CHI Health

Community Health Needs Assessment

CHI Health Plainview – Plainview, NE
2022

Contents

Executive Summary

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

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

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

Hospital Overview
CHI Health Plainview is located in Plainview, Nebraska, a community of about 1,400 residents located in Pierce County, Nebraska. Since its opening in 1968, CHI Plainview has been providing care to patients from Pierce County with exceptional care and quality outcomes. CHI Plainview is a 15-bed critical access hospital with inpatient and outpatient services including: emergency, laboratory, radiology, home health, specialty clinics, physical therapy, cardiac rehab, pulmonary rehabilitation, surgery, occupational therapy, and Coumadin clinics.

CHNA Collaborators

- NCDHD
- UNL Public Policy Center
- Avera Creighton Hospital
- Antelope Memorial Hospital
- Brown County Hospital
- Avera St. Anthony's Hospital
- Osmond General Hospital

Community Definition
For the purposes of this CHNA, CHI Health Plainview identified Pierce County as the community served. As a Critical Access Hospital, CHI Health Plainview's primary service area is considered the county in which it is located (Pierce County) and includes the zipcode 68769.

Assessment Process and Methods
In fiscal year 2022, CHI Health Plainview conducted a Community Health Needs Assessment (CHNA) in partnership with multiple agencies across the North Central District Health Department (NCDHD) service area and all the hospitals within the nine counties that make up the North Central District (NCD). The process was led by NCDHD and the University of Nebraska Public Policy Center assembled the CHNA under the provision of the NCDHD. The CHNA led to the identification of two priority health needs for the NCD, including Pierce County, for the communities to collectively address over the next three years. With the community, the hospital will further work to identify each partner's role in addressing these health needs and develop measurable, impactful strategies. A report detailing CHI Health Plainview's implementation strategy plan (ISP) will be released in July 2022.

Process and Criteria to Identify and Prioritize Significant Health Needs
The NCDHD convened the community through a series of meetings beginning in 2021 to review primary and secondary data and further prioritize needs for the NCD. In March 2022, partners gathered for a final review of the data and to determine the significant health needs for the nine counties in the NCD. Numerous criteria were considered when prioritizing significant needs, including:

- Standing in comparison with benchmark data (health district, state and national data)
- Identified trends
- Preponderance of significant findings within topic areas
- Magnitude of the issue in terms of the number of persons affected
- Potential health impact of a given issue
- Issues of greatest concern among community stakeholders (key informants) giving input to this process

Prioritized Significant Health Needs

- **Behavioral Health (including mental health and substance abuse):** Among NCD survey respondents, mental health was the third leading concern identified. Several responses to the community health survey expressed a need for increased mental health education regarding resources, stigma, prevention efforts, and better access to resources throughout their community, especially in schools.
- **Cancer:** Among NCD survey respondents, cancer was the leading concern identified (65.2%). The percentage of female fee-for-service Medicare enrollees who received a mammogram averaged across counties within the NCDHD was 43.9%, compared to an overall Nebraska average of 48%.
- **Chronic Disease:** Among NCD survey respondents heart disease was the second leading concern identified (59.5%) and lack of exercise was the fourth leading concern identified (36.7%).
- **Social Determinants of Health:** The main areas of concern regarding the physical environment within the NCD relate to housing problems and long commutes. Only 69.6% (*n* = 433) of NCD residents reported having

access to safe places to walk in their neighborhood in 2017, down from the 80.4% (*n* = 518) reported in 2015. A major barrier to accessing clinical care is transportation. Over 33% of respondents indicated they had to travel 75 or more miles to access an oncologist. The availability of specialty care providers in the NCD remains a significant barrier to some residents.

Resources Potentially Available

In addition to the services provided by CHI Health Plainview, there are assets and resources working to address the identified significant health needs in Pierce County. The county has a number of community assets and resources that are potentially available to address significant health needs. In Pierce County, CHI Health Plainview convenes Healthy Choices Pierce County to address behavioral health needs in the county, and partners with Region 4 Behavioral Health Services and NCDHD. Health related organizations partner through North Central Community Care Partners to address health needs in the region.

Report Adoption, Availability and Comments

This CHNA report was adopted by the CHI Health Board of Directors in April 2022. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at CHI Health Schuyler. Written comments on this report can be submitted via mail to CHI Health- The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at: https://forms.gle/KGRq62swNdQyAehX8 or by calling Kelly Nielsen, Division Vice President of Strategy and Healthy Communities, at: (402) 343-4548.

Introduction

Hospital Description

CHI Health Plainview is located in Plainview, Nebraska, a community of about 1,400 residents located in Pierce County, Nebraska. Since its opening in 1968, CHI Health Plainview has been providing care with exceptional care and quality outcomes. CHI Health Plainview is a 15-bed critical access hospital with inpatient and outpatient services including emergency, laboratory, radiology, home health, specialty clinics, physical therapy, cardiac rehab, pulmonary rehab, surgery, occupational therapy, and Coumadin clinics. In 2018 and 2019, CHI Health Plainview was a recipient of the Top 20 Critical Access Hospitals Best Practice in Quality award by the National Rural Health Association.

CHI Health Plainview also offers the following services to the Pierce County community:

- Medical/Surgical Care
- Women's Health
- Pediatrics
- Skilled Nursing Care
- Emergency Care
- Home Health Care
- Heart and Vascular
- Urology
- Pulmonary
- Podiatry
- Cancer Care
- Neurology
- Diagnostic Radiographic Services
- Laboratory
- Pharmacy
- Respiratory Therapy Services
- Sleep Studies
- Nuclear Medicine
- Pain Management
- Weight Management

Purpose and Goals of CHNA

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

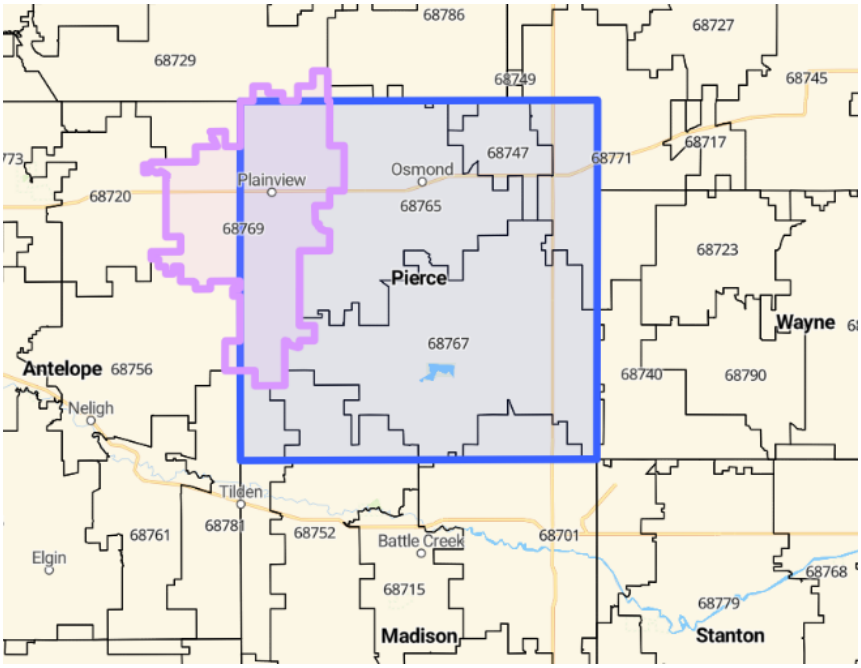
1. Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Set priorities and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

Community Definition

Community Description

CHI Health Plainview is located in Plainview, NE and largely serves the Pierce County area. Pierce County was identified as the community for this CHNA, as it is the primary service area for CHI Health Plainview. Some data charts will show other counties in the NCD, as data was compiled for all counties served by NCDHD, but for this CHNA, Pierce County is the community being served by CHI Health Plainview. There is one zipcode (68769) in the primary service area for CHI Health Plainview with patients from that zipcode representing 75.59% of inpatient and emergency department encounters.

Figure 1: CHI Health Plainview CHNA Service Area[1]



Population

Plainview, NE is located 141 miles from Omaha, NE and 101 miles from Sioux City, IA. According to the most recent census, Pierce County is 100% rural, encompasses 573 square miles, and has 7,317 residents. The population density of Pierce County is estimated at 12.7 persons per square mile, making it about half as densely populated as the state of Nebraska, which is 73% rural, and has a population density of 23.8 persons per square mile. The majority of the residents in Pierce County (95.6%) are White, not Hispanic or Latino, 2.3% identify as Hispanic or Latino, 0.6% are Black, and 0.5% are American Indian or Alaska Native.[2] See Table 1 for community demographics.

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[1] PolicyMap. 2022. Accessed March 2022. PolicyMap Map retrieved from https://commonspirit.policymap.com/

[2] U.S. Census Bureau. American Community Survey 5- Year Estimates 2015-2019. Source geography: Tract. Accessed February 2022. Retrieved from: CARES Engagement Network. https://engagementnetwork.org/assessment/chna_report/

Table 1. Community Demographics[2]

	Pierce County	Nebraska
Total Population	7,317	1,961,504
Population per square mile (density)	12.7	23.8
Total Land Area[3] (sq. miles)	573	76,824.17
Rural vs. Urban[3]	Rural (100% live in rural)	Urban (73.13% live in urban)
Age		
% below 18 years of age	25.1%	24.6%
% 65 and older	19.6%	16.2%
Gender		
% Female	49.4%	50%
Race[2]		
% White alone	97.5%	88.1%
% Black or African American alone	0.6%	5.2%
% American Indian and Alaskan Native alone	0.5%	1.5%
% Asian alone	0.3%	2.7%
% Native Hawaiian/Other Pacific Islander alone	Z*	0.1%
% Two or More Races	1.0%	2.3%
% Hispanic or Latino	2.3%	11.4%
% White alone, not Hispanic or Latino	95.6%	78.2%

*Z = Value greater than zero but less than half unit of measure shown

Socioeconomic Factors

Table 2 shows key socioeconomic factors known to influence health including household income, poverty, unemployment rates, and educational attainment for the community served by the hospital. Compared to the state of Nebraska, Pierce County has a slightly higher median household income, lower rates of persons and children in poverty, lower unemployment rate, higher high-school graduation rate, and a lower percentage of the population that is uninsured.

[3] U.S. Census Bureau. Decennial Census. 2020. Source geography: Tract. Accessed February 2022. Retrieved from: CARES Engagement Network. https://engagementnetwork.org/assessment/chna_report/

Table 2: Socioeconomic Factors

	Pierce County	Nebraska
Income Rates[2]		
Median Household Income	$64,511	$61,439
Poverty Rates[2]		
Persons in Poverty (below 100% FPL)	8.2%	9.2%
Children in Poverty	8.4%	13.9%
Employment Rate[4]		
Unemployment Rate	0.9%	1.3%
Education/Graduation Rates[5]		
High School Graduation Rates	92.4%	87.6%
Population Age 25+ with a Bachelor's Degree or Higher	23.2%	31.9%
Insurance Coverage[2]		
% of Population Uninsured	8.4%	9.8%
% of Uninsured Children	1.5%	5.3%

Within Pierce County, the percentage of uninsured population is 8.4%, which is less than the state average (9.8%). Poverty presents a barrier to many factors impacting health, including: access to care, nutrition, education, safe housing, etc. In Pierce County 8.2% are living below the poverty line.[2]

Pierce County is designated a Health Professional Shortage Area in Primary Care (7), Dental Care (7), and Mental Health (17).[6] The score ranges from 0-26 where the higher the score, the greater the priority. Pierce County is considered a Medically Underserved Area (MUA) in Primary Care with an Index of Medical Unserved Score of 60.7 (to qualify for this designation, the score must be below or equal to N/A on a scale of 0 -100 with 100 being the lowest need).[7]

Community Need Index[8]

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to healthcare access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zipcode in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. Pierce County has an overall mean of 1.95 on the scale. There are three zipcodes (68747,

[4] Bureau of Labor Statistics. 2022. Accessed February 2022. Source geography: County. Retrieved from: CARES Engagement Network. https://engagementnetwork.org/assessment/chna_report/

[5] US Department of Education, EDFacts. Additional data analysis by CARES. 2018-19. Source geography: School District. Accessed February 2022. Retrieved from CARES Engagement Network https://engagementnetwork.org/assessment/

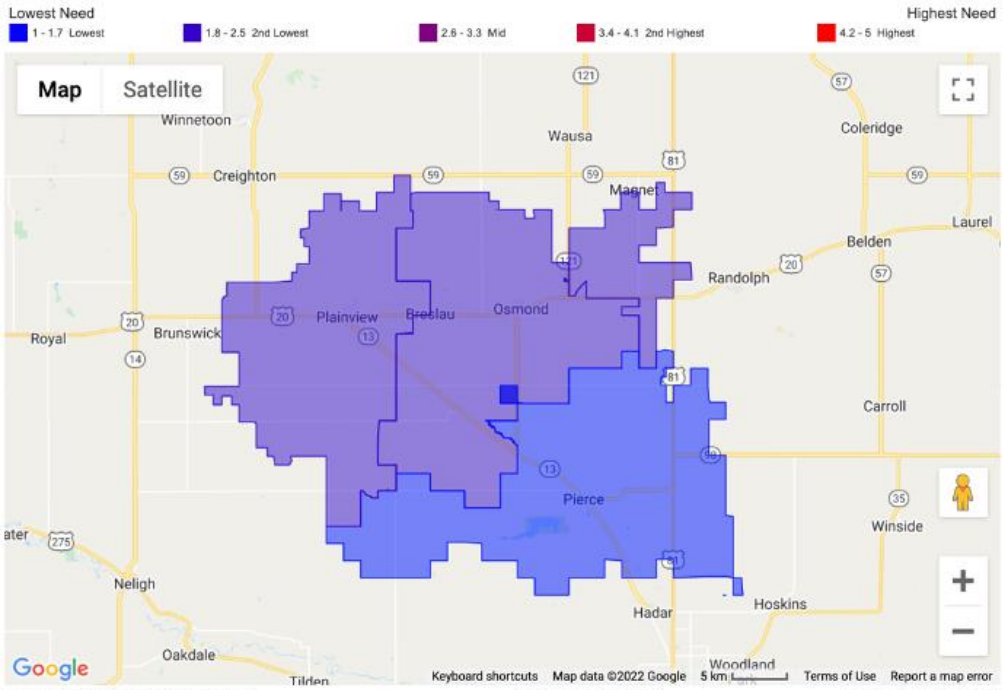
[6] HRSA Bureau of Health Workers, HPSA. 2022. Accessed March 2022. Retrived from HPSA Find https://data.hrsa.gov/tools/shortage-area/hpsa-find.

[7] HRSA Bureau of Health Workforce, MUA. 2022. Accessed March 2022. Retrieved from MUA Find https://data.hrsa.gov/tools/shortage-area/mua-find.

[8] Truven Health Analytics, 2021; Insurance Coverage Estimates, 2021; The Nielson Company, 2021; and Community Need Index, 2021. Retrieved from http://cni.dignityhealth.org/

68765, 68769) that have a score in the second level of need. This mid-level is anywhere between 2.6 and 3.3. Pierce County does not have any zipcodes that are in the highest level of need according to the CNI.

Figure 2: Community Need Index by Zipcode



Mean(zipcode): 2 / Mean(person): 1.8 CNI Score Median: 2.1 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
68747	1.8	196	Mclean	Pierce	Nebraska
68765	2.4	1336	Osmond	Pierce	Nebraska
68767	1.2	3154	Pierce	Pierce	Nebraska
68769	2.4	1818	Plainview	Pierce	Nebraska

Unique Community Characteristics

The city of Plainview is a rural community that supports two schools; Plainview Public School (K-12) and Zion Elementary School (K-5), several businesses including a hospital and attached clinic; CHI Health Plainview, a nursing home attached assisted living; Plainview Manor and Whispering Pines Assisted Living. Plainview also supports many agricultural related businesses including Husker Ag Ethanol Plant. The major sectors of economy are healthcare, education, and agriculture.[9]

[9] U.S. Census Bureau. American Community Survey 5- Year Estimates. 2015- 2019. Accessed March 2022. Retrieved from: Data USA. https://datausa.io/profile/geo/plainview-ne/

Other Health Services

Osmond General Hospital, located in Osmond, NE, is 10 miles from Plainview and is a 20-bed critical access hospital. Services provided include emergency services, radiology, CT scan, ultrasound, MRI, laboratory services, cardiac rehab, physical, occupational and speech therapy, and senior life solutions. Outreach clinics include: general surgery, cardiology, podiatry, pulmonology, mobile mammography, and sleep studies. Outpatient clinics also serve the communities of Osmond, Randolph, and Wausa.

Community Health Needs Assessment Process & Methods

Under the direction of the NCDHD, the *2021 NCDHD Community Health Needs Assessment (NCDHD CHNA)* was completed for the nine counties in the North Central District (NCD). This assessment was conducted in partnership with multiple agencies within the district and will be the basis for the NCDHD Community Health Improvement Plan (CHIP). The assessment took approximately twelve months to complete and will be published in spring 2022. It is the goal of the *NCDHD CHNA* to describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address public health improvement. The CHNA process was accomplished by utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) strategy led by NCDHD.

- **North Central District Health Department** (NCDHD) is a state-approved district health department that serves nine rural Nebraska counties—Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock. NCDHD has been state-approved as a multi-county public health department, a government body at the county level, since December 2001, providing education and services to the nine-county area. NCDHD completed a Community Health Needs Assessment for all nine counties within their district. This assessment can be found online at https://ncdhdne.wordpress.com/.

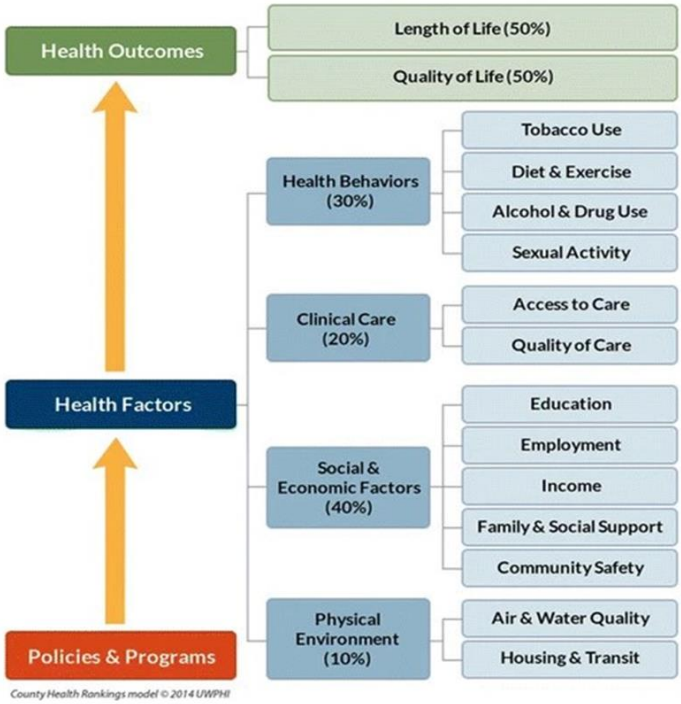
- **The University of Nebraska Public Policy Center**- NCDHD and the partnering district hospitals contracted with the University of Nebraska Public Policy Center, to assemble this assessment of public health and community well-being under the provision of NCDHD, based largely upon data collected through the process of MAPP.

The *NCDHD CHNA* employs the County Health Rankings model (CHR) as a conceptual and organizational structure. The CHR model is produced and supported by the University of Wisconsin Population Health Institute in partnership with the Robert Wood Johnson Foundation. The CHR has been produced annually since 2010, and contains available county-level data from over 30 national sources.

The CHR model is composed of three main components: Policies and programs, health factors, and health outcomes. Policies and programs will be developed by NCDHD while crafting the CHIP. Health factors are composed of four different sub-components: 1) the physical environment, 2) social and economic factors, 3) clinical care, and 4) health behaviors. Each of these health factor sub-components are further divided into separate categories. Health outcomes are composed of two sub-components: 1) length of life, and 2) quality of life. Also included in the CHR model are policies and programs – those initiatives and interventions that can impact or influence the health factors that drive health outcomes.

The CHR model aligns with a core value of the public health profession – identifying the root causes and structures that impact community health and well-being. By providing an easy-to-understand conceptual structure that identifies and links health factors to resulting outcomes, the CHR model provides public health professionals and community members with data and evidence to enact suitable interventions to improve health. Figure 3 depicts the CHR model and its components.

Figure 3: The County Health Rankings Model



The *NCDHD CHNA* report provides an overview of the CHR health factors and health outcomes for the NCDHD – whether available on a county level or health district level.

NCDHD Mobilizing for Action through Planning and Partnerships Initiative

The NCDHD employed the MAPP framework (Figure 4) to identify priorities and strategies to address community health issues. MAPP is an established framework developed by the National Association of County and City Health Officials, and has been used by numerous communities since its inception in 2001. Foundationally, the MAPP approach engages community members, stakeholders, and healthcare professionals in assessing the overall health status of the community, prioritizing health concerns, and identifying strengths and gaps salient to community health. The MAPP approach used by the NCDHD composed four different but interrelated processes to assess overall health status, systems, and priorities within the community – defined as the coverage area for the NCDHD:

- NCDHD CHNA: A comprehensive overview of data that provides a snapshot of the community's health status. As described above, the conceptual and organizational structure of the NCDHD's CHNA follows the CHR

model, and includes multiple data sources used by the CHR. Additionally, the NCDHD created and administered an online CHNA Survey that was made available to residents of the service area to gauge specific items of interest. Detailed data points from the CHNA Survey can be found in the NCDHD CHA Data Presentation (Appendix A). To complement the CHNA Survey, a smaller scale survey was also developed by the NCDHD and administered to individuals who attended COVID-19 vaccine clinics. This survey was based on items developed in partnership with the Nebraska Association of Local Health Directors, and is referred to as the NCDHD NALHD Survey. Detailed data points from the NCDHD NALHD Survey are provided in Appendix A.

- NCDHD Forces of Change Assessment: A comprehensive assessment of factors within the community that affect health status. The Forces of Change Assessment process evolved from a survey and interviews with community members and stakeholders from the NCDHD service area. Through the survey portion of the Forces of Change Assessment, community members identified A) events, factors and trends within the NCDHD service area relevant to community health; B) threats and opportunities to improve community health; and C) important priorities and strengths within NCDHD communities relevant to improving population health. Through a series of focus groups, stakeholders and residents of the NCDHD service area provided more in-depth insight into seeking health information, and identifying priorities and barriers for community health. Data and themes from the Forces of Change Assessment results are provided in Appendix A and additional information can be found at https://ncdhdne.wordpress.com/.
- NCDHD Local Public Health System Assessment: An overview of community perceptions and experiences with the local public health system in the NCDHD service area. This assessment was composed largely of survey questions asking respondents to indicate their opinions of how well the Ten Essential Public Health Services are provided. Data points from the Local Public Health System Assessment are provided in Appendix A and additional information can be found at https://ncdhdne.wordpress.com/.

Figure 4: MAPP Framework

Methods

This assessment incorporates a broad range of both qualitative and quantitative data. The quantitative data is primary (as derived from the NCDHD Community Health Survey) and secondary (as derived from statistics from large datasets, as well as hospital-specific data); these resources allow for trend analysis and comparisons to both state and national levels. Qualitative data input is also derived from the NCDHD Community Health Survey and focus group meetings.

Public Health, Vital Statistics & Other Data

A comprehensive examination of existing secondary data was completed during the CHNA process for Pierce County and each of the nine counties that comprise the NCD. For benchmarking data in order to analyze trends, the following data sources were used: previous NCDHD Community Health Surveys, Behavioral Risk Factor Data, Nationwide Risk Factor Data, Nebraska Department of Education, Nebraska Department of Health and Human Services, Nebraska Risk and Protective Factors Student Surveys, and U.S. Census/American Community Survey, among others. See Table 3 for further details on data sources.

Table 3. Frequently Cited Data Sources in *2021 NCDHD CHNA*

Data Source	Description
NCDHD Community Health Needs Assessments and Surveys (CHA)	Community survey conducted by the North Central District Health Department (NCDHD) in 2021 around issues of community well-being and quality of life. Frequency tables for all items and raw responses for open-ended items are presented in the NCDHD CHNA at https://ncdhdne.wordpress.com/.
Nebraska Association of Local Health Directors Survey (NALHD)	This short survey was administered during COVID-19 vaccination clinics and focuses on top health concerns among community members. Frequencies tables and raw responses to open-ended items are presented in the NCDHD CHNA at https://ncdhdne.wordpress.com/.
Forces of Change Assessment (FoC)	This assessment focuses on identifying important community characteristics and factors identified by community members. Traditionally conducted as focus group, the FoC was administered as a survey focusing on open-ended responses due to COVID-19. Frequency tables for all items and raw responses for open-ended items are presented in the NCDHD CHNA at https://ncdhdne.wordpress.com/.
Community Themes and Strengths Assessment (CTSA)	Provides a better understanding of health and quality of life issues that community members feel are important in their communities within the district. This assessment was administered in conjunction with the FoC, and all responses are presented in the NCDHD CHNA at https://ncdhdne.wordpress.com/.
Local Public Health Systems Assessment survey (LPHSA)	Supplemental community survey that focuses on community health concerns. This assessment was administered in conjunction with the FoC, and all responses are presented in the NCDHD CHNA at https://ncdhdne.wordpress.com/.
Community Health Rankings (CHR)	The County Health Rankings provide a snapshot of a community's health and a starting point for investigating and discussing ways to improve health. Information from CHR originates from many sources but are cited from their original source in this report.
Nebraska Behavioral Risk Factor Surveillance System (NBRFSS)	A comprehensive, annual health survey of adults aged 18 and older on risk factors for many areas impacting public health. This survey was most recently conducted in 2020, though some items are not asked every year. Items from previous years are cited with the latest year for which data is available.

Data Source	Description
Nebraska Department of Education (NDE)	Data contained in Nebraska's annual State of the Schools Report, including graduation and dropout rates, student characteristics, and student achievement scores.
Nebraska Risk and Protective Factor Student Survey (NRPFSS)	A survey of Nebraska youth in grades 8, 10, and 12 on risk and protective factors regarding alcohol, tobacco, and drug use, and bullying, most recently published in 2018.
U.S. Census Bureau - American Community Survey (ACS)	U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, and educational attainment. Annual estimates available through the ACS (2015-2019) were used for this report.
U.S. Centers for Disease Control and Prevention Web-based Injury Statistics Query and Reporting System (CDC)	CDC's WISQARS is an interactive, online database that provides fatal and nonfatal injury, violent death, and cost of injury data.

Community Input

Strong community involvement is a critical element of the CHNA process. Community input was gathered through the assessments described in the Community Health Needs Assessment Process and through data validation and health need prioritization summarized in the Prioritization Process section. A detailed list of participating stakeholders can be viewed in Table 4.

Specific populations at higher health risk or that have poorer health outcomes were identified in the NCD community as:

- Low-income population
- Racial and ethnic minority population, particularly Hispanic and Native American individuals
- Individuals 65 years and older
- Low education population

In addition to using existing relationships with organizations in the NCD who work with these populations to distribute targeted community surveys, representatives from these organizations also participated in community meetings throughout the assessment process. Representatives of all five special populations were included on invitations to the community meetings, although representatives for the Hispanic and Native American populations

did not attend. The following community organizations were engaged in the CHNA process through a number of avenues, including the Community Health Survey, Forces of Change Assessment, and/or Community Health Improvement Plan (CHIP) work groups.

Table 4: Participating Community Organizations

North Central District Health Department (NCDHD)
Niobrara Valley Hospital
NCDHD Board of Health
Osmond General Hospital
Antelope Memorial Hospital
Rock County Hospital
Avera Creighton Hospital
West Holt Memorial Hospital
Avera St. Anthony's Hospital
Indian Health Services
Brown County Hospital
The Evergreen Assisted Living Facility
Cherry County Hospital
Cottonwood Villa Assisted Living Facility
CHI Health Plainview Hospital
Good Samaritan Society – Atkinson Pregnancy Resource Center
Counseling & Enrichment Center
Brown-Rock-Keya Paha County
Building Blocks
O'Neill Public School Board
Region 4 Behavioral Health System
O'Neill Ministerial Association
Central Nebraska Community Action Partnership
West Holt Health Ministries
Northeast Nebraska Community Action Partnership
Northwest Nebraska Community Action Partnership
O'Neill Rotary Club
O'Neill Lions Club
NorthStar Services
Santee Sioux Nation
North Central Community Care Partnership-Brown-Rock-Keya Paha County
Area Substance Abuse Prevention Coalition
O'Neill Public School Board
O'Neill Chamber of Commerce
O'Neill Ministerial Association
Central Nebraska Economic Development
West Holt Health Ministries
Holt County Economic Development
O'Neill Lions Club
Knox County Economic Development
O'Neill Rotary Club
Neligh Economic Development
Santee Sioux Nation
Pierce County Economic Development
University of Nebraska Lincoln Extension Office

Written Comments Received

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

Assessment Data and Findings

2021 Community Health Survey

Over 200 individuals throughout the nine- county area of the NCDHD participated in the Community Health Survey in 2021 as part of the Community Themes and Strengths Assessment. Respondents were asked to identify what they perceive to be the most important health concerns and risky behaviors impacting the overall health of their community, as well as other information to better understand factors leading to inferior health outcomes and quality of life in the NCD. Significant survey results can be found in Table 5 below, and a comprehensive overview can be found in Appendix A.

For a complete list of community health indicators reviewed in consideration of the Community Health Needs Assessment for CHI Health Plainview, please refer to the 2022 CHNA Data Presentation attached in Appendix A.

Gaps in Information

Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community's health, nor can we represent all interests of the population. This assessment was designed to represent a comprehensive and broad look at the health of the overall community. During specific hospital implementation planning, gaps in information will be considered and other data/input brought in as needed.

Prioritization Process and Significant Community Health Needs

Prioritization Process

On March 15, 2022, NCDHD hosted a Community Health Needs Assessment data presentation to review data and determine community health improvement priorities. Members representing special populations- aging, low-income, low- education, and racial/ ethnic minorities- were invited to participate. Organizations represented are detailed in Table 4 in the Methods and Process section. Community Health Needs were identified through data analysis according to the following criteria:

- indicators were failing to meet the national HP2030 targets
- indicators were trending in the wrong direction
- presence of apparent disparities
- presence of significant variance between district and state indicators
- issue affects a large number of district residents
- issue was identified as a significant problem based on community input

The "Healthy Choices for Pierce County'' coalition convened by CHI Health Plainview and the CHI Health Plainview Community Benefit Action Team reviewed the data and validated the health needs that were identified at the March 15, 2022 meeting. Participants reviewed relevant data, engaged in a facilitated discussion to validate the significant health needs for Pierce County, and brainstormed potential strategies and partnerships to impact the top health

needs over the next three- year implementation strategy plan (ISP), beginning July 1, 2022 and concluding June 30, 2024. Participants that participated in at least one meeting were:

- Diane Blair, CHI Health Plainview
- Diane Elwood, Social Center
- Greg Beckman, CHI Health Plainview
- Joan Alexander, Plainview Congregational United Church of Christ
- Matthew Lohmeier, CHI Health
- Minnie Sauser, Vice President of Patient Care Services
- Sara Parks, CHI Health Plainview
- Sarah Stanislav, CHI Health
- Whitney Abbott, NCDHD

CHI Health reviewed data collected by NCDHD for the 2022 CHNA and identified four significant health needs (found in Table 5) after consideration of various criteria, including:

- Standing in comparison with benchmark data (health district, state and national data)
- Identified trends
- Preponderance of significant findings within topic areas
- Magnitude of the issue in terms of the number of persons affected
- Potential health impact of a given issue
- Issues of greatest concern among community stakeholders (key informants) giving input to this process

Based upon data gathered by NCDHD and CHI Health for the CHNA, the following prioritized significant health needs in Table 5 identified in Pierce community.

Table 5: Prioritized Significant Health Needs

Health Needs	Rationale
Behavioral Health	• Among NCD survey respondents, mental health was the third leading concern identified (58.7%). • Among NCD youth respondents, 7.2% (*n* = 996) indicated they had consumed alcohol three or more times in the previous month (6.1% statewide), and 26.7% (*n* = 997) indicated it was a little or not wrong to drink alcohol frequently (25.3% statewide). • Among NCD youth respondents, 49.8% (*n* = 987) of respondents also indicated that it was easy to obtain alcohol, and 21.1% (*n* = 986) stated it was easy to obtain marijuana. • When asked about vehicle safety, only 52.5% (*n* = 727) of NCD residents said they always wear a seatbelt while driving or riding in a car, 63.8% (*n* = 379) reported

	talking on a cell phone while driving in the past 30 days, and 22.9% (*n* = 380) said they had texted while driving in the past 30 days. • Teenagers also reported talking on their cell phone (*n* = 349; 42.3%) and texting or using an app (*n* = 389; 48.7%) while driving in the past 30 days. • The majority of students agreed that they felt safe at their school (*n* = 1001, 90.8%). However, when asked about being bullied, some students reported being bullied physically (*n* = 991; 5.0%), verbally (*n* = 990; 21.9%), socially (*n* = 989; 21.0%), and electronically (*n* = 990; 7.3%) at least once a month in the past year. Additionally, some students also reported being physically hurt on purpose by someone they were dating (*n* = 1001; 5.4%) within the past year. • Several responses to the community health survey expressed a need for increased mental health education regarding resources, stigma, prevention efforts, and better access to resources throughout their community, especially in schools. • Several other target areas for health education include the negative effects of tobacco, drugs, alcohol use/abuse, and vehicular safety, such as distracted driving, speeding, and traffic sign adherence. • Youth responses to the NRPFSS showed tobacco use that was slightly higher than state averages. Among 12th grade respondents, 19.6% reported current cigarette or smokeless tobacco use (compared to 15.3% statewide), and 38.9% reported vaping once or more in the past 30 days (compared to 37.3% statewide).
Cancer	• Among NCD survey respondents, cancer was the leading concern identified (65.2%). • The percentage of female fee-for-service Medicare enrollees who received a mammogram averaged across counties within the NCDHD was 43.9%, compared to an overall Nebraska average of 48%. • 61.5% of female aged 21-65 (*n* = 150) reported up-to-date cervical cancer screenings.

Chronic Disease	• Among NCD survey respondents:
	  ○ heart disease was the second leading concern identified (59.5%).
	  ○ lack of exercise was the fourth leading concern identified (36.7%).
	  ○ diabetes was the fifth leading concern identified (36.4%).
	• NBRFSS data for the NCD indicate that 66.1% (*n* = 702) of respondents reported being either overweight (Body Mass Index > 25) or obese, and 32.2% (*n* = 702) indicated they were obese (Body Mass Index > 30).

	• Forty percent (*n* = 318) of NBRFSS respondents eat less than one piece of fruit a day, and 19.4% (*n* = 774) consumed vegetables less than one time a day. • Additionally, 29.3% (*n* = 757) of adult respondents indicated that they had no leisure-time activity in the past 30 days. • Alzheimer's disease was the fourth leading cause of death among residents of the NCD (65.7) but the sixth leading cause of death among Nebraska residents overall and at a much lower rate of death (38.9). • Averaged across counties, the proportion of adults aged 20 or above with diagnosed diabetes was 11.2% in the NCD, and 10% overall in Nebraska.
Social Determinants of Health (including access to care)	• The main areas of concern regarding the physical environment within the NCDHD service area relate to housing problems and long commutes. Additionally, 69.6% (*n* = 433) of NCD residents reported having access to safe places to walk in their neighborhood in 2017, down from the 80.4% (*n* = 518) reported in 2015). • Within the NCD, 84.5% of households reported having access to a computer, and 76.3% reported having access to a broadband internet connection. • Driving long commutes alone have been associated with poorer mental health outcomes. Three counties reported significantly higher percentages of residents who have long commutes: Keya Paha (28.1%), Boyd (26.4%), and Pierce (25.0%). • 15.3% of NCD residents are food insecure. Additionally, free or low-cost education and training opportunities were discussed in the survey responses as ways to increase the communities' healthy options, including training on healthy food options and cooking classes and general community education on health topics. • The ratio of the population to number of primary care physicians averaged across counties in the NCD was 1,366 persons per primary care provider, compared to an overall statewide average of 1,310 persons per primary care provider. • Averaged across NCD counties, the ratio of the population to mental health providers was 1,903 persons per mental health provider, compared to an overall average of 360 people per mental health provider statewide. • When asked what problems prevented people from accessing health screening or services, 49.6% of respondents said there were no barriers. Among those reporting access barriers, the most frequently reported problems accessing care were high costs (15.4%), followed by not knowing when and what kind of services to obtain (11.4%), and not receiving a recommendation from a provider for any screening services (11.4%).

	• A major barrier to accessing clinical care is transportation. Over 33% of respondents indicated they had to travel 75 or more miles to access an oncologist. The availability of specialty care providers in the NCD remains a significant barrier to some residents. • When asked how difficult it was for people to get needed advice or information about health or medical topics, 68% of respondents (*n* = 642) thought it was very easy. Only 51% and 52%, respectively, thought it was very easy to understand information from medical professionals, and understand written health information. • When asked if they had trouble reading and understanding health information, 14.4% of NCDHD residents (*n* = 235) reported sometimes or often having trouble.

Table 6 shows the Community Health Improvement Plan priorities for the NCD, as voted on by community stakeholders in March 2022.

Table 6. Community Health Improvement Plan (CHIP) Priorities for the North Central Health District

Community Health Improvement Plan (CHIP) Priorities for the North Central District
Mental Health
Heart Health

CHI Health Plainview will consider the outcomes of the Community Health Improvement Plan (CHIP) meetings during implementation strategy planning. The CHIP meetings held to date included brainstorming sessions with community stakeholders to review data, evaluating the impact of current strategies, prioritizing community health needs, and identifying opportunities and partnerships for future efforts.

Resource Inventory

Table 7: Resources and Assets in the NCD to Support the Top Needs

Health Need	Resources and Assets
Behavioral Health	CHI Health Plainview North Central District Health Department North Central Community Care Partners Region 4 Behavioral Health Services
Cancer	CHI Health Plainview North Central District Health Department Niobrara Valley Hospital

	NCDHD Board of Health Osmond General Hospital Antelope Memorial Hospital Rock County Hospital Avera Creighton Hospital West Holt Memorial Hospital Avera St. Anthony's Hospital Indian Health Services
Chronic Disease	CHI Health Plainview North Central District Health Department Niobrara Valley Hospital NCDHD Board of Health North Central Community Care Partners Osmond General Hospital Antelope Memorial Hospital Rock County Hospital Avera Creighton Hospital West Holt Memorial Hospital Avera St. Anthony's Hospital Indian Health Services
Social Determinants of Health (including access to care)	CHI Health Plainview Plainview Public Schools North Central District Health Department Plainview Police Department Plainview Social Center NCDHD Board of Health

Evaluation of the FY20 - FY22 Community Health Needs Implementation Strategy Plan

The previous Community Health Needs Assessment for CHI Health Plainview was conducted in 2019. Priority areas were:

1. Behavioral Health
2. Chronic Disease Prevention, Detection, and Management

Priority Area # 1: Behavioral Health (includes Mental Health and Substance Abuse)	
Goal	Ensure equitable access to clinic and community- based behavioral health services in Pierce County
Community Indicators	**CHNA 2016** • 22.9% of Pierce County respondents reported heavy drinking • 12% of Pierce County residents reported having been depressed • 1.9 mentally unhealthy days reported in past 30 days for NCD • 8% of adults report more than 14 days or poor mental health per month in 2014 (County Health Rankings)
	CHNA 2019 • 20% of Pierce County respondents reported excessive drinking (binge or heavy) (BRFSS, 2016) • 10.8% of NCD adults report ever having been told they have depression • 2.9 mentally unhealthy days reported in past 30 days for Pierce County (BRFSS, 2016)
	CHNA 2022 TBD
Timeframe	FY20-FY22
Background	**Rationale:** Mental health ranked 3rd among the top 10 health concerns in the NCHD. Substance abuse was ranked as the top health concern among key informants participating in the Healthy Choices for Pierce County Coalition.
	Contributing Factors: Relatively high rate of suicide in Pierce County; awareness and access to appropriate mental health or substance abuse resources; coordination of services among service providers; mental health stigma

<table>
<tr><td></td><td colspan="2">National Alignment:
Healthy People 2020 objectives:
• MHMD-2: Reduce suicide attempts by adolescents
• SA-14: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (target for % of adults 18 years and older= 24.2%)
• MHMD-11: Increase depression screening by primary care providers</td></tr>
<tr><td></td><td colspan="2">Additional Information: ‘Mental wellness’ was selected as a Community Health Improvement Plan (CHIP) priority for the NCDHD.</td></tr>
<tr><td colspan="3">1.1 Strategy & Scope: Pierce County Strategy & Scope Support internal and external efforts to promote mental health services and reduce substance abuse through early intervention and education by sustaining a behavioral health coalition to address behavioral health issues and connect service providers</td></tr>
<tr><td>Anticipated Impact</td><td>Hospital Role/ Required Resources</td><td>Partners</td></tr>
<tr><td>• Increase awareness of existing and potential resources among community stakeholders
• Reduce mental health stigma and increase awareness of mental health services
• Reduce number of mentally unhealthy days among Pierce County adults (County Health Rankings)</td><td>CHI Health System Role(s):
• Technical Assistance

CHI Health Plainview’s Role(s):
• Provides funding and staff</td><td>• North Central District Health Department
• Pierce County parishes
• Nursing home
• Community Center
• Plainview Community School</td></tr>
<tr><td>Key Activities</td><td>Measures</td><td>Data Sources/Evaluation Plan</td></tr>
<tr><td>In collaboration with community partners, the following represent activities CHI Health Plainview will either lead as a hospital, support through dedicated funding and staff</td><td>• Increase in mental health programming in schools
• Increase in students and staff participating in mental health programming
• Increased or consistent participation in coalition meetings</td><td>Data will be reviewed and monitored by an internal team using the following data sources:
• Program attendance sheets
• Coalition records
• NCDHD</td></tr>
</table>

time or a combination thereof, as appropriate.
• Support and promote school-based mental health programming focused on prevention of substance abuse and suicide
• Convene a behavioral health coalition that meets monthly and maintain active participation in local area substance abuse prevention coalitions
• Identify emerging issues through the behavioral health coalition and create a training plan to increase community awareness
  • Host a training on identifying the signs of human trafficking for healthcare workers
  • Expand use of telehealth for behavioral health services		

Results		
1.1.1 Support and promote school- based mental health programming focused on prevention of substance abuse and suicide		
Fiscal Year 2020 Actions and Impact: • NCDHD was funded to do vaping education in schools, the superintendent of Plainview Schools didn't see it as a need at the time and the schools have not been engaged in the coalition during COVID-19 • CHI Health staff continued to reach out to make sure the schools were supported during the pandemic • The Behavioral Health Coalition received a mini-grant for Tony Hoffman to do a follow up video to his presentation. Video was distributed to 6 schools (12 schools in attendance) that he presented to, as well as on social media. • Explored opportunities for youth to contribute to the work and the coalition **Measures:**		

- Mini-grant: $1,500
- Number of students reached: 950
- Coalition meetings: 10

Fiscal Year 2021 Actions and Impact:

- The Behavioral Health Coalition continues to work with the local school to support drug and alcohol awareness.
- The Behavioral Health Coalition received a mini-grant to hold drug recognition evaluator training for the local schools and EMT units. Due to COVID-19, trainings have been postponed.
- QPR (Question, Persuade, and Refer) training was held for all staff to educate them on how they can help the community and the patients they serve.

Measures:

- Mini-grant: $1,500
- Trainings held: 1
- Coalition meetings: 10

Fiscal Year 2022 Results Pending

1.1.2 Convene a behavioral health coalition that meets monthly and maintain active participation in local area substance abuse prevention coalitions

Fiscal Year 2020 Actions and Impact:

- The Coalition continued to meet monthly (virtually during COVID-19), but has had less participation from the Health Department as their primary focus has been the pandemic
- CHI Health continuously shared information on available trainings through the Behavioral Health Region
- Led conversations around switching the virtual trainings in light of the pandemic

Measures:

- Number of meetings: 10
- Average number of participants: 5

Fiscal Year 2021 Actions and Impact:

- The Coalition continued to meet monthly (virtually during COVID-19), but has had less participation from the Health Department as their primary focus has been the pandemic over the last two years.
- CHI Health continuously shared information on available trainings through the Behavioral Health Region.
- Led conversations around switching the virtual trainings in light of the pandemic

Measures:

- Number of meetings: 10
- Average number of participants: 6

Fiscal Year 2022 Results Pending
1.1.3 Identify emerging issues through the behavioral health coalition and create a training plan to increase community awareness • Host a training on identifying the signs of human trafficking for healthcare workers
Fiscal Year 2020 Actions and Impact: • Annie Boatright from the Nebraska Attorney General's Office attended an internal event and presented to nursing staff on Human Trafficking • There was interest in engaging youth in the Coalition conversations and CHI Health Plainview staff began exploring options with partners • Continued planning a community training on Human Trafficking – delayed due to COVID-19 **Measures:** • Attended internal training: 13
Fiscal Year 2021 Actions and Impact: • Invited staff and community members to participate in human trafficking training hosted by the hospital. **Measures:** • Number of trainings: 3
Fiscal Year 2022 Results Pending
1.1.4 Expand use of telehealth for behavioral health services
Fiscal Year 2020 Actions and Impact: • CHI Health Plainview staff began to participate in behavioral health service line calls as able and identified a need to educate primary care providers to increase referrals • CHI Health Plainview explored why there were such low volumes and recognized that many patients may travel to metro areas to maintain anonymity in receiving mental and behavioral health care • Transportation/travel was identified as a barrier for behavioral health services **Measures:** No measures to report.
Fiscal Year 2021 Actions and Impact: • Telehealth for behavioral health services continues to be offered at CHI Health Plainview, but utilization by patients remains low. Staff and leadership are continuing to explore how to increase access and use to these services, especially as the needs have continued to rise throughout the pandemic.

• CHI Health Plainview staff began to participate in behavioral health service line calls as they were able and identified a need to educate primary care providers to increase referrals. • CHI Health Plainview explored why there were such low volumes and recognized that many patients may travel to metro areas to maintain anonymity in receiving mental and behavioral health care. • Transportation/travel was identified as a barrier for accessing and receiving behavioral health services. **Measures:** No measures to report.
Fiscal Year 2022 Results Pending

Priority Area # 2: : Chronic Disease Prevention, Detection & Management (includes Nutrition, Physical Activity & Weight Status)	
Goal	Improve nutrition and physical activity habits across the lifespan to reduce chronic disease burden and increase awareness of the importance of preventive care
Community Indicators	**CHNA 2016** • 72% of North Central District adults are either overweight or obese (2014) • 32% of Pierce County population report being physically inactive • 82% of adults report inadequate fruit/vegetable consumption • 34% of population with adequate access to locations for physical activity in 2014 • 11% of population lack adequate access to food in 2013
	CHNA 2019 • 71.2% of North Central District adults are either overweight or obese (BRFSS, 2017) • 32.7% of North Central District adults report being physically inactive (BRFSS, 2017) • 28% of Pierce County adults report no leisure time physical activity (County Health Rankings, 2015) • 33.9 of North Central District adults report consuming less than one serving of fruit daily and 15.0% report consuming less than one serving of vegetables daily (BRFSS, 2017) • 65% of Pierce County population with adequate access to locations for physical activity in 2018 • 15.3% of Pierce County residents report limited access to healthy foods in 2015 (BRFSS, 2017)
	CHNA 2022 TBD

Timeframe	FY20-FY22
Background	**Rationale:** • "Not having enough exercise" was ranked as the most important health behavior impacting the NCHD, while 'poor eating habits' was ranked third out of 16. • Of the most serious health issues impacting the community, NCD respondents cited cancer, overweight and obesity, and diabetes as the top three (listed in ranked order from one- three).
	Contributing Factors: Low consumption of fruits and vegetables, low physical activity levels, rural nature of the area creates challenges related to the availability of high-paying jobs and access to healthy, affordable food
	National Alignment: • Healthy People 2020 objectives: ○ (NSW-14 and NSW-15.1): Increase the total contribution of fruits and vegetables to the diets of the population aged 2 years and older (respectively) ○ (NSW-9): Reduce the proportion of adults who are obese ○ (NSW-10): Reduce the proportion of children and adolescents who are obese ○ (PA-1): Reduce the proportion of adults who engage in no leisure time physical activity ○ (PA-3): Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and muscle strengthening activity ○ (NSW-8): Increase in proportion of adults at a healthy weight
	Additional Information: Selected as a Community Health Improvement Plan (CHIP) priority for the NCDHD.

2.1 Strategy & Scope: Expand access to healthy foods and recreational opportunities and increase awareness of risk factors for chronic disease by aligning hospital efforts and financial support with Pierce County community partners.

Anticipated Impact	Hospital Role/ Required Resources	Partners
• Increase in consumption of fresh fruits and vegetables • Increase in physical activity among Pierce County residents	CHI Health System Role(s): • Provides financial support • System-level leadership • Strategic partner	• North Central District Health Department • City of Plainview Plainview • Community School • Plainview Community Recreation Center

• Increase awareness about risk factors for chronic disease and the importance of preventive care	CHI Health Plainview's Role(s): • Fiscal Agent • Community Partner	
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
In collaboration with community partners, the following represent activities CHI Health Plainview will either lead as a hospital, support through dedicated funding and staff time or a combination thereof, as appropriate. • Sponsor a cooking class in Plainview • Install/maintain a community garden at CHI Health Plainview • Sponsor community recreation center programming • Participate in the North Central District Health Department Community Health Improvement Plan and identify opportunities to support community partners' chronic disease detection and management efforts	• Increase in # of cooking classes • Increase in # of program participants • Increase in healthy food consumption	Data will be reviewed and monitored annually as part of the coalition work using the following data sources: • NCDHD • Program records
Results		
2.1.1 Sponsor a cooking class in Plainview		
Fiscal Year 2020 Actions and Impact: • Established a relationship with HyVee and the local senior center to partner on classes, but efforts had to be put on hold due to COVID-19		

- The social center has been closed since the beginning of the pandemic, but continued to explore the option of hosting the events

Measures: No measures to report.

Fiscal Year 2021 Actions and Impact:

- Despite establishing a relationship with the nearest HyVee, CHI Health Plainview was not able to get anyone from HyVee to participate due to COVID-19 and the local social center was closed due to COVID-19.
- The social center has been closed since the beginning of the pandemic, but continued to explore the option of hosting the events as it became safe to gather in person again.

Measures: No measures to report.

Fiscal Year 2022 Results Pending

2.1.2 Install/maintain a community garden at CHI Health Plainview

Fiscal Year 2020 Actions and Impact:

- CHI Health Plainview managed community garden and distributed produce through Home Health program – there was an increased need for home health services during the pandemic
- Developed relationship with local Future Farmers of America and Horticultural Club to explore volunteers opportunities at the community garden

Measures:

- Shared produce with 90+ individuals who participate in Home Health services

Fiscal Year 2021 Actions and Impact:

- Due to limited staff capacity during the pandemic and little interest in volunteerism in the community, there was no community garden during FY21.
- Leadership and staff continued discussions around community engagement for the garden and began planning a new plot of land that would work better for the growth of the produce.

Measures: No measures to report.

Fiscal Year 2022 Results Pending

2.1.3 Sponsor community recreation center programming

Fiscal Year 2020 Actions and Impact:

- Progress slowed because of the COVID-19 pandemic. There is interest in memorializing the life of a young farmer through the development of a community center, but there is little interest in funding in the community.

Measures: No measures to report.

Fiscal Year 2021 Actions and Impact: • Discussions continue in the community, but progress on the community center was slowed due to lack of funding for the project. **Measures:** No measures to report.
Fiscal Year 2022 Results Pending
2.1.4 Participate in the North Central District Health Department Community Health Improvement Plan and identify opportunities to support community partners' chronic disease detection and management efforts
Fiscal Year 2020 Actions and Impact: • CHIP committee continued to meet, but had inconsistent attendance and was unorganized due to the prioritization of COVID-19 related work • Completed a social media campaign for mental health **Measures:** • Number of meetings: 10 • Reach of campaign: 9 counties
Fiscal Year 2021 Actions and Impact: • The Community Health Improvement Plan committee continued to meet, but had inconsistent attendance and lack of progress due to the prioritization of COVID-19 related work by the members and the greater community. • Completed a social media campaign for mental health. **Measures:** • Number of meetings: 9 in person or virtually • Reach of campaign: 9 counties
Fiscal Year 2022 Results Pending

Appendix

A. NCDHD Community Health Needs Assessment Data Presentation

Under the direction of the North Central District Health Department, the 2022 NCDHD Community Health Needs Assessment was completed for the nine counties in the North Central District (Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce and Rock Counties in Nebraska) by University of Nebraska Public Policy Center. This data presentation was presented to the community on March 15, 2022. The complete 2022 NCDHD CHNA can be found at https://ncdhdne.wordpress.com/.

North Central District Health Department

Community Health Needs Assessment

Overview of Comprehensive Community Health Needs Assessment

- Intro
- CHNA Process
- County Health Rankings Model
- Data Sources
- Policies and Programs
- Health Factors
- Health Outcomes
- COVID-19
- Special Populations

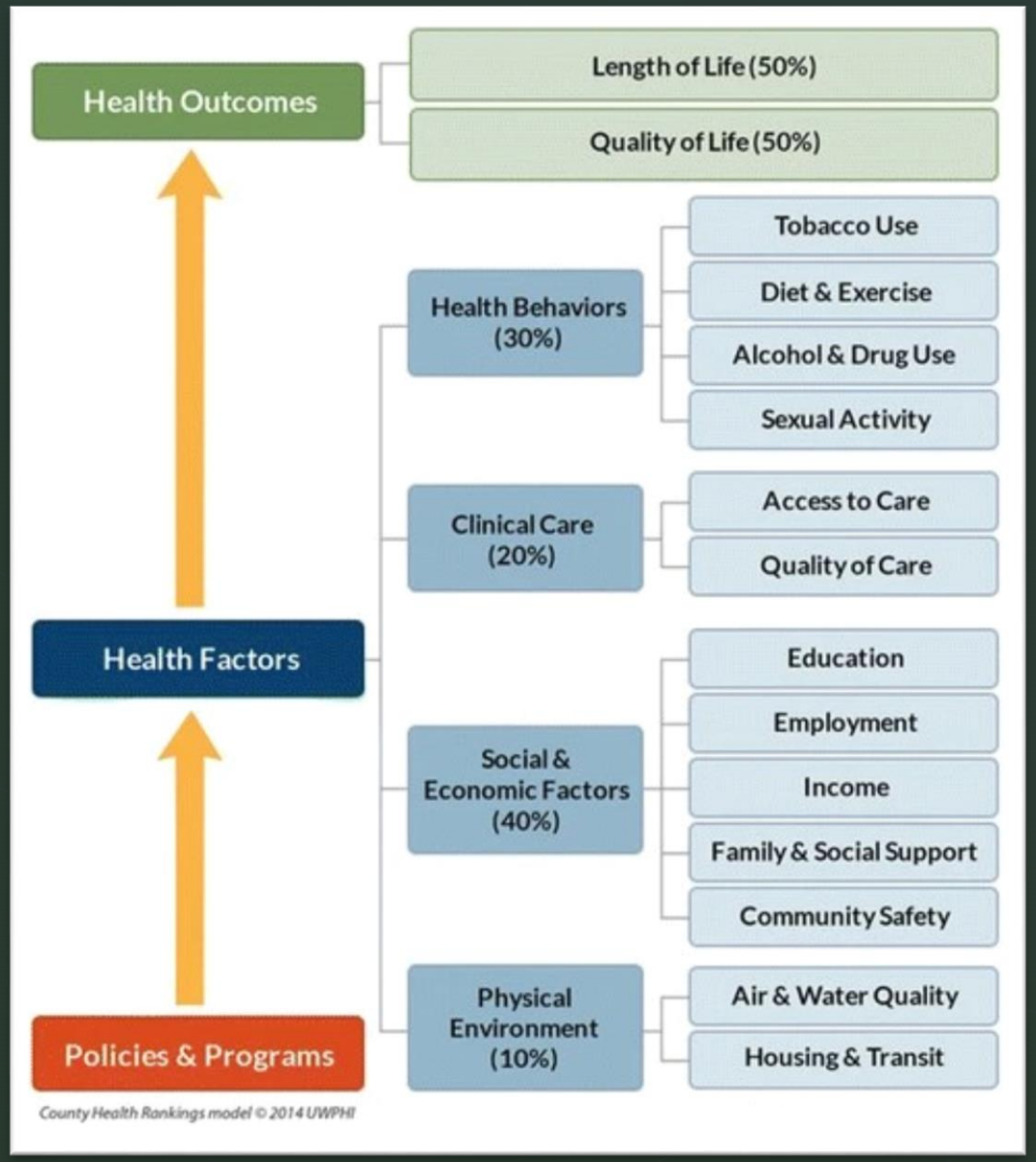
Introduction
CHNA Process

August 30, 2021	Internal NCDHD meetings to organize, coordinate participants & prepare for process.
September 7, 2021	Internal NCDHD meetings to organize, coordinate participants & prepare for process.
September 7, 2021	Internal NCDHD meetings to organize, coordinate participants & prepare for process.
October 12, 2021	CHA Partner Meeting was held to determine the vision, identify which questions will be included in the Community Health Status Assessment, outline focus group questions.
November 12, 2021	CHA Partner meeting was scheduled, but due to weather was moved to on online survey format to gather CHA Partner feedback for the Forces of Change Assessment, Community Themes and Strengths Assessment, and the Local Public Health System Assessment. (Results in Appendix)
November 15, 2021	The Community Health Status Assessment was released to NCDHD partners and residents. (Results in Appendix)
February 2022	The draft CHA document was released to partners and the community for review and make alteration suggestions.
March 15, 2022	CHA partner meeting to share CHA data and select CHIP priorities.

Data Sources

Data Source	Description
NCDHD Community Health Needs Assessments and Surveys (CHA)	Community survey conducted by the North Central District Health Department (NCDHD) in 2021 around issues of community well-being and quality of life. Frequency tables for all items and raw responses for open-ended items are presented in Appendix A.
Nebraska Association of Local Health Directors Survey (NALHD)	This short survey was administered during COVID-19 vaccination clinics and focuses on top health concerns among community members. Frequencies tables and raw responses to open-ended items are presented in Appendix B.
Forces of Change Assessment (FoC)	This assessment focuses on identifying important community characteristics and factors identified by community members. Traditionally conducted as focus group, the FoC was administered as a survey focusing on open-ended responses due to COVID-19. Frequency tables for all items and raw responses for open-ended items are presented in Appendix C.
Community Themes and Strengths Assessment (CTSA)	Provides a better understanding of health and quality of life issues that community members feel are important in their communities within the district. This assessment was administered in conjunction with the FoC, and all responses are presented in Appendix C.
Local Public Health Systems Assessment survey (LPHSA)	Supplemental community survey that focuses on community health concerns. This assessment was administered in conjunction with the FoC, and all responses are presented in Appendix D.
Community Health Rankings (CHR)	The County Health Rankings provide a snapshot of a community's health and a starting point for investigating and discussing ways to improve health. Information from CHR originates from many sources but are cited from their original source in this report.
Nebraska Behavioral Risk Factor Surveillance System (NBRFSS)	A comprehensive, annual health survey of adults aged 18 and older on risk factors for many areas impacting public health. This survey was most recently conducted in 2020, though some items are not asked every year. Items from previous years are cited with the latest year for which data is available.
Nebraska Department of Education (NDE)	Data contained in Nebraska's annual State of the Schools Report, including graduation and dropout rates, student characteristics, and student achievement scores.
Nebraska Risk and Protective Factor Student Survey (NRPFSS)	A survey of Nebraska youth in grades 8, 10, and 12 on risk and protective factors regarding alcohol, tobacco, and drug use, and bullying, most recently published in 2018.
U.S. Census Bureau - American Community Survey (ACS)	U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, and educational attainment. Annual estimates available through the ACS (2015-2019) were used for this report.
U.S. Centers for Disease Control and Prevention Web-based Injury Statistics Query and Reporting System (CDC)	CDC's WISQARS is an interactive, online database that provides fatal and nonfatal injury, violent death, and cost of injury data.

County Health Rankings Model

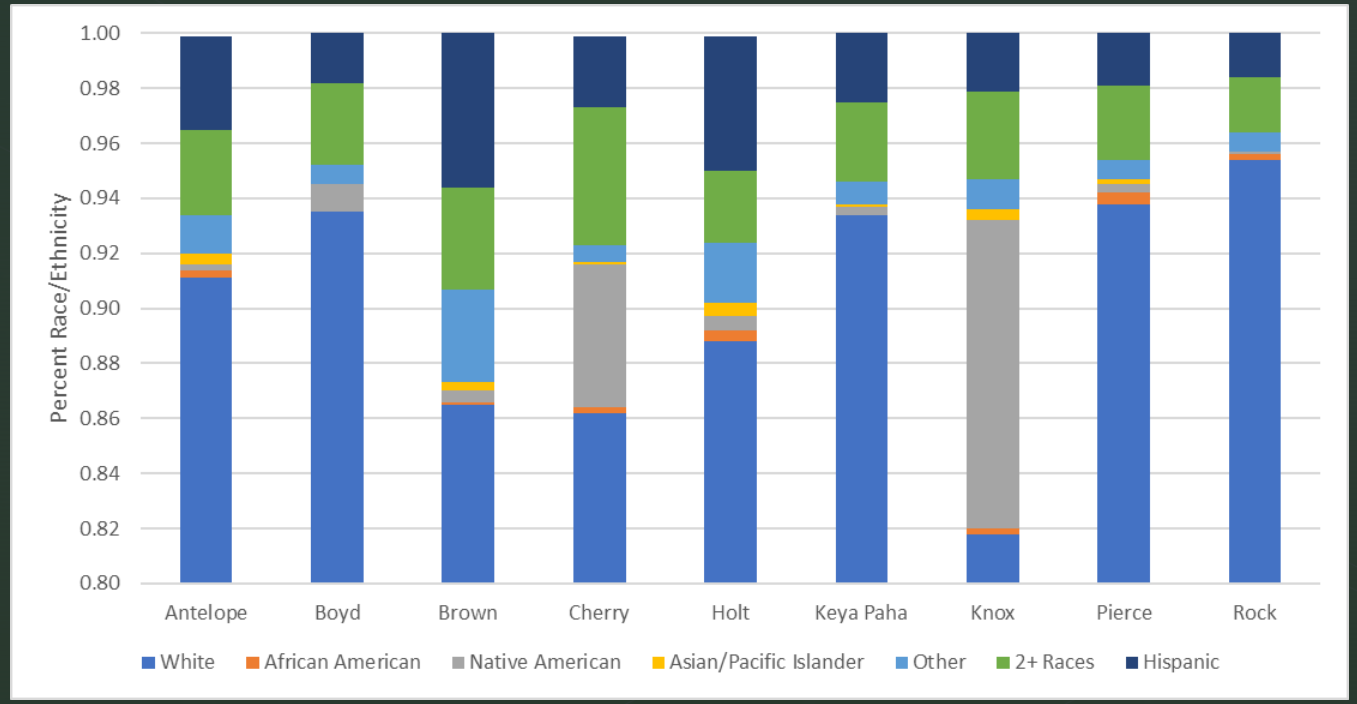


NCDHD Demographics

	2000		2010			2020		
	Pop.	%	Pop.	%	% Change[a]	Pop.	%	% Change[b]
NCDHD Total	51,084	100.0%	46,764	100.0%	-8.5%	44,329	100.0%	-5.2%
Gender								
Female	25,894	50.7%	23,660	50.6%	-8.6%	22,150	50.0%	-6.4%
Male	25,190	49.3%	23,104	49.4%	-8.3%	22,178	50.0%	-4.0%
Age								
Under 5 years	2,977	5.8%	2,766	5.9%	-7.1%	2,782	6.3%	0.6%
5 -14 years	7,824	15.3%	6,226	13.3%	-20.4%	5,850	13.2%	-6.0%
15 -24 years	5,916	11.6%	4,876	10.4%	-17.6%	4,802	10.8%	-1.5%
25 -44 years	12,198	23.9%	9,372	20.0%	-23.2%	8,916	20.1%	-4.9%
45 -64 years	11,840	23.2%	13,663	29.2%	15.4%	11,938	26.9%	-12.6%
65 -84 years	8,640	16.9%	8,192	17.5%	-5.2%	8,403	19.0%	2.6%
85 and older	1,689	3.3%	1,677	3.6%	-0.7%	1,636	3.7%	-2.4%
Race/Ethnicity								
White	49,518	96.4%	44,369	94.3%	-10.4%	40,586	91.6%	-8.5%
African American	27	0.1%	120	0.3%	344.4%	128	0.3%	6.7%
Native American	982	1.9%	1,074	2.3%	9.4%	1,377	3.1%	28.2%
Asian/Pacific Islander	98	0.2%	24	0.1%	-75.5%	142	0.3%	491.7%
Other	14	0.0%	309	0.7%	2107.1%	643	1.5%	108.1%
2+ Races	318	0.6%	388	0.8%	22.0%	1,453	3.3%	274.5%
Hispanic/Latino	410	0.8%	788	1.7%	92.2%	1,466	3.3%	86.0%

	Antelope	Boyd	Brown	Cherry	Holt	Keya Paha	Knox	Pierce	Rock
White	91.1%	93.5%	86.5%	86.2%	88.8%	93.4%	81.8%	93.8%	95.4%
African American	0.3%	0.0%	0.1%	0.2%	0.4%	0.0%	0.2%	0.4%	0.2%
Native American	0.2%	1.0%	0.4%	5.2%	0.5%	0.3%	11.2%	0.3%	0.1%
Asian/Pacific Islander	0.4%	0.0%	0.3%	0.1%	0.5%	0.1%	0.4%	0.2%	0.0%
Other	1.4%	0.7%	3.4%	0.6%	2.2%	0.8%	1.1%	0.7%	0.7%
2+ Races	3.1%	3.0%	3.7%	5.0%	2.6%	2.9%	3.2%	2.7%	2.0%
Hispanic	3.4%	1.8%	5.7%	2.6%	4.9%	2.5%	2.2%	1.9%	1.6%

Race/Ethnicity per NCDHD County



CHA Participant Demographics

Demographic Item	*n*	%
Selected race (n = 204)		
African American/Black	0	0.0
American Indian/Alaskan Native	4	2.0
Asian	0	0.0
Hawaiian/Other	0	0.0
White	195	95.6
2 or more races	4	2.0
Other	1	0.4
Selected ethnicity (n = 204)		
Not Hispanic or Latino	196	97.5
Hispanic or Latino	5	2.5
Age group (n = 201)		
Under 18	0	0.0
18 to 24	4	2.0
25 to 44	65	32.3
45 to 64	105	52.2
65 & over	27	13.4
Primary Language (n = 204)		
English	204	100.0
Refugee Status (n = 202)		
No	194	96.0
Yes	8	4.0
From Where? (n = 8)		
No Response	8	100.0

Demographic Item	*n*	%
Marital Status (n = 204)		
Married	164	80.4
Widowed	10	4.9
Single	15	7.4
Divorced	9	4.4
Separated	1	0.5
Unmarried and live with a partner	5	2.5
County Lived (n = 204)		
Holt	83	40.7
Boyd	12	5.9
Cherry	6	2.9
Rock	4	2.0
Brown	11	5.4
Keya Paha	3	1.5
Knox	44	21.6
Antelope	9	4.4
Pierce	29	14.2
Other (Please specify)*	3	1.5
Cedar	1	0.4
Wheeler	2	0.8

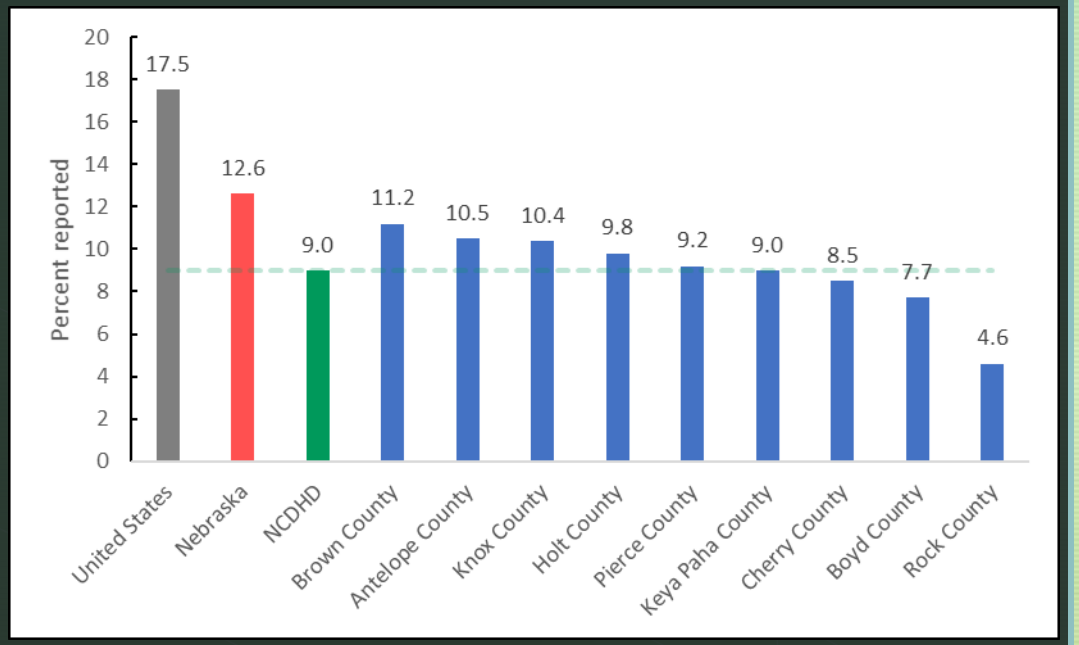
Health Factors

- Physical Environment
  - Housing & Transit
  - Air & Water Quality
- Social & Economic Factors
  - Education
  - Employment
  - Income
  - Family & Social Supports
  - Community Safety
- Clinical Care
  - Access to Care
  - Quality of Care
- Health Behaviors
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity

Health Factors – Physical Environment

- Physical Environment – Housing
- Associated with health
  - Home quality & safety
    - Severe housing problems – 9.0% of residents
      - High housing costs – 7.3% of residents
      - Overcrowding – 1.2% of residents
      - Lack of complete kitchen or plumbing – 1.3%
  - Housing affordability & stability
    - Median owner-occupied monthly cost - $1,055.00
    - Median renter monthly cost – $630.00
  - Community resources availability & accessibility
    - Access to safe places to walk in neighborhood – 69.6%
    - High speed internet access – 76.3%
    - Access to a computer - 84.5%

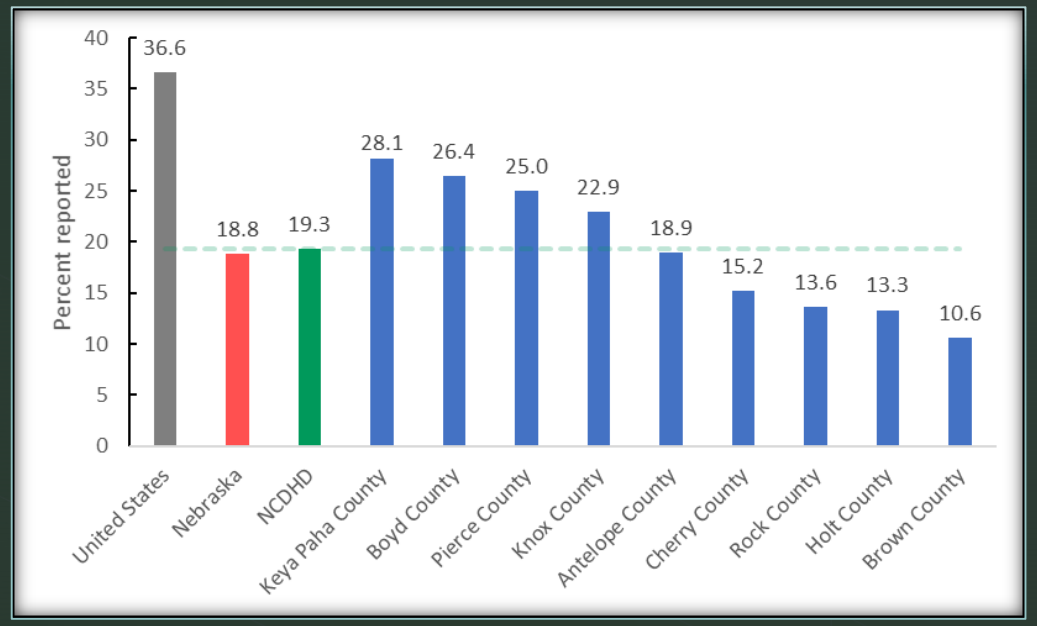
Percentage of Reported Severe Housing Problems in US, NE, & NCDHD



Health Factors - Transit

- Driving to work
  - Alone – 73.0%
  - Commute longer than 30 minutes – 19.3%
    - Keya Paha, Boyd, & Pierce counties have a significantly higher percentage of residents
  - Average travel to work – 16.1 minutes

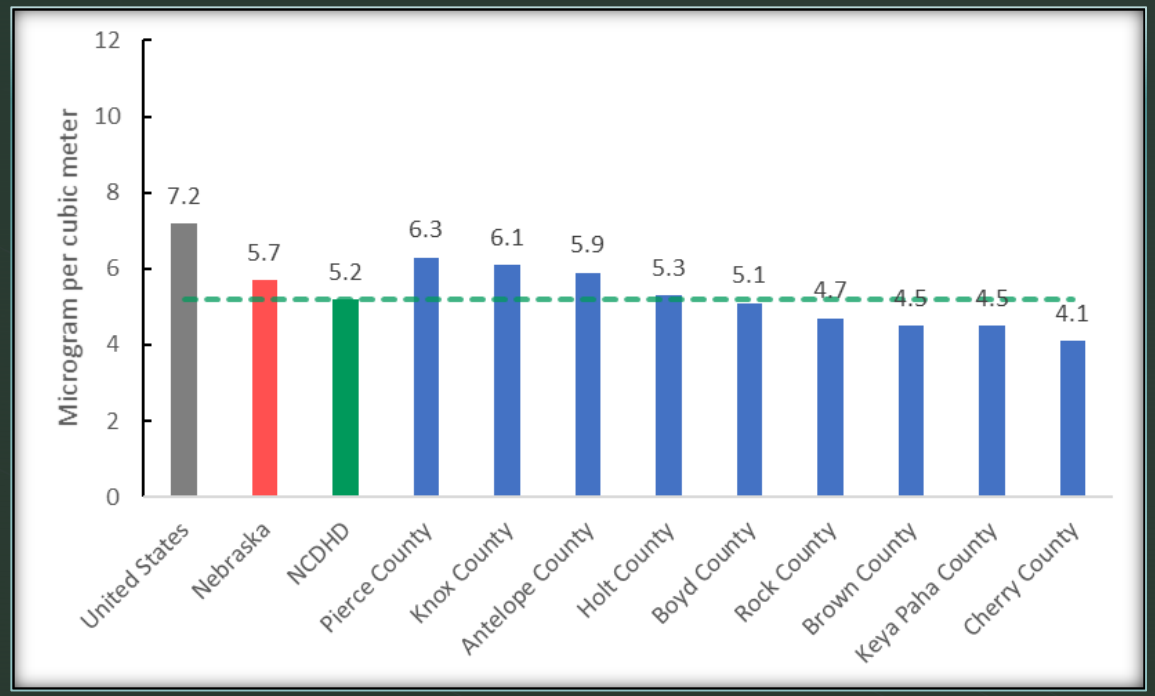
Percentage of Residents with Long Commutes to Work in U.S., NE, & NCDHD



Health Factors – Air & Water Quality

- Air Quality
  - Air quality measured by fine particulate matter of 2.5 microns or less per cubic meter ($PM_{2.5}$)
  - Reported as a three-year average
  - $PM_{2.5}$ under 12 µg/m³ considered safe for public health protection
  - $PM_{2.5}$ under 15 µg/m³ considered safe for visibility, damage to animals, crops, vegetation, & buildings
- Water Quality
  - No reported water violations in NCDHD as of 2019

Three-Year Average $PM_{2.5}$ µg/m³ in U.S., NE, & NCDHD



Health Factors – Social & Economic Factors

- Community feedback
  - What's important to our community?
    - Community connections, support, & equality
    - Access to high quality physical and mental healthcare
    - Good school systems
    - Agriculture
    - Supporting community businesses
    - Retaining youth in the community
  - What makes you the most proud of our community?
    - Community connection & collaboration

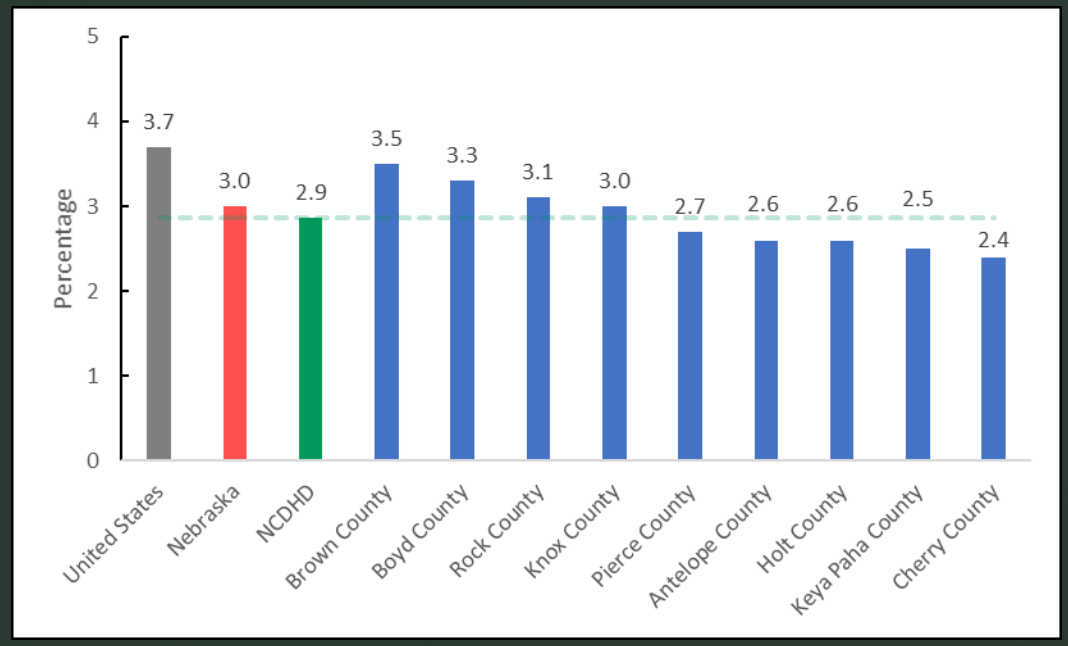
Social & Economic Factors - Education

- Adult Education (25 years or older)
  - Graduated high school – 94.7%
  - Finished some college – 75.7%
  - Bachelor's degree – 21.6%
- Youth Education
  - 3rd graders
    - Reading performance – 3.22
    - Math performance – 3.20
  - 8th, 10th, & 12th graders
    - Mostly A's & B's – 79.0%
    - Graduation rates – 92.3%

Social & Economic Factors - Employment

- NCDHD unemployment rate – 2.9%
  - Higher counties
    - Brown – 3.5%
    - Boyd – 3.3%
  - Lower counties
    - Keya Paha – 2.5%
    - Cherry – 2.4%

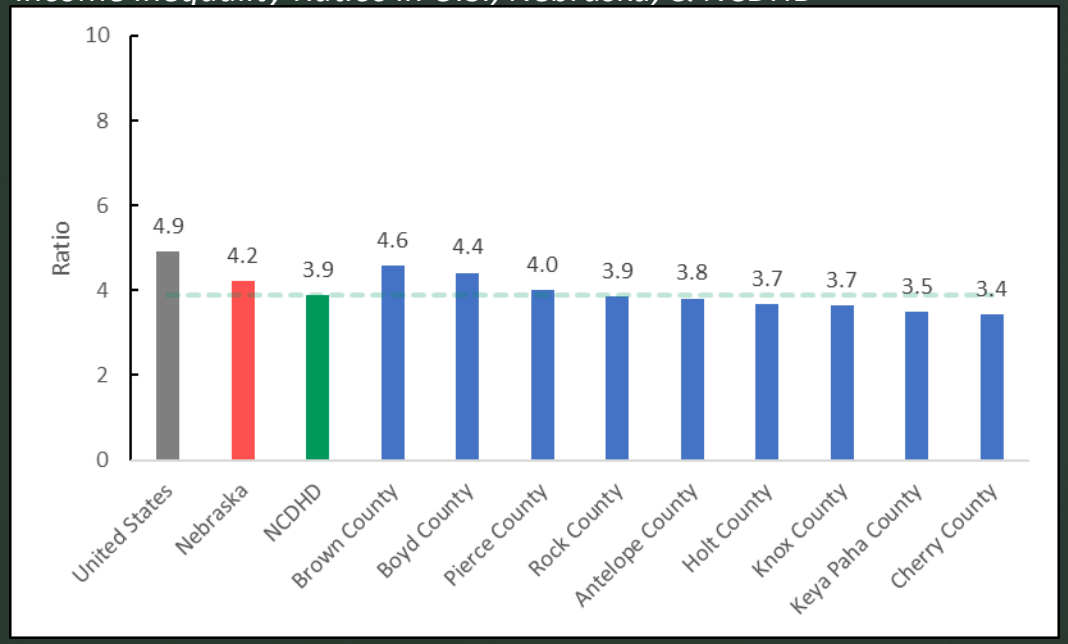
Unemployment Rates in U.S., Nebraska, & NCDHD



Social & Economic Factors - Income

- Median household income – $56,250
  - Includes all individuals 15 years and older
- Per capita average income – $30,412
  - Per individual
- 31.9% of CHA respondents reported an annual household income just at or below calculated Nebraska average living wage
- Income inequality – 3.9%
  - Brown County – 4.6%
  - Boyd County – 4.4%

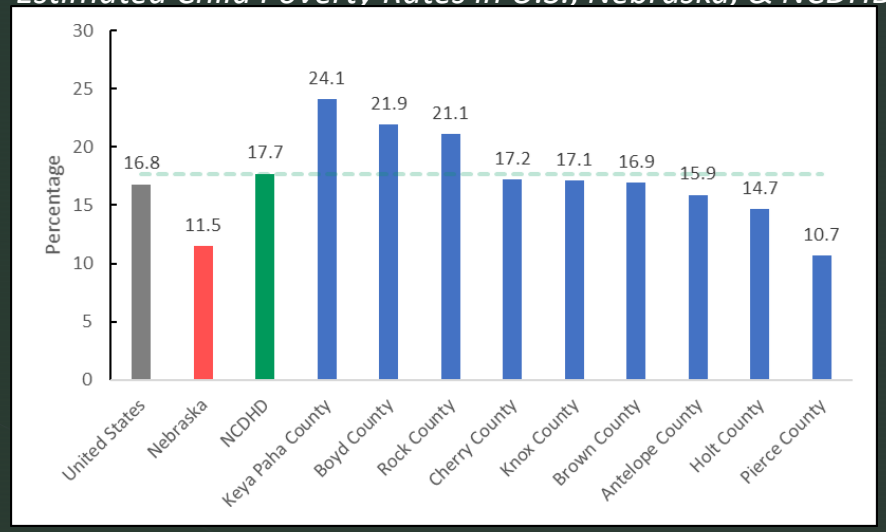
Income Inequality Ratios in U.S., Nebraska, & NCDHD



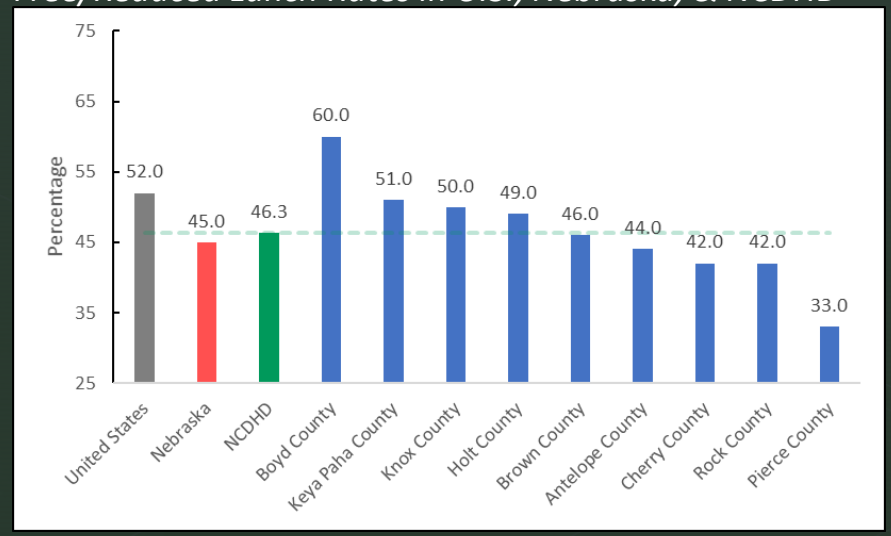
Social & Economic Factors - Income

- Households at poverty-level income
  - Adults – 12.1%
  - Children – 17.7%
    - Keya Paha – 24.1%
    - Boyd – 21.9%
    - Rock – 21.1%
- Children eligible for free/reduced lunches
  - NCDHD – 46.3%
    - Boyd – 60.0%

Estimated Child Poverty Rates in U.S., Nebraska, & NCDHD



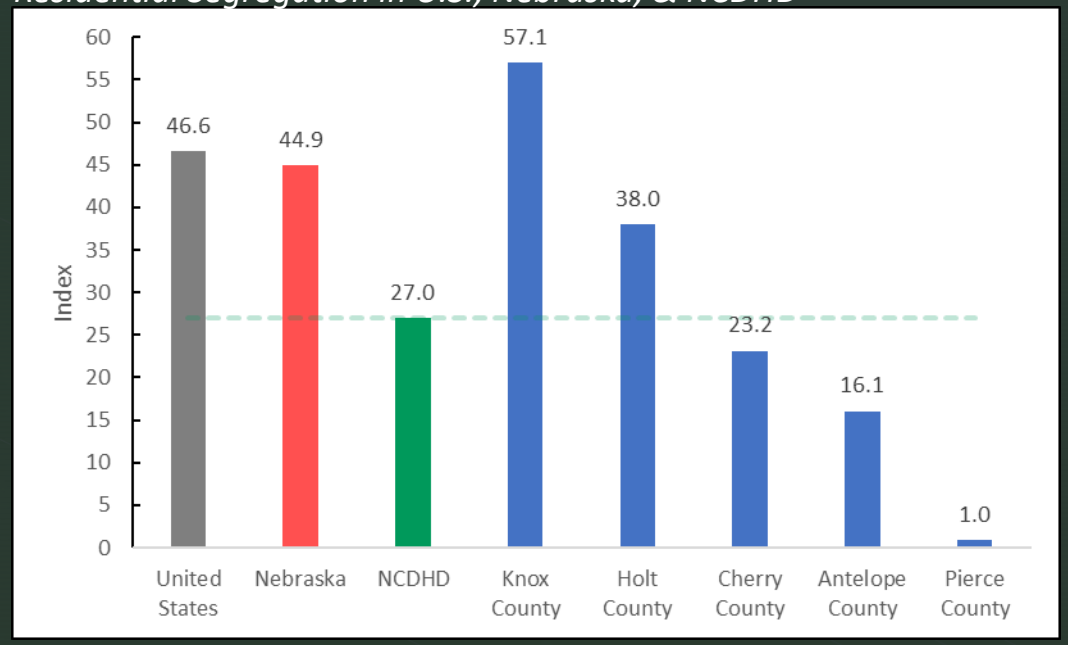
Free/Reduced Lunch Rates in U.S., Nebraska, & NCDHD



Social and Economic Factors: Family & Social Support

- Single-parent households
  - 15% of children in NCDHD
  - 25.5% national average
  - 21.0% Nebraska average
- Community social associations (per 10,000 residents)
  - NCDHD - 16.7%
  - National average – 9.3%
  - Nebraska average – 14.0%
- Residential segregation - 27.0%
  - Knox County – 57.1%
    - Santee Sioux Reservation
  - No available data for Boyd, Brown, Keya Paha, or Rock counties

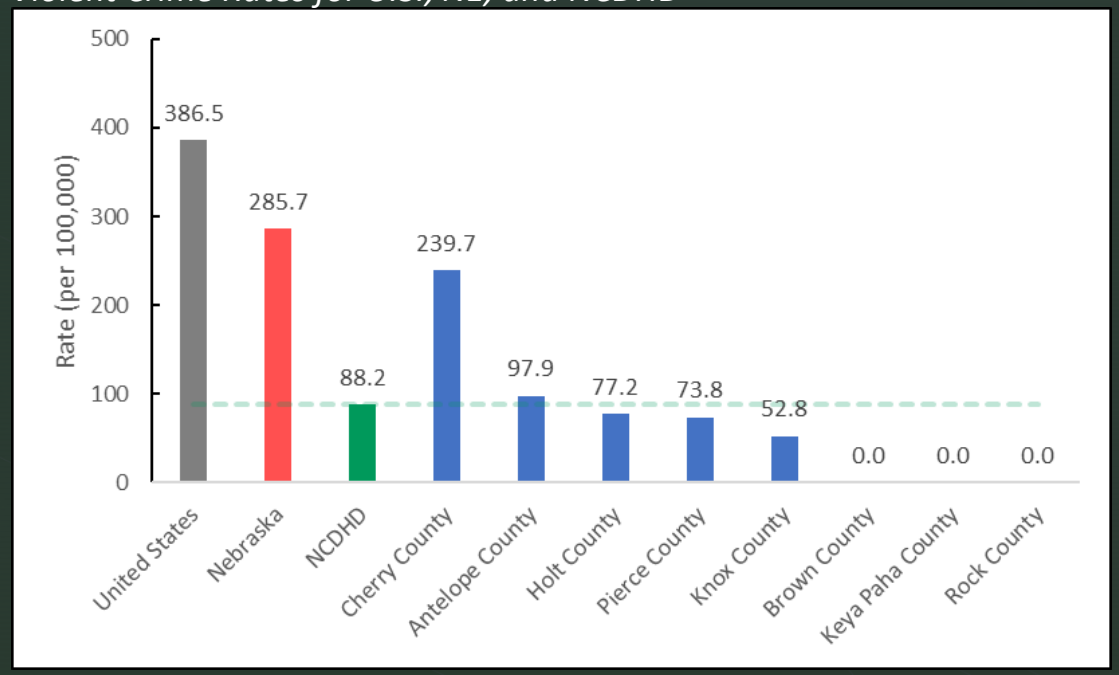
Residential Segregation in U.S., Nebraska, & NCDHD



Social and Economic Factors: Community Safety

- Violent Crime (per 100,000)
  - NCDHD rate – 88.2
  - No available data for Boyd County

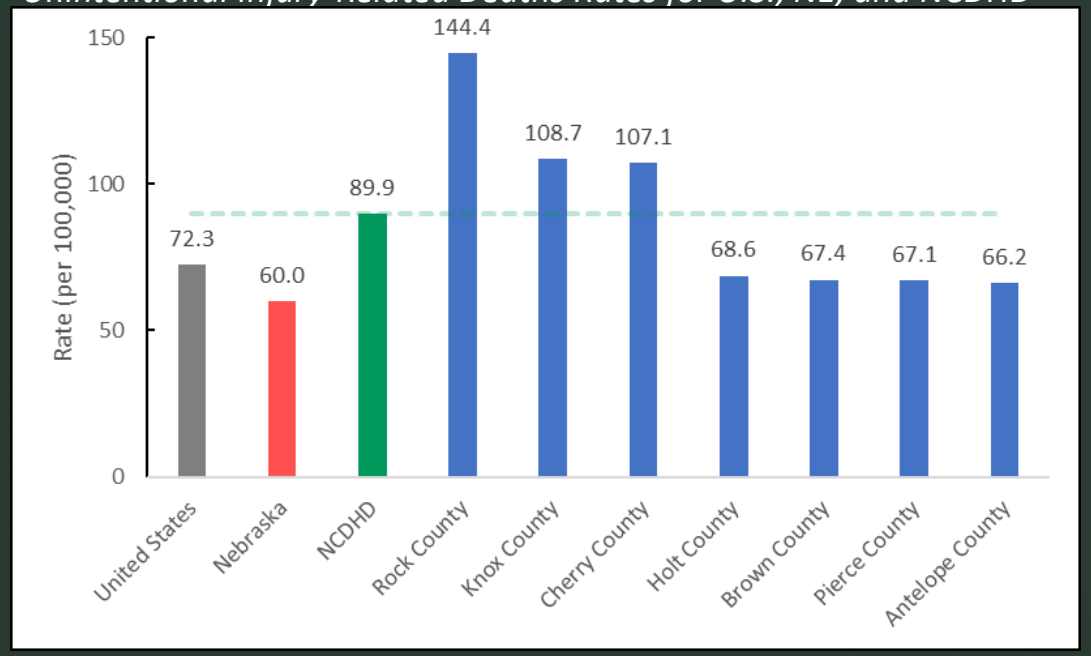
Violent Crime Rates for U.S., NE, and NCDHD



Social and Economic Factors: Community Safety

- Unintentional Injury-Related Deaths (per 100,000)
  - NCDHD rate - 89.9
  - No available data for Boyd and Keya Paha counties

Unintentional Injury-Related Deaths Rates for U.S., NE, and NCDHD



Social and Economic Factors: Community Safety

- Motor Vehicle Safety
  - NCDHD has a motor vehicle crash rate of 20 deaths per 100,000 residents
    - 52.5% of residents reported always wearing seatbelts
    - 63.8% of residents reported talking while driving
    - 22.9% reported texting while driving
  - 42.3% of teenagers also report talking while driving
  - 48.7% of teenagers reported texting or using an app while driving
- Student Safety
  - Majority of students (90.8%) report feeling safe in their schools
  - Some students reported being bullied (at least once a month for the past year)
    - Physically – 5.0%
    - Verbally – 21.9%
    - Socially – 21.0%
    - Electronically – 7.3%

Social and Economic Factors: Community Safety

- Safety Planning
  - 65% of CHA respondents reported having family emergency plans
    - 44.1% reported having an emergency preparedness kit at home
    - 92.0% reported having a written safety plan at work or school
    - 6.1% reported having employees or students receive emergency planning training in the last year
- Community Perspectives
  - Increased access to healthy options
    - Increased fresh food options
    - Free & low-cost education and training opportunities
  - Increased health education and prevention
    - Mental health resources, addressing stigma, and prevention efforts
    - Tobacco, drug, and alcohol abuse education, vehicular safety
  - Improvement of community spaces
    - Children's play spaces
    - Improvement to sidewalks and trails

Clinical Care – Access to Care

- 13.2% of NCDHD adults under 65 uninsured
- 8.8% of NCDHD children under the age of 19 uninsured
- Ratio of NCDHD population to:
  - Primary care physicians – 1,366:1 (1,310:1 statewide)
  - Dentists – 555:1 (1,270:1 statewide)
  - Mental healthcare providers – 1,903:1 (360:1 statewide)
- CHA respondents reported several barriers to healthcare access
  - High costs – 15.4%
  - Not knowing when and what kind of services to obtain – 11.4%
  - Not receiving recommended screening services from provider – 11.4%
  - Specialty services can require excessive travel time

Clinical Care – Quality of Care

- Medicare enrollees that received a reimbursed flu vaccine in NCDHD – 23.1% (50.0% statewide)
- Medicare enrollees that received a reimbursed mammogram screening in NCDHD – 43.9% (48.0% statewide)
- 68.0% of NBRFSS respondents said it was very easy to get advice about healthcare or medical topics
  - 51.0% said it was very easy to understand information from a medical professional
  - 52.0% said it was very easy to understand written health information

Health Behaviors – Tobacco Use

- Adults (Now – BRFSS 2020)
  - 13.5% currently smoke in NCDHD (13.9% NE)
  - 8.7% currently use smokeless tobacco (5.2% NE)
  - 2.3% currently use e-cigarettes (5.9% NE)
- Adults (Then)
  - 13% reported currently smoking (20% NE) (BRFSS 2011)
  - 8% reported using smokeless tobacco (5.6% NE) (BRFSS 2011)
  - 2.3% reported using e-cigarettes (4.9%) (BRFSS 2016)

Health Behaviors – Tobacco Use

- Youth (NRPFSS 2018)
  - 12th graders: 19.6% current tobacco use (cigarettes and smokeless) in NCDHD (15.3% NE)
  - 12th graders: 38.9% current vape use (37.3% NE)
  - 10th graders: 12.4% current tobacco use (8% NE)
  - 10th graders: 23.7% current vape use (24.7% NE)
  - 8th graders: 6% current tobacco use (3.7% NE)
  - 8th graders: 8.6% current vape use (10.4% NE)

Health Behaviors – Diet & Exercise

- Adults (Now – BRFSS 2020)
  - 66.1% overweight or obese in NCDHD (68.6% NE)
  - 32.2% obese (32.8%)
- Adults (Then – BRFSS 2011)
  - 71.4% overweight of obese (64.9% NE)
  - 32.6% obese (28.4% NE)

Health Behaviors – Diet & Exercise

- Adults (Now)
  - 29.3% no leisure time physical activity in past 30 days in NCDHD (21.5% NE) (BRFSS 2020)
  - 45.8% met aerobic physical activity recommendation (48% NE) (BRFSS 2019)
- Adults (Then – BRFSS 2011)
  - 32.9% no leisure time physical activity in past 30 days in NCDHD (26.3% NE)
  - 44.8% met aerobic physical activity recommendation (49% NE)

Health Behaviors – Diet & Exercise

- Youth (NRPFSS 2018)
  - 12th graders: 86.2% physically active at least 60 min a day in NCDHD (85.6% NE)
  - 10th graders: 87.3% physically active at least 60 min a day (88.3% NE)
  - 8th graders: 94.4% physically active at least 60 min a day (92.4% NE)

Health Behaviors - Alcohol & Drug Use

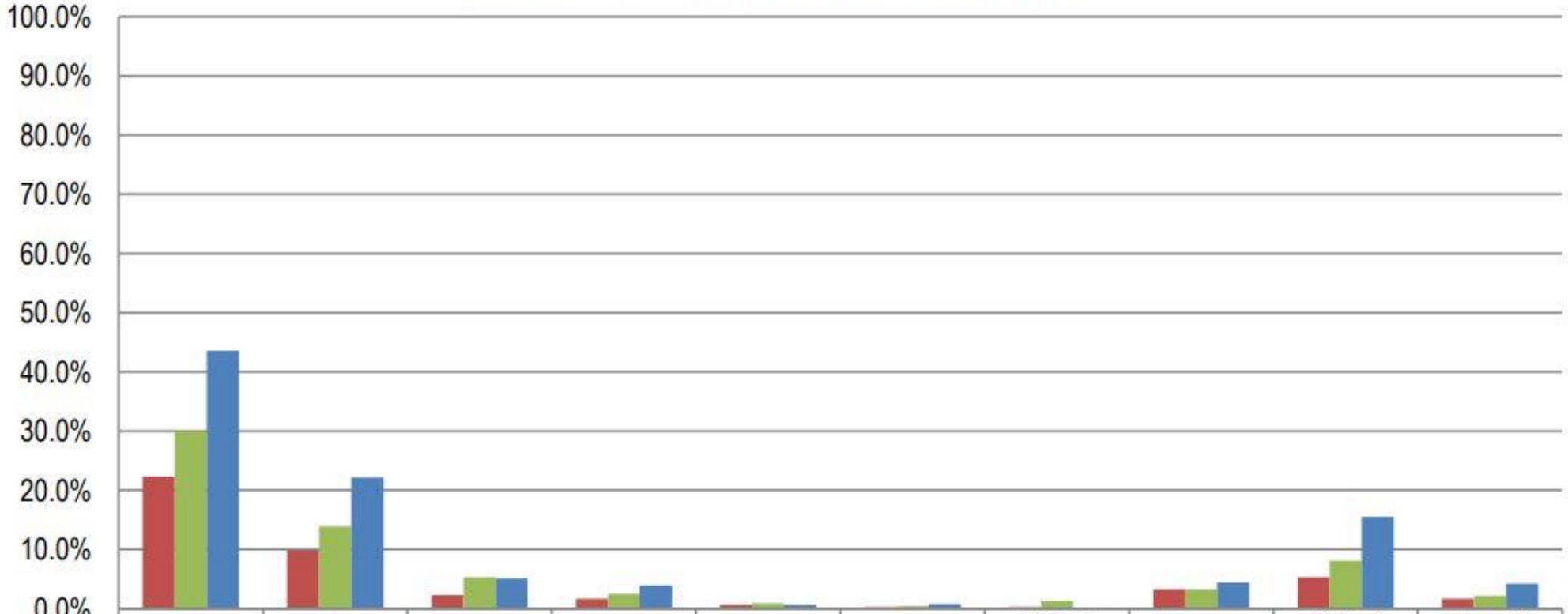
- Adults (Now – BRFSS 2020)
  - 20.8% binge drinking in NCDHD (20.4% NE)
    - 5-4 drinks on a single occasion for F/M
  - 55.5% any alcohol use in past 30 days (60% NE)
- Adults (Then – BRFSS 2011)
  - 17.4% binge drinking in NCDHD (22.7% NE)
  - 56.6% any alcohol use in past 30 days (61.8% NE)

Health Behaviors - Alcohol & Drug Use

- Adults (Now – BRFSS 2020)
  - 2.1% marijuana use in past 30 days in NCDHD (6.9% NE)
  - 2.9% opioid misuse in past year (2.9% NE)
- Adults (Then)
  - 2.7% marijuana use in past 30 days in NCDHD (4.9% NE) (BRFSS 2016)
  - 2.9% opioid misuse in past year (4.3% NE) (BRFSS 2018)

Health Behaviors - Alcohol & Drug Use

12th Grade Substance Use: Other Drugs, 2018

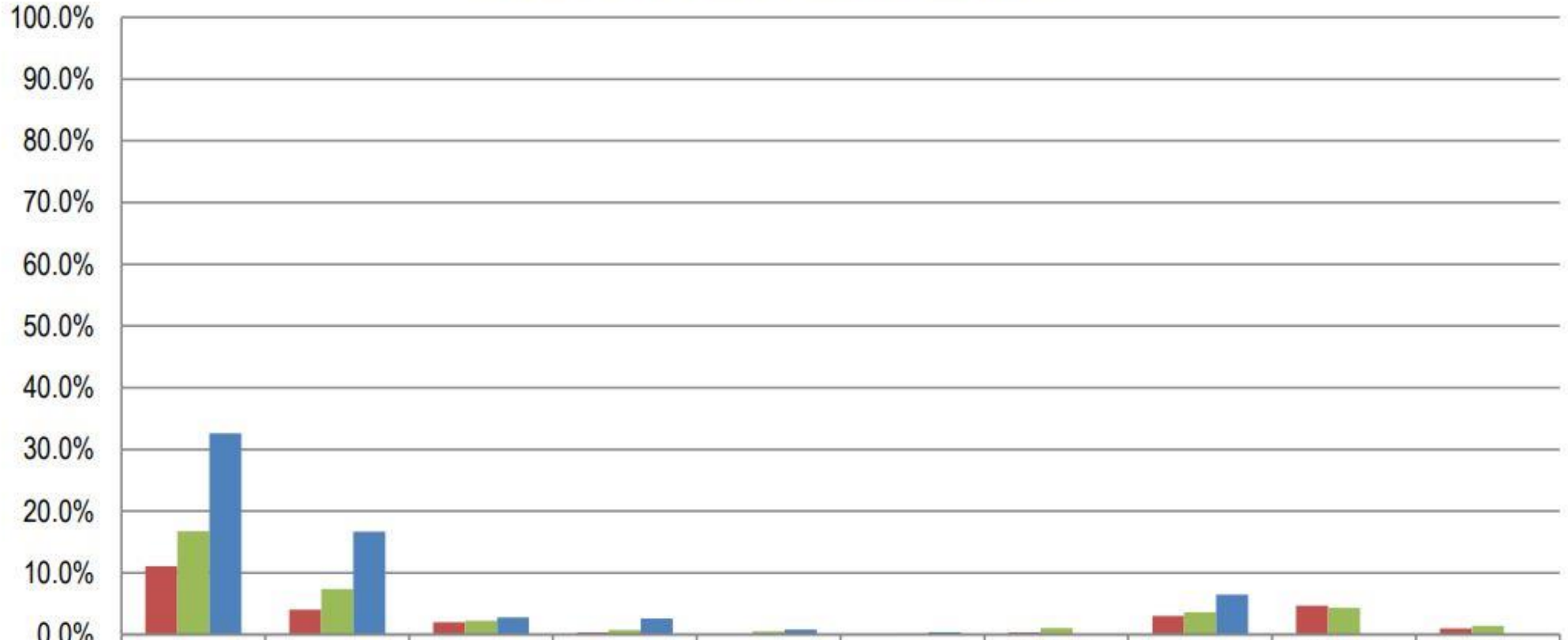


	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* LSD Use	Lifetime* Cocaine Use	Lifetime* Meth Use	Lifetime* Heroin Use	Lifetime* Synthetic Drug Use	Lifetime* Inhalant Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse
Report Level	22.3%	9.9%	2.3%	1.7%	0.7%	0.3%	0.3%	3.3%	5.3%	1.6%
State	29.9%	13.9%	5.3%	2.5%	0.9%	0.4%	1.3%	3.3%	8.1%	2.2%
Nation	43.6%	22.2%	5.1%	3.9%	0.7%	0.8%		4.4%	15.5%	4.2%

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days.*

Health Behaviors - Alcohol & Drug Use

10th Grade Substance Use: Other Drugs, 2018

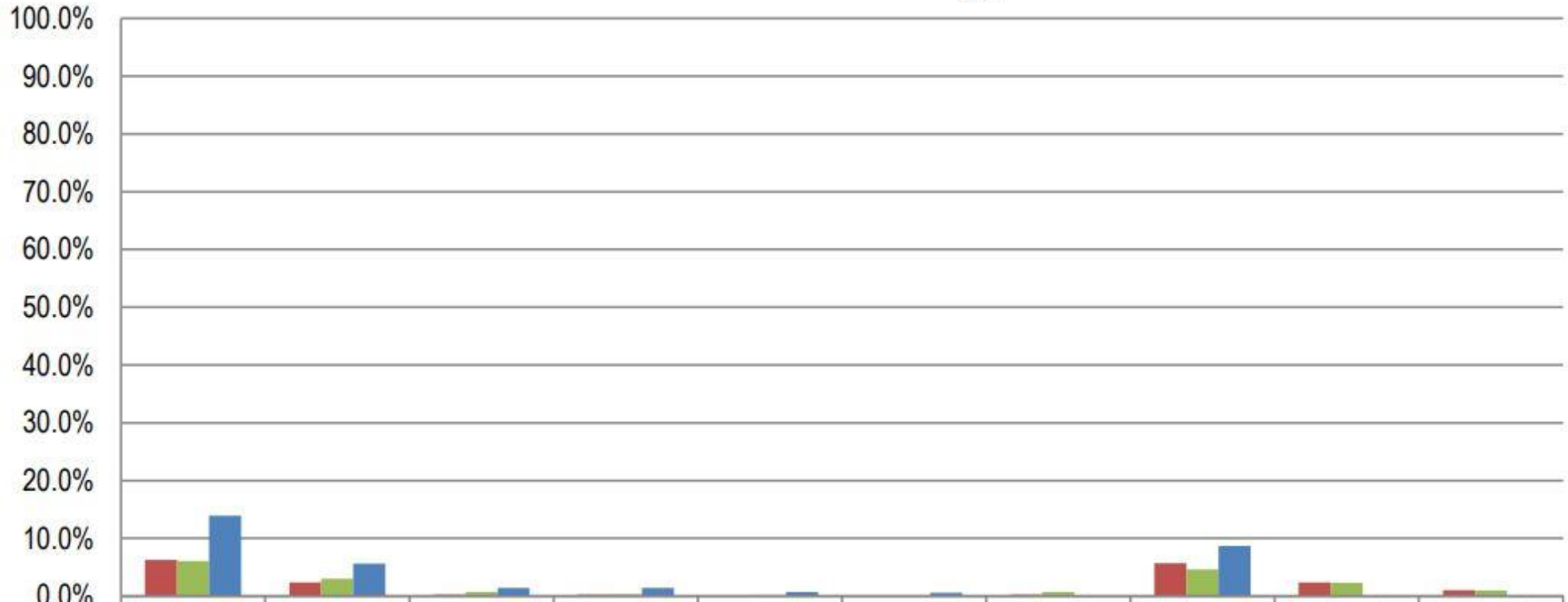


	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* LSD Use	Lifetime* Cocaine Use	Lifetime* Meth Use	Lifetime* Heroin Use	Lifetime* Synthetic Drug Use	Lifetime* Inhalant Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse
Report Level	11.0%	4.0%	2.0%	0.3%	0.0%	0.0%	0.3%	3.0%	4.7%	1.0%
State	16.7%	7.3%	2.2%	0.7%	0.5%	0.1%	1.0%	3.6%	4.3%	1.4%
Nation	32.6%	16.7%	2.8%	2.6%	0.8%	0.4%		6.5%		

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days.*

Health Behaviors - Alcohol & Drug Use

8th Grade Substance Use: Other Drugs, 2018

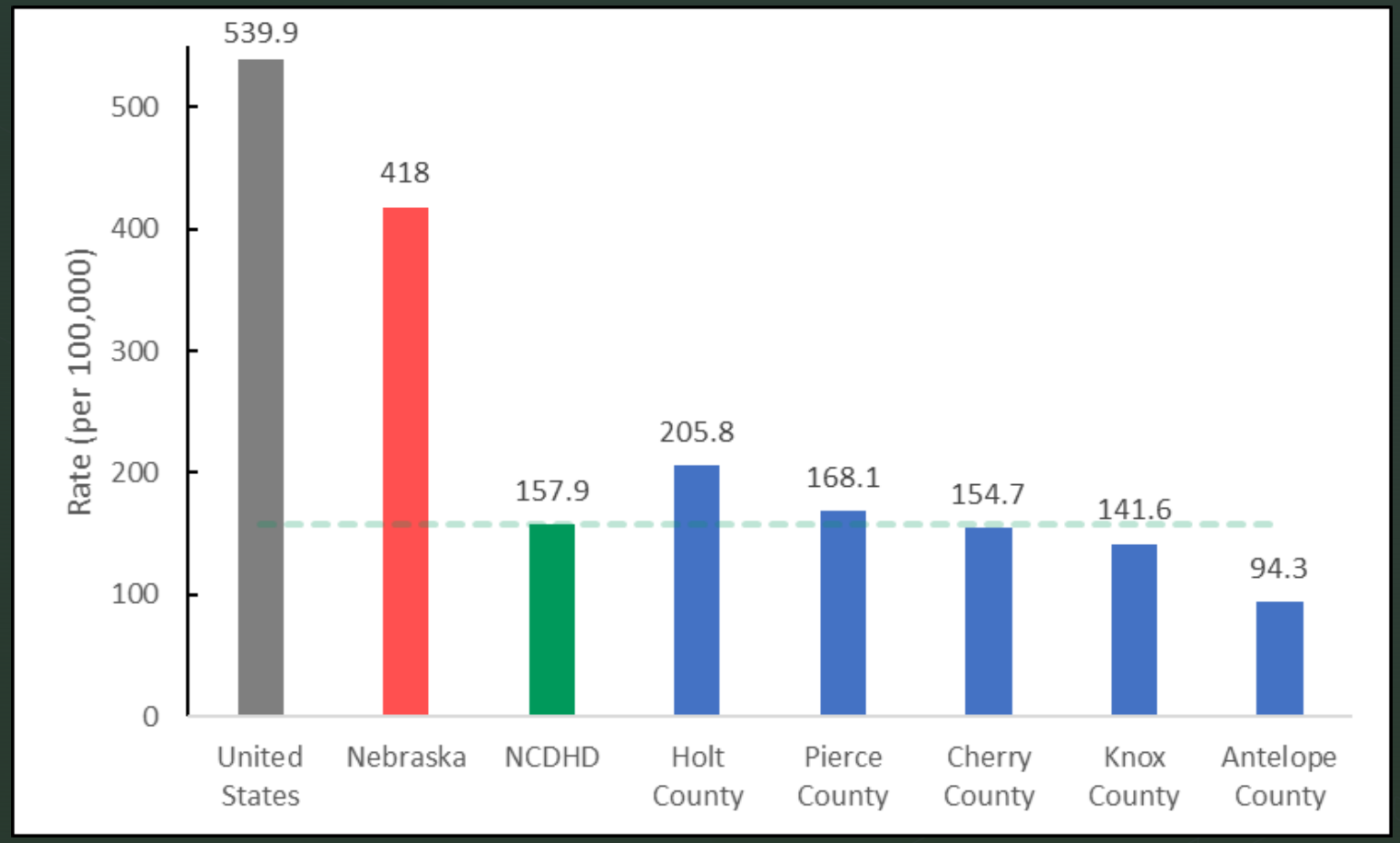


	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* LSD Use	Lifetime* Cocaine Use	Lifetime* Meth Use	Lifetime* Heroin Use	Lifetime* Synthetic Drug Use	Lifetime* Inhalant Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse
Report Level	6.3%	2.3%	0.3%	0.3%	0.0%	0.0%	0.3%	5.7%	2.3%	1.0%
State	6.0%	3.0%	0.7%	0.3%	0.2%	0.1%	0.7%	4.6%	2.3%	1.0%
Nation	13.9%	5.6%	1.4%	1.4%	0.7%	0.6%		8.7%		

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days.*

Health Behaviors – Sexual Activity

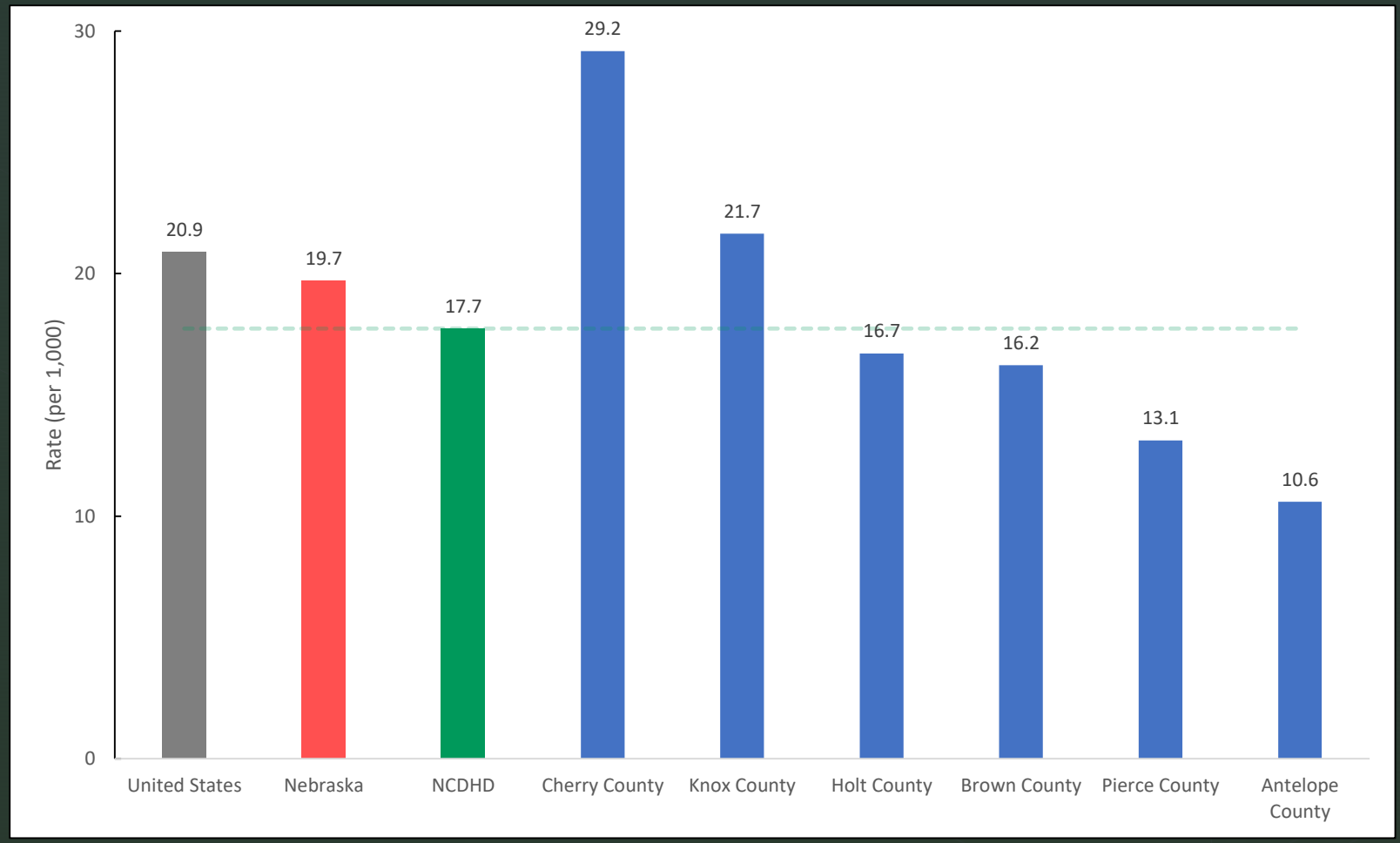
- Chlamydia incidence rate among adults
  - 157.9 per 100,000
- Adults (CHA Survey)
  - 17% been tested for an STD within previous 1-2 years
  - 62% never been tested in their life for an STD
  - 21% ever been tested for HIV



Chlamydia Incidence Rate in US, NE, & NCDHD

Health Behaviors – Sexual Activity

- Teen pregnancy rates among youth
  - 17.7 per 1,000 in NCDHD
  - 19.7 per 1,000 in NE
  - 20.9 per 1,000 in USA



Reported Teen Births in US, NE, & NCDHD

Health Outcomes

- Length of Life
- Quality of Life

Health Outcomes – Top Causes of Death

Nebraska

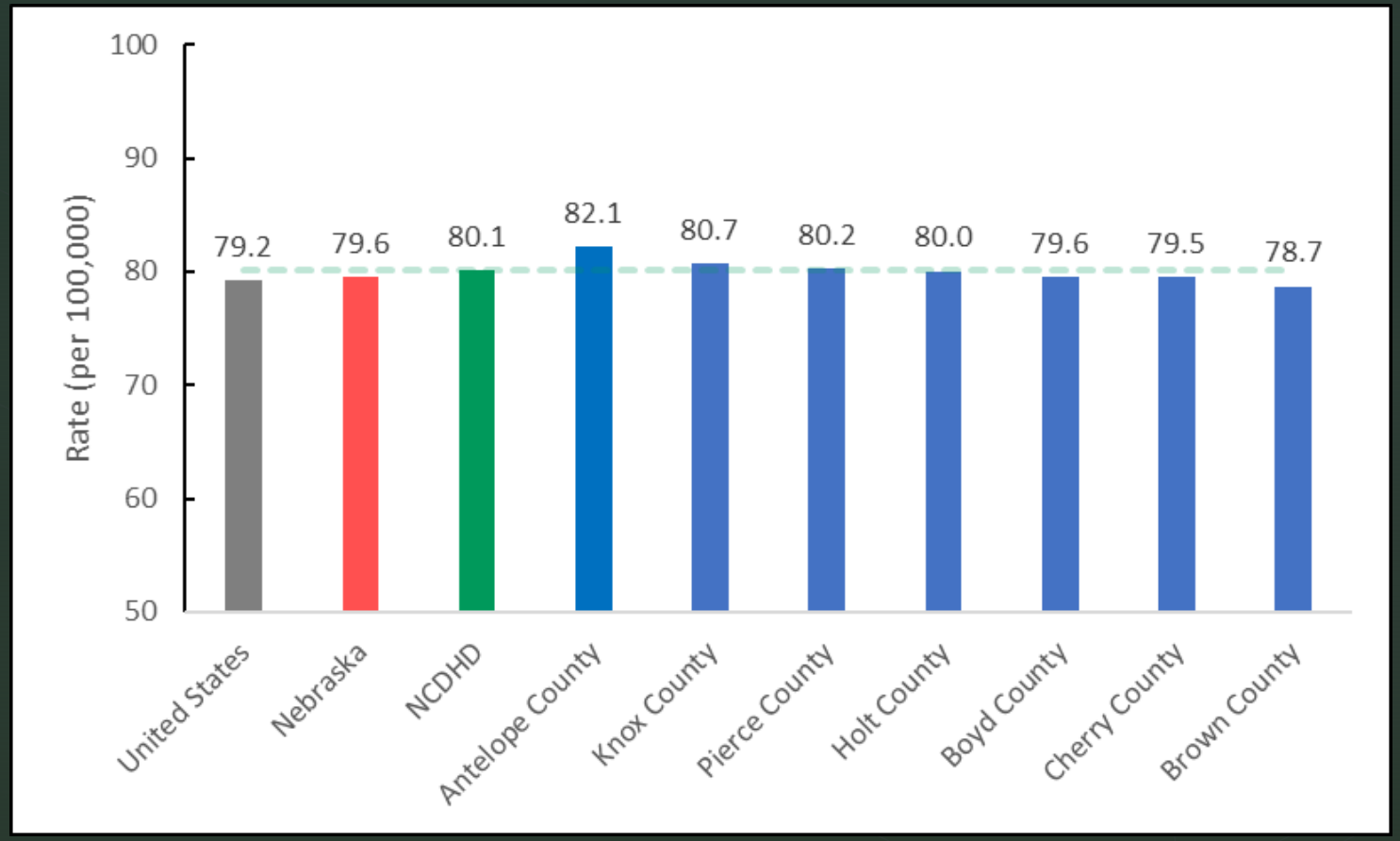
Top Causes of Death NE (Pop - 5801228)	Deaths	Crude Rate
Diseases of heart	10611	182.9
Malignant neoplasms	10539	181.7
Chronic lower respiratory diseases	3320	57.2
Accidents (unintentional injuries)	2560	44.1
Cerebrovascular diseases	2406	41.5
Alzheimer disease	2259	38.9
COVID-19	2043	35.2
Diabetes mellitus	1760	30.3
Influenza & pneumonia	1047	18.0
Essential hypertension & hypertensive renal disease	957	16.5
Intentional self-harm (suicide)	863	14.9
Parkinson disease	785	13.5
Chronic liver disease & cirrhosis	764	13.2
In situ, benign, & neoplasms of uncertain/unknown behavior	746	12.9
Septicemia	506	8.7

NCDHD

Top Causes of Death NCDHD (Pop - 133971)	Deaths	Crude Rate
Diseases of heart	392	292.6
Malignant neoplasms	300	223.9
Chronic lower respiratory diseases	109	81.4
Alzheimer disease	88	65.7
Cerebrovascular diseases	77	57.5
Accidents (unintentional injuries)	77	57.5
COVID-19	77	57.5
Diabetes mellitus	66	49.3
Influenza & pneumonia	44	32.8
Nephritis, nephrotic syndrome and nephrosis	29	21.6
Parkinson disease	22	16.4
Intentional self-harm (suicide)	21	15.7
Essential hypertension & hypertensive renal disease	20	14.9
In situ, benign, & neoplasms of uncertain/unknown behavior	13	Unreliable
Chronic liver disease & cirrhosis	13	Unreliable

Length of Life

- Life expectancy
  - 80.1 per 100,000 in NCDHD
  - 79.6 per 1,000 in NE
  - 79.2 per 1,000 in USA
- Years of Potential Life Lost (# of years lost prior to 75 years over 2017-2019)
  - 6768.7 per 100,000 YPLL NCDHD
  - 6148.5 per 100,000 YPLL NE



Quality of Life

- Quality of Life:
  - Overall wellness
  - subjective experiences
  - daily functioning
- Self-reported health:
  - 14.2% reported ‘fair’ or ‘poor’ health (13.8% NE)
  - 2.8 days on average physically unhealthy in past 30 days (2.8% NE)
  - 2.3 days on average mentally unhealthy in past 30 days (3.6%)
- Frequent physical distress
  - % of adults reporting 14 or more days of poor physical health in past 30 days
  - 10.6% in NCDHD (9.6% NE)
- Frequent mental distress
  - % of adults reporting 14 or more days of poor mental health in past 30 days
  - 12.1% in NCDHD (11.3% NE)

Additional Areas

- COVID-19
- Special Populations

COVID-19

- COVID-19 cases: 9.657 cases in NCDHD (February 2022)
  - 451.074 confirmed cases in NE, 63% vaccinated statewide
- COVID-19 vaccinations: Fully vaccinated – ranged from 28% (Keya Paha) to 49% (Knox) (February 2022)
  - 63% vaccinated statewide

County	*n*	%
Antelope	1224	12.7
Boyd	447	4.6
Brown	665	6.9
Cherry	986	10.2
Holt	2283	23.6
Keya Paha	128	1.3
Knox	2190	22.7
Pierce	1444	14.9
Rock	290	3.0
Total	9657	100.0

COVID-19 Attitudes Towards Vaccines

- COVID-19 self-reported vaccination (CHA Survey): 81% reported being vaccinated, only 58% would recommend it to others.
- Community responses
  - "Why are you likely, or unlikely, to recommend the COVID-19 vaccine?"
  - "Where do you get your most trusted information regarding COVID-19?"

Why are you likely, or unlikely, to recommend the COVID-19 vaccine?
It is the right thing to do for yourself, your family, community and its members
It just makes sense to
It keeps us all safe
It made me extremely sick and I missed over 2 weeks (combined) work because of it.
It prevents serious illness and lung damage
It seems to be working
It's their choice
It's every person's decision and I'm tired of people being judged for it.
It's still too new and not studied enough to push it in people. I don't feel comfortable recommending it. I have known people with serious side effects from the vaccine.
It's their personal choice. Not mine to push on them
Its everyone choice
Likely
LIVING A HEALTHY LIFESTYLE CAN MAKE A BIGGER DIFFERANCE THEN A SHOT.
Most responsible thing to do not for yourself but those you love
Need more testing done.
Need them to avoid covid
Not enough long term research. Long term side effects are unknown.
Not going to promote a vaccine with Dr Fauci and Bill Gates involved
Not sure about it
Not sure; so many unknowns and different answers out there
Not tested long enough
Personal choice
Personal choice not mine
Personal choice, if young and healthy
Personal Choices
Personal choice
PREVENTION
Proven to lessen the effects of the disease.
Reduced chance of contracting COVID, reduced severity of disease if contracted.
Religious beliefs
Right thing to do
Safety
Safety of others
Save a life!
Science has proven time and time again it works
Self choice
Sick of masks
Side effects, mandates

Race/Ethnicity per NCDHD County

	Antelope	Boyd	Brown	Cherry	Holt	Keya Paha	Knox	Pierce	Rock
White	91.1%	93.5%	86.5%	86.2%	88.8%	93.4%	81.8%	93.8%	95.4%
African American	0.3%	0.0%	0.1%	0.2%	0.4%	0.0%	0.2%	0.4%	0.2%
Native American	0.2%	1.0%	0.4%	5.2%	0.5%	0.3%	11.2%	0.3%	0.1%
Asian/Pacific Islander	0.4%	0.0%	0.3%	0.1%	0.5%	0.1%	0.4%	0.2%	0.0%
Other	1.4%	0.7%	3.4%	0.6%	2.2%	0.8%	1.1%	0.7%	0.7%
2+ Races	3.1%	3.0%	3.7%	5.0%	2.6%	2.9%	3.2%	2.7%	2.0%
Hispanic	3.4%	1.8%	5.7%	2.6%	4.9%	2.5%	2.2%	1.9%	1.6%

Racial Disparities in Education (For NCDHD – NDE, 2021)

	Student Count	Student %	Teacher Count	Teacher %	Percent Difference
American/Alaskan Indian	**478**	**6.5%**	**5**	**0.7%**	**5.8%**
Asian	**31**	**0.4%**	**0**	**0.0%**	**0.4%**
Black	**38**	**0.5%**	**2**	**0.3%**	**0.2%**
Hispanic	**453**	**6.2%**	**3**	**0.4%**	**5.8%**
Pacific Islander	**5**	**0.1%**	**0**	**0.0%**	**0.1%**
White	**6169**	**84.1%**	**681**	**91.4%**	**-7.3%**
Multiracial	**162**	**2.2%**	**1**	**0.1%**	**2.1%**

Racial Equity in Health

- Racism is a public health crisis
  - APHA webpage: 2 county level declarations in NE
- COVID-19 disparities affecting persons of color and those in poverty:
  - Discrimination
  - Healthcare access and use
  - Occupations
  - Educational/Income gaps
  - Housing
- Health and Equity
  - Disparate outcomes
  - Trust, communication, engagement

NCDHD Elderly Population

- NCDHD has a higher percentage of elderly population (25.6%) than statewide (16.2%) and nationwide (16.5%)
- Elderly CHA respondents reported
  - Being in good or better health (88.9%)
  - Eating at least 2 meals per day (92.2%)
  - Having enough money to buy the food they needed (95.3%)
  - Physical activity at least twice a week (70.4%)
  - Eating nutritious and balanced meals (88.9%)
  - Not feeling lonely or disconnected (69.6%)
- Elderly CHA respondents' top health concerns were
  - Heart disease (70.4%)
  - Cancer (66.7%)
  - Diabetes (51.9%)