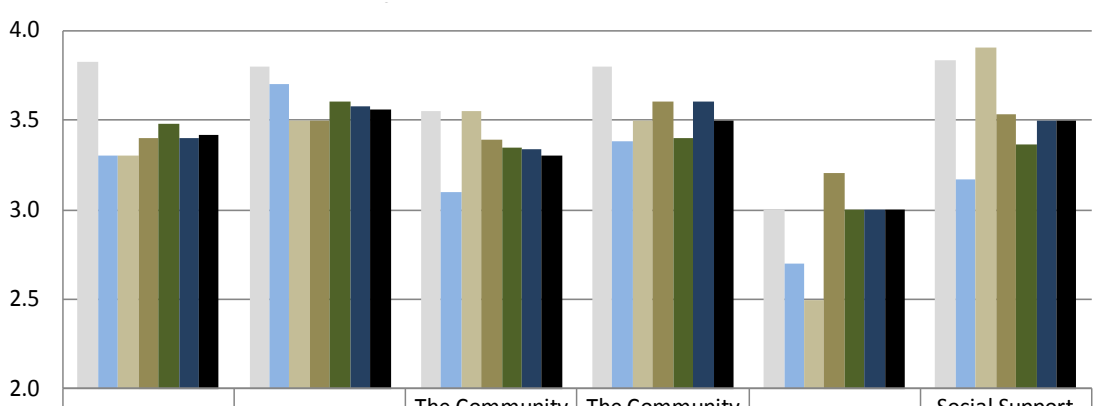
Composite scores were created from the *2011 Community Health Survey*. The means of multiple survey items were aggregated according to the following six themes: Quality of Life (questions 1 - 2c), Access to Health Care (questions 3 - 3d), The Community as a Place to Raise Children (questions 4-4j), The Community as a Place to Grow Old (questions 5 - 5d), Jobs (questions 6 - 6a), Social Support and Community Solidarity (questions 7 - 9).

Each composite score is on a range from 1 to 5, with 1 corresponding to strongly disagree and 5 corresponding to strongly agree. The higher the composite score, the more favorable a response there was for each theme. For example, Boone County had the highest composite score for the theme "Quality of Life." This indicates that survey participants from Boone County perceived a higher quality of life in their county as compared to the perceptions held by participants from other counties about their own county. In general, Boone County has higher composite scores than other counties for most survey items, indicating that participants from Boone County as a whole feel more positive about where they live as compared to participants from the other three counties in the district. Participants from Colfax County are usually on the lower end of the composite score ranking, with scores for Nance and Platte usually falling somewhere in between Boone and Colfax. This trend was true for four of the six themes. See Figure 2.61 below.

The following composite scores showed a statistical significance ($p<.05$).

- **Quality of Life:** statistical significance between Boone and all other counties.
- **Access to Health Care:** statistical significance between Boone and Nance, Boone and Platte, and Colfax and Platte Counties.
- **The Community as a Place to Raise Children:** statistical significance between Colfax and all other counties.
- **The Community as a Place to Grow Old:** statistical significance between Boone and Colfax, Boone and Platte, and Colfax and Platte counties.
- **Jobs:** statistical significance between Boone and Colfax, Boone and Nance, Platte and Colfax, and Platte and Nance Counties, and between Hispanic and non-Hispanic.
- **Social Support and Community Solidarity:** statistical significance Platte and all other counties, Colfax and all other counties, and between Hispanic and non-Hispanic.

Figure 2.61: Composite Scores for the *Community Health Survey*[15]



	Quality of Life	Access to Health Care	The Community as a Place to Raise Children	The Community as a Place to Grow Old	Jobs	Social Support and Community Solidarity
Boone	3.8	3.8	3.5	3.8	3.0	3.8
Colfax	3.3	3.7	3.1	3.4	2.7	3.2
Nance	3.3	3.5	3.5	3.5	2.5	3.9
Platte	3.4	3.5	3.4	3.6	3.2	3.5
Hispanic	3.5	3.6	3.3	3.4	3.0	3.4
Non-Hispanic	3.4	3.6	3.3	3.6	3.0	3.5
ECD Total	3.4	3.6	3.3	3.5	3.0	3.5

The Community as a Place to Raise Children

Compared to all survey participants in the state, East Central participants with children under 18 living at home in the *2011 Community Themes and Strengths Assessment* perceive a greater availability of resources, a higher quality of schools, and after school activities for children as compared to their peers in the state. Noteworthy is the perception of the availability of affordable child care within the community. See Table 2.54 below.

Table 2.54	**Perceptions of Resources, Schools, and After School Activities for Children among Those with Kids Under 18 Living at Home: *Nebraska Community Themes and Strengths Assessment* (2011)[16]**	
	% Who Disagree	
	East Central	**Nebraska**
Safe and affordable child care is available within your community.	7.9%	15.8%
Your community has excellent schools.	6.9%	10.2%
There are enough after school programs for elementary school children in your community, including after school programs run by school and community groups.	21.4%	28.3%
There are enough after school programs for middle and high school students in your community, such as sports teams, clubs, and groups.	15.3%	15.5%

When asked if their community is a good place to raise children, participants of the *2011 Community Health Survey* from Boone and Nance Counties responded most positively, while participants from Colfax were more negative as compared to other counties in the district. There was little difference between Hispanic and Non-Hispanic respondents, though a notably higher percentage of Hispanic participants disagreed that the community is a good place to raise children. The difference between the means for this survey item was statistically significant ($p<.05$) between Platte and all other counties, and Colfax and all other counties. See Table 2.55 below.

Table 2.55	**The community is a good place to raise children.[15]**					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean (1-5 scale)***
Boone	0.0%	0.0%	3.6%	67.3%	29.1%	***4.3***
Colfax	3.3%	18.7%	22.0%	38.2%	17.9%	***3.5***
Nance	0.0%	0.0%	10.3%	61.5%	28.2%	***4.2***
Platte	1.1%	4.1%	14.6%	64.0%	16.1%	***3.9***
Hispanic	1.0%	11.7%	13.6%	54.4%	19.4%	***3.8***
Non-Hispanic	1.6%	5.9%	15.6%	57.7%	19.1%	***3.9***
East Central	**1.4%**	**7.0%**	**14.9%**	**57.6%**	**19.0%**	***3.9***

A fairly high percentage of Hispanic respondents to the *2011 Community Health Survey,* as well as respondents from Colfax County, which has a high Hispanic population, reported not having access to safe and affordable child care. Participants from Nance County had the most favorable response. A notably higher percentage of participants in the *Community Health Survey* disagreed that they had access to safe and affordable day care as compared to participants of the *Community Themes and Strengths Assessment Survey,* with only 7.9% disagreeing on the latter and 15.9% disagreeing on the former. The difference between the means for this survey item was statistically significant ($p<.05$) between Colfax and Nance, Colfax and Platte, and between Nance and Boone. See Table 2.56 below.

Table 2.56	I have access to safe and affordable day care (child care).[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	1.9%	15.1%	34.0%	49.1%	0.0%	***3.3***
Colfax	2.5%	24.6%	38.5%	26.2%	8.2%	***3.1***
Nance	2.6%	7.9%	21.1%	57.9%	10.5%	***3.7***
Platte	1.9%	9.4%	43.4%	36.6%	8.7%	***3.4***
Hispanic	3.8%	24.0%	27.9%	29.8%	14.4%	***3.3***
Non-Hispanic	1.6%	11.0%	42.9%	38.5%	6.0%	***3.4***
East Central	**2.1%**	**13.8%**	**39.3%**	**37.0%**	**7.7%**	***3.4***

The majority of participants in the East Central District reported being satisfied with their school system on the *2011 Community Health Survey.* However, Colfax County was notably negative, with over one-fourth of participants disagreeing or strongly disagreeing to the statement: "I am very satisfied with the school system in my community." Boone and Nance Counties had the highest rates of satisfaction for their school systems. The difference between the means for this survey item was statistically significant ($p<.05$) between Platte and all other counties, and Colfax and all other counties. See Table 2.57 below.

Table 2.57	I am very satisfied with the school system in my community.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	1.9%	16.7%	68.5%	13.0%	***3.9***
Colfax	5.7%	22.0%	26.8%	39.0%	6.5%	***3.2***
Nance	0.0%	7.9%	13.2%	60.5%	18.4%	***3.9***
Platte	1.1%	6.0%	33.6%	49.8%	9.4%	***3.6***
Hispanic	3.8%	13.5%	26.9%	42.3%	13.5%	***3.5***
Non-Hispanic	1.6%	9.0%	29.0%	51.9%	8.5%	***3.6***
East Central	**2.1%**	**9.8%**	**28.3%**	**50.0%**	**9.8%**	***3.6***

Survey participants of the *2011 Community Health Survey* from Colfax County also disagreed or strongly disagreed most often to the survey item: "There are adequate after school programs for elementary age children." A higher rate of Hispanics reported feeling that there are adequate after school programs for elementary age children as compared to non-Hispanics. The difference between the means for this survey item was statistically significant ($p<.05$) between Colfax and all other counties and between Nance and all other counties. See Table 2.58 below.

Table 2.58	There are adequate after school programs for elementary age children to attend.[15]					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean (1-5 scale)***
Boone	1.9%	24.1%	31.5%	42.6%	0.0%	***3.2***
Colfax	14.8%	27.9%	29.5%	21.3%	6.6%	***2.8***
Nance	0.0%	21.1%	13.2%	60.5%	5.3%	***3.5***
Platte	0.8%	15.9%	40.2%	37.1%	6.1%	***3.3***
Hispanic	7.7%	19.2%	25.0%	33.7%	14.4%	***3.3***
Non-Hispanic	3.6%	20.6%	37.6%	35.4%	2.7%	***3.1***
East Central	**4.4%**	**20.3%**	**34.3%**	**35.6%**	**5.4%**	***3.2***

The responses were slightly higher for the *2011 Community Health Survey* item pertaining to after school opportunities for middle and high school age students. However, Colfax County again was the least positive of the counties. Platte County also had a relatively high percentage of negative responses. A majority of participants from Boone and Nance Counties agreed that there were adequate after school opportunities for middle and high school age students. The difference between the means for this survey item was statistically significant ($p<.05$) Colfax and all other counties and between Boone and Platte Counties. See Table 2.59 below.

Table 2.59	There are adequate after school opportunities for middle and high school age students.[15]					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean (1-5 scale)***
Boone	0.0%	18.5%	18.5%	57.4%	5.6%	***3.5***
Colfax	12.2%	25.2%	25.2%	29.3%	8.1%	***3.0***
Nance	0.0%	23.7%	13.2%	63.2%	0.0%	***3.4***
Platte	4.5%	18.2%	38.6%	32.6%	6.1%	***3.2***
Hispanic	9.7%	19.4%	23.3%	33.0%	14.6%	***3.2***
Non-Hispanic	4.6%	20.8%	33.9%	37.2%	3.6%	***3.2***
East Central	**5.6%**	**20.5%**	**30.9%**	**37.0%**	**6.1%**	***3.2***

The survey item from the *2011 Community Health Survey* with the most negative response was: "There are plenty of non-sports-related activities for children in my community." Approximately half of all survey participants disagreed or strongly disagreed to the survey item, with non-Hispanics having a more negative response than

Hispanics. The lack of activities for youth was often mentioned by the youth participants of the *2011 Focus Groups.*

Table 2.60	There are plenty of non sports-related activities for children in my community.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	44.4%	29.6%	25.9%	0.0%	***2.8***
Colfax	12.2%	44.7%	22.0%	14.6%	6.5%	***2.6***
Nance	5.3%	47.4%	21.1%	26.6%	0.0%	***2.7***
Platte	8.3%	39.1%	32.0%	20.3%	0.4%	***2.7***
Hispanic	12.6%	29.1%	34.0%	18.4%	5.8%	***2.8***
Non-Hispanic	7.1%	45.7%	26.9%	19.6%	0.8%	***2.6***
East Central	**8.1%**	**41.8%**	**28.3%**	**20.0%**	**1.9%**	***2.7***

Jobs

Though there were some participants in the *2011 Focus Groups* that felt jobs were a strength of their community, participants in the 2008 focus group held at the Columbus Public Library, mentioned the lack of better paying or "white collar" jobs for residents in the community, coupled with wages that do not meet the minimum standard of a "living wage." The need for more college education opportunities through distance education was also mentioned in conjunction with the issue of jobs.[24]

Compared to the rest of the state, East Central survey participants in the *2011 Nebraska Community Themes and Strengths Assessment* have more positive perceptions of jobs and the economy in their community. A notably lower percentage of survey participants feel that there are not enough jobs and that jobs in their community do not allow for advancement. Also, as compared to the state, the perception of the economy is much more positive in the East Central District. See Table 2.61 below.

Table 2.61	Perceptions of Jobs: *Nebraska Community Themes and Strengths Assessment* (2011)[16]	
	% Who Disagree	
	East Central	Nebraska
There are enough jobs, either in town or a short drive away, for people living in your community.	26.3%	38.5%
The jobs in your community offer opportunities for advancement (such as promotions and on the job training).	31.7%	41.3%
The jobs in your community are family friendly, allowing for things such as flexible scheduling, reasonable hours, health insurance, and so forth.	31.9%	32.0%
The economy in your community is strong.	16.4%	29.9%

Survey participants of the *2011 Community Health Survey* were overall neutral on jobs. When asked about the availability of jobs, participants from Nance County had the most negative response, with a majority disagreeing or agreeing to the survey item: "There are jobs available in the community." Of all four counties, Survey participants from Platte County responded the most positively, though the response was basically neutral. There was little difference between Hispanic and non-Hispanic participants. The difference between the means for this survey item was statistically significant ($p<.05$) between Boone and Colfax, Boone and Nance, Colfax and Platte, and Nance and Platte Counties. See Table 2.62 below.

Table 2.62	There are jobs available in the community (considering locally owned and operated businesses, jobs with career growth, affordable housing, reasonable commute, etc.)[15]					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean (1-5 scale)***
Boone	5.4%	33.9%	19.6%	35.7%	5.4%	***3.0***
Colfax	13.0%	40.7%	17.1%	23.6%	5.7%	***2.7***
Nance	12.8%	53.8%	12.8%	10.3%	10.3%	***2.5***
Platte	1.9%	21.7%	27.3%	42.3%	6.7%	***3.1***
Hispanic	9.7%	24.3%	29.1%	29.1%	7.8%	***3.0***
Non-Hispanic	5.1%	32.3%	21.2%	34.9%	6.5%	***3.1***
East Central	**6.0%**	**30.5%**	**22.7%**	**34.2%**	**6.6%**	***3.1***

The response to the *2011 Community Health Survey* item: "There are opportunities for advancement in the jobs that are available in the community" was as equally neutral as the previous survey item. Colfax and Nance County participants responded most unfavorably to this survey item. Hispanics were slightly more favorable than non-Hispanics. The difference between the means for this survey item was statistically significant ($p<.05$) between Boone and Colfax, Boone and Nance, Colfax and Platte, and Nance and Platte Counties. See Table 2.63 below.

Table 2.63	There are opportunities for advancement in the jobs that are available in the community (considering promotions, job training, and higher education opportunities).[15]					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean (1-5 scale)***
Boone	5.4%	33.9%	21.4%	37.5%	1.8%	***3.0***
Colfax	12.1%	41.1%	21.0%	20.2%	5.6%	***2.7***
Nance	12.8%	48.7%	23.1%	7.7%	7.7%	***2.5***
Platte	1.1%	24.1%	37.2%	33.1%	4.5%	***3.2***
Hispanic	12.5%	19.2%	32.7%	26.9%	8.7%	***3.0***
Non-Hispanic	3.5%	35.0%	29.6%	28.0%	3.8%	***2.9***
East Central	**5.4%**	**31.5%**	**30.1%**	**28.2%**	**4.7%**	***3.0***

Housing

Compared to the rest of the state, the perceptions of the availability of quality affordable housing are slightly more negative in the East Central District. See Table 2.64 below.

Table 2.64	Perceptions of Housing: *Nebraska Community Themes and Strengths Assessment* (2011)[16]	
	% Who Disagree	
	East Central	Nebraska
There is enough quality housing available in your community, including homes and apartments.	21.0%	18.2%
Quality housing in your community is affordable for the average person.	29.1%	28.1%

Social Support and Civic Responsibility

Among East Central participants of the *2011 Nebraska Community Themes and Strengths Assessment*, there is a slightly more positive perception of the availability of support networks and community support as compared to the rest of the state. This corresponds well with the views of the focus group participants, who also perceived a strong sense of community. See Table 2.65 below.

Table 2.65	Perceptions of Social Support and Civic Responsibility: *Nebraska Community Themes and Strengths Assessment* (2011)[16]	
	% Who Disagree	
	East Central	Nebraska
There are enough support networks in your community for individuals and families during times of stress and need, such as support groups, faith community outreach, community agencies, and so forth.	20.5%	24.7%
People in your community pitch in and help out the community in times of need.	5.4%	8.4%
There are a lot of opportunities for individuals in your community to volunteer.	10.1%	9.9%
A lot of individuals in your community do volunteer work.	14.6%	15.5%

Participants of the *2011 Community Health Survey* from Nance and Boone Counties felt that their community was more safe than participants from Colfax and Platte Counties. Hispanic participants felt that their community was slightly less safe than non-Hispanic participants. The difference between the means for this survey item was statistically significant ($p<.05$) between Colfax and all other counties, and Nance and all other counties. See Table 2.66 below.

Table 2.66	The community is a safe place to live (considering residents' 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.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	1.8%	1.8%	80.4%	16.1%	***4.1***
Colfax	7.3%	25.8%	19.4%	37.1%	10.5%	***3.2***
Nance	0.0%	0.0%	5.1%	74.4%	20.5%	***4.2***
Platte	1.1%	8.2%	19.9%	62.2%	8.6%	***3.7***
Hispanic	3.8%	9.6%	27.9%	49.0%	9.6%	***3.5***
Non-Hispanic	2.2%	12.1%	13.2%	61.0%	11.6%	***3.7***
East Central	**2.5%**	**11.3%**	**16.5%**	**58.8%**	**10.9%**	***3.7***

Participants of the *2011 Community Health Survey* from Boone and Nance County reported that there were support networks for individuals and families at a slightly higher rate than participants from Colfax and Platte Counties. Non-Hispanic participants have a greater perception of a social network than do Hispanic participants. The difference between the means for this survey item was statistically significant ($p<.05$) between Boone and Colfax Counties, Colfax and Nance Counties, and between Hispanic and non-Hispanic participants. See Table 2.67 below.

Table 2.67	There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of stress and need.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	5.4%	17.9%	73.2%	3.6%	***3.8***
Colfax	8.1%	12.1%	20.2%	51.6%	8.1%	***3.4***
Nance	0.0%	10.3%	15.4%	64.1%	10.3%	***3.7***
Platte	0.7%	11.2%	25.8%	57.7%	4.5%	***3.5***
Hispanic	5.8%	16.3%	28.8%	41.3%	7.7%	***3.3***
Non-Hispanic	1.6%	9.4%	21.0%	62.6%	5.4%	***3.6***
East Central	**2.5%**	**10.7%**	**22.6%**	**58.4%**	**5.8%**	***3.5***

Survey participants of the *2011 Community Health Survey* from Boone, Platte, and Nance Counties responded slightly positively to the survey item: "All residents believe that they, individually, and collectively, can make the community a better place to live." Over 40% of participants from Colfax County disagreed or strongly disagreed with the statement. The difference between the means for this survey item was statistically significant ($p<.05$) between Colfax and all other counties, and between Nance and Platte Counties. See Table 2.68 below.

Table 2.68	All Residents believe that they, individually and collectively, can make the community a better place to live.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	7.1%	28.6%	58.9%	5.4%	***3.6***
Colfax	9.8%	32.0%	23.0%	32.0%	3.3%	***2.9***
Nance	0.0%	5.1%	20.5%	66.7%	7.7%	***3.8***
Platte	2.2%	15.4%	25.5%	50.2%	6.7%	***3.4***
Hispanic	7.8%	16.5%	28.2%	35.0%	12.6%	***3.3***
Non-Hispanic	2.7%	18.6%	23.7%	51.2%	3.8%	***3.4***
East Central	**3.7%**	**17.8%**	**24.8%**	**47.7%**	**5.8%**	***3.3***

Social Programs

WIC

The Women, Infants, and Children Program (WIC) provides nutritional resources for pregnant women, infants, and young children. As shown in Table 2.69 below, Colfax County has a rate of its residents receiving WIC benefits that is more than double that for the state. The remaining three counties are near or slightly below the state average.

Table 2.69	WIC Recipients (2009)[10]	
	WIC Recipients	WIC Recipients as Percent of Total Population
Boone	190	3.5%
Colfax	1,004	9.7%
Nance	136	3.9%
Platte	1,453	4.5%
East Central	**2,783**	**5.4%**
Nebraska	**79,047**	**4.3%**

A notably higher percentage of the Hispanic population in the East Central District receives WIC benefits as compared to the Caucasian population. Also, a higher proportion of the Hispanic population in the district receives WIC benefits as compared to the Hispanic population of the whole state. Colfax and Platte, being the counties with the highest saturation of the Hispanic population, have the highest rates of Hispanic WIC recipients. The Caucasian population receives WIC at a rate comparable to that of the rest state's Caucasian population. See Table 2.70 below.

Table 2.70	WIC Recipients by Caucasian and Hispanic (2009)[10]			
	Caucasian WIC Recipients	Caucasian WIC Recipients as Percent of Total Caucasian Population	Hispanic WIC Recipients	Hispanic WIC Recipients as Percent of Total Hispanic Population
Boone	183	3.4%	5	5.7%
Colfax	114	1.1%	879	20.4%
Nance	128	3.7%	5	7.9%
Platte	683	2.2%	743	19.0%
East Central	**1,108**	**2.2%**	**1,632**	**19.5%**
Nebraska	**38,116**	**2.3%**	**24,774**	**16.5%**

Medicaid

As a whole, the East Central District has a slightly lower rate of residents receiving Medicaid as compared to the state. However, Colfax and Nance Counties have higher rates of residents receiving Medicaid as compared to the state. See Table 2.71 below.

Table 2.71	Medicaid Eligibles (2009)[10]	
	Number of Medicaid Eligibles	Medicaid Eligibles as a Percent of the Total Population
Boone	462	8.5
Colfax	1,322	12.8%
Nance	454	13.1%
Platte	2,962	9.1%
East Central	**5,200**	**10.1%**
Nebraska	**206,725**	**11.5%**

Food Stamps

As shown in Table 2.72 below, residents in the East Central District receive Food Stamps at a slightly lower rate than the state average.

Table 2.72	Food Stamp Recipients (2009)[10]	
	Number Receiving Food Stamps	Those Receiving Food Stamps as a Percent of the Total Population
Boone	91	1.7%
Colfax	203	2.0%
Nance	68	2.0%
Platte	725	2.2%
East Central	**1,087**	**2.1%**
Nebraska	**55,026**	**3.1%**

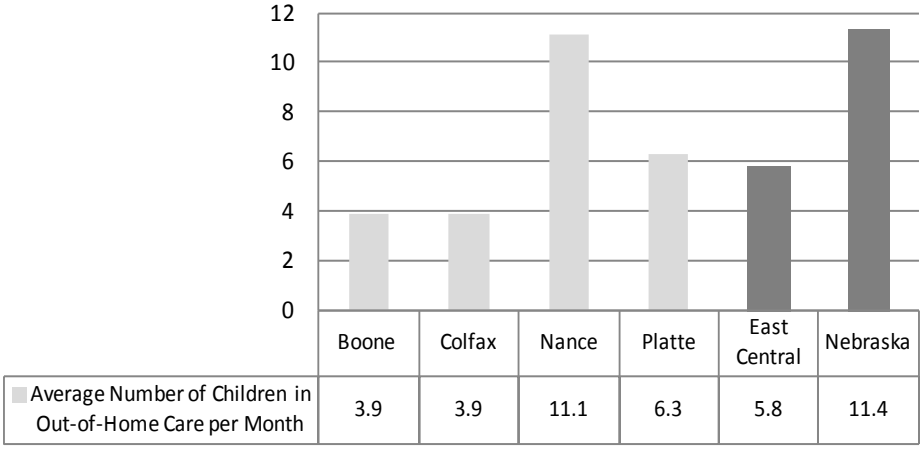
Child Welfare

The lack of foster homes for youth and independent living options for the homeless youth living in the community were noted as health and community safety challenges in the *2008 Needs Assessment Report*.[20] The need for better surveillance of child abuse and the lack of parental involvement were expressed as issues by the 2011 focus group participants.[21]

Child Protection and Safety

Out-of-home care services include foster care, group homes, and other residential care facilities. Although the East Central District has a comparatively low monthly average of children in out- of-home care, Nance County is the highest in the district and nearly even with the state average.

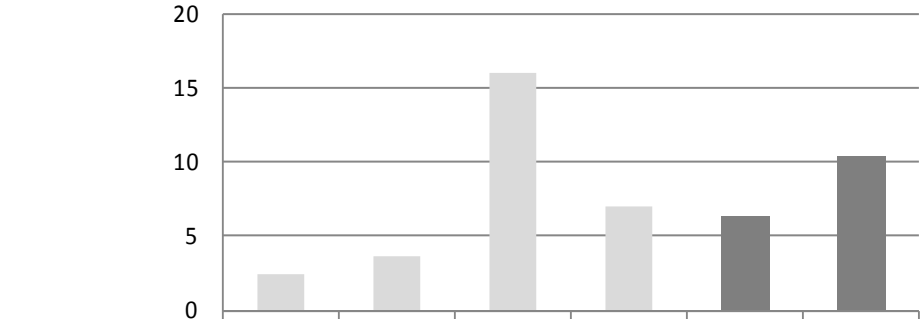
Figure 2.62: Average Number of Children per Month in Out-of-Home Care (2009)[10]



Child Abuse and Neglect

Just as Nance County had a high monthly average of children in out-of-home care services, so Nance County also has a high rate of child abuse and neglect cases - more than double that of other counties in the district and 1.5 times higher than the state average.

Figure 2.63: Child Abuse and Neglect Cases per 1,000 (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Child Abuse/Neglect Cases per 1,000	2.4	3.6	16.0	7.0	6.3	10.4

Crime

Gang Activity

Safety was one of the most commonly brought up issues in the *2011 Focus Groups*, with gang related crime and violence being the top threat to safety. Several participants felt that their community was not safe due to gang activity and some wanted to see more done by law enforcement to combat the growing problem.[21] Gangs and gang violence were also mentioned as threats to the community in the focus group held at the library in 2008.[24] Of those participants from the East Central District in the *2011 Nebraska Community Themes and Strengths Assessment Survey*, 30.6% agreed or strongly agreed that there was a lot of crime in their community, compared to 22.6% for the state.[16]

The prevalence of gangs was listed as a threat to the community safety in the *2008 Columbus Needs Assessment Report*, stating "With heightened gang activity in Columbus, there is a sense of urgency expressed for keeping our youth safe, supervised, and engaged."[20]

Violent gang activity and drug and alcohol use in gangs were also included as factors influencing the health and quality of life in the community in the *Forces of Change Assessment.*[12]

In the 2010 *Issues and Efforts Survey,* 70.3% of the 118 respondents reported that both gang activity and at risk youth were "very concerning," making both tied for the number two concern after drug and alcohol use by youths.[27]

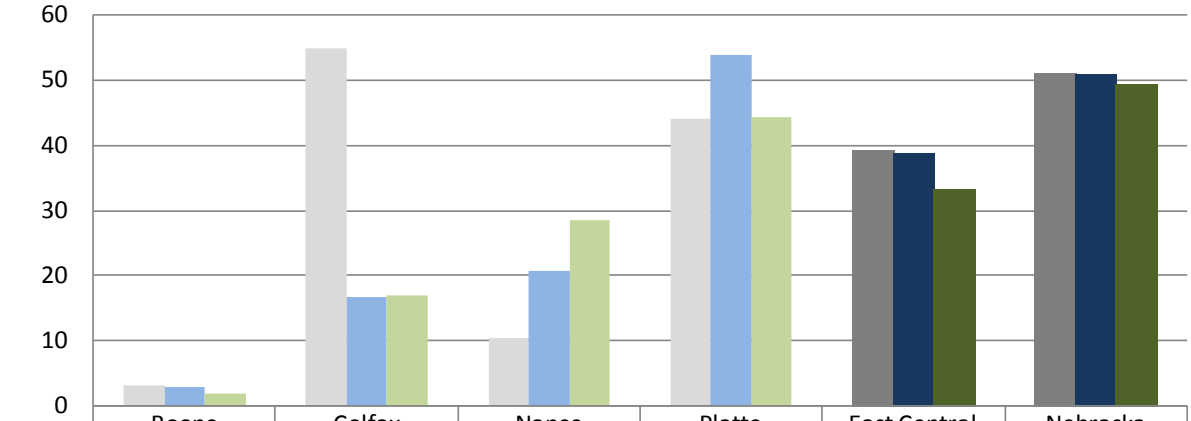
In 2009, 317 adults in Platte County participated in the *Perception of Gang Activity Survey*. There was high cognizance of the prevalence of gangs and a common perception that they are in the schools and affecting child safety. See selected results from the survey below in Table 2.73.

Table 2.73	Selected Results from the *Perception of Gang Activity Survey* (2009)[28]
	Percent Agreeing or Strongly Agreeing
Gangs exist in the community.	90%
There are two or more gangs active in the community.	81%
Local school systems have problems with gangs.	78%
Gang activity affects child safety at school.	73%
Gang activity has increased in the last 3-5 years.	81%

Adult Crime Statistics

Platte County consistently had the highest rate of total arrests per 1,000 population from 2007 to 2009. Although Colfax County had the highest arrest rate of any county in 2007, that rate dropped nearly 70% in 2008 and stayed at that lower level in 2009. This will be a continuing trend for other Colfax County crime data - high rates of crime in 2007, then steep drop offs in 2008 and 2009. An explanation for this phenomenon is unavailable. Boone County has an arrest rate that is approaching zero, while Nance County's arrest rate has increased each year from 2007 to 2009. The total arrest rate for the entire East Central District is well below the arrest rate for the entire state. See Figure 2.64 below.

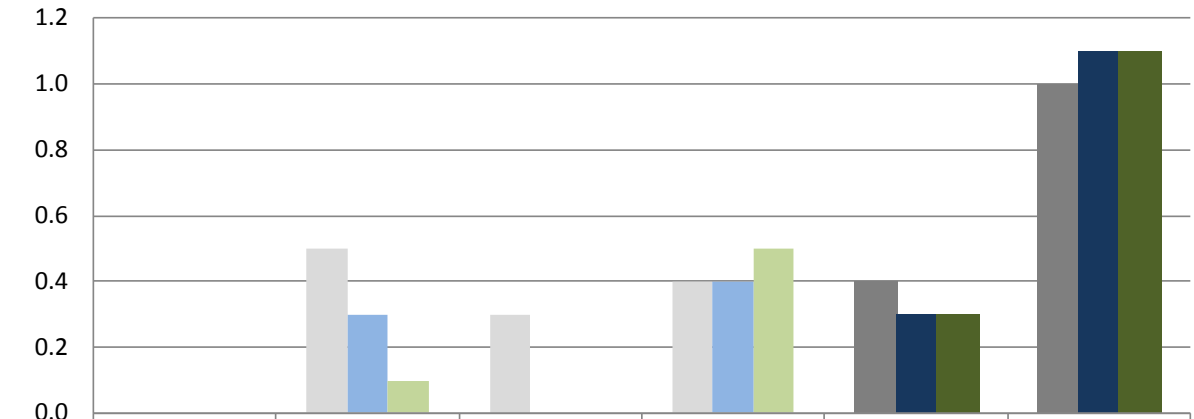
Figure 2.64: Total Arrests per 1,000 Population (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	3.1	54.8	10.4	44.1	39.4	51.1
2008	2.8	16.6	20.8	54.0	38.9	51.0
2009	1.8	16.9	28.6	44.3	33.3	49.3

The East Central District has a considerably lower arrest rate for violent crimes as compared to the rest of the state. Platte County is consistently higher than the other counties in the district with regard to violent crime arrests, with the exception of Colfax County in 2007. See Figure 2.65 below.

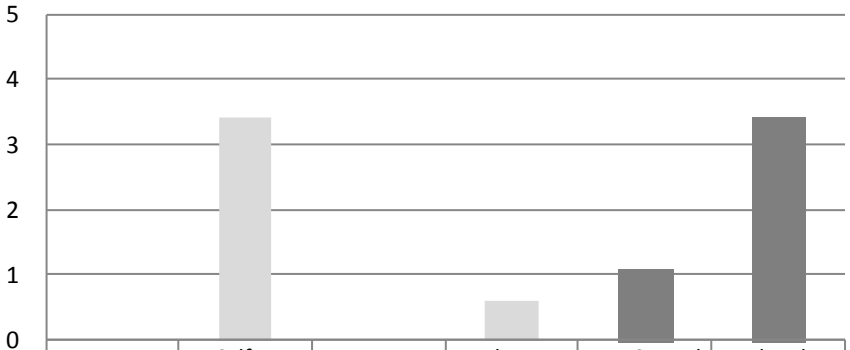
Figure 2.65: Arrests for Violent Crimes per 1,000 Population (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	0.0	0.5	0.3	0.4	0.4	1.0
2008	0.0	0.3	0.0	0.4	0.3	1.1
2009	0.0	0.1	0.0	0.5	0.3	1.1

Figure 2.66: Homicides per 100,000 Population (2005-2009)[10]

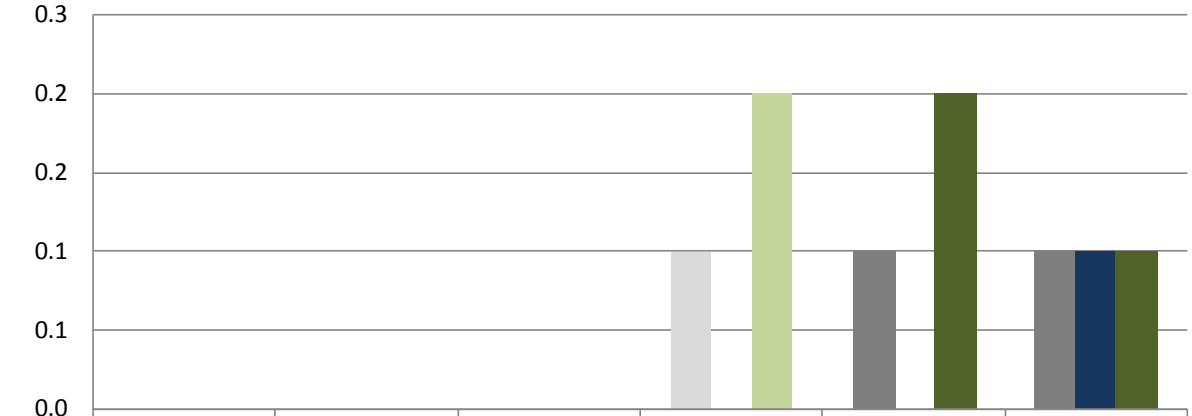
Although the homicide rate for the East Central District was two-thirds lower than that for the state from 2005-2009, the homicide rate in Colfax County was even with the rate for the state.



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Homicide Rate per 100,000	0.0	3.4	0.0	0.6	1.1	3.4

Platte County is the only county in the district that had any reported forcible rape offenses from 2007 to 2009. See Figure 2.67 below.

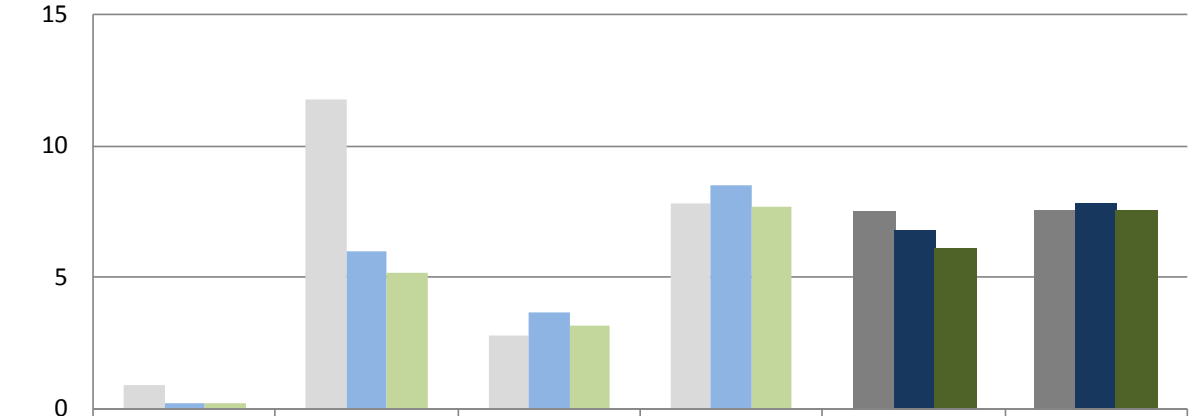
Figure 2.67: Reported Forcible Rape Offenses 1,000 Population (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	0.0	0.0	0.0	0.1	0.1	0.1
2008	0.0	0.0	0.0	0.0	0.0	0.1
2009	0.0	0.0	0.0	0.2	0.2	0.1

Arrests for Driving Under the Influence (DUI) are slightly lower for the whole district as compared to the state. In Platte County the DUI arrest rate is slightly higher than the state average. Colfax County, as is typical for its crime statistics, had a very high DUI rate in 2007 and then a sharp drop off thereafter. The DUI rate in Boone and Nance Counties was substantially lower than Platte and Colfax Counties. See Figure 2.68 below.

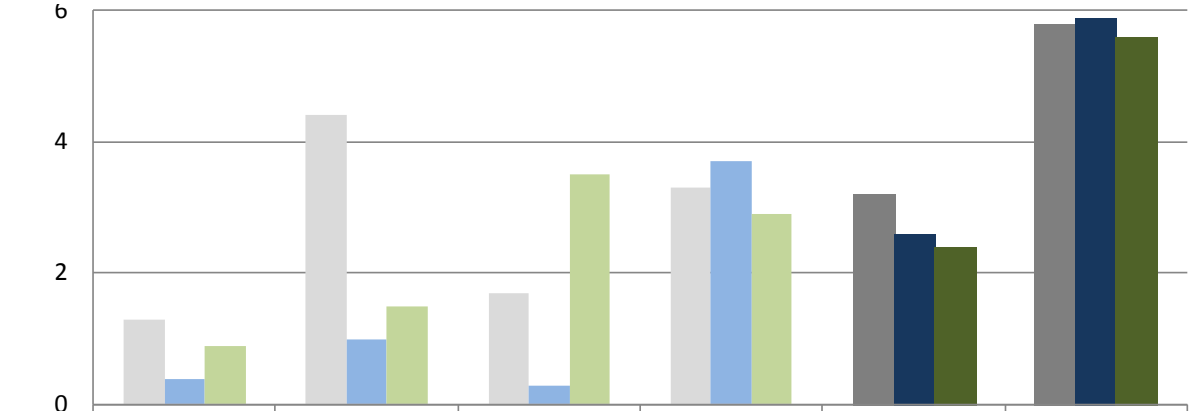
Figure 2.68: Arrests for DUI per 1,000 Population (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	0.9	11.8	2.8	7.8	7.5	7.6
2008	0.2	6.0	3.7	8.5	6.8	7.8
2009	0.2	5.2	3.2	7.7	6.1	7.6

The East Central District has a rate of arrests for drug law violations that is half that of the rate for the state. The highest arrest rate for drug law violations for any county was Colfax in 2007, which then dropped sharply afterwards. Nance County had a relatively high rate of arrests for drug law violations in 2009. Platte County has a consistently high rate of arrests for drug law violations compared the rest of the counties in the district. See Figure 2.69 below.

Figure 2.69: Arrests for Drug Law Violations per 1,000 Population (2007-2009)[10]



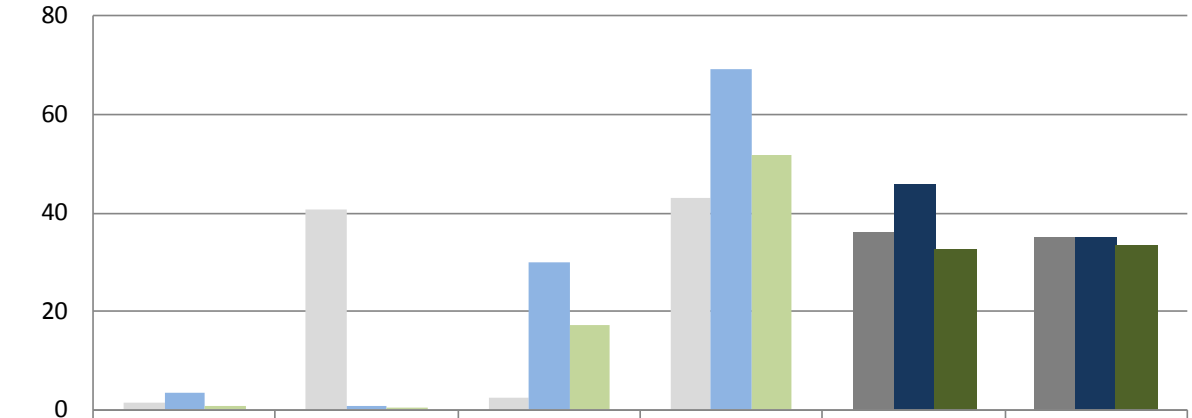
	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	1.3	4.4	1.7	3.3	3.2	5.8
2008	0.4	1.0	0.3	3.7	2.6	5.9
2009	0.9	1.5	3.5	2.9	2.4	5.6

Juvenile Crime Statistics

In the five focus groups conduced in 2011, the second most mentioned problem issue in the community was the lack of activities for youth. This was often cited as leading to problem behaviors in many of the youth.[21]

In some cases, Platte County consistently has higher rates of juvenile arrests as compared to the entire state. In 2008, this rate was almost double that of the state. The remaining counties have relatively low rates of juvenile arrests. The juvenile arrest rate in Colfax County is suspect for error in 2008 and 2009 as the incredibly steep drop in arrests seems unlikely, though it would not be entirely inconsistent with the rest of its crime data. See Figure 2.70 below.

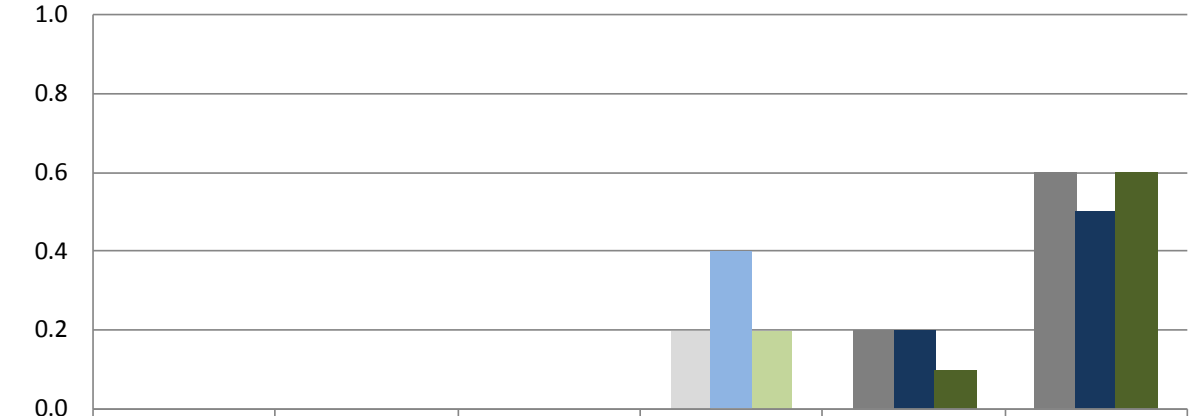
Figure 2.70: Total Juvenile Arrests per 1,000 Population (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	1.6	40.8	2.6	42.9	36.1	35.0
2008	3.4	0.7	30.1	69.2	45.7	35.0
2009	0.8	0.6	17.1	51.7	32.8	33.3

Platte County has the only instances of juvenile arrests for violent crime in the East Central District. Compared to the rest of the state, the rate for juvenile violent crime is lower in Platte County. See Figure 2.71 below.

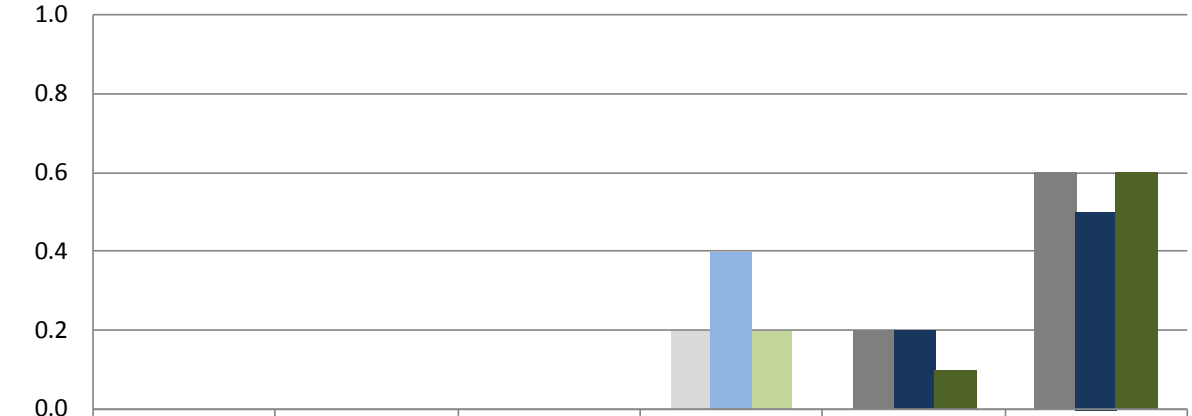
Figure 2.71: Juvenile Arrests for Violent Crime per 1,000 Population (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	0.0	0.0	0.0	0.2	0.2	0.6
2008	0.0	0.0	0.0	0.4	0.2	0.5
2009	0.0	0.0	0.0	0.2	0.1	0.6

Platte County again has the only instances of juvenile arrests for DUI in the East Central District. Compared to the rest of the state, the rate for juvenile DUI is lower in Platte County. See Figure 2.72 below.

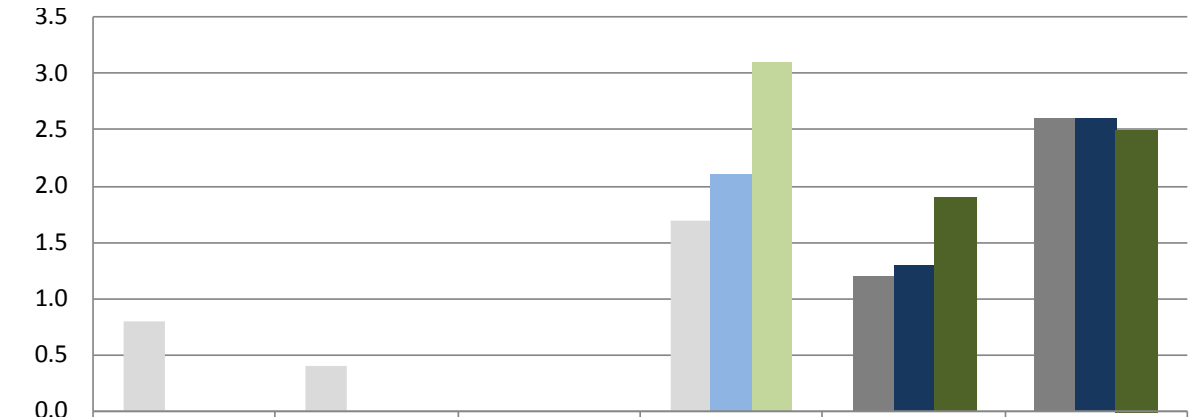
Figure 2.72: Juvenile Arrests for DUI per 1,000 Population (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	0.0	0.0	0.0	0.2	0.2	0.6
2008	0.0	0.0	0.0	0.4	0.2	0.5
2009	0.0	0.0	0.0	0.2	0.1	0.6

Platte County again stands out for its juvenile arrest rate for drug law violations, which was higher than that for the state in 2009. The remaining counties have minimal to no juvenile arrests for drug law violations. See Figure 2.73 below.

Figure 2.73: Juvenile Arrests for Drug Law Violations per 1,000 Population (2007-2009)[10]



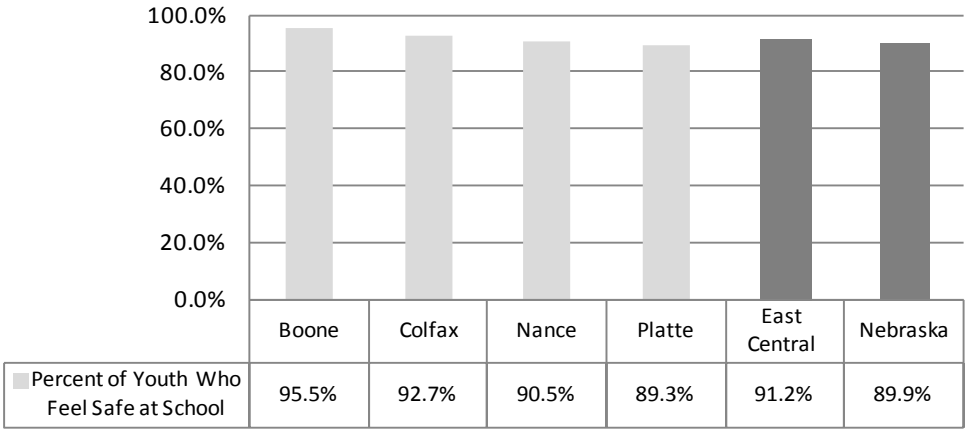
	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	0.8	0.4	0.0	1.7	1.2	2.6
2008	0.0	0.0	0.0	2.1	1.3	2.6
2009	0.0	0.0	0.0	3.1	1.9	2.5

Youth Perceptions of Safety

Youth safety in school and in the neighborhood was a problem issue identified by adults in both the *2009 Perception of Gang Activity Survey* and the *2011 Focus Groups.*[20,26] However, youth in the East Central District report feeling as about as safe in their schools and neighborhoods as compared to youth the rest of the state. Also, with a few grade level exceptions, a lower percentage of youth in the East Central District report being bullied than youth in the state as a whole. See the following three figures.

Figure 2.74: Percent of Youth Who Feel Safe at School (2010)[29]

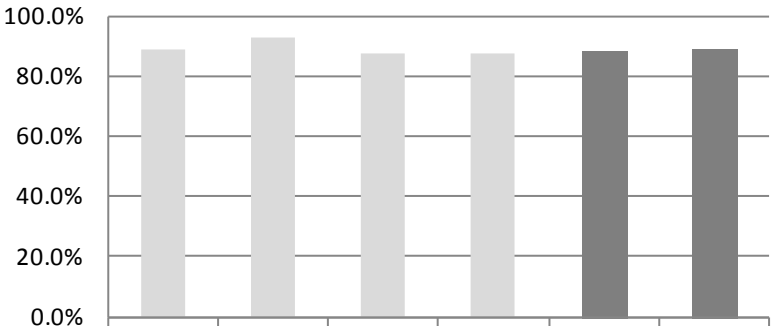
In Platte County, roughly the same percentage of youth felt about as safe at school as the rest of the state. A greater percentage of youth in the remaining three counties felt safe in school as compared to the state.



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Percent of Youth Who Feel Safe at School	95.5%	92.7%	90.5%	89.3%	91.2%	89.9%

Figure 2.75: Percent of Youth Who Feel Safe in their Neighborhood (2010)[29]

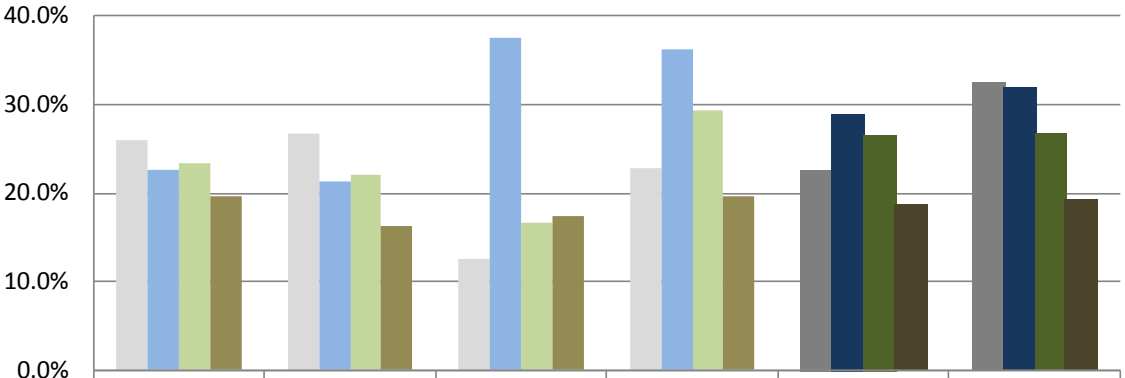
Compared to the rest of the state, a similar percentage of youth in the East Central District feel safe in their neighborhood.



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Percent of Youth Who Feel Safe In Their Neighborhood	88.9%	92.9%	87.5%	87.4%	88.3%	88.8%

Compared to the state, youth in the East Central District generally report being bullied at a lower rate. Notable exceptions include 8th graders in Nance and Platte County, in which a high percentage of youth reported being bullied in the past 12 months. See Figure 2.76 below.

Figure 2.76: Percent of Youth Reporting Being Bullied at School in the Past 12 Months by Grade (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	25.9%	26.7%	12.5%	22.8%	22.6%	32.5%
8th Grade	22.6%	21.4%	37.5%	36.3%	29.0%	32.0%
10th Grade	23.3%	22.0%	16.7%	29.4%	26.6%	26.7%
12th Grade	19.7%	16.2%	17.4%	19.7%	18.7%	19.2%

Underage Alcohol, Tobacco, and Marijuana Use

As previously mentioned in the above "Crime" topic section, the lack of positive and productive activities for youth was often mentioned by focus group participants as contributing to alcohol, tobacco, and drug use. Ineffective parenting was also mentioned as a factor contributing to underage alcohol, tobacco, and drug use by focus group participants. Some youth participants in the focus groups were very candid about the prevalence of drugs and alcohol in their schools and the methods youth use to avoid getting caught. When asked what youth do in their free time, some of the participants in the *Schuyler Youth Focus Group* responded "drink alcohol" and "smoke weed."[20]

These same concerns of underage alcohol use and ineffective parenting are well documented in the 2010 *Columbus Issues and Efforts Survey*. Drug and alcohol use by youth was the top concern among survey participants, with 77.1% reporting it as "very concerning." Also, effective parenting was an issue that was the least well addressed in the community according to survey participants, with 45.5% of survey participants reporting it as "not well addressed" and 36.6% as "somewhat addressed."[25]

Perceptions of Underage Alcohol Use

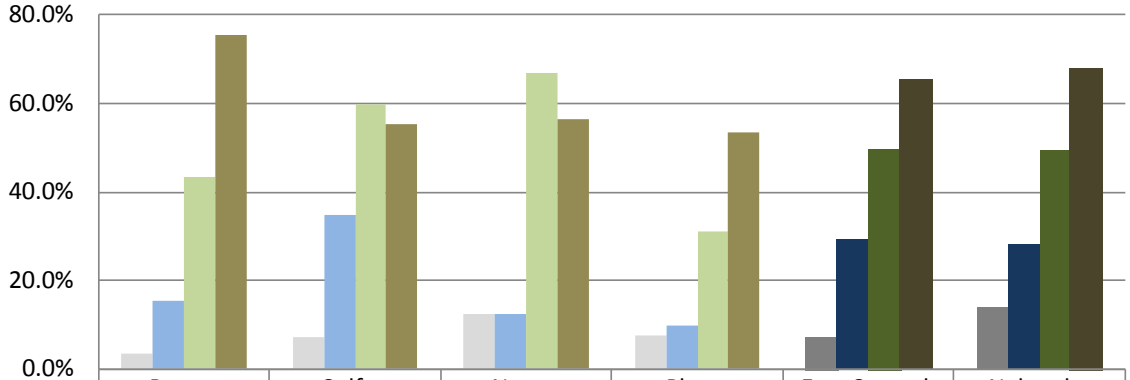
Compared to the rest of the state, a greater percentage of survey participants in the *2011 Nebraska Community Themes and Strengths Assessment* perceive that alcohol use among those under 21 years old is a big problem in their community and that the community should do more to prevent underage alcohol 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." See Table 2.74 below.

Table 2.74	Perceptions of Underage Alcohol Use: *Nebraska Community Themes and Strengths Assessment* (2011)[16]	
	% 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%

Lifetime Alcohol, Tobacco, and Marijuana Use

Compared to the rest of the state, youth in the East Central District have a rate of lifetime alcohol use that is comparable to the rest of the state. Platte County stands out as having the lowest self-reported lifetime alcohol use for 8th, 10th, and 12th graders. Boone County has notably high rates of lifetime alcohol use for 12th graders, and Nance has high rates for 10th graders. See Figure 2.77 below.

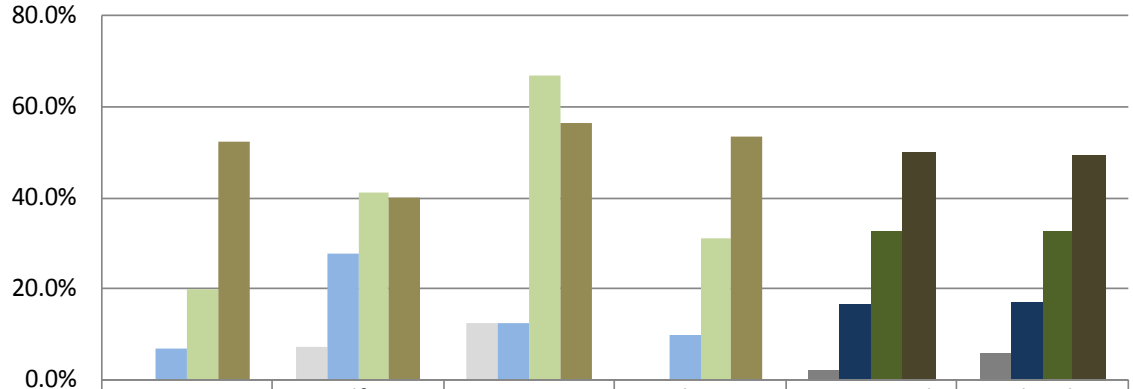
Figure 2.77: Lifetime Alcohol Use by Grade (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	3.7%	7.1%	12.5%	7.5%	7.3%	14.0%
8th Grade	15.6%	34.8%	12.5%	9.8%	29.3%	28.0%
10th Grade	43.3%	59.8%	66.7%	31.2%	49.9%	49.3%
12th Grade	75.4%	55.3%	56.5%	53.5%	65.3%	67.9%

Youth in the East Central District have similar lifetime use rates for tobacco as compared to the state. Youth in 10th and 12th grades in Nance County have the highest lifetime use rates in the district, with rates that are also notably higher than the state average, especially for 10th graders. See Figure 2.78 below.

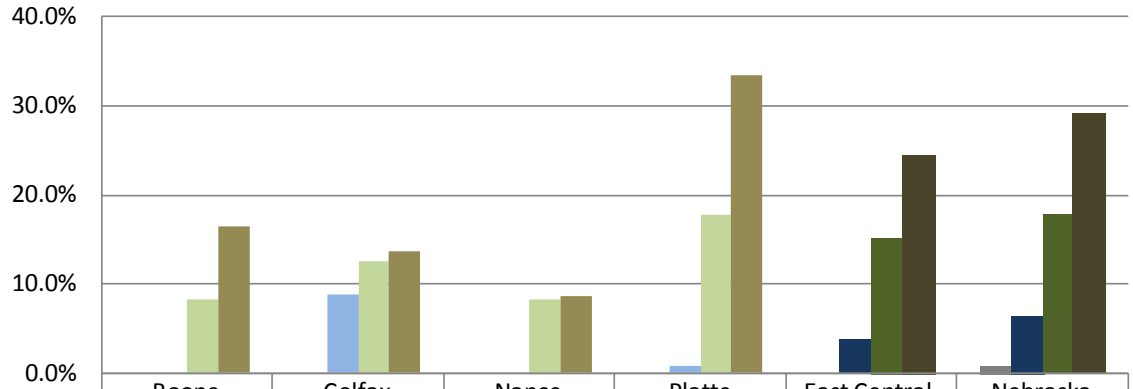
Figure 2.78: Lifetime Tobacco Use by Grade (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	7.1%	12.5%	0.0%	2.2%	5.6%
8th Grade	6.7%	27.7%	12.5%	9.8%	16.7%	17.0%
10th Grade	20.0%	41.1%	66.7%	31.2%	32.7%	32.4%
12th Grade	52.5%	40.0%	56.5%	53.5%	50.0%	49.3%

With the exception of Platte County 12th graders, which had notably high lifetime use rates of marijuana, every age group in every county in the East Central District had lower lifetime use rates of marijuana as compared to the state. See Figure 2.79 below.

Figure 2.79: Lifetime Marijuana Use by Grade (2010)[29]

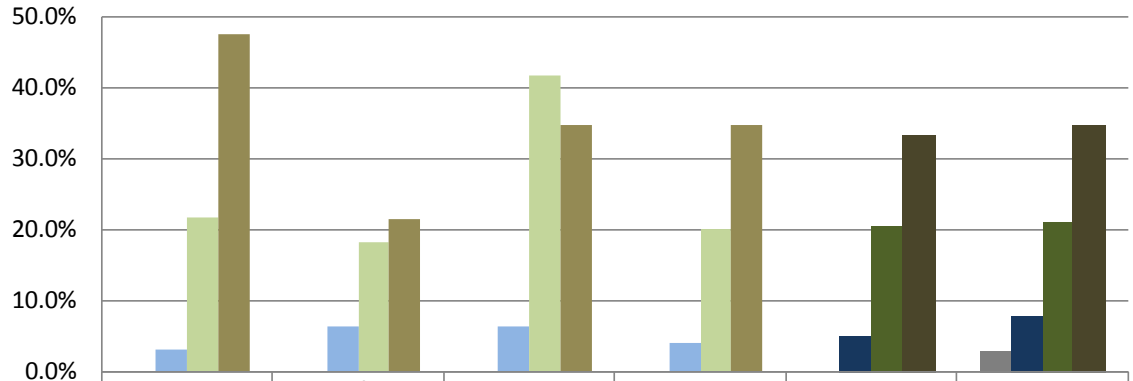


	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
8th Grade	0.0%	8.9%	0.0%	0.8%	3.9%	6.5%
10th Grade	8.3%	12.6%	8.3%	17.8%	15.1%	17.8%
12th Grade	16.4%	13.7%	8.7%	33.5%	24.4%	29.2%

30-Day Alcohol, Tobacco, and Marijuana Use

Compared to the rest of the state, the East Central District as a whole has a comparable percentage of youth who self-report using alcohol in the past 30 days. Nance County 10th graders and Boone County 12th graders have the highest rates of self-reported 30-day alcohol use in the district, with percentages that were considerably higher than the state average. See Figure 2.80 below.

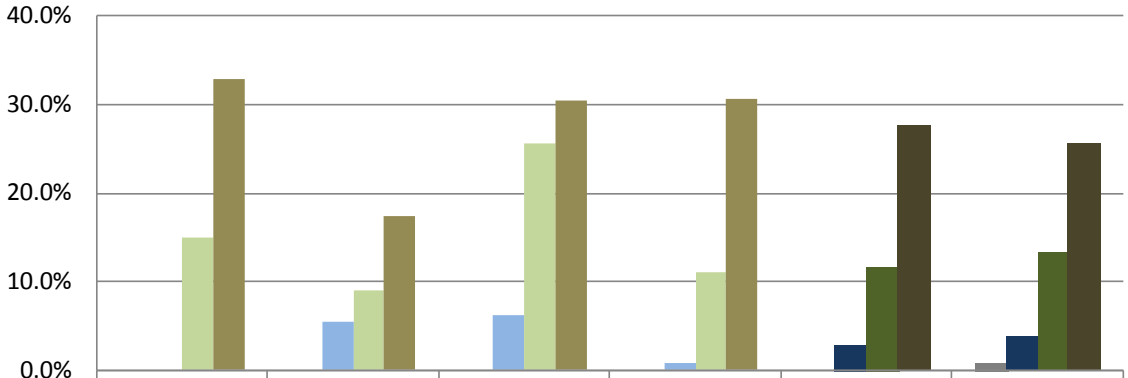
Figure 2.80: 30-Day Alcohol Use by Grade (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%
8th Grade	3.1%	6.3%	6.3%	4.1%	4.9%	7.9%
10th Grade	21.7%	18.2%	41.7%	20.2%	20.6%	21.0%
12th Grade	47.5%	21.6%	34.8%	34.8%	33.4%	34.7%

Binge drinking is defined as five or more drinks in a row. Compared to the rest of the state, the East Central District has lower rates of 30-day binge drinking for 6th, 8th, and 10th graders, but higher rates for 12th graders. Nance County 10th graders and Boone County 12th graders had notably higher 30-day binge drinking rates than the state average and the rest of the counties in the district. See Figure 2.81 below.

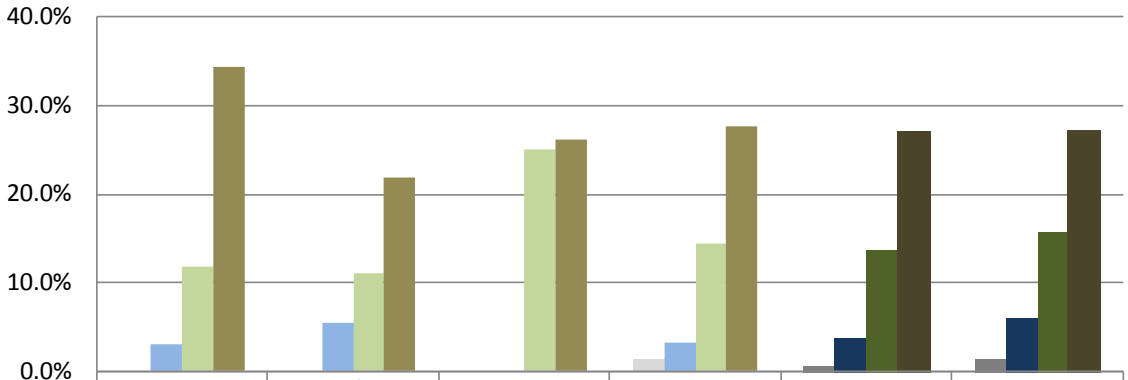
Figure 2.81: 30-Day Binge Drinking (5 or More Drinks) by Grade (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
8th Grade	0.0%	5.4%	6.3%	0.8%	2.8%	3.8%
10th Grade	15.0%	9.1%	25.6%	11.1%	11.6%	13.4%
12th Grade	32.8%	17.5%	30.4%	30.7%	27.6%	25.6%

Nance County 10th graders and Boone County 12th graders were again noteworthy for their relatively high rates of 30-day tobacco use. The remainder of the county had slightly lower rates of tobacco use as compared to the state. See Figure 2.82 below.

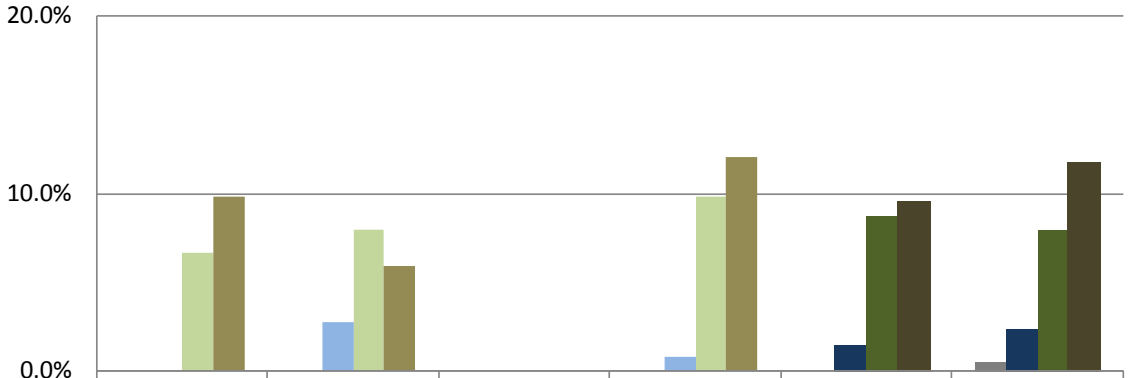
Figure 2.82: 30-Day Tobacco Use by Grade (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	1.3%	0.7%	1.3%
8th Grade	3.1%	5.4%	0.0%	3.2%	3.9%	6.1%
10th Grade	11.9%	11.1%	25.0%	14.4%	13.7%	15.7%
12th Grade	34.4%	21.9%	26.1%	27.6%	27.1%	27.2%

Platte County had slightly higher rates of 30-day marijuana use for 10th and 12th graders as compared to the state. The remainder of the county was at or below the state level for 30-day marijuana use. See Figure 2.83 below.

Figure 2.83: 30-Day Marijuana Use by Grade (2010)[29]

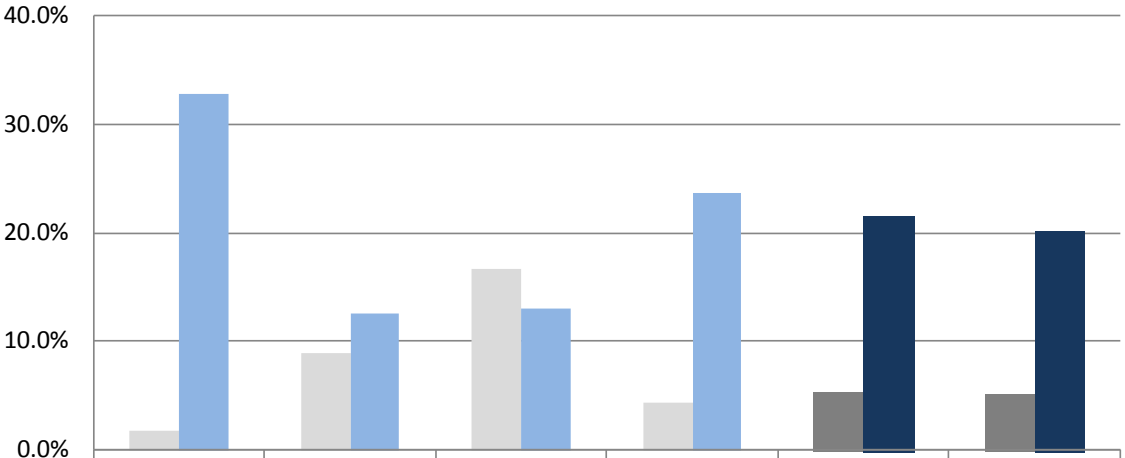


	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%
8th Grade	0.0%	2.7%	0.0%	0.8%	1.4%	2.4%
10th Grade	6.7%	8.0%	0.0%	9.8%	8.7%	8.0%
12th Grade	9.8%	5.9%	0.0%	12.1%	9.5%	11.8%

Alcohol Impaired Driving

As a whole the East Central District has comparable or slightly higher rates of alcohol impaired driving for 10th and 12th grade youth. As has been a running trend with alcohol and tobacco statistics, Nance County 10th graders and Boone County 12th graders had high rates of impaired driving over the past 12 months preceding the survey as compared to the state and the rest of the district. Platte County 12th graders also had slightly higher rates of impaired driving as compared to the state. See Figure 2.84 below.

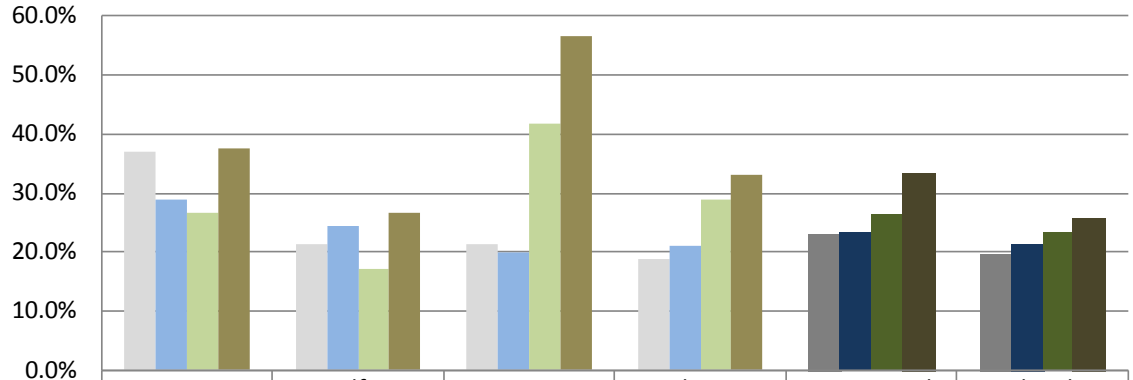
Figure 2.84: Percent of Youth Who Have Driven Under the Influence of Alcohol in the Past 12 Months by Grade (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
10th Grade	1.7%	8.9%	16.7%	4.4%	5.3%	5.1%
12th Grade	32.8%	12.5%	13.0%	23.7%	21.6%	20.1%

While the East Central District has 12-month rates of youth drinking and driving that are comparable to the state (as shown in Figure 2.84 above), a greater percentage of youth in each grade in the district claim to have rode in a car in the past 30 days driven by someone who had been drinking alcohol. The question did not specify who the driver was, so youth may be reporting riding with a peer or an adult who had been drinking. Notably high rates of riding with a driver who had been drinking occurred in Nance County for 10th and 12th graders. Boone County 6th graders also have a high instance of riding with a driver who had been drinking. The most notable disparity between the district as a whole and the state was for 12th graders, who had substantially higher rates of riding with a driver who had been drinking than 12th graders from the entire state. See Figure 2.85 below.

Figure 2.85: Percent of Youth Who Rode in a Car in the Past 30 Days Driven by Someone Who Had Been Drinking Alcohol (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	37.0%	21.4%	21.4%	18.8%	23.0%	19.6%
8th Grade	29.0%	24.3%	20.0%	21.1%	23.2%	21.4%
10th Grade	26.7%	17.2%	41.7%	28.8%	26.4%	23.3%
12th Grade	37.7%	26.7%	56.5%	33.0%	33.5%	25.7%

Youth Perception of Parental Disapproval

Youth in the district report that their parents would disapprove of them using cigarettes at a rate comparable to the rest of the state. Nance County 10th and 12th graders stood out as having low perceptions of parental disapproval for cigarette use. See Table 2.75 below.

Table 2.75 Percent of Youth Who Report Their Parents Would Say it is Very Wrong for Them to Use Cigarettes[29]

	8th Grade	10th Grade	12th Grade
Boone	86.7%	88.1%	68.9%
Colfax	82.7%	80.0%	68.0%
Nance	93.8%	75.0%	59.1%
Platte	87.8%	80.2%	65.2%
East Central	**86.0%**	**81.2%**	**66.1%**
Nebraska	**87.7%**	**80.2%**	**66.2%**

Youth in the district also report that their parents would disapprove of them using alcohol at a rate comparable to the rest of the state. Nance and Boone County 12th graders stood out as having low perceptions of parental disapproval for alcohol use. See Table 2.76 below.

Table 2.76	Percent of Youth Who Report Their Parents Would Say it is Very Wrong for Them to Use Alcohol[29]		
	8th Grade	10th Grade	12th Grade
Boone	80.0%	64.4%	47.5%
Colfax	78.2%	65.8%	60.8%
Nance	75.0%	50.0%	45.5%
Platte	81.3%	69.0%	52.2%
East Central	**79.6%**	**67.1%**	**53.2%**
Nebraska	**79.0%**	**67.9%**	**53.3%**

Youth in the East Central District generally report slightly higher parental disapproval rates for using marijuana as compared to youth in the rest of the state, with the sole exception being Nance County 12th graders. See Table 2.77 below.

Table 2.77	Percent of Youth Who Report Their Parents Would Say it is Very Wrong for Them to Use Marijuana[29]		
	8th Grade	10th Grade	12th Grade
Boone	96.7%	93.2%	86.9%
Colfax	92.7%	93.7%	95.9%
Nance	100.0%	91.7%	81.8%
Platte	95.9%	87.9%	86.5%
East Central	**94.9%**	**89.9%**	**88.6%**
Nebraska	**94.3%**	**87.8%**	**84.5%**

Parental Approval of Alcohol Use

Though youth in the East Central District as a whole report similar rates of parental disapproval as compared to the state, a slightly higher percentage of youth report drinking at home with their parents' permission in the past 30 days. The sample of students who responded to the survey item was too small to be interpreted at the county-level or for 6th and 8th graders at the district level, however, there was a sufficient number of responses for 10th and 12th graders at the district level. See Table 2.78 below.

Table 2.78	Percent of Youth Who Drank in the Past 30 Days and Drank at Home with Their Parents' Permission[29]	
	10th Grade	12th Grade
East Central	17.6%	20.2%
Nebraska	16.7%	16.8%

Adult Alcohol and Tobacco Use and Consequent Health Problems

Heavy alcohol use was an often mentioned as a community problem in the *2011 Focus Groups.* The high number of bars in some communities and the lack of enforcement for drinking and driving was a leading cause of concern for some focus group participants. Additionally, some participants felt it was unfortunate that there were not healthy alternatives for entertainment for all age groups in their community.[20] Data show only a slightly higher rate of binge drinking in the district, with 19.6% of adults in the four counties reporting having binge drank in the past 30 days, compared to 18.7% for the state in 2009.[30] Binge drinking is defined as five or more drinks in a row for men, and four or more drinks in a row for women.

Heavy Alcohol and Tobacco Use

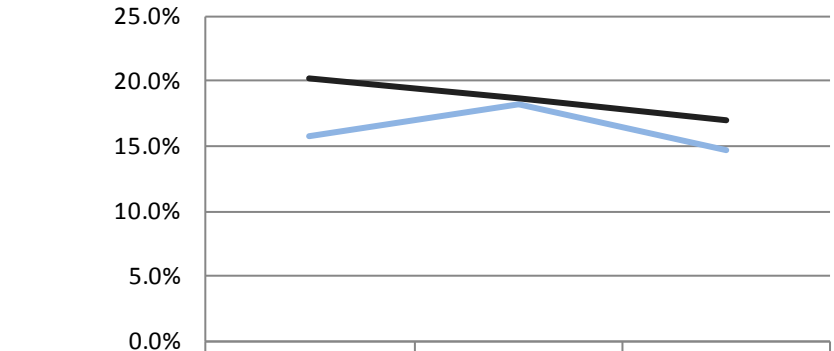
East Central females reported chronic heavy drinking at a rate lower than the state average in every year from 2007 to 2008. However, East Central males reported chronic heavy drinking at rates comparable or higher than the state in 2007 and 2008, with 7.9% of males reporting chronic heavy drinking in 2008. In 2009, a lower percentage of East Central District males reported chronic heavy drinking as compared to the state. County-level data were unavailable. Data for the following table and figure were culled from *BRFS* and included in the *Community Health Assessment.* See Table 2.79 below.

Table 2.79 Percent of Adults Reporting Chronic Heavy Drinking by Gender[10]

	2007	2008	2009
East Central Male	5.5%	7.9%	5.7%
Nebraska Male	5.4%	5.1%	6.6%
East Central Female	2.1%	3.7%	2.3%
Nebraska Female	3.6%	4.4%	3.6%
East Central Total	4.1%	5.9%	4.0%
Nebraska Total	4.5%	4.7%	5.1%

Figure 2.86: Tobacco Smoking Prevalence (2007-2009)[10]

The East Central District has had a lower percent of its population that smokes tobacco than the state in each year from 2007 to 2009.

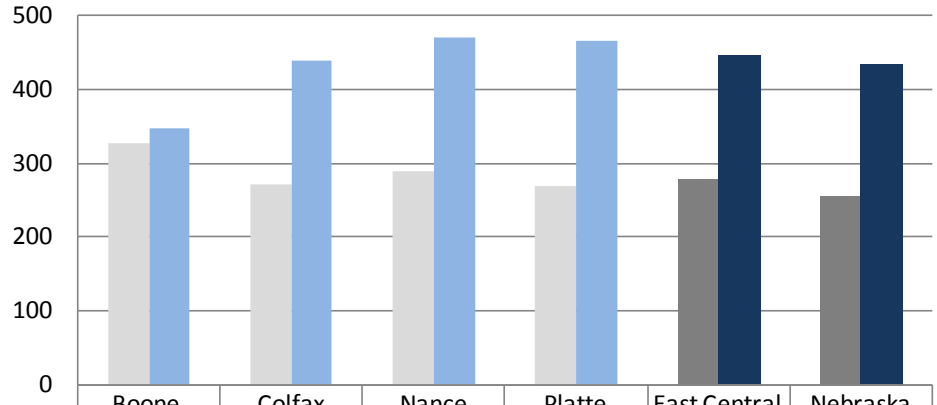


	2007	2008	2009
East Central	15.8%	18.2%	14.6%
Nebraska	20.2%	18.6%	16.9%

Health Problems Due to Alcohol and Tobacco

As a whole the East Central District has a slightly higher rate of hospitalizations for alcohol and tobacco related diseases as compared to the state. Boone County had the highest rate of hospitalizations for tobacco related disease and Nance County had the highest rate of hospitalizations for alcohol related disease in the district. See Figure 2.87 below.

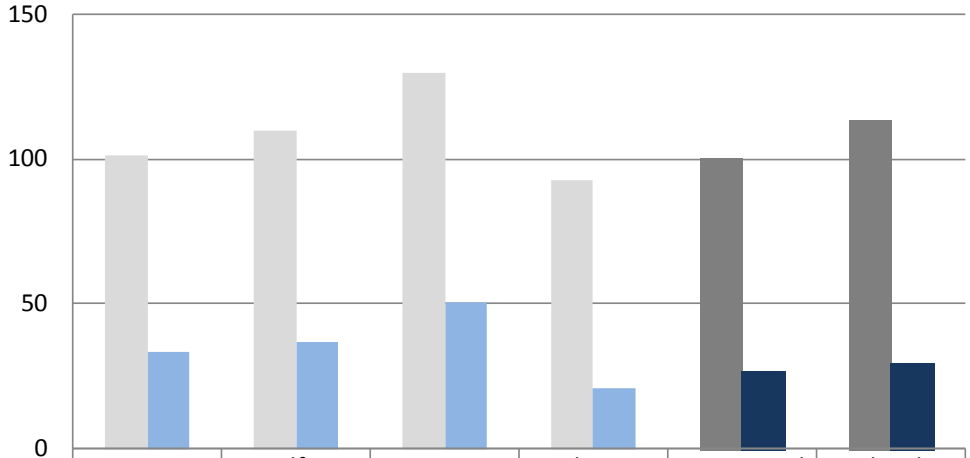
Figure 2.87: Hospitalizations for Alcohol and Tobacco Related Diseases per 100,000 Population (2007-2008)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Hospitilizations for Tobacco Related Disease	327.7	272.0	290.2	269.4	277.5	255.5
Hospitilizations for Alcohol Related Disease	347.8	438.5	471.3	464.9	446.5	434.8

As a whole, the East Central District has a lower rate of death due to alcohol and tobacco as compared to the state. However, Nance County has notably high rates of tobacco and alcohol related deaths as compared to the state. Boone and Colfax Counties also have rates of tobacco related deaths that are higher than the state. See Figure 2.88 below.

Figure 2.88: Alcohol and Tobacco Related Deaths per 100,000 Population (2007-2008)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Tobacco Related Deaths	101.5	109.9	130.1	92.7	99.9	113.3
Alcohol Related Deaths	33.3	36.9	50.3	20.8	26.8	29.4

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 evaluator (i.e. Schmeeckle Research). Criteria for selection included the reports from qualitative sources, especially the *Forces of Change Assessment* and *Focus Groups*, and primarily from the vast array of quantitative data, which was compared across district, state, and national levels where possible and appropriate. The process of selection of needs and priorities is based largely upon variance from the comparison data and the strength of the community concern, which is based on the qualitative data and certain items from the *2011 Community Health Survey* and *2011 Nebraska Community Themes and Strengths Assessment* .

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 of selected characteristics, the top 13 community health needs and priorities for the entire East Central District are listed alphabetically in Table 3.1 below with a brief description of the rationale for selection. Following the table are data that support the selection and prioritization of the community health needs.

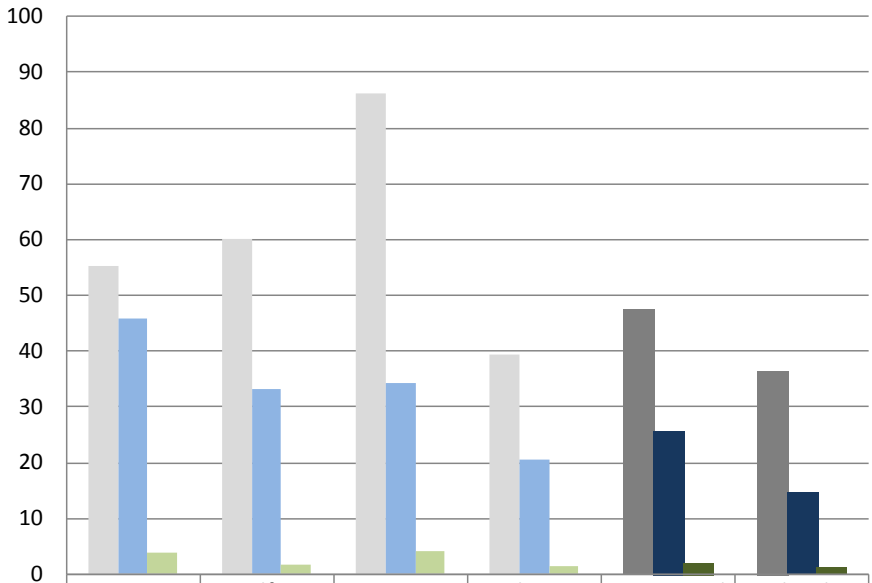
Demographic Profile: East Central District

Population: 51,992
Density (people per square mile): 23.6
% White: 88.0%
% Hispanic: 17.1%
% over 65: 15.5%
Median Household Income: $46,892
% at or below Poverty Line: 8.6%
% without High School Degree or GED/Equivalent: 14.2%

Table 3.1: Community Health Needs and Priorities for the East Central District	
Community Health Needs and Priorities	**Rationale for Selection**
➢ **Accidental Death**	• High rates of unintentional, motor vehicle, and work-related accidental deaths as compared to the state.
➢ **Aging Population**	• High percentage of the population is over 65 for the district. • High percentage of elderly individuals report lacking a social network.
➢ **Cancer**	• The top perceived health problem in three of the four counties, and the overall top perceived health problem in both the *Community Health Survey* and the *Community Themes and Strengths Assessment Survey* • High instances of breast, colorectal, and prostate cancers district wide. • High instances of cancer may be partly or largely attributable to the aging population.
➢ **Diabetes**	• Increases each year from 2007 to 2009 in percent of adults with diabetes. • The number three perceived health problem in the district.
➢ **Drug and Alcohol Use**	• Alcohol abuse was the top perceived risky behavior in every county; drug abuse was second overall. • High community perception of underage alcohol use as an issue that needs greater attention. • High rates of youth riding with a driver who had been drinking. • High rates of hospitalization for alcohol and tobacco related disease. • Also a concern among focus group participants and community agencies participating in the *Forces of Change Assessment.*
➢ **Health Professional Shortages**	• More individuals served per health professional for every health profession as compared to the state except for LPNs. • Several areas with state and federally designated health professional shortages.
➢ **Mental Health Services**	• High percentage of mental health patients seen at the Good Neighbor Center. • Federally designated shortage of mental health professionals in every county in the district.
➢ **Health Screening**	• Low rates of health screening, especially among women for mammogram, clinical breast exam, and PAP exam as compared to the state.
➢ **Immunization for the over 65 Population**	• Low rates of immunization for pneumonia and influenza among the over 65 population as compared to the state.
➢ **Non-Sports-Related Activities for Children**	• Lack of activities for youth expressed by focus group participants and noted as a contributor to drug and alcohol use. • Low community perception of the availability of non-sports-related activities for children in the *Community Health Survey*.
➢ **Obesity**	• A community-wide concern, noted especially in the *Forces of Change Assessment,* the *Obesity Summit,* and *Community Themes and Strengths Assessment Survey*. • High rates of obesity for the overall population, and especially for the minority population. • High percentage of youth overweight. • A low percentage of leisure time devoted to physical activity as compared to the state. • County-level data were not available for obesity. Thus, it has been selected as an overall community health need.
➢ **Rape and Forced Sexual Intercourse**	• High rates of reported cases of rape as compared to the state. • High rates of self-reported forced sexual intercourse by youth.
➢ **Teen Pregnancy and Sexual Activity**	• The number two perceived health problem in the district, and the number one for the Hispanic population, among whom the teen birth rate is very high. • Teens in the district are more sexually active than their peers in Nebraska. • Also a concern among focus group participants and community agencies participating in the *Forces of Change Assessment.*

Accidental Death

Figure 3.1: Accidental Death Rate per 100,000 Population (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Unintentional Injury Death Rate	55.2	60.2	86.2	39.4	47.4	36.5
Motor Vehicle Death Rate	45.9	33.2	34.2	20.7	25.8	14.7
Work-Related Accidental Death Rate	4.0	1.8	4.1	1.5	2.1	1.1

Aging Population

Table 3.2	Percent of the Population 65 and over (2010)[11]
	Percent of the Population over 65
Boone	21.2%
Colfax	13.6%
Nance	19.1%
Platte	14.8%
East Central	**15.5%**
Nebraska Total	**13.6%**
United States	**13.1%**

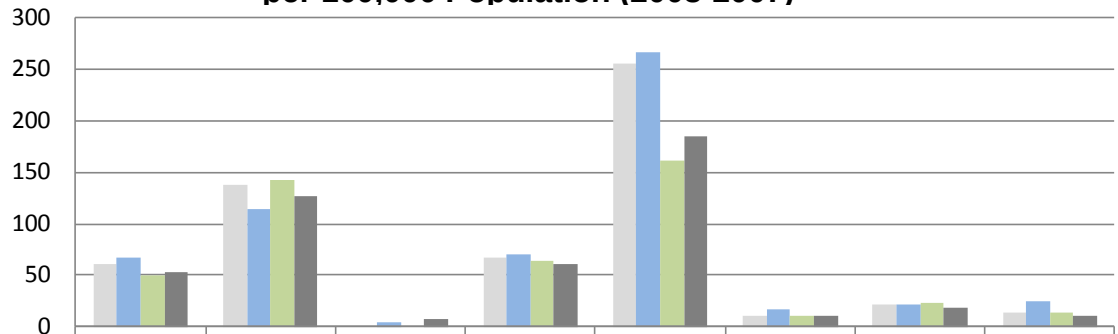
Table 3.3	Perceptions of Resources for the Elderly among Those who are 65 and Older: *Nebraska Community Themes and Strengths Assessment* (2011)[16]	
	% Who Disagree	
	East Central	Nebraska
There is enough housing to meet the needs of older adults in your community, including assisted living, retirement centers, and maintenance free homes and apartments.	17.1%	20.5%
There is enough transportation available in your community to take older adults to medical facilities and shopping.	27.1%	29.6%
There are enough programs that provide meals for older adults in your community.	12.8%	19.4%
There are a lot of social networks and groups in your community available for older adults that are living alone.	29.6%	33.6%

Cancer

See also Table 3.10 below.

Table 3.4	Top Five Perceived Health Problems by County and Ethnicity[15]						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Cancer	Teenage Pregnancy	Cancer	Cancer	Teenage Pregnancy	Cancer	Cancer
2nd	Heart Disease and Stroke	Cancer	Heart Disease and Stroke	Diabetes	Diabetes	Heart Disease and Stroke	Teenage Pregnancy
3rd	Aging Problems	Diabetes	Aging Problems	Teen Pregnancy	Cancer	Aging Problems	Diabetes
4th	Affordable and Safe Housing	Aging Problems	Diabetes	Heart Disease and Stroke	Child Abuse/ Neglect	Diabetes	Aging Problems
5th	Diabetes	Heart Disease and Stroke	Affordable and Safe Housing	Aging Problems	High Blood Pressure	Teenage Pregnancy	Heart Disease and Stroke

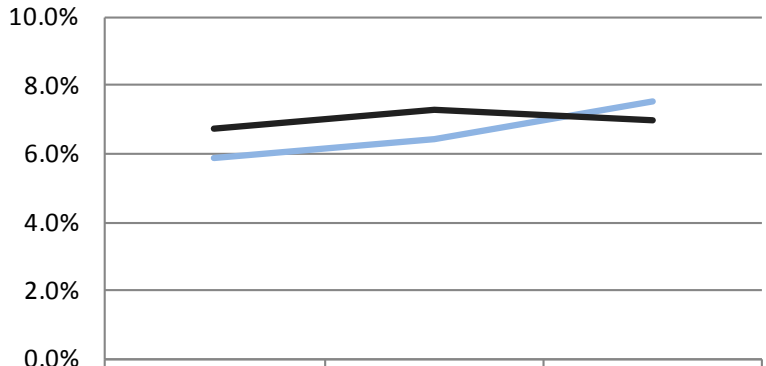
Figure 3.2: Incidence of Cancer by Type per 100,000 Population (2003-2007)[10]



	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	60.6	138.6	0.0	67.1	255.0	11.1	22.0	13.2
Colfax	66.6	115.1	4.1	70.3	267.2	17.1	21.7	25.2
Nance	50.6	142.4	0.0	63.4	161.8	11.4	22.6	14.5
Platte	53.8	127.6	7.0	61.6	185.7	11.1	18.7	10.6
East Central	56.5	127.1	5.3	63.9	209.6	12.4	20.1	14.0
Nebraska	65.6	123.2	7.2	56.2	158.9	17.1	20.4	13.8

Diabetes

Figure 3.3: Prevalence of Diabetes among Adults[10]



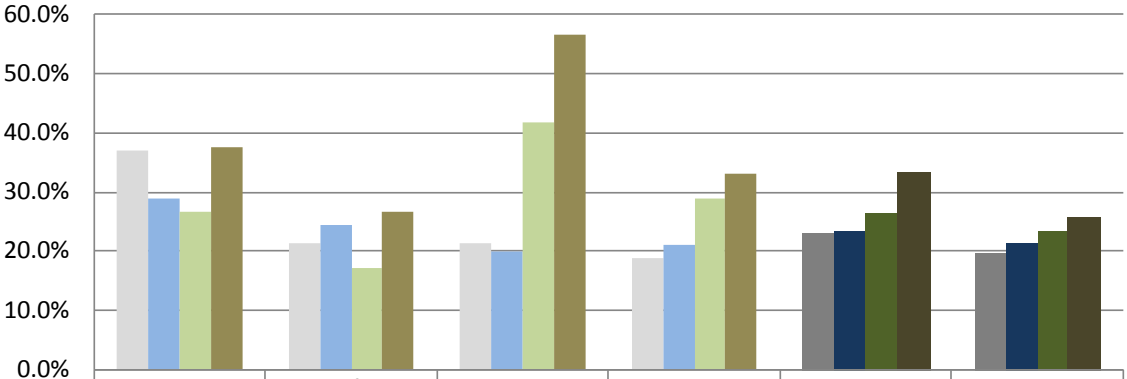
	2007	2008	2009
East Central District	5.9%	6.4%	7.5%
Nebraska	6.7%	7.3%	7.0%

Drug and Alcohol Use

Table 3.5	Top Five Perceived Risky Behaviors by County and Ethnicity[15]						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse
2nd	Being Overweight	Being Overweight	Tobacco Use	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse
3rd	Tobacco Use	Racism	Lack of Exercise	Being Overweight	Racism	Being Overweight	Being Overweight
4th	Lack of Exercise	Drug Abuse	Being Overweight	Tobacco Use	Being Overweight	Tobacco Use	Tobacco Use
5th	Not Using Seat Belts	Unsafe Sex	Not Using Seat Belts	Lack of Exercise	Lack of Exercise	Lack of Exercise	Lack of Exercise

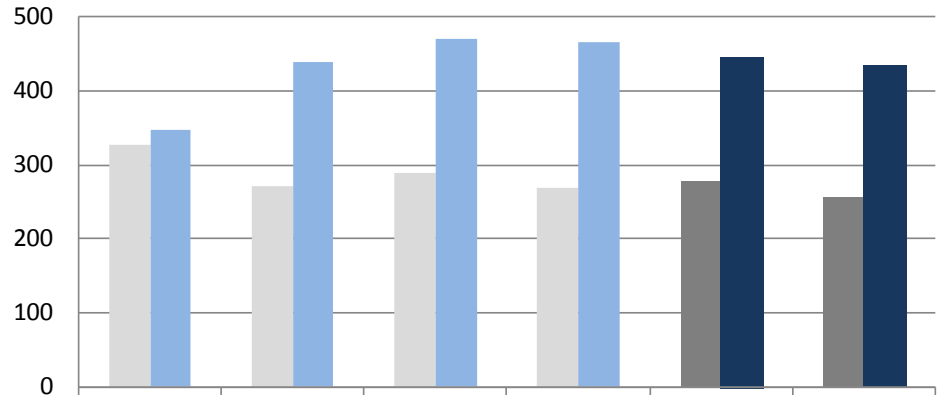
Table 3.6	Perceptions of Underage Alcohol Use: *Nebraska Community Themes and Strengths Assessment* (2011)[16]	
	% Who Agree	
	East Central	**Nebraska**
Alcohol use among individuals under 21 years old is a big problem in your community.	79.5%	72.0%
Your community should do more to prevent alcohol use 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%

Figure 3.4: Percent of Youth Who Rode in a Car in the Past 30 Days Driven by Someone Who Had Been Drinking Alcohol (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	37.0%	21.4%	21.4%	18.8%	23.0%	19.6%
8th Grade	29.0%	24.3%	20.0%	21.1%	23.2%	21.4%
10th Grade	26.7%	17.2%	41.7%	28.8%	26.4%	23.3%
12th Grade	37.7%	26.7%	56.5%	33.0%	33.5%	25.7%

Figure 3.5: Hospitalizations for Alcohol and Tobacco Related Diseases per 100,000 Population (2007-2008)[10]



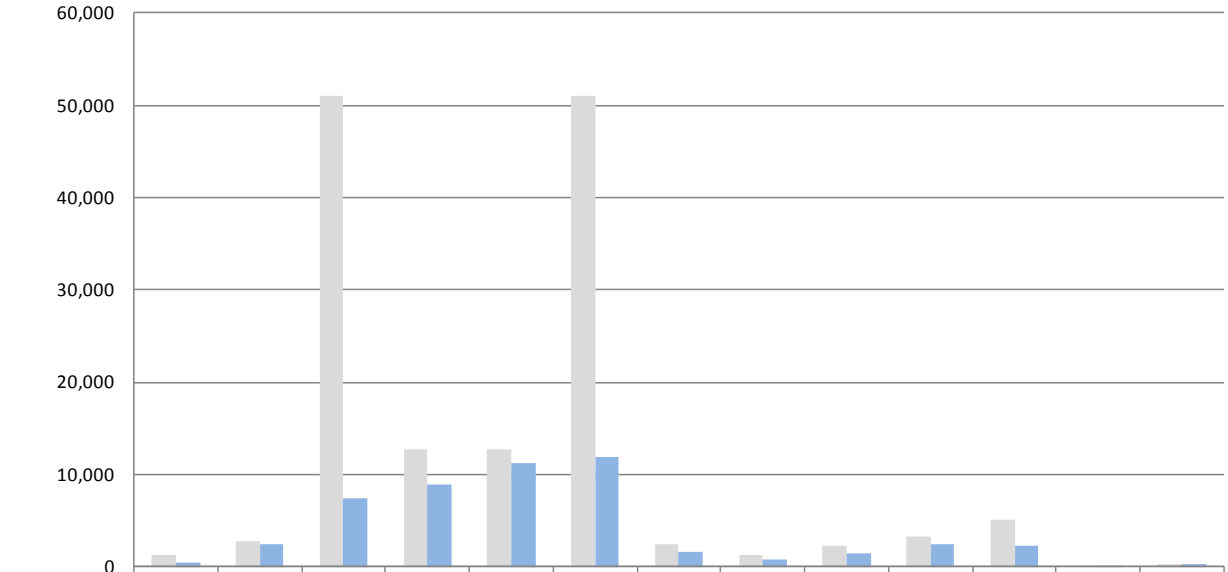
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Hospitilizations for Tobacco Related Disease	327.7	272.0	290.2	269.4	277.5	255.5
Hospitilizations for Alcohol Related Disease	347.8	438.5	471.3	464.9	446.5	434.8

Health Professional Shortages

Table 3.7 State Designated Health Professional Shortages (2010)[10]

	Boone	Colfax	Nance	Platte	East Central
Family Practice		√	√		***partial***
General Surgery			√	√	***partial***
Internal Medicine	√	√	√	√	√
Pediatrics		√	√	√	***partial***
Obstetrics/Gynecology	√	√	√		***partial***
Psychiatrics	√	√	√	√	√
Dental		*partial*	√		***partial***
Pharmacy		√	√		***partial***
Occupational Therapy		*partial*			***partial***
Physical Therapy					

Figure 3.6: Persons Served per Health Profession: District and State Comparisons[10]



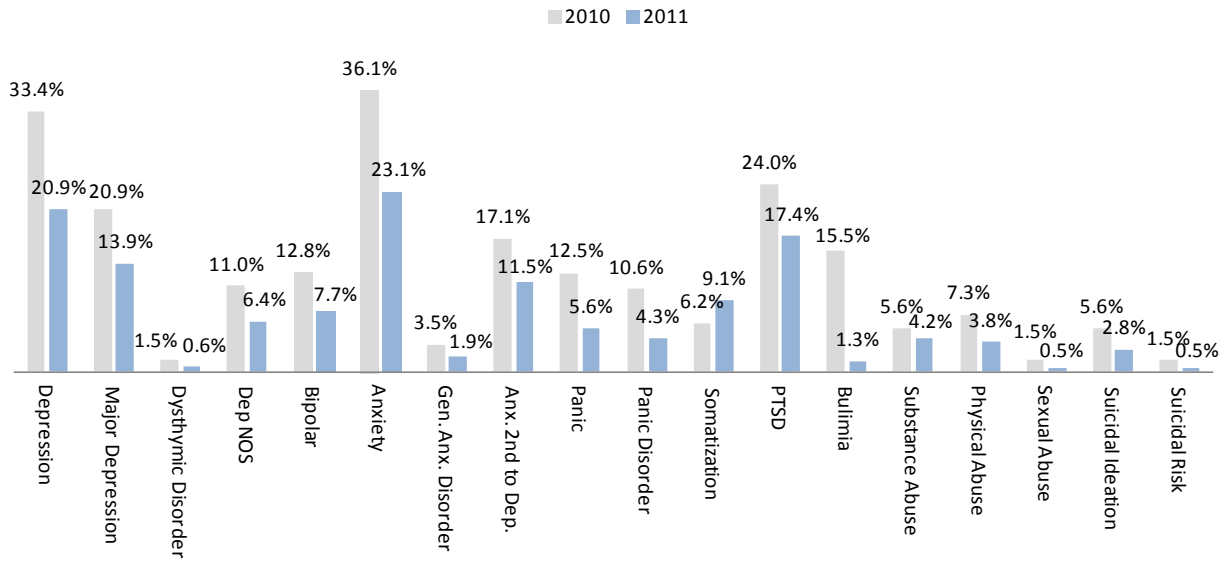
	Phy-sicians	FM/GP	Internal Medicine	Pedia-trics	OB/GYN	Psychia-trists	Dentists	Pharma-cists	Physical Thera-pists	Physician Assist-ants	Nurse Practit-ioners	RNs	LPNs
East Central	1,245	2,687	51,057	12,764	12,764	51,057	2,431	1,276	2,220	3,191	5,106	127	199
Nebraska	441	2,440	7,339	8,962	11,217	11,811	1,520	842	1,426	2,417	2,319	80	263

Mental Health Services

See also the shortage in psychiatrists in Figure 3.6 above.

Table 3.8	Services Used at the Good Neighbor Center with Comparisons to State and National FQHCs[7]		
	Good Neighbor	**Nebraska**	**National**
Medical	54.2%	65.5%	72.2%
Dental	16.3%	17.8%	12.0%
Mental Health	21.1%	6.7%	5.5%
Substance Abuse	0.8%	0.1%	1.3%
Other Professional Services	1.9%	0.8%	1.3%
Vision	0.3%	0.0%	0.5%
Enabling	5.2%	9.2%	6.5%

Figure 3.7: Mental Health Comorbidity: Patients at the Good Neighbor Center[8]



Note: the above graph shows the percentage of regular patients to the Good Neighbor Center that also have mental health issues. The statistic is *not* for those who visited the Good Neighbor Center for mental health, but rather the percentage of patients coming in for another reason (e.g., routine checkup), and who were given a mental health screen as part of the regular visit and the screen identified characteristics associated with behavioral health issues as secondary to their primary visit.

Table 3.9	Federally Designated Health Professional Shortages (2008)[10]				
	Boone	**Colfax**	**Nance**	**Platte**	**East Central**
Primary Care			√		***Partial***
Mental Health	√	√	√	√	√
Dental Health		√			***Partial***

Health Screening

Table 3.10	Percent of Population Receiving Health Screenings[10]	
	East Central District	Nebraska
Had a colonoscopy in past ten years (50+) [2009]	48.4%	50.1%
Had a prostate specific antigen (PSA) in past two years (males 50+) [2009]	66.4%	62.4%
Had a digital rectal exam (DRE) in past two years (males 50+) [2009]	44.1%	51.5%
Mammogram screening in past year (women 40+) [2008]	46.4%	54.5%
Clinical breast exam (CBE) in past year (women 40+) [2008]	54.4%	63.0%
Had PAP test in past three years [2008]	71.4%	77.9%

Immunization for the over 65 Population

Figure 3.8: Percent of Population over 65 Immunized for Pneumonia[10]

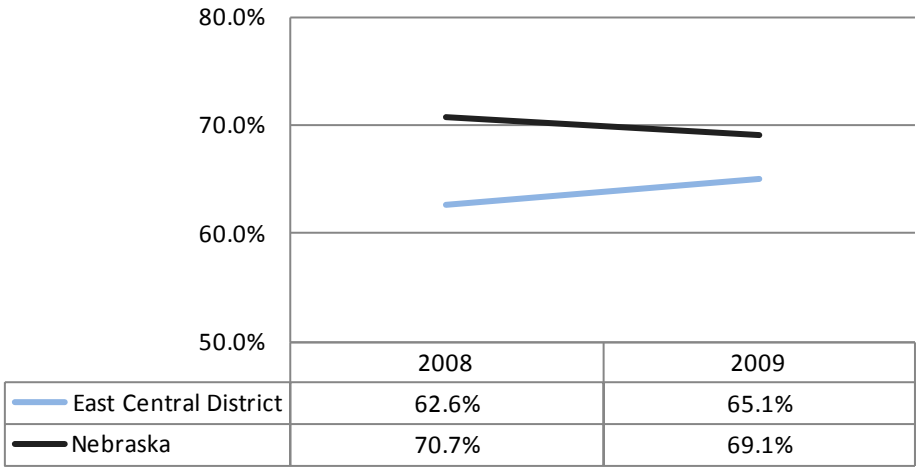
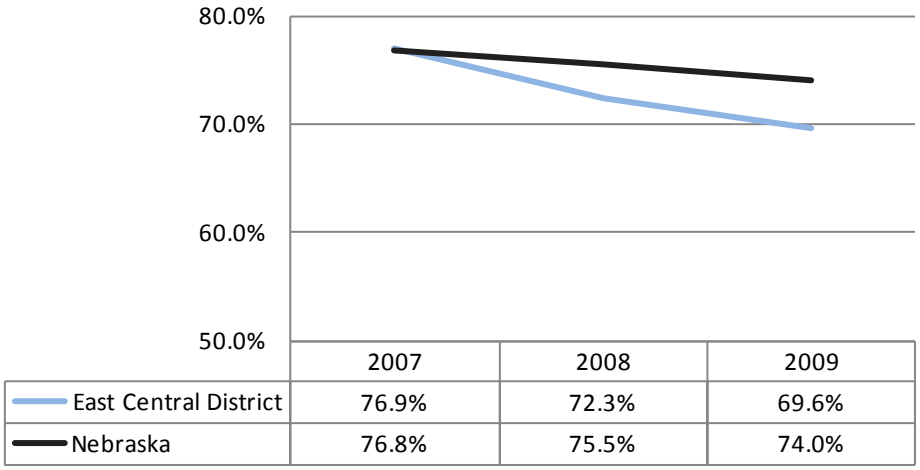


Figure 3.9: Percent of Population over 65 Immunized for Influenza[10]



	2007	2008	2009
East Central District	76.9%	72.3%	69.6%
Nebraska	76.8%	75.5%	74.0%

Non-Sports-Related Activities for Youth

Table 3.11	There are plenty of non sports-related activities for children in my community.[15]					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean (1-5 scale)***
Boone	0.0%	44.4%	29.6%	25.9%	0.0%	***2.8***
Colfax	12.2%	44.7%	22.0%	14.6%	6.5%	***2.6***
Nance	5.3%	47.4%	21.1%	26.6%	0.0%	***2.7***
Platte	8.3%	39.1%	32.0%	20.3%	0.4%	***2.7***
Hispanic	12.6%	29.1%	34.0%	18.4%	5.8%	***2.8***
Non-Hispanic	7.1%	45.7%	26.9%	19.6%	0.8%	***2.6***
East Central	**8.1%**	**41.8%**	**28.3%**	**20.0%**	**1.9%**	***2.7***

Obesity

See also Table 3.5 above.

Figure 3.10: Percent of Population Identified As Obese[10]

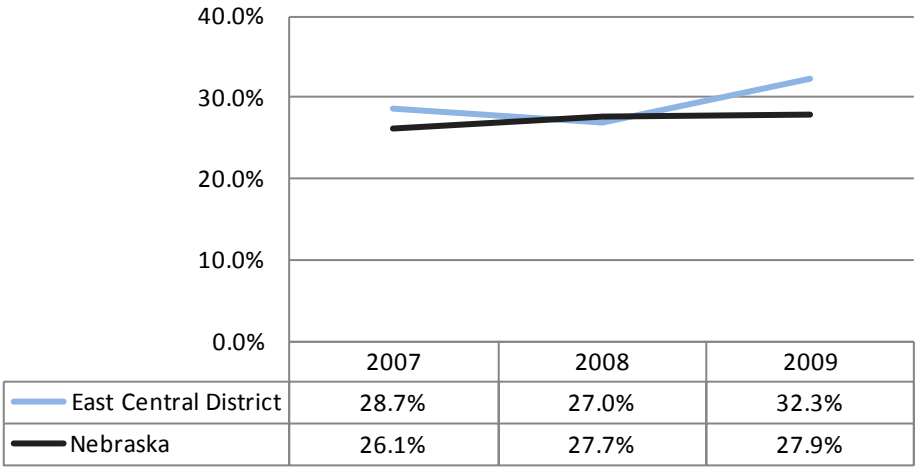


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Table 3.12	Percent of Minorities Identified As Obese[10]	
Year	**East Central District**	**Nebraska**
2008	40.8%	37.3%
2009	34.8%	32.7%

Figure 3.11: Percent of Youth Overweight[19]

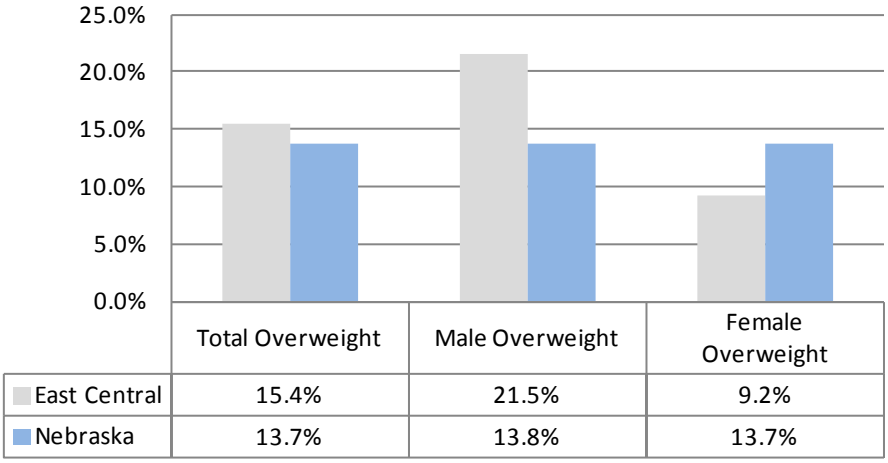
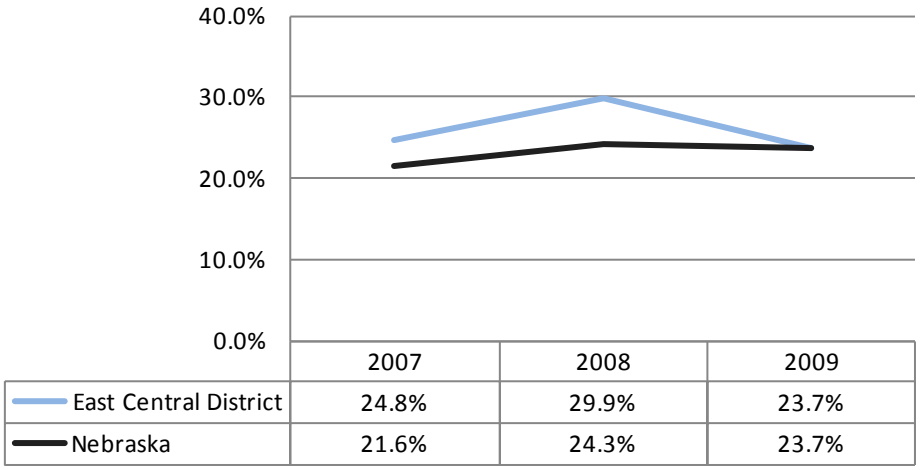


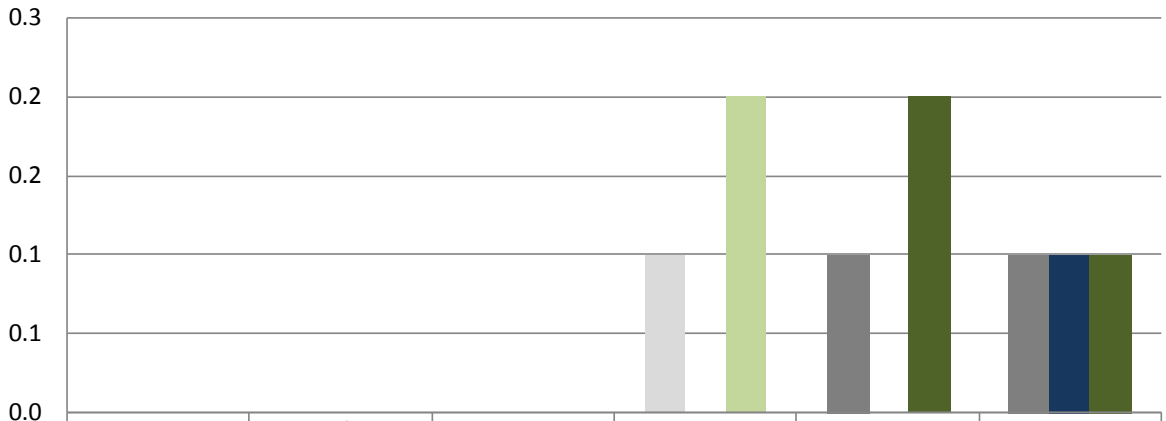
Figure 3.12: Percent of Population With No Leisure Time Devoted to Physical Activity[10]



	2007	2008	2009
East Central District	24.8%	29.9%	23.7%
Nebraska	21.6%	24.3%	23.7%

Rape and Forced Sexual Intercourse

Figure 3.13: Reported Forcible Rape Offenses 1,000 Population (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	0.0	0.0	0.0	0.1	0.1	0.1
2008	0.0	0.0	0.0	0.0	0.0	0.1
2009	0.0	0.0	0.0	0.2	0.2	0.1

Table 3.13 Percent of Teens Physically Forced to Have Sexual Intercourse, 2001 and 2010 Comparisons[18,19]

	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%**
Nebraska 2010	6.3%	6.6%	7.9%	10.0%	**7.5%**

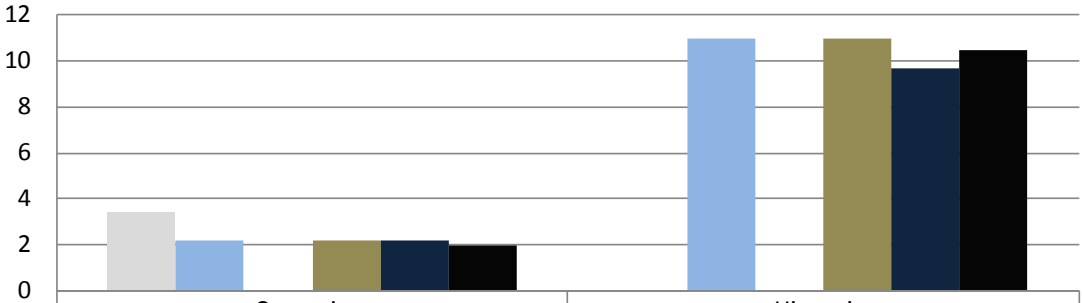
Table 3.14	Percent of Teens Physically Forced to Have Sexual Intercourse by Gender (2010)[19]				
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District Males	5.7%	6.8%	10.9%	9.3%	**8.1%**
Nebraska Males	4.9%	3.5%	7.0%	4.3%	**5.2%**
East Central District Females	11.6%	8.3%	15.3%	13.4%	**12.6%**
Nebraska Females	7.7%	10.0%	8.4%	14.9%	**9.4%**

Teenage Pregnancy and Sexual Activity

See also Table 3.4 above.

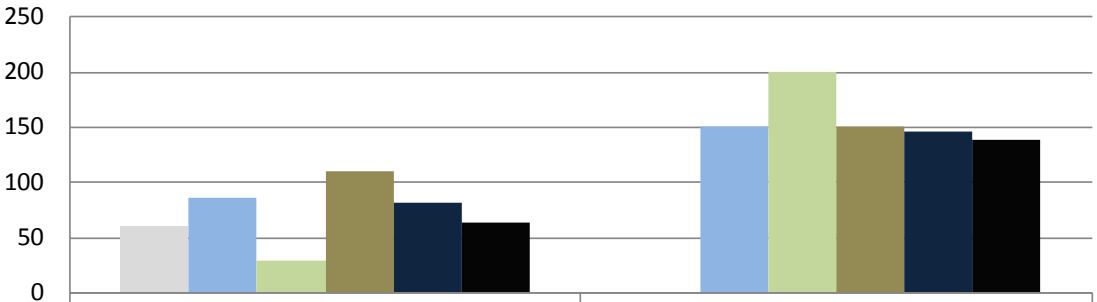
Table 3.15	Teen Births as Percent of Total Births (2005-2009)[10]		
	Total Live Births	Number of Teen Births	Teen Births as % of Total Live Births
Boone	298	20	6.7%
Colfax	1,046	140	13.4%
Nance	206	6	2.9%
Platte	2,427	247	10.2%
East Central	**3,977**	**413**	**10.4%**
Nebraska Total	**133,723**	**11,165**	**8.4%**

Figure 3.14: Births to Mothers Ages 13-15 per 1,000 Population by Caucasian and Hispanic 2005-2009[10]



	Caucasian	Hispanic
Boone	3.4	0
Colfax	2.2	11.0
Nance	0	0
Platte	2.2	11.0
East Central	2.2	9.7
Nebraska	2	10.5

Figure 3.15: Births to Mothers Ages 16-19 per 1,000 Population by Caucasian and Hispanic 2005-2009[10]



	Caucasian	Hispanic
Boone	60.8	0
Colfax	85.7	149.9
Nance	29.3	200.0
Platte	110.2	149.9
East Central	82.1	145.6
Nebraska	62.9	138.9

Table 3.16 Percent of Teens Sexually Active 2001 and 2010 Comparisons[18,19]

	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%**
Nebraska 2010	17.2%	31.9%	47.7%	51.4%	**34.9%**

Boone County

Following the demographic profile of selected characteristics, the top 7 community health needs and priorities for Boone County are listed alphabetically in Table 3.17 below with a brief description of the rationale for selection. Following the table are data that support the selection and prioritization of the community health needs.

Note county-level data are unavailable for some statistics. Refer also to the health needs for the overall district.

Demographic Profile: Boone County

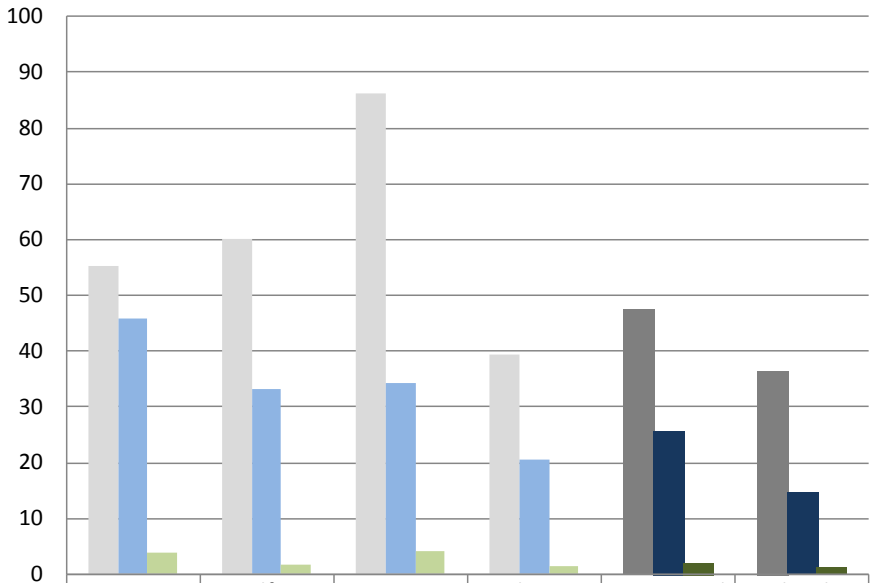
Population: 5,505
Density (people per square mile): 8.0
% White: 98.5%
% Hispanic: 1.2%
% over 65: 21.2%
Median Household Income: $43,891
% at or below Poverty Line: 7.4%
% without High School Degree or GED/Equivalent: 7.8%

Table 3.17: Community Health Needs and Priorities for Boone County

Community Health Needs and Priorities	Rationale for Selection
➢ **Accidental Death**	• High rates of unintentional, motor vehicle, and work-related accidental deaths. • Highest motor vehicle death rate in the district.
➢ **Aging Population**	• Over 20% of the population in the county is over 65. This will likely continue to rise. • High rates of hospitalizations for pneumonia and influenza, high rates of cancer, and stroke are likely attributable to the over 65 population. • Over 20% of the over 65 population diagnosed with dementia. • Aging problems were the third highest ranked health problem after cancer and heart disease.
➢ **Cancer**	• The top perceived health problem in the county. • High instances of cancer, notably breast and prostate cancer. • High instances of deaths due to cancer, notably lung and colorectal cancer. • Highest death rate due to cancer in the district.
➢ **Child and Adolescent Mortality**	• High rates of child and adolescent mortality.
➢ **Radon Levels**	• Two-thirds of homes with radon levels over 4 pCi/L.
➢ **Stroke**	• High rates of deaths due to stroke.
➢ **Underage Alcohol and Tobacco Use**	• Alcohol abuse was the top perceived risky behavior in the county, as it was in every other county. • High rates of lifetime alcohol use, 30-day alcohol and tobacco use, and driving under the influence for the underage population, especially among 12th graders. • Low rates of perceived parental disapproval of alcohol use.

Accidental Death

Figure 3.16: Accidental Death Rate per 100,000 Population (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Unintentional Injury Death Rate	55.2	60.2	86.2	39.4	47.4	36.5
Motor Vehicle Death Rate	45.9	33.2	34.2	20.7	25.8	14.7
Work-Related Accidental Death Rate	4.0	1.8	4.1	1.5	2.1	1.1

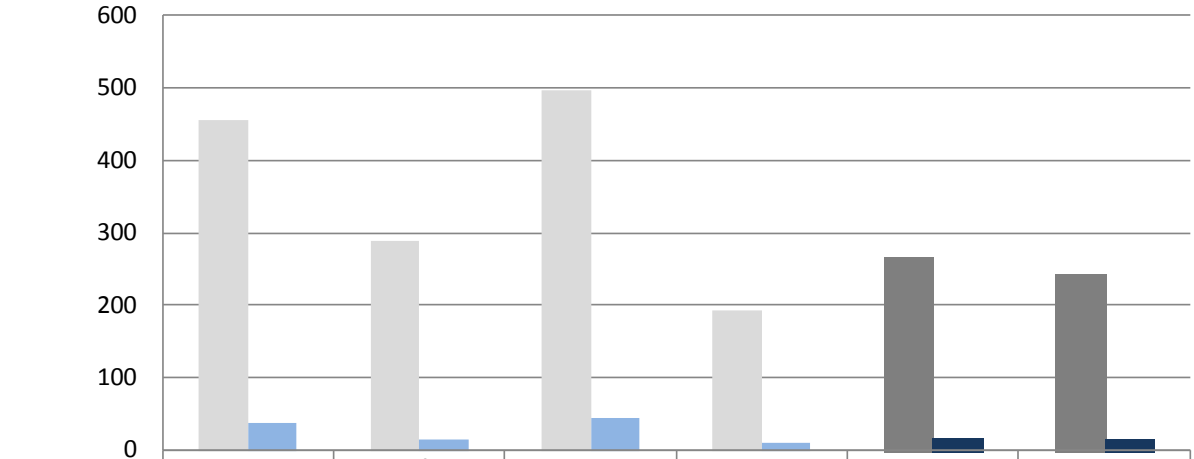
Aging Population

See also Table 3.20 below.

Table 3.18	Percent of the Population 65 and over (2010)[9]
	Percent of the Population over 65
Boone	21.2%
Colfax	13.6%
Nance	19.1%
Platte	14.8%
East Central	**15.5%**
Nebraska Total	**13.6%**
United States	**13.1%**

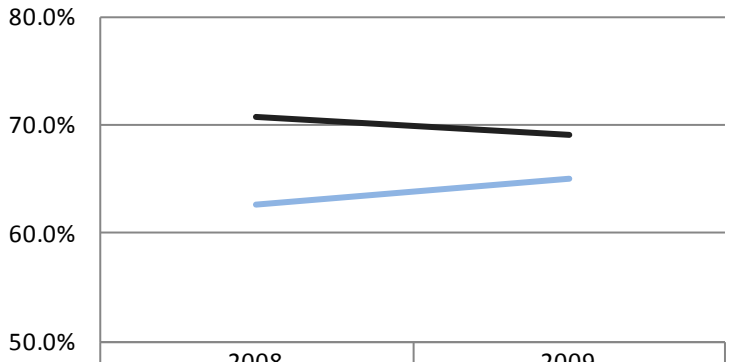
Table 3.19	Percent of Individuals over 65 with Dementia[10]	
	Number of Individuals over 65 with Dementia	Percent of Population over 65 with Dementia
Boone	234	20.6%
Colfax	264	21.9%
Nance	137	19.5%
Platte	1060	19.3%
East Central	**1,696**	**19.8%**
Nebraska Total	**46,922**	**19.5%**

Figure 3.17: Inpatient Hospitalizations for Pneumonia and Influenza per 10,000 Population (2007-2008)[10]



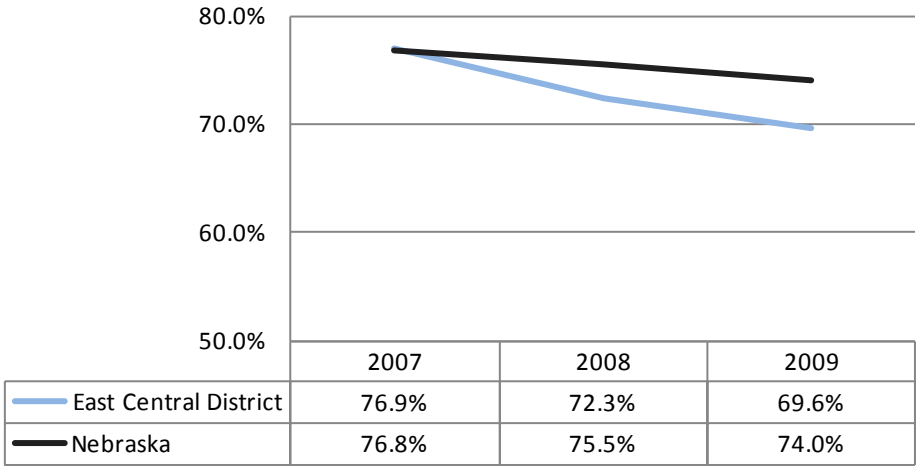
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Pneumonia	454.7	288.6	497.6	192.1	265.1	242.1
Influenza	37.0	14.0	43.9	10.1	17.2	14.0

Figure 3.18: Percent of Population over 65 Immunized for Pneumonia[10]



	2008	2009
East Central District	62.6%	65.1%
Nebraska	70.7%	69.1%

Figure 3.19: Percent of Population over 65 Immunized for Influenza[10]



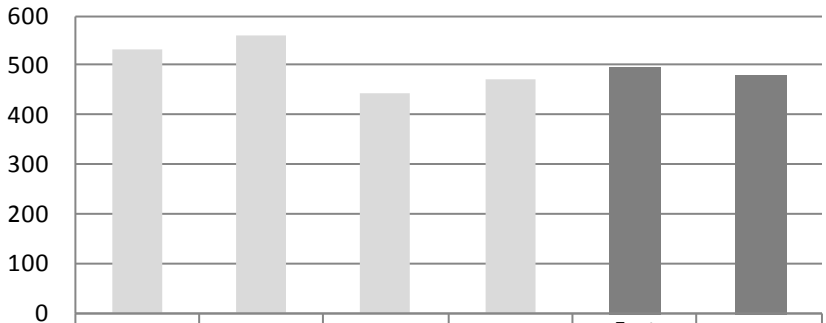
	2007	2008	2009
East Central District	76.9%	72.3%	69.6%
Nebraska	76.8%	75.5%	74.0%

Cancer

Table 3.20 Top Five Perceived Health Problems by County and Ethnicity[15]

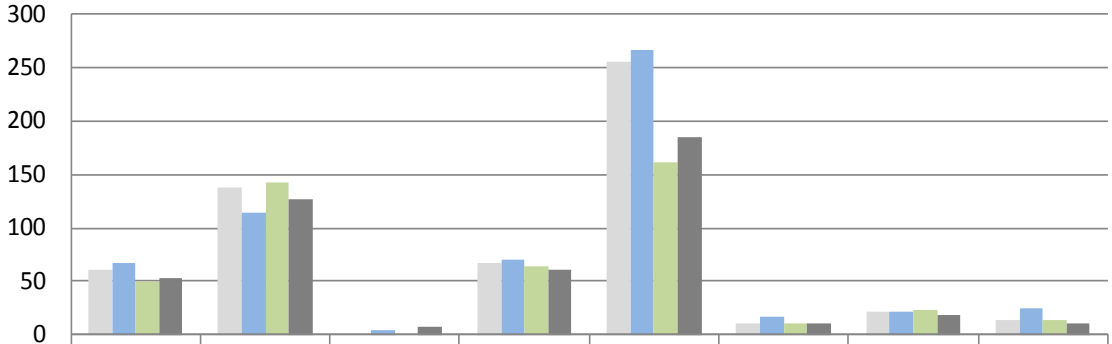
	Boone	Colfax	Nance	Platte	Hispanic	Non-Hispanic	East Central
1st	Cancer	Teenage Pregnancy	Cancer	Cancer	Teenage Pregnancy	Cancer	Cancer
2nd	Heart Disease and Stroke	Cancer	Heart Disease and Stroke	Diabetes	Diabetes	Heart Disease and Stroke	Teenage Pregnancy
3rd	Aging Problems	Diabetes	Aging Problems	Teen Pregnancy	Cancer	Aging Problems	Diabetes
4th	Affordable and Safe Housing	Aging Problems	Diabetes	Heart Disease and Stroke	Child Abuse/ Neglect	Diabetes	Aging Problems
5th	Diabetes	Heart Disease and Stroke	Affordable and Safe Housing	Aging Problems	High Blood Pressure	Teenage Pregnancy	Heart Disease and Stroke

Figure 3.20: Incidence of Cancer per 100,000 Population (2003-2007)[10]



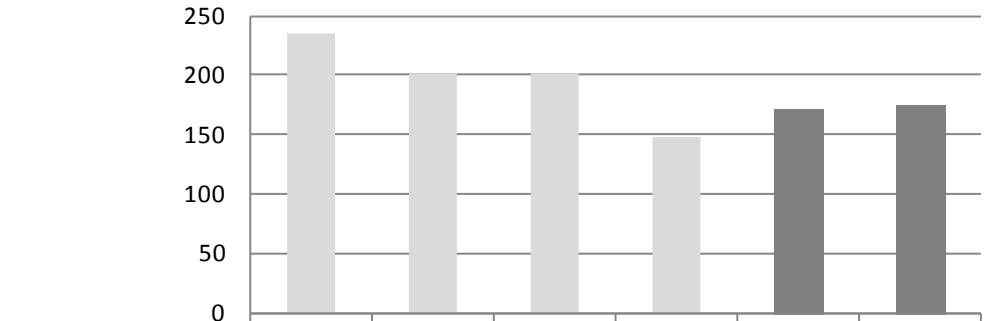
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Rate of Incidence of Cancer per 100,000	533.9	558.7	442.1	472.8	494.5	478.7

Figure 3.21: Incidence of Cancer by Type per 100,000 Population (2003-2007)[10]



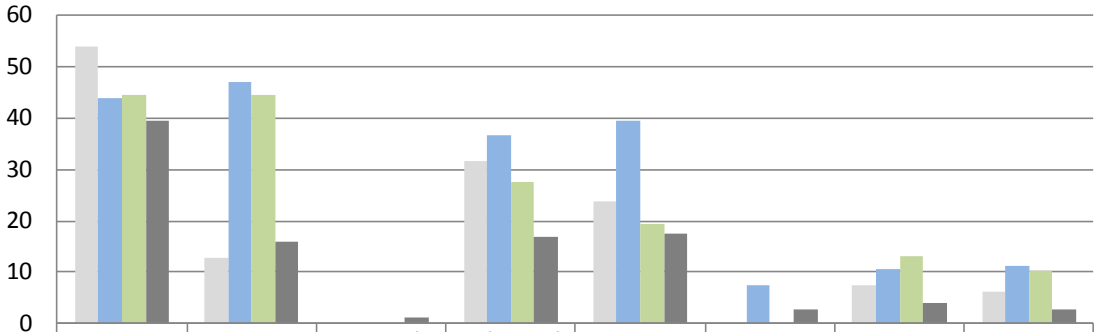
	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	60.6	138.6	0.0	67.1	255.0	11.1	22.0	13.2
Colfax	66.6	115.1	4.1	70.3	267.2	17.1	21.7	25.2
Nance	50.6	142.4	0.0	63.4	161.8	11.4	22.6	14.5
Platte	53.8	127.6	7.0	61.6	185.7	11.1	18.7	10.6
East Central	56.5	127.1	5.3	63.9	209.6	12.4	20.1	14.0
Nebraska	65.6	123.2	7.2	56.2	158.9	17.1	20.4	13.8

Figure 3.22: Deaths Due to Cancer per 100,000 Population (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Deaths Due to Cancer per 100,000	235.1	200.8	201.5	147.2	171.1	174.0

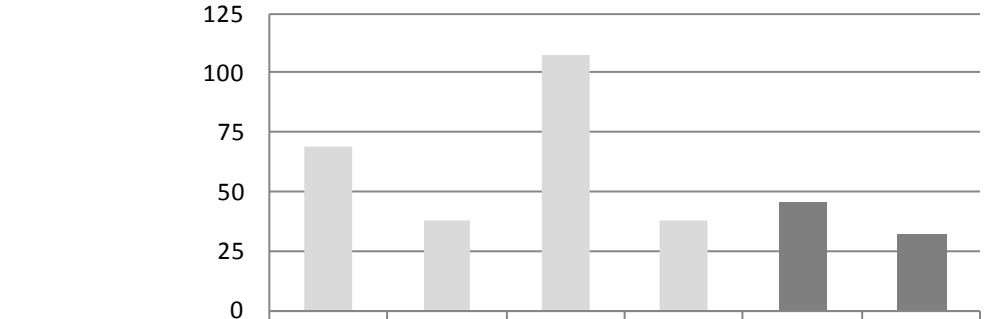
Figure 3.23: Deaths Due to Cancer by Type per 100,000 Population (2005-2009)[10]



	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	53.9	12.7	0.0	31.8	23.9	0.0	7.5	6.1
Colfax	44.0	46.9	0.0	36.8	39.4	7.4	10.5	11.1
Nance	44.5	44.6	0.0	27.7	19.4	0.0	13.2	10.2
Platte	39.6	16.1	1.1	17.0	17.5	2.7	4.0	2.9
East Central	42.8	23.1	0.7	23.2	22.4	2.9	6.5	5.5
Nebraska	47.1	21.2	1.6	18.2	24.7	3.1	7.5	7.1

Child and Adolescent Mortality

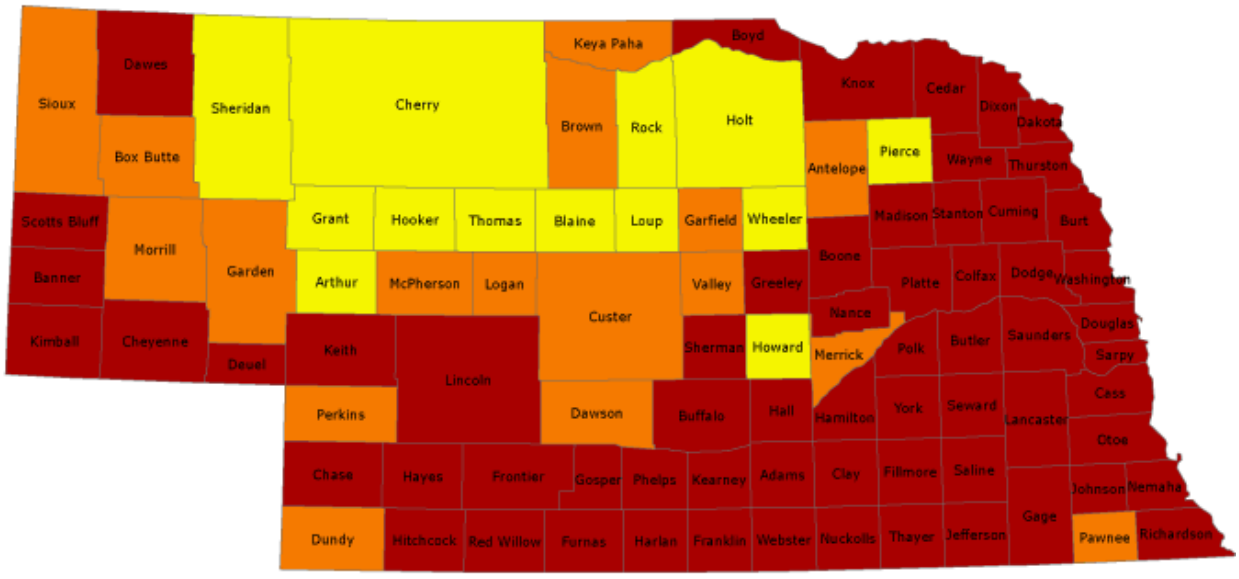
Figure 3.24: Death Rate per 100,000 Population for Ages 1-19 (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Death Rate per 100,000 for Ages 1-19	68.8	37.7	107.6	38.0	45.5	31.7

Radon Levels

Figure 3.25: Average Radon Levels by County in Nebraska (2009)[25]



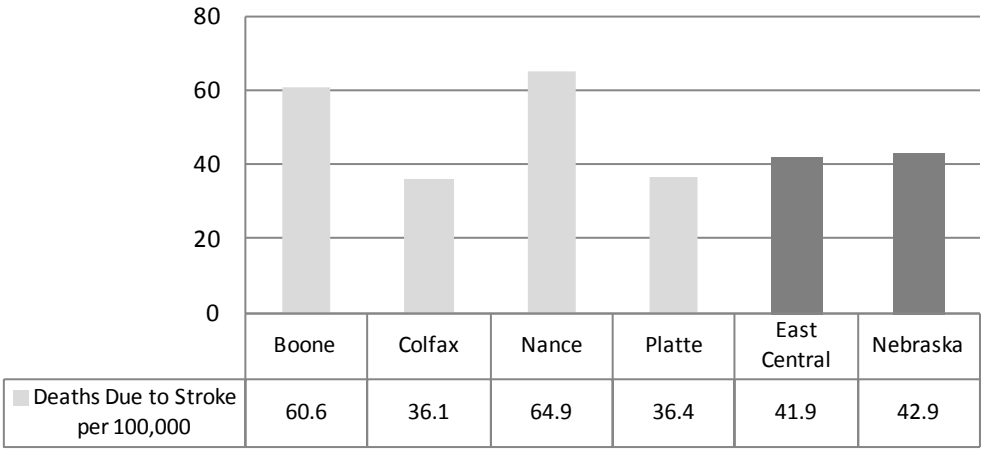
Statewide
Number of Tests Conducted - 70,001
Number of Tests ≥ 4 pCi/L - 39,739
Percent of Tests ≥ 4 pCi/L - 57%
Highest Result - 203.0 pCi/L

Legend
Average Radon Concentrations by County
- Zone 1 - ≥ 4.0 pCi/L
- Zone 2 - 2 pCi/L - 3.9 pCi/L
- Zone 3 - < 2 pCi/L

Table 3.22	East Central District Radon Levels (2009)[25]		
	Average Radon Level (pCi/L)	% Results over 4 pCi/L	Highest Result (pCi/L)
Boone	6.4	66%	30.9
Colfax	7.0	66%	53.4
Nance	6.7	61%	28.0
Platte	5.3	47%	47.7
East Central	**5.9**	**54%**	**53.4**
Nebraska	**5.9**	**57%**	**203.0**

Stroke

Figure 3.26: Deaths Due to Stroke per 100,000 Population (2005-2009)[10]

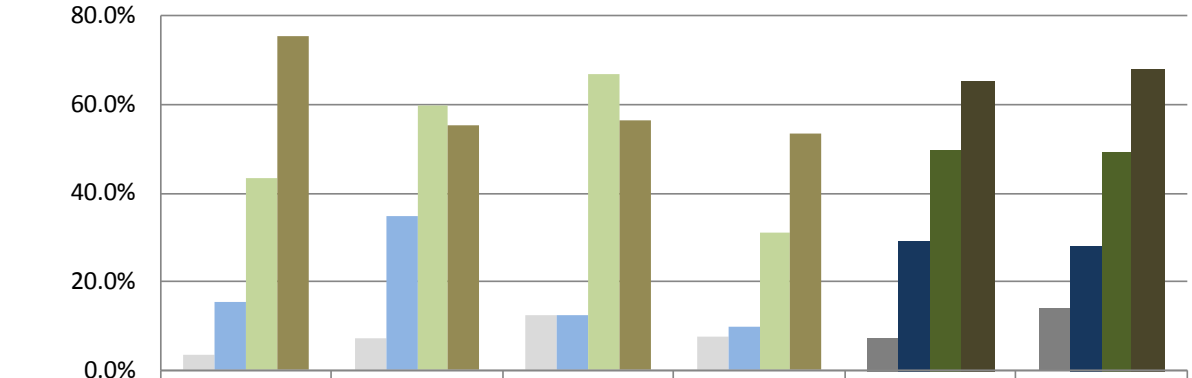


Underage Alcohol and Tobacco Use

Table 3.23	Top Five Perceived Risky Behaviors by County and Ethnicity[15]						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse
2nd	Being Overweight	Being Overweight	Tobacco Use	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse
3rd	Tobacco Use	Racism	Lack of Exercise	Being Overweight	Racism	Being Overweight	Being Overweight
4th	Lack of Exercise	Drug Abuse	Being Overweight	Tobacco Use	Being Overweight	Tobacco Use	Tobacco Use
5th	Not Using Seat Belts	Unsafe Sex	Not Using Seat Belts	Lack of Exercise	Lack of Exercise	Lack of Exercise	Lack of Exercise

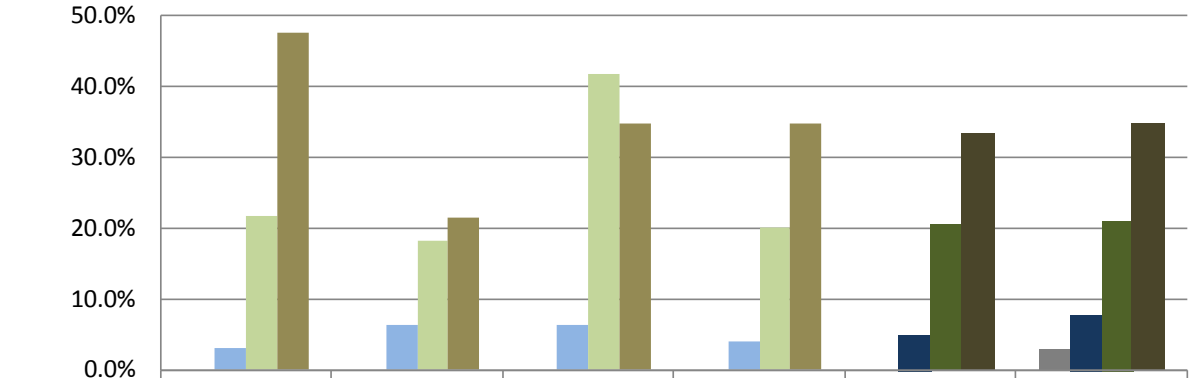
.

Figure 3.27: Lifetime Alcohol Use by Grade (2010)[29]



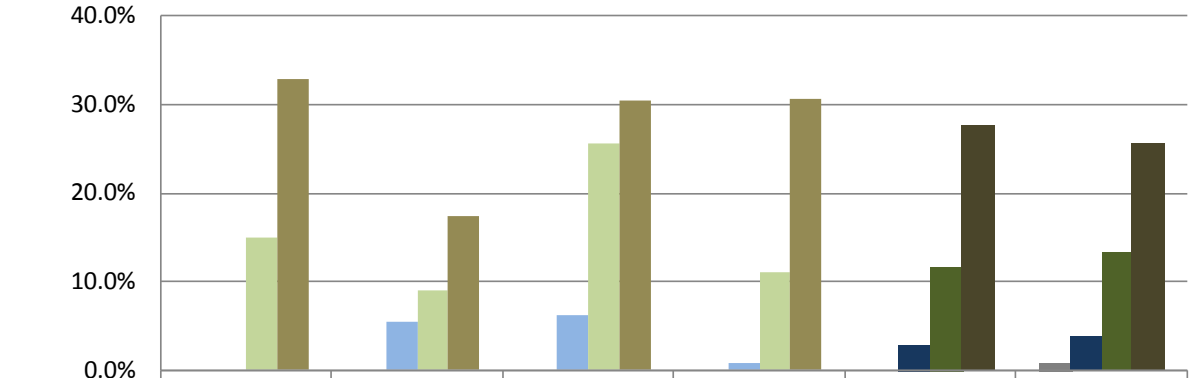
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	3.7%	7.1%	12.5%	7.5%	7.3%	14.0%
8th Grade	15.6%	34.8%	12.5%	9.8%	29.3%	28.0%
10th Grade	43.3%	59.8%	66.7%	31.2%	49.9%	49.3%
12th Grade	75.4%	55.3%	56.5%	53.5%	65.3%	67.9%

Figure 3.28: 30-Day Alcohol Use by Grade (2010)[29]



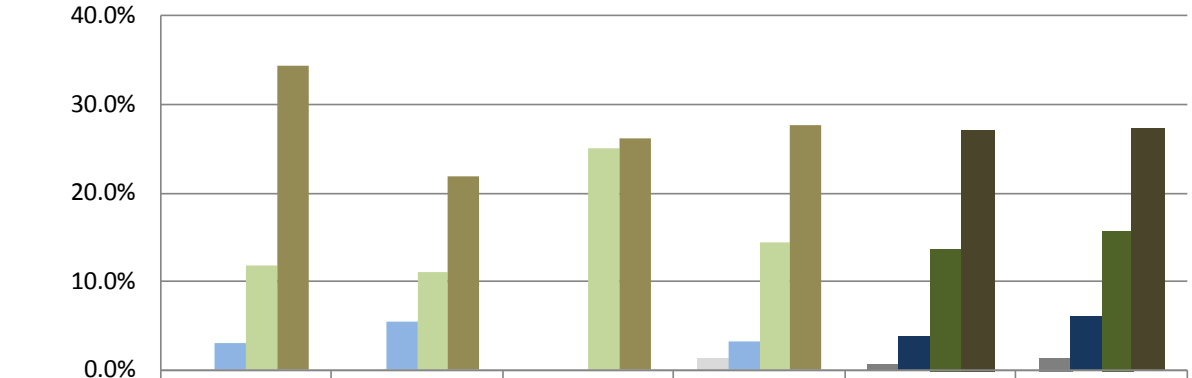
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%
8th Grade	3.1%	6.3%	6.3%	4.1%	4.9%	7.9%
10th Grade	21.7%	18.2%	41.7%	20.2%	20.6%	21.0%
12th Grade	47.5%	21.6%	34.8%	34.8%	33.4%	34.7%

Figure 3.29: 30-Day Binge Drinking (5 or More Drinks) by Grade (2010)[29]



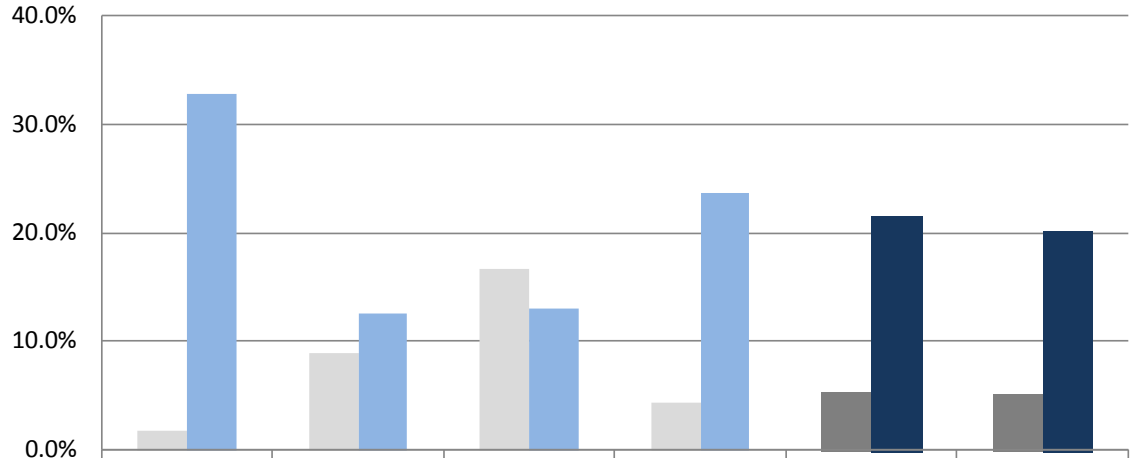
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
8th Grade	0.0%	5.4%	6.3%	0.8%	2.8%	3.8%
10th Grade	15.0%	9.1%	25.6%	11.1%	11.6%	13.4%
12th Grade	32.8%	17.5%	30.4%	30.7%	27.6%	25.6%

Figure 3.30: 30-Day Tobacco Use by Grade (2010)[29]



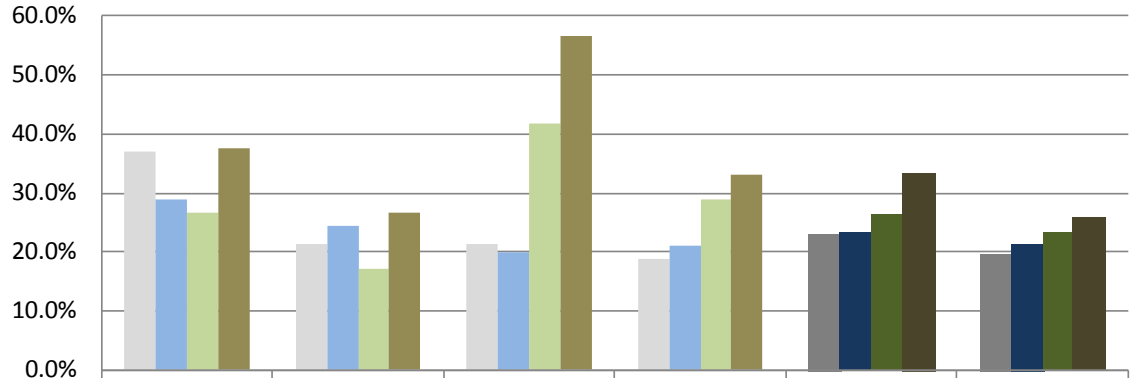
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	1.3%	0.7%	1.3%
8th Grade	3.1%	5.4%	0.0%	3.2%	3.9%	6.1%
10th Grade	11.9%	11.1%	25.0%	14.4%	13.7%	15.7%
12th Grade	34.4%	21.9%	26.1%	27.6%	27.1%	27.2%

Figure 3.31: Percent of Youth Who Have Driven Under the Influence of Alcohol in the Past 12 Months by Grade (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
10th Grade	1.7%	8.9%	16.7%	4.4%	5.3%	5.1%
12th Grade	32.8%	12.5%	13.0%	23.7%	21.6%	20.1%

Figure 3.32: Percent of Youth Who Rode in a Car in the Past 30 Days Driven by Someone Who Had Been Drinking Alcohol (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	37.0%	21.4%	21.4%	18.8%	23.0%	19.6%
8th Grade	29.0%	24.3%	20.0%	21.1%	23.2%	21.4%
10th Grade	26.7%	17.2%	41.7%	28.8%	26.4%	23.3%
12th Grade	37.7%	26.7%	56.5%	33.0%	33.5%	25.7%

Table 3.24	Percent of Youth Who Report Their Parents Would Say it is Very Wrong for Them to Use Alcohol[29]		
	8th Grade	10th Grade	12th Grade
Boone	80.0%	64.4%	47.5%
Colfax	78.2%	65.8%	60.8%
Nance	75.0%	50.0%	45.5%
Platte	81.3%	69.0%	52.2%
East Central	**79.6%**	**67.1%**	**53.2%**
Nebraska	**79.0%**	**67.9%**	**53.3%**

Colfax County

Following the demographic profile of selected characteristics, the top 11 community health needs and priorities for Colfax County are listed alphabetically in Table 3.25 below with a brief description of the rationale for selection. Following the table are data that support the selection and prioritization of the community health needs.

Note county-level data are unavailable for some statistics. Refer also to the health needs for the overall district.

Demographic Profile: Colfax County

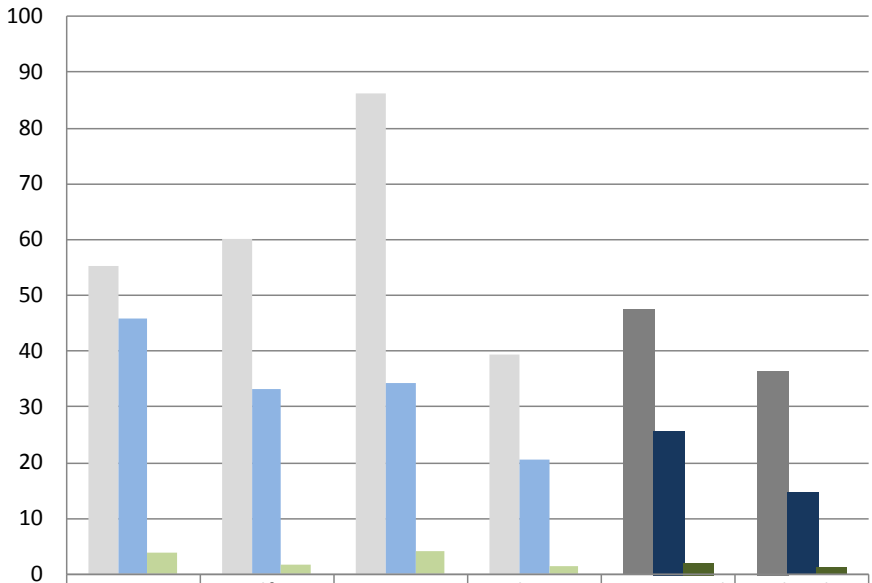
Population: 10,515
Density (people per square mile): 25.6
% White: 77.3%
% Hispanic: 41.6%
% over 65: 15.6%
Median Household Income: $45,919
% at or below Poverty Line: 11.0%
% without High School Degree or GED/Equivalent: 30.0%

Table 3.25: Community Health Needs and Priorities for Colfax County

Community Health Needs and Priorities	Rationale for Selection
➢ **Accidental Death**	• High rates of unintentional injury and motor vehicle deaths.
➢ **Activities for Children**	• Low perception of the availability of recreation, after school, and non-sports related activities for children.
➢ **Cancer**	• High rates of incidence of and deaths due to cancer. • High rates of incidence of prostate cancer and Leukemia. • High rates of death due to breast, colorectal, and prostate cancer.
➢ **Diabetes**	• High rate of death due to diabetes.
➢ **First Trimester Prenatal Care**	• Low rates of 1st trimester prenatal care among the Hispanic population.
➢ **GED/High School Equivalency**	• Very high percentage of the population without high school degree or GED. • A majority of those without high school degree of GED are likely immigrants as the graduation rate at Colfax County schools is about average. This points to a possible need for GED services in Spanish, if they are not already available.
➢ **Hepatitis A and B**	• High rates of incidence for Hepatitis A and B.
➢ **Infant Mortality**	• Notably high rates of infant mortality among the Caucasian population. Likely not due to a lack of first trimester prenatal care, but possibly due to nitrates in the water system.
➢ **Radon Levels**	• Two-thirds of homes with radon levels over 4 pCi/L.
➢ **Teen Pregnancy**	• The top perceived health problem in the county. • High rates of teen pregnancies, especially among the Hispanic population.
➢ **Water Quality**	• High amount of nitrates in the community water. • No fluoridated water.

Accidental Death

Figure 3.33: Accidental Death Rate per 100,000 Population (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Unintentional Injury Death Rate	55.2	60.2	86.2	39.4	47.4	36.5
Motor Vehicle Death Rate	45.9	33.2	34.2	20.7	25.8	14.7
Work-Related Accidental Death Rate	4.0	1.8	4.1	1.5	2.1	1.1

Activities for Children

Table 3.26 There are plenty of recreation opportunities for children in my community.[15]

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	24.1%	16.7%	55.6%	3.7%	***3.4***
Colfax	11.3%	32.3%	21.0%	31.5%	4.0%	***2.9***
Nance	0.0%	26.3%	21.1%	52.6%	0.0%	***3.3***
Platte	4.5%	25.6%	30.5%	35.3%	4.1%	***3.1***
Hispanic	10.7%	30.1%	29.1%	21.4%	8.7%	***2.9***
Non-Hispanic	4.1%	26.6%	24.9%	42.0%	2.4%	***3.1***
East Central	**5.4%**	**27.2%**	**25.7%**	**38.0%**	**3.7%**	***3.1***

Table 3.27	There are adequate after school programs for elementary age children to attend.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	1.9%	24.1%	31.5%	42.6%	0.0%	***3.2***
Colfax	14.8%	27.9%	29.5%	21.3%	6.6%	***2.8***
Nance	0.0%	21.1%	13.2%	60.5%	5.3%	***3.5***
Platte	0.8%	15.9%	40.2%	37.1%	6.1%	***3.3***
Hispanic	7.7%	19.2%	25.0%	33.7%	14.4%	***3.3***
Non-Hispanic	3.6%	20.6%	37.6%	35.4%	2.7%	***3.1***
East Central	**4.4%**	**20.3%**	**34.3%**	**35.6%**	**5.4%**	***3.2***

Table 3.28	There are adequate after school opportunities for middle and high school age students.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	18.5%	18.5%	57.4%	5.6%	***3.5***
Colfax	12.2%	25.2%	25.2%	29.3%	8.1%	***3.0***
Nance	0.0%	23.7%	13.2%	63.2%	0.0%	***3.4***
Platte	4.5%	18.2%	38.6%	32.6%	6.1%	***3.2***
Hispanic	9.7%	19.4%	23.3%	33.0%	14.6%	***3.2***
Non-Hispanic	4.6%	20.8%	33.9%	37.2%	3.6%	***3.2***
East Central	**5.6%**	**20.5%**	**30.9%**	**37.0%**	**6.1%**	***3.2***

Table 3.29	There are plenty of non sports-related activities for children in my community.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	44.4%	29.6%	25.9%	0.0%	***2.8***
Colfax	12.2%	44.7%	22.0%	14.6%	6.5%	***2.6***
Nance	5.3%	47.4%	21.1%	26.6%	0.0%	***2.7***
Platte	8.3%	39.1%	32.0%	20.3%	0.4%	***2.7***
Hispanic	12.6%	29.1%	34.0%	18.4%	5.8%	***2.8***
Non-Hispanic	7.1%	45.7%	26.9%	19.6%	0.8%	***2.6***
East Central	**8.1%**	**41.8%**	**28.3%**	**20.0%**	**1.9%**	***2.7***

Cancer

Table 3.30	Top Five Perceived Health Problems by County and Ethnicity[15]						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Cancer	Teenage Pregnancy	Cancer	Cancer	Teenage Pregnancy	Cancer	Cancer
2nd	Heart Disease and Stroke	Cancer	Heart Disease and Stroke	Diabetes	Diabetes	Heart Disease and Stroke	Teenage Pregnancy
3rd	Aging Problems	Diabetes	Aging Problems	Teen Pregnancy	Cancer	Aging Problems	Diabetes
4th	Affordable and Safe Housing	Aging Problems	Diabetes	Heart Disease and Stroke	Child Abuse/ Neglect	Diabetes	Aging Problems
5th	Diabetes	Heart Disease and Stroke	Affordable and Safe Housing	Aging Problems	High Blood Pressure	Teenage Pregnancy	Heart Disease and Stroke

Figure 3.34: Incidence of Cancer per 100,000 Population (2003-2007)[10]

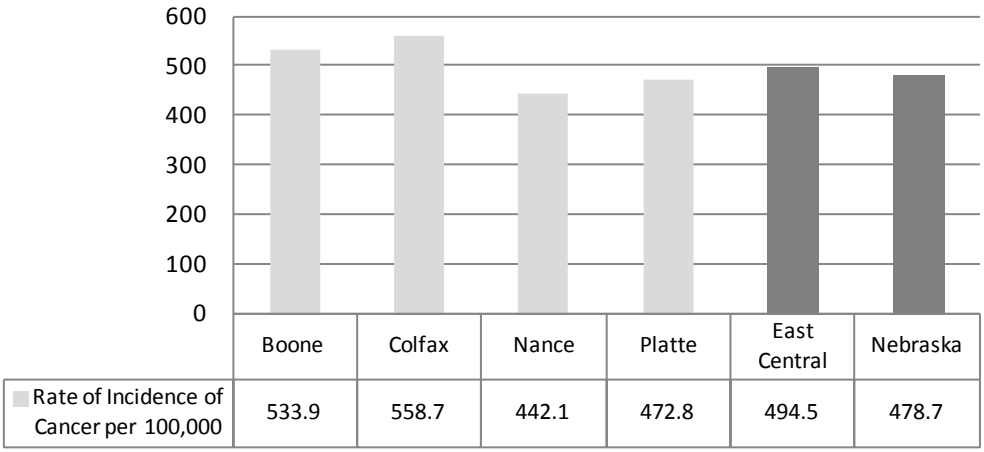
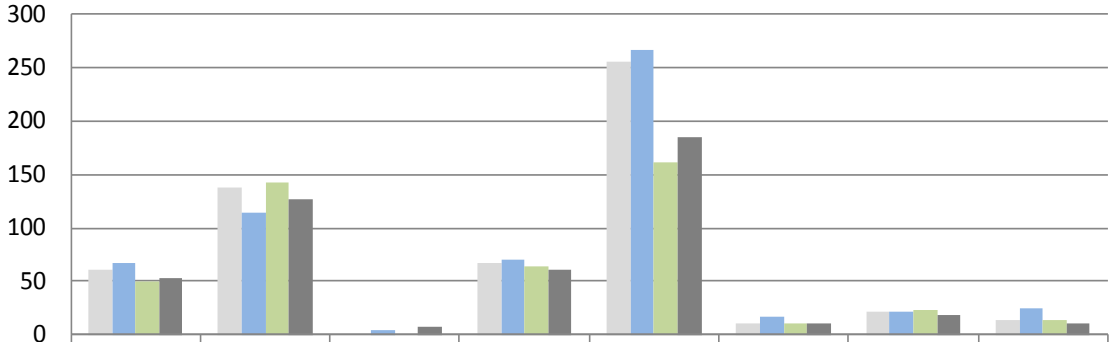
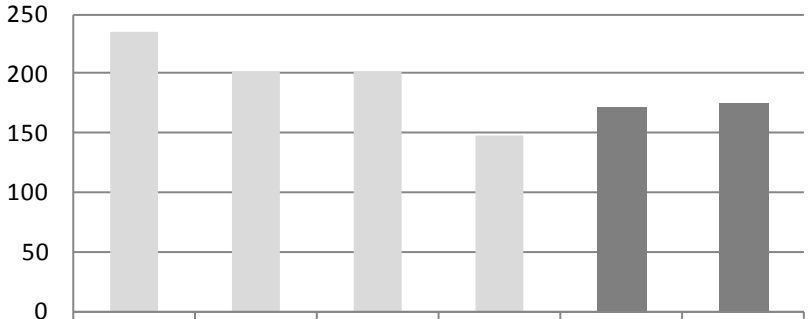


Figure 3.35: Incidence of Cancer by Type per 100,000 Population (2003-2007)[10]



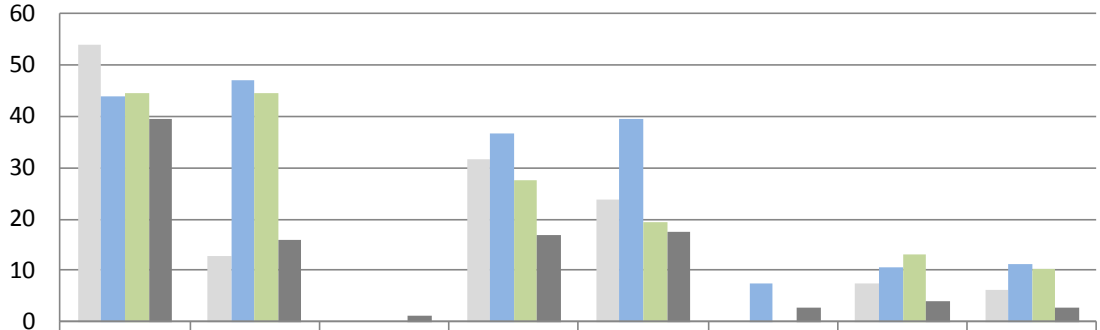
	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	60.6	138.6	0.0	67.1	255.0	11.1	22.0	13.2
Colfax	66.6	115.1	4.1	70.3	267.2	17.1	21.7	25.2
Nance	50.6	142.4	0.0	63.4	161.8	11.4	22.6	14.5
Platte	53.8	127.6	7.0	61.6	185.7	11.1	18.7	10.6
East Central	56.5	127.1	5.3	63.9	209.6	12.4	20.1	14.0
Nebraska	65.6	123.2	7.2	56.2	158.9	17.1	20.4	13.8

Figure 3.36: Deaths Due to Cancer per 100,000 Population (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Deaths Due to Cancer per 100,000	235.1	200.8	201.5	147.2	171.1	174.0

Figure 3.37: Deaths Due to Cancer by Type per 100,000 Population (2005-2009)[10]

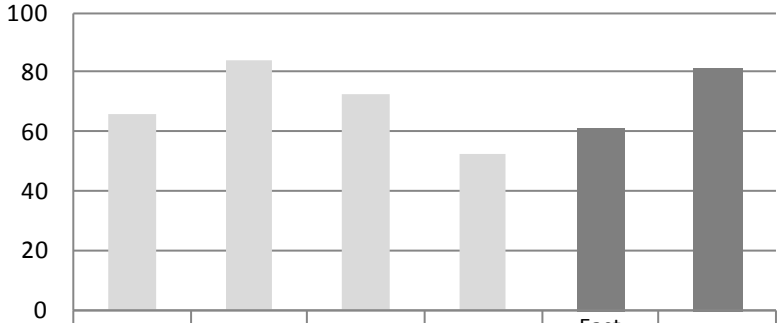


	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	53.9	12.7	0.0	31.8	23.9	0.0	7.5	6.1
Colfax	44.0	46.9	0.0	36.8	39.4	7.4	10.5	11.1
Nance	44.5	44.6	0.0	27.7	19.4	0.0	13.2	10.2
Platte	39.6	16.1	1.1	17.0	17.5	2.7	4.0	2.9
East Central	42.8	23.1	0.7	23.2	22.4	2.9	6.5	5.5
Nebraska	47.1	21.2	1.6	18.2	24.7	3.1	7.5	7.1

Diabetes

See also Table 3.30 above.

Figure 3.38: Diabetes Related Deaths per 100,000 (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Diabetes Related Deaths per 100,000	65.80	84.00	72.60	52.60	61.40	81.20

First Trimester Prenatal Care

Figure 3.39: Percent of Births Receiving First Trimester Prenatal Care (2005-2009)[10]

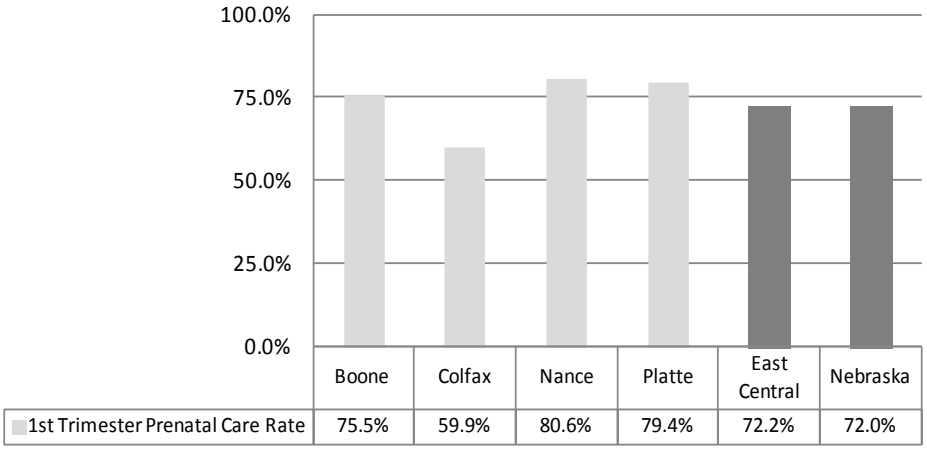
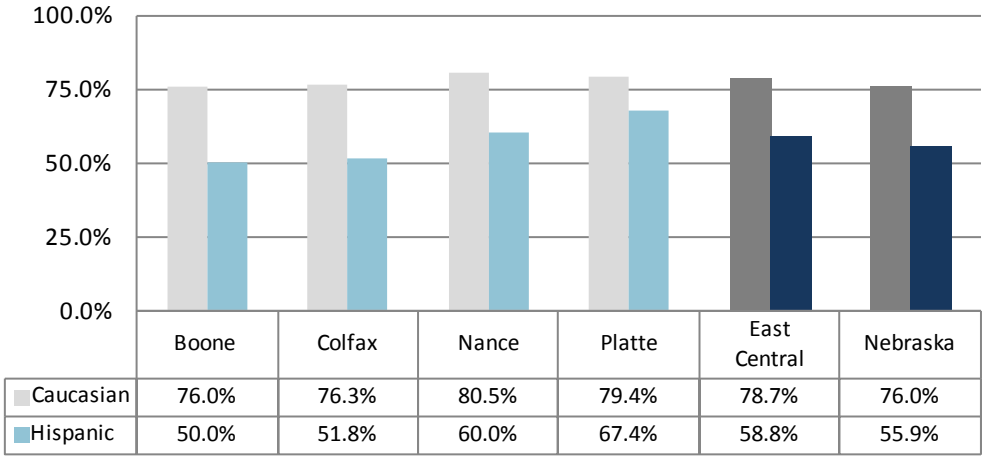


Figure 3.40: Percent of Births Receiving First Trimester Prenatal Care by Caucasian and Hispanic (2005-2009)[10]

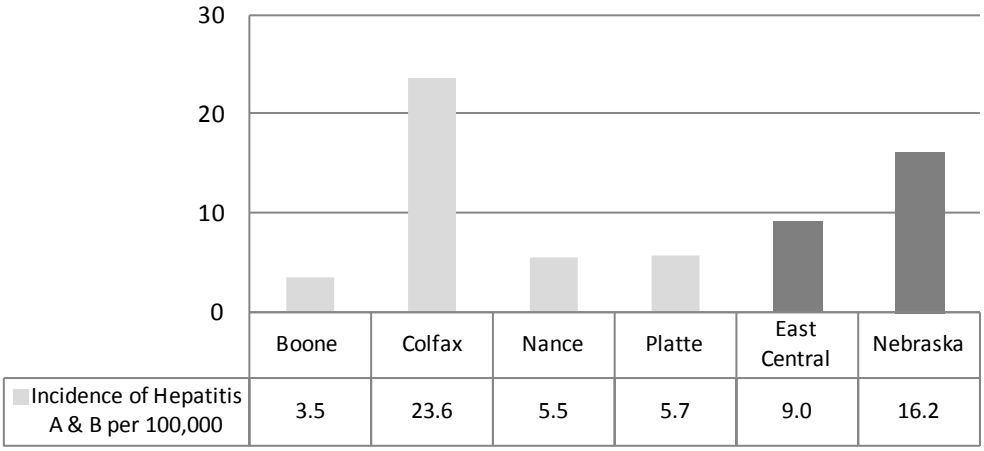


GED/High School Equivalency

Table 3.31	Highest Level of Educational Attainment - Individuals over 25 (2009)[13]				
	Boone	**Colfax**	**Nance**	**Platte**	**East Central**
No High School Degree	7.8%	30.0%	15.8%	10.5%	14.2%
High School (or GED/Equivalent)	41.5%	31.6%	38.5%	35.7%	35.8%
Some College	23.0%	20.9%	24.0%	23.3%	22.9%
Associate's Degree	11.8%	7.3%	9.1%	11.6%	10.6%
Bachelor's Degree	11.4%	6.7%	9.7%	12.9%	11.3%
Graduate or Professional Degree	4.5%	3.5%	2.9%	6.0%	5.1%

Hepatitis A and B

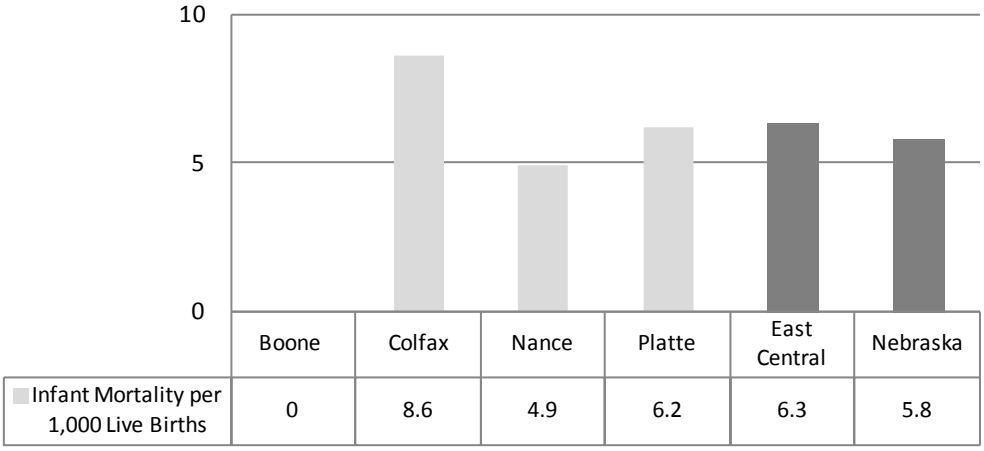
Figure 3.41: Incidences of Hepatitis A and B per 100,000[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Incidence of Hepatitis A & B per 100,000	3.5	23.6	5.5	5.7	9.0	16.2

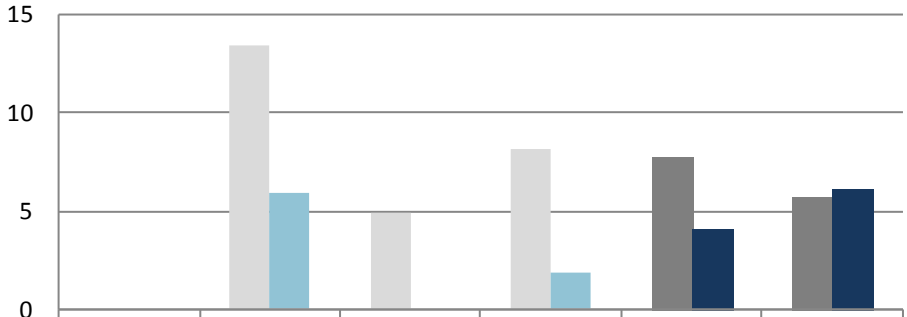
Infant Mortality

Figure 3.42: Infant Mortality per 1,000 Live Births (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Infant Mortality per 1,000 Live Births	0	8.6	4.9	6.2	6.3	5.8

Figure 3.43: Infant Mortality per 1,000 Live Births by Caucasian and Hispanic (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Caucasian	0	13.4	4.9	8.1	7.7	5.7
Hispanic	0	5.9	0	1.9	4.1	6.1

Radon Levels

Figure 3.44: Average Radon Levels by County in Nebraska (2009)[25]

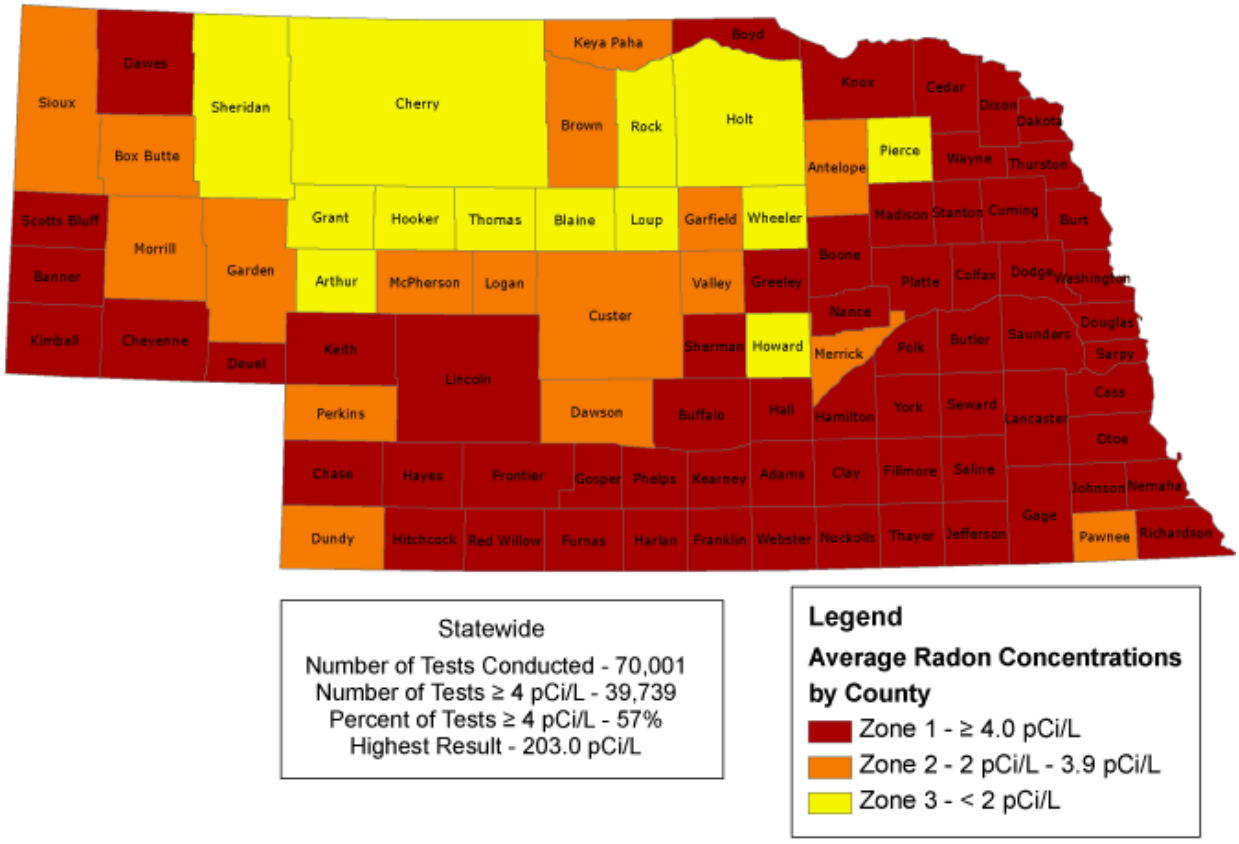


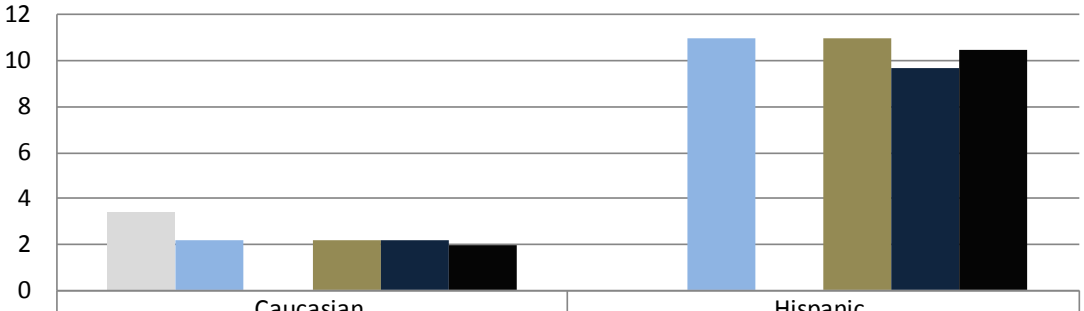
Table 3.32	East Central District Radon Levels (2009)[25]		
	Average Radon Level (pCi/L)	% Results over 4 pCi/L	Highest Result (pCi/L)
Boone	6.4	66%	30.9
Colfax	7.0	66%	53.4
Nance	6.7	61%	28.0
Platte	5.3	47%	47.7
East Central	**5.9**	**54%**	**53.4**
Nebraska	**5.9**	**57%**	**203.0**

Teen Pregnancy

See also Table 3.30 above.

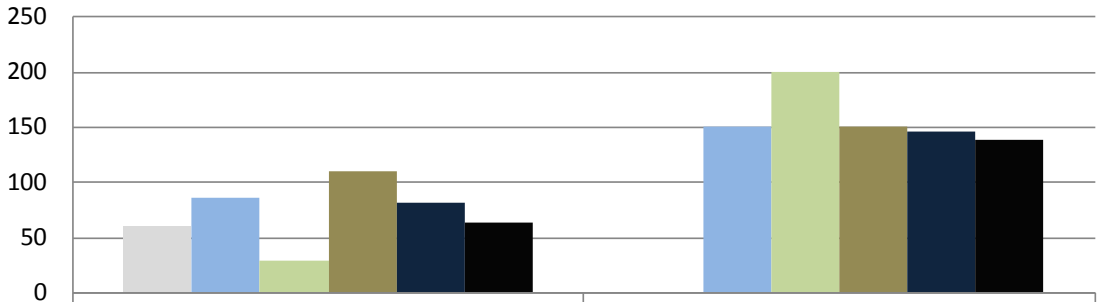
Table 3.33	Teen Births as Percent of Total Births (2005-2009)[10]		
	Total Live Births	Number of Teen Births	Teen Births as % of Total Live Births
Boone	298	20	6.7%
Colfax	1,046	140	13.4%
Nance	206	6	2.9%
Platte	2,427	247	10.2%
East Central	**3,977**	**413**	**10.4%**
Nebraska Total	**133,723**	**11,165**	**8.4%**

Figure 3.45: Births to Mothers Ages 13-15 per 1,000 Population by Caucasian and Hispanic 2005-2009[10]



	Caucasian	Hispanic
Boone	3.4	0
Colfax	2.2	11.0
Nance	0	0
Platte	2.2	11.0
East Central	2.2	9.7
Nebraska	2	10.5

Figure 3.46: Births to Mothers Ages 16-19 per 1,000 Population by Caucasian and Hispanic 2005-2009[10]



	Caucasian	Hispanic
Boone	60.8	0
Colfax	85.7	149.9
Nance	29.3	200.0
Platte	110.2	149.9
East Central	82.1	145.6
Nebraska	62.9	138.9

Water Quality

Table 3.34	Nitrate Levels in the Community Water System (mg/L)[10]				
Boone	**Colfax**	**Nance**	**Platte**	**East Central**	**Nebraska**
2.2	7.4	3.7	1.1	**2.8**	**2.9**

Table 3.35	Community Water Environmental Health Indicators[10]	
	Percent of Population Served by Community Water (2009)	**Percent of Population Receiving Optimally Fluoridated Water (2007)**
Boone	65.8%	53.5%
Colfax	72.7%	0.0%
Nance	71.8%	55.9%
Platte	73.4%	92.3%
East Central	**72.3%**	**67.9%**
Nebraska	**83.1%**	**68.2%**

Nance County

Following the demographic profile of selected characteristics, the top 10 community health needs and priorities for the Nance County are listed alphabetically in Table 3.36 below with a brief description of the rationale for selection. Following the table are data that support the selection and prioritization of the community health needs.

Note county-level data are unavailable for some statistics. Refer also to the health needs for the overall district.

Demographic Profile: Nance County

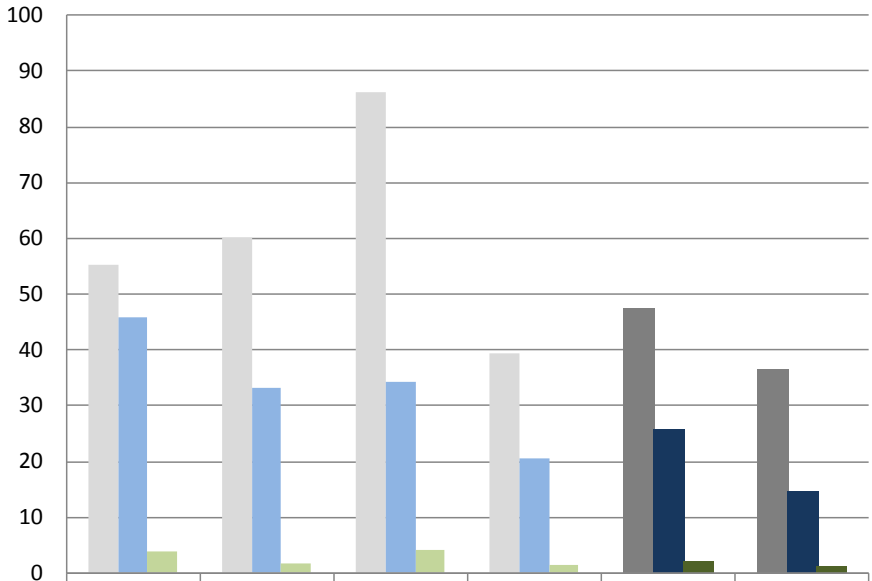
Population: 3,735
Density (people per square mile): 8.5
% White: 98.0%
% Hispanic: 1.7%
% over 65: 19.1%
Median Household Income: $40,729
% at or below Poverty Line: 11.4%
% without High School Degree or GED/Equivalent: 15.8%

Table 3.36: Community Health Needs and Priorities for Nance County

Community Health Needs and Priorities	Rationale for Selection
➢ **Accidental Death**	• High rates of unintentional injury, motor vehicle, and work-related accidental deaths.
➢ **Aging Population**	• The number three perceived health problem in the county. • High percentage of the population over 65. • High percentage of the over 65 population in a nursing home or long-term care. • Other health issues such as cancer and heart disease are likely due at least in part to the aging population.
➢ **Birth Defects**	• High rates of birth defects.
➢ **Cancer**	• Cancer was the top perceived health problem in the county. • High rates of death due to cancer. • High rates of incidence of and deaths due to breast and colorectal cancer.
➢ **Child and Adolescent Mortality**	• High rates of child and adolescent mortality.
➢ **Child Protection and Safety**	• High monthly average number of children in out-of-home care. • High rates of child abuse and neglect cases.
➢ **Heart Disease and Stroke**	• High rates of death due to coronary heart disease and stroke.
➢ **Pulmonary Disease**	• High rates of hospitalization for asthma. • High rates of death due to chronic lung disease.
➢ **Radon Levels**	• Over three-fifths of homes have Radon levels over 4 pCi/L.
➢ **Underage and Adult Alcohol and Tobacco Use**	• Alcohol was the top perceived risky behavior in the county. • High rates of lifetime tobacco use, 30-day alcohol use, 30-day binge drinking, 30-day tobacco use for the underage population. • High percentage of youth reporting having rode with a drunk driver. • High rates of hospitalization for and deaths due to alcohol and tobacco-related diseases.

Accidental Death

Figure 3.47: Accidental Death Rate per 100,000 Population (2005-2009)[10]



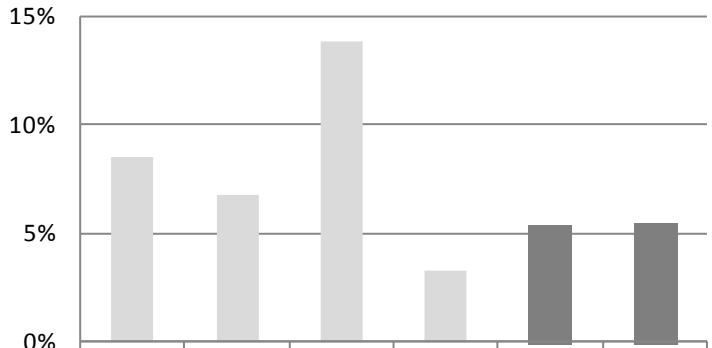
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Unintentional Injury Death Rate	55.2	60.2	86.2	39.4	47.4	36.5
Motor Vehicle Death Rate	45.9	33.2	34.2	20.7	25.8	14.7
Work-Related Accidental Death Rate	4.0	1.8	4.1	1.5	2.1	1.1

Aging Population

See also Table 3.38 below.

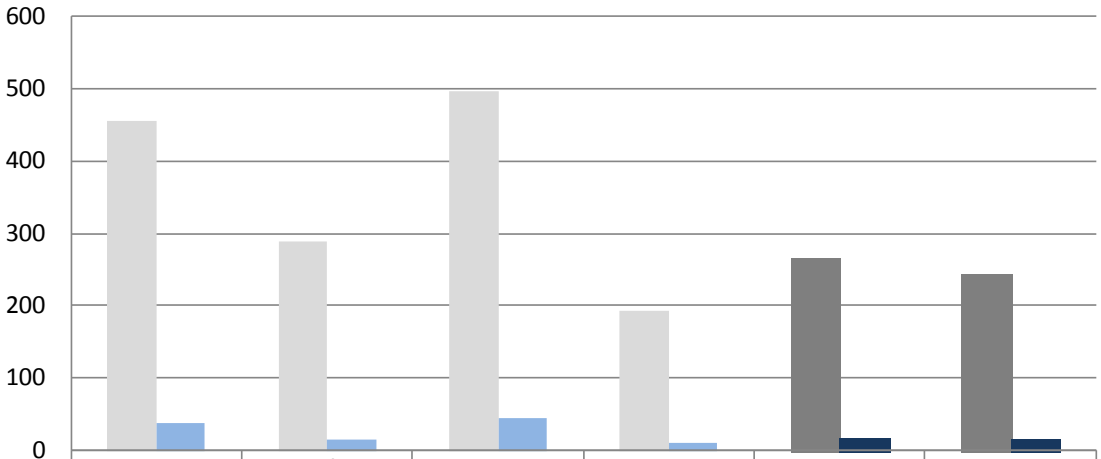
Table 3.37	Percent of the Population 65 and over (2010)[9]
	Percent of the Population over 65
Boone	21.2%
Colfax	13.6%
Nance	19.1%
Platte	14.8%
East Central	**15.5%**
Nebraska Total	**13.6%**
United States	**13.1%**

Figure 3.48: Percent of Population Aged 65 and over in a Nursing Home or Long-Term Care (2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Percent of Population in NH/LTC	8.5%	6.8%	13.8%	3.3%	5.4%	5.5%

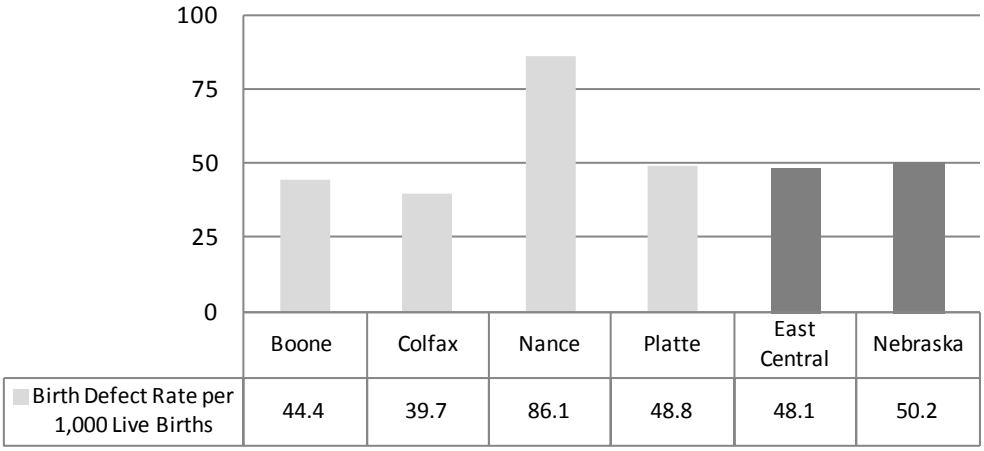
Figure 3.49: Inpatient Hospitalizations for Pneumonia and Influenza per 10,000 Population (2007-2008)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Pneumonia	454.7	288.6	497.6	192.1	265.1	242.1
Influenza	37.0	14.0	43.9	10.1	17.2	14.0

Birth Defects

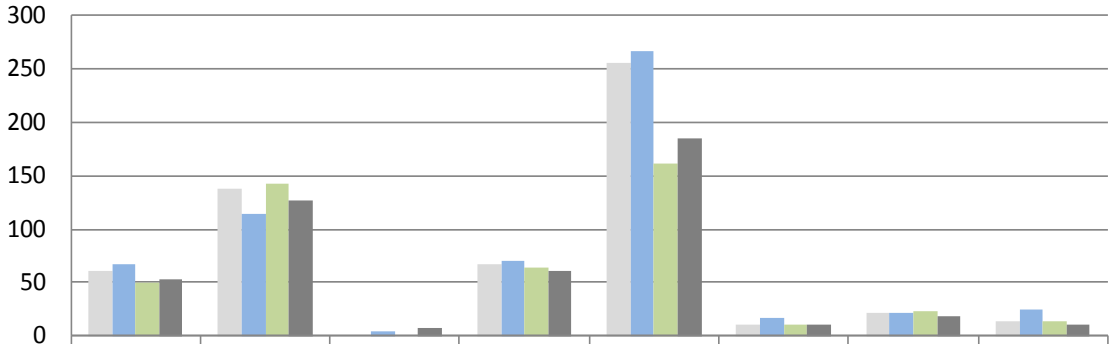
Figure 3.50: Birth Defects per 1,000 Live Births (2004-2008)[10]



Cancer

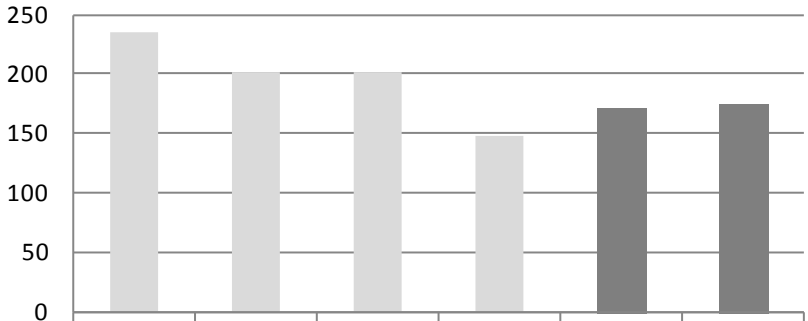
Table 3.38	Top Five Perceived Health Problems by County and Ethnicity[15]						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Cancer	Teenage Pregnancy	Cancer	Cancer	Teenage Pregnancy	Cancer	Cancer
2nd	Heart Disease and Stroke	Cancer	Heart Disease and Stroke	Diabetes	Diabetes	Heart Disease and Stroke	Teenage Pregnancy
3rd	Aging Problems	Diabetes	Aging Problems	Teen Pregnancy	Cancer	Aging Problems	Diabetes
4th	Affordable and Safe Housing	Aging Problems	Diabetes	Heart Disease and Stroke	Child Abuse/ Neglect	Diabetes	Aging Problems
5th	Diabetes	Heart Disease and Stroke	Affordable and Safe Housing	Aging Problems	High Blood Pressure	Teenage Pregnancy	Heart Disease and Stroke

Figure 3.51: Incidence of Cancer by Type per 100,000 Population (2003-2007)[10]



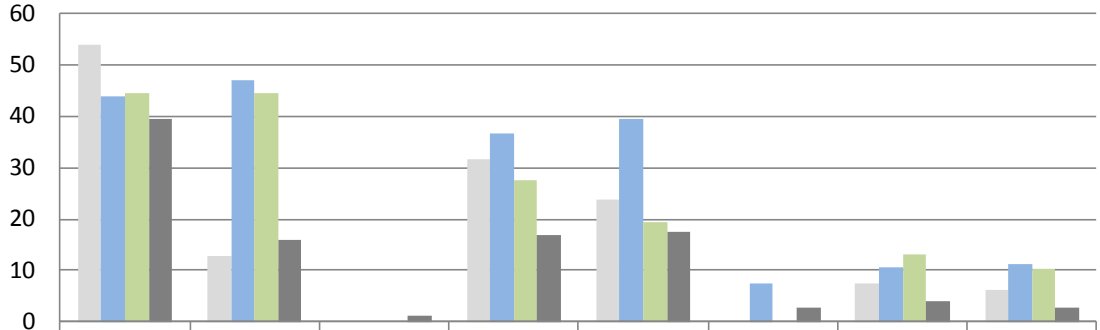
	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	60.6	138.6	0.0	67.1	255.0	11.1	22.0	13.2
Colfax	66.6	115.1	4.1	70.3	267.2	17.1	21.7	25.2
Nance	50.6	142.4	0.0	63.4	161.8	11.4	22.6	14.5
Platte	53.8	127.6	7.0	61.6	185.7	11.1	18.7	10.6
East Central	56.5	127.1	5.3	63.9	209.6	12.4	20.1	14.0
Nebraska	65.6	123.2	7.2	56.2	158.9	17.1	20.4	13.8

Figure 3.52: Deaths Due to Cancer per 100,000 Population (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Deaths Due to Cancer per 100,000	235.1	200.8	201.5	147.2	171.1	174.0

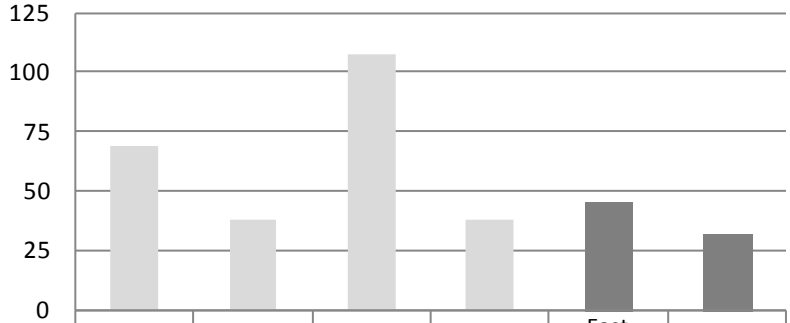
Figure 3.53: Deaths Due to Cancer by Type per 100,000 Population (2005-2009)[10]



	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	53.9	12.7	0.0	31.8	23.9	0.0	7.5	6.1
Colfax	44.0	46.9	0.0	36.8	39.4	7.4	10.5	11.1
Nance	44.5	44.6	0.0	27.7	19.4	0.0	13.2	10.2
Platte	39.6	16.1	1.1	17.0	17.5	2.7	4.0	2.9
East Central	42.8	23.1	0.7	23.2	22.4	2.9	6.5	5.5
Nebraska	47.1	21.2	1.6	18.2	24.7	3.1	7.5	7.1

Child and Adolescent Mortality

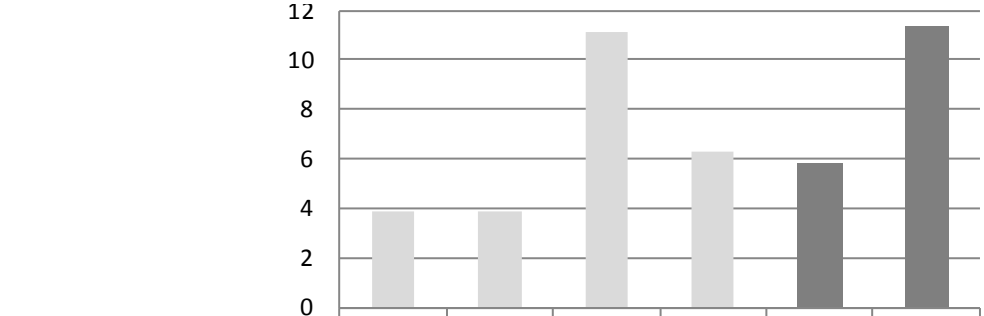
Figure 3.54: Death Rate per 100,000 Population for Ages 1-19 (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Death Rate per 100,000 for Ages 1-19	68.8	37.7	107.6	38.0	45.5	31.7

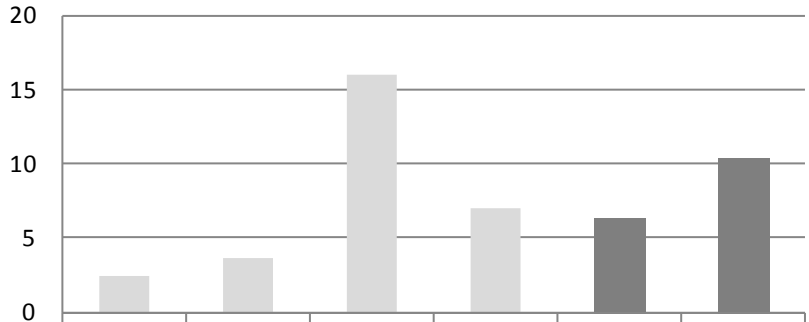
Child Protection and Safety

Figure 3.55: Average Number of Children per Month in Out-of-Home Care (2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Average Number of Children in Out-of-Home Care per Month	3.9	3.9	11.1	6.3	5.8	11.4

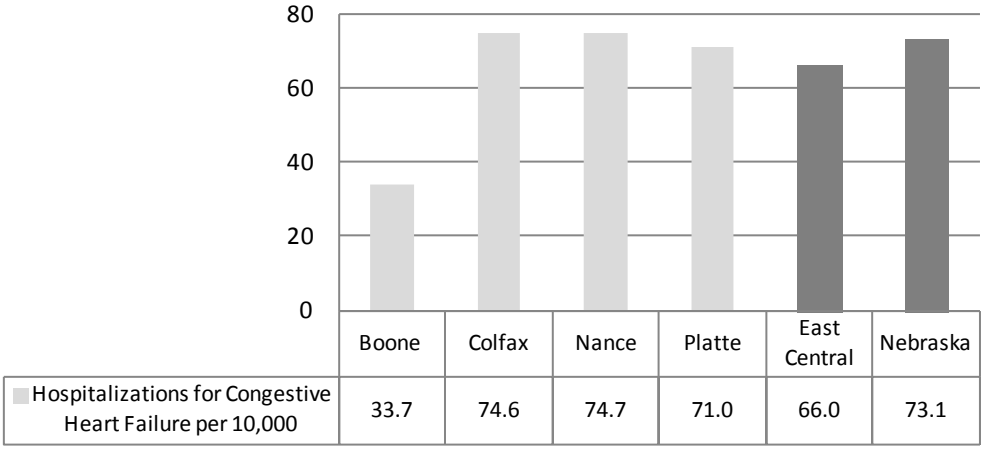
Figure 3.56: Child Abuse and Neglect Cases per 1,000 (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Child Abuse/Neglect Cases per 1,000	2.4	3.6	16.0	7.0	6.3	10.4

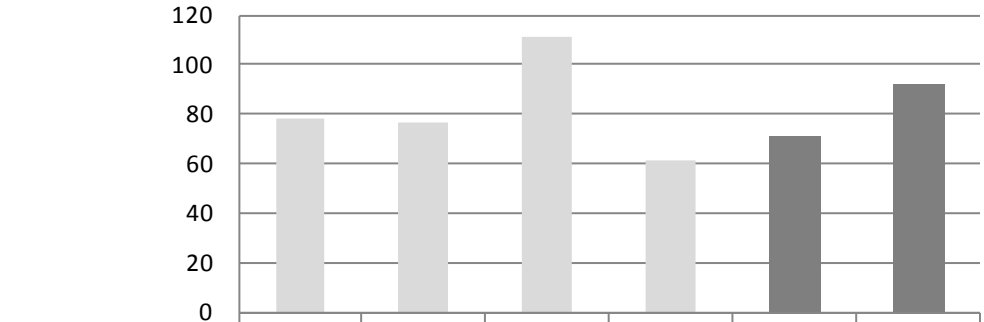
Heart Disease and Stroke

Figure 3.57: Hospitalizations for Congestive Heart Failure per 10,000 Population (2007-2008)[10]



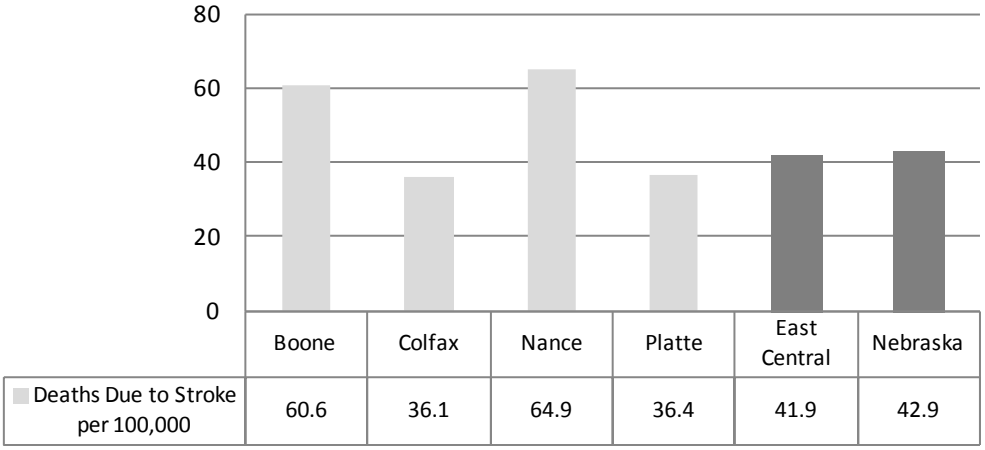
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Hospitalizations for Congestive Heart Failure per 10,000	33.7	74.6	74.7	71.0	66.0	73.1

Figure 3.58: Deaths Due to Coronary Heart Disease per 100,000 Population (2005-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Heart Failure Deaths per 100,000	78.5	76.3	111.1	61.3	70.6	91.7

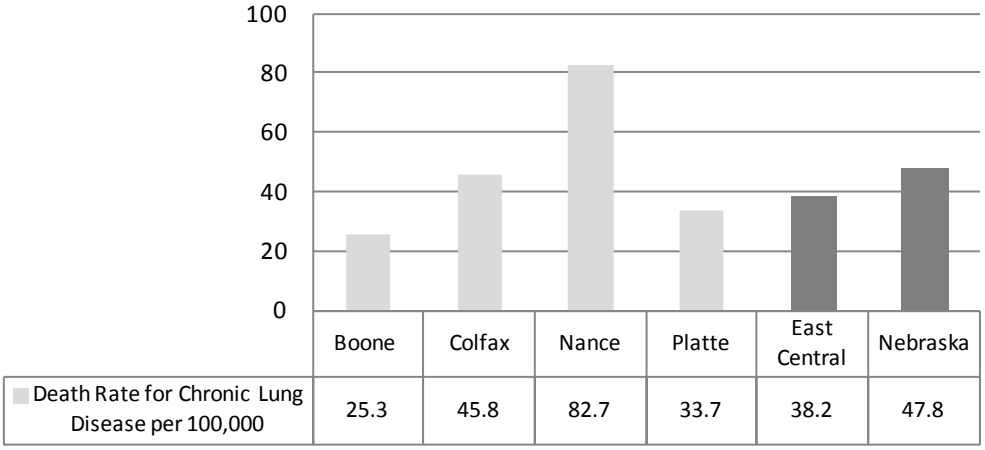
Figure 3.59: Deaths Due to Stroke per 100,000 Population (2005-2009)[10]



Pulmonary Disease

Table 3.39	Asthma Hospitalizations and Death Rates 2005-2009[10]		
	Pediatric Asthma Hospitalizations per 1,000 (2007-2008)	**Asthma Inpatient Hospital Discharges per 1,000 (2007-2008)**	**Annual Death Rates due to Asthma per 100,00 (2005-2009)**
Boone	0.6	44.6	0
Colfax	0.4	44.3	0
Nance	0.9	67.4	19.4
Platte	0.6	28.1	1.5
East Central	**0.6**	**33.7**	**2.3**
Nebraska Total	**0.8**	**49.7**	**1.5**

Figure 3.60: Deaths Due to Chronic Lung Disease per 100,000 Population (2005-2009)[10]



Radon Levels

Figure 3.61: Average Radon Levels by County in Nebraska (2009)[25]

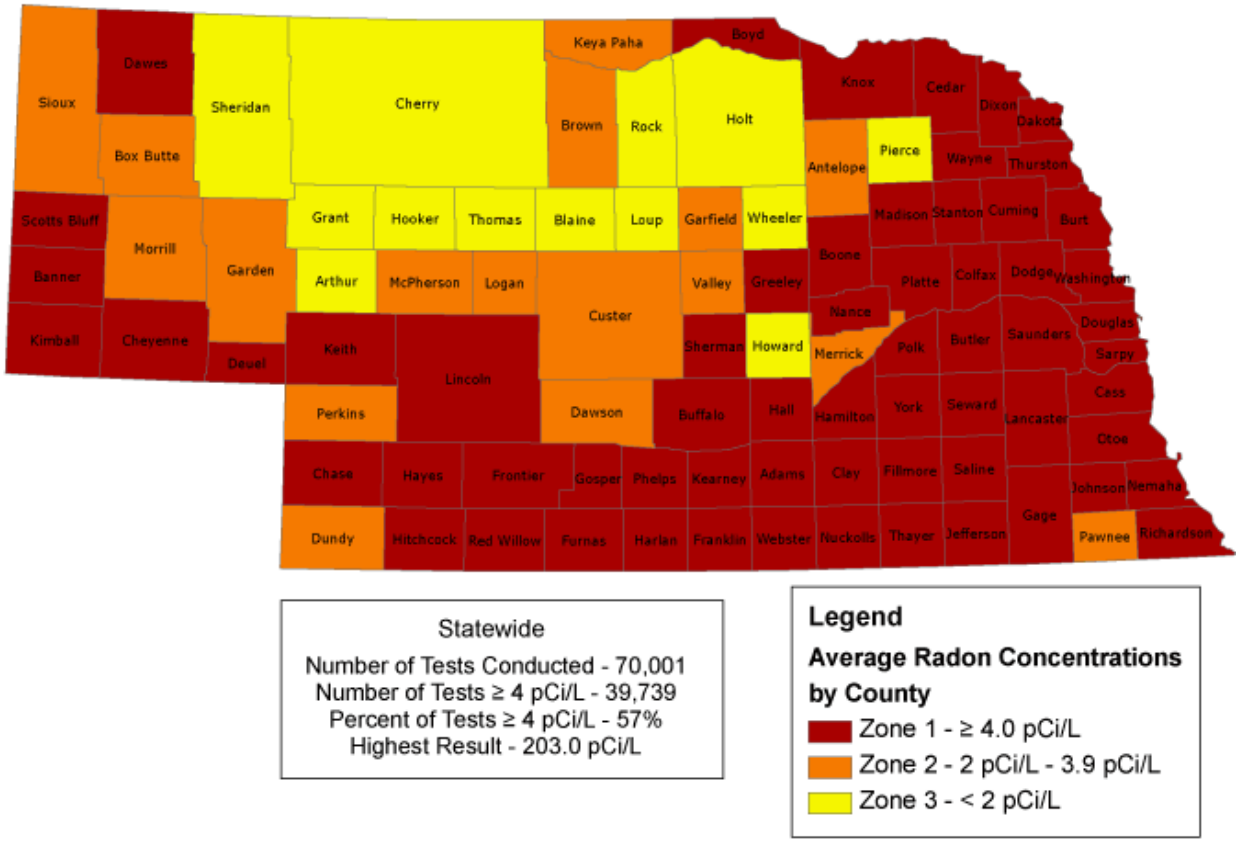
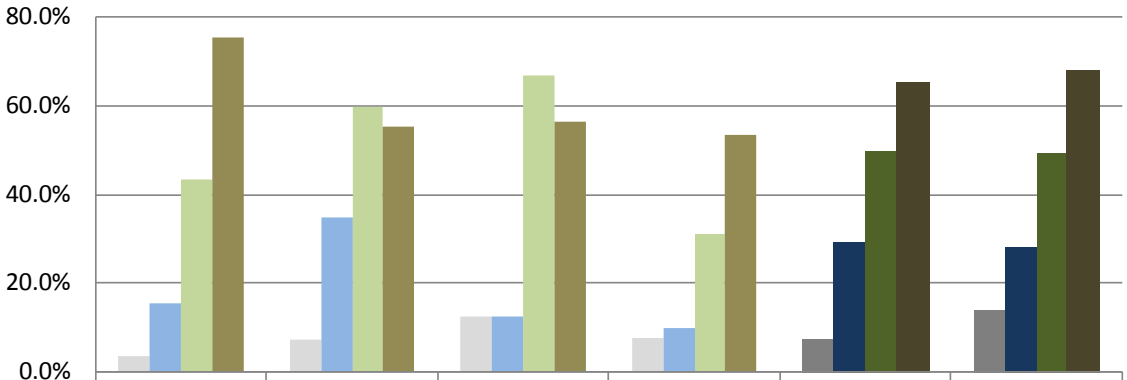


Table 3.40	East Central District Radon Levels (2009)[25]		
	Average Radon Level (pCi/L)	% Results over 4 pCi/L	Highest Result (pCi/L)
Boone	6.4	66%	30.9
Colfax	7.0	66%	53.4
Nance	6.7	61%	28.0
Platte	5.3	47%	47.7
East Central	**5.9**	**54%**	**53.4**
Nebraska	**5.9**	**57%**	**203.0**

Underage Alcohol and Tobacco Use

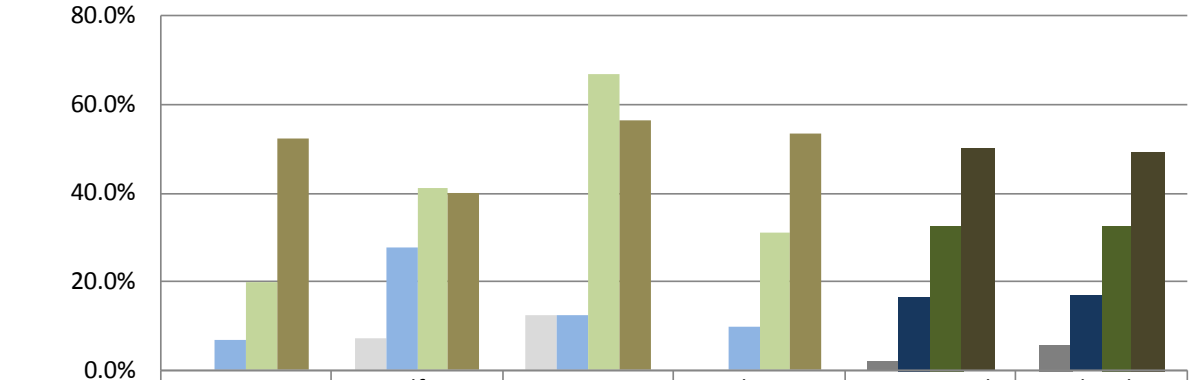
Table 3.41	Top Five Perceived Risky Behaviors by County and Ethnicity[15]						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse
2nd	Being Overweight	Being Overweight	Tobacco Use	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse
3rd	Tobacco Use	Racism	Lack of Exercise	Being Overweight	Racism	Being Overweight	Being Overweight
4th	Lack of Exercise	Drug Abuse	Being Overweight	Tobacco Use	Being Overweight	Tobacco Use	Tobacco Use
5th	Not Using Seat Belts	Unsafe Sex	Not Using Seat Belts	Lack of Exercise	Lack of Exercise	Lack of Exercise	Lack of Exercise

Figure 3.62: Lifetime Alcohol Use by Grade (2010)[29]



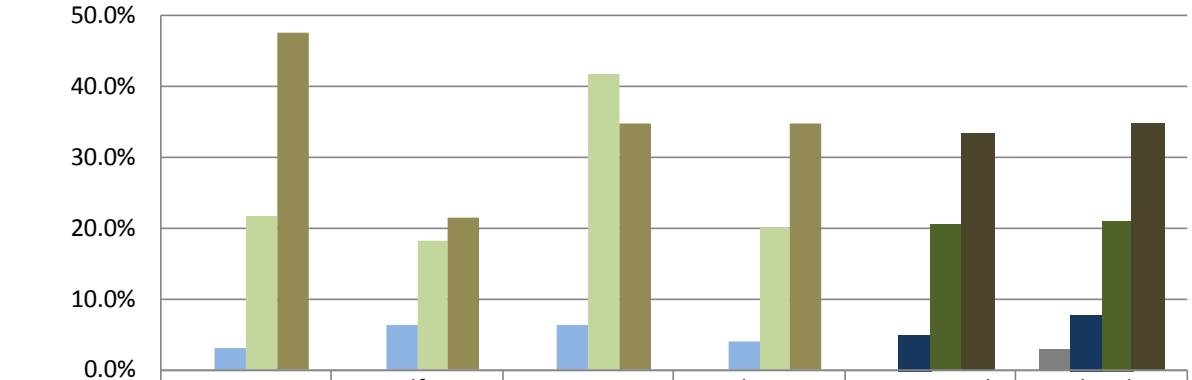
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	3.7%	7.1%	12.5%	7.5%	7.3%	14.0%
8th Grade	15.6%	34.8%	12.5%	9.8%	29.3%	28.0%
10th Grade	43.3%	59.8%	66.7%	31.2%	49.9%	49.3%
12th Grade	75.4%	55.3%	56.5%	53.5%	65.3%	67.9%

Figure 3.63: Lifetime Tobacco Use by Grade (2010)[29]



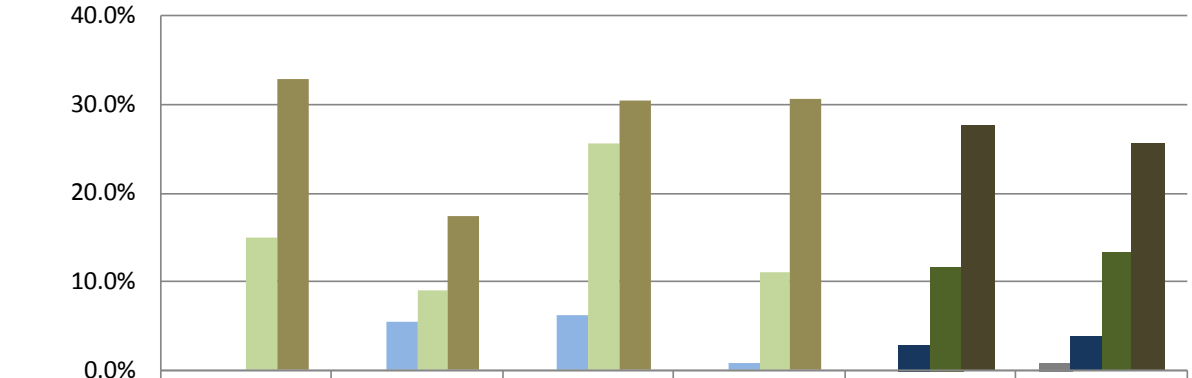
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	7.1%	12.5%	0.0%	2.2%	5.6%
8th Grade	6.7%	27.7%	12.5%	9.8%	16.7%	17.0%
10th Grade	20.0%	41.1%	66.7%	31.2%	32.7%	32.4%
12th Grade	52.5%	40.0%	56.5%	53.5%	50.0%	49.3%

Figure 3.64: 30-Day Alcohol Use by Grade (2010)[29]



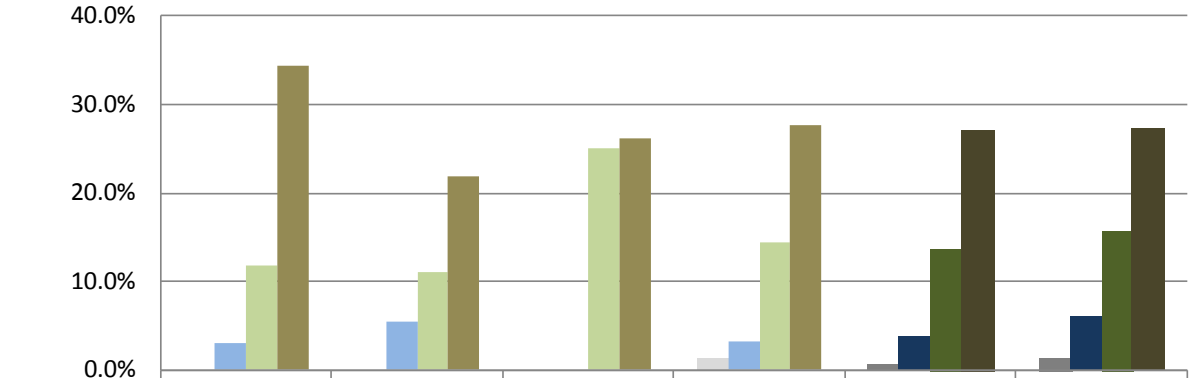
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%
8th Grade	3.1%	6.3%	6.3%	4.1%	4.9%	7.9%
10th Grade	21.7%	18.2%	41.7%	20.2%	20.6%	21.0%
12th Grade	47.5%	21.6%	34.8%	34.8%	33.4%	34.7%

Figure 3.65: 30-Day Binge Drinking (5 or More Drinks) by Grade (2010)[29]



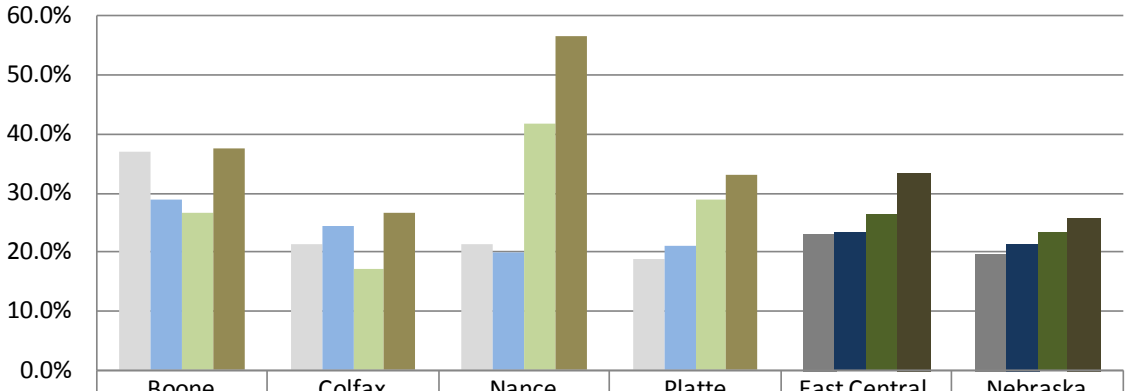
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
8th Grade	0.0%	5.4%	6.3%	0.8%	2.8%	3.8%
10th Grade	15.0%	9.1%	25.6%	11.1%	11.6%	13.4%
12th Grade	32.8%	17.5%	30.4%	30.7%	27.6%	25.6%

Figure 3.66: 30-Day Tobacco Use by Grade (2010)[29]



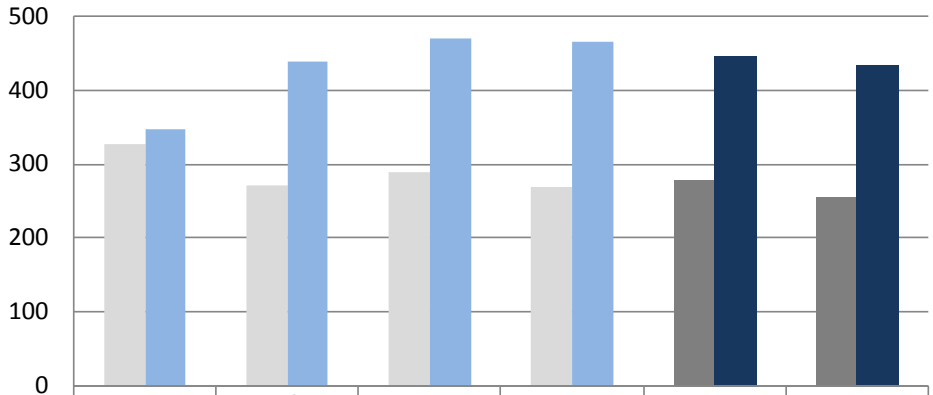
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	1.3%	0.7%	1.3%
8th Grade	3.1%	5.4%	0.0%	3.2%	3.9%	6.1%
10th Grade	11.9%	11.1%	25.0%	14.4%	13.7%	15.7%
12th Grade	34.4%	21.9%	26.1%	27.6%	27.1%	27.2%

Figure 3.67: Percent of Youth Who Rode in a Car in the Past 30 Days Driven by Someone Who Had Been Drinking Alcohol (2010)[29]



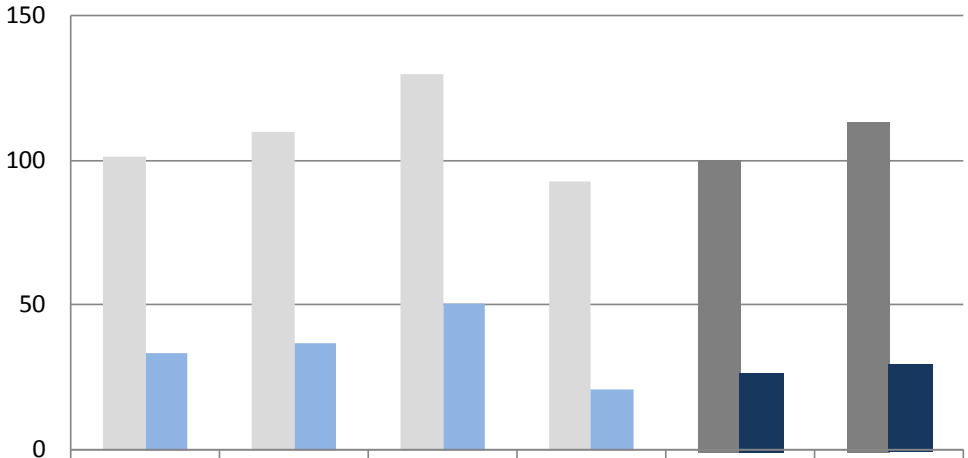
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	37.0%	21.4%	21.4%	18.8%	23.0%	19.6%
8th Grade	29.0%	24.3%	20.0%	21.1%	23.2%	21.4%
10th Grade	26.7%	17.2%	41.7%	28.8%	26.4%	23.3%
12th Grade	37.7%	26.7%	56.5%	33.0%	33.5%	25.7%

Figure 3.68: Hospitalizations for Alcohol and Tobacco Related Diseases per 100,000 Population (2007-2008)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Hospitilizations for Tobacco Related Disease	327.7	272.0	290.2	269.4	277.5	255.5
Hospitilizations for Alcohol Related Disease	347.8	438.5	471.3	464.9	446.5	434.8

Figure 3.69: Alcohol and Tobacco Related Deaths per 100,000 Population (2007-2008)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Tobacco Related Deaths	101.5	109.9	130.1	92.7	99.9	113.3
Alcohol Related Deaths	33.3	36.9	50.3	20.8	26.8	29.4

Platte County

Following the demographic profile of selected characteristics, the top 7 community health needs and priorities for Platte County are listed alphabetically in Table 3.40 below with a brief description of the rationale for selection. Following the table are data that support the selection and prioritization of the community health needs.

Because Platte County is notably healthier than the other counties in the district and the state as a whole for almost all county-level-available statistics, fewer community health needs were selected. Local agencies may wish to refer to the community health needs for the overall East Central District in the selection of their strategies. For example, obesity, diabetes, health screening, and teen sexual activity data are partly or entirely unavailable at the county-level, but these issues might be prevalent health needs in the county, and might be viable strategy options.

Demographic Profile: Platte County

Population: 32,237
Density (people per square mile): 48.3
% White: 90.0%
% Hispanic: 13.8%
% over 65: 14.8%
Median Household Income: $48,359
% at or below Poverty Line: 7.8%
% without High School Degree or GED/Equivalent: 10.5%

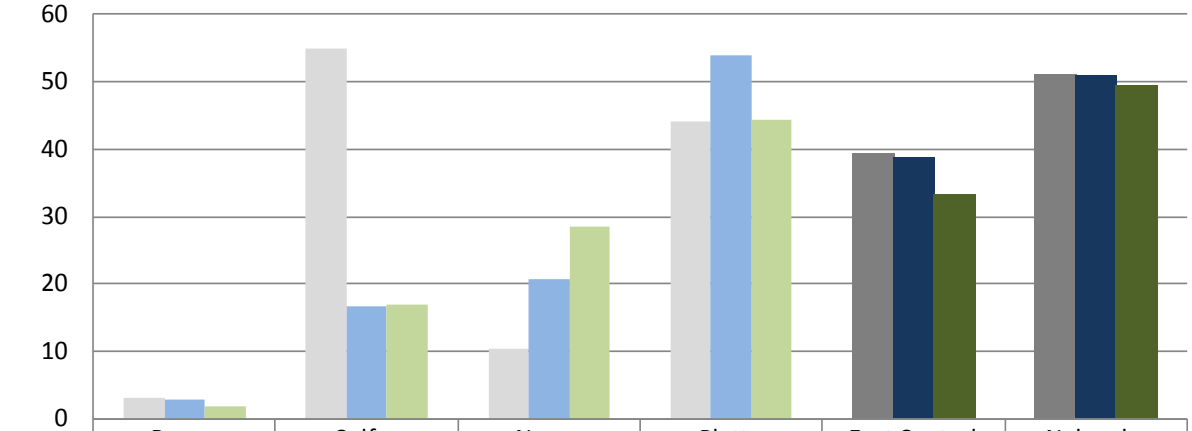
Table 3.42: Community Health Needs and Priorities for Platte County

Community Health Needs and Priorities	Rationale for Selection
➢ **Crime**	• High perception of the increase in gang activity and the impact of gangs on schools and child safety. • High rates of arrests for the adult population. • High rates of arrests and drug law violations for the juvenile population.
➢ **Mental Health Services**	• High rate of patients to the Good Neighbor Community Health Center with mental health issues secondary to the primary purpose for their health visit. • High rates of hospitalizations for self-inflicted injuries.
➢ **Rape and Forced Sexual Intercourse**	• High reported cases of rape. • High rates of self-reported forced sexual intercourse by youth district-wide.
➢ **Recreation Opportunities**	• Low perceived availability of recreation opportunities.
➢ **Satisfaction with and Access to Health Care**	• Relatively low satisfaction and perceived access to health care among participants in the *Community Health Survey.*
➢ **Teen Pregnancy**	• High rates of teen pregnancy, notably among the Hispanic population.
➢ **Underage Alcohol and Marijuana Use**	• Alcohol was the top perceived risky behavior in the county. • High rates of marijuana use, binge drinking, and driving under the influence.

Crime

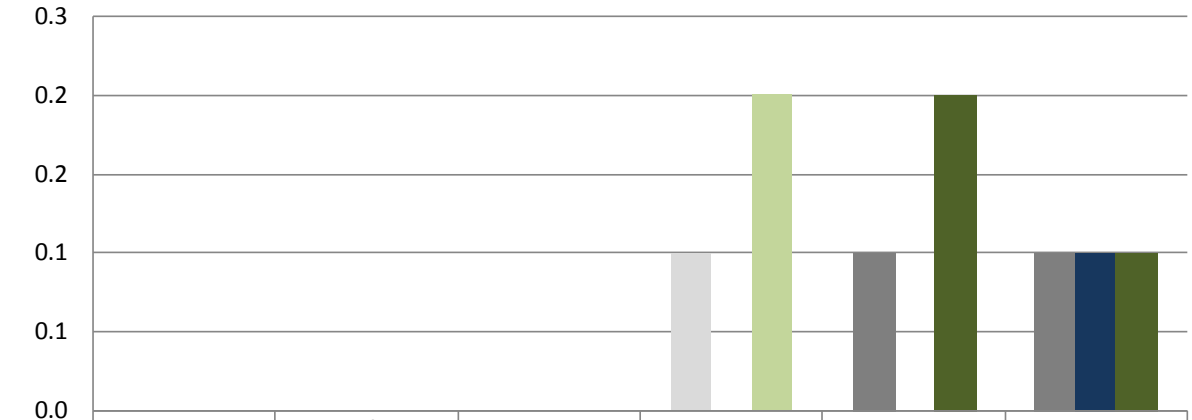
Table 3.43	Selected Results from the *Perception of Gang Activity Survey* (2009)[27]
	Percent Agreeing or Strongly Agreeing
Gangs exist in the community	90%
There are two or more gangs active in the community	81%
Local school systems have problems with gangs	78%
Gang activity affects child safety at school	73%
Gang activity has increased in the last 3-5 years	81%

Figure 3.70: Total Arrests per 1,000 Population (2007-2009)[10]



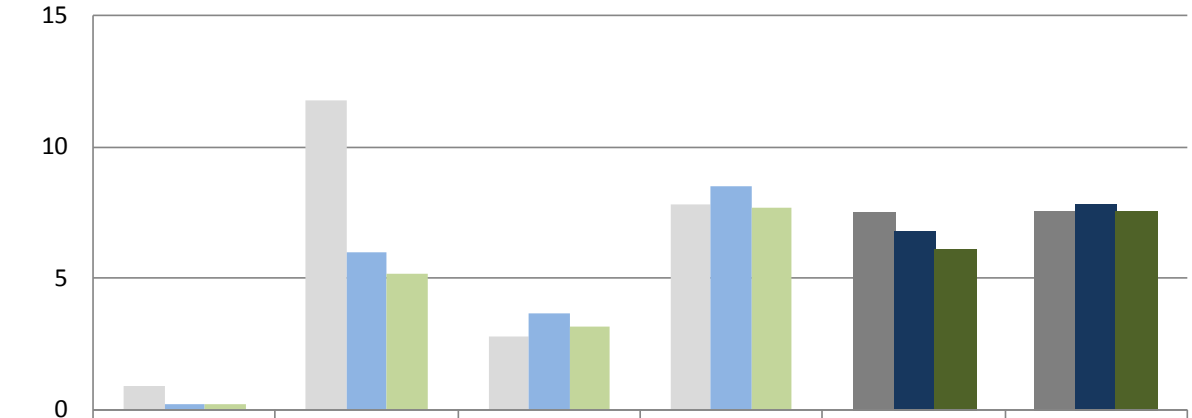
	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	3.1	54.8	10.4	44.1	39.4	51.1
2008	2.8	16.6	20.8	54.0	38.9	51.0
2009	1.8	16.9	28.6	44.3	33.3	49.3

Figure 3.71: Reported Forcible Rape Offenses 1,000 Population (2007-2009)[10]



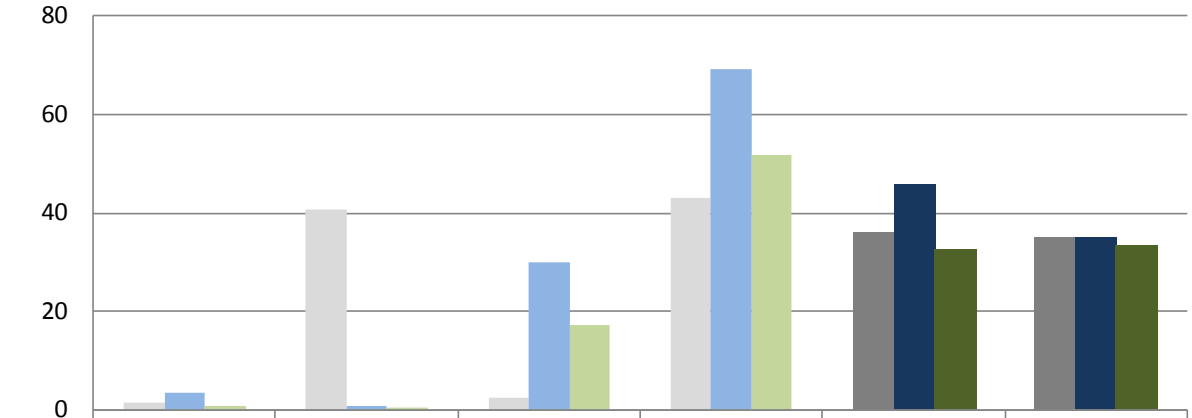
	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	0.0	0.0	0.0	0.1	0.1	0.1
2008	0.0	0.0	0.0	0.0	0.0	0.1
2009	0.0	0.0	0.0	0.2	0.2	0.1

Figure 3.72: Arrests for DUI per 1,000 Population (2007-2009)[10]



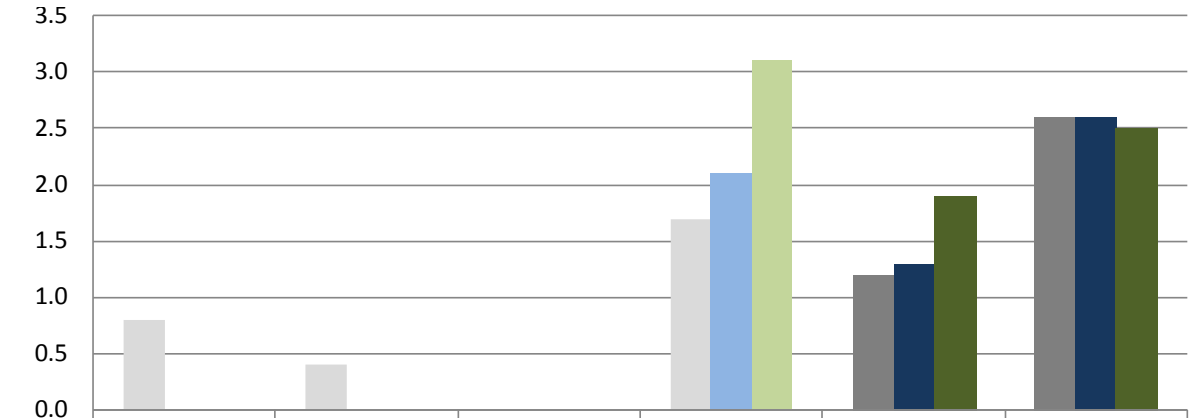
	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	0.9	11.8	2.8	7.8	7.5	7.6
2008	0.2	6.0	3.7	8.5	6.8	7.8
2009	0.2	5.2	3.2	7.7	6.1	7.6

Figure 3.73: Total Juvenile Arrests per 1,000 Population (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	1.6	40.8	2.6	42.9	36.1	35.0
2008	3.4	0.7	30.1	69.2	45.7	35.0
2009	0.8	0.6	17.1	51.7	32.8	33.3

Figure 3.74: Juvenile Arrests for Drug Law Violations per 1,000 Population (2007-2009)[10]



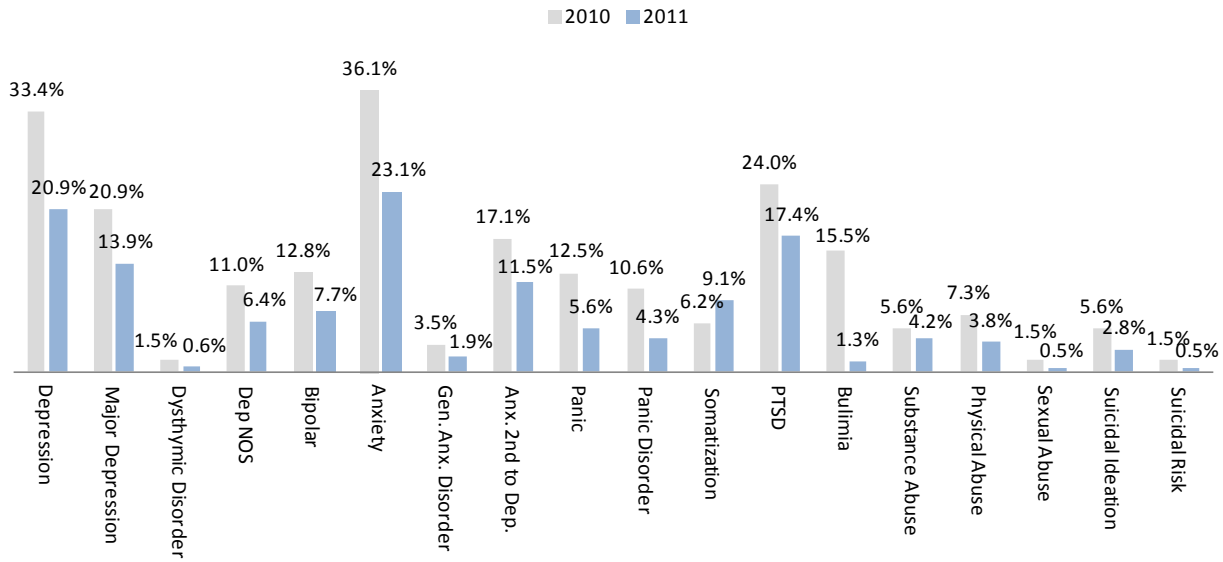
	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	0.8	0.4	0.0	1.7	1.2	2.6
2008	0.0	0.0	0.0	2.1	1.3	2.6
2009	0.0	0.0	0.0	3.1	1.9	2.5

Mental Health Services

Table 3.44	Services Used at the Good Neighbor Center with Comparisons to State and National FQHCs[7]		
	Good Neighbor	**Nebraska**	**National**
Medical	54.2%	65.5%	72.2%
Dental	16.3%	17.8%	12.0%
Mental Health	21.1%	6.7%	5.5%
Substance Abuse	0.8%	0.1%	1.3%
Other Professional Services	1.9%	0.8%	1.3%
Vision	0.3%	0.0%	0.5%
Enabling	5.2%	9.2%	6.5%

Table 3.45	Suicide and Self-Inflicted Hospitalization per 100,000[10]					
	Boone	**Colfax**	**Nance**	**Platte**	**East Central**	**Nebraska**
Suicide Mortality (2005-2009)	5.6	9.6	14.2	2.8	**5.1**	**10.5**
Self-Inflicted Injury Outpatient Hospitalization (2007-2008)	54.0	16.1	60.9	100.7	**77.0**	**74.0**
Self-Inflicted Injury Inpatient Hospitalization (2007-2008)	8.6	16.1	20.1	32.0	**25.6**	**58.9**

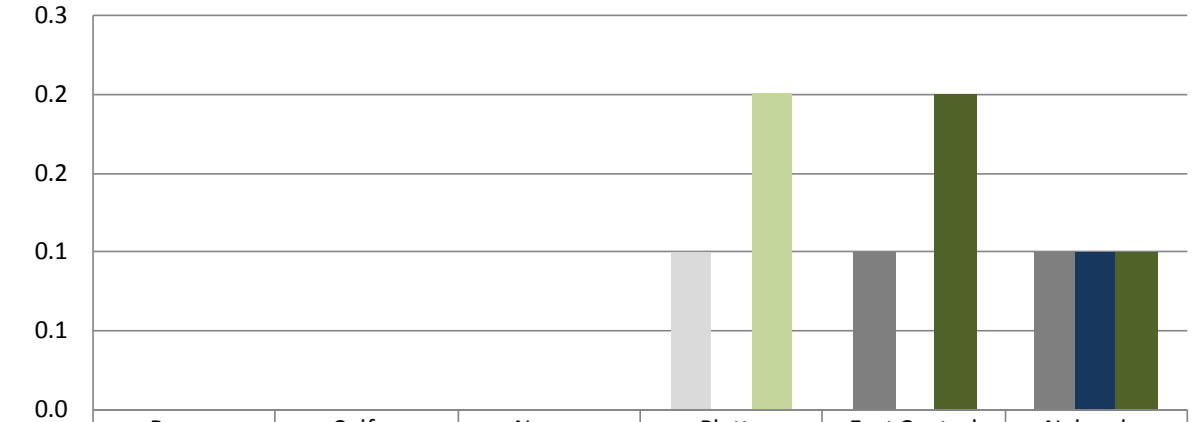
Figure 3.75: Mental Health Comorbidity: Patients at the Good Neighbor Center[8]



Note: the above graph shows the percentage of regular patients to the Good Neighbor Center that also have mental health issues. The statistic is *not* for those who visited the Good Neighbor Center for mental health, but rather the percentage of patients coming in for another reason (e.g., routine checkup), and who were given a mental health screen as part of the regular visit and the screen identified characteristics associated with behavioral health issues as secondary to their primary visit.

Rape and Forced Sexual Intercourse

Figure 3.76: Reported Forcible Rape Offenses 1,000 Population (2007-2009)[10]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2007	0.0	0.0	0.0	0.1	0.1	0.1
2008	0.0	0.0	0.0	0.0	0.0	0.1
2009	0.0	0.0	0.0	0.2	0.2	0.1

Table 3.46	Percent of Teens Physically Forced to Have Sexual Intercourse, 2001 and 2010 Comparisons[18,19]				
	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%**
Nebraska 2010	6.3%	6.6%	7.9%	10.0%	**7.5%**

Table 3.47	Percent of Teens Physically Forced to Have Sexual Intercourse by Gender (2010)[19]				
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District Males	5.7%	6.8%	10.9%	9.3%	**8.1%**
Nebraska Males	4.9%	3.5%	7.0%	4.3%	**5.2%**
East Central District Females	11.6%	8.3%	15.3%	13.4%	**12.6%**
Nebraska Females	7.7%	10.0%	8.4%	14.9%	**9.4%**

Recreation Opportunities

Table 3.48	There are plenty of recreation opportunities for children in my community.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	24.1%	16.7%	55.6%	3.7%	***3.4***
Colfax	11.3%	32.3%	21.0%	31.5%	4.0%	***2.9***
Nance	0.0%	26.3%	21.1%	52.6%	0.0%	***3.3***
Platte	4.5%	25.6%	30.5%	35.3%	4.1%	***3.1***
Hispanic	10.7%	30.1%	29.1%	21.4%	8.7%	***2.9***
Non-Hispanic	4.1%	26.6%	24.9%	42.0%	2.4%	***3.1***
East Central	**5.4%**	**27.2%**	**25.7%**	**38.0%**	**3.7%**	***3.1***

Satisfaction with and Access to Health Care

Table 3.49	I am satisfied with the health care system in our community.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	1.8%	5.4%	64.3%	28.6%	***4.2***
Colfax	1.6%	9.7%	12.1%	55.6%	21.0%	***3.9***
Nance	0.0%	2.6%	12.8%	76.9%	7.7%	***3.9***
Platte	0.7%	16.4%	20.9%	52.6%	9.3%	***3.5***
Hispanic	1.9%	15.4%	16.3%	50.0%	16.3%	***3.6***
Non-Hispanic	0.5%	11.3%	16.6%	57.9%	13.7%	***3.7***
East Central	**0.8%**	**11.9%**	**16.2%**	**56.7%**	**14.4%**	***3.7***

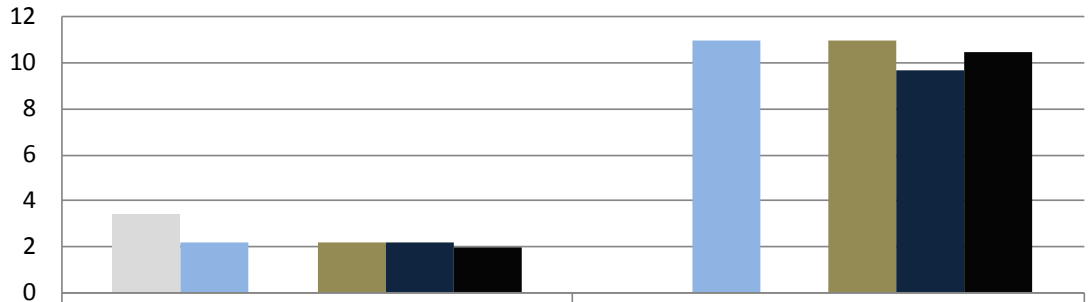
Table 3.50	I am able to get medical care whenever I need it.[15]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean (1-5 scale)*
Boone	0.0%	3.6%	7.1%	73.2%	16.1%	***4.0***
Colfax	1.6%	6.5%	14.6%	48.8%	28.5%	***4.0***
Nance	2.6%	5.3%	2.6%	81.6%	7.9%	***3.9***
Platte	0.7%	9.7%	13.1%	67.5%	9.0%	***3.7***
Hispanic	1.9%	12.5%	18.3%	51.0%	16.3%	***3.7***
Non-Hispanic	0.8%	6.7%	10.0%	68.2%	14.3%	***3.8***
East Central	**1.0%**	**7.8%**	**12.0%**	**64.5%**	**14.6%**	***3.8***

Teen Pregnancy

Table 3.51	Top Five Perceived Health Problems by County and Ethnicity[15]						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Cancer	Teenage Pregnancy	Cancer	Cancer	Teenage Pregnancy	Cancer	Cancer
2nd	Heart Disease and Stroke	Cancer	Heart Disease and Stroke	Diabetes	Diabetes	Heart Disease and Stroke	Teenage Pregnancy
3rd	Aging Problems	Diabetes	Aging Problems	Teen Pregnancy	Cancer	Aging Problems	Diabetes
4th	Affordable and Safe Housing	Aging Problems	Diabetes	Heart Disease and Stroke	Child Abuse/ Neglect	Diabetes	Aging Problems
5th	Diabetes	Heart Disease and Stroke	Affordable and Safe Housing	Aging Problems	High Blood Pressure	Teenage Pregnancy	Heart Disease and Stroke

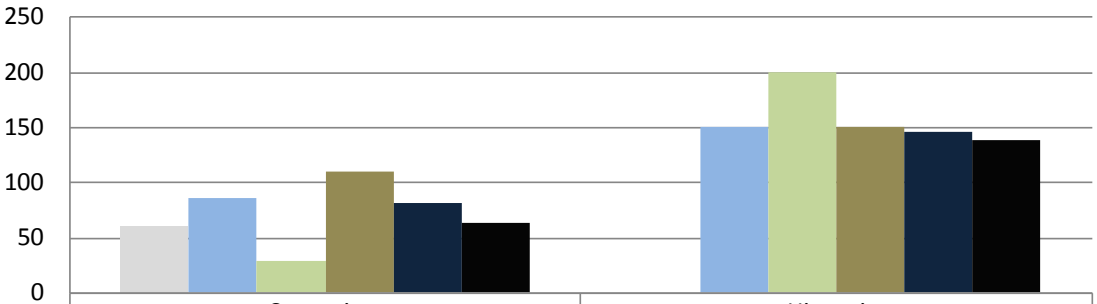
Table 3.52	Teen Births as Percent of Total Births (2005-2009)[10]		
	Total Live Births	**Number of Teen Births**	**Teen Births as % of Total Live Births**
Boone	298	20	6.7%
Colfax	1,046	140	13.4%
Nance	206	6	2.9%
Platte	2,427	247	10.2%
East Central	**3,977**	**413**	**10.4%**
Nebraska Total	**133,723**	**11,165**	**8.4%**

Figure 3.77: Births to Mothers Ages 13-15 per 1,000 Population by Caucasian and Hispanic 2005-2009[10]



	Caucasian	Hispanic
Boone	3.4	0
Colfax	2.2	11.0
Nance	0	0
Platte	2.2	11.0
East Central	2.2	9.7
Nebraska	2	10.5

Figure 3.78: Births to Mothers Ages 16-19 per 1,000 Population by Caucasian and Hispanic 2005-2009[10]

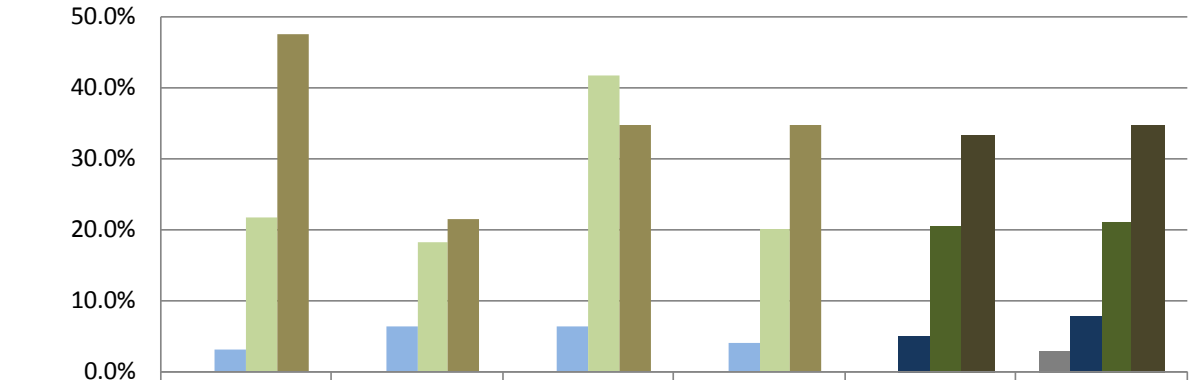


	Caucasian	Hispanic
Boone	60.8	0
Colfax	85.7	149.9
Nance	29.3	200.0
Platte	110.2	149.9
East Central	82.1	145.6
Nebraska	62.9	138.9

Underage Alcohol and Marijuana Use

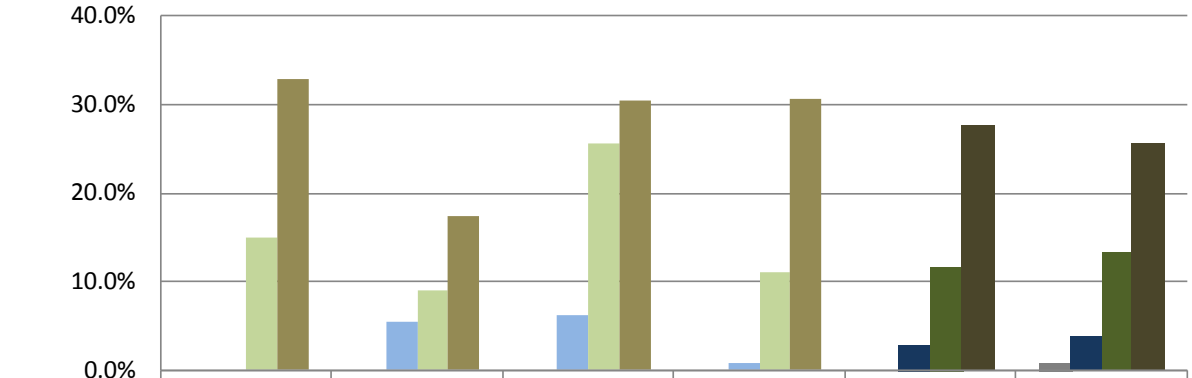
Table 3.53	Top Five Perceived Risky Behaviors by County and Ethnicity[15]						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse
2nd	Being Overweight	Being Overweight	Tobacco Use	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse
3rd	Tobacco Use	Racism	Lack of Exercise	Being Overweight	Racism	Being Overweight	Being Overweight
4th	Lack of Exercise	Drug Abuse	Being Overweight	Tobacco Use	Being Overweight	Tobacco Use	Tobacco Use
5th	Not Using Seat Belts	Unsafe Sex	Not Using Seat Belts	Lack of Exercise	Lack of Exercise	Lack of Exercise	Lack of Exercise

Figure 3.79: 30-Day Alcohol Use by Grade (2010)[29]



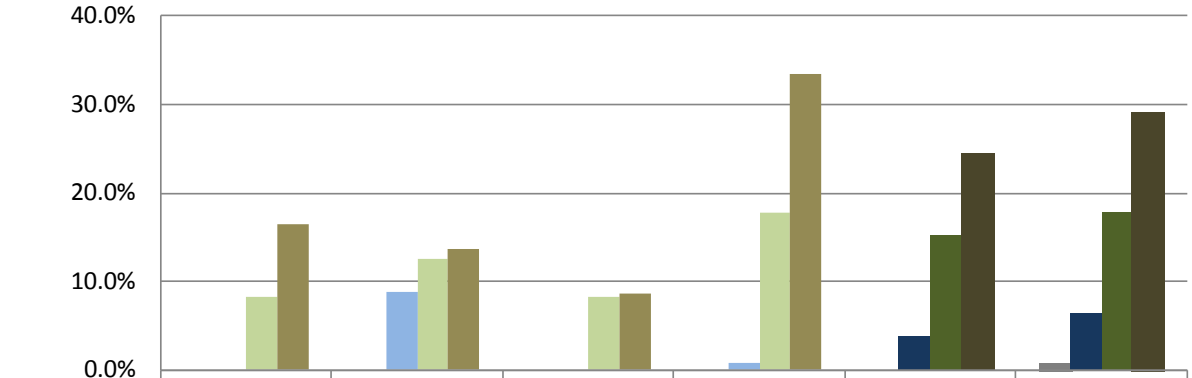
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%
8th Grade	3.1%	6.3%	6.3%	4.1%	4.9%	7.9%
10th Grade	21.7%	18.2%	41.7%	20.2%	20.6%	21.0%
12th Grade	47.5%	21.6%	34.8%	34.8%	33.4%	34.7%

Figure 3.80: 30-Day Binge Drinking (5 or More Drinks) by Grade (2010)[29]



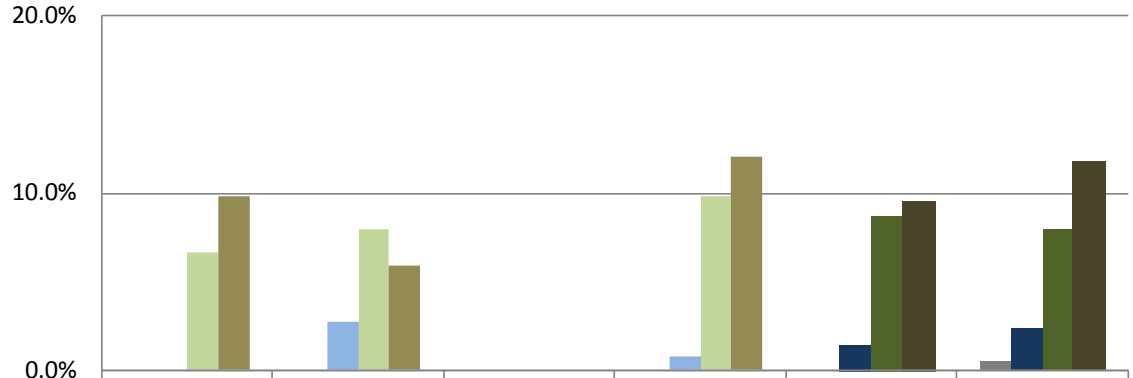
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
8th Grade	0.0%	5.4%	6.3%	0.8%	2.8%	3.8%
10th Grade	15.0%	9.1%	25.6%	11.1%	11.6%	13.4%
12th Grade	32.8%	17.5%	30.4%	30.7%	27.6%	25.6%

Figure 3.81: Lifetime Marijuana Use by Grade (2010)[29]



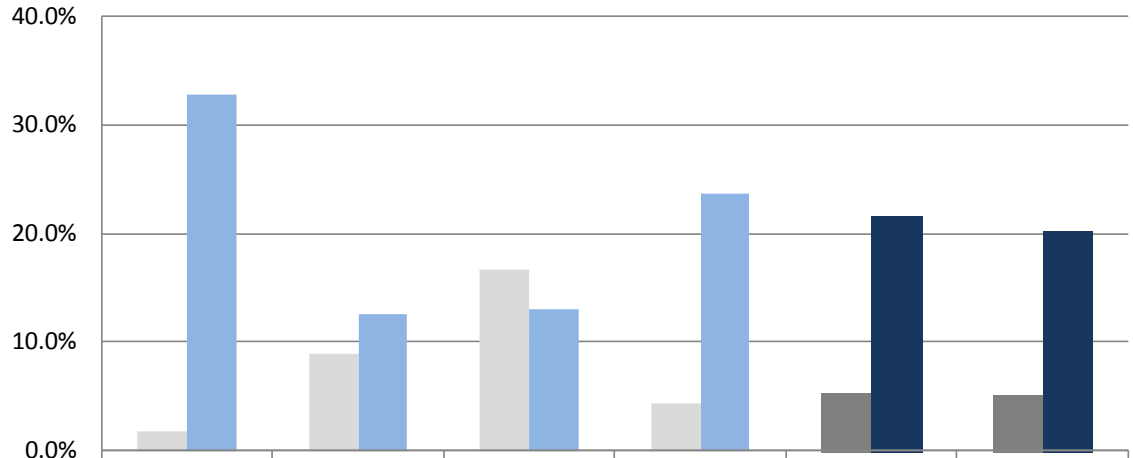
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
8th Grade	0.0%	8.9%	0.0%	0.8%	3.9%	6.5%
10th Grade	8.3%	12.6%	8.3%	17.8%	15.1%	17.8%
12th Grade	16.4%	13.7%	8.7%	33.5%	24.4%	29.2%

Figure 3.82. 30-Day Marijuana Use by Grade (2010)[29]



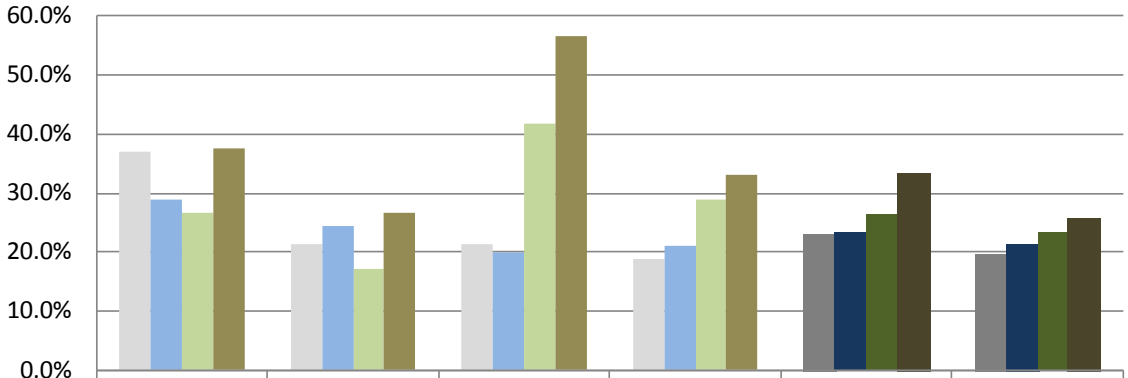
	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%
8th Grade	0.0%	2.7%	0.0%	0.8%	1.4%	2.4%
10th Grade	6.7%	8.0%	0.0%	9.8%	8.7%	8.0%
12th Grade	9.8%	5.9%	0.0%	12.1%	9.5%	11.8%

Figure 3.83. Percent of Youth Who Have Drove Under the Influence of Alcohol in the Past 12 Months by Grade (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
10th Grade	1.7%	8.9%	16.7%	4.4%	5.3%	5.1%
12th Grade	32.8%	12.5%	13.0%	23.7%	21.6%	20.1%

Figure 3.84: Percent of Youth Who Rode in a Car in the Past 30 Days Driven by Someone Who Had Been Drinking Alcohol (2010)[29]



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	37.0%	21.4%	21.4%	18.8%	23.0%	19.6%
8th Grade	29.0%	24.3%	20.0%	21.1%	23.2%	21.4%
10th Grade	26.7%	17.2%	41.7%	28.8%	26.4%	23.3%
12th Grade	37.7%	26.7%	56.5%	33.0%	33.5%	25.7%

Appendix A

Community Themes and Strengths Assessment

I. **Service Array for the Child Well-Being Initiative**

II. **2011 Community Health Survey Results**

III. **2011 Nebraska Community Themes and Strengths Assessment Survey**

IV. **Summary of Major Issues Identified by the Focus Groups**

V. **Columbus Adult Focus Group**

VI. **Columbus Youth Focus Group**

VII. **Columbus Hispanic Focus Group**

VIII. **Genoa Adult Focus Group**

IX. **Schuyler Youth Focus Group**

X. **Youth Photographs of the Community**

Service Array for the Child Well-Being Initiative

Various community agencies gathered during October and November to assess the strengths and needs of the public health system with regard to the well-being of children. Following is a matrix of those strengths and needs.

	Health Care and Promotion	Child and Youth Safety and Development	Family
Strong Services	• Primary Child Health Care • Primary Adult Health Care • Nutrition • Adolescent Sexual Health	• Youth Leadership/Positive Youth Development • Early Intervention – Special Needs • Mentoring for children	• Life Skills Training Household • Domestic violence • Family Visits – Parents/Newborns
Needed Community Education	• Primary Child • Primary Adult • Dental Care • Opportunities for Physical Activity • Adolescent Sexual Health	• Afterschool • Substance Abuse Prevention	• Respite • Child mediations • Crisis Stabilizations • Parent Education/Classes • Legal Assistance
Not Meeting Enough Need	• Health Insurance • Dental care • Substance Abuse • Opportunities for PA • Adolescent Sexual Health	• Head Start/Early Child • Before and After school – Turf issues YMCA and 21st Century • School Based Personal Safety	• Crisis Stabilization • Respite Care • Parent Education Classes • Domestic violence/ interpersonal violence • School/ Community Based resources teams
Advocacy and Or Service Barriers	• Health Insurance poverty level and system issues • Mental Health Lack in bilingual and availability • ACCESS NE • Substance Abuse • Opportunities for PA • Adolescent Sexual health	• Before and After School Programs – Transportation • Head Start – need more quality slots, waiting lists • Mentoring – lack of adults	• Crisis Stabilization • Respite Care • Parenting Classes • Mediation • Life Skills Training • Domestic violence/interpersonal violence • School/ Community Based • Resources teams

(continued)	Health Care and Promotion	Child and Youth Safety and Development	Family
Duplication of Services/Resources	• Different services for different populations	• Teen Moms may be in three programs: Home Visiting between Youth for Christ, Early head Start and Healthy Families • Mentoring – need to check with each other referrals from schools and parent request – help lack of volunteers	• Life skills training
Not Existing Services	• Pediatric Dental Clinics • Bilingual services and Adolescent Mental Health Services • Primary Adult – no OB care • Substance Abuse • Opportunities for PA	• Youth Suicide Prevention • School Based Personal Safety Curriculum – Not in Current curriculum may not be possible. Health, Counseling and PE curriculum Volunteer only in Schools • Centers for Survivors Education on Teen Groups and Support Groups – Safe Touch • No Before School Programs • Teen Age Pregnancy Prevention • Youth Crisis Alternatives –loss of services, not able to keep community connections – teens need to leave area	• Mediation • Colfax Crisis stabilization • Respite • Legal Assistance • Domestic Violence - Colfax

(continued)	Health Care and Promotion	Child and Youth Safety and Development	Family
Staff/Volunteer Issues	• All services need Bilingual Staff • Specialized Doctors Shortage for all services • Prescription Drugs • Nutrition • Physical Activity	• Volunteers needed for all services– Volunteer Center - Need to Recruitment, Marketing Needed • Quality Staff for Afterschool • Mentoring • Head Start and EC • Youth Crisis Alternatives –for providers and parents • Training needed for Coalitions and need more staff and volunteers	• Bilingual Staff needed • Respite • Parent classing • Child centered mediation
Funding Issues	• Mental Health Services for Underinsured • Prescription Drugs • Substance Abuse • Nutrition • Physical Activity	• All services need sustainable adequate funding • Head Start or EC • Before and After School Programs • Substance Abuse Prevention	• Family Life • Crisis Stabilization • Respite Care • Parenting Classes • School/ Community Based resource teams
Better Coordination	• Mental Health for Families • Coordination between Platte and Colfax • Prescription Drugs • Nutrition • Physical Activity	• YMCA and Schools Collaboration • Mentoring • Collaborations • Educational services tutoring and teammates • Youth Crisis • Alternatives – holistic approach • Drug use mom's coordinated services for families	• Respite Care • Parenting Classes • Child Centered Mediation • Life Skills training
Quality Improvement	• Adolescent Mental Health Providers • Prescription Drugs • Nutrition • Physical Activity • Adolescent Sexual health	• Head Start or Other EC • Educational Services- need staff development, improve services and teaching strategies • Youth Crisis Alternatives – holistic approach	• Respite Care • Life Skills training • Domestic Violence

(continued)	Health Care and Promotion	Child and Youth Safety and Development	Family
More Diversified Services	• Family Centered Services for all • Children's Health Insurance - Hispanic Populations health insurance • Prescription Drugs • Substance Abuse • Nutrition • Physical Activity	• Education Bilingual staff • Mentoring Bilingual Staff • Hispanic leadership and • Culturally responsive and inclusive is needed for all services	• Home Visitation • Crisis Stabilization • Respite Care • Parenting Classes • Child Centered • Legal Assistance
Law and policy Change	• ACCESS NE FORMS and ACCESS • Health Insurance – DREAM ACT • Loss of Medicaid • Substance Abuse • Nutrition	• Teen crisis - Parenting mandated ownership of issues • Early Childhood Quality Qualifications • Professional and child care subsidy/ reimbursement is based on attendance and is too low (providers lose money) • Poverty levels need to be higher eligibility to qualify for services	• Family life and development • Crisis stabilization • Child Centered mediation • Legal Assistance
Service Improvement Evaluation Needed	• Look at Evaluation Tools/Surveys/Data collected/processes for all Services • Prescription Drugs • Substance Abuse • Nutrition • Physical Activity	• Evaluation for Readiness for School that includes all services for ready kids, ready families and ready communities for school	• Patient classes • Child Centered mediation • Legal Assistance
Relationship to Positive Parent Child Interaction	• Young Mothers Depression • Prescription Drugs • Substance Abuse • Physical Activity	• Head Start • Home Visitation, Healthy Families NE • Educational Services • Mentoring Teen moms • Youth Crisis Alternatives Teen Parents • DHHS Family Support Services	• Family Life • Crisis Stabilization • Respite • Parenting Classes • Child Centered Mediation • Legal Assistance • Domestic violence

2011 Community Health Survey Results

Surveys Completed	
Boone	56
Colfax	124
Nance	39
Platte	268
Hispanic	104
Non-Hispanic	373
Spanish Speaking	69
English Speaking	418
East Central	**487**

Note: for the following tables the mean is calculated by taking the average of the responses on a scale from 1 to 5, where 1 is very unhealthy and 5 is very healthy.

(1)	How would you rate your community as a "Healthy Community?"					
	Very Unhealthy	**Unhealthy**	**Somewhat Unhealthy**	**Healthy**	**Very Healthy**	***Mean***
Boone	0.0%	3.6%	14.3%	82.1%	0.0%	***3.8***
Colfax	1.6%	6.5%	38.7%	44.4%	8.9%	***3.5***
Nance	0.0%	2.6%	42.1%	52.6%	2.6%	***3.6***
Platte	0.8%	4.5%	41.7%	49.2%	3.8%	***3.5***
Hispanic	1.0%	1.9%	28.2%	54.4%	14.6%	***3.8***
Non-Hispanic	0.8%	5.4%	40.9%	51.2%	1.6%	***3.5***
East Central	**0.8%**	**4.8%**	**37.8%**	**52.1%**	**4.6%**	***3.6***

(2)	I am satisfied with the quality of life in our community (considering my sense of safety and well-being).					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean***
Boone	0.0%	0.0%	1.8%	67.9%	30.4%	***4.3***
Colfax	3.2%	20.2%	16.1%	50.0%	10.5%	***3.4***
Nance	0.0%	2.6%	15.4%	51.3%	30.8%	***4.1***
Platte	0.4%	7.5%	25.8%	56.9%	9.4%	***3.7***
Hispanic	1.0%	7.8%	28.2%	49.5%	14.6%	***3.7***
Non-Hispanic	0.8%	5.4%	40.9%	51.2%	1.6%	***3.7***
East Central	**1.0%**	**9.5%**	**19.8%**	**56.0%**	**13.8%**	***3.7***

(2a)	The community has adequate health and wellness activities.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	3.6%	5.5%	58.2%	32.7%	***4.2***
Colfax	1.6%	16.9%	13.7%	54.8%	12.9%	***3.6***
Nance	0.0%	23.1%	10.3%	64.1%	2.6%	***3.5***
Platte	2.2%	13.5%	19.9%	53.9%	10.5%	***3.6***
Hispanic	4.9%	14.6%	21.4%	43.7%	15.5%	***3.5***
Non-Hispanic	0.8%	14.0%	14.2%	58.6%	12.4%	***3.7***
East Central	**1.6%**	**14.0%**	**15.9%**	**55.5%**	**13.0%**	***3.6***

(2b)	The community has adequate meeting spaces for groups, clubs and large events.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	1.8%	23.2%	10.7%	42.9%	21.4%	***3.6***
Colfax	3.2%	24.2%	19.4%	46.8%	6.5%	***3.3***
Nance	5.1%	43.6%	20.5%	28.2%	2.6%	***2.8***
Platte	2.6%	24.4%	24.1%	43.2%	5.6%	***3.3***
Hispanic	3.9%	27.5%	19.6%	37.3%	11.8%	***3.3***
Non-Hispanic	2.7%	25.5%	21.4%	44.2%	6.2%	***3.3***
East Central	**2.9%**	**25.8%**	**21.0%**	**42.9%**	**7.4%**	***3.3***

(2c)	I am satisfied with the number and type of cultural events in my community (music, plays, art shows, etc.)					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	1.8%	21.4%	35.7%	35.7%	5.4%	***3.2***
Colfax	10.5%	41.1%	17.7%	25.8%	4.8%	***2.7***
Nance	2.6%	61.5%	20.5%	12.8%	2.6%	***2.5***
Platte	8.6%	31.1%	30.0%	25.5%	4.9%	***2.9***
Hispanic	9.7%	27.2%	23.3%	28.2%	11.7%	***3.1***
Non-Hispanic	7.5%	37.8%	27.6%	24.4%	2.7%	***2.8***
East Central	**7.8%**	**35.0%**	**26.7%**	**25.7%**	**4.7%**	***2.9***

(3)	I am satisfied with the health care system in our community.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	1.8%	5.4%	64.3%	28.6%	***4.2***
Colfax	1.6%	9.7%	12.1%	55.6%	21.0%	***3.9***
Nance	0.0%	2.6%	12.8%	76.9%	7.7%	***3.9***
Platte	0.7%	16.4%	20.9%	52.6%	9.3%	***3.5***
Hispanic	1.9%	15.4%	16.3%	50.0%	16.3%	***3.6***
Non-Hispanic	0.5%	11.3%	16.6%	57.9%	13.7%	***3.7***
East Central	**0.8%**	**11.9%**	**16.2%**	**56.7%**	**14.4%**	***3.7***

(3a)	I have easy access to the medical specialists that I need.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	12.5%	10.7%	60.7%	16.1%	***3.8***
Colfax	1.6%	16.3%	9.8%	44.7%	27.6%	***3.8***
Nance	2.6%	38.5%	12.8%	41.0%	5.1%	***3.1***
Platte	1.9%	18.0%	22.6%	47.4%	10.2%	***3.5***
Hispanic	4.9%	22.5%	11.8%	40.2%	20.6%	***3.5***
Non-Hispanic	0.8%	17.7%	18.8%	49.2%	13.4%	***3.6***
East Central	**1.7%**	**18.6%**	**17.1%**	**47.7%**	**14.9%**	***3.6***

(3b)	I am very satisfied with the medical care I receive.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	5.4%	7.1%	58.9%	28.6%	***4.1***
Colfax	1.6%	8.1%	11.3%	52.4%	26.6%	***3.9***
Nance	2.6%	2.6%	7.7%	76.9%	10.3%	***3.9***
Platte	1.1%	14.2%	17.5%	53.7%	13.4%	***3.6***
Hispanic	3.8%	9.6%	15.4%	50.0%	21.2%	***3.8***
Non-Hispanic	0.5%	11.3%	13.4%	57.1%	17.7%	***3.8***
East Central	**1.2%**	**10.7%**	**14.0%**	**55.9%**	**18.3%**	***3.8***

(3c)	Sometimes it is a problem for me to cover my share of the cost for a medical care visit.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	9.1%	34.5%	21.8%	32.7%	1.8%	***2.8***
Colfax	9.8%	27.6%	16.3%	36.6%	9.8%	***3.1***
Nance	7.7%	30.8%	23.1%	35.9%	2.6%	***3.0***
Platte	5.6%	30.7%	21.3%	31.5%	10.9%	***3.1***
Hispanic	5.8%	20.4%	27.2%	36.9%	9.7%	***3.2***
Non-Hispanic	7.8%	32.6%	18.3%	32.3%	8.9%	***3.0***
East Central	**7.2%**	**30.4%**	**20.2%**	**33.3%**	**8.9%**	***3.1***

(3d)	I am able to get medical care whenever I need it.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	3.6%	7.1%	73.2%	16.1%	***4.0***
Colfax	1.6%	6.5%	14.6%	48.8%	28.5%	***4.0***
Nance	2.6%	5.3%	2.6%	81.6%	7.9%	***3.9***
Platte	0.7%	9.7%	13.1%	67.5%	9.0%	***3.7***
Hispanic	1.9%	12.5%	18.3%	51.0%	16.3%	***3.7***
Non-Hispanic	0.8%	6.7%	10.0%	68.2%	14.3%	***3.8***
East Central	**1.0%**	**7.8%**	**12.0%**	**64.5%**	**14.6%**	***3.8***

(4)	The community is a good place to raise children.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	0.0%	3.6%	67.3%	29.1%	***4.3***
Colfax	3.3%	18.7%	22.0%	38.2%	17.9%	***3.5***
Nance	0.0%	0.0%	10.3%	61.5%	28.2%	***4.2***
Platte	1.1%	4.1%	14.6%	64.0%	16.1%	***3.9***
Hispanic	1.0%	11.7%	13.6%	54.4%	19.4%	***3.8***
Non-Hispanic	1.6%	5.9%	15.6%	57.7%	19.1%	***3.9***
East Central	**1.4%**	**7.0%**	**14.9%**	**57.6%**	**19.0%**	***3.9***

(4a)	I can find adequate information or assistance on how to parent.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	16.7%	55.6%	27.8%	0.0%	***3.1***
Colfax	3.3%	16.5%	32.2%	36.4%	11.6%	***3.4***
Nance	5.1%	28.2%	46.2%	17.9%	2.6%	***2.9***
Platte	1.1%	9.7%	43.4%	39.7%	6.0%	***3.4***
Hispanic	3.8%	16.3%	26.0%	36.5%	17.3%	***3.5***
Non-Hispanic	1.4%	12.8%	47.4%	35.1%	3.3%	***3.3***
East Central	**1.9%**	**13.7%**	**42.2%**	**35.8%**	**6.4%**	***3.3***

(4b)	I have access to safe and affordable day care (child care).					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	1.9%	15.1%	34.0%	49.1%	0.0%	***3.3***
Colfax	2.5%	24.6%	38.5%	26.2%	8.2%	***3.1***
Nance	2.6%	7.9%	21.1%	57.9%	10.5%	***3.7***
Platte	1.9%	9.4%	43.4%	36.6%	8.7%	***3.4***
Hispanic	3.8%	24.0%	27.9%	29.8%	14.4%	***3.3***
Non-Hispanic	1.6%	11.0%	42.9%	38.5%	6.0%	***3.4***
East Central	**2.1%**	**13.8%**	**39.3%**	**37.0%**	**7.7%**	***3.4***

(4c)	I have access to safe and affordable pre-schools.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	3.8%	30.2%	58.5%	7.5%	***3.7***
Colfax	6.6%	14.0%	38.8%	30.6%	9.9%	***3.2***
Nance	2.6%	0.0%	21.1%	68.4%	7.9%	***3.8***
Platte	1.5%	4.9%	43.2%	42.8%	7.6%	***3.5***
Hispanic	4.8%	17.3%	29.8%	33.7%	14.4%	***3.4***
Non-Hispanic	2.2%	3.6%	41.7%	46.1%	6.4%	***3.5***
East Central	**2.7%**	**6.7%**	**38.9%**	**43.5%**	**8.2%**	***3.5***

(4d)	I am very satisfied with the school system in my community.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	1.9%	16.7%	68.5%	13.0%	***3.9***
Colfax	5.7%	22.0%	26.8%	39.0%	6.5%	***3.2***
Nance	0.0%	7.9%	13.2%	60.5%	18.4%	***3.9***
Platte	1.1%	6.0%	33.6%	49.8%	9.4%	***3.6***
Hispanic	3.8%	13.5%	26.9%	42.3%	13.5%	***3.5***
Non-Hispanic	1.6%	9.0%	29.0%	51.9%	8.5%	***3.6***
East Central	**2.1%**	**9.8%**	**28.3%**	**50.0%**	**9.8%**	***3.6***

(4e)	I am satisfied that my local school district is preparing students for tomorrow's job market.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	5.6%	16.7%	63.0%	14.8%	***3.9***
Colfax	8.1%	29.8%	15.3%	40.3%	6.5%	***3.1***
Nance	0.0%	2.6%	33.3%	51.3%	12.8%	***3.7***
Platte	1.5%	7.2%	40.0%	46.0%	5.3%	***3.5***
Hispanic	1.9%	18.3%	21.2%	46.2%	12.5%	***3.5***
Non-Hispanic	3.3%	11.1%	33.4%	46.7%	5.4%	***3.4***
East Central	**2.9%**	**12.4%**	**30.5%**	**46.9%**	**7.3%**	***3.4***

(4f)	I am satisfied that my local school district is teaching the basic academic subjects.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	3.7%	11.1%	72.2%	13.0%	***3.9***
Colfax	5.6%	21.8%	21.0%	42.7%	8.9%	***3.3***
Nance	0.0%	5.1%	17.9%	59.0%	17.9%	***3.9***
Platte	0.4%	5.3%	31.6%	54.5%	8.3%	***3.7***
Hispanic	1.9%	15.4%	22.1%	47.1%	13.5%	***3.6***
Non-Hispanic	1.6%	7.9%	26.6%	55.8%	8.1%	***3.6***
East Central	**1.7%**	**9.3%**	**25.5%**	**53.8%**	**9.7%**	***3.6***

(4g)	There are adequate after school programs for elementary age children to attend.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	1.9%	24.1%	31.5%	42.6%	0.0%	***3.2***
Colfax	14.8%	27.9%	29.5%	21.3%	6.6%	***2.8***
Nance	0.0%	21.1%	13.2%	60.5%	5.3%	***3.5***
Platte	0.8%	15.9%	40.2%	37.1%	6.1%	***3.3***
Hispanic	7.7%	19.2%	25.0%	33.7%	14.4%	***3.3***
Non-Hispanic	3.6%	20.6%	37.6%	35.4%	2.7%	***3.1***
East Central	**4.4%**	**20.3%**	**34.3%**	**35.6%**	**5.4%**	***3.2***

(4h)	There are adequate after school opportunities for middle and high school age students.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	18.5%	18.5%	57.4%	5.6%	***3.5***
Colfax	12.2%	25.2%	25.2%	29.3%	8.1%	***3.0***
Nance	0.0%	23.7%	13.2%	63.2%	0.0%	***3.4***
Platte	4.5%	18.2%	38.6%	32.6%	6.1%	***3.2***
Hispanic	9.7%	19.4%	23.3%	33.0%	14.6%	***3.2***
Non-Hispanic	4.6%	20.8%	33.9%	37.2%	3.6%	***3.2***
East Central	**5.6%**	**20.5%**	**30.9%**	**37.0%**	**6.1%**	***3.2***

(4i)	There are plenty of recreation opportunities for children in my community.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	24.1%	16.7%	55.6%	3.7%	***3.4***
Colfax	11.3%	32.3%	21.0%	31.5%	4.0%	***2.9***
Nance	0.0%	26.3%	21.1%	52.6%	0.0%	***3.3***
Platte	4.5%	25.6%	30.5%	35.3%	4.1%	***3.1***
Hispanic	10.7%	30.1%	29.1%	21.4%	8.7%	***2.9***
Non-Hispanic	4.1%	26.6%	24.9%	42.0%	2.4%	***3.1***
East Central	**5.4%**	**27.2%**	**25.7%**	**38.0%**	**3.7%**	***3.1***

(4j)	There are plenty of non-sports-related activities for children in my community.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	44.4%	29.6%	25.9%	0.0%	***2.8***
Colfax	12.2%	44.7%	22.0%	14.6%	6.5%	***2.6***
Nance	5.3%	47.4%	21.1%	26.6%	0.0%	***2.7***
Platte	8.3%	39.1%	32.0%	20.3%	0.4%	***2.7***
Hispanic	12.6%	29.1%	34.0%	18.4%	5.8%	***2.8***
Non-Hispanic	7.1%	45.7%	26.9%	19.6%	0.8%	***2.6***
East Central	**8.1%**	**41.8%**	**28.3%**	**20.0%**	**1.9%**	***2.7***

(5)	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.)					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	5.4%	3.6%	82.1%	8.9%	***4.0***
Colfax	8.9%	11.4%	20.3%	48.8%	10.6%	***3.4***
Nance	0.0%	7.9%	23.7%	65.8%	2.6%	***3.6***
Platte	1.9%	7.9%	28.5%	55.2%	6.4%	***3.6***
Hispanic	6.8%	12.6%	36.9%	32.0%	11.7%	***3.3***
Non-Hispanic	2.4%	7.5%	19.7%	64.2%	6.2%	***3.6***
East Central	**3.3%**	**8.5%**	**23.1%**	**57.6%**	**7.4%**	***3.6***

(5a)	There are housing developments that are elder-friendly.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	12.5%	21.4%	60.7%	5.4%	***3.6***
Colfax	9.8%	12.2%	26.0%	47.2%	4.9%	***3.3***
Nance	0.0%	15.4%	28.2%	56.4%	0.0%	***3.4***
Platte	0.8%	3.0%	30.8%	56.8%	8.6%	***3.7***
Hispanic	4.9%	10.7%	33.0%	41.7%	9.7%	***3.4***
Non-Hispanic	2.4%	6.7%	27.0%	58.2%	5.7%	***3.6***
East Central	**2.9%**	**7.4%**	**28.3%**	**54.8%**	**6.6%**	***3.6***

(5b)	There is a transportation service that takes older adults to medical facilities or to shopping centers.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	1.8%	8.9%	76.8%	12.5%	***4.0***
Colfax	4.9%	11.5%	13.9%	53.3%	16.4%	***3.7***
Nance	2.6%	15.4%	12.8%	69.2%	0.0%	***3.5***
Platte	3.0%	6.7%	24.7%	57.3%	8.2%	***3.6***
Hispanic	4.9%	11.7%	29.1%	47.7%	12.6%	***3.5***
Non-Hispanic	2.7%	7.3%	16.4%	64.4%	9.2%	***3.7***
East Central	**3.1%**	**8.1%**	**19.2%**	**59.5%**	**10.1%**	***3.7***

(5c)	There are enough programs that provide meals for older adults in my community.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	5.5%	20.3%	63.6%	10.9%	***3.8***
Colfax	8.3%	10.8%	25.8%	45.0%	10.0%	***3.4***
Nance	2.6%	7.7%	25.6%	64.1%	0.0%	***3.5***
Platte	2.3%	8.3%	42.3%	43.0%	4.2%	***3.4***
Hispanic	7.0%	12.0%	39.0%	34.0%	8.0%	***3.2***
Non-Hispanic	2.7%	7.6%	33.3%	51.2%	5.1%	***3.5***
East Central	**3.5%**	**8.6%**	**34.2%**	**47.6%**	**6.1%**	***3.4***

(5d)	There are networks in the community for support for the elderly living alone.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	1.8%	21.4%	26.8%	44.6%	5.4%	***3.3***
Colfax	13.2%	8.3%	33.9%	42.1%	2.5%	***3.1***
Nance	2.6%	20.5%	43.6%	33.3%	0.0%	***3.1***
Platte	1.9%	10.2%	49.6%	33.5%	4.9%	***3.3***
Hispanic	7.9%	11.9%	39.6%	30.7%	9.9%	***3.2***
Non-Hispanic	4.0%	12.1%	43.7%	38.0%	2.2%	***3.2***
East Central	**4.8%**	**11.8%**	**42.5%**	**36.9%**	**3.9%**	***3.2***

(6)	There are jobs available in the community (considering locally owned and operated businesses, jobs with career growth, affordable housing, reasonable commute, etc.)					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	5.4%	33.9%	19.6%	35.7%	5.4%	***3.0***
Colfax	13.0%	40.7%	17.1%	23.6%	5.7%	***2.7***
Nance	12.8%	53.8%	12.8%	10.3%	10.3%	***2.5***
Platte	1.9%	21.7%	27.3%	42.3%	6.7%	***3.0***
Hispanic	9.7%	24.3%	29.1%	29.1%	7.8%	***3.0***
Non-Hispanic	5.1%	32.3%	21.2%	34.9%	6.5%	***3.1***
East Central	**6.0%**	**30.5%**	**22.7%**	**34.2%**	**6.6%**	***3.1***

(6a)	There are opportunities for advancement in the jobs that are available in the community (considering promotions, job training, and higher education opportunities).					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	5.4%	33.9%	21.4%	37.5%	1.8%	***3.0***
Colfax	12.1%	41.1%	21.0%	20.2%	5.6%	***2.7***
Nance	12.8%	48.7%	23.1%	7.7%	7.7%	***2.5***
Platte	1.1%	24.1%	37.2%	33.1%	4.5%	***3.2***
Hispanic	12.5%	19.2%	32.7%	26.9%	8.7%	***3.0***
Non-Hispanic	3.5%	35.0%	29.6%	28.0%	3.8%	***2.9***
East Central	**5.4%**	**31.5%**	**30.1%**	**28.2%**	**4.7%**	***3.0***

(7)	The community is a safe place to live (considering residents' 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.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	*Mean*
Boone	0.0%	1.8%	1.8%	80.4%	16.1%	***4.1***
Colfax	7.3%	25.8%	19.4%	37.1%	10.5%	***3.2***
Nance	0.0%	0.0%	5.1%	74.4%	20.5%	***4.2***
Platte	1.1%	8.2%	19.9%	62.2%	8.6%	***3.7***
Hispanic	3.8%	9.6%	27.9%	49.0%	9.6%	***3.5***
Non-Hispanic	2.2%	12.1%	13.2%	61.0%	11.6%	***3.7***
East Central	**2.5%**	**11.3%**	**16.5%**	**58.8%**	**10.9%**	***3.7***

(8)	There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of stress and need.					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean***
Boone	0.0%	5.4%	17.9%	73.2%	3.6%	***3.8***
Colfax	8.1%	12.1%	20.2%	51.6%	8.1%	***3.4***
Nance	0.0%	10.3%	15.4%	64.1%	10.3%	***3.7***
Platte	0.7%	11.2%	25.8%	57.7%	4.5%	***3.5***
Hispanic	5.8%	16.3%	28.8%	41.3%	7.7%	***3.3***
Non-Hispanic	1.6%	9.4%	21.0%	62.6%	5.4%	***3.6***
East Central	**2.5%**	**10.7%**	**22.6%**	**58.4%**	**5.8%**	***3.5***

(9)	All Residents believe that they, individually and collectively, can make the community a better place to live.					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean***
Boone	0.0%	7.1%	28.6%	58.9%	5.4%	***3.6***
Colfax	9.8%	32.0%	23.0%	32.0%	3.3%	***2.9***
Nance	0.0%	5.1%	20.5%	66.7%	7.7%	***3.8***
Platte	2.2%	15.4%	25.5%	50.2%	6.7%	***3.4***
Hispanic	7.8%	16.5%	28.2%	35.0%	12.6%	***3.3***
Non-Hispanic	2.7%	18.6%	23.7%	51.2%	3.8%	***3.4***
East Central	**3.7%**	**17.8%**	**24.8%**	**47.7%**	**5.8%**	***3.3***

(10)	In the following list, what do you think are the three most important "health problems" in our community? (problems that have the greatest impact on overall community health)						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
Cancer	**80.4%**	**40.2%**	**71.8%**	**51.3%**	**40.2%**	**56.5%**	***53.5%***
Teenage Pregnancy	1.8%	**54.9%**	2.6%	**31.1%**	**58.9%**	25.8%	***32.2%***
Diabetes	26.8%	**35.2%**	35.9%	**31.5%**	**47.1%**	28.2%	***32.2%***
Aging problems (e.g., arthritis, hearing/vision loss)	**53.6%**	21.3%	**48.7%**	26.2%	13.7%	**33.6%**	***30.0%***
Heart disease and stroke	**55.4%**	19.7%	**64.1%**	27.3%	8.8%	**37.4%**	***25.4%***
Child abuse/neglect	3.6%	18.9%	2.6%	22.5%	25.5%	15.6%	***17.8%***
Domestic violence	7.1%	17.2%	12.8%	20.6%	18.6%	17.5%	***17.6%***
Housing that is adequate, safe, and affordable	32.1%	12.3%	20.5%	12.3%	6.9%	15.9%	***15.3%***
Mental health problems	10.7%	10.7%	15.4%	23.2%	8.8%	21.0%	***14.0%***
High blood pressure	10.7%	14.8%	5.1%	8.6%	17.6%	7.8%	***10.1%***
Sexually transmitted diseases (STDs)	0.0%	13.1%	0.0%	10.1%	19.6%	5.1%	***8.8%***
Dental problems	1.8%	7.4%	5.1%	8.2%	14.7%	4.8%	***7.0%***
Motor vehicle crash injuries	1.8%	11.5%	0.0%	6.7%	3.9%	7.8%	***6.8%***
Infectious diseases (e.g., hepatitis, TB)	5.4%	6.6%	2.6%	1.7%	0.0%	5.4%	***4.1%***
Other: Obesity	0.0%	0.8%	0.0%	5.2%	0.0%	4.0%	***3.3%***
Rape/sexual assault	0.0%	1.6%	0.0%	3.3%	2.9%	2.2%	***2.3%***
Respiratory/lung disease	8.9%	1.6%	2.6%	1.1%	4.9%	1.6%	***2.3%***
HIV/AIDS	0.0%	4.9%	0.0%	1.5%	5.8%	0.8%	***2.0%***
Other: Drugs and Alcohol	1.8%	0.0%	2.6%	1.9%	1.0%	2.2%	***1.9%***
Homicide	0.0%	2.5%	2.6%	1.1%	4.9%	3.2%	***1.4%***
Suicide	0.0%	1.6%	2.6%	1.5%	2.0%	1.1%	***1.4%***
Firearm-related injuries	0.0%	0.0%	0.0%	1.1%	1.0%	0.5%	***0.6%***
Other: Misc.	0.0%	1.6%	2.6%	1.1%	0.0%	1.1%	***0.6%***
Infant death	0.0%	0.0%	0.0%	0.7%	1.0%	0.2%	***0.4%***

(11)	Of the problems that you marked, which one would you most likely work on?						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
Cancer	**31.3%**	**9.8%**	**33.0%**	**20.4%**	**12.3%**	**21.4%**	***20.4%***
Teenage Pregnancy	0.0%	**27.2%**	0.0%	**12.4%**	**30.5%**	**9.6%**	***13.4%***
Heart disease and stroke	16.7%	**10.9%**	**27.0%**	8.0%	1.4%	**14.0%**	***11.7%***
Aging problems (e.g., arthritis, hearing/vision loss)	**20.8%**	6.5%	8.1%	5.8%	1.4%	9.6%	***8.0%***
Diabetes	4.2%	5.4%	**13.5%**	8.9%	**9.6%**	7.6%	***7.9%***
Housing that is adequate, safe, and affordable	**20.8%**	7.6%	5.4%	4.4%	4.2%	8.1%	***7.2%***
Child abuse/neglect	0.0%	7.6%	0.0%	**9.3%**	**9.6%**	6.5%	***7.0%***
Mental health problems	0.0%	4.3%	10.8%	7.6%	0.0%	7.8%	***6.2%***
Domestic violence	0.0%	2.2%	2.7%	5.3%	4.1%	4.0%	***4.0%***
Other: Obesity	0.0%	0.0%	0.0%	4.4%	0.0%	3.1%	***2.5%***
High blood pressure	2.1%	1.1%	0.0%	3.1%	4.2%	1.9%	***2.2%***
Dental problems	0.0%	3.3%	0.0%	2.2%	8.2%	0.6%	***2.0%***
Sexually transmitted diseases (STDs)	0.0%	3.3%	0.0%	1.3%	**9.6%**	0.0%	***1.7%***
Other: Misc.	0.0%	2.2%	0.0%	1.8%	1.3%	2.0%	***1.7%***
Motor vehicle crash injuries	0.0%	2.1%	0.0%	1.8%	1.4%	1.6%	***1.5%***
HIV/AIDS	0.0%	2.2%	0.0%	4.4%	2.8%	0.3%	***0.7%***
Rape/sexual assault	0.0%	2.2%	0.0%	0.4%	0.0%	1.2%	***0.5%***
Respiratory/lung disease	4.2%	0.0%	0.0%	0.9%	0.0%	0.6%	***0.5%***
Infectious diseases (e.g., hepatitis, TB)	0.0%	0.0%	0.0%	0.4%	0.0%	0.3%	***0.2%***
Suicide	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	***0.2%***
Firearm-related injuries	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	***0.0%***
Homicide	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	***0.0%***
Infant death	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	***0.0%***

(12)	In the following list, what do you think are the three most important "risky behaviors" in our community? (those behaviors that have the greatest impact on overall community health)						
	Boone	Colfax	Nance	Platte	Hispanic	Non-Hispanic	East Central
Alcohol abuse	**62.5%**	**54.9%**	**76.3%**	**76.4%**	**64.3%**	**71.0%**	***69.3%***
Drug abuse	14.3%	34.4%	15.8%	**52.9%**	**44.6%**	**39.0%**	***40.1%***
Being overweight	**51.8%**	**38.5%**	39.5%	**31.2%**	31.7%	**36.9%**	***36.1%***
Tobacco use	**50.0%**	13.1%	**73.7%**	29.3%	10.9%	36.6%	***31.1%***
Lack of exercise	39.3%	25.4%	**43.4%**	20.1%	25.7%	25.5%	***25.9%***
Racism	7.1%	**36.9%**	7.9%	17.1%	**41.6%**	13.8%	***20.3%***
Unsafe Sex	3.6%	24.6%	2.6%	21.7%	24.7%	17.1%	***18.8%***
Not using seat belts and/or child safety seats	28.6%	22.1%	18.4%	13.3%	16.8%	18.4%	***17.7%***
Poor eating habits	37.5%	19.7%	13.2%	10.3%	11.9%	17.1%	***16.1%***
Not using birth control	1.8%	12.3%	0.0%	11.8%	5.9%	11.1%	***9.8%***
Dropping out of school	3.6%	13.1%	0.0%	9.9%	15.8%	7.0%	***9.2%***
Not getting "shots" to prevent disease	0.0%	3.3%	2.6%	3.4%	3.0%	3.0%	***2.9%***
Other: Misc.	1.8%	0.0%	0.0%	1.9%	2.0%	1.1%	***1.5%***

(13)	Zip Code
68601	52.8%
68661	23.4%
68620	11.3%
68640	4.9%
68638	2.5%
68634	1.2%
68643	0.8%
68641	0.6%
67638	0.4%
68647	0.4%
68629	0.4%
68801	0.4%
67640	0.2%
68631	0.2%
68642	0.2%
68660	0.2%

(14)	Gender	
	Male	**Female**
Boone	35.7%	64.3%
Colfax	23.1%	76.9%
Nance	31.6%	68.4%
Platte	29.7%	70.3%
Hispanic	24.7%	75.3%
Non-Hispanic	29.9%	70.1%
East Central	**28.9%**	**71.7%**

(15)	Age						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
Under 18 years	0.0%	4.0%	2.6%	1.1%	1.9%	1.9%	***1.9%***
18-25 years	0.0%	6.5%	5.1%	11.3%	19.2%	5.4%	***8.3%***
26-39 years	14.5%	37.9%	12.8%	33.5%	50.0%	25.7%	***30.8%***
40-54 years	20.0%	33.1%	46.2%	33.1%	20.2%	36.2%	***32.6%***
55-64 years	23.6%	14.5%	25.6%	12.8%	7.7%	17.2%	***15.5%***
65-80 years	34.5%	3.2%	7.7%	7.1%	1.1%	11.5%	***9.3%***
Over 80 years	7.3%	0.8%	0.0%	1.1%	0.0%	2.1%	***1.7%***

(16)	Marital Status						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
Married/ Cohabitating	80.0%	69.9%	68.4%	63.9%	70.9%	66.0%	***67.6%***
Divorced	9.1%	12.6%	13.2%	10.2%	5.8%	11.9%	***10.4%***
Never Married	0.0%	13.7%	10.5%	17.3%	12.6%	15.4%	***13.1%***
Separated	0.0%	3.3%	2.6%	3.4%	6.8%	1.9%	***2.9%***
Widowed	10.9%	0.8%	5.3%	3.8%	1.9%	4.6%	***3.9%***
Other	0.0%	0.0%	0.0%	1.5%	4.9%	1.3%	***2.1%***

(17)	Are you Hispanic or Latino	
	Yes	No
Boone	3.8%	96..2%
Colfax	40.7%	59.3%
Nance	0.0%	100%
Platte	19.7%	80.3%
East Central	**21.8%**	**78.2%**

(18)	Race				
	Boone	Colfax	Nance	Platte	East Central
White	100%	76.9%	97.4%	88.1%	***87.4%***
Black or African American	0.0%	0.0%	0.0%	0.0%	***0.0%***
Asian	0.0%	0.8%	0.0%	1.5%	***1.1%***
Native Hawaiian or Other Pacific Islander	0.0%	0.8%	0.0%	0.4%	***0.4%***
American Indian or Alaska Native	0.0%	0.0%	0.0%	3.1%	***1.7%***
Other	0.0%	21.5%	2.6%	6.9%	***9.5%***

(19)	Household Income						
	Boone	Colfax	Nance	Platte	Hispanic	Non-Hispanic	East Central
Less than $20,000	11.3%	18.8%	15.8%	25.6%	36.5%	17.7%	***21.5%***
$20,000 to $29,999	9.4%	14.5%	7.9%	8.9%	18.8%	8.0%	***10.3%***
$30,000 to $49,999	17.0%	24.8%	15.8%	18.6%	24.0%	18.5%	***19.7%***
$50,000 to $74,999	43.4%	20.5%	39.5%	20.5%	16.7%	26.5%	***24.7%***
$75,000 to $99,999	18.9%	19.7%	21.1%	15.9%	4.2%	21.5%	***17.6%***
Over $100,000	0.0%	1.7%	0.0%	10.5%	0.0%	7.7%	***6.2%***

(20)	Highest Education Level						
	Boone	Colfax	Nance	Platte	Hispanic	Non-Hispanic	East Central
Less than high school graduate	1.8%	20.7%	0.0%	6.2%	28.0%	3.6%	***8.9%***
High school diploma or GED	47.1%	37.7%	59.5%	38.0%	51.0%	37.1%	***39.9%***
College degree or higher	43.4%	40.8%	40.5%	51.9%	20.1%	55.4%	***48.0%***
Other: Some College	7.5%	0.8%	0.0%	3.9%	1.0%	4.2%	***3.2%***

(21)	How do you pay for your health care? (check all that apply)						
	Boone	Colfax	Nance	Platte	Hispanic	Non-Hispanic	East Central
Pay cash (no insurance)	1.9%	20.8%	5.1%	23.3%	42.6	11.9	***18.8%***
Health insurance (e.g., private insurance, Blue Shield, HMO, through employer)	87.0%	70.8%	76.9%	66.5%	46.5	77.6	***71.2%***
Medicaid	0.0%	9.2%	15.4%	10.2%	9.9	9.5	***9.2%***
Medicare	0.0%	4.2%	15.4%	10.2%	3.0	13.8	***11.5%***
Veterans' Administration	3.7%	2.5%	2.6%	0.0%	0.0	1.6	***1.3%***
Indian Health Services	11.1%	0.8%	0.0%	1.5%	4.0	0.2	***1.0%***
Other: Misc	0.0%	0.8%	0.0%	1.1%	2.0	1.1	***0.8%***

2011 Nebraska Community Themes and Strengths Assessment Survey Results

East Central District Health Department

Covering: Boone, Colfax, Nance, and Platte Counties

Prepared by the Nebraska Department of Health and Human Services

December 5, 2011

Introduction and Methodology

The following is a brief overview of the methods used to collect and report data from the 2011 Nebraska Community Themes and Strengths Assessment Survey. Survey administration was conducted by the University of Nebraska Medical Center while the analysis and reporting of information presented within this document was conducted by the Nebraska Department of Health and Human Services (NDHHS).

The purpose of the survey is to better inform state and local health planning efforts. The NDHHS and many local health departments (LHDs) are in the process of implementing the Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process. One of the four MAPP assessments is to conduct a community themes and strengths assessment. This survey is being used to meeting this assessment component of the State of Nebraska MAPP process.

Questionnaire Design
The questionnaire used in this study was based largely on a 2008 Community Health Survey developed jointly by representatives from LHDs in Nebraska as well as the NDHHS. The 2008 survey was designed as a paper and pencil survey and has been used by many LHDs when conducting their MAPP assessments. This survey was modified from the original version to expand the scope and breadth of the topics covered on the questionnaire and to convert the questionnaire from a paper and pencil format to a telephone format. The survey was modified following a review of surveys from other states and communities and by utilizing guidance and feedback from LHDs, the Public Health Association of Nebraska (PHAN), NDHHS, and a questionnaire design expert.

Survey Administration
The survey was administered via telephone between July and October 2011 using random digit dial methods. The sample was stratified by 18 regions in Nebraska, which consisted of 17 LHDs who chose to be part of the stratified design and the remaining four non-participating LHDs lumped together in the remaining stratum. To ensure that each participating LHD had sufficient numbers for local analysis and reporting the sample was divided equally across the 18 regions with a total of 500 completed surveys being targeted in each region. A total of 9,077 surveys were collected and a raw database was delivered by UNMC to the NDHHS in late October 2011.

Data Analysis
The sample was compiled by telephone area code and prefix. While this is a common and largely accurate sampling selection process telephone numbers can sometimes fall outside of the county or region for which they are targeted. Individuals who complete the survey are asked to report which county and zip code they live in, and in some instances their self reported county of residence was different than the survey stratum they were grouped in during the data collection process. As a result, the self reported county of residence variable was used to group respondents into the 18 regions, which did result in some regions having slightly less than 500 completed surveys and some having slightly more (the range was from 466 in one LHD to 592 in the non-participating LHD region).

Data were weighed by LHD region, gender, and age to be reflective of the LHD and State of Nebraska population. All analyses presented in this report were conducted using SAS, Version 9.2, and to obtain correct standard errors for weighted percentages, SAS-callable SUDAAN, Version 10.0.1, was used.

On some of the survey questions a fairly large percentage of respondents answered ‘don’t know.’ To allow for the calculation of survey means these responses were coded as missing, along with a very small number who refused to answer some of the questions. The number and percentage of missing data is presented within each table in this document. See footnotes under each data table for further description of the survey methods and to inquire further about the survey methods or data results you can contact the NDHSS at 402-471-2353.

Table 1a: Mean Values for Measures related to the Healthcare System, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	**Sample Size (n)[a]**	**Mean[b]**	**95% CI (low --- high)[c]**	Missing Data[d]	% Missing[e]	**Sample Size (n)[a]**	**Mean[b]**	**95% CI (low --- high)[c]**	Missing Data[d]	% Missing[e]	
1a1. There are enough healthcare services, such as hospitals, emergency rooms, doctors' offices, health clinics, and so forth, available in your:											
Community^	487	1.60	(1.48 - 1.72)	7	1.4%	8,998	1.59	(1.53 - 1.64)	79	0.9%	NS
Region^^	489	1.30	(1.22 - 1.38)	5	1.0%	8,994	1.36	(1.32 - 1.41)	83	0.9%	NS
1a2. The healthcare services that are available in your community/region are excellent:											
Community^	488	1.98	(1.79 - 2.16)	6	1.2%	8,969	1.82	(1.76 - 1.89)	108	1.2%	NS
Region^^	483	1.61	(1.50 - 1.73)	11	2.2%	8,895	1.58	(1.53 - 1.64)	182	2.0%	NS
1a3. There are enough medical specialists available in your:											
Community^	485	2.38	(2.21 - 2.55)	9	1.8%	8,890	2.07	(2.00 - 2.15)	187	2.1%	+
Region^^	479	1.74	(1.60 - 1.88)	15	3.0%	8,851	1.69	(1.63 - 1.75)	226	2.5%	NS
1a4. The hospital care being provided in your *community/region* is excellent:											
Community^	479	2.11	(1.90 - 2.32)	15	3.0%	8,859	1.92	(1.86 - 1.99)	218	2.4%	NS
Region^^	478	1.64	(1.52 - 1.77)	16	3.2%	8,790	1.63	(1.57 - 1.69)	287	3.2%	NS
1a5. Sometimes the cost of medical care prevents you from getting the care you need for yourself or your family (Scale Flipped)*	485	3.41	(3.16 - 3.65)	9	1.8%	8,907	3.24	(1.00 - 3.34)	170	1.9%	NS
1a6. Percentage who personally received healthcare services in their region during the past 12 months**	492	66.6%	(59.0 - 73.4)	2	0.4%	9,059	72.0%	(68.9 - 74.9)	18	0.2%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Mean value (or percentage where noted) weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older. Mean values are based on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted mean or percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD mean/percentage significantly higher than the state ($p < 0.05$); "-" = LHD mean/percentage significantly lower than the state ($p < .05$); "NS" = LHD mean/ percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

^ Community was defined as the town, city, or metropolitan area that you live in, or that is closest to your home if you do not live in town

^^ Region was defined as the area within a one hour drive from your home, which includes your community

* This survey question (i.e., data measure) was asked in the opposite direction compared almost all other survey questions that included the five-point agree/disagree response option scale (i.e., disagreement was the desirable response for this question where agree was desirable for most others). As a result, the scale for this question was recoded to make results comparable to the mean value for the other questions, where a value of 1 was recoded to a value of 5, 2 to 4, 3 remained the same, 4 to 2, and 5 to 1. However, this measure should be compared to the others with caution as a result of possible acquiescence bias (i.e., where respondents tend to agree more than disagree regardless of the assertion) or respondents getting into a response pattern.

** Received health case services at a hospital, emergency room, doctors' office, or health clinic in their region (including their community and/or broader region) during the past 12 months

Table 1b: The Percentage who Somewhat or Strongly Disagree with Measures related to the Healthcare System, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	**Sample Size (n)[a]**	**% Who Disagree[b]**	**95% CI (low --- high)[c]**	Missing Data[d]	% Missing[e]	**Sample Size (n)[a]**	**% Who Disagree[b]**	**95% CI (low --- high)[c]**	Missing Data[d]	% Missing[e]	
1b1. There are enough healthcare services, such as hospitals, emergency rooms, doctors' offices, health clinics, and so forth, available in your:											
Community^	487	6.5%	(4.2 - 9.9)	7	1.4%	8,998	9.1%	(7.8 - 10.8)	79	0.9%	NS
Region^^	489	0.6%	(0.3 - 1.2)	5	1.0%	8,994	4.2%	(3.2 - 5.5)	83	0.9%	-
1b2. The healthcare services that are available in your community/region are excellent:											
Community^	488	11.6%	(7.4 - 17.8)	6	1.2%	8,969	12.2%	(10.6 - 14.0)	108	1.2%	NS
Region^^	483	2.0%	(1.1 - 3.4)	11	2.2%	8,895	6.3%	(5.0 - 7.9)	182	2.0%	-
1b3. There are enough medical specialists available in your:											
Community^	485	24.9%	(19.4 - 31.3)	9	1.8%	8,890	20.8%	(18.8 - 22.9)	187	2.1%	NS
Region^^	479	8.9%	(6.0 - 13.0)	15	3.0%	8,851	10.6%	(9.0 - 12.5)	226	2.5%	NS
1b4. The hospital care being provided in your community/region is excellent:											
Community^	479	16.3%	(11.4 - 22.8)	15	3.0%	8,859	15.0%	(13.3 - 16.8)	218	2.4%	NS
Region^^	478	2.5%	(1.3 - 4.8)	16	3.2%	8,790	7.0%	(5.6 - 8.8)	287	3.2%	-
1b5. Sometimes the cost of medical care prevents you from getting the care you need for yourself or your family (% who somewhat/strongly agree)*	485	60.2%	(52.7 - 67.2)	9	1.8%	8,907	56.2%	(1.0 - 59.1)	170	1.9%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older; consisting of those who answered somewhat or strongly disagree (unless noted) on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD percentage significantly higher than the state ($p < 0.05$); "-" = LHD percentage significantly lower than the state ($p < .05$); "NS" = LHD percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

^ Community was defined as the town, city, or metropolitan area that you live in, or that is closest to your home if you do not live in town

^^ Region was defined as the area within a one hour drive from your home, which includes your community

Table 2a: Mean Values for Measures related to the Healthcare System, among Nebraska Adults aged 18 and Older who have personally received healthcare services within their region during the past 12 months*, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	**Sample Size (n)[a]**	**Mean[b]**	**95% CI (low --- high)[c]**	Missing Data[d]	% Missing[e]	**Sample Size (n)[a]**	**Mean[b]**	**95% CI (low --- high)[c]**	Missing Data[d]	% Missing[e]	
2a1. There are enough healthcare services, such as hospitals, emergency rooms, doctors' offices, health clinics, and so forth, available in your:											
Community^	341	1.60	(1.43 - 1.76)	1	0.3%	6,707	1.57	(1.51 - 1.64)	43	0.6%	NS
Region^^	337	1.28	(1.20 - 1.36)	5	1.5%	6,684	1.35	(1.29 - 1.40)	66	1.0%	NS
2a2. The healthcare services that are available in your community/region are excellent:											
Community^	339	1.94	(1.77 - 2.10)	3	0.9%	6,685	1.80	(1.73 - 1.87)	65	1.0%	NS
Region^^	336	1.54	(1.43 - 1.65)	6	1.8%	6,637	1.55	(1.49 - 1.61)	113	1.7%	NS
2a3. There are enough medical specialists available in your:											
Community^	335	2.40	(2.20 - 2.60)	7	2.0%	6,627	2.08	(2.00 - 2.16)	123	1.8%	+
Region^^	331	1.74	(1.58 - 1.90)	11	3.2%	6,602	1.66	(1.60 - 1.72)	148	2.2%	NS
2a4. The hospital care being provided in your *community/region* is excellent:											
Community^	331	1.99	(1.78 - 2.21)	11	3.2%	6,610	1.89	(1.82 - 1.96)	140	2.1%	NS
Region^^	331	1.53	(1.40 - 1.65)	11	3.2%	6,571	1.60	(1.53 - 1.66)	179	2.7%	NS
2a5. Sometimes the cost of medical care prevents you from getting the care you need for yourself or your family (Scale Flipped)**	335	3.40	(3.10 - 3.70)	7	2.0%	6,636	3.19	(3.08 - 3.31)	114	1.7%	NS

* Received health case services at a hospital, emergency room, doctors' office, or health clinic in their region (including their community and/or broader region) during the past 12 months

[a] Non-weighted number of survey respondents, among those reported having personally received healthcare services within their region during the past 12 months (excluding missing data)

[b] Mean value weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older. Mean values are based on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted mean (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD mean significantly higher than the state ($p < 0.05$); "-" = LHD mean significantly lower than the state ($p < .05$); "NS" = LHD mean not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

^ Community was defined as the town, city, or metropolitan area that you live in, or that is closest to your home if you do not live in town

^^ Region was defined as the area within a one hour drive from your home, which includes your community

** This survey question (i.e., data measure) was asked in the opposite direction compared almost all other survey questions that included the five-point agree/disagree response option scale (i.e., disagreement was the desirable response for this question where agree was desirable for most others). As a result, the scale for this question was recoded to make results comparable to the mean value for the other questions, where a value of 1 was recoded to a value of 5, 2 to 4, 3 remained the same, 4 to 2, and 5 to 1. However, this measure should be compared to the others with caution as a result of possible acquiescence bias (i.e., where respondents tend to agree more than disagree regardless of the assertion) or respondents getting into a response pattern.

Table 2b: The Percentage who Somewhat or Strongly Disagree with Measures related to the Healthcare System, among Nebraska Adults aged 18 and Older who have personally received healthcare services within their region during the past 12 months*, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	**Sample Size (n)[a]**	**% Who Disagree[b]**	**95% CI (low --- high)[c]**	Missing Data[d]	% Missing[e]	**Sample Size (n)[a]**	**% Who Disagree[b]**	**95% CI (low --- high)[c]**	Missing Data[d]	% Missing[e]	
2b1. There are enough healthcare services, such as hospitals, emergency rooms, doctors' offices, health clinics, and so forth, available in your:											
Community^	341	7.9%	(4.8 - 12.9)	1	0.3%	6,707	9.4%	(7.8 - 11.3)	43	0.6%	NS
Region^^	337	0.7%	(0.3 - 1.6)	5	1.5%	6,684	3.9%	(2.8 - 5.4)	66	1.0%	-
2b2. The healthcare services that are available in your community/region are excellent:											
Community^	339	11.4%	(7.7 - 16.6)	3	0.9%	6,685	11.7%	(9.9 - 13.7)	65	1.0%	NS
Region^^	336	1.8%	(0.9 - 3.5)	6	1.8%	6,637	5.5%	(4.2 - 7.3)	113	1.7%	-
2b3. There are enough medical specialists available in your:											
Community^	335	25.5%	(19.1 - 33.2)	7	2.0%	6,627	20.8%	(18.6 - 23.2)	123	1.8%	NS
Region^^	331	10.8%	(6.9 - 16.5)	11	3.2%	6,602	9.6%	(8.0 - 11.5)	148	2.2%	NS
2b4. The hospital care being provided in your *community/region* is excellent:											
Community^	331	14.1%	(9.6 - 20.2)	11	3.2%	6,610	13.9%	(12.2 - 15.8)	140	2.1%	NS
Region^^	331	2.2%	(0.9 - 5.3)	11	3.2%	6,571	6.2%	(4.8 - 8.0)	179	2.7%	NS
2b5. Sometimes the cost of medical care prevents you from getting the care you need for yourself or your family (% who somewhat/strongly agree)**	335	59.3%	(50.0 - 68.1)	7	2.0%	6,636	54.9%	(51.5 - 58.2)	114	1.7%	NS

* Received health case services at a hospital, emergency room, doctors' office, or health clinic in their region (including their community and/or broader region) during the past 12 months

[a] Non-weighted number of survey respondents, among those reported having personally received healthcare services within their region during the past 12 months (excluding missing data)

[b] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older; consisting of those who answered somewhat or strongly disagree (unless noted) on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD percentage significantly higher than the state ($p < 0.05$); "-" = LHD percentage significantly lower than the state ($p < .05$); "NS" = LHD percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

^ Community was defined as the town, city, or metropolitan area that you live in, or that is closest to your home if you do not live in town

^^ Region was defined as the area within a one hour drive from your home, which includes your community

** This survey question (i.e., data measure) was asked in the opposite direction compared to almost all other survey questions that included the five-point agree/disagree response option scale (i.e., disagreement was the desirable response for this question where agree was desirable for most others). As a result, to be consistent with the other measures in this table, the percentage for this measure also reflects the undesirable response, which in this case is the percentage who responded with an answer of somewhat or strongly agree. However, this measure should be compared to the others with caution as a result of possible acquiescence bias (i.e., where respondents tend to agree more than disagree regardless of the assertion) or respondents getting into a response pattern.

Table 3a: Mean Values for Measures related to Supports for Raising Children, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Among All Survey Respondents											
3a1. Safe and affordable childcare is available within your community	392	1.98	(1.83 - 2.12)	102	20.6%	7,329	2.11	(2.02 - 2.20)	1,748	19.3%	NS
3a2. Your community has excellent schools	473	1.61	(1.43 - 1.79)	21	4.3%	8,745	1.66	(1.58 - 1.74)	332	3.7%	NS
3a3. There are enough after school programs for elementary school children in your community, including after school programs run by school and community groups	401	2.37	(2.13 - 2.60)	93	18.8%	7,346	2.43	(2.33 - 2.53)	1,731	19.1%	NS
3a4. There are enough after school opportunities for middle and high school students in your community, such as sports teams, clubs, and groups	440	1.84	(1.63 - 2.05)	54	10.9%	8,023	2.02	(1.94 - 2.11)	1,054	11.6%	NS
Among Those with Kids <18 Living at Home											
3a5. Safe and affordable childcare is available within your community	107	1.90	(1.66 - 2.14)	9	7.8%	1,972	2.11	(1.96 - 2.26)	155	7.3%	NS
3a6. Your community has excellent schools	115	1.62	(1.25 - 1.98)	1	0.9%	2,104	1.67	(1.51 - 1.83)	23	1.1%	NS
3a7. There are enough after school programs for elementary school children in your community, including after school programs run by school and community groups	110	2.33	(1.96 - 2.71)	6	5.2%	1,980	2.45	(2.28 - 2.63)	147	6.9%	NS
3a8. There are enough after school opportunities for middle and high school students in your community, such as sports teams, clubs, and groups	113	1.91	(1.51 - 2.31)	3	2.6%	2,034	2.00	(1.87 - 2.14)	93	4.4%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Mean value weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older. Mean values are based on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted mean (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD mean significantly higher than the state ($p < 0.05$); "-" = LHD mean significantly lower than the state ($p < .05$); "NS" = LHD mean not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 3b: Percentage who Somewhat or Strongly Disagree with Measures related to Supports for Raising Children, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	% Who Disagree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	% Who Disagree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Among All Survey Respondents											
3b1. Safe and affordable childcare is available within your community	392	8.9%	(5.7 - 13.7)	102	20.6%	7,329	14.9%	(12.5 - 17.7)	1,748	19.3%	NS
3b2. Your community has excellent schools	473	6.0%	(2.6 - 13.0)	21	4.3%	8,745	8.6%	(6.5 - 11.3)	332	3.7%	NS
3b3. There are enough after school programs for elementary school children in your community, including after school programs run by school and community groups	401	22.5%	(16.6 - 29.8)	93	18.8%	7,346	27.0%	(24.0 - 30.2)	1,731	19.1%	NS
3b4. There are enough after school opportunities for middle and high school students in your community, such as sports teams, clubs, and groups	440	12.3%	(7.8 - 18.9)	54	10.9%	8,023	16.0%	(13.8 - 18.6)	1,054	11.6%	NS
Among Those with Kids <18 Living at Home											
3b5. Safe and affordable childcare is available within your community	107	7.9%	(3.3 - 17.9)	9	7.8%	1,972	15.8%	(11.9 - 20.8)	155	7.3%	NS
3b6. Your community has excellent schools	115	6.9%	(1.6 - 24.9)	1	0.9%	2,104	10.2%	(6.4 - 16.0)	23	1.1%	NS
3b7. There are enough after school programs for elementary school children in your community, including after school programs run by school and community groups	110	21.4%	(12.2 - 34.8)	6	5.2%	1,980	28.3%	(23.5 - 33.6)	147	6.9%	NS
3b8. There are enough after school opportunities for middle and high school students in your community, such as sports teams, clubs, and groups	113	15.3%	(7.3 - 29.3)	3	2.6%	2,034	15.5%	(12.3 - 19.4)	93	4.4%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older; consisting of those who answered somewhat or strongly disagree (unless noted) on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD percentage significantly higher than the state ($p < 0.05$); "-" = LHD percentage significantly lower than the state ($p < .05$); "NS" = LHD percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 4a: Mean Values for Measures related to Supports for Older Adults, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Among All Survey Respondents											
4a1. There is enough housing to meet the needs of older adults in your community, including assisted living, retirement centers, and maintenance free homes and apartments	474	2.20	(2.03 - 2.37)	20	4.0%	8,615	2.29	(2.20 - 2.39)	462	5.1%	NS
4a2. There is enough transportation available in your community to take older adults to medical facilities and shopping	455	2.72	(2.54 - 2.89)	39	7.9%	8,419	2.77	(2.67 - 2.86)	658	7.2%	NS
4a3. There are enough programs that provide meals for older adults in your community	443	2.26	(2.08 - 2.44)	51	10.3%	8,241	2.48	(2.38 - 2.58)	836	9.2%	NS
4a4. There are a lot of social networks and groups in your community available for older adults that are living alone	414	2.68	(2.52 - 2.85)	80	16.2%	7,646	2.82	(2.72 - 2.91)	1,431	15.8%	NS
Among Survey Respondents Aged 65+											
4a5. There is enough housing to meet the needs of older adults in your community, including assisted living, retirement centers, and maintenance free homes and apartments	203	2.00	(1.78 - 2.22)	9	4.2%	3,495	2.13	(2.01 - 2.25)	153	4.2%	NS
4a6. There is enough transportation available in your community to take older adults to medical facilities and shopping	197	2.33	(2.05 - 2.62)	15	7.1%	3,386	2.50	(2.36 - 2.63)	262	7.2%	NS
4a7. There are enough programs that provide meals for older adults in your community	198	1.83	(1.61 - 2.04)	14	6.6%	3,371	2.12	(1.99 - 2.24)	277	7.6%	NS
4a8. There are a lot of social networks and groups in your community available for older adults that are living alone	175	2.58	(2.34 - 2.82)	37	17.5%	3,041	2.70	(2.56 - 2.84)	607	16.6%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Mean value weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older. Mean values are based on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted mean (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD mean significantly higher than the state ($p < 0.05$); "-" = LHD mean significantly lower than the state ($p < .05$); "NS" = LHD mean not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 4b: Percentage who Somewhat or Strongly Disagree with Measures related to Supports for Older Adults, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	% Who Disagree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	% Who Disagree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Among All Survey Respondents											
4b1. There is enough housing to meet the needs of older adults in your community, including assisted living, retirement centers, and maintenance free homes and apartments	474	18.6%	(13.8 - 24.7)	20	4.0%	8,615	23.5%	(20.5 - 26.7)	462	5.1%	NS
4b2. There is enough transportation available in your community to take older adults to medical facilities and shopping	455	31.4%	(24.9 - 38.6)	39	7.9%	8,419	36.0%	(32.8 - 39.4)	658	7.2%	NS
4b3. There are enough programs that provide meals for older adults in your community	443	17.6%	(12.6 - 24.1)	51	10.3%	8,241	26.4%	(23.2 - 29.8)	836	9.2%	NS
4b4. There are a lot of social networks and groups in your community available for older adults that are living alone	414	26.7%	(20.8 - 33.5)	80	16.2%	7,646	34.2%	(30.9 - 37.6)	1,431	15.8%	NS
Among Survey Respondents Aged 65+											
4b5. There is enough housing to meet the needs of older adults in your community, including assisted living, retirement centers, and maintenance free homes and apartments	203	17.1%	(11.9 - 24.1)	9	4.2%	3,495	20.5%	(16.8 - 24.7)	153	4.2%	NS
4b6. There is enough transportation available in your community to take older adults to medical facilities and shopping	197	27.1%	(19.7 - 36.0)	15	7.1%	3,386	29.6%	(25.7 - 33.8)	262	7.2%	NS
4b7. There are enough programs that provide meals for older adults in your community	198	12.8%	(7.4 - 21.1)	14	6.6%	3,371	19.4%	(15.9 - 23.3)	277	7.6%	NS
4b8. There are a lot of social networks and groups in your community available for older adults that are living alone	175	29.6%	(21.6 - 39.1)	37	17.5%	3,041	33.6%	(29.1 - 38.5)	607	16.6%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older; consisting of those who answered somewhat or strongly disagree (unless noted) on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD percentage significantly higher than the state ($p < 0.05$); "-" = LHD percentage significantly lower than the state ($p < .05$); "NS" = LHD percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 5a: Mean Values for Measures related to Recreational and Leisure Options, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
5a1. There are a lot of places to exercise and play in your community, such as parks, walking/biking trails, swimming pools, gyms, fitness centers, and so forth	488	1.90	(1.71 2.10)	6	1.2%	8,978	1.81	(1.75 1.88)	99	1.1%	NS
5a2. There are a lot of arts, music, and cultural events in your community	467	2.99	(2.78 3.20)	27	5.5%	8,734	2.63	(2.55 2.71)	343	3.8%	+
5a3. There are a lot of organized leisure time activities available for young adults in your community, such as groups, clubs, teams, and other social activities:											
Among all respondents	443	2.91	(2.70 3.12)	51	10.3%	8,030	2.83	(2.73 2.92)	1,047	11.5%	NS
Among respondents 18-49 years old	125	2.89	(2.56 3.23)	4	3.1%	2,230	2.86	(2.72 3.01)	94	4.0%	NS
5a4. There are a lot of organized leisure time activities available for middle-age adults in your community, such as groups, clubs, teams, and other social activities:											
Among all respondents	442	2.87	(2.67 3.06)	52	10.5%	8,212	2.79	(2.70 2.88)	865	9.5%	NS
Among respondents 50-64 years old	143	3.00	(2.69 3.30)	8	5.3%	2,847	2.80	(2.68 2.91)	202	6.6%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Mean value weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older. Mean values are based on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted mean (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD mean significantly higher than the state ($p < 0.05$); "-" = LHD mean significantly lower than the state ($p < .05$); "NS" = LHD mean not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 5b: Percentage who Somewhat or Strongly Disagree with Measures related to Recreational and Leisure Options, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	% Who Disagree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	% Who Disagree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
5b1. There are a lot of places to exercise and play in your community, such as parks, walking/biking trails, swimming pools, gyms, fitness centers, and so forth	488	13.3%	(8.7 19.8)	6	1.2%	8,978	12.8%	(10.9 15.0)	99	1.1%	NS
5b2. There are a lot of arts, music, and cultural events in your community	467	41.3%	(33.9 49.2)	27	5.5%	8,734	34.1%	(31.4 36.8)	343	3.8%	NS
5b3. There are a lot of organized leisure time activities available for young adults in your community, such as groups, clubs, teams, and other social activities:											
Among all respondents	443	37.5%	(30.3 45.4)	51	10.3%	8,030	38.9%	(35.7 42.2)	1,047	11.5%	NS
Among respondents 18-49 years old	125	35.2%	(24.3 47.9)	4	3.1%	2,230	40.5%	(35.5 45.7)	94	4.0%	NS
5b4. There are a lot of organized leisure time activities available for middle-age adults in your community, such as groups, clubs, teams, and other social activities:											
Among all respondents	442	35.3%	(28.2 43.1)	52	10.5%	8,212	36.9%	(33.9 40.1)	865	9.5%	NS
Among respondents 50-64 years old	143	37.9%	(27.2 50.0)	8	5.3%	2,847	37.5%	(33.3 41.8)	202	6.6%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older; consisting of those who answered somewhat or strongly disagree (unless noted) on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD percentage significantly higher than the state ($p < 0.05$); "-" = LHD percentage significantly lower than the state ($p < .05$); "NS" = LHD percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 6a: Mean Values for Measures related to Jobs and the Economy, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Among All Survey Respondents											
6a1. There are enough jobs, either in town or a short drive away, for people living in your community	469	2.40	(2.19 - 2.61)	25	5.1%	8,635	2.82	(2.72 - 2.91)	442	4.9%	-
6a2. The jobs in your community offer opportunities for advancement (such as promotions and on the job training)	444	2.76	(2.56 - 2.96)	50	10.1%	8,226	2.99	(2.90 - 3.07)	851	9.4%	NS
6a3. The jobs in your community are family friendly, allowing for things such as flexible scheduling, reasonable hours, health insurance, and so forth	451	2.62	(2.38 - 2.86)	43	8.7%	8,109	2.68	(2.59 - 2.77)	968	10.7%	NS
6a4. The economy in your community is strong	479	2.18	(1.99 - 2.38)	15	3.0%	8,821	2.57	(2.49 - 2.66)	256	2.8%	-
Among the Working Age (18-64 year olds)											
6a5. There are enough jobs, either in town or a short drive away, for people living in your community	276	2.42	(2.17 - 2.68)	4	1.4%	5,274	2.80	(2.69 - 2.92)	99	1.8%	-
6a6. The jobs in your community offer opportunities for advancement (such as promotions and on the job training)	270	2.77	(2.53 - 3.01)	10	3.6%	5,145	2.96	(2.86 - 3.05)	228	4.2%	NS
6a7. The jobs in your community are family friendly, allowing for things such as flexible scheduling, reasonable hours, health insurance, and so forth	271	2.65	(2.36 - 2.95)	9	3.2%	5,127	2.67	(2.57 - 2.78)	246	4.6%	NS
6a8. The economy in your community is strong	278	2.20	(1.96 - 2.44)	2	0.7%	5,290	2.57	(2.47 - 2.67)	83	1.5%	-

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Mean value weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older. Mean values are based on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted mean (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD mean significantly higher than the state ($p < 0.05$); "-" = LHD mean significantly lower than the state ($p < .05$); "NS" = LHD mean not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 6b: Percentage who Somewhat or Strongly Disagree with Measures related to Jobs and the Economy, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	% Who Disagree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	% Who Disagree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Among All Survey Respondents											
6b1. There are enough jobs, either in town or a short drive away, for people living in your community	469	26.3%	(20.0 - 33.6)	25	5.1%	8,635	38.5%	(35.4 - 41.7)	442	4.9%	-
6b2. The jobs in your community offer opportunities for advancement (such as promotions and on the job training)	444	31.7%	(25.0 - 39.4)	50	10.1%	8,226	41.3%	(38.2 - 44.5)	851	9.4%	NS
6b3. The jobs in your community are family friendly, allowing for things such as flexible scheduling, reasonable hours, health insurance, and so forth	451	31.9%	(24.6 - 40.1)	43	8.7%	8,109	32.0%	(29.0 - 35.2)	968	10.7%	NS
6b4. The economy in your community is strong	479	16.4%	(11.6 - 22.7)	15	3.0%	8,821	29.9%	(26.9 - 33.1)	256	2.8%	-
Among the Working Age (18-64 year olds)											
6b5. There are enough jobs, either in town or a short drive away, for people living in your community	276	26.6%	(19.2 - 35.7)	4	1.4%	5,274	38.3%	(34.7 - 42.0)	99	1.8%	NS
6b6. The jobs in your community offer opportunities for advancement (such as promotions and on the job training)	270	31.7%	(23.7 - 41.0)	10	3.6%	5,145	40.3%	(36.7 - 44.1)	228	4.2%	NS
6b7. The jobs in your community are family friendly, allowing for things such as flexible scheduling, reasonable hours, health insurance, and so forth	271	32.6%	(23.9 - 42.6)	9	3.2%	5,127	31.6%	(28.2 - 35.3)	246	4.6%	NS
6b8. The economy in your community is strong	278	16.8%	(11.0 - 24.8)	2	0.7%	5,290	29.7%	(26.1 - 33.5)	83	1.5%	-

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older; consisting of those who answered somewhat or strongly disagree (unless noted) on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD percentage significantly higher than the state ($p < 0.05$); "-" = LHD percentage significantly lower than the state ($p < .05$); "NS" = LHD percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 7a: Mean Values for Measures related to Housing, Safety & Security, and Social Support & Civic Responsibility, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Housing											
7a1. There is enough quality housing available in your community, including homes and apartments	475	2.32	(2.14 - 2.50)	19	3.8%	8,717	2.07	(2.00 - 2.14)	360	4.0%	+
7a2. Quality housing in your community is affordable for the average person	455	2.65	(2.43 - 2.86)	39	7.9%	8,425	2.51	(2.42 - 2.61)	652	7.2%	NS
Safety and Security											
7a3. Your community is a safe place to live, work, and play	492	1.82	(1.69 - 1.95)	2	0.4%	9,038	1.60	(1.53 - 1.67)	39	0.4%	+
7a4. There is a lot of crime in your community (Scale Flipped)*	485	2.33	(2.13 - 2.53)	9	1.8%	8,935	2.10	(2.03 - 2.18)	142	1.6%	NS
7a5. Neighbors know and trust one another and look out for each other in your community	485	1.71	(1.56 - 1.87)	9	1.8%	8,979	1.72	(1.64 - 1.80)	98	1.1%	NS
Social Support and Civic Responsibility											
7a6. There are enough support networks in your community for individuals and families during times of stress and need, such as support groups, faith community outreach, community agencies, and so forth	461	2.39	(2.20 - 2.59)	33	6.7%	8,394	2.43	(2.34 - 2.51)	683	7.5%	NS
7a7. People in your community pitch in and help out the community in times of need	480	1.69	(1.50 - 1.88)	14	2.8%	8,901	1.71	(1.63 - 1.79)	176	1.9%	NS
7a8. There are a lot of opportunities for individuals in your community to volunteer	477	1.84	(1.63 - 2.05)	17	3.4%	8,807	1.72	(1.65 - 1.80)	270	3.0%	NS
7a9. A lot of individuals in your community do volunteer work	463	2.06	(1.83 - 2.28)	31	6.3%	8,492	2.13	(2.05 - 2.21)	585	6.4%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Mean value weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older. Mean values are based on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted mean (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD mean significantly higher than the state ($p < 0.05$); "-" = LHD mean significantly lower than the state ($p < .05$); "NS" = LHD mean not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

* This survey question (i.e., data measure) was asked in the opposite direction compared almost all other survey questions that included the five-point agree/disagree response option scale (i.e., disagreement was the desirable response for this question where agree was desirable for most others). As a result, the scale for this question was recoded to make results comparable to the mean value for the other questions, where a value of 1 was recoded to a value of 5, 2 to 4, 3 remained the same, 4 to 2, and 5 to 1. However, this measure should be compared to the others with caution as a result of possible acquiescence bias (i.e., where respondents tend to agree more than disagree regardless of the assertion) or respondents getting into a response pattern.

Table 7b: Percentage who Somewhat or Strongly Disagree with Measures related to Housing, Safety & Security, and Social Support & Civic Responsibility, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	% Who Disagree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	% Who Disagree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Housing											
7b1. There is enough quality housing available in your community, including homes and apartments	475	21.0%	(15.5 - 27.9)	19	3.8%	8,717	18.2%	(16.2 - 20.3)	360	4.0%	NS
7b2. Quality housing in your community is affordable for the average person	455	29.1%	(22.2 - 37.3)	39	7.9%	8,425	28.1%	(25.0 - 31.4)	652	7.2%	NS
Safety and Security											
7b3. Your community is a safe place to live, work, and play	492	6.0%	(3.7 - 9.7)	2	0.4%	9,038	7.0%	(5.4 - 9.2)	39	0.4%	NS
7b4. There is a lot of crime in your community (% who somewhat/strongly agree)*	485	30.6%	(23.9 - 38.3)	9	1.8%	8,935	22.6%	(20.4 - 25.0)	142	1.6%	NS
7b5. Neighbors know and trust one another and look out for each other in your community	485	7.5%	(4.4 - 12.7)	9	1.8%	8,979	9.3%	(7.2 - 11.8)	98	1.1%	NS
Social Support and Civic Responsibility											
7b6. There are enough support networks in your community for individuals and families during times of stress and need, such as support groups, faith community outreach, community agencies, and so forth	461	20.5%	(14.6 - 28.0)	33	6.7%	8,394	24.7%	(21.9 - 27.7)	683	7.5%	NS
7b7. People in your community pitch in and help out the community in times of need	480	5.4%	(2.1 - 13.1)	14	2.8%	8,901	8.4%	(6.3 - 11.1)	176	1.9%	NS
7b8. There are a lot of opportunities for individuals in your community to volunteer	477	10.1%	(5.2 - 18.8)	17	3.4%	8,807	9.9%	(7.9 - 12.4)	270	3.0%	NS
7b9. A lot of individuals in your community do volunteer work	463	14.6%	(8.7 - 23.5)	31	6.3%	8,492	15.8%	(13.3 - 18.6)	585	6.4%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older; consisting of those who answered somewhat or strongly disagree (unless noted) on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD percentage significantly higher than the state ($p < 0.05$); "-" = LHD percentage significantly lower than the state ($p < .05$); "NS" = LHD percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

* This survey question (i.e., data measure) was asked in the opposite direction compared to almost all other survey questions that included the five-point agree/disagree response option scale (i.e., disagreement was the desirable response for this question where agree was desirable for most others). As a result, to be consistent with the other measures in this table, the percentage for this measure reflects the undesirable response, which in this case is the percentage who answered somewhat or strongly agree. However, this measure should be compared to the others with caution as a result of possible acquiescence bias (i.e., where respondents tend to agree more than disagree regardless of the assertion) or respondents getting into a response pattern.

Table 8a: Mean Values for How Serious Various Health Issues are in the Community (on an 11-point scale ranging from 0=not serious at all to 10=extremely serious), among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Health Issue	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Aging problems (arthritis, hearing/vision loss)	449	5.75	(5.36 - 6.15)	45	9.1%	8,483	5.83	(5.66 - 6.01)	594	6.5%	NS
Cancer	470	6.82	(6.42 - 7.21)	24	4.9%	8,661	6.66	(6.46 - 6.85)	416	4.6%	NS
Child abuse and neglect	424	3.62	(3.18 - 4.07)	70	14.2%	8,243	4.07	(3.89 - 4.25)	834	9.2%	NS
Diabetes	449	6.12	(5.64 - 6.59)	45	9.1%	8,372	6.30	(6.11 - 6.50)	705	7.8%	NS
Heart disease	441	5.80	(5.38 - 6.23)	53	10.7%	8,315	6.02	(5.82 - 6.22)	762	8.4%	NS
High blood pressure	451	6.15	(5.71 - 6.59)	43	8.7%	8,395	6.46	(6.26 - 6.66)	682	7.5%	NS
Infectious diseases (flu, other viruses/infections)*	453	4.46	(4.02 - 4.89)	41	8.3%	8,522	4.88	(4.74 - 5.02)	555	6.1%	NS
Injuries (resulting from crashes, falls, violence, etc.)	447	4.14	(3.78 - 4.49)	47	9.5%	8,414	4.44	(4.26 - 4.63)	663	7.3%	NS
Mental health (including depression)	424	4.36	(3.94 - 4.77)	70	14.2%	8,119	4.65	(4.47 - 4.84)	958	10.6%	NS
Overweight and obesity	477	6.47	(6.14 - 6.81)	17	3.4%	8,886	6.83	(6.65 - 7.01)	191	2.1%	NS
Poor dental health	426	4.21	(3.76 - 4.67)	68	13.8%	8,056	4.51	(4.31 - 4.70)	1,021	11.2%	NS
Sexually transmitted diseases (STDs)	345	3.69	(3.16 - 4.22)	149	30.2%	6,582	4.34	(4.10 - 4.57)	2,495	27.5%	NS
Stroke	433	5.38	(4.99 - 5.77)	61	12.3%	8,225	5.57	(5.37 - 5.76)	852	9.4%	NS
Suicide	443	2.66	(2.31 - 3.00)	51	10.3%	8,392	3.23	(3.03 - 3.43)	685	7.5%	-
Teenage pregnancy	433	4.92	(4.45 - 5.40)	61	12.3%	8,149	4.81	(4.59 - 5.02)	928	10.2%	NS
Unsafe environment (poor air/water, chemical expos.)	472	3.22	(2.74 - 3.70)	22	4.5%	8,817	3.02	(2.85 - 3.19)	260	2.9%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Mean value weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older. Mean values are based on an 11-point scale ranging from 0 to 10 where 0 = not serious at all in your community and 10 = extremely serious in your community

[c] 95% Confidence interval for the weighted mean (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD mean significantly higher than the state ($p < 0.05$); "-" = LHD mean significantly lower than the state ($p < .05$); "NS" = LHD mean not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

* Includes infectious diseases, such as the flu, and other viruses and infections that are transmitted from person-to-person (excluding STDs)

Table 8b: Percentage who Responded with a Value of 8, 9, or 10 for How Serious Various Health Issues are in the Community (based on an 11-point scale ranging from 0=not serious at all to 10=extremely serious), among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Health Issue	Sample Size (n)[a]	%[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	%[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Aging problems (arthritis, hearing/vision loss)	449	22.8%	(17.1 - 29.7)	45	9.1%	8,483	23.9%	(21.6 - 26.3)	594	6.5%	NS
Cancer	470	42.0%	(34.4 - 50.0)	24	4.9%	8,661	41.6%	(38.6 - 44.8)	416	4.6%	NS
Child abuse and neglect	424	6.7%	(3.6 - 12.0)	70	14.2%	8,243	10.9%	(9.2 - 13.0)	834	9.2%	NS
Diabetes	449	33.1%	(26.2 - 40.9)	45	9.1%	8,372	35.0%	(32.1 - 38.1)	705	7.8%	NS
Heart disease	441	25.1%	(18.9 - 32.5)	53	10.7%	8,315	29.6%	(26.8 - 32.7)	762	8.4%	NS
High blood pressure	451	30.5%	(24.0 - 37.8)	43	8.7%	8,395	37.1%	(34.0 - 40.2)	682	7.5%	NS
Infectious diseases (flu, other viruses/infections)*	453	12.9%	(8.6 - 19.0)	41	8.3%	8,522	13.6%	(11.7 - 15.8)	555	6.1%	NS
Injuries (resulting from crashes, falls, violence, etc.)	447	7.0%	(3.9 - 12.3)	47	9.5%	8,414	10.5%	(8.3 - 13.1)	663	7.3%	NS
Mental health (including depression)	424	11.8%	(7.6 - 17.9)	70	14.2%	8,119	15.0%	(12.7 - 17.7)	958	10.6%	NS
Overweight and obesity	477	32.5%	(25.9 - 39.9)	17	3.4%	8,886	42.6%	(39.6 - 45.6)	191	2.1%	NS
Poor dental health	426	10.4%	(6.1 - 17.2)	68	13.8%	8,056	12.0%	(9.9 - 14.4)	1,021	11.2%	NS
Sexually transmitted diseases (STDs)	345	10.1%	(5.9 - 16.6)	149	30.2%	6,582	17.0%	(14.0 - 20.4)	2,495	27.5%	NS
Stroke	433	16.6%	(11.9 - 22.7)	61	12.3%	8,225	22.0%	(19.3 - 24.9)	852	9.4%	NS
Suicide	443	5.4%	(3.3 - 8.8)	51	10.3%	8,392	8.5%	(6.5 - 11.1)	685	7.5%	NS
Teenage pregnancy	433	15.7%	(10.6 - 22.7)	61	12.3%	8,149	18.1%	(15.7 - 20.9)	928	10.2%	NS
Unsafe environment (poor air/water, chemical expos.)	472	9.3%	(6.0 - 14.3)	22	4.5%	8,817	8.7%	(7.3 - 10.3)	260	2.9%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older; consisting of those who answered with a value of 8, 9, or 10 on an 11-point scale ranging from 0 to 10 where 0 = not serious at all in your community and 10 = extremely serious in your community

[c] 95% Confidence interval for the weighted percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD percentage significantly higher than the state ($p < 0.05$); "-" = LHD percentage significantly lower than the state ($p < .05$); "NS" = LHD percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

* Includes infectious diseases, such as the flu, and other viruses and infections that are transmitted from person-to-person (excluding STDs)

Table 9a: Mean Values for How Much Different Behaviors Impact Overall Health in the Community (on an 11-point scale ranging from 0=no impact on overall health to 10=huge impact on overall health), among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Health Issue	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Alcohol abuse	464	6.05	(5.60 - 6.49)	30	6.1%	8,670	5.99	(5.80 - 6.18)	407	4.5%	NS
Drug abuse	446	5.70	(5.20 - 6.20)	48	9.7%	8,366	5.80	(5.60 - 6.00)	711	7.8%	NS
Drunk driving	469	6.00	(5.50 - 6.50)	25	5.1%	8,675	6.10	(5.90 - 6.29)	402	4.4%	NS
Not enough exercise	471	6.31	(5.90 - 6.71)	23	4.7%	8,807	6.61	(6.46 - 6.76)	270	3.0%	NS
Not getting vaccine 'shots' to prevent disease	440	4.61	(4.13 - 5.09)	54	10.9%	8,189	4.76	(4.55 - 4.96)	888	9.8%	NS
Not using child safety seats (or improper use)	431	4.46	(3.96 - 4.96)	63	12.8%	8,135	4.36	(4.16 - 4.57)	942	10.4%	NS
Not using seat belts while driving	461	5.37	(4.91 - 5.84)	33	6.7%	8,632	5.07	(4.87 - 5.26)	445	4.9%	NS
Poor eating habits	461	6.19	(5.74 - 6.64)	33	6.7%	8,637	6.50	(6.34 - 6.65)	440	4.8%	NS
Talking on a cell phone while driving	471	6.86	(6.44 - 7.28)	23	4.7%	8,762	6.85	(6.67 - 7.04)	315	3.5%	NS
Texting while driving	447	6.67	(6.25 - 7.10)	47	9.5%	8,327	6.77	(6.58 - 6.97)	750	8.3%	NS
Tobacco use (cigarettes and smokeless)	466	6.16	(5.78 - 6.54)	28	5.7%	8,697	6.35	(6.19 - 6.51)	380	4.2%	NS
Violence (domestic violence, fighting, etc.)	449	4.43	(3.91 - 4.94)	45	9.1%	8,471	4.86	(4.67 - 5.06)	606	6.7%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Mean value weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older. Mean values are based on an 11-point scale ranging from 0 to 10 where 0 = no impact on overall health in your community and 10 = huge impact on overall health in your community

[c] 95% Confidence interval for the weighted mean (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD mean significantly higher than the state ($p < 0.05$); "-" = LHD mean significantly lower than the state ($p < .05$); "NS" = LHD mean not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 9b: Percentage who Responded with a Value of 8, 9, or 10 for How Much Different Behaviors Impact Overall Health in the Community (based on an 11-point scale ranging from 0=no impact to 10=huge impact), among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Health Issue	Sample Size (n)[a]	%[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	%[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Alcohol abuse	464	31.7%	(24.7 - 39.8)	30	6.1%	8,670	29.9%	(27.1 - 32.7)	407	4.5%	NS
Drug abuse	446	28.0%	(21.0 - 36.2)	48	9.7%	8,366	31.9%	(29.1 - 35.0)	711	7.8%	NS
Drunk driving	469	29.1%	(22.3 - 37.1)	25	5.1%	8,675	35.0%	(32.0 - 38.1)	402	4.4%	NS
Not enough exercise	471	35.5%	(28.1 - 43.7)	23	4.7%	8,807	38.5%	(35.5 - 41.6)	270	3.0%	NS
Not getting vaccine 'shots' to prevent disease	440	21.2%	(15.1 - 29.1)	54	10.9%	8,189	20.7%	(18.1 - 23.6)	888	9.8%	NS
Not using child safety seats (or improper use)	431	17.1%	(11.3 - 25.1)	63	12.8%	8,135	19.2%	(16.7 - 22.0)	942	10.4%	NS
Not using seat belts while driving	461	23.9%	(17.5 - 31.7)	33	6.7%	8,632	23.5%	(21.1 - 26.1)	445	4.9%	NS
Poor eating habits	461	33.2%	(25.8 - 41.5)	33	6.7%	8,637	36.8%	(33.8 - 39.9)	440	4.8%	NS
Talking on a cell phone while driving	471	46.3%	(38.4 - 54.4)	23	4.7%	8,762	48.2%	(45.1 - 51.3)	315	3.5%	NS
Texting while driving	447	44.2%	(36.1 - 52.6)	47	9.5%	8,327	46.1%	(42.9 - 49.3)	750	8.3%	NS
Tobacco use (cigarettes and smokeless)	466	28.2%	(21.5 - 36.0)	28	5.7%	8,697	34.9%	(31.9 - 37.9)	380	4.2%	NS
Violence (domestic violence, fighting, etc.)	449	16.0%	(10.3 - 24.0)	45	9.1%	8,471	20.6%	(18.0 - 23.5)	606	6.7%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older; consisting of those who answered with a value of 8, 9, or 10 on an 11-point scale ranging from 0 to 10 where 0 = no impact on overall health in your community and 10 = huge impact on overall health in your community

[c] 95% Confidence interval for the weighted percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD percentage significantly higher than the state ($p < 0.05$); "-" = LHD percentage significantly lower than the state ($p < .05$); "NS" = LHD percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 10: Top 15 Responses to the Question "What do you think is the single most important health issues or health behavior that needs to be addressed in your community?*," among Nebraska Adults aged 18 and Older, 2011

East Central District Health Department			State of Nebraska	
	Top 15 Health Issues/Behaviors (in rank order)	**%[a]**	**Top 15 Health Issues/Behaviors (in rank order)**	**%[a]**
1.	Overweight and Obesity	24.6%	Overweight and Obesity	24.3%
2.	Cancer	11.7%	Alcohol abuse	8.6%
3.	Alcohol abuse	8.8%	Cancer	7.0%
4.	Distracted driving (texting, cell phone use)	7.3%	Drug abuse	6.7%
5.	Drug abuse	6.9%	Healthcare-related (quality, access, cost, coverage)	5.9%
6.	Not enough exercise	5.3%	Not enough exercise	5.5%
7.	Drunk driving	4.4%	Unhealthy eating and/or poor nutrition[!]	4.8%
8.	Healthcare-related (quality, access, cost, coverage)	4.3%	Distracted driving (texting, cell phone use)	4.5%
9.	Violence/crime/safety	3.9%	Drunk driving	3.7%
10.	Unhealthy eating and/or poor nutrition	2.6%	Tobacco use (cigarettes and/or smokeless)	2.9%
11.	Mental health and/or suicide	2.5%	Violence/crime/safety	2.7%
12.	Heart disease	2.1%	Mental health and/or suicide	2.7%
13.	Diabetes	1.8%	Diabetes	2.5%
14.	Tobacco use (cigarettes and/or smokeless)	1.5%	Heart disease	2.4%
15.	Environmental health issues	1.0%	Aging population and elderly conditions/needs	2.4%
	Sample size (n)	402	Sample size (n)	7,377
	Missing data	92	Missing data	1,700
	Percentage Missing Data	18.6%	Percentage Missing Data	18.7%

* This survey question was open-ended, meaning that respondents could provide any response they wanted without prompt. However, 28 fields were pre-populated for interviewer coding, which reflected the health issues and behaviors asked about in survey questions 33-60. Responses outside of these pre-defined categories were typed in by the interviewer and analyzed for themes during the analysis process, in which case they were added to existing categories or new categories were created. Statewide, a total of 1,513 respondents, or 20.5% of all valid (non-missing) responses to this question did not fall into a pre-defined category and were typed in by the survey interviewer. Answers that covered multiple issues (e.g., diet and exercise) were kept as valid but not coded to a specific condition presented in this table, with the exception of 'aging population and elderly conditions/needs,' (see other footnote)

[a] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older; consisting of those gave an answer for each health issue out of the total number of valid respondents.

[b] Non-weighted number of survey respondents (excluding missing data)

[c] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer, or were otherwise missing.

Table 11a: Mean Values for Measures related to Alcohol Use and Prevention, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Among All Survey Respondents											
11a1. Alcohol use among individuals under 21 years old is a big problem in your community	469	2.03	(1.87 - 2.20)	25	5.1%	8,678	2.26	(2.16 - 2.35)	399	4.4%	NS
11a2. Your community should do more to prevent alcohol use among individuals under 21 years old	471	1.90	(1.74 - 2.07)	23	4.7%	8,757	2.02	(1.93 - 2.10)	320	3.5%	NS
11a3. 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	482	3.96	(3.77 - 4.16)	12	2.4%	8,893	4.03	(3.96 - 4.11)	184	2.0%	NS
Among Female Respondents											
11a4. Alcohol use among individuals under 21 years old is a big problem in your community	295	1.89	(1.73 - 2.06)	14	4.5%	5,388	2.12	(2.02 - 2.22)	292	5.1%	NS
11a5. Your community should do more to prevent alcohol use among individuals under 21 years old	294	1.80	(1.59 - 2.01)	15	4.9%	5,455	1.90	(1.82 - 1.99)	225	4.0%	NS
11a6. 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	301	4.10	(3.86 - 4.33)	8	2.6%	5,554	4.15	(4.06 - 4.23)	126	2.2%	NS
Among Male Respondents											
11a7. Alcohol use among individuals under 21 years old is a big problem in your community	174	2.18	(1.89 - 2.46)	11	5.9%	3,290	2.40	(2.24 - 2.56)	107	3.1%	NS
11a8. Your community should do more to prevent alcohol use among individuals under 21 years old	177	2.00	(1.74 - 2.26)	8	4.3%	3,302	2.14	(2.00 - 2.28)	95	2.8%	NS
11a9. 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	181	3.83	(3.51 - 4.15)	4	2.2%	3,339	3.92	(3.79 - 4.04)	58	1.7%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Mean value weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older. Mean values are based on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted mean (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD mean significantly higher than the state ($p < 0.05$); "-" = LHD mean significantly lower than the state ($p < .05$); "NS" = LHD mean not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 11b: Percentage who Somewhat or Strongly Agree with Measures related to Alcohol Use and Prevention, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	% Who Agree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	% Who Agree[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Among All Survey Respondents											
11b1. Alcohol use among individuals under 21 years old is a big problem in your community	469	79.5%	(72.2 - 85.2)	25	5.1%	8,678	72.0%	(68.7 - 75.1)	399	4.4%	NS
11b2. Your community should do more to prevent alcohol use among individuals under 21 years old	471	80.5%	(72.6 - 86.5)	23	4.7%	8,757	76.9%	(74.0 - 79.5)	320	3.5%	NS
11b3. 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	482	22.0%	(16.8 - 28.4)	12	2.4%	8,893	18.9%	(16.9 - 21.1)	184	2.0%	NS
Among Female Respondents											
11b4. Alcohol use among individuals under 21 years old is a big problem in your community	295	82.8%	(74.3 - 88.9)	14	4.5%	5,388	75.2%	(71.6 - 78.5)	292	5.1%	NS
11b5. Your community should do more to prevent alcohol use among individuals under 21 years old	294	83.3%	(72.8 - 90.2)	15	4.9%	5,455	79.7%	(76.4 - 82.6)	225	4.0%	NS
11b6. 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	301	19.3%	(13.7 - 26.6)	8	2.6%	5,554	17.8%	(15.3 - 20.6)	126	2.2%	NS
Among Male Respondents											
11b7. Alcohol use among individuals under 21 years old is a big problem in your community	174	76.0%	(63.7 - 85.2)	11	5.9%	3,290	68.8%	(63.2 - 73.9)	107	3.1%	NS
11b8. Your community should do more to prevent alcohol use among individuals under 21 years old	177	77.7%	(64.9 - 86.8)	8	4.3%	3,302	74.0%	(69.0 - 78.4)	95	2.8%	NS
11b9. 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	181	24.8%	(16.4 - 35.7)	4	2.2%	3,339	20.1%	(16.9 - 23.7)	58	1.7%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older; consisting of those who answered somewhat or strongly agree on a five-point scale consisting of 1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree

[c] 95% Confidence interval for the weighted percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD percentage significantly higher than the state ($p < 0.05$); "-" = LHD percentage significantly lower than the state ($p < .05$); "NS" = LHD percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

Table 12a: Mean Values for Measures related to Overall Health and Quality of Life, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	Mean[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Among All Survey Respondents											
12a1. How healthy is your community*	486	2.28	(2.17 - 2.40)	8	1.6%	8,933	2.37	(2.30 - 2.44)	144	1.6%	NS
12a2. How would you rate the overall quality of life in your community**	489	2.37	(2.24 - 2.49)	5	1.0%	9,035	2.41	(2.35 - 2.48)	42	0.5%	NS
Among Female Respondents											
12a3. How healthy is your community*	305	2.35	(2.24 - 2.47)	4	1.3%	5,573	2.39	(2.32 - 2.46)	107	1.9%	NS
12a4. How would you rate the overall quality of life in your community**	305	2.39	(2.24 - 2.55)	4	1.3%	5,647	2.42	(2.36 - 2.48)	33	0.6%	NS
Among Male Respondents											
12a5. How healthy is your community*	181	2.21	(2.02 - 2.41)	4	2.2%	3,360	2.35	(2.22 - 2.48)	37	1.1%	NS
12a6. How would you rate the overall quality of life in your community**	184	2.34	(2.14 - 2.54)	1	0.5%	3,388	2.40	(2.28 - 2.51)	9	0.3%	NS
Among Respondents 18-64 Years Old											
12a7. How healthy is your community*	279	2.33	(2.19 - 2.47)	1	0.4%	5,320	2.44	(2.35 - 2.52)	53	1.0%	NS
12a8. How would you rate the overall quality of life in your community**	279	2.42	(2.26 - 2.58)	1	0.4%	5,362	2.45	(2.38 - 2.53)	11	0.2%	NS
Among Respondents Aged 65 and Older											
12a9. How healthy is your community*	205	2.12	(1.99 - 2.24)	7	3.3%	3,563	2.06	(2.00 - 2.12)	85	2.3%	NS
12a10. How would you rate the overall quality of life in your community**	208	2.19	(2.06 - 2.32)	4	1.9%	3,622	2.22	(2.14 - 2.30)	26	0.7%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Mean value weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older. See footnotes * and ** for further description of the response scales.

[c] 95% Confidence interval for the weighted mean (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD mean significantly higher than the state ($p < 0.05$); "-" = LHD mean significantly lower than the state ($p < .05$); "NS" = LHD mean not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

* The response option scale for this question consisted of 1=very healthy, 2=somewhat healthy, 3=neither healthy nor unhealthy, 4=somewhat unhealthy, and 5=very unhealthy

** The response option scale for this question consisted of 1=excellent, 2=very good, 3=good, 4=fair, and 5=poor

Table 12b: Indicators related to Overall Health and Quality of Life, among Nebraska Adults aged 18 and Older, 2011

	East Central District Health Department					State of Nebraska					LHD Diff From State[f]
Data Measure	Sample Size (n)[a]	%[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	Sample Size (n)[a]	%[b]	95% CI (low --- high)[c]	Missing Data[d]	% Missing[e]	
Among All Survey Respondents											
12b1. Feel that the overall health in their community is somewhat or very unhealthy*	486	10.6%	(6.5 - 16.9)	8	1.6%	8,933	17.3%	(14.6 - 20.2)	144	1.6%	NS
12b2. Feel that the overall quality of life in their community is fair or poor**	489	8.0%	(4.3 - 14.4)	5	1.0%	9,035	10.9%	(8.9 - 13.3)	42	0.5%	NS
Among Female Respondents											
12b3. Feel that the overall health in their community is somewhat or very unhealthy*	305	12.1%	(8.0 - 17.8)	4	1.3%	5,573	18.2%	(15.6 - 21.1)	107	1.9%	NS
12b4. Feel that the overall quality of life in their community is fair or poor**	305	8.3%	(4.8 - 13.9)	4	1.3%	5,647	10.6%	(8.7 - 12.8)	33	0.6%	NS
Among Male Respondents											
12b5. Feel that the overall health in their community is somewhat or very unhealthy*	181	9.2%	(3.3 - 23.1)	4	2.2%	3,360	16.3%	(12.0 - 21.9)	37	1.1%	NS
12b6. Feel that the overall quality of life in their community is fair or poor**	184	7.7%	(2.4 - 21.9)	1	0.5%	3,388	11.2%	(7.9 - 15.7)	9	0.3%	NS
Among Respondents 18-64 Years Old											
12b7. Feel that the overall health in their community is somewhat or very unhealthy*	279	11.2%	(6.3 - 19.2)	1	0.4%	5,320	19.0%	(15.9 - 22.6)	53	1.0%	NS
12b8. Feel that the overall quality of life in their community is fair or poor**	279	9.2%	(4.6 - 17.3)	1	0.4%	5,362	11.5%	(9.2 - 14.3)	11	0.2%	NS
Among Respondents Aged 65 and Older											
12b9. Feel that the overall health in their community is somewhat or very unhealthy*	205	8.6%	(4.7 - 15.1)	7	3.3%	3,563	9.6%	(7.6 - 12.0)	85	2.3%	NS
12b10. Feel that the overall quality of life in their community is fair or poor**	208	3.7%	(1.7 - 7.9)	4	1.9%	3,622	8.2%	(5.4 - 12.1)	26	0.7%	NS

[a] Non-weighted number of survey respondents (excluding missing data)

[b] Percentage weighted by local health department region, gender, and age to reflect Nebraska's population aged 18 and older

[c] 95% Confidence interval for the weighted percentage (lower and upper confidence limits)

[d] Non-weighted number of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[e] The percentage of eligible survey respondents who answered 'don't know/not sure,' refused to answer the question, or were otherwise missing

[f] Values represent: "+" = LHD percentage significantly higher than the state ($p < 0.05$); "-" = LHD percentage significantly lower than the state ($p < .05$); "NS" = LHD percentage not statistically different than the state ($p > 0.05$); significant differences are based on 95% confidence interval overlap

* The response option scale for this question consisted of 1=very healthy, 2=somewhat healthy, 3=neither healthy nor unhealthy, 4=somewhat unhealthy, and 5=very unhealthy

** The response option scale for this question consisted of 1=excellent, 2=very good, 3=good, 4=fair, and 5=poor

Table 13: Demographics of Survey Respondents, among Nebraska Adults aged 18 and Older, 2011

NOTE: The demographic data presented below are simply to provide information about who completed the survey, and are not intended to be used to help explain differences between the LHD and State of Nebraska presented in Tables 1-12. The results presented in Tables 1-12 were weighed by participating local health department region, gender, and age to be reflective of the LHD and State of Nebraska population, where the resulted presented within this table are unweighted.

	ECDHDHD		State of NE	
Demographic	**n[a]**	**%[b]**	**n[a]**	**%[b]**
Total	494	100.0%	9,077	100.0%
Gender				
Female	309	62.6%	5,680	62.6%
Male	185	37.4%	3,397	37.4%
Missing Data	*0*	*0.0%*	*0*	*0.0%*
Age				
18-34	29	5.9%	662	7.3%
35-44	45	9.1%	959	10.6%
45-54	106	21.5%	1,617	17.9%
55-64	100	20.3%	2,135	23.7%
65-74	94	19.1%	1,734	19.2%
75+	118	24.0%	1,914	21.2%
Missing Data	*2*	*0.4%*	*56*	*0.6%*
Race/Ethnicity				
African American, NH	0	0.0%	51	0.6%
Asian/Pacific Islander, NH	3	0.6%	28	0.3%
Native American, NH	0	0.0%	65	0.7%
White, NH	466	95.9%	8,573	95.8%
Other, NH	0	0.0%	0	0.0%
Hispanic	17	3.5%	233	2.6%
Missing Data[c]	*8*	*1.6%*	*127*	*1.4%*

	ECDHDHD		State of NE	
Demographic	**n[a]**	**%[b]**	**n[a]**	**%[b]**
Education				
Less than High School	30	6.1%	490	5.4%
High School/GED	214	43.3%	3,159	34.9%
Some College	131	26.5%	2,786	30.8%
College Graduate	119	24.1%	2,616	28.9%
Missing Data	*0*	*0.0%*	*26*	*0.3%*
How long have you lived in your community?				
< 1 year	6	1.2%	130	1.4%
1-2 years	13	2.6%	254	2.8%
3-4 years	9	1.8%	349	3.8%
5-9 years	46	9.3%	802	8.8%
10+ years	419	85.0%	7,530	83.1%
Missing Data	*1*	*0.2%*	*12*	*0.1%*
How do you pay for most of your healthcare?				
Pay cash (no insurance)	46	9.5%	825	9.2%
Private health insurance	255	52.5%	4,623	51.7%
Medicaid	12	2.5%	256	2.9%
Medicare	158	32.5%	2,853	31.9%
Veteran's Administration	9	1.9%	212	2.4%
Indian Health Service	0	0.0%	18	0.2%
Other method	6	1.2%	147	1.6%
Missing Data	*8*	*1.6%*	*143*	*1.6%*

[b] Non-weighted number of survey respondents

[a] Non-weighted percentage of survey respondents by category

[c] Missing data reflect the number and percentage of survey respondents who answered 'don't know/not sure,' refused to answer, or were otherwise missing

Summary of Major Issues Identified by the Focus Groups

Five focus groups were conducted during April, May and June of 2011 in the East Central District. Three of the focus groups were located in Columbus (one of which was for the Hispanic population, and one was for youth, and one was for adults), one youth focus group was conducted in Schuyler, and one adult focus group in Genoa. While focus groups participants mentioned several positive things about their community, for the purposes of this Comprehensive Community Health Needs Assessments, only the issues and problems are summarized here, so as to better help communities select strategic targets. The ten most commonly mentioned issues are listed below.

1. **Safety.** Gang related crime and violence was a common theme throughout the focus groups. Several participants felt that their community was not safe. Many participants wanted law enforcement to be increased to meet the demands of the crime.

2. **Lack of activities for youth.** A prevalent theme throughout the focus groups was the lack of activities for youth. This was often cited as leading to alcohol and drug use among the adolescent population. Many participants wanted to see more in way of entertainment and activity for local youth.

3. **Racial tension.** Often mentioned as an issue in the community was the lack of social harmony between the white and Hispanic population. Some participants in the focus groups expressed frustrations about the illegal population of immigrants and the competition created for jobs with legal residents, as well as the lack of English skills. On the other side, Hispanic focus group participants cited racism in the work place and targeting/profiling by law enforcement.

4. **Alcohol use.** Problem drinking among both adults and youth was often noted as a danger in the community. The high number of bars and the lack of law enforcement led several participants to concerns over drinking and driving.

5. **Teen pregnancy.** Several focus groups discussed the problem of the rise in teen pregnancy and the need for education to prevent it.

6. **Lack of cleanliness.** Some focus group participants noted the high number of unkempt rental properties in their community. Trash in the streets and blighted business districts were also recognized as problems in the community.

7. **Lack of entertainment options for all ages.** Some participants expressed the need for healthy options for entertainment not only for youth, but for adults as well.

8. **Obesity.** High rates of obesity and unhealthy lifestyles were expressed by some participants.

9. **Aging community.** In more rural areas transportation was seen as an issue for the elderly. Also, some focus group participants identified the need for social activities and community outreach for the elderly.

10. **Roads.** Focus group participants mentioned the poor quality of roads in some areas and issues of traffic flow in Columbus.

Columbus Adult Focus Group (6/27/11)

1. **How would you describe your community?**
    - Proactive Community
    - Small town feel
    - Poor shopping/ short on retail
    - Not many activities for all ages
    - Pawnee plunge is a good youth activity
    - Safe community
    - Poor road construction
    - Good industry business-Columbus pulls in more industry than Fremont, but Fremont pulls in more shopping.
    - Confusion of Avenue vs. Streets
    - Youth Council is a good thing

2. **What do you view as strengths of your community?**
    - Plenty of organized youth sports
    - Good school system
    - Good Parks
    - Lots of senior programs/activities
    - Columbus Days
    - Variety of nursing homes
    - Art Council
    - Many pizza places
    - Many places to eat
    - Plenty of opportunities to volunteer
    - Great churches and church activities
    - Good Chamber of Commerce

3. **What are some of the things that you see lacking in your community?**
    - Lack retail, always have to leave town to shop
    - Empty buildings downtown and the mall
    - Road repairs-not being done correctly the first time and needed to be redone
    - Hard to keep small businesses going- small businesses are falling to the waste side because they are not able to keep up with industry businesses
    - Lack of public transportation: taxi's or nursing home vans
    - Better enforcement of Keep Columbus Beautiful-
    - specifically people not maintaining their lawns
    - Called Keep Columbus Beautiful 4 times and left message and nobody ever returned call
    - No entertainment for all ages
    - Lack of medical specialist
    - Disappointment in quality of care at the Columbus Hospital
    - Lack of interpreters at the Columbus Hospital

4. In your family or friends' families, what are your biggest concerns?

***the first 6 listed were the ones they thought as the biggest concerns

- Drugs and Alcohol
- Abuse: verbal and physical
- Hispanic gangs
- Not enough law enforcement
- Need to enforce the use of the English language: catering to Hispanics who are unable to speak English, feel if you live here you should speak the language
- Cabs: cabs unavailable after 6:00pm, if people are drinking alcohol they have no safe rides to call and end up getting behind the wheel after drinking
- Regulation of cell phones with kids and in schools
- Health care-quality of care received
- Need swift punishment of gangs
- Lack of adequate daycare: setting of home daycare vs. facility daycares-preference is for home daycares
- Trains-some block traffic for long periods of time when they stop
- Speeding traffic

5. How would you describe the interactions between community members of different backgrounds?

- Feel this is a racist town
- A need to develop respect without a handout between different classes
- Disappointed in Cargill and other industries for hiring directly from Mexico instead of hiring/recruiting from the community, possibly hiring illegal's
- Welcoming committee is a good thing
- This is a segregated town
- People need to take initiative to be a part of the community
- Hometown people have animosity with influx of Hispanics moving in
- What part of illegal don't we understand? Why are we catering to illegal's by giving them jobs and healthcare? Businesses to be held accountable for hiring illegal's
- Town is very "cliquey"
- Neighborhoods and church affiliates need to be key to building interactions within the community

6. 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?

- English/Spanish barrier
- The need for cabs/public transportation
- Gangs
- Vandalism
- Traffic flow at schools-Make it one way traffic (ex. At CMS make 17th and 18th streets one way traffic, could implement at all schools)

- Better law enforcement
- Twister Bar: Twister always had bands and/or tried to get some form of entertainment every weekend there but cops would sit out there and pull people over and since there are no safe rides people quit going. Twister also could have done a better job marketing the bands they were going to have there.
- Education for prevention of teen pregnancy
- Better tips for parents to know how to get involved in their children's lives and how to keep them from going down the wrong path: like drugs and alcohol.
- More scheduled activities with teenagers

Columbus Youth Focus Group (4/9/11)

1. **How would you describe your community?**
    - Safe compared to other places
    - Is "connected", especially in the summer with so many community events
    - Is a clean community

2. **What do people in your community do in their free time?**

    a). For fun?
    - Hang out with friends
    - Go to parks/ball fields, etc. where there are activities
    - Make videos
    - Go to the movies

    b). For physical activity/sports?
    - Ride bikes
    - Sports – soccer, basketball, softball
    - Drive Around
    - Walking, running, biking

    c). Other extracurricular activities?
    - 4-H, volunteer for the Arc Camp, etc.
    - Go out to eat
    - Shopping
    - Hang out at the Lake
    - Fishing
    - Volunteering (fundraisers, Simon House, camps)

3. **When you look around, what kinds of problems do you see in the community?**
    - Vandalism
    - Not enough for kids to do on the weekends (no one place for teens)
    - There is the theatre and bowling alley, but the roller rink is for younger kids
    - Problem with MIPs (alcohol use)
    - Drug use – they are too easy to access
    - Fighting, harassment (in and out of school)
    - Need to recycle more
    - Lack of security and awareness of what kids are doing

In particular to health:
- People leave to go to Lincoln and Omaha for procedures; think doctors are better in other places (this detracts from services and is not a
- good reflection for those who want to move here)

- We shouldn't feel that we need to go to another place for critical care
- We have great and friendly staff at our medical facilities

4. What do you think can be done about some of the problems you just mentioned?

- Provide more youth activities
- More awareness of what is going on by teachers
- Crackdown on alcohol sales by businesses
- Increase security and watch out for what kids are doing
- Teen Center – we need a place to hang out
- Looking for houses where kids are getting drugs (Police and parents)

5. In your opinion, what are some things that could make the community better?

- Rebuild the Downtown as a community center (just not growth on the edges)
- Create Downtown as a place for the community to gather
- Larger parking lots (it often feels crowded at Wal-Mart and other places)
- More choices for shopping (especially clothing)
- Family Fun Center
- Shopping so people don't leave town
- New Columbus Middle School – but some not sure we can afford it; the building is getting run down

In particular to law enforcement:

- Law enforcement could be better even though in schools as resource officers
- Feel current presence in the community is not enough
- Have concern about the response time by law enforcement
- Kids' parties are busted only once in a while with a call from someone but the parties are there every weekend, often at the same places

6. If you have a friend who had never visited your community before and they asked you what some of the best things about it were, what would you tell them?

- Has lots of food choices – especially for pizza!
- Peaceful
- Has a good number of clean parks
- Low crime rate
- It feels like it is the perfect size (not much traffic)
- Large County Fair
- Columbus Days are fun
- Pawnee Plunge (but we need a swimming area)
- Has places for sledding
- Downtown is nicely decorated and enjoy the Downtown Stroll

- Pawnee Park (Higgins Memorial and the River)
- Bike trails

7. Of all the issues we've talked about today, which do you think are the most important for your community to deal with?

- How to improve entertainment options
- Rebuilding Downtown (more stores, improve the buildings and area's houses)
- Address drug/alcohol problem as it effects the fighting and harassment issues
- Bringing in a variety of stores
- Don't feel safe in Downtown area at night; want fewer bars and need to limit the alcohol/bars in our town (take them out of the family places like the bowling alleys)

8. Is there anything else you'd like to tell me about your community?

- Columbus and its people are friendly
- Columbus is doing a good job of expanding – gave the examples of Pizza Ranch, the Pawnee Plunge, and efforts to bring in other franchises
- We need to put something in the old Hy-Vee, Menards and Walgreen buildings – this empty space is not a good reflection on our town as it is in a very busy area
- Organizations are asking the community for input about what to do
- Columbus is family-oriented

Columbus Hispanic Adult Focus Group (5/3/11)

1. **First, I would like to start by getting an idea of how you would describe your community. If you were talking with a friend or family member who had never been here, how would you describe your community to him or her?**
    - a calm place
    - cold (in winter)
    - adequate to raise a family
    - small
    - good (place) because of good health services
    - hospitals that help people with (low) income
    - bad experience at Columbus Hospital (no diagnose) (I took my son very sick, at the ER they told me he was very sick, that's all, then I took him to Norfolk, and they run tests on him and they told me he had influenza. Since then I seek care only there)
    - No racism (I feel that I can walk freely on the streets)
    - yes, racism (you should see at the work place[in the meat processors plant]!)
    - implementation of sports
    - [There are]topics in the community for adults and adolescents –at schools too-
    - ……..but Hispanics don't go [where I was, only one person was Hispanic]
    - -lack of information in the community

2. **What do you view as strengths of your community?**
    - Education (I like the school system and the staff, it is very good)
    - Health services
    - after school educational programs and after school activities (for kids)
    - this office-(Wellness Center), exercises and motivational programs
    - good jobs (compare to other places)
    - shops
    - public parks (is safe to go, there is vigilance)
    - sports

3. **How do you think your community has change in the last 5-10 years?**
    - geographically has grown
    - bilingual services (have increased)
    - more department stores
    - bigger stores (Wal-Mart, Hy-Vee)
    - sense of safety
    - more delinquency
    - more Hispanics, other races (other Hispanics)
    - more recreation places, exercises

4. **What are some of the things that you see as lacking in your community?**
    - daycares at the college (many young women do not study at the college because it is a hassle leave the small kids)
    - jobs for everyone
    - clean the snow from the streets more frequently
    - job/education opportunities for legal or illegal no matter the status
    - public transportation
    - drivers licenses for everyone with or without legal status like other states (Washington, Utah, Colorado).
    - medical office visits on Saturdays, (Good Neighbor CHC), at least every other Saturday
    - more clinic personal-or Health providers (at GN,)-[to reduce waiting time]too much waiting time at the clinic (at GN,)
    - have to make an appointment when it is an emergency --(unable to make a same day appointment for a sick child)
    - (would like) immigration documentation without mistakes (people feel cheated for so called professionals who filled out immigration papers – non-medical- with mistakes)

5. **In your family or your friend's families, what are your biggest concerns?**
    - job opportunities
    - been afraid of driving for not having a drivers license or the right documents (effective police surveillance)
    - Parents don't pay attention what their children are doing and / or how they dress (2)
    - Gangs
    - Car accidents- adolescent's fatalities
    - need more stop's signs in the corners (10)
    - Increased of robbery- and Hispanics are accused of delinquency (racism, stereotyping))
    - Increased discrimination –for been Hispanic
    - more teenage pregnancies and less support from their family (are occurring)
    - Facilitator's note: When participants were asked to grade the concerns , from the less important to the most important, 1 to 10, most graded # 1 the lacking of stop signs and #10 - the most important - job opportunities

6. **How would you describe the interactions between community members from different backgrounds?**
    - other liberal Hispanic groups (other Hispanics are too liberal)
    - fights between Hispanic groups (discussions)
    - Legal groups are more authoritarians (legal Hispanics are against illegal)
    - other legal Hispanics (Cubans) are not well seen by the community because they behave too liberal ---[and are too harsh, and they dismiss their own attitude saying "you know how we, the Cubans, are"]

- the situation with the Cubans is new, few months ago
- Cubans and other not all are bad, or the same, depends of the individual behavior.

7. Where do you go for health care?

- To the clinic –(GNCHC) if not insured
- If it is an emergency, to the Hospital
- specialist in Columbus or other communities
- Norfolk-Midwest Convenient Clinic (after hours and weekends schedule)—(1 person, the same with the "bad" experience at the hospital)
- private medical office—(4 persons)
- GNCHC –(9 persons)

8. From where do you get most of your health information?

- Brochures in Spanish-private doctor or at Good Neighbor's office.
- Head Start
- schools
- HHS-office
- My mom- on the phone, she is on another state
- TV-news
- Here, at the Wellness Center

9. How would you like to receive information

- mail
- Meetings-group teachings
- bulletins
- at the doctor's office

10. If task force was been formed to improve things in your community, what topics do you think they would need to address and why?

- Right immigration information, not raising false hopes (info is misleading)
- Bulling at schools-verbally and physically (kids at school have a real problem with that)
- Unfair teachers (teachers are not impartial, perceived as racist)
- prenatal care -for illegal women
- driver license or permits to drive (no matter what) (for illegal immigrants)
- jobs (creating and finding more)
- Fight Gangs, drugs
- daycare surveillance and investigations related to safety, child abuse, even surveillance with cameras

11. What kind of services and business are used most by the community members?

- Wal-Mart
- Mexican Stores/Super Saver
- Good Neighbor
- Gas stations
- Burger King
- Jails
- Chinese Restaurant
- postal office (mail)
- Wellness Center

12. What kinds of Services are not used by the community members?

- court house (afraid of)
- Police department- (afraid of report something)
- fire stations
- human services (afraid of)

13. What kinds of services do community members wish they had for everyone?

- safety at the trailer courts, schools, neighborhoods, streets
- expanding of the Wellness Center to include exercise machines for men, women and children, and for overweight children, also having a childcare service on site.
- public transportation
- Workshops in Spanish for adults and adolescents -(Manual labors teaching--hand crafting, sewing, carpentry, art, hairdresser, masonry
- English language classes- other languages -with flexible hours and daycare.(Saturday?)

14. How do you prefer to get your health information?

- One long workshop-----13 persons chose this answer
- Several short classes (1-2 hours each day for 4 weeks)
- c) I prefer to have someone come to my home to provide health information

15. What type of place would you like to go to get health information?

- A church
- Health Department ----(17 persons chose this answer)
- Library

16. Which of the following health conditions are your most interested in learning more about for you or a family member?

- Diabetes---------(17)
- Asthma----------(3)
- High blood pressure and heart problems----------(19)
- Obesity ----------(20)
- Preventing infant from dying----------(12)

Genoa Adult Focus Group (6/30/11)

1. **How would you describe your community?**
    - Close knit community
    - Very supportive community, finding community support is never a problem
    - Everyone is very helpful
    - Friendly
    - Nice to newcomers
    - Older community (people and buildings)
    - Unfamiliar people due to turnover of jobs, also lots of change of people living in rental properties due to the turnover of jobs.
    - Rental properties poorly maintained (Lots of green houses. Which means they are painted green and owned by the same person-they are not maintained well)
    - Closest transportation system is in Fullerton
    - People willing to help with transporting elders
    - No entertainment for all ages-lost the bowling alley
    - No new businesses

2. **What do you view as strengths of your community?**
    - Churches keep community unified
    - Community comes together for fundraisers. Ex) public pool and EMT's
    - Have a hospital and clinic in town
    - Have a good fire dept
    - Have more sports and education options since consolidating schools
    - Genoa head gates, camping, museum, veterans wall in park and Indian school are nice places to visit for visitors
    - Parks are being updated with a new pool and bathrooms
    - Lots of community events: Pawnee Days, Heritage/Antique tractor show, Old Fashion Christmas, Indian School Reunion
    - Elementary teacher teaches fitness classes and the medical facility teaches tai chi and yoga

3. **How do you think your community has changed in the last 10 years?**
    - People are returning to live and raise families (young farmers, 35 and under)
    - This year will be the 10th year of consolidating the school. This has brought kids from surrounding towns together
    - New streets and sidewalks on Main Street
    - New pool will be opened next summer
    - Preferred Sands and ADM will be built (head works west of Genoa) that will bring more jobs to the community

4. **What are some of the things that you see lacking in your community?**
    - Need more entertainment for all ages. Now all there is to do is eat or drink alcohol. There is no more theatre or bowling alley.
    - The town is pretty much shut down Sunday evenings and there is nothing for older people to do-especially in regards to dinner
    - No dentists or eye doctors, just MD and PA's
    - No law enforcement, closest is in Fullerton, but do have an excellent ambulance and fire dept.
    - Housing maintenance is poor- rentals, owned and vacant homes are not kept up-this makes the town look 'dumpy'
    - Need more community pride
    - Not a lot of community camaraderie

5. **In your family or friends' families, what are your biggest concerns?**
    - Taxes are very high in Genoa compared to other small towns and the tax increases are hard to meet
    - Parent concerns for children's entertainment (especially when they are older). There is nothing for kids to do. If school and community could get together and plan events (ex: roller skating in City Hall then the kids would have stuff to do. They used to let kids roller skate in City Hall years ago).
    - Lack of property maintenance

6. **How would you describe the interactions between community members of different backgrounds?**
    - No ethnic differences (very few Hispanics), in general the community is very friendly
    - No children being treated differently

7. **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?**
    - City beautification tax and enforcement of it
    - Landlords should enforce keeping rentals clean and kept
    - Need a movie theatre. That could employ older kids and give kids something to do
    - Bring more seniors to the senior center with more diversification in activities AND bring back the cinnamon rolls
    - Would like to see exercise stations in park
    - Have tried having youth centers, but could never get enough volunteers. Try a different approach to opening one
    - No golf course
    - Spread out activities/ days for Pawnee Days seem very compacted

Schuyler Youth Focus Group (6/29/11)

1. **How would you describe your community?**
    - Peaceful
    - Certain community events are fun like the 4th of July
    - Quiet
    - A lot of drinking alcohol-teenage and adult drinking
    - No arcade anymore
    - Not clean-in certain parts of town there is garbage everywhere and lawns poorly maintained
    - Not a lot of news
    - Lots of parties on Saturday nights
    - Boring most of the time-not a lot to do for teenagers
    - Unsafe (per the girls in the group), said if they walk any where people are always yelling stuff at them or honking and trying to get them in their cars.
    - Lots of Hispanics
    - Nosy people, everyone knows everything about everyone
    - Lots of volunteers, example during the flooding
    - Movie theatre is not open on the weekdays

2. **What do people in your community do in their free time?**
    - Dodge-ball tournaments
    - Baseball
    - Go to lake and rivers to swim
    - Play soccer-either club soccer or soccer on the tennis courts
    - Volleyball
    - Dance parties in the parking lot of the Oak Ballroom, in the middle of roads, or old bowling alley
    - Walk or “creep” around town
    - Church retreats
    - Watch TV
    - Run
    - Sleep
    - Cruise around in car
    - Skeet shooting
    - Cookouts/BBQ’s with friends and family
    - Drink alcohol
    - Smoke weed
    - Participate in community events like the 4th of July
    - Shot off fireworks

3. **When you look around, what kinds of problems do you see in your community?**
    - Trash and dirt everywhere
    - Nobody recycles
    - Everyday there is glass beer bottles in streets and alley's (people throw beer bottles at stop signs and they miss and the glass gets all over the streets)
    - Drug busts (1 this year)
    - Reckless driving
    - Gangs
    - Lots of stores are closing down
    - Not a lot to do for teenagers
    - Lots of young pregnancies
    - Graffiti
    - Parks not well kept- South park not kept up as well as North park
    - Lakes by golf course not well maintained-can't sit on benches and there is no fish

4. **What do you think can be done about some of the problems you just mentioned?**
    - Better city council members (people that actually care about this community)
    - City council stop focusing on the little things and focus on big things. Pay more attention to the gangs instead of being afraid of them. (City council is afraid of the gangs, a members car got shot up twice, once at home and once at Any Time Fitness).
    - Fine for not recycling or charge more for garbage if people do not recycle
    - Promote healthy relationships
    - Sex education for both sexes or handout condoms
    - Get cops that care- law enforcement needs to step up and do a better job at protecting this community

5. **In your opinion, what are some things that could make the community better?**
    - More community involvement-cleaning of neighborhoods, yards, not blaming others for not cleaning.
    - People coming together to help each other out to benefit the community and make community look nicer
    - Enforce lawn mowing and maintenance law
    - Have teachers that care
    - Improve education/more graduation requirements
    - Bring back the arcade, bowling alley, and McDonald's
    - Need more role models or leaders for youth to look up to

6. **If you had a friend who had never visited your community before and they asked you what some of the best things about it were, what would you tell them?**
    - Nice people live here
    - Peaceful parks/ lots of nature (trees)
    - Not a lot of big crime
    - People really like to play soccer here
    - Good restaurants and if you ask nicely they will give you discounts if you can't afford it
    - Lots of fairs and festivals
    - Good high school soccer team (state runner-up)
    - Life teen program
    - Small town people- everyone knows you
    - Lot of construction or work available
    - Have a mosquito spray killer

7. **Of all the issues we've talked about today, which do you think are the most important for you community to deal with?**
    - Gangs
    - Better roads
    - Make community safer
    - Better law enforcement
    - Better enforcement of cleaning property and trash in roads
    - Make community more attractive for businesses and to the eye
    - Better school
    - Academics-not many people go to college, many of them do not even think about going
    - School isn't preparing kids for college. The people that do go to college go and drop out right away move back and work at Cargill.
    - Kids show up to school high-lots of drugs in school. Kids will put weed in their pens or carry it on them while the drug dogs are in the school.

Youth Photographs of the Community

Youth from the four counties in the East Central District were given cameras and asked to take photos of subjects falling under five themes: physical health and activities, access to care, public health threats, historic, and positive influence. Photos of athletic fields and gyms were commonly taken for the physical health and activities theme; local health clinics and hospitals were common subjects for the access to care theme; blighted properties can be most commonly seen under the theme of public health threats; there were various photos of historic buildings and businesses that can be seen under the historic theme; each county had a picture of a church under positive influence; war memorials were also common subjects for the positive influence theme. Over 100 photos were taken by the local youth. Following is a small sample.


NO
MOTOR
VEHICLES
BIKE ROUTE


EVERYDAY
HEROES


1818

Appendix B

Forces of Change Assessment

Representatives from various community agencies gathered on October 20, 2011, to answer the question: What trends, factors and events are or will be influencing the health and quality of life in our communities and/or the work of the public health system? They selected the following 12 issues.

1. **Increase in preventable health issues**
    - Heart disease
    - Increase in environmental contaminants
    - Cancer
    - Diabetes
    - STIs

2. **Aging Population**

3. **Substance abuse**
    - Increase in severe co-occurring issues
    - Behavioral health is a key

4. **Changes in medical system delivery**
    - Need for self-management of health
    - Patient-centered medical home
    - Access to affordable health care
    - Long wait times for services
    - Affordable health care legislation

5. **Epidemic of obesity**
    - Increase in fast food venues
    - Promotion of junk food
    - Rise of obesity

6. **Increase in teen pregnancy**

7. **Loss of rural network and resources**
    - Aging infrastructure in small towns, i.e. water, sewer
    - Rural communities left behind
    - Out-migration
    - Lack of young professionals
    - No FEMA shelter
    - Natural disasters - flooding
    - Lack of adequate housing
    - Lack of transportation

8. Collaboration for positive change

- Quality of life
- Hospital expanding
- Good agency support
- Giving community
- Increase in workplace wellness
- Technology
- Look to future

9. Negative Economic Environment

- Down economy and poverty
- Loss of Nebraska prenatal care
- Reduction of federal funding
- Access Nebraska does not work
- Legislation
- Lack of resources
- Challenge of Medicaid - authorization and access
- Tea Party movement - political climate
- School bond issue did not pass
- Cut backs in funding for services
- Burnout among providers
- Lack of transportation

10. Rise in Gang Activity

- Crime and violence
- Drug and alcohol abuse

11. Intolerance of Cultural Differences

- Less transient population
- Language barriers
- Diverse issues
- Negative race relations
- Low education
- Cultural and ethnic changes

12. Changing Family Unit

- Breakdown of the family unit
- Decrease in marriage rates
- Busy families
- Single-parent families

Appendix C

Local Public Health System Performance Standard Assessment Report

The People

The East Central District Health Department completed the performance standard assessment for the third time on May 25th-26th of 2010. Approximately 55 individuals participated in the assessment process and included representation from the following members of the Public Health System:

Morning Session on May 25th, 2010 – held from 8:00am-12:00 noon

1. American Red Cross
2. The ARC of Platte County
3. East Central District Health Department
4. Good Neighbor Community Health Center
5. Central Community College
6. Columbus Community Hospital
7. Boone County Hospital
8. Rainbow Center – Mental Health Center
9. Columbus Public Schools
10. City of Columbus Parks and Recreation Department
11. Harold Stevens Accounting
12. Greystone Manufacturing
13. Center for Survivors
14. Sertoma Service Club
15. Crisis Navigators
16. Platte County Emergency Management
17. Columbus Family Practice (Private Medical Clinic)

18. Connect Columbus
19. Local Board of Health public minded citizen
20. Board Member and medical user of the Community Health Center

How does this compare to previous assessment processes? In 2002 the assessment was completed with 58 individuals representing 38 agencies. In 2004 the process had over 50 participants but no track was kept of the agencies they represented.

The one difference that was remarkable was that the members present did not represent all four of the counties – only three counties were represented. This change in participation was noted and will be discussed in the essential service section below. Over 300 invitations were sent out to the event including broad representation of all schools, all providers, all hospitals.

One major difference over previous assessments was that follow-up calls were not done. This may have affected participation.

The Process

The assessment was held in one of the education rooms at the Columbus Community Hospital and was facilitated by Deb Burnright a Technology of Participation (ToP) facilitator. During the 2004 assessment we also used an outside facilitator but not one that was a ToP facilitator. We felt that the use of the ToP methods provided the ECDHDHD with a more participative process then in the two previous NPHPS assessment. The ten essential services were divided into three groups with separate participants attending the sessions. This was similar to the system used in 2004 and is still seen as desirable after the 2010 assessment. Three large sessions with four essential services covered on the morning of May 25th, three essential services on the afternoon of May 25th and three essential services in the morning of May 26th. Differences between the 2010 assessment and 2004 assessment were multiple:

- The “MAPP egg” diagram was posted at every table.
- The essential services were posted in the room and in-between every two participants on the tables.
- The tables also had copies of the evaluation tool for the essential services under consideration.
- Before each group started they were given a brief orientation to the public health system and reminded that the assessment was not looking just at ECDHDHD as the health department but at the public health system.
- A short description of why the assessment was important to the future strategic plans of the community was done and participants were notified that this one of four MAPP assessments that would be completed that would make up the base of the rationale for new strategic areas in the public health system.
- A brief introduction was given as to the activities we would undertake to achieve the evaluation of the ten essential services.
- Introductions were done which included a distinct “ice breaker” question.

As in 2004 the assessment process began with the reading of the “the gold standard” for each essential service by the facilitator followed by voting. In 2010 this was accomplished by having participants read a paragraph at a time. When the essential service description was completed and questions answered participants were asked to discuss how our public health system compared to the gold standard in small groups dedicated to each sub-section. Each subsection was also asked to identify who was doing what in our service area and to identify any gaps. Each essential service sub-groups discussed and brainstormed on the individual components of the essential service.

Using the ToP method allowed the group to think, talk and work together on the service. The groups recorded the ideas on half-sheets of paper for presentation. The sub-groups then presented to the larger group on what was going on in the ECDHDHD public health system. The picture below shows a local county emergency manager presenting on essential service number 5 and standard 5.4. The sub-groups choose their own presenters who presented to the entire body of participants.

Once the standard was presented to the group as a whole by individual members the group would discuss any common themes found within the essential service and any gaps that were noted in this service. Gaps were recorded using bright orange paper. As can be seen from the photo below the brainstorming and discussion by community members yielded a wide variety of responses. In the appendix of this document is the work of the groups which has been archived for use later in the MAPP process when we do strategic planning. This process was much better than the process used in 2004 when this step was done minimally by the group verbally and not recorded in written

format or discussed in small groups to facilitate brainstorming. The use of ToP facilitation was a great way to review the essential service and capture information that might otherwise be lost.

Once discussion on all components of an essential service was completed the group voted on the performance of the public health system using pre-printed voting ballots found on NPHSPS web-site tool kit. While this worked well we found that the pre-printed ballots were hard to see in a large group and the next time the ECDHDHD does this assessment we will back the ballots with solid color construction paper of the same color so that they are easy to identify before we laminate the ballots. In 2004 solid colored ballots only were used. Once the group voted the information was collected on a large post-it sheet by a recorder, these sheets were then kept up throughout the process. At the completion of any essential service the group then prioritized the service's importance to the public health system.

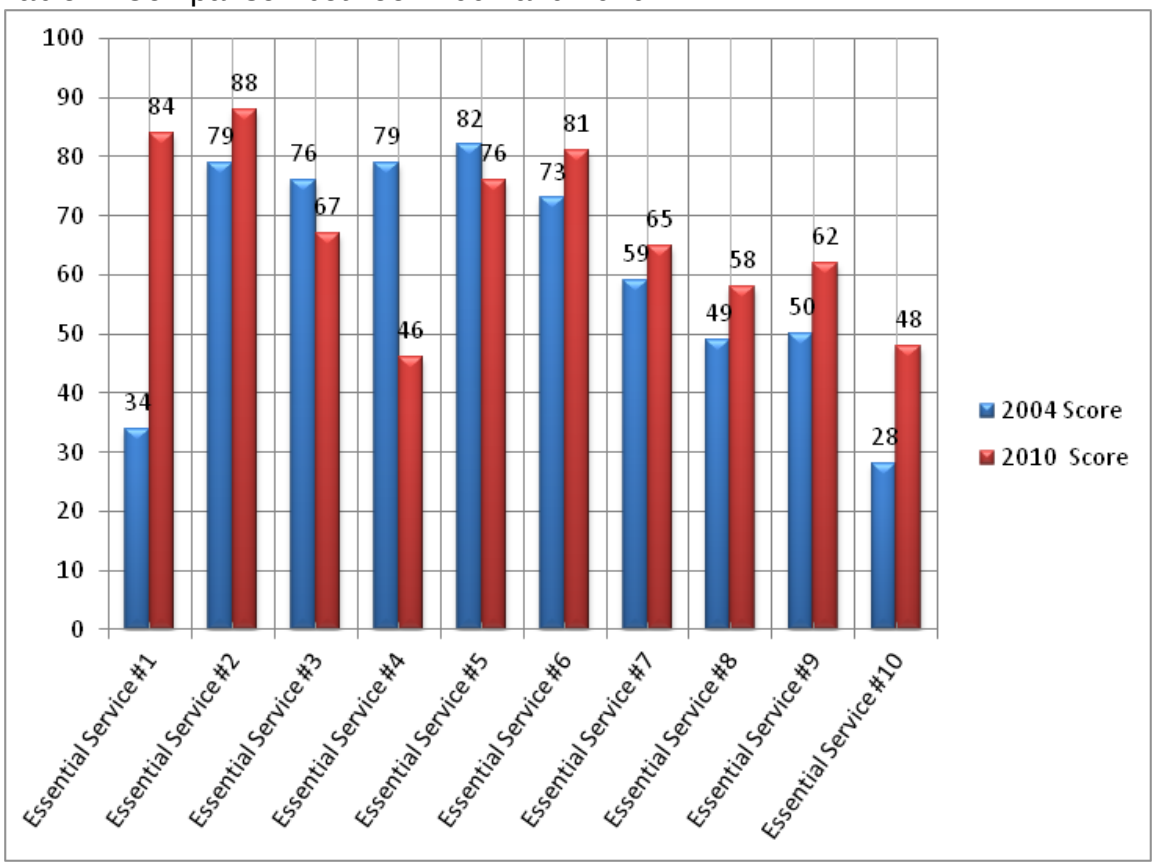
Summary of Performance Scores Comparison 2004 & 2010

How well did the system perform the Ten Essential Public Health Services compared to 2004? In all but three indicators we showed improvement. The seven essential services which showed improvement were:

1. Essential Service #1- Monitor Health Status to Identify Community Health Problems.
2. Essential Service #2- Diagnose and Investigate Health Problems and Health Hazards.
3. Essential Service #6- Enforce Laws and Regulations that Protect Health and Ensure Safety.
4. Essential Service #7- Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable.
5. Essential Service #8- Assure a Competent Public and Personal Health Care Workforce.
6. Essential Service #9- Evaluate Effectiveness, Accessibility, and Quality of Personal population-based Health Services

7. Essential Service #10- Research for New Insights and Innovative Solutions to Health Problems

Table 1: Comparison between 2004 and 2010



The three essential services that did showed the department losing ground since 2004 included:

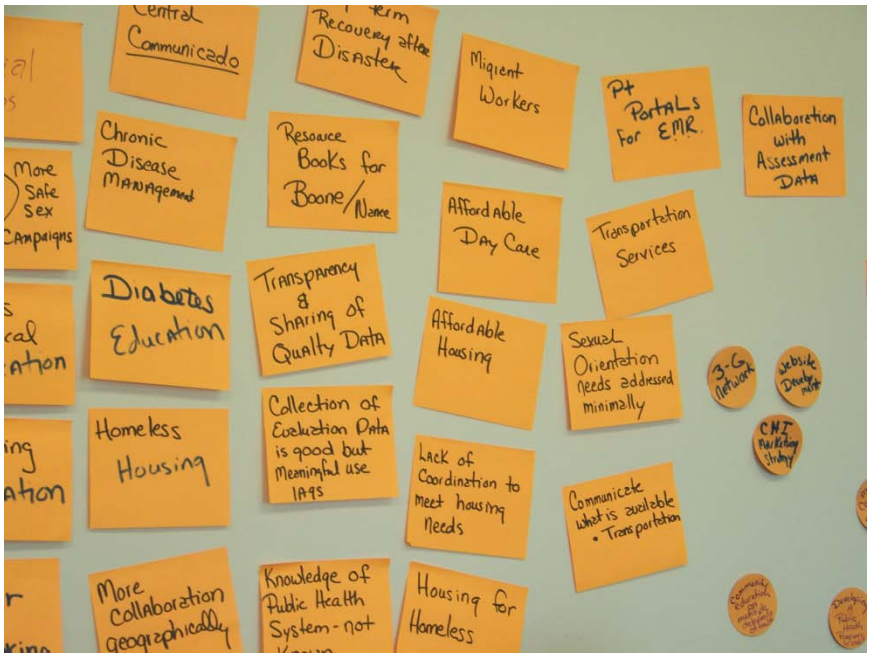
1. Essential Service #3- Inform, Educate, and Empower People about Health Issues.
2. Essential Service #4- Mobilize Community Partnerships to Identify and Solve Health Problems.
3. Essential Service #5-Develop Policies and Plans that Support Individual and Community Health Efforts.

All of these were scored the first morning session by the first morning participants. The concern here was how well the entire public health system performed in all four counties. While I really feel we are doing more to educate more people the overall feeling was that more needs to be done in the more remote counties before we can consider our work a success and more needs to be done by the public health system.

Gaps Identified

Many gaps were identified for the East Central District Health Department Community during the review of the NPHPS. The process generated the following list of public

system “gaps” that the group felt should be brought forward into the MAPP Community Health Profile.



The Gaps were maintained together and will be brought forward and compared to the gaps reported in the other MAPP assessments. The list of gaps is found below:

1. The current Special Populations Emergency Plan does not address Language Barriers
2. Lack of Public Health Policies at the local Public Health System level, depend upon state policies in many areas.
3. Public Health in general is not on the radar of our State Legislature Members
4. There is a lack of involvement of elected officials in Emergency Management at the local level.
5. There is a communication gap between the Environmental Protection Agency and members of the local public health system (ECDHD environmental program staff).
6. There is inconsistent reporting of communicable diseases by the area local providers to the local public health department.
7. Before emergencies the Local Public Health System emergency responders need to coordinate policies and during community emergencies the Local Public Health System members need to coordinate responses.
8. Written protocols are needed for 2.2.1 and 2.2.2.2.
9. No assessment of the public health workforce has been completed at the local or state level.
10. The local board of health needs an established board mentoring program for its new members.
11. There needs to be more communication between members of the Local Public Health System on workforce educational opportunities.

12. There needs to be more work done in the area of Local Public Health System agencies on website development – agencies are not using current technology.
13. There is no current marketing strategy for the Community Health Profile, community members do not how to access the information.
14. There is a lack of knowledge in the public health system workforce and in the community on “Multiple Determinants Of Health”
15. There is a need to develop local public health programs that could lead to college credits.
16. The ECDHDHD area has no 3G network limiting the technological ability for individuals to access information.
17. Individuals within the district are not aware of the transportation service offered by ECDHDHD.
18. Individuals within the district are not aware of the services ECDHDHD provides.
19. Sexual Orientation needs are minimally addressed in the service area
20. The district lacks transportation services.
21. Need to explore patient portals for Electronic Medical Records.
22. There is a need for the members of the Public Health System to complete only one assessment process every three to five years.
23. Add communicable disease data to the Community Health Profile document.
24. There is a need to expand the capacity for Housing for the Homeless.
25. There is a lack of coordination to meet housing needs.
26. There is a lack of affordable housing.
27. There is a lack of affordable day care.
28. There are gaps in Behavioral Health services.
29. There is a lack of education on underage drinking.
30. There is a lack of parenting education attendance.
31. There needs to be more opportunities for fitness education
32. There needs to be more emphasis on safe sex campaigns to prevent HIV/AIDS & STDs.
33. More education on Chronic Disease Management
34. More diabetes education
35. Need more collaboration among all public health system agencies in the ECDHDHD.
36. The ECDHDHD needs to address more needs regionally.
37. There needs to be more knowledge about what agencies make up the Public Health System.
38. Collection of Health Evaluation Data is good but the meaningful use and interpretation of such data lags behind.
39. There needs to be transparency and sharing of quality data affecting the public health system among members.
40. Resource books need to be developed for Boone and Nance Counties.
41. Lack of plans for long term recovery after a disaster.
42. Migrant worker issues are not well addressed.
43. The public health system to include ECDHDHD needs to establish better relationships with local county attorneys.

44. There is a lack of public motivation to address environmental and food safety issues.
45. Lack of staff time and dollars to address needed law and regulation changes.
46. No local city or county tax funds support local public health initiatives.
47. Lack of local laws and regulations for public health (environmental health)
48. Need for stronger support and continuity from the state health department
49. Need for ECDHDHD to have a regular public health talk show and/or regular newspaper column
50. Lack of political clout or will to carry out public health changes or regulations
51. Funding for public health is a low priority for local politicians
52. Lack of funding for public health core functions
53. LEOP does not get participation from local stakeholders
54. HP- Special Populations

Essential Service #3: Inform, Educate and Empower Individuals and Communities about Health Issues		
3.1 – Health Education and Promotion	3.2- Health Communication	3.3 – Risk Communication
Red Cross – First aid training, CPR Hospital Community Health – Colorectal cancer, Breast feeding, prevention Hospital Community Health – All shots. ED, Hand washing Safe Kids – Car seat, Bike helmets AA – Alcohol support NA – Drug support Center for Survivors – Education Rainbow Center – Mental health (education) ECDHDHD – Radon, mold, asbestos, clean indoor air ECDHDHD – HIV education ECDHDHD – Child safety education ECDHDHD – West Nile Virus education ECDHDHD – Emergency preparedness ed. ECDHDHD – Balance and activity for elderly ECDHDHD – Substance abuse prevention ed. ECDHDHD – Early development for children 0 – 3 years ECDHDHD Hand washing, illness prevention GNCHC – Diabetes education ECDHDHD – Weight loss education ECDHDHD – Tobacco health education ECDHDHD – Educating about physical activity ECDHDHD – Put health assessment data on web site Crisis Navigators – Crisis intervention prevention GNCHC – Normal child development GNCHC & UNMC – Oral hygiene in schools GNCHC – Breast exams, testicular exams American Cancer Society – Breast cancer awareness GNCHC – Medication education CPS – Health curriculum at all grade levels Region 4 Behavioral Health – EPC.Mental health diagnosis ECDHDHD– Board member – Industry EPA – First aid, hand washing, OSHA, prevention proper body mechanics, back, neck, arms feet CNCS – Parenting, budgeting CPS – Dental health, hand washing, hygiene, puberty CPS – Classroom presentations CPS – Health education speaker – SHF CPS – Pamphlets, health education CPS – Parent notes, newsletter information Columbus Com. Hospital – Diabetes ed. Columbus Com. Hospital – First Step (OB Dept.) Regional 4 BH – Common Ground training, Recovery Regional 4 BH – Psych. First Aid ECHD – Prevention education Parenting classes Regional 4 Behavioral Health – Mental Health First Aid CCH – Breast feeding	Newsletters Blast fax emergency info HAN Web pages NA Nat'l, state, local health disparity groups ECDHDHD Columbus Community Hospital Red Cross Central Community College Senior Citizen's Center Library Specialty support groups Sertoma Lions Rotary Eagles VFW Media outlets, newsletters, etc… Emergency notification system Toastmasters	ECDHDHD – PHER, agency coordination Goodwill – Resource Red Cross – Response & resources Law enforcement – 911 Response education Salvation Army – Resources CCH – Planning, education Schools – Risk education United Way – planning 211 information Emergency management – Plan, respond

Essential Service #4: Mobilize community partnerships to identify and solve health problems	
4.1 – Constituency development	**4.2 - Community partnerships**
Resource book (2001) 211 directory – Connect Columbus Board constituency Annual meeting Community colleges, School programs (Internships, shadowing, work projects) Web pages, public announcements School system, public & private Religious community, churches Emergency response groups OB pt. Columbus Community Hospital and all others General community Teens Insurance, Private and public, example – BCBS, Medicaid, Medicare Specialty groups Seekers of Serenity	Bone Hospital – ECDHDHD – WIC Community emergency providers LB 1184 Quality of Life Center Platte County violence prevention Schools safety committee & Crisis Team collaborate with law enforcement & Faith-based entities Family Resource Center Back to Basics – Prevention coalition, Substance abuse Safe Kids Coalition Tobacco Free coalitions Colorectal coalition Dental clinic, Good Neighbor, UNMC & schools & Student Health Fund, Dental health services Project Guardian Angel United Way Connect Columbus Behavioral Health Coalition P.A.C.E. – Physical activity comes easy Schools & CNCS partnership 21st Century Grant – School/Extension service Parent to Parent Network Connect Columbus – collected information on other counties

Essential Service #5: Develop policies and plans that support individual and community health efforts			
5.1 – Governmental presence at the local level	5.2 – Public health policy development	5.3 – Community health improvement process and strategic planning	5.4 – Plan for public health emergencies
ECDHDHD County commissioner contacts ECDHDHD BOH strong relationships Good relationship with state	Some success at state Frustrating at local level (mold, etc.) Have testified in front of Council (radon youth behaviors, etc)Efforts that have been successful have been on backs of PH promotion & ed efforts School system looks to LHD to help write PH policy	MAPP community process Strategic planning Focus groups Joint assessment C.C., ECDHDHD & probation	LEOP – Emergency, PH, stakeholders Mass care plan – Red Cross Disaster drills – schools Special population plans – Special Population Coalition Foreign animal disease – LEADERS Hazmat – LEPC ENS – Emergency manager Annual bioterrorism symposium – DHHS Terror exercise – SEOP Emergency plans – Public power Disaster plans – CCH Surge capacity plans – RRI, MRS Volunteer coordinator – United Way Pandemic influenza plans – ECDHDHD PHERP – ECDHDHD All PH hazard plan – ECDHDHD

Essential Service #6: Enforce laws and regulations that protect health and ensure safety.		
6.1 – Review and evaluation of laws, regulations, and ordinances	6.2 – Involvement in the improvement of laws, regulations, and ordinances	6.3 – Enforcement of laws, regulations, and ordinances
NE has 10 Essential Services law Identified issues (Radon, food safety, quarantine, mold) Hospitals, Clinics – Aware of Medicaid, Medicare EMS, water, MH – Should be aware of regulations USDA – Regulates food safety Reviewed PH laws in 06 – 07 State PH law attorney Darnell Klein Sit on state Public Health law team Schools aware of state regulations	MAPP process helps identity Infrequent roundtables to give input Tobacco & B2B coalitions involved Environmental health issues Smoke Free NE – CIAA Lead contractor laws Asbestos medication disposal	Closing of schools in a disease outbreak – ED, admin., ECDHDHD Restrict entrance to a dangerous area – ER & law enforcement DOT – ED, ECDHDHD Immunizations – DHHS, State, VFC Isolation & quarantine – ED, ECDHDHD Clean Indoor Act – DHHS Compliance checks for tobacco & alcohol prevention – ECDHDHD, Coalition, Law enforcement

Essential Service: #7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	
7.1 – Identification of personal health service heeds of populations	7.2 – Assuring the linkage of people to personal health services
People with disabilities (ARC, Region IV) Developmental concerns in children – EDN Homeless – Harbor of Hope referrals – CNCS Substance abuse – AA, Crisis Navigators, private providers, NA, Catholic Charities, SOS Under and uninsured – Sliding fee – GNCHC, Catholic Charities Non-English speaking – Interpreters – CCH, ECDHDHD, education info in Spanish Elderly – Senior Center clinics Poverty – Sliding fee scales – Catholic Charities	Churches, civic org., Extension, UMO Rescue Mission, Platte Co. Emergency Services Simon House, Rainbow SOS, Catholic Charities Senior Center Youth 4 Christ, HHS Center for Survivors Hospitals, UNMC, Alegent Connect Columbus, Crisis Navigators Red Cross, United Way CCC, Public Schools Wick, CNCS, Schools

Essential Service #8: Assure a competent public and personal health care workforce.			
8.1 – Workforce assessment, planning and development	8.2 – Public health workforce standards	8.3 – Life-long learning through continuing education, training, and mentoring	8.4 – Public health leadership development
National Standards and Competencies Shared competencies among "like" agencies State shortage area on HC providers	State standards met ECDHDHD – requires licensure CCH – Nurses licensure CCH reimburses for continuing ed. hours Credentialing & privileging at CCH & ECDHDHD ECDHDHD – presenters for staff CEU's (to keep licenses current) CCH & ECDHDHD has annual job evals Board approved job descriptions (ECDHDHD)	Public Health Leadership Institute – UNMC Tuition reimbursements – CCH, ECDHDHD Leadership clubs – Chamber Continuing education – Public Health association BH services – US Public Health Corp Continuing ed. for board members – Nat. Ass. of BOH – SALBOH Dental students & residents – GNCHC , Dental, & UNMC Outpatient continuing ed for providers and citizens – CCH Internship – High school – Columbus High School Resource Center	GPPHLI Leadership Columbus ToP facilitation training CEU PHER R/T H1N1 Broad coalition membership Board guidance Input to strategic plan – Community, staff

Essential Service #9: Evaluate effectiveness, accessibility and quality of personal and population-based health services.		
9.1 – Evaluation of population-based health services	9.2 – Evaluation of personal health services	9.3 – Evaluation of the local public health system
Pre and post testing Dental health - # of students served, screening results H1N1 shots - % of population immunized Consumer focus groups – gain input on individual access, satisfaction Region 4 Behavioral Health – Consumer satisfaction surveys – Program focused – satisfaction accessibility, effectiveness CARF School based speaker program – Pre & post tests (students/staff) Tobacco Prevention (YBRSS, Tobacco Free NE conducts statewide surveys, CDC has specific data) Physical Activity Comes Easy (PACE) – telephone survey showed 14.4% of community is aware of PACE YFC teen pregnancy rates Daily education Available by work cell phone – Crisis Response Bilingual services Performance measures Immunization NESIIS (monitoring) Individual participant assessments – Questionnaires on opinions of interest Rainbow Center – Send out surveys (CARF, HHS)	FQHC Joint Commission Funders Patient satisfaction surveys (GNCHC) Nursing homes – Assisted Living – DHHS Community & General populations Red Cross – OSHA – CPR, First aid education needs Disaster response – After Action rep United Way – Outcomes measures Domestic Violence (Are You Safer, Know More Resources)	College – CCC Civic organizers Medicare, Medicaid visits Sentinel events/deaths Patient satisfaction surveys T.J.C. Grant site visits Health Department Homeless shelters Red Cross Local physician offices Mental health providers Law Enforcement Local Area on Aging State agencies, Health Dept. Schools EMS Community hospitals
Essential Service #10: Research for new insights and innovative solutions to health problems.		
10.1 – Fostering innovation	10.2 – Linkage with institutions of higher learning and/or research	10.3 – Capacity to initiate or participate in research
Community coalitions (Ex. Back to Basics) Telehealth QPDs in multiple locations Grants incorporate best practices	BHRS (HHS) National Public Health lab for West Nile Possible info. To be used by CDC UNMC students Nursing colleges PH textbook participation	UNMC will do some research Have not had research to disseminate

Appendix D

Community Partners

Following is a list of community agencies that have participated in MAPP. Collaboration with these partners is vital for shaping the focus of public health efforts in the East Central District.

- Alegent Health Memorial Hospital in Schuyler
- American Red Cross
- ARC of Platte County
- Board Member and medical user of the Community Health Center
- Boone County Hospital
- Catholic Charities
- Center for Survivors
- Central Community College
- The Child Well-Being Initiative
- City of Columbus Parks and Recreation Department
- Columbus Chamber of Commerce
- Columbus Community Hospital
- Columbus Family Practice (Private Medical Clinic)
- Columbus Public Library
- Columbus Public Schools
- Connect Columbus
- Crisis Navigators
- Department of Health and Human Services
- East Central District Health Department
- ESU #7
- First United Methodist Church
- Genoa Community Hospital
- Good Neighbor Community Health Center
- Greystone Manufacturing
- Harold Stevens Accounting
- Local Board of Health public minded citizen
- Loup Public Power
- Meadows Behavioral Health
- Platte County Emergency Management
- Platte Valley Diversion
- Quality of Life Center Committee
- Rainbow Center – Mental Health Center
- Sertoma Service Club
- Time 4 Change
- United Way of Columbus
- Village of Duncan
- The YMCA

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