Community Health Needs Assessment

CHI Health Schuyler – Schuyler, NE

2019

CHI Health

CHI Health Schuyler Community Health Needs Assessment

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Executive Summary

"The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities."

CHI Health is a regional health network consisting of 14 hospitals, two stand-alone behavioral health facilities, a free standing emergency department, 136 employed physician practice locations and more than 11,000 employees in Nebraska and Western Iowa. Our mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following community health needs assessment (CHNA) was completed with our community partners and residents in order to ensure we identify the top health needs impacting our community, leverage resources to improve these health needs, and drive impactful work through evidence-informed strategies.

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

A joint Community Health Needs Assessment was conducted by the East Central District Health Department, in partnership with CHI Health for the counties comprising the East Central District- Boone, Colfax, Nance and Platte. For the purposes of the CHI Health Schuyler Community Health Needs Assessment, the primary service area was defined as Colfax County, NE, based on patient data that demonstrated 75-90% of patients served in calendar year 2017 resided in Colfax County. Primary and secondary data were collected, analyzed and interpreted to derive health priorities for CHI Health and community partners to collectively address over the next three years, beginning July 1, 2019 and concluding June 30, 2022. From this comprehensive assessment, 12 health priorities were identified for Colfax County. CHI Health Schuyler will work with internal teams and external partners to further prioritize the community health needs identified in the CHNA, dedicate resources and implement impactful activities with measurable outcomes through the implementation strategy plan (ISP) to be published in July 2019.

CHI Health Schuyler Community Health Needs Assessment

In fiscal year 2019, **CHI Health Schuyler** conducted a Community Health Needs Assessment (CHNA) in partnership with multiple agencies across the East Central Health District (Boone, Colfax, Nance, and Platte Counties in Nebraska) and all the hospitals within the four counties. The process was led by the East Central District Health Department (ECDHD) in 2017 and GIS and Human Dimensions, LLC, assembled the CHNA under the provision of the ECDHD.

ECDHD performed both primary and secondary data collection utilizing the Mobilizing for Action Through Planning and Partnerships (MAPP) framework, which includes several assessments completed by public health and community stakeholders, community health surveys and focus groups to assess the needs of the community. The CHNA led to the identification of 12 priority health needs for Colfax County. With the community, the Hospital will further work to identify each partner's role in addressing these health needs and develop measureable, impactful strategies. A report detailing **CHI Health Schuyler's** implementation strategy plan (ISP) will be released in July 2019.

The process and findings for the CHNA are detailed in the following report. If you would like additional information on this Community Health Needs Assessment please contact Kelly Nielsen, Kelly.nielsen@alegent.org, and (402) 343-4548.

Introduction

Health System Description

CHI Health is a regional health network with a unified mission: nurturing the healing ministry of the Church while creating healthier communities. Headquartered in Omaha, the combined organization consists of 14 hospitals, two stand-alone behavioral health facilities, a free-standing emergency department and more than 136 employed physician practice locations in Nebraska and southwestern Iowa. More than 11,000 employees comprise the workforce of this network that includes 2,180 licensed beds and serves as the primary teaching partner of Creighton University's health sciences schools. In fiscal year 2018, the organization provided a combined $179.3 million in quantified community benefit including services for the poor, free clinics, education and research. Eight hospitals within the system are designated Magnet or Pathway to Excellence by the American Nurses Credentialing Center. With locations stretching from North Platte, Nebraska, to Missouri Valley, Iowa, the CHI health network is the largest in Nebraska, serving residents of both Nebraska and southwest Iowa. For more information, visit online at CHIhealth.com

Hospital Description

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

A full complement of outpatient diagnostic and therapeutic services is also available such as laboratory, radiology, physical therapy, occupational therapy, sleep studies and cardiac rehabilitation. Home Care

professional services and Durable Medical Equipment are also available locally provided by CHI Health. Outpatient specialty physicians supplement the local medical staff by providing specialty clinics such as:

- Cardiology
- ENT
- Gastrointestinal
- General surgery
- Gynecology
- Nephrology
- Orthopedics
- Podiatry
- Urology

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

CHI Health Schuyler is located in Schuyler, NE and largely serves the Colfax County area. Colfax County was identified as the community for this CHNA, as it is the primary service area for CHI Health Schuyler. Some data charts will show other counties in the East Central District, as data was compiled for all ECDHD, but for this CHNA, Colfax County is the community being served by CHI Health Schuyler. See Figure 1 below for a map of CHI Health Schuyler's Primary Service Area.

Figure 1: CHI Health Schuyler Primary Service Area

Source: CHI Health Planning Department, EPIC & PDR IP & OP CY2017 data

Community Description

Population

Table 1 below describes population demographics for Schuyler, NE, with relative comparisons for Colfax County, NE, the State of NE and the United States. Schuyler is the most populated city and the county seat in Colfax County. The data shows a largely diverse population with 72.7% of Schuyler residents identifying as Hispanic and 23.1% Non-Hispanic White. Colfax County is similarly diverse, but to a lesser degree with 46.4% of residents identifying as Hispanic and 48.6% identifying as Non-Hispanic White, compared to 11.0% Hispanic and 79% Non-Hispanic White for the state of Nebraska overall.[1]

Table 1 shows Colfax County as more rural (40.51%) than Nebraska (26.87%) and the United States (19.11%), with no recent data specific to Schuyler, NE readily available.[1]

Table 1. Community Demographics[1]

	Schuyler, NE	Colfax County	Nebraska	United States
Total Population (V2018)	6,212*	10,585	1,920,076	325,719,178
Population per square mile (density)*[2]	2,405.5[3]	25.79	24.65	90.88
Total Land Area (sq. miles)*[2]	2.58[3]	411.64	76,818.11	3,532,315.66
Rural vs. Urban (2010)*		40.51% Rural	26.87% Rural	19.11% Rural
Age				
% below 18 years of age	35.4%	30.8%	24.8%	22.6%
% 65 and older	8.9%	13.4%	15.4%	15.6%

[1] U.S. Census Bureau Quick Facts. (V2018). Accessed February 2019. https://www.census.gov/quickfacts/fact/table/schuylercitynebraska,US,ne,colfaxcountynebraska/PST045218

[2] U.S. Census Bureau. 2013-2017. American Community Survey 5-Year Estimates. Accessed February 2019. Retrieved from Community Commons: https://www.communitycommons.org/board/chna.

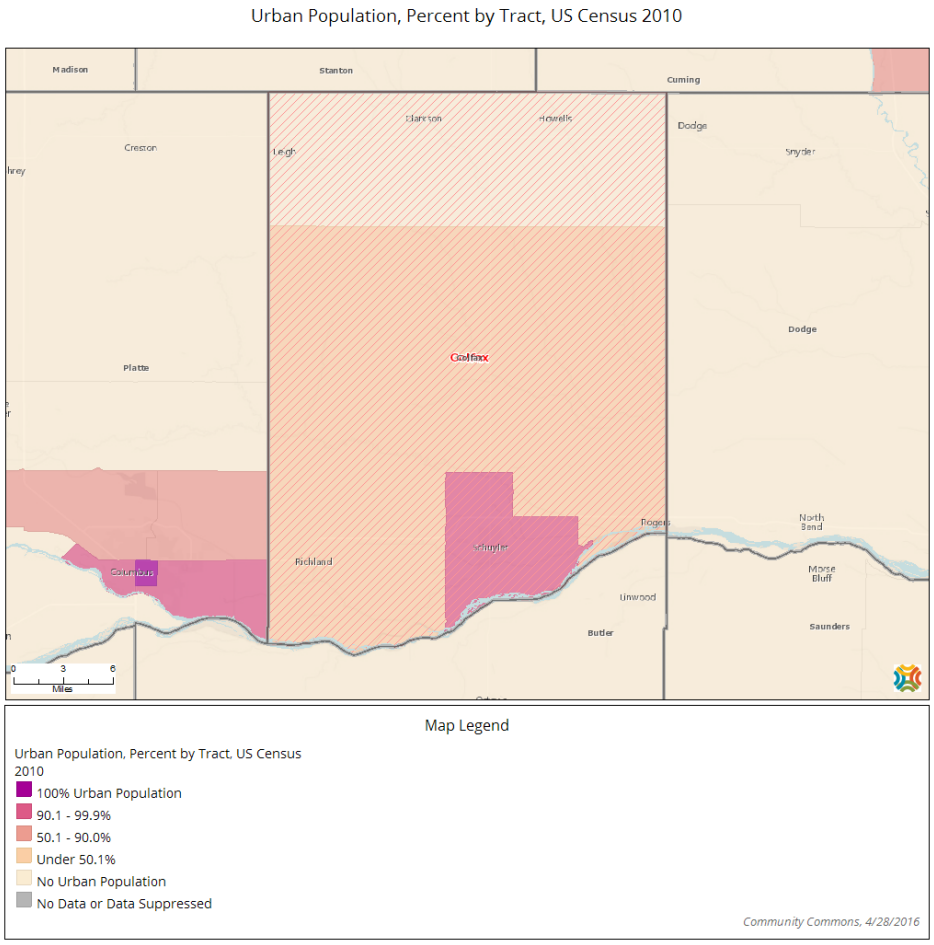
[3] U.S. Census Bureau Decennial Census 2010. Accessed February 2019.

Gender				
% Female	46.1%	47.7%	50.1%	50.8%
Race				
% Black or African American	4.1%	4.7%	5.1%	13.4%
% American Indian and Alaskan Native	1.7%	3.4%	1.5%	1.3%
% Asian	0.0%	0.5%	2.6%	5.8%
% Native Hawaiian/Other Pacific Islander	0.0%	0.5%	0.2%	0.18%
% Hispanic	72.7%	46.4%	11.0%	18.1%
% Non-Hispanic White	23.1%	48.6%	79%	60.7%

*Most of the data presented in Table 1 is based on the U.S. Census Bureau's annual population estimates (most recently updated July 1, 2018) and is therefore the most current population estimate as of 2018. For Schuyler, NE, the population per square mile and the total land area are based on the 2010 Decennial Census data, as is the percentage of the geography that is classified as rural for each locality.

Figure 2 shows the urban population breakdown for Colfax County. Schuyler is the most urban area of the county; between 90.1% and 99.9% of the geography of Schuyler is characterized as urban.[4]

Figure 2: Urban Population for Colfax County[4]



[4] US Census Bureau, Decennial Census. 2010. Source geography: Tract. Accessed February 2019.

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. Colfax County has a significantly lower percentage of residents 25+ years with a Bachelor's Degree or higher, when compared to Nebraska and the United States.[8] The median household income in Colfax County ($54,876) is lower than the state of Nebraska ($56,675).[5] The rate of poverty in Colfax County (16%) is consistent with the state average (16.4%), as is unemployment (Colfax: 2.3%, Nebraska: 2.7%) Colfax County has higher percentages of uninsured individuals and children.[9,10]

Table 2: Socioeconomic Factors[5]

	Colfax County	Nebraska	United States
Income Rates[5]			
Median Household Income (in 2017 dollars), 2013-2017	$54,876	$56,675	$57,652
Poverty Rates[6]			
Persons in Poverty (Below 100% FPL)	9.2%	10.8%	12.3%
Children in Poverty (Population Under Age 18-Children Below 100% FPL)	16%	16.4%	21.2%
Employment Rate[7]			
Unemployment Rate (as of December 2017)	2.3%	2.7%	5.2
Education/Graduation Rates			
High School Graduation Rates[8]	82.8	88.4	86.1
Population Age 25+ with Bachelor's Degree or Higher (percentage)	14.44%	30.59%	30.93%
Insurance Coverage			
% of Population Uninsured[9]	16.0%	9.6%	10.2%
% of Uninsured Children (under the age of 19)[10]	9%	5.1%	4.7%

Unique Community Characteristics

Schuyler's single largest employer is Cargill beef-processing plant that employs approximately 2,150 employees and is located on the western edge of the city.[11] Outside of Cargill, the most common sectors of industry are agriculture and manufacturing.[12] Schuyler has a significantly higher proportion of the population that identifies as Hispanic (72.7%), compared to Colfax County (46.4%) and the State of Nebraska (11.0%).[1] 41.7% of Colfax County youth over the age of five speak a language other than English at home, compared to 11.0% for the State of Nebraska.[5] 63.8% of Schuyler residents are United States citizens.[12]

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[5] U. S. Census Bureau. American Community Survey. 2013-2017. 5-Year Estimates. Accessed February 2019. Retrieved from: https://www.census.gov/quickfacts.

[6] U.S. Census Bureau. Small Area Income and Poverty Estimates. Accessed February 2019. Retrieved from: https://www.census.gov/quickfacts.

[7] US Department of Labor, Bureau of Labor Statistics. 2017 - December. Source geography: County. Accessed February 2019.

[8] US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2015-2016. Accessed February 2019.

[9] US Census Bureau, American Community Survey. 2013- 2017. Source geography: Tract. Accessed February 2019.

[10] US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County. Accessed February 2019.

[11] Cargill. 2019. Accessed February 2019. http://www.cargill.com/company/businesses/cargill-beef/locations/schuyler-nebraska/index.jsp.

[12] Data USA. 2019. Accessed April 2019. https://datausa.io/profile/geo/schuyler-ne/

Other Health Services
CHI Health Schuyler is the only provider of health services within Colfax County, providing inpatient and outpatient services at CHI Health Schuyler and primary medical clinic services at three locations within Colfax County: CHI Health Schuyler Clinic, CHI Health Clarkson Clinic and CHI Health Howells Clinic.

Community Health Needs Assessment Process

The process of identifying the community health needs in Colfax County was accomplished by utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) strategy, led by the ECDHD. This process was used to gather data, select priorities, and foster collaboration among health care providers.

- **East Central District Health Department** (ECDHD) is a state-approved district health department that serves four Nebraska counties- Boone, Colfax, Nance, and Platte.

- **GIS and Human Dimensions, LLC**- ECDHD and the partnering district hospitals contracted with GIS and Human Dimensions, LLC, to assemble this assessment of public health and community well-being under the provision of ECDHD, based largely upon data collected through the process of Mobilizing for Action through Planning and Partnerships (MAPP).

Under the direction of the ECDHD, the *2017 ECDHD Comprehensive Community Health Needs Assessment* was completed for the four counties in the East Central District (ECD) (Boone, Colfax, Nance, and Platte Counties in Nebraska). This assessment was conducted in partnership with multiple agencies within the district and will be the basis for the Community Health Improvement Plan (CHIP). It is the goal of the *Comprehensive Community Health Needs Assessment* to describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address public health improvement.

The *2017 ECDHD Comprehensive Community Health Needs Assessment* report contains three sections. **Section I** describes the state of the public health system in the ECD, including the 10 Essential Public Health Services, the availability of health resources, and perceptions of community need. **Section II** contains a broad array of demographic and public health data and provides the main body of the report. **Section III** contains district-wide and county-level health needs and priorities. The third section serves as a succinct summary of the major health needs within the overall district and for each county in the district. An executive summary of the 2017 ECDHD Comprehensive Community Health Needs Assessment is included in the Appendix of this report. The full text of the report can be downloaded at: https://ecdhd.ne.gov/.

MAPP is the strategy used by the ECDHD to gather data, select public health priorities, and foster collaboration among multiple health care providers. MAPP is a community-driven strategic planning tool for improving community health. Facilitated by public health leaders, this tool helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. Input from diverse sectors involved in public health, including medically underserved, low-income, minority populations and individuals from diverse age groups, was obtained through surveys and targeted focus groups by way of invitations to community leaders and agencies.

Figure 3: The MAPP Conceptual Model[13]

Timeline

The Colfax County Community Health Needs Assessment (CHNA) was facilitated by ECDHD, utilizing both primary and secondary data collected through the MAPP process, in partnership with CHI Health Schuyler and other community organizations. The process took approximately twelve months to complete. Primary data included four MAPP assessments (see the Methods section of the *2017 ECDHD Comprehensive Community Health Needs Assessment*) and secondary data consisted of public health, vital statistics, and other data collection. ECDHD conducted the Community Health Survey in 2017. The report, *2017 ECDHD Comprehensive Community Health Needs Assessment*, was released the same year. A wide variety of community agencies and organizations were represented and participated in the project discussion, planning, and design process and a full list can be found in the Community Input section of the *2017 ECDHD Comprehensive Community Health Needs Assessment*.

MAPP Methods

This assessment incorporates a broad range of both qualitative and quantitative data. The quantitative data is primary (as derived from the ECDHD 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 ECDHD Community Health Survey and focus group meetings. All assessments conducted, results, and summary documents can be found in the ECDHD Community Health Needs Assessment online at https://ecdhd.ne.gov/community-health-needs-assessment/.

[13] National Association of County and City Health Officials

The four MAPP assessments are as follows. See also Figure 3: The MAPP Conceptual Model.

The Community Health Status Assessment identifies community health and quality of life issues. Questions answered by this assessment include: "How healthy are our residents?" and "What does the health status of our community look like?" The Community Health Status Assessment contains a comprehensive data collection process. It includes public health data collected by Nebraska DHHS, as well as data from the Adult Risk Behavior Factors Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS), and Nebraska Risks and Protective Factors Survey (NRPFSS), among other data sources.

The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are important by answering questions such as: "What is important to our community?" "How is quality of life perceived in our community" and "What assets do we have that can be used to improve community health?" This assessment includes focus groups and a community survey. The *Community Themes and Strengths Assessment* was completed through community stakeholder meetings, County focus groups, and partnerships with agencies in the community representing vulnerable populations.

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The Local Public Health System Assessment focuses on all of the organizations and entities that contribute to the public health. The LPHSA answers questions such as: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

Public Health, Vital Statistics & Other Data

A comprehensive examination of existing secondary data was completed during the CHNA process for Colfax County. A list of sources can be found in the ECDHD's comprehensive CHNA in the Appendix. For benchmarking data in order to analyze trends, the following data sources were used: previous ECDHD Community Health Surveys, Behavioral Risk Factor Data, Nationwide Risk Factor Data, Nebraska Crime Commission, 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. See Table 3 for further details on data sources.

Table 3. Description of Data Sources Commonly Cited in *2017 ECDHD Community Health Needs Assessment*[14]

Data Source	Description
Behavioral Risk Factor Surveillance System (BRFSS)	- A comprehensive, annual health survey of adults ages 18 and over on risk factors such as alcohol use, tobacco use, obesity, physical activity, health screening, economic stresses, access to health care, mental health, physical health, cancer, diabetes, and many other areas impacting public health.
ECDHD Community Health Survey	- A community survey conducted by the East Central District Health Department (ECDHD) in 2011, 2014 and 2017 around issues such as health concerns, health risk factors, perceived quality of life, access to medical care, and community well-being.
Nebraska Crime Commission	- Annual counts on arrests (adult and juvenile) by type.
Nebraska Department of Education	- Data contained in Nebraska's annual State of the Schools Report, including graduation and dropout rates, student characteristics, and student achievement scores.
Nebraska Department of Health and Human Services (DHHS)	- A wide array of data around births, causes of mortality, causes of hospitalization, access to social programs, child abuse and neglect, health professionals, and cancer, among other areas.
Nebraska Risk and Protective Factor Student Survey (NRPFSS)	- A survey of youth in grades 6, 8, 10, and 12 on risk factors such alcohol, tobacco, and drug use, and bullying. The survey was conducted most recently in 2016.
Youth Risk Behavior Survey (YRBS)	- A public health survey of youth in grades 9 through 12. The East Central District conducted oversamples of YRBS in 2001, 2010, and 2016. Data analysis include mental health, obesity, physical activity, and sexual activity.
U.S. Census/American Community Survey	- U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, single parent families, and educational attainment. Annual estimates are available through the American Community Survey.

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.

Input from Community

Community Health Survey 2017

Over 500 individuals throughout the four-county area of the ECD participated in the Community Health Survey in 2017 as part of the Community Themes and Strengths Assessment. Respondents were asked to identify what they perceive to be the three most important health concerns and risky behaviors. Issues of alcohol and drug abuse were chosen by respondents as the most important issues in their communities (Figures 4 through 6).

To obtain feedback from the general public about the important health, social and environmental issues for Colfax County, a community engagement session co-sponsored by CHI Health Schuyler and ECDHD was held in Colfax County on June 13, 2018. Participating stakeholders represented **low-income, minority populations**, **medically underserved** populations, **violence** in the community and **the aging population.** As noted in the Methods section of the *2017 ECDHD Comprehensive Community Health Needs Assessment*, several surveys and assessments engaged the public to gain input for the assessment. A total of 92 individuals from Colfax County participated in the Community Health Survey, representing nearly 15% of total survey respondents. See Table 4 for Community Health Survey respondent demographics.

Table 4: Community Health Survey Respondent Demographics[14]

Respondent demographics (ECDHD)			
	2011	**2014**	**2017**
Boone	56 (11.5%)	33 (6.0%)	55 (8.9%)
Colfax	123 (25.3%)	114 (20.6%)	92 (14.9%)
Nance	36 (7.4%)	22 (4.0%)	45 (7.3%)
Platte	267 (54.8%)	355 (64.1%)	325 (52.6%)
Other/Unknown	5 (1.0%)	30 (5.4%)	101 (16.3%)
White	367 (75.7%)	416 (75.9%)	393 (79.7%)
Minority	118 (24.3%)	132 (24.1%)	100 (20.3%)
Male	138 (28.9%)	198 (36.1%)	100 (19.7%)
Female	339 (71.1%)	350 (63.9%)	407 (80.3%)
Under 40	198 (40.9%)	146 (26.9%)	197 (38.4%)
40 to 54	158 (32.6%)	172 (31.7%)	145 (28.3%)
55 & over	128 (26.4%)	225 (41.4%)	171 (33.3%)
Total Respondents	***487***	***554***	***618***

Figure 4 shows the top three health concerns for the entire East Central District (ECD). Alcohol and drug abuse are the top ranked health concerns, reported by 56.9% of Community Health Survey respondents; followed by cancers (33.9%) and obesity (29.3%).

[14] 2017 East Central District Comprehensive Community Health Needs Assessment. GIS & Human Dimensions, LLC.

Figure 4. Top Three Health Concerns in Your Community- East Central District

Q11. In the following list, what do you think are the 3 most important "health concerns" in our community? Check only 3 (2017 only)			
1. Alcohol/drug abuse	56.9%	14. Child abuse/neglect	5.3%
2. Cancers	33.9%	15. Domestic violence	4.8%
3. Obesity	29.3%	16. Dental care	3.3%
4. Mental health problems	28.5%	17. Respiratory/lung disease	2.2%
5. Housing that is adequate, safe, and affordable	25.6%	18. Sexually transmitted diseases	1.7%
6. Bullying	22.7%	19. Rape/sexual assault	1.3%
7. Aging problems (e.g., arthritis, hearing/vision loss)	19.2%	20. Firearm-related injuries	0.9%
8. Diabetes	16.9%	21. Infectious diseases (e.g., hepatitis, TB)	0.7%
9. Heart disease and stroke	13.1%	22. HIV/AIDS	0.6%
10. High blood pressure	9.9%	23. Homicide	0.6%
11. Motor vehicle crash injuries	7.7%	24. Infant death	0.4%
12. Teenage pregnancy	6.8%	25. Other	0.0%
13. Suicide	6.1%		

Figure 5 shows survey responses to the top three risky behaviors most likely to impact overall community health, as ranked by Community Health Survey respondents in the East Central District. Alcohol abuse was ranked as the top risky behavior, ranked by 59.6% of respondents; followed by drug abuse (53.3%) and texting/ cell phone use while driving (44.1%).

Figure 5. Top Three Risky Behaviors in Your Community

Q12. In the following list, what do you think are the 3 most important "risky behaviors" in our community? (those behaviors that have the greatest impact on overall community health) Check only 3 (2017 only)			
1. Alcohol abuse	59.6%	9. Not following doctor's advice	10.4%
2. Drug abuse	53.3%	10. Racism	8.8%
3. Texting/cell phone while driving	44.1%	11. Unsafe sex	6.7%
4. Poor eating habits	29.2%	12. Dropping out of school	6.1%
5. Lack of exercise	24.1%	13. Not getting "shots" to prevent disease	4.7%
6. Not using seat belts and/or child safety seats	14.3%	14. Not using birth control	3.3%
7. Overeating	13.5%	15. Other	1.4%
8. Tobacco use/or electronic cigarette use	11.4%		

In Colfax County, the top ranked health concern according to the 2017 Community Health Survey was alcohol and drug abuse, as identified by 52.2% of survey respondents; followed by obesity (25.6%) and diabetes (22.2%). See Figure 6 below.

Figure 6. Top Three Health Concerns Identified by Colfax County

Q11. Top Three Perceived Health Concerns by County (2017 only)*	
Boone	1. Alcohol/drug abuse (50.9%) 2. Mental health (47.3%) 3. Housing that is adequate (33.3%)
Colfax	1. Alcohol/drug abuse (52.2%) 2. Obesity (25.6%) 3. Diabetes (22.2%)
Nance	1. Alcohol/drug abuse (43.2%) 1. Mental health (43.2%) 3. Obesity (31.8%)
Platte	1. Alcohol/drug abuse (61.3%) 2. Cancers (38.3%) 3. Obesity (26.9%)
East Central	1. Alcohol/drug abuse (56.9%) 2. Cancers (33.9%) 3. Obesity (29.3%)

*See the above figure for response options.

The top three risky behaviors identified in Colfax County were consistent with those identified for East Central District overall. In Colfax County, texting/ using a cell phone while driving were ranked as the top risky behavior (50.5%), followed by alcohol abuse (49.5%) and drug abuse (34.1%). See Figure 7 below for survey responses by county.

Figure 7. Top Three Risky Behaviors by County

Q12. Top Three Perceived Risky Behaviors by County (2017 only)*	
Boone	1. Texting/cell phone while driving (60.0%) 2. Alcohol abuse (58.2%) 3. Drug abuse (54.5%)
Colfax	1. Texting/cell phone while driving (50.5%) 2. Alcohol abuse (49.5%) 3. Drug abuse (34.1%)
Nance	1. Alcohol abuse (50.0%) 2. Drug abuse (45.5%) 3. Poor eating habits (38.6%)
Platte	1. Alcohol abuse (64.1%) 2. Drug abuse (59.4%) 3. Texting/cell phone while driving (40.6%)
East Central	1. Alcohol abuse (59.6%) 2. Drug abuse (53.3%) 3. Texting/cell phone while driving (44.1%)

*See the above figure for response options.

Community Focus Areas

As part of the Community Themes and Strengths Assessment of the MAPP process, a total of nine community focus groups were conducted throughout the East Central District with youth, adults, and Hispanic/Latino populations. Each focus group identified a fairly wide range of potential community focus areas, including: recreation, housing, medical services, teen alcohol and drug use, and activities for youth, among others.

Adult Focus Group

In Colfax County, three focus groups were conducted. The adult focus group comprised five Schuyler residents and was conducted at CHI Health Schuyler. Themes that emerged from the adult focus group in relation to community focus areas were: housing, behavioral health and mental health, child safety and public transportation.

Youth Focus Group

Seven youth from Schuyler participated in the youth focus group conducted at the East Central District Health Department office in Columbus, NE. Themes that emerged as community focus areas were largely centered around substance use, including alcohol, smoking and marijuana.

Hispanic Focus Group

Ten Hispanic adults participated in the Colfax Hispanic focus group conducted at the Home Instead office building in Schuyler. Topics discussed for community focus areas were wide ranging and included: housing, youth recreation and employment opportunities, lack of Hispanic representation in leadership roles, education (including early childhood), public safety and the aging population. See Figure 8 for community focus areas identified in each of the three Colfax County focus groups conducted by the East Central District Health Department.

Figure 8. Colfax County Focus Groups Summary: Community Focus Areas

Focus Group	Participant Description	Community Focus Areas
Colfax Adult Focus Group	5 adults from Schuyler (held at CHI)	▪ Housing – all types o Market (rate) o Affordable o Housing that fits the demographic needs o Flood plain land that has already been developed is a financial burden – no one wants to purchase those homes because of insurance costs o Many needs – apartments, duplexes, single, family, rentals, etc.) ▪ Behavioral health and mental health o Bullying o All ages o Suicide ▪ Safety for children o More and better cross walks ▪ Public transportation o Currently have an option but it is for 10 years and older (limited) ▪ State and federal funds so it is regulated
Colfax Youth Focus Group	7 youth from Schuyler (held at ECDHD building)	▪ Smoking (tobacco) in adults ▪ Drinking alcohol in adults ▪ Youth as well for tobacco and alcohol ▪ Marijuana use in: o High school o Middle school o People talk about the use of it on social media o Obtain it from people they know ▪ Alcohol: o Use in middle school o Talk about it amongst themselves
Colfax Hispanic Focus Group	10 persons of Hispanic Ethnicity from Schuyler (held at the Homestead Office building in Schuyler)	▪ The quality of the housing (when renting) ▪ Recreational activities for kids o Especially in the winter and for the adults as well (help mental state) ▪ Leadership (lack thereof) ▪ More activities not revolving around the church ▪ Older housewives don't have a place to go ▪ Buildings to host events in ▪ Retired population ▪ Bicycle/Skateboarding park for children ▪ Surveillance (at night) o Spike in bicycle theft, slashed tires, graffiti ▪ More opportunities for employment o For youth o For people who don't speak English o Other than Cargill ▪ Daycare ▪ Better education (for special needs children) ▪ Reduce the wait time to see specialist

(Source: East Central District Health Department Focus Groups, 2017)

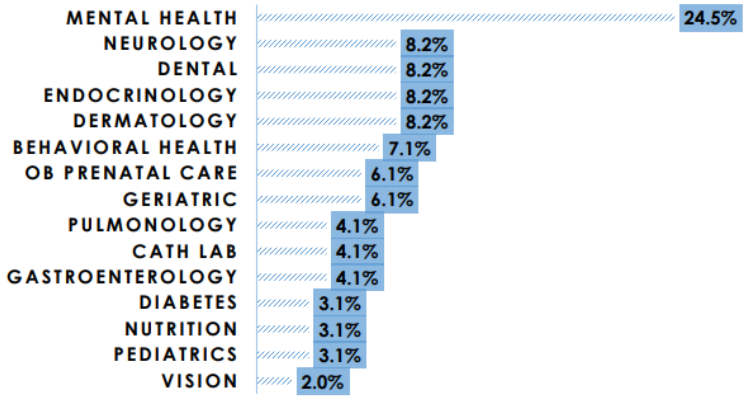
Written Comments Received

A total of 98 comments were received from Community Health Survey respondents regarding health care services that are not currently found in their community and services they would like to see in their community. The vast majority of respondents (24.5%) indicated there is a need for mental health services, followed by neurology and dental health services. See Table 5 below.

Table 5: Written Comments Received About Health Service Needs for East Central District

What health care services that we do not currently have, would you like to see in your community?

A total of 98 comments related to health care services were classified into 15 categories. The following chart shows the main preferences from the highest to the lowest by respondents:



CHI Health Schuyler will consider the outcomes of Colfax County Community Health Improvement Plan (CHIP) meetings during implementation strategy planning (ISP). 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. See Table 6 for a list of community organizations providing input at the Colfax County CHIP meetings.

Table 6. Community Organizations Participating in Colfax County CHIP

Community Organizations Participating in Colfax County CHIP	
CHI Health Schuyler	Colfax County District Attorney
East Central District Health Department	Comité Latino of Schuyler
Central Nebraska Community Services	Colfax County Sheriff's Department
Colfax County Commission	Good Life Counseling and Support
Columbus United Way	Marathon Health Clinic
Schuyler Area Chamber of Commerce	Schuyler Police Department
Schuyler Community Schools	Schuyler Ministerial Association
Theilen Produce	

Findings

Based upon data gathered for the Community Health Needs Assessment, GIS and Human Dimensions, LLC, identified the following Community Health Needs for Colfax County based upon comparison to state and national data. All twelve of the community health needs are represented in Table 7, along with supporting data.

Table 7: Identified Community Health Needs

Community Health Needs for Colfax County	
Community Health Needs	**Rationale for Selection** • **Denotes Colfax County** ➢ **Denotes East Central District**
Births to Teen Mothers	• From 2011 to 2015, there were 67 births to teen mothers in Colfax County, comprising 7.6% of all births (state comparison: 5.9%). Birth teen rate (1,000 female population ages 15-19) is 1.8 times higher than the birth teen rate at the state level (52.8 vs. 29, respectively). The teen birth rate for Colfax County is the 3rd highest in the State, after Thurston and Dawson counties. ➢ From 2011 to 2015, there were 274 births to teen mothers in the East Central District, comprising 7.1% of all births (state comparison: 5.9%)
Cancer	• From 2011 to 2015, the rate of incidence of cancer in Colfax County was 417.2 per 100,000 (state comparison: 455.0 per 100,000). The rate of deaths due to cancer was 163.1 per 100,000 in Colfax County (state comparison: 185.3). • From 2007 to 2011, the rate of incidence of prostate cancer was 212.9 per 100,000 in Colfax County (state comparison: 151.6), and the rate of deaths due to prostate cancer was 39.9 per 100,000 (state comparison: 23.3 per 100,000). • From 2011 to 2015, the rate of incidence of breast cancer was 118.5 per 100,000 in Colfax County (second highest after Boone County; State comparison: 124.6). The rate of deaths due to breast cancer was 18.8 per 100,000 (state comparison: 20.1 per 100,000). • From 2011 to 2015, the rate of incidence of leukemia was 14.4 per 100,000 in Colfax County (state comparison: 14.2), and the rate of deaths due to leukemia was 8.5 per 100,000 (state comparison: 7.1 per 100,000). • From 2011 to 2015, the rate of incidence of prostate cancer was 88.1 per 100,000 in Colfax County (state comparison: 115.1). However, the rate of deaths due to prostate cancer was 28.7 per 100,000 (highest in ECDHD. State comparison: 20.2 per 100,000).

Community Water	• From 2010 to 2014, the level of nitrates in Colfax County community water systems was 5.0 mg/L (highest in ECDH. State comparison: 2.0 mg/l).
Educational Attainment	• As of 2016, 71.5% of the over 25 population in Colfax County has at least a High School Degree or GED/Equivalent (state comparison: 90.7%). ➢ As of 2016, 86.3% of the over 25 population in the East Central District has at least a High School Degree or GED/Equivalent (state comparison: 90.7%).
First Trimester Prenatal Care	• As of 2015, 60.3% of all births in Colfax County received first trimester prenatal care (state comparison: 73.2%).
Health Insurance	• As of 2016, 11.7% of the total Colfax County population and 7.7% of the under 18 population was without health insurance (highest in ECDHD. State comparison: 9.7% and 5.3%, respectively). ➢ As of 2016, 5.5% of the under 18 population in East Central was without health insurance (state comparison: 5.3%)).
Language	• As of 2015, 41.7% of the Colfax County population ages 5 and over spoke a language other than English at home (state comparison: 11.0%). ➢ As of 2015, 18.0% of the East Central population ages 5 and over spoke a language other than English at home (state comparison: 11.0%).
Motor Vehicle Safety	• From 2012 to 2016, the motor vehicle death rate in Colfax County was 41.9 per 100,000 (**highest in ECDHD**. State comparison: 12.9 per 100,000). ➢ From 2011 to 2015, the motor vehicle death rate in the East Central District was 21.9 per 100,000 (state comparison: 12.9 per 100,000). ➢ In 2015, 70.3% of East Central adults ages 18 and over reported that they always wear a seat belt when driving or riding in a car (state comparison: 75.4%).
Poverty	• As of 2016, 12.0% of the total population in Colfax County was in poverty (state comparison: 12.4%). • As of 2016, 16.0% of the under 18 population in Colfax County was in poverty (**highest in ECDHD**. State comparison: 16.4%). • A greater percentage of the Colfax County population participates in social programs such as WIC, Medicaid, Free and Reduced Meals, and Head Start, as compared to the state. ➢ As of 2016, 11.8% of the under 18 population in the East Central District was in poverty (state comparison: 16.4%).
Single Parent Households	• From 2000 to 2016, there was a 33.5% increase in single parent family households (**highest in ECDHD**. State comparison: 23.1% increase). • As of 2016, 69.7% of children in single mother family households in Colfax County were at or below poverty (state comparison: 55.5%). • In 2016, 53.4% of births in Colfax County were to unmarried women (state comparison: 29.8%).

	➢ As of 2016, 24.4% of children in the East Central District lived in a single parent household (state comparison: 29.3%). ➢ As of 2016, 69.5% of children in single mother family households were at or below poverty (state comparison: 55.5%). ➢ In 2016, 35.6% of births in the East Central District were to unmarried women (state comparison: 32.9%).
Tuberculosis	• From 2007 to 2011, the rate of tuberculosis in Colfax County was 3.9 per 100,000 (state comparison: 1.6 per 100,000).
Unintentional Injury Deaths	• From 2011 to 2015, the rate of unintentional injury deaths per 100,000 population was 74.0 in Colfax County (state comparison: 40.0 per 100,000). ➢ From 2011 to 2015, the rate of unintentional injury deaths per 100,000 population was 54.7 in the East Central District (state comparison: 40.0 per 100,000).

For a complete list of community health indicators reviewed in consideration of the Community Health Needs Assessment for CHI Health Schuyler, please refer to the *2017 East Central District Health Comprehensive Community Health Needs Assessment* (see Executive Summary and link to full CHNA report in the Appendix).

Data provided by ECDHD and GIS & Human Dimensions, LLC, was presented to CHI Health hospital administration, Community Benefit teams, and community groups for validation of needs. All parties who reviewed the data found the data to accurately represent the needs of the community.

Prioritization Process

Prioritization Process

As described above in the sections titled, *Community Health Needs Assessment Process* and *Input from Community*, multiple layers of data and community input informed the health priorities identified for Colfax County. Findings from the *2017 East Central District Comprehensive Community Health Needs Assessment* were presented to the Colfax County community in June 2018. This information, along with internal hospital data, was presented to the CHI Schuyler Community Benefit Action Team on November 13, 2018. From these meetings and an additional Community Health Improvement Plan (CHIP) meeting held in January 2019, the community prioritized four overarching health needs.

Prioritization Criteria

Community health priorities were selected for Colfax County by stakeholders representing low-income, minority populations, medically underserved populations and the aging population. Priorities were based on the following criteria:

- Magnitude of the issue
- Potential impact to improve community health
- Social determinants of health
- Availability of resources to improve health
- Community support and capacity to address the issue

Prioritized Health Needs

The following four health priorities were defined by the Community Health Improvement Plan (CHIP) work groups and affirmed by the CHI Health Schuyler Community Benefit Action Team as representing the top health needs for Colfax County. Definitions for each health priority and supporting data rationale are provided in Table 8.

1. **Family Health & Wellness**
2. **Behavioral Health**
3. **Access to Care**
4. **Support for Families with Children in Poverty**

Table 8. Prioritized Community Health Needs Identified by the Community Health Improvement Plan Work Group

Health Need	Supporting Data & Rationale
Family Health & Wellness	This focus area encompasses obesity, physical activity, and nutrition. In preceding years, progress has been made in the percentage of youth and adults who report being physically active on a daily basis, however 30% of Colfax County residents were obese in 2018, consistent with the state average[15]. • One in three (30.3%) East Central District adults reported no leisure time physical activity, compared to one quarter (25.3%) of adults statewide.[16] • Additionally, just over half (54.8%) of East Central District youth reported being physically active on a daily basis in 2017.[16] • During the 2016- 2017 school year, 36.3% of kindergarten- 6th grade students and 38.5% of 7th- 12th graders in the East Central District were overweight or obese.[17] • Obesity was ranked third (29.3%) by East Central District Community Health Survey respondents as the most important health concern in their community.[14] • Obesity and diabetes were ranked as the second and third 'Top Perceived Health Concerns in Colfax County,' according to the 2017 Community Health Survey (25.6%, 22% respectively).[14] • Additionally, the age-adjusted diabetes- related death rate in Colfax County was significantly higher than the state and East Central District average. • Between 2011- 2015, the rate of diabetes- related deaths was 25.7 per 100,000 population in Colfax County, while the state average was 21.5 and the East Central District average was 17.6 during the same time period. [17][18]

[15] County Health Rankings. 2018. Accessed November 2018. http://www.countyhealthrankings.org/app/nebraska/2018/rankings/colfax/county/factors/3/snapshot

[16] Youth Risk Behavior Survey. 2017.

[17] 2017 East Central District Comprehensive Community Health Needs Assessment. GIS & Human Dimensions LLC.

[18] Nebraska Department of Health and Human Services. 2012 and 2016 Vital Statistic Reports.

Behavioral Health	This need encompasses both mental health and substance abuse. According to the 2017 Community Health Survey, mental health was the greatest health service need (identified by 24.5% of 98 respondents). • Substance abuse (inclusive of drugs and alcohol) ranked among the top health concerns and risky behaviors cited by Colfax County residents in the 2017 Community Health Survey. • A similar percentage of adults ages 18 and over in the East Central District have "ever been told they have depression," compared to the state (17.7%, 17.5% respectively).[19] • 23.7% of East Central District youth in 9th- 12th grade report feeling "hopeless and sad almost every day for two or more weeks in a row" sometime in the past year, and 11.9% have attempted suicide.[16] • The rate of alcohol- related deaths per 100,000 population was 36.6 in Colfax County, compared to 33.2 in East Central District and 33.5 in the State of NE.[17,18] • In 2016, 36.7% of East Central District 12th graders reported alcohol use in the past 30 days.[20] Now in the third and final year of CHI Health National Mission and Ministry Grant funding, it has been affirmed by community partners that the Colfax County Behavioral Health Coalition should continue to convene and seek additional funding, as several successful impacts have resulted from the collaboration, including: o Expanded use of tele-psychiatry o School-based mental health counseling program o Mental Health First Aid training o Mobile Crisis Response program o School- based prevention curriculum, such as Capturing Kids Hearts and Building Healthy Relationships
Access to Care	This focus area was defined to encompass caring for the under and uninsured who experience barriers to accessing health care, as well as the need for generating greater awareness in the community about the importance of preventative health screening and participating in annual well checks at a patient's medical home. • 11.7% of Colfax County residents were uninsured in 2016, including 7.7% of youth under the age of 18. This was the highest uninsured rate among the total population (including adults and youth) reported in the East Central District; higher than the state uninsured average of 9.7%.[2,19] • With regard to cancer, a specific goal of the Community Health Improvement Plan (CHIP) will be to improve early detection of cancer by

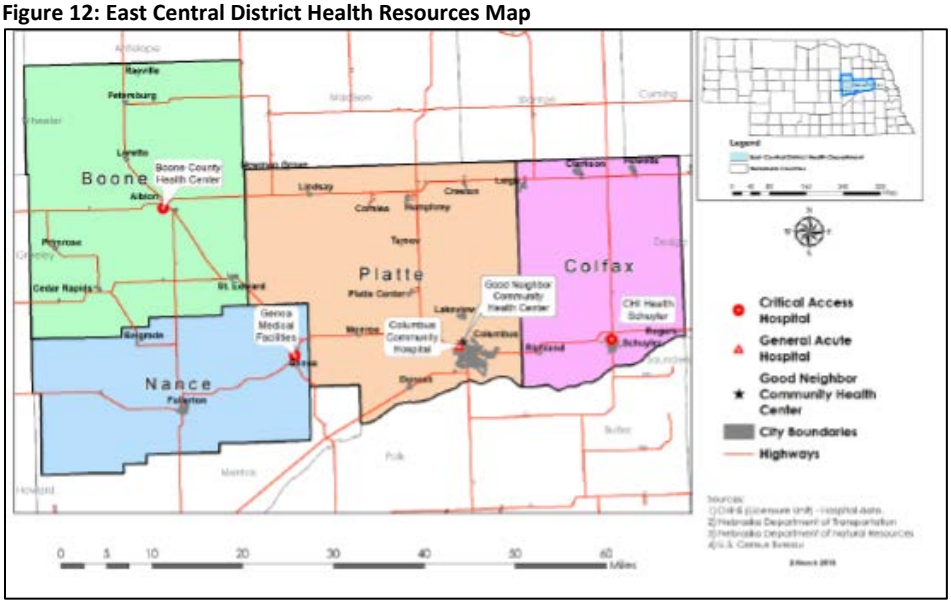
[19] Behavioral Risk Factor Surveillance System. 2016.
[20] Nebraska Risk and Protective Factor Student Survey. 2017.

	increasing access and utilization of cancer screenings within the community. • In 2015, 57.4% of East Central District adults between 50-75 years of age were up-to-date on colon cancer screening, compared to 62.5% for the State of NE.[19] • Access to Care was identified as a health priority in the previous CHNA and the community reaffirmed their commitment to this work through the Community Health Improvement Plan (CHIP).
Support for Families with Children in Poverty	This need was identified in relation to the data regarding poverty and single-parent households. • Support for Families with Children Living in Poverty was identified as a health priority in each of the two preceding CHNA reports released in 2012 and 2016. • As of 2016, 12.0% of the total population in Colfax County was in poverty (state comparison: 12.4%) and 16% of youth under the age of 18 were in poverty, which is the highest county rate in the East Central District.[17]

Resource Inventory

An extensive list of health resources for each counties comprising the East Central District can be viewed in the Appendix East Central Comprehensive Community CHNA at http://ecdhd.ne.gov/.

Figure 12: East Central District Health Resources Map



Evaluation of FY14- FY16 Community Health Needs Implementation Strategy

The previous CHNA for CHI Health Schuyler was conducted in 2016. **CHI Health Schuyler** completed the Community Benefit activities listed below around the priorities identified in 2016.

The four priority health needs identified in 2016 for inclusion on by CHI Health Schuyler's Implementation Strategy Plan (ISP) were:

1. Nutrition, Physical Activity & Weight Status
2. Behavioral Health
3. Access to Health Care
4. Support for Families with Children in Poverty

Priority Area # 1: Nutrition, Physical Activity & Weight Status	
Goal	**Improve weight status, healthy eating, and physical activity in children through education and environment change.**
Community Indicators	**CHNA 2013** • 33% of adults have a BMI of 30 or more • 29% of adults (aged 20+) report no leisure-time physical activity
	CHNA 2016 • 66.8% of East Central adults ages 18 and over were overweight or obese (BMI 25 or higher) in 2013 • 40% or more of East Central 4th through 8th graders were overweight or obese (BMI 25 or higher) in 2013-2014 • 13.5% of East Central adults ages 18 met both aerobic physical activity and muscle strengthening recommendation in 2013 • 31% of adults have a BMI of 30 or more • 27% of adults (aged 20+) report no leisure-time physical activity
	CHNA 2019 • 69.2% of East Central adults ages 18 and over were overweight or obese (BMI 25 or higher) in 2015 • 32.5% or more of East Central 4th through 8th graders were overweight or obese (BMI 25 or higher) in 2016-2017 • 15.9% of East Central adults ages 18 met both aerobic physical activity and muscle strengthening recommendation in 2015 • 31.8% of East Central adults had a BMI of 30 or more (2015) • 30.3% of East Central adults (aged 20+) report no leisure-time physical activity (2015)
Timeframe	FY17-FY19
Background	**Rationale for priority:** Adult obesity levels remain above U.S.; appears to be progress in childhood overweight however disparities exist across income levels and race; need to build on momentum and sustain efforts; Hospital has expertise, resources, and partnerships to leverage this work. Nutrition, physical activity, and obesity was identified as a health priority and CHIP focus by focus groups.
	Contributing Factors: fruit and vegetable consumption, physical activity, access to healthy foods, socio-economic status
	National Alignment: Nutrition and weight status were identified by Healthy People 2020 as a priority health topic.
1.1 Strategy & Scope: Build infrastructure to support and implement Healthy Families Program for families with a child 4-18 years in Colfax County with a BMI in the 85th percentile or higher.	

<table>
<tr><th>Anticipated Impact</th><th>Hospital Role/ Required Resources</th><th>Partners</th></tr>
<tr>
<td>• Improve healthy eating and physical activity habits of families
• Reduce and prevent overweight/obesity in participating families
• Increase knowledge of participating families around nutrition, physical activity, and healthy goal setting</td>
<td>CHI Health System Role(s):
• Technical Assistance

CHI Health Schuyler's Role(s):
• Host Site
• Lead implementer
• Provides funding and staff

Required Resources:
• Site Lead
• Physical Activity Specialist
• Dietician
• Behavioral Health Specialist
• Materials
• Location</td>
<td>• CHI Health Clinics
• Schuyler Community Schools
• Colfax County Extension
• Marathon Health Clinic</td>
</tr>
<tr><th>Key Activities</th><th>Measures</th><th>Data Sources/Evaluation Plan</th></tr>
<tr>
<td>• Develop infrastructure to support and sustain Healthy Families Program
• Hire staff for coordination role and identify team of instructors
• Implement Healthy Families program within Year 1
• Engage local physicians to provide referrals and support program
• Recruit and retain up to 10 families per session
• Host two sessions per year, starting Year 2
• Explore opportunity to host one session in Spanish</td>
<td>• 80% of graduating families will show at least a 75% confidence in setting and achieving a healthy family goal
• Host at least 2 sessions of Healthy Families and graduate over 15 families per year
• At least 75% of participants will show an increase in fruit and vegetable consumption.
• at least 75% of participants will show an increase in weekly physical activity</td>
<td>Data will be reviewed and monitored by an internal team using the following data sources:
• Program attendance sheets (collected after each session)
• Pre- & post-survey data (collected after each session)</td>
</tr>
<tr><td colspan="3">Results</td></tr>
</table>

Fiscal Year 2017 Actions and Impact:

- Due to capacity of current staff and low number of referrals, no sessions were held in FY17. Continued discussions will take place to explore if program is correct fit to meet the community need.

Measures: No measures were collected due to sessions not being held.

Fiscal Year 2018 Actions and Impact:

- Due to capacity of current staff and low number of referrals, no sessions were held in FY18. The decision was made to discontinue this strategy.

Measures: No measures were collected due to sessions not being held.

1.2 Strategy & Scope: Promote healthy lifestyles through *5-4-3-2-1 Go!*® campaign in children ages 5-12 years old in Colfax County.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Increase knowledge of health promotion message • Increase consumption of fruits and vegetables • Improve healthy living habits in kids • Improve healthy weight of children and a reduction of chronic disease	CHI Health System Role(s): • Funder • Technical Assistance CHI Health Schuyler's Role(s): • Lead implementer • Strategic Partner Required Resources: • Materials • Site Lead	• Local school districts • Family Practice/Pediatric Clinics • Out-of-school programs • Marathon Health Clinic
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Provide schools with various health resources, such as toolkits and promotional materials • Provide schools with technical assistance and campaign support	• Fruit and vegetable consumption • Meets physical activity recommendation • Sugar sweetened beverage consumption	Data will be reviewed and monitored by an internal team annually using the following data sources: • CHNA (every three years)

• Support out-of-school settings to change policy/practice around healthy eating and physical activity • Support screening, education, and referral for healthy habits in clinic settings • Develop teen health advocates to promote healthy lifestyles • Educate the community on health message at health fairs and other community events		

Results

Fiscal Year 2017 Actions and Impact:

- Promoted message across three different settings and continued to recruit new sites. Ended fiscal year 2017 with program enrollment of 7 elementary schools, 2 out-of school-sites, and 4 clinics who were promoting the message in Colfax County.

Measures: survey results (conducted in 2016) from Colfax County (Pre-test n=77, Post-test n=28)

- 72.6% increase in knowledge of daily fruit and vegetable recommendation
- 77% increase in knowledge of daily water intake recommendation
- 63.9% increase in knowledge of daily low-fat dairy intake recommendation
- 61% increase in knowledge of daily screen time recommendation
- 65.5% increase in knowledge of daily hours of physical activity recommendation

Fiscal Year 2018 Actions and Impact:

- Promoted message across three different settings and continued to try and recruit new sites. Ended fiscal year 2018 with program enrollment of 7 elementary schools, 2 out-of school-sites, and 3 clinics who were promoting the message in Colfax County.
- Hosted one community event to increase awareness of the *5-4-3-2-1 Go!*® message among families in Colfax County with 1,600 individuals in attendance.

Measures: survey results (conducted in 2016) from Colfax County (Pre-test n=77, Post-test n=28)

- 72.6% increase in knowledge of daily fruit and vegetable recommendation
- 77% increase in knowledge of daily water intake recommendation
- 63.9% increase in knowledge of daily low-fat dairy intake recommendation
- 61% increase in knowledge of daily screen time recommendation

• 65.5% increase in knowledge of daily hours of physical activity recommendation		
Strategy 1.3: Promote healthy eating through a Farmer's Market located at CHI Health Schuyler.		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Increase access to fruits and vegetables • Increase consumption of fruits and vegetables	CHI Health System Role(s): • Funder • Technical Assistance CHI Health Schuyler's Role(s): • Lead implementer • Strategic Partner Required Resources: • Materials	• Chamber of Commerce • Local farmers/vendors • Family Practice/Pediatric Clinics • Local school districts
Key Activities	**Measures**	**Data Sources/ Evaluation Plan**
• Recruit and coordinate vendor participation at Schuyler Farmer's Market • Work with community partners to organize the farmer's market • Distribute vouchers for free produce to individuals at risk for food security • Promote Schuyler's Farmer's Market at CHI Health Schuyler Hospital, CHI Health Clinics and through community partners • Track voucher data to evaluate redemption rate	• # of vouchers distributed • # of vouchers redeemed • Fruit and vegetable consumption	Data will be reviewed and monitored by an internal team annually using the following data sources: • CHNA (every three years) Program records

Results
***Strategy was added in Fiscal Year 2018** **Fiscal Year 2018 Actions and Impact:** • Hosted a Farmer's Market at CHI Health Schuyler • Recruited a variety of local produce and craft vendors **Measures** • Distributed 2,000 vouchers for fresh fruits and vegetables • # of vouchers redeemed for fresh fruits and vegetables: 254

Priority Area # 2: Behavioral Health	
Goal	**To increase the preventive outreach, educational efforts and resources that support the resiliency of community members who experience mental health and substance use issues.**
Community Indicators	**CHNA 2013** • 2.3 (average) days report of mentally unhealthy days reported in the past 30 days • 7% of ECDHD residents 18 and older reported mental health was not good on 14 or more of the past 30 days • 13% of ECDHD residents 18 and older reported being told they have depression • 7% of ECDHD residents 18 and older reported frequent mental distress in past 30 days
	CHNA 2016 • 2.7 (average) days report of mentally unhealthy days reported in the past 30 days • 7.7% of ECDHD residents 18 and older reported mental health was not good on 14 or more of the past 30 days • 13.8% of ECDHD residents 18 and older reported being told they have depression • 7.7% of ECDHD residents 18 and older reported frequent mental distress in past 30 days
	CHNA 2019 • 2.8 (average) days report of mentally unhealthy days reported in the past 30 days (County Health Rankings, 2016) • 6.5% of ECDHD residents 18 and older reported mental health was not good on 14 or more of the past 30 days • 17.7% of ECDHD residents 18 and older reported being told they have depression • 2.3% of ECDHD residents 18 and older reported symptoms of serious mental illness in the past 30 days
Timeframe	FY17-19
Background	**Rationale for priority:** Mental disorders have been shown to be the most common cause of disability and suicide is the 11th leading cause of death in the United States making it an important issue across the country. Mental health has been closely tied to physical health and often inhibits one from maintaining good physical health, possibly leading to chronic disease, which can have a serious effect on the mental health of the person. Colfax County has been identified as a state and federal shortage area for mental health services. Behavioral health was voted as a top three concern by survey respondents in the 2015 CHNA.
	Contributing Factors: lack of availability of services, high cost, lack of insurance coverage, family and community dynamics, social support and stigma
	National Alignment: Behavioral health was identified as a top health issue by Healthy People 2020.

	Additional Information: CHI Health received grant funding from CHI national to implement behavioral health programs planned by community coalitions developed through a previous planning grant.

2.1 Strategy & Scope: Increase the overall awareness of existing and potential resources among community stakeholders through an established behavioral health community coalition in Colfax County.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improve overall community awareness of existing and potential resources • Increase usage of services based off of increased awareness	CHI Health System Role(s): • Provides financial support • System-level leadership by Behavioral Health Service Line • Strategic partner CHI Health Schuyler's Role(s): • Fiscal Agent • Sponsor • Community Partner Required Resources: • CHI Mission and Ministry Grant Funding • Coalition Leader	• Region 4 • Behavioral Health Coalition • County Attorney • Ministerial Association • Probation • ECDHD
Key Activities	**Measures**	**Data Sources/Evaluation Plan**

• Establish a coalition with support staff and an identified backbone organization • Develop a community behavioral health resource directory (paper or online) with assistance of Region 4. Distribute and promote the guide throughout the community. • Increase community awareness of the crisis response team and of available tele-psychiatry mental health services through the hospital. • Hold monthly meetings to discuss services for youth and families in crisis including the hospital and other healthcare providers. • Provide resource information in other languages where feasible. • Begin developing a sustainability plan for post grant. • Finalize sustainability plan and prepare to implement.	• Increased awareness of community resources through increased usage of those resources • Members of coalition rate coalition as "effective" • Number of patients using tele-psychiatry at hospital • Number of students referred to tele-psychiatry at the hospital	Data will be reviewed and monitored annually as part of the coalition work using the following data sources: • Community Service Provider Survey • Coalition Member survey • Hospital Records

Results

Fiscal Year 2017 Actions and Impact:

- Developed community coalition to identify and address behavioral health needs within the community.
- Coalition continues to explore the best way to increase awareness of behavioral health resources across the community and began developing a sustainability plan to continue the work in the future.
- Increased awareness of existing behavioral health resources in the community, specifically the availability of tele-psychiatric consults, has been seen in the increase in number of patient referrals to service.

Measures:

- Members of coalition rate coalition as "effective" in the following 5 domains:
    - Common Agenda: 100% rated "almost always" or "always"
    - Shared Measurement: 83.3% rated "almost always" or "always"
    - Mutually Reinforcing Activities: 78.6% rated "almost always" or "always"
    - Continuous Communication: 93.6% rated "almost always" or "always"
    - Backbone Organization: 100% rated "almost always" or always"
- Number of patients using tele-psychiatry at hospital: 11 appointments for medication management, 6 appointments for therapy
- Number of students referred to tele-psychiatry at the hospital: 0

- School-based therapist was implemented into schools so students are being referred to therapist

Fiscal Year 2018 Actions and Impact:

- Community coalition continued to implement strategies to identify and address behavioral health needs within the community
- Coalition continued to explore the best way to increase awareness of behavioral health resources across the community and further developed a sustainability plan to continue the work in the future.
- Increased awareness of existing behavioral health resources in the community, specifically the availability of tele-psychiatric consults, has been seen in the increase in number of patient referrals to service.
- Resource book is in final stage of being developed which will include mental health resources, basic need resources and hotlines and will be available in Spanish and English. A website link and hard copies will be available.

Measures:

- # of coalition meetings and average attendance: 5 coalition meetings were held with an average of 14 members in attendance
- Members of coalition rate coalition as "effective" in the following 5 domains:
  - o Common Agenda: 98.6% rated "almost always" or "always," in FY18, compared to 100% in FY17
  - o Shared Measurement: 91.7% rated "almost always" or "always" in FY18, compared to 83.3% in FY17
  - o Mutually Reinforcing Activities: 95.3% rated "almost always" or "always" in FY18, compared to 78.6% in FY17
  - o Continuous Communication: 94.8% rated "almost always" or "always" in FY18, compared to 93.6% in FY17
  - o Backbone Organization: 98.2% rated "almost always" or always" in FY18, compared to 100% in FY17
- Number of patients using tele-psychiatry at hospital: 30, including one middle school student
- Number of patients referred to ED for mental health or substance use: 58

2.2 Strategy & Scope: Increase the knowledge and skills of local community members through behavioral trainings offered through Region 4.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**

<table>
<tr>
<td>

Increase community knowledge around behavioral health through the use of evidence based trainings
Increase community knowledge and action in addressing behavioral needs among community members
Improve health care for those effected by trauma
Increase ability for community to identify someone in crisis and ability to refer to the appropriate resource
Reduce sexual and domestic violence through the Step Up and Speak Out program

</td>
<td>
CHI Health System Role(s):

Provides financial support
System-level leadership by Behavioral Health Service Line
Strategic partner

CHI Health Schuyler's Role(s):

Fiscal Agent
Sponsor
Community Partner

Required Resources:

CHI Mission and Ministry Grant Funding for training
Coalition Leader
Training staff
School staff for "Step Up and Speak Out"
Materials

</td>
<td>

Region 4
Behavioral Health Coalition
County Attorney
Ministerial Association
Probation
Schuyler Community Schools
ECDHD

</td>
</tr>
<tr>
<td>Key Activities</td>
<td>Measures</td>
<td>Data Sources/Evaluation Plan</td>
</tr>
<tr>
<td>

Two community members attend Trauma 101 and Mental Health First Aid train-the-trainer training offered through Region 4.
Provide Trauma 101 and mental Health First Aid training to the community and offer cultural diversity training and resources for translation services.
Continue the prevention program at the middle and high schools "Step Up and Speak Out- Building Healthy Relationships."

</td>
<td>

Community members and students participating in training increase knowledge and awareness of behavioral health and are satisfied with training
Number and type of community professionals trained
Success rate of students participating in the Building Healthy Relationships program
Number of patients referred to ED for mental health or substance use

</td>
<td>
Data will be reviewed and monitored as part of the coalition work using the following data sources:

Post-training evaluations (collected after every training)
Grant evaluation tool (annually)

</td>
</tr>
<tr>
<td colspan="3">Results</td>
</tr>
</table>

Fiscal Year 2017 Actions and Impact:

- Two different trainings focusing on mental health and trauma were offered across the community for different community professionals. Continued training options will be available.

Measures:

- Community members and students participating in training increase knowledge and awareness of behavioral health and are satisfied with training:
    - 94.2% of participants reported feeling more confident that they can recognize the signs and symptoms that someone may be dealing with a mental health problem or crisis.
    - 93.0% of participants reported feeling more confident that they can recognize and correct misconceptions about mental health.
    - 95.2% of participants would recommend the training to others.
- Number and type of community professionals trained:
    - health care workers trained:3
    - law enforcement trained: 19
    - school personnel trained: 77
- Success rate of students participating in the Building Healthy Relationships program: funding for program was discontinued, therefore, no measurement was provided.
- Number of patients referred to ED for mental health or substance use: 61

Fiscal Year 2018 Actions and Impact:

- Three Mental Health First Aid trainings were offered, including one in Spanish, but none were held due to the lack of registrations.
- One additional coalition member was trained as a Mental Health First Aid trainer.
- Hosted a Capturing Kids' Hearts training for 50 Schuyler, Fischer and Richland School staff.
- The 2018 Schuyler Community Schools Strategic Plan included the implementation of Process Champions, which is the next step to Capturing Kids Hearts. K-8 administrators, guidance counselors, and classroom leaders will take part in this program in order to take the next steps to stabilizing a positive and productive climate throughout the school community.
- Funded Building Healthy Relationships, an evidence-based practice that addresses sexual assault, domestic violence, dating violence and stalking among adolescents and young adults.

Measures:

- Schuyler Middle School Student Data indicated a decrease in excused and unexcused absences in 2017-18 compared to 2016-17, as well as out-of-school suspension. However, in-school suspension rose due to increased monitoring of behaviors. While there was a decrease of 15 students on honor roll, there was an increase from 13 to 19 students on the Gold Honor Roll.
- # of individuals served by Building Healthy Relationships: 64 middle and high school participants

<table>
<tr><td colspan="3">

# of crisis counseling calls by students: 23
# of counselor follow-ups with students: 62
# of students referred to therapy: 7
Average program test scores increased from 72% at pre to 95.3% at post among students who participated in Building Healthy Relationships

100% stated they are better able to identify dating violence and sexual assault.
93.8% stated they would know where to get help should they or a friend be the victim of dating violence or sexual assault
100% stated they were more likely to get help for themselves or a friend who is in an unhealthy relationship

</td></tr>
<tr><td colspan="3">2.3 Strategy & Scope: Develop a collaborative process among regional providers, law enforcement, schools, probation and the hospital to address families in crisis that include prevention and intervention strategies that considers the diversity of community members.</td></tr>
<tr><td>Anticipated Impact</td><td>Hospital Role/ Required Resources</td><td>Partners</td></tr>
</table>

<table>
<tr><td>

- Increase knowledge on cultural diversity within the community
- Increase access to counseling services
- Improve behavioral health among community members

</td><td>

CHI Health System Role(s):

- Provides financial support
- System-level leadership by Behavioral Health Service Line
- Strategic partner

CHI Health Schuyler's Role(s):

- Fiscal Agent
- Sponsor

Required Resources:

- CHI Mission and Ministry Grant Funding
- Coalition Leader
- Counselor

</td><td>

- Region 4
- Behavioral Health Coalition
- County Attorney
- Probation
- ECDHD
- Ministerial Association
- Local School District

</td></tr>
<tr><td>Key Activities</td><td>Measures</td><td>Data Sources/Evaluation Plan</td></tr>
<tr><td>

- Hold monthly meetings to discuss services for youth and families in crisis including the hospital and other healthcare providers.
- Explore the feasibility of a once-a-month weekend in-person psychiatrist.
- Explore development of group home for unaccompanied youth in the community.
- Provide in-person counseling in the school for youth.

</td><td>

- Decrease in law violations, committals and transportations by law enforcement in teens and adults
- Number of unaccompanied youth identified in need of a group home

</td><td>

Data will be reviewed and monitored annually as part of the coalition work using the following data sources:

- Law enforcement Data
- Evaluation tool to be determined

</td></tr>
<tr><td colspan="3">Results</td></tr>
</table>

Fiscal Year 2017 Actions and Impact:

- Held monthly meetings with relevant community stakeholders to discuss families in crisis and how to connect them with the services needed.
- Actions to develop a group home for unaccompanied youth in the community and access to a psychiatrist once a month are still being explored.

Measures:

- Law violations, committals and transportations by law enforcement in teens and adults in fiscal year 2017: 4,390

Fiscal Year 2018 Actions and Impact:

- Held monthly meetings with relevant community stakeholders to discuss families in crisis and how to connect them with the services needed.
- Exploration of a group home for unaccompanied youth in the community has been placed on hiatus, as this strategy is not a priority at this time. Exploration of options to expand access to a weekend psychiatrist once a month continue, but no actions have been taken.

Measures:

- No data was reported on law violations, committals and transportations by law enforcement (teens and adults) for fiscal year 2018.
- Increase in number of incidents documented by law enforcement compared to same period last year – 2,393 (2016) to 2,998 (2017) (most recent data available as of 12.28.17).

Strategy & Scope 2.4: Implement school counseling therapy program at Schuyler Middle and High School to provide counselling services to youth during school hours.

Anticipated Impact	**Hospital Role and Required Resources**	**Partners**

<table>
<tr><td>• Increase access to youth mental health services
• Improve youth mental health through better care coordination</td><td>CHI Health System Role(s):
• Strategic partner

CHI Health Schuyler's Role(s):
• Fiscal Agent
• Sponsor

Required Resources:
• Counselor</td><td>• Local School District
• Counselor(s)
• Behavioral Health Coalition</td></tr>
<tr><td>Key Activities</td><td>Measures</td><td>Data Sources/ Evaluation Plan</td></tr>
<tr><td>• Provide in-person counseling for youth at Schuyler Middle and High School</td><td>• Number of students served
• Number of individuals (parents) served
• Number of organizations involved in implementation
• Number of staff involved in implementation
• Number of student counseling visits</td><td>Data will be reviewed and monitored as part of the coalition work using the following data sources:
• Grant evaluation tool (annually)</td></tr>
<tr><td colspan="3">Results</td></tr>
<tr><td colspan="3">Fiscal Year 2017 Actions and Impact:
• Therapist was successfully implemented into the school and had to reduce session time to accommodate the number of students in need.
• Provided $5,000 to support staff time in order to ensure students without insurance could receive services.

Measures:
• # of students (youth/children) served: 70
• # of individuals (or parents) served: 115
• # of organizations involved in implementation: 2
• # of staff involved in implementation: 5
• # of student counselling visits: 233</td></tr>
</table>

Fiscal Year 2018 Actions and Impact:

- School therapist reverted back to providing 60- minute therapy sessions in the school setting, due to lower patient volume.
- Students with Medicaid as a payer source found obstacles in the delivery of the program, due to there being a requirement for them to first see a psychiatrist in person before beginning the counselling sessions. The coordination of care that this implied burdened some students due to availability and coordination of schedules.
- It was reported that teachers are beginning to be more supportive of allowing students to go to in-school therapy, instead of leaving school for an outside therapy appointment, but culture change has been slow.

Measures:

- # of students (youth/children) served: 10
- # of individuals (or parents) served: 4
- # of organizations involved in implementation: 5
- # of staff involved in implementation: 2
- # of student counselling visits: 108

Priority Area # 3: Access to Health Care			
Goal	**To increase the use of preventative health care services to promote lifelong health.**		
Community Indicators	**CHNA 2013** • 9% of children under the age of 19 without health insurance • 28.16 primary care physicians per 100,000 population in 2012		
	CHNA 2016 • 10% of children under the age of 19 without health insurance • 19.18 primary care physicians per 100,000 population in 2013		
	CHNA 2019 • 7.7% of Colfax County children under the age of 18 without health insurance (2016) • 9.52 primary care physicians per 100,000 population in 2014 (HRSA, Area Health Resource File)		
Timeframe	FY17-19		
Background	**Rationale for priority:** Limited access to healthcare and resources inhibits people's abilities to reach their full potential and can negatively affect their quality of life. CHI Health Schuyler is located in a county that is a state primary care shortage area for family practice, internal medicine, pediatrics, obstetrics/gynecology and psychiatry. This health priority was chosen through the 2015 CHNA process as a top priority by the community.		
	Contributing Factors: cost of medical insurance, lack of services in community, shortage of PCPs, high cost of insurance coverage, unmet health needs, inability to get preventive services		
	National Alignment: Access to health care was identified as a Healthy People 2020 focus area.		
3.1 Strategy & Scope: Provide Colfax and Platte County infants and their families, local family-centered comprehensive care beginning at birth and continuing throughout childhood.			
Anticipated Impact		**Hospital Role/ Required Resources**	**Partners**

• Increase in vaccination coverage levels for young children • Increase in percentage of infants and children age 6 months and older who receive an influenza immunization during the flu season • Increase in percentage of child patients receiving physician directed counseling about nutrition and physical activity based on weight assessment • Increase in preventative dental care for low-income children and adolescents • Increase in well-child checks for early and middle childhood-aged children, ages 0-11	CHI Health Schuyler's Role(s): • Lead Implementer • Community Partner Required Resources: • Materials • Pediatrician (.5 FTE) • Community Health Worker (NCDHD cost) • RN (2 days a week) • Clinic space • Staff for health fairs	• CHI Health clinic • ECDHD
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Assist ECDHD with recruitment of a pediatrician to practice .5 FTE at FQHC and .5 FTE at CHI Health Schuyler • Assist ECDHD with development of Community Health Worker, hired by ECDHD, to practice at both sites with pediatrician • Participate in local health fair events to promote the importance of well-child checks • Physician-directed counseling on nutrition and weight assessment and counseling for nutrition and physical activity • Pediatrician will provide fluoride varnish during well-child check	• BMI data of patients aged 3-17 years • 75% of child patients will receive physician directed counseling about nutrition or weight assessment • 30% of children will receive fluoride varnish • Increase of well-child checks from 17% to 45% for ages 0-11 • Increase in preventative dental care from 0% to 30% for low-income children and adolescents • Percent change in children age 6 months and over receiving influenza immunization • Increase in vaccination coverage from 57% to 90% for young children	Data will be reviewed and monitored annually by an internal team using the following data sources: • East Central District Health Department
Results		

Fiscal Year 2017 Actions and Impact:

- Recruitment for pediatrician is still ongoing and hoping to identify candidate by FY18 but a community health worker has been hired and is currently in place at the local health department. Community event promoting well-child checks reached an estimated 1,500 attendees.

Measures: No measures were collected due to pediatrician not being in place.

Fiscal Year 2018 Actions and Impact:

- Participated in a community event promoting well-child checks and healthy lifestyle education which reached an estimated 1,600 attendees.
- Family Practice Physician was hired in Dec. 2017
- APRN hired in April 2018 to support family practice

Measures: No measures were collected due to staff transition and onboarding.

Priority Area #4: Support for Families with Children in Poverty	
Goal	**Improve support for families in poverty through increased access to community resources and support**
Community Indicators	**CHNA 2013** • 4.7/1,000 cases of child abuse/neglect in Colfax County (2013) • 7.7/1,000=foster care rate for population under 18 (2012) • 91% high school graduation rate • 30% of children living in households headed by single parent • 17% of children under the age of 18 live in poverty • 72 births per 1,00 female population ages 15-19 • 4.9% of live births with low birth weight
	CHNA 2016 • 83% high school graduation rate • 30% of children living in households headed by single parent • 15% of children under the age of 18 live in poverty • 60 births per 1,00 female population ages 15-19 • 5% of live births with low birth weight
	CHNA 2019 • 90.7% four- year high school graduation rate in Colfax County (2017) • 21.7% of Colfax County children living in households headed by single parent (2017) • 16% of Colfax County children under the age of 18 live in poverty (2016) • 63.2 births per 1,000 female population ages 15-19 (2006-2012) • 5.4% of live births in Colfax County with low birth weight (2011-2015)_
Timeframe	FY17-19
Background	**Rationale for priority:** Encompassing maternal, infant, and child health, this priority is focused on improving support and access to resources for those with children in poverty to prevent entry into higher levels/systems of care. Focusing on improving their health and well-being is important in determining the health of the next generation and assist in predicting future public health issues facing families and the public. This health priority was chosen through the 2015 CHNA process as a top priority by the community.
	Contributing Factors: low educational attainment, unemployment, poverty level, access to resources, health disparities
	National Alignment: Maternal, infant, and child health was identified as a Healthy People 2020 focus area.

4.1 Strategy & Scope: Prevent families from unnecessary entry or re-entry into higher end systems of care-(alternative response, probation, behavioral health, juvenile justice, child welfare systems, etc.) in Colfax and Platte Counties.

Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Decrease in reports of child abuse and neglect for participating families • Increase in access to services for family's basic needs while in crisis • Improve Family Protective Factors • Increase parent involvement within the community	CHI Health Schuyler's Role(s): • Community Partner Required Resources: • Funding (TBD) • Community Response Staff • Further resources TBD	• United Way • Zero 2 Eight Child Well Being • CNCAP • Schuyler Elementary • Salvation Army
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Review feasibility of partnering with Platte County for implementation of pilot proposal for Community Response Plan • Plan, coordinate, and implement 2017 NET Play Their Way Event at Schuyler Elementary Schools • Explore the feasibility of community partnership initiative for funding and implementing quality day care provider in Schuyler	• # of reports of child abuse or neglect for participating families • Increase in family functioning/resiliency • Perceived change in social emotional support • Increase in perceived access to concrete support	Data will be reviewed and monitored annually by an internal team using the following data sources: • Zero 2 Eight Child Well Being Coalition data • East Central District Health Department data • Family Protective Factors Survey

Results

Fiscal Year 2017 Actions and Impact:

- The pilot of the Community Response program took place in fiscal year 2017 and outcomes have not been provided yet. Community conversations around the need for quality daycare have taken place and will continue moving forward in 2018.
- Provided $2,000 to provide access to immediate services or needs such as rent, utilities, food, etc. for families in need, specifically those in the Community Response program.

Measures:

- Outcomes for the pilot program have not been released as of February 2018.

Fiscal Year 2018 Actions and Impact:

- Community Response program continued to expand in FY18
- Community conversations around the need for quality daycare have taken place and will continue moving forward in 2018, with a feasibility study for a childcare site scheduled in FY19
- Provided $10,000 to provide access to immediate services or needs such as rent, utilities, food, etc. for families in need, specifically those in the Community Response program.

Measures:

- # of families that entered Community Response in Colfax and Platte Counties: 82; 28 families from Colfax County
- # of families that received Community Response flex funds for basic needs in Colfax County in calendar year 2018: 15
- Types of services needed by families participating in Community Response in calendar year 2018: pest control, rent and utilities assistance, gas and food vouchers, personal care items, medical bill assistance, car insurance and substance abuse evaluation.

Dissemination Plan

CHI Health Schuyler will make its CHNA widely available to the public by posting the written report on http://www.chihealth.com/chna. A printed copy of the report will be available to the public upon request, free of charge, by contacting Kelly Nielsen at Kelly.nielsen@alegent.org or (402) 343-4548. In addition, a paper copy will be available at the Hospital Information Desk/Front Lobby Desk.

Approval

On behalf of the CHI Health Board, the Executive Committee of the Board approved this CHNA on _____.

Appendix

A. Resource Inventory

Table 9 shows the Hospital Resource Inventory administered by East Central District Health Department in 2017 to each of the hospitals located within Boone, Colfax, Nance and Platte Counties, including CHI Health Schuyler.

B. 2017 East Central District Comprehensive Community Health Needs Assessment Executive Summary

Under the direction of the East Central District Health Department, the *2017 ECDHD Comprehensive Community Health Needs Assessment* was completed for the four counties in the East Central Health District (Boone, Colfax, Nance, and Platte Counties in Nebraska) by GIS & Human Dimensions, LLC. This assessment was conducted in partnership with multiple agencies within the district, including CHI Health Schuyler. It is the goal of the *Comprehensive Community Health Needs Assessment* to describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address public health improvement.

Appendix A. Table 9: Availability of Health Resources by County

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

Appendix A. Table 9. Availability of Health Resources by County (Continued)

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

(Source: East Central District Health Department, Hospital Resource Inventory, 2011, 2014, 2017)

BOONE | COLFAX | NANCE | PLATTE

2017 EAST CENTRAL DISTRICT COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT

EAST-CENTRAL DISTRICT Health Department
a nebraska health+ center

Report prepared by GIS and Human Dimensions in conjunction with the East Central District Health Department

Introduction

Overview of the Comprehensive Community Health Needs Assessment

Under the direction of the East Central District Health Department, the 2017 *Comprehensive Community Health Needs Assessment* has been devised for the four counties in the East Central Health District (Boone, Colfax, Nance, and Platte Counties in Nebraska). This assessment was conducted in partnership with multiple agencies within the district and will be the basis for the Community Health Improvement Plan (CHIP). This assessment will also serve as a reference document for the four non-profit hospitals in the district to assist in strategic planning. It is the purpose of this assessment to inform all interested parties about the health status of the population within the district and to provide community partners with a wide array of data that can be used to educate and mobilize the community and its resources to improve the health of the population.

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

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

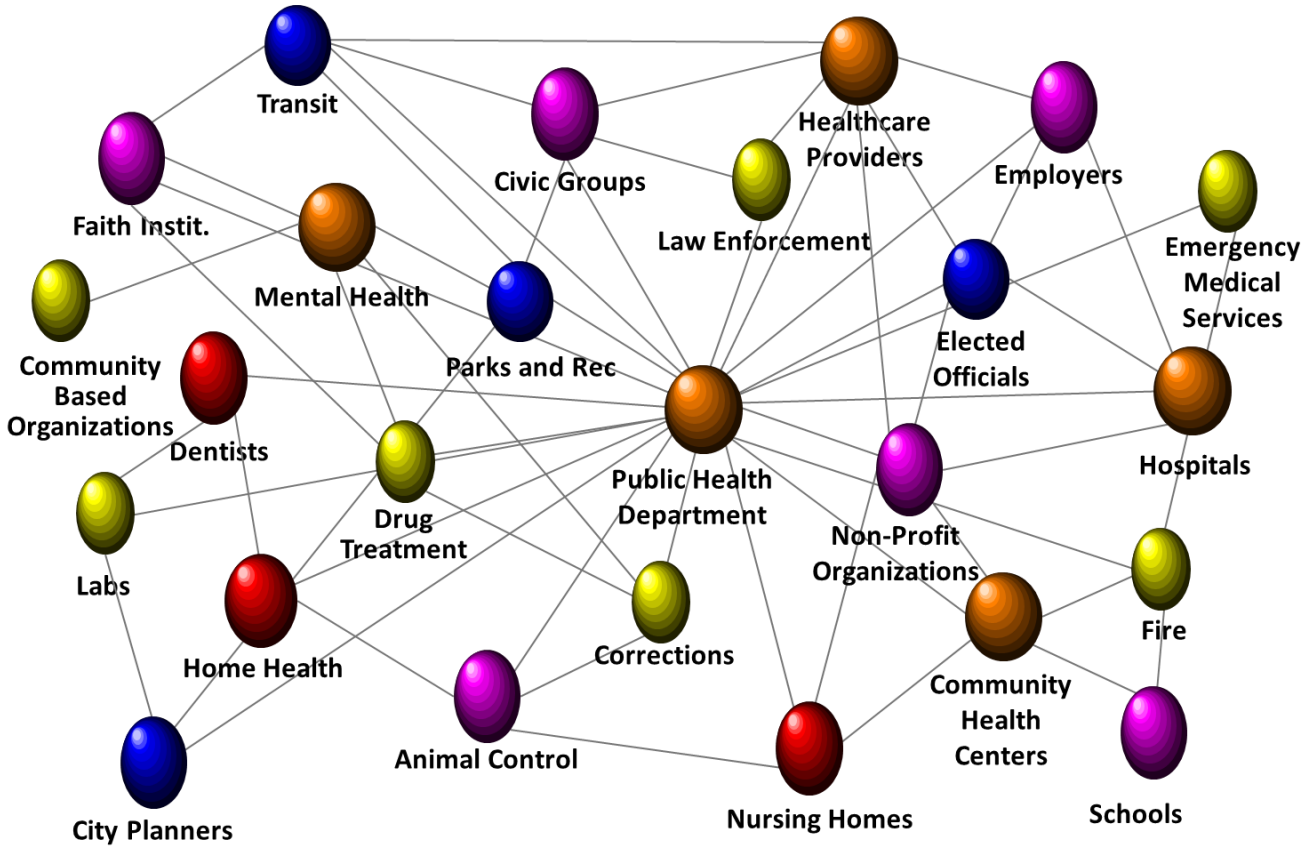
GIS and Human Dimensions, LLC., assembled this assessment of public health and community well-being under the provision of the East Central District Health Department, based largely upon data collected through the process of Mobilizing for Action through Planning and Partnerships (MAPP).

Community Health and the Local Public Health System

Community health includes a broad array of issues addressed by numerous agencies. Topics that fall under community health include such things as access to health care, health literacy, perceptions of the well-being of the community, utilization of social programs, child welfare, crime, alcohol and tobacco use, drug use, poverty, obesity, diabetes, teen pregnancy, teen sexual activity, healthy children, environmental factors affecting health, cancer, heart disease, and a broad array of other epidemiological topics.

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

Figure 1: The Local Public Health System



(Source: East Central District Health Department)

Section III. Community Health Needs and Priorities

Based upon the preceding data from Sections I and II, community health needs have been selected by the author of this report. The needs and priorities are not ranked, but are merely listed in alphabetical order. The selection of health priorities and strategies will be the work of the public health department, county hospitals, and other local agencies using this document as a reference.

Overall East Central District

Following the demographic profile, 17 community health needs and priorities for the entire East Central District are listed alphabetically in Figure1 below with a brief description of the rationale for selection. Data that support the selection and prioritization of the community health needs follow.

Demographic Profile: East Central District

Population: 52,162
% White: 82.1%
% Hispanic: 19.8% (of any race)
Median age: 37.0
Median Household Income: $62,500
% at or below Poverty: 9.5%
% with High School Degree/GED/Equivalent or higher: 86.3%

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

Community Health Needs and Priorities	Rationale for Selection
1. Access to Health Care Professionals	▪ With the exception of FM/GP, Pediatrics, and LPNs, all of the major health care professions in the East Central District are responsible for serving a higher number of individuals than the state. ▪ There are numerous Federally and State Designated Health Professional Shortages in the East Central District.
2. Aging Population	▪ As of 2016, 16.1% of the East Central population was over the age of 65 (state comparison: 14.4%). ▪ As of 2016, the median age was 39.9 for the East Central District (state comparison: 36.3). ▪ In 2016, 19.5% of the East Central population ages 65 and over had dementia (state comparison: 18.5%). ▪ In a 2017 survey, just 47.4% of respondents from the East Central District agreed or strongly agreed that there are networks for support for the elderly living alone.
3. Alcohol and Drug Use	▪ Alcohol and drug use were identified by East Central respondents as the top health concerns and risky behaviors in a 2017 survey. ▪ In 2016, 16.7% of East Central 12th graders reported using marijuana in the past 30 days (state comparison: 15.7%). ▪ In 2015, 19.1% of adults ages 18 and over reported binge drinking in the past 30 days (state comparison: 19.5%). ▪ In 2015, 6.5% of adults ages 18 and over reported heavy drinking (state comparison: 5.7%).

Community Health Needs and Priorities (*continued*)	Rationale for Selection
4. Alcohol Impaired Driving	▪ In 2016, between 6.4%% and 9.0% of East Central 10th, and 12th graders, respectively, reported riding in a vehicle driven by someone who had been drinking alcohol in the past 30 days. ▪ In 2014, 3.5% of East Central adults ages 18 and over reported alcohol impaired driving in the past 30 days (state comparison: 2.5%).
5. Births to Teen Mothers	▪ From 2011 to 2015, there were 274 births to teen mothers in the East Central District, comprising 7.1% of all births (state comparison: 5.9%)
6. Educational Attainment	▪ As of 2016, 86.3% of the over 25 population in the East Central District has at least a High School Degree or GED/Equivalent (state comparison: 90.7%).
7. Health Insurance	▪ As of 2016, 5.5% of the under 18 population in East Central was without health insurance (state comparison: 5.3%)).
8. Infant Mortality	▪ From 2008 to 2012, there were 22 infant mortalities in the East Central District, making for a rate of 5.6 per 1,000 live births (state comparison: 5.2 per 1,000).
9. Language	▪ As of 2015, 18.0% of the East Central population ages 5 and over spoke a language other than English at home (state comparison: 11.0%).
10. Motor Vehicle Safety	▪ From 2011 to 2015, the motor vehicle death rate in the East Central District was 21.9 per 100,000 (state comparison: 12.9 per 100,000). ▪ In 2015, 70.3% of East Central adults ages 18 and over reported that they always wear a seat belt when driving or riding in a car (state comparison: 75.4%).
11. Obesity/Overweight and Physical Activity	▪ In 2015, 69.2% of East Central adults ages 18 and over were overweight or obese (BMI 25 or higher) (state comparison: 67.0%). ▪ In 2016-2017, 40% or more of East Central 5th and 8th graders were overweight or obese (BMI 25 or higher). ▪ In 2015, 15.9% of East Central adults ages 18 met both aerobic physical activity and muscle strengthening recommendation (state comparison: 21.8%).
12. Oral Health	▪ In 2014, 64.0% of adults ages 18 and over in the East Central District reported that they visited a dentist for any reason in the past year (state comparison: 66.9%), and 44.3% reported that they had any permanent teeth extracted due to tooth decay or gum disease (state comparison: 39.1%).
13. Pneumonia and Influenza Immunization for the Over 65 Population	▪ In 2015, 75.5% of adults over the age of 65 in the East Central District were ever immunized for pneumonia and 66.4% were immunized for influenza in the past year (state comparison: 73.8% and 65.2%, respectively).
14. Poverty	▪ As of 2016, 11.8% of the under 18 population in the East Central District was in poverty (state comparison: 16.4%).
15. Single Parent Households	▪ As of 2016, 24.4% of children in the East Central District lived in a single parent household (state comparison: 29.3%). ▪ As of 2016, 69.5% of children in single mother family households were at or below poverty (state comparison: 55.5%). ▪ In 2016, 35.6% of births in the East Central District were to unmarried women (state comparison: 32.9%).
16. Teen Sexual Activity	▪ In 2017, 31.8% of East Central high school students reported that they have ever had sex (state comparison: 29.1%). ▪ In 2017, 9.6% of East Central high school students reported that they have ever been physically forced to have sex (state comparison: 8.4%).
17. Unintentional Injury Deaths	▪ From 2011 to 2015, the rate of unintentional injury deaths per 100,000 population was 54.7 in the East Central District (state comparison: 40.0 per 100,000).

Access to Health Care Professionals

Figure 2. Persons Responsible per Health Care Professional (2017)						
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Physicians	595	N/A	3,607	1,022	1,242	426
FM/GP	892	5,250	1,804	2,725	2,371	2,440
Internal Medicine	N/A	N/A	N/A	32,703	52,162	8,496
Pediatrics	5,353	N/A	N/A	4,672	6,520	8,312
OB/GYN	N/A	N/A	N/A	10,901	17,387	11,567
Psychiatrists	N/A	N/A	N/A	N/A	N/A	11,708
Dentists	1,338	5,250	3,607	2,725	2,745	1,515
Pharmacists	892	2,625	1,202	962	1,110	757
Physical Therapists	2,677	10,499	1,202	1,090	1,449	1,127
Physician Assistants	765	10,499	3,607	3,270	2,745	173
Nurse Practitioners	N/A	2,625	3,607	2,516	2,898	1,281
RNs*	80	256	180	115	126	87
LPNs*	112	456	190	240	231	333

*Data for RNs, and LPNs are from renewal surveys 2016 and 2015, respectively. (Sources: Nebraska Department of Health and Human Services. Licensure Unit; University of Nebraska Medical Center, College of Public Health, Health Professions Tracking Service)
(Source: Nebraska Department of Health and Human Services)

Figure 3. Federally Designated Health Professional Shortages (2017)					
	Boone	Colfax	Nance	Platte	East Central
Primary Care					
Mental Health	✓	✓	✓	✓	✓
Dental Health					

(Source: Nebraska Department of Health and Human Services)

Figure 4. State Designated Health Professional Shortages (2014)					
	Boone	Colfax	Nance	Platte	East Central
Family Practice		✓	✓	◦	*partial*
General Surgery	✓	✓	✓	✓	✓
Internal Medicine	✓	✓	✓	✓	✓
Pediatrics		✓	✓	✓	*partial*
Obstetrics/Gynecology	✓	✓	✓	✓	✓
Psychiatrics	✓	✓	✓	✓	✓
Dental		*partial*	✓		*partial*
Pharmacy		✓	✓		*partial*
Occupational Therapy		*partial*			*partial*
Physical Therapy					

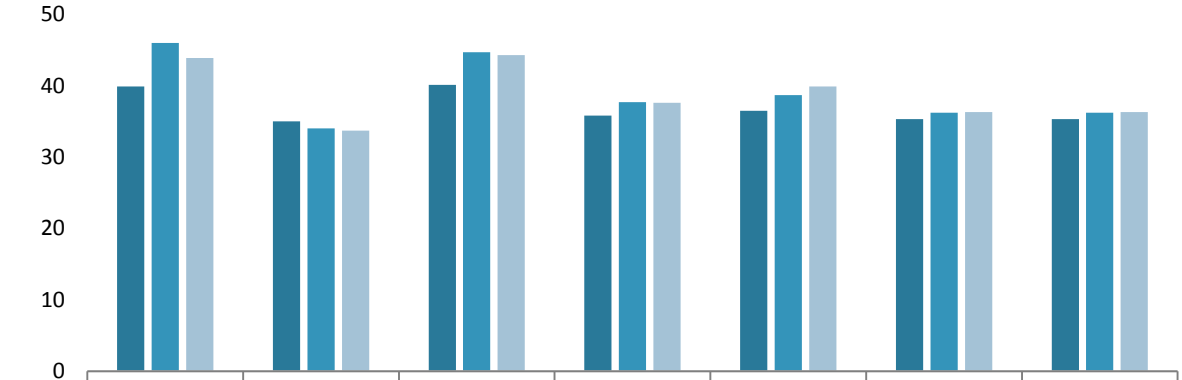
(Source: Nebraska Department of Health and Human Services)

Aging Population

Figure 5. Percent of the Population Ages 65 and Over (2012 & 2016)		
	2012	**2016**
Boone	21.2%	21.3%
Colfax	13.9%	13.1%
Nance	19.2%	20.5%
Platte	14.6%	15.7%
East Central	**15.5%**	**16.1%**
Nebraska	**13.5%**	**14.4%**
United States	**13.2%**	**14.5%**

(Source: U.S. Census/American Community Survey 5-Year Estimates. Table S0101)

Figure 6. Median Age



	Boone	Colfax	Nance	Platte	East Central	Nebraska	United States
2000	39.9	35	40.1	35.8	36.5	35.3	35.3
2012	46	34	44.7	37.7	38.7	36.2	36.2
2016	43.9	33.7	44.3	37.6	39.9	36.3	36.3

*An average weighted by the population of each county.(Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 7. Percent of Population Ages over 65 with Dementia (2011 & 2016)		
	2011	**2016**
Boone	21.2%	20.6%
Colfax	20.7%	19.2%
Nance	21.0%	20.3%
Platte	19.5%	19.2%
East Central	**20.1%**	**19.5%**
Nebraska	**19.3%**	**18.5%**

(Source: Nebraska Department of Health and Human Services)

Figure 8. There are networks for support for the elderly living alone.			
	2011	**2014**	**2017**
Boone	50.0%	56.3%	41.8%
Colfax	45.0%	43.1%	46.7%
Nance	33.3%	27.3%	51.1%
Platte	38.5%	43.8%	48.0%
White	41.1%	39.4%	43.3%
Minority	39.1%	60.7%	61.0%
Male	45.7%	48.7%	52.0%
Female	38.9%	42.2%	46.2%
Under 40	49.2%	49.0%	56.9%
40 to 54	31.8%	40.6%	43.4%
55 & over	38.6%	44.5%	39.2%
East Central	***40.9%***	***44.6%***	***47.4%***

*Response options: strongly disagree, disagree, neutral, agree, and strongly agree. Percent rating agree or strongly agree. (Source: ECDHD, Community Health Survey, 2011, 2014 & 2017)

Alcohol and Drug Use

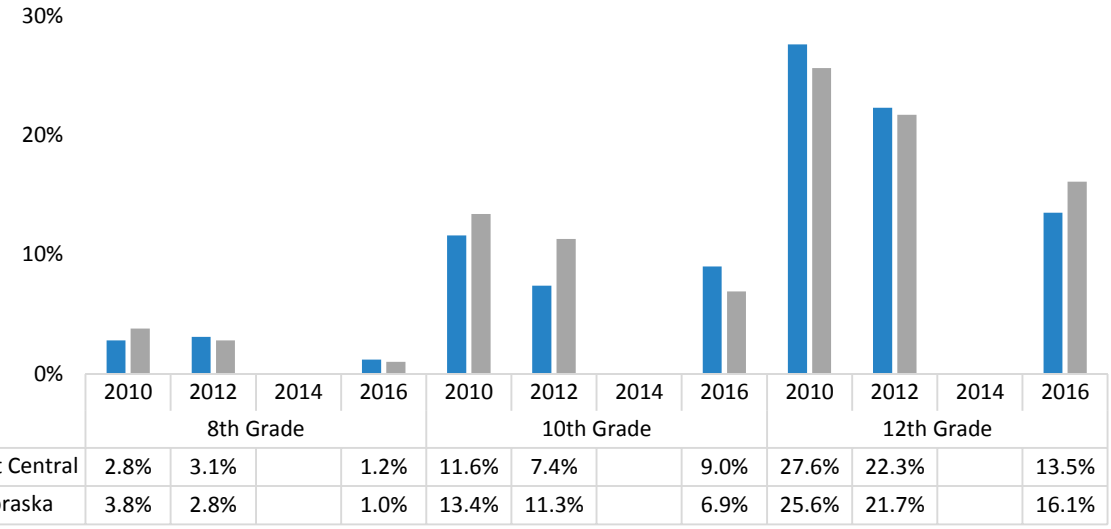
Figure 9. In the following list, what do you think are the 3 most important "health concerns" in our community? Check only 3 (2017 only)			
1. Alcohol/drug abuse	56.9%	14. Child abuse/neglect	5.3%
2. Cancers	33.9%	15. Domestic violence	4.8%
3. Obesity	29.3%	16. Dental care	3.3%
4. Mental health problems	28.5%	17. Respiratory/lung disease	2.2%
5. Housing that is adequate, safe, and affordable	25.6%	18. Sexually transmitted diseases	1.7%
6. Bullying	22.7%	19. Rape/sexual assault	1.3%
7. Aging problems (e.g., arthritis, hearing/vision loss)	19.2%	20. Firearm-related injuries	0.9%
8. Diabetes	16.9%	21. Infectious diseases (e.g., hepatitis, TB)	0.7%
9. Heart disease and stroke	13.1%	22. HIV/AIDS	0.6%
10. High blood pressure	9.9%	23. Homicide	0.6%
11. Motor vehicle crash injuries	7.7%	24. Infant death	0.4%
12. Teenage pregnancy	6.8%	25. Other	0.0%
13. Suicide	6.1%		

(Source: ECDHD, Community Health Survey, 2017)

Figure 10. In the following list, what do you think are the 3 most important "risky behaviors" in our community? (those behaviors that have the greatest impact on overall community health) Check only 3 (East Central District, 2017)			
1. Alcohol abuse	59.6%	9. Not following doctor's advice	10.4%
2. Drug abuse	53.3%	10. Racism	8.8%
3. Texting/cell phone while driving	44.1%	11. Unsafe sex	6.7%
4. Poor eating habits	29.2%	12. Dropping out of school	6.1%
5. Lack of exercise	24.1%	13. Not getting "shots" to prevent disease	4.7%
6. Not using seat belts and/or child safety seats	14.3%	14. Not using birth control	3.3%
7. Overeating	13.5%	15. Other	1.4%
8. Tobacco use/or electronic cigarette use	11.4%		

(Source: ECDHD, Community Health Survey, 2017)

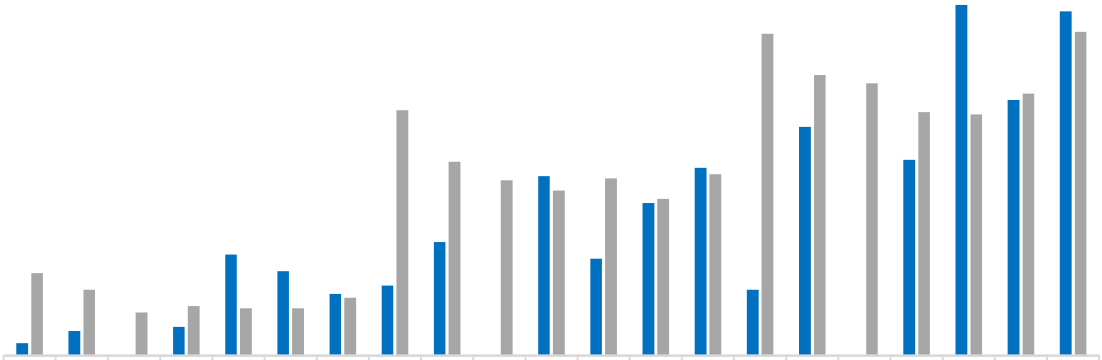
Figure 11. Past 30-Day Binge Drinking* among 8th to 12th graders



	8th Grade				10th Grade				12th Grade			
	2010	2012	2014	2016	2010	2012	2014	2016	2010	2012	2014	2016
East Central	2.8%	3.1%		1.2%	11.6%	7.4%		9.0%	27.6%	22.3%		13.5%
Nebraska	3.8%	2.8%		1.0%	13.4%	11.3%		6.9%	25.6%	21.7%		16.1%

*Binge drinking defined as 5 or more drinks in a row. Data was not available in 2014 (Source: Nebraska Risk and Protective Factor Student Survey)

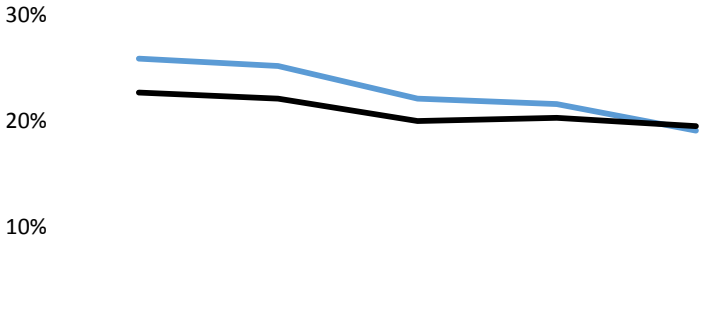
Figure 12. Past 30-Day Marijuana Use among 8th to 12th graders



	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016
	8th Grade							10th Grade							12th Grade						
East Central	0.6%	1.2%	0.0%	1.4%	4.9%	4.1%	3.0%	3.4%	5.5%	0.0%	8.7%	4.7%	7.4%	9.1%	3.2%	11.1%	0.0%	9.5%	17.0%	12.4%	16.7%
Nebraska	4.0%	3.2%	2.1%	2.4%	2.3%	2.3%	2.8%	11.9%	9.4%	8.5%	8.0%	8.6%	7.6%	8.8%	15.6%	13.6%	13.2%	11.8%	11.7%	12.7%	15.7%

(Source: Nebraska Risk and Protective Factor Student Survey)

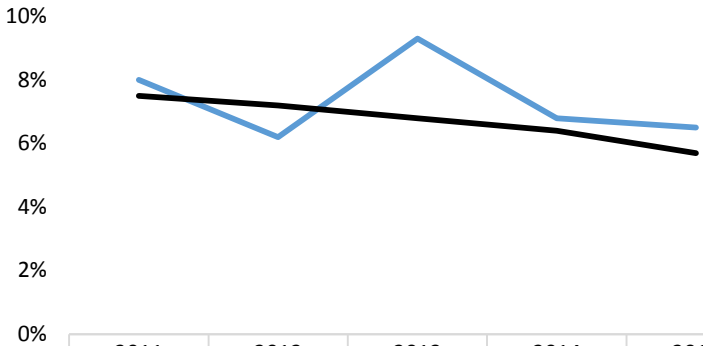
Figure 13. Binge Drinking* in the Past 30 Days among Adults Ages 18 and Over



	2011	2012	2013	2014	2015
East Central	25.9%	25.2%	22.1%	21.6%	19.1%
Nebraska	22.7%	22.1%	20.0%	20.3%	19.5%

*Binge drinking defined as 4 drinks in a row for women, 5 for men. (Source: Behavioral Risk Factor Surveillance System)

Figure 14. Heavy Drinking in the Past 30 Days among Adults Ages 18 and Over

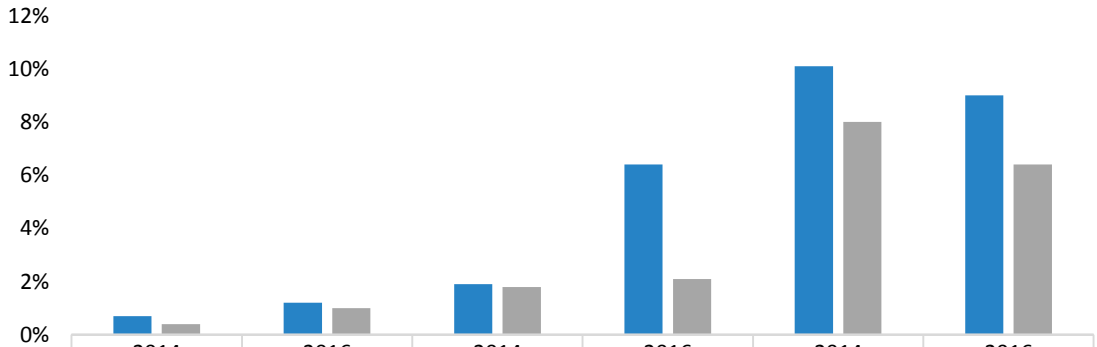


	2011	2012	2013	2014	2015
East Central	8.0%	6.2%	9.3%	6.8%	6.5%
Nebraska	7.5%	7.2%	6.8%	6.4%	5.7%

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

Alcohol Impaired Driving

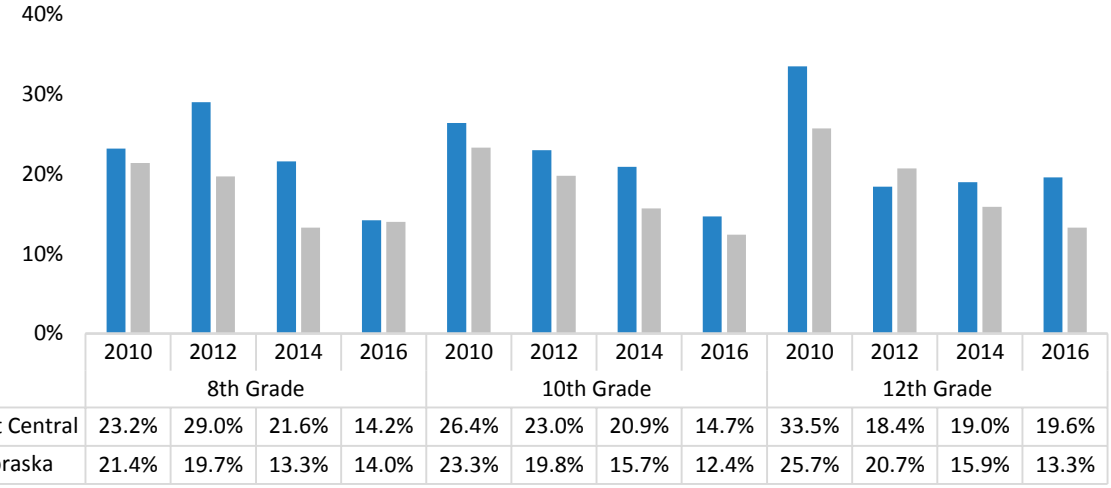
Figure 15. Past 30 Day Alcohol Impaired Driving among 8th to 12th Graders



	2014	2016	2014	2016	2014	2016
	8th Grade		10th Grade		12th Grade	
East Central	0.7%	1.2%	1.9%	6.4%	10.1%	9.0%
Nebraska	0.4%	1.0%	1.8%	2.1%	8.0%	6.4%

(Source: Nebraska Risk and Protective Factor Student Survey)

Figure 16. Rode in a Vehicle Driven by Someone Who Had been Drinking Alcohol in the Past 30 Days among 8th to 12th Graders



	8th Grade				10th Grade				12th Grade			
	2010	2012	2014	2016	2010	2012	2014	2016	2010	2012	2014	2016
East Central	23.2%	29.0%	21.6%	14.2%	26.4%	23.0%	20.9%	14.7%	33.5%	18.4%	19.0%	19.6%
Nebraska	21.4%	19.7%	13.3%	14.0%	23.3%	19.8%	15.7%	12.4%	25.7%	20.7%	15.9%	13.3%

(Source: Nebraska Risk and Protective Factor Student Survey)

Figure 17. Alcohol Impaired Driving in the Past 30 Days among Adults Ages 18 and Over (2014[x])	
East Central	**Nebraska**
3.5%	2.5%

Data was not available in 2015. (Source: Behavioral Risk Factor Surveillance System)

Births to Teen Mothers

Figure 18. Number and Percent of Births to Teen Mothers

	2005-2009	2006-2010	2007-2011	2008-2012	2011-2015
Boone	20, 6.7%	18, 6.0%	17, 5.5%	13, 4.2%	14, 4.6%
Colfax	**140, 13.4%**	**124, 12.3%**	**113, 11.3%**	**95, 9.8%**	**67, 7.6%**
Nance	6, 2.9%	10, 5.0%	9, 4.1%	10, 4.4%	9, 4.2%
Platte	**247, 10.2%**	**241, 9.9%**	**237, 9.7%**	**229, 9.4%**	**184, 7.5%**
East Central	***413, 10.4%***	***393, 9.9%***	***376, 9.5%***	***347, 8.8%***	***274, 7.1%***
Nebraska	***11,168, 8.4%***	***10,968, 8.2%***	***10,570, 8.0%***	***9,955, 7.6%***	***7,805, 5.9%***

(Source: Nebraska Department of Health and Human Services. 2015 Vital Statistics Report. Table 7)

Educational Attainment

Figure 19. Four-Year High School Graduation Rate*

	2011	2012	2013	2017
Boone	93.8%	92.6%	-	98.2%
Colfax	90.4%	90.1%	**80.0%**	90.7%
Nance	94.0%	-	97.3%	**87.9%**
Platte	86.4%	88.7%	**84.2%**	**87.3%**
East Central	***88.9%***	***89.5%***	***84.4%***	***89.2%***
Nebraska	***86.1%***	***87.6%***	***88.5%***	***89.1%***

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

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

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

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

(Source: Nebraska Department of Education. Table S1501)

Figure 20. Educational Attainment: High School and College - Individuals over 25 (2012 - 2016)

	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
2012 - Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	92.5%	70.0%	87.8%	89.3%	85.8%	90.5%	85.7%
2016 - Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	93.5%	71.5%	90.7%	89.0%	86.3%	90.7%	87.0%
2012 - Percent of the Population with at Least a Bachelor's Degree or Higher	14.2%	12.4%	12.1%	17.3%	15.6%	28.1%	28.5%
2016 - Percent of the Population with at Least a Bachelor's Degree or Higher	17.7%	13.9%	17.3%	21.4%	19.3%	30.0%	30.3%

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

(U.S. Census Bureau, American Community Survey, 5-year Estimates. Table S1501)

Falls

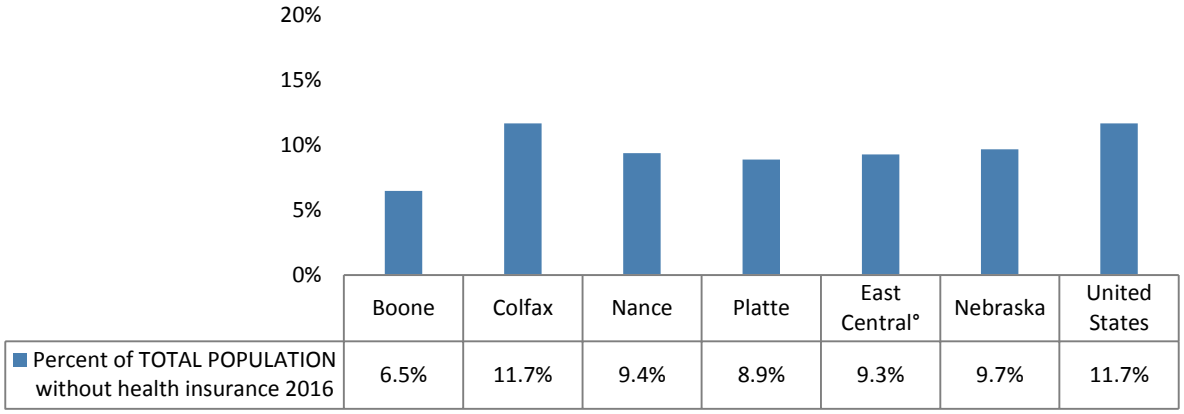
Figure 21. Falls among Adults Ages 45 and Over (2012 & 2014×)

	East Central		Nebraska	
	2012	2014	2012	2014
Had a fall in the past year	31.9%	24.2%	28.8%	26.1%
Injured due to a fall in the past year	11.6%	8.0%	9.9%	8.8%

×Data was not available in 2015. (Source: Behavioral Risk Factor Surveillance System)

Health Insurance

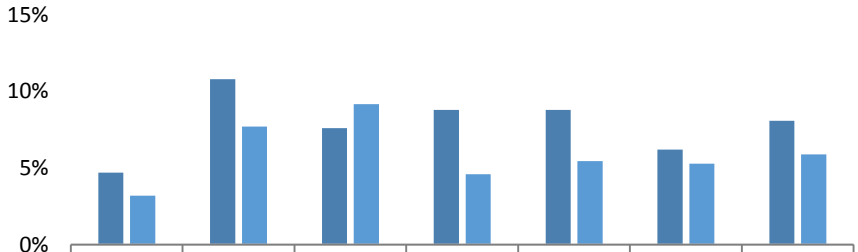
Figure 22. Percent of Total Population without Health Insurance* (2016)



	Boone	Colfax	Nance	Platte	East Central°	Nebraska	United States
Percent of TOTAL POPULATION without health insurance 2016	6.5%	11.7%	9.4%	8.9%	9.3%	9.7%	11.7%

*Those who have neither a private nor public health insurance plan
°An average weighted by the population of each county.
(American Community Survey 5-Year Estimates, 2012 - 2016)

Figure 23. Percent of Under 18 Population without Health Insurance* (2012 - 2016)



	Boone	Colfax	Nance	Platte	East Central°	Nebraska	United States
Percent of UNDER 18 without health insurance 2012	4.7%	10.8%	7.6%	8.8%	8.8%	6.2%	8.1%
Percent of UNDER 18 without health insurance 2016	3.2%	7.7%	9.2%	4.6%	5.5%	5.3%	5.9%

*Those who have neither a private nor public health insurance plan.
*An average weighted by the population of each county. (American Community Survey 5-Year Estimates)

Infant Mortality

Figure 24. Number and Rate* of Infant Deaths per 1,000 Live Births

	2005-2009	2006-2010	2007-2011	2008-2012	2011-2015°
Boone	0, -	0, -	0, -	0, -	**2, 6.6**
Colfax	**9, 8.6**	**9, 8.9**	**8, 8.0**	5, 5.2	4, 4.5
Nance	1, -	1, -	1, -	1, -	0, -
Platte	**15, 6.2**	**15, 6.2**	**20, 8.2**	**16, 6.6**	**12, 4.9**
East Central	***25, 6.3***	***25, 6.3***	***29, 7.3***	***22, 5.6***	***18, 4.6***
Nebraska	***769, 5.8***	***758, 5.7***	***753, 5.7***	***690, 5.2***	***692, 5.3***

*Crude rates are masked for counties with less than five events due to the rates being unstable with such a small number of cases. (Source: Nebraska Department of Health and Human Services. ° NE DHHS 2015 Vital Statistics Report. Table 59)

Language

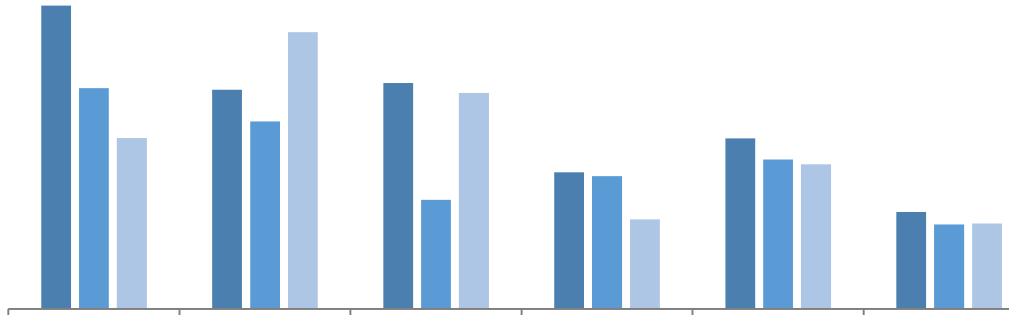
Figure 25. Percent of Population Ages 5 and over Speaking a Language Other Than English at Home

	2009	2010	2011	2012	2015
Boone	1.0%	0.8%	1.7%	1.6%	2.8%
Colfax	**34.4%**	**35.9%**	**38.1%**	**40.2%**	**41.7%**
Nance	3.2%	2.8%	2.2%	1.9%	2.2%
Platte	**12.2%**	**13.2%**	**13.7%**	**13.8%**	**14.7%**
East Central*	***14.6%***	***15.5%***	***16.4%***	***16.8%***	***18.0%***
Nebraska	***9.2%***	***9.7%***	***9.9%***	***10.4%***	***11.0%***

*An average weighted by the population of each county.
(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates. Table B16001)

Motor Vehicle Safety

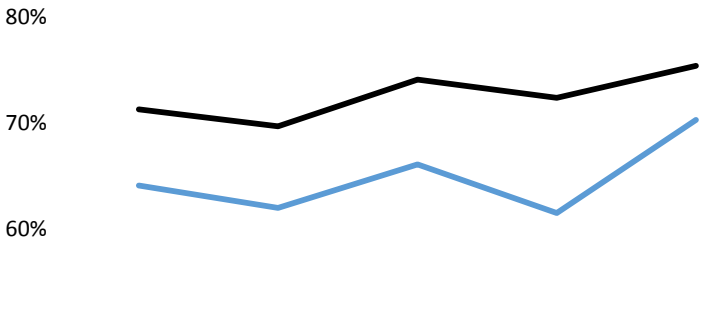
Figure 26. Motor Vehicle Death Rate per 100,000 Population



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2005-2009	45.9	33.2	34.2	20.7	25.8	14.7
2007-2011	33.4	28.4	16.5	20.1	22.6	12.8
2012-2016°	25.9	41.9	32.7	13.5	21.9	12.9

°Rates based on fewer than 20 cases may be unreliable. Boone and Nance counties had less than 10 cases between 2012 and 2016. (Source: Nebraska Department of Health and Human Services. 2012-2016: Nebraska Vital Statistics retrieved 2/2018)

Figure 27. Percent of Adults Ages 18 and Over Who Always Wear a Seat Belt When Driving or Riding in a Car

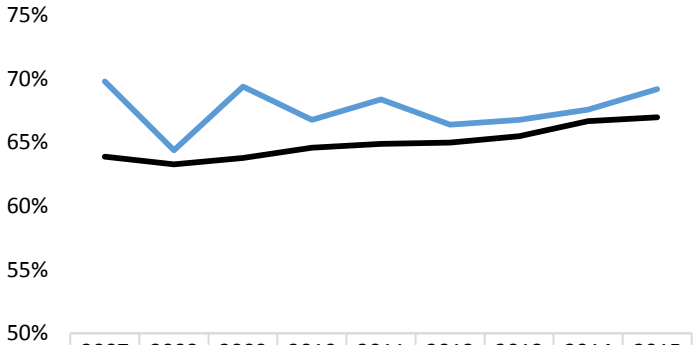


	2011	2012	2013	2014	2015
East Central	64.1%	62.0%	66.1%	61.5%	70.3%
Nebraska	71.3%	69.7%	74.1%	72.4%	75.4%

(Source: Behavioral Risk Factor Surveillance System)

Obesity/Overweight and Physical Activity

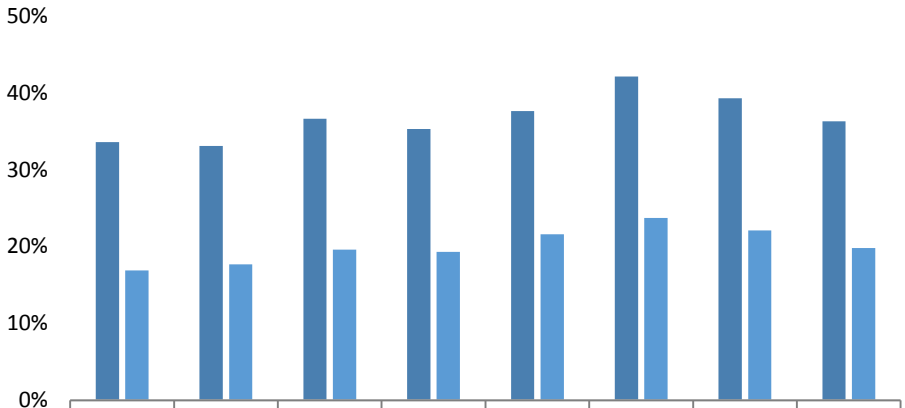
Figure 28. Percent of the Adult Population Ages 18 and Over That is Overweight or Obese (BMI 25 or higher)



	2007	2008	2009	2010	2011	2012	2013	2014	2015
East Central District	69.8%	64.4%	69.4%	66.8%	68.4%	66.4%	66.8%	67.6%	69.2%
Nebraska	63.9%	63.3%	63.8%	64.6%	64.9%	65.0%	65.5%	66.7%	67.0%

(Source: Behavioral Risk Factor Surveillance System)

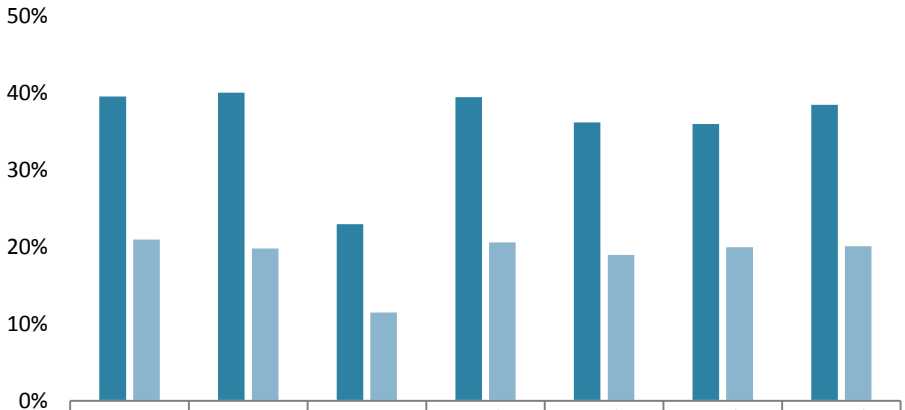
Figure 29. East Central District BMI Data on K-6th Grade Students (2016-2017)



	Kinder-garten	1st Grade	2nd Grade	3rd Grade	4th Grade	5th Grade	6th Grade	Total (K-6th)
Overweight or Obese (BMI 25+)	33.6%	33.1%	36.6%	35.3%	37.6%	42.1%	39.3%	36.3%
Obese (BMI 30+)	16.9%	17.7%	19.6%	19.3%	21.6%	23.7%	22.1%	19.8%

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

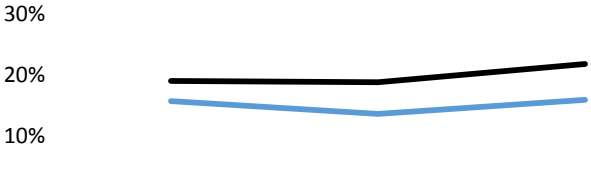
Figure 30. East Central District BMI Data on 7th-12th Grade Students (2016-2017)



	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade	Total (7th-12th)
Overweight or Obese (BMI 25+)	39.6%	40.1%	23.0%	39.5%	36.2%	36.0%	38.5%
Obese (BMI 30+)	21.0%	19.8%	11.5%	20.6%	19.0%	20.0%	20.1%

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

Figure 31. Percent of the Adult Population Ages 18 and Over That Met Both Aerobic Physical Activity and Muscle Strengthening Recommendation



	2011	2013	2015
East Central District	15.7%	13.6%	15.9%
Nebraska	19.0%	18.8%	21.8%

(Source: Behavioral Risk Factor Surveillance System)

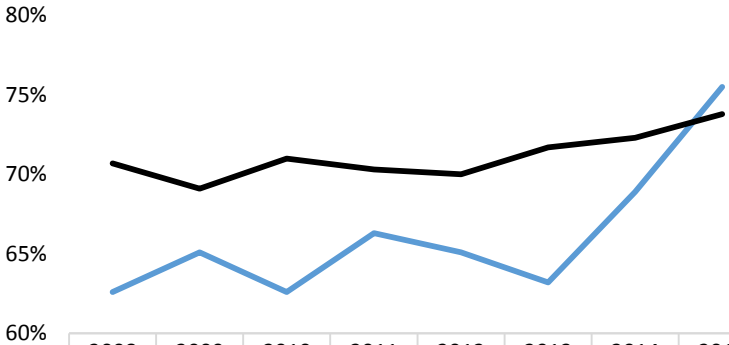
Oral Health

Figure 32. Indicators of Oral Health among Adults Ages 18 and Over (2012 & 2014[x])				
	East Central		Nebraska	
	2012	2014	2012	2014
Visited a dentist or dental clinic for any reason in the past year	61.2%	64.0%	67.6%	66.4%
Ever had any permanent teeth extracted due to tooth decay or gum disease	46.3%	44.3%	39.8%	39.1%
Had all permanent teeth extracted due to tooth decay or gum disease (adults ages 65 and older)	17.8%	17.1%	13.4%	14.1%

[x]Data from 2015 was not available. (Source: Behavioral Risk Factor Surveillance System)

Pneumonia and Influenza Immunization for the Over 65 Population

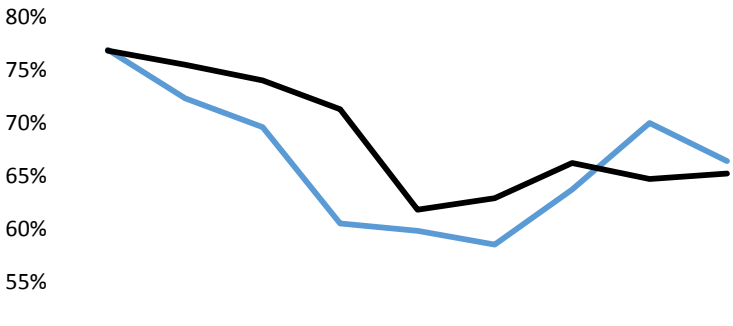
Figure 33. Percent of Population over 65 Ever Immunized for Pneumonia



	2008	2009	2010	2011	2012	2013	2014	2015
East Central	62.6%	65.1%	62.6%	66.3%	65.1%	63.2%	68.9%	75.5%
Nebraska	70.7%	69.1%	71.0%	70.3%	70.0%	71.7%	72.3%	73.8%

(Source: Behavioral Risk Factor Surveillance System)

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



	2007	2008	2009	2010	2011	2012	2013	2014	2015
East Central	76.9%	72.3%	69.6%	60.5%	59.8%	58.5%	63.7%	70.0%	66.4%
Nebraska	76.8%	75.5%	74.0%	71.3%	61.8%	62.9%	66.2%	64.7%	65.2%

(Source: Behavioral Risk Factor Surveillance System)

Poverty

Figure 35. Poverty Rates for the under 18 Population (2000-2016)						
	2000	**2010**	**2012**	**2016**	**% Change (2000 to 2012)**	**% Change (2000 to 2016)**
Boone	11.7%	3.0%	10.0%	7.7%	-14.5%	-54.8%
Colfax	13.8%	8.9%	22.5%	16.0%	63.0%	16.2%
Nance	17.2%	7.3%	17.8%	10.3%	3.5%	-55.1%
Platte	9.0%	10.5%	16.6%	11.0%	84.4%	12.7%
East Central*	***10.9%***	***9.2%***	***17.3%***	***11.8%***	***58.7%***	***-3.0%***
Nebraska	***11.8%***	***15.5%***	***16.7%***	***16.4%***	***41.5%***	***44.7%***
United states	***16.1%***	***19.2%***	***20.8%***	***21.2%***	***29.2%***	***34.7%***

*An average weighted by the under 18 population of each county. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1701; Census 2000 – Table DP-3)

Single Parent Households

Figure 36. Number of Single Parent* Family Households with Children under 18 (2000-2016)					
	2000	**2010**	**2012**	**2016**	**% Change (2010 to 2016)**
Boone	114	108	105	120	11.1%
Colfax	215	349	461	287	-17.8%
Nance	90	86	116	106	23.3%
Platte	733	1,023	1,132	905	-11.5%
East Central	*1,152*	***1,566***	*1,814*	***1,418***	*-9.5%*

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18. (Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 37. Number of Married Couple Family Households with Children under 18 (2000-2016)					
	2000	**2010**	**2012**	**2016**	**% Change (2010 to 2016)**
Boone	721	583	489	424	-27.3%
Colfax	1,173	1,003	985	1,037	3.4.%
Nance	434	307	264	337	9.8%
Platte	3,721	2,808	2,560	2,587	-7.9%
East Central	*6,049*	***4,701***	*4,298*	***4,385***	*-6.7%*

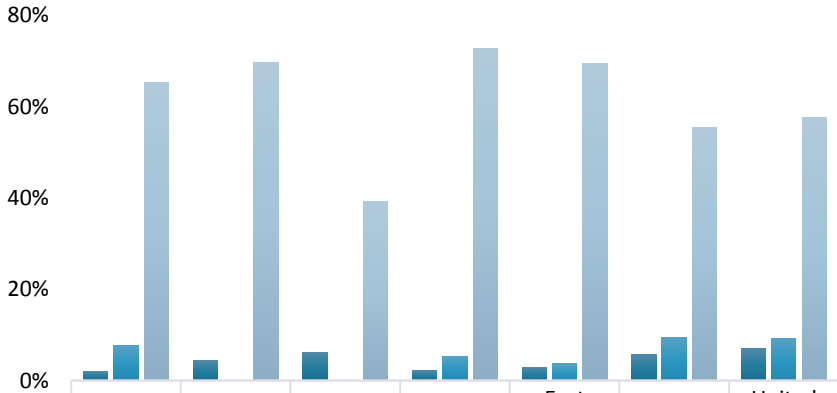
(Source: U.S. Census/American Community Survey 5-Year Estimates)

Figure 38. Percent of Children Living in Single Parent Households

	2009	2010	2011	2012	2016
Boone	15.1%	11.7%	12.4%	13.7%	15.8%
Colfax	**28.8%**	23.1%	**29.7%**	**34.1%**	26.3%
Nance	20.0%	26.3%	**30.3%**	**34.7%**	18.0%
Platte	23.9%	25.5%	27.3%	**30.8%**	**28.7%**
East Central	***23.9%***	***23.7%***	***26.4%***	**30.1%**	26.3%
Nebraska	***25.7%***	***26.3%***	***27.3%***	***27.7%***	***28.6%***

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

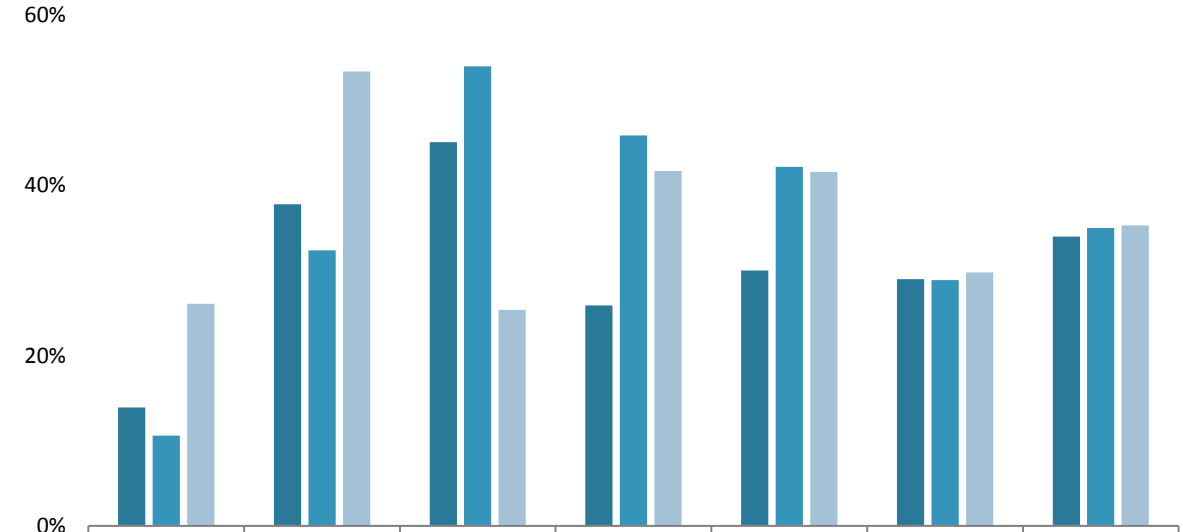
Figure 39. Poverty Rates for Children by Family Type (2016)



	Boone	Colfax	Nance	Platte	East Central	Nebraska	United States
Chldren in married-couple families	2.0%	4.3%	6.2%	2.3%	3.0%	5.6%	6.9%
Children in male householder, no wife present, families	7.6%	0.0%	0.0%	5.3%	3.6%	9.4%	9.2%
Children in female householder, no husband present, families	65.2%	69.7%	39.3%	72.7%	69.5%	55.5%	57.6%

(Source: U.S. Census/American Community Survey 5-Year Estimates. Table B17006)

Figure 40. Percent of Births to Unmarried Women (2000-2016)



	Boone	Colfax	Nance	Platte	East Central	Nebraska	United States
2000	13.9%	37.8%	45.1%	25.9%	30.0%	29.0%	34.0%
2012	10.6%	32.4%	54.0%	45.9%	42.2%	28.9%	35.0%
2016	26.1%	53.4%	25.4%	41.7%	41.6%	29.8%	35.3%

(American Community Survey 5-Year Estimates)

Teen Sexual Activity

Figure 41. Percent of Teens That Have Ever Had Sex (2001, 2010 & 2017 Comparisons)					
	9th Grade	**10th Grade**	**11th Grade**	**12th Grade**	**Overall**
East Central District 2001	20.0%	19.7%	35.2%	43.2%	**29.8%**
East Central District 2010	19.7%	38.2%	49.8%	51.9%	**38.0%**
East Central District 2017	18.2%	27.2%	35.5%	48.9%	**31.8%**
Nebraska 2010	17.2%	31.9%	47.7%	51.4%	**34.9%**
Nebraska 2017	10.9%	25.6%	36.5%	42.6%	**29.1%**

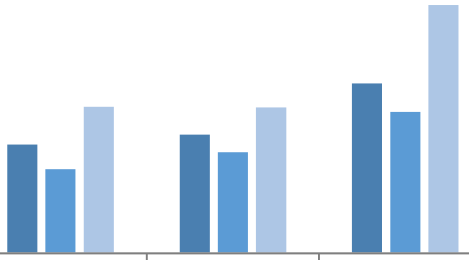
(Source: Youth Risk Behavior Survey)

Figure 42. Percent of Teens Physically Forced to Have Sexual Intercourse, 2001, 2010 and 2017 Comparisons					
	9th Grade	**10th Grade**	**11th Grade**	**12th Grade**	**Overall**
East Central District 2001	4.5%	4.4%	7.4%	6.1%	**5.6%**
East Central District 2010	8.8%	7.4%	13.0%	11.8%	**10.4%**
East Central District 2017	7.3%	9.4%	9.4%	13.0%	**9.6%**
Nebraska 2010	6.3%	6.6%	7.9%	10.0%	**7.5%**
Nebraska 2017	6.2%	8.1%	6.1%	12.7%	**8.4%**

(Source: Youth Risk Behavior Survey)

Unintentional Injury Deaths

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



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2005-2009	55.2	60.2	86.2	39.4	47.4	36.5
2007-2011	42.8	51.4	71.8	35.1	41.3	35.8
2011-2015	74.4	74.0	126.1	36.7	54.7	40.0

(Source: Nebraska Department of Health and Human Services)

Colfax County

Following the demographic profile, 12 community health needs and priorities for the Colfax County are listed alphabetically in Figure 1 below with a brief description of the rationale for selection. Data that support the selection and prioritization of the community health needs follow.

Demographic Profile: Colfax County

Population: 10,499
% White: 52.5%
% Hispanic: 43.8%
Median age: 33.9
Median Household Income: $52,712
% below Poverty level: 12.0%
% with High School Degree/GED/Equivalent or Higher: 71.5%
Source: 2012-2016 American Community Survey 5-Year Estimates (Tables: DP05; S0101; S1901; S1701; S1501)

Figure 1: Community Health Needs and Priorities for Colfax County

Community Health Needs and Priorities	Rationale for Selection
1. Births to Teen Mothers	▪ From 2011 to 2015, there were 67 births to teen mothers in Colfax County, comprising 7.6% of all births (state comparison: 5.9%). Birth teen rate (1,000 female population ages 15-19) is 1.8 times higher than the birth teen rate at the state level (52.8 vs. 29, respectively). The teen birth rate for Colfax County is the 3rd highest in the State, after Thurston and Dawson counties.
2. Cancer	▪ From 2011 to 2015, the rate of incidence of cancer in Colfax County was 417.2 per 100,000 (state comparison: 455.0 per 100,000). The rate of deaths due to cancer was 163.1 per 100,000 in Colfax County (state comparison: 185.3). ▪ From 2007 to 2011, the rate of incidence of prostate cancer was 212.9 per 100,000 in Colfax County (state comparison: 151.6), and the rate of deaths due to prostate cancer was 39.9 per 100,000 (state comparison: 23.3 per 100,000). ▪ From 2011 to 2015, the rate of incidence of breast cancer was 118.5 per 100,000 in Colfax County (second highest after Boone County; State comparison: 124.6). The rate of deaths due to breast cancer was 18.8 per 100,000 (state comparison: 20.1 per 100,000). ▪ From 2011 to 2015, the rate of incidence of leukemia was 14.4 per 100,000 in Colfax County (state comparison: 14.2), and the rate of deaths due to leukemia was 8.5 per 100,000 (state comparison: 7.1 per 100,000). ▪ From 2011 to 2015, the rate of incidence of prostate cancer was 88.1 per 100,000 in Colfax County (state comparison: 115.1). However, the rate of deaths due to prostate cancer was 28.7 per 100,000 (highest in ECDHD. State comparison: 20.2 per 100,000).
3. Community Water	▪ From 2010 to 2014, the level of nitrates in Colfax County community water systems was 5.0 mg/L (highest in ECDH. State comparison: 2.0 mg/l).
4. Educational Attainment	▪ As of 2016, 71.5% of the over 25 population in Colfax County has at least a High School Degree or GED/Equivalent (state comparison: 90.7%).

Figure 1 continued.

Community Health Needs and Priorities	Rationale for Selection
5. First Trimester Prenatal Care	▪ As of 2015, 60.3% of all births in Colfax County received first trimester prenatal care (state comparison: 73.2%).
6. Health Insurance	▪ As of 2016, 11.7% of the total Colfax County population and 7.7% of the under 18 population was without health insurance (highest in ECDHD. State comparison: 9.7% and 5.3%, respectively).
7. Language	▪ As of 2015, 41.7% of the Colfax County population ages 5 and over spoke a language other than English at home (state comparison: 11.0%).
8. Motor Vehicle Safety	▪ From 2012 to 2016, the motor vehicle death rate in Colfax County was 41.9 per 100,000 (**highest in ECDHD**. State comparison: 12.9 per 100,000).
9. Poverty	▪ As of 2016, 12.0% of the total population in Colfax County was in poverty (state comparison: 12.4%). ▪ As of 2016, 16.0% of the under 18 population in Colfax County was in poverty (**highest in ECDHD**. State comparison: 16.4%). ▪ A greater percentage of the Colfax County population participates in social programs such as WIC, Medicaid, Free and Reduced Meals, and Head Start, as compared to the state.
10. Single Parent Households	▪ From 2000 to 2016, there was a 33.5% increase in single parent family households (**highest in ECDHD**. State comparison: 23.1% increase). ▪ As of 2016, 69.7% of children in single mother family households in Colfax County were at or below poverty (state comparison: 55.5%). ▪ In 2016, 53.4% of births in Colfax County were to unmarried women (state comparison: 29.8%).
11. Tuberculosis	▪ From 2007 to 2011, the rate of tuberculosis in Colfax County was 3.9 per 100,000 (state comparison: 1.6 per 100,000).
12. Unintentional Injury Deaths	▪ From 2011 to 2015, the rate of unintentional injury deaths per 100,000 population was 74.0 in Colfax County (state comparison: 40.0 per 100,000).

Births to Teen Mothers

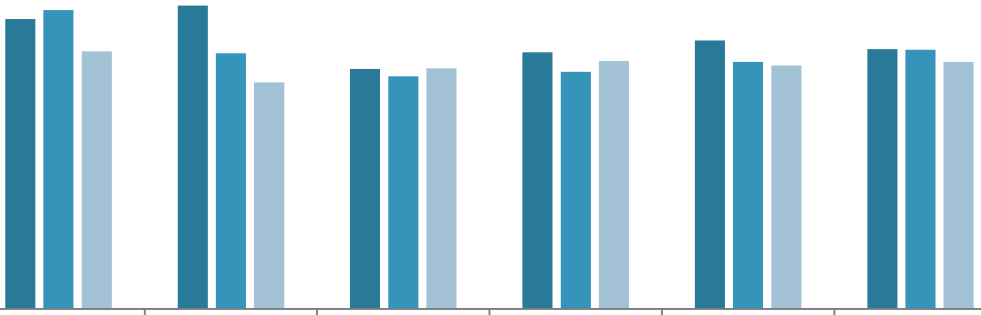
Figure 2. Number and Percent of Births to Teen Mothers

	2005-2009	2006-2010	2007-2011	2008-2012	2011-2015
Boone	20, 6.7%	18, 6.0%	17, 5.5%	13, 4.2%	14, 4.6%
Colfax	**140, 13.4%**	**124, 12.3%**	**113, 11.3%**	**95, 9.8%**	**67, 7.6%**
Nance	6, 2.9%	10, 5.0%	9, 4.1%	10, 4.4%	9, 4.2%
Platte	**247, 10.2%**	**241, 9.9%**	**237, 9.7%**	**229, 9.4%**	**184, 7.5%**
East Central	***413, 10.4%***	***393, 9.9%***	***376, 9.5%***	***347, 8.8%***	***274, 7.1%***
Nebraska	***11,168, 8.4%***	***10,968, 8.2%***	***10,570, 8.0%***	***9,955, 7.6%***	***7,805, 5.9%***

(Source: Nebraska Department of Health and Human Services. 2015 Vital Statistics Report. Table 7)

Cancer

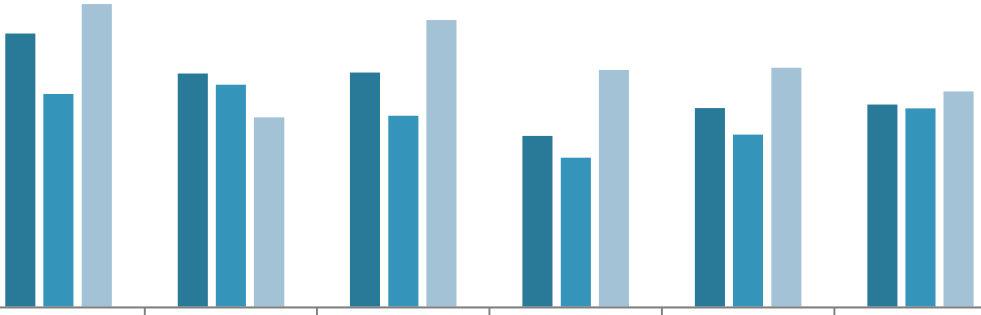
Figure 3. Incidence of Cancer per 100,000 Population



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2003-2007	533.9	558.7	442.1	472.8	494.5	478.7
2005-2009	550.5	470.8	428.7	436.6	455.2	477.6
2011-2015	474.4	417.2	443.1	456.6	448.9	455.0

(Source: Nebraska Department of Health and Human Services)

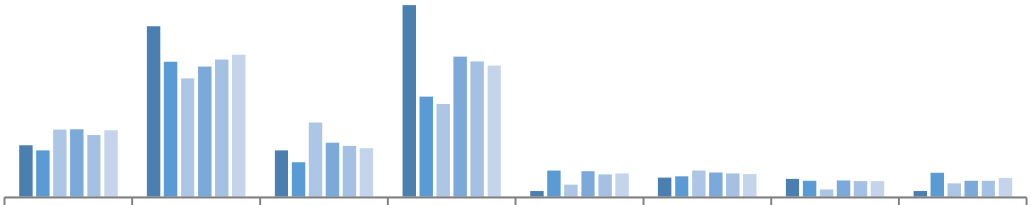
Figure 4. Deaths Due to Cancer per 100,000 Population



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2003-2007	235.1	200.8	201.5	147.2	171.1	174.0
2005-2009	183.2	191.1	164.6	128.5	148.2	170.9
2011-2015	260.4	163.1	246.7	203.9	205.7	185.3

(Source: Nebraska Department of Health and Human Services)

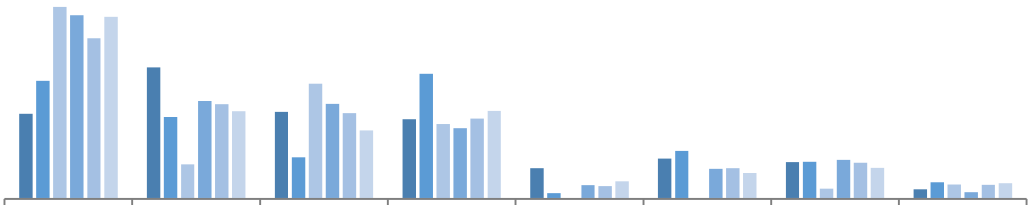
Figure 5. Incidence of Cancer by Type per 100,000 Population (2011-2015)



	Lung & Bronchus	Breast Cancer	Colon & Rectum	Prostate Cancer	Urinary Bladder	Non-Hodgkin Lymphoma	Leukemia	Kidney & Renal Pelvis
Boone	45.6	149.7	41.0	168.1	5.7	17.4	16.2	5.7
Colfax	41.1	118.5	30.7	88.1	23.4	18.3	14.4	21.6
Nance	59.2	104.1	65.4	81.6	11.3	23.4	7.1	12.3
Platte	59.6	114.4	47.7	122.9	23	21.7	14.9	14.4
East Central	54.4	120.4	45	118.8	20	20.9	14.1	14.6
Nebraska	58.7	124.6	43.1	115.1	21	20.4	14.2	16.9

(Source: Nebraska Department of Health and Human Services)

Figure 6. Deaths Due to Cancer by Type per 100,000 Population (2011-2015)



	Lung & Bronchus	Breast Cancer	Colon & Rectum	Prostate Cancer	Urinary Bladder	Non-Hodgkin Lymphoma	Leukemia	Kidney & Renal Pelvis
Boone	19.5	30.2	20.0	18.3	7	9.2	8.4	2.2
Colfax	27.1	18.8	9.5	28.7	1.3	11	8.5	3.8
Nance	44.1	7.9	26.4	17.2	0	0	2.3	3.3
Platte	42.2	22.5	21.8	16.2	3.1	6.9	8.9	1.5
East Central	36.9	21.7	19.7	18.4	2.9	7	8.3	3.2
Nebraska	41.8	20.1	15.7	20.2	4	5.9	7.1	3.6

(Source: Nebraska Department of Health and Human Services)

Community Water

Figure 7. Nitrate Levels in the Community Water System (mg/L)						
	Boone	**Colfax**	**Nance**	**Platte**	**East Central**	**Nebraska**
2005-2009	2.2	7.4	3.7	1.1	**2.8**	**2.9**
2007-2011	2.3	6.7	3.8	1.1	**2.8**	**2.6**
2010-2014	2.5	5.0	3.7	0.9	**2.2**	**2.0**

(Source: Nebraska Department of Health and Human Services)

Figure 8. Community Water Environmental Health Indicators			
	Percent of Population Served by Community Water		
	2009	**2012**	**2014**
Boone	65.8%	61.2%	62.0%
Colfax	72.7%	75.1%	80.1%
Nance	71.8%	66.6%	76.2%
Platte	73.4%	72.3%	78.7%
East Central	**72.3%**	**71.3%**	**77.1%**
Nebraska	**83.1%**	**85.9%**	**87.7%**

(Source: Nebraska Department of Health and Human Services)

Educational Attainment

Figure 9. Four-Year High School Graduation Rate*				
	2011	**2012**	**2013**	**2017**
Boone	93.8%	92.6%	-	98.2%
Colfax	90.4%	90.1%	**80.0%**	90.7%
Nance	94.0%	-	97.3%	**87.9%**
Platte	86.4%	88.7%	**84.2%**	**87.3%**
East Central	***88.9%***	***89.5%***	***84.4%***	***89.2%***
Nebraska	***86.1%***	***87.6%***	***88.5%***	***89.1%***

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

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

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

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

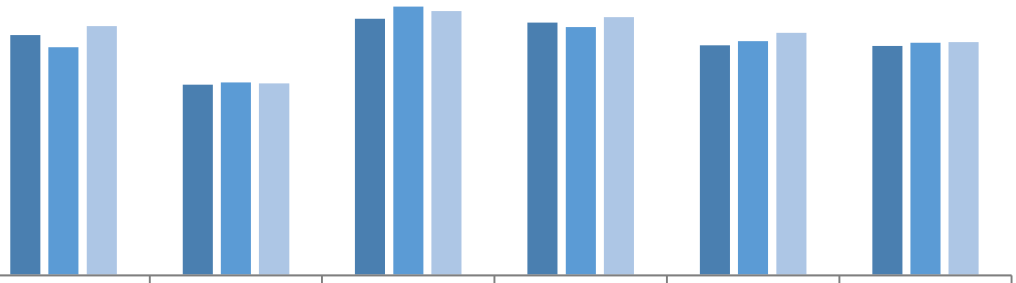
(Source: Nebraska Department of Education)

Figure 10. Educational Attainment: High School and College - Individuals over 25 (2012 - 2016)							
	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
2012 - Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	92.5%	70.0%	87.8%	89.3%	85.8%	90.5%	85.7%
2016 - Percent of the Population with at Least a High School Degree or GED/Equivalent or Higher	93.5%	71.5%	90.7%	89.0%	86.3%	90.7%	87.0%
2012 - Percent of the Population with at Least a Bachelor's Degree or Higher	14.2%	12.4%	12.1%	17.3%	15.6%	28.1%	28.5%
2016 - Percent of the Population with at Least a Bachelor's Degree or Higher	17.7%	13.9%	17.3%	21.4%	19.3%	30.0%	30.3%

*An average weighted by the over 25 population of each county. (U.S. Census Bureau, American Community Survey, 5-year Estimates. Table S1501)

First Trimester Prenatal Care

Figure 11. Percent of Births Receiving First Trimester Prenatal Care

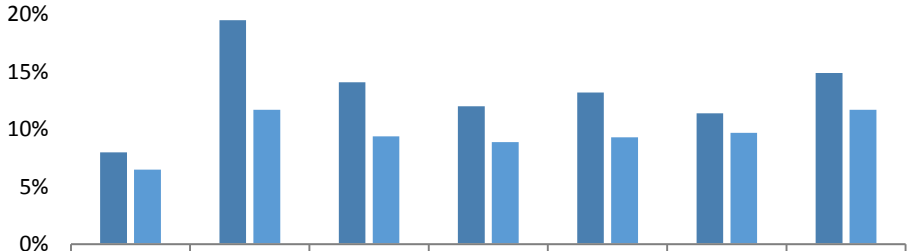


	Boone	Colfax	Nance	Platte	East Central	Nebraska
2005-2009	75.5%	59.9%	80.6%	79.4%	72.2%	72.0%
2007-2011	71.6%	60.6%	84.4%	78.0%	73.5%	73.0%
2015	78.3%	60.3%	83.0%	81.1%	76.2%	73.2%

(Source: Nebraska Department of Health and Human Services)

Health Insurance

Figure 12. Percent of Total Population withouth Health Insurance (2012-2016)*

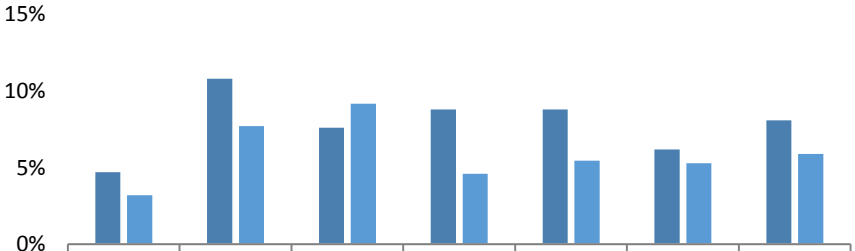


	Boone	Colfax	Nance	Platte	East Central°	Nebraska	United States
Percent of TOTAL POPULATION without health insurance 2012	8.0%	19.5%	14.1%	12.0%	13.2%	11.4%	14.9%
Percent of TOTAL POPULATION without health insurance 2016	6.5%	11.7%	9.4%	8.9%	9.3%	9.7%	11.7%

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

°An average weighted by the population of each county. (American Community Survey 5-Year Estimates. Table S2701)

Figure 13. Percent of Under 18 Population without Health Insurance (2012 - 2016)*



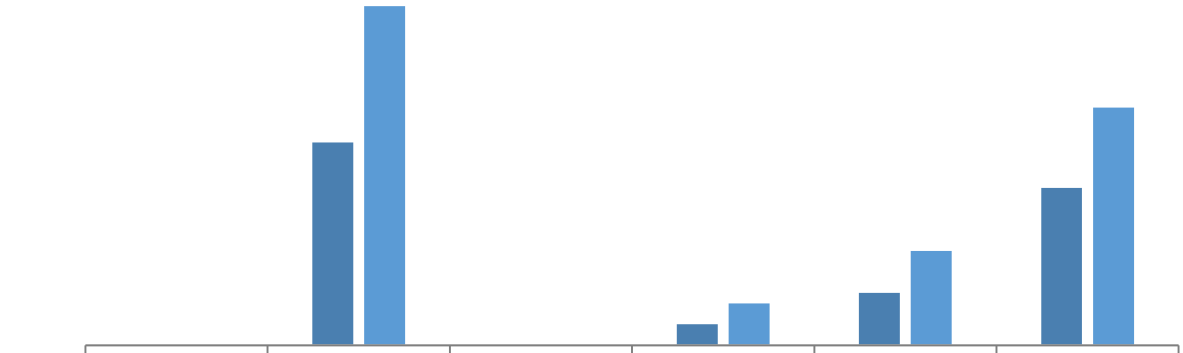
	Boone	Colfax	Nance	Platte	East Central°	Nebraska	United States
Percent of UNDER 18 without health insurance 2012	4.7%	10.8%	7.6%	8.8%	8.8%	6.2%	8.1%
Percent of UNDER 18 without health insurance 2016	3.2%	7.7%	9.2%	4.6%	5.5%	5.3%	5.9%

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

*An average weighted by the population of each county. (American Community Survey 5-Year Estimates. Table S2701)

HIV/AIDS

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



	Boone	Colfax	Nance	Platte	East Central	Nebraska
HIV	0.0	5.8	0.0	0.6	1.5	4.5
AIDS	0.0	9.7	0.0	1.2	2.7	6.8

(Source: Nebraska Department of Health and Human Services)

Language

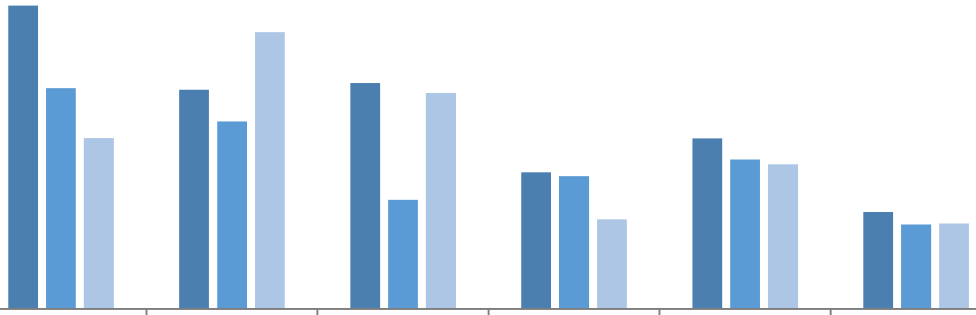
Figure 15. Percent of Population Ages 5 and over Speaking a Language Other Than English at Home

	2009	2010	2011	2012	2015
Boone	1.0%	0.8%	1.7%	1.6%	2.8%
Colfax	**34.4%**	**35.9%**	**38.1%**	**40.2%**	**41.7%**
Nance	3.2%	2.8%	2.2%	1.9%	2.2%
Platte	**12.2%**	**13.2%**	**13.7%**	**13.8%**	**14.7%**
East Central*	***14.6%***	***15.5%***	***16.4%***	***16.8%***	***18.0%***
Nebraska	***9.2%***	***9.7%***	***9.9%***	***10.4%***	***11.0%***

*An average weighted by the population of each county. (Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates. Table B16001)

Motor Vehicle Safety

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



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2005-2009	45.9	33.2	34.2	20.7	25.8	14.7
2007-2011	33.4	28.4	16.5	20.1	22.6	12.8
2012-2016°	25.9	41.9	32.7	13.5	21.9	12.9

(Source: Nebraska Department of Health and Human Services)

Poverty

Figure 17. Poverty Rates (2012 - 2016)

	Boone	Colfax	Nance	Platte	East Central*	Nebraska	United States
2012	8.8%	17.1%	14.1%	9.9%	11.5%	12.4%	14.9%
2016	7.5%	12.0%	12.4%	8.7%	9.5%	12.4%	15.1%

*An average weighted by the population of each county. (U.S. Census Bureau, American Community Survey, 5-year Estimates. Table S1701)

Figure 18. Poverty Rates for the under 18 Population (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	11.7%	3.0%	10.0%	7.7%	-14.5%	-54.8%
Colfax	13.8%	8.9%	22.5%	16.0%	63.0%	16.2%
Nance	17.2%	7.3%	17.8%	10.3%	3.5%	-55.1%
Platte	9.0%	10.5%	16.6%	11.0%	84.4%	12.7%
East Central*	***10.9%***	***9.2%***	***17.3%***	***11.8%***	***58.7%***	***-3.0%***
Nebraska	***11.8%***	***15.5%***	***16.7%***	***16.4%***	***41.5%***	***44.7%***
United states	***16.1%***	***19.2%***	***20.8%***	***21.2%***	***29.2%***	***34.7%***

*An average weighted by the under 18 population of each county. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1701; Census 2000 – Table DP-3)

Figure 19. WIC Recipients (Percent of Total Population)			
	2009	**2011**	**2017**
Boone	190 (3.5%)	124 (2.3%)	116 (2.2%)
Colfax	1,004 (9.7%)	839 (7.9%)	733 (7.0%)
Nance	136 (3.9%)	121 (3.2%)	70 (1.9%)
Platte	1,453 (4.5%)	1,404 (4.3%)	994 (6.0%)
East Central	***2,783 (5.4%)***	***2,488 (4.8%)***	***1,963 (5.5%)***
Nebraska	***79,047 (4.3%)***	***75,263 (4.1%)***	***37,437 (2.0%)***

(Source: Nebraska Department of Health and Human Services)

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

×County data was not available in 2016 (Source: Nebraska Department of Health and Human Services)

Figure 21. Children Enrolled in Medicaid (Percent of All Children)		
	2012	**2016**
Boone	259 (19.0%)	288 (22.2%)
Colfax	1,284 (37.0%)	1,382 (43.5%)
Nance	246 (26.0%)	220 (26.6%)
Platte	2,481 (26.1%)	2,499 (28.4%)
East Central	***4,270 (27.9%)***	***4,389 (31.1%)***
Nebraska	***160,232 (31.0%)***	***161,530 (33.7%)***

Source: Kids Count in Nebraska)

Figure 22. Supplemental Nutrition Assistance Program (SNAP) Participation among Children (Percent of All Children)		
	2012	**2016**
Boone	110 (8.6%)	110 (8.5%)
Colfax	541 (16.6%)	528 (16.6%)
Nance	100 (11.2%)	85 (10.3%)
Platte	1,167 (13.2%)	1,163 (13.2%)
East Central	***1,927 (12.6%)***	***1,886 (13.4%)***
Nebraska	***89,075 (18.7%)***	***88,525 (18.5%)***

(Source: Kids Count in Nebraska)

Figure 23. Children Receiving Free and Reduced School Meals (Percent of All Children)		
	2011-2012	**2015-2016**
Boone	321 (34.0%)	415 (39.5%)
Colfax	1,476 (60.1%)	1,622 (64.5%)
Nance	288 (35.8%)	304 (36.7%)
Platte	2,439 (38.3%)	3,116 (41.0%)
East Central	***3,896 (42.8%)***	***5,457 (45.5%)***
Nebraska	***136,845 (40.3%)***	***146,012 (42.1%)***

(Source: Kids Count in Nebraska)

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

[×]Data was not available by county in 2016. (Source: Kids Count in Nebraska)

Single Parent Households

Figure 25. Number of Single Parent* Family Households with Children under 18 (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	114	108	105	120	-7.9%	**5.3%**
Colfax	215	349	461	287	114.4%	33.5%
Nance	90	86	116	106	28.9%	**17.8%**
Platte	733	1,023	1,132	905	54.4%	23.5%
East Central	***1,152***	***1,566***	***1,814***	***1,418***	***57.5%***	***23.1%***

*Includes both male householder, no wife present, families with own children under 18 and female household, no husband present, families with own children under 18. (Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

Figure 26. Number of Married Couple Family Households with Children under 18 (2000-2016)

	2000	2010	2012	2016	% Change (2000 to 2012)	% Change (2000 to 2016)
Boone	721	583	489	544	-32.2%	**-24.5%**
Colfax	1,173	1,003	985	1,324	-16.0%	12.9%
Nance	434	307	264	443	-39.2%	**2.1%**
Platte	3,721	2,808	2,560	3,942	-31.2%	5.9%
East Central	***6,049***	***4,701***	***4,298***	***6,253***	***-28.9%***	**3.4%**

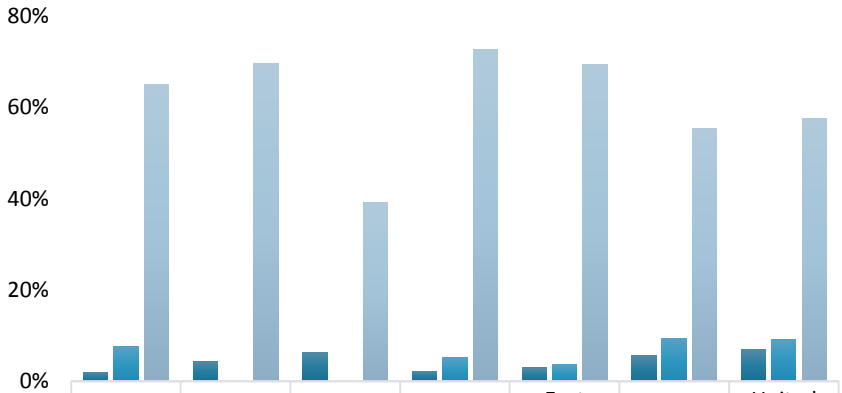
(Source: U.S. Census/American Community Survey 5-Year Estimates. Table S1101)

Figure 27. Percent of Children Living in Single Parent Households

	2009	2010	2011	2012	2016
Boone	15.1%	11.7%	12.4%	13.7%	22.1%
Colfax	**28.8%**	23.1%	**29.7%**	**34.1%**	21.7%
Nance	20.0%	26.3%	**30.3%**	**34.7%**	23.9%
Platte	23.9%	25.5%	27.3%	**30.8%**	23.0%
East Central	***23.9%***	***23.7%***	***26.4%***	**30.1%**	22.7%
Nebraska	***25.7%***	***26.3%***	***27.3%***	***27.7%***	***29.3%***

(Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates. Table S1101)

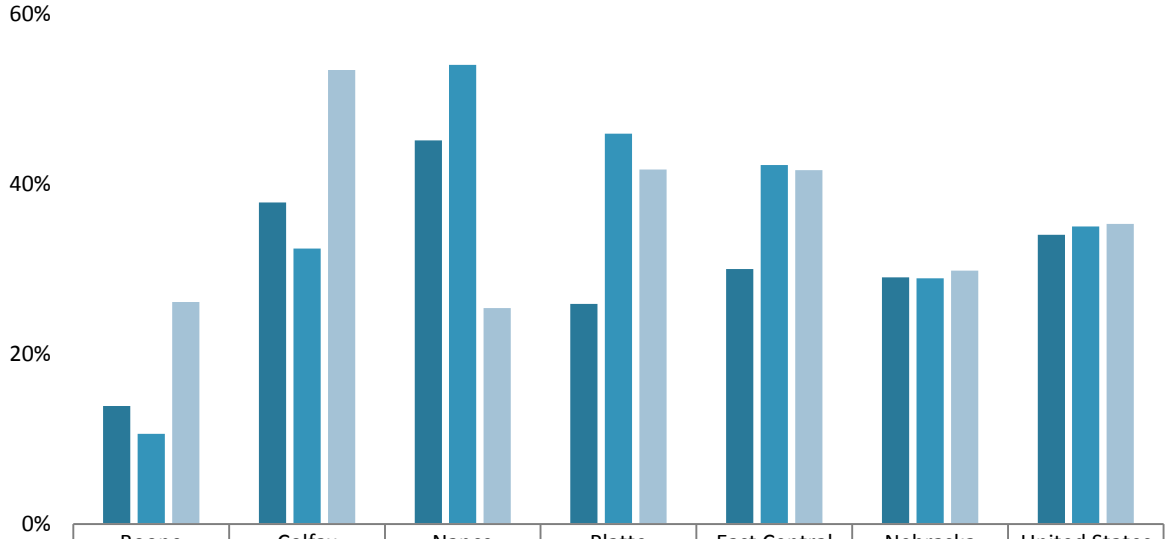
Figure 28. Poverty Rates for Children by Family Type (2016)



	Boone	Colfax	Nance	Platte	East Central	Nebraska	United States
Chldren in married-couple families	2.0%	4.3%	6.2%	2.3%	3.0%	5.6%	6.9%
Children in male householder, no wife present, families	7.6%	0.0%	0.0%	5.3%	3.6%	9.4%	9.2%
Children in female householder, no husband present, families	65.2%	69.7%	39.3%	72.7%	69.5%	55.5%	57.6%

(Source: American Community Survey 5-Year Estimates. Table B17006)

Figure 29. Percent of Births to Unmarried Women (2000-2016)

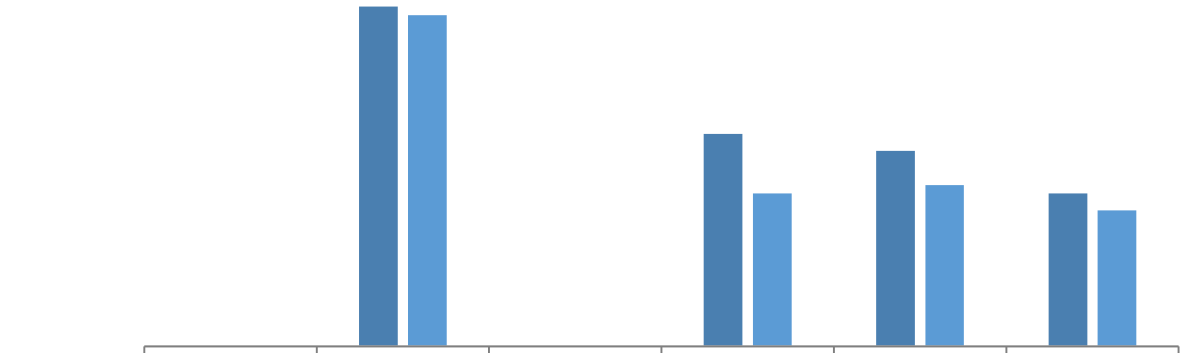


	Boone	Colfax	Nance	Platte	East Central	Nebraska	United States
2000	13.9%	37.8%	45.1%	25.9%	30.0%	29.0%	34.0%
2012	10.6%	32.4%	54.0%	45.9%	42.2%	28.9%	35.0%
2016	26.1%	53.4%	25.4%	41.7%	41.6%	29.8%	35.3%

(Source: American Community Survey 5-Year Estimates. Table S1301)

Tuberculosis

Figure 30. Incidence of Tuberculosis per 100,000 Population[×]

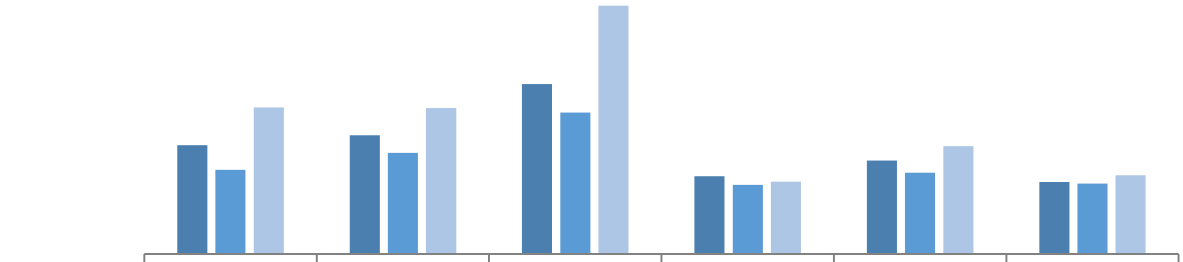


	Boone	Colfax	Nance	Platte	East Central	Nebraska
2005-2009	0.0	4.0	0.0	2.5	2.3	1.8
2007-2011	0.0	3.9	0.0	1.8	1.9	1.6

[×] Note: Only eight (8) cases were reported in the East Central District between 2007 to 2016. (Source: Nebraska Department of Health and Human Services)

Unintentional Injury Deaths

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



	Boone	Colfax	Nance	Platte	East Central	Nebraska
2005-2009	55.2	60.2	86.2	39.4	47.4	36.5
2007-2011	42.8	51.4	71.8	35.1	41.3	35.8
2011-2015	74.4	74.0	126.1	36.7	54.7	40.0

(Source: Nebraska Department of Health and Human Services)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