



Community Health Needs Assessment

CHI Health St. Mary's – Nebraska City, NE
2022



CHI Health St. Mary's Community Health Needs Assessment

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Executive Summary

CHNA Purpose Statement

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI Health St. Mary's hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHI Health Overview

CHI Health is a regional health network consisting of 28 hospitals and two stand-alone behavioral health facilities in Nebraska, North Dakota, Minnesota and Western Iowa. Our mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following community health needs assessment (CHNA) was completed with our community partners and residents in order to ensure we identify the top health needs impacting our community, leverage resources to improve these health needs, and drive impactful work through evidence-informed strategies.

Hospital Overview

CHI Health St. Mary's is an eighteen-bed critical access hospital located in Nebraska City, Nebraska which has served local residents for 95 years. CHI Health St. Mary's has five primary care physicians and five associate providers, such as nurse practitioners and physician assistants. CHI Health St. Mary's also has over 25 specialists that hold clinics monthly at the hospital. CHI Health St. Mary's service line priorities are to grow primary care and high-risk OB through Maternal Fetal Medicine telemedicine.

CHNA Collaborators

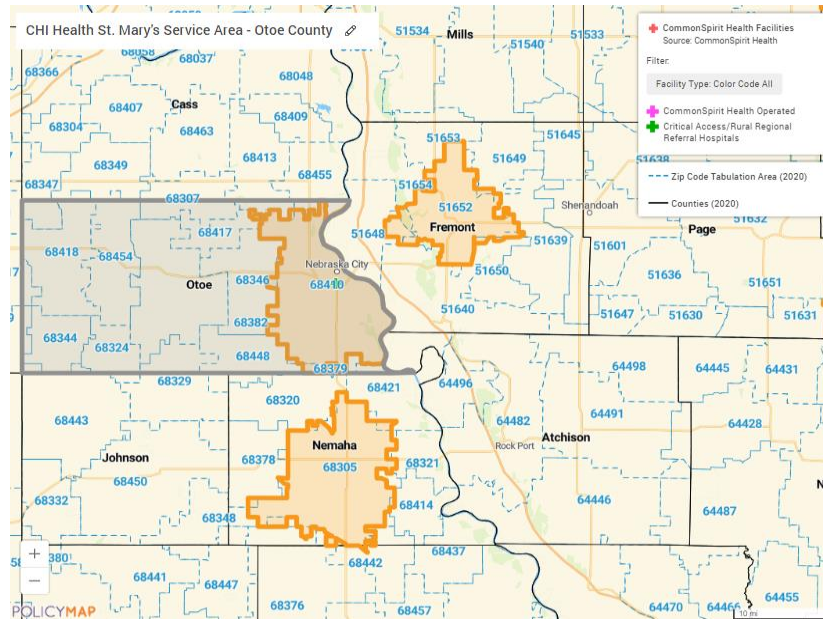
- South East District Health Department (SEDHD)
- Johnson County Hospital
- Nemaha County Hospital
- Syracuse Area Health
- Pawnee County Memorial Hospital
- Community Medical Center

Community Definition

For the purposes of this CHNA, CHI Health St. Mary's identified Otoe County and the zip codes that demonstrated 75-90% of served in calendar year 2019 (68410, 68305, 51652) as the primary service

area. CHI Health St. Mary’s is located in Nebraska City, NE and largely serves Otoe County. As a Critical Access Hospital, CHI Health St. Mary’s primary service area is considered the county in which they are located (Otoe County), and the following zip codes: 68410, 68305, 51652. See figure 1 below.

Figure 1: CHI Health St. Mary's Service Area - Otoe County



Assessment Process and Methods

CHI Health St. Mary engaged in the CHNA process led by SEDHD which included the collection of primary and secondary data, including stakeholder focus groups to review data and prioritized needs. Primary data was collected through a community survey implemented across the five counties served by SEDHD (Johnson, Nemaha, Otoe, Pawnee, and Richardson). SEDHD sourced secondary data from a variety of sources including the State of Nebraska – Department of Health and Human Services, Crime Commission, Department of Education, and Risk and Protective Factor Surveillance Systems.

CHI Health St. Mary’s co-hosted one of the five focus group meetings implemented through the SEDHD CHNA process. The focus group was hosted virtually on November 30, 2021 with 21 stakeholders. CHI Health St. Mary’s CBAT then reviewed community health data gathered through the SEDHD CHNA process, and validated with CHI Health St. Mary’s hospital community board that the data reviewed and significant health needs identified, were accurate reflections of the most pressing needs of the community.

Process and Criteria to Identify and Prioritize Significant Health Needs

CHI Health St. Mary’s identified Significant Community Health Needs through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; disparity and equity, severity of the problem, known

effective interventions, resource feasibility and sustainability; and the perceptions of top health issues among key informants giving input to the process.

CHI Health St. Mary's co-hosted a focus group with the SEDHD to present survey findings, review secondary data, and engage key community members in determining top needs in the community for Otoe County. A facilitated discussion was implemented to analyze what stakeholders identified as Areas of Concern/Improvement, Strengths, and Opportunities. The 21 participants identified the following top health needs: lack of mental health services, lack of adequate and affordable housing, drug use among youth, workforce

List of Prioritized Significant Health Needs

- Mental health: Ratio of mental health providers to the population in Otoe County has improved from 1970 (1:1,600), but is significantly higher when compared to NE overall at 360:1.
- Health Related Social Needs: Community members discussed workforce and the skills necessary to secure *adequate wages, affordable healthcare, and childcare* as pressing needs; 3.2% unemployment in Otoe County, which is higher than the top performing counties (10th/90th percentile, i.e., only 10% are better) at 2.6%. When asked to identify the three most important factors that would contribute to a high quality of life, 24% of the respondents identified “availability of healthcare” and 31% identified “jobs with adequate wages.”
 - 9% of Otoe County residents experience severe housing cost burden, 11% experience severe housing problems higher when compared to the State (7%, 9%).
- Substance Abuse: 67.4% of 12th graders have used alcohol in their lifetime and 33.7% of 12th graders have used marijuana in their lifetime, 41.8% have used alcohol in the past 30 days.

Resources Potentially Available

In addition to the services provided by CHI Health St. Mary's, there are assets and resources working to address the identified significant health needs in Otoe County. Otoe County has a number of community assets and resources that are potentially available to address significant health needs. In terms of physical assets and features, the community has outdoor recreation including: Riverview Marina SRA, Steamboat Trace Bicycle Trail, Syracuse Country Club, Table Creek Golf Course, Wildwood Golf Course and Woodland Hills Golf Course. Community assets also include nine museums (Arbor Lodge State Historical Park, Civil War Veterans Museum and GAR Hall, Kimmel Harding, Nelson Center for the Arts, Kregel Windmill Museum, Mayhew Cabin and John Brown's Cave, Missouri River Basin Lewis and Clark Center, Otoe County Museum, River Country Nature Center, Wildwood Historic Home & Art Gallery).

Otoe County offers education through public districts (District 11 Smallfoot Public School, District 20 Unadilla Public School, District 27 Syracuse-Dunbar-Avoca Schools, District 111 Nebraska City Public School, and District OR1 Palmyra/Bennet), state-supported schools (Nebraska School for the Visually Handicapped, Nebraska City) and private schools (Nebraska City Lourdes Central Catholic). A wide range of community organizations support the health and well-being of the community.^{1,2}

¹ Visit Otoe County. Accessed March 2022 <https://visitotoecounty.com/attractions/>

² About Otoe County, Accessed on March 2022 Retrieved from: <http://www.co.otoe.ne.us/webpages/about/about.html>

Report Adoption, Availability and Comments

This CHNA report was adopted by the CHI Health Board of Directors in April 2022. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at CHI Health St. Mary's. Written comments on this report can be submitted in writing to CHI Health The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities), electronically at: <https://forms.gle/NLkvs2hPbVHjkbJTA>, or by calling (402) 343-4548.

Introduction

Hospital Description

CHI Health St. Mary's is an eighteen-bed critical access hospital located in Nebraska City, Nebraska which has served local residents for 95 years. CHI Health St. Mary's history dates back to 1872 when the Roman Catholic religious order for women, known as the Sisters of St. Mary (SSM) based out of St. Louis, Missouri founded hospitals throughout the Midwest. Since that time CHI Health St. Mary's has remained a cornerstone for the Otoe County community. In 1996, CHI Health St. Mary's became part of the Catholic Health Initiatives system and in 2014 joined the market-based organization, CHI Health, under the Catholic Health Initiatives umbrella.

In the fall of 2014, CHI Health St. Mary's relocated within Nebraska City to a brand new 110,000-square-foot campus to better meet the changing needs of the community with, among other benefits, an increased capacity for specialty clinics and an integrated primary care clinic. CHI Health St. Mary's has five primary care physicians and five associate providers, such as nurse practitioners and physician assistants. CHI Health St. Mary's also has over 25 specialists that hold clinics monthly at the hospital. CHI Health St. Mary's service line priorities are to grow primary care and high-risk OB through MFM telemedicine. CHI Health St. Mary's Foundation, Community Board, and Community Benefit Action Team, which includes senior leadership of the hospital, work to identify top hospital priorities and determine the best strategies to meet the needs of the community.

CHI Health St. Mary's provides the following services as a critical access hospital, in Nebraska City, Nebraska.

- Arrhythmia
- Cardiology/Cardiopulmonary Rehabilitation
- Colonoscopy/Endoscopy
- Dermatology
- Diabetes Education
- Ear, Nose & Throat (ENT)
- Emergency Care
- Hematology/Oncology
- Mammography
- Maternity Center
- Nephrology
- Neurological/Spinal Surgery
- Occupational Medicine
- Occupational Therapy
- Ophthalmology
- Orthopedics
- Perinatology
- Physical Therapy
- Podiatry
- Primary Care
- Psychiatry
- Pulmonary/Critical Care
- Radiology
- Respiratory Therapy
- Rheumatology
- Sleep Studies
- Surgical Services
- Urology
- Women's Services
- Wound Care & Vascular Medicine

Purpose and Goals of CHNA

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI Health St. Mary's. The priorities identified in this report help to guide the hospital's community health improvement programs and community

benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CHI Health and our local hospitals make significant investments each year in our local communities to ensure we meet our Mission of creating healthier communities. A Community Health Needs Assessment (CHNA) is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

The goals of this CHNA are to:

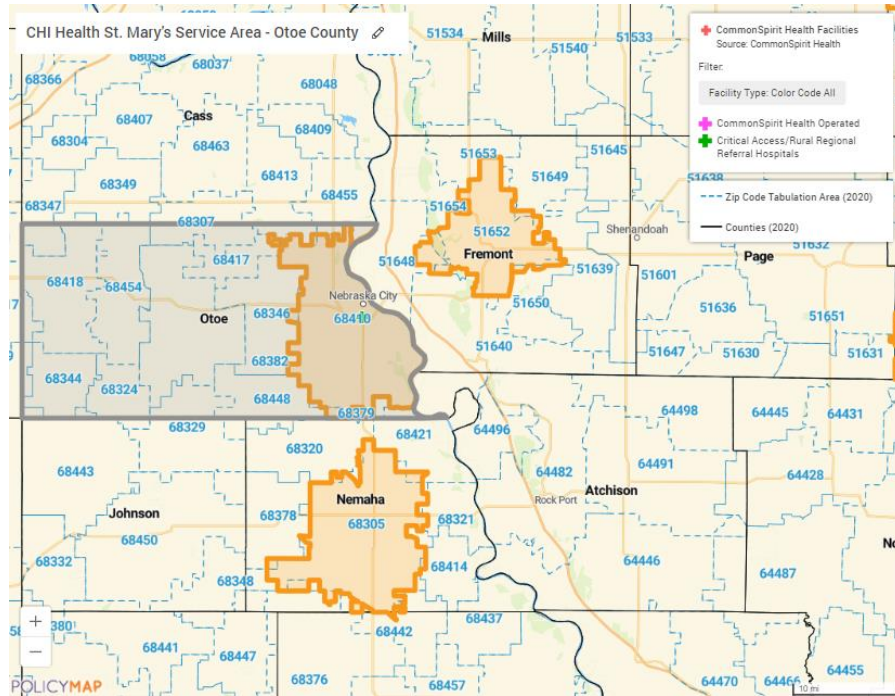
1. Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Set priorities and goals to improve these high need areas using evidence as a guide for decision making.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

Community Definition

Community Definition

For the purposes of this CHNA, CHI Health St. Mary's identified Otoe County and the zip codes that demonstrated 75-90% of served in calendar year 2019 (68410, 68305, 51652) as the primary service area. CHI Health St. Mary's is located in Nebraska City, NE and largely serves Otoe County. As a Critical Access Hospital, CHI Health St. Mary's primary service area is considered the county in which they are located (Otoe County), and the following zip codes: 68410, 68305, 51652. See figure 1 below.

Figure 1: CHI Health St. Mary's Service Area - Otoe County



Community Description

Otoe County is considered the primary service area of CHI Health St. Mary’s, as a critical access hospital, CHI Health St. Mary’s serves a largely rural population over 616 square miles in Otoe County, Nebraska. Otoe County is home to ten communities with five school districts. The population of these communities range in population from 57 in Burr, to 1,942 in Syracuse and 7,289 in Nebraska City. CHI Health St. Mary’s is located in Nebraska City, which also serves as the County Seat for Otoe County and is approximately 50 miles from the Omaha Metropolitan Area and 50 miles from the northern Kansas border. For the purposes of the CHNA, Otoe County is considered the primary service area of CHI Health St. Mary’s and is therefore the identified community, which include the following zip codes: 68410, 68305, 51652. Service area map can be seen in Figure 1.^{1,2}

Population

Table 1 describes the population demographics of Otoe County including size, age, gender, and race. Overall, Otoe County is slightly older, and is less diverse (predominantly non-Hispanic White), compared to the State of Nebraska. The proportion of Nebraska City’s Hispanic population increased from 6.8% in 2014 to 15.1% in 2021.³

Table 1. Community Demographics

	Nebraska City	Otoe County	Nebraska	United States
Total Population	7,222	15,912	1,961,504	331,449,281

³ US Census Bureau QuickFacts accessed March 2022 <http://www.census.gov/quickfacts>

Population per square mile (density) ³	1554.3	25.6	23.8	87.4
Total Land Area (sq. miles) ³	4.69	615.63	73,824.17	3,531,905
Rural vs. Urban ⁴		Rural (55.11% live in rural)	Urban (73.13% live in urban)	Urban (80.89% live in urban)
Age ³				
% below 18 years of age	34.8%	24.0%	24.6%	22.3%
% 65 and older	19.3%	19.8%	16.2%	16.5%
Gender ³				
% Female	52.4%	50.2%	50.0%	50.8%
Race ³				
% White alone	88.3%	95.8%	88.1%	76.3%
% Black or African American alone	1.3%	1%	5.2%	13.4%
% American Indian and Alaskan Native alone	.2%	0.7%	1.5%	1.3%
% Asian alone	.4%	.7%	2.7%	5.9%
% Native Hawaiian/Other Pacific Islander alone	0.0%	0.1%	0.1%	.2%
Two or More Races	4.9%	1.0%	2.3%	2.8%
% Hispanic	15.1%	8.6%	11.4%	18.5%
% Non-Hispanic White	80.1%	88%	78.2%	60.1%

Socioeconomic Factors

Table 2 describes key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by the hospital. Otoe County population experiences lower income, and lower bachelor degree attainment than the state and U.S. Of the 20% of children living in poverty in Otoe County, 48.46% are Hispanic or Latino.^{3,5,8}

Table 2: Socioeconomic Factors

	Otoe County	Nebraska	United States
Income Rates ³			
Median Household Income	\$59,167	\$61,439	62,843
Poverty Rates			
Persons in Poverty ³	8.4%	9.2%	11.4%
Children in Poverty ⁵	19.57%	13.91%	18.52%
Employment Rate			

⁴ US Census Bureau, Decennial Census. 2010. Source geography: Tract

⁵ US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Unemployment Rate ⁶	1.1%	1.3%	3.7%
Education/Graduation Rates			
High School Graduation Rates ⁷	89.9%	87.6%	87.7%
% Population Age 25+ with Bachelor's Degree or Higher ⁸	23.44%	31.91%	32.15%
Insurance Coverage			
% of Population Uninsured (under 65) ³	9.5%	9.8%	10.2%
% of Uninsured Children (under the age of 19) ⁹	4.8%	5.27%	5.08%

Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA)

Otoe County has seven designated Health Professional Shortage Areas (HPSA) including primary care, dental health and mental health disciplines. The HPSA scores for the seven designated HPSAs range from 5- 17 from a score range of 0- 26, in which the higher the score, the greater the priority. There are currently no Medically Underserved Areas/Populations (MUA) in Otoe County.^{10,11}

Community Needs Index (CNI)

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to healthcare access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

Otoe County has a weighted average CNI score of 2.5 and median CNI score of 1.8. CNI scores ranged from 1.6 in Syracuse to 3 in Nebraska City. Nebraska City represents the zip code (68410) with the highest need. The total population residing in this zip code is 8,645. A higher CNI score in these zip codes suggest residents may experience greater barriers accessing care and/ or require more healthcare services than peers in zip codes with lower CNI scores. See Figure 2 for the Otoe County CNI map.¹²

Figure 2: Otoe County CNI Score Map¹²

⁶ US Department of Labor, [Bureau of Labor Statistics](#). 2021 - December. Source geography: County

⁷ US Department of Education, [EDFacts](#). Additional data analysis by CARES. 2018-19. Source geography: School District

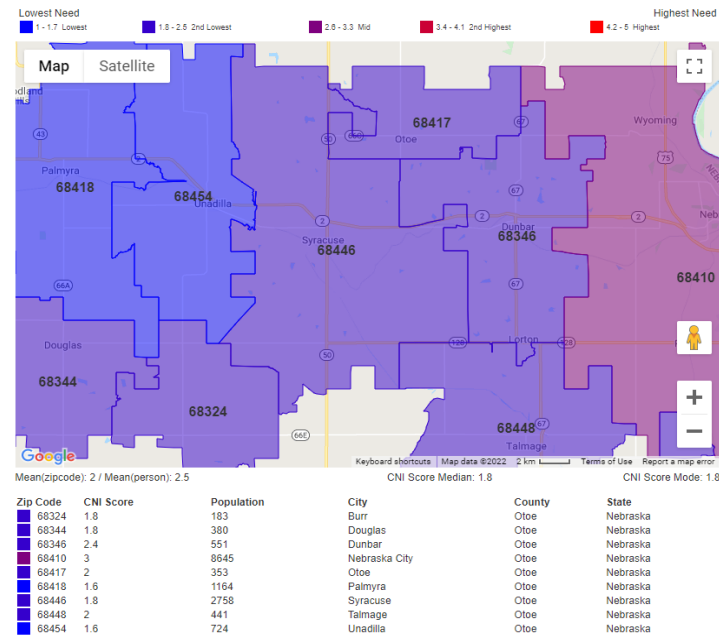
⁸ US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

⁹ US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

¹⁰ HPSA Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

¹¹ MUA Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/mua-find>

¹² Community Needs Index. 2022. Accessed March 2022. <http://cni.dignityhealth.org>



Unique Community Characteristics

Nebraska City is the county seat of Otoe County, and also the home of several charitable foundations which provide funding and support to various projects related to health and wellbeing of its community members. Arbor Day Foundation, Arbor Day Farm, and Lied Lodge bring naturalists and conservationists to Nebraska City for meetings, events and professional development. Kimmel Orchard and Kimmel Education and Research Center provide learning opportunities through the Nebraska Extension Cooperative. Southeast Community College will also be opening a Learning Center in Nebraska City to offer continuing education and associate's degree-related classes for personal and professional development.

Other Health Services

Aside from CHI Health St. Mary's, Otoe County is home to

- Arbor Psychiatric and Wellness Center
- Blue Valley Behavioral Health
- Community Medical Center
- Community Health Services Home Care
- Fitness Plus Fitness Center
- Mission Field
- Syracuse Area Health
- CHI Health Clinic Family Medicine (St. Mary's)
- CHI Health Clinic Heart Institute Outreach (Syracuse)

Southeast District Health Department (SEDHD) also offers a wide variety of public health services such as immunizations, health education, home visitation and smoking cessation.

Community Health Needs Assessment Process and Methods

The process of identifying the significant community health needs in Otoe County was accomplished by two primary actions:

1. Engage in the CHNA process led by SEDHD, the local public health department, to include primary and secondary data collection, as well as a stakeholder focus group to review data and prioritize needs.
2. Validation of the SEDHD prioritized needs through engagement of the hospital's internal Community Benefit Action Team (CBAT) and the hospital's community and foundation boards.

SEDHD covers five counties: Johnson, Nemaha, Otoe, Pawnee and Richardson. In order to assess the health needs across the five-county area, SEDHD convened the hospital leadership from hospitals in the region to support planning efforts. The group planned and implemented a community survey across all five counties and held five stakeholder focus groups to review community survey data as well as secondary data. Secondary data included a range of community health indicators, including, but not limited to: population demographics, socioeconomic factors, health status (including chronic disease and poor mental health prevalence) and health outcomes (mortality).

SEDHD sourced secondary data from a variety of sources to include:

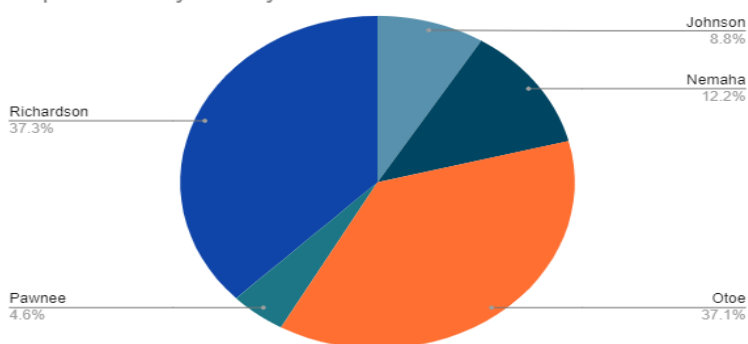
- Behavioral Risk Factor Surveillance System (BRFSS)
- County Health Rankings
- Nebraska Crime Commission
- Nebraska Department of Education
- Nebraska Department of Health and Human Services (DHHS)
- Nebraska Risk and Protective Factor Student Survey (NRPFS)
- U.S. Census/American Community Survey

Community Survey

As part of the CHNA process, SEDHD conducted a community survey of the five-county area to gain input on the health status and needs of the community. Surveys were available from July - September 2021 and were emailed to community stakeholder listservs by each of the hospitals participating in the CHNA planning with SEDHD, promoted on social media through SEDHD and hospital channels, as well as paper copies made available at hospital and clinic locations throughout the SEDHD region. 590 participants completed the community survey including 219 from Otoe County. Figure 2 shows the breakdown of survey responses by county in SEDHD. Detailed demographics for survey participants can be found in Appendix A.

Figure 2: SEDHD Community Health Survey Respondent by County

Repondents By County



Focus Group

Upon completion of the survey, SEDHD held a series of focus group meetings to present survey findings, review secondary data, and engage key community members in determining top needs in the community. CHI Health St. Mary's co-hosted one of the five focus group meetings in Otoe County on November 30, 2021. Upon review of the primary and secondary data, stakeholders engaged in a facilitated conversation to determine drivers of poor health outcomes and prioritize health needs for specific counties.

Stakeholders attending the focus group meeting at CHI Health St. Mary's represented those who serve **minority, at-risk, uninsured, and aging populations**, as well as **those affected by violence**. A total of 21 stakeholders participated in the CHI Health St. Mary's focus group representing the following organizations:

- South East District Health Department (SEDHD)
- INSPRO, Inc
- Nebraska City Area Economic Development
- Nebraska City Housing
- Arbor Psychiatric and Wellness Center
- Arbor Banking
- Arbor Day Farm
- Lied Lodge
- Keep Nebraska City Beautiful

Following the focus groups, CHI Health St. Mary's CBAT then reviewed community health data gathered through the SEDHD CHNA process, and validated with CHI Health St. Mary's hospital community board that the data reviewed and significant health needs identified, were accurate reflections of the most pressing needs of the community.

Gaps in information

Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community’s health, nor can we represent all interests of the population. Challenges exist in Otoe County around reliable data collection due to small sample sizes among different populations and indicators. This assessment was designed to represent a comprehensive and broad look at the health of the overall community. During specific hospital implementation planning, gaps in information will be considered and other data/input brought in as needed.

CHI Health St.Mary’s invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

Assessment Data and Findings

For a complete list of community health indicators reviewed in consideration of the CHNA for CHI Health St. Mary’s, please refer to the excerpts from the 2021 Southeast District Health Department CHNA in Appendix A. The full report may be found after April 2021. In addition, specific data and rationale for the areas of opportunity are included below in Table 3.

Table 3 outlines areas of opportunity to improve health and wellbeing in Otoe County, NE.

Table 3: Areas of Opportunity- Otoe County, NE

AREA OF OPPORTUNITY	REASON FOR HIGH PRIORITY
Access to Healthcare Services	<ul style="list-style-type: none"> 10% of Otoe County's population is uninsured compared to Nebraska at 11%. 16% of SEDHD community survey respondents identified access to healthcare as one of the top three “important factors that contribute to high quality of life,” while 13% identified it as one the three most important “health concerns.” 29% of Otoe County residents “strongly disagree” with the following statement: “I have easy access to the medical specialists I need and “I am able to get medical care whenever I need it”.
Aging	<ul style="list-style-type: none"> Otoe County has a slightly larger 65+ population (19.15%) when compared to NE (15.36%) Those 65+ account for 48.8% of the population with any disability
Behavioral health (Includes mental health, suicide & substance abuse)	<ul style="list-style-type: none"> Ratio of mental health providers to the population in Otoe County has improved from 1,970:1 to 1,600:1 but is significantly higher when compared to NE overall (360:1). Otoe County residents reported 3.6 poor mental health days in the last 30 days (similar to NE overall). 12% reported frequent mental distress in Otoe County, which is slightly higher than the State of Nebraska at 11%. 17% of Otoe County adults smoke and 23% report excessive drinking. In the community survey 48% of respondents identified alcohol dependency, 65% identified drug use, and 22% identified tobacco use as one of the top

	<p>three “risky behaviors” in the community (attributable for the greatest impact on community health).</p> <ul style="list-style-type: none"> Community members say “mental health concerns are prominent” , “COVID has had impact on mental health, and that “mental health providers are hard to find”
Cancer	<ul style="list-style-type: none"> The cancer incidence rate in Otoe County is comparable to NE overall (461.9) and higher when compared to county peer group (443.1) and US overall (456.0) 17% of SEDHD community survey respondents identified cancer as one of the top three “health concerns.”
Cardiovascular Disease	<ul style="list-style-type: none"> Heart disease prevalence in Otoe County (5.5%) is lower when compared to US (6.7%), comparable when compared to NE (5.5) and slightly higher when compared to county peer group (6.3%) 18% of SEDHD community survey respondents identified heart disease and stroke as one of the top three “health concerns”, 28% of community survey respondents identified poor eating habits as one of the top three most important "risky behaviors" in our community (behaviors that have the greatest impact on community health).
Maternal & Child Health	<ul style="list-style-type: none"> Although low birth weight (LBW) decreased from 8.4% of live births in 2014 to 6.3% in 2021, 8% of Hispanic live births experience LBW. The teen birth rate in Otoe County (18.8) is slightly higher when compared to Nebraska (17.6) and slightly lower when compared to county peer group (20.3). 9% of community survey respondents identified not using birth control as one of the top three most important "risky behaviors" in our community (behaviors that have the greatest impact on community health).
Nutrition, Physical Activity, and Weight Status	<ul style="list-style-type: none"> The percent of adults who are obese is trending upward in Otoe County (39% from 34%) as well as Nebraska overall (from 33% to 29%). Healthy People 2030 goal: 36%. 52% of community survey respondents identified not being overweight as one of the top three most important "risky behaviors" in our community (behaviors that have the greatest impact on community health).
Violence	<ul style="list-style-type: none"> Injury deaths are slightly lower at 31.8/100,000 compared to NE at 39.3/100,000 Age-Adjusted Death Rate (Per 100,000 Population).

Prioritized Description of Significant Community Health Needs

Prioritization Process

CHI Health St. Mary’s identified the Significant Community Health Needs through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; disparity and equity, severity of the

problem, known effective interventions, resource feasibility and sustainability; and the perceptions of top health issues among key informants giving input to the process.

Focus Group

CHI Health St. Mary’s co-hosted a focus group with the SEDHD to present survey findings, review secondary data, and engage key community members in determining top needs in the community for Otoe County. A facilitated discussion was implemented to analyze what stakeholders identified as Areas of Concern/Improvement, Strengths, and Opportunities.

A full report of the focus group can be found in the Appendix A.

Prioritized Health Needs

The 21 participants identified top health needs as Table 4 demonstrates.

Table 4: Top Prioritized Health Needs

Health Need Area
Lack of mental health services
Lack of adequate, affordable housing
Drug use among youth
Workforce (Skills to secure adequate wages, Affordable healthcare, and Childcare)

Data provided by SEDHD was presented to hospital administration, Community Benefit teams, Foundation and Community Boards for validation of needs. All parties who reviewed the data found the data to accurately represent the needs of the community.

Resources Available to Address Health Needs

Table 5 represents a list of resources in Otoe County for each health need identified above.

Table 5 Otoe County Health Asset and Resource Inventory

Health Need Area	Resources
Access to Healthcare Services	<ul style="list-style-type: none"> ● Southeast District Health Department ● World of The Aging (WOTA) Senior Center ● Growing Great Kids

	<ul style="list-style-type: none"> ● Otoe County Emergency Management
Aging	<ul style="list-style-type: none"> ● World of The Aging (WOTA) Senior Center
Behavioral Health (includes mental health, suicide, & substance abuse)	<ul style="list-style-type: none"> ● Behavioral Health Grant (CHI Health Mission & Ministry Fund) in partnership with Region 5 and community stakeholders ● Partners of Otoe County Substance Abuse Prevention Team ● Blue Valley Behavioral Health ● Arbor Psychiatric and Wellness Center ● Mission Field
Cancer	<ul style="list-style-type: none"> ● CHI Health's Regional Oncology directors - service line calls/meetings ● CHI Health St. Mary's Nurse Navigators increasing awareness and promotion of screenings available
Cardiovascular Disease	<ul style="list-style-type: none"> ● Mission Lifeline Monitoring Program
Maternal & Child Health	<ul style="list-style-type: none"> ● Growing Great Kids Program
Nutrition, Physical Activity, and Weight Status	<ul style="list-style-type: none"> ● Growing Great Kids ● Prevention initiatives led by Southeast District Health Department
Violence	<ul style="list-style-type: none"> ● United Against Violence - Violence Prevention Grant

Evaluation of FY20-FY22 Community Health Needs Implementation Strategy

The previous CHNA for St. Mary's was conducted in 2019. Table 6 illustrates the progress and impact made around CHI Health St. Mary's previous implementation strategy to address community health needs.

Table 6. FY20-22 CHI Health St. Mary's Implementation Plan Review

Priority Health Need #1: Social Determinants of Health (SDOH)

Goal	Increase capacity of community-led efforts to address socioeconomic issues driving health disparities among Nebraska City and Otoe County residents
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● 15.1% of adults live in poverty in Nebraska City, compared to 10% in Otoe County and 12.4% in Nebraska overall ● 13.4% of children 0-18 are living in poverty in Otoe County compared to 16% across the State ● 3.7% unemployment in Otoe County, compared to 3.0% in Nebraska
	<p>CHNA 2019</p> <ul style="list-style-type: none"> ● 13.6% of adults live in poverty in Nebraska City, compared to 9.1% in Otoe County and 10.8% in Nebraska overall ● 13% of children 0-18 are living in poverty in Otoe County compared to 14% across the State ● 3.4% unemployment in Otoe County, compared to 2.9% in Nebraska ● 31.8% of rentals where gross rent exceeds 30% of household income
	<p>CHNA 2022</p> <ul style="list-style-type: none"> ● 15.3% of persons live in poverty in Nebraska City, compared to 8.4% in Otote County and 9.2% in Nebraska ● 19.57% children under age 18 are living in poverty in Otoe County compared to 13.91% across the state ● 1.1% unemployment rate in Otoe County, compared to 1.3% in Nebraska
Timeframe	FY20-FY22
Background	<p>Rationale:</p> <ul style="list-style-type: none"> ● While nearly all community indicators above showed slight improvement from 2016 to 2019, social factors such as poverty, housing, and family-friendly employment were identified as drivers of stress, poor health, and poor quality of life for working age families in Otoe County ● Socioeconomic factors influence an individual’s health, accounting for up to 40% of the total influencing factors. In contrast, health care has a relatively modest influence on an individual’s overall health, accounting for approximately 20% of total influence ● There is a growing tide of awareness across community sectors and an existing body of work through local coalitions to collectively address SDOH as a root cause of what is driving poor health and poor socioeconomic growth in the area ● It is anticipated that by addressing social needs, such as poverty and access to preventive care, the community will realize improvements on health needs that develop as a result of these socioeconomic factors, such as heart disease, cancer, and obesity.
	<p>Contributing Factors:</p> <ul style="list-style-type: none"> ● Rural nature of the area creates a general need for economic development related to higher paying jobs and affordable housing availability, as well as building community capacity to support those in poverty

National Alignment:

- 15.1% of persons living below the poverty threshold (baseline measure – no target available) (HP2020) 22.0% of children 0-17 living in poverty (baseline measure – no target available) (HP2020) 34.6 percent of households that spend more than 30% of income on housing in 2007 (baseline measure – no target available) (HP2020)

Additional Information:

- St. Mary’s has just finished a three-year grant to build a collective impact coalition to address behavioral health issues in Otoe County
 - Work was beginning to focus largely on poverty, and will be incorporated into the community-led effort
- Partners for Otoe County (P4OC) is a local coalition that recently received funding from the Nebraska Children & Families Foundation (NCF) to form a collective impact workgroup to assess and address gaps in early childhood programming in the area (P4OC originated out of St. Mary’s Hospital and People United for Families in 2009)
- CHI Health St. Mary’s has long supported the Growing Great Kids program out of Southeast District Health Department, which provides for home visiting for at-risk families with children age 0-3
- Community Prosperity Initiative work (led by community leaders from multiple sectors) has convened in last two years to focus on economic development
- There is an opportunity to explore how the different work described here aligns together, as similar community members/agencies are engaged in each body of work

Strategy & Scope 1.1: Continue to help steer and participate in an existing community effort to effectively address social drivers of poor health outcomes (such as poverty, lack of family supports for working parents, housing, and food insecurity) in Nebraska City and Otoe County, NE.

Activity 1.1.1: Provide leadership and funding support to the P4OC steering committee to build capacity and support growth of the coalition (To serve as the backbone agency for larger, community-based, collective impact work addressing health, social, and economic factors to build a healthy community where every child and family thrives)

Anticipated Impact:	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> ● Reduce poverty and improve health outcomes through building capacity of community services and agency collaborations to address individual health needs 	CHI Health System Role(s): <ul style="list-style-type: none"> ● Technical Assistance ● Financial Support CHI Health St. Mary’s Role(s): <ul style="list-style-type: none"> ● Serve on Partners for Otoe County Board of Directors 	<ul style="list-style-type: none"> ● Partners for Otoe County ● Nebraska City Economic Development Corporation

	<ul style="list-style-type: none"> ● Provide In Kind and cash support <p>Required Resources:</p> <ul style="list-style-type: none"> ● Funding for a PT Operations Coordinator and Strategic Plan Facilitator (Partners for Otoe County) 	
Measures	Data Sources/Evaluation Plan	
<ul style="list-style-type: none"> ● # of staff/ board members that participated in the strategic planning process ● # of families referred to Central Navigation services 	<ul style="list-style-type: none"> ● Invoice/Funding agreement ● Strategic Planning Attendance ● Meeting attendance 	
Fiscal Year 20 Actions and Impact:		
<p>FY20 Key Activities</p> <ul style="list-style-type: none"> ● Provided \$22,000 to Partners for Otoe County for general operating expenses and to hire a consultant to facilitate a strategic planning process. Due to COVID-19, the strategic planning process was delayed, but eventually completed in FY21. ● Partners for Otoe County adopted a new vision (Our community is stronger because of all of us!) and mission statement (Connecting People and Community Resources). ● Updated website to include basic landing page and listing of community resources. ● Hired two part-time family coaches and two part-time youth coaches to provide support and prevent entry or re-entry into higher level systems of care. <p>FY20 Measures:</p> <ul style="list-style-type: none"> ● 8 staff/board members that participated in the strategic planning process ● 14 families referred to Central Navigation services 		
Fiscal Year 21 Actions and Impact:		
<p>FY21 Key Activities</p> <ul style="list-style-type: none"> ● St. Mary's Hospital President continued to serve on the Partners for Otoe County Board of Directors. ● Partners for Otoe County completed a strategic planning process and identified 2021 focus areas: early childhood development, mental health and community response. ● Nebraska City Economic Development Corporation hired a part-time Early Childhood Development Coordinator to serve the county. 		

- Through the Community Prosperity Initiative under the NE City Area Economic Development Corporation, a community housing study for Nebraska City with strategies for affordable housing was completed.

FY21 Measures

- 5 staff/ board members that completed the strategic planning process: 5
- 30 families referred to Central Navigation services: 30

FY22 Results Pending

Activity 1.1.2: Support evidence-based, community-based trainings or programming such as Bridges Out of Poverty or Mental Health First Aid as supported and aligned with P4OC Coalition objectives

Anticipated Impact:

- Reduce poverty and improve health outcomes through building capacity of community services and agency collaborations to address individual health needs

Hospital Role/ Required Resources

- CHI Health System Role(s):
- Technical Assistance
 - Financial Support
- CHI Health St. Mary's Role(s):
- Cash and In Kind Support
- Required Resources:
- Program Funding
 - Community Partnerships

Partners

- Healthy Minds Coalition

Measures

- # of 'investigators' (participants) that enrolled in 'Getting Ahead- Bridges out of Poverty' program
- # of 'investigators' (participants) that completed the 'Getting Ahead- Bridges out of Poverty' program

Data Sources/Evaluation Plan

- Data will be reviewed and monitored by an internal team using the following data sources:
- Program attendance/participation tracking
 - Pre and post program survey

Fiscal Year 20 Actions and Impact:
FY20 Key Activities

- Through the Healthy Minds Coalition, hosted eight- week ‘Getting Ahead- Bridges out of Poverty’ training. Five classes were held in- person, while the remaining three were delivered via Zoom due to COVID-19. Investigators were compensated for their time at a rate of \$25/ class. A meal and childcare were also provided at in-person classes. Investigators explored topics, such as, but not limited to: theory of change, causes of poverty, language, hidden rules of the middle class and building resources.

FY20 Measures:

- 8 ‘investigators’ (participants) that enrolled in the program
- 5 ‘investigators’ (participants) that completed the program

Fiscal Year 21 Actions and Impact:

FY21 Key Activities

- No Bridges out of Poverty- Getting Ahead or Mental Health First Aid trainings were conducted as planned due to the COVID- 19 pandemic.
- A Bridges out of Poverty- Getting Ahead class is tentatively scheduled in 2022.

FY21 Measures

- No measures to report.

FY22 Results Pending

Activity 1.1.3: Support Southeast District Health Department to offer the Growing Great Kids home visiting program serving families with children 0-3 and at risk for substance abuse and poor infant/maternal outcomes

Anticipated Impact:

- Reduce poverty and improve health outcomes through building capacity of community services and agency collaborations to address individual health needs

Hospital Role/ Required Resources

- CHI Health System Role(s):
- Technical Assistance
 - Financial Support
- CHI Health St. Mary’s Role(s):
- Cash and/or in kind support

Partners

- Southeast District Health Department

	Required Resources: <ul style="list-style-type: none"> ● Funding for Growing Great Kids ● Community Partnerships 	
Measures	Data Sources/Evaluation Plan	
<ul style="list-style-type: none"> ● # of families served by Growing Great Kids ● # of children served by Growing Great Kids ● # of home visits 	Data will be reviewed and monitored by an internal team using the following data sources: <ul style="list-style-type: none"> ● Program attendance/participation tracking ● Pre and post program survey 	
Fiscal Year 20 Actions and Impact: FY20 Key Activities <ul style="list-style-type: none"> ● Provided \$22,000 to Southeast District Health Department to support the Growing Great Kids program in Otoe County. FY20 Measures: <ul style="list-style-type: none"> ● # of families served: 25 ● # of children served: 29 ● # of home visits: 177 		
Fiscal Year 21 Actions and Impact: FY21 Key Activities <ul style="list-style-type: none"> ● Provided \$22,000 to Southeast District Health Department to support the Growing Great Kids program in Otoe County. FY21 Measures <ul style="list-style-type: none"> ● # of families served: 17 ● # of home visits completed: 174 ● # of referrals for community resources, such as childcare, education, emergency assistance, financial, food/ nutrition, housing, legal services, mental health, safety, smoking cessation, transportation: 72 		
FY22 Results Pending		

Activity 1.1.4: Operate the Nebraska City Community Garden, offering plots to those in need, as well as building capacity of community ownership and educational activities related to food production, harvesting, preparation, and sustainability

Anticipated Impact:	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> ● Reduce poverty and improve health outcomes through building capacity of community services and agency collaborations to address individual health needs 	<p>CHI Health System Role(s):</p> <ul style="list-style-type: none"> ● Technical Assistance ● Financial Support <p>CHI Health St. Mary’s Role(s):</p> <ul style="list-style-type: none"> ● Support operation of community garden <p>Required Resources:</p> <ul style="list-style-type: none"> ● Cash and In Kind Support 	<ul style="list-style-type: none"> ● Nebraska City Community Garden ● United Methodist Men ● Nebraska City Public Schools Summer Club ● Lourdes Central Catholic Class Club

Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> ● # of donated community garden plots 	<p>Data will be reviewed and monitored by an internal team using the following data sources:</p> <ul style="list-style-type: none"> ● Program attendance/participation tracking ● Pre and post program survey

Fiscal Year 20 Actions and Impact:

FY20 Key Activities

- For the 2020 planting season, 10 of the available 12 plots were used. The cost of a plot was \$30, however plots were offered free of charge to those who were unable to afford it. United Methodist Men, Nebraska City Public Schools Summer Club and Lourdes Central Catholic Class Club were recipients of donated plots for clients.
- The community garden plots were 15’x20’ and boasted a butterfly garden, a compost station and an active garden host. At the end of the season, the community planned to host a Garden Clean Up day.

FY20 Measures:

- 3 of donated community garden plots

Fiscal Year 21 Actions and Impact:**FY21 Key Activities**

- For the 2021 planting season, 10 of the available 12 plots were used. The cost of a plot was \$30, however plots were offered free of charge to those who were unable to afford it. United Methodist Men's Group was a recipient of a donated plot and they donated produce to the Nebraska City First United Methodist Food Pantry.

FY21 Measures

- 3 donated community garden plots

FY22 Results Pending

Goal	Expand access to mental health services for youth
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● The ratio of mental health providers to population in 2015 was 1,970:1 in Otoe County compared to 410:1 in Nebraska overall. ● Suicide rates have risen in the SEDHD five-county area
	<p>CHNA 2019</p> <ul style="list-style-type: none"> ● Ratio of mental health providers to population is 1,970:1 compared to NE overall at 410:1. ● Suicide rates in SEDHD service area have risen since 2011 from 3.9 per 100,000 to 21.4 in 2014. ● Community members report that “lack of awareness to identify mental health issues,” and “ability to support those who need care” are key issues. In addition, respondents noted that social stigma prevents individuals from seeking help.
	<p>CHNA 2022</p> <ul style="list-style-type: none"> ● Ratio of mental health providers to the population in Otoe County has improved from 1,970:1 to 1,600:1 but is significantly higher when compared to NE overall (360:1). ● Otoe County residents reported 3.6 poor mental health days in the last 30 days (similar to NE overall). ● 12% reported frequent mental distress in Otoe County, which is slightly higher than the State of Nebraska at 11%.
Timeframe	FY20-FY22
Background	<p>Rationale:</p> <ul style="list-style-type: none"> ● Mental health and substance abuse were identified as top health needs in the 2019 CHNA for both adults and children/adolescents.
	<p>Contributing Factors:</p> <ul style="list-style-type: none"> ● Service provider shortage, high cost, lack of insurance coverage, family and community dynamics, social support and stigma
	<p>National Alignment: Healthy People 2020 objectives:</p> <ul style="list-style-type: none"> ● MHMD-2: Reduce suicide attempts by adolescents ● SA-14: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (target for % of adults 18 years and older= 24.2%) ● MHMD-11: Increase depression screening by primary care providers
	<p>Additional Information:</p> <ul style="list-style-type: none"> ● Alignment with Partners for Otoe County
Strategy & Scope 2.1: Expand access to mental health services for school age youth	

Activity 2.1.1 Operate an integrated school- based mental health program that includes therapy services for students, facilitation of peer groups and training for parents and teachers		
Anticipated Impact:	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> ● Improve youth mental health ● Increase access to mental health services in Otoe County 	CHI Health System Role(s): <ul style="list-style-type: none"> ● Licensed Independent Mental Health Provider (LIMHP) ● Technical Assistance ● Financial Support CHI Health St. Mary's Role(s): <ul style="list-style-type: none"> ● Liaison to CHI Health Behavioral Health Service Line Required Resources: <ul style="list-style-type: none"> ● CHI Health Cash and In Kind ● Community Partners 	<ul style="list-style-type: none"> ● Nebraska City Community Schools
Measures		Data Sources/Evaluation Plan
<ul style="list-style-type: none"> ● Relevant measures will be identified and begin to be reported in FY22. 		<ul style="list-style-type: none"> ● Relevant measures will be identified and begin to be reported in FY22.
Fiscal Year 20 Actions and Impact: FY20 Key Activities <ul style="list-style-type: none"> ● None to report; priority added to plan during FY21 FY20 Measures: <ul style="list-style-type: none"> ● None to report 		
Fiscal Year 21 Actions and Impact: FY21 Key Activities <ul style="list-style-type: none"> ● CHI Health provided a Licensed Independent Mental Health Provider (LIMHP) to facilitate therapy groups, provide individual therapy and offer training to teachers/ education staff during the 2020- 2021 school year and through the summer. 		

- Funding request submitted to NE Department of Education to sustain and expand the school- based mental health program over the next five years.

FY21 Measures

- Relevant measures will be identified and begin to be reported in FY22.

FY22 Results Pending

Dissemination Plan

CHI Health St. Mary's CHNA will be posted online at chihealth.com/chna.

Written Comments

CHI Health invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

Appendices

A: 2021 Southeast District Health Department CHNA

The following provides an overview from the Southeast District Health Department on the process conducted to review data and engage stakeholders in identifying top health needs in the community.



2021-2022 COMMUNITY HEALTH ASSESSMENT

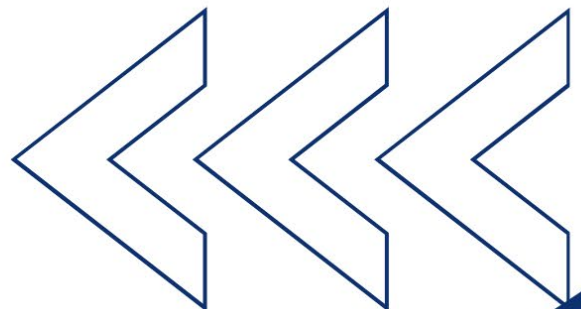
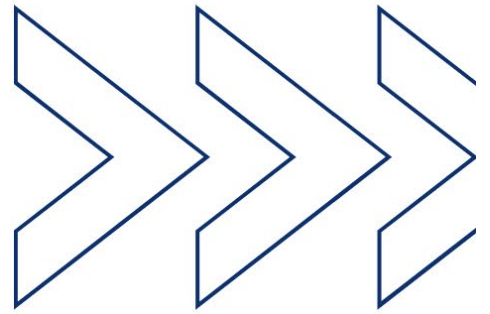


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INTRODUCTION

Under the direction of the Southeast District Health Department (SEDHD), the 2021 Community Health Assessment (CHA) was created for the five counties within the Southeast Health District (Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties). This assessment was completed in partnership with the district's six non-for-profit hospitals; Johnson County Hospital, Nemaha County Hospital, CHI St. Mary's, Syracuse Area Health, Pawnee County Memorial Hospital, and Community Medical Center; and various other community partners and agencies. This assessment serves as the fundamental basis for the Community Health Improvement Plan (CHIP) and as a reference document for the six hospitals to assist with strategic planning. Lastly, this assessment provides a multitude of data to inform and educate interested community partners on the health status of the population.

The CHA process is a collaborative effort and aims to serve as a single source of data for community partners and organizations. The primary objective of this assessment is to describe the health status of the population, identify areas for health improvement, and outline the health priorities of the communities. To provide continuous and up-to-date data, this assessment will be updated every three years. Subsequent revisions to this assessment should evaluate progress towards health priorities and detail new priorities, when applicable.

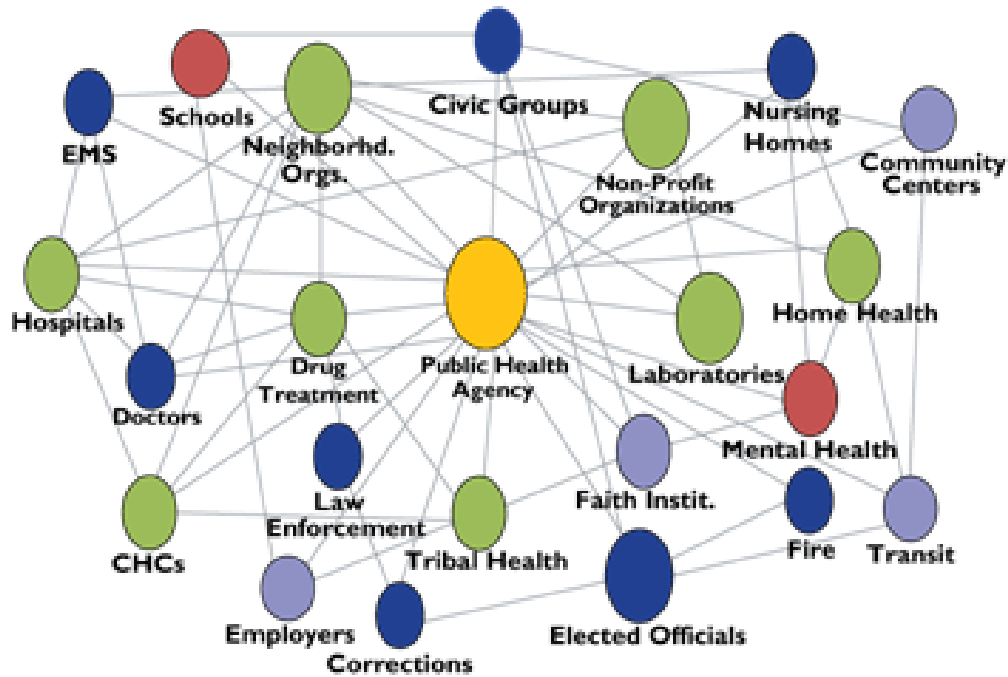
This report contains a broad array of demographic and public health data collected from secondary sources and includes primary data collected by SEDHD. See "Description of Data Sources" section for more information on the main sources of data.

COMMUNITY HEALTH AND THE PUBLIC HEALTH SYSTEM

Community health includes a broad array of issues addressed by numerous agencies. Topics that fall under community health include access to health care, child welfare, crime, alcohol and tobacco use, drug use, poverty, obesity, diabetes, adolescent and child health, chronic diseases, and other various epidemiological topics.

The health of a community is addressed by a collaborative effort amongst diverse community agencies and goes beyond efforts typically undertaken by hospitals and the public health department. Figure 1 illustrates an example of the public health network detailing interdisciplinary relationships between public, private, faith-based, and non-profit agencies that effectively address the health needs of the community.

Figure 1: The Public Health System



Source: Centers for Disease Control and Prevention, 2018

DESCRIPTION OF DATA SOURCES

Table 1 presents a summary of the most frequently cited sources used in this assessment.

Table 1. Frequently Cited Data Sources.	
Behavioral Risk Factor Surveillance System (BRFSS)	A comprehensive, annual health survey of adults ages 18 and over on risk factors such as alcohol use, tobacco use, obesity, physical activity, health screening, economic stresses, access to health care, mental health, physical health, cancer, diabetes, and many other areas impacting public health. Note that all BRFSS data are age-adjusted, except for indicators keying on specific age groups. The data are also weighted by other demographic variables according to an algorithm defined by the Centers for Disease Control and Prevention.
County Health Rankings	A wide array of data from multiple sources combined to give an overall picture of health in a county. Examples of data include premature deaths, access to locations for physical activity, ratio of population to health care professionals, violent crimes, and many other indicators. County Health Rankings provides health outcomes and health factors rankings for 78 counties in Nebraska.
Nebraska Crime Commission	Annual counts on arrests (adult and juvenile) by type submitted voluntarily by local and state-level police departments.
Nebraska Department of Education	Data contained in Nebraska's annual State of the Schools Report, including graduation and dropout rates, student characteristics, and student achievement scores.
Nebraska Department of Health and Human Services (DHHS)	A wide array of data around births, mortality, child abuse and neglect, health professionals, and other areas. Note that all mortality data are age-adjusted.
Nebraska Risk and Protective Factor Student Survey (NRPFS)	A survey of youth in grades 8, 10, and 12 on risk factors such alcohol, tobacco, drug use, and bullying.
U.S. Census/American Community Survey	U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, single parent families, and educational attainment. Annual estimates are available through the American Community Survey.

COMMUNITY HEALTH SURVEY

As part of the CHA process, a survey was distributed in communities within the southeast district. This survey was used as a tool to gauge residents' perceptions on the quality of life in their community, important health issues, and the behaviors that have the greatest impact on the health of their community. The results of the survey were then used in focus groups to identify and discuss issues within the community by key players that also live, work, and play in these communities.

In total, 590 participants completed the community survey from July through September 2021. Results from the survey are presented throughout this assessment in applicable sections. Table 2 presents the demographic characteristics of the participants by county.

	Johnson	Nemaha	Otoe	Pawnee	Richardson
Total Respondents	52	72	219	27	220
Race					
White Non-Hispanic or Latino	96.2%	94.4%	95.4%	96.3%	96.8%
Hispanic or Latino	0.0%	0.0%	1.4%	0.0%	0.5%
African American	0.0%	1.4%	0.5%	0.0%	0.0%
American Indian/Alaska Native	0.0%	0.0%	0.0%	0.0%	0.0%
Asian	0.0%	0.0%	0.0%	0.0%	0.0%
Native Hawaiian/ Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%
Two or more races	0.0%	1.4%	1.0%	0.0%	0.9%
Prefer not to answer	3.8%	2.8%	1.4%	3.7%	1.8%
Gender					
Male	19.2%	9.7%	19.2%	18.6%	10.0%
Female	76.9%	87.5%	79.9%	81.4%	87.7%
Non-binary	1.9%	0.0%	0.5%	0.0%	0.4%
Prefer not to answer	1.9%	2.8%	0.5%	0.0%	1.8%
Age					
18 or under	0.0%	1.4%	1.0%	0.0%	0.5%
19 - 24	3.8%	2.8%	4.6%	3.7%	3.6%
25 - 34	19.2%	12.5%	15.1%	25.9%	17.3%
35 - 44	26.9%	34.7%	19.2%	25.9%	21.8%
45 - 54	19.2%	19.4%	26.0%	11.1%	19.5%
55 - 64	23.1%	8.3%	17.4%	22.2%	28.2%
65 - 74	3.8%	16.7%	12.8%	11.1%	7.3%

	75 or over	3.8%	4.2%	4.1%	0.0%	1.8%
Yearly Household Income						
	Less than \$20,000	5.8%	5.6%	5.0%	0.0%	5.0%
	\$20,000 - \$34,999	1.9%	9.7%	12.8%	3.7%	10.5%
	\$35,000 - \$49,999	5.8%	8.3%	11.9%	11.1%	13.6%
	\$50,000 - \$74,999	21.2%	15.3%	17.4%	18.5%	25.0%
	\$75,000 - \$99,999	23.1%	23.6%	17.4%	25.9%	19.1%
	\$100,000 - \$149,999	28.8%	30.6%	18.3%	22.2%	16.8%
	\$150,000 - \$199,999	13.5%	4.2%	9.6%	11.1%	6.4%
	\$200,000 or more	0.0%	2.8%	7.3%	7.4%	3.6%
Educational Attainment						
	Less than high school degree	0.0%	1.4%	2.7%	0.0%	2.3%
	High school degree or equivalent	15.4%	5.6%	12.8%	7.4%	13.2%
	Some college but no degree	11.5%	18.1%	15.5%	22.2%	21.4%
	Associate degree	26.9%	12.5%	18.3%	22.2%	26.8%
	Bachelor degree	25.0%	38.9%	28.3%	22.2%	21.8%
	Graduate degree	21.2%	23.6%	22.4%	26.0%	14.5%

FOCUS GROUPS

As a part of the 2021 CHA and CHIP process, SEDHD facilitated six focus groups within the SEDHD region. The focus group schedule included:

- October 13, 2021—Richardson County, virtually via Zoom—meeting hosts: Community Medical Center
- October 27, 2021—Nemaha County, Auburn—meeting hosts: Nemaha County Hospital
- November 19, 2021—Otoe County, Syracuse—meeting hosts: Syracuse Area Health
- November 30, 2021—Otoe County, virtually via Zoom—meeting hosts: CHI Health St. Mary’s
- December 1, 2021—Johnson County, Tecumseh—meeting hosts: Johnson County Hospital
- January 19, 2022—Pawnee County, Pawnee City—meeting hosts: Pawnee County Memorial Hospital

Focus group participants were leaders in communities (including but not limited to local businesses, schools, social service agencies, hospitals, local government, economic development, faith-based organizations, spirited community citizens, etc.) within the corresponding counties of the health district. Participants of the focus groups were recruited by partnering hospitals (CHI Health, Community Medical Center, Pawnee County Memorial Hospital, Syracuse Area Health, and Nemaha County Hospital). All focus groups were facilitated by SEDHD staff using Technology of Participation (ToP)¹ methods. Table 3 defines the target population, location, number of participants, and characteristics of each focus group.

Table 3: Focus group characteristics		
Location	Number of Participants	Participant’s Gender
Richardson County, Falls City virtual	14	5 Men 9 Women
Nemaha County, Auburn Nemaha County Hospital	10	4 Men 6 Women
Otoe County, Syracuse Syracuse Area Health	8	4 Men 4 Women
Otoe County, Nebraska City virtual	21	8 Men 13 Women
Johnson County, Tecumseh President’s Room	12	5 Men 7 Women
Pawnee County, Pawnee City Pawnee City Memorial Hospital	12	7 Men 5 Women

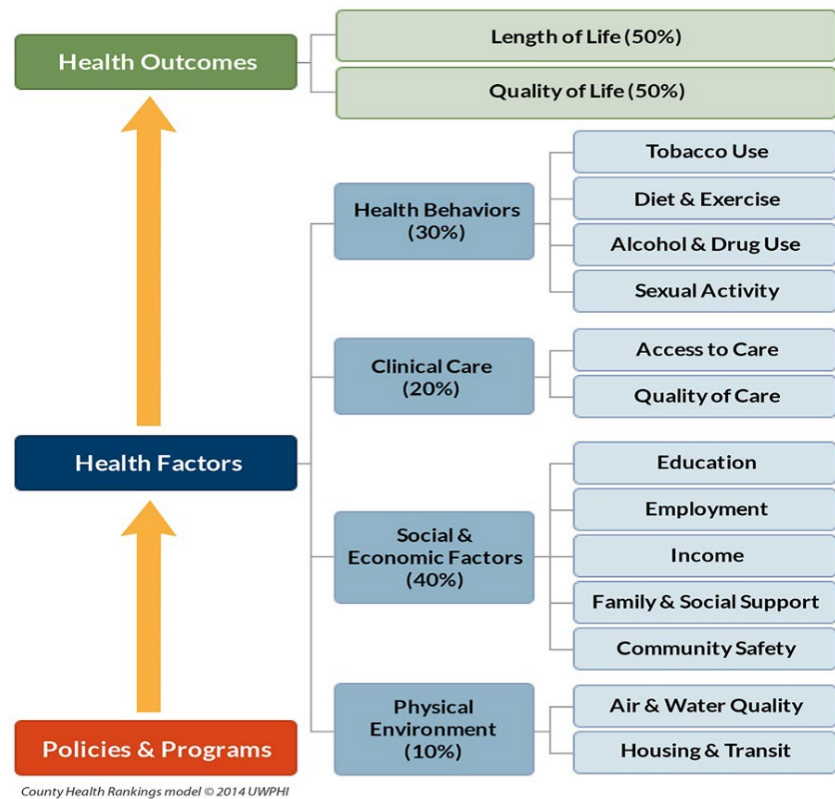
Focus groups lasted for approximately two hours. In each of the focus groups, participants were given a data packet specific to their respective county, created by SEDHD, that consisted of data from secondary sources (such as BRFSS, County Health Rankings and Roadmaps, American Community Survey/US Census Bureau, Nebraska Department of Education, etc.) to provide a broad overview of the county’s health status.

¹ Technology of Participation: <https://www.ica-usa.org/top-training.html>



County Health Rankings and Roadmaps (CHRR), a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin, provides reliable local data and evidence to communities to help them identify opportunities to improve their health. The CHRR model is a useful foundation for the SEDHD CHA/CHIP process and consideration of the broad factors that influence health in the district. The CHRR² approach illustrates how the conditions in which we live, work, and play impact our health—often more than clinical care. Health outcomes (length of and quality of life) for a community is greatly impacted by health factors (modifiable conditions within a community) such as social and economic factors, health behaviors, physical environment, and clinical care, which in turn are influenced by local, state and national policies and programs. Figure 2 illustrates the CHRR approach to community health.

Figure 2. County Health Rankings and Roadmaps



Additionally, focus group participants reviewed survey response data from the community health survey (administered by SEDHD and their partners in the five-county area). Specifically, the group considered survey respondents’ 1) three most important factors that would contribute to a high quality of life in the community, 2) three most important health concerns in the community, and 3) three most important risky behaviors in the community.

After a few minutes of individual review, SEDHD asked the group to share and discuss what they knew about the county given the data, the unknowns about the county, the strengths within the county, and the

² County Health Rankings and Roadmaps <http://www.countyhealthrankings.org/what-is-health>

opportunities that exist or could exist in the county. After this discussion, SEDHD asked the group to use dot stickers to prioritize opportunities for moving forward.

Highlights

This section highlights the emerging themes from the six focus groups.

- **Areas of concern/improvement** Health behavior issues included the prevalence of substance use/abuse and mental health needs. Economic issues included poverty and the need for more affordable/quality childcare options for all income brackets; and for affordable, quality housing (especially for low-income and aging populations). Clinical care issues included limited access to mental health services among the population in general and within schools.
- **Strengths** identified were quality healthcare facilities; a good sense of community and community pride among residents; a strong economy with low to middle-wage jobs and low unemployment rates; local commerce; collaboration among public-private partnerships; good schools and other community resources (pools, libraries, churches, parks and recreation programs, etc.).

Emerging themes for **opportunities** across the six focus groups included:

- Expanding adequate, affordable housing efforts
- Expanding community collaboration efforts to meet the needs of the population, such as Central Navigation, social services coordination, and raising awareness of available community resources
- Increasing access to wellness and fitness opportunities, such as youth centers, community centers, and walk/bike paths.

Focus group participants identified missing information that would help inform decisions about strategies and efforts going forward. Based on the missing information identified by participants and to better inform the process, it is recommended that additional information be gathered throughout the CHIP implementation, including:

- Community input that is more representative of all demographics (age, socioeconomic status, race/ethnicity, etc.).
- Environmental and community scans, including asset maps, to gain more awareness of what resources/community efforts are available in each county.
- Funding and sustainability of current and potential community efforts.

Nebraska City (Otoe County) Focus Group Summary

What do we know?

Some populations are underrepresented
 Affordable housing is a priority
 Substance misuse, alcohol dependence, and drug use (illicit drugs) are an issue
 Mental health concerns are prominent
 Lack of mental health providers – some funding is available, providers are hard to find
 COVID has had impact on mental health
 Jobs with adequate wages are a priority – impact on families’ ability to find adequate, affordable housing/access to healthcare
 Nebraska City poverty (16%) is higher than the county (9%), and state (12%)

What strengths exist?

- Collaboration among entities
- Grassroots efforts – EDGE, Keep Nebraska City Beautiful, P4OC, Growing Great Kids, etc.
- Mental health awareness
- Faith community
- Access to mental health services in schools

What opportunities exist or could exist?

- Central Navigation for individuals/families could be expanded
- Housing efforts and opportunities to reach outcomes
- HRSA Opioid grant – CHI Health St. Mary’s

Focus group participants identified the following issues:

- Mental Health service providers (lack of)
- Housing – lac of adequate, affordable housing
- Drug use among youth – marijuana and others, vaping
- Improving skills or skills assessment for adequate wages
- Family caregivers unable to work due to finding/affording healthcare, in-home care
- Childcare



Pawnee City (Pawnee County) Focus Group Summary

What do we know?

Public education of healthcare topics is needed (an area the hospital could expand on)
 More access to behavioral health, mental health, or dental services is a priority
 Need more understanding of root cause of substance use – crisis line is at an all-time high

What strengths exist?

- Good school system
- Good hospital
- Public library
- Wildlife management (NRD)
- Safe community
- Good grocery stores
- Restaurants
- Assisted living facility is a great asset to the community
- Location – close to larger metro area, three interstates
- Lower taxes
- Low cost of living
- Friendly people
- Opportunity for new business
- New community center

What opportunities exist or could exist?

- Housing
- Collaboration to move the county forward
- Federally Qualified Health Center (FQHC)
- Fitness Center
- County event calendar
- Space for new business
- Marketing of southeast Nebraska
- Bringing in younger generations



Focus group participants identified the following issues:

- Poverty
- Need to come up with more middle-income employment opportunities
- Access to exercise
- Affordable housing – better quality housing
- Decline of population
- Broadband is a need
- Access to service – dental, behavioral health, and mental health
- After school activities – not only kids but young adults



Falls City (Richardson County) Focus Group Summary

What do we know?

- Preventable hospital admissions among Medicare beneficiaries higher than the state (has decreased from the past)
- Survey responses to COVID – diagnosed (79% said no), received vaccine (81.69% said yes)

What strengths exist?

- Healthcare facilities (hospital, clinics, behavioral health)
- Good schools
- Excellent law enforcement
- Engaged community leaders
- Clean air
- Individuals engaged through faith community
- Excellent community resource availability
- Excellent broadband access
- Safe community
- Employment opportunities
- Low cost of living
- Good quality of life
- Welcoming community
- Childcare facilities in Falls City participating in Step Up to Quality
- Modern library with programs for youth
- New individuals/families moving to the area
- Strong housing market
- Increased opportunities at community college
- Modern pool/splash pad

What opportunities exist or could exist?

- Expanding the college
- Expanding youth community center
- More things to do in the community to decrease boredom
- Education classes
- Telehealth
- Intensive Outpatient services
- Additional providers coming to Blue Valley Behavioral Health
- Job training through SENCA
- Social services coordination
- Specialty services at the hospital



Focus group participants identified the following issues:

- Behavioral and mental health
- Adequate housing
- Income
- Childcare and pre/after school care
- Senior services shelter for homeless
- Shelter for rehab
- EMS/ambulance services
- Social services coordination
- Foster care availability
- Reducing barriers to cancer treatment/detection/prevention
- Adequate home health coverage
- Obesity
- Drug/alcohol use



Syracuse (Otoe County) Focus Group Summary

What do we know?	
<ul style="list-style-type: none"> • Need for mental health providers • Demographics of those responding to survey are not representative of those impacted by the outcome • Access to healthcare is an issue • Downstream effect on outcome of top issues • Adult obesity/physical activity difference between state and county 	
What strengths exist?	What opportunities exist or could exist?
<ul style="list-style-type: none"> • Good school • Healthcare • Availability of grocery, pharmacy, restaurants, basic retail • Safe community • Proximity to larger metro areas • Welcoming culture • Different churches/ministerial association • Sports complex • Available youth programs 	<ul style="list-style-type: none"> • More local businesses • Transportation • Childcare (before and after school, and full-time) • UniteUs (resource guide for services) • Establish a community network group • Attracting housing development

Focus group participants identified the following issues:

- Not enough mental health providers
- Medication management
- People want to live here but can't find adequate/appropriate housing.
- Substance misuse
- Joint efforts between law enforcement and medical/healthcare. Same for mental health.
- Transportation issues
- Childcare
- Not enough elderly services



Auburn (Nemaha County) Focus Group Summary

What do we know?

- Correlation between mental/behavioral health problems and perception of the community
- Top three risky behaviors (alcohol dependency, drug use, and adult obesity) can go hand-in-hand with mental health
- Access to exercise opportunities are lower on County Health Rankings
- Dentist to population – more available than state
- Cancer incidence rate higher than state and peer group
- Concern for radon level in county
- Majority of accidental deaths are alcohol-impaired driving deaths

What strengths exist?

- Good healthcare
- Good schools
- Low crime
- Uninsured population is lower than the state
- Peru State College
- Available resources in the county
- Higher high school graduation rate
- Good employers (industry, hospital, schools)
- Stable employers
- Teen birth rates lower than the state
- Adequate exercise/recreational centers
- Organizations addressing economic development
- Good sense and closeness of community
- Community pride
- Tourism
- Strong agricultural community

What opportunities exist or could exist?

- Expand housing
- Expand mental health services with telehealth
- Recruit mental health providers
- Improve preventative health
- Radon screening
- Awareness of resources (how to efficiently use social media or mailing services)
- New employment/development
- Childcare – Communities 4 Kids
- Broadband access (especially for agriculture)
- Community center
- Licensing for agricultural work
- Entrepreneurial services



Focus group participants identified the following issues:

- Lack of housing – hard to bring in employees from outside the county as it’s difficult to find housing
- Mental health
- Not enough available resources
- Alcohol and drug use
- Overall lack of wellness (obesity, mental health, risky behaviors)
- Preventative health measures
- Resources not being utilized enough (mammograms/cancer screenings)
- Culture shift to see value in the resources and utilize the resources
- Access and awareness to healthy foods
- Lack of consistent home life
- Childcare



Tecumseh (Johnson County) Focus Group Summary

What do we know?	
<ul style="list-style-type: none"> • Need more mental health providers and dental providers • Injury deaths is a problem • Obesity and physical inactivity show correlation with access to exercise opportunities • Cancer rates higher than the state and US • Many problems due to alcohol and substance abuse – need to educate children in schools 	
What strengths exist?	What opportunities exist or could exist?
<ul style="list-style-type: none"> • Good healthcare • Good communication and emergency response • Job opportunities • Good school system • Low crime/good law enforcement • New pool • Good retail options • Community is invested • Churches 	<ul style="list-style-type: none"> • Good restaurants • Mining • Opportunities for youth/teens • Biking/hiking trails • Increase in housing units • Community service organizations • Increase in businesses around the square

Focus group participants identified the following issues:

- Access to childcare
- Updated schools
- Affordable housing
- Vacant lots are expensive
- Injury rates and where they are coming from
- Healthcare (assisted living)
- Access to mental health services
- Exercise opportunities



DEMOGRAPHICS

Population

The population of the Southeast District is 38,6915. Table 4 presents the population and population density for each county, the district, and compares to the state and the nation.

Change in Population

Table 4. Total Population and Population Density			
	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
United States	331,449,281	3,532,068.58	93.8
Nebraska	1,961,504	76,823.79	25.5
Southeast	38,691	2,381.97	16.2
Johnson	5,290	376.05	14.1
Nemaha	7,074	407.38	17.4
Otoe	15,912	615.63	25.8
Pawnee	2,544	431.07	5.9
Richardson	7,871	551.84	14.3

Source: U.S. Census Bureau, 2020 – Nebraska 2020 Census

Table 5 shows the change in populations for each county and the Southeast District, according to the United States Census Bureau Decennial Census. Between 2010 and 2020 there was a -1.7% change in population for the Southeast District.

Table 5. Change in Total Population

	Total Population, 2010 Census	Total Population, 2020 Census	Total Population Change, 2010-2020	Percent Population Change, 2000-2010
United States	307,745,539	331,449,281	23,703,742	7.7%
Nebraska	1,826,341	1,961,504	135,163	7.4%
Southeast	39,341	38,691	-650	-1.7%
Johnson	5,217	5,290	73	1.4%
Nemaha	7,248	7,074	-174	-2.4%
Otoe	15,740	15,912	172	1.1%
Pawnee	2,773	2,544	-229	-8.3%
Richardson	8,363	7,871	-492	-5.9%

Source: U.S. Census Bureau, 2020 – Nebraska 2020 Census

Population Characteristics

Southeast District counties generally tend to be older compared to the state and the nation. The Southeast District has a lower percentage of the population under the age of 18 (Table 6) and a higher percentage of the population that is aged 65 and older (Table 7).

Table 6. Under 18 Population

	Total Population	Population Age 0-17	Percent Population Age 0-17
United States	331,449,281	73,106,000	22.1%
Nebraska	1,961,504	485,377	24.7%
Southeast	38,691	8,707	22.5%
Johnson	5,290	964	18.2%
Nemaha	7,074	1,632	23.1%
Otoe	15,912	3,852	24.2%
Pawnee	2,544	559	22.0%
Richardson	7,871	1,700	21.6%

Source: U.S. Census Bureau, 2020 – Nebraska 2020 Census

Table 7. Total Population by Age Groups, Percent

Report Area	Age 0-4	Age 5-14	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
United States	6%	12.6%	13.2%	13.9%	12.7%	12.7%	12.9%	16.0%
Nebraska	6.8%	13.8%	13.9%	13.3%	12.5%	11.5%	12.6%	15.0%
Southeast	6.1%	11.4%	11.4%	11.0%	11.2%	11.8%	13.5%	19.7%
Johnson	4.5%	11.0%	11.8%	14.2%	13.6%	12.4%	14.2%	18.2%
Nemaha	5.7%	11.7%	17.1%	11.0%	10.7%	10.4%	13.4%	20.0%
Otoe	7.1%	13.0%	11.8%	10.9%	11.2%	12.5%	14.2%	19.2%
Pawnee	6.6%	11.6%	10.6%	8.2%	9.4%	9.9%	15.3%	28.4%
Richardson	5.3%	11.9%	10.3%	9.7%	10.4%	11.6%	16.5%	24.2%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

Regarding race and ethnicity, the Southeast District population is primarily white and non-Hispanic. However, Johnson and Otoe counties have larger Hispanic populations compared to the rest of the district, 10.2% and 8.1%, respectively (Table 8 and 9).

Table 8. Total Population by Race Alone, Percent

	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
United States	70.4%	12.6%	5.6%	0.8%	0.2%	5.1%	5.2%
Nebraska	85.3%	4.8%	2.5%	0.9%	0.1%	2.5%	3.9%
Southeast	92.1%	1.5%	0.4%	0.7%	0.0%	1.7%	3.6%
Johnson	83.5%	5.3%	1.2%	1.0%	0.0%	4.2%	4.7%
Nemaha	93.2%	1.5%	0.7%	0.4%	0.0%	0.4%	3.8%
Otoe	93.2%	0.7%	0.2%	0.1%	0.0%	2.5%	3.3%
Pawnee	96.5%	0.2%	0.0%	0.0%	0.0%	0.0%	3.3%
Richardson	93.0%	1.0%	0.1%	2.2%	0.0%	0.0%	3.6%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates



Table 9. Total Population by Ethnicity Alone

Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
United States	331,449,281	59,361,020	18.2%	267,208,288	81.8%
Nebraska	1,961,504	214,952	11.2%	1,708,874	88.8%
Southeast	38,691	2,234	5.8%	36,380	94.0%
Johnson	5,290	524	10.2%	4,594	89.8%
Nemaha	7,074	203	2.9%	6,775	97.1%
Otoe	15,912	1,298	8.1%	14,667	91.9%
Pawnee	2,544	51	1.9%	2,589	98.1%
Richardson	7,871	158	2.0%	7,755	98.0%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

INCOME, POVERTY, AND SOCIAL PROGRAMS

Table 10 presents income data for the Southeast District. All counties within the district have a lower median household income and per capita income compared to the state and the nation.

Table 10. Median and Per Capita Income

	United States	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
Median household income	\$64,994	\$63,015	\$49,382	\$50,236	\$64,775	\$46,063	\$44,524
Per capita income	\$35,384	\$33,205	\$24,145	\$28,448	\$32,165	\$24,870	\$29,074

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

Unemployment across the Southeast District is higher than that of the state (Table 11). Johnson County is the only county with a lower unemployment rate than the state.

Table 11. Unemployment Rate, Percent

United States	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
5.4%	2.6%	2.5%	5.5%	2.7%	4.4%	3.6%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates



The Southeast District has a higher percentage of residents (all persons and those under 18 years) in poverty (Table 12). Pawnee and Richardson Counties have the highest percentage of residents in poverty within the district. Likewise, Otoe, Pawnee, and Richardson Counties have the highest percentage of residents under 18 years of age in poverty.

Table 12. Poverty Rate, Percent

	United States	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
All people	13.4%	11.1%	8.5%	11.6%	11.0%	18.9%	12.2%
Under 18 years	18.5%	13.9%	11.8%	8.8%	19.6%	36.7%	16.2%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

The percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP) is lower, overall, in the Southeast District compared to the state (Table 13). Richardson County has the highest percentage of households participating in SNAP, 10.3%.

Table 13. Supplemental Nutrition Assistance Program Participation, Percent

Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
8.3%	8.3%	5.8%	8.0%	7.8%	10.3%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

Table 14 presents the percentage of children enrolled in Medicaid and the state Children’s Health Insurance Program (CHIP) for each county. In 2016, Pawnee and Richardson Counties had a higher percentage of children enrolled in Medicaid and CHIP compared to the state.

Table 14. Percent of Children Enrolled in Medicaid and CHIP

	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
2012	33.7%	29.7%	30.5%	29.6%	31.9%	37.8%
2016	33.7%	32.7%	26.2%	27.5%	33.8%	37.7%

Source: Voices for Children in Nebraska, 2017

VETERANS

Table 15 presents demographic data on the veteran population within the Southeast District.

Table 15. Veteran Population Demographics by County

	Johnson	Nemaha	Otoe	Pawnee	Richardson
PERIOD OF SERVICE					
Gulf War (9/2001 or later) veterans	19.3%	18.5%	15.5%	10.7%	10.1%
Gulf War (8/1990 to 8/2001) veterans	17.3%	30.2%	19.5%	17.3%	7.7%
Vietnam era veterans	29.5%	34.3%	35.8%	48.5%	39.2%



Korean War veterans	7.4%	5.6%	8.3%	15.8%	23.9%
World War II veterans	7.4%	1.4%	4.9%	10.7%	3.5%
SEX					
Male	99.1%	87.5%	93.8%	92.9%	97.6%
Female	0.9%	12.5%	6.2%	7.1%	2.4%
AGE					
18 to 34 years	5.7%	0.0%	9.4%	2.6%	3.3%
35 to 54 years	31.0%	34.5%	20.0%	16.3%	16.7%
55 to 64 years	15.5%	14.9%	19.6%	25.0%	13.8%
65 to 74 years	15.2%	27.0%	25.6%	18.4%	23.8%
75 years and over	32.7%	23.6%	25.4%	37.8%	42.4%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	93.8%	92.5%	99.6%	100.0%	97.6%
Black or African American alone	0.0%	0.0%	0.0%	0.0%	0.3%
American Indian and Alaska Native alone	4.5%	0.0%	0.3%	0.0%	1.2%
Asian alone	0.0%	6.7%	0.0%	0.0%	0.0%
Native Hawaiian and Other Pacific Islander alone	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race alone	1.2%	0.0%	0.0%	0.0%	0.0%
Two or more races	0.6%	0.8%	0.2%	0.0%	0.9%
Hispanic or Latino (of any race)	2.1%	0.4%	0.8%	0.0%	1.5%
White alone, not Hispanic or Latino	92.9%	92.1%	97.9%	100.0%	96.1%
EDUCATIONAL ATTAINMENT					
Less than high school graduate	3.6%	0.4%	6.5%	17.9%	6.3%
High school graduate (includes equivalency)	49.4%	31.3%	37.2%	42.3%	42.0%
Some college or Associate's degree	24.4%	40.1%	38.8%	29.6%	34.5%
Bachelor's degree or higher	22.6%	28.2%	17.5%	10.2%	17.3%
EMPLOYMENT STATUS					
Labor force participation rate	67.4%	79.6%	85.7%	59.3%	70.2%
Unemployment rate	0.0%	0.0%	0.0%	0.0%	2.5%
POVERTY STATUS IN THE PAST 12 MONTHS					

Income in the past 12 months below poverty level	1.8%	0.4%	3.7%	7.4%	7.4%
Income in the past 12 months at or above poverty level	98.2%	99.6%	96.3%	92.6%	92.6%
DISABILITY STATUS					
With any disability	32.7%	31.5%	35.6%	39.9%	44.2%
Without a disability	67.3%	68.5%	64.4%	60.1%	55.8%
SERVICE-CONNECTED DISABILITY (ESTIMATE)					
Has a service-connected disability rating:	87	105	291	82	190
0 percent	3	8	11	0	2
10 or 20 percent	57	5	83	30	60
30 or 40 percent	10	49	38	22	51
50 or 60 percent	16	15	54	14	12
70 percent or higher	1	11	75	12	45
Rating not reported	0	17	30	4	20

Source: U.S. Census Bureau, 2020 - Veteran Status, 2016-2020 American Community Survey 5-year estimates
U.S. Census Bureau, 2020 - Service-connected disability rating status and ratings for civilian veterans 18 years and over, 2016-2020 American Community Survey 5-year estimates

FAMILIES

Tables 16 through 18 present data on household structures within the Southeast District. Households are primarily married couple households. In single-parent households, however, the householder is primarily female. Johnson, Nemaha, and Richardson Counties see higher percentages of single-parent households than the district as a whole and are comparable to or higher than that of the state.

Table 16. Number of Married Couple Family Households with Children Under 18					
Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
2971	291	503	1,412	192	573

Source: U.S. Census Bureau, 2020 - Households and families, 2016-2020 American Community Survey 5-year estimates

Table 17. Composition of Single Parent Households with Children Under 18

	Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
Male householder, no spouse present, family household	487	89	127	137	32	102
Female householder, no spouse present, family household	932	160	137	299	73	263

Source: U.S. Census Bureau, 2020 - Households and families, 2016-2020 American Community Survey 5-year estimates

Table 18. Single Parent Family Households with Children Under 18 as a Percent of Total Family Households with Children Under 18

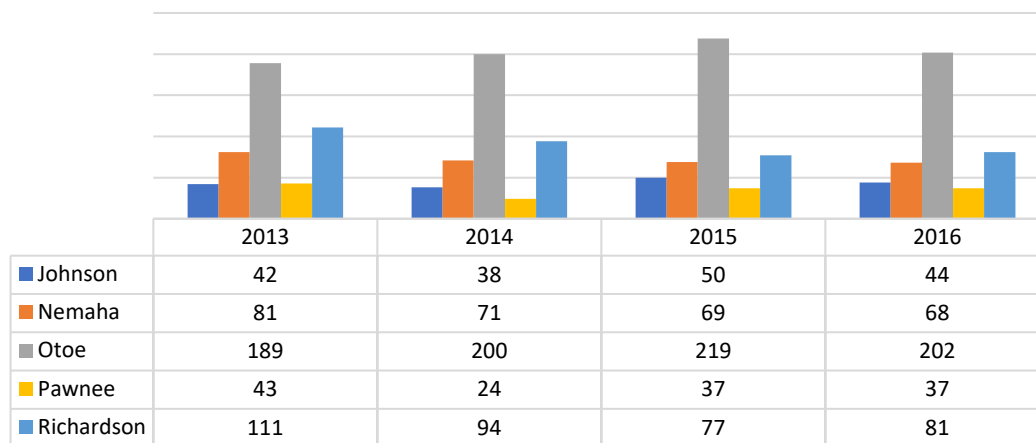
Nebraska	Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
28.7%	32.3%	46.1%	34.4%	23.6%	35.4%	38.9%

Source: U.S. Census Bureau, 2020 - Households and families, 2016-2020 American Community Survey 5-year estimates

MATERNAL AND INFANT HEALTH

This section provides data of various maternal and infant health metrics, including data on births, prenatal care, breastfeeding, infant mortality, and other topics. Figure 3 presents birth data for each county in the Southeast District.

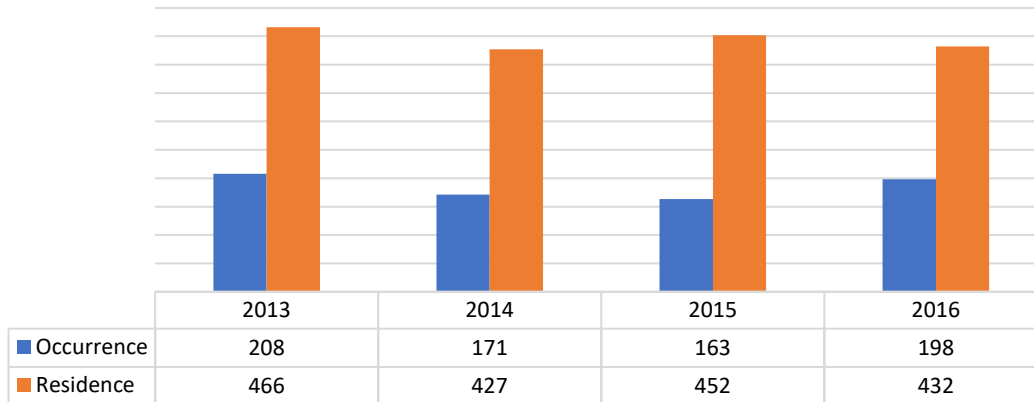
Figure 3. Total Births by County



Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

Figure 4 presents birth data by occurrence and residence. Occurrence refers to births that occurred within the district regardless of the usual residence of the mother. Residence refers to births that occurred to mothers that had a usual residence within the district regardless of the birth location.

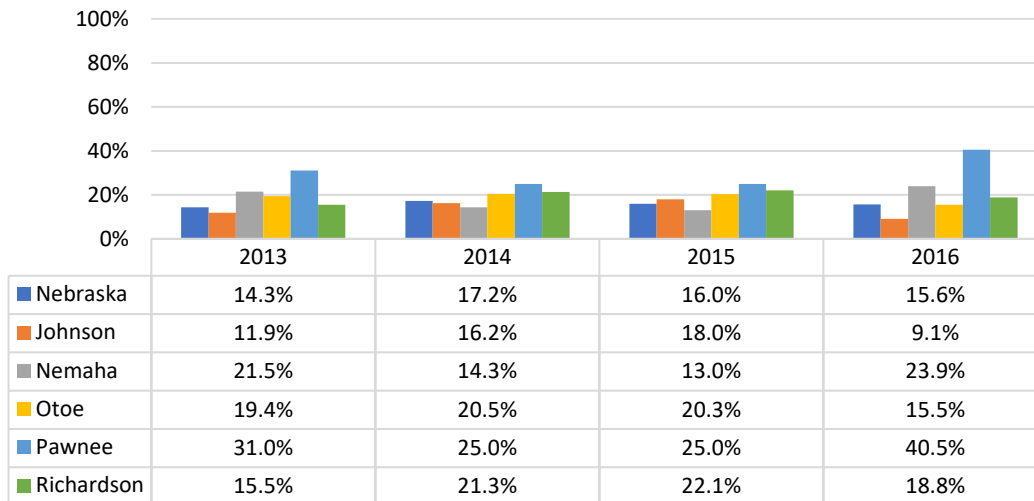
Figure 4. Total Births by Occurrence and Residence, Southeast District



Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics

Figure 5 presents data on prenatal care for each county within the Southeast District. In 2016, Nemaha, Pawnee, Richardson Counties had a higher percentage of women who received inadequate prenatal care compared to the state.

Figure 5. Percent Receiving Inadequate Prenatal Care

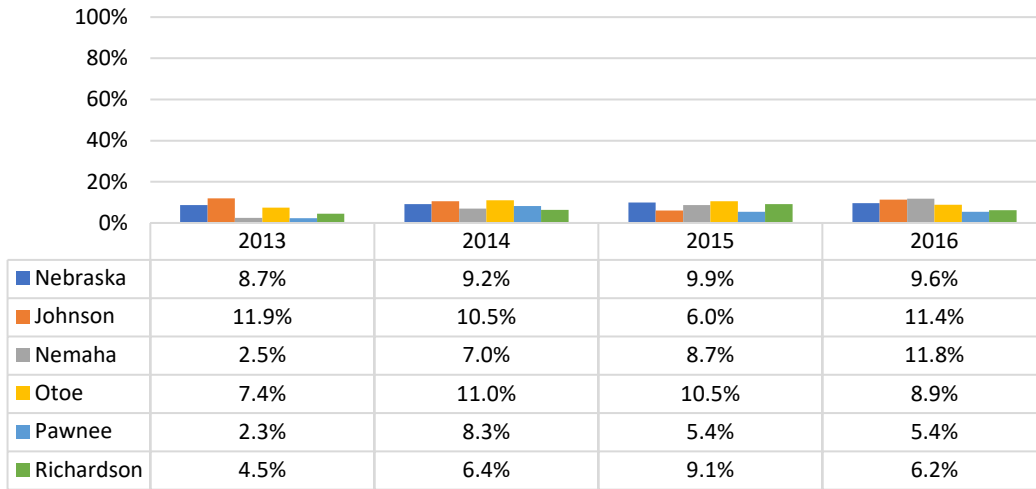


Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

* Adequacy of prenatal care is calculated by using the Kotelchuk Index. The Kotelchuk Index measures adequacy of prenatal care (adequate, inadequate, and intermediate) by using a combination of the following factors: number of prenatal visits; gestation; and trimester prenatal care began.

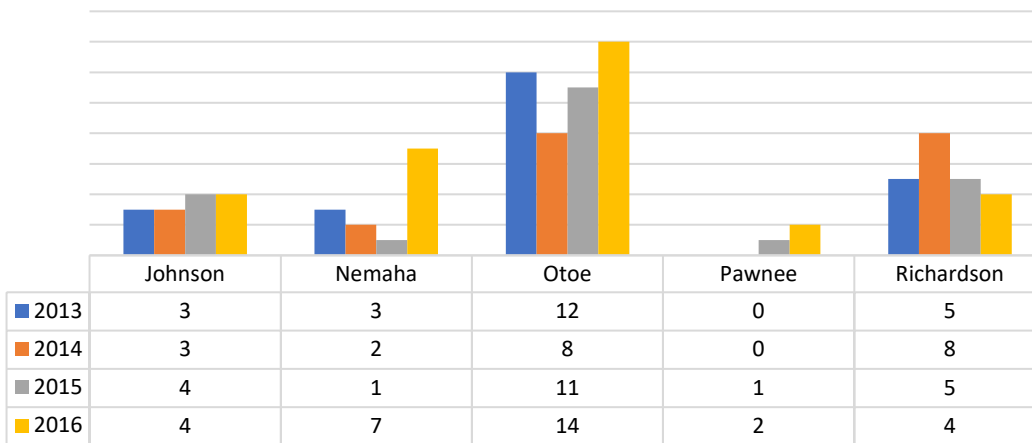
Figure 6 through 8 present county-level data on premature births, low birth weight, and birth defects. In 2016, Johnson and Nemaha Counties had a higher percentage of premature births compared to the state. Also, in 2016, Nemaha and Otoe Counties had a higher percentage of birth defects compared to the state.

Figure 6. Premature Birth as Percent of Total Births



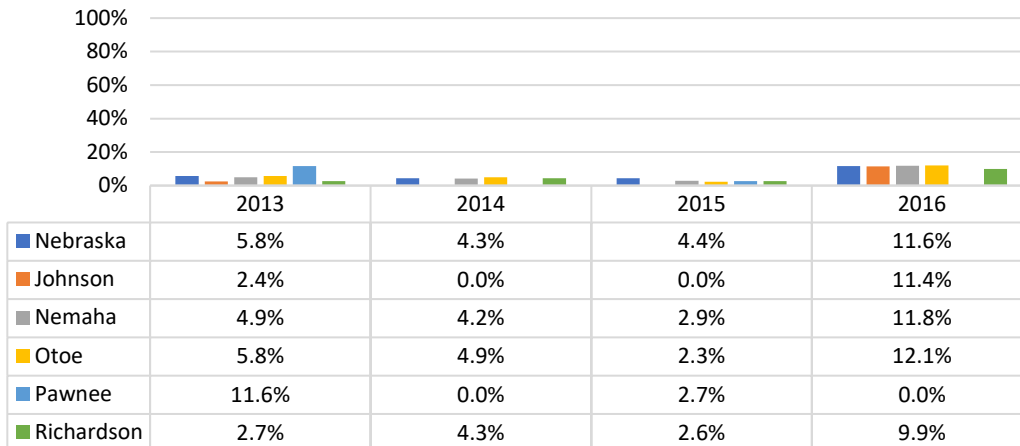
Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics
 * Premature births are live births with <37 weeks of gestation. Gestational age was determined by ultrasound

Figure 7. Low Birth Weight Births by County*



Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics
 * Low birth weight is considered any birth weight under 2500 grams, or 5 pounds 9 ounces.

Figure 8. Birth Defects as Percent of Total Births



Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics

Table 19 presents the percentage of Women, Infants, and Children (WIC) clients that have ever breastfed, exclusively breastfed, and continued to breastfeed their infants up to two years of age.

	Nebraska		Johnson		Nemaha		Otoe		Pawnee		Richardson	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Ever Breastfed	26,866	27,197	55	52	49	58	139	125	24	23	61	44
Exclusively Breastfed-1 Week	2,874	2,373	7	9	9	12	28	9	3	5	19	4
Exclusively Breastfed-3 month	1,243	1,219	4	7	3	5	7	5	2	1	6	4
Exclusively Breastfed-6 month	682	659	4	3	1	1	2	1	1	0	3	4
1 Week	5,262	5,191	6	12	10	13	25	23	3	7	19	6
2 Week	4,518	4,479	7	14	7	10	21	16	3	5	15	5
3 Week	4,011	3,964	8	13	5	10	20	13	2	4	15	7
4 Week	3,452	3,371	7	12	5	9	15	8	2	0	11	6
5 Week	3,272	3,176	7	10	5	9	15	5	1	0	10	6
6 Week	3,040	2,933	7	8	4	8	10	5	1	1	8	6
2 Month	2,743	2,542	8	7	4	8	11	5	1	1	8	4
3 Month	2,445	2,273	8	6	4	6	9	5	1	1	7	5
6 Month	1,791	1,668	4	1	2	2	6	3	2	1	3	4
9 Month	1,175	1,106	3	2	2	2	5	1	1	2	0	4
12 Month	844	912	2	2	2	3	2	0	1	2	0	2
18 Month	452	488	1	1	4	1	2	1	2	1	0	2
24 Month	282	265	1	0	2	2	3	0	0	0	0	0

Source: Family Health Services, personal communication, March 2022

Table 20 and 21 present total cases of perinatal, fetal, neonatal, and infant deaths for each county in the Southeast District since 2013. Due to the low volume of cases, mortality rates are not displayed as they would be unreliable.

	2013		2014		2015		2016	
	Perinatal Deaths	Fetal Deaths	Perinatal Deaths	Fetal Deaths	Perinatal Deaths	Fetal Deaths	Perinatal Deaths	Fetal Deaths
Nebraska	233	137	252	155	262	153	255	151
Johnson	0	0	1	1	0	0	0	0
Nemaha	0	0	0	0	0	0	0	0
Otoe	3	2	4	3	1	1	6	4
Pawnee	0	0	0	0	0	0	0	0
Richardson	2	1	2	0	0	0	0	0

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

* Fetal death is defined as death prior to birth; noting that any death prior to 20 weeks gestation is not required to be reported. Perinatal death is inclusive of fetal deaths and neonatal deaths.



Table 21. Infant and Neonatal Deaths by Place of Residence

	2013		2014		2015		2016	
	Infant Deaths	Neonatal Deaths	Infant Deaths	Neonatal Deaths	Infant Deaths	Neonatal Deaths	Infant Deaths	Neonatal Deaths
Nebraska	139	96	136	97	154	109	166	104
Johnson	0	0	0	0	0	0	0	0
Nemaha	0	0	0	0	0	0	0	0
Otoe	1	1	1	1	0	0	4	2
Pawnee	0	0	0	0	0	0	0	0
Richardson	1	1	2	2	0	0	0	0

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

* Infant death is defined as the death of an individual under the age of one year. Neonatal death is the death of an individual under 28 days of age.

EDUCATION

Table 22 presents educational attainment data for the Southeast District and each county for populations over 25 years old. Over one third (36.0%) of residents in the Southeast District have at least a high school diploma or equivalent, which is greater than the state percentage (22.8%). Less than one fourth (21.1%) of the population in the Southeast District has a bachelor's degree or higher, which is lower than the state percentage (33.2%).

Table 22. Highest Level of Educational Attainment – Individuals over 25, Percent

	Nebraska	Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
Less than 9th grade	3.4%	3.2%	4.7%	2.6%	2.7%	10.4%	1.3%
9th to 12th grade, no diploma	4.5%	5.8%	7.7%	6.3%	5.0%	5.8%	5.7%
High school graduate (or GED/equivalent)	25.7%	36.0%	44.9%	30.0%	34.1%	38.3%	38.1%
Some college, no degree	22.0%	21.8%	15.9%	23.5%	21.8%	18.5%	25.2%
Associate degree	11.1%	10.4%	8.3%	9.6%	11.0%	11.5%	10.8%
Bachelor's degree	21.8%	15.6%	13.2%	19.3%	17.2%	9.4%	13.2%
Graduate or professional degree	11.4%	7.2%	5.5%	8.8%	8.2%	6.2%	5.6%

Source: U.S. Census Bureau, 2020 – Educational Attainment, American Community Survey 5-year estimates

* Weighted average by the over 25 population of each county

Table 23 presents graduation rates for public school districts by county.

Table 23. Public High School Graduation Rates					
	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Johnson County					
Sterling Public Schools	95%	*	90%	92%	100%
Johnson Co Central Public Schools	91%	90%	88%	94%	92%
Nemaha County					
Johnson-Brock Public Schools	100%	100%	94%	100%	100%
Auburn Public Schools	90%	92%	95%	97%	98%
Otoe County					
Syracuse-Dunbar-Avoca Schools	86%	93%	92%	93%	98%
Nebraska City Public Schools	88%	83%	88%	82%	80%
Palmyra District O R 1	100%	100%	97%	100%	97%
Pawnee County					
Pawnee City Public Schools	92%	100%	95%	100%	100%
Lewiston Consolidated Schools	100%	100%	100%	*	100%
Richardson County					
Falls City Public Schools	99%	94%	92%	92%	90%
Humboldt Table Rock Steinauer	93%	96%	100%	100%	100%

Source: Nebraska Department of Education, 2019

Tables 24 through 28 present education statistics for each public school district in the Southeast District.

Table 24. Education Statistics for Public School Districts in Johnson County							
		Sterling Public Schools		Johnson County Central Public Schools		State of Nebraska	
		2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019
Nebraska Student-Centered Assessment System Performance	% Proficient in English language arts	57%	51%	50%	49%	51%	52%
	% Proficient in math	58%	65%	43%	45%	51%	52%
	% Proficient in science	73%	76%	74%	80%	68%	66%
Student Characteristics	Enrollment	198	216	538	526	323,391	325,984
	% Receiving free/reduced lunch	28%	29%	53%	51%	46%	45%
	% English language learners	*	*	6%	5%	7%	7%
	% Students in special education	15%	15%	20%	23%	15%	15%

Source: Nebraska Department of Education, 2019

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available



Table 25. Education Statistics for Public School Districts in Nemaha County							
		Johnson-Brock Public Schools		Auburn Public Schools		State of Nebraska	
		2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019
Nebraska Student-Centered Assessment System Performance	% Proficient in English language arts	69%	72%	59%	61%	51%	52%
	% Proficient in math	66%	64%	65%	56%	51%	52%
	% Proficient in science	95%	85%	90%	86%	68%	66%
Student Characteristics	Enrollment	342	355	892	937	323,391	325,984
	% Receiving free/reduced lunch	35%	36%	38%	37%	46%	45%
	% English language learners	*	*	*	*	7%	7%
	% Students in special education	14%	10%	13%	15%	15%	15%

Source: Nebraska Department of Education, 2019

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available

Table 26. Education Statistics for Public School Districts in Otoe County									
		Syracuse Dunbar Avoca Public Schools		Nebraska City Public Schools		Palmyra District O R 1		State of Nebraska	
		2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019
Nebraska Student-Centered Assessment System Performance	% Proficient in English language arts	51%	62%	24%	34%	60%	63%	51%	52%
	% Proficient in math	58%	64%	30%	32%	57%	61%	51%	52%
	% Proficient in science	85%	84%	68%	54%	75%	81%	68%	66%
Student Characteristics	Enrollment	772	756	1465	1458	544	591	323,391	325,984
	% Receiving free/reduced lunch	25%	26%	48%	52%	16%	20%	46%	45%
	% English language learners	*	*	7%	8%	*	*	7%	7%
	% Students in special education	13%	13%	20%	21%	22%	23%	15%	15%

Source: Nebraska Department of Education, 2019

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available



Table 27. Education Statistics for Public School Districts in Pawnee County							
		Pawnee City Public Schools		Lewiston Consolidated Schools		State of Nebraska	
		2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019
Nebraska Student-Centered Assessment System Performance	% Proficient in English language arts	38%	37%	33%	42%	51%	52%
	% Proficient in math	45%	47%	27%	44%	51%	52%
	% Proficient in science	64%	56%	38%	70%	68%	66%
Student Characteristics	Enrollment	299	293	193	194	323,391	325,984
	% Receiving free/reduced lunch	52%	50%	49%	58%	46%	45%
	% English language learners	*	*	*	*	7%	7%
	% Students in special education	23%	22%	20%	16%	15%	15%

Source: Nebraska Department of Education, 2018

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available

Table 28. Education Statistics for Public School Districts in Richardson County							
		Falls City Public Schools		Humboldt Table Rock Steinauer		State of Nebraska	
		2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019
Nebraska Student-Centered Assessment System Performance	% Proficient in English language arts	48%	58%	36%	42%	51%	52%
	% Proficient in math	53%	54%	45%	53%	51%	52%
	% Proficient in science	76%	75%	64%	64%	68%	66%
Student Characteristics	Enrollment	936	896	364	360	323,391	325,984
	% Receiving free/reduced lunch	53%	54%	51%	51%	46%	45%
	% English language learners	*	*	*	*	7%	7%
	% Students in special education	18%	21%	24%	24%	15%	15%

Source: Nebraska Department of Education, 2018

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available



CRIME

In 2018, there were a total of 959 arrests in the Southeast District. Adults were responsible for 866 arrests, and juveniles accounted for 93 arrests. Tables 29 and 30 present total arrests for adults and juveniles by county.

	2014	2015	2016	2017	2018
Johnson	-	-	-	-	1
Pawnee	6	6	1	10	-
Richardson	54	17	37	23	27
Nemaha	24	13	12	7	10
Otoe	44	48	65	50	55
Southeast	128	84	115	90	93

	2014	2015	2016	2017	2018
Johnson	85	100	44	107	77
Pawnee	25	22	15	40	12
Richardson	149	164	268	289	277
Nemaha	243	207	280	241	223
Otoe	256	351	333	308	277
Southeast	758	844	940	985	866

Source: Nebraska Crime Commission, 2019

Table 31 presents arrest rates for each county from 2015 through 2018. In 2018, Richardson County was the only county to have a higher arrest rate than the state, 38.4 and 37.3, respectively.

	2015	2016	2017	2018
Johnson	19.2	8.6	20.9	15.2
Pawnee	10.4	6.1	18.9	4.5
Richardson	22.5	38.5	38.9	38.4
Nemaha	31.2	41.8	24.4	33.4
Otoe	25.1	24.9	39.4	20.8
Nebraska*	37.3	37.2	36.63	37.3

Source: Nebraska Crime Commission, 2019

*State-level arrest data provided by the Nebraska Crime Commission are unreliable as law enforcement agencies are not required to submit arrest data, and some agencies choose not to.

Table 32 presents the total number of arrests for the Southeast District by type from 2014 through 2018. During this period, drug abuse-related crimes, larceny, and simple assault were the top three leading cause for arrest in the district.

Table 32. Total Arrests in the Southeast District by Type					
	2014	2015	2016	2017	2018
Criminal Homicide	0	2	1	0	0
Forcible Rape	2	2	2	0	2
Robbery	0	0	2	0	1
Aggravated Assault	9	10	9	18	22
Burglary	19	17	25	21	11
Larceny	82	52	50	97	118
Motor Vehicle Theft	4	12	3	3	8
Simple Assault	116	130	153	102	96
Arson	1	2	0	1	0
Forgery/Counterfeit	3	5	2	4	1
Fraud	17	7	19	21	11
Embezzlement	0	0	0	2	4
Stolen Property	1	7	4	6	5
Vandalism	33	17	29	32	14
Weapons	8	9	10	6	8
Sex Offense	2	3	13	14	12
Drug Abuse	109	168	151	170	139
Offense against kids	8	17	11	11	4
Driving Under the Influence	139	153	118	118	81
Liquor Laws	129	109	95	104	89
Disorderly Conduct	59	46	51	42	25
All other Offenses	125	149	301	303	308
Curfew (Juvenile)	9	6	6	0	0
Runaway (Juvenile)	10	5	0	0	0

Source: Nebraska Crime Commission, 2019

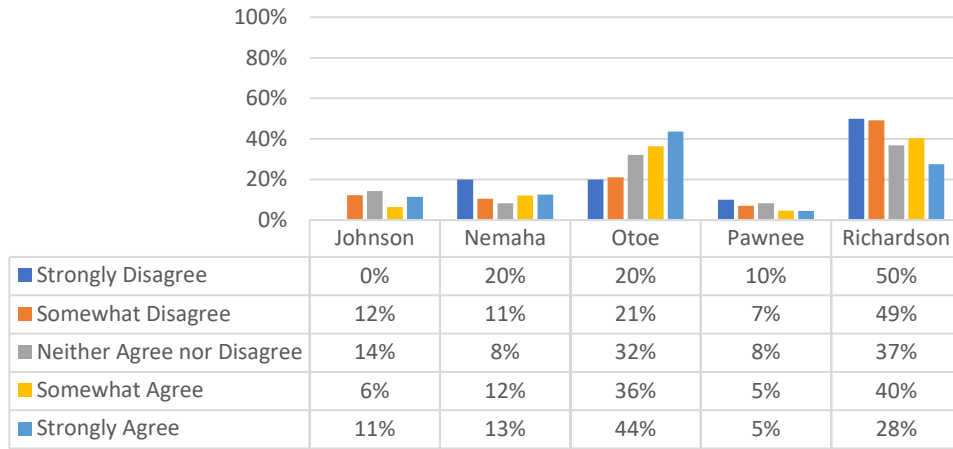
COMMUNITY WELL-BEING

Survey participants were asked about their perceptions on the well-being of the communities where they reside. Topics assessed included quality of life, the community as a place to raise children and grow old, job availability, social support, and community engagement. Participants were asked to indicate their level agreement with the following response options: strongly disagree, disagree, neutral, agree, and strongly agree. Figures 9 through 18 detail responses to each topic by county.



Quality of Life

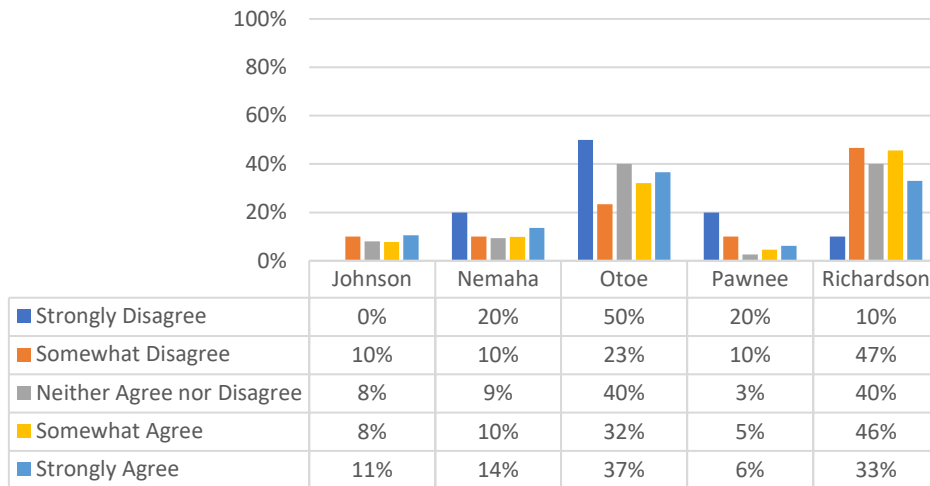
Figure 9. I am satisfied with the quality of life in the community.



Source: SEDHD Community Survey, 2021

The Community as a Place to Raise Children

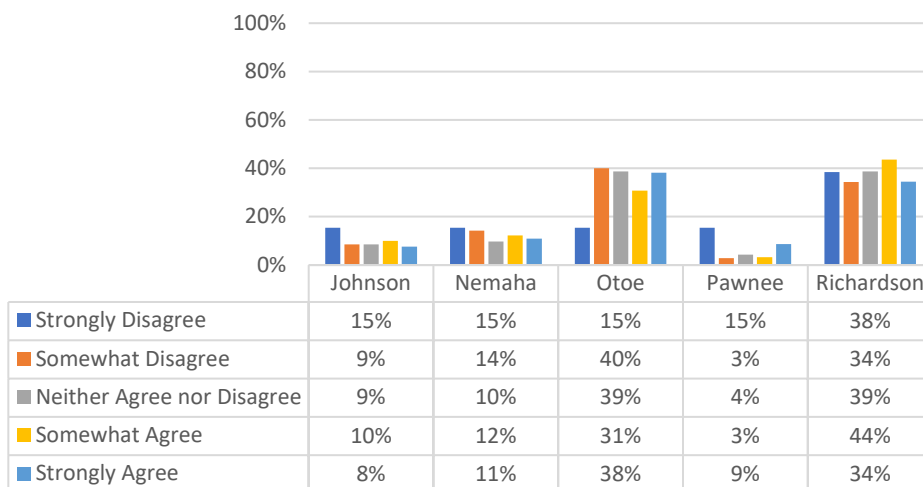
Figure 10. This is a good place to raise children.



Source: SEDHD Community Survey, 2021

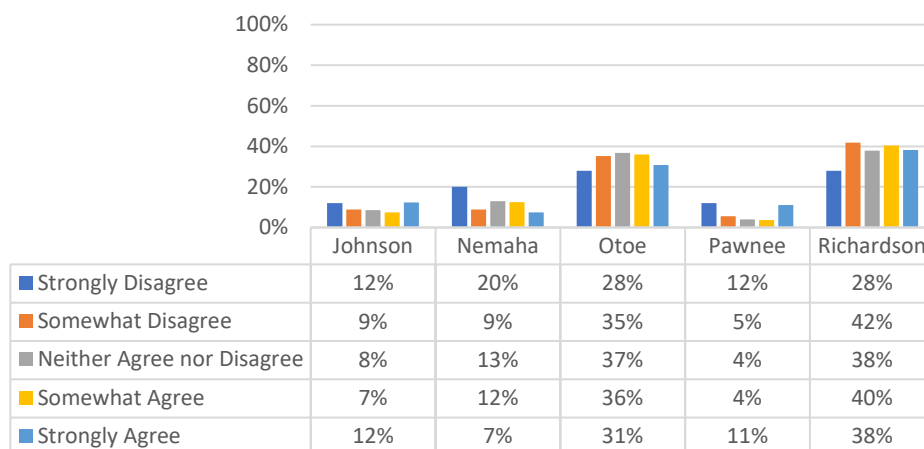
The Community as a Place to Grow Old

Figure 11. This is a good place to grow old.



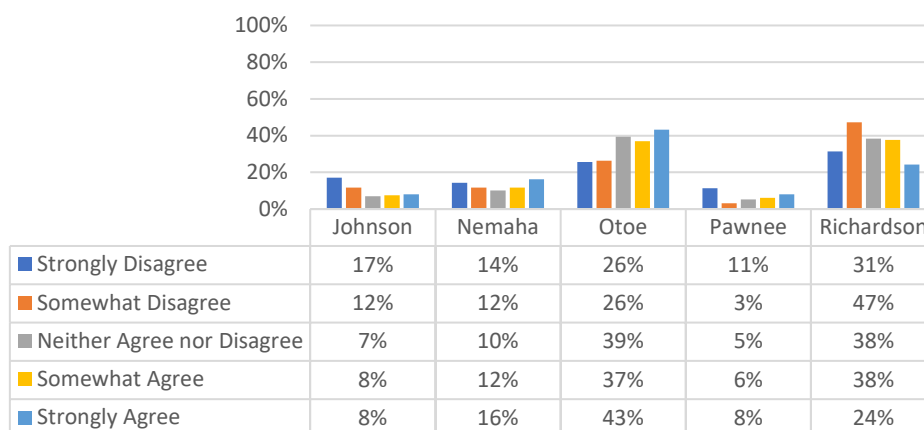
Source: SEDHD Community Survey, 2021

Figure 12. There are enough programs that provide meals for older adults.



Source: SEDHD Community Survey, 2021

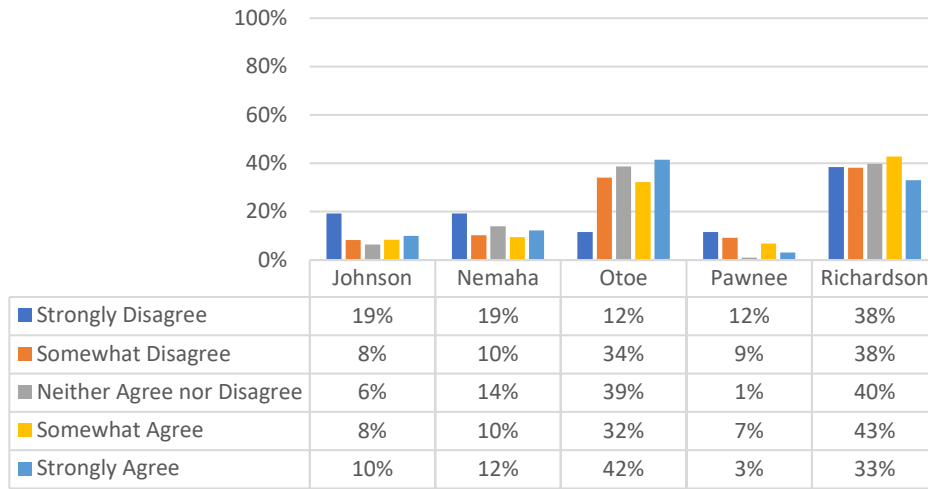
Figure 13. There are support networks for the elderly living alone.



Source: SEDHD Community Survey, 2021

Job Availability

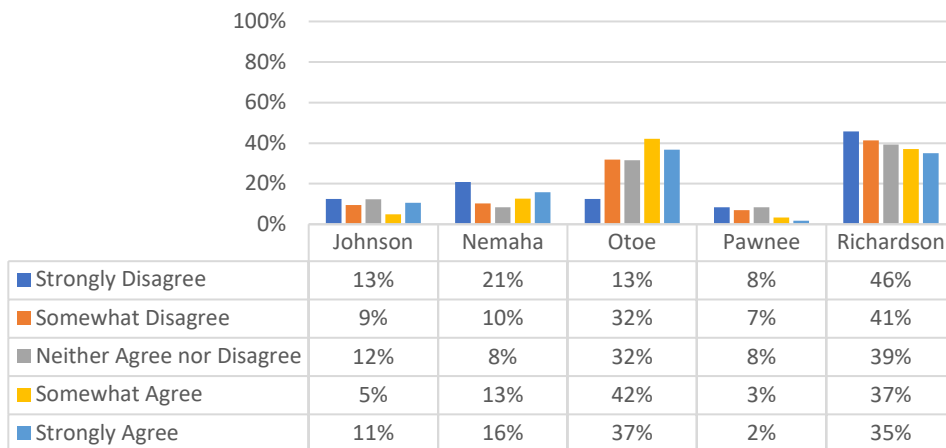
Figure 14. There are jobs available in my community.



Source: SEDHD Community Survey, 2021

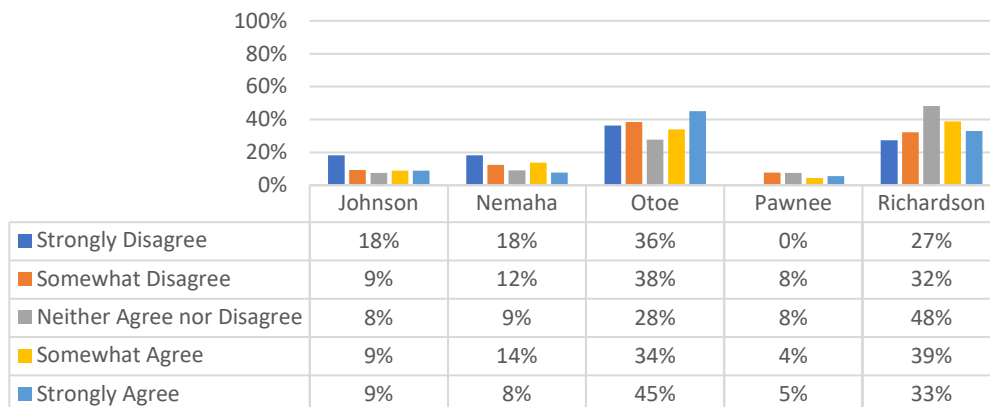
Social Support and Community Engagement

Figure 15. There are networks of support for individuals and families during times of stress and need.



Source: SEDHD Community Survey, 2021

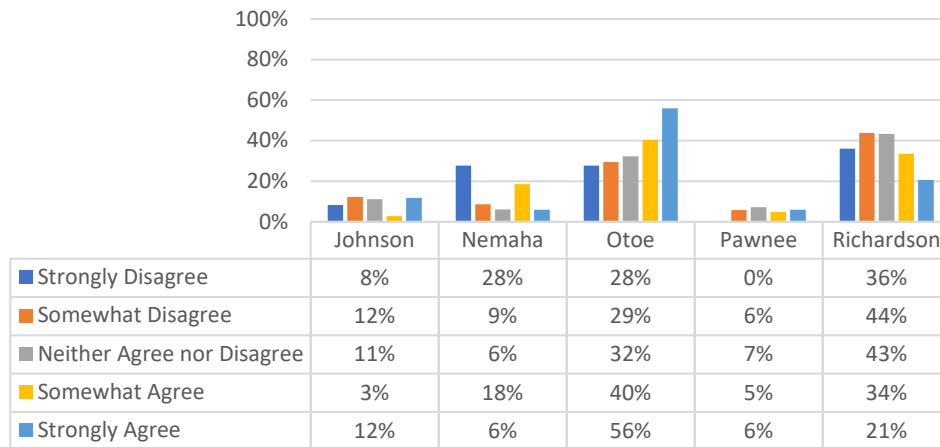
Figure 16. All individuals and groups have the opportunity to contribute to and participate in the community's quality of life.



Source: SEDHD Community Survey, 2021

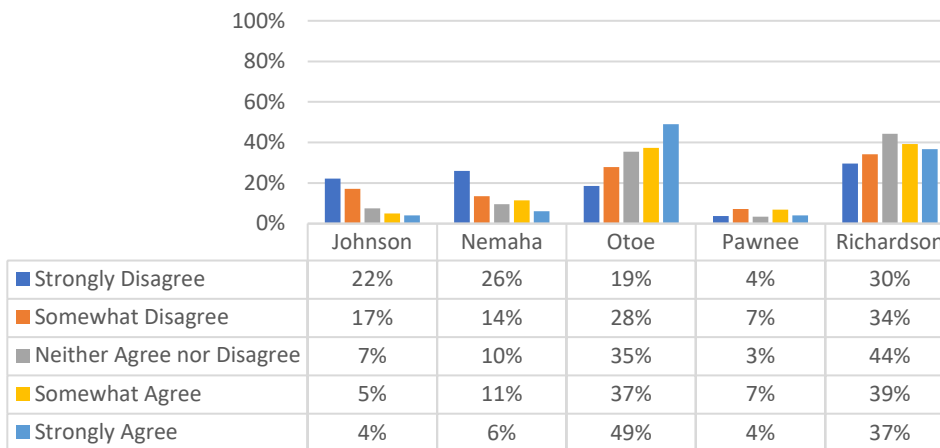


Figure 17. All individuals think that they, individually, can make the community a better place to live.



Source: SEDHD Community Survey, 2021

Figure 18. There is an active sense of civic responsibility and engagement, and civic pride in shared accomplishments.



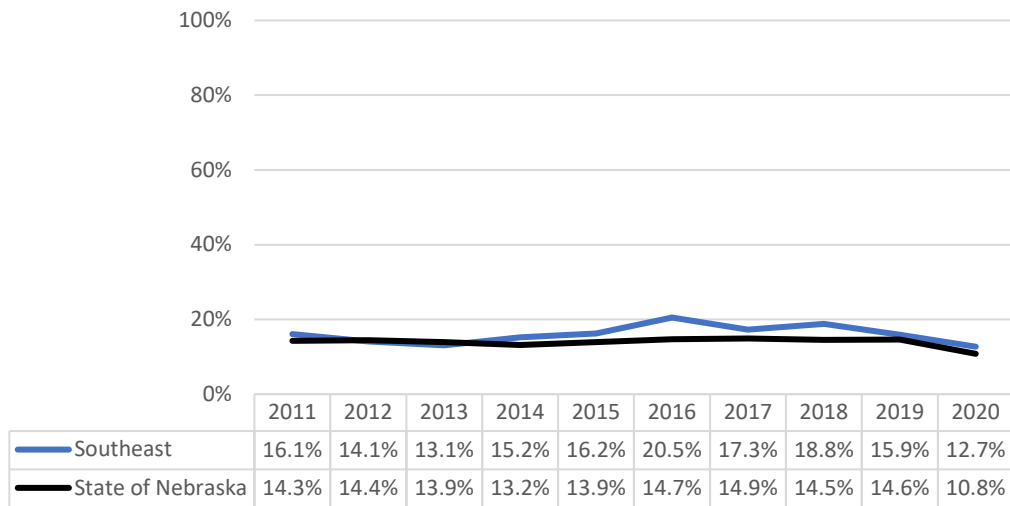
Source: SEDHD Community Survey, 2021

QUALITY OF LIFE

Overall and Physical Health

From 2014 through 2020, the Southeast District had a higher percentage of adults reporting that their general health was fair or poor (Figure 19).

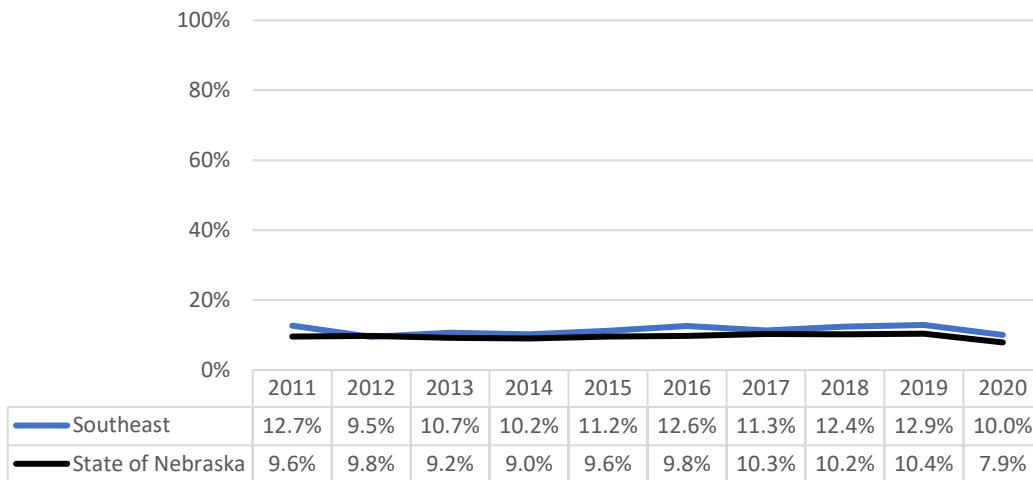
Figure 19. Percentage of Adults Age 18 and Over Reporting General Health as Fair or Poor.



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 * Response options: Excellent, very good, good, fair, poor.

Likewise, from 2013 through 2020, the Southeast District had a higher percentage of adults reporting that their physical health was not good on 14 or more of the past 30 days (Figure 20).

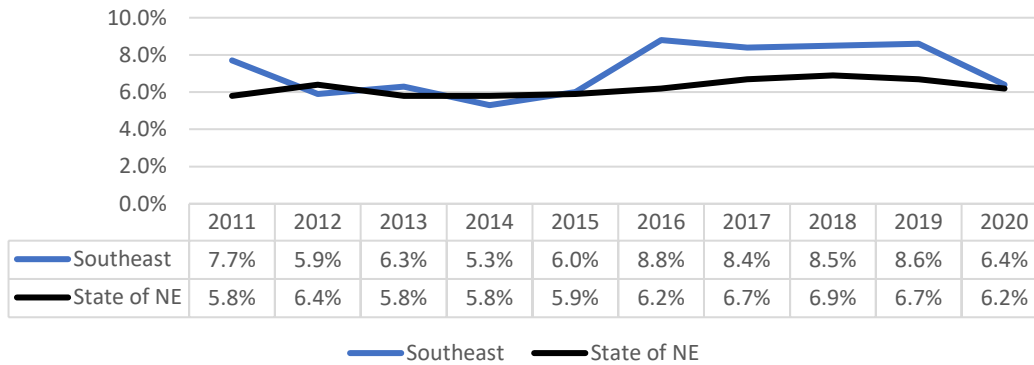
Figure 20. Percent of Adults Ages 18 and Over Reporting Physical Health Was Not Good on 14 or More of the Past 30 Days



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Also, from 2011 to 2020, the Southeast District had a higher percentage of adults reporting that their physical health or mental health limited their usual activities on 14 or more of the past 30 days (Figure 21).

Figure 21. Percent of Adults Ages 18 and Over Reporting Poor Physical or Mental Health Limited Usual Activities on 14 or More of the Past 30 Days



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

County Health Rankings

County Health Rankings provides rankings at the county-level for every state. Rankings are divided into two primary categories, health outcomes and health factors. Health outcomes is subcategorized to include rankings for length of life and quality of life. Health factors is subcategorized to include rankings for health behaviors, clinical care, social and economic factors, and physical environment. For Nebraska, 79 counties are included in the 2021 rankings. Counties that rank closest to 1st are considered to be healthier. Table 33 and Table 34 detail rankings for each of the counties within the southeast district for health outcomes and health factors and include rankings for each subcategory.

Table 33. County Health Outcomes Rankings and Subcategories					
	Johnson	Nemaha	Otoe	Pawnee	Richardson
Health Outcomes	60	40	18	62	70
<i>Length of Life</i>	70	66	6	31	72
<i>Quality of Life</i>	62	19	32	71	57

Source: County Health Rankings

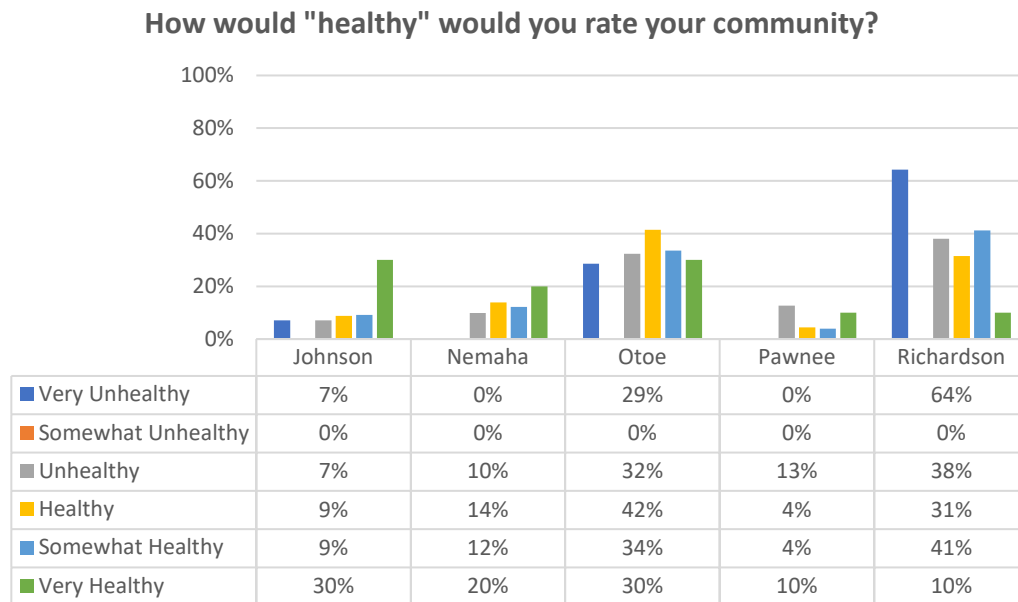
Table 34. County Health Factors Rankings and Subcategories					
	Johnson	Nemaha	Otoe	Pawnee	Richardson
Health Factors	77	52	33	76	70
<i>Health Behaviors</i>	71	36	32	65	76
<i>Clinical Care</i>	62	22	20	56	63
<i>Social & Economic Factors</i>	75	62	37	77	48
<i>Physical Environment</i>	53	73	61	63	49

Source: County Health Rankings



Perception of Community Health

Survey participants were asked how healthy they would rate their community. Response options included very unhealthy, unhealthy, somewhat healthy, healthy, and very healthy. Over two-thirds of respondents from all counties rated the health of their community as somewhat healthy, healthy, or very healthy. Figure 22 presents responses for each county.

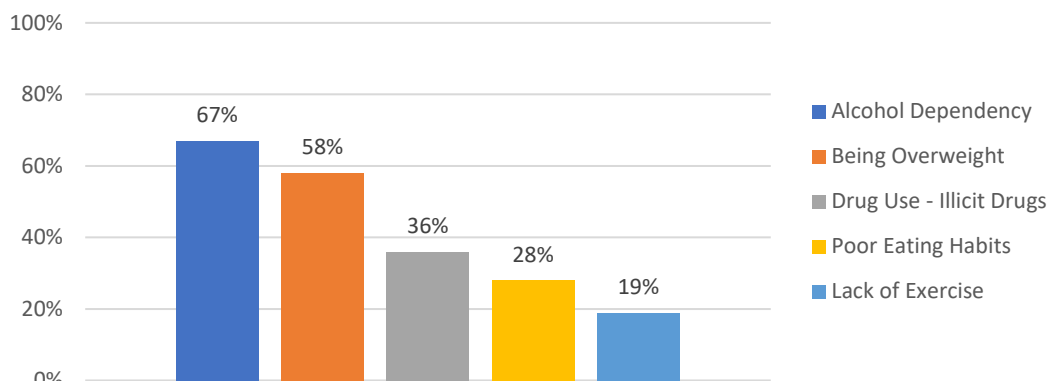


Source: SEDHD Community Survey, 2021

COMMUNITY BEHAVIOR

Survey participants were asked what they perceived as the most important risky behaviors that have the greatest impact on the health of their community. Participants selected up to three behaviors from the following options: alcohol dependency, being overweight, dropping out of school, divorce, drug use, lack of exercise, not getting “shots” to prevent disease, not using birth control, not using seat belts/child safety seats, poor eating habits, racism, tobacco use, and unsafe sex. Figures 23 through 27 present the top five responses for each county.

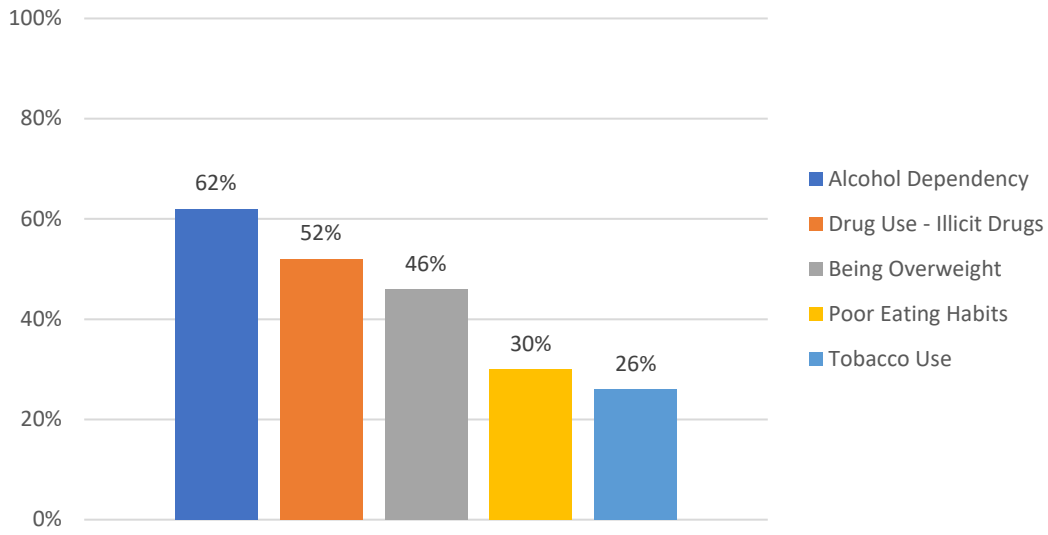
Figure 23. Top Five Responses for Most Important Risky Behaviors - Johnson County



Source: SEDHD Community Survey, 2021

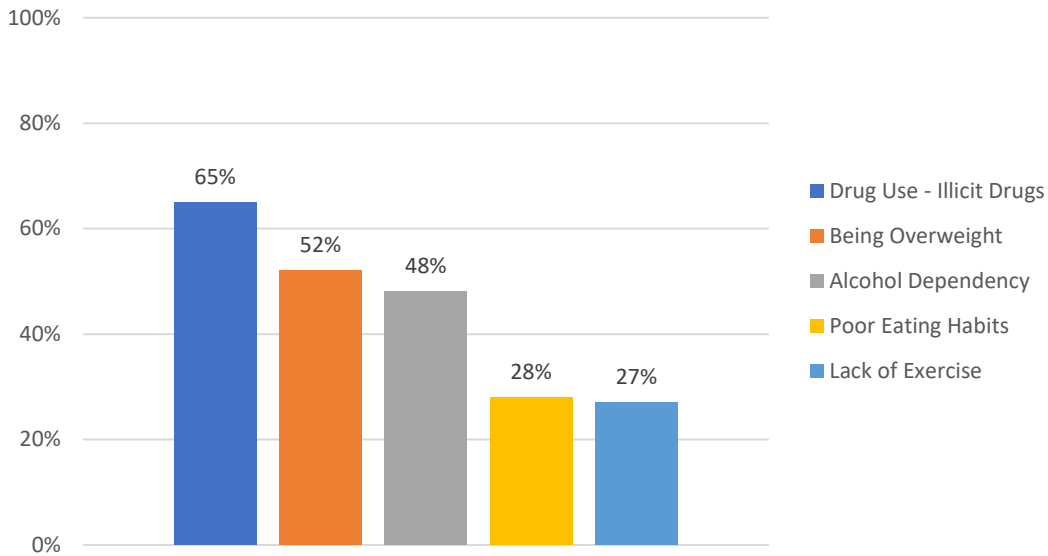


Figure 24. Top Five Responses for Most Important Risky Behaviors - Nemaha County



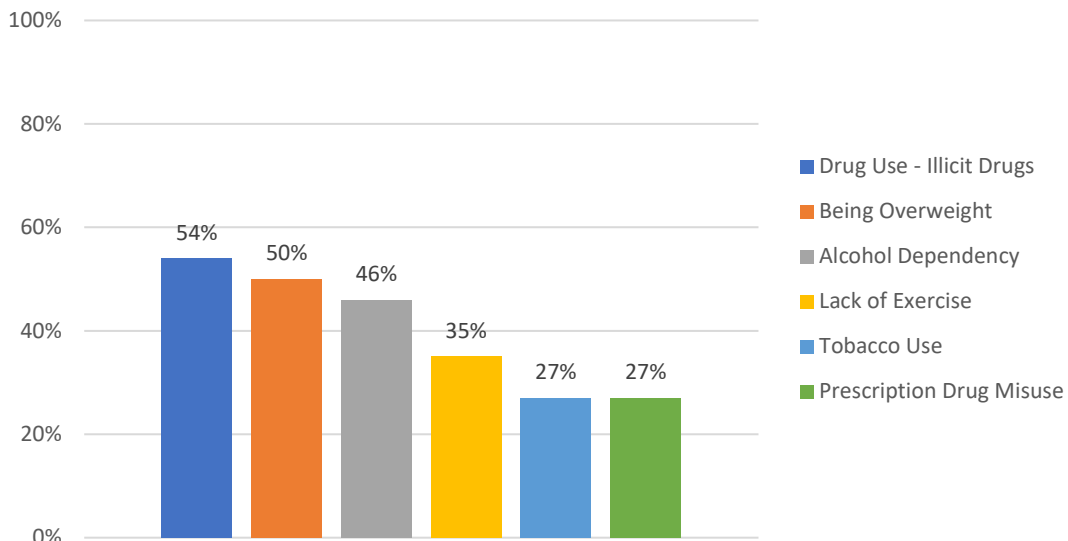
Source: SEDHD Community Survey, 2021

Figure 25. Top Five Responses for Most Important Risky Behaviors - Otoe County



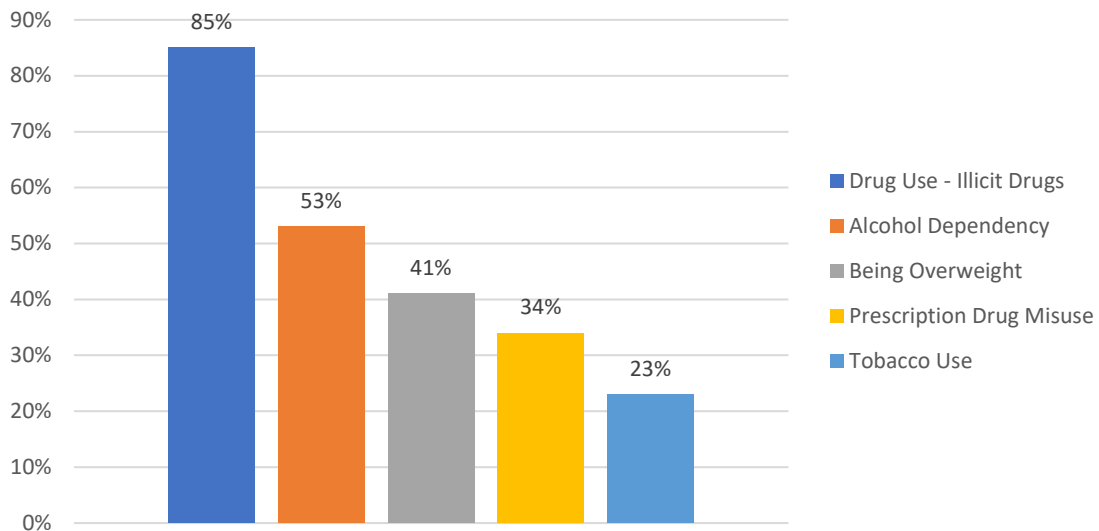
Source: SEDHD Community Survey, 2021

Figure 26. Top Five Responses for Most Important Risky Behaviors - Pawnee County



Source: SEDHD Community Survey, 2021

Figure 27. Top Five Responses for Most Important Risky Behaviors - Richardson County



Source: SEDHD Community Survey, 2021

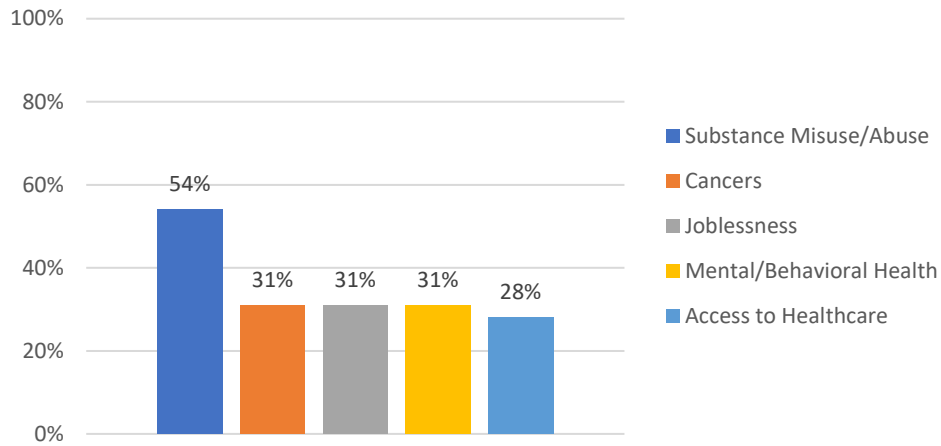
COMMUNITY HEALTH CONCERNS

Survey participants were asked what they perceived as important health concerns in their community. Participants selected up to three health concerns from the following options: access to health care, aging problems (e.g. arthritis, hearing/vision loss, etc.), bullying, cancers, child abuse/neglect, comprehension of health care system, dental problems, diabetes, domestic violence, firearm-related injuries, farming-related injuries, heart disease and stroke, high blood pressure, HIV/AIDS, homicide, homelessness, inadequate housing, infant care (breastfeeding, Sudden Infant Death Syndrome, etc.), infectious disease (Hepatitis, Tuberculosis, etc.), joblessness, lack of access to adequate food supply, lack of resources for parents, mental health problems, motor vehicle crash injuries, rape/sexual abuse, Sexually Transmitted



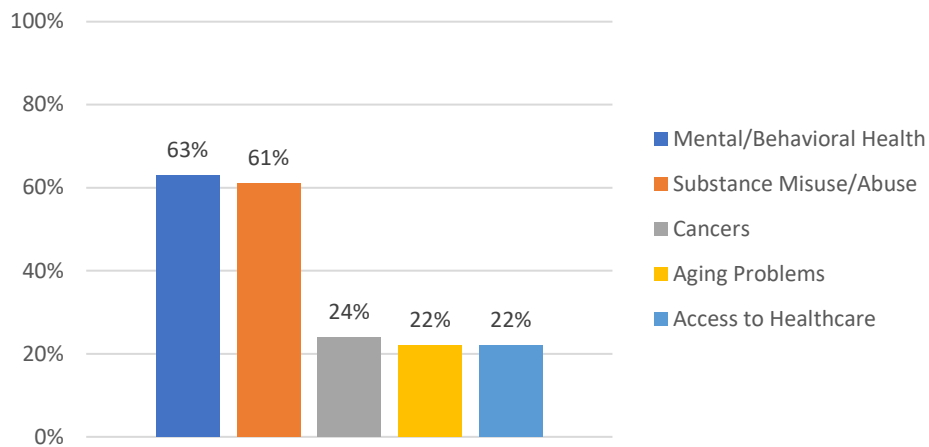
Diseases (STDs), suicide, and workplace-related injuries. Figures 28 through 32 present the top five responses for each county.

Figure 28. Top Five Responses for Most Important Health Concerns - Johnson County



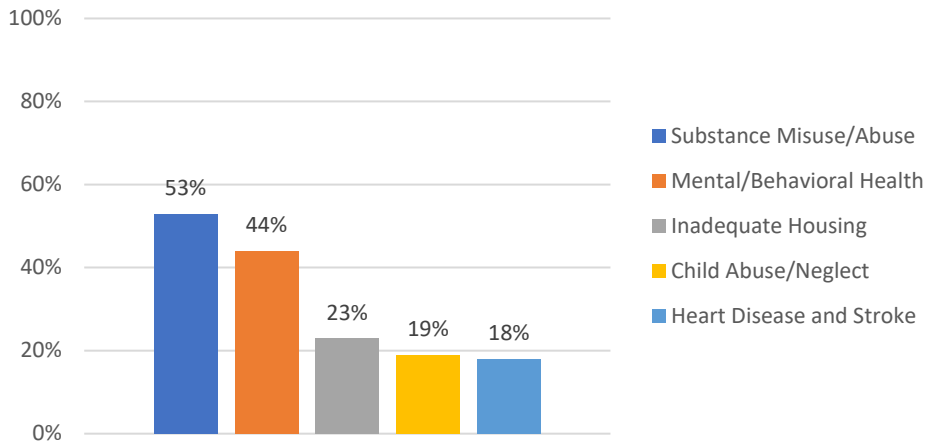
Source: SEDHD Community Survey, 2021

Figure 29. Top Five Responses for Most Important Health Concerns - Nemaha County



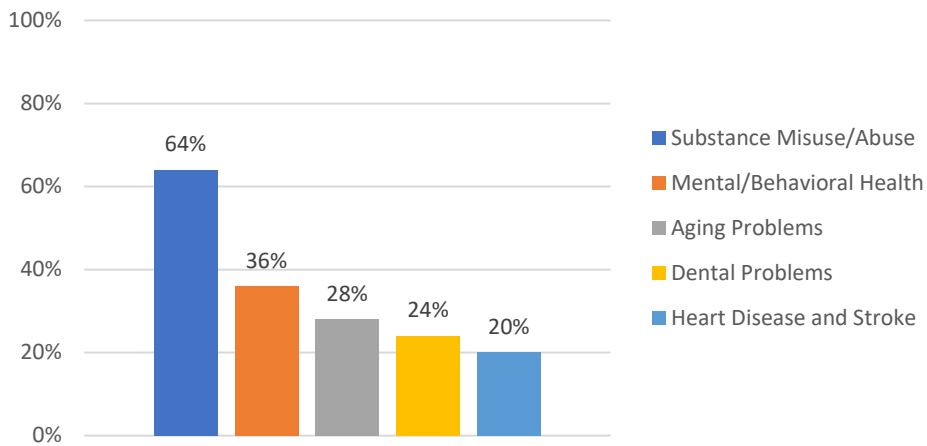
Source: SEDHD Community Survey, 2021

Figure 30. Top Five Responses for Most Important Health Concerns - Otoe County



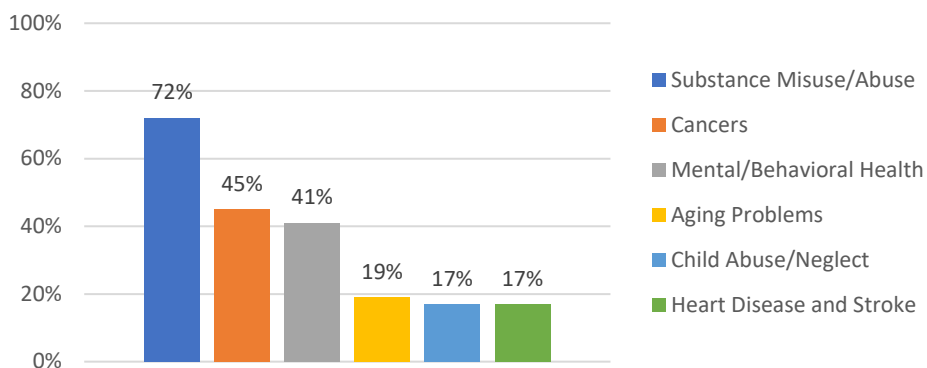
Source: SEDHD Community Survey, 2021

Figure 31. Top Five Responses for Most Important Health Concerns - Pawnee County



Source: SEDHD Community Survey, 2021

Figure 32. Top Five Responses for Most Important Health Concerns - Richardson County



Source: SEDHD Community Survey, 2021



ACCESS TO HEALTH CARE

Health Insurance

The Southeast District had a lower percentage of the population that was without health insurance as compared to the state in 2020. However, Pawnee County had a higher percentage of uninsured population (Table 35). Likewise, the Southeast District had a lower percentage of 19 of age and under population that was without health insurance (Table 36). However, Pawnee County had a high percentage of age 19 and under population without health insurance.

Table 35. Total Uninsured, Percent

Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
8.2%	6.1%	6.5%	6.4%	13.2%	8.7%

Source: U.S. Census Bureau, 2020 - Selected characteristics of health insurance coverage in the United States, 2016-2020 American Community Survey 5-year estimates

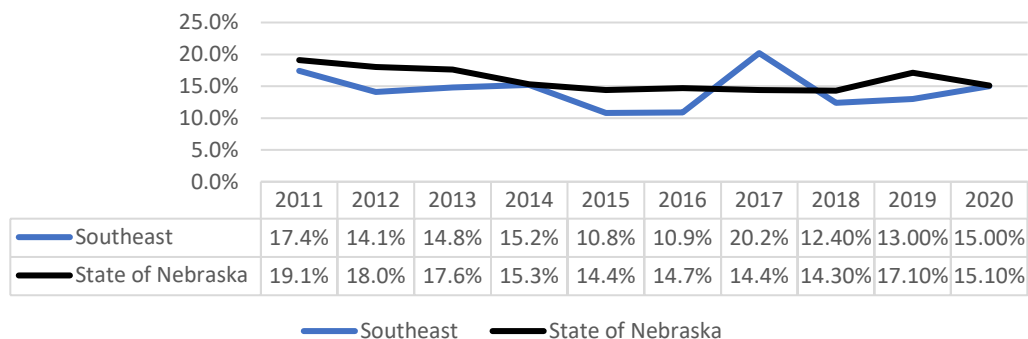
Table 36. Uninsured – Individuals 19 and Under, Percent

Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
5.3%	2.0%	2.1%	4.8%	13.3%	2.7%

Source: U.S. Census Bureau, 2020 - Selected characteristics of health insurance coverage in the United States, 2016-2020 American Community Survey 5-year estimates

In 2020, 15% of Southeast District adults ages 18-64 reported having no health care coverage (Figure 33). This indicator has seen a steady increase since 2018 after a sharp decrease from 2017 to 2018, whereas the state had seen a steady downward trend between 2011-2018.

Figure 33. Percent of Adults Ages 18 to 64 Reporting They Have No Health Care Coverage

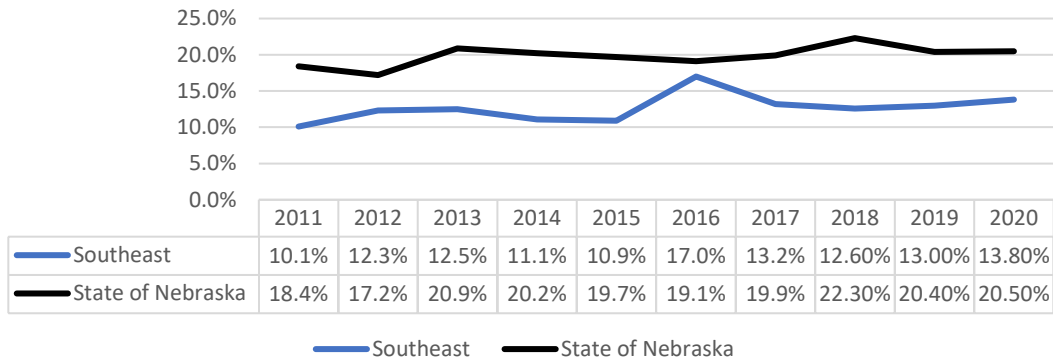


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Access of Health Providers

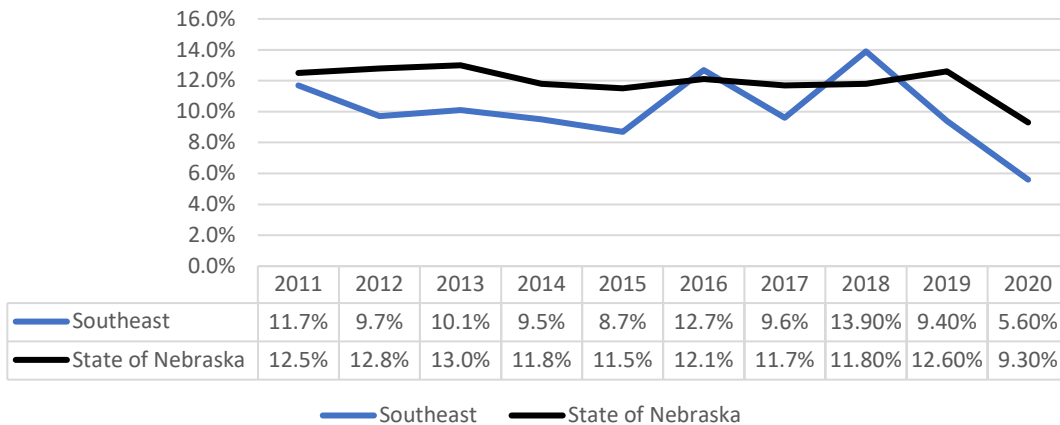
In 2020, fewer Southeast District adults reported not having a personal doctor or health care provider (Figure 34), and fewer adults reported cost as a barrier in seeking care (Figure 35). Additionally, a higher percentage of Southeast District adults reported having had a routine checkup in the past year, compared to the state (Figure 36). However, this percentage is only slightly higher, and both the Southeast District and state data indicate an upward trend in annual checkup completions.

Figure 34. Percent of Adults Ages 18 and Over Reporting They Have No Personal Doctor or Health Care Provider



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

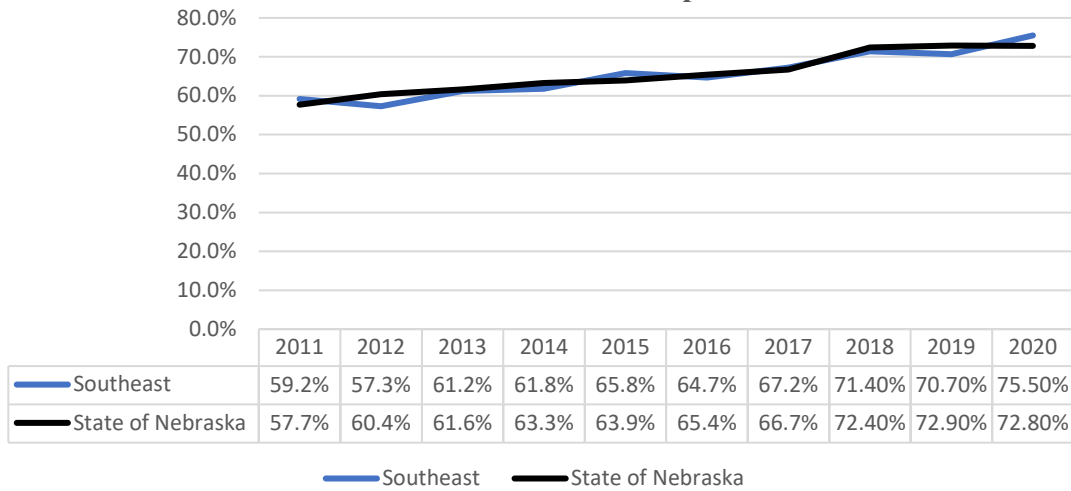
Figure 35. Percent of Adults Ages 18 and Over Reporting They Needed to See a Doctor but Could Not Due to Cost in Past Year[^]



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

[^] Nebraska Healthy People 2020 Measure

Figure 36. Percent of Adults Ages 18 and over Reporting They Had a Routine Checkup in Past Year[^]

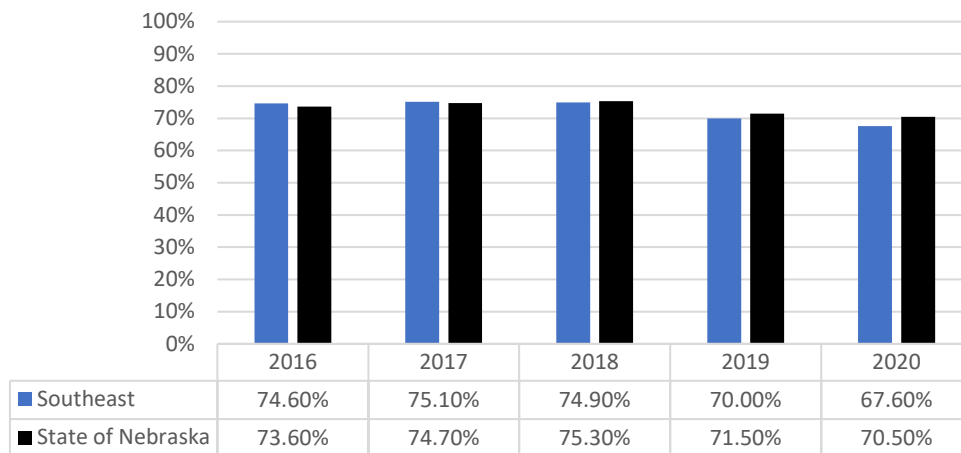


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
[^] Nebraska Healthy People 2020 Measure

Health Literacy

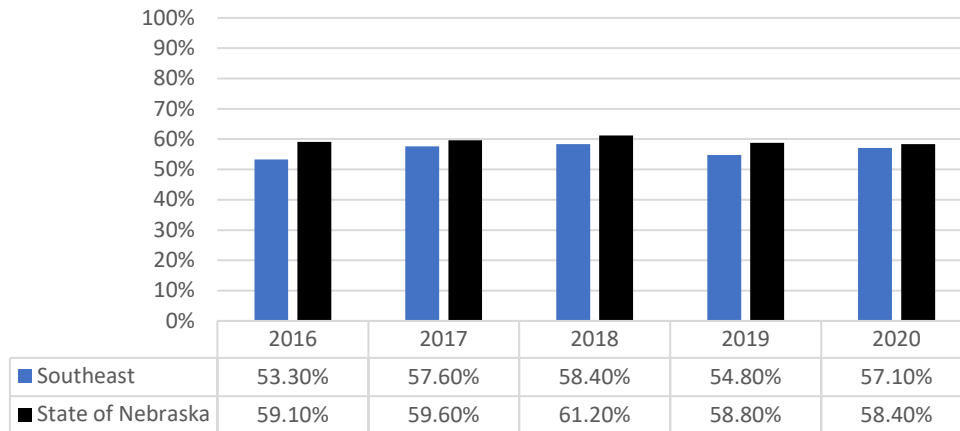
In 2020, The BRFSS included three statements regarding health literacy: 1) Very easy to get needed advice or information about health or medical topics, 2) Very easy to understand information that medical professions tell you, 3) Very easy to understand written health information. Overall, a greater percentage of Southeast District adults found it easy to obtain needed medical advice or information compared to the state (Figure 37). However, Southeast District adults showed lower levels of health literacy regarding the ability to understand the information provided by medical professionals and the ability to understand written health information (Figure 38 and 39).

Figure 37. Very Easy to Get Needed Advice or Information About Health or Medical Topics



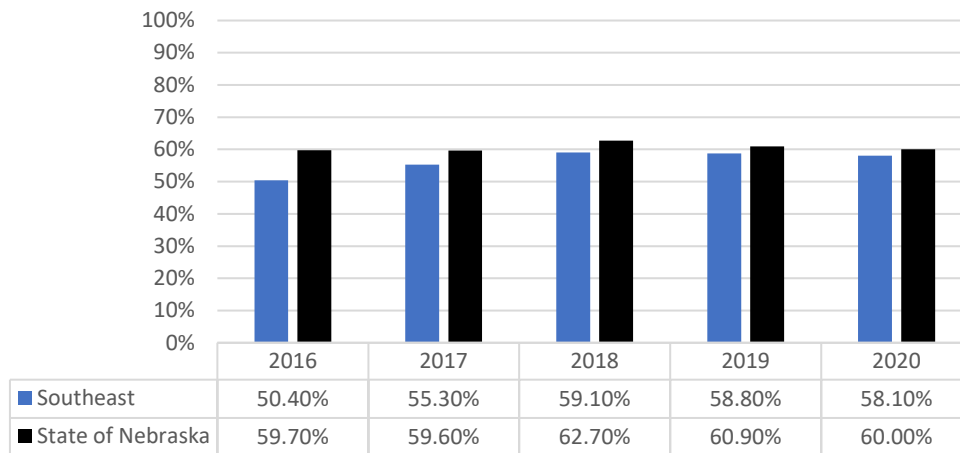
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 38. Very Easy to Understand Information that Medical Professions Tell You



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 39. Very Easy to Understand Written Health Information



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Health Professionals

Table 37 presents Federal Designated Health Professional Shortages in the Southeast District for primary care, mental health, dental health. Johnson and Richardson Counties are designated shortage areas for primary care and all counties, besides Otoe, are designated shortage areas for dental health. Additionally, the entire Southeast District is a designated mental health shortage area.

Table 37. Federal Designated Health Professional Shortages						
	Johnson	Nemaha	Otoe	Pawnee	Richardson	SEDHD Region
Primary Care	✓		✓	✓	✓	✓
Mental Health	✓	✓	✓	✓	✓	✓
Dental Health	✓		✓	✓	✓	✓

Source: U.S. Health and Human Services Health Resources and Services Administration, 2021



Table 38 displays State Designated Health Professional Shortages in the Southeast District for various health professions. All counties within the district are full or partial shortage areas for internal medicine, pediatrics, obstetrics and gynecology, and psychiatrics. Occupational and physical therapy are the only health professions in which the Southeast District did not have a full or partial professional shortage.

Table 38. State Designated Health Professional Shortages						
	Johnson	Nemaha	Otoe	Pawnee	Richardson	SEDHD Region
Family Medicine	✓				✓	Partial
General Surgery	✓	✓	Partial	✓		Partial
Internal Medicine	✓	✓	Partial	✓	✓	Partial
Pediatrics	✓	✓	Partial	✓	✓	Partial
Obstetrics and Gynecology	✓	✓	Partial	✓	✓	Partial
Psychiatrics	✓	✓	Partial	✓	✓	Partial
General Dentistry		Partial		Partial		Partial
Pharmacy				✓	✓	Partial
Occupational Therapy						
Physical Therapy						

Source: Nebraska Department of Health and Human Services Office of Rural Health, 2018

Table 39 displays the ratio of population to primary care physicians, midlevel primary care providers, dentists, and mental health providers. Text highlighted in red indicates health professions for which there is a higher number of people served per health care professional as compared to the state.

Table 39. Ratio of Population to Health Care Providers						
	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
Primary Care Physician	2,570:1	1,390:1	1,780:1	1,320:1	1,980:1	1,310:1
Midlevel Primary Care Providers*	850:1	-	2,297:1	663:1	1,151:1	988:1
Dentists	5,070:1	2,320:1	1,780:1	870:1	2,620:1	1,270:1
Mental Health Providers	5,070:1	3,490:1	1,600:1	2,610:1	1,120:1	360:1

Source: County Health Rankings, 2021

* "-" indicates that no data was available from this source

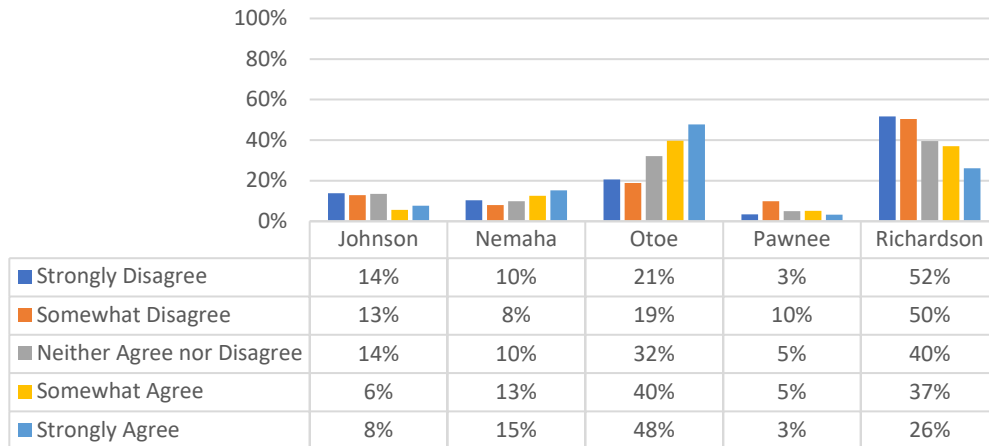
* Midlevel primary care providers include nurse practitioners, physician assistants, and clinical nurse specialists

Community Perception of Health Care System

Survey participants were asked about their perceptions of the health care system in their communities. Topics assessed included health and wellness activities, satisfaction of the health care system, access to family health providers, access to medical specialists, satisfaction of medical care, costs for medical care, and access to medical care. Participants were asked to indicate their level agreement with the following response options: strongly disagree, disagree, neutral, agree, and strongly agree. Figures 40 through 46 detail responses to each topic for each by county.

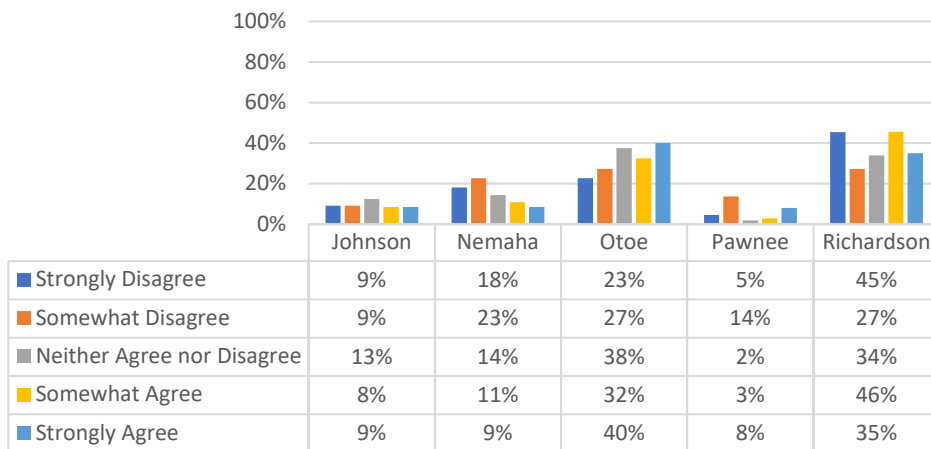


Figure 40. The community has adequate health and wellness activities.



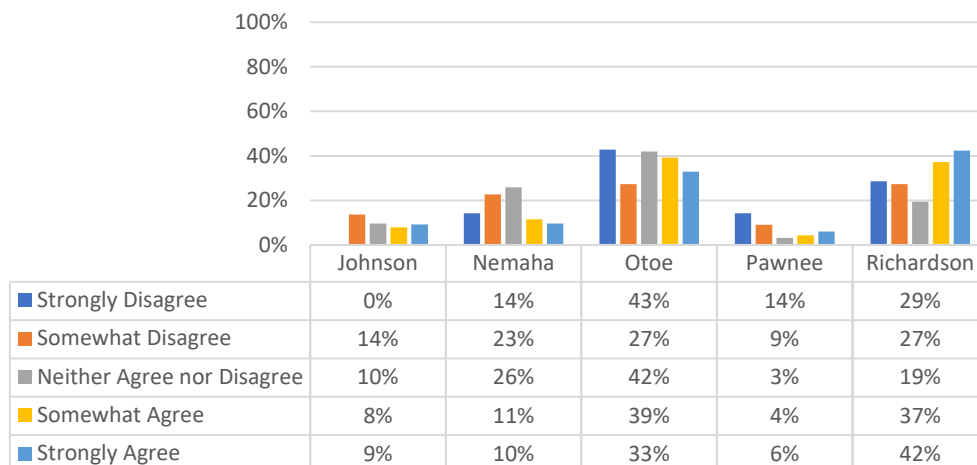
Source: SEDHD Community Survey, 2021

Figure 41. I am satisfied with the healthcare system in the community.



Source: SEDHD Community Survey, 2021

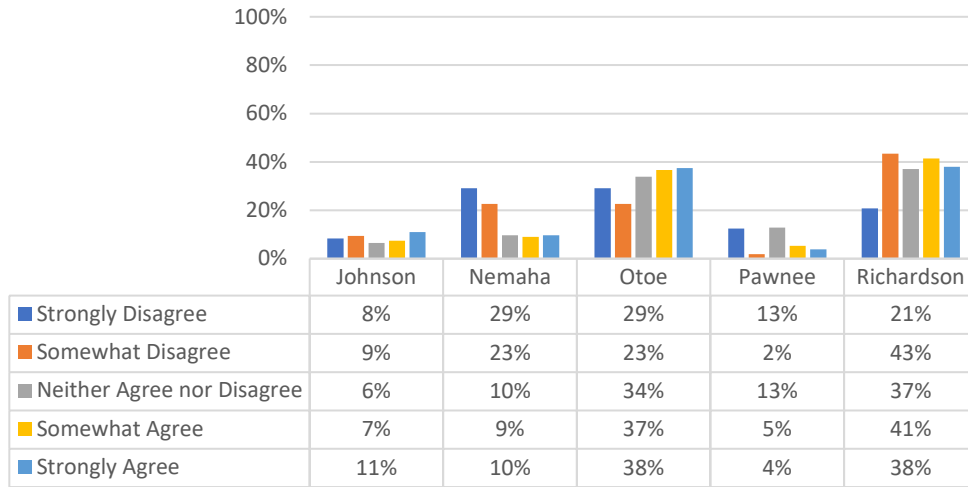
Figure 42. I have easy access to family health providers.



Source: SEDHD Community Survey, 2021

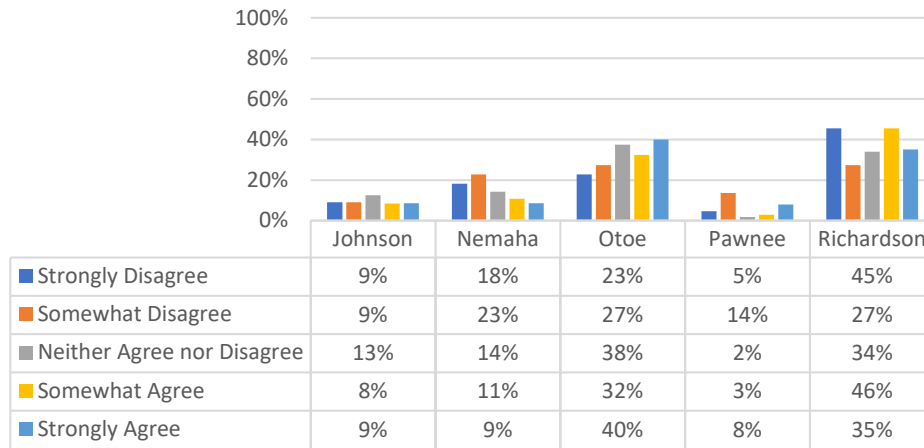


Figure 43. I have easy access to the medical specialists I need.



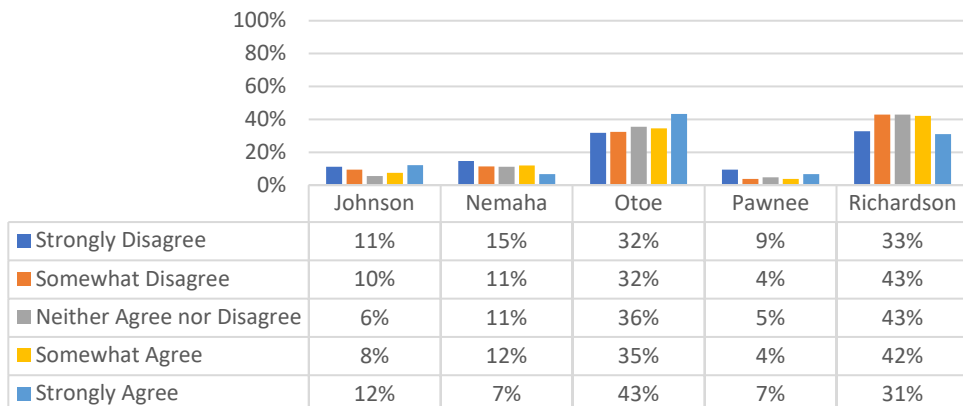
Source: SEDHD Community Survey, 2021

Figure 44. I am satisfied with the healthcare system in the community.



Source: SEDHD Community Survey, 2021

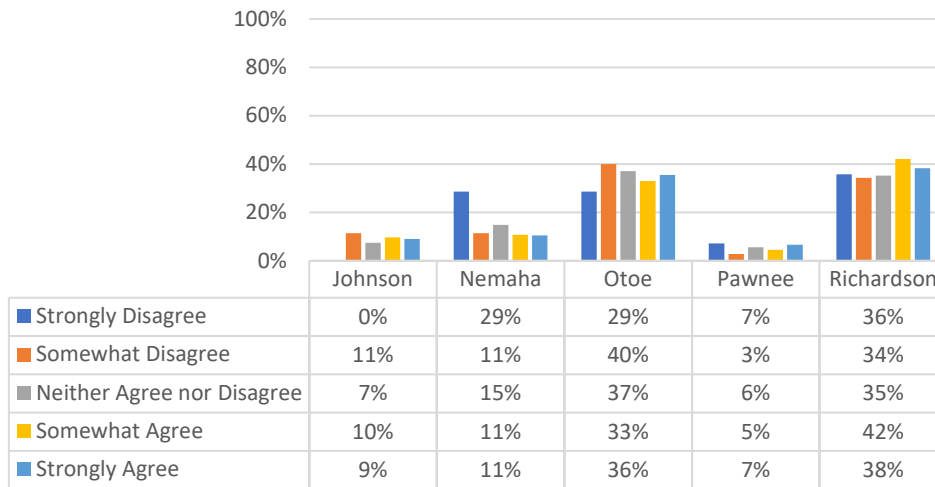
Figure 45. Sometimes it is a problem for me to cover my share of the costs for a medical care visit.



Source: SEDHD Community Survey, 2021



Figure 46. I am able to get medical care whenever I need it.

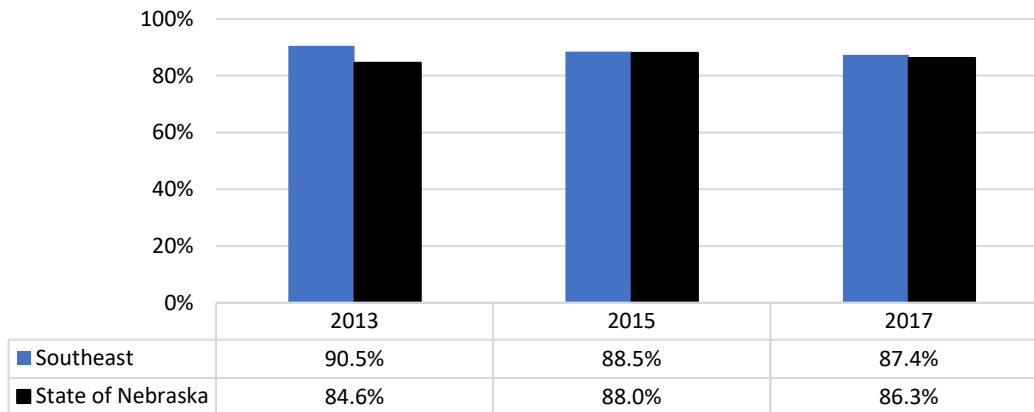


Source: SEDHD Community Survey, 2021

HEALTH SCREENINGS

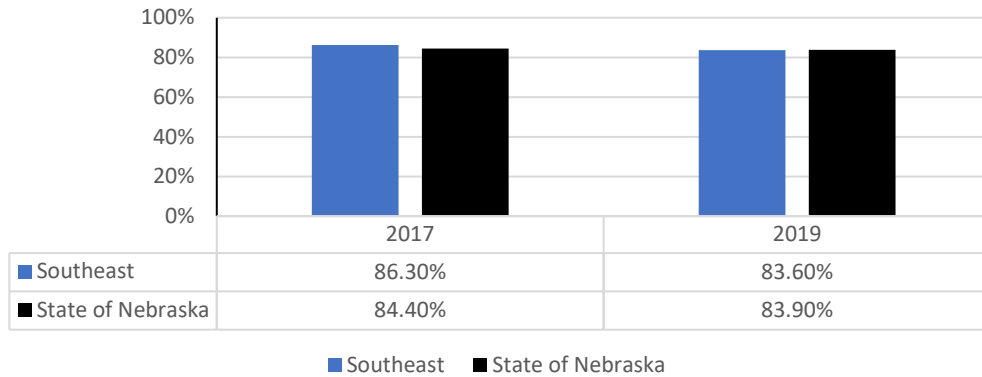
Figures 47 through 51 illustrate BRFSS response data regarding percentages of Southeast District adults who have had various health screenings completed within recommended time frames. Southeast adults tend to have higher completion rates for blood pressure and cholesterol screenings but lower completion rates for cancer screenings (i.e., colon, breast, and cervical cancer screenings).

Figure 47. Percentage of Adults 18 and Older Who Report Having Had Their Blood Pressure During the Past 12 Months



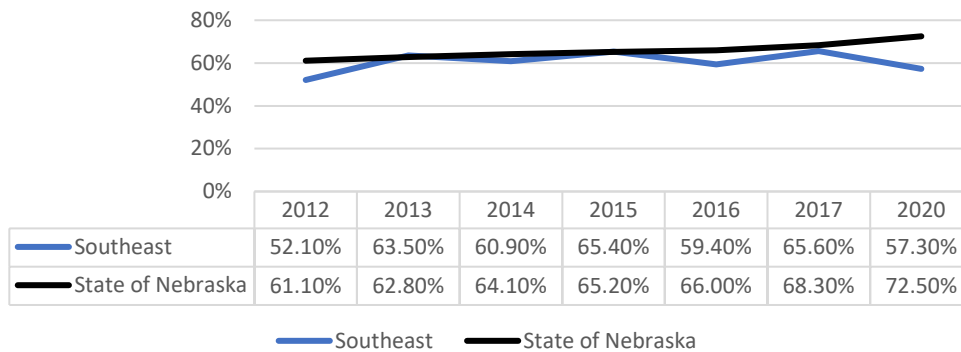
Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Figure 48. Percentage of Adults 18 and Older Who Report Having Had Their Blood Cholesterol Checked During the Past Five Years ^



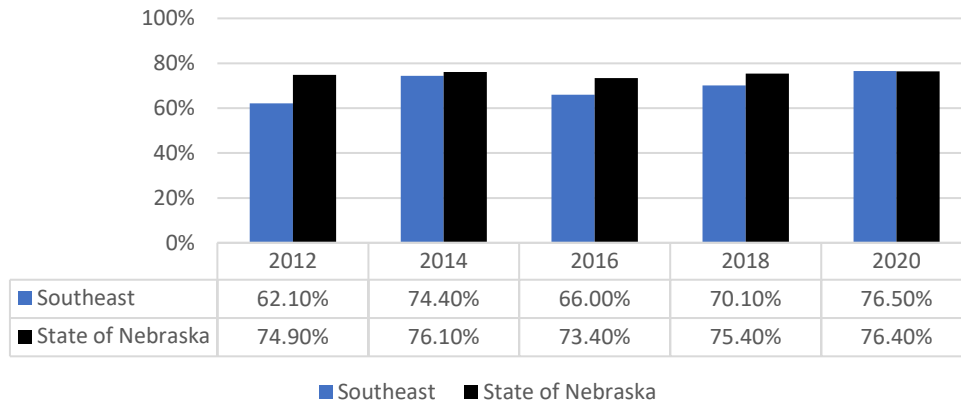
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 ^ Nebraska Healthy People 2020 Measure

Figure 49. Percentage of Adults 50–75 Years Old Who Report Up-to-Date on Colon Cancer Screening*



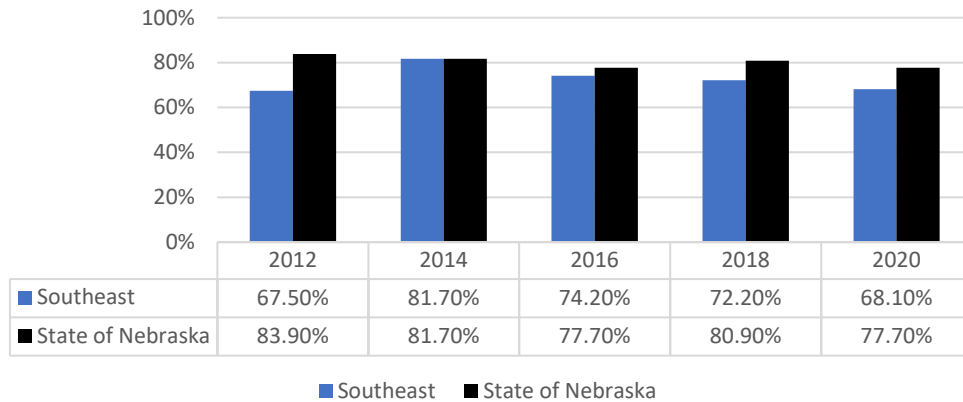
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 * fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years

Figure 50. Percentage of Females 50-74 Years Old Who Report Having Had a Mammogram During the past Two Years



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 51. Percentage of Females 21-65 years Old Without a Hysterectomy Who Report Having had a Pap Test During the Past Three Years



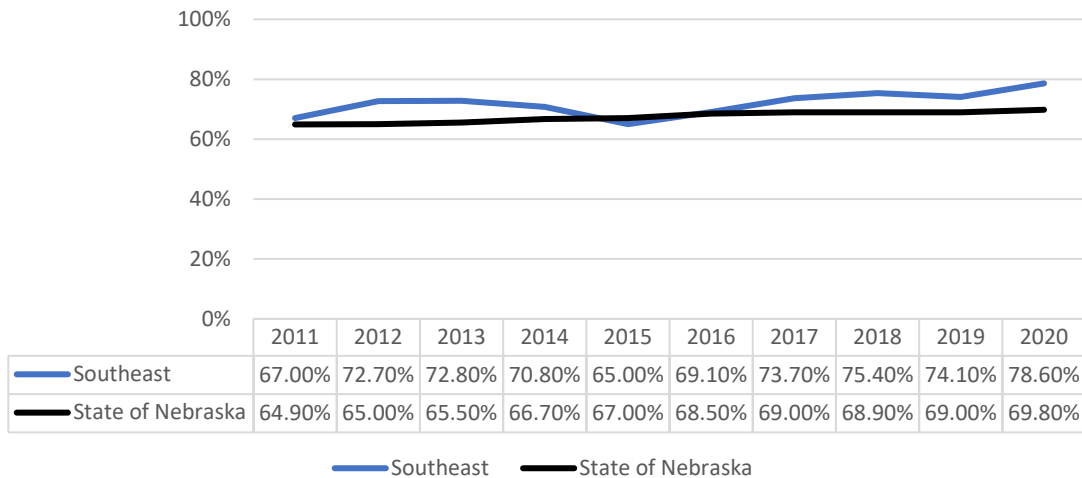
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

OBESITY AND PHYSICAL ACITIVITY

Obesity

In 2020, 78.6% of Southeast District adults reported having a body mass index (BMI) of 25.0 or greater compared to 69.8% for the state, signifying a higher prevalence of an overweight or obese population (Figure 52). The Southeast District has had a higher percentage since 2011, with an increasing trend since 2015.

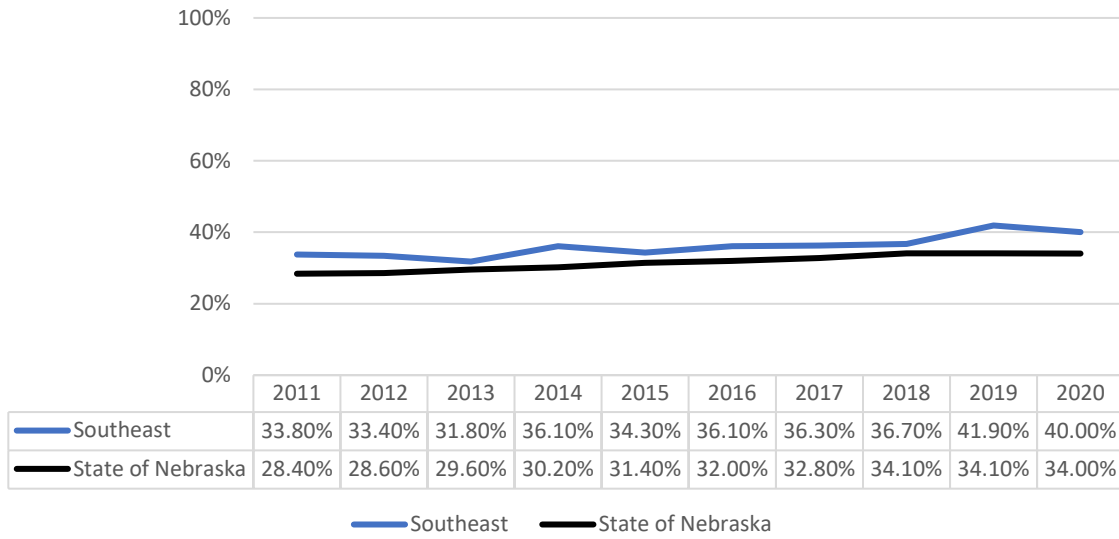
Figure 52. Percentage of Adults 18 and Older with a BMI of 25.0 or Greater*



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
* Based on self-reported height and weight

Similarly, 40% of Southeast District adults reported having a BMI of 30.0 or greater compared to 34% for the state, signifying a higher prevalence of an obese population (Figure 53).

Figure 53. Percentage of Adults 18 and Older with a BMI of 30.0 or Greater*^

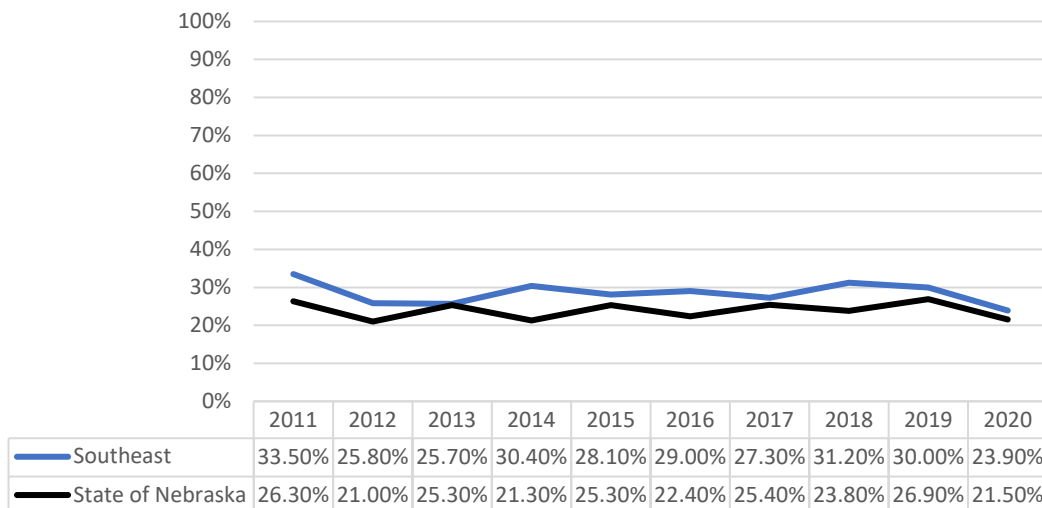


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 * Based on self-reported height and weight
 ^ Nebraska Healthy People 2020 Measure

Physical Activity

Figures 54 through 57 display BRFSS response data on physical activity trends among Southeast District adults. In general, compared to the state, adults indicated having less time devoted to leisure-time physical activity and tend not to meet recommendations for muscle strengthening or combination of aerobic and muscle-strengthening physical activities. However, more Southeast District adults indicated they met aerobic physical activity recommendations compared to the state.

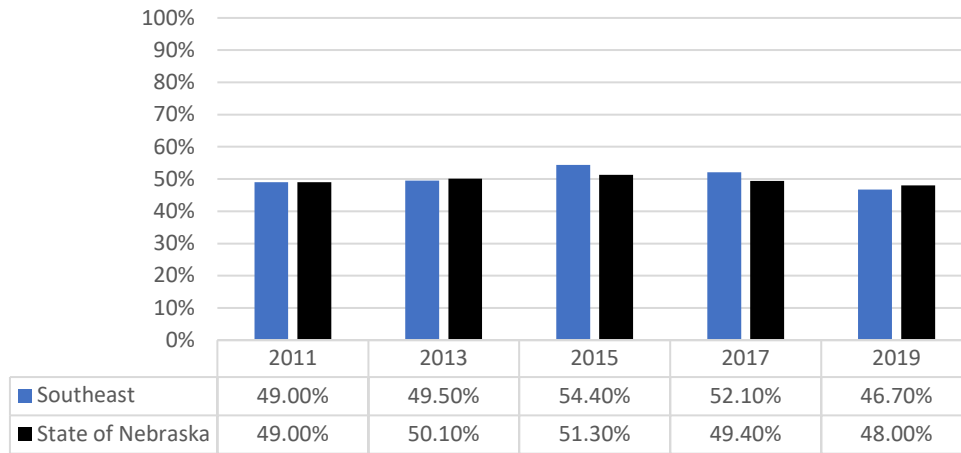
Figure 54. Percentage of Adults 18 and Older Who Report No Leisure-Time Physical Activity in past 30 Days*^



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 * Percentage of adults 18 and older who report no physical activity or exercise (such as running, calisthenics, golf, gardening or walking for exercise) other than their regular job during the past month.
 ^ Nebraska Healthy People 2020 Measure



Figure 55. Percentage of Adults 18 and Older that Met Aerobic Physical Activity Recommendation*^

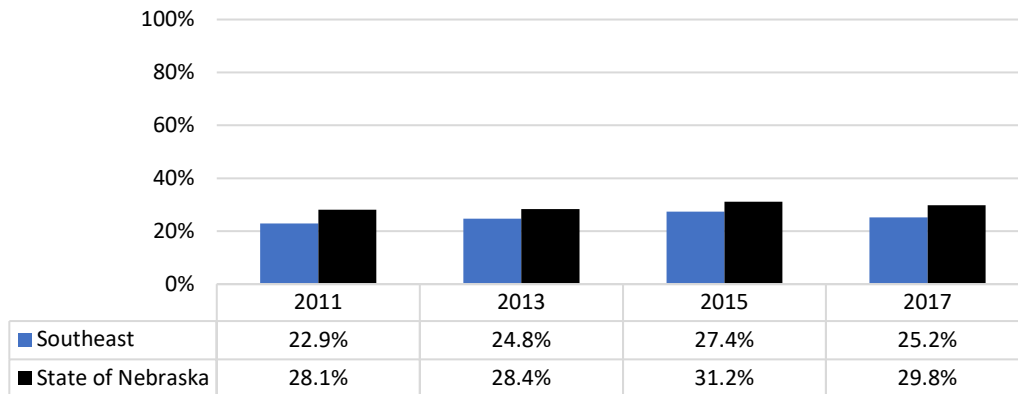


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity per week during the past month.

^ Nebraska Healthy People 2020 Measure

Figure 56. Percentage of Adults 18 and Older that Met Muscle Strengthening Recommendation*^

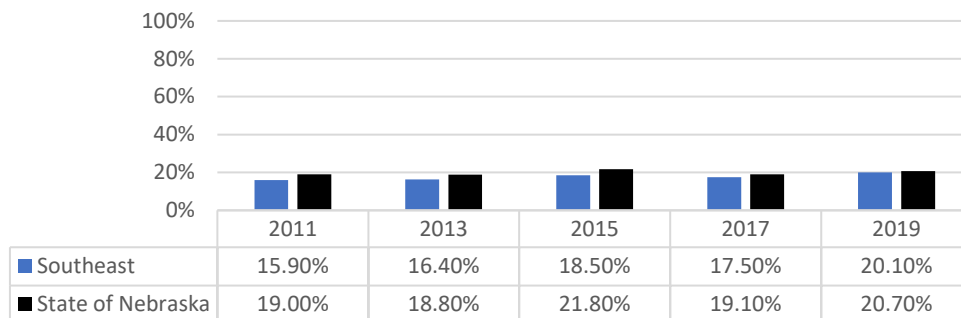


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* Percentage of adults 18 and older who report that they engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month.

^ Nebraska Healthy People 2020 Measure

Figure 57. Percentage of Adults 18 and Older that Met Both Aerobic Physical Activity and Muscle Strengthening Recommendation*^



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity per week during the past month and that they engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month.

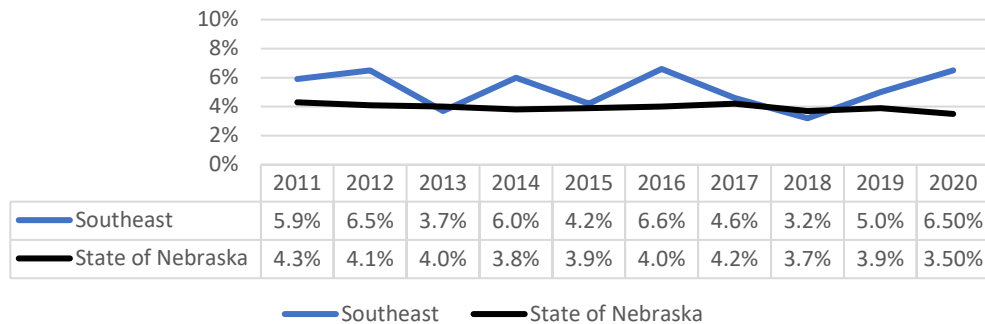
^ Nebraska Healthy People 2020 Measure



HEART DISEASE

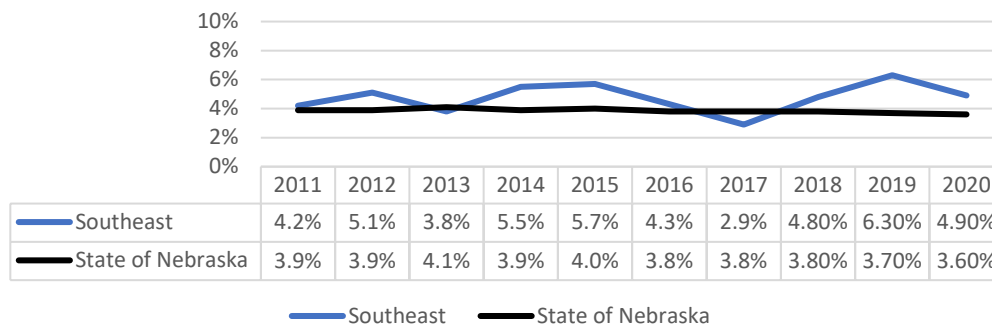
Figures 58 through 60 present BRFSS response data on heart disease within the Southeast District. In 2020, 6.5% of respondents indicated that they have ever been told they had a heart attack, 4.9% indicated ever been told they have coronary heart disease, and 8.0% reported that they had had a heart attack or coronary heart disease. All three of these measures have been on an upward trend since 2017 and are comparable to state data.

Figure 58. Percent of Adults Ages 18 and Older Ever Told They Had a Heart Attack



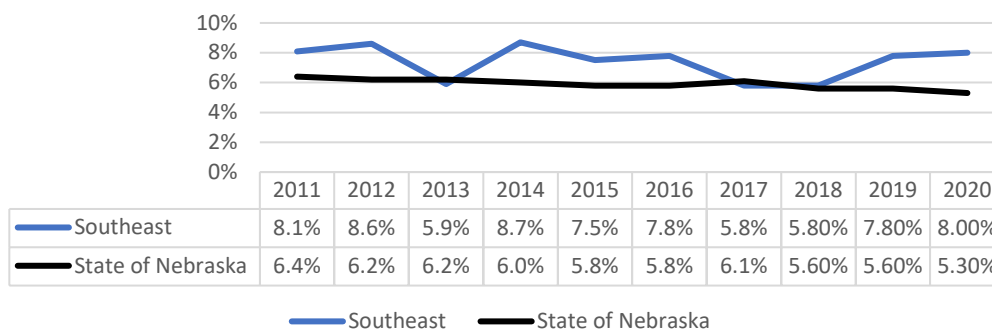
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 59. Percent of Adults Ages 18 and Older Ever Told They Have Coronary Heart Disease



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

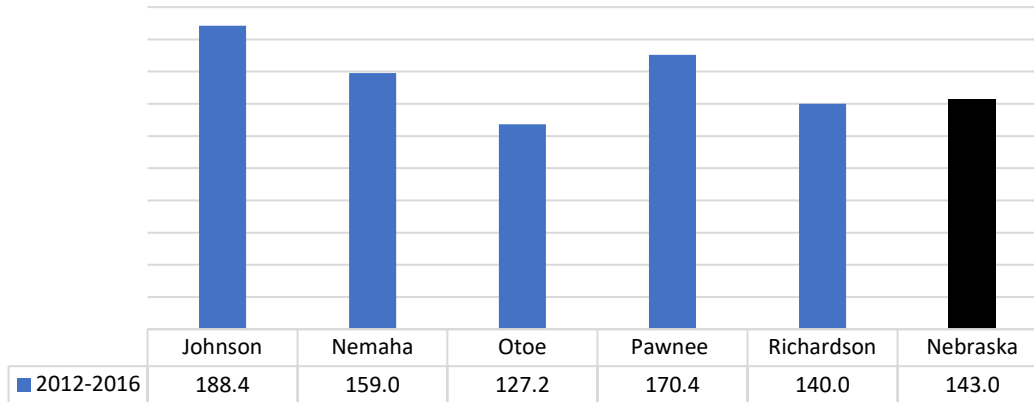
Figure 60. Percent of Adults Ages 18 and Older Ever Told They Had a Heart Attack or Coronary Heart Disease



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 61 displays heart disease mortality rates for each county as compared to the state. Johnson, Nemaha, and Pawnee Counties have higher mortality rates with Johnson County having the highest in the district.

Figure 61. Heart Disease Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)

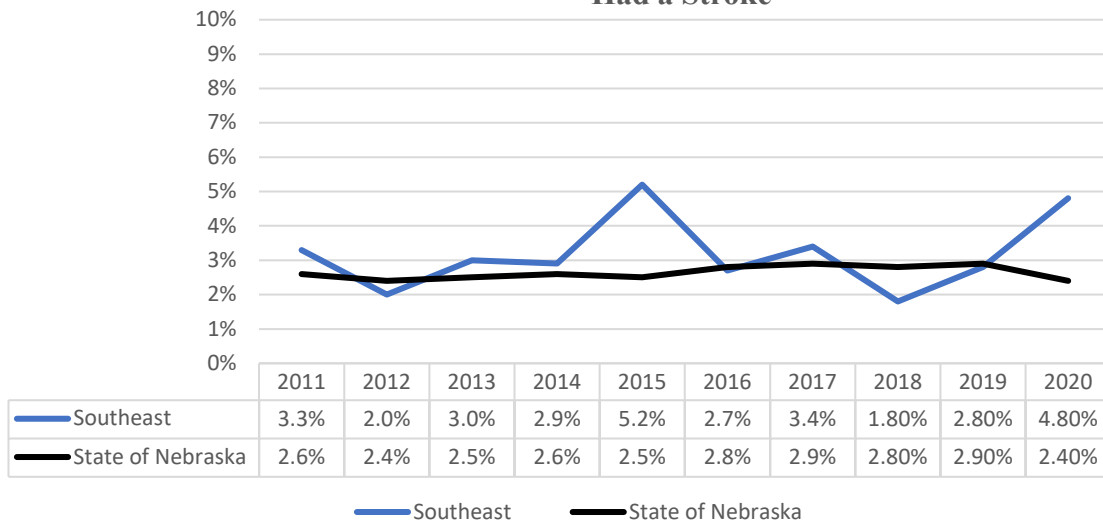


Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

STROKE

In 2020, 4.8% of BRFSS respondents in the Southeast District reported that they have ever been told that they have had a stroke (Figure 62). This measure has seen a significant increase since 2018 while the state data has remained consistent.

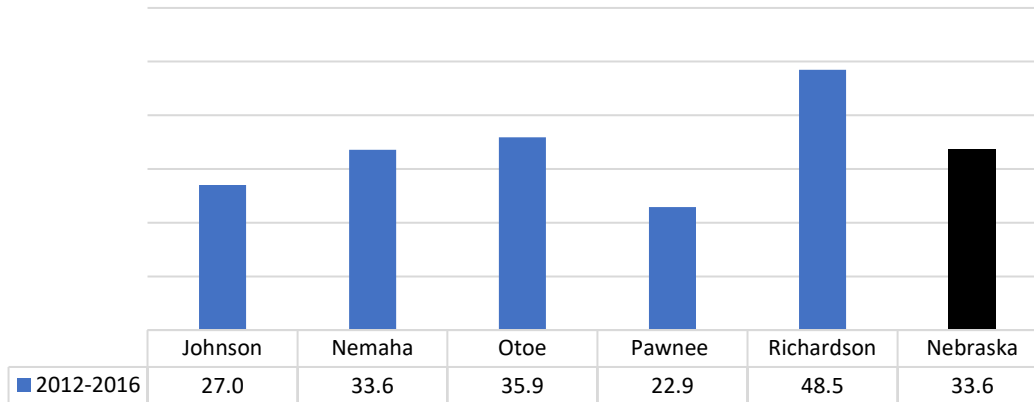
Figure 62. Percent of Adults Ages 18 and Older Ever Told They Had a Stroke



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 63 displays cerebrovascular disease mortality rates for each county as compared to the state. Otoe and Richardson Counties had higher mortality rates, 35.9 and 48.5, respectively.

Figure 63. Cerebrovascular Disease Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)

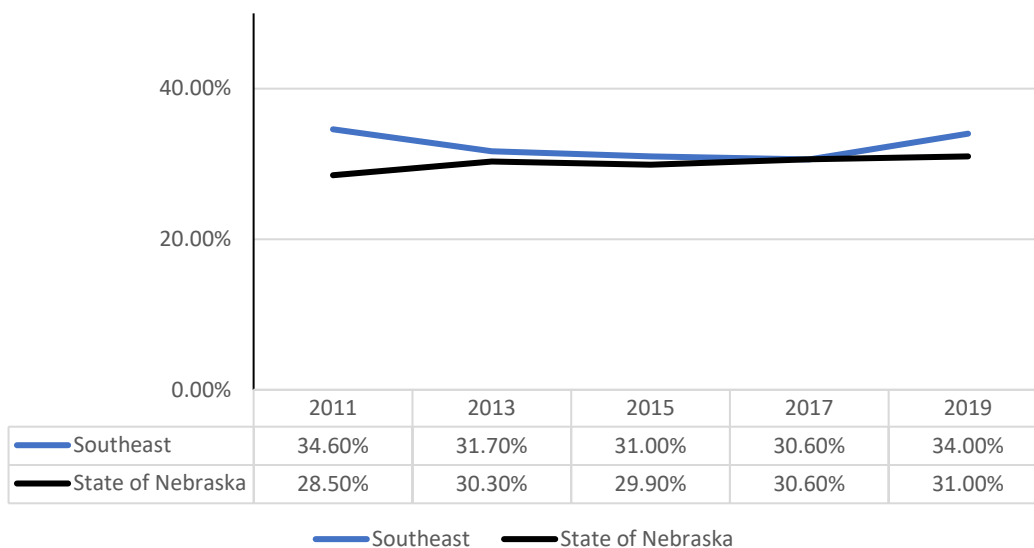


Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

HIGH BLOOD PRESSURE AND CHOLESTEROL

In 2020, 34% of Southeast District adults reported that they have ever been told by a medical professional that they have high blood pressure, exceeding the state percentage (Figure 64). This measure had been trending downward since 2011, however the percentage increased between 2017 and 2019. Likewise, in 2020, more Southeast District adults indicated being told that they have high cholesterol compared to the state, 33.5% and 31.1%, respectively (Figure 65).

Figure 64. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told They Have High Blood Pressure*^

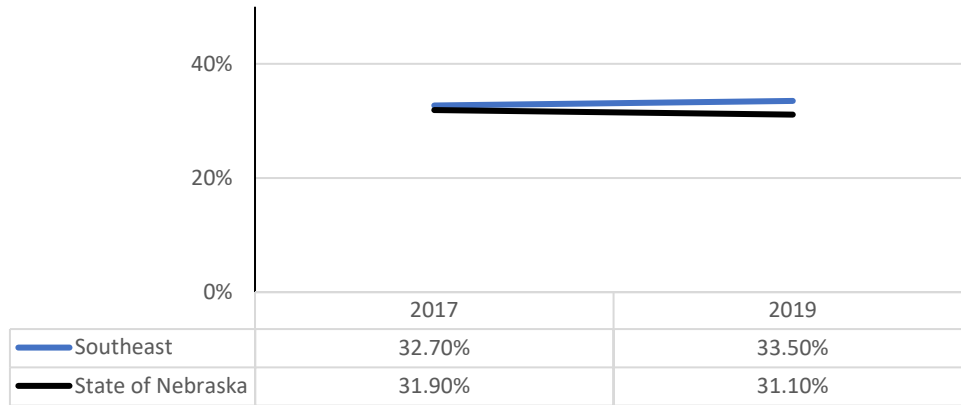


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* Excluding pregnancy

^ Nebraska Healthy People 2020 Measure

Figure 65. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told They Have Ever Been Told that Their Blood Cholesterol is High[^]

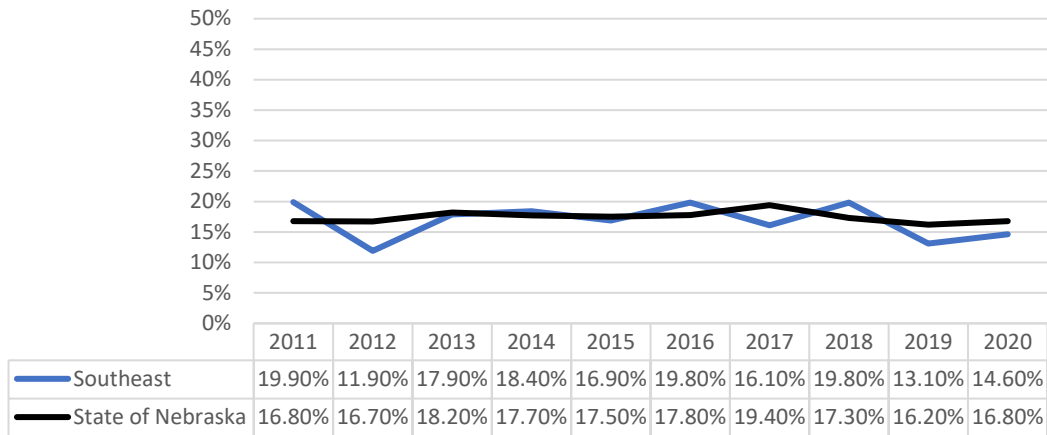


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
[^] Nebraska Healthy People 2020 Measure

MENTAL HEALTH

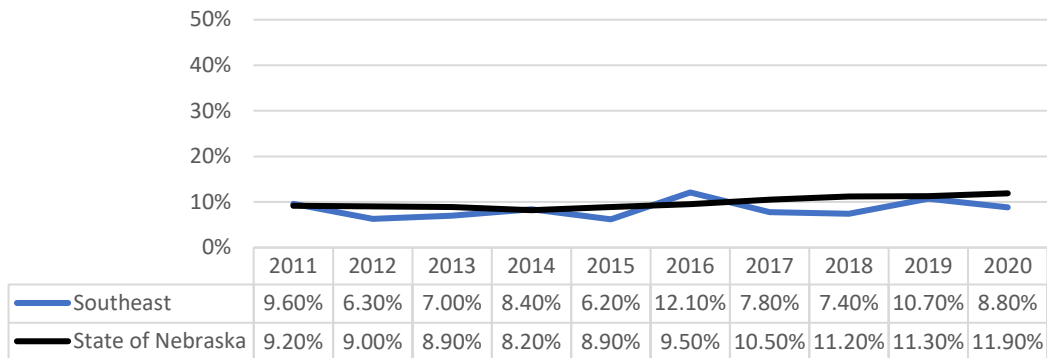
In 2017, 16.1% of Southeast Districts adults reported ever being told they have depression, compared to 19.4% for the state (Figure 66). This indicator has been on a downward trend since 2011 and has been consistent with the state data. Likewise, in 2017, 7.8% of Southeast District adults report that their mental health was not good on 14 or more of the previous 30 days, compared to 10.5% for the state (Figure 67). This indicator has also been on a downward trend since 2011 and has been consistent with the state data.

Figure 66. Percentage of Adults 18 and Older Who Report that They have Depression.



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 * Includes depression, major depression, dysthymia, or minor depression

Figure 67. Percentage of Adults 18 and Older Who Report that Their Mental Health was not Good on 14 or More of the Previous 30 Days*



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 * Includes stress, depression, and problems with emotions

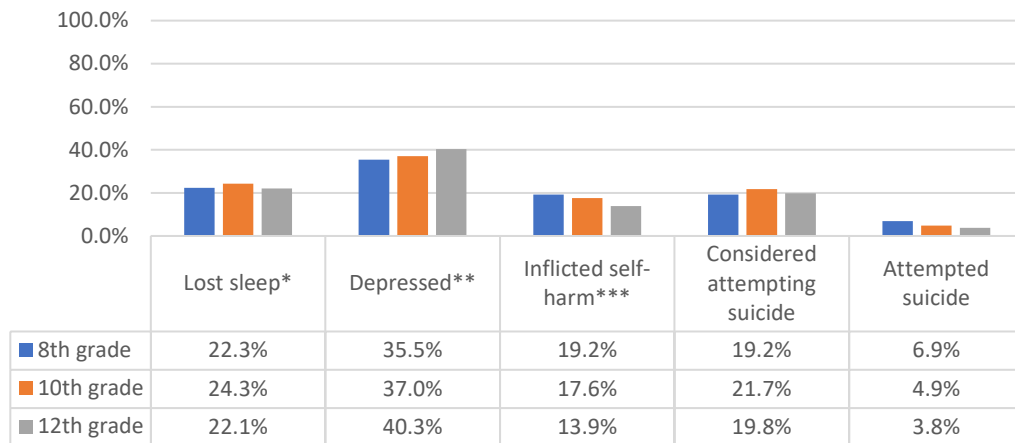
Table 40 presents additional BRFSS measures on mental health for Southeast District adults.

Table 40. Mental Health Indicators Among Adults 18 and Older (2012)		
	Southeast	State of Nebraska
Currently taking medication or receiving treatment for a mental health condition	8.0%	11.0%
Symptoms of serious mental health illness in past 30 days*	3.8%	3.2%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
 * Percentage reporting answers to six questions measuring risk for serious psychological distress during the past 30 days (based on the Kessler 6 (K6) instrument) that generate a score of 13 or higher, suggesting serious mental illness

Figures 68 presents percentages of Southeast District youth who reported anxiety, depression, and suicide in 2018.

Figure 68. Percentage Reporting Anxiety, Depression, and Suicide During Past 12 Months Among 8th, 10th, and 12th Grade Students

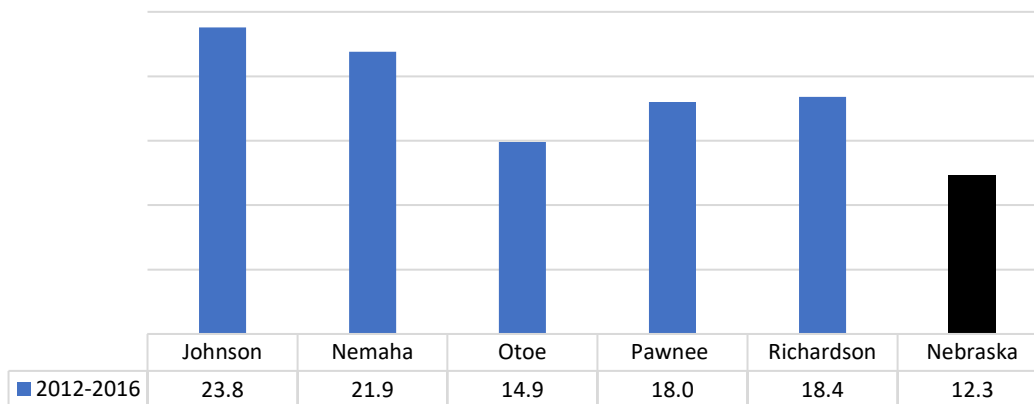


Source: Nebraska Risk and Protective Factor Student Survey, 2018
 *Percentage who reported during the past 12 months being so worried about something they could not sleep well at night most of the time or always based on the following scale: Never, Rarely, Sometimes, Most of the time, Always.
 **Percentage who reported “Yes” to the question “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”
 ***Percentage who reported “Yes” to the question “During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?”



Figure 69 displays suicide mortality rates for each county and compared to the state. All counties within the district have a higher suicide mortality rate with Johnson and Nemaha Counties having the highest rates within the district.

Figure 69. Age-Adjusted Suicide Mortality Rate per 100,000 Population (2012-2016)



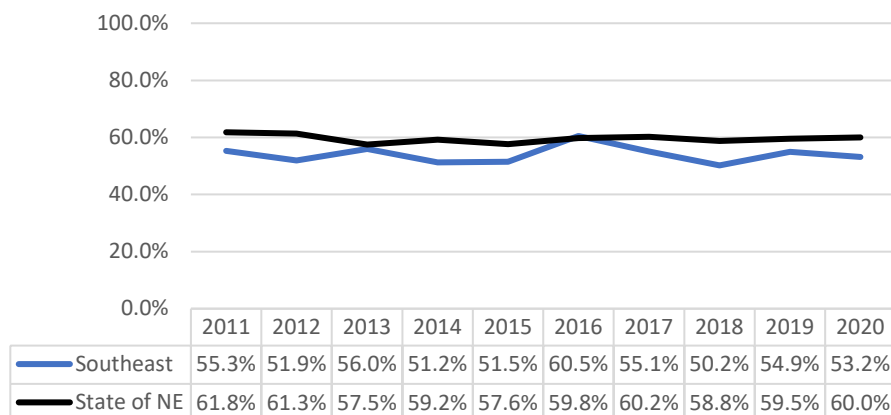
Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

ADULT ALCOHOL AND TOBACCO USE

Alcohol

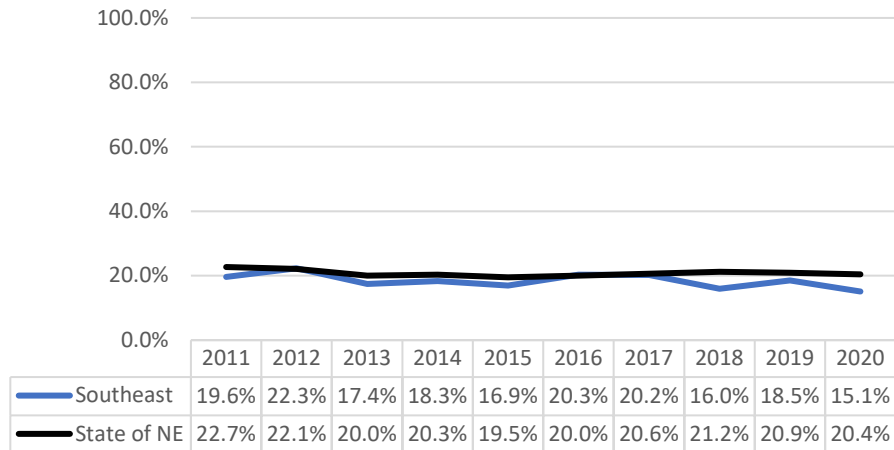
Figures 70 through 72 present BRFSS response data regarding adult alcohol consumption. In general, respondents in the Southeast District reported lower rates than the state for consuming any alcohol, binge drinking, or heavy drinking within the past 30 days. These measures have remained somewhat consistent since 2011 with a slight downward trend regarding heavy drinking.

Figure 70. Percentage of Adults 18 and Older Who Report Having Any Alcohol Consumption in past 30 Days



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 71. Percentage of Adults 18 and Older Who Report Having Binge Drank in past 30 Days*^

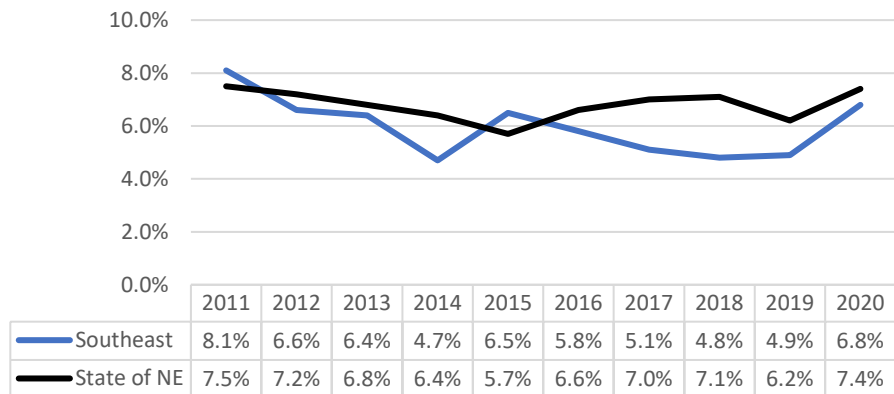


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

*Binge drinking defined as five or more alcoholic drinks for men/four or more alcoholic drinks for women on at least one occasion

^ Nebraska Healthy People 2020 Measure

Figure 72. Percentage of Adults 18 and Older Who Report Heavy Drinking in past 30 Days *



Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

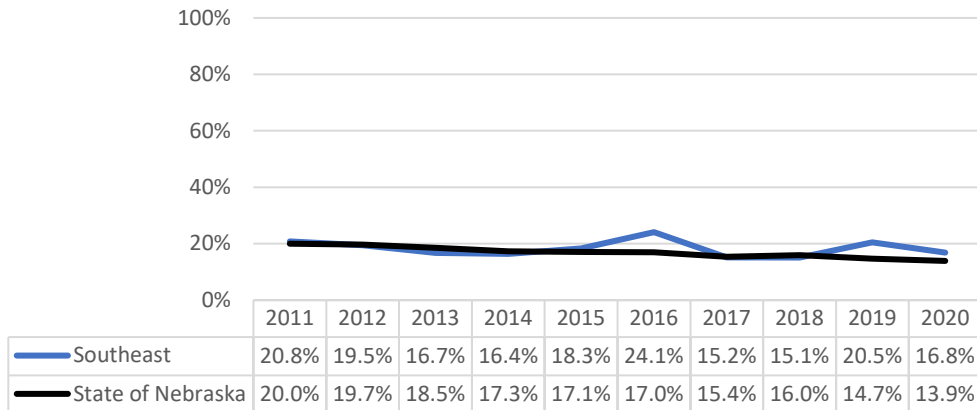
* Heavy drinking defined as drinking more than 60 alcoholic drinks (an average of more than two drinks per day) during the past 30 days for men and drinking more than 30 alcoholic drinks (an average of more than one drink per day) for women

Tobacco

Figures 73 through 75 present BRFSS response data regarding adult tobacco use. The Southeast District and the state have similar current cigarette use in 2017, 15.2% and 15.4%, respectively. Cigarette smoking has been on a steady downward trend for both the Southeast District and the state. However, there has been a slight upward trend regarding smokeless tobacco use and electronic cigarettes for the Southeast District.

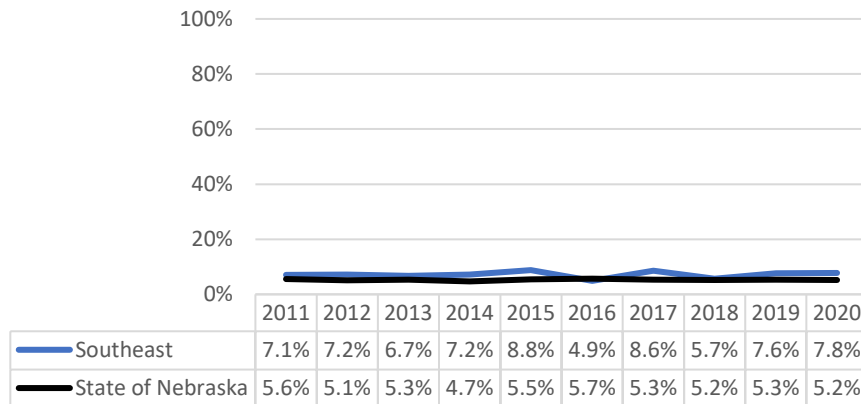


Figure 73. Percentage of Adults 18 and Older Who Report that They Currently Smoke Cigarettes[^]



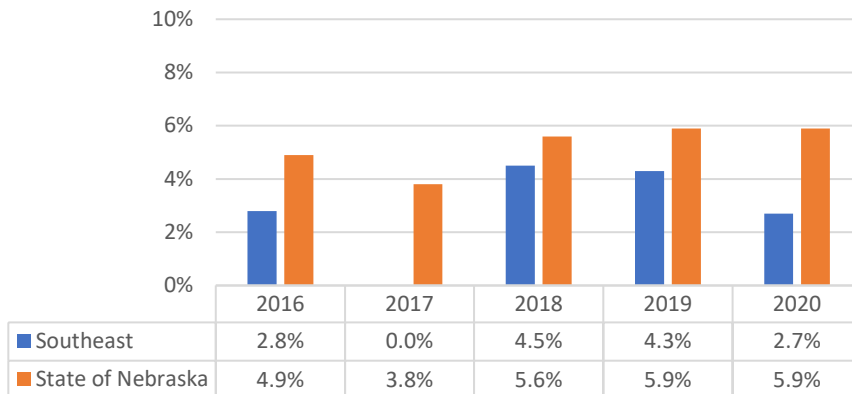
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
[^] Nebraska Healthy People 2020 Measure

Figure 74. Percentage of Adults 18 and Older Who Report that They Currently Use Smokeless Tobacco Products[^]



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
[^] Nebraska Healthy People 2020 Measure

Figure 75. Percentage of Adults 18 and Older Who Report that They Currently Use E-cigarettes or Other Electronic “Vaping” Products



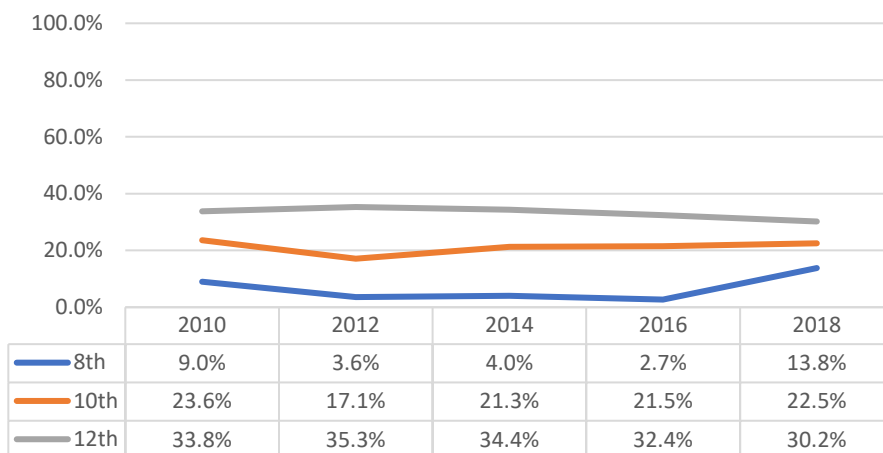
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
[^] Nebraska Healthy People 2020 Measure



YOUTH SUBSTANCE ABUSE

Reported rates of past 30-day underage alcohol use have been on the decline for 10th and 12th grade students from 2010 to 2018 (Figure 76).

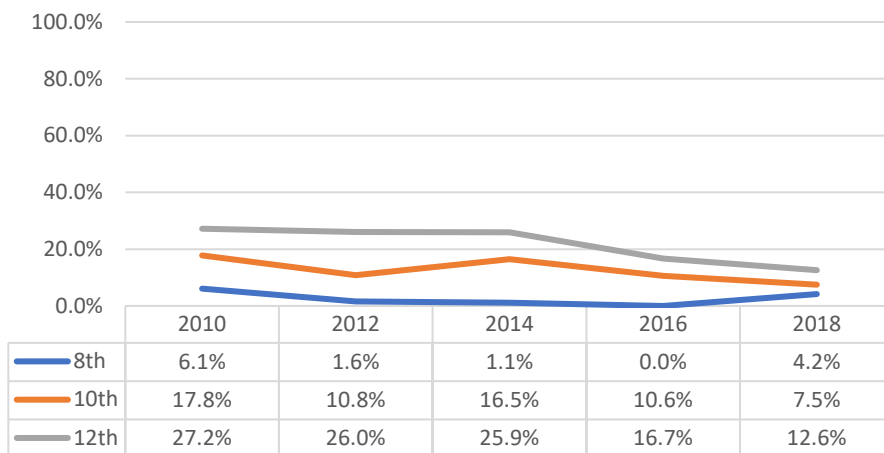
Figure 76. Past 30 Day Alcohol Use Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

Likewise, past 30-day binge drinking has been on a decline from 2010 to 2018 (Figure 77).

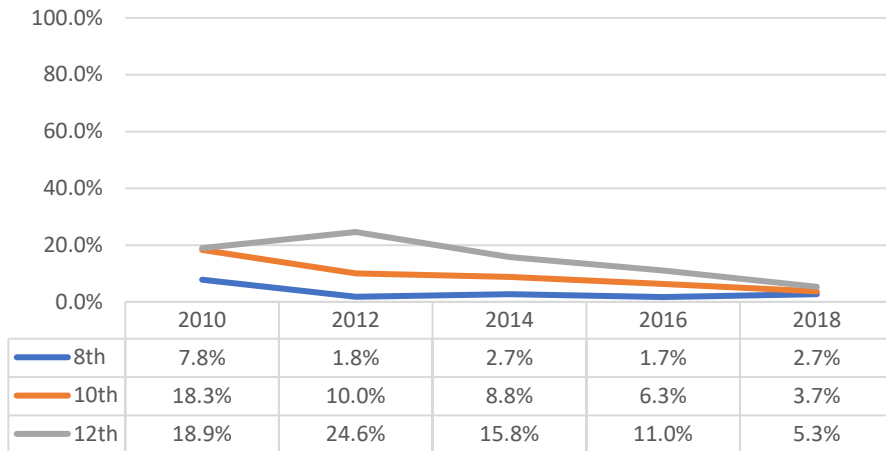
Figure 77. Past 30 Day Binge Drinking* Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

Similar to alcohol use, past 30-day cigarette use among youth has been on a decline (Figure 78).

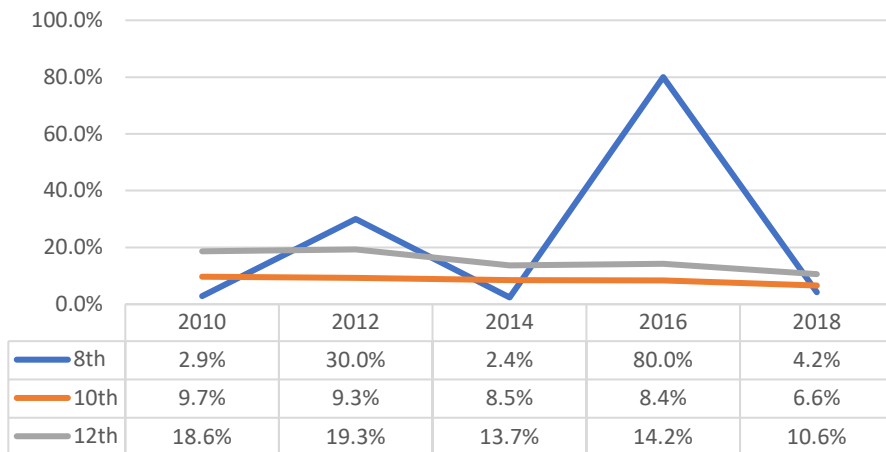
Figure 78. Past 30 Day Cigarette Use Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

Smokeless tobacco use has declined slightly for Southeast District 10th and 12th- grade students (Figure 79). However, usage among 8th grade students has seen sharp increases in 2012 and 2016.

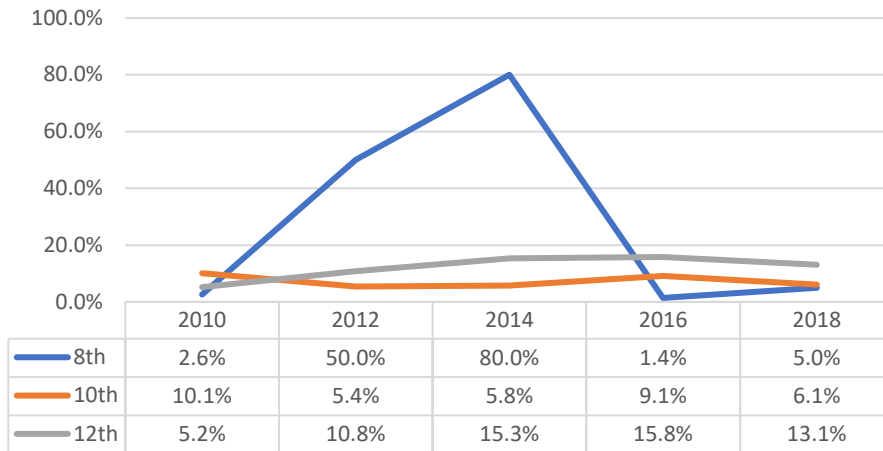
Figure 79. Past 30 Day Smokeless Tobacco Use Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

While alcohol and cigarette use have been on the decline among youth, trends for marijuana use in the Southeast District appear to be increasing (Figure 80). In 2016, 13.1% of 12th-grade students reported 30-day marijuana use compared to 5.2% reporting use in 2010.

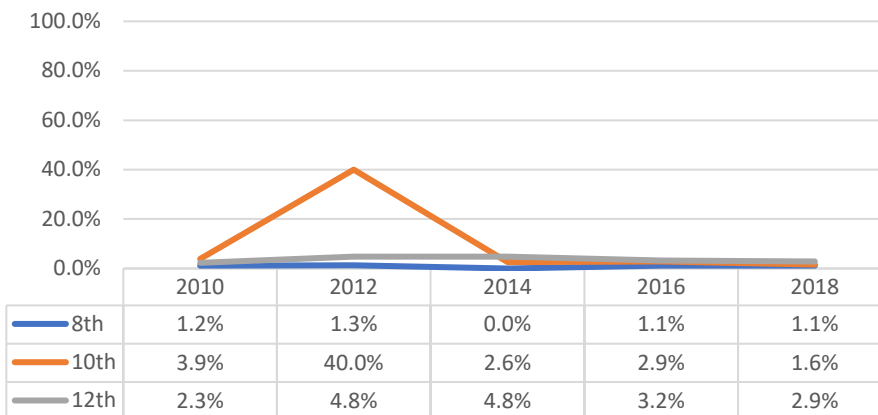
Figure 80. Past 30 Day Marijuana Use Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

Past 30-day prescription drug use has been declining in the Southeast District and the state since 2010 (Figure 81). However, prescription drug use among Southeast 10th grade students was significantly higher in 2012.

Figure 81. Past 30 Day Prescription Drug Use (Not Prescribed by a Doctor) Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

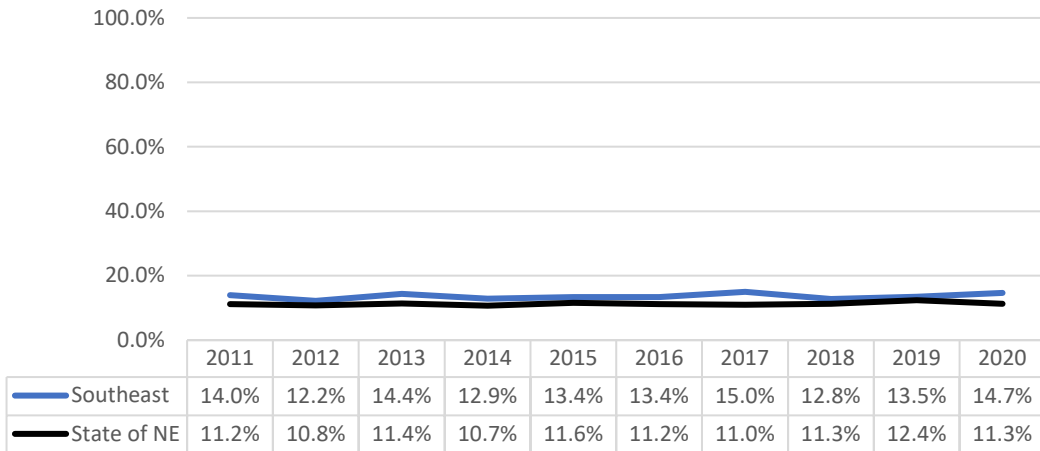
CANCER

Cancer Incidence

Figures 82 through 84 present BRFSS response data on cancer. In 2020, 14.7% of adults within the Southeast District reported ever being told that they have cancer compared to 11.3% for the state. 9.3% of adults reported ever being told they have cancer other than skin cancer compared to 5.9% for the state, a statistically significant difference.

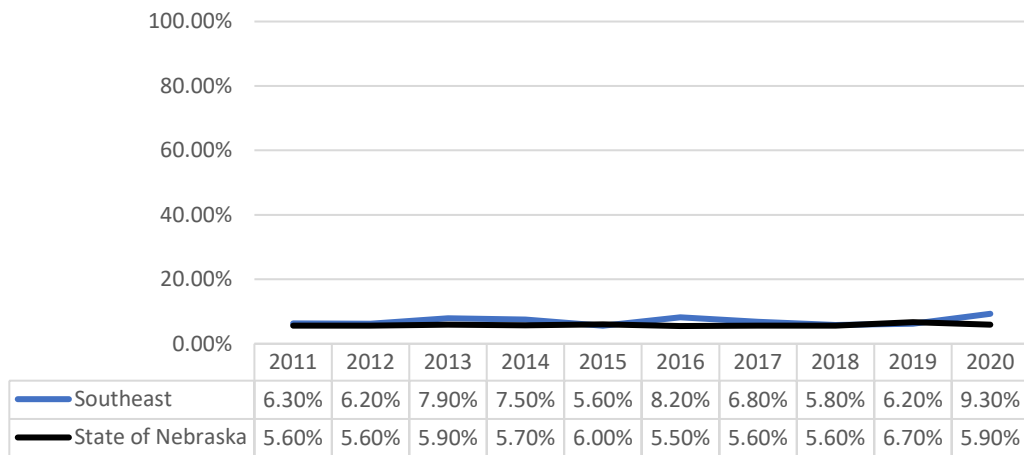


Figure 82. Percent of Adults Ever Told They Have Cancer (any form)



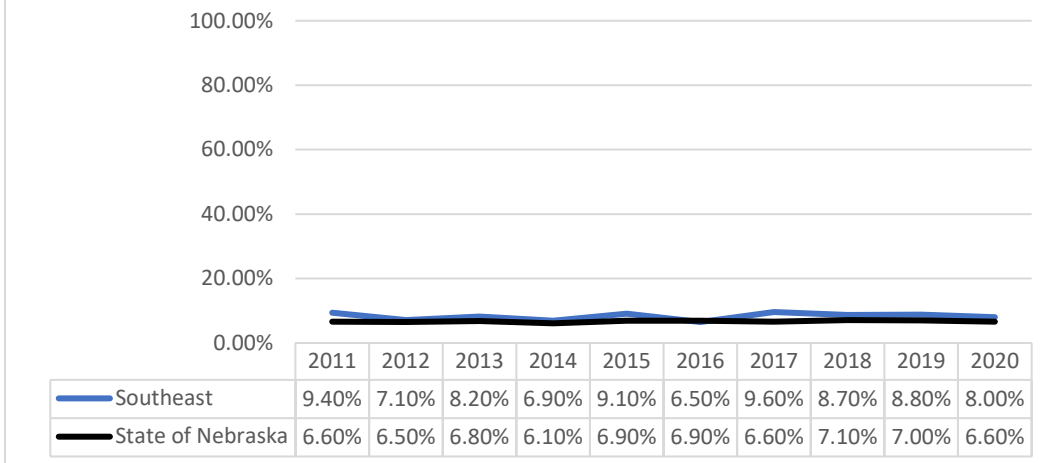
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 83. Percent of Adults Ages 18 and Older Ever Told They Have Skin Cancer



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 84. Percent of Adults Ages 18 and Older Ever Told They Have Cancer Other than Skin Cancer

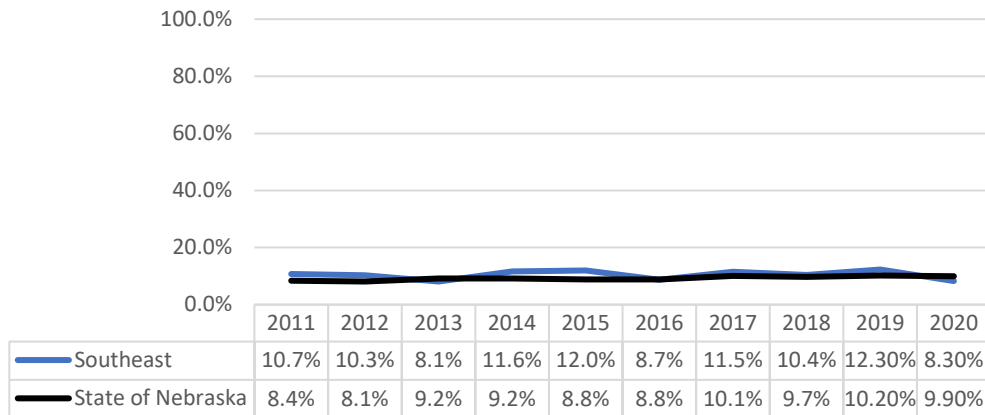


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

DIABETES

The percentage of BRFSS respondents in the Southeast District and the state reporting they have ever been told that they have diabetes has slightly decreased since 2011. In 2020, 8.3% of respondents in the Southeast District indicated that they have ever been told that they have diabetes compared to 9.9% for the state (Figure 85).

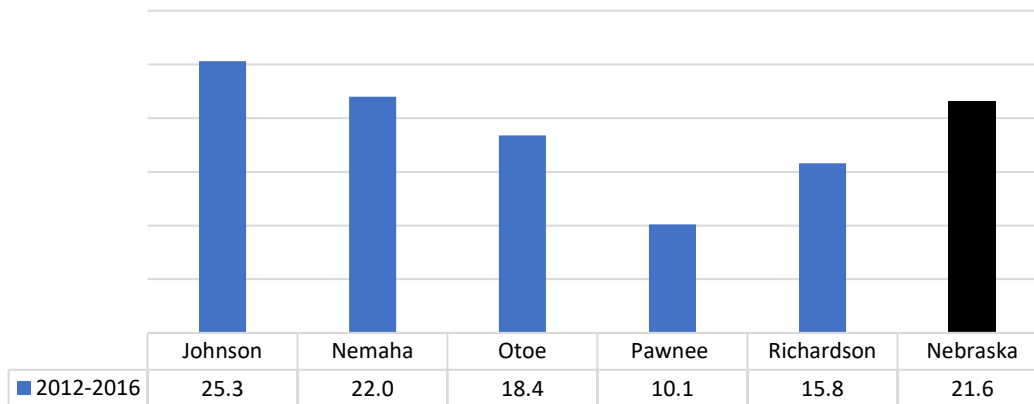
Figure 85. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told that They Have Diabetes (Excluding Pregnancy)



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 86 presents diabetes mortality rates by county compared to the state. Johnson and Nemaha Counties had the highest mortality rates in the district, and both were higher than the state mortality rate.

Figure 86. Diabetes Mellitus Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)

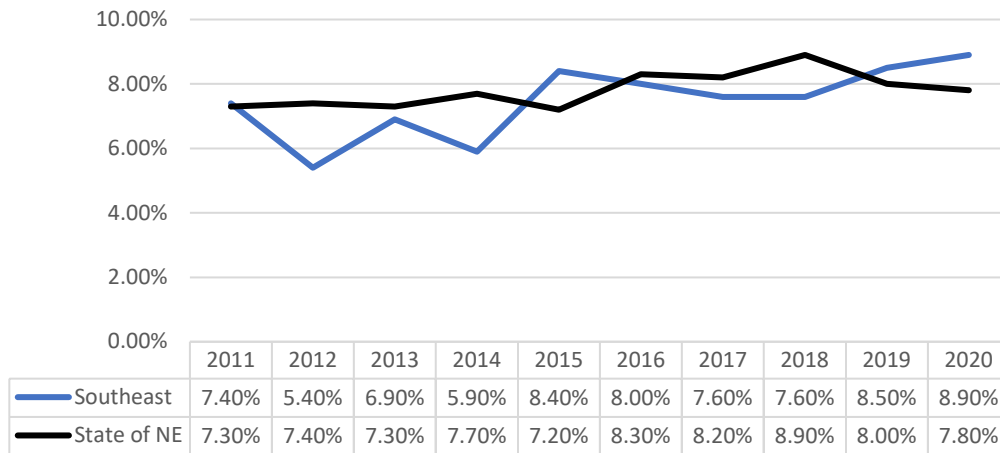


Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

RESPIRATORY AND PULMONARY DISEASE

In 2020, 8.9% of Southeast District adults reported that they had been told by a medical professional that they currently have Asthma (Figure 87). This percentage has been relatively consistent with the state average since 2011.

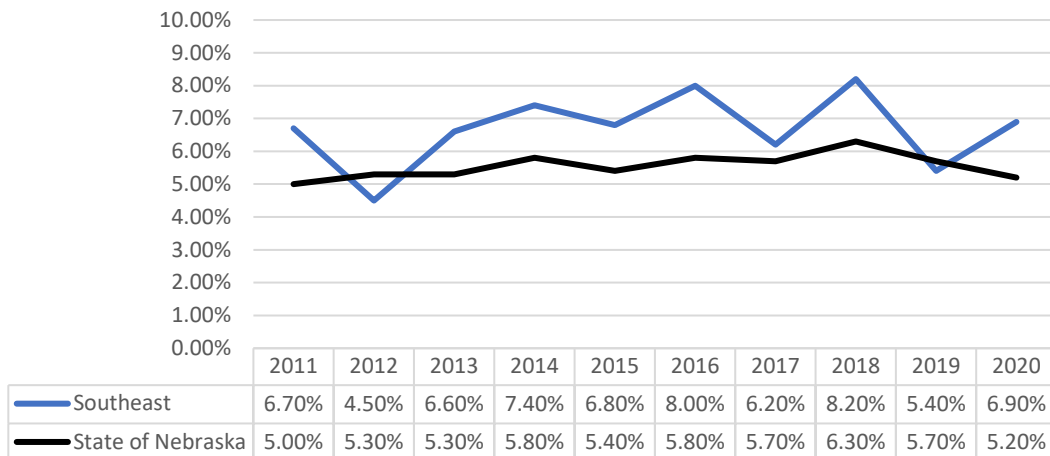
Figure 87. Percentage of Adults 18 and Older Who Report that They Currently Have Asthma



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Since 2013, Southeast District adults have consistently reported that they have ever told they have chronic obstructive pulmonary disease (COPD) at a higher percentage than the state (Figure 88).

Figure 88. Percentage of Adults 18 and Older Who Report that They Have COPD

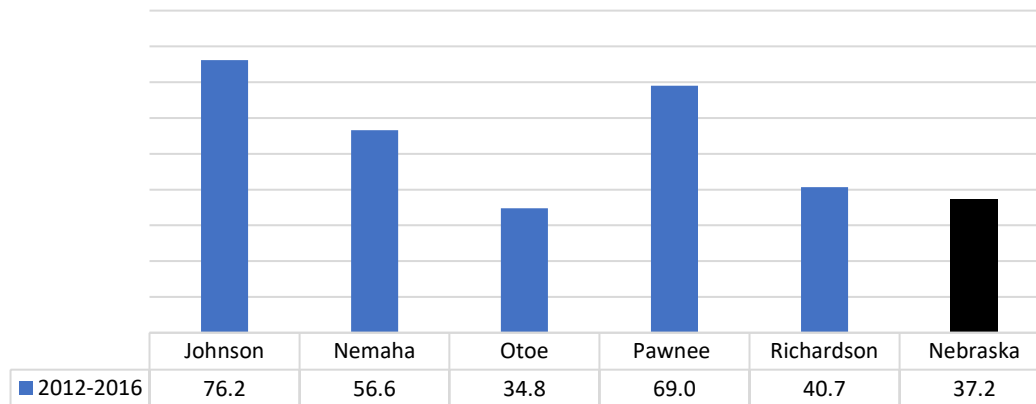


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

ACCIDENTAL DEATH

Accidental deaths include a broad array of mortality mechanisms including motor vehicle accidents, falls, drug poisonings, fires and burns, drownings, suffocations, work-related accidents, and other similar types of unintentional injuries. Figure 91 presents unintentional injury mortality rates for the Southeast District. In general, the district has a higher mortality rate than the state with all counties, besides Otoe, having higher rates. Most concerning is that Johnson and Pawnee Counties have mortality rates that are almost two times that of the state.

Figure 91. Unintentional Injury Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

Table 41 presents accidental mortality rates by type. Due to small sample sizes, only district level data is available as county-specific rates would be unreliable.

Table 41. Accidental Death Rates per 100,000 Population by Type (2014).

	Drowning	Fall	Fire-related	Firearm-related	Homicide	Motor Vehicle	Poisoning	Traumatic brain injury
Southeast	-	13.3	-	15.3	0.0	18.9	-	30.7
State of Nebraska	1.0	9.4	0.8	9.4	3.3	12.9	8.6	20.8

Source: Nebraska Department of Health and Human Services Vital Records, personal communication, March 2019

"-" Rates based on fewer than 5 cases have been suppressed.

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Traci Reuter, Healthy Communities/Foundation Coordinator

Syracuse Area Health

Michael Harvey, President and Chief Executive Officer

Pawnee County Memorial Hospital

John Werner, Chief Executive Officer

Community Medical Center

Ryan Larsen, Chief Executive Officer



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