2024

COMMUNITY HEALTH NEEDS ASSESSMENT

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Report prepared by Partners for Insightful Evaluation in conjunction with the South Hearland District Health Department

Partners for Insightful Evaluation

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A mixed-methods approach combined quantitative and qualitative data. Publicly available secondary data was supplemented with an online community survey and five focus groups, including one for Spanish-speaking residents. Additionally, the **Assessment for Advancing Community Transformation (AACT)** gathered input from community organizations and stakeholders to identify opportunities for advancing health equity.

Key Findings

A summary of key findings and high-level themes from secondary data sources as well as the online community survey and community focus groups are presented below. Strengths are noted in purple text while areas of improvement are noted in orange text.

Community characteristics and socioeconomic issues, social determinants of health

Theme	Key Findings Identified through this Assessment^
Population changes	SHD counties experienced an overall decrease in population from 2010 to 2020.
Poverty	The percent of the population living below the poverty level -Lower for Clay, Nuckolls, and Webster counties but higher for Adams County (compared to the state).
Unemployment	Unemployment rates -Have decreased for SHD counties after reaching a high of 4.2% in 2020. -Have remained consistently lower for SHD Counties & Nebraska compared to national rates since 2018.
Childcare	Childcare cost burden -Slightly higher in Nuckolls County compared to the state.
Education	High school graduates (among persons 25 and older) -Percentage slightly higher for SHD Counties compared to the state and U.S. Bachelor's degree or higher (among persons 25 and older) -Percentage lower for SHD Counties compared to the state and U.S.
Food insecurity	Food Insecurity -Less than 10% of SHD CHS survey respondents reported that they had frequently experienced food insecurity; however, food insecurity emerged as a SDOH-related theme in the community focus group findings. Students eligible for free and reduced lunch -Percentage higher for Adams, Clay, and Nuckolls counties compared to the state.

Broadband internet access	SHD counties had a slightly lower percentage of persons with broadband internet access compared to the state and U.S.
Housing	Housing costs/affordability -Compared to state and national data, SHD counties had a lower median gross rent and cost burden. -Housing costs and challenges emerged as a SDOH-related theme in the community focus group findings. Home ownership -SHD counties had a higher percentage of homeowners compared to the state and U.S. Housing Quality -Roughly 20% of SHD CHS survey respondents reported that the quality of their housing was poor, very poor, or fair.

^Differences between state and local data or local trends over time are statistically significant only if specified

Healthcare access & quality

Theme	Key Findings Identified through this Assessment^
Health insurance	Percent without health insurance (children and adults 19-64) -Lower for Adams and Webster counties but higher for Clay and Nuckolls counties, compared to the state.
Provider accessibility	Ratio of people per one primary care physician -Lower for Adams and Nuckolls counties but higher for Clay and Webster counties, compared to state and national ratios. Designated provider shortage areas -Clay, Nuckolls, and Webster Counties were all designated as primary care provider shortage areas in 2021. -All four SHD Counties, along with 84 other Nebraska counties, are designated as a Mental Health Professional Shortage Area, as of July 2024.
Utilization of care	Visits to a provider for healthcare -In 2020, significantly higher percent of SHD adults visited a doctor in the past year for a routine checkup compared to the state. -Only 4% of SHD CHS survey respondents reported that they or their family members did not visit a healthcare provider for a medical need at least once in the last 12 months. -Only 16% of SHD CHS survey respondents reported that they or their families do not visit a dentist at least once a year. -About 1/3 of SHD CHS survey respondents reported that they or their family members get an eye exam less often than annually.

	Barriers to healthcare -SHD CHS survey respondents rated *Getting Medical Care* (including costs, insurance, and finding health services) as the most important health issue. -Over 1/3 (38%) of SHD CHS survey respondents reported delaying or avoiding medical care in the last year, and 40% of respondents reported delaying or avoiding medical care because of cost. -Cost was cited by SHD CHS respondents as the top reason that prevents them or their family from seeking dental care (38%) or eye care (36%).

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Mental health & well-being

Theme	Key Findings Identified through this Assessment^
Overall mental health & well-being	SHD CHS survey respondents rated *Mental Well Being (*which includes feelings of sadness, worry, and stress) was tied as the 2nd most important health issue.
Provider accessibility and access to care	Provider shortages -All Four SHD Counties, along with 84 other Nebraska counties, are designated as a Mental Health Professional Shortage Area, as of July 2024. -Mental health provider shortages emerged as a community focus group theme. Utilization of care -Less than half of SHD CHS survey respondents reported utilization of professional help from a counselor or therapist for mental and behavioral health issues/problems for themselves or their family. Barriers to care -According to SHD CHS respondents, cost was cited as the most common barrier to getting help for mental or behavioral health issues/problems.
Suicide rate among adults	From 2017-2021, the suicide rate among adults (age adjusted per 100k people) in Adams County was higher than the state and U.S. rate.
Depression and mental distress among adults	Depression -The percentage of adults reporting that they have depression was higher for SHDHD counties compared to the state. Mental distress

	-The percentage of adults reporting that their mental health was not good for 14 or more of the past 30 days increased between 2021 and 2022 for SHD counties. -Nearly half of SHD CHS survey respondents reported that they sometimes, often, or always felt lonely, isolated, depressed, hopeless, stressed, or overwhelmed in the past year.
Feelings of hopelessness among youth	The percentage of high school students feeling sad or hopeless in SHD counties decreased significantly from 2018 to 2023.
Suicide attempts among youth	Compared to the state, the percentage of high school students who attempted suicide in SHD counties was higher.

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Substance Use

Theme	Key Findings Identified through this Assessment^
Alcohol misuse/abuse	Binge drinking among adults -From 2018-2022, SHD counties showed a decreasing trend in rates of adult binge drinking resulting in lower rates than the state. -Alcoholism was identified as a primary health issue in the Spanish-speaking focus group. Alcohol use among youth -Past 30-day alcohol consumption and binge drinking decreased among SHD high school students from 2018 to 2023.
Drug misuse/abuse	Opioid dispensing rate -In 2022, the opioid dispensing rate (prescriptions dispensed per 100 persons) for SHD counties was lower than the state. Drug overdose deaths -From 2019-2021, the drug overdose deaths per 100k people in Adams County and Nebraska were lower than the U.S. rate. Prescription drug misuse -Less than 2% of SHD CHS survey respondents indicated that they have ever used any prescription medications such as morphine, codeine, fentanyl, etc., that weren't prescribed to them.
Smoking and tobacco use	Youth smoking and tobacco use -Past 30-day cigarette smoking and electronic vapor product use decreased among SHD high school students from 2018 to 2023 -Concerns about youth vaping emerged as a theme in the community focus group sessions.

	Adult tobacco use -The percentage of adults who were current e-cigarette/electronic vapor product users and those who were current cigarette smokers in SHD counties has increased since 2019.

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Safety, injury, and harms

Theme	Key Findings Identified through this Assessment^
Motor vehicle safety	Crashes -In 2020, SHD counties had a lower percentage of crashes that resulted in injury compared to the state. Clay County had a higher percentage of crashes that were fatal and a higher percentage of crashes with alcohol involvement compared to the state and other SHD counties. Impaired driving -The percentage of all high school students (at the state and SHD level) reporting impaired driving decreased from 2016-2023. Seat belt use -For SHD adults, in 2020, this was significantly lower compared to the state. -SHD counties also had lower rates of teen seat belt use compared to the state. Distracted driving Nearly half of SHD high school students reported engaging in distracted driving behaviors such as texting while driving in 2023.
Crime	Safety and violent crime -Only 2.5% of SHD CHS survey respondents said they felt somewhat or very unsafe in their community, and <10% reported that they or someone in their household have been a victim of violence or crime in their neighborhood in the past year. Crime rate (offenses per 1,000 people) -Higher for Adams County compared to the state in 2023.

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Weight, nutrition, and physical activity

Theme	Key Findings Identified through this Assessment^
Overweight and obesity	The percentage of SHD adults reporting that they were overweight or obese was relatively stable from 2018 to 2022. Obesity was noted as a significant health concern during the community focus groups, particularly in the Spanish-speaking and Adams County groups.
Physical activity	Physical activity among adults -From 2019-2020, the percentage of adults reporting no leisure-time physical activity in the past 30 days in SHD counties decreased. -Slightly more than half of SHD CHS survey respondents reported being physically active for at least 30 minutes per day a minimum of 3 days/week on average, and about half reported doing muscle strengthening activities either a few times a week or every day. Physical activity among youth -For high school students in the SHD, a slightly higher percentage compared to their peers at the state level report at least 60 minutes of physical activity for five days a week. Barriers to being physically active -About 1 in 5 SHD CHS survey respondents reported that there were either no places available for exercise and wellness activities within 30 minutes of their home or they were not sure/didn't know. -Community focus group participants mentioned the limited availability of fitness facilities and safe areas for outdoor exercise, such as walking paths, parks, and sidewalks that are in good condition.
Nutrition	Healthy eating among adults -The percentage of adults who reported consuming fruits and vegetables less than one time per day in SHD counties decreased significantly from 2019 to 2021. -Few (about 5%) SHD Community Health Survey (CHS) survey respondents reported eating no servings of fruits or vegetables per day on average. -Nearly half of the SHA CHS survey respondents reported eating fast food or processed food either daily or several times a week. Healthy eating among youth -For high school students in the SHD, a slightly higher percentage compared to their peers at the state level report eating breakfast on all 7 days a week

	Healthy food access/barriers -Rising food costs and limited access to fresh fruits and vegetables (particularly for rural areas) emerged as a theme in the community focus groups.

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Chronic disease conditions

Theme	Key Findings Identified through this Assessment^
Chronic health conditions	Chronic health conditions and trends among SHD adults -The percentage of SHD adults reporting asthma and cancer (in any form) decreased over time, while those reporting diagnosed diabetes and high blood pressure increased over time. -SHD adults reported higher percentages of arthritis, chronic obstructive pulmonary disease, coronary heart disease, and stroke compared to adults across the state. -Hypertension was cited as the most common chronic health condition experienced by SHD CHS survey respondents (experienced by 35% of survey respondents). -SHD CHS survey respondents cited *Long-lasting health conditions* (such as diabetes, heart issues, cancer, breathing problems) as the 2nd most important health issue. -Concerns about diabetes and obesity were expressed during the community focus group sessions. Self-reported health -Slightly over half of SHD CHS survey respondents said their current health was either excellent or very good.
Cancer	Cancer rates per 100k people, 2016-2020 -Compared to the state, rates of lung & bronchus and prostate cancer were lower for Adams County. -Compared to the state, rates of all site cancers, female breast cancer, melanoma, and oral cavity & pharynx were higher for Adams County. -Adams County also had higher rates of colorectal cancer compared to the U.S.

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Health of mothers and children

Theme	Key Findings Identified through this Assessment^
Teen pregnancy	From 2016-2022, Adams and Clay counties had a higher teen birth rate compared to state and national rates.
Infant and child health indicators, concerns	Low birth weight (<2,500 grams) -From 2016-2022, SHD counties had a lower percentage of children born with low birthweight compared to state and national percentages. Infant mortality (number of infant deaths within 1 year per 1,000 live births) -From 2015-2021, Adams County had a higher infant mortality rate compared to the state and national rates. Child mortality (number of deaths among residents under age 20 per 100k population) -From 2018-2021, Adams County had a higher child mortality rate compared to the state and national rates. Maternal and child health concerns -*Health of Mothers and Babies* (focusing on care before birth and preventing baby deaths) was the 3rd most important health issue (tied with health of elders/seniors) among SHD CHS survey respondents. -Food insecurity for children, the shortage of mental health providers for children, and the lack of affordable childcare emerged as theme in the focus group sessions.
Health insurance among children	In 2021, Adams and Webster counties had a lower percentage of children under age 19 without health insurance while Clay and Nuckolls counties had a higher percentage of children under age 19 without health insurance compared to state and national percentages. Focus group participants noted that the limited number of providers who accept Medicaid was a challenge related to children's healthcare.
Single parent households	From 2018-2022, Nuckolls and Webster counties had a lower percentage of children in single parent households while Adams and Clay counties had an equivalent or higher percentage of children in single parent households compared to the state and national percentages.

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Senior health

Theme	Key Findings Identified through this Assessment^
Chronic health conditions	From 2021-2022, a significantly higher percentage of SHD area adults in the 65+ age category reported being told they have one of the following chronic health conditions (compared to those in the 45-64 and 18-44 age categories): heart attack or coronary heart disease, cancer in any form, COPD, diabetes, and high blood pressure.
Healthcare access	In 2022, a significantly higher percentage of SHD area adults in the 65+ age category reported having had a routine checkup in the past year and/or having a doctor or personal healthcare provider (compared to those in the 45-64 and 18-44 age categories).
Mental health and substance use	In 2021 and 2022, when compared to younger age groups (45-64 and 18-44 year olds), a significantly lower percentage of SHD area adults in the 65+ age category reported having depression, experiencing mental distress, and use of certain substances.
Falls	Those in the 65+ age group experienced more Emergency Department (ED) visits for falls compared to other age groups. The number of falls for this age group have increased since 2019.
Elder-senior care and support	*Health in elders-seniors* (including memory loss diseases and care for older adults) was tied (with *Health of Mothers and Babies*) as the 3rd most important health issue (out of 13 health issues) among SHD CHS survey respondents. 16.5% (of 250 SHD CHS survey respondents) indicated that Elder Care Support is a family support resource they need. This was the 6th most selected resource from a list of 10 different options.

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Infectious and preventable disease

Theme	Key Findings Identified through this Assessment^
Vaccines	About one quarter of SHD CHS survey respondents reported not being up to date on any of the recommended vaccines or missing at least one recommended vaccine, and concerns about vaccine safety was cited as the most common reason for not staying up to date on vaccines (selected by 17% of 477 respondents).

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Environmental issues

Theme	Key Findings Identified through this Assessment^
Radon	Few SHD CHS survey respondents (around 6%) reported experiencing an environmental health issue such as radon gas exposure. From 2018-2023, all four SHD counties have an average radon concentration of 4.0 pCi/L or higher. Most SHD CHS respondents (around 70%) indicated that their home or apartment had not been tested for radon or they did not know about the testing status, and about one quarter of respondents did not make a change to rectify or mitigate radon gas if unsafe levels were detected.
Lead	From 2019-2023, the percent of children tested for lead decreased, and the percent with confirmed BLL >=3.5µg/dL generally increased from 2021 to 2023.
Nitrates and water quality	All SHD Counties had nitrate levels above 5ppm in 2022. More than 4 in 10 SHD CHS survey respondents indicated that they are concerned about water quality in their community.
Air quality	The vast majority of SHD CHS survey respondents (90%) rated the overall air quality in their community as either good or very good. SHDHD counties had a slightly higher level of fine particulate matter measured in the air (in micrograms per cubic meter) compared to the state from 2016-2019. Air quality and pollution concerns emerged as a theme related to environmental health in the community focus group sessions.

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Introduction

Project Overview

The **South Heartland District Health Department (SHDHD)** conducted the **Community Health Assessment (CHA)** to systematically to determine health status, behaviors, perceptions and needs of our residents to identify and address health priorities in **Adams, Clay, Nuckolls, and Webster counties**. The CHA process, following the **Mobilizing for Action through Planning and Partnerships (MAPP)** framework, engaged community stakeholders, public health experts, and local partners to evaluate community needs, resources, and opportunities for improvement.

Building on the foundation of the 2018 cycle, the current CHA ensures robust data collection, community-driven decision-making, and a focus on health equity. This assessment serves as the backbone for developing the **Community Health Improvement Plan (CHIP) 2025–2030**, aligning strategies to improve health outcomes, reduce disparities, and build healthier communities across the South Heartland District.

Project Goals

The overarching goals of the CHA were to:

1. **Engage Partners**: Foster collaboration among community organizations, healthcare providers, local governments, and residents.
2. **Identify Needs and Resources**: Assess community health status, strengths, barriers, and gaps in healthcare access.
3. **Promote Health Equity**: Ensure inclusion of marginalized and underserved populations to address disparities.
4. **Prioritize Health Issues**: Use quantitative and qualitative data to identify top health concerns and set actionable priorities.
5. **Develop Strategic Plans**: Provide data-driven insights to guide the creation of the **2025–2030 CHIP**, fostering measurable progress toward healthier communities.

Community Health Assessment – Process Overview

South Heartland's CHA Process

The CHA followed a systematic and inclusive process to ensure comprehensive community input and robust analysis:

1. **Key Partners**
   SHDHD collaborated with a **Core Team** of community leaders and organizations, including healthcare providers, local hospitals, nonprofits, and public health representatives. Partners from the **2018 cycle** continued to play a central role, contributing resources, expertise, and community engagement efforts.

Key partners included:

- Brodstone Memorial Hospital, Mary Lanning Healthcare, Webster County Community Hospital
- United Way of South-Central Nebraska
- Clay County of Health Department
- SHDHD staff and Board of Health members

2. **Timeline and Key Activities (2023–2024)**
   The CHA process was conducted through a series of organized steps:

- **2023**
  - **Internal Health Equity Survey (Fall 2023):** An internal health equity survey was conducted and the results were utilized to plan, adjust and guide the SHDHD's 2024 Community Health Assessment (CHA) methodology to ensure collection of equity-focused data collection, analysis and reporting.
  - ***Internal Planning Meetings (Fall 2023)*:** SHDHD staff developed goals, roles, and timelines for the CHA.
  - ***Core Team Formation*:** A leadership group was established to oversee stakeholder involvement and data collection processes.
- **2024**
  - ***Data Contracting*:** SHDHD partnered with Partners for Insightful Evaluation (PIE) to ensure robust analysis and reporting.
  - ***Community Health Equity Survey (February)*:** A district-wide survey utilizing members of the Community Impact Network (A United Way led collaborative serving Adams, Clay, Nuckolls and Webster counties) evaluated the capacity of community organizations and stakeholders to address health inequities across the four counties of Adams, Clay, Nuckolls, and Webster.
  - ***Secondary Data Gathering & Analysis (March–September)*:** State, local, and national health datasets were gathered and analyzed to identify trends, disparities, and benchmarks.
  - ***Community Health Survey (CHS) (May*-June):** Primary data collection through survey of community members of SHD on health perceptions, barriers, and needs, prioritizing diverse representation.
  - ***Focus Groups (July–August)*:** We contracted with United Way to conduct targeted focus groups of community members, particularly from

underserved populations, to validate findings of Community Health Survey and provide qualitative insights.

- ***Data Integration (August–September)*:** Primary and secondary data were synthesized to create a holistic assessment of health outcomes and determinants.
- ***Priority-Setting Meetings (September)*:** Community stakeholders participated in county-level meetings, centrally connected for a synchronous priority setting process, to review the CHA data, including the status of previous CHIP 2019-2024 priorities (Table 1) and to identify and prioritize key health issues.

SHD Community Health Improvement Planning Process Timeline Overview

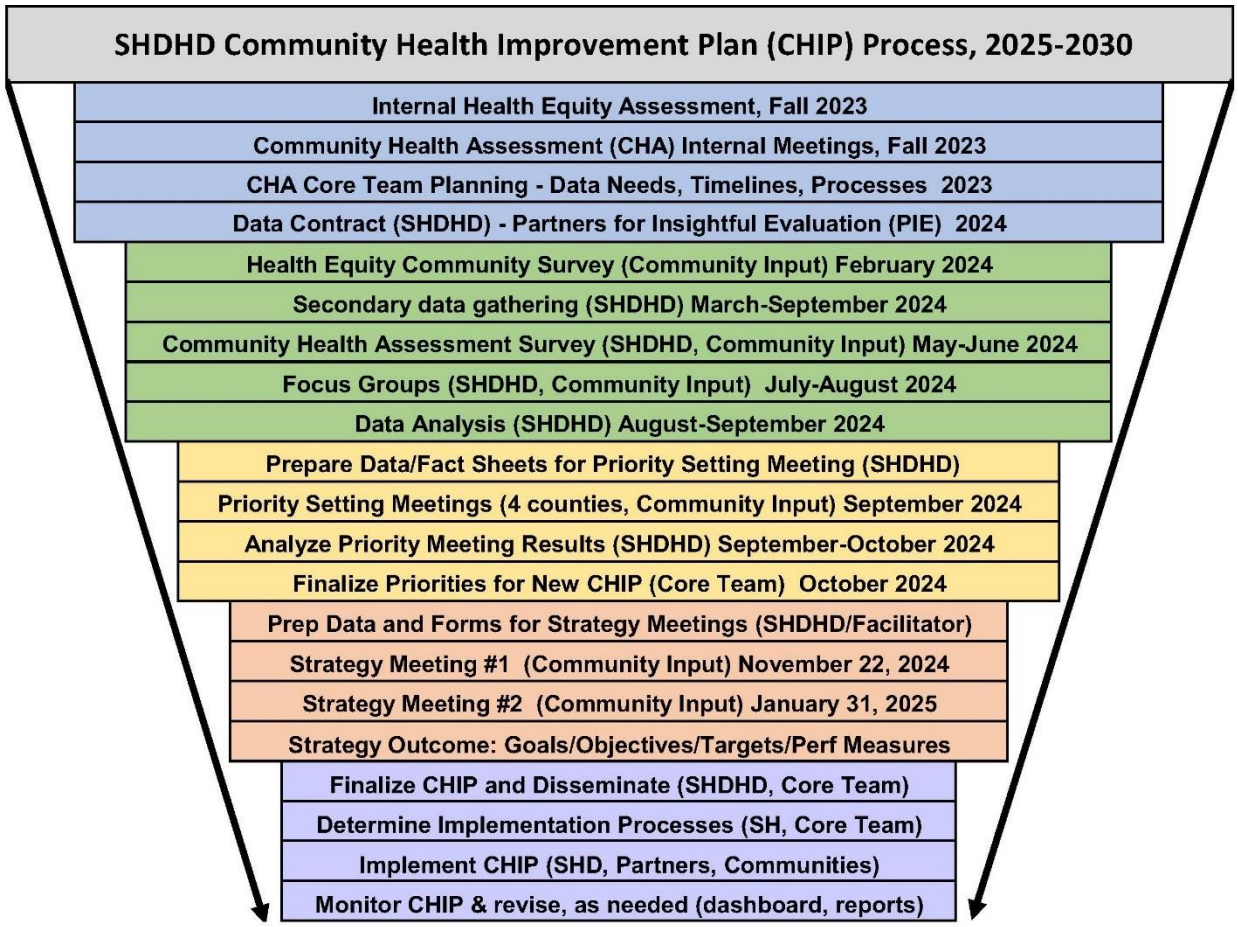


Table 1. Community Health Improvement Plan, 2019-2024 – Target Measures & Progress

Area	Indicator	Data Source	Baseline Data	Baseline Year	Most Recent Data*	Year of Most Recent Data	Is the change from baseline to most recent statistically significant?	Target	Target Year	Progress to target
Healthcare Access	Adults (18+) with a personal doctor or healthcare provider	BRFSS	83.5%	2016	82.5%	2022	N/A	84.0%	2024	Not met, trending in the wrong direction
Healthcare Access	Adults (18+) who report visiting the doctor for routine exam within the past year	BRFSS	67.0%	2016	72.6%	2022	No	71.0%	2024	Target met
Healthcare Access	Adults aged 18 – 64 years without healthcare coverage	BRFSS	13.9%	2016	14.0%	2022	No	13.0%	2024	Not met, trending in the wrong direction
Healthcare Access	Adults (18+) reporting cost as a barrier to visiting a doctor in the past year	BRFSS	11.4%	2016	12.3%	2022	No	10.7%	2024	Not met, trending in the wrong direction
Healthcare Access	Adults (18+) who report visiting a dentist for any reason in the past year	BRFSS	64.7%	2016	69.7%	2022	No	68.5%	2024	Target met
Mental Health	Percentage of high school students reporting feeling sad or hopeless almost every day for two weeks or more in a row causing abandonment of usual activities	YRBS	27.9%	2016	26.4%	2023	N/A	26.2%	2025	Not met, trending in the right direction
Mental Health	Percentage of high school students who reported a suicide attempt during the past year	YRBS	13.2%	2016	12.6%	2023	N/A	12.4%	2025	Not met, trending in the right direction
Mental Health	Adults (18+) who reported ever being diagnosed with depression	BRFSS	20.5%	2016	20.2%	2022	No	19.3%	2024	Not met, trending in the right direction
Mental Health	Adults (18+) reporting frequent mental distress (mental health not good for >=14 days) in the last 30 days	BRFSS	9.2%	2016	18.5%	2022	Yes	8.7%	2024	Not met, trending in the wrong direction
Substance misuse	Past 30 days alcohol use among high school students	YRBS	23.9%	2016	18.5%	2023	N/A	22.5%	2025	Target met
Substance misuse	Past 30 days marijuana use among high school students	YRBS	11.3%	2016	5.5%	2023	N/A	10.6%	2025	Target met
Substance misuse	Lifetime prescription drug misuse or abuse among high school students	YRBS	11.1%	2016	8.9%	2023	N/A	10.4%	2025	Target met
Substance misuse	Past 30 days cigarette use among high school students	YRBS	11.3%	2016	3.7%	2023	N/A	10.6%	2025	Target met
Substance misuse	Past 30 days e-cigarette/electronic vapor product use among high school students	YRBS	15.4%	2016	10.5%	2023	N/A	14.5%	2025	Target met
Substance misuse	Past 30 day binge drinking among adults (18+)	BRFSS	14.8%	2016	15.7%	2022	No	13.9%	2024	Not met, trending in the wrong direction

Substance misuse	Percentage of current smokers (adults 18+) who reportedly attempted to quit smoking in the past year.	BRFSS	59.8%	2016	41.5%	2021	No	56.3%	2024	Target met
Substance misuse	Past 30-day smoking among adults (18+)	BRFSS	18.0%	2016	19.2%	2022	No	16.9%	2024	Not met, trending in the wrong direction
Substance misuse	Opioid prescription medication abuse, (adults reporting ever used outside of prescription guidelines).	BRFSS	3.8%	2018	1.3%	2020	NA	TBD	TBD	N/A
Obesity	Overweight/obesity among high school students (BMI 85th percentile or higher based on 2000 CDC growth chart)	YRBS	32.5%	2016	31.2%**	2023	N/A	30.6%	2025	**Overweight/obesity data (calculated from BMI based on reported height/weight) N/A for SHDHD in 2021 and 2023. Only have data on the % of students who describe their weight as slightly or very overweight.
Obesity	Overweight or obesity among adults (18+) (BMI > 25.0)	BRFSS	70.0%	2016	71.70%	2022	No	65.8%	2024	Not met, trending in the wrong direction
Obesity	Adults (18+) who report having diabetes	BRFSS	10.6%	2016	11.8%	2022	No	9.0%	2024	Not met, trending in the wrong direction
Obesity	Adults (18+) who report having high blood pressure (hypertension)	BRFSS	34.5%	2017	34.8%	2021	No	32.5%	2025	Not met, trending in the wrong direction
Obesity	Adults (18+) who report having heart disease	BRFSS	5.8%	2016	6.0%	2022	No	5.4%	2024	Not met, trending in the wrong direction
Cancer	Reduce incidence rates due to Female Breast Cancer	NE Cancer Registry	131.6	2011-2015	142.2	2016-2020	N/A	123.7	2021-2025	N/A - see note below
Cancer	Reduce mortality rates due to Female Breast Cancer	NE Cancer Registry	22.8	2011-2015	25.3	2016-2020	N/A	21.4	2021-2025	N/A - see note below
Cancer	Reduce the incidence due to Colorectal Cancer	NE Cancer Registry	42.6	2011-2015	36.6	2016-2020	N/A	40.0	2021-2025	N/A - see note below
Cancer	Reduce the mortality rates due to Colorectal Cancer	NE Cancer Registry	16.3	2011-2015	N/A	2016-2020	N/A	15.3	2021-2025	N/A - see note below
Cancer	Reduce incidence rates due to Prostate Cancer	NE Cancer Registry	117.1	2011-2015	105.3	2016-2020	N/A	110.1	2021-2025	N/A - see note below
Cancer	Reduce mortality rates due to Prostate Cancer	NE Cancer Registry	18.8	2011-2015	21.6	2016-2020	N/A	16.9	2021-2025	N/A - see note below

Cancer	Reduce incidence rates due to Skin Cancer	NE Cancer Registry	29.0	2011-2015	34.3	2016-2020	N/A	27.3	2021-2025	N/A - see note below
Cancer	Reduce mortality rates due to Skin Cancer	NE Cancer Registry	5.6	2011-2015	N/A	2016-2020	N/A	5.3	2021-2025	N/A - see note below
Cancer	Reduce incidence rates due to Lung Cancer	NE Cancer Registry	63.3	2011-2015	47.8	2016-2020	N/A	59.5	2021-2025	N/A - see note below
Cancer	Reduce mortality rates due to Lung Cancer	NE Cancer Registry	43.9	2011-2015	38.0	2016-2020	N/A	41.3	2021-2025	N/A - see note below

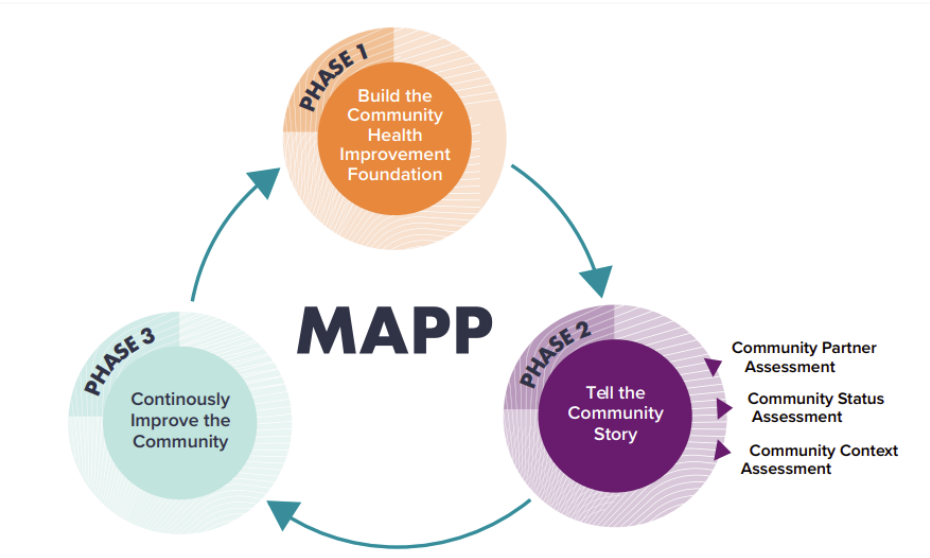
Note that 2023 YRBS data are unweighted to allow for more direct comparison to baseline; 2016-2020 NE Cancer Registry data unavailable, so used NCI Cancer Profile data instead, which is average of county level, not including suppressed data (rather than LHD overall data), so baseline and updated data not directly comparable.

Methods

Overarching Framework

The **Mobilizing for Action through Planning and Partnerships (MAPP) 2.0** framework guided the methodology for the South Heartland District Health Department's 2025–2030 CHA and CHIP process (Figure 1). Developed by the **National Association of County and City Health Officials (NACCHO)**, MAPP 2.0 is a community-driven, equity-focused strategic framework that facilitates comprehensive health assessments and health improvement planning.

Figure 1. MAPP 2.0 Framework



The MAPP 2.0 process was structured into three key phases:

1. **Phase 1: Build the Community Health Improvement Foundation**
    - Engage stakeholders and community organizations to identify key partners and resources.
    - Establish shared goals for promoting health equity and community well-being.
    - Develop a collective vision and understanding of the CHA process.

2. **Phase 2: Tell the Community Story**
    - Combined quantitative and qualitative data through:
        - ***Community Partners Health Equity Assessment (CPHEA)*:** The Community Partners Health Equity Assessment (CPHEA) was a critical component of the South Heartland District Health Department's (SHDHD) Community Health Assessment (CHA). It evaluated the capacity of community organizations and stakeholders to address health inequities across the four counties of **Adams, Clay, Nuckolls, and Webster**. The assessment results provided valuable insights into strengths, challenges, and opportunities for collaborative progress in advancing health equity.
        - ***Community Health Status / Community Health Survey (CHS)*:** Capturing community perceptions and needs.
        - ***Community Context Assessment / Focus Groups*:** Conducting qualitative assessments to understand community-specific health challenges and opportunities.
3. **Phase 3: Continuously Improve the Community**
    - After Phase 1 & 2 (summarized in this CHA report), the community uses this report to set the priorities and create a new Community Health Improvement Plan to be implemented the following 6 years.

This iterative process ensures that community input remains central to strategy development while focusing on continuous improvement and measurable outcomes for health priorities in the South Heartland District.

Data Collection

South Heartland District Health Department (SHDHD) collected data from community members across their four-county service area via an online community health survey, Community Health Equity Survey and five community focus groups (one focus group in each of the four counties for English-speaking participants plus one for Spanish-speaking participants). SHDHD also worked with Partners for Insightful Evaluation (PIE) to compile relevant national, state, and local data from secondary sources to inform this Community Health Assessment (CHA).

A mixed methods approach was utilized in this CHA, which provided both quantitative and qualitative data.

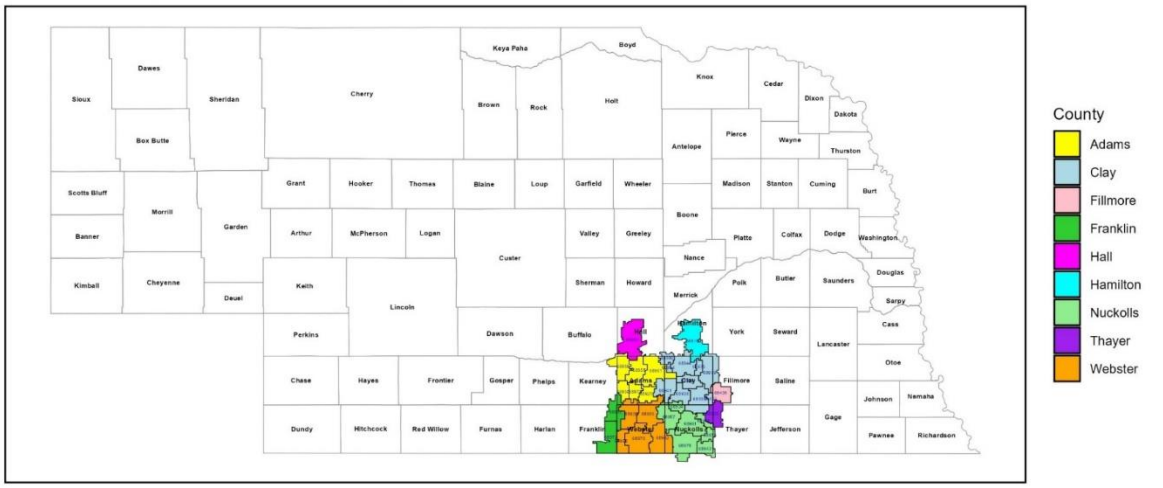
2024 Community Health Needs Assessment Survey

Community Defined for These Assessments

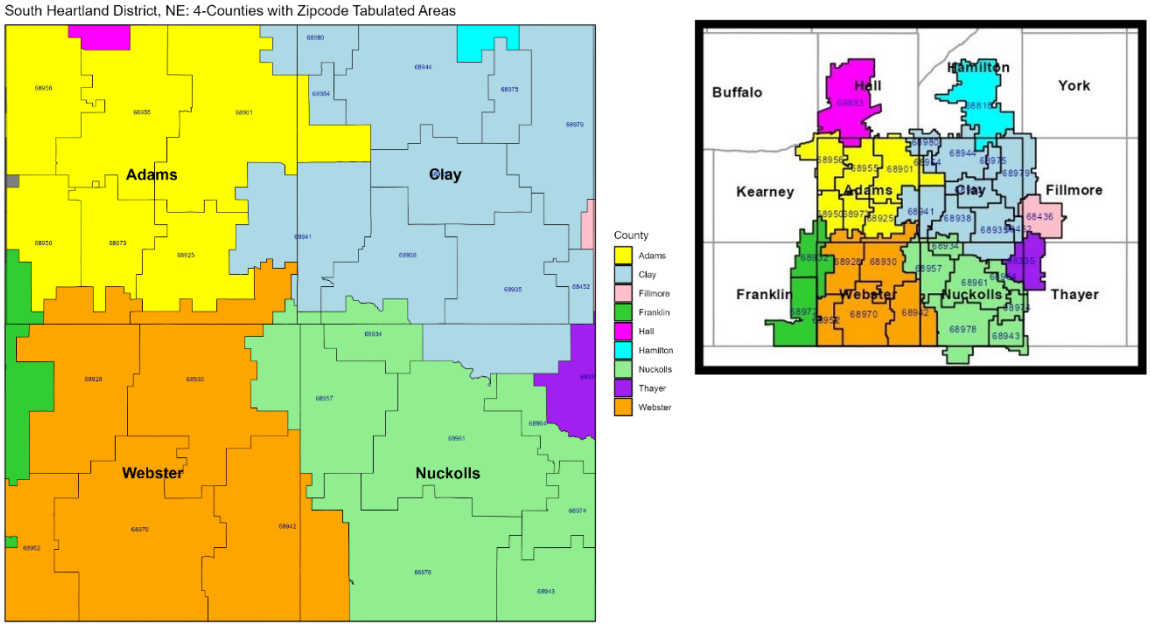
The survey targeted all adult residents (18 and older) in **Adams, Clay, Nuckolls, and Webster counties**. These counties represent the South Heartland District, with a combined population of **44,733 based 2022 US Census data**. See Figure 2 for district maps.

Figure 2: South Heartland District Maps

South Heartland District: Counties with Zipcode Tabulated Areas



South Heartland District, NE: 4-Counties with Zipcode Tabulated Areas



Sample Size Estimation for the Community Health Survey

Sample Size Estimation and Representativeness

To ensure representativeness of the South Heartland District (SHD) population, the survey design utilized a stratified convenience sampling approach. The sample was informed by U.S. Census data 2022, emphasizing age, gender, and race/ethnicity demographics, as well as targeted outreach to underserved populations. The SHD population of 44,733 spans four counties:

- Adams County: 31,143
- Clay County: 6,088
- Nuckolls County: 4,092
- Webster County: 3,410

A rigorous process determined the required sample size based on statistical parameters such as confidence level and margin of error (Attachment A). To mitigate potential nonresponse bias, oversampling was employed to target 500–600 responses, ensuring robustness and better subgroup representation.

Demographics of the Sample

The final sample included 557 respondents (weighted total: 566.4) after data quality control procedures were applied which included deleting duplicates, incomplete or majorly missing responses etc., making sure to have good quality data providing valuable insights into SHD residents' health needs. Key demographic findings include:

1. **Age Distribution**
    - Respondents aged 35–54 years accounted for the largest proportions, with 21.2% in the 35–44 group and 24.3% in the 45–54 group.
    - Age groups underrepresented in the survey included youth and young adults, with only 0.1% under 18 years and 1.7% in the 18–24 years category. This skew was adjusted in weighting where applicable.
2. **Gender Identity**
    - 49.2% of respondents identified as male, and 48.5% identified as female.
    - Additional responses included 0.5% identifying as non-binary/third gender, 1.4% preferring not to disclose, and 0.4% self-describing.
    - After gender-based weighting, the survey results matched the SHD census gender distribution (49.2% male, 48.5% female).
3. **Race/Ethnicity**
    - The survey sample was predominantly White (77.5%), closely aligning with the SHD census proportion (88.9%).
    - Hispanic/Latino respondents (17.1%) were slightly overrepresented compared to the census (9.9%), reflecting targeted outreach.
    - Other racial groups included Asian (2.5%), Black or African American (0.5%), American Indian or Alaska Native (0.6%), and Native Hawaiian or Other Pacific Islander (0.2%).
    - 2.6% of respondents preferred not to disclose their race, and 1.4% selected "Other."

Oversampling for Robustness

Oversampling aimed to improve the representation of underserved populations, ensuring robust subgroup data. Weighting adjustments addressed overrepresentation of certain demographics, such as middle-aged groups and Hispanic/Latino populations, while maintaining alignment with the SHD census. For example:

- Gender-based weighting adjusted overrepresentation of women (74.6% unweighted) to match the census proportions.
- Age-based and race/ethnicity weighting were not applied due to survey tool limitations, introducing some bias.

To account for potential nonresponse and ensure data robustness, SHDHD aimed to exceed the minimum required sample size. The target was set at approximately 500-600 responses, which allowed for:

- Better representation of subgroups (e.g., by age, gender, race/ethnicity).
- Mitigation of bias caused by nonresponse.
- Enhanced statistical power for analyzing smaller counties or population groups.

The final sample size for the Community Health Survey was designed to be representative of the 44,733 residents across the four counties of SHD. Using statistical methods and proportional allocation, the survey aimed to collect sufficient data to inform health priorities while maintaining validity and reliability.

Weighting

In our South Heartland District (SHD) Community Health Survey, **weighting** is a tool we use to make sure our survey results better represent the people living in our district. Sometimes, certain groups of people (like men or women) respond to surveys more than others. If one group answers much more than another, the results might not show the true picture of our whole community.

To fix this, we **adjusted the numbers** using a method called **gender-based weighting**. This means we gave a little more importance to responses from men (who answered less) and reduced the weight of responses from women (who answered more). This helps balance the results so they reflect the actual gender makeup of our district.

For example:

- Before weighting: 74.6% of survey responses were from women, while only 23.1% were from men.
- After weighting: Responses were adjusted to **49.2% men** and **48.5% women**, which matches the gender breakdown in the SHD Census.

Weighting helps us get a more **accurate and fair representation** of what everyone in our community thinks, needs, and experiences, making the results more reliable for health planning.

Information Gaps (Limitations)

Survey Sampling Bias:

- The survey employed gender-based weighting as **Qualtrics** only allows this adjustment. However, the lack of weighting for other demographic variables (e.g., **age**, **race/ethnicity**) may introduce representational bias. For instance:
    - Age groups 35–54 years were overrepresented in the unweighted sample.
    - Hispanic/Latino populations were slightly overrepresented compared to census figures due to oversampling.
    - Smaller counties like **Webster** and **Nuckolls** had lower survey participation rates.

Hard-to-Reach Populations:

- Certain groups, such as **non-English speakers**, **undocumented residents**, and **homeless populations**, may have been underrepresented. These populations are traditionally more difficult to survey due to accessibility barriers and low response rates.
- **Public Comments** from past assessments indicated a need for more inclusive outreach to these underserved populations, which remains a challenge.

Self-Reported Data:

- Data from surveys rely on self-reports, which are subject to recall bias, social desirability bias, and misreporting. This limitation affects the accuracy of responses related to health behaviors, needs, and access.

Public Comments and Data Transparency

- **Public transparency** regarding methodology (e.g., weighting limitations) and identified information gaps will be maintained to inform future CHAs.

By acknowledging these limitations, SHDHD can refine its future data collection methods and incorporate additional weighting strategies to improve representativeness across all key demographic groups.

Survey Instrument- Community Health Survey (CHS)

The South Heartland District Health Department (SHDHD) designed and implemented a comprehensive **Community Health Needs Assessment (CHA) Survey** to collect robust quantitative data from residents in **Adams, Clay, Nuckolls, and Webster counties**. This survey aimed to identify health priorities, barriers to care, and emerging community needs to guide the development of the **Community Health Improvement Plan (CHIP) 2024–2030**.

Survey Development
The survey was developed following evidence-based frameworks, drawing inspiration from the **CDC Behavioral Risk Factor Surveillance System (BRFSS)** and community health best practices. It was customized to address the unique demographics, health concerns, and social determinants of health within the South Heartland District.

The **final survey instrument,** which can be found in Attachment B (English-version only, Spanish version is available upon request), was designed collaboratively by SHDHD staff, community stakeholders, and public health partners to ensure that the questions were:

- **Inclusive**: Capturing diverse voices and underserved populations.
- **Comprehensive**: Covering a broad range of health and social determinants.
- **Actionable**: Providing insights to inform actionable health improvement strategies.

Key Topics and Sections
The survey was organized into clear sections that addressed various dimensions of health and well-being, including:

1. **Community Needs and Resources**
    - Rating the importance of specific health issues, such as:
        - Environmental health (air and water quality, climate effects).
        - Chronic diseases (e.g., diabetes, heart issues, cancer).
        - Mental well-being and substance use.
        - Elder care, maternal and child health, and lifestyle factors.
2. **Healthcare Access and Needs**
    - Questions focused on:
        - Insurance coverage and healthcare provider access.
        - Frequency and location of healthcare visits.
        - Barriers to seeking care (e.g., cost, transportation, wait times).
3. **Mental and Behavioral Health**
    - Utilization of mental health services.
    - Barriers to accessing professional help.
4. **Dental and Vision Care**
    - Frequency of dental and eye care visits.
    - Challenges in accessing these services.

5. **Social Determinants of Health (SDOH)**
    - Financial stability, housing, food security, transportation, and education.
    - Environmental health concerns (water quality, radon testing).
6. **COVID-19 Impact**
    - Perceptions of health changes since 2020.
    - Pandemic-related barriers and opportunities.
7. **General Health Status and Behaviors**
    - Physical activity, diet, preventive care, and general well-being etc.
8. **Demographics**
    - Questions on age, gender, race/ethnicity, income, education, employment, and residency.

Survey Format and Distribution
The survey was distributed in multiple formats to maximize participation and accessibility:

- **Online Surveys**: Delivered via Qualtrics Survey Software.
- **Paper Surveys**: Mailed or provided during in-person outreach events.
- **Languages**: English and Spanish versions were made available to ensure inclusivity.

The survey was estimated to take **15-20 minutes** to complete, and residents had the flexibility to exit and re-enter the online survey to finish later.

Sample Characteristics

A total of **597 unweighted respondents completed** the survey, with the responses adjusted to a **weighted total of 562.6** to reflect district demographics accurately. Key characteristics of the sample include:

1. **County Representation**:
    - Adams County: **78.4% vs** Census: 69.6%
    - Clay County: **8.7% vs** Census: 13.6%
    - Nuckolls County: **7.8% vs** Census: 9.2%
    - Webster County: **3.2% vs** Census: 7.6%
2. **Age Distribution (Compared to Census Data):**
    - Survey respondents skewed slightly older, with **24.3%** aged 45–54 years and **22.1%** aged 65+ years.

- Census data for the SHD population showed:
  - **10.7%** in the 45–54 age range.
  - **19.6%** in the 65+ age range.
- Younger age groups (18–24 years) were underrepresented in the survey (1.7% vs. **13%** in the census).

3. **Gender Identity**:
   - Male: **49.2%** (Census: **49.8%**)
   - Female: **48.5%** (Census: **50.2%**)
   - Non-binary/Third Gender and Prefer Not to Say: **1.9%**
4. **Race/Ethnicity (Compared to Census Data):**
   - **White**: Survey: **77.1%** | Census: **88.8%**
   - **Hispanic or Latino**: Survey: **17.1%** | Census: **9.9% (Oversampled)**
   - **Black or African American**: Survey: **0.5%** | Census: **0.5%**
   - **Asian**: Survey: **2.5%** | Census: **0.8% (Oversampled)**
   - **American Indian or Alaska Native**: Survey: **0.6%** | Census: **0.3%**
   - **Other Race**: Survey: **1.4%** | Census: **3.8%**

A full summary of the Community Health Survey results can be found in Attachment C; however, much of the survey results are discussed in the results section below in the context of the other data collection methods.

Participant Recruitment
To enhance participation and minimize non-response bias:

- Surveys were promoted through **one-on-one distributions, public events, local media, workplaces, partner promotions and social media platforms**.
- No incentives were offered to encourage participation. Thus, no participation bias assumption.
- Community partners, including healthcare organizations and local nonprofits, assisted in survey dissemination.

Data Validation and Quality Assurance

- Surveys were reviewed for completeness and logical consistency.
- Duplicate responses were identified and removed. Data cleaning procedures were conducted to prepare the dataset for analysis using Qualtrics in-built statistical tools and Microsoft Excel software functions.

Focus Groups

Design and Planning

Focus groups were conducted to gather **qualitative insights** that complemented the quantitative survey data. The sessions were designed to engage community members, particularly those from underserved or marginalized populations, to explore their lived experiences, identify barriers to health, and validate survey findings.

- **Consideration for Diversity within Focus Groups:**
    - Age groups (18 all the way to 90+)
    - Municipal Residents and Farm/Ag/Rural Residents
    - Various Occupations
    - Range of Economic status
- **Facilitation Guide**: The sessions were guided by a structured facilitation guide developed by SHDHD, which can be found in Attachment D. The guide focuses on:
    - Health needs and concerns
    - Social determinants of health
    - Barriers to accessing care
    - Ideas for improving community health outcomes

Sample Characteristics

The focus group participants reflect the demographic diversity within the South Heartland District:

- **Counties**: Participants represented Adams, Clay, Nuckolls, and Webster counties.
- **Age Groups**: Representation included ages 25–85+, with notable participation from older adults (75+ years).
- **Gender**: A mix of male and female participants contributed, with slightly higher female representation.
- **Race/Ethnicity**: Participants in each county focus groups were predominantly White. An additional focus group was held for Hispanic/ Latina populations in our district.
- **Education and Occupation**: Education levels ranged from high school diplomas to advanced degrees, with occupations including healthcare professionals, educators, retired individuals, and service workers.

The qualitative data obtained from focus groups provided critical context to inform the priority-setting process and guide the development of the Community Health Improvement Plan (CHIP). A full summary of the focus group results can be found in Attachment E; however, focus group results are also discussed in the context of other data sources in the results section below.

Secondary data

Table 2 outlines the most frequently utilized data sources for the secondary data compilation. Additionally, local data sources like hospital data, state data reports, and epidemiological data from SHDHD were utilized in this report. Secondary data were also examined for statistically significant differences in demographic categories (gender, age, income, education, and race/ethnicity) for the top three themes and subthemes identified in the Community Health Prioritization process done as part of the 2024 SHDHD CHA/CHIP. These data were included in a separate document, found in Attachment F.

Table 2. Secondary data sources

Data Source	Description
Behavioral Risk Factor Surveillance System (BRFSS)	A comprehensive, annual health survey of adults ages 18 and over on risk factors such as alcohol use, tobacco use, obesity, physical activity, health screening, economic stresses, access to healthcare, mental health, physical health, cancer, diabetes, and many other areas impacting public health. The data are weighted by other demographic variables according to an algorithm defined by the CDC.
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 healthcare professionals, violent crimes, and many other indicators. County Health Rankings provides health outcomes and health factors rankings for 80 counties in Nebraska.
National Cancer Institute State Cancer Profiles	State Cancer Profiles is an interactive map engine produced in collaboration between the National Cancer Institute and Centers for Disease Control and Prevention. It was developed with the goal to provide a geographic profile of cancer burden in the United States and reveal geographic disparities in cancer incidence, mortality, risk factors for cancer, and cancer screening, across different population subgroups. The Profiles Web site brings together data that are collected from public health surveillance systems by using either their published reports or public use files. The data may appear dated, but it is the most recent that has completed the national data synthesis and quality assurance processes.
Nebraska Crime Commission	Law enforcement agencies report arrest and offense data either in the Uniform Crime Reporting (UCR) format or the Nebraska Incident-Based Reporting System (NIBRS) format, and these data can be accessed through the Nebraska Crime Commission.
Nebraska Department of Health and Human Services (DHHS)	A wide array of data around births, mortality, vaccinations, environmental data, and other areas.

Nebraska Department of Transportation Highway Safety Office	The Nebraska Department of Transportation Highway Safety Office (HSO) is responsible for developing and implementing effective strategies to reduce the state's traffic-related injury and fatality rates. This office provides data on crashes, seat belt use, and driver statistics.
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 and 5-year estimates are available through the American Community Survey.
Youth Risk Behavior Survey	The Youth Risk Behavior Survey (YRBS) has been administered to high school students in grades 9-12 in the South Heartland District, Nebraska during the fall semester of 2018, 2021, and 2023.
Nebraska Department of Energy and Environment (NDEE)	The NDEE and EPA provide data on water quality, including public water system violations and contaminant levels in domestic irrigation wells. These sources enable monitoring of environmental health risks and support analysis of potential impacts on community health in the South Heartland District.
Nebraska State Immunization Information System (NESIIS)	NESIIS is a secure statewide database tracking immunization records. It provides data on vaccination rates, enabling analysis of coverage and disparities across the South Heartland District.
Nebraska Electronic Disease Surveillance System (NEDSS)	NEDSS is Nebraska's primary system for infectious disease surveillance, integrating electronic lab reports for reportable diseases. It provides timely and accurate data to support disease monitoring, outbreak investigations, and public health interventions, informing the South Heartland District's assessment of infectious disease trends.

Assessment for Advancing Community Transformation (AACT) Report

The **Assessment for Advancing Community Transformation** was a critical component of the South Heartland District Health Department's (SHDHD) Community Health Assessment (CHA). It evaluated the capacity of community organizations and stakeholders to address health inequities across the four counties of **Adams, Clay, Nuckolls, and Webster**. The assessment results provided valuable insights into strengths, challenges, and opportunities for collaborative progress in advancing health equity.

Overview of AACT

The assessment, conducted with support from the Nebraska DHHS Office of Health Disparities, aimed to:

1. **Gauge Community Collaboration**: Evaluate how well community organizations work together to promote health equity.
2. **Identify Equity Gaps**: Highlight areas where the systemic barriers limit opportunities for health improvement.
3. **Establish Baselines for Progress**: Measure where the community currently stands in advancing equity and identify opportunities for growth.

Key Themes Assessed

The AACT focused on six key themes essential for health equity improvement:

1. **Collaboration**: Partnering across sectors and fostering trust among organizations.
2. **Communication**: Internal and external communication strategies to align goals and engage stakeholders.
3. **Advance Equity**: Addressing systemic inequities and empowering those most affected by poor outcomes.
4. **Plan for Action**: Identifying assets, needs, and strategies for collective impact.
5. **Measure to Improve**: Using data to evaluate progress and inform continuous improvement.
6. **Sustainability**: Ensuring long-term impact through resource diversification and policy focus.

The AACT represents an essential starting point for aligning community resources, fostering equity-driven partnerships, and driving meaningful health improvements across the South Heartland District.

The AACT report can be found in Attachment G.

Results

Population demographics

Prevalence and Trends

The four-county South Heartland District (SHD) has a total population of 44,733, based on the 5-year 2018-2022 ACS estimate (Table 3). While the state of Nebraska experienced an overall population gain of 7.4% from 2010 to 2020, the SHD experienced an overall population loss of 3.1%, with Adams County experiencing less population loss compared to Clay, Nuckolls, and Webster Counties.

Table 3. District population and trends

	2018-2022 estimate[2]	2020 Census[1]	2010 Census[1]	% change (2010-2020)
Adams	31,143	31,205	31,364	-0.5%
Clay	6,088	6,104	6,542	-6.7%
Nuckolls	4,092	4,095	4,500	-9.0%
Webster	3,410	3,395	3,812	-10.9%
SHD Total	44,733	44,799	46,218	-3.1%
Nebraska	1,958,939	1,961,504	1,826,341	7.4%

Source

1. *Census QuickFacts*
2. *U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates: Table DP05*

The SHD has a population that is mostly White, non-Hispanic/Latino, with a relatively small, but notable Hispanic/Latino population (Table 4). Compared to the rest of Nebraska, the four counties within the SHD each have a higher percentage of the population that is 65 years and over (Table 5). Except for Clay County, SHD counties have a lower median household income compared to Nebraska, and except for Webster County, SHD counties have a higher percentage of population under age 65 with a disability (Table 6).

Table 4. Race/ethnicity, 2018-2022

	White (non-Hispanic/Latino)	Hispanic or Latino (any race)	All other races/ethnicities
Adams	83.8%	11.7%	4.6%
Clay	88.1%	9.4%	2.6%
Nuckolls	92.9%	1.5%	5.7%
Webster	89.9%	5.3%	4.8%
SHDHD Total	85.7%	9.9%	4.4%
Nebraska	77.1%	11.8%	11.1%

Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates: Table DP05

Table 5. Age groups, 2018-2022

	Percentage of population under 5 years	Percentage of population under 18 years	Percentage of population 65 years and over	Median age
Adams	6.4%	24.3%	18.1%	38.0
Clay	6.5%	24.9%	20.3%	39.5
Nuckolls	4.6%	19.7%	27.5%	49.4
Webster	5.4%	22.8%	22.6%	44.6
SHDHD Total	6.1%	23.9%	19.6%	N/A
Nebraska	6.5%	24.5%	16.2%	36.9

Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates: Table DP05

Table 6. Additional population characteristics (income, disability status), 2018-2022

	Median household income	Percentage of population under age 65 with a disability
Adams	$61,502	9.9%
Clay	$73,933	9.9%
Nuckolls	$66,000	9.2%
Webster	$62,571	7.6%
SHDHD Total	N/A	N/A
Nebraska	$71,722	8.1%

Source: Census QuickFacts

Access & Quality of Healthcare (including dental, vision)

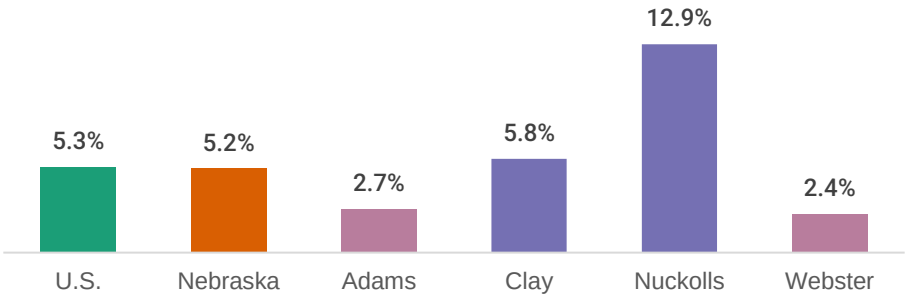
Prevalence and Trends

From 2018-2022, Clay and Nuckolls counties had an equivalent or higher percentage of children (under 19) and adults aged 19-64 without health insurance compared to state and national percentages; however, the differences may not be statistically significant. The percentage of South Heartland adults reporting that they visited a doctor in the past year for a routine checkup as well as the percentage reporting that they have a personal doctor or healthcare provider was similar to the state percentage from 2018-2022 (with the exception of 2020, when the percentage of South Heartland adults reporting having a personal doctor or healthcare provider was significantly higher than the percentage at the state level). The percentage of South Heartland adults who reported visiting a dentist for any reason in the past year increased between 2018 and 2022, but the trend was not statistically significant. The percentage of South Heartland adults reporting that cost was a barrier to visiting a doctor in the past year decreased from 2019 to 2021 and increased in 2022, but the trend was not statistically significant. Adams county had a higher percentage of people with Medicaid compared to the state, but a lower percentage compared to the national rate; however, it is not known if the differences are statistically significant. In 2021, Clay, Nuckolls, and Webster Counties were all designated as primary care provider shortage areas, and in 2021, Clay and Webster counties had a higher ratio of people per one primary care physician compared to the state and national ratios. All four South Heartland District Counties, along

with 84 other Nebraska counties, are designated as a Mental Health Professional Shortage Area, as of July 2024.

Percent of children under age 19 without health insurance

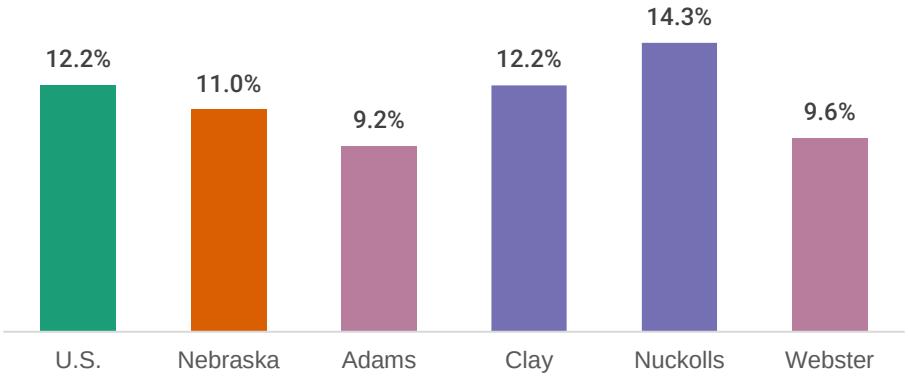
Figure 3: Clay and Nuckolls counties had a higher percentage of **children under age 19 without health insurance** compared to state and national rates, while Adams and Webster were lower.^



Source: ACS 5-year estimate, Table S2701
^Differences may not be statistically significant

Percent of adults 19-64 without health insurance

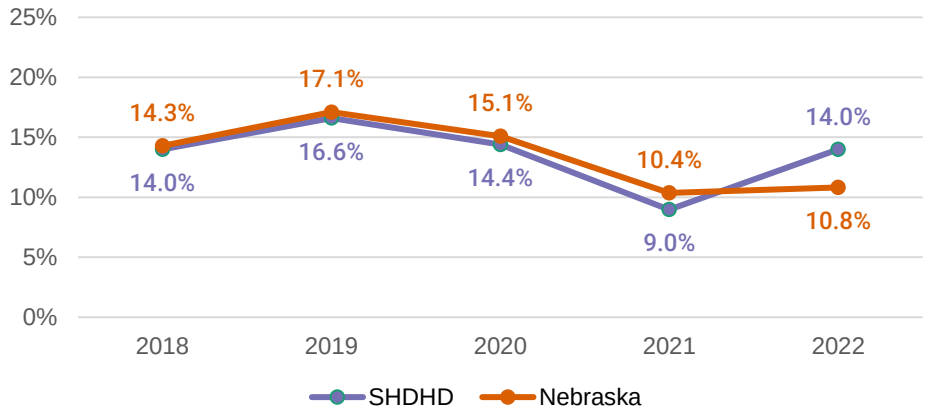
Figure 4: Clay and Nuckolls counties had an equivalent or higher percentage of **adults 19-64 without health insurance** compared to state and national rates, while Adams and Webster were lower.^



Source: ACS 5-year estimate, Table S2701
^Differences may not be statistically significant

Percent of adults 18-64 years of age reporting a lack of health insurance

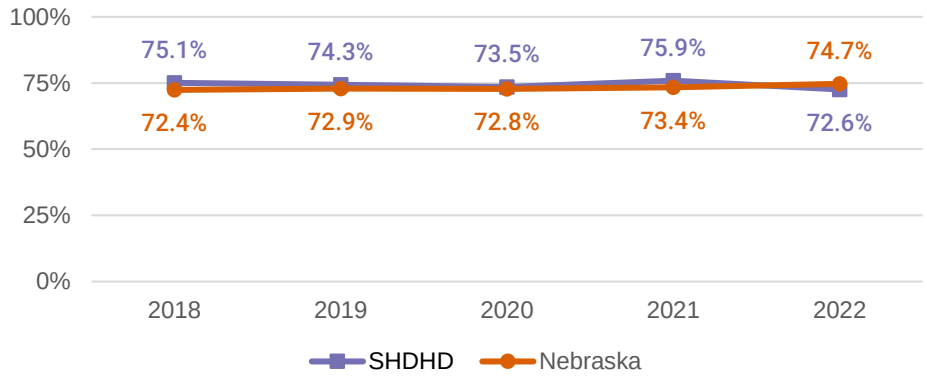
Figure 5: Between 2021 and 2022, the percentage of **adults 18-64 that lack health insurance** in SHDHD counties increased.^



Source: Nebraska Behavioral Risk Factor Surveillance Survey
^Differences between state and local data as well as local level increases or decreases over time were not statistically significant.

Percent of adults 18+ reporting that they visited a doctor for routine checkup within the past year

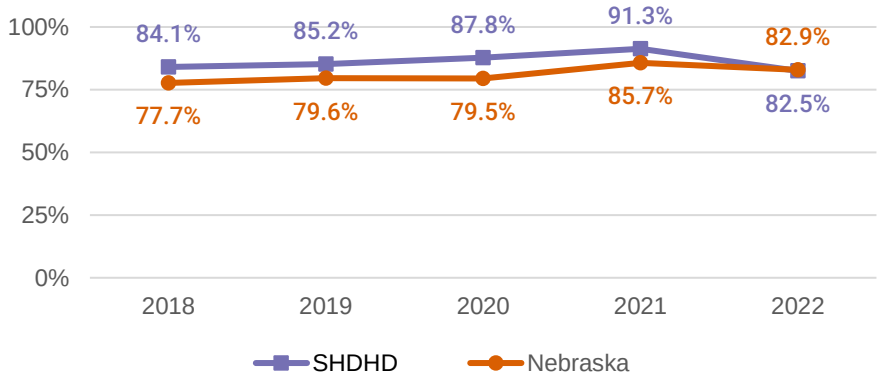
Figure 6: The percentage of adults reporting that they **visited a doctor in the past year for a routine check-up** in SHDHD counties was similar to the state, with little change over time.^



Source: Nebraska Behavioral Risk Factor Surveillance Survey
^Differences between state and local data as well as local level increases or decreases over time were not statistically significant.

Percent of adults reporting they have a personal doctor or healthcare provider

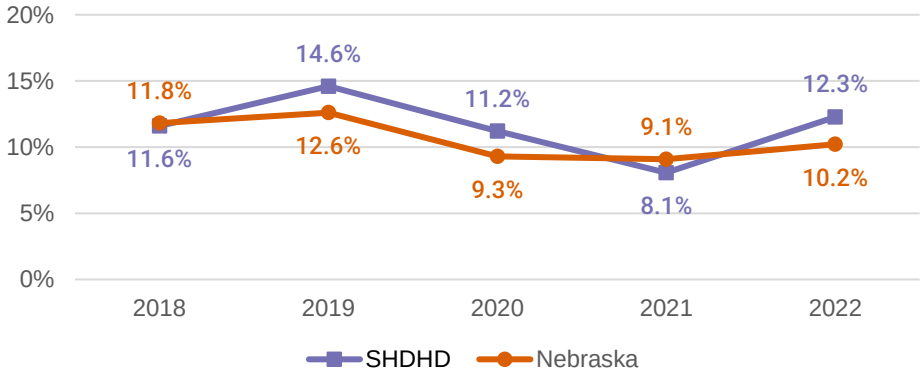
Figure 7: The percentage of adults reporting that they **have a personal doctor or healthcare provider** in SHDHD counties increased between 2018 to 2021 then decreased in 2022, but the trend was not statistically significant.^



Source: Nebraska Behavioral Risk Factor Surveillance Survey
^ The difference between state and local data was statistically significant only for 2020.

Percent of adults (18+) reporting cost was a barrier to visiting a doctor in the past year

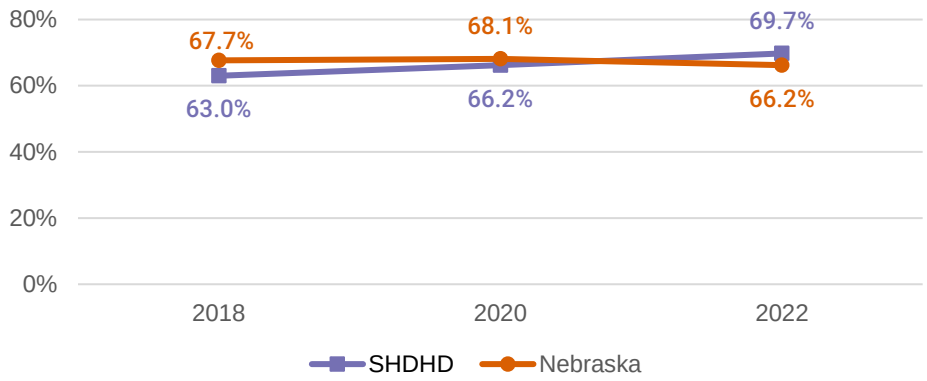
Figure 8: The percentage of adults reporting that **cost was a barrier to visiting a doctor in the past year** in SHDHD counties decreased from 2019 to 2021 and increased in 2022, but the trend was not statistically significant.^



Source: Nebraska Behavioral Risk Factor Surveillance Survey
^Differences between state and local data as well as local level increases or decreases over time were not statistically significant.

Percent of adults (18+) who report visiting a dentist for any reason in the past year

Figure 9: The percentage of adults who reported **visiting a dentist for any reason in the past year** increased for SHDHD counties between 2018 and 2022, but the trend was not statistically significant.^



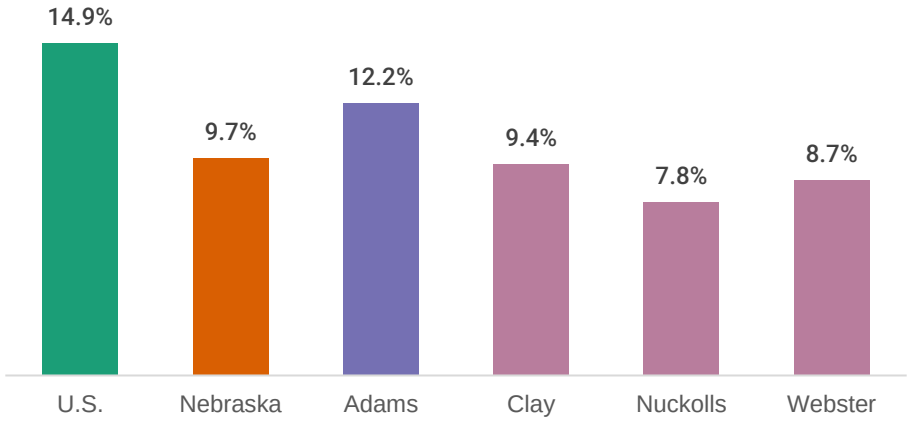
Source: Nebraska Behavioral Risk Factor Surveillance Survey
^Differences between state and local data as well as local level increases or decreases over time were not statistically significant.

Percent of adults (40+) who report getting an eye exam by doctor or eye care provider in the past year.

- In 2018, 62% of SHDHD adults 40+ reported getting an eye exam by an eye doctor or eye care provider in the past year (the same as the percentage statewide). Data on this indicator are not available past 2018.

Percent of persons with Medicaid (adults and children)

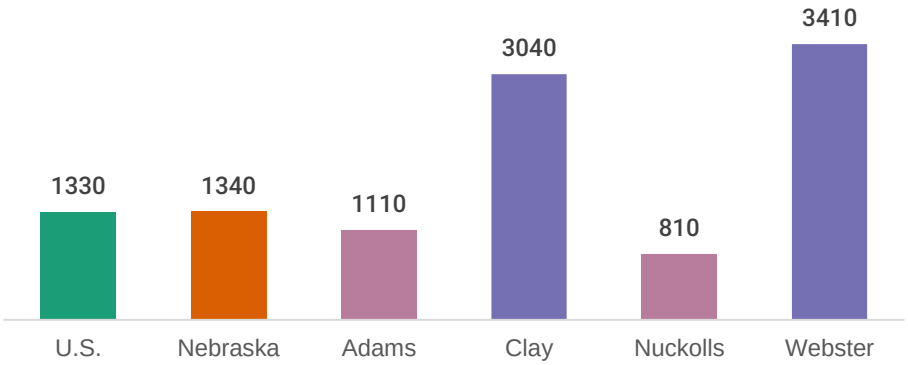
Figure 10: Adams county had a higher percentage of **people with Medicaid** compared to the state but a lower percentage compared to the national rate.^



Source: ACS 5-year estimate, Table B27010
^Differences may not be statistically significant

Ratio of population to primary care physicians, 2021 (number of people per 1 primary care physician)

Figure 11. In 2021, Clay and Webster counties had a higher ratio of people per one primary care physician compared to the state and national ratios, while Adams and Nuckolls had lower ratios.^

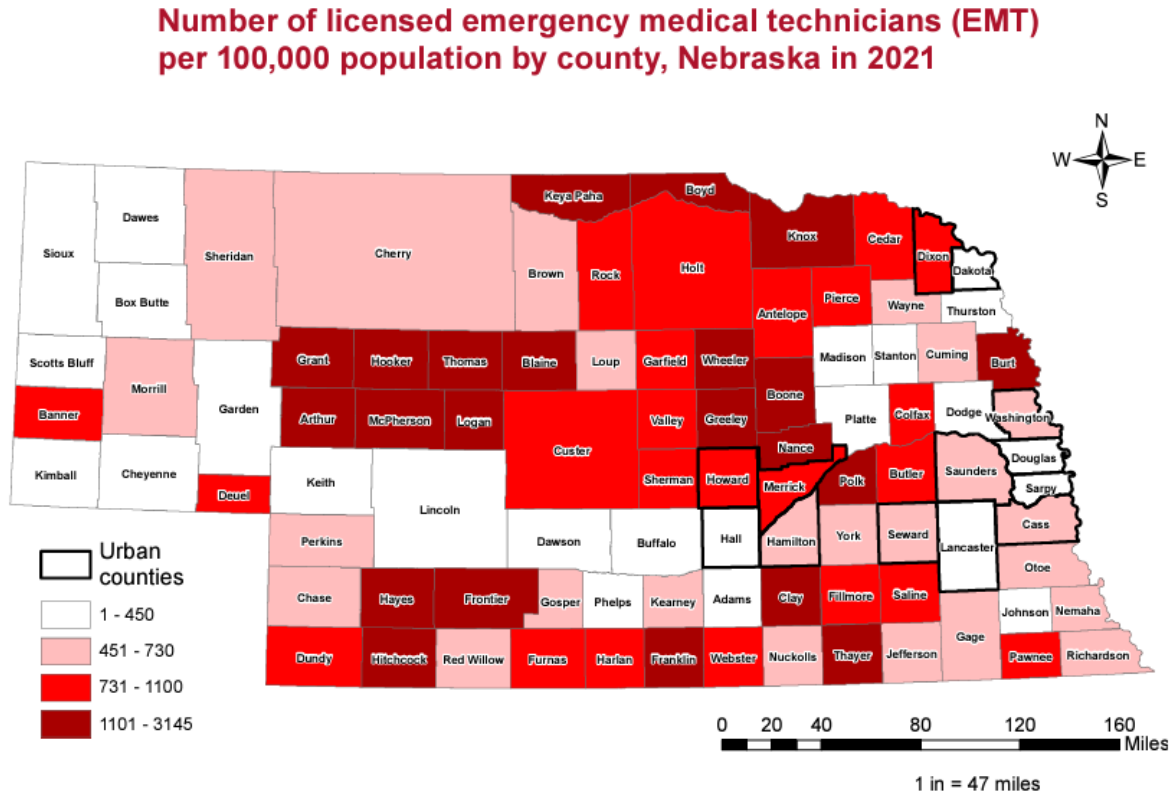


Source: County Health Rankings/Area Health Resource File (AHRF)
^Differences may not be statistically significant

Number of Emergency Medical Technicians (EMTs) per 100k people

In 2021, there were 6,898 Emergency Medical Technicians (EMTs) in the state of Nebraska (rate of 351.3/100,000 people. See Figure 12 below for county-level rates. Ratios for the SHD varied by county, with Adams County experiencing a lower ratio and Clay County experiencing a higher ratio.

Figure 12. EMT Ratio by County



* Note: A total of 22 county observations were not included in the maps as they were a combination of multiple counties. i.e., Gosper/Dawson - 13 and Madison/Antelope - 9..

Source: The Status of the Nebraska Healthcare Workforce: Update 2022

Provider shortage area designation

- All Four South Heartland District Counties, along with 84 other Nebraska counties, are designated as a **Mental Health Professional Shortage Area**, as of July 2024. (Source: *HRSA, Rural Health Information Hub)*
- As shown in Table 7, except for Adams County, all four SHDHD counties were designated as provider shortage areas for family practice and pediatrics. All four SHDHD counties were designation as provider shortage areas for internal medicine, obstetrics & gynecology, and general surgery.

Table 7: Provider shortage area designation, 2021

	Adams	Clay	Nuckolls	Webster
Primary Care, Family Practice	No	Yes	Yes	Yes
Primary Care, Internal Medicine	Yes	Yes	Yes	Yes
Primary Care, Pediatrics	No	Yes	Yes	Yes
Primary Care, Obstetrics & Gynecology	Yes	Yes	Yes	Yes
Primary Care, General Surgery	Yes	Yes	Yes	Yes
Dentistry, pharmacy, physical therapy, and occupational therapy	No for all	Yes for all	Yes for occupational and physical therapy, No for dentist and pharmacist	Yes for dentist and physical therapy, No for pharmacist and occupational therapy

Source: The Status of the Nebraska Healthcare Workforce: Update 2022, Appendix B

Community Perceived Need (results from the 2024 Community Health Needs Assessment Survey and focus group sessions)

According to results from the 2024 SHD Community Health Needs Assessment (CHS) survey, respondents rated *Getting Medical Care* (including costs, insurance, and finding health services) as the **most important health issue** (out of 13 health issues). The average level of importance was 4.2 on a 5-point scale (1=not important, 5=extremely important).

According to results from the 2024 SHD CHS survey, only 4% of respondents reported that they or their family members did not visit a healthcare provider for a medical need at least once in the last 12 months, compared to the roughly 27% of SHD adults who reported that they did visit a doctor in the past year, according to BRFSS 2022 results. About 12% of 2024 CHS survey respondents said they did not have a primary medical provider, which is similar to the roughly 12.5% of SHD adults who reported not having a personal doctor or healthcare provider on the 2022 BRFSS. Additionally, 40% of 2024 SHD CHS survey respondents reported delaying or avoiding medical care because of cost, which is higher than the 12.3% of SHD adults who reported that cost was a barrier to visiting a doctor in the past year, according to the 2022 BRFSS. Only 16% of SHD CHS survey respondents reported that they or their families do not visit a dentist at least once a year, and about 1/3 of SHD CHS survey respondents reported that they or their family members get an eye exam less often than

annually. Cost was cited by SHD CHS survey respondents as the top reason that prevents them or their family from seeking dental care (38%) or eye care (36%).

Table 8. Health Insurance Coverage

Health Insurance Coverage among Survey Respondents (n=565)	
Private insurance (from a job or bought on your own)	59%
Medicare	12%
Not insured	10%
Medicaid	10%
Other	7%
VA (Tricare)	1%
State Health Insurance Assistance Program (SHIP)	1%

Figure 13: 4% of respondents reported that they or their family members did not visit a healthcare provider for a medical need at least once in the last 12 months. (n=563)

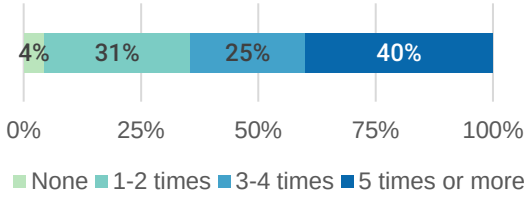


Figure 14: Slightly more than 1 in 10 respondents reported that they do not have a primary medical provider (n=545)

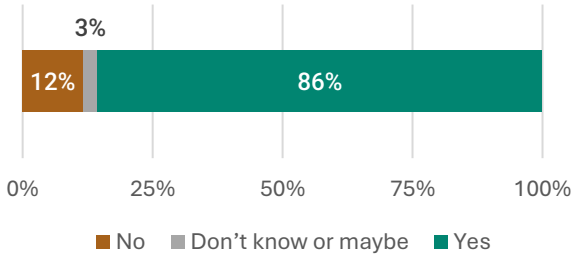


Figure 15: Over 1/3 of respondents have delayed or avoided medical care in the last 12 months (n=565)

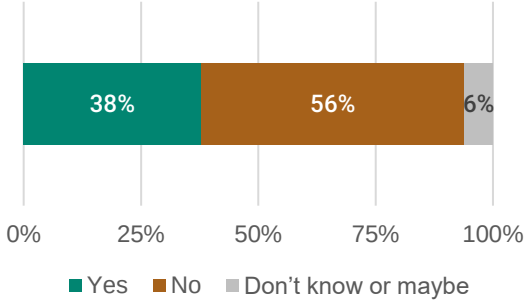
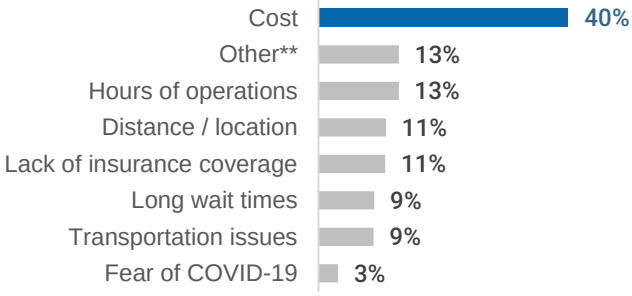


Figure 16: About 40% of respondents reported either delaying or avoiding medical care because of cost (n=443)



** other responses include financial barriers and time constraints

Figure 17: Over one-quarter (28%) of respondents report having to travel more than 20 miles to access their usual medical care (n=563)

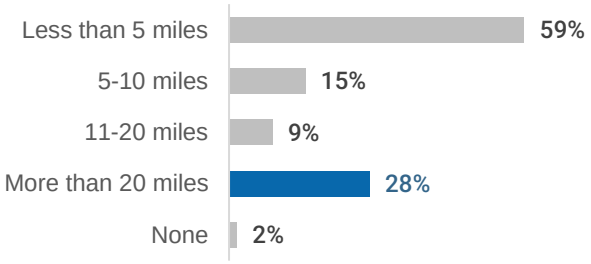


Figure 18: 8% of respondents reported they never or rarely understand information they see on websites or that is given to them by healthcare providers in written or a verbal form (n=556)

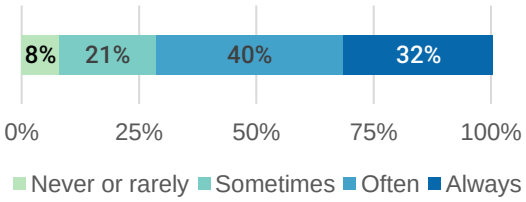
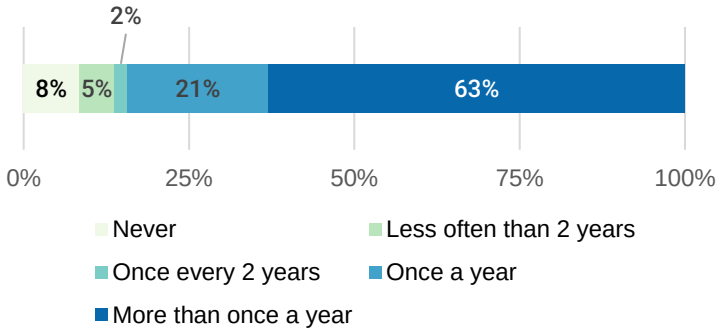
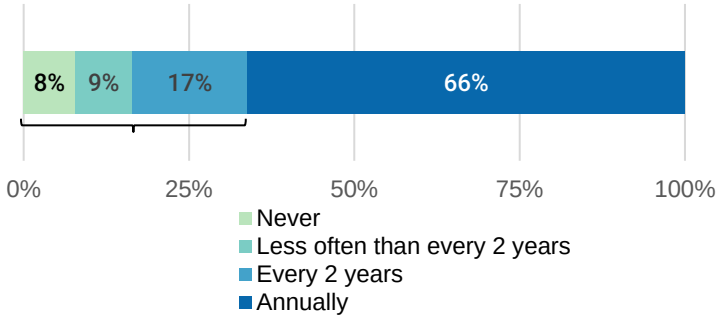


Figure 19: 16% of respondents reported that they or their family members do not visit a dentist at least once a year. (n=565)



Cost was cited by respondents as the top reason that prevents them or their family from seeking dental care (38%) or eye care (36%).

Figure 20: About 1/3 of respondents report they or their family members get eye exams less often than annually (n=564)



The following access and quality of healthcare themes emerged from focus groups of members of the community:

1. Lack of access to specialized care, 2. Affordability and insurance issues, 3. Language and cultural barriers, 4. Transportation barriers, 5. Staffing issues, particularly with EMTs and mental health providers, 6. Need for more low-cost or free clinics and mobile health services

Although different barriers were noted across the various data sources related to healthcare access and quality, cost seemed to emerge as a consistent challenge.

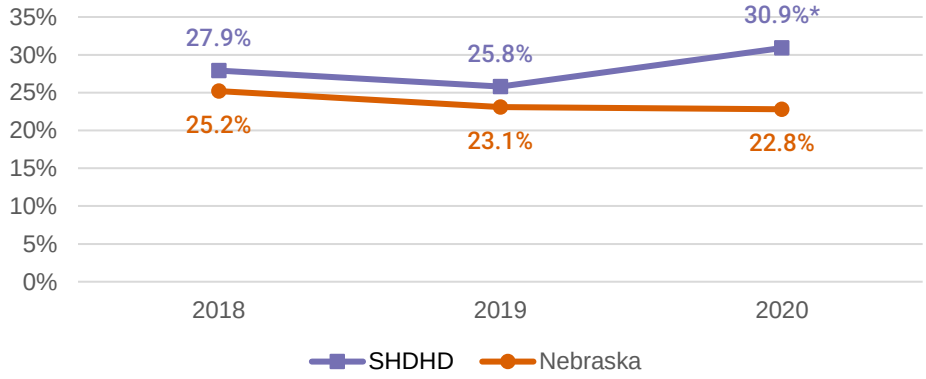
Chronic Disease Conditions

SHD adults reported higher percentages of certain chronic disease conditions compared to adults across the state, including arthritis, chronic obstructive pulmonary disease (COPD), coronary heart disease, and stroke; however, rates were only significantly higher for arthritis, coronary heart disease, and stroke. The percentage of SHD adults reporting asthma and cancer (in any form) decreased over time, although not in a statistically significant way. The percentage of SHD adults reporting diagnosed diabetes and high blood pressure increased over time, but not in a statistically significant way. Rates of certain cancers, including all site cancers, female breast, melanoma, and oral cavity & pharynx were higher in one or more SHD counties compared to Nebraska, while the rate of prostate cancer in SHD counties was lower compared to the state.

Prevalence and Trends

Percentage of adults reporting they have arthritis

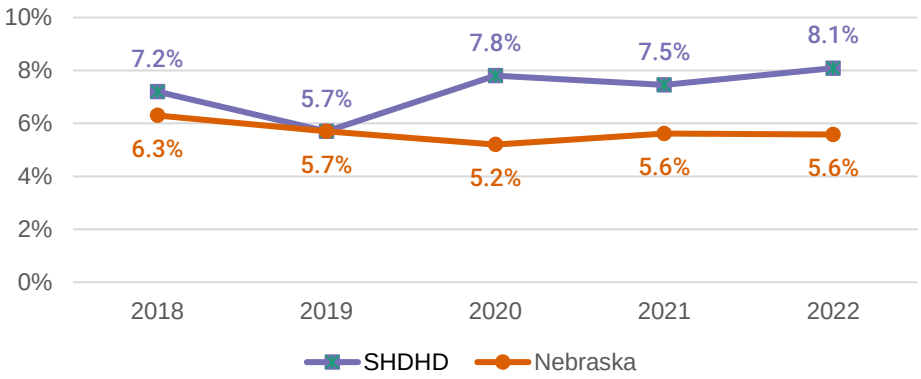
Figure 21: In 2020, SHDHD counties had significantly* higher percentage of adults reporting they have arthritis compared to the state. The percentage increased from 2019 to 2020, but increase was not significant.



Source: Nebraska Behavioral Risk Factor Surveillance System
** 95% confident that the difference is real and not just due to chance*

Percentage of adults reporting they have chronic obstructive pulmonary disease (COPD).

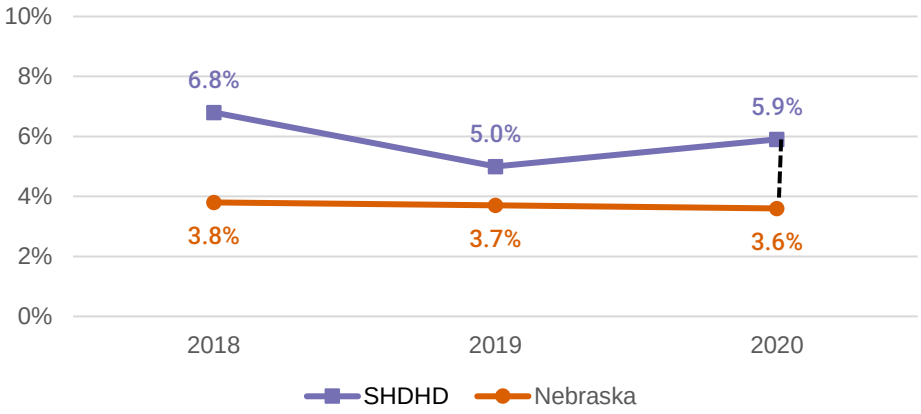
Figure 22: While not significantly different, the percentage of adults reporting they have **chronic obstructive pulmonary disease (COPD)** has been consistently higher in SHDHD counties compared to the state since 2020.



Source: Nebraska Behavioral Risk Factor Surveillance System

Percentage of adults reporting they a have coronary heart disease

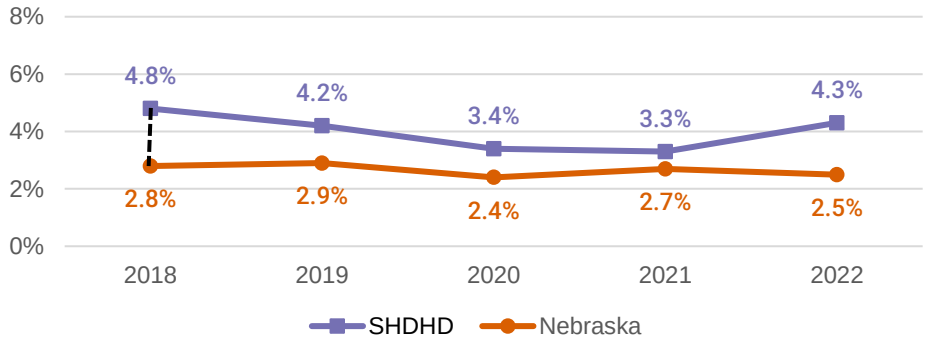
Figure 23: In 2020, the percentage of adults reporting they have **coronary heart disease** was significantly* higher for SHDHD counties compared to the state.



Source: Nebraska Behavioral Risk Factor Surveillance System
** 95% confident that the difference is real and not just due to chance*

Percentage of adults reporting ever being told they had a stroke.

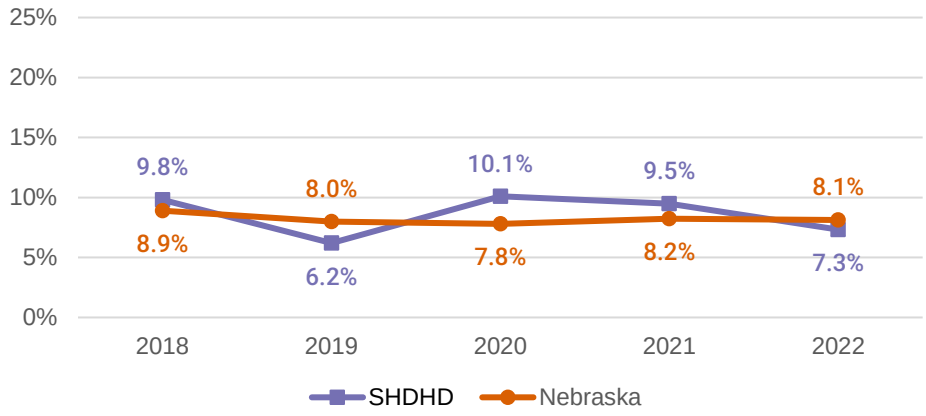
Figure 24: The percentage of adults reporting that they had **ever been told they had a stroke by a health professional** was slightly higher for SHDHD counties from 2018-2022 compared to the state; however, the differences were only statistically significan



Source: Nebraska Behavioral Risk Factor Surveillance System
** 95% confident that the difference is real and not just due to chance*

Percentage of adults reporting they have asthma.

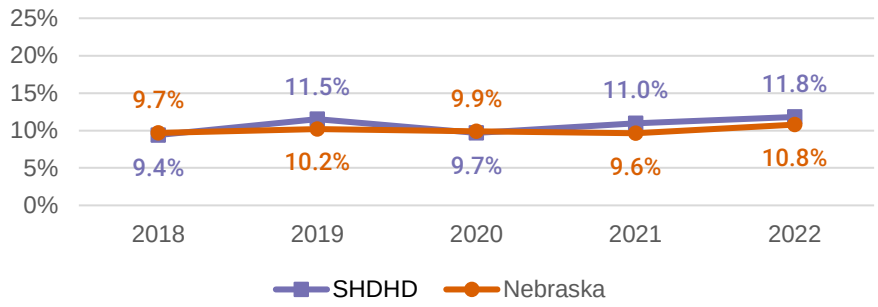
Figure 25: The percentage of adults reporting they have **asthma** in SHDHD counties has been trending downward since 2020, but not significantly.



Source: Nebraska Behavioral Risk Factor Surveillance System

Percentage of adults reporting they have diagnosed diabetes (excluding pregnancy)

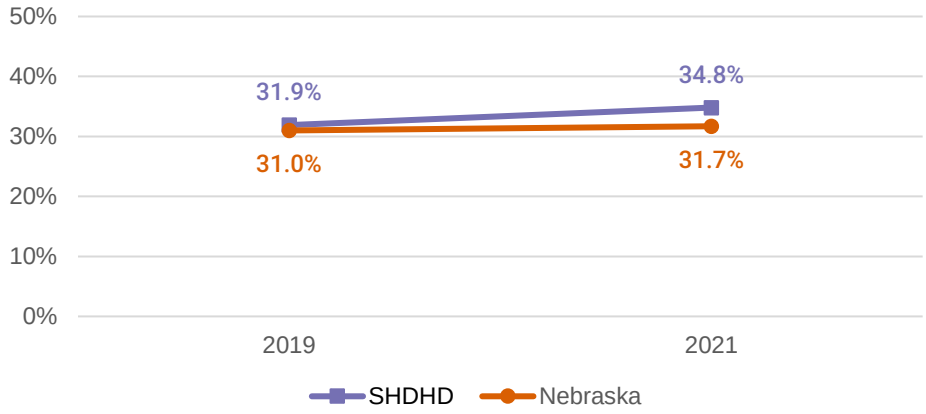
Figure 26: While percentages have not changed significantly, the percentage of adults reporting that they have **diagnosed diabetes (excluding pregnancy)** in SHDHD counties has been trending upward since 2020.



Source: Nebraska Behavioral Risk Factor Surveillance System

Percentage of adults reporting they have high blood pressure

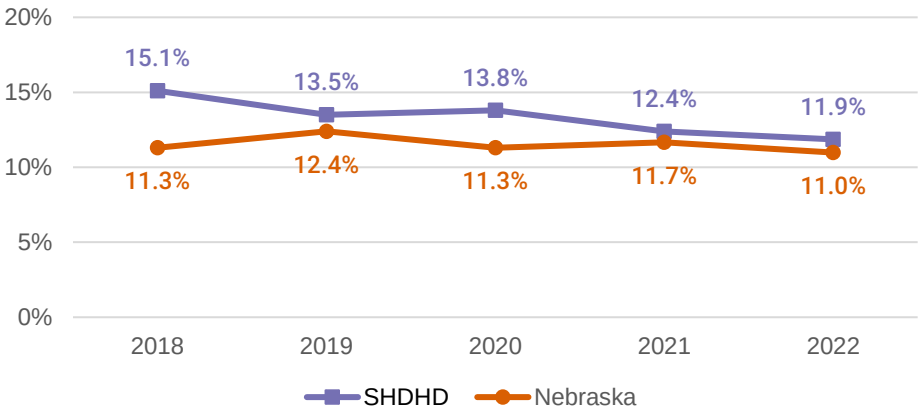
Figure 27: While not significant, the percentage of adults reporting they have **high blood pressure** increased slightly over time in SHDHD counties.



Source: Nebraska Behavioral Risk Factor Surveillance System

Percentage of adults reporting they have cancer (in any form)

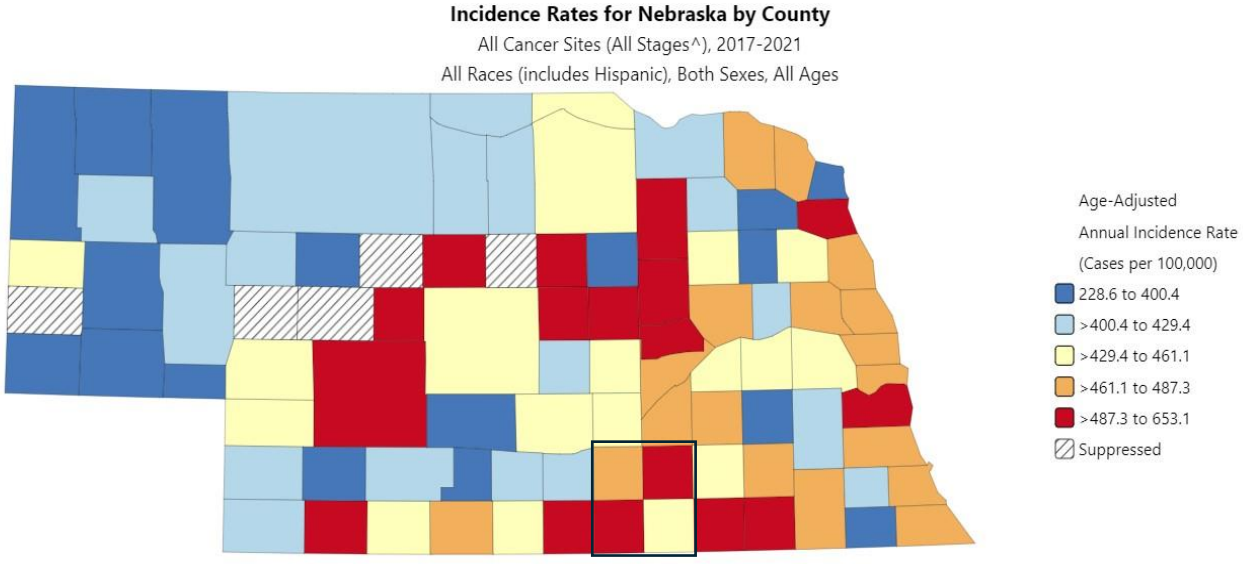
Figure 28: While not significant, the percentage of adults reporting they have **cancer (in any form)** in SHDHD counties showed a downward trend over time.



Source: Nebraska Behavioral Risk Factor Surveillance System

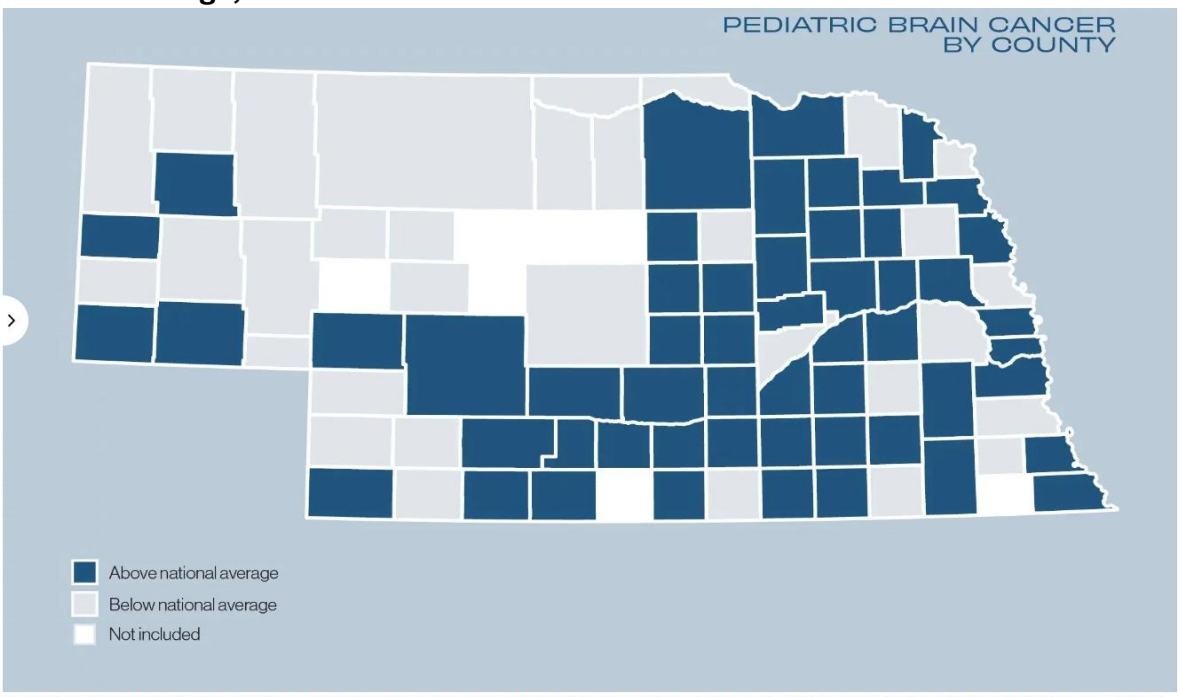
Cancer incidence and mortality

Figure 29: All cancer incidence rates for SHD counties were higher compared to other Nebraska counties.



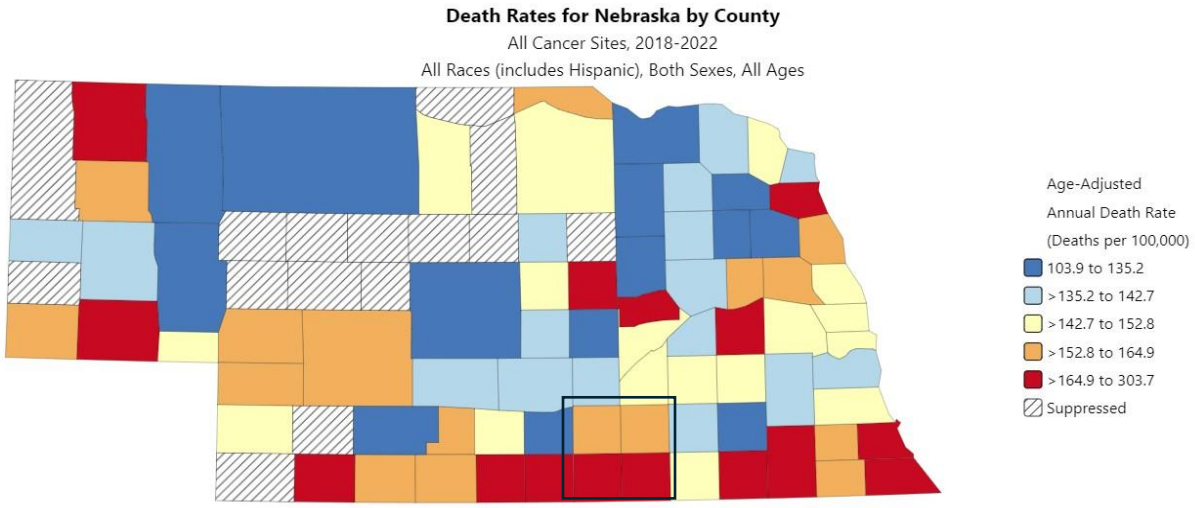
Source: NCI Cancer Profile

Figure 29a: Pediatric cancer incidence rates for 3 of 4 SHD counties were above the national average, 2022



Source: Geospatial Distribution of Age-Adjusted Incidence of the Three Major Types of Pediatric Cancers and Waterborne Agrichemicals in Nebraska, Ouattara et al., 2022

Figure 30: All cancer death rates for SHD counties were higher compared to other Nebraska counties.



Source: NCI Cancer Profile

Table 9: Cancer Incidence Rates (age-adjusted per 100k people) and Trends for U.S., Nebraska, SHD Counties.

Incidence rates (per 100,000 people), 2016-2020	Location	Age-Adjusted Incidence Rate([rate note]) - cases per 100,000	Average annual count	Recent trend
Cancer (all sites)	U.S.	480.6	863,255	Stable
	Nebraska	498.3	5,384	Stable
	Adams County	485.2	93	Stable
	Clay County	489.9	21	Falling
	Nuckolls County	547.3	20	Stable
	Webster County	543.7	14	Stable
Female Breast Cancer	U.S.	127	249,750	Rising
	Nebraska	131	1,479	Rising
	Adams County	137.1	28	Stable
	Clay County	176.6	10 or fewer	Rising
	Nuckolls County	112.9	10 or fewer	Stable
	Webster County	*	10 or fewer	*
Prostate Cancer	U.S.	110.5	212,734	Rising
	Nebraska	124.8	1,447	Rising
	Adams County	97.1	20	Stable
	Clay County	111.6	10 or fewer	Stable
	Nuckolls County	100.7	10 or fewer	Stable
	Webster County	111.9	10 or fewer	Stable
Lung & Bronchus Cancer	U.S.	61.1	110,075	Falling
	Nebraska	57.9	633	Falling
	Adams County	47.8	10 or fewer	Falling
	Clay County	*	10 or fewer	*
	Nuckolls County	*	10 or fewer	*
	Webster County	*	10 or fewer	*
Colorectal Cancer	U.S.	32	65,122	Falling
	Nebraska	36.8	436	Falling
	Adams County	36.6	10 or fewer	Falling
	Clay County	*	10 or fewer	*
	Nuckolls County	*	10 or fewer	*
	Webster County	*	10 or fewer	*

Table continued on next page

Incidence rates (per 100,000 people), 2016-2020	Location	Age-Adjusted Incidence Rate([rate note]) - cases per 100,000	Average annual count	Recent trend
Melanoma of the Skin Cancer	U.S.	28.5	49,565	Stable
	Nebraska	31.9	328	Rising
	Adams County	34.3	10 or fewer	Stable
	Clay County	*	10 or fewer	*
	Nuckolls County	*	10 or fewer	*
	Webster County	*	10 or fewer	*
Oral Cavity & Pharynx Cancer	U.S.	18.1	33,229	rising
	Nebraska	18.9	208	rising
	Adams County	*	10 or fewer	*
	Clay County	*	10 or fewer	*
	Nuckolls County	*	10 or fewer	*
	Webster County	*	10 or fewer	*

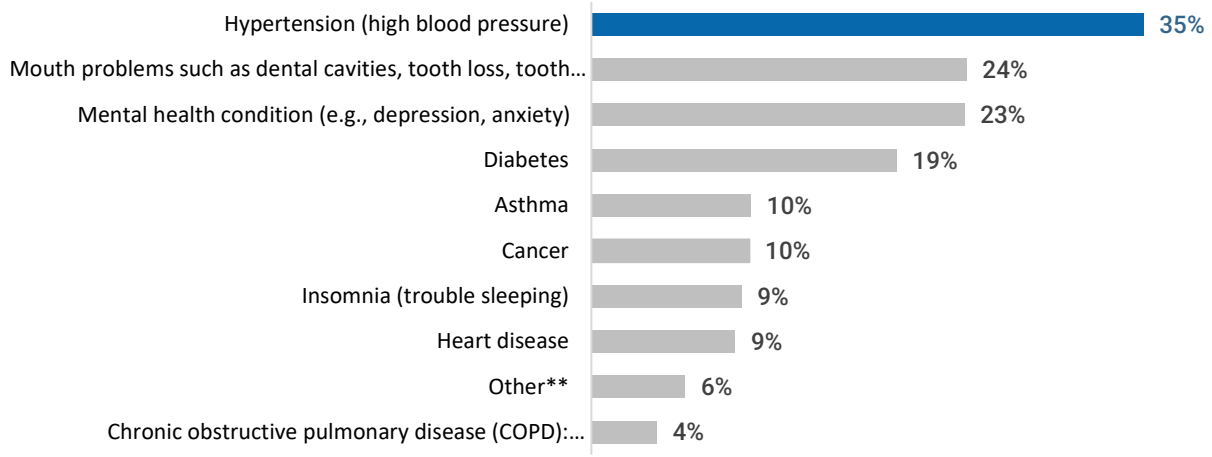
Source: NCI Cancer Profile

Community Perceived Need (results from the 2024 Community Health Needs Assessment Survey and focus group sessions)

SHD CHS survey respondents cited *Long-lasting health conditions* (such as diabetes, heart issues, cancer, breathing problems) as the **2nd most important health issue** (out of 13 health issues, tied with mental well-being). The average level of importance was 4.1 on a 5-point scale (1=not important, 5=extremely important).

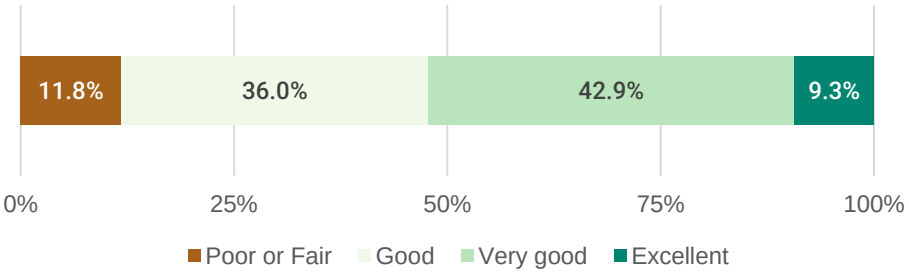
Hypertension was cited as the most common chronic health condition experienced by survey respondents (at 35%, this was comparable to the 34.8% of BRFSS survey respondents indicating they have high blood pressure in 2021). Roughly 12% of SHD CHS survey respondents said their current health was fair or poor (slightly lower than the 18.5% of 2022 BRFSS respondents who rated their general health as fair or poor).

Figure 31: When asked about their own health, hypertension was cited as the most common chronic health condition among respondents (n=552)



***other responses include thyroid conditions and high cholesterol*

Figure 32: About 12% of respondents rated their current health as either Poor or Fair. (n=560)



The following chronic health themes emerged from focus groups of members of the community:

1. Concerns about prevalence of cancer, diabetes, and obesity
2. Lack of access to specialists for chronic disease management
3. Medication costs, especially for diabetics
4. Need for more preventive care and community screenings/education
5. Limited access to healthy foods, grocery stores
6. Limited access to fitness facilities, inadequate infrastructure for physical activity

Environmental health

Prevalence and Trends

Average radon concentrations by county

Fig 33: All four SHD counties have an average radon concentration of 4.0 pCi/L or higher.

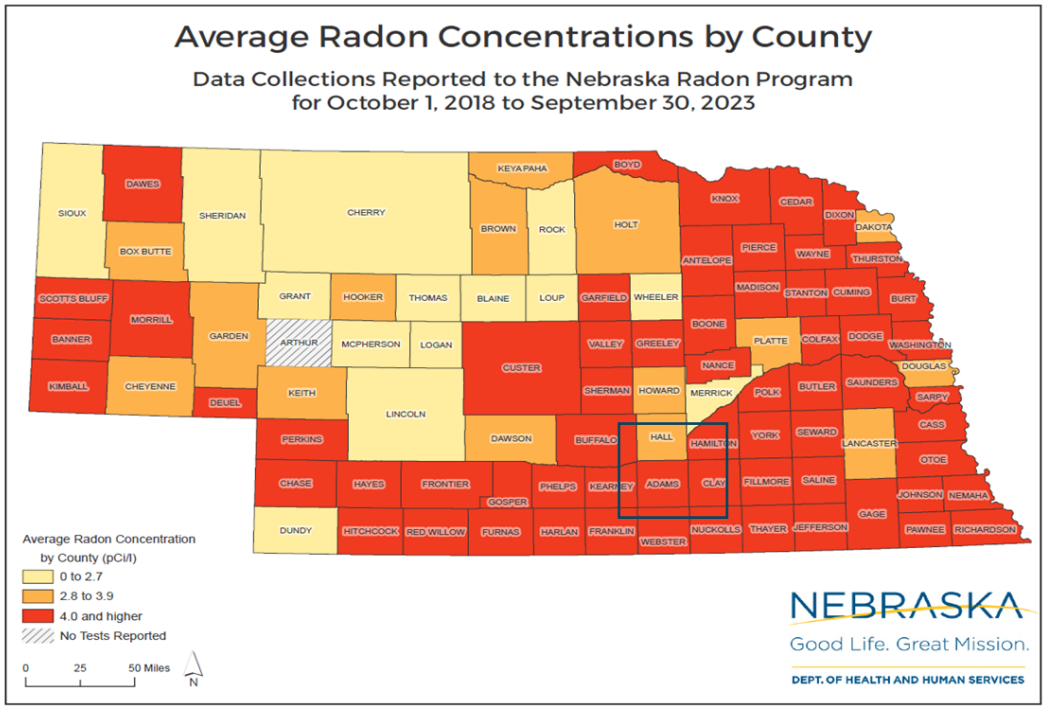
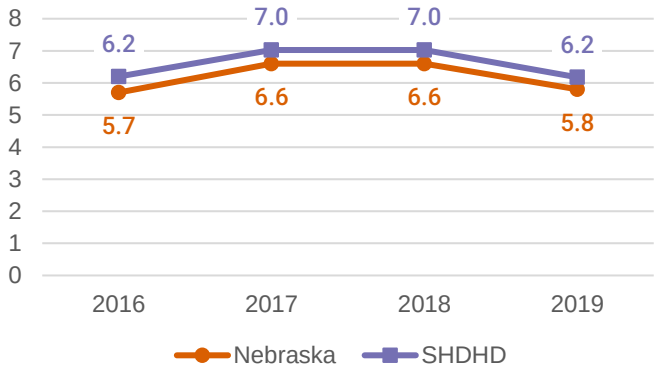


Table 10. Average & (Maximum) Measure of Pre-mitigation Radon Testing Results (pCi/L)					
Year	Adams	Clay	Nuckolls	Webster	SHD
2018	6.21 (21.9)	8.56 (23.5)	9.62 (20.2)	8.56 (17)	**7.29 (23.5)**
2019	5.45 (24.6)	9.82 (25.9)	9.12 (24.6)	7.34 (17)	**6.96 (25.9)**
2020	4.39 (20.8)	8.93 (21.4)	8.47 (44.4)	5.44 (20)	**5.48 (44.4)**
2021	4.76 (25.8)	3.01 (25.1)	6.18 (18.6)	5.18 (9.2)	**4.17 (25.8)**
2022	4.17 (20.7)	10.72 (29.8)	6.25 (17.9)	2.63 (12.2)	**4.96 (29.8)**
2023	5.72 (23.9)	7.28 (16)	12.13 (30)	8.43 (20.3)	**6.38 (30)**

Source: Nebraska DHHS Radon Program, SHDHD

Micrograms per cubic meter of fine particulate matter measured in the air.

Figure 34: SHDHD counties had a slightly higher level of **fine particulate matter measured in the air** (in micrograms per cubic meter) compared to the state from 2016-2019.



Source: County Health Rankings/CDC's National Environmental Public Health Tracking Network

Lead poisoning

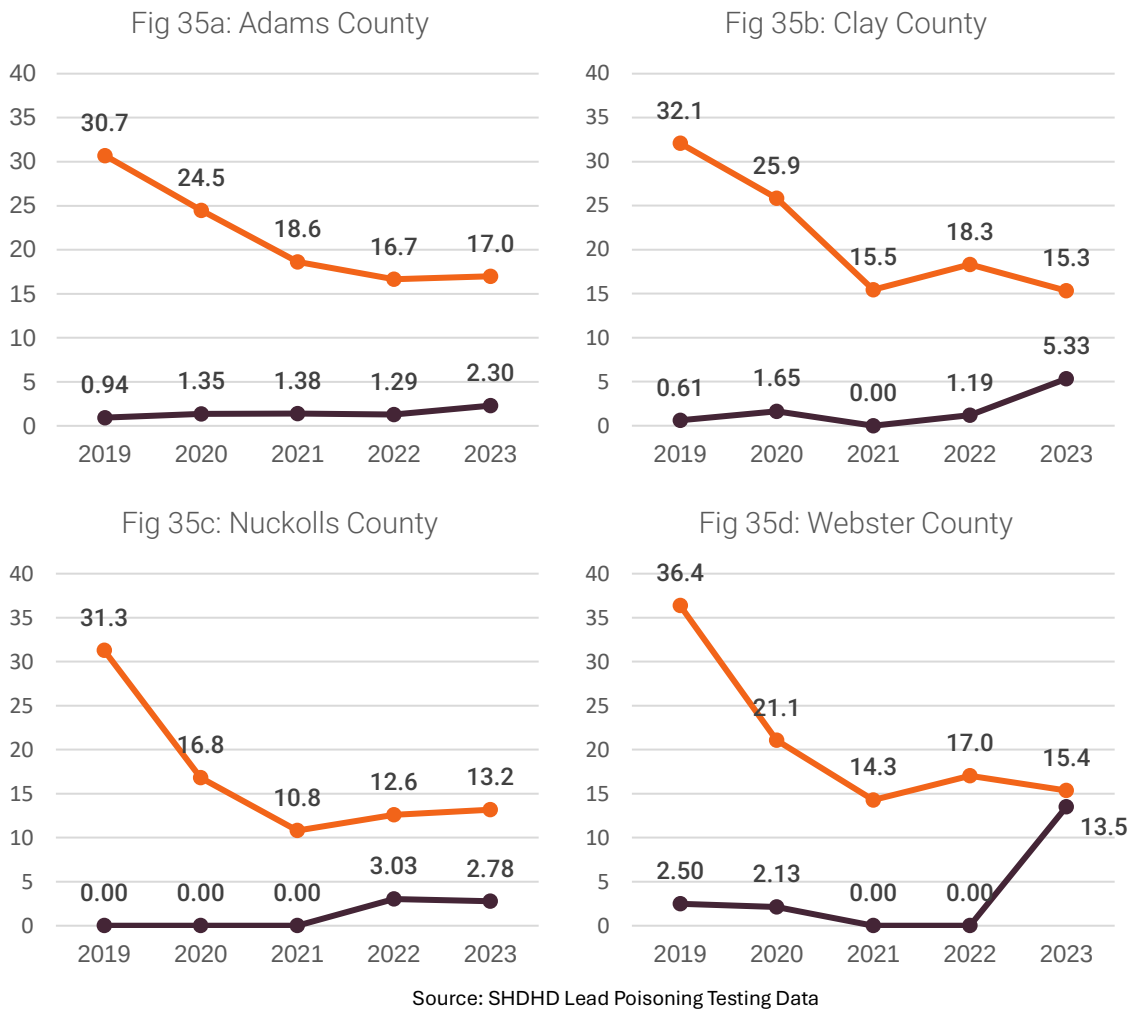
Table 11. Blood Lead Levels (BLLs) in the SHD

Year	Percent of children under age 6 years tested	Percent of children with confirmed BLLs >=3.5 (%) out of those tested
2019	31.3	1.0
2020	23.8	1.4
2021	17.2	1.0
2022	16.6	1.3
2023	16.3	3.5

Source: Nebraska Disease Surveillance System

On October 28, 2021, CDC updated the blood lead reference value (BLRV) from 5.0 µg/dL to 3.5 µg/dL. A BLRV is intended to identify children with higher levels of lead in their blood compared with levels in most children.

Figures 35a-d: From 2019-2023, the percent of children tested for lead decreased, and the percent with **confirmed BLL >=3.5µg/dL** generally increased from 2021 to 2023.

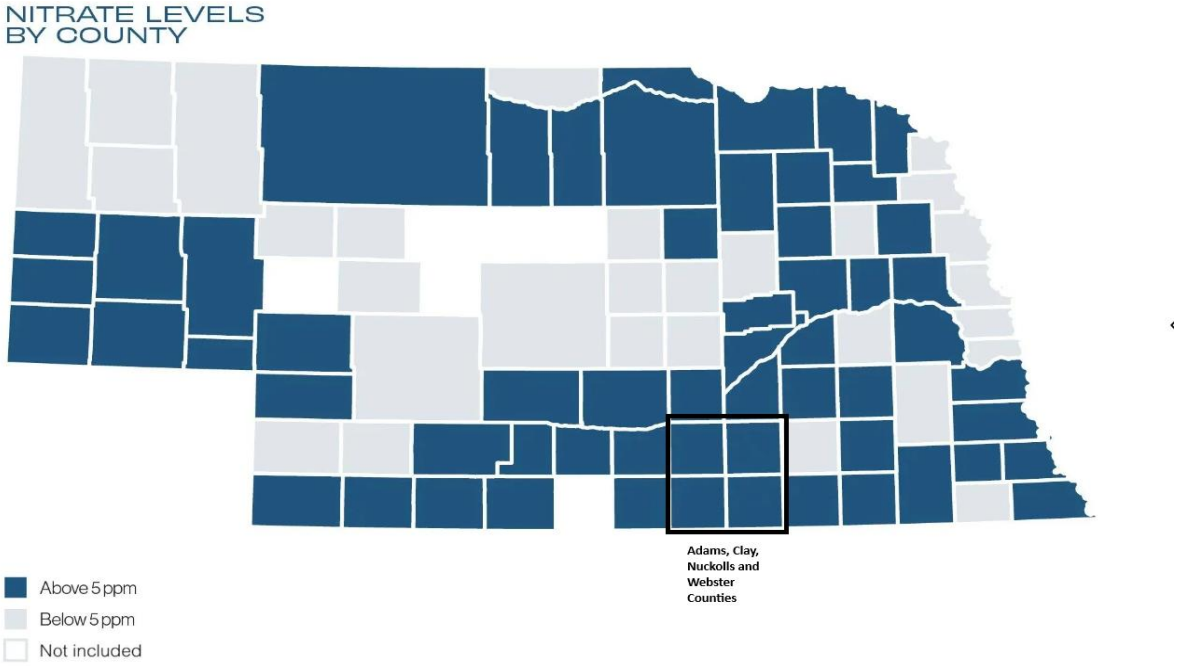


Source: SHDHD Lead Poisoning Testing Data

For additional information on local lead-poisoning data, please refer to Attachment H: The SHD Lead Poisoning Lab Surveillance Report, Jan 2016-Oct 2024.

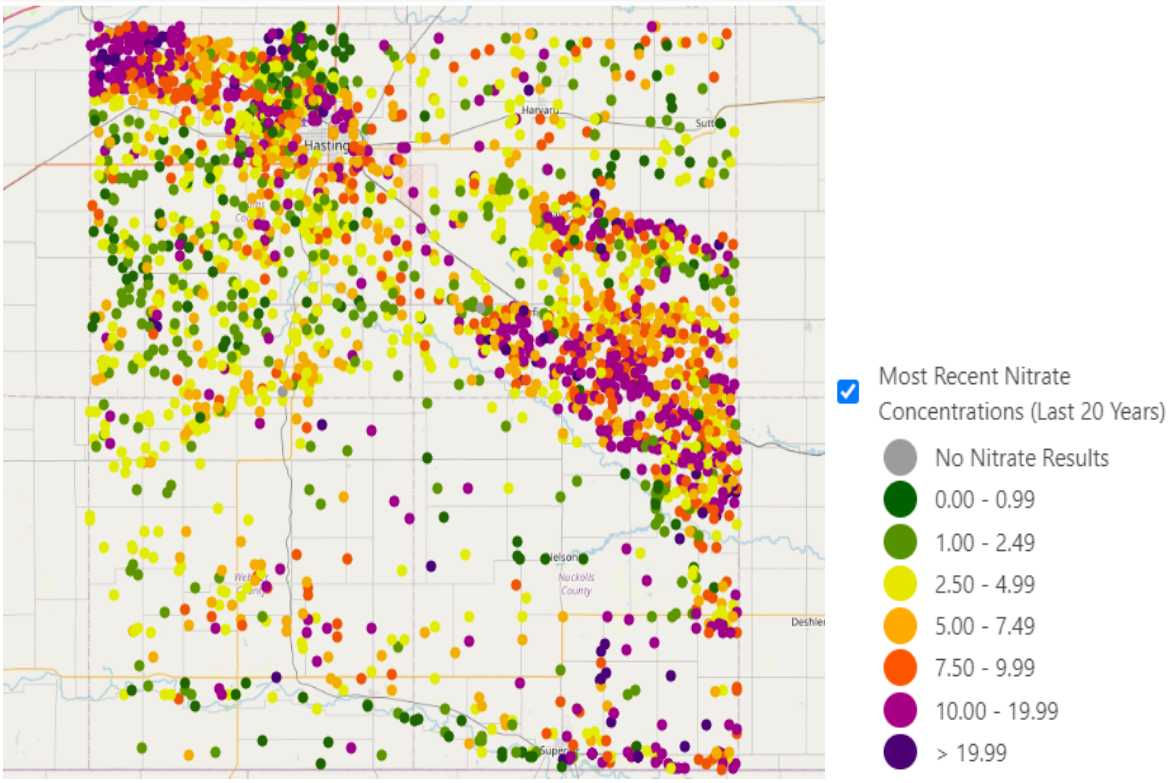
Water Quality/Nitrate Levels

Figure 36: SHD Counties all had nitrate levels above 5ppm in 2022



Source: Pediatric Cancers & Ag Chemicals Study, Ouattara et al., 2022

Figure 37: Nitrate levels in most recent samples of domestic wells, irrigation systems, SHD area



Source: Nebraska Department of Environment and Energy, 2019

Nitrate exposure is a concern due to its health impacts. Recent research shows that Nebraska counties with groundwater nitrate concentrations between 2.1 and 5 mg/L have higher incidence of pediatric brain cancer, pediatric leukemia, and pediatric lymphoma." (Source: CDC & Dr. Jesse Bell, University of Nebraska Medical Center professor of health and environment, & Nebraska Natural Resources District, 2021).

For additional information on local water quality surveillance data, please refer to Attachment I: The SHD Water Quality Surveillance Report.

Community Perceived Need (results from the 2024 Community Health Needs Assessment Survey and focus group sessions)

SHD CHS survey respondents rated *Environmental Health (like clean air and water and the effects of changing weather patterns)* as the 6th most important health issue (out of 13 health issues). The average level of importance was 3.7 on a 5-point scale (1=not important, 5=extremely important).

More than 4 in 10 SHD CHS survey respondents indicated that they are concerned about water quality in their community, and most (72%) said their primary source of drinking water was the municipal water supply. Among survey respondents with a private well, about half said they tested their well for nitrates, and about 19% said that nitrate levels were high.

Figure 38: Nearly 42% of respondents indicated that they are concerned about water quality in their community. (n=564).

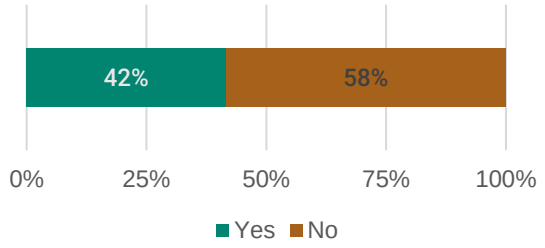


Figure 39: 72% of respondents said that the municipal water supply was their primary source of drinking water. (n=567)

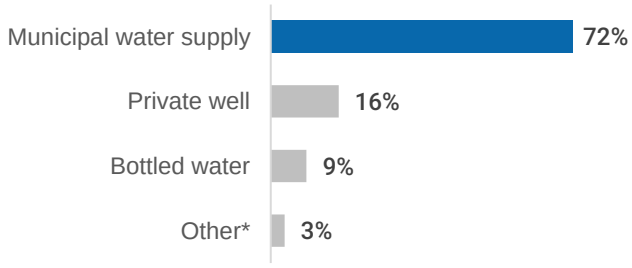
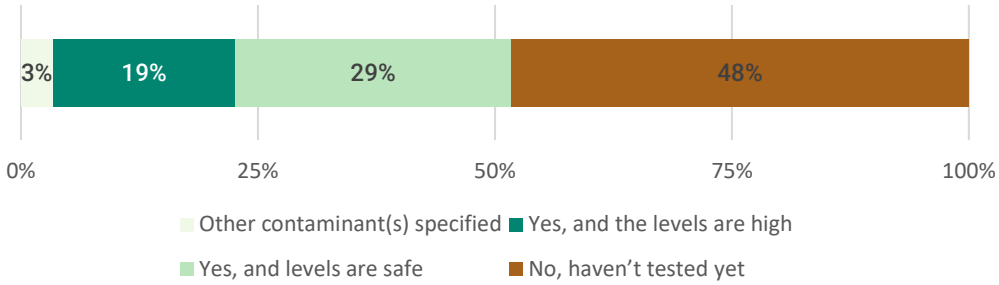


Figure 40: Among those with a private well, slightly more than half have tested their water for nitrates or other contaminants, and about 19% said nitrate levels are high (n=191).



The vast majority (90%) rated the overall air quality in their community as either good or very good. Few respondents (around 5% or less) reported experiencing an environmental health issue.

Figure 41: Nearly 90% of respondents rated the overall air quality in their community as either good or very good (n=565).

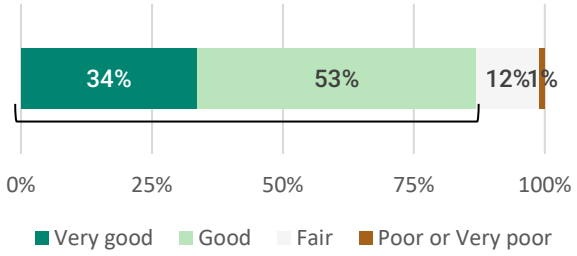
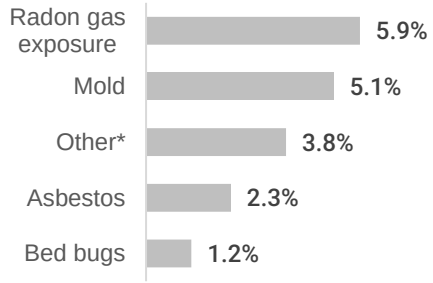


Figure 42: Few respondents experienced the following environmental health issues (n=538).



Most respondents (around 70%) indicated that their home or apartment had not been tested for radon or they did not know about the testing status, and about one quarter of respondents did not make a change to rectify or mitigate radon gas if unsafe levels were detected.

Figure 43: Nearly 70% of respondents indicated that their home or apartment had not been tested for radon or did not know (n=564).

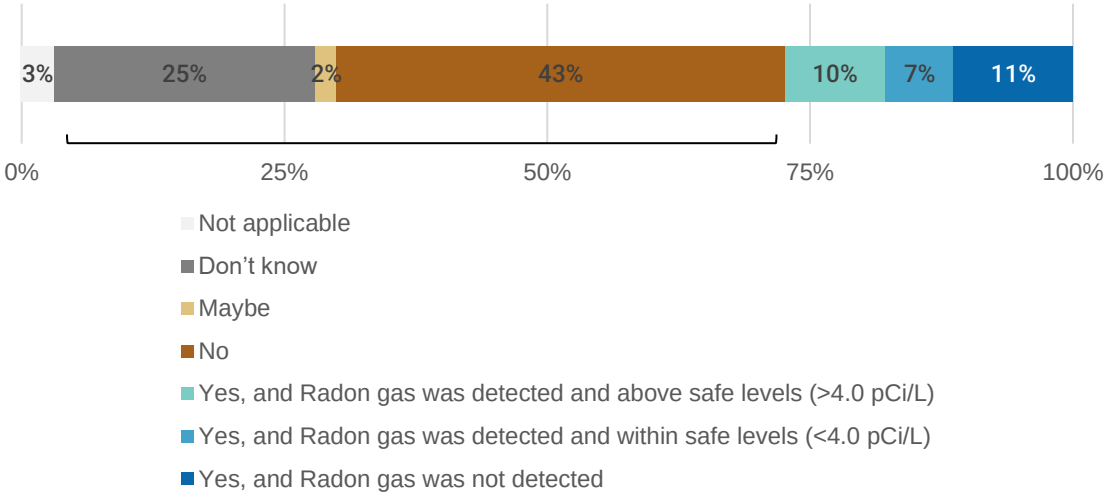
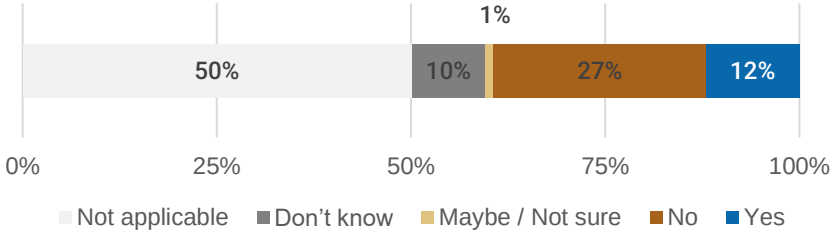


Figure 44: Roughly one quarter of respondents did not make any change to their residence to rectify/mitigate/remedy radon gas if unsafe levels were detected (n=532).



During the focus group discussions, only two themes emerged related to environmental health: poor quality housing, and pollution and air quality concerns, particularly in rural areas.

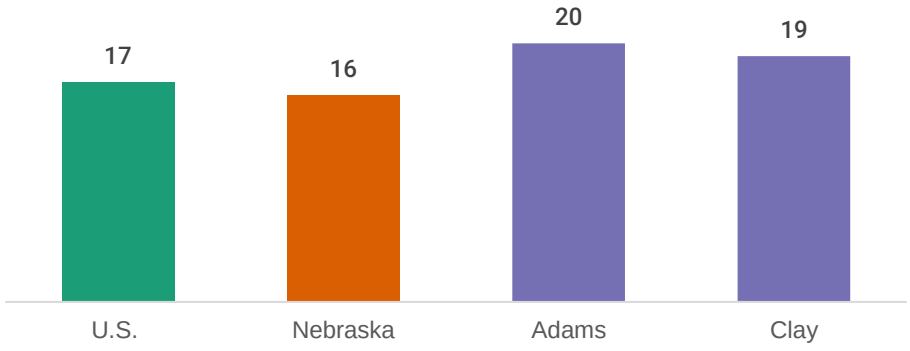
Health of Mothers & Children

Prevalence and Trends

Some SHD counties have worse maternal and child health-related outcomes compared to state and national data. From 2016-2022, Adams and Clay counties had a higher teen birth rate (births per 1,000 females ages 15-19) compared to state and national rates. From 2015-2021, Adams County had a higher infant mortality rate (number of infant deaths within 1 year per 1,000 live births) compared to the state and national rates. From 2018-2021, Adams County had a higher child mortality rate (number of deaths among residents under age 20 per 100k population) compared to the state and national rates. In 2021, Clay and Nuckolls counties had a higher percentage of children under age 19 without health insurance compared to state and national percentages. From 2018-2022, Adams and Clay counties had an equivalent or higher percentage of children in single parent households compared to state and national percentages, but Nuckolls and Webster were lower than the state and national percentages.

Teen birth rate (births per 1,000 females ages 15-19)

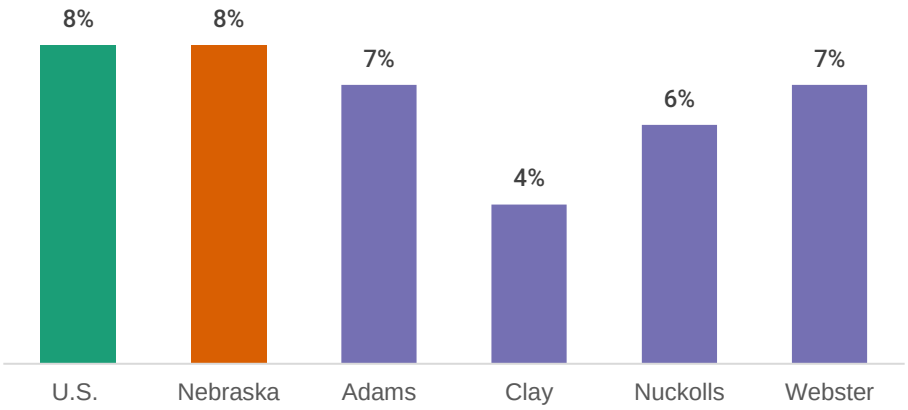
Figure 45: From 2016-2022, Adams and Clay counties had a higher **teen birth rate (births per 1,000 females ages 15-19)** compared to state and national rates. Data N/A for Nuckolls and Webster.



Source: Couty Health Rankings/ National Center for Health Statistics-Natality Files

Percentage of children born with low birthweight (<2,500 grams)

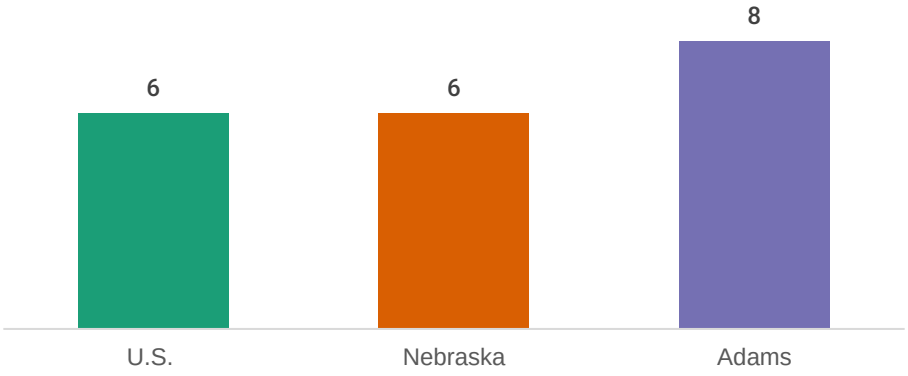
Figure 46: From 2016-2022, SHDHD counties had a lower **percentage of children born with low birthweight (<2,500 grams)** compared to state and national percentages.



Source: County Health Rankings/National Center for Health Statistics-Natality Files

Infant mortality rate (number of infant deaths (within 1 year) per 1,000 live births

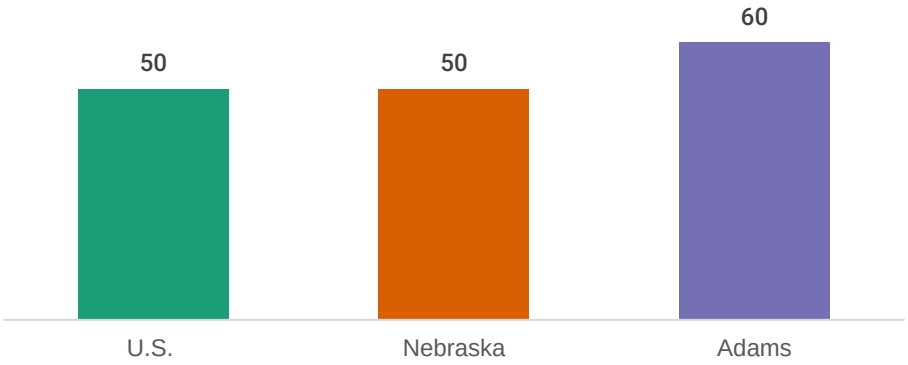
Figure 47: From 2015-2021, Adams county had a higher **infant mortality rate (number of infant deaths within 1 year per 1,000 live births)** compared to the state and national rates. Data N/A for other SHD counties.



Source: County Health Rankings/National Center for Health Statistics Mortality Files

Child mortality rate (number of deaths among residents under age 20 per 100,000 population)

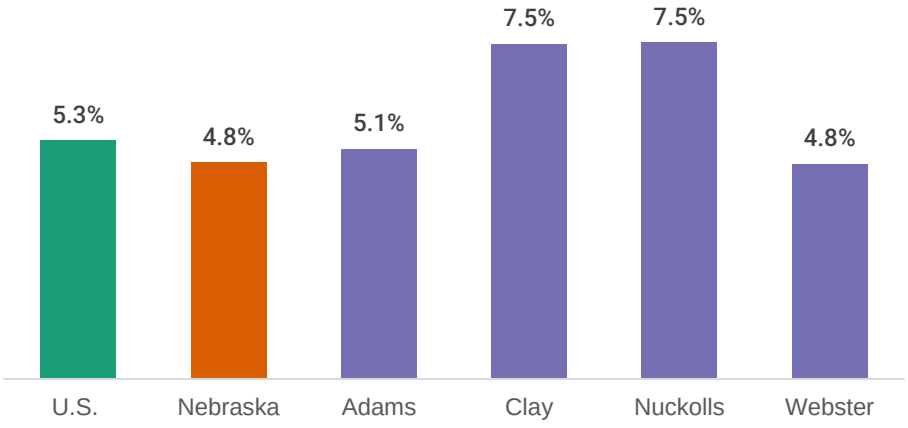
Figure 48: From 2018-2021, Adams county had a higher **child mortality rate (number of deaths among residents under age 20 per 100k population)** compared to the state and national rates. Data N/A for other SHD counties.



Source: County Health Rankings/National Center for Health Statistics Mortality Files

Percentage of children under age 19 without health insurance

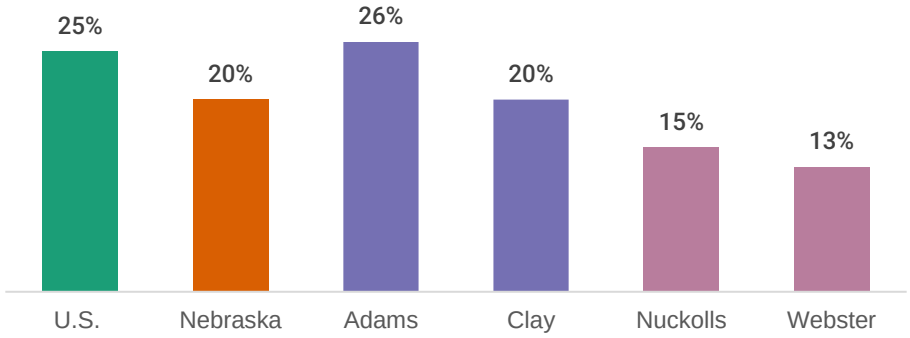
Figure 49: In 2021, Clay and Nuckolls counties had a higher **percentage of children under age 19 without health insurance** compared to state and national percentages.



Source: County Health Rankings/Small Area Health Insurance Estimates

Percentage of children in single parent households

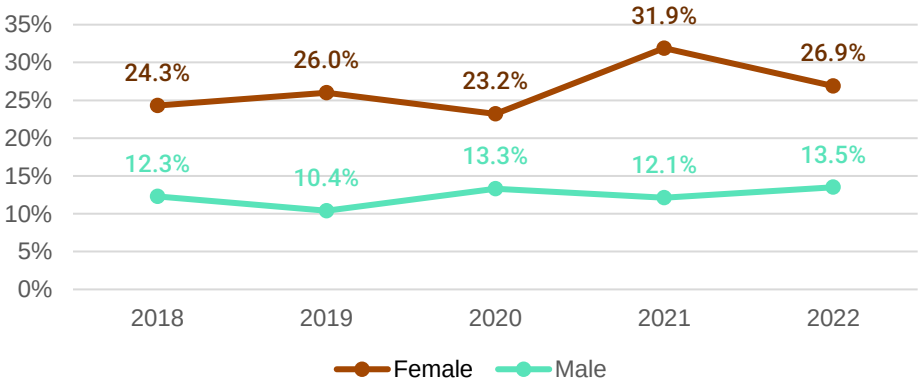
Figure 50: From 2018-2022, Adams and Clay counties had an equivalent or higher **percentage of children in single parent households** compared to state and national percentages, but Nuckolls and Webster were lower than the state and national percentages.



Source: County health rankings/ACS 5 year- Estimates.

Percentage of population reporting depression – gender differences

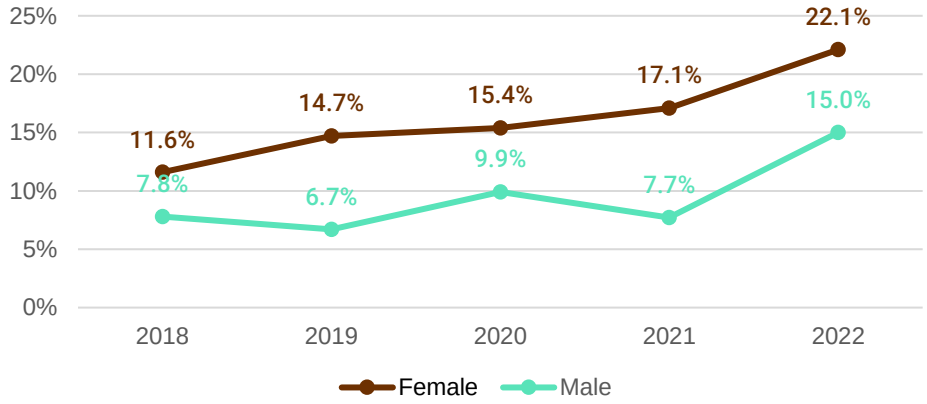
Figure 51: A significantly higher percentage of SHD females reported having **depression** compared to males in 2018, 2019, and 2021. There were no significant changes over time.



Source: Nebraska Behavioral Risk Factor Surveillance System

Percentage of population reporting frequent mental distress in the last 30 days – gender differences

Figure 52: A higher percentage of SHD females reported having **frequent mental distress** in the past 30 days compared to males; however, gender differences were not statistically significant. There were no significant changes over time.

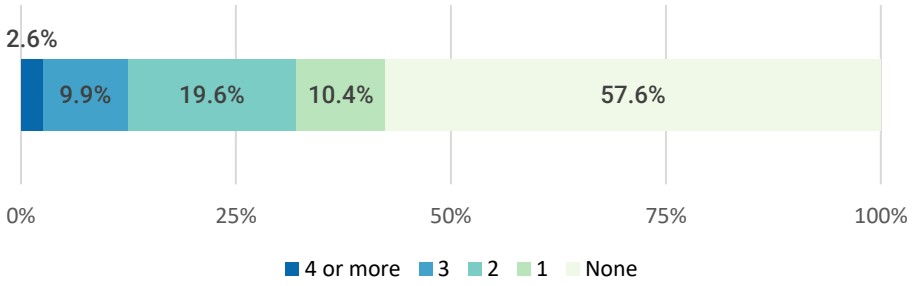


Source: Nebraska Behavioral Risk Factor Surveillance System

Community Perceived Need (results from the 2024 Community Health Needs Assessment Survey and focus group sessions)

Health of Mothers and Babies (focusing on care before birth and preventing baby deaths) was the **3rd most important health issue (tied with health of elders/seniors)** (out of 13 health issues) among SHD CHS survey respondents. The average level of importance was 4.0 on a 5-point scale (1=not important, 5=extremely important). Roughly 4 in 10 SHD CHS survey respondents reported having at least one child living in their home, and a small percentage of survey respondents (2.1%) said they were expecting a child.

Figure 53: About 42% of the respondents report at least one child living in their household (n=561)



The following Maternal/Child Health themes emerged from focus groups of members of the community:

1. Shortage of pediatricians and OB-GYNs
2. Limited number of providers who accept Medicaid
3. Food insecurity for children and rising food costs
4. Shortage of mental health services for children
5. Need for family support programs, including programs for non-English-speaking families
6. Lack of affordable childcare

Infectious & Vaccine Preventable Diseases

Prevalence and Trends

The following graphs show information reported to the SHDHD. Differences described in prevalence and trends data may not be statistically significant; case counts for disease investigations <10 were suppressed/excluded.

- **Positive Lab Tests**: Represent confirmed identification of specific pathogens in an individual through laboratory analysis. These tests are vital for diagnosing diseases and initiating public health response measures.
- **Investigated Cases**: Involve public health action, including contact tracing, case interviews, and risk assessment, to understand transmission dynamics and mitigate disease spread. Investigations are often initiated following a positive lab test and may also include cases identified through clinical diagnoses or community reports.
- **Case Rate per 100,000**: A standardized metric to compare disease burden across populations, calculated by dividing the number of confirmed, probable, suspect cases by the total population per yearly census data and multiplying by 100,000. This measure accounts for population size differences and allows for trend analysis over time or across geographic areas.

For example, while **positive lab tests** confirm the presence of an illness, **investigated cases** reflect broader public health activity aimed at disease containment. The **case rate per 100,000** translates these numbers into a comparable format, revealing trends and highlighting areas of concern in the population.

Summary of Trends and Burden Data shown in Table 12:

1. **Sexually Transmitted Diseases (STDs)**:
    - **Chlamydia**: Rates have steadily decreased from **393.4 per 100,000** in 2020 to **286.2 per 100,000** in 2023.
    - **Gonorrhea**: A sharp decline was seen in 2022 (**22.4 per 100,000**) but increased slightly to **44.7 per 100,000** in 2023.
2. **Stomach-Related Illnesses**:
    - **Campylobacteriosis**: Rates fluctuated but increased from **38.0 per 100,000** in 2020 to **67.1 per 100,000** in 2023.

    - **EPEC (Escherichia coli)**: Rates spiked from **62.6 per 100,000** in 2020 to **98.4 per 100,000** in 2023.
3. **Hepatitis C**:
    - Hepatitis C rates decreased from **120.7 per 100,000** in 2020 to **76.0 per 100,000** in 2022 but slightly rebounded to **114.0 per 100,000** in 2023.
4. **Flu and RSV**:
    - **Flu**: Rates peaked in 2022 at **1182.9 per 100,000** but dropped to **178.9 per 100,000** in 2023.
    - **RSV**: Rates varied, peaking at **511.8 per 100,000** in 2022 and dropping to **84.9 per 100,000** in 2023.
5. **COVID-19**:
    - COVID-19 had the highest burden, with rates peaking at **10,486.1 per 100,000** in 2021 before declining sharply to **1986.9 per 100,000** in 2023.

Overall Burden:

- Respiratory illnesses and COVID-19 accounted for the highest rates of disease burden.
- While rates for STDs and Hepatitis C decreased in recent years, stomach-related illnesses like **Campylobacteriosis** and **E. coli** showed an upward trend.
- Flu and RSV demonstrated seasonal variability, with sharp peaks in 2022.

Table 12: Disease Specific Case rates per 100,000 population (Case Incidence Rate)

Year	STDs (Chlamydia) Case Rate	STDs (Gonorrhea) Case Rate	Campylobacteriosis Case Rate	EPEC (E. coli) Case Rate	Hepatitis Case Rate	Flu Rate	RSV Rate	COVID-19 Rate
2020	393.4	114.0	38.0	62.6	120.7	655.0	239.2	7345.5
2021	348.7	64.8	53.7	96.2	109.5	241.5	239.2	10486.1
2022	290.6	22.4	35.8	35.8	76.0	1182.9	511.8	9627.7
2023	286.2	44.7	67.1	98.4	114.0	178.9	84.9	1986.9

Respiratory, bloodborne, and stomach-related illness; Sexually Transmitted Diseases

Figure 54: From 2020-2022, investigated case counts of respiratory illnesses and STDs have shown an overall downward trend. Bloodborne and stomach-related illnesses investigations increased from 2022-2023.

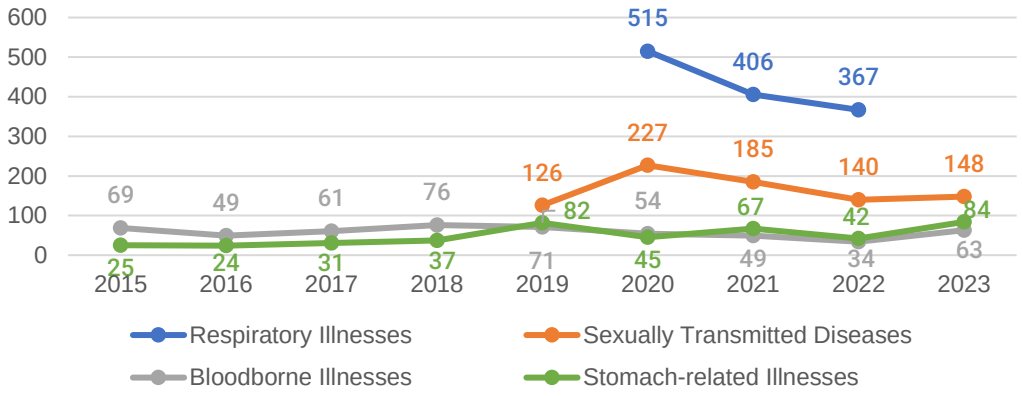


Figure 55: **Positive Lab Tests** of flu and Respiratory Syncytial Virus

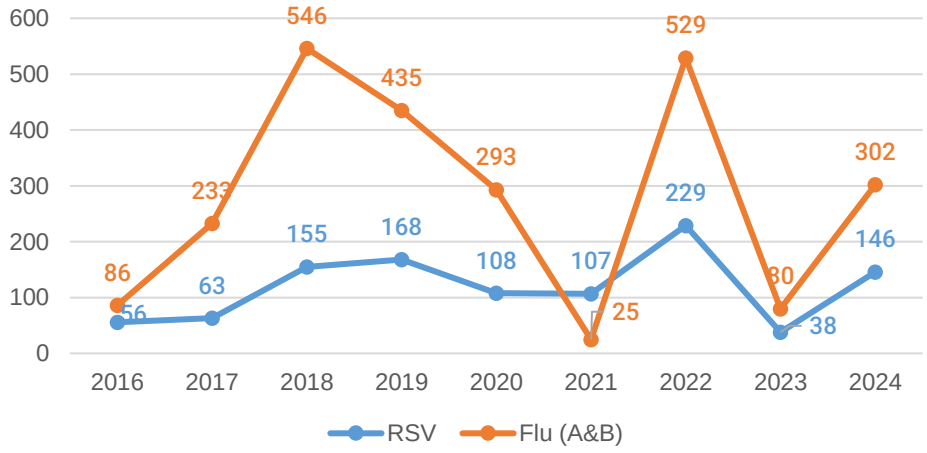


Figure 56: Positive Lab Tests & Investigated Case Counts of Novel Coronavirus, 2020 - 2024

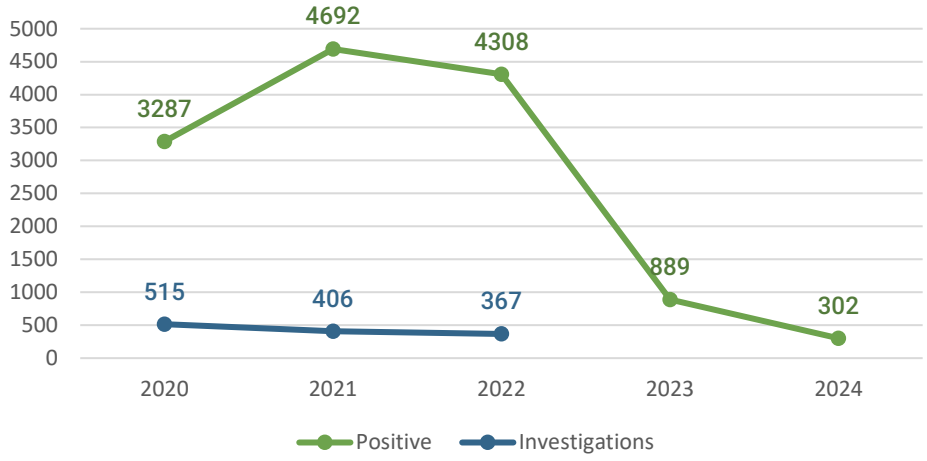


Figure 57: Flu Lab Positivity %

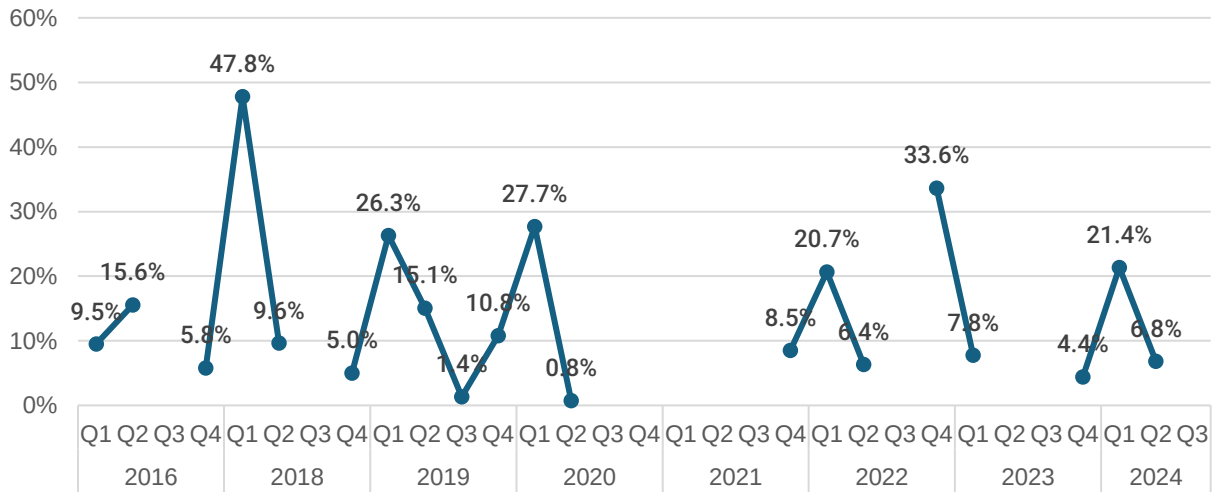


Figure 58: RSV Lab Positivity %

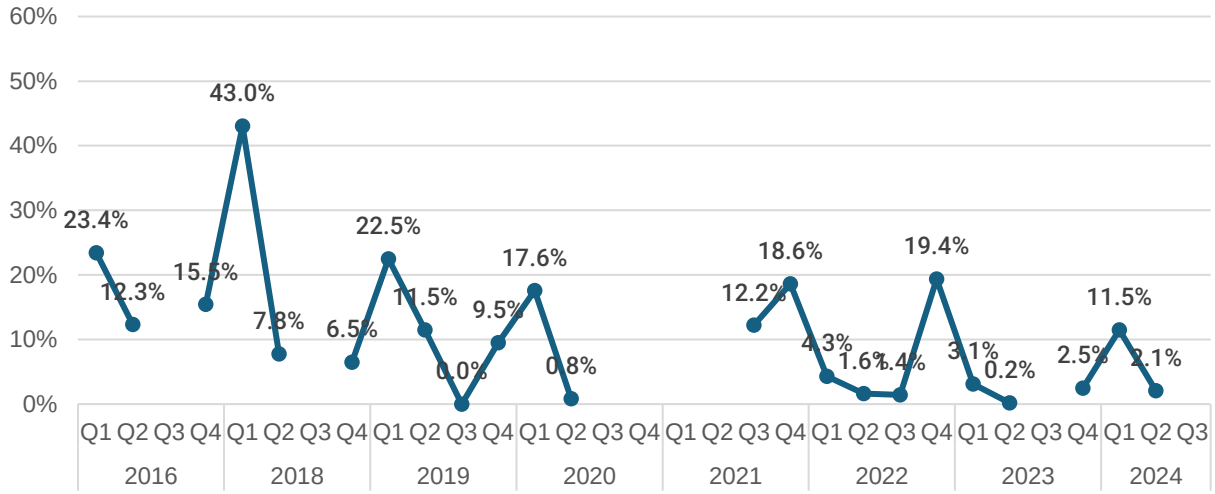
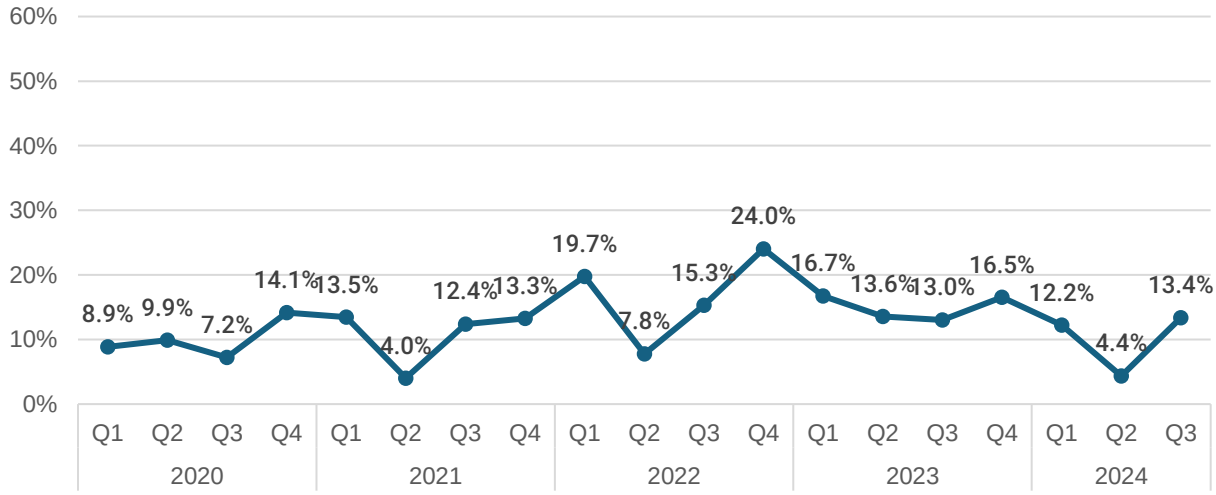


Figure 59: COVID-19 Lab Positivity %



Flu Lab Positivity Summary (Figure 57)

- Flu positivity rates demonstrated variability with notable surges in 2018, 2019 Q4, and 2022 Q2. The recent years (2023–2024) show a downward trend, indicating potential changes in flu season intensity or mitigation measures.

RSV Lab Positivity Summary (Figure 58)

- RSV positivity rates show sporadic spikes, particularly in 2018 and 2019, followed by significant declines in 2022 and 2023. Early data for 2024 suggests a potential slight uptick in positivity rates, requiring ongoing monitoring.

COVID-19 Lab Positivity Summary (Figure 59)

- COVID-19 positivity rates peaked in late 2021 and early 2022 before showing a general decline. Rates remain variable in 2023 and early 2024, suggesting ongoing transmission but at a lower intensity compared to earlier peaks.

Figure 60. Enteropathogenic Escherichia coli (EPEC)-**Stomach-related Illness**

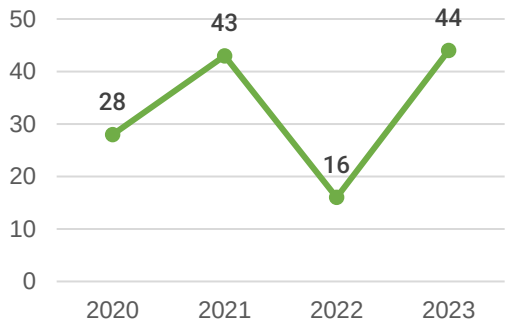


Figure 61: Campylobacteriosis-**Stomach-related Illness**

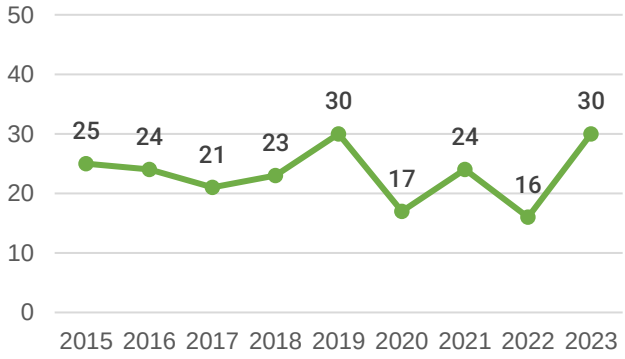


Figure 62: Hepatitis C Virus Infection, chronic or resolved-**Blood borne Illness**

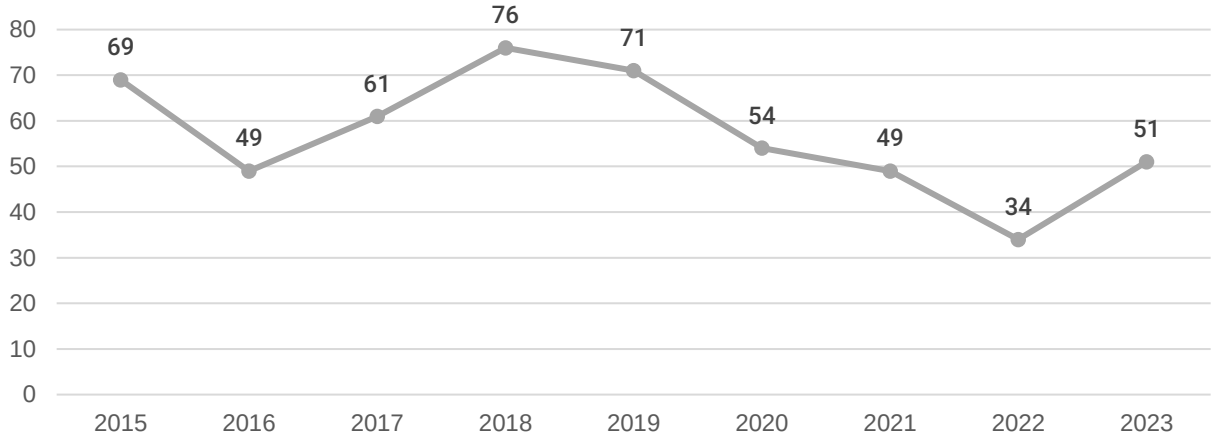
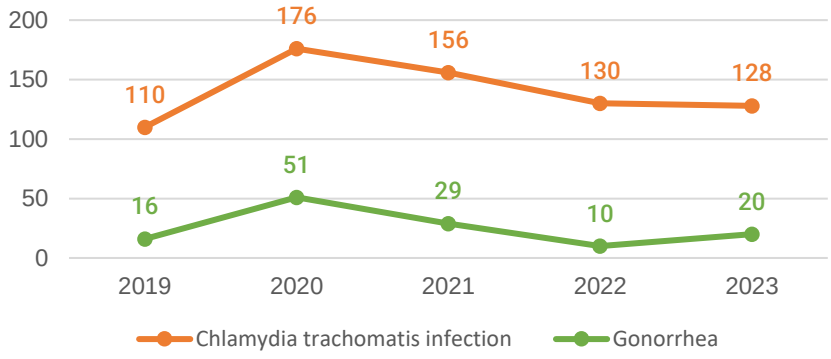


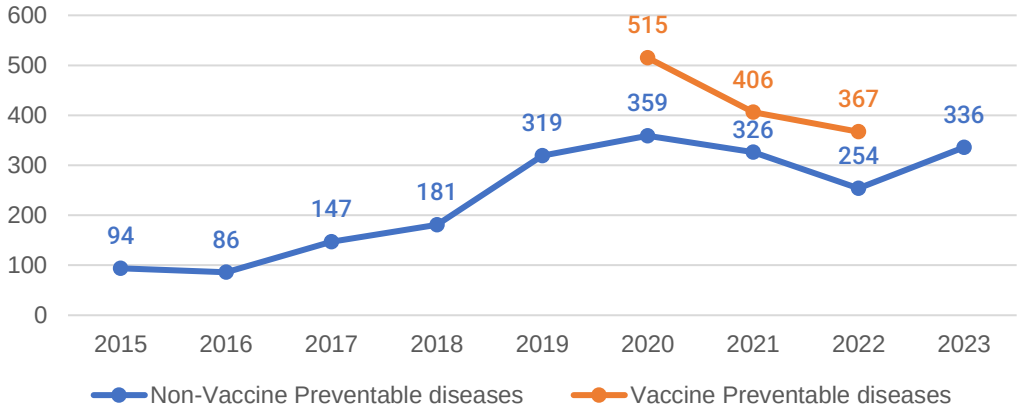
Figure 63: Investigations of **Sexually Transmitted Diseases**: Chlamydia and Gonorrhea cases decreased overall between 2020 and 2023.*



*Case counts for other STIs, including syphilis and HIV/AIDS were too small to report

Vaccine preventable vs. non-vaccine preventable investigations

Figure 64: Investigations for vaccine preventable and non-vaccine preventable diseases decreased from 2020 to 2023. Non-vaccine preventable investigations increased again in 2023.



Vaccines: % of children and adolescents up to date by County, SHD

For Figures 65a-h, the blue bars indicate the % of children or adolescents up to date on that vaccine and the orange diamond represents the target Healthy People 2030 goal.

Fig 65a: **Children** 24-35 months receiving vaccines in **Adams County**.

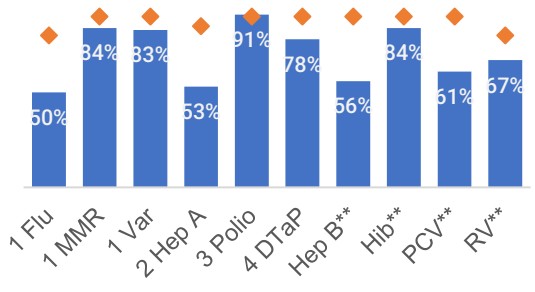


Fig 65b: **Adolescents** 13-17 years receiving vaccines in **Adams County**.

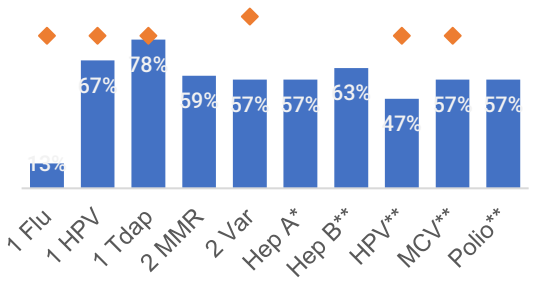


Fig 65c: **Children** 24-35 months receiving vaccines in **Clay County**.

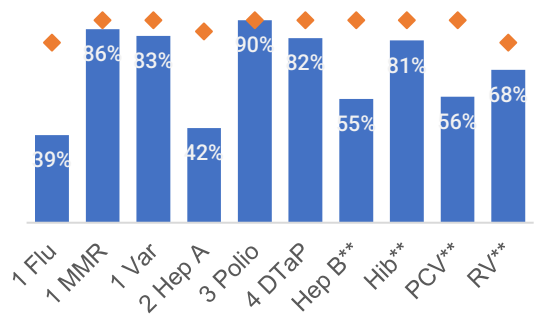


Fig 65d: **Adolescents** 13-17 years receiving vaccines in **Clay County**.

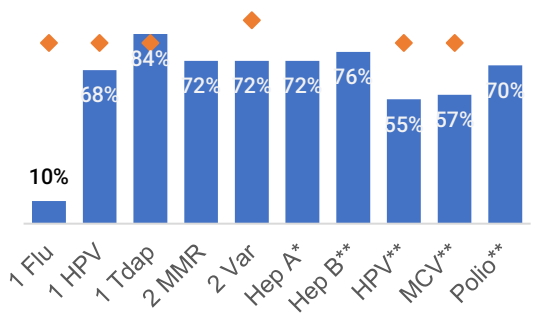


Fig 65e: **Children** 24-35 months receiving vaccines in **Nuckolls County**.

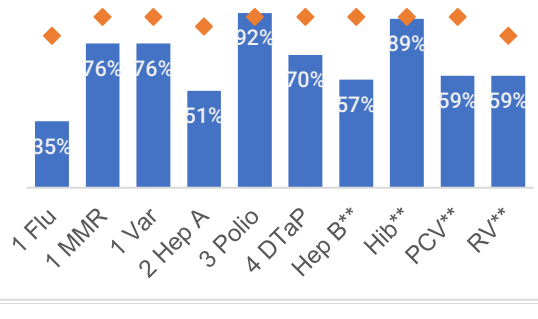


Fig 65f: **Adolescents** 13-17 years receiving vaccines in **Nuckolls County**.

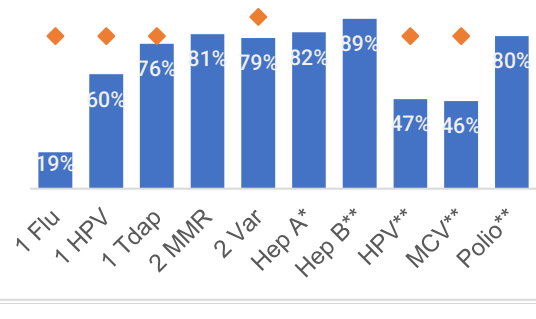


Fig 65g: **Children** 24-35 months receiving vaccines in **Webster County**.

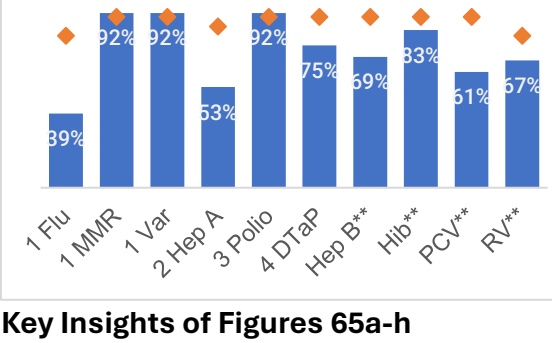
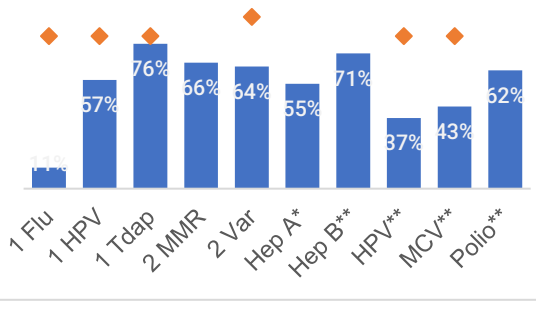


Fig 65h: **Adolescents** 13-17 years receiving vaccines in **Webster County**.



Key Insights of Figures 65a-h

- **Flu vaccination coverage** is consistently the lowest across all counties for both age groups.
- **Polio, MMR, and Tdap vaccines** generally show higher coverage rates in most counties.
- Adolescents show notably lower rates for Human Papilloma Virus (HPV) and meningococcal conjugate vaccine (MCV) vaccines compared to other vaccines.

- There are disparities between counties in both top and lowest coverage rates, indicating potential areas for targeted public health initiatives.

Community Perceived Need (results from the 2024 Community Health Needs Assessment Survey and focus group sessions)

SHD CHS survey respondents rated *Vaccinations and Disease Prevention* (vaccine safety and stopping diseases that vaccines can prevent) as the **5th most important health issue (tied)** (out of 13 health issues). The average level of importance was 3.8 on a 5-point scale (1=not important, 5=extremely important). About one quarter of survey respondents reported not being up to date on any of the recommended vaccines or missing at least one recommended vaccine, and concerns about vaccine safety was cited as the most common reason for not staying up to date on vaccines. While not frequently mentioned int eh focus group sessions, difficulty in accessing vaccines locally was mentioned in one of the focus group of members of the community.

Figure 66: About 1/4 of respondents reported being not being up to date on any recommended vaccines or missing at least one recommended vaccine (n=557)

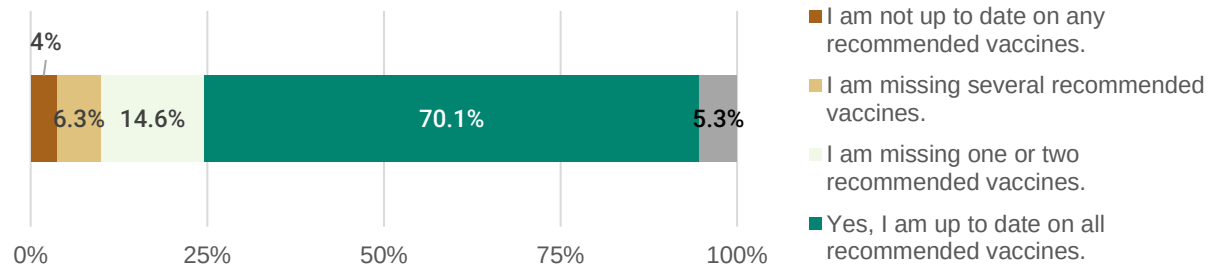
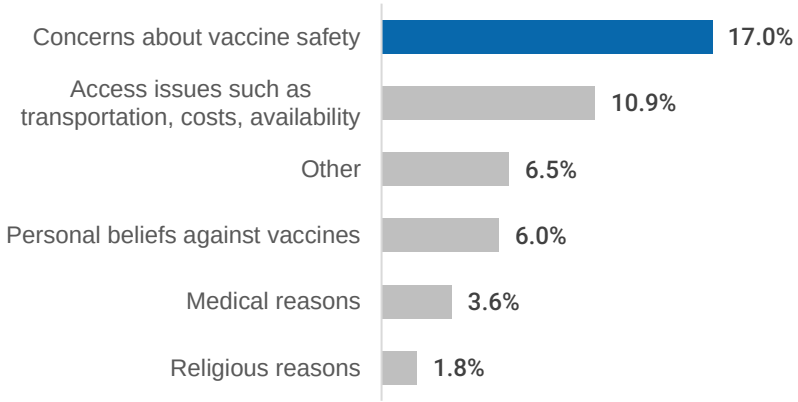


Figure 67: Concerns about vaccine safety was cited as the most common reason for not staying up to date on vaccines (n=477). Figure excludes 67.3% of respondents who said this question was not applicable.



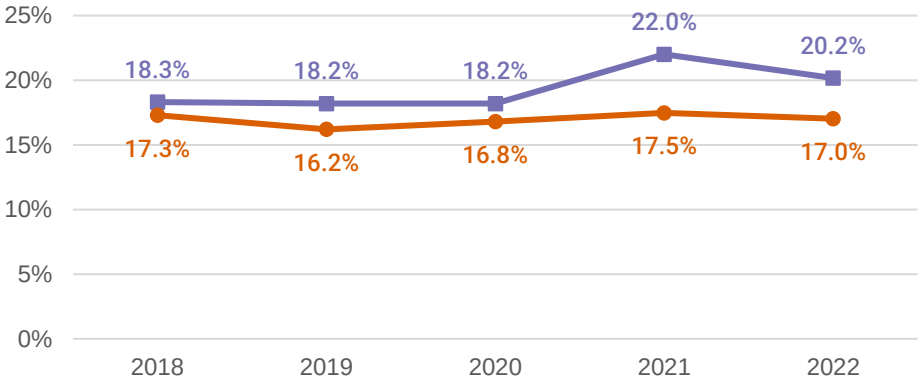
Mental Health & Well-Being

Prevalence and Trends

From 2018-2022, the percentage of adults reporting that they have depression was higher for SHD counties compared to the state, but the difference was not statistically significant. Between 2021 and 2022, the percentage of adults reporting that their mental health was not good for 14 or more of the past 30 days increased for SHD counties; however, the increase was not statistically significant. The percentage of high school students feeling sad or hopeless in SHD counties decreased significantly since 2018. The percentage of high school students who attempted suicide in SHD counties was higher in 2016, 2018, and 2023 compared to the state; however, the differences may not be statistically significant. From 2017-2021, the suicide rate among adults (age adjusted per 100k people) in Adams County was higher than the state and U.S. rate; however, the difference may not be statistically significant.

Depression among adults

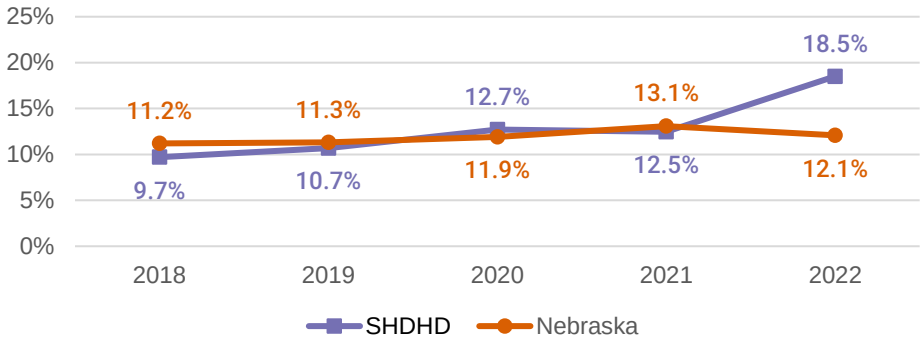
Figure 68. From 2018-2022, the percentage of adults reporting that they have **depression** was higher for SHDHD counties compared to the state, but the difference was not statistically significant.



Source: Nebraska Behavioral Risk Factor Surveillance Survey

Mental health not good for >=14 days among adults

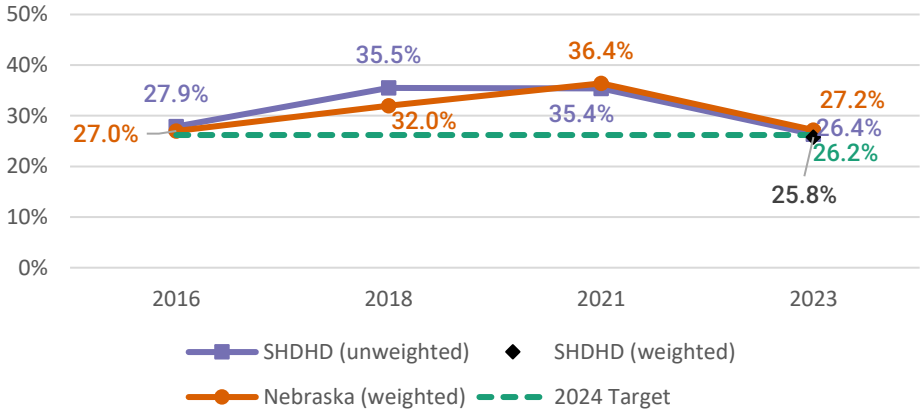
Figure 69: Between 2021 and 2022, the percentage of adults reporting that their **mental health was not good for 14 or more of the past 30 days** increased for SHDHD counties; however, the increase was not statistically significant.



Source: Nebraska Behavioral Risk Factor Surveillance Survey

High school students reporting feeling sad or hopeless almost every day for two weeks or a more in a row causing abandonment of usual activities during the past year

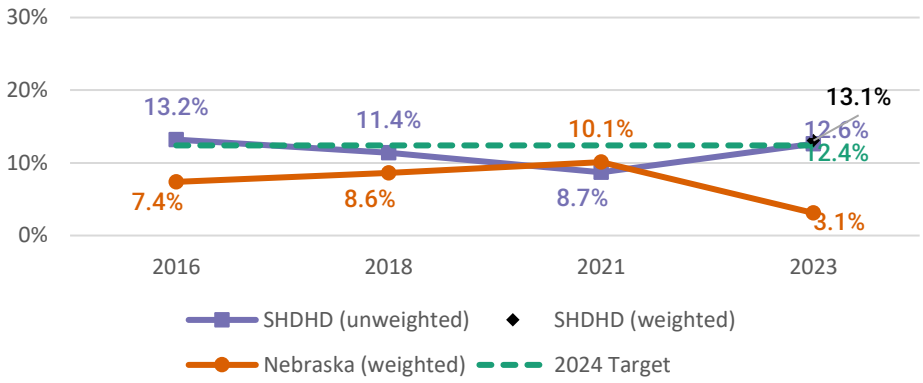
Figure 70: The percentage of high school students **feeling sad or hopeless** in SHDHD counties decreased significantly* since 2018.



Source: Youth Risk Behavior Survey
*95% confident that the difference is real and not just due to chance

Reported suicide attempts by high school students during the past year

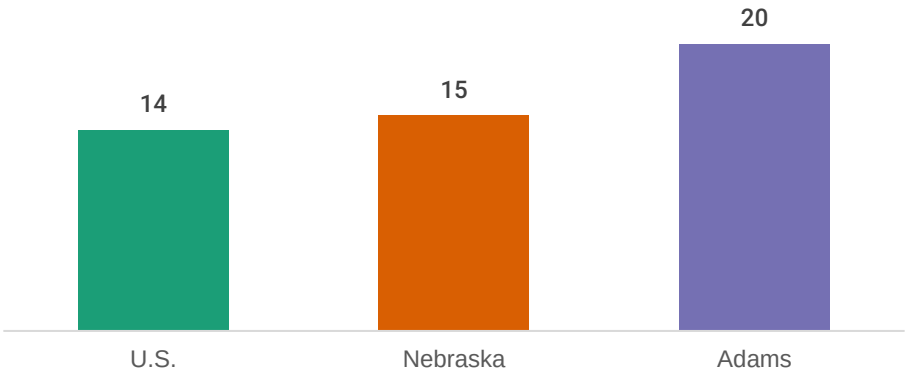
Figure 71: The percentage of high school students who **attempted suicide** in SHDHD counties was higher in 2016, 2018, and 2023 compared to the state; however, the differences may not be statistically significant.



Source: Youth Risk Behavior Survey

Suicide rate among adults

Figure 72: From 2017-2021, the **suicide rate among adults** (age adjusted per 100k people) in Adams County was higher than the state and U.S. rate.^



Source: National Center for Health Statistics - Mortality Files
^data not available for Clay, Nuckolls, and Webster Counties, differences may not be statistically significant

Behavioral Health Providers

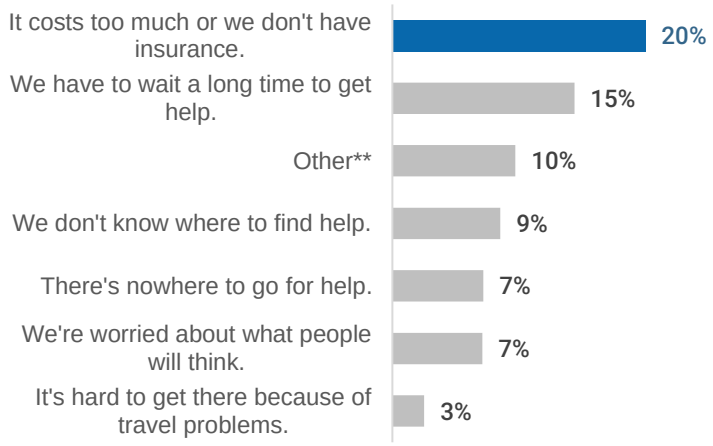
- All Four SHD Counties, along with 84 other Nebraska counties, are designated as a **Mental Health Professional Shortage Area**, as of July 2024 (source: HRSA, Rural Health Information Hub).

Community Perceived Need (results from the 2024 Community Health Needs Assessment Survey and focus group sessions)

SHD CHS survey respondents rated *Mental Well Being (*which includes feelings of sadness, worry, and stress) was tied as the **2nd most important health issue** (out of 13 health issues). The average level of importance was 4.1 on a 5-point scale (1=not important, 5=extremely important).

Like barriers with general healthcare, cost was cited as the most common barrier to getting help for mental or behavioral health issues/problems. Less than half of SHD CHS survey respondents reported utilization of professional help from a counselor or therapist for mental and behavioral health issues/problems for themselves or their family, and nearly half of survey respondents reported that they sometimes, often, or always felt lonely, isolated, depressed, hopeless, stressed, or overwhelmed in the past year.

Figure 73: Cost was cited as the most common barrier to getting help when feeling sad, worried, behavioral problems, etc. (n=506).



** other responses include time constraints and barriers related to access to services

Figure 74: Nearly half of respondents indicated that they or their family have utilized professional help from a counselor or therapist about feeling said, worried, behavioral problems, etc. (n=558).

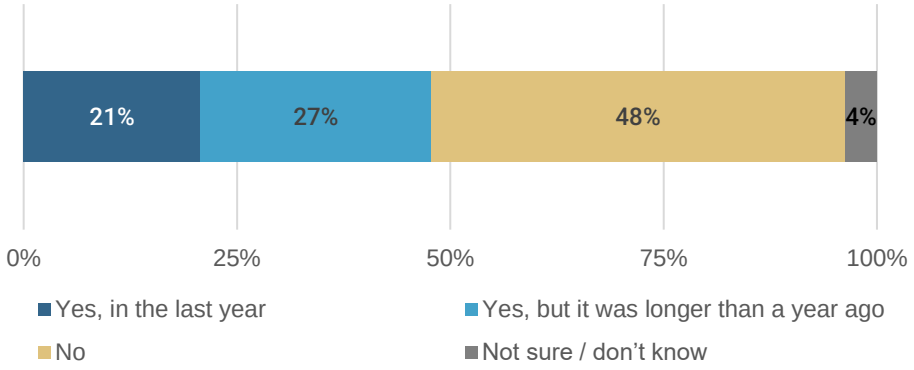
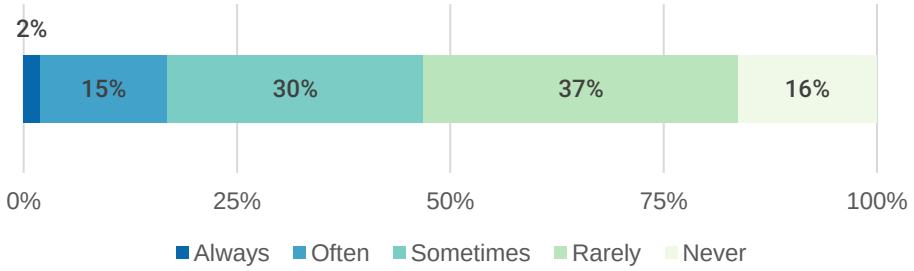


Figure 75: Nearly half of respondents reported that they sometimes, often, or always felt lonely, isolated, depressed, hopeless, stressed, or overwhelmed in the past year. (n=566)



Results from a focus group of community members highlight the pressing need for improved access to mental health services, with particular emphasis on the shortage of providers, long wait times, and challenges for Medicaid patients. Financial stress, stigma, language barriers, and the lack of community-based mental health support further exacerbate the mental health challenges.

Safety, Injury & Harms

Prevalence and Trends

Differences described in prevalence and trends data for this section may not be statistically significant, unless otherwise stated.

For motor vehicle safety, in 2020, SHD counties had a lower percentage of crashes that resulted in injury compared to the state, but Clay county had a higher percentage of crashes that were fatal compared to the state and other SHD counties. Clay county also had a higher percentage of crashes with alcohol involvement compared to the state and other SHD counties. Seat belt use for adults and teens was consistently lower for SHD residents compared to the state. Nearly half of SHD high school students reported engaging in distracted driving behaviors such as texting while driving in 2023, but the percentage of all high school students reporting impaired driving has decreased since 2016.

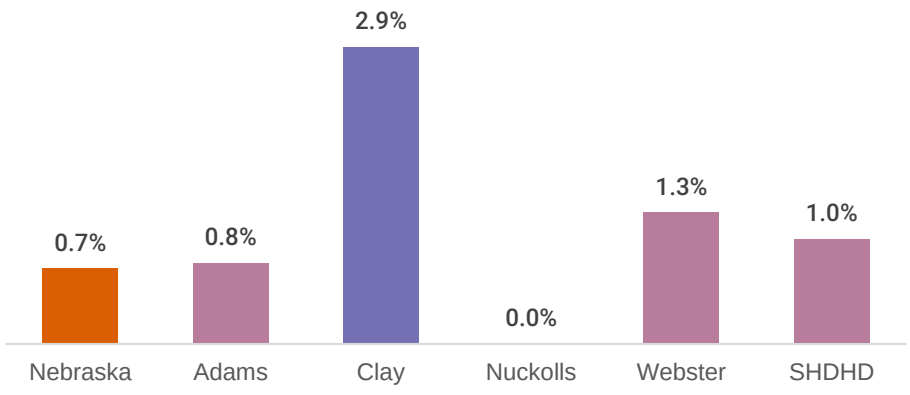
Adams and Clay counties reported decreasing trends in jail admissions since 2021, and in 2023, Adams County had a higher crime rate compared to the state overall. SHD counties saw an increase in the number of domestic abuse reports between 2021 and 2022.

Crash data

Table 13. Total number of vehicle crashes in Nebraska and SHD counties – 2020

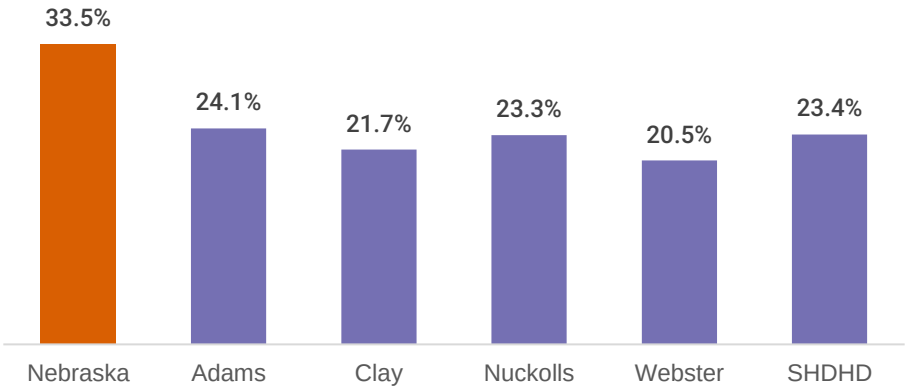
Nebraska	Adams	Clay	Nuckolls	Webster	SHD
29,418	506	69	30	78	683

Figure 76: In 2020, Clay county had a higher **percentage of crashes that were fatal** compared to the state and other SHDHD counties.



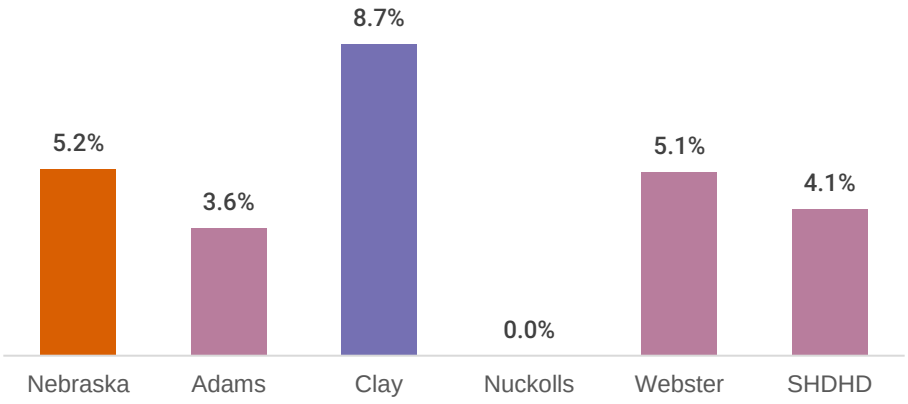
Source: Nebraska Department of Transportation

Figure 77: In 2020, SHDHD counties had a lower **percentage of crashes that resulted in injury** compared to the state.



Source: Nebraska Department of Transportation

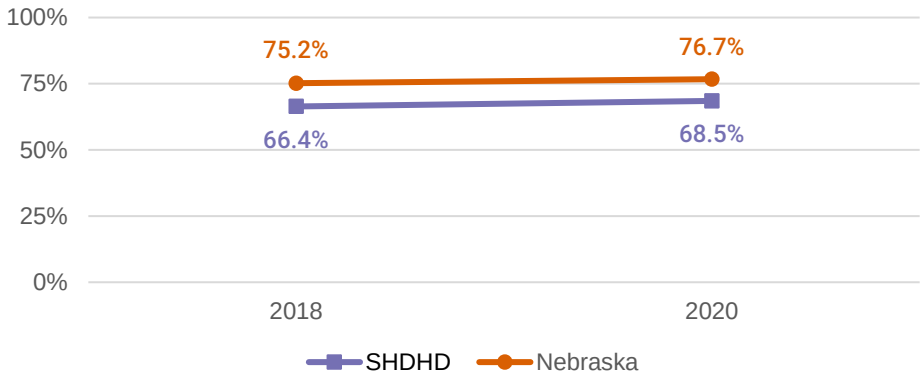
Figure 78: In 2020, Clay county had a higher **percentage of crashes with alcohol involvement** compared to the state and other SHDHD counties.



Source: Nebraska Department of Transportation

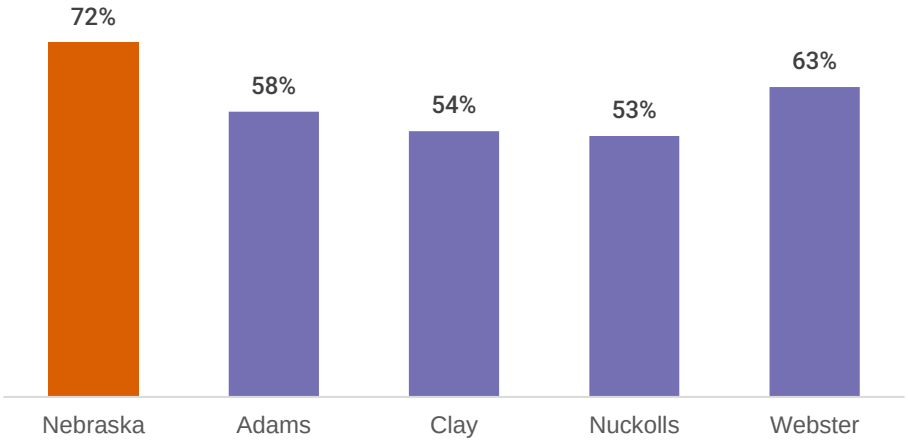
Safe driving behaviors

Figure 79: The percentage of adults who reported **always wearing a seat belt** was significantly* lower for SHDHD counties compared to the state in 2018 and 2020, but no significant change over time.



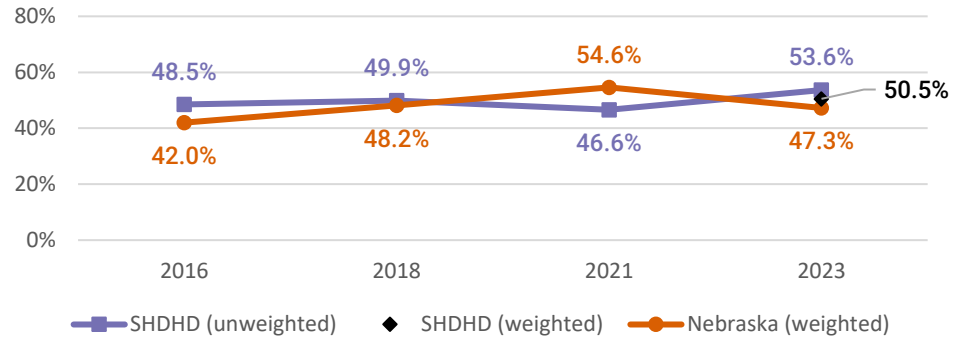
Source: Nebraska Behavioral Risk Factor Surveillance Survey
* 95% confident that the difference is real and not just due to chance

Figure 80: In 2020, SHDHD counties had a lower **percentage of teen seat belt use** compared to the state.



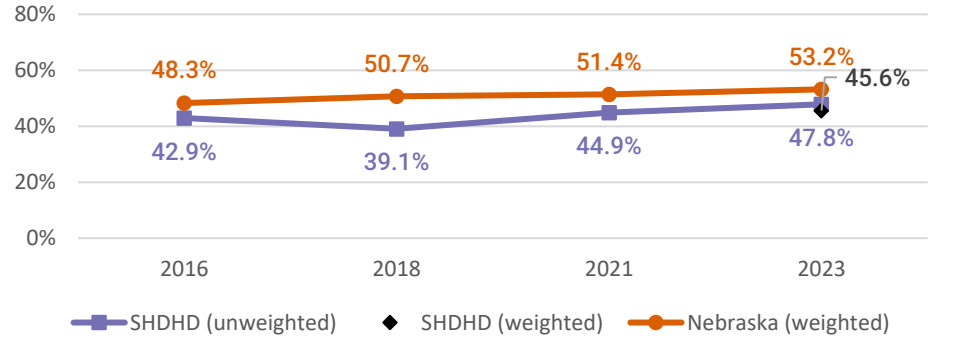
Source: Nebraska Department of Transportation

Figure 81: The percentage of high school students who **did not always wear a seat belt when riding in a car driven by someone else** increased slightly for SHDHD counties since 2016. This trend may not be statistically significant.



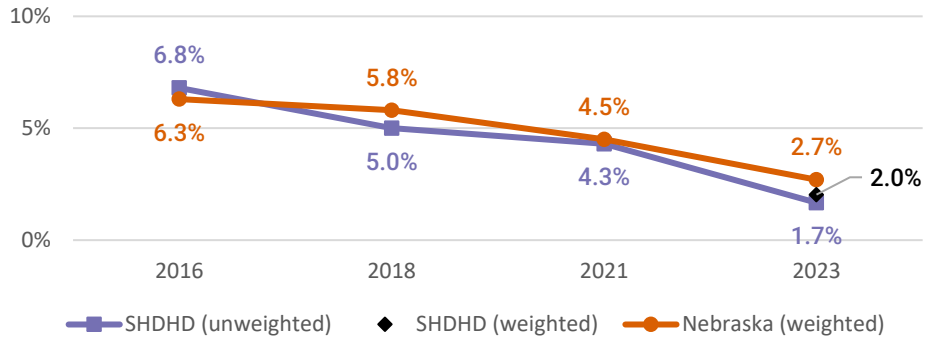
Source: Youth Risk Behavior Survey

Figure 82: The percentage of high school students who **texted or e-mailed while driving a vehicle in the past 30 days** increased slightly for SHDHD counties since 2016 but was lower compared to the state. Differences and trends may not be statistically sign



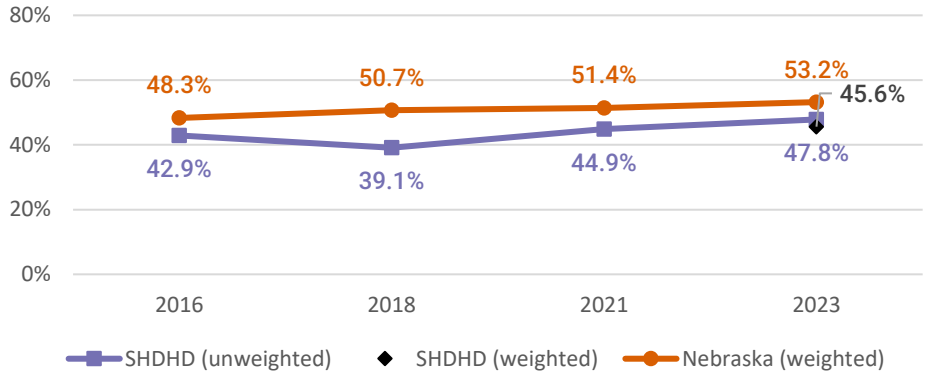
Source: Youth Risk Behavior Survey

Figure 83: The percentage of high school students who **drove while alcohol impaired in the past 30 days** decreased for SHDHD counties and the state since 2016. This decrease was significant* at the state level but may not be locally.



Source: Youth Risk Behavior Survey
* 95% confident that the difference is real and not just due to chance

Figure 84: The percentage of high school students who **texted or e-mailed while driving a vehicle in the past 30 days** increased slightly for SHDHD counties since 2016 but was lower compared to the state.



Source: Youth Risk Behavior Survey

Crime

Figure 85: Annual jail admissions for Adams County increased from 2016 to 2021 and decreased from 2021 to 2023.

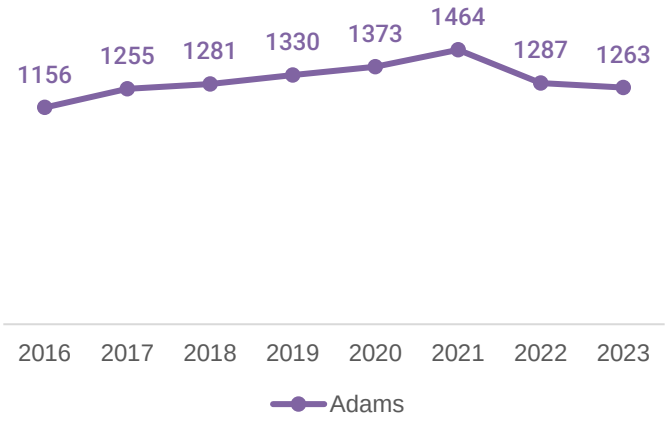


Figure 86: Average length of a jail stay was lower for Adams compared to Clay and Webster.

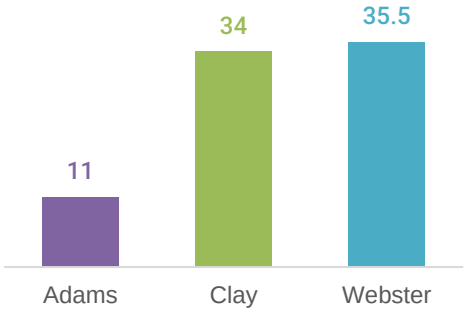
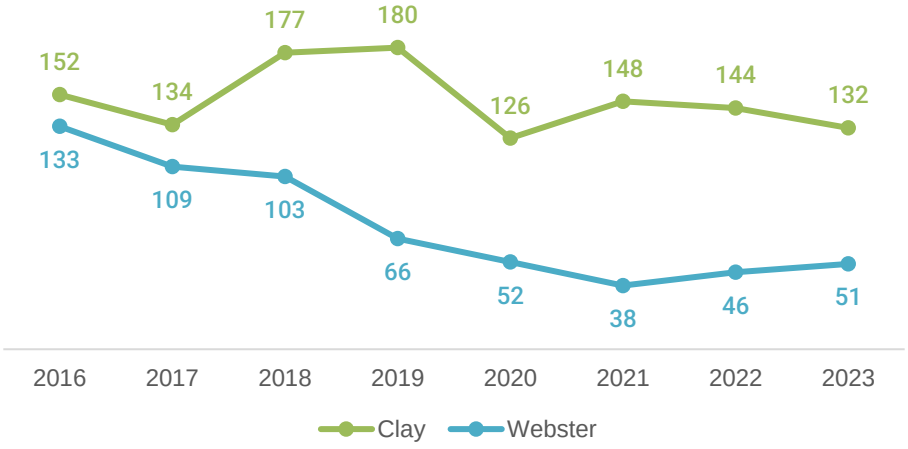
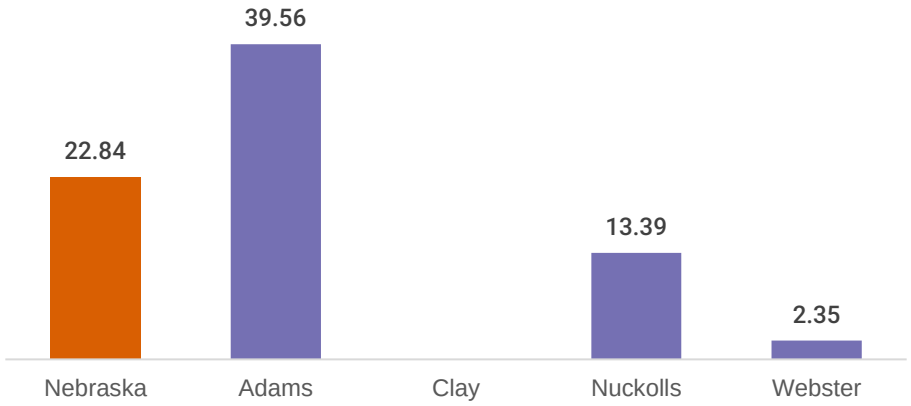


Figure 87: Annual jail admissions for Clay and Webster County decreased from 2019 to 2023.



Source: NE Crime Commission; Adams, Clay, Webster Co. Sheriffs offices
Data not available for Nuckolls County

Figure 88: In 2023, Adams County had a higher crime rate (offenses per 1,000 people) compared to the state. Data for Clay County N/A.



Source: NE Crime Commission, FBI Uniform Crime Reports

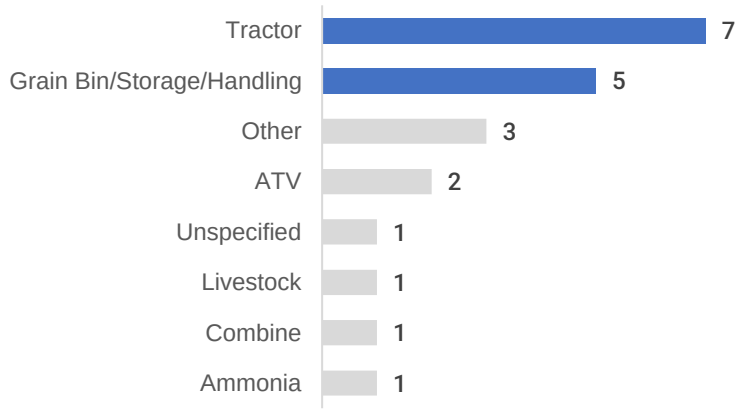
Table 14: Domestic abuse reports – Nebraska and SHD Counties

Domestic abuse reports (includes total number of aggravated domestic assaults and simple domestic assaults reported as well as those cleared by arrest or exceptional means)						
Year	Nebraska	Adams	Clay	Nuckolls	Webster	SHDHD
2021	5255	76	6	0	0	82
2022	5450	113	6	0	4	123

Source: NE Crime Commission

Agricultural Safety

Figure 89: Of the 21 agriculture-related injuries in the South Heartland District tracked by CS-CASH from 2012 to 2019, most were categorized as being tractor-related or grain bin/storage/handling-related injuries.



The injuries reported by CS-CASH in the South Heartland District from 2012-2019 involve various incidents, such as falls from machinery, collisions with vehicles, entrapment in grain bins, animal assaults, and being struck or run over by farm equipment. Several cases also involved severe accidents like explosions, equipment malfunction, and crashes at intersections or unmarked crossings.

Source: Central States Center for Agricultural Safety and Health. Link to map

Community Perceived Need (results from the 2024 Community Health Needs Assessment Survey and focus group sessions)

Safety and Harm (including violence at home, accidents and injuries from guns) was tied as the **6th most important health issue** (out of 13 health issues) among SHD CHS survey respondents. The average level of importance was 3.7 on a 5-point scale (1=not important, 5=extremely important). For the most part, SHD CHS survey respondents reported feeling safe in their communities, and few reported they or someone in their household have been a victim of violence or crime in their neighborhood in the past year.

Figure 90: Few respondents (2.5%) reported feeling somewhat or very unsafe in their community. (n=567)

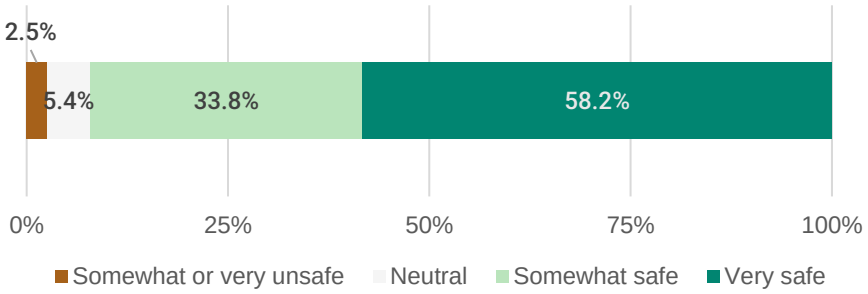
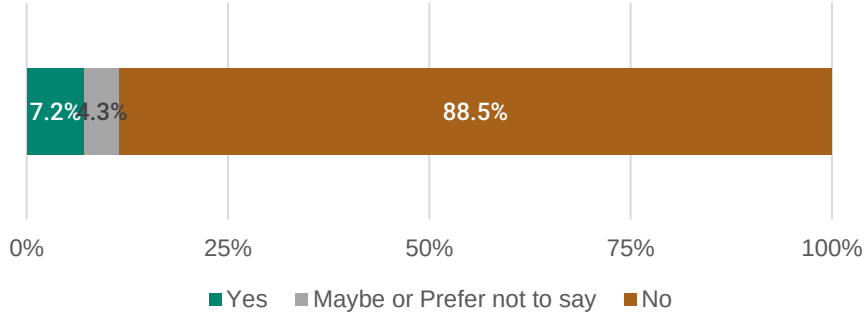


Figure 91: Few respondents (<10%) report that they or someone in their household has been a victim of violence or crime in their neighborhood in the past year (n=567)



Focus groups of members of the community revealed some safety concerns across the four counties, including issues related to the growing issue of youth vaping, substance misuse, distracted driving, and the shortage of emergency medical services in more rural areas. In addition, some participants cited unsafe housing conditions and inadequate access to mental health services as issues that exacerbate safety risks for vulnerable populations.

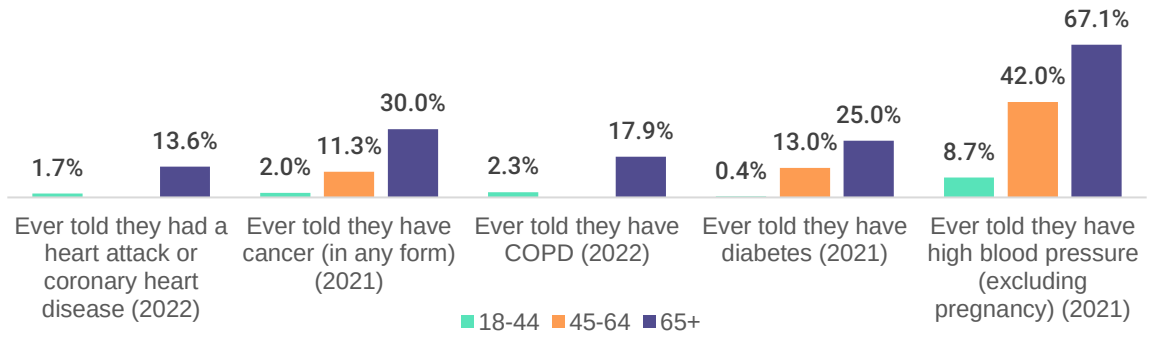
Senior Health

Prevalence and Trends

Data from the 2021 and 2022 BRFSS show that SHD residents in the 65+ age group are worse off in several chronic disease indicators when compared to the 18-44 and 45-64 age groups. However, when compared to the other two age groups, SHD residents in the 65+ age group report that they are more likely to see a doctor regularly, have better mental health outcomes, and are less likely to use substances. According to local hospital data, those in the 65+ age group experience more Emergency Department (ED) visits for falls compared to other age groups. The number of falls for this age group have increased since 2019.

Percentage of adults who reported being told they have one of the following chronic health conditions (Heart attack or coronary heart disease, Cancer, COPD, Diabetes, or High blood pressure).

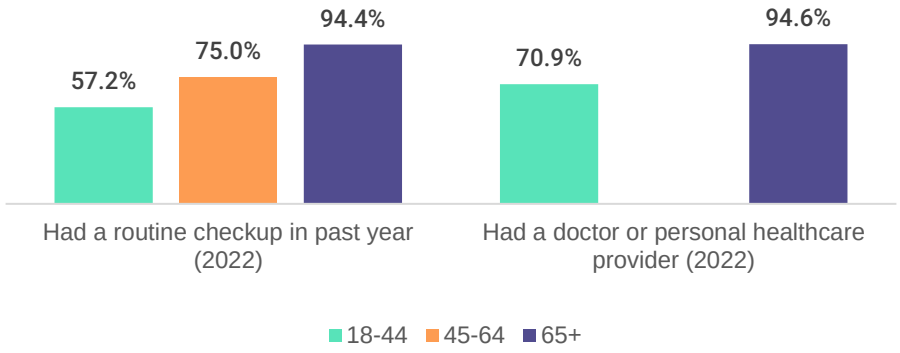
Figure 92: A significantly* higher percentage of SHD area adults in the 65+ age category reported being told they have one of the following chronic health conditions (compared to those in the 45-64 and 18-44 age categories).



Source: Nebraska Behavioral Risk Factor Surveillance Survey
** 95% confident that the difference is real and not just due to chance*

Percentage of SHD adults reporting having healthcare access (routine checkup and personal healthcare provider).

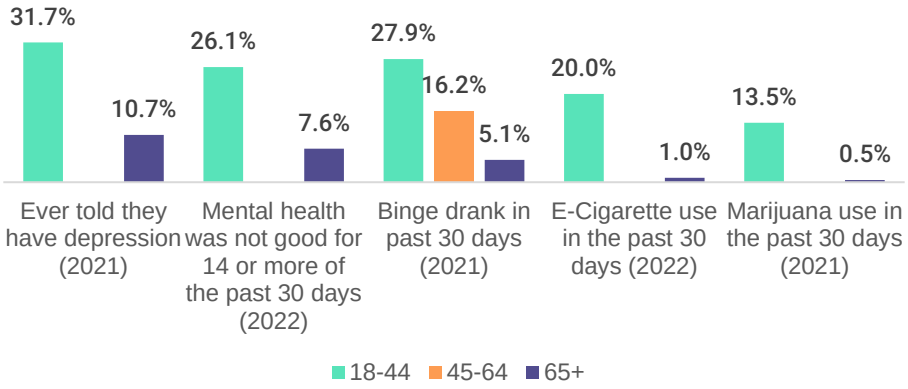
Figure 93: A significantly* higher percentage of SHD area adults in the 65+ age category reported having healthcare access (compared to those in the 45-64 and 18-44 age categories).



Source: Nebraska Behavioral Risk Factor Surveillance Survey
** 95% confident that the difference is real and not just due to chance*

Percentage of SHD adults reporting having depression, mental distress, and use of substances.

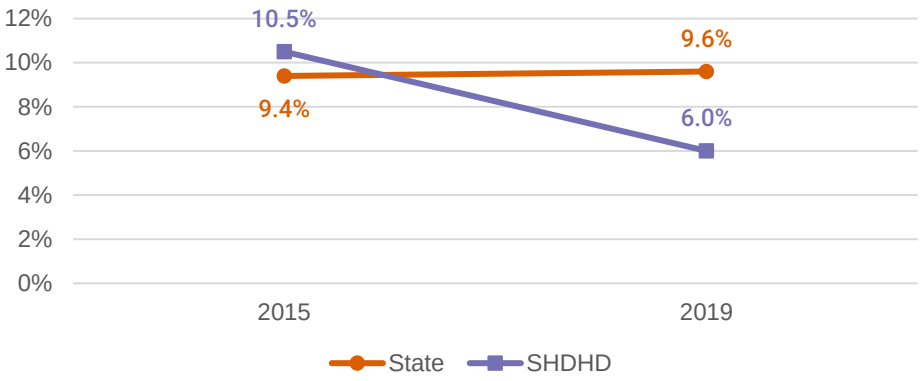
Figure 94: A significantly* lower percentage of SHD area adults in the 65+ age category reported having depression, mental distress, and use of substances (compared to those in the 45-64 and 18-44 age categories).



Source: Nebraska Behavioral Risk Factor Surveillance Survey
** 95% confident that the difference is real and not just due to chance*

Percentage of adults 45+ who experienced more or worsening confusion or memory loss in the past year.

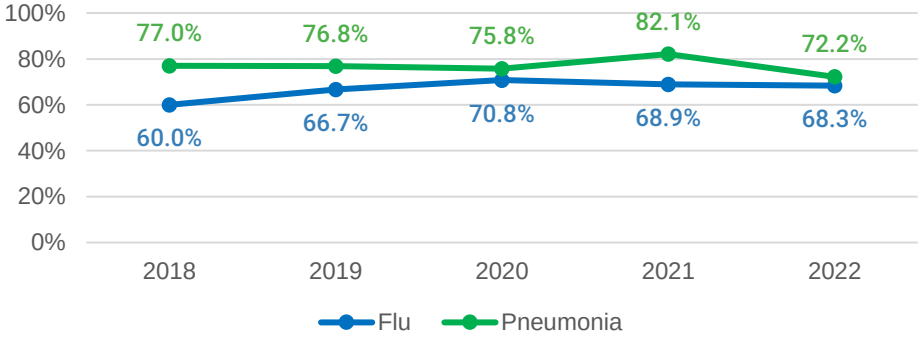
Figure 95: The percentage of adults 45 and older who experienced more or worsening confusion or memory loss in the past year decreased from 2015-2019 for SHDHD counties but the decrease was not statistically significant.



Source: Nebraska Behavioral Risk Factor Surveillance Survey

The percentage of adults 65+ who received a flu vaccine in the last year and those who ever received a pneumonia vaccine.

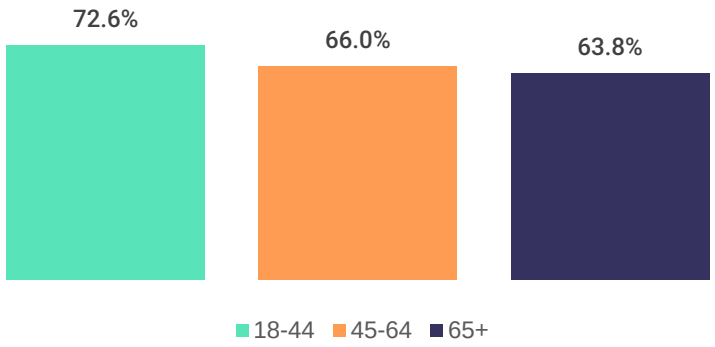
Figure 96: The percentage of SHD adults 65 and older who received a flu vaccine in the past year increased over time and those who ever received a pneumonia vaccine remained stable, but the trends were not statistically significant.



Source: Nebraska Behavioral Risk Factor Surveillance Survey

The percentage of adults 18+ who reported having a tetanus vaccination since 2005.

Figure 97: In 2022, a lower percentage of SHD area adults in the 65+ age category reported having a **tetanus vaccination** since 2005 (compared to those in the 45-64 and 18-44 age categories), but the differences were not statistically significant.



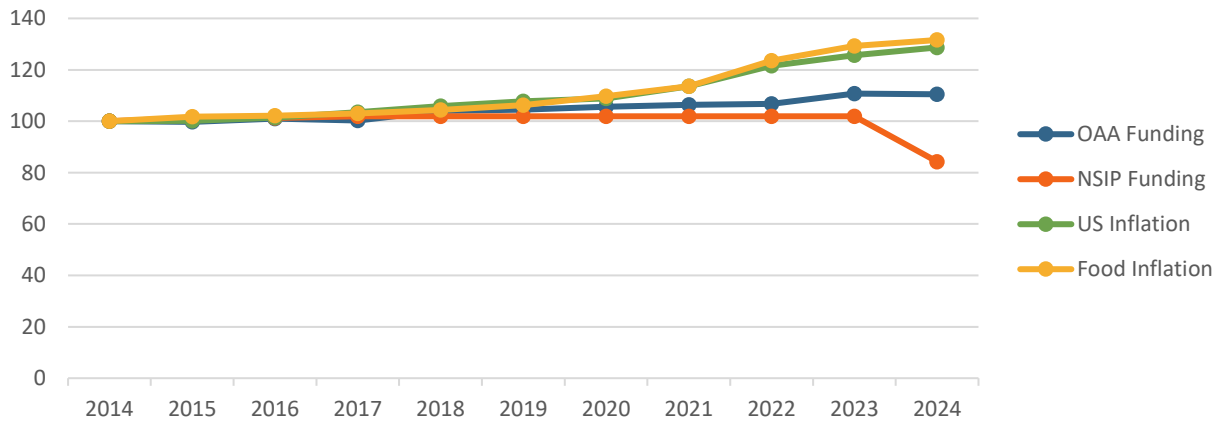
Source: Nebraska Behavioral Risk Factor Surveillance Survey

MAAA Information

MAAA seniors are currently experiencing a larger gap in resources than years prior; much beyond what MAAA funding allows. Although Social Security payments do match cost of living increases year over year, food prices have been outpacing inflation by an additional 3% in recent years, leaving those seniors who rely solely on social security payments in a deeper deficit. To make matters worse, US OAA funding to support MAAA programs, which help fill that gap, are not keeping up with inflation.

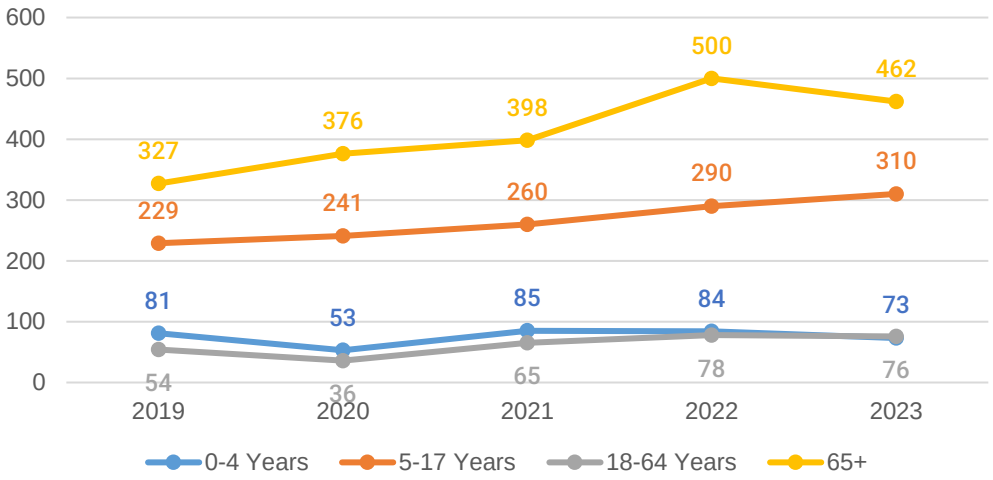
Based on usinflationcalculator.com and the ACL the following chart (Figure 111) can be used to illustrate the changes in funding vs the changes with inflation.

Figure 98: Relevant % Changes in Cost Gaps From 2014 to Present



Emergency Department visits for falls.

Figure 99: Those in the 65+ age group experience more Emergency Department (ED) visits for falls compared to other age groups. The number of falls for this age group have increased since 2019.



Source: SHDHD, Mary Lanning Healthcare

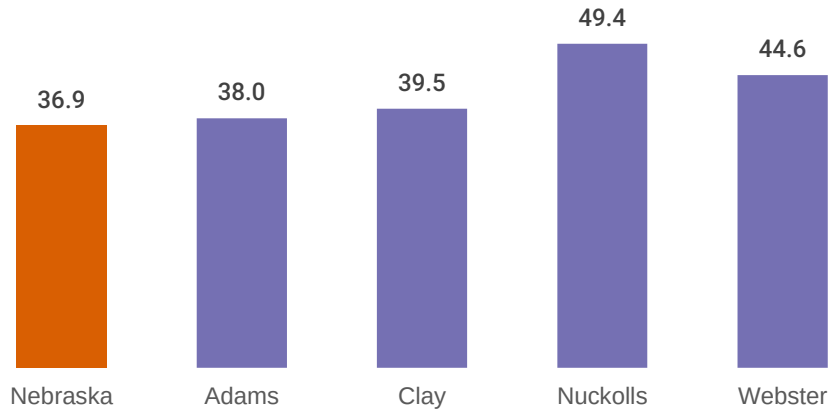
Table 15. Mary Lanning Healthcare – Falls Data Among Patients 65+

Year	E.D. visits due to falls	Admissions, transfers, or deaths due to falls
2023	969	145
2024 (through 9/15/2024)	410	86

Source: SHDHD, Mary Lanning Healthcare

Median age of population

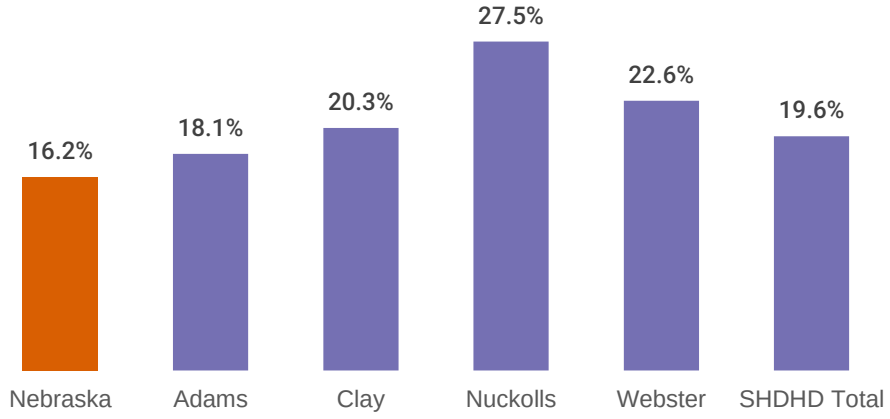
Figure 100: SHDHD counties have a higher **median age** compared to the state, especially in Nuckolls and Webster.



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates: Table DP05

Percentage of population 65+

Figure 101: SHDHD counties have a higher **percentage of population 65 years and over** compared to the state, especially in Nuckolls and Webster.



Community Perceived Need (results from the 2024 Community Health Needs Assessment Survey and focus group sessions)

Health in elders-seniors (including memory loss diseases and care for older adults) was tied (with *Health of Mothers and Babies*) as the 3rd most important health issue (out of 13 health issues) among survey respondents. The average level of importance was 4.0 on a 5-point scale (1=not important, 5=extremely important). **16.5%** (of 250 survey respondents) indicated that **Elder Care Support** is a family support resource they need. This was the 6th most selected resource from a list of 10 different options.

The following senior health themes emerged from focus groups of members of the community:

1. Limited availability of in-home care services, assisted living facilities
2. Transportation barriers
3. Concerns about the high costs of housing, in-home care services

Social Determinants of Health (SDOH)

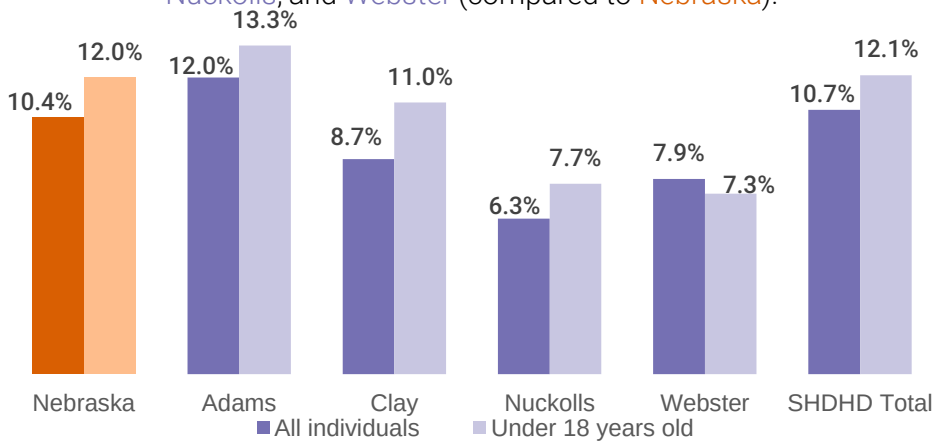
Prevalence and Trends

Note that differences described in prevalence and trends data for this section may not be statistically significant.

The percent of the population living below the poverty level was higher for Adams, but lower for Clay, Nuckolls, and Webster (compared to Nebraska). Unemployment rates for SHDHD counties have decreased after reaching a high in 2020. Adams, Clay, and Nuckolls counties had a higher percentage of students eligible for free and reduced lunch compared to the state. SHD counties had a slightly higher percentage of persons age 25 or older that are high school graduate or higher compared to the state and U.S., and SHD counties had a lower percentage persons age 25 or older with a bachelor's degree or higher compared to the state and U.S. Overall, housing costs in the SHD area are more affordable compared to state and national rates. SHD counties had a lower median rent and cost burden. Additionally, SHD counties had a higher percentage of homeowners compared to the state and U.S.

Percentage of population living below the poverty level

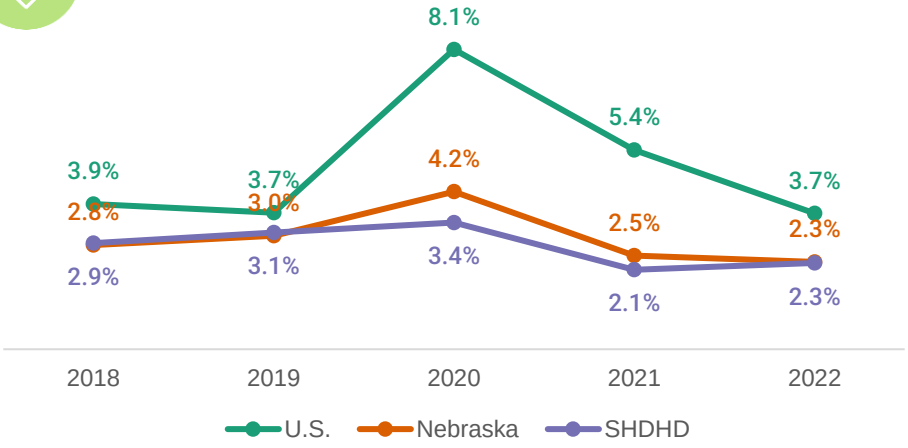
Figure 102: The percent of the population living below the poverty level was higher for Adams, but lower for Clay, Nuckolls, and Webster (compared to Nebraska).



Source: ACS 5-year estimates, 2018-2022, Table S1701

Unemployment rates

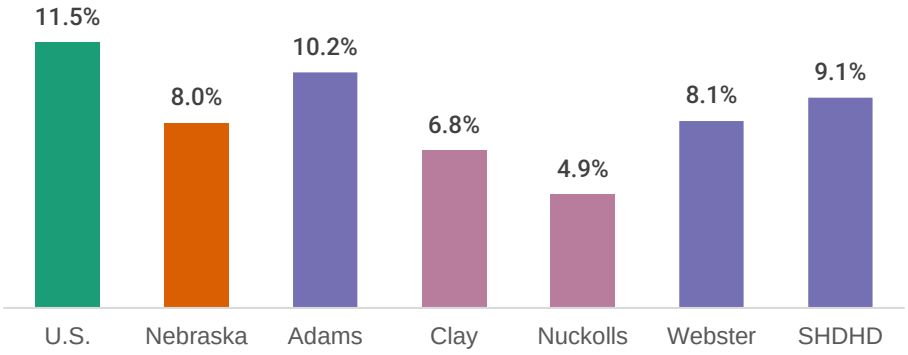
Figure 103: Unemployment rates for SHDHD counties have decreased after reaching a high in 2020.



Source: County Health Rankings/ US Department of Labor, Bureau of Labor Statistics

Percentage of people receiving SNAP benefits

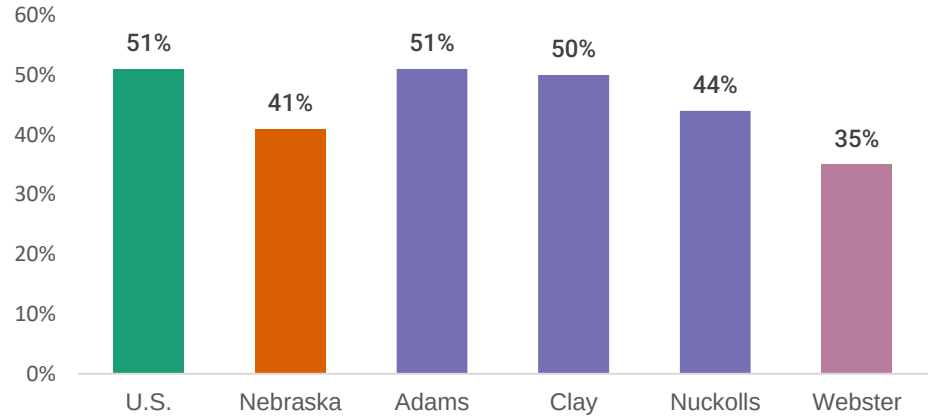
Figure 104: Adams and Webster counties had a higher percentage of people receiving SNAP benefits compared to the state, but all SHDHD counties were lower than the national percentage.



Source: ACS 5-year estimates, 2018-2022, Table S2201

Percentage of students eligible for free and reduced lunch.

Figure 105: Adams, Clay, and Nuckolls counties had a higher **percentage of students eligible for free and reduced lunch** compared to the state.



Source: The National Center for Education Statistics (NCES); 2021-2022

Social Vulnerability

Table 9 shows the Social Vulnerability Index (SVI) Scores for each of the SHD counties. Social Vulnerability refers to the demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities that encounter hazards and other community-level stressors. These stressors can include natural or human-caused disasters (such as tornadoes or chemical spills) or disease outbreaks (such as COVID-19). SVI Scores range from 0 (least vulnerable) to 1 (most vulnerable). Scores are determined based on comparison to other Nebraska counties. The SVI score for Adams County is relatively high, and scores for Nuckolls and Webster are relatively low.

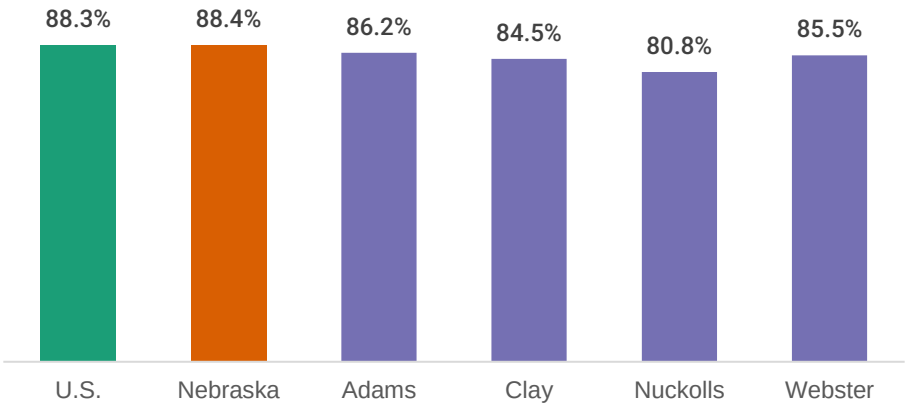
Table 16. Social Vulnerability Index (SVI) –Scores, 2022

Adams	Clay	Nuckolls	Webster
0.9022 (high)	0.3804 (low to medium)	0.1087 (low)	0.1848 (low)

Source: CDC and the Agency for Toxic Substances and Disease Registry

Broadband internet access

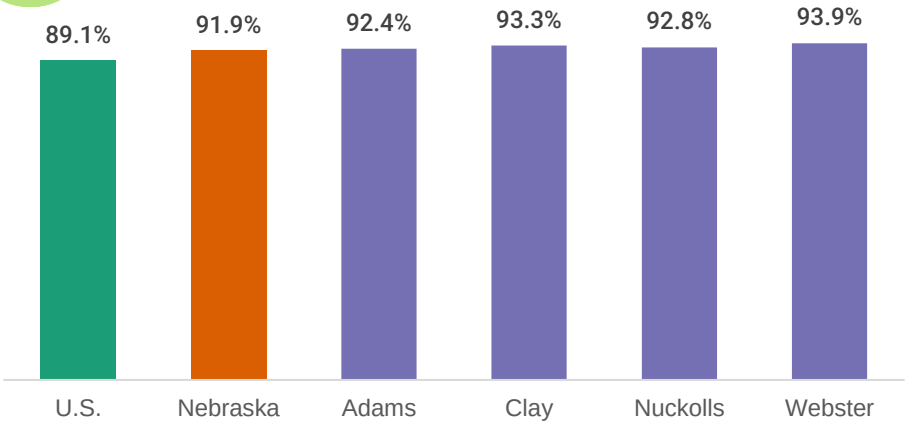
Figure 106: SHDHD counties had a slightly lower **percentage persons with broadband internet access** compared to the state and U.S.



Source: ACS 5-year estimates, 2018-2022, Table S2801

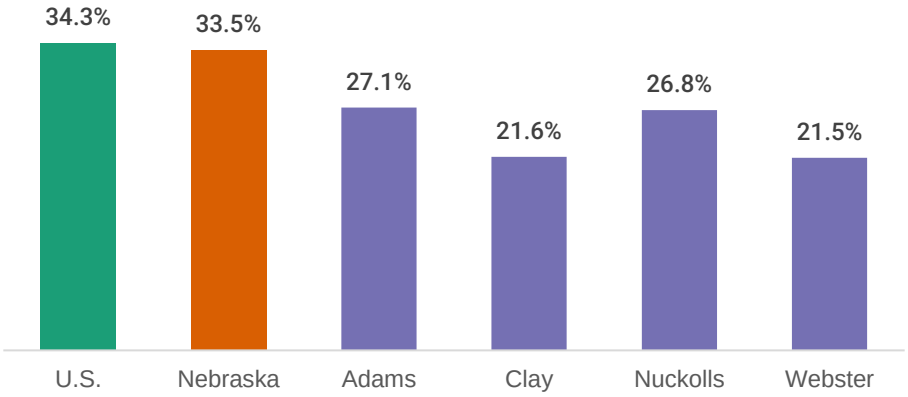
Educational attainment

Figure 107: SHDHD counties had a slightly higher **percentage of persons age 25 or older that are high school graduate or higher** compared to the state and U.S.



Source: Census QuickFacts

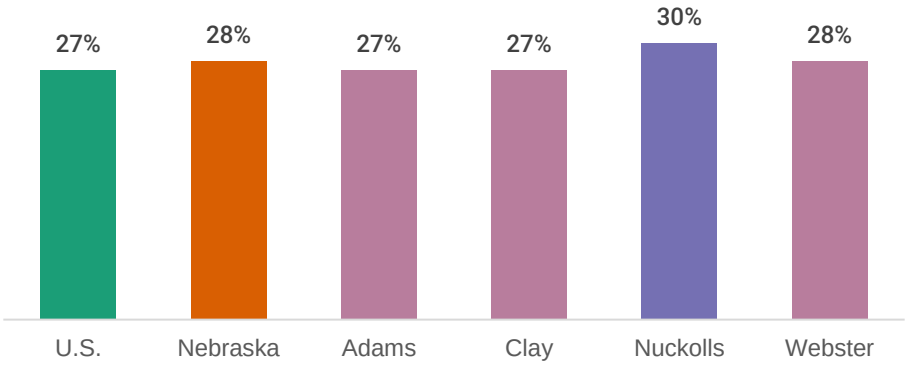
Figure 108: SHDHD counties had a lower **percentage persons age 25 or older with a bachelors degree or higher** compared to the state and U.S.



Source: Census QuickFacts

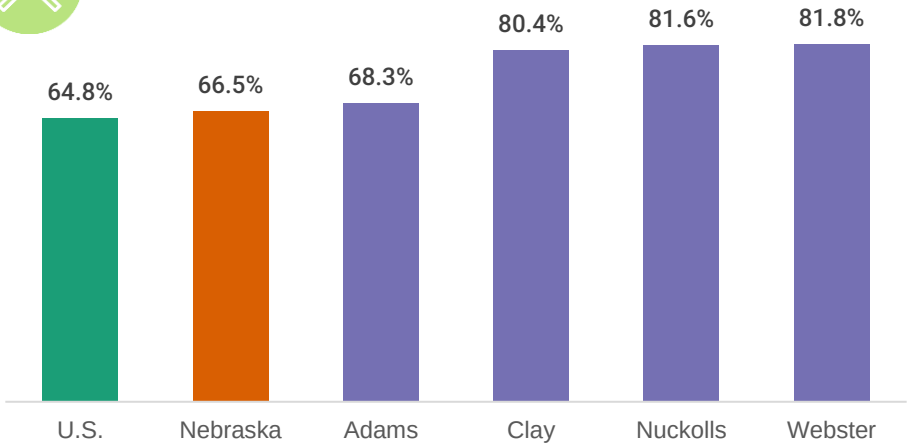
Childcare cost burden

Figure 109: Nuckolls county had a higher percentage of people experiencing **childcare cost burden (% of income the average household spent on child care for two children)** compared to the state.



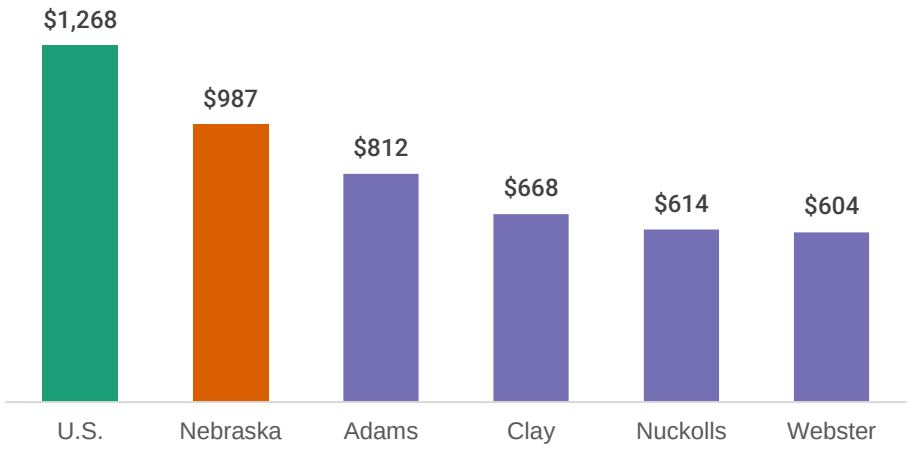
Source: County Health Rankings, Living Wage Calculator, U.S. Census Bureau Small Area Income and Poverty Estimates (SAIPE) 2022-2023

Figure 110: SHDHD counties had a higher **percentage of homeowners** compared to the state and U.S.



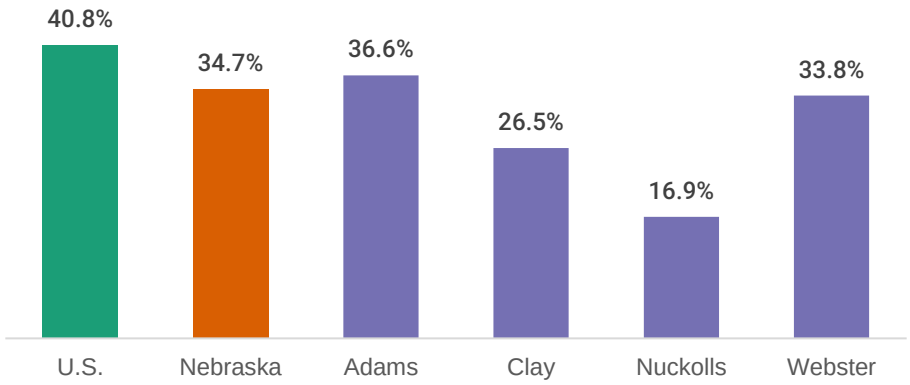
Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates: Table DP04

Figure 111: SHDHD counties had a lower **median gross rent** compared to the state and U.S.



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates: Table DP04

Figure 112: **The percentage of occupied housing units paying 35% or more of household income on rent** was slightly higher for Adams County compared to the state, but Clay, Nuckolls, and Webster were all lower.



Community Perceived Need (results from the 2024 Community Health Needs Assessment Survey and focus group sessions)

Financial insecurity was an issue expressed by about one third of SHD CHS survey respondents; however, less than 10% of respondents reported that they had frequently experienced food insecurity. Roughly 20% of SHD CHS survey respondents reported that the quality of their housing was poor, very poor, or fair. Counseling/mental health services, childcare, housing/rental assistance, and financial assistance were the top family support resources identified by 250 SHD CHS survey respondents. Of 557 survey respondents, 12% reported that they or someone in their household experienced discrimination or had been treated unfairly in their community in the past year.

Figure 113: About 1/3 of respondents felt very or somewhat insecure about their current financial situation (n=564).

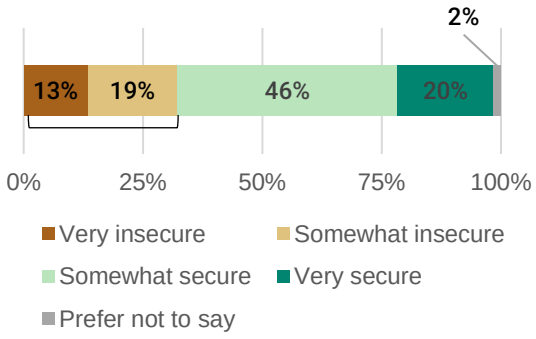


Figure 114: Few respondents (<10%) indicated that they always or often worried about running out of food in the past 12 months (n=565).

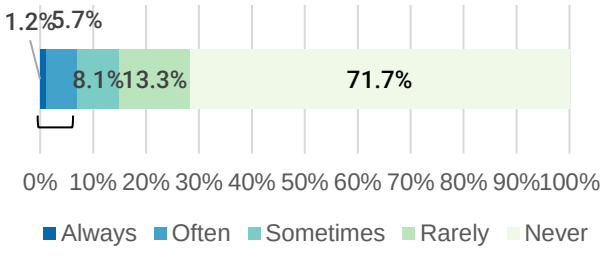
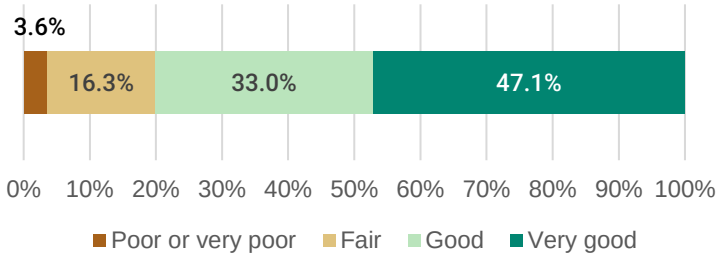


Table 17. Household income of SHD CHS survey respondents (n=503)

Less than $25,000	9.9%
$25,000 to $49,999	25.5%
$50,000 to $74,999	21.9%
$75,000 to $99,999	11.5%
$100,000 to $149,999	17.2%
$150,000 or more	14.0%

Figure 115: About 1 in 5 respondents reported the quality of their housing was either poor or very poor or fair (n=567)



The following SDOH themes emerged from focus groups of members of the community:

1. Housing costs and challenges
2. Food insecurity
3. Transportation barriers
4. Educational barriers
5. Need for social and community supports
6. Employment and economic issues, such as low-paying jobs and need for job support, particularly for immigrant communities

Despite having lower average housing costs compared to state and national averages, SHD residents report that housing costs and financial insecurity as a major SDOH-related concern.

Substance Use

Prevalence and Trends

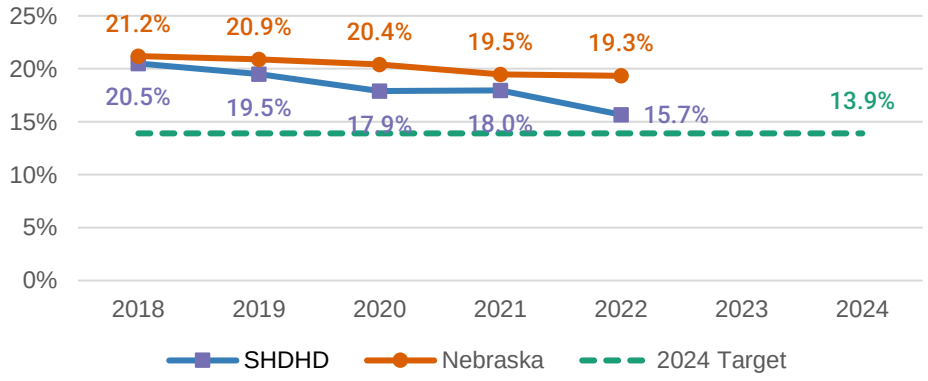
From 2018-2022, SHD counties showed a decreasing trend in rates of adult binge drinking resulting in lower rates than the state; however, trend and differences between state and local were not significant. The percentage of adults who were current e-cigarette/electronic vapor product users and those who were current cigarette smokers in SHD counties has increased since 2019; however, the trends are not statistically significant.

From 2019-2021, the drug overdose deaths per 100k people in Adams County and Nebraska was lower than the U.S. rate, and in 2022, the opioid dispensing rate (prescriptions dispensed per 100 persons) for SHD counties was lower than the state, especially for the three more rural counties; however, the difference may not be statistically significant.

Among SHD high school students, the percentage of students who engaged in past 30-day alcohol consumption, binge drinking, cigarettes smoking, e-cigarette/electronic vapor product use, and marijuana use decreased in recent years; however, trends may not be statistically significant.

Binge drinking among adults (18+)

Figure 116: From 2018-2022, SHDHD counties showed a decreasing trend in rates of adult binge drinking^ resulting in lower rates than the state; however, trend and differences between state and local are not significant.

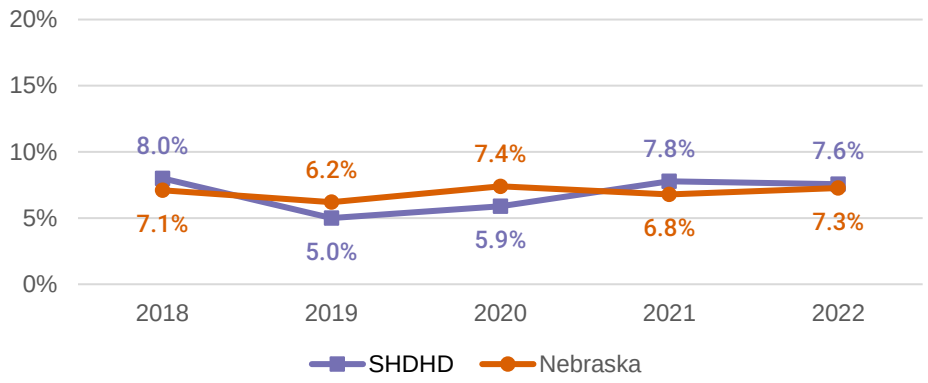


^Binge drinking defined as five or more alcoholic drinks for men and four or more alcoholic drinks for women on at least one occasion during the past 30 days.

Source: Behavioral Risk Factor Surveillance System

Heavy drinking among adults (18+)

Figure 117: The percentage of adults who reporting **heavy drinking^^ in the past 30 days** in SHDHD counties showed an increasing trend since 2019; however, the changes over time were not significant.

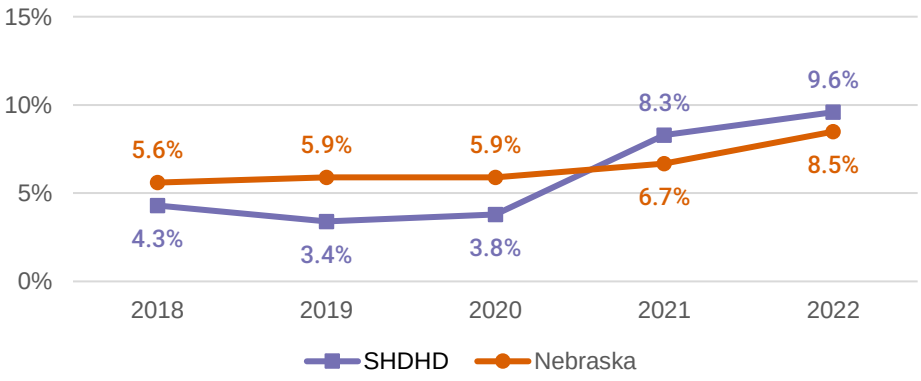


^^Heavy drinking defined as more than 60 alcoholic drinks for men (average of more than two drinks per day) and 30 for women (average of more than one drink per day) in a 30-day period.

Source: Behavioral Risk Factor Surveillance System

Current e-cigarette/electronic vapor users among adults (18+)

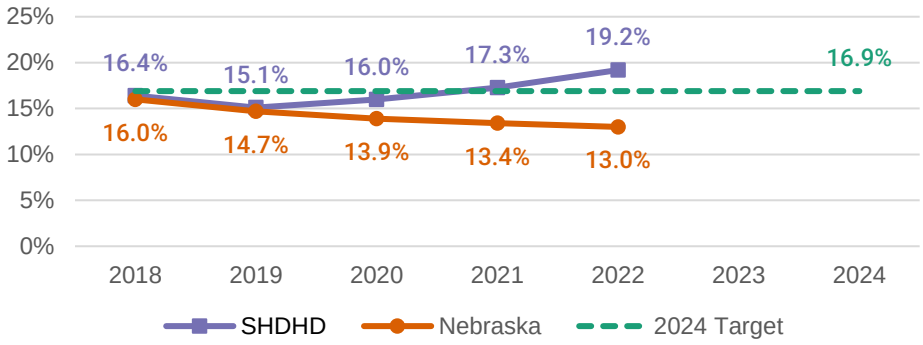
Figure 118: The percentage of adults who were **current e-cigarette/electronic vapor product users** in SHDHD counties has increased since 2019; however, the trend is not statistically significant.



Source: Behavioral Risk Factor Surveillance System

Current cigarette smokers among adults (18+)

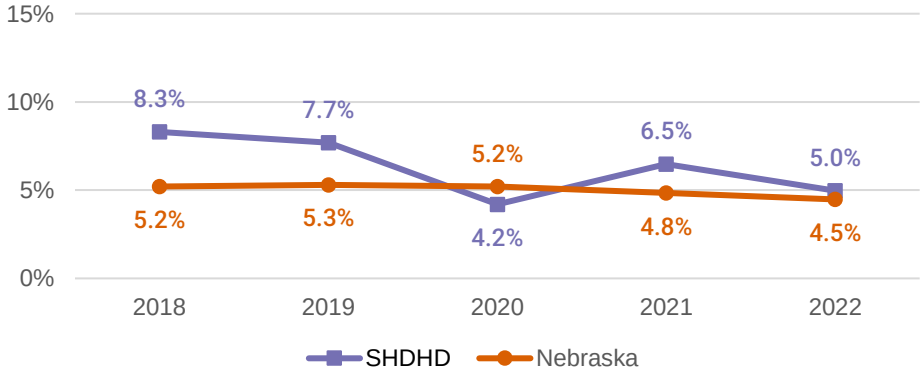
Figure 119: From 2018-2022, the percentage of adults that **currently smoke cigarettes** has been increasing for SHDHD counties since 2019 and is now higher than the state. However, the trend and differences between state and local are not significant.



Source: Behavioral Risk Factor Surveillance System

Current smokeless tobacco user among adults (18+)

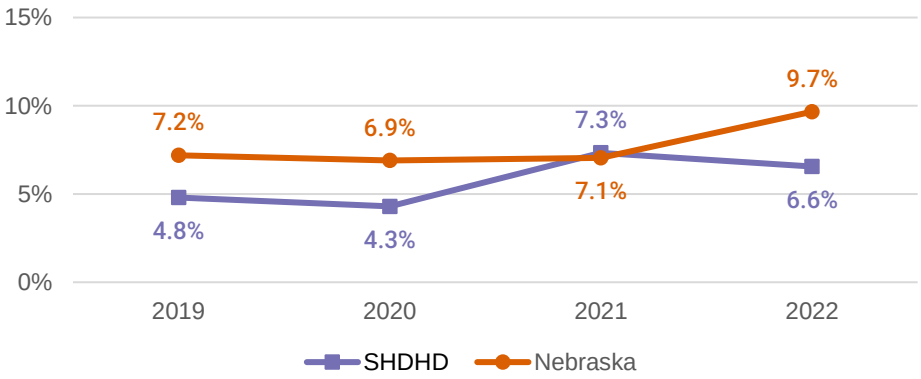
Figure 120: The percentage of adults who were **current smokeless tobacco users** was slightly higher for SHDHD counties compared to the state in most years; however, these differences were not statistically significant.



Source: Behavioral Risk Factor Surveillance System

Marijuana use among adults (18+) in the past 30 days

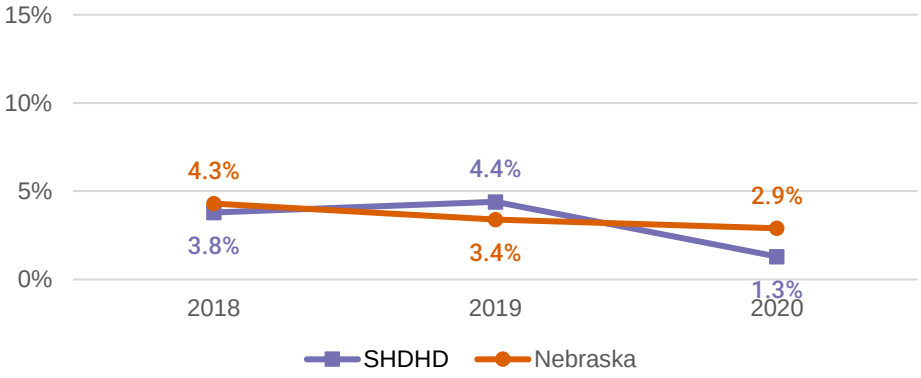
Figure 121: The percentage of adults who were **current marijuana users** was slightly lower for SHDHD counties compared to the state in 2019, 2020, and 2022; however, differences were not statistically significant.



Source: Behavioral Risk Factor Surveillance System

Opioid misuse (use of opioid prescription medication outside of prescription guidelines) among (adults 18+) in the past year (up to 2020)

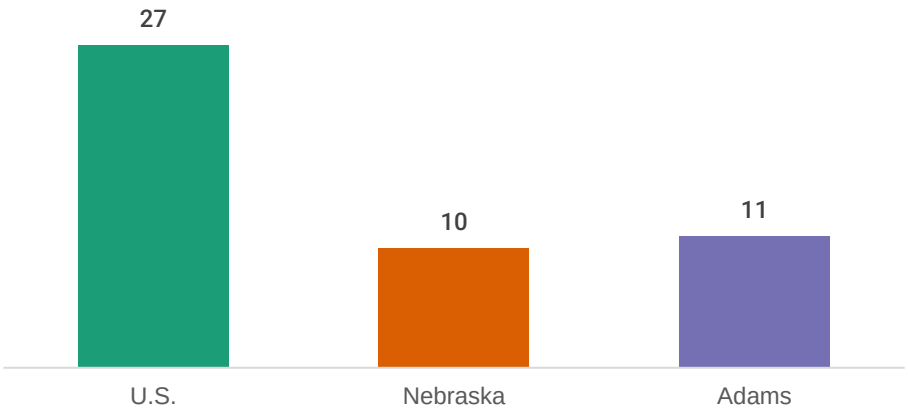
Figure 122: The percentage of adults who reported **misuse of a prescription opioid** in SHDHD counties decreased from 2019 to 2020; hoever, the trend was not statistically significant.



Source: Behavioral Risk Factor Surveillance System

Drug overdose deaths

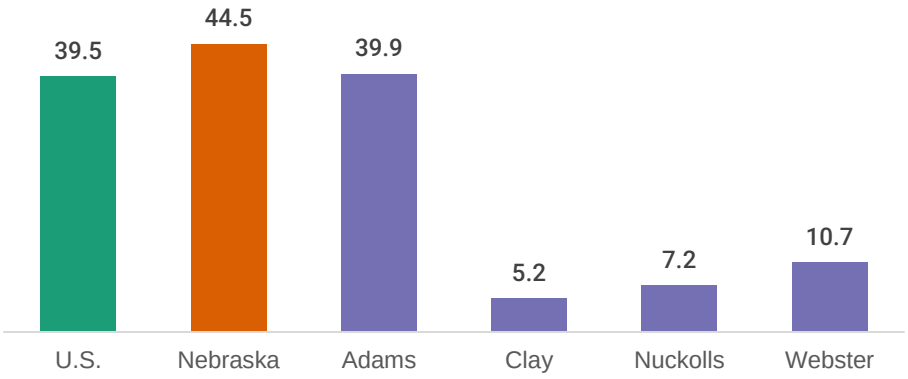
Figure 123: From 2019-2021, the **drug overdose deaths per 100k people** in Adams County and Nebraska was lower than the U.S. rate.^



Source: CDC SUDORS dashboard
^data not available for Clay, Nuckolls, and Webster Counties, differences may not be statistically significant

Opioid Dispensing Rate

Figure 124: In 2022, the **opioid dispensing rate** (prescriptions dispensed per 100 persons) for SHDHD counties was lower than the state, especially for the three more rural counties.^

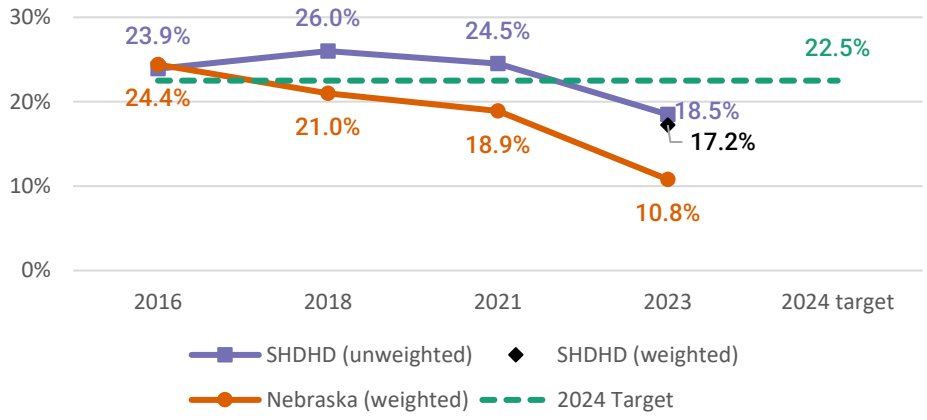


Source: CDC Overdose Prevention
^Differences may not be statistically significant

The percentage of high school students who reported consuming alcohol, binge drinking, smoking cigarettes, using electronic vapor products, and using marijuana in the past 30 days all show a decreasing trend; however, the statistical significance of these changes over time as well as any differences between state and local data are not known.

Past 30-day alcohol use among high school students

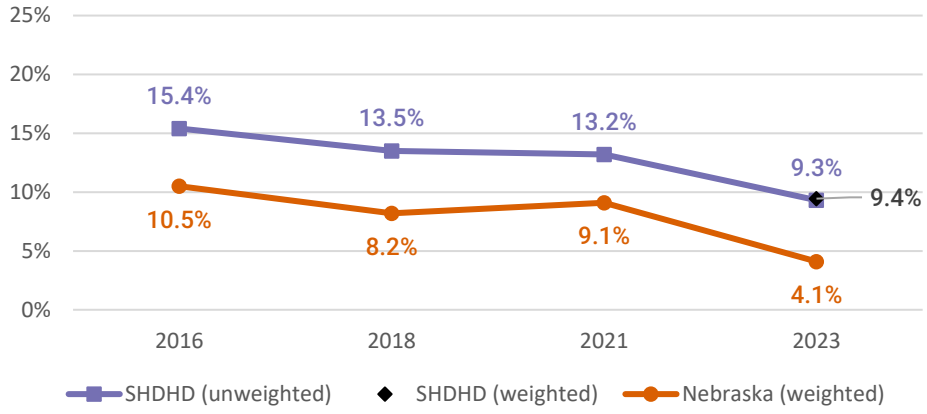
Figure 125: The percentage of high school students who reported **consuming alcohol in the past 30 days** recently dropped below the target in 2023.



Source: Youth Risk Behavior Survey

Past 30-day binge drinking among high school students

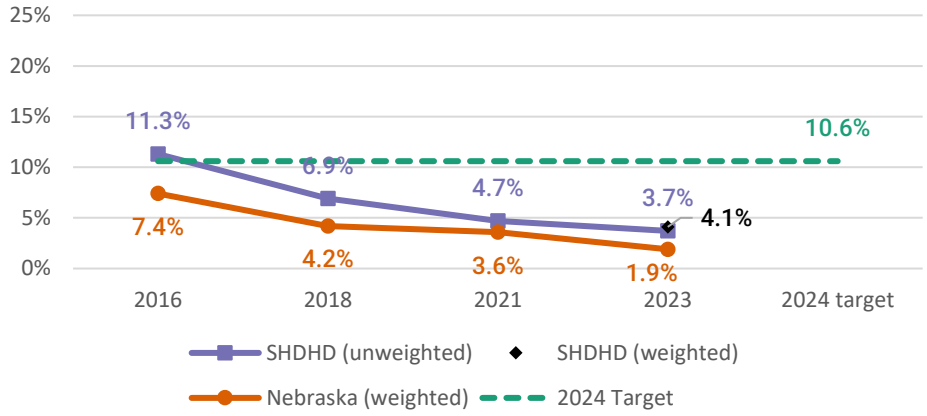
Figure 126: The percentage of high school students who reported **binge drinking in the past 30 days** has decreased since 2016.



Source: Youth Risk Behavior Survey

Past 30-day cigarette use among high school students

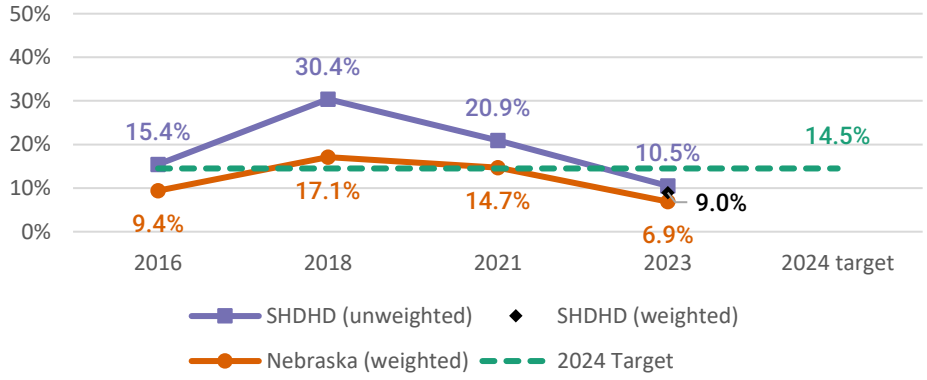
Figure 127: The percentage of high school students who reported **smoking cigarettes in the past 30 days** decreased since 2016 and remains well below the target.



Source: Youth Risk Behavior Survey

Past 30-day electronic vapor product (e-cigarette) use among high school students

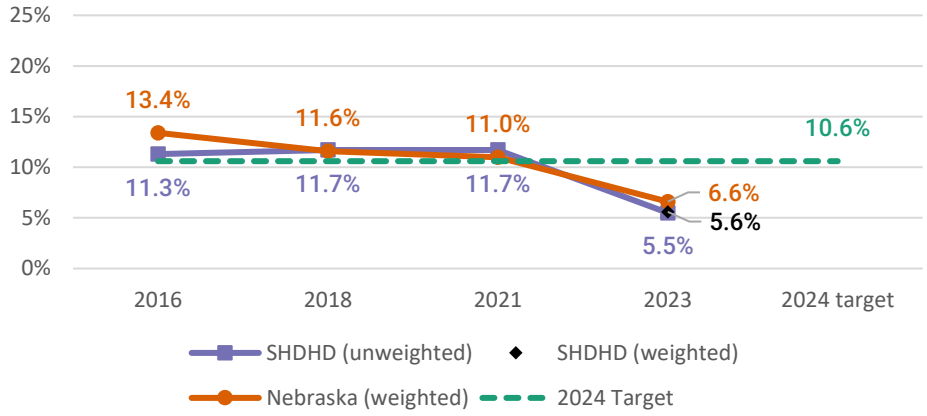
Figure 128: The percentage of high school students who **reported using an electronic vapor product (e-cigarette) in the past 30 days** recently dropped below the target in 2023.



Source: Youth Risk Behavior Survey

Past 30-day marijuana use among high school students

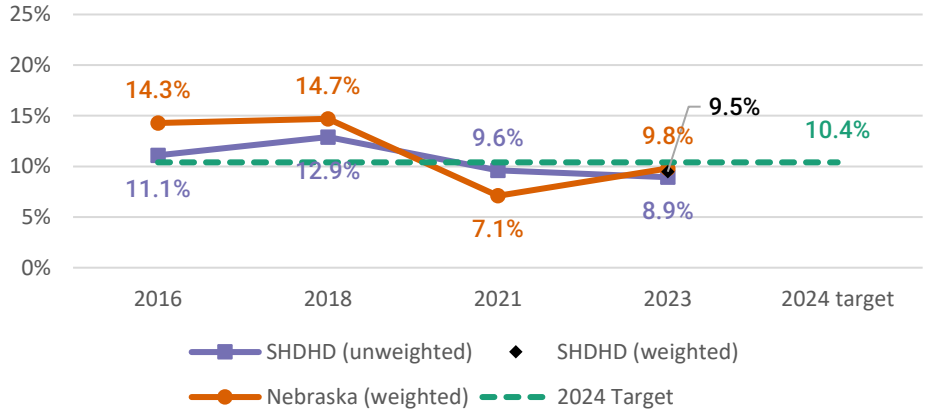
Figure 129: The percentage of high school students who **reported using marijuana in the past 30 days** recently dropped below the target in 2023..



Source: Youth Risk Behavior Survey

Lifetime misuse/abuse of prescription drugs among high school students

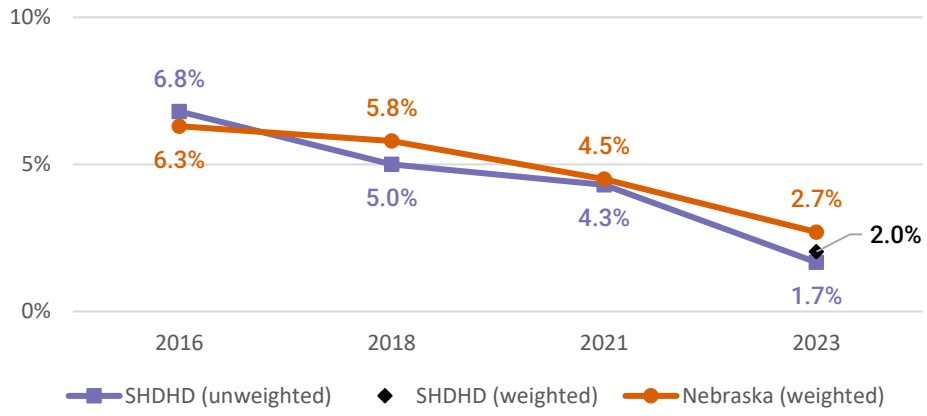
Figure 130: The percentage of high school students who **misused/abused prescription drugs** decreased since 2016 in SHDHD counties and the state.



Source: Youth Risk Behavior Survey

Past 30-day alcohol-impaired driving among high school students

Figure 131: The percentage of high school students who **drove while alcohol impaired in the past 30 days** decreased for SHDHD counties and the state since 2016.



Source: Youth Risk Behavior Survey

Community Perceived Need (results from the 2024 Community Health Needs Assessment Survey and focus group sessions)

Substance Use Issues (which includes problems with drugs including prescription painkillers, alcohol, tobacco, and marijuana) was the **4th most important health issue (tied)** (out of 13 health issues) among SHD CHS survey respondents. The average level of importance was 3.9 on a 5-point scale (1=not important, 5=extremely important). A very small percentage (less than 2% of survey respondents) indicated that they have ever used any prescription medications such as morphine, codeine, fentanyl, etc., that weren't prescribed to them.

The following substance use/misuse themes emerged from focus groups of members of the community:

1. Concerns about youth vaping
2. Alcoholism identified as a primary health issue in the Spanish-speaking focus group
3. Intersection of substance misuse with mental health issues, family, and health impacts
4. Insufficient mental health and addiction services in the area
5. Stigma is a barrier for those facing substance use and addition issues
6. Transportation barriers for rural counties
7. High cost of care for treatment
8. Need for more education, particularly with youth

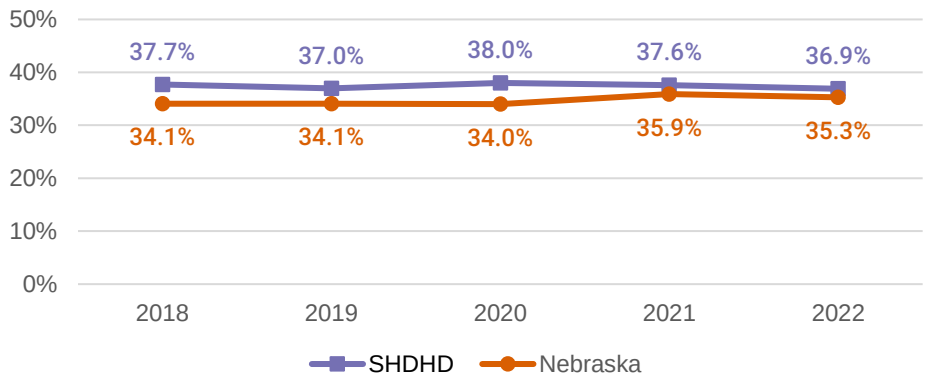
Weight, Nutrition & Physical Activity

Prevalence and Trends

The percentage of adults in the SHD reporting that they were overweight or obese was relatively stable between 2018 and 2022, and the percentage was slightly higher compared to the state (but not significantly so). Roughly one quarter of adults in the SHD report no leisure time physical activity in the past 30 days, and nearly 1 in 5 report consuming fruits and vegetables less than one time per day. For youth/high school students in the SHD, a slightly higher percentage compared to their peers at the state level report at least 60 minutes of physical activity for five days a week and eating breakfast on all seven days of the week; however, it is not known if the difference is statistically significant.

Percentage of adults reporting that they were obese.

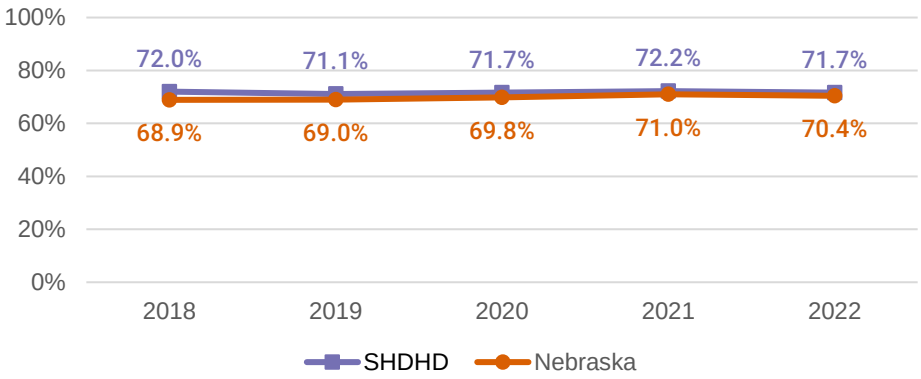
Figure 132: Since 2018, the percentage of adults reporting that they were **obese** (BMI 30 or greater, based on self-reported height and weight) in SHDHD counties was relatively stable and slightly higher^ compared to the state.



Source: Nebraska Behavioral Risk Factor Surveillance Survey
^Differences were not statistically significant

Percentage of adults reporting that they were overweight or obese.

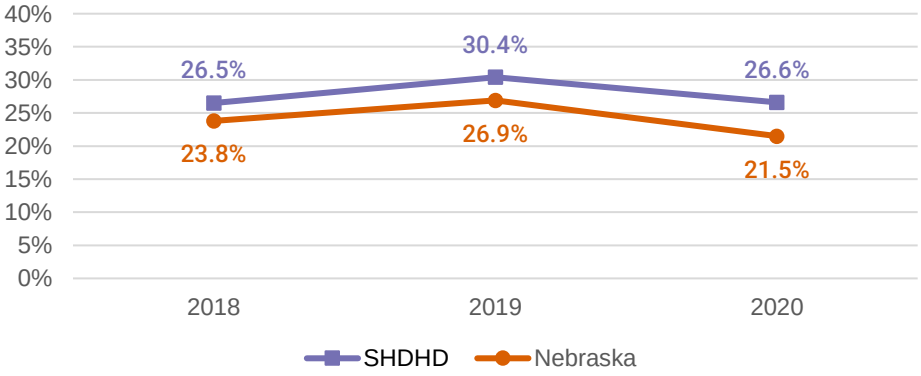
Figure 133: Since 2018, the percentage of adults reporting that they were **overweight or obese** (BMI 25 or greater, based on self-reported height and weight) in SHDHD counties was relatively stable and similar to the state.



Source: Nebraska Behavioral Risk Factor Surveillance Survey

Percentage of adults reporting no leisure-time physical activity in the past 30 days.

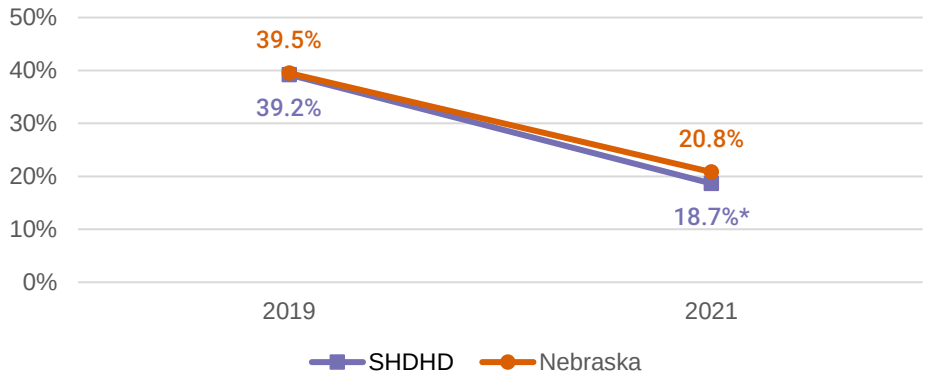
Figure 134: From 2019-2020, the percentage of adults reporting **no leisure-time physical activity in the past 30 days** in SHDHD counties decreased, but the change was not statistically significant.



Source: Nebraska Behavioral Risk Factor Surveillance Survey

Percentage of adults reporting consuming fruits and vegetables less than one time per day.

Figure 135: The percentage of adults who reported consuming fruits and vegetables less than one time per day in SHDHD counties and the state decreased significantly* from 2019 to 2021.



Source: Nebraska Behavioral Risk Factor Surveillance Survey
** 95% confident that the difference is real and not just due to chance*

Table 18: Youth nutrition, physical activity, and weight data, 2023

In 2023, the percentage of high school students who..	SHD	Nebraska
were physically active (increased heart rate and made you breath hard some of the time) at least 60 minutes per day on 5 or more days during the 7 days before the survey.	60%	56%
ate breakfast on all 7 days during the week prior to the survey.	28%	25%
describe their weight as slightly or very overweight.	30%	30%

Source: Youth Risk Behavior Survey

Community Perceived Need (results from the 2024 Community Health Needs Assessment Survey and focus group sessions)

SHD CHS survey respondents rated *Physical Inactivity and lifestyle health* (related to exercise and health problems from not being active) was tied as the **5th most important health issue** (out of 13 health issues) among survey respondents. The average level of importance was 3.8 on a 5-point scale (1=not important, 5=extremely important). Additionally, survey respondents rated *Weight and Nutrition Concerns* (dealing with being overweight and dietary health) was tied as the **6th most important health issue** (out of 13

health issues) among survey respondents. The average level of importance was 3.7 on a 5-point scale (1=not important, 5=extremely important).

A lower percentage of SHD CHS respondents reported eating less than 1 serving of fruits and vegetables on average per day (5%) compared to the BRSS data where about 19% of SHD respondents reported consuming fruits and vegetables less than one time per day in 2021. Additionally, about half of SHD CHS respondents reported eating fast food or processed food either daily or several times a week. Around 10% of SHD CHS respondents reported zero days of physical activity per week on average, compared to around 27% of SHD BRFSS respondents who reported no leisure time physical activity. Access to exercise facilities and wellness activities seemed to be in place for most SHD CHS respondents, with more than 75% saying they have access to those opportunities within a 30-minute drive of their home.

Figure 136: About 5% of respondents report eating no servings of fruits and vegetables per day on average (n=560)

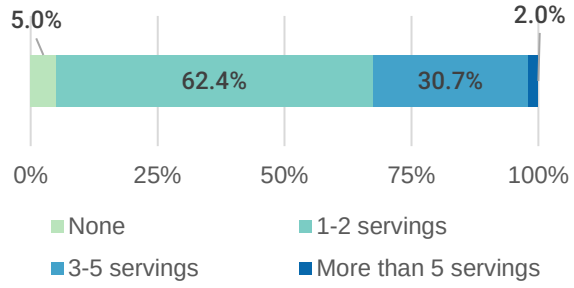


Figure 137: Almost 1/2 of the respondents report eating fast food or processed food either daily or several times a week (n=560)

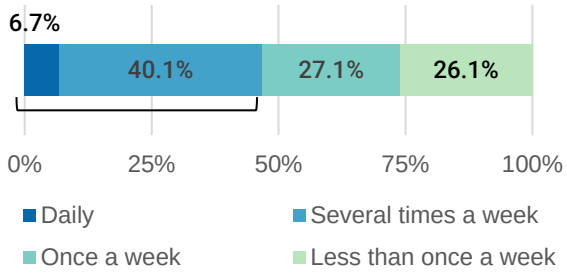


Figure 138: Over half of respondents report being physically active for at least 30 minutes per day either 3-4 days or 5 or more days a week on average (n=556)

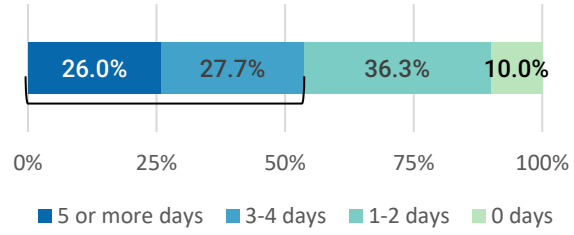


Figure 139: Nearly half of respondents do activities that make their muscles stronger either a few times a week or every day (n=566)

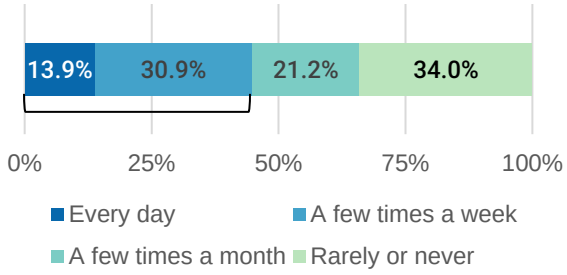
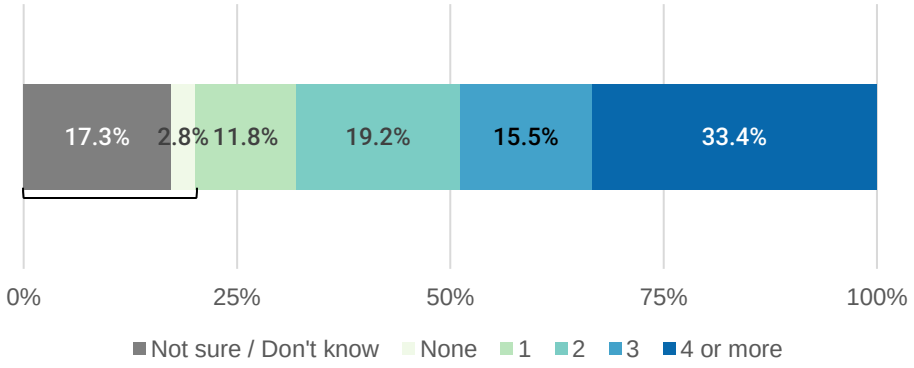


Figure 140: About 1 in 5 respondents reported that there was either no places available for exercise and wellness activities within 30 minutes of their home or they were not sure/didn't know. (n=566)



The following themes related to lifestyle and health emerged from focus groups of members of the community:

1. **Physical Inactivity**
   - Limited availability of fitness facilities and safe areas for outdoor exercise, such as walking paths, parks, and sidewalks that are in good condition, particularly for Nuckolls and Webster.
   - Time constraints mentioned as a barrier to exercising.
2. **Nutrition and Food Insecurity**
   - Rising food costs
   - School meal programs not available during the summer
   - Limited access to fresh fruits and vegetables, grocery stores in more rural areas
3. **Weight and obesity concerns**
   - Obesity was frequently mentioned as a significant health concern, particularly in the Spanish-speaking focus group and in Adams County.
   - In Adams County, participants expressed concern that obesity has become so prevalent that it is seen as normal.
4. **Community Solutions**
   - Need for more health education to teach families about prevention, proper nutrition, exercise, and risk factors.
   - Need for more accessible and affordable fitness centers or community spaces where people can engage in physical activity.

Conclusion

The 2024 South Heartland District Health Department (SHDHD) Community Health Assessment (CHA) brings together quantitative data, community surveys, focus group insights, and stakeholder feedback to form a comprehensive picture of health in Adams, Clay, Nuckolls, and Webster counties. By applying a modified MAPP 2.0 framework, this assessment highlights critical findings on issues ranging from healthcare access and mental well-being to chronic disease conditions, senior health, and social determinants of health. Key themes that emerged, including access to care and social determinants of health, cut across multiple health domains, underscoring the need for collaborative, multi-sector approaches.

The assessment findings will directly guide the community health improvement planning process. As a first step, SHDHD and community partners used the insights from this CHA to set community health priorities: **(1) Mental Wellbeing, (2) Chronic Disease, and (3) Senior Health,** for the next Community Health Improvement Plan (CHIP) 2025-2030 period.

Continued community engagement and inter-sector collaboration will be crucial as we move from assessment to community health improvement planning and implementation process. By centering on prevention, health equity, and the social determinants of health, this collective effort will not only respond to the current challenges but also establish a stronger foundation for **our vision of "Healthy People in Healthy Communities"**.

List of Attachments

Attachment A: Additional Methodology
Attachment B: Community Health Survey Questionnaire
Attachment C: Community Health Survey Results
Attachment D: CHA Focus Group Facilitation Guide
Attachment E: Summary of CHA Focus Group Results
Attachment F: Stratified Data for Community Health Priorities
Attachment G: Assessment for Advancing Community Transformation Report
Attachment H: SHD Lead Poisoning Lab Surveillance Report
Attachment I: Water Quality Surveillance Report