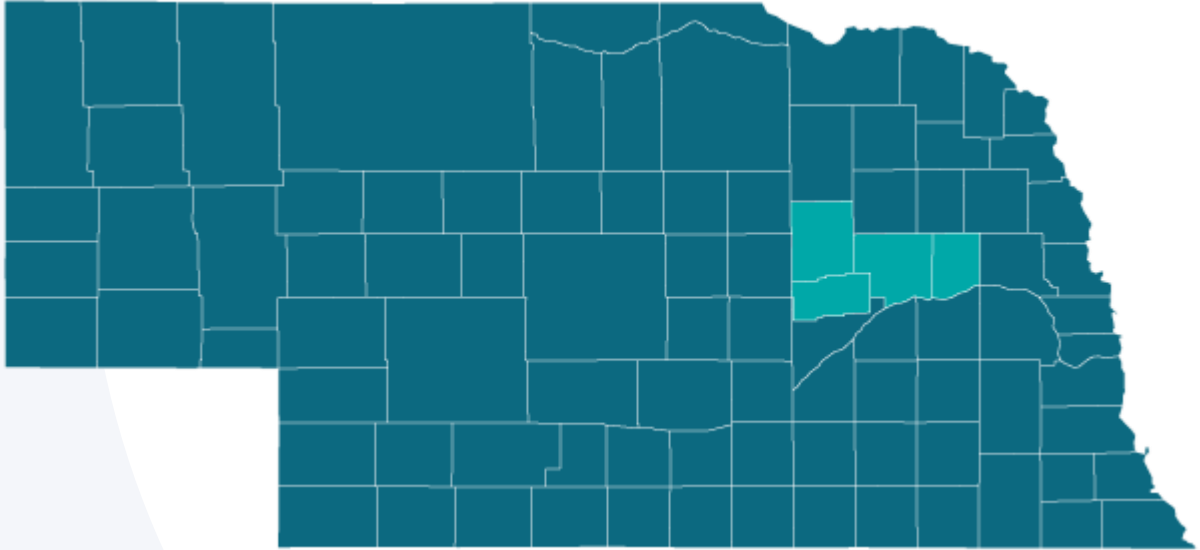


DELIVERED BY:



2024 EAST CENTRAL DISTRICT COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT

Boone, Nance, Colfax, & Platte Counties, Nebraska



TABLE OF CONTENTS

NOTE FROM EAST CENTRAL DISTRICT PARTNERS	3
ACKNOWLEDGEMENTS	4
INTRODUCTION	5
WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)?	
OVERVIEW OF THE PROCESS	
STEP 1: PLAN AND PREPARE FOR THE ASSESSMENT	8
BRIEF SUMMARY OF 2021 CHNA	
WRITTEN PUBLIC COMMENTS TO 2021 CHNA	
EAST CENTRAL DISTRICT'S 2021-2023 PRIORITY HEALTH NEEDS	
AND IMPACT EVALUATION OF IMPLEMENTED STRATEGIES	
STEP 2: DEFINE EAST CENTRAL DISTRICT'S SERVICE AREA	11
DEMOGRAPHICS AT-A-GLANCE	
THINGS PEOPLE LOVE ABOUT THE COMMUNITY	
TOP COMMUNITY PRIORITIES	
STEPS 3-5: IDENTIFY, UNDERSTAND AND INTERPRET THE DATA	17
SECONDARY DATA COLLECTION	
Assessment of Health Needs Using Secondary Data	
Review of 2021 CHNA Data	
PRIMARY DATA COLLECTION	
Key Informant Interviews, Focus Groups, Community Member Survey and Ranking of Health Needs	
2024 HEALTH NEEDS: COMMUNITY CONDITIONS (IN ORDER AS RANKED BY THE PUBLIC)	24
#1: Access to Childcare.....	25
#2: Substance Use.....	26
#3: Housing and Homelessness (Economic Stability).....	28
#4: Access to Healthcare.....	30
#5: Nutrition and Physical Health.....	33
#6: Food Insecurity.....	36
#7: Preventive Care and Practices.....	38
#8: Income/Poverty/Employment (Economic Stability).....	40
#9: Education (Economic Stability).....	42
#10: Adverse Childhood Experiences.....	44
#11: Transportation (Economic Stability).....	45
#12: Tobacco and Nicotine Use.....	47
#13: Crime and Violence.....	49
#14: Internet Access.....	50
#15: Environmental Conditions.....	51
Sleep (not ranked).....	52
2024 HEALTH NEEDS: HEALTH OUTCOMES (IN ORDER AS RANKED BY THE PUBLIC)	53
#1: Mental Health.....	54
#2: Chronic Diseases.....	56
#3: Maternal, Infant, and Child Health.....	60
#4: HIV/AIDS and Sexually Transmitted Infections (STIs).....	63
#5: Injuries.....	65
LEADING CAUSES OF DEATH IN EAST CENTRAL DISTRICT	66
IDEAS FOR CHANGE FROM OUR COMMUNITY	67
CURRENT PARTNERS AND RESOURCES ADDRESSING PRIORITY HEALTH NEEDS	69
STEP 6: DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS	72
CONCLUSION AND NEXT STEPS	74
APPENDICES	
APPENDIX A: BENCHMARK COMPARISONS.....	76
APPENDIX B: IMPACT AND PROCESS EVALUATION.....	78
APPENDIX C: KEY INFORMANT INTERVIEW PARTICIPANTS.....	91
APPENDIX D: FOCUS GROUP PARTICIPANTS.....	97
APPENDIX E: COMMUNITY MEMBER SURVEY.....	99
APPENDIX F: IRS CHNA REQUIREMENTS CHECKLIST.....	108
APPENDIX G: PHAB CHA REQUIREMENTS CHECKLIST.....	112
APPENDIX H: REFERENCES.....	114

A NOTE FROM EAST CENTRAL DISTRICT PARTNERS



East Central District Partners in Nebraska (including East Central District Health Department, Boone County Health Center, CHI Health Schuyler, Columbus Community Hospital, Genoa Medical Facilities, and Good Neighbor Community Health Center) strive to bring together people and organizations to improve community wellness. The community health needs assessment process is one way we can live out our mission. In order to fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2024 East Central District Partners partnered to conduct a comprehensive Community Health Needs Assessment (CHNA) to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the region's residents. The results also enable community members to measure impact and strategically establish priorities to then develop interventions and align resources.

East Central District Partners and their many health partners conduct CHNAs for measuring and addressing the health status of the East Central District community. We have chosen to assess East Central District, Nebraska (including Boone, Colfax, Nance, and Platte Counties) as our community because this is where we, and those we serve, live and work. We collect both quantitative and qualitative data in order to make decisions on how to better meet the health needs of our community. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision-making concerning future programs and health resources.

The 2024 East Central District CHNA would not have been possible without the help of numerous East Central District organizations, acknowledged on the following pages. It is vital that assessments such as this continue so we know where to direct our resources and use them in the most advantageous ways.

The work of public health is a community job that involves individual facets, including our community members, working together to be a thriving community of health and well-being at home, work, and play.

More importantly, the possibility of this report relies solely on the participation of individuals in our community who committed to participating in interviews and completing our community member survey. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, praises, and behaviors.

Sincerely,

Terri Ford-Wolfgram

Terri Ford-Wolfgram

Chief Executive Officer

East Central District Health Department

Good Neighbor Community Health Center

ACKNOWLEDGEMENTS



This Community Health Needs Assessment (CHNA) was made possible thanks to the collaborative efforts of East Central District Partners, community partners, local stakeholders, non-profit partners and community residents (listed below). Their contributions, expertise, time and resources played a critical part in the completion of this assessment.

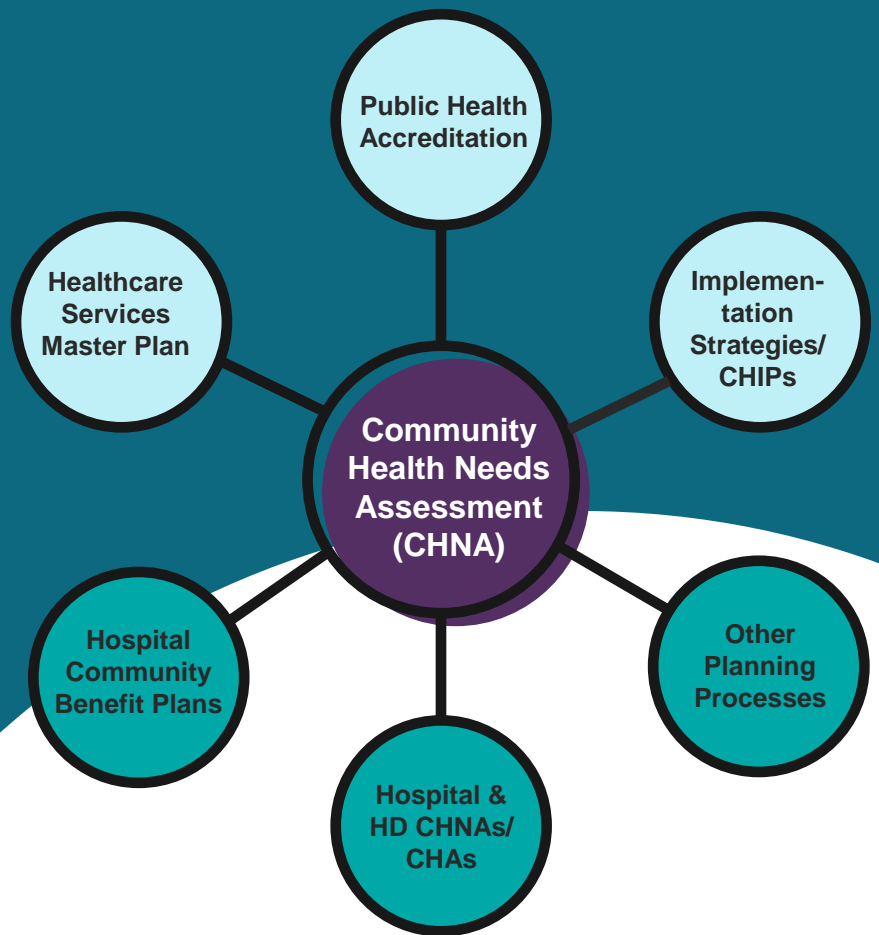
EAST CENTRAL DISTRICT PARTNERS WOULD LIKE TO RECOGNIZE THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

Alcoholics Anonymous in Nebraska	Fisher's and Richland Schools
Applied Connective Technologies	Fullerton Area Senior Center
Augustana Lutheran Church	Genoa Community Bank
Behlen Manufacturing	Genoa Lions Club
Boone Central Schools	Genoa Medical Facilities
Boone County Commissioners	Good Neighbor Community Health Center
Boone County Health Center	Heartland Workers
Camaco, LLC	Jarecki Law
Cargill Schuyler Plant	Kruse Farms
Cedar Rapids Community Club	Lakeview Community Schools
Center for Survivors	Levander Funeral Homes
Central Community College, Columbus Campus	Lindsay Corporation
Central Nebraska Community Action Partnership -	Loup Public Power
Headstart	Nebraska Department of Economic
CHI Health Schuyler	Development
City of Columbus	Nor-AM Cold Storage
Colfax Senior Center	Palmer Eye Care
Columbus/Platte County Convention & Visitors Bureau	Pillen Family Farms
Columbus Area Chamber of Commerce	Pinnacle Bank
Columbus Area United Way	Platte County Employees
Columbus Catholic Schools	Platte Valley Literacy Association
Columbus Children's Healthcare	Schuyler Community Development
Columbus City Council	Schuyler Community Schools
Columbus Community Hospital	Schuyler Middle School
Columbus Community Hospital Foundation	Schuyler Police Department/Colfax County
Columbus Family Practice Providers	Seekers of Serenity
Columbus Family YMCA	Sixpence Early Learning Program
Columbus High School	St. Edward Public School
Columbus Medical Center	University of Nebraska Lincoln
Commonwealth Electric	Village of Cedar Rapids
COR Therapeutics Services	Wagon Hammer Ranch

The 2024 East Central District CHNA report was prepared by Moxley Public Health, LLC, (www.moxleypublichealth.com) an independent consulting firm that works with hospitals, health departments, and other community-based nonprofit organizations both domestically and internationally to conduct Community Health Assessments (CHAs)/Community Health Needs Assessments (CHNAs) and Improvement Plans (CHIPs)/Implementation Strategies.

INTRODUCTION

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?



A **Community Health Needs Assessment (CHNA)** is a tool that is used to guide community benefit activities and several other purposes. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the Internal Revenue Service (IRS). For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHNA is furthermore used to inform community decision-making, the prioritization of health needs and the development, implementation and evaluation of an Improvement Plan (CHIP)/Implementation Strategy.

The CHNA is an important piece in the development of a CHIP/Implementation Strategy because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the district, East Central District Partners utilized the most current and reliable information from existing sources and then collected new data through interviews, focus groups and surveys with community residents and leaders.

OVERVIEW OF THE PROCESS



In order to produce a comprehensive Community Health Needs Assessment (CHNA), East Central District Partners followed a process that included the following steps:

- STEP 1:** Plan and prepare for the assessment.
- STEP 2:** Define the community.
- STEP 3:** Identify data that describes the health and needs of the community.
- STEP 4:** Understand and interpret the data.
- STEP 5:** Define and validate priorities.
- STEP 6:** Document and communicate results.



Affordable Care Act (Federal) Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a Community Health Needs Assessment (CHNA) and Implementation Strategy every three years.

Public Health Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) for local health departments.

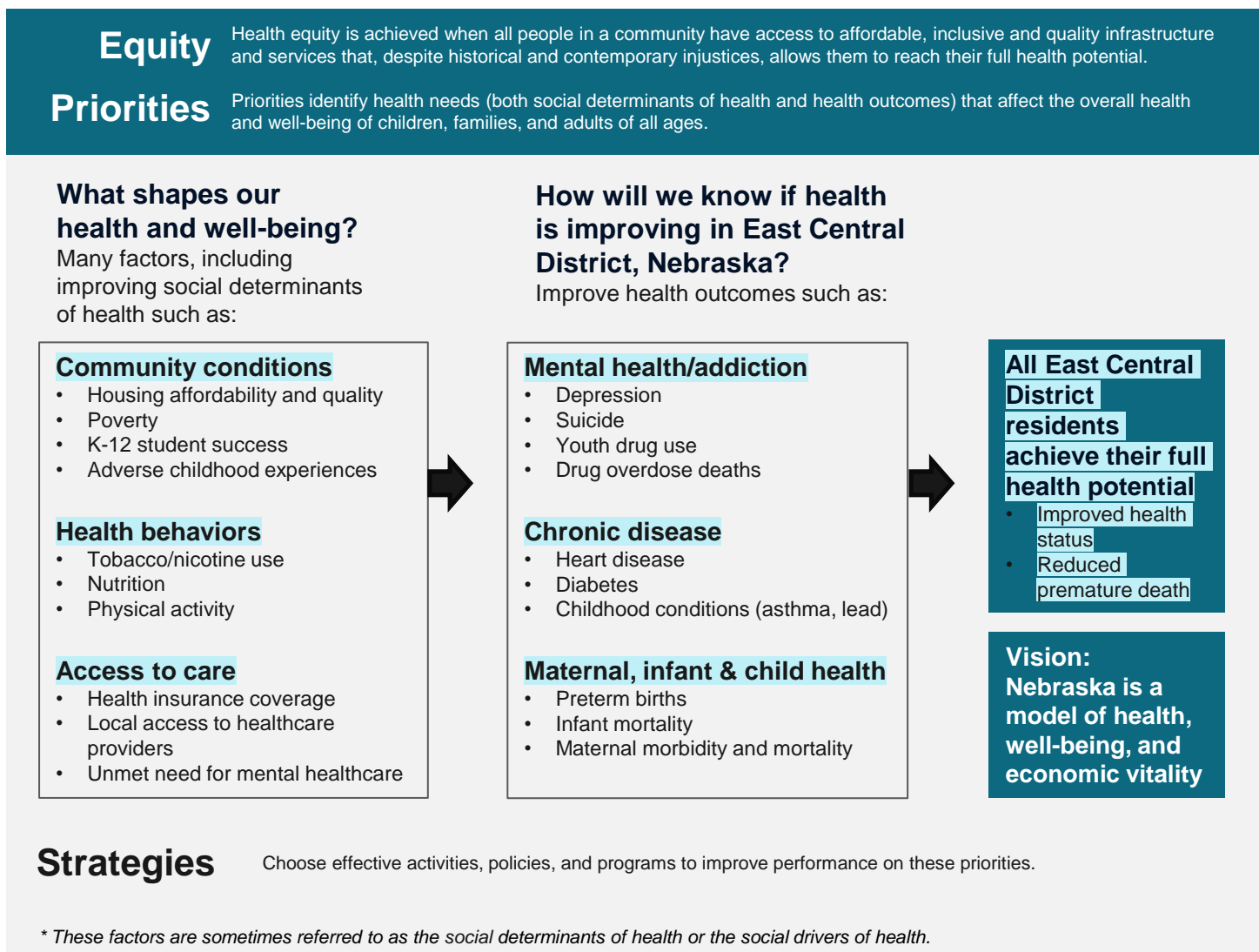
**THE 2024 EAST CENTRAL DISTRICT CHNA
MEETS ALL IRS AND PHAB REGULATIONS.**

OVERVIEW OF THE PROCESS



The following image shows the health improvement framework that this report followed while also adhering to Public Health Accreditation Board (PHAB) requirements, and the community's needs.

Figure 1: Health Improvement Framework



STEP 1 PLAN AND PREPARE FOR THE ASSESSMENT



IN THIS STEP, EAST CENTRAL DISTRICT PARTNERS:

- ✓ DETERMINED WHO IN THE DISTRICT WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED COUNTY LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH NEEDS ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE





PLAN AND PREPARE

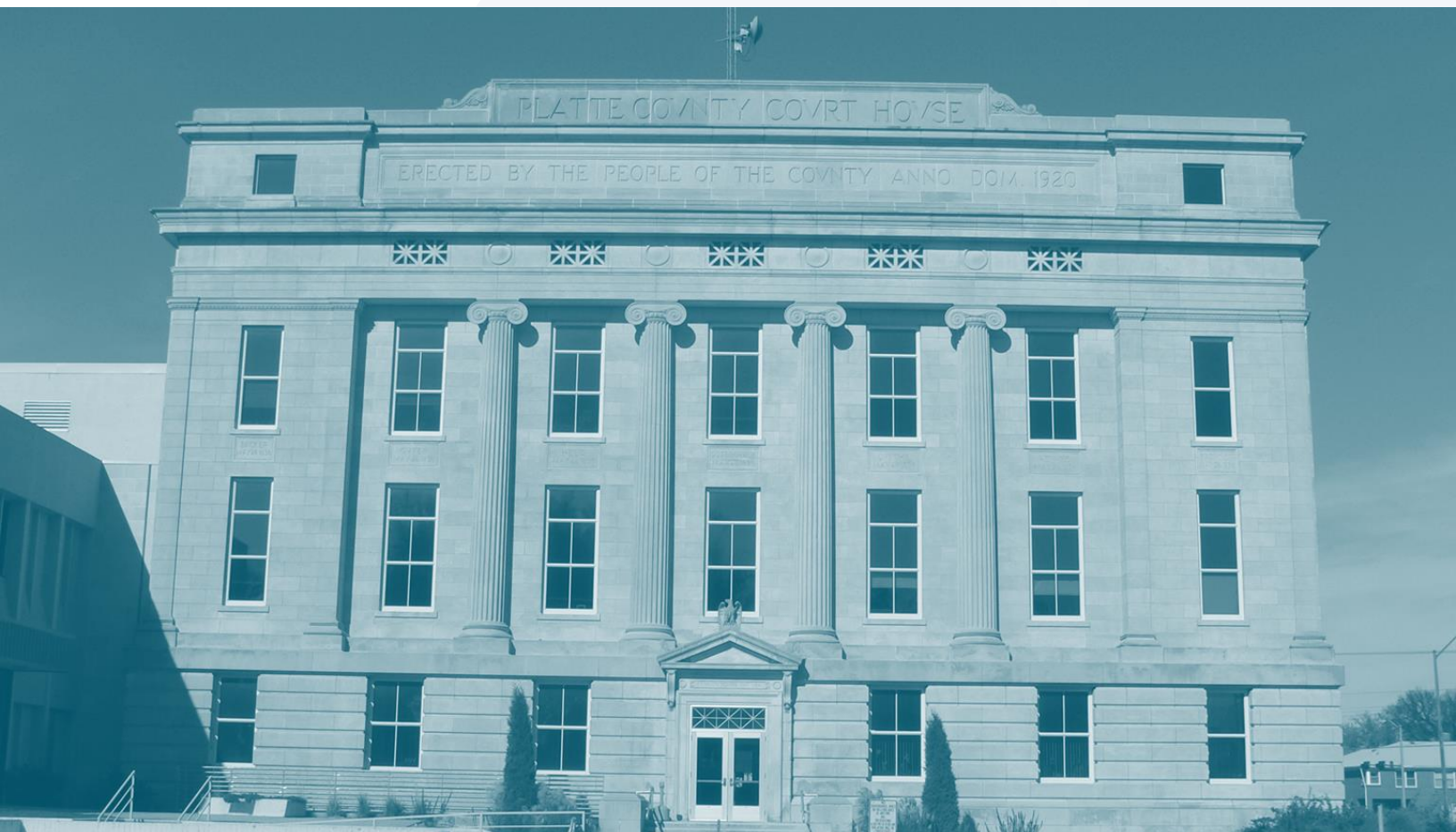
East Central District Partners began planning for the 2024 Community Health Needs Assessment (CHNA) in 2023. They involved health department, hospital and county leadership and kept organization boards informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations, in collaboration with Moxley Public Health.

The assessment team worked together to formulate the multistep process of planning and conducting a CHNA. They then formed a timeline for the process.

“

Community Health Needs Assessments (CHNAs) are the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.

”



PREVIOUS CHNA & IMPROVEMENT PLAN (CHIP)/IMPLEMENTATION STRATEGY



BRIEF SUMMARY OF 2021 EAST CENTRAL DISTRICT CHNA

In 2021, East Central District conducted the previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The Improvement Plan (CHIP)/Implementation Strategy associated with the 2021 East Central District CHNA addressed mental health, drug abuse and misuse, ongoing diseases such as heart disease, stroke, high blood pressure, diabetes, cancer and respiratory problems, finding housing that is safe and affordable, and bullying. The progress and impact of the strategies that East Central District used to address these significant health needs can be found in **Appendix B**.

PREVIOUS CHNA AND CHIP/IMPLEMENTATION STRATEGY AVAILABILITY TO COMMUNITY

A Community Health Needs Assessment (CHNA) and Improvement Plan (CHIP)/Implementation Strategy are to be made widely available to the community/public and comments and feedback are to be solicited. The previous 2021 CHNA and CHIP/Implementation Strategy were made widely available to the public on the following websites:

- Boone County Health Center: <https://boonecohealth.org/patient-resources/general-information-3/>
- CHI Schuyler Health: <https://www.chihealth.com/about-us/mission-values/community-health-needs-assessments>
- Columbus Community Hospital: <https://www.columbushosp.org/for-the-community/community-health-needs-assessment>
- East Central District Health Department: <https://ecdhd.ne.gov/resources/health-department-reports.html>
- Genoa Medical Facilities: <https://www.genoamedical.org/>

Written comments on this report were solicited on the websites where the report was posted.

EAST CENTRAL DISTRICT 2021-2023 PRIORITY HEALTH NEEDS

A community workgroup developed the East Central District 2021-2023 Improvement Plan (CHIP)/Implementation Strategy by reviewing the 2021 CHNA. The workgroup reviewed and discussed the priority areas and agreed that the following priority health issues could be positively impacted by strategies and activities conducted by the health department, hospitals, and community partners:

1. Mental health.
2. Drug abuse and misuse.
3. Ongoing diseases (i.e. heart disease, stroke, hypertension, diabetes, cancer and respiratory problems).
4. Finding housing that is safe and affordable.
5. Bullying.

IMPACT/PROCESS EVALUATION OF 2018-2021 STRATEGIES

In collaboration with community partners, East Central District developed and approved an Improvement Plan (CHIP)/Implementation Strategy report for 2021-2023 to address the significant youth health needs that were identified in the 2021 CHNA. The district partners chose to address: mental health, drug abuse and misuse, ongoing diseases such as heart disease, stroke, high blood pressure, diabetes, cancer and respiratory problems, finding housing that is safe and affordable, and bullying. **Appendix B** describes the evaluation and progress of the strategies that were planned in the 2021-2023 CHIP/Implementation Strategy.

STEP 2 DEFINE THE EAST CENTRAL DISTRICT SERVICE AREA



IN THIS STEP, EAST CENTRAL DISTRICT PARTNERS:

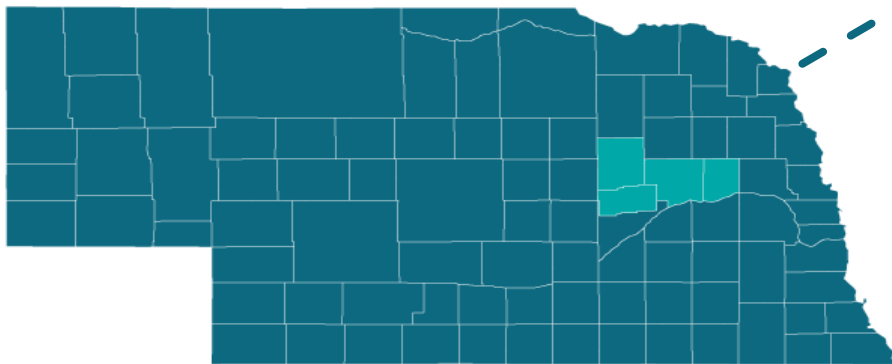
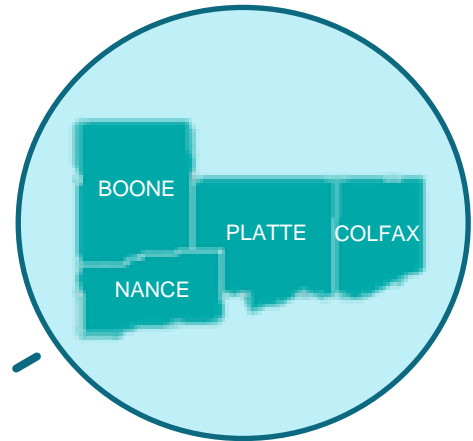
- ✓ DESCRIBED THE EAST CENTRAL DISTRICT SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT



DEFINING THE EAST CENTRAL DISTRICT SERVICE AREA



For the purposes of this report, East Central District Partners defines their primary service area as being made up of East Central District, Nebraska, which includes Boone, Colfax, Nance, and Platte Counties.



WE CURRENTLY SERVE
A POPULATION OF
53,545¹

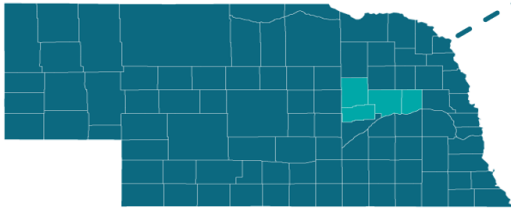
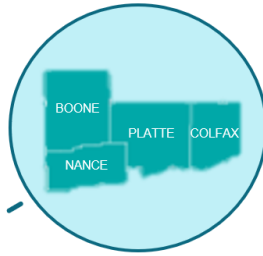
EAST CENTRAL DISTRICT SERVICE AREA

COUNTY	ZIP CODE	COUNTY	ZIP CODE	COUNTY	ZIP CODE
Boone	68620	Colfax	68643	Platte	68758
Boone	68758	Colfax	68659	Platte	68660
Boone	68660	Nance	68638	Platte	68647
Boone	68627	Nance	68640	Platte	68653
Boone	68652	Nance	68660	Platte	68644
Boone	68655	Nance	68864	Platte	68643
Colfax	68601	Nance	68663	Platte	68631
Colfax	68661	Nance	68623	Platte	68602
Colfax	68629	Platte	68601	Platte	68634
Colfax	68641	Platte	68640		
Colfax	68633	Platte	68642		

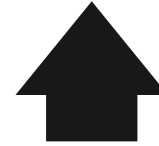
EAST CENTRAL DISTRICT AT-A-GLANCE

THE POPULATIONS OF EAST CENTRAL DISTRICT AND NEBRASKA **INCREASED** FROM 2010 TO 2022, BUT THE STATE POPULATION **GREW AT A FASTER RATE**

WHILE THE POPULATIONS OF **PLATTE (+6%)** AND **COLFAX (+0.5%)** COUNTIES **GREW**, THOSE OF **BOONE (-2%)** AND **NANCE (-10%)** COUNTIES **DECLINED**¹



WE CURRENTLY SERVE A POPULATION OF **53,545**¹

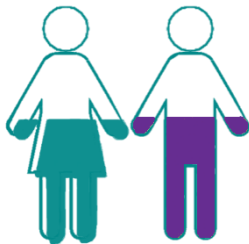


+3%
EAST CENTRAL DISTRICT



+7%
NEBRASKA

THE % OF MALES IS **SLIGHTLY HIGHER** THAN FOR FEMALES²



48.6% **51.4%**



4%

OF EAST CENTRAL DISTRICT RESIDENTS ARE **VETERANS**, SLIGHTLY LOWER THAN THE STATE RATE³



YOUTH AGES 0-19 AND SENIORS 65+ MAKE UP

45% OF THE POPULATION

IN THE EAST CENTRAL DISTRICT SERVICE AREA, COMPARED TO 41% FOR NEBRASKA⁴

NEARLY 1 IN 5 EAST CENTRAL DISTRICT RESIDENTS ARE **AGE 65+** (18%), WITH BOONE AND NANCE COUNTIES HAVING THE OLDEST POPULATIONS⁵



THE **MAJORITY (73%)** OF THE POPULATION IN EAST CENTRAL DISTRICT IDENTIFIES **WHITE** AS THEIR ONLY RACE, WHILE THE **HISPANIC** POPULATION COMPRISES NEARLY **ONE-QUARTER** OF RESIDENTS (46% OF COLFAX COUNTY AND 21% OF PLATTE COUNTY)⁷

80% OF THE POPULATION IN EAST CENTRAL DISTRICT **SPEAKS ONLY ENGLISH** AT HOME, WHILE 18% SPEAK SPANISH (39% IN COLFAX COUNTY AND 17% IN PLATTE COUNTY)

14% ARE **FOREIGN-BORN** (32% FOR COLFAX COUNTY AND 11% FOR PLATTE COUNTY)



73%
WHITE

23%
HISPANIC OR LATINO

1%
BLACK/AFRICAN AMERICAN

0.5%
AMERICAN INDIAN/ AK NATIVE

0.3%
ASIAN

0.01%
NATIVE HI/PACIFIC ISLANDER

2%
MULTI RACIAL/ OTHER

OF THOSE WHO ARE FOREIGN-BORN, **NEARLY TWO-THIRDS (65%)** ARE NOT AMERICAN CITIZENS⁶

EAST CENTRAL DISTRICT HAD **6,300 YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75** PER 100,000 RESIDENTS, COMPARED TO **6,447** FOR NEBRASKA⁸



EAST CENTRAL DISTRICT RESIDENTS CAN EXPECT TO LIVE **79.1 YEARS** ON AVERAGE (RANGING FROM 75.5 IN NANCE COUNTY TO 81.4 IN COLFAX COUNTY), COMPARED TO **78.4 YEARS** FOR NEBRASKA⁹



EAST CENTRAL DISTRICT'S COUNTIES RANK (ON AVERAGE) **39TH** OUT OF NEBRASKA'S 79 COUNTIES BASED ON **HEALTH FACTORS THAT WE CAN MODIFY** (1 BEING THE HEALTHIEST AND 79 BEING UNHEALTHIEST)⁹

THINGS PEOPLE LOVE ABOUT THE COMMUNITY FROM INTERVIEWS & FOCUS GROUPS

“I love being involved in the community, keeping them safe and educated.”

- Community Member Interview
from Colfax County

“Great place to raise kids and it is accessible to a large city.”

- Community Member Interview
from Platte County

“It is a very peaceful place where people are always looking out for each other.”

- Community Member Interview from Platte County

“People in the community have warm hearts that want to serve.”

- Community Member Interview
from Nance County

“Very small town feel, but very progressive.”

- Community Member Focus
Group from Boone County

82% of survey respondents volunteered in the community at least once last year, with 33% volunteering 10 or more times

“It is a vibrant small town. It is progressing fast with a good hospital and school system.”

- Community Member Interview from Boone County

“It is a very diverse area.”

- Community Member Interview

“It is a good hard working community, where people care about each other.”

- Community Member Interview
from Platte County

“Family oriented community and diverse.”

- Community Member Interview
from Colfax County

“Love the people.”

- Community Member Interview
from Colfax County

“Nice quality of life benefits, no traffic and no congestion. Great school districts and healthcare.”

- Community Member Focus
Group from Boone County

“I love the quality of life, family, safety, opportunities, great school district, small classes, ability to make more of an impact, rural, less people and traffic and stress.”

- Community Member Interview from Boone County

TOP PRIORITIES FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:

1. Mental health
2. Obesity
3. Diabetes
4. Cancer
5. Heart disease

Top socioeconomic, behavioral, and/or environmental factors impacting community:

1. Poverty
2. Housing
3. Access to care
4. Lack of transportation
5. Language barriers
6. Lack of physical activity/sedentary lifestyle

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:

1. Mental health concerns/access to mental healthcare
2. Lack of dental healthcare
3. Access to healthcare
4. Affordability of healthcare

How health concerns are impacting community:

1. Lack of information on resources
2. Lack of transportation
3. Truancy at school
4. People have to leave the area for healthcare

“Affordable health care is an issue – mental, dental, behavioral health. It’s hard to find providers in rural areas, as providers want to stay in urban areas.”

- Community Member Focus Group

“Mental health is an issue from students to adulthood – short on school resources, mental health practitioners. We are getting better at virtual care options for people in rural areas.”

- Community Member Interview from Platte County

“With an increase in migrant populations, it is hard to get access to what they need. People are afraid to get care because of their documentation status.”

- Community Member Interview from Platte County

“I am concerned about the large number of people who are very overweight. This appears to be an issue across all age groups.”

- Community Member Focus Group

“Truancy due to high rates of mental health issues. Kids are not showing up to school and have health issues.”

- Community Member Focus Group from Boone County

TOP PRIORITIES FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Hispanic population
2. Refugees/immigrants population
3. Low-income population
4. Aging population/elderly
5. Somali population

“Affordable transportation to things outside the medical world is needed – grocery store, seeing family/friends, church, going to pharmacy, etc.”

- Community Member Focus Group

“The elderly don’t have proper access to care.”

- Community Member Interview
from Nance County

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Aging population/elderly
2. Refugees/immigrant population
3. Low-income population
4. Non-English speakers/English as a second language learners

Resources people use in the community to address their health needs:

1. Primary care
2. Columbus Community Hospital
3. Backpack program (kids get meals delivered to their homes during the summer)

Top resources that are lacking in the community:

1. Transportation
2. More mental health awareness and positive support methods
3. More mental health and addiction treatment options
4. More mental health clinicians and treatment vouchers
5. More home healthcare

“Some don’t understand the US healthcare system so they have a hard time accessing it in a way that works for them. There are education and cultural barriers, plus a lack of coverage if they are undocumented.”

- Community Member Interview
from Platte County

“There needs to be more in-home non-medical care at a reasonable cost. Dependable caregivers who are able to regularly see their clients.”

- Community Member Focus Group

“Immigrants may not feel included or like outsiders.”

- Community Member Interview
from Platte County

“There is no transportation in town for kids during the school year or the summer.”

- Community Member Focus Group

STEPS 3, 4 & 5 IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS



IN THIS STEP, EAST CENTRAL DISTRICT PARTNERS:

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH INTERVIEWS, FOCUS GROUPS, AND A COMMUNITY MEMBER SURVEY
- ✓ COLLECTED COMMUNITY INPUT AND FEEDBACK
- ✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS
- ✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES





UNDERSTANDING PRIORITIZATION OF HEALTH NEEDS



HEALTH FACTORS are components of someone’s environment, policies, behaviors, and health care that affect the health outcomes of residents of a community. These are sometimes referred to as community conditions and include the social determinants of health, health behaviors, and access to care. (Examples include housing and homelessness, crime/violence, access to healthcare, nutrition and access to healthy foods, economic security, etc.)

HEALTH OUTCOMES are health results, diseases, or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal, infant, and child health.)

IN ORDER TO ALIGN WITH THE STATE OF NEBRASKA’S MISSION TO IMPROVE HEALTH, WELL-BEING, AND ECONOMIC VITALITY, EAST CENTRAL DISTRICT PARTNERS INCLUDED THE STATE’S PRIORITY FACTORS AND HEALTH OUTCOMES WHEN ASSESSING THE COMMUNITY.

SECONDARY DATA EXISTING DATA SOURCES



ASSESSING HEALTH NEEDS USING SECONDARY DATA

Initially, the health needs were assessed through a review of the secondary health data collected and analyzed prior to the interviews, focus groups, and survey. Significant health needs were identified from the secondary data using the following criteria.

Criteria for Identification of Initial Significant Health Needs:

1. The size of the problem (relative portion of population afflicted by the problem).
2. The seriousness of the problem (impact at individual, family, and community levels).
3. To determine size or seriousness of the problem, the health need indicators of East Central District service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives (Healthy People 2030 benchmark data can be seen in **Appendix A**).

The analysis of secondary data yielded a preliminary list of significant health needs (seen in the list to the right), which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, discover gaps in resources, and gather the prioritization of these needs by the community.

REVIEW OF EAST CENTRAL DISTRICT CHNA DATA

In order to build upon the work that was initiated previously, the prior 2021 CHNA was reviewed. When making final decisions for the 2024-2026 Improvement Plan (CHIP)/Implementation Strategy, previous efforts will be assessed and analyzed.

DEFINITIONS

East Central District encompasses four counties: Boone, Colfax, Nance and Platte. When referring to the district as a whole throughout the report, the term 'East Central District' will be used. When referring to a specific county within East Central District or a combination of East Central District counties (not all four counties), this will be indicated.

National Survey on Drug Use and Health (NSDUH) Region:

Nebraska's NSDUH Region 4 is comprised of Boone, Colfax, Nance and Platte Counties, in addition to 18 other counties: Antelope, Boyd, Brown, Burt, Cedar, Cherry, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Pierce, Rock, Stanton, Thurston and Wayne Counties. When data is only available at the NSDUH regional level, this will be indicated in the report.

The secondary and primary data collection will ultimately inform the decisions on health needs that the district will address in the Improvement Plan (CHIP)/Implementation Strategy.

2024 HEALTH NEEDS TO BE ASSESSED

Below lists the health needs that were assessed by secondary data listed in alphabetical order.

- Community conditions (housing, education, economic security, internet access, adverse childhood experiences, access to childcare, crime and violence, transportation, food insecurity, etc.)
- Access to healthcare (primary, dental/oral, vision, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, arthritis, kidney disease, stroke, cognitive decline, etc.)
- Environmental conditions (air and water quality, vector-borne diseases)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injuries
- Maternal, infant, and child health
- Mental health
- Nutritional and physical activity
- Overweight and obesity
- Preventative practices (vaccines/immunizations, screenings, mammograms, cancer screenings)
- Sleep
- Substance use (alcohol and drugs)
- Tobacco and nicotine use
- Leading causes of death

DATA COLLECTION

PRIMARY

Secondary data collection and discussions with health department leadership, resulted in identifying community health needs that were further assessed in the primary data collection - key informant interviews, focus groups, and a community member survey. The information and data from both the secondary and primary data collection will ultimately inform the needs assessment report and the decisions on health needs that the community will address in its Improvement Plan (CHIP)/Implementation Strategy.



COMMUNITY HEALTH NEEDS IDENTIFIED IN SECONDARY DATA TO BE ASSESSED IN PRIMARY DATA
Access to healthcare (health insurance coverage, local access to providers, unmet need for mental healthcare, etc.)
Chronic diseases (asthma, cancer, childhood conditions, diabetes, heart disease, stroke, etc.)
Community conditions (childcare, crime/violence, housing, education, transportation, income/poverty, economic stability)
HIV/AIDS and Sexually Transmitted Infections (STIs)
Maternal, infant, and child health
Mental health (depression and suicide, etc.)
Nutritional/physical activity (overweight and obesity, etc.)
Preventive practices (vaccines/immunizations, screenings, mammograms/pap smears, etc.)
Substance use (alcohol and drugs, etc.)
Tobacco and nicotine use

PRIMARY DATA COLLECTION KEY INFORMANT INTERVIEWS



Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **78 experts** from various organizations serving the community and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies (a complete list of participants can be seen in **Appendix C**). The interview questions asked can be seen below.

KEY INFORMANT INTERVIEW QUESTIONS	
Broad questions asked at the beginning of the interview	
What are some of the major health issues affecting individuals in the community?	
What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?	
Who are some the populations in the area that are not regularly accessing health care and social services? Why?	
Questions asked for each health need	
What are the issues/challenges/barriers faced for the health need?	
Are there specific sub-populations and areas in the community that are most affected by this need?	
Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)	

PRIMARY DATA COLLECTION

FOCUS GROUPS



Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We conducted **8 focus groups** with a total of **54 people** in the community. Focus groups included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies (a complete list of groups represented and focus group details can be seen in **Appendix D**). The focus group questions asked can be seen below.

FOCUS GROUP QUESTIONS

What are your biggest health concerns/issues in our community?

How do these health concerns/issues impact our community?

What are some populations/groups in our community that face barriers to accessing health and social services?

What existing resources/services do you use in our community to address your health needs? How do you access information about health and health and social services? Does this information meet your needs?

What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?

Do you have any ideas for how to improve health/address health issues in our community?

Do you have any other feedback/thoughts to share with us?

PRIMARY DATA COLLECTION COMMUNITY MEMBER SURVEY & HEALTH NEED RANKING



Each key informant interview participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. The health department, hospitals and community partners shared the survey link with clients, patients, and others who live and/or work in the community. The survey was made available in English, French, Somali, and Spanish. This resulted in **727 responses** to the community survey. The results of how the health needs were ranked in the survey for East Central District overall are found in the tables below separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. The full health need ranking (including by county), survey questions and demographics can be found in **Appendix E**.

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY
#1 Access to childcare
#2 Substance use (alcohol and drugs)
#3 Housing and homelessness (economic stability)
#4 Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, mental healthcare, oral/dental care, vision care, health literacy, etc.)
#5 Food insecurity (e.g. not being able to access and/or afford healthy food)
#6 Preventive care and practices (e.g. screenings, mammograms, vaccinations – ranked under chronic diseases in survey)
#7 Income/poverty and employment (economic stability)
#8 Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
#9 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
#10 Transportation (e.g. public transit, cars, cycling, walking)
#11 Nutrition and physical health/exercise (includes overweight and obesity)
#12 Tobacco and nicotine use (e.g. smoking and vaping)
#13 Crime and violence
#14 Internet/wifi access
#15 Environmental conditions (e.g. air and water quality, vector-borne diseases)
Not ranked: Sleep

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY
#1 Mental health
#2 Chronic diseases (heart disease/stroke, high blood pressure/cholesterol, diabetes, cancer, asthma, arthritis, kidney disease, cognitive decline, etc.)
#3 Maternal, infant, and child health (e.g. pre-term births, infant mortality, maternal mortality and morbidity)
#4 HIV/AIDS and Sexually Transmitted Infections (STIs) (ranked under infectious diseases in survey)
#5 Injuries (e.g. workplace injuries, car accidents, falls, etc.)

HEALTH NEEDS COMMUNITY CONDITIONS



HEALTH NEEDS: COMMUNITY CONDITIONS

The following pages rank the community conditions category of health needs, which include the social determinants of health, health behaviors, and access to care. They are ranked and ordered according to the overall East Central District ranking from the community member survey as seen on page 23. Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of East Central District and the state compared to the benchmark goal.



#1 HEALTH NEED ACCESS TO CHILDCARE

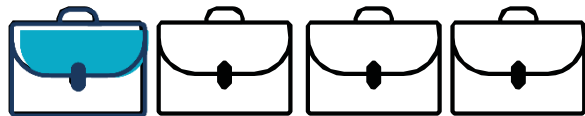


ACCORDING TO THE 2023 COST OF CHILDCARE IN NEBRASKA BREAKDOWN REPORT, THE AVERAGE COST OF CHILDCARE IN NEBRASKA RANGES FROM \$11,420 PER YEAR FOR SCHOOL-AGED CHILDREN TO \$12,571 PER YEAR FOR INFANTS UNDER ONE YEAR OF AGE¹⁵

IN OUR COMMUNITY



MORE THAN HALF (52%) OF EAST CENTRAL DISTRICT COMMUNITY MEMBERS SURVEYED SELECTED ACCESS TO CHILDCARE AS A PRIORITY COMMUNITY HEALTH NEED



26% OF EAST CENTRAL DISTRICT CHILDREN IN NEED OF CHILDCARE DO NOT HAVE ACCESS TO IT, COMPARED TO 19% FOR NEBRASKA. RATES ARE HIGHEST IN COLFAX (56%) AND BOONE COUNTY (53%)¹⁶

75% OF NEBRASKANS SURVEYED SAY THAT QUALITY AFFORDABLE CHILD CARE IS ESSENTIAL TO THE ECONOMY AND WORKERS¹⁷

“There is a lack of daycare positions or spots overall and there is a serious lack of daycare options for families where the parents work second or third shift. As a result, the parents are forced to work staggered shifts where one parent takes care of the children while the other is at work and then they switch spots.”

- Community Member Interview from Colfax County

“There are very little childcare options. There is only one person who does daycare in town and who is currently looking to retire.”

- Community Member Interview from Boone County

PRIORITY POPULATIONS ACCESS TO CHILDCARE

While access to childcare is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Access to childcare was worst in BOONE AND COLFAX COUNTIES, where more than 50% of children in need did not have access¹⁶

LOWER-INCOME RESIDENTS may have challenges affording childcare¹⁶



SINGLE PARENTS who lack social support may have a greater need for childcare¹⁶

According to the community survey, East Central District residents AGED 25-34 (68%) were significantly more likely to report childcare among their top five health concerns than other ages

Survey respondents with a MENTAL HEALTH CONDITION were significantly more likely to report access to childcare as a priority

Top issues/barriers for access to childcare (reported in interviews):

1. Lack of spots/availability
2. Not affordable/expensive
3. Not enough daycares opening

Sub-populations most affected by access to healthcare (reported in interviews):

1. Low income
2. Non-standard working hours (evening/night) shift workers

Top resources, services, programs and/or community efforts in the community for access to childcare:

1. Hospital daycare

#2 HEALTH NEED SUBSTANCE USE



Substance use, drug overdose deaths, and social isolation greatly increased nationwide during the COVID-19 pandemic, according to the Centers for Disease Control and Prevention¹⁸

IN OUR COMMUNITY

IN THE COMMUNITY SURVEY, **42%** OF EAST CENTRAL DISTRICT RESPONDENTS REPORTED **SUBSTANCE USE** AS ONE OF THEIR TOP HEALTH CONCERNS



23% of adults in East Central District reported **binge drinking** within the past month, higher than the **20%** for Nebraska¹⁹

7% of adults in East Central District and Nebraska are **heavy drinkers**, while **3%** engage in **alcohol impaired driving**¹⁹

ACCORDING TO THE YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM:

19% of Nebraska teens have **used alcohol** in the past month²⁰

9% of Nebraska teens have **binge drank** in the past 30 days²⁰

12% of Nebraska teens first consumed alcohol before age **13**²⁰

39% of Nebraska teens usually obtain alcohol by someone giving it to them²⁰



3%

of East Central District adults have used marijuana in the past month, compared to **7%** for Nebraska²¹

5% of NSDUH* region 4 (includes East Central District counties) youth (12-17) surveyed have **used marijuana in the past month**, compared to **7%** for Nebraska youth, while **10%** used it in the past year, compared to **13%** for Nebraska youth²²



*National Survey on Drug Use and Health, Region 4 contains East Central District



3%

of both East Central District and Nebraska adults have **misused opioids** in the past year²³



The **emergency room visit rate for suspected overdose** in Nebraska increased from **42 per 10,000** emergency visits in 2017 to **57 per 10,000** in 2021. Due to low counts, the rate for East Central District was unable to be calculated²⁴

"Substance use is considered socially acceptable in the community."

- Community Member Interview from Platte County

"There is alcohol and marijuana at the High School and Middle School."

- Community Member Interview from Colfax County

#2 HEALTH NEED SUBSTANCE USE

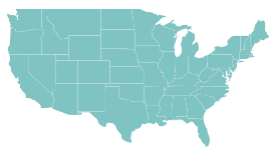


"Alcohol is an issue in the community. I am really worried about the community drinking. The elementary school has a no alcohol sign outside of the cafeteria."

- Community Member Interview from Platte County

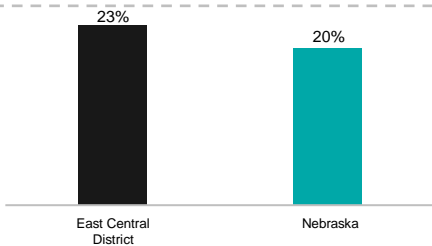
"We all have a human need for an outlet; some just don't pick the right outlets."

- Community Member Interview from Platte County



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

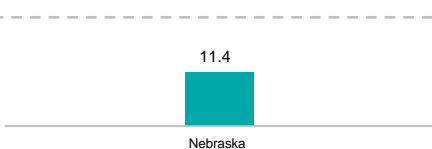
ADULT BINGE DRINKING



HP 2030 TARGET: 25%
DESIRED DIRECTION: ↓

✓ East Central District meets/ exceeds the target¹⁹

DRUG OVERDOSE DEATHS PER 100,000

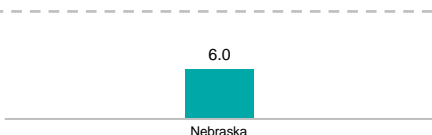


HP 2030 TARGET: 20.7 PER 100,000

DESIRED DIRECTION: ↓

✓ Nebraska meets/ exceeds the target. This indicator was not available for East Central District²⁵

OPIOID OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: 13.1 PER 100,000

DESIRED DIRECTION: ↓

✓ Nebraska meets/ exceeds the target. This indicator was not available for East Central District²⁵

PRIORITY POPULATIONS SUBSTANCE USE

While **substance use** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Survey respondents whose preferred language is **ENGLISH** were more likely to select substance use as a priority

According to research, Nebraskan **MALE TEENS** were more likely than female teens to try drinking alcohol at a younger age, while Nebraskan **FEMALE TEENS** were more likely to consume alcohol and binge drink²⁰



Nebraska-wide non-fatal opioid overdose rates are highest among **BLACK** and **AMERICAN INDIAN/ ALASKAN NATIVE RESIDENTS** and **MEN**²³

Opioid misuse is highest among **WOMEN, HISPANIC, YOUNGER, LOWER INCOME, and LESS EDUCATED** (those with a high school diploma or less) residents²³

Marijuana use is highest among **YOUTH AND YOUNG ADULTS, WHITE, MEN, LOWER INCOME, and LESS EDUCATED** residents²¹



YOUTH are more impacted by substance use due to their developing brains²¹

Top issues/barriers for substance use (reported in interviews):

1. Alcohol use/alcoholism
2. Meth use

Sub-populations most affected by mental health (reported in interviews):

1. Low-income population

#3 HEALTH NEED ECONOMIC STABILITY HOUSING AND HOMELESSNESS



HOUSING AND HOMELESSNESS IS A CONCERN IN TERMS OF QUALITY AND AFFORDABILITY, WHICH INCREASED DURING THE COVID-19 PANDEMIC AND CONTINUED TO DO SO

70% of community survey respondents report lack of affordable housing as an issue in the community. Affordable housing was the #1 reported resource needed in East Central District

IN OUR COMMUNITY

ACCORDING TO THE U.S. CENSUS BUREAU, 1% OF ALL OCCUPIED HOUSING IN EAST CENTRAL DISTRICT (333 UNITS), AS WELL AS NEBRASKA, LACK COMPLETE PLUMBING AND/OR KITCHEN FACILITIES. RATES ARE HIGHER IN NANCE AND PLATTE COUNTIES AT 2%²⁶



Freddie Mac estimates that the **vacancy rate should be 13%** in a well-functioning housing market. There was only a **8% vacancy rate in East Central District in 2022**, which decreased from 9% in 2017. **24% of households are renter occupied²⁷**



19% OF EAST CENTRAL DISTRICT HOUSEHOLDS ARE 'COST BURDENED' (SPEND MORE THAN 35% OF THEIR INCOME ON HOUSING), VS. **26% FOR NEBRASKA**. THIS RANGES FROM 14% IN COLFAX COUNTY TO 21% IN PLATTE COUNTY AND IS MUCH **HIGHER FOR RENTERS AT 38%²⁸**



The number of **affordable and available units per 100 very low income renters** (<50% of area median income) in Platte County was only **50, vs. 95 for Nebraska**. Boone (2,744), Colfax (746), and Nance (3,596) Counties all have more affordable and available units compared to the demand. A lack of affordable housing options puts renters at risk for **rent burden, eviction, and homelessness²⁹**

"Overall, there is a lack of affordable houses but there is low-income housing. However, the low-income housing that exists isn't a healthy environment."
- Community Member Focus Group from Boone County



NEARLY 1 IN 3 (30%) EAST CENTRAL DISTRICT ADULTS EXPERIENCED HOUSING INSECURITY IN THE PAST YEAR, COMPARED TO 29% FOR NEBRASKA³⁰



IN 2023, THERE WERE AN ESTIMATED **558 PEOPLE**

EXPERIENCING HOMELESSNESS IN THE NEBRASKA BALANCE OF STATE CONTINUUM OF CARE (WHICH INCLUDES ALL NEBRASKA REGIONS OUTSIDE OF OMAHA AND LINCOLN)³¹



THE NATIONAL ALLIANCE TO END HOMELESSNESS REPORTED THAT FROM 2020 TO 2022, THE POPULATION OF **PEOPLE EXPERIENCING HOMELESSNESS DECLINED BY 11%**. THIS MAY HAVE BEEN IMPACTED BY COVID-19 FUNDING AND EVICTION MORATORIUMS³¹



Data shows that **13%** of East Central District and Nebraska households are **seniors who live alone** (ranging from 10% in Colfax county to 16% in Boone county). Seniors living alone may be **isolated and lack adequate support systems³²**

#3 HEALTH NEED ECONOMIC STABILITY HOUSING AND HOMELESSNESS



"There's definitely a serious lack of housing options. The options that are available are extremely expensive and as a result a lot of people are forced to rent out basements or rent out a room in other people's homes. This could cause families to have to live in very tight spaces which is not healthy for them."

- Community Member Interview from Colfax County

"Flood of 2019 wiped out a good portion of the town and caused many homes to be inhabitable."

- Community Member Interview from Boone County

"We are 1400 houses short of where we need to be as a community (supposed to add 120-125 houses a year, but currently only adding 30 a year)."

- Community Member Interview from Platte County

Top issues/barriers for housing and homelessness (reported in interviews):

1. Lack of affordability/expensive homes
2. Not enough available homes in general
3. Poor quality homes

Sub-populations most affected by housing and homelessness (reported in interviews):

1. Low-income population
2. Immigrants/undocumented population
3. Young families

Top resources, services, programs, and/or community efforts for housing and homelessness:

1. United Way
2. Habitat for Humanity
3. Homeless shelter

PRIORITY POPULATIONS HOUSING AND HOMELESSNESS

While **housing and homelessness** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



PLATTE and BOONE COUNTY survey respondents were most likely to say that affordable housing is lacking in the community

According to the Nebraska Balance of State Continuum of Care, nearly 13% were UNSHELTERED, 81% were White, 21% were Hispanic/Latino/a, 6% were CHRONICALLY HOMELESS, and 27% were YOUTH, 9% were YOUNG ADULTS (ages 18–24), and 4% were seniors³¹



PLATTE COUNTY has the highest rate of households who spend more than 35% of their income or more on housing in the district (21%)²⁸

RENTERS (38%) are more likely than homeowners (14%) to spend 35% or more of their income on housing²⁸

45-64 YEAR OLD survey respondents were significantly more likely than other ages to say affordable housing is lacking in the community

"Housing is hard for anyone in the area no matter how much you make."

- Community Member Interview from Colfax County

#4 HEALTH NEED ACCESS TO HEALTHCARE



IN OUR COMMUNITY

ACCORDING TO THE HEALTH RESOURCES AND SERVICE ADMINISTRATION

EAST CENTRAL DISTRICT

HAS MORE ACCESS TO PRIMARY CARE PROVIDERS RELATIVE TO ITS POPULATION THAN NEBRASKA OVERALL, WHILE LESS ACCESS TO DENTAL CARE PROVIDERS³²

BOONE COUNTY**

728:1³²

EAST CENTRAL*

1,165:1³²



PLATTE COUNTY**

1,283:1³²

NEBRASKA

1,302:1³²

9% of community survey respondents say that **primary healthcare access is lacking** in the community

BOONE COUNTY

1,347:1³²

NANCE COUNTY**

1,130:1³²

EAST CENTRAL

1,983:1³²



COLFAX COUNTY**

5,249:1³²

PLATTE COUNTY

1,902:1³²

NEBRASKA

1,243:1³²

16% of community survey respondents say that **dental healthcare access is lacking** in the community

18% of community survey respondents say that **vision healthcare access** is lacking in the community

“People can’t afford health services. Even those that are middle class and that have insurance, often have high deductible plans.”
- Community Member Interview from Boone County



1 IN 5

EAST CENTRAL DISTRICT ADULTS (19% VS. 21% FOR NEBRASKA) **DO NOT HAVE A USUAL PRIMARY CARE PROVIDER**³³



1 IN 4

EAST CENTRAL DISTRICT ADULTS (25%) **DID NOT HAVE A ROUTINE CHECKUP IN THE PAST YEAR**, VS. 27% FOR NEBRASKA (HIGHEST FOR COLFAX AT 30%)³³

BARRIERS TO CARE AND IMPACTS



13% of community survey respondents could not obtain a necessary **prescription medication** in the past year



29% of community survey respondents have **delayed or gone without medical care** due to being unable to get an appointment



5% of survey respondents lack health insurance due to **cost**. 9% of East Central and Nebraska adults **did not get medical care when needed** in the past year due to **cost**

Fewer adults in East Central District (63%) than Nebraska (68%) **have visited the dentist** in the past year (ranging from 59% in Colfax County to 66% in Nance County)³⁵



16% of community survey respondents’ usual source of care is an **urgent care clinic**



4% of Nebraska **children did not visit the dentist** in the past year³⁶



Fewer East Central District (48%) than Nebraska adults 40+ (56%) **have eye care insurance coverage**³⁴



42% of East Central District adults have **lost teeth** due to tooth decay or gum disease, vs. 35% for Nebraska³⁷

61% of East Central District adults had an **eye exam** in the past year, vs. 62% for Nebraska³⁴

10% of East Central District adults have **lost ALL their teeth**, vs. 9% for Nebraska (ranging from 9% in Platte County to 10% in Colfax County)³⁷

*Based on Boone and Platte Counties only

**All of Colfax County is a geographic primary care Health Professional Shortage Area (HPSA), Boone and Nance Counties are HPSAs for low-income residents. All of Colfax County is a geographic dental care HPSA and Nance County is an HPSA for low-income residents.

#4 HEALTH NEED

ACCESS TO HEALTHCARE

HEALTH LITERACY



ACCORDING TO 2020 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA, EAST CENTRAL DISTRICT EXPERIENCES **LOWER HEALTH LITERACY** THAN NEBRASKA OVERALL³⁸



HEALTH LITERACY TOPIC	EAST CENTRAL DISTRICT	NEBRASKA
Very easy to get needed advice or information about health or medical topics ³⁸	68%	71%
Very easy to understand information that medical professionals tell you ³⁸	53%	58%
Very easy to understand written health information ³⁸	52%	60%

"There is a need for more multilingual workers."
- Community Member Interview from Platte County

"Most of the information is written or shared at too high of a literacy level so there is confusion or lack of understanding with that."
- Community Member Interview from Platte County

"Have more simplified information to help people understand insurance."
- Community Member Interview from Boone County

"People are not advocating for themselves and don't know questions to ask and it is important to understand why they take medication. They say 'I don't know why I'm taking this...the doctor told me to take it'."
- Community Member Interview from Boone County

Top issues/barriers for health literacy (reported in interviews):

1. Language barriers
2. Information is written at high literacy levels and is confusing
3. Cultural barriers
4. Low cultural literacy levels

Sub-populations most affected by health literacy (reported in interviews):

1. Non-English speakers/immigrants
2. Hispanic population

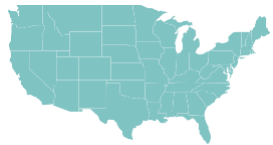
Top resources, services, programs and/or community efforts in the community for health literacy:

1. Translation services
2. Hospital
3. Health department

#4 HEALTH NEED ACCESS TO HEALTHCARE

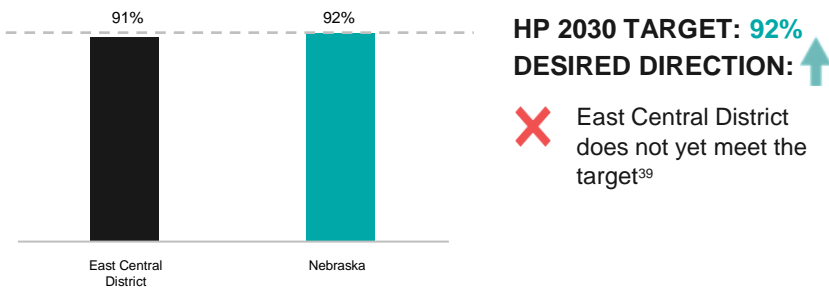


"Dental providers are hard to get in to see. Hard to get in for urgent issues."
- Community Member Focus Group



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE



Top issues/barriers for access to healthcare (reported in interviews):

1. Waitlists
2. Not enough local providers
3. Not enough specialists

Sub-populations most affected by access to healthcare (reported in interviews):

1. Low socioeconomic status
2. Immigrant population

"It is hard for people to understand Medicare Advantage related information."
- Community Member Interview from Nance County

PRIORITY POPULATIONS ACCESS TO HEALTHCARE

While **access to care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

9% of residents in East Central District DO NOT HAVE HEALTH INSURANCE. Coverage is much lower for BLACK/AFRICAN AMERICAN (40% without coverage) and HISPANIC (20% without coverage) residents³⁹

Only 86% of the overall population and 84% of adults in COLFAX COUNTY have health insurance coverage³⁹

NANCE COUNTY survey respondents were most likely to say their usual source of care is an emergency department, while more PLATTE COUNTY respondents selected urgent care as their source of routine and sick care

Survey respondents AGES 25-34 were significantly more likely to say that they delayed care because they could not get an appointment that was convenient with their work or child's school schedule

HISPANIC survey respondents were significantly more likely than white respondents to select access to healthcare as a priority

COLFAX COUNTY has much lower access to dental care providers than the district and Nebraska, as well as lower rates of dental visits and higher rates of tooth loss³⁷

COLFAX and NANCE COUNTY survey respondents (10%) were significantly more likely than other counties to say their last medical checkup was 3-5 years ago

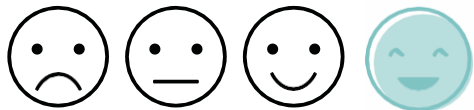
On the community survey, WOMEN were twice as likely as men to say that vision care access was lacking in the community

#5 HEALTH NEED NUTRITION & PHYSICAL HEALTH



IN OUR COMMUNITY

58% OF COMMUNITY SURVEY RESPONDENTS RATED THEIR PHYSICAL HEALTH AS 'EXCELLENT' WHILE 52% RATED IT AS 'GOOD'



83% of East Central District residents say they have access to safe places to walk in their neighborhood, compared to 88% for Nebraska⁴⁰

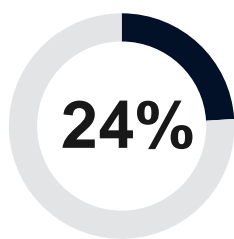
21% OF COMMUNITY SURVEY RESPONDENTS SAY THAT RECREATIONAL SPACES ARE LACKING IN EAST CENTRAL DISTRICT



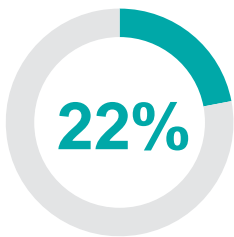
4% OF COMMUNITY SURVEY RESPONDENTS SAY THAT RELIABLE TRANSPORTATION HAS KEPT THEM FROM BUYING FOOD/ GROCERIES OR PHYSICAL ACTIVITY IN THE PAST YEAR



ACCORDING TO 2023 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA, MORE EAST CENTRAL DISTRICT THAN NEBRASKA ADULTS ARE SEDENTARY (DID NOT PARTICIPATE IN LEISURE TIME PHYSICAL ACTIVITY IN THE PAST MONTH)⁴¹



EAST CENTRAL DISTRICT



NEBRASKA

THIS RANGED FROM 25% IN BOONE COUNTY TO 32% IN COLFAX COUNTY⁴¹

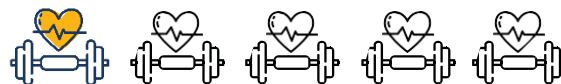


Nearly three-quarters (74%) of east central district residents are overweight or obese, higher than the state rate of 70%. Obesity ranged from 36% in Platte county to 43% in Colfax county⁴²

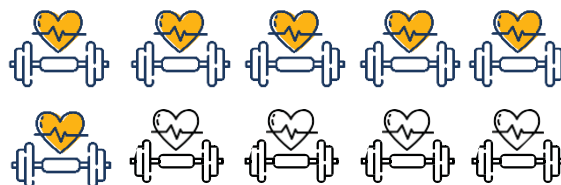
35% of Nebraska youth are overweight or obese⁴²



22% of adults in East Central District do not consume any daily vegetables, slightly higher than Nebraska (20%)⁴³



20% of East Central District adults meet physical activity guidelines, which is worse than 21% for Nebraska⁴⁴



58% of Nebraska youth meet physical activity guidelines, while 13% were not physically active at least one day of the prior week⁴⁵



74% of Nebraska youth spent 3+ hours per day on screen time (not including schoolwork) on an average school day⁴⁶

EAST CENTRAL DISTRICT COUNTY RANKINGS FOR HEALTH BEHAVIORS (OUT OF 79 COUNTIES, WITH 1 BEING THE BEST RANKING AND 79 BEING THE WORST RANKING)⁴⁷

Boone County	53
Colfax County	48
Nance County	62
Platte County	26

#5 HEALTH NEED NUTRITION & PHYSICAL HEALTH



BUSY SCHEDULE

"I have a busy schedule and am putting my children/family's needs first." (Colfax County)

49%

LACK OF ENERGY

"I feel like the adult population is not exercising because they are tired from all of the physical activity that they do at work during the day." (Colfax County)

43%

MONEY

"There is a community field house with a wellness center and it is wonderful, but will people spend money to be a part of it?" (Platte County)

37%



STRESS

"I need daycare to go workout, and having to pay both daycare and a membership is so expensive!" (Platte County)

34%

INTIMIDATION OF GOING TO A GYM

"People are just not willing to take up the opportunities available." (Colfax County)

26%

I DON'T LIKE TO EXERCISE

"People don't want to move." (Platte County)

13%

Reported in community member survey, quotes from key informant interviews

"There are not a lot of indoor options. We have no gym and no indoor facility."
- Community Member Interview from Boone County

"Schools aren't serving very healthy choices."
- Community Member Focus Group

"We make sure that people don't go hungry but we don't make sure they aren't eating foods that are going to kill them."
- Community Member Interview from Platte County

Top issues/barriers for nutrition and physical health (reported in interviews):

1. Mindset/lack of motivation
2. Not affordable/expensive
3. Lack of education on healthy eating
4. Weather

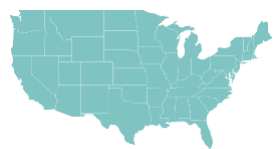
Sub-populations most affected by nutrition and physical health (reported in interviews):

1. Low-income
2. Immigrant population

Top resources, services, programs, and/or community efforts for nutrition and physical health:

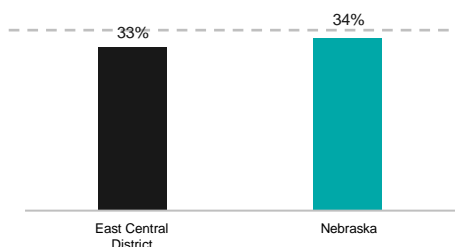
1. Field House
2. Walking trails
3. Parks
4. Local education

#5 HEALTH NEED NUTRITION & PHYSICAL HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

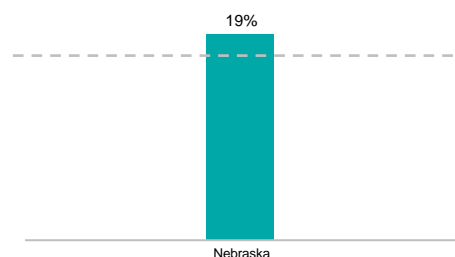
ADULT OBESITY



HP 2030 TARGET: 36%
DESIRED DIRECTION: ↓

✓ East Central District meets/
exceeds the target⁴²

CHILDREN & TEEN OBESITY



HP 2030 TARGET: 16%
DESIRED DIRECTION: ↓

✗ Nebraska does not yet meet
the target. This data was
not available for East
Central District⁴²

"We face the same issues as the rest of the nation. There are options but people seem to prefer the unhealthier options."

- Community Member Interview from Boone County

"There are fewer issues when it comes to physical activity for the younger population, but when it comes to adults they oftentimes tend to overlook it because they feel like they're working hard at work and are too tired to engage in any additional physical activity."

- Community Member Interview from Colfax County

"The unhealthy options are easier, so people tend to gravitate towards that."

- Community Member Interview from Platte County

PRIORITY POPULATIONS NUTRITION AND PHYSICAL HEALTH

While **nutrition and physical health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

According to data, **TEEN GIRLS** are much more likely than boys to report trying to lose weight, regardless of BMI⁴⁸



Survey respondents **AGES 25-44** were significantly more likely than other age groups to select stress, lack of energy, busy schedule, and cost as barriers to getting healthier. They were also most likely to say that community recreational spaces are lacking

According to research, **LOWER INCOME INDIVIDUALS, MALES, and OLDER ADULTS** are more likely to experience overweight and obesity, not exercise, and to not eat enough fruits and vegetables⁴⁹



YOUNG ADULTS AGES 18 TO 24 are at risk for being inactive⁵⁰

NANCE COUNTY survey respondents were significantly more likely than other counties to say that recreational spaces are lacking in the community

65+ YEAR OLDS were most likely to select overweight and obesity as a priority health need on the community member survey



MEN who responded to the survey were significantly more likely than women to select overweight and obesity as a priority health need

LOWER INCOME survey respondents were significantly more likely to say that cost is a barrier to getting healthy

#6 HEALTH NEED FOOD INSECURITY



According to Feeding America, **8%** of East Central District residents (ranging from 8% in Colfax County to 13% in Nance County) and **10%** of Nebraskans overall experience **FOOD INSECURITY**⁵¹



When asked what resources were lacking in the community of East Central District survey, **32%** of respondents answered **affordable food**¹⁴, while **25%** of survey respondents ranked **access to healthy food** as a top health concern

IN OUR COMMUNITY



The rate of food insecurity is higher in East Central District **children (10%)**, while this rate is lower than for Nebraska children (**12%**). Nance County's child food insecurity rate is highest at 13%⁵²



According to Feeding America, **cost** is the **#1 barrier** to food security.⁵¹ **37%** of community survey respondents say that a top barrier to being healthy is that healthy food is too expensive



East Central District **single moms** have the **highest SNAP* utilization rate** at **37%**, vs. **34%** for Nebraska. This is highest for Boone County at 41%⁵³

Seniors (60+) have a **lower utilization rate** at 4% vs. 6% for Nebraska. This is highest in Nance and Colfax Counties at 5%⁵³



The percentage of students in East Central District who are eligible for the National School Lunch Program (NSLP) Free & Reduced Price Meals is **45%** on average, with the highest rate being **84%** for **St. Edward Public Schools** in 2023-24⁵⁴



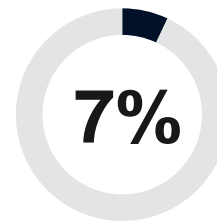
PLACES TO ACCESS FOOD IN EAST CENTRAL DISTRICT (AS OF 2016):⁵⁵

FOOD RETAILER	BOONE	COLFAX	NANCE	PLATTE
Full-service supermarkets	0	0	0	0
Limited-service stores	0	0	0	0
SNAP* benefit retailers	3	8	4	23
Farmers' markets	0	0	0	2
Fast-food and takeout restaurants	N/A	N/A	N/A	23

The United States Department of Agriculture (USDA) rates 0 of 14 East Central District census tracts as 'low-income' or 'low-access'⁵⁵

*Supplemental Nutrition Assistance Program

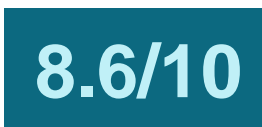
A **slightly lower rate** of East Central District and Nebraska households access **SNAP* benefits**⁵³



EAST CENTRAL DISTRICT



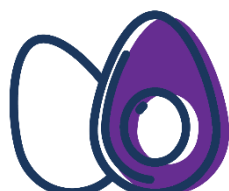
NEBRASKA



East Central District's **food environment rating** out of 10 (0 being worst and 10 being best) is **8.6/10**, vs. **7.8** for Nebraska and ranging from 8.2 in Colfax to 8.7 in Boone and Platte Counties⁵⁶



#6 HEALTH NEED FOOD INSECURITY



“Stores in rural areas don’t carry fresh fruits and vegetables.”
- Community Member Interview

“Healthy foods are not as accessible as they should be, and are not as affordable as for everyone.”
- Community Member Interview from Boone County

“It is hard for families to have three meals a day.”
- Community Member Interview from Platte County

“There is a lack of access to healthier food options. There are only two or three standard grocery stores that readily carry healthy options. There are no specialty stores for people to buy organic foods or health foods. For this, they would have to go to either Omaha or Lincoln.”
- Community Member Interview from Platte County

Top issues/barriers for food insecurity (reported in interviews):

1. Expensive/lack of affordability
2. Lack of access/transportation

Sub-populations most affected by food insecurity (reported in interviews):

1. Low-income
2. Rural areas

PRIORITY POPULATIONS FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



According to research, food insecurity among **BLACK OR LATINO INDIVIDUALS** is higher than white individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **RURAL**. 1 in 3 people facing hunger are unlikely to qualify for SNAP⁵⁷

Census data says that 44% of food insecure residents in Nebraska are below the SNAP threshold of 130% of the **POVERTY** level and 66% qualify for federal nutrition programs⁵³

NANCE COUNTY has the highest rate of overall food insecurity in East Central District (13%) as well as **SNAP*** utilization for single moms (41%) and seniors 60+ (5%)⁵³



Survey respondents with a **MENTAL HEALTH CONDITION** were significantly more likely to report access to affordable food as a resource lacking in the community

Survey respondents **AGES 45-54** were significantly more likely than other age groups to select food insecurity as a priority health need

“Struggle in the summer months for kids in the schools.”
- Community Member Interview from Platte County

#7 HEALTH NEED PREVENTIVE CARE & PRACTICES



ACCESS TO PREVENTIVE CARE HAS BEEN FOUND TO SIGNIFICANTLY INCREASE LIFE EXPECTANCY, AND CAN HELP PREVENT AND MANAGE CHRONIC CONDITIONS, WHICH ARE THE MOST COMMON NEGATIVE HEALTH OUTCOMES IN THE DISTRICT⁵⁷

IN OUR COMMUNITY



24% of community survey respondents said that preventive care & practices for chronic conditions are a priority health need

6%

of community survey respondents have NEVER had a flu shot

Childhood immunization rates entering Kindergarten in Nebraska range from 96% for varicella (chicken pox) to 98% for polio, compared to a national Kindergarten immunization rate of 93% for all recommended vaccines⁶⁹

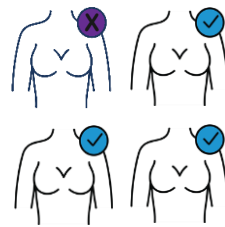


According to state data, more than 29% of East Central District seniors age 65+ did not receive a flu vaccine in the previous year, compared to 28% for Nebraska⁷⁰

55%

of East Central District residents reported getting a flu vaccine the previous year vs. 53% for Nebraska, according to state data⁷²

For pneumonia vaccination, the rate is 72% for East Central vs. 75% for Nebraska seniors, and for shingles vaccination, the rate is 35% for the district vs. 37% for the state (ages 50+)⁷¹



NEARLY 1 IN 4 EAST CENTRAL DISTRICT WOMEN AGES 50-74 HAVE NOT HAD A MAMMOGRAM IN THE PAST TWO YEARS⁷³



NEARLY 1 IN 3 EAST CENTRAL DISTRICT ADULTS AGES 50-75 DO NOT MEET COLORECTAL SCREENING GUIDELINES⁷³

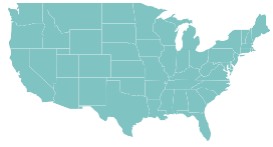


NEARLY 1 IN 5 EAST CENTRAL DISTRICT WOMEN AGES 21-65 HAVE NOT HAD A PAP SMEAR IN THE PAST THREE YEARS⁷³

"All [preventive practices] took a big hit during COVID and it doesn't seem to have recovered."
- Community Member Interview from Platte County

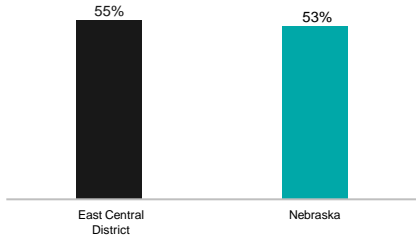
"Sometimes people do face issues when it comes to transportation or a lack of awareness. There are some cultural barriers present as well."
- Community Member Interview from Colfax County

#7 HEALTH NEED PREVENTIVE CARE & PRACTICES



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

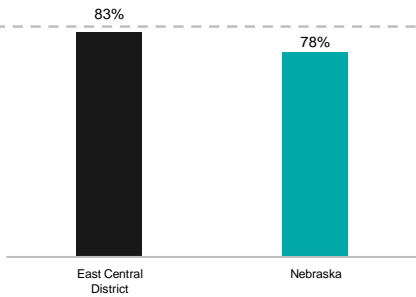
ADULT ANNUAL FLU VACCINATION



HP 2030 TARGET: **70%**
DESIRED DIRECTION:

East Central District does not yet meet the target⁷²

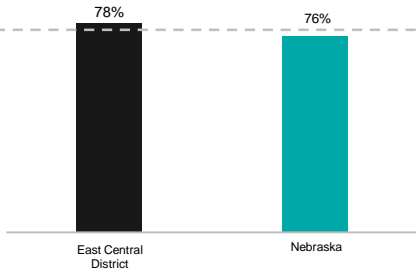
WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS



HP 2030 TARGET: **84%**
DESIRED DIRECTION:

East Central District does not yet meet the target⁷³

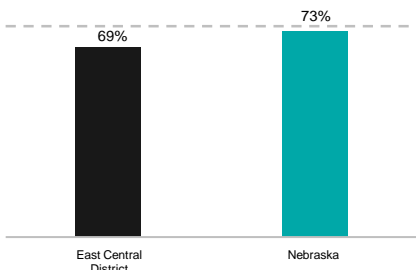
WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS



HP 2030 TARGET: **77%**
DESIRED DIRECTION:

East Central District meets/ exceeds the target⁷³

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES



HP 2030 TARGET: **74%**
DESIRED DIRECTION:

East Central District does not yet meet the target⁷³

PRIORITY POPULATIONS PREVENTIVE CARE & PRACTICES

While **preventive care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Data shows that Nebraskans are more likely to engage in preventive care the **MORE EDUCATED THEY ARE, THE MORE MONEY THEY MAKE, IF THEY ARE FEMALE, AND THE OLDER THEY ARE**⁷³

According to the community survey, respondents **AGES 35-54** were mostly likely to report that the last flu shot they got was **5+ years ago**



According to the community survey, **MEN** were significantly more likely than women to have gotten a flu shot less recently or to have never gotten one

HISPANIC survey respondents were significantly less likely than **White** respondents to say they got a flu shot in the past year

Top issues/barriers for preventive care and practices (reported in interviews):

1. People are not using services
2. Lack of awareness/education
3. Stigma

Sub-populations most affected by preventive care and practices (reported in interviews):

1. Immigrants
2. Elderly

Top resources, services, programs and/or community efforts in the community for preventative care and practices:

1. Columbus Community Hospital
2. Local and free clinics

#8 HEALTH NEED ECONOMIC STABILITY

INCOME/POVERTY AND EMPLOYMENT



ECONOMIC STABILITY INCLUDES INCOME, EDUCATION, EMPLOYMENT, TRANSPORTATION, AND HOUSING AND HOMELESSNESS. 21% OF SURVEY RESPONDENTS SELECTED INCOME/POVERTY AND EMPLOYMENT AS A PRIORITY HEALTH NEED

2% OF EAST CENTRAL DISTRICT TEENS 16-19 ARE **AT RISK** BECAUSE THEY ARE NOT IN SCHOOL OR UNEMPLOYED, WHICH IS **LOWER** THAN THE 4% SEEN STATEWIDE (HIGHEST FOR BOONE COUNTY AT 3%)⁷⁴

74% OF THESE TEENS DO NOT HOLD A HIGH SCHOOL DIPLOMA⁷⁴



EAST CENTRAL DISTRICT'S COUNTIES ARE RANKED **39TH** OUT OF 79 COUNTIES IN NEBRASKA ON AVERAGE FOR SOCIAL AND ECONOMIC FACTORS (THE LOWER A RANKING IS, THE BETTER), PLACING IT IN THE **TOP 50%** OF THE STATE'S COUNTIES⁷⁵

IN OUR COMMUNITY



EAST CENTRAL DISTRICT'S MEDIAN HOUSEHOLD INCOME IS **4% LOWER** THAN THE STATE AVERAGE⁷⁶

EAST CENTRAL: \$67,000

NEBRASKA: \$69,800

COLFAX COUNTY	\$69,500	PLATTE COUNTY	\$67,100
BOONE COUNTY	\$68,500	NANCE COUNTY	\$62,900



2%

OF EAST CENTRAL DISTRICT AND NEBRASKA ADULTS ARE **UNEMPLOYED**, COMPARED TO **3%** FOR NEBRASKA. THIS RANGES FROM 1% IN BOONE COUNTY TO 4% IN NANCE COUNTY⁷⁸

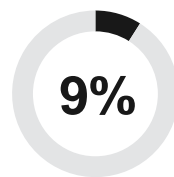
"There are jobs available but people either cannot or will not take them."

- Community Member Interview from Platte County

"The average income in Platte is \$67K per family, when you consider the housing and transportation costs, that is not enough."

- Community Member Interview from Platte County

LIVES IN POVERTY⁷⁷

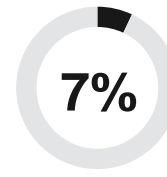


EAST CENTRAL DISTRICT



NEBRASKA

IS LOW-INCOME⁷⁷



EAST CENTRAL DISTRICT



NEBRASKA

WHILE EAST CENTRAL DISTRICT **POVERTY AND LOW-INCOME RATES** ARE **LOWER** THAN NEBRASKA, **NANCE COUNTY** HAS A **HIGHER POVERTY RATE** AT 14%⁷⁷

POVERTY RATES ARE **HIGHEST FOR CHILDREN** AT 12%, COMPARED TO 10% FOR NEBRASKA. WHILE **NANCE COUNTY** HAS THE **HIGHEST OVERALL, ADULT, AND CHILD** POVERTY RATES, **BOONE COUNTY** HAS THE **HIGHEST SENIOR** POVERTY RATE⁷⁷

POVERTY RATES BY COUNTY AND AGE GROUP⁷⁷

LOCATION	OVERALL	CHILDREN (0-18)	ADULTS (18-64)	SENIORS (65+)
Boone County	7%	8%	6%	11%
Colfax County	10%	8%	12%	8%
Nance County	14%	15%	15%	9%
Platte County	8%	10%	8%	6%
East Central District	9%	12%	9%	7%
Nebraska	10%	10%	10%	8%

#8 HEALTH NEED ECONOMIC STABILITY INCOME/POVERTY AND EMPLOYMENT



26% OF LOW-INCOME EAST CENTRAL DISTRICT ADULTS UTILIZE **FOOD STAMPS** VS. 49% FOR NEBRASKA. THE RATE IS JUST 15% FOR COLFAX COUNTY⁷⁹

ACCORDING TO THE U.S. CENSUS BUREAU

1% OF EAST CENTRAL DISTRICT RESIDENTS RECEIVE **PUBLIC ASSISTANCE** VS. 2% FOR NEBRASKA⁸⁰



13% OF EAST CENTRAL DISTRICT RESIDENTS RECEIVE **SUPPLEMENTAL SECURITY INCOME (SSI)**, COMPARED TO 6% FOR NEBRASKA. THIS IS HIGHEST IN PLATTE COUNTY AT 16%⁸⁰

"There's a lack of job options for those that are undocumented. Oftentimes we see families where one parent is working because the other one is not able to so they're left being a single income family. There is also a language barrier."
- Community Member Interview from Colfax County

"Fewer job opportunities and no new opportunities being generated."
- Community Member Interview from Boone County

"Some families only have 1 vehicle to get the kids to and from school and two people to work."
- Community Member Interview

Top issues/barriers for income/poverty and employment (reported in interviews):

1. People won't take the available jobs
2. Cost of living
3. Low pay


Sub-populations most affected by income/poverty and employment (reported in interviews):

1. Immigrants
2. Low-income residents

PRIORITY POPULATIONS INCOME/POVERTY AND EMPLOYMENT


While **income/poverty and employment** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

 Survey respondents **AGES 35-44** were significantly more likely than other age groups to select **income/poverty and employment** as a priority health need

 12% of district **CHILDREN**, 7% of **SENIORS**, and 22% of **FEMALE HEADS-OF HOUSEHOLD (HoH)** living with their minor children, live in poverty⁷⁷

NANCE COUNTY has the lowest median household income in the district, and the highest overall, **ADULT (18-64)**, **CHILD (0-18)**, and **SINGLE MOTHER** poverty rate⁷⁶

BOONE COUNTY has the highest rate of **SENIORS 65+** living in poverty in East Central Health District, at 11%⁷⁷

 According to research, people who are **IMMIGRANTS AND/OR EXPERIENCE LANGUAGE BARRIERS** may have additional challenges with accessing employment, education, and health and social services⁷⁷

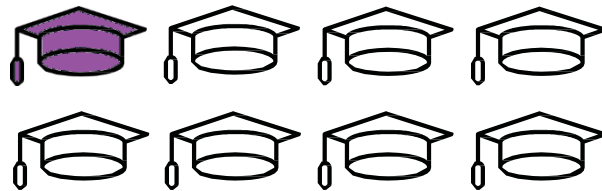
Science says that **PEOPLE WITH DISABILITIES** may experience additional challenges obtaining and maintaining employment⁷⁷

#9 HEALTH NEED ECONOMIC STABILITY EDUCATION



EDUCATIONAL ATTAINMENT IS A **KEY DRIVER OF HEALTH**, SELECTED AS A **PRIORITY HEALTH NEED** BY **20%** OF SURVEY RESPONDENTS

IN OUR COMMUNITY



ACCORDING TO CENSUS DATA, **13%** OF EAST CENTRAL DISTRICT RESIDENTS **DID NOT GRADUATE HIGH SCHOOL**, WHICH IS **WORSE** THAN THE **8%** FOR NEBRASKA. THIS RANGES FROM **6%** IN BOONE COUNTY TO **27%** IN COLFAX COUNTY⁸¹



21% OF EAST CENTRAL DISTRICT RESIDENTS HAVE A **BACHELOR'S DEGREE OR HIGHER** (VS. **34%** FOR THE STATE OF NEBRASKA). THIS RANGES FROM **13%** IN COLFAX COUNTY TO **25%** IN PLATTE COUNTY⁸²

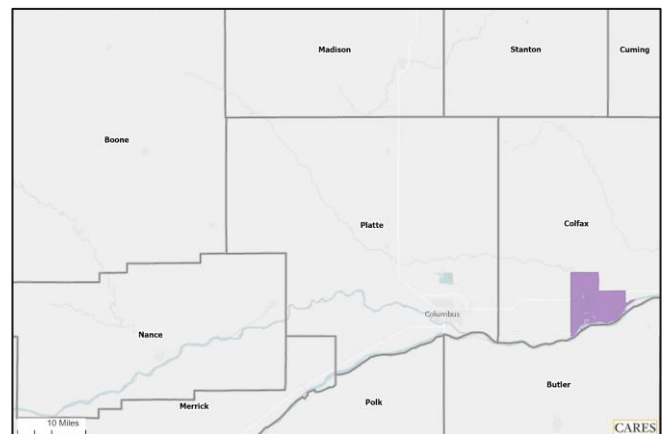
43% OF 3- AND 4-YEAR-OLDS IN BOTH EAST CENTRAL DISTRICT AND NEBRASKA ARE **ENROLLED IN PRESCHOOL**. THIS RANGES FROM **31%** IN COLFAX COUNTY TO **61%** IN NANCE COUNTY⁸³

PRESCHOOL ENROLLMENT CAN **IMPROVE SHORT AND LONG-TERM SOCIOECONOMIC AND HEALTH OUTCOMES**, PARTICULARLY FOR DISADVANTAGED CHILDREN⁸³

EAST CENTRAL DISTRICT'S AVERAGE **HIGHSCHOOL GRADUATION RATE (91%)** IS **HIGHER** THAN THAT OF THE STATE (**87%**).

COLUMBUS PUBLIC SCHOOLS (PLATTE COUNTY) HAD THE **LOWEST** HIGH SCHOOL GRADUATION RATE IN 2022-2023 IN EAST CENTRAL DISTRICT (**87%**)⁸⁴

LEIGH COMMUNITY SCHOOLS, CLARKSON PUBLIC SCHOOLS, AND HOWELLS-DODGE CONSOLIDATED SCHOOLS (COLFAX COUNTY) AND **TWIN RIVER PUBLIC SCHOOLS** (NANCE COUNTY) HAVE HIGH SCHOOL GRADUATION RATES OF **100%**⁸⁴

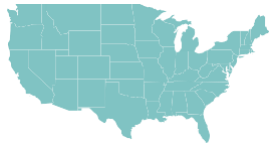


This “vulnerable population footprint map” from the Center for Applied Research and Engagement (CARES) shows areas of East Central District where more than **25% of the population lacks a high school education** (the southeast portion of Colfax County, highlighted in **purple**)⁸⁵

“Academic wellness and mental health is slipping, truancy, issues of health for children not being cared for, spills into education, lack of proper preschool.”
- Community Member Focus Group

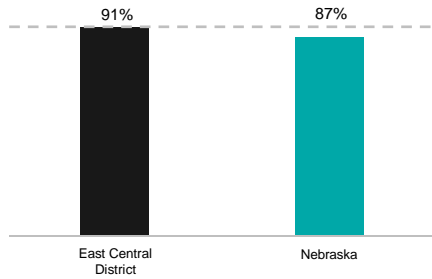
#9

HEALTH NEED ECONOMIC STABILITY EDUCATION



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



HP 2030 TARGET: 91%
DESIRED DIRECTION: ↑
 ✓ East Central District meets/exceeds the target.⁸³

IN 2020-2021, EAST CENTRAL DISTRICT'S **CHRONIC ABSENTEEISM RATE WAS 16%, BETTER THAN THE 22% FOR NEBRASKA**⁸⁶

ST. EDWARD PUBLIC SCHOOLS (BOONE COUNTY) HAD THE HIGHEST RATE (22%) IN THE DISTRICT, WHILE CLARKSON PUBLIC SCHOOLS (COLFAX COUNTY) HAD THE LOWEST AT 7%⁸⁶

PRIORITY POPULATIONS EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

27% of COLFAX COUNTY residents do not have a high school diploma and only 13% have a Bachelor's degree or higher⁸¹



HISPANIC survey respondents were significantly more likely than white respondents to select education as a priority health need



CHILDREN WHO ARE LOWER INCOME are less likely to be enrolled in school at 3 and 4 years old compared to higher income children⁸³

The East Central District community survey found that those **AGED 65+** were less likely to have completed post-secondary education compared to other age groups

"There are not enough spots for preschools to meet the needs for the number of kids."

- Community Member Interview from Platte County

"The high school immigrant students may struggle to assimilate, especially if they haven't been in school since elementary school."

- Community Member Interview from Colfax County

"Stress of having to deal with those [troubled] students on teachers, deciding whether they want to stay or leave their profession."

- Community Member Focus Group

Top issues/barriers to education (reported in interviews):

1. Lack of spots/availability in preschools
2. Lack of preschool resources
3. Teacher shortage

Sub-populations most affected by education (reported in interviews):

1. Non-English speakers/Immigrants
2. Low-income
3. Teachers

Top resources, services, programs, and/or community efforts for education:

1. School system
2. English Language Program/language services
3. Head Start

#10 HEALTH NEED ADVERSE CHILDHOOD EXPERIENCES



ADVERSE CHILDHOOD EXPERIENCES (ACEs), INCLUDING ABUSE, NEGLECT, MENTAL ILLNESS, SUBSTANCE ABUSE, DIVORCE/ SEPARATION, WITNESSING VIOLENCE, AND HAVING AN INCARCERATED RELATIVE CAN HAVE LIFELONG IMPACTS⁸⁴

FIVE OF THE TOP 10 LEADING CAUSES OF DEATH ARE ASSOCIATED WITH ACEs⁸⁴

IN OUR COMMUNITY

19% OF SURVEY RESPONDENTS SELECTED ADVERSE CHILDHOOD EXPERIENCES (ACEs) AS A PRIORITY HEALTH NEED



Nebraska's child abuse rate of **5 per 1,000 children** is slightly higher than the national rate of **4 per 1,000 children⁸⁵**

This is highest in Nance County at 9 per 1,000 children⁸⁵

17% OF NEBRASKA CHILDREN HAVE EXPERIENCED 2 OR MORE ACEs⁸⁶



Research shows that youth with the most assets are MORE LIKELY TO:⁸⁷

- Do Well In School
- Be Civically Engaged
- Value Diversity

Research shows that youth with the most assets are LEAST LIKELY TO have problems with:⁸⁷

- Alcohol Use
- Violence
- Sexual Activity

PRIORITY POPULATIONS ADVERSE CHILDHOOD EXPERIENCES (ACEs)

While **adverse childhood experiences (ACEs)** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



NANCE COUNTY has a higher child abuse rate than other East Central District counties⁸⁵

CHILDREN WITH THE FOLLOWING RISK FACTORS:⁸⁷



- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults



Significantly more respondents who are EMPLOYED PART-TIME ranked 'adverse childhood experiences' as a top health concern in the community survey

Top issues/barriers for ACEs (reported in interviews):

1. High concern in the community
2. Cultural barriers
3. Lack of behavioral/mental health providers

Sub-populations most affected by access to healthcare (reported in interviews):

1. Refugees/immigrants
2. Low socioeconomic status
3. School-aged kids

"We see kids at the high school level being impacted by traumatic events. It impacts learning and how we educate."

- Community Member Interview from Platte County

"A majority of the students that come in have some pretty serious issues."

- Community Member Interview from Colfax County

#11

HEALTH NEED ECONOMIC STABILITY TRANSPORTATION



TRANSPORTATION HAS A MAJOR INFLUENCE ON HEALTH AND ACCESS TO SERVICES (FOR EXAMPLE, ATTENDING ROUTINE AND URGENT APPOINTMENTS, AS WELL AS RUNNING ESSENTIAL ERRANDS THAT SUPPORT DAILY LIFE)

IN OUR COMMUNITY

28% OF COMMUNITY SURVEY RESPONDENTS SAY THAT TRANSPORTATION IS LACKING IN EAST CENTRAL DISTRICT

“Most of the population needs access to a car and many people don’t have drivers licenses, don’t register their cars, and have no insurance.”
- Community Member Interview from Colfax County



When analyzing the largest population centers in each East Central District county, according to WalkScore.com, Schuyler, Albion, and Genoa are ‘Somewhat Walkable’ (some amenities within walking distance), Columbus is ‘Car Dependent’ (a few amenities within walking distance)⁶⁰

ACCORDING TO THE AMERICAN COMMUNITY SURVEY:³⁴



76% OF ALL WORKERS IN EAST CENTRAL DISTRICT DRIVE ALONE TO WORK, COMPARED TO 77% FOR NEBRASKA. THIS WAS HIGHEST FOR PLATTE COUNTY AT 80%⁸⁹



0.2% OF EAST CENTRAL DISTRICT RESIDENTS USE PUBLIC TRANSPORTATION TO GET TO WORK (VS. 0.4% FOR NEBRASKA) AND 5% WALK OR BIKE TO WORK (VS. 3% FOR NEBRASKA)⁸⁹



EAST CENTRAL DISTRICT AND NEBRASKA WORKERS SPEND AN AVERAGE OF 19 MINUTES PER DAY COMMUTING TO WORK. THIS IS HIGHEST IN NANCE COUNTY AT 26 MINUTES⁸⁹



RELIABLE TRANSPORTATION KEPT COMMUNITY SURVEY RESPONDENTS FROM THE FOLLOWING IN THE PAST YEAR:

- Medical appointments – **5%**
- Work/meetings – **3%**
- Buying food/groceries – **2%**
- Physical activity opportunities/the gym – **2%**
- School – **1%**
- Childcare – **1%**
- Getting other things for daily living – **1%**

#11

HEALTH NEED ECONOMIC STABILITY TRANSPORTATION

"You could easily miss an appointment due to lack of transportation which could really affect you - court appointment, renting a place, etc. This very often ends up in relapse or incarceration due to disappointment in the system."

- Community Member Focus Group

"We do have a lot of issues with there being no public transportation or no rideshare options. One of the bigger problems is also that this community is very widespread so an individual can't walk a 5 mile stretch to get from point A to point B especially in the winter weather conditions."

- Community Member Interview from Platte County

"Sidewalks aren't great in the area; there are lot of areas in Schuyler without sidewalks."

- Community Member Interview from Platte County

Top issues/barriers for transportation (reported in interviews):

1. Lack of public transportation
2. Walking areas/sidewalks need improvement
3. Weather
4. Community is widespread, not walkable

Sub-populations most affected by transportation (reported in interviews):

1. Elderly
2. Low-income
3. Disabled
4. Rural areas

Top resources, services, programs and/or community efforts in the community for transportation:

1. Hospital van service
2. Van/shuttle service
3. Taxi service in Columbus

PRIORITY POPULATIONS TRANSPORTATION

While **transportation** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

PLATTE COUNTY is less walkable and has a higher proportion of residents who drive to work than the rest of the district. Platte County survey respondents were most likely to select transportation as a resource lacking in the county^{88,89}



RURAL AREAS have less access to public transit and residents must travel further to access necessary services⁸⁸

NANCE COUNTY residents spend longer commuting to work than other East Central District residents⁸⁹

45-54 YEAR OLD survey respondents were significantly more likely to report transportation as a lacking resource in the community than other age groups



WOMEN were more than twice as likely as men to select transportation as a priority health need on the community member survey

Survey respondents with a **MENTAL HEALTH CONDITION** were significantly more likely to report transportation as a resource lacking in the community

#12 HEALTH NEED TOBACCO AND NICOTINE USE



10% OF COMMUNITY SURVEY RESPONDENTS INDICATED THAT ADDRESSING TOBACCO AND NICOTINE USE IN THE COMMUNITY WAS A PRIORITY HEALTH NEED

IN OUR COMMUNITY

THE LEADING CHRONIC DISEASE CAUSES OF DEATH IN EAST CENTRAL DISTRICT ARE:

#1 HEART DISEASE

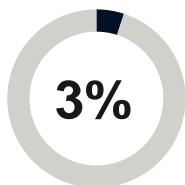
#2 CANCER

#3 CHRONIC LOWER RESPIRATORY DISEASE

#4 STROKE

SMOKING IS A RISK FACTOR FOR ALL OF THESE CHRONIC DISEASES⁹⁰

RATES OF CURRENT CIGARETTE SMOKING ARE SIMILAR FOR NSDUH* REGION 4 TEENS TO NEBRASKA TEENS⁹¹



NSDUH* REGION 4



NEBRASKA

- 18% of Nebraska youth have ever smoked a cigarette⁹²
- 14% use e-cigarettes and 30% have ever used them⁹²
- 15% are currently using a tobacco product and 35% have ever used a tobacco product⁹²



13%

OF EAST CENTRAL DISTRICT ADULTS ARE CURRENT SMOKERS (VS. 14% FOR NEBRASKA). THE DISTRICT RATE IS HIGHEST FOR NANCE COUNTY AT 17%⁹³

6% 

OF BOTH DISTRICT AND STATE ADULTS USE E-CIGARETTES, WHILE 21% OF EAST CENTRAL DISTRICT ADULTS HAVE USED THEM IN THEIR LIFETIME, VS. 25% FOR THE STATE⁹³



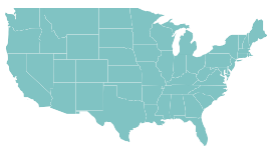
- Attempted to quit smoking in past year: 57% for district vs. 53% for Nebraska⁹³
- Have rule not allowing smoking inside their home: 95% for district vs. 93% for Nebraska⁹³
- Have rule not allowing smoking inside their vehicle: 89% for district vs. 87% for Nebraska⁹³

“Vapes are easy to hide. They look like flash drives. People are making clothes to help hide vapes as well.”
- Community Member Interview from Platte County

“Kids are ordering vapes online, then they sell them.”
- Community Member Focus Group from Boone County

*National Survey on Drug Use and Health, Region 4 contains East Central District

#12 HEALTH NEED TOBACCO AND NICOTINE USE

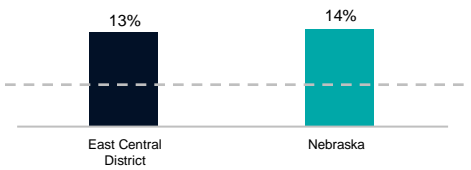


HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING

HP 2030 TARGET: 6%
 DESIRED DIRECTION: ↓

✗ East Central District does not yet meet the target⁹³



"In the past year it seems vaping in the schools has improved but it is still a large issue."
 - Community Member Interview from Boone County

"School staff have to patrol school for vaping."
 - Community Member Interview from Platte County

Top issues/barriers for tobacco and nicotine use (reported in interviews):

1. Vaping
2. Smoking

Sub-populations most affected by tobacco and nicotine use (reported in interviews):

1. Youth

Top resources, services, programs and/or community efforts in the community for tobacco and nicotine use:

1. Education in schools

PRIORITY POPULATIONS TOBACCO AND NICOTINE USE

While **tobacco and nicotine** use is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

According to East Central District data, the smoking rate is highest in **WHITE RESIDENTS AND RESIDENTS BETWEEN THE AGES OF 35-44**⁹³

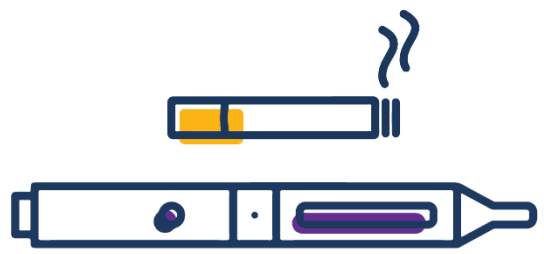
25-34 YEAR OLDS were significantly more likely than other ages to select tobacco and nicotine use as a priority health need on the community member survey

NANCE COUNTY has the highest smoking rate in the district (17%)¹⁵

People with **MENTAL HEALTH ISSUES** are more likely to smoke⁹³

YOUTH are more likely to **VAPE/ USE E- CIGARETTES** than smoke tobacco⁹²

People who are **LOWER-INCOME AND LESS EDUCATED** are more likely to smoke⁹³



#13 HEALTH NEED CRIME AND VIOLENCE



8% OF COMMUNITY MEMBERS SELECTED **CRIME AND/OR VIOLENCE** AS A **PRIORITY HEALTH NEED** TO ADDRESS IN THE COMMUNITY

IN OUR COMMUNITY

EAST CENTRAL DISTRICT'S 2022 **PROPERTY AND VIOLENT CRIME RATES ARE MUCH LOWER** THAN THE STATE OF NEBRASKA OVERALL. BOTH **PROPERTY AND VIOLENT CRIME RATES HAVE DECLINED SINCE 2020**⁹⁴

SCHUYLER (COLFAX COUNTY) WAS RANKED AS THE **#1 SAFEST CITY** IN NEBRASKA IN 2024 BASED ON PROPERTY AND VIOLENT CRIME RATE DATA⁹⁴

EAST CENTRAL DISTRICT
187



1. Platte County: 219
2. Colfax County: 190
3. Boone County: 73
4. Nance County: 27

NEBRASKA
1,889



PROPERTY CRIME RATES PER 100,000⁹⁴

EAST CENTRAL DISTRICT
35



1. Platte County: 47
2. Boone County: 36
3. Colfax County: 19
4. Nance County: 0

NEBRASKA
283



VIOLENT CRIME RATES PER 100,000⁹⁴

PRIORITY POPULATIONS CRIME AND VIOLENCE

While **crime and violence** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

65+ YEAR-OLDS were significantly more likely to select crime and violence as a priority health need on the community member survey than other age groups

LOWER INCOME survey respondents were most likely to select crime and violence as a priority

Top issues/barriers for crime and violence (reported in interviews):

1. Drug use
2. Increasing issue
3. Alcohol use

Sub-populations most affected by crime and violence (reported in interviews):

1. Low-income
2. Immigrants

Top resources, services, programs and/or community efforts in the community for crime and violence:

1. Law enforcement

"People know about the crime before people are even arrested. People hear about everything here."

- Community Member Interview from Platte County

"The court system doesn't help rehabilitate."

- Community Member Interview from Platte County

"There is low or no prosecution for drug dealers. The small towns can't afford it. It's hard on Sheriff's departments."

- Community Member Interview from Nance County

"There is a hard time getting police staff as we are not able to fund a larger force, and there is only one fireman. No one wants to volunteer anymore."

- Community Member Interview from Colfax County

#14 HEALTH NEED INTERNET ACCESS



HOUSEHOLDS AND COMMUNITIES WITH LIMITED INTERNET ACCESS ARE AT A COMPETITIVE, EDUCATIONAL, AND HEALTHCARE DISADVANTAGE, CREATING A 'DIGITAL DIVIDE'⁹⁵ INTERNET ACCESS WAS SELECTED AS A PRIORITY NEED BY 7% OF SURVEY RESPONDENTS

IN OUR COMMUNITY

CELLULAR DATA & BROADBAND ARE THE MOST COMMON FORMS OF INTERNET ACCESS⁹⁶

NEBRASKA RANKS

#33

OUT OF THE 50 U.S. STATES FOR BROADBAND COVERAGE, WITH 1 BEING BETTER COVERAGE⁹⁶



12%

OF EAST CENTRAL DISTRICT HOUSEHOLDS (2,478) LACK ANY INTERNET ACCESS, COMPARED TO JUST 9% FOR NEBRASKA⁹⁶

Nance County	18%	Colfax County	12%
Boone County	16%	Platte County	11%



22%

OF EAST CENTRAL DISTRICT HOUSEHOLDS LACK BROADBAND INTERNET ACCESS, COMPARED TO JUST 7% FOR NEBRASKA⁹⁶

Nance County	32%	Colfax County	21%
Boone County	25%	Platte County	11%

"Some families have to choose between food and being wifi accessible."
- Community Member Interview from Platte County

PRIORITY POPULATIONS INTERNET ACCESS

While internet access is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

LOWER INCOME people have a lower likelihood of having internet access, according to research⁷⁰

According to the community survey, 65+ YEAR OLDS were most likely to say that internet access is a priority health need

Top issues/barriers to internet access (reported in interviews):

1. Affordability
2. Spotty coverage
3. Lack of service in rural areas

Sub-populations most affected by internet access (reported in interviews):

1. Rural areas
2. Low-income

Top resources, services, programs, and/or community efforts for internet access:

1. Internet providers
2. Library
3. Public access points

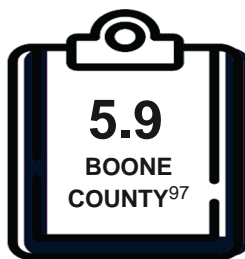
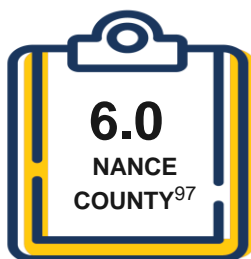
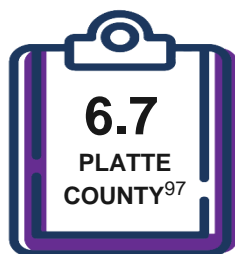
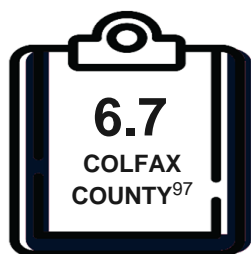
"We have no high speed internet throughout the whole community, so no one can work some times. They are forced to travel outside of town for an office or for a better access point."
- Community Member Interview from Colfax County

#15 HEALTH NEED ENVIRONMENTAL CONDITIONS



6% OF EAST CENTRAL DISTRICT SURVEY RESPONDENTS REPORTED ENVIRONMENTAL CONDITIONS AS A TOP HEALTH NEED FOR THE COMMUNITY

IN OUR COMMUNITY



In 2021, at least 1 community water system in both Nance and Platte Counties reported a health-based drinking water violation⁹⁷



In 2019, all East Central District counties had poorer air quality than Nebraska overall (a higher number of micrograms of particulate matter per cubic meter of air, ranging from 5.9 to 6.7, vs. 5.8 for Nebraska)⁹⁷

“We’ll get a letter in the mail saying that there is some sort of a contaminant in the water and to not drink the tap water. However, sometimes you do have situations where people are just not aware and they do proceed with drinking tap water.”

- Community Member Interview from Colfax County

“Water quality can be a little questionable with it being an agricultural area. There is a high cancer rate which may be related to water quality.”

- Community Member Interview from Platte County

PRIORITY POPULATIONS ENVIRONMENTAL CONDITIONS

While environmental conditions are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



CHILDREN are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects⁵⁶

COLFAX and PLATTE COUNTIES have the highest levels of air pollution in East Central District⁹⁷

Top issues/barriers to environmental conditions (reported in interviews):

1. Water quality (nitrates)
2. Agricultural farms
3. High cancer rates

Sub-populations most affected by environmental conditions (reported in interviews):

1. Those that live close to farms/industrial plants

Top resources, services, programs, and/or community efforts for environmental conditions:

1. Testing centers/services



In 2023, there were 0 cases of West Nile virus and 1 positive mosquito pool in East Central District⁹⁸

HEALTH NEED SLEEP

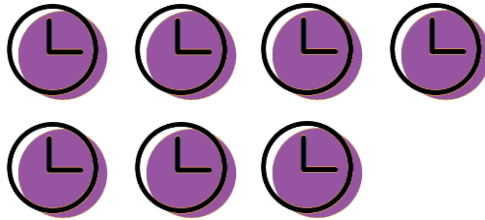
This health need was not ranked in the community member survey; however, it remains an important health need.



ADEQUATE SLEEP IMPROVES BRAIN PERFORMANCE, MOOD, AND HEALTH. NOT GETTING ENOUGH QUALITY SLEEP REGULARLY RAISES THE RISK OF MANY DISEASES AND DISORDERS. THESE RANGE FROM HEART DISEASE AND STROKE TO OBESITY AND DEMENTIA¹¹⁸

IN OUR COMMUNITY

BOTH EAST CENTRAL DISTRICT AND NEBRASKA ADULTS GET 7.1 HOURS OF SLEEP PER NIGHT ON AVERAGE¹¹⁸



30%

OF EAST CENTRAL DISTRICT ADULTS GET INADEQUATE SLEEP EACH NIGHT (LESS THAN 7 HOURS), COMPARED TO 28% FOR NEBRASKA¹¹⁸

Nance County	32%	Boone County	28%
Colfax County	31%	Platte County	29%



74%

OF NEBRASKA YOUTH DO NOT GET 8 OR MORE HOURS OF SLEEP ON A TYPICAL SCHOOL NIGHT (INADEQUATE SLEEP)¹¹⁹

“As for adults, a lot of them work odd shifts, either second or third shift. Their children will stay up late at night for their parents or kids will be waiting at daycare or wherever they are being taken care of.”
- Community Member Interview from Colfax County

PRIORITY POPULATIONS SLEEP

While **sleep** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

YOUTH are more likely to get inadequate sleep than adults and are more likely to experience adverse effects of not getting enough sleep¹¹⁹



NANCE AND COLFAX COUNTIES have slightly higher rates of inadequate sleep than the rest of East Central District adults¹¹⁸

Top issues/barriers for sleep (reported in interviews):

1. Factory workers
2. Kids are staying up late on their phones
3. People aren't getting enough sleep

Sub-populations most affected by sleep (reported in interviews):

1. Odd shift workers
2. Kids/youth

Top resources, services, programs and/or community efforts in the community for sleep:

1. Hospital sleep lab

“It would take a culture change for people to realize that only sleeping for five hours is not healthy.”
- Community Member Interview from Platte County

HEALTH NEEDS HEALTH OUTCOMES



HEALTH NEEDS: HEALTH OUTCOMES

The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the overall East Central District ranking from the community member survey as seen on page 23. Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of East Central District and the state compared to the benchmark goal.



#1 HEALTH NEED MENTAL HEALTH



MENTAL HEALTH AND ACCESS TO MENTAL HEALTHCARE was the **#1 RANKED HEALTH NEED** reported in the community member survey, with **55%** of respondents selecting this option

13% of survey respondents **needed mental health counselling** in the past year but **could not get it**. **45%** said **mental healthcare access is lacking** in the community

ALMOST ONE-QUARTER (23%)

OF EAST CENTRAL DISTRICT RESIDENTS WHO RESPONDED TO THE 2024 COMMUNITY MEMBER SURVEY RATE THEIR ACCESS TO MENTAL OR BEHAVIORAL HEALTH SERVICES AS LOW OR VERY LOW, WITH ANOTHER 37% RATING IT AS NEUTRAL

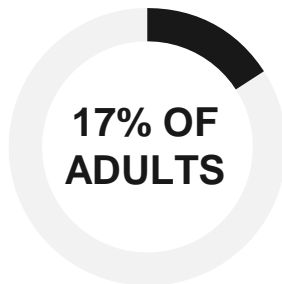
IN OUR COMMUNITY



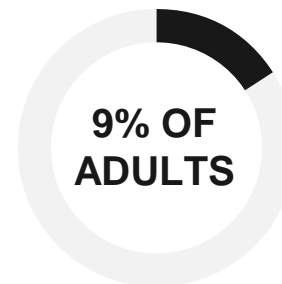
in Nebraska reported that their **mental health was not good** (most of the time or always) in the past month¹¹



in Nebraska felt **sad or hopeless** for at least 2 weeks in the past month, so that they stopped doing usual activities¹¹



in both East Central District and Nebraska have been diagnosed with **depression** by a mental health professional. This ranged from 14% in Platte County to 19% in Nance County¹¹



in East Central District experienced **frequent mental distress** (2+ weeks/ month in the past year), compared to 12% for Nebraska¹¹

THE 2023 COUNTY HEALTH RANKINGS FOUND THAT EAST CENTRAL DISTRICT HAS **FEWER MENTAL HEALTH PROVIDERS** RELATIVE TO ITS POPULATION WHEN COMPARING THE COUNTY RATIOS TO NEBRASKA, PARTICULARLY IN COLFAX AND BOONE COUNTIES (DATA WAS UNAVAILABLE FOR NANCE COUNTY)¹²

BOONE COUNTY**

2,693:1¹²

PLATTE COUNTY*

451:1¹²



COLFAX COUNTY**

10,440:1¹²

NEBRASKA

329:1¹²

EAST CENTRAL DISTRICT ADULTS REPORT **4.1 MENTAL UNHEALTHY DAYS PER MONTH**, COMPARED TO **4.3** FOR NEBRASKA. THIS RANGED FROM 3.5 IN COLFAX COUNTY TO 4.6 IN NANCE COUNTY¹³

ONLY **12%** OF RESPONDENTS TO THE 2024 COMMUNITY MEMBER SURVEY REQUIRING MENTAL OR BEHAVIORAL HEALTH SERVICES **RECEIVED ALL THE CARE THEY NEEDED**



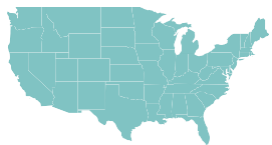
East Central District's adult suicide mortality rate of **23 per 100,000** is **higher** than Nebraska's rate of **19 per 100,000**¹⁴

19% of Nebraska **youth considered attempting suicide** in the past year, while the youth (10-19) **suicide mortality rate was 8 per 100,000**¹⁴

"We do not have great mental health here, I would love to be able to send more kids to psychiatrists, counseling, behavioral health..."

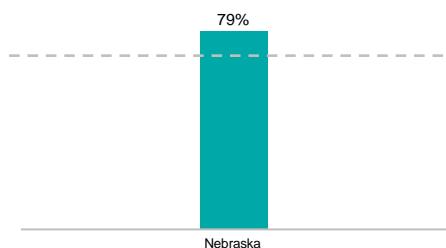
- Community Member Interview from Platte County

#1 HEALTH NEED MENTAL HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

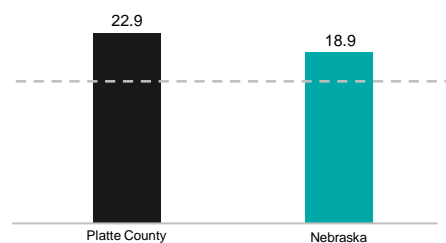
ABILITY TO GET HELP FOR MENTAL HEALTH ISSUES



HP 2030 TARGET: 69%
DESIRED DIRECTION: ↑

✓ Nebraska meets/ exceeds the target. This data was not available for East Central District¹¹

SUICIDE RATE



HP 2030 TARGET: 12.8 PER 100,000
DESIRED DIRECTION: ↓

✗ East Central District data was only available for Platte County, which does not yet meet the target¹⁴

"There are mental health concerns at schools and locally. We need improvement of care surrounding mental health."

- Community Member Focus Group from Boone County

"We need more licensed practitioners, they are better at dealing with that (mental health) than the police and to avoid the legal system."

- Community Member Interview from Platte County

"We do not have any mental health care at a local level. This includes family therapy in situations where the entire family may need to seek that resource plus there is 0 mental health care that is available in additional languages other than English. Some people also can't afford it and end up foregoing that resource."

- Community Member Interview from Colfax County

PRIORITY POPULATIONS MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

COLFAX and PLATTE COUNTY survey respondents were significantly more likely to rate their access to mental health services as very low than other counties

BOONE and COLFAX COUNTIES have much lower access to mental health professionals compared to their population the overall district and state¹²



NANCE COUNTY experienced the highest depression and number of mental unhealthy days per month in East Central District¹³

The entire "Catchment 4" area of Nebraska (made up of 22 counties including East Central District) is designated as a geographic **MENTAL HEALTH PROFESSIONAL SHORTAGE AREA (HPSA)**¹²

25-34 YEAR OLDS were significantly more likely than other ages to rank their access to mental healthcare as low in the community member survey

WOMEN were significantly less likely than men to rate their mental health as 'excellent' on the community survey and more likely to say that community mental healthcare access is lacking

WHITE survey respondents were significantly more likely than Hispanic respondents to select mental health as a priority

Top issues/barriers for mental health (reported in interviews):

1. Not enough counselors & psychiatrists
2. Long waits
3. Stigma

Sub-populations most affected by mental health (reported in interviews):

1. Youth
2. Rural areas

#2 HEALTH NEED CHRONIC DISEASES



IN OUR COMMUNITY

9% OF EAST CENTRAL DISTRICT ADULTS RATE THEIR HEALTH AS FAIR OR POOR, VS. 11% FOR NEBRASKA. THIS WAS HIGHEST IN COLFAX COUNTY AT 15%⁵⁸

- POOR
- FAIR
- GOOD
- VERY GOOD
- EXCELLENT

12%

12% of both East Central District and Nebraska adults identified as having a **disability** (ranging from 8% in Colfax County to 17% in Nance County)⁵⁹

Ambulatory disabilities were the most common type (5%)⁵⁹

AMBULATORY	HEARING	COGNITIVE	INDEPENDENT LIVING	VISION	SELF-CARE
5%	4%	4%	3%	2%	2%

EAST CENTRAL DISTRICT COUNTY RANKINGS FOR HEALTH OUTCOMES (OUT OF 79 COUNTIES, WITH 1 BEING THE BEST RANKING AND 79 BEING THE WORST RANKING)⁶⁰

Boone County	38
Colfax County	34
Nance County	41
Platte County	15

THERE WERE **6,300 (AGE-ADJUSTED) YEARS OF POTENTIAL LIFE LOST** AMONG EAST CENTRAL DISTRICT RESIDENTS UNDER AGE 75, IN 2023, VS. 6,447 FOR NEBRASKA⁶¹

“Lots of undiagnosed chronic disease in the community.”

- Community Member Interview from Platte County

“We are a meat and potatoes state, along with not a lot of exercise.”

- Community Member Interview from Platte County

“Diabetes and obesity is a concern. It is hard to get diabetes supplies in these areas. Not enough nutrition services and help for chronic diseases.”

- Community Member Focus Group from Boone County

Top issues/barriers for chronic diseases (reported in interviews):

1. Poor diet
2. Lifestyle
3. Lack of exercise
4. Obesity

Sub-populations most affected by chronic diseases (reported in interviews):

1. Low-income
2. Elderly
3. Hispanic population

Top resources, services, programs and/or community efforts in the community for access to childcare:

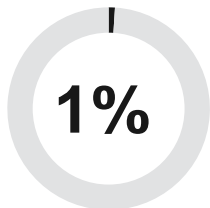
1. Local education
2. Columbus Community Hospital

#2 HEALTH NEED CHRONIC DISEASES

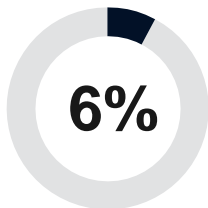


HEART DISEASE & HYPERTENSION

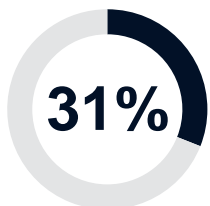
HEART DISEASE IS THE LEADING CAUSE OF DEATH IN EAST CENTRAL DISTRICT⁶²



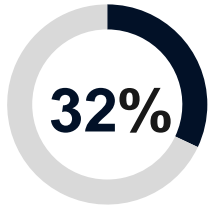
of East Central District adults reported that they have had a **stroke**, vs. 2% for **Nebraska**. This is highest in Colfax County at 3%⁶²



of East Central District adults reported being told they have had a **heart attack, or coronary heart disease**, vs. 5% for Nebraska. This is highest in Colfax County at 6%⁶²



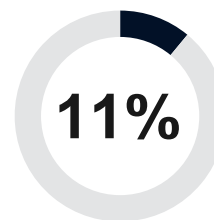
of both East Central District and Nebraska adults have **hypertension**. This is highest in Colfax County at 31%⁶²



of East Central District adults have **high cholesterol**, compared to 31% of Nebraska adults. This is highest in Boone and Nance Counties at 31%⁶²



DIABETES



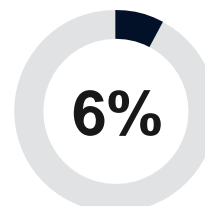
of East Central District adults have **diabetes**, compared to 10% for the state. This is highest for Colfax County at 11%⁶⁴

9% OF EAST CENTRAL DISTRICT ADULTS HAVE PREDIABETES (VS. 8% FOR NEBRASKA)⁶⁴

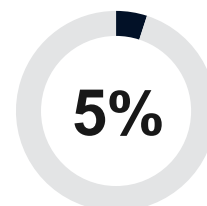
OF THOSE WITH PREDIABETES, 20% WILL GO ON TO DEVELOP DIABETES WITHIN FIVE YEARS WITHOUT LIFESTYLE MODIFICATION⁶⁴



ASTHMA AND COPD



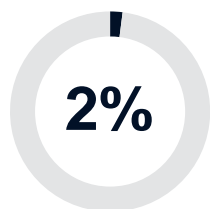
of East Central District has **asthma, vs. 8%**. This is highest in Nance County at 9%⁶⁵



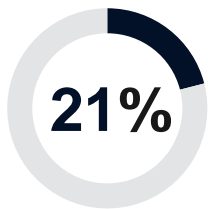
of East Central District has **Chronic Obstructive Pulmonary Disease (COPD)**. This is highest in Nance and Colfax Counties at 6%⁶⁵



KIDNEY DISEASE & ARTHRITIS



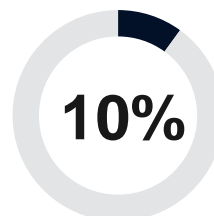
of both East Central District and Nebraska adults have **kidney disease**. This is highest in Colfax County at 3%⁶³



of East Central District adults have **arthritis**, compared to 23% of Nebraska adults. This is highest in Nance County at 24%⁶³



COGNITIVE DECLINE



of both East Central District and Nebraska adults ages 45+ experienced **worsening confusion or memory loss** in the past year⁶⁶

#2 HEALTH NEED CHRONIC DISEASES

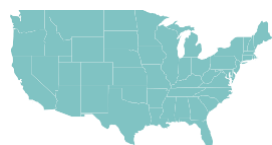
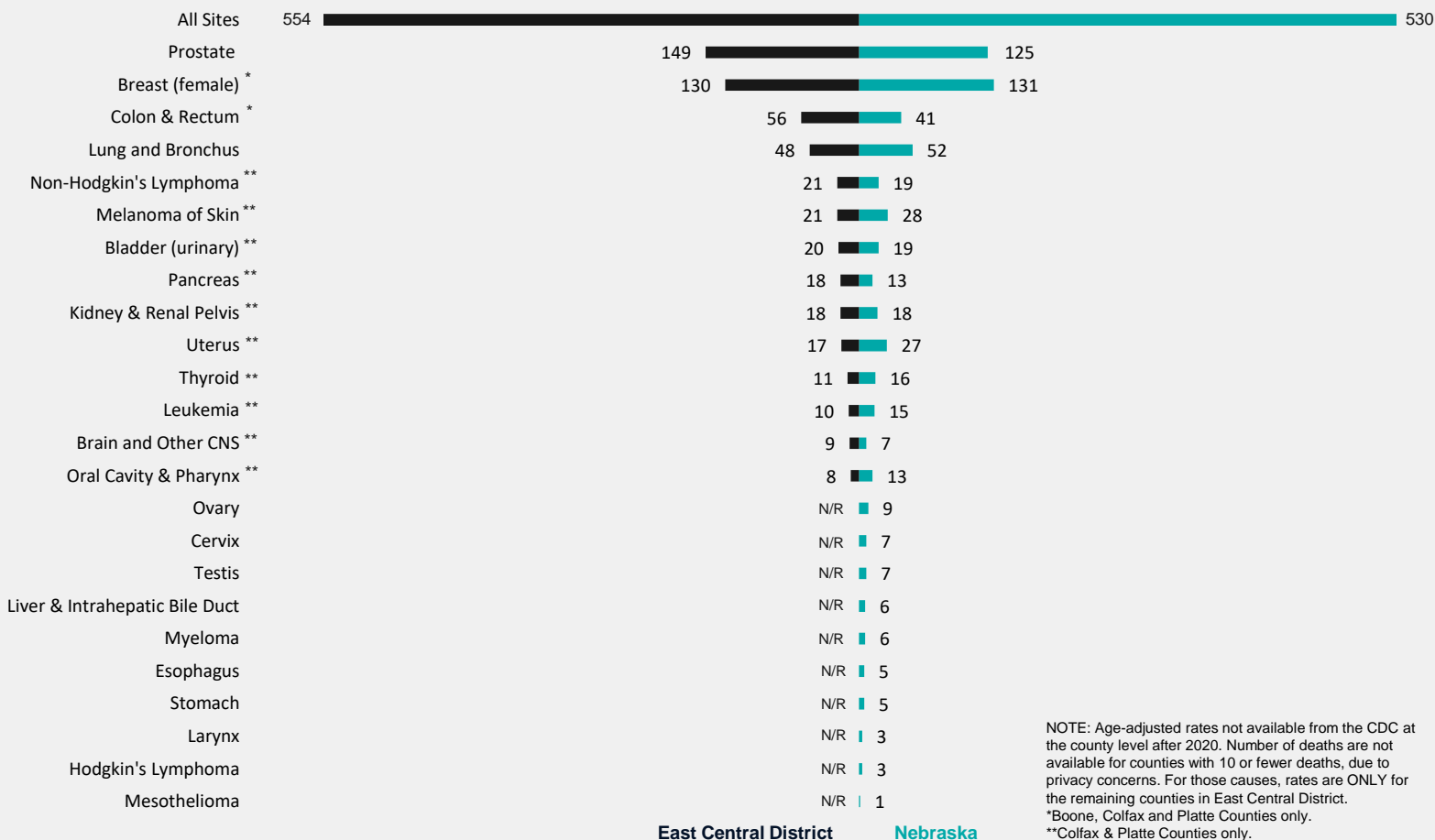


ACCORDING TO THE U.S. CANCER STATISTICS DATA VISUALIZATIONS TOOL, CANCER IS THE SECOND LEADING CAUSE OF DEATH IN EAST CENTRAL DISTRICT, AND THE OVERALL CANCER INCIDENCE (CRUDE RATE) PER 100,000 IS SLIGHTLY HIGHER THAN NEBRASKA⁶⁷

554 EAST CENTRAL DISTRICT⁶⁷ **530** NEBRASKA⁶⁷

AGE-ADJUSTED CANCER INCIDENCE PER 100,000 ⁶⁷			
Boone County	Colfax County	Nance County	Platte County
522	377	448	458

PROSTATE, COLON, NON-HODGKIN'S LYMPHOMA, BLADDER, PANCREAS, AND HAD HIGHER INCIDENCE RATES IN EAST CENTRAL DISTRICT THAN NEBRASKA⁶⁷



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

✗ East Central District does not yet meet the Healthy People 2030 target for breast, prostate, lung, colorectal, and overall cancer mortality rates^{67,68}

#2 HEALTH NEED CHRONIC DISEASES



PRIORITY POPULATIONS CHRONIC DISEASES

While **chronic diseases** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

NANCE COUNTY has higher rates of disability, high cholesterol, arthritis, and asthma compared to other East Central District counties. The county health outcome ranking is also worst in the district at 41 out of 79 counties⁶²⁻⁶⁶

COLFAX COUNTY has higher rates of heart disease, hypertension, stroke, diabetes, kidney disease, and COPD than the rest of East Central District⁶²⁻⁶⁶

BOONE COUNTY has higher cancer and high cholesterol rates than other counties within East Central District^{62,67}

PLATTE COUNTY has higher rates of female breast cancer than other East Central District counties⁶²

MEN were 2x as likely as women to select cognitive decline as a priority on the community member survey

LOWER INCOME and **PEOPLE WITH LOW EDUCATION** are at a higher risk of developing many chronic conditions⁶⁸

Chronic conditions are more common in **OLDER ADULTS**⁶⁸

People with **HIGH EXPOSURE TO AIR POLLUTION**⁶⁸

People who **SMOKE**⁶⁸

People with challenges with **PHYSICAL ACTIVITY AND NUTRITION**⁶⁸

"It has a lot to do with poor diet and lack of physical activity. The poor diet aspect has to do with cultural barriers and lack of education. Because of lack of affordability of healthcare, individuals tend to overlook screenings and other preventive practices until it's too late, at which point it's no longer preventative."

- Community Member Interview from Colfax County

"The diabetes medication is \$200-300 and insurance won't cover it."

- Community Member Interview from Nance County

"Some of the rural areas don't have specialty treatment for things like cancer, kidney disease, getting transport can be hard if they don't have it, especially for elderly."

- Community Member Focus Group

#3 HEALTH NEED MATERNAL, INFANT & CHILD HEALTH



3% OF COMMUNITY SURVEY RESPONDENTS SELECTED **MATERNAL, INFANT & CHILD HEALTH** AS A **PRIORITY** COMMUNITY HEALTH NEED TO ADDRESS

IN OUR COMMUNITY



EAST CENTRAL DISTRICT'S **TEEN BIRTH RATE IS 22 PER 1,000 FEMALE TEENS, HIGHER THAN NEBRASKA (18 PER 1,000)**⁹⁸



THE **LACK OF LOCAL PRENATAL CARE PROVIDERS AND FACILITIES** WAS THE MOST FREQUENT ISSUE RELATED TO MATERNAL, INFANT, AND CHILD HEALTH RAISED IN INTERVIEWS



IN 2021, THERE WERE **10 CASES** OF ELEVATED BLOOD LEAD LEVELS IN EAST CENTRAL DISTRICT CHILDREN UNDER 6 (3% OF THE TOTAL NUMBER OF CASES IN NEBRASKA AND PROPORTIONAL TO THE COUNTY'S POPULATION). OUT OF THE **22% OF NEBRASKA CHILDREN TESTED, 1.5% HAD ELEVATED BLOOD LEAD LEVELS**⁹⁹



NEBRASKA'S **LOW BIRTH WEIGHT RATE IS**

11%

BABIES BORN AT A LOW BIRTH WEIGHT ARE AT HIGHER RISK FOR **DISEASE, DISABILITY, AND DEATH**¹⁰⁰



30% OF EAST CENTRAL DISTRICT AND NEBRASKA HOUSEHOLDS ARE CARING FOR CHILDREN UNDER AGE 18¹⁰¹

"[The clinic is] seeing more sick moms/maternal morbidity than when we first started because of the rise of diabetes, hypertension, and obesity."

- Community Member Interview

"There needs to be more care for moms. Some hospitals have quit doing deliveries."

- Community Member Interview from Platte County

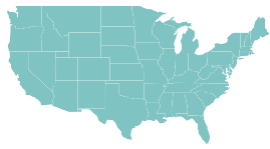


SEVERE MATERNAL MORBIDITIES (SMM) ARE UNEXPECTED OUTCOMES OF CHILDBIRTH THAT RESULT IN SIGNIFICANT HEALTH CONSEQUENCES. SMM ARE MORE THAN **100 TIMES AS COMMON AS PREGNANCY-RELATED MORTALITY** AND HAVE INCREASED UP TO **75% IN THE LAST DECADE NATIONWIDE**¹⁰²



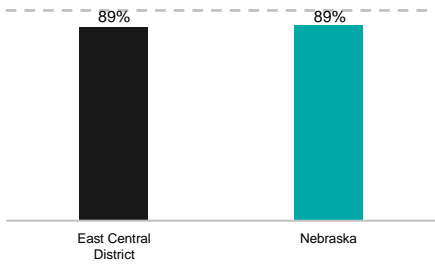
THE RATE OF SMM NEBRASKA IS **67 PER 10,000 HOSPITAL DELIVERIES (ONE OF THE LOWEST IN THE NATION)**¹⁰²

#3 HEALTH NEED MATERNAL, INFANT & CHILD HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ANY BREASTFEEDING



HP 2030 TARGET: **92%**
 DESIRED DIRECTION: **↑**
 ✗ East Central District does not yet meet the target¹⁰⁴

“Providers may push for c-sections for the sake of their own convenience.”
 - Community Member Interview from Boone County

FROM 2017-2021, **50 DEATHS** OCCURRED TO NEBRASKA RESIDENTS WHEN PREGNANT OR WITHIN A YEAR AFTER THE END OF A PREGNANCY AND **14 (28%) WERE PREGNANCY RELATED**. NEBRASKA HAS A **LOWER PREGNANCY-RELATED MORTALITY RATIO** THAN THE NATION¹⁰³

CONTRIBUTING FACTORS TO PREGNANCY RELATED DEATHS IN NEBRASKA:¹⁰³

- #1 LACK OF CONTINUITY OF CARE (71%)
- #2 LACK OF ACCESS/FINANCIAL RESOURCES (57%)
- #3 CLINICAL SKILL/ QUALITY OF CARE (57%)
- #4 LACK OF KNOWLEDGE (43%)
- #5 DELAY OF CARE (36%)

82% OF THESE DEATHS MAY BE PREVENTABLE¹⁰³

Top issues/barriers for maternal, infant, and child health (reported in interviews):

1. Lack of care/no local care options
2. Severe Neonatal Intensive Care Unit (NICU) cases have to be sent out of the community
3. Hypertension

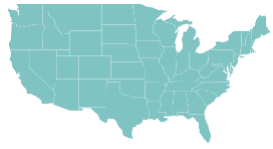
Sub-populations most affected by maternal, infant, and child health (reported in interviews):

1. Teens

Top resources, services, programs and/or community efforts in the community for maternal, infant, and child health:

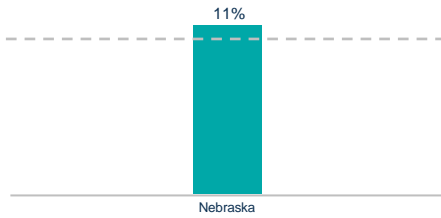
1. Columbus Community Hospital

#3 HEALTH NEED MATERNAL, INFANT & CHILD HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

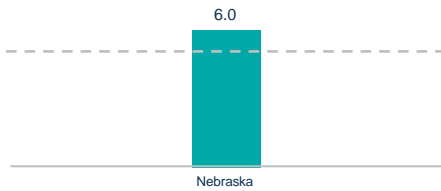
PRETERM BIRTH RATE



HP 2030 TARGET: 9%
DESIRED DIRECTION: ↓

✗ Nebraska does not yet meet the target. This data was not available for East Central District¹⁰⁵

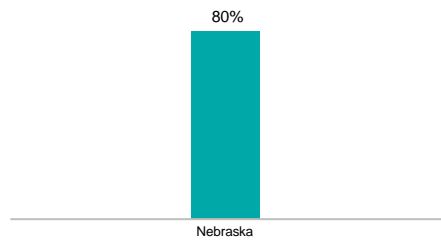
INFANT MORTALITY RATE PER 1,000



HP 2030 TARGET: 5 PER 1,000
DESIRED DIRECTION: ↓

✗ Nebraska does not yet meet the target. This data was not available for East Central District¹⁰⁶

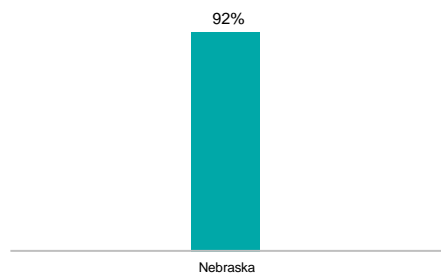
ON-TIME PRENATAL CARE



HP 2030 TARGET: 95%
DESIRED DIRECTION: ↑

✗ Nebraska does not yet meet the target. This data was not available for East Central District¹⁰⁷

PRENATAL NON-SMOKING RATE



HP 2030 TARGET: 96%
DESIRED DIRECTION: ↑

✗ Nebraska does not yet meet the target. This data was not available for East Central District¹⁰⁸

PRIORITY POPULATIONS MATERNAL, INFANT & CHILD HEALTH

While **maternal, infant, and child health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

In Nebraska, as in the nation, rates of severe maternal morbidity and mortality are higher among **NON-HISPANIC BLACK WOMEN** compared to white women^{102,103}



Research data shows that in **RURAL NEBRASKA** and for those with a **HIGHSCHOOL DIPLOMA OR LESS**, the severe maternal morbidity (SMM) rates and mortality rates are higher^{102,103}

“There is a lack of OB/GYN and pediatric care in this community. We have seen that mothers tend to not seek care until later into their pregnancies, especially first-time moms. There is a lack of transportation and health insurance coverage which is another reason as to why they are foregoing this prenatal care. We’ve also noticed that within the immigrant population they just don’t know where to go to seek this care period.”

- Community Member Interview from Colfax County

#4 HEALTH NEED HIV/AIDS & STIs

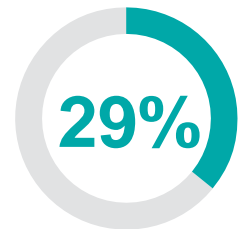
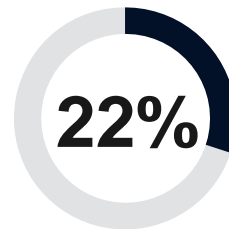
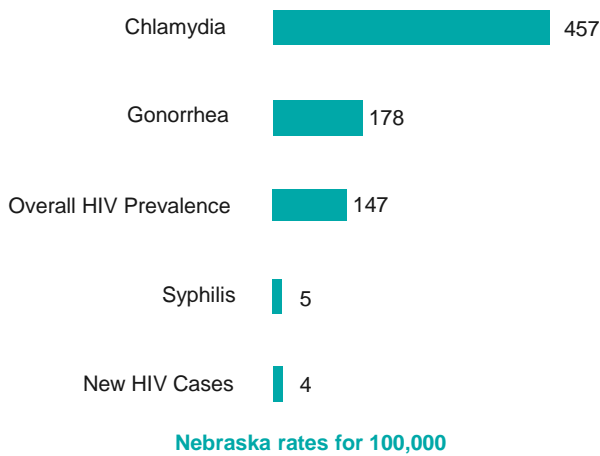


THE COVID-19 PANDEMIC MAY HAVE IMPACTED THE TESTING AND DIAGNOSIS RATES FOR HIV & STIs¹⁰⁹

IN OUR COMMUNITY



THE MOST COMMON SEXUALLY TRANSMITTED INFECTIONS (STIs) IN NEBRASKA ARE CHLAMYDIA AND GONORRHEA, WITH A LOWER PREVALENCE OF HIV. DATA WAS NOT AVAILABLE AT THE EAST CENTRAL DISTRICT LEVEL DUE TO LOW RATES^{110,111}



EAST CENTRAL DISTRICT

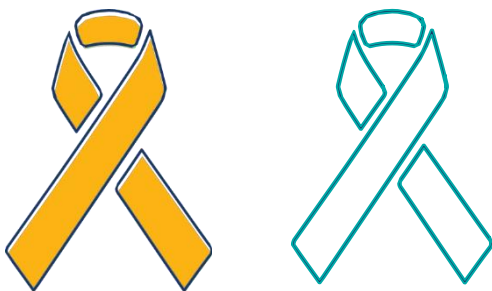
NEBRASKA



LESS THAN ONE-QUARTER OF EAST CENTRAL DISTRICT RESIDENTS HAVE EVER BEEN TESTED FOR HIV, COMPARED TO 29% FOR THE STATE¹¹²



#4 HEALTH NEED HIV/AIDS & STIs



ACCORDING TO STATE DATA, **JUST UNDER HALF (48%)** OF INDIVIDUALS LIVING WITH HIV IN NEBRASKA HAVE PROGRESSED TO AN **AIDS DIAGNOSIS**

77% OF NEBRASKANS WITH HIV ARE **RECEIVING MEDICAL CARE** AND **68%** ARE **VIRALLY SUPPRESSED**¹¹³

"The Field House sees a lot of public sex acts in underage populations."

- Community Member Interview from Platte County

"STI testing is not free but sexual assault is, so people tend to forgo testing to avoid being stigmatized."

- Community Member Interview from Platte County

"The health department has a reproductive health clinic that adolescents can access without a parent under Title 10 law."

- Community Member Interview from Platte County

PRIORITY POPULATIONS HIV/AIDS & Sexually Transmitted Infections (STIs)

While **HIV/AIDS and STIs** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



BLACK MALES (7x), HISPANIC MALES (3x), and BLACK FEMALES (23x) are much more likely to be living with an HIV diagnosis than their white counterparts¹¹¹

WOMEN have higher rates of chlamydia, particularly those **AGED 20–24**¹¹²

MEN have higher rates of syphilis and gonorrhea¹¹²

Top issues/barriers for HIV/AIDS & STIs (reported in interviews):

1. Stigma

Sub-populations most affected by HIV/AIDS & STIs (reported in interviews):

1. Younger populations

Top resources, services, programs and/or community efforts in the community for HIV/AIDS & STIs:

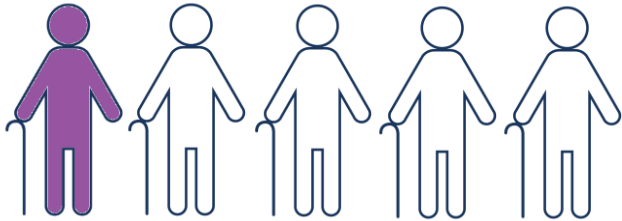
1. Health department
2. Local clinic
3. Local education

#5 HEALTH NEED INJURIES



EAST CENTRAL DISTRICT'S **UNINTENTIONAL INJURY DEATH RATE** (55 PER 100,000 POPULATION) IS **HIGHER** THAN THAT OF NEBRASKA (45 PER 100,000)¹¹³

IN OUR COMMUNITY



1 IN 5 EAST CENTRAL DISTRICT ADULTS AGES 45+ **FELL ONE OR MORE TIMES** IN THE PAST YEAR (20%), COMPARED TO **24%** FOR NEBRASKA¹¹⁴

6% OF EAST CENTRAL DISTRICT ADULTS AGES 45+ EXPERIENCED A **FALL-RELATED INJURY** IN THE PAST YEAR, VS. **8%** FOR NEBRASKA¹¹⁵



59%

OF EAST CENTRAL DISTRICT ADULTS TALKED ON THEIR **CELL PHONE** WHILE DRIVING IN THE PAST MONTH, VS. **67%** FOR NEBRASKA¹¹⁶

24% **TEXTED OR EMAILED** WHILE DRIVING, VS. **27%** FOR NEBRASKA¹¹⁶

71% **ALWAYS WEAR A SEATBELT** IN THE CAR, VS. **77%** FOR NEBRASKA¹¹⁶



5%

OF BOTH EAST CENTRAL DISTRICT AND NEBRASKA ADULTS EXPERIENCED A **WORK-RELATED INJURY OR ILLNESS** IN THE PAST YEAR¹¹⁷

PRIORITY POPULATIONS INJURIES

While **injuries** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

PLATTE COUNTY has a higher unintentional injury death rate (59 per 100,000 population) than the East Central District average (55 per 100,000)¹¹³



Individuals who work in jobs with a higher risk of occupational injury, such as **MANUFACTURING, CONSTRUCTION, AGRICULTURE, TRANSPORTATION, TRADES, AND FRONTLINE WORKERS**¹¹⁷

Top issues/barriers for injuries (reported in interviews):

1. High occurrence of workplace injuries

Sub-populations most affected by injuries (reported in interviews):

1. Elderly
2. Agricultural workers/farmers

Top resources, services, programs and/or community efforts in the community for injuries:

1. Columbus Community Hospital

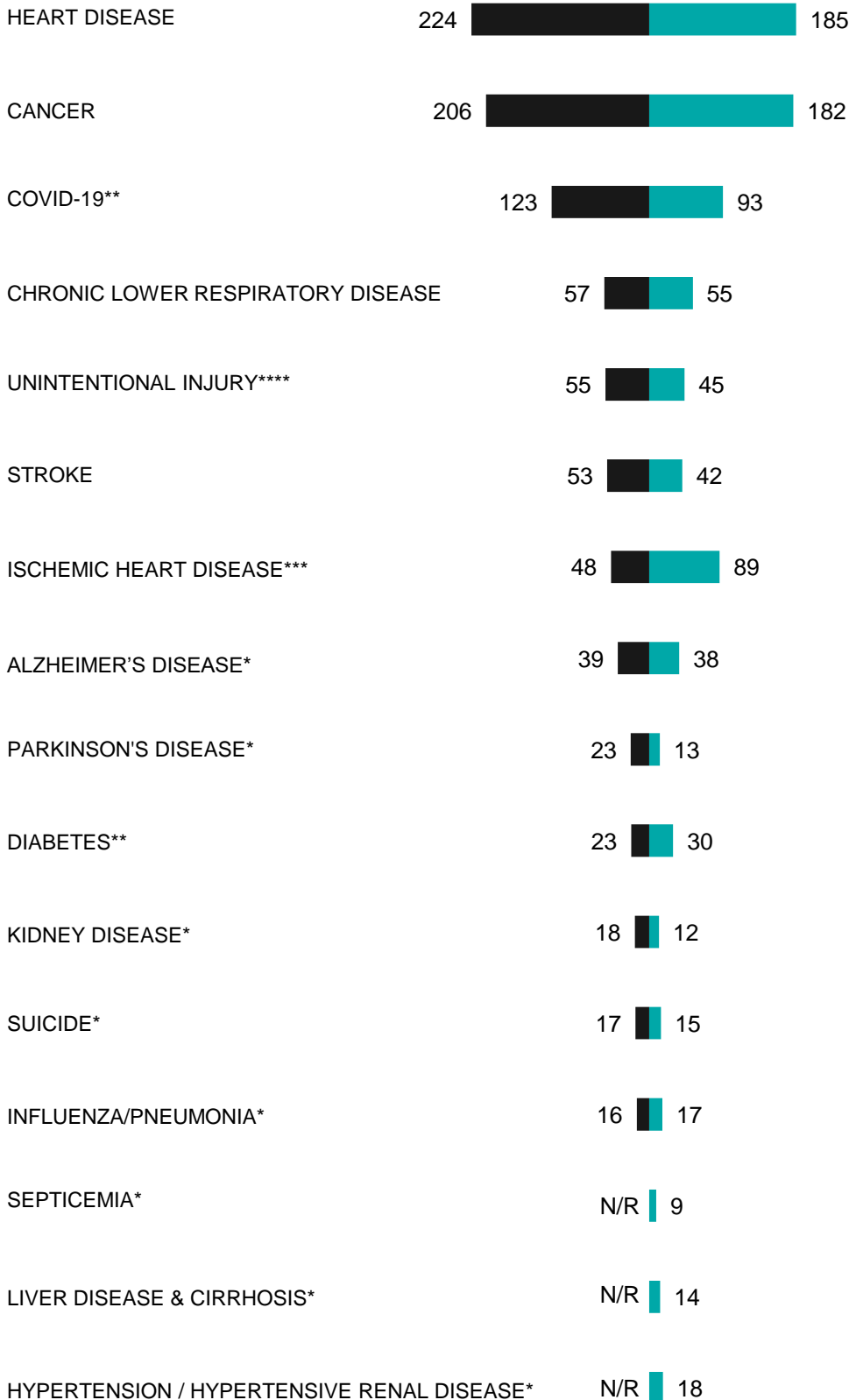
“There are a lot of workplace related injuries, but they need to be sent out [of the community].”

- Community Member Interview from Platte County

“There are not enough emergency medical local volunteers. We are so thankful to the volunteers, but we need more of them.”

- Community Member Interview from Boone County

LEADING CAUSES OF DEATH



THE TOP TWO LEADING CAUSES OF DEATH IN EAST CENTRAL DISTRICT ARE HEART DISEASE AND CANCER. EAST CENTRAL DISTRICT HAS HIGHER CRUDE MORTALITY RATES PER 100,000 THAN NEBRASKA FOR ALL CAUSES EXCEPT FOR ISCHEMIC HEART DISEASE AND INFLUENZA/PNEUMONIA¹²⁰

EAST CENTRAL DISTRICT NEBRASKA

NOTE: Age-adjusted rates not available from the CDC at the county level after 2020. Number of deaths are not available for counties with 10 or fewer deaths, due to privacy concerns. For those causes, rates are ONLY for the remaining counties in East Central District.

*Platte County only.

**Colfax & Platte Counties only.

***Boone, Nance and Platte Counties only.

****Boone, Colfax and Platte Counties only.

IDEAS FOR CHANGE FROM OUR COMMUNITY



These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

EDUCATION

- Increase options for odd shift workers.
- Adult programs.
- Better Interprofessional Education (IPE) adherence.
- Local schools need more support.

ACCESS TO CHILDCARE

- More childcare spots.
- More specialty facilities for children with special needs.
- Creating company daycares.
- Tax credits for daycare use.
- Increase funding for large centers.

MATERNAL, INFANT & CHILD HEALTH

- Increase healthy eating/physical activity education.

TOBACCO/NICOTINE USE

- Education for parents.
- More education for kids.
- More community wide outreach.
- Nebraska help line.
- D.A.R.E. (Drug Abuse Resistance Education).

CRIME AND/OR VIOLENCE

- Increase mental health resources.
- Gun control.
- Education on rules/laws.
- Youth programs.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- More bilingual therapists/counselors.

NUTRITION/PHYSICAL ACTIVITY

- Healthy eating/physical activity education literature.
- More school programs.
- More active promotion/better marketing.
- Insurance incentives for healthy habits.
- More programs targeted to immigrants.
- Make the field house more affordable.
- More green trails.
- Have a bus that goes to the YMCA in Columbus three times a week. Have a retired veteran or middle aged person drive the bus.
- More physical education classes.
- More access to healthy food.

ENVIRONMENTAL CONDITIONS

- Improve water filtration services.

ACCESS TO HEALTHCARE

- More affordable coverage options in the community.
- Help elderly with enrollment.
- Dedicated contact person needed for navigating healthcare systems.
- Increase access to telehealth.
- Better translation services in the hospitals.
- Increase access to simplified information.
- Hire more nurse navigators.
- Increase training opportunities for nurses.
- Increase caregiver support and staffing.
- More home health options from the hospital.
- More transparency on available healthcare resources.
- Incentives for healthcare providers that refer to Alcoholics Anonymous (AA) services.
- More awareness of funding and money changes for mental health programs.
- Provide more health presentations/education.
- Hire bilingual doctors at the hospital and that understand the culture.
- Work on decreasing wait times.
- More holistic approaches to healthcare.

HOUSING

- Focus on the workforce development grant.
- Create a homelessness agency.

IDEAS FOR CHANGE FROM OUR COMMUNITY



These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

PEOPLE WITH DISABILITIES

- Increase access to accessible bathrooms and automatic doors.
- Businesses need more ADA (Americans with Disabilities Act) friendly entrances.
- City Hall needs to make more disability accessible changes.
- Increase training on supporting people with disabilities.
- Increase local programs for people with disabilities.

MENTAL HEALTH/SUBSTANCE USE

- Create open dialogue on mental health and substance use.
- Better education on mental health and substance use.
- Early intervention/prevention in schools for suicide.
- Increase access to physical activity.
- More education for parents.
- Increase clubs/support groups for kids.
- Increase telehealth access.
- Education on mental health for the Somali community.
- Education on marijuana and vaping for youth.
- Bring back D.A.R.E. ((Drug Abuse Resistance Education).
- More school services and control of substance use.
- More drug testing at work.
- More male therapists.

HEALTH LITERACY

- Create culturally sensitive health materials that are picture heavy for low literacy levels (in English, Spanish, French, and Somali).
- Teach people who to listen to in healthcare (increase trust).

HIV/AIDS & STIs

- More education and destigmatization on infectious diseases, HIV/AIDS, and STIs.
- Better access to protection (infectious diseases, HIV/AIDS, STIs).

ECONOMIC SECURITY/ POVERTY/EMPLOYMENT

- Create a resource center for economic security, poverty, and employment.
- Increase access to charities.

TRANSPORTATION

- Involve employers in creating a shuttle service.
- Increase awareness of transportation options.
- Create/expand bus routes.

INTERNET/WIFI

- Increase access to internet/wifi.
- Create cost sharing options for internet/wifi.

CHRONIC DISEASES

- More education on chronic diseases.
- More pulmonary services.
- Increase healthy eating/ physical activity education.
- Better care plans for diabetes.
- More funding needed for facilities that specialize in dementia care.
- Increase opportunities to keep elderly people active.
- Have providers go to directly to dementia facilities instead of telehealth.
- Make healthcare more affordable.
- Create a bigger cancer center.
- Find the cause of perceived high cancer rates.
- Better access to cancer screenings.

OTHER OPPORTUNITES

- Create a community center.
- Bring back a seniors' center to the Boone county area.
- Increase focus on rural areas.
- More programs for teens and social interaction.
- Create a new youth center downtown (Columbus).
- Create opportunities for ongoing focus groups for people to provide feedback.
- Show that the community cares about Black people.
- Increase parenting education.

CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Education

Bible Baptist School
Boone Central Public School District
Boone County Libraries
Boone and Nance 4-H
Boys Town Day School
Cedar Rapids School District
Centennial Elementary School
Central Community College
Centro Hispano Comunitario De Nebraska
Christ Lutheran School
Clarkson Memorial Library
Clarkson Public School District
Columbus After School Programs
Columbus Area United Way
Columbus Christian School
Columbus Public Library
Columbus Public Schools
Cooperative Extension: Colfax County
Duncan Elementary School
Education Service Unit (ESU) #7
Emerson Elementary School
Fullerton Public Schools
Heather Elton
Help Me Grow Nebraska
Holy Family Schools
Howells Community Catholic School
Howells Public Library
Howells-Dodge Public School District
Humphrey Public Schools
Humphrey St. Francis School
Immanuel Lutheran School
Jennifer Calahan
Lakeview Community Schools
Leigh Community School District
Leigh Public Library
Lindsay Attendance Center
Lost Creek Elementary School
Lynn Hans
Nance County Early Head Start
Nebraska Extension - Platte County
Nebraska State University Extension Office
NorthStar of Nebraska
North Park Elementary
Platte Center Elementary School
Platte Valley Early Learning Connection
Platte Valley Literacy Association
Richland Public Schools
Riverside Public Schools
Rosa Valerio
Schuyler Community School District
Schuyler Community Schools Foundation, Inc.
Schuyler Public Library
Schuyler Public Library Foundation

Scotus Central Catholic High School
Shady Nook Public School
Shell Creek Public School
South Akron Public School
Scotus Central Catholic
St. Anthony Catholic Elementary School
St. Bonaventure Catholic Elementary School
St. Edward Public School
St. Isidore Catholic Elementary School
St. John Neumann Elementary School
St. John's Lutheran School
St. Michael's Catholic School
Sunrise Elementary School
The Colfax Foundation, Inc.
Terri Lewis
Twin River Public Schools
University of Nebraska Cooperative Extension - Boone and Nance Counties
West Park Elementary

Emergency & General Needs

2-1-1
Auglaize Chapel Church of God
Belgrade Volunteer Fire Department
Boone County Ambulance Service
Boone County Health Center
Caring and Sharing Food Pantry
Cedar Rapids Volunteer Fire Department
Center for Survivors
City Taxi
Columbus Area Transit System
Columbus/Platte County Convention & Visitors Bureau Columbus/Platte County
Columbus Emergency Relief
Columbus Fire Department
Columbus Municipal
Columbus United Way
Creston Volunteer Fire Department
Crisis Navigators
Duncan Fire Department
Emergency Management Agencies
Fabulous Forever
Fullerton Volunteer Fire Department
Genoa Volunteer Fire Department
Grover Hill Food Pantry
Goodwill Industries
Howells Volunteer Fire Department
Leigh Volunteer Fire Department
Lindsay Volunteer Fire Department
Monroe Volunteer Fire & Rescue Department
Nebraska Family Helpline
Platte County Ambulance
Ponca Tribe of Nebraska

Rainbow Ministries
Region 4 Assistance Programs
Rural Metro of Columbus
Salvation Army Thrift Store
Schuyler Volunteer Fire Department
Simon House
Starlink
Twice is Nice

Housing and Homelessness

Arbor Care Centers-Fullerton, LLC
Brookstone Acres
Central Northeast
Community Action Partnership
Clarkson Community Care Center
Columbus Emergency Relief
Columbus Housing Authority
Columbus Rescue Mission
Cottonwood Senior Living
Edgewood Columbus Senior Living
Emerald Nursing & Rehab Columbus
Good Samaritan Society - Estates
Habitat for Humanity of Columbus
Hoffmeister Homes Administrator
House of Ruth - Center for Child & Family Advocacy
Looking Glass Estates Administrator
Meridian Gardens Assisted Living
Mid-Nebraska Lutheran Home & Newman House
NeighborWorks Northeast Nebraska
Prairie Village Retirement Center
Regional Coordinated
Entry Point of Access
Region V Services Columbus
Valley View Assisted Living
Community Administrator

Crime and Violence

Albion Police Department
Boone County Sheriff's Department
Center for Survivors
Clarkson Police Department
Colfax County Clerk of the District Court
Colfax County Sheriff's Department
Colfax County Victim Assistance
Columbus Area United Way
Columbus Police Department
Howells Police Department
Leigh Police Department
Nance County District Court

CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Crime and Violence

Nebraska County Sheriff's Office
Nebraska State Patrol
Nebraska Child Abuse Hotline
Platte County District Court
Platte County Victim Assistance
Platte County Probation Office District 5
Platte County Sheriff's Office
Schuyler Police Department
St. Edward Police Department

Employment/Job Training

Central Community College
Career and Employment Services
Columbus Workforce Development
Equus Workforce Solutions
Proteus
Region V Services Columbus
Vantage Career Center

Food Security

Beaver Valley Senior Citizen's Center
Boone County Food Pantry
Caring and Sharing Food Pantry
Central Community College Food and Hygiene Pantry - Columbus Campus
Central Nebraska
Community Action Partnership
Colfax County Seniors Center
Columbus Community Hospital
Cooperative Extension - Colfax County
Fullerton Area Senior Center
Genoa Food Pantry
Holiday Spirit Co-op
Newman Grove Senior Citizens
Pawnee Senior Center
Pioneer Christian
Platte County Food Pantry
Salvation Army
Senior Center - Columbus
St. Paul Lutheran Church
The Gathering Place Church
University of Nebraska Cooperative Extension - Boone and Nance Counties
University of Nebraska Cooperative Extension - Platte County
West Nebraska Food Bank
WIC (Women, Infants, and Children)

Healthcare

Alegent Health Cardiology Outreach
Beverly Healthcare - Columbus & Schuyler
Birthright of Columbus
Boone County Health Center
Boone County Medical Clinic
Columbus Children's Healthcare Pediatric Clinic
Central Nebraska Community Action Partnership
CHI Health Schuyler
Colonial Manor Clarkson
Columbus Cancer Care Foundation
Columbus Care and Rehabilitation
Columbus Community Hospital
Columbus Family Practice Associates
Columbus Otolaryngology
Columbus Surgery Center, LLC
Columbus Urgent Care
Columbus Visiting Physicians Clinic
Country Clinics Primary Care
Creighton Cardiac Center
Creighton Internal Medicine at Columbus
Dialysis Center of Columbus
East Central District Health Department
Ear, Nose and Throat Head and Neck Surgery
Genoa Medical Facilities
Good Neighbor Community Health Center
Good Neighbor Community
Reproductive Health Clinic
Heibel Dermatology Clinic
Hematology and Oncology Consultants
Home Health & Hospice - Private
Duty of Columbus Community Hospital
Hospice of Columbus Community Hospital
Howells Family Practice Rural Health Clinic
Kelly Family Dentistry
Lone Tree Medical Associates
Midwest Allergy and Asthma Clinic
Midwest Urology Associates
Midwest Radiation Oncology
Nebraska Early Intervention
Nebraska Hand and Shoulder Institute
Newman Grove Medical Clinic
North Central Radiology
Orthopedics and Sports Medicine
Park Street Medical Clinic
Platte-Colfax Community & Family Partnership
The Urology Center

Mental Health and Substance Use

Alcoholics Anonymous
Arthritis Support Group
Behavioral Health Specialist, Inc. - Columbus Satellite Clinic
Beverly Ann Starman
Birthright - Columbus
Boone County Health Center
Catholic Charities
Charla Lambert
Colgrove Counseling Center, LLC
Columbus Clinic
Columbus Rescue Mission
Crisis Text Line
Dr. Brian Kluck, PhD
Douglas Draeger
East Central District Health Department
Educational Service Unit (ESU) #7
Good Life Counseling & Support, LLC - Columbus
Good Neighbor Community Health Center
Good Neighbor Community
Reproductive Health Clinic
Help Me Grow Nebraska
Jolaine Edwards
Larry Wilson
Lutheran Family Services
Mary Phillips
Narcotics Anonymous
National Suicide Prevention Lifeline
Nebraska Tobacco Quitline
Ring Counseling Services
Seekers of Serenity Place
Sunrise Place
Youth & Families for Christ

CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Social Services

Albion Senior Center
 Alzheimer's Association
 American Red Cross
 Approved Home Health
 Assistive Technology Partnership
 Boone County Health Center
 Cedar Rapids Senior Center
 Central Nebraska Community Services
 Christ Lutheran Church
 Church of Christ
 Church of Jesus Christ of Latter Day Saints
 Church of the Nazarene Columbus Hispanos Iglesia del Nazareno
 Columbus Area United Way
 Columbus Even Start
 City of Schuyler
 City of Schuyler Handi Bus Colfax County Senior Citizen Center
 Colfax County Seniors
 Colonial Manor Clarkson
 Columbus Area Future Fund
 Columbus Area Transit
 Columbus Area United Way
 Crisis Navigators
 First Baptist Church
 First United Methodist Church
 Grace Episcopal Church
 Grace Lutheran Church
 Health and Human Services

House of Ruth - Center for Child & Kiddie Cab
 Immanuel Lutheran Church
 Mosaic
 Nebraska Department of Health and Human Services
 Newman Grove Senior Citizens
 North Park Baptist Church
 NorthStar Services
 Palestine Baptist Church
 Pawnee Senior Center
 Peace Lutheran Church
 Region V Services Columbus Senior Center: Columbus
 St. Anthony Catholic Church
 St. Bonaventure Church
 St. Isidore's Catholic Church
 St. John's Lutheran Church
 The Arc of Platte County
 Trinity Lutheran Church
 Versatile Support Services, Inc.
 Word of Life Church
 Zion Lutheran Church

Legal Assistance

ACLU (American Civil Liberties Union) Nebraska
 Center for Survivors
 Centro Hispano Comunitario De Nebraska
 Colfax County Victim Assistance
 Immigrant Legal Center
 Legal Aid of Nebraska



STEP 6

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



IN THIS STEP, EAST CENTRAL DISTRICT PARTNERS:

- WROTE AN EASILY UNDERSTANDABLE CHNA REPORT
- ADOPTED AND APPROVED CHNA REPORT
- DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC



DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



East Central District Partners worked with Moxley Public Health to pool expertise and resources to conduct the 2024 Community Health Needs Assessment (CHNA). By gathering secondary (existing) data and conducting new primary research as a team (through focus groups with subpopulations and priority groups, interviews with community leaders, and a survey that went out to the community) the stakeholders will be able to understand the community's perception of health needs. Additionally, the community partners will be able to prioritize health needs with an understanding of how each compares against benchmarks and is ranked in importance by East Central District residents.

The 2024 East Central District CHNA, which builds upon the prior assessment completed in 2021, meets all Public Health Accreditation Board (PHAB), Internal Revenue Service (IRS), and Nebraska state requirements.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This East Central District CHNA report was adopted in April 2024.

The report (and adapted county-level reports) is widely available to the public on the health department and hospital websites:

- Boone County Health Center: <https://boonecohealth.org/patient-resources/general-information-3/>
- CHI Schuyler Health: <https://www.chihealth.com/about-us/mission-values/community-health-needs-assessments>
- Columbus Community Hospital: <https://www.columbushosp.org/for-the-community/community-health-needs-assessment>
- East Central District Health Department: <https://ecdhd.ne.gov/resources/health-department-reports.html>
- Genoa Medical Facilities: <https://www.genoamedical.org/>

Written comments on this report are welcomed and can be made by emailing:

- Boone County Health Center: cpoore@boonecohealth.org
- CHI Schuyler Health: connie.peters@chihealth.com
- Columbus Community Hospital: aeb laser@columbushosp.org
- East Central District Health Department: tfordwolfgram@ecdhd.ne.gov
- Genoa Medical Facilities: aroebuck@genoamedical.org

CONCLUSION & NEXT STEPS



NEXT STEPS WILL BE:

- IMPROVEMENT PLAN (CHIP)/IMPLEMENTATION STRATEGY FOR 2024-2026
- SELECT PRIORITY HEALTH NEEDS
- CHOOSE INDICATORS TO VIEW FOR IMPACT CHANGE FOR 2024-2026 PRIORITY HEALTH NEEDS
- DEVELOP SMART OBJECTIVES FOR IMPROVEMENT PLAN (CHIP)/IMPLEMENTATION STRATEGY
- SELECT EVIDENCE-BASED AND PROMISING STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

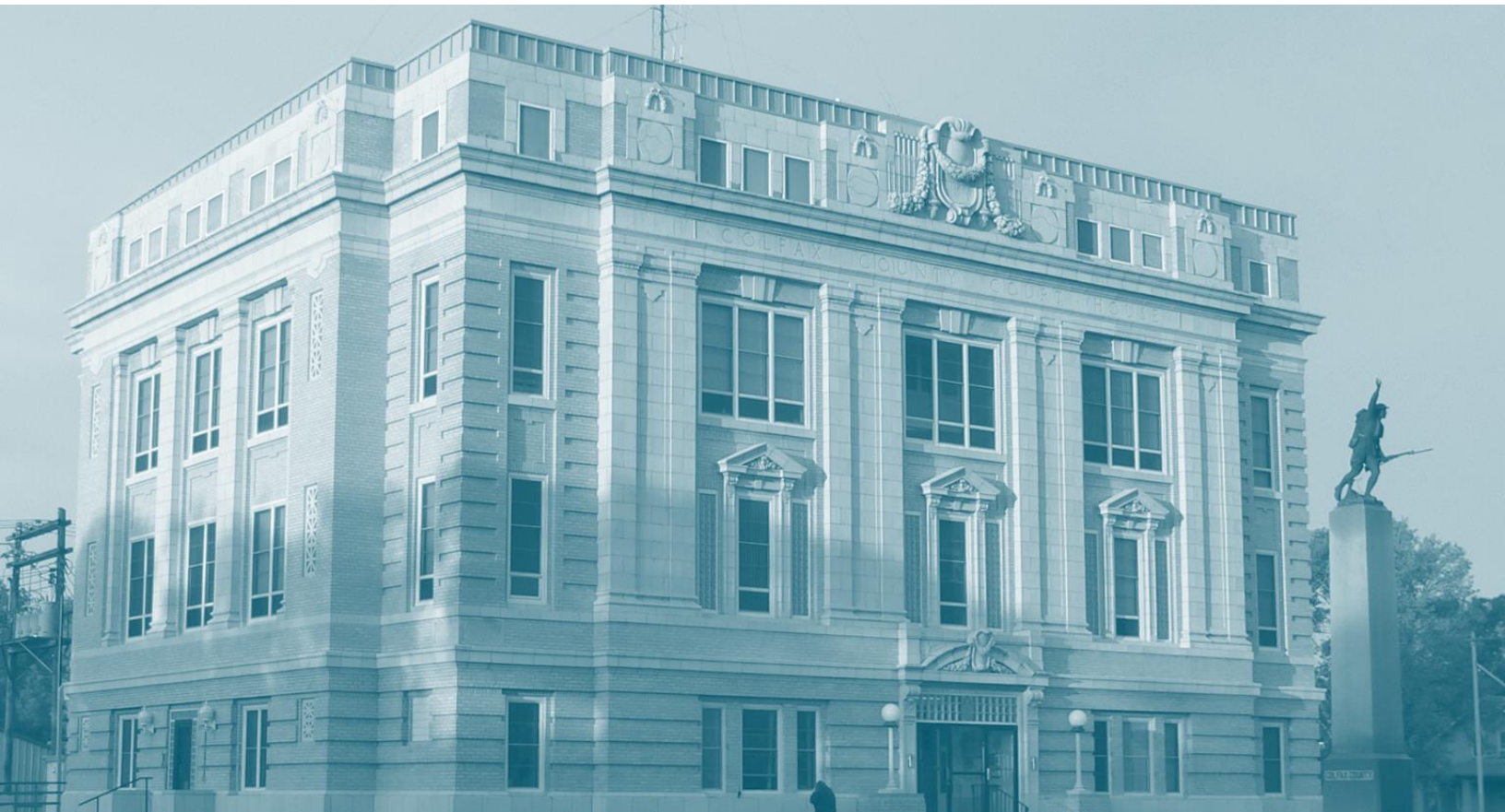


CONCLUSION

NEXT STEPS FOR EAST CENTRAL DISTRICT PARTNERS



- Monitor community comments on this CHNA report (ongoing) to the provided contacts.
- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by East Central District Partners. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge.)
- Community partners (including East Central District Partners and many other organizations throughout the district) will select strategies to address priority health needs and priority populations. (We will use but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Nebraska Department of Health and Human Services.)
- The 2024-2026 Improvement Plan (CHIP)/Implementation Strategy (that includes indicators and SMART objectives to successfully monitor and evaluate the plan/strategy) will be adopted and approved by the health department and hospitals, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.



APPENDIX A BENCHMARK COMPARISONS



BENCHMARK COMPARISONS

The following table compares county rates of the identified health needs to national goals called **Healthy People 2030 Objectives**.

These benchmarks show how the district compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of our Improvement Plan (CHIP)/Implementation Strategy to address priority health needs.



APPENDIX A: HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS



Where data were available, East Central District health and social indicators were compared to the Healthy People (HP) 2030 objectives. The **black** indicators are HP 2030 objectives that did not meet established benchmarks, and the **blue** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. [Healthy People Objectives](#) are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS			
INDICATORS	DESIRED DIRECTION	EAST CENTRAL DISTRICT	HP 2030 OBJECTIVES
High school graduation rate ⁸⁴	↑	91.0%	90.7%
Child health insurance rate ³⁹	↑	94.8%	92.4%
Adult health insurance rate ³⁹	↑	87.2%	92.4%
Unable to obtain medical care ³³	↓	8.5%	5.9%
Heart disease deaths ⁶⁵	↓	48.1 (excluding Colfax County)	71.1 per 100,000 persons
Cancer deaths ⁶⁵	↓	205.7	122.7 per 100,000 persons
Colon/rectum cancer deaths ⁹⁰	↓	14.0 (Platte County only)	8.9 per 100,000 persons
Lung cancer deaths ⁹⁰	↓	30.0 (Platte County only)	25.1 per 100,000 persons
Female breast cancer deaths ⁹⁰	↓	26.0 (Platte County only)	15.3 per 100,000 persons
Prostate cancer deaths ⁹⁰	↓	18.0 (Nebraska)	16.9 per 100,000 persons
Stroke deaths ¹⁴	↓	52.8	33.4 per 100,000 persons
Unintentional injury deaths ¹⁴	↓	55.0 (excluding Nance County)	43.2 per 100,000 persons
Suicide deaths ¹⁴	↓	17.1 (Platte County only)	12.8 per 100,000 persons
Suicide attempts by adolescents ¹¹	↓	10.1 (Nebraska)	1.8 per 100 adolescents
Suicidal thoughts in sexually active L/G/B high school students ¹¹	↓	63.5%	52.1%
Liver disease (cirrhosis) deaths ¹⁴	↓	12.6 (Nebraska)	10.9 per 100,000 persons
Drug-overdose deaths ¹⁴	↓	11.4 (Nebraska)	20.7 per 100,000 persons
Overdose deaths involving opioids ¹⁴	↓	6.0 (Nebraska)	13.1 per 100,000 persons
On-time prenatal care (HP2020 Goal) ¹⁰⁷	↑	80.3% (Nebraska)	84.8%
Infant death rate ¹⁰⁶	↓	6.0 (Nebraska)	5.0 per 1,000 live births
Adult obese, ages 20+ ⁴²	↓	33.2%	36.0%
Students, grades 9th to 12th obese ⁴²	↓	19.2%	15.5%, children & youth, 2-19
Food insecurity and hunger ⁵¹	↓	8.2%	6.0%
Adults engaging in binge drinking in past month ¹⁹	↓	22.5%	25.4%
Cigarette smoking by adults ⁹³	↓	13.4%	6.1%
Pap smears, ages 21-65, screened in the past 3 years ⁷³	↑	83.2%	79.2%
Mammogram, ages 50-74, screened in the past 2 years ⁷³	↑	78.0%	80.3%
Colorectal cancer screenings, ages 50-75, per guidelines ⁷³	↑	68.9%	68.3%
Annual adult influenza vaccination ⁷²	↑	54.5%	70.0%
Persons with substance use disorder who received treatment ¹¹	↑	5.5%	14.0%

APPENDIX B

IMPACT AND PROCESS EVALUATION



IMPACT AND PROCESS EVALUATION

The following tables indicate the priority health needs selected from the 2021 Community Health Needs Assessment (CHNA) and the impact of East Central District's 2021-2023 Improvement Plan (CHIP)/Implementation Strategy on the previous priority health needs. The tables that follow are not exhaustive of these activities but highlight what has been achieved in the district since the previous CHNA. The impact data (indicators of each priority health need to show if it is getting better or worse) and process data (to show whether the strategies are happening or not) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHNA.



APPENDIX B: IMPACT AND PROCESS EVALUATION



CHI HEALTH SCHUYLER

FY 2021

From the 2021 CHNA the hospital prioritized the following health needs:

Priority Health Need #1: **Access to Care**

To address this need the hospital will implement the following strategies in 2019-2021:

- 1.1 Partner with schools, employers and community groups to conduct health screenings and provide education to the public on the importance of regular preventative care
 - 1.1.1 In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate. Activities:
 - Participate in community events to provide education about wellness exams and primary prevention (NET event and quarterly Cargill safety events)
 - Conduct no/ low cost health screenings and well child checks (e.g. sports physicals)
 - FY21 Actions and Impact:
 - Schuyler Health Fair and Clarkson Health and Wellness Day both took place in October 2020. (Clarkson normally takes place in March, however due to COVID-19, it was pushed back.) CHI Schuyler staff conducted screenings and shared wellness education and primary care information. Because of COVID-19, patients were screened and given slotted appointments, which limited the number of people we were able to see - but allowed for distancing, control of flow, and ensured adequate cleaning between patients.
 - Test NE was offered free of charge in the Schuyler Community and supported by CHI Health Schuyler staff.
 - CHI Health Clinic in Schuyler offered reduced cost sports physicals.
 - Vaccines for Children program continued. Flu shots were provided to patients of all ages (6 months and older) free of charge through this program to uninsured and underinsured patients.
 - Measures:
 - Screening Fair: 134 individuals had their screening labs completed amongst both locations.
 - Test NE: 887 COVID-19 Tests were performed free of charge through Test NE.
 - Vaccines: 310 patients were provided with vaccines through the Vaccines for Children program in Schuyler. 4,581 doses of COVID-19 vaccine were administered from January - June 2021.

APPENDIX B: IMPACT AND PROCESS EVALUATION



CHI HEALTH SCHUYLER (CONTINUED)

FY 2021

Priority Health Need #2: **Behavioral Health**

To address this need the hospital will implement the following strategies in 2019-2021:

- 2.1 Promote mental health services and prevent substance misuse by partnering with community organizations through the Colfax County Behavioral Health Coalition
 - 2.1.1 In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate. Activities:
 - Support and promote school- based programming focused on building protective factors for academic success, prevention of sexual assault, domestic violence, dating violence and stalking, and support for suicide survivors
 - Building Healthy Relationships
 - Capturing Kids Hearts
 - LOSS program
 - Partner with the Region to deliver Mental Health First Aid Training (MHFA)
 - Meet goal of 53% of patients screened for Clinical Depression Screening and Follow-up plans. Screen for depression in CHI Health primary care clinics (Schuyler, Clarkson and Howells).
 - FY21 Action and Impact:
 - Behavioral Health Coalition continued to support Colfax County and continued to hold regular meetings (via ZOOM, due to COVID-19 restrictions).
 - Mental Health services and community resource information were shared with stakeholder agencies, trying to provide assistance to most vulnerable community members, amidst the COVID-19 crisis.
 - There were collaborative efforts between stakeholders to make free counselling sessions available.
 - Building Healthy Relationships class was restarted in Schuyler, and concrete plans to start in Clarkson in Fall 2021 (this has begun) and Leigh in January 2022. This had been put on hold due to COVID-19 pandemic, as well as staffing issues at Center for Survivors.
 - Capturing Kids Hearts program continues to be implemented and is now being discussed at monthly staff meetings. Champions have been identified, and there is messaging that continues to be shared amongst teachers. Best practices have enhanced the program at the Middle and High Schools.
 - Unable to host MHFA hybrid moduled class due to COVID-19 restrictions.
 - Implementation of Tele-SANE program in Schuyler.
 - Measures:
 - Coalition meetings continued every other month: 6 meetings
 - Building Healthy Relationships is currently offered in Schuyler and Clarkson. There is still planning and discussion, and hopes to be offered in Leigh in January 2022. Grant funding and change in staff hindered this process a bit.
 - Depression screening: Obtained from EPIC dashboard. This metric calculates the percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.
 - Schuyler
 - Percentage of patients screened: 49%
 - Patients screened: 5,030
 - Clarkson
 - Percentage of patients screened: 46%
 - Patients screened: 740
 - Howells
 - Percentage of patients screened: 46%
 - Patients screened: 495

APPENDIX B: IMPACT AND PROCESS EVALUATION



CHI HEALTH SCHUYLER (CONTINUED)

FY 2021

Priority Health Need #3: **Nutrition, Physical Activity & Weight Status**

- 3.1 Support family health and well-being through community events and programming that focuses on healthy eating and physical activity.
 - 3.1.1 In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate. Activities:
 - Provide financial assistance and technical support to schools, out of school programs and clinics implementing 5-4-3-2-1 Go!©
 - Support additional activities related to improving access to healthy food.
 - FY21 Actions and Impact:
 - Program was put on hold in the Spring of 2020 due to COVID-19 and school being held virtually. Program has been reintroduced to schools, but limited work has been done due to COVID-19.
 - Measures:
 - No measures to report.

Priority Health Need #4: **Social Determinants of Health (Families with Children in Poverty)**

- 4.1 Economic development: Support efforts to increase access to early childhood education in Colfax County
 - 4.1.1 In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate. Activities:
 - Create early childhood plan for Schuyler community.
 - Explore feasibility of early childhood education sites in Schuyler
 - Seek braided funding to build a new early childhood education center in Schuyler.
 - FY21 Actions and Impact:
 - CHI Health Schuyler continued to hold the Farmers Market in the hospital parking lot.
 - Measures:
 - 3,456 vouchers were distributed in Colfax County from July 2020 - October 2020
 - Of those, 937 were redeemed, which is equivalent to 27.11%
- 4.2 Food Access: Lead efforts to increase access to healthy food for Colfax County residents living in poverty through collaborative programming and education.
 - 4.2.1 In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate. Activities:
 - Help coordinate and manage the Schuyler Farmer's Market and Fresh Fruits and Vegetable Voucher Program
 - Explore the potential for implementing the Double Up Food Bucks Program in partnership with the Colfax County Chamber of Commerce
 - FY21 Actions and Impact:
 - CHI Health Schuyler continued to hold Farmers Market in the hospital parking lot.
 - CHI Health Schuyler distributed fresh fruit and vegetable vouchers throughout the community to increase access to and consumption of healthy foods.
 - Provided education on COVID-19 safety guidelines to vendors and attendees.
 - Ensured compliance of COVID-19 safety guidelines for Farmers Market.
 - Provided face masks and hand sanitizer at the markets during the COVID-19 pandemic.
 - Continued to explore offering the Double Up Food Bucks program in Schuyler and initiated partnership with local UNL Extension office to provide the required educational component at the market, as well as partnered with Center For Rural Affairs to seek out partnerships for educational opportunities and support for vendors.
 - Measures:
 - Distributed 3,456 farmers market vouchers throughout the community to provide healthy food to families.

APPENDIX B: IMPACT AND PROCESS EVALUATION



CHI HEALTH SCHUYLER (CONTINUED)

FY 2022

Priority Health Need #1: **Access to Care**

To address this need the hospital will implement the following strategies in 2019-2021:

- 1.1 Partner with schools, employers and community groups to conduct health screenings and provide education to the public on the importance of regular preventative care
 - 1.1.1 In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate. Activities:
 - Participate in community events to provide education about wellness exams and primary prevention (Schuyler Parent Literacy classes, Chamber events such as the Children's Bike and Safety event; Hispanic Ministry festival)
 - Conduct no/ low cost health screenings and well child checks (e.g. sports physicals, fall and spring health days)
 - FY22 Actions and Impact:
 - Schuyler Health Fair took place in October 2021 and modeled Clarkson Health and Wellness Day took place in April 2022. CHI Schuyler staff conducted screenings and shared wellness education and primary care information. Because of COVID, patients were screened and given slotted appointments, which limited the number of people we were able to see, but allowed for distancing, control of flow, and ensured adequate cleaning between patients.
 - Free COVID vaccinations and boosters were offered at both Schuyler and Clarkson clinics by appointments.
 - Clinic offered reduced cost sports physicals to the community.
 - Vaccines for Children (VFC) program continued. Flu shots were provided to patients ages 6 months to 18 free of charge through this program to uninsured and underinsured patients.
 - Measures:
 - Health Fair: 169 individuals had their screening labs completed amongst both locations.
 - Vaccines: Provided 1,064 vaccines through the VFC program in Schuyler.
 - COVID Vaccines: 708 vaccines were administered free of charge.

APPENDIX B: IMPACT AND PROCESS EVALUATION



CHI HEALTH SCHUYLER (CONTINUED)

FY 2022

Priority Health Need #2: **Behavioral Health**

To address this need the hospital will implement the following strategies in 2019-2021:

- 2.1 Promote mental health services and prevent substance misuse by partnering with community organizations through the Colfax County Behavioral Health Coalition
- 2.1.1 In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate. Activities:
 - Support and promote school-based programming focused on building protective factors for academic success, prevention of sexual assault, domestic violence, dating violence and stalking, and support for suicide survivors
 - Building Healthy Relationships
 - Capturing Kids Hearts
 - LOSS program
 - Partner with the Region to deliver Mental Health First Aid Training (MHFA)
 - Meet goal of 47% of patients screened for Clinical Depression Screening and Follow-up plans. Screen for depression in CHI Health primary care clinics (Schuyler, Clarkson and Howells).
 - FY22 Action and Impact:
- Behavioral Health Coalition continued to support Colfax County, and continued to hold regular meetings (via ZOOM, due to COVID-19 restrictions).
- Mental Health services and community resource information were shared with stakeholder agencies, trying to provide assistance to most vulnerable community members, amidst the COVID-19 crisis.
- Collaborative efforts between stakeholders for use of free counseling sessions available. Factors that contributed to the use of the vouchers were the age of the person needing them, as some were tied to grant funding, and had age restrictions.
- Gun locks were distributed through the Coalition at the Colfax County fair. Firearm safety was identified as a need in Colfax County through the coalition and an initiative was supported by the Nebraska State Patrol, but CHI Health staff promoted it at the event.
- Building Healthy Relationships class was restarted in Schuyler. Due to staffing concerns with Center For Survivors, they were not able to start in Clarkson and Howells. It will begin in Clarkson in September 2022, and hopes in Leigh in February 2023.
- Capturing Kids Hearts program continues to be implemented, and is now being discussed at monthly staff meetings. Champions have been identified, and there is messaging that continues to be shared amongst teachers. Best practices have enhanced the program at the middle and high schools, and both have been awarded Showcase Champions.
- Mental Health First Aid for adults was offered in June 2022. This course had not been offered since prior to COVID. It was a very successful training.
- Continuation of Tele-SANE program in Schuyler.
- Clinic providers did not prioritize Clinical Depression Screening as one of their goal metrics in FY22.
- Measures:
 - Coalition meetings continued every other month: 6 meetings
 - Depression screening: Obtained from EPIC dashboard. This metric calculates the percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.
 - Schuyler
 - Percentage of patients screened: 46%
 - Patients screened: 5,192
 - Clarkson
 - Percentage of patients screened: 58%
 - Patients screened: 987
 - Howells
 - Percentage of patients screened: 46%
 - Patients screened: 537

APPENDIX B: IMPACT AND PROCESS EVALUATION



CHI HEALTH SCHUYLER (CONTINUED)

FY 2022

Priority Health Need #3: **Nutrition, Physical Activity & Weight Status**

- 3.1 Support family health and well-being through community events and programming that focuses on healthy eating and physical activity
 - 3.1.1 In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate. Activities:
 - Provide financial assistance and technical support to schools, out of school programs and clinics implementing 5-4-3-2-1 Go!©
 - Support additional activities related to improving access to healthy food.
 - FY22 Actions and Impact:
 - Program was put on hold due to COVID-19 and school being held virtually. Program has been reintroduced to schools, but limited work has been done due to COVID-19.
 - Information is provided at well child checks, specifically when there is a concern regarding healthy eating or physical activity in children.

Priority Health Need #4: **Social Determinants of Health (Families with Children in Poverty)**

- 4.1 Economic development: Support efforts to increase access to early childhood education in Colfax County
 - 4.1.1 In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate. Activities:
 - Create early childhood plan for Schuyler community
 - Continue to explore feasibility of early childhood education sites in Schuyler
 - Seek braided funding to build a new early childhood education center in Schuyler
 - FY22 Actions and Impact:
 - CHI Health Schuyler continued to hold the Farmers Market in the hospital parking lot.
 - Measures:
 - In 2022, \$4,500 in vouchers were distributed in Colfax County. Of those, \$1,489 were redeemed (a 6% increase in redemption rate from the previous year).
 - 4.2 Food Access: Lead efforts to increase access to healthy food for Colfax County residents living in poverty through collaborative programming and education.
 - 4.2.1 In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate. Activities:
 - Help coordinate and manage the Schuyler Farmer's Market and Fresh Fruits and Vegetable Voucher Program
 - Explore the potential for implementing the Double Up Food Bucks Program in partnership with the Colfax County Chamber of Commerce
 - Grant funding from No Kids Hungry was secured to promote WIC access, and health eating options for children ages 5 and under, as well as expecting or breastfeeding mothers.
 - FY22 Actions and Impact:
 - CHI Health Schuyler continued to hold Farmers Market in the hospital parking lot.
 - CHI Health Schuyler distributed fresh fruit and vegetable vouchers throughout the community to increase access to and consumption of healthy foods.
 - CHI Health Schuyler distributed vouchers for WIC-approved food items at three local grocery stores to encourage families to enroll in WIC and help them overcome barriers to getting enrolled.
 - Vouchers for WIC-approved food items at three local grocery stores were also provided to families that are currently enrolled in WIC, supplementing the redemption vouchers they currently receive.
 - Provided education on COVID-19 safety guidelines to vendors and attendees.
 - Ensured compliance of COVID-19 safety guidelines for Farmers Market.
 - Provided face masks (optional for those who preferred, as they were no longer required outdoors) and hand sanitizer at the markets during the COVID-19 pandemic.
 - Continued to explore offering Double Up Food Bucks program in Schuyler and initiated partnership with local UNL Extension office to provide the required educational component at the market, as well as partnered with Center For Rural Affairs to seek out partnerships for educational opportunities and support for vendors. It was determined that the DUFB program was not able to be launched as we are not acting as a fiscal agent for the vendors, we only provide the space for the Farmers Market to take place.
 - Measures:
 - In 2021, \$4,500 in vouchers were distributed throughout the community to provide healthy food to families. Of those, \$1,489 were redeemed (a 6% increase in redemption rate from the previous year).

APPENDIX B: IMPACT AND PROCESS EVALUATION



CHI HEALTH SCHUYLER (CONTINUED)

FY 2023

Priority Health Need #1: Access to Care

To address this need the hospital implemented the following strategies in 2023- 2025:

Strategy 1.1 Partner with schools, employers, clinics, and community groups to conduct health screenings and provide education to the public on the importance of regular preventive care

- In collaboration with community based organizations and healthcare partners, the following represent activities CHI Health will either lead as a system or facility and support through dedicated funding and staff time or a combination thereof, as appropriate:
 - 1.1.1 Participate in community events to provide education about wellness exams and primary prevention (ex. NET event and quarterly Cargill safety events)
 - FY2023 Actions and Impact:
 - Participated in Hispanic Ministry event and provided general health information and blood pressure checks.
 - Participated in Cookies with Cops outreach event - provided information regarding well child checks and car seat safety information.
 - Participation in Child Abuse Awareness campaign first week of April - pinwheels put up and around campus as a community wide initiative.
 - Staff participated in Car Seat checks - 2 car seat techs and multiple community service events.
 - Measures:
 - Hispanic Ministry event - approximately 350 attendees
 - 3/30/2023 Cookies with Cops event: approximately 120 families
 - 10/17/2022 - Schuyler Central Nebraska Community Action Partnership (CNCAP) training to parents and staff
 - 2/6/2023 - Schuyler CNCAP training to parents and staff (spring semester)
 - 5/18/2023 - Car Seat check event in Columbus; 2 car seat techs
 - 1.1.2 Conduct no/ low cost health screenings
 - FY2023 Actions and Impact:
 - 10/8/2022 - Schuyler Fall Health Fair - provided low cost labs and free BP checks
 - 4/2/2023 - Planned and hosted Spring Health Fair
 - Measures:
 - 118 people served at Health Fair in fall; 106 in Spring
 - 1.1.3 Promote early and continuous obstetric care for expecting mothers
 - FY2023 Actions and Impact:
 - Informational table at Ladies' Night Out regarding preventative care and cancer screenings
 - Measures:
 - No measure to report.
 - 1.1.4 Increase access to care for youth through well-child checks, sports physicals, the Vaccines for Children program, and exploration and partnership with schools
 - FY2023 Actions and Impact:
 - Initiated Minority Health Fair planning in conjunction with East Central District Health Department and Columbus Community Hospital; 4/29/23 participated in fair
 - Measures:
 - 75-100 families attended fair
 - 1.1.5 Improve discharge and follow up procedures to reduce no shows
 - FY2023 Actions and Impact:
 - Post discharge phone calls practiced routinely for all ER and inpatient settings.
 - Letter is sent to inpatients who have not answered during three attempts.
 - Population health coach for ER follow ups assigned to workflow queue.
 - Measures:
 - No measures to report.
 - 1.1.6 Explore options to promote health literacy among residents
 - FY2023 Actions and Impact:
 - There were no direct actions on this for FY23 and will continue to assess opportunities in FY24.
 - Measures:
 - No measures to report.

APPENDIX B: IMPACT AND PROCESS EVALUATION



CHI HEALTH SCHUYLER (CONTINUED)

FY 2023

Priority Health Need #1: Access to Care

To address this need the hospital implemented the following strategies in 2023- 2025:

Strategy 1.1 Partner with schools, employers, clinics, and community groups to conduct health screenings and provide education to the public on the importance of regular preventive care

- 1.1.7 Work with CHI Health Clinics to support:
 - Blood pressure screening (hypertension measures)
 - Diabetes screening/ management (A1C under 8)
 - Medical home establishment and connection for patients
 - Depression screening
 - FY2023 Actions and Impact:
 - Tracked and reported via clinic population health dashboards.
 - Measures:
 - Q1: Measures from Population Health Dashboards A1c poor control (>9%), goal 20% Schuyler 31% (71/229), Clarkson 16% (6/37), Howells 29% (5/17) BP Control (Goal 75%) Schuyler 82% (469/572) Clarkson 82% (96/117), Howells 83% (75/90)
 - Q2: Measures from Population Health Dashboards A1c poor control (>9%), goal 20% Schuyler 33% (79/236), Clarkson 21% (7/34), Howells 28% (5/18) BP Control (Goal 75%) Schuyler 78% (450/575) Clarkson 78% (93/119), Howells 75% (65/87)
 - Q3: Measures from Population Health Dashboards A1c poor control (>9%), goal 20% Schuyler 38% (90/240), Clarkson 26% (10/38), Howells 48% (10/21) BP Control (Goal 75%) Schuyler 79% (464/584) Clarkson 75% (91/122), Howells 80% (66/82)
 - Q4: Measures from Population Health Dashboards A1C poor control(>9%). Goal 20% Schuyler 36%(86/238), Clarkson 31%(13/42), Howells 39%(7/18). BP Control (Goal 75%) Schuyler 70%(410/585), Clarkson 71%(89/126), Howells 72%(59/82)

Priority Health Need #2: Behavioral Health

To address this need the hospital will implement the following strategies in fiscal years 2023- 2025:

- Strategy 2.1 Promote mental health services and prevent substance misuse by partnering with community organizations
 - 2.1.1 Convene a behavioral health coalition to identify needs and strategize around topics, such as:
 - Social Media
 - Substance use/ Vaping
 - Bullying
 - Schools- Building Healthy Relationships, Capturing Kids Hearts
 - Mental Health First Aid - youth and adult
 - Engage and partner with local clergy
 - FY2023 Actions and Impact:
 - Participated in CCBHC (Colfax County Behavioral Health Coalition) Meetings
 - Planned and implemented Mental Health First Aid (MHFA) Trainings
 - Maintained MHFA certification for two trainers
 - Measures:
 - CCBHC Meetings: 6
 - MHFA trainings: 2
 - 2.1.2 Work with CHI Health Clinic to promote depression screening and referral
 - FY2023 Actions and Impact:
 - Continued with depression screening and follow up with patients. It was measured in FY23, but quality goal (71.4%) was not set until FY24.
 - Measures:
 - Q1: Depression Screening and follow up, goal 71.4% Schuyler 39% (1148/2911), Clarkson 50% (226/451), and Howells 28% (83/298)
 - Q2: Depression Screening and follow up, goal 71.4% Schuyler 40% (1150/2908), Clarkson 47% (217/457), and Howells 26% (76/293)
 - Q3: Depression Screening and follow up, goal 71.4% Schuyler 36% (1064/2959), Clarkson 43% (202/465), and Howells 20% (58/292)
 - Q4: Depression Screening and follow up, goal 71.4% Schuyler 39% (1,151/962), Clarkson 46%(217/471), Howells 22%(65/291)

APPENDIX B: IMPACT AND PROCESS EVALUATION



CHI HEALTH SCHUYLER (CONTINUED)

FY 2023

Priority Health Need #2: Behavioral Health

To address this need the hospital will implement the following strategies in fiscal years 2023- 2025:

- Strategy 2.1 Promote mental health services and prevent substance misuse by partnering with community organizations
 - 2.1.3 Support district CHIP efforts and partner with community based organizations around behavioral health messaging, outreach, and support. Activities and partners may include:
 - United Way toolkit to use and promote
 - Platte County Behavioral Health meeting
 - Drug Prevention Coalition
 - Health Department CHIP work group
 - FY2023 Actions and Impact:
 - Participated in planning and rollout for Mental Health PSA.
 - Measures:
 - No measures to report.
 - 2.1.4 Convene Critical Incident Stress Management debrief sessions for first responders, law enforcement, and others involved in community response
 - FY2023 Actions and Impact:
 - Debrief sessions are scheduled as needed, and Mission team facilitated two meetings. Community partners did not participate due to nature of the events being debriefed.
 - Finalized Colfax County Behavioral Health Resource Guide Update in both English and Spanish
 - Measures:
 - Debrief sessions: 2

Priority Health Need #3: Social Determinants of Health

- Strategy 3.1 Economic development: Support efforts to increase access to resources and services in Colfax County
 - 3.1.1 Partner with City of Schuyler, ECDHD, Communities and Family Partnership, and others to continue to explore social determinants of health and economic drivers in Colfax County, such as:
 - Transportation
 - Housing
 - Economic well being
 - Early Childhood
 - FY2023 Actions and Impact:
 - CHI Health Schuyler staff participated in planning efforts for Schuyler Housing Study and participated in focus groups/sessions.
 - Participated in Mental Health Action Planning convened by the East Central District Health Department.
 - Participated in Strategic Planning session for Schuyler Early Childhood group.
 - Began offering yoga sessions.
 - Measures:
 - No measures to report.
- Strategy 3.2 Food Access: Lead efforts to increase access to healthy food for Colfax County residents living in poverty through collaborative programming and education
 - 3.2.1 Support and expand efforts to increase access to healthy and affordable food by supporting initiatives, such as:
 - Host and coordinate the Schuyler Farmers Market
 - Fund and coordinate a food voucher program in partnership with the Schuyler Area Chamber of Commerce
 - Coordinate a WIC referral and food voucher program in Colfax County
 - FY2023 Actions and Impact:
 - Received grant award from No Kid Hungry to support early childhood access to food.
 - Planned and hosted Farmers Market at CHI Health Schuyler.
 - Distributed 2-1-1 resource contact information.
 - Measures:
 - Funds awarded: \$22,076
 - Supported children with NKH funds: 495
 - Total supported with NKH funds: 684
 - Farmers Market Vouchers redeemed: 416

APPENDIX B: IMPACT AND PROCESS EVALUATION



COLUMBUS COMMUNITY HOSPITAL (CCH)

CCH has chosen to focus on addressing four of the five areas of concern identified in the 2021 East Central District CHNA. For housing that is safe and affordable, the City of Columbus, Columbus Area Chamber of Commerce and Habitat for Humanity are already working on that need, so CCH is focusing its resources elsewhere.

The hospital will work hand in hand with the ECDHD and other health- and business-related agencies to address these community needs. Specifically, CCH will take the lead in addressing the identified needs of access to mental health care, treatment for drug abuse and misuse, and treatment for ongoing diseases.

#1 Mental health care

Platte County and the surrounding areas continue to experience an increase in mental health care needs — both inpatient and outpatient. Columbus Community Hospital has taken the lead in the following:

- **Objective:** Enhance and expand mental health resources in our community.
 - **Action step:** CCH led a community health inventory of what exists for mental health care in our area, commissioning a third-party consultant survey of access behavioral health in the general area. This survey quantified the manpower in the area and looked at lead time to appointments.
- **Objective:** Recruit top-level mental health physicians and other providers to the area.
 - **Action step:** CCH continued to expand Columbus Psychiatry Clinic, which opened in 2019. The clinic now has multiple psychiatrists, nurse practitioners and licensed independent mental health providers.
 - CCH worked with Bryan Telehealth to create access to a wide variety of mental health experts.
- **Objective:** Create an option for top-level mental health care for the geriatric population.
 - **Action step:** In 2021, CCH opened a 10-bed senior behavioral health inpatient unit that exclusively serves older adults.
- **Objective:** Expand options for community education on mental health initiatives.
 - **Action step:** CCH continually uses experts from the outpatient clinic to develop educational programming for the community, including seminars on:
 - ADHD.
 - Children and screen time.
 - Stress in children.

APPENDIX B: IMPACT AND PROCESS EVALUATION



COLUMBUS COMMUNITY HOSPITAL (CCH) (CONTINUED)

#2 Drug abuse and misuse

CCH will work to reduce substance abuse to protect the health, safety and quality of life for all.

- **Objective:** Create awareness about antibiotics use and abuse.
 - **Action step:** CCH has continued a public education campaign that teaches our community about proper antibiotics use. While antibiotics are important health care tools, they should only be used for treating certain infections caused by bacteria.
- **Objective:** Offer non-addictive options for pain relief.
 - **Action step:** CCH continues to expand its use of non-opioid pain management. The hospital's anesthesia department was one of the first in the state to offer the iovera^o treatment. This clinically proven, non-opioid pain management solution uses the body's natural response to cold to relieve pain.
 - CCH continues to deliver materials and provide presentations for providers across the area related to opioid intervention.
 - CCH continues to offer telemedicine options for opioid intervention.

#3 Treatment for ongoing diseases

Diseases such as heart disease, diabetes, stroke, cancer, high blood pressure and diabetes continue to take lives and reduce quality of life. CCH has embarked on many community partnerships to tackle these diseases head-on.

- **Objective:** Prevent diabetes and improve advanced care for those with the disease.
 - **Action step:** CCH provides comprehensive diabetes education for members of the community. It offers specialized classes and hosts diabetes events for the public at least twice a year.
- **Objective:** Decrease incidences of heart disease in the community.
 - **Action step:** In 2022, CCH opened a cardiac catheterization lab at the hospital that allows doctors to perform lifesaving cardiac procedures. It also opened Columbus Cardiology Clinic, which educates the community about signs of heart disease and steps people can take to improve their heart health.
 - Columbus Cardiology Clinic works with local employers to offer free heart-health screenings on site, so that employees can learn whether they are at risk for a heart event.

APPENDIX B: IMPACT AND PROCESS EVALUATION



COLUMBUS COMMUNITY HOSPITAL (CCH) (CONTINUED)

#3 Treatment for ongoing diseases

- **Objective:** Decrease obesity and provide options for physical activity in the community.
 - **Action step:** In January 2024, the hospital opened a 240,000-square-foot fieldhouse, which offers the community a plethora of indoor recreational options. In an area of the country where people spend much of their time indoors for half the year, the Columbus Fieldhouse encourages physical activity no matter the weather, which decreases community members' risk for heart disease, stroke and other chronic diseases.
 - Up until December 2023, CCH offered Walk with a Doc on a monthly basis. It was a walking program that took place at various locations around the community. Local health care providers presented a health-based topic to the group, followed by a 45-50-minute walk with the provider. The purpose of the walk was to encourage physical activity and allow community members to meet new and established physicians and health care providers from around the Columbus area.
 - CCH continues to work with local restaurants, encouraging them to add healthy foods to their menus so members of the community have options when they go out to eat.
 - CCH continues to work with local churches to offer the Walk to Bethlehem and the Walk to Jerusalem, walking programs that encourage participants to walk virtually the distance from Columbus to Bethlehem and Jerusalem, respectively.
- **Objective:** Provide comprehensive care for cancer patients.
 - **Action step:** In 2022, the hospital acquired Columbus Cancer Care, an outpatient clinic that provides radiation oncology services. This is the first step toward creating a Cancer Center concept — a facility where community members can receive all the cancer services they need in one location.

#4 Bullying

Bullying — both in-person and online — is an ongoing problem for children of all ages. CCH has partnered with Smart Gen Society to specifically address challenges facing children in the digital landscape.

- **Objective:** Decrease social media bullying.
 - **Action step:** CCH brought in experts from Smart Gen Society, an organization that offers preventive workshops and resources for parents, teachers, sports teams and businesses. These experts provided educational programming that focused on decreasing bullying in the digital landscape.

APPENDIX C

KEY INFORMANT INTERVIEW PARTICIPANTS



KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **78** leaders, representatives, and members of the East Central District community (Boone, Colfax, Nance, and Platte Counties) who were consulted for their expertise on the needs of the community. The following individuals were identified by the CHNA team as leaders based on their professional expertise and knowledge of various target groups throughout the East Central District community.



APPENDIX C: KEY INFORMANT INTERVIEW PARTICIPANTS BOONE AND NANCE COUNTIES



INTERVIEW PARTICIPANTS			
NAME(S)	ROLE	ORGANIZATION	COUNTY
1. Jeff Jarecki	Attorney	Jarecki Law	Boone
2. Lindsay Tenski	Principal	St. Edward Public School	Boone
3. Matt Niewohner	County Commissioner	Boone County	Boone
4. Christy Yosten	Trustee/Member	Boone Central Schools/Community Club	Boone
5. Allison Kuester	Eye Physician and Owner	Palmer Eye Care	Boone
6. Jay Wolf	Rancher/Farmer/Businessman	Wagon Hammer Ranch	Boone
7. Kurt Kruse	Rancher/Farmer	Independent	Boone
8. Val Slizoski	Social Worker	Boone County Health Center	Boone
9. Steven Ruzek	Loan Officer	Cornerstone Bank	Boone
10. Rita Robinson	Village Clerk	Village of Cedar Rapids	Boone
11. Kayla Baker	Director of Mental Health	Boone County Health Center	Boone
12. Tony Levander	Funeral Director	Levander Funeral Homes	Boone
13. Pastor Hillary Christensen 14. Pastor Evan Christensen	Pastors	Augustana Lutheran Church	Nance
15. Brad Wieck	President	Genoa Community Bank	Nance
16. Philip Beyer	District Governor	Genoa Lions Club	Nance

Continued on next page...

APPENDIX C: KEY INFORMANT INTERVIEW PARTICIPANTS COLFAX COUNTY



INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Heather Bebout	Principal	Fisher's and Richland Schools
2. Paola Acosta 3. Annette Sanchez	Program Coordinator Home Services Provider	Sixpence Early Learning Program
4. Bruce Prenda	Colfax County Attorney	Schuyler Police Department/Colfax County
5. Robert Farber 6. Sheriff Shawn Messerlie	Chief Colfax County Sheriff	Schuyler Police Department/Colfax County
7. Jesse Zavadil 8. Andy Banahan	Principal Assistant Principal	Schuyler Middle School
9. Joey Lefdal	Principal / Director of Student Services	Schuyler Community Schools
10. Sharan Stoltenberg	Board Member	CHI Health Schuyler
11. Brian Bywater	Community Housing Specialist	Schuyler Community Development

Continued on next page...

APPENDIX C: KEY INFORMANT INTERVIEW PARTICIPANTS PLATTE COUNTY



INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Dave Hiebner	Principal	Columbus High School
2. Dr. Nick Wulf	Obstetrician-Gynecologist	Columbus Community Hospital
3. Jason Buss	HR Manager and Global EHS Leader	Camaco, LLC
4. Dr. Daniel Rosenquist	Family Physician	Columbus Family Practice Providers
5. Dr. Kimberly Allen	Pediatrician	Columbus Children's Healthcare
6. Dawson Brunswick	President	Columbus Area Chamber of Commerce
7. Mayor Jim Bulkley	Mayor	City of Columbus
8. Jeff Ohnoutka	Executive Director	Columbus Catholic Schools
9. Sarah Pillen	Co-CEO	Pillen Family Farms
10. Roberta Miksch	Collective Impact Director	Columbus Area United Way
11. Hope Freshour	Executive Director	
12. Kathy Fuchser	Vice President/Campus President	Central Community College, Columbus Campus
13. Dr. Mark Howerter	Chief Medical Officer; Emergency Department Medical Director	Columbus Community Hospital
14. Abbie Tessendorf	Director	Center for Survivors
	Board Member	Columbus Community Hospital
15. Misty Liss	Patient Account Associate	Columbus Community Hospital
16. Dustin Hill	Practice Manager, Columbus Orthopedic and Sports Medicine Clinic	Columbus Community Hospital

Continued on next page...

APPENDIX C: KEY INFORMANT INTERVIEW PARTICIPANTS PLATTE COUNTY



INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
17. Corey Briggs	CEO	Columbus Family YMCA
18. Dr. Kurt Kapels	Hospitalist Clinical Director	Columbus Community Hospital
19. Lisa Perrin	ACU/ICU/Infusion Center Director	Columbus Community Hospital
20. Dr. Venkata Kolli	Child & Adolescent Psychiatrist	Columbus Community Hospital
21. Tawny Sandifer	Vice-President of Patient Care Services and Chief Nursing Officer	Columbus Community Hospital
22. K.C. Belitz	Director	Nebraska Department of Economic Development
23. Cathy Gall	Nurse Practitioner	Good Neighbor Community Health Center
24. Tara Vasicek	City Administrator	City of Columbus
25. Angie Ramaekers	Director of Volunteer & Guest Services	Columbus Community Hospital
26. Cori Fullner	Executive Director	Columbus Community Hospital Foundation
27. Billi Jo Benson	Director, Surgery Center	Columbus Community Hospital
28. Kim Eisenmann	Director of Maternal Child Health	Columbus Community Hospital
29. Dr. Luke Lemke	Family Physician	Columbus Medical Center
30. Ashley Carlson	Practice Manager, Columbus Cancer Care	Columbus Community Hospital
31. Jason Cline	Superintendent	Lakeview Community Schools
32. Jessica Hicks	Chief Public Health Officer	East Central District Health Department

Continued on next page...

APPENDIX C: KEY INFORMANT INTERVIEW PARTICIPANTS PLATTE COUNTY



INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
33. Jill Zaruba	Wiggles and Giggles Therapy for Kids	Columbus Community Hospital
34. Jody Evans	Director, Home Health and Hospice	Columbus Community Hospital
35. Wendy Kallhoff	Health Science Pathway Instructor	Columbus Community Hospital
36. Korie Whitmore	Director of Clinics	Columbus Community Hospital
38. Doug Janssen	Director of Rehabilitative Services	Columbus Community Hospital
39. Lucas Novotny	Director of Performance and Training	Columbus Community Hospital
40. Dr. Tara Sjuts	Psychologist, Columbus Psychiatry Clinic	Columbus Community Hospital
41. Jennifer Brownlow	Wellness Director	Columbus Family YMCA
42. Chantel Sempek 43. Shelby Heesacker	Practice Manager, Humphrey and Lindsay Medical Clinics Registered Nurse	Columbus Community Hospital
44. Heidi Wesch	Physician Relations Representative	Columbus Community Hospital
45. Jenni Buggi	Practice Manager, Columbus Psychiatry Clinic	Columbus Community Hospital
46. Sue Deyke	Emergency Department Director	Columbus Community Hospital
47. Theresa Grape	Director	Columbus/Platte County Convention & Visitors Bureau
48. Ann Babel	Practice Manager, Columbus Cardiology Clinic	Columbus Community Hospital
49. Nicole Blaser	Director of Quality & Compliance	Columbus Community Hospital

Continued on next page...

APPENDIX D FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **8 focus groups** conducted with **54 community members**, including the number of participants, format, and groups represented.



APPENDIX D: FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS				
GROUP REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	COUNTY/COUNTIES	# OF PARTICIPANTS
1. Hispanic	In-Person	East Central District Health Department	Platte (Columbus)	1
2. Hispanic	In-Person	East Central District Health Department	Colfax (Schuyler)	8
3. People who use substances or are in recovery from substance use	Zoom	Alcoholics Anonymous of Nebraska, Seekers of Serenity	Boone, Colfax, Nance, Platte	6
4. Youth (parents including single parents, teachers, youth-serving organizations)	In-Person	East Central District Health Department	Boone, Colfax, Nance, Platte	6
5. Elderly/Seniors (65+)	In-Person	Columbus Community Hospital	Boone, Colfax, Nance, Platte	10
6. Business and Industry Leaders	In-Person/ Zoom	Columbus Community Hospital, Lindsay Corporation, Loup Public Power, City of Columbus, Behlen Manufacturing, Pinnacle Bank, Platte County Employees, Cornhusker Public Power, Nor-AM Cold Storage, Commonwealth Electric, Camaco	Boone, Colfax, Nance, Platte	12
7. English Language Learners/African Immigrants (French-Speaking)	In-Person	Platte Valley Literacy Association	Boone, Colfax, Nance, Platte	7
8. General - Boone and Nance (Rural) Counties	Zoom	COR Therapeutics Services, LLC, Applied Connective, Boone County Health Center, Genoa Medical Facilities	Boone and Nance	4
TOTAL				54

APPENDIX E COMMUNITY MEMBER SURVEY



COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to the East Central District community to get their perspectives and experiences on the health assets and needs of the community they call home. The survey was made available in English, French, Somali, and Spanish. This resulted in **727 responses** to the community survey.



APPENDIX E: COMMUNITY MEMBER SURVEY



Boone, Nance, Colfax, and Platte Counties are conducting a Community Health Needs Assessment (CHNA) to identify and assess the health needs of the community. We are asking community members (those who live and/or work in Boone, Nance, Colfax, and Platte Counties) to complete this short, 15-minute survey. This information will help guide us as we consider services and programs that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary and you are free to leave any of the questions unanswered (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

1. Which county do you live in? (choose one)

- Boone
- Nance
- Colfax
- Platte

2. Which ZIP Code do you live or reside in? (choose one)

- | | | |
|---------|---------|--|
| • 68620 | • 68638 | • 68644 |
| • 68758 | • 68640 | • 68643 |
| • 68660 | • 68660 | • 68631 |
| • 68627 | • 68864 | • 68602 |
| • 68652 | • 68663 | • 68634 |
| • 68655 | • 68623 | • None of the above, I live primarily at the following ZIP code: |
| • 68601 | • 68601 | |
| • 68661 | • 68640 | |
| • 68629 | • 68642 | |
| • 68641 | • 68758 | |
| • 68633 | • 68660 | |
| • 68643 | • 68647 | |
| • 68659 | • 68653 | |

3. Where do you work? (choose one)

- | | | |
|---------|---------|--|
| • 68620 | • 68638 | • 68644 |
| • 68758 | • 68640 | • 68643 |
| • 68660 | • 68660 | • 68631 |
| • 68627 | • 68864 | • 68602 |
| • 68652 | • 68663 | • 68634 |
| • 68655 | • 68623 | • None of the above, I work primarily at the following ZIP code: |
| • 68601 | • 68601 | |
| • 68661 | • 68640 | |
| • 68629 | • 68642 | |
| • 68641 | • 68758 | |
| • 68633 | • 68660 | • I am not currently employed |
| • 68643 | • 68647 | |
| • 68659 | • 68653 | |

4. Which of the following best describes your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

5. What is your gender identity? (select all that apply)

- Woman
- Man
- Transgender
- Non-binary
- Prefer not to answer
- Other/Not Listed (feel free to specify)

6. What is your sexual orientation? (select all that apply)

- Heterosexual or straight
- Bisexual
- Gay
- Lesbian
- Asexual
- Prefer not to answer
- Other/Not Listed (feel free to specify)

7. What is your race and/or ethnicity? (select all that apply)

- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Other/Not Listed (feel free to specify)

8. Which is your primary language spoken at home?

- English
- French
- Somali
- Spanish
- Other/Not Listed (feel free to specify)

9. How many children, ages 0-18, live in your household?

- | | | |
|-----|------|---|
| • 0 | • 6 | • 12 |
| • 1 | • 7 | • 13 |
| • 2 | • 8 | • 14 |
| • 3 | • 9 | • 15 |
| • 4 | • 10 | • Other/Not Listed (feel free to specify) |
| • 5 | • 11 | |

APPENDIX E: COMMUNITY MEMBER SURVEY



9. What is the highest level of education you have completed?

- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Trade School or Vocational Certificate
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)

10. Are you currently employed?

- Yes, part-time (less than 30 hours per week)
- Yes, full-time (30 hours per week or more)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled

11. If you are currently employed, which of the following best describes your occupational category? (select all that apply to your occupation)

- Art, culture, recreation, tourism and sport
- Business, finance and administration
- Education, law and social, community and government services
- Health
- Management
- Manufacturing and utilities
- Military
- Natural and applied sciences and related occupations
- Natural resources, agriculture and related production
- Sales and service
- Trades, transport and equipment operators and related occupations
- Other/Not Listed (feel free to specify)

9. What is your annual household income?

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000

10. Do you have any of the following disabilities or chronic conditions? (select all that apply)

- Attention deficit
- Autism
- Blind or visually impaired
- Deaf or hard of hearing
- Health-related disability
- Learning disability
- Mental health condition
- Mobility-related disability
- Speech-related disability
- Other/Not Listed (feel free to specify or tell us more)
- None of the above

14. What is your current living situation?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am living outside
- I am living in a car
- I am living elsewhere
- Other/Not Listed (feel free to specify)
- None of the above

15. Have you experienced any of the following types of abuse in the past year? (select all that apply)

- Physical violence (punching, hitting, slapping, kicking, strangling, or physically restraining someone against their will, use of weapons, etc.)
- Sexual (rape or other forced sexual acts, unwanted touching, etc.)
- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/Psychological (negatively affecting someone's mental health, manipulation, etc.)
- Financial/Economic (using money/finances to control someone)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Other/Not Listed (feel free to specify)

16. While it can be hard to choose, do your best to select what you feel are the TOP 5 CONCERNS OF OUR COMMUNITY? (please check your top 5)

- Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, health literacy, etc.)
- Access to childcare
- Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
- Chronic diseases (e.g. heart disease/stroke, high blood pressure/cholesterol, diabetes, cancer, asthma, arthritis, preventive care and screenings, etc.)
- Cognitive decline (worsening confusion, dementia, Alzheimer's)
- Crime and violence
- Drug and alcohol use (marijuana, opioids, heavy drinking, binge drinking, etc.)
- Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
- Environmental conditions (e.g. air and water quality, vector-borne diseases, etc.)
- Food insecurity (e.g. not being able to access and/or afford healthy food)
- Housing and homelessness
- Income/poverty and employment
- Internet/wifi access
- Infectious diseases
- Injuries (workplace injuries, car accidents, falls, etc.)
- Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal mortality and morbidity)
- Mental health and access to mental healthcare
- Nutrition and physical health/exercise
- Obesity and overweight
- Oral/dental health (dental visits, tooth decay/gum disease, etc.)
- Tobacco and nicotine use/smoking/vaping
- Transportation (e.g. public transit, cars, cycling, walking)
- Vision care (eye care access to care and utilization)
- Other/Not Listed (feel free to specify)

APPENDIX E: COMMUNITY MEMBER SURVEY



17. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (select all that apply)

- I am waiting to get coverage through my job
- I don't think I need health insurance
- I haven't had time to deal with it
- It costs too much
- I am not eligible or do not qualify
- It is too confusing to sign up
- Does not apply - I have health coverage/insurance
- Other/Not Listed (feel free to specify)

18. During the most recent time you or a member of your household delayed or went without needed healthcare, what were the main reasons? (select all that apply)

- Could not get an appointment quickly enough/too long of a wait for an appointment
- Could not get an appointment that was convenient with my work hours or child's school schedule
- Distrust/fear of discrimination
- Insurance did not cover the cost of the procedure or care
- Lack of provider awareness and/or education about my health condition
- Lack of transportation to the appointment
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- Not knowing where to go or how to find a doctor
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- The appointment was too far away and outside of East Central District
- No barriers and did not delay health care - received all the care that was needed
- Other/Not Listed (feel free to specify)

19. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (select all that apply)

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Emergency room department at the hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above
- Other/Not Listed (feel free to specify)

20. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to a doctor for a checkup

21. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation.

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
- Emergency room department at hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

22. How would you rate your current access to mental or behavioral health services?

- Very high access
- High access
- Neutral
- Low access
- Very low access

23. What, if any, are your main barriers to accessing mental or behavioral health services, if needed? (select all that apply)

- Could not get an appointment quickly enough/ too long of a wait for an appointment
- Distrust/fear of discrimination
- No insurance and it costs too much
- I have insurance but it did not cover the cost of the services
- Not knowing where to go or how to find behavioral or mental health providers
- COVID-19 appointment cancellation, concern of
- Lack of provider awareness and/or education about my health condition
- Lacked transportation to the appointment
- Language barriers
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Office hours of provider don't work with my schedule
- Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
- Technology barriers with virtual visits/telehealth services
- Uncomfortable with mental or behavioral health provider
- Do not need behavioral or mental health care
- No barriers – received all the behavioral and mental health care that was needed
- Other/Not Listed (feel free to specify)

APPENDIX E:

COMMUNITY MEMBER SURVEY



24. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (select all that apply)

- Stress
- Lack of energy
- My busy schedule (I don't have time to cook or exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)
- Other/Not Listed (feel free to specify)

25. In the last year, was there a time when you needed prescription medicine but were not able to get it?

- Yes
- No

26. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to the dentist for a checkup

27. In the last year, was there a time when you needed dental care but could not get it?

- Yes
- No

28. In the last year, was there a time when you needed mental health counseling but could not get it?

- Yes
- No

29. Do you have a personal physician?

- Yes
- No

30. How long has it been since you have had a flu shot?

- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot

31. Overall, my physical health is:

- Good
- Average
- Poor
- Excellent

32. Overall, my mental health is:

- Good
- Average
- Poor
- Excellent

33. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):

- Medical Appointments
- Buying food/groceries
- Getting other things for daily living
- Work/meetings
- Childcare
- Physical activity opportunities/the gym
- School (for yourself or another member of your family)
- Not applicable
- Other/Not Listed (feel free to specify)

34. What resources are lacking within our community? (select all that apply)

- Affordable food
- Affordable housing
- Recreational spaces
- Primary healthcare access
- Dental/Oral healthcare access
- Vision healthcare access
- Mental healthcare access
- Transportation
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Other/Not Listed (feel free to specify)

35. How many times did you volunteer in our community in the past year? (This could include helping out with local charities, helping at your kids' school, serving on a board, at your church, or another local organization, reading at your local library, helping at a food bank, spending time with local senior citizens, etc.)

- I didn't volunteer
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10 or more times

36. Do you have any other feedback or comments to share with us?

Thank you! Please send this survey to anyone you know who lives and/or works in Boone, Nance, Colfax, and Platte Counties.

APPENDIX E: COMMUNITY MEMBER SURVEY RANKING



Each key informant interview participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, the health department, hospitals and community partners shared the survey link with clients, patients, and others who live and/or work in the community. The survey was made available in English, French, Somali, and Spanish. This resulted in **727 responses** to the community survey. The results of the health needs ranked in the survey are found in the table below (for East Central District overall and then for each individual County), and the health needs pages that follow in this report are ordered according to the ranking for East Central District. The survey questions and demographics can be found in **Appendix E**.

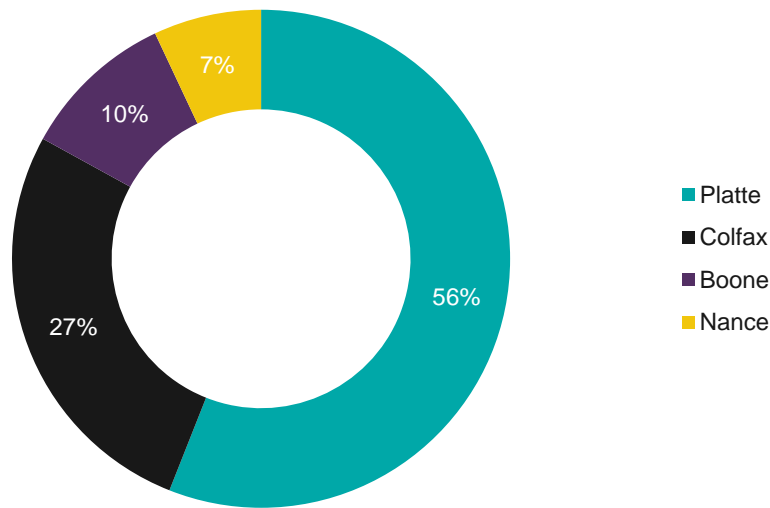
HEALTH NEEDS RANKED IN THE COMMUNITY MEMBER SURVEY

	East Central District	Boone County	Colfax County	Nance County	Platte County
Mental health and access to mental healthcare	1	2	2	2	1
Access to childcare	2	1	1	1	2
Drug and alcohol use	3	3	3	3	3
Housing and homelessness	4	4	5	7	4
Access to healthcare	5	16	4	4	7
Obesity and overweight	6	5	10	5	6
Food insecurity	7	5	13	10	5
Chronic diseases	8	9	7	14	8
Income/poverty and employment	9	7	10	8	10
Education	10	19	5	5	12
Adverse childhood experiences	11	14	7	9	11
Transportation	12	10	12	16	9
Nutrition and physical health/exercise	13	7	9	10	13
Tobacco and nicotine use/smoking/vaping	14	14	19	12	16
Cognitive decline	15	12	17	17	14
Crime and violence	16	20	17	17	15
Internet/wifi access	17	12	15	10	20
Oral/dental health	18	18	19	14	17
Environmental conditions	19	16	15	17	18
Vision care	20	20	14	17	21
Maternal, infant and child health	21	20	21	17	19
Infectious diseases	22	20	23	22	21
Injuries	22	19	22	22	23

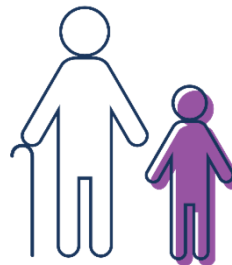
APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS



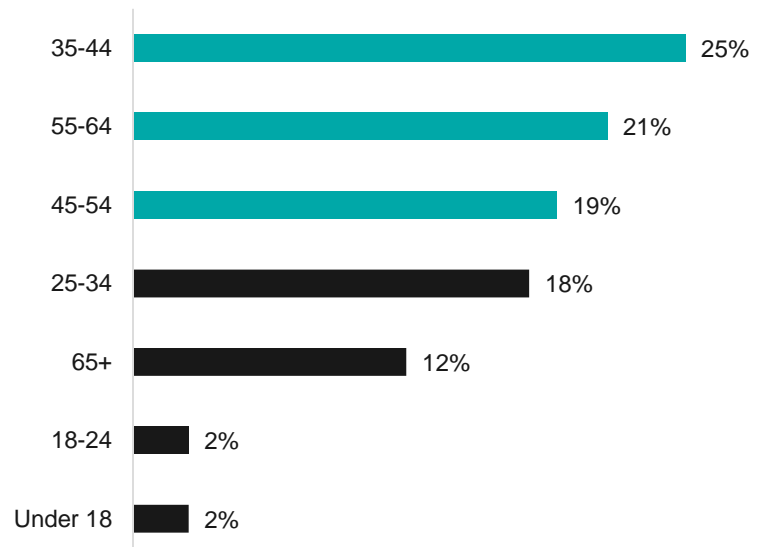
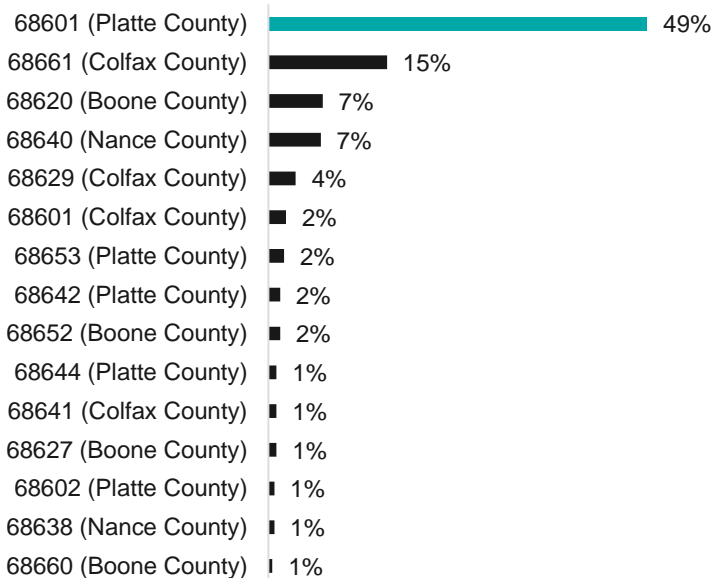
The majority of respondents live in **Platte County**, followed by **Colfax County**. The response breakdown by county was fairly **consistent with East Central District's population by county**, though there was slight underrepresentation of Platte County and overrepresentation of Colfax County



The highest proportion of respondents live in **Columbus in Platte County (45879)**, consistent with the population of the district



There was a greater proportion of survey responses from **working age rather than young or older adults**, particularly from the 45-54 year-old age group. The majority (53%) have children under 18 living with them



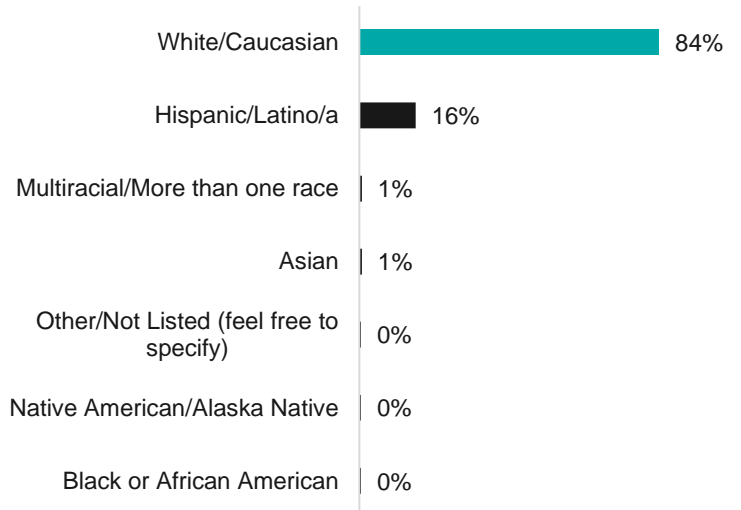
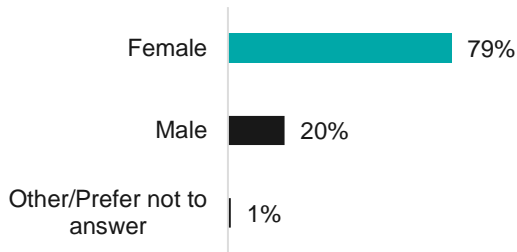
APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS



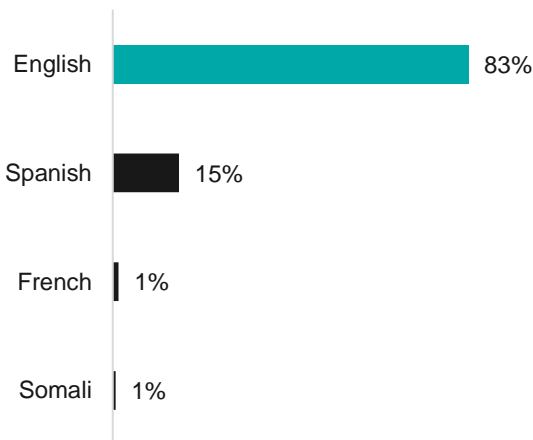
The majority of respondents were **women**



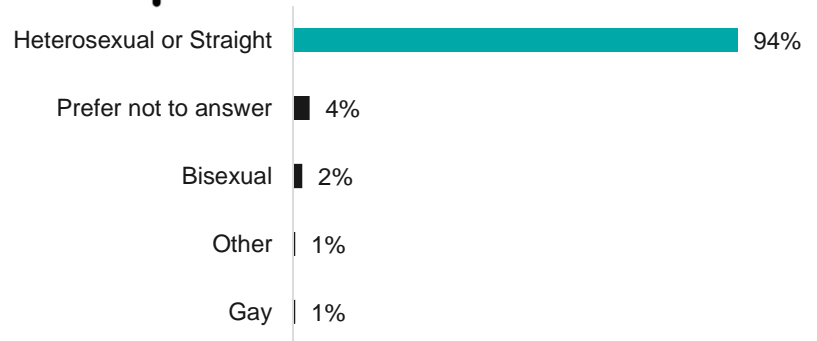
The majority of respondents were **White**, consistent with the composition of the district. There was a significant proportion of **Hispanic** respondents, though they were still underrepresented compared to the district population



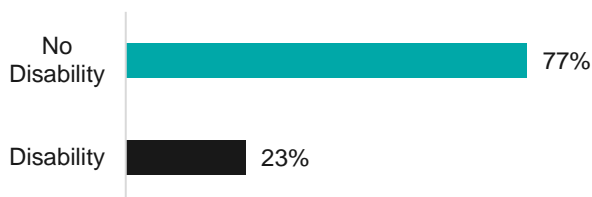
The majority of respondents prefer to speak **English**, while there was a significant proportion who prefer **Spanish**



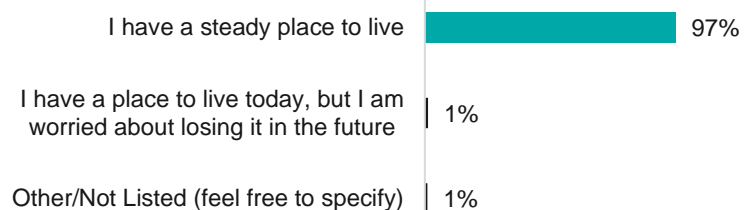
The majority of respondents were **straight**



23% of respondents identified as having a **disability**



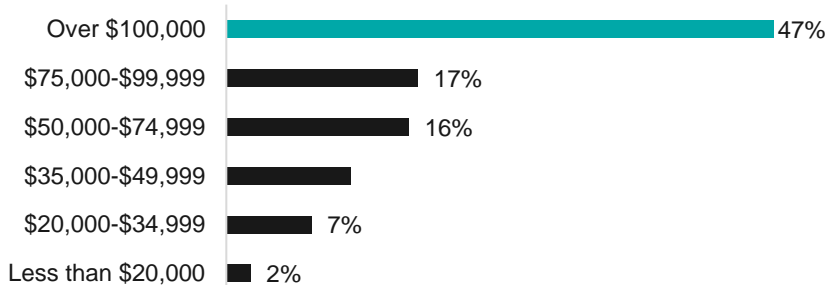
Most respondents have **steady housing**



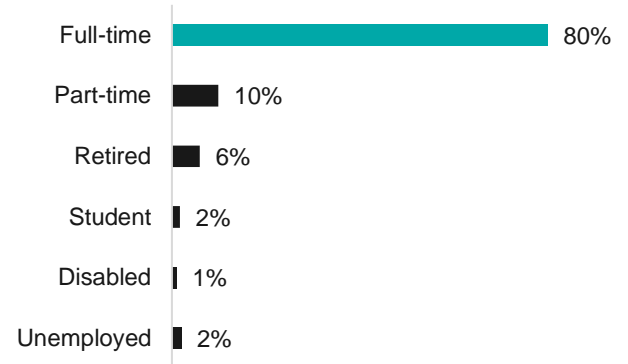
APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS



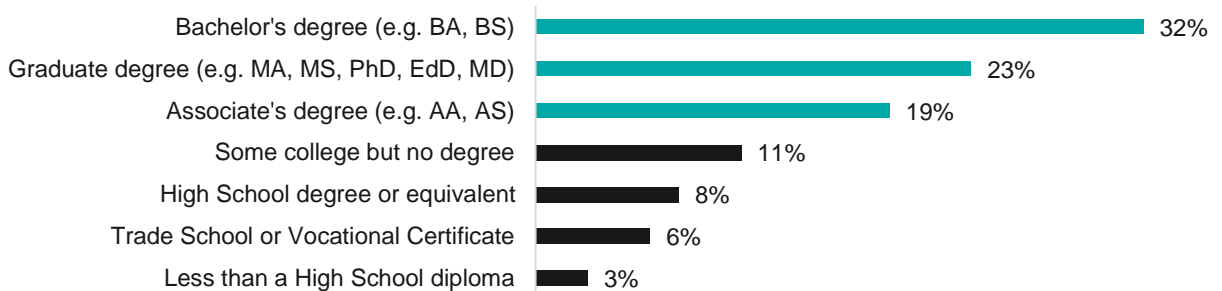
Respondents were generally **higher income**, with almost half having an annual household income of **\$100,000 or more**. Lower income individuals were underrepresented



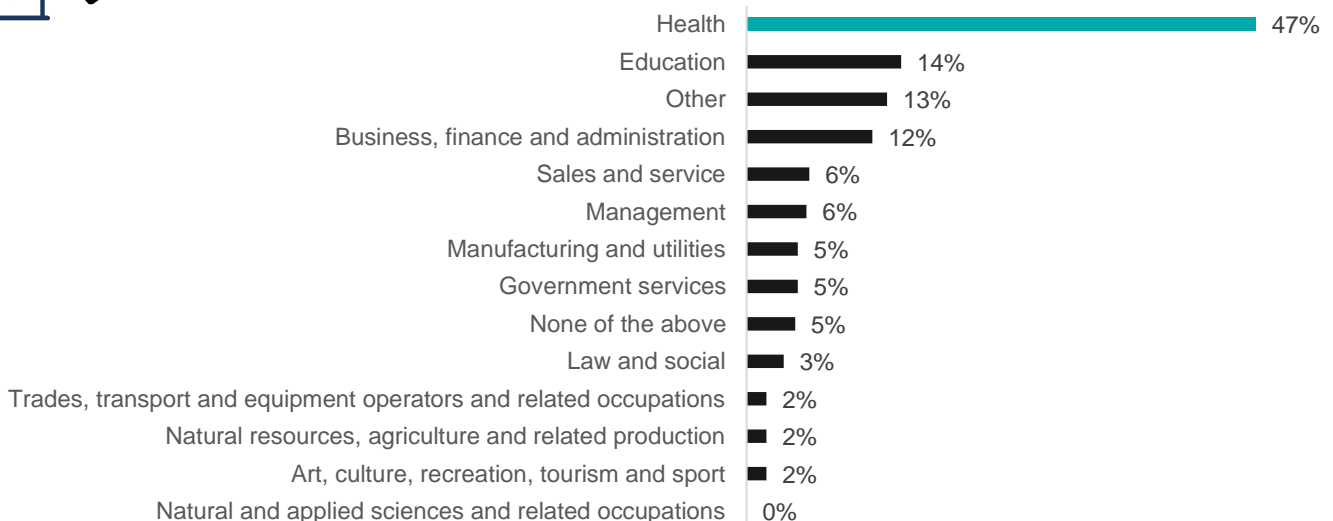
The majority of respondents are **employed full-time**



The majority of respondents have at least an **Associate's degree**



While a variety of occupational categories were represented, **Health** was by far the most common, followed by **Education**



APPENDIX F

INTERNAL REVENUE SERVICE (IRS) CHECKLIST: COMMUNITY HEALTH NEEDS ASSESSMENT



MEETING THE IRS REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT

The Internal Revenue Service (IRS) requirements for a Community Health Needs Assessment (CHNA) serve as the official guidance for IRS compliance. The following pages demonstrate how this CHNA meets those IRS requirements.





APPENDIX F: IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓	Appendix B (77-89)	A. Activities Since Previous CHNA(s) i. Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy. ii. Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(5)(C) (b)(6)(F)	
✓	3-24	B. Process and Methods <i>Background Information</i> i. Identifies any parties with whom the facility collaborated in preparing the CHNA(s). ii. Identifies any third parties contracted to assist in conducting a CHNA. iii. Defines the community it serves, which: a. Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. b. May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. c. May not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. iv. Describes how the community was determined. v. Describes demographics and other descriptors of the hospital service area.	(b)(6)(F)(ii) (b)(6)(F)(ii) (b)(i) (b)(3) (b)(6)(i)(A) (b)(6)(i)(A) (b)(6)(i)(A)	



APPENDIX F: IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓	Methods: 3-23, Appendix B, C, D, E Data: 24-75	<i>Health Needs Data Collection</i>		Primary and secondary data is integrated together throughout the report
		i. Describes data and other information used in the assessment:	(b)(6)(ii)	
		a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	
		b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	
		i. CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii)	
		ii. Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(5)(i)	
		a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(6)(F)(iii)	
		b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(6)(F)(iii)	
		1. Medically underserved populations 2. Low-income populations 3. Minority populations		
		c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(i)(A)	
		iii. Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(5)(i)(B)	
		iv. Describes over what time period such input was provided and between what approximate dates.	(b)(5)(ii)	
v. Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)			



APPENDIX F: IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓		C. CHNA Needs Description & Prioritization		Integrated throughout the report
	11-23	i. Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Community member survey included a question that asked respondents to select their top 5 community health needs and rate the importance of addressing each health need.
		ii. Prioritized description of significant health needs identified.	(b)(6)(i)(D)	
		iii. Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	
69-71	iv. Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility).	(b)(4) (b)(6)(E)		
✓		D. Finalizing the CHNA		Integrated throughout the report
		i. CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	The CHNA was adopted by East Central District Partners leadership in 2024 and made widely available by posting on hospital and health department websites (report will be made available in other formats such as paper upon request):
		ii. CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	
		iii. Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)- 1(b)(29).	(b)(7)(i)(A)	Boone County Health Center: https://boonecohealth.org/
		a. May not be a copy marked "Draft."	(b)(7)(ii)	CHI Schuyler Health: https://www.chihealth.com/about-us/mission-values/community-health-needs-assessments
		b. Posted conspicuously on website (either the hospital facility's website or a conspicuously located link to a website established by another entity).	(b)(7)(i)(A)	Columbus Community Hospital: https://www.columbushosp.org/for-the-community/community-health-needs-assessment
		c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	East Central District Health Department: https://ecdhd.ne.gov/resources/health-department-reports.html
		d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
		e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	Genoa Medical Facilities: https://www.genoamedical.org/

APPENDIX G

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH ASSESSMENT



MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENT

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHNA meets the PHAB requirements.



APPENDIX G: PHAB CHA REQUIREMENTS CHECKLIST



PUBLIC HEALTH ACCREDITATION BOARD COMMUNITY HEALTH ASSESSMENT REQUIREMENTS			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	<p>a. A list of participating partners involved in the CHA process. Participation must include:</p> <ul style="list-style-type: none"> i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes. 	<p>Integrated throughout the report</p> <p>Community member survey included a question that asked respondents to select their top 5 community health needs and rate the importance of addressing each health need.</p>
✓	5-23	b. The process for how partners collaborated in developing the CHA.	
✓	24-75	<p>c. Comprehensive, broad-based data. Data must include:</p> <ul style="list-style-type: none"> i. Primary data. ii. Secondary data from two or more different sources. 	Primary and secondary data is integrated together throughout the report
✓	13	<p>d. A description of the demographics of the population served by the health department, which must, at minimum, include:</p> <ul style="list-style-type: none"> i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction. 	
✓	24-75	<p>e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following:</p> <ul style="list-style-type: none"> i. Health status ii. Health behaviors. 	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	24-75	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	69-71	<p>g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.</p> <p>The CHA must address the jurisdiction as described in the description of Standard 1.1.</p>	

APPENDIX H REFERENCES



APPENDIX H:

REFERENCES

1. U.S. Census Bureau, Decennial Census, P1, 2010-2020. <http://data.census.gov/>
2. ZipCodes.com. Boone, Colfax, Nance and Platte Counties. Retrieved from <https://www.zip-codes.com>
3. U.S. Census Bureau, American Community Survey, DP05, 2021. <http://data.census.gov/>
4. U.S. Census Bureau, American Community Survey, K202101, 2021. <http://data.census.gov/>
5. U.S. Census Bureau, American Community Survey, S0101, 2020 & 2021. <http://data.census.gov/>
6. U.S. Census Bureau, American Community Survey, S1601, 2020. <http://data.census.gov/>
7. U.S. Census Bureau, American Community Survey, DP02, 2020. <http://data.census.gov/>
8. Nebraska Public Information Warehouse, Mortality, 2022, <https://publicapps.odh.ohio.gov/EDW/DataCatalog/>
9. County Health Rankings & Roadmaps, 2022 Data Set, <http://www.countyhealthrankings.org/>
10. 10County Health Rankings & Roadmaps, 2023 Data Set, [http://www.countyhealthrankings.org/Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System \(BRFSS\) data, 2020.](http://www.countyhealthrankings.org/Nebraska%20Public%20Health%20Atlas%20Dashboard,%20Behavioral%20Risk%20Factor%20Surveillance%20System%20(BRFSS)%20data,%202020) <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
11. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
12. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2017. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
13. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2017. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
14. Substance Abuse and Mental Health Services Administration (SAMHSA), 2024. 2016-2018 NSDUH Substate Region Estimates By Age Group. Retrieved from <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-age-group>
15. U.S. CDC, Youth Risk Behavior Surveillance System (YRBSS), 2021. <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
16. U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2021 on CDC WONDER. <https://wonder.cdc.gov/ucd-icd10-expanded.html> NOTE: Age-adjusted rates not available from the CDC at the county level after 2020.
17. County Health Rankings, 2023 edition; data from 2022. <https://www.countyhealthrankings.org/explore-health-rankings/nebraska/data-and-resources> NOTE: Data for Colfax and Nance Counties not available.
18. Bipartisan Policy Center's Child Care Gaps Assessment Interactive Map, 2019 data. <https://childcaregap.org/>
19. Tootris (2023). Cost of Child Care in Nebraska: A Breakdown for 2023. Retrieved from <https://tootris.com/edu/blog/parents/cost-of-child-care-in-nebraska-a-breakdown-for-2023/>
20. Omaha World (2023). Survey: Nebraskans believe lack of childcare is a serious problem in the state. Retrieved from https://omaha.com/news/local/education/survey-nebraskans-believe-lack-of-affordable-child-care-a-serious-problem-in-the-state/article_211b1d74-bf6f-11ed-86e1-c303e53b1928.html
21. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
22. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
23. U.S. CDC, Youth Risk Behavior Surveillance System (YRBSS), 2021. <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
24. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
25. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2017. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
26. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2017. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
27. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2016, 2019, and 2020 combined. * = Unstable estimate; interpret with caution. N/A = Data suppressed due to small sample size and/or statistical instability. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
28. U.S. CDC, Youth Risk Behavior Surveillance System (YRBSS), 2021. <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
29. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
30. Nebraska Department of Health and Human Services, Office of Injury Surveillance, EMS Opioid Overdose Surveillance Report, July 2023. Data from Sept. 2017 - Aug. 2021. [https://dhhs.ne.gov/Reports/EMS Opioid Overdose Five-Year Surveillance Report 2017-2022.pdf](https://dhhs.ne.gov/Reports/EMS%20Opioid%20Overdose%20Five-Year%20Surveillance%20Report%202017-2022.pdf)
31. U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2021, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>
32. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
33. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
34. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
35. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2022. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
36. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2021. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

APPENDIX H: REFERENCES

37. Builders Patch, 2021 data. <https://www.builderspatch.com/housingcount/us-states/nebraska>
38. U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov>
39. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
40. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
41. Health Resources & Services Administration, HPSA Find Tool, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
42. County Health Rankings, 2023 edition; data from 2020.
43. <https://www.countyhealthrankings.org/explore-health-rankings/nebraska/data-and-resources>
44. U.S. Census Bureau, American Community Survey, DP03, 2018-2022. <http://data.census.gov/>
45. U.S. Census Bureau, American Community Survey, C27001B-I, 2018-2022. <http://data.census.gov/>
46. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020 and *2018. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
47. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
48. U.S. CDC, Youth Risk Behavior Surveillance System (YRBSS), 2021. <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
49. County Health Rankings, 2023 edition; data from 2021. <https://www.countyhealthrankings.org/explore-health-rankings/nebraska/data-and-resources>
50. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2018. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
51. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
52. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2019. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
53. U.S. CDC, Youth Risk Behavior Surveillance System (YRBSS), 2021. <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
54. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020, *2019 & **2017. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
55. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
56. U.S. CDC, Youth Risk Behavior Surveillance System (YRBSS), 2021. <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
57. County Health Rankings, 2023 edition; data from 2020. <https://www.countyhealthrankings.org/explore-health-rankings/nebraska/data-and-resources> * weighted average of health department counties, based on 2018-2022 5-Year ACS Population Estimates.
58. Feeding America, Map the Meal Gap Study, 2021. <https://map.feedingamerica.org/> * weighted average of health department counties, based on 2018-2022 5-Year ACS Population Estimates.
59. U.S. Census Bureau, American Community Survey, 2018-2022 5-year Estimates, S2201. <http://data.census.gov>, <https://www.census.gov/acs/www/about/why-we-ask-each-question/food-stamps/>
60. Nebraska Department of Education, Free and Reduced Lunch Counts by School, 2023-2024. *Among schools not masked due to privacy concerns. <https://www.education.ne.gov/dataservices/data-reports/>
61. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
62. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
63. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
64. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
65. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
66. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
67. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
68. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
69. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
70. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
71. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
72. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
73. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

APPENDIX H: REFERENCES

74. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
75. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
76. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
77. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
78. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
79. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
80. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
81. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
82. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
83. County Health Rankings, 2023, <http://www.countyhealthrankings.org>
84. U.S. Census Bureau, American Community Survey, 2018-2022, S1701. <http://data.census.gov>
85. U.S. Census Bureau, American Community Survey, 2018-2022, S1702. <http://data.census.gov>
86. U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov/>
87. U.S. Census Bureau, American Community Survey, 2018-2022, B14005. <http://data.census.gov/>
88. Nebraska Department of Education, Nebraska Education Profiles, 2021-2022 & 2022-2023. <https://nep.education.ne.gov/>
89. Nebraska Department of Education, 2022/23 Student Absence Counts by District. <https://www.education.ne.gov/dataservices/data-reports/> *Rates for some schools masked due to privacy concerns over low population numbers.
90. U.S. Census Bureau, American Community Survey, S1401, 2018-2022. <http://data.census.gov/>
91. U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>
92. The Center for Applied Research and Engagement Systems (CARES) Map Room. Education and poverty levels from U.S. Census Bureau's American Community Survey, 2017-2021. https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint
93. Kids County Data Center. (2020-2021). Nebraska and County Level Data. Retrieved from <https://datacenter.aecf.org/>
94. [WalkScore.com](https://www.walkscore.com/), 2024
95. U.S. Census Bureau, American Community Survey, 2020, S2501, DP04. <http://data.census.gov>
96. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data 2020 and *2018. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
97. U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
98. Nebraska Student Health and Risk Prevention Surveillance System (SHARP). 2022 Youth Tobacco Survey <https://dhhs.ne.gov/Reports/Youth%20Tobacco%20Survey%20Report%202022.pdf>
99. FBI (2023). Crime Data Explorer. <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crim-e-trend>
100. U.S. Census Bureau, American Community Survey, 2018-2022, B28002. <http://data.census.gov/>
101. BroadbandNow, 2024. <https://broadbandnow.com/Nebraska>
102. County Health Rankings & Roadmaps, 2022 Data Set, <http://www.countyhealthrankings.org/>
103. Nebraska State Data. (2023). West Nile Data. <https://dhhs.ne.gov/Pages/West-Nile-Virus-Data.aspx>
104. U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2020-2022, on CDC WONDER. <http://wonder.cdc.gov/natality-expanded-current.html>
105. U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2020-2022, on CDC WONDER. <http://wonder.cdc.gov/natality-expanded-current.html>
106. U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2020-2022, on CDC WONDER. <http://wonder.cdc.gov/natality-expanded-current.html>
107. U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2020-2022, on CDC WONDER. <http://wonder.cdc.gov/natality-expanded-current.html>
108. National Center for Health Statistics, Natality Files, via County Health Rankings, <https://www.countyhealthrankings.org/explore-health-rankings/nebraska/data-and-resources>, 2023 edition; data from 2014-2020.
109. National Center for Health Statistics, Natality Files, via County Health Rankings, <https://www.countyhealthrankings.org/explore-health-rankings/nebraska/data-and-resources>, 2023 edition; data from 2014-2020.
110. National Center for Health Statistics, Natality Files, via County Health Rankings, <https://www.countyhealthrankings.org/explore-health-rankings/nebraska/data-and-resources>, 2023 edition; data from 2014-2020.
111. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

APPENDIX H:

REFERENCES

112. Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. <https://www.cdc.gov/nchhstp/atlas/index.htm>. Accessed Feb. 13, 2024
113. Nebraska Center for Health Statistics. STI data. (2022). <https://www.cdc.gov/std/statistics/2022/tables/2022-STI-Surveillance-State-Ranking-Tables.pdf>
114. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2017. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
115. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2022. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
116. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
117. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2019-2021. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
118. Nebraska Public Health Atlas Dashboard, Behavioral Risk Factor Surveillance System (BRFSS) data, 2020. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>
119. U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2021 on CDC WONDER. <https://wonder.cdc.gov/ucd-icd10-expanded.html> NOTE: Age-adjusted rates not available from the CDC at the county level after 2020. *Excluding Nance County, which was suppressed for privacy concerns, due to low numbers.
120. U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2021 on CDC WONDER. <https://wonder.cdc.gov/ucd-icd10-expanded.html>



www.moxleypublichealth.com
stephanie@moxleypublichealth.com