



2015 East Central District Comprehensive Community Health Needs Assessment



**EAST-CENTRAL DISTRICT
Health Department**
PLATTE, COLFAX, BOONE & NANCE
Better Health Through Partnerships



Report prepared by Schmeeckle Research in conjunction with the East Central District Health Department

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Introduction

Overview of the Comprehensive Community Health Needs Assessment

Under the direction of the East Central District Health Department, the 2014 *Comprehensive Community Health Needs Assessment* has been devised for the four counties in the East Central Health District (Boone, Colfax, Nance, and Platte Counties in Nebraska). This assessment was conducted in partnership with multiple agencies within the district and will be the basis for the Community Health Improvement Plan (CHIP). This assessment will also serve as a reference document for the four non-profit hospitals in the district to assist in strategic planning. It is the purpose of this assessment to inform all interested parties about the health status of the population within the district and to provide community partners with a wide array of data that can be used to educate and mobilize the community and its resources to improve the health of the population.

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

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

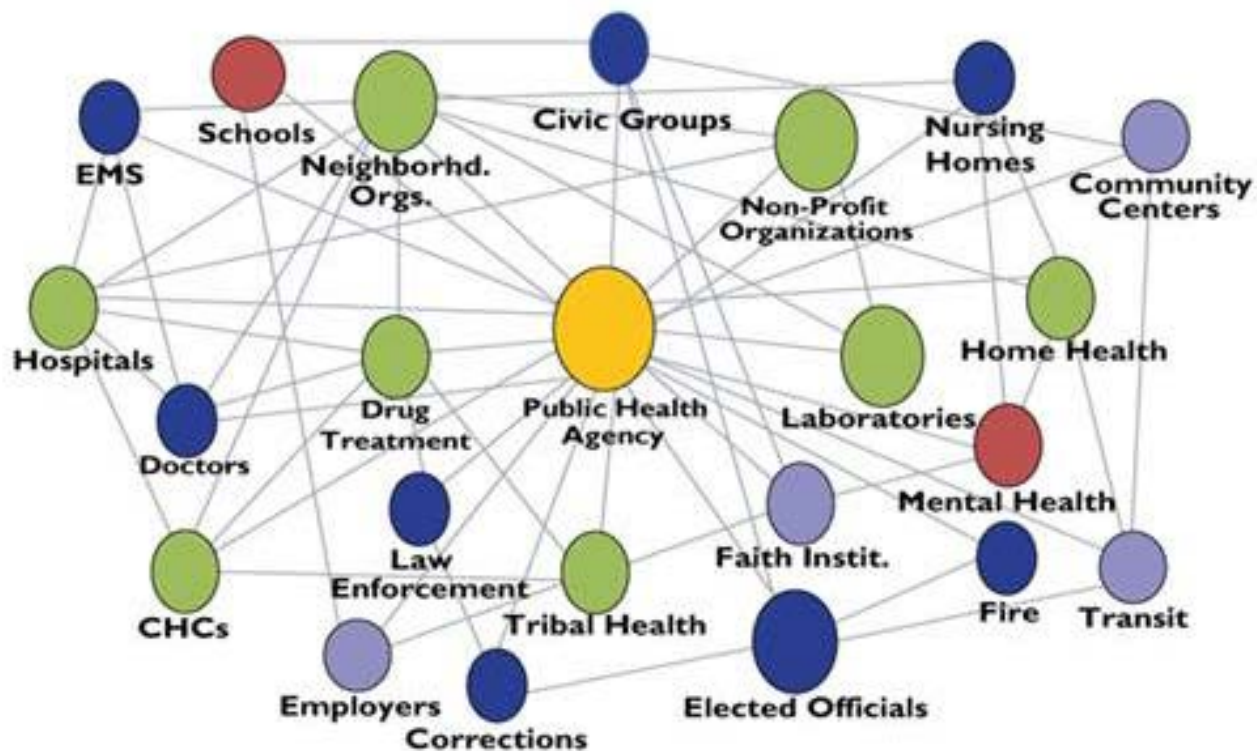
Schmeeckle Research, Inc. assembled this assessment of public health and community well-being under the provision of the East Central District Health Department, based largely upon data collected through the process of Mobilizing for Action through Planning and Partnerships (MAPP).

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, obesity, diabetes, teen pregnancy, teen sexual activity, healthy children, environmental factors affecting health, cancer, heart disease, and a broad array of other epidemiological topics.

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

Figure 1: The Local Public Health System



(Source: Nebraska Rural Health Association)

Mobilizing for Action through Planning and Partnerships

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

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

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

Figure 2: The MAPP Conceptual Model



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

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

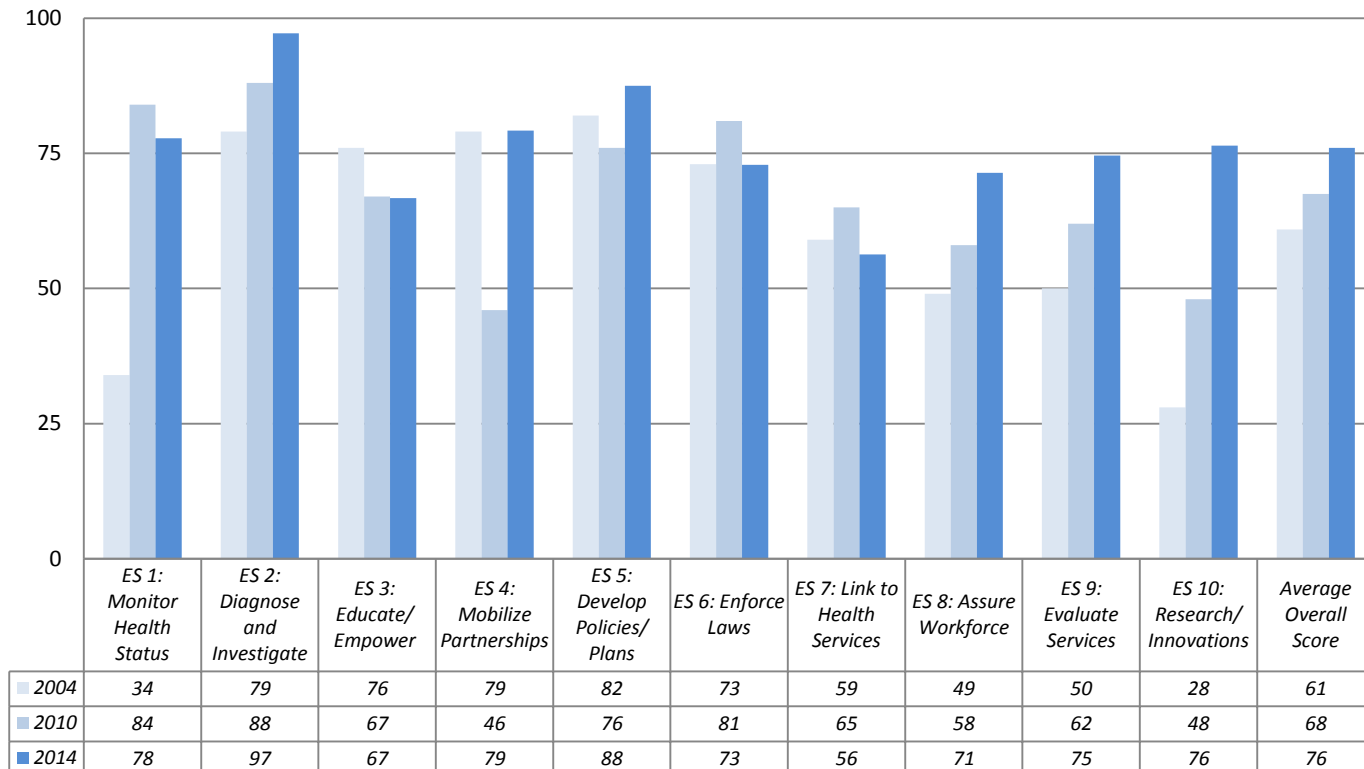
The Ten Essential Public Health Services

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

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

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

Figure 3. The Ten Essential Health Services in the East Central District (2004-2014)



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

Resource Inventory

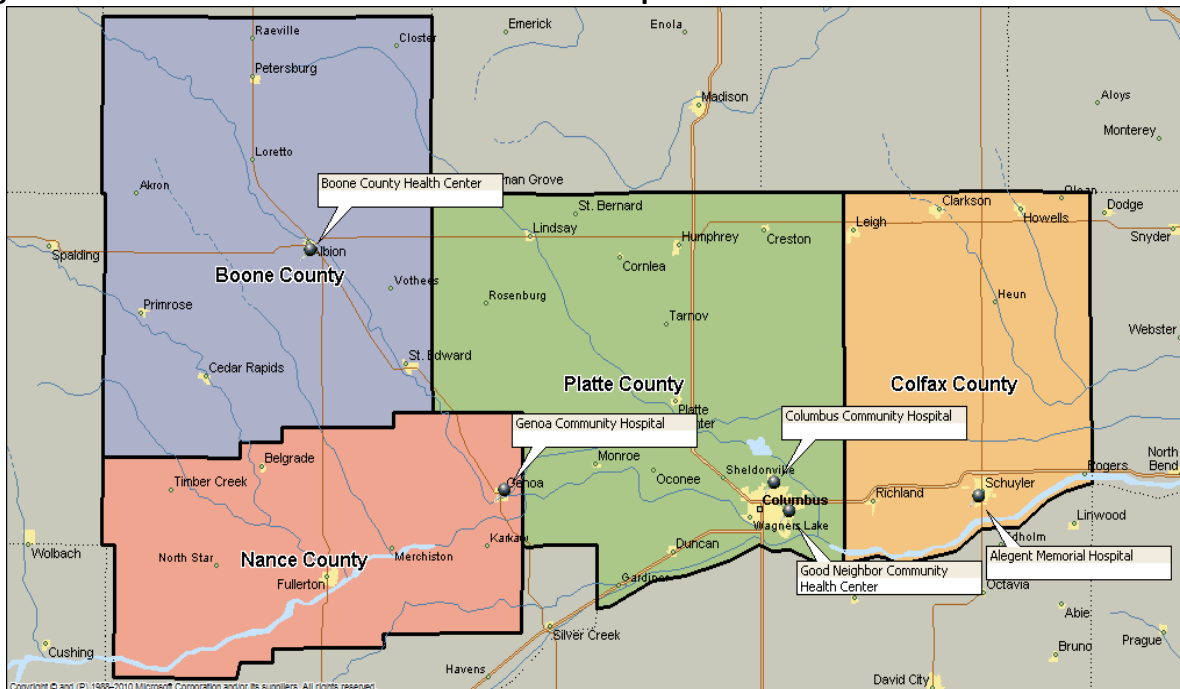
There is one hospital located in each of the four counties of the East Central District, plus the Good Neighbor Community Health Center, a Federally Qualified Health Center in Columbus. Each hospital provides an array of services, though there are several shortages in health care professionals. For a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

Description of County Hospitals/Health Clinics

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

Community Health Center. The location of the primary health resources are located in Figure 4 below.

Figure 4: East Central District Health Resources Map



Boone County Health Center

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

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

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

CHI Health Schuyler (Colfax County)

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

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

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

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

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

Genoa Community Hospital (Nance County)

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

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

Columbus Community Hospital (Platte County)

Columbus Community Hospital is a community-owned, not-for-profit hospital. The facility opened its doors at its 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, 2012 the Hospital completed construction on a 30,000 square foot addition: 20,000 square feet to the 1st floor and 10,000 square feet to the 2nd floor. The building project allows the Hospital to expand services in the Emergency Department, increase patient privacy in the registration area and create a women's imaging center.

For over 150 years, the Columbus area medical professionals have been committed to providing the best patient-centered care. Their dedication to the community and loyalty to the Hospital enables CCH to provide the highest quality care to area residents.

For a complete listing of the Hospital's services and a directory of the physicians who serve the community, visit www.columbushosp.org

Services Offered by County Hospital/Health Clinics

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

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

Figure 5		Availability of Health Resources by County			
	County Hospital/ Health Clinic	Not Present in the County	Present but Not Adequate to Meet the Needs of the County	Present and Adequate to Meet the Needs of the County	Bilingual Service in Spanish or through an Interpreter
Primary Care Physicians for Adults	Boone			✓	
	Colfax			✓	✓
	Nance		✓		
	Platte			✓	✓
Primary Care Physicians for Children	Boone			✓	
	Colfax			✓	✓
	Nance		✓		
	Platte			✓	✓
OB/GYN Services	Boone			✓	
	Colfax			✓	✓
	Nance		✓		
	Platte			✓	✓
Services for Adolescent Sexual Health	Boone			✓	
	Colfax	✓			
	Nance	✓			
	Platte			✓	✓
Cardiology Services	Boone			✓	
	Colfax			✓	
	Nance		✓		
	Platte			✓	✓
Neurology Services	Boone		✓		
	Colfax	✓			
	Nance	✓			
	Platte		✓		✓
Orthopedic Services	Boone			✓	
	Colfax			✓	
	Nance	✓			
	Platte			✓	✓
Urology Services	Boone			✓	
	Colfax			✓	
	Nance	✓			
	Platte			✓	✓
Pulmonary Services	Boone			✓	
	Colfax	✓			
	Nance	✓			
	Platte			✓	✓
Radiology and Imaging Services	Boone			✓	
	Colfax			✓	
	Nance			✓	
	Platte			✓	✓
Hospice Care	Boone	✓			
	Colfax			✓	
	Nance			✓	
	Platte			✓	✓
Respite Care for Adults	Boone			✓	
	Colfax	✓			
	Nance			✓	
	Platte			✓	✓

Figure 5 continued.

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

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

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, and comprehensive primary health care services. Offering payment options on a sliding scale for patients who would be otherwise unable to afford health care, a Federally Qualified Health Center serves medically underserved areas and/or populations and receives Public Health Service funds.

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

- Dental Health Care
- Transportation Services
- Family Medical Care
- Reproductive Health Services
- Diabetes Education Classes
- HIV Education Classes
- Immunizations
- Obstetric Services
- Mental Health Services
- Services in Spanish

The East Central District Health Department

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

- Dental Health Services
- Early Development Network Services
- HIV Education Program
- HIV Counseling Testing and Referral
- 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 Emergency Response Program
- Tobacco Prevention Program and Coalition
- West Nile Virus Surveillance Program
- Services in Spanish
- Minority Health
- Youth Substance Prevention Program and Back to Basics Coalition
- Child Well Being Program and Collaborative
- Parent Child Interactive Therapy
- Radon Measurement
- Radon Risk Awareness Program
- Cancer Prevention
- Rural Veterans Assistance Program
- Outreach and Enrollment for the Affordable Care Act

Perceptions of Community Need

Health Concerns and Risky Behaviors

Over 500 individuals throughout the four-county area of the East Central District participated in the Community Health Survey in 2014 as part of the Community Themes and Strengths Assessment. Respondents were asked to identify what they perceive to be the three most important health concerns and risky behaviors. Issues of alcohol and drug abuse were the chosen by respondents at the most important issues in their communities (Figures 6 through 9).

Figure 6	In the following list, what do you think are the 3 most important " <u>health concerns</u> " in our community? Check only 3 (East Central District, 2014)		
1. Alcohol/drug abuse	57.7%	14. Motor vehicle crash injuries	6.0%
2. Cancers	41.0%	15. Dental problems	4.0%
3. Obesity	25.5%	16. Suicide	3.3%
4. Aging problems (e.g., arthritis, hearing/vision loss)	24.4%	17. Infectious diseases (e.g., hepatitis, TB)	2.7%
5. Housing that is adequate, safe, and affordable	18.3%	18. Sexually transmitted diseases	2.4%
6. Heart disease and stroke	17.2%	19. Respiratory/lung disease	2.2%
7. Mental health problems	15.9%	20. HIV/AIDS	1.8%
8. Bullying	15.3%	21. Homicide	1.5%
9. Teenage pregnancy	15.0%	22. Rape/sexual assault	1.1%
10. Diabetes	14.5%	23. Infant death	1.1%
11. High blood pressure	11.0%	24. Firearm-related injuries	1.0%
12. Domestic violence	10.3%	Other	1.8%
13. Child abuse/neglect	9.9%		

Other responses: Gangs (0.7%), Support for memory/Alzheimer's/dementia (0.4%), Transportation to VA in Grand Island (0.2%), Underage drinking (0.2%), Driving habits (0.2%)

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Figure 7	In the following list, what do you think are the 3 most important " <u>risky behaviors</u> " in our community? (those behaviors that have the greatest impact on overall community health) Check only 3 (East Central District, 2014)		
1. Alcohol abuse	55.6%	9. Overeating	11.6%
2. Drug abuse	46.4%	10. Racism	10.7%
3. Texting/cell phone while driving	43.8%	11. Unsafe sex	10.3%
4. Lack of exercise	25.2%	12. Not using birth control	7.2%
5. Poor eating habits	24.9%	13. Not following doctor's advice	2.9%
6. Not using seat belts and/or child safety seats	14.7%	14. Not getting "shots" to prevent disease	2.8%
7. Tobacco use/or electronic cigarette use	13.8%	Other	0.9%
8. Dropping out of school	11.8%		

Other responses: Illegal/unlicensed/uninsured drivers (0.4%), Running red lights and speeding (0.2%), Low wages and poor benefits (0.2%), Intolerance of alternative religious beliefs (0.2%), Complacency (0.2%)

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Figure 8	Top Three Perceived Health Concerns by County (2014)*
Boone°	<ol style="list-style-type: none"> 1. Cancers (57.6%) 2. Alcohol/drug abuse (42.4%) 3. Mental health problems (39.4%)
Colfax	<ol style="list-style-type: none"> 1. Alcohol/drug abuse (46.9%) 2. Cancers (33.6%) 3. Aging problems (e.g., arthritis, hearing/vision loss) (30.1%)
Nance°	<ol style="list-style-type: none"> 1. Aging problems (e.g., arthritis, hearing/vision loss) (54.5%) 2. Alcohol/drug abuse (45.4%) 3. Cancers and Housing that is adequate, safe, and affordable (36.6% - tied)
Platte	<ol style="list-style-type: none"> 1. Alcohol/drug abuse (63.7%) 2. Cancers (42.0%) 3. Obesity (26.9%)
East Central	<ol style="list-style-type: none"> 1. Alcohol/drug abuse (57.7%) 2. Cancers (41.0%) 3. Obesity (25.5%)

*See Figure 6 above for response options.

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

Figure 9	Top Three Perceived Risky Behaviors by County (2014)*
Boone°	<ol style="list-style-type: none"> 1. Texting/cell phone while driving (66.7%) 2. Alcohol abuse (60.6%) 3. Lack of exercise (42.4%)
Colfax	<ol style="list-style-type: none"> 1. Texting/cell phone while driving (44.9%) 2. Alcohol abuse (43.1%) 3. Drug abuse (41.3%)
Nance°	<ol style="list-style-type: none"> 1. Alcohol abuse (59.1%) 2. Lack of exercise (54.5%) 3. Texting/cell phone while driving (45.5%)
Platte	<ol style="list-style-type: none"> 1. Alcohol abuse (62.9%) 2. Drug abuse (53.3%) 3. Texting/cell phone while driving (44.5%)
East Central	<ol style="list-style-type: none"> 1. Alcohol abuse (55.6%) 2. Drug abuse (46.4%) 3. Texting/cell phone while driving (43.8%)

*See Figure 7 above for response options.

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

Service Needs (Local Agency Perspective)

A key informant survey with access via a web link was sent to service providers, educators, members of the faith community, law enforcement and justice system representatives, and human resource managers at several large employers. This “Community Issues and Services Survey” asked respondents to identify areas that the families or individuals they serve or come in contact with had expressed an unmet need. While the survey was administered throughout the four counties of the East Central District by Connect Columbus, 215 of the 284 (77%) respondents were from Platte County and 60% of the respondents were employed by a school or community college. Figure 10 below ranks the areas from high needs to low need, based on the percentage of respondents reporting that the individuals or families they serve sometimes or often express concern about an unmet need in the specified areas. Respondents were also asked to list what they felt were the two or three most pressing concerns for the individuals/families they served. The most often identified concerns were related to medical, child’s mental/behavioral health, and basic needs (food, clothing, etc.).

Figure 10	Key Informants Reporting That Families or Individuals They Serve Sometimes or Often* Express Concern about an Unmet Need in the Following Areas:				
	Boone (n=18)	Colfax (n=34)	Nance (n=12)	Platte (n=215)	East Central (n=279)
1. Health/medical issues	57.1%	83.9%	58.3%	77.4%	75.7%
2. Dealing with a child's mental health/behavioral issues	61.9%	62.1%	63.6%	72.0%	69.7%
3. Basic needs (food, clothing, etc.)	59.1%	75.8%	72.7%	66.7%	67.4%
4. Dealing with language barriers	19.0%	82.4%	9.1%	72.0%	66.5%
5. Knowing what services are available in the community	10.5%	73.3%	58.3%	70.8%	66.2%
6. Adequate housing	86.4%	71.0%	50.0%	62.1%	64.7%
7. Finding/maintaining employment	40.0%	70.0%	63.6%	59.2%	59.1%
8. Support services for an individual with special needs	47.4%	50.0%	54.5%	62.0%	59.1%
9. Getting help with parenting issues	45.0%	55.2%	45.5%	60.2%	57.8%
10. Affordable & quality childcare for young children	52.2%	55.2%	45.5%	57.0%	55.9%
11. Enrichment activities for youth	20.0%	67.7%	54.5%	55.7%	54.3%
12. After-school programs for school-age children	40.9%	66.7%	54.5%	50.8%	52.1%
13. Transportation for school/youth activities	18.2%	71.0%	9.1%	54.2%	51.2%
14. Summer programs for school-age children	19.0%	65.6%	36.4%	49.5%	48.4%
15. Dealing with an adult's mental health/behavioral issues	42.1%	44.8%	50.0%	45.7%	45.6%
16. Child(ren)'s safety at school or dealing with bullies	17.4%	41.9%	27.3%	47.4%	43.1%
17. Dealing with an adult's substance abuse issue	25.0%	29.0%	27.3%	45.7%	41.2%
18. Transportation for employment	11.1%	37.9%	9.1%	42.9%	38.5%
19. Addressing domestic violence concerns	26.3%	25.8%	18.2%	40.8%	36.9%
20. Accessing educational/training programs for adults	21.1%	46.7%	9.1%	36.8%	35.5%
21. Dealing with a child's substance abuse issue	40.0%	29.0%	9.1%	32.3%	31.5%
22. Support services for an older adult	36.8%	21.4%	33.3%	32.0%	31.3%
23. Appropriate housing for an older adult	38.1%	30.0%	25.0%	28.6%	29.4%
24. Feeling safe in their neighborhood	4.5%	28.6%	0.0%	25.9%	23.2%

*Scale: Often, Sometimes, Rarely, Never.

(Source: Connect Columbus, Community Issues and Services Key Informant Survey, 2014)

Service Needs (Child Well-Being)

The Platte-Colfax Partnership is a Zero2Eight Child Well-Being Coalition that works collaboratively to address a number of community issues affecting children and families that may impact upon protective factors. In its formative process in 2012 the coalition identified numerous services in Platte and Colfax Counties that are not meeting the needs of the population. These services are displayed below under the four domains of basic needs, health care and promotion, child and youth safety and development, and family (Figure 11).

Figure 11	Services Not Meeting Enough Need as Identified by the Platte-Colfax Partnership Child Well-Being Initiative
DOMAIN	SERVICE NEEDS
Basic Needs	<ul style="list-style-type: none">• Housing assistance• Child care resources• Child care assistance• Transportation assistance
Health Care and Promotion	<ul style="list-style-type: none">• Health insurance• Dental care• Substance abuse• Opportunities for physical activity• Adolescent sexual health
Child and Youth Safety and Development	<ul style="list-style-type: none">• Head start/early child• Before and after school programs• School-based personal safety
Family	<ul style="list-style-type: none">• Crisis stabilization• Respite care• Parent education classes• Domestic violence/interpersonal violence• School/community based resources teams

(Source: Platte-Colfax County Service Array, 2012)

Community Focus Areas

As part of the Community Themes and Strengths Assessment of the MAPP process, a total of eight community focus groups were conducted throughout the East Central District with youth, adults, and Hispanic populations. Each focus group identified a fairly wide range of potential community focus areas, including recreation, housing, medical services, teen alcohol and drug use, and activities for youth, among others. A summary by county of the community focus areas identified by each focus group are located in the tables below (Figures 12 through 14). Note that Nance County is not represented as focus groups were unable to be organized there.

Figure 12 Boone County Focus Groups Summary: Community Focus Areas		
Focus Group	Participant Description	Community Focus Areas
Boone Adult Focus Group	6 adults from Albion	<ul style="list-style-type: none"> • Rental/affordable housing – many young adults who left community are returning but there is no place for them to live. Housing shortage. • Something for kids to do at night, afterschool (will kids use it?), during summer/summer activities. • Bike or walking trails – currently folks use streets now which isn't safe. If a trail was present those who currently bike/walk/run on streets would use trail. Plus, trail would likely pull other folks in community out to walk/bike who don't now because they don't want to walk/bike on streets. • Educational summer learning program (maybe a couple days a weeks). • Available space to build on – need more lots available – community is surrounded by farm land which isn't being sold and, if sold, would likely be quite expensive to purchase. • Mental health services – need to expand services – at the time of this focus group all appointments available in the community are filled until April. • Social services in school are present now but an increased time in school is needed.
Boone Youth Focus Group	9 youth from Albion High School	<ul style="list-style-type: none"> • A lot of drinking and smoking (high school and up). • Food choices (entire community). • Drugs (marijuana, cocaine, and heroin).

(Source: East Central District Health Department Focus Groups, 2014)

Figure 13		Colfax County Focus Groups Summary: Community Focus Areas
Focus Group	Participant Description	Community Focus Areas
Colfax Adult Focus Group	6 adults from Schuyler (held at the WIC Clinic)	<ul style="list-style-type: none"> • More specialists at hospital, ex: OB GYN. • No ICU at hospital. Have to go to Omaha and can be hard for family to get rides to Omaha to visit. • More and better housing. There are lots of slum landlords in town renting bug infested houses or apartments and refuse to change the conditions. One apartment also had snakes in the toilet. Or renting a large house to several different families making them share just one bathroom. • Adult education/night school. • People taking better care of property (lawn, weeds, and garbage).
Colfax Youth Focus Group	12 teens from Schuyler High School	<ul style="list-style-type: none"> • More information available regarding healthy and unhealthy things like nutrition, healthy lifestyles and diseases (felt that a lot of the population is uninformed/misinformed and would like to get correct information out). • Would like to see more fun runs - they have 1 a year now. • More swings and slides in the park. • Would like a bike trail.
Colfax Hispanic Focus Group	17 persons of Hispanic Ethnicity from Schuyler	<ul style="list-style-type: none"> • Task force to increase space for exercise and leisure, to increase access to medical specialists, to diversify after school activities, and to lower the risk that railroads across town populated areas presents for the youth. • Task force to build more parks or improve the one we have, for children's use and to walk in a safe area with no traffic, especially in the South Park ("duck park") it will be nice to add a pathway. • Task force to help to improve medical services: bring more medical specialists to the area, including services for prenatal care, because if we need a specialist we need to go to another city. There is no OB doctor in Schuyler. We have to go to Columbus. • Task force to have more after school activities for youngsters, beside sports. Activities like crafts, painting, arts, technical training courses (computer, mechanic). There is a perception that these kind of activities will attract the youth and will give them a rewarding use of the free time. • Task force to lower the high risk of the train, including detour it outside of the town for children safety. There have been several deaths including a child killed on the railroad tracks.

(Source: East Central District Health Department Focus Groups, 2014)

Figure 14		Platte County Focus Groups Summary: Community Focus Areas
Focus Group	Participant Description	Community Focus Areas
Platte Adult Focus Group	10 adults from Columbus	<ul style="list-style-type: none"> • Drug use among both youth and adults. • Gangs in the parks. People not going to parks because of violence and vandalism. • Lack of law enforcement involvement - under-staffed? • There is no retail. Would like to be able to shop in town rather than go out of town. • Support youth more with increase of activities for all ages that doesn't always revolve around sports. • Support for small businesses- extend small business hours to accommodate those who work. Stated most small businesses open after 8:00am and close by 5:00pm. • Improvement or enforcement of properties that have trash or unkempt lawns. • Better communication with the community. • Columbus Transport. • Cab services.
Platte Youth Focus Group	6 youth from Columbus	<ul style="list-style-type: none"> • Updating the YMCA (the YMCA is cheaper for a membership than other places in town but people prefer a newer facility). • Less fast food options. • Have organic sections at grocery stores. • Make sure people are going to doctor when sick. • Making sure people are getting vaccinated. • Have a Color Run, would like to see more fun options for community exercise, like different runs. • Start having classes or programs to gain more information on nutrition or a cooking class. • Highway trash pick up. • Decreasing alcohol use among youth and adults.
Platte Hispanic Focus Group	12 persons of Hispanic Ethnicity from Columbus	<ul style="list-style-type: none"> • Task force to make more schools: to open more schools in the community. Educate on school policies. • Task force to help to improve physical activity and health: gyms, parks and cooking classes. • Task force to help adults learn task or craft and future to start a business. • A task force that influences legislature to help Hispanics to get a driver license - laws, and dream act. • Task force to work on public and school transportation (parents take them to bus stop and then the bus takes them to school).

(Source: East Central District Health Department Focus Groups, 2014)

Forces of Change

On December 2, 2014, 23 public health leaders in the East Central District gathered to identify the key forces that are or will impact the public health system in the East Central District. Following is a bulleted summary of the key forces that were identified. See also Appendix C for further information.

Figure 15	Forces of Change Summary
Domain	Forces of Change
Political	<ul style="list-style-type: none"> • Immigration law changes • Implementation of Medicaid expansion for the state • Affordable Care Act – changes, implementation, dissection, health insurance market, commercial insurers • Political climate (changing people & policies) affecting health and healthcare issues • New state administration and questions on what will be the priorities for funding • Broken Mental Health system • Health Services for Veterans • Unrest due ISIS may increase threat of terrorist attacks
Economic	<ul style="list-style-type: none"> • New Community facilities including Wellness Center in Columbus • Insurance coverage, i.e. Catholic Health Initiatives • Poverty – percent people under poverty line, families living in poverty, more single parent families in poverty • Aging Baby Boomers moving into retirement years • Increase (or not) of minimum wage law • Reimbursement shift from fee for service to population health management • Continued availability of grant opportunities – More healthcare regulations such as ICD-10, Medicare G codes, Meaningful use • Shortage of General Practitioners/MD's • Aging infrastructure- Bridges, roads, sewer systems • Health services for veterans
Social	<ul style="list-style-type: none"> • Changing cultural diversity – more immigrants – language barriers within communities we serve – changing demographics (e.g., Baby Boomers going into retirement – more single parent families) • Substance abuse – drugs, alcohol, smoking, synthetic drugs, K2, etc., increase use by youth – legalization of marijuana in nearby states & US – E-cigarette regulations • Obesity – childhood, youth, adults • Poverty - Increase of children & families who face poverty struggles - especially single parents • Changing Family units & Issues – e.g., Childcare – increasing # single parents • Increase in suicide rates • Mental Health system is broke • Healthcare Issues – <ul style="list-style-type: none"> ○ Shortage of General Practitioners/MD's ○ Aging healthcare workforce ○ Aging Healthcare needs ○ End-of-life care

Figure 15 continued.

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

Section II. Demographic and Public Health Data

Description of Data Sources

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

Figure 16	Frequently Cited Data Sources
Data Source	Description
Behavioral Risk Factors Surveillance System (BRFSS)	- A comprehensive, annual health survey of adults ages 18 and over on risk factors such as alcohol use, tobacco use, obesity, physical activity, health screening, economic stresses, access to health care, mental health, physical health, cancer, diabetes, and many other areas impacting public health.
ECDHD Community Health Survey	- A community survey conducted by the East Central District Health Department (ECDHD) in 2011 and 2014 around issues such as health concerns, health risk factors, perceived quality of life, access to medical care, and community well-being.
Nebraska Crime Commission	- Annual counts on arrests (adult and juvenile) by type.
Nebraska Department of Education	- Data contained in Nebraska's annual State of the Schools Report, including graduation and dropout rates, student characteristics, and student achievement scores.
Nebraska Department of Health and Human Services (DHHS)	- A wide array of data around births, causes of mortality, causes of hospitalization, access to social programs, child abuse and neglect, health professionals, and cancer, among other areas.
Nebraska Risk and Protective Factors Student Survey (NRPFS)	- A survey of youth in grades 6, 8, 10, and 12 on risk factors such as alcohol, tobacco, and drug use, and bullying. The survey was conducted most recently in 2010 and 2012.
Youth Risk Behavior Survey (YRBS)	- A public health survey of youth in grades 9 through 12. The East Central District conducted oversamples of YRBS in 2001 and 2010. Because the data are not very current, only a limited selection of the data are used, including mental health, obesity, physical activity, and sexual activity.
U.S. Census/American Community Survey	- U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, single parent families, and educational attainment. Annual estimates are available through the American Community Survey.

Demographics

From 2000 to 2012 the total population in the East Central District has basically remained stable with just a 1.1% decline. The populations in Platte and Colfax Counties appear to be remaining stable, while Boone and Nance are declining (Figure 17).

Figure 17	Total Population (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	6,259	5,553	5,437	-13.1%
Colfax	10,441	10,201	10,453	0.1%
Nance	4,038	3,755	3,730	-7.6%
Platte	31,662	31,675	32,195	1.7%
East Central	52,400	51,184	51,815	-1.1%

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

Although the total population has more or less remained stable throughout the East Central District, the under 18 population declined by nearly 10% from 2000 to 2012. With the exception of Colfax County, the remaining three counties in the district saw notable declines in the number of persons under 18 years old from 2000 to 2012 (Figure 18).

Figure 18	Under 18 Population (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	1,822	1,327	1,299	-28.7%
Colfax	3,017	2,831	3,000	-0.6%
Nance	1,126	883	872	-22.6%
Platte	9,184	8,444	8,535	-7.1%
East Central	15,149	13,485	13,706	-9.5%

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

Three of the four counties in the East Central District saw increases in their median age from 2000 to 2012 (the exception being Colfax County). Boone and Nance Counties have relatively high median ages compared to the state and the nation (Figure 19).

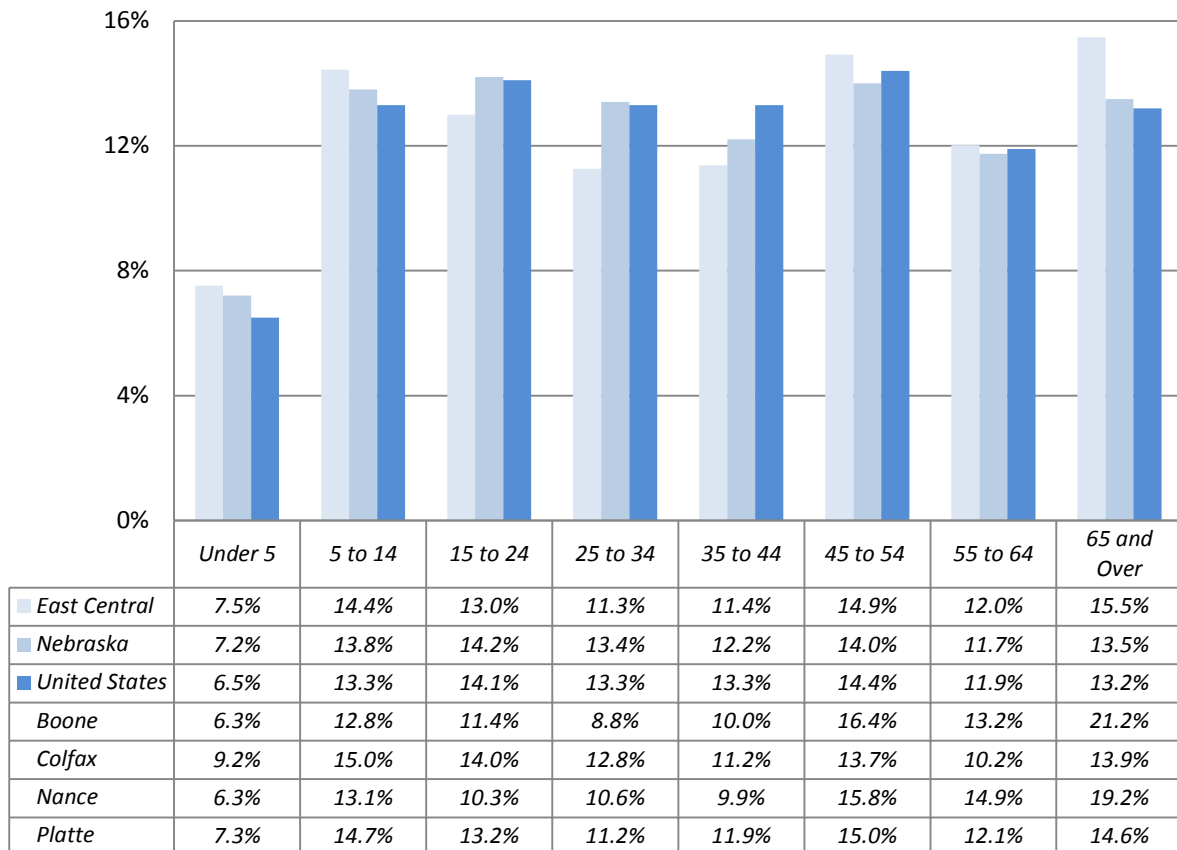
Figure 19	Median Age (2000-2012)	
	2000	2012
Boone	39.9	45.7
Colfax	35.0	34.4
Nance	40.1	44.9
Platte	35.8	38.7
East Central*	36.5	38.7
Nebraska	35.3	36.3
United States	35.3	37.2

*An average weighted by the population of each county.

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

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

Figure 20. Age Distribution (2012)



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

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

Figure 21	Population by Race/Ethnicity (2012)							
	White	Hispanic/ Latino	Black/ African- American	Asian	American Indian/ Alaskan Native	Native Hawaiian/ Pacific Islander	Two or More Races	Other
Boone	98.6%	1.2%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%
Colfax	57.5%	40.7%	0.9%	0.2%	0.1%	0.0%	0.7%	0.0%
Nance	97.4%	2.1%	0.1%	0.0%	0.1%	0.0%	0.3%	0.0%
Platte	84.3%	13.8%	0.1%	0.3%	0.0%	0.0%	1.5%	0.0%
East Central	81.3%	17.1%	0.3%	0.2%	0.0%	0.0%	1.1%	0.0%
Nebraska	82.1%	9.1%	4.4%	1.8%	0.7%	0.1%	1.7%	0.1%

Note: those identifying as Hispanic/Latino are not counted in any racial category.

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

Platte County has the highest median household income in the East Central District, however Boone County has the highest per capita income. The East Central District as a whole has a lower median household income and per capita income compared to the state and the nation (Figure 22).

Figure 22	Income (2012)						
	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
Median Household Income	\$44,491	\$48,561	\$40,714	\$51,395	\$49,330	\$51,381	\$53,046
Per Capita Income	\$26,097	\$20,694	\$22,072	\$24,155	\$23,511	\$26,523	\$28,051

*An average weighted by the population of each county.

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

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

Figure 23	Unemployment (July 2014)					
Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
2.5%	3.6%	2.8%	3.3%	3.2%	3.6%	6.2%

*An average weighted by the population of each county.

(Nebraska Department of Labor)

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

Figure 24	Poverty Rates (2012)					
Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
8.8%	17.1%	14.1%	9.9%	11.5%	12.4%	14.9%

*An average weighted by the population of each county.

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

Children and Families

Single parent families are increasing throughout the East Central District, while married-couple families are declining. Across the district from 2000 to 2012, the number of single parent families increased by 57.5% (Figure 25), while the number of married couple families decreased by 28.9% (Figure 26).

Figure 25	Number of Single Parent* Family Households with Children under 18 (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	114	108	105	-7.9%
Colfax	215	349	461	114.4%
Nance	90	86	116	28.9%
Platte	733	1,023	1,132	54.4%
East Central	1,152	1,566	1,814	57.5%

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18.

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

Figure 26	Number of Married Couple Family Households with Children under 18 (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	721	583	489	-32.2%
Colfax	1,173	1,003	985	-16.0%
Nance	434	307	264	-39.2%
Platte	3,721	2,808	2,560	-31.2%
East Central	6,049	4,701	4,298	-28.9%

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

In the East Central District in 2012, nearly three-fourths of single parent households with children were female householders with no husband present (Figure 27).

Figure 27	Composition of Single Parent Households with Children under 18	
	Female householder, no husband present, families with children under 18	Male householder, no wife present, families with children under 18
Boone	82	23
Colfax	332	129
Nance	98	18
Platte	820	312
East Central	1,332	482

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

The rate of single parent families as a percent of total families has increased from 16.0% in 2000 to 29.7% in 2012 in the East Central District. Compared to the state, Colfax, Nance, and Platte Counties have higher rates of single parent families (Figure 28).

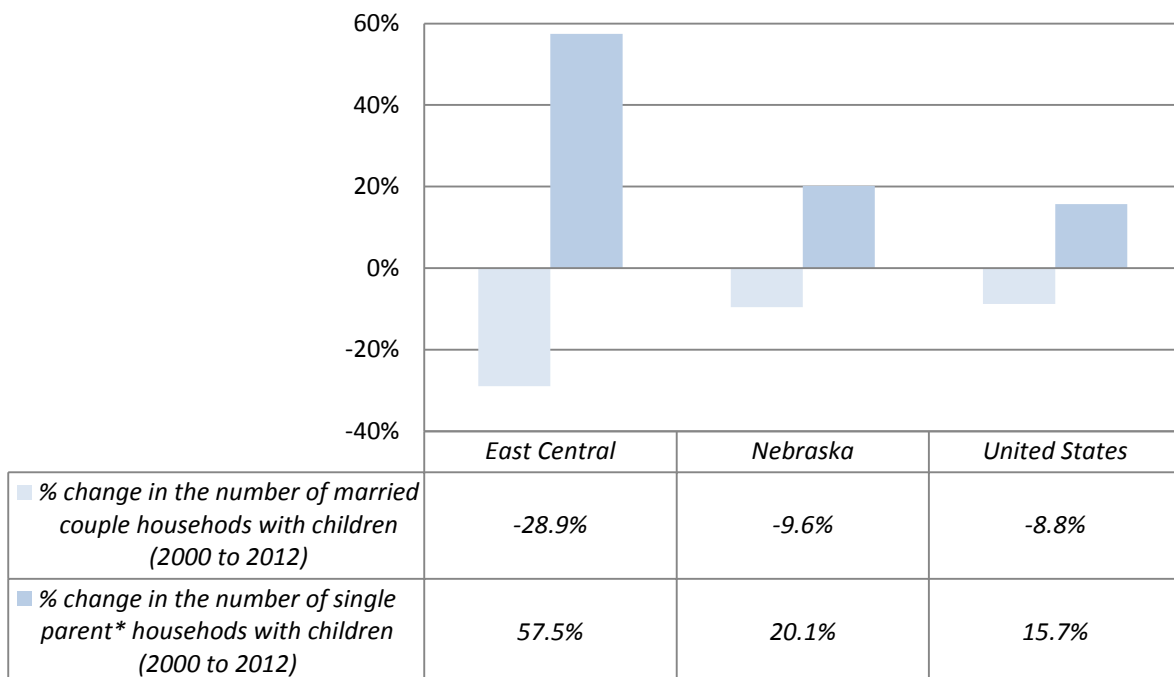
Figure 28	Single Parent* Family Households with Children under 18 as a Percent of Total Family Households with Children under 18 (2000-2012)		
	2000	2010	2012
Boone	13.7%	15.6%	17.7%
Colfax	15.5%	25.8%	31.9%
Nance	17.2%	21.9%	30.5%
Platte	16.5%	26.7%	30.7%
East Central	16.0%	25.0%	29.7%
Nebraska	23.2%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

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18.

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

The number of married couple families in the East Central district is decreasing at a faster rate compared to the state and the nation, and the number of single parent families is increasing at a faster rate compared to the state and nation (Figure 29).

Figure 29. Change in Household Composition (2000 to 2012)



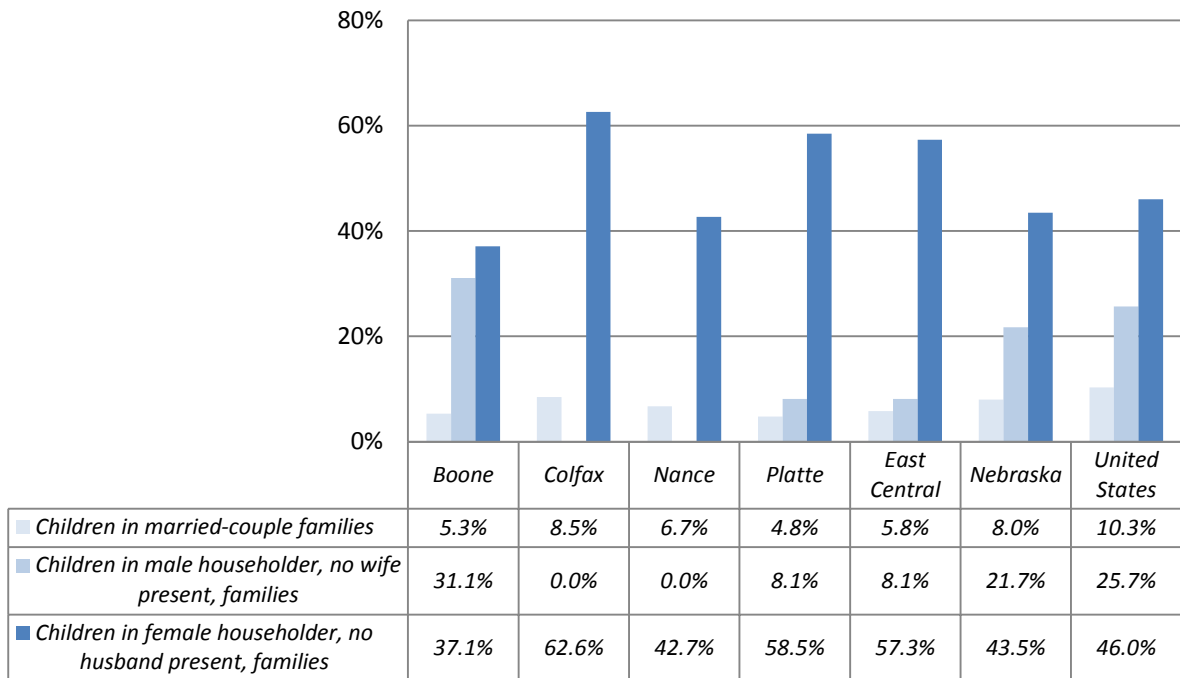
*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18.

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

Perhaps the greatest impact of the rise in single parent families is on poverty rates, as single parent families experience poverty at notably higher rates than married couple families. In 2012, 5.8% of children in married-couple families in the East Central District were at or below poverty, compared to 8.1% of children in single father families ("male householder, no wife present, families) and 57.3% of children in single mother families ("female householder, no husband present, families). Colfax and Platte Counties have higher poverty rates for single mother families compared to other counties in the district.

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

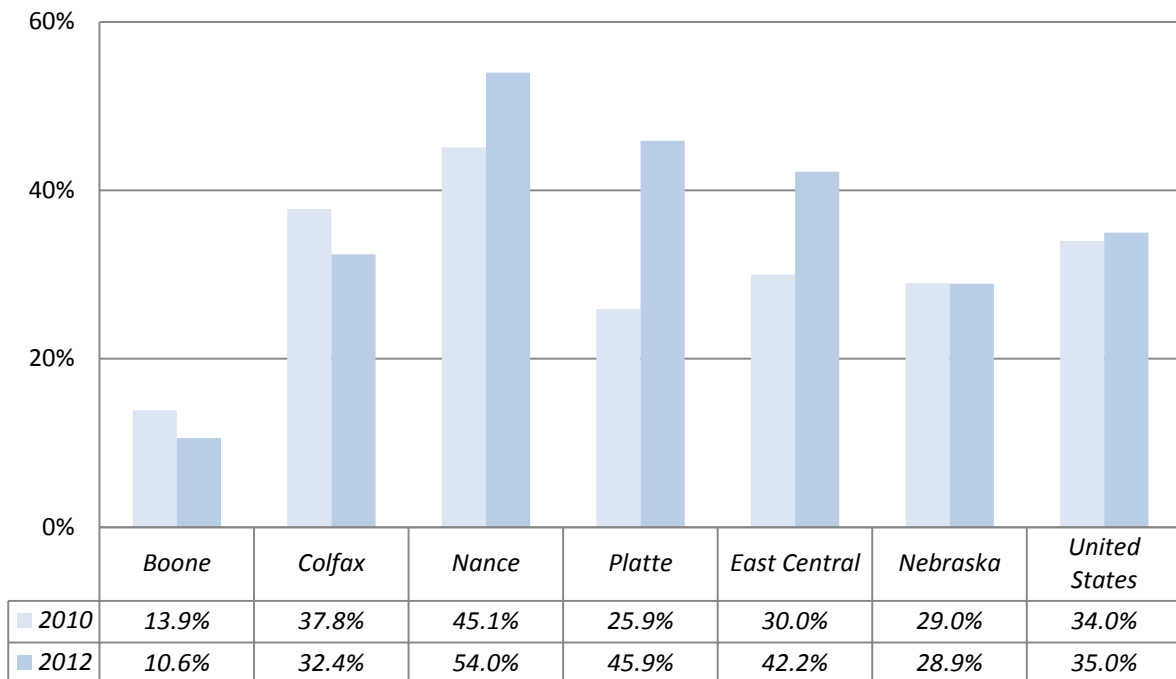
Figure 30. Poverty Rates for Children by Family Type (2012)



(Source: American Community Survey 5-Year Estimates)

The trend of increasing single parent families will likely continue in the East Central District. In 2012 in the district, 42.2% of all births were to unmarried women, a notable increase from 2010, and considerably higher than the rate for the state (Figure 31).

Figure 31. Percent of Births to Unmarried Women (2010-2012)



(American Community Survey 5-Year Estimates)

Poverty rates for the under 18 population increased considerably in the East Central District from 2000 to 2012. It is important to note that there are some unexpected fluctuations in the data from 2000 to 2010 to 2012. At this point, an explanation for these fluctuations is unavailable (Figure 32). Also, note that participants in the Connect Columbus Key Informant Survey identified “basic needs (food, clothing, etc.)” as the number three unmet need among the families and individuals that they serve (see Figure 10 above).

Figure 32	Poverty Rates for the under 18 Population (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	11.7%	3.0%	10.0%	-14.5%
Colfax	13.8%	8.9%	22.5%	63.0%
Nance	17.2%	7.3%	17.8%	3.5%
Platte	9.0%	10.5%	16.6%	84.4%
East Central*	10.9%	9.2%	17.3%	58.7%
Nebraska	11.8%	15.5%	16.7%	41.5%
United states	16.1%	19.2%	20.8%	29.2%

*An average weighted by the under 18 population of each county.

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

Poverty rates for the total population have increased from 2000 to 2012. In 2012, Colfax and Nance Counties had poverty rates that were higher than the state, while Boone and Platte Counties had poverty rates that were lower than the state. As a whole, the East Central District has a slightly lower poverty rate than the state (Figure 33).

Figure 33		Poverty Rates for the Total Population (2000-2012)			
		2000	2010	2012	% Change (2000 to 2012)
Boone		10.4%	6.6%	8.8%	-15.4%
Colfax		10.8%	11.0%	17.1%	58.3%
Nance		13.1%	9.8%	14.1%	7.6%
Platte		7.7%	8.0%	9.9%	28.6%
<i>East Central*</i>		9.1%	8.6%	11.5%	26.4%
<i>Nebraska</i>		9.7%	11.8%	12.4%	27.8%
<i>United states</i>		12.4%	13.8%	14.9%	20.2%

*An average weighted by the population of each county.

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

Child Well-Being Indicators

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

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

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

(Figures 34 through 43)

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

	2005-2009	2006-2010	2007-2011	2008-2012
Boone	0, -	0, -	0, -	0, -
Colfax	9, 8.6	9, 8.9	8, 8.0	5, 5.2
Nance	1, -	1, -	1, -	1, -
Platte	15, 6.2	15, 6.2	20, 8.2	16, 6.6
East Central	25, 6.3	25, 6.3	29, 7.3	22, 5.6
Nebraska	769, 5.8	758, 5.7	753, 5.7	690, 5.2

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

(Source: Nebraska Department of Health and Human Services)

Figure 35. Number and Percent of Births to Teen Mothers

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

(Source: Nebraska Department of Health and Human Services)

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

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

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

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

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

(Source: Nebraska Crime Commission)

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

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

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

(Source: Nebraska Department of Health and Human Services)

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

	2009	2010	2011	2012
Boone	3, -	2, 0	4, -	6, 4.6
Colfax	11, 3.5	14, 4.6	23, 7.9	23, 7.7
Nance	6, 7.0	5, 5.7	4, 4.5	6, 6.9
Platte	42, 5.0	45, 5.3	55, 6.4	50, 5.9
<i>East Central</i>	62, 4.5	66, 4.8	86, 6.3	85, 6.2
<i>Nebraska</i>	4,447, 9.2	4,300, 8.9	4,265, 8.8	3,892, 8.5

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

(Source: Nebraska Foster Care Review Board)

Figure 39. Four-Year High School Graduation Rate*

	2011	2012	2013
Boone	93.8%	92.6%	-
Colfax	90.4%	90.1%	80.0%
Nance	94.0%	-	97.3%
Platte	86.4%	88.7%	84.2%
<i>East Central</i>	88.9%	89.5%	84.4%
<i>Nebraska</i>	86.1%	87.6%	88.5%

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

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

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

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

(Source: Nebraska Department of Education)

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

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

*An average weighted by the population of each county.

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

Figure 41. Percent of Population below Poverty

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

*An average weighted by the population of each county.

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

Figure 42. Percent of Children Living in Single Parent Households

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

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

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

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

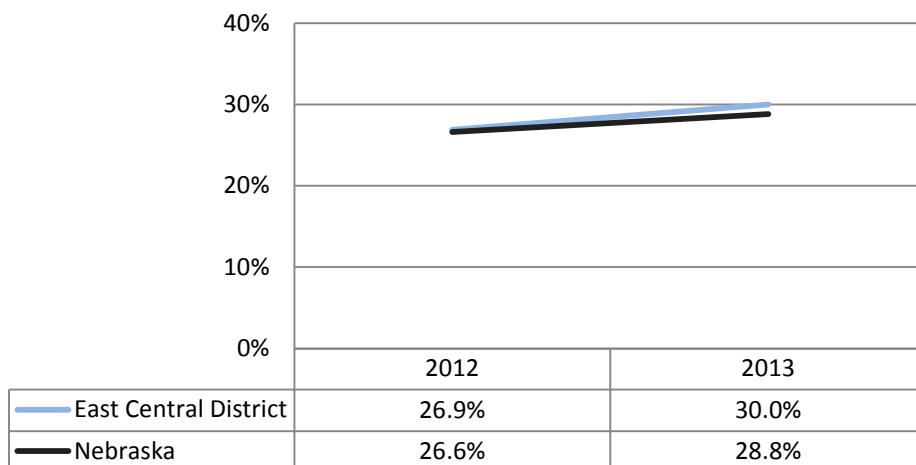
*The source data are reported by school districts. County-level rates are calculated by taking the weighted average of all school districts within a county.

(Source: Nebraska Department of Education)

Housing and Food Insecurity

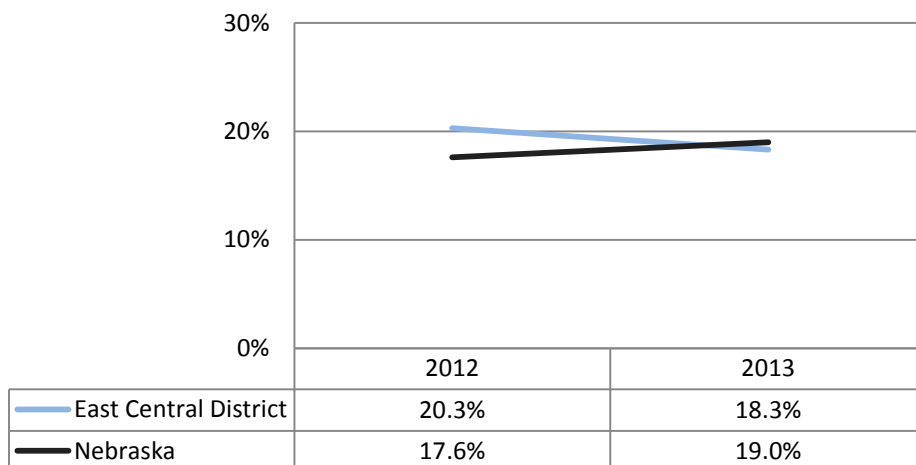
In 2013, 30.0% of respondents to the BRFSS in the East Central District reported housing insecurity and 18.3% reported food insecurity. These rates are basically comparable to the state (Figures 44 and 45).

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



*Percentage reporting that they were always, usually, or sometimes worried or stressed during the past 12 months about having enough money to pay their rent or mortgage
(Source: Behavioral Risk Factors Surveillance System)

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



*Percentage reporting that they were always, usually, or sometimes worried or stressed during the past 12 months about having enough money to buy nutritious meals
(Source: Behavioral Risk Factors Surveillance System)

Social Programs

As a whole the East Central District has a higher percentage of WIC clients compared to the state, due largely to high numbers in Colfax and Platte Counties. Among the 2,508 WIC clients in the East Central District in 2013, there were 4,360 encounters. Over half of East Central's clients were Hispanic in 2013 (Figure 46).

Figure 46	WIC Clients	
<u>2013 Clients by County (percent of total population)</u>		
Boone	137	(2.5%)
Colfax	759	(7.3%)
Nance	79	(2.1%)
Platte	1,328	(4.1%)
Other County*	205	
East Central	2,508	(4.8%)
Nebraska (2011)	75,263	(4.1%)
<u>East Central Ethnicity Breakdown</u>		
% Hispanic	54.7%	
% Non-Hispanic	45.3%	
<u>Client Encounters</u>		
Number of WIC Visits/Encounters in the East Central District	4,360	

*Participated in the East Central WIC program, but lived in a county outside of the district.

(Source: Nebraska Department of Health and Human Services)

As a whole the East Central District has a slightly lower rate of Medicaid Eligibles compared to the state (Figure 47).

Figure 47	Medicaid Eligibles (Percent of Total Population)	
	2009	2011
Boone	462 (8.5%)	463 (8.6%)
Colfax	1,322 (12.8%)	1,542 (14.5%)
Nance	454 (13.1%)	482 (12.9%)
Platte	2,962 (9.1%)	3,480 (10.7%)
East Central	5,200 (10.1%)	5,967 (11.4%)
Nebraska	206,725 (11.5%)	233,753 (12.7%)

(Source: Nebraska Department of Health and Human Services)

More than one-in-four (27.9%) children in the East Central District are enrolled in Medicaid. This rate is below the state average of 31.0% (Figure 48).

Figure 48	Children Enrolled in Medicaid (Percent of All Children)	
	2008	2012
Boone	256 (19.5%)	259 (19.0%)
Colfax	930 (29.1%)	1,284 (37.0%)
Nance	221 (25.6%)	246 (26.0%)
Platte	1,972 (21.7%)	2,481 (26.1%)
East Central	3,379 (23.4%)	4,270 (27.9%)
Nebraska	135,860 (27.2%)	160,232 (31.0%)

(Source: Kids Count in Nebraska)

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

Figure 49	Supplemental Nutrition Assistance Program (SNAP) Participation among Children (Percent of All Children)	
	2008	2012
Boone	93 (6.8%)	110 (8.1%)
Colfax	253 (7.9%)	541 (15.6%)
Nance	79 (9.2%)	100 (10.6%)
Platte	756 (8.3%)	1,167 (12.3%)
East Central	1,181 (8.1%)	1,927 (12.6%)
Nebraska	61,400 (12.3%)	89,075 (17.2%)

(Source: Kids Count in Nebraska)

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

Figure 50	Children Receiving Free and Reduced School Meals (Percent of All Children)	
	2008-2009	2011-2012
Boone	317 (34%)	278 (34%)
Colfax	1,110 (52%)	1,193 (60%)
Nance	258 (34%)	276 (36%)
Platte	1,757 (31%)	2,149 (38%)
East Central	3,442 (36%)	3,896 (42%)
Nebraska	93,575 (36%)	136,845 (40%)

(Source: Kids Count in Nebraska)

The East Central District has a higher percentage of children enrolled in Head Start compared to the rest of the state (Figure 51).

Figure 51	Children Enrolled in Head Start and Early Head Start (Percent of Children under 5)	
	2008	2012
Boone	17 (6.4%)	0 (0.0%)
Colfax	75 (7.7%)	100 (9.6%)
Nance	16 (7.7%)	17 (7.5%)
Platte	189 (8.2%)	205 (8.3%)
East Central	297 (7.9%)	339 (8.5%)
Nebraska	5,425 (4.1%)	6,756 (5.1%)

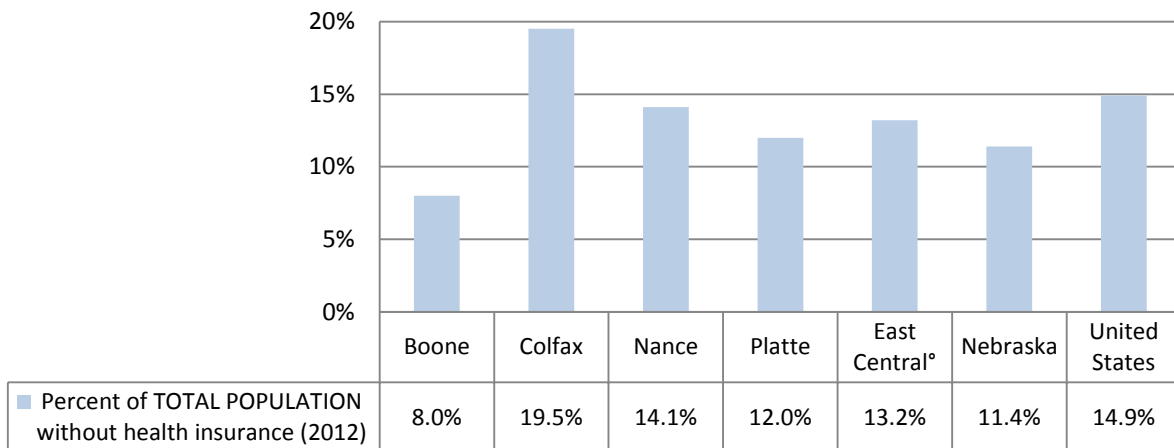
(Source: Kids Count in Nebraska)

Access to Health Care

Health Insurance

The East Central District as a whole had a higher percentage of the population that is without health insurance, as compared to the state in 2012. Nearly 20% of the population in Colfax County was without health insurance in 2012 (Figure 52). It is unclear what impact the Affordable Care Act has had on this rate of uninsured.

Figure 52. Percent of Total Population without Health Insurance* (2012)



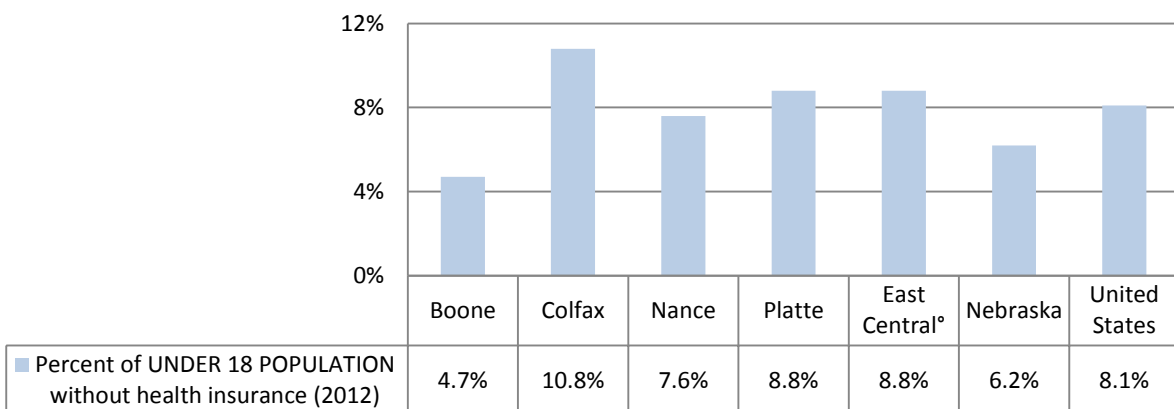
*Those who have neither a private nor public health insurance plan

°An average weighted by the population of each county.

(American Community Survey 5-Year Estimates)

Approximately 1-in-12 (8.8%) children under 18 in the East Central District are without health insurance, a rate that is slightly higher than the state (Figure 53). Again, it is unclear what impact the Affordable Care Act has had on this rate of uninsured.

Figure 53. Percent of Under 18 Population without Health Insurance* (2012)



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

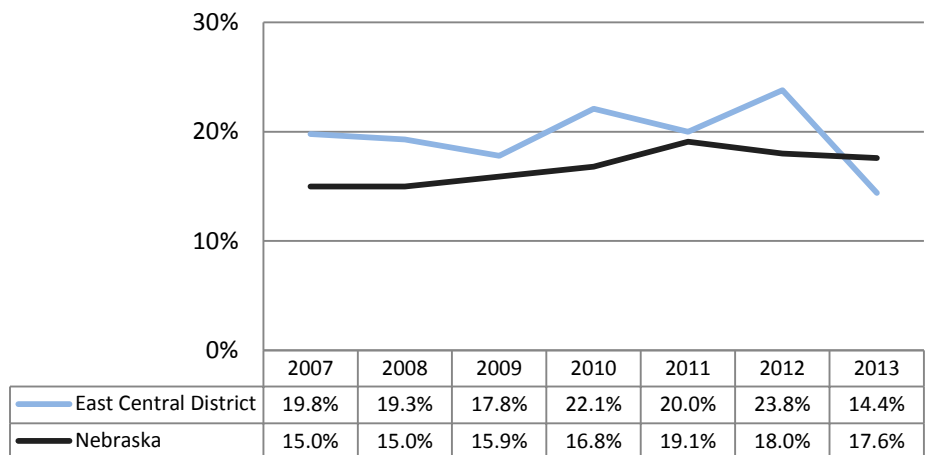
*An average weighted by the population of each county.

(American Community Survey 5-Year Estimates)

Note that participants in the Connect Columbus Key Informant Survey identified “health/medical issues” as the number one unmet need among the families and individuals that they serve (see Figure 10 above).

In 2013 there was a notable decline from previous years among East Central respondents to the BRFSS reporting that they have no health care coverage (Figure 54).

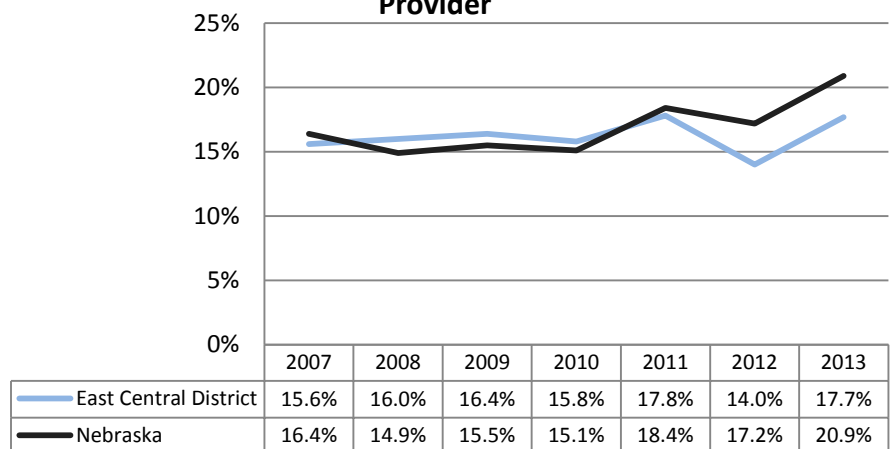
Figure 54. Percent of Adults Ages 18 and Over Reporting They Have No Health Care Coverage



(Source: Behavioral Risk Factors Surveillance System)

In 2013, 17.7% of East Central respondents to the BRFSS reported that they have no personal doctor or health care provider, a rate that is lower than the state (Figure 55).

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

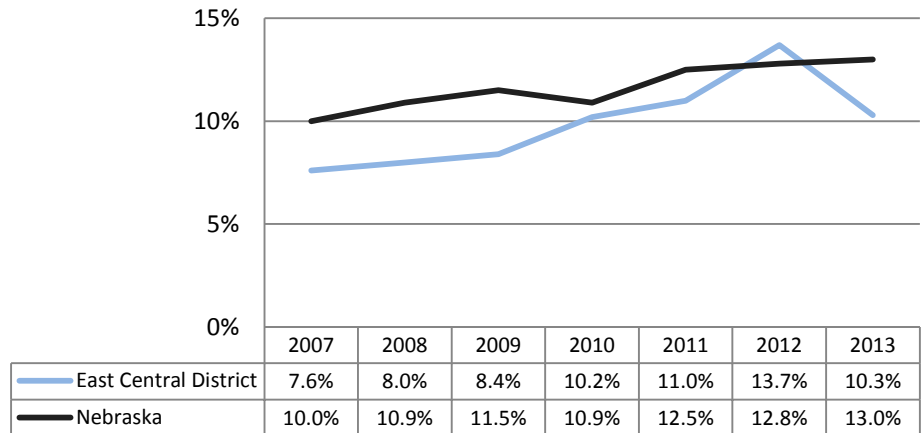


(Source: Behavioral Risk Factors Surveillance System)

Access to Health Providers

With the exception of 2012, in every year of the BRFSS from 2007 to 2013 there was a lower rate of East Central Respondents reporting that they were unable to see a doctor due to cost, as compared to the state (Figure 56).

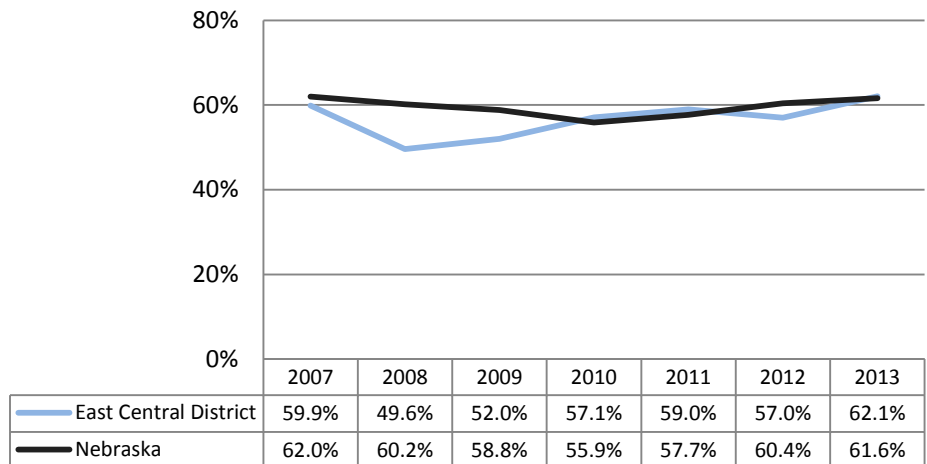
Figure 56. Percent of Adults Ages 18 and Over Reporting They Were Unable to See a Doctor Due to Cost in the Past Year



(Source: Behavioral Risk Factors Surveillance System)

The percentage of BRFSS respondents from the East Central District reporting that they have had a routine checkup in the past 12 months ranged from 50% to 62% during the 2007 through 2013 administrations of the survey (Figure 57).

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



(Source: Behavioral Risk Factors Surveillance System)

In 2014, three-fourths (75.7%) of respondents to the Community Health Survey reported that they are able to get medical care whenever they need it. This represented a slight decline from 2011 (79.2%) (Figure 58).

Figure 58	I am able to get medical care whenever I need it ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	89.3%	73.3%
Colfax	77.0%	87.0%
Nance°	88.6%	68.2%
Platte	76.4%	72.4%
White	83.0%	75.4%
Minority	66.9%	77.3%
Male	77.5%	78.7%
Female	80.7%	74.6%
Under 40	77.8%	63.8%
40 to 54	79.6%	78.9%
55 & over	81.1%	79.8%
East Central	79.2%	75.7%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

The majority (70.8%) of respondents to the Community Health Survey in 2014 reported that they have easy access to the medical specialists they need. This represented an increase from 2011 (62.6%) (Figure 59).

Figure 59	I have easy access to the medical specialists I need. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	76.8%	78.8%
Colfax	72.1%	80.2%
Nance°	47.2%	59.1%
Platte	57.7%	67.0%
White	63.4%	70.0%
Minority	59.5%	72.3%
Male	69.6%	68.0%
Female	59.9%	71.9%
Under 40	61.9%	66.0%
40 to 54	57.3%	64.9%
55 & over	70.1%	79.0%
East Central	62.6%	70.8%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Cost of Health Care

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

Figure 60	Sometimes it is a problem for me to cover my share of the cost for a medical care visit. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	34.5%	34.4%
Colfax	45.9%	41.6%
Nance°	38.9%	31.8%
Platte	42.5%	46.0%
White	40.8%	38.7%
Minority	46.2%	58.1%
Male	39.9%	47.7%
Female	43.5%	41.6%
Under 40	48.7%	47.9%
40 to 54	37.3%	51.5%
55 & over	38.1%	34.6%
East Central	42.1%	43.9%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Satisfaction with Health Care

In both administrations of the Community Health Survey, approximately 70% of respondents reported being satisfied with the health care system in their community. Respondents from Platte County tended to report less satisfaction than respondents from one of the other three counties in the East Central District in both survey administrations. Those 55 and older tended to report higher satisfaction than younger respondents in both survey administrations (Figure 61).

Figure 61	I am satisfied with the health care system in our community.	
	➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	92.9%	84.8%
Colfax	76.4%	82.6%
Nance°	86.1%	77.3%
Platte	62.2%	63.2%
White	72.5%	69.3%
Minority	66.1%	71.3%
Male	71.0%	70.5%
Female	71.4%	70.4%
Under 40	69.7%	62.5%
40 to 54	65.2%	67.1%
55 & over	79.7%	77.1%
East Central	71.0%	70.1%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

In both survey administrations of the Community Health Survey, approximately three-fourths of the respondents reported being satisfied with the medical care they receive. Again, respondents from Platte County tended to have lower satisfaction than those from other counties, and those 55 and older tended to have higher satisfaction than younger respondents (Figure 62).

Figure 62	I am very satisfied with the medical care I receive.	
	➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	87.5%	84.8%
Colfax	78.9%	84.5%
Nance°	88.9%	66.7%
Platte	67.4%	71.5%
White	75.2%	74.8%
Minority	70.3%	76.9%
Male	73.9%	71.7%
Female	74.6%	77.9%
Under 40	73.7%	68.1%
40 to 54	70.3%	73.5%
55 & over	79.7%	82.9%
East Central	74.1%	75.6%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Census of Health Care Professionals

The number of persons responsible per health professional is generally higher in the East Central District compared to the rest of the state. East Central numbers colored in **red** in the table below indicate health professions for which there is a higher number of people served per professional as compared to the state. All but two of the major health professions in the East Central District have a higher number of persons responsible per professional than the state (Figure 63).

Figure 63	Persons Responsible per Health Care Professional (2012)					
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Physicians	677	3,538	N/A	724	935	496
FM/GP	773	3,538	N/A	2,963	2,493	2,552
Internal Medicine	N/A	N/A	N/A	32,593	52,359	7,060
Pediatrics	5,412	N/A	N/A	10,864	13,090	8,859
OB/GYN	N/A	N/A	N/A	8,148	13,090	11,305
Psychiatrists	N/A	N/A	N/A	32,593	52,359	12,284
Dentists	1,353	5,307	3,740	2,037	2,276	1,812
Pharmacists	773	3,538	1,247	1,164	1,277	956
Physical Therapists*	2,723	4,995	3,550	1,782	2,220	1,426
Physician Assistants	1,353	5,307	1,870	6,519	4,028	2,473
Nurse Practitioners	N/A	5,307	3,740	3,621	4,363	2,286
RNs*	91	145	111	134	127	80
LPNs*	127	217	127	229	199	263

Note that population estimates are slightly different from those used elsewhere in this report.

*Data for physical therapists, RNs, and LPNs are from 2010.

(Source: Nebraska Department of Health and Human Services)

From 2010 to 2012 there have been some increases in the numbers of health professionals. Most notably, physicians have increased by 15. All other health professionals from whom 2010 and 2012 data were available have either remained the same or increased slightly, with the exception of physician assistants, who have decreased by 3 (Figure 64).

Figure 64	Number of Health Professionals in the East Central District (2010 and 2012 Comparison)		
	East Central 2010	East Central 2012	Change
Physicians	41	56	+15
FM/GP	19	21	+2
Internal Medicine	1	1	0
Pediatrics	4	4	0
OB/GYN	4	4	0
Psychiatrists	1	1	0
Dentists	21	23	+2
Pharmacists	40	41	+1
Physical Therapists*	23	-	-
Physician Assistants	16	13	-3
Nurse Practitioners	10	12	+2
RNs*	401	-	-
LPNs*	257	-	-

*Data for physical therapists, RNs, and LPNs are available for 2010 only.

(Source: Nebraska Department of Health and Human Services)

State and Federally Designated Health Professional Shortages

As illustrated in Figure 65 below, every county in the East Central District was designated as lacking in mental health professionals in 2008, highlighting the need for such services. Additionally, Nance County was designated as having a shortage in primary care professionals, and Colfax County in dental health professionals.

Figure 65	Federally Designated Health Professional Shortages (2008)				
	Boone	Colfax	Nance	Platte	East Central
Primary Care			✓		<i>partial</i>
Mental Health	✓	✓	✓	✓	✓
Dental Health		✓			<i>partial</i>

(Source: Nebraska Department of Health and Human Services)

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 (Figure 66).

Figure 66	State Designated Health Professional Shortages (2010)				
	Boone	Colfax	Nance	Platte	East Central
Family Practice		✓	✓		<i>partial</i>
General Surgery			✓	✓	<i>partial</i>
Internal Medicine	✓	✓	✓	✓	✓
Pediatrics		✓	✓	✓	<i>partial</i>
Obstetrics/Gynecology	✓	✓	✓		<i>partial</i>
Psychiatrics	✓	✓	✓	✓	✓
Dental		<i>partial</i>	✓		<i>partial</i>
Pharmacy		✓	✓		<i>partial</i>
Occupational Therapy		<i>partial</i>			<i>partial</i>
Physical Therapy					

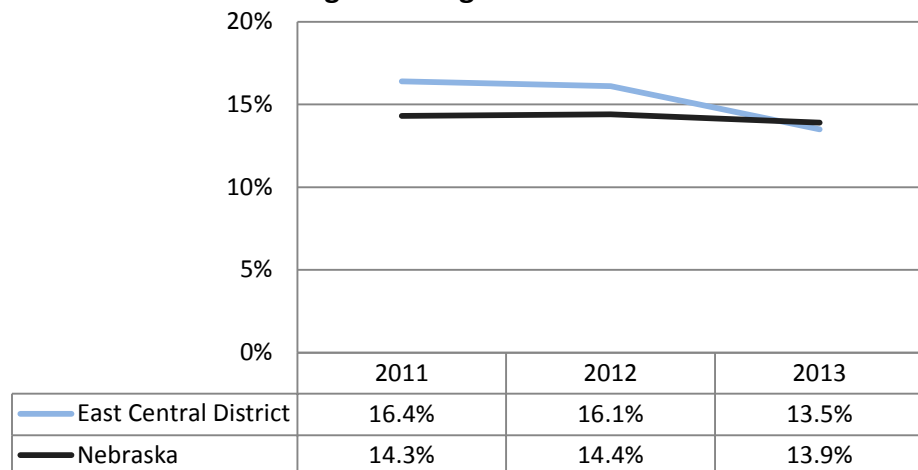
(Source: Nebraska Department of Health and Human Services)

Quality of Life

Overall and Physical Health

From 2011 to 2013, between 14% and 16% of respondents to the BRFSS from the East Central District reported their general health as fair or poor (Figure 67).

Figure 67. General Health Reported as Fair or Poor* among Adults Ages 18 and Over

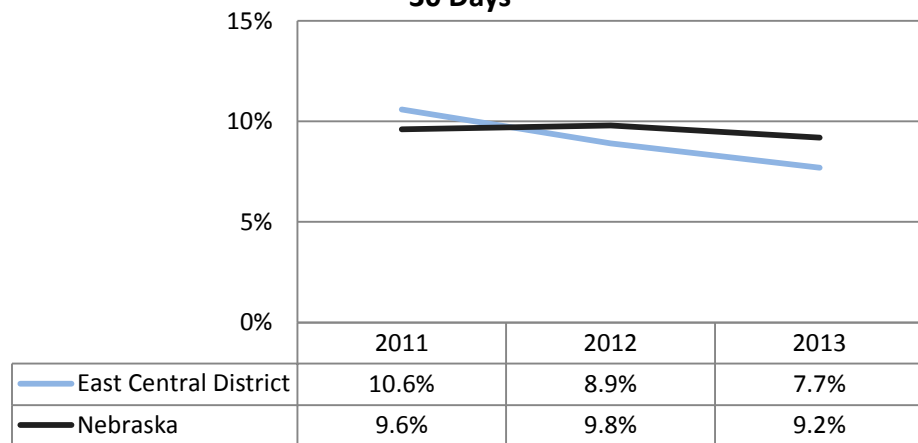


*Response options: Excellent, very good, good, fair, poor

(Source: Behavioral Risk Factors Surveillance System)

From 2011 to 2013, the percentage of BRFSS respondents from the East Central District who reported that their physical health was not good on 14 or more of the past 30 days has declined. In 2013, 7.7% of respondents from the East Central District reported such, which was slightly lower than the state (Figure 68).

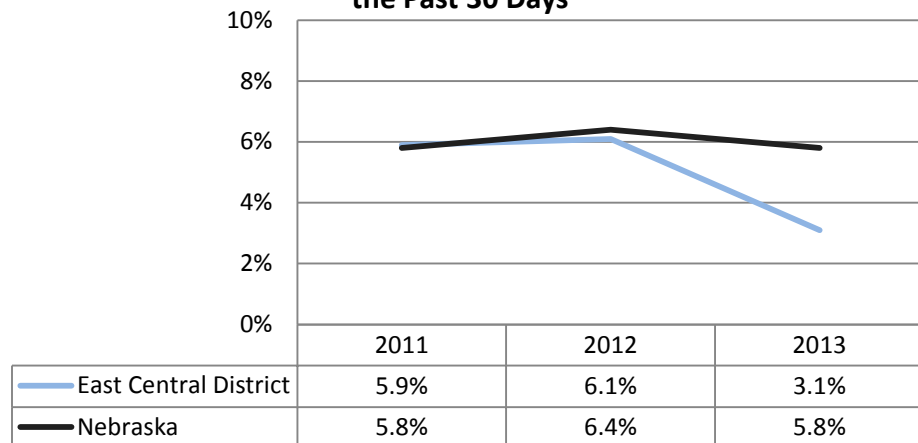
Figure 68. Percent of Adults Ages 18 and Over Reporting Physical Health Was Not Good on 14 or More of the Past 30 Days



(Source: Behavioral Risk Factors Surveillance System)

From 2011 to 2013 between 3% and 6% of BRFSS respondents from the East Central District reported that poor physical or mental health limited their activities on 14 days or more in the past 30 days (Figure 69).

Figure 69. Percent Reporting that Poor Physical or Mental Health Limited Usual Activities on 14 or More of the Past 30 Days



(Source: Behavioral Risk Factors Surveillance System)

County Health Rankings

County Health Rankings provides *health outcomes* rankings at the county-level for every state in the country. There are two primary sub-categories that comprise the health outcomes ranking: length of life and quality of life. The county that is ranked 1st is considered the healthiest county in the state. In 2014, Boone County was ranked 6th in terms of health outcomes out of the 79 counties in Nebraska that were included in the rankings. Platte County also had a fairly high ranking at 11th. Colfax County had an above average ranking in 2014 at 23rd. Nance County was in the bottom tier at 58th in 2014 (Figure 70).

Figure 70	County <u>Health Outcomes</u> Rankings (length of life and quality of life)	
	2011 (out of 75 counties)	2014 (out of 79 counties)
Boone	20th	6th
Colfax	17th	23rd
Nance	49th	58th
Platte	14th	11th

(Source: County Health Rankings)

County Health Rankings also provides *health factors* rankings at the county-level for every state in the country. The sub-categories that comprise the health factors rankings include health behaviors, clinical care, social & economic factors, and physical environment. Boone and Platte again had strong rankings in 2014, with Boone receiving a 3rd place ranking and Platte receiving a 17th place ranking out of the 79 Nebraska counties that were ranked. Nance County took a notable dip in rankings from 2011 to 2014, dropping from 13th to 48th, while Colfax County has remained in the bottom tier (Figure 71).

Figure 71	County <u>Health Factors</u> Rankings (health behaviors, clinical care, social & economic factors, physical environment)	
	2011 (out of 75 counties)	2014 (out of 79 counties)
Boone	6th	3rd
Colfax	60th	71st
Nance	13th	48th
Platte	25th	17th

(Source: County Health Rankings)

Perception of Community Health

Just over half of respondents to the Community Health Survey perceived their community as a "healthy community" in both administrations of the Community Health Survey. A substantially higher percentage of minorities perceived their community as healthy compared to Whites. Those 55 and over were also more likely to perceive their community as healthy compared to younger respondents (Figure 72).

Figure 72	How would you rate your community as a "Healthy Community?" ➤ Percent rating healthy or very healthy*	
	2011	2014
Boone°	82.1%	45.5%
Colfax	52.8%	56.3%
Nance°	54.3%	63.6%
Platte	53.2%	50.1%
White	52.3%	45.2%
Minority	70.1%	76.2%
Male	61.3%	52.5%
Female	54.6%	52.9%
Under 40	54.8%	47.3%
40 to 54	48.4%	45.6%
55 & over	69.3%	62.1%
East Central	56.6%	52.9%

*Response options: very unhealthy, unhealthy, somewhat unhealthy, healthy, very healthy

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Community Well-Being

Quality of Life

In 2011, 69.8% of respondents to the Community Health Survey reported being satisfied with the quality of life in their community. In 2014, this rate of satisfaction increased to 73.9%. Respondents from Boone and Nance Counties tended to report higher levels of satisfaction with the quality of life in their community compared to respondents from Colfax and Platte Counties. In addition, those 55 and older tended to report higher satisfaction compared to younger respondents (Figure 73).

Figure 73	I am satisfied with the quality of life in our community (considering my sense of safety and well-being). ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	98.2%	81.8%
Colfax	60.2%	71.9%
Nance°	80.6%	90.9%
Platte	66.5%	71.8%
White	71.1%	71.8%
Minority	65.0%	79.5%
Male	72.5%	71.1%
Female	69.8%	74.6%
Under 40	61.9%	67.8%
40 to 54	70.9%	69.2%
55 & over	79.7%	81.2%
East Central	69.8%	73.9%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

The Community as a Place to Raise Children

In both survey administrations of the Community Health Survey, just over three-fourths of respondents agreed or strongly agreed with the statement: "This community is a good place to raise children". Respondents from Boone and Nance Counties tended to be more positive on this survey item than respondents from Colfax and Platte. In 2014, minorities were more likely than Whites to perceive the community as a good place to raise children (Figure 74).

Figure 74	This community is a good place to raise children. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	96.4%	87.9%
Colfax	55.7%	66.4%
Nance°	88.9%	90.9%
Platte	80.5%	77.3%
White	77.8%	72.6%
Minority	72.6%	85.6%
Male	76.6%	76.8%
Female	77.4%	75.1%
Under 40	68.7%	72.0%
40 to 54	79.0%	77.2%
55 & over	85.7%	77.7%
East Central	76.7%	76.0%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Jobs

There was a fairly substantial increase from 2011 to 2014 in the percentage of respondents to the Community Health Survey who perceived that there are jobs available in their community, increasing from 40.8% in 2011 to 56.4% in 2014. Respondents under 55 were more likely to perceive that there are jobs available, as compared to those over 55. In 2014, a greater percentage of minorities perceived that there are jobs available in the community, as compared to Whites, but in 2011 this was reversed, with Whites perceiving that there are available jobs at a higher rate. Colfax and Nance tended to be lower on this survey item compared to Boone and Platte in both survey administrations (Figure 75).

Figure 75	There are jobs available in the community (considering locally owned and operated businesses, jobs with career growth, affordable housing, reasonable commute, etc.) ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	41.1%	50.0%
Colfax	29.5%	43.4%
Nance°	19.4%	18.2%
Platte	49.2%	63.2%
White	41.5%	53.6%
Minority	37.6%	66.2%
Male	47.8%	62.8%
Female	38.0%	52.9%
Under 40	44.2%	62.1%
40 to 54	44.1%	65.3%
55 & over	34.6%	46.8%
East Central	40.8%	56.4%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Social Support and Community Cohesion

In 2014, 68.7% of respondents to the Community Health Survey felt that there are support networks for individuals and families, a slight increase from 2011 (64.2%) (Figure 76).

Figure 76	There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of need and stress. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	76.8%	72.7%
Colfax	60.2%	60.2%
Nance°	72.2%	54.5%
Platte	61.7%	72.3%
White	68.6%	68.0%
Minority	50.0%	71.5%
Male	65.9%	72.4%
Female	64.2%	67.0%
Under 40	60.6%	67.7%
40 to 54	68.4%	70.0%
55 & over	64.6%	67.4%
East Central	64.2%	68.7%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

In both administrations, just over half of all respondents to the Community Health Survey felt that residents can make their community a better place to live (Figure 77).

Figure 77	All residents believe that they, individually or collectively, can make the community a better place to live. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	64.3%	51.5%
Colfax	34.7%	50.0%
Nance°	72.2%	36.4%
Platte	57.1%	54.3%
White	56.4%	46.4%
Minority	44.4%	71.9%
Male	55.8%	58.2%
Female	53.4%	49.3%
Under 40	50.5%	54.5%
40 to 54	52.2%	57.4%
55 & over	60.2%	47.7%
East Central	53.7%	52.5%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

In 2014, nearly three-fourths (74.0%) of respondents to the Community Health Survey felt that their community is a safe place to live, an increase from 2011 (69.8%) (Figure 78).

Figure 78	The community is a safe place to live (considering resident's perception of safety in the home, the workplace, schools, playgrounds, parks, shopping areas). ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	96.4%	87.9%
Colfax	48.0%	65.2%
Nance°	94.4%	95.5%
Platte	70.3%	74.4%
White	73.2%	71.6%
Minority	58.5%	81.4%
Male	70.3%	75.6%
Female	70.7%	72.6%
Under 40	62.6%	69.0%
40 to 54	67.7%	76.6%
55 & over	82.7%	74.9%
East Central	69.8%	74.0%

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

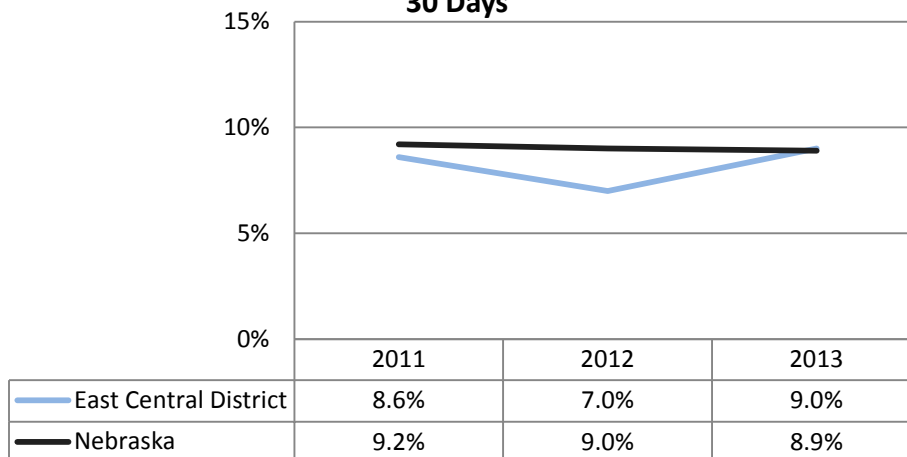
°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Mental Health

From 2011 to 2013, between 7% and 9% of East Central respondents to the BRFSS reported having 14 or more days in the past month when their mental health was not good (Figure 79).

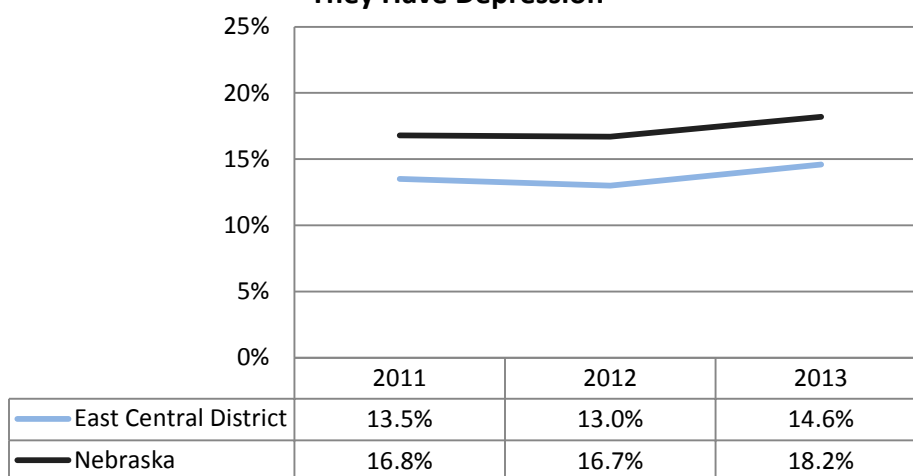
Figure 79. Percent of Adults Ages 18 and Over Reporting Mental Health Was Not Good on 14 or More of the Past 30 Days



(Source: Behavioral Risk Factors Surveillance System)

From 2011 to 2013, between 13% and 15% of East Central respondents to the BRFSS reported that they have ever been told that they have depression. These rates were slightly lower than the state (Figure 80).

Figure 80. Percent of Adults Ages 18 and Over Ever Told They Have Depression



(Source: Behavioral Risk Factors Surveillance System)

Figure 81 (adjacent) gives additional indicators of mental health issues among adults.

Figure 81	Indicators of Mental Health Issues among Adults Ages 18 and Over (2012)	
	East Central	Nebraska
Currently taking medication or receiving treatment for a mental health condition	10.1%	11.0%
Symptoms of serious mental illness in the past 30 days	2.3%	3.2%

(Source: Behavioral Risk Factors Surveillance System)

Suicide mortalities have been lower in the East Central District compared to the state across the two time periods of 2005-2009 and 2007-2011. Colfax and Nance Counties have the highest rates of suicide mortalities in the district. In terms of self-inflicted injury hospitalizations, Platte County has the highest rates in the district, despite having the lowest rates in the district for suicide mortalities (Figure 82).

Figure 82		Suicide and Self-Inflicted Injury Hospitalizations (Rates per 100,000)					
		Boone	Colfax	Nance	Platte	East Central	Nebraska
Suicide Mortalities	2005-2009	5.6	9.6	14.2	2.8	5.1	10.5
	2007-2011	8.5	10.8	9.6	3.7	6.0	10.1
Self-Inflicted Injury Outpatient Hospitalizations*	2007-2008	54.0	16.1	60.9	100.7	77.0	74.0
	2010-2011	14.8	-	17.6	93.8	-	-
Self-Inflicted Injury Inpatient Hospitalizations*	2007-2008	8.6	16.1	20.1	32.0	25.6	58.9
	2010-2011	21.6	-	12.0	45.9	-	-

*Gaps exist in the hospitalization data: Colfax, East Central, and Nebraska data are not reported.

(Source: Nebraska Department of Health and Human Services)

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. Compared to 2001, East Central youth in grades 9-12 appeared to have better mental health outcomes on the YRBS in 2010. Compared to the 2010 rates for the state as a whole, there are lower rates of East Central youth reporting depression and consideration of suicide, but higher rates of suicide attempts (Figure 83).

Figure 83		Youth Depression and Suicide Statistics (9th-12th grade)		
		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%

(Source: Youth Risk Behavior Survey)

Data supporting a need for mental health services among children are lacking. However, it is worthy to note that participants in the Connect Columbus Key Informant Survey identified “dealing with a child’s mental health/behavioral issues” as the number two unmet need among the families and individuals that they serve (see Figure 10 above).

Youth Substance Abuse

Perceptions of Underage Alcohol Use

Compared to the rest of the state, a greater percentage of East Central participants in the *2011 Nebraska Community Themes and Strengths Assessment* perceived that alcohol use among those under 21 years old is a big problem in their community and that the community should do more to prevent underage alcohol use. At the same time, a higher percentage of adults in the district hold the perception that "drinking is a rite of passage for youth" (Figure 84).

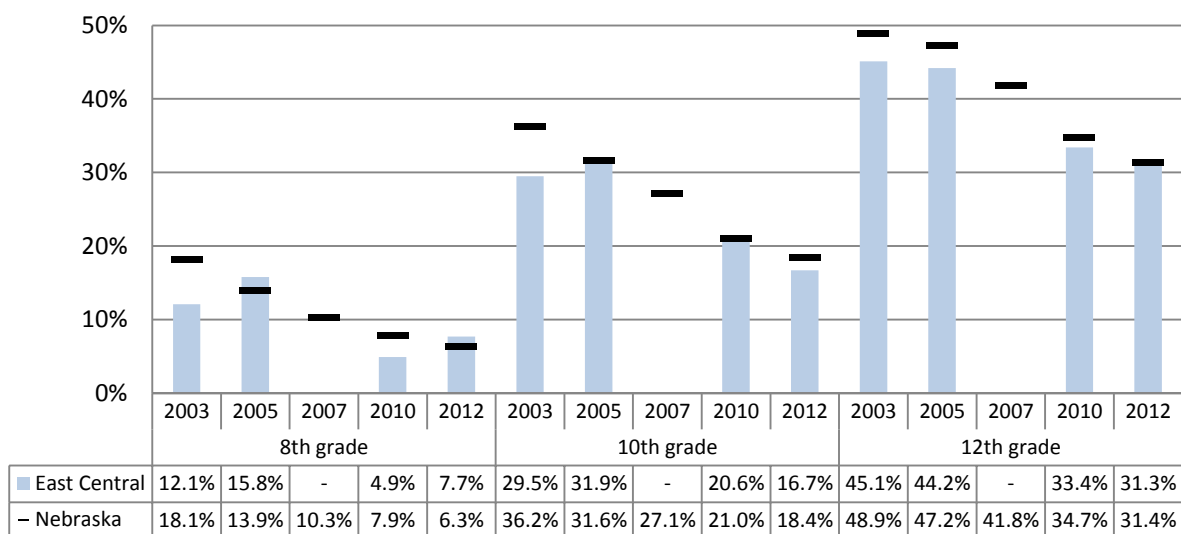
Figure 84	Perceptions of Underage Alcohol Use	
	% Who Agree	
	East Central	Nebraska
Alcohol use among individuals under 21 years old is a big problem in your community.	79.5%	72.0%
Your community should do more to prevent alcohol use among individuals under 21 years old.	80.5%	76.9%
Your level of agreement with the notion that "drinking is a rite of passage for youth," meaning it is an important milestone as they move into adulthood.	22.0%	18.9%

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

Past 30-Day and Lifetime Substance Use among Youth

Reported rates of past 30-day underage alcohol use have been on the decline in the East Central District since 2003, following trends for the state (Figure 85).

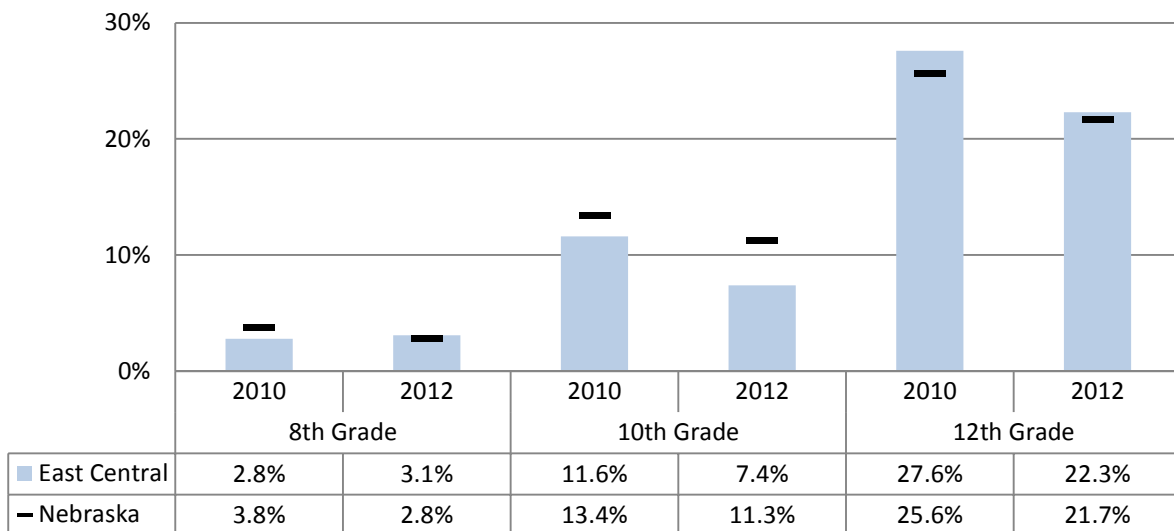
Figure 85. Past 30-Day Alcohol Use among 8th to 12th graders



(Source: Nebraska Risk and Protective Factors Student Survey)

Reported rates of past 30-day underage binge drinking (defined as five or more drinks in a row) declined in both the East Central District and the state from 2010 to 2012. In 2012, 7.4% of 10th graders and 22.3% of 12th graders in the district reported binge drinking in the past 30 days (Figure 86).

Figure 86. Past 30-Day Binge Drinking* among 8th to 12th graders

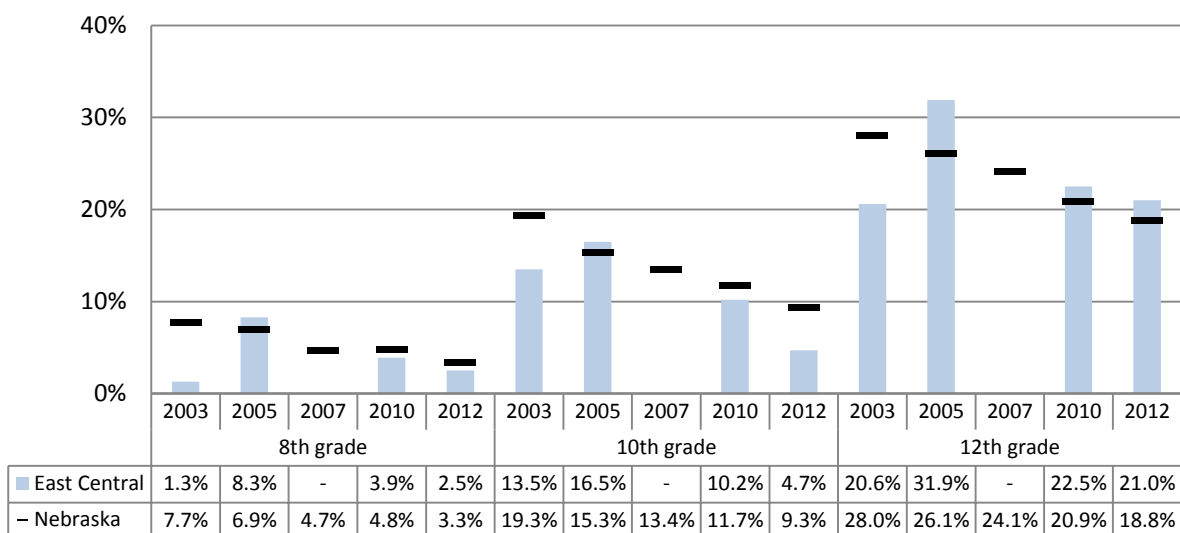


*Binge drinking defined as 5 or more drinks in a row.

(Source: Nebraska Risk and Protective Factors Student Survey)

Reported rates of past 30-day underage cigarette use have been on the decline in the East Central District since 2005, following trends for the state (Figure 87).

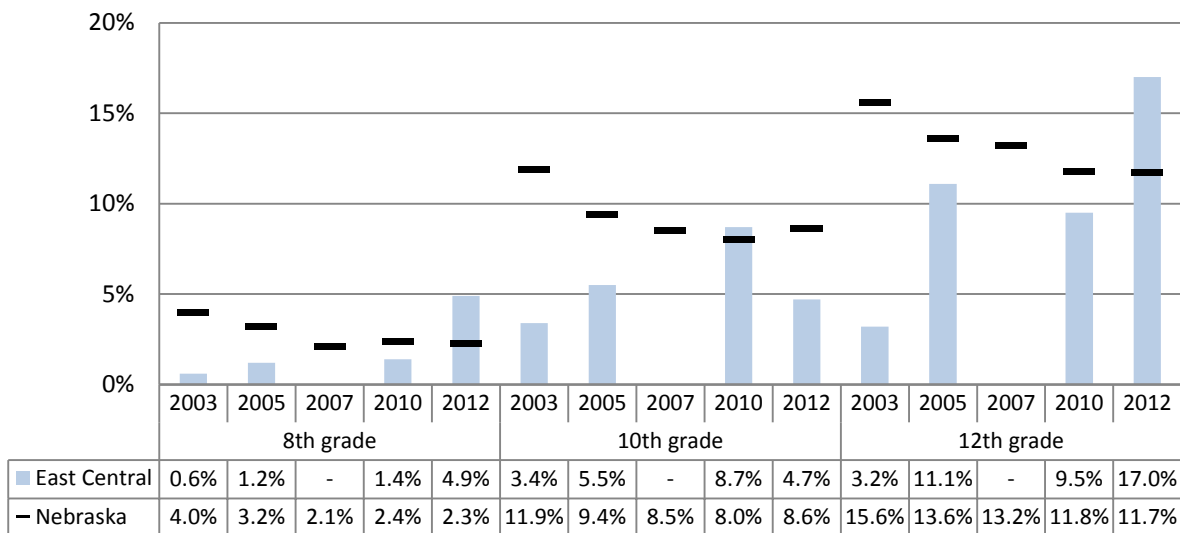
Figure 87. Past 30-Day Cigarette Use among 8th to 12th graders



(Source: Nebraska Risk and Protective Factors Student Survey)

While alcohol and cigarette use have been on the decline among youth, trends for marijuana use in the East Central District appear to be increasing. In 2012, 17.0% of East Central 12th graders reported using marijuana in the past 30 days, compared to a rate of 11.7% for the state (Figure 88).

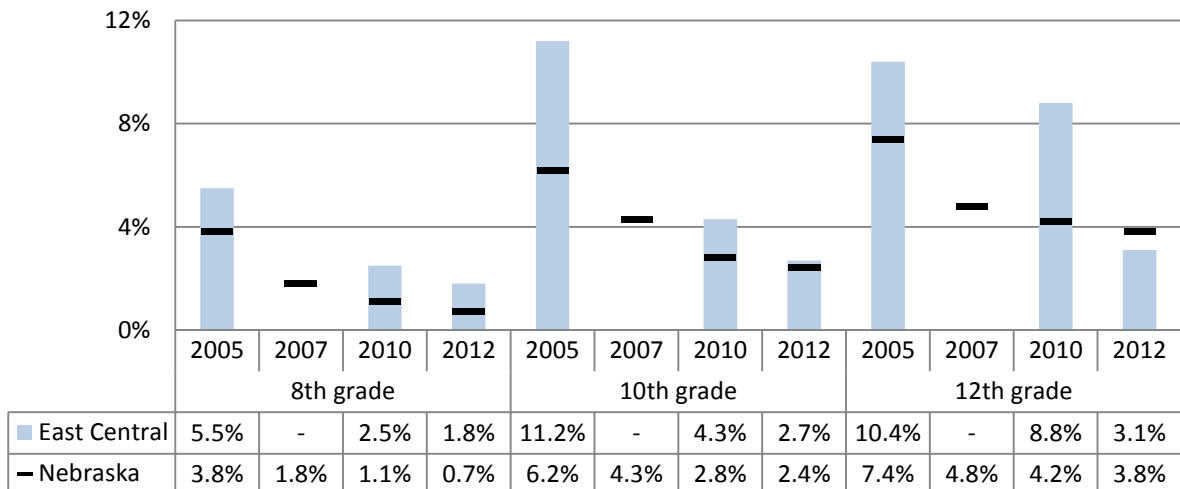
Figure 88. Past 30-Day Marijuana Use among 8th to 12th graders



(Source: Nebraska Risk and Protective Factors Student Survey)

The use of prescription drugs not prescribed by a doctor has been decreasing among East Central District youth. In previous administrations of the NRPFS, East Central had notably high rates of reported past 30-day prescription drug use, but in 2012 the reported rates were more in line with state averages (Figure 89).

Figure 89. Past 30-Day Prescription Drug Use (not prescribed by a doctor) among 8th to 12th graders



(Source: Nebraska Risk and Protective Factors Student Survey)

Lifetime substance use rates among East Central youth are displayed below in Figure 90. The most commonly used substances are marijuana, inhalants, prescription drugs, and non-prescription drugs.

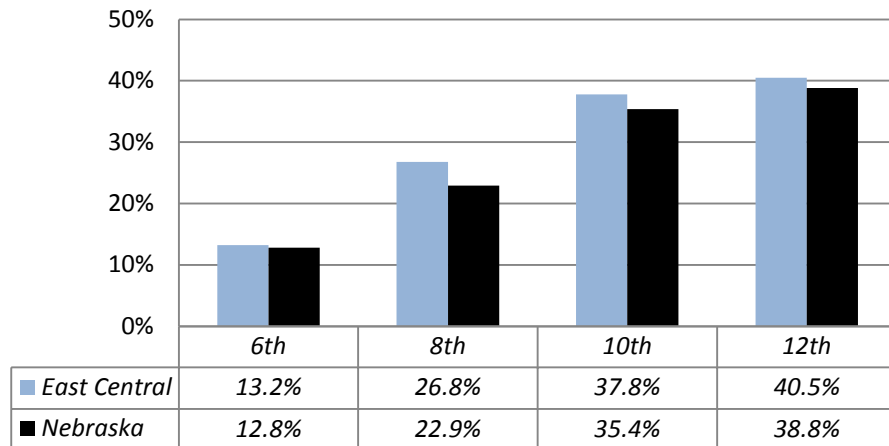
Figure 90 Lifetime Substance Use Rates among East Central 8th to 12th Graders						
	8th Grade		10th Grade		12th Grade	
	2010	2012	2010	2012	2010	2012
Marijuana	3.9%	9.8%	15.1%	13.3%	24.4%	34.0%
LSD/other psychedelics	0.7%	0.0%	1.9%	0.0%	2.5%	1.9%
Cocaine/crack	0.7%	0.3%	1.9%	0.0%	3.2%	3.8%
Meth	0.7%	0.0%	0.9%	0.7%	1.5%	1.3%
Inhalants	8.5%	8.3%	9.9%	6.7%	0.8%	0.6%
Prescription drugs	2.5%	1.8%	4.3%	2.7%	8.6%	3.1%
Non-prescription drugs	2.5%	1.8%	4.0%	2.0%	5.5%	3.8%

(Source: Nebraska Risk and Protective Factors Student Survey)

Risk Factors Associated with Substance Use

The NRPFS combines multiple survey items into a single "Risk Factor". Adjacent is the risk factor "Parental Attitudes Favorable towards Drug Use". East Central youth reported that their parents have slightly more favorable attitudes towards drug use compared to the rest of the state in 2012 (Figure 91).

Figure 91. Parental Attitudes Favorable towards Drug Use* among 6th to 12th Graders (2012)

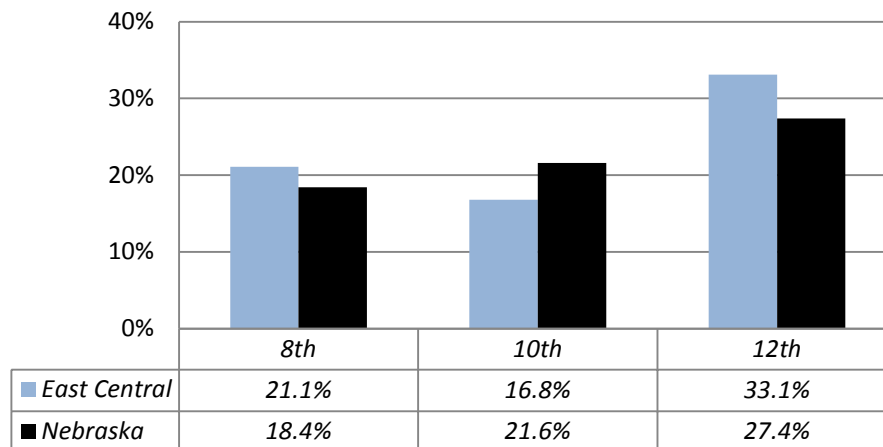


*A combination of multiple survey items asking youth about their perception of their parents' disapproval of underage alcohol, tobacco, and drug use.

(Source: Nebraska Risk and Protective Factors Student Survey)

Adjacent is another NRPFS risk factor: "Early Initiation of Drug Use". East Central youth in 8th and 12th grade reported a higher frequency of early initiation of drug use, while 10th graders were lower, as compared to the state (Figure 92).

Figure 92. Early Initiation of Drug Use* among 8th to 12th Graders (2012)



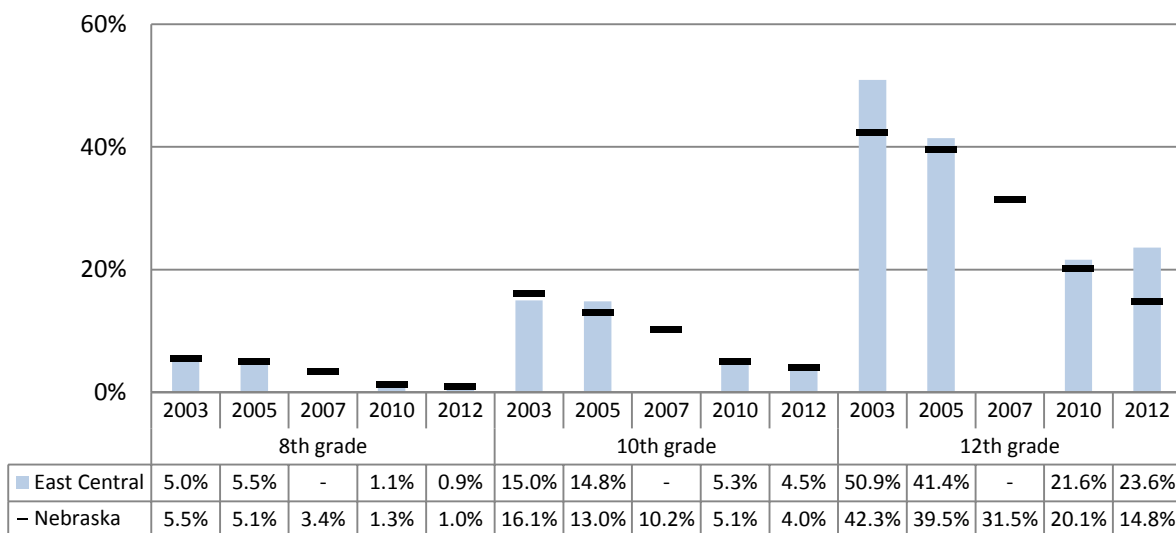
*A combination of multiple survey items asking youth about the age at which they first used alcohol, tobacco, and drugs.

(Source: Nebraska Risk and Protective Factors Student Survey)

Alcohol Impaired Driving

Reported rates of alcohol impaired driving by youth in the past year have generally been on the decline in the East Central District and in the State. However, in 2012, nearly one-fourth (23.6%) of East Central 12th graders reported driving under the influence of alcohol in the past year, which was notably higher than the rate for 12th graders across the state (14.8%). Nevertheless, this rate has been cut in more than half since 2003, when 50.9% of East Central 12th graders reported past year alcohol impaired driving (Figure 93).

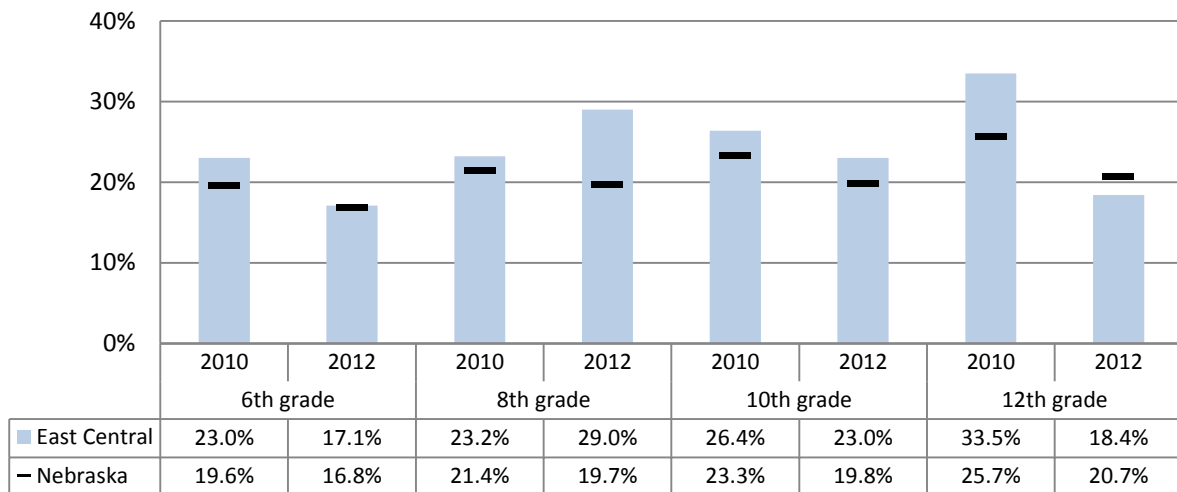
Figure 93. Past Year Alcohol Impaired Driving among 8th to 12th Graders



(Source: Nebraska Risk and Protective Factors Student Survey)

In 2012, 17.1% of 6th graders, 29.0% of 8th graders, 23.0% of 10th graders, and 18.4% of 12th graders in the East Central District reported riding in a vehicle driven by someone who had been drinking alcohol in the past 30 days (Figure 94).

Figure 94. Rode in a Vehicle Driven by Someone Who Had been Drinking Alcohol in the Past 30 Days among 6th to 12th Graders



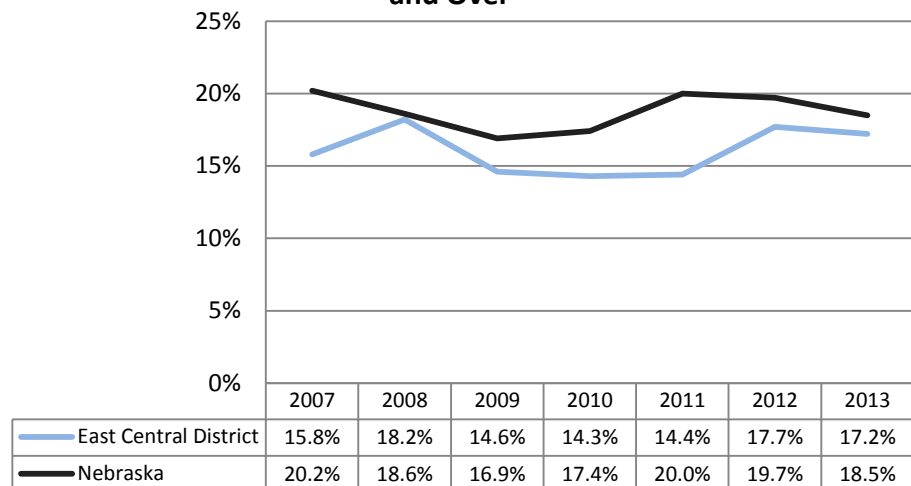
(Source: Nebraska Risk and Protective Factors Student Survey)

Adult Alcohol and Tobacco Abuse

Tobacco Use

Compared to the state, a slightly lower percentage of East Central adults report that they are smokers. From 2007 to 2013, between 14% and 18% of East Central BRFSS respondents reported that they are tobacco smokers (Figure 95).

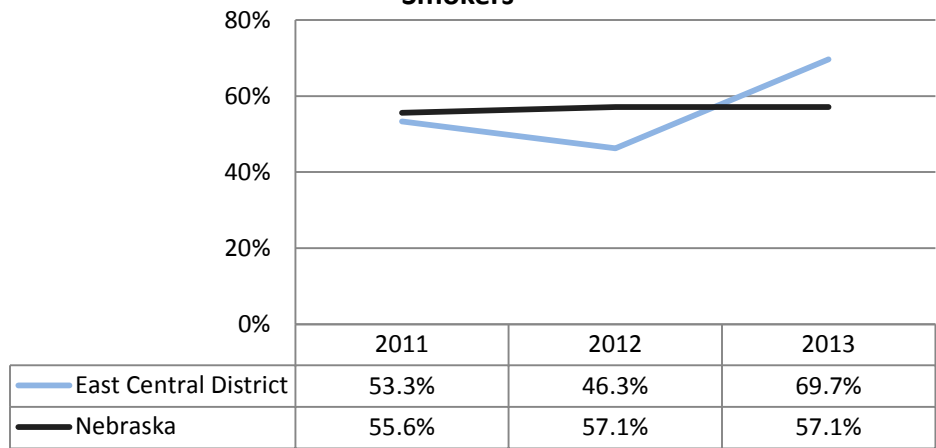
Figure 95. Smoking Prevalence among Adults Ages 18 and Over



(Source: Behavioral Risk Factors Surveillance System)

Among adults who reported currently being smokers in the East District, between 46% and 70% reported that they attempted to quit smoking during 2011 to 2013 administrations of the BRFSS (Figure 96).

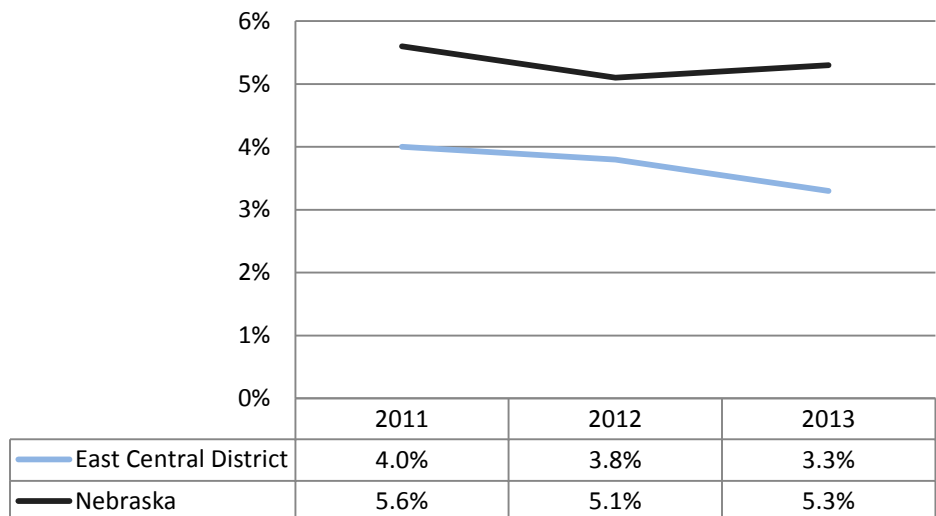
Figure 96. Attempted to Quit Smoking in Past Year among Adults Ages 18 and Over Who are Current Smokers



(Source: Behavioral Risk Factors Surveillance System)

Between 3% and 4% of East Central adults reported currently using smokeless tobacco products from 2011 to 2013. These rates are slightly lower than the state (Figure 97).

Figure 97. Current Smokeless Tobacco Use among Adults Ages 18 and Over

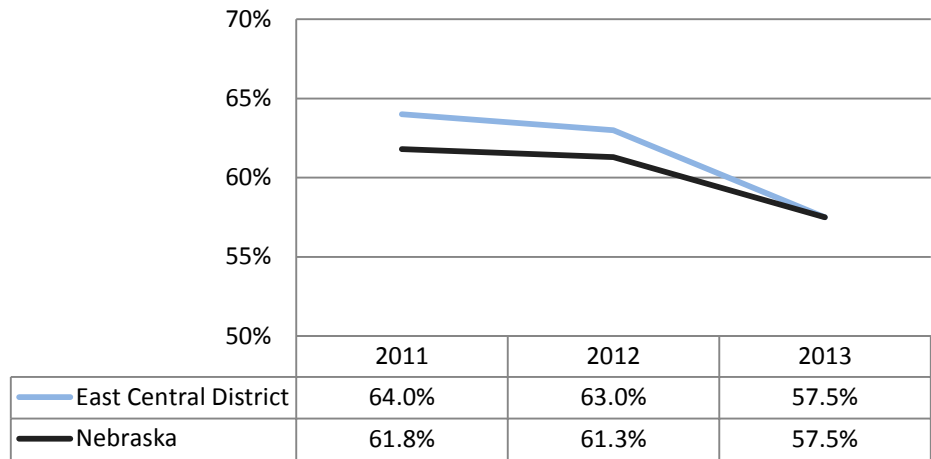


(Source: Behavioral Risk Factors Surveillance System)

Alcohol Use

Past month use of any alcohol declined rather notably among adults across the state in 2013, including adults in the East Central District (Figure 98).

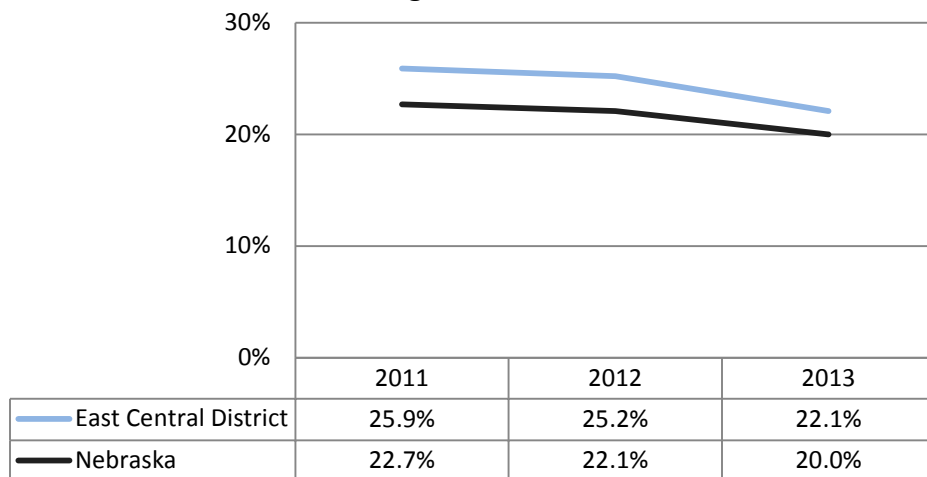
Figure 98. Any Alcohol Consumption in the Past 30 Days among Adults Ages 18 and Over



(Source: Behavioral Risk Factors Surveillance System)

Past month binge drinking declined slightly from 2011 to 2013 among East Central respondents to the BRFSS, but remained higher than the state. From 2011 to 2013, past month binge drinking declined from 25.9% to 22.1% among East Central respondents (Figure 99).

Figure 99. Binge Drinking* in the Past 30 Days among Adults Ages 18 and Over

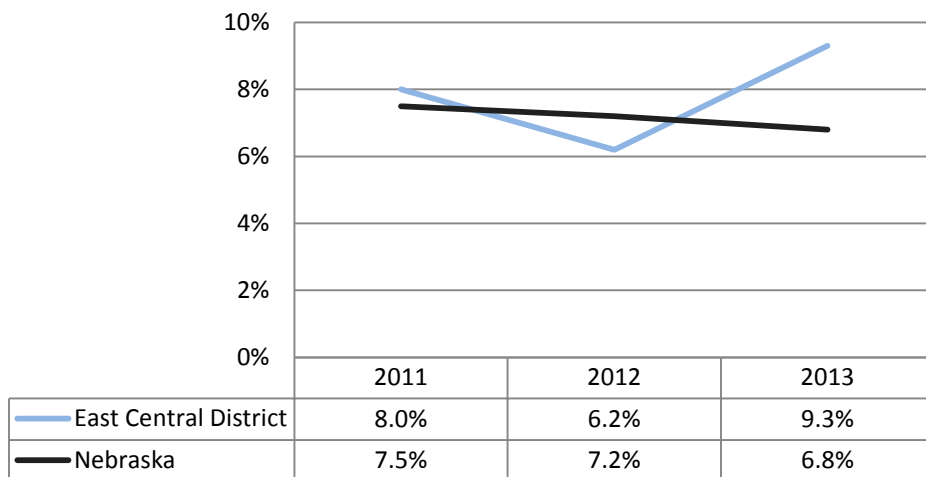


*Binge drinking defined as 4 drinks in a row for women, 5 for men.

(Source: Behavioral Risk Factors Surveillance System)

From 2011 to 2013, between 6% and 9% of East Central adults reported heavy drinking (Figure 100). See the footnote below the figure for a definition of heavy drinking.

Figure 100. Heavy Drinking in the Past 30 Days among Adults Ages 18 and Over



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

(Source: Behavioral Risk Factors Surveillance System)

In 2012, 4.8% of East Central adults reported that they had driven a vehicle under the influence of alcohol in the past month (Figure 101).

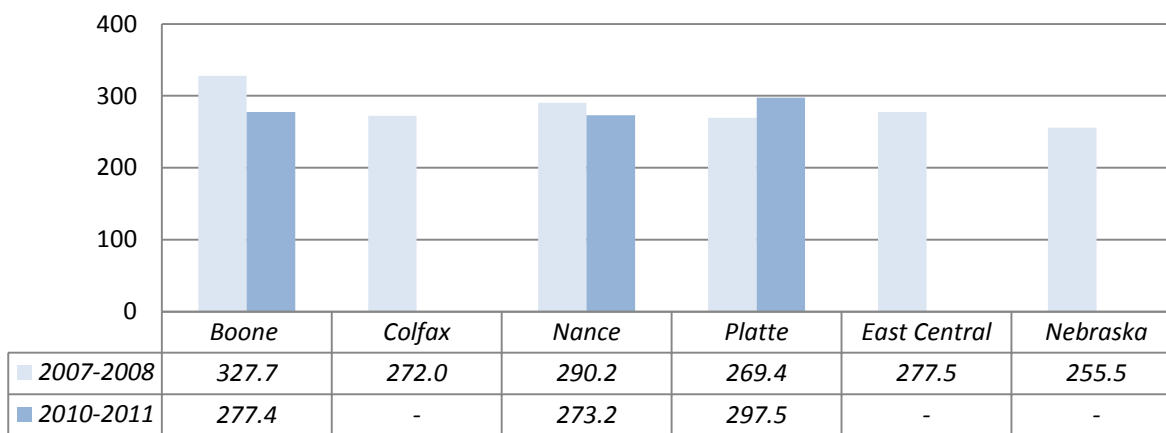
Figure 101	Alcohol Impaired Driving in the Past 30 Days among Adults Ages 18 and Over (2012)	
	East Central	Nebraska
	4.8%	3.4%

(Source: Behavioral Risk Factors Surveillance System)

Health Problems Due to Alcohol and Tobacco

Rates of hospitalizations for tobacco-related diseases are displayed below in Figure 102. Note that some data are missing for 2010-2011.

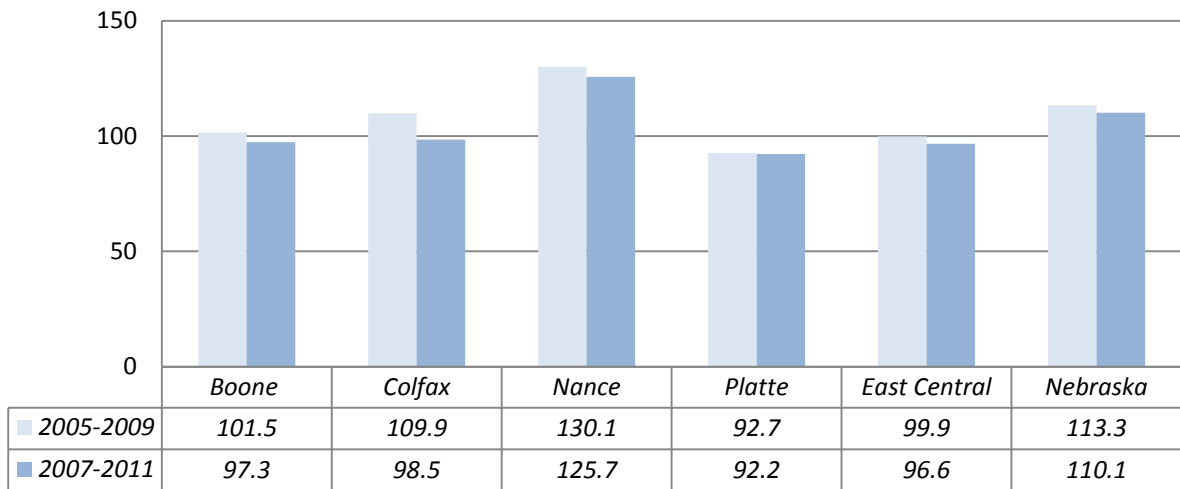
Figure 102. Hospitalizations for Tobacco-Related Diseases per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

The rate of tobacco-related deaths in the East Central District overall is lower than the state. However, Nance County has rates that are higher than the state (Figure 103).

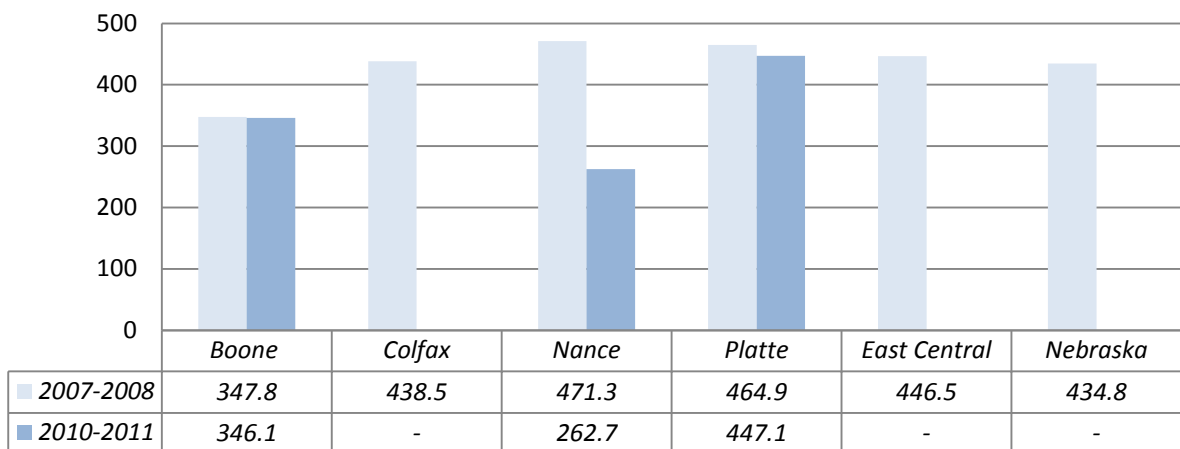
Figure 103. Tobacco Related Deaths per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Rates of hospitalizations for alcohol-related diseases are displayed below in Figure 104. Note that some data are missing for 2010-2011.

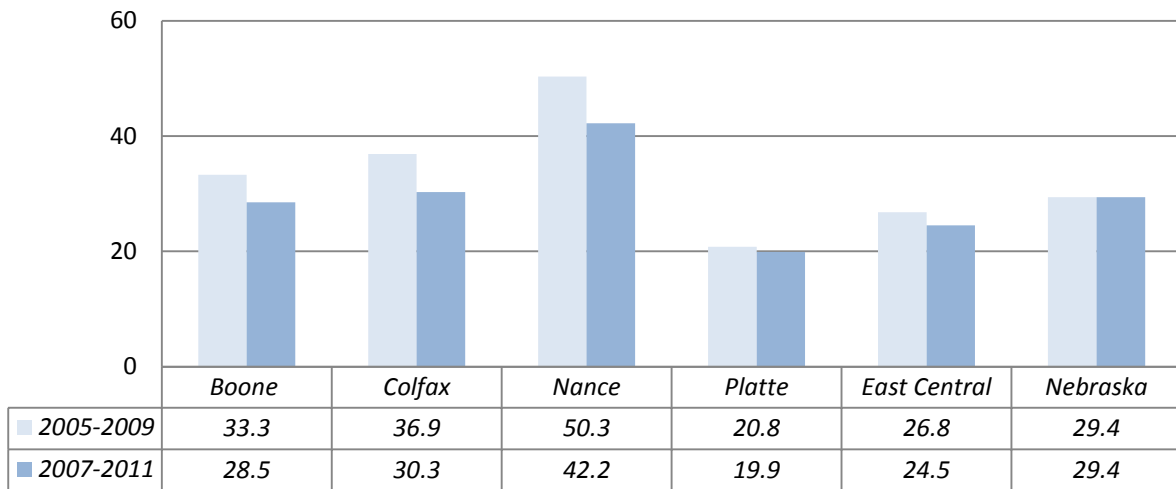
Figure 104. Hospitalizations for Alcohol-Related Diseases per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

The rate of alcohol-related deaths in the East Central District overall is lower than the state. However, Nance County has rates that are higher than the state (Figure 105).

Figure 105. Alcohol Related Deaths per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Education and Schools

Educational Attainment

Four-year high school graduation rates among public schools students are aggregated below in Figure 106. Data colored **red** are lower than the state average. In 2013, Colfax, Nance, and Platte Counties had lower rates of graduation than the state. Rates were unavailable for Boone County in 2013, as the data has been masked to protect the identity of students.

Figure 106. Four-Year High School Graduation Rate*

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

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

Note: Data has been masked to protect the identity of students. Use extreme caution when interpreting data as several school districts in East Central were masked.

(Source: Nebraska Department of Education)

Among the four counties in the East Central District, Colfax County stands out as having a fairly high percentage of the over 25 population without a high school degree or equivalent. As a whole, the East Central District has lower rates of the over 25 population with a high school degree or equivalent, as compared to the state. The percentage of the population with at least a bachelor's degree or higher is just over half the rate for the state. Among the four counties in the district, Boone County has the highest rates of the population with a high school degree or equivalent and Platte County has the highest rates of the population with a bachelor's degree or higher (Figures 107 and 108).

Figure 107	Educational Attainment: High School and College - Individuals over 25 (2012)						
	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	92.5%	70.0%	87.8%	89.3%	85.8%	90.5%	85.7%
Percent of the Population with at Least a Bachelor's Degree or Higher	14.2%	12.4%	12.1%	17.3%	15.6%	28.1%	28.5%

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

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

Figure 108	Highest Level of Educational Attainment - Individuals over 25 (2012)						
	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
Less Than 9th Grade	2.7%	16.4%	5.2%	5.6%	7.3%	4.1%	6.0%
9th to 12th Grade, no Diploma	4.9%	13.6%	6.9%	5.2%	6.9%	5.5%	8.2%
High School (or GED/Equivalent)	43.8%	28.9%	40.1%	31.9%	33.3%	28.7%	28.2%
Some College, no Degree	24.4%	20.6%	25.9%	28.7%	26.4%	24.3%	21.3%
Associate's Degree	10.1%	8.1%	9.7%	11.4%	10.5%	9.4%	7.7%
Bachelor's Degree	8.9%	9.3%	9.0%	11.8%	10.8%	19.0%	17.9%
Graduate or Professional Degree	5.3%	3.1%	3.1%	5.5%	4.8%	9.1%	10.6%

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

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

From 2000 to 2012 there was a slight increase in the percentage of the East Central population ages 25 and over with at least a high school degree/GED/equivalent from 82.0% to 85.8%. The percentage of the population ages 25 and over with at least a bachelor's degree or higher in the district has remained basically stable at around 16% (Figures 109 and 110).

Figure 109	Percent of the Population Ages 25 and Over with at Least a High School Degree or GED/Equivalent or Higher (2000-2012)		
	2000	2010	2012
Boone	84.4%	91.8%	92.5%
Colfax	72.0%	73.2%	70.0%
Nance	80.6%	85.2%	87.8%
Platte	84.7%	89.7%	89.3%
<i>East Central*</i>	82.0%	85.9%	85.8%
<i>Nebraska</i>	86.6%	90.0%	90.5%
<i>United States</i>	80.4%	85.0%	85.7%

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

Figure 110	Percent of the Population Ages 25 and Over with at Least a Bachelor's Degree or Higher (2000-2012)		
	2000	2010	2012
Boone	13.1%	15.8%	14.2%
Colfax	11.5%	12.7%	12.4%
Nance	11.4%	11.6%	12.1%
Platte	17.2%	18.9%	17.3%
<i>East Central*</i>	15.3%	16.9%	15.6%
<i>Nebraska</i>	23.7%	27.7%	28.1%
<i>United States</i>	24.4%	27.9%	28.5%

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

Schools Data

Education statistics including Nebraska Accountability scores and student characteristics for each of the public school districts in the East Central District are displayed below in Figures 111 through 118.

Figure 111		Education Statistics for Public Schools Districts in <u>Boone County</u> (2012-2013)			
		Boone Central Schools	Cedar Rapids Public Schools	St. Edward Public Schools	Nebraska
Nebraska Accountability Scores	% Proficient in reading	79%	71%	77%	77%
	% Proficient in mathematics	66%	71%	69%	69%
	% Proficient in science	82%	66%	74%	68%
	% Proficient in writing	79%	63%	83%	70%
Student Characteristics	Enrollment	584	114	135	303,242
	% Receiving free/reduced lunch	34.3%	51.8%	47.7%	44.2%
	% of ELL students	_*	_*	_*	6.0%
	% School mobility rate	5.7%	_*	_*	11.4%
	% of Students in special education	13.7%	16.7%	15.6%	14.7%

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

(Nebraska Department of Education)

Figure 112		Four-Year Graduation Rates for Public Schools Districts in <u>Boone County</u>			
		2011	2012	2013	2014
Boone Central Schools		94.4%	92.7%	_*	96.9%
Cedar Rapids Public Schools		_*	_*	_*	100%
St. Edward Public Schools		90.9%	91.7%	_*	100%
Nebraska		86.1%	87.6%	88.5%	89.7%

*Data has been masked to protect the identity of students.

(Nebraska Department of Education)

Figure 113		Education Statistics for Public Schools Districts in <u>Colfax County</u> (2012-2013)				
		Clarkson Public Schools	Howells-Dodge Consolidated Schools	Leigh Community Schools	Schuyler Community Schools	Nebraska
Nebraska Accountability Scores	% Proficient in reading	83%	83%	90%	70%	77%
	% Proficient in mathematics	74%	75%	87%	66%	69%
	% Proficient in science	80%	86%	85%	57%	68%
	% Proficient in writing	61%	74%	88%	61%	70%
Student Characteristics	Enrollment	182	238	148	1,841	303,242
	% Receiving free/reduced lunch	23.1%	31.9%	35.8%	62.7%	44.2%
	% of ELL students	_*	_*	_*	31.3%	6.0%
	% School mobility rate	11.7%	12.0%	10.2%	11.3%	11.4%
	% of Students in special education	22.0%	14.3%	_*	8.4%	14.7%

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

(Nebraska Department of Education)

Figure 114		Four-Year Graduation Rates for Public Schools Districts in <u>Colfax County</u>			
		2011	2012	2013	2014
Clarkson Public Schools		95.2%	_*	_*	95.0%
Howells-Dodge Consolidated Schools		_*	_*	_*	96.0%
Leigh Community Schools		_*	_*	_*	_*
Schuyler Community Schools		89.5%	90.1%	80.0%	82.4%
Nebraska		86.1%	87.6%	88.5%	89.7%

*Data has been masked to protect the identity of students.

(Nebraska Department of Education)

Figure 115		Education Statistics for Public Schools Districts in <u>Nance County</u> (2012-2013)		
		Fullerton Public Schools	Twin River Public Schools	Nebraska
Nebraska Accountability Scores	% Proficient in reading	87%	72%	77%
	% Proficient in mathematics	79%	74%	69%
	% Proficient in science	78%	68%	68%
	% Proficient in writing	73%	66%	70%
Student Characteristics	Enrollment	301	481	303,242
	% Receiving free/reduced lunch	36.9%	30.6%	44.2%
	% of ELL students	_*	_*	6.0%
	% School mobility rate	5.7%	7.7%	11.4%
	% of Students in special education	14.3%	14.6%	14.7%

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

Figure 116		Four-Year Graduation Rates for Public Schools Districts in <u>Nance County</u>			
		2011	2012	2013	2014
Fullerton Public Schools		93.6%	_*	_*	100%
Twin River Public Schools		94.4%	_*	97.3%	97.0%
Nebraska		86.1%	87.6%	88.5%	89.7%

*Data has been masked to protect the identity of students.

(Nebraska Department of Education)

Figure 117		Education Statistics for Public Schools Districts in <u>Platte County</u> (2012-2013)			
		Columbus Public Schools	Humphrey Public Schools	Lakeview Community Schools	Nebraska
Nebraska Accountability Scores	% Proficient in reading	68%	87%	73%	77%
	% Proficient in mathematics	68%	81%	71%	69%
	% Proficient in science	72%	90%	71%	68%
	% Proficient in writing	79%	93%	62%	70%
Student Characteristics	Enrollment	3,680	254	658	303,242
	% Receiving free/reduced lunch	48.8%	35.0%	37.2%	44.2%
	% of ELL students	11.6%	-*	10.9%	6.0%
	% School mobility rate	13.9%	18.0%	11.8%	11.4%
	% of Students in special education	18.0%	18.5%	12.6%	14.7%

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

(Nebraska Department of Education)

Figure 118		Four-Year Graduation Rates for Public Schools Districts in <u>Platte County</u>			
		2011	2012	2013	2014
Columbus Public Schools		87.0%	88.0%	84.5%	86.7%
Humphrey Public Schools		-*	95.7%	91.7%	94.7%
Lakeview Community Schools		84.2%	89.0%	79.3%	90.4%
Nebraska		86.1%	87.6%	88.5%	89.7%

*Data has been masked to protect the identity of students.

(Nebraska Department of Education)

Arrests

Total Arrests

The number of arrests by county is displayed below in Figure 119. Police departments are not required to report arrest data. Note that Albion Police Department stopped reporting arrests after 2003, Schuyler Police Department stopped after 2007, and Colfax County Sherriff's Office stopped after 2011.

Figure 119	Total Number of Arrests						
	2007	2008	2009	2010	2011	2012	2013
Boone*	17	15	10	10	10	1	7
Colfax*	547	166	171	117	82	18	8
Nance	37	74	99	79	26	39	18
Platte	1,404	1,732	1,442	1,378	1,125	1,254	1,178

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

(Source: Nebraska Crime Commission)

The annual rate of arrests from 2008 to 2012 for Nance and Platte Counties is displayed adjacent in Figure 120.

Figure 120	Number and Annual Rate of Arrests per 1,000 Population - Five-Year Period (2008-2012)*		
	Nance	Platte	Nebraska°
	317 (17.3)	6,931 (43.5)	425,407 (46.7)

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

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

(Source: Nebraska Crime Commission)

Leading causes of arrests across the entire East Central district are displayed adjacent in Figure 121.

Figure 121	Leading Causes of Arrests in the East Central District (2012)*	
	1. Liquor laws (230 arrests) 2. Driving under the influence (212) 3. Drug abuse violations (157) 4. Larceny (144) 5. Simple assault (131)	6. Vandalism (43) 7. Runaway (juvenile only) (26) 8. Burglary (24) 8. Disorderly conduct (24) 10. Fraud (21)

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

(Source: Nebraska Crime Commission)

Juvenile Arrests

The number of juvenile arrests by county is displayed below in Figure 122. Again note that police departments are not required to report arrest data. Note that Albion Police Department stopped reporting arrests after 2003, Schuyler Police Department stopped after 2007, and Colfax County Sherriff's Office stopped after 2011.

Figure 122	Total Number of <u>Juvenile</u> Arrests						
	2007	2008	2009	2010	2011	2012	2013
Boone*	2	4	1	2	0	0	1
Colfax*	116	2	2	2	3	1	0
Nance	2	23	14	7	2	2	1
Platte	352	564	440	395	301	248	222

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

(Source: Nebraska Crime Commission)

The annual rate of juvenile arrests from 2008 to 2012 for Nance and Platte Counties is displayed adjacent in Figure 123. Platte County has had higher rates of juvenile arrests compared to the state.

Figure 123	Number and Annual Rate of <u>Juvenile</u> Arrests per 1,000 Population - Five-Year Period (2008-2012)*		
	Nance	Platte	Nebraska ^o
	48 (11.0)	1,948 (44.7)	70,361 (30.9)

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

*Note that state-level data are underrepresented due to some police departments opting not to submit data to the Nebraska Crime Commission.

(Source: Nebraska Crime Commission)

Leading causes of juvenile arrests across the entire East Central district are displayed adjacent in Figure 124.

Figure 124	Leading Causes of <u>Juvenile</u> Arrests in the East Central District (2012)*	
	1. Liquor laws (53 juvenile arrests)	6. Vandalism (15)
	1. Larceny (53)	7. Burglary (10)
	3. Drug abuse violations (30)	8. Fraud (7)
	4. Runaway (26)	9. Disorderly conduct (6)
	5. Simple assault (17)	10. Motor vehicle theft (5)

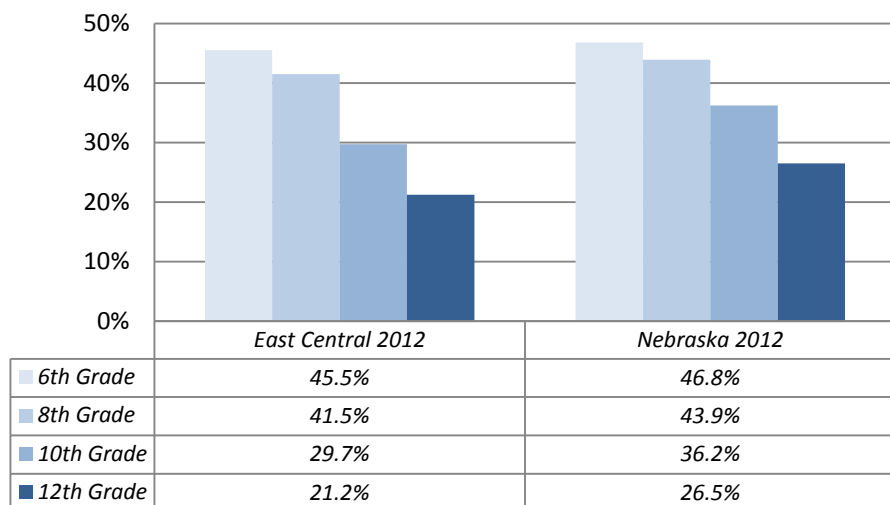
*Boone and Colfax Counties data is under-represented as Albion PD, Schuyler PD, and Colfax County S.O. have not submitted arrest data to the Nebraska Crime Commission.

(Source: Nebraska Crime Commission)

Bullying

Across the state and in the East Central District, youth reports of being bullied tend to be higher among 6th grade students and decrease with age. In the East Central District in 2012, 45.5% of 6th graders reported experiencing any type of bullying in the past 12 months (Figure 125).

Figure 125. Experienced Any Bullying* in the Past 12 Months: 6th to 12th Grade (2012)

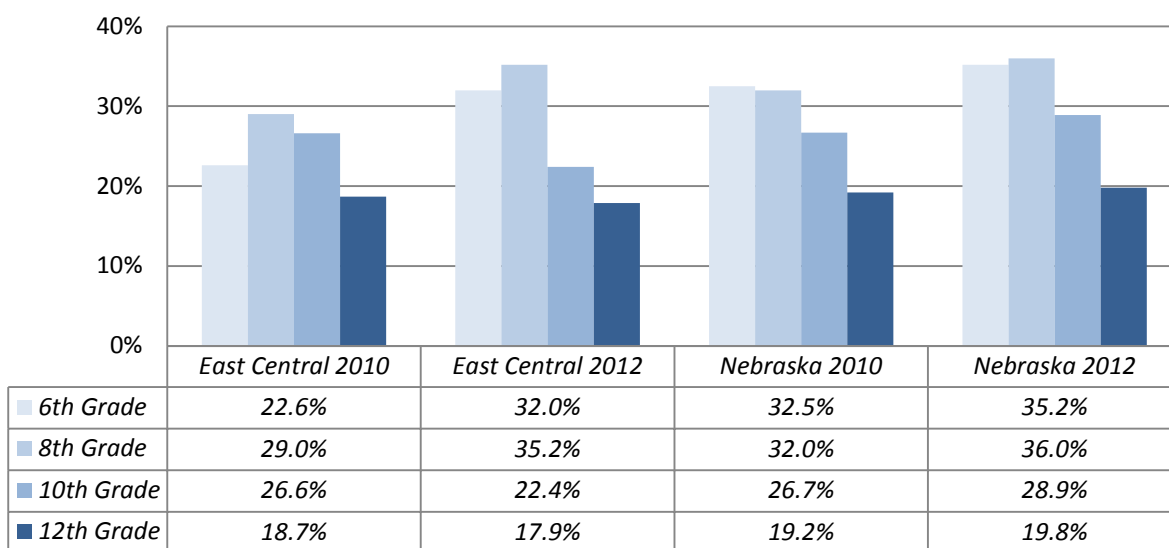


*Includes reports of bullying on school property, away from school property, and electronic bullying.

(Source: Nebraska Risk and Protective Factors Student Survey)

The percentage of East Central 6th and 8th grade students reporting being bullied on school property in the past 12 months increased rather notably from 2010 to 2012. At the same time, reports of being bullied on school property decreased for 10th and 12th graders over the same time period (Figure 126).

Figure 126. Bullied on School Property in the Past 12 Months: 6th to 12th Grade (2010-2012)



(Source: Nebraska Risk and Protective Factors Student Survey)

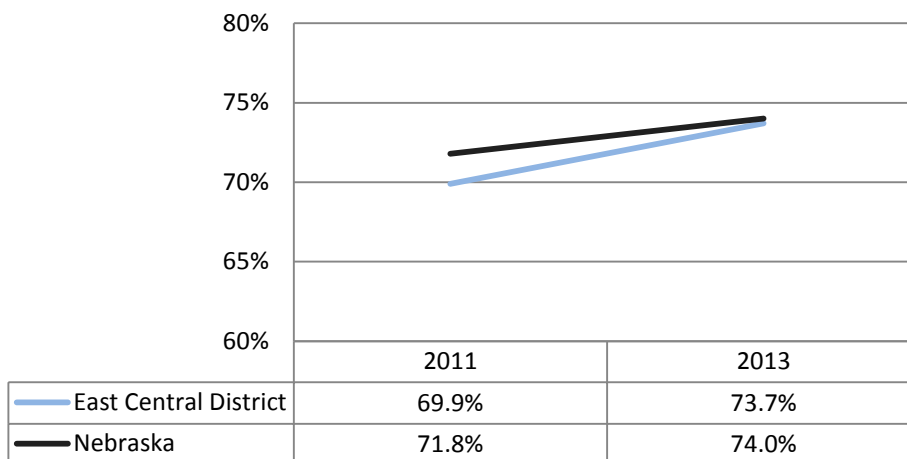
Health Screening

Various data on health screenings (including blood pressure, cholesterol, and various types of cancer screening) are displayed below in Figures 127 through 134. Note that some pieces data are more current, while for others 2010 is the most current year of data. Potential areas for concern include low rates of digital rectal examination (DRE) among males ages 50 and over (Figure 131) and low rates of mammography and clinical breast examination among women ages 40 and over (Figures 132 and 133)

Figure 127	Had Blood Pressure Checked in the Past Year among Adults Ages 18 and Over (2013)
East Central	Nebraska
87.6%	84.6%

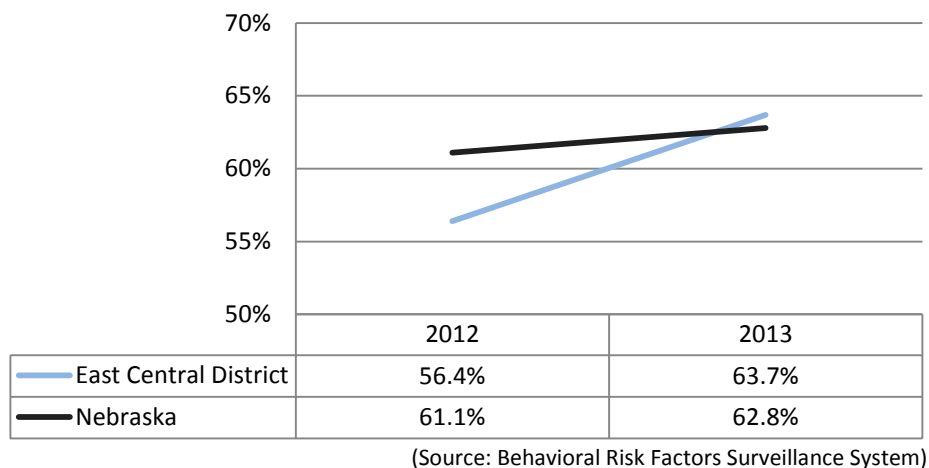
(Source: Behavioral Risk Factors Surveillance System)

Figure 128. Had Cholesterol Checked in the Past 5 Years (Adults Ages 18 and Over)

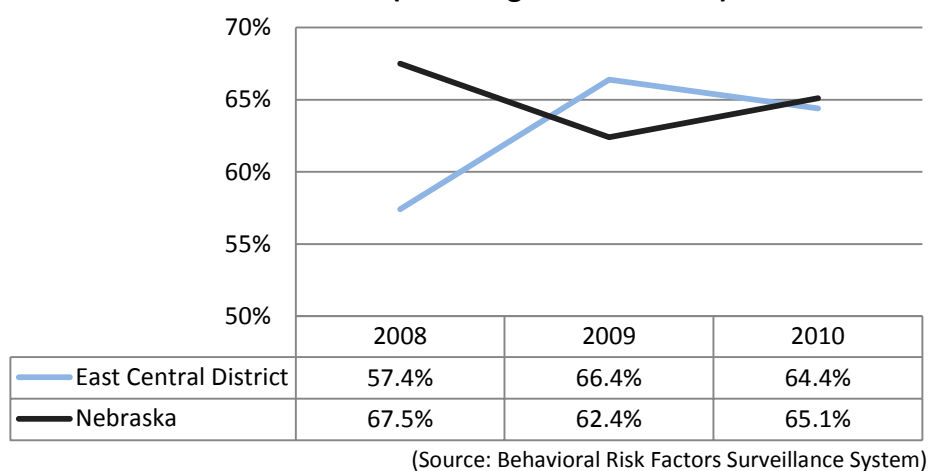


(Source: Behavioral Risk Factors Surveillance System)

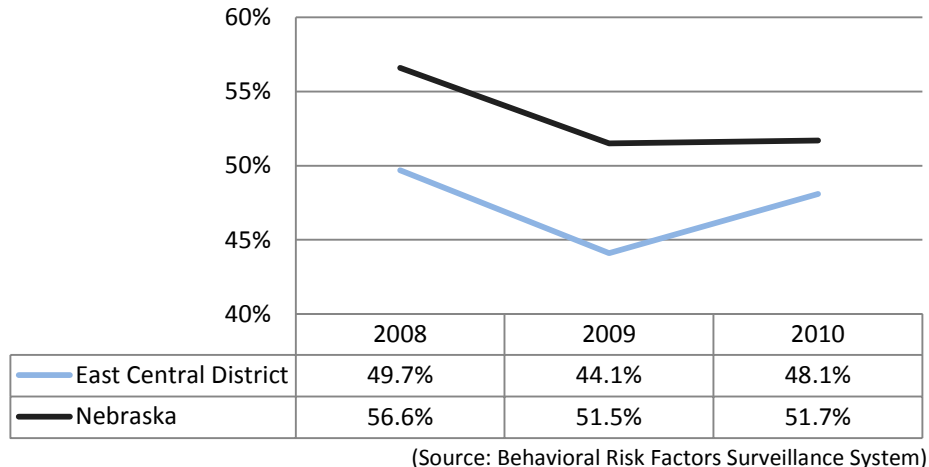
**Figure 129. Up-to-Date on Colon Cancer Screening
(Ages 50-75 Year Olds)**



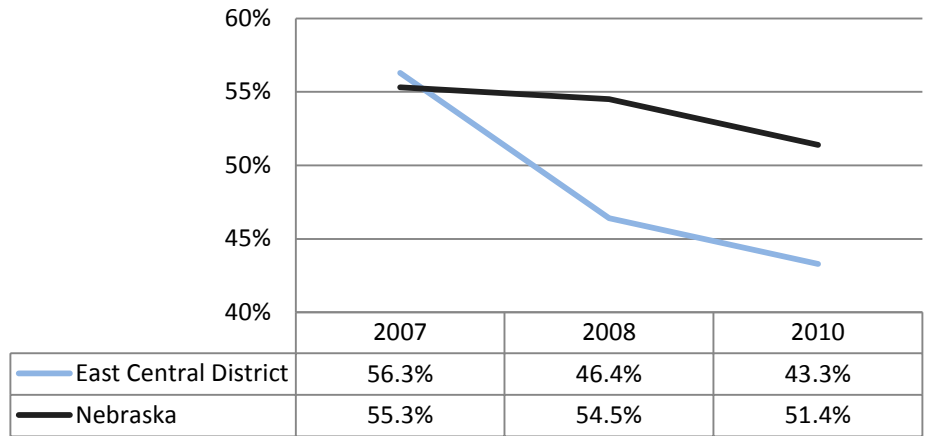
**Figure 130. Had a Prostate Specific Antigen (PSA) in the
Past Two Years (Males Ages 50 and Over)**



**Figure 131. Had a Digital Rectal Exam (DRE) in the Past
Two Years (Males Ages 50 and Over)**

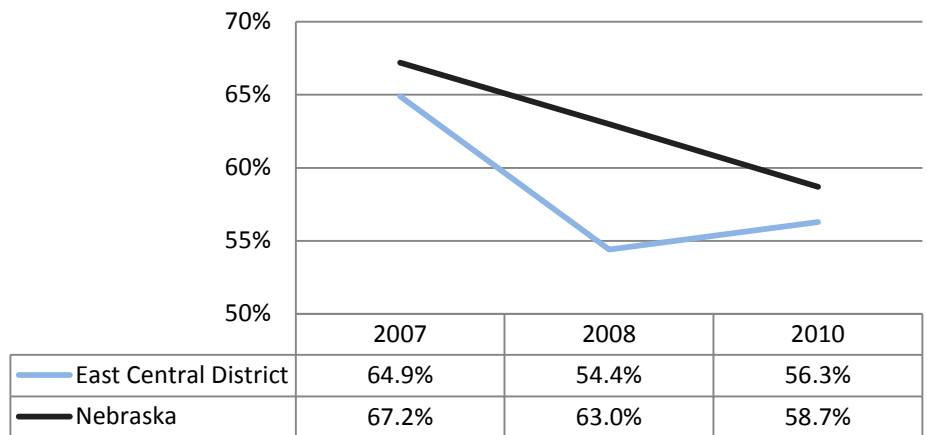


**Figure 132. Had a Mammogram in the Past Year
(Females Ages 40 and Over)**



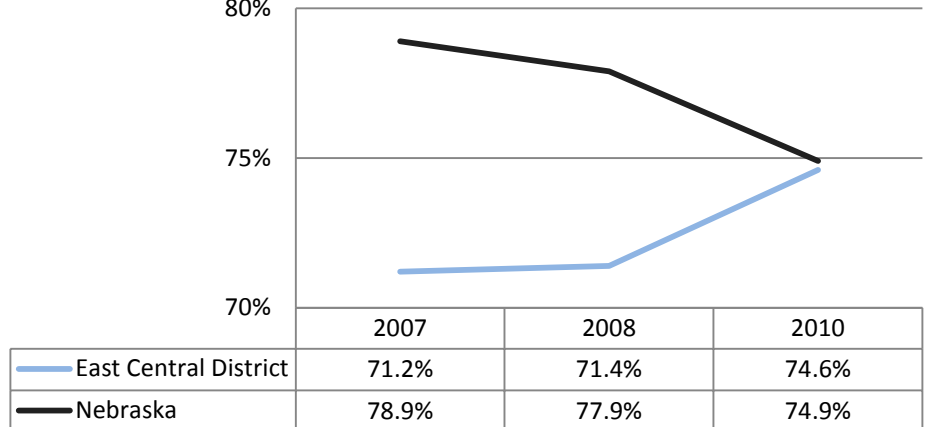
(Source: Behavioral Risk Factors Surveillance System)

**Figure 133. Had a Clinical Breast Exam in the Past Year
(Females Ages 40 and Over)**



(Source: Behavioral Risk Factors Surveillance System)

**Figure 134. Had a PAP Test in the Past Three Years
(Females Ages 18 and Over)**



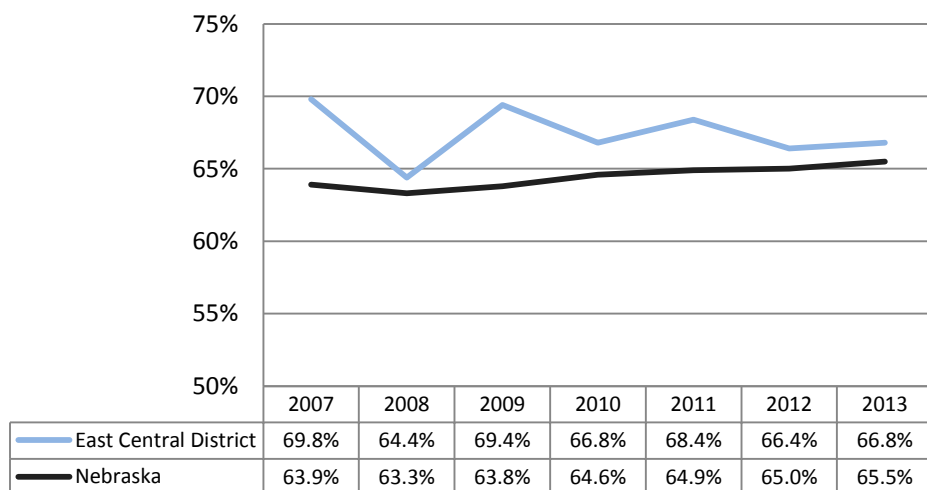
(Source: Behavioral Risk Factors Surveillance System)

Obesity and Physical Activity

Obese and Overweight Population

Since 2007, roughly two-thirds of East Central District respondents to the BRFSS have been identified as either overweight or obese based on body mass index (BMI) data, which is a calculation based on height and weight. East Central has been slightly higher than the state in every year since 2007 (Figure 135).

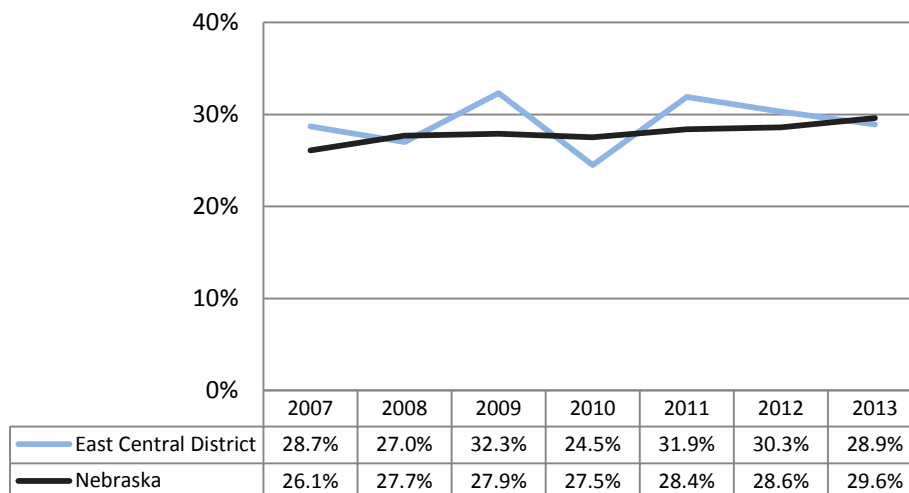
Figure 135. Percent of the Adult Population Ages 18 and Over That is Overweight or Obese (BMI 25 or higher)



(Source: Behavioral Risk Factors Surveillance System)

Rates of obesity have ranged between 25% and 32% each year since 2007 among East Central District respondents to the BRFSS. Obesity rates are more or less on par with the state in the East Central District (Figure 136).

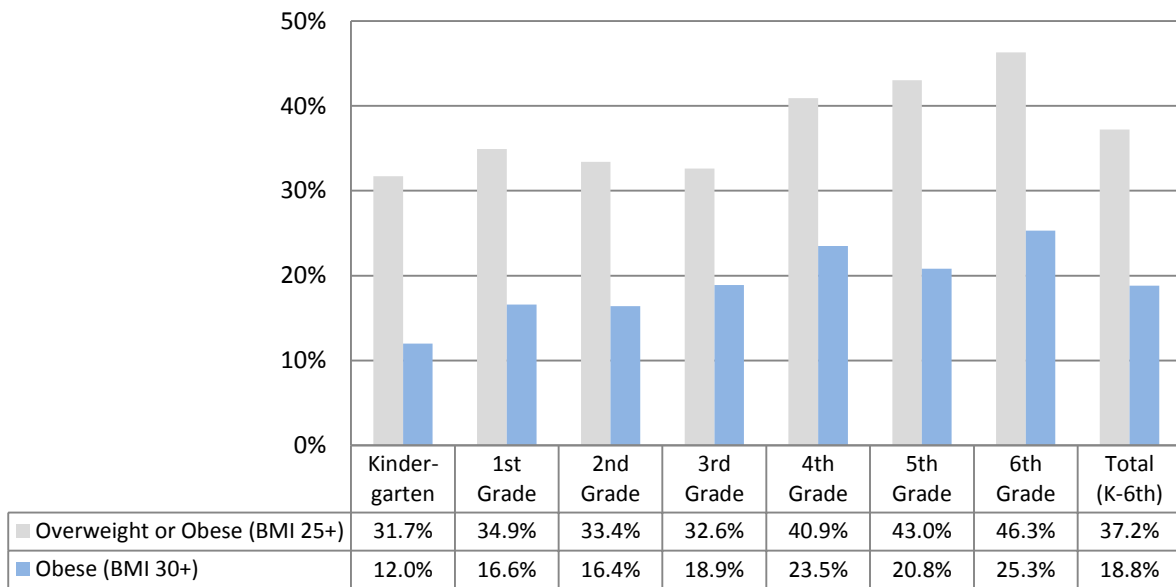
Figure 136. Percent of the Adult Population Ages 18 and Over that is Obese (BMI 30 or Higher)



(Source: Behavioral Risk Factors Surveillance System)

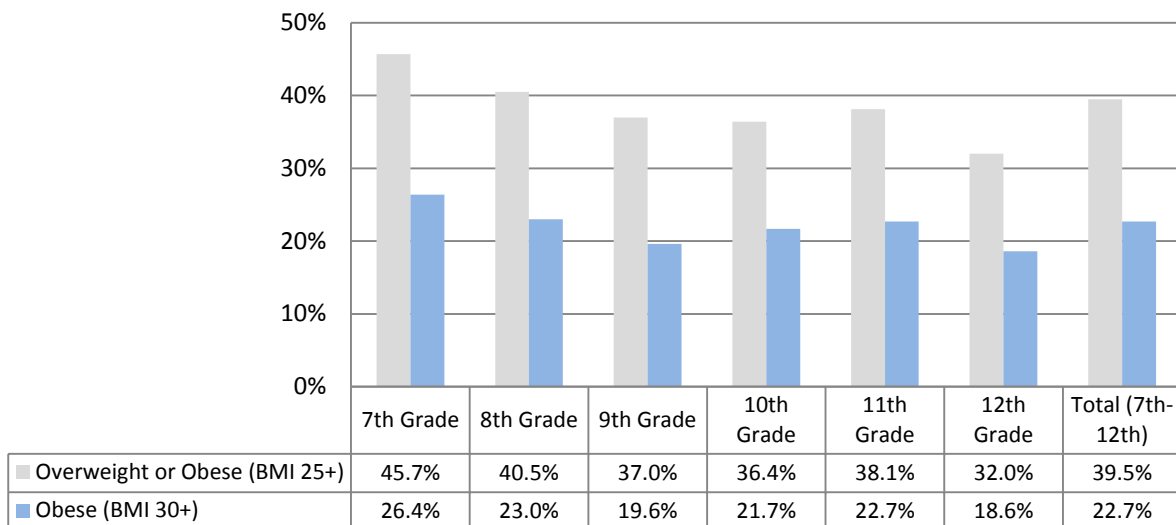
BMI data on total of 3,035 K-12th grade students (including both public and private schools) in the East Central District were assessed in 2013-2014. Issues of being overweight or obese appear to be common among all grades of youth in the district, but are most prevalent among 4th through 8th grade students, 40% or more of whom are either overweight or obese (Figures 137 and 138).

Figure 137. East Central District BMI Data on K-6th Grade Students (2013-2014)



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

Figure 138. East Central District BMI Data on 7th-12th Grade Students (2013-2014)

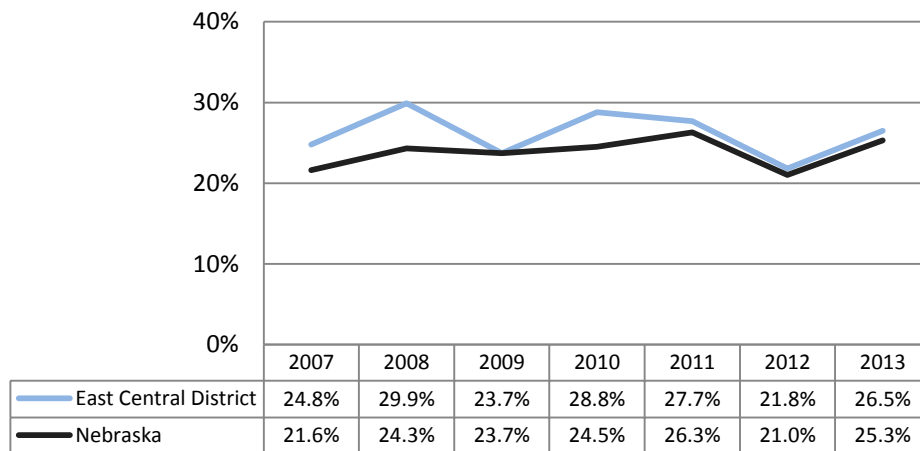


(Source: East Central District Health Department, K-12 Student BMI Data)

Participation in Physical Activity

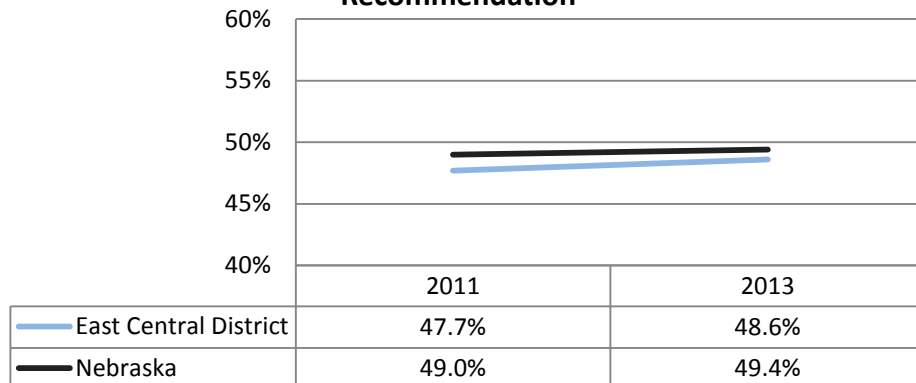
The next four figures (139 through 142) display BRFSS results on topics related to physical activity. Compared to the state, East Central respondents tend to have slightly less time devoted to physical activity and tend not to meet recommendations for both aerobic physical activity and muscle strengthening (Figure 142).

Figure 139. Percent of the Adult Population Ages 18 and Over with no Physical Activity in Leisure Time



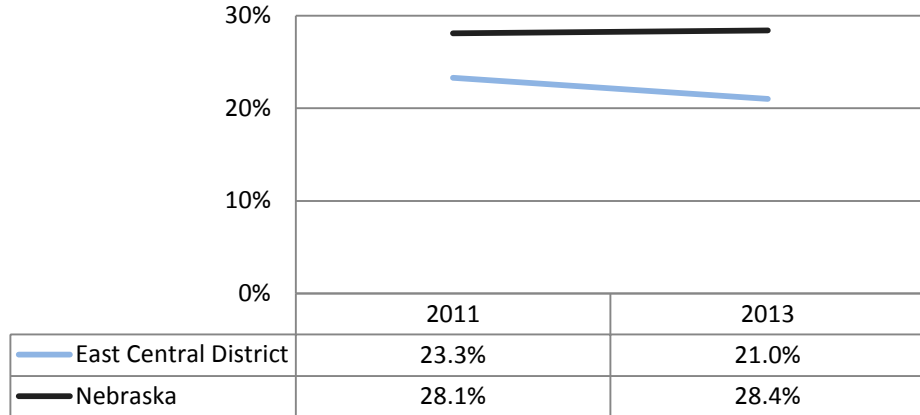
(Source: Behavioral Risk Factors Surveillance System)

Figure 140. Percent of the Adult Population Ages 18 and Over That Met Aerobic Physical Activity Recommendation



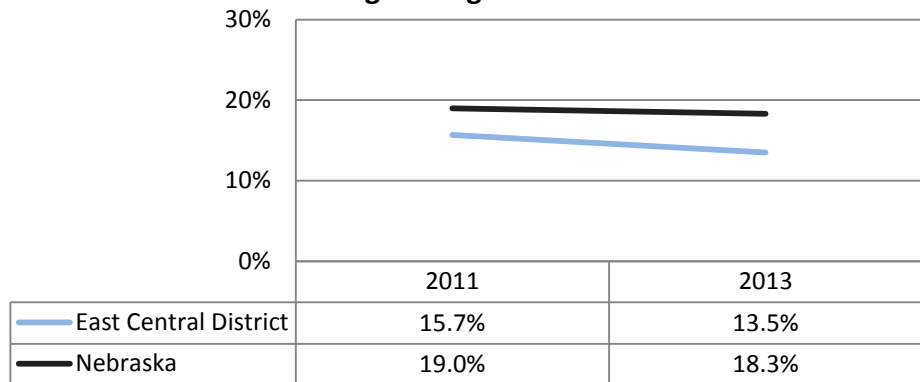
(Source: Behavioral Risk Factors Surveillance System)

Figure 141. Percent of the Adult Population That Met Muscle Strengthening Recommendation



(Source: Behavioral Risk Factors Surveillance System)

Figure 142. Percent of the Adult Population Ages 18 and Over That Met Both Aerobic Physical Activity and Muscle Strengthening Recommendation



(Source: Behavioral Risk Factors Surveillance System)

Compared to youth across the state, a slightly higher percentage of East Central youth reported having no days of physical activity in the past week in the 2010 YRBS (Figure 143).

Figure 143	Number of Days Youth (Grades 9 through 12) Were Physically Active for a Total of At Least 60 Minutes per Day in the Past Week (2010)	
	East Central	Nebraska
0 days	13.0%	10.2%
1 to 2 days	15.4%	15.4%
3 to 4 days	17.7%	20.8%
5 days or more	54.0%	53.7%

(Source: Youth Risk Behavior Survey)

In both the 2011 and 2014 administrations of the Community Health Survey, just under 70% of respondents reported that their community has adequate health and wellness activities. In both years of the survey, Boone County respondents were considerably more positive than respondents from other counties (Figure 144).

Figure 144	The community has adequate health and wellness activities. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	90.9%	93.9%
Colfax	67.5%	65.2%
Nance°	66.7%	45.5%
Platte	64.7%	66.7%
White	70.2%	66.1%
Minority	62.4%	69.7%
Male	71.0%	68.9%
Female	68.0%	66.5%
Under 40	67.0%	63.7%
40 to 54	62.0%	66.9%
55 & over	78.0%	70.7%
East Central	68.5%	67.3%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Nutrition

In 2013, East Central respondents to the BRFSS indicated consuming sugar-sweetened beverages at lower rates, and watching/reducing sodium intake at higher rates, as compared to the state (Figure 145).

Figure 145	Indicators of Nutrition among Adults Ages 18 and Over (2013)	
	East Central	Nebraska
Consumed sugar-sweetened beverages 1 or more times per day in the past 30 days	23.0%	28.5%
Currently watching or reducing sodium or salt intake	51.2%	46.3%
Consumed fruits less than 1 time per day	39.7%	39.7%
Consumed vegetables less than 1 time per day	25.1%	23.3%

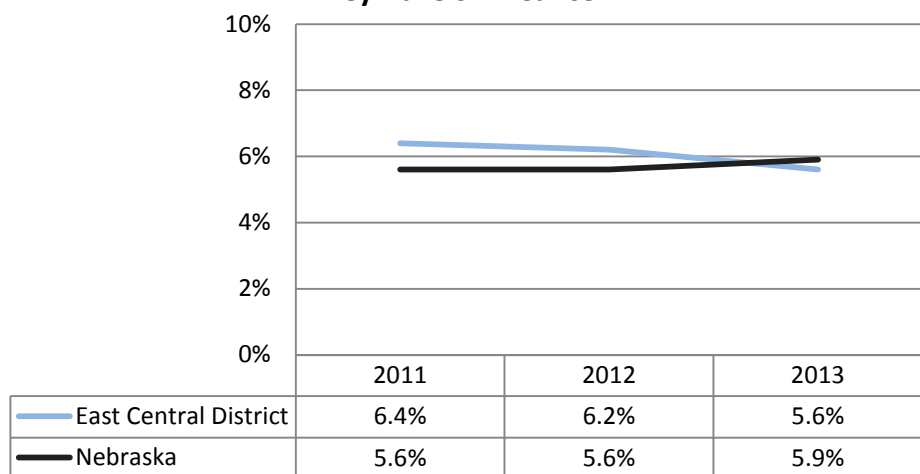
(Source: Behavioral Risk Factors Surveillance System)

Cancer

Incidence of Cancer

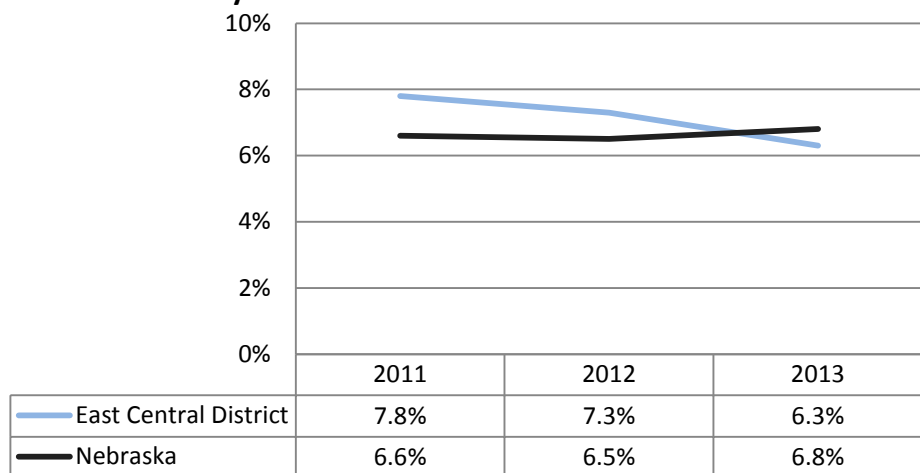
Figures 146 through 148 present BRFSS data on cancer. In 2013, 5.6% of East Central respondents reported that they have ever been told that they have skin cancer, 6.3% that they have a cancer other than skin cancer, and 11.2% that they have cancer of any form. These rates are basically comparable to the state.

Figure 146. Percent of Adults Ages 18 and Over Ever Told They Have Skin Cancer



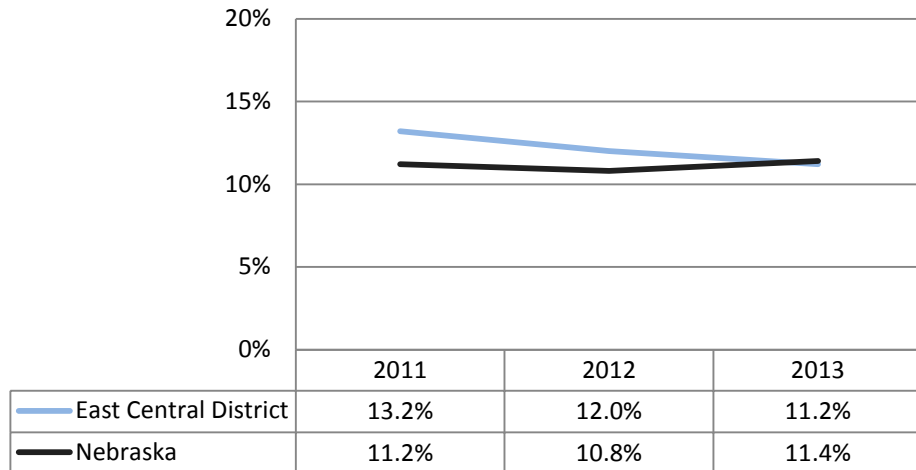
(Source: Behavioral Risk Factors Surveillance System)

Figure 147. Percent of Adults Ages 18 and Over Ever Told They Have Cancer Other Than Skin Cancer



(Source: Behavioral Risk Factors Surveillance System)

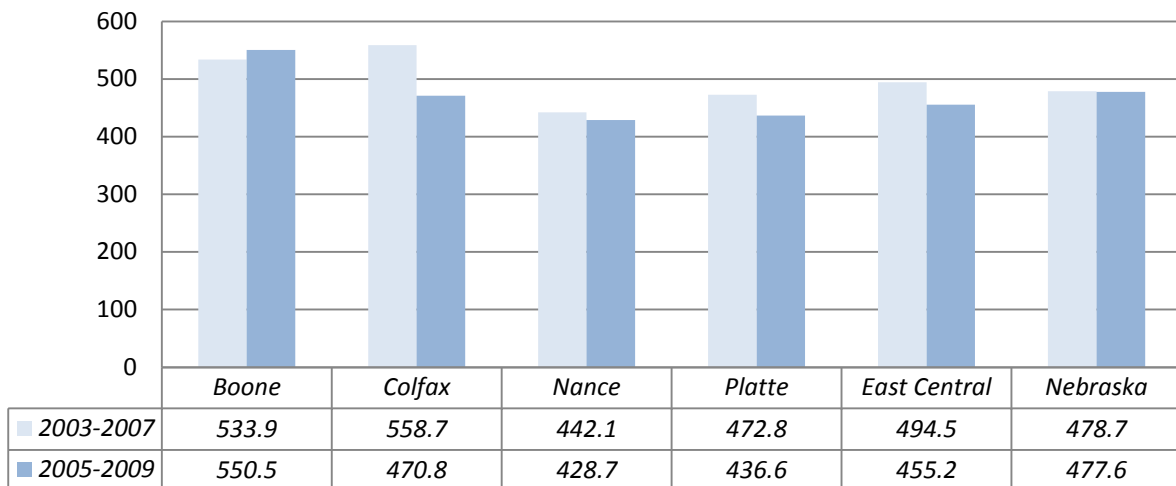
Figure 148. Percent of Adults Ages 18 and Over Ever Told They Have Cancer (in any form)



(Source: Behavioral Risk Factors Surveillance System)

Overall, the East Central District has had cancer incidence rates that are basically comparable to the state. However, Boone County has had rates that are notably higher than the state (Figure 149). Note that the below data are not very current, but were the most currently available data at the time of this publication.

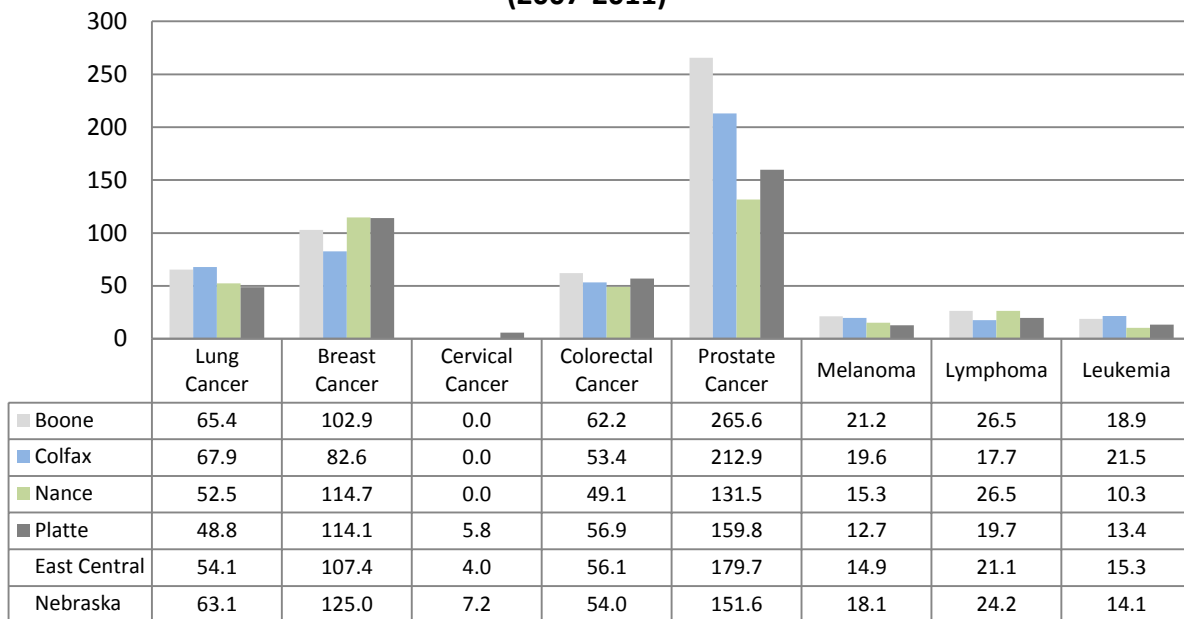
Figure 149. Incidence of Cancer per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Incidence rates of cancer by type are displayed below in Figure 150. A potential area of concern is the rate of prostate cancer in Boone and Colfax Counties.

Figure 150. Incidence of Cancer by Type per 100,000 Population (2007-2011)

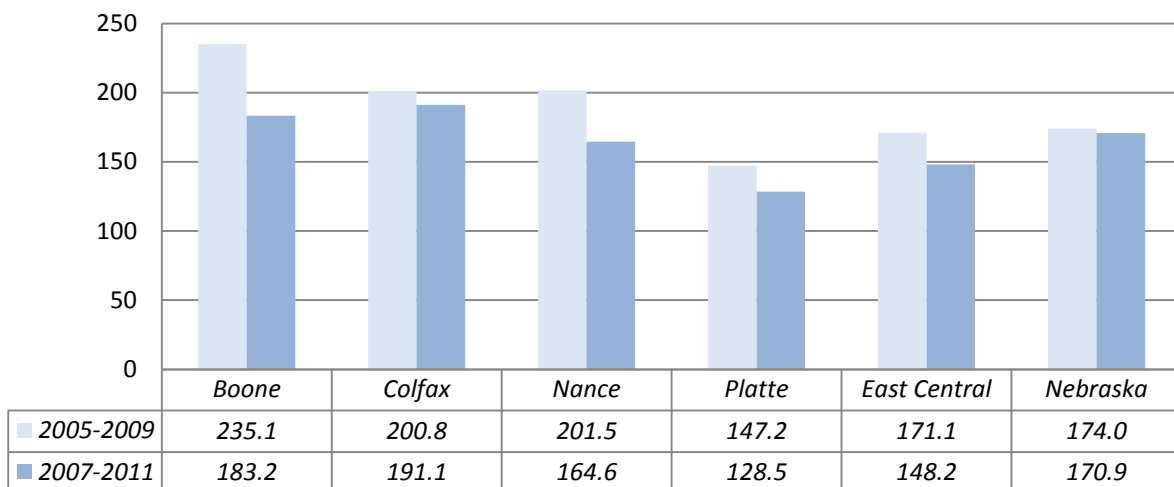


(Source: Nebraska Department of Health and Human Services)

Deaths Due to Cancer

During the 5-year period of 2007-2011, there were lower rates of deaths due to cancer across the East Central District as a whole, as compared to the state. However, Boone and Colfax Counties had rates that were higher than the state (Figure 151).

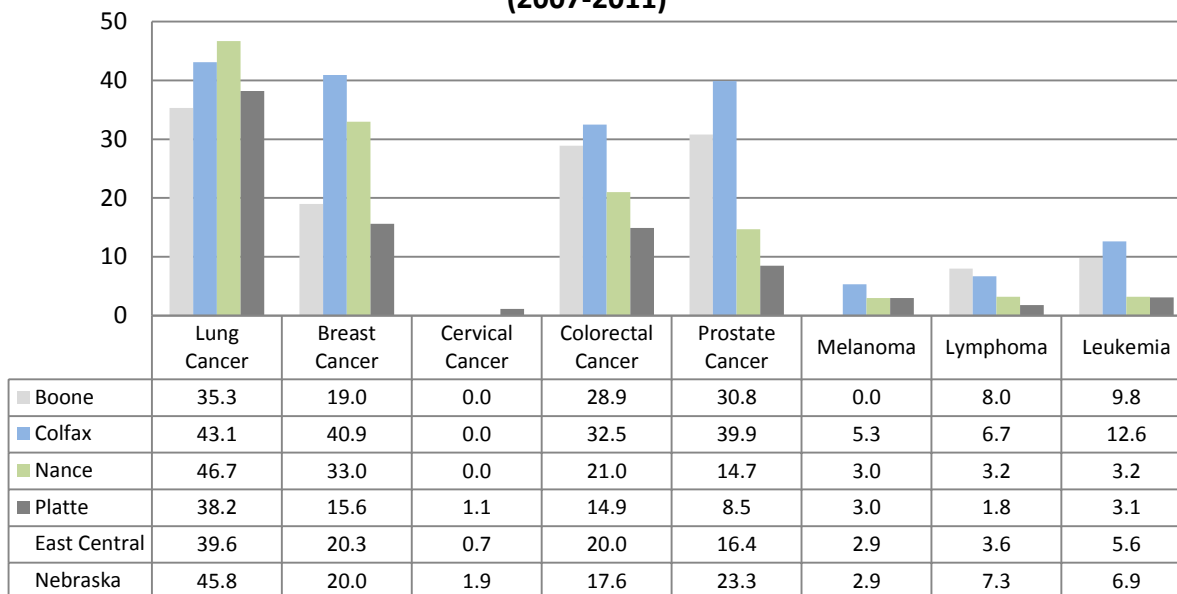
Figure 151. Deaths Due to Cancer per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Death rates of cancer by type are displayed below in Figure 152. Potential areas for concern again include prostate cancer in Boone and Colfax Counties, as well as breast cancer in Nance and Colfax Counties. The incidence of breast cancer in Colfax County was rather low (see Figure 150 above), however the rate of deaths due to breast cancer in Colfax County is rather alarming.

Figure 152. Deaths Due to Cancer by Type per 100,000 Population (2007-2011)

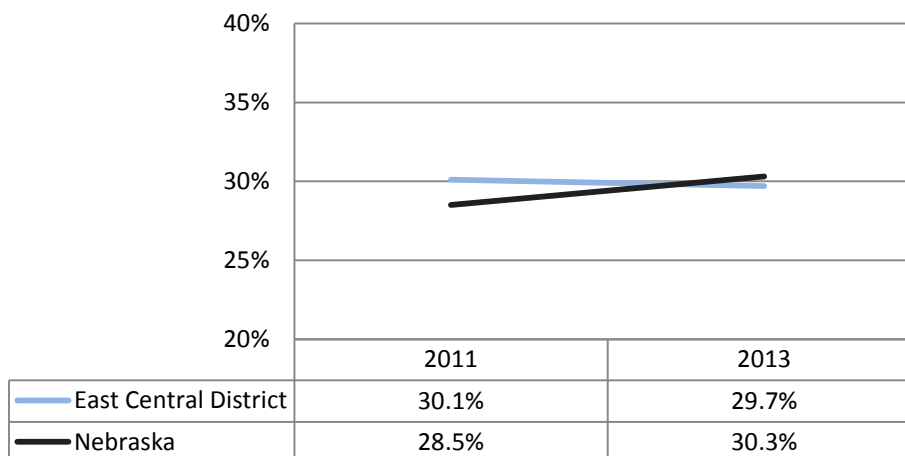


(Source: Nebraska Department of Health and Human Services)

High Blood Pressure and Cholesterol

In 2011 and 2013, around 30% of BRFSS respondents in the East Central District indicated that they have ever been told that they have high blood pressure. This is comparable to the state (Figure 153).

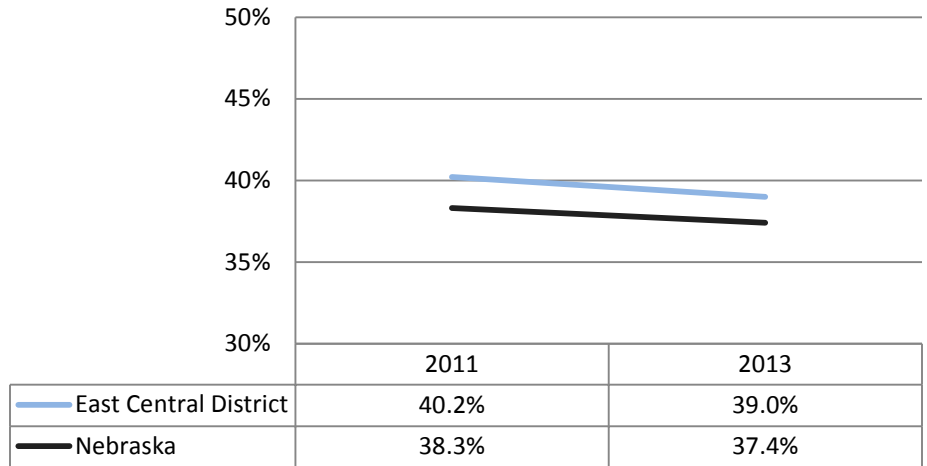
Figure 153. Percent of Adult Population Ages 18 and Over Ever Told They Have High Blood Pressure



(Source: Behavioral Risk Factors Surveillance System)

In 2011 and 2013, around 40% of BRFSS respondents in the East Central District indicated that they have ever been told that they have high cholesterol. This is slightly higher than the state (Figure 154).

Figure 154. Percent of Adult Population Ever Told They Have High Cholesterol



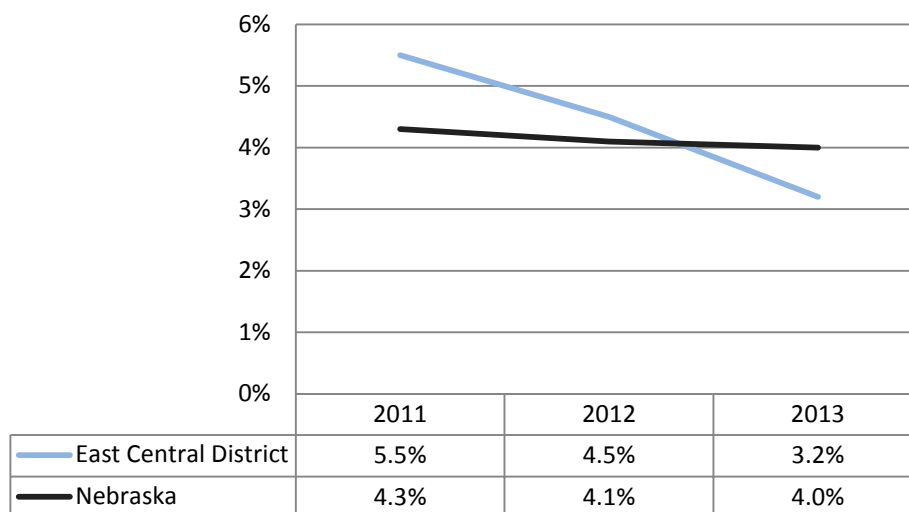
(Source: Behavioral Risk Factors Surveillance System)

Heart Disease and Stroke

Heart Disease

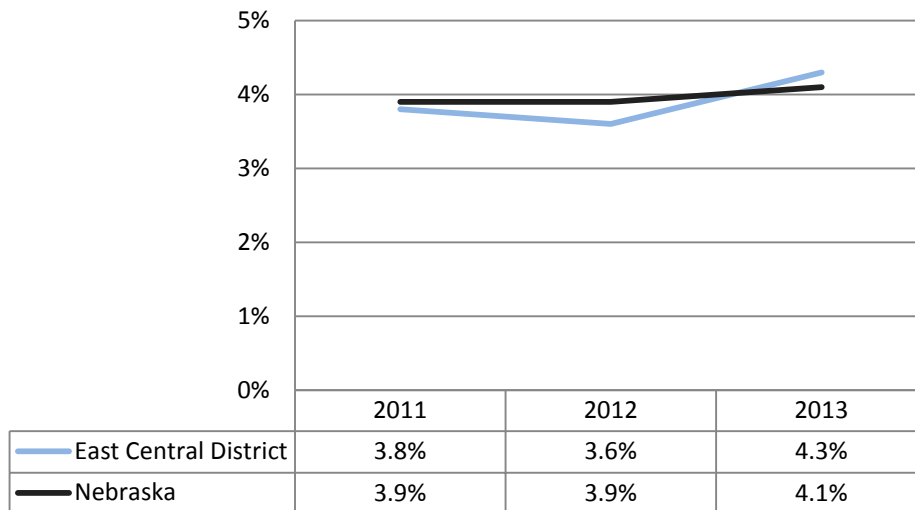
Figures 155 through 157 present BRFSS data on heart disease. In 2013, 3.2% of East Central respondents reported that they have ever been told that they had a heart attack, 4.3% that they have a coronary heart disease, and 6.2% that they have had a heart attack or coronary heart disease. These rates are basically comparable to the state.

Figure 155. Percent of Adult Population Ages 18 and Over Ever Told They Had a Heart Attack



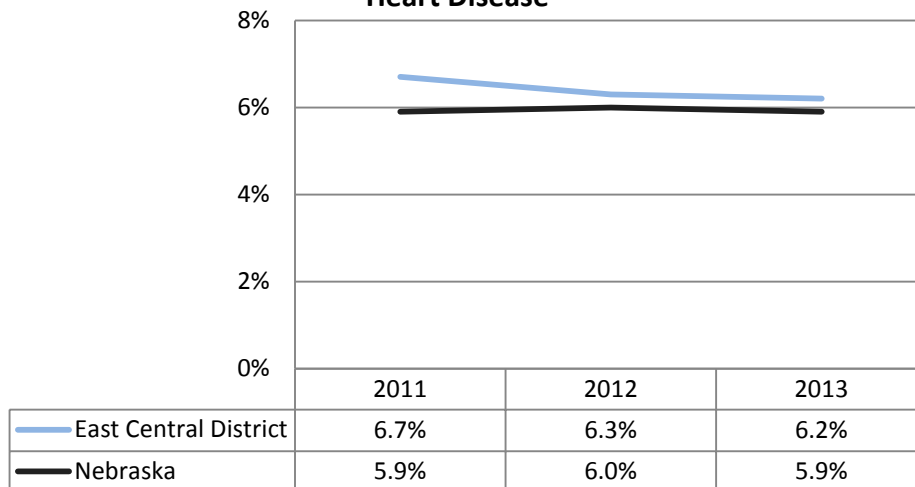
(Source: Behavioral Risk Factors Surveillance System)

Figure 156. Percent of Adult Population Ages 18 and Over Ever Told They Have Coronary Heart Disease



(Source: Behavioral Risk Factors Surveillance System)

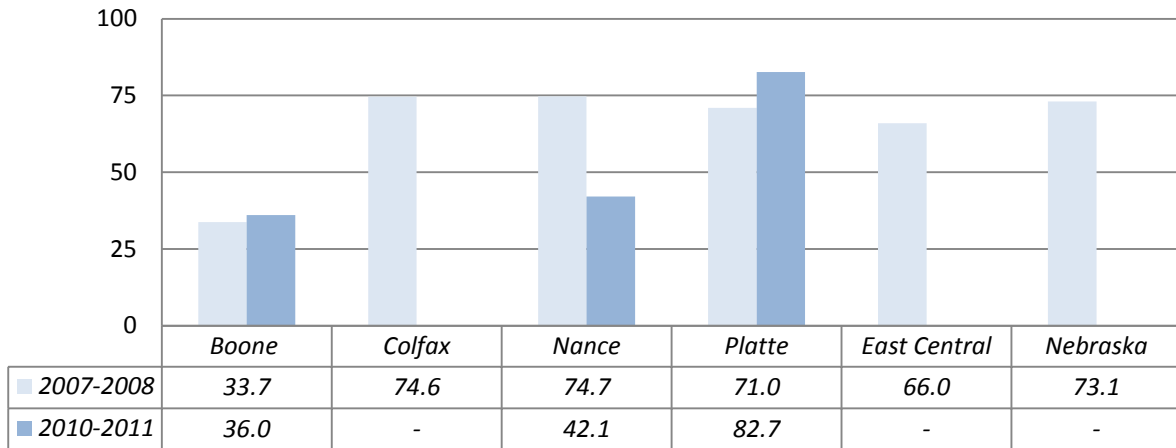
Figure 157. Percent of Adult Population Ages 18 and Over Ever Told They Had a Heart Attack or Coronary Heart Disease



(Source: Behavioral Risk Factors Surveillance System)

Rates of hospitalizations for congestive heart failure are displayed below in Figure 158. Note that some data are missing for 2010-2011.

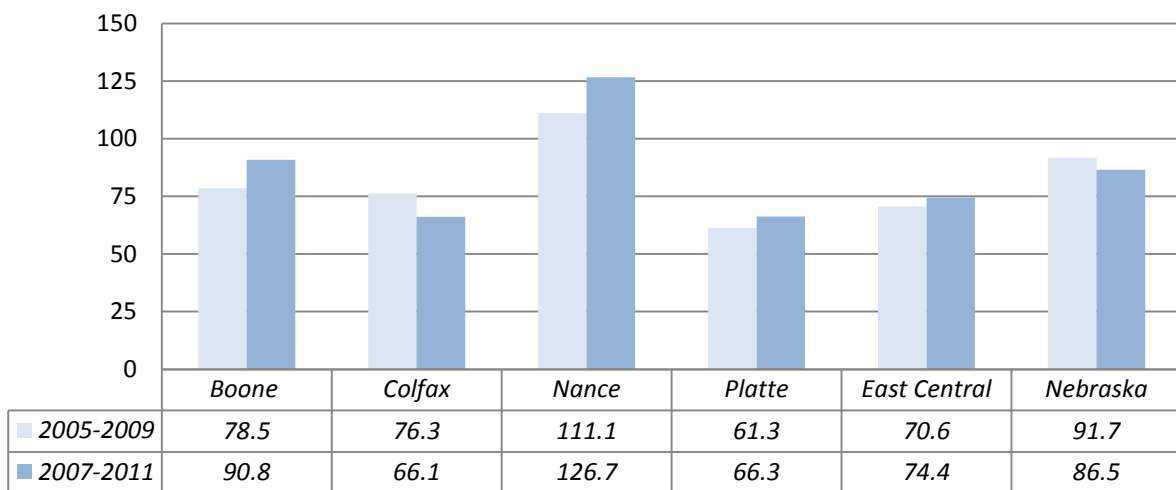
Figure 158. Hospitalizations for Congestive Heart Failure per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Overall, the rate of deaths due to coronary heart disease has been lower in the East Central District compared to the state. However, rates have been notably high in Nance County (Figure 159).

Figure 159. Deaths Due to Coronary Heart Disease per 100,000 Population

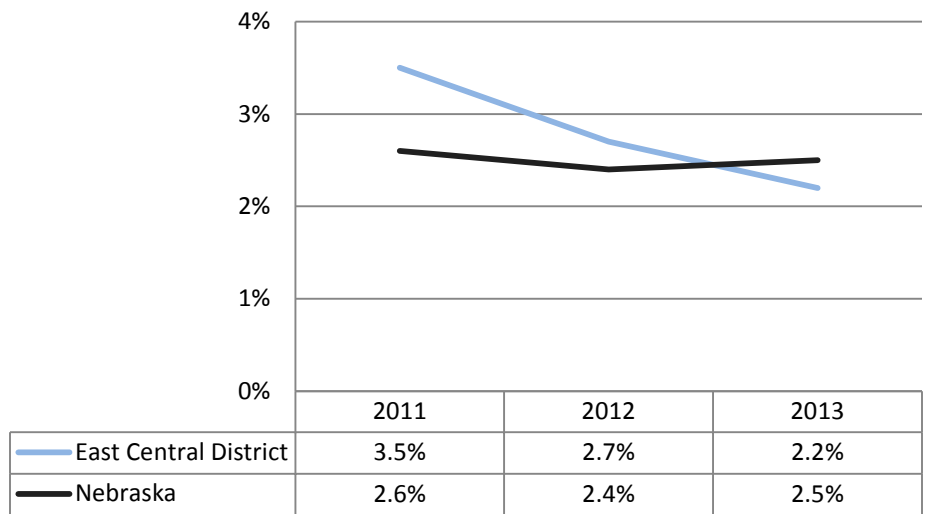


(Source: Nebraska Department of Health and Human Services)

Stroke

From 2011 to 2013, 2% to 3.5% of BRFSS respondents in the East Central District indicated that they have ever been told that they had a stroke. This is comparable to the state (Figure 160).

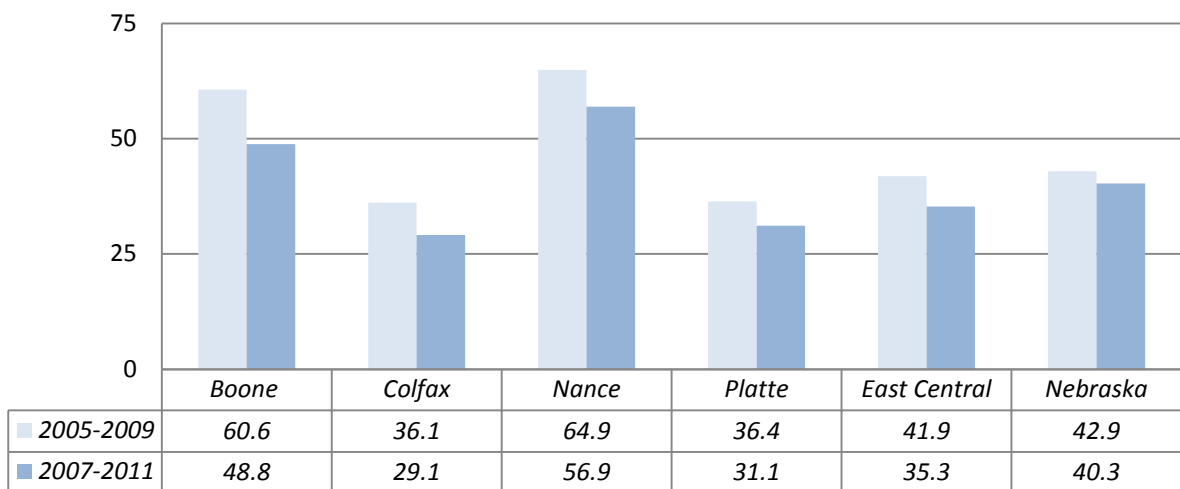
Figure 160. Percent of Adult Population Ages 18 and Over Ever Told They Had a Stroke



(Source: Behavioral Risk Factors Surveillance System)

The rate of deaths due to stroke is slightly lower in the East Central District compared to the state. However, rates of death due to stroke are relatively high in Boone and Nance Counties (Figure 161).

Figure 161. Deaths Due to Stroke per 100,000 Population

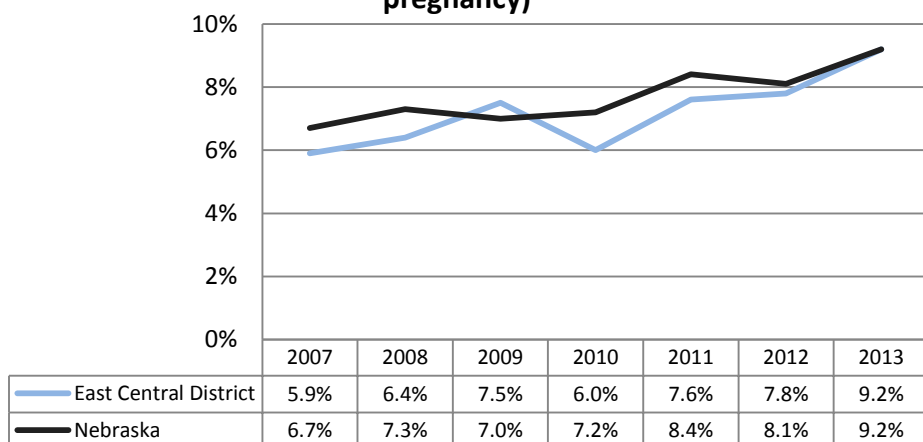


(Source: Nebraska Department of Health and Human Services)

Diabetes

The percentage of BRFSS respondents in both the East Central District and the state reporting that they have ever been told that they have diabetes has been on the rise in recent years. As of 2013, 9.2% of respondents in both East Central and the State indicated that they have ever been told that they have diabetes (Figure 162).

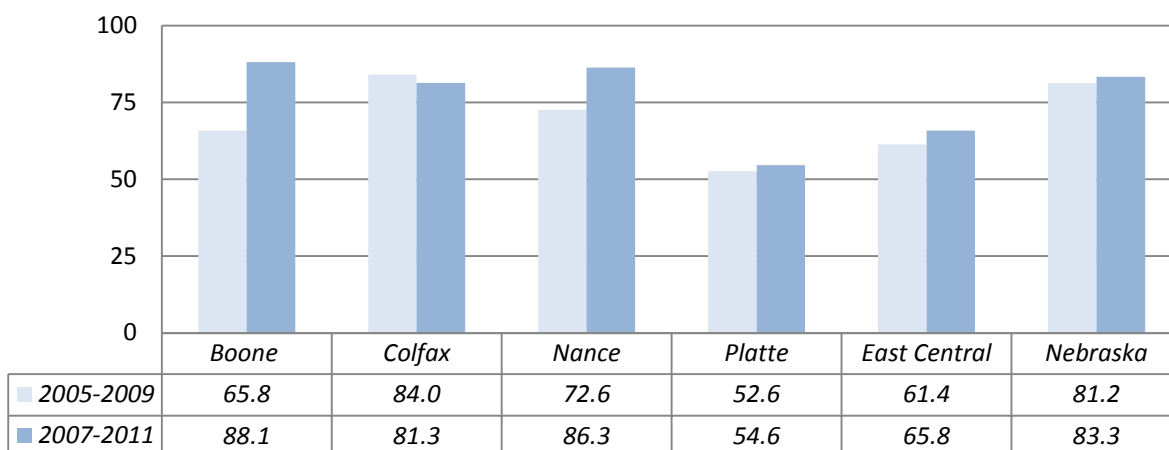
Figure 162. Percent of Adult Population Ages 18 and Over Ever Told They Have Diabetes (excluding pregnancy)



(Source: Behavioral Risk Factors Surveillance System)

The rate of deaths due to diabetes has been lower in the East Central District compared to the state, due largely to low rates in Platte County. However, in 2007-2011, Boone, Colfax, and Nance Counties all had rates of diabetes-related deaths that were more or less comparable or slightly higher than the state. The rate of diabetes-related deaths increased slightly for every county in the district, except for Colfax, across the two time periods of 2005-2009 and 2007-2011 (Figure 163).

Figure 163. Diabetes-Related Deaths per 100,000 Population



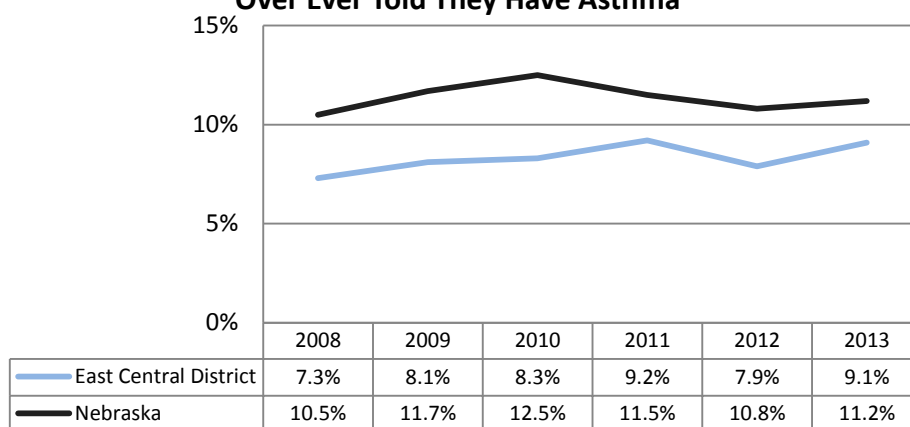
(Source: Nebraska Department of Health and Human Services)

Pulmonary Disease

Asthma

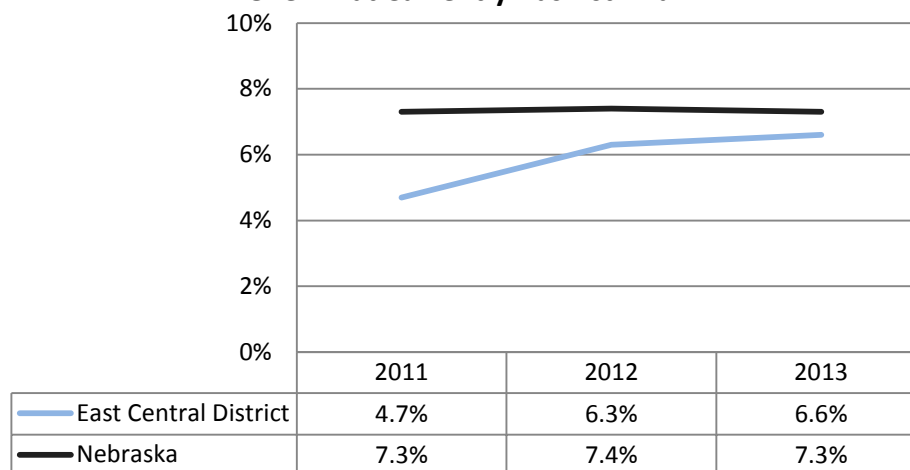
The prevalence of asthma appears to be slightly lower in the East Central District compared to the state. In 2013, 9.1% of East Central respondents to the BRFSS indicated that they have ever been told that they have asthma, and 6.6% indicated that they currently have asthma. Both rates are lower than the state (Figures 164 and 165).

Figure 164. Percent of the Adult Population Ages 18 and Over Ever Told They Have Asthma



(Source: Nebraska Department of Health and Human Services)

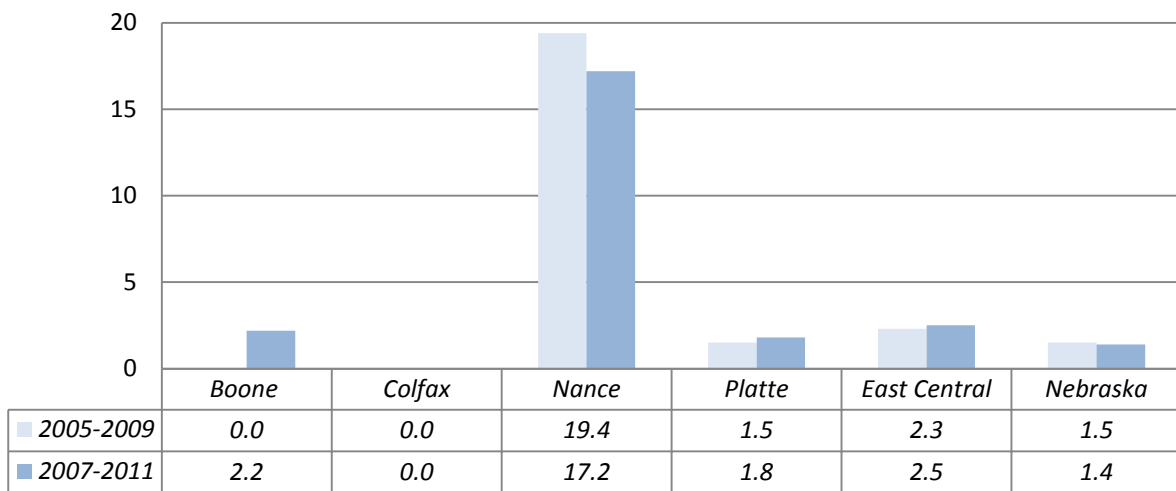
Figure 165. Percent of the Adult Population Ages 18 and Over That Currently Has Asthma



(Source: Nebraska Department of Health and Human Services)

The annual death rates due to asthma are incredibly high in Nance County compared to the rest of the East Central District and the state (Figure 166).

Figure 166. Annual Death Rates Due to Asthma per 100,000 Population

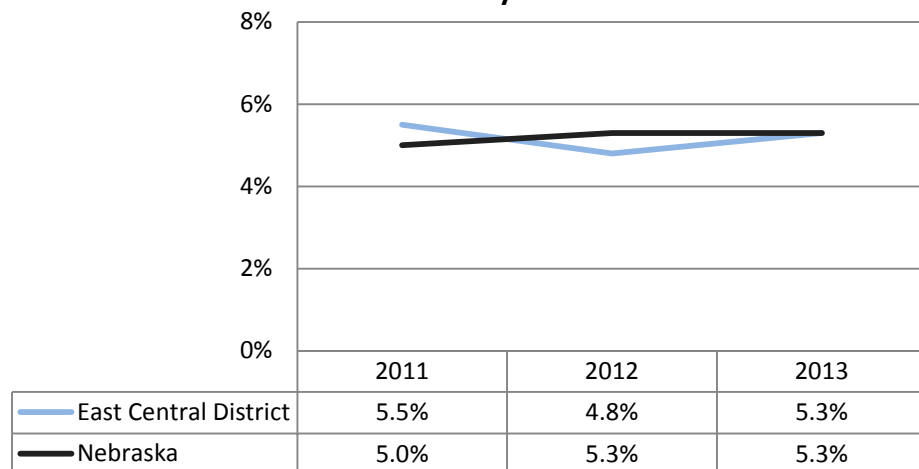


(Source: Nebraska Department of Health and Human Services)

Lung Disease

The rate of incidence of Chronic Obstructive Pulmonary Disease (COPD) as reported by BRFSS respondents has been around 5% among East Central respondents to the BRFSS. This is comparable to the rest of the state. (Figure 167).

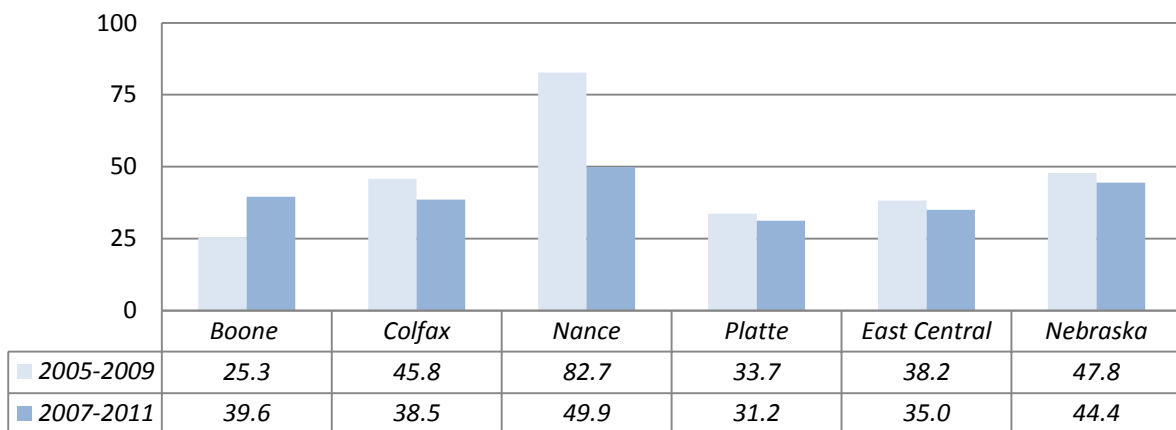
Figure 167. Percent of the Adult Population Ages 18 and Over Ever Told They Have COPD



(Source: Nebraska Department of Health and Human Services)

Annual death rates due to chronic lung disease have been lower in the East Central District compared to the state. However, Nance County had very high rates in 2005-2009, which then dropped dramatically in 2007-2011, but remained higher than the state (Figure 168).

Figure 168. Annual Death Rates Due to Chronic Lung Disease per 100,000 Population



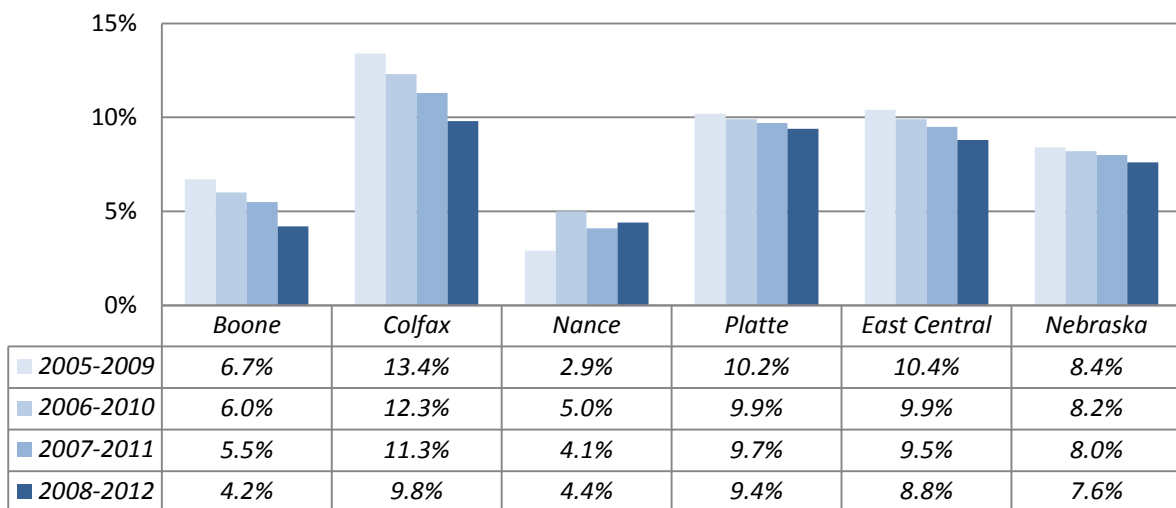
(Source: Nebraska Department of Health and Human Services)

Teen Pregnancy and Sexual Activity

Births to Teenage Mothers

As a whole, the East Central District has had slightly higher rates of births to teen mothers compared to the state, due to high rates in Colfax County and Platte County. Although births to teen mothers are slightly elevated across the district as compared to the state, they are on the decline (Figure 169).

Figure 169. Percent of Births to Teen Mothers



(Source: Nebraska Department of Health and Human Services)

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 their peers across the state (Figure 170).

Figure 170	Percent of Teens That Have Ever Had Sex				
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District 2001	20.0%	19.7%	35.2%	43.2%	29.8%
East Central District 2010	19.7%	38.2%	49.8%	51.9%	38.0%
Nebraska 2010	17.2%	31.9%	47.7%	51.4%	34.9%

(Source: Youth Risk Behavior Survey)

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 reported 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 (Figure 171).

Figure 171	Among Teens That Ever Had Sex, the Percentage That Have Had Sexual Intercourse with More Than One Person in Their Life				
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District 2001	37.8%	46.7%	47.2%	39.6%	43.0%
East Central District 2010	60.5%	46.5%	58.5%	66.2%	58.8%
Nebraska 2010	53.8%	51.4%	62.9%	64.5%	59.8%

(Source: Youth Risk Behavior Survey)

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 12th grade 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 (Figure 172).

Figure 172	Percent of Teens That Have Ever Had Sex by Gender (2010)				
	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%

(Source: Youth Risk Behavior Survey)

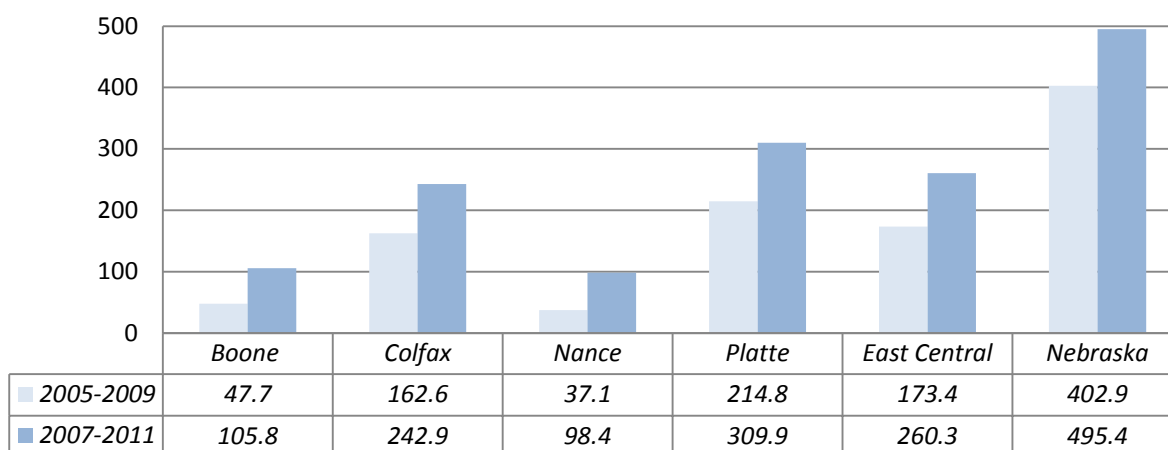
Of youth in grades 9-12 in the East Central District that were sexually active in 2010, 13.0% used no method to prevent pregnancy, 6.9% used withdrawal, and 3.4% were not sure. Condoms were the most commonly used method, with 55.3% reporting having used condoms (Figure 173).

Figure 173	Method Used to Prevent Pregnancy among East Central Youth Who Were Sexually Active (2010)
	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 injectible birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD 3.1%
	Some Other Method 2.3%

(Source: Youth Risk Behavior Survey)

The incidence of sexually transmitted diseases among those 17 and under has been considerably lower in the East Central District, as compared to the state. However, rates of STDs appear to be on the rise in each county in the district (Figure 174).

Figure 174. Incidence of Sexually Transmitted Diseases among those 17 and Under per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

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 considerably higher rate of youth reporting being forced to have sexual intercourse (Figure 175).

Figure 175	Percent of Teens Physically Forced to Have Sexual Intercourse, 2001 and 2010 Comparisons				
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District 2001	4.5%	4.4%	7.4%	6.1%	5.6%
East Central District 2010	8.8%	7.4%	13.0%	11.8%	10.4%
Nebraska 2010	6.3%	6.6%	7.9%	10.0%	7.5%

(Source: Youth Risk Behavior Survey)

For the state as a whole, high school-aged females are much more likely to be physically forced to have sexual intercourse than males. In the East Central District a notably higher percentage high school-aged of males and females reported being physically forced to have sexual intercourse as compared to their peers across the state (Figure 176).

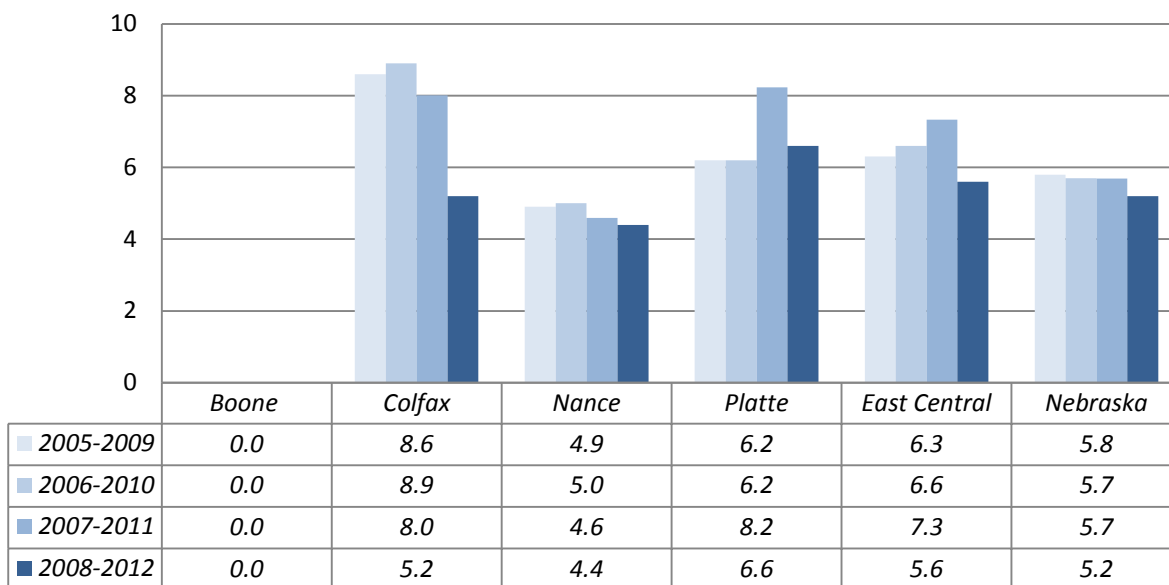
Figure 176	Percent of Teens Physically Forced to Have Sexual Intercourse by Gender (2010)				
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District Males	5.7%	6.8%	10.9%	9.3%	8.1%
Nebraska Males	4.9%	3.5%	7.0%	4.3%	5.2%
East Central District Females	11.6%	8.3%	15.3%	13.4%	12.6%
Nebraska Females	7.7%	10.0%	8.4%	14.9%	9.4%

(Source: Youth Risk Behavior Survey)

Newborn Child Health

Rates of infant mortality have been higher in the East Central district, as compared to the state. However, there was a notable decline in 2008-2012 (the most current year of available data), due to a substantial decline in Colfax County. There have been no infant mortalities on Boone County in recent years (Figure 177).

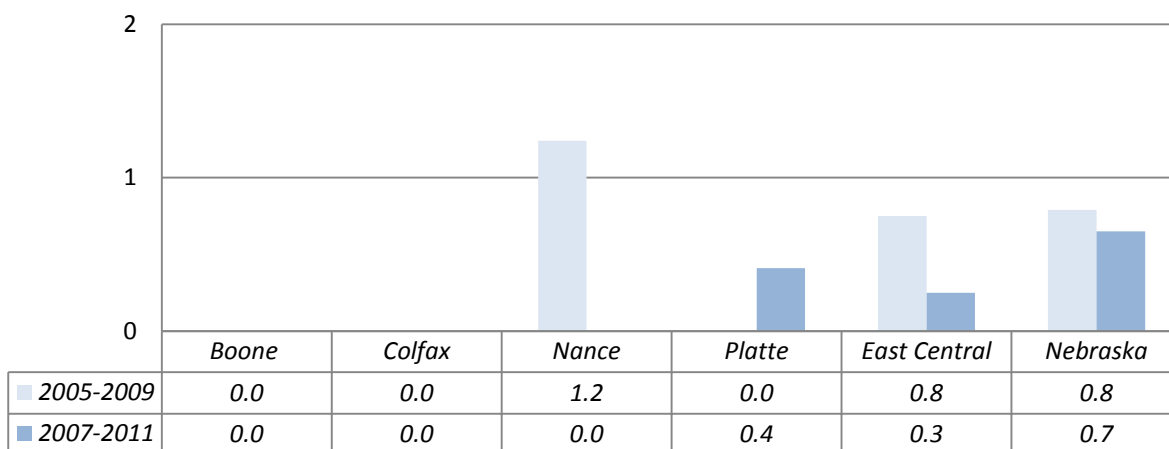
Figure 177. Infant Mortality per 1,000 Live Births



(Source: Nebraska Department of Health and Human Services)

Sudden Infant Death Syndrome (SIDS) is a fairly rare occurrence in the East Central District, though there have been instances in Nance and Platte Counties (Figure 178).

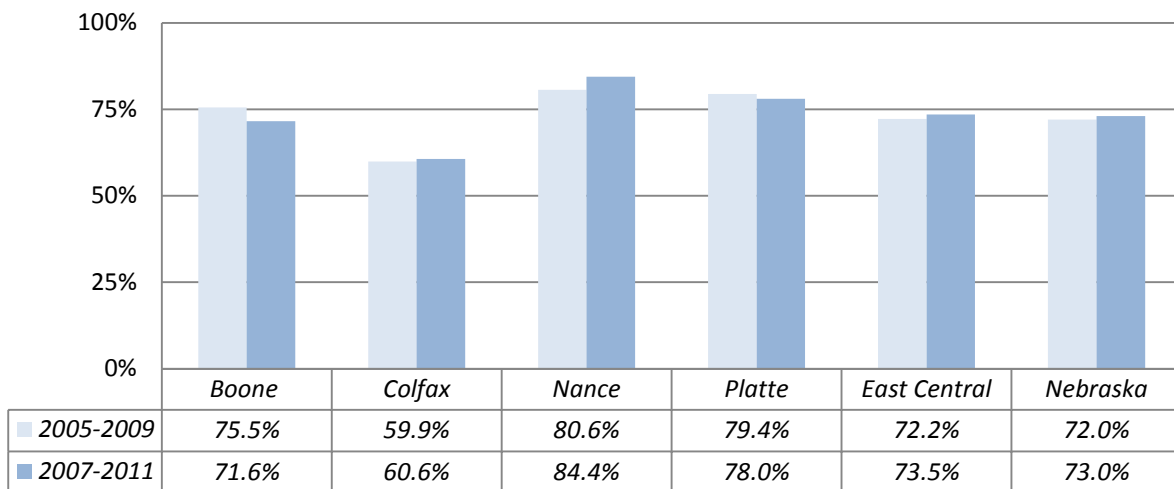
Figure 178. Incidence of Sudden Infant Death Syndrome (SIDS) per 1,000 Live Births



(Source: Nebraska Department of Health and Human Services)

The rate of pregnant women who received first trimester prenatal care in the East Central District has basically been comparable to the state. However, rates of receiving first trimester prenatal care are considerably low in Colfax County, while the other three counties in the district have rates that are comparable or higher than the state (Figure 179).

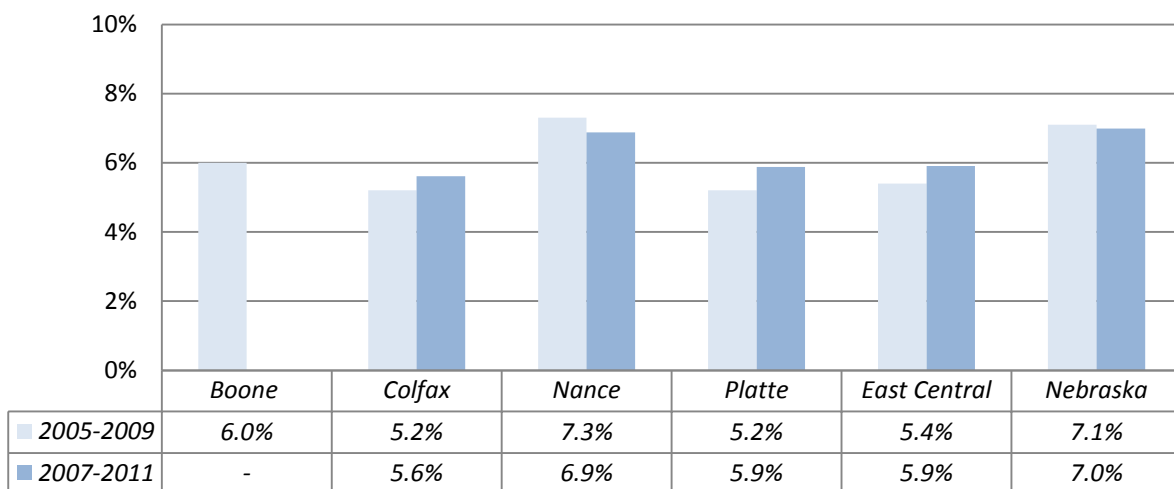
Figure 179. Percent of Births Receiving First Trimester Prenatal Care



(Source: Nebraska Department of Health and Human Services)

The percent of newborns born with low birth weight (i.e., less than 2,500 grams) is lower in the East Central District than the state (Figure 180).

Figure 180. Percent of Newborns with Low Birth Weight*

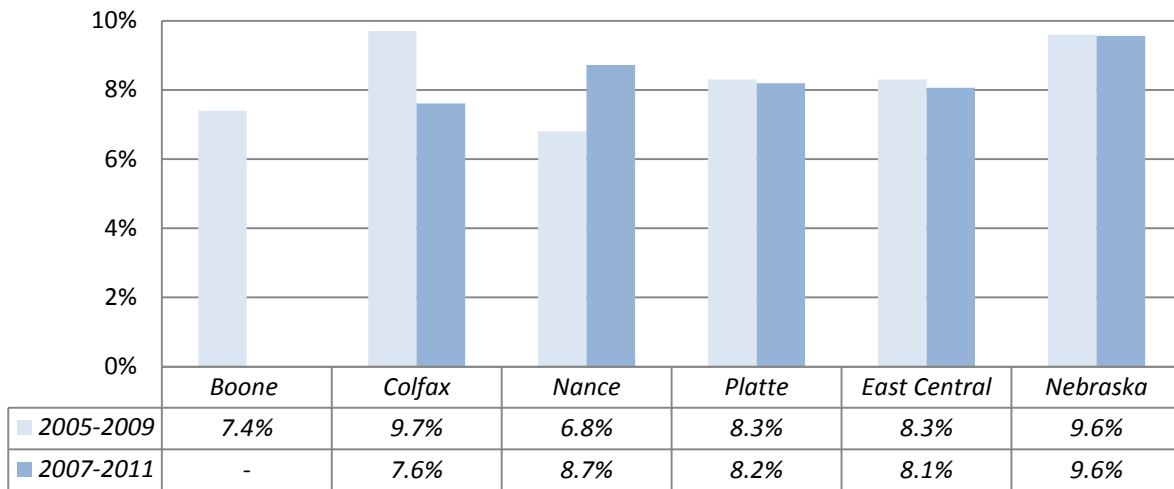


*Less than 2,500 grams.

(Source: Nebraska Department of Health and Human Services)

The incidence of pre-term births (i.e., births occurring before 37 weeks of pregnancy) is lower in the East Central District than the state (Figure 181).

Figure 181. Pre-Term* Birth Rate

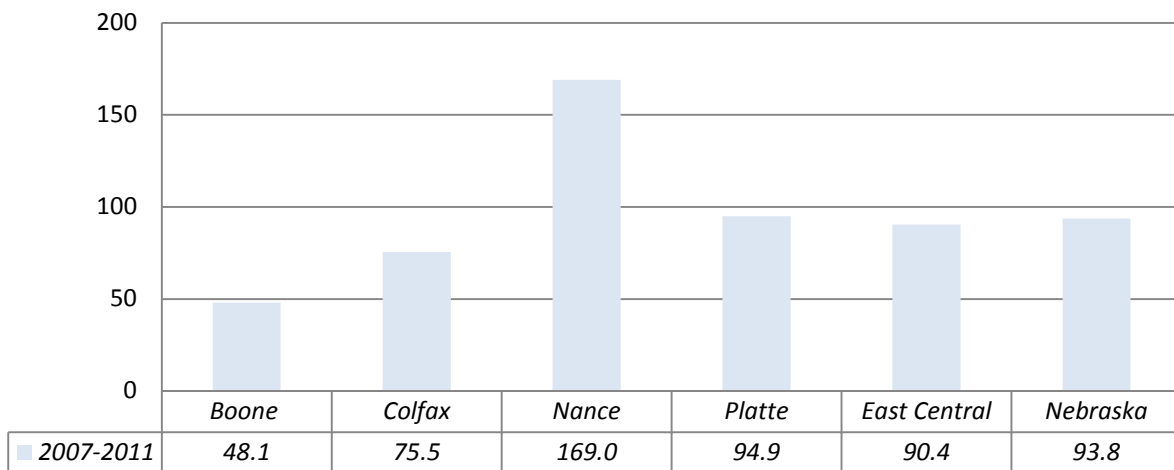


*Births occurring before 37 weeks of pregnancy.

(Source: Nebraska Department of Health and Human Services)

The rate of birth defects in the East Central district was slightly lower than the state during the five-year period of 2007-2011. However, the incidence of birth defects was high in Nance County (Figure 182).

Figure 182. Birth Defects per 1,000 Live Births

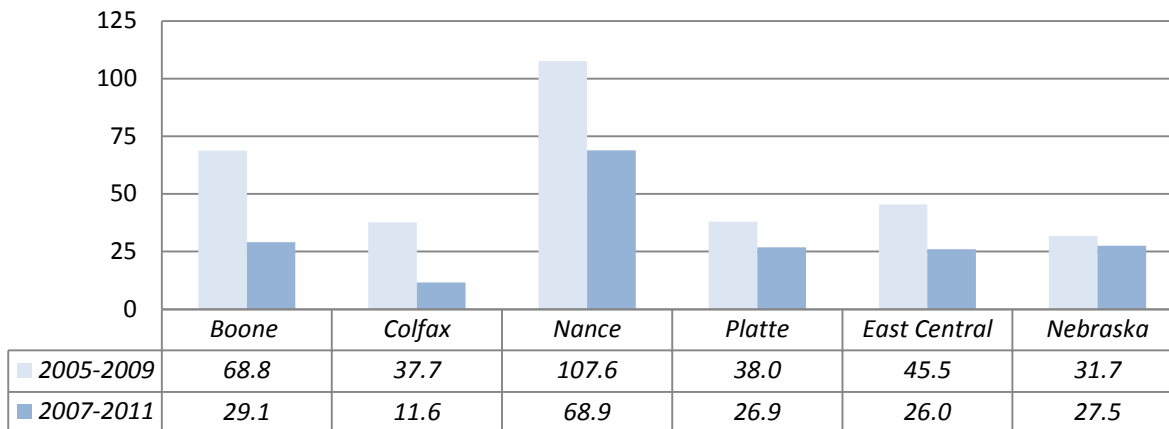


(Source: Nebraska Department of Health and Human Services)

Child and Adolescent Mortality

The death rate for youth ages 1 through 19 declined markedly across the two time periods of 2005-2009 and 2007-2011 in the East Central District. Each County saw notable declines in the rates of death among youth ages 1 to 19. Although the district as a whole has a rate of death among those ages 1 to 19 that is comparable to the state, Nance County has a rate that is still two-and-a-half times higher than the state for the most current years of available data (Figure 183).

Figure 183. Death Rate per 100,000 for Youth Ages 1 through 19

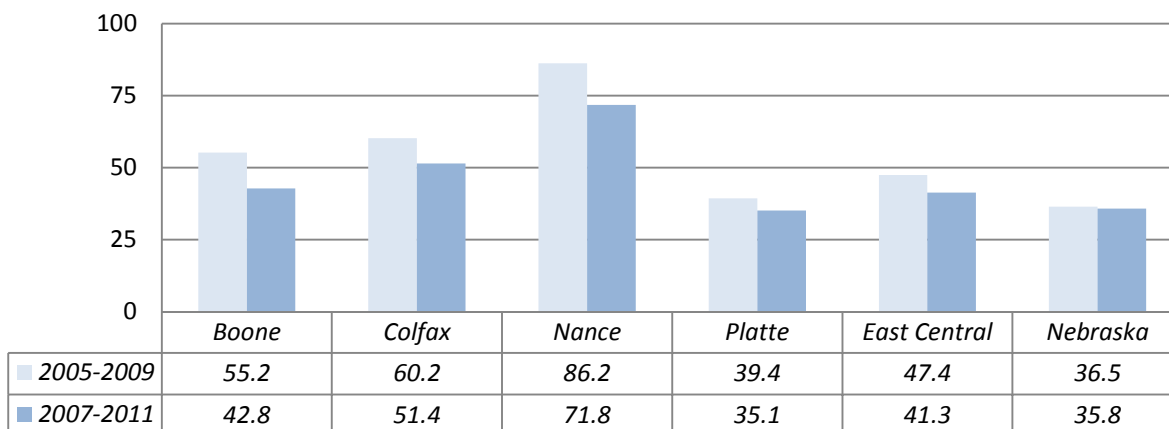


(Source: Nebraska Department of Health and Human Services)

Accidental Deaths

Rates of unintentional injury deaths are a potential cause for concern in the East Central District, especially in Nance County where the rates are more than double the state. Boone and Colfax Counties also have rates that are considerably higher than the state. Although rates of unintentional injury deaths are higher in the East Central District than in the state, each county has seen a decline (Figure 184).

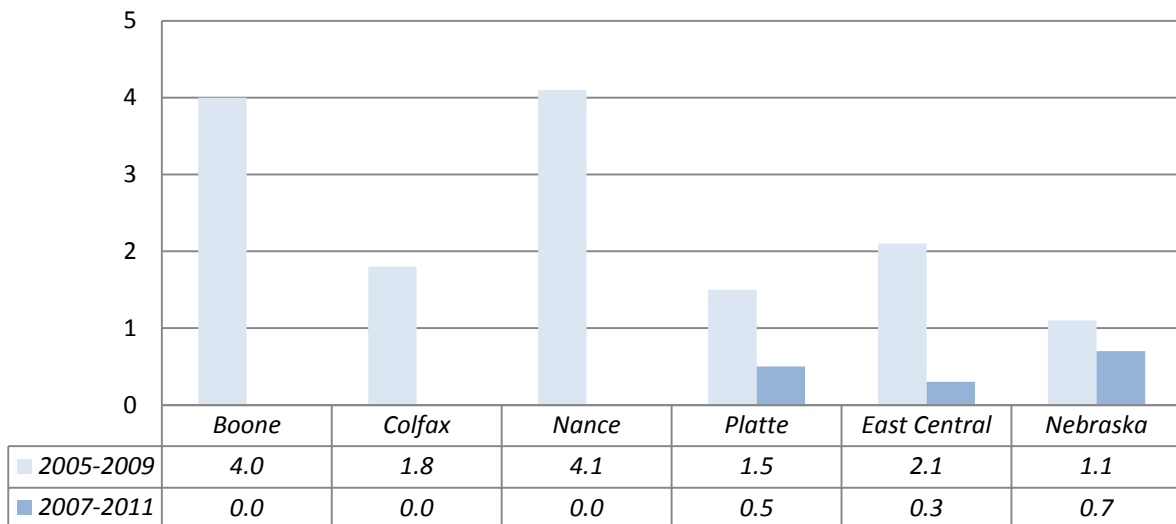
Figure 184. Unintentional Injury Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

In 2007-2011, the rate of work-related accidental deaths was low in the East Central District, following slightly elevated rates in 2005-2009 (Figure 185).

Figure 185. Work-Related Accidental Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Occupational Health

Compared to the state, there were higher rates of inpatient hospitalizations and emergency department visits for work-related injuries as well as higher rates of claims for workers' compensation during the five-year period of 2008-2012 (Figure 186).

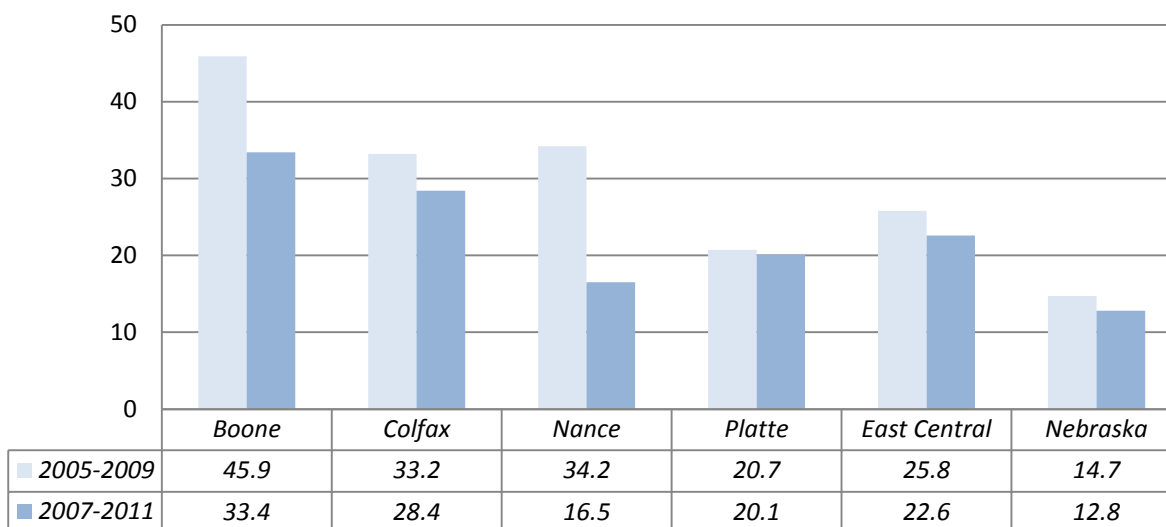
Figure 186	Indicators of Occupational Health (2008-2012)	
	East Central	Nebraska
Inpatient hospitalizations due to work-related injury per 100,000 workers	83.7	69.3
Emergency department visits due to work-related injury per 100,000 workers	916.6	716.2
Claims for workers' compensation per 100 workers	4.4	4.1

(Source: Nebraska Department of Health and Human Services)

Motor Vehicle Safety

Rates of motor vehicle deaths are a potential cause for concern across the district. Despite declining rates, each county has higher rates of motor vehicle deaths than the state, and the rate for the entire district is nearly double the rate for the state (Figure 187).

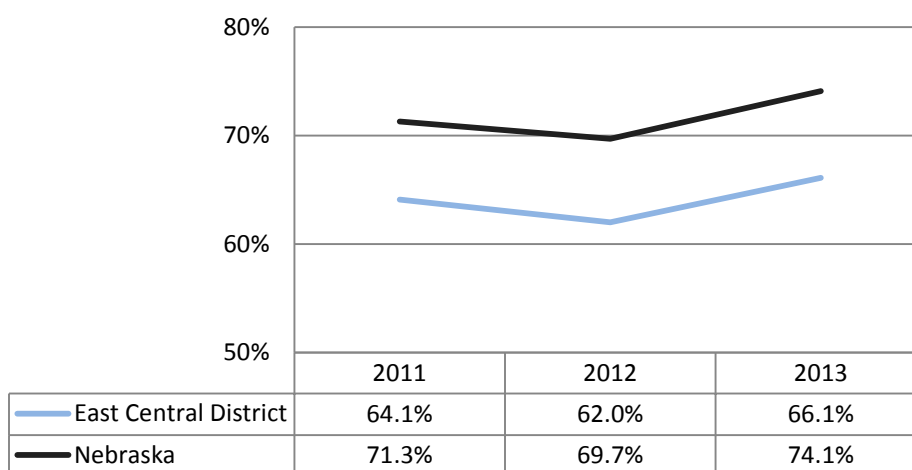
Figure 187. Motor Vehicle Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

As the motor vehicle death rate is a concern in the East Central District (above Figure 187), so the percentage of adult respondents to the BRFSS in the district reporting that they always wear a seat belt when driving or riding in a car has been notably lower than the state (Figure 188).

Figure 188. Percent of Adults Ages 18 and Over Who Always Wear a Seat Belt When Driving or Riding in a Car



(Source: Behavioral Risk Factors Surveillance System)

The percentage of BRFSS respondents ages 45 and over in the East Central District who reported texting while driving or talking on a cell phone while driving was lower than the state in 2012 (Figure 189).

Figure 189	Indicators of Distracted Driving among Adults Ages 18 and Over (2012)	
	East Central	Nebraska
Texted while driving in the past 30 days	22.6%	26.8%
Talked on a cell phone while driving in the past 30 days	67.5%	69.1%

(Source: Behavioral Risk Factors Surveillance System)

Falls

The percentage of BRFSS respondents in the East Central District who reported falling in the past year and being injured due to a fall was higher than the state in 2012 (Figure 190).

Figure 190	Falls among Adults Ages 45 and Over (2012)	
	East Central	Nebraska
Had a fall in the past year	31.9%	28.8%
Injured due to a fall in the past year	11.6%	9.9%

(Source: Behavioral Risk Factors Surveillance System)

Environmental Health Indicators

Nitrate Levels in the Community Water System

Rates of nitrate levels in the community water system have been found to be considerably high in Colfax County, where levels are more than twice the average rate across the state. In addition, Nance County also has nitrate levels that are slightly higher than the state average (Figure 191).

Figure 191	Nitrate Levels in the Community Water System (mg/L)					
	Boone	Colfax	Nance	Platte	East Central	Nebraska
2005-2009	2.2	7.4	3.7	1.1	2.8	2.9
2007-2011	2.3	6.7	3.8	1.1	2.8	2.6

(Source: Nebraska Department of Health and Human Services)

Population Served by Community Water

Given the rural nature of the district, the percentage of the population served by community water and the percentage of the population receiving optimally fluoridated water is lower in the East Central District, as compared to the state (Figure 192).

Figure 192	Community Water Environmental Health Indicators			
	Percent of Population Served by Community Water		Percent of Population Receiving Optimally Fluoridated Water	
	<u>2009</u>	<u>2012</u>	<u>2007</u>	<u>2012</u>
Boone	65.8%	61.2%	53.5%	54.2%
Colfax	72.7%	75.1%	0.0%	0.0%
Nance	71.8%	66.6%	55.9%	54.3%
Platte	73.4%	72.3%	92.3%	89.1%
East Central	72.3%	71.3%	67.9%	64.7%
Nebraska	83.1%	85.9%	68.2%	71.6%

(Source: Nebraska Department of Health and Human Services)

Blood Lead Levels

The district as a whole has a lower percentage of children with elevated blood levels, as compared to the state. Note that rates are elevated for Nance County, but a small number of children have been tested, so use caution when interpreting these results (Figure 193).

Figure 193	Elevated Blood Lead Levels in Children	
	Percent of Children with Elevated Blood Lead Levels [# tested]	
	<u>2007-2008</u>	<u>2009-2011</u>
Boone	5.6% [54]	0.0% (77)
Colfax	1.5% [136]	1.5% (133)
Nance	7.7% [13]	9.7% (31)
Platte	2.3% [343]	1.6% (321)
East Central	2.6% [546]	1.8% (562)
Nebraska	1.8% [48,444]	2.6% (75,688)

(Source: Nebraska Department of Health and Human Services)

Age of Housing Structures

As a whole, the East Central District has a higher percentage of older houses (built in 1939 or earlier), as compared to the state (Figure 194).

Figure 194	Age of Housing Structures (2012)						
	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
2010 or later	0.8%	0.5%	0.2%	0.2%	0.3%	0.3%	0.3%
2000-2009	6.4%	4.6%	6.0%	7.9%	6.9%	11.6%	14.2%
1990-1999	5.3%	10.1%	4.9%	9.9%	9.0%	11.4%	14.0%
1980-1989	6.7%	6.4%	6.0%	10.1%	8.7%	9.6%	14.0%
1960-1979	23.0%	25.2%	24.6%	31.4%	28.7%	28.5%	27.3%
1940-1959	14.8%	14.7%	15.6%	18.0%	16.8%	15.5%	16.7%
1939 or earlier	43.2%	38.6%	42.7%	22.5%	29.7%	23.0%	13.7%

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

Radon

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 district as a whole are comparable to the state, despite the fact that three of the four counties are above it (Figure 195).

Figure 195	East Central District Radon Levels (2011)			
	Number of Homes Tested	Average Radon Level (pCi/L)	% Results over 4 pCi/L	Highest Result (pCi/L)
Boone	140	6.2	59.3%	24.1
Colfax	119	7.3	67.2%	26.3
Nance	70	6.3	57.1%	27.5
Platte	682	5.3	47.8%	38.2
East Central	1,011	5.7	52.3%	38.2
Nebraska	48,612	6.3	58.5%	290.0

(Source: Nebraska Radon Program)

Childhood Immunizations

With the exception of the Hepatitis B vaccine, a higher percentage of East Central kindergarten students have received their immunizations, as compared to the state (Figure 196).

Table 196	Kindergarten Students Immunized* for the 2012-2013 School Year					
	Boone (n=53)	Colfax (n=165)	Nance (n=64)	Platte (n=457)	East Central (n=739)	Nebraska (n=23,912)
DTaP/DTP/DT/Td (more than 3 doses)	100%	99.4%	95.3%	98.9%	98.8%	96.6%
Polio (more than 3 doses)	100%	100%	100%	98.9%	99.3%	98.7%
MMR (2 doses)	100%	99.4%	93.8%	97.8%	97.9%	97.1%
Hepatitis B (3 doses)	100%	100%	100%	89.3%	93.8%	97.4%
Varicella (2 doses)	100%	99.4%	95.3%	98.3%	98.4%	95.9%

*Those receiving medical or religious exemptions are counted as not being immunized. There was a total of two medical exemptions and three religious exemptions in the entire East Central District.

(School Immunization Survey, 2013)

With the exception of the Varicella vaccine, a higher percentage of East Central 7th grade students have received their immunizations, as compared to the state (Figure 197).

Table 197	7th Grade Students Immunized* for the 2012-2013 School Year					
	Boone (n=51)	Colfax (n=117)	Nance (n=48)	Platte (n=339)	East Central (n=555)	Nebraska (n=23,352)
Tdap (1 dose)	100%	100%	91.7%	100%	99.3%	97.5%
MMR (2 doses)	100%	100%	100%	98.5%	99.1%	99.5%
Hep B (3 doses)	100%	97.4%	100%	100%	99.5%	99.1%
Varicella (2 doses)	92.2%	88.9%	85.4%	87.3%	87.9%	89.0%

*Those receiving medical or religious exemptions are counted as not being immunized. There was a total of four medical exemptions and no religious exemptions in the entire East Central District.

(School Immunization Survey, 2013)

A higher percentage of East Central transfer students have received their immunizations, as compared to the state. Note the small number of students (Figure 198).

Table 198	Out of State Transfer Students Immunized for the 2012-2013 School Year					
	Boone (n=2)	Colfax (n=29)	Nance (n=6)	Platte (n=43)	East Central (n=80)	Nebraska (n=5,317)
MMR (2 doses)	100%	96.6%	100%	100%	98.8%	86.8%
Hep B (3 doses)	100%	89.7%	100%	100%	96.3%	85.3%
Varicella (2 doses)	0%	72.4%	83.3%	81.4%	76.3%	75.3%

*There were no medical or religious exemptions among out-of-state transfers.

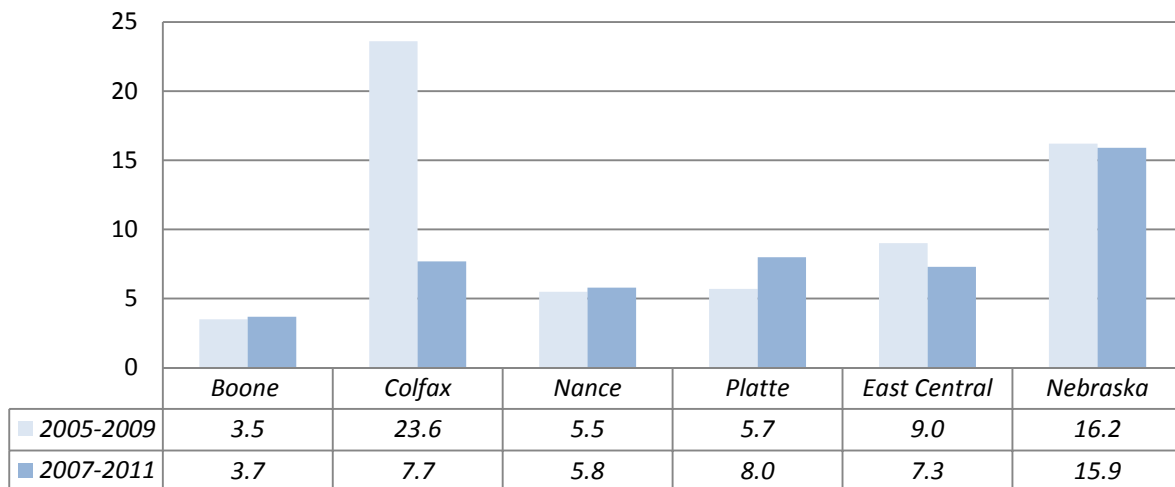
(School Immunization Survey, 2013)

Communicable Diseases

Hepatitis A and B

The incidence of Hepatitis A and B was lower in the East Central District by over half, as compared to the state. In 2005-2009, the incidence of Hepatitis A and B was very high in Colfax County, but dropped to relatively low levels in 2007-2011 (Figure 199).

Figure 199. Incidence of Hepatitis A and B per 100,000 Population

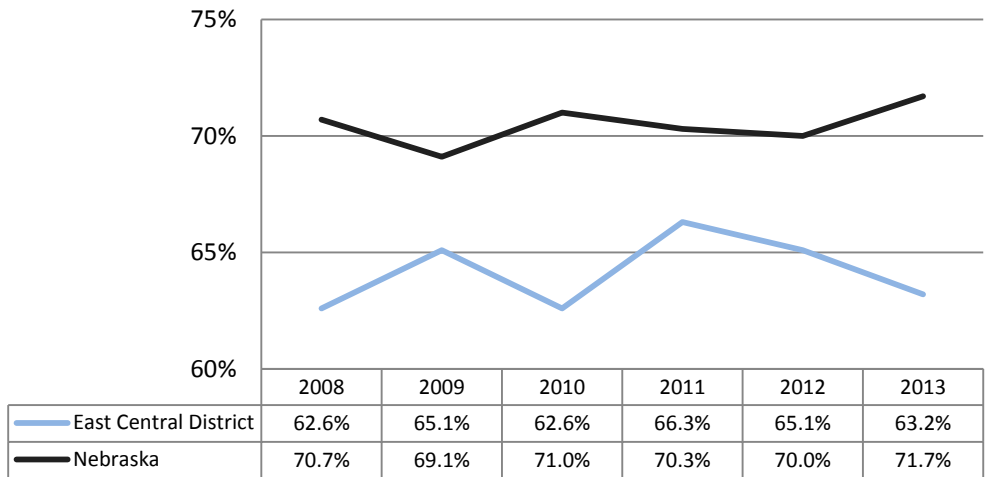


(Source: Nebraska Department of Health and Human Services)

Pneumonia and Influenza

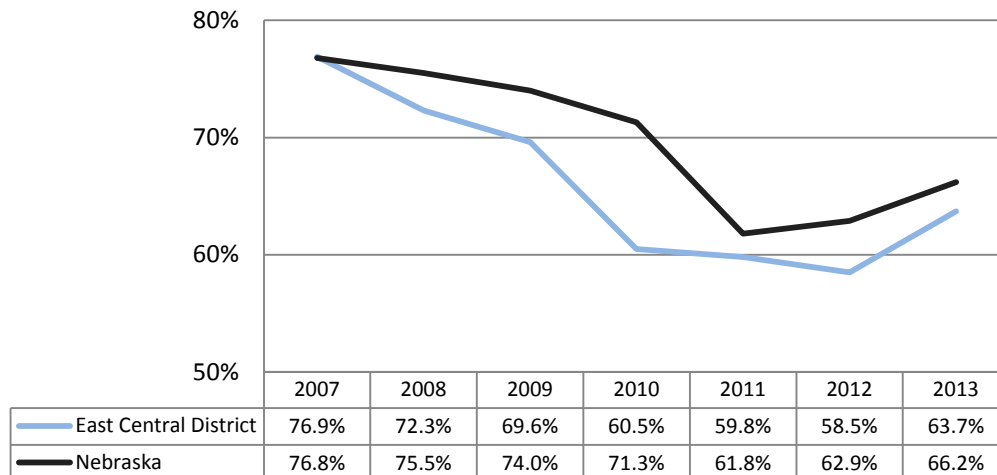
Rates of the over 65 population immunized for pneumonia and influenza have been consistently lower among East Central respondents compared to the state (Figures 200 and 201).

Figure 200. Percent of Population over 65 Ever Immunized for Pneumonia



(Source: Behavioral Risk Factors Surveillance System)

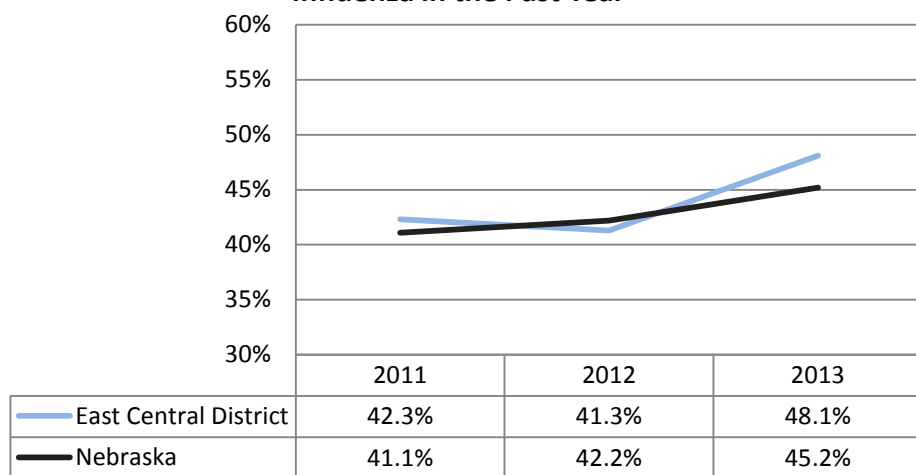
Figure 201. Percent of Population over 65 Immunized for Influenza in the Past Year



(Source: Behavioral Risk Factors Surveillance System)

From 2011 and 2013, between 41% and 48% of respondents to the BRFSS in the East Central district reported being immunized for influenza in the past year. These rates are basically comparable to the state (Figure 202).

Figure 202. Percent of Population over 18 Immunized for Influenza in the Past Year



(Source: Behavioral Risk Factors Surveillance System)

Rates of hospitalizations for pneumonia and influenza are displayed below in Figure 203. Note that some data are missing for 2010-2011.

Figure 203		Inpatient Hospitalizations* for Pneumonia and Influenza (Rates per 100,000)					
		Boone	Colfax	Nance	Platte	East Central	Nebraska
Pneumonia	2007-2008	454.7	288.6	497.6	192.1	265.1	242.1
	2010-2011	357.8	-	349.4	181.8	-	-
Influenza	2007-2008	37.0	14.0	43.9	10.1	17.2	14.0
	2010-2011	5.6	-	22.3	8.3	-	-

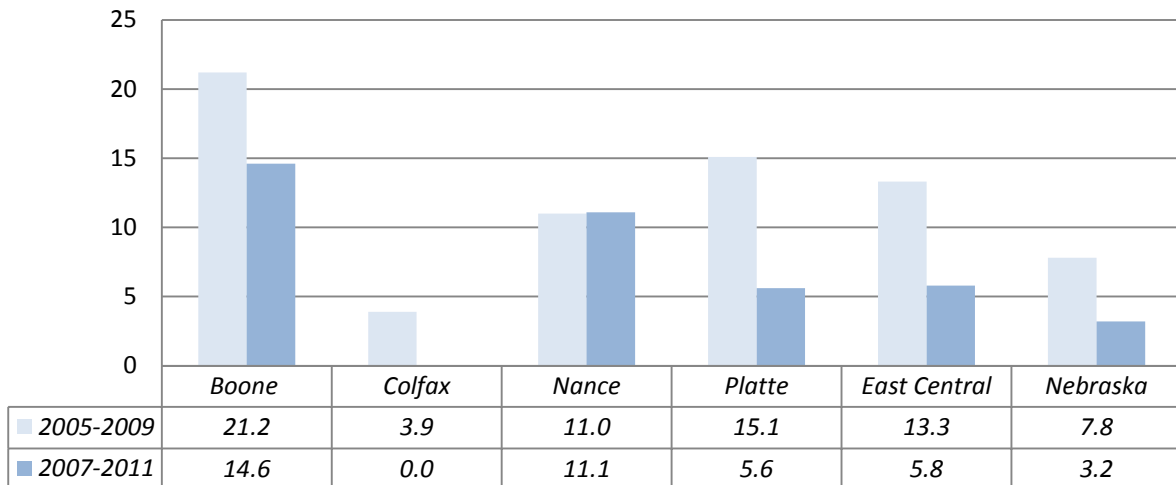
*Gaps exist in the hospitalization data: Colfax, East Central, and Nebraska data are not reported.

(Source: Nebraska Department of Health and Human Services)

West Nile Virus

The incidence of West Nile Virus has been higher in the East Central District than the rest of the state. However, rates have dropped by over 50% from 2005-2009 to 2007-2011. Rates are notably high in Boone and Nance Counties (Figure 204).

Figure 204. Incidence of West Nile Virus per 100,000 Population

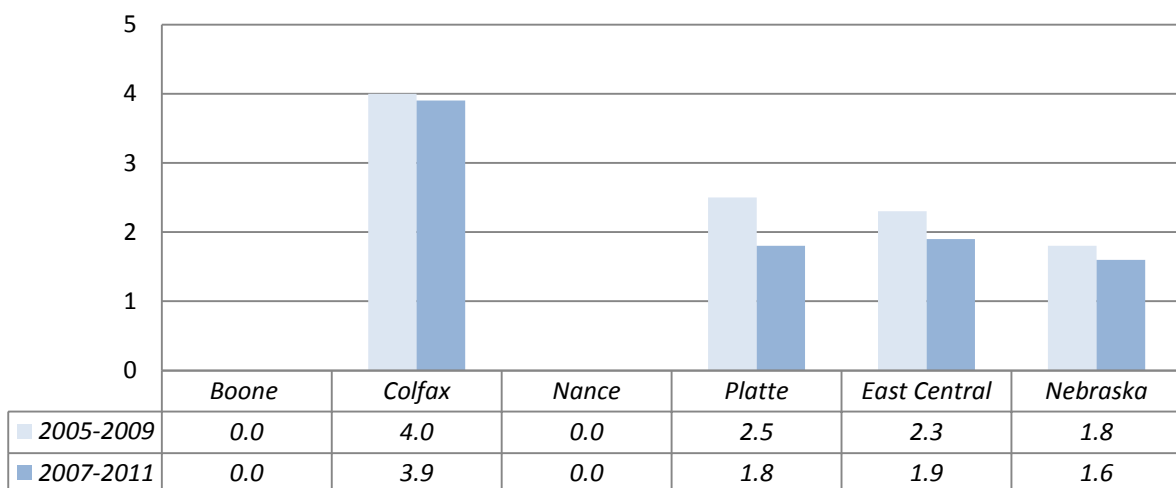


(Source: Nebraska Department of Health and Human Services)

Tuberculosis

The incidence of tuberculosis has been slightly higher in the East Central District, as compared to the state, due to high rates in Colfax County (Figure 205).

Figure 205. Incidence of Tuberculosis per 100,000 Population

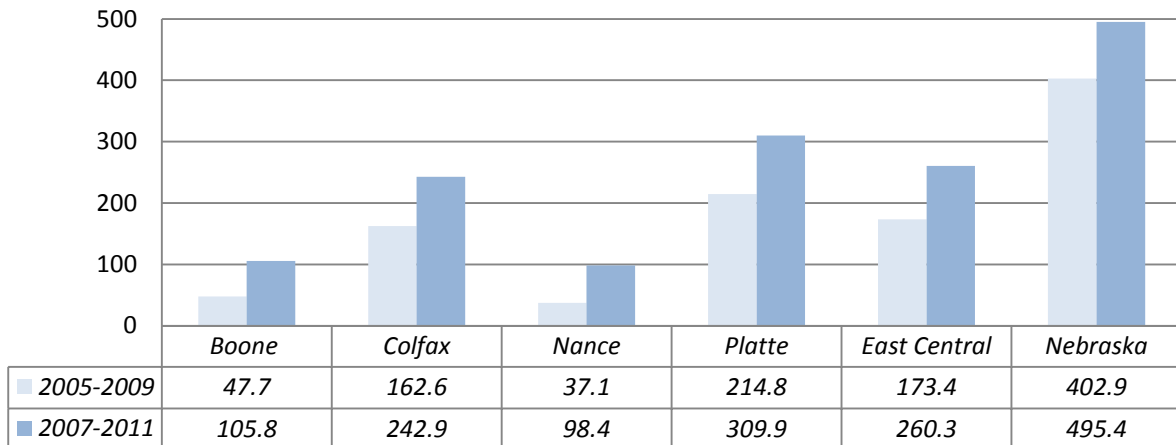


(Source: Nebraska Department of Health and Human Services)

Sexually Transmitted Diseases

The incidence of sexually transmitted diseases among those 17 and under has been considerably lower in the East Central District, as compared to the state. However, rates of STDs among youth appear to be on the rise in each county in the district (Figure 206).

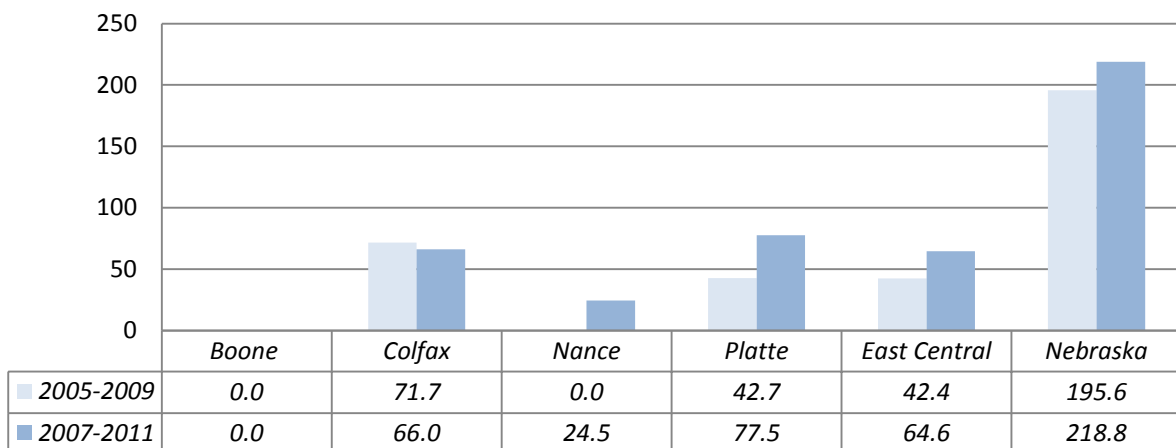
Figure 206. Incidence of Sexually Transmitted Diseases among those 17 and Under per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Likewise, the incidence of sexually transmitted diseases among those 18 and over has been considerably lower in the East Central District, as compared to the state. However, rates of STDs among adults appear to be on the rise due to increases in Nance and Platte Counties (Figure 207).

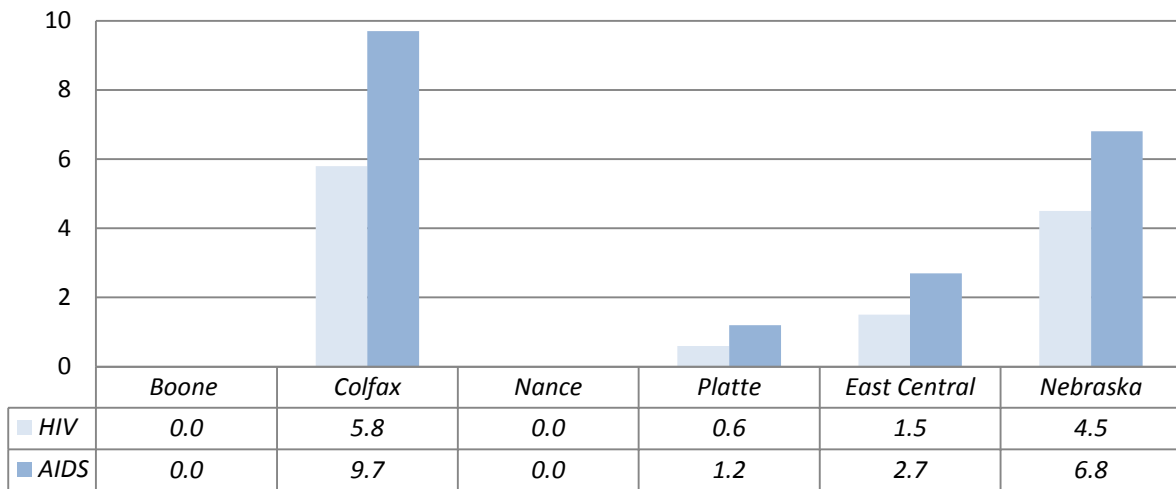
Figure 207. Incidence of Sexually Transmitted Diseases among those 18 and Over per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

The incidence of HIV and AIDS is alarmingly high in Colfax County, while HIV/AIDS remains low throughout the rest of the district (Figure 208).

Figure 208. Incidence of HIV and AIDS per 100,000 Population (2007-2011)



(Source: Nebraska Department of Health and Human Services)

Aging Population

Approximately one-fifth of the population in Boone and Colfax Counties are 65 and older, rates which are notably higher than the state (Figure 209).

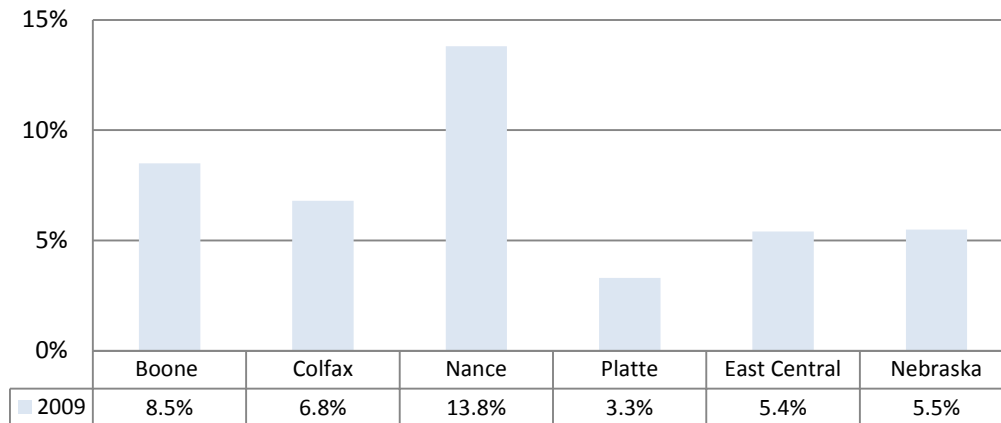
Figure 209	Percent of the Population Ages 65 and Over (2012)
Boone	21.2%
Colfax	13.9%
Nance	19.2%
Platte	14.6%
East Central	15.5%
Nebraska	13.5%
United States	13.2%

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

Nursing Home and Long-Term Care

Among the population 65 and over, 8.5% in Boone and 13.8% in Nance Counties are in a nursing home or long-term care, rates which are considerably higher than the state (Figure 210).

Figure 210. Percent of Population Ages 65 and Over in a Nursing Home or Long-Term Care



(Source: Nebraska Department of Health and Human Services)

Dementia

As of 2011, there were over 1,600 individuals in the East Central District estimated to have Dementia (Figure 211).

Figure 211	Estimated Number of Individuals over 65 with Dementia		
	2009	2011	Percent Change
Boone	234	246	5.1%
Colfax	264	293	11.0%
Nance	137	147	7.3%
Platte	1,060	948	-10.6%
East Central	1,696	1,635	-3.6%
Nebraska	46,922	48,407	3.2%

(Source: Nebraska Department of Health and Human Services)

Approximately 1-in-5 adults over 65 have dementia in the East Central District, a rate that is comparable to the state (Figure 212).

Figure 212	Percent of Population Ages over 65 with Dementia (2011)
Boone	21.2%
Colfax	20.7%
Nance	21.0%
Platte	19.5%
East Central	20.1%
Nebraska	19.3%

(Source: Nebraska Department of Health and Human Services)

Perceptions of Community Support for the Elderly

In both administrations of the Community Health Survey, over 65% of respondents agreed or strongly agreed with the statement: "This community is a good place to grow old (considering elder-friendly housing, transportation to medical services, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)." In 2011, those 55 & over were the most positive on this survey item, but in 2014 there was virtually no difference between age groups. In both survey administrations Boone County respondents have been notably more positive than respondents from other counties. (Figure 213).

Figure 213	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.) ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone ^o	91.1%	81.8%
Colfax	59.0%	55.3%
Nance ^o	65.7%	63.6%
Platte	62.4%	70.3%
White	71.2%	66.3%
Minority	45.3%	71.8%
Male	69.6%	66.0%
Female	64.0%	67.9%
Under 40	54.3%	66.9%
40 to 54	66.5%	67.4%
55 & over	79.4%	67.4%
East Central	65.1%	67.6%

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

^oThere was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

In both administrations of the Community Health Survey, around 70% of respondents perceived that there is a transportation service for older adults (Figure 214).

Figure 214	There is a transportation service that takes older adults to medical facilities or to shopping centers. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	89.3%	72.7%
Colfax	70.2%	69.3%
Nance°	66.7%	59.1%
Platte	65.8%	73.9%
White	74.5%	70.3%
Minority	53.8%	75.4%
Male	72.5%	66.2%
Female	69.1%	75.1%
Under 40	64.8%	72.4%
40 to 54	70.3%	70.3%
55 & over	76.4%	72.5%
East Central	69.6%	71.8%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

In 2014, under 60% of respondents to the Community Health Survey felt that there are enough programs that provide meals for older adults in their community (Figure 215).

Figure 215	There are enough programs that provide meals for older adults in my community. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	74.5%	69.7%
Colfax	55.5%	64.6%
Nance°	63.9%	63.6%
Platte	47.3%	56.5%
White	57.3%	57.3%
Minority	41.2%	64.8%
Male	58.4%	56.0%
Female	52.1%	60.1%
Under 40	51.3%	53.5%
40 to 54	51.6%	52.9%
55 & over	59.5%	67.3%
East Central	53.7%	59.1%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Less than half of respondents in both administrations of the Community Health Survey agreed or strongly agreed that there are networks of support for the elderly living alone (Figure 216).

Figure 216	There are networks for support for the elderly living alone.	
	➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	50.0%	56.3%
Colfax	45.0%	43.1%
Nance°	33.3%	27.3%
Platte	38.5%	43.8%
White	41.1%	39.4%
Minority	39.1%	60.7%
Male	45.7%	48.7%
Female	38.9%	42.2%
Under 40	49.2%	49.0%
40 to 54	31.8%	40.6%
55 & over	38.6%	44.5%
East Central	40.9%	44.6%

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

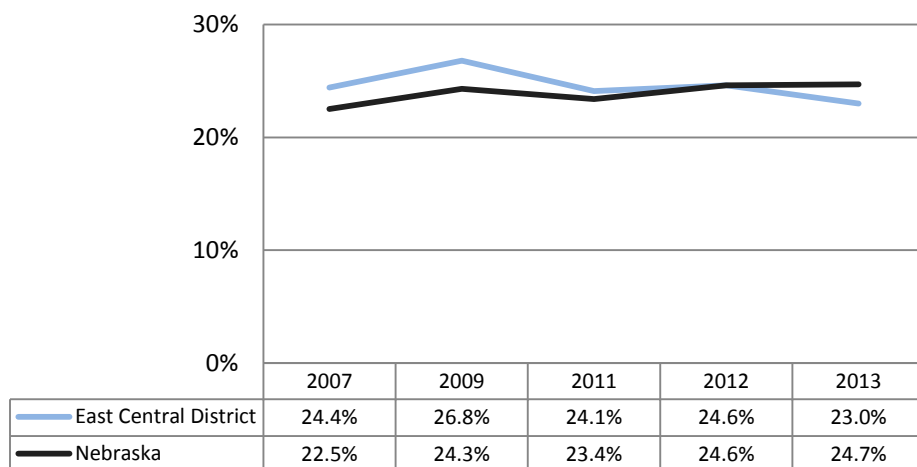
°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Arthritis

Approximately 1-in-4 East Central District respondents to the BRFSS have indicated that they have arthritis from 2007-2013. This is basically comparable to the state (Figure 217).

Figure 217. Percent of Adults Ages 18 and Over Ever Told They Have Arthritis

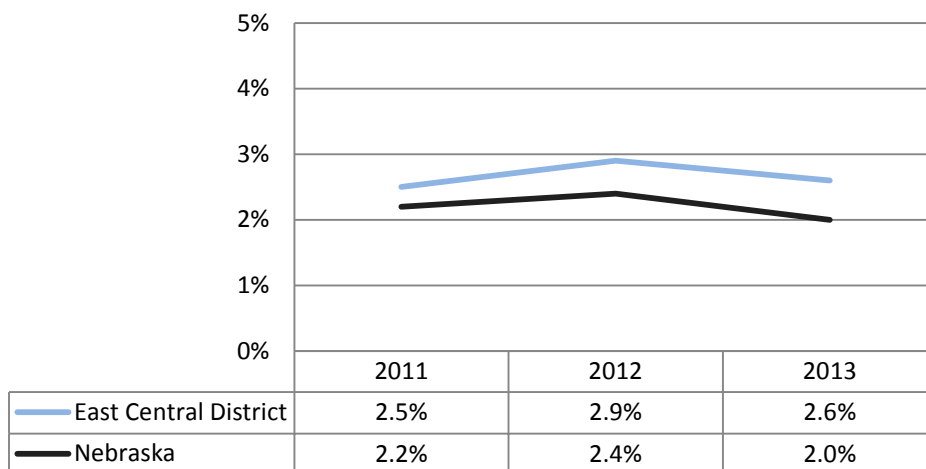


(Source: Behavioral Risk Factors Surveillance System)

Kidney Disease

Less than 3% of East Central respondents to the BRFSS have reported that they have ever been told they have kidney disease (Figure 218).

Figure 218. Percent of Adults Ages 18 and Over Ever Told They Have Kidney Disease



(Source: Behavioral Risk Factors Surveillance System)

Oral Health

Compared to the state, a lower percentage of East Central respondents to the BRFSS have reported that they visited a dentist or dental clinic in the past year, and higher percentages have reported having permanent teeth extracted due to gum disease (Figure 219).

Figure 219	Indicators of Oral Health among Adults Ages 18 and Over (2012)	
	East Central	Nebraska
Visited a dentist or dental clinic for any reason in the past year	61.2%	67.6%
Ever had any permanent teeth extracted due to tooth decay or gum disease	46.3%	39.8%
Had all permanent teeth extracted due to tooth decay or gum disease (adults ages 65 and older)	17.8%	13.4%

(Source: Behavioral Risk Factors Surveillance System)

Section III. Community Health Needs and Priorities

Based upon the preceding data from Sections I and II, community health needs have been selected by the author of this report (Schmeeckle Research). 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, 19 community health needs and priorities for the entire East Central District are listed alphabetically in Figure 1 below with a brief description of the rationale for selection. Data that support the selection and prioritization of the community health needs follow.

Demographic Profile: East Central District

Population: 51,815

% White: 82.1%

% Hispanic: 9.1%

Median age: 38.7

Median Household Income: \$49,330

% at or below Poverty: 11.5%

% with High School Degree/GED/Equivalent or higher: 85.8%

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

Community Health Needs and Priorities	Rationale for Selection
➤ Access to Health Care Professionals	<ul style="list-style-type: none">• With the exception of FM/GP and LPN, all of the major health care professions in the East Central District are responsible for serving a higher number of individuals than the state.• There are numerous Federally and State Designated Health Professional Shortages in the East Central District.
➤ Aging Population	<ul style="list-style-type: none">• As of 2012, 15.5% of the East Central population was over the age of 65 (state comparison: 13.5%).• As of 2012, the median age was 38.7 for the East Central District (state comparison: 36.3).• In 2011, 20.1% of the East Central population ages 65 and over had dementia (state comparison: 19.3%).• In a 2014 survey, just 44.6% of respondents from the East Central District agreed or strongly agreed that there are networks for support for the elderly living alone.

Figure 1 continued.

Community Health Needs and Priorities	Rationale for Selection
➤ Alcohol and Drug Use	<ul style="list-style-type: none"> Alcohol and drug use were identified by East Central respondents as the top health concerns and risky behaviors in a 2014 survey. In 2012, 22.3% of East Central 12th graders reported binge drinking in the past 30 days (state comparison: 21.7%). In 2012, 17.0% of East Central 12th graders reported using marijuana in the past 30 days (state comparison: 11.7%). In 2013, 22.1% of adults ages 18 and over reported binge drinking in the past 30 days (state comparison: 20.0%). In 2013, 9.3% of adults ages 18 and over reported heavy drinking (state comparison: 6.8%).
➤ Alcohol Impaired Driving	<ul style="list-style-type: none"> In 2012, 23.6% of 12th East Central 12th graders reported alcohol impaired driving in the past year (state comparison: 14.8%). In 2012, between 17% and 29% (varying by grade) of East Central 6th, 8th, 10th, and 12th graders reported riding in a vehicle driven by someone who had been drinking alcohol in the past 30 days. In 2012, 4.8% of East Central adults ages 18 and over reported alcohol impaired driving in the past 30 days (state comparison: 3.4%).
➤ Births to Teen Mothers	<ul style="list-style-type: none"> From 2008 to 2012, there were 347 births to teen mothers in the East Central District, comprising 8.8% of all births (state comparison: 7.6%)
➤ Educational Attainment	<ul style="list-style-type: none"> In 2013, among public schools students throughout the East Central District, the four-year high school graduation rate was 84.4% (state comparison: 88.5%). As of 2012, 85.8% of the over 25 population in the East Central District has at least a High School Degree or GED/Equivalent (state comparison: 90.5%).
➤ Falls	<ul style="list-style-type: none"> In 2012, 31.9% of East Central adults ages 45 and over reported that they had a fall in the past year (state comparison: 28.8%), and 11.6% of East Central adults ages 45 and over reported that they were injured due to a fall in the past year (state comparison: 9.9%).
➤ Health Insurance	<ul style="list-style-type: none"> As of 2012, 13.2% of the total East Central population and 8.8% of the under 18 population was without health insurance (state comparison: 11.4% and 6.2%, respectively).
➤ Infant Mortality	<ul style="list-style-type: none"> From 2008 to 2012, there were 22 infant mortalities in the East Central District, making for a rate of 5.6 per 1,000 live births (state comparison: 5.2 per 1,000).
➤ Language	<ul style="list-style-type: none"> As of 2012, 16.8% of the East Central population ages 5 and over spoke a language other than English at home (state comparison: 10.4%).
➤ Motor Vehicle Safety	<ul style="list-style-type: none"> From 2007 to 2011, the motor vehicle death rate in the East Central District was 22.6 per 100,000 (state comparison: 12.8 per 100,000). In 2013, 66.1% of East Central adults ages 18 and over reported that they always wear a seat belt when driving or riding in a car (state comparison: 74.1%).
➤ Occupational Health	<ul style="list-style-type: none"> From 2008 to 2012, there were 83.7 inpatient hospitalizations due to work-related injury per 100,000 workers in the East Central District (state comparison: 69.3 per 100,000). From 2008 to 2012, there were 916.6 emergency department visits due to work-related injury per 100,000 workers in the East Central District (state comparison: 716.2 per 100,000). From 2008 to 2012, there were 4.4 claims for workers' compensation in the East Central District per 100 workers (state comparison (4.1 per 100)).
➤ Obesity/Overweight and Physical Activity	<ul style="list-style-type: none"> In 2013, 66.8% of East Central adults ages 18 and over were overweight or obese (BMI 25 or higher) (state comparison: 65.5%). In 2013-2014, 40% or more of East Central 4th through 8th graders were overweight or obese (BMI 25 or higher). In 2013, 13.5% of East Central adults ages 18 met both aerobic physical activity and muscle strengthening recommendation (state comparison: 18.3%).

Figure 1 continued.

Community Health Needs and Priorities	Rationale for Selection
➤ Oral Health	<ul style="list-style-type: none"> In 2012, 61.2% of adults ages 18 and over in the East Central District reported that they visited a dentist for any reason in the past year (state comparison: 67.6%), and 46.3% reported that they had any permanent teeth extracted due to tooth decay or gum disease (state comparison: 39.8%).
➤ Pneumonia and Influenza Immunization for the Over 65 Population	<ul style="list-style-type: none"> In 2013, 63.2% of adults over the age of 65 in the East Central District were ever immunized for pneumonia and 63.7% were immunized for influenza in the past year (state comparison: 71.7% and 66.2%, respectively).
➤ Poverty	<ul style="list-style-type: none"> As of 2012, 17.3% of the under 18 population in the East Central District was in poverty (state comparison: 16.7%).
➤ Single Parent Households	<ul style="list-style-type: none"> From 2000 to 2012, there was a 57.5% increase in single parent family households and a 28.9% decrease in married couple family households in the East Central District. As of 2012, 30.1% of children in the East Central District lived in a single parent household (state comparison: 27.7%). As of 2012, 57.3% of children in single mother family households were at or below poverty (state comparison: 43.5%). In 2012, 42.2% of births in the East Central District were to unmarried women (state comparison: 28.9%).
➤ Teen Sexual Activity	<ul style="list-style-type: none"> In 2010, 38.0% of East Central high school students reported that they have ever had sex (state comparison: 34.9%). In 2010, 10.4% of East Central high school students reported that they have ever been physically forced to have sex (state comparison: 7.5%).
➤ Unintentional Injury Deaths	<ul style="list-style-type: none"> From 2007 to 2011, the rate of unintentional injury deaths per 100,000 population was 41.3 in the East Central District (state comparison: 35.8 per 100,000).

Access to Health Care Professionals

Figure 2	Persons Responsible per Health Care Professional (2012)					
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Physicians	677	3,538	N/A	724	935	496
FM/GP	773	3,538	N/A	2,963	2,493	2,552
Internal Medicine	N/A	N/A	N/A	32,593	52,359	7,060
Pediatrics	5,412	N/A	N/A	10,864	13,090	8,859
OB/GYN	N/A	N/A	N/A	8,148	13,090	11,305
Psychiatrists	N/A	N/A	N/A	32,593	52,359	12,284
Dentists	1,353	5,307	3,740	2,037	2,276	1,812
Pharmacists	773	3,538	1,247	1,164	1,277	956
Physical Therapists*	2,723	4,995	3,550	1,782	2,220	1,426
Physician Assistants	1,353	5,307	1,870	6,519	4,028	2,473
Nurse Practitioners	N/A	5,307	3,740	3,621	4,363	2,286
RNs*	91	145	111	134	127	80
LPNs*	127	217	127	229	199	263

Note that population estimates are slightly different from those used elsewhere in this report.

*Data for physical therapists, RNs, and LPNs are from 2010.

(Source: Nebraska Department of Health and Human Services)

Figure 2	Federally Designated Health Professional Shortages (2008)				
	Boone	Colfax	Nance	Platte	East Central
Primary Care			✓		<i>partial</i>
Mental Health	✓	✓	✓	✓	✓
Dental Health		✓			<i>partial</i>

(Source: Nebraska Department of Health and Human Services)

Figure 3	State Designated Health Professional Shortages (2010)				
	Boone	Colfax	Nance	Platte	East Central
Family Practice		✓	✓		<i>partial</i>
General Surgery			✓	✓	<i>partial</i>
Internal Medicine	✓	✓	✓	✓	✓
Pediatrics		✓	✓	✓	<i>partial</i>
Obstetrics/Gynecology	✓	✓	✓		<i>partial</i>
Psychiatrics	✓	✓	✓	✓	✓
Dental		<i>partial</i>	✓		<i>partial</i>
Pharmacy		✓	✓		<i>partial</i>
Occupational Therapy		<i>partial</i>			<i>partial</i>
Physical Therapy					

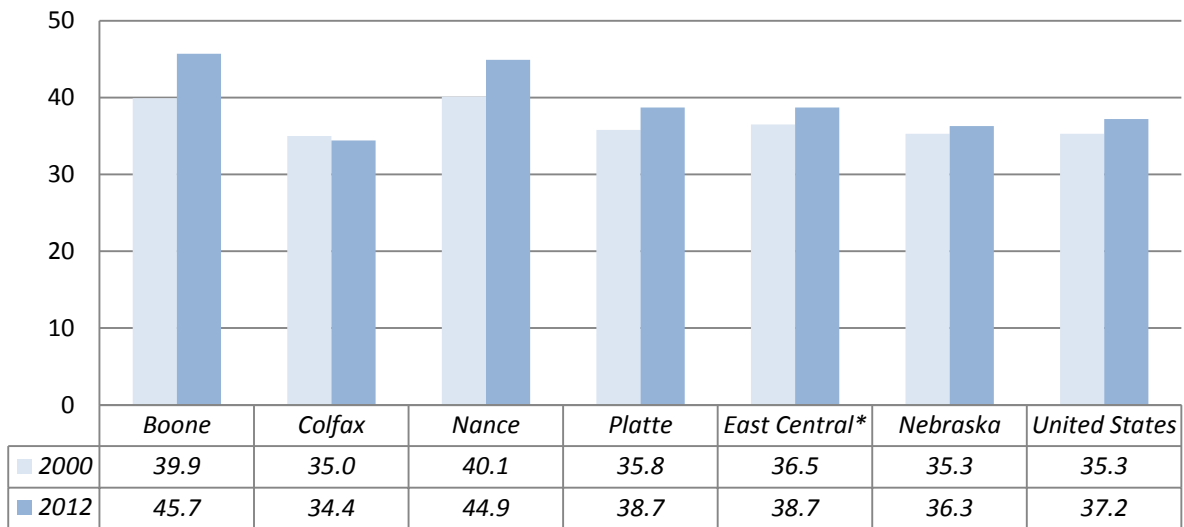
(Source: Nebraska Department of Health and Human Services)

Aging Population

Figure 4	Percent of the Population Ages 65 and Over (2012)
Boone	21.2%
Colfax	13.9%
Nance	19.2%
Platte	14.6%
East Central	15.5%
Nebraska	13.5%
United States	13.2%

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

Figure 5. Median Age



*An average weighted by the population of each county.

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

Figure 6	Percent of Population Ages over 65 with Dementia (2011)
Boone	21.2%
Colfax	20.7%
Nance	21.0%
Platte	19.5%
East Central	20.1%
Nebraska	19.3%

(Source: Nebraska Department of Health and Human Services)

Figure 7	There are networks for support for the elderly living alone. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone ^o	50.0%	56.3%
Colfax	45.0%	43.1%
Nance ^o	33.3%	27.3%
Platte	38.5%	43.8%
White	41.1%	39.4%
Minority	39.1%	60.7%
Male	45.7%	48.7%
Female	38.9%	42.2%
Under 40	49.2%	49.0%
40 to 54	31.8%	40.6%
55 & over	38.6%	44.5%
East Central	40.9%	44.6%

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

^oThere was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties. See the Appendix for the number of respondents.

(Source: ECDHD, Community Health Survey, 2011 & 2014)

Alcohol and Drug Use

Figure 8		In the following list, what do you think are the 3 most important "health concerns" in our community? Check only 3 (East Central District, 2014)	
1. Alcohol/drug abuse	57.7%	14. Motor vehicle crash injuries	6.0%
2. Cancers	41.0%	15. Dental problems	4.0%
3. Obesity	25.5%	16. Suicide	3.3%
4. Aging problems (e.g., arthritis, hearing/vision loss)	24.4%	17. Infectious diseases (e.g., hepatitis, TB)	2.7%
5. Housing that is adequate, safe, and affordable	18.3%	18. Sexually transmitted diseases	2.4%
6. Heart disease and stroke	17.2%	19. Respiratory/lung disease	2.2%
7. Mental health problems	15.9%	20. HIV/AIDS	1.8%
8. Bullying	15.3%	21. Homicide	1.5%
9. Teenage pregnancy	15.0%	22. Rape/sexual assault	1.1%
10. Diabetes	14.5%	23. Infant death	1.1%
11. High blood pressure	11.0%	24. Firearm-related injuries	1.0%
12. Domestic violence	10.3%	Other	1.8%
13. Child abuse/neglect	9.9%		

Other responses: Gangs (0.7%), Support for memory/Alzheimer's/dementia (0.4%), Transportation to VA in Grand Island (0.2%), Underage drinking (0.2%), Driving habits (0.2%)

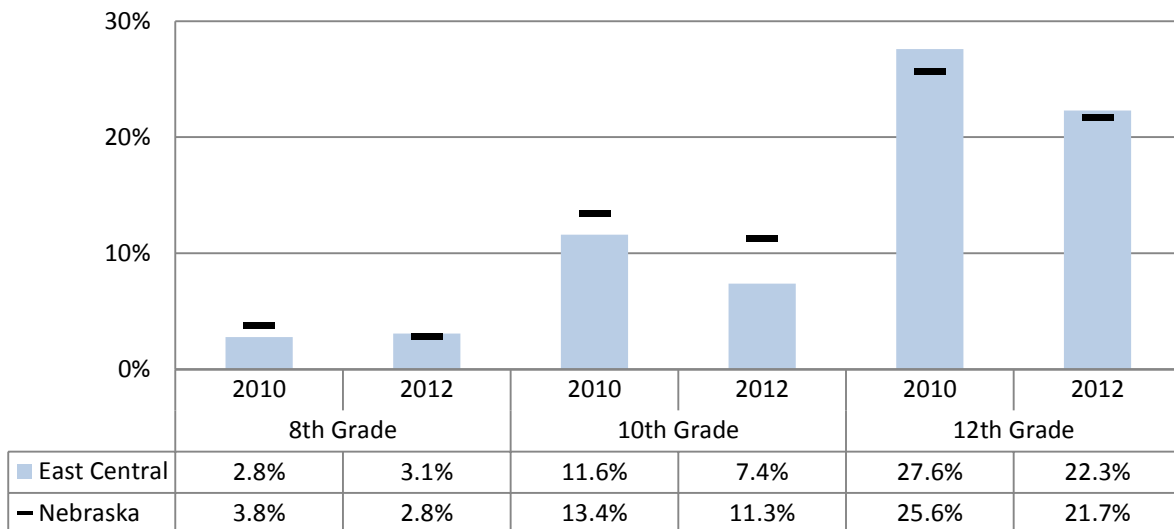
(Source: ECDHD, Community Health Survey, 2011 & 2014)

Figure 9	In the following list, what do you think are the 3 most important "risky behaviors" in our community? (those behaviors that have the greatest impact on overall community health) Check only 3 (East Central District, 2014)		
1. Alcohol abuse	55.6%	9. Overeating	11.6%
2. Drug abuse	46.4%	10. Racism	10.7%
3. Texting/cell phone while driving	43.8%	11. Unsafe sex	10.3%
4. Lack of exercise	25.2%	12. Not using birth control	7.2%
5. Poor eating habits	24.9%	13. Not following doctor's advice	2.9%
6. Not using seat belts and/or child safety seats	14.7%	14. Not getting "shots" to prevent disease	2.8%
7. Tobacco use/or electronic cigarette use	13.8%	Other	0.9%
8. Dropping out of school	11.8%		

Other responses: Illegal/unlicensed/uninsured drivers (0.4%), Running red lights and speeding (0.2%), Low wages and poor benefits (0.2%), Intolerance of alternative religious beliefs (0.2%), Complacency (0.2%)

(Source: ECDHD, Community Health Survey, 2011 & 2014)

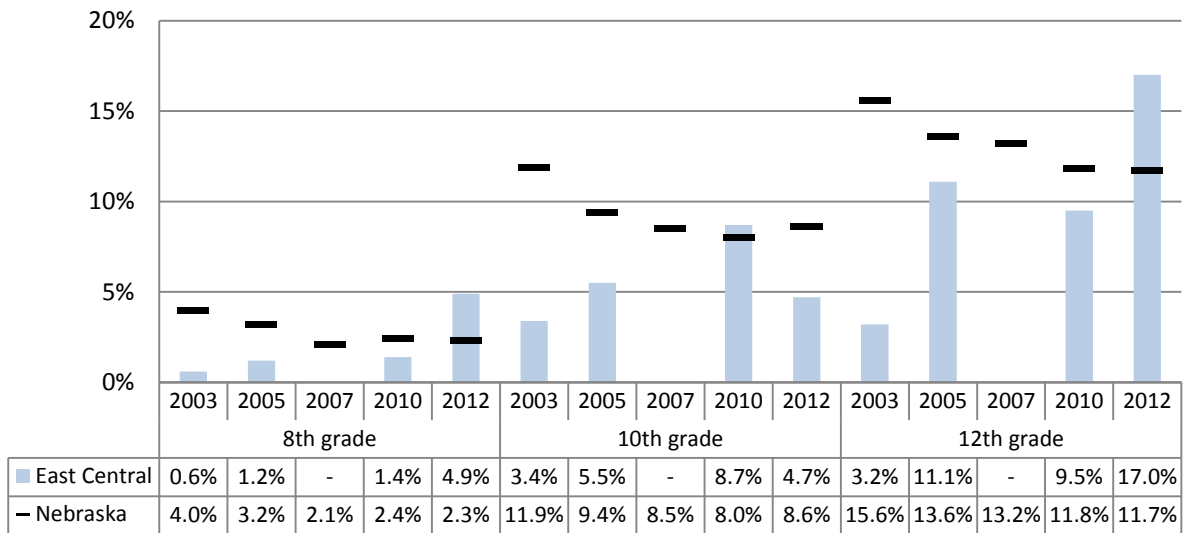
Figure 10. Past 30-Day Binge Drinking* among 8th to 12th graders



*Binge drinking defined as 5 or more drinks in a row.

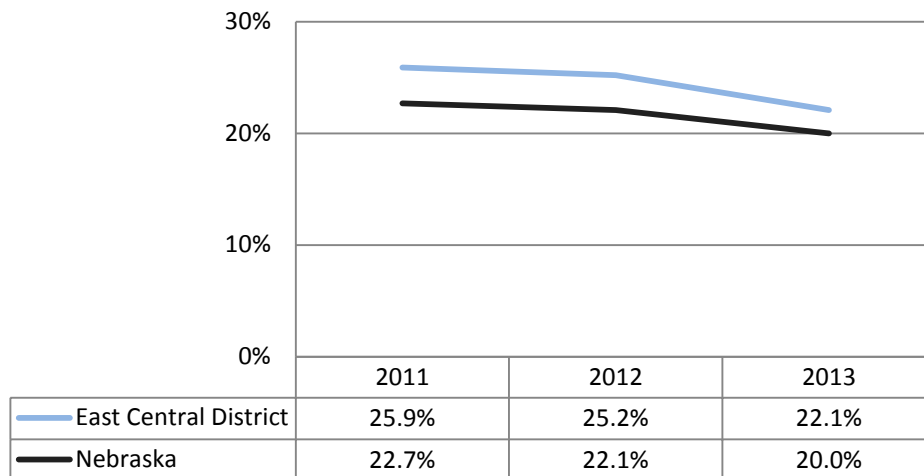
(Source: Nebraska Risk and Protective Factors Student Survey)

Figure 11. Past 30-Day Marijuana Use among 8th to 12th graders



(Source: Nebraska Risk and Protective Factors Student Survey)

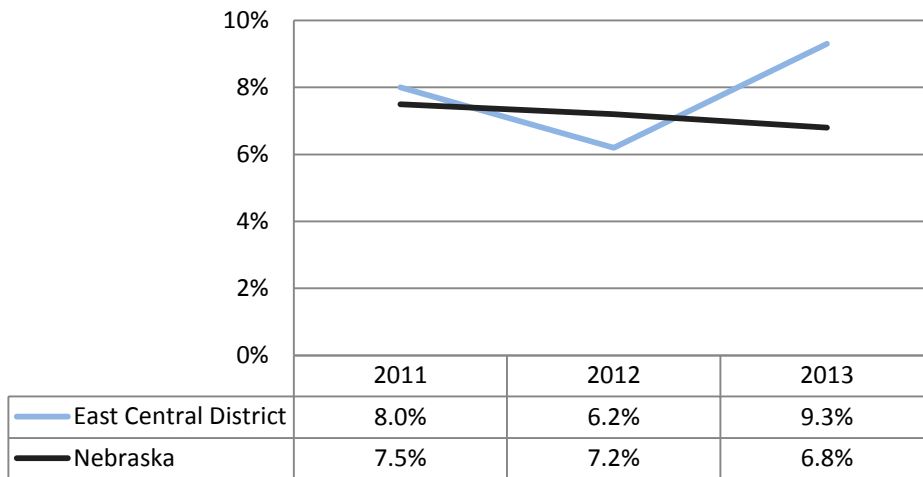
Figure 12. Binge Drinking* in the Past 30 Days among Adults Ages 18 and Over



*Binge drinking defined as 4 drinks in a row for women, 5 for men.

(Source: Behavioral Risk Factors Surveillance System)

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

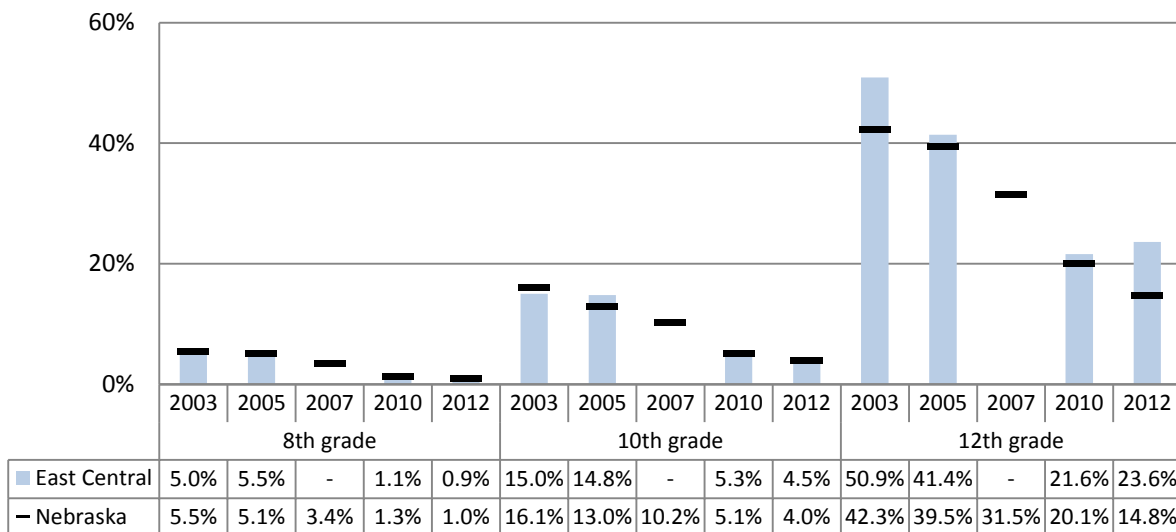


*Heavy drinking defined as more than 1 drink per day on average in the past month for women (more than 30 drinks total in the past month), and more than 2 drinks per day for men (more than 60 drinks total in the past month).

(Source: Behavioral Risk Factors Surveillance System)

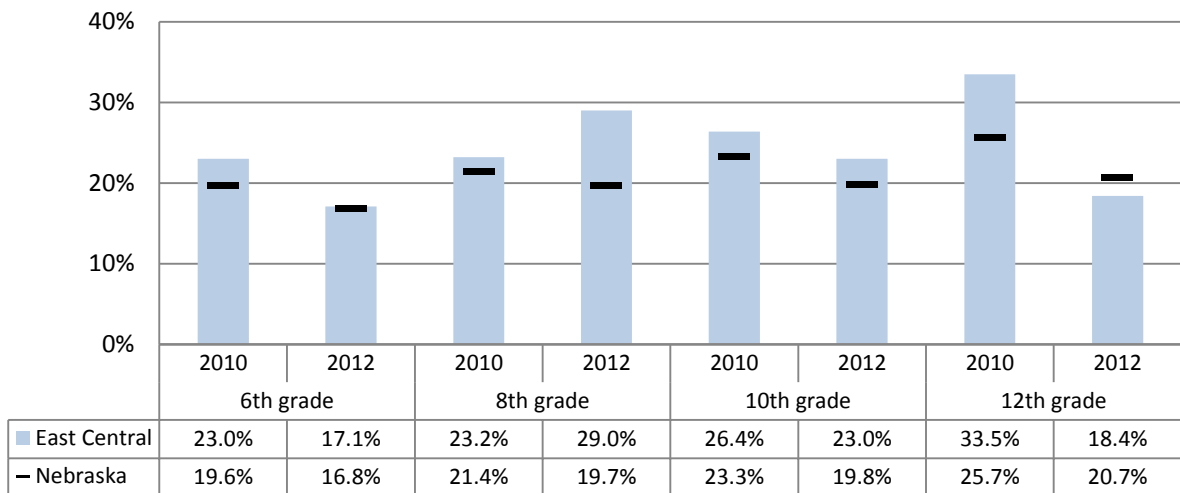
Alcohol Impaired Driving

Figure 14. Past Year Alcohol Impaired Driving among 8th to 12th Graders



(Source: Nebraska Risk and Protective Factors Student Survey)

Figure 15. Rode in a Vehicle Driven by Someone Who Had been Drinking Alcohol in the Past 30 Days among 6th to 12th Graders



(Source: Nebraska Risk and Protective Factors Student Survey)

Figure 16	Alcohol Impaired Driving in the Past 30 Days among Adults Ages 18 and Over (2012)
East Central	Nebraska
4.8%	3.4%

(Source: Behavioral Risk Factors Surveillance System)

Births to Teen Mothers

Figure 17. Number and Percent of Births to Teen Mothers

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

(Source: Nebraska Department of Health and Human Services)

Educational Attainment

Figure 18. Four-Year High School Graduation Rate*

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

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

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

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

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

(Source: Nebraska Department of Education)

Figure 19	Educational Attainment: High School and College - Individuals over 25 (2012)						
	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	92.5%	70.0%	87.8%	89.3%	85.8%	90.5%	85.7%
Percent of the Population with at Least a Bachelor's Degree or Higher	14.2%	12.4%	12.1%	17.3%	15.6%	28.1%	28.5%

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

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

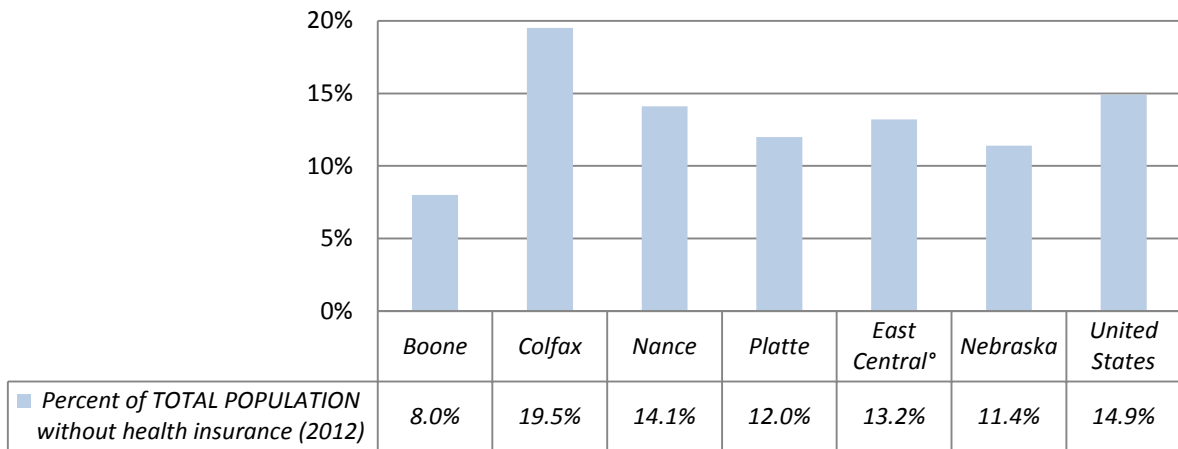
Falls

Figure 20	Falls among Adults Ages 45 and Over (2012)	
	East Central	Nebraska
Had a fall in the past year	31.9%	28.8%
Injured due to a fall in the past year	11.6%	9.9%

(Source: Behavioral Risk Factors Surveillance System)

Health Insurance

Figure 21. Percent of Total Population without Health Insurance* (2012)

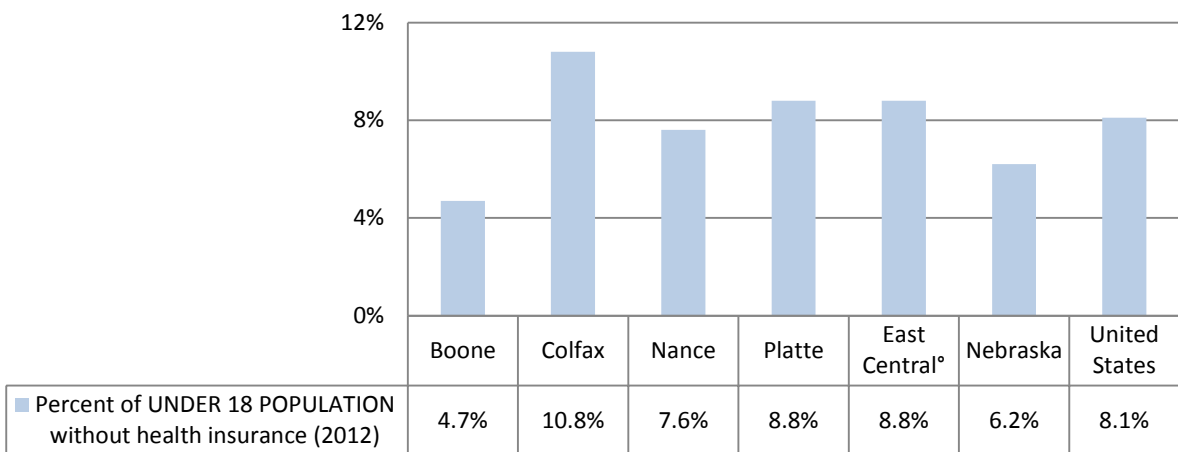


*Those who have neither a private nor public health insurance plan

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

(American Community Survey 5-Year Estimates)

Figure 22. Percent of Under 18 Population without Health Insurance* (2012)



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

*An average weighted by the population of each county.

(American Community Survey 5-Year Estimates)

Infant Mortality

Figure 23. Number and Rate* of Infant Deaths per 1,000 Live Births

	2005-2009	2006-2010	2007-2011	2008-2012
Boone	0, -	0, -	0, -	0, -
Colfax	9, 8.6	9, 8.9	8, 8.0	5, 5.2
Nance	1, -	1, -	1, -	1, -
Platte	15, 6.2	15, 6.2	20, 8.2	16, 6.6
East Central	25, 6.3	25, 6.3	29, 7.3	22, 5.6
Nebraska	769, 5.8	758, 5.7	753, 5.7	690, 5.2

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

(Source: Nebraska Department of Health and Human Services)

Language

Figure 24. Percent of Population Ages 5 and over Speaking a Language Other Than English at Home

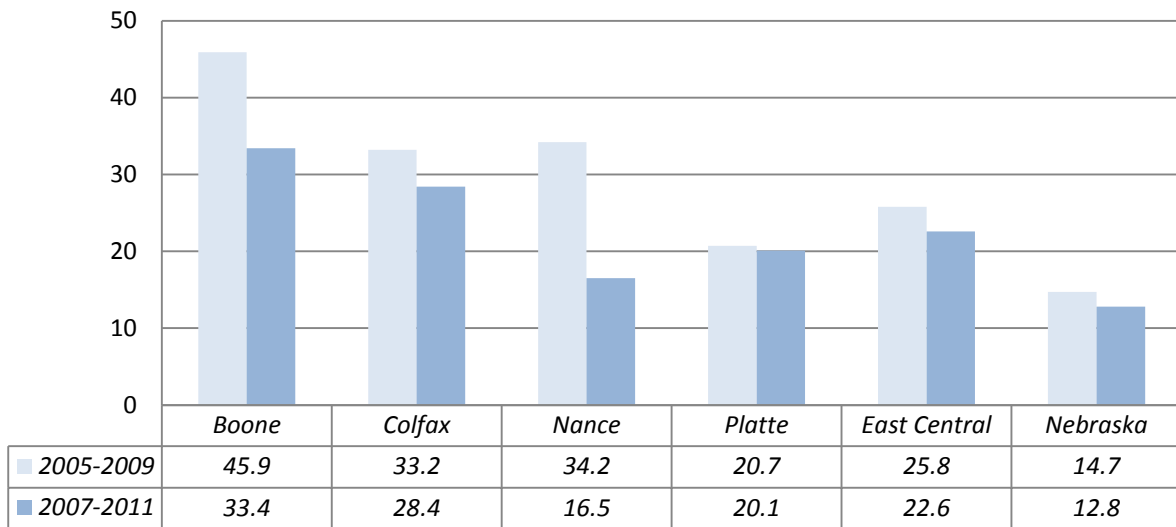
	2009	2010	2011	2012
Boone	1.0%	0.8%	1.7%	1.6%
Colfax	34.4%	35.9%	38.1%	40.2%
Nance	3.2%	2.8%	2.2%	1.9%
Platte	12.2%	13.2%	13.7%	13.8%
East Central*	14.6%	15.5%	16.4%	16.8%
Nebraska	9.2%	9.7%	9.9%	10.4%

*An average weighted by the population of each county.

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

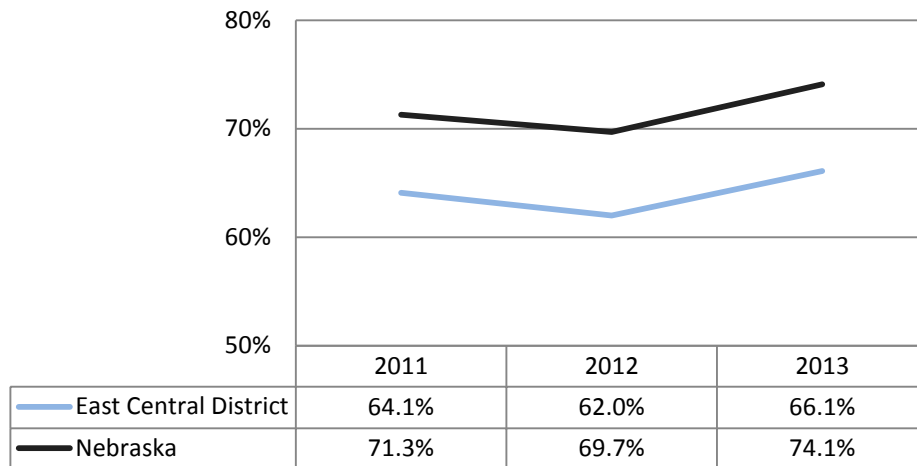
Motor Vehicle Safety

Figure 25. Motor Vehicle Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

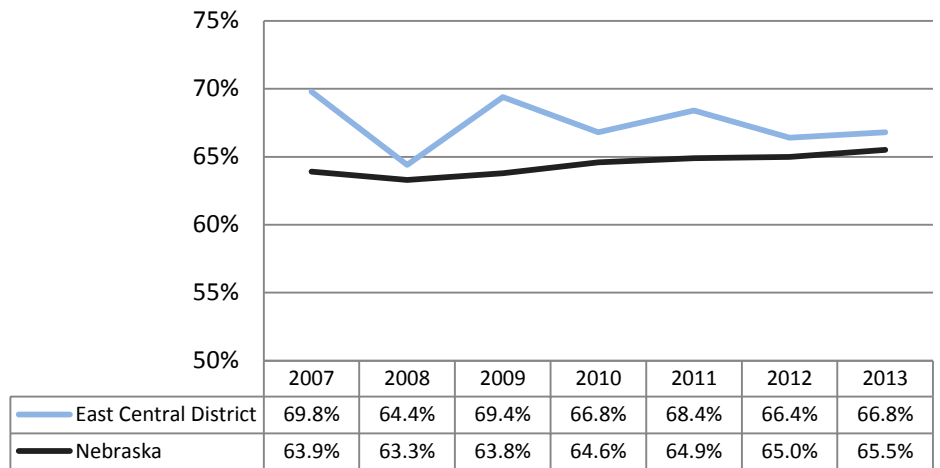
Figure 26. Percent of Adults Ages 18 and Over Who Always Wear a Seat Belt When Driving or Riding in a Car



(Source: Behavioral Risk Factors Surveillance System)

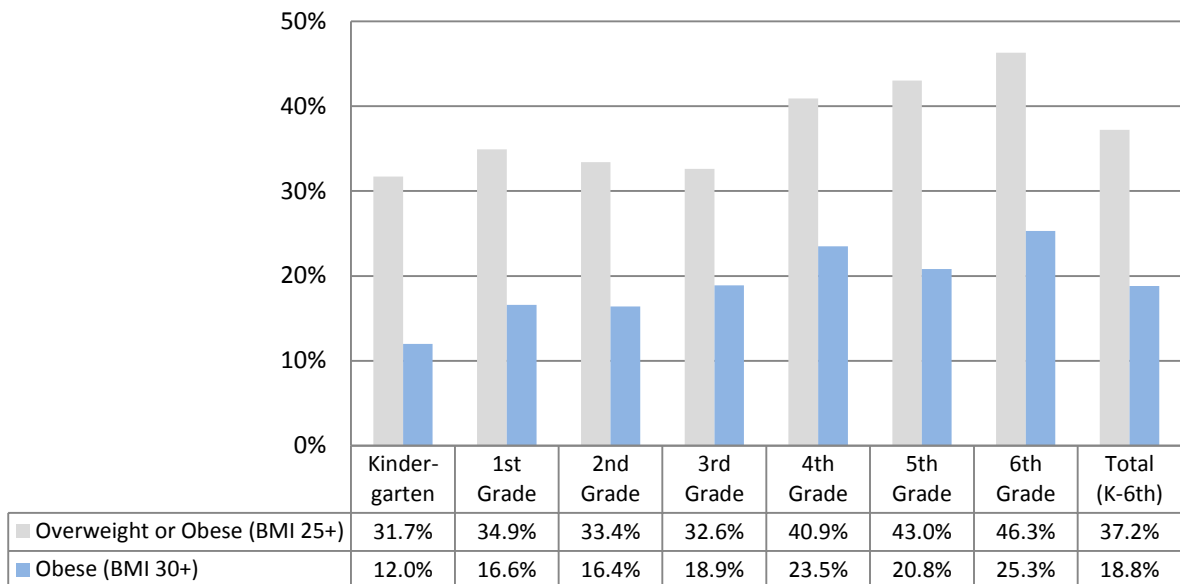
Obesity/Overweight and Physical Activity

Figure 27. Percent of the Adult Population Ages 18 and Over That is Overweight or Obese (BMI 25 or higher)



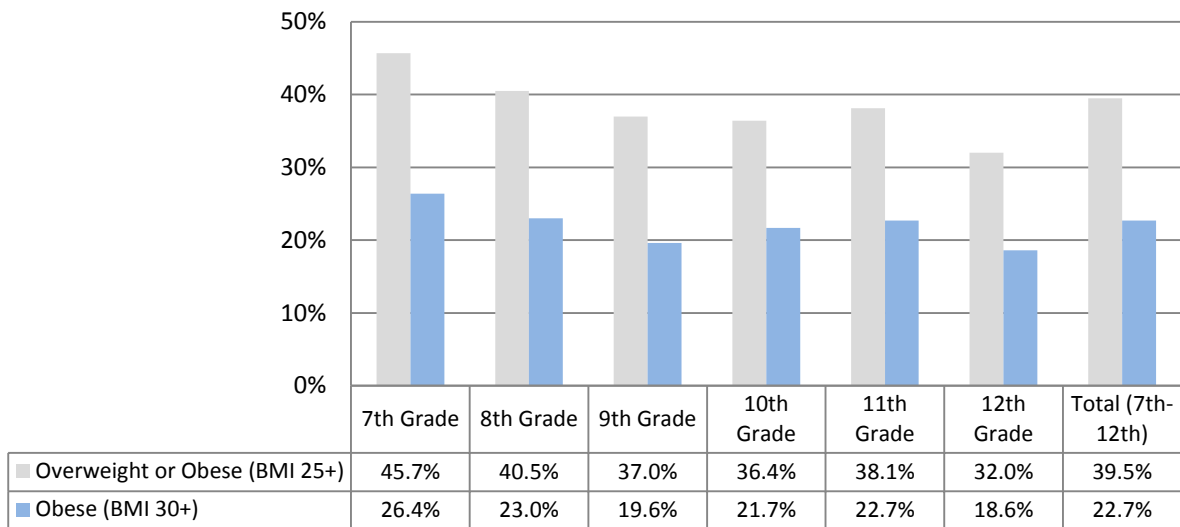
(Source: Behavioral Risk Factors Surveillance System)

Figure 28. East Central District BMI Data on K-6th Grade Students (2013-2014)



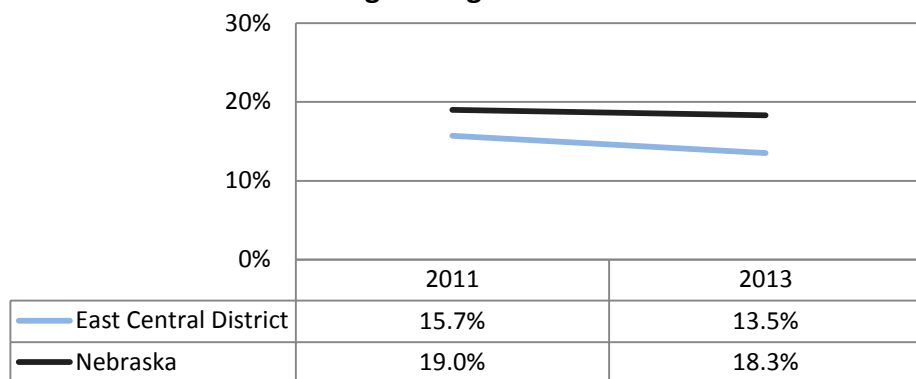
(Source: K-12 Student BMI Data, East Central District Health Department)

Figure 29. East Central District BMI Data on 7th-12th Grade Students (2013-2014)



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

Figure 30. Percent of the Adult Population Ages 18 and Over That Met Both Aerobic Physical Activity and Muscle Strengthening Recommendation



(Source: Behavioral Risk Factors Surveillance System)

Occupational Health

Figure 31	Indicators of Occupational Health (2008-2012)	
	East Central	Nebraska
Inpatient hospitalizations due to work-related injury per 100,000 workers	83.7	69.3
Emergency department visits due to work-related injury per 100,000 workers	916.6	716.2
Claims for workers' compensation per 100 workers	4.4	4.1

(Source: Nebraska Department of Health and Human Services)

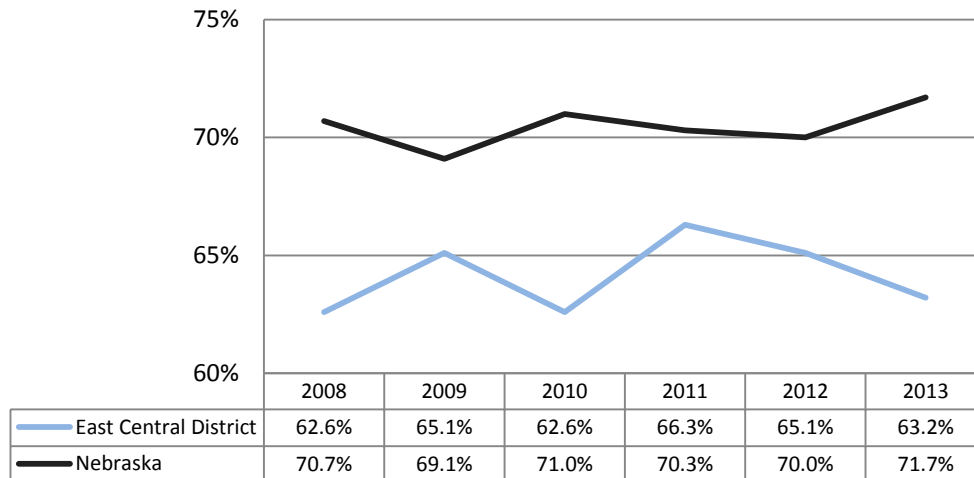
Oral Health

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

(Source: Behavioral Risk Factors Surveillance System)

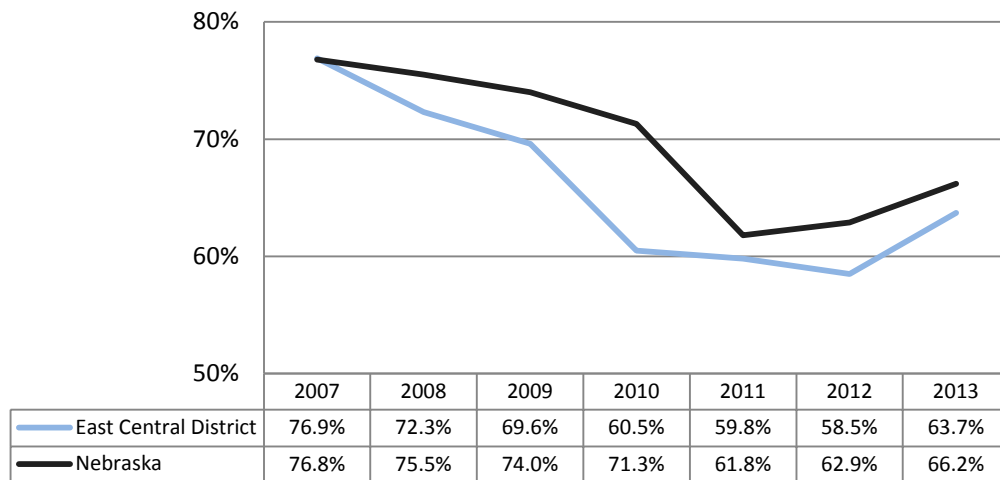
Pneumonia and Influenza Immunization for the Over 65 Population

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



(Source: Behavioral Risk Factors Surveillance System)

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



(Source: Behavioral Risk Factors Surveillance System)

Poverty

Figure 35	Poverty Rates for the under 18 Population (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	11.7%	3.0%	10.0%	-14.5%
Colfax	13.8%	8.9%	22.5%	63.0%
Nance	17.2%	7.3%	17.8%	3.5%
Platte	9.0%	10.5%	16.6%	84.4%
East Central*	10.9%	9.2%	17.3%	58.7%
Nebraska	11.8%	15.5%	16.7%	41.5%
United states	16.1%	19.2%	20.8%	29.2%

*An average weighted by the under 18 population of each county.

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

Single Parent Households

Figure 36	Number of Single Parent* Family Households with Children under 18 (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	114	108	105	-7.9%
Colfax	215	349	461	114.4%
Nance	90	86	116	28.9%
Platte	733	1,023	1,132	54.4%
East Central	1,152	1,566	1,814	57.5%

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18.

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

Figure 37	Number of Married Couple Family Households with Children under 18 (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	721	583	489	-32.2%
Colfax	1,173	1,003	985	-16.0%
Nance	434	307	264	-39.2%
Platte	3,721	2,808	2,560	-31.2%
East Central	6,049	4,701	4,298	-28.9%

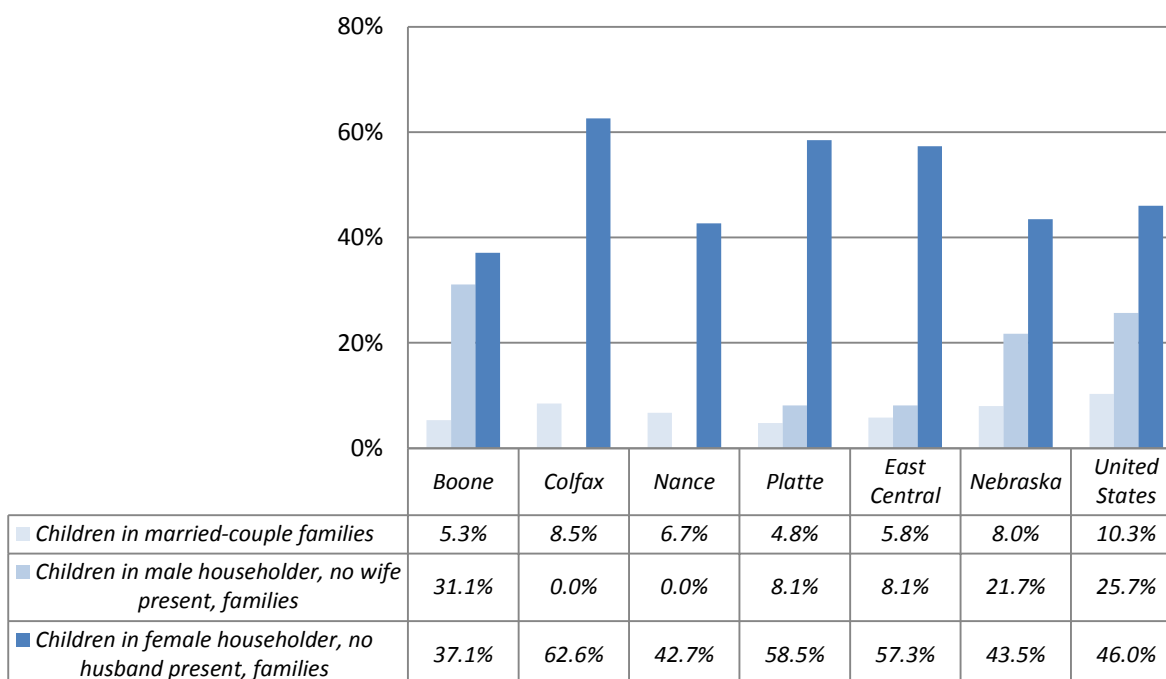
(Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 38. Percent of Children Living in Single Parent Households

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

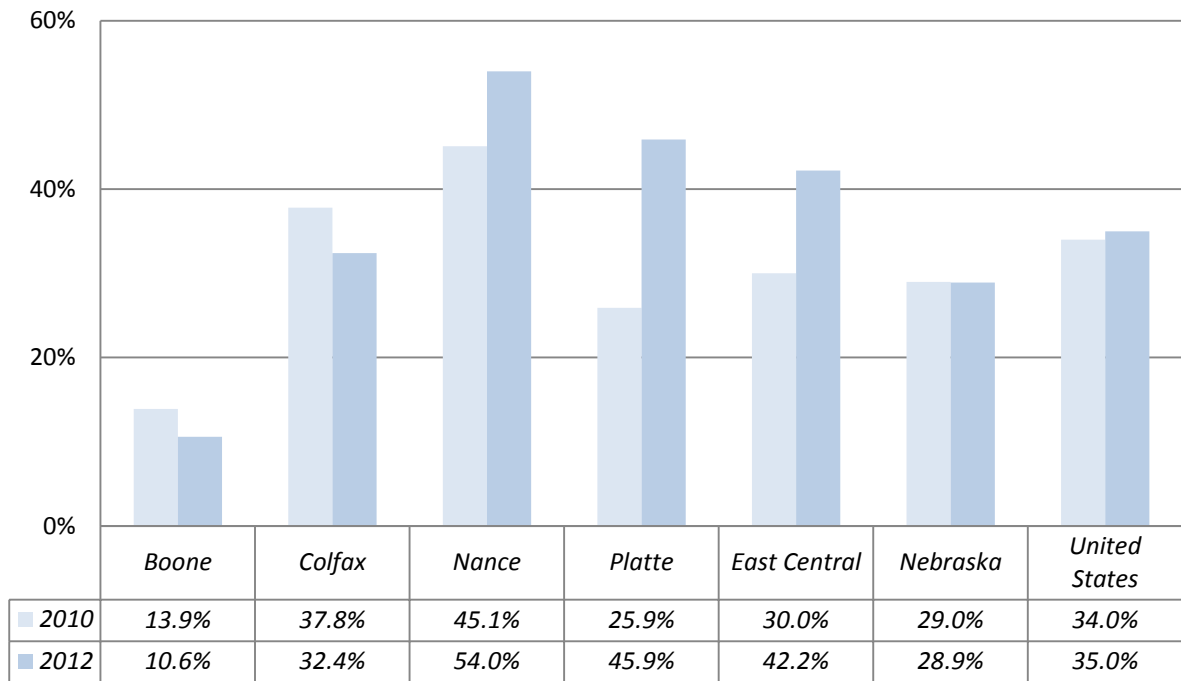
(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates)

Figure 39. Poverty Rates for Children by Family Type (2012)



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

Figure 40. Percent of Births to Unmarried Women (2010-2012)



(American Community Survey 5-Year Estimates)

Teen Sexual Activity

Figure 41	Percent of Teens That Have Ever Had Sex 2001 and 2010 Comparisons					
	9th Grade	10th Grade	11th Grade	12th Grade	Overall	
East Central District 2001	20.0%	19.7%	35.2%	43.2%	29.8%	
East Central District 2010	19.7%	38.2%	49.8%	51.9%	38.0%	
Nebraska 2010	17.2%	31.9%	47.7%	51.4%	34.9%	

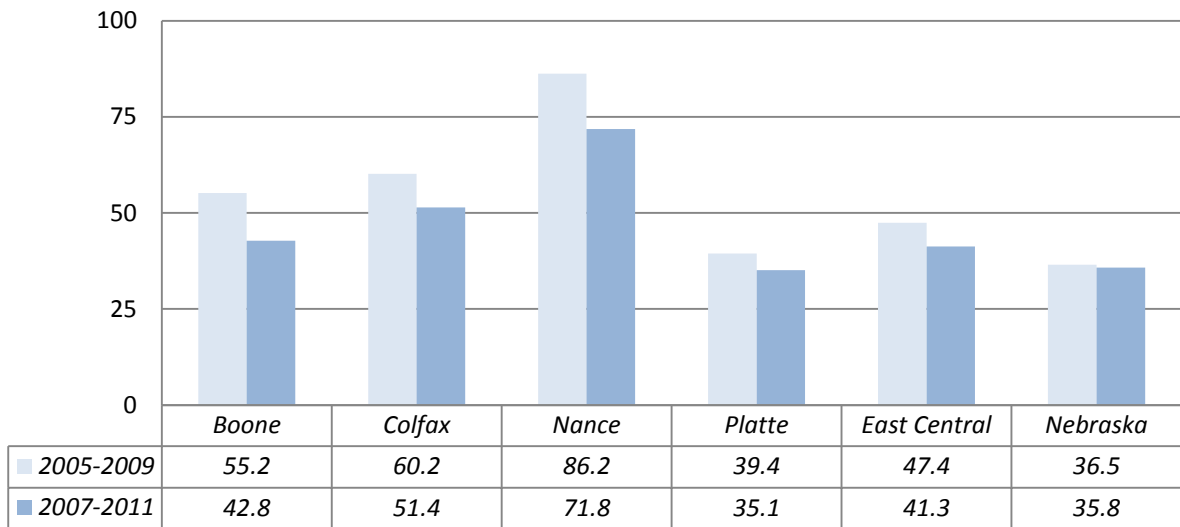
(Source: Youth Risk Behavior Survey)

Figure 42	Percent of Teens Physically Forced to Have Sexual Intercourse, 2001 and 2010 Comparisons					
	9th Grade	10th Grade	11th Grade	12th Grade	Overall	
East Central District 2001	4.5%	4.4%	7.4%	6.1%	5.6%	
East Central District 2010	8.8%	7.4%	13.0%	11.8%	10.4%	
Nebraska 2010	6.3%	6.6%	7.9%	10.0%	7.5%	

(Source: Youth Risk Behavior Survey)

Unintentional Injury Deaths

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



(Source: Nebraska Department of Health and Human Services)

Boone County

Following the demographic profile, 7 community health needs and priorities for the Boone County are listed alphabetically in Figure 1 below with a brief description of the rationale for selection. Data that support the selection and prioritization of the community health needs follow.

Demographic Profile: Boone County

Population: 5,437

% White: 98.6%

% Hispanic: 1.2%

Median age: 45.7

Median Household Income: \$44,491

% at or below Poverty: 8.8%

% with High School Degree/GED/Equivalent or Higher: 92.5%

Figure 1: Community Health Needs and Priorities for Boone County

Community Health Needs and Priorities	Rationale for Selection
➤ Aging Population	<ul style="list-style-type: none"> As of 2012, 21.2% of the Boone County population was over the age of 65 (state comparison: 13.5%). As of 2012, the median age was 45.7 for Boone County (state comparison: 36.3). In 2011, 21.2% of the Boone County population ages 65 and over had dementia (state comparison: 19.3%). In 2009, 8.5% of the Boone County population ages 65 and older was living in a nursing home or long-term care (state comparison: 5.5%).
➤ Cancer	<ul style="list-style-type: none"> From 2005 to 2009, the rate of incidence of cancer in Boone County was 550.5 per 100,000 (state comparison: 477.6 per 100,000), and the rate of deaths due to cancer was 183.2 per 100,000 in Boone County (state comparison: 170.9). From 2007 to 2011, the rate of incidence of prostate cancer was 265.6 per 100,000 in Boone County (state comparison: 151.6), and the rate of deaths due to prostate cancer was 30.8 per 100,000 (state comparison: 23.3 per 100,000). From 2007 to 2011, the rate of incidence of colorectal cancer was 62.2 per 100,000 in Boone County (state comparison: 54.0), and the rate of deaths due to colorectal cancer was 28.9 per 100,000 (state comparison: 17.6 per 100,000). From 2007 to 2011, the rate of incidence of leukemia was 18.9 per 100,000 in Boone County (state comparison: 14.1), and the rate of deaths due to leukemia was 9.8 per 100,000 (state comparison: 6.9 per 100,000).
➤ Diabetes	<ul style="list-style-type: none"> From 2007 to 2011, the rate of diabetes-related deaths in Boone County was 88.1 per 100,000 (state comparison: 83.3 per 100,000).
➤ Motor Vehicle Safety	<ul style="list-style-type: none"> From 2007 to 2011, the motor vehicle death rate in Boone County was 33.4 per 100,000 (state comparison: 12.8 per 100,000).
➤ Pneumonia and Influenza	<ul style="list-style-type: none"> From 2007 to 2008, the rates of inpatient hospitalizations for Pneumonia and Influenza were 454.7 per 100,000 and 37.0 per 100,000 respectively in Boone County (state comparison: 242.1 per 100,000 and 14.0 per 100,000, respectively).

Figure 1 continued.

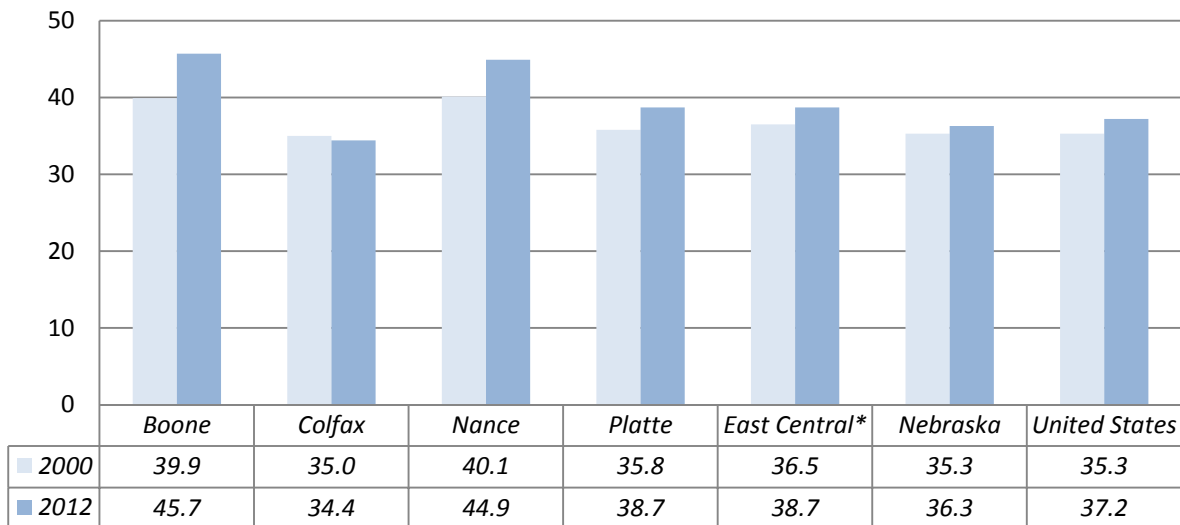
Community Health Needs and Priorities	Rationale for Selection
➤ Stroke	<ul style="list-style-type: none"> From 2007 to 2011, the rate of deaths due to stroke in Boone County was 48.8 per 100,000 (state comparison: 40.3 per 100,000).
➤ Unintentional Injury Deaths	<ul style="list-style-type: none"> From 2007 to 2011, the rate of unintentional injury deaths per 100,000 population was 42.8 in Boone County (state comparison: 35.8 per 100,000).

Aging Population

Figure 1	Percent of the Population Ages 65 and Over (2012)
Boone	21.2%
Colfax	13.9%
Nance	19.2%
Platte	14.6%
East Central	15.5%
Nebraska	13.5%
United States	13.2%

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

Figure 2. Median Age



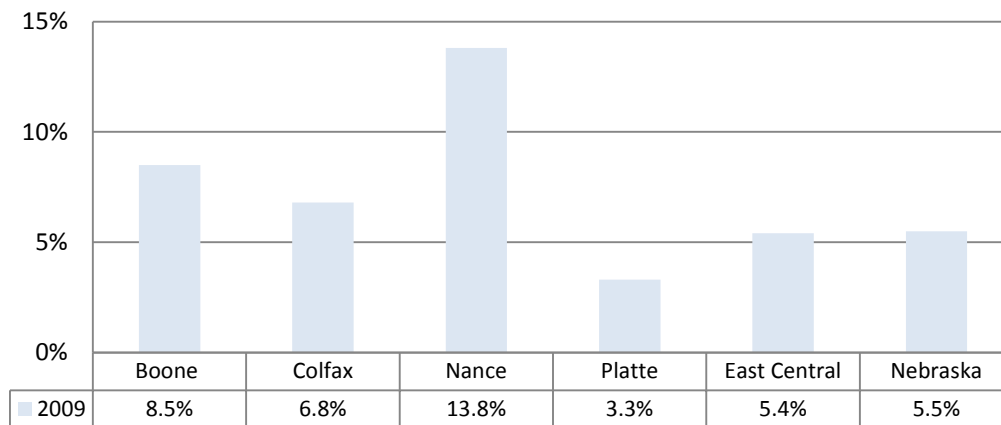
*An average weighted by the population of each county.

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

Figure 3	Percent of Population Ages over 65 with Dementia (2011)
Boone	21.2%
Colfax	20.7%
Nance	21.0%
Platte	19.5%
East Central	20.1%
Nebraska	19.3%

(Source: Nebraska Department of Health and Human Services)

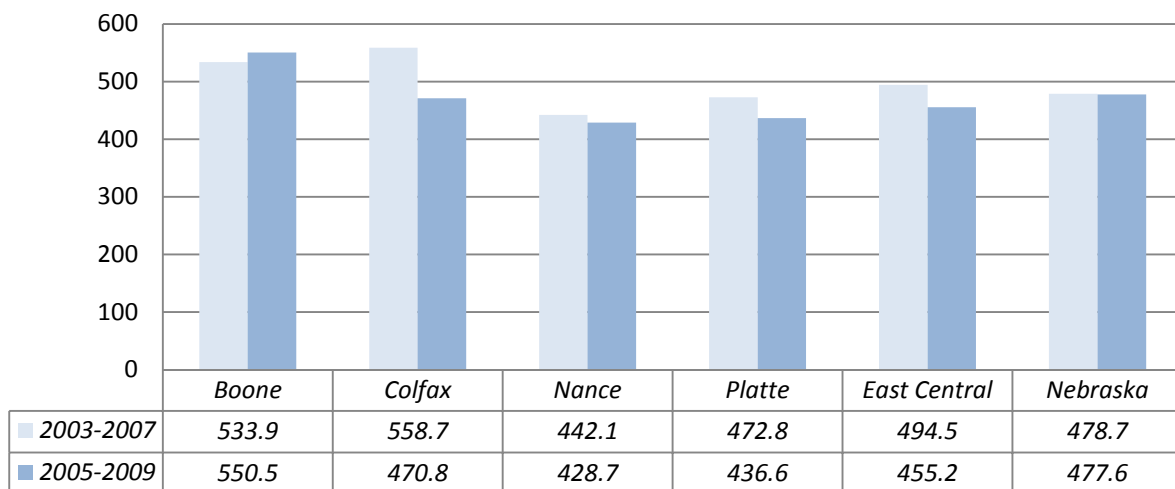
Figure 4. Percent of Population Ages 65 and Over in a Nursing Home or Long-Term Care



(Source: Nebraska Department of Health and Human Services)

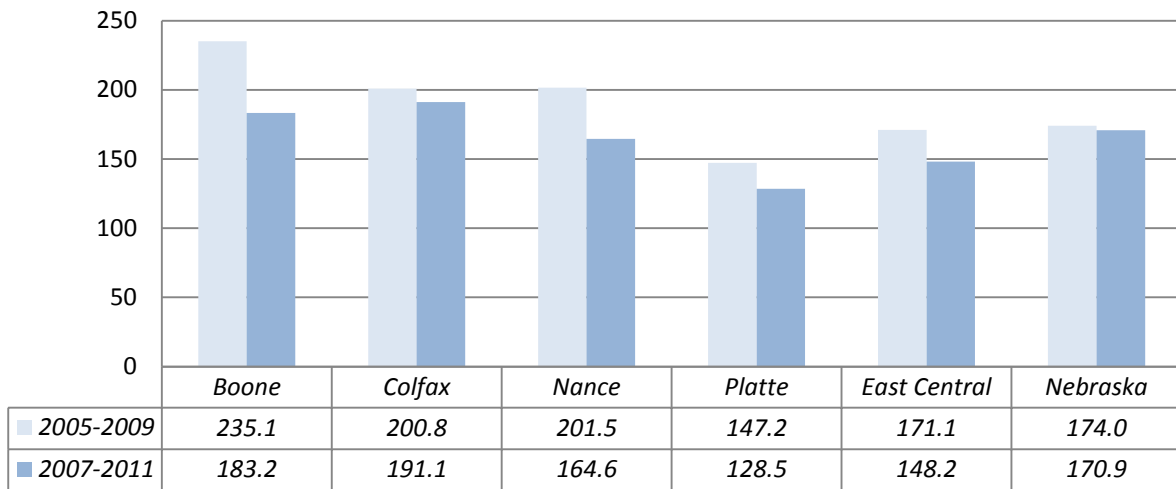
Cancer

Figure 5. Incidence of Cancer per 100,000 Population



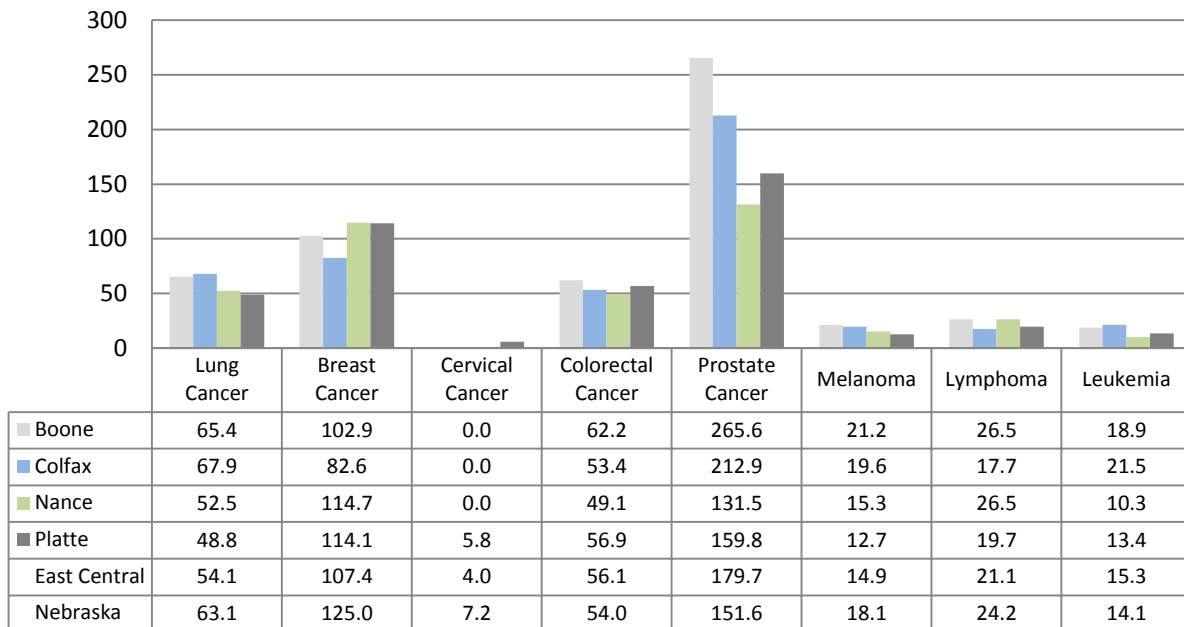
(Source: Nebraska Department of Health and Human Services)

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



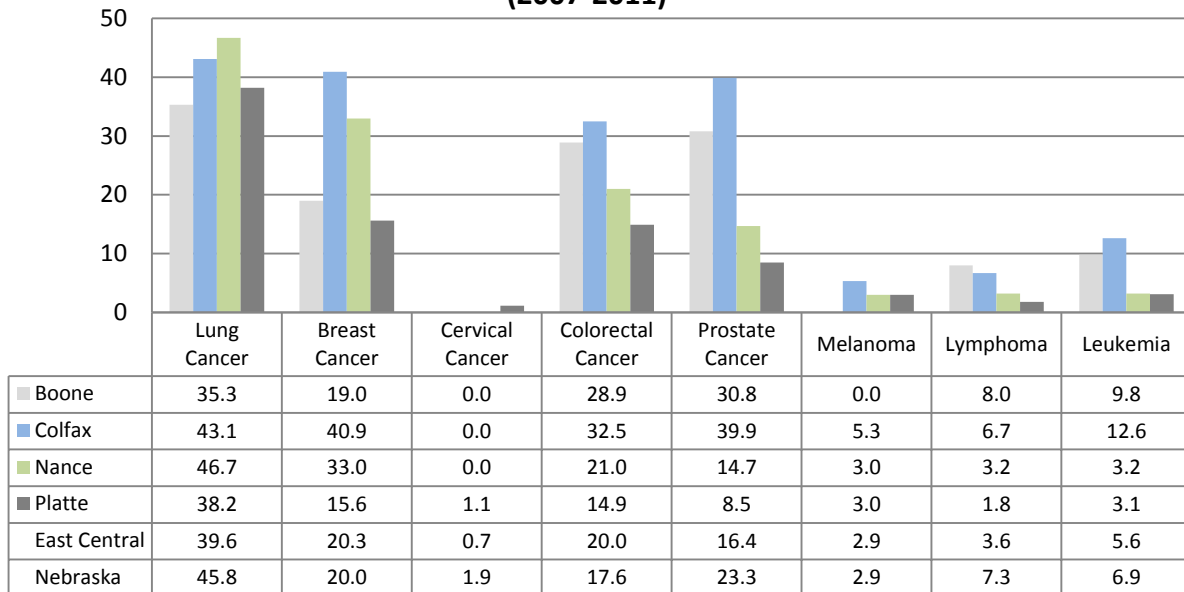
(Source: Nebraska Department of Health and Human Services)

Figure 7. Incidence of Cancer by Type per 100,000 Population (2007-2011)



(Source: Nebraska Department of Health and Human Services)

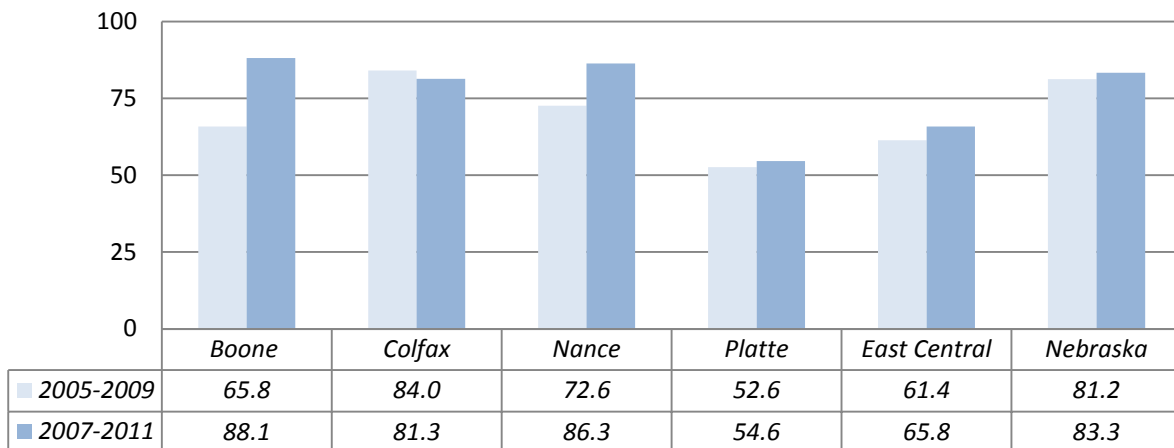
**Figure 8. Deaths Due to Cancer by Type per 100,000 Population
(2007-2011)**



(Source: Nebraska Department of Health and Human Services)

Diabetes

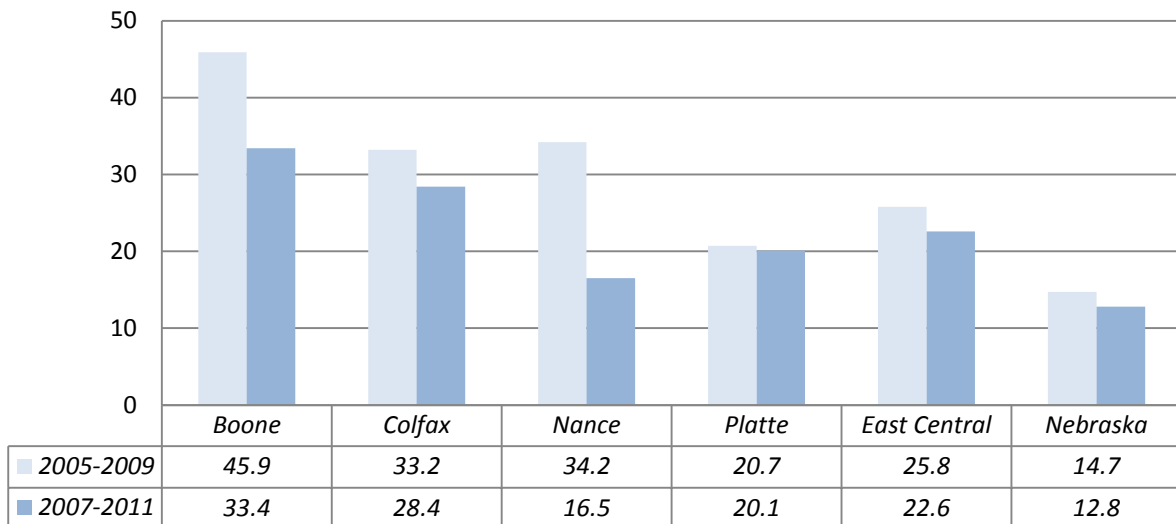
Figure 9. Diabetes-Related Deaths per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Motor Vehicle Safety

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



(Source: Nebraska Department of Health and Human Services)

Pneumonia and Influenza

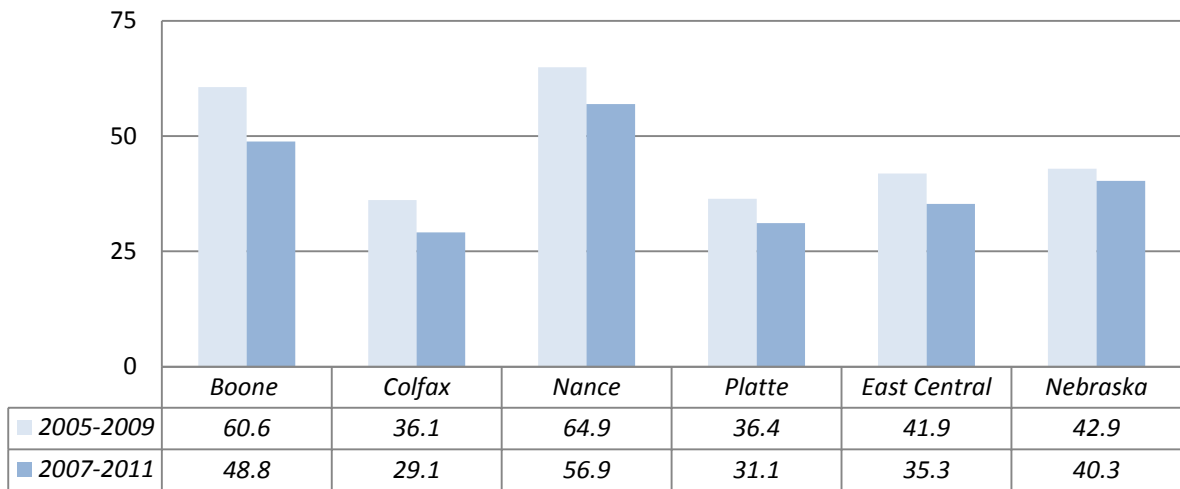
Figure 11		Inpatient Hospitalizations* for Pneumonia and Influenza (Rates per 100,000)					
		Boone	Colfax	Nance	Platte	East Central	Nebraska
Pneumonia	2007-2008	454.7	288.6	497.6	192.1	265.1	242.1
	2010-2011	357.8	-	349.4	181.8	-	-
Influenza	2007-2008	37.0	14.0	43.9	10.1	17.2	14.0
	2010-2011	5.6	-	22.3	8.3	-	-

*Gaps exist in the hospitalization data: Colfax, East Central, and Nebraska data are not reported.

(Source: Nebraska Department of Health and Human Services)

Stroke

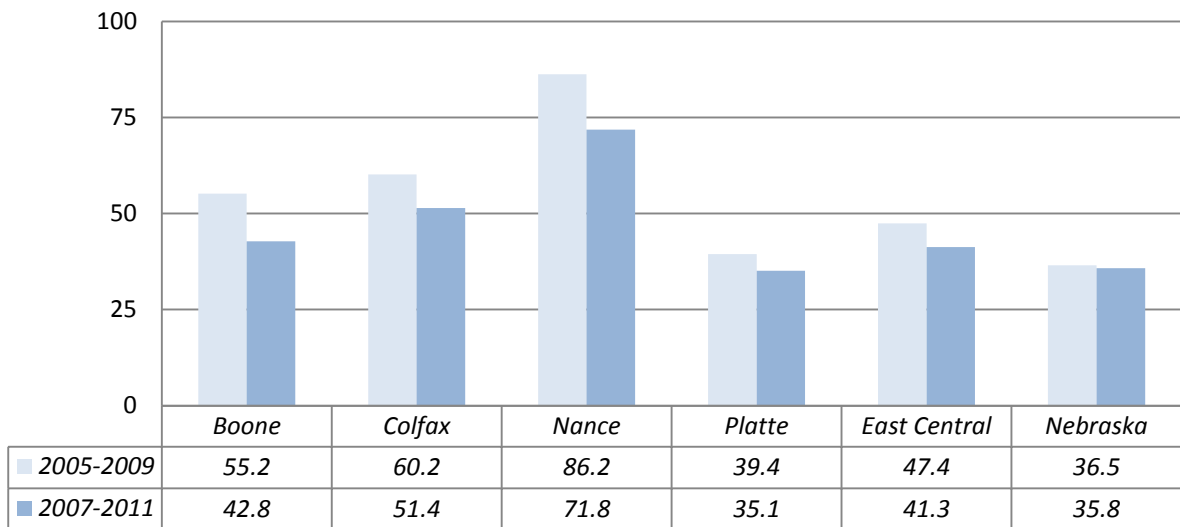
Figure 12. Deaths Due to Stroke per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Unintentional Injury Deaths

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



(Source: Nebraska Department of Health and Human Services)

Colfax County

Following the demographic profile, 13 community health needs and priorities for the Colfax County are listed alphabetically in Figure 1 below with a brief description of the rationale for selection. Data that support the selection and prioritization of the community health needs follow.

Demographic Profile: Colfax County

Population: 10,453

% White: 57.5%

% Hispanic: 40.7%

Median age: 34.4

Median Household Income: \$48,561

% at or below Poverty: 17.1%

% with High School Degree/GED/Equivalent or Higher: 70.0%

Figure 1: Community Health Needs and Priorities for Colfax County

Community Health Needs and Priorities	Rationale for Selection
➤ Births to Teen Mothers	<ul style="list-style-type: none"> From 2008 to 2012, there were 95 births to teen mothers in Colfax County, comprising 9.8% of all births (state comparison: 7.6%)
➤ Cancer	<ul style="list-style-type: none"> From 2005 to 2009, the rate of incidence of cancer in Colfax County was 470.8 per 100,000 (state comparison: 477.6 per 100,000). However, the rate of deaths due to cancer was 191.1 per 100,000 in Colfax County (state comparison: 170.9). From 2007 to 2011, the rate of incidence of prostate cancer was 212.9 per 100,000 in Colfax County (state comparison: 151.6), and the rate of deaths due to prostate cancer was 39.9 per 100,000 (state comparison: 23.3 per 100,000). From 2007 to 2011, the rate of incidence of colorectal cancer was 53.4 per 100,000 in Colfax County (state comparison: 54.0). However, the rate of deaths due to colorectal cancer was 32.5 per 100,000 (state comparison: 17.6 per 100,000). From 2007 to 2011, the rate of incidence of leukemia was 21.5 per 100,000 in Colfax County (state comparison: 14.1), and the rate of deaths due to leukemia was 12.6 per 100,000 (state comparison: 6.9 per 100,000). From 2007 to 2011, the rate of incidence of breast cancer was 82.6 per 100,000 in Colfax County (state comparison: 125.0). However, and the rate of deaths due to breast cancer was 40.9 per 100,000 (state comparison: 20.0 per 100,000).
➤ Community Water	<ul style="list-style-type: none"> From 2007 to 2011, the level of nitrates in Colfax County community water systems was 6.7 mg/L (state comparison: 2.6 mg/L). In 2012, none of the population in Colfax County was receiving optimally fluoridated water from community water systems (state comparison: 71.6%).
➤ Educational Attainment	<ul style="list-style-type: none"> In 2013, among public schools students throughout Colfax County, the four-year high school graduation rate was 80.0% (state comparison: 88.5%). As of 2012, 70.0% of the over 25 population in Colfax County has at least a High School Degree or GED/Equivalent (state comparison: 90.5%).

Figure 1 continued.

Community Health Needs and Priorities	Rationale for Selection
➤ First Trimester Prenatal Care	<ul style="list-style-type: none"> From 2007 to 2011, 60.6% of all births in Colfax County received first trimester prenatal care (state comparison: 73.0%).
➤ Health Insurance	<ul style="list-style-type: none"> As of 2012, 19.5% of the total Colfax County population and 10.8% of the under 18 population was without health insurance (state comparison: 11.4% and 6.2%, respectively).
➤ HIV/AIDS	<ul style="list-style-type: none"> From 2007 to 2011, the rate of HIV in Colfax County was 5.8 per 100,000 and the rate of AIDS was 9.8 per 100,000 (state comparison: 4.5 and 9.7 per 100,000, respectively).
➤ Language	<ul style="list-style-type: none"> As of 2012, 40.2% of the Colfax County population ages 5 and over spoke a language other than English at home (state comparison: 10.4%).
➤ Motor Vehicle Safety	<ul style="list-style-type: none"> From 2007 to 2011, the motor vehicle death rate in Colfax County was 28.4 per 100,000 (state comparison: 12.8 per 100,000).
➤ Poverty	<ul style="list-style-type: none"> As of 2012, 17.1% of the total population in Colfax County was in poverty (state comparison: 12.4%). As of 2012, 22.5% of the under 18 population in Colfax County was in poverty (state comparison: 16.7%). With the exception of SNAP, a greater percentage of the Colfax County population participates in social programs such as WIC, Medicaid, Free and Reduced Meals, and Head Start, as compared to the state.
➤ Single Parent Households	<ul style="list-style-type: none"> From 2000 to 2012, there was a 114.4% increase in single parent family households and a 16.0% decrease in married couple family households in Colfax County. As of 2012, 34.1% of children in Colfax County lived in a single parent household (state comparison: 27.7%). As of 2012, 62.6% of children in single mother family households in Colfax County were at or below poverty (state comparison: 43.5%). In 2012, 32.4% of births in Colfax County were to unmarried women (state comparison: 28.9%).
➤ Tuberculosis	<ul style="list-style-type: none"> From 2007 to 2011, the rate of tuberculosis in Colfax County was 3.9 per 100,000 (state comparison: 1.6 per 100,000).
➤ Unintentional Injury Deaths	<ul style="list-style-type: none"> From 2007 to 2011, the rate of unintentional injury deaths per 100,000 population was 51.4 in Colfax County (state comparison: 35.8 per 100,000).

Births to Teen Mothers

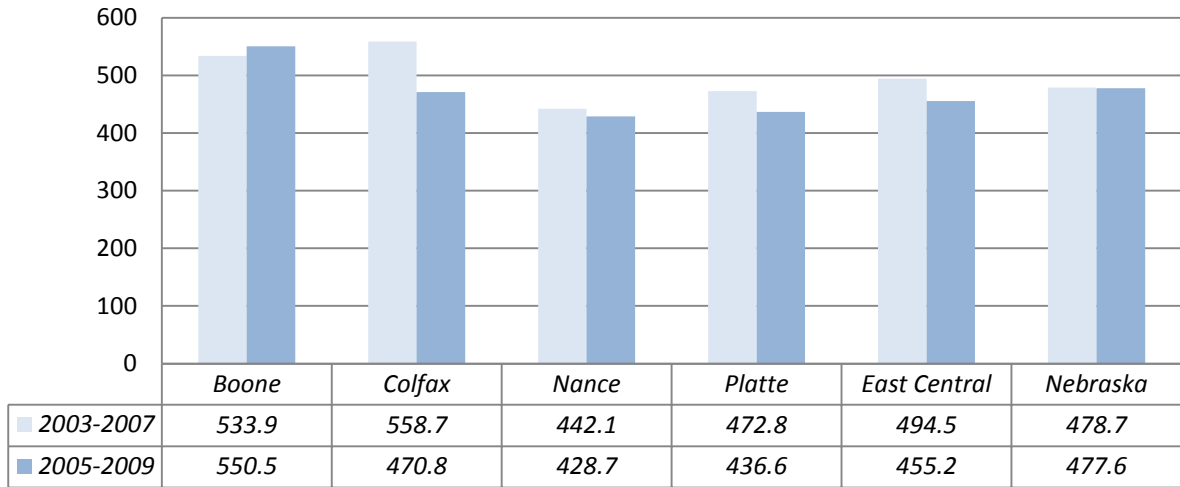
Figure 2. Number and Percent of Births to Teen Mothers

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

(Source: Nebraska Department of Health and Human Services)

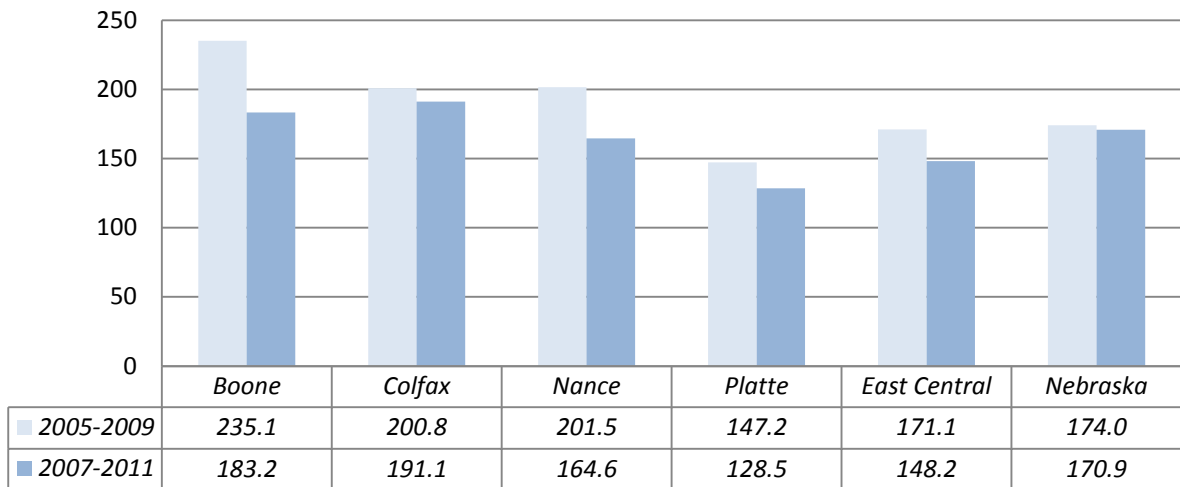
Cancer

Figure 3. Incidence of Cancer per 100,000 Population



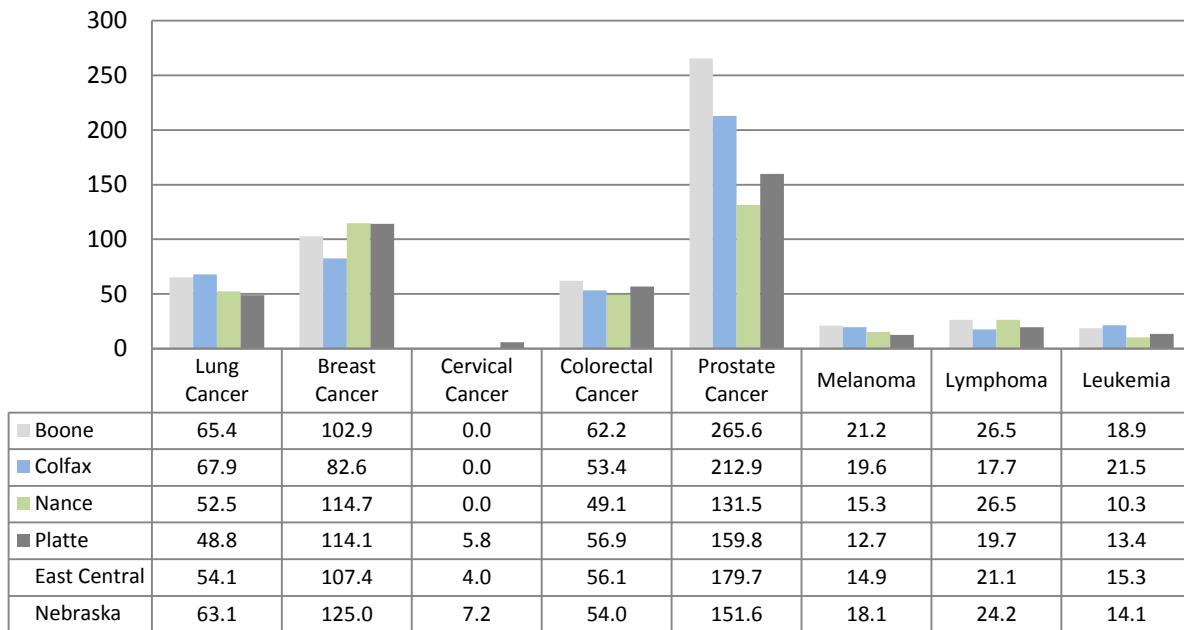
(Source: Nebraska Department of Health and Human Services)

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



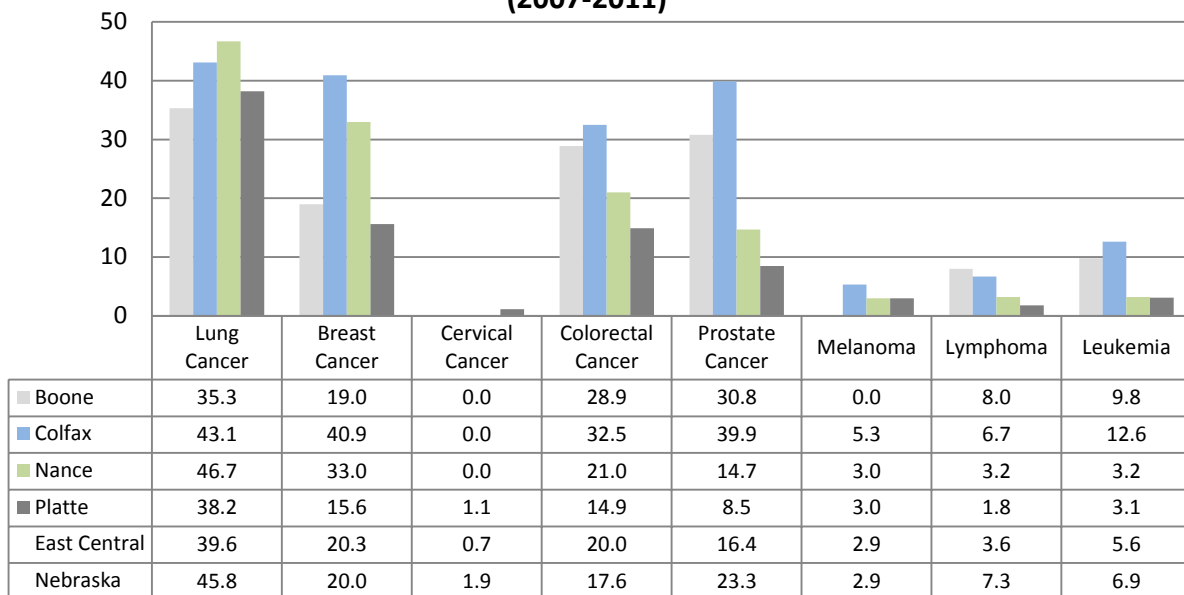
(Source: Nebraska Department of Health and Human Services)

Figure 5. Incidence of Cancer by Type per 100,000 Population (2007-2011)



(Source: Nebraska Department of Health and Human Services)

Figure 6. Deaths Due to Cancer by Type per 100,000 Population (2007-2011)



(Source: Nebraska Department of Health and Human Services)

Community Water

Figure 7	Nitrate Levels in the Community Water System (mg/L)					
	Boone	Colfax	Nance	Platte	East Central	Nebraska
2005-2009	2.2	7.4	3.7	1.1	2.8	2.9
2007-2011	2.3	6.7	3.8	1.1	2.8	2.6

(Source: Nebraska Department of Health and Human Services)

Figure 8	Community Water Environmental Health Indicators			
	Percent of Population Served by Community Water		Percent of Population Receiving Optimally Fluoridated Water	
	2009	2012	2007	2012
Boone	65.8%	61.2%	53.5%	54.2%
Colfax	72.7%	75.1%	0.0%	0.0%
Nance	71.8%	66.6%	55.9%	54.3%
Platte	73.4%	72.3%	92.3%	89.1%
East Central	72.3%	71.3%	67.9%	64.7%
Nebraska	83.1%	85.9%	68.2%	71.6%

(Source: Nebraska Department of Health and Human Services)

Educational Attainment

Figure 9. Four-Year High School Graduation Rate*

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

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

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

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

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

(Source: Nebraska Department of Education)

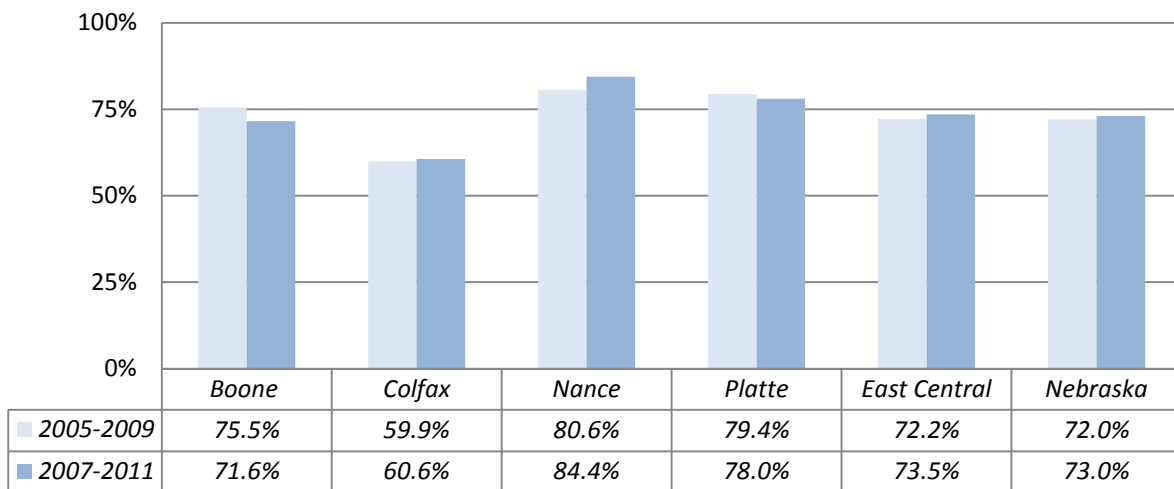
Figure 10	Educational Attainment: High School and College - Individuals over 25 (2012)						
	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	92.5%	70.0%	87.8%	89.3%	85.8%	90.5%	85.7%
Percent of the Population with at Least a Bachelor's Degree or Higher	14.2%	12.4%	12.1%	17.3%	15.6%	28.1%	28.5%

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

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

First Trimester Prenatal Care

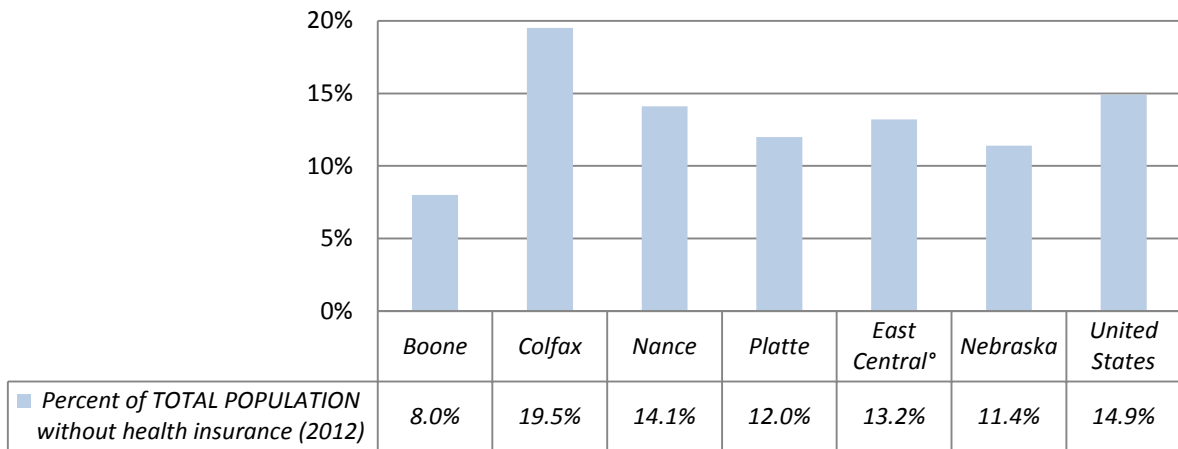
Figure 11. Percent of Births Receiving First Trimester Prenatal Care



(Source: Nebraska Department of Health and Human Services)

Health Insurance

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

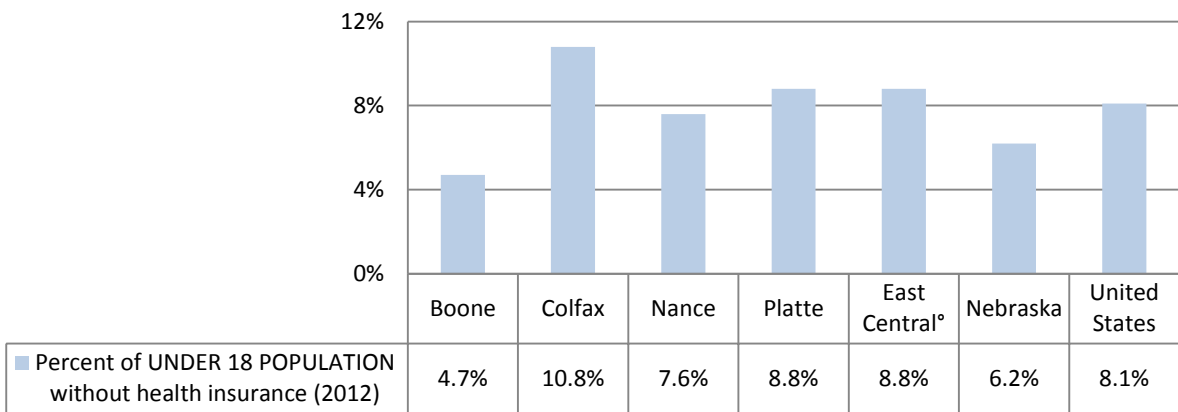


*Those who have neither a private nor public health insurance plan

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

(American Community Survey 5-Year Estimates)

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



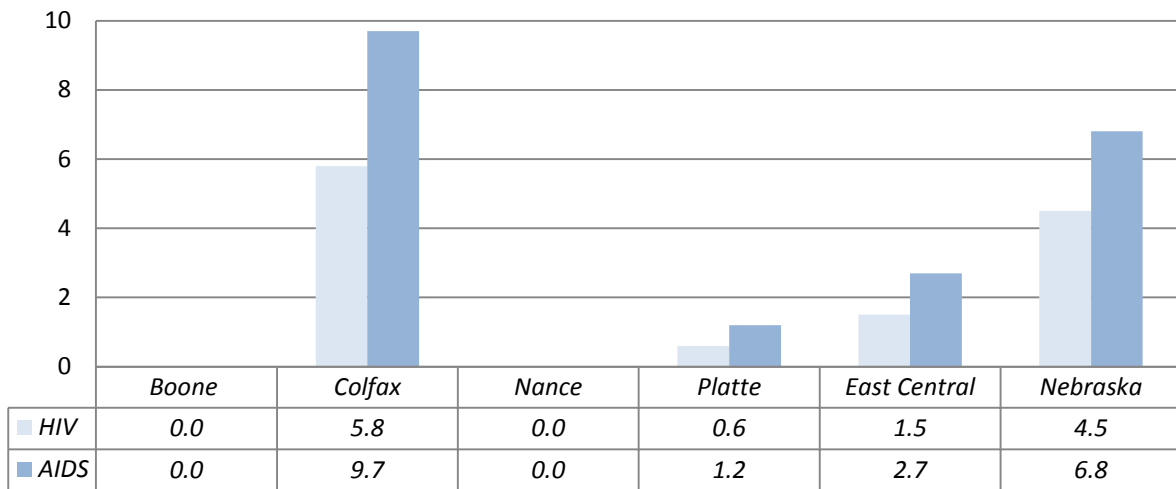
*Those who have neither a private nor public health insurance plan.

*An average weighted by the population of each county.

(American Community Survey 5-Year Estimates)

HIV/AIDS

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



(Source: Nebraska Department of Health and Human Services)

Language

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

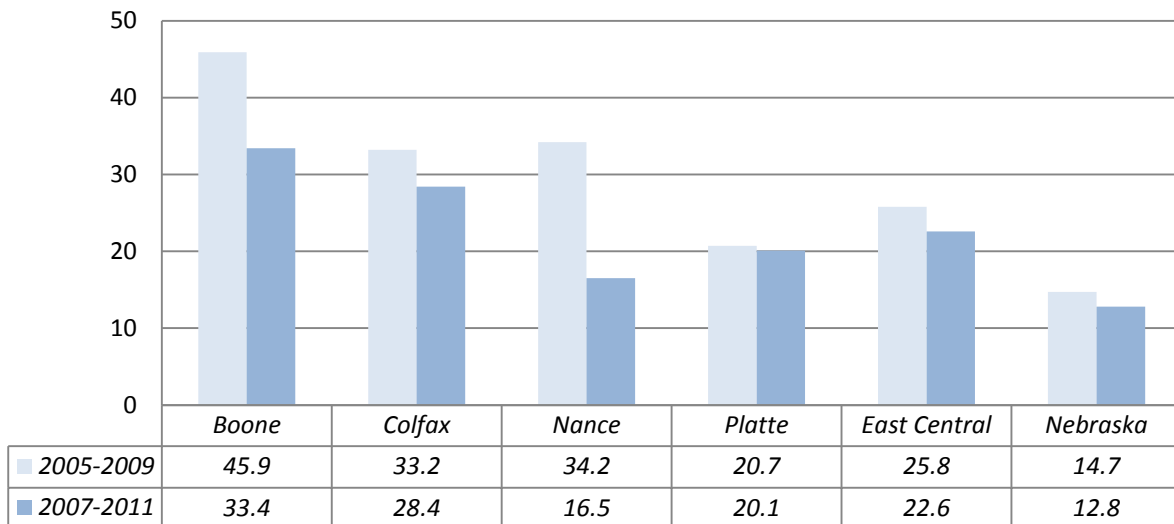
	2009	2010	2011	2012
Boone	1.0%	0.8%	1.7%	1.6%
Colfax	34.4%	35.9%	38.1%	40.2%
Nance	3.2%	2.8%	2.2%	1.9%
Platte	12.2%	13.2%	13.7%	13.8%
East Central*	14.6%	15.5%	16.4%	16.8%
Nebraska	9.2%	9.7%	9.9%	10.4%

*An average weighted by the population of each county.

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

Motor Vehicle Safety

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



(Source: Nebraska Department of Health and Human Services)

Poverty

Figure 17	Poverty Rates (2012)					
Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
8.8%	17.1%	14.1%	9.9%	11.5%	12.4%	14.9%

*An average weighted by the population of each county.

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

Figure 18	Poverty Rates for the under 18 Population (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	11.7%	3.0%	10.0%	-14.5%
Colfax	13.8%	8.9%	22.5%	63.0%
Nance	17.2%	7.3%	17.8%	3.5%
Platte	9.0%	10.5%	16.6%	84.4%
East Central*	10.9%	9.2%	17.3%	58.7%
Nebraska	11.8%	15.5%	16.7%	41.5%
United states	16.1%	19.2%	20.8%	29.2%

*An average weighted by the under 18 population of each county.

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

Figure 19	WIC Recipients (Percent of Total Population)	
	2009	2011
Boone	190 (3.5%)	124 (2.3%)
Colfax	1,004 (9.7%)	839 (7.9%)
Nance	136 (3.9%)	121 (3.2%)
Platte	1,453 (4.5%)	1,404 (4.3%)
<i>East Central</i>	2,783 (5.4%)	2,488 (4.8%)
<i>Nebraska</i>	79,047 (4.3%)	75,263 (4.1%)

(Source: Nebraska Department of Health and Human Services)

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

(Source: Nebraska Department of Health and Human Services)

Figure 21	Children Enrolled in Medicaid (Percent of All Children)	
	2008	2012
Boone	256 (19.5%)	259 (19.0%)
Colfax	930 (29.1%)	1,284 (37.0%)
Nance	221 (25.6%)	246 (26.0%)
Platte	1,972 (21.7%)	2,481 (26.1%)
<i>East Central</i>	3,379 (23.4%)	4,270 (27.9%)
<i>Nebraska</i>	135,860 (27.2%)	160,232 (31.0%)

(Source: Kids Count in Nebraska)

Figure 22	Supplemental Nutrition Assistance Program (SNAP) Participation among Children (Percent of All Children)	
	2008	2012
Boone	93 (6.8%)	110 (8.1%)
Colfax	253 (7.9%)	541 (15.6%)
Nance	79 (9.2%)	100 (10.6%)
Platte	756 (8.3%)	1,167 (12.3%)
<i>East Central</i>	1,181 (8.1%)	1,927 (12.6%)
<i>Nebraska</i>	61,400 (12.3%)	89,075 (17.2%)

(Source: Kids Count in Nebraska)

Figure 23	Children Receiving Free and Reduced School Meals (Percent of All Children)	
	2008-2009	2011-2012
Boone	317 (34%)	278 (34%)
Colfax	1,110 (52%)	1,193 (60%)
Nance	258 (34%)	276 (36%)
Platte	1,757 (31%)	2,149 (38%)
<i>East Central</i>	3,442 (36%)	3,896 (42%)
<i>Nebraska</i>	93,575 (36%)	136,845 (40%)

(Source: Kids Count in Nebraska)

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

(Source: Kids Count in Nebraska)

Single Parent Households

Figure 25	Number of Single Parent* Family Households with Children under 18 (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	114	108	105	-7.9%
Colfax	215	349	461	114.4%
Nance	90	86	116	28.9%
Platte	733	1,023	1,132	54.4%
East Central	1,152	1,566	1,814	57.5%

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18.

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

Figure 26	Number of Married Couple Family Households with Children under 18 (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	721	583	489	-32.2%
Colfax	1,173	1,003	985	-16.0%
Nance	434	307	264	-39.2%
Platte	3,721	2,808	2,560	-31.2%
East Central	6,049	4,701	4,298	-28.9%

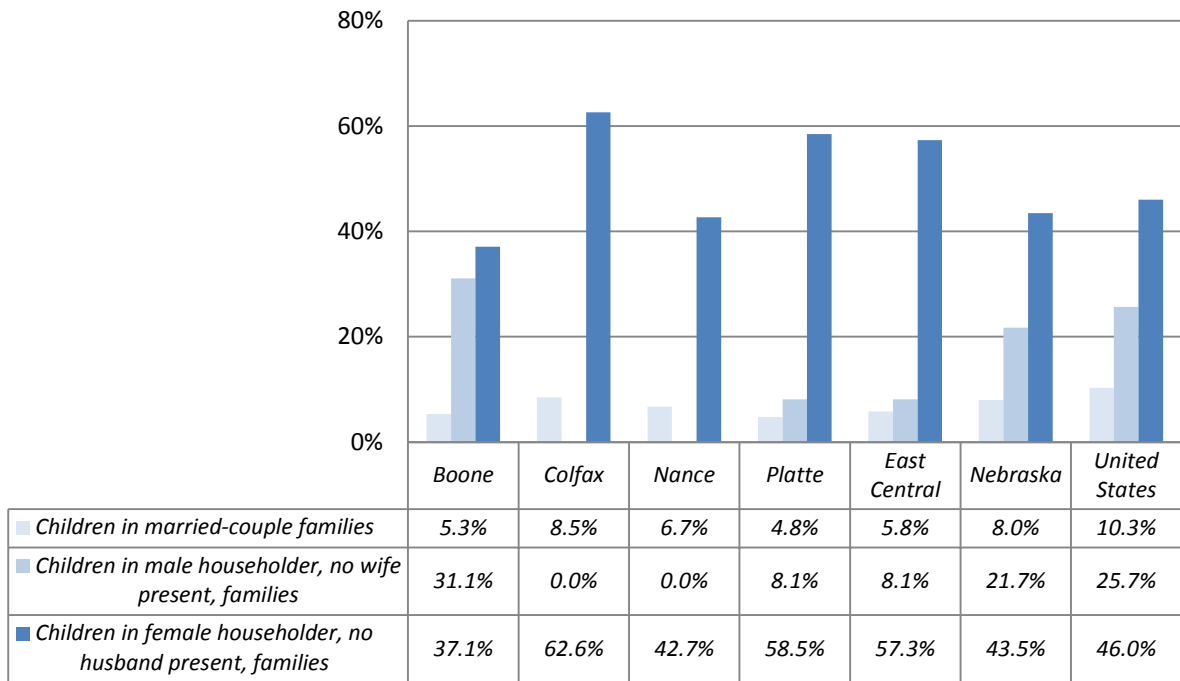
(Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 27. Percent of Children Living in Single Parent Households

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

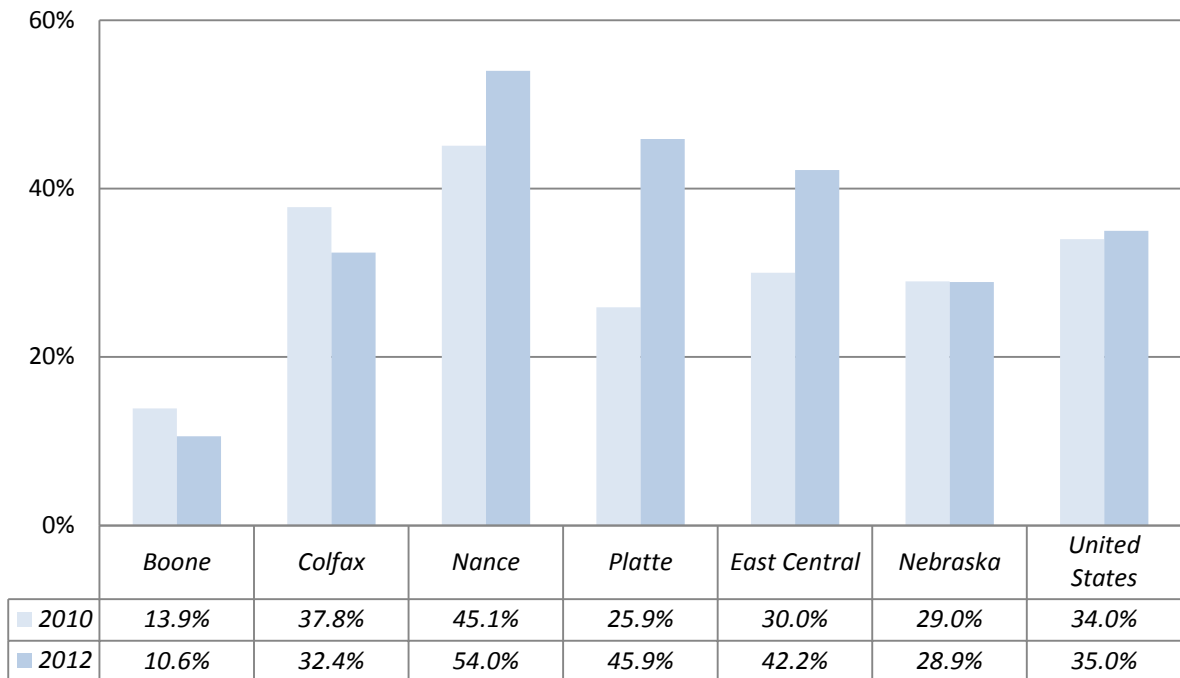
(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates)

Figure 28. Poverty Rates for Children by Family Type (2012)



(Source: American Community Survey 5-Year Estimates)

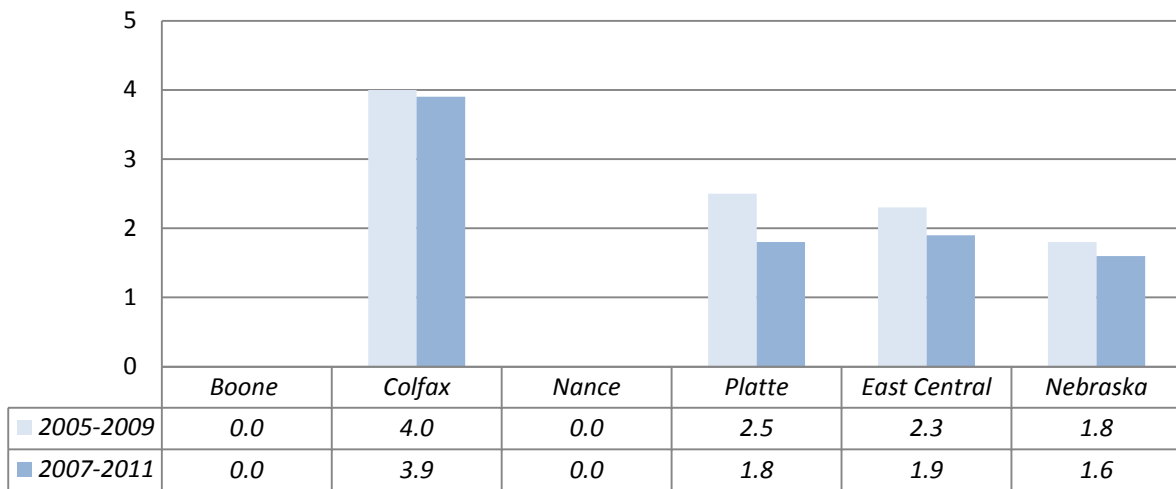
Figure 29. Percent of Births to Unmarried Women (2010-2012)



(American Community Survey 5-Year Estimates)

Tuberculosis

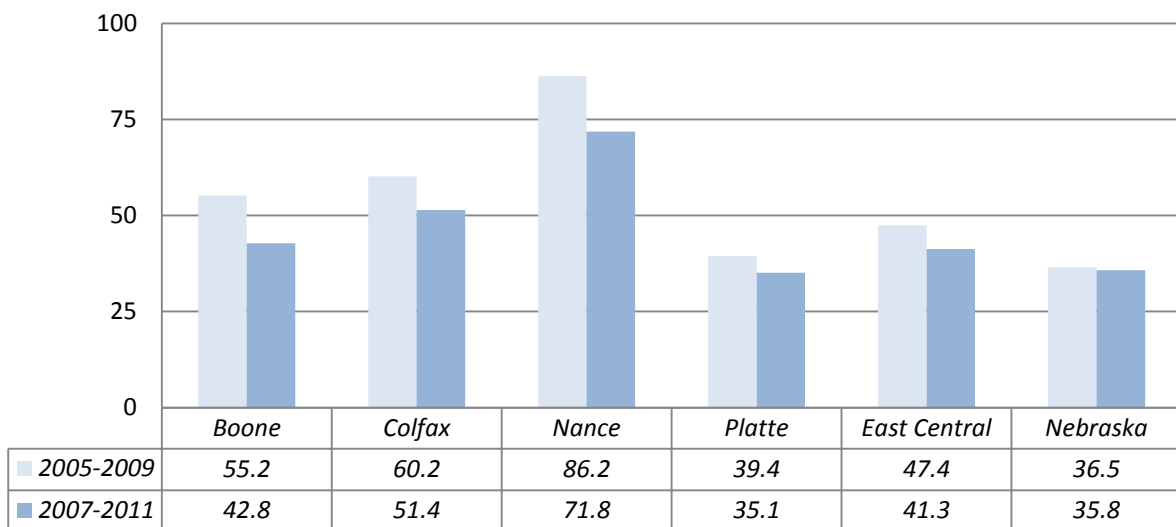
Figure 30. Incidence of Tuberculosis per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Unintentional Injury Deaths

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



(Source: Nebraska Department of Health and Human Services)

Nance County

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

Demographic Profile: Nance County

Population: 3,730

% White: 97.4%

% Hispanic: 2.1%

Median age: 44.9

Median Household Income: \$40,714

% at or below Poverty: 14.1%

% with High School Degree/GED/Equivalent or Higher: 87.8%

Figure 1: Community Health Needs and Priorities for Nance County

Community Health Needs and Priorities	Rationale for Selection
➤ Aging Population	<ul style="list-style-type: none"> As of 2012, 19.2% of the Nance County population was over the age of 65 (state comparison: 13.5%). As of 2012, the median age was 44.9 for Nance county (state comparison: 36.3). In 2011, 21.0% of the Nance County population ages 65 and over had dementia (state comparison: 19.3%). In 2009, 13.8% of the Nance County population ages 65 and older was living in a nursing home or long-term care (state comparison: 5.5%).
➤ Alcohol and Tobacco Related Deaths	<ul style="list-style-type: none"> From 2007 to 2011 the rate of tobacco-related deaths in Nance County was 125.7 per 100,000 (state comparison: 110.1 per 100,000). From 2007 to 2011 the rate of alcohol-related deaths in Nance County was 42.2 per 100,000 (state comparison: 29.4 per 100,000).
➤ Asthma	<ul style="list-style-type: none"> From 2007 to 2011 the annual death rate due to asthma in Nance County was 17.2 per 100,000 (state comparison: 1.4 per 100,000).
➤ Birth Defects	<ul style="list-style-type: none"> From 2007 to 2011 the rate of birth defects in Nance County was 169.0 per 1,000 live births (state comparison: 93.8 per 1,000).
➤ Cancer	<ul style="list-style-type: none"> From 2007 to 2011, the rate of deaths due to breast cancer in Nance County was 33.0 per 100,000 (state comparison: 20.0 per 100,000). From 2007 to 2011, the rate of deaths due to colorectal cancer in Nance County was 21.0 per 100,000 (state comparison: 17.6 per 100,000).
➤ Child and Adolescent Mortality	<ul style="list-style-type: none"> From 2007 to 2011, the rate of deaths among youth ages 1 to 19 was 68.9 per 100,000 (state comparison: 27.5 per 100,000).
➤ Diabetes	<ul style="list-style-type: none"> From 2007 to 2011, the rate of diabetes-related deaths in Nance County was 86.3 per 100,000 (state comparison: 83.3 per 100,000).
➤ Health Insurance	<ul style="list-style-type: none"> As of 2012, 14.1% of the Nance County population was without health insurance (state comparison: 11.4%).

Figure 1 continued.

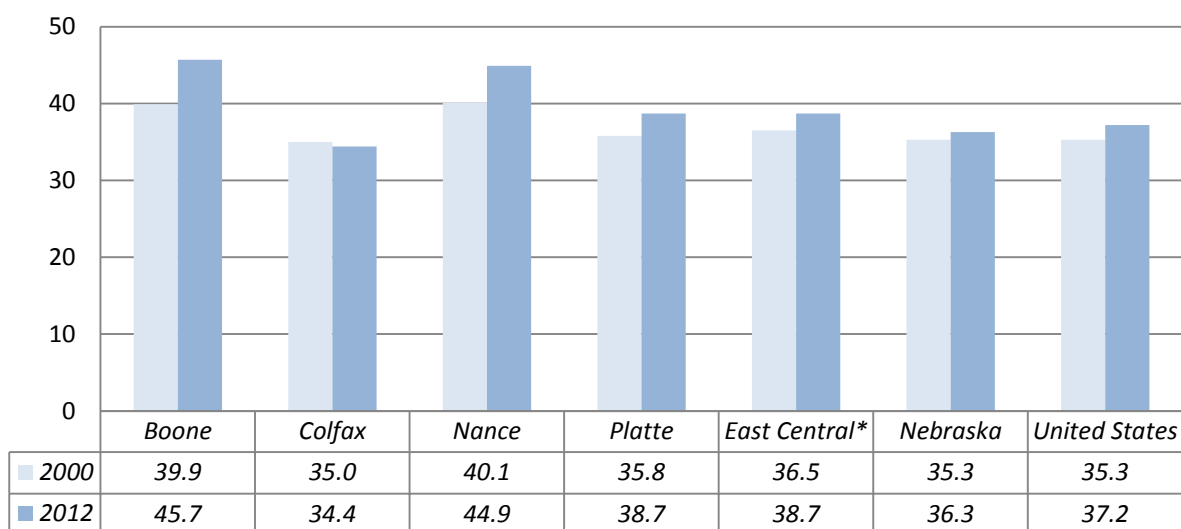
Community Health Needs and Priorities	Rationale for Selection
➤ Heart Disease and Stroke	<ul style="list-style-type: none"> From 2007 to 2011, the rate of deaths due to coronary heart disease in Nance County was 126.7 per 100,000 (state comparison: 86.5 per 100,000). From 2007 to 2011, the rate of deaths due to stroke in Nance County was 56.9 per 100,000 (state comparison: 40.3 per 100,000).
➤ Motor Vehicle Safety	<ul style="list-style-type: none"> From 2007 to 2011, the motor vehicle death rate in Nance County was 16.5 per 100,000 (state comparison: 12.8 per 100,000).
➤ Pneumonia and Influenza	<ul style="list-style-type: none"> From 2007 to 2008, the rates of inpatient hospitalizations for Pneumonia and Influenza were 497.6 per 100,000 and 43.9 per 100,000 in Nance County, respectively (state comparison: 242.1 per 100,000 and 14.0 per 100,000, respectively).
➤ Poverty	<ul style="list-style-type: none"> As of 2012, 14.1% of the total population in Nance County was in poverty (state comparison: 12.4%). As of 2012, 17.8% of the under 18 population in Nance County was in poverty (state comparison: 16.7%).
➤ Single Parent Households	<ul style="list-style-type: none"> From 2000 to 2012, there was a 28.9% increase in single parent family households and a 39.2% decrease in married couple family households in Nance County. As of 2012, 34.7% of children in Nance County lived in a single parent household (state comparison: 27.7%). As of 2012, 42.7% of children in single mother family households in Nance County were at or below poverty (state comparison: 43.5%). In 2012, 54.0% of births in Nance County were to unmarried women (state comparison: 28.9%).
➤ Unintentional Injury Deaths	<ul style="list-style-type: none"> From 2007 to 2011, the rate of unintentional injury deaths per 100,000 population was 71.8 in Nance County (state comparison: 35.8 per 100,000).

Aging Population

Figure 2	Percent of the Population Ages 65 and Over (2012)
Boone	21.2%
Colfax	13.9%
Nance	19.2%
Platte	14.6%
East Central	15.5%
Nebraska	13.5%
United States	13.2%

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

Figure 3. Median Age



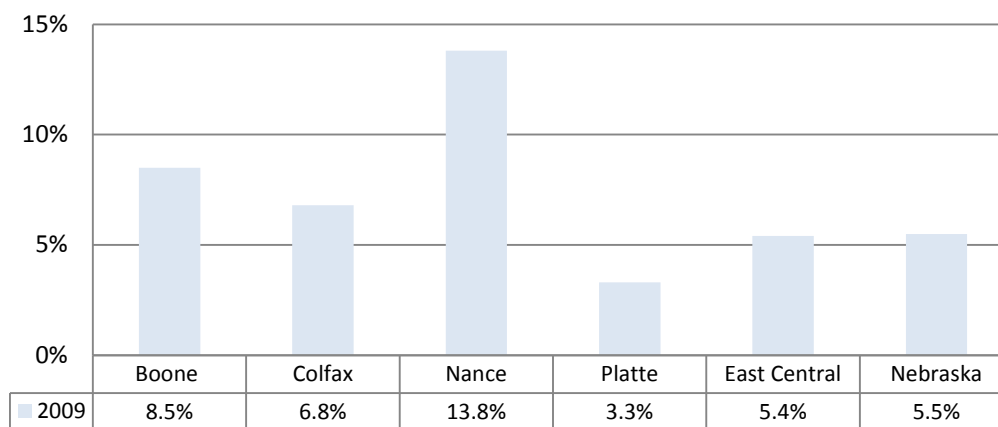
*An average weighted by the population of each county.

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

Figure 4	Percent of Population Ages over 65 with Dementia (2011)
Boone	21.2%
Colfax	20.7%
Nance	21.0%
Platte	19.5%
East Central	20.1%
Nebraska	19.3%

(Source: Nebraska Department of Health and Human Services)

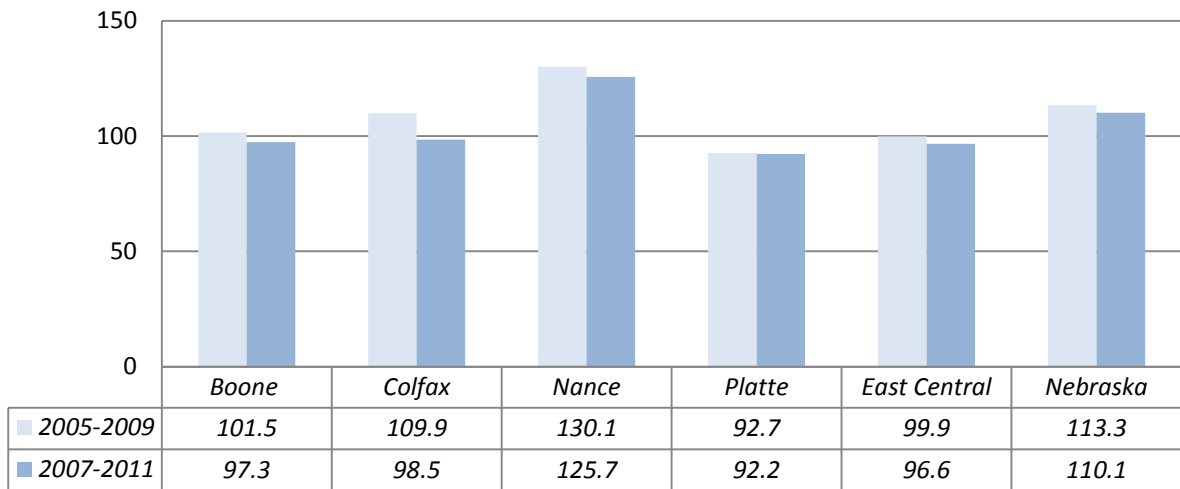
Figure 5. Percent of Population Ages 65 and Over in a Nursing Home or Long-Term Care



(Source: Nebraska Department of Health and Human Services)

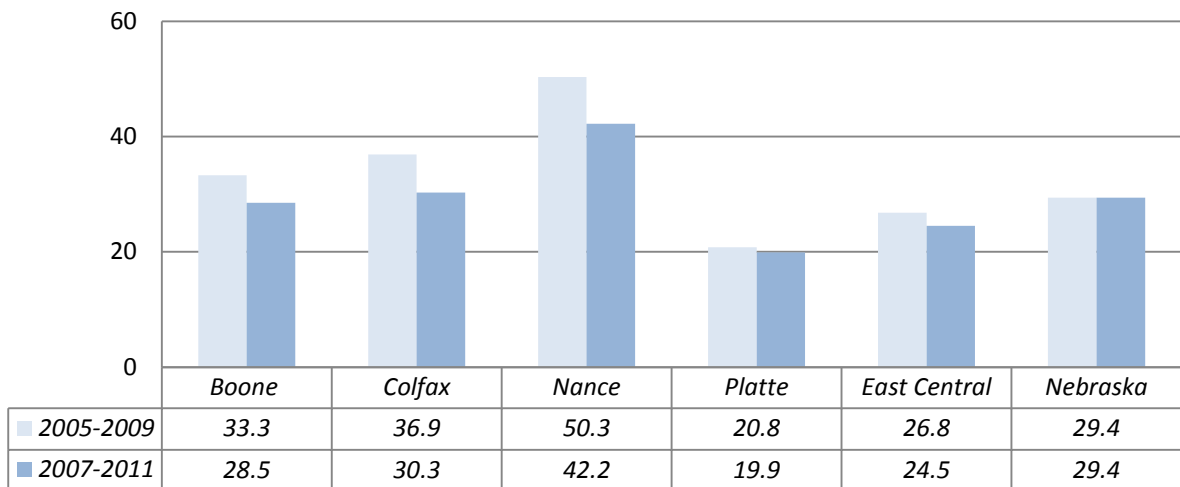
Alcohol and Tobacco-Related Deaths

Figure 6. Tobacco Related Deaths per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

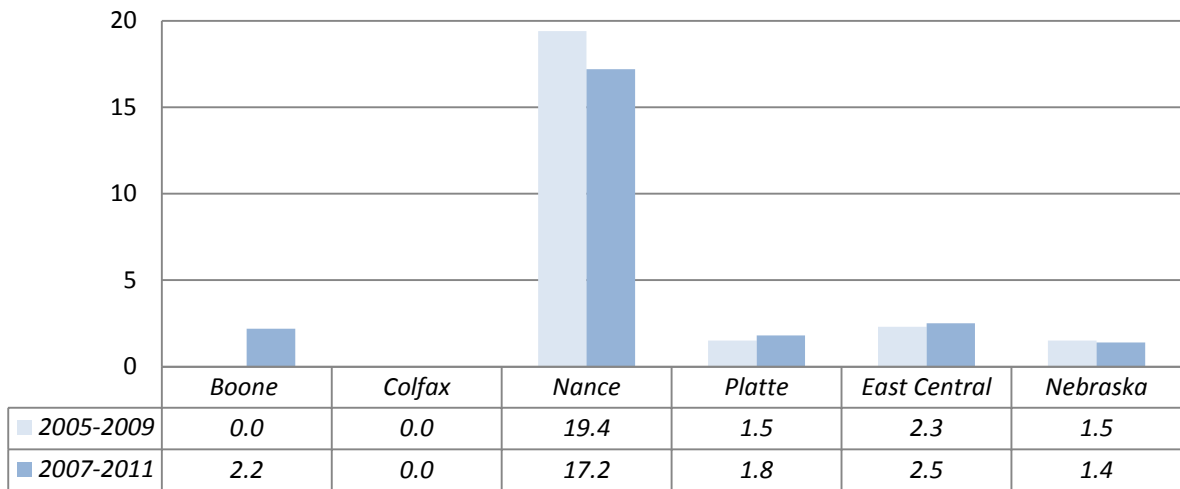
Figure 7. Alcohol Related Deaths per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Asthma

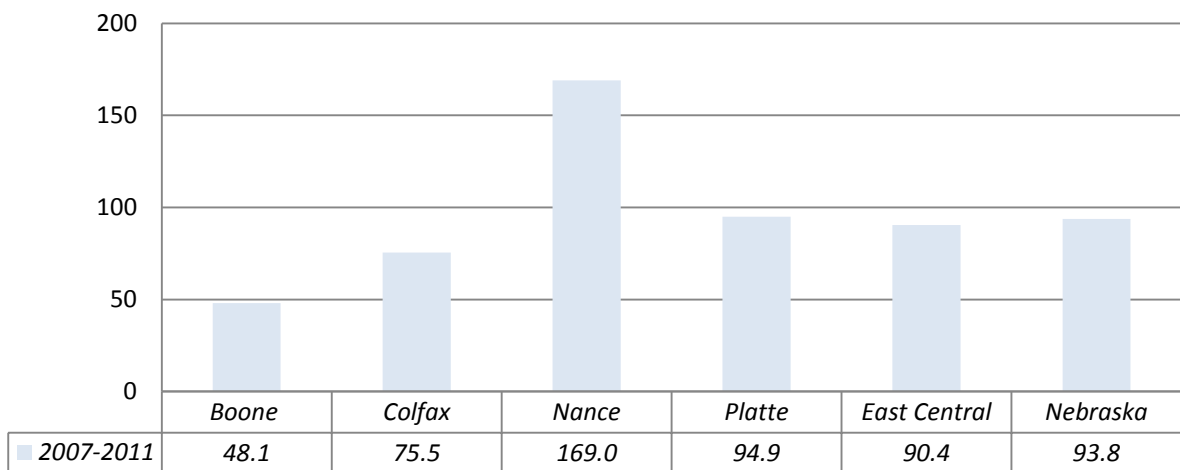
Figure 8. Annual Death Rates Due to Asthma per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Birth Defects

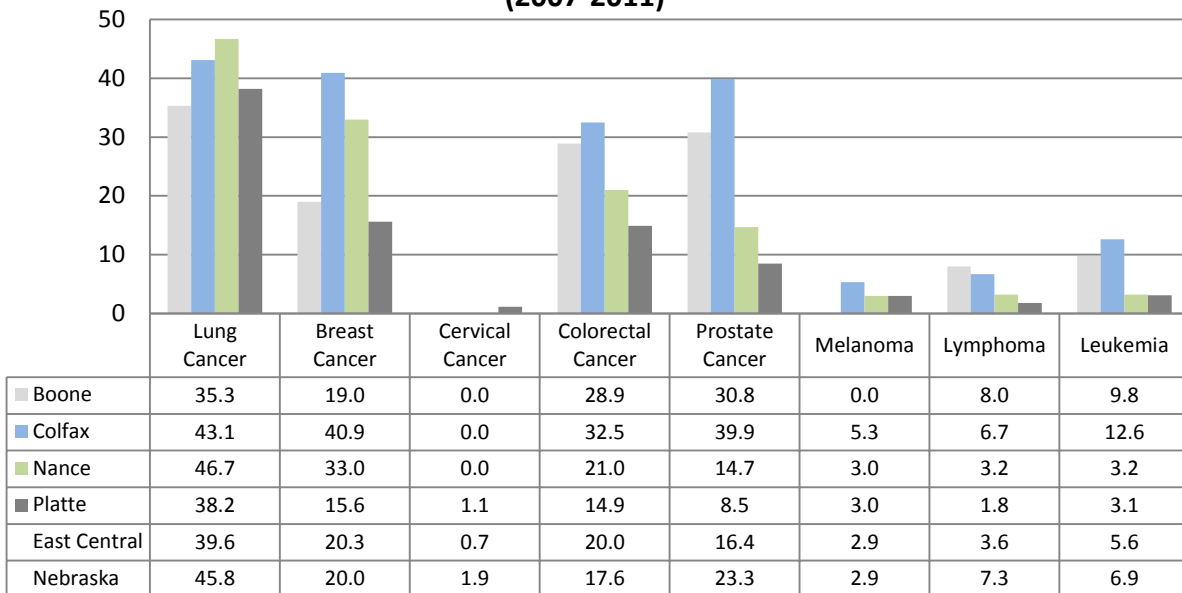
Figure 9. Birth Defects per 1,000 Live Births



(Source: Nebraska Department of Health and Human Services)

Cancer

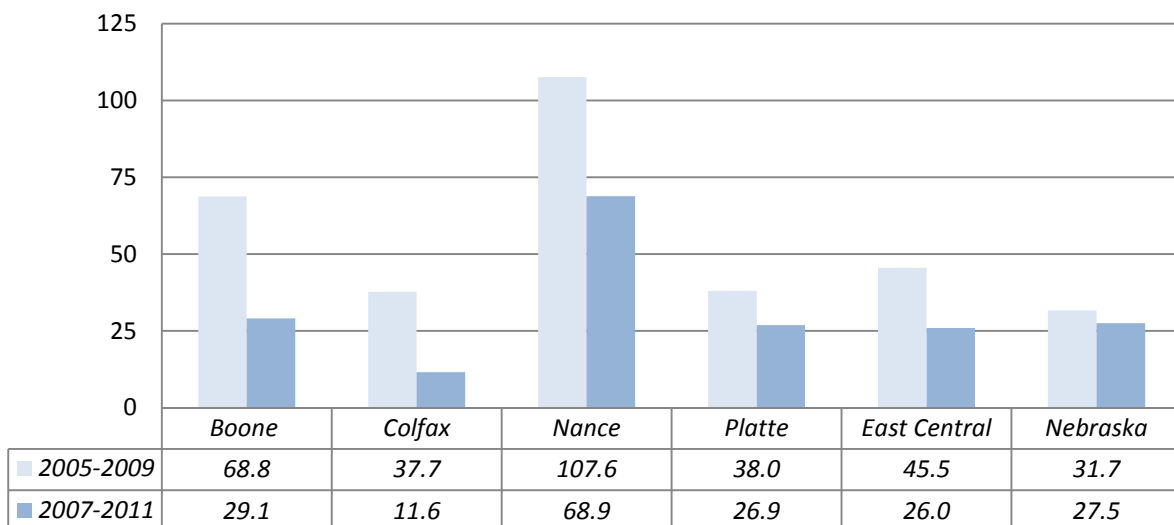
Figure 10. Deaths Due to Cancer by Type per 100,000 Population (2007-2011)



(Source: Nebraska Department of Health and Human Services)

Child and Adolescent Mortality

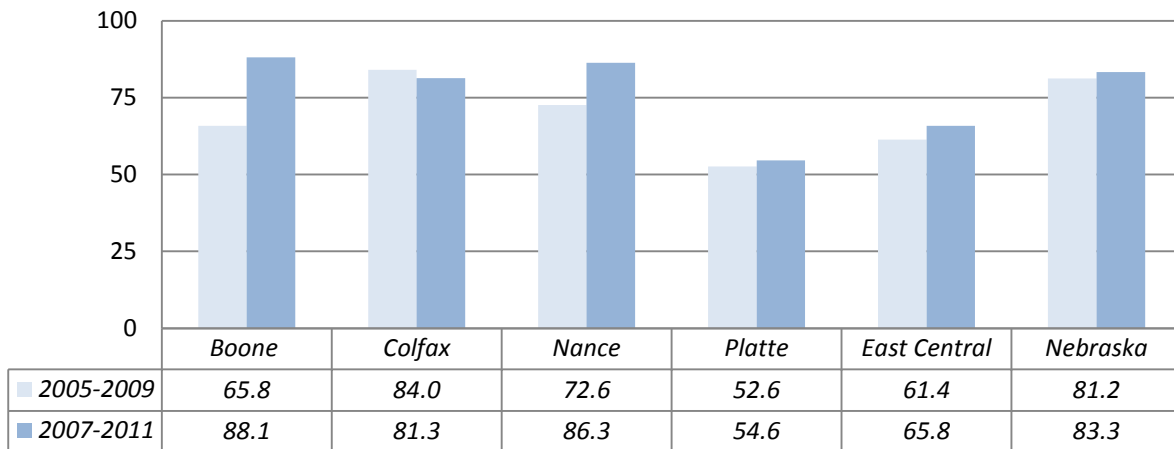
Figure 11. Death Rate per 100,000 for Youth Ages 1 through 19



(Source: Nebraska Department of Health and Human Services)

Diabetes

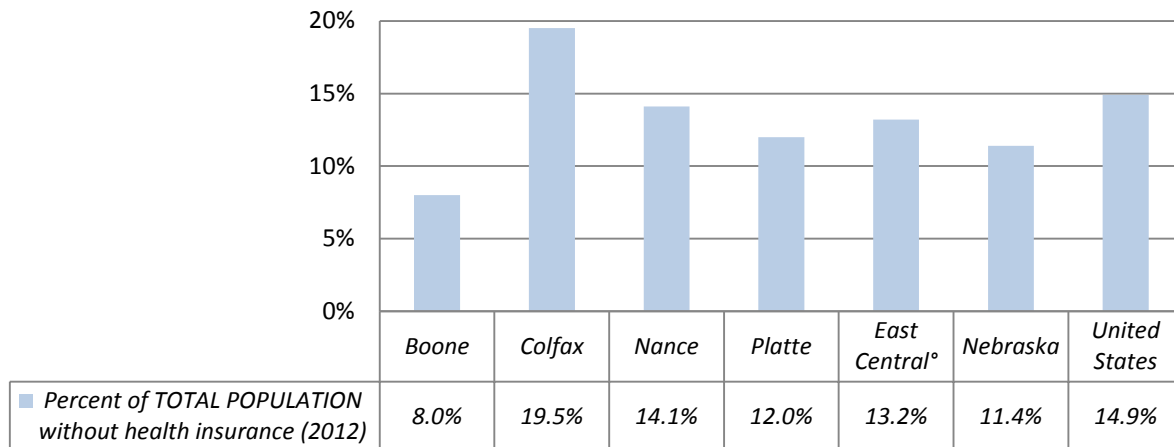
Figure 12. Diabetes-Related Deaths per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Health Insurance

Figure 13. Percent of Total Population without Health Insurance* (2012)



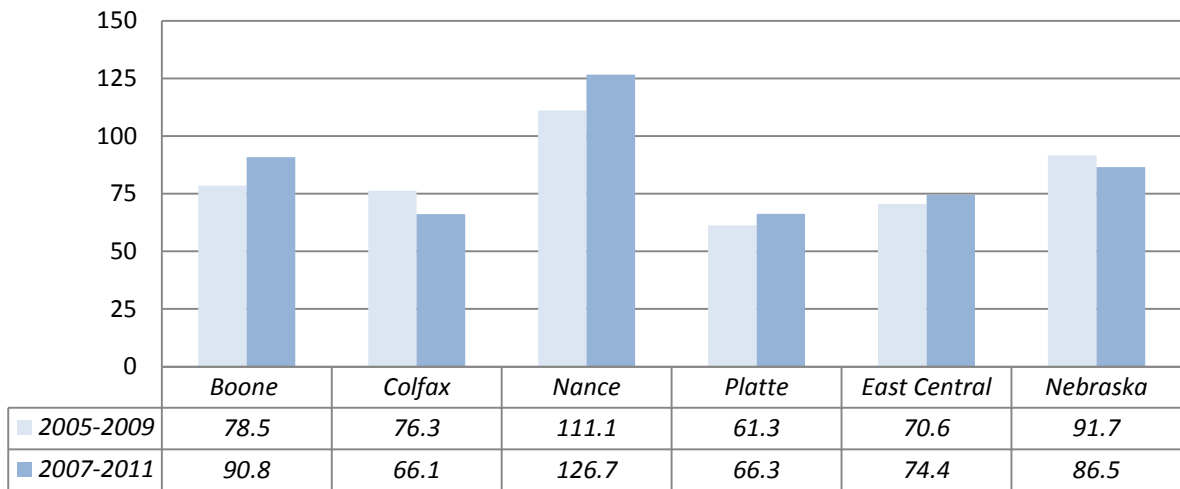
*Those who have neither a private nor public health insurance plan

°An average weighted by the population of each county.

(American Community Survey 5-Year Estimates)

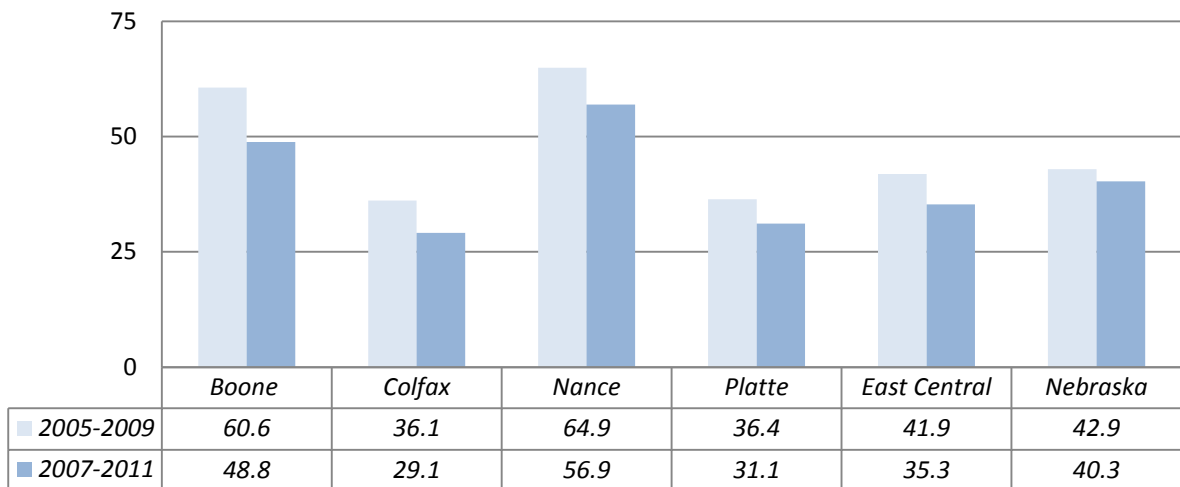
Heart Disease and Stroke

Figure 14. Deaths Due to Coronary Heart Disease per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

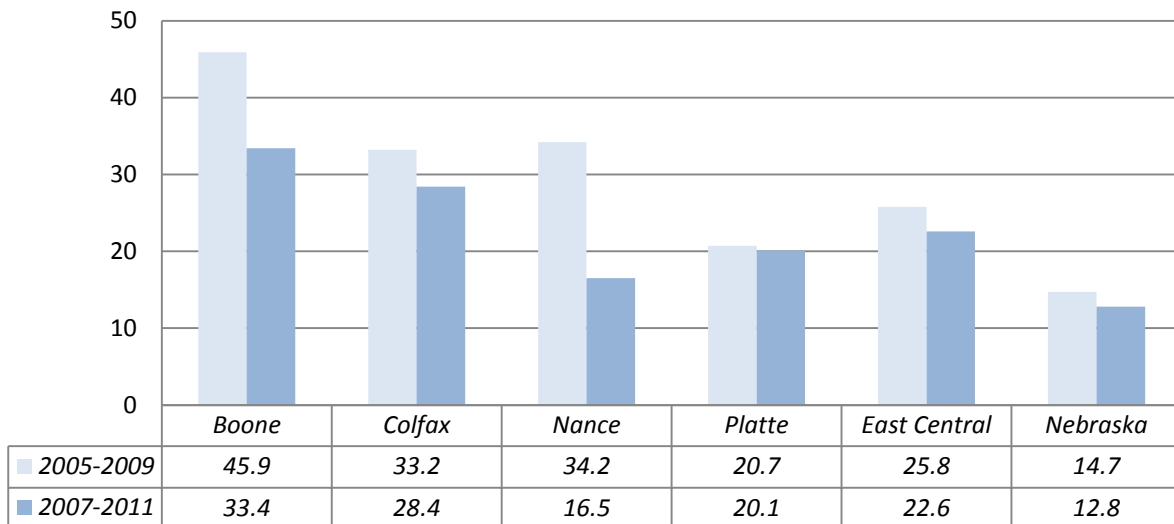
Figure 15. Deaths Due to Stroke per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Motor Vehicle Safety

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



(Source: Nebraska Department of Health and Human Services)

Pneumonia and Influenza

Figure 17		Inpatient Hospitalizations* for Pneumonia and Influenza (Rates per 100,000)					
		Boone	Colfax	Nance	Platte	East Central	Nebraska
Pneumonia	2007-2008	454.7	288.6	497.6	192.1	265.1	242.1
	2010-2011	357.8	-	349.4	181.8	-	-
Influenza	2007-2008	37.0	14.0	43.9	10.1	17.2	14.0
	2010-2011	5.6	-	22.3	8.3	-	-

*Gaps exist in the hospitalization data: Colfax, East Central, and Nebraska data are not reported.

(Source: Nebraska Department of Health and Human Services)

Poverty

Figure 18	Poverty Rates (2012)					
Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
8.8%	17.1%	14.1%	9.9%	11.5%	12.4%	14.9%

*An average weighted by the population of each county.

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

Figure 19	Poverty Rates for the under 18 Population (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	11.7%	3.0%	10.0%	-14.5%
Colfax	13.8%	8.9%	22.5%	63.0%
Nance	17.2%	7.3%	17.8%	3.5%
Platte	9.0%	10.5%	16.6%	84.4%
<i>East Central*</i>	10.9%	9.2%	17.3%	58.7%
<i>Nebraska</i>	11.8%	15.5%	16.7%	41.5%
<i>United states</i>	16.1%	19.2%	20.8%	29.2%

*An average weighted by the under 18 population of each county.

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

Single Parent Households

Figure 20	Number of Single Parent* Family Households with Children under 18 (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	114	108	105	-7.9%
Colfax	215	349	461	114.4%
Nance	90	86	116	28.9%
Platte	733	1,023	1,132	54.4%
<i>East Central</i>	1,152	1,566	1,814	57.5%

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18.

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

Figure 21	Number of Married Couple Family Households with Children under 18 (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	721	583	489	-32.2%
Colfax	1,173	1,003	985	-16.0%
Nance	434	307	264	-39.2%
Platte	3,721	2,808	2,560	-31.2%
<i>East Central</i>	6,049	4,701	4,298	-28.9%

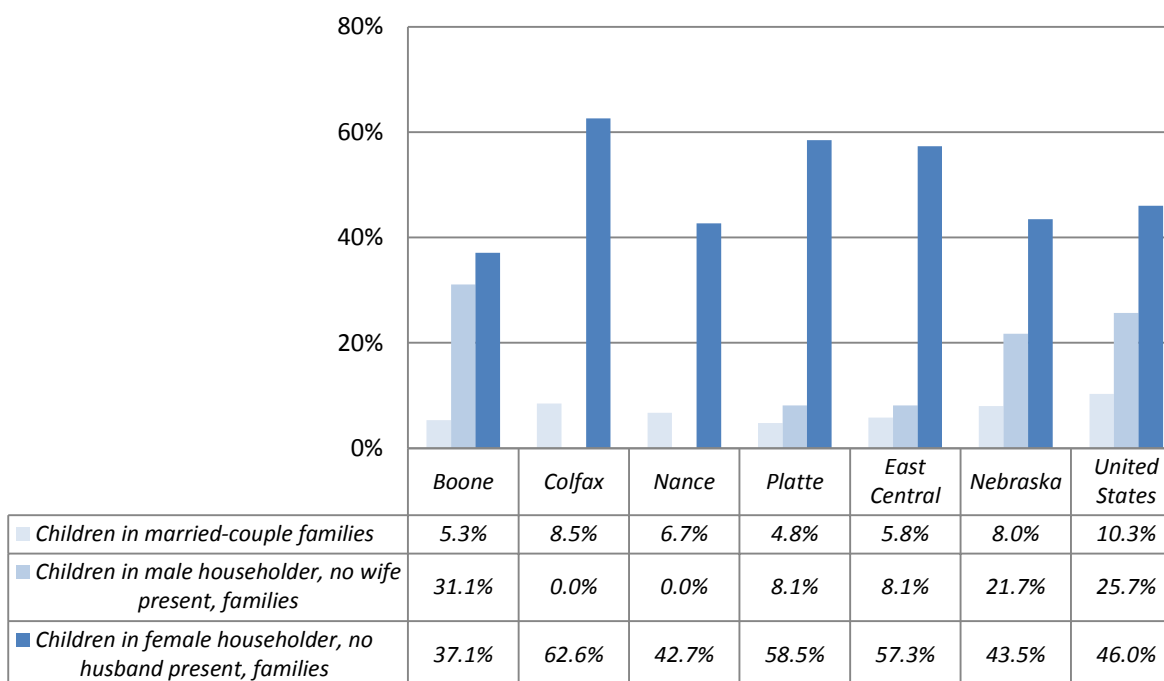
(Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 22. Percent of Children Living in Single Parent Households

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

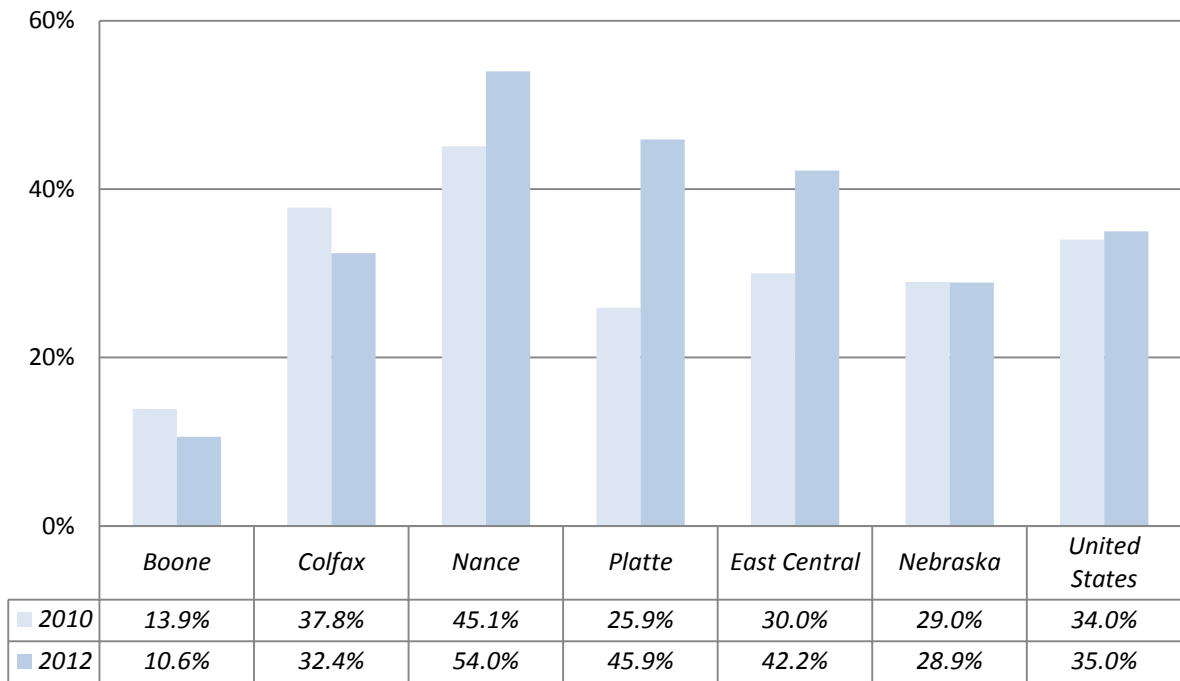
(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates)

Figure 23. Poverty Rates for Children by Family Type (2012)



(Source: American Community Survey 5-Year Estimates)

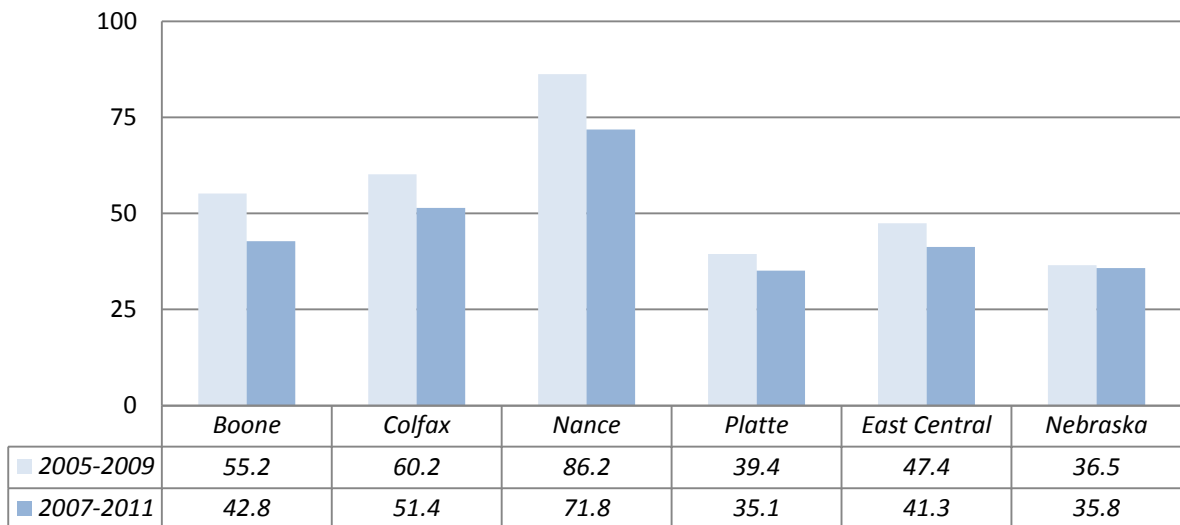
Figure 24. Percent of Births to Unmarried Women (2010-2012)



(American Community Survey 5-Year Estimates)

Unintentional Injury Deaths

Figure 25. Unintentional Injury Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Platte County

Following the demographic profile, 9 community health needs and priorities for the Platte County are listed alphabetically in Figure 1 below with a brief description of the rationale for selection. Data that support the selection and prioritization of the community health needs follow.

Demographic Profile: Platte County

Population: 32,195

% White: 84.3%

% Hispanic: 13.8%

Median age: 38.7

Median Household Income: \$51,395

% at or below Poverty: 9.9%

% with High School Degree/GED/Equivalent or Higher: 89.3%

Figure 1: Community Health Needs and Priorities for Platte County

Community Health Needs and Priorities	Rationale for Selection
➤ Births to Teen Mothers	<ul style="list-style-type: none"> From 2008 to 2012, there were 229 births to teen mothers in Platte County, comprising 9.4% of all births (state comparison: 7.6%)
➤ High School Graduation	<ul style="list-style-type: none"> In 2013, among public schools students throughout the Platte County, the four-year high school graduation rate was 84.2% (state comparison: 88.5%).
➤ Health Insurance	<ul style="list-style-type: none"> As of 2012, 12.0% of the Platte County population and 8.8% of the under 18 population were without health insurance (state comparison: 11.4% and 6.2%, respectively).
➤ Infant Mortality	<ul style="list-style-type: none"> From 2008 to 2012, there were 16 infant mortalities in Platte County, making for a rate of 6.6 per 1,000 live births (state comparison: 5.2 per 1,000).
➤ Juvenile Arrests	<ul style="list-style-type: none"> In 2012, the rate of juvenile arrests in Platte County was 29.1 per 1,000 under 18 population (state comparison: 26.2 per 1,000).
➤ Language	<ul style="list-style-type: none"> As of 2012, 13.8% of the Platte County population ages 5 and over spoke a language other than English at home (state comparison: 10.4%).
➤ Motor Vehicle Safety	<ul style="list-style-type: none"> From 2007 to 2011, the motor vehicle death rate in Platte County was 20.1 per 100,000 (state comparison: 12.8 per 100,000).
➤ Self-Inflicted Injury	<ul style="list-style-type: none"> From 2007 to 2008, the rate of self-inflicted outpatient hospitalizations in Platte County was 100.7 per 100,000 (state comparison: 74.0 per 100,000).
➤ Single Parent Households	<ul style="list-style-type: none"> From 2000 to 2012, there was a 54.4% increase in single parent family households and a 31.2% decrease in married couple family households in Platte County. As of 2012, 30.8% of children in Platte County lived in a single parent household (state comparison: 27.7%). As of 2012, 58.5% of children in single mother family households in Platte County were at or below poverty (state comparison: 43.5%). In 2012, 45.9% of births in Platte County were to unmarried women (state comparison: 28.9%).

Births to Teen Mothers

Figure 2. Number and Percent of Births to Teen Mothers

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

(Source: Nebraska Department of Health and Human Services)

High School Graduation

Figure 3. Four-Year High School Graduation Rate*

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

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

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

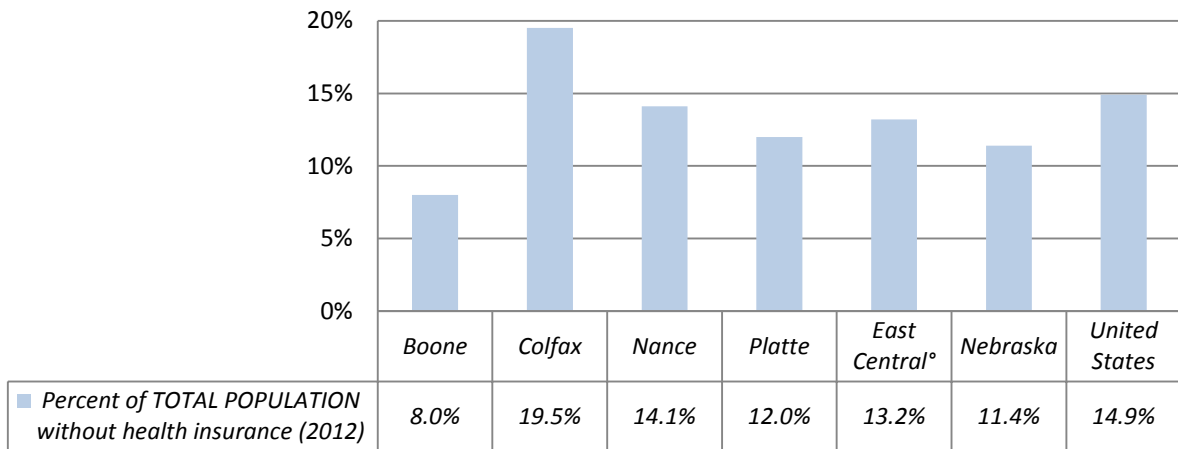
- 1) fewer than 10 students were reported in a group.
 - a) Fewer than 5 students were reported at a performance level.
- 2) All students were reported in a single group or performance category.

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

(Source: Nebraska Department of Education)

Health Insurance

Figure 4. Percent of Total Population without Health Insurance* (2012)

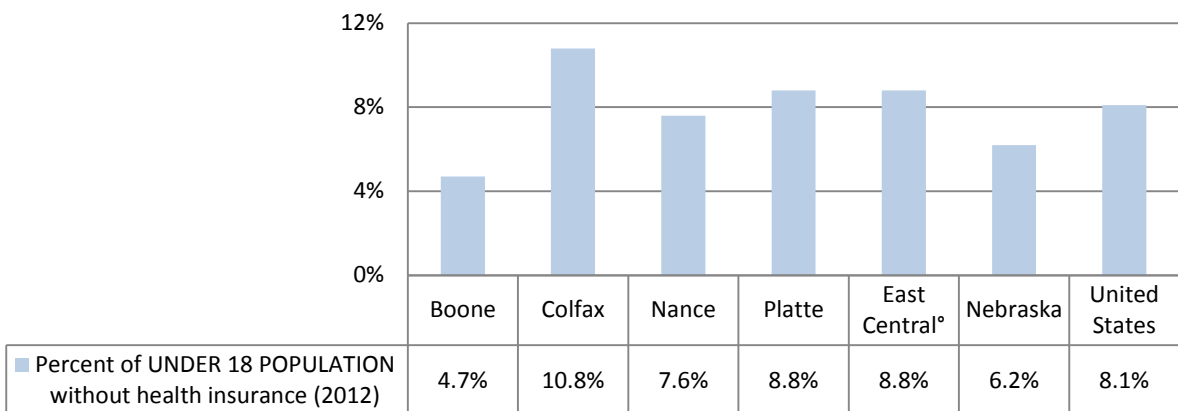


*Those who have neither a private nor public health insurance plan

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

(American Community Survey 5-Year Estimates)

Figure 5. Percent of Under 18 Population without Health Insurance* (2012)



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

*An average weighted by the population of each county.

(American Community Survey 5-Year Estimates)

Infant Mortality

Figure 6. Number and Rate* of Infant Deaths per 1,000 Live Births

	2005-2009	2006-2010	2007-2011	2008-2012
Boone	0, -	0, -	0, -	0, -
Colfax	9, 8.6	9, 8.9	8, 8.0	5, 5.2
Nance	1, -	1, -	1, -	1, -
Platte	15, 6.2	15, 6.2	20, 8.2	16, 6.6
East Central	25, 6.3	25, 6.3	29, 7.3	22, 5.6
Nebraska	769, 5.8	758, 5.7	753, 5.7	690, 5.2

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

(Source: Nebraska Department of Health and Human Services)

Juvenile Arrests

Figure 7. Number and Rate* of Juvenile Arrests per 1,000 under 18 Population

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

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

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

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

(Source: Nebraska Crime Commission)

Language

Figure 8. Percent of Population Ages 5 and over Speaking a Language Other Than English at Home

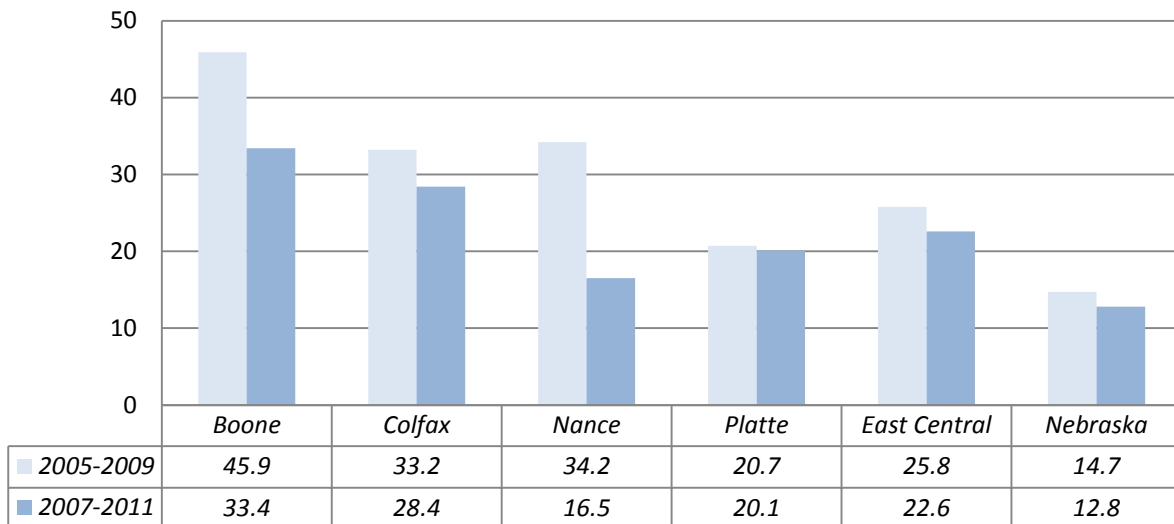
	2009	2010	2011	2012
Boone	1.0%	0.8%	1.7%	1.6%
Colfax	34.4%	35.9%	38.1%	40.2%
Nance	3.2%	2.8%	2.2%	1.9%
Platte	12.2%	13.2%	13.7%	13.8%
East Central*	14.6%	15.5%	16.4%	16.8%
Nebraska	9.2%	9.7%	9.9%	10.4%

*An average weighted by the population of each county.

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

Motor Vehicle Safety

Figure 9. Motor Vehicle Death Rate per 100,000 Population



(Source: Nebraska Department of Health and Human Services)

Self-Inflicted Injury

Figure 10		Suicide and Self-Inflicted Injury Hospitalizations (Rates per 100,000)					
		Boone	Colfax	Nance	Platte	East Central	Nebraska
Suicide Mortalities	2005-2009	5.6	9.6	14.2	2.8	5.1	10.5
	2007-2011	8.5	10.8	9.6	3.7	6.0	10.1
Self-Inflicted Injury Outpatient Hospitalizations*	2007-2008	54.0	16.1	60.9	100.7	77.0	74.0
	2010-2011	14.8	-	17.6	93.8	-	-
Self-Inflicted Injury Inpatient Hospitalizations*	2007-2008	8.6	16.1	20.1	32.0	25.6	58.9
	2010-2011	21.6	-	12.0	45.9	-	-

*Gaps exist in the hospitalization data: Colfax, East Central, and Nebraska data are not reported.

(Source: Nebraska Department of Health and Human Services)

Single Parent Households

Figure 11	Number of Single Parent* Family Households with Children under 18 (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	114	108	105	-7.9%
Colfax	215	349	461	114.4%
Nance	90	86	116	28.9%
Platte	733	1,023	1,132	54.4%
East Central	1,152	1,566	1,814	57.5%

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18.

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

Figure 12	Number of Married Couple Family Households with Children under 18 (2000-2012)			
	2000	2010	2012	% Change (2000 to 2012)
Boone	721	583	489	-32.2%
Colfax	1,173	1,003	985	-16.0%
Nance	434	307	264	-39.2%
Platte	3,721	2,808	2,560	-31.2%
East Central	6,049	4,701	4,298	-28.9%

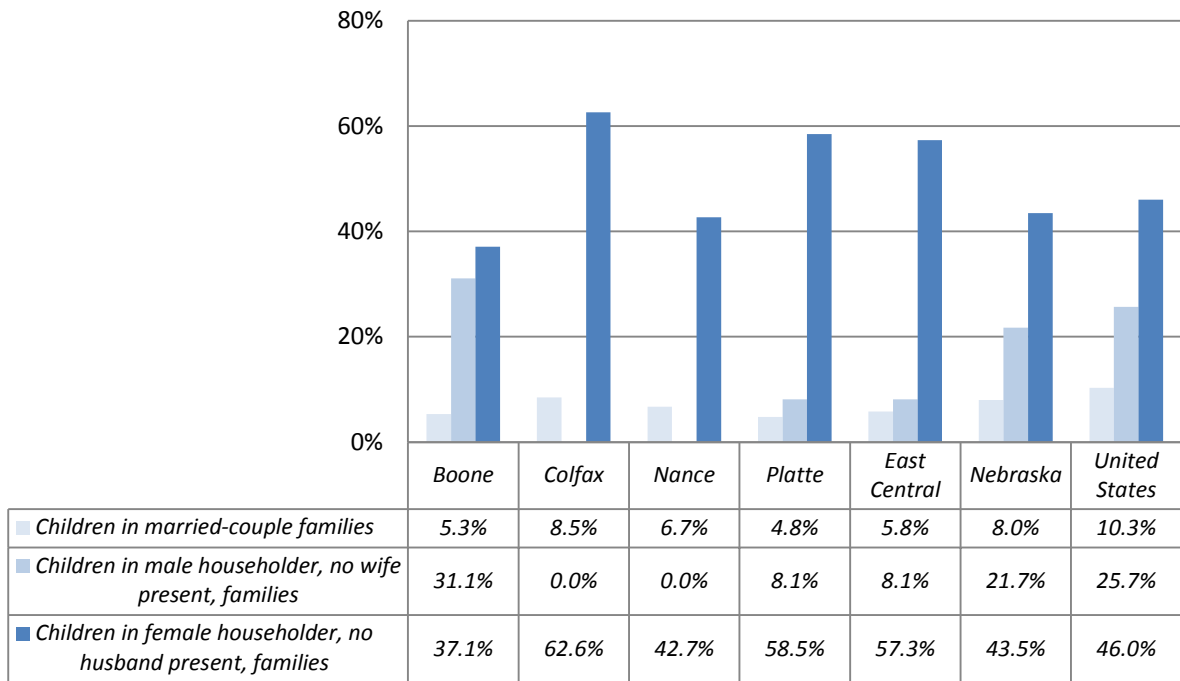
(Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 13. Percent of Children Living in Single Parent Households

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

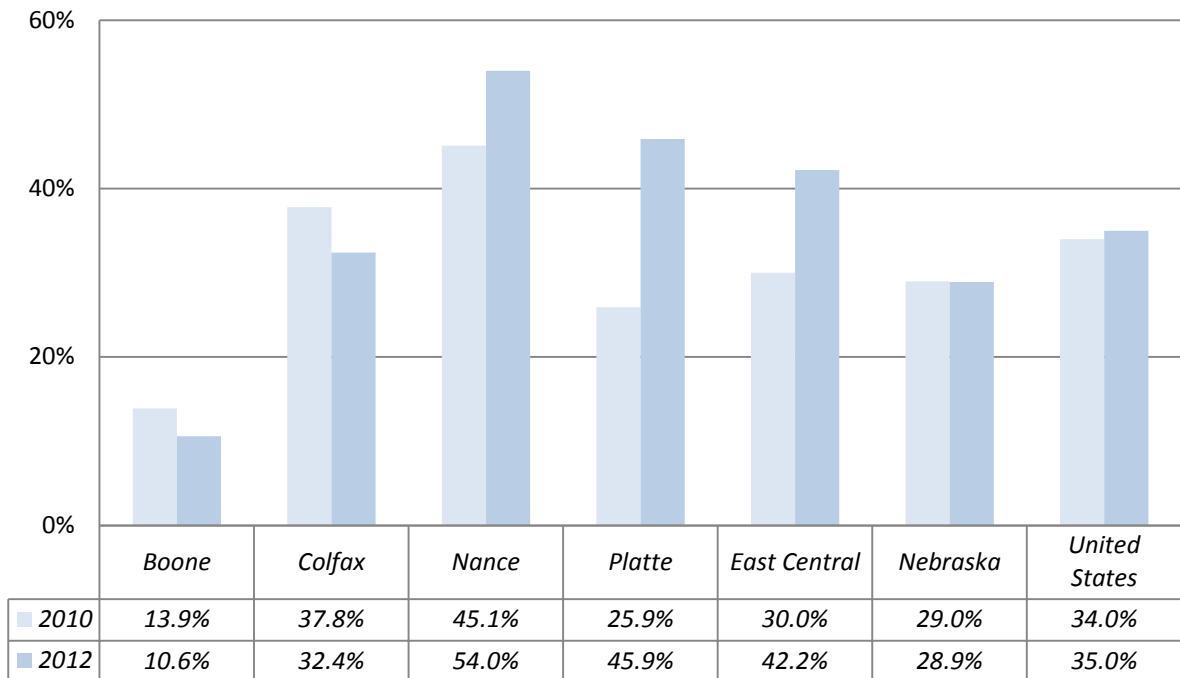
(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates)

Figure 14. Poverty Rates for Children by Family Type (2012)



(Source: American Community Survey 5-Year Estimates)

Figure 15. Percent of Births to Unmarried Women (2010-2012)



(American Community Survey 5-Year Estimates)

Appendices

Appendix A. Community Health Survey Results (Community Themes and Strengths Assessment)

Appendix B. Focus Group Summaries (Community Themes and Strengths Assessment)

Appendix C. Forces of Change Assessment

Appendix D. The Local Public Health System Assessment (a selection from the full report)

Appendix A. Community Health Survey Results (Community Themes and Strengths Assessment)

Respondent Demographics

Respondent demographics		
	2011	2014
Boone	56 (11.5%)	33 (6.0%)
Colfax	123 (25.3%)	114 (20.6%)
Nance	36 (7.4%)	22 (4.0%)
Platte	267 (54.8%)	355 (64.1%)
Other/Unknown	5 (1.0%)	30 (5.4%)
White	367 (75.7%)	416 (75.9%)
Minority	118 (24.3%)	132 (24.1%)
Male	138 (28.9%)	198 (36.1%)
Female	339 (71.1%)	350 (63.9%)
Under 40	198 (40.9%)	146 (26.9%)
40 to 54	158 (32.6%)	172 (31.7%)
55 & over	128 (26.4%)	225 (41.4%)
Total Respondents	487	554

Community Health and Quality of Life

q1	How would you rate your community as a "Healthy Community?" ➤ Percent rating healthy or very healthy*	
	2011	2014
Boone°	82.1%	45.5%
Colfax	52.8%	56.3%
Nance°	54.3%	63.6%
Platte	53.2%	50.1%
White	52.3%	45.2%
Minority	70.1%	76.2%
Male	61.3%	52.5%
Female	54.6%	52.9%
Under 40	54.8%	47.3%
40 to 54	48.4%	45.6%
55 & over	69.3%	62.1%
East Central	56.6%	52.9%

*Response options: very unhealthy, unhealthy, somewhat unhealthy, healthy, very healthy

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q2	I am satisfied with the quality of life in our community (considering my sense of safety and well-being). ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	98.2%	81.8%
Colfax	60.2%	71.9%
Nance°	80.6%	90.9%
Platte	66.5%	71.8%
White	71.1%	71.8%
Minority	65.0%	79.5%
Male	72.5%	71.1%
Female	69.8%	74.6%
Under 40	61.9%	67.8%
40 to 54	70.9%	69.2%
55 & over	79.7%	81.2%
East Central	69.8%	73.9%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q2a	The community has adequate health and wellness activities. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	90.9%	93.9%
Colfax	67.5%	65.2%
Nance°	66.7%	45.5%
Platte	64.7%	66.7%
White	70.2%	66.1%
Minority	62.4%	69.7%
Male	71.0%	68.9%
Female	68.0%	66.5%
Under 40	67.0%	63.7%
40 to 54	62.0%	66.9%
55 & over	78.0%	70.7%
East Central	68.5%	67.3%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q3	I am satisfied with the health care system in our community. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	92.9%	84.8%
Colfax	76.4%	82.6%
Nance°	86.1%	77.3%
Platte	62.2%	63.2%
White	72.5%	69.3%
Minority	66.1%	71.3%
Male	71.0%	70.5%
Female	71.4%	70.4%
Under 40	69.7%	62.5%
40 to 54	65.2%	67.1%
55 & over	79.7%	77.1%
East Central	71.0%	70.1%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q3a	I have easy access to the medical specialists I need. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	76.8%	78.8%
Colfax	72.1%	80.2%
Nance°	47.2%	59.1%
Platte	57.7%	67.0%
White	63.4%	70.0%
Minority	59.5%	72.3%
Male	69.6%	68.0%
Female	59.9%	71.9%
Under 40	61.9%	66.0%
40 to 54	57.3%	64.9%
55 & over	70.1%	79.0%
East Central	62.6%	70.8%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q3b	I am very satisfied with the medical care I receive. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	87.5%	84.8%
Colfax	78.9%	84.5%
Nance°	88.9%	66.7%
Platte	67.4%	71.5%
White	75.2%	74.8%
Minority	70.3%	76.9%
Male	73.9%	71.7%
Female	74.6%	77.9%
Under 40	73.7%	68.1%
40 to 54	70.3%	73.5%
55 & over	79.7%	82.9%
East Central	74.1%	75.6%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q3c	Sometimes it is a problem for me to cover my share of the cost for a medical care visit. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	34.5%	34.4%
Colfax	45.9%	41.6%
Nance°	38.9%	31.8%
Platte	42.5%	46.0%
White	40.8%	38.7%
Minority	46.2%	58.1%
Male	39.9%	47.7%
Female	43.5%	41.6%
Under 40	48.7%	47.9%
40 to 54	37.3%	51.5%
55 & over	38.1%	34.6%
East Central	42.1%	43.9%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q3d	I am able to get medical care whenever I need it ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone ^o	89.3%	73.3%
Colfax	77.0%	87.0%
Nance ^o	88.6%	68.2%
Platte	76.4%	72.4%
White	83.0%	75.4%
Minority	66.9%	77.3%
Male	77.5%	78.7%
Female	80.7%	74.6%
Under 40	77.8%	63.8%
40 to 54	79.6%	78.9%
55 & over	81.1%	79.8%
East Central	79.2%	75.7%

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

^oThere was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q4	This community is a good place to raise children. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone ^o	96.4%	87.9%
Colfax	55.7%	66.4%
Nance ^o	88.9%	90.9%
Platte	80.5%	77.3%
White	77.8%	72.6%
Minority	72.6%	85.6%
Male	76.6%	76.8%
Female	77.4%	75.1%
Under 40	68.7%	72.0%
40 to 54	79.0%	77.2%
55 & over	85.7%	77.7%
East Central	76.7%	76.0%

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

^oThere was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q5	This community is a good place to grow old (considering elder-friendly housing, transportation to medical services, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.) ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone [°]	91.1%	81.8%
Colfax	59.0%	55.3%
Nance [°]	65.7%	63.6%
Platte	62.4%	70.3%
White	71.2%	66.3%
Minority	45.3%	71.8%
Male	69.6%	66.0%
Female	64.0%	67.9%
Under 40	54.3%	66.9%
40 to 54	66.5%	67.4%
55 & over	79.4%	67.4%
East Central	65.1%	67.6%

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

[°]There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q5a	There is a transportation service that takes older adults to medical facilities or to shopping centers. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone [°]	89.3%	72.7%
Colfax	70.2%	69.3%
Nance [°]	66.7%	59.1%
Platte	65.8%	73.9%
White	74.5%	70.3%
Minority	53.8%	75.4%
Male	72.5%	66.2%
Female	69.1%	75.1%
Under 40	64.8%	72.4%
40 to 54	70.3%	70.3%
55 & over	76.4%	72.5%
East Central	69.6%	71.8%

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

[°]There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q5b	There are enough programs that provide meals for older adults in my community. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	74.5%	69.7%
Colfax	55.5%	64.6%
Nance°	63.9%	63.6%
Platte	47.3%	56.5%
White	57.3%	57.3%
Minority	41.2%	64.8%
Male	58.4%	56.0%
Female	52.1%	60.1%
Under 40	51.3%	53.5%
40 to 54	51.6%	52.9%
55 & over	59.5%	67.3%
East Central	53.7%	59.1%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q5c	There are networks for support for the elderly living alone. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	50.0%	56.3%
Colfax	45.0%	43.1%
Nance°	33.3%	27.3%
Platte	38.5%	43.8%
White	41.1%	39.4%
Minority	39.1%	60.7%
Male	45.7%	48.7%
Female	38.9%	42.2%
Under 40	49.2%	49.0%
40 to 54	31.8%	40.6%
55 & over	38.6%	44.5%
East Central	40.9%	44.6%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q6	There are jobs available in the community (considering locally owned and operated businesses, jobs with career growth, affordable housing, reasonable commute, etc.) ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	41.1%	50.0%
Colfax	29.5%	43.4%
Nance°	19.4%	18.2%
Platte	49.2%	63.2%
White	41.5%	53.6%
Minority	37.6%	66.2%
Male	47.8%	62.8%
Female	38.0%	52.9%
Under 40	44.2%	62.1%
40 to 54	44.1%	65.3%
55 & over	34.6%	46.8%
East Central	40.8%	56.4%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q7	The community is a safe place to live (considering resident's perception of safety in the home, the workplace, schools, playgrounds, parks, shopping areas). Neighbors know and trust one another and look out for one another. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	96.4%	87.9%
Colfax	48.0%	65.2%
Nance°	94.4%	95.5%
Platte	70.3%	74.4%
White	73.2%	71.6%
Minority	58.5%	81.4%
Male	70.3%	75.6%
Female	70.7%	72.6%
Under 40	62.6%	69.0%
40 to 54	67.7%	76.6%
55 & over	82.7%	74.9%
East Central	69.8%	74.0%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q8	There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of need and stress. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	76.8%	72.7%
Colfax	60.2%	60.2%
Nance°	72.2%	54.5%
Platte	61.7%	72.3%
White	68.6%	68.0%
Minority	50.0%	71.5%
Male	65.9%	72.4%
Female	64.2%	67.0%
Under 40	60.6%	67.7%
40 to 54	68.4%	70.0%
55 & over	64.6%	67.4%
East Central	64.2%	68.7%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q9	All residents believe that they, individually or collectively, can make the community a better place to live. ➤ Percent rating agree or strongly agree*	
	2011	2014
Boone°	64.3%	51.5%
Colfax	34.7%	50.0%
Nance°	72.2%	36.4%
Platte	57.1%	54.3%
White	56.4%	46.4%
Minority	44.4%	71.9%
Male	55.8%	58.2%
Female	53.4%	49.3%
Under 40	50.5%	54.5%
40 to 54	52.2%	57.4%
55 & over	60.2%	47.7%
East Central	53.7%	52.5%

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

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q10	In the following list, what do you think are the 3 most important "health concerns" in our community? Check only 3 (2014 only)		
1. Alcohol/drug abuse	57.7%	14. Motor vehicle crash injuries	6.0%
2. Cancers	41.0%	15. Dental problems	4.0%
3. Obesity	25.5%	16. Suicide	3.3%
4. Aging problems (e.g., arthritis, hearing/vision loss)	24.4%	17. Infectious diseases (e.g., hepatitis, TB)	2.7%
5. Housing that is adequate, safe, and affordable	18.3%	18. Sexually transmitted diseases	2.4%
6. Heart disease and stroke	17.2%	19. Respiratory/lung disease	2.2%
7. Mental health problems	15.9%	20. HIV/AIDS	1.8%
8. Bullying	15.3%	21. Homicide	1.5%
9. Teenage pregnancy	15.0%	22. Rape/sexual assault	1.1%
10. Diabetes	14.5%	23. Infant death	1.1%
11. High blood pressure	11.0%	24. Firearm-related injuries	1.0%
12. Domestic violence	10.3%	Other	1.8%
13. Child abuse/neglect	9.9%		

Other responses: Gangs (0.7%), Support for memory/Alzheimer's/dementia (0.4%), Transportation to VA in Grand Island (0.2%), Underage drinking (0.2%), Driving habits (0.2%)

q10	Top Three Perceived Health Concerns by County (2014 only)*
Boone°	4. Cancers (57.6%) 5. Alcohol/drug abuse (42.4%) 6. Mental health problems (39.4%)
Colfax	4. Alcohol/drug abuse (46.9%) 5. Cancers (33.6%) 6. Aging problems (e.g., arthritis, hearing/vision loss) (30.1%)
Nance°	4. Aging problems (e.g., arthritis, hearing/vision loss) (54.5%) 5. Alcohol/drug abuse (45.4%) 6. Cancers and Housing that is adequate, safe, and affordable (36.6% - tied)
Platte	4. Alcohol/drug abuse (63.7%) 5. Cancers (42.0%) 6. Obesity (26.9%)
East Central	4. Alcohol/drug abuse (57.7%) 5. Cancers (41.0%) 6. Obesity (25.5%)

*See the above figure for response options.

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q11	Of the problems that you marked, which one would you volunteer to help improve? (2014 only)		
Percent indicating they would volunteer: 28.0%			
1. Alcohol/drug abuse	15.5%	14. Sexually transmitted diseases	1.3%
2. Obesity	11.0%	15. High blood pressure	0.6%
3. Bullying	10.3%	16. HIV/AIDS	0.6%
4. Aging problems (e.g., arthritis, hearing/vision loss)	8.4%	17. Rape/sexual assault	0.6%
5. Housing that is adequate, safe, and affordable	6.5%	18. Respiratory/lung disease	0.6%
6. Child abuse/neglect	5.8%	19. Infant death	0.6%
7. Teenage pregnancy	5.8%	20. Motor vehicle crash injuries	0.6%
8. Cancers	5.2%	21. Homicide	0.0%
9. Diabetes	5.2%	22. Infectious diseases (e.g., hepatitis, TB)	0.0%
10. Mental health problems	4.5%	23. Dental problems	0.0%
11. Domestic violence	3.9%	24. Suicide	0.0%
12. Firearm-related injuries	2.6%	Other	9.0%
13. Heart disease and stroke	1.3%		

Other responses: All/any of the above (7.7%), Gangs (0.6%), Health/Medicare Costs (0.6%)

q11	Top Three Problems Respondents Would Volunteer to Help Improve by County (2014 only)*
Boone°	Percent indicating they would volunteer: 18.2% Number of respondents too small for analysis.
Colfax	Percent indicating they would volunteer: 19.3% Number of respondents too small for analysis.
Nance°	Percent indicating they would volunteer: 59.1% Number of respondents too small for analysis.
Platte	Percent indicating they would volunteer: 32.1% 1. Alcohol/drug use (15.8%) 2. Obesity (11.4%) 3. Bullying (10.5%)
East Central	Percent indicating they would volunteer: 28.0% 1. Alcohol/drug use (15.5%) 2. Obesity (11.0%) 3. Bullying (10.3%)

*See the above figure for response options.

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

q12	In the following list, what do you think are the 3 most important "risky behaviors" in our community? (those behaviors that have the greatest impact on overall community health) Check only 3 (2014 only)		
1. Alcohol abuse	55.6%	9. Overeating	11.6%
2. Drug abuse	46.4%	10. Racism	10.7%
3. Texting/cell phone while driving	43.8%	11. Unsafe sex	10.3%
4. Lack of exercise	25.2%	12. Not using birth control	7.2%
5. Poor eating habits	24.9%	13. Not following doctor's advice	2.9%
6. Not using seat belts and/or child safety seats	14.7%	14. Not getting "shots" to prevent disease	2.8%
7. Tobacco use/or electronic cigarette use	13.8%	Other	0.9%
8. Dropping out of school	11.8%		

Other responses: Illegal/unlicensed/uninsured drivers (0.4%), Running red lights and speeding (0.2%), Low wages and poor benefits (0.2%), Intolerance of alternative religious beliefs (0.2%), Complacency (0.2%)

q12	Top Three Perceived Risky Behaviors by County (2014 only)*
Boone°	4. Texting/cell phone while driving (66.7%) 5. Alcohol abuse (60.6%) 6. Lack of exercise (42.4%)
Colfax	4. Texting/cell phone while driving (44.9%) 5. Alcohol abuse (43.1%) 6. Drug abuse (41.3%)
Nance°	4. Alcohol abuse (59.1%) 5. Lack of exercise (54.5%) 6. Texting/cell phone while driving (45.5%)
Platte	4. Alcohol abuse (62.9%) 5. Drug abuse (53.3%) 6. Texting/cell phone while driving (44.5%)
East Central	4. Alcohol abuse (55.6%) 5. Drug abuse (46.4%) 6. Texting/cell phone while driving (43.8%)

*See the above figure for response options.

°There was a small number of respondents from Boone and Nance Counties in both administrations of the survey. Use extreme caution when interpreting results for these two counties.

Open-Ended Comments (2014 only)

I am satisfied with the quality of life in our community (considering my sense of safety and well-being). Comments:

Safety

- Don't feel comfortable / safe out walking by myself.
- Concerned about some gangs in recent years in this town and theft from vehicles, destruction of vehicles and property.
- Gangs!
- If something is not done, neighborhoods will continue to decline in safety and wellbeing of residents becoming slums.

Community Activities/Amenities

- Aside from safety, we lack amenities that would draw/retain middle class incomes. There is a lack of healthy entertainment options.
- For 2a wish there was more offered in terms of places to do activities, eg. Bike trails, walking trails
- I feel fairly safe, but amenities are lacking. I.e. Entertainment, restaurants, swimming and ice skating.
- Sometimes scary with drugs and crime
- We need to have more trails to encourage healthy living.
- Would be nice to have bike/walking trail around community.
- Swimming enclosed

Alcohol, Tobacco, and Drug Use

- Community has drug problems. Meth, grass, ecstasy, underage drinking
- I believe Columbus still has issues with stance and alcohol abuse.
- I fell like more people could stop smoking and go on more walks

Access to Health Care

- There are too many persons in the Columbus area with no health insurance or very high deductible health insurance. No dental or vision coverage and the cost of carrying non-subsidized health care, doctors visits and treatments prohibitive expensive?
- There is a lot of cancer victims. I feel safe in our community, but have to drive a distance for some services.

Positive Perceptions of the Community

- For the average citizen the quality of life in one community is good
- I believe Columbus is a great community with many nice community members.
- Schuyler is a good place to live, good old school Americans.
- Very grateful to have happy hospitals and several excellent doctors!
- We can often (by mistake) leave keys in our vehicle and have no real fear of it being stolen and lock out house by habit, not fear.

Other Responses

- Listening to people most of their self-talk is negative which results in poor quality of life
- Lots of pollution from both farming and processing
- Obesity - Could make question 1 unhealthy
- We need more housing for those above the low income level.
- We need to bring God back into our schools. Bringing kids back to knowing Jesus Christ as their Savior and what Jesus did for us.

What health care services would you like to see that we do not have in your community?

Comments:

Specialists

- Cardiologist, Full time!
- Dermatology
- Dermatology, pain clinics, OBGYN
- Full time ENT
- Full-Time dermatologist
- Genoa health can get you to most specialists
- Geriatric Specialist
- Heart specialists, cancer
- Heart specialists, many I know go to Omaha or Lincoln for care.
- I wish we had a Gastroenterologist. Now I have to go to Omaha, or there is a Dr. who comes to Schuyler once a month. Also, a full time dermatologist.
- Internal med specialist
- More cancer treatment centers and / or diagnostic.
- More heart specialists
- More periodontists
- More specialists in the medical field
- more specialists that don't require me to go to my regular Dr first and waste money
- More specialists to be available
- More testing capabilities thus not having to travel to other communities for some extra tests.
- Skin , lung, and arthritis clinics at hospital
- Some specialist are accessible but more often would be nice
- specialist more than 2x's a month
- specialists
- Specialists here more days so wait isn't so long.
- Specialists that are in town more than once a month, all fields.
- We need more doctors specialists practice is limited to 1 specialist
- We need OB care
- Surgical aspects
- Quicker access to specialist. Usually a long wait for an appointment.
- For important, not minor procedures.

Recreation/Fitness

- A recreational center would be great. Doctors are great, but they're so busy, it takes over a month to see them rather than a PA.
- fitness gym
- I think we have great parks, but they are under utilized by the community and indoor venues to allow exercise can be too expensive for many.
- I wish there were services for weight loss that didn't cost anything or minimal amount. Maybe work a deal with the YMCA.
- I would like to more affordable health and wellness options
- Members at YMCA - wish they could figure a way to keep racquetball courts once moved to new facility - play often
- Wellness Center, more access to a nutritionist for free.
- Wellness programs / orthodontics / specialists
- Would like a wellness center. Indoor water exercise walking track, workshops on healthy eating.
- Wellness activities

Transportation/Distance from Services

- Fullerton does not have a hospital, but one is as close as 15 miles, one is 18 miles and one less than 25.
- I choose to go to David City for my health care
- Sometimes need to go to Omaha
- Transportation for poor families and individuals
- Transportation to Omaha and Lincoln to use doctors.
- Transportation to other towns for necessary health care.

Basic Services (Medical and Mental Health)

- Massage therapist
- Massages every month
- Maybe baby delivery - we have a lot of young people (not me).
- Mental health and weight loss programs.
- Mental health specialist
- More doctor offices
- More Drs at clinic overall. Too many at satellite clinics and hard to get into
- More mental health
- more mental health services
- More on therapy
- More pediatricians it takes too long to get in for visits and they aren't happy about changing doctors.
- Trauma Center
- Women doctors, better quality doctors and staff

Dental

- dental
- A dentist
- Dentist in Genoa. Closest is Fullerton or St Edward

Cost of Health Care

- Health care costs are too high!
- Inexpensive health care services. A 15-minute doctor's visit is \$200, on a good day.

Other Responses

- Acupuncture not associated with chiropractic care. More alternative medicine.
- everything is good, no need
- Everything is just fine the docs and nurses are really careful
- It's very good
- Just keep up to date things.
- Massage therapist
- Massages every month
- Naturopathic doctors
- Nutritionists
- The hospital and ECHD to promote breastfeeding. Better hospital (we delivered at St. Elizabeth's in Lincoln). Bigger YMCA. An urgent care that does more than send me to the ER after charging me. More lower cost access to farm-fresh food. We do live in Nebraska, after all.
- There is always a need for more senior & disabled activates in any community.
- Very adequate for small community.

Appendix B. Focus Group Summaries (Community Themes and Strengths Assessment)

Albion Adult Focus Group Session was held Wednesday, Feb. 5, 2014 from 4-5 pm at Boone Central School in Albion. Focus groups were conducted by Roberta Miksch, Deputy Director, recorder was Kaise Recek, Projects Coordinator.

Six participants were in attendance, three female and three male.

Adult Focus Group Questions

1. How would you describe your community?

- Family oriented
- Progressive –economically
- Rural
- Active-kids’ activities-movie theater
- Strong school system
- Lots to offer young people – jobs
- Self-sufficient community
- Good hospital –doctors-specialty physicians
- Safe

2. How would you describe the interactions between community members of different backgrounds?

- Caring/willing to help others
- All kids have an opportunity to participate (e.g. in sporting events even if they don’t have the money the community allows them to participate)
- Kids open to others – willing to give to other students if there is a need
- See no separation – among ethnicities
- Everyone treated the same
- Community comes together to get things done
- Good volunteers
- In times of need, people come together

3. What are some positive things in your community that contribute to your health?

- Fitness center
- Good hospital
- Interactive physicians in community –someone in the medical field is always present at events in the stands/audience to be able to assist someone if needed
- Good community programs: blood draws for \$35 at event which normally cost \$400, car seat program, flu shots

- Strong faith community
- Good Senior Center with educational programs
- WIC
- Meals on Wheels
- Swimming pool
- Parks (2 in town)
- New Track
- Golf course
- Know people in community – know their personal lives – more intimate community
- Sports complex
- Adult co-ed softball
- Women's volleyball
- Men's basketball
- Alumni fun run
- More services brought to town with traveling physicians
- TeleHealth expanding – currently have mental health, psychiatrist for women of child bearing health, looking at bringing on oncologist
- Nursing homes and assistive living
- Library
- Fair grounds
- Cardiac rehab
- Bank and elderly individuals – the bank staff are getting 'better' about communicating with elderly patrons family members if they see that the elderly are not handling finances as normal – better at communicating that they are potentially seeing dementia in these folks

4. If a task force was being formed to improve things in your community what topics do you think they would need to address and why?

- Rental/affordable housing – many young adults who left community are returning but there is no place for them to live. Housing shortage.
- Something for kids to do at night, afterschool (will kids use it?), during summer/summer activities
- Bike or walking trails – currently folks use streets now which isn't safe. If a trail was present those who currently bike/walk/run on streets would use trail plus trail would likely pull other folks in community out to walk/bike who don't now because they don't want to walk/bike on streets.
- Educational summer learning program (maybe a couple days a weeks)
- Available space to build on – need more lots available – community is surrounded by farm land which isn't being sold and, if sold, would likely be quite expensive to purchase
- Mental health services – need to expand services – at the time of this focus group all appointments available in the community are filled until April

- Social services in school is present now but an increased time in school is needed

5. Where do you go for health care?

- Here in Albion
- Out of town for mental health
- St Ed – Albion clinic is full so we go there (mom of six stated); at St. Ed same day services can be provided whereas Albion clinic is full
- For specialist that are not available in Albion, folks go to Omaha, Lincoln, Grand Island, Norfolk, Columbus
- Services provided in Albion include:
 - 2 chiropractors
 - 2 dental offices
 - 1 eye care office
 - 2 pharmacies
 - Cardiac rehab
 - Among these and other providers in community there is a positive referral system among them

6. From where and how do you get most of your health information?

- Google/internet
- Hospital website/newsletter/Facebook
- Employer – which for the person who stated this is the Boone County Health Center/hospital
- Newspaper – rotating article has been provided in past by medical health providers, unsure that it is occurring at present time as they haven't seen an article in newspaper in awhile
- Schools and guest speakers brought in - e.g. nutritionist/dietitian was brought in from Omaha for a presentation to school kids recently
- Word of mouth
- White Star – restaurant folks gather at
- Senior Center and speakers brought in

7. Which health conditions are you most interested in learning more about for you or a family member?
- Cancer
 - Illnesses in schools
 - Education on not giving medication right away (e.g. not giving antibiotic for things that may not need it) things to try at home instead
 - Bipolar/ADHD/Mental health conditions
 - Dementia/Alzheimer's – educating extended family as well
 - Immediate education with families when initial diagnosis is given to patient

Boone County Youth Focus Group

Held on February 5, 2014 from 2:30 – 3:30 pm at Albion High School in band room.

Valorie Slizoski, Social Worker with Boone County Medical Center, assisted in setting up this focus group with the Boone School Principal, Mr. Kravig.

Focus group conducted by Roberta Miksch, Deputy Director; recorder was Kaise Recek, Project Coordinator.

Nine teens present in total; 4 boys and 5 girls

Questions

1. How would you describe your community?
 - Supportive with sports
 - Small
 - Safe
 - Know everybody
 - Into sports
 - Gossipy
 - Followers – if you are different in any way you are talked about
 - Small, individualized classes – easy to get help from teachers
 - Good place to raise a family
2. What do people in your community do in their free time?
 - a) For Fun?
 - Play sports
 - Hunt
 - Enjoy nature
 - Camp
 - Lift weight
 - Bon fires
 - Drive around
 - Parties
 - X-Box/PS3
 - Swimming
 - Ping pong
 - Movies
 - County fair
 - Stock car races
 - Pumpkin chunkin’ – fall activity where adults and kids create catapults and hydraulic things to ‘shoot’ a pumpkin out of it to see how far in distance it can travel on an empty field
 - Go to the bike shop which is site where the bike shop used to be but is now out of business; teens go there and use the lot as a hang out place

b) For physical activity/sports?

- Lift weights
- Run
- Bicycle
- Football
- Baseball
- Golf
- Bowling
- Basketball
- Softball
- Wrestling
- Volleyball & sand volleyball
- Track
- Cross Country
- Tennis
- Go to fitness center
- Racquetball
- Dance
- Sledding
- Fugitive/tag
- 4 wheeling/dirt bikes
- Muddin (vehicle in mud)
- Car ball tag – group of kids who drive in cars around town and who work to get other cars 'out' by stopping, getting out of car and throwing ball at another car. If the car is hit that car and kids are 'out' of the game

c) Other extracurricular activities?

- Show animals/FFA
- Rodeo
- Boy Scouts
- Chess
- Fair projects
- Read
- Bible schools
- Speech
- FFA (Future Farmers of America)
- FCCLA (Future Career and Community Leaders of America)
- FBLA (Future Business Leaders of America)
- SADD (Students Against Destructive Decisions)
- Fishing
- Golf
- Shopping
- Watch cartoons

- Fix trucks
 - Boating/canoeing/tubing
 - Drink coffee at White Star – noted that the elderly men gather and drink coffee here in the morning
3. When you look around, what kinds of things do you see in the community that promotes health?
- Fitness Center
 - Subway restaurant
 - Hospital
 - Dentist
 - Swimming
 - Relay for Life
 - Sports
 - Chiropractor
 - Water fountains
 - Park
 - Physical therapy
 - Nursing home/assisted living
 - School: food, wellness classes, P.E.
 - Community runs

In particular to health:

4. In your opinion, what are some things that could make your community healthier?
- Healthy food places
 - Healthier vending machines outside of school
 - Would like fresh fruit or veggies at gas stations
 - Get rid of cigarettes
 - Different US president
 - Posting health messages around town
 - Get rid of booze
 - Everybody exercise daily
 - Less people in vehicles (only the elderly or those who need assistance in vehicles)
 - Cleaner
5. If you have a friend who has never visited your community before and they asked you what some of the best things about it were, what would you tell them?
- Nice people
 - Welcoming
 - Less likely to get hit by car when running
 - Fitness center
 - Hospital

- Sports complex
 - Subway restaurant
6. Of all the health issues we've talked about today, which do you think are the most important for your community to deal with?
- A lot of drinkig and smoking (high school and up)
 - Food choices (entire community)
 - Drugs (marijuana, cocaine, heroin)
7. Is there anything else you'd like to tell me about your community?
- The bowling alley in Albion closed about two years ago. Now people and those on the bowling team in high school travel to Newman Grove, about 15 miles away) to bowl or practice.
 - The town is getting a new hotel with event center in it- think it will be completed in March
 - Shorty's is an ice cream/food drive in
 - Would like a mini golf course or ice skating
 - Have a new football field or track
 - Getting a new swimming pool

With time left in the hour I asked the youth what activities their parents are involved in – their answers are below.

- Go to bar
- Go to country club to either eat or golf
- Golf
- Go to sporting events
- Adult basketball/softball
- Shopping
- Movies
- Adult volleyball (sand)
- Hunting
- Farming

Colfax Adult Focus Group Session was held Wednesday, July 23, 2014 from 5:30 to 6:30 pm at the WIC Clinic in Schuyler. Focus groups were conducted by Roberta Miksch, Deputy Director, recorder was Kaise Recek, Project Coordinator.

Six participants were in attendance, five female and one male.

Adult Focus Group Questions

1. How would you describe your community?
 - Unique
 - Not a lot of activities going on: would like to see more activities where different cultures can get together. Feel that the community in general does not know about all the different cultures that live here. Would like to see a carnival or joint activities where people could share information
 - Very accommodating to all cultures. Lots of bilingual services
 - Looks like a picture
 - Continuing to grow. Town has a lot of new stores in town and support them all.
 - Young population. The group thought they have the largest K-5 enrollment in the state.
 - Lots of jobs (Cargil)
 - Very helpful with job placement
2. How would you describe the interactions between community members of different backgrounds?
 - Poor/low interaction between cultures
 - Rich history from what it used to be known for
 - Czech and Irish Catholic Churches
 - Language barrier makes some interactions difficult
 - Parents with school age kids have the opportunity to meet more people of all cultures while their kids are in school through activities.
 - Friendly. One participant shared he was offered a ride twice while walking to the store.
3. What are some positive things in your community that contribute to your health?
 - WIC Clinic
 - Hospital/Clinics
 - Good doctors that take time to listen
 - Head Start
 - Library
 - Churches
 - Nice parks
 - Flat land (easy to ride bikes or run)
 - Less crime-feel people respect other people's property
 - Hospital offers interpreters and Language Link free to patients

- Lots of people walking or running around town
4. If a task force was being formed to improve things in your community what topics do you think they would need to address and why?
- More specialists at hospital, ex: OB GYN
 - No ICU at hospital have to go to Omaha and can be hard for family to get rides to Omaha to visit
 - More and better housing. There are lots of slum landlords in town renting bug infested houses or apartments and refuse to change the conditions. One apartment also had snakes in the toilet. Or renting a large house to several different families making them share just one bathroom.
 - Adult education/ Night school
 - People taking better care of property (lawn, weeds, and garbage)

Colfax County Youth Focus Group

Held on April 22, 2014 from 1:40 – 2:29 pm at Schuyler High School.

Focus group conducted by Roberta Miksch, Deputy Director; recorder was Kaise Recek, Project Coordinator.

Twelve teens present in total; boys and girls

Questions

1. How would you describe your community?
 - Quiet
 - Small
 - Peaceful
 - Growing
 - Very fast communication (gossip gets around fast)
 - Very ethnically diverse
2. What do people in your community do in their free time?
 - a) For Fun?
 - Text friends
 - Go to Park/Run around the park
 - Bike rides
 - Go for walks
 - Watch movies
 - Play electronic devices
 - Go to ice shop
 - Go for a cruise around town
 - Play basketball
 - Play tennis and soccer
 - Adults drink alcohol
 - Fishing
 - Go out to eat
 - Have a barbeque
 - Go to church/attend church activities
 - Watch sports like Huskers/NBA
 - 15's
 - Go camping
 - b) For physical activity/sports?
 - Go to gym
 - Play sports: soccer, dodgeball, golf, basketball, football (for youth and adults)
 - Swimming
 - Bike riding
 - Skateboarding
 - Go to park: golfing, running, skateboarding, parties for both adults and youth

- c) Other extracurricular activities?
 - S Club
 - Culture Club-Hispanic History
 - Cheerleading/Dance Team
 - FFA
 - Speech Team
 - Club Meds
 - One Act
 - FCCLA
 - Band/Marching Band/Jazz Band
 - Ambassadors-choir
3. When you look around, what kinds of things do you see in the community that promotes health?
- Gym-having a buddy system to make sure you go to the gym
 - Alegent-Creighton Memorial Hospital-Health Fairs for the general public, educational flyers (reminding people to make appointments and get tested for certain illnesses)
 - Leadership program for youth
 - Faith based youth retreats
 - Walking to school
 - School assemblies-the speakers they bring in usually have a healthy message

In particular to health:

4. In your opinion, what are some things that could make your community healthier?
- More information available regarding healthy and unhealthy things like nutrition, healthy lifestyles and diseases (felt that a lot of the population is uninformed/misinformed and would like to get correct information out)
 - Would like to see more fun runs-they have 1 a year now
 - More swings and slides in the park
 - Would like a bike trail
5. If you have a friend who has never visited your community before and they asked you what some of the best things about it were, what would you tell them?
- Easy to get to know people
 - Safe community/walking around by yourself you feel safe
 - Hanging out with friends
 - Movies
 - A lot of alcohol and drugs
 - Hang out at parks
 - Healthy food is expensive/junk food is cheap
 - African American store in town
 - A lot of churches (different denominations)

- Only diet pops are available at school and is only available certain times during the day
- Seniors in high school have open lunch
- The school cafeteria could be better
- Kids still eat wheat bread
- Translators available at hospital
- Spanish speaking doctor now in town and is very down to earth
- Physical therapy available
- Eye doctor
- Two dentists
- Fast food/convenience stores-junk food

REPORT ON THE FOCUS GROUP WITH HISPANICS INDIVIDUALS IN SCHUYLER REGARDING COMMUNITY PERCEPTION, WELLNESS AND WHAT SHOULD BE IMPROVED (2/17/2014)

The group was addressed as one group; facilitators have the question written in a flipchart where the notes were taken. The attendants were mostly women. The group had 10 minutes to answer each question and make comments as appropriate.

Answers to question #1: How would you describe your community?

The answers were not so standardized since each participant seemed to have a different perspective. Comments ranged from:

- Safe (90%)
- Not too safe (10%). (Refuse to explain)

The participants also expressed the following perceptions:

- Overpopulated
- Pretty
- Not too good, because when we have a serious medical problem they send us to Columbus, Is a community with very few medical services
- Is a community where there are not good medical services (hospital)
- Is a community that needs more activities for youth and adults 100%

Answers to question #2: How would you describe the interactions between community members of different backgrounds?

Most of the participants agreed on the lack of interaction between Hispanics of different countries of origin and also between Hispanics and not Hispanics.

The participants pointed that the youth in general has more interaction with community members of different backgrounds.

Few pointed towards antagonism between Mexican and Guatemalan, and one stated there is antagonism between Cuban origin people and the other Hispanics.

Most were in agreement that the only place where seems to be some interaction going on was in churches activities or when disaster or emergency strikes, then all help each other without minding the country of origin.

- Not too much interaction
- Each group within
- Racism (whites and Hispanics)
- Racism between Hispanics of the same race or cultures
- We don't get along bad but we don't interact
- Culture division
- Individuals from the same culture don't interact with others
- We live independently in our community from others of the same origin. Interaction between community members occurs only when there are big events, for example when there is an emergency or when someone is hurt (needs help).

- We have not too much interaction for lack of time
- We have less interaction due to parents indifference towards children school activities and do not attend group activities at school
- There is more interaction between church groups

Answers to question #3: What are some positive things in your community that contribute to your health?

The answers were not so standardized since each participant seemed to have a different perspective, but at the same time were in agreement with all the others.

The participants expressed that in general the direct factors contributing to their health were the WIC Clinic, Head Start Program, the community studies as the present focus group, asking for their concerns (and addressing them later), access to mental health, and protective agencies as the Center for Survivors.

- A lot of children
- Good schools
- Work
- There is a place to recycle
- There are Hispanic stores
- Is a safe place
- There is very little delinquency
- The police that take care of us
- The community is bigger and is growing
- The focus groups that come to our community and asks us for our opinions
- WIC
- Head Start
- Movie Theater
- Support groups like Center for Survivors
- Access to mental health

Answers to question # 4: If a task force was being formed to improve things in your community what topics do you think they would need to address and why?

Task force to increase space for exercise and leisure, to increase access to medical specialists, to diversify after school activities, and to lower the risk that railroads across town populated areas presents for the youth.

- Task force to build more parks or improve the one we have, for children's use and to walk in a safe area with no traffic, especially in the South Park ("duck park") it will be nice to add a pathway.
- Task force to help to improve medical services: bring more medical specialists to the area, including services for prenatal care, because if we need a specialist we need to go to another city. There is no OB doctor in Schuyler we have to go to Columbus.
- Task force to have more after school activities for youngsters, beside sports. Activities like: crafts, painting, arts, technical training courses (computer,

mechanic). There is a perception that these kind of activities will attract the youth and will give them a rewarding use of the free time.

- Task force to lower the high risk of the train, including detour it outside of the town for children safety. There have been several deaths including a child killed on the railroad tracks.

Answers to question # 5: Where do you go for health care?

Eight participants (8) seek Primary and Pediatric healthcare in Fremont.

One (1) seek Orthodontic care in Lincoln,

Six (6) participants (6) seek Primary and Pediatric healthcare in Columbus

Four (4) participants seek Primary and Pediatric healthcare in Schuyler

Four (4) participants seek Primary healthcare In Schuyler

One (1) participant seek Primary and dental healthcare in its country, Guatemala because of financial reasons.

Answers to question # 6: From where and how do you get most of your health information?

The participants as a whole prefer to receive the health information face to face in a group, Most of them prefer to obtain the health information from their healthcare providers and their staff.

- Internet
- Minority Health- Rosa V.
- Doctor – nurse, clinic, personal, face to face
- Flyers
- Univision.com
- Work- flyers
- Before I use to receive information through my work now we don't
- Information through mail sent by the doctors as reminders
- Friends from another state

Answers to question # 7: Which health conditions are you most interested in learning more about for you or a family member?

In this question all the participants stated clearly that they want it all, and then the facilitators decided to ask a vote for the hierarchical order for the subjects, and it was noticed that all the topics are well liked, with a slight predominance of Diabetes, Obesity and Depression.

- (14) Fourteen participants rated Diabetes & Nutrition as the first topic in the list.
- (14) Fourteen participants rated Obesity
- (14) Fourteen participants Depression
- (12) Cholesterol
- (12) Sexually Transmitted Infections (STI)
- (12) Alcohol, drug addiction and tobacco
- (11) Breast Cancer
- (11) High blood pressure

Platte Adult Focus Group Session was held Wednesday, April 16, 2014 from 5:15 to 6:15 pm at the Community Wellness Center in Columbus. Focus groups were conducted by Kaise Recek, Project Coordinator, recorder was Brenda Preister, Project Coordinator.

Ten participants were in attendance, six female and four male.

Adult Focus Group Questions

1. How would you describe your community?

- Progressive-population continues to increase
- Typical small Midwest town
- No shopping
- Supportive of people in need-lots of fundraisers
- Safe
- City is growing to meet needs of community-like the Pawnee Plunge and Cultural Center
- Great Industry
- Very Welcoming to new residents
- Very clicky-as an outsider coming in it is hard to break in

2. How would you describe the interactions between community members of different backgrounds?

- Very little interaction- everyone stays in their own groups
- Those who do not mesh with the mainstream stand out. When people are integrated into the community they stand out less
- Retail has embraced community-Hispanic stores
- Schools have done a lot for ESL, PVLA and has many interpreters
- Industry working to offer English/Spanish classes
- Town is clicky, people stay with same economic class (stated this is in every town, not just Columbus)
- Church community strong-always willing to help support and reach out to people
- Spanish mass now offered at St. Bonaventure

3. What are some positive things in your community that contribute to your health?

- A lot of work out facilities
- Growing medical community (oncology, cardiology, other specialists)
- Good rehab centers
- YMCA-new building coming, has many good health fairs
- Aquatic Center

- East Central District Health Department
 - Fun runs for both kids and adults
 - Youth sports (school sports, AYSO, CYSA, other club sports)
 - Relay For Life
 - Good walking Trails
 - New dog park
 - Community overall clean-low pollution, good water and air quality
4. If a task force was being formed to improve things in your community what topics do you think they would need to address and why?
- Drugs in both youth and adults
 - Gangs in the parks-people not going to parks because of violence and vandalism
 - Lack of law enforcement involvement-they may be under staffed?
 - There is no retail, would like to be able to shop in town rather than go out of town
 - Support youth more with increase of activities for all ages that doesn't always revolve around sports
 - Support for small businesses- extend small business hours to accommodate those who work. Stated most small businesses open after 8:00am and close by 5:00pm. Why is the mall not full or the businesses that go in there only open a short time?
 - Improvement or enforcement of properties that have trash or unkempt lawns
 - Better communication with the community
 - Columbus Transport
 - Cab Services
5. Where do you go for health care?
- Columbus Urgent Care
 - Family Practice Doctor in Columbus
 - Mexican Store-for medicine
 - Do not go to the doctor
 - Omaha for Family Practice and specialist like OBGYN
 - Norfolk for OBGYN
 - Specialist that come to Columbus a day or two are always so booked up end up going out of town for that specialist care
 - Would like to see a full time dermatologist come to Columbus
 - Out of town for pediatric dentist
6. From where and how do you get most of your health information?
- Google/internet
 - Newsletters
 - TV News
 - Newspapers-local paper and Omaha World Herald

- Pediatric Clinic Doctors and phone nurse
 - Insurance Agent
 - Family Doctor
7. Which health conditions are you most interested in learning more about for you or a family member?
- Cancer
 - Dementia
 - Allergies (food and environmental)
 - Weight Loss
 - Illnesses spreading fast-educate businesses to have more wipes and hand sanitizer available

Adult Spanish Focus Group Results (Columbus) 2-26-14

1. How would you describe your community?
 - Pretty
 - A calm community
 - A lot of people live here due to there is a lot of work
 - The community is improving
 - Where I live is not as calm/because is far and more people go to drink in this area. (a lot of beer cans, there is no police supervision in this area)
 - Before the school was close to us and now children have to the other side of Columbus (the school was there why take out)
 - In my area there is a lot of business
2. How would you describe the interactions between community members of different backgrounds?
 - Racism (whites and Hispanics)
 - Good, we get along well
 - Discrimination, attitude against Hispanic children in public places
 - Verbal offense not disserved against Hispanic in public places
 - Making fun of Hispanics in business
 - Racism between Guatemalans and Mexicans (they are friendly but they have differences)
 - Differences varies depending of each person
3. What are some positive things in your community that contribute to your health?
 - The Good Neighbor Clinic-Immunizations, payment plans, they are courteous
 - The park-to walk to maintain our health
 - The Hospital-to take care of emergencies, and they have payment plans
 - Nutrition programs at ECDHD, Promotoras,
 - Early Steps
 - WIC
4. If a task force was being formed to improve things in your community what topics do you think they would need to address and why?
 - Task force to make more schools: to open more schools on out in the community, educate on school policies
 - Task force to help to improve physical activity y health: gyms, parks and cooking classes
 - Task force to help adults learn task or craft and future to start a business
 - A task force that influence legislature to help Hispanic to get a driver license, laws and dream act
 - Task force to work on public and school transportation (children have to aboard, parents take them to bus stop and then the bus take them to school)

5. Where do you go for health care?
- Good Neighbor Clinic: dentist
 - Columbus Hospital
 - Columbus-Private Pediatrician
 - Columbus- Family Practice
 - Fremont, Dentist, Pediatric (I like how they treat the children)
 - Omaha- Dentist, Pediatric, family doctor

From where and how do you get most of your health information? 10 participants

- Good Neighbor Clinic
- TV
- Radio
- Flyers
- Internet
- read (5)
- Group (10)
- Video (0)
- Face/ Face (10)
- Which health conditions are you most interested in learning more about for you or a family member? 10 participants
- (10)Diabetes (nutrition)
- (10) Breast cancer
- (8) High blood pressure
- (8)Obesity
- 8)Cholesterol
- (5) Sexual Transmitted disease (Special for Youth)
- (3) CPR- First Aid

Platte County Youth Focus Group Session was held Saturday, March 15, 2014 from 10-11 am at the YMCA in Columbus. Focus groups were conducted by Kaise Recek, Project Coordinator and recorder was Brenda Preister, Project Coordinator.

Six participants were in attendance, four female and two male.

Youth Focus Group Questions

1. How would you describe your community?
 - Small
 - Close knit, everybody knows everyone
 - Big on industry
 - Very diverse (ethnically)
 - Boring, nothing to do
 - Lots of pizza places
 - Very supportive community, lots of fundraiser's to help people out in need
2. What do people in your community do in their free time?
 - a) For Fun?
 - Drive Around
 - Hang out with family and friends
 - Go out to eat
 - Go to movies
 - Go bowling
 - Rollerblade at Wishbones
 - Have bonfires
 - Go fishing
 - b) For physical activity/sports?
 - Go to YMCA
 - Use walking trails
 - After school sports- school affiliated teams
 - Athletic Republic
 - Dance Class (Barbs)
 - Go to Water Park
 - Use CHS track
 - Frisbee Golf
 - Golf
 - c) Other extracurricular activities?
 - Youth For Christ
 - FCA (Fellowship of Christian Athletes)
 - Young Parents Group and Youth For Christ
 - Boy/Girl Scouts

- Revolution-Center for Survivors
 - After schools sports
3. When you look around, what kinds of things do you see in the community that promotes health?
- Billboards around town
 - Lots of fitness buildings/centers
 - Columbus Community Hospital
 - Urgent Care
 - YMCA
 - Aquatic Center
 - Many doctors in town-people going and keeping appointments with them including specialists
 - Produce section in grocery stores
 - Food Pantry
 - Mrs. Kamrath-school nurse at Columbus High School
 - Hand hygiene signs in a lot of public bathrooms
 - Law Enforcement
 - Jobs encouraging/forcing employees to make better decisions through wellness programs like smoking and physical activity

In particular to health:

4. In your opinion, what are some things that could make your community healthier?
- Updating the YMCA (the YMCA is cheaper for a membership than other places in town but people prefer a newer facility)
 - Less fast food options
 - Have organic sections at grocery stores
 - Make sure people are going to doctor when sick
 - Making sure people are getting vaccinated
 - Have a Color Run, would like to see more fun options for community exercise like different runs
 - Start having classes or programs to gain more information on nutrition or a cooking class
 - Highway trash pick up
 - Decreasing alcohol use in youth and adults
5. If you have a friend who has never visited your community before and they asked you what some of the best things about it were, what would you tell them?
- Nice football field and track at Memorial Stadium
 - Bike Trails
 - Pawnee Park
 - Updated hospital
 - Urgent Care

- Easy to get places in town, does not take long to get places
 - Many good choices for physical therapy (easy to get in for rehab if needed)
 - Not hard for teenagers to find a job that is not in fast food
 - Many physical jobs to stay active for youth like mowing, landscaping, farming
 - Rescue Mission
 - Salvation Army
 - Good support groups, Meals on Wheels, Youth For Christ, Center for Survivors
 - Many opportunities to volunteer
6. Of all the health issues we've talked about today, which do you think are the most important for your community to deal with?
- Alcohol consumption in youth and adults
 - Underage drinking
 - Would like to see a good family workout facility
 - More family activities centered around exercise offering opportunity to also educate on good choices like a color run with education for families to pick up after the run
 - Tobacco use education. Not just to stop smoking but information on why not to start and other general information about tobacco
 - Offer some type of nutrition/cooking class
 - Promote healthier food choices by making it easier to get healthy food or organic food. Make healthier options cheaper in places with bad food options for people to buy that instead. No more fast food/pizza places in town!
 - More litter clean up especially in high school parking lots
 - Keeping parks clean especially the bathrooms
7. Is there anything else you'd like to tell me about your community?
- They would like to see a fun center for teens at night and on weekends. A place they can go and to go karts, basketball, bowling, dance etc. They feel a place for teens to go that has many options in one place will keep kids there and out of trouble. Now if they go bowling and if they want to go to a movie, for example, it is two stops and they are more likely to go find something else to do. Ideally a place that they can stay and have things to do for a few hours.
 - Would like to see all grocery stores have hand sanitizer wipes for the carts or to watch when they are out of them.

Appendix C. MAPP Forces of Change Assessment

MAPP Forces of Change Assessment East Central Health District December 2 2014

Attendance:

Austin Gillard	James Goulet	Pat Heimes
Bonnie McPhillips	Jamie Rodriguez	Rebecca Rayman
Caitlin Pleas	Jim Scow	Roberta Miksch
Carolyn Fehringer	K.C. Belitz	Rosalba Valerio
Colleen Svoboda	Kaise Recek	Sachin Bagade
Connie Peters	Martin Nore	Tammy Bichlmeier
Dana Spindola	Michael Hansen	Victor Lee
Dave Palm	Nina Baldwin	

Ester Mae Cox – Facilitator/Producer of Adobe Connect/Virtual Meeting

What are the forces of change?

Forces are broad all-encompassing category that includes

- TRENDS – patterns over time, such as migration in and out of a community or a growing disillusionment with government
- FACTORS – discrete elements, such as community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway
- EVENTS – one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation

Some Common Categories...

- ☐ *Political*
- ☐ *Economic*
- ☐ *Social*
- ☐ *Technological*
- ☐ *Environmental*
- ☐ *Scientific*
- ☐ *Legal*
- ☐ *Ethical*

Focus Question:

What is occurring or might occur in the next 3 years (January 2015 to December 2017) that affects the health (viability, function, quality) of our 4-county service area?

Sorting Brainstorm Ideas Into Categories

POLITICAL

- New Immigration Law
- Implementation of Medicaid expansion for the state
- Continued implementation of the affordable care act
- Government leadership/President
- Dissection of the Affordable Care Act by the new Congress.
- Change in federal leadership with a more conservative atmosphere
- Issues with Commercial Insurers
- Affordable Care Act
- Political mood of the country (Healthcare)
- Changes in the health insurance market with possible higher insurance costs for companies and individuals
- Political climate affecting health issues
- New president, new party
- New state administration and questions on what will be the priorities for funding
- Mental Health System is broke
- Unrest due ISIS may increase threat of terrorist attacks
- Health services for veterans

ECONOMIC

- Insurance coverage, i.e. Catholic Health Initiatives
- Opening of the Wellness Center in Columbus
- Participation in the Wellness Center
- New wellness center to open in Columbus in 2015
- ECDHD move to new building
- Percentage of people under the poverty line
- Aging Baby Boomers going into retirement.
- Variety of new community facilities that are being built
- Higher percentage of families living in poverty
- More single parent families more poverty in this group
- Hopefully the increase in the minimum wage will help some families become more stable
- Reimbursement shift from fee for service to population health management
- Continued availability of grant opportunities – More healthcare regulations such as ICD-10, Medicare G codes, Meaningful use
- Shortage of General Practitioners/MD's
- Aging infrastructure- Bridges, roads, sewer systems
- Health services for veterans

SOCIAL

- Ongoing growth in cultural diversity
- E-cigarette regulations
- Childhood obesity
- Drug and Alcohol abuse
- Synthetic drugs, K2 etc.
- Increase of children & families who face poverty struggles - especially single parents
- Substance abuse
- Poverty
- Drugged and drunk driving
- Percentage of people under the poverty line
- Texting and driving
- More need for childcare because so many more single mothers
- Have seen an increase in the use of marijuana by youth
- Aging Baby Boomers going into retirement.
- Demographics: Aging Population

- More immigrants
- E-cigarette use among youth
- Changing family units with more single parent families
- Aging healthcare workforce
- End of life care
- Language barrier within the communities we serve
- Increase in suicide rates
- Legalization of marijuana in nearby states and across the country
- Mental Health System is broke
- Aging population and meeting their healthcare needs
- Increase in the minority population, especially with youth and young adults
- Shortage of General Practitioners/MD's

TECHNOLOGICAL

- Better and faster surveillance systems for infectious diseases
- Tele-Health via a broadband (internet) connection
- Children with less connection to real in person people - more connection to electronic media and a loss of social skills
- Cyber security
- Service Point information system for providers
- Electronic medical records

ENVIRONMENTAL

- Emerging diseases
- Ebola and other communicable diseases that can spread quickly around the globe
- Tornados, flooding
- Ebola Virus
- Obesity adults and children
- Synthetic drugs, K2 etc.
- Substance abuse
- Poverty
- Drugged and drunk driving
- Texting and driving
- Cancer prevalence
- E-cigarette use among youth
- Overweight and obese adults and children

SCIENTIFIC

- New Drug developments and new vaccines
- E-cigarettes not being regulated by FDA could be scientific
- Vaccine for Ebola
- New evidence based practices
- Surgery that is more and more outpatient

LEGAL

- Driving while texting or talking on the phone
- E-cigarette use among youth
- End of life care
- Legalization of marijuana in nearby states and across the country

ETHICAL

- Ethical issues on assisted suicide

- End of life care
- Mental Health System is broke
- Health services for veterans

Priority Voting – Select Top 5 priorities from the Brainstorm List

Rank	Item	%	N	
1 (tie)	Poverty	52.6	10	
	Higher percentage of families living in poverty	15.7	3	
	Percentage of people under the poverty line	5.26	1	14
2 (tie)	Affordable Care Act	57.8	11	
	Dissection of the Affordable Care Act by the new Congress	5.26	1	
	Continued implementation of the Affordable Care Act	5.26	1	
	Changes in the health insurance market with possible higher insurance costs for companies & individuals	5.26	1	14
3 (tie)	Mental health system is broke	42.1	8	
	Mental health system is broke	5.26	1	
	Mental health system is broke	15.7	3	12
3 (tie)	Drug & alcohol abuse	42.1	8	
	Legalization of marijuana in nearby states & across country	5.26	1	
	Synthetic drugs, K2, etc.	5.26	1	
	Substance abuse	10.5	2	12
5	On-going growth in cultural diversity	31.5	6	
	Increase in minority population especially with youth & young adults	5.26	1	
	More immigrants	5.26	1	
	New immigration law	15.7	3	11
6	Obesity adults & children	36.8	7	
	Overweight & obese adults & children	5.26	1	8
7	Variety of new community facilities that are being built	21.0	4	
	Participation in the Wellness Center	15.7	3	7
8 (tie)	Demographics: Aging population	10.5	2	
	Aging population & meeting their healthcare needs	10.5	2	4
8 (tie)	Implementation of Medicaid expansion for the State	21.0	4	4
	Driving while texting or talking on the phone	5.26	1	

	Texting and driving	5.26	1	2
	Cancer prevalence	5.26	1	
	New evidence based practices	5.26	1	
	Tornadoes, flooding	5.26	1	
	Emerging diseases	5.26	1	
	Tele-Health via a broadband (internet) connection	5.26	1	
	Aging healthcare workforce	5.26	1	
	Reimbursement shift from fee for service to population health management	5.26	1	

Raw Data – edited only with spelling corrections

Brainstorming:

What is occurring or might occur in the next 3 years that affects the health (viability, function, quality) or our 4-county service area?

- Sachin Bagade: New Immigration Law
- Sachin Bagade: Emerging diseases
- Rebecca Rayman: Ebola and other communicable diseases that can spread quickly around the globe
- Roberta Miksch: insurance coverage, i.e. Catholic Health Initiatives
- Nina Baldwin: Tornadoes, flooding
- K.C. Belitz: ongoing growth in cultural diversity
- Victor Lee: Implementation of Medicaid expansion for the state
- Michael Hansen: Continued implementation of the affordable care act
- Tammy Bichlmeier: Opening of the Wellness Center in Columbus
- Roberta Miksch: government leadership/President
- Victor Lee: Dissection of the Affordable Care Act by the new Congress.
- Jamie RODriguez: E-cigarette regulations
- Rebecca Rayman: Change in federal leadership with a more conservative atmosphere
- Michael Hansen: Issues with Commercial Insurers
- Sachin Bagade: childhood obesity
- Martin Nore: Affordable Care Act, Ebola Virus, Participation in the Wellness Center
- Kaise Recek: Obesity adults and children
- Bonnie McPhillips: New wellness center to open in Columbus in 2015
- James Goulet: Political mood of the country (Healthcare)
- Sachin Bagade: ECDHD move to new building
- Michael Hansen: Drug and Alcohol abuse
- Kaise Recek: Synthetic drugs, K2 etc.
- Tammy Bichlmeier: Increase of children & families who face poverty struggles - especially single parents
- Roberta Miksch: Substance abuse
- Rebecca Rayman: Changes in the health insurance market with possible higher insurance costs for companies and individuals
- Michael Hansen: Poverty
- Jamie Rodriguez: drugged and drunk driving
- James Goulet: Percentage of people under the poverty line
- Jamie Rodriguez: texting and driving

- Pat Heimes: New wellness center in our community, more need for childcare because so many more single mothers
- Bonnie McPhillips: Political climate affecting health issues
- Michael Hansen: Driving while texting or talking on the phone
- Tammy Bichlmeier: have seen an increase in the use of marijuana by youth
- Sachin Bagade: Cancer prevalence
- Martin Nore: Aging Baby Boomers going into retirement.
- K.C. Belitz: variety of new community facilities that are being built
- Michael Hansen: Demographics: Aging Population
- Rebecca Rayman: More immigrants, from more countries such as Sudan, that bring challenges to the local community with communication needs in schools, clinics, hospitals, and businesses
- Jamie Rodriguez: e-cigarette use among youth
- Bonnie McPhillips: Higher percentage of families living in poverty
- Roberta Miksch: Overweight and obese adults and children
- Dana Spindola: Better and faster surveillance systems for infectious diseases
- Rebecca Rayman: More single parent families more poverty in this group
- Tammy Bichlmeier: hopefully the increase in the minimum wage will help some families become more stable
- Sachin Bagade: New president, new party
- Roberta Miksch: changing family units with more single parent families
- Rebecca Rayman: Aging healthcare workforce
- Bonnie McPhillips: Ethical issues on assisted suicide
- Martin Nore: Tele-Health via a broadband (internet) connection
- Tammy Bichlmeier: New state administration and questions on what will be the priorities for funding
- Michael Hansen: End of life care
- Jamie Rodriguez: language barrier within the communities we serve
- Connie Peters: reimbursement shift from fee for service to population health management
- Michael Hansen: Increase in suicide rates
- Caitlin Pleas: legalization of marijuana in nearby states and across the country
- James Goulet: Continued availability of grant opportunities
- Michael Hansen: Mental Health System is broke
- Sachin Bagade: Unrest due ISIS may increases threat of terrorist attacks
- Rebecca Rayman: Children with less connection to real in person people - more connection to electronic media and a loss of social skills
- Michael Hansen: Cyber security
- Tammy Bichlmeier: aging population and meeting their healthcare needs
- Rebecca Rayman: More healthcare regulations such as ICD-10, Medicare G codes, Meaningful use
- Tammy Bichlmeier: increase in the minority population, especially with youth and young adults
- Bonnie McPhillips: Shortage of General Practitioners/MD's
- Rebecca Rayman: Aging infrastructure- Bridges, roads, sewer systems
- Rebecca Rayman: Scientific: New Drug developments and new vaccines
- Jamie Rodriguez: e-cigarettes not being regulated by FDA could be scientific
- Sachin Bagade: vaccine for Ebola
- Caitlin Pleas: New evidence based practices - scientific
- Rebecca Rayman: Scientific: Surgery that is more and more outpatient
- Pat Heimes: Service Point information system for providers
- Martin Nore: Technology - electronic medical records
- Sachin Bagade: health services for veterans

Screen Shots of the Priority Voting



<input type="checkbox"/> Increase of children & families who face poverty struggles - especially single parents		0% (0)
<input type="checkbox"/> Substance abuse		10.5... (2)
<input type="checkbox"/> Poverty		52.6... (10)
<input type="checkbox"/> drugged and drunk driving		0% (0)
<input type="checkbox"/> Percentage of people under the poverty line		0% (0)
<input type="checkbox"/> texting and driving		5.26% (1)
<input type="checkbox"/> more need for childcare because so many more single mothers		0% (0)
<input type="checkbox"/> have seen an increase in the use of marijuana by youth		0% (0)
<input type="checkbox"/> Aging Baby Boomers going into retirement.		0% (0)
<input type="checkbox"/> Demographics: Aging Population		10.5... (2)
<input type="checkbox"/> More immigrants		5.26% (1)
<input type="checkbox"/> e-cigiratte use amoung youth		0% (0)
<input type="checkbox"/> changing family units with more single parent families		0% (0)
<input type="checkbox"/> Aging healthcare workforce		5.26% (1)
<input type="checkbox"/> End of lfe care		0% (0)
<input type="checkbox"/> language barrier within the communities we serve		0% (0)
<input type="checkbox"/> Increase in suicide rates		0% (0)
<input type="checkbox"/> legalization of marijuana in nearby states and across the country		0% (0)
<input type="checkbox"/> Mental Health System is broke		15.7... (3)
<input type="checkbox"/> aging population and meeting their healthcare needs		10.5... (2)
<input type="checkbox"/> increase in the minority population, especially with youth and young adults		5.26% (1)
<input type="checkbox"/> Shortage of General Practitisioners/MD's		0% (0)
<input type="checkbox"/> Better and faster surveillance systems for infectious diseases		0% (0)
<input type="checkbox"/> Tele-Health via a broadband (internet) connection		5.26% (1)
<input type="checkbox"/> Children with less connection to real in person people - more connection to electronic media and a loss of social skills		0% (0)
<input type="checkbox"/> Cyber security		0% (0)
<input type="checkbox"/> Service Point information system for providers		0% (0)
<input type="checkbox"/> electronic medical records		0% (0)
<input type="checkbox"/> Emerging diseases		5.26% (1)
<input type="checkbox"/> Ebola and other communicable diseases that can spread quickly around the globe		0% (0)
<input type="checkbox"/> Tornados, flooding		5.26% (1)
<input type="checkbox"/> Ebola Virus		0% (0)
<input type="checkbox"/> Obesity adults and children		36.8... (7)
<input type="checkbox"/> Synthetic drugs, K2 etc		0% (0)
<input type="checkbox"/> Substance abuse		0% (0)
<input type="checkbox"/> Poverty		0% (0)
<input type="checkbox"/> drugged and drunk diving		0% (0)
<input type="checkbox"/> texting and driving		0% (0)
<input type="checkbox"/> Cancer prevalence		5.26% (1)
<input type="checkbox"/> e-cigiratte use amoung youth		0% (0)
<input type="checkbox"/> Overweight and obese adults and children		5.26% (1)
<input type="checkbox"/> New Drug developments and new vaccines		0% (0)
<input type="checkbox"/> e-cigiratttes not being regulated by FDA could be scientific		0% (0)
<input type="checkbox"/> vaccine for ebola		0% (0)

<input type="checkbox"/> New evidence based practices		5.26% (1)
<input type="checkbox"/> Surgery that is more and more outpatient		0% (0)
<input type="checkbox"/> Driving while texting or talking on the phone		5.26% (1)
<input type="checkbox"/> e-cigiratte use amoung youth		0% (0)
<input type="checkbox"/> End of lfe care		0% (0)
<input type="checkbox"/> legalization of marijuana in nearby states and across the country		5.26% (1)
<input type="checkbox"/> Ethical issues on assisted suicide		0% (0)
<input type="checkbox"/> End of lfe care		0% (0)
<input type="checkbox"/> Mental Health System is broke		5.26% (1)

Appendix D. The Local Public Health System Assessment (a selection from the full report)

Results

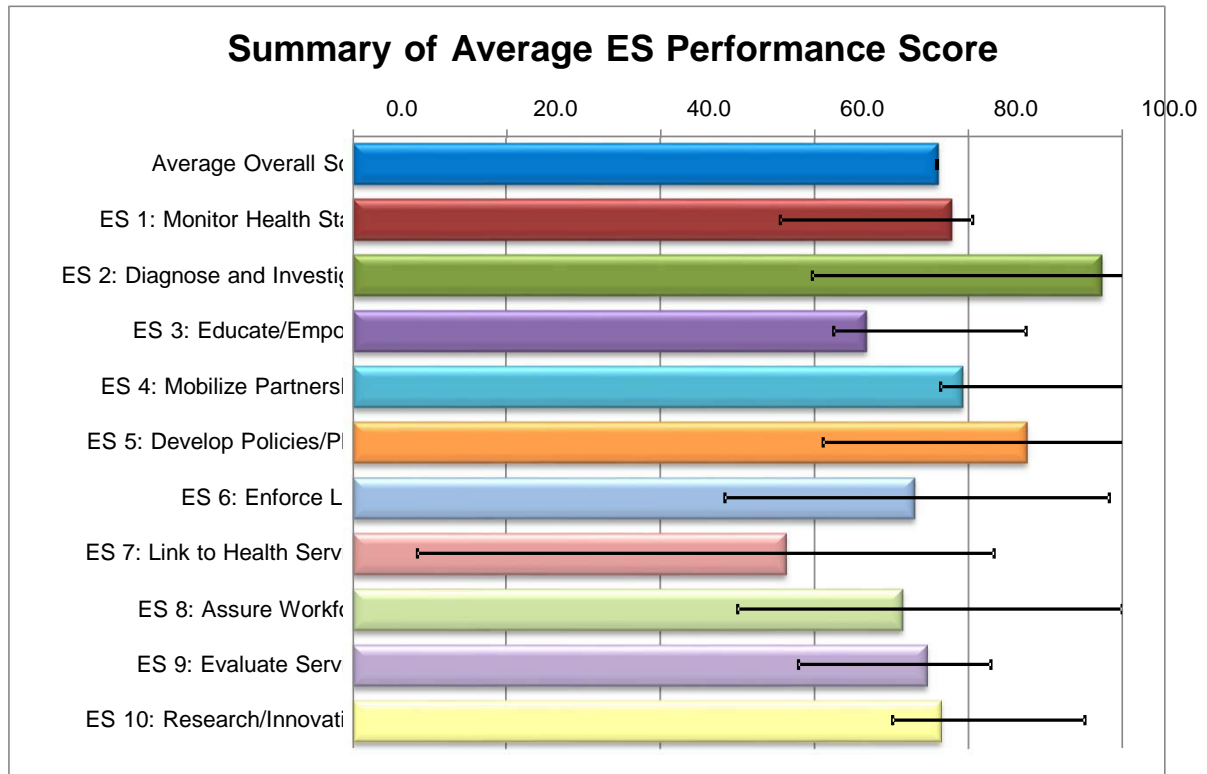
Now that your assessment is completed, one of the most exciting, yet challenging opportunities is to begin to review and analyze the findings. As you recall from your assessment, the data you created now establishes the foundation upon which you may set priorities for performance improvement and identify specific quality improvement (QI) projects to support your priorities.

Based upon the responses you provided during your assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Take a look at the overall performance scores for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.

Overall Scores for Each Essential Public Health Service

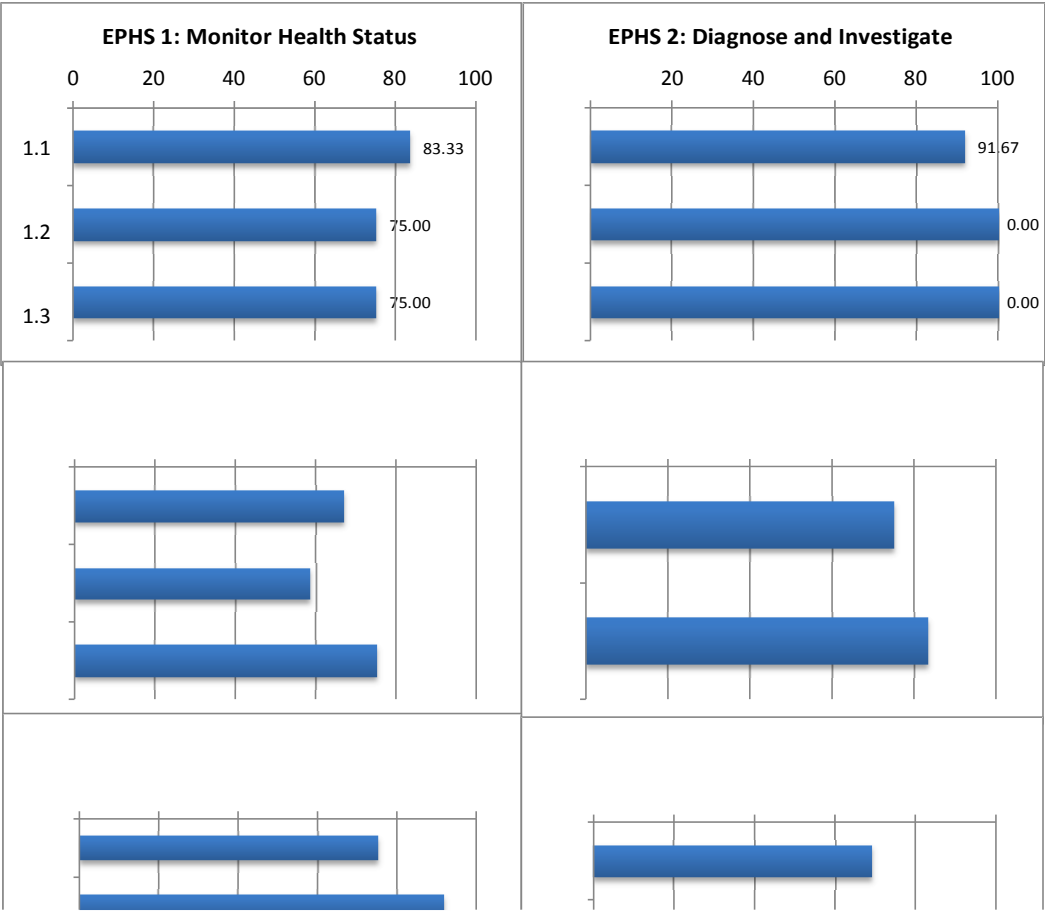
Figure 2. Summary of Average Essential Public Health Service Performance Scores

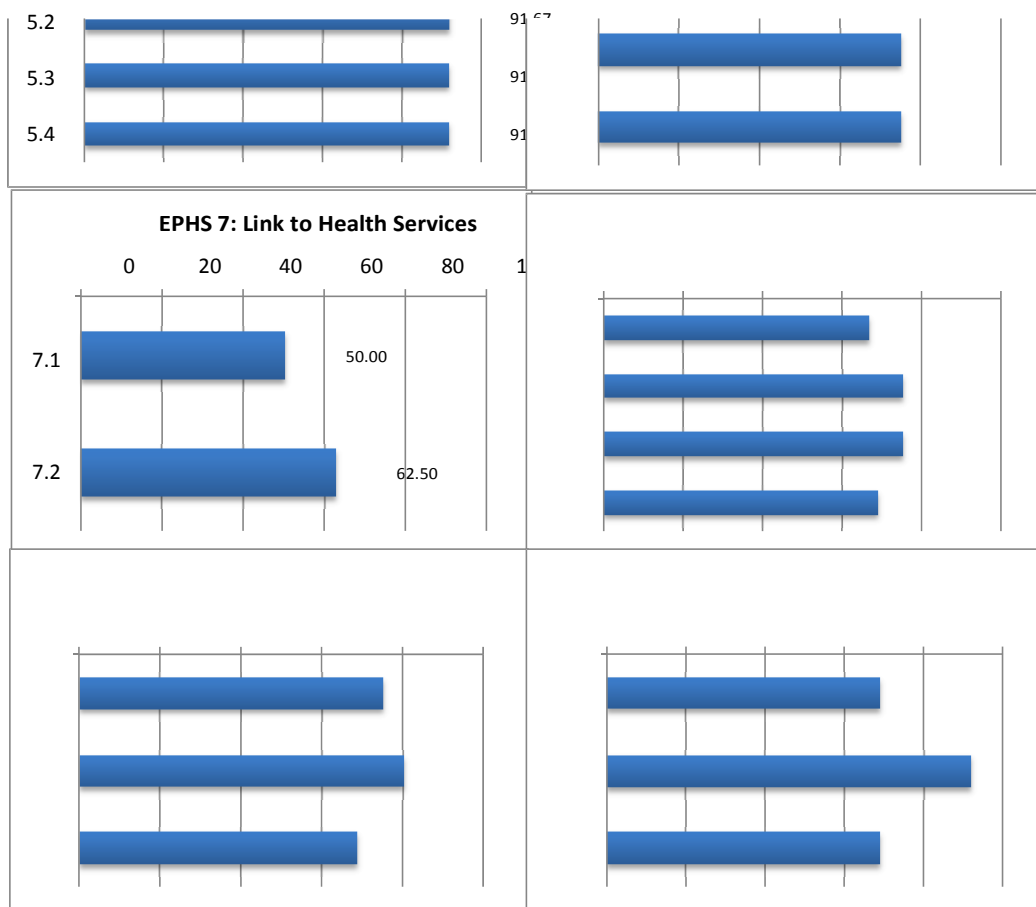


Performance Scores by Essential Public Health Service for Each Model Standard

Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.

Figure 3. Performance Scores by Essential Public Health Service for Each Model Standard





In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Note – The priority rating and agency contribution scores will be blank if the Priority of Model Standards Questionnaire and the Agency Contribution Questionnaire are not completed.

Table 2. Overall Performance, Priority, and Contribution Scores by Essential Public Health

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	77.8		
1.1 Community Health Assessment	83.3		
1.2 Current Technology	75.0		
1.3 Registries	75.0		
ES 2: Diagnose and Investigate	97.2		
2.1 Identification/Surveillance	91.7		
2.2 Emergency Response	100.0		
2.3 Laboratories	100.0		
ES 3: Educate/Empower	66.7		
3.1 Health Education/Promotion	66.7		
3.2 Health Communication	58.3		
3.3 Risk Communication	75.0		
ES 4: Mobilize Partnerships	79.2		
4.1 Constituency Development	75.0		
4.2 Community Partnerships	83.3		

ES 5: Develop Policies/Plans	87.5		
5.1 Governmental Presence	75.0		
5.2 Policy Development	91.7		
5.3 CHIP/Strategic Planning	91.7		
5.4 Emergency Plan	91.7		
ES 6: Enforce Laws	72.9		
6.1 Review Laws	68.8		
6.2 Improve Laws	75.0		
6.3 Enforce Laws	75.0		
ES 7: Link to Health Services	56.3		
7.1 Personal Health Service Needs	50.0		
7.2 Assure Linkage	62.5		
ES 8: Assure Workforce	71.4		
8.1 Workforce Assessment	66.7		
8.2 Workforce Standards	75.0		
8.3 Continuing Education	75.0		
8.4 Leadership Development	68.8		
ES 9: Evaluate Services	74.6		
9.1 Evaluation of Population Health	75.0		
9.2 Evaluation of Personal Health	80.0		
9.3 Evaluation of LPHS	68.8		
10.2 Academic Linkages	91.7		
10.3 Research Capacity	68.8		

Performance Relative to Optimal Activity

Figures 4 and 5 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.

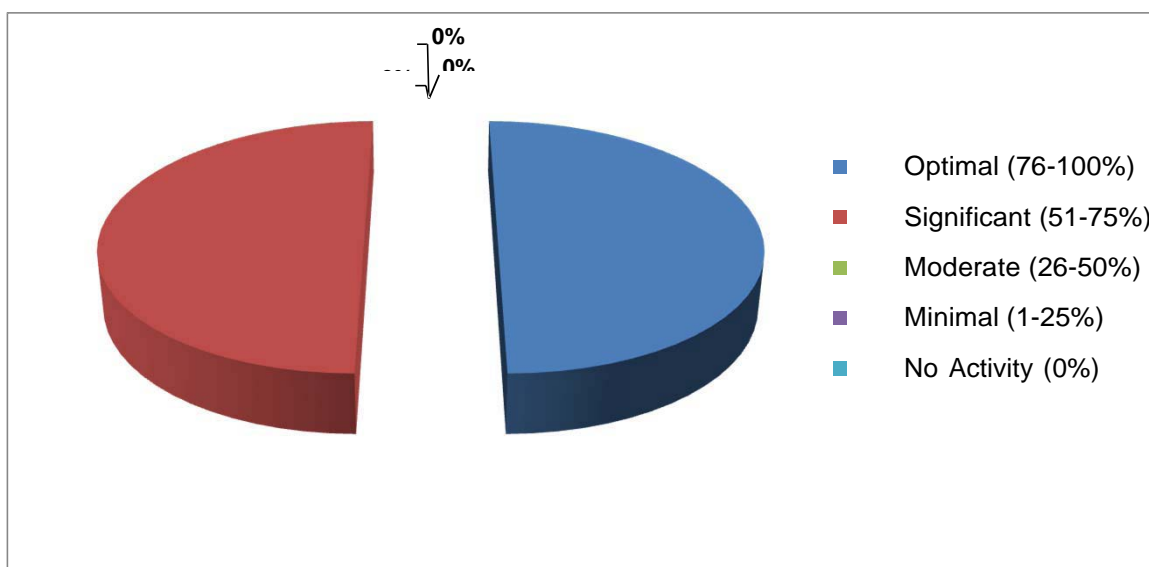
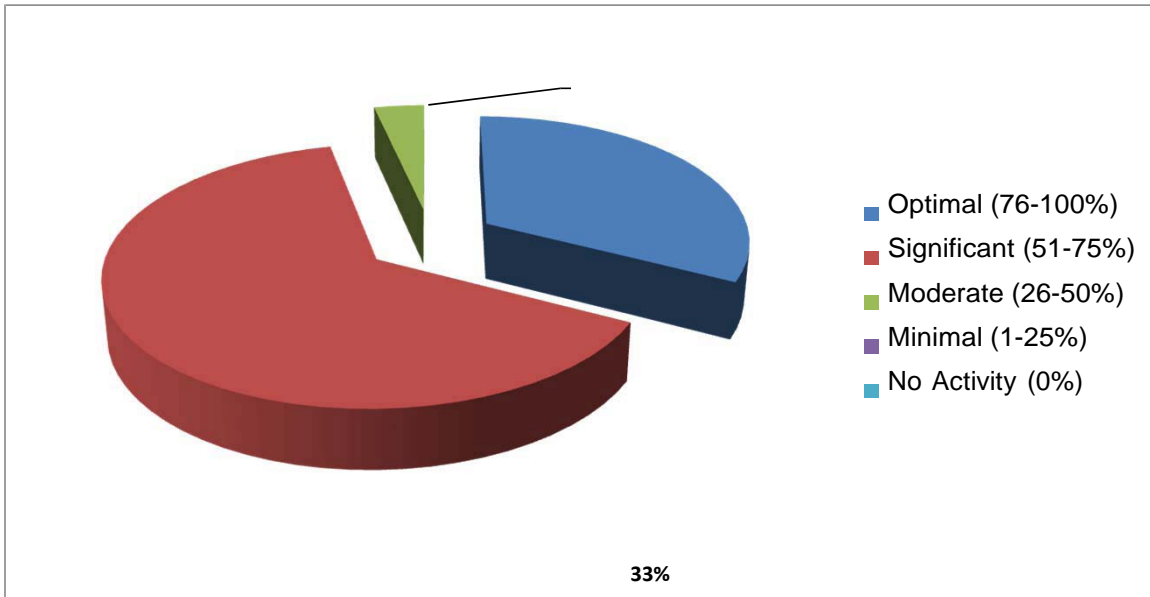


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



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