

Community Health Needs Assessment

CHI Health Plainview – Plainview, NE 2025

Adopted April 2025



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CHNA Purpose Statement

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

CommonSpirit Health Commitment and Mission Statement

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

CHI Health Overview

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

Hospital Overview

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

CHNA Collaborators

- North Central District Health Department (NCDHD)
- Tommy George, MPH, CPH
- Antelope Memorial Hospital
- Avera Creighton
- Avera St. Anthony's O'Neill
- Cherry County Hospital
- Osmond General Hospital
- Niobrara Valley Hospital
- West Holt Memorial Hospital
- Midtown Health

Community Definition

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

Assessment Process and Methods

In fiscal year 2025, CHI Health Plainview conducted a Community Health Needs Assessment (CHNA) in partnership with multiple agencies across the North Central District Health Department (NCDHD) service area and most of the hospitals within the nine counties that make up the North Central District (NCD). The process was led by NCDHD and the evaluation services of Tommy George, MPH, CPH were contracted. The CHNA utilized data from national, state and local sources such as: Centers for Medicare & Medicaid Services, US Census, the Youth Risk Behavioral Surveillance Survey oversample, etc. Qualitative data was gleaned through a survey sent to partners, a survey to the community, key informant interviews, and focus groups. Methods of analysis for quantitative data included time series, descriptive, inferential, causal, and predictive analysis; while qualitative data methods utilized were content, qualitative, and diagnostic analysis. The CHNA led to the identification of priority health needs for the NCD, including Pierce County, for the communities to collectively address over the next three years. With the community, the hospital will further work to identify each partner's role in addressing these health needs and develop measurable, impactful strategies. A report detailing CHI Health Plainview's implementation strategy plan (ISP) will be released later in 2025. Below is a brief list on sources used for assessment, a more comprehensive list can be found on Table 3 of this report and at <https://ncdhd.ne.gov/cha>.

Data Source	Description
Focus Groups	Focus Groups were conducted throughout the district and a summary of the sentiments shared are referenced throughout the report. A summary of findings can be found at https://ncdhd.ne.gov/cha under the "What residents are Saying tab."
Center for Disease Control and Prevention (CDC), WONDER Data	The CDC Cause of Death WONDER database contains mortality, and population counts for all U.S. counties based on death certificates. Years from 2019-2023 were used.
National Plan and Provider Enumeration System (NPES)	The National Bureau of Economic Research created the National Plan and Provider Enumeration System (NPES), which assigns unique identifiers to health care providers. The NPI (National Provider Identifier) Registry enables you to search for providers in the NPES.
FEMA National Risk Index	The National Risk Index is a dataset and online tool to help illustrate the United States communities most at risk for 18 natural hazards. It was designed and built by FEMA in close collaboration with various stakeholders and partners in academia; local, state and federal government; and private industry.
CDC Behavioral Risk Factor Surveillance System (BRFSS) PLACES 2022	The CDC's PLACES data, including the 2022 release, relies on data from the BRFSS, Census Bureau population estimates, and the American Community Survey (ACS) to generate model-based estimates of local health data
Community Health Rankings (CHR)	The County Health Rankings provides a snapshot of a community's health and a starting point for investigating and discussing ways to improve health. Information from CHR originates from many sources but is cited from their original source in this report.

Process and Criteria to Identify and Prioritize Significant Health Needs

The NCDHD convened the community in a series of meetings in 2024 to review primary and secondary data and further prioritize needs for the NCD. On March 25, 2025, partners gathered for a final review of the data and to determine the significant health needs for the nine counties in the NCD. Numerous criteria were considered when prioritizing significant needs, including:

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

Prioritized Significant Health Needs

- **Behavioral Health (including mental health and substance abuse):** Among NCD survey respondents and focus groups, mental health was a leading concern. The data shows suicide death rates in Nebraska (15.5 per 100,000 people) exceeded the national average (14.8) in 2022. Overdose rates are also at an all-time high.
- **Access to Services:** Across interviews, surveys, and partner feedback, the cost of healthcare—insurance, deductibles, and out-of-pocket expenses—poses a major barrier to receiving timely care. This feedback is despite all counties reporting over 90% of people having health insurance.
- **Socioeconomic Instability:** Inflation, cost of living, housing costs, food insecurity, and access to medicine were all mentioned as barriers to health and wellness during focus groups and March 25th participants. 18.4% of NCD residents have housing costs that are 30% or more of their household income.
- **Chronic Conditions and Disease Prevention:** Nebraska’s top cause of death is heart disease and Nebraska’s second leading cause of death is cancer. Diabetes and obesity were common themes during focus groups due to the magnitude of residents affected and the health impact.

Resources Potentially Available

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

Report Adoption, Availability and Comments

This CHNA report was adopted by the CHI Health Board of Directors in April 2025. The report is widely available to the public on the hospital’s website, and a paper copy is available for inspection upon request at CHI Health Plainview. Written comments on this report can be submitted via mail to CHI Health- The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at: <https://forms.gle/KGRq62swNdQyAehX8> or by calling Ashley Carroll, Market Director, Community and Population Health, at: (402) 343-4548.

District-wide Community Health Assessment Dashboard

To access the district-wide CHA, visit: <https://ncdhd.ne.gov/cha>



Hospital Description

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

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

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

Purpose and Goals of CHNA

CHI Health Plainview makes significant investments each year in our local community 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 Plainview.
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

Community Definition

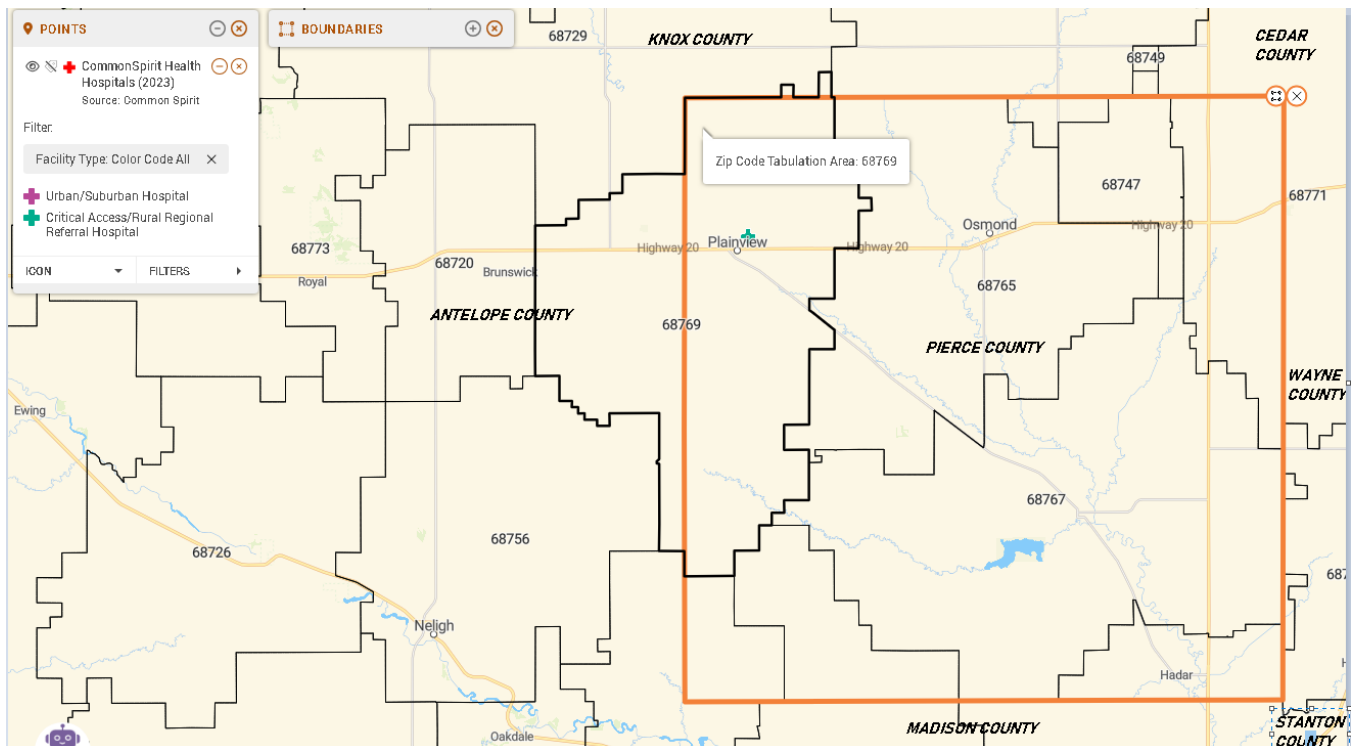
Community Description

CHI Health Plainview is in Plainview, NE and largely serves the Pierce County area. Pierce County was identified as the community for this CHNA, as it is the primary service area for CHI Health Plainview. Some data charts will show other counties in the NCD, as data was compiled for all counties served by NCDHD, but for this CHNA, Pierce County is the community being served by CHI Health Plainview. The following zip codes represent 80% of inpatient and emergency department encounters: 68769, 68701, 68767, 68765, 68779, 68007, 68114, and 68157.

Other Health Services¹

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

Figure 1: CHI Health Plainview CHNA Service Area¹



Population

Plainview is located 141 miles from Omaha, NE and 101 miles from Sioux City, IA. According to the most recent census, Pierce County is 100% rural, encompasses 573 square miles, and has 7,312 residents. The population density of Pierce County is estimated at 12.7 persons per square mile, making it about half as densely populated as the state of Nebraska, which is 73% rural, and has a population density of 23.8 persons per square mile. Most of the residents in Pierce County (94.5%) are White, not Hispanic or Latino, 2.5% identify as Hispanic or Latino, 0.4% are Black, and 0.4% are American Indian or Alaska Native.² See Table 1 for community demographics.

¹ PolicyMap. 2025. Accessed Feb 2025. PolicyMap Map retrieved from <https://www.policymap.com/newmaps/e/commonspirit>

Unique Community Characteristics

The city of Plainview is a rural community that supports two schools; Plainview Public School (K-12) and Zion Elementary School (K-5), several businesses including a hospital and attached clinic; CHI Health Plainview, a nursing home attached assisted living; Plainview Manor and Whispering Pines Assisted Living. Plainview also supports many agricultural related businesses including Husker Ag Ethanol Plant. The major sectors of economy for Pierce County are educational services/ health care/ social assistance (879 civilians employed out of the total 3,649 employed who are over the age of 16), agriculture (467), and manufacturing (397).⁴

Table 1. Community Demographics²

	Pierce County	Nebraska
Total Population	7,312	1,965,926
Population per square mile (density)	12.7	25.6
Total Land Area ³ (sq. miles)	573	76,824.17
Rural vs. Urban ³	Rural (100% live in rural)	Urban (73.13% live in urban)
Age		
% below 19 years of age	27.7%	27.4%
% 65 and older	19.7%	16.4%
Gender		
% Female	48.5%	49.8%
Race		
% White alone	95.3%	79.9%
% Black or African American alone	0.4%	4.8%
% American Indian and Alaskan Native alone	0.4%	1.0%
% Asian alone	0.2%	2.5%
% Native Hawaiian/Other Pacific Islander alone	Z*	Z*
% Two or More Races	3.4%	7.6%
% Hispanic or Latino	2.5%	12.3%
% White alone, not Hispanic or Latino	94.5%	76.2%
Non-English Speakers		
People 5 and older with limited English proficiency ¹	1.3%	5.1%
*Z = Value greater than zero but less than half unit of measure shown		

Socioeconomic Factors

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

² U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05, 2023, <https://data.census.gov/table/ACSDP5Y2023.DP05?q=DP05&g=050XX00US31139> . Accessed on February 12, 2025.

³ U.S. Census Bureau, QuickFacts. Access February 2025. <https://www.census.gov/quickfacts/fact/table/NE/PST045224> and <https://www.census.gov/quickfacts/fact/table/piercecountynebraska,NE/PST045224>

⁴ U.S. Census Bureau, U.S. Department of Commerce. "Industry by Occupation for the Civilian Employed Population 16 Years and Over." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2405, 2023, <https://data.census.gov/table/ACSST5Y2023.S2405?q=employment+by+industry+in+Pierce+County,+NE+>. Accessed on February 27, 2025.

Table 2: Socioeconomic Factors

		Pierce County	Nebraska
Income Rates²	Median Household Income	\$75,938	\$74,985
Poverty Rates²	Persons in Poverty (below 100% FPL)	7.9%	10.3%
	Children in Poverty	8.7%	11.6%
	Families Living in Poverty ¹	5.2%	6.6%
Unemployment Rate⁵	Unemployment Rate	2.1%	2.6%
Education/Graduation Rates⁶			
	Less than a high school diploma	5.6%	7.9%
	High School Graduation Rates	93.2%	87.6%
	Population Age 25+ with a Bachelor's Degree or Higher	22.9%	34.1%
Health Insurance Coverage²	% of Population Uninsured	6.2%	7.4%
	% of Uninsured Children Under the Age of 6	3.1%	4.2%
	% of Uninsured Children Ages 6-18	2.9%	5.3%
	People with Medicaid ¹	9.3%	14.7%

Within Pierce County, the median household income is \$75,938, which is higher than the Nebraska average (\$74,985). Within the report area 7.97% or 573 individuals are living in households with income below the Federal Poverty Level (FPL). 8.71% or 160 Pierce County children aged 0-17 are living in households with income below the FPL. This is better than the state (11.6%) and the nation (16.32%) This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. The Pierce County unemployment rate in December 2024 was 2.1%, which is lower than the Nebraska (2.6%) and the national (3.9%) rates. Graduation rates from 2020-2021 were 93.2%. which is lower than the 2019-2020 rate of 94.7%; however, the 20-21 rates are higher than the 2017-2018 (92.1%) and 2018-2019 rates (92.4%). The population Age 25+ with a bachelor's degree, or higher, in Pierce County is 22.9%, which is lower than its state counterpart (34.1%) as well as its national counterpart (35%). The percentage of uninsured population is 6.2%, which is less than the 2022 Pierce County rate (8.4%) and less than the state average (7.4%). Uninsurance rates in Pierce County as well as in Nebraska have both improved since the last Community Health Assessment. Poverty presents a barrier to many factors impacting health, including access to care, nutrition, education, safe housing, etc. In Pierce County 8.2% are living below the poverty line.²

Pierce County is designated as a Health Professional Shortage Area in Primary Care (13), Dental Care (9), and Mental Health (17).⁷ These are up or the same from the 2021 CHNA ratings of: Primary Care (7), Dental Care (7), and Mental Health (17). The score ranges from 0-26 where the higher the score, the greater the priority. Pierce County is considered a Medically Underserved Area (MUA) in Primary Care with an Index of Medical Underserved Score of 60.7 (to qualify for this designation, the score must be below or equal to N/A on a scale of 0 -100 with 100 being the lowest need). CHI Health Plainview and Osmond General are the only two hospitals in the Pierce County.

When looking at Pierce County, it helps to divide the county between West (Plainview and Osmond) and East (Pierce and Hadar) to identify disparities. For example, when looking at the percentage of families living in poverty, the Pierce County percentage is 5.22%; however, the western portion is at 7.49% and the eastern portion is at 3.17%. The percentage of people with Medicaid in Pierce County is 9.3%; however, the western portion is at 13.61% and the eastern portion is at 5.7%. The percentage of people with less than a high school diploma in Pierce County is 5.6%; however, in the west it is 7.38%, while the east is 4.05%. When looking at median household income, the County's median is \$75,938, while the west's is \$68,289 and the east is \$80,156. Unemployment is also significantly higher in the west (3.14%) than in the east (1.57%)¹.

⁵ Bureau of Labor Statistics. 2025. Accessed February 2025. Source geography: County. Retrieved from: <https://www.bls.gov/lau/>

⁶ US Department of Education, EDData. Additional data analysis by CARES. 2020-21. Source geography: Pierce County. Accessed February 2025. Retrieved from CARES Engagement Network <https://engagementnetwork.org/assessment/>

⁷ HRSA Bureau of Health Workers, HPSA. 2025. Accessed Feb 2025. Retrieved from HPSA Find <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Under the direction of the NCDHD, the *2025 NCDHD Community Health Needs Assessment (NCDHD CHNA)* was completed for the nine counties in the North Central District (NCD). This assessment was conducted in partnership with multiple agencies within the district and will be the basis for the NCDHD Community Health Improvement Plan (CHIP). The assessment took approximately twelve months to complete and will be published in spring 2025. It is the goal of the *NCDHD CHNA* to describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address public health improvement. The CHNA was accomplished by following the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP) process led by NCDHD.

- **North Central District Health Department (NCDHD)** is a state-approved district health department that serves nine rural Nebraska counties—Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock. NCDHD has been state-approved as a multi-county public health department, a government body at the county level, since December 2001, providing education and services to the nine-county area. NCDHD completed a Community Health Needs Assessment for all nine counties within their district. This assessment can be found online at <https://ncdhd.ne.gov/cha>.
- **Tommy George, MPH, CPH** – Tommy George is an experienced public health epidemiologist with over a decade of expertise in community health assessment, improvement planning, and program evaluation at both local and regional levels. He currently serves as the Public Health Epidemiology Supervisor for the Lincoln-Lancaster County Health Department, where he leads a team of epidemiologists in conducting comprehensive health assessments, program evaluations, and data-driven public health initiatives. He has extensive experience working with Community Health Assessments in the states of Nebraska (2014, 2019, 2021 and 2024 for Lincoln-Lancaster County Health Department - LLCHD, 2023 for West Central District Health Department - WCDHD) and Washington (1 CHA 2018 for Tacoma-Pierce County Department - TPCHD, 4 CHNA's for each participating hospital service area). In Nebraska, all the CHA's incorporated Mobilizing for Action through Planning & Partnerships (MAPP) in some form. In Lancaster County, the CHA was synced with the CHNA's generated by the local healthcare systems (Bryan Health & CHI/CommonSpirit).

NCDHD utilized MySidewalk to create its first digital Community Health Assessment. MySidewalk contains over fifty trusted community data sources with 16 levels of geographic granularity, possessing over five billion community data points and is maintained by data experts. The data will automatically update, ensuring relevant information at all times.

Mobilizing for Action through Planning and Partnerships 2.0

The NCDHD employed the MAPP 2.0 framework (Figure 2,3) to guide the assessment process and methods. MAPP is an established framework developed by the National Association of County and City Health Officials and has been used by numerous communities since its inception in 2001. Foundationally, the MAPP approach engages community members, stakeholders, and healthcare professionals in assessing the overall health status of the community, prioritizing health concerns, and identifying strengths and gaps salient to community health. The MAPP 2.0 approach used by the NCDHD composed three different but interrelated processes to assess overall health status, systems, and priorities within the community – defined as the coverage area for the NCDHD:

- **Community Status Assessment:** The Community Status Assessment (CSA) is a qualitative data assessment tool aimed at harnessing the unique insights, expertise, and perspectives of individuals and communities directly impacted by social systems to improve the functioning and impact of those systems. This was conducted by utilizing MySidewalk, which is an online data dashboard. This assessment pulled public health statistics, health behaviors and health outcome data. This can be accessed at <https://ncdhd.ne.gov/cha> and also in Appendix 6.
- **Community Context Assessment:** The Community Context Assessment (CCA) is a community-driven quantitative data assessment aimed at understanding the community's status. It helps communities move

upstream and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression. To complete the CCA, a workgroup was convened on August 28, 2024, to determine how to glean the data. The Community Context Assessment consisted of key informant interviews with hospital CEOs and key hospital personnel (conducted by NCDHD Executive Director), a community survey on Qualtrics (the survey was opened on 9/8/2024 and closed on 10/22/2024), and community focus groups. The focus groups were facilitated by NCDHD in Pierre County at the CHI Health Plainview, Antelope, Holt/Boyd, Cherry, Knox, Brown/ Rock/ Keya Paha Counties, and the NCDHD Board of Health. A summary of findings can be found at <https://ncdhd.ne.gov/cha> under the “What residents are Saying tab” or in Appendix 5.

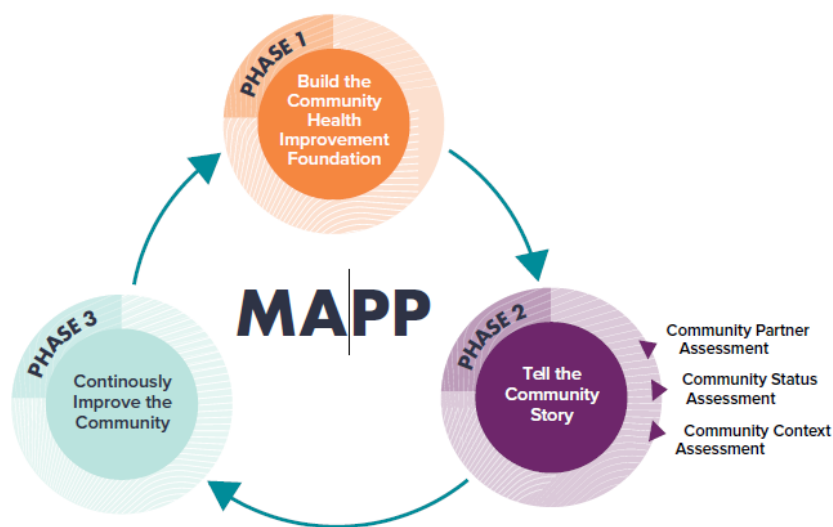
- **Community Partner Assessment:** The Community Partners Assessment (CPA) is an assessment process that allows all the community partners involved in MAPP to critically look at 1) their own individual systems, processes, and capacities and 2) their collective capacity as a network/across all community partners to address health inequities. This was conducted by gleaning partner insight on valuable partner data during a workgroup. Once the survey questions were selected, the survey was distributed to CHA partners. 36 partners participated in the survey: 11 schools, 1 tribal health department, 1 other tribal entity, 8 city/county government, 7 hospitals, 3 clinics, 3 emergency response, 2 non-profit organizations, 2 faith-based, and 2 other sectors. A summary of findings can be found at <https://ncdhd.ne.gov/cha> under the “What residents are Saying tab” or in Appendix 5.

Figure 2: MAPP 2.0 Process⁸



⁸ National Association of County Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP) <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp#copy> . Accessed on February 22, 2025

Figure 3: MAPP Framework⁸



Methods

This assessment incorporates a broad range of both qualitative and quantitative data. The secondary quantitative data was pulled from national, state, and local sources which were pulled my MySidewalk; these allow for trend analysis and comparisons to both state and national levels. Qualitative data was sourced from the Community Partner Assessment, key informant interviews, focus groups, and a community survey.

Public Health, Vital Statistics & Other Data

A comprehensive examination of existing secondary data was completed during the CHNA process for Pierce County and each of the nine counties that comprise the NCD. For benchmarking data in order to analyze trends, the following data sources were used: previous NCDHD Community Health Surveys, Behavioral Risk Factor Data, Nationwide Risk Factor Data, Nebraska Department of Education, Nebraska Department of Health and Human Services, Nebraska Risk and Protective Factors Student Surveys, and U.S. Census/American Community Survey, among others. See Table 3 for further details on data sources. For an extensive list of sources used in the 2025-2027 CHA, visit <https://ncdhd.ne.gov/cha>.

Table 3. Frequently Cited Data Sources in 2024 NCDHD CHNA

Data Sources:	
Centers for Medicare & Medicaid Services	US Census
US Census Bureau: County Business Patterns (CBP). ZIP Code Business Patterns (ZBP).	AIDSVu Emory University Rollins School of Public Health
US Department of Justice (DOJ), Federal Bureau of Investigation (FBI). Uniform Crime Reporting (UCR) Program.	US Department of Housing and Urban Development (HUD).
US Department of Labor (DOL). Bureau of Labor Statistics (BLS).	Univ of MN Access Across America
US Census Bureau. Center for Economic Studies (CES).	Center for Disease Control and Prevention
CDC: National Center for Health Statistics (NCHS)	US Department of Education (ED)
US Department of Agriculture (USDA). Economic Research Service (ERS).	EPA Environmental Justice
Environmental Protection Agency (EPA).	USDA ERS Food Environment Atlas
AIDSVu Emory University Rollins School of Public Health	NHTSA FARS
Department of Education EDFacts	Map the Meal Gap 2021
USDA ERS Food Access Research Atlas	EPA Environmental Justice

Community Input

CHI Health Plainview worked collaboratively with its local health department on the entire CHA process to gather public health input. Gleaning input from members or representatives of medically underserved, low-income and minority populations (MULIMP) was also a particular focus. NCDHD's Community Impact Coordinator assisted alongside the entire CHA process to ensure minority populations were provided the assessments and participation access. Strong community involvement is a critical element of the CHNA process. A detailed list of participating stakeholders can be viewed in Table 4.

Community input was gathered through the assessments described in the Community Context Assessment in which a community survey was distributed, focus groups were conducted, and key informant interviews were completed; as well as during the Prioritization Process conducted on March 4, 2025.

- July 7, 2024- Community Partner Assessment (CPA) Review: NCDHD, Avera St. Anthony's in O'Neill, Osmond General, and CHI Health Plainview met to review and edit the Community Partner Assessment for the CHA process. The CPA was released on 8/8/2024 and closed on 10/22/2024. The CPA was completed by 36 partners who participated in the survey: 11 schools, 1 tribal health department (MULIMP), 1 other tribal entity (MULIMP), 8 city/county government, 7 hospitals, 3 clinics, 3 emergency response, 2 non-profit organizations, 2 faith based, and 2 other sectors.
- August 8, 2024- At this meeting, an overview of the CHA process was provided. The three assessments were reviewed and discussed. NCDHD, in partnership with MySidewalk and Tommy George, took the lead on the Community Status Assessment. The CPA was dispersed to partners at this meeting. It was decided that the Community Context Assessment would be completed through Key Informant Interviews, Focus Groups, and a Community Survey. A workgroup was created to iron out the CCA details, which met on 8/28/25.
- August 28, 2024-Community Context Assessment Meeting: NCDHD, Avera St. Anthony's Hospital in O'Neill, Avera Hospital in Creighton, Antelope Memorial Hospital, Osmond General, and CHI Health Plainview met to review and edit the Community Context Assessment for the CHA process. The Community Context Assessment consisted of:
 - 1.) Key Informant Interviews with Hospital CEOs and key hospital personnel: the NCDHD Executive Director met with hospital personnel and CEOs who have extensive interaction and experience with the health of the entire population (medically underserved), but also those low-income and minority populations. Gaps and barriers to health were discussed in detail. A summary of findings can be found at <https://ncdhd.ne.gov/cha> under the "What residents are Saying" tab.
 - 2.) Community Survey on Qualtrics- the survey was opened on September 8, 2024 and closed on October 22, 2024. It was distributed in north central Nebraska through e-mails, the NCDHD website, partner websites, social media, etc. NCDHD's Community Impact Coordinator also sent individualized text messages with the survey to MULIMP populations. 336 people completed the survey: 51 Antelope, 36 Boyd, 8 Brown, 56 Cherry, 88 Holt, 2 Keya Paha, 28 Knox, 44 Pierce, 6 Rock, and 17 other County residents. Most were in the age groups from 55-64 (83), 34-44 (82), and 45-54 (71). Of the 295 females and 36 males that replied to the survey, 320 were Caucasian, 8 Hispanic or Latino (MULIMP), 4 Native American (MULIMP), 2 African American (MULIMP), and 2 other races (MULIMP).
 - 3.) Community Focus Groups: Focus groups were conducted throughout the district. A summary of these results can be found at <https://ncdhd.ne.gov/cha> under the County tabs.
- September 9, 2024- Antelope County Focus group at Antelope Memorial Hospital
- September 10, 2024- Holt/Boyd County Focus group at NCDHD
- September 11, 2024- Cherry County Focus group at Cherry County Hospital
- September 13, 2024- Knox County Focus group at Creighton AVERA Hospital
- September 23, 2024- Pierce Focus Group at CHI Health Plainview: A summary can be found in Appendix 2.
- September 27, 2024- Brown/Rock/Keya Paha Counties Focus group at ESU 17

- September 27, 2024-NCDHD Board of Health Focus group at NCDHD
- November 7, 2024- Community Health Assessment Draft Review: Partners were able to review the CHA content prior to it being sent to the evaluator.
- November 15, 2024- Key Informant Interviews: By this time, the NCDHD executive Director has met with every area hospital to glean insights on needs, gaps, and obstacles in health. A summary of findings are included in Appendix 5 as well as in the “What Residents Are Saying” tab.
- November 15, 2024-Evaluator Review: The CHA DRAFT was provided to the evaluator to review, provide an executive summary, and provide suggested revisions.
- February 6, 2025- Final CHA Review with NCDHD Hospitals: NCDHD presented the final DRAFT version of the CHA to hospital partners. Upon review and approval, the CHA transitioned from DRAFT to FINAL.
- March 25, 2025- Community CHA Data Review and CHIP Priority Selection Meeting: At this meeting partners and community members met to review the CHA data and select priorities for the CHIP. This meeting was originally scheduled for March 4, but due to winter weather had to be rescheduled.

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

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

Written Comments Received

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

Table 4: Participating Community Organizations

West Holt Memorial Hospital	Building Blocks
Rock County Hospital	Cherry County Hospital
Midtown Health Center, Inc.	CHI Health Plainview
North Central District Health Department	City of Creighton
NCDHD Board of Health	Department of Health and Human Services
Nebraska Critical Incident Stress Management Program	Elgin Public Schools
Niobrara Valley Hospital Corporation	Emergency Manager of Cherry County
Northeast Community College	Educational Service Unit 17
O'Neill Chamber of Commerce	Family Service Lincoln
O'Neill Community Foundation	Greater Sandhills Family Healthcare, PC
Osmond General Hospital	Heartland Counseling Services
Osmond School Board	Holt County Economic Development
Pierce Chamber of Commerce	Holt Boyd Community Connections Collaborative
Plainview Ministerial	Lions Club
Region 11 Emergency Management, Norfolk	Ainsworth Chamber of Commerce
Retired Rural Regional One Medical Response System	Antelope Memorial Hospital
Rotary Club	AseraCare Hospice
Rural Regional One Medical Response System	Avera Creighton Hospital
Santee Health Center	Avera St. Anthony's O'Neill
University of Nebraska-Lincoln Extension	Boyd County Schools
Valentine Police Department	Bright Horizons
West Holt Health Ministries	Brown County Emergency Management
	Brown County Sheriff's Office

Assessment Data and Findings

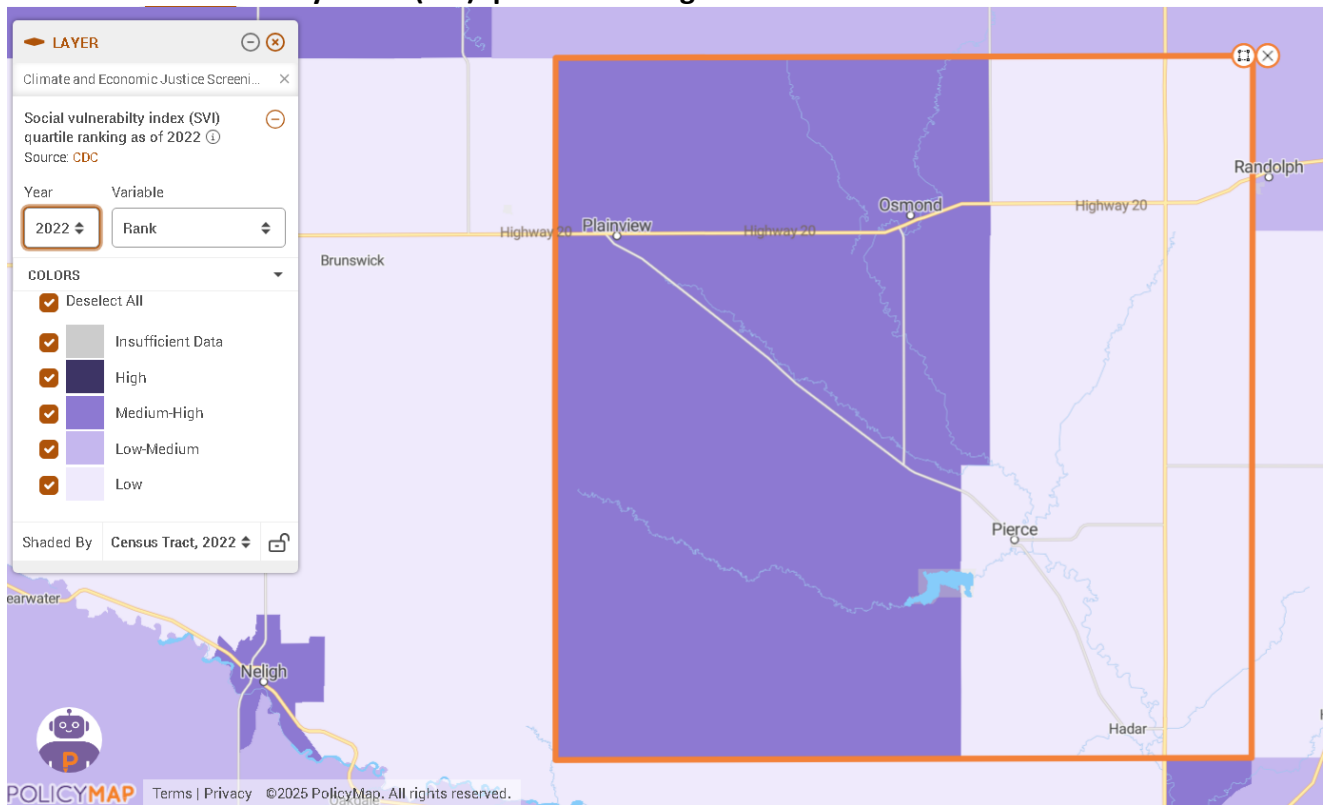
Gaps in Information

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 overall community. During specific hospital implementation planning, gaps in information will be considered.

Social Vulnerability Index (SVI)⁹

Social vulnerability refers to the demographic and socioeconomic factors that contribute to communities being more adversely affected by public health emergencies, other external hazards, and stressors that cause disease and injury. Factors such as poverty, lack of access to transportation, and crowded housing may weaken a community's ability to respond and adapt to public health emergencies. The west half of Pierce County has a medium-high SVI score while the east half has a low-medium SVI score. Knowing the SVI score of a community can help decrease human suffering, economic loss, and protecting populations who are most vulnerable.

Figure 4: Social Vulnerability Index (SVI) quartile ranking as of 2022⁹



Vizient Vulnerability Index¹⁰

The information in the Vizient Vulnerability Index incorporates nine domains of social needs (economic, education, healthcare access, neighborhood, housing, clean environments, transportation, and public safety and the overall vulnerability index for each census tract and ZIP code across the United States of America. Any score >1 is considered an area of "high vulnerability." These are neighborhoods that experience specific obstacles to care greater than one standard deviation above the national mean. All the zip codes in Pierce County rank below a one on all nine domains.

⁹ Policy Map, 2025, Accessed February 2025. Social Vulnerability Index. Retrieved from <https://www.policymap.com/newmaps/e/commonspirit>

Figure 5: Vizient Vulnerability Index Values for Neighborhoods across the nation¹⁰

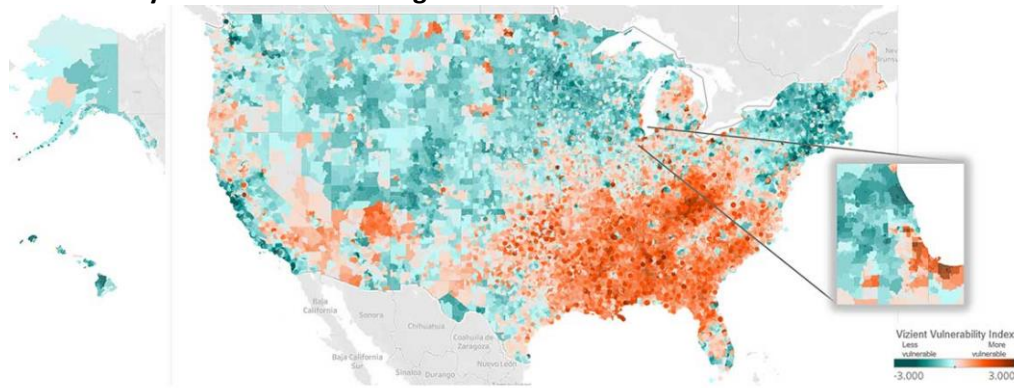


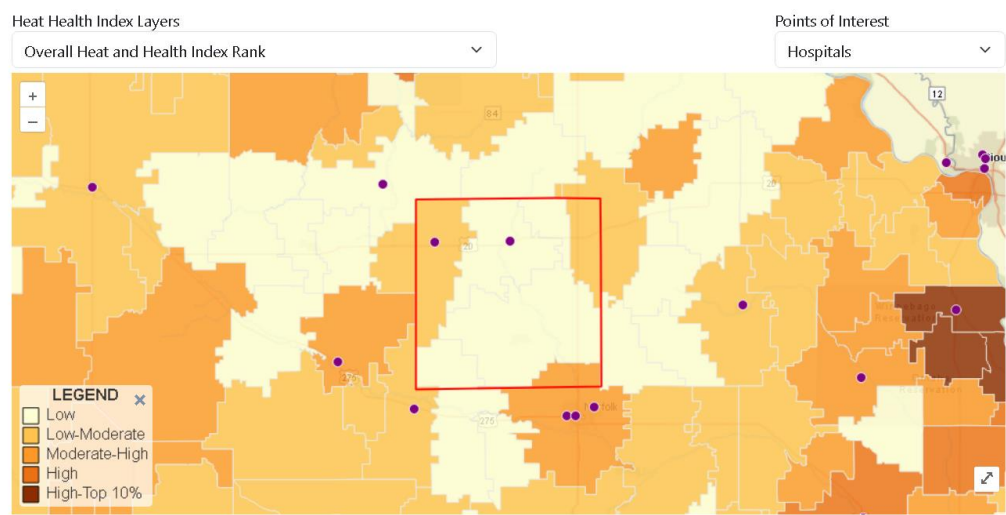
Table 5: Vizient Vulnerability Index Value for Zip Codes 68765, 68767, and 68769

Zip code	Town:	VVI Score	Economic	Education	HealthCare Access	Neighborhood	Housing	Clean Environment	Social	Transportation	Public Safety
68765	Osmond	-0.630	-0.333	-0.013	0.007	-0.226	-0.580	-0.331	-0.632	-0.353	-1.026
68767	Pierce	-0.895	-0.300	-0.207	0.058	-0.475	-0.453	-0.269	-0.655	-0.274	-1.026
68769	Plainview	-0.616	0.114	0.523	0.440	-0.161	-0.230	-0.377	-0.647	0.348	-1.026

Heat Health Index¹¹

The Heat Health Index explores information on where people are most likely to feel the impacts of heat, based on the Heat Health Index, and points of interest. Pierce County is mostly low- moderate risk. The highest risk area is in the southeast corner of Peirce County, near Norfolk, NE.

Figure 6: Heat Health Index¹¹



Daily rate of Heat Related Emergency Department Visits by HHS Region ¹²

The chart below shows the daily rates of emergency department (ED) visits associated with heat-related illness (HRI) per 100,000 ED visits by region. The regions are defined by the U.S. Department of Health and Human Services (HHS) and the chart uses data available through the National Syndromic Surveillance Program (NSSP). As seen in Figure 7, in 2024 Region 7 (NE, IA, KS, MO) had the highest rates of heat related ER visits on June 25, 2024, totaling 1,998 visits. (Figure 7) This was lower than the 2,734 ER visits on August 22, 2023, which was the highest amount from December 31, 2017- December 31, 2024. 2020 had the lowest number of heat related ER visits, with June 6, 2020 having 1,117 visits. Expectantly, June-July has the highest number of heat related ER visits.

¹⁰ Vizient Vulnerability Index. <https://www.vizientinc.com/what-we-do/health-equity/vizient-vulnerability-index-public-access>. Data accessed Feb 2025.

¹¹ Heat Health index Data Explorer. <https://ephtracking.cdc.gov/Applications/heatTracker/>. Data accessed Feb 2025.

Figure 7: 2024 Daily Rate of Health-Related Emergency Department Visits in Region 7¹²

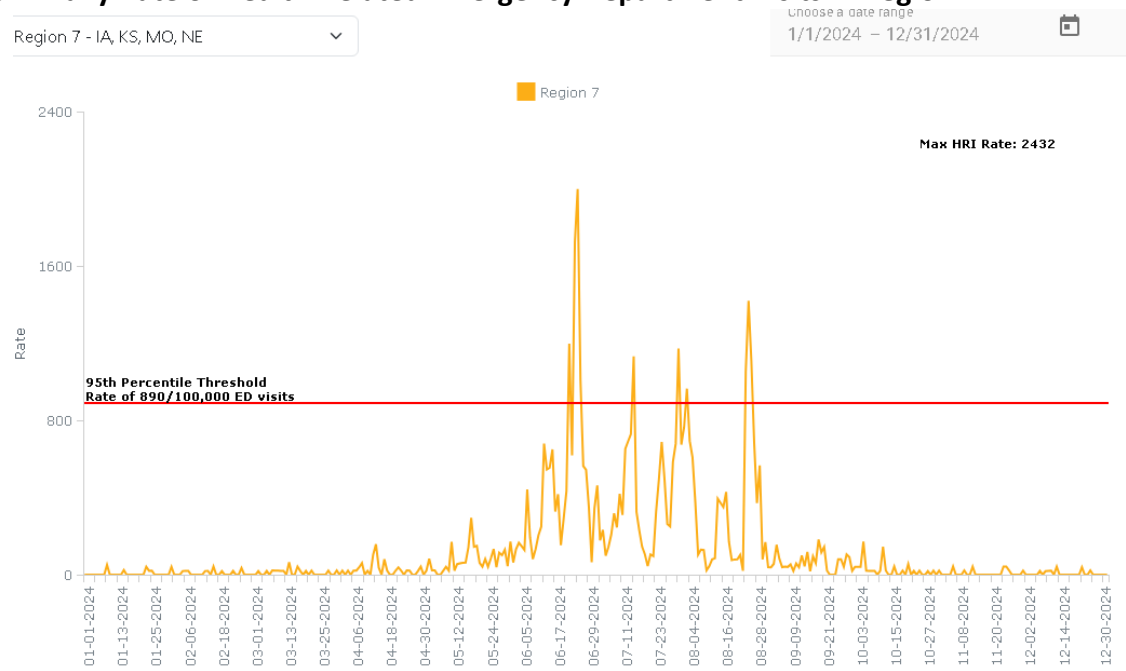
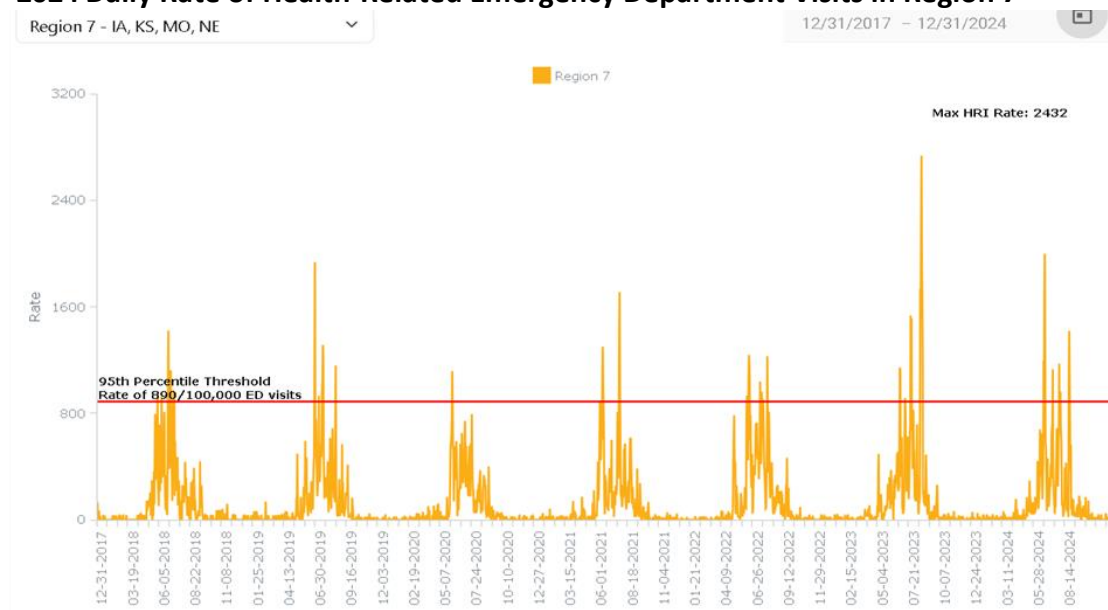


Figure 8: 2017-2024 Daily Rate of Health-Related Emergency Department Visits in Region 7¹²

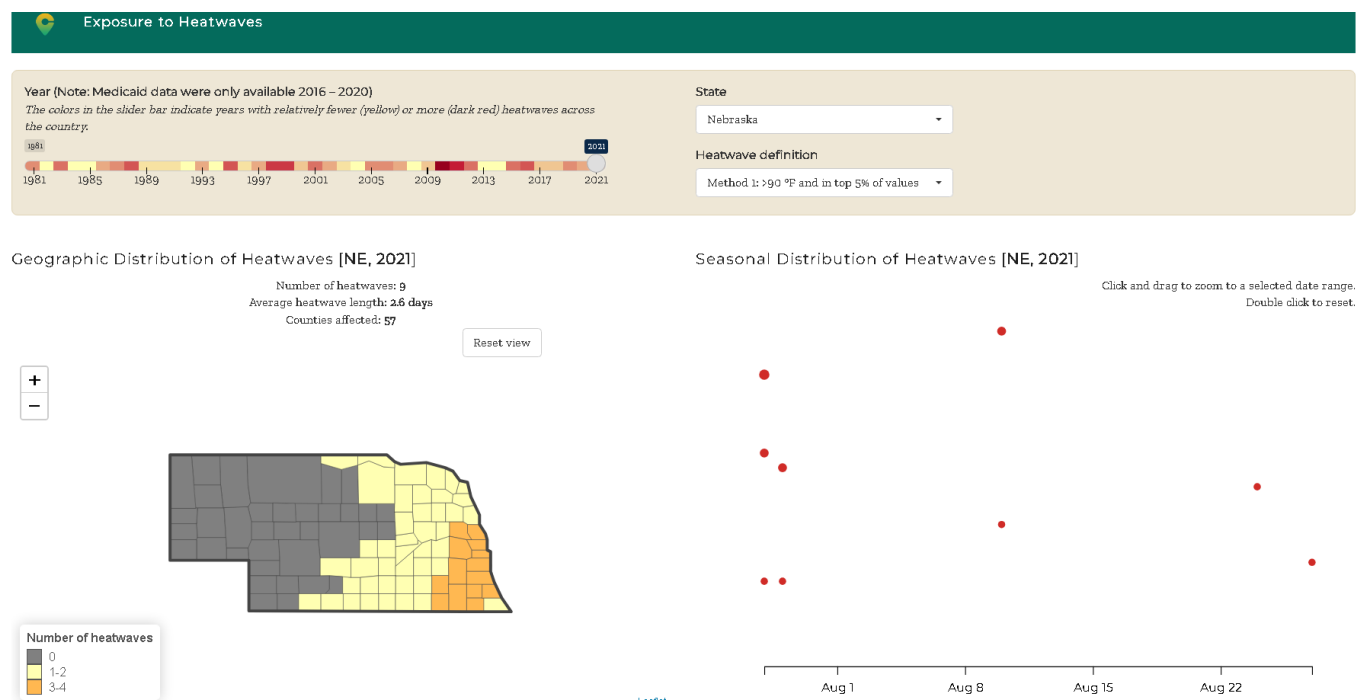


Exposure to Heatwaves¹³

ClimaWATCH (Climate and Weather Analytics, Trends and Community Health) facilitates community heat vulnerability assessments. The dynamic dashboard tool provides statistics and visualizations to (1) identify communities hardest hit by heatwaves; (2) assess which are most vulnerable to them based on demographic, social, environmental, and infrastructural features; and (3) quantify excess health service use and spending attributable to heatwaves. The below image shows Nebraska’s 2021 data, showing the exposures to heatwaves have decreased since 2011. In 2021, Pierce County had one heatwave with a duration of 2 days and an average temperature of 94.3°F. In 2011, Pierce County had three heat waves with an average duration of 2.7 days.

¹² Center of Disease Control and Prevention. Daily rates of Heat Related Emergency Department Visits by HHS. Data Accessed February 2025. Retrieved from <https://ephrtracking.cdc.gov/Applications/heatTracker/>.

Figure 9: Exposure to Heatwaves¹³



FEMA National Risk Index¹⁴

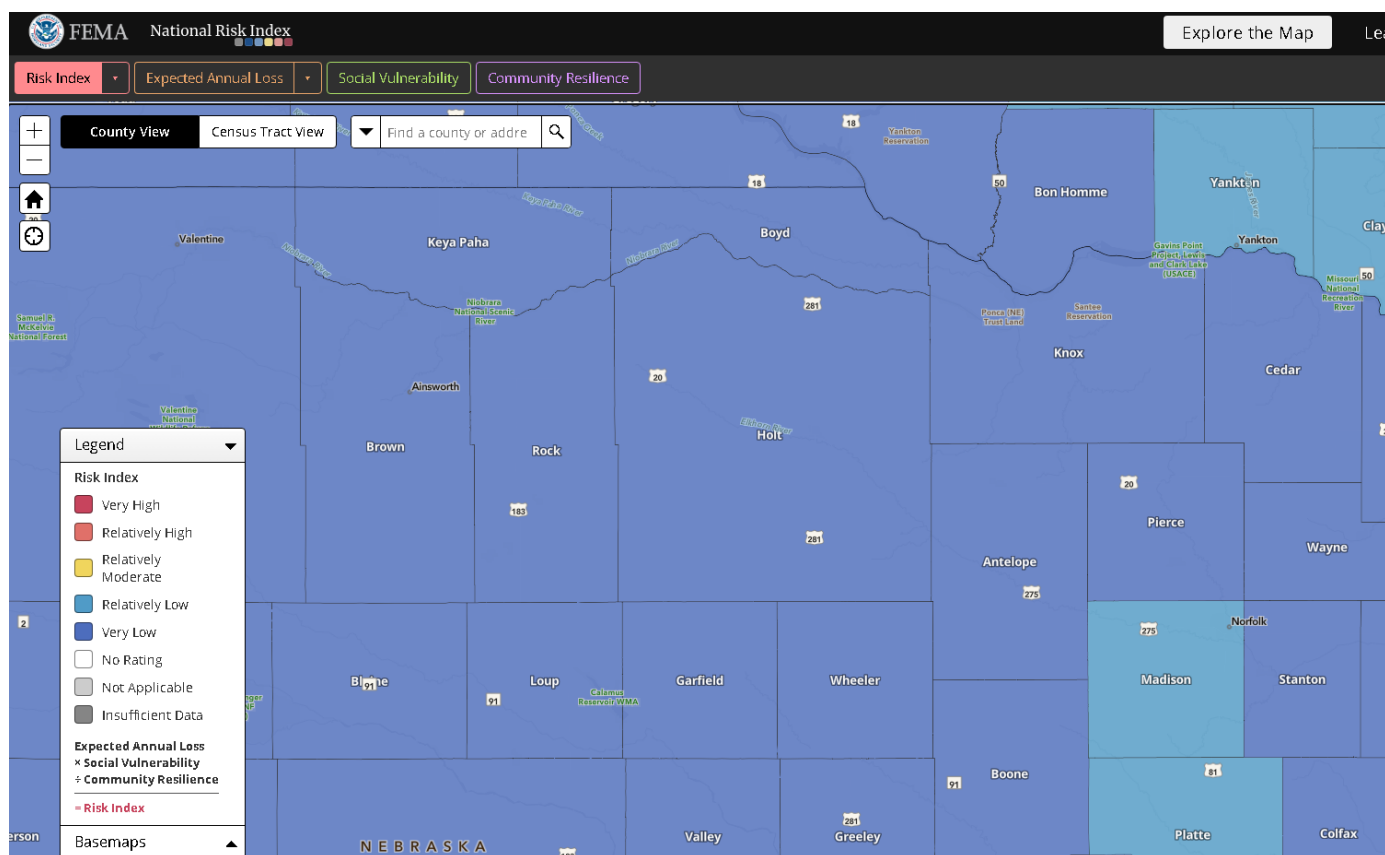
FEMA National Risk Index provides county and census tract maps and downloadable data on natural hazard risks, including heat waves, wildfire, drought, coastal flooding, riverine flooding, hurricane and tornadoes. FEMA assesses each county for perceived risk, some Pierce County highlights are below:

- **Social Vulnerability** – Social vulnerability is a consequence enhancing risk component and community risk factor that represents the susceptibility of social groups to the adverse impacts of natural hazards, including disproportionate death, injury, loss, or disruption of livelihood. Pierce County’s risk rating is Very Low.
- **Community Resilience** – Community Resilience is a consequence reduction risk component and community risk factor that represents the ability of a community to prepare for anticipated natural hazards, adapt to changing conditions, and withstand and recover rapidly from disruptions. Pierce County’s rating is relatively high.
- **Winter Weather** - Historic Loss Ratio –A Winter Weather historic loss ratio is the representative percentage of the exposed consequence type value (building, population, or agriculture) expected to be lost due to a Winter Weather hazard occurrence. Agriculture winter weather historic loss is relatively high in Pierce County.
- **Wildfire** - Historic Loss Ratio - A Wildfire is an unplanned fire burning in natural or wildland areas such as forests, shrub lands, grasslands, or prairies. Historic loss ratio (HLR) is a natural hazard consequence factor of the Expected Annual Loss component of the National Risk Index. It is a hazard- and county-specific estimate of the percentage of the exposed consequence type (building value, population, or agriculture value) expected to be lost due to a hazard occurrence. The rating is relatively moderate in Pierce County.
- **Tornado** - Historic Loss Ratio - A Tornado is a narrow, violently rotating column of air that extends from the base of a thunderstorm to the ground and is visible only if it forms a condensation funnel made up of water droplets, dust and debris. The rating is relatively high in Pierce County.

¹³<https://www.mathematica.org/dataviz/climawatch>. Exposure to Heatwaves. Data accessed February 2025.

¹⁴“The National Risk Index.” FEMA.Gov, hazards.fema.gov/nri/. Accessed 20 Feb. 2025.

Figure 10: FEMA National Risk Index ¹⁴



Assessment Data and Findings – Community Context Assessment

NCDHD and partners gleaned insights from community members through three channels: key informant interviews with area healthcare providers, focus groups, and a general community survey. The summarized results are below, to review county specific results click on the individual county tabs.

A. Top 10 Takeaways from Healthcare Leadership Key Interviews:

- 1. Community Health Assets:** Hospitals, clinics, and health departments are highly valued for providing accessible healthcare and essential services like telehealth, specialty care, and pharmacy services. Community partnerships (senior centers, fitness programs) also contribute to well-being.
- 2. Behavioral Health Challenges:** Access to mental health services, particularly in crisis situations, is a major concern. Many communities express the need for local mental health providers, better transportation for mental health appointments, and strategies to address youth mental health issues, including substance abuse and suicide prevention.
- 3. Obesity and Related Health Issues:** Obesity is a top health concern, exacerbated by limited access to healthy food, cultural barriers, and a lack of awareness. Childhood obesity is also a key issue, driven by poor nutrition and excessive device use. Schools and community programs are seen as potential venues for improvement.
- 4. Transportation Barriers:** Limited public and medical transportation options are affecting access to care, particularly for mental health services, specialist appointments, and elderly care. Many communities are calling for improved transportation infrastructure, including Uber-like services and routine medical transport routes.
- 5. Medicare and Insurance Challenges:** Medicare Advantage plans are causing delays and restrictions in care, with concerns over high deductibles, coverage gaps, and patient dissatisfaction. Many communities are struggling with insurance-related barriers that affect access to essential healthcare services.

6. **Workforce and Staffing Shortages:** Recruiting and retaining medical staff, including nurses, specialists, and EMS personnel, is a widespread issue. Housing challenges for staff, high demand for care, and limited daycare services exacerbate these problems.
7. **Specialty Care Access:** Many communities lack local access to specialists like dermatologists, cardiologists, endocrinologists, and mental health professionals. Long-distance travel for specialized care, particularly cancer treatment and surgery, presents significant challenges for patients.
8. **Community Initiatives and Wellness:** There is a strong desire for community wellness programs, including fitness centers, walking trails, mental health outreach, and preventive health education (e.g., diabetes management). These initiatives are seen as essential for improving overall health outcomes.
9. **Volunteer and EMS Services:** Volunteer-based EMS and fire services are highly valued but face sustainability challenges due to recruitment and retention issues. Some areas have seen improvements with paramedic programs, but patient transfers and emergency transport remain problematic in many places.
10. **Cultural Shifts and Patient Population Changes:** Communities are seeing increasing diversity, with more Spanish-speaking populations and a rising need for translation services. This shift is influencing healthcare access and communication, with efforts underway to better accommodate these changes.

B. Top Takeaways from Partner Assessment:

- 36 partners participated in the survey: 11 schools, 1 tribal health department, 1 other tribal entity, 8 city/county government, 7 hospitals, 3 clinics, 3 emergency response, 2 non-profit organizations, 2 faith based, and 2 other sectors.
- Top interests for partnering with the CHA/CHIP process were: to deliver programs effectively and efficiently without duplicating efforts, to increase collaboration and communication amongst groups, and improve the conditions of residents.
- The most valuable resources and assets of partners were: extensive network of community, strong advocacy and policy influence, and specialized healthcare expertise.
- Notable populations partners reported working with were: the aging population, youth/ students, homeless population, low socioeconomic populations, victims of domestic abuse, sexual assault, stalking, dating violence, and human trafficking.

C. Top Takeaways from Community Survey Results:

- The Community Survey was distributed in north central Nebraska through e-mails, the NCDHD website, partner websites, social media, etc. from September-October 2024. 336 people completed the survey: 51 Antelope, 36 Boyd, 8 Brown, 56 Cherry, 88 Holt, 2 Keya Paha, 28 Knox, 44 Pierce, 6 Rock, and 17 other County residents. Most were in the age groups from 55-64 (83), 34-44 (82), and 45-54 (71). Of the 295 females and 36 males that replied to the survey, 320 were Caucasian, 8 Hispanic or Latino, 4 Native American, 2 African American, and 2 other races.
- When asked, "What was the last major health issue you or your family experienced?" top responses were high blood pressure (90), none (82), obesity (78), diabetes (69), and mental health concerns (67).
- When asked, "In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?" top responses were childcare (42), healthcare (32), and medicine (27).
- When asked "What would make the area where you live a healthier place for you or your family?" top responses were:
 - Lower cost of living: Many respondents highlighted the need for more affordable housing, groceries, and healthcare.
 - Affordable healthcare: Participants emphasized high medical costs and the lack of affordable insurance for middle- class families.
 - Access to healthier food: There is a strong desire for healthier, more affordable food options, including

- organic produce and fresher grocery items.
- Recreational and fitness options: Many expressed the need for more walking trails, gyms, and community centers such as a YMCA, especially for year-round indoor activities.
- Mental health services: Better access to mental health care and substance abuse treatment was a common request.
- Community support and leadership: Calls for stronger community engagement, leadership opportunities for youth, and more community events and social activities.
- Childcare: Affordable, reliable childcare was frequently mentioned, along with after-school programs.
- Environmental concerns: Cleaner air, reduced use of chemicals, and better drinking water quality were noted as areas for improvement.
- Safety and crime reduction: Some respondents mentioned concerns over drug use, crime, and bullying, seeking safer communities.
- Transportation and infrastructure: Improved public transportation, better sidewalks, and roads for walking and biking were seen as important for health.
- Education: There was a desire for more health-related education and activities in schools, better school lunches, and increased community awareness about health.
- Economic improvement: Better job opportunities, wage increases to match inflation, and support for small businesses were also suggested.
- Access to specialists: Easier access to medical specialists without long waits or traveling far was another key theme.
- Healthier lifestyle encouragement: Respondents wished for more opportunities to participate in wellness programs, gyms, and community fitness activities.
- When asked, "What worries you most about your health or the health of your family?" top responses were:
 - Financial concerns: Cost of healthcare, medical bills, insurance, cost of medications and treatments, lost wages due to illness or care, affording specialty care and prescriptions, rising cost of groceries and healthy food
 - Access to care: Lack of local healthcare providers and facilities, need to travel for better or specialized care, long wait times for specialists and mental health services, remoteness and transportation challenges, concerns about proximity of care in emergencies
 - Mental health: Concerns about personal and family mental health Impact of stress, anxiety, and depression, limited availability of mental health care, and processing traumatic events
 - Chronic illnesses: Concerns about cancer, heart disease, stroke, diabetes, and dementia, weight management and obesity, high blood pressure, thyroid issues, autoimmune diseases, aging and age-related health issues
 - Nutrition and lifestyle: Difficulty maintaining a healthy diet due to cost and availability, processed foods, preservatives, chemicals, harmful ingredients in everyday items, challenges in maintaining a healthy lifestyle (exercise, healthy habits), lack of community wellness centers or resources for healthier living
 - General health concerns: Staying healthy and making it a priority, fears of contracting serious diseases (cancer, Alzheimer's, stroke), safety concerns (accidents, workplace hazards), concerns about family health, especially children, access to quality, up-to-date care and treatment

Assessment Data and Findings – Community Status Assessment

Due to the expansive nature of the Community Status Assessment, the entirety of the data can be found in Appendix 6.

Assessment Data and Findings – Healthcare and Healthy Living

Access to healthcare and healthy lifestyle choices is essential for everyone to live life to the fullest. Prioritizing prevention over treatment can save us time, money, and unnecessary suffering. When we focus on avoiding illness and chronic diseases, we invest in our well-being and future. Healthy habits—such as not smoking, eating nutritious foods, getting enough sleep, exercising regularly, and attending annual check-ups—play a critical role in keeping us healthy.

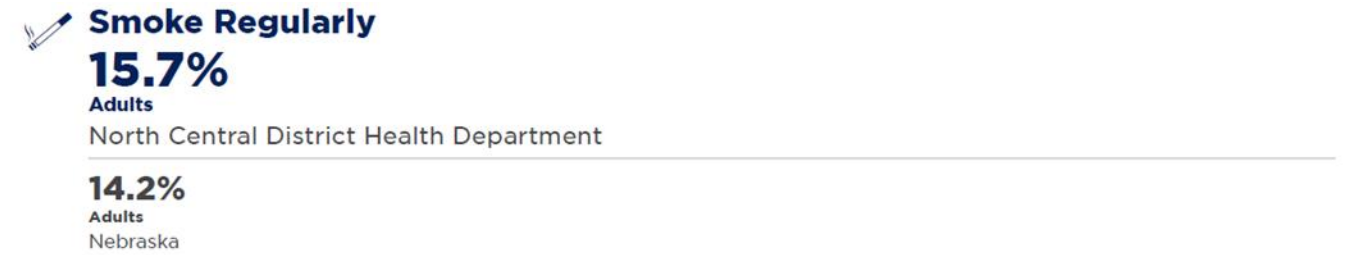
Quality medical care allows us to maintain our health and enjoy longer, more fulfilling lives. Plus, a healthier population translates to fewer lost days of productivity, learning, and earning potential. By prioritizing preventative care, we can create a community that thrives rather than merely survives.

Key Health Concerns in the Community:

- **Smoking:** In our district, a higher percentage (15.7%) of adults smoke regularly compared to the statewide average (14.2%). 14.2% of Pierce County residents are regular smokers.
- **Physical Inactivity:** We also see a larger number of adults who are physically inactive, which can lead to various health complications. 28.6% of north central Nebraskans are physically inactive, compared to the state's average of 25.2%. 25.9% of Pierce County residents are physically inactive.
- **Doctor Check-ups:** On a positive note, more adults in our district are getting regular check-ups and have health insurance compared to the state average. 74.7% of Pierce County residents reports getting their annual checkup.
- **Mental Health:** Unfortunately, many counties in our district face challenges with access to mental health providers, resulting in a high ratio of people to available professionals.

Smoking is the number one cause of preventable death and affects nearly every organ in the body. The earlier someone smokes the more likely they are to become addicted, a concerning fact since smoking usually starts in youth. Quitting smoking is one of the most beneficial things a person can do for their health. Tobacco Free Nebraska has free tobacco cessation products to assist individuals in their quit attempts.

Figure 11: Regular Adults Smokers



Sources: CDC BRFSS PLACES 2022
This data represents the share of adults who have smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Geography	2022 Regular Smoking Among Adults
Antelope County, NE	13.6%
Boyd County, NE	14.9%
Brown County, NE	14.3%
Cherry County, NE	18.8%
Holt County, NE	15.6%
Keya Paha County, NE	12.9%
Knox County, NE	16.4%
Pierce County, NE	14.2%
Rock County, NE	15.3%
North Central District Health Department	15.7%
Nebraska	14.2%

Sources: CDC BRFSS PLACES 2022

From childhood through adulthood, physical activity is a key factor to improve physical and mental health and prevent disease. However, many of us are not as active as we might want to be with lack of time and energy, low social support, or limited access to a safe place to exercise on the list of barriers. Creating a community where exercise is available for all people might include creating more parks and green spaces, adding bicycle lanes, ensuring safe walking paths, equipping people to walk or bike to work, and more.

Figure 12: Physical Inactivity
Overview

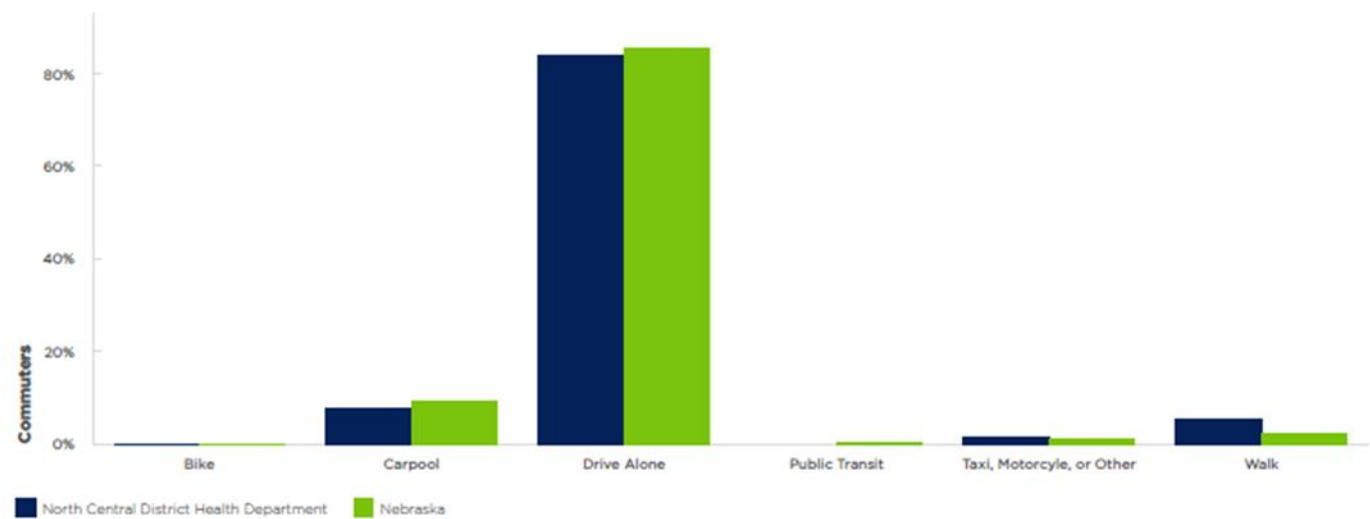


Sources: CDC BRFSS PLACES 2022; US Census Bureau ACS 5-year 2019-2023
Physical inactivity represents the proportion of adults who report no physical activity outside of work in the past month.

Geography	2022 Physical Inactivity	2019-2023 Active Commuters who Walk, Bike, or Take Public Transit
Antelope County, NE	26.2%	4.8%
Boyd County, NE	28.1%	13.9%
Brown County, NE	28.4%	5.3%
Cherry County, NE	30.4%	8%
Holt County, NE	28.7%	6.6%
Keya Paha County, NE	26.9%	11.5%
Knox County, NE	30.8%	5.1%
Pierce County, NE	25.9%	3.9%
Rock County, NE	27.5%	5.3%
North Central District Health Department	28.6%	6.1%
Nebraska	25.2%	3.5%

Sources: CDC BRFSS PLACES 2022; US Census Bureau ACS 5-year 2019-2023
Physical inactivity represents the proportion of adults who report no physical activity outside of work in the past month.

Figure 13: Transportation to Work
Method of Transportation to Work



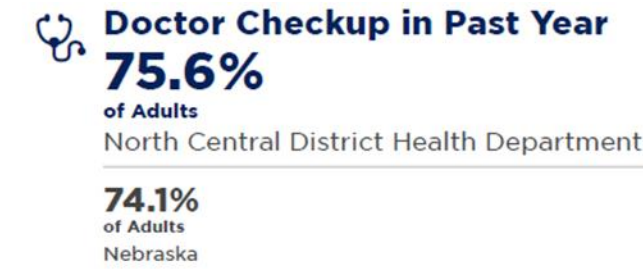
Sources: US Census Bureau ACS 5-year 2019-2023

⬆ Data Sources	Antelope County, NE ⬆	Boyd County, NE ⬆	Brown County, NE ⬆	Cherry County, NE ⬆	Holt County, NE ⬆	Keya Paha County, NE ⬆	Knox County NE
2019-2023 Bike	0.4%	0%	0.7%	0.4%	0%	0%	0%
2019-2023 Walk	4.5%	12.7%	4.6%	7.5%	6.6%	11.5%	4.9%
2019-2023 Taxicab, Motorcycle, or Other Means	1.2%	0.8%	0%	5.6%	1.6%	5%	0.9%
2019-2023 Drive Alone	85.4%	76.5%	85%	75.3%	86.7%	71.2%	85.7%
2019-2023 Carpool	8.6%	8.8%	9.7%	11.1%	5.1%	12.3%	8.2%
2019-2023 Public Transit	0%	1.2%	0%	0.1%	0%	0%	0.3%

Sources: US Census Bureau ACS 5-year 2019-2023

We’ve heard that finding a problem before it gets worse is a great way to improve our health. This reduces our risk for disease and death, but many people still don’t get this kind of healthcare. The barriers might include cost, not having a relationship with a primary care provider, and distance from healthcare services. Educating people about the benefits of proactive healthcare and reducing the cost, distance, and time burden for them to receive this care can improve individual lives and the burden on our healthcare system.

Figure 14: Doctor Checkups in the Past Year



Sources: CDC BRFSS PLACES 2022

This data represents the proportion of adults who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Geography	2022 Doctor Checkup in Past Year Among Adults
Antelope County, NE	75.5%
Boyd County, NE	77%
Brown County, NE	76.3%
Cherry County, NE	74.2%
Holt County, NE	75.3%
Keya Paha County, NE	78.3%
Knox County, NE	76.6%
Pierce County, NE	74.7%
Rock County, NE	75.9%
North Central District Health Department	75.6%
Nebraska	74.1%

Sources: CDC BRFSS PLACES 2022

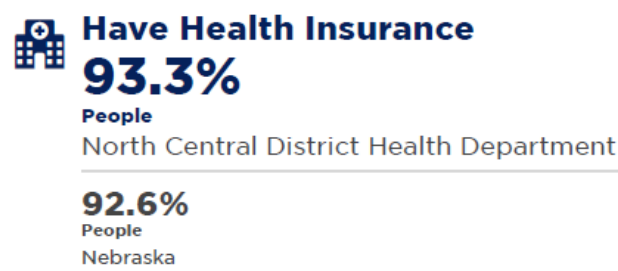
Figure 15: Preventative Care Utilization

Data Sources	North Central District Health Department	Nebraska	Pierce County, NE
2022 Colorectal Cancer Screening Among Adults 50 to 75	64.8%	62.8%	63.3%
2020 Core Preventive Services for Men 65+	44.5%	49.3%	39.5%
2020 Core Preventive Services for Women 65+	34%	40.1%	34.7%
2022 Dental Visit Among Adults	62.9%	64.6%	66.2%
2020 Pap Smear Among Women 21 to 65	81.1%	81.5%	81%
2022 Mammography Among Women 50 to 74	74.3%	75.2%	75.6%

Sources: CDC BRFSS PLACES 2020, 2022

People who have insurance are more likely to get the healthcare services and medication they need when they need it. However, insurance can be complex, tied to employment, and is sometimes not financially doable. Residents who don't have insurance for any number of reasons may not be able to live healthy lives.

Figure 16: People Covered by Insurance



Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 People With Health Insurance
Antelope County, NE	94%
Boyd County, NE	90.9%
Brown County, NE	93.5%
Cherry County, NE	92%
Holt County, NE	93%
Keya Paha County, NE	93.7%
Knox County, NE	93.9%
Pierce County, NE	93.8%
Rock County, NE	93.6%
North Central District Health Department	93.3%
Nebraska	92.6%

Sources: US Census Bureau ACS 5-year 2019-2023

Figure 17: People Covered by Insurance by Race/ Ethnicity

Insurance Status by Race/Ethnicity

▲▼ Data Sources	North Central District Health Department ▲▼	Nebraska ▲▼	Pierce County, NE ▲▼
2019-2023 Insured Asian People	95.1%	93%	100%
2019-2023 Insured Black People	80.8%	86.8%	100%
2019-2023 Insured Hispanic or Latino People	80.4%	80.3%	92.7%
2019-2023 Insured Multiracial People	89.6%	86.3%	95.6%
2019-2023 Insured Native American People	71.1%	79.7%	100%
2019-2023 Insured Native Hawaiian and Pacific Islander People	100%	84.4%	No data
2019-2023 Insured Other People	68.7%	78.1%	27.8%
2019-2023 Insured White (Not Hispanic or Latino) People	94.5%	95%	93.8%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: Unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

Figure 18: People Covered by Insurance by Age

Health Insurance Status by Age

▲▼ Geography	2019-2023 Insured People Under Age 6 ▲▼	2019-2023 Insured People Ages 6 to 18 ▲▼	2019-2023 Insured People Ages 19 to 64 ▲▼	2019-2023 Insured People Ages 65+ ▲▼
North Central District Health Department	96.7%	94.1%	89.6%	99.8%
Nebraska	95.8%	94.7%	89.5%	99.4%
Pierce County, NE	96.9%	97.1%	90.3%	99%

Sources: US Census Bureau ACS 5-year 2019-2023

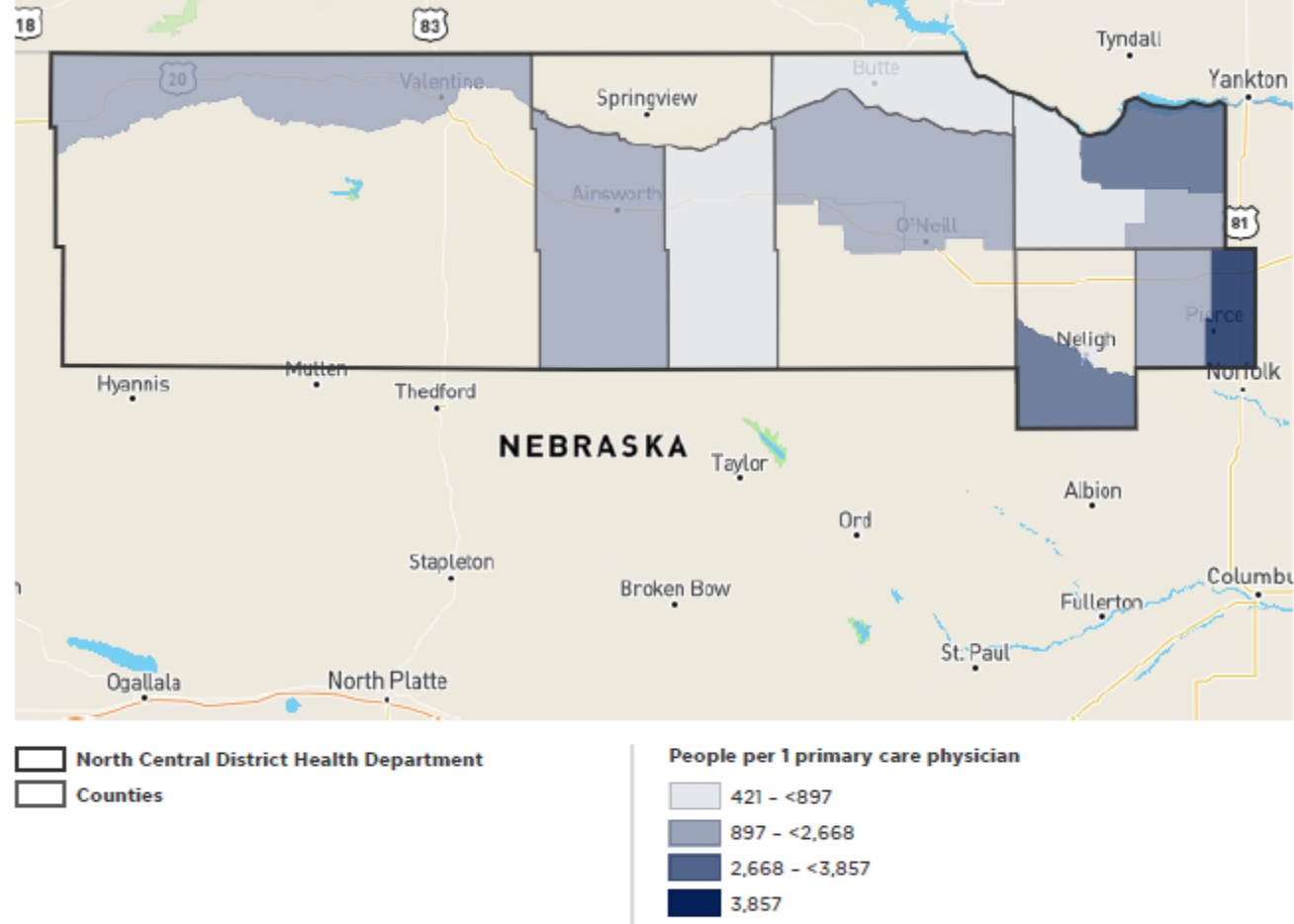
A primary care provider is a doctor or practitioner who can look at your health as a whole, managing your care and sometimes even preventing the need for medical specialists. Having a primary care provider leads to positive health outcomes because it often includes more proactive health care visits, such as annual check-ups. Creating more opportunities for relationships with primary care providers helps us focus on prevention, rather than costly treatment.

Figure 19: Primary Care Physician Ratio



Sources: NPPES NPI

Figure 20: Primary Care Physician Ratio Map



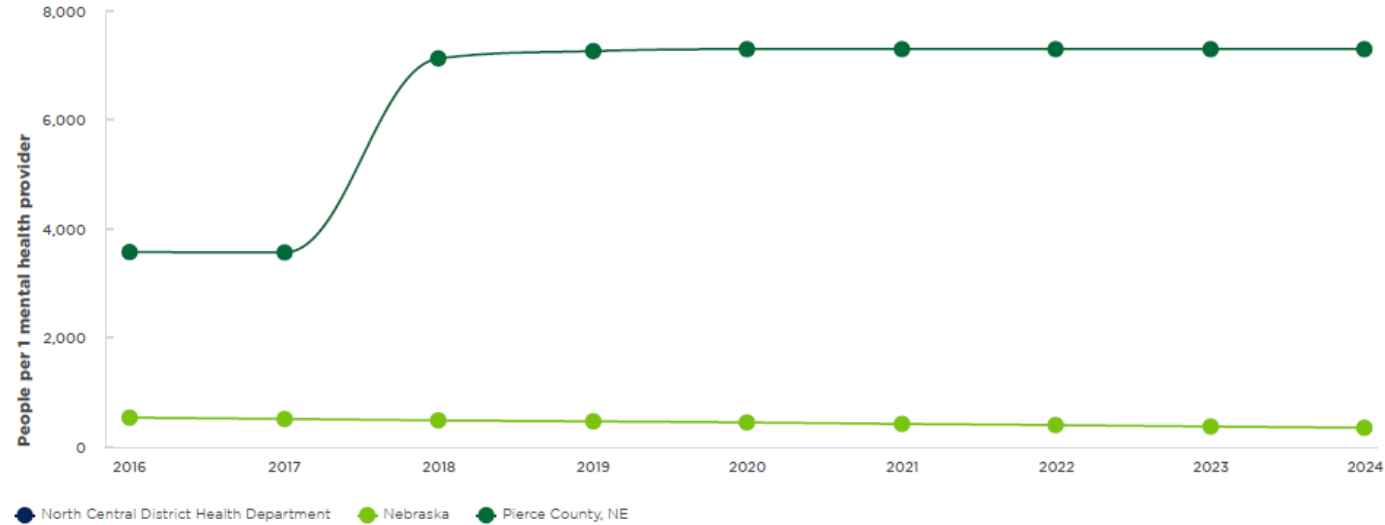
Sources: NPPES NPI 2024

Areas with no data have 0 primary care physicians.

Mental healthcare should be easier to find in our community, as mental and physical health go hand-in-hand. We can't focus on one without the other. While healthcare access in general can be a challenge, mental healthcare is especially

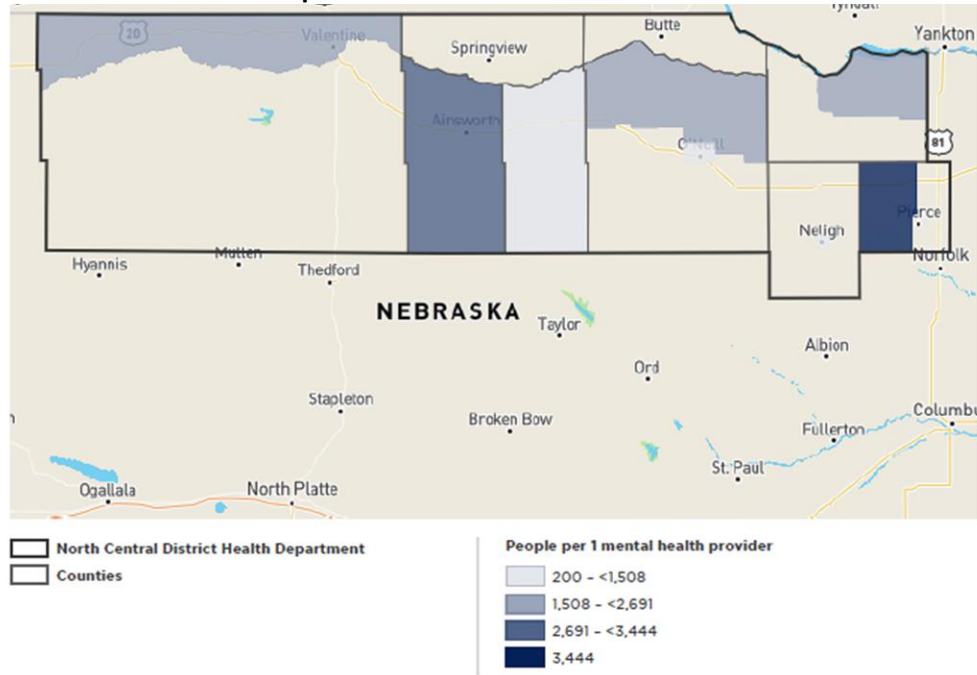
difficult because of a lack of services or social stigmas that still exist. We don't think twice about seeking medical care for a broken arm or other physical need, yet many people delay getting help for their mental health because of outdated ideas about why it happens, what it means, and who struggles with it. 1 in 5 adults in the U.S. live with mental illness. In addition to those with diagnosed conditions, many people can benefit from mental health services at some point in life.

Figure 21: Mental Health Provider Ratio



Sources: NPPES NPI

Figure 22: Mental Health Provider Ratio Map

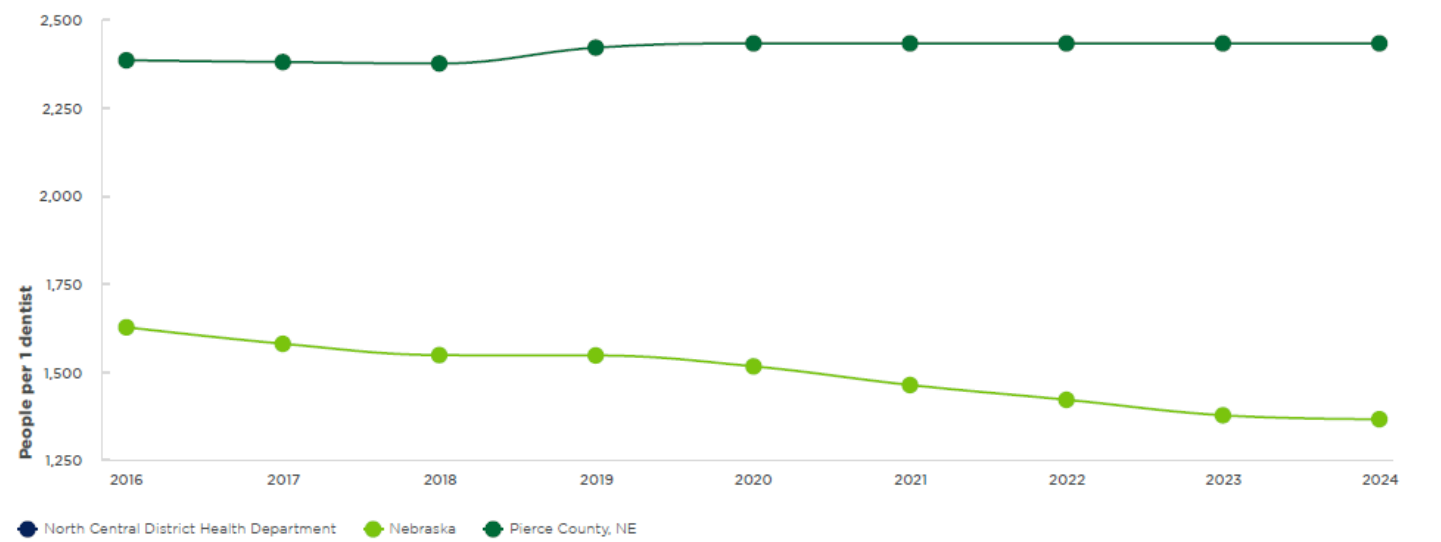


Sources: NPPES NPI 2024

Areas with no data have 0 mental health providers.

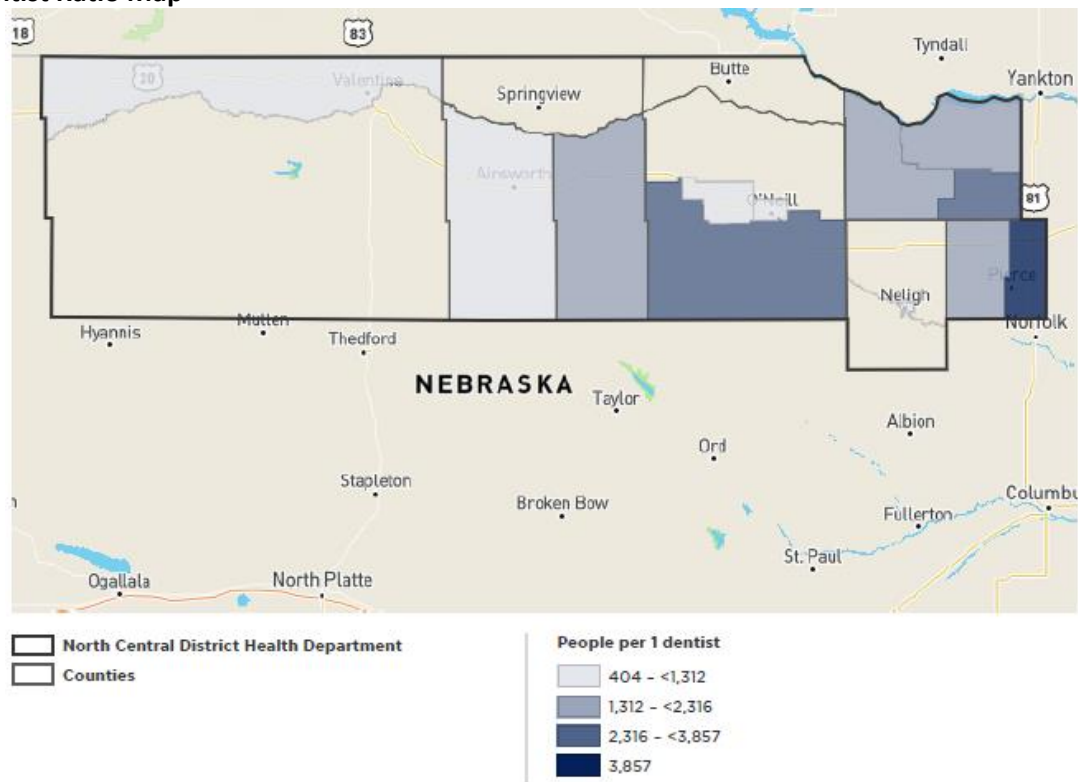
Dental health doesn't just tell us about proper brushing of teeth and gums. Poor dental health can point to social inequalities, as underserved populations are more likely to have greater dental needs. Poor dental health is also linked with other diseases, such as diabetes and obesity, because they share risk factors such as smoking or sugary diets.

Figure 23: Dentist Ratio



Sources: NPPES NPI

Figure 23: Dentist Ratio Map



Sources: NPPES NPI 2024
Areas with no data have 0 dentists.

Assessment Data and Findings – Physical Environment and Transportation

While we all make daily decisions about our health, not everything is in our control. Often, our choices are shaped by what’s available—or missing—in our communities. Our surroundings, everything from housing to transportation, have a direct impact on our long-term health.

Key Environmental Factors in Our District:

- **Housing Issues:** Our district experiences fewer severe housing problems compared to the national average, which is a positive sign for residents' well-being.
- **Walkability:** Unfortunately, walkability in our area is lower than in Nebraska as a whole, making it harder for people to stay active through walking or biking.
- **Vehicle Access:** On the upside, more people in our district have access to a vehicle compared to the statewide average. This may be due to the rural nature of the area and the lack of public transportation options.

Homes that are unsafe put people's health at risk. Safety is more than lack of crime in a neighborhood—it includes the physical structure of the home and whether or not it's safe to be there every day. People with lower incomes may not have options other than homes with maintenance and safety issues that expose them to health risks. If safety issues exist, tenants may be at the mercy of the landlord to resolve the issue. Unsafe homes, such as those with lead paint, may have negative effects on childhood development and can lead to many long-term health issues.

Figure 24: Presence of at Least One Severe Housing Problem by Owner- Occupied Home by Owner Income

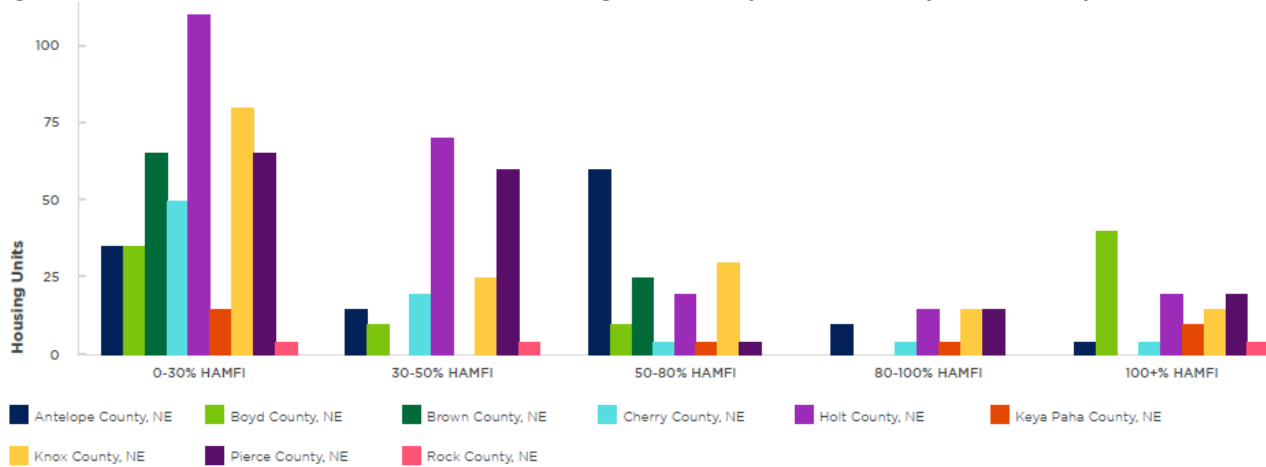
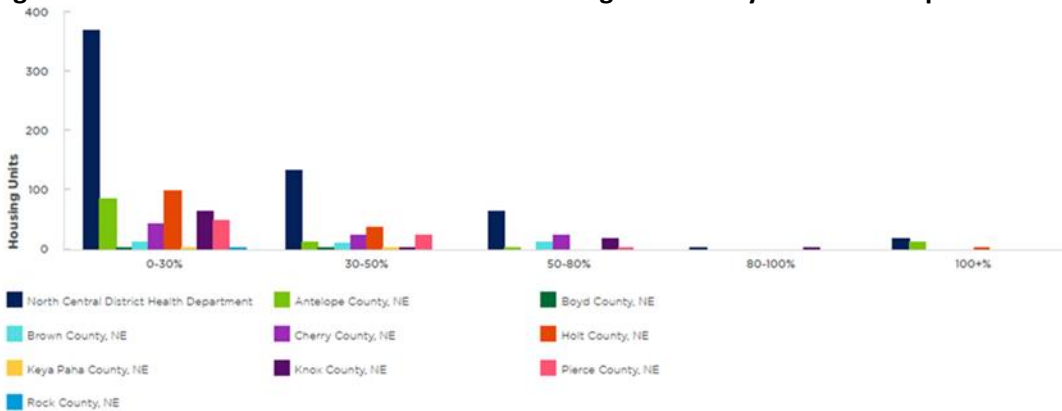


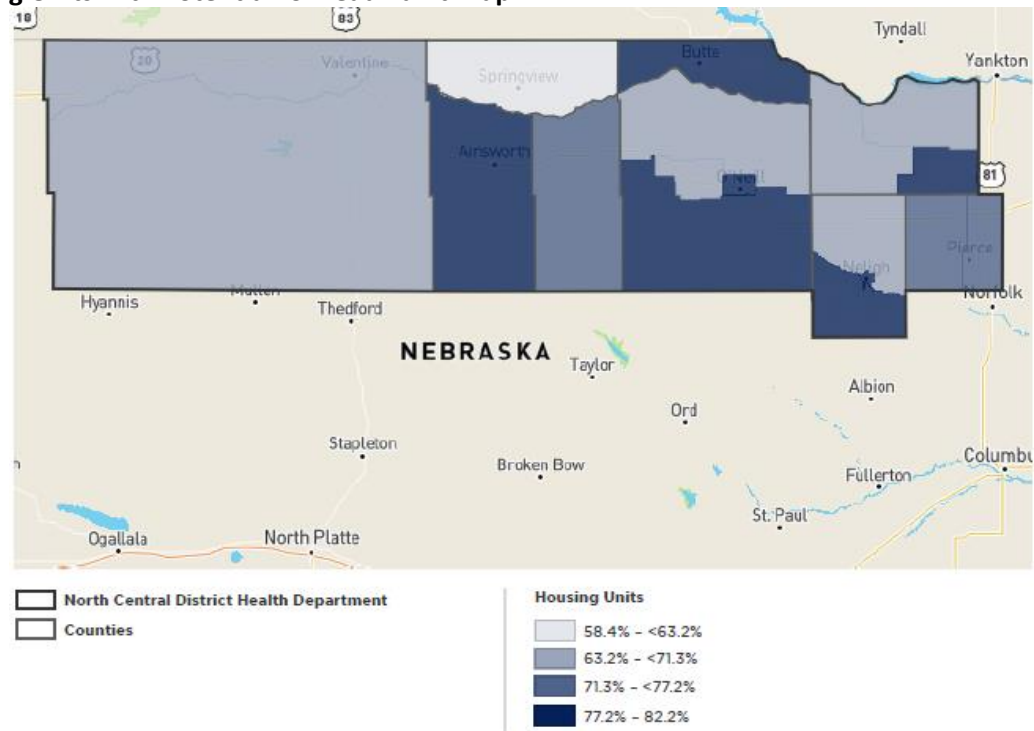
Figure 25: Presence of at Least One Severe Housing Problem by Renter- Occupied Home by Renter Income



Sources: HUD CHAS 2017-2021

Severe Housing Problems include 1) lack complete kitchen facilities; 2) lack complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. HUD Area Median Family Income (HAMFI) is the median family income calculated by HUD for each jurisdiction in order to determine Fair Market Rents (FMRs) and income limits for HUD programs.

Figure 26: Housing Units with Potential for Lead Paint Map



Sources: US Census Bureau ACS 5-year 2019-2023

From childhood to adulthood, being active and outdoors is good for your health. Playing, walking, running, or cycling at parks and green spaces are free ways to help prevent illness. Our neighborhoods should allow residents to engage in outdoor activity for improved physical, mental, and social wellbeing. Access to nature also has potential to improve health outcomes for people in lower income areas, giving them the same chance to be healthy as people who live in other areas.

Figure 27: Walkability and Park Area

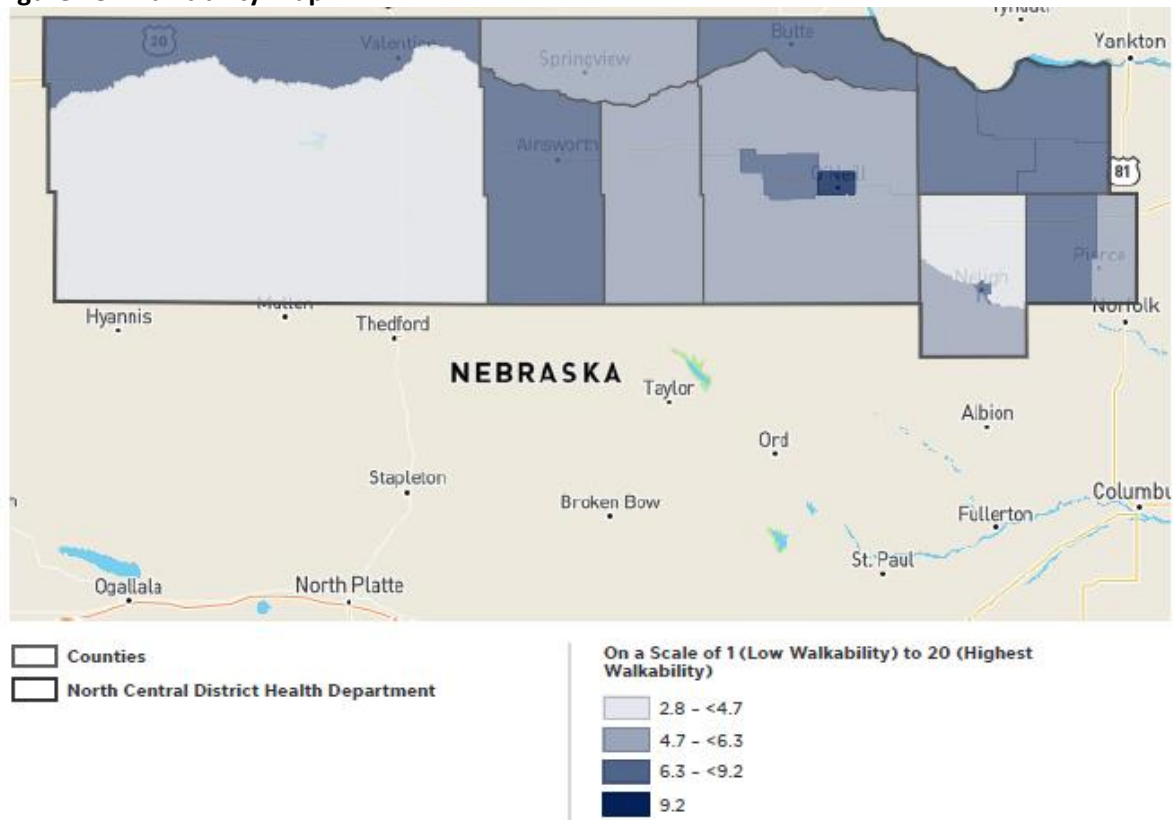


Sources: EPA 2021; openICPSR NaNDA 2018
Note: Walkability improves as scores approach 20.

Geography	2021 Walkability Index	2018 Percent Area Covered by Parks
North Central District Health Department	6.6	No data
Nebraska	9.2	3.5%
Pierce County, NE	5.9	0%

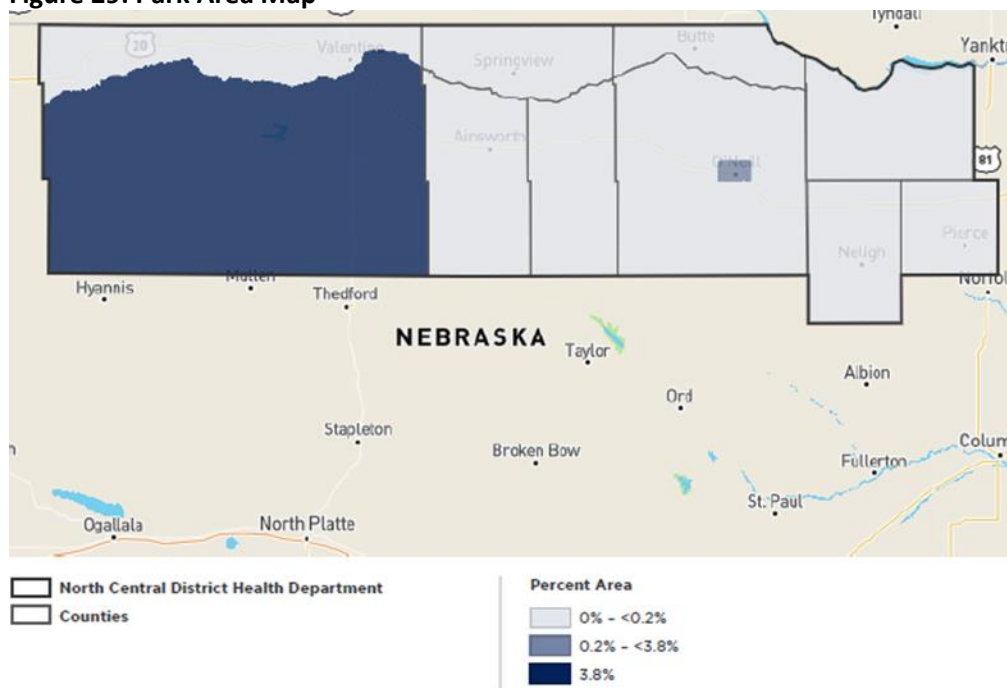
Sources: EPA 2021; openICPSR NaNDA 2018

Figure 28: Walkability Map



Sources: EPA 2021

Figure 29: Park Area Map



Sources: openICPSR NaNDA 2018

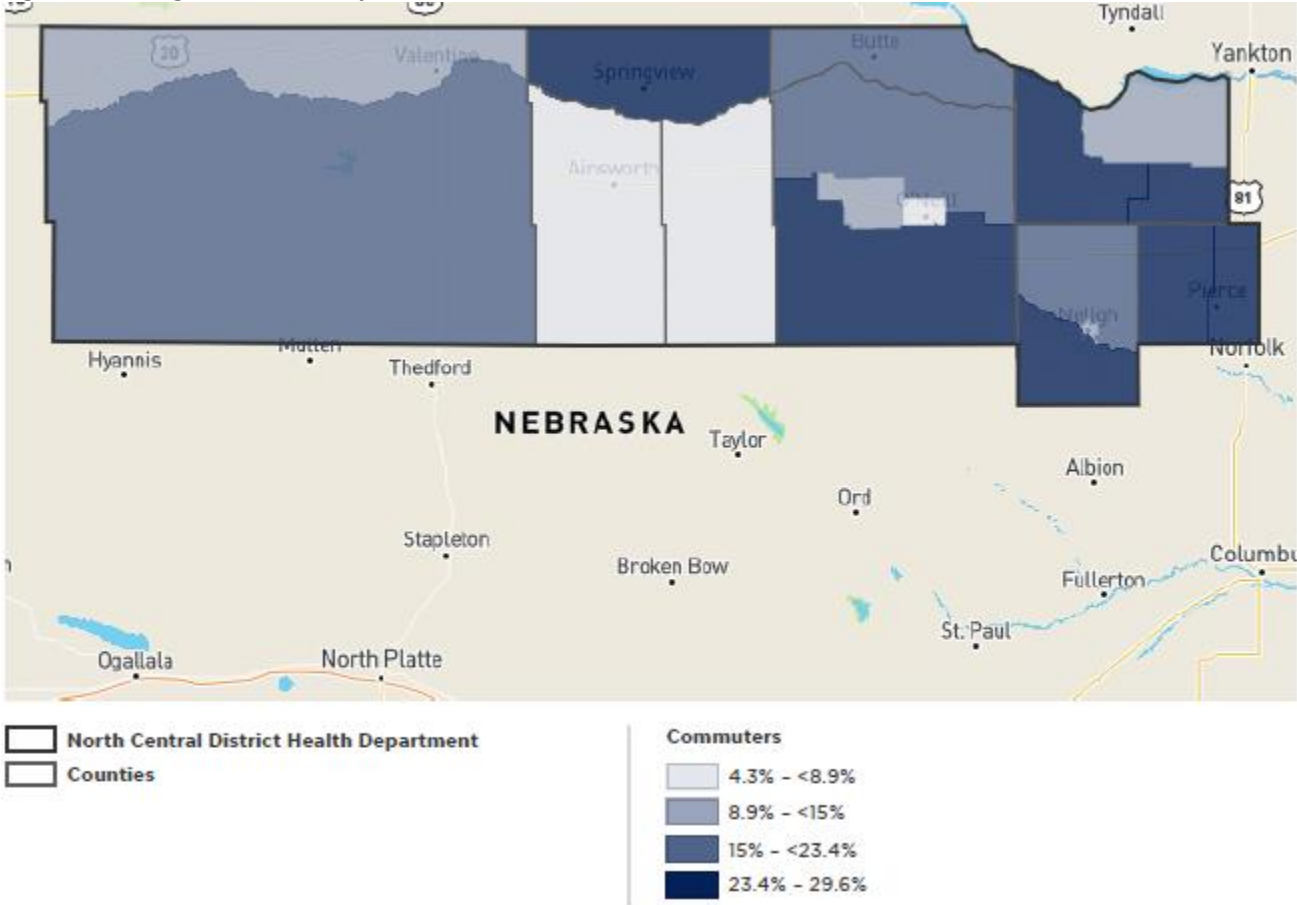
When we can't afford to live where we work, we are more likely to have long commute times. Any time spent driving or riding public transit to work is lost time for creating social connection with our families, friends, and neighbors. The

stress of rush hour also affects our mental health, and time spent sitting in traffic affects us physically. By improving job opportunities, access to services, and housing costs in our community, we can reduce daily stress and give people time back to connect with others, move their bodies, and other activities that impact their overall well-being.

Figure 30: Long Commute, Drive Alone



Figure 31: Long Commute Map



Sources: US Census Bureau ACS 5-year 2019-2023

When we can travel freely to work, the doctor’s office, healthy grocery stores, and parks, we’re more likely to go. If those services and goods are inside our neighborhood, that’s even better. When a task is challenging due to lack of a vehicle the effect on our health adds up.

Figure 32: Lack of Access to a Vehicle

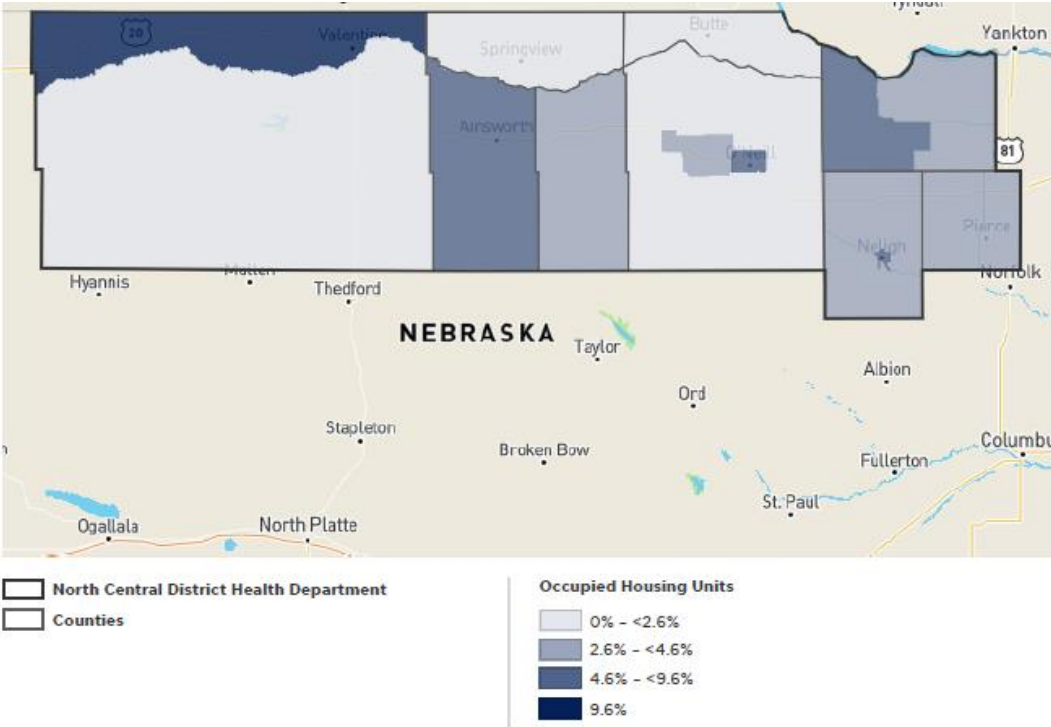


Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Lack Access to a Vehicle (Percent)	2019-2023 Lack Access to a Vehicle (Number)
North Central District Health Department	4%	712
Nebraska	5.2%	41,151
Pierce County, NE	3.2%	91

Sources: US Census Bureau ACS 5-year 2019-2023

Figure 31: Lack of Access to a Vehicle Map



Sources: US Census Bureau ACS 5-year 2019-2023

Assessment Data and Findings – Food Insecurity

Everyone deserves access to food that nourishes their body, but for many, that’s not the reality. Finding or affording nutritious food can be a daily struggle, especially in areas where healthy options are scarce. Poor diets often lead to serious health conditions, yet in some communities, unhealthy choices may be the only ones available.

Food Access Challenges in the District:

- **Healthy Food Access:** Low access to healthy food is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store. Over one-third (35.4%) of residents in our district face difficulties accessing healthy food. This is a greater issue in Pierce County with 46.5% of residents having low access to healthy food.
- **Food Purchasing Options:** While all counties in the district have at least one grocery store, none have larger supercenters or club stores that offer more variety.
- **SNAP Benefits:** Pierce County has fewer residents receiving SNAP benefits (7.1%) compared to the state average (8%). Yet, Pierce County has a higher percentage of households living in poverty that don't receive SNAP support (73.2%) than the state (66%).

Figure 31: Low Access to Health Food



Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Geography	2019 People With Low Access to Healthy Food
Antelope County, NE	12.9%
Boyd County, NE	36.3%
Brown County, NE	10.1%
Cherry County, NE	38.8%
Holt County, NE	47.4%
Keya Paha County, NE	99.9%
Knox County, NE	30.7%
Pierce County, NE	46.5%
Rock County, NE	28%
North Central District Health Department	35.3%
Nebraska	54.2%

Sources: USDA ERS FARA 2019

Figure 32: Low Access to Food for Low Income and Housing Units without Vehicles

Geography	2019 Low Income People	2019 Housing Units without Vehicles
North Central District Health Department	34.1%	29.6%
Nebraska	52.6%	49.1%
Pierce County, NE	38.9%	33.7%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Low Income is defined as either a poverty rate of 20 percent or more, or the median family income is 80 percent or less of the state or metro area median income

Figure 33: Low Access to Food for Race or Ethnicity

Data Sources	North Central District Health Department	Nebraska	Pierce County, NE
2019 Asian	17.4%	58.8%	50%
2019 Black or African American	27%	57.2%	21.4%
2019 Hispanic or Latino	28.2%	53.2%	46.2%
2019 Multiracial or Other Race	27.4%	53.4%	32.5%
2019 Native American	65.3%	40.6%	75%
2019 Native Hawaiian and Pacific Islander	45.5%	53.3%	No data
2019 White	34.7%	54.1%	46.6%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Data includes both Hispanic/Latino and non-Hispanic/Latino unless otherwise noted.

Figure 34: Low Access to Food for Seniors and Children

Geography	2019 Children ages 0 to 17	2019 Seniors ages 65+
North Central District Health Department	36.7%	32.8%
Nebraska	54.5%	51.8%
Pierce County, NE	47.4%	42.3%

Sources: USDA ERS FARA 2019

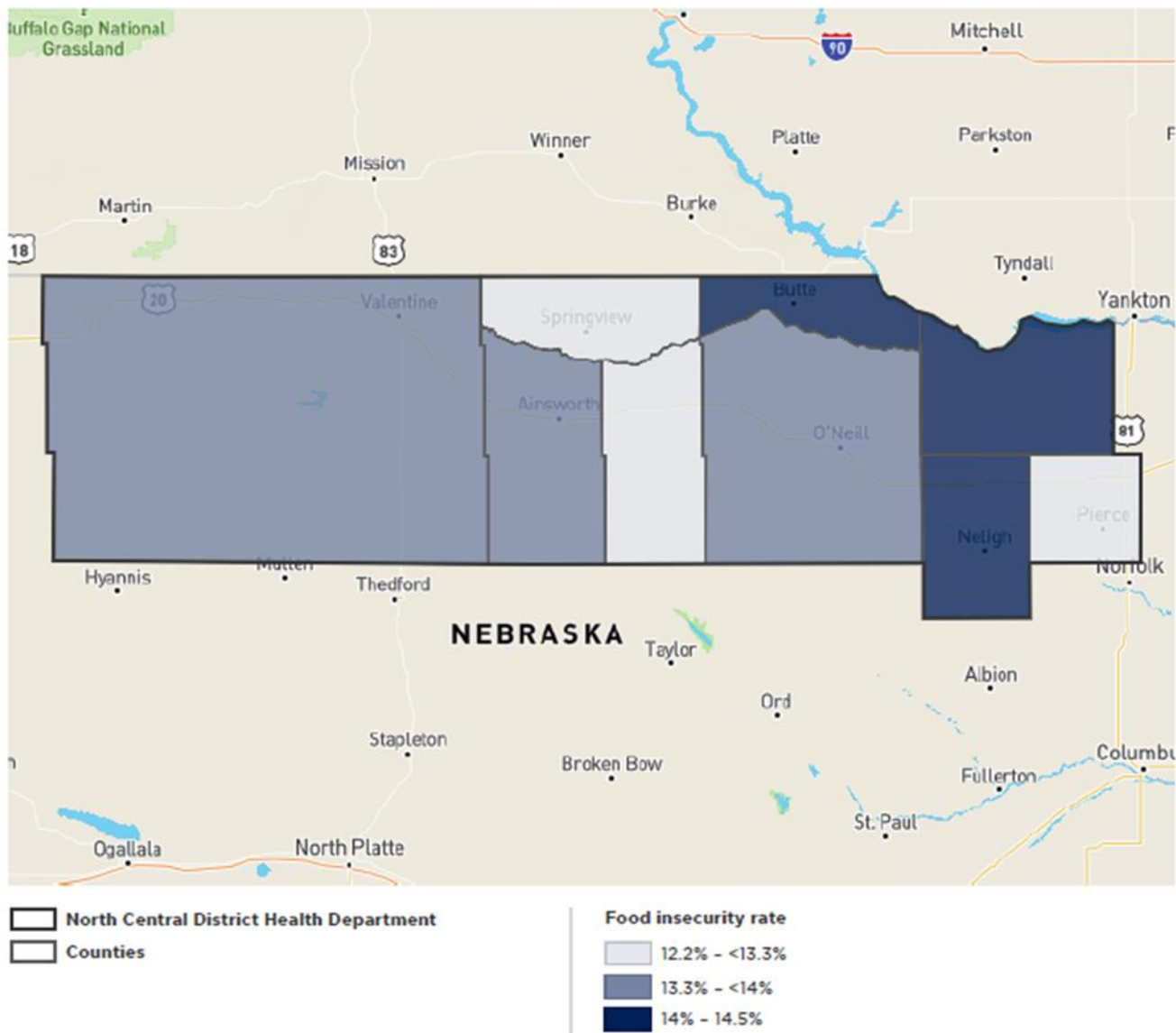
Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Figure 35: Food Insecurity

 **13.6%**
of People
Food Insecurity
Nebraska

Sources: Feeding Amer. Map the Meal Gap 2022

Food Insecurity Rate



Sources: Feeding Amer. Map the Meal Gap 2022

Food affects so much about our lives. Like blood vessels that reach every part of our bodies, our food system reaches every part of our society. How and where we get food affects our health, education, economy, and more. If we want to make healthy choices but can't easily find or afford fresh food, we are unlikely to make that choice. Low income neighborhoods often have more unhealthy options such as fast food or gas stations, leading to choices that are higher in

fat, salt, and sugar. Eating a regular diet with those options can lead to heart disease, stroke, and increase risk for some types of cancer. Just as people in rural areas might not have many options available, lower income areas in cities also might not have access. Making sure healthy food options are available allows us all to have an equal chance at good physical health throughout life.

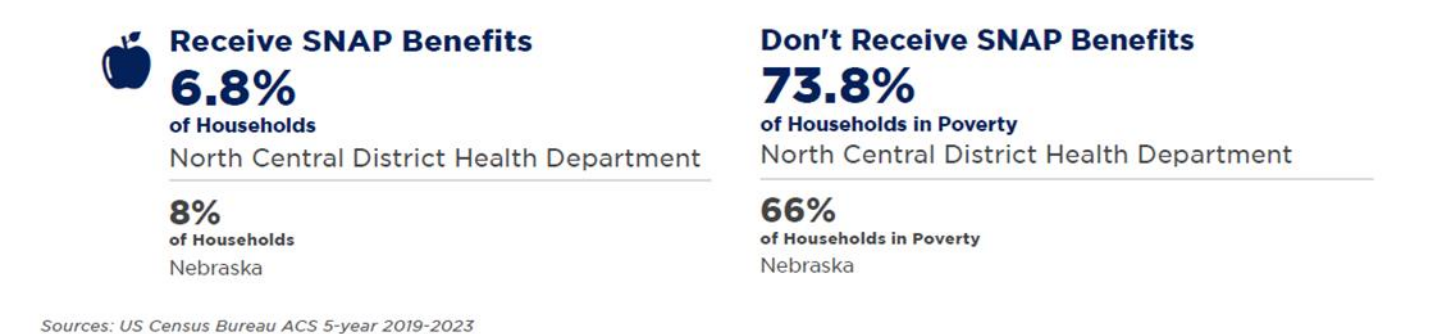
Figure 36: Food Purchasing Options

Geography	2016 Fast Food Restaurants per 1,000 People	2016 Grocery Stores	2016 Supercenters / Club Stores
Nebraska	0.43	420	49
Antelope County, NE	0.79	5	0
Boyd County, NE	0	2	0
Brown County, NE	0	3	0
Cherry County, NE	0.69	2	0
Holt County, NE	0.49	6	0
Keya Paha County, NE	0	1	0
Knox County, NE	0.35	6	0
Pierce County, NE	0.42	4	0
Rock County, NE	0	1	0

Sources: USDA ERS FEA 2016

The cost of groceries, especially fresh produce, is rising and sometimes we may need help purchasing healthy food. Programs like SNAP (Supplemental Nutrition Assistance Program) help fight hunger and equip families to make healthy choices. This program has been linked to lower healthcare costs and improved health outcomes for those who use it. SNAP helps people get enough food to eat, including children from lower income households who are at high risk for not having enough food without this help. When families receive this assistance and have stores in their community that allow them to use it, fewer people are going to bed hungry at night.

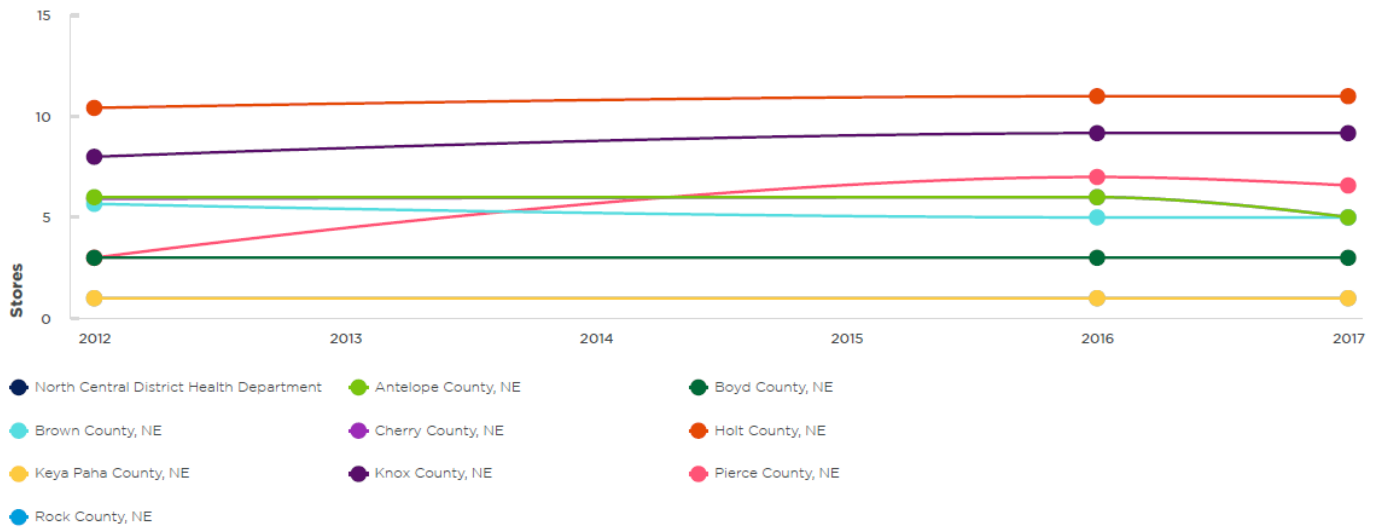
Figure 37: SNAP Benefits



Geography	2019-2023 Households Receiving SNAP	2019-2023 Households Not Receiving SNAP Below Poverty Level
Antelope County, NE	5.2%	73.1%
Boyd County, NE	6.1%	72.8%
Brown County, NE	5.9%	82.7%
Cherry County, NE	6.2%	70.7%
Holt County, NE	8.2%	67.6%
Keya Paha County, NE	1.2%	100%
Knox County, NE	8.2%	75.5%
Pierce County, NE	7.1%	73.2%
Rock County, NE	3.4%	81.9%
North Central District Health Department	6.8%	73.8%
Nebraska	8%	66%

Sources: US Census Bureau ACS 5-year 2019-2023

Figure 38: SNAP Authorized Stores



Sources: USDA ERS FEA

Assessment Data and Findings – Causes of Mortality

By reviewing the top causes of mortality, we can see the top threats to health and wellness in our community. When we can identify the greatest threats to life, we can then take actionable steps to abating those threats.

Health in Our District:

- Life Expectancy: At 80.3 years, Pierce County residents have a higher life expectancy than both the state (79.2) and national (78.8) averages—something to be proud of!
- Leading Causes of Death: Like the rest of the country, heart disease is the top cause of death; however, Nebraska has higher rates of Chronic Lower Respiratory Disease, Alzheimer's Disease, and suicide compared to the national average.

Figure 39: Life Expectancy at Birth

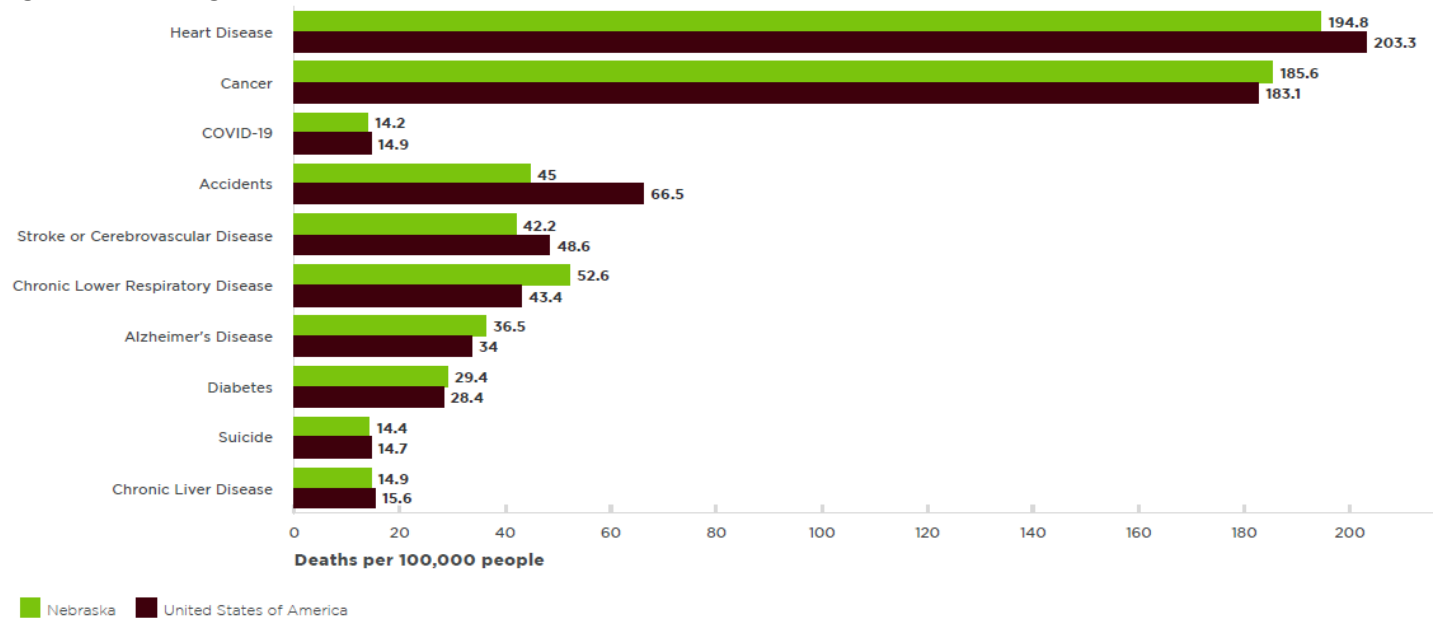


Sources: CDC NCHS USALEEP 2010-2015

Geography	2010-2015 Life Expectancy at Birth
North Central District Health Department	80.1
Nebraska	79.2
United States of America	78.8
Antelope County, NE	82.6
Boyd County, NE	79.2
Brown County, NE	81.6
Cherry County, NE	78.2
Holt County, NE	79.8
Keya Paha County, NE	No data
Knox County, NE	79.7
Pierce County, NE	80.3
Rock County, NE	77

Sources: CDC NCHS USALEEP 2010-2015

Figure 40: Leading Causes of Death, Nebraska Vs. Nation



Sources: CDC WONDER Cause of Death 2023 Crude
This data is sorted from highest to lowest based on national top causes of death.

Prioritization Description of Significant Community Health Needs

Process

On March 25, 2025, NCDHD hosted a Community Health Needs Assessment data presentation to review data and determine community health improvement priorities. Members representing special populations- aging, low-income, low- education, and racial/ ethnic minorities- were invited to participate. Organizations represented are detailed in Table 4 in the Methods and Process section. Community Health Needs were identified through data analysis according to the following criteria:

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

As the evaluator presented the data, participants were instructed to identify the greatest health concerns and to rate them based on severity, magnitude, and feasibility. A Technology of Participation (ToP) trained facilitator guided the group through a prioritization process, resulting in the below significant health needs listed in Table 6.

Prioritizes Health Needs Identified

Table 6: Prioritized Significant Health Needs

Health Needs	Rationale
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Mental Health

- Suicide death rates in Nebraska (15.5) have surpassed the national average of 14.8 deaths per 100,000 people in 2022. In 2023, Nebraska slightly dropped (14.4) below national average of 14.7 deaths.
- In Nebraska, men carry most of the burden, with a suicide death rate of 42.2, compared to their female counterpart's suicide death rate of 10.6.
- In Nebraska, the age category at greatest risks for death by suicide is 45–54 (21.6) followed closely by 25-34 (21.3) and 35-44 (20.5).
- Native Americans (35.7) are significantly more likely than any other ethnic group to die by suicide: White (16.7), African American (8.5), Hispanic (8), and Asian (0).
- Suicide was listed in the top three leading cause of death for ages 1-14 and ages 15-24.
- Pierce County is a HRSA designated shortage area for mental health providers. In 2024, Pierce County had 7,301 people per one mental health provider.
- When asked, "During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?" 37.4% of youth said always, 19.2% said most of the time, 19.9% said sometimes, 10.7% said rarely, and 12.9% said never.
- When asked, "In the past 12 months, have your parents/ caregiver had a conversation with you on the harms of alcohol, inadequate nutrition, vaping, smoking/tobacco use marijuana, CBD (Cannabidiol products, Delta 8, etc.), inadequate sleep, social media, taking medication that is not yours, or illegal drugs?" 44.9% (222/495) reported no conversation was had in the last 12 months. Parents are most likely to talk to their kids about vaping 40.5% (199/450), alcohol 40.5% (193/450), social media 33.1% (164/450).
- When asked, "Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?" 19.7% of students responded yes, while 80.3% said no.
- When asked, "Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?" 20.8% of youth responded yes and 79.2% said no.
- When NCD 8th-12th graders were asked if in the past 12 months they had felt sad or hopeless, 12.8% of males and 27.8% of females responded yes.
- When NCD 8th-12th graders were asked if in the past 12 months they seriously considering attempting suicide, 7.7% of males and 19.3% of females responded yes.
- When NCD 8th-12th graders were asked if in the past 12 months they planned how they would attempt suicide, 7.3% of males and 10.4% of females responded yes.
- When NCD 8th-12th graders were asked if in the past 12 months they had attempted suicide, 1.4% of males and 5% of females responded yes.
- When NCD 8th-12th graders were asked if in the past 12 months they had attempted suicide resulting in injury, 1.7% of males and 1.8% of females reported their attempted suicide resulted in an injury, poisoning, or overdose that had to be reacted by a doctor or nurse.

Substance Abuse	<ul style="list-style-type: none"> • The Pierce County drug overdose death rates have consistently increased since 2003 (2.2 age-adjusted deaths per 100,000 people) in Pierce County and reached an all-time high in 2021 at 8.1 deaths per 100,000 people. • Substance Abuse & Suicide Prevention: Multiple data sources highlight the need for strategies addressing substance misuse and mental health crises, emphasizing comprehensive, accessible treatment and prevention programs. The drug overdose death rates have increased since 2004 and suicide death rates have consistently increased since 2010. • Alcohol is the most used substance among NCD youth with 38.1% having drunk in their lifetime. • 10.3% of youth had their first drink of alcohol before the age of 12. • Only 1.8% of current drinkers had their first drink after the age of 15. This data suggested alcohol prevention and education must start by at least age 8. • 85.5% of students are not current users (have used in the past 30 days), and of those who have used in the past 30 days, 8.9% only used one or two days of the month. • Social access appears to be the main way youth get alcohol (6.2%), as opposed to retail access. • Binge drinking: Binge drinking is defined as on how many days did you have 4 or more drinks of alcohol in a row, that is, within a • couple of hours (if you are female) or 5 or more drinks of alcohol in a row if you are male. Binge drinking is associated with high rates of risky behavior and harm. Males are more likely to binge drink 90.5% than females (96%) and therefore engage in risky behavior. • E-cigarette use is the second most used substance for youth in NCD, with 20.6% of males and 22.7% of females having ever vaped in their lifetime. 7.1% of males are current e-cigarettes users and 10.8% of females are current users. • Marijuana is the third most used substance with 10.9% of students using by their senior year.
Socioeconomic Instability	<ul style="list-style-type: none"> • Residents frequently mention high living costs, expensive healthy foods, and financial struggles as barriers to overall health. Data supported this by showing inequities in average income by race and housing costs of 30% or more of household income among 18.4% of residents. • Residents frequently mention expensive healthy foods. This was reinforced by 35.4% of residents living over 10 miles from a grocery store, no large supercenters or club stores offering more variety. • NCDHD has fewer households receiving SNAP benefits (6.8%) compared to the state average (8%). Yet, we have a higher percentage of households living in poverty that don't receive SNAP support (73.8%) than the state (66%).
Access to Services	<ul style="list-style-type: none"> • Lack of childcare was a common theme in focus groups, Pierce County fairs the best in the district regarding consistent childcare center. In 2022 there were five childcare centers in the County. • 4% of district residents lack access to a vehicle. in Pierce County that drops to 3.2% or 91 people. • Lack of long-term care options for elderly populations was a common theme in focus groups as well as during the March 25th meeting. Within Pierce

	<p>County there are three facilities that provide long-term care or assisted living opportunities: Premier Estates in Pierce (LTC), Plainview Manor in Plainview (LTC), and Whispering Pines.</p> <ul style="list-style-type: none"> • Across interviews, surveys, and partner feedback, the cost of healthcare—insurance, deductibles, and out-of-pocket expenses—poses a major barrier to receiving timely care. This feedback is despite all counties reporting over 90% of people having health insurance. • Pierce County has the third highest insurance rate of the district at 93.8%, following Knox County at 93.9%, and Antelope at 94%. • In the district, Native Americans (71.1%), African Americans (80.8%), Hispanics (80.4%), and other populations (68.7%) have the lowest rates of insurance. In Pierce County, 100% of Native Americans and African Americans have insurance. Populations that have the lowest insurance access in Pierce County is other populations (27.8%), Hispanics (92.7%), and Whites (93.8%). • Specialty Care Shortages: Consistently, respondents noted limited access to specialists (e.g., mental health providers, cardiologists, endocrinologists), requiring long-distance travel and long wait times. • Workforce & Staffing Gaps: Key informants and partners identified persistent challenges in recruiting and retaining healthcare professionals, including nurses, EMS personnel, and other medical staff. Staffing shortages affect care quality, timeliness, and service sustainability. • In 2024, Pierce County had 1,824 people per one primary care provider and is a HRSA designated provider shortage area. • In 2024, Pierce County had 2,434 people per one dentist and is a HRSA designated dental provider shortage area.
Chronic Conditions & Disease Prevention	<ul style="list-style-type: none"> • Nebraska’s top cause of death is heart disease with 194.8 deaths per 100,000, which is less than the nation (203.3 death per 100,000). • Nebraska’s second leading cause of death is cancer (185.6 death per 100,000), which is higher than the nation’s (183.1 death per 100,000). Cancer was listed as a top three cause of death for all age groups. • Diabetes is the 7th leading cause of death in Nebraska in 2023 and was highlighted as a priority on the March 25th meeting as well as throughout the focus groups. Diabetes was the cause of death in 2023 for 579 Nebraskans. • Hypertension and hypertensive renal disease are the 8th leading cause of death in Nebraska in 2023 and was highlighted on the March 25th meeting. This was the cause of death in 2023 for three hundred sixty-nine Nebraskans. • Both key informants and community members cite obesity as a major health concern, tied to poor nutrition, limited healthy food options, and a sedentary lifestyle. This helps to explain why the North Central Health District had

	<p>higher percentages of adults with chronic conditions (obesity, diabetes, coronary heart disease, high blood pressure) compared to the state average.</p> <ul style="list-style-type: none"> Improved physical activity was mentioned to prevent chronic disease. According the 2022 Behavioral Risk Factor Surveillance System (BRFSS) 41% of Pierce County residents were obese and 32% of NCD residents reports no leisure – time physical activity.
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Table 7 shows the Community Health Improvement Plan priorities for the NCD, as voted on by community stakeholders in March 2025, 2025.

Table 7. Community Health Improvement Plan (CHIP) Priorities for the North Central Health District

Community Health Improvement Plan (CHIP) Priorities for the North Central District
Mental Health & Substance Abuse
Socioeconomic Instability
Access to Services
Chronic Conditions & Disease Prevention

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

Resources Potentially Available to Address Needs

Table 8: Resources and Assets in the NCD to Support the Top Needs

Behavioral Health	Health Need
	CHI Health Plainview North Central District Health Department North Central Community Care Partners Region 4 Behavioral Health Services Midtown Health Hampton Behavior Health Good Life Counseling & Support Center Vision Quest Counseling A Better Way of Life Oasis Counseling International Counseling & Enrichment Center Northstar Services Avenues to New Horizons Counseling & Enrichment Center Independent Counseling Services Associated Psychologist & Counselors LLC Midwest Country Clinic LLC Heartland Counseling Faith, Hope, & Love Church Child & Family Institute of Nebraska

Substance Abuse	CHI Health Plainview North Central District Health Department North Central Community Care Partners Region 4 Behavioral Health Services Plainview Public Schools Osmond Public Schools Pierce Public Schools
Socioeconomic Instability	Economic Development Antelope County Food Pantry Food Bank of the Heartland Zion Lutheran Church/Min. Assn. Atkinson/Stuart Food Pantry O'Neill Food Pantry Ministerial Association Our Savior Lutheran Church ELCA United Congregational Church St. Peter Lutheran Church CNCAP Central Nebraska Community Action Partnership St. John's Food Pantry Osmond United Methodist Church Department of Health and Human Services
Access to Services	CHI Health Plainview North Central District Health Department Niobrara Valley Hospital NCDHD Board of Health North Central Community Care Partners Osmond General Hospital Antelope Memorial Hospital Rock County Hospital Avera Creighton Hospital West Holt Memorial Hospital Avera St. Anthony's Hospital Indian Health Services Premier Estates in Pierce (LTC) Plainview Manor in Plainview (LTC) Whispering Pines
Chronic Conditions and Disease Prevention	CHI Health Plainview North Central District Health Department Niobrara Valley Hospital NCDHD Board of Health North Central Community Care Partners Osmond General Hospital Antelope Memorial Hospital Rock County Hospital Avera Creighton Hospital West Holt Memorial Hospital Avera St. Anthony's Hospital Indian Health Services

Impact of Actions Taken Since the preceding CHNA

See Appendix 7

Appendices

Appendix 1: CHI Health Plainview Key Informant Interview Summary

Appendix 2: Pierce County Focus Group Results

Appendix 3: March 25, 2025 Evaluator Handouts

Appendix 4: March 25, 2025 PowerPoint Presentation

Appendix 5: Key Take Aways from CPA, Key Informant Interviews, and the Community Survey

Appendix 6: Assessment Data and Findings

Appendix 7: Impact of Actions Taken Since the Preceding CHNA

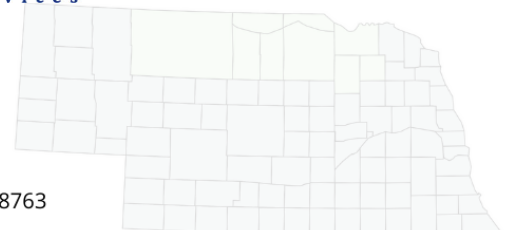
CHI Plainview Interview Summary: Key Community Health Assets and Needs

- **Service Area Representation:** Focus on Pierce County and surrounding areas to serve both local and nearby communities.
- **Community Health Assets:**
 - Strong primary care, long-term care, home care, and hospice services that address mobility challenges and extend beyond Pierce County.
 - Skilled home health services, with plans to add speech therapy.
- **EMS Collaboration:**
 - Nurses and maintenance staff assist with ambulance services, mitigating EMT shortages and ensuring patient transfer availability.
- **Top Health Concerns:**
 - **Access to Care:** Improving preventative care access and community understanding of its importance.
 - **Behavioral Health Needs:** Addressing a shortage of local mental health providers; no mental health providers currently reside in the community.
- **School-Based Mental Health:**
 - Collaborative plans between clinics and schools to enhance mental health support for students, especially ensuring service continuity over summers and school transitions.
- **Educational Gaps:**
 - Increased outreach for preventative health education, with current health fairs not reaching high-need populations.
- **Behavioral Health as a Priority:**
 - High demand for behavioral health services; group therapy is explored as a way to improve access amidst limited provider availability.
- **Challenges in Workforce and Behavioral Health:**
 - Limited rural availability of licensed mental health professionals (LMHPs); exploring group-based therapy as a potential solution.
- **Integrated Primary Care:**

- Integration of behavioral health into primary care using short-term counseling; close collaboration between a dual-certified nurse practitioner and an LMHP.
- **Opioid Reduction Efforts:**
 - Interest in programs like the "Billion Pill Challenge" to reduce overprescribing and addiction risks.
- **Transportation Barriers:**
 - Limited out-of-town transport options affect access to care.
- **Specialty Service Needs:**
 - Needs in cardiology, orthopedics, ENT, and dietary services; referrals prioritized for proximity and patient preference.
- **Growth and Expansion:**
 - Plans to expand outpatient, inpatient rehab, and strengthen ER capacity for complex cases.
- **Community Health Observations:**
 - Low uninsured rates and minimal language barriers; slight increase in younger families and Hispanic populations in the area.
- **Group Therapy Interest:**
 - Group therapy could provide support, relieve pressure on individual services, and prevent escalation to higher care levels.

Focus Group

- Welcome and Lunch
- Community Health Assessment Introduction by Whitney Abbott-
- Introductions-
- Community Strengths and Assets:
 - What strengths and resources do community members have?
 - How can these strengths and resources be used to improve community health?
- Built Environment:
 - What physical strengths and resources exist in the built environment of your community?
 - How do these resources differ across neighborhoods, particularly in those experiencing the greatest health inequities?
 - How do community members view and interact with their local built environment?
 - How do these interactions impact the health of community members?
- Forces of Change:
 - What are some events, factors, and/or trends in your community that impact the way people experience life?
 - Events- one-time occurrence
 - Factors- a circumstance, fact, or influence that contributes to a result or outcome
 - Trends- a general direction in which something is developing or changing
 - How does this event, factor, or trend impact the community? Does it present a threat or an opportunity or both?



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BUILT ENVIRONMENT

(A description of the man-made physical environment)

- Senior Center in Pierce
- Public Transportation in Plainview
- Streets are in fair condition, a few dirt roads in town
- Pierce and Plainview had a grant for roadwork improvement
- Hospitals are in good condition
- Library provides public space
- Grocery store in Plainview and Osmond
- Great pharmacies in all three towns
- No grocery store in Pierce



Opportunity:

Affordable Housing quantity could improve



Opportunity:

Sidewalks could be improved



Opportunity:

No bike lanes & Public Bathrooms aren't maintained or accessible at all seasons



Opportunity:

Urgent transportation issues around getting critical patients out



Opportunity:

High Nitrates in Plainview water

STRENGTHS & ASSETS

(Strengths of Pierce County and Local Residents)

- Strong Church involvement
- Community events in each town
- Strong Community Pride
- Food Bank in Osmond
- Food Truck in Plainview, serving all Pierce Co. reaches 180 families
- Pierce has a 24/7 food pantry at Library
- Plainview Food Pantry
- Gyms in all communities
- Strong education system
- Strong Youth sports programs
- Dance Studio
- Two hospitals
- Strong EMS & Fire with mutual aid between communities
- Active Pierce Co Economic Development
- Active Art Counsel
- Active Libraries



Opportunity:

Increase in healthy foods (fruit & vegetables) with food trucks



Opportunity:

Some community gardens & farmers markets but could be more and improved awareness



Opportunity:

Improve engagement with senior citizens



Opportunity:



Opportunity:

FORCES OF CHANGE

Events, Factors, & Trends:

THREATS:

OPPPORTUNITIES:

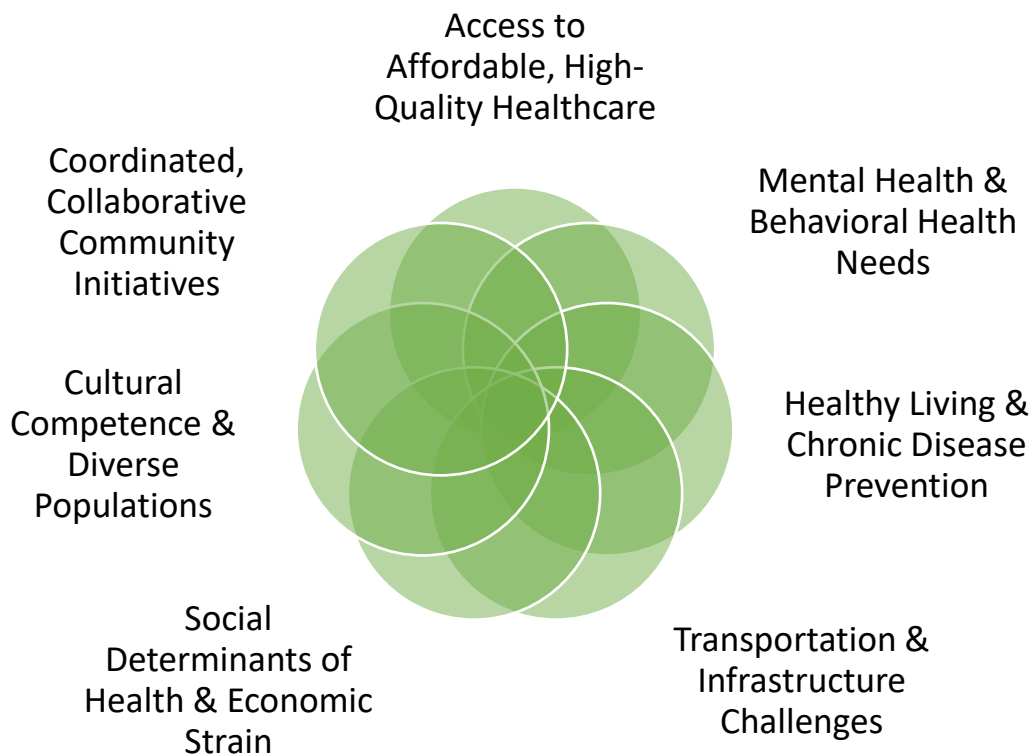
COVID-19	Hurt churches and the workforce	Outreach to communities to improve church attendance
Agriculture/ ranching community	corn and/or beef prices affect the entire community	Mentor Programs/ Farm Programs
Youth returning to community	Daycare and young adult activities lacking	Involve youth in community events and organizations, EMS, etc. / young adults church groups/ gift bags for new residents
Daycare Provider shortage	Parents have to travel to neighboring towns to access daycare	Osmond has a great daycare facility/ Pierce has a building for sale could be used/ collaborate daycare with the school
Workforce	finding people to work, skilled and unskilled labor / lack of workforce can cause labor costs to increase	Adding a daycare facility would help/ Opportunity to partner with Economic Development / promoting local positions in schools / shadowing positions for youth / volunteer hours for youth
Proximity to Norfolk	Compete with Norfolk for jobs and shopping	Beneficial resources in Norfolk/ a good way to sell Pierce County

NCDHD CHA to CHIP Transition Handouts

The handouts included here highlight the data used to inform the identification of the CHA priorities shown below. They included a mixed-methods approach, using a Community Partner Assessment, connecting with data to consider community context & status. Qualitative data included key informant interviews, focus groups across the district's counties, a community health survey with over 330 respondents and a comprehensive online data system using the MySidewalk platform.

Key Issues

The key issues identified include: (1) Access to affordable, high-quality healthcare, (2) mental health & behavioral health needs; (3) healthy living and chronic disease prevention, (4) transportation & infrastructure challenges, (5) social determinants of health & economic strain, (6) cultural competence & diverse populations, and (7) the need for a coordinated, collaborative community initiative approach.



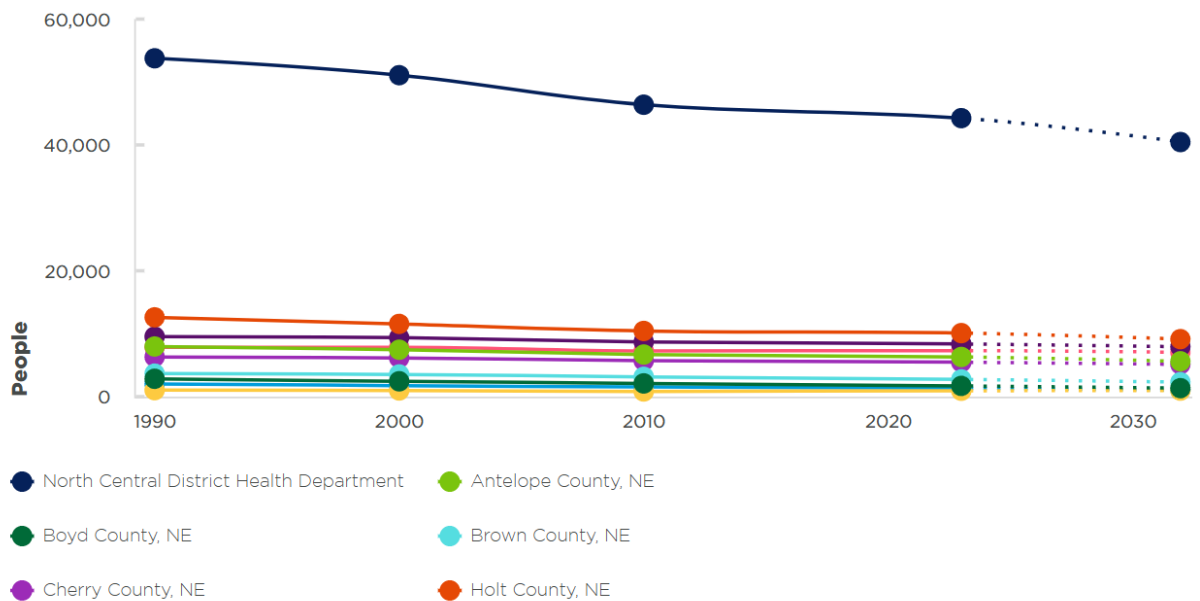
The following pages highlight the data for each of these key issues to better inform identifying priority areas that the communities would like to focus on moving forward.



Population & Demographics

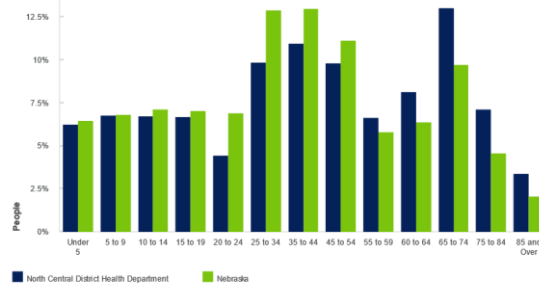
- **Broad Concern About Cost:** Across interviews, surveys, and partner feedback, the cost of healthcare—insurance, deductibles, and out-of-pocket expenses—poses a major barrier to receiving timely care. This feedback is despite all counties reporting over 90% of people having health insurance.

Total Population

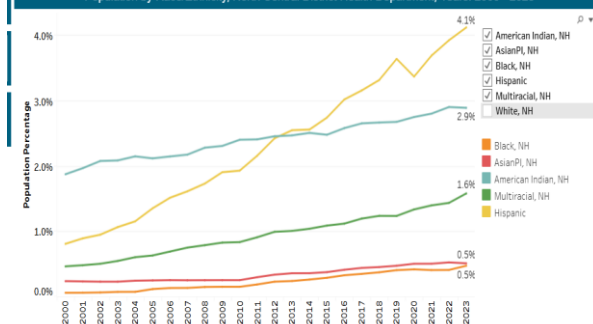


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Age Distributions



Population by Race/Ethnicity, North Central District Health Department, Years: 2000 - 2023

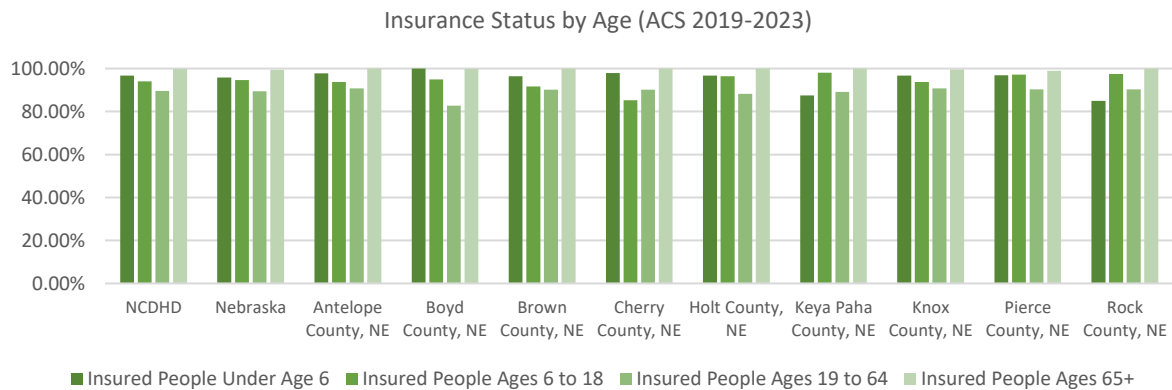
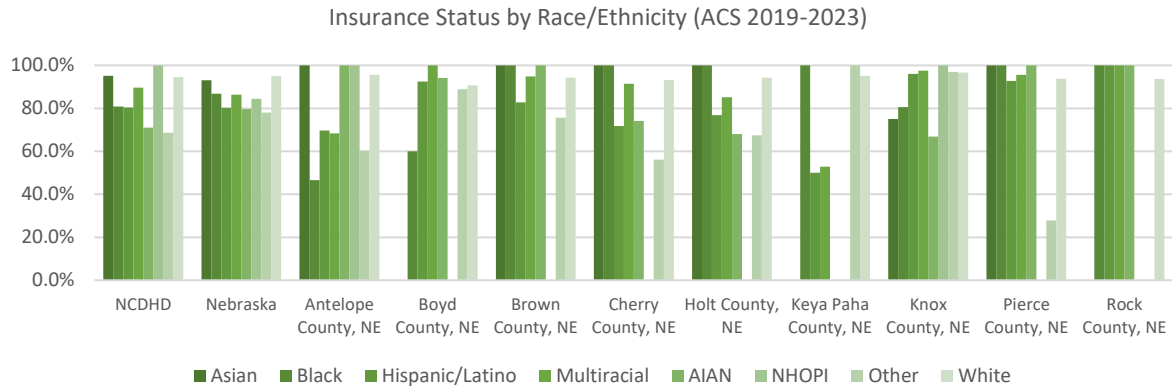


Source: Population Estimates Program (PEP), United States Census Bureau

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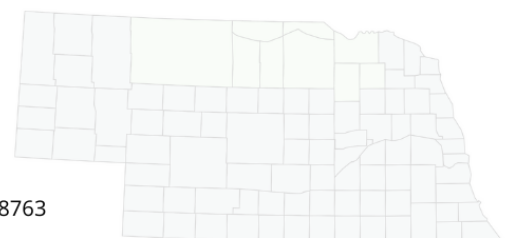
Access to Affordable, High-Quality Healthcare

- **Broad Concern About Cost:** Across interviews, surveys, and partner feedback, the cost of healthcare—insurance, deductibles, and out-of-pocket expenses—poses a major barrier to receiving timely care. This feedback is despite all counties reporting over 90% of people having health insurance.

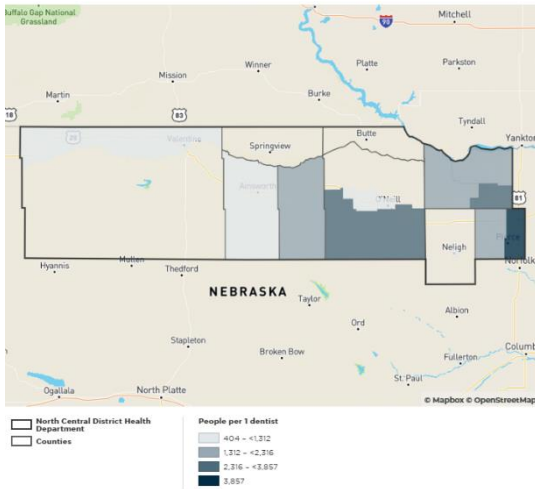


- **Specialty Care Shortages:** Consistently, respondents noted limited access to specialists (e.g., mental health providers, cardiologists, endocrinologists), requiring long-distance travel and long wait times.
- **Workforce & Staffing Gaps:** Key informants and partners identified persistent challenges in recruiting and retaining healthcare professionals, including nurses, EMS personnel, and other medical staff. Staffing shortages affect care quality, timeliness, and service sustainability.

The following page shows maps describing access to care (health insurance coverage, dental provider ratio, mental health care provider ratio, and primary care provider ratios).



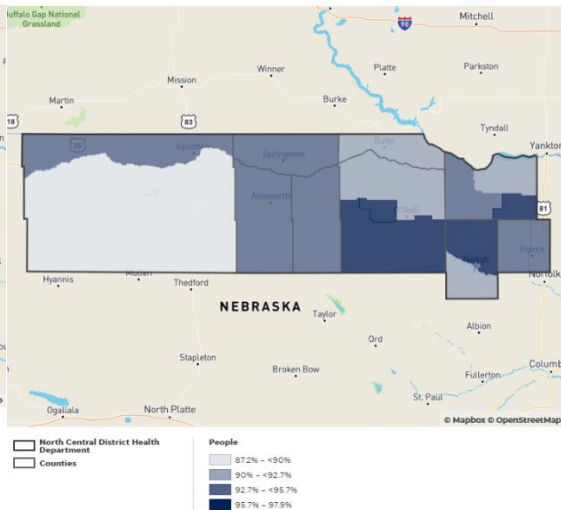
Dentist Ratio



Sources: NPPES NPI 2024

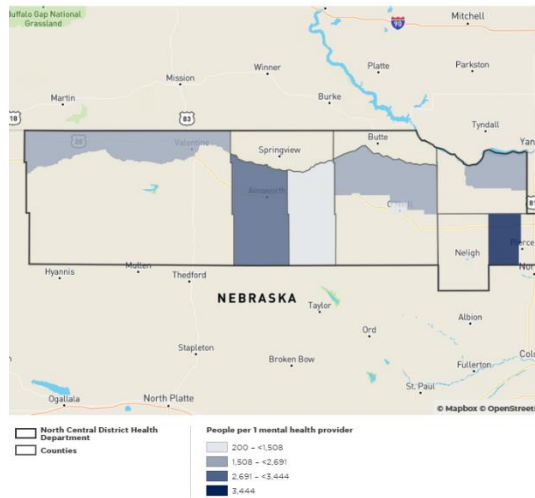
Areas with no data have 0 dentists.

Health Insurance Coverage



Sources: US Census Bureau ACS 5-year 2019-2023

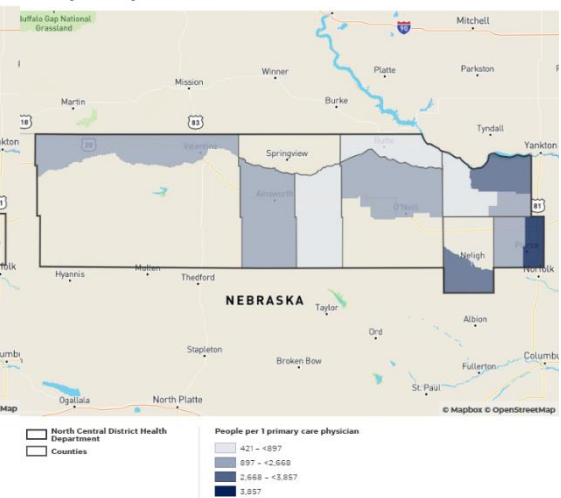
Mental Health Provider Ratio



Sources: NPPES NPI 2024

Areas with no data have 0 mental health providers.

Primary Care Physician Ratio

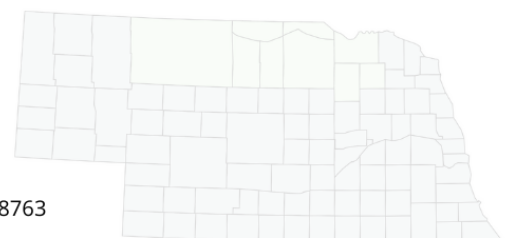


Sources: NPPES NPI 2024

Areas with no data have 0 primary care physicians.

All ratios are providers per person based on population estimates.

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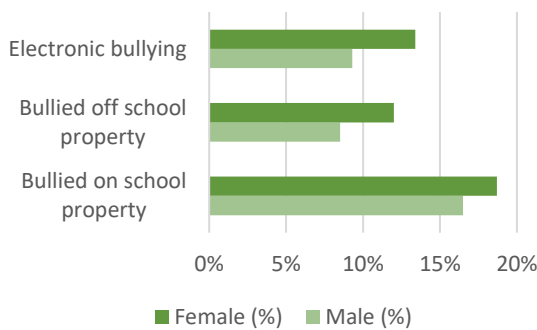


Antelope | Boyd | Brown | Cherry | Holt | Keya Paha | Knox | Pierce | Rock

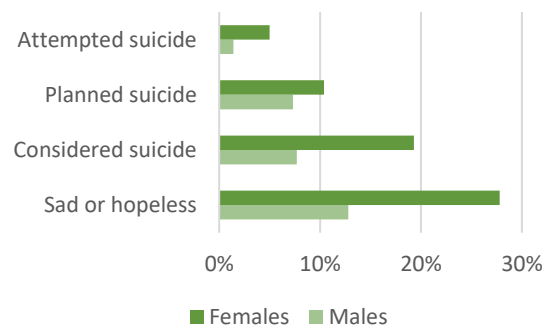
Mental Health & Behavioral Health Needs

- **Critical Gaps in Services:** Whether through key informant interviews or community surveys, stakeholders underscored a lack of sufficient mental health providers, crisis intervention options, and youth mental health support. Although depression and poor mental health are less frequently reported by residents than the state average, access to mental health care creates concerns about managing these conditions.
- **Substance Abuse & Suicide Prevention:** Multiple data sources highlight the need for strategies addressing substance misuse and mental health crises, emphasizing comprehensive, accessible treatment and prevention programs. The drug overdose death rates have increased since 2004 and suicide death rates have consistently increased since 2010.

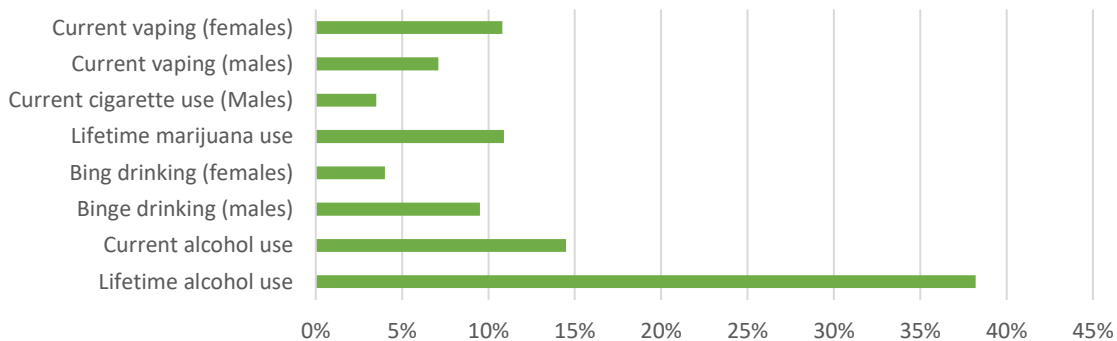
Youth bullying - YRBS - 2023



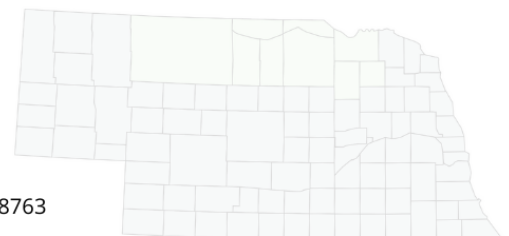
Youth suicide questions - YRBS - 2023



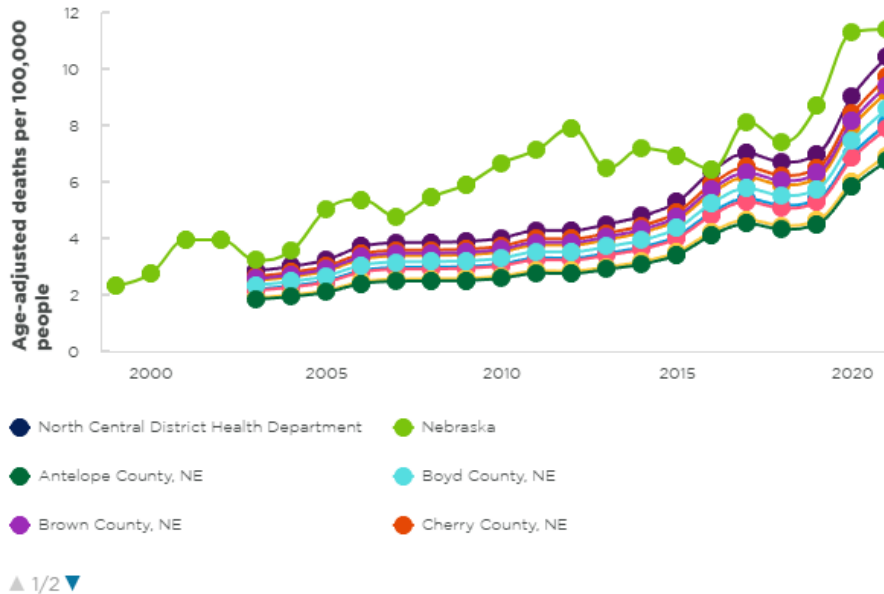
Youth substance use - YRBS - 2023



See previous section on access to care for maps about mental health provider ratios.

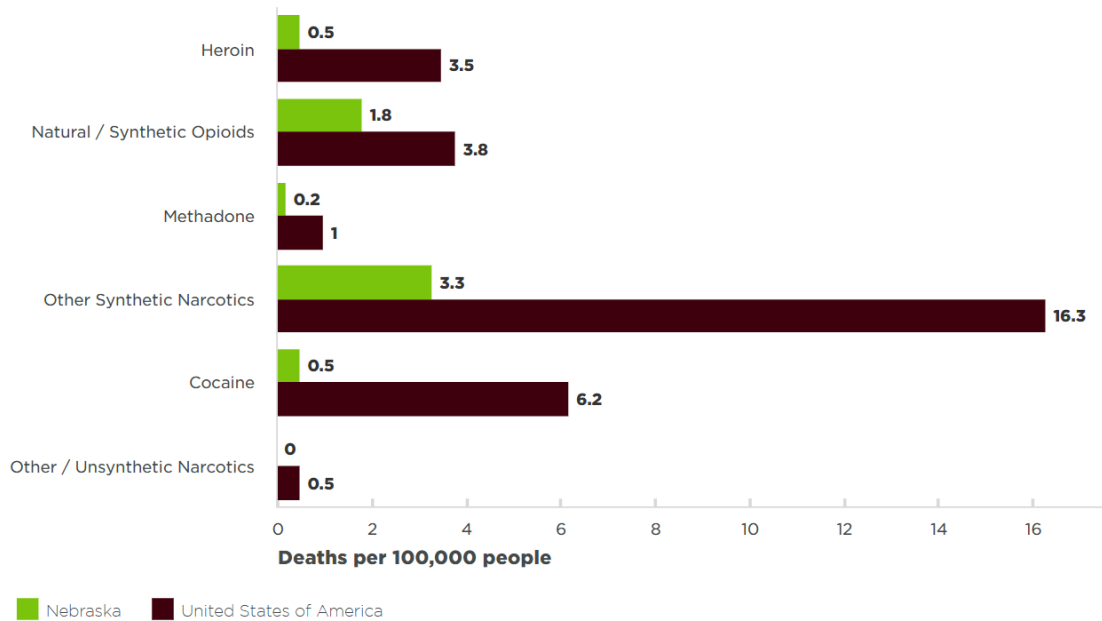


Drug Overdose Death Rate

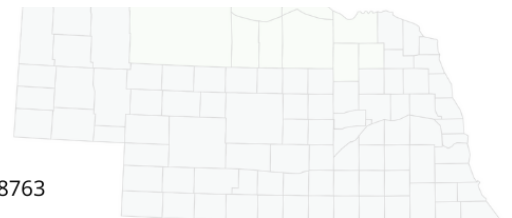


Sources: CDC

Drug Overdose Death by Involved Substance



Sources: CDC WONDER Cause of Death 2018-2022

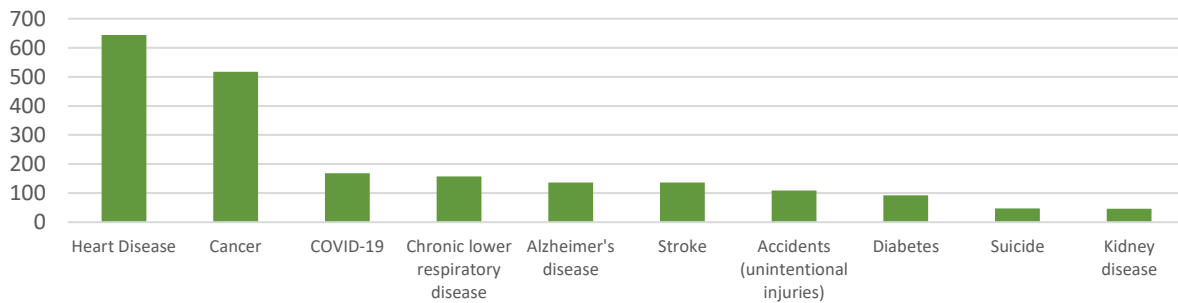


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Healthy Living & Chronic Disease Prevention

- **Obesity and Related Conditions:** Both key informants and community members cite obesity as a major health concern, tied to poor nutrition, limited healthy food options, and a sedentary lifestyle. This helps to explain why the North Central Health District had higher percentages of adults with chronic conditions (obesity, diabetes, coronary heart disease, high blood pressure) compared to the state average.
- **Preventive Programs and Community Wellness:** Survey respondents and partners alike stress the value of nutrition education, walking trails, fitness centers, and preventive health initiatives (e.g., diabetes management) to support healthier lifestyles.

Leading Cause of Death (All Ages - 2019-2023 - NCDHD)



Age 1-14:

- Accidents
- Cancer
- Suicide

Age 15-24:

- Accidents
- Suicide
- Homicide

Age 25-34:

- Accidents
- Suicide
- Cancer

Age 35-44:

- Accidents
- Cancer
- Heart Disease
- Suicide

Age 45-54:

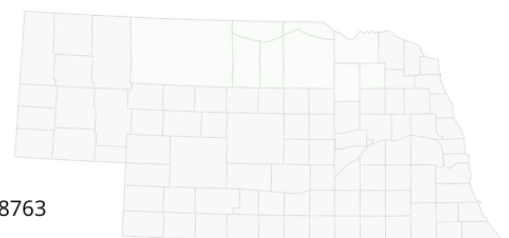
- Cancer
- Heart Disease
- Accidents

Age 55-84:

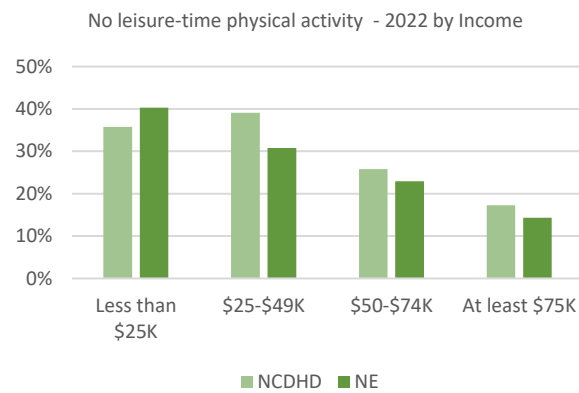
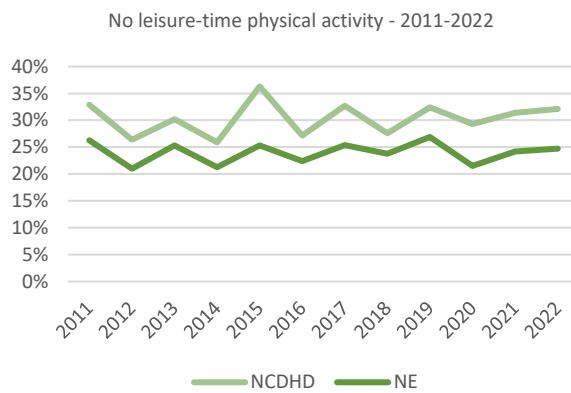
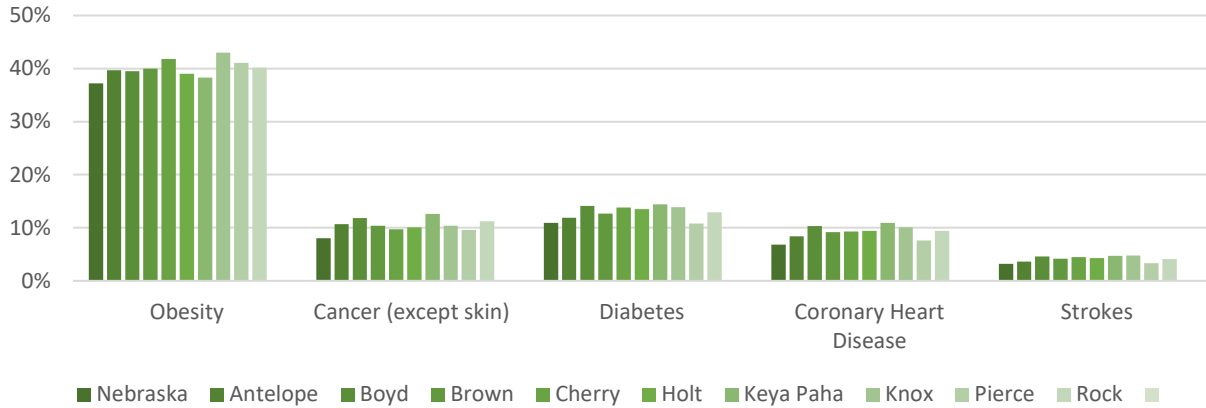
- Cancer
- Heart Disease
- Chronic Lower Respiratory Disease

Age 85+:

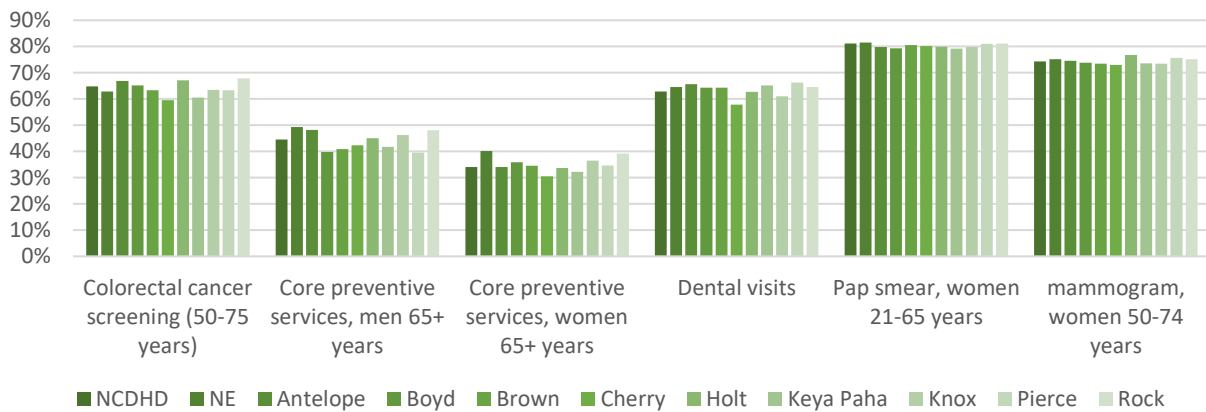
- Heart Disease
- Cancer
- Alzheimer's Disease



Chronic Disease (County, NCDHD, NE) - BRFSS - 2022

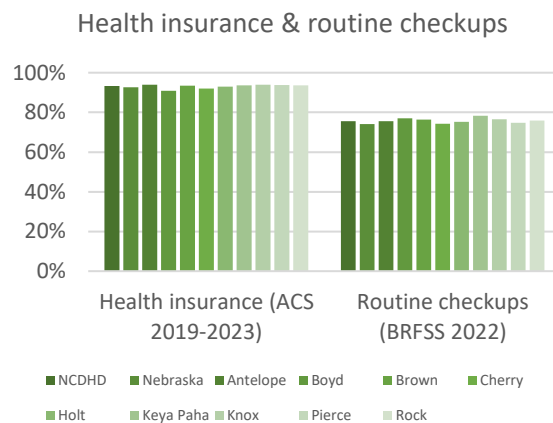
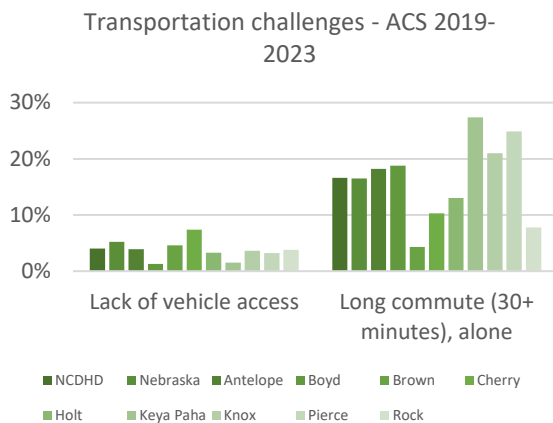


Preventive Program Use - BRFSS - 2020, 2022

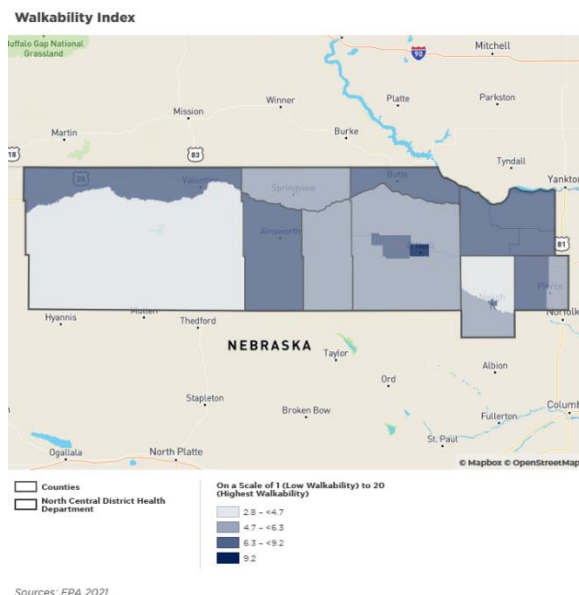


Transportation & Infrastructure Challenges

- Barriers to Care: A common theme across stakeholders is the difficulty of reaching healthcare appointments—particularly specialty and mental health services—due to inadequate transportation. This feedback is despite the district having a higher percentage of adults with health insurance and getting regular check-ups than the state average.

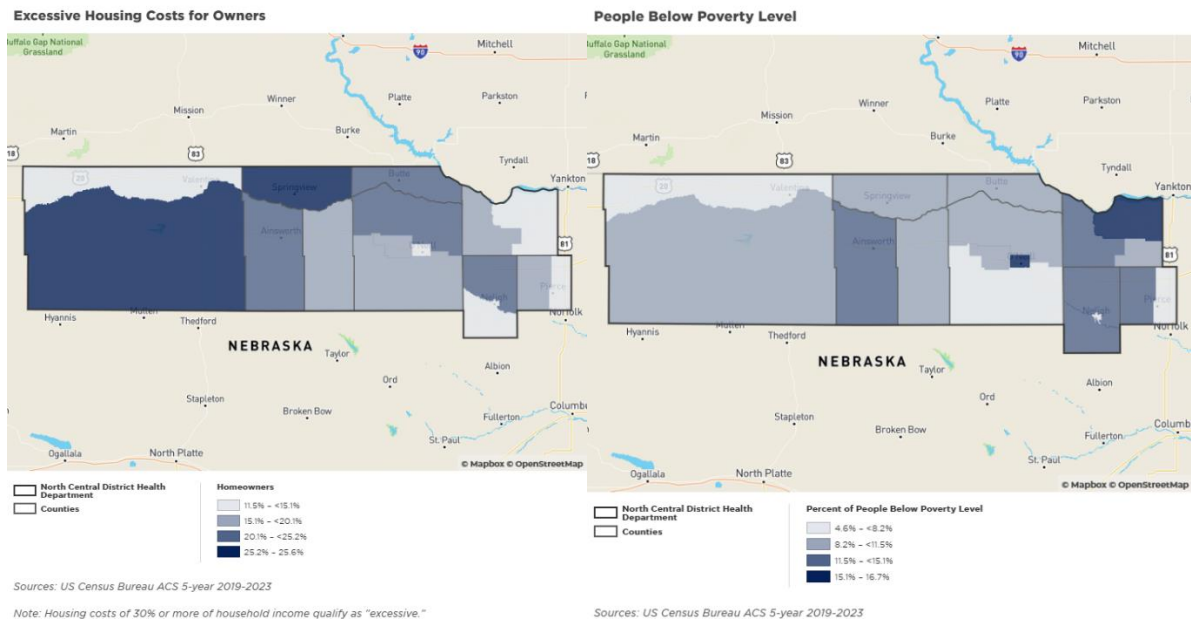


- Community Infrastructure: Improved roads, sidewalks, and public transit options appear frequently as needed elements to enhance health access and encourage active living. A walkability index scored 6.6 for North Central District, compared to 9.2 for Nebraska overall and no data was available showing area dedicated to parks, suggesting significant limitations.



Social Determinants of Health & Economic Strain

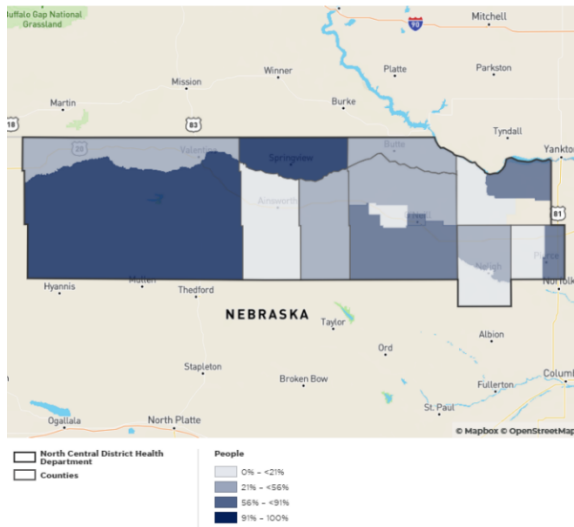
- Cost of Living: Residents frequently mention high living costs, expensive healthy foods, and financial struggles as barriers to overall health. Data supported this by showing inequities in average income by race and housing costs of 30% or more of household income among 18.4% of residents.



Geography	Married Couple with Children	Single Females with Children
NCDHD	6%	32.3%
Nebraska	4.3%	32.4%
Antelope County, NE	2.7%	33.3%
Boyd County, NE	1.2%	78.6%
Brown County, NE	9.3%	15%
Cherry County, NE	4.5%	0%
Holt County, NE	9.6%	50.4%
Keya Paha County, NE	0%	31.3%
Knox County, NE	8.2%	37%
Pierce County, NE	4%	31.5%
Rock County, NE	4.3%	51.9%

- Food Access: Residents also frequently mentioned expensive healthy foods. This was reinforced by 35.4% of residents living over 10 miles from a grocery store, no larger supercenters or club stores offering more variety and fewer households receiving SNAP benefits despite a higher percentage of households living in poverty without SNAP support.

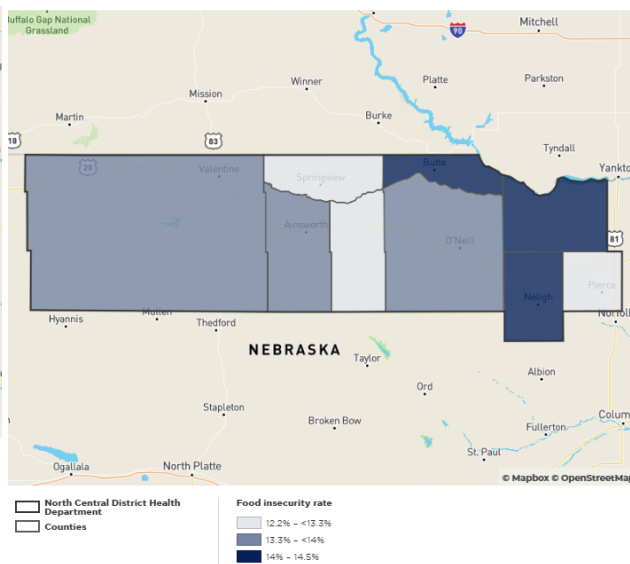
People with Low Access to Healthy Food



Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

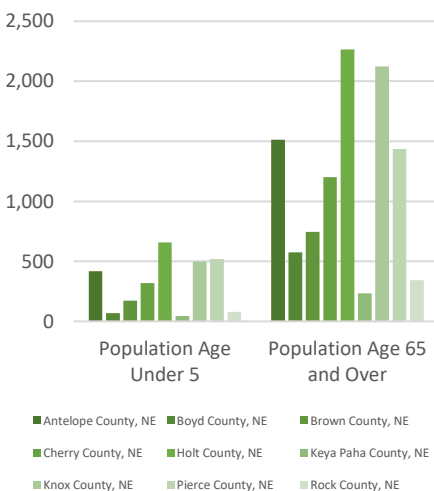
Food Insecurity Rate



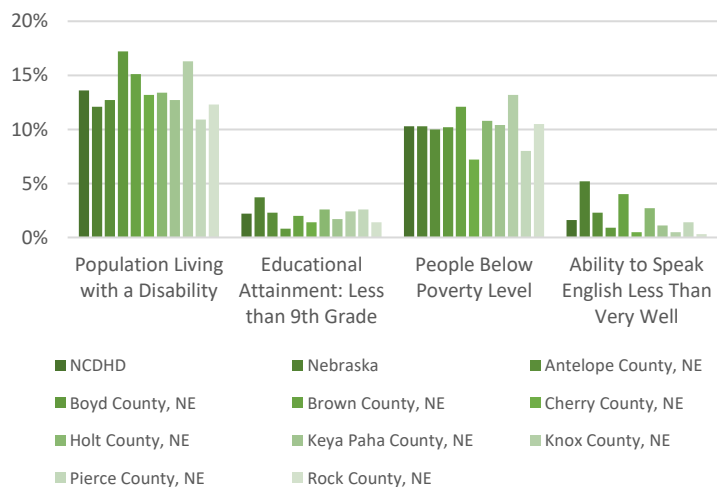
Sources: Feeding Amer. Map the Meal Gap 2022

- Childcare and Aging Populations: Survey results and partner feedback highlight the need for accessible, affordable childcare and support services for older adults, indicating broader social and economic factors at play. Limited data prevents clear insights into the challenge of accessible childcare.

Population SDoH (ACS 2019-2023)



Population Percentages - SDoH (ACS 2019-2023)

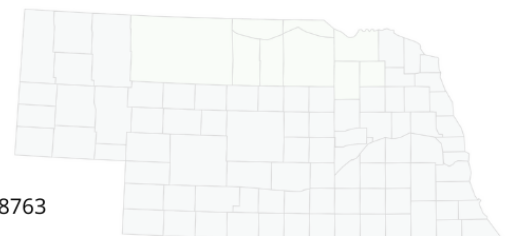


Cultural Competence & Diverse Populations

- **Growing Diversity:** Key informants and survey participants acknowledge demographic shifts, including more Spanish-speaking residents, requiring better translation services and culturally competent care.
- **Inclusive Outreach:** Partners and community members both emphasize the importance of community engagement, leadership development, and inclusive programs that respond to changing cultural dynamics.

Coordinated, Collaborative Community Initiatives

- **Shared Resources and Partnerships:** Partners and informants agree on the value of coordinated efforts to reduce duplication, maximize limited resources, and create a unified approach to addressing priority health issues.
- **Ongoing Data Updates and Engagement:** The desire for regular assessment updates and robust data-sharing platforms indicates a commitment to continuous improvement and evidence-based decision-making.





North Central District Health Department (NCDHD) - 2025 CHA to CHIP Transition

March 25, 2025 – O'Neill, NE

Tommy George, MPH, CPH

Objectives

Highlight key CHA findings (morning)

Present focus areas from CHA for afternoon prioritization using ToPs facilitation

Support stakeholder discussions for CHIP development (ongoing)

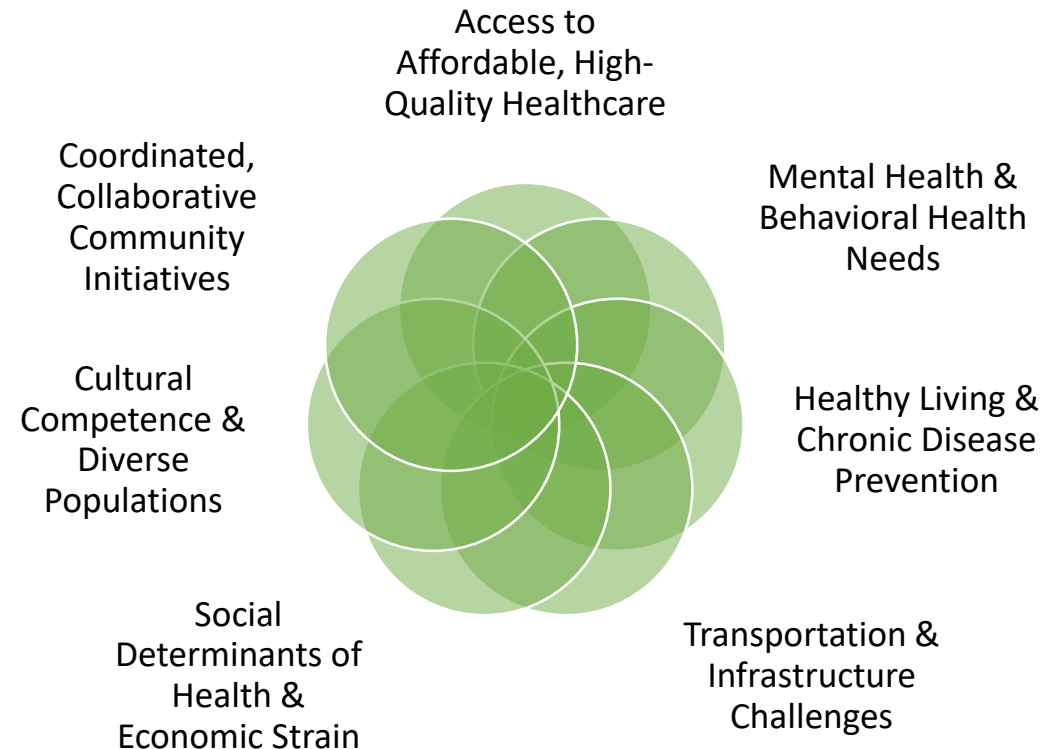
Executive Summary

Overview

- **Population Snapshot:** Aging population, growing Spanish-speaking diversity, 8.1% veterans (vs. NE 7.5%), high child poverty
- **Purpose:** Guide health prioritization and inform stakeholders
- **Data Sources:** Key informant interviews, surveys, focus groups, partner assessments, MySidewalk data overview
- **Collaboration:** Developed with key stakeholders and supplemented using MySidewalk dashboard



Key Issues



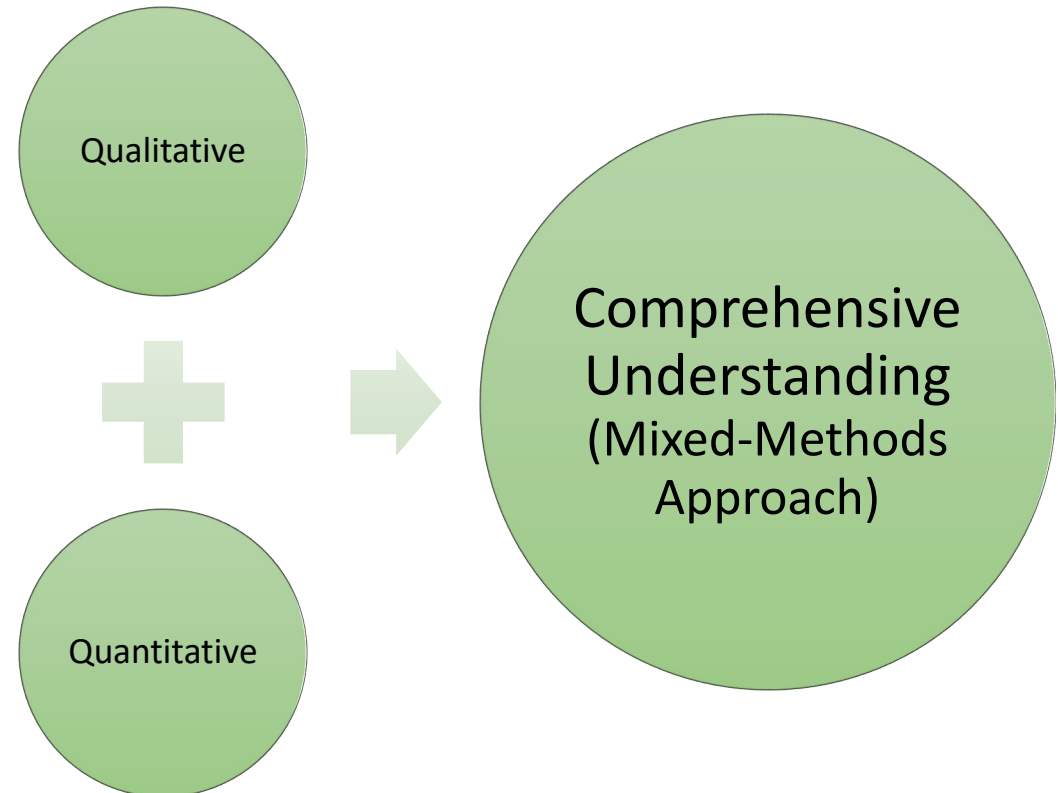
CHA Components



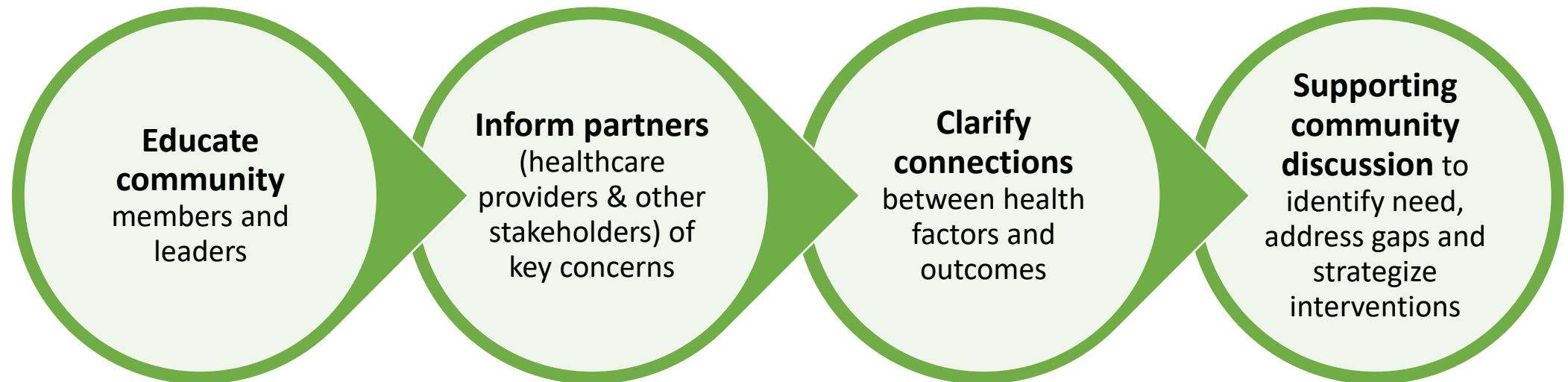
Community Partner Assessment

Community Context/Status Assessments

- Key informant interviews with healthcare partners
- Focus groups across district's counties
- Community health survey with over 330 respondents
- MySidewalk application with comprehensive data



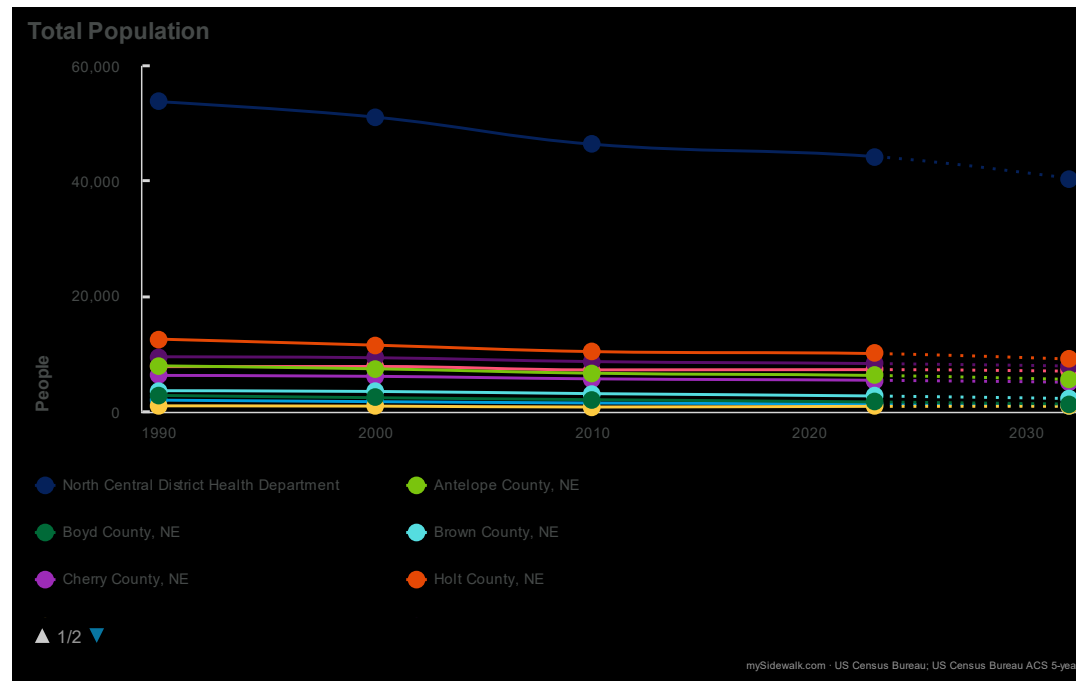
CHA Purpose



Population & Demographics

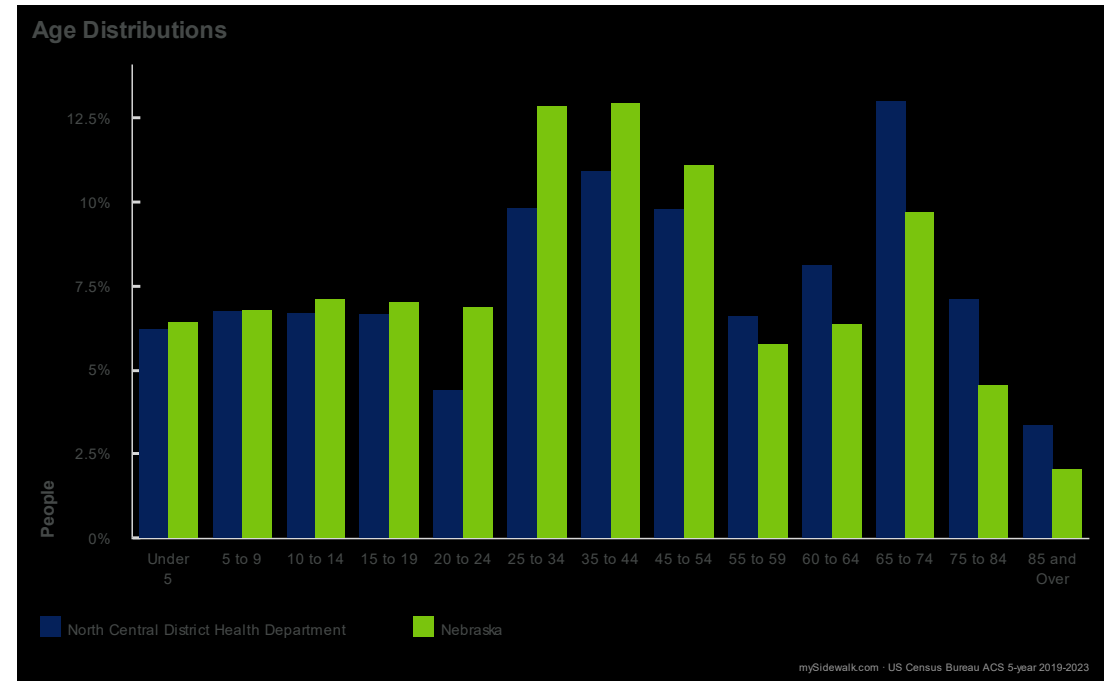
Declining Population Size

Aging & out-migration in 20s



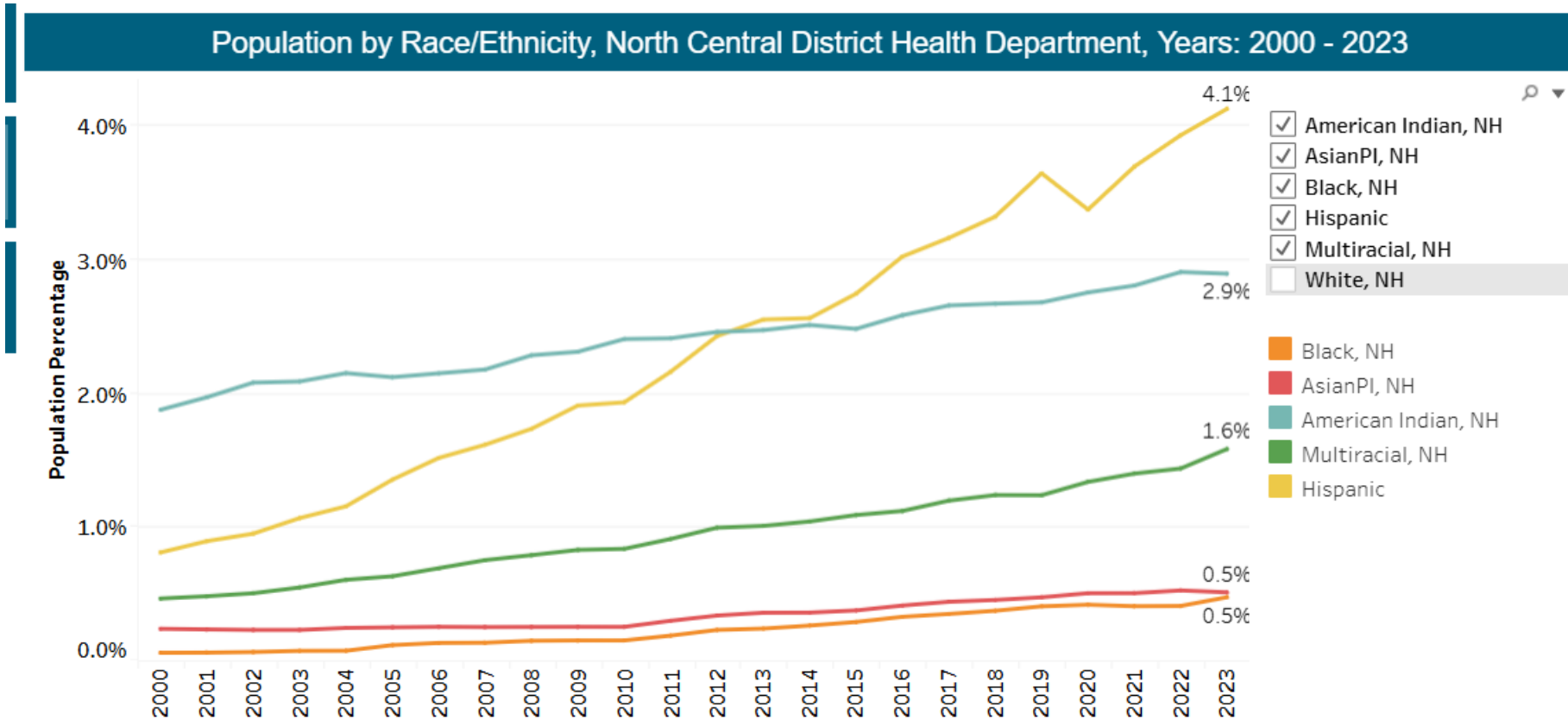
Higher Ages than Nebraska

Biggest drop at 20-24 years



Population & Demographics

Increasing racial & ethnic diversity



Source: Population Estimates Program (PEP), United States Census Bureau

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Population & Demographics

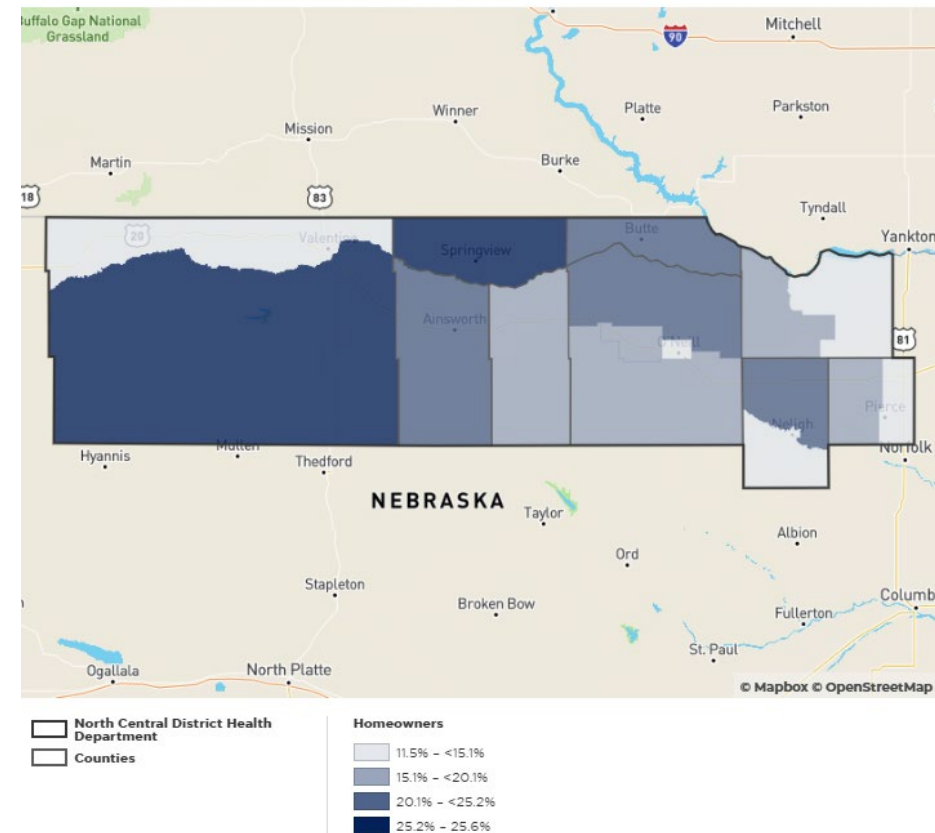
Housing cost challenges & poverty



High housing cost among owners & poverty among single parent households

Geography	Married Couple with Children	Single Females with Children
NCDHD	6%	32.3%
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Antelope County, NE	2.7%	33.3%
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Knox County, NE	8.2%	37%
Pierce County, NE	4%	31.5%
Rock County, NE	4.3%	51.9%

Excessive Housing Costs for Owners



Sources: US Census Bureau ACS 5-year 2019-2023

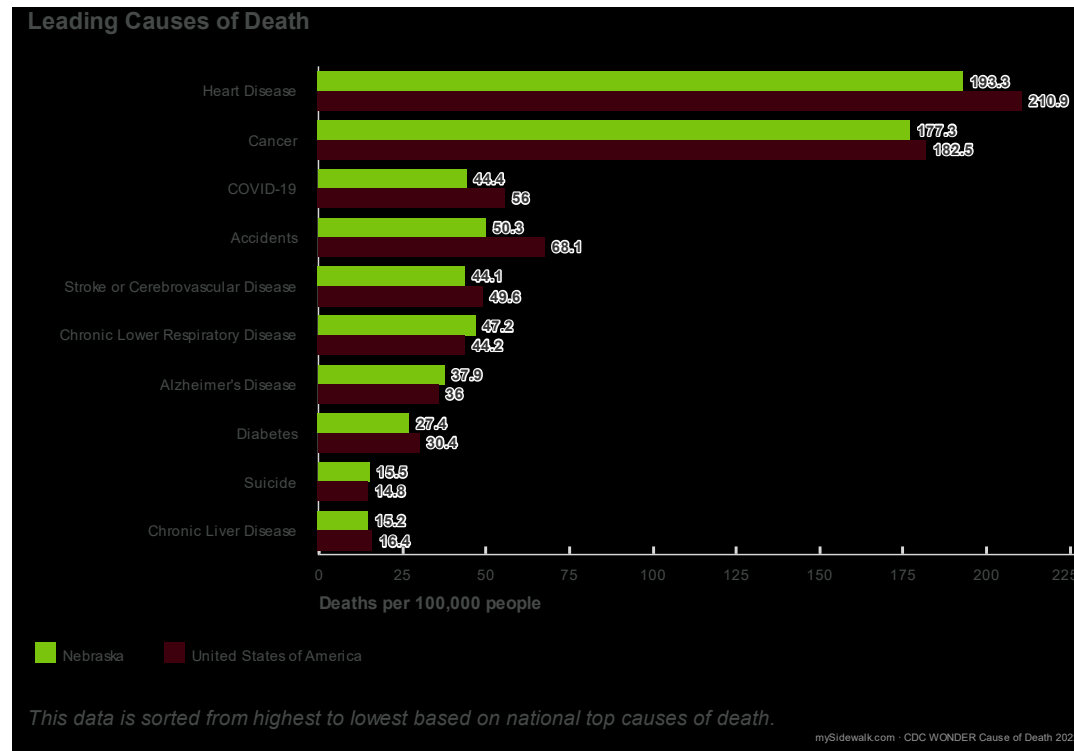
Note: Housing costs of 30% or more of household income qualify as "excessive."

Community Health Status

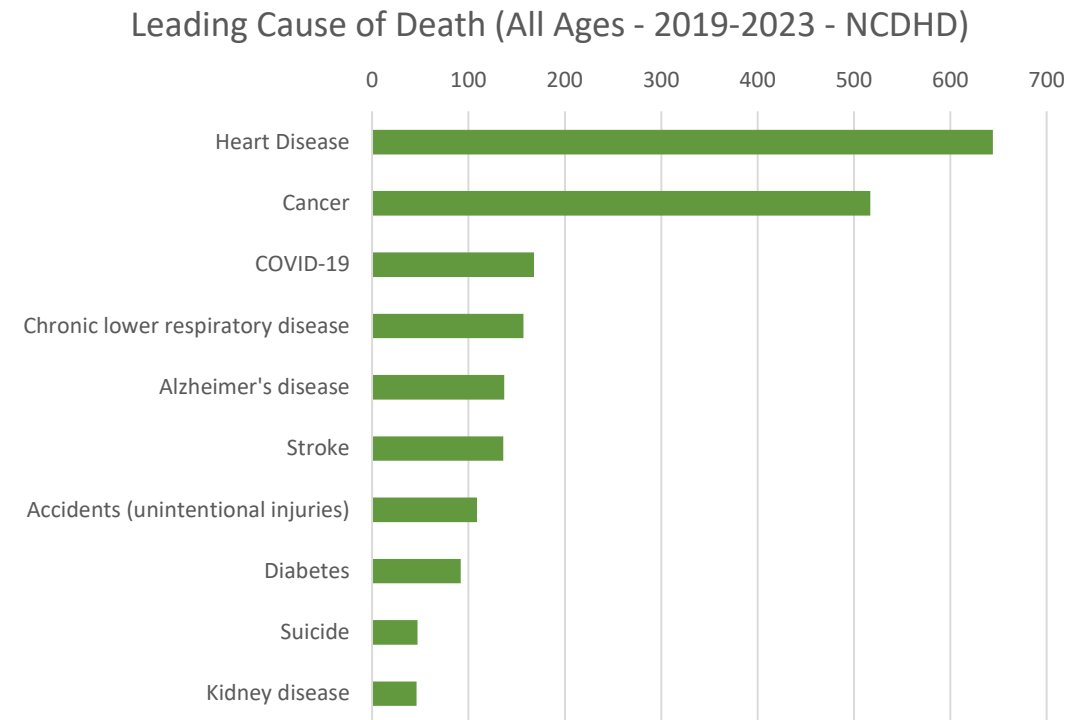
Leading Causes of Death



Nebraska vs. US (Source: MySidewalk)

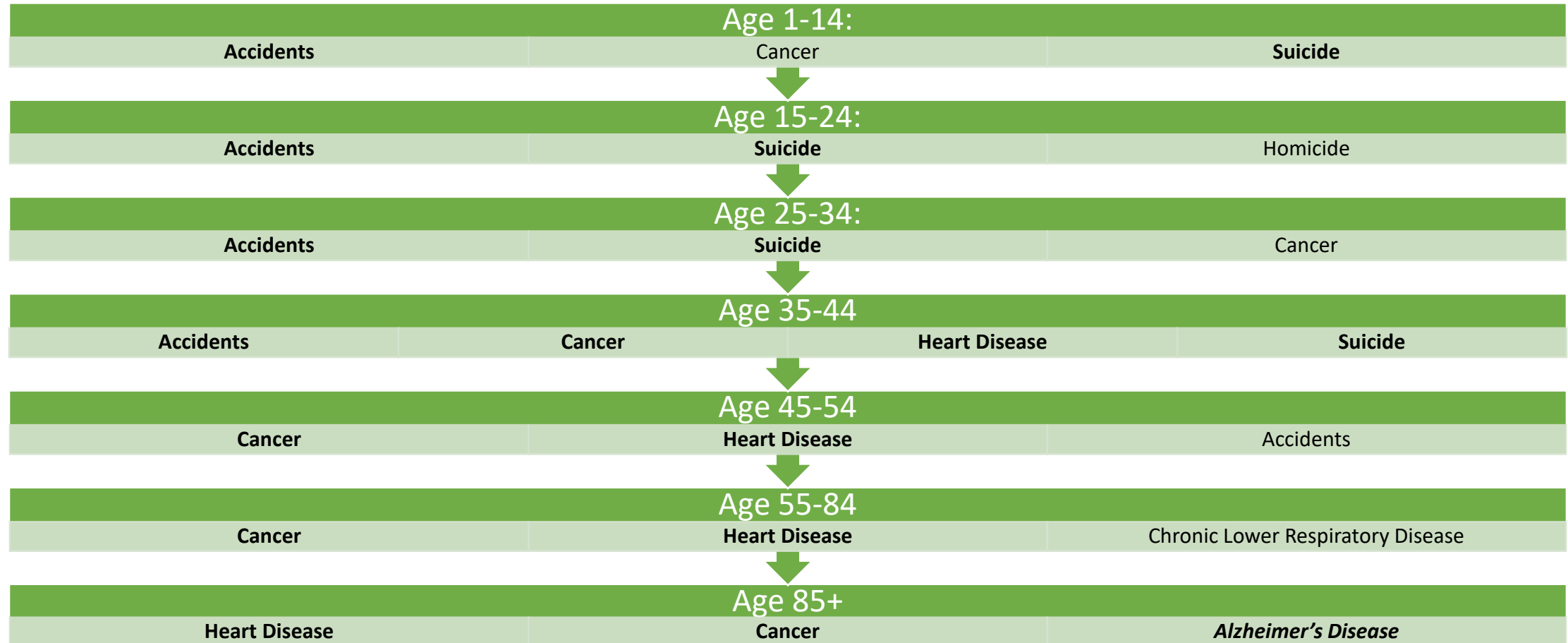


NCDHD (Source: NE DHHS Public Health Atlas)



Community Health Status

Leading Causes of Death (Ages) – Mental Health & Chronic Disease

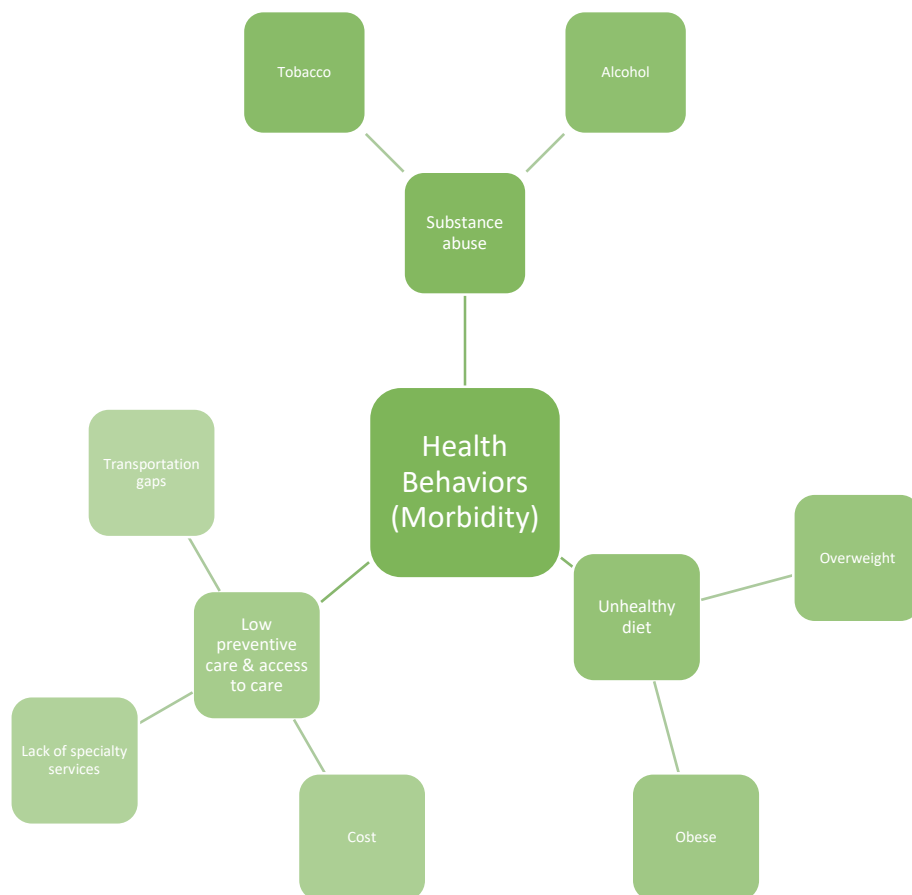


Community Health Status

Health Behaviors



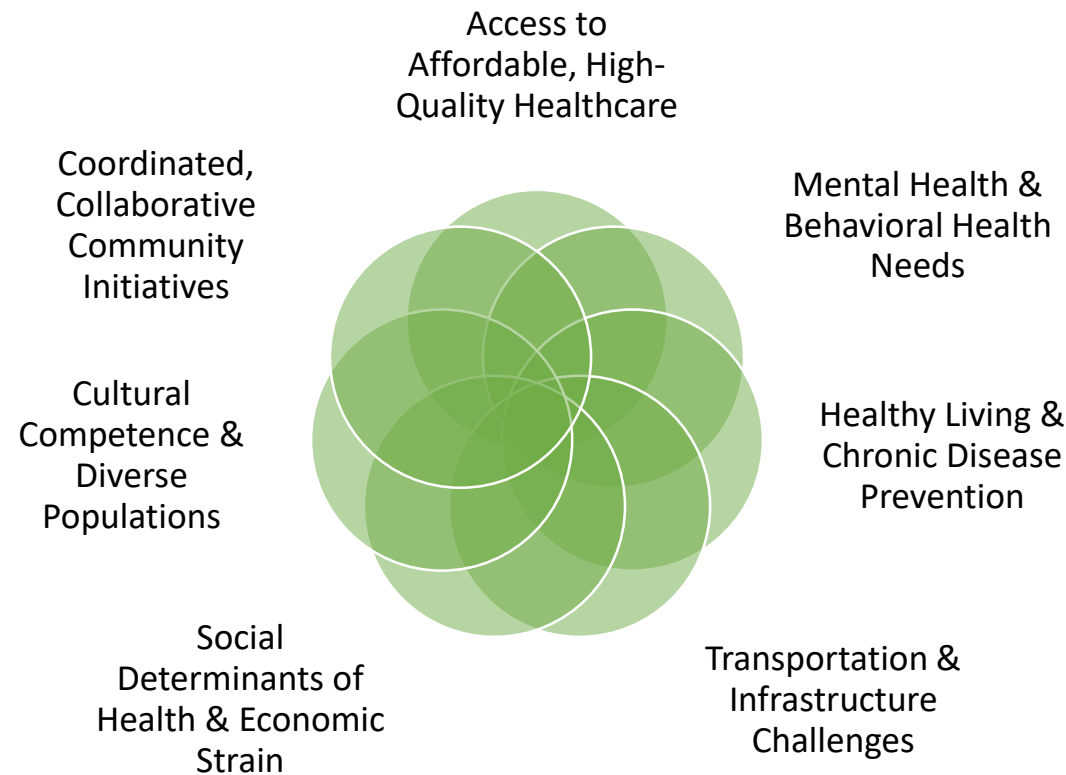
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Condition	NCDHD	NE
Poor physical health	13.1%	11.4%
Obesity	41%	37.2%
Diabetes	13.1%	10.9%
Cancer	10.3%	8%
Coronary heart disease	9.2%	6.8%
Stroke	4.2%	3.2%
High blood pressure	37.2%	30.4%
Poor mental health	13.8%	14.1%
Depression	17.2%	17.7%

Depression & mental health similar to NE, but still major issue in mortality; chronic disease shown to be more prevalent concern generally than Nebraska overall; network to left shows example of connections

Key Community Concerns



Persistent issues:
Cancer, heart disease,
mental health, poverty

Aging population:
Needs for long-term
care planning, elder
support, transportation

Behavioral health:
Rising suicide rates,
limited youth mental
health services

Housing: Significant
housing cost
(rent/own) reported

Affordable, High-Quality Healthcare Access

Health Insurance Coverage – Cost & insurance access disparities



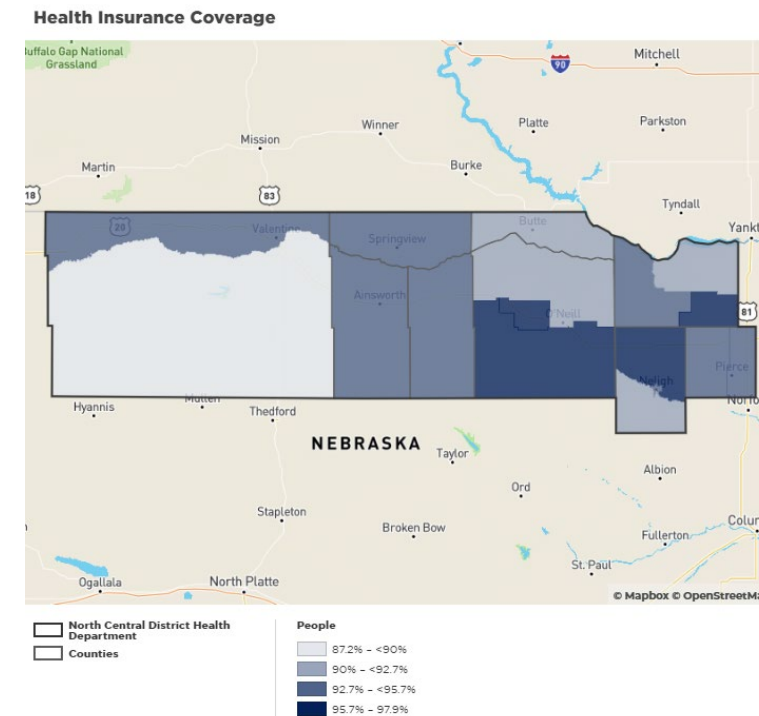
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Health Insurance (Race & Ethnicity)

Race/Ethnicity	NCDHD	Nebraska
Asian	95.1%	93.0%
Black	80.8%	86.8%
Hispanic/Latino	80.4%	80.3%
Multiracial	89.6%	86.3%
AIAN	71.1%	79.7%
NHOPI	100.0%	84.4%
Other	68.7%	78.1%
White	94.5%	95.0%

Map of Health Insurance Coverage



Sources: US Census Bureau ACS 5-year 2019-2023

Affordable, High-Quality Healthcare Access

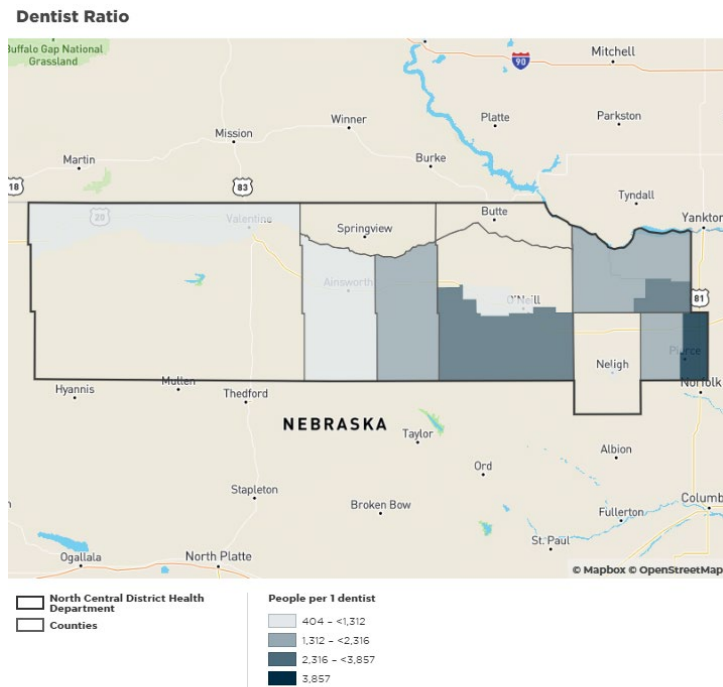
Specialty Care Shortages – Identified in focus groups & interviews



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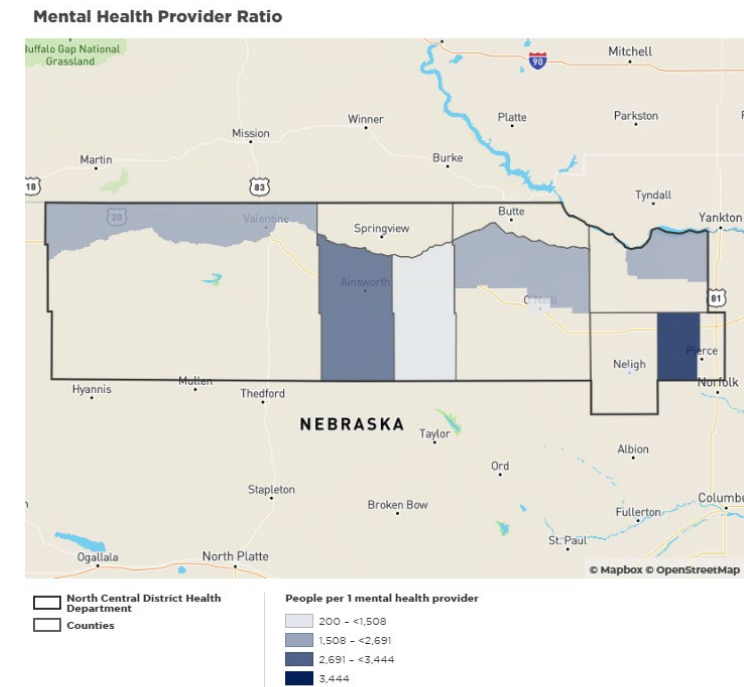
Dental Provider Ratio



Sources: NPPES NPI 2024

Areas with no data have 0 dentists.

Mental Health Provider Ratio



Sources: NPPES NPI 2024

Areas with no data have 0 mental health providers.

Affordable, High-Quality Healthcare Access

Workforce and staffing challenges – key informants & survey



Forces of Change Example

Boyd & Holt Counties

FORCES OF CHANGE		
Events, Factors, & Trends:	THREATS:	OPPORTUNITIES:
Workforce	consistently have job opening and have to hire from outside/ workforce quality is also lacking / getting people to show up on time/ barrier between getting off public assistance and employment	Education and support for people who are on public assistance who are getting it off / financial literacy education (BH provides this)
Increase in Spanish Speaking Families	Inadequate services covered/ inadequate payment/ patients unaware of coverage	Support population with school, getting jobs, etc. How to acclimate them to our community. ESL and Family Literacy opportunities. Translation services. Increase awareness of cultural diversity.
Increase in Cost of Living	Increased prices for food and general needs	Education on nutrition
COVID-19	decreases social interaction, fear of sickness, mistrust of healthcare system	Increase social interaction that increases health and wellness
Diabetes	Diabetes and related issues is high	Nutrition Education and support
Aging Population	Farming practices impacts water quality/ Farmers work long hours and they are susceptible to injury.	Providing education on work safety/ Increase collaboration with partners to reach this population.
Agriculture Community	Negative affect on water quality	Water purification grants/ education. Education farmers on spraying levels.
Unhealthy Young people	High levels of young people with cancer and heart disease	Education on Health Living
ICE Raid/ VISA Requirements	Distrust of migrant community/ if a spouse has a certain type of VISA or immigration status, this limits the number of people who work or how many jobs they have	Building Relationships/ Advocacy/ Legal Aid collaboration/ Center for Rural Affairs

Forces of Change Example

Cherry County

FORCES OF CHANGE		
Events, Factors, & Trends:	THREATS:	OPPORTUNITIES:
Increase in Meth & Ketamine	increase illegal substances in community many are people just going through	Schools are doing a good job, but we could increase connection and education with parents/ We have AA (meet 3/week) but not NA/ ALANON is present, but don't meet regularly/ AA present in Cody (meet 1once/ week)
Increase in firearm violation	linked in proximity to the Reservation with guns and gangs	
Housing Access	Lack of housing or affordable housing is affecting the recruiting for hospitals and schools	Nursing home presence would assist with this/ Home Grants
Decreased workforce	Less people are seeking employment, the job pool is decreasing, and decreasing standards may follow / unwilling to work	Job fair with youth/ Support school internship opportunity / JAG opportunities
Efforts to bring Movie Theatre back		Support Efforts/ Fund Raising
Larger Transient Population	Lacking immediate services for population regarding MH/ lack of services cause ER visits/ disturbance calls	Mental Health transport/ Northwest Community Action Agency / seeking funding options for assistance
High elderly population	Lacking Nursing homes in area, so people are staying at home longer than the should, causing increases at home accidents	Bring a nursing home to the area / Increase in homecare services
High rates of Syphilis COVID-19 Effects	High rates are affecting newborns	Increase in prenatal care

Mental Health & Behavioral Health Needs

Critical Gaps in Services – Interviews & Surveys



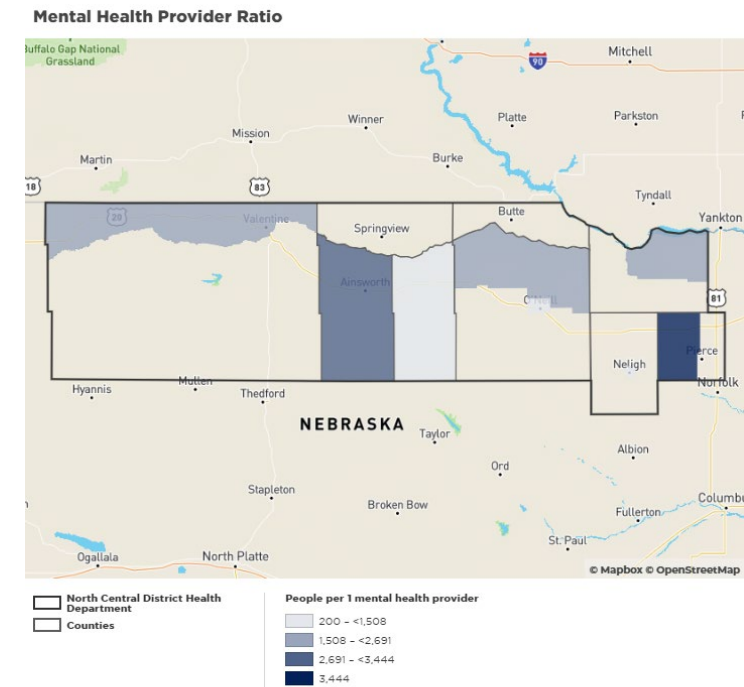
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Community Health Survey Summary

- Concerns about personal and family mental health
- Impact of stress, anxiety, and depression
- Limited availability of mental health care
- Processing traumatic events

Mental Health Provider Ratio



Sources: NPPES NPI 2024

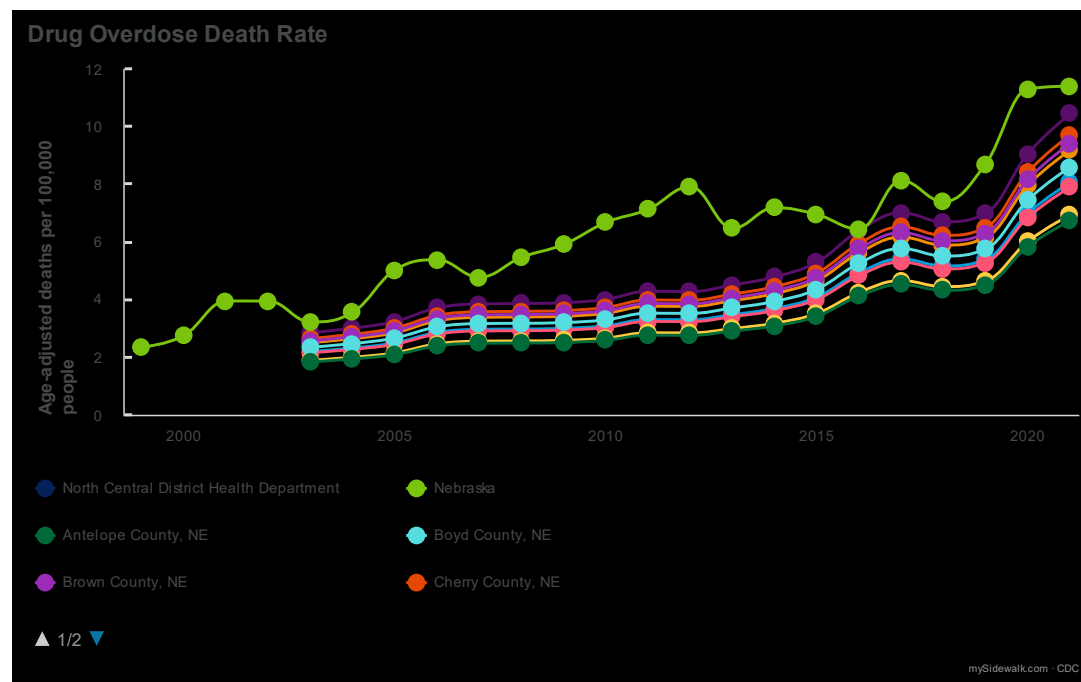
Areas with no data have 0 mental health providers.

Mental Health & Behavioral Health Needs

Substance Abuse

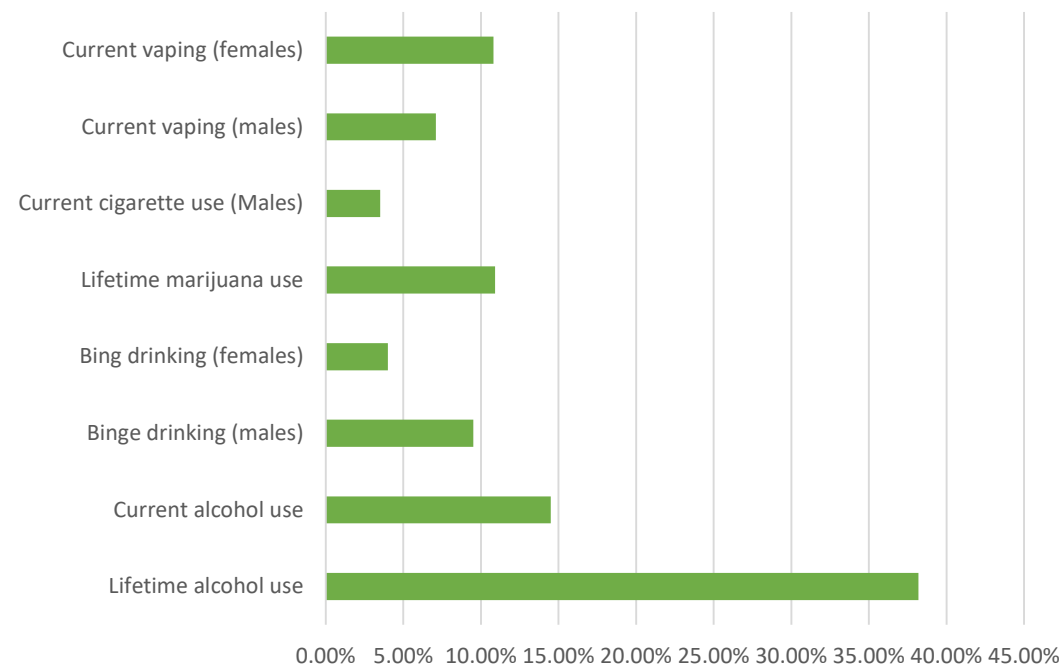


Increasing drug overdose death rate



Youth substance use status

Youth substance use - YRBS - 2023



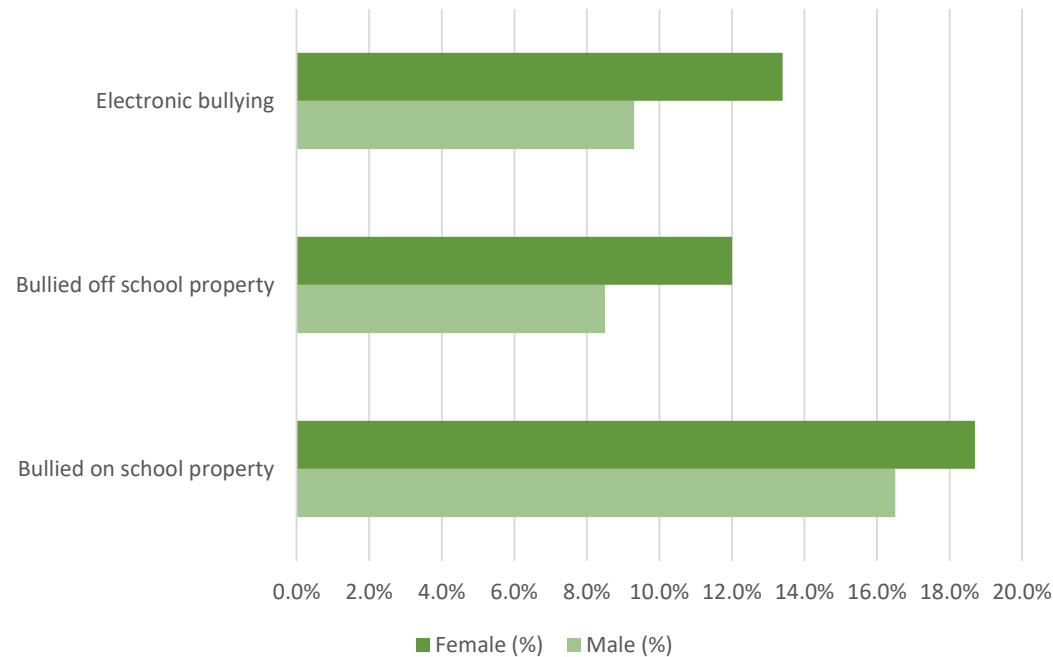
Mental Health & Behavioral Health Needs

Suicide concerns – leading cause of death among youth



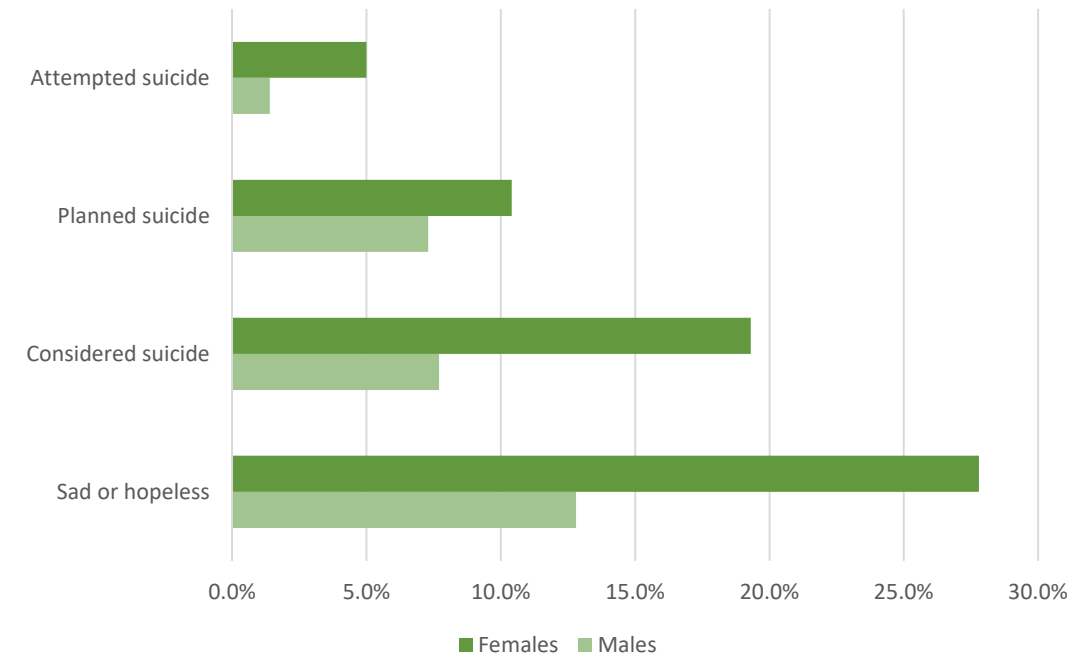
Youth bullying (YRBS)

Youth bullying - YRBS - 2023



Youth suicide concerns (YRBS)

Youth suicide questions - YRBS - 2023

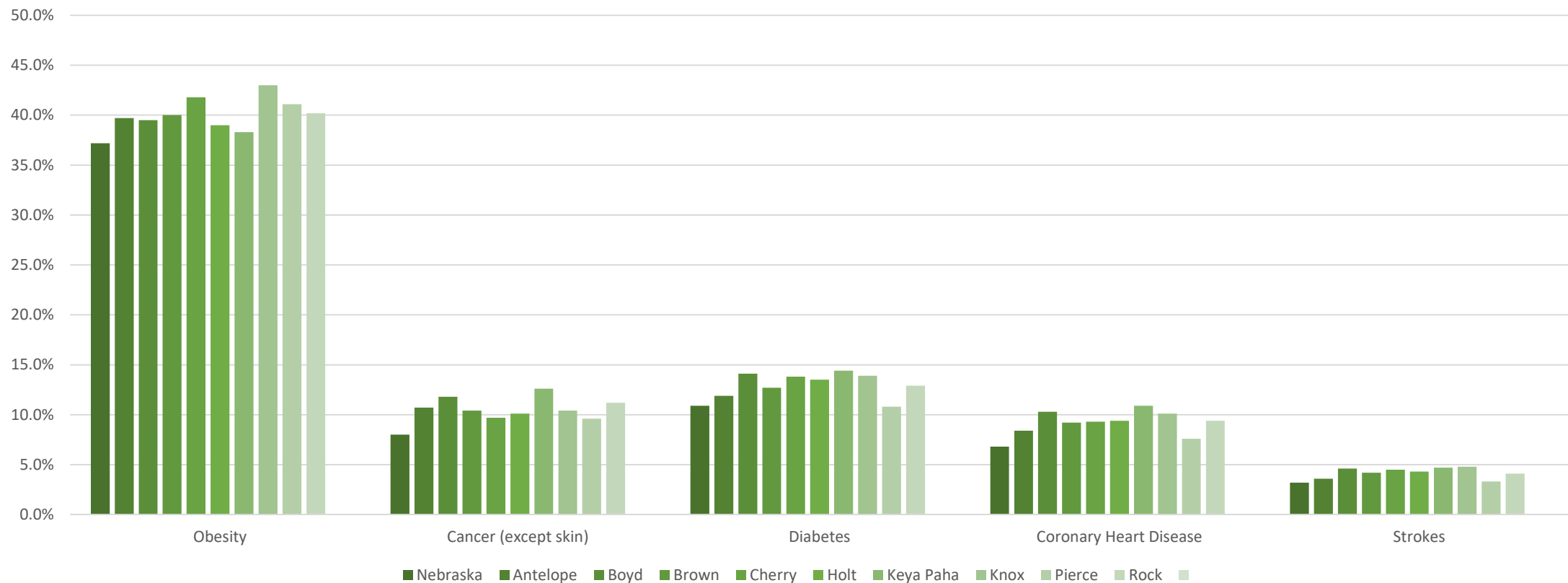


Healthy Living & Chronic Disease Prevention

Obesity & Chronic Disease



Chronic Disease (County, NCDHD, NE) - BRFSS - 2022



Healthy Living & Chronic Disease Prevention

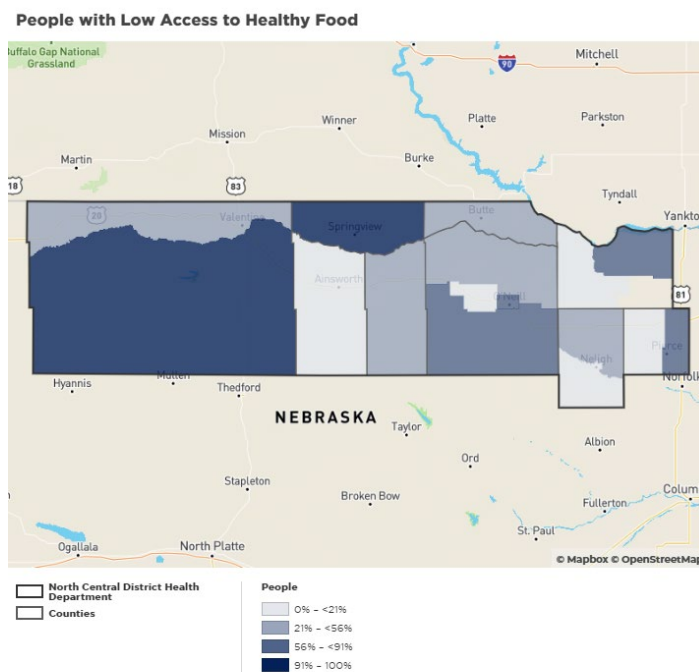
Food Access Challenges – Interviews & Surveys



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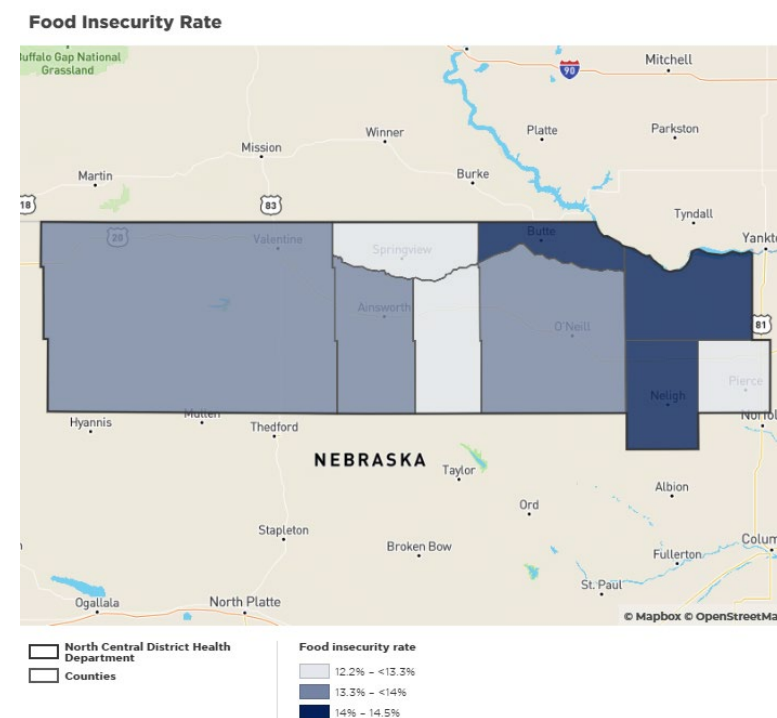
People with Low Food Access



Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Food Insecurity Rate



Sources: Feeding Amer. Map the Meal Gap 2022

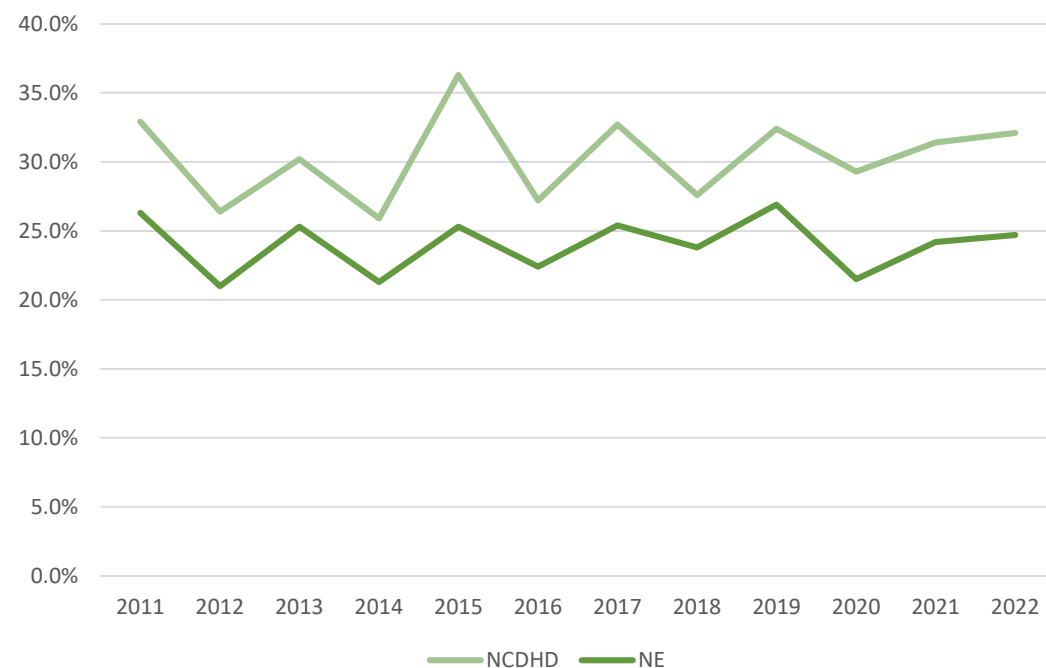
Healthy Living & Chronic Disease Prevention

Healthy behaviors



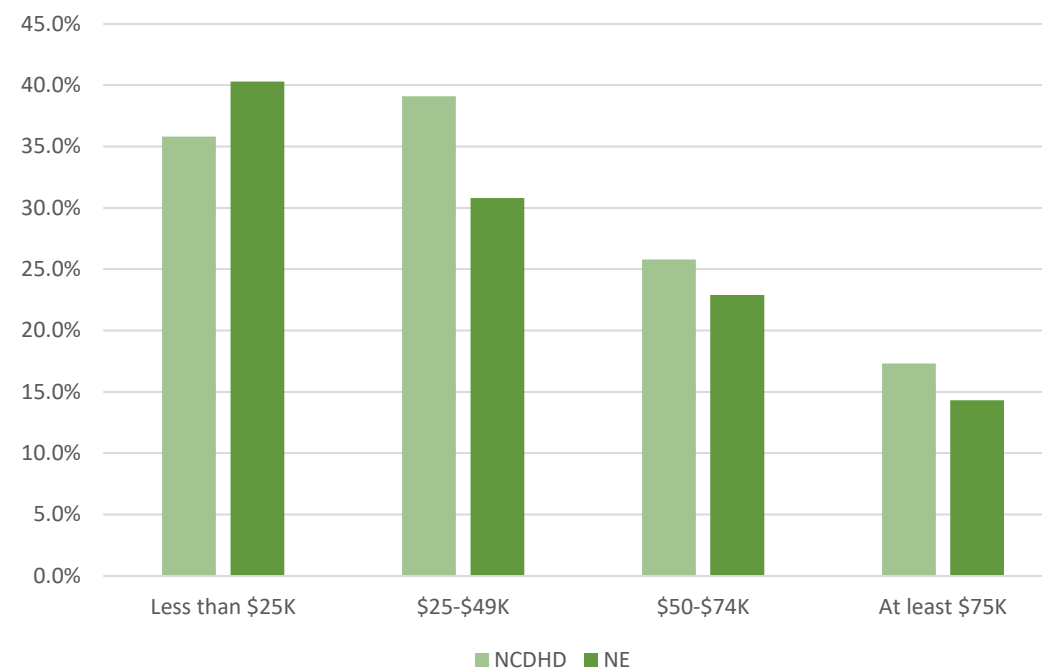
Leisure-time physical activity

No leisure-time physical activity - BRFSS - 2011-2022



Physical activity by income

No leisure-time physical activity - 2022 by Income

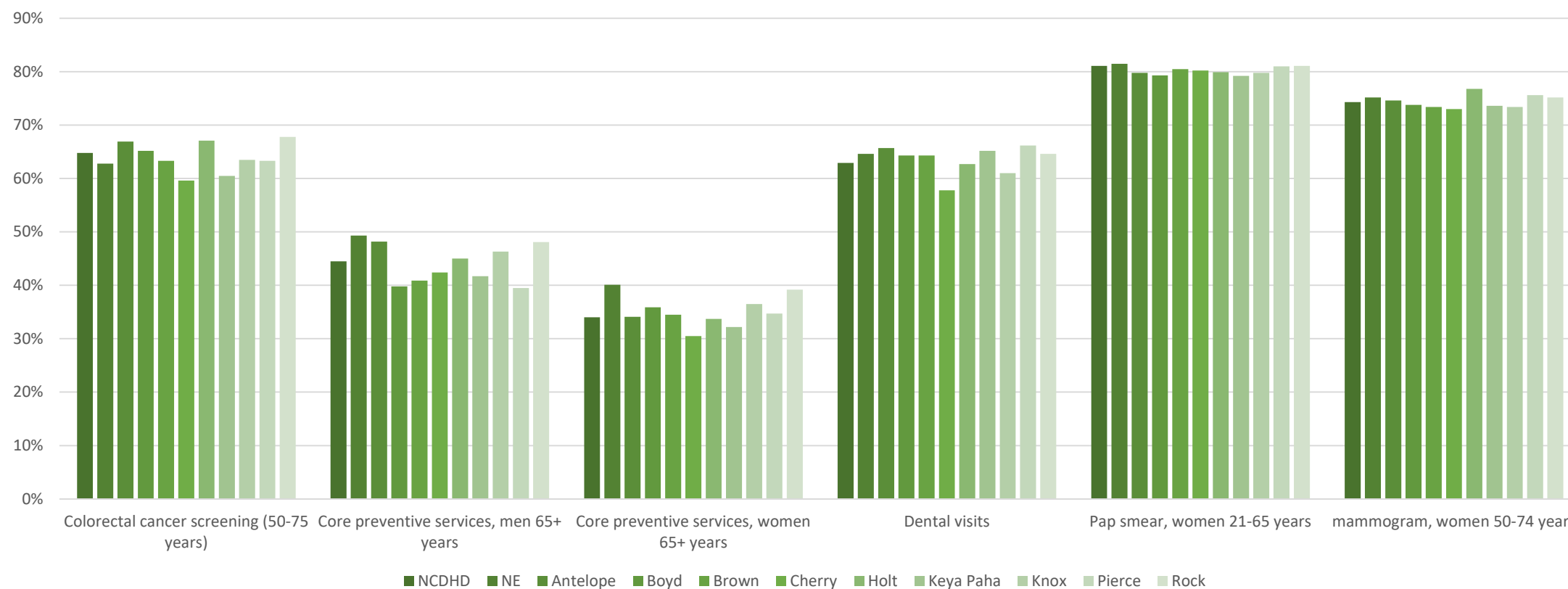


Healthy Living & Chronic Disease Prevention

Prevention-focused Programs & Community Wellness



Preventive Program Use - BRFSS - 2020, 2022



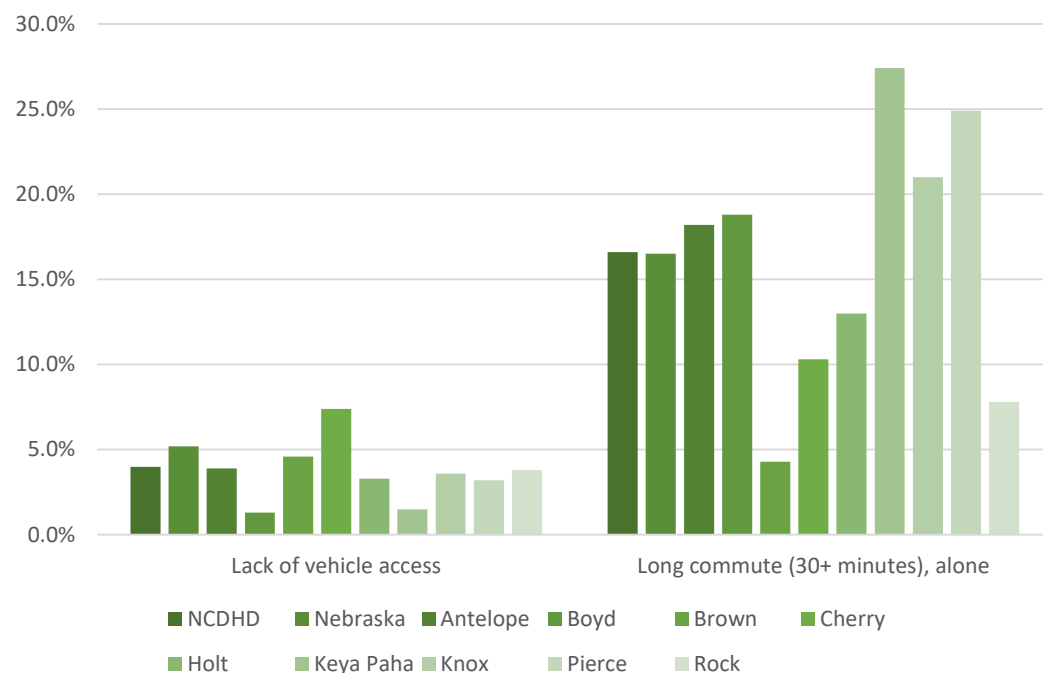
Transportation & Infrastructure Challenges

Barriers to Care



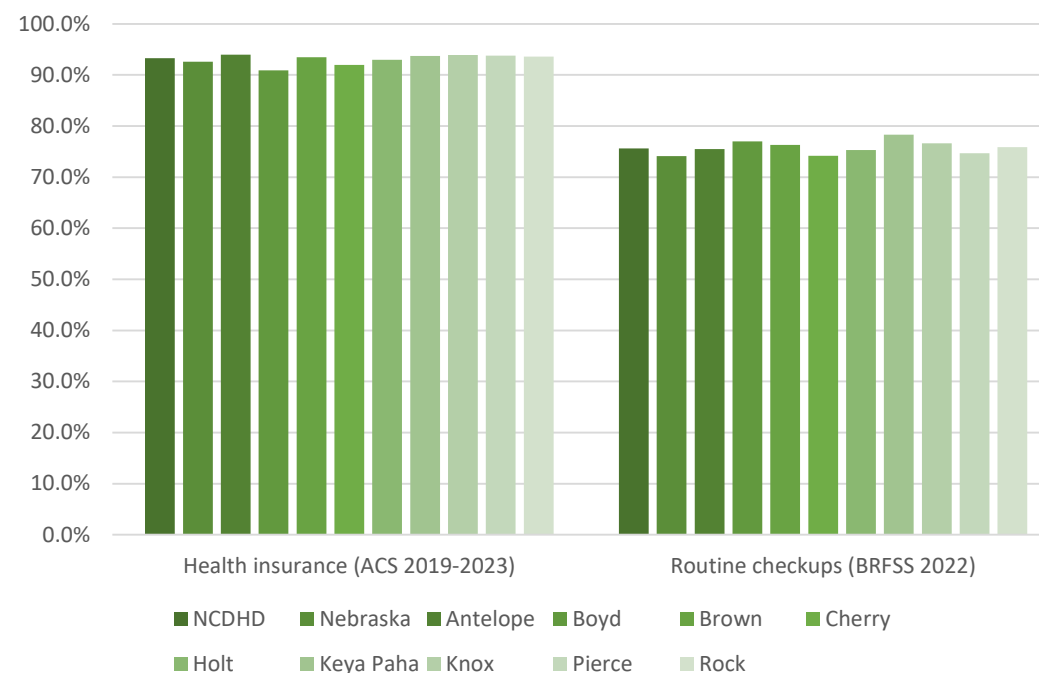
Inadequate transportation

Transportation challenges - ACS 2019-2023



Health insurance & routine checkups

Health insurance & routine checkups



Transportation & Infrastructure Challenges

Community Infrastructure



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Notes from survey, key informant interviews & focus groups



LIMITED DATA AVAILABLE
ABOUT AREA DEDICATED
TO PARKS

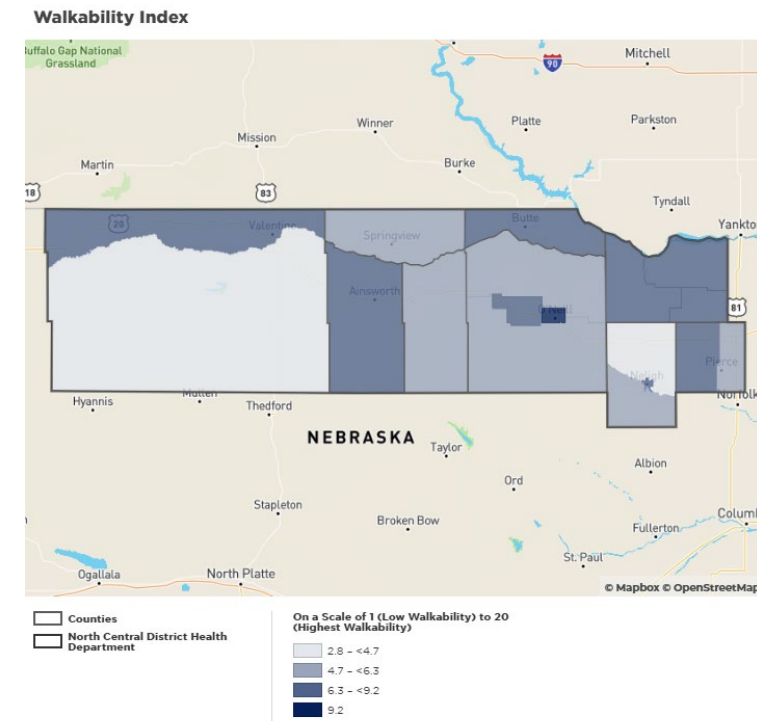


LIMITED OPTIONS FOR
MEDICAL AND PUBLIC
TRANSPORTATION



STRONG DESIRE FOR
COMMUNITY WELLNESS
PROGRAMS (FITNESS
CENTERS, WALKING
TRAILS, MENTAL HEALTH
OUTREACH, PREVENTIVE
HEALTH EDUCATION)

Walkability Index



Social Determinants of Health & Economics

Cost of Living



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Overall Notes from All Sources



Economic barriers

High cost of living
Food insecurity
Access to affordable childcare



Transportation difficulties

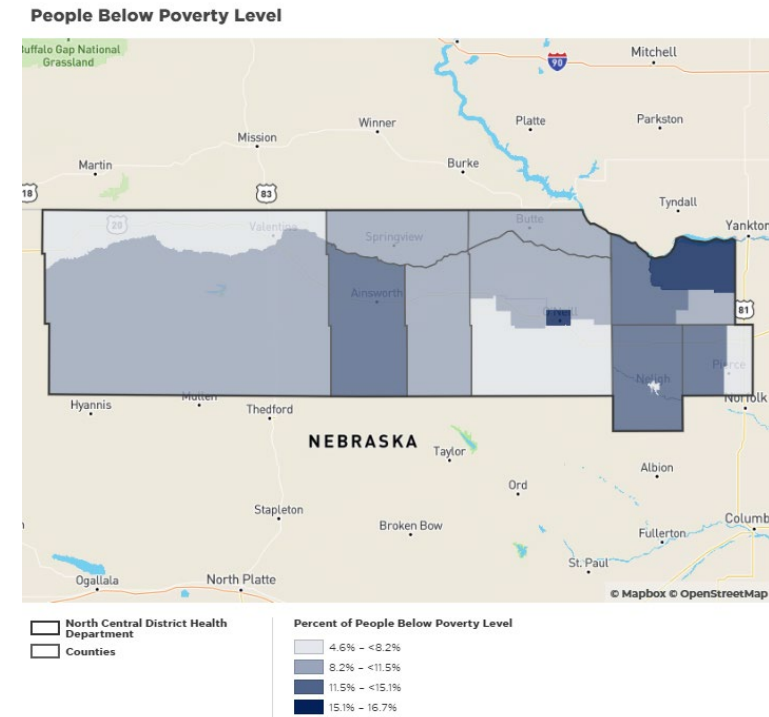
Long commutes
Limited public transit



Increasing Spanish-speaking diversity

Inadequate translation support
Cultural competence considerations

Cost of Living – Poverty as a Proxy



Social Determinants of Health & Economics Vulnerable Populations

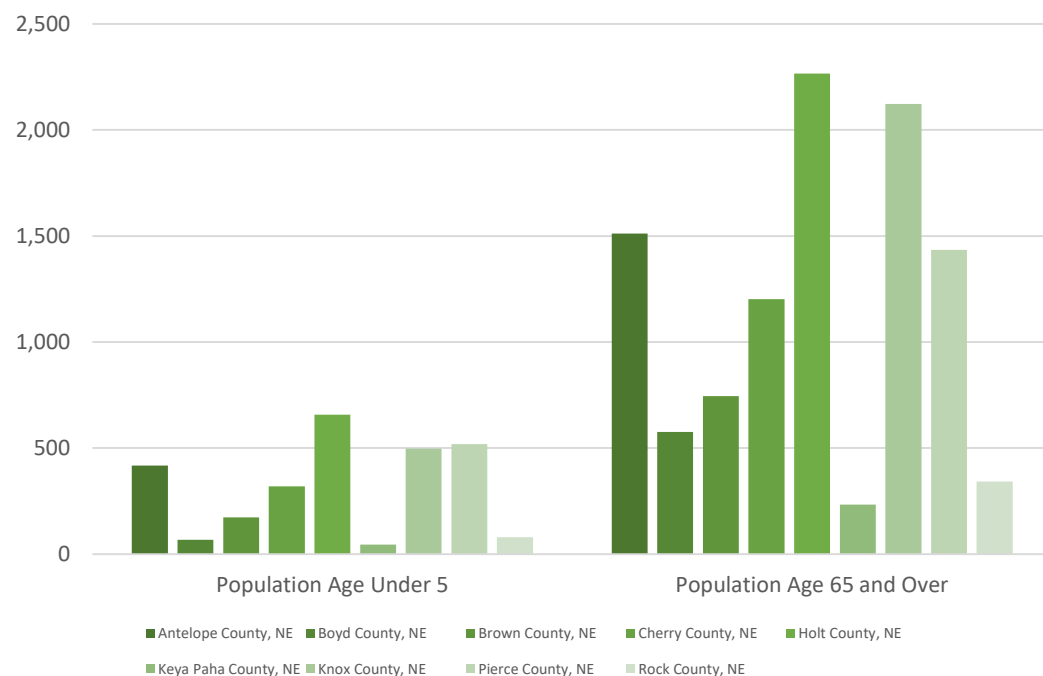


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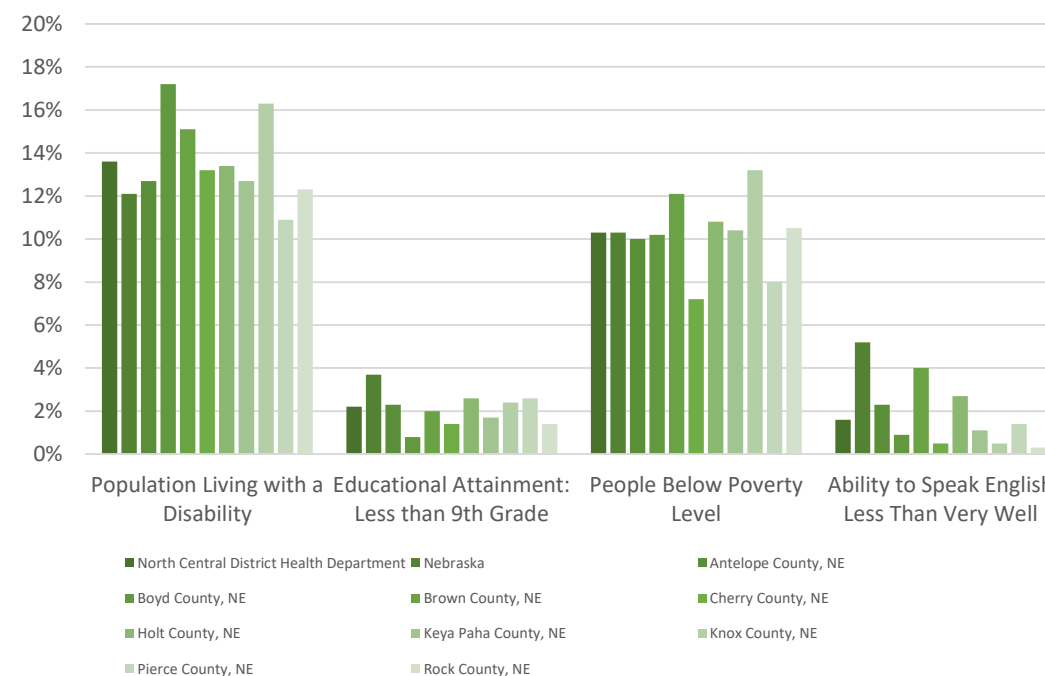
Vulnerable Populations (#)

Population Frequencies - SDoH (ACS 2019-2023)



Vulnerable Populations (%)

Population Percentages - SDoH (ACS 2019-2023)



Cultural Competence & Diverse Populations

Growing diversity requires inclusive outreach



Growing diversity frequently identified
in qualitative & quantitative data

More Spanish-speaking population
Higher translation services need



Partners mention more inclusive
outreach needed to address diverse
cultural context

Stronger community engagement
Leadership opportunities for youth
More community events & social activities

Coordinated, Collaborative Community Initiatives

Shared resources, partnerships, and ongoing data use



Shared resources & partnerships

- Reduce duplication of efforts
- Maximize limited resources
- Create a unified approach to priority issues

Ongoing data updates & engagement

- Incorporate available data into evaluation
- Commit to continuous improvement
- Evidence-based decision making

Next Steps – CHIP Development



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Discuss focus areas
with stakeholders
using ToPs facilitation

Schedule follow-up
sessions for priority
setting

Align findings with
actionable CHIP goals

Contact Information



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North Central District Health Department Community Health Assessment

What Residents Are Saying

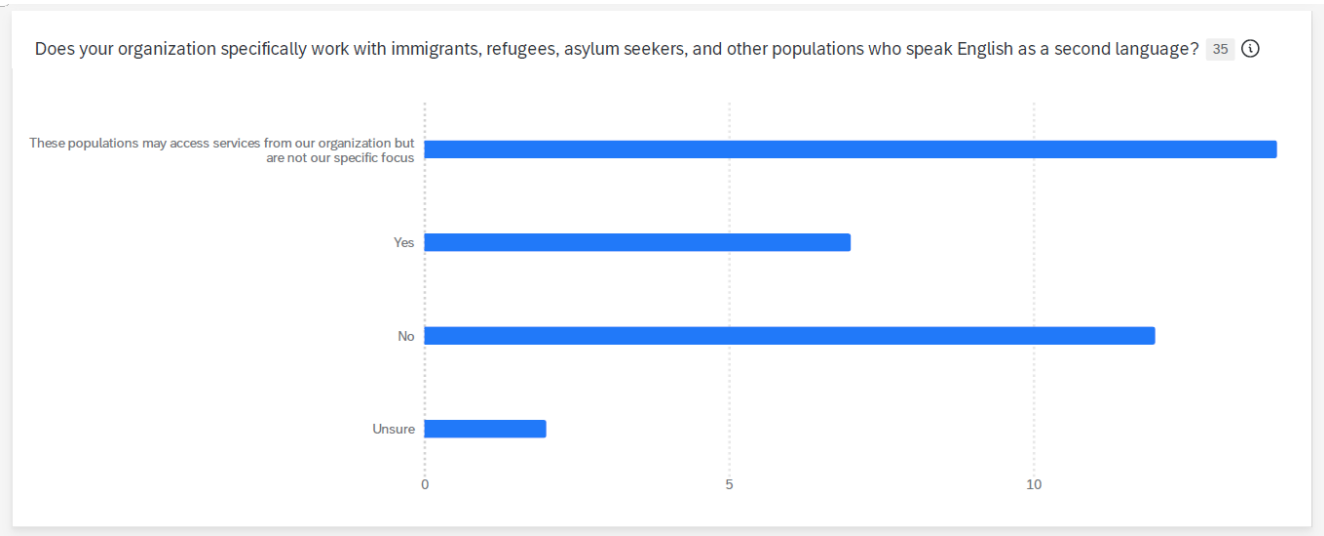
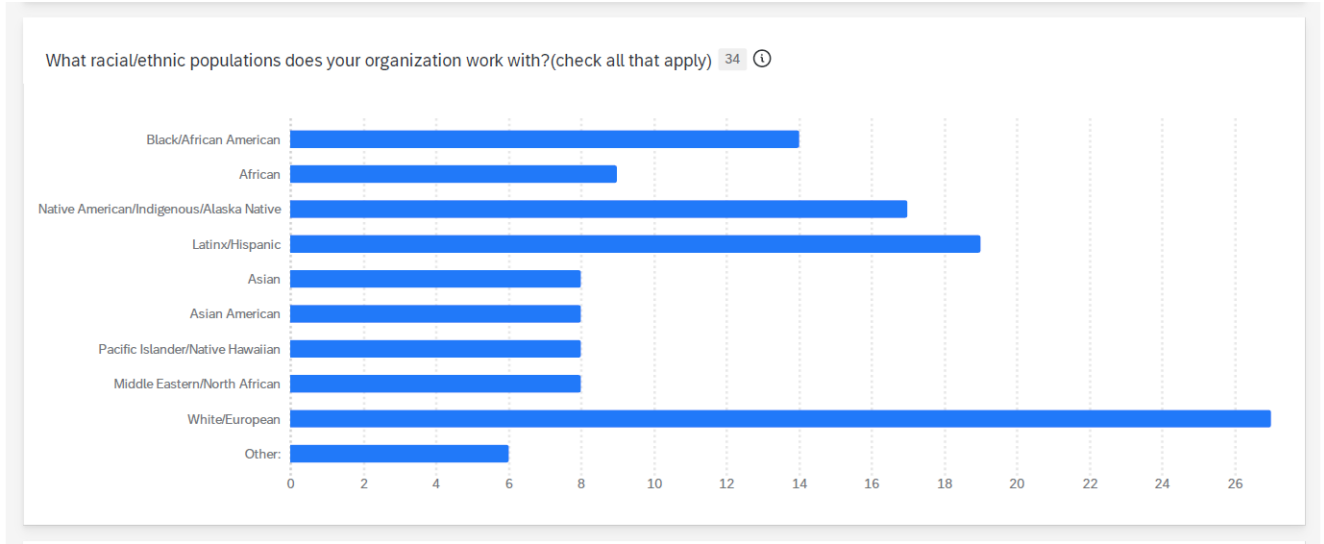
NCDHD and partners gleaned insights from community members through three channels: key informant interviews with area healthcare providers, focus groups, and a general community survey. The summarized results are below, to review county specific results click on the individual county tabs.

A. Top 10 Takeaways from Healthcare Leadership Key Interviews:

1. **Community Health Assets:** Hospitals, clinics, and health departments are highly valued for providing accessible healthcare and essential services like telehealth, specialty care, and pharmacy services. Community partnerships (senior centers, fitness programs) also contribute to well-being.
2. **Behavioral Health Challenges:** Access to mental health services, particularly in crisis situations, is a major concern. Many communities express the need for local mental health providers, better transportation for mental health appointments, and strategies to address youth mental health issues, including substance abuse and suicide prevention.
3. **Obesity and Related Health Issues:** Obesity is a top health concern, exacerbated by limited access to healthy food, cultural barriers, and a lack of awareness. Childhood obesity is also a key issue, driven by poor nutrition and excessive device use. Schools and community programs are seen as potential venues for improvement.
4. **Transportation Barriers:** Limited public and medical transportation options are affecting access to care, particularly for mental health services, specialist appointments, and elderly care. Many communities are calling for improved transportation infrastructure, including Uber-like services and routine medical transport routes.
5. **Medicare and Insurance Challenges:** Medicare Advantage plans are causing delays and restrictions in care, with concerns over high deductibles, coverage gaps, and patient dissatisfaction. Many communities are struggling with insurance-related barriers that affect access to essential healthcare services.
6. **Workforce and Staffing Shortages:** Recruiting and retaining medical staff, including nurses, specialists, and EMS personnel, is a widespread issue. Housing challenges for staff, high demand for care, and limited daycare services exacerbate these problems.
7. **Specialty Care Access:** Many communities lack local access to specialists like dermatologists, cardiologists, endocrinologists, and mental health professionals. Long-distance travel for specialized care, particularly cancer treatment and surgery, presents significant challenges for patients.
8. **Community Initiatives and Wellness:** There is a strong desire for community wellness programs, including fitness centers, walking trails, mental health outreach, and preventive health education (e.g., diabetes management). These initiatives are seen as essential for improving overall health outcomes.
9. **Volunteer and EMS Services:** Volunteer-based EMS and fire services are highly valued but face sustainability challenges due to recruitment and retention issues. Some areas have seen improvements with paramedic programs, but patient transfers and emergency transport remain problematic in many places.
10. **Cultural Shifts and Patient Population Changes:** Communities are seeing increasing diversity, with more Spanish-speaking populations and a rising need for translation services. This shift is influencing healthcare access and communication, with efforts underway to better accommodate these changes.

B. Top Takeaways from Partner Assessment:

- 36 partners participated in the survey: 11 schools, 1 tribal health department, 1 other tribal entity, 8 city/county government, 7 hospitals, 3 clinics, 3 emergency response, 2 non-profit organizations, 2 faith based, and 2 other sectors.
- Top interests for partnering with the CHA/CHIP process were: to deliver programs effectively and efficiently without duplicating efforts, to increase collaboration and communication amongst groups, and improve the conditions of residents.
- The top most valuable resources and assets of partners were: extensive network of community, strong advocacy and policy influence, and specialized healthcare expertise.



- Other notable populations partners reported working with were: the aging population, youth/ students, homeless population, low socioeconomic populations, victims of domestic abuse, sexual assault, stalking, dating violence, and human trafficking.

C. Top Takeaways from Community Survey Results:

The Community Survey was distributed in north central Nebraska through e-mails, the NCDHD website, partner websites, social media, etc. from September-October 2024. 336 people completed the survey: 51 Antelope, 36 Boyd, 8 Brown, 56 Cherry, 88 Holt, 2 Keya Paha, 28 Knox, 44 Pierce, 6 Rock, and 17 other County residents. Most were in the age groups from 55-64 (83), 34-44 (82), and 45-54 (71). Of the 295 females and 36 males that replied to the survey, 320 were Caucasian, 8 Hispanic or Latino, 4 Native American, 2 African American, and 2 other races.

When asked, **"What was the last major health issue you or your family experienced?"** top responses were high blood pressure (90), none (82), obesity (78), diabetes (69), and mental health concerns (67).

When asked, ***"In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?"*** top responses were childcare (42), healthcare (32), and medicine (27).

When asked ***"What would make the area where you live a healthier place for you or your family?"*** top responses were:

- **Lower cost of living:** Many respondents highlighted the need for more affordable housing, groceries, and healthcare.
- **Affordable healthcare:** Participants emphasized high medical costs and the lack of affordable insurance for middle-class families.
- **Access to healthier food:** There is a strong desire for healthier, more affordable food options, including organic produce and fresher grocery items.
- **Recreational and fitness options:** Many expressed the need for more walking trails, gyms, and community centers such as a YMCA, especially for year-round indoor activities.
- **Mental health services:** Better access to mental health care and substance abuse treatment was a common request.
- **Community support and leadership:** Calls for stronger community engagement, leadership opportunities for youth, and more community events and social activities.
- **Childcare:** Affordable, reliable childcare was frequently mentioned, along with after-school programs.
- **Environmental concerns:** Cleaner air, reduced use of chemicals, and better drinking water quality were noted as areas for improvement.
- **Safety and crime reduction:** Some respondents mentioned concerns over drug use, crime, and bullying, seeking safer communities.
- **Transportation and infrastructure:** Improved public transportation, better sidewalks, and roads for walking and biking were seen as important for health.
- **Education:** There was a desire for more health-related education and activities in schools, better school lunches, and increased community awareness about health.
- **Economic improvement:** Better job opportunities, wage increases to match inflation, and support for small businesses were also suggested.
- **Access to specialists:** Easier access to medical specialists without long waits or traveling far was another key theme.
- **Healthier lifestyle encouragement:** Respondents wished for more opportunities to participate in wellness programs, gyms, and community fitness activities.

When asked, ***"What worries you most about your health or the health of your family?"*** top responses were:

- **Financial concerns:**
 - Cost of healthcare, medical bills, and insurance
 - Cost of medications and treatments
 - Lost wages due to illness or care
 - Affording specialty care and prescriptions
 - Rising cost of groceries and healthy food
- **Access to care:**
 - Lack of local healthcare providers and facilities
 - Need to travel for better or specialized care
 - Long wait times for specialists and mental health services
 - Remoteness and transportation challenges
 - Concerns about proximity of care in emergencies
- **Mental health:**
 - Concerns about personal and family mental health
 - Impact of stress, anxiety, and depression

- Limited availability of mental health care

- Processing traumatic events

- **Chronic illnesses:**

- Concerns about cancer, heart disease, stroke, diabetes, and dementia
- Weight management and obesity
- High blood pressure, thyroid issues, and autoimmune diseases
- Aging and age-related health issues

- **Nutrition and lifestyle:**

- Difficulty maintaining a healthy diet due to cost and availability
- Processed foods, preservatives, chemicals, and harmful ingredients in everyday items
- Challenges in maintaining a healthy lifestyle (exercise, healthy habits)
- Lack of community wellness centers or resources for healthier living

- **General health concerns:**

- Staying healthy and making it a priority
- Fears of contracting serious diseases (cancer, Alzheimer's, stroke)
- Safety concerns (accidents, workplace hazards)
- Concerns about family health, especially children
- Access to quality, up-to-date care and treatment

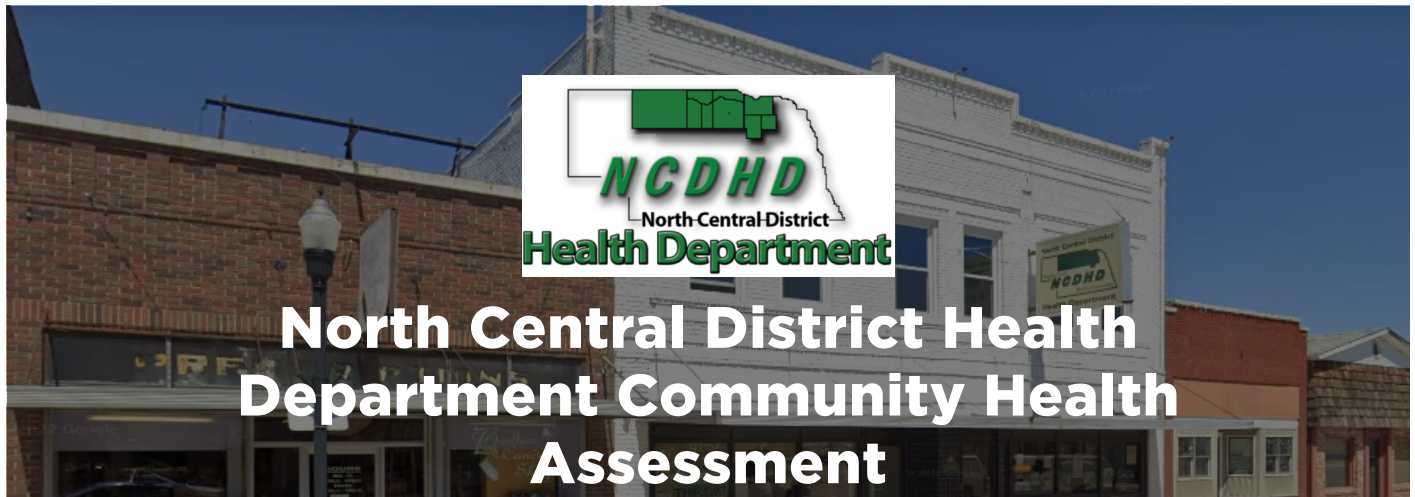
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NEXT PAGE ▶

North Central District Health Department

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North Central District Health Department Community Health Assessment

What impact has COVID-19 had on our community?

The effects of COVID-19 on our community are far-reaching, from economic to social to physical. The 2024 focus group respondents consistently mentioned the lasting social, educational, professional, and financial effects the COVID-19 pandemic had on north central Nebraska.

People at higher risk for COVID-19 death often have other health conditions, such as obesity, diabetes, and lung disease. Preventing these physical illnesses can decrease the amount of people who die from COVID-19.

In Nebraska, males, Whites, and the elderly have the highest risk of dying from COVID-19. Fortunately, Nebraskans are less likely to die from COVID-10 than their national counterparts.

Overall



COVID-19 Death Rate

14.2

Deaths per 100,000 people
Nebraska

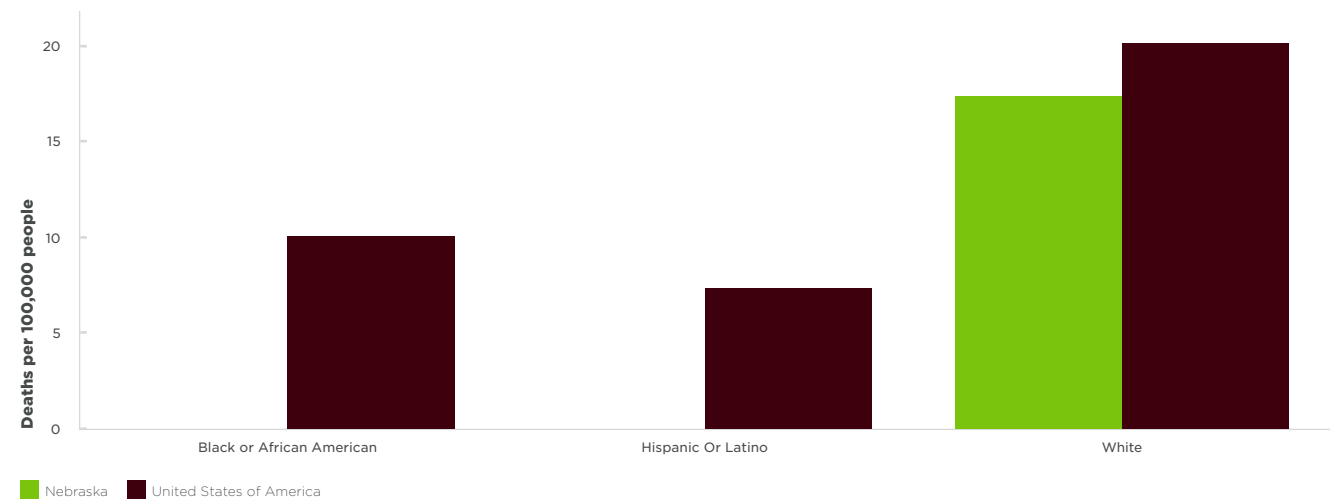
14.9

Deaths per 100,000 people
United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

by Race/Ethnicity

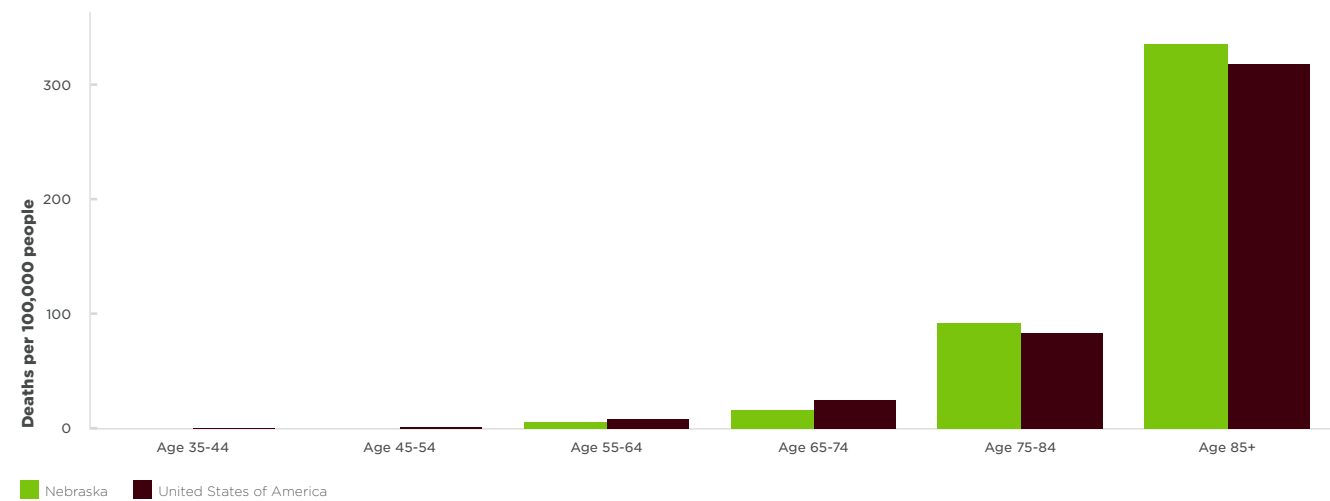
COVID-19 Death Rate by Race/Ethnicity



Sources: CDC WONDER Cause of Death 2023 Crude

By Age

COVID-19 Death Rate by Age



Sources: CDC WONDER Cause of Death 2023 Age Adj

By Sex



COVID-19 Death Rate - Female

14.3

Deaths per 100,000 people
Nebraska

14.1

Deaths per 100,000 people
United States of America



COVID-19 Death Rate - Male

14.1

Deaths per 100,000 people
Nebraska

15.7

Deaths per 100,000 people
United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

Learn more:

1. Hill, Latoya, and Samantha Artiga. "COVID-19 Cases and Deaths by Race/Ethnicity: Current Data and Changes Over Time." Kauffman Family Foundation, 22 Aug. 2022. <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/>



North Central District Health Department Community Health Assessment

Where We Live

Our health is a story shaped by the world around us. Where we live, work, how we commute, our education, and income all combine to create the social context that influences our well-being.

Some choices are personal, but some are shaped by what's available. When we have more opportunities to make healthy decisions, we're more likely to see better health outcomes. Barriers, like a lack of nearby jobs or grocery stores with fresh food, can be hurdles for people to overcome. Removing such barriers can increase the community's overall health and wellness.

Key Local Concerns for Pierce County:

Access to Healthy Food:

Low access to health food is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store. With the rural and frontier nature of the district, 35.4% of community members are over 10 miles from a grocery store. This is lower than the state percentage of 54.2%. 46.5% of Pierce County residents have low access to healthy food, Of those with low access, 33.7% live in a home without a vehicle, and 38.9% are low income. When looking at access to healthy food, Native Americans fair the worst (75%% reporting they do not have access to health food) and African Americans fair the best (21.4% report lacking access to healthy food).

Income Levels: Income levels affect so much of our lives it is difficult to think of an area of health in which income does not play a part. The average income in the district is slightly below the Nebraska state average at every age group except those 25 and under. Pierce County has a higher media income than most the district, with a 2023 media income of \$74,985.

Housing Costs: Housing costs of 30% or more of household income qualify as "excessive." In north central Nebraska, 18.4% of residents face high housing costs, which is lower than the state average (25%). In Pierce County, 18.6% of residents have excessive housing cost and 31.1% have excessive renter costs.

Addressing these challenges is essential to creating healthier communities for everyone.

Low Access Overall and by Select Characteristics



Have Low Access to Healthy Food

35.3%

People

North Central District Health Department

54.2%

People

Nebraska

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Geography	2019 Low Access to Healthy Food
Antelope County, NE	12.9%
Boyd County, NE	36.3%
Brown County, NE	10.1%
Cherry County, NE	38.8%
Holt County, NE	47.4%
Keya Paha County, NE	99.9%
Knox County, NE	30.7%
Pierce County, NE	46.5%
Rock County, NE	28%
North Central District Health Department	35.3%
Nebraska	54.2%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Low Access to Healthy Food by Select Characteristics

Geography	2019 Low Income People	2019 Housing Units without Vehicles
North Central District Health Department	34.1%	29.6%
Nebraska	52.6%	49.1%
Pierce County, NE	38.9%	33.7%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Low Income is defined as as either a poverty rate of 20 percent or more, or the median family income is 80 percent or less of the state or metro area median income

Low Access by Race or Ethnicity

Low Access to Healthy Food by Race or Ethnicity

▲▼ Data Sources	North Central District Health Department ▲▼	Nebraska ▲▼	Pierce County, NE ▲▼
2019 Asian	17.4%	58.8%	50%
2019 Black or African American	27%	57.2%	21.4%
2019 Hispanic or Latino	28.2%	53.2%	46.2%
2019 Multiracial or Other Race	27.4%	53.4%	32.5%
2019 Native American	65.3%	40.6%	75%
2019 Native Hawaiian and Pacific Islander	45.5%	53.3%	No data
2019 White	34.7%	54.1%	46.6%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Data includes both Hispanic/Latino and non-Hispanic/Latino unless otherwise noted.

Low Access Among Children, Seniors

Low Access to Healthy Food by Select Age Groups

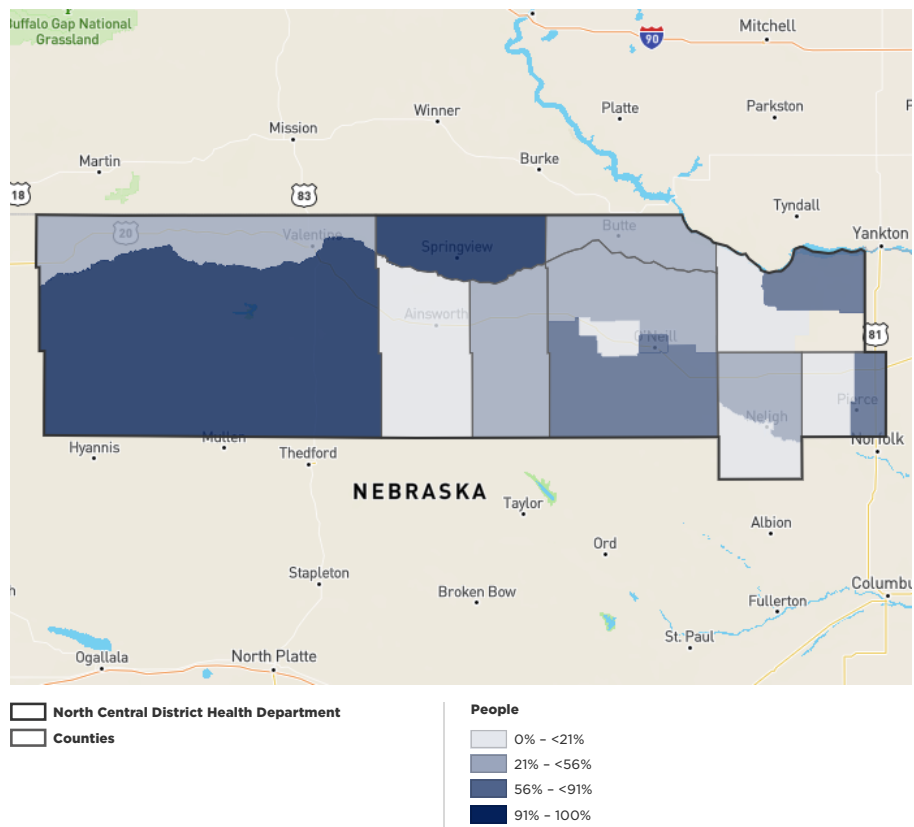
▲▼ Geography	2019 Children ages 0 to 17 ▲▼	2019 Seniors ages 65+ ▲▼
North Central District Health Department	36.7%	32.8%
Nebraska	54.5%	51.8%
Pierce County, NE	47.4%	42.3%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Map: People with Low Access

People with Low Access to Healthy Food



Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Food Insecurity

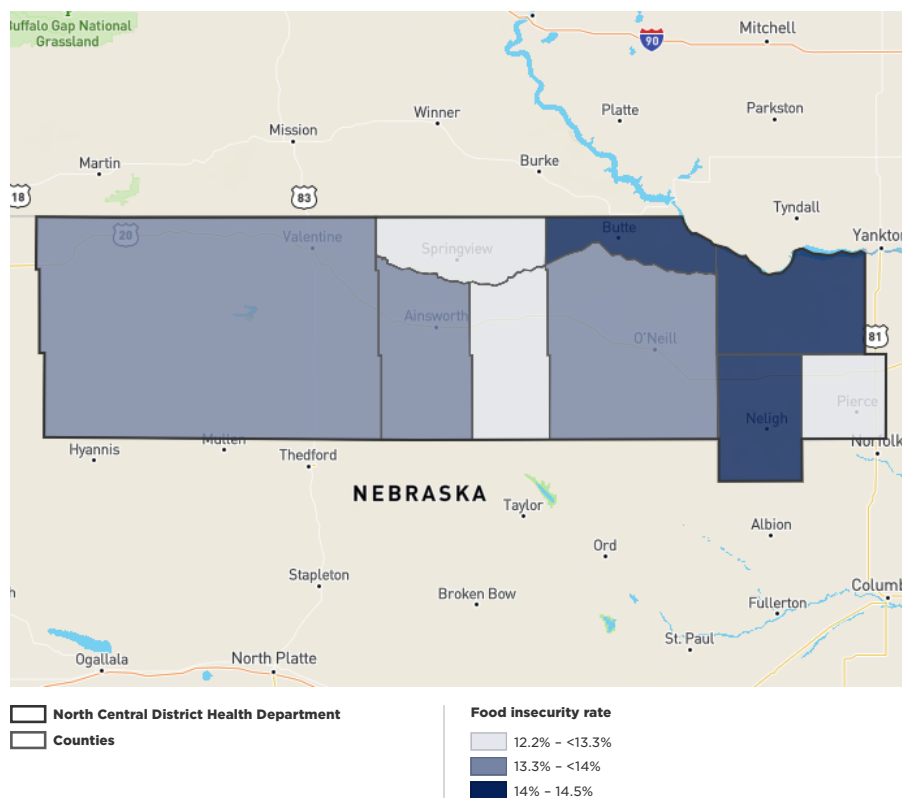
 **13.6%**
of People
Food Insecurity
Nebraska

Sources: Feeding Amer. Map the Meal Gap 2022

Overall Food Insecurity Rate	People
Antelope County, NE	10.5%
Boyd County, NE	10.1%
Brown County, NE	8.9%
Cherry County, NE	9.9%
Holt County, NE	9.6%
Keya Paha County, NE	7.5%
Knox County, NE	10.5%
Pierce County, NE	9.1%
Rock County, NE	8.8%
Nebraska	10%

Sources: Feeding Amer. Map the Meal Gap 2021

Food Insecurity Rate

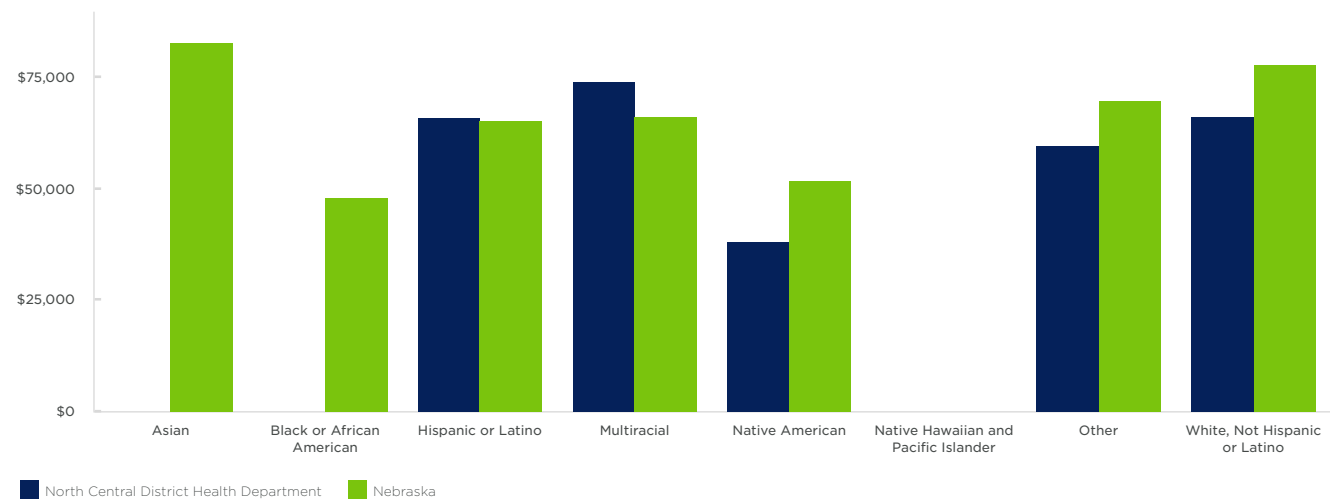


© Mapbox © OpenStreetMap

Sources: Feeding Amer. Map the Meal Gap 2022

Median Household Income by Householder's Race/Ethnicity

Median Income by Householder's Race/Ethnicity

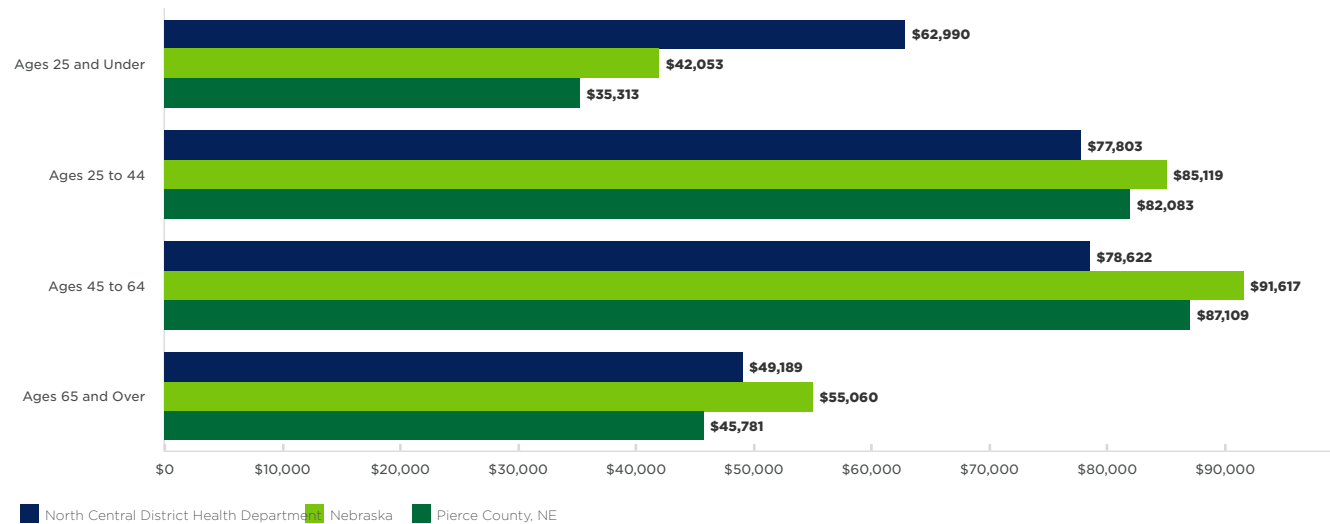


Sources: US Census Bureau ACS 5-year 2019-2023

Note: unless otherwise indicated, data includes both Hispanic or Latino and non-Hispanic or Latino people.

Median Household Income by Householder's Age

Median Household Income by Householder's Age



Sources: US Census Bureau ACS 5-year 2019-2023

High housing costs prevent healthy choices.

Whether renting or owning a home, housing costs are often times the largest line item on a family's monthly budget. A family that spends a large portion of their income on housing doesn't have room left in their budget for the other things they need to survive, let alone thrive. If a family can't afford basic groceries, utility bills, clothing, and gas, things like healthy, fresh food or preventive healthcare are likely not within reach. When the burden of housing limits the personal choices we can make, our health suffers.

Cost Burdened Renters



Renters with Excessive Housing Costs

23.2%

North Central District Health Department

40.8%

Nebraska

All Occupied Housing Units with Excessive Housing Costs

17.7%

North Central District Health Department

25.4%

Nebraska

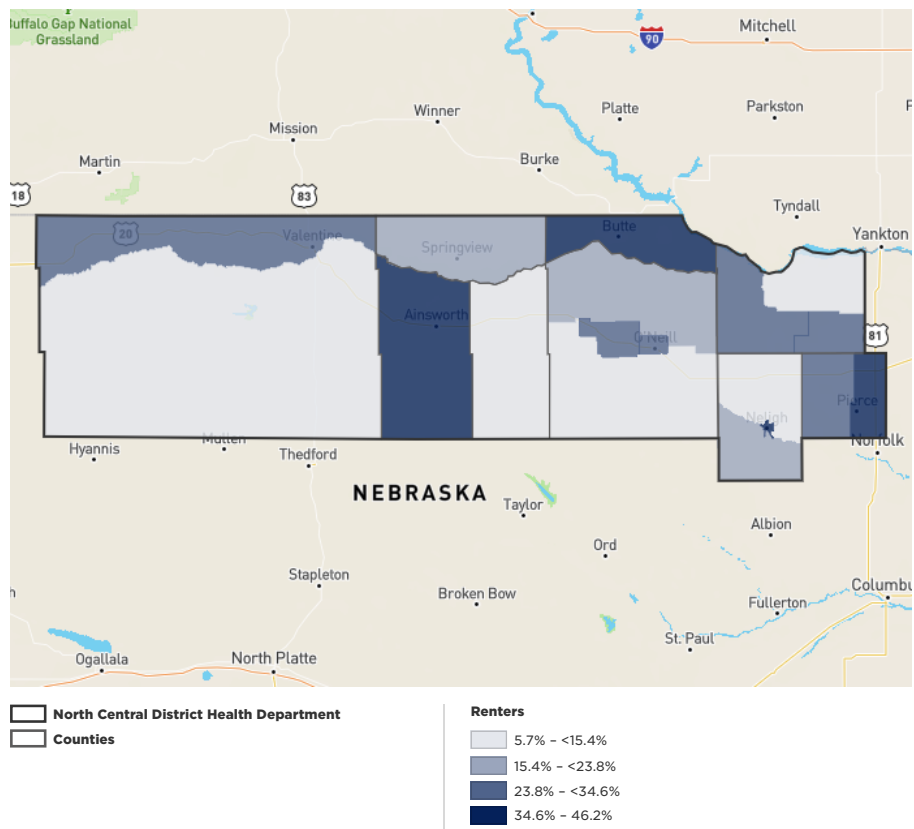
Sources: US Census Bureau ACS 5-year 2019-2023

Note: Housing costs of 30% or more of household income qualify as "excessive."

Geography	2019-2023 Excessive Housing Costs	2019-2023 Renter Excessive Housing Costs
Antelope County, NE	16.7%	20.3%
Boyd County, NE	23.1%	34.6%
Brown County, NE	28.2%	46.2%
Cherry County, NE	16.2%	18.9%
Holt County, NE	17%	20.1%
Keya Paha County, NE	23.2%	15.4%
Knox County, NE	14.4%	20.1%
Pierce County, NE	18.6%	31.1%
Rock County, NE	14.9%	9.2%
North Central District Health Department	17.7%	23.2%
Nebraska	25.4%	40.8%

Sources: US Census Bureau ACS 5-year 2019-2023

Excessive Housing Costs for Renters



Sources: US Census Bureau ACS 5-year 2019-2023

Note: Housing costs of 30% or more of household income qualify as "excessive."

Cost Burdened Homeowners



Homeowners with Excessive Housing Costs

15.8%

North Central District Health Department

17.6%

Nebraska

All Occupied Housing Units with Excessive Housing Costs

17.7%

North Central District Health Department

25.4%

Nebraska

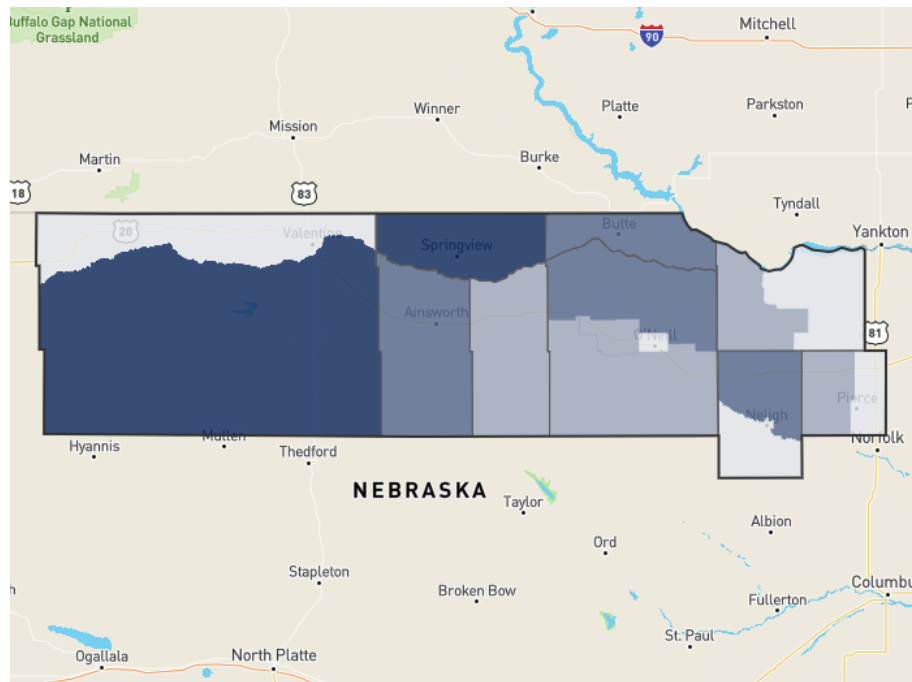
Sources: US Census Bureau ACS 5-year 2019-2023

Note: Housing costs of 30% or more of household income qualify as "excessive."

Geography	2019-2023 All Occupied Housing Units with Excessive Housing Costs	2019-2023 Homeowners with Excessive Housing Costs
Antelope County, NE	16.7%	15.6%
Boyd County, NE	23.1%	20.7%
Brown County, NE	28.2%	21.9%
Cherry County, NE	16.2%	14.6%
Holt County, NE	17%	15.9%
Keya Paha County, NE	23.2%	25.2%
Knox County, NE	14.4%	12.9%
Pierce County, NE	18.6%	15.1%
Rock County, NE	14.9%	16.8%
North Central District Health Department	17.7%	15.8%
Nebraska	25.4%	17.6%

Sources: US Census Bureau ACS 5-year 2019-2023

Excessive Housing Costs for Owners



Sources: US Census Bureau ACS 5-year 2019-2023

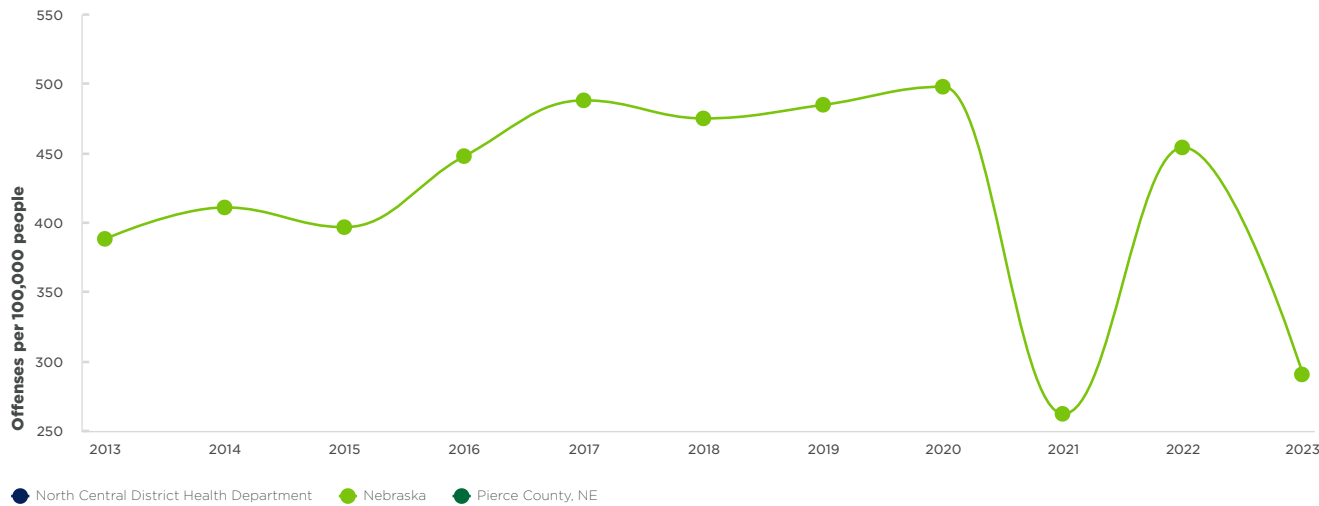
Note: Housing costs of 30% or more of household income qualify as "excessive."

© Mapbox © OpenStreetMap

Community Crime

North central Nebraska has significantly lower crime rates than Nebraska. Cherry County reports the highest crime rate at 55 per 100,000 people, which is still well below the state average. North central Nebraska is known to be a safe community, great for families and raising children. This topic was consistently brought up at the 2024 focus groups and suggested it was a great selling point to bring a workforce into the district.

Violent Crime Rate



Sources: FBI UCR

Law enforcement jurisdictions provide this data to the FBI each year; missing data or years will occur if that data has not been provided. This data represents reported crimes only. Data includes murder and nonnegligent manslaughter, rape, robbery, and aggravated assault.

Learn more:

1. "Social Determinants of Health." World Health Organization. <https://www.who.int/teams/social-determinants-of-health>.
2. Braveman, Paula, and Laura Gottlieb. "The Social Determinants of Health: It's Time to Consider the Causes of the Causes." *Public Health Reports*, vol. 129, no. 1 suppl2, Jan. 2014, pp. 19-31. SAGE Journals. <https://doi.org/10.1177/003335491412915206>.
3. Gómez, Cynthia A., et al. "Addressing Health Equity and Social Determinants of Health Through Healthy People 2030." *Journal of Public Health Management and Practice*, vol. 27, no. Supplement 6, Dec. 2021, pp. 249-57. [journals.lww.com. https://doi.org/10.1097/PHH.0000000000001297](https://journals.lww.com/https://doi.org/10.1097/PHH.0000000000001297).
4. Pesheva, Ekaterina. "ZIP Code or Genetic Code?" *Harvard Medical School News & Research*, 14 Jan. 2019. <https://hms.harvard.edu/news/zip-code-or-genetic-code>.



North Central District Health Department Community Health Assessment

Setting Our Communities Up for Success

Economic and educational opportunities are key to building healthier communities. Studies show that people with more education tend to live longer, experience fewer serious illnesses, enjoy better mental health, and face less stress from financial struggles. By creating new jobs and offering financial support for those pursuing education, we grow the overall health and wellness of a community.

NCDHD Education and Employment Snapshot:

- **School Enrollment:** The district has 644 children aged 3-4, 2,726 students aged 5-9, 3,023 students aged 10-14, and 2,577 students aged 15-19.
- **Chronically Absent Students:** 2024 Focus Groups mentioned an increased trend of students missing school. This can be seen significantly in:
 - Knox County: 331 students were chronically absent in 2021, up from 227 in 2018
 - Pierce County: 146 students were chronically absent in 2021, up from 91 in 2018.
 - Antelope Counties: 162 students were chronically absent in 2021, up from 58 in 2018
- **High School Graduation Rates:** NCDHD high schoolers are much more likely to graduate (33.6%) than their state counterparts (25.4%); however, the state peers are more likely to complete a bachelor's degree (16.1% vs. 21.8%); or higher education (6.9% vs. 11.6%)
- **Employment:** Slightly below the state average, but many jobs lack access to public transportation.

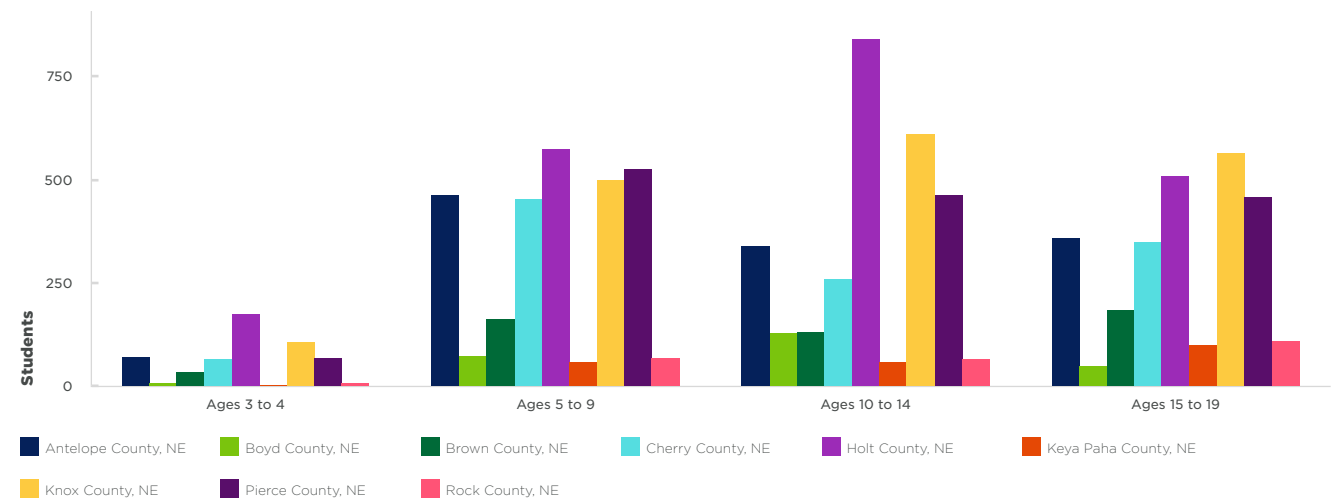
Investing in education and job opportunities is a powerful step toward a thriving, healthy community.

Education

When we keep children engaged in school through high school graduation, we can give them the tools, support, knowledge, and skills that lead to healthier lives. Students with lower reading skills in elementary school are more likely to drop out of high school than students with higher reading skills. Resourcing and supporting our K-12 schools is a key area we can help improve the quality of life for children in our community.

Enrollment

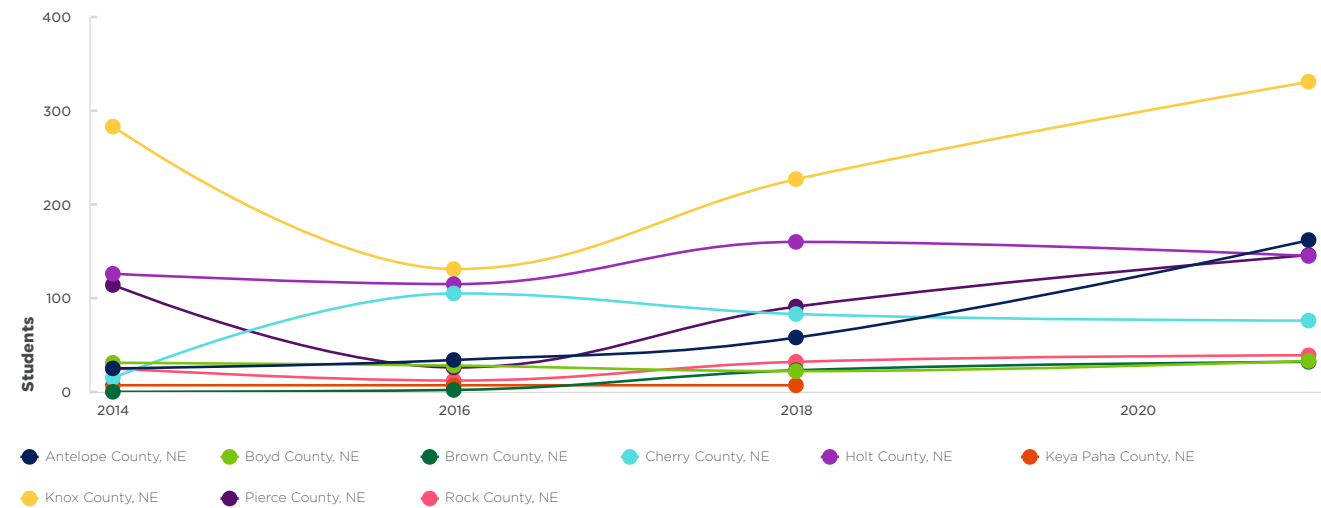
Children and Adolescents Enrolled in School by Age



Sources: US Census Bureau ACS 5-year 2019-2023

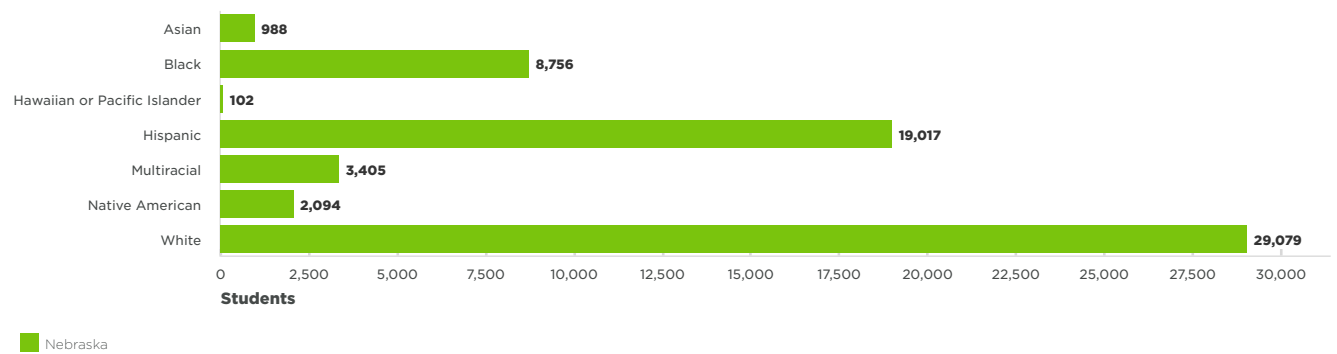
Chronically Absent Students

Chronically Absent Students



Sources: CRDC

Chronically Absent Students by Race/Ethnicity



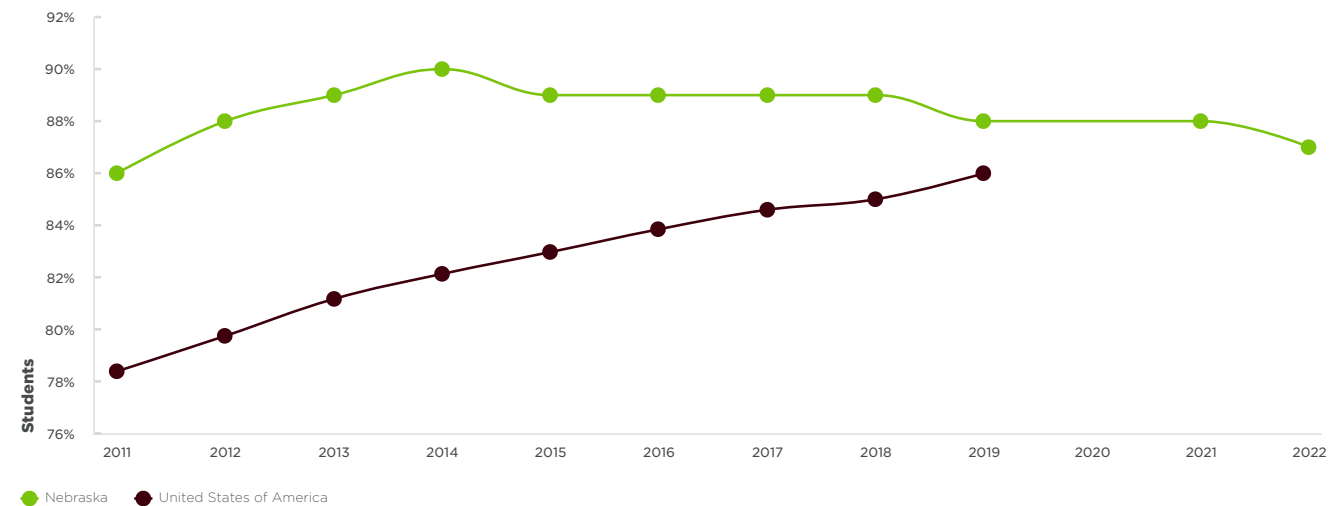
Sources: CRDC 2020-2021

Geography	2020-2021 Hispanic or Latino	2020-2021 Native American	2020-2021 Asian	2020-2021 Native Hawaiian and Pacific Islander	2020-2021 Black or African American	2020-2021 White	2020-2021 Multiracial
Antelope County, NE	19	No data	No data	No data	No data	127	No data
Boyd County, NE	No data	2	No data	No data	No data	19	No data
Brown County, NE	4	No data	No data	No data	No data	24	No data
Cherry County, NE	4	15	No data	No data	No data	35	8
Holt County, NE	23	No data	No data	No data	No data	113	No data
Keya Paha County, NE	No data	No data	No data	No data	No data	No data	No data
Knox County, NE	10	180	No data	No data	No data	107	7
Pierce County, NE	11	8	No data	No data	No data	113	9
Rock County, NE	2	No data	No data	No data	No data	35	No data
North Central District Health Department	No data	No data	No data	No data	No data	No data	No data
Nebraska	19,017	2,094	988	102	8,756	29,079	3,405

Sources: CRDC 2020-2021

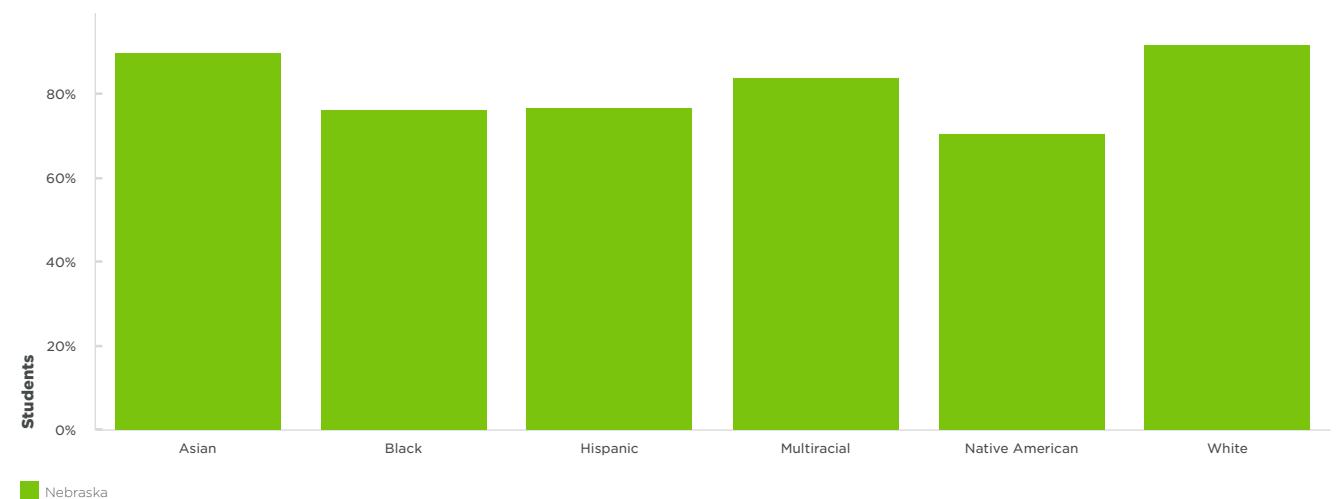
High School Graduation Rate

High School Graduation Rate



Sources: *EDFacts*

High School Graduation Rate by Race/Ethnicity



Sources: *EDFacts 2021-2022*

Homeless students



Homeless Students

3,245.3

Nebraska

1,205,259

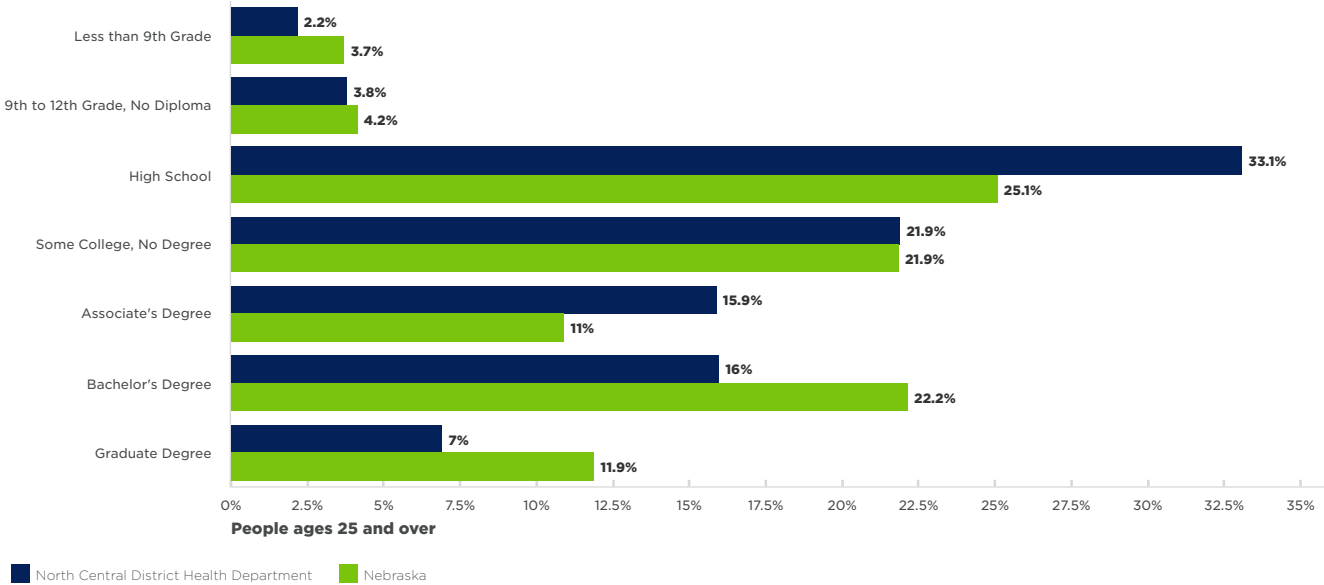
United States of America

Sources: *EDFacts 2021-2022*

Equip them to keep going.

How much education we achieve is a major factor in our future career and income. A student's lifetime wealth increases by 15% for every year of high school they complete. With more education, we can make enough money to live in our community, have health insurance, and afford more than just the basics. When more people are able to complete high school and beyond, our whole community is healthier.

Highest Level of Education Completed



Sources: US Census Bureau ACS 5-year 2019-2023

▲ ▼ Data Sources	Antelope County, NE ▲ ▼	Boyd County, NE ▲ ▼	Brown County, NE ▲ ▼	Cherry County, NE ▲ ▼	Holt County, NE ▲ ▼	Keya Paha County, NE ▲ ▼	Knox County, NE
2019-2023 Less than 9th Grade	2.3%	0.8%	2%	1.4%	2.6%	1.7%	2.4%
2019-2023 9th to 12th Grade, No Diploma	4.6%	3.5%	5.7%	1.2%	4.3%	1.4%	4.8%
2019-2023 High School Degree	31.5%	41.2%	31.8%	32.5%	33.7%	32.5%	35%
2019-2023 Some College, No Degree	22.2%	21.6%	26.9%	26.7%	18.5%	25.9%	22.1%
2019-2023 Associate's Degree	19.4%	13.3%	12.4%	14%	13.9%	12.7%	15.9%
2019-2023 Bachelor's Degree	12.7%	10.9%	13.6%	16.7%	19.3%	19.7%	13.7%
2019-2023 Graduate Degree	7.2%	8.7%	7.6%	7.5%	7.8%	6%	6%

Sources: US Census Bureau ACS 5-year 2019-2023

Bachelor's Degree or Higher by Race/Ethnicity

<div> <div></div> <div></div> </div> Data Sources	North Central District Health Department	Nebraska	Pierce County, NE
2019-2023 Total	23%	34.1%	22.9%
2019-2023 Asian	2.4%	44.2%	0%
2019-2023 Black or African American	18.7%	21.1%	0%
2019-2023 Hispanic or Latino	26.8%	15.6%	18.8%
2019-2023 Multiracial	30.8%	26.1%	16.4%
2019-2023 Native American	7.1%	13.5%	0%
2019-2023 Native Hawaiian and Pacific Islander	33.3%	24%	No data
2019-2023 Other	26.2%	13.5%	0%
2019-2023 White (Not Hispanic or Latino)	23.3%	36.7%	23.7%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

Employment

Not having a job affects many aspects of health and life, from worrying about housing and not being able to buy healthy food, to losing health insurance and the added stress of meeting daily needs that require a paycheck. Unemployment affects both our physical and mental health. When unemployment is high, we know our community is struggling. 63.1% of NCDHD's working age population (16 years and up) are employed. This is slightly lower than the state average of 66.3%. Nebraska percentage of people that are employed per capita is 45.5%. NCDHD's percentage is much lower at 24.5%. Nebraska's unemployment rate at 2.6% and NCDHD is below that, with only Boyd County matching the state rate. This tells us that most people are not looking for jobs.



Employed

63.1%

of Working-age population (age 16+)

North Central District Health Department

66.3%

of Working-age population (age 16+)

Nebraska

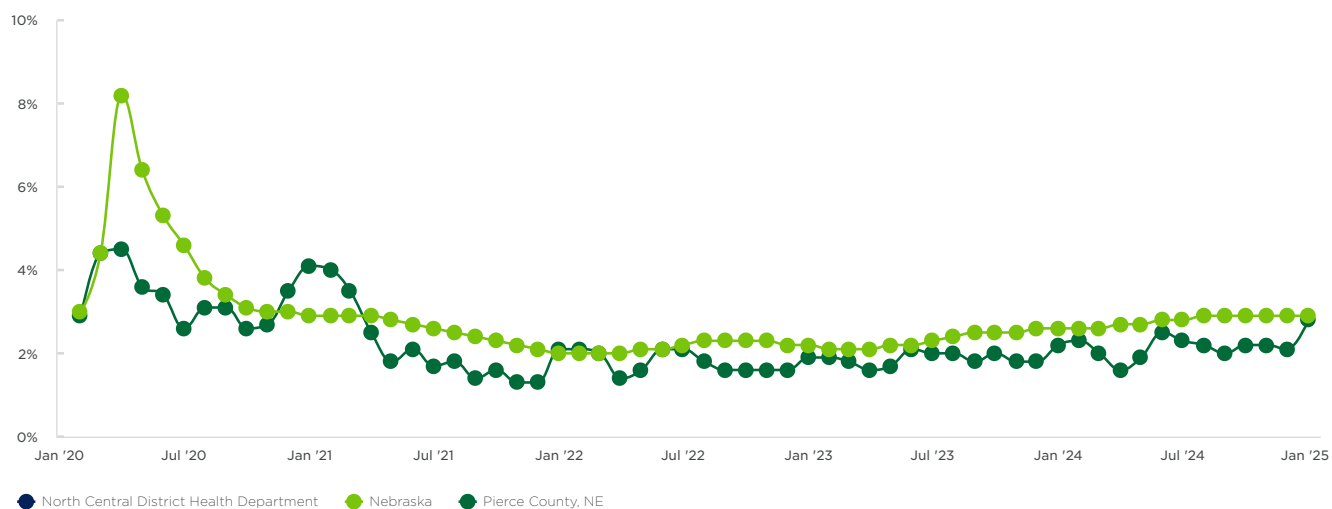
Sources: US Census Bureau ACS 5-year 2019-2023

Total Employed per capita

Antelope County, NE	25.2%
Boyd County, NE	23.8%
Brown County, NE	33%
Cherry County, NE	27.2%
Holt County, NE	31.3%
Keya Paha County, NE	3.7%
Knox County, NE	18.5%
Pierce County, NE	22.7%
Rock County, NE	25.4%
North Central District Health Department	25.2%
Nebraska	45.3%

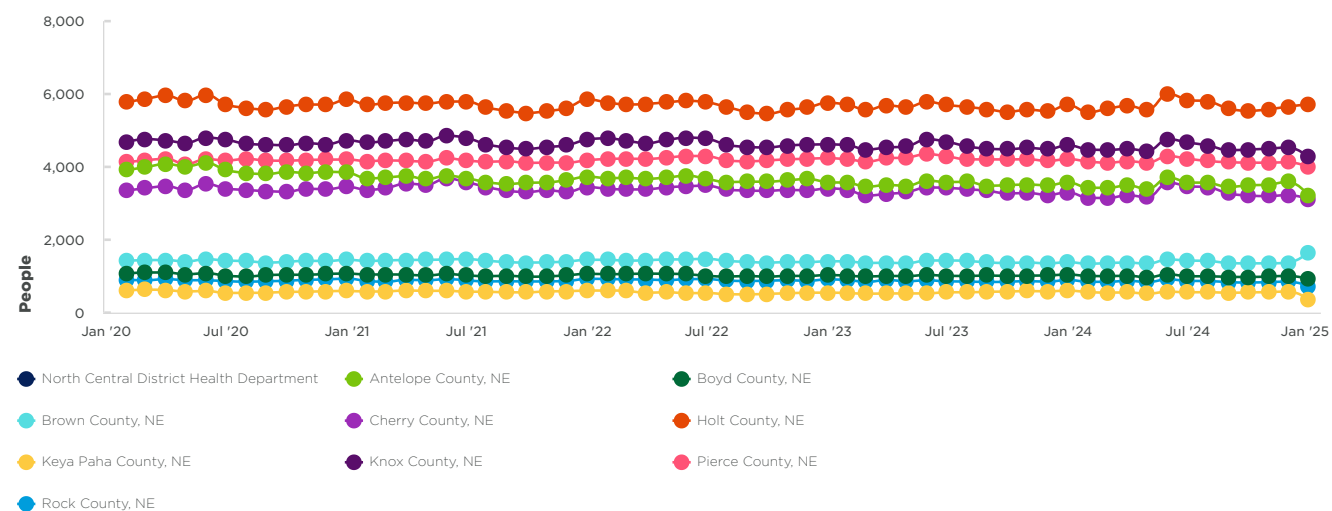
Sources: CBP 2022; US Census Bureau ACS 5-year 2019-2023

Unemployment Rate



Sources: BLS LAUS

Labor Force

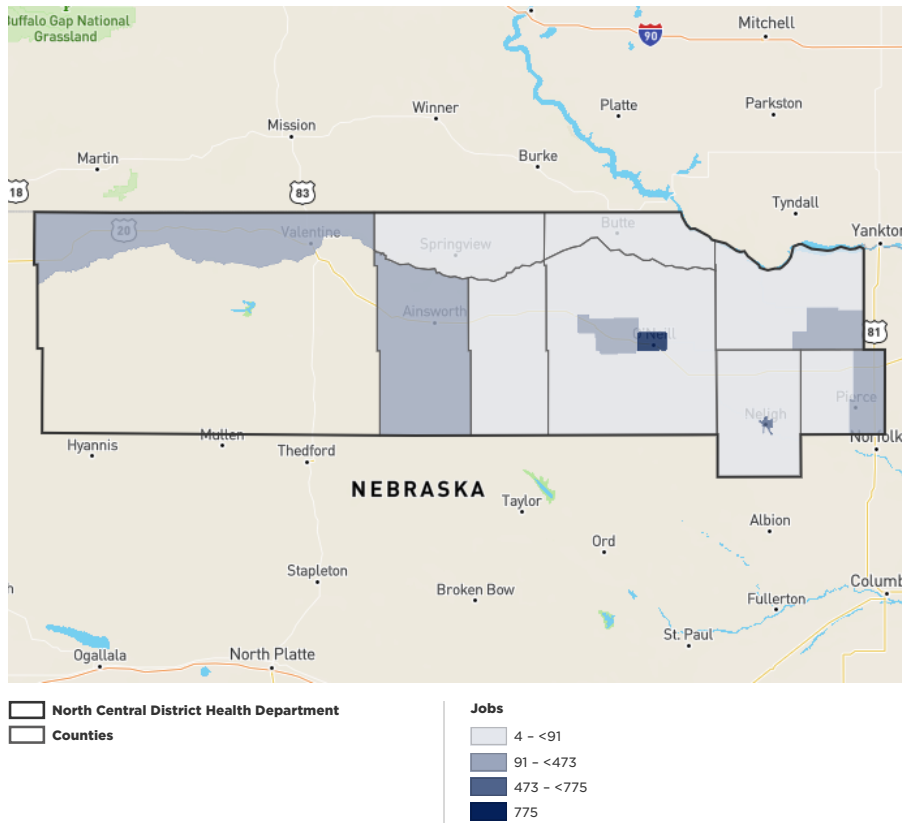


Sources: BLS LAUS

Drive time.

In a mobile world, the amount of time we spend in a vehicle affects our health. For some, travel is a barrier to healthcare appointments, family, social events, etc. When a task is challenging due to lack of a vehicle or long rides on public transportation, the effect on our health adds up. Without long commutes and transport financial strains, we have more time to focus on living a healthy and fulfilled life.

Average Number of Jobs within a 30 Minute Public Transit



Sources: Access Across America Transit 2021

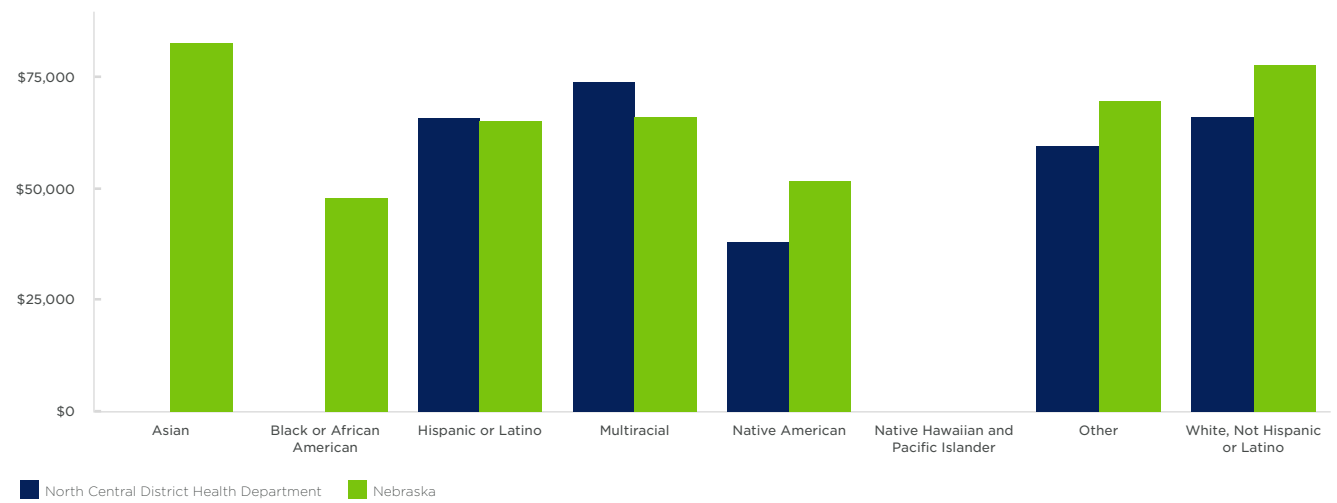
Income

Earning a living wage means making enough money to be able to live in our community, including paying for safe shelter, food, and other basic needs. For people who work lower income jobs, this isn't always possible. When the cost to live in our community is high, or the jobs available don't pay enough, families have to choose between needs – paying their rent or buying food, getting medical care or having enough gas to get to work.

Sources: US Census Bureau ACS 5-year 2019-2023

Median Household Income by Householder's Race/Ethnicity

Median Income by Householder's Race/Ethnicity



Sources: US Census Bureau ACS 5-year 2019-2023

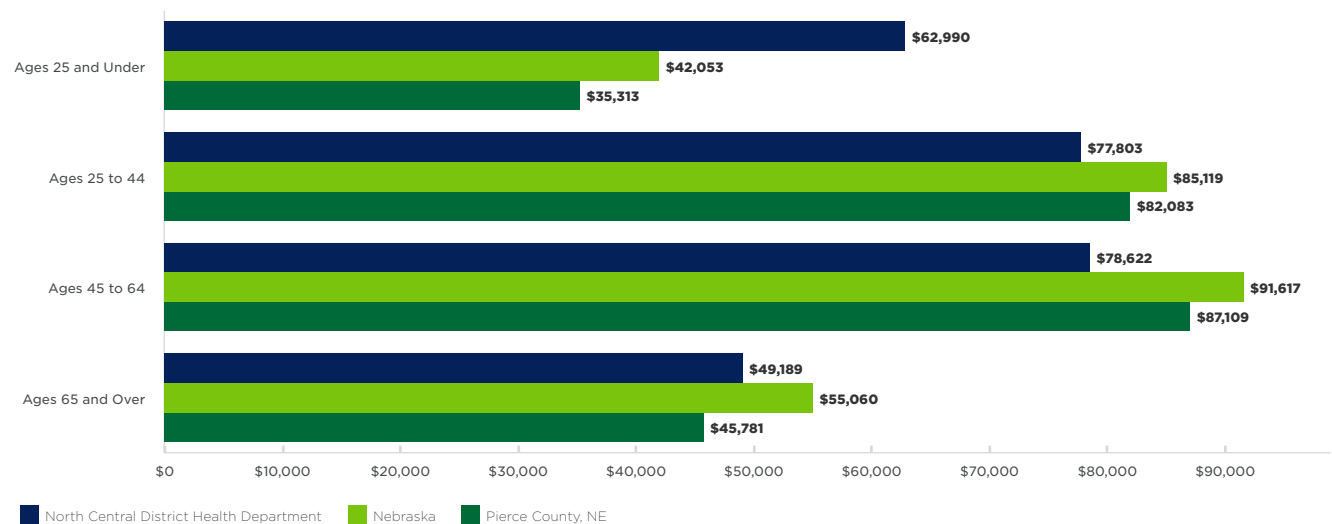
Note: unless otherwise indicated, data includes both Hispanic or Latino and non-Hispanic or Latino people.

▲▼ Data Sources	Antelope County, NE ▲▼	Boyd County, NE ▲▼	Brown County, NE ▲▼	Cherry County, NE ▲▼	Holt County, NE ▲▼	Keya Paha County, NE ▲▼	Knox County, NE ▲▼
2019-2023 Asian	No data	No data	No data	No data	\$72,917	No data	No data
2019-2023 Black or African American	No data	No data	No data	No data	No data	No data	No data
2019-2023 Hispanic or Latino	\$56,477	No data	\$49,722	No data	\$81,974	No data	\$51,250
2019-2023 Multiracial	\$56,818	\$36,250	No data	\$77,679	\$43,750	No data	\$61,607
2019-2023 Native American	No data	No data	\$30,833	\$47,188	No data	No data	\$38,846
2019-2023 Native Hawaiian and Other Pacific Islander	No data	No data	No data	No data	No data	No data	No data
2019-2023 Other	\$52,955	\$46,250	\$48,194	No data	\$51,607	No data	No data
2019-2023 White - Not Hispanic or Latino	\$63,828	\$59,297	\$51,791	\$66,036	\$67,030	\$59,063	\$66,566

Sources: US Census Bureau ACS 5-year 2019-2023

Median Household Income by Householder's Age

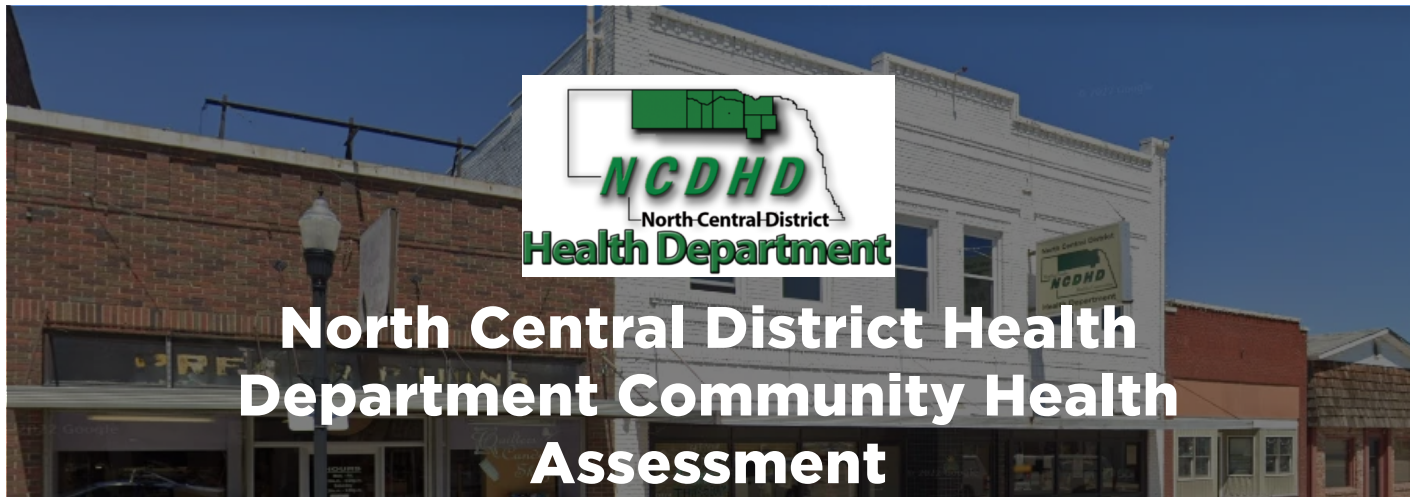
Median Household Income by Householder's Age



Sources: US Census Bureau ACS 5-year 2019-2023

Learn more:

- [1. Zajacova, Anna, and Elizabeth M. Lawrence. "The Relationship between Education and Health: Reducing Disparities through a Contextual Approach." *Annual Review of Public Health*, vol. 39, Apr. 2018, pp. 273-89. PubMed Central, <https://doi.org/10.1146/annurev-publhealth-031816-044628>. !\[\]\(8c4dca64662d21542001ca0ed7eeb688_img.jpg\)](https://doi.org/10.1146/annurev-publhealth-031816-044628)
- [2. "Early Childhood: High Return on Investment." Center for High Impact Philanthropy - University of Pennsylvania. <https://www.impact.upenn.edu/early-childhood-toolkit/why-invest/what-is-the-return-on-investment/>. !\[\]\(3de35c640e7147a3fb61ee393128d2ae_img.jpg\)](https://www.impact.upenn.edu/early-childhood-toolkit/why-invest/what-is-the-return-on-investment/)
- [3. Hummer, Robert A., and Elaine M. Hernandez. "The Effect of Educational Attainment on Adult Mortality in the United States." *Population Bulletin*, vol. 68, no. 1, June 2013, pp. 1-16. !\[\]\(d1438aeefda19c86ae7477bf1fb30796_img.jpg\)](#)
- [4. Pickler, Les. *The Effects of Education on Health*. 3. National Bureau of Economic Research, Mar. 2007. <https://www.nber.org/digest/mar07/effects-education-health>. !\[\]\(dc4d2c544087998b6f093f485f5119d7_img.jpg\)](https://www.nber.org/digest/mar07/effects-education-health)
- [5. Zimmerman, E. and S. H. Woolf. 2014. *Understanding the Relationship Between Education and Health. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC.* <https://doi.org/10.31478/201406a>. !\[\]\(f26ab61dd00ea7e5f19553908ec3fa6b_img.jpg\)](https://doi.org/10.31478/201406a)
- [6. Oreopoulos, Philip. "Do Dropouts Drop out Too Soon? Wealth, Health and Happiness from Compulsory Schooling." *Journal of Public Economics*, vol. 91, Dec. 2007, pp. 2213-29. DOI.org \(Crossref\), <https://doi.org/10.1016/j.jpubeco.2007.02.002>. !\[\]\(ecf85e064bcd351a8999f71bf3f405e7_img.jpg\)](https://doi.org/10.1016/j.jpubeco.2007.02.002)
- [7. Wilson, S. H., and G. M. Walker. "Unemployment and Health: A Review." *Public Health*, vol. 107, no. 3, May 1993, pp. 153-62. ScienceDirect, \[https://doi.org/10.1016/S0033-3506\\(05\\)80436-6\]\(https://doi.org/10.1016/S0033-3506\(05\)80436-6\). !\[\]\(b7205a03f3dd3fe6f731085a326bb0d6_img.jpg\)](https://doi.org/10.1016/S0033-3506(05)80436-6)



How We Start Matters

When mothers and babies are healthy, the entire community thrives. Giving every baby the best start means focusing on the health of mothers, too. A healthy life begins well before birth, with resources for parents before pregnancy, and continues with access to care throughout pregnancy and beyond. Ensuring that everyone in our community has equal access to quality care leads to healthier pregnancies, safer births, and a brighter future for all children.

NCDHD Families with Children Highlights:

- **Families with Children:** Though there are fewer families with children, the district has a higher percentage of married couples with children and single mothers living in poverty. During the 2024 Focus Groups, a common theme was that the district is a great place to raise a family and may account for the large percentage of married couples with children.
- **Childcare:** Childcare centers are on the rise in many counties, but demand still exceeds supply.
- **Maternal Health:** Nebraska exceeds the national average in prenatal care and breastfeeding rates.

Supporting mothers and children is crucial to building a stronger, healthier community.

It takes a village to raise a child.

Parenting is a difficult task for anyone, and even more so for a single parent or grandparent raising a child. The health of caregivers and children can suffer because of the stress, increasing the risk for some chronic diseases or mental health issues. Single parents struggle more financially than families with more than one parent, affecting every area of life including health. Supporting caregivers in the important task of providing for children helps our entire community thrive.



Single Parent/Guardian Families with Children

24.6%

Families with children

North Central District Health Department

28.9%

Families with children

Nebraska



Single Parent/Guardian Families with Children

1,074

Families

North Central District Health Department

64,543

Families

Nebraska



WIC Authorized Stores

No data

Stores

North Central District Health Department

377

Stores

Nebraska

Geography	2019-2023 Single Householder Family with Children (Percent)	2019-2023 Single Householder Family with Children (Number)	2016 WIC Authorized Stores
North Central District Health Department	24.6%	1,074	No data
Nebraska	28.9%	64,543	377
Pierce County, NE	21.9%	180	3

Sources: US Census Bureau ACS 5-year 2019-2023; USDA ERS FEA 2016

Poverty Rate by Family Composition

Geography	2019-2023 Married Couple with Children	2019-2023 Single Females with Children	2019-2023 Single Males with Children
North Central District Health Department	6%	32.3%	7.7%
Nebraska	4.3%	32.4%	13.1%
Pierce County, NE	4%	31.5%	5.9%

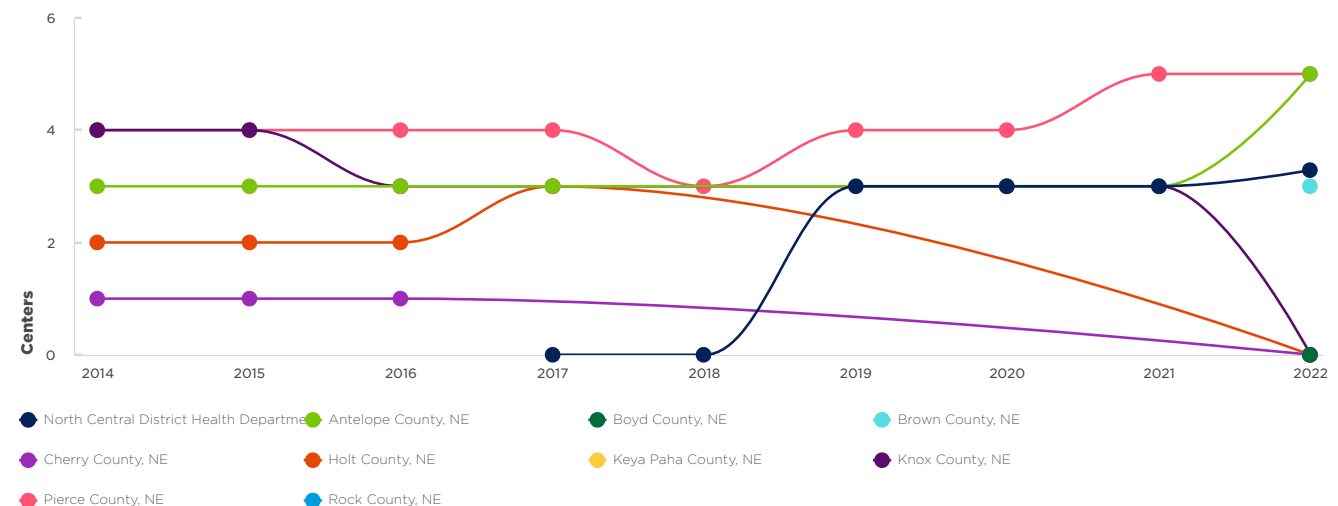
Sources: US Census Bureau ACS 5-year 2019-2023

This data represents the percent of each family type that is in poverty.

Our children deserve quality childcare.

Finding trusted, reliable, and affordable childcare is a challenge for families no matter how much money they make. Having at least one parent employed is required for most families to provide for their children. A lack of childcare can lead to more women leaving the workforce, families slipping into poverty, and food insecurity for children. Access to affordable childcare helps parents keep their jobs and afford housing, giving them financial security and opportunity. They can then pay for consistent childcare, along with their housing, healthy food, and medical care—which all benefit health. Parents need access to quality childcare options close to where they live in order to keep a stable job and allow their children to thrive in safe, caring environments.

Child Care Centers Over Time



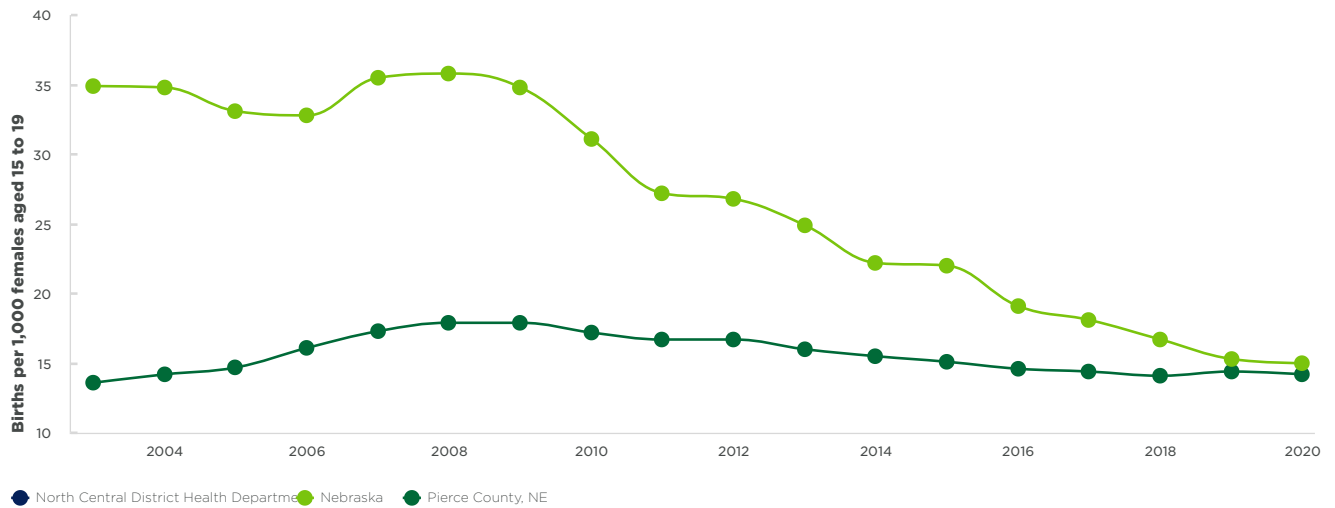
Sources: CBP

Note: If an area has fewer than 3 child care centers in a given year, data for those time periods is suppressed for that area. The businesses shown here typically care for preschoolers, but may offer pre-K or kindergarten educational programs as well as care for older children outside of school.

Address poverty to decrease teen births.

Teen pregnancies occur in all communities, but they are more likely to occur in areas of poverty. Programs or healthcare services that equip teens to make healthy choices can help, but research also shows factors like unemployment, lack of education, and low income are connected to higher teen birth rates. Meeting those needs can help reduce the difference in teen birth rate from one area to another, giving everyone an equal chance to prevent teen pregnancy. Sex education, access to contraception, healthcare for sexually transmitted infection, and sexual violence prevention can help lower teen pregnancy rates in our community.

Teen Birth Rate



Sources: CDC

Healthy pregnancies lead to healthy births.

Regular visits to the doctor during pregnancy reduce the risks of pregnancy complications, helps prevent risks to the baby, and helps parents learn about healthy choices they can make along the way.

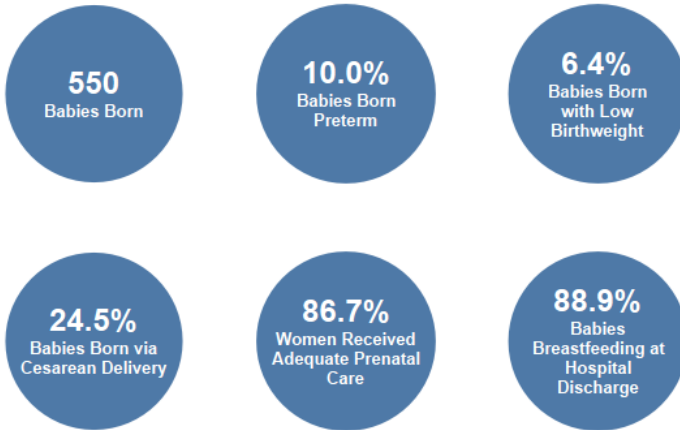
The Nebraska Department of Health and Human Services [dashboard](#)² provides annual district and state birth data:

- In 2023, 10% of babies in the NCDHD were preterm, which is better than the state average of 11.1%
- In 2023, 6.4% of babies in the NCDHD measured as low birth weight, which is better than the state average of 8.1%
- In 2023, 24.5% of babies in the NCDHD had a Cesarean delivery, which is better than the state average of 28.6%
- In 2023, 86.7% of mothers in the NCDHD received adequate prenatal care, which is better than the state average of 84.6%
- In 2023, 88.9% of babies in the NCDHD were breastfed at the time of hospital discharge, which is similar to the state average of 90.2%

Prenatal Care:

- Nebraska ranks higher than the national average with 78.9% of mother receiving medical care in their first trimester. White women are more likely to seek medical care in the first trimester than any other race.
- Maternal tobacco use has plummeted from 2009 to 2022 across the national, as well as in Nebraska. In 2022, 5.1% of Nebraska mother reported using tobacco while pregnant, which is slightly worse than the national average of 3%. In Nebraska, Native Americans are most likely to use tobacco during pregnancy, reporting 21% of Native American mother do so during pregnancy.

Birth Statistics, North Central District Health Department, Year: 2023



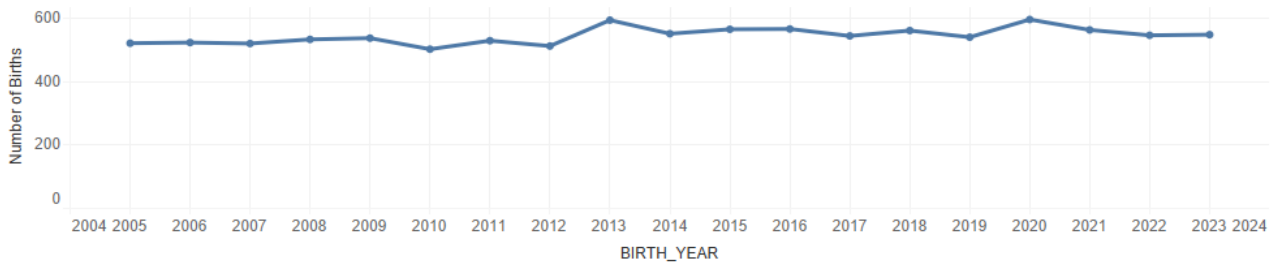
Top 5 Female Names:

Evelyn
Hadley
Josie
Lainey
Adeline

Top 5 Male Names:

Asher
Barrett
Leo
Theo
William

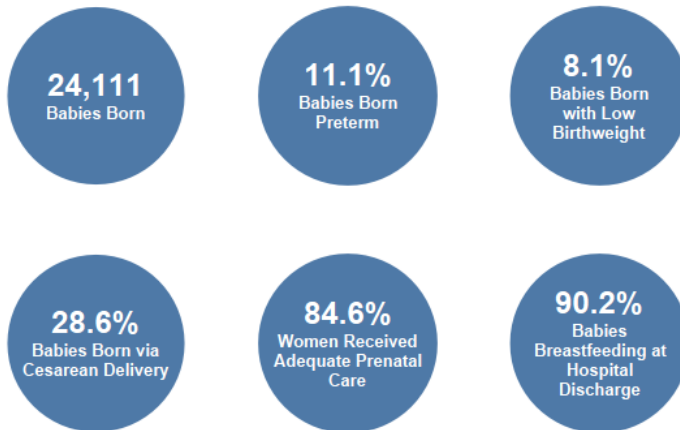
Number of Births



*Source: Vital Records, Nebraska DHHS

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Birth Statistics, State of Nebraska, Year: 2023



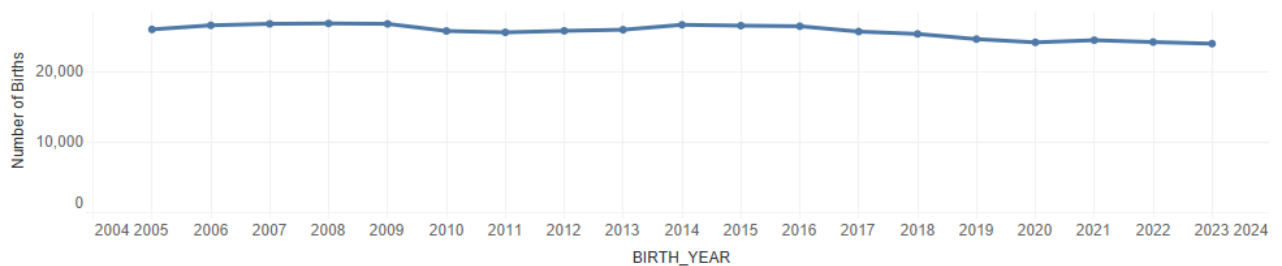
Top 5 Female Names:

Charlotte
Olivia
Sophia
Amelia
Evelyn

Top 5 Male Names:

Oliver
Liam
Henry
Theodore
Noah

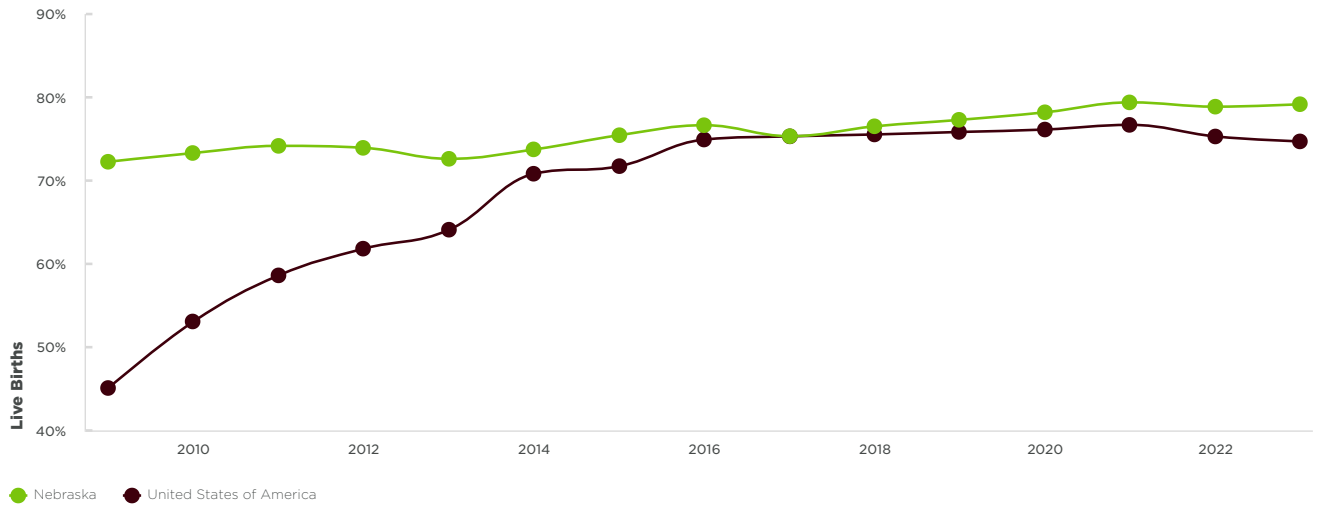
Number of Births



*Source: Vital Records, Nebraska DHHS

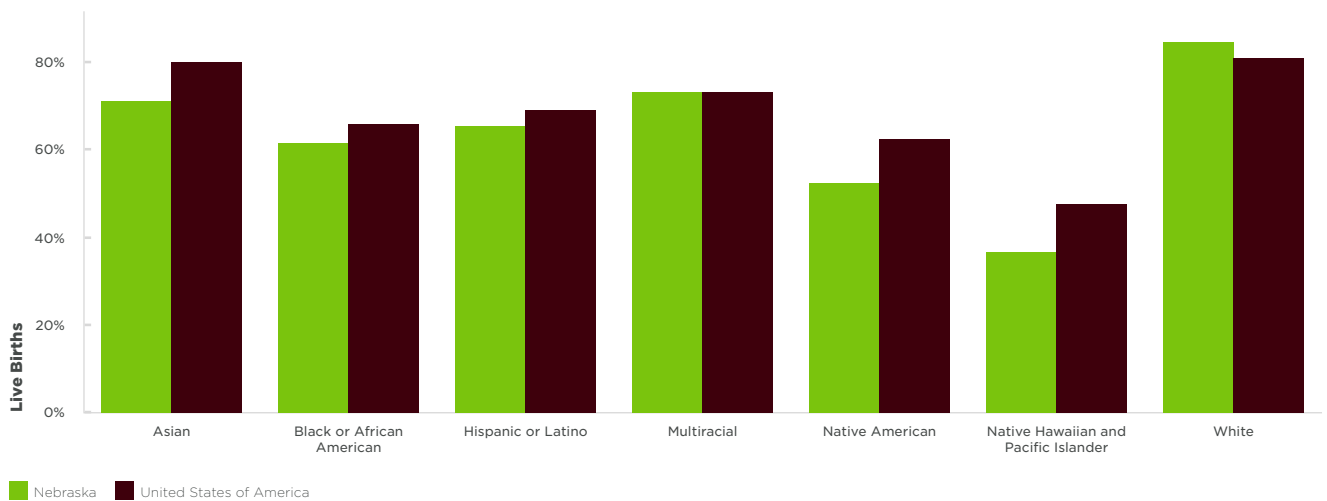
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Prenatal Care Started in First Trimester



Sources: CDC WONDER Natality

Prenatal Care Started in First Trimester by Mother's Race/Ethnicity



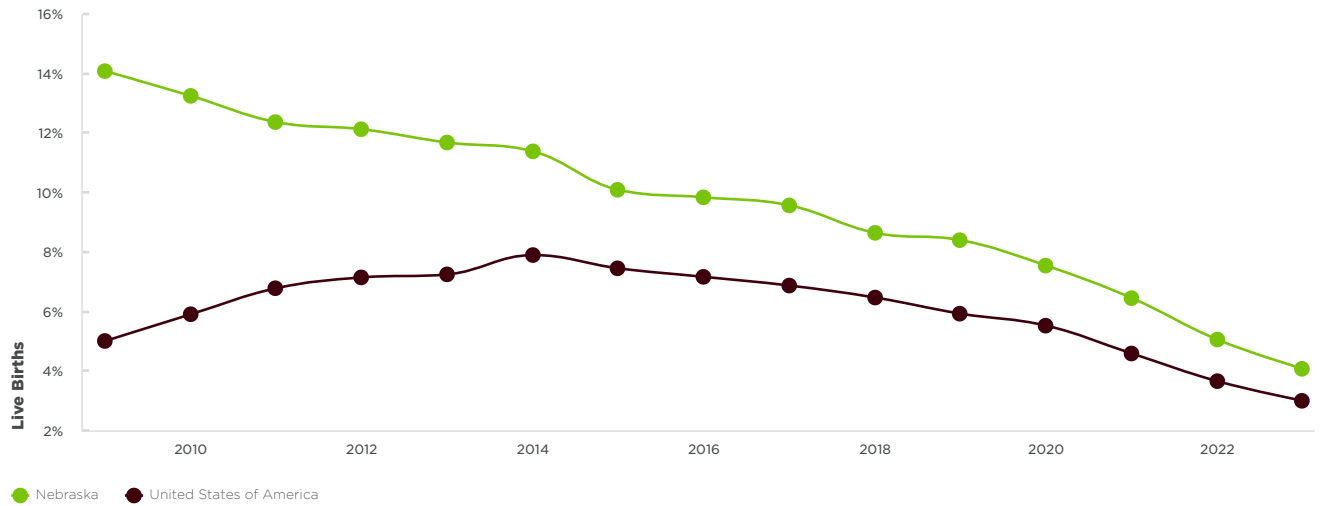
Sources: CDC WONDER Natality 2019-2023

Note: Unless otherwise indicated, all data is non-Hispanic or Latino.

Let's help moms stop smoking.

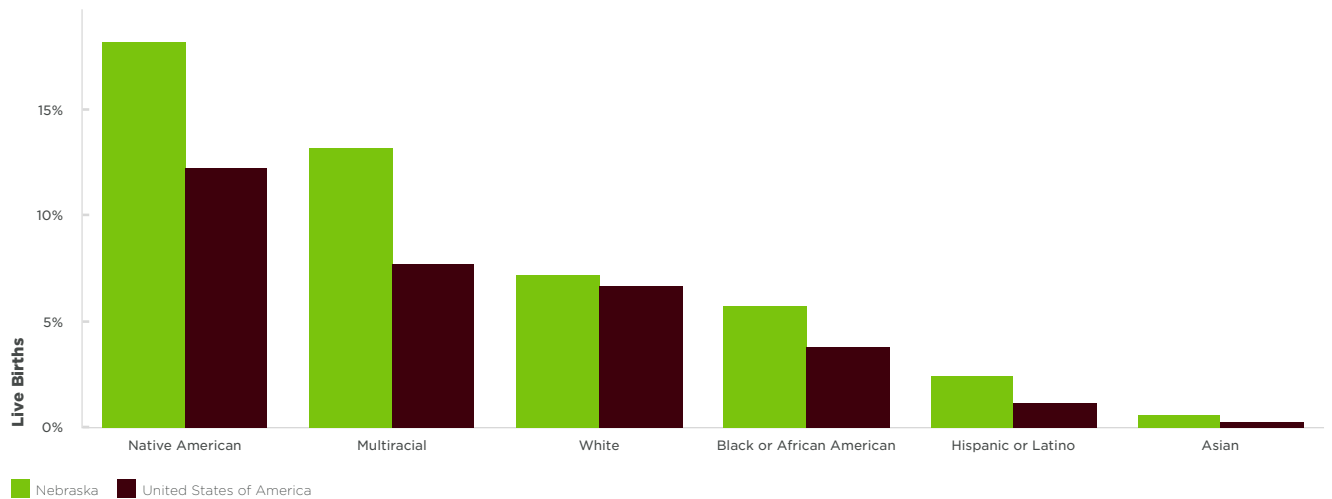
Nicotine is incredibly addictive. Quitting is difficult for anyone, often taking multiple tries. Stopping tobacco use is incredibly important for a safe pregnancy and baby. A mother who's able to stop smoking will reduce the risk of preterm birth and low birth weight, but they need additional support.

Tobacco Use During Pregnancy



Sources: CDC WONDER Natality

Tobacco Use During Pregnancy by Mother's Race/Ethnicity



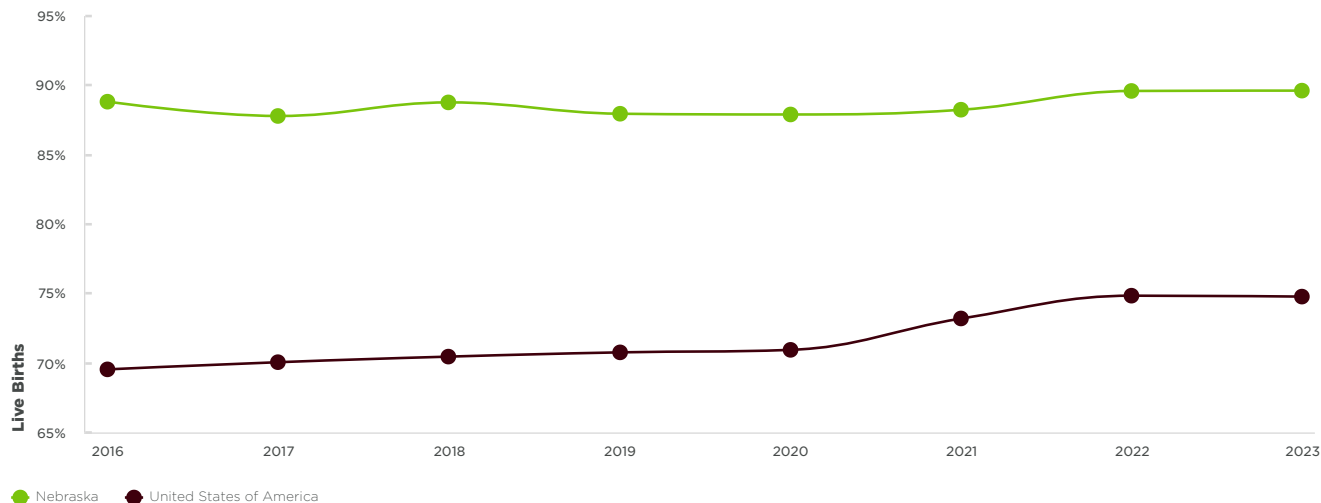
Sources: CDC WONDER Natality 2019-2023

Note: Unless otherwise indicated, all data is non-Hispanic or Latino.

Breastfeeding: The Common Choice for Moms

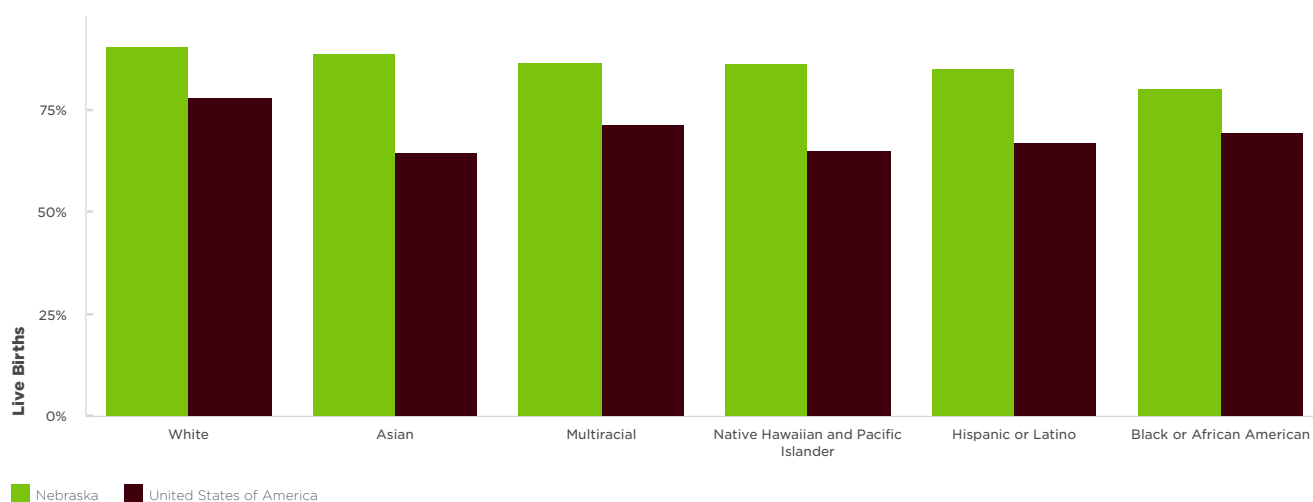
Every couple can choose if breastfeeding is right for their child. Ensure families have accurate information on the information that breast milk provides ideal nutrition, can prevent illness, and reduces the mother's chance of developing some diseases is imperative for families to make healthy decisions. To make breastfeeding a reality, it is important for families to have conversations about the type of support the mother needs to provide the best nutrition to the baby, such as: maternity leave, access to breast pumps and supplies, jobs that support mothers who need to pump during their shift, etc. If we want our communities to be as healthy as possible, reducing barriers for mothers to breastfeed is crucial.

Infants Breastfed Before Being Discharged from Hospital



Sources: CDC WONDER Natality

Infants Breastfed Before Being Discharged from Hospital by Mother's Race & Ethnicity



Sources: CDC WONDER Natality 2019-2023

Note: Unless otherwise indicated, all data is non-Hispanic or Latino.

Every baby should have a chance.

Reducing infant mortality starts well before pregnancy with the mother's own health and continues with regular medical care throughout pregnancy. This is another piece of information that can show differences in healthcare access. Families in rural communities and Black families tend to have fewer doctors, hospitals, and other resources available where they live. Because of the lack of access, rural families can have higher rates of infant mortality than those in cities, and Black families can have higher rates than white families. No family should have to suffer the loss of a child. **Improving access to healthcare for every geographic region and racial or ethnic group benefits us all.**



5.6

Deaths per 1,000 live births

Infant Mortality Rate

Nebraska

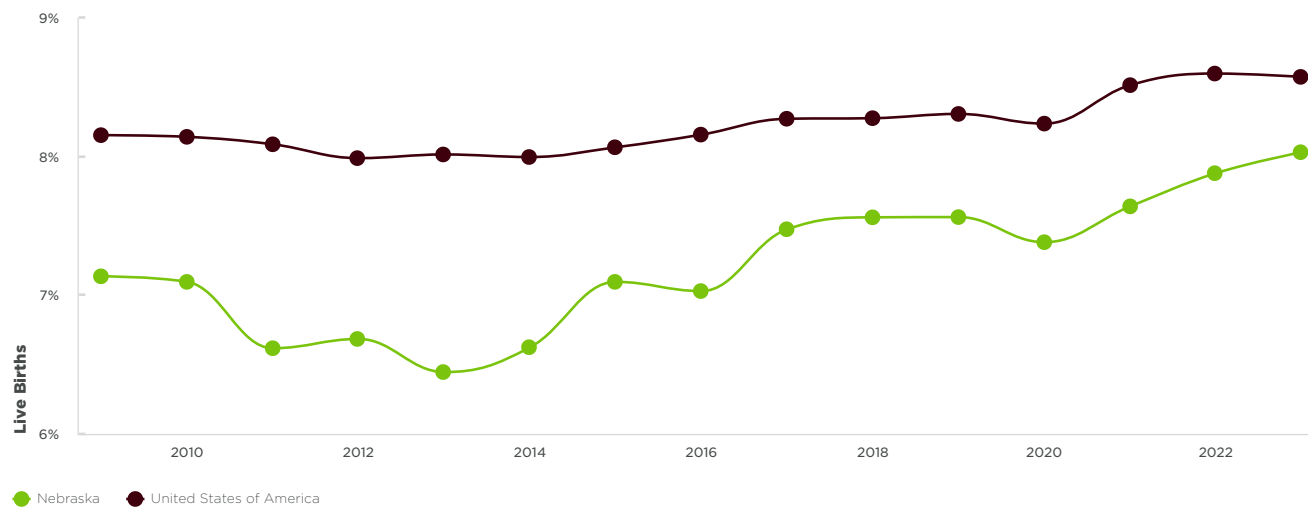
Sources: National Center for Health Statistics - Natality and Mortality Files 2015-2021 via RWJF County Health Rankings & Roadmaps 2024

A strong start paves the way for a healthy life.

Babies who are born preterm are more likely to have serious health complications, including low birth weight, that can impact their health for the rest of their lives. Factors such as a mother’s age, ongoing health conditions, exposure to pollution, substance use, the effects of racism, and more increase the risk of a baby being born too early and with too low of a birth weight. When preterm births and low birth weight outcomes rise in our community, our families need better access to education, resources, and healthcare providers to help them deliver a healthy baby.

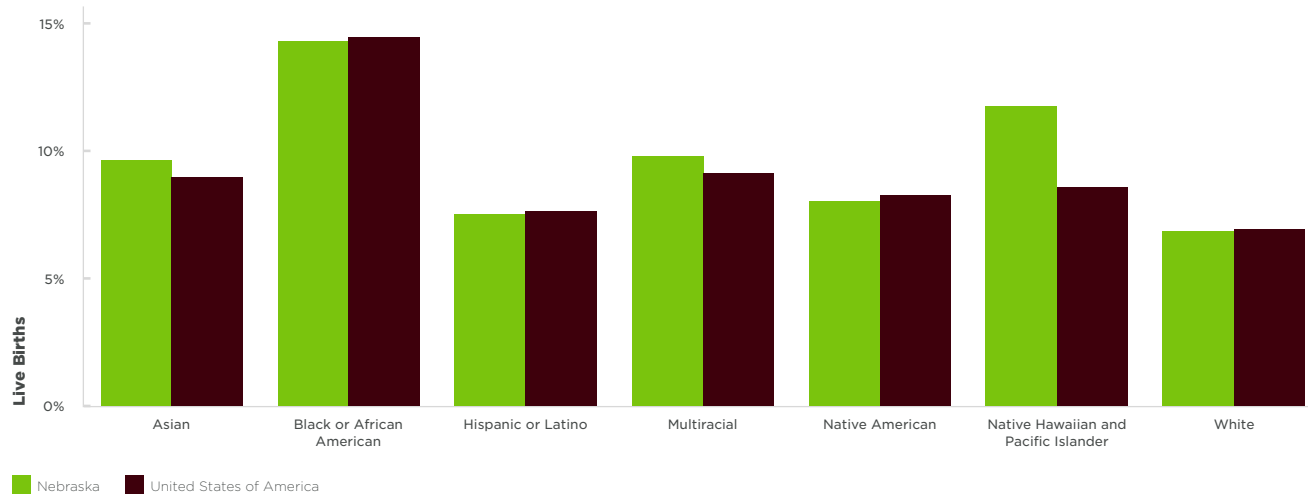
Low Birth Weight

Low Birth Weight



Sources: CDC WONDER Natality

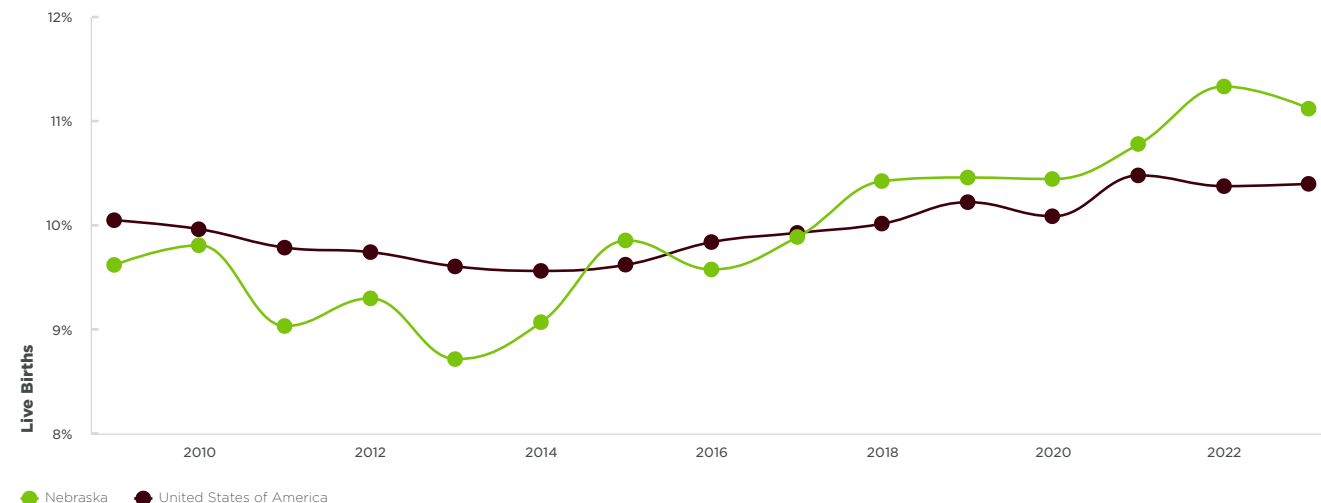
Low Birth Weight Rate by Mother’s Race/Ethnicity



Sources: CDC WONDER Natality 2019-2023

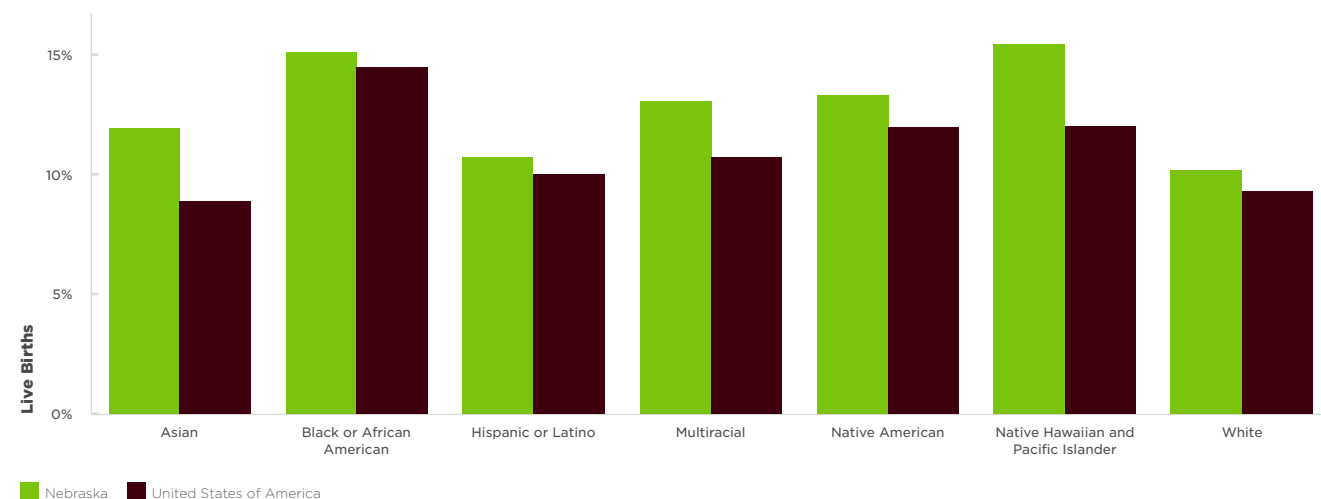
Preterm Births

Preterm Births



Sources: CDC WONDER Natality





Preterm Birth Rate by Mother's Race/Ethnicity



Sources: CDC WONDER Natality 2019-2023

Learn more:

1. U.S. Health and Human Services Department. "Are There Ways to Reduce the Risk of Infant Mortality?" National Institute of Child Health and Human Development, 29 Oct. 2021. <https://www.nichd.nih.gov/health/topics/infant-mortality/topicinfo/reduce-risk>
2. "Low Birthweight." March of Dimes. <https://www.marchofdimes.org/find-support/topics/birth/low-birthweight>
3. Graham, Garth. "Why Your ZIP Code Matters More Than Your Genetic Code: Promoting Healthy Outcomes from Mother to Child." *Breastfeeding Medicine*, vol. 11, no. 8, Aug. 2016. ResearchGate. <https://doi.org/10.1089/bfm.2016.0113>
4. Birchfield Kennedy, Lauren. "Child Care and Early Education Is a Social Determinant of Health—For Children and Adults." Center for Primary Care: Harvard Medical School, 23 Oct. 2020. <https://info.primarycare.hms.harvard.edu/review/child-care-early-education>
5. Rice, Douglas, et al. "Child Care and Housing: Big Expenses With Too Little Help Available." Center on Budget and Policy Priorities, 26 Apr. 2019. <https://www.cbpp.org/research/housing/child-care-and-housing-big-expenses-with-too-little-help-available>
6. Stokes, Natalie, et al. Single Parenthood and Cardiovascular Risk. https://www.abstractsonline.com/pp8/?qa=21637959031679679606160200817754513134415656420048_qac=11260520951601320366CjwKCAjw5Kv7BRBSEiwAXGDEIZrUAzQ_Ml9tz8GNh6qAGFAaOHOOUpKMR9AbuVuZqgVF08olpq-7ohoCEPcQAvD_BwE#/9144/presentation/37545_EPAPS10-GRFW_Cardiovascular_Disease_Epidemiology_in_Women_American_Heart_Association_Scientific_Sessions
7. Stack, Rebecca Jayne, and Alex Meredith. "The Impact of Financial Hardship on Single Parents: An Exploration of the Journey From Social Distress to Seeking Help." *Journal of Family and Economic Issues*, vol. 39, no. 2, 2018, pp. 233-42. PubMed Central. <https://doi.org/10.1007/s10834-017-9551-6>

8. [Romero, Lisa, et al. "Reduced Disparities in Birth Rates Among Teens Aged 15-19 Years — United States, 2006-2007 and 2013-2014." *MMWR. Morbidity and Mortality Weekly Report*, vol. 65, no. 16, Apr. 2016, pp. 409-14. www.cdc.gov. https://doi.org/10.15585/mmwr.mm6516a1.](https://doi.org/10.15585/mmwr.mm6516a1) 
9. ["Social Determinants and Eliminating Disparities in Teen Pregnancy." *CDC | Teen Pregnancy*, 28 Feb. 2022. http://www.cdc.gov/Features/dsteenpregnancy/.](http://www.cdc.gov/Features/dsteenpregnancy/) 
10. ["What Is Prenatal Care and Why Is It Important?" NIH National Institute of Child Health and Human Development, https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care. Accessed 2 Nov. 2022.](https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care) 
11. [NIDA. "Is nicotine addictive?" National Institute on Drug Abuse, 12 Apr. 2021, https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/nicotine-addictive Accessed 2 Nov. 2022.](https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/nicotine-addictive) 
12. [Chamberlain, Catherine, et al. "Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy." *Cochrane Database of Systematic Reviews*, edited by Cochrane Pregnancy and Childbirth Group, vol. 2020, no. 3, Feb. 2017. DOI.org \(Crossref\), https://doi.org/10.1002/14651858.CD001055.pub5.](https://doi.org/10.1002/14651858.CD001055.pub5) 
13. [CDC. "Breastfeeding Benefits Both Baby and Mom." Centers for Disease Control and Prevention, 27 July 2021, https://www.cdc.gov/nccdphp/dnpao/features/breastfeeding-benefits/index.html.](https://www.cdc.gov/nccdphp/dnpao/features/breastfeeding-benefits/index.html) 
14. [CDC. *The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*. 2013, p. 1-60.](#) 



North Central District Health Department Community Health Assessment

Healthcare and Healthy Living

Access to healthcare and healthy lifestyle choices is essential for everyone to live life to the fullest. Prioritizing prevention over treatment can save us time, money, and unnecessary suffering. When we focus on avoiding illness and chronic diseases, we invest in our well-being and future.

Healthy habits—such as not smoking, eating nutritious foods, getting enough sleep, exercising regularly, and attending annual check-ups—play a critical role in keeping us healthy. Quality medical care allows us to maintain our health and enjoy longer, more fulfilling lives. Plus, a healthier population translates to fewer lost days of productivity, learning, and earning potential. By prioritizing preventative care, we can create a community that thrives rather than merely survives.

Key Health Concerns in Our Community:

- **Smoking:** In our district, a higher percentage (15.7%) of adults smoke regularly compared to the statewide average (14.2%). 14.2% of Pierce County residents are regular smokers.
- **Physical Inactivity:** We also see a larger number of adults who are physically inactive, which can lead to various health complications. 28.6% of north central Nebraskans are physically inactive, compared to the state's average of 25.2%. 25.9% of Pierce County residents are physically inactive.
- **Doctor Check-ups:** On a positive note, more adults in our district are getting regular check-ups and have health insurance compared to the state average. 74.7% of Pierce County residents reports getting their annual checkup.
- **Mental Health:** Unfortunately, many counties in our district face challenges with access to mental health providers, resulting in a high ratio of people to available professionals.

By addressing these issues and emphasizing preventive care, we can build a healthier, more vibrant community for everyone.

Smoking is deadly.

Smoking is the number one cause of preventable death and affects nearly every organ in the body. The earlier someone smokes the more likely they are to become addicted, a concerning fact since smoking usually starts in youth. Quitting smoking is one of the most beneficial things a person can do for their health. Tobacco Free Nebraska has free tobacco cessation products to assist individuals in their quit attempts.



Smoke Regularly

15.7%

Adults

North Central District Health Department

14.2%

Adults

Nebraska

Sources: CDC BRFSS PLACES 2022

This data represents the share of adults who have smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Geography	2022 Regular Smoking Among Adults
Antelope County, NE	13.6%
Boyd County, NE	14.9%
Brown County, NE	14.3%
Cherry County, NE	18.8%
Holt County, NE	15.6%
Keya Paha County, NE	12.9%
Knox County, NE	16.4%
Pierce County, NE	14.2%
Rock County, NE	15.3%
North Central District Health Department	15.7%
Nebraska	14.2%

Sources: CDC BRFSS PLACES 2022

Forward movement benefits everyone.

From childhood through adulthood, physical activity is a key factor to improve physical and mental health and prevent disease. However, many of us are not as active as we might want to be with lack of time and energy, low social support, or limited access to a safe place to exercise on the list of barriers. Creating a community where exercise is available for all people might include creating more parks and greenspaces, adding bicycle lanes, ensuring safe walking paths, equipping people to walk or bike to work, and more.

Overview



Physical Inactivity

28.6%

of Adults

North Central District Health Department

25.2%

of Adults

Nebraska

Active Commuters who Walk, Bike, or Take Public Transit

6.1%

of Commuters

North Central District Health Department

3.5%

of Commuters

Nebraska

Sources: CDC BRFSS PLACES 2022; US Census Bureau ACS 5-year 2019-2023

Physical inactivity represents the proportion of adults who report no physical activity outside of work in the past month.

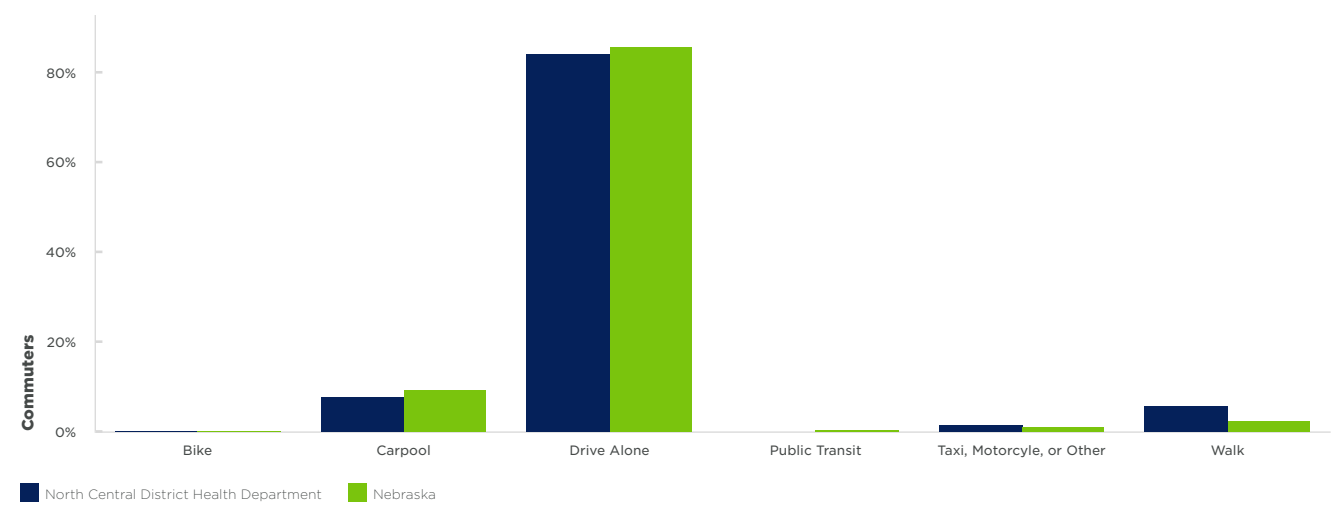
Geography	2022 Physical Inactivity	2019-2023 Active Commuters who Walk, Bike, or Take Public Transit
Antelope County, NE	26.2%	4.8%
Boyd County, NE	28.1%	13.9%
Brown County, NE	28.4%	5.3%
Cherry County, NE	30.4%	8%
Holt County, NE	28.7%	6.6%
Keya Paha County, NE	26.9%	11.5%
Knox County, NE	30.8%	5.1%
Pierce County, NE	25.9%	3.9%
Rock County, NE	27.5%	5.3%
North Central District Health Department	28.6%	6.1%
Nebraska	25.2%	3.5%

Sources: CDC BRFSS PLACES 2022; US Census Bureau ACS 5-year 2019-2023

Physical inactivity represents the proportion of adults who report no physical activity outside of work in the past month.

Transportation Method to Travel to Work

Method of Transportation to Work



Sources: US Census Bureau ACS 5-year 2019-2023

▲ Data Sources ▼	Antelope County, NE ▲ ▼	Boyd County, NE ▲ ▼	Brown County, NE ▲ ▼	Cherry County, NE ▲ ▼	Holt County, NE ▲ ▼	Keya Paha County, NE ▲ ▼	Knox County, NE ▲ ▼
2019-2023 Bike	0.4%	0%	0.7%	0.4%	0%	0%	0%
2019-2023 Walk	4.5%	12.7%	4.6%	7.5%	6.6%	11.5%	4.9%
2019-2023 Taxicab, Motorcycle, or Other Means	1.2%	0.8%	0%	5.6%	1.6%	5%	0.9%
2019-2023 Drive Alone	85.4%	76.5%	85%	75.3%	86.7%	71.2%	85.7%
2019-2023 Carpool	8.6%	8.8%	9.7%	11.1%	5.1%	12.3%	8.2%
2019-2023 Public Transit	0%	1.2%	0%	0.1%	0%	0%	0.3%

Sources: US Census Bureau ACS 5-year 2019-2023

Prevention is better than treatment.

We’ve heard that finding a problem before it gets worse is a great way to improve our health. This reduces our risk for disease and death, but many people still don’t get this kind of healthcare. The barriers might include cost, not having a relationship with a primary care provider, and distance from healthcare services. Educating people about the benefits of proactive healthcare and reducing the cost, distance, and time burden for them to receive this care can improve individual lives and the burden on our healthcare system.

Doctor Checkup in Past Year



Doctor Checkup in Past Year

75.6%

of Adults

North Central District Health Department

74.1%

of Adults

Nebraska

Sources: CDC BRFSS PLACES 2022

This data represents the proportion of adults who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Geography	2022 Doctor Checkup in Past Year Among Adults
Antelope County, NE	75.5%
Boyd County, NE	77%
Brown County, NE	76.3%
Cherry County, NE	74.2%
Holt County, NE	75.3%
Keya Paha County, NE	78.3%
Knox County, NE	76.6%
Pierce County, NE	74.7%
Rock County, NE	75.9%
North Central District Health Department	75.6%
Nebraska	74.1%

Sources: CDC BRFSS PLACES 2022

Preventive Care Utilization

Data Sources	North Central District Health Department	Nebraska	Pierce County, NE
2022 Colorectal Cancer Screening Among Adults 50 to 75	64.8%	62.8%	63.3%
2020 Core Preventive Services for Men 65+	44.5%	49.3%	39.5%
2020 Core Preventive Services for Women 65+	34%	40.1%	34.7%
2022 Dental Visit Among Adults	62.9%	64.6%	66.2%
2020 Pap Smear Among Women 21 to 65	81.1%	81.5%	81%
2022 Mammography Among Women 50 to 74	74.3%	75.2%	75.6%

Sources: CDC BRFSS PLACES 2020, 2022

Health Insurance

People who have insurance are more likely to get the healthcare services and medication they need when they need it. However, insurance can be complex, tied to employment, and is sometimes not financially doable. Residents who don't have insurance for any number of reasons may not be able to live healthy lives.

People Covered by Insurance



Have Health Insurance

93.3%

People

North Central District Health Department

92.6%

People

Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 People With Health Insurance
Antelope County, NE	94%
Boyd County, NE	90.9%
Brown County, NE	93.5%
Cherry County, NE	92%
Holt County, NE	93%
Keya Paha County, NE	93.7%
Knox County, NE	93.9%
Pierce County, NE	93.8%
Rock County, NE	93.6%
North Central District Health Department	93.3%
Nebraska	92.6%

Sources: US Census Bureau ACS 5-year 2019-2023

People Covered by Insurance by Race/Ethnicity

Insurance Status by Race/Ethnicity

Data Sources	North Central District Health Department	Nebraska	Pierce County, NE
2019-2023 Insured Asian People	95.1%	93%	100%
2019-2023 Insured Black People	80.8%	86.8%	100%
2019-2023 Insured Hispanic or Latino People	80.4%	80.3%	92.7%
2019-2023 Insured Multiracial People	89.6%	86.3%	95.6%
2019-2023 Insured Native American People	71.1%	79.7%	100%
2019-2023 Insured Native Hawaiian and Pacific Islander People	100%	84.4%	No data
2019-2023 Insured Other People	68.7%	78.1%	27.8%
2019-2023 Insured White (Not Hispanic or Latino) People	94.5%	95%	93.8%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: Unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

People Covered by Insurance by Age

Health Insurance Status by Age

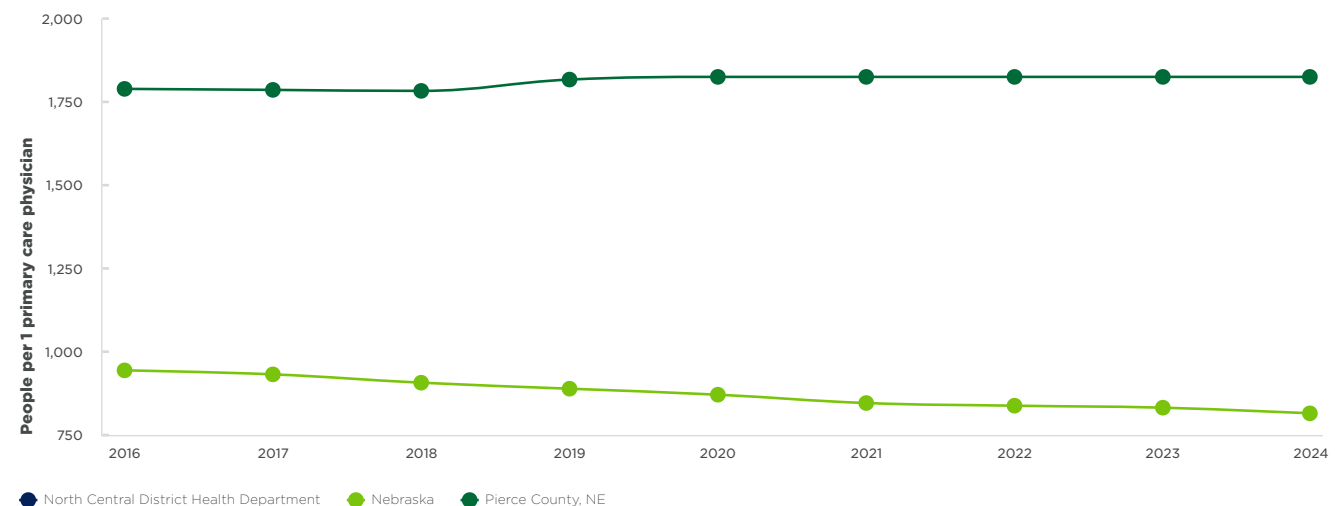
Geography	2019-2023 Insured People Under Age 6	2019-2023 Insured People Ages 6 to 18	2019-2023 Insured People Ages 19 to 64	2019-2023 Insured People Ages 65+
North Central District Health Department	96.7%	94.1%	89.6%	99.8%
Nebraska	95.8%	94.7%	89.5%	99.4%
Pierce County, NE	96.9%	97.1%	90.3%	99%

Sources: US Census Bureau ACS 5-year 2019-2023

Primary Care

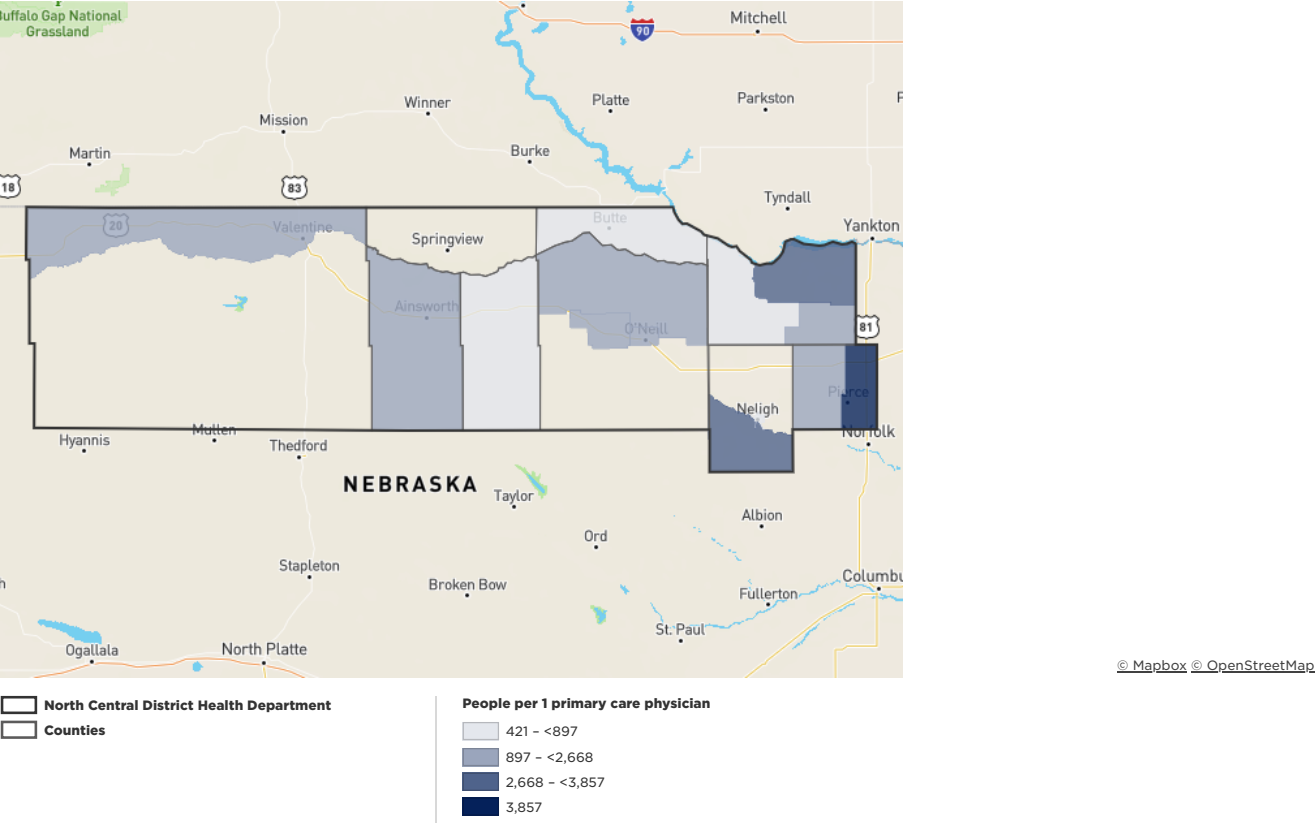
A primary care provider is a doctor or practitioner who can look at your health as a whole, managing your care and sometimes even preventing the need for medical specialists. Having a primary care provider leads to positive health outcomes because it often includes more proactive health care visits, such as annual check-ups. Creating more opportunities for relationships with primary care providers helps us focus on prevention, rather than costly treatment.

Primary Care Physician Ratio



Sources: NPPES NPI

Primary Care Physician Ratio



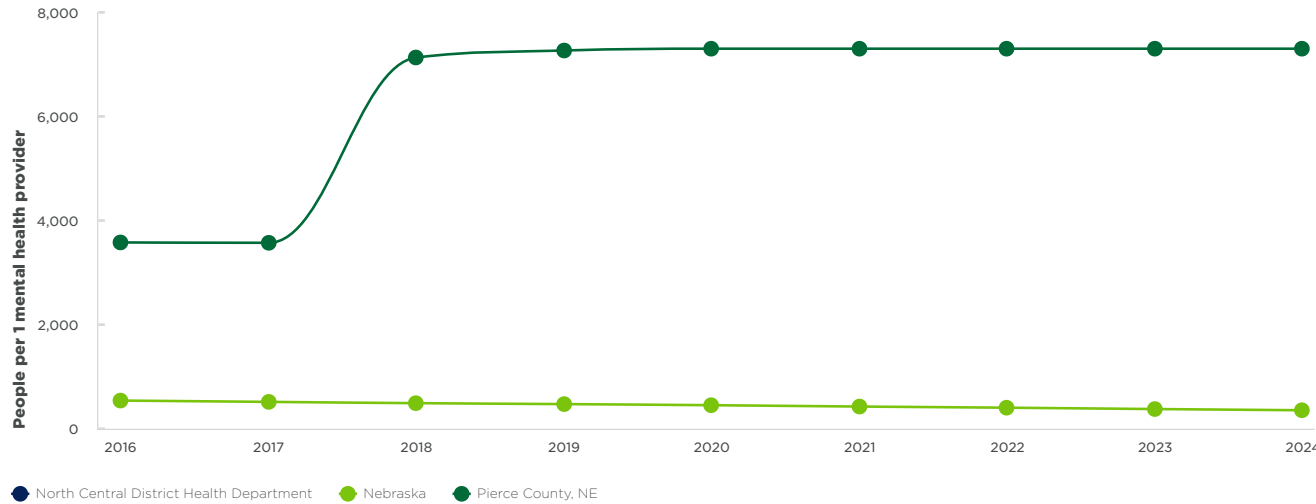
Sources: NPPES NPI 2024
Areas with no data have 0 primary care physicians.

Mental Health

Mental healthcare should be easier to find in our community, as mental and physical health go hand-in-hand. We can't focus on one without the other. While healthcare access in general can be a challenge, mental healthcare is especially difficult because of a lack of services or social stigmas that still exist. We don't think twice about seeking medical care for a broken arm or other physical need, yet many people delay getting help for their mental health because of outdated ideas about why it happens, what it means, and who struggles with it. 1 in 5 adults in the U.S. live with mental illness. In addition to those with diagnosed conditions, many people can benefit from mental health services at some point in life.

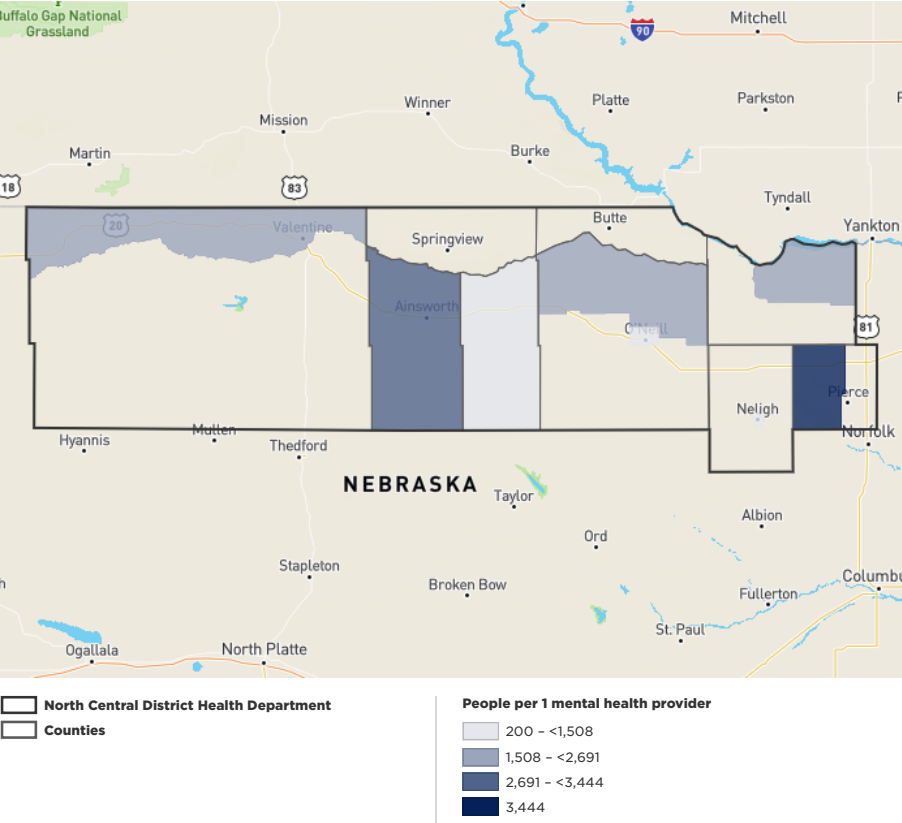
The more we talk about mental health, share resources, and remove barriers for people to access mental health providers, the healthier our community will be.

Mental Health Provider Ratio



Sources: NPPES NPI

Mental Health Provider Ratio



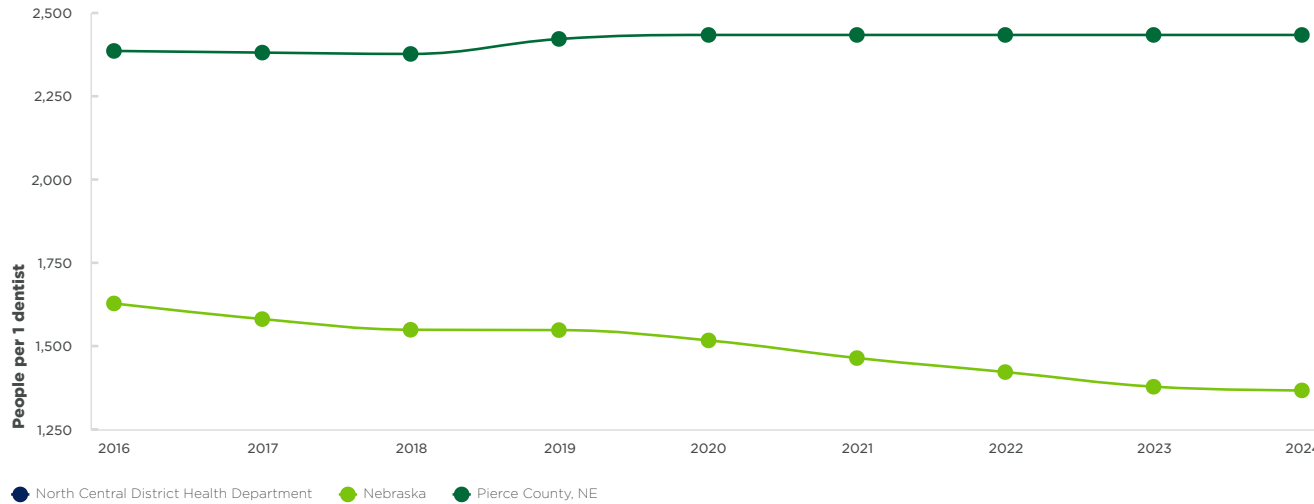
© Mapbox © OpenStreetMap

Sources: NPPES NPI 2024
Areas with no data have 0 mental health providers.

Dental health highlights the root of the problem.

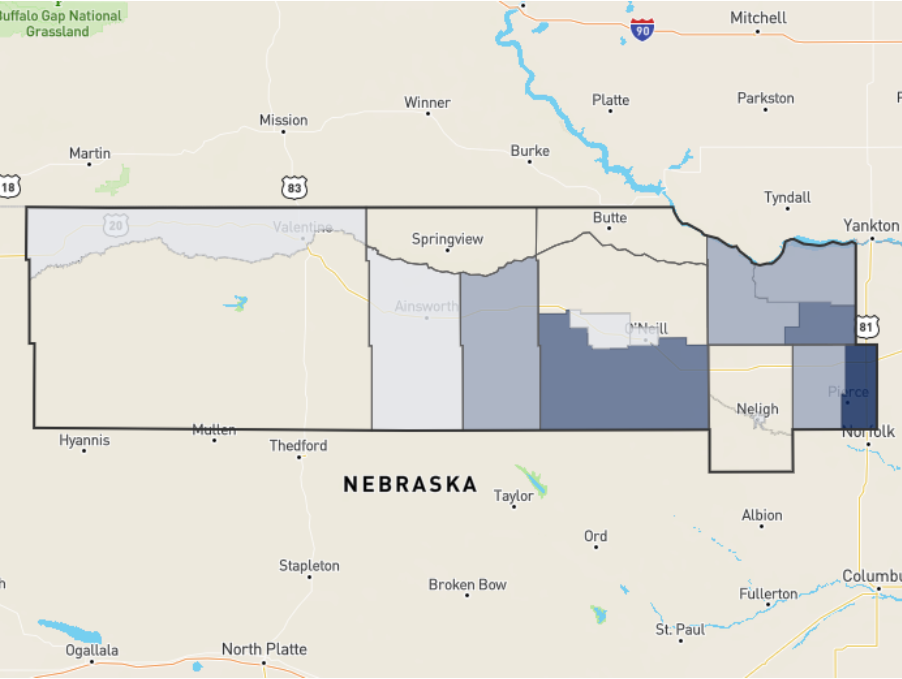
Dental health doesn't just tell us about proper brushing of teeth and gums. Poor dental health can point to social inequalities, as underserved populations are more likely to have greater dental needs. Poor dental health is also linked with other diseases, such as diabetes and obesity, because they share risk factors such as smoking or sugary diets. Increasing dental care services in our community is another way to improve health.

Dentist Ratio

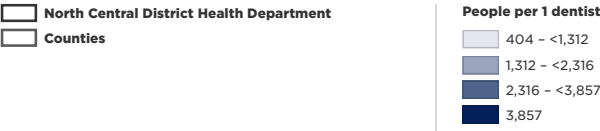


Sources: NPPES NPI

Dentist Ratio



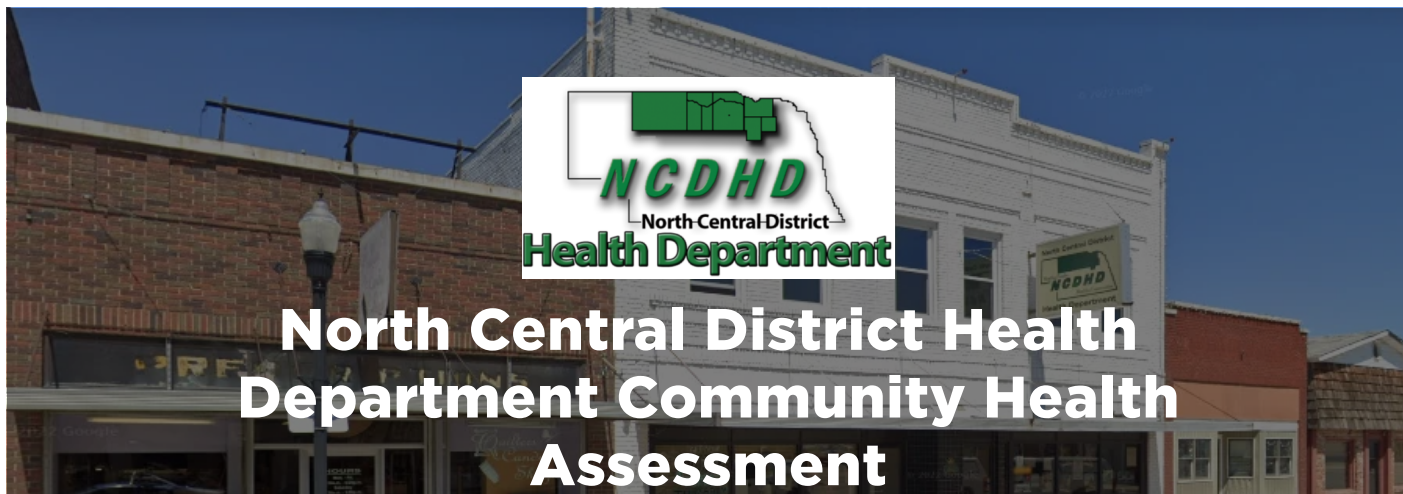
© Mapbox © OpenStreetMap



Sources: *NPPES NPI 2024*
Areas with no data have 0 dentists.

Learn more:

1. *CDC. "How You Can Prevent Chronic Diseases." Centers for Disease Control and Prevention, 4 Nov. 2022, <https://www.cdc.gov/chronicdisease/about/prevent/index.htm>.*
2. *DHHS. "Preventive Care." Healthy People 2030, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/preventive-care>.*
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4. *Spillane, Torra E., and July M. Merizier. "Study Looks at Tobacco Marketing in Low-Income Communities." Columbia Mailman School of Public Health, 5 Dec. 2018, <https://www.publichealth.columbia.edu/public-health-now/news/study-looks-tobacco-marketing-low-income-communities>.*
5. *NIH. "How Can We Prevent Tobacco Use?" NIH National Institute on Drug Abuse, 12 Apr. 2021, <https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/how-can-we-prevent-tobacco-use>.*
6. *CDC. "Physical Activity Basics." Centers for Disease Control and Prevention, 8 July 2022, <https://www.cdc.gov/physicalactivity/basics/index.htm>.*
7. *CDC. "Overcoming Barriers to Physical Activity." Centers for Disease Control and Prevention, 16 June 2022, <https://www.cdc.gov/physicalactivity/basics/adding-pa/barriers.html>.*
8. *Institute of Medicine (US) Committee on the Consequences of Uninsurance. "3. Effects of Health Insurance on Health." Care Without Coverage: Too Little, Too Late., National Academies Press (US), 2002. <https://www.ncbi.nlm.nih.gov/books/NBK220636/>.*
9. *"Access to Primary Care." Healthy People 2020, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary>.*
10. *Coombs, Nicholas C., et al. "Barriers to Healthcare Access among U.S. Adults with Mental Health Challenges: A Population-Based Study." SSM - Population Health, vol. 15, June 2021, p. 100847. PubMed Central, <https://doi.org/10.1016/j.ssmph.2021.100847>.*
11. *Knaak, Stephanie, et al. "Mental Illness-Related Stigma in Healthcare." Healthcare Management Forum, vol. 30, no. 2, Mar. 2017, pp. 111-16. PubMed Central, <https://doi.org/10.1177/0840470416679413>.*
12. *"Mental Illness." National Institute of Mental Health (NIMH), <https://www.nimh.nih.gov/health/statistics/mental-illness>.*
13. *Northridge, Mary E., et al. "Disparities in Access to Oral Health Care." Annual Review of Public Health, vol. 41, Apr. 2020, pp. 513-35. PubMed Central, <https://doi.org/10.1146/annurev-publhealth-040119-094318>.*



We Don't Always Control Every Health Choice

While we all make daily decisions about our health, not everything is in our control. Often, our choices are shaped by what's available—or missing—in our communities. Our surroundings—everything from housing to transportation—have a direct impact on our long-term health.

Key Environmental Factors in Our District:

- **Housing Issues:** Our district experiences fewer severe housing problems compared to the national average, which is a positive sign for residents' well-being.
- **Walkability:** Unfortunately, walkability in our area is lower than in Nebraska as a whole, making it harder for people to stay active through walking or biking.
- **Vehicle Access:** On the upside, more people in our district have access to a vehicle compared to the statewide average. This may be due to the rural nature of the area and the lack of public transportation options.

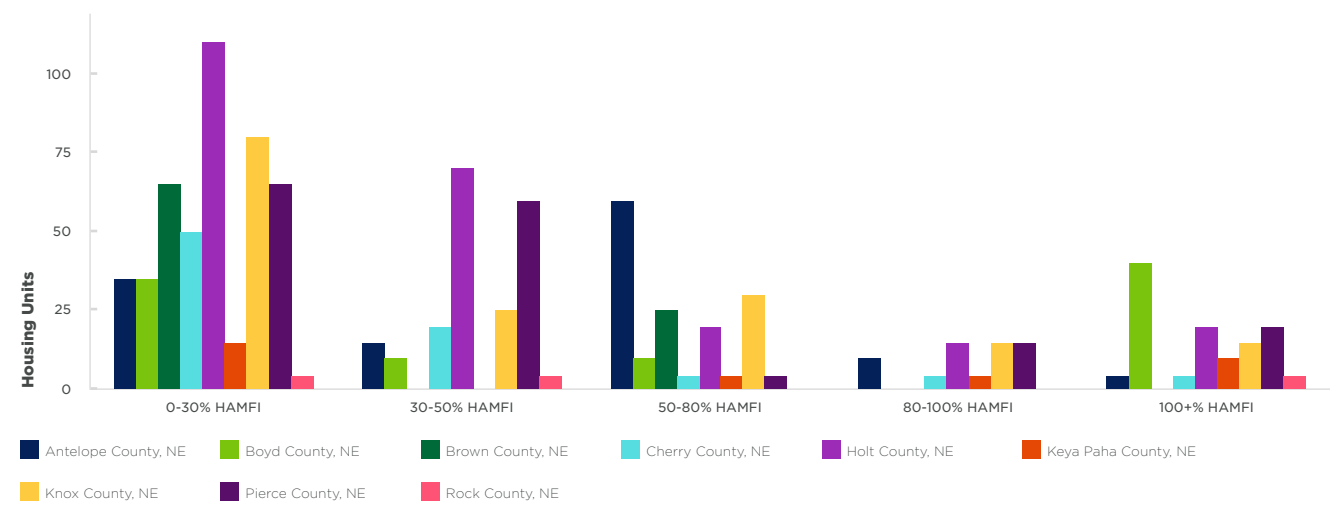
Our environment plays a critical role in shaping our health, which is why it's important to address these factors in our community.

A house isn't a home unless it's safe.

Homes that are unsafe put people's health at risk. Safety is more than lack of crime in a neighborhood—it includes the physical structure of the home and whether or not it's safe to be there every day. People with lower incomes may not have options other than homes with maintenance and safety issues that expose them to health risks. If safety issues exist, tenants may be at the mercy of the landlord to resolve the issue. Unsafe homes, such as those with lead paint, may have negative effects on childhood development and can lead to many long-term health issues.

Presence of Severe Housing Problems by Owner vs Renter and Income

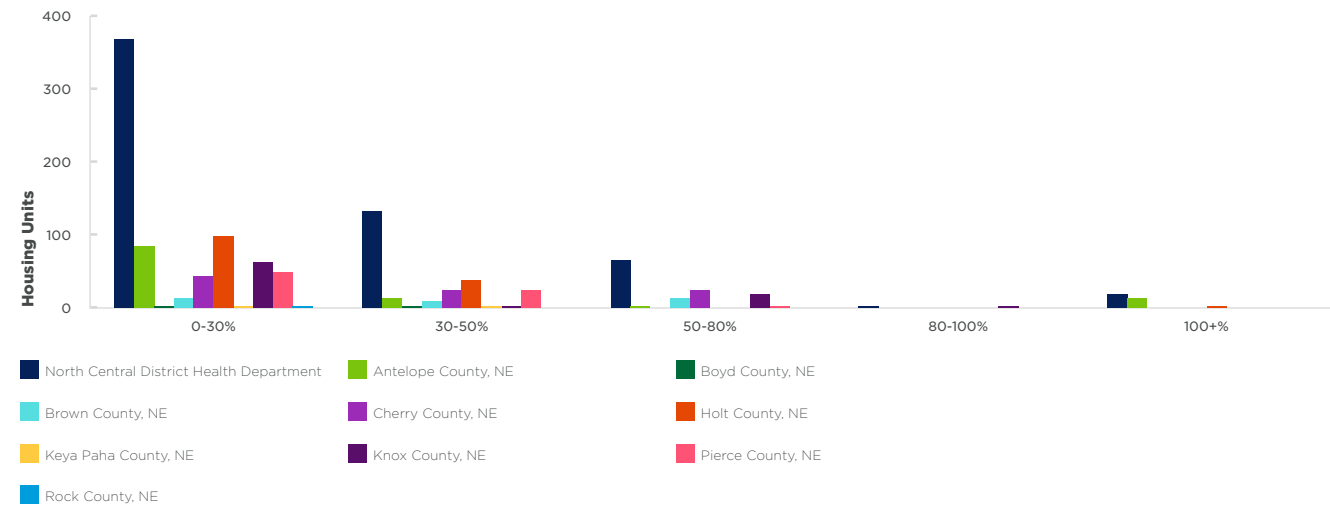
Owner-Occupied Homes with at Least 1 Severe Housing Problem by Owner Income



Sources: HUD CHAS 2017-2021

Severe Housing Problems include 1) lack complete kitchen facilities; 2) lack complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. HUD Area Median Family Income (HAMFI) is the median family income calculated by HUD for each jurisdiction in order to determine Fair Market Rents (FMRs) and income limits for HUD programs.

Renter-Occupied Homes with at Least 1 Severe Housing Problem by Renter Income

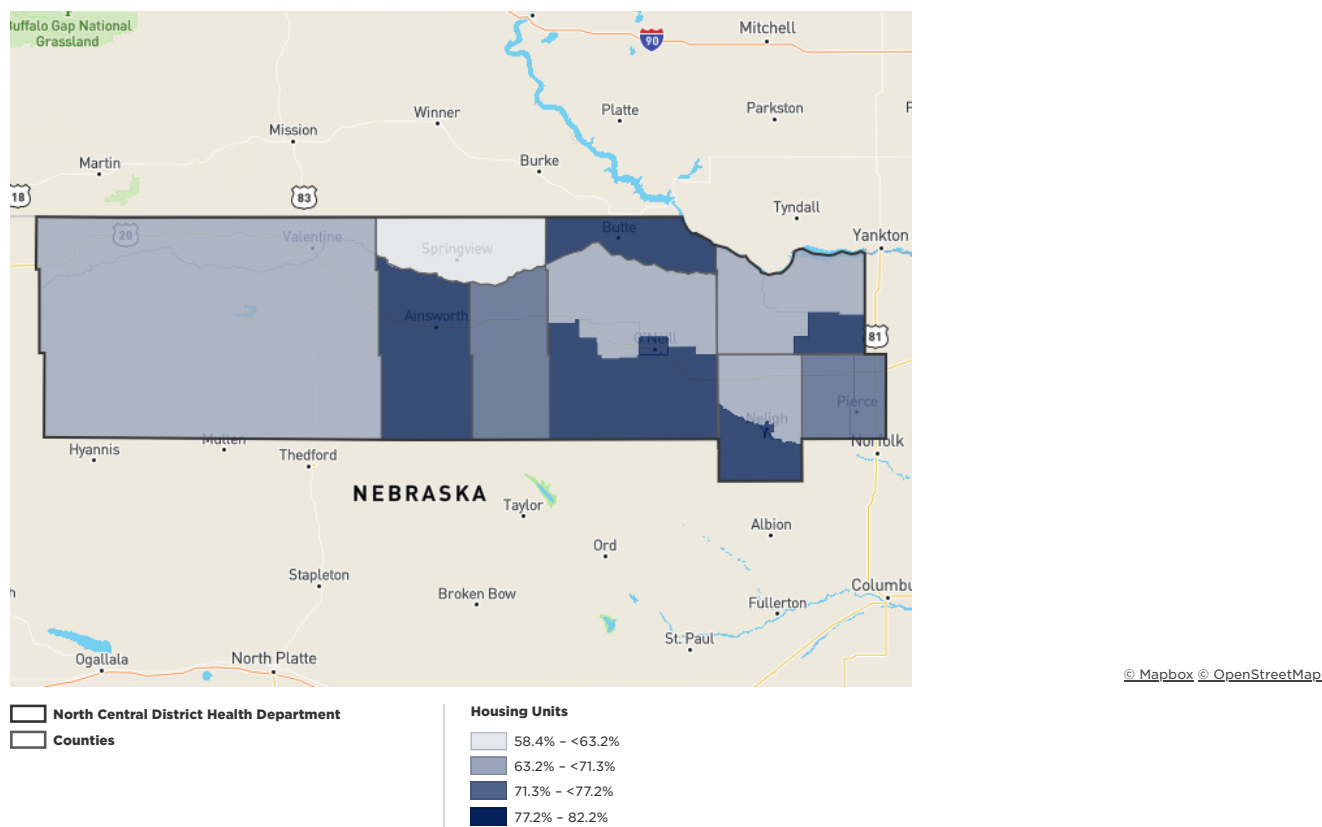


Sources: HUD CHAS 2017-2021

Severe Housing Problems include 1) lack complete kitchen facilities; 2) lack complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. HUD Area Median Family Income (HAMFI) is the median family income calculated by HUD for each jurisdiction in order to determine Fair Market Rents (FMRs) and income limits for HUD programs.

Map: Housing Units with Potential for Lead Paint

Housing Units with Potential for Lead Paint



Sources: US Census Bureau ACS 5-year 2019-2023

Playing outside is good for you.

From childhood to adulthood, being active and outdoors is good for your health. Playing, walking, running, or cycling at parks and green spaces are free ways to help prevent illness. Our neighborhoods should allow residents to engage in outdoor activity for improved physical, mental, and social wellbeing. Access to nature also has potential to improve health outcomes for people in lower income areas, giving them the same chance to be healthy as people who live in other areas.



Walkability Index

6.6

on a scale of 1 to 20

North Central District Health Department

9.2

on a scale of 1 to 20

Nebraska

Area Dedicated to Parks

No data

North Central District Health Department

3.5%

Nebraska

Sources: EPA 2021; openICPSR NaNDA 2018

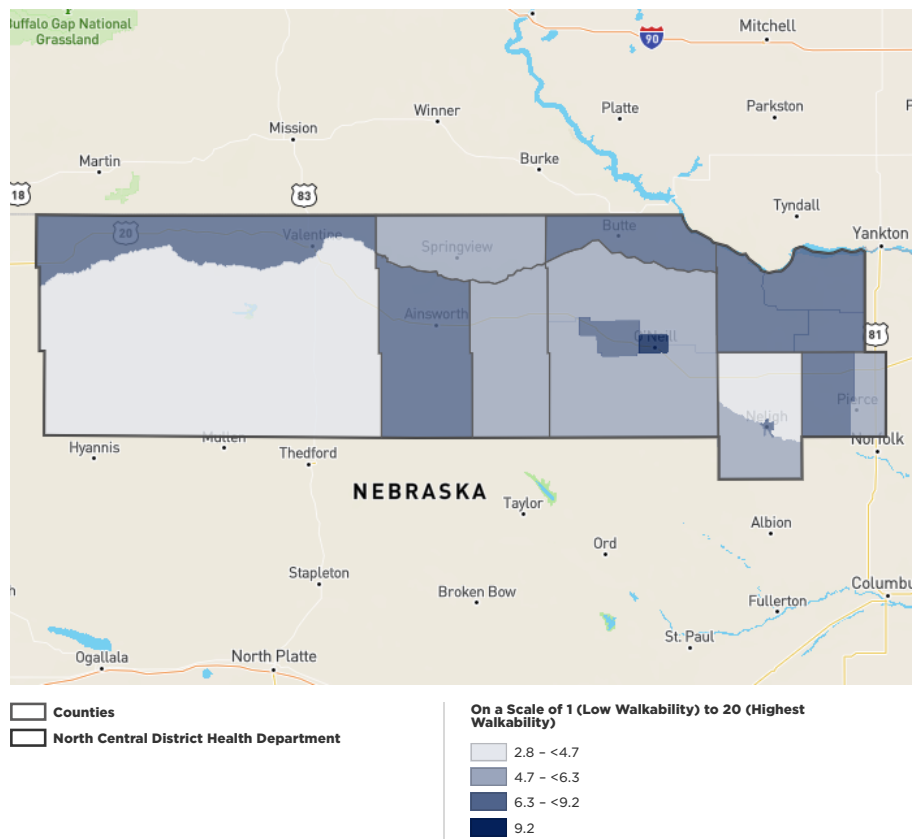
Note: Walkability improves as scores approach 20.

Geography	2021 Walkability Index	2018 Percent Area Covered by Parks
North Central District Health Department	6.6	No data
Nebraska	9.2	3.5%
Pierce County, NE	5.9	0%

Sources: EPA 2021; openICPSR NaNDA 2018

Map: Walkability

Walkability Index

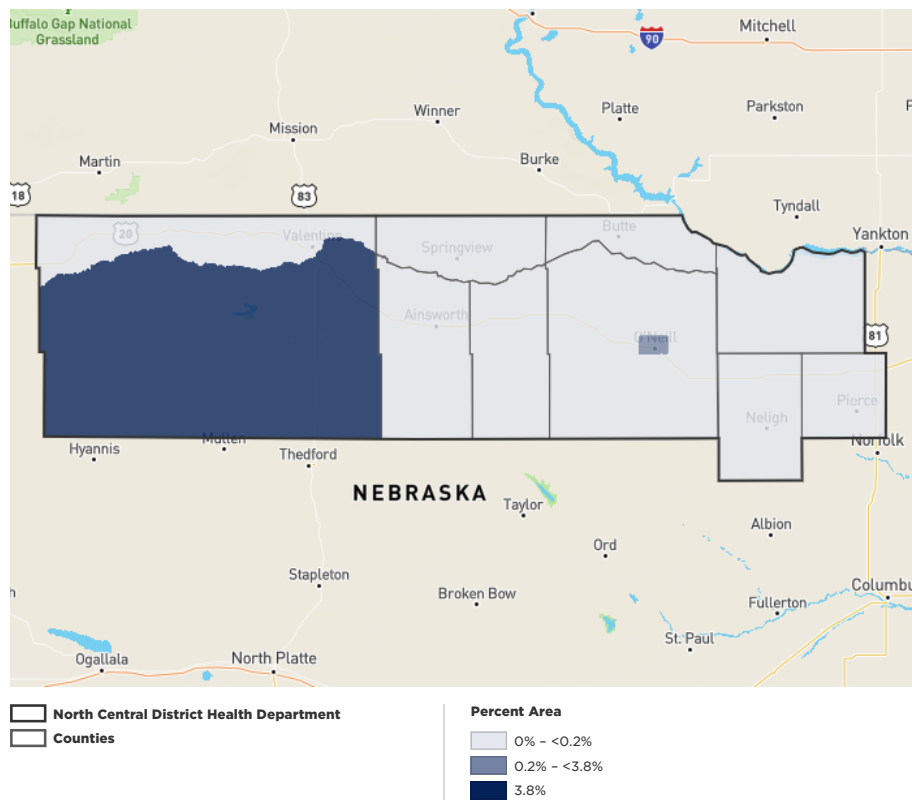


© Mapbox © OpenStreetMap

Sources: EPA 2021

Map: Percent Park Area

Area Dedicated to Parks




© Mapbox © OpenStreetMap

Sources: openICPSR NaDA 2018

A long commute takes a daily toll.

When we can't afford to live where we work, we are more likely to have long commute times. Any time spent driving or riding public transit to work is lost time for creating social connection with our families, friends, and neighbors. The stress of rush hour also affects our mental health, and time spent sitting in traffic affects us physically. By improving job opportunities, access to services, and housing costs in our community, we can reduce daily stress and give people time back to connect with others, move their bodies, and other activities that impact their overall well-being.

**Long Commute (30+ minutes), Drive Alone**
16.6%
Commuters
North Central District Health Department

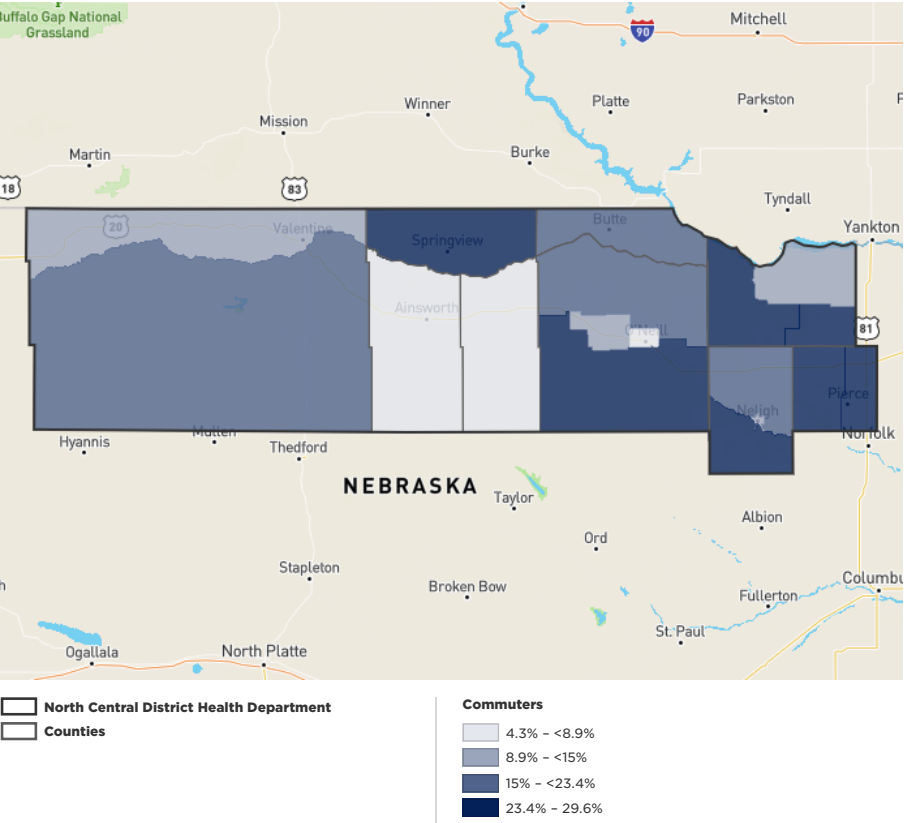
16.5%
Commuters
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Long Commute (30+ minutes), Drive Alone
North Central District Health Department	16.6%
Nebraska	16.5%
Pierce County, NE	24.9%

Sources: US Census Bureau ACS 5-year 2019-2023

Long Commute (30+ Minutes) Driving Alone



Sources: US Census Bureau ACS 5-year 2019-2023

We should be able to get where we need to go.

When we can travel freely to work, the doctor’s office, healthy grocery stores, and parks, we’re more likely to go. If those services and goods are inside our neighborhood, that’s even better. When a task is challenging due to lack of a vehicle the effect on our health adds up.



Lack Access to a Vehicle

4%

of Occupied Housing Units

North Central District Health Department

5.2%

of Occupied Housing Units

Nebraska

Lack Access to a Vehicle

712

Occupied housing units

North Central District Health Department

41,151

Occupied housing units

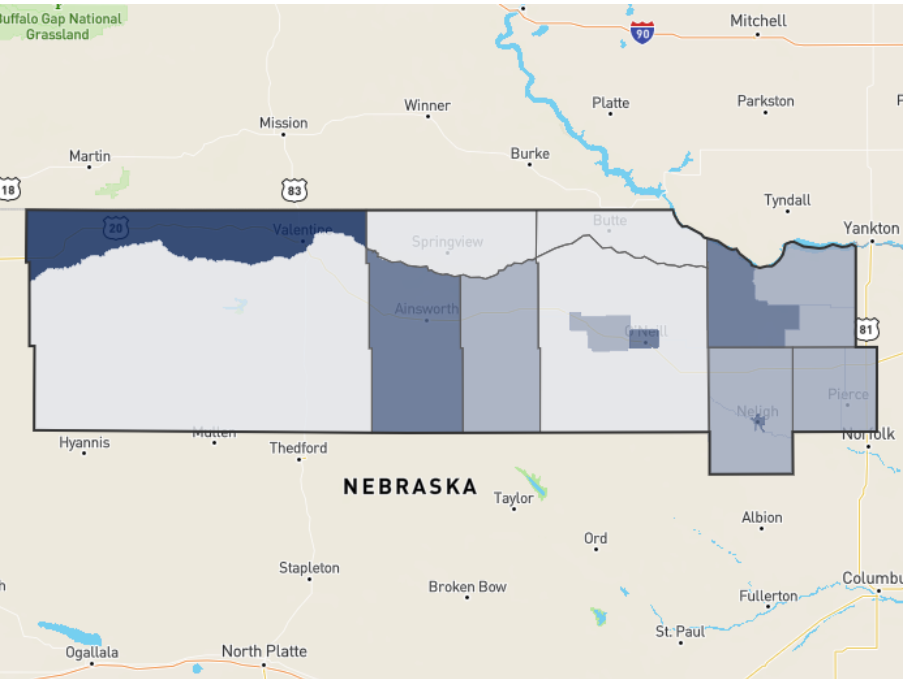
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

	2019-2023 Lack Access to a Vehicle (Percent)	2019-2023 Lack Access to a Vehicle (Number)
Geography		
North Central District Health Department	4%	712
Nebraska	5.2%	41,151
Pierce County, NE	3.2%	91

Sources: US Census Bureau ACS 5-year 2019-2023

Lack of Vehicle Access



Sources: US Census Bureau ACS 5-year 2019-2023

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North Central District Health Department Community Health Assessment

Food is a Basic Human Need

Everyone deserves access to food that nourishes their body, but for many, that's not the reality. Finding or affording nutritious food can be a daily struggle, especially in areas where healthy options are scarce. Poor diets often lead to serious health conditions, yet in some communities, unhealthy choices may be the only ones available.

Food Access Challenges in Our District:

- **Healthy Food Access:** Low access to healthy food is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store. Over one-third (35.4%) of residents in our district face difficulties accessing healthy food. This is a greater issue in Pierce County with 46.5% of residents having low access to healthy food.
- **Food Purchasing Options:** While all counties in the district have at least one grocery store, none have larger supercenters or club stores that offer more variety.
- **SNAP Benefits:** Pierce County has fewer residents receiving SNAP benefits (7.1%) compared to the state average (8%). Yet, Pierce County has a higher percentage of households living in poverty that don't receive SNAP support (73.2%) than the state (66%).

Addressing these food access issues is a critical step toward creating a healthier, more equitable community.

Low Access Overall and by Select Characteristics



Have Low Access to Healthy Food

35.3%

People

North Central District Health Department

54.2%

People

Nebraska

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Geography	2019 People With Low Access to Healthy Food
Antelope County, NE	12.9%
Boyd County, NE	36.3%
Brown County, NE	10.1%
Cherry County, NE	38.8%
Holt County, NE	47.4%
Keya Paha County, NE	99.9%
Knox County, NE	30.7%
Pierce County, NE	46.5%
Rock County, NE	28%
North Central District Health Department	35.3%
Nebraska	54.2%

Sources: USDA ERS FARA 2019

Low Access to Healthy Food by Select Characteristics

Geography	2019 Low Income People	2019 Housing Units without Vehicles
North Central District Health Department	34.1%	29.6%
Nebraska	52.6%	49.1%
Pierce County, NE	38.9%	33.7%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Low Income is defined as as either a poverty rate of 20 percent or more, or the median family income is 80 percent or less of the state or metro area median income

Low Access by Race or Ethnicity

Low Access to Healthy Food by Race or Ethnicity

▲▼ Data Sources	North Central District Health Department ▲▼	Nebraska ▲▼	Pierce County, NE ▲▼
2019 Asian	17.4%	58.8%	50%
2019 Black or African American	27%	57.2%	21.4%
2019 Hispanic or Latino	28.2%	53.2%	46.2%
2019 Multiracial or Other Race	27.4%	53.4%	32.5%
2019 Native American	65.3%	40.6%	75%
2019 Native Hawaiian and Pacific Islander	45.5%	53.3%	No data
2019 White	34.7%	54.1%	46.6%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Data includes both Hispanic/Latino and non-Hispanic/Latino unless otherwise noted.

Low Access Among Children, Seniors

Low Access to Healthy Food by Select Age Groups

▲▼ Geography	2019 Children ages 0 to 17 ▲▼	2019 Seniors ages 65+ ▲▼
North Central District Health Department	36.7%	32.8%
Nebraska	54.5%	51.8%
Pierce County, NE	47.4%	42.3%

Sources: USDA ERS FARA 2019

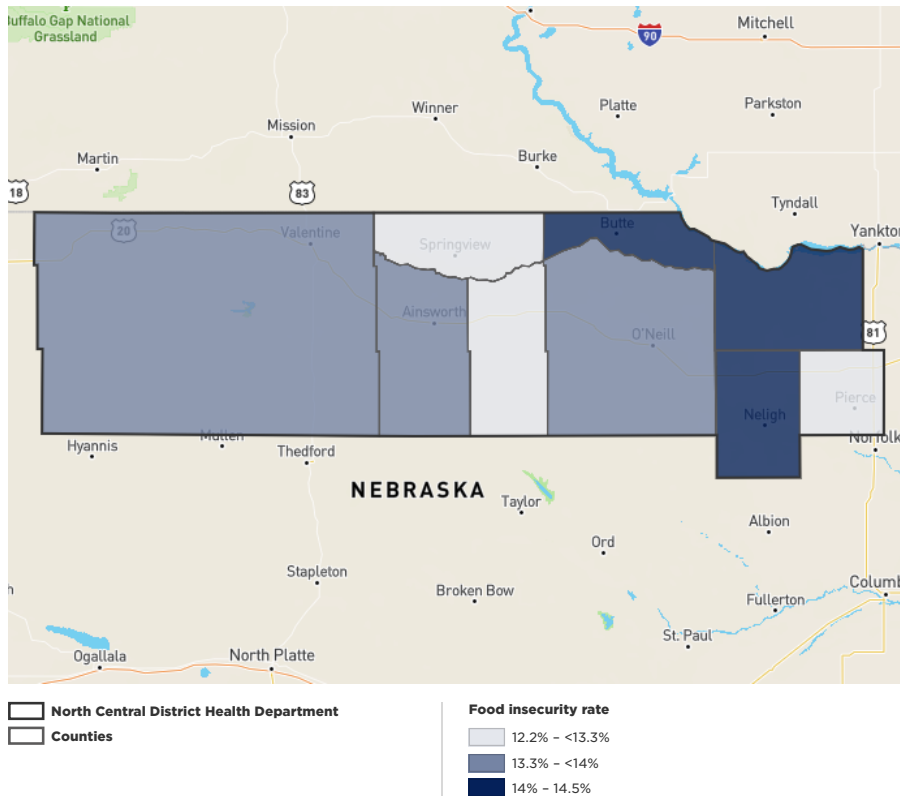
Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Food Insecurity

 **13.6%**
of People
Food Insecurity
Nebraska

Sources: Feeding Amer. Map the Meal Gap 2022

Food Insecurity Rate



© Mapbox © OpenStreetMap

Sources: Feeding Amer. Map the Meal Gap 2022

Where we buy food makes a difference.

Food affects so much about our lives. Like blood vessels that reach every part of our bodies, our food system reaches every part of our society. How and where we get food affects our health, education, economy, and more. If we want to make healthy choices but can't easily find or afford fresh food, we are unlikely to make that choice. Low income neighborhoods often have more unhealthy options such as fast food or gas stations, leading to choices that are higher in fat, salt, and sugar. Eating a regular diet with those options can lead to heart disease, stroke, and increase risk for some types of cancer. Just as people in rural areas might not have many options available, lower income areas in cities also might not have access. Making sure healthy food options are available allows us all to have an equal chance at good physical health throughout life.

Purchasing Options

Geography	2016 Fast Food Restaurants per 1,000 People	2016 Grocery Stores	2016 Supercenters / Club Stores
Nebraska	0.43	420	49
Antelope County, NE	0.79	5	0
Boyd County, NE	0	2	0
Brown County, NE	0	3	0
Cherry County, NE	0.69	2	0
Holt County, NE	0.49	6	0
Keya Paha County, NE	0	1	0
Knox County, NE	0.35	6	0
Pierce County, NE	0.42	4	0
Rock County, NE	0	1	0

Sources: USDA ERS FEA 2016

Help fight hunger with SNAP.

The cost of groceries, especially fresh produce, is rising and sometimes we may need help purchasing healthy food. Programs like SNAP (Supplemental Nutrition Assistance Program) help fight hunger and equip families to make healthy choices. This program has been linked to lower healthcare costs and improved health outcomes for those who use it. SNAP helps people get enough food to eat, including children from lower income households who are at high risk for not having enough food without this help. When families receive this assistance and have stores in their community that allow them to use it, fewer people are going to bed hungry at night.



Receive SNAP Benefits

6.8%

of Households

North Central District Health Department

8%

of Households

Nebraska

Don't Receive SNAP Benefits

73.8%

of Households in Poverty

North Central District Health Department

66%

of Households in Poverty

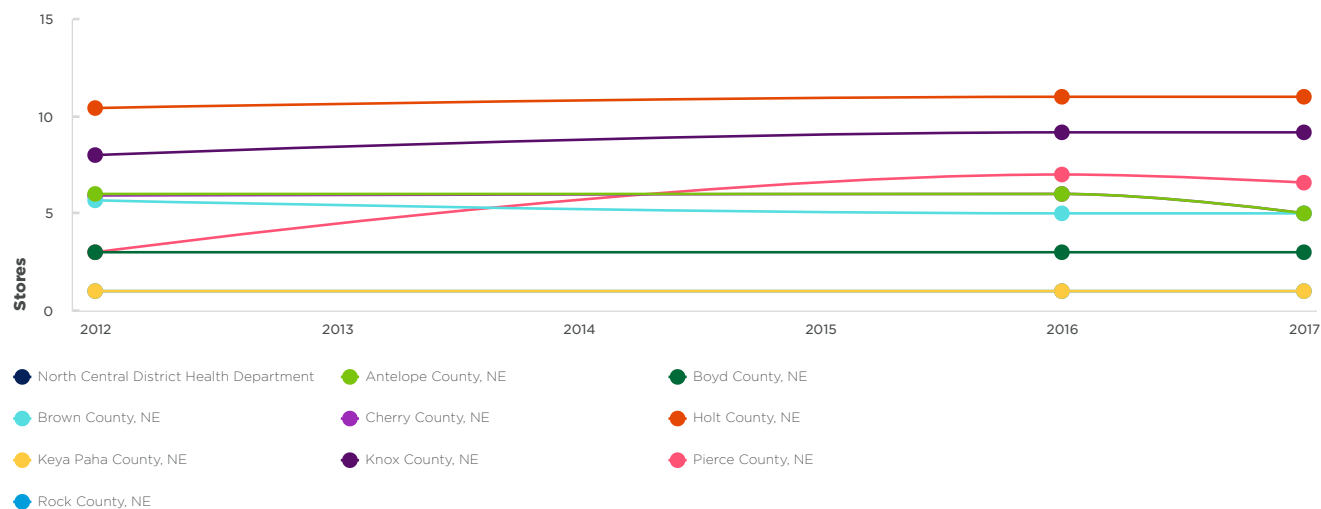
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Households Receiving SNAP	2019-2023 Households Not Receiving SNAP Below Poverty Level
Antelope County, NE	5.2%	73.1%
Boyd County, NE	6.1%	72.8%
Brown County, NE	5.9%	82.7%
Cherry County, NE	6.2%	70.7%
Holt County, NE	8.2%	67.6%
Keya Paha County, NE	1.2%	100%
Knox County, NE	8.2%	75.5%
Pierce County, NE	7.1%	73.2%
Rock County, NE	3.4%	81.9%
North Central District Health Department	6.8%	73.8%
Nebraska	8%	66%

Sources: US Census Bureau ACS 5-year 2019-2023

SNAP Authorized Stores



Sources: USDA ERS FEA

Learn more:

1. CDC. "Healthy Food Environments: Improving Access to Healthier Food." Centers for Disease Control and Prevention, 10 Sept. 2020. <https://www.cdc.gov/nutrition/healthy-food-environments/improving-access-to-healthier-food.html>.
2. CDC. "Health Equity." Centers for Disease Control and Prevention, 20 Sept. 2022. <https://www.cdc.gov/nccddphp/dnpao/health-equity/index.html>.
3. DHHS. "Access to Foods That Support Healthy Dietary Patterns." Healthy People 2030. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-foods-support-healthy-dietary-patterns>.
4. CDC. "Poor Nutrition | CDC." Centers for Disease Control and Prevention, 8 Sept. 2022. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm>.
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6. Carlson, Steven, and Brynne Keith-Jennings. *SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs*. Center on Budget and Policy Priorities, 17 Jan. 2018. <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>.



North Central District Health Department Community Health Assessment

Causes of Mortality

By reviewing the top causes of mortality, we can see the top threats to health and wellness in our community. When we can identify the greatest threats to life, we can then take actionable steps to abating those threats.

Health in Our District:

- **Life Expectancy:** At 80.3 years, Pierce County residents have a higher life expectancy than both the state (79.2) and national (78.8) averages—something to be proud of!
- **Leading Causes of Death:** Like the rest of the country, heart disease is our top cause of death; however, Nebraska also has higher rates of Chronic Lower Respiratory Disease, Alzheimer's Disease, and suicide compared to the national average.



Life Expectancy at Birth

80.1

Years

North Central District Health Department

79.2

Years

Nebraska

78.8

Years

United States of America

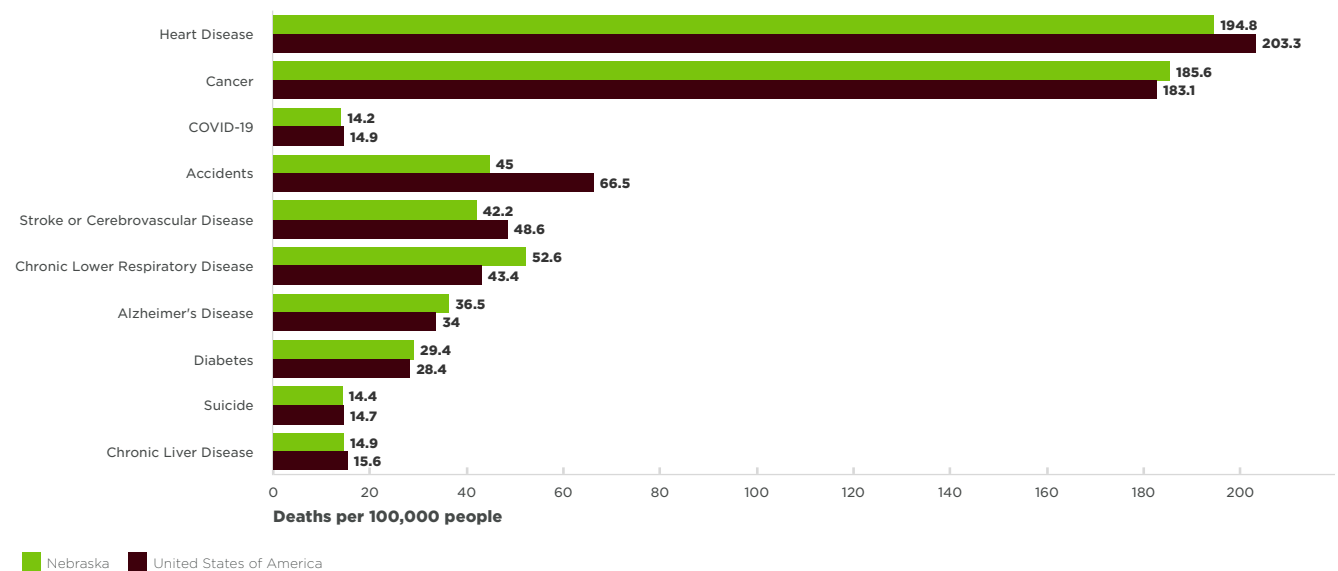
Sources: CDC NCHS USALEEP 2010-2015

Geography	2010-2015 Life Expectancy at Birth
North Central District Health Department	80.1
Nebraska	79.2
United States of America	78.8
Antelope County, NE	82.6
Boyd County, NE	79.2
Brown County, NE	81.6
Cherry County, NE	78.2
Holt County, NE	79.8
Keya Paha County, NE	No data
Knox County, NE	79.7
Pierce County, NE	80.3
Rock County, NE	77

Sources: CDC NCHS USALEEP 2010-2015

Leading Causes of Death: Nebraska Vs. Nation

Leading Causes of Death



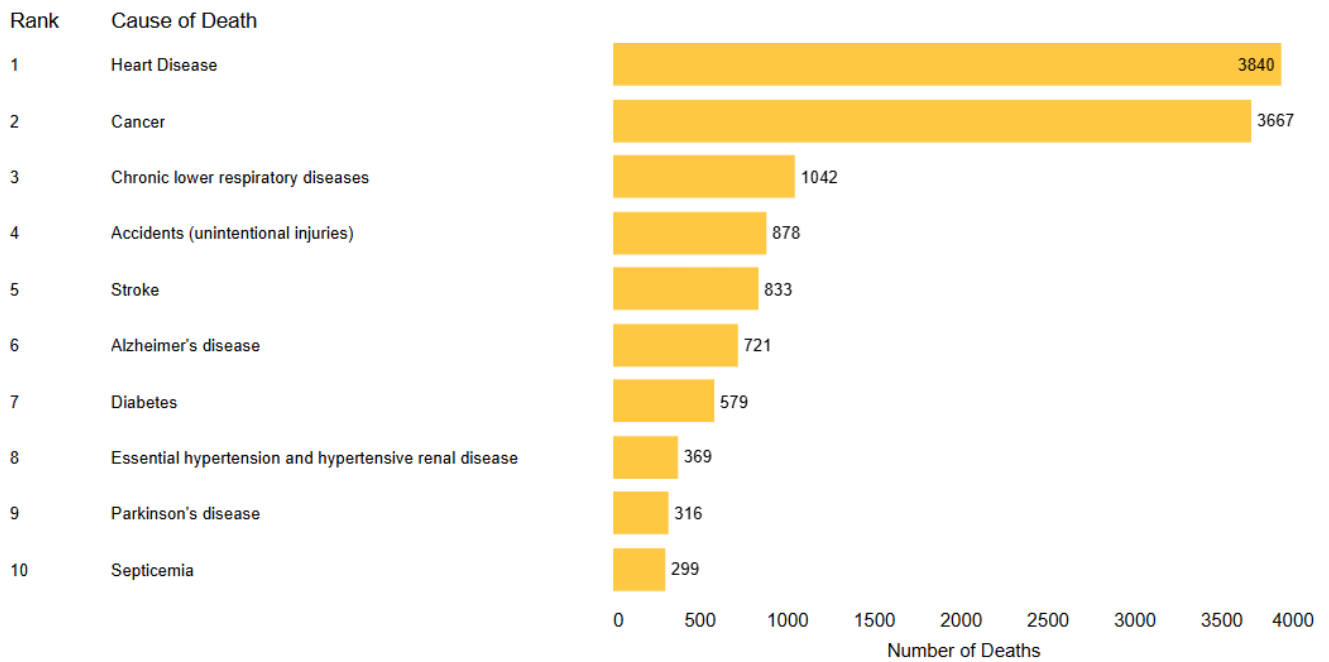
Sources: CDC WONDER Cause of Death 2023 Crude

This data is sorted from highest to lowest based on national top causes of death.

Nebraska 2023 Leading Causes of Death Count

This information can be found at the [Nebraska Dashboard](#).

10 Leading Causes of Death, State of Nebraska, Year: 2023 to 2023
Sex: Both Sexes, Race/Ethnicity: All Races/Ethnicities, Age Ranges: 0-4 through 85+



*Data suppressed due to small numbers (count between 1-5). Consider combining multiple years to increase count.
- In the event of a tie, the numerical rank value is only listed once on charts and tables.
- ICD-10 codes can be found in the About the Data page.
Source: Vital Records, Nebraska DHHS

1/23/2025
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Leading Causes of Death in NCDHD District 2017-2020

Table 9. Top Causes of Death in NCDHD 2015-2017 & 2018-2020

Rank	Cause of Death	2015-2017		Rank	Cause of Death	2018-2020	
		Deaths	Crude Rate			Deaths	Crude Rate
1	Diseases of heart	447	328.8	1	Diseases of heart	392	292.6
2	Malignant neoplasms	321	236.1	2	Malignant neoplasms	300	223.9
3	Chronic lower respiratory diseases	109	80.2	3	Chronic lower respiratory diseases	109	81.4
4	Accidents (unintentional injuries)	93	68.4	4	Alzheimer disease	88	65.7
5	Cerebrovascular diseases	92	67.7	5	Cerebrovascular diseases	77	57.5
6	Diabetes mellitus	64	47.1	6	Accidents (unintentional injuries)	77	57.5
7	Alzheimer disease	58	42.7	7	COVID-19	77	57.5
8	Influenza and pneumonia	52	38.3	8	Diabetes mellitus	66	49.3
9	Nephritis, nephrotic syndrome and nephrosis	28	20.6	9	Influenza & pneumonia	44	32.8
10	Parkinson disease	24	17.7	10	Nephritis, nephrotic syndrome and nephrosis	29	21.6
11	Essential hypertension and hypertensive renal disease	23	16.9	11	Parkinson disease	22	16.4
12	Intentional self-harm (suicide)	22	16.2	12	Intentional self-harm (suicide)	21	15.7
13	Chronic liver disease and cirrhosis	16	UR	13	Essential hypertension & hypertensive renal disease	20	14.9
14	Septicemia	15	UR	14	In situ, benign, & neoplasms of uncertain/unknown behavior	13	UR
15	Pneumonitis due to solids and liquids	12	UR	15	Chronic liver disease & cirrhosis	13	UR

Note. Crude rate is defined as number of deaths per 100,000 residents. UR = Unreliable crude rate.

2018-2020 Leading Causes of Death in Nebraska

UCD - 15 Leading Causes of Death NE		Deaths	Crude Rate
1	Diseases of heart	10611	182.9
2	Malignant neoplasms	10539	181.7
3	Chronic lower respiratory diseases	3320	57.2
4	Accidents (unintentional injuries)	2560	44.1
5	Cerebrovascular diseases	2406	41.5
6	Alzheimer disease	2259	38.9
7	COVID-19	2043	35.2
8	Diabetes mellitus	1760	30.3
9	Influenza & pneumonia	1047	18.0
10	Essential hypertension & hypertensive renal disease	957	16.5
11	Intentional self-harm (suicide)	863	14.9
12	Parkinson disease	785	13.5
13	Chronic liver disease & cirrhosis	764	13.2
14	In situ, benign, & neoplasms of uncertain/unknown behavior	746	12.9
15	Septicemia	506	8.7

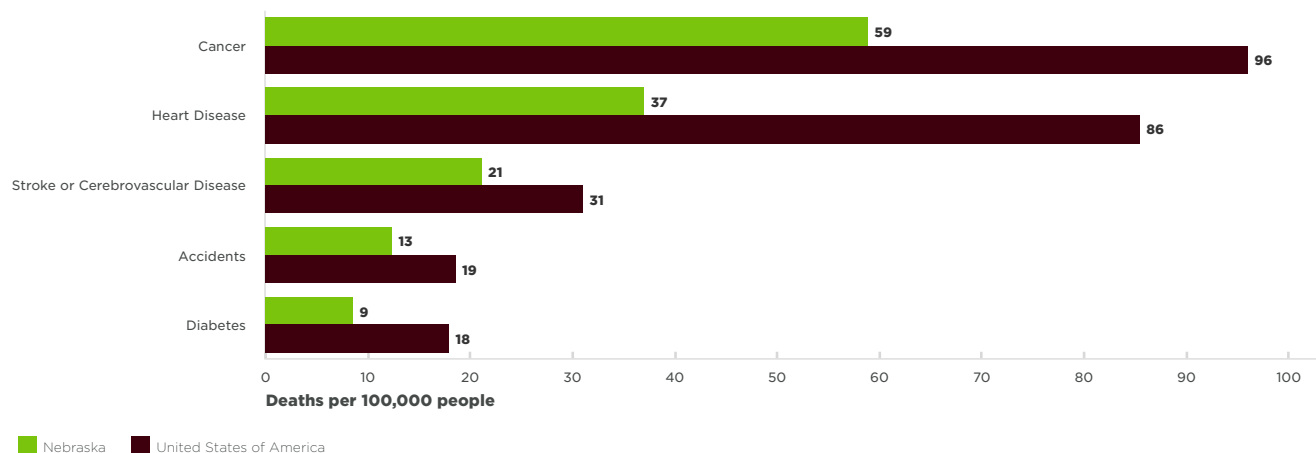
Note. Crude rate is defined as number of deaths per 100,000 residents.

Nebraska Leading Causes of Death by Race & Ethnicity

- **Asians:** Cancer, Heart Disease, Stroke/ Cerebrovascular Disease
- **African Americans:** Cancer, Heart Disease, Accidents
- **Hispanics:** Cancer, Heart Disease, Accidents
- **Native Americans:** Heart Disease, Cancer, Chronic Liver Disease & Cirrhosis
- **Whites:** Heart Disease, Cancer, Chronic Lower Respiratory Disease

Asian

Leading Causes of Death Among Asians

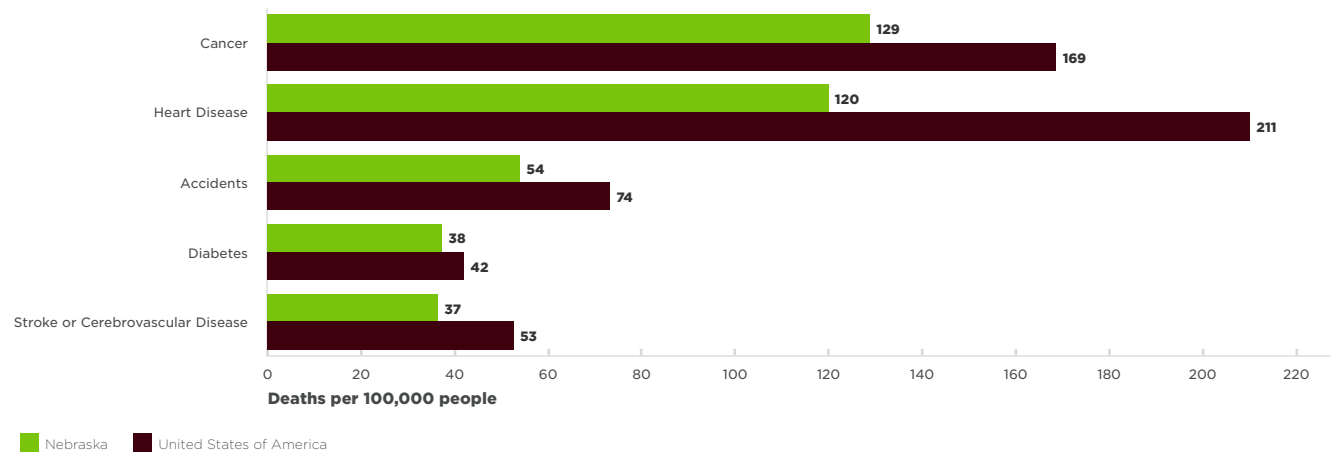


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for Asians.

Black or African American

Causes of Death Among Black/African Americans

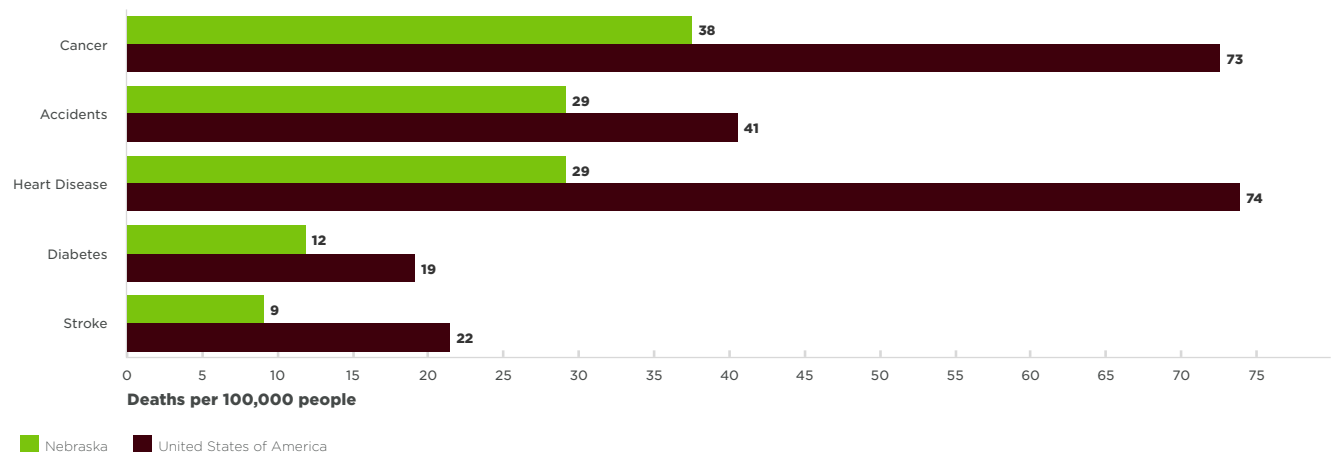


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for Black/African Americans.

Hispanic or Latino

Leading Causes of Death Among Hispanic/Latinos

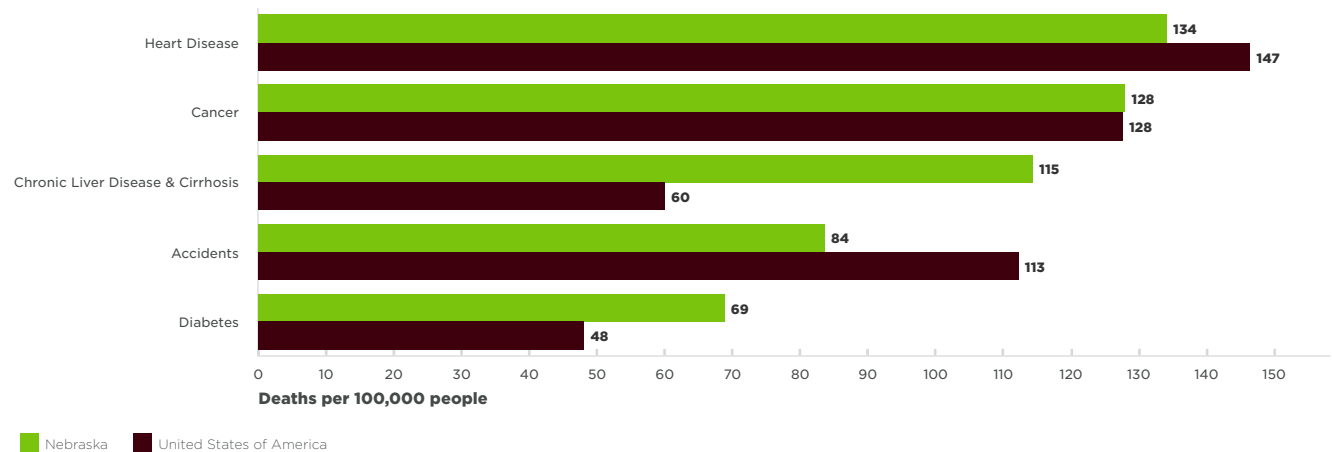


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for Hispanics or Latinos.

Native American

Leading Causes of Death Among Native Americans

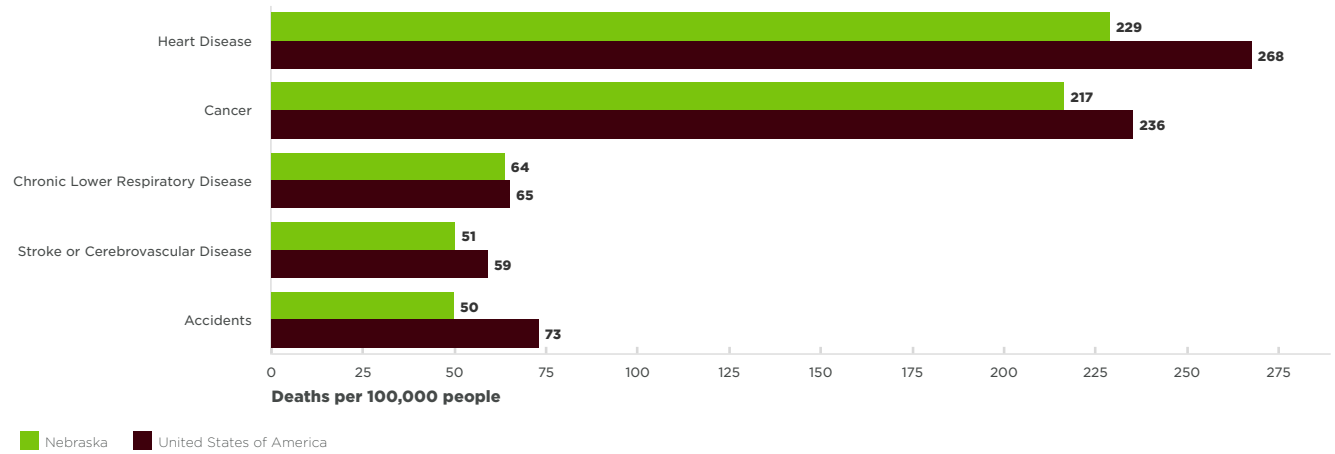


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for Native Americans.

White

Leading Causes of Death Among Non-Hispanic Whites



Sources: CDC WONDER Cause of Death 2019-2023 Crude

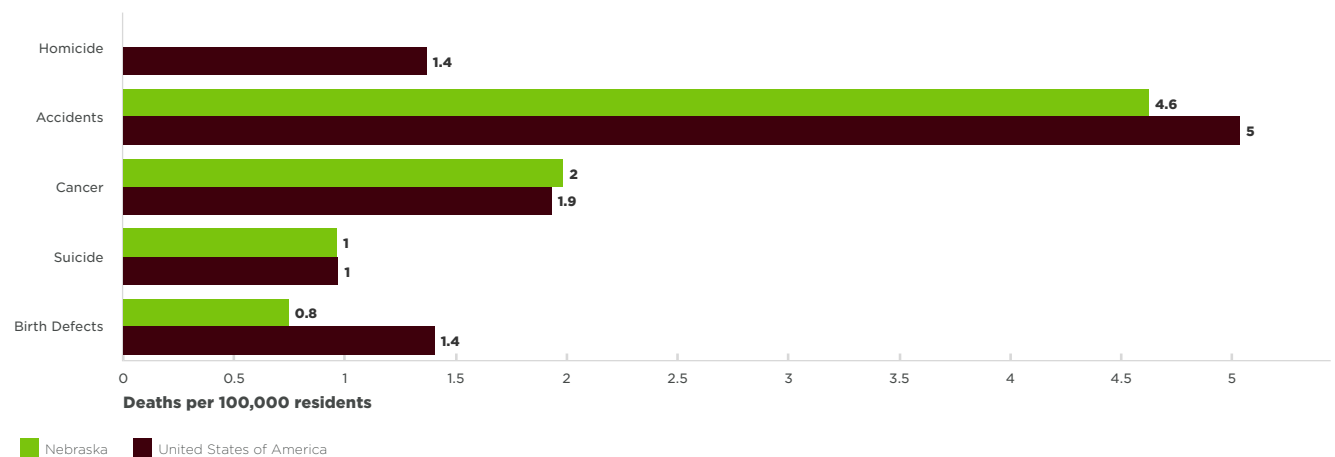
This data is sorted from highest to lowest based on national top causes of death for whites.

Leading Causes of Death by Age

- **Age 1-14:** Accidents, Cancer, Suicide
- **Age 15-24:** Accidents, Suicide, Homicide
- **Age 25-34:** Accidents, Suicide, Cancer
- **Age 35-44:** Accidents, Cancer, Heart Disease and Suicide
- **Age 45-54:** Cancer, Heart Disease, Accidents
- **Age 55-64:** Cancer, Heart Disease, Chronic Lower Respiratory Disease
- **Age 65-74:** Cancer, Heart Disease, Chronic Lower Respiratory Disease
- **Age 75-84:** Cancer, Heart Disease, Chronic Lower Respiratory Disease
- **Age 85+:** Heart Disease, Cancer, Alzheimer's Disease

Age 1-14

Leading Causes of Death Age 1-14

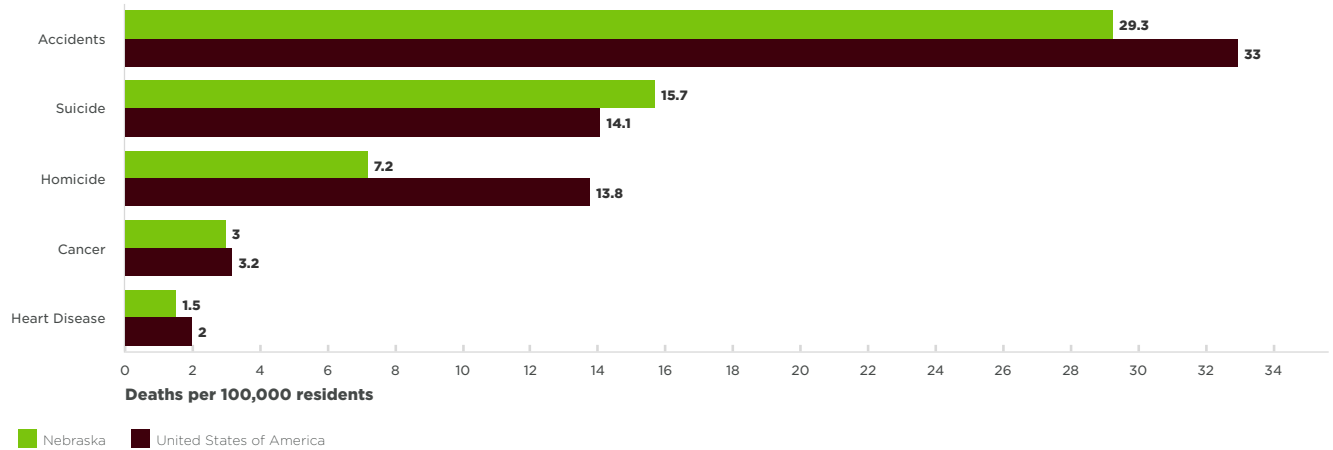


Sources: CDC WONDER Cause of Death 2019-2023 Age Adj

This data is sorted from highest to lowest based on national top causes of death for ages 1-14.

Age 15-24

Leading Causes of Death Age 15-24

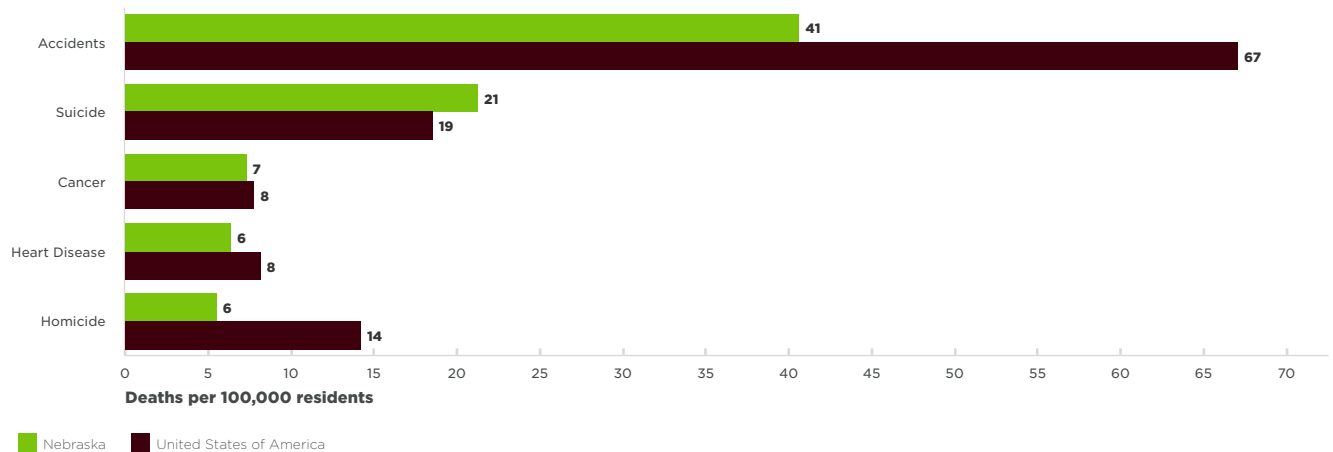


Sources: CDC WONDER Cause of Death 2019-2023 Age Adj

This data is sorted from highest to lowest based on national top causes of death for ages 15-24.

Age 25-34

Leading Causes of Death Age 25-34

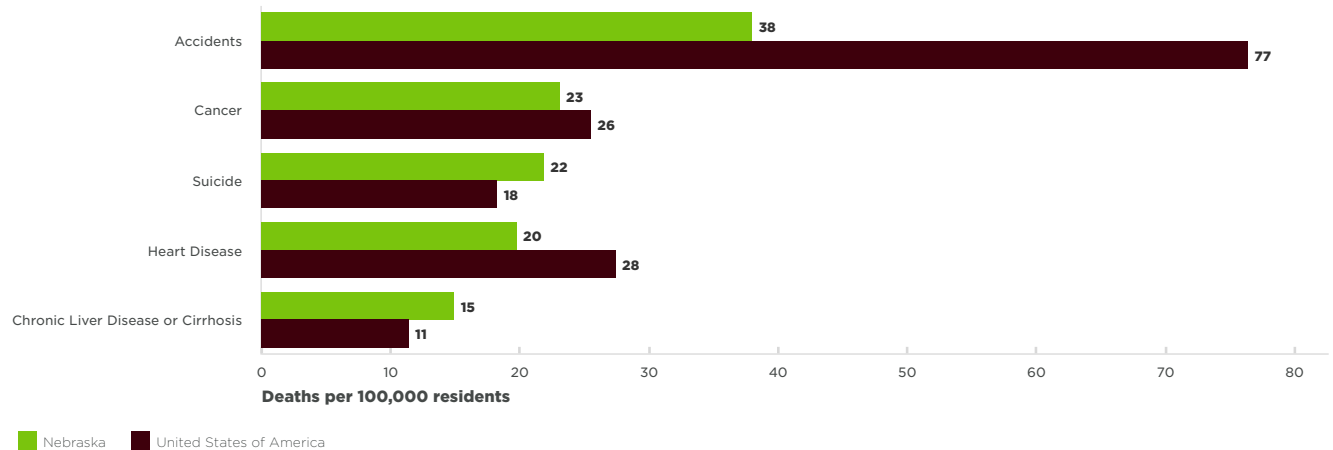


Sources: CDC WONDER Cause of Death 2019-2023 Age Adj

This data is sorted from highest to lowest based on national top causes of death for ages 25-34.

Age 35-44

Leading Causes of Death Age 35-44

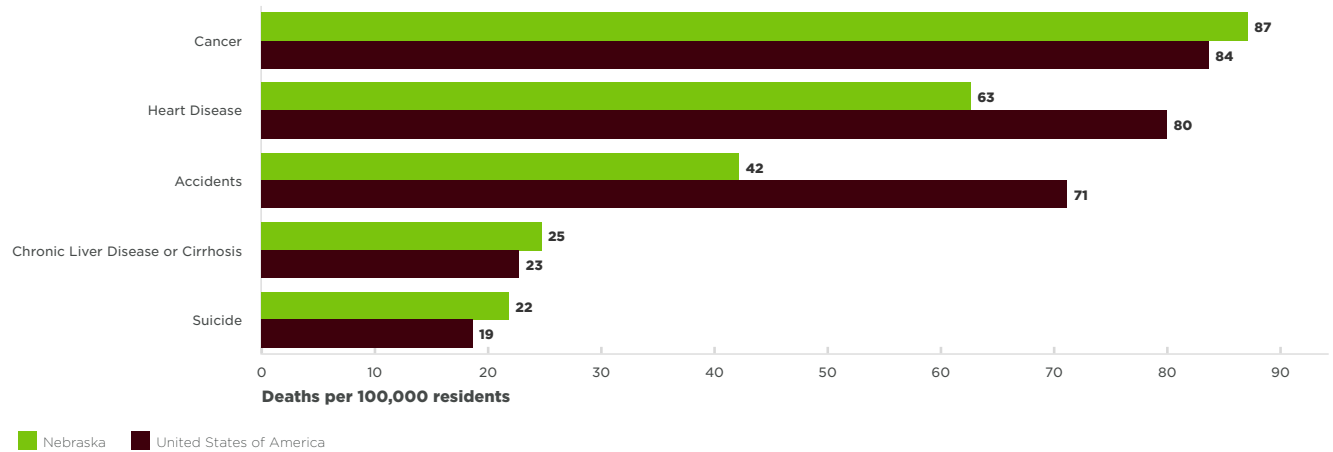


Sources: CDC WONDER Cause of Death 2019-2023 Age Adj

This data is sorted from highest to lowest based on national top causes of death for ages 35-44.

Age 45-54

Leading Causes of Death Age 45-54

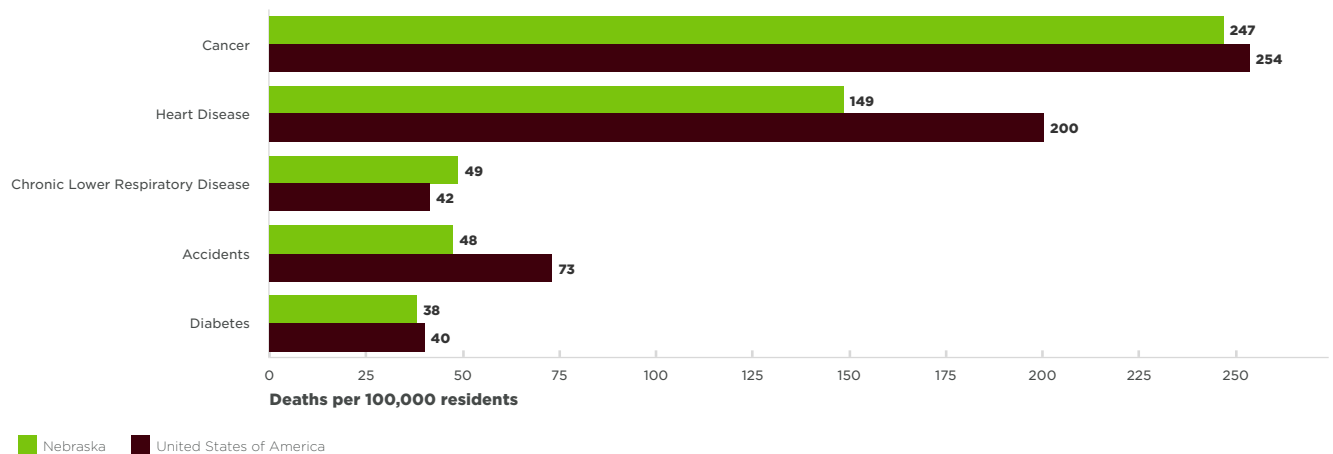


Sources: CDC WONDER Cause of Death 2019-2023 Age Adj

This data is sorted from highest to lowest based on national top causes of death for ages 45-54.

Age 55-64

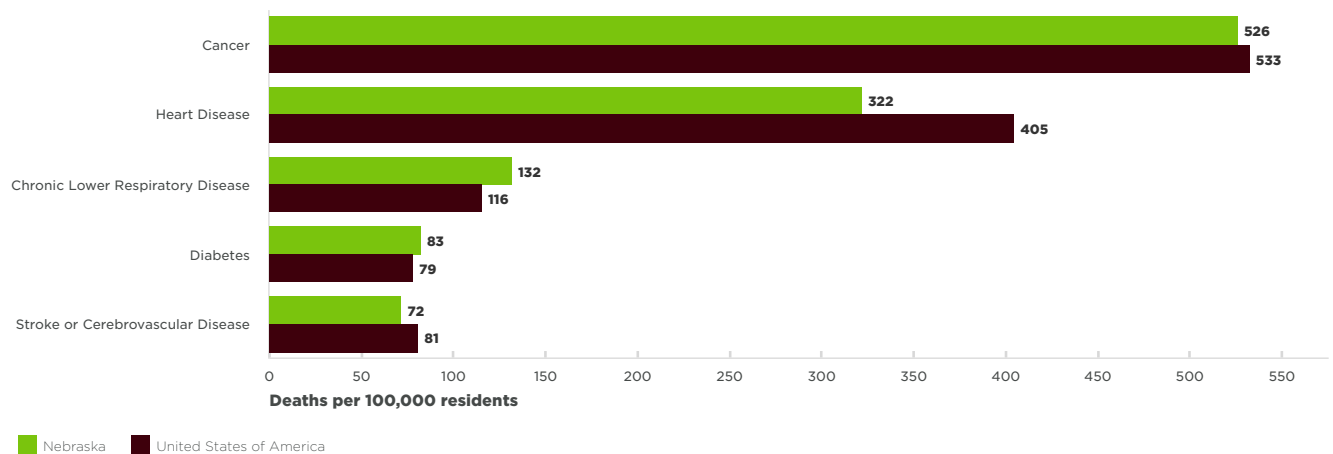
Leading Causes of Death Age 55-64



This data is sorted from highest to lowest based on national top causes of death for ages 55-64.

Age 65-74

Leading Causes of Death Age 65-74

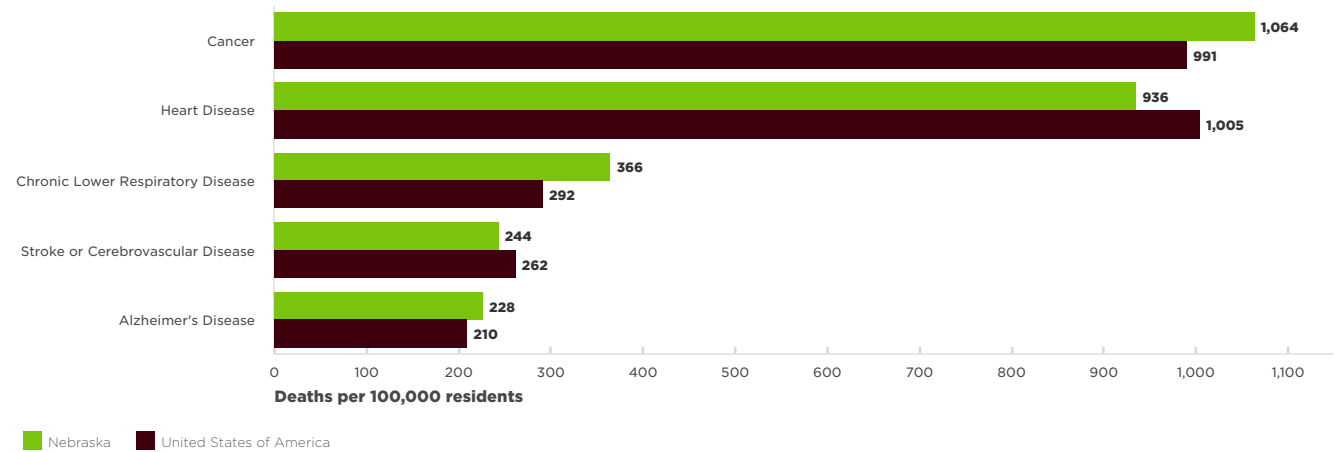


Sources: CDC WONDER Cause of Death 2019-2023 Age Adj

This data is sorted from highest to lowest based on national top causes of death for ages 65-74.

Age 75-84

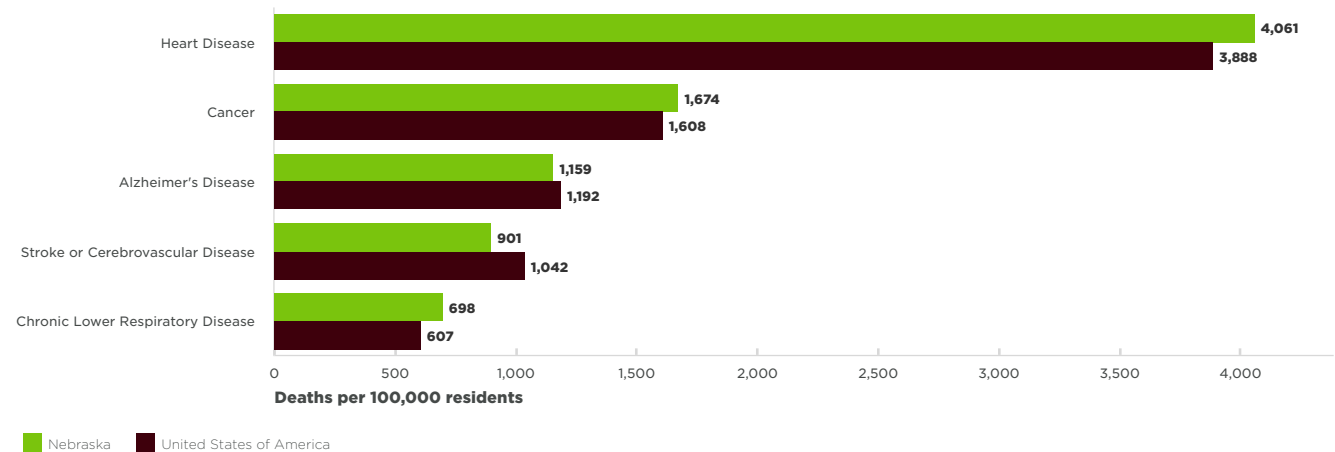
Leading Causes of Death Age 75-84



Sources: CDC WONDER Cause of Death 2019-2023 Age Adj
This data is sorted from highest to lowest based on national top causes of death for ages 75-84.

Age 85+

Leading Causes of Death Age 85+



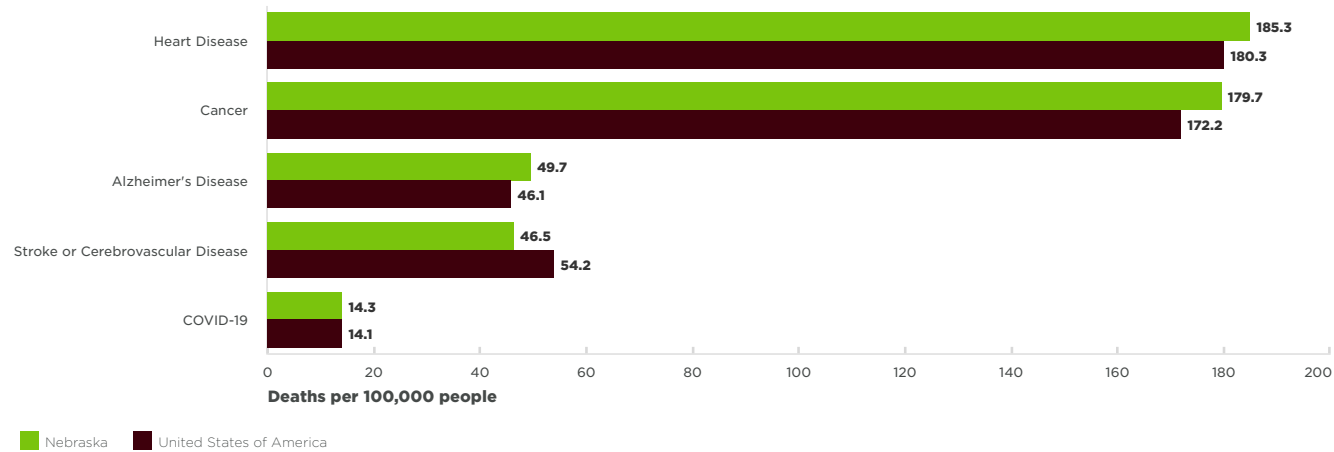
Sources: CDC WONDER Cause of Death 2019-2023 Age Adj
This data is sorted from highest to lowest based on national top causes of death for ages 85+.

Leading Causes of Death by Sex

- **Females:** In Nebraska, women were most likely to die from cancer, heart disease, and stroke/ cerebrovascular disease.
- **Males:** In Nebraska, men were most likely to die from heart disease, cancer, and accidents.

Females

Leading Causes of Death Among Females

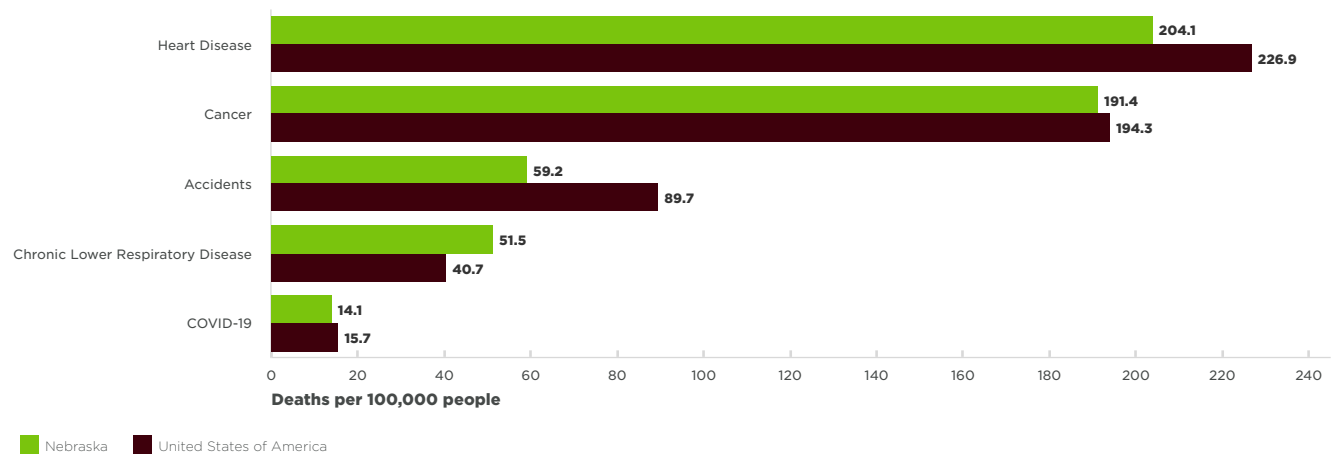


Sources: CDC WONDER Cause of Death 2023 Crude

This data is sorted from highest to lowest based on national top causes of death for females.

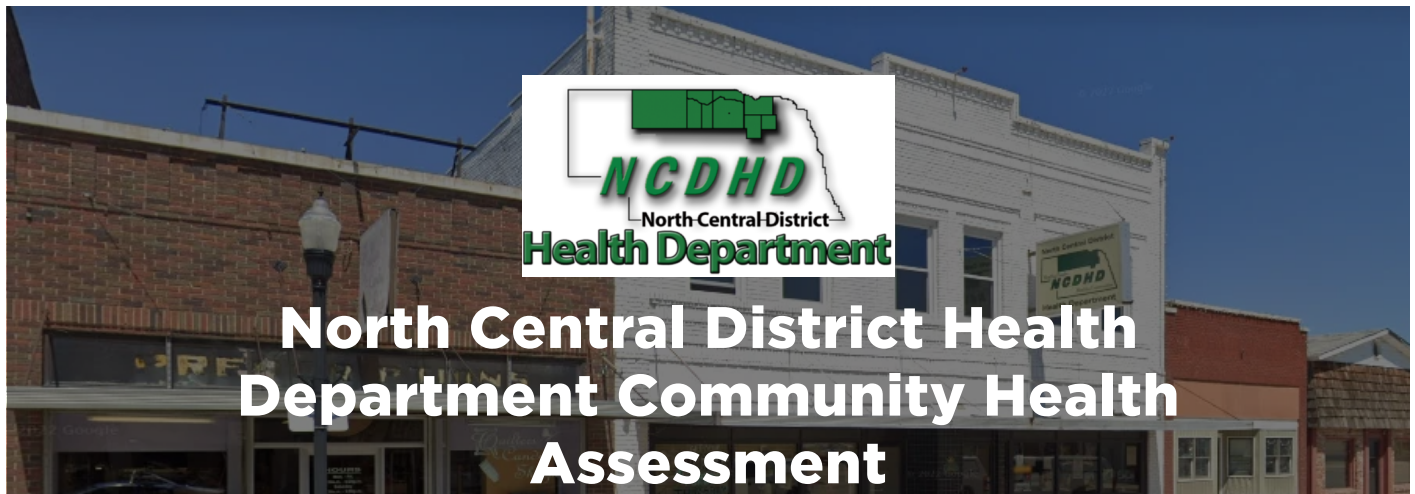
Males

Leading Causes of Death Among Males



Sources: CDC WONDER Cause of Death 2023 Crude

This data is sorted from highest to lowest based on national top causes of death for males.



Health Outcomes Overview

Health isn't just about avoiding illness or how long we live—it's about our overall well-being. To improve health outcomes in our community, we need to consider the whole person, addressing needs in every aspect of life. This means creating environments that encourage healthy habits and prevent problems before they arise.

Key Health Insights in Our District:

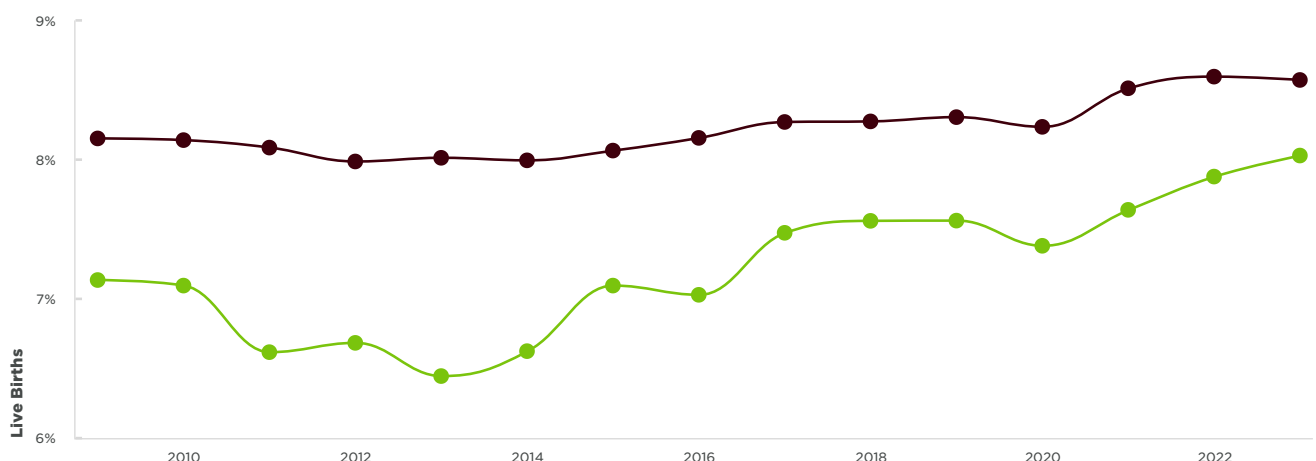
Low Birth Weight: Nebraska has historically reported fewer low weight births than the nation. Nebraska's 2023 rate climbed from 7.6% in 2021 to 7.9% in 2022. In Nebraska and the nation, African Americans are more likely to have low birth weight births.

Preterm Births: Nebraska has historically had a lower birth weight than the nation; however, since 2018 Nebraska has consistently had higher preterm birth rates than the nation. Nebraska's 2023 rate climbed from 10.8% in 2021 to 11.3% in 2022, while the nation's rate drastically declined in 2022 to 8.5%. Native Hawaiian and Pacific Islanders (15.7%) and African Americans (15.1%) are most likely to have preterm births.

Chronic Conditions: Our district has a higher percentage of adults with chronic conditions (Obesity, Diabetes, Cancer, Coronary Heart Disease, High Blood Pressure) compared to the state average.

By focusing on prevention and supporting healthy choices from the start, we can improve the overall well-being of our community.

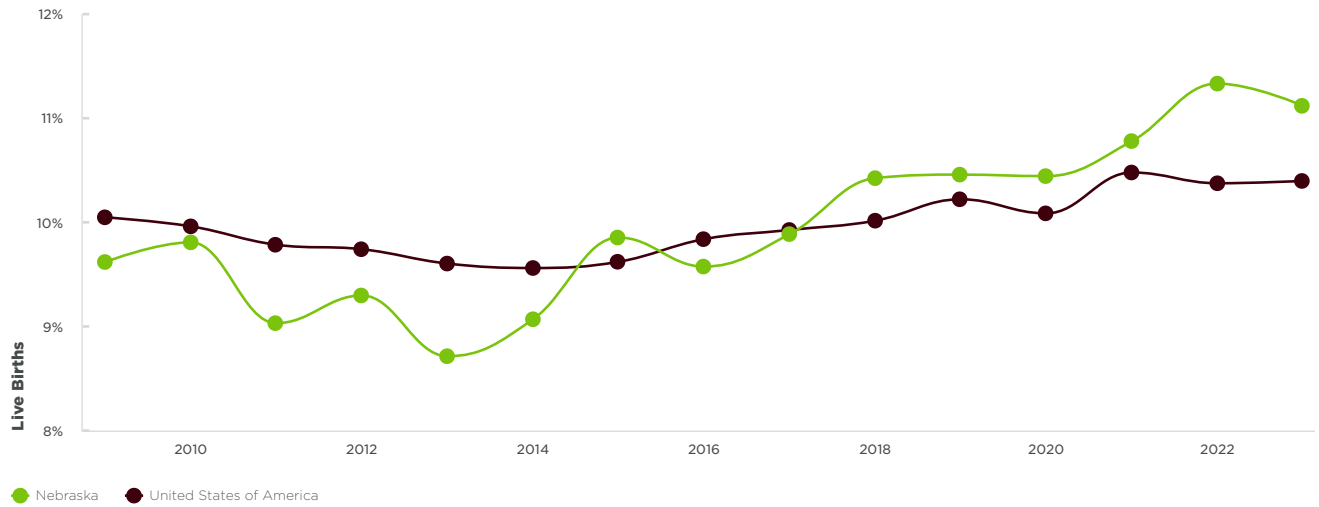
Low Birth Weight



Nebraska United States of America

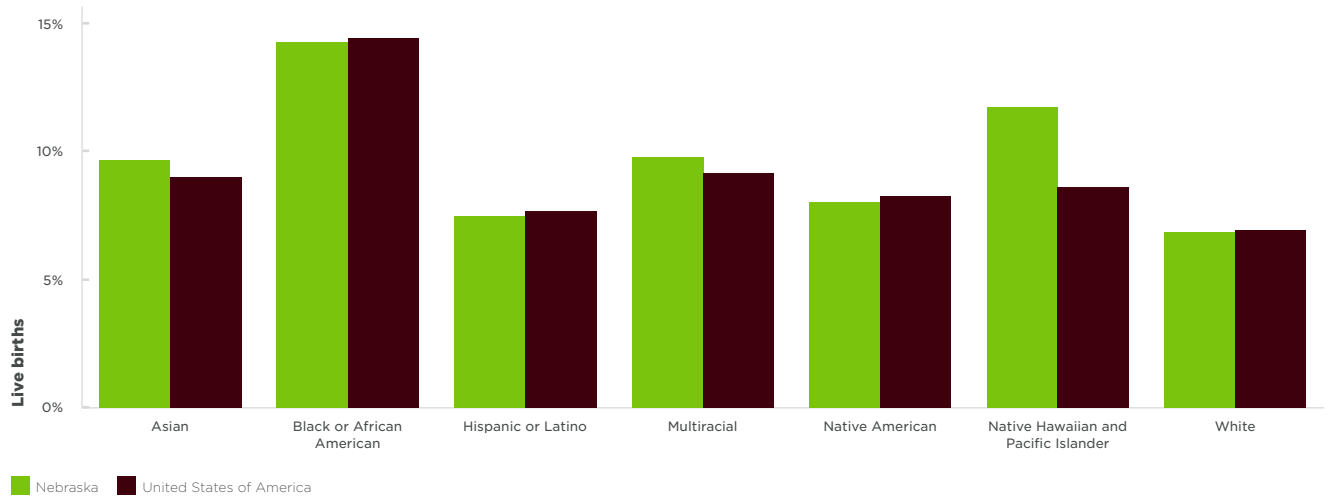
Sources: CDC WONDER Natality

Preterm Births



Sources: CDC WONDER Natality

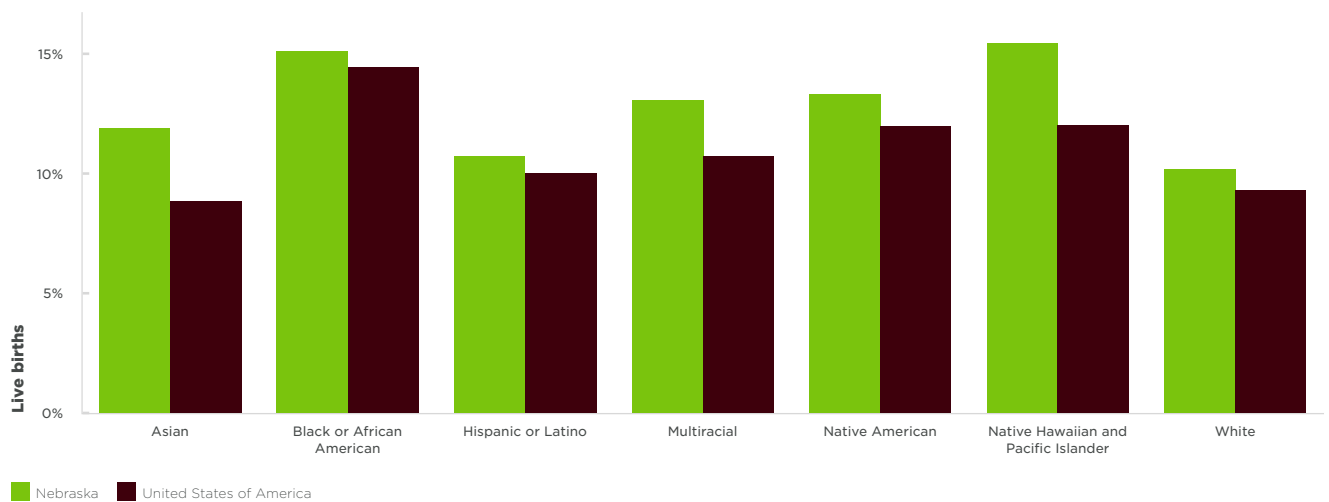
Low Birth Weight Births by Race / Ethnicity



Sources: CDC WONDER Natality 2019-2023

Note: All data represents non-Hispanic or Latino people except the Hispanic or Latino bar.

Preterm Births by Race / Ethnicity



A strong start paves the way for a healthy life.

Babies who are born preterm are more likely to have serious health complications, including low birth weight, that can impact their health for the rest of their lives. Factors such as a mother’s age, ongoing health conditions, exposure to pollution, substance use, the effects of racism, and more increase the risk of a baby being born too early and with too low of a birth weight. When preterm births and low birth weight outcomes rise in our community, our families need better access to education, resources, and healthcare providers to help them deliver a healthy baby.

Chronic conditions are difficult to manage.

When communities experience high levels of chronic disease, something needs to change. Making changes that lower chronic disease risk gives everyone a better chance at a healthy life.

Chronic Conditions Overview

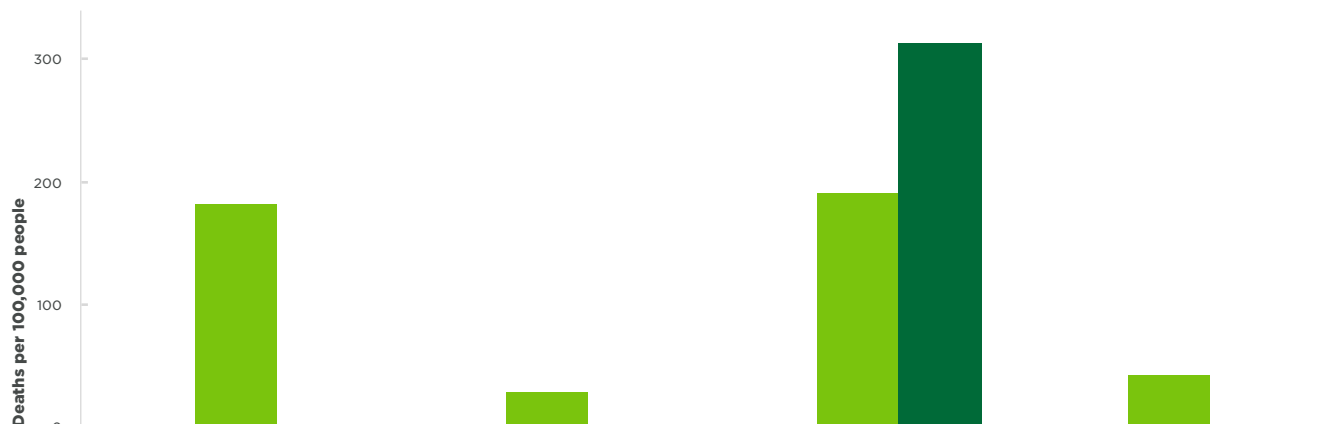
▲▼ Data Sources	North Central District Health Department ▲▼	Nebraska ▲▼	Pierce County, NE ▲▼
2022 Poor Physical Health Among Adults	13.1%	11.4%	11.3%
2022 Obesity Among Adults	41%	37.2%	41.1%
2022 Diagnosed Diabetes Among Adults	13.1%	10.9%	10.8%
2022 Cancer (except skin) Among Adults	10.3%	8%	9.6%
2022 Coronary Heart Disease Among Adults	9.2%	6.8%	7.6%
2022 Stroke Among Adults	4.2%	3.2%	3.3%
2021 High Blood Pressure Among Adults	37.2%	30.4%	35.2%

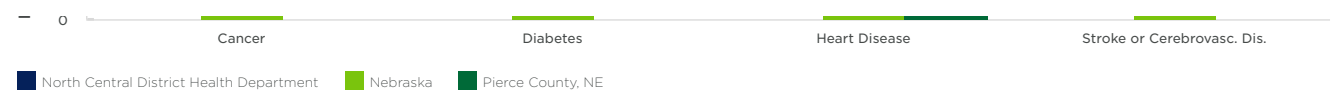
Sources: CDC BRFSS PLACES 2021, 2022

It’s not just how long we live, but how we live.

Opportunities to eat good food, exercise regularly, and get the medical care we need when we need it allow us to live full lives. The quality of that lifetime is just as important as how long it lasts. Making healthy choices easier no matter a person’s location or income will improve our entire community.

Chronic Disease Death Rates





Sources: CDC WONDER Cause of Death 2021 Crude

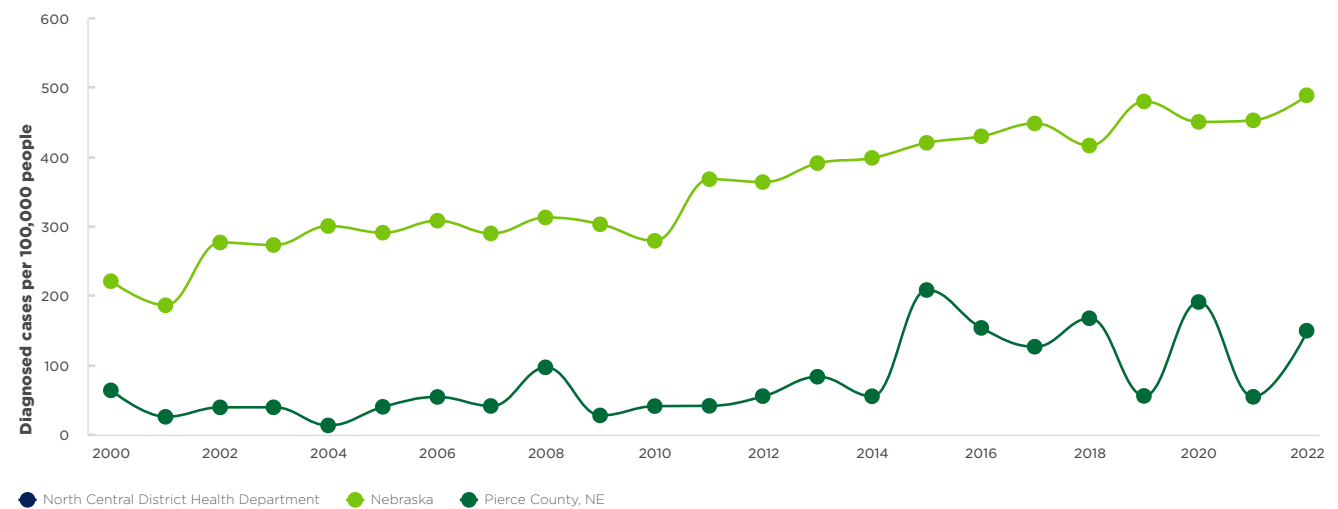
Note: "Cerebrovasc. Dis." is short for "Cerebrovascular Disease."

Sexually Transmitted Infections

Sexual health is another way to look at our community's health and access to needed services. When an environment doesn't allow for access to quality healthcare, well-paying jobs, or the opportunity for education, sexual health is even more challenging. Improving those factors first, educating, and creating community-based programs to help prevent STIs can help.

Chlamydia

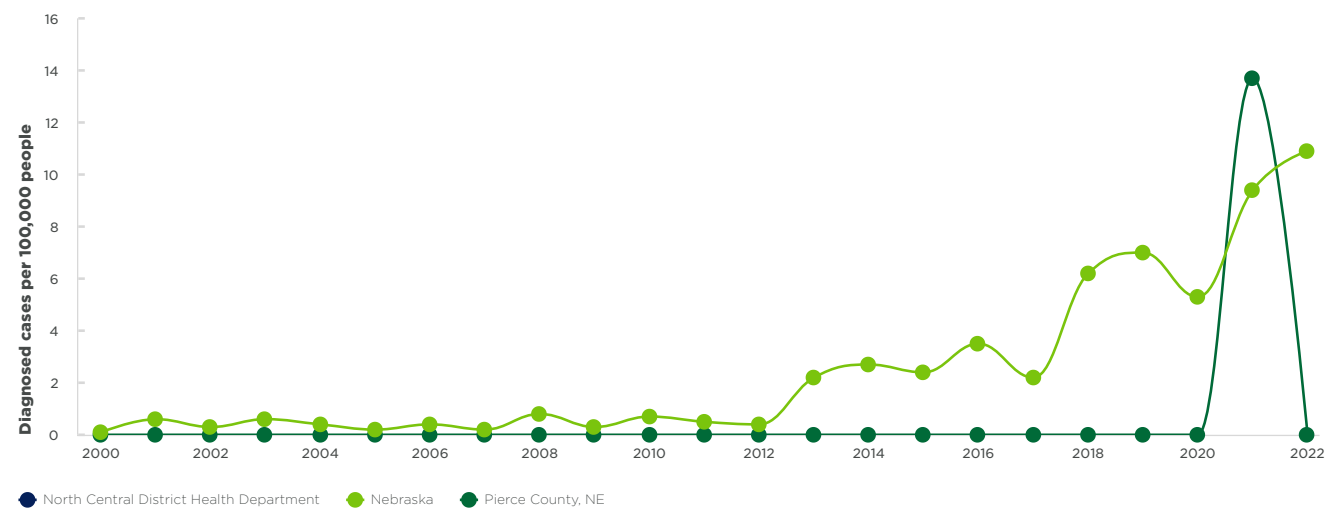
Chlamydia Rate



Sources: CDC NCHSTP AtlasPlus

Syphilis

Primary and Secondary Syphilis Rate

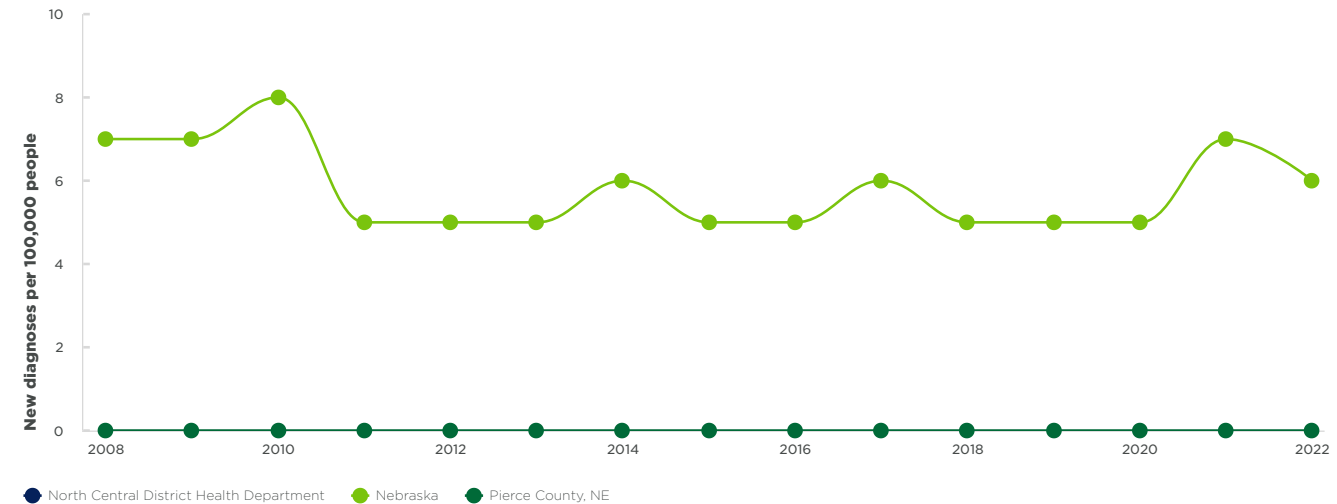


Sources: CDC NCHSTP AtlasPlus

Primary and secondary syphilis represent the symptomatic and earliest stages of infection.

HIV New Diagnoses

HIV New Diagnoses Rate



Sources: AIDSVu Emory University

We need support in every way.

We can take action as a community to increase support and strategies to help improve mental and behavioral health outcomes. When we understand lifelong impacts, like how low income as a child may lead to increased depression as an adult, we see how interconnected our experiences and environments are to both current and future mental health. To give everyone equal opportunities to access the right resources and mental and behavioral healthcare, we need to work together to create more community-based services, remove barriers to getting help, and increase the diversity of mental health care providers.



Have Been Diagnosed with Depression

17.2%

of Adults

North Central District Health Department

17.7%

of Adults

Nebraska

Have Poor Mental Health

13.8%

of Adults

North Central District Health Department

14.1%

of Adults

Nebraska

Sources: CDC BRFSS PLACES 2022

Poor mental health describes adults who report their mental health was not good on 14 or more of the past 30 days.

Geography	2022 Diagnosed Depression Among Adults	2022 Poor Mental Health Among Adults
	▲ ▼	▲ ▼
North Central District Health Department	17.2%	13.8%
Nebraska	17.7%	14.1%
Pierce County, NE	17.6%	13.6%

Sources: CDC BRFSS PLACES 2022



North Central District Health Department Community Health Assessment

Chronic Disease

When chronic disease rates are high in our community, it's a clear sign that something needs to change. By providing resources that help reduce risk, increase understanding of what causes chronic disease, and provide preventative services we can reduce a community's chronic disease rates.

Health Concerns in Our District:

- **Obesity:** 41.1% of the adults in Pierce are obese, which is higher than Nebraska, 37.2%.
- **Cancer:** 10.3% of adults in the district have had a cancer incidence (excluding skin cancer) which is higher than the state (8%). Every county is higher than the state average, with Keya Paha County the highest at 12.6% and Pierce County the lowest at 9.6%.
- **Diabetes:** 13.1% of adults in the district have diabetes compared to 10.9% of the state. Every county in the district is higher than the state average, except Pierce County at 10.8%. Boyd County has the highest diabetes rates at 14.1%.
- **Coronary Heart Disease:** 9.2% of adults in the district have coronary heart disease compared to 6.8% of adults in the state. 9.6% of adults in Pierce County have coronary disease. Every county in the district is higher than the state average. Keya Paha County has the highest rates of coronary heart disease at 10.9%, followed by Boyd County at 10.3%.
- **Stroke:** 4.2% of adults in the district have had a stroke, which is more than the state average of 3.2%. Knox County has the highest rates of stroke (4.8% of adults reporting incidence of stroke) and Pierce County is the lowest in the district (3.3%).

Addressing these risk factors is key to building a healthier, more equitable future for everyone.

Obesity Among Adults

41%

People

North Central District Health Department

37.2%

People

Nebraska

Sources: CDC BRFSS PLACES 2022

Geography	2022 Obesity Among Adults
Antelope County, NE	39.7%
Boyd County, NE	39.5%
Brown County, NE	40%
Cherry County, NE	41.8%
Holt County, NE	39%
Keya Paha County, NE	38.3%
Knox County, NE	43%
Pierce County, NE	41.1%
Rock County, NE	40.2%
North Central District Health Department	41%
Nebraska	37.2%

Sources: CDC BRFSS PLACES 2022

Cancer (except skin) Incidence Among Adults

10.3%

People

North Central District Health Department

8%

People

Nebraska

Cancer Death Rate

No data

Deaths per 100,000 people

North Central District Health Department

185.6

Deaths per 100,000 people

Nebraska

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude

Geography	2022 Cancer (except skin) Among Adults	2023 Crude Cancer Death Rate
Antelope County, NE	10.7%	No data
Boyd County, NE	11.8%	No data
Brown County, NE	10.4%	No data
Cherry County, NE	9.7%	No data
Holt County, NE	10.1%	277.4
Keya Paha County, NE	12.6%	No data
Knox County, NE	10.4%	289.2
Pierce County, NE	9.6%	No data
Rock County, NE	11.2%	No data
North Central District Health Department	10.3%	No data
Nebraska	8%	185.6

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude

CDC WONDER Cause of Cancer Deaths in Nebraska

Sources: [CDC WONDER Cause of Death 2019-2023 Crude](#)

<i>Crude rate deaths per 100,000 people.</i>	Nebraska Death Rate	Male Death Rate	Female Death Rate
Uterus Cancer Death Rate	4	NULL	7
Ovary Cancer Death Rate	3	NULL	7
Breast Cancer Death Rate	13	NULL	26
Prostate Cancer Death Rate	10	20	NULL
Brain Cancer Death Rate	6	7	6
Colorectal Cancer Death	18	19	26
Esophagus Cancer Death Rate	6	9	3
Kidney Cancer Death Rate	5	6	4
Leukemia Cancer Death Rate	8	9	6
Lip / Pharynx Cancer Death Rate	3	5	2
Liver Cancer Death Rate	6	8	5
Lung / Bronchus Cancer Death Rate	40	42	37
Lymphoid Cancer Death Rate	18	21	15
Multiple Myeloma / Immunoproliferative Cancer Death Rate	4	4	4
Non-Hodgkin Lymphoma Cancer Death Rate	6	7	5
Other/Unspecified Cancer Death	23	23	23
Pancreas Cancer Death Rate	15	16	14
Skin Cancer Death Rate	3	4	2
Stomach Cancer Death Rate	3	3	2
Bladder Cancer Death Rate	5	8	3

Diagnosed Diabetes Incidence Among Adults

13.1%

People

North Central District Health Department

10.9%

People

Nebraska

Diabetes Death Rate

No data

Deaths per 100,000 people

North Central District Health Department

29.4

Deaths per 100,000 people

Nebraska

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude

Geography	2022 Diagnosed Diabetes Among Adults	2023 Crude Diabetes Death Rate
Antelope County, NE	11.9%	No data
Boyd County, NE	14.1%	No data
Brown County, NE	12.7%	No data
Cherry County, NE	13.8%	No data
Holt County, NE	13.5%	No data
Keya Paha County, NE	14.4%	No data
Knox County, NE	13.9%	No data
Pierce County, NE	10.8%	No data
Rock County, NE	12.9%	No data
North Central District Health Department	13.1%	No data
Nebraska	10.9%	29.4

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude



Coronary Heart Disease Among Adults

9.2%

People

North Central District Health Department

6.8%

People

Nebraska



Heart Disease Death Rate

No data

Deaths per 100,000 people

North Central District Health Department

193.3

Deaths per 100,000 people

Nebraska

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2022 Crude

Geography	2022 Coronary Heart Disease Among Adults	2023 Crude Heart Disease Death Rate
Antelope County, NE	8.4%	No data
Boyd County, NE	10.3%	No data
Brown County, NE	9.2%	No data
Cherry County, NE	9.3%	No data
Holt County, NE	9.4%	287.3
Keya Paha County, NE	10.9%	No data
Knox County, NE	10.1%	No data
Pierce County, NE	7.6%	No data
Rock County, NE	9.4%	No data
North Central District Health Department	9.2%	No data
Nebraska	6.8%	194.8

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude



Stroke Incidence Among Adults

4.2%

People

North Central District Health Department

3.2%

People

Nebraska



Stroke / Cerebrovascular Disease Death Rate

No data

Deaths per 100,000 people

North Central District Health Department

42.2

Deaths per 100,000 people

Nebraska

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude

Geography	2022 Stroke Among Adults	2023 Crude Stroke Death Rate
Antelope County, NE	3.6%	No data
Boyd County, NE	4.6%	No data
Brown County, NE	4.2%	No data
Cherry County, NE	4.5%	No data
Holt County, NE	4.3%	No data
Keya Paha County, NE	4.7%	No data
Knox County, NE	4.8%	No data
Pierce County, NE	3.3%	No data
Rock County, NE	4.1%	No data
North Central District Health Department	4.2%	No data
Nebraska	3.2%	42.2

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude



North Central District Health Department Community Health Assessment

Sexually Transmitted Infections (STIs)

Sexual health is a key part of overall community well-being, and access to essential services plays a big role. When communities lack access to quality healthcare, good jobs, family support, or educational opportunities, sexual health challenges become even harder to address.

We can make a difference by improving these conditions, while also teaching personal health and creating community-based programs to prevent STIs.

One huge resource in Holt County is the Pregnancy Resource Center, located in O'Neill, NE. This Center provides sex education to area youth, pregnancy resources and education to expecting mothers, and educations and resources to new mothers and infants.

STI Rates in Our District:

- **Chlamydia and HIV:** District rates of chlamydia are lower across the district compared to statewide levels (489.2 cases per 100,000 people). Rock County (241 cases per 100,000) and Cherry County have the highest rates in 237.9 diagnosis cases per 100,000. However, while this might sound promising, all county Chlamydia rates have increased from their 2020/2021 rates except Boyd and Keya Paha Counties.
- **Syphilis:** Syphilis rates are unfortunately higher than the state average (10.9 cases per 100,000 people) in Cherry (54.9 cases per 100,000) and Boyd (57.4 cases per 100,000) Counties. Both these counties have increased rates since their 2020/2021 rates. Several Counties have 0 diagnoses case per 100,000 people: Rock, Knox, Holt, Keya Paha, and Brown.
- **New HIV Diagnoses:** There have been zero new HIV diagnoses in the district since 2008 which better than the state which had 7 new cases in 2021.

Chlamydia

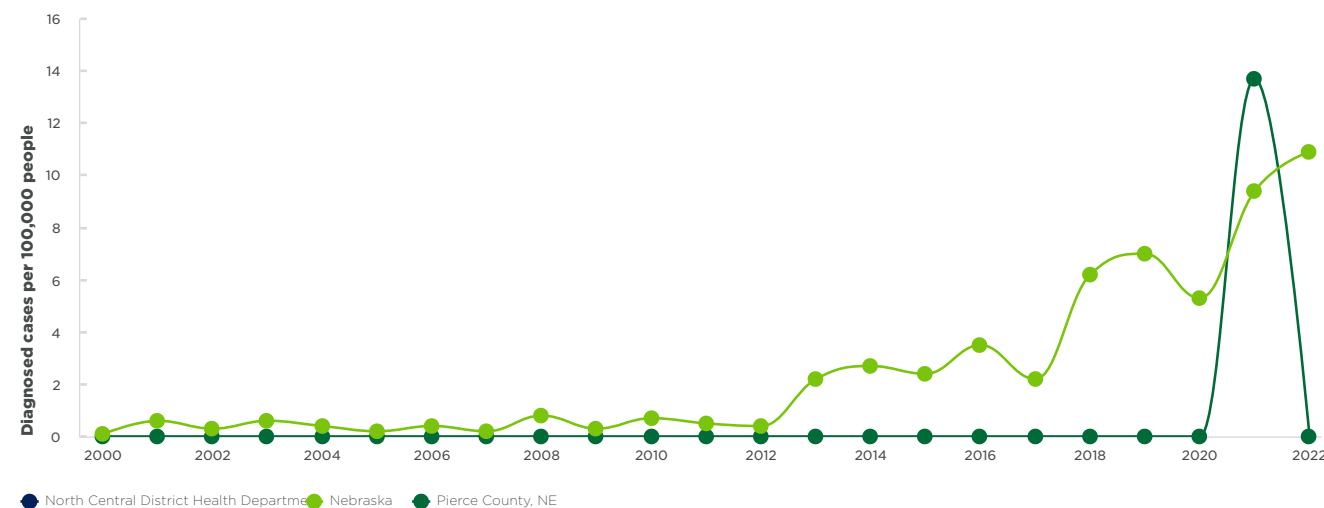
Chlamydia Rate



Sources: CDC NCHHSTP AtlasPlus

Syphilis

Primary and Secondary Syphilis Rate

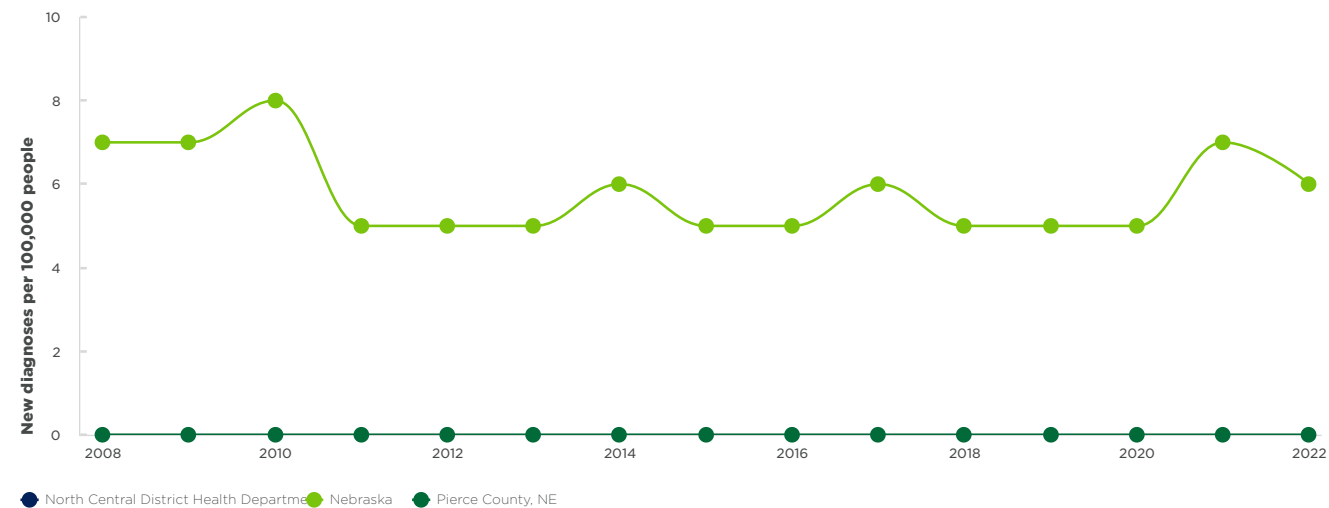


Sources: CDC NCHHSTP AtlasPlus

Primary and secondary syphilis represent the symptomatic and earliest stages of infection.

HIV New Diagnoses

HIV New Diagnoses Rate

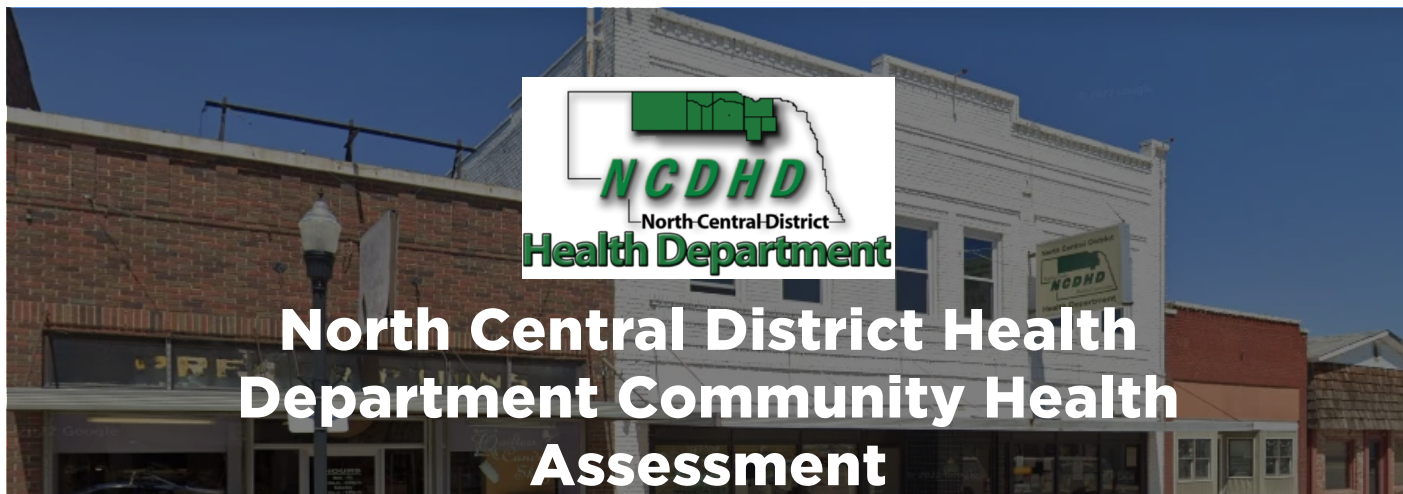


Sources: AIDS Vu Emory University

Learn more:

1. CDC. "STD Health Equity." Centers for Disease Control and Prevention, 18 Oct. 2022. <https://www.cdc.gov/std/health-disparities/default.htm>

2. CDC. "CDC Community Approaches to Reducing Sexually Transmitted Diseases." Centers for Disease Control and Prevention, 8 June 2020. <https://www.cdc.gov/std/health-disparities/cars.htm>



Traumatic Injuries

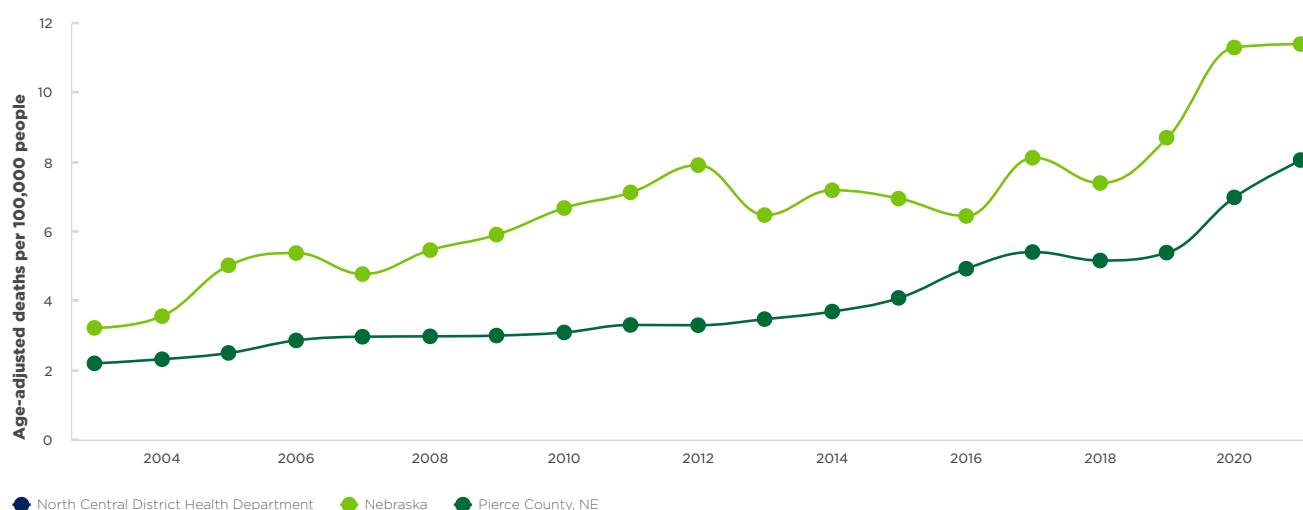
As a community, we can take action to increase support and strategies that improve health outcomes, from preventing injuries to reducing suicide rates.

- **Drug Overdose Deaths:** All counties in the district have lower drug overdose death rates than the state average of 11.4 deaths per 100,000 people. Unfortunately, the state average has steadily increased over the years, as have all the county overdose deaths.
- **Suicide Deaths:** 2019 was the first year the district surpassed the state's suicide death rate. The state's 2022 suicide death rate was 14.8, while the districts was 15.5. Men (42.2 deaths per 100,000 people) are much more likely to die by suicide than their female counterparts (10.6 deaths per 100,000 people). In Nebraska, the age group at greatest threat for death by suicide are age 45-54 at 21.6, then age 25-34 at 21.3, and 35-44 at 20.5. In Nebraska, Native Americans (35.7) and Whites (16.7) have the highest rates of death by suicide.
- **Homicides:** On a positive note, Nebraska remains safer than the national average with a lower homicide rate.

By working together and supporting one another, we can create a healthier, safer community for all.

Drug Overdose Death Rate

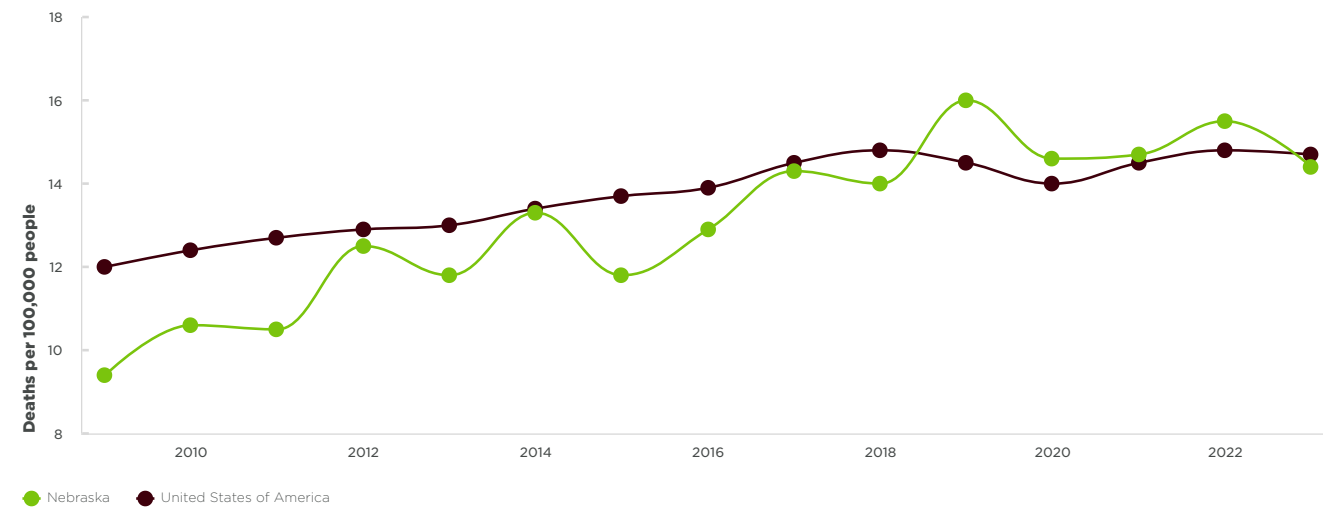
Drug Overdose Death Rate



Sources: CDC

Suicide Death Rate

Suicide Death Rate



Sources: CDC WONDER Cause of Death

Suicide Death Rate by Sex

Suicide Death Rate Among Females

4.7
Deaths per 100,000 people
Nebraska

6.1
Deaths per 100,000 people
United States of America

Suicide Death Rate Among Males

23.9
Deaths per 100,000 people
Nebraska

23.6
Deaths per 100,000 people
United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

Suicide Death Rate by Age

Suicide Death Rate by Age

◆ Data Sources	Nebraska ◆	United States of America ◆
2019-2023 Age Adj Age 1-14	1	1
2019-2023 Age Adj Age 15-24	15.7	14.1
2019-2023 Age Adj Age 25-34	21.3	18.6
2019-2023 Age Adj Age 35-44	22	18.3
2019-2023 Age Adj Age 45-54	22	18.8
2019-2023 Age Adj Age 55-64	19.1	18.1
2019-2023 Age Adj Age 65-74	13.2	15.4
2019-2023 Age Adj Age 75-84	14	19.3
2019-2023 Age Adj Age 85+	15.3	21.8

Sources: CDC WONDER Cause of Death 2019-2023 Age Adj

Deaths per 100,000 people within each age range

Suicide Death Rate by Race & Ethnicity

Suicide Death Rate by Race & Ethnicity

▲ Data Sources ▼	Nebraska ▲ ▼	United States of America ▲ ▼
2019-2023 Crude Asian	7.9	7
2019-2023 Crude Black or African American	10.3	8.5
2019-2023 Crude Hispanic or Latino	7.9	7.7
2019-2023 Crude Native American	43.1	25.1
2019-2023 Crude White	16.6	18.8

Sources: CDC WONDER Cause of Death 2019-2023 Crude
Age-adjusted deaths per 100,000 people within each group
Note: All groups are not Hispanic or Latino unless otherwise listed.

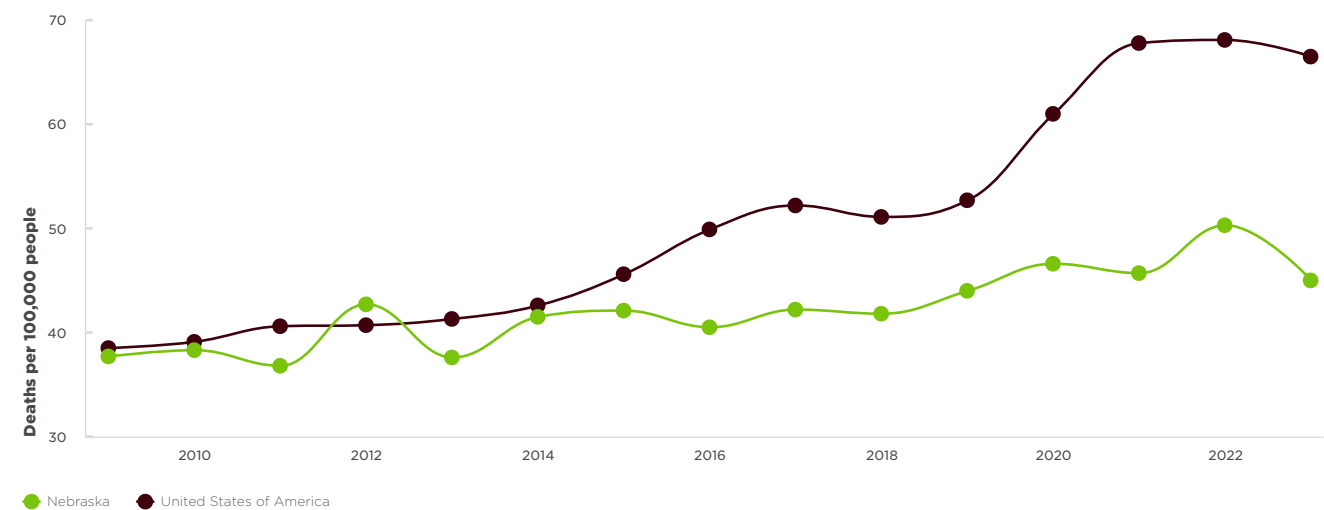
Accidental Deaths

North central Nebraska is primarily an agricultural, ranching community with many dirt roads. Work-related injuries are not uncommon occurrences. Increasing education on safe work practices, safe driving, etc. can benefit the whole community. Nebraska has lower rates of accidental deaths (50.3 deaths per 100,000 people) than the nation (68.1 deaths). In Nebraska, men are more likely to die from accidents than females. Native Americans are more likely to die from accidents (81.3), then African Americans (51.5), and then Whites (49.7). As one ages, their chance of dying from an accident increase.

The district has significantly lower motor vehicle crash fatalities (4 in 2022) than the state (214 in 2022).

Accidents Death Rate

Accidents Death Rate



Sources: CDC WONDER Cause of Death

Accidents Death Rate by Sex

Accidents Death Rate Among Females

30.6

Deaths per 100,000 people
Nebraska

43.8

Deaths per 100,000 people
United States of America

Accidents Death Rate Among Males

59.2

Deaths per 100,000 people
Nebraska

89.7

Deaths per 100,000 people
United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

Accidents Death Rate by Age

Accidents Death Rate by Age

▼ Data Sources	Nebraska ▼	United States of America ▼
2019-2023 Age Adj Age 1-14	4.6	5
2019-2023 Age Adj Age 15-24	29.3	33
2019-2023 Age Adj Age 25-34	40.7	67.2
2019-2023 Age Adj Age 35-44	38	76.5
2019-2023 Age Adj Age 45-54	42.3	71.3
2019-2023 Age Adj Age 55-64	47.9	73.3
2019-2023 Age Adj Age 65-74	59.5	62.9
2019-2023 Age Adj Age 75-84	120	121.8
2019-2023 Age Adj Age 85+	410	411.1

Sources: CDC WONDER Cause of Death 2019-2023 Age Adj
Deaths per 100,000 within each age range

Accidents Death Rate by Race & Ethnicity

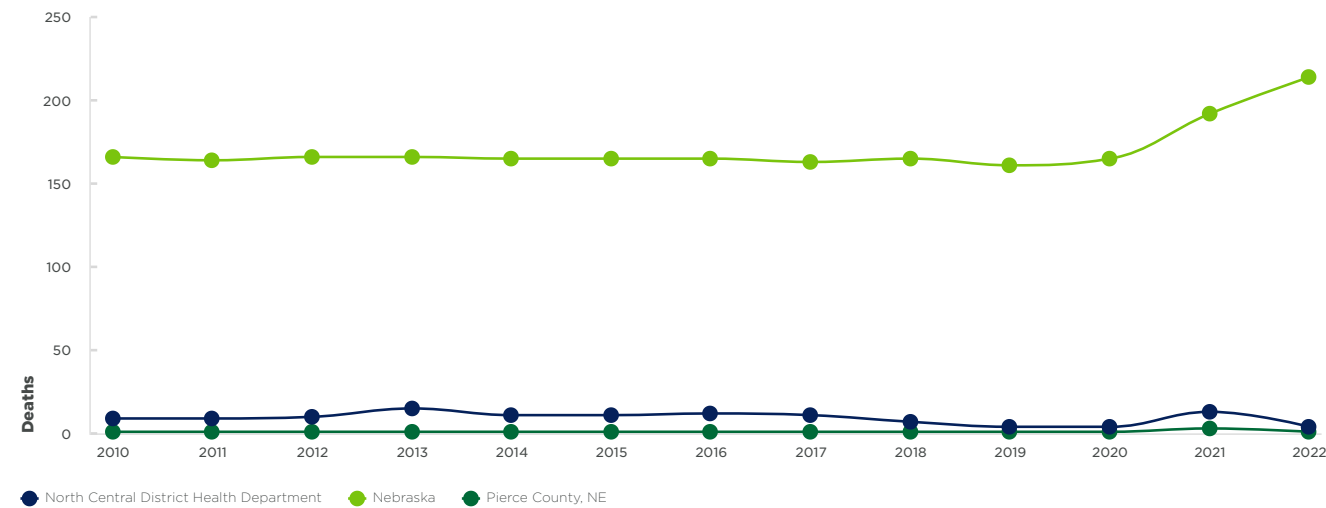
Accidents Death Rate by Race & Ethnicity

▼ Data Sources	Nebraska ▼	United States of America ▼
2019-2023 Crude Asian	12.5	18.7
2019-2023 Crude Black or African American	54.2	73.6
2019-2023 Crude Hispanic or Latino	29.2	40.6
2019-2023 Crude Native American	83.8	112.5
2019-2023 Crude White	50	73.2

Sources: CDC WONDER Cause of Death 2019-2023 Crude
Age-adjusted deaths per 100,000 people within each group
Note: All groups are not Hispanic or Latino unless otherwise listed.

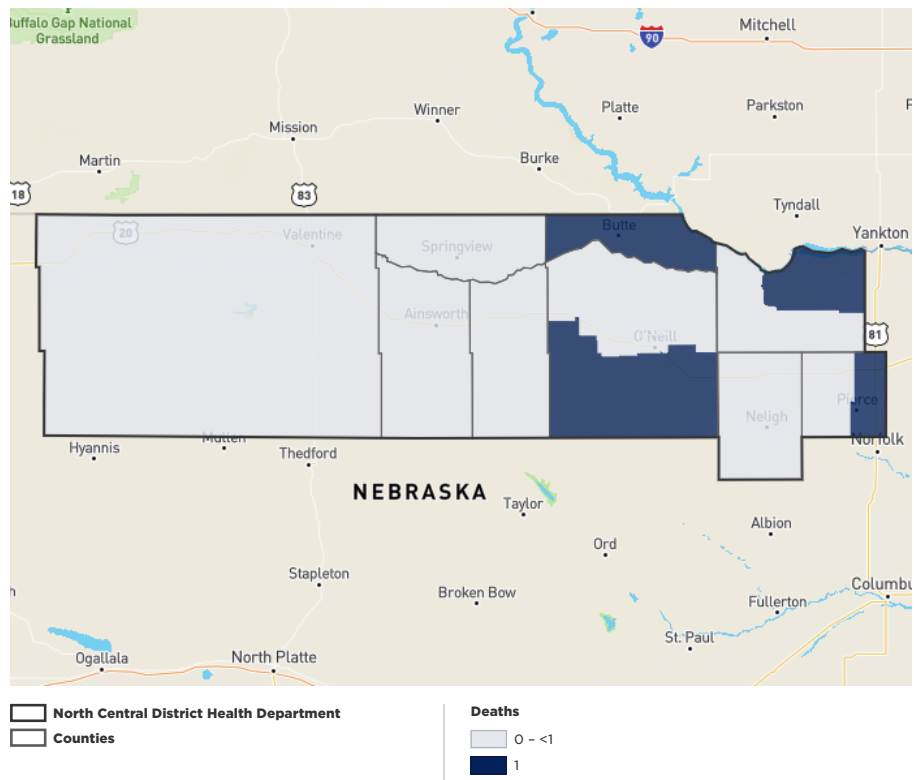
Motor Vehicle Crash Fatalities

Motor Vehicle Crash Fatalities



Sources: NHTSA FARS

Motor Vehicle Crash Fatalities

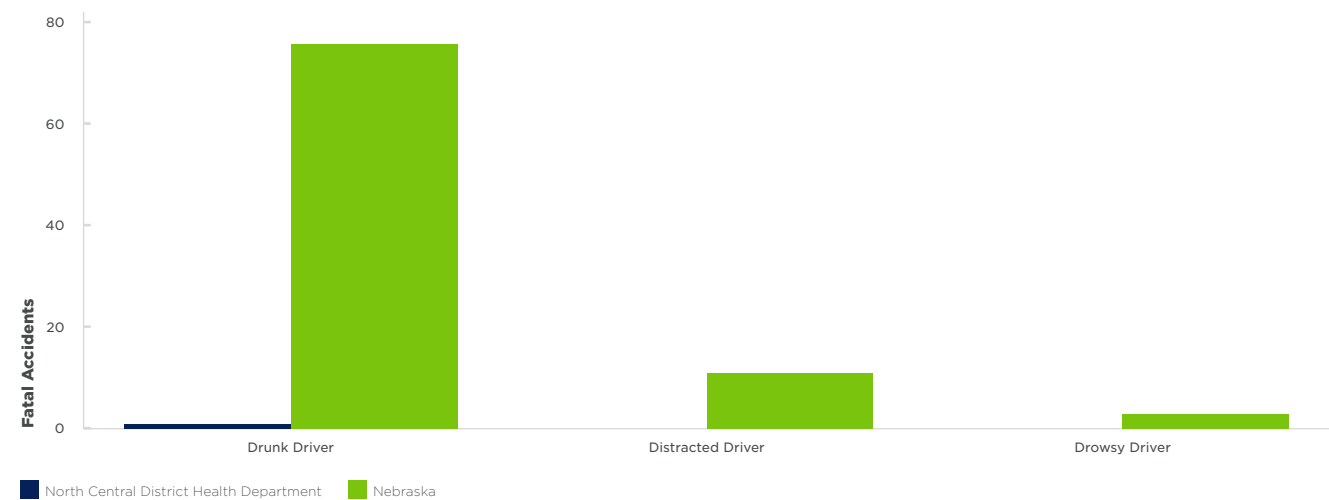


© Mapbox © OpenStreetMap

Sources: NHTSA FARS 2022

Fatal Crashes Involving Drunk, Distracted, or Drowsy Drivers

Fatal Motor Vehicle Accidents by Selected Factors

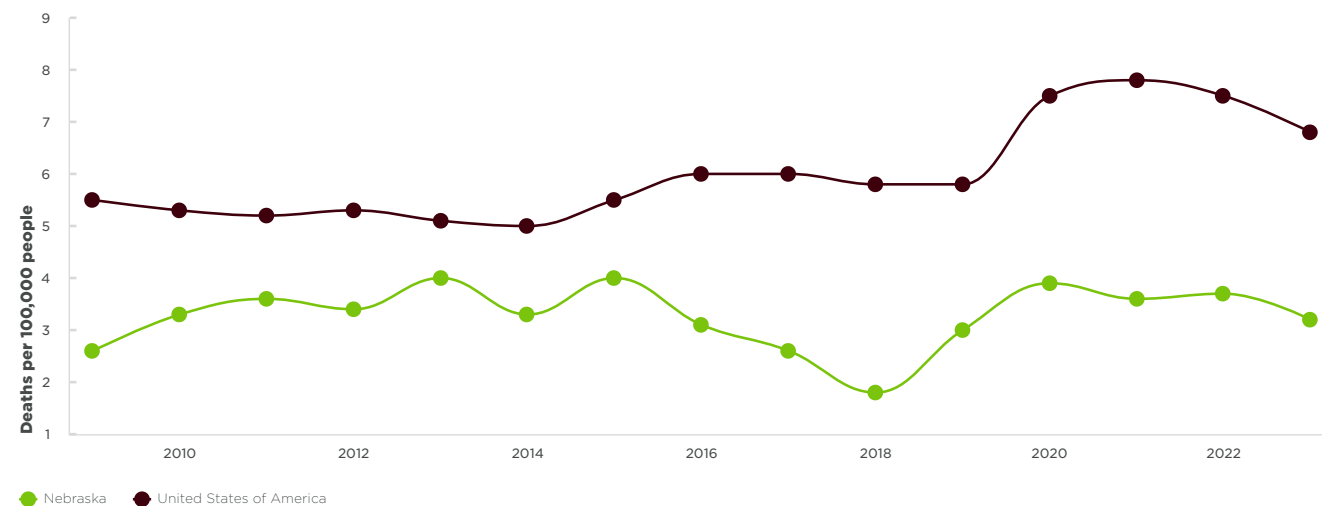


Sources: NHTSA FARS 2022

Community Safety

One common theme in the 2024 focus groups was that the district was a great place to raise a family, in part due to its low crime rate and family-oriented culture. Nebraska (3.7 deaths per 100,000 people) has a whole has a significantly lower homicide rate than the nation (7.5 deaths per 100,000 people). The district's violent crime rate is significantly lower than the states of 160 crimes per 100,000 people. Cherry County has the highest rate at 55 crimes per 100,000 people.

Homicides



Sources: CDC WONDER Cause of Death

Violent Crime Rates



Sources: FBI UCR

Learn more:

1. Sims, Jacqueline, and Rebekah Levine Coley. "Examining Economic Risks in Adolescents' Families, Neighborhoods, and Schools: Implications for Mental and Behavioral Health in Early Adulthood." *Journal of Adolescent Health*, vol. 70, no. 5, May 2022, pp. 774-80. ScienceDirect, <https://doi.org/10.1016/j.jadohealth.2021.11.020>.
2. Alves-Bradford, Jean-Marie, et al. "Mental Health Equity in the Twenty-First Century: Setting the Stage." *The Psychiatric Clinics of North America*, vol. 43, no. 3, Sept. 2020, pp. 415-28. PubMed, <https://doi.org/10.1016/j.psc.2020.05.001>.
3. CDC. "About Mental Health." Centers for Disease Control and Prevention, 28 June 2021, <https://www.cdc.gov/mentalhealth/learn/index.htm>.
4. McGuire, Thomas G., and Jeanne Miranda. "Racial and Ethnic Disparities in Mental Health Care: Evidence and Policy Implications." *Health Affairs (Project Hope)*, vol. 27, no. 2, Mar. 2008, pp. 393-403. PubMed Central, <https://doi.org/10.1377/hlthaff.27.2.393>.
5. CDC. "Prevention Strategies | Suicide." Centers for Disease Control and Prevention, 11 Oct. 2022, <https://www.cdc.gov/suicide/prevention/index.html>.
6. Shadloo, Behrang, et al. "Psychiatric Disorders Are Associated with an Increased Risk of Injuries: Data from the Iranian Mental Health Survey (IranMHS)." *Iranian Journal of Public Health*, vol. 45, no. 5, May 2016, pp. 623-35.
7. Cameron, Cate M., et al. "Mental Health: A Cause or Consequence of Injury? A Population-Based Matched Cohort Study." *BMC Public Health*, vol. 6, May 2006, p. 114. PubMed Central, <https://doi.org/10.1186/1471-2458-6-114>.
8. Stuart, Heather. "Violence and Mental Illness: An Overview." *World Psychiatry*, vol. 2, no. 2, June 2003, pp. 121-24.
9. Warshaw, Carole, and Phyllis Brashler. "Mental Health Treatment for Survivors of Intimate Partner Violence." *Intimate Partner Violence: A Health-Based Perspective*, edited by C Mitchell and D Anglin, Oxford University Press, 2009, pp. 335-87.
10. CDC. "Risk and Protective Factors | Violence Prevention | Injury Center." Centers for Disease Control and Prevention, 2 Mar. 2020, <https://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html>.



North Central District Health Department Community Health Assessment

Behavioral Health

Behavioral health is a broad term that encompasses the emotional, psychological, and social well-being of an individual or group. It includes a person's thoughts, feelings, and behaviors, as well as their ability to cope with stress and manage their emotions. One's behavioral health has vast impacts on their physical health.

Mental distress and poor health behaviors oftentimes are co-occurring disorders. According to the National Institute of Mental Health, substance use disorder (SUD) is a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Mental health issues, such as anxiety, depression, bipolar disorder, etc., can exacerbate substance misuse and vice versa. It is imperative to look at one's mental health alongside their behavioral health practices.

Mental Health

Strong relationships with other people can reduce mental health struggles. Connection within our community means more people know where to turn when they need help. These many forms of connection can improve our quality of life and even prevent death.

The NCDHD area is a mental health provider shortage area and only has one treatment and recovery center. In 2023, there was one health provider per 377 people in Nebraska. Holt County is the only county that came close to that at 441 residents per one provider. Pierce County comes in at 7,301 residents per provider. Nebraska drug overdose rates have climbed from 2.32 in 1999 to 11.4 in 2021 (age-adjusted deaths per 100,000). The need for behavioral health professionals is present; unfortunately, the professionals are in short supply.

Insufficient professional care makes health and wellness difficult.

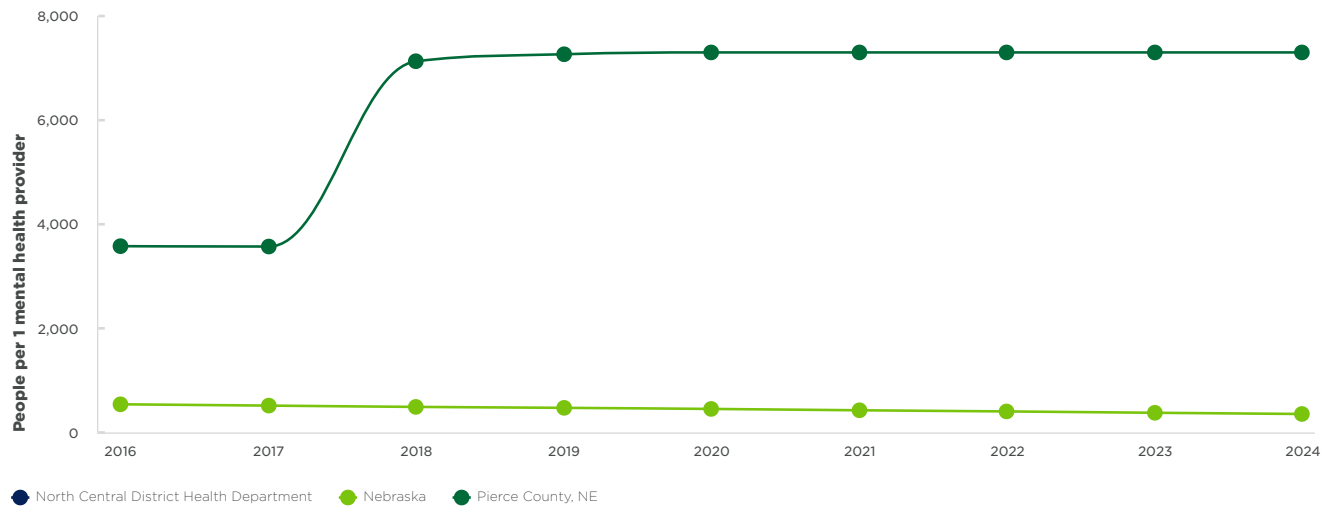
Substance Use

It's been shown that about half of individuals who have mental illness at some point in life will also struggle with a substance use disorder. By increasing the layers of support available for everyone in the community, including peer groups, professional help, and educating family and friends, people who struggle with substance use can find a path toward recovery.

Nebraska drug overdose rates have climbed from 2.32 people in 1999 to 11.4 people in 2021 (age-adjusted deaths per 100,000). Pierce County has 8.1 drug overdoses. Holt County has the only substance abuse treatment center in the district.

Mental Healthcare Environment

Mental Health Provider Ratio



Sources: NPPES NPI

Drug Overdose Deaths

Drug Overdose Death Rate
11.4
Age-adjusted deaths per 100,000 people
Nebraska

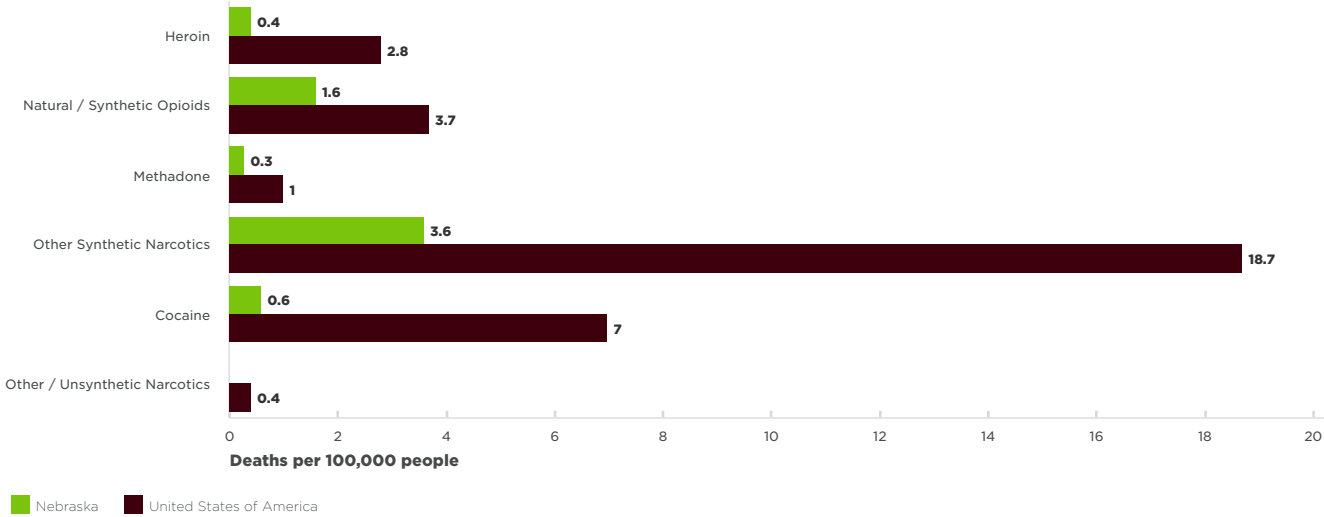
32.4
Age-adjusted deaths per 100,000 people
United States of America

Sources: CDC 2021

Geography	2021 Drug Overdose Death Rate
Antelope County, NE	6.7
Boyd County, NE	8.6
Brown County, NE	9.4
Cherry County, NE	9.7
Holt County, NE	6.9
Keya Paha County, NE	10.4
Knox County, NE	7.9
Pierce County, NE	8.1
Rock County, NE	9.2
Nebraska	11.4

Sources: CDC 2021

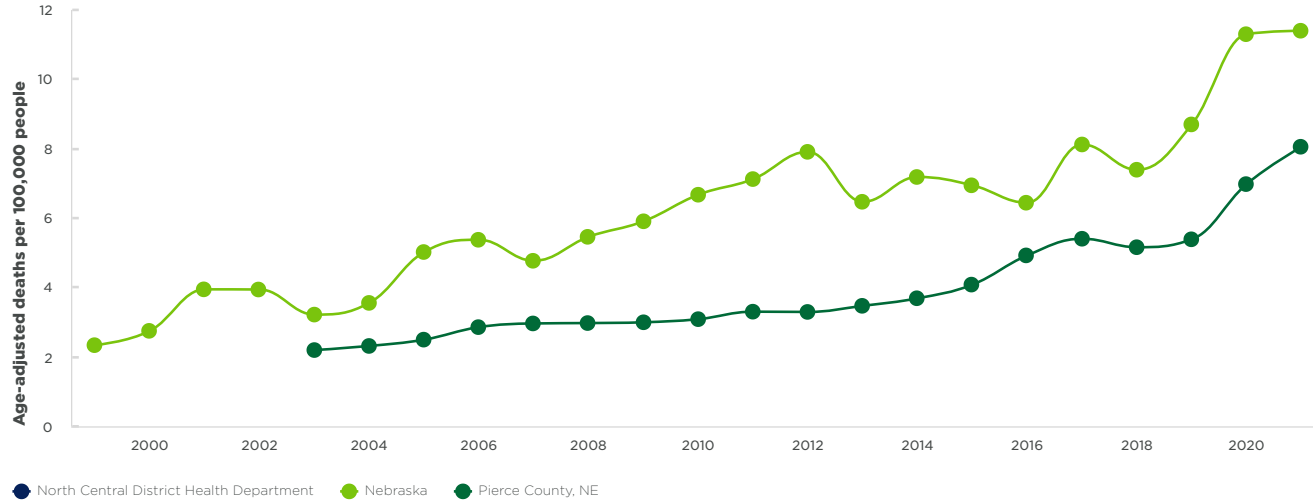
Drug Overdose Death by Involved Substance



Sources: CDC WONDER Cause of Death 2019-2023 Crude

Drug Overdose Death Rate Over Time

Drug Overdose Death Rate



Sources: CDC



North Central District Health Department Community Health Assessment

Youth Behavioral Health

The phrase "the youth are the future" is a common sentiment and in many ways true. Looking at the mental and behavioral health of our youth is vital to understanding not only the health of a community, but what the future health of a community might look like. Youth health starts at home. Youth need an active, engaged, and connected home life.

- **Life starts at home:**

- When asked, "During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?" 37.4% of youth said *always*, 19.2% said *most of the time*, 19.9% said *sometimes*, 10.7% said *rarely*, and 12.9% said *never*.
- When asked, "In the past 12 months, have your parents/ caregiver had a conversation with you on the harms of alcohol, inadequate nutrition, vaping, smoking/tobacco use marijuana, CBD (Cannabidiol products, Delta 8, etc.), inadequate sleep, social media, taking medication that is not yours, or illegal drugs?" 44.9% (222/495) reported *no conversation* was had in the last 12 months. Parents are most likely to talk to their kids about vaping 40.5% (199/450), alcohol 40.5% (193/450), social media 33.1% (164/450).

- **Parental health matters:**

- When asked, "Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?" 19.7% of students responded *yes*, while 80.3% said *no*.
- When asked, "Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?" 20.8% of youth responded *yes* and 79.2% said *no*.

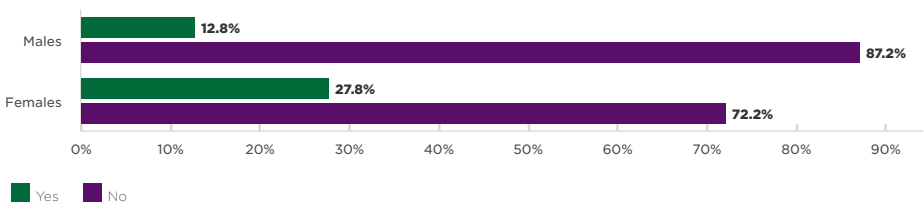
The below data is from the 2023 NCDHD Youth Risk Behavioral Survey oversample conducted in the district. It was completed by 9th-12th graders in the district.

Youth Mental Health

In the 2023 Youth Risk Behaviors Survey oversample conducted in the district, youth reported:

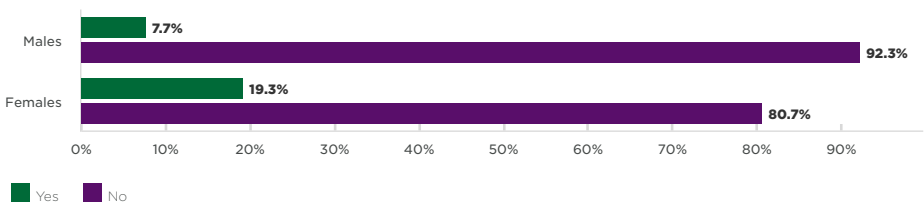
- **Sad or hopeless:** In the past 12 months, 12.8% of males and 27.8% of females reported feeling sad or hopeless for almost every day for two week or more in a row. Females are more likely to feel sad and hopeless.
- **Considered suicide:** In the past 12 months, 7.7% of males and 19.3% of females reported seriously considering attempting suicide. Females are more likely to seriously consider attempting suicide.
- **Planned suicide:** In the past 12 months, 7.3% of males and 10.4% of females reported planning how they would attempt suicide. Females are more likely to plan suicide.
- **Attempt suicide:** In the past 12 months, 1.4% of males and 5% of females reported they attempted suicide 1 time; 1% of males reported attempting suicide 2 or 3 times (females 1.4%), and 0.7% of males reported attempting suicide 4 or more times in the past 12 months (females 1.4%). Females are more likely to attempt suicide.
- **Attempted suicide resulting in injury:** In the past 12 months, 1.7% of males (1.8% of females) reported their attempted suicide resulted in an injury, poisoning, or overdose that had to be reacted by a doctor or nurse.

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?



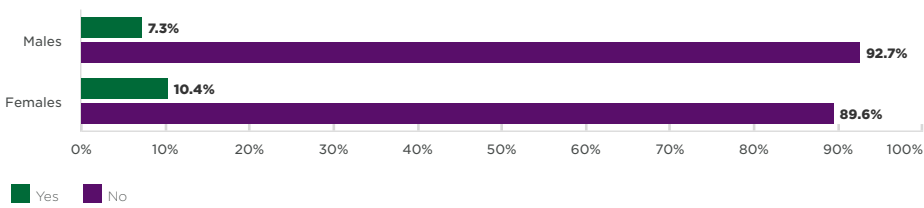
Source: NCDHD YRBS Oversample (2023)

During the past 12 months, did you ever seriously consider attempting suicide?



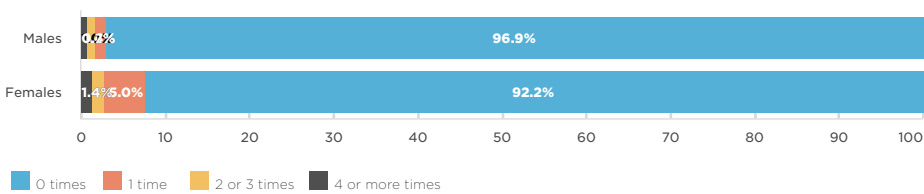
Source: NCDHD YRBS Oversample (2023)

During the past 12 months, did you make a plan about how you would attempt suicide?



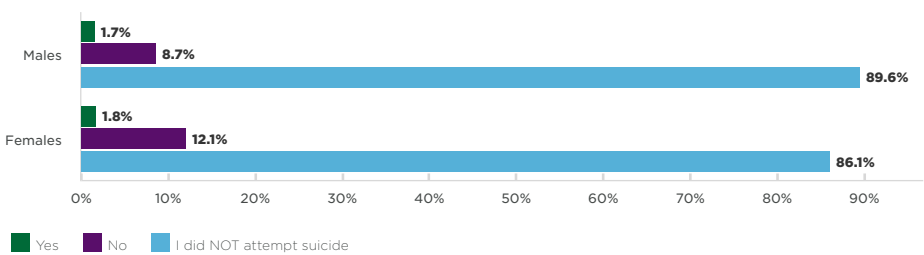
Source: NCDHD YRBS Oversample (2023)

During the past 12 months, how many times did you actually attempt suicide?



Source: NCDHD YRBS Oversample (2024)

If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?



Source: NCDHD YRBS Oversample (2023)

Youth Substance Use

- **Tobacco:**

- **Cigarettes:** Most students do not smoke cigarettes (96.5% of males and 99.6% of females). Males are more likely to smoke cigarettes than females.
- **E-Cigarette Use:** Most students have never used e-cigarettes in their lifetime (79.4% of males and 77.3% of females). Females are more likely to be current e-cigarette users, which means have used in the past 30-days. 7.1% of males are current e-cigarettes users and 10.8% of females are current users. Most current users got or

bought their e-cigarettes from a friend, family member, or someone else. Social access is a greater threat than retail access. E-cigarettes are the greatest threat to youth regarding tobacco delivery systems.

- **Chewing tobacco, snuff, dip, snus, or dissolvable tobacco products:** In the last 30 days, 6.3% of male students used smokeless tobacco. Females are much less likely to use such products (0.4%).

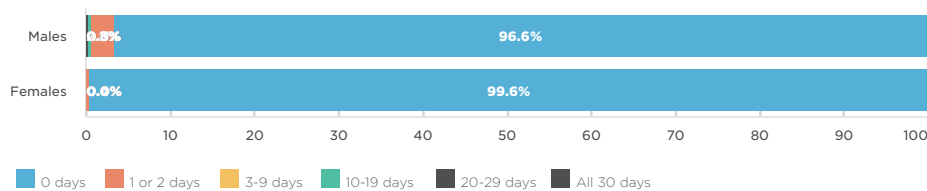
- **Alcohol:**

- **Alcohol is the most commonly used substance amongst youth**
- **Lifetime alcohol use:** 61.8% of youth have never used alcohol in their life
- **Age of first use:** 10.3% of youth had their first drink of alcohol before the age of 12. Only 1.8% of current drinkers had their first drink after the age of 15. This data suggested alcohol prevention and education must start by at least age 8.
- **Current alcohol users:** 85.5% of students are not current users (have used in the past 30 days), and of those who have used in the past 30 days, 8.9% only used one or two days of the month. Social access appears to be the main way youth are getting alcohol, as opposed to retail access.
- **Binge drinking:** Binge drinking is defined as on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row if you are male. Binge drinking is associated with high rates of risky behavior and harm. Males are more likely to binge drink 90.5% than females (96%), and therefore engage in risky behavior.

- **Other Drugs:**

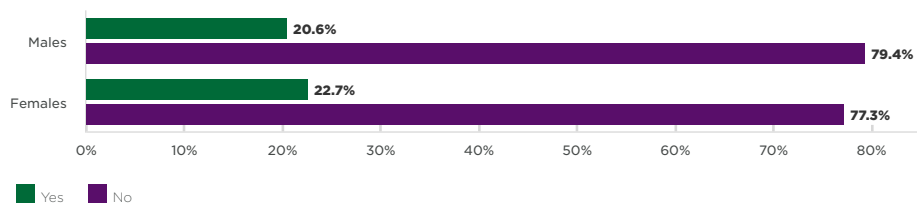
- Marijuana is the most commonly used substance other than alcohol and nicotine, with 10.9% of student using by their senior year.
- Other Illicit drugs use such as ecstasy, heroin, methamphetamine, etc. is minimal or obsolete.

During the past 30 days, on how many days did you smoke cigarettes?



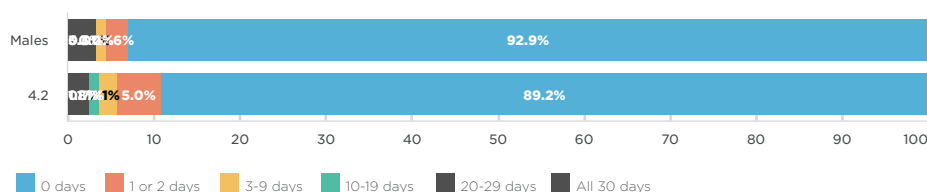
Source: NCDHD YRBS Oversample (2023)

Have you ever used an electronic vapor product?



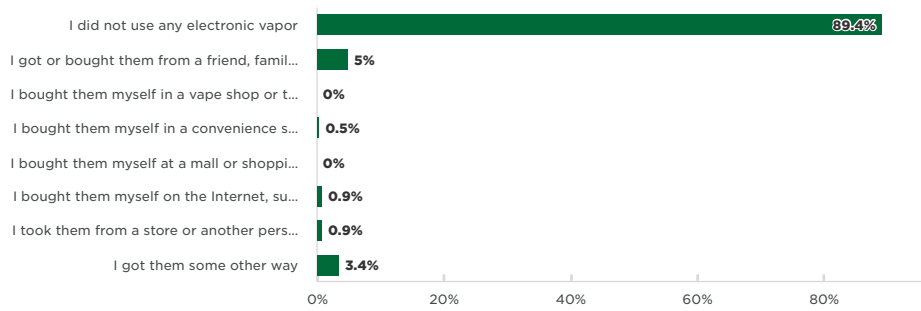
Source: NCDHD YRBS Oversample (2023)

During the past 30 days, on how many days did you use an electronic vapor product?



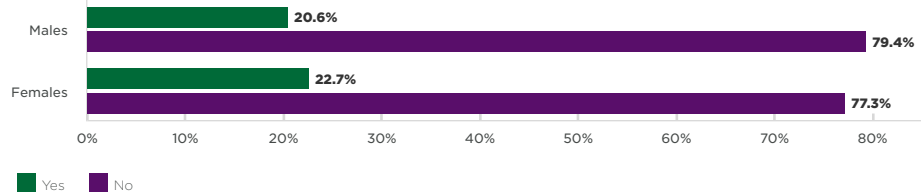
Source: NCDHD YRBS Oversample (2023)

During the past 30 days, how did you usually get your own electronic vapor products? (Select only one response.)



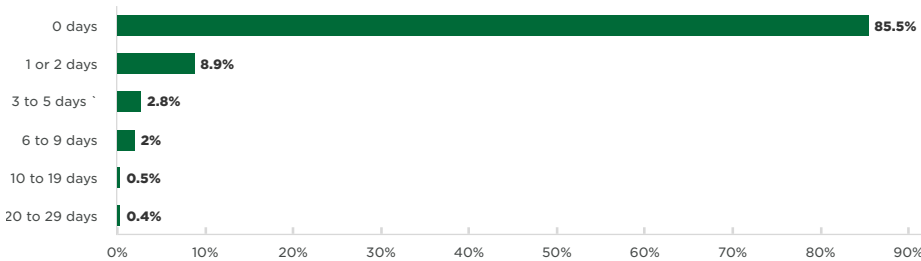
Source: NCDHD YRBS Oversample (2023)

Have you ever used an electronic vapor product?



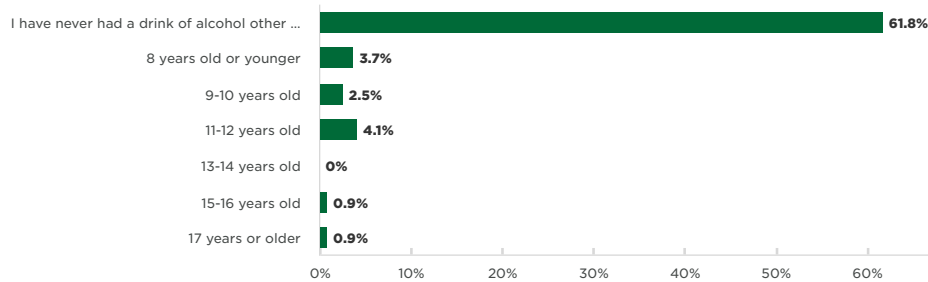
Source: NCDHD YRBS Oversample (2023)

During the past 30 days, on how many days did you have at least one drink of alcohol?



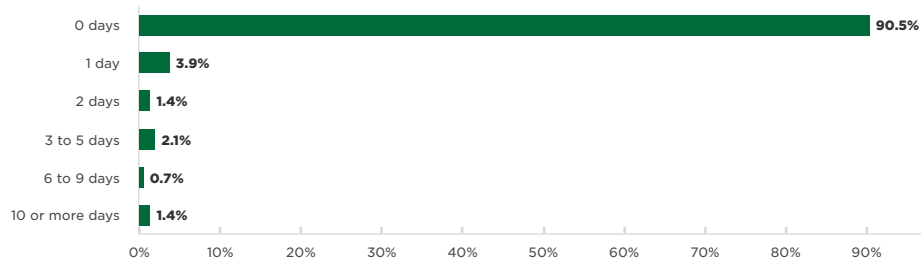
Source: NCDHD YRBS Oversample (2023)

How old were you when you had your first drink of alcohol other than a few sips?



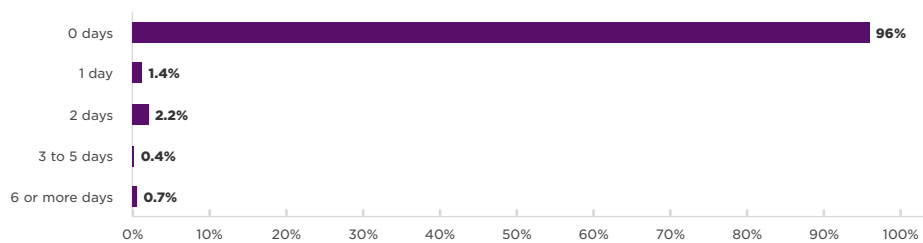
Source: NCDHD YRBS Oversample (2023)

MALES: During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row?



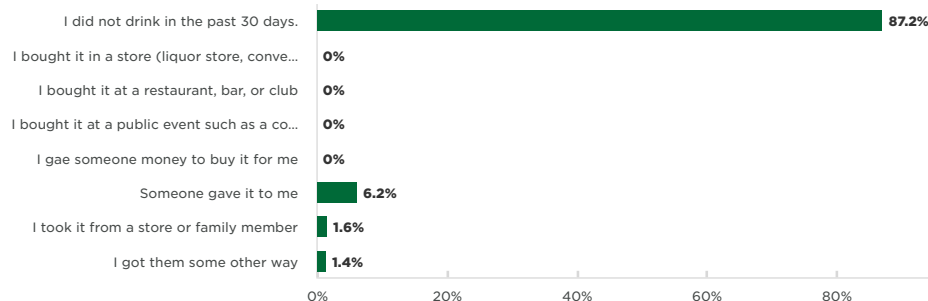
Source: NCDHD YRBS Oversample (2023)

FEMALES: During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row?



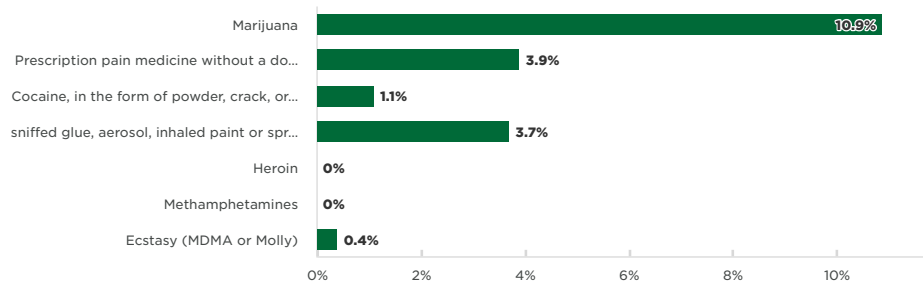
Source: NCDHD YRBS Oversample (2023)

During the past 30 days, how did you usually get the alcohol you drank?



Source: NCDHD YRBS Oversample (2023)

Have you ever used any of the below substances in your lifetime?



Source: NCDHD YRBS Oversample (2023)



North Central District Health Department Community Health Assessment

Mental Health Outcomes

Being mentally well allows us to complete daily tasks, succeed in school or at work, make other healthy choices, and form strong relationships. It's important to remember that anyone can experience poor mental health throughout life, even without being diagnosed with a mental illness.

In 2022, 13.8% of adults in north central Nebraska reported having poor mental health (14.1% Nebraska average) and 17.2% have been diagnosed with depression (17.7% Nebraska average). Pierce County adult rate of poor mental health is 13.6%. Consequentially, 17.6% have been diagnosed with depression as adults.

Less access to mental health services, lower quality of care providers, and high cost of treatment are all factors that go into a community's mental wellness. When our mental health suffers for short or long periods of time, it affects the rest of our life. Treating mental health equal to physical health starts with prevention efforts. This could mean more education or addressing foundational issues that can lead to poor mental health, including job loss or struggling to pay for basic needs. Making sure everyone has equal access to the right care at the right time can stop poor mental health from becoming worse. Better access to mental health care and substance abuse treatment was a common theme in the community health survey results.

Overview



Poor Mental Health

13.8%

Adults

North Central District Health Department

14.1%

Adults

Nebraska

Diagnosed Depression

17.2%

Adults

North Central District Health Department

17.7%

Adults

Nebraska

Sources: CDC BRFSS PLACES 2022

Geography	2022 Poor Mental Health Among Adults	2022 Diagnosed Depression Among Adults
	▲ ▼	▲ ▼
Antelope County, NE	13.1%	16.6%
Boyd County, NE	12.6%	15.6%
Brown County, NE	13.4%	17.6%
Cherry County, NE	15.2%	18.1%
Holt County, NE	13.4%	16.3%
Keya Paha County, NE	11.8%	15.6%
Knox County, NE	13.9%	17%
Pierce County, NE	13.6%	17.6%
Rock County, NE	12.9%	16.7%
North Central District Health Department	13.8%	17.2%
Nebraska	14.1%	17.7%

Sources: CDC BRFSS PLACES 2022

Sleep

Sleep is needed to recharge the brain and body, and without enough sleep a person is more likely to struggle with mental health challenges. Getting enough sleep helps us control our emotions and behaviors, and poor sleep makes it even more challenging to handle the stress life brings. Sleep health is an often-overlooked way we can improve health outcomes and our quality of life, but making a difference requires addressing the causes of people getting too little sleep. Shift work, drinking caffeine or alcohol, mental health conditions, too much noise or light, and the inability to control the temperature where you sleep all have an impact. At least one of these factors may be a reality for many people in our community. Insufficient sleep is defined at less than 7 hours of sleep a night for adults. In Nebraska, 31.4% of adults get insufficient sleep; that percentage falls slightly to 30.8% when looking at north central Nebraska. It is not surprising to see that 33% of Cherry County adults report insufficient sleep when we previously saw Cherry County had the highest rates of adults with poor and the highest rates of diagnosed depression amongst adults in the district.



Less Than 7 Hours Sleep

30.8%

Adults

North Central District Health Department

31.4%

Adults

Nebraska

Sources: CDC BRFSS PLACES 2022

<div> <div> <div>▲</div> <div>▼</div> </div> <div>Geography</div> </div>	<div> <div> <div>2022</div> <div>Less Than 7 Hours Sleep Among Adults</div> </div> <div>▲</div> <div>▼</div> </div>
Antelope County, NE	28.3%
Boyd County, NE	27.9%
Brown County, NE	31.4%
Cherry County, NE	33%
Holt County, NE	32.2%
Keya Paha County, NE	27.7%
Knox County, NE	30.9%
Pierce County, NE	28.6%
Rock County, NE	31.2%
North Central District Health Department	30.8%
Nebraska	31.4%

Sources: CDC BRFSS PLACES 2022

Loneliness

Social isolation comes with serious risks, including higher rates of depression and early death. One study says that loneliness and social isolation are twice as harmful to our physical and mental health than obesity. This problem affects everyone, no matter their age. Youth who aren't connected to our community have an increased risk of violence, substance use, and may struggle in school or work. Our aging parents and grandparents who live alone are at an even higher risk. Isolation may also be caused by other barriers, such as speaking a different language than your neighbors. Providing more chances for people of all ages to connect through community programs or other resources can help keep everyone in our community feeling cared for and connected.

Loneliness of youth ages 16 to 19 is often measured by determining the number of disconnect youth, that is not enrolled in school and not employed/ in the labor force. "Unemployed" youth are currently without a job but actively looking for work. 1.1% of 16-19-year olds in north central Nebraska can be categorized as not enrolled in school and unemployed. This percentage is the highest in Antelope County at 4.4%. "Not in the labor force" means youth are not currently employed and are not actively seeking employment. In the district, 4.2% of 16-19 year olds qualify as not enrolled in school and not in the labor force (2.8% Nebraska), with Cherry County ranking the highest at 12.6%, followed by Keya Paha County at 7.1%. Boyd, Brown, and Rock all have 0% in both categories.

Overview



Seniors Living Alone

29.6%

People age 65+

North Central District Health Department

30.2%

People age 65+

Nebraska

Language Isolation: Limited English Speaking Households

0.8%

Households

North Central District Health Department

2.5%

Households

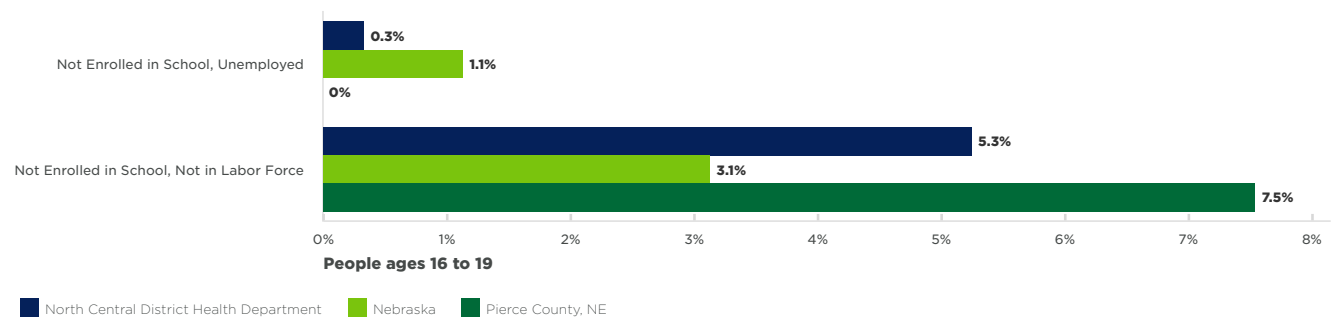
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Seniors Living Alone	2019-2023 Language Isolation
Antelope County, NE	31.7%	0.6%
Boyd County, NE	22.6%	0.3%
Brown County, NE	49%	1.3%
Cherry County, NE	33.2%	0%
Holt County, NE	29%	1.6%
Keya Paha County, NE	24.5%	0%
Knox County, NE	25%	0.2%
Pierce County, NE	25.3%	1%
Rock County, NE	29.5%	0.7%
North Central District Health Department	29.6%	0.8%
Nebraska	30.2%	2.5%

Sources: US Census Bureau ACS 5-year 2019-2023

Disconnected Youth



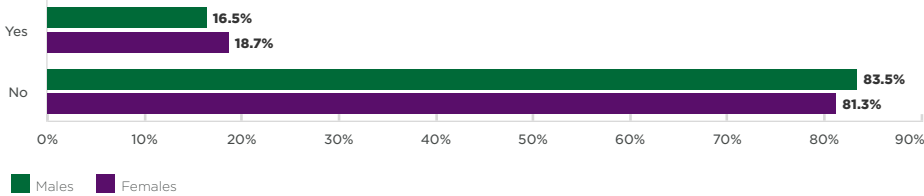
Sources: US Census Bureau ACS 5-year 2019-2023

Bullying

Bullying is the most widespread form of youth violence and needs our attention. People who bully, victims, and bystanders are all negatively impacted by this trauma. It can lead to low self-esteem, self-harm, depression, struggles in school, and long-term effects on a person's life. For those who already struggle with mental health, behavioral health, or social isolation, bullying only makes it worse. Our community's response needs to include increased prevention of bullying as well as better support and intervention for youth who have experienced or witnessed bullying.

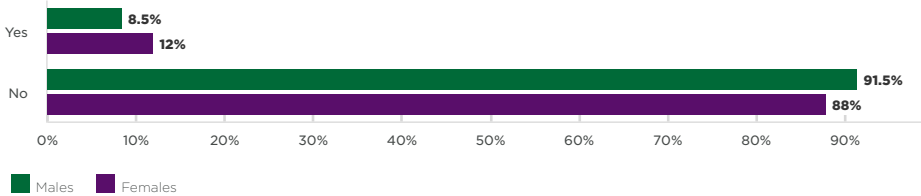
The 2023 Youth Risk Behavioral Survey oversample provides a wealth of youth bullying data. It appears that more students are bullied on school property than off school property, women are more likely to be bullied in all categories (electronically, gender, size, physical appearance, etc.).

During the past 12 months, have you ever been bullied ON school property?



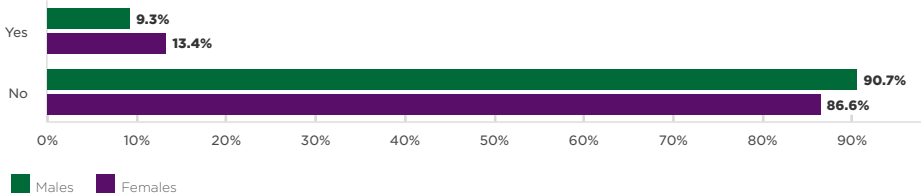
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been bullied when you were NOT on school property, such as on your way to or from school or wherever you spend your free time?



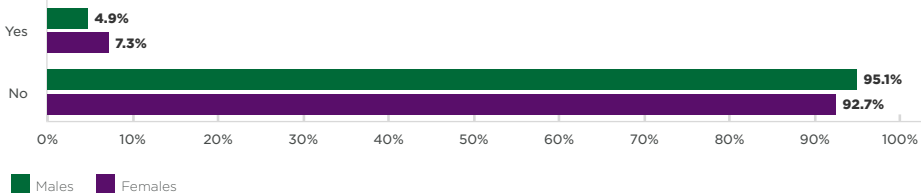
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)



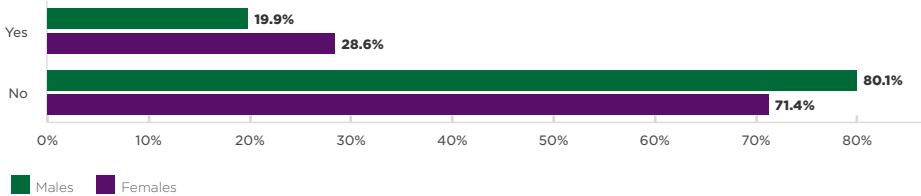
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?



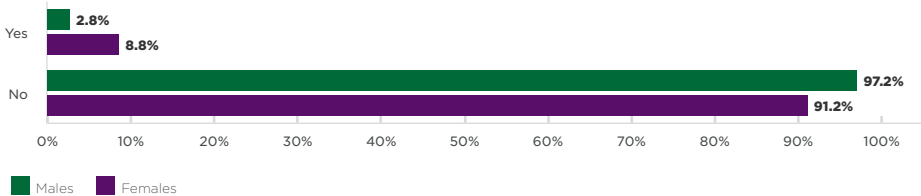
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been the victim of teasing or name calling because of your weight, size, or physical appearance?



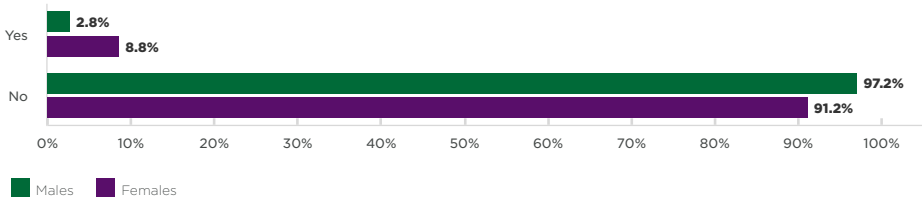
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been the victim of teasing or name calling because of your gender?



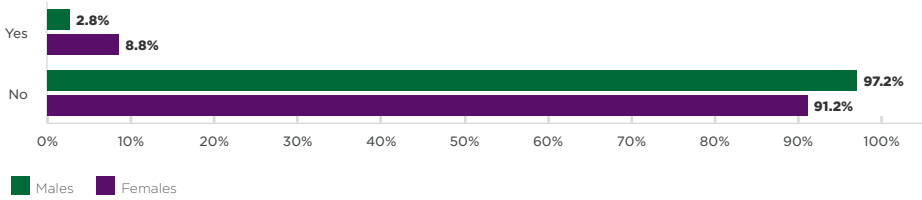
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been the victim of teasing or name calling because of your race or ethnic background?

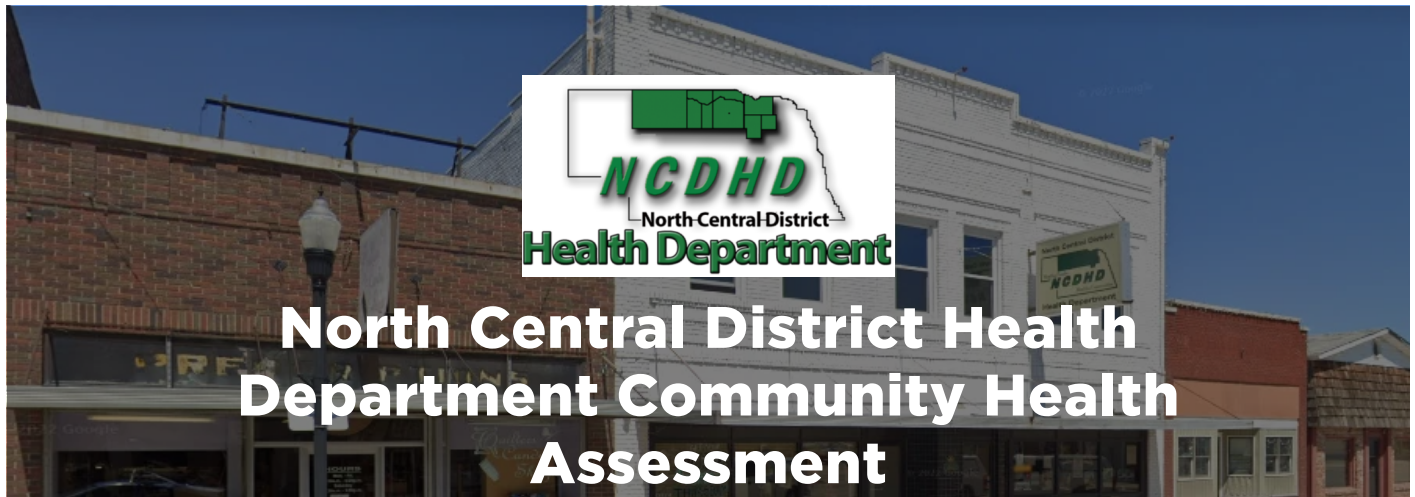


Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been the victim of teasing or name calling because of your race or ethnic background?



Source: 2024 NCDHD YRBS Oversample



Behavioral Health Deaths

Behavioral health deaths include death by suicide and drug overdose. These types of deaths have steadily increased across the national as well as in Nebraska.

Drug overdose deaths have steadily increased from 2003 to 2021 in Nebraska and in north central Nebraska. In 2003 the age-adjusted deaths per 100,000 people in Nebraska was 3.2 and grew to 11.4 in 2021. In 2021, Pierce County has 8.1 overdose deaths per 100,000 people.

Suicide death rates in Nebraska (15.5) have surpassed the national average of 14.8 deaths per 100,000 people in 2022. In Nebraska, men carry the majority of the burden, with a suicide death rate of 42.2, compared to their female counterpart's suicide death rate of 10.6. In Nebraska, the age category at greatest risks for death by suicide is 45-54 (21.6) followed closely by 25-34 (21.3) and 35-44 (20.5). Native Americans (35.7) are significantly more likely than any other ethnic group to die by suicide: White (16.7), African American (8.5), Hispanic (8), and Asian (0).

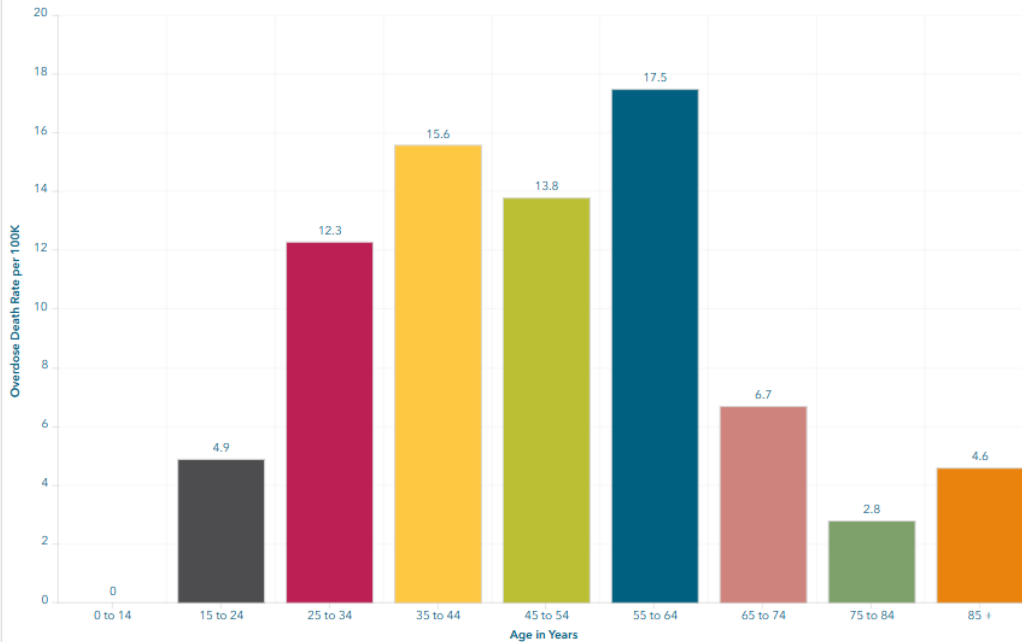
Nebraska Department of Health and Human Services Dashboard [↗]:

DHHS's Overdose Dashboard has information on overdose death rates specific to each Health Department. NCDHD's area currently has no overdose deaths; however, there have been suspected overdoses in the district. A closer look at how deaths are being categorized would shed light on the situation.

provided for context. Columns with no label indicated suppressed data.

department name (to the left) to view different regions.

Cumulative Overdose Death Rate, 2015 to 2020

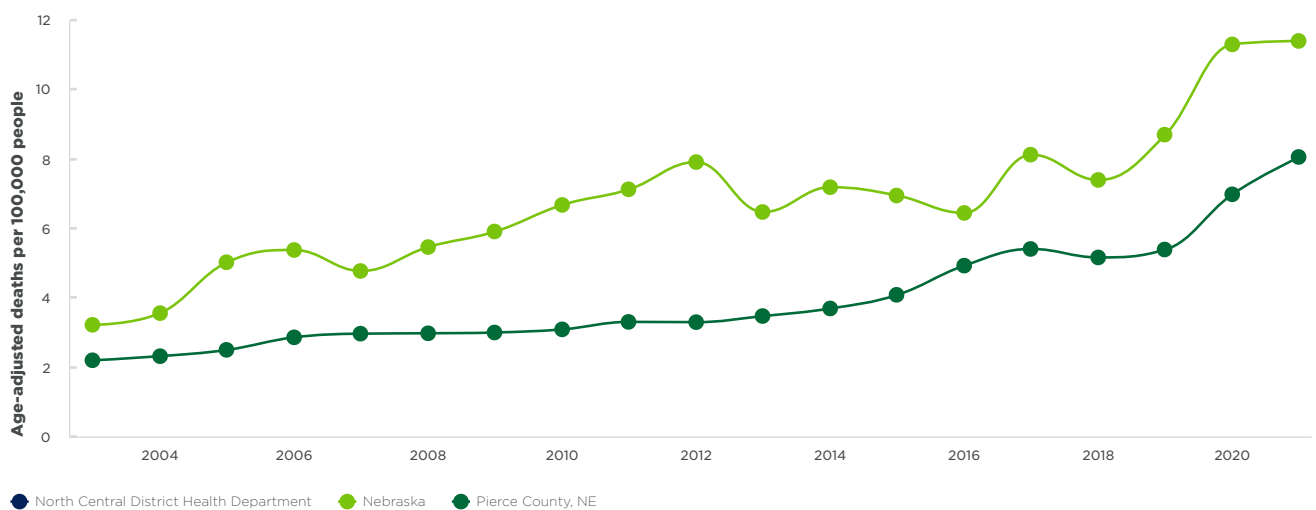


Rates provided for groups with numbers less than 20 may be unpredictable; they are provided for context and should be used with caution. No value in the graph indicates the data has been suppressed.

- Nebraska**
- Central District
- Dakota County
- Douglas County
- East Central
- Elkhorn Logan Valley
- Four Corners
- Lincoln-Lancaster Co
- Loup Basin
- North Central
- Northeast
- Panhandle
- Public Health Solutions
- Sarpy-Cass
- South Heartland
- Southeast
- Southwest
- Three Rivers
- Two Rivers
- West Central

Drug Overdose Death Rate

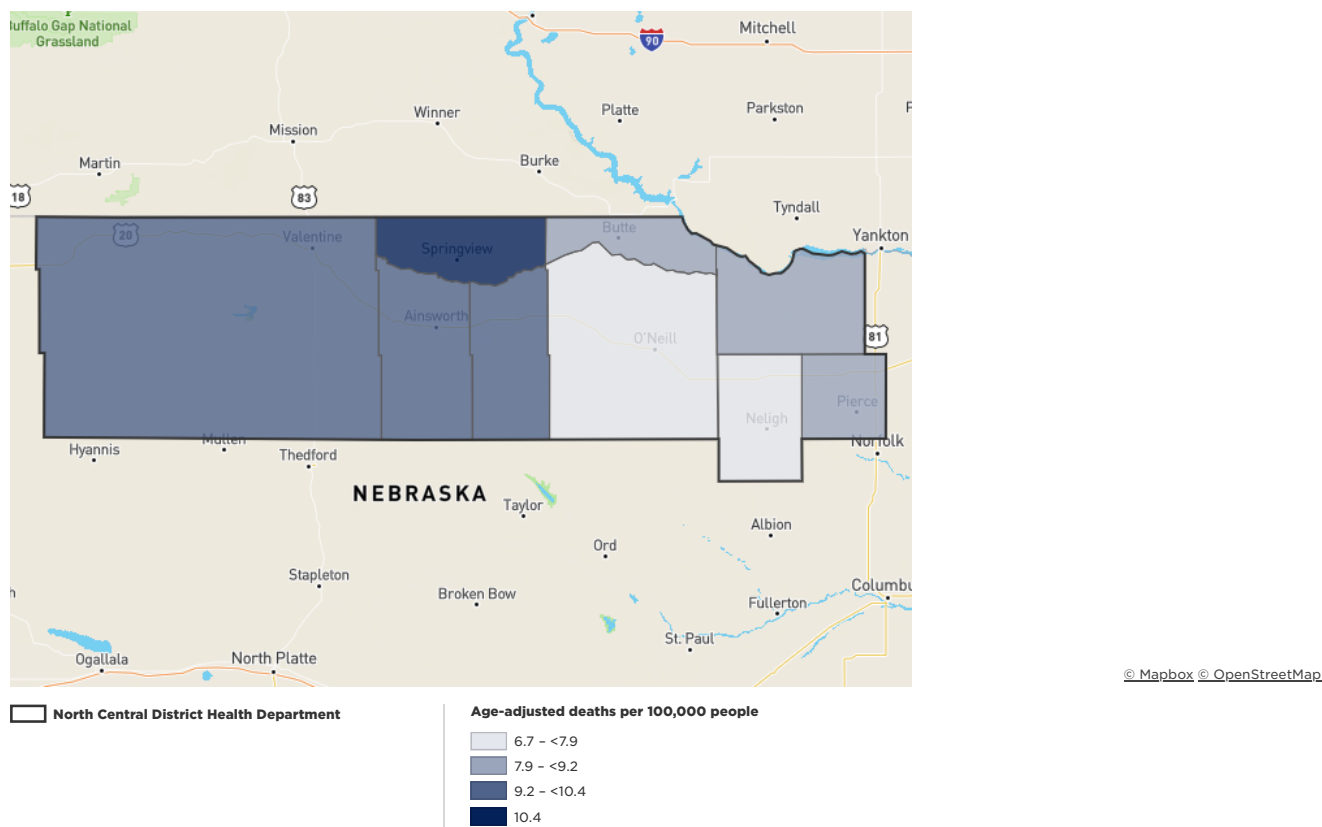
Drug Overdose Death Rate



Sources: CDC

Map: Drug Overdose Death Rate by County

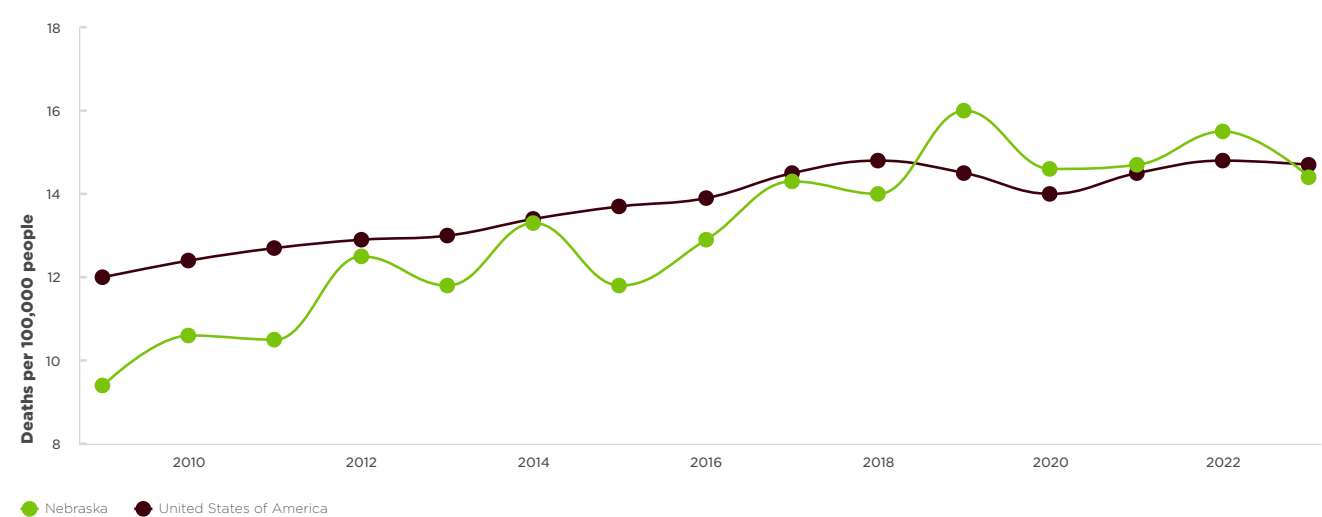
Drug Overdose Death Rate



Sources: CDC 2021

Suicide Death Rate

Suicide Death Rate



Sources: CDC WONDER Cause of Death

Suicide Death Rate by Sex



Suicide Death Rate Among Females

4.7

Deaths per 100,000 people
Nebraska

6.1

Deaths per 100,000 people
United States of America

Suicide Death Rate Among Males

23.9

Deaths per 100,000 people
Nebraska

23.6

Deaths per 100,000 people
United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

Suicide Death Rate by Age

Suicide Death Rate by Age

◆ Data Sources	Nebraska ◆	United States of America ◆
2019-2023 Age Adj Age 1-14	1	1
2019-2023 Age Adj Age 15-24	15.7	14.1
2019-2023 Age Adj Age 25-34	21.3	18.6
2019-2023 Age Adj Age 35-44	22	18.3
2019-2023 Age Adj Age 45-54	22	18.8
2019-2023 Age Adj Age 55-64	19.1	18.1
2019-2023 Age Adj Age 65-74	13.2	15.4
2019-2023 Age Adj Age 75-84	14	19.3
2019-2023 Age Adj Age 85+	15.3	21.8

Sources: CDC WONDER Cause of Death 2019-2023 Age Adj

Deaths per 100,000 people within each age range

Suicide Death Rate by Race & Ethnicity

Suicide Death Rate by Race & Ethnicity

◆ Data Sources	Nebraska ◆	United States of America ◆
2019-2023 Crude Asian	7.9	7
2019-2023 Crude Black or African American	10.3	8.5
2019-2023 Crude Hispanic or Latino	7.9	7.7
2019-2023 Crude Native American	43.1	25.1
2019-2023 Crude White	16.6	18.8

Sources: CDC WONDER Cause of Death 2019-2023 Crude

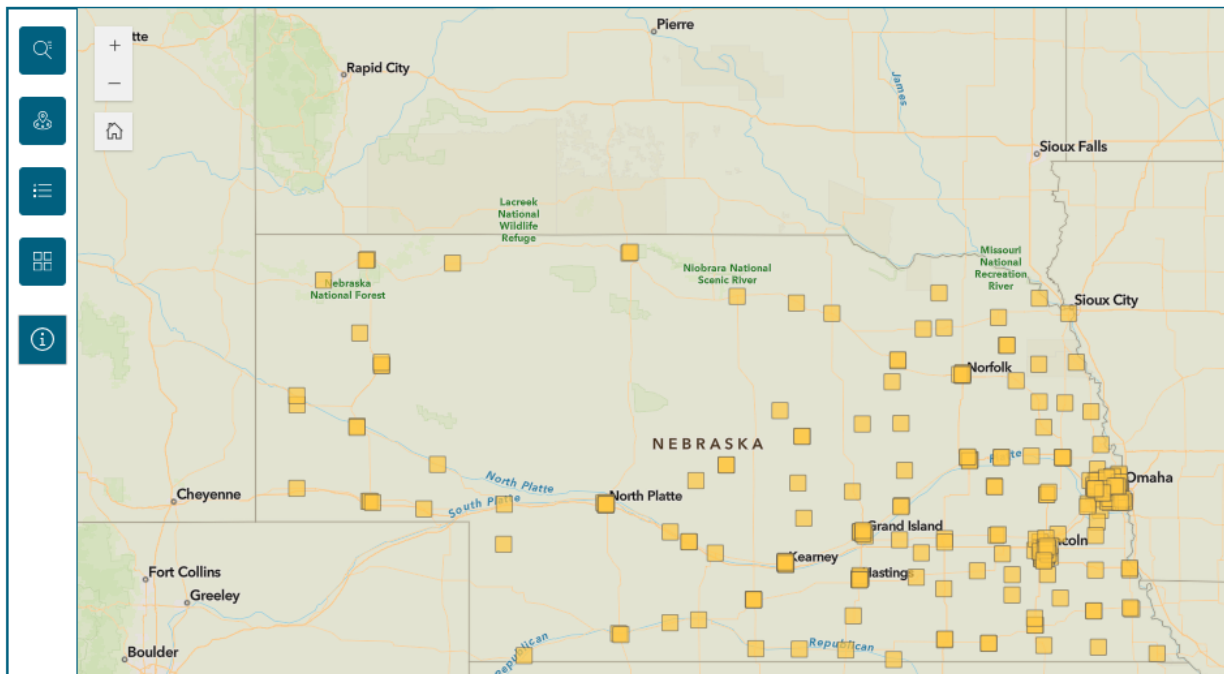
Age-adjusted deaths per 100,000 people within each group

Note: All groups are not Hispanic or Latino unless otherwise listed.

Strategies to Address Overdose and Suicide Deaths:

- **Social Access Reduction:** One way to avoid suicide and/or overdose deaths is to dispose of unused medications appropriately. The DHHS Dashboard has all the available [prescription drug take back locations](#) in the state.

- **Treatment and Recovery:** Another way to avoid suicide and/or overdose deaths is to seeking professional help. The DHHS Dashboard has all the available [treatment and recovery facilities](#) in the state.
- **Prepare to Respond:** Another way to avoid suicide and/or overdose deaths is be prepared to administer Narcan or Naloxone to someone who is unresponsive. The DHHS Dashboard has all the [available free Naloxone](#) providers in the state.
- **Lock Boxes:** An effective way top prevention others' access to one's prescription medication and/or firearms is to lock them up. Many people can rationalize why it is important to lock up a firearm; however, fail to imagine someone they know and trust taking their prescription medication. This is also an effective way to avoid an accidental poisoning by a child. Contact your local health department or Region Behavioral Health System for free lock boxes.

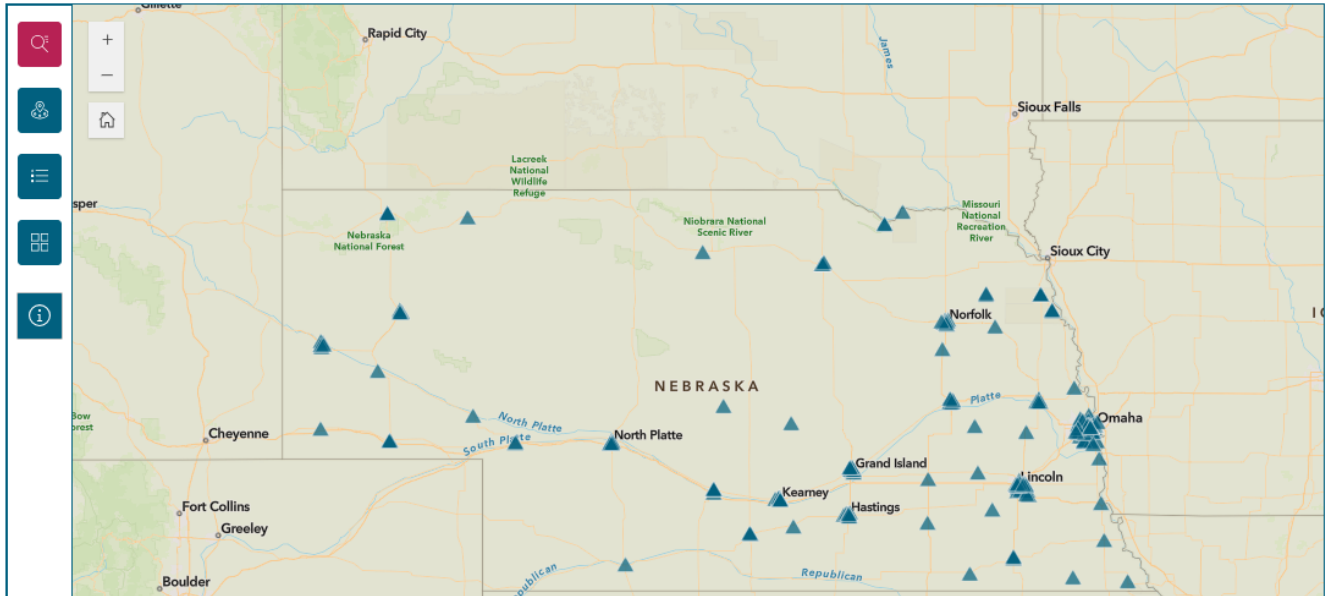


Drug Take Back Sites

Free Naloxone Providers

MOUD Providers

Treatment & Recovery

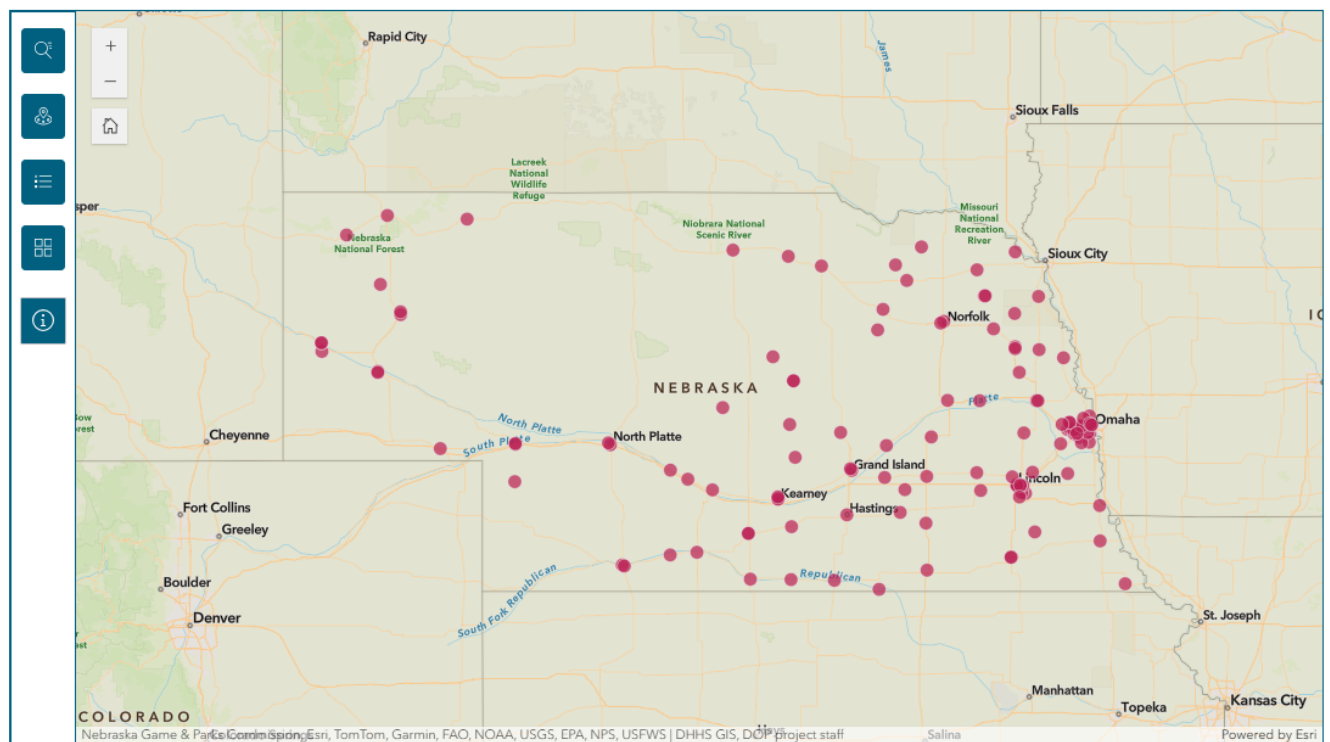


Drug Take Back Sites

Free Naloxone Providers

MOUD Providers

Treatment & Recovery





North Central District Health Department Community Health Assessment

The Intersection Between Mental Health and Substance Misuse

Opioids aggravate existing social, economic, and personal challenges across all types of communities. A resident may have opioid use disorder if they have a compulsive urge to use opioids, even if not medically necessary.

Substance use disorders are a consequence of complicated relationships between genetics and psychological and environmental conditions. Because of this, the indicators below will not be comprehensive, but they will help your community begin to address conditions that make opioid addiction more likely.

In this report, we'll examine key aspects of vulnerability to opioid-related substance use disorder in our community, including:

- **Mental Health-** 13.8% of adults reported poor mental health in 2022 and 30.8% reported insufficient sleep.
- **Hopelessness-** Populations struggling financially oftentimes report a sense of hopelessness. In north central Nebraska, 10.4% of people live below the poverty line and 3.1% are unemployed.
- **Social Isolation-** In Nebraska, 14.3% of households do not have internet access and 10.3% lack a home computer.
- **Behaviors-** 15.46% of adults in NCDHD smoke regularly and 17.9% binge drink.
- **Drug Overdose Death Rates-** Nebraska drug overdose rates have climbed from 2.32 people in 1999 to 11.4 people in 2021 (age-adjusted deaths per 100,000). The counties with the highest drug overdose rates in 2021 were Keya Paha (10.4), Cherry (9.7), Brown, (9.4), and Rock (9.2). The lowest counties were Holt (6.9) and Antelope (6.7). Holt county has the highest rate of mental health providers per resident and Antelope County ranks in the top 4. Holt County also has the only substance abuse treatment center in the district.

Mental Health

At their core, opioids give people a temporary refuge from their physical and/or psychological pain. Opioid tolerance and dependence can develop after [just five days](#)[Ⓔ], and people with an untreated psychiatric disorder are at [greater risk](#)[Ⓔ] for developing opioid addiction.



Poor Mental Health Among Adults

13.8%

People

North Central District Health Department

14.1%

People

Nebraska



Less Than 7 Hours Sleep Among Adults

30.8%

People

North Central District Health Department

31.4%

People

Nebraska

Sources: CDC BRFSS PLACES 2022

Geography	2022 Poor Mental Health Among Adults	2022 Less Than 7 Hours Sleep Among Adults
Antelope County, NE	13.1%	28.3%
Boyd County, NE	12.6%	27.9%
Brown County, NE	13.4%	31.4%
Cherry County, NE	15.2%	33%
Holt County, NE	13.4%	32.2%
Keya Paha County, NE	11.8%	27.7%
Knox County, NE	13.9%	30.9%
Pierce County, NE	13.6%	28.6%
Rock County, NE	12.9%	31.2%
North Central District Health Department	13.8%	30.8%
Nebraska	14.1%	31.4%

Sources: CDC BRFSS PLACES 2022

Hopelessness

Some psychological pain is community-wide. These measures help identify hopelessness in situations where getting ahead seems impossible.

These indicators [contribute to poor mental health](#) and lack of sleep.

Hopelessness

Geography	2019-2023 People Below Poverty Level	2019-2023 Unemployment Rate
North Central District Health Department	10.3%	1.9%
Nebraska	10.3%	3%
Pierce County, NE	8%	2.2%

Sources: US Census Bureau ACS 5-year 2019-2023

Social Isolation

Social isolation can create and feed into feelings of hopelessness and build the perception that no one cares or wants to help. Lacking digital connectivity in a digital world can increase that sense of isolation.

In Nebraska, 14.3% of households do not have internet access and 10.3% lack a home computer.

Internet and Computer Access

No Internet Access

12.5%

of total households

North Central District Health Department

7.5%

of total households

Nebraska

10.6%

of total households

Pierce County, NE

No Computer

9%

of total households

North Central District Health Department

5.4%

of total households

Nebraska

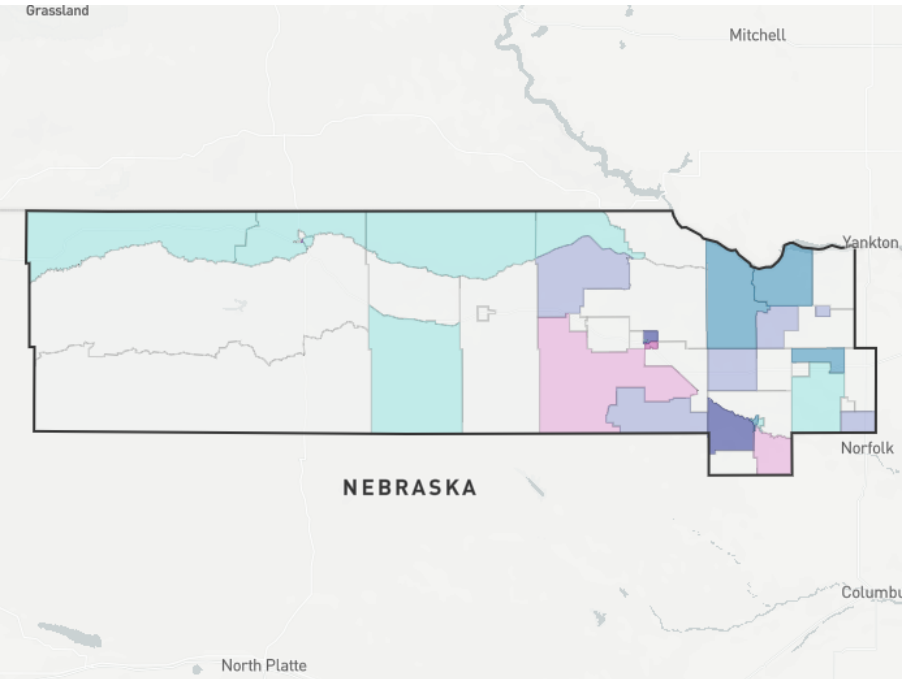
7.9%

of total households

Pierce County, NE

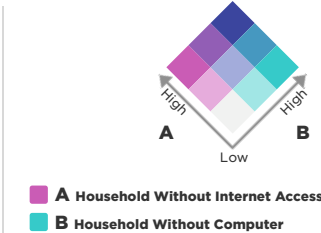
Sources: US Census Bureau ACS 5-year 2019-2023

Dark Purple: Overlapping Households without Internet Access and Computers



© Mapbox © OpenStreetMap

 North Central District Health Department



Sources: US Census Bureau ACS 5-year 2019-2023

Households With Only Cellular Functionality

With Only Cellular Internet

17.6%

of total households

North Central District Health Department

11.7%

of total households

Nebraska

17.2%

of total households

Pierce County, NE

With Only Smartphone Device

11.3%

of total households

North Central District Health Department

9.5%

of total households

Nebraska

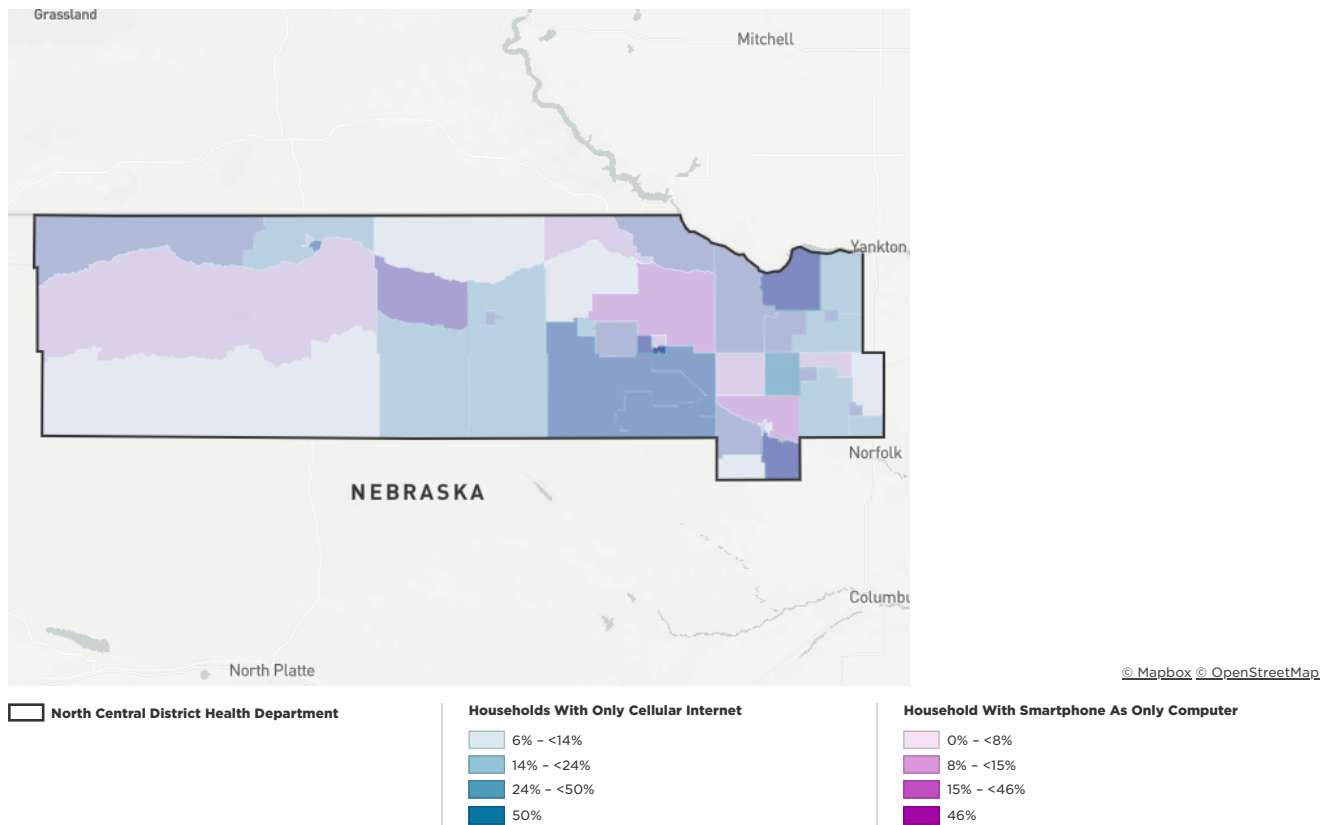
10.1%

of total households

Pierce County, NE

Sources: US Census Bureau ACS 5-year 2019-2023

Dark Purple: Overlapping Households With Only Cellular Internet And Smartphones As Only Computer



Sources: US Census Bureau ACS 5-year 2019-2023

Behaviors

Isolation and hopelessness are informed by and interact with residents' behaviors, including risk-taking such as criminal activity. With opioids, tobacco use is a key behavior that increases the risk for addiction.

Nicotine provides short-term pain relief, but smoking may lead to [more intense chronic pain](#) over time. Tobacco use is more common among people who use prescription opioids for nonmedical purposes.

Smoke Regularly

15.46%

of Adults

North Central District Health Department

14.95%

of Adults

Nebraska

Binge Drinking Among Adults

17.9%

People

North Central District Health Department

20.6%

People

Nebraska

Sources: CDC BRFSS PLACES 2021

Geography	2022 Regular Smoking Among Adults	2022 Binge Drinking Among Adults
	▲ ▼	▲ ▼
North Central District Health Department	15.7%	17.6%
Nebraska	14.2%	19.2%
Pierce County, NE	14.2%	19.2%

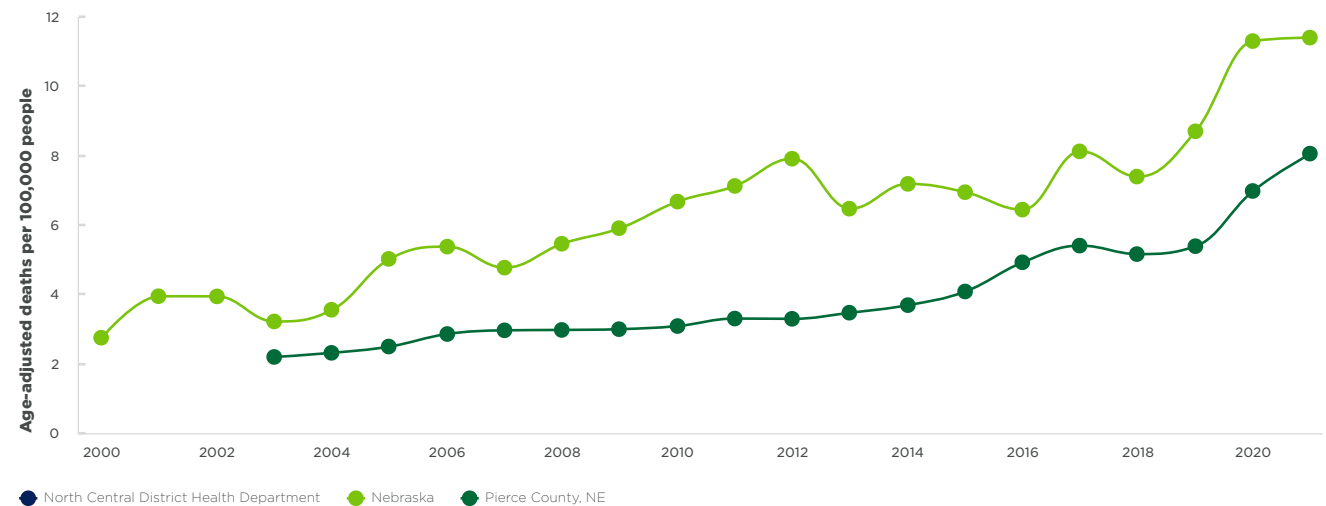
Sources: CDC BRFSS PLACES 2022

Outcomes

For too many, the ultimate outcome of substance use disorder is death. Once people can no longer access prescription opioids, they often turn to illegal substances which may be laced with substances that could create a dependence on other types of drugs or cause an accidental overdose.

Opioid and other drug use rise and fall together. With the potential to form addictions to other substances, limiting overdose deaths to opioids obscures the total impact of opioid use disorder.

Age-Adjusted Drug Overdose Death Rate



Sources: CDC

Time Range: 2000-2021



North Central District Health Department Community Health Assessment

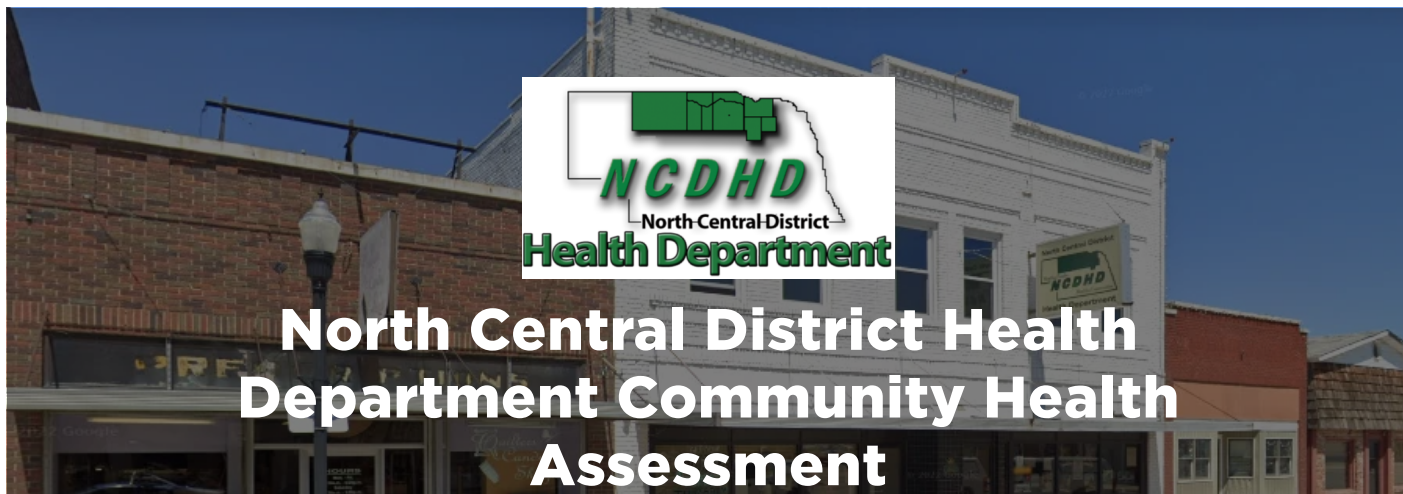
Environmental Health

The air we breathe, the safety of our homes, and the quality of our water all play a crucial role in our health. Poor air quality—caused by things like heavy traffic or wildfires—can have serious impacts, especially in certain areas.

The safety and quality of one's home can also affect their health. Unsafe housing with structural issues or hazards like lead paint can pose significant health risks. Unsafe homes can affect everything from childhood development to long-term well-being.

Water quality is just as important. Contaminated water, often overlooked, can be a hidden cause of chronic and acute diseases, making clean water access essential for a healthy life.

By addressing these foundational needs—clean air, safe housing, and uncontaminated water—we can ensure everyone has the opportunity to live in a healthier environment.



Lead Exposure

Homes that are unsafe put people's health at risk. Safety is more than lack of crime in a neighborhood—it includes the physical structure of the home and whether or not it's safe to be there every day. Unsafe homes, such as those with lead paint, may have negative effects on childhood development and can lead to many long-term health issues.

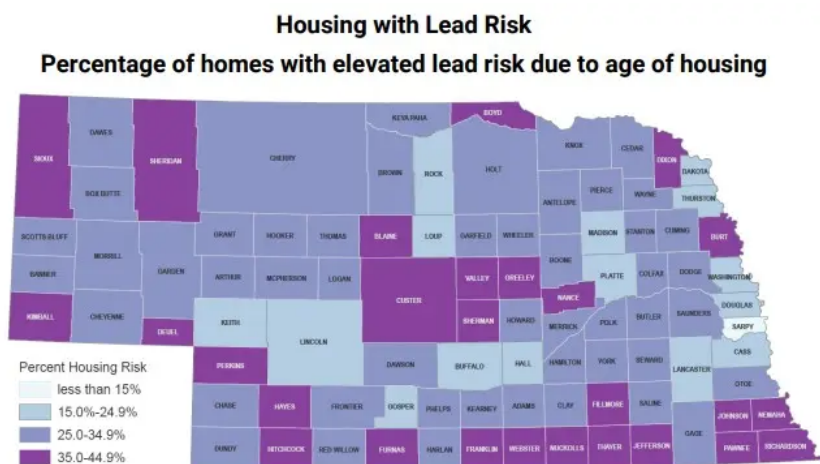
- From January to October 3, 2024, NCDHD had 5 cases of lead poisoning. In 2023, there were 12 confirmed cases of lead poisoning, 2022 had 15 cases, and in 2021 there were 8 cases of lead poisoning in the district.
- In NCDHD, there are 16,743 homes with the potential to have lead poisoning, based on the year the homes were built (1979 and earlier). Holt County has the highest number of homes with 3,459 built prior to 1979. Keya Paha County has the least with 315 homes with lead potential. This is not surprising, due to Holt County being the highest population and Keya Paha the lowest.

Lead Paint Risk Based on- Year Home Was Built

Homes built before 1978 are likely to have lead-based paint, and the likelihood increases with the age of the home:

- **Before 1940:** Nine out of ten homes have lead-based paint
- **1940–1960:** Two out of three homes have lead-based paint
- **1960–1978:** 24% of homes have lead-based paint

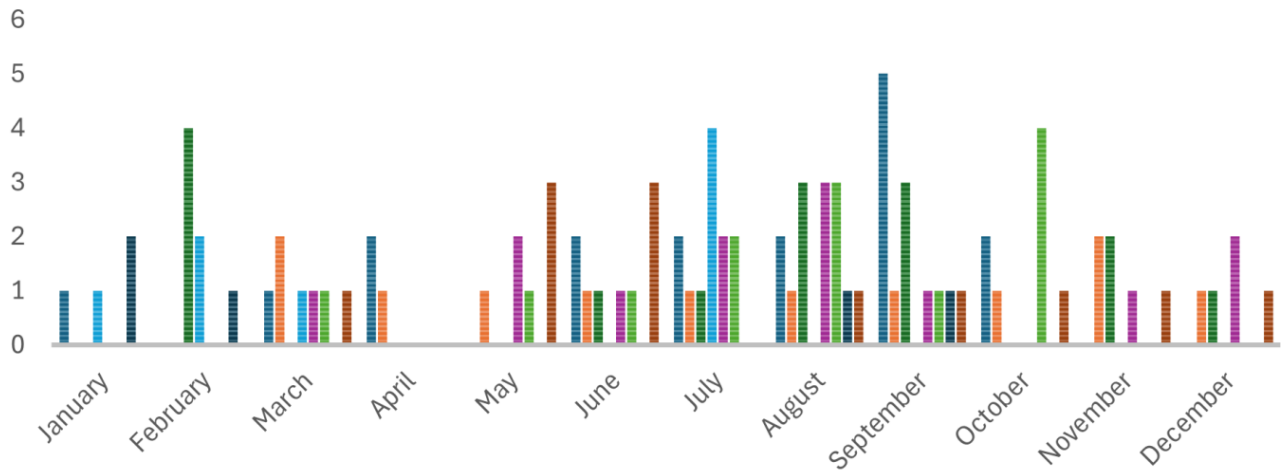
Lead-based paint is usually found under layers of newer paint. It's not a health hazard if the paint is intact, but it can become dangerous when the paint peels and cracks, creating dust and chips. Children are more likely to ingest lead dust or chips than adults



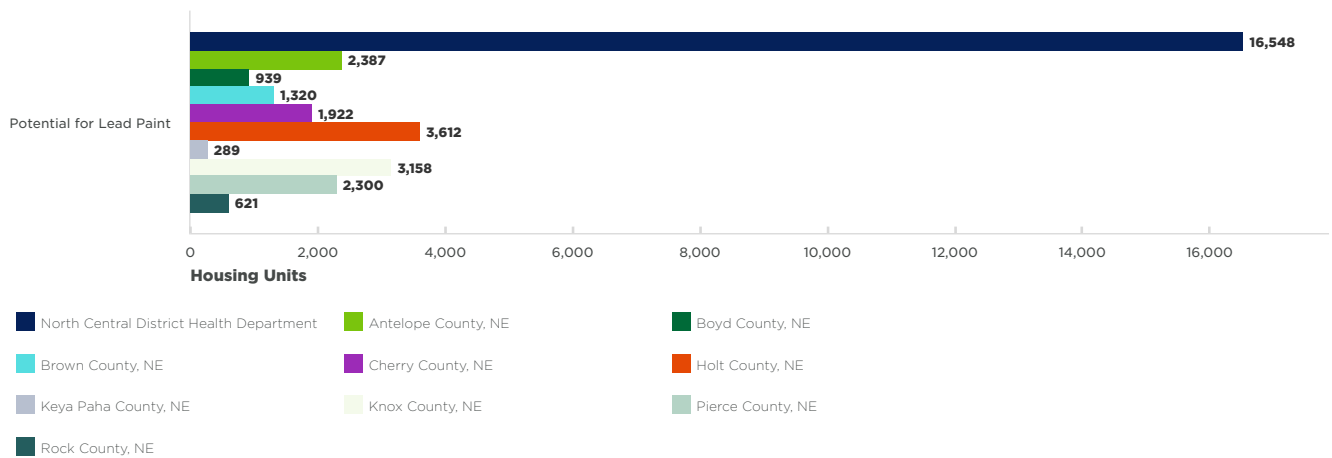
Data source: 2017-2021 American Community Survey, 5 Year Estimates (Table B25034); Jacobs et. al. The prevalence of lead-based paint hazards in U.S. housing. Environ Health Perspect. 2002 Oct;110(10):A599-606.

LEAD POISONING CASES WITHIN NCDHD DISTRICT

■ Lead Cases (2024 through October 3) ■ Lead Cases (2023)
 ■ Lead Cases (2022) ■ Lead Cases (2021)
 ■ Lead cases (2020) ■ Lead cases (2019)
 ■ Lead Cases (2018) ■ Lead Cases (2017)

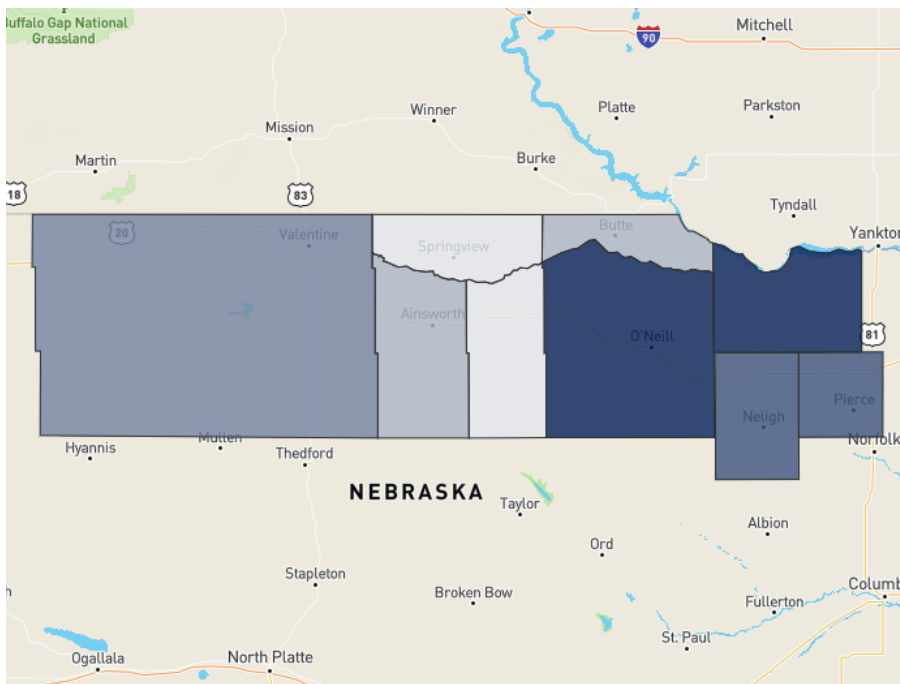


Potential for Lead Paint (Housing Built 1979 and Earlier)



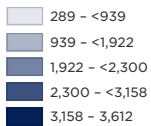
Sources: US Census Bureau ACS 5-year 2019-2023

Potential for Lead Paint (Housing Built 1979 and Earlier)



© Mapbox © OpenStreetMap

Potential for Lead Paint (Housing Built 1979 and Earlier)



Sources: US Census Bureau ACS 5-year 2019-2023

Additional resources:

[Does My Child Need a Blood Lead Test?](#)

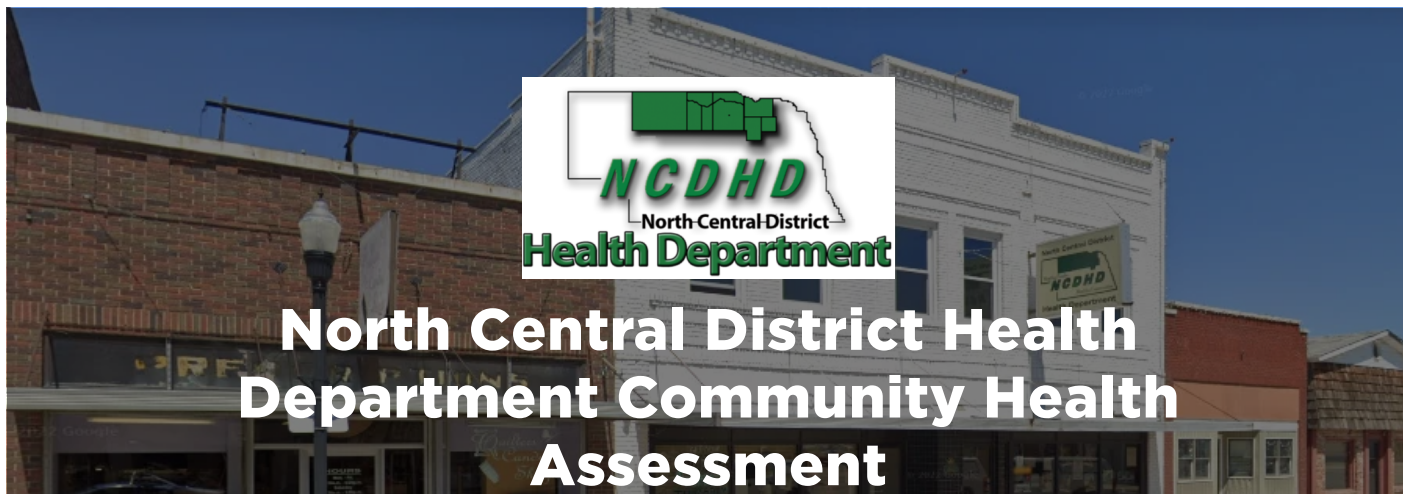
[Nebraska High Risk Zip Codes For Lead Testing in Children Under 6 Years Old](#)

Data available **by census tract for built before 1980** at: <https://ephtracking.cdc.gov/DataExplorer/?query=655039e8-e4f1-45c8-888c-d22d1b7ee230>

Data available **by county built before 1980** at: <https://ephtracking.cdc.gov/DataExplorer/?query=c2221a89-d0c8-4a64-9ec7-5e75b31b64dd>

Data available **by census tract for built before 1950** at <https://ephtracking.cdc.gov/DataExplorer/?query=1aa96264-b14e-4ca3-a9f8-408b3eb9ff50>

Data available **by county built before 1950** at: <https://ephtracking.cdc.gov/DataExplorer/?query=ffbb347e-4a19-451a-8552-c1a14b7440d1>



Air Quality

It's likely no surprise that the air we breathe affects our health. That air is affected by where we live and if things that cause poor air quality are nearby, such as heavy traffic, fires, and more. Lung and bronchus cancer incidents are good indicators that air quality may be compromised.

One major contributor to harmful air quality is radon. Radon exposure is the second leading cause of lung cancer. Radon is an element and is naturally occurring in rocks, soil and water. It is colorless, odorless and tasteless. When radon gets into buildings through cracks and holes, it can become trapped in the building and build up causing those who live and work there to breathe in high radon levels. Nebraskans can lower their risk of radon exposure by having their home tested for the gas, regardless of where they live, and taking recommended steps to mitigate exposure when necessary.

- **Air Quality:** Overall, NCDHD has better air quality than Nebraska. The district's air diesel particle matter level (0.0.4 micrograms per cubic meter) is 0.10mg/cm better than the state's. The district respiratory hazard environmental justice index score also fairs better than the state's (0.4 vs 4.3).
- **Radon:** The highest mean of pre-mitigation radon results is found in Knox, Pierce, and Antelope Counties. All three of these Counties had a mean of 4 or mor and each had over ten results come back. Boyd County also had a mean score of 4 or more; however, Boyd County did not yield ten tests in 2023, so the results are possibly skewed. Rock, Brown, and Holt Counties also had less than ten test results conducted in 2023, but their mean was lower in magnitude than Boyd County's. No tests were completed in Keya County.
 - Annul average radon level (from states): <https://ephtracking.cdc.gov/DataExplorer/?query=fdaf46b3-c19e-4328-aa16-1bfdc9184884&M9=3>
 - Average radon level (from labs) 2008-2017: <https://ephtracking.cdc.gov/DataExplorer/?query=fdaf46b3-c19e-4328-aa16-1bfdc9184884&M9=3>
 - DHHS Radon Program website: <https://dhhs.ne.gov/Pages/Radon-Data.aspx>
- **Lung and Bronchus Incidence:** From 2016-2020, the age adjusted incidence rates of lung and bronchus cancer in six counties are between 26.9-42.8 per 100,000 population. Pierce and Antelope Counties were 42.8-47.6 per 100,000 people, and Cherry count had the highest incidence at 50-52.5 per 100,000 people.



Diesel Particulate Matter Level in Air

0.04

Micrograms per cubic meter

North Central District Health Department

0.14

Micrograms per cubic meter

Nebraska

Respiratory Hazard Environmental Justice Index

0.4

North Central District Health Department

4.3

Nebraska

Sources: EPA EJSCREEN 2023, 2024

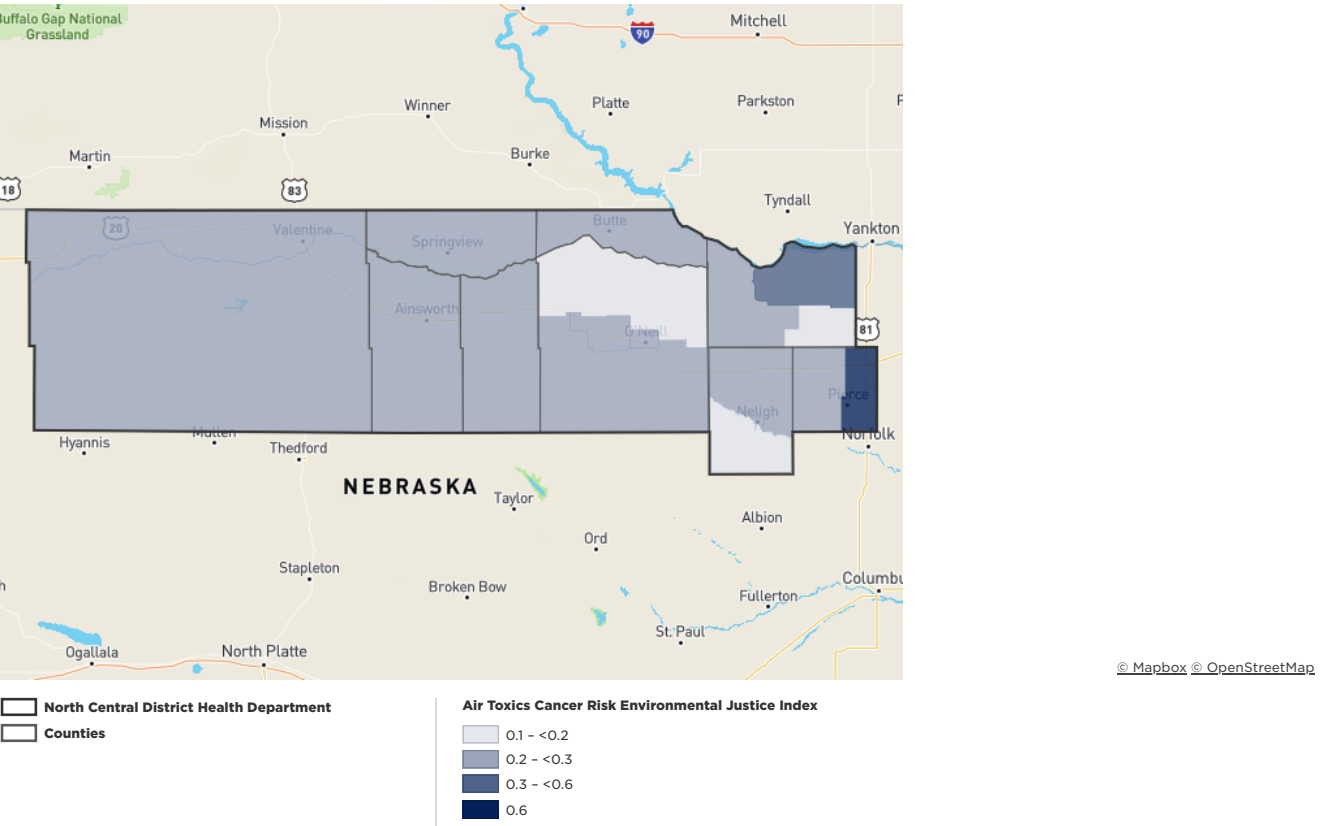
Respiratory Hazard Environmental Justice Index: the ratio of air toxic exposure concentration to health-based reference concentration weighted by the proportion of the population identified as low-income or belonging to an ethnic/racial minority group. As the value increases, the environmental justice in that area worsens.

Geography	2024 Diesel Particulate Matter Level in Air	2023 Respiratory Hazard Environmental Justice Index
Antelope County, NE	0	0.2
Boyd County, NE	0	0.2
Brown County, NE	0	0.2
Cherry County, NE	0	0.2
Holt County, NE	0	0.2
Keya Paha County, NE	0	0.2
Knox County, NE	0	0.7
Pierce County, NE	0	0.6
Rock County, NE	0	0.2
North Central District Health Department	0	0.4
Nebraska	0.1	4.3

Sources: EPA EJSCREEN 2023, 2024

Respiratory Hazard Environmental Justice Index: the ratio of air toxic exposure concentration to health-based reference concentration weighted by the proportion of the population identified as low-income or belonging to an ethnic/racial minority group. As the value increases, the environmental justice in that area worsens.

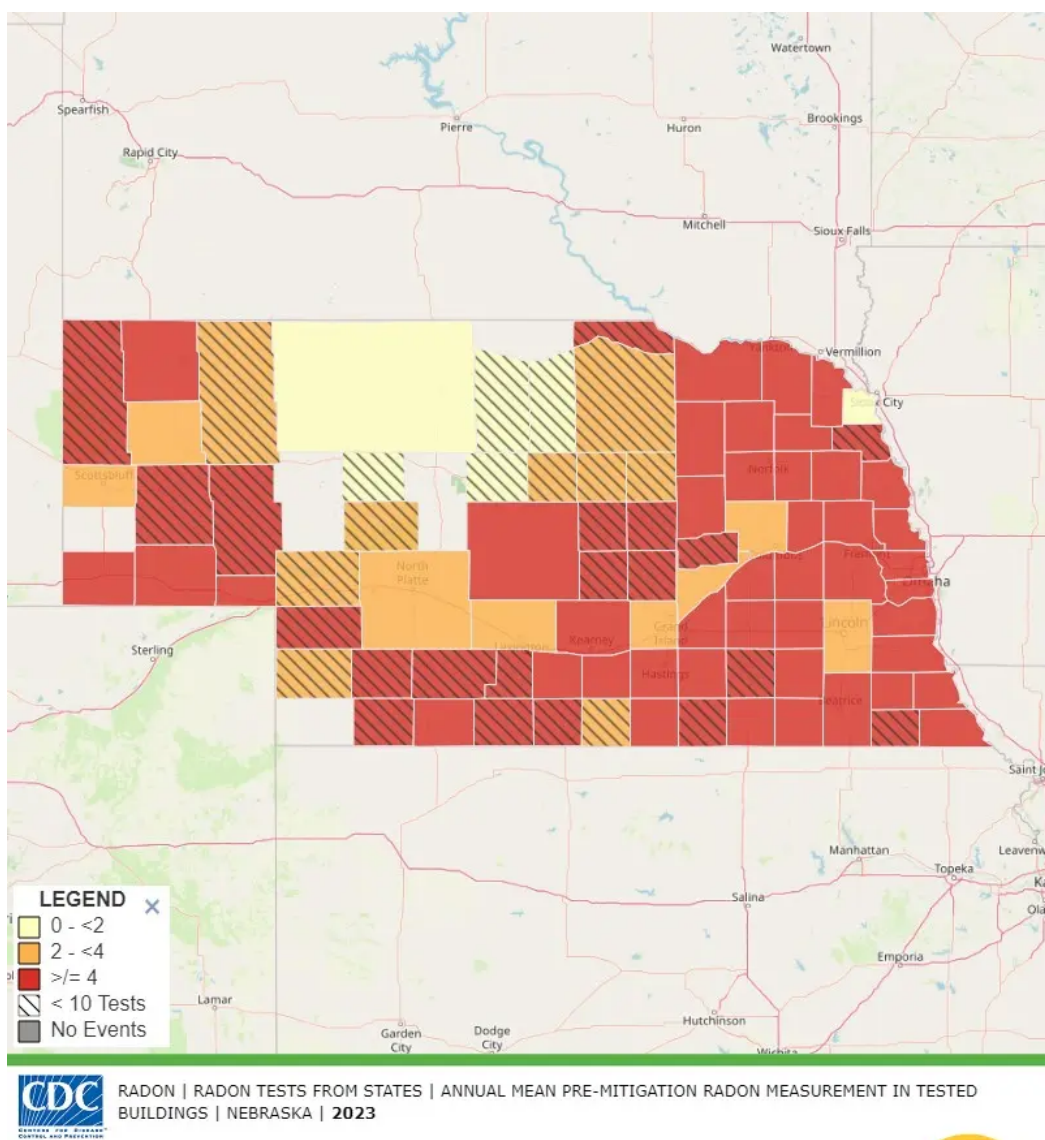
Air Toxics Cancer Risk Environmental Justice Index



Sources: EPA EJSCREEN 2023

Air Toxics Cancer Risk Environmental Justice Index: the estimate of individual lifetime cancer risk from inhalation of air toxics multiplied by the proportion of the population identified as low-income or belonging to an ethnic/racial minority group. Lower values indicate lower relative individual lifetime cancer risk from inhalation of air toxics, while higher values indicate greater relative individual lifetime cancer risk from inhalation of air toxics.

Radon Pre-Mitigation Levels

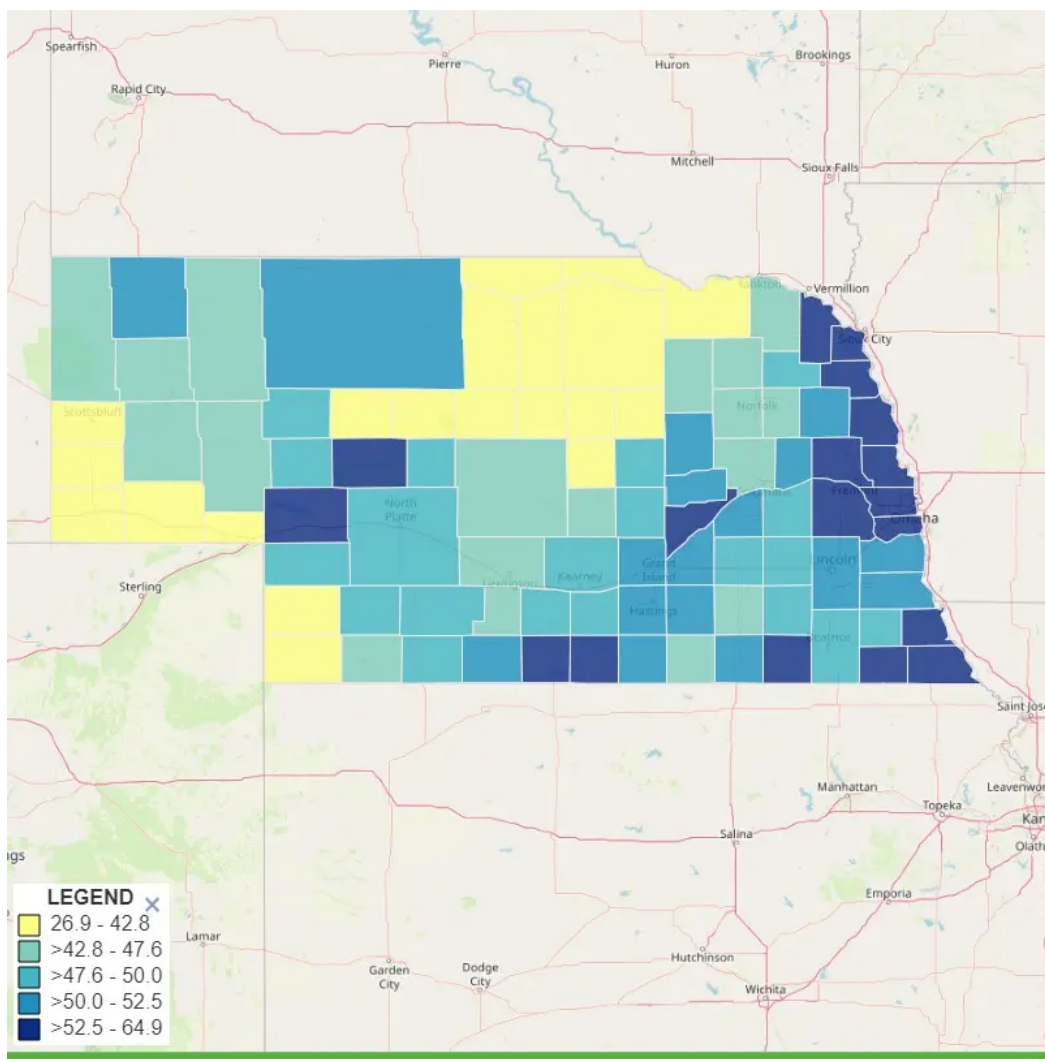


Explore more data at ephtracking.cdc.gov/DataExplorer

Annual mean pre-mitigation radon measurement in tested buildings in Nebraska

Lung and Bronchus Cancer Incidence in Nebraska

This chart presents data on lung and bronchus cancer incidence in Nebraska, focusing on the age-adjusted incidence rate per 100,000 population over a five-year period. The age-adjusted rate accounts for population age differences, allowing for meaningful comparison across time. Understanding these trends is essential for guiding prevention efforts, raising awareness of risk factors, and informing early detection initiatives that can help reduce cancer incidence and improve health outcomes across Nebraska.



CANCER | INCIDENCE OF LUNG & BRONCHUS CANCER | (SMOOTHED) AGE-ADJUSTED INCIDENCE RATE OF LUNG AND BRONCHUS CANCER PER 100,000 POPULATION OVER A 5-YEAR PERIOD | NEBRASKA | 2016-2020



Explore more data at ephtracking.cdc.gov/DataExplorer



North Central District Health Department Community Health Assessment

Water Quality

When it comes to our health, water quality is often overlooked—but it shouldn't be. Contaminated water, tainted by toxic materials, can be a silent contributor to both chronic and acute diseases. From long-term health issues to immediate illness, clean water is essential for a thriving, healthy community. Ensuring access to safe drinking water is one of the most important steps we can take to protect our well-being.

Concentrations should be below 10 ppm to be considered safe. The presence of high nitrate levels in drinking water has been linked to numerous serious health conditions, according to various studies. The risks extend far beyond just a few illnesses—nitrates are associated with a range of diseases and disorders, including:

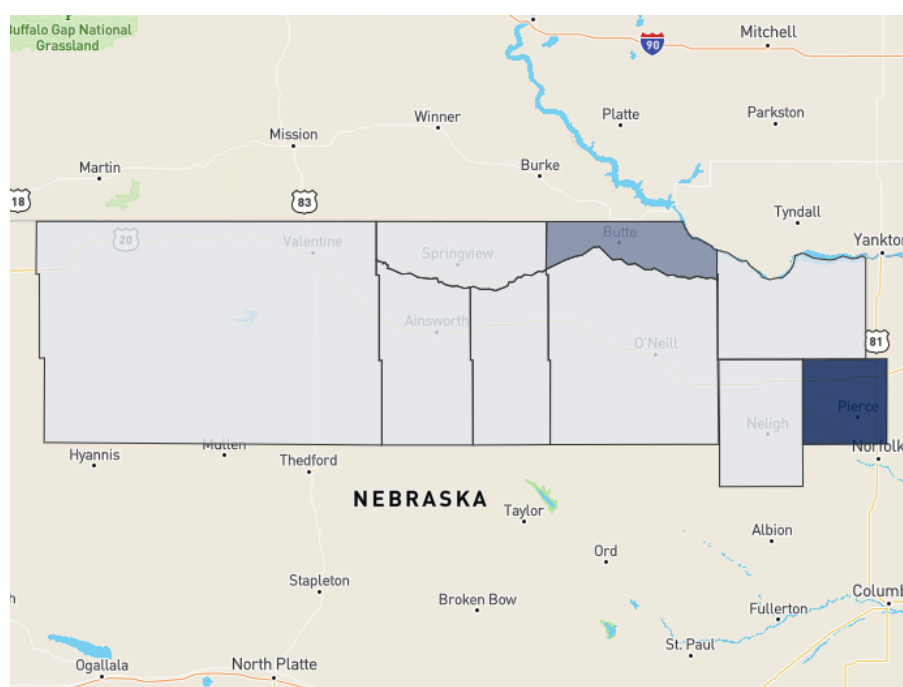
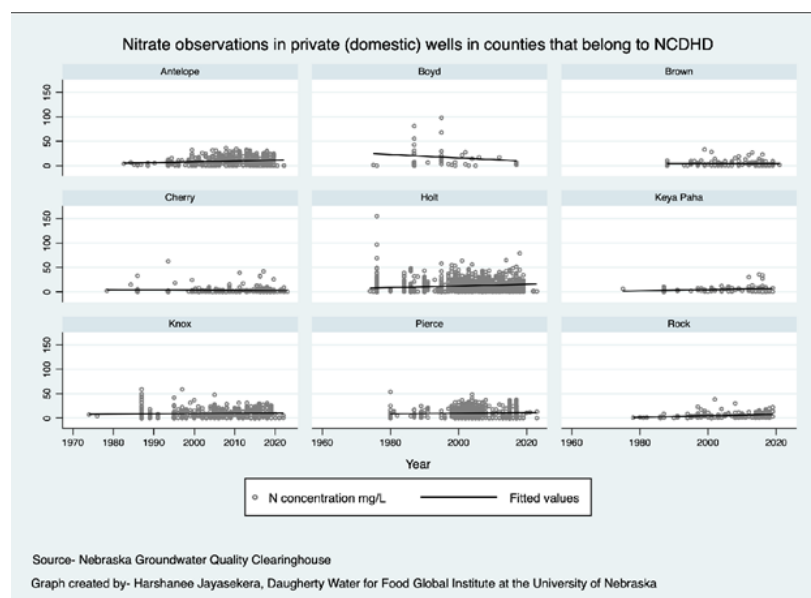
- **Cancers:** Colorectal, pediatric brain, bladder, and non-Hodgkin lymphoma
- **Thyroid disease**
- **Methemoglobinemia (Blue Baby Syndrome)** in infants
- **Neural tube defects** and other central nervous system malformations
- **Increased heart rate, nausea, headaches, and abdominal cramps**
- **Alzheimer's, diabetes, and Parkinson's disease**

Certain groups are particularly vulnerable to nitrate exposure, including infants under 6 months, pregnant women, individuals with oxygen transport issues, and those relying on well water. High nitrate levels in drinking water pose a hidden yet dangerous threat to the health of these populations, making it crucial to ensure water safety for all.

Community water compliance scores shed light on the health of our community water systems. These scores illustrate the number of Safe Drinking Water Act violations these systems have faced over the past five years. But there's more to the story—each violation is carefully weighted based on its age and severity. This nuanced approach helps us gain a deeper understanding of the compliance challenges that our water systems confront, ensuring safer drinking water for everyone.

- **Nitrates in Private Wells:** The linear trend suggests that, on average, the nitrate levels from 1970-2023 in domestic wells remained stagnant in most NCDHD counties, with a slight increase being observed. The abrupt drop in nitrate samples after 2019 is likely a result of the lag due to a process update the NDEE was going through. According to the information presented at the NRDs Legislative Conference on January 23-24, 2024, NDEE has received data for all the years after 2019 and are slow to uploading it into the Clearinghouse.
- **Community Water Systems:** Most the district has a non-compliance score of 0-.39; however, Boyd County scores between 0.4 and 30.69 while Pierce County has the worst score at 30.7 (Sources: EPA EJSCREEN 2024).

Nitrate Observations in Private (Domestic) Wells within NCDHD

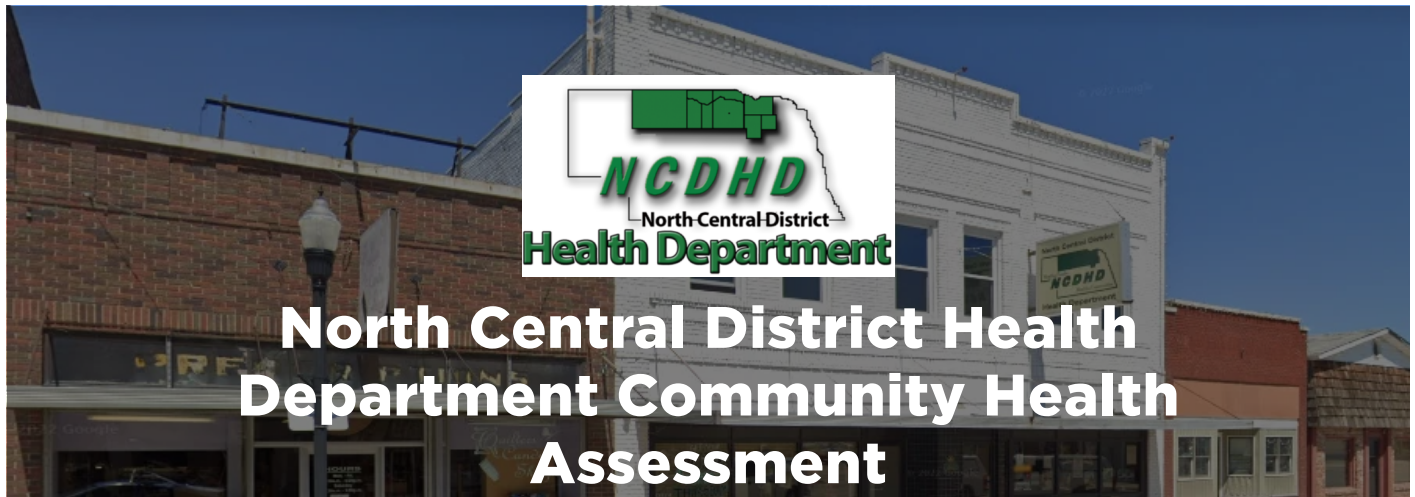


Drinking Water Non-Compliance

- 0 - <0.4
- 0.4 - <30.7
- 30.7

Sources: EPA EJSCREEN 2024

© Mapbox © OpenStreetMap



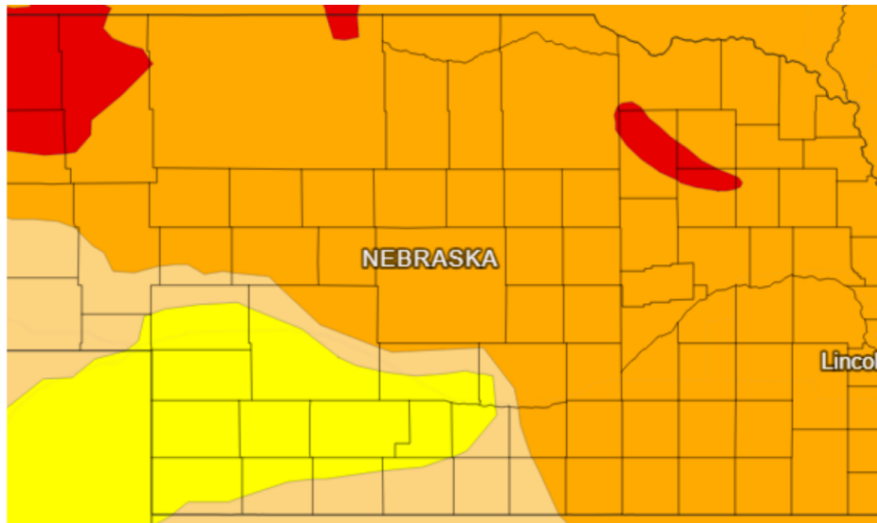
Look at Warming Trends and Heat Safety

According to the National Centers for Environmental Information, Nebraska's average temperature has risen to levels comparable to the 1930s—a decade infamous for the Dust Bowl. This trend aligns with broader concerns from the National Weather Service, which reports that extreme heat, more than any other weather event, claims the highest number of lives each year.

- In 2023, 207 people died from heat, which exceeds the ten-year average of 188 from 2014-2022.
- 2023 deaths from rip currents, wind, and tornados also exceeded historic rates.

U.S. Drought Monitor

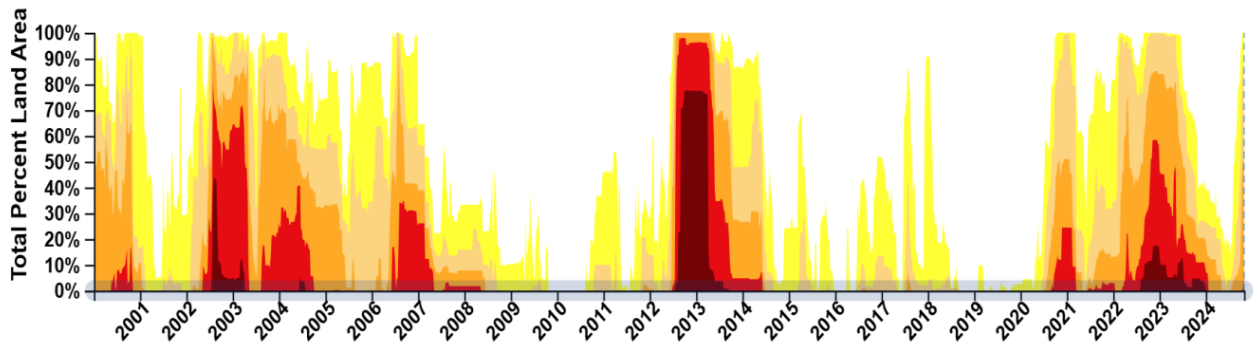
October 29, 2024



USDAM values for Nebraska

D0	Abnormally Dry	10.9%
D1	Moderate Drought	12.9%
D2	Severe Drought	68.4%
D3	Extreme Drought	7.8%
D4	Exceptional Drought	0.00%

Total Area in Drought **89.10%**



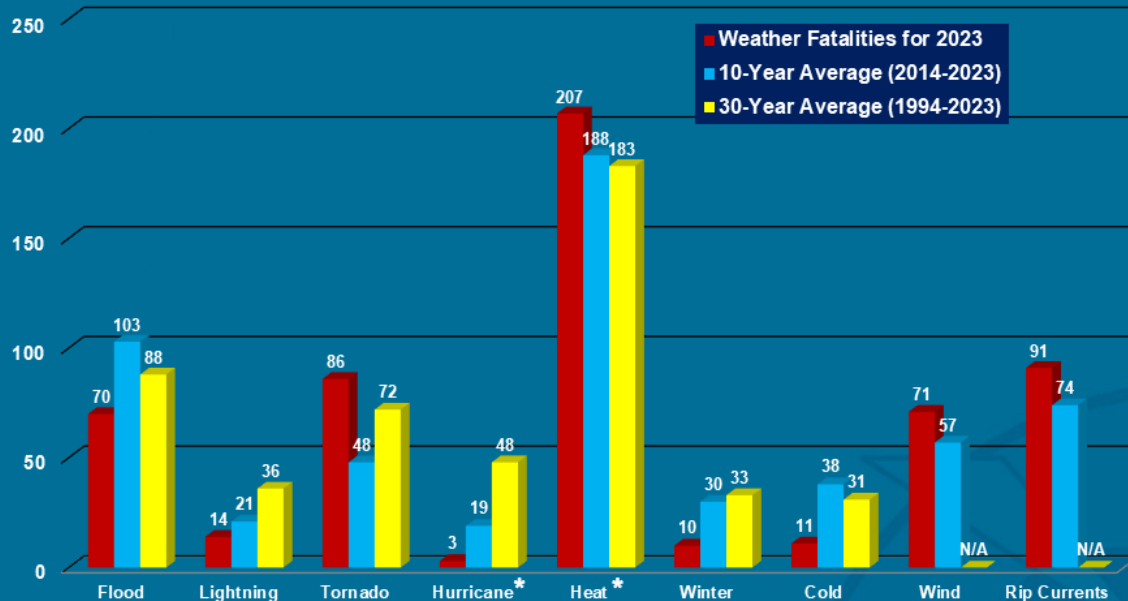
Drought.gov

Weather Related Fatality and Injury Statistics

The U.S. Natural Hazard Statistics provide statistical information on fatalities, injuries, and damages caused by weather related hazards. These statistics are compiled from information contained in Storm Data, a database comprising information from NWS forecast offices in the 50 states, Puerto Rico, Guam, and the Virgin Islands.



Weather Fatalities 2023



**Due to an inherent delay in the reporting of official heat fatalities in some jurisdictions, this number will likely rise in subsequent updates.
The fatalities, injuries, and damage estimates found under Hurricane/Tropical Cyclone events are attributed only to the wind.



North Central District Health Department Community Health Assessment

Preventative Healthcare

Healthy outcomes are about more than just the absence of illness and how long we live—it's about our overall well-being. Improving outcomes in our community means looking at the whole person and meeting their needs in all areas of life. It means giving all people the chance to have a healthy context that encourages healthy behaviors, preventing health problems before they even start.

One key measure is assessing a community's capacity to prevent illness by looking at health insurance coverage rates. In north central Nebraska, 93.2% of people have health insurance, this is slightly higher than the state average of 92.2%. In Pierce County 93.8% of the population has health insurance.


Another key indicator of preventative health is the ratio of primary care physicians to residents. In Nebraska, there were 835 people per one primary care provider in 2023. Cherry (1,835) and Pierce County (1,816.5) have the highest ratio of residents to providers.

Income and poverty level are also key indicators of preventative health capacities. In NCDHD, 10.1% of people live below the poverty level, that is 4,390 people. Knox County has the highest poverty rate of 12% and Pierce County has the lowest at 7.9%.

Preventative health behaviors are imperative to decreasing illness and disease. Health behaviors like getting an annual checkup can aid in early diagnosis and prevention. 75.6% of adults in north central Nebraska has a checkup in the past year, 74.7% in Pierce County.

Healthcare costs affect the entire community and country. Keeping preventable hospital stays to a minimum help everyone afford healthcare. Preventable hospital stays include diabetes (complications, uncontrolled diabetes, and diabetes-related amputations), perforated appendix, COPD or asthma in older adults, hypertension, heart failure, dehydration, bacteria pneumonia, and UTIs. Pierce County had 2,242 Medicare preventable hospital stays per 100,000 enrolled residents, exceeding the state average of 2,231.

People Covered by Insurance



Have Health Insurance

93.3%

People

North Central District Health Department

92.6%

People

Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Population With Health Insurance
Antelope County, NE	94%
Boyd County, NE	90.9%
Brown County, NE	93.5%
Cherry County, NE	92%
Holt County, NE	93%
Keya Paha County, NE	93.7%
Knox County, NE	93.9%
Pierce County, NE	93.8%
Rock County, NE	93.6%
North Central District Health Department	93.3%
Nebraska	92.6%

Sources: US Census Bureau ACS 5-year 2019-2023

People Covered by Insurance by Race/Ethnicity

Insurance Status by Race/Ethnicity

Data Sources	North Central District Health Department	Nebraska	Pierce County, NE
2019-2023 Insured Asian People	95.1%	93%	100%
2019-2023 Insured Black People	80.8%	86.8%	100%
2019-2023 Insured Hispanic or Latino People	80.4%	80.3%	92.7%
2019-2023 Insured Multiracial People	89.6%	86.3%	95.6%
2019-2023 Insured Native American People	71.1%	79.7%	100%
2019-2023 Insured Native Hawaiian and Pacific Islander People	100%	84.4%	No data
2019-2023 Insured Other People	68.7%	78.1%	27.8%
2019-2023 Insured White (Not Hispanic or Latino) People	94.5%	95%	93.8%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: Unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

People Covered by Insurance by Age

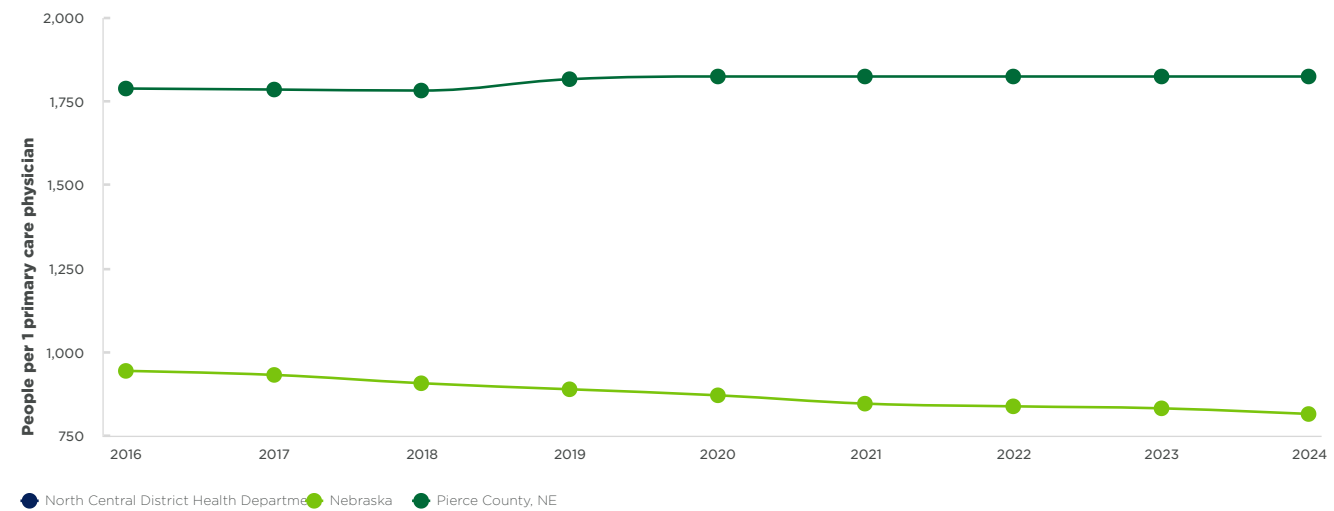
Health Insurance Status by Age

Geography	2019-2023 Insured People Under Age 6	2019-2023 Insured People Ages 6 to 18	2019-2023 Insured People Ages 19 to 64	2019-2023 Insured People Ages 65+
North Central District Health Department	96.7%	94.1%	89.6%	99.8%
Nebraska	95.8%	94.7%	89.5%	99.4%
Pierce County, NE	96.9%	97.1%	90.3%	99%

Sources: US Census Bureau ACS 5-year 2019-2023

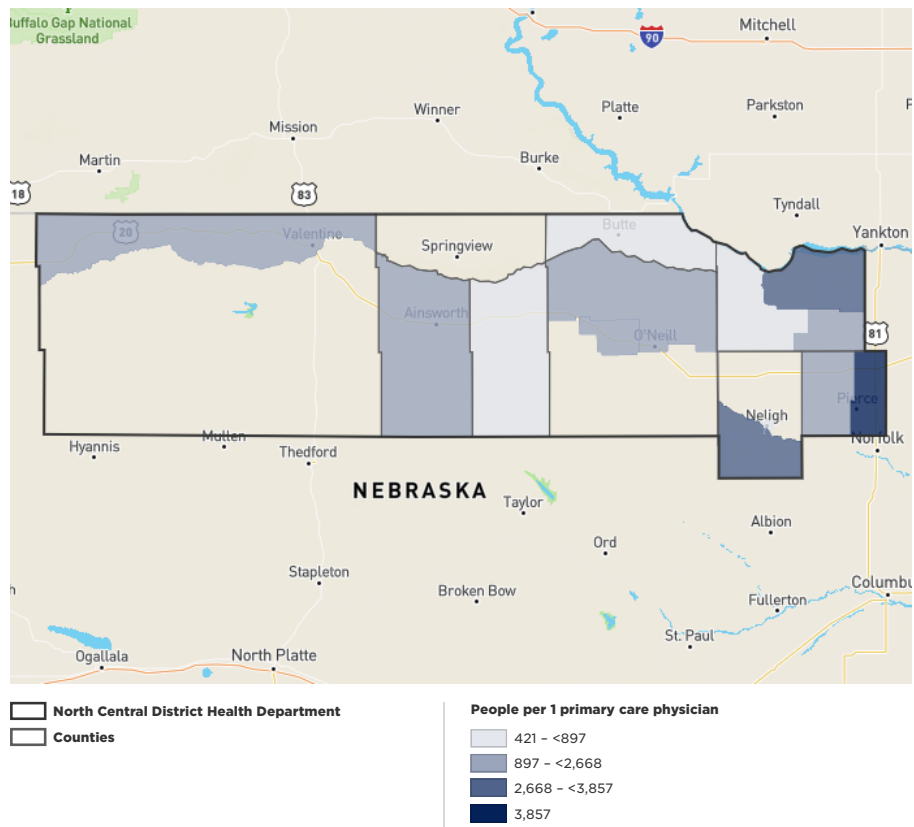
Primary Care Physician Ratio

Primary Care Physician Ratio



Sources: NPPES NPI

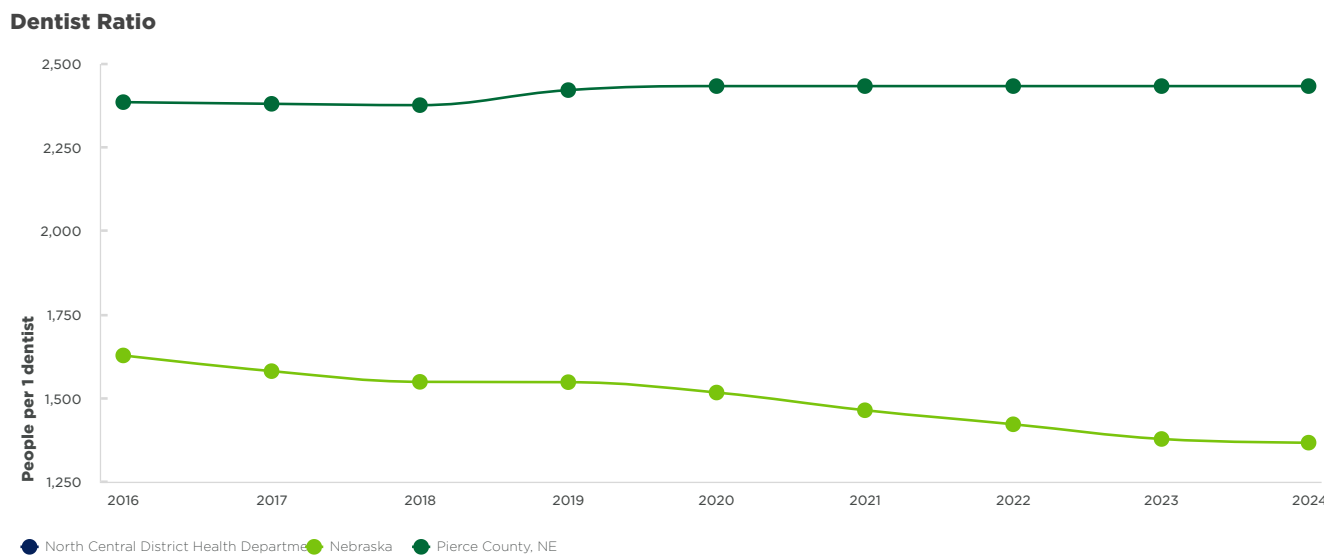
Primary Care Physician Ratio



Sources: NPPES NPI 2024

Areas with no data have 0 primary care physicians.

Dentist Ratio



Sources: NPPES NPI

Social Factors

Poverty Overall



Below Poverty Level

10.3%

of People

North Central District Health Department

10.3%

of People

Nebraska

Below Poverty Level

4,471

People

North Central District Health Department

197,300

People

Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 People Below Poverty Level (Percent)	2019-2023 People Below Poverty Level (Number)
Antelope County, NE	10%	623
Boyd County, NE	10.2%	171
Brown County, NE	12.1%	328
Cherry County, NE	7.2%	389
Holt County, NE	10.8%	1,078
Keya Paha County, NE	10.4%	98
Knox County, NE	13.2%	1,079
Pierce County, NE	8%	573
Rock County, NE	10.5%	132
North Central District Health Department	10.3%	4,471
Nebraska	10.3%	197,300

Sources: US Census Bureau ACS 5-year 2019-2023

Poverty by Race/Ethnicity

Poverty Rate by Race and Ethnicity

▲▼ Data Sources	North Central District Health Department ▲▼	Nebraska ▲▼	Pierce County, NE ▲▼
2019-2023 Asian	3.8%	9.5%	0%
2019-2023 Black or African American	19.5%	24.1%	0%
2019-2023 Hispanic or Latino	14.8%	15.8%	16.3%
2019-2023 Multiracial	11.1%	14.4%	17.6%
2019-2023 Native American	27.7%	23.1%	0%
2019-2023 Native Hawaiian and Pacific Islander	0%	23.6%	No data
2019-2023 Other	17.6%	15.3%	72.2%
2019-2023 White, Not Hispanic or Latino	9.7%	8.3%	7.6%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: Unless otherwise indicated, data includes both Hispanic or Latino and non-Hispanic or Latino people.

Poverty by Age

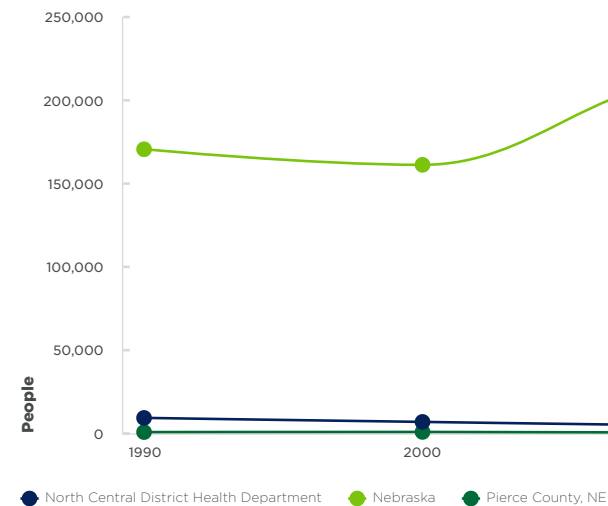
Poverty Rate by Age

▲▼ Data Sources	North Central District Health Department ▲▼	Nebraska ▲▼	Pierce County, NE ▲▼
2019-2023 Under Age 5	13.6%	12.9%	14.5%
2019-2023 Age 5	3.6%	13.9%	5.6%
2019-2023 Ages 6 to 11	12.3%	11.7%	8%
2019-2023 Ages 12 to 14	10.6%	10.2%	10.9%
2019-2023 Age 15	13.2%	10.2%	0%
2019-2023 Ages 16 to 17	7.6%	10.2%	0%
2019-2023 Ages 18 to 24	12.8%	19.8%	15%
2019-2023 Ages 25 to 34	10.6%	10.1%	10%
2019-2023 Ages 35 to 44	8.2%	7.8%	8.4%
2019-2023 Ages 45 to 54	6.9%	7.4%	5.5%
2019-2023 Ages 55 to 64	8.5%	8.2%	4.1%
2019-2023 Ages 65 to 74	9%	7.9%	5%
2019-2023 Ages 75 and Over	15.4%	10.6%	10.4%

Sources: US Census Bureau ACS 5-year 2019-2023

People in Poverty Over Time

People Below Poverty Level



Sources: US Census Bureau; US Census Bureau ACS 5-year

Health Behaviors



Doctor Checkup in Past Year

75.6%

of Adults

North Central District Health Department

74.1%

of Adults

Nebraska

Sources: CDC BRFSS PLACES 2022

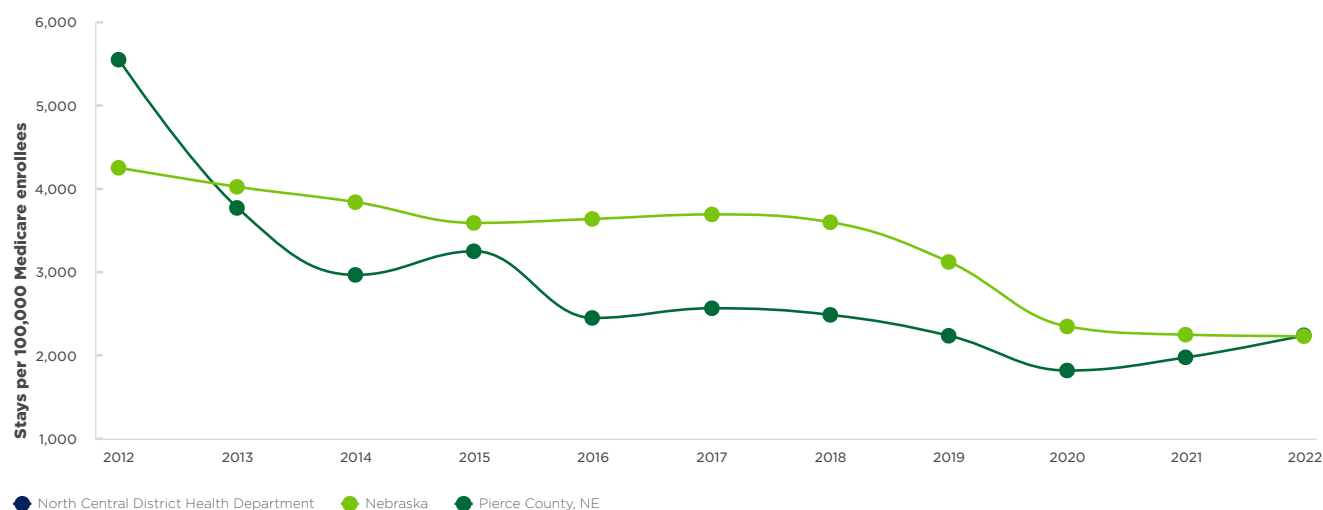
This data represents the proportion of adults who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Geography	2022 Doctor Checkup in Past Year Among Adults
Antelope County, NE	75.5%
Boyd County, NE	77%
Brown County, NE	76.3%
Cherry County, NE	74.2%
Holt County, NE	75.3%
Keya Paha County, NE	78.3%
Knox County, NE	76.6%
Pierce County, NE	74.7%
Rock County, NE	75.9%
North Central District Health Department	75.6%
Nebraska	74.1%

Sources: CDC BRFSS PLACES 2022

Preventable Poor Health Outcomes

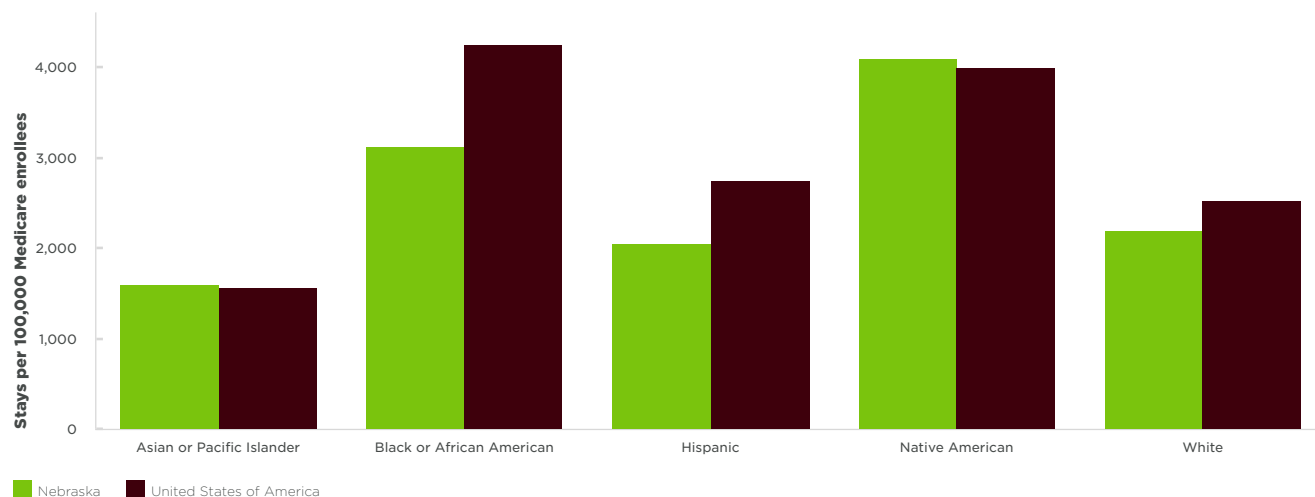
Medicare Preventable Hospital Stays



Sources: CMS MMD

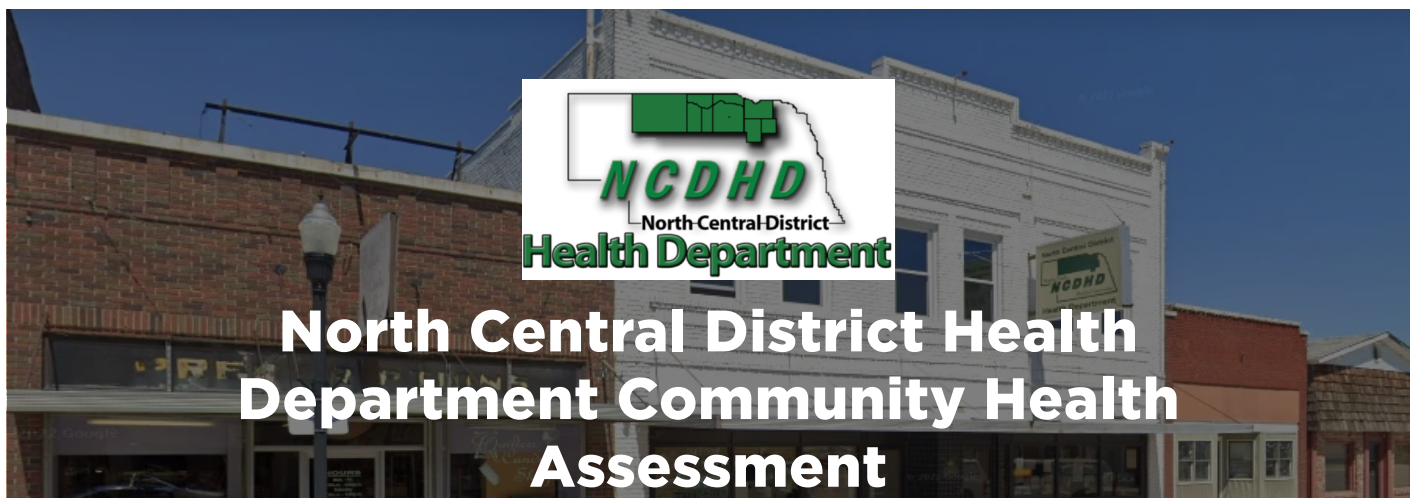
Note: Preventable hospital stays include diabetes (complications, uncontrolled diabetes, and diabetes-related amputations), perforated appendix, COPD or asthma in older adults, hypertension, heart failure, dehydration, bacterial pneumonia, and UTIs. Appendix and dehydration are not included after 2019.

Medicare Preventable Hospital Stays by Race/ Ethnicity



Sources: CMS MMD 2022

Note: Preventable hospital stays after 2019 include diabetes (complications, uncontrolled diabetes, and diabetes-related amputations), COPD or asthma in older adults, hypertension, heart failure, bacterial pneumonia, and UTIs.



Access to Coverage and Providers

Getting the high-quality medical care we need helps us stay healthy and live longer. It also lowers lost days of productivity, learning, and earning an income. When we focus on prevention—getting proactive healthcare before we’re in an emergency situation—our community is even healthier.

Health Insurance

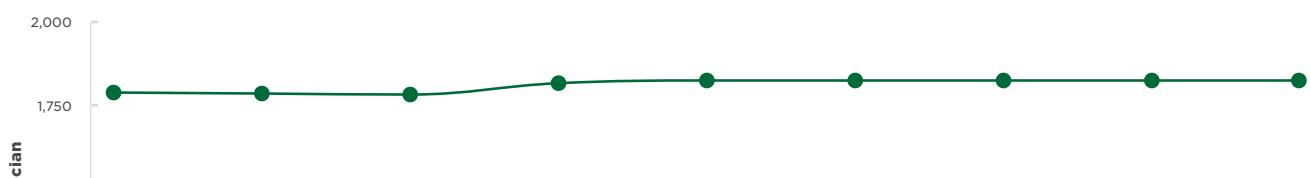
People who have insurance are more likely to get the healthcare services and medication they need when they need it. However, insurance can be complex, tied to employment, and is sometimes not financially doable. Residents who don’t have insurance have more hurdles for health and wellness.

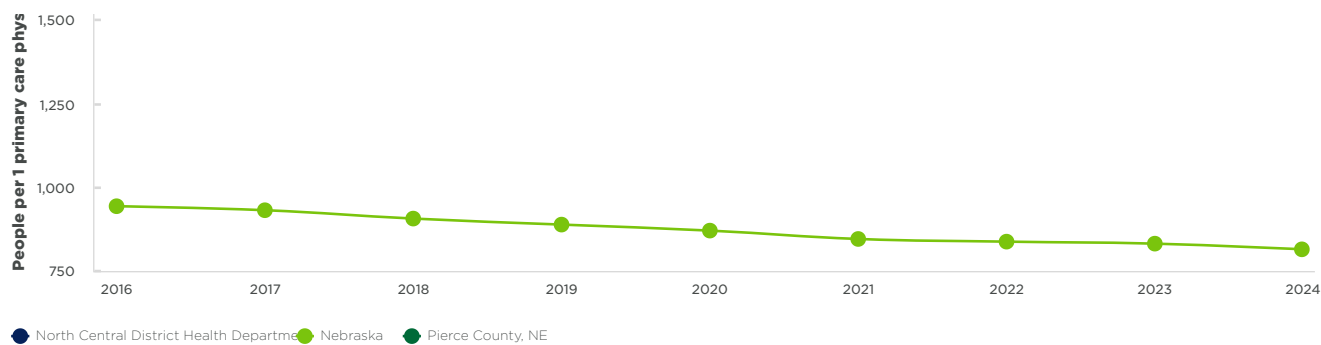
In north central Nebraska, 93.2% of people have health insurance, this is slightly higher than the state average of 92.2%. 93.8% of Pierce County residents have health insurance.

Primary Care

A primary care provider is a doctor or practitioner who can look at your health as a whole, managing your care and sometimes even preventing the need for medical specialists. Having a primary care provider leads to positive health outcomes because it often includes more proactive health care visits, such as annual check-ups. Creating more opportunities for relationships with primary care providers helps us focus on prevention, rather than costly treatment. NCDHD is a designated primary care shortage area. Pierce County has 815 people per one primary care physician.

Primary Care Physician Ratio





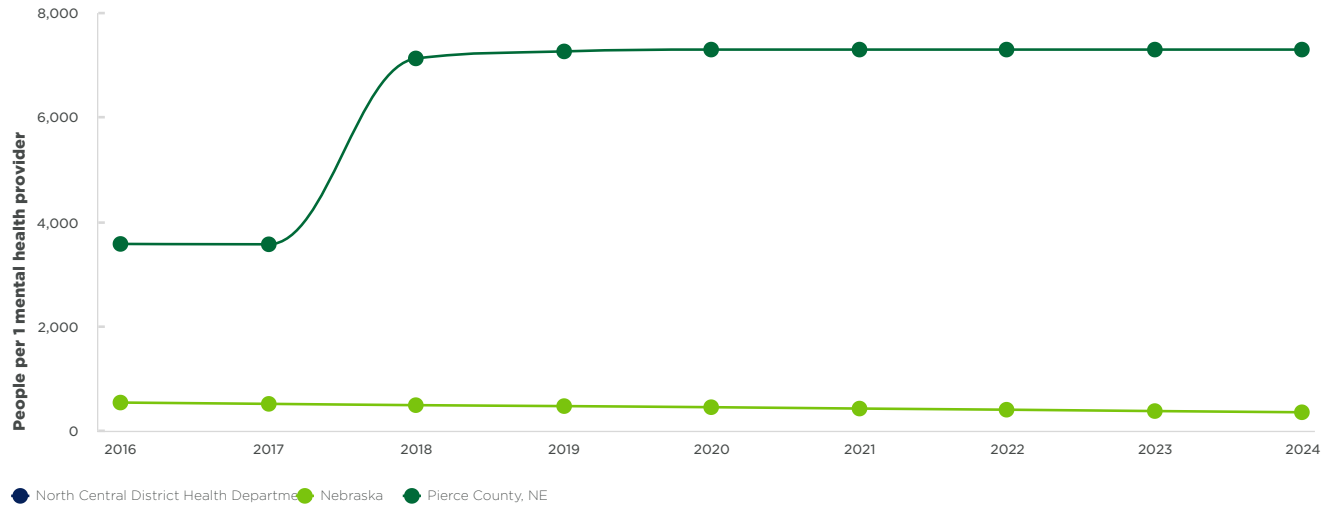
Sources: NPPES NPI

Mental Health

Mental healthcare should be easier to find in our community, as mental and physical health go hand-in-hand. We can't focus on one without the other. While healthcare access in general can be a challenge, mental healthcare is especially difficult because of a lack of services or social stigmas that still exist. We don't think twice about seeking medical care for a broken arm or other physical need, yet many people delay getting help for their mental health because of outdated ideas about why it happens, what it means, and who struggles with it. 1 in 5 adults in the U.S. live with mental illness. In addition to those with diagnosed conditions, many people can benefit from mental health services at some point in life. Pierce County has 355 people per one mental health provider.

The more we talk about mental health, share resources, and remove barriers for people to access mental health providers, the healthier our community will be.

Mental Health Provider Ratio

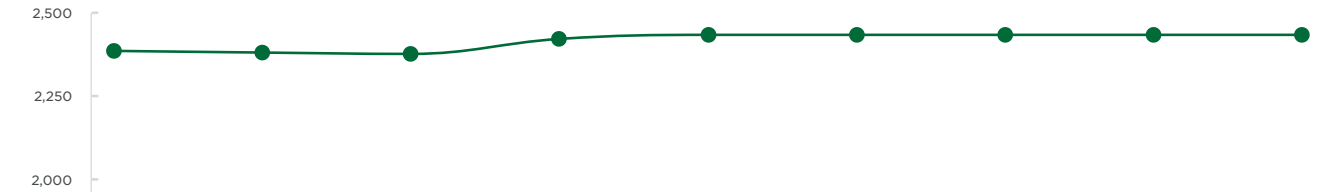


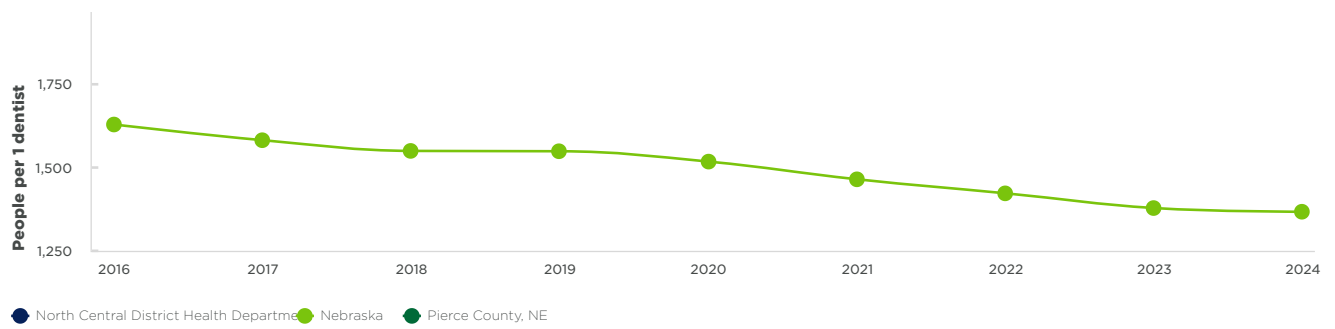
Sources: NPPES NPI

Dental Health

Dental health doesn't just tell us about proper brushing of teeth and gums. Poor dental health can point to social inequalities, as underserved populations are more likely to have greater dental needs. Poor dental health is also linked with other diseases, such as diabetes and obesity, because they share risk factors such as smoking or sugary diets. Increasing dental care services in our community is another way to improve health. Pierce County has 1,337 people per one dentist.

Dentist Ratio





Sources: NPPES NPI

Learn more:

1. [Institute of Medicine \(US\) Committee on the Consequences of Uninsurance. "3. Effects of Health Insurance on Health." Care Without Coverage: Too Little, Too Late., National Academies Press \(US\), 2002. https://www.ncbi.nlm.nih.gov/books/NBK220636/](https://www.ncbi.nlm.nih.gov/books/NBK220636/)
2. ["Access to Primary Care." Healthy People 2020. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary.](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary)
3. [Coombs, Nicholas C., et al. "Barriers to Healthcare Access among U.S. Adults with Mental Health Challenges: A Population-Based Study." SSM - Population Health, vol. 15, June 2021, p. 100847. PubMed Central. https://doi.org/10.1016/j.ssmph.2021.100847](https://doi.org/10.1016/j.ssmph.2021.100847)
4. [Knaak, Stephanie, et al. "Mental Illness-Related Stigma in Healthcare." Healthcare Management Forum, vol. 30, no. 2, Mar. 2017, pp. 111-16. PubMed Central. https://doi.org/10.1177/0840470416679413](https://doi.org/10.1177/0840470416679413)
5. ["Mental Illness." National Institute of Mental Health \(NIMH\). https://www.nimh.nih.gov/health/statistics/mental-illness.](https://www.nimh.nih.gov/health/statistics/mental-illness)
6. [Northridge, Mary E., et al. "Disparities in Access to Oral Health Care." Annual Review of Public Health, vol. 41, Apr. 2020, pp. 513-35. PubMed Central. https://doi.org/10.1146/annurev-publhealth-040119-094318](https://doi.org/10.1146/annurev-publhealth-040119-094318)



North Central District Health Department Community Health Assessment

Health Equity

Health equity is the belief that everyone should have equal access to the opportunities needed to lead a healthy life. Achieving this goal is a collective effort involving public health officials, healthcare providers, elected leaders, and community members working together to remove barriers that prevent individuals from reaching their full health potential.

This report takes a closer look at health disparities affecting NCDHD residents. It examines key social determinants of health, including:

1. **Economic Stability:** How financial security influences health outcomes.
2. **Educational Attainment:** The role education plays in overall well-being.
3. **Healthcare Access:** Availability and quality of medical services.
4. **Neighborhood & Built Environment:** How our surroundings impact our health.
5. **Social & Community Context:** The importance of social networks and community support.

By understanding these factors, we can work toward removing barriers to health improving the health and wellness of district residents.

Economic Stability:

Economic opportunity includes our ability to work in the community where we live, making enough money to buy what we need.

- **Median Income of Households by Race:** In NCDHD, White residents have a median income of \$66,207, Hispanic households have \$66,021, and Native Americans have a median income of \$38,334.
- **Poverty:** In north central Nebraska, 10.3% of the total population lives below the poverty level. Within the district map, pockets of high poverty can be seen in Knox and Holt Counties, while Pierce and Cherry Counties have the lowest poverty rates.
- **Unemployment:** The overall unemployment rate in NCDHD is 1.9%, which is lower than the State of Nebraska (3%). The counties with the lowest rates of unemployment are Cherry County (0.4%) and Brown County (0.8%). The Counties with the highest rates of unemployment are Knox County (3.9%) and Boyd County (2.5%).

Unemployment rates may be a potential cause of poverty, as seen in Knox County's high unemployment and high poverty rates, while Cherry County has an extremely low unemployment rate and low poverty. Knox County also has the highest population of Native Americans in the district, which have lower median income levels. Knox County appears to have the least economic stability when compared to the other eight counties.

Median Income of Householder by Race/Ethnicity

Geography	2019-2023 White	2019-2023 Black or African American	2019-2023 Hispanic or Latino	2019-2023 Alaska Native	2019-2023 Asian	2019-2023 Native Hawaiian and Other Pacific Islander
North Central District Health Department	\$66,207	No data	\$66,021	\$38,334	No data	No data
Nebraska	\$77,418	\$48,201	\$65,399	\$52,121	\$83,105	No data
United States of America	\$83,784	\$53,444	\$68,890	\$59,393	\$113,106	\$78,640

Sources: US Census Bureau ACS 5-year 2019-2023

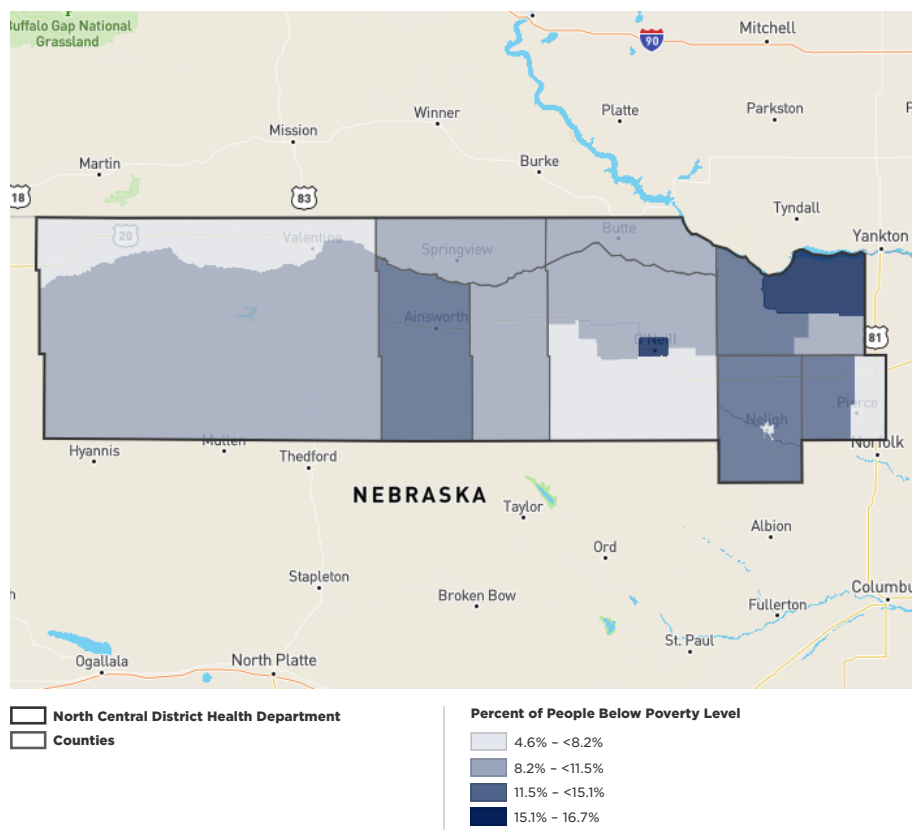
Poverty

 **Total Population Below Poverty Level**
10.3%
North Central District Health Department

10.3%
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

People Below Poverty Level



© Mapbox © OpenStreetMap

Sources: US Census Bureau ACS 5-year 2019-2023

Unemployment

Unemployment Rate

1.9%

North Central District Health Department

3%

Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Unemployment Rate
Antelope County, NE	1.7%
Boyd County, NE	2.5%
Brown County, NE	0.8%
Cherry County, NE	0.4%
Holt County, NE	1.4%
Keya Paha County, NE	1.4%
Knox County, NE	3.9%
Pierce County, NE	2.2%
Rock County, NE	1.2%
North Central District Health Department	1.9%
Nebraska	3%

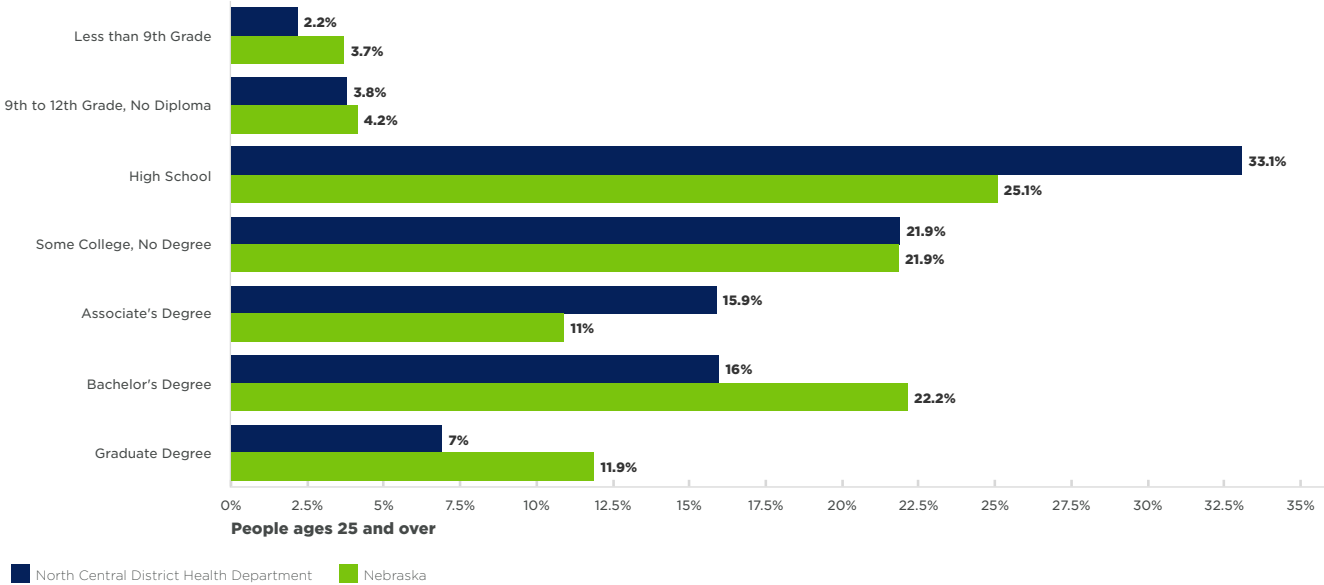
Sources: US Census Bureau ACS 5-year 2019-2023

Educational Attainment

Learning leads to opportunities – this has been widely studied over time. The more education a person receives, the better their chances are for success, which includes health. People with higher education are said to live longer, have fewer serious illnesses, have better mental health, and less stress and economic struggles.

- High School Graduation:** NCDHD high students are more likely to graduate (33.1%) than their state counterparts (25.1%); however, their state peers are more likely to complete a bachelor’s degree (16% vs. 22.2%) or higher (7% vs. 11.9%).
- Bachelor’s Degree or Higher by Race:** 23% of the total NCDHD population has a bachelor’s degree or higher, which is lower than the state (34.1%). Of that 23%, 33.3% of Native Hawaiian/Pacific Islanders, 30.8% of multiracial residents, 26.8% of Hispanics, 26.2% of other races, 23.3% of Whites, 18.7% of African Americans, and 7% of Native Americans have a bachelor’s degree or higher. It appears that Native Americans, African Americans, and Whites in the NCDHD district fair the worst regarding attaining higher levels of education.

Highest Level of Education Completed



Sources: US Census Bureau ACS 5-year 2019-2023

Educational Attainment

▲▼ Data Sources	Y, IE ▲▼	Pierce County, NE ▲▼	Rock County, NE ▲▼	North Central District Health Department ▲▼	Nebraska ▲▼
2019-2023 Less than 9th Grade	%	2.6%	1.4%	2.2%	3.7%
2019-2023 9th to 12th Grade, No Diploma	%	3%	4.4%	3.8%	4.2%
2019-2023 High School Degree	%	30.2%	34.3%	33.1%	25.1%
2019-2023 Some College, No Degree	%	20.4%	21.1%	21.9%	21.9%
2019-2023 Associate's Degree	%	20.9%	9.9%	15.9%	11%
2019-2023 Bachelor's Degree	%	17.1%	22.1%	16%	22.2%
2019-2023 Graduate Degree	%	5.8%	6.9%	7%	11.9%

Sources: US Census Bureau ACS 5-year 2019-2023

Bachelor's Degree or Higher by Race/Ethnicity

<div> <div></div> <div></div> </div> Data Sources	North Central District Health Department <div> <div></div> <div></div> </div>	Nebraska <div> <div></div> <div></div> </div>	Pierce County, NE <div> <div></div> <div></div> </div>
2019-2023 Total	23%	34.1%	22.9%
2019-2023 Asian	2.4%	44.2%	0%
2019-2023 Black or African American	18.7%	21.1%	0%
2019-2023 Hispanic or Latino	26.8%	15.6%	18.8%
2019-2023 Multiracial	30.8%	26.1%	16.4%
2019-2023 Native American	7.1%	13.5%	0%
2019-2023 Native Hawaiian and Pacific Islander	33.3%	24%	No data
2019-2023 Other	26.2%	13.5%	0%
2019-2023 White (Not Hispanic or Latino)	23.3%	36.7%	23.7%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

Healthcare Access

Getting the high-quality medical care we need helps us stay healthy and live longer. It also lowers lost days of productivity, learning, and earning an income. When we focus on prevention—getting proactive healthcare before we're in an emergency—our community is even healthier.

- **People Covered by Health Insurance:** 93.8% of Pierce County residents have health insurance, which is more than the state average of 92.6%.
- **People Covered by Health Insurance by Race:** 27.8% of "Other People" in Pierce County have insurance. Hispanics (92.7%) and Whites (93.8%) have the next lowest insurance rates.
- **People Covered by Health Insurance by Age (2019-2023):** The demographic in most need of health insurance is 19-64 year olds (90.3%).

People Covered by Insurance



Have Health Insurance

93.3%

People

North Central District Health Department

92.6%

People

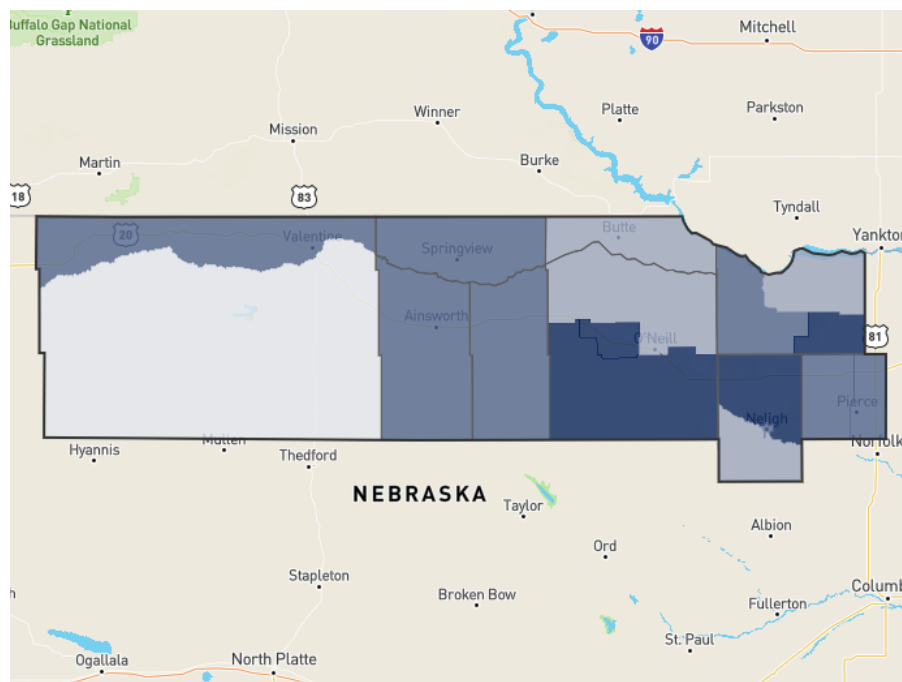
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023
	People With Health Insurance
Antelope County, NE	94%
Boyd County, NE	90.9%
Brown County, NE	93.5%
Cherry County, NE	92%
Holt County, NE	93%
Keya Paha County, NE	93.7%
Knox County, NE	93.9%
Pierce County, NE	93.8%
Rock County, NE	93.6%
North Central District Health Department	93.3%
Nebraska	92.6%

Sources: US Census Bureau ACS 5-year 2019-2023

Health Insurance Coverage



© Mapbox © OpenStreetMap



Sources: US Census Bureau ACS 5-year 2019-2023

People Covered by Insurance by Race/Ethnicity

Insurance Status by Race/Ethnicity

▼ ▲ Data Sources	North Central District Health Department ▼ ▲	Nebraska ▼ ▲	Pierce County, NE ▼ ▲
2019-2023 Insured Asian People	95.1%	93%	100%
2019-2023 Insured Black People	80.8%	86.8%	100%
2019-2023 Insured Hispanic or Latino People	80.4%	80.3%	92.7%
2019-2023 Insured Multiracial People	89.6%	86.3%	95.6%
2019-2023 Insured Native American People	71.1%	79.7%	100%
2019-2023 Insured Native Hawaiian and Pacific Islander People	100%	84.4%	No data
2019-2023 Insured Other People	68.7%	78.1%	27.8%
2019-2023 Insured White (Not Hispanic or Latino) People	94.5%	95%	93.8%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: Unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

People Covered by Insurance by Age

Health Insurance Status by Age

▼ ▲ Geography	2019-2023 Insured People Under Age 6 ▼ ▲	2019-2023 Insured People Ages 6 to 18 ▼ ▲	2019-2023 Insured People Ages 19 to 64 ▼ ▲	2019-2023 Insured People Ages 65+ ▼ ▲
North Central District Health Department	96.7%	94.1%	89.6%	99.8%
Nebraska	95.8%	94.7%	89.5%	99.4%
Pierce County, NE	96.9%	97.1%	90.3%	99%

Sources: US Census Bureau ACS 5-year 2019-2023

Neighborhood & Build Environment

Just as neighbors live in community with one another, our neighborhoods themselves should be a place of connection – physically, emotionally, and even digitally. The ability to get where we need to go, breathe freely, enjoy life with others, and connect to the rest of the world online all add to our quality of life.

- **People in Households with a Computer and Internet Subscription:** 91.6% of Pierce County residents both internet and computer access at home, which is lower than their state counterparts (92.8%), but higher than the district average of 88.6%.
- **Students with Access to a Computer and Internet by Grade Level (2019-2023):**
 - **Pre-K to 4th Grade-** 95.5% of NCDHD residents have home internet/ computer access, which is lower than the state (96.6%).
 - **5-8th Grade:** 97.2% of NCDHD residents have home internet/ computer access. This is the only grade grouping that has a higher percentage than their state counterpart (96.8%).
 - **9- 12th Grade-** 94.5% of NCDHD residents have home internet/ computer access which is lower than the state (96.6%).
 - **Undergraduate or Higher-** 95% of NCDHD residents have home internet/ computer access, which is lower than the state (96.6%).



People in Households with a Computer and Internet Subscription

88.6%

of People

North Central District Health Department

92.8%

of People

Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 People With a Computer and Internet Subscription
Antelope County, NE	88.7%
Boyd County, NE	88.9%
Brown County, NE	90.1%
Cherry County, NE	90.2%
Holt County, NE	86.1%
Keya Paha County, NE	90.9%
Knox County, NE	88.5%
Pierce County, NE	91.6%
Rock County, NE	80.3%
North Central District Health Department	88.6%
Nebraska	92.8%

Sources: US Census Bureau ACS 5-year 2019-2023

Students with Access to a Computer and Internet by Grade Level

Geography	2019-2023 Pre-K to 4th Grade	2019-2023 5th to 8th Grade	2019-2023 9th to 12th Grade	2019-2023 Undergraduate or Higher
North Central District Health Department	94.5%	97.2%	93.9%	95%
Nebraska	96.6%	96.8%	96.8%	95.6%
Pierce County, NE	98.7%	99.5%	90.2%	100%

Sources: US Census Bureau ACS 5-year 2019-2023

Social & Community Context

Having social support isn't just good for our mental health—it can even affect our physical well-being. Social support makes up a big part of our context, the building block for many of our decisions related to health. As our world becomes more digitally connected, staying personally connected to the community around us is even more important for our health.

- **Senior Citizens Living Alone:** Seniors, or those over the age 65, are at an increased risk for loneliness. In Pierce County, 25.3% of senior citizens live alone, which is slightly lower than the state (30.2%).
- **Disconnect Youth:** Disconnected youth are defined as people ages 16-19 who are not in school or in the workforce. Pierce County has 7.5% of youth not enrolled in school and not in the workforce.
- **Language Isolation:** 2.5% of Nebraska's households have limited English speaking, while in NCDHD only 0.8% of households have limited English speaking ability. Pierce County is slightly higher than the district average at 1%.

Overview



Seniors Living Alone

29.6%

People age 65+

North Central District Health Department

30.2%

People age 65+

Nebraska

Language Isolation: Limited English Speaking Households

0.8%

Households

North Central District Health Department

2.5%

Households

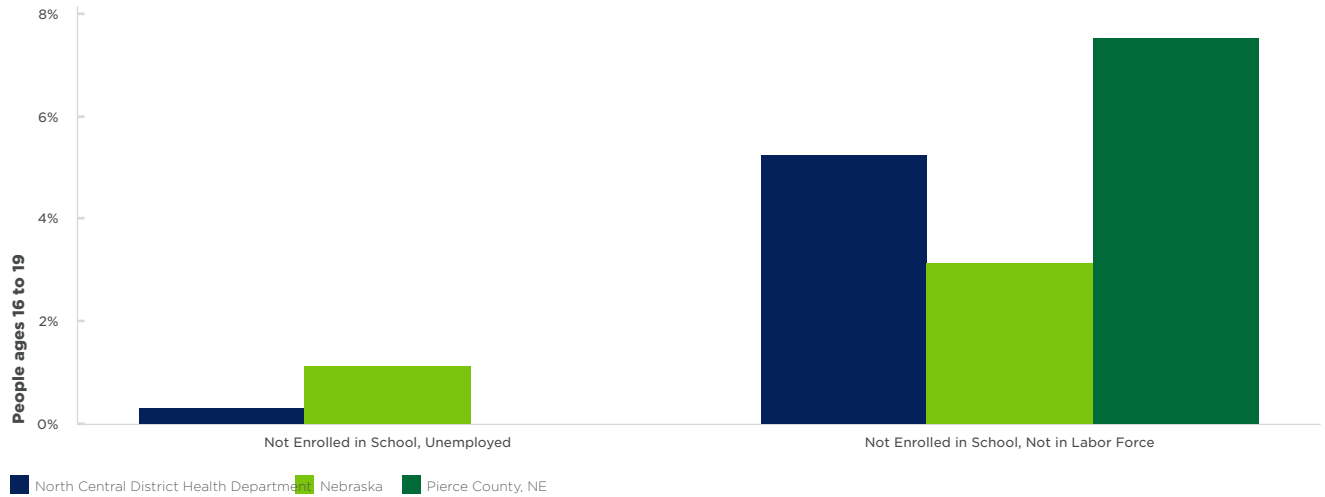
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Seniors Living Alone	2019-2023 Linguistic Isolation
Antelope County, NE	31.7%	0.6%
Boyd County, NE	22.6%	0.3%
Brown County, NE	49%	1.3%
Cherry County, NE	33.2%	0%
Holt County, NE	29%	1.6%
Keya Paha County, NE	24.5%	0%
Knox County, NE	25%	0.2%
Pierce County, NE	25.3%	1%
Rock County, NE	29.5%	0.7%
North Central District Health Department	29.6%	0.8%
Nebraska	30.2%	2.5%

Sources: US Census Bureau ACS 5-year 2019-2023

Disconnected Youth



Sources: US Census Bureau ACS 5-year 2019-2023



North Central District Health Department Community Health Assessment

Social Determinants of Health

Key Indicators for Social Determinants of Health in Your Community

Public health professionals now know that the social and economic conditions where people live and work affect individual and community health. These conditions range from access to healthcare to neighborhood safety and are closely connected to factors such as household income and educational attainment. These factors are known as [Social Determinants of Health](#).¹

In this report, we'll examine key indicators for social determinants of health in your community:

- Race-Related Barriers to Health
- Low Income Populations
- Access to Jobs
- Educational Attainment
- Additional Vulnerable Populations

What are social determinants of health?

Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, social norms, social policies, and political systems.

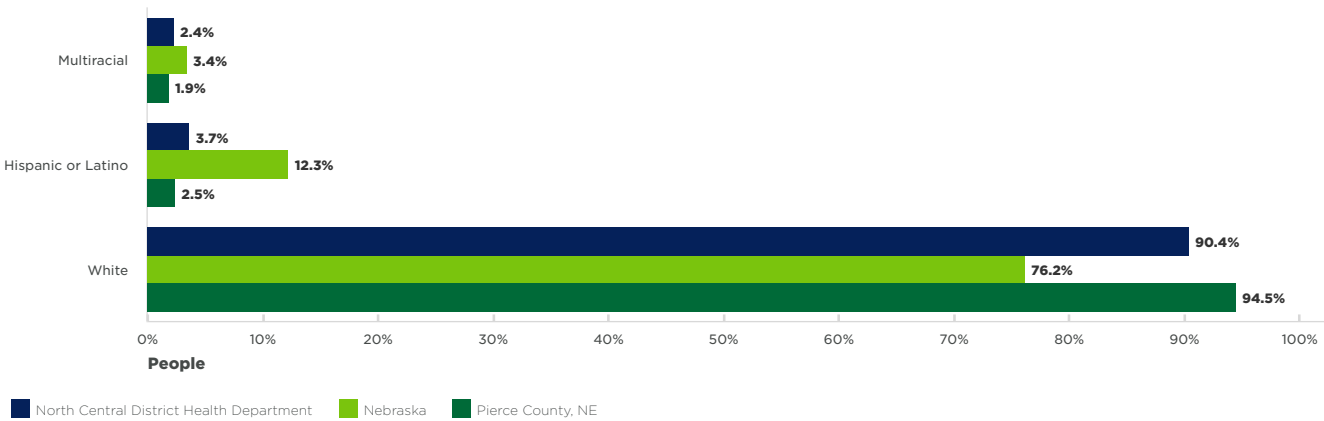
SDOH are one of three priority areas for [Healthy People 2030](#)², along with health equity and health literacy. Healthy People 2030 sets data-driven national objectives in [five key areas of SDOH](#)³: healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment. Some examples of SDOH included in Healthy People 2030 are safe housing, transportation, and neighborhoods; polluted air and water; and access to nutritious foods and physical health opportunities.

What are race-related barriers to health?

In many communities, People of Color (POC) face greater barriers to opportunity. These barriers are due in part to historical policies and patterns of development that have marginalized many communities of color. People facing poverty and other socioeconomic challenges face barriers to health regardless of their race. However, the analyses below

compare each metric to POC populations to identify where economic hardship intersects with race-related barriers to health.

Race/Ethnicity Totals



Sources: US Census Bureau ACS 5-year 2019-2023
All groups are not inclusive of Hispanic or Latino individuals unless noted otherwise.

Where are low incomes a barrier to health?

The U.S. Census identifies individuals with a household income of up to 200% of the poverty level as low income. Low income residents in communities with high income inequality face greater health risks. They are more likely to face barriers to healthy choices, such as longer distances to healthy food or affordable healthcare, and are more likely to be exposed to environmental risks, such as low-quality housing.



Percent of Population Below Poverty Level

10.3%

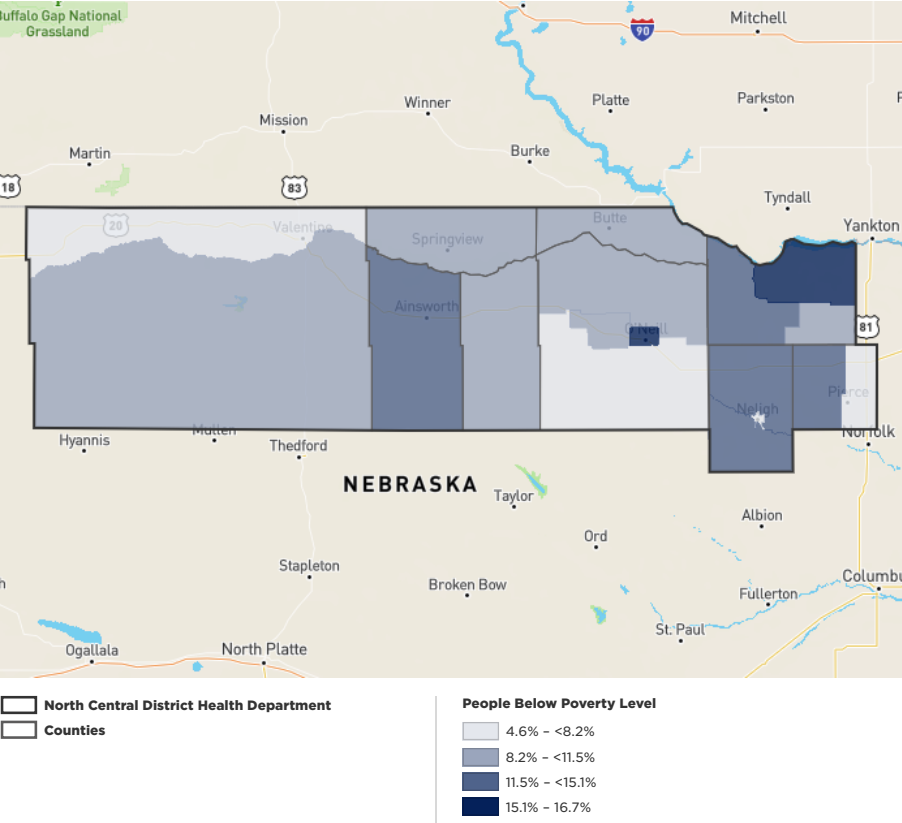
North Central District Health Department

10.3%

Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Low Income Population



Sources: US Census Bureau ACS 5-year 2019-2023

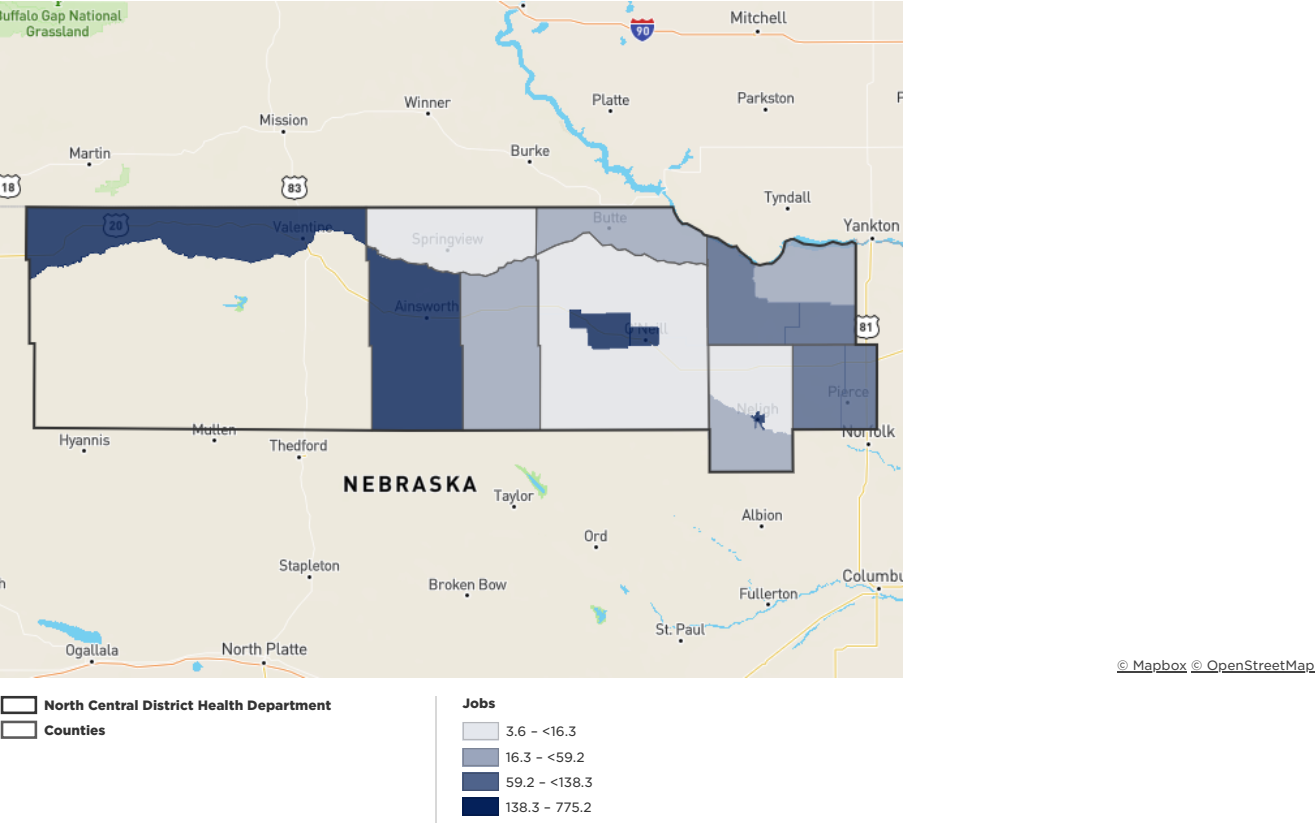
How accessible are jobs in your community?

Employment is the very foundation of economic opportunity. Unemployment makes it difficult, if not impossible, to meet life’s basic needs and even a brief period of unemployment can [negatively impact an individual's earnings](#) for up to 20 years. Job access below is measured two ways: by job density as the number of jobs per acre and the density of middle-skill jobs in your area. Middle skill jobs often provide better wages than lower skill jobs, but also often require training or education beyond high school.

Geography	2021 Average Number of Jobs within a 30 Minute Public Transit
North Central District Health Department	230.7
Nebraska	1,259.4
Pierce County, NE	96.5

Sources: Access Across America Transit 2021

Average Number of Jobs Within a 30 Minute Public Transit



Sources: Access Across America Transit 2021; LODES Version 8.0 2022; US Census Bureau 2021; US Census Bureau ACS 5-year 2019-2023

How many residents have access to educational opportunities?

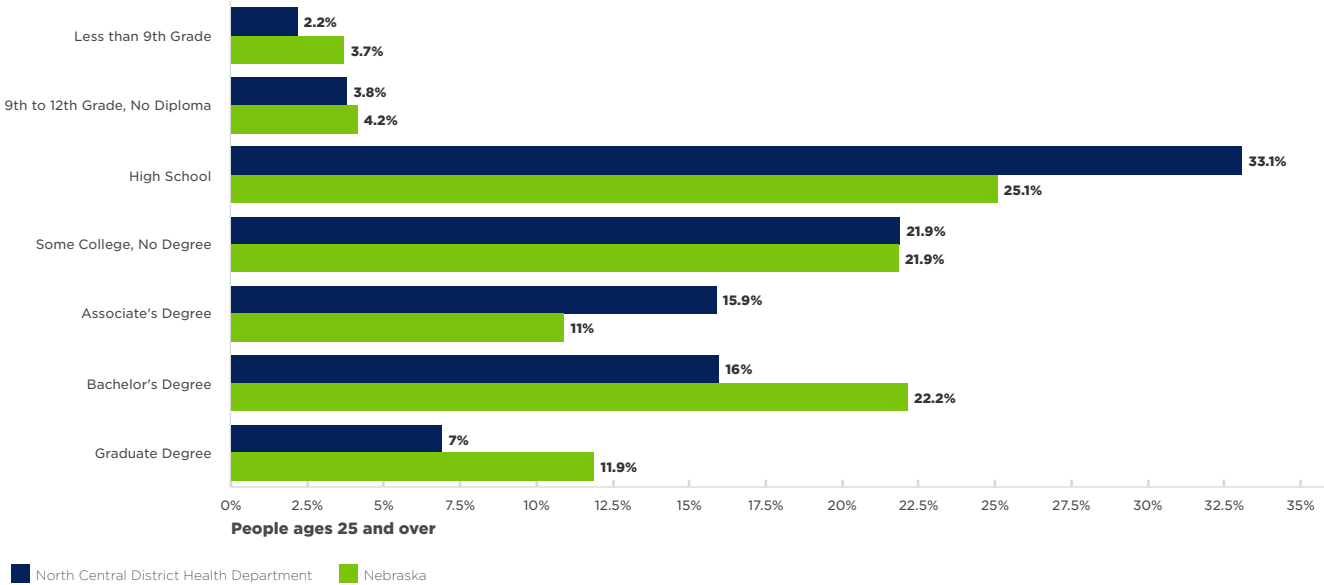
Education improves nearly every factor impacting an individual’s health. Literacy and the ability to understand health information is correlated with longer lifespans, greater educational attainment improves economic opportunity, and high school graduation is a critical predictor for whether an individual will be exposed to violent crime in their lifetime. Lifelong educational outcomes begin in preschool. Enrollment in a high quality preschool or nursery school often predicts lifelong educational and health outcomes.

Pre-School Enrollment

Geography	2019-2023 Enrolled in Nursery or Preschool	2019-2023 Population Age 3 to 4
North Central District Health Department	822	1,184
Nebraska	32,910	52,683
Pierce County, NE	91	217

Sources: US Census Bureau ACS 5-year 2019-2023

Highest Level of Education Completed



Sources: US Census Bureau ACS 5-year 2019-2023

▼ ▲ Data Sources	Antelope County, NE ▼ ▲	Boyd County, NE ▼ ▲	Brown County, NE ▼ ▲	Cherry County, NE ▼ ▲	Holt County, NE ▼ ▲	Keya Paha County, NE ▼ ▲	Knox County, NE ▼ ▲
2019-2023 Less than 9th Grade	2.3%	0.8%	2%	1.4%	2.6%	1.7%	2.4%
2019-2023 9th to 12th Grade, No Diploma	4.6%	3.5%	5.7%	1.2%	4.3%	1.4%	4.8%
2019-2023 High School Degree	31.5%	41.2%	31.8%	32.5%	33.7%	32.5%	35%
2019-2023 Some College, No Degree	22.2%	21.6%	26.9%	26.7%	18.5%	25.9%	22.1%
2019-2023 Associate's Degree	19.4%	13.3%	12.4%	14%	13.9%	12.7%	15.9%
2019-2023 Bachelor's Degree	12.7%	10.9%	13.6%	16.7%	19.3%	19.7%	13.7%
2019-2023 Graduate Degree	7.2%	8.7%	7.6%	7.5%	7.8%	6%	6%

Sources: US Census Bureau ACS 5-year 2019-2023

How many residents face additional health vulnerabilities?

Many factors besides income impact an individual’s ability to live to a long, healthy life. Some groups face unique needs and challenges that make them particularly vulnerable to health risks or barriers. The chart below provides a breakdown of the vulnerable populations in your area. **Vulnerable populations include persons:**

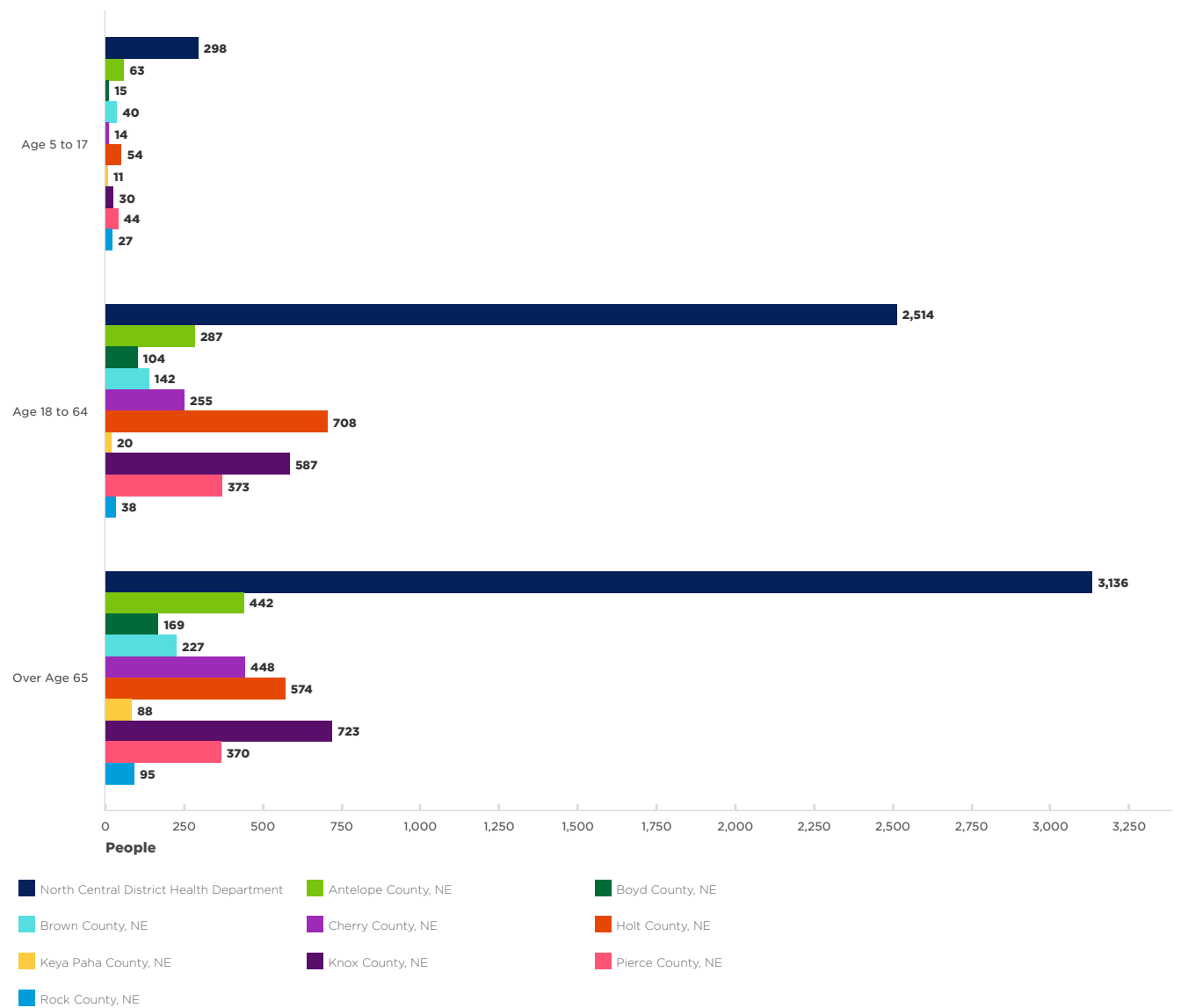
- under age 5
- over age 65
- persons with a disability
- persons below poverty level
- speak English less than very well (limited English proficiency)

Vulnerable Populations

<div> <div>▲▼</div> <div>Data Sources</div> </div>	<div> <div>North Central District Health Department</div> <div>▲▼</div> </div>	<div> <div>Nebraska</div> <div>▲▼</div> </div>	<div> <div>Pierce County, NE</div> <div>▲▼</div> </div>
2019-2023 Population Age Under 5	2,774	127,005	518
2019-2023 Population Age 65 and Over	10,434	322,165	1,435
2019-2023 Population Living with a Disability	13.6%	12.1%	10.9%
2019-2023 Educational Attainment: Less than 9th Grade	2.2%	3.7%	2.6%
2019-2023 People Below Poverty Level	10.3%	10.3%	8%
2019-2023 Ability to Speak English Less Than Very Well	1.6%	5.2%	1.4%

Sources: US Census Bureau ACS 5-year 2019-2023

Disability by Age



Sources: US Census Bureau ACS 5-year 2019-2023



North Central District Health Department Community Health Assessment

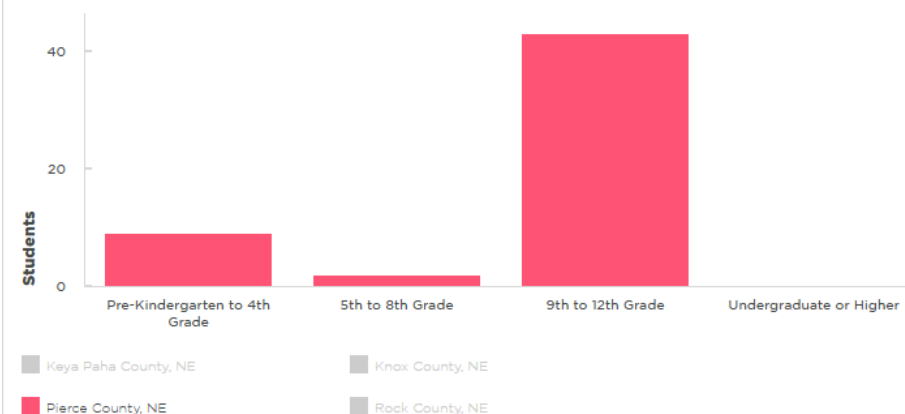
Digital Access

- Lack of access to the internet and/or devices limits a person's access to critical services that are housed online. People in rural areas are the most affected by this.
- Data about the demographics of people that do not have access to the internet or devices can help to target areas of need.
- Advocacy for the expansion of broadband can help to address the digital divide.
- Pierce, Holt, Rock and Knox Counties have the highest number of 9th-12th graders who lack home internet access or a computer. This is alarming due to the growing online world we live in.

Online Education and Information

Since the beginning of the COVID-19 public health emergency, hybrid and online education has become more common. People with access to a reliable device and internet are [more likely to succeed](#)^[2] in an online education environment. Additionally, having a higher educational attainment can help to afford internet.

Students Without an Internet Subscription or Computer by Grade



▲ 2/2 ▼

Sources: US Census Bureau ACS 5-year 2019-2023

Digital Connectivity and the Digital Divide

Digital connectivity is necessary for students, parents, and the general public to access the resources needed for schooling, social services, and work. However, not everyone has access to digital technology and services within their home. A quality internet connection, for example, requires purchasing multiple devices and paying monthly service providers. Not every household can afford those expenses. While most communities have access to computers and the internet at their local library, there are still barriers surrounding transportation to the library and library hours.

This report explores digital access, helping answer 3 questions:

1. **Where is the digital divide?** 12.5% of NCDHD households have internet access and 9% do not have a computer. Pierce County has 8.4% of its population without internet access or a home computer. All NCDHD counties are higher than the Nebraska average (7.2%).
2. **What factors impact the digital divide?** 8.9% of Pierce County residents live under the poverty level, this greatly impacts one's online access.
3. **Who are most negatively impacted?** Youth and students are likely to most negatively impact due to the growing demands of online education. Pierce, Holt, Rock and Knox Counties have the highest number of 9th-12th graders who lack home internet access or a computer. This is alarming due to the growing online world we live in.

Where is the digital divide?

Households without access to both a computer and an internet service provider are excluded from digital connection. Additionally, those with smartphones as their only computer are limited to mobile-only experiences and are excluded from tasks requiring larger screens and improved functionality. The data presented below helps target where these divides exist.

No Internet Access

12.5%

of total households

North Central District Health Department

7.5%

of total households

Nebraska

No Computer

9%

of total households

North Central District Health Department

5.4%

of total households

Nebraska

No Internet Access or Computer

11.4%

of People

North Central District Health Department

7.2%

of People

Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 No Internet Access	2019-2023 No Computer	2019-2023 No Internet Access or Computer
Antelope County, NE	14.8%	9.6%	11.3%
Boyd County, NE	9.8%	9.8%	11.1%
Brown County, NE	9.4%	7%	9.9%
Cherry County, NE	11.6%	8.5%	9.8%
Holt County, NE	13.9%	9.3%	13.9%
Keya Paha County, NE	10.4%	9.8%	9.1%
Knox County, NE	14.1%	10.7%	11.5%
Pierce County, NE	10.6%	7.9%	8.4%
Rock County, NE	8.4%	4.5%	19.7%
North Central District Health Department	12.5%	9%	11.4%
Nebraska	7.5%	5.4%	7.2%

Sources: US Census Bureau ACS 5-year 2019-2023

What factors impact the digital divide?

Two factors that exclude communities from digital connectivity are **poverty and proximity**. If a household cannot afford a computer and an internet service provider, they are excluded. Also, if a household does not reside in an area with quality internet service, they are also excluded. View the [FCC's broadband speed guide](#) for more information on quality service.

Households Below Poverty Level

11.3%

of Households

North Central District Health Department

11.1%

of Households

Nebraska

Severely Cost Burdened

15.1%

of low income households

North Central District Health Department

23.3%

of low income households

Nebraska

Sources: HUD CHAS 2017-2021; US Census Bureau ACS 5-year 2019-2023

Note: Severely cost burdened are those households (owner or renter) whose monthly housing costs (including utilities) exceed 30% of their monthly income. Low income are those households (owner or renter) who earn up to 80% of the US Housing and Urban Development Area Median Family Income (HAMFI).

Geography	2019-2023 Households Below Poverty Level	2017-2021 Low Income Households Severely Cost Burdened
North Central District Health Department	11.3%	15.1%
Nebraska	11.1%	23.3%
Pierce County, NE	8.9%	16.2%

Sources: HUD CHAS 2017-2021; US Census Bureau ACS 5-year 2019-2023

Who are most negatively impacted?

All households without access to digital connectivity are negatively impacted. However, some populations can be more vulnerable to longer-term impacts such as children enrolled in school, families with young children, and persons of color. Scroll through the pages below to explore more.

Enrolled in Kindergarten to Grade 12

7,947

Students

North Central District Health Department

351,470

Students

Nebraska

Children in Households Under Age 18 Without Computer

0.7%

of Children

North Central District Health Department

0.8%

of Children

Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Enrolled in Kindergarten to Grade 12	2019-2023 Children in Households Under Age 18 Without Computer
Antelope County, NE	1,022	1.6%
Boyd County, NE	249	0%
Brown County, NE	435	0%
Cherry County, NE	1,014	0%
Holt County, NE	1,892	1.1%
Keya Paha County, NE	203	0%
Knox County, NE	1,509	0.7%
Pierce County, NE	1,405	0.2%
Rock County, NE	218	0%
North Central District Health Department	7,947	0.7%
Nebraska	351,470	0.8%

Sources: US Census Bureau ACS 5-year 2019-2023



North Central District Health Department Community Health Assessment

Disability Overview

Disabilities include physical difficulties, like trouble walking, and developmental and behavioral disabilities. Anyone could become disabled at any time for a short or long period of time, and may experience challenges working, accessing healthcare, and more. We can improve the health and wellness of individuals with disabilities by making it easier to access resources and services when and where they're needed, ["in a way that is responsive to their needs and preferences."](#)¹²

- 13.6% of NCDHD residents live with some type of disability, which is higher than Nebraska's (12.1%). Within NCDHD, Boyd County has the highest percentage (17.2%) of residents living with a disability and Pierce County has the lowest percentage of residents living with a disability (10.9%).
- The most common type of disability in Pierce County is hearing (353) followed by ambulatory (289).

People Living With a Disability

Population Living with a Disability



Sources: US Census Bureau ACS 5-year 2019-2023

Data is for the civilian noninstitutionalized population, so it does not include those people living in long-term care living arrangements like correctional or skilled nursing facilities.

Geography	2019-2023 People Living With a Disability
Antelope County, NE	12.7%
Boyd County, NE	17.2%
Brown County, NE	15.1%
Cherry County, NE	13.2%
Holt County, NE	13.4%
Keya Paha County, NE	12.7%
Knox County, NE	16.3%
Pierce County, NE	10.9%
Rock County, NE	12.3%
North Central District Health Department	13.6%
Nebraska	12.1%

Sources: US Census Bureau ACS 5-year 2019-2023


People Living With a Disability - by Type

Types of Disabilities

Data Sources	North Central District Health Department	Nebraska	Pierce County, NE
2019-2023 Vision Difficulty	1,034	39,959	103
2019-2023 Hearing Difficulty	2,534	74,509	353
2019-2023 Cognitive Difficulty	1,706	87,996	269
2019-2023 Ambulatory Difficulty	2,742	102,683	289
2019-2023 Independent Living Difficulty	1,618	71,174	157
2019-2023 Self-Care Difficulty	742	34,367	82

Sources: US Census Bureau ACS 5-year 2019-2023

Strategies and Program Activities by Health Need

	Health Need #1: Behavioral Health
Goal & Anticipated Impact	<p>Goal: Ensure equitable access to clinic and community-based behavioral health services in Pierce County</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Increase awareness of existing mental health resources among community stakeholders • Reduce mental health stigma • Reduce number of mentally unhealthy days among Pierce County adults
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> • 22.9% of Pierce County respondents reported heavy drinking • 12% of Pierce County residents reported having been depressed • 1.9 mentally unhealthy days reported in past 30 days for the North Central District (NCD) • 8% of adults report more than 14 days of poor mental health per month in 2014 <p>CHNA 2019</p> <ul style="list-style-type: none"> • 20% of Pierce County respondents reported excessive drinking (binge or heavy) • 10.8% of NCD adults report ever having been told they have depression • 2.9 mentally unhealthy days reported in past 30 days for Pierce County <p>CHNA 2022</p> <ul style="list-style-type: none"> • Among NCD survey respondents, mental health was the third leading concern identified (58.7%). • The majority of students agreed that they felt safe at their school (n = 1001, 90.8%). However, when asked about being bullied, some students reported being bullied physically (n = 991; 5.0%), verbally (n = 990; 21.9%), socially (n = 989; 21.0%), and electronically (n = 990; 7.3%) at least once a month in the past year. Additionally, some students also reported being physically hurt on purpose by someone they were dating (n = 1001; 5.4%) within the past year. • Several responses to the community health survey expressed a need for increased mental health education regarding resources, stigma, prevention efforts, and better access to resources throughout their community, especially in schools.


Strategy	Key Activities
<p>1.1 Support internal and external efforts to promote mental health services and reduce substance abuse through early intervention and education.</p>	<p>1.1.1 Convene a behavioral health coalition that meets monthly to address behavioral health issues, connect service providers and maintain active participation in local area substance use prevention coalitions. Coalition may work on the following activities and adopt other strategies as appropriate:</p> <ul style="list-style-type: none"> • Support and promote school- based mental health programming focused on prevention of substance abuse and suicide • Identify emerging issues through the behavioral health coalition and create a training plan to increase community awareness <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Continued to convene behavioral health coalition (Healthy Choices for Pierce County) and explore emerging needs around behavioral health. • The Coalition, Healthy Choices for Pierce County, worked to raise awareness and educate the community about substance abuse. Some members have attended training at Northeast Community College. • Visited the local highschool and disseminated suicide prevention flyers. • The Coalition also worked on educating the community about suicide prevention. They focused on the schools and promoting Mental Health First Aid for adults and teens. <p>FY23 Measures</p> <ul style="list-style-type: none"> • Average number of staff attending: 7 • Number of meetings: 10 • Number of staff attending outreach event at highschool: 2 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Continued to convene the behavioral health coalition (Healthy Choices for Pierce County) and explore emerging needs around behavioral health. The coalition worked to raise awareness and to educate the community about substance abuse and mental health first aid. • Disseminated suicide prevention flyers during an outreach event at Plainview High School. <p>FY24 Measures</p> <ul style="list-style-type: none"> • Health Choices for Pierce County <ul style="list-style-type: none"> ○ Meetings: 10 ○ Average number of staff who attended: 8 • Staff who attended the high school outreach event: 4

	FY25 Results Pending
	<p>1.1.2 Expand use of telehealth and other health care system strategies for behavioral health services</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> There has continued to be a shortage of providers to provide these services. Behavioral health telehealth service was used one time in FY23. <p>FY23 Measures</p> <ul style="list-style-type: none"> None to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Collaborated with Plainview Public School to hire a licensed mental health practitioner (LIMHP). <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
	<p>1.1.3 Support and participate in the NCDHD CHIP efforts to:</p> <ul style="list-style-type: none"> Increase Mental Health First Aid Training (MHFA) providers in NCDHD district Provide MHFA trainings in each county Bring one BCBA (Board Certified Behavior Analyst) to the district Provide peer to peer mental health training to local schools (QPR, Teen MHFA) Utilize media outlets to increase the awareness of mental health and suicide (resource line/ text 741741/ phone 988) <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Increase Mental Health First Aid Training (MHFA) providers in NCDHD district Provide MHFA trainings in each county Bring one BCBA (Board Certified Behavior Analyst) to the district Provide peer to peer mental health training to local schools (QPR, Teen MHFA) Utilize media outlets to increase the awareness of mental health and suicide (resource line/ text 741741/ phone 988) <ul style="list-style-type: none"> FY2023 Actions and Impact:

	<ul style="list-style-type: none"> ■ CHI Health Plainview staff participated in bimonthly CHIP workgroup, as well as North Central Community Care Partners (NCCC) and Area Substance Abuse Prevention (ASAP) meetings. ■ CHI Health staff person participated on Health Department Board of Directors and serves as the President of NCCC and Vice Chair for ASAP; Hospital president supporting. <p>FY23 Measures</p> <ul style="list-style-type: none"> ● Number of CHIP meetings: 6 ● Number of NCCC/ASAP meetings: 6 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> ● Staff participated in a bimonthly CHIP workgroup, in North Central Community Care Partners (NCCC), and in Area Substance Abuse Prevention (ASAP) meetings. ● Staff served on NCDHD's and NCCC's Board of Directors. <p>FY24 Measures</p> <ul style="list-style-type: none"> ● CHIP meetings: 6 ● NCCC/ASAP meetings: 6 <p>FY25 Results Pending</p> <hr/> <p>1.1.4 Explore strategies around violence prevention and incorporate health system strategies to provide trauma informed patient care and mitigate further violence</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> ● CHI Health Anti-trafficking Coordinator continued to share resources with Critical Access Hospitals. ● CHI Health Plainview Vice President of Patient Care Services participating in national human trafficking informational calls. <p>FY23 Measures</p> <ul style="list-style-type: none"> ● Staff attended 6 meetings <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> ● The Anti-trafficking Coordinator continued to share resources with Critical Access Hospitals. ● The Vice President of Patient Care Services participated in national human trafficking informational calls.
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	<ul style="list-style-type: none"> • The Healthy Communities Team supported this strategy through a FY22-24 Mission and Ministry United Against Violence grant. Throughout FY24: <ul style="list-style-type: none"> ○ The Forensic Nurse Examiner (FNE) Program Market Manager provided ongoing education on Intimate Partner Violence (IPV), Sexual Assault (SA), and Human Trafficking (HT) identification to emergency departments. ○ Hosted, in collaboration with Creighton University's Office of Continuing Education and 11 community/state organizations, including Willow Rising, Catholic Charities, Omaha Police Department, and the Douglas County Sheriff's Department, the second annual Midwest Regional Anti-Human Trafficking Conference on November 8, 2023 in Omaha, NE. Conference attendees received all resources such as PowerPoints and handouts via the virtual event app. ○ Continued to offer the Human Trafficking Awareness Webinar series. The webinars were free, one-hour, and offered online for healthcare, law enforcement and social service professionals. Various community organizations and service providers across Nebraska and Southwest Iowa served as presenters. ○ Required Human Trafficking 101, PEARR (Trauma-Informed Approach to Victim Assistance in Health Care Settings), and Trauma Informed Care staff training via Pathways. The Division releases these trainings annually on October 1st and requires their completion by December 31st. <p>FY24 Measures</p> <ul style="list-style-type: none"> • Midwest Regional Anti-Human Trafficking Conference <ul style="list-style-type: none"> ○ Registrants: 377 ○ Live attendees: 161 virtual and 77 in-person from 22 different states ○ CEUs: 786.5 claimed by 143 eligible professionals • Staff Pathways trainings (Nebraska and Iowa completion rates as of January 2024) <ul style="list-style-type: none"> ○ Human Trafficking 101: 85% (11,194/13,128) ○ PEARR Tool: 90% (6893/7686) **Assigned to defined clinical staff only. ○ Trauma-Informed Care: 90% (7089/7854) <p>FY25 Results Pending</p>
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Related Activities	<p>The following activities represent complementary efforts in which CHI Health as a system or CHI Health Plainview as an individual hospital is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.</p> <ul style="list-style-type: none"> • Support system advocacy efforts to increase behavioral health access and services in Nebraska • Increase use of tele-health for behavioral health services
Planned Resources	<ul style="list-style-type: none"> • Funding • Staff and partner time • Space and technology for meetings
Planned Collaborators	<ul style="list-style-type: none"> • NCDHD • Law Enforcement • Schools • Region 4 • Other CHIP partners

	Health Need #2: Cardiovascular Health	
Goal and Anticipated Impact	<p>Goal: Reduce chronic disease burden and increase awareness of the importance of preventive care and healthy lifestyles</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Increase consumption of fresh fruits and vegetables • Increase physical activity among Pierce County residents • Increase awareness about risk factors for chronic disease and the importance of preventive care 	
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> • 72% of NCD adults are either overweight or obese (2014) • 32% of Pierce County population report being physically inactive • 82% of adults report inadequate fruit/vegetable consumption • 34% of population with adequate access to locations for physical activity in 2014 • 11% of population lack adequate access to food in 2013 <p>CHNA 2019</p> <ul style="list-style-type: none"> • 71.2% of NCD adults are either overweight or obese • 32.7% of NCD adults report being physically inactive • 28% of Pierce County adults report no leisure time physical activity • 33.9 of NCD adults report consuming less than one serving of fruit daily and 15.0% report consuming less than one serving of vegetables daily • 65% of Pierce County population with adequate access to locations for physical activity in 2018 • 15.3% of Pierce County residents report limited access to healthy foods in 2015 <p>CHNA 2022</p> <ul style="list-style-type: none"> • Among NCD survey respondents: <ul style="list-style-type: none"> ◦ heart disease was the second leading concern identified (59.5%). ◦ lack of exercise was the fourth leading concern identified (36.7%). ◦ diabetes was the fifth leading concern identified (36.4%). • 29.3% (n = 757) of adult respondents indicated that they had no leisure-time activity in the past 30 days. 	
Strategy	Key Activities	

<p>2.1 Expand access to healthy foods and recreational opportunities and increase awareness of risk factors for chronic disease by aligning hospital efforts and financial support with Pierce County community partners.</p>	<p>2.1.1 Participate in the NCDHD Community Health Improvement Plan and identify opportunities to support community partners' chronic disease detection and management efforts such as:</p> <ul style="list-style-type: none"> • Increase amount of CPR certified (instructor and trainees) • Promote and provide blood pressure screenings, with appropriate referrals • Promote awareness of the risks of abnormal blood pressure values • Explore avenues for physical activity in each county • Increase Medicaid awareness and enrollment <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Continued to identify opportunities for blood pressure machines located in the community, such as Senior Center and Library; There was no capacity to have a provider available to support this work in the community. • There is one certified instructor at the facility and only the required staff is CPR certified. Through the health department, we identified the shortage of trainers but as of yet have not made any progress. CHI Health Plainview staff continued to outreach to determine training opportunities. • Staff continued to support local EMT with volunteer/ on call hours. Two CHI Health Plainview staff are in EMT training. At least seven staff covered for local EMT throughout the year. <p>FY23 Measures</p> <ul style="list-style-type: none"> • Staff supporting local EMT - 7 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Continued to identify opportunities to place blood pressure machines in community settings such as the senior center and library. • A staff member maintains CPR instructor certification and works with the area fire department to facilitate trainings. • Another staff member facilitated Automated External Defibrillator (AED) trainings. • Staff continued to support local EMT with volunteer/on call hours. <p>FY24 Measures</p> <ul style="list-style-type: none"> • AED Trainings: 2 <ul style="list-style-type: none"> ○ Total number of attendees: 30 • EMT training attendees: 7 • Staff who covered for local EMTs at least once: 9 <p>FY25 Results Pending</p>
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	<p>2.1.2 Explore opportunities to support healthy food consumption and behaviors such as:</p> <ul style="list-style-type: none"> • Sponsoring a cooking class in Plainview • Install/ maintain community garden at CHI health Plainview <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • This strategy was on hold for most of FY23; staff provided excess produce to home health. <p>FY23 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • No updates to report. <p>FY24 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY25 Results Pending</p> <hr/> <p>2.1.3 Host an annual lab fair offering no and low cost skin cancer screening, blood pressure checks and glucose testing to support early detection of risk factors for chronic disease</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Hosted a lab fair offering blood pressure checks, skin checks, etc. Attendance decreased from previous years. Numerous staff participated in the lab fair. <p>FY23 Measures</p> <ul style="list-style-type: none"> • Number served at lab fair: 108 • Return visits for skin checks: 5 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Hosted a lab fair in April 2024 and offered the following services: comprehensive metabolic panels, complete blood counts, lipid panels, thyroid checks, HbA1C, prosthetic specific antigen, blood pressure checks, and skin checks. <p>FY24 Measures</p> <ul style="list-style-type: none"> • April Lab Fair <ul style="list-style-type: none"> ○ Attendees: 240
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	<ul style="list-style-type: none"> ■ Attendees who received a service: 141 <ul style="list-style-type: none"> ● Attendees who received blood pressure checks: 50 ● Attendees who received skin checks: 20 <ul style="list-style-type: none"> ○ Attendees who participated in follow up appointments as a result of the skin check: 11 <p>FY25 Results Pending</p> <p>2.1.4 Work with CHI Health Clinics to support blood pressure screening, diabetes A1C testing and management, and other metrics determined by the clinics</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> ● Continued to work with clinics to monitor progress. <p>FY23 Measures</p> <ul style="list-style-type: none"> ● Hypertension measure: 78%; Goal is >75% ● Hgb A1C measure: 8%; Goal is <20% <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> ● Continued to work with clinics to monitor progress. <p>FY24 Measures</p> <ul style="list-style-type: none"> ● Hypertension Control: 78%; Goal: >78% ● Hgb A1C measure: <20%; Goal: <20% <p>FY25 Results Pending</p> <p>2.1.5 Invest in community organizations focused on cardiovascular health through the implementation of the Community Health Improvement Grant (CHIG) program.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> ● Activity created in FY24. <p>FY23 Measures</p> <ul style="list-style-type: none"> ● No measures to report. <p>FY24 Actions and Impact</p>
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	<ul style="list-style-type: none"> Awarded a CHIG to the Plainview Social Center. The Plainview Social Center is a local nonprofit that supports healthy aging and aging at home. Through CHIG, the Plainview Social Center provided nutrition education courses, exercise classes, and social activities for older adults. <p>FY24 Measures</p> <ul style="list-style-type: none"> CHIG funds awarded (1/1/24-12/31/24): \$4,500 <p>FY25 Results Pending</p>
Related Activities	<p>The following activities represent complementary efforts in which CHI Health as a system or CHI Health Plainview as an individual hospital is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.</p> <ul style="list-style-type: none"> Supporting NCDHD CHIP recommendation for policy efforts to <ul style="list-style-type: none"> Encourage providers to include health literacy and cultural competency into their outreach efforts to address language and literacy barriers Encourage providers to include blood pressure screens at health fairs and clinics at no cost to address access to care and socioeconomic health disparities Encourage non-medical partners, i.e. churches, businesses, county courthouses, etc., to have blood pressure cuffs and education available for employees and guests
Planned Resources	<ul style="list-style-type: none"> Funding Staff time Space for garden and meetings
Planned Collaborators	<ul style="list-style-type: none"> Nebraska Extension HyVee 4H NCDHD