

Community Health Needs Assessment

CHI Health Schuyler – Schuyler, NE
2025

Adopted April 2025



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Executive Summary

CHNA Purpose Statement

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

CommonSpirit Health Commitment and Mission Statement

The hospital's 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.

CHNA Collaborators

The CHI Health Schuyler CHNA report is derived from our participation in the East Central District Health Department (ECDHD) regional CHNA. ECDHD commissioned Moxley Public Health to conduct a regional CHNA and produce county-level CHNA reports. CHI Health Schuyler participated in this regional/county CHNA and commissioned a distinct CHNA report that satisfied both IRS regulations and Common Spirit Health (CSH) requirements relating to the conduct and publication of CHNAs for its member hospitals.

CHI Health Schuyler would like to recognize the following organizations and consultants for their significant contributions to the design and conduct of the 2025 Community Health Needs Assessment (CHNA). These collaborators played an integral role in the planning, data collection, and analysis processes, ensuring a comprehensive assessment that accurately reflects the health needs of Colfax County. Their active participation and expertise were crucial to the successful completion of this CHNA.

Collaborating Organizations:

- Boone County Health Center
- Columbus Community Hospital
- East Central District Health Department
- Genoa Medical Facilities
- Good Neighbor Community Health Center

Consultants and Organizations Contracted:

- Moxley Public Health, LLC

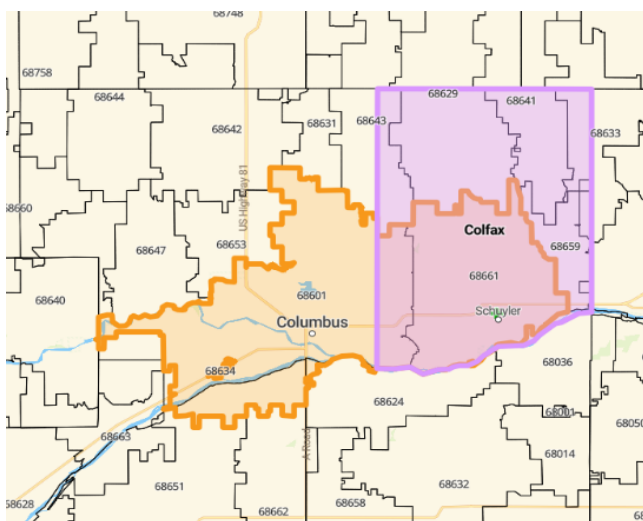
Contributing Organizations:

- Alcoholics Anonymous in Nebraska
- Cargill Schuyler Plant
- Center for Survivors
- Central Nebraska Community Action Partnership - Headstart
- Heartland Workers
- Nebraska Department of Economic Development
- Nor-AM Cold Storage
- Platte Valley Literacy Association
- Schuyler Community Development
- Schuyler Community Schools
- Schuyler Middle School
- Schuyler Police Department/Colfax County
- Seekers of Serenity
- Sixpence Early Learning Program
- The Center
- University of Nebraska Lincoln

Community Definition

CHI Health Schuyler is a critical access hospital located in Colfax County in eastern Nebraska. The service area for CHI Health Schuyler's Community Health Needs Assessment (CHNA) is defined as Colfax County. The following ZIP Codes represent 80% of admissions: 68036, 68601, 68629, 68632, 68641, 68643, 68658, 68659, and 68661. This community definition is illustrated in the following map, and includes the major municipalities of Schuyler, Clarkson, Leigh, and Howells, as well as adjacent areas.² The rationale for this community definition is based on patient demographics, geographical accessibility, and the goal of addressing health disparities within the county. A significant majority of inpatient discharges and emergency department visits originate from this area, ensuring that the CHNA accurately reflects the needs of the primary patient population. By focusing on Colfax County, the hospital can better tailor health initiatives and community engagement efforts to improve overall health outcomes.

Figure 1: Community Map²



Assessment Process and Methods

CHI Health Schuyler collaborated with Boone County Health Center, Columbus Community Hospital, East Central District Health Department, Genoa Medical Facilities, and Good Neighbor Community Health Center to complete their CHNA. They contracted with Moxley Public Health, LLC, a public health consulting company specializing in CHNAs and Implementation Strategies/Improvement Plans (CHIPs), to facilitate the CHNA process. Moxley Public Health utilized a robust and multi-dimensional approach when conducting the joint CHNA for the East Central District counties, encompassing Boone, Colfax, Nance, and Platte (the findings specifically for Colfax County are contained within this report). The assessment integrated both primary and secondary data sources to derive a comprehensive view of community health needs. Primary data collection involved distributing community surveys to gather direct insights from residents about their health behaviors, needs, and priorities. Additionally, focus groups and key informant interviews provided qualitative data through in-depth discussions with a broad cross-section of the community, including individuals from populations disproportionately affected by health issues.

Secondary data sources played a critical role in benchmarking and trend analysis. This included health statistics from local, state, and national databases, as well as socioeconomic indicators such as income, education, housing, and access to healthcare services. By analyzing these data alongside healthcare utilization records, Moxley Public Health was able to identify prevalent health conditions and gaps in service availability. This blend of quantitative and qualitative research methods enabled a thorough analysis of health trends and community concerns, ensuring that the identified priorities were reflective of the community's broad interests and pressing needs.

Input from a diverse range of community representatives was central to the CHNA process. Residents, health professionals, community organizations, and particularly those from vulnerable populations, were actively engaged to provide comprehensive perspectives. This inclusive approach ensured that the health needs and priorities were accurately identified and aligned with the community's realities. The findings from this extensive assessment laid the groundwork for CHI Health Schuyler and its partners to develop and implement strategic, evidence-based interventions aimed at improving health outcomes in Colfax County.

Process and Criteria to Identify and Prioritize Significant Health Needs

The process to identify significant health needs in Colfax County involved a comprehensive community member survey, which served as a primary tool for gathering insights from residents across East Central District counties (Boone, Colfax, Nance, and Platte). This survey was meticulously designed to capture a broad spectrum of health-related information, focusing on both the prevalence of health conditions and the community's perceptions of health priorities. The survey questions covered areas such as access to healthcare services, chronic disease prevalence, mental health and substance use, maternal and child health, and social determinants of health like income, education, and housing. By targeting a wide range of health topics, the survey provided a detailed snapshot of the community's health landscape.

To begin to analyze and prioritize the significant health needs, respondents were asked to rank both social determinants of health/community conditions and health outcomes according to the level of concern they had in the community. Additionally, the survey responses were analyzed to identify disparities among different population groups, especially those medically underserved, low-income, or minority communities, ensuring that the needs of vulnerable populations were given appropriate weight. Through this systematic evaluation process, the survey data was instrumental in highlighting the most pressing health challenges and guiding the development of targeted strategies to address them effectively. Detailed survey data, including a list of the ranked health needs in Colfax County can be found in the body of this report, as well as in Appendix A.

In addition to the survey, key informant interviews and focus groups were conducted to identify the most pressing health concerns through qualitative data. These significant health concerns were summarized according to the frequency with which they were mentioned by interview and focus group participants, as well as the sub-populations most affected by these health needs, and the existing resources in the community related to each health need. Detailed key informant interview and focus group data and ranked priorities (identified through thematic analysis) can also be found in the body of this report, as well as in Appendix A.

To generate the list of prioritized significant health needs, Moxley Public Health considered whether or not the health need or related topic was present in at least two data collection methods (interviews, focus groups, community member survey) as one of the top priorities. They looked at the top three social determinants of health/community conditions and top three health outcomes from the survey, and then looked at the top three priorities from each of the interviews and focus groups to see if they supported the top health needs from the survey. Based on this, Moxley Public Health generated a list of prioritized community health needs, also including supporting themes in brackets that came up in the survey, interviews, and focus groups.

During the development of the CHI Health Schuyler Implementation Strategy for Colfax County, the hospital and their community partners will select priority health needs to address based on the findings of the 2025 CHNA. This will be informed by evidence-based criteria including the size or scale of the problem (how many impacted), severity of problem, level of disparity and equity, known effective interventions, resource feasibility and sustainability, and level of community support. They will finalize a list of health needs and select evidence-based strategies, programs, and interventions to address. They will then develop a detailed work plan that includes strategies, partners, annual activities, process and outcome measures, priority populations, barriers to address, etc., to ensure that the strategies are effectively implemented and monitored over time. More detail on these health needs can be found in the Assessment [Data and Findings](#) section.

List of Prioritized Significant Health Needs

1. Behavioral health (includes mental health, substance use, access to mental healthcare, adverse childhood experiences (ACEs), stigma)
2. Access to healthcare (includes lack of care options, affordability, access to dental care)
3. Chronic diseases (includes overweight/obesity)
4. Social determinants of health (SDOH)/community conditions (includes SDOH ranked most highly in the assessment - access to childcare, education, housing and homelessness, transportation, income/poverty and employment, and food insecurity)

Resources Potentially Available

In Colfax County, Nebraska, a diverse array of resources address significant health needs within the community. CHI Health Schuyler, along with other healthcare facilities, provides essential medical services, financial assistance, and health education. Social services and religious institutions play a crucial role in supporting elderly residents and offering community programs. Law enforcement agencies and volunteer fire departments ensure community safety, while victim assistance services provide support for those affected by crime and abuse. Educational resources, including public school districts and libraries, along with quality childcare services, support the developmental needs of children and families. These combined efforts enhance the community's capacity to meet its health and social challenges effectively. A full list of resources can be found in the [Resources Potentially Available to Address Needs](#) section.

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 the Administration Office of CHI Health Schuyler. Written comments on this report can be submitted via mail to CHI Health - The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at: <https://forms.gle/KGRq62swNdQyAehX8> or by calling Ashley Carroll, Market Director, Community and Population Health, at: (402) 343-4548.

Community Definition

Definition of the Community

CHI Health Schuyler is a critical access hospital located in Colfax County in eastern Nebraska. The service area for CHI Health Schuyler's Community Health Needs Assessment (CHNA) is defined as Colfax County. The following ZIP Codes represent 80% of admissions: 568036, 68601, 68629, 68632, 68641, 68643, 68658, 68659, and 68661. This community definition is illustrated in the following map, and includes the major municipalities of Schuyler, Clarkson, Leigh, and Howells, as well as adjacent areas. The rationale for this community definition is based on patient demographics, geographical accessibility, and the goal of addressing health disparities within the county. A significant majority of inpatient discharges and emergency department visits originate from this area, ensuring that the CHNA accurately reflects the needs of the primary patient population. By focusing on Colfax County, the hospital can better tailor health initiatives and community engagement efforts to improve overall health outcomes.

Demographics and Key Characteristics

Colfax County, with a population of approximately 10,563, includes the cities of Schuyler, Clarkson, and Howells, among others. From 2010 to 2022, the population of Colfax County grew by 0.5%, compared to the state growth rate of 7%. The county is characterized by a diverse population, with nearly half of its residents identifying as Hispanic or Latino (46%). The population also includes small percentages of Black or African American (3%), and American Indian or Alaska Native (2%) residents, among other racial or ethnic groups. The community has a relatively large proportion of both youth and seniors, with 43% of the population being under 19 years old or over 65 years old, which is higher than the state average of 41%. There is a greater proportion of males (54%) than females (46%) in the community. The county is composed of 4% Veterans, lower than the state average of 6%.¹

Health and Social Services

Colfax County offers a variety of health and social services aimed at improving the well-being of its residents. Key healthcare providers include CHI Health Schuyler, which include a hospital site located in Schuyler, Nebraska, and three rural health clinics located in Schuyler, Clarkson, and Howells. CHI Health Schuyler offers outpatient specialty clinics: general surgery, gastrointestinal, podiatry, orthopedics, ENT, pulmonology, gynecology, cardiac, nuclear medicine. Social services are provided for residents of all ages, from children and youth to seniors, and various religious congregations of different denominations, some of which provide services in languages other than English.

In addition to primary and specialized healthcare, mental health services are available through various providers, addressing the growing need for mental health support in the community. Community health initiatives often collaborate with local government and organizations to promote wellness, preventive care, and chronic disease management, ensuring a holistic approach to healthcare.

Emergency Services

Emergency services are well-distributed across the county, with volunteer fire departments in Clarkson, Howells, Leigh, and Schuyler. Law enforcement and crime prevention are managed by the Colfax County Sheriff's Department, local police departments, and the Nebraska State Patrol. These services are crucial in maintaining community safety and providing rapid response during emergencies.

Educational Resources

Educational resources are robust, with several public and private schools, libraries, and community education programs available. The Schuyler Community School District, Howells-Dodge Public School District, and Leigh Community School District offer comprehensive educational programs. Additionally, the Cooperative Extension: Colfax County provides valuable resources for agricultural education and community development. Public libraries in Schuyler, Howells, Clarkson, and Leigh serve as important centers for learning and community engagement.

Community Organizations and Volunteerism

Colfax County has a strong tradition of volunteerism and community involvement. Numerous non-profits and volunteer organizations work tirelessly to address social determinants of health and improve the quality of life for residents. Organizations like the Schuyler Community Schools Foundation and various local churches play a vital role in fostering community spirit and providing support to those in need.

The City of Schuyler Handi Bus and similar transportation services ensure that seniors and those without access to personal vehicles can reach essential services, enhancing mobility and independence. Senior care facilities like Colonial Manor in Clarkson provide residential care and support for the elderly, contributing to the well-being of the aging population.

Colfax County, with its diverse and growing population, presents unique challenges and opportunities in addressing community health needs. The defined service area, encompassing the entirety of Colfax County, provides a focused framework for evaluating and addressing these needs through targeted healthcare, social services, emergency response, and educational initiatives. This approach ensures that the CHNA effectively captures the health priorities and resources necessary to improve the overall well-being of the community.

The county's comprehensive network of health and social services, emergency response capabilities, educational resources, and strong community organizations collectively contribute to a resilient and supportive environment. By leveraging these resources, Colfax County is well-positioned to address current health challenges and promote a healthier future for all residents.

ZIP Codes in the Community

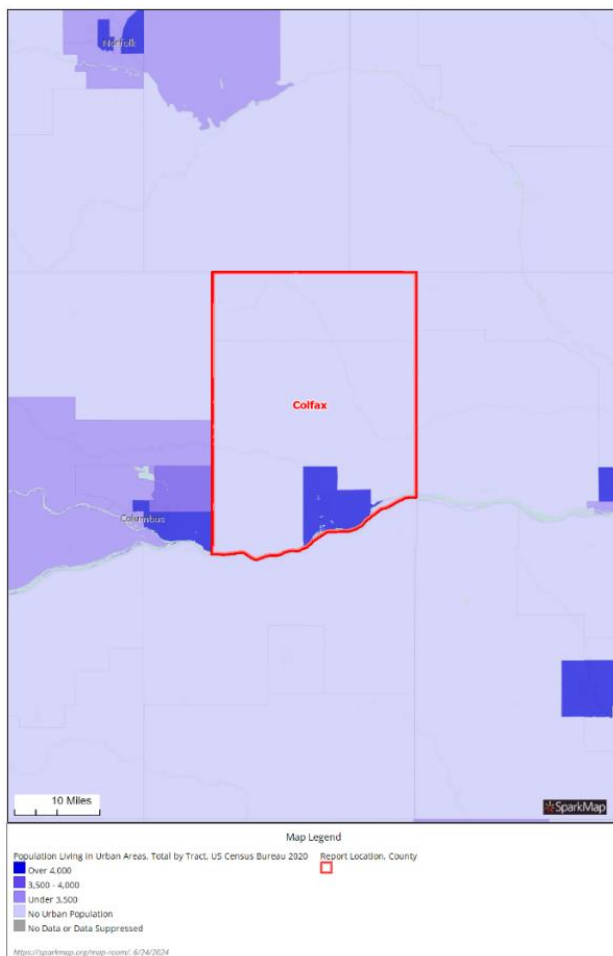
The community definition for Colfax County includes the following ZIP Codes, which cover all major municipalities and rural areas within the county. These ZIP Codes represent 80% of hospital admissions:

- 68036
- 68601
- 68629
- 68632
- 68641
- 68643
- 68658
- 68659
- 68661.

Core Demographic Summary

Colfax County is considered rural (41% living rurally), although it has a high Urban population of 59%. Schuyler is the most urban area of Colfax County, being categorized as over 90% Urban, as shown in Figure 2.³

Figure 2: Urban Population for Colfax County



Colfax County is designated as a Health Professional Shortage Area (HPSA) in the following areas: Primary Care, Dental Health, and Mental Health with HPSA scores of 17, respectively. The score ranges from 0-26, where the higher the score, greater the priority. Colfax County is also considered a Medically Underserved Primary Care area, with an Index of Medical Underserved Score of 60.7 (to qualify for the designation, the score must be below or equal to 62.0, on a scale of 0-100, with 0 being the most underserved and 100 being the least underserved).⁴

Table 1: Community Demographics¹

Indicator	Colfax County	Nebraska
Total Population (2022)	10,563	1,961,504
Rural vs. Urban	Rural (41% live in rural)	Urban (73% live in urban)
Race		
White	47%	78%
Hispanic or Latino	46%	12%
Black/African American	3%	5%
American Indian or Alaskan Native	2%	1%
Asian	0.02%	3%
Native Hawaiian/Pacific Islander	0.03%	0.1%
Multi-Racial/other	1%	12.7%
Socioeconomic Factors		
Median Household Income	\$69,500	\$69,800
Percent of families that live in poverty (below 100% FPL)	10%	10%
Unemployment rate	2%	3%
Population with less than a high school diploma	27%	8%
Non-English speaking population aged 5 and older	18%	10%
Healthcare Access		
Population without health insurance (under age 65)	11%	8%
Population with Medicaid coverage	11%	19%
Population with Medicare coverage	13%	19%

COLFAX COUNTY AT-A-GLANCE



THE POPULATIONS OF COLFAX COUNTY AND NEBRASKA **INCREASED** FROM 2010 TO 2022, BUT THE STATE POPULATION **GREW AT A FASTER RATE** ¹

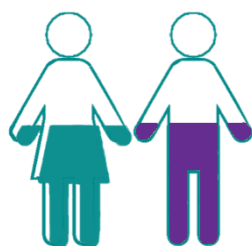


+0.5%
COLFAX
COUNTY



+7%
NEBRASKA

THE % OF MALES IS **HIGHER** THAN FOR FEMALES²



45.6% **54.4%**



4%
OF COLFAX COUNTY
RESIDENTS ARE
VETERANS, LOWER
THAN THE STATE
RATE OF 6%³



YOUTH AGES 0-19 AND
SENIORS 65+ MAKE UP

**43% OF THE
POPULATION**

IN THE COLFAX COUNTY
SERVICE AREA, COMPARED TO
41% FOR NEBRASKA⁴

OVER 1 IN 10 COLFAX COUNTY
RESIDENTS ARE **AGE 65+** (13%)⁵



47% OF THE POPULATION IN COLFAX COUNTY IDENTIFIES **WHITE AS THEIR ONLY RACE, WHILE THE **HISPANIC** POPULATION COMPRISES **NEARLY HALF** OF RESIDENTS (46%)⁷**

57% OF THE POPULATION IN COLFAX COUNTY **SPEAK ONLY ENGLISH AT HOME, WHILE **39% SPEAK SPANISH****

32% ARE **FOREIGN-BORN**

OF THOSE WHO ARE FOREIGN-BORN, **NEARLY THREE-QUARTERS (71%) ARE NOT AMERICAN CITIZENS⁶**



47%
WHITE

46%
**HISPANIC OR
LATINO**

3%
**BLACK/
AFRICAN
AMERICAN**

2%
**AMERICAN
INDIAN/
AK NATIVE**

0.02%
ASIAN

0.03%
**NATIVE
HI/PACIFIC
ISLANDER**

1%
**MULTI
RACIAL/
OTHER**

**EAST CENTRAL DISTRICT
HAD **6,214 YEARS OF
POTENTIAL LIFE LOST
BEFORE AGE 75** PER 100,000
RESIDENTS, COMPARED TO
6,447 FOR NEBRASKA⁸**



**COLFAX COUNTY RESIDENTS
CAN EXPECT TO LIVE **81.4
YEARS** ON AVERAGE,
COMPARED TO **78.4 YEARS**
FOR NEBRASKA⁹**



COLFAX COUNTY RANKS **59TH
OUT OF NEBRASKA'S 79
COUNTIES BASED ON **HEALTH
FACTORS THAT WE CAN
MODIFY** (1 BEING THE
HEALTHIEST AND 79 BEING
UNHEALTHIEST)⁹**

Assessment Process and Methods

Overview

CHI Health Schuyler collaborated with Boone County Health Center, Columbus Community Hospital, East Central District Health Department, Genoa Medical Facilities, and Good Neighbor Community Health Center to complete their Community Health Needs Assessment (CHNA). They contracted with Moxley Public Health, LLC, a public health consulting company specializing in CHNAs and Implementation Strategies/Improvement Plans (CHIPs), to facilitate the CHNA process. Moxley Public Health conducted a comprehensive Community Health Needs Assessment (CHNA) using a multi-faceted approach to gather a wide range of data and information. The methods included conducting primary data collection through a community survey via SurveyMonkey, key informant interviews with community leaders, focus groups with members of priority populations in the community, and secondary data collection. This rigorous process provided a thorough understanding of the health needs and challenges facing the community.

Data and Information Used

The assessment utilized a variety of data sources and types of information to provide a holistic view of community health. These included:

1. **Public Health Statistics:** Data from local, state, and national public health departments provided insights into disease prevalence, mortality rates, and other vital statistics.
2. **Health Care Utilization:** Information from local hospitals and clinics on inpatient discharges, emergency department visits, and outpatient services.
3. **Health Behavior Surveys:** Community surveys conducted via SurveyMonkey captured self-reported health behaviors, lifestyle choices, and access to care (196 responses in Colfax County).
4. **Key Informant Interviews:** Discussion with community leaders about top health needs, sub-populations, resources, and ideas for change (11 interviews in Colfax County).
5. **Focus Groups:** Discussions with members of priority population in the community centered around perceived health needs, barriers to accessing health care, and suggestions for community health improvements (6 focus groups with 49 participants in Colfax County).
6. **Secondary Data Collections:** Data from community agencies, previous health assessments, and government data sites provided additional context and depth.

Methods of Collecting Data and Information

Moxley Public Health employed several methods to collect the necessary data and information:

1. **Internet Research:** Gathering existing health data from reputable online sources such as the Centers for Disease Control and Prevention (CDC), United States Census, County Health Rankings, Behavioral Risk Factor Surveillance System, and other health-related databases.
2. **Public Health Departments:** Collaborating with local and state public health departments to obtain up-to-date statistics and reports on community health.
3. **Community Agencies:** Partnering with community organizations to access relevant data on social determinants of health, such as housing, education, and economic factors.
4. **Hospital Data:** Analyzing internal data from hospitals on patient demographics, health outcomes, and service utilization.
5. **Surveys (196 Colfax County responses):** Conducting an online community survey using SurveyMonkey to gather self-reported data on health behaviors, access to care, and perceived health needs. The full list of questions asked can be found in the comprehensive 2025 Colfax County CHNA in Appendix A.
6. **Focus Groups (6 focus groups, 49 participants):** Organizing group discussions with community members to explore health issues in more depth and gather qualitative data. Questions asked included:
 - a. What are your biggest health concerns/issues in our community?
 - b. How do these health concerns/issues impact our community?
 - c. What are some populations/groups in our community that face barriers to accessing health and social services?
 - d. What existing resources/services do you use in our community to address your health needs? How do you access information about health and health and social services? Does this information meet your needs?
 - e. What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?
 - f. Do you have any ideas for how to improve health/address health issues in our community?
 - g. Do you have any other feedback/thoughts to share with us?
7. **Key Informant Interviews (11):** Interviewing local health experts, community leaders, and stakeholders to gain insights into pressing health concerns and potential solutions. Questions asked included:
 - a. What are some of the major health issues affecting individuals in the community?
 - b. What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?
 - c. Who are some the populations in the area that are not regularly accessing health care and social services? Why?
 - d. Questions asked for each health need
 - i. What are the issues/challenges/barriers faced for the health need?

- ii. Are there specific sub-populations and areas in the community that are most affected by this need?
 - iii. Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)
8. **Review of Other Assessments:** Reviewing previous health assessments and reports to identify trends and gaps in data.

Methods of Analyzing Data and Information

The data and information collected were analyzed using several methods to ensure a comprehensive assessment:

1. **Benchmark Analysis:** Comparing local data against state and national benchmarks to identify areas where the community is performing well or lagging behind.
2. **Multi-Year Trends:** Examining data over multiple years to identify trends and patterns in health outcomes and behaviors.
3. **Frequency Analysis:** Assessing how often specific health issues were mentioned in surveys, focus groups, and interviews to determine their prevalence and significance.
4. **Qualitative Analysis:** Analyzing qualitative data from focus groups and interviews to identify common themes, concerns, and suggestions for improvement.
5. **Statistical Analysis:** Using statistical methods to identify significant differences, correlations, and potential causal relationships in the quantitative data.

CHI Health Schuyler's CHNA for the Colfax County community employed a robust and comprehensive approach to data collection and analysis. By combining quantitative data from surveys and public health statistics with qualitative insights from focus groups and interviews, the assessment provided a thorough understanding of the community's health needs. The use of multiple data sources and analytical methods ensured that the findings were well-rounded and actionable, laying the groundwork for targeted health interventions and improvements.

Soliciting Input and Taking it into Account

Public Health

CHI Health Schuyler collaborated closely with the East Central District Health Department (ECDHD) throughout the CHNA process. The ECDHD played a pivotal role in the assessment by providing critical data and insights about the health status and needs within Colfax County. This partnership ensured that public health expertise was integral to identifying and prioritizing community health needs. ECDHD's involvement included the provision of vital statistics, public health data, and support in organizing community engagement activities, such as surveys, interviews, and focus groups, thereby enhancing the assessment's comprehensiveness and relevance. Representatives from the health department were also interviewed in the context of their roles as community leaders as a part of the key informant interview data collection.

Medically Underserved, Low-Income, and Minority Populations

Recognizing the importance of including voices from all community members, particularly those who are often underrepresented, CHI Health Schuyler engaged directly with members and representatives of medically underserved, low-income, and minority populations. This engagement was facilitated through partnerships with local community service agencies and organizations that serve these groups. There were six focus groups conducted with populations such as Hispanic residents, people who use substances, youth, single parents, seniors, English language learners, and immigrants. Program staff from social service agencies participated in focus groups and community meetings, providing insights into the challenges and needs of the populations they serve. These sessions helped to highlight specific health concerns and barriers faced by these communities, such as access to healthcare services and socio-economic determinants of health.

Comments on Previous CHNA and Implementation Strategy

CHI Health Schuyler 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.

Other Individuals and Organizations Representing the Broad Interests of the Community

Key informant interviews were another crucial component of the CHNA process. These interviews involved discussions with local healthcare providers, community leaders, and experts who possess deep knowledge of the health needs and resources within the community. Participants included leaders from public health, education, and social services sectors, as well as representatives from organizations working directly with vulnerable populations. There were one hundred and nineteen interviews conducted. These interviews provided valuable qualitative data, offering in-depth perspectives on community health challenges and opportunities for intervention, which were instrumental in shaping the final health priorities identified in the CHNA.

Documentation of Input

Summary of Input Provided and Approximate Dates

From January to May 2024, CHI Health Schuyler and their partners collaborated with Moxley Public Health, LLC to conduct a comprehensive CHNA for the East Central District counties, including Colfax County, Nebraska. Input was gathered from a wide range of stakeholders through key informant interviews, focus groups, and community surveys. This process aimed to capture the diverse perspectives of the community, especially those from medically underserved, low-income, and minority populations. The full list of interview and focus group participants and summary of survey demographics can be found in the comprehensive 2025 Colfax County CHNA in Appendix A.

Names of Key Organizations Providing Input and Summary of the Nature and Extent of Input

1. **Boone County Health Center**
 - **Nature and Extent of Input:** Shared insights on healthcare utilization, patient demographics, and prevalent health conditions in the community through key informant interviews, focus groups, and data sharing.
2. **CHI Health Schuyler**
 - **Nature and Extent of Input:** Shared insights on healthcare utilization, patient demographics, and prevalent health conditions in the community through key informant interviews, focus groups, and data sharing.
3. **Columbus Community Hospital**
 - **Nature and Extent of Input:** Shared insights on healthcare utilization, patient demographics, and prevalent health conditions in the community through key informant interviews, focus groups, and data sharing.
4. **East Central District Health Department**
 - **Nature and Extent of Input:** Provided data on public health services, local health trends, and community health priorities through key informant interviews, focus groups, and data sharing.
5. **Genoa Medical Facilities**
 - **Nature and Extent of Input:** Shared insights on healthcare utilization, patient demographics, and prevalent health conditions in the community through key informant interviews, focus groups, and data sharing.
6. **Good Neighbor Community Health Center**
 - **Nature and Extent of Input:** Offered perspectives on primary care needs, access to healthcare services, and barriers faced by underserved populations through interviews, focus groups, and data sharing.

Description of Any Unsuccessful Efforts to Obtain Input from Any Required Sources

Despite extensive outreach efforts, the CHNA assessment team encountered challenges in obtaining input from some segments of the community. Attempts to engage with certain small business owners and non-profit organizations serving specific ethnic minorities outside the Hispanic or Latino population were met with limited response. Efforts included multiple follow-up calls and invitations to participate in surveys and focus groups, but these attempts were not fully successful. To address this gap, additional strategies, such as targeted outreach and building stronger community relationships, will be employed in future assessments.

This documentation ensures that the CHNA process is transparent and inclusive, reflecting the diverse needs and perspectives of Colfax County's residents.

CHNA Collaborators

The CHI Health Schuyler CHNA report is derived from our participation in the East Central District Health Department (ECDHD) regional CHNA. ECDHD commissioned Moxley Public Health to conduct a regional CHNA and produce county-level CHNA reports. CHI Health Schuyler participated in this regional/county CHNA and commissioned a distinct CHNA report that satisfied both IRS regulations and Common Spirit Health (CSH) requirements relating to the conduct and publication of CHNAs for its member hospitals.

CHI Health Schuyler would like to recognize the following organizations and consultants for their significant contributions to the design and conduct of this 2025 Community Health Needs Assessment (CHNA). These collaborators played an integral role in the planning, data collection, and analysis processes, ensuring a comprehensive assessment that accurately reflects the health needs of Colfax County. Their active participation and expertise were crucial to the successful completion of this CHNA.

Collaborating Organizations:

- Boone County Health Center
- Columbus Community Hospital
- East Central District Health Department
- Genoa Medical Facilities
- Good Neighbor Community Health Center

Consultants and Organizations Contracted:

- Moxley Public Health, LLC

Contributing Organizations:

- Alcoholics Anonymous in Nebraska
- Cargill Schuyler Plant
- Center for Survivors
- Central Nebraska Community Action Partnership - Headstart
- Heartland Workers
- Nebraska Department of Economic Development
- Nor-AM Cold Storage

- Platte Valley Literacy Association
- Schuyler Community Development
- Schuyler Community Schools
- Schuyler Middle School
- Schuyler Police Department/Colfax County
- Seekers of Serenity
- Sixpence Early Learning Program
- The Center
- University of Nebraska Lincoln

Assessment Data and Findings

Below is a summary of assessment data and findings, overall and by health need. The fulsome findings can be found in the comprehensive 2025 Colfax County CHNA in Appendix A.

Top Priorities from Community Interviews (Qualitative Data)

Major health issues impacting community:

1. Mental health
2. Lack of care options/access to care/affordability

Top socioeconomic, behavioral, and/or environmental factors impacting community:

1. Poverty
2. Housing
3. Lack of transportation
4. Language barriers
5. Cultural factors
6. Low educational attainment
7. Stigma

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Hispanic population
2. Refugee/immigrant population
3. Undocumented workers
4. Low-income population

Top Priorities from Community Focus Groups (Qualitative Data)

Major health issues impacting community:

1. Mental health concerns/access to mental healthcare
2. Obesity
3. Lack of dental healthcare

How health concerns are impacting community:

1. Accessibility of drugs for youth

2. Lack of technology monitoring for youth

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Aging population/elderly
2. Those with intellectual and developmental disabilities

Resources people use in the community to address their health needs:

1. East Central District Health Department

Top resources that are lacking in the community:

1. More home healthcare

Health Need Rankings (Community Conditions)

Figure 3 shows how the following community conditions/social determinants of health were ranked by Colfax County residents through the community member survey (196 responses from Colfax County residents). Key data for each health need is summarized below.

Figure 3. Health need rankings (community conditions) by Colfax County residents

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Access to childcare	#8 Food insecurity (e.g. not being able to access and/or afford healthy food)
#2 Substance use (alcohol and drugs)	#9 Income/poverty and employment (economic stability)
#3 Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, mental healthcare, oral/dental care, vision care, health literacy, etc.)	#10 Transportation (e.g. public transit, cars, cycling, walking)
#4 Education (e.g. early childhood education, elementary school, post-secondary education, etc.)	#11 Nutrition and physical health/exercise (includes overweight and obesity)
#5 Housing and homelessness (economic stability)	#12 Internet/Wifi access
#6 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)	#13 Crime and violence
#7 Preventive care and practices (e.g. screenings, mammograms, vaccinations – ranked under chronic diseases in survey)	#14 Tobacco and nicotine use (e.g. smoking and vaping)
	#15 Environmental conditions (e.g. air and water quality, vector-borne diseases)
	Not ranked: Sleep

1. Access to Childcare:

- According to the community member survey, 52% identified access to childcare as a priority need.
- Of Colfax County children in need of childcare, 56% do not have access (compared to 19% for Nebraska), the worst in East Central District.¹
- Single parent households, low-income residents, Hispanic residents, and young families were identified to have increased barriers to accessing childcare.

2. Substance Use:

- According to the community member survey, 43% of Colfax County respondents identified substance use as a priority need.
- While data is not available at the county level, East Central District/Nebraska exceed Healthy People (HP) 2030 targets for the following:⁵
 - Adult binge drinking: East Central District and Nebraska (23%) vs. target (25%)
 - Drug overdose deaths: Nebraska (11.4 per 100,000 population) vs. target (20.7 per 100,000 population)
 - Opioid overdose deaths: Nebraska (6.0 per 100,000 population) vs. target (13.1 per 100,000 population)
- Youth and young adults, men, lower income, and less educated residents were identified as more likely to experience challenges with substance use.

3. Access to Healthcare:

- East Central District has more access to primary care providers relative to its population than Nebraska overall, while Colfax County has much less access to dental care providers than Nebraska (Colfax County data was unavailable for primary care).⁶
- 1 in 5 East Central District adults (19% vs. 21% for Nebraska) do not have a usual primary care provider.⁵
- Nearly 1 in 3 Colfax County adults (30%) did not have a routine checkup in the past year, vs. 27% for Nebraska.⁵
- 52% of Colfax County community survey respondents say that vision healthcare access is lacking in the community.
- 42% of East Central District adults have lost teeth due to tooth decay or gum disease, vs. 35% for Nebraska. 13% of Colfax County adults have lost ALL their teeth, vs. 9% for Nebraska.⁵
- The Healthy People 2030 target for health insurance coverage is 92%. Colfax County does not yet meet this target, with 89% of residents having health insurance coverage (this rate is lower for adults at 84%).¹
- 40% of Black/African American residents and 20% of Hispanic residents lack health insurance coverage.¹

4. Education:

- According to survey data, 32% of respondents identified educational attainment as a priority health need.
- According to Census data, 27% of Colfax County residents did not graduate high school, which is worse than the 8% for Nebraska.¹
- 13% of Colfax County residents have a bachelor's degree or higher (vs. 34% for the state of Nebraska).¹
- The current high school graduation rate for Colfax County (97%) meets/exceeds the Healthy People 2030 national target of 91%.¹
- The southeast portion of Colfax County was identified as an area with increased educational needs, as more than 25% of the population lacks a high school education.¹

5. Housing and Homelessness:

- 54% of community survey respondents identified lack of affordable housing as an issue in the community. Additionally, housing was selected as the top area needing resources in Colfax County.
- 14% of Colfax County households are 'cost burdened' (spend more than 35% of their income on housing), vs. 26% for Nebraska. This is much higher for renters at 23%.¹
- In 2023, 30% of East Central District residents experienced housing insecurity (compared to 29% for Nebraska).¹
- Low-income residents, renters, and people experiencing homelessness and precarious housing were identified as priority populations.

6. Adverse Childhood Experiences (ACEs):

- According to community member surveys, 22% identified ACEs as a priority need.
- Nebraska's child abuse rate of 5 per 1,000 children is slightly higher than the national rate of 4 per 1,000 children.⁵
- 17% of Nebraska children have experienced 2 or more ACEs.⁵
- ACEs are highly connected to mental health and put children at risk for negative outcomes in adulthood. Children with the following risk factors are most at risk: ⁵
 - Lower income
 - Precarious housing/homelessness
 - Parents have mental health and/or substance use challenges
 - Witnessing violence/incarceration
 - Parents are divorced/separated
 - Lack of connection to trusted adults

7. Preventive Care and Practices:

- According to the community member survey, 22% of Colfax County respondents identified preventive care and practices as a priority health need.
- Colfax County does not meet the Healthy People 2030 targets for any preventive care indicators:⁵
 - Adult annual flu vaccination: East Central District (55%) vs. target (70%)
 - Pap tests: Colfax County (81%) vs. target (84%)
 - Mammograms: Colfax County (69%) vs. target (77%)
 - Colorectal screening: Colfax County (62%) vs. target (74%)
- Nebraskans are more likely to engage in preventive care the more educated they are, the more money they make, if they are female, and the older they are.⁵

8. Food Insecurity:

- When asked what resources were lacking in the community of Colfax County survey, 26% of respondents answered affordable food, while 21% of survey respondents ranked access to healthy food as a top health concern.
- 37% of community survey respondents say that a top barrier to being healthy is that healthy food is too expensive.
- Of Colfax County residents, 8% experience food insecurity compared to 10% for the state of Nebraska.¹
- Colfax County has a food environment rating 8.2/10 (0 being worst and 10 being best) vs. 7.8 for Nebraska.¹
- Single moms, seniors, and children were identified as priority populations.

9. Income/Poverty and Employment:

- 20% of Colfax County survey respondents considered income/poverty and employment as a priority health need.
- Colfax County is ranked 55th out of 79 counties in Nebraska on average for social and economic factors (the lower a ranking is, the better), placing it in the top 50% of the state's counties.⁶
- Colfax County has the same poverty rate as Nebraska (10%), while a lower rate for children (12% vs. 10%) and a higher rate for adults (12% vs. 10%). Both Colfax County and the state have a senior (age 65+) poverty rate of 8%.¹
- Fewer Colfax County adults are unemployed (2%) compared to the state (3%).¹
- Single moms, seniors, children, immigrants, and people with disabilities were identified as priority populations.

10. Transportation:

- 22% of community survey respondents say that transportation is lacking in Colfax County.
- Schuyler is the only area in Colfax County considered somewhat walkable, with a walkability score of 69/100. The rest of Colfax County remains car dependent.⁷

- Lack of reliable transportation kept community survey respondents from the following in the past year: work/meetings, medical appointments, physical activity opportunities/the gym, and school.
- People living in rural areas and older adults may experience additional barriers to transportation.

11. Nutrition and Physical Health/Exercise

- 18% of community survey respondents say that nutrition and physical health/exercise is a top health concern in the community.
- Colfax County was ranked 48th out of 79 counties for health behaviors, with 1 being the best ranking and 79 being the worst ranking.⁶
- 83% of East Central District residents say they have access to safe places to walk in their neighborhood, compared to 88% for Nebraska.⁵
- 27% of community survey respondents say that recreational spaces are lacking in Colfax County.
- More Colfax County than Nebraska adults are sedentary (did not participate in leisure time physical activity in the past month).⁵
- Colfax County (43%) does not meet the Healthy People 2030 target of 36% for adult obesity. Nebraska (19%) does not meet the Healthy People 2030 target of 16% for children and teen obesity.⁵
- Lower income individuals, males, and older adults may experience additional barriers to nutrition and physical health/exercise.

12. Internet/Wifi Access

- Internet access was selected as a priority need by 12% of survey respondents.
- 12% of Colfax County households lack any internet access, compared to just 9% for Nebraska.¹
- 21% of Colfax County households lack broadband internet access, compared to just 7% for Nebraska.¹
- Lower income individuals and older adults may experience additional barriers to internet/wifi access.

13. Crime and Violence

- 10% of community members selected crime and/or violence as a priority health need to address in the community.
- Colfax County's 2022 property and violent crime rates are much lower than the state of Nebraska overall. Both property and violent crime rates have declined since 2020.⁸
- Older adults and lower income survey respondents were most likely to select crime and violence as a priority.

14. Tobacco and Nicotine Use

- 8% of community survey respondents indicated that addressing tobacco and nicotine use in the community was a priority health need.
- 17% of Colfax County adults are current smokers (vs. 14% for Nebraska). This does not meet the Healthy People 2030 target of 6%.⁵
- The smoking rate is highest in White residents and residents between the ages of 35-44 and for lower income and less educated residents.⁵

15. Environmental Conditions

- 7% of community survey respondents reported environmental conditions as a top health need for the community.
- In 2019, Colfax County had poorer air quality than Nebraska overall (a higher number of micrograms of particulate matter per cubic meter of air - 6.7 vs. 5.8).⁵
- Schuyler was identified as having a greater climate change burden due to its level of climate change risk and low income rate.¹⁴
- Additional environmental health data can be found in the 'Climate and Health Indicators' section.

Health Need Rankings (Health Outcomes)

Figure 4 shows how the following health outcomes were ranked by Colfax County residents through the community member survey (196 responses from Colfax County residents). Key data for each health need is summarized below.

Figure 4. Health need rankings (health outcomes) by Colfax County residents

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1	Mental health
#2	Chronic diseases (heart disease/stroke, high blood pressure/cholesterol, diabetes, cancer, asthma, arthritis, kidney disease, cognitive decline, etc.)
#3	Maternal, infant, and child health (e.g. pre-term births, infant mortality, maternal mortality and morbidity)
#4	HIV/AIDS and Sexually Transmitted Infections (STIs) (ranked under infectious diseases in survey)
#5	Injuries (e.g. workplace injuries, car accidents, falls, etc.)

1. Mental Health

- Mental health and access to mental healthcare was the #1 ranked health need reported in the community member survey (48% of respondents).
- 14% of survey respondents needed mental health counselling in the past year but could not get it. 47% said mental healthcare access is lacking in the community. Only 12% of respondents requiring mental health services received all the care they needed.

- Over one-third (36%) of Colfax County survey respondents rate their access to mental or behavioral health services as low or very low, with another 41% rating it as neutral.
- Colfax County has many fewer mental health providers relative to its population (1 provider for every 10,440 people) compared to Nebraska (1 provider for every 329 people).⁶
- East Central District's adult suicide rate of 23 per 100,000 is higher than Nebraska's rate of 19 per 100,000 (data unavailable at the county level due to low counts).⁵
- 14% of adults in Colfax County have been diagnosed with depression by a mental health professional, compared to 17% for Nebraska.⁵
- 9% of adults in East Central District experienced frequent mental distress (2+ weeks/ month in the past year), compared to 12% for Nebraska.⁵
- Colfax County adults report 3.5 mentally unhealthy days per month, compared to 4.3 for Nebraska.⁵
- Colfax County survey respondents in ZIP Code 68661, women, and younger residents were identified as priority populations for mental health.

2. Chronic Diseases

- 15% Colfax County adults rate their health as fair or poor, vs. 11% for Nebraska.⁵
- Colfax County ranks 34th for health outcomes in Nebraska (out of 79 counties, with 1 being the best ranking and 79 being the worst ranking).⁶
- There were 6,200 (age-adjusted) years of potential life lost among East Central District residents under age 75, in 2023, vs. 6,400 for Nebraska.⁵
- Colfax County has higher rates than the state for the following chronic conditions:⁵
 - Stroke (3%, vs. 2% for Nebraska)
 - Heart attack or coronary heart disease (6%, vs. 5% for Nebraska)
 - Kidney disease (3%, vs. 2% for Nebraska)
 - Diabetes (11%, vs. 10% for Nebraska)
 - Asthma (9%, vs. 8% for Nebraska)
 - Chronic Obstructive Pulmonary Disease (COPD) (6%, vs. 5% for Nebraska)
- Colfax County has a lower cancer incidence rate than Nebraska (377 vs. 530 per 100,000).⁵
- Lower income and less educated residents, older adults, and people with chronic disease risk factors are at greater risk of developing many chronic diseases.

3. Maternal, Infant, and Child Health

- Colfax County's teen birth rate is 41 per 1,000 female teens, higher than Nebraska (18 per 1,000).⁵
- 37% of Colfax County and Nebraska households are caring for children under age 18 compared to 30% for Nebraska.¹
- East Central District does not meet the Healthy People 2030 target for any infant breastfeeding (88% vs. 92% target).⁵

- Nebraska does not meet the following Healthy People 2030 targets:⁵
 - Pre-term birth rate (11% vs. 9% target)
 - Infant mortality rate (6 vs. 5 per 1,000 target)
 - On-time prenatal care (80% vs. 95% target)
 - Prenatal non-smoking (92% vs. 96% target)
- In Nebraska, as in the nation, rates of severe maternal morbidity and mortality are higher among non-Hispanic Black women compared to white women, as well as for rural and less educated women.⁵

4. HIV/AIDS and Sexually Transmitted Infections (STIs)

- The most common STIs in Nebraska are chlamydia and gonorrhea, with a lower prevalence of HIV. Women have higher rates of chlamydia, while men have higher rates of syphilis and gonorrhea.⁵
- Less than one-quarter (22%) of East Central District residents have ever been tested for HIV, compared to 29% for the state.⁵
- According to state data, just under half (48%) of individuals living with HIV in Nebraska have progressed to an AIDS diagnosis.⁵
- 77% of Nebraskans with HIV are receiving medical care and 68% are virally suppressed.⁵
- Black males (7x), Hispanic males (3x), and Black females (23x) are much more likely to be living with an HIV diagnosis than their white counterparts.⁵

5. Injuries

- East Central District's unintentional injury death rate (55 per 100,000 population) is higher than that of Nebraska (45 per 100,000).⁵
- 1 in 5 East Central District adults ages 45+ fell one or more times in the past year (20%), compared to 24% for Nebraska.⁵
- 6% of East Central District adults ages 45+ experienced a fall-related injury in the past year, vs. 8% for Nebraska.⁵
- 59% of East Central District adults talked on their cell phone while driving in the past month, vs. 67% for Nebraska; 24% texted or emailed while driving, vs. 27% for Nebraska; and, 71% always wear a seatbelt in the car, vs. 77% for Nebraska.⁵
- 5% of both East Central District and Nebraska adults experienced a work-related injury or illness in the past year.⁵
- Priority populations include adults (falls) and individuals who work in jobs with a higher risk of occupational injury, such as manufacturing, construction, agriculture, transportation, trades, and frontline workers.

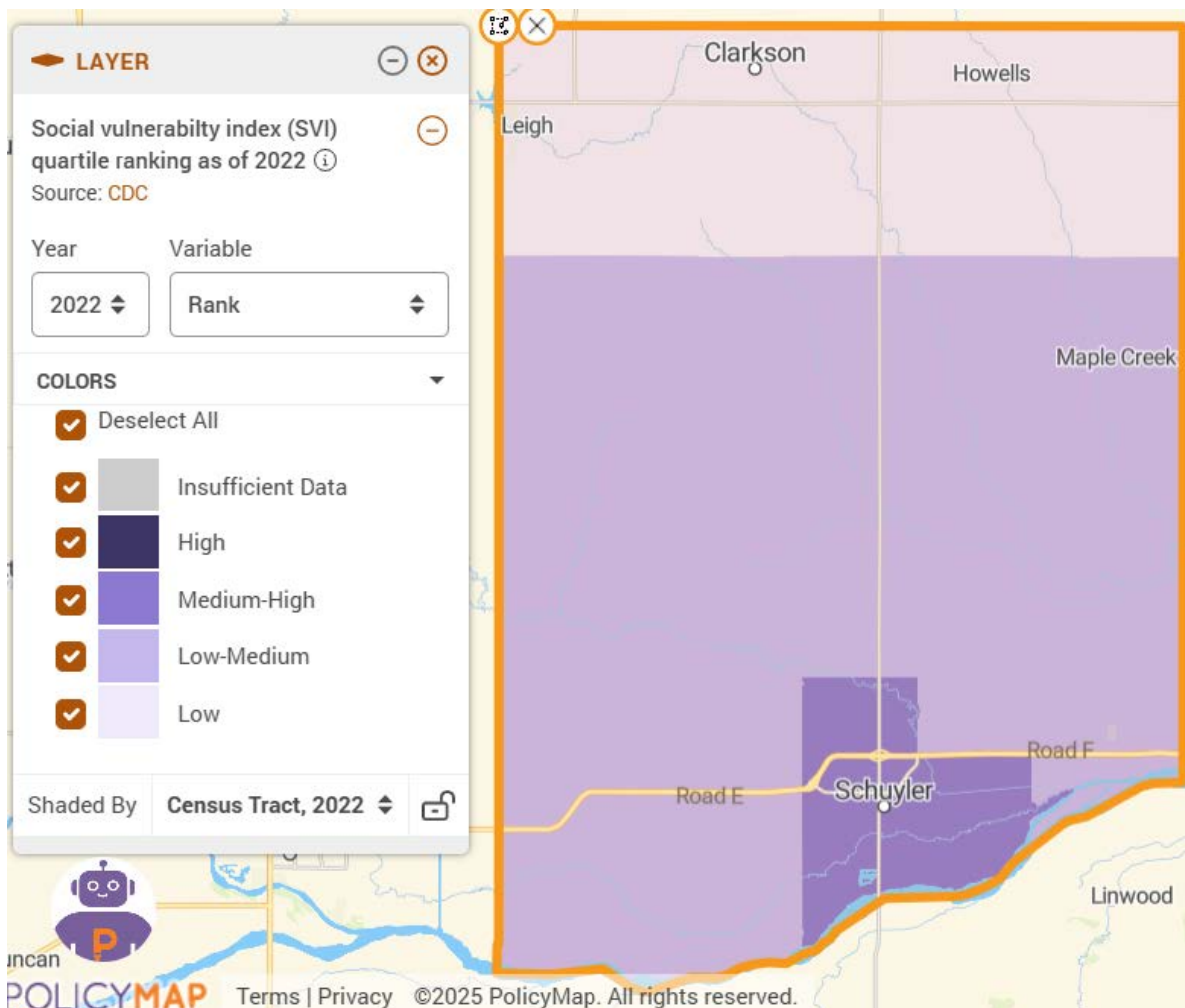
Index Tools

Social Vulnerability Index

Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human caused threats, such as toxic chemical spills. The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022) County Map depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2022 groups sixteen census-derived factors into four themes that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

Dark purple represents moderate social vulnerability levels, purple represents low social vulnerability levels, and light purple represents very low social vulnerability levels. Schuyler experiences the highest levels of social vulnerability in Colfax County.⁹

Figure 5. Social Vulnerability Index⁹



Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) identifies social needs and obstacles to care in neighborhoods that may influence a person's overall health. It assesses nine domains of social needs (economic, education, health care access, neighborhood, housing, clean environment, social, 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.¹⁰

The ZIP Code in Colfax County with the highest (worst) overall VVI score, indicating the highest level of vulnerability, was 68661 in Schuyler (0.16), with particular vulnerability for education and social indicators. All other ZIP Codes had relatively low levels of vulnerability (negative values). ZIP Code 68601 in Columbus is considered an area of “high vulnerability” for clean environment.¹⁰

Table 2: Vizient Vulnerability Index Scores for Colfax County

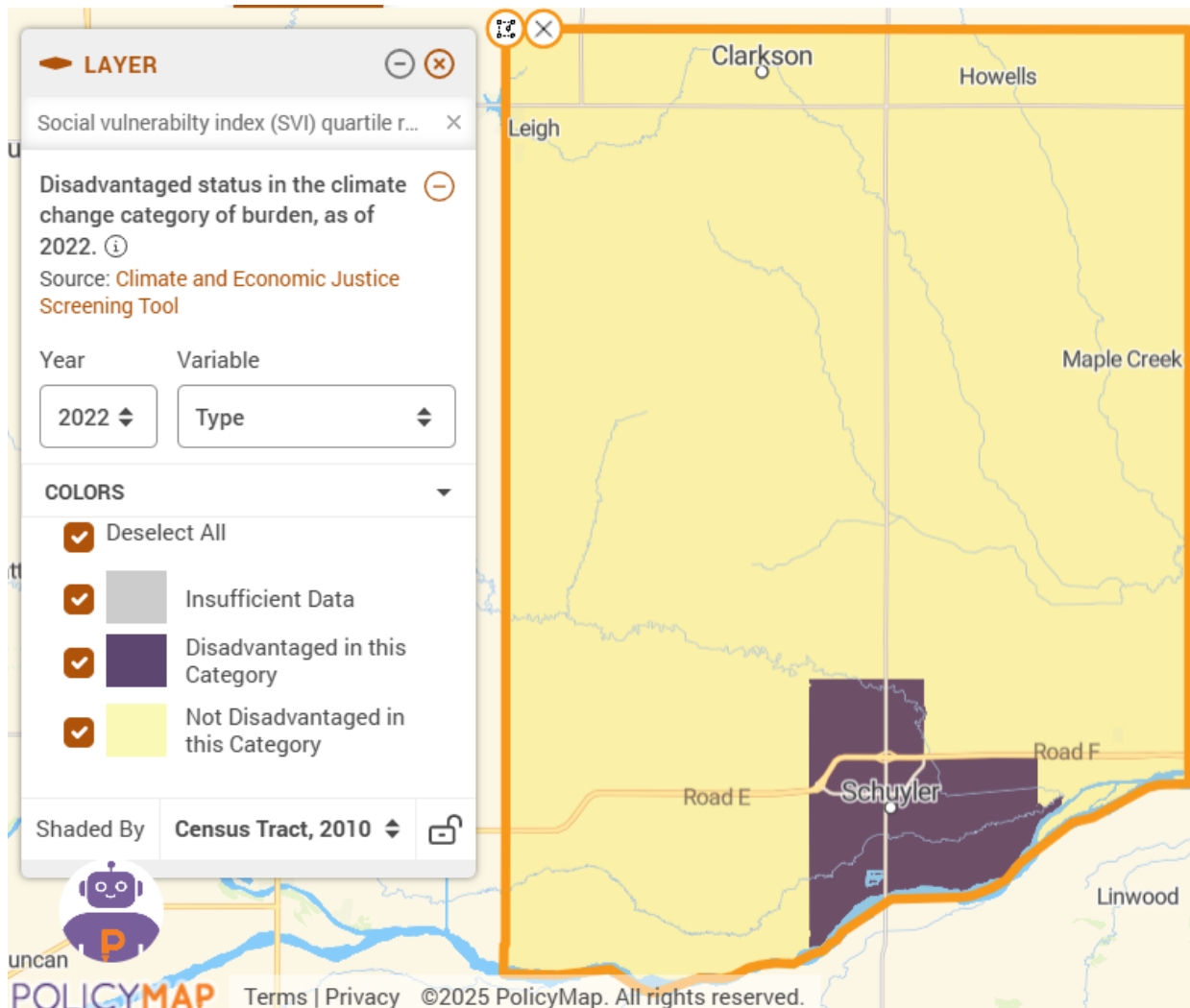
ZIP Code	VVI	Economic	Education	Health Care Access	Neighborhood	Housing	Clean Environment	Social	Transportation	Public Safety
68601	-0.57	-0.30	0.07	-0.05	-0.79	-0.16	1.40	-0.10	0.10	0.33
68629	-0.80	-0.62	0.25	0.28	-0.50	-0.79	-0.30	-0.45	-0.33	-0.13
68633	-0.58	-0.79	0.53	-0.54	0.07	-0.71	-0.20	-0.80	-0.47	-0.98
68641	-0.81	-0.38	0.08	0.13	-0.61	-0.92	-0.32	-0.46	-0.29	-0.16
68643	-0.93	-0.89	0.13	-0.02	-0.59	-0.81	-0.33	-0.67	-0.65	-0.24
68659	-0.55	0.03	0.92	-0.26	0.01	0.05	-0.77	-0.81	-0.73	0.00
68661	0.16	-0.25	0.81	0.26	-0.22	0.00	0.14	0.80	-0.32	0.25

Climate and Health Indicators

Many U.S. and world health organizations have identified climate change as a critical public health issue. Effects of climate change may exacerbate existing chronic and acute health conditions, negatively impact air and water quality, and introduce new pathogens to geographic areas previously unaffected. To help Colfax County officials, agencies, and community members navigate the health challenges associated with environmental changes, the Community Health Needs Assessment (CHNA) assessed a broad range of existing climate data to identify the most pressing challenges.

According to **PolicyMap**, a data mapping tool, one of the three census tracts in Colfax County (31037964800, Schuyler, NE, highlighted in gray in Figure 6) is considered to be a **disadvantaged community in the climate change category of burden** (a combined area of high climate risk and a low-income census tract).¹¹

Figure 6. Climate change burden based on level of disadvantage¹¹



When looking at specific indicators of climate change and environmental risks to health, the **Federal Emergency Management Agency (FEMA) National Risk Index** is a useful tool to identify communities most at risk for natural hazards. It measures risk levels for 18 natural hazards and compares them to national levels. Colfax County has an overall rating of 49.96 (very low risk); nationally, this places Colfax County at the 47th percentile for risk (47% of counties in the United States have a higher level of risk), and within Nebraska, it is at the 67th percentile (67% of counties in Nebraska have a higher level of risk). See Table 3 for a comprehensive list of Colfax County's risk indices compared to the United States.¹²

Table 3: FEMA National Risk Index

Indicator	National Risk Index, Colfax County	Risk Compared to United States
Expected annual loss	43.6	Very low
Community resilience	17.7	Very low
Cold wave	51.1	Relatively low
Drought (based on agricultural impacts)	79.7	Relatively low
Earthquake	17.5	Very low
Hail	90.2	Relatively moderate
Heat wave	37.8	Relatively low
Ice storm	76.0	Relatively moderate
Landslide	13.1	Relatively low
Lightning	39.5	Relatively low
Riverine flooding	71.0	Relatively low
Social vulnerability	38.5	Relatively low
Strong wind	43.7	Relatively low
Tornado	68.2	Relatively low
Wildfire	23.8	Very low
Winter weather	61.5	Relatively moderate

Another major area of concern to monitor as climate change progresses is extreme heat. The **ClimaWATCH tool** developed by Mathematica shows where heat waves have concentrated, how socio-environmental factors differ in counties with and without heat waves, and which communities have faced higher excess health service use and spending attributable to heat waves. The most recent data was from 2021. In 2021, Colfax County experienced two heat waves, with an average duration of 2.5 days and average temperature of 91.7°F. In that same year, Colfax County's **Heat Vulnerability Index (HVI)** was 17.4. The HVI indexes areas whose residents are most at risk for dying during and immediately following extreme heat, with a higher value being worse. In the United States, the average HVI among counties with heat waves in 2021 was 17.3 and the average HVI among counties without heat waves was 16.7.¹³

In the summer of 2023, the region's **rate of heat-related ED visits** was above the 95th percentile threshold (890/100,000 visits) for 11 days. As of June 19, 2025, Region 7 (which contains Colfax County) has not yet exceeded the 95th percentile threshold for the year.¹⁴

Prioritized Description of Significant Community Health Needs

To generate the list of prioritized significant health needs (below), Moxley Public Health considered whether or not the health need or related topic was present in at least two data collection methods (interviews, focus groups, community member survey) as one of the top priorities. They looked at the top three social determinants of health/community conditions and top three health outcomes from the survey, and then looked at the top three priorities from each of the interviews and focus groups to see if they supported the top health needs from the survey. Based on this, Moxley Public Health generated a list of prioritized community health needs, also including supporting themes in brackets that came up in the survey, interviews, and focus groups.

1. Behavioral health (includes mental health, substance use, access to mental healthcare, adverse childhood experiences (ACEs), stigma)
2. Access to healthcare (includes lack of care options, affordability, access to dental care)
3. Chronic diseases (includes overweight/obesity)
4. Social determinants of health (SDOH)/community conditions (includes SDOH ranked most highly in the assessment - access to childcare, education, housing and homelessness, transportation, income/poverty and employment, and food insecurity)

During the development of the CHI Health Schuyler Implementation Strategy for Colfax County, the hospital and their community partners will select priority health needs to address based on the findings of the 2025 CHNA. They will finalize a list of health needs and select evidence-based strategy, programs, and interventions to address. They will then develop a detailed work plan that includes strategies, partners, annual activities, process and outcome measures, priority populations, barriers to address, etc., to ensure that the strategies are effectively implemented and monitored over time.

Resources Potentially Available to Address Needs

In order to address the health needs of the community, Colfax County, Nebraska, offers a wide variety of resources. CHI Health Schuyler is a critical healthcare resource that provides essential services, financial assistance programs, and health professions education. Furthermore, residents are provided with a variety of medical services by healthcare facilities such as Beverly Healthcare - Schuyler, Clarkson Community Care and Howells Family Practice Rural Health Clinic. Alegent Health Cardiology Outreach and Midwest Urology Associates provide access to specialized care.

Organizations such as The Center and the City of Schuyler Handi Bus provide assistance to elderly residents in the county, which has a robust social services infrastructure. A number of community churches, some of which provide services in languages other than English, are among the religious institutions that provide a variety of community support programs.

Emergency and general needs, as well as crime and violence prevention and response, are overseen by various types of services and law enforcement agencies. These consist of volunteer fire departments in Clarkson, Howells, Leigh, and Schuyler, as well as 9-1-1 for emergency needs and 2-1-1 for general needs. The safety of the community is assured by law enforcement agencies such as the Colfax County Sheriff's Department, Schuyler Police Department, and Nebraska State Patrol. The Nebraska Child Abuse Hotline and victim assistance services are essential resources for individuals who have been impacted by crime and abuse.

The Schuyler Community School District, Clarkson Public School District, and Leigh Community School District are among the educational resources available. Additionally, public libraries in Schuyler, Howells, and Leigh offer additional educational support. Colfax County's Cooperative Extension provides the community with valuable educational resources and programs. Fits & Giggles Daycare/Too!, Little Angels Child Care Center, and Noah's Ark Daycare are among the childcare services that guarantee that working families have access to high-quality childcare options. The community's ability to address its health and social needs and challenges is collectively improved by these diverse resources.

Resources Available to Address Priority Health Needs

Childcare:

- Fits & Giggles Daycare, Too!
- Jenae's Childcare
- Junelle's Daycare
- Little Angels Child Care Center
- Little Peanuts Daycare
- Noah's Ark Daycare

Crime and Violence:

- Clarkson Police Department
- Colfax County Clerk of the District Court
- Colfax County Sheriff's Department
- Colfax County Victim Assistance
- Howells Police Department
- Leigh Police Department
- Nebraska State Patrol
- Nebraska Child Abuse Hotline
- Schuyler Police Department

Emergency & General Needs:

- 2-1-1
- 9-1-1
- Clarkson Volunteer Fire Department
- Howells Volunteer Fire Department
- Leigh Volunteer Fire Department
- Schuyler Volunteer Fire Department

Healthcare:

- Clarkson Community Care Center
- CHI Health Clarkson Clinic
- CHI Health Howells Clinic
- CHI Health Schuyler
- CHI Health Schuyler Clinic
- Colonial Manor Clarkson
- Ear, Nose, Throat, Head, and Neck Surgery
- Howells Family Practice Rural Health Clinic
- Midwest Urology Associates

Education:

- Clarkson Memorial Library
- Clarkson Public School District
- Cooperative Extension: Colfax County
- Dist 504/505 - Colfax County
- Fisher's Public School
- Howells Community Catholic School
- Howells Public Library
- Howells-Dodge Public School District
- Leigh Community School District
- Leigh Public Library
- Schuyler Community School District
- Schuyler Community Schools Foundation, Inc.
- Schuyler Public Library
- Schuyler Public Library Foundation
- St. John Neumann Elementary School


Social Services:

- City of Schuyler
- City of Schuyler Handi Bus
- The Center
- Colfax County Seniors
- Colonial Manor Clarkson
- Immanuel Lutheran Church
- Divine Mercy Parish
- Divine Mercy Parish Hispanic Ministry
- Saint Benedict Center
- St. John's Lutheran Church
- St. Paul's Lutheran Church
- Trinity Lutheran Church

Impact of Actions Taken Since the Preceding CHNA

The actions that CHI Schuyler took to address the priority health needs identified in the previous Community Health Improvement Plan (CHIP)/Implementation Strategy (2023-2025) are outlined in the table on the following pages.

Strategies and Program Activities by Health Need

	Health Need #1: Access to Care
Goal & Anticipated Impact	<p>Goal: Ensure equitable access to quality clinic and community-based health services (medical and behavioral) to improve the overall health of all in the community.</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Increase awareness about the importance of annual wellness exams for early detection and treatment of chronic disease • Increase the rate of Colfax County youth and adults who have had an annual wellness exam
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> • 10% of children under the age of 19 without health insurance • 19.7% of East Central adults (18 years and over) had no personal doctor or health care provider in 2014 (BRFSS, 2007-2015) <p>CHNA 2019</p> <ul style="list-style-type: none"> • 7.7% of Colfax County children under the age of 18 without health insurance (2016) • 18.4% of East Central adults (18 years and over) had no personal doctor or health care provider in 2015 (BRFSS, 2007-2015) <p>CHNA 2022</p> <ul style="list-style-type: none"> • 17.8% of the Colfax County population and 10.1% of the population under 18 were without health insurance (State comparison: 8.2% and 6.3%, respectively). • Nearly 1 in 5 adults in the ECD do not have a personal doctor or health care provider and over 1 in 10 adults needed to see a doctor, but could not due to cost. • Across the state, nearly 1 in 2 Hispanic residents and 65% of Native Americans reported not having a personal doctor or health care provider.
Strategy	Key Activities

<p>1.1 Partner with schools, employers, clinics, and community groups to conduct health screenings and provide education to the public on the importance of regular preventive care</p>	<p>1.1.1 Participate in community events to provide education about wellness exams and primary prevention (ex. NET event and quarterly Cargill safety events)</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Participated in Hispanic Ministry event and provided general health information and blood pressure checks. • Participated in Cookies with Cops outreach event - provided information regarding well child checks and car seat safety information. • Participation in Child Abuse Awareness campaign first week of April - pinwheels put up and around campus as a community wide initiative. • Staff participated in Car Seat checks - 2 car seat techs and multiple community service events. <p>FY23 Measures</p> <ul style="list-style-type: none"> • Hispanic Ministry event - approximately 350 attendees • 3/30/2023 Cookies with Cops event: approximately 120 families • 10/17/2022 - Schuyler Central Nebraska Community Action Partnership (CNCAP) training to parents and staff • 2/6/2023 - Schuyler CNCAP training to parents and staff (spring semester) • 5/18/2023 - Car Seat check event in Columbus; 2 car seat techs <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Participated in Hispanic Ministry event and provided general health information and blood pressure checks. • Participated in Schuyler Elementary School Family Night and promoted well-child checks and mental health awareness. • Hosted a preventative care and cancer screening informational table at the Ladies' Night Out. <p>FY24 Measures</p> <ul style="list-style-type: none"> • Hispanic Ministry event attendees: 400 • Schuyler Elementary School Family Night attendees: 1,500 <p>FY25 Results Pending</p> <hr/> <p>1.1.2 Conduct no/low cost health screenings</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • 10/8/2022 - Schuyler Fall Health Fair - provided low cost labs and free BP checks
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	<ul style="list-style-type: none"> • 4/2/2023 - Planned and hosted Spring Health Fair <p>FY23 Measures</p> <ul style="list-style-type: none"> • 118 people served at Health Fair in fall; 106 in Spring <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Planned and hosted the Fall Health Fair and Spring Health Day. <p>FY24 Measures</p> <ul style="list-style-type: none"> • Fall Health Fair screenings: 137 • Spring Health Day screenings: 105 <p>FY25 Results Pending</p>
	<p>1.1.3 Promote early and continuous obstetric care for expecting mothers</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Informational table at Ladies' Night Out regarding preventative care and cancer screenings <p>FY23 Measures</p> <ul style="list-style-type: none"> • No measure to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • This activity was merged with 1.1.1. See 1.1.1. <p>FY24 Measures</p> <ul style="list-style-type: none"> • See 1.1.1. <p>FY25 Results Pending</p>
	<p>1.1.4 Increase access to care for youth through well-child checks, sports physicals, the Vaccines for Children program, and exploration and partnership with schools</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Initiated Minority Health Fair planning in conjunction with East Central District Health Department and Columbus Community Hospital; 4/29/23 participated in fair

	<p>FY23 Measures</p> <ul style="list-style-type: none"> 75-100 families attended fair <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Offered discounted sports physicals. Sent well-child check and sports physical informational flyers to the homes of high school students from Clarkson-Leigh, Howells-Dodge, and Schuyler community schools. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
	<p>1.1.5 Improve discharge and follow up procedures to reduce no shows</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Post discharge phone calls practiced routinely for all ER and inpatient settings. Letter is sent to inpatients who have not answered during three attempts. Population health coach for ER follow ups assigned to workflow queue. <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"> The clinic created “check out fliers.” These fliers prompt patients to check with the front desk, prior to leaving, to ensure that they make needed follow up appointments. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
	<p>1.1.6 Explore options to promote health literacy among residents</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> There were no direct actions on this for FY23 and will continue to assess opportunities in FY24.

	<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>1.1.7 Work with CHI Health Clinics to support:</p> <ul style="list-style-type: none"> • Blood pressure screening (hypertension measures) • Diabetes screening/ management (A1C under 8) • Medical home establishment and connection for patients • Depression screening <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Tracked and reported via clinic population health dashboards. <p>FY23 Measures</p> <ul style="list-style-type: none"> • Measures from Population Health Dashboards <ul style="list-style-type: none"> ○ A1C poor control (>9%) (Goal 20%) <ul style="list-style-type: none"> ■ Clarkson <ul style="list-style-type: none"> • Q1: 16% • Q2: 21% • Q3: 26% • Q4: 31% ■ Howells <ul style="list-style-type: none"> • Q1: 29% • Q2: 28% • Q3: 48% • Q4: 39% ■ Schuyler <ul style="list-style-type: none"> • Q1: 31% • Q2: 33% • Q3: 38%
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	<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Q4: 36% ○ BP Control (Goal 75%) <ul style="list-style-type: none"> ■ Clarkson <ul style="list-style-type: none"> • Q1: 82% • Q2: 78% • Q3: 75% • Q4: 71% ■ Howells <ul style="list-style-type: none"> • Q1: 83% • Q2: 75% • Q3: 80% • Q4: 72% ■ Schuyler <ul style="list-style-type: none"> • Q1: 82% • Q2: 78% • Q3: 79% • Q4: 70% <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Tracked and reported via clinic population health dashboards. <p>FY24 Measures</p> <ul style="list-style-type: none"> • A1C poor control (>9); Goal: 20% <ul style="list-style-type: none"> ○ Clarkson: 21% ○ Howells: 27% ○ Schuyler: 35% • Blood Pressure Control; Goal 75% <ul style="list-style-type: none"> ○ Clarkson: 83% ○ Howells: 89% ○ Schuyler: 76% <p>FY25 Results Pending</p> <p>1.1.8 Complete the American Hospital Association's Health Equity Transformation Assessment (HETA) and utilize results to develop an action plan.</p> <p>FY23 Actions and Impact</p>
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	<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> <ul style="list-style-type: none"> Completed the HETA assessment. Created a health equity action plan and formed a committee to advance the work. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address Access to Care (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> CHI Health Clinic strategic plan includes the improvement or expansion of: direct access options for primary care to include virtual health and family health clinics. CHI Health Clinic is focusing on quality metrics related to hypertension and Hierarchical Condition Category Coding. Continue to offer telehealth for behavioral health consultation and medication management. Participate in community health fairs to increase awareness about available services and the importance of establishing a Patient Centered Medical Home for care continuity. Host 'Teddy Bear Checks' to introduce children and families to pediatric and family practice providers with the goal of improving well-child check-up schedule adherence.
Planned Resources	<ul style="list-style-type: none"> Funding Staff and partner time Medical supplies and equipment
Planned Collaborators	<ul style="list-style-type: none"> Schools Cargill Lutheran Family Services Marathon Health East Central District Health Department (ECDHD) Churches CHI Health Clinic



Health Need #2: Behavioral Health

Goal & Anticipated Impact

Goal: Reduce stigma and ensure access to clinic and community- based behavioral health services in Colfax County.

Anticipated Impact:

- Increase awareness of existing and potential resources among community stakeholders and reduce stigma regarding behavioral health care in the community.
- Increase rate of screening and early intervention for behavioral health to avoid the necessity of higher levels of care.
- Increase capacity of internal staff and external partners to recognize and respond to mental health crises.

Community Indicators

CHNA 2016

- 2.7 (average) days report of mentally unhealthy days reported in the past 30 days.
- 7.7% of ECDHD residents 18 and older reported mental health was not good on 14 or more of the past 30 days.
- 13.8% of ECDHD residents 18 and older reported being told they have depression.
- 7.7% of ECDHD residents 18 and older reported frequent mental distress in past 30 days.

CHNA 2019

- 2.8 (average) days report of mentally unhealthy days reported in the past 30 days (County Health Rankings, 2016).
- 6.5% of ECDHD residents 18 and older reported mental health was not good on 14 or more of the past 30 days.
- 17.7% of ECDHD residents 18 and older reported being told they have depression and 2.3% of ECDHD residents 18 and older reported symptoms of serious mental illness in the past 30 days.

CHNA 2022


- 3.3 (average) days report of mentally unhealthy days reported in the past 30 days.
- 1 of 3 ECD youth reported feeling depressed and over 1 of 6 youth considered attempting suicide (NE YRBS). Average of 2,875 people for every one mental health provider (ECD)
- Mental Health was the leading concern across the district shared by survey respondents (followed by bullying and drug misuse/abuse).

Strategy	Key Activities
2.1 Promote mental health services and prevent substance misuse by partnering with community organizations	<p>2.1.1 Convene a behavioral health coalition to identify needs and strategize around topics, such as:</p> <p>Social Media</p> <ul style="list-style-type: none"> • Substance use/ Vaping • Bullying • Schools- Building Healthy Relationships, Capturing Kids Hearts • Mental Health First Aid - youth and adult • Engage and partner with local clergy <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Participated in CCBHC (Colfax County Behavioral Health Coalition) Meetings • Planned and implemented Mental Health First Aid (MHFA) Trainings • Maintained MHFA certification for two trainers <p>FY23 Measures</p> <ul style="list-style-type: none"> • CCBHC Meetings: 6 • MHFA trainings: 2 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Facilitated one mental Health First Aid (MHFA) training. <p>FY24 Measures</p> <ul style="list-style-type: none"> • MHFA training: 1 <ul style="list-style-type: none"> ○ Attendees: 9 <p>FY25 Results Pending</p>
	<p>2.1.2 Work with CHI Health Clinic to promote depression screening and referral</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Continued with depression screening and follow up with patients. It was measured in FY23, but quality goal (71.4%) was not set until FY24. <p>FY23 Measures</p> <ul style="list-style-type: none"> • Depression Screening and follow up; Goal 71.4% <ul style="list-style-type: none"> ○ Clarkson

	<ul style="list-style-type: none"> ■ Q1: 50% ■ Q2: 47% ■ Q3: 46% ■ Q4: 46% ○ Howells <ul style="list-style-type: none"> ■ Q1: 28% ■ Q2: 26% ■ Q3: 20% ■ Q4: 22% ○ Schuyler <ul style="list-style-type: none"> ■ Q1: 39% ■ Q2: 40% ■ Q3: 36% ■ Q4: 39% <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> ● Continued to offer depression screenings and screening follow up. <p>FY24 Measures</p> <ul style="list-style-type: none"> ● Depression Screening; Goal: 71.4% <ul style="list-style-type: none"> ○ Clarkson <ul style="list-style-type: none"> ■ July-December 2023: 54% ■ January-June 2024: 64% ○ Howells <ul style="list-style-type: none"> ■ July-December 2023: 45% ■ January-June 2024: 64% ○ Schuyler <ul style="list-style-type: none"> ■ July-December 2023: 54% ■ January-June 2024: 54% <p>FY25 Results Pending</p>
	<p>2.1.3 Support district CHIP efforts and partner with community-based organizations around behavioral health messaging, outreach, and support. Activities and partners may include:</p> <ul style="list-style-type: none"> ● United Way toolkit to use and promote ● Platte County Behavioral Health meeting ● Drug Prevention Coalition

	<p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Participated in planning and rollout for Mental Health PSA. <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"> Participated in Colfax County Behavioral Health meetings. Continued to participate in East Central District Health Department's Communities Against Substance Misuse Committee meetings. Shared Columbus Area United Way's mental health PSA messaging. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
	<p>2.1.4 Convene Critical Incident Stress Management debrief sessions for first responders, law enforcement, and others involved in community response</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Debrief sessions are scheduled as needed, and Mission team facilitated two meetings. Community partners did not participate due to nature of the events being debriefed. Finalized Colfax County Behavioral Health Resource Guide Update in both English and Spanish <p>FY23 Measures</p> <ul style="list-style-type: none"> Debrief sessions: 2 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Updated the Colfax County Behavioral Health Resource Guide. Partnered with the Colfax County Attorney on a Juvenile Justice Grant. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>

Related Activities	<p>In addition to the specific strategies and key activities outlined above to address Behavioral Health (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • Financially support the in- school therapy program in Schuyler Community Schools and the Crisis Response Program • Participate in the Colfax County Tobacco Coalition and the Colfax County Juvenile Justice Collaboration • Continue to offer telepsychiatry for medication management and consultation • Update and distribute the Colfax County Behavioral Health Coalition Resource Guide in English and Spanish • Support system advocacy efforts to increase behavioral health access and services in Nebraska
Planned Resources	<ul style="list-style-type: none"> • Funding • Staff and partner time • Medical supplies and equipment
Planned Collaborators	<ul style="list-style-type: none"> • Schools • East Central District Health Department (ECDHD) • Good Life Counseling and Support • Region 4, Probation • District Attorney • Schuyler Ministerial Association • Sheriff Department • Police Department

	Health Need #3: Social Determinants of Health
Goal & Anticipated Impact	<p>Goal: Advocate for and contribute to the reduction of poverty in Colfax County by building community capacity and optimizing efficient resource navigation to meet the needs of families in poverty</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Increase the percentage of Colfax County youth reporting consumption of five fruits/ vegetables in the past week • Decrease food insecurity • Expand access to early childhood education in Schuyler
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> • 66.8% of East Central adults ages 18 and over were overweight or obese (BMI 25 or higher) in 2013 • 40% or more of East Central 4th through 8th graders were overweight or obese (BMI 25 or higher) in 2013-2014 • 13.5% of East Central adults ages 18 met both aerobic physical activity and muscle strengthening recommendation in 2013 • 31% of adults have a BMI of 30 or more 27% of adults (aged 20+) report no leisure-time physical activity • 30% of children living in households headed by single parent • 15% of children under the age of 18 live in poverty <p>CHNA 2019</p> <ul style="list-style-type: none"> • 69.2% of East Central adults ages 18 and over were overweight or obese (BMI 25 or higher) in 2015 • 32.5% or more of East Central 4th through 8th graders were overweight or obese (BMI 25 or higher) in 2016-2017 • 15.9% of East Central adults ages 18 met both aerobic physical activity and muscle strengthening recommendation in 2015 31.8% of East Central adults had a BMI of 30 or more (2015) • 30.3% of East Central adults (aged 20+) report no leisure-time physical activity (2015) • 21.7% of Colfax County children living in households headed by single parent (2017) • 16% of Colfax County children under the age of 18 live in poverty (2016) • Kids Count Data Center Early Childhood Indicator: % of 3 and 4 year olds enrolled in school in Colfax County Baseline: 33.4% in Colfax County, compared to 44.4% for the State of Nebraska (2015) (https://datacenter.kidscount.org/data#NE/2/0/char/0) • 21.7% of Colfax County children living in households headed by single parent (2017) 16% of Colfax County children under the age of 18 live in poverty (2016) • 5.2% of residents overall and 12.8% of children are food insecure in Colfax County (2017) (source: Feeding America: Map the Meal Gap. 2019) • % of Colfax County youth/ adults reporting consumption of 5 fruits/ vegetables in the past week- need to establish baseline

	<p>CHNA 2022</p> <p>The percent of severe housing problems in Colfax County (13%) is the same as the state. Colfax County residents have a lower percentage of “some college” (35%) and “Bachelor’s Degree” (15%) compared to the state (71% and 32%, respectively).</p> <p>Nearly 1 in 10 residents in ECD are food insecure, lacking adequate access to food</p> <p>Nearly 1 in 12 low-income residents do not live close to a grocery store in the ECD, making access to healthy foods challenging</p> <p>Over half of Colfax County students (58.05%) are eligible for free and reduced lunch (state: 49.63%).</p> <p>Non-citizens make up 22% of the population in Colfax County (NE: 4.4%).</p> <p>Population age 5+ with limited English proficiency in Colfax County is 32.27% (NE 5.1%).</p>
Strategy	Key Activities
<p>3.1 Economic development: Support efforts to increase access to resources and services in Colfax County</p>	<p>3.1.1 Partner with City of Schuyler, ECDHD, Communities and Family Partnership, and others to continue to explore social determinants of health and economic drivers in Colfax County, such as:</p> <ul style="list-style-type: none"> • Transportation • Housing • Economic well being • Early Childhood <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • CHI Health Schuyler staff participated in planning efforts for Schuyler Housing Study and participated in focus groups/sessions. • Participated in Mental Health Action Planning convened by the East Central District Health Department. • Participated in Strategic Planning session for Schuyler Early Childhood group. • Began offering yoga sessions. <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"> • The Executive Assistant served as a board member for Columbus Area United Way, Schuyler Economic Development, Central Nebraska Community Action Partnership, and Communities for Kids. They advocated for transportation, housing, early childhood education, and other social determinants of health needs. <p>FY24 Measures</p>

	<ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
3.2 Food Access: Lead efforts to increase access to healthy food for Colfax County residents living in poverty through collaborative programming and education	<p>3.2.1 Support and expand efforts to increase access to healthy and affordable food by supporting initiatives, such as:</p> <ul style="list-style-type: none"> Host and coordinate the Schuyler Farmers Market Fund and coordinate a food voucher program in partnership with the Schuyler Area Chamber of Commerce Coordinate a WIC referral and food voucher program in Colfax County <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Received grant award from No Kid Hungry to support early childhood access to food. Planned and hosted Farmers Market at CHI Health Schuyler. Distributed 2-1-1 resource contact information. <p>FY23 Measures</p> <ul style="list-style-type: none"> Funds awarded: \$22,076 Supported children with NKH funds: 495 Total supported with NKH funds: 684 Farmers Market Vouchers redeemed: 416 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Collaborated with Center for Rural Affairs and Schuyler Area Chamber of Commerce to find a Market Manager and distributed vouchers for the redemption of fresh fruits and vegetables at the Schuyler Farmer's Market. Provided vouchers to patrons of the Colfax County Food Pantry. <p>FY24 Measures</p> <ul style="list-style-type: none"> Farmer's market vouchers redeemed: \$536 <p>FY25 Results Pending</p>
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address social determinants of health and food access(to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> Population health coach supports diabetes management at Schuyler Clinic. Participate in the Whole School, Whole Child, Whole Community (WSCC) grant (focusing on asthma, alternative breakfast and physical activity). Participate in and provide financial support to the Community Response Program.

	<ul style="list-style-type: none"> • CHI Health Schuyler sponsors and provides staff volunteers for Schuyler Sidewalk Marathon, Color Run and Labor Day Fun Run, each of which are community wellness events with a different primary audience. The goal of all three events is to catalyze sustained interest and participation in wellness activities. • Provide financial support and promote community- based Zumba or Yoga classes at CHI Health Schuyler. • Provide financial support and promote water aerobics at Schuyler Municipal Pool to patients at CHI Health Schuyler. • Provide in-kind class/ meeting space for yoga and Schuyler Weight Watchers.
Planned Resources	<ul style="list-style-type: none"> • Funding • Staff and partner time • Farmers Market space
Planned Collaborators	<ul style="list-style-type: none"> • Schools • East Central District Health Department (ECDHD) • NCFF • Columbus Area United Way • City of Schuyler • Economic Development • C4K • WIC • NE Extension • Schuyler Area Chamber of Commerce • Schuyler Ministerial Association - Colfax County Food Pantry • Salvation Army, Senior Center • Lutheran Family Services • Mobile Food Pantry

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Appendix A: 2025 Colfax County Community Health Needs Assessment

The following pages represent the full, detailed 2025 Community Health Needs Assessment (CHNA) findings for Colfax County, delivered by Moxley Public Health, LLC including the methodology and all data findings (primary and secondary) organized by health need. The CHNA process for East Central District, Nebraska was facilitated by Moxley Public Health in partnership with Boone County Health Center, Columbus Community Hospital, East Central District Health Department, Genoa Medical Facilities, Good Neighbor Community Health Center. Findings were written up into a regional CHNA report for the district, and then separated by County (Boone, Colfax, Nance, and Platte). The results of this effort for Colfax County are contained in the following Appendix.

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A NOTE FROM COLFAX COUNTY

Colfax County, Nebraska is served by a variety of health organizations, including East Central District Health Department, CHI Health Schuyler, and Good Neighbor Community Health Center. These partners strive to bring together people and organizations to improve community wellness. The community health needs assessment process is one way we can live out our mission. In order to fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.



A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2024, Colfax County, including East Central District Health Department, CHI Health Schuyler, and Good Neighbor Community Health Center, partnered to conduct a comprehensive Community Health Needs Assessment (CHNA) to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the region's residents. The results also enable community members to measure impact and strategically establish priorities to then develop interventions and align resources.

Colfax County and their many health partners conduct CHNAs for measuring and addressing the health status of the Colfax County community. We have chosen to assess Colfax County, Nebraska as our community because this is where we, and those we serve, live and work. We collect both quantitative and qualitative data in order to make decisions on how to better meet the health needs of our community. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision-making concerning future programs and health resources.

The 2025 Colfax County CHNA would not have been possible without the help of numerous community organizations, acknowledged on the following pages. It is vital that assessments such as this continue so we know where to direct our resources and use them in the most advantageous ways.

The work of public health is a community job that involves individual facets, including our community members, working together to be a thriving community of health and well-being at home, work, and play.

More importantly, the possibility of this report relies solely on the participation of individuals in our community who committed to participating in interviews and completing our community member survey. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, praises, and behaviors.

Sincerely,

Terri Ford-Wolfgram

Terri Ford-Wolfgram

Chief Executive Officer
East Central District Health Department
Good Neighbor Community Health Center

ACKNOWLEDGEMENTS



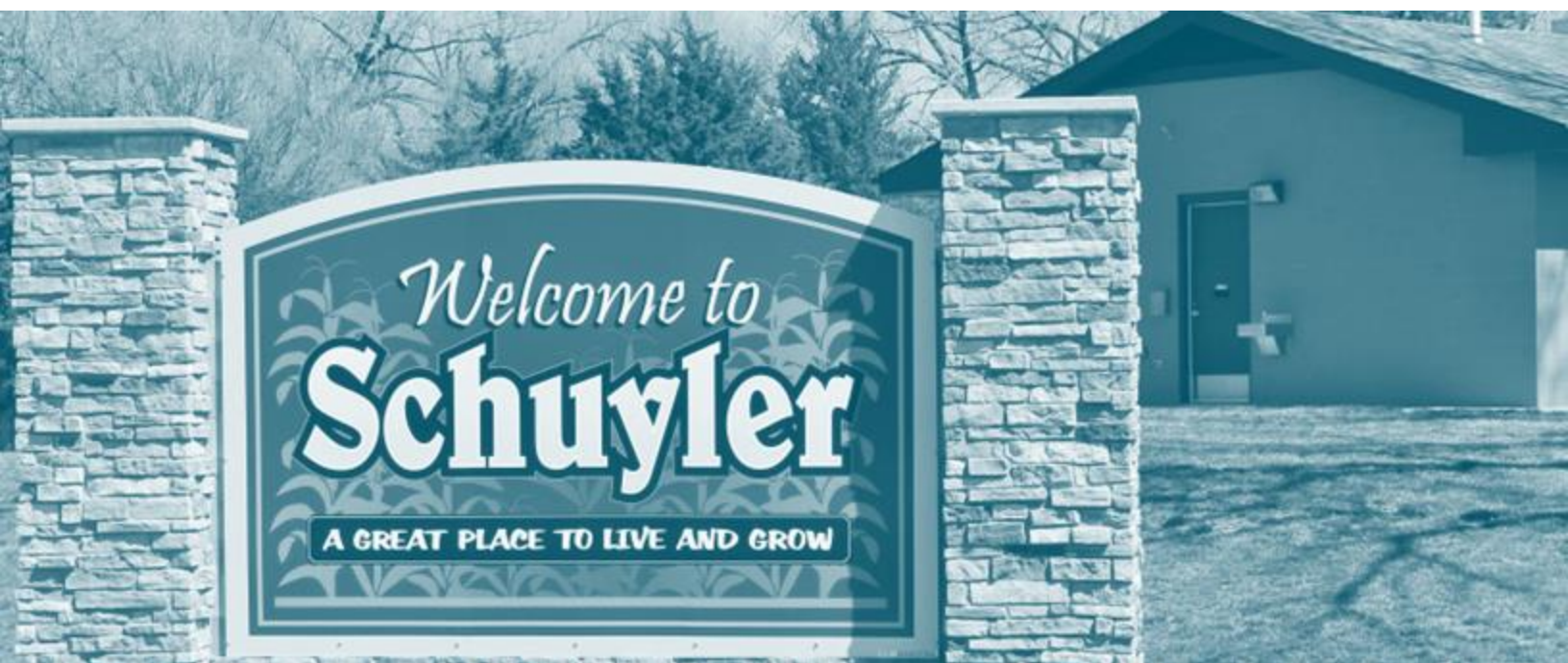
This Community Health Needs Assessment (CHNA) was made possible thanks to the collaborative efforts of East Central District Health Department, CHI Health Schuyler, Good Neighbor Community Health Center, community partners, local stakeholders, non-profit partners and community residents (listed below). Their contributions, expertise, time and resources played a critical part in the completion of this assessment.

COLFAX COUNTY WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

Alcoholics Anonymous in Nebraska
Cargill Schuyler Plant
Center for Survivors
Central Nebraska Community Action Partnership
Headstart
CHI Health Schuyler
Heartland Workers
Nebraska Department of Economic Development
Nor-AM Cold Storage

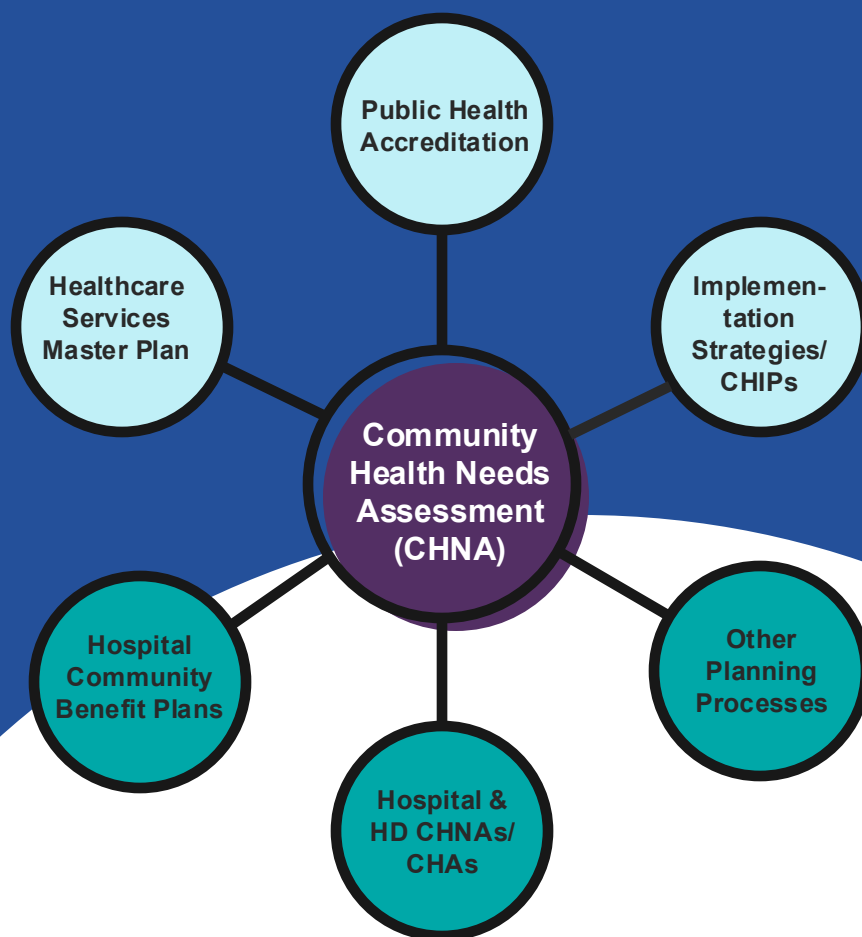
Platte Valley Literacy Association
Schuyler Community Development
Schuyler Community Schools
Schuyler Middle School
Schuyler Police Department/Colfax County
Seekers of Serenity
Sixpence Early Learning Program
The Center
University of Nebraska Lincoln

The 2025 Colfax County CHNA report was prepared by Moxley Public Health, LLC, (www.moxleypublichealth.com) an independent consulting firm that works with hospitals, health departments, and other community-based nonprofit organizations both domestically and internationally to conduct Community Health Assessments (CHAs)/Community Health Needs Assessments (CHNAs) and Improvement Plans (CHIPs)/Implementation Strategies.



INTRODUCTION

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?



A **Community Health Needs Assessment (CHNA)** is a tool that is used to guide community benefit activities and several other purposes. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the Internal Revenue Service (IRS). For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHNA is furthermore used to inform community decision-making, the prioritization of health needs and the development, implementation and evaluation of an Improvement Plan (CHIP)/Implementation Strategy.

The CHNA is an important piece in the development of a CHIP/Implementation Strategy because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the district, Colfax County utilized the most current and reliable information from existing sources and then collected new data through interviews, focus groups and surveys with community residents and leaders.

OVERVIEW OF THE PROCESS



In order to produce a comprehensive Community Health Needs Assessment (CHNA), Colfax County followed a process that included the following steps:

STEP 1: Plan and prepare for the assessment.

STEP 2: Define the community.

STEP 3: Identify data that describes the health and needs of the community.

STEP 4: Understand and interpret the data.

STEP 5: Define and validate priorities.

STEP 6: Document and communicate results.



Affordable Care Act (Federal) Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a Community Health Needs Assessment (CHNA) and Implementation Strategy every three years.

Public Health Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) for local health departments.

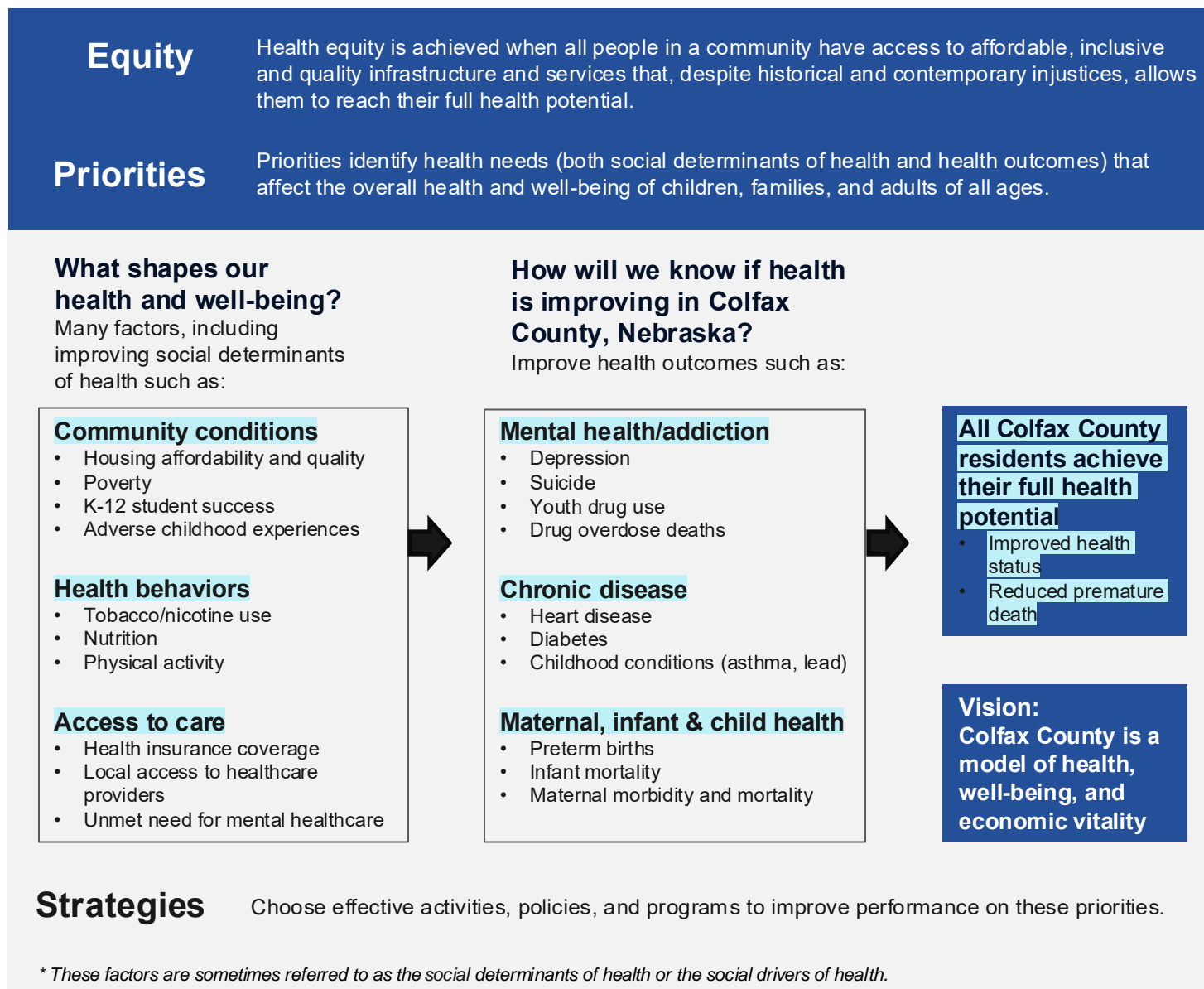
**THE 2025 COLFAX COUNTY CHNA
MEETS ALL IRS AND PHAB REGULATIONS.**

OVERVIEW OF THE PROCESS



The following image shows the health improvement framework that this report followed while also adhering to Public Health Accreditation Board (PHAB) requirements, and the community's needs.

Figure 1: Health Improvement Framework



STEP 1 PLAN AND PREPARE FOR THE ASSESSMENT



IN THIS STEP, COLFAX COUNTY:

- ✓ DETERMINED WHO IN THE COUNTY WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED COUNTY LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH NEEDS ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE



PLAN AND PREPARE

Colfax County began planning for the 2025 Community Health Needs Assessment (CHNA) in 2023. They involved health department, hospital and county leadership and kept organization boards informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations, in collaboration with Moxley Public Health.

The assessment team worked together to formulate the multistep process of planning and conducting a CHNA. They then formed a timeline for the process.

“

Community Health Needs Assessments (CHNAs) are the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.

- Catholic Health Association

”



PREVIOUS CHNA & IMPROVEMENT PLAN (CHIP)/IMPLEMENTATION STRATEGY



BRIEF SUMMARY OF 2021 EAST CENTRAL DISTRICT CHNA

In 2021, a regional Community Health Needs Assessment (CHNA) was conducted for East Central District, Nebraska, which includes Boone, Colfax, Nance, and Platte Counties. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The Improvement Plan (CHIP)/Implementation Strategy associated with the 2021 East Central District CHNA addressed mental health, drug abuse and misuse, ongoing diseases such as heart disease, stroke, high blood pressure, diabetes, cancer and respiratory problems, finding housing that is safe and affordable, and bullying. The progress and impact of the strategies that East Central District partners, including those serving Colfax County, used to address these significant health needs can be found on pages 35-53 of the CHI Schuyler 2025 CHNA.

PREVIOUS CHNA AND CHIP/IMPLEMENTATION STRATEGY AVAILABILITY TO COMMUNITY

A Community Health Needs Assessment (CHNA) and Improvement Plan (CHIP)/Implementation Strategy are to be made widely available to the community/public and comments and feedback are to be solicited. The previous 2021 CHNA and CHIP/Implementation Strategy were made widely available to the public on the following websites:

- CHI Health Schuyler: <https://www.chihealth.com/about-us/mission-values/community-health-needs-assessments>
 - East Central District Health Department: <https://ecdhd.ne.gov/resources/health-department-reports.html>
- Written comments on this report were solicited on the websites where the report was posted.

EAST CENTRAL DISTRICT 2021-2023 PRIORITY HEALTH NEEDS

A community workgroup developed the East Central District 2021-2023 Improvement Plan (CHIP)/Implementation Strategy by reviewing the 2021 CHNA. The workgroup reviewed and discussed the priority areas and agreed that the following priority health issues could be positively impacted by strategies and activities conducted by the health department, hospitals, and community partners:

1. Mental health.
2. Drug abuse and misuse.
3. Ongoing diseases (i.e. heart disease, stroke, hypertension, diabetes, cancer and respiratory problems).
4. Finding housing that is safe and affordable.
5. Bullying.

IMPACT/PROCESS EVALUATION OF 2018-2021 STRATEGIES

In collaboration with community partners, East Central District partners, including those serving Colfax County, developed and approved an Improvement Plan (CHIP)/Implementation Strategy report for 2021-2023 to address the significant youth health needs that were identified in the 2021 CHNA. The district partners chose to address: mental health, drug abuse and misuse, ongoing diseases such as heart disease, stroke, high blood pressure, diabetes, cancer and respiratory problems, finding housing that is safe and affordable, and bullying. Pages 35-53 of the CHI Schuyler 2025 CHNA describe the evaluation and progress of the strategies that were planned in the 2021-2023 CHIP/Implementation Strategy.

STEP 2

DEFINE THE COLFAX COUNTY SERVICE AREA



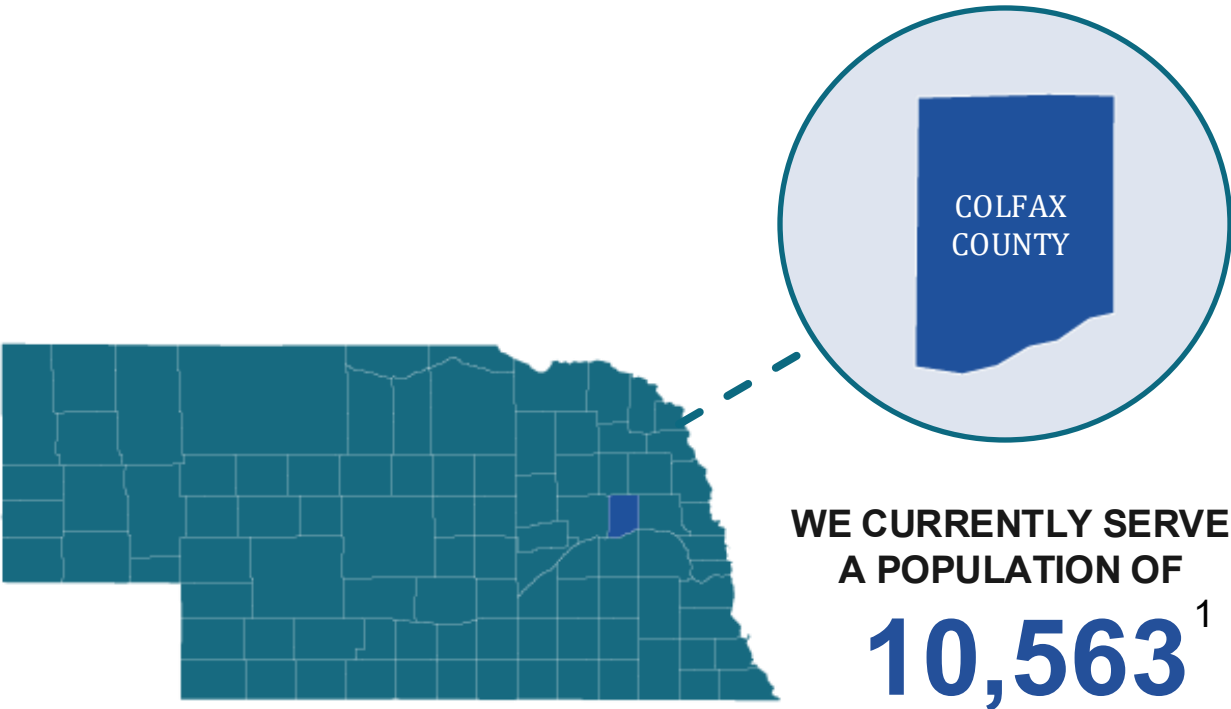
IN THIS STEP, COLFAX COUNTY:

- ✓ DESCRIBED THE COLFAX COUNTY SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT

DEFINING THE COLFAX COUNTY SERVICE AREA



For the purposes of this report, Colfax County defines their primary service area as being made up of Colfax County, Nebraska. For CHI Health Schuyler, the following ZIP Codes represent 80% of admissions: 68036, 68601, 68629, 68632, 68641, 68643, 68658, 68659, and 68661.

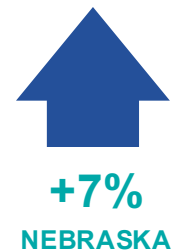


COLFAX COUNTY SERVICE AREA	
COUNTY	ZIP CODE
Colfax	68601
Colfax	68661
Colfax	68629
Colfax	68641
Colfax	68633
Colfax	68643
Colfax	68659

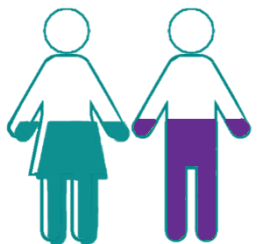
COLFAX COUNTY AT-A-GLANCE



THE POPULATIONS COLFAX COUNTY
AND NEBRASKA **INCREASED**
FROM 2010 TO 2022, BUT THE STATE
POPULATION **GREW AT A FASTER RATE** ¹



THE % OF MALES IS **HIGHER**
THAN FOR FEMALES²



4%
OF COLFAX COUNTY
RESIDENTS ARE
VETERANS, LOWER
THAN THE STATE
RATE OF 6%³



YOUTH AGES 0-19 AND
SENIORS 65+ MAKE UP

**43% OF THE
POPULATION**

IN THE COLFAX COUNTY
SERVICE AREA, COMPARED TO
41% FOR NEBRASKA⁴

OVER 1 IN 10 COLFAX COUNTY
RESIDENTS ARE **AGE 65+** (13%)⁵



47% OF THE POPULATION IN COLFAX COUNTY IDENTIFIES **WHITE AS THEIR ONLY RACE, WHILE THE **HISPANIC** POPULATION COMPRISES **NEARLY HALF** OF RESIDENTS (46%)⁷**

**57% OF THE POPULATION IN COLFAX
COUNTY **SPEAK ONLY ENGLISH** AT
HOME, WHILE **39%** SPEAK SPANISH**

32% ARE **FOREIGN-BORN**

OF THOSE WHO ARE FOREIGN-BORN,
**NEARLY THREE-QUARTERS (71%)
ARE NOT AMERICAN CITIZENS⁶**



47%
WHITE

46%
HISPANIC OR
LATINO

3%
BLACK/
AFRICAN
AMERICAN

2%
AMERICAN
INDIAN/
AK NATIVE

0.02%
ASIAN

0.03%
NATIVE
HI/PACIFIC
ISLANDER

1%
MULTI
RACIAL/
OTHER

EAST CENTRAL DISTRICT
HAD **6,214 YEARS OF
POTENTIAL LIFE LOST
BEFORE AGE 75 PER 100,000
RESIDENTS, COMPARED TO
6,447 FOR NEBRASKA⁸**



COLFAX COUNTY RESIDENTS
CAN EXPECT TO LIVE **81.4
YEARS** ON AVERAGE,
COMPARED TO **78.4 YEARS**
FOR NEBRASKA⁹



COLFAX COUNTY RANKS **59TH**
OUT OF NEBRASKA'S 79
COUNTIES BASED ON **HEALTH
FACTORS THAT WE CAN
MODIFY** (1 BEING THE
HEALTHIEST AND 79 BEING
UNHEALTHIEST)⁹

THINGS PEOPLE LOVE ABOUT THE COMMUNITY FROM INTERVIEWS & FOCUS GROUPS

“I love being involved in the community, keeping them safe and educated.”

- Community Member Interview
from Colfax County

“It is a very diverse area.”

- Community Member Interview

“I love our community and family partnership, United Way, and our senior center.”

- Community Member Interview
from Colfax County

“Love the people.”

- Community Member Interview
from Colfax County

“Family-oriented community and diverse.”

- Community Member Interview
from Colfax County

**80% of survey respondents
volunteered in the community at
least once last year, with 27%
volunteering 10 or more times**



TOP PRIORITIES FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:

1. Mental health
2. Lack of care options/access to care/affordability

Top socioeconomic, behavioral, and/or environmental factors impacting community:

1. Poverty
2. Housing
3. Lack of transportation
4. Language barriers
5. Cultural factors
6. Low educational attainment
7. Stigma

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:

1. Mental health concerns/access to mental healthcare
2. Obesity
3. Lack of dental healthcare

How health concerns are impacting community:

1. Accessibility of drugs for youth
2. Lack of technology monitoring for youth

“Affordable health care is an issue – mental, dental, behavioral health. It’s hard to find providers in rural areas, as providers want to stay in urban areas.”

- Community Member Focus Group

“Families who don’t have a lot and don’t have health insurance wait until the last minute to get care.”

- Community Member Interview

“Dental providers are hard to get in to see. It is hard to get in for urgent issues.”

- Community Member Interview

“I am concerned about the large number of people who are very overweight. This appears to be an issue across all age groups.”

- Community Member Focus Group

“Knowing how to navigate the system is hard, do I go to primary care first, a counselor, or a psychiatrist? We need more education on this.”

- Community Member Focus Group

TOP PRIORITIES FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Hispanic population
2. Refugee/immigrant population
3. Undocumented workers
4. Low-income population

“Affordable transportation to things outside the medical world is needed – grocery store, seeing family/friends, church, going to pharmacy, etc.”

- Community Member Focus Group

“Those who don't speak English, or don't have translators in the hospital can't explain how they are feeling.”

- Community Member Focus Group

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Aging population/elderly
2. Those with intellectual and developmental disabilities

Resources people use in the community to address their health needs:

1. East Central District Health Department

Top resources that are lacking in the community:

1. More home healthcare

“Lower income people are afraid to go to the hospital because of the bill.”

- Community Member Focus Group

“There needs to be more in-home non-medical care at a reasonable cost. Dependable caregivers who are able to regularly see their clients.”

- Community Member Focus Group

“I have been told that Black people are not welcome in this community.”

- Community Member Focus Group

“I've used the East Central District Health Department for immunizations. They have very professional and kind staff.”

- Community Member Focus Group

STEPS 3, 4 & 5 **IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS**

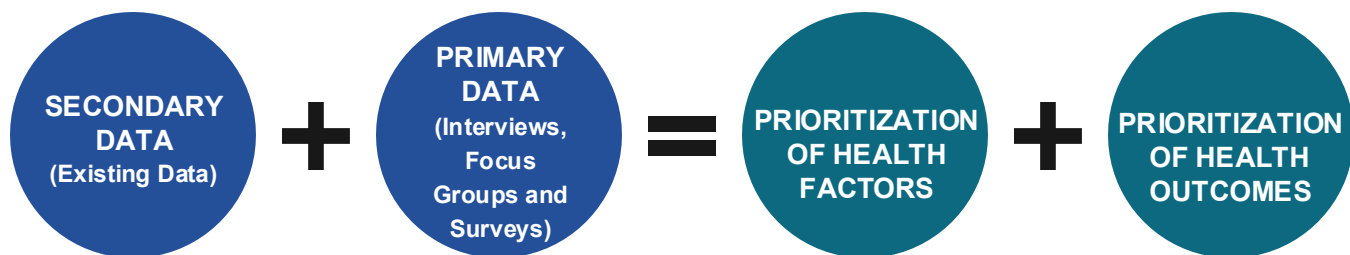


IN THIS STEP, COLFAX COUNTY:

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH INTERVIEWS, FOCUS GROUPS, AND A COMMUNITY MEMBER SURVEY
- ✓ COLLECTED COMMUNITY INPUT AND FEEDBACK
- ✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS
- ✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES



UNDERSTANDING PRIORITIZATION OF HEALTH NEEDS



HEALTH FACTORS (OR COMMUNITY CONDITIONS) are components of someone's environment, policies, behaviors, and health care that affect the health outcomes of residents of a community. These are sometimes referred to as community conditions and include the social determinants of health, health behaviors, and access to care. (Examples include housing and homelessness, crime/violence, access to healthcare, nutrition and access to healthy foods, economic security, etc.)

HEALTH OUTCOMES are health results, diseases, or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal, infant, and child health.)

IN ORDER TO ALIGN WITH THE STATE OF NEBRASKA'S MISSION TO IMPROVE HEALTH, WELL-BEING, AND ECONOMIC VITALITY, COLFAX COUNTY INCLUDED THE STATE'S PRIORITY FACTORS AND HEALTH OUTCOMES WHEN ASSESSING THE COMMUNITY.

SECONDARY DATA EXISTING DATA SOURCES



ASSESSING HEALTH NEEDS USING SECONDARY DATA

Initially, the health needs were assessed through a review of the secondary health data collected and analyzed prior to the interviews, focus groups, and survey. Significant health needs were identified from the secondary data using the following criteria.

Criteria for Identification of Initial Significant Health Needs:

1. The size of the problem (relative portion of population afflicted by the problem).
2. The seriousness of the problem (impact at individual, family, and community levels).
3. To determine size or seriousness of the problem, the health need indicators of East Central District service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives (Healthy People 2030 benchmark data can be seen in **Appendix B**).

The analysis of secondary data yielded a preliminary list of significant health needs (seen in the list to the right), which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, discover gaps in resources, and gather the prioritization of these needs by the community.

REVIEW OF PREVIOUS CHNA DATA

In order to build upon the work that was initiated previously, the prior 2021 CHNA was reviewed. When making final decisions for the next Improvement Plan (CHIP)/Implementation Strategy, previous efforts will be assessed and analyzed.

DEFINITIONS

East Central District encompasses four counties: Boone, Colfax, Nance and Platte. When referring to the district as a whole throughout the report, the term 'East Central District' will be used. When referring to a specific county within East Central District (e.g. Colfax County) or a combination of East Central District counties (not all four counties), this will be indicated.

National Survey on Drug Use and Health (NSDUH) Region:

Nebraska's NSDUH Region 4 is comprised of Boone, Colfax, Nance and Platte Counties, in addition to 18 other counties: Antelope, Boyd, Brown, Burt, Cedar, Cherry, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Pierce, Rock, Stanton, Thurston and Wayne Counties. When data is only available at the NSDUH regional level, this will be indicated in the report.

The secondary and primary data collection will ultimately inform the decisions on health needs that the county will address in the Improvement Plan (CHIP)/Implementation Strategy.

2025 HEALTH NEEDS TO BE ASSESSED

Below lists the health needs that were assessed by secondary data listed in alphabetical order.

- Access to healthcare (primary, dental/oral, vision, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, arthritis, kidney disease, stroke, cognitive decline, etc.)
- Community conditions (housing, education, economic security, internet access, adverse childhood experiences, access to childcare, crime and violence, transportation, food insecurity, etc.)
- Environmental conditions (air and water quality, vector-borne diseases)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injuries
- Maternal, infant, and child health
- Mental health
- Nutritional and physical activity
- Overweight and obesity
- Preventive practices (vaccines/immunizations, screenings, mammograms, cancer screenings)
- Sleep
- Substance use (alcohol and drugs)
- Tobacco and nicotine use
- Leading causes of death

DATA COLLECTION

PRIMARY

Secondary data collection and discussions with health department leadership, resulted in identifying community health needs that were further assessed in the primary data collection - key informant interviews, focus groups, and a community member survey. The information and data from both the secondary and primary data collection will ultimately inform the needs assessment report and the decisions on health needs that the community will address in its Improvement Plan (CHIP)/Implementation Strategy.



COMMUNITY HEALTH NEEDS IDENTIFIED IN SECONDARY DATA TO BE ASSESSED IN PRIMARY DATA

Access to healthcare (health insurance coverage, local access to providers, unmet need for mental healthcare, etc.)

Chronic diseases (asthma, cancer, childhood conditions, diabetes, heart disease, stroke, etc.)

Community conditions (childcare, crime/violence, housing, education, transportation, income/poverty, economic stability)

HIV/AIDS and Sexually Transmitted Infections (STIs)

Maternal, infant, and child health

Mental health (depression and suicide, etc.)

Nutritional/physical activity (overweight and obesity, etc.)

Preventive practices (vaccines/immunizations, screenings, mammograms/pap smears, etc.)

Substance use (alcohol and drugs, etc.)

Tobacco and nicotine use

PRIMARY DATA COLLECTION

KEY INFORMANT INTERVIEWS



Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **11 experts** from various organizations serving the community and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies (a complete list of participants can be seen in **Appendix D**). The interview questions asked can be seen below.

KEY INFORMANT INTERVIEW QUESTIONS

Broad questions asked at the beginning of the interview

What are some of the major health issues affecting individuals in the community?

What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?

Who are some the populations in the area that are not regularly accessing health care and social services? Why?

Questions asked for each health need

What are the issues/challenges/barriers faced for the health need?

Are there specific sub-populations and areas in the community that are most affected by this need?

Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

PRIMARY DATA COLLECTION

FOCUS GROUPS

Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We conducted **6 focus groups** with a total of **49 people** in the community. Focus groups included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies (a complete list of groups represented and focus group details can be seen in **Appendix E**). The focus group questions asked can be seen below.



FOCUS GROUP QUESTIONS

What are your biggest health concerns/issues in our community?

How do these health concerns/issues impact our community?

What are some populations/groups in our community that face barriers to accessing health and social services?

What existing resources/services do you use in our community to address your health needs? How do you access information about health and health and social services? Does this information meet your needs?

What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?

Do you have any ideas for how to improve health/address health issues in our community?

Do you have any other feedback/thoughts to share with us?

PRIMARY DATA COLLECTION COMMUNITY MEMBER SURVEY & HEALTH NEED RANKING



Each key informant interview participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. The health department, hospitals and community partners shared the survey link with clients, patients, and others who live and/or work in the Colfax County community (along with the other counties in East Central District: Boone, Nance, and Platte). The survey was made available in English, French, Somali, and Spanish. This resulted in **196 responses** to the community survey. The results of how the health needs were ranked in the survey for Colfax County overall are found in the tables below separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes.

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY
#1 Access to childcare
#2 Substance use (alcohol and drugs)
#3 Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, mental healthcare, oral/dental care, vision care, health literacy, etc.)
#4 Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
#5 Housing and homelessness (economic stability)
#6 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
#7 Preventive care and practices (e.g. screenings, mammograms, vaccinations – ranked under chronic diseases in survey)
#8 Food insecurity (e.g. not being able to access and/or afford healthy food)
#9 Income/poverty and employment (economic stability)
#10 Transportation (e.g. public transit, cars, cycling, walking)
#11 Nutrition and physical health/exercise (includes overweight and obesity)
#12 Internet/Wifi access
#13 Crime and violence
#14 Tobacco and nicotine use (e.g. smoking and vaping)
#15 Environmental conditions (e.g. air and water quality, vector-borne diseases)
Not ranked: Sleep

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY
#1 Mental health
#2 Chronic diseases (heart disease/stroke, high blood pressure/cholesterol, diabetes, cancer, asthma, arthritis, kidney disease, cognitive decline, etc.)
#3 Maternal, infant, and child health (e.g. pre-term births, infant mortality, maternal mortality and morbidity)
#4 HIV/AIDS and Sexually Transmitted Infections (STIs) (ranked under infectious diseases in survey)
#5 Injuries (e.g. workplace injuries, car accidents, falls, etc.)

HEALTH NEEDS COMMUNITY CONDITIONS



HEALTH NEEDS: COMMUNITY CONDITIONS

The following pages rank the community conditions category of health needs, which include the social determinants of health, health behaviors, and access to care. They are ranked and ordered according to the overall Colfax County ranking from the community member survey as seen on page 23. Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Colfax County and/or East Central District and the state compared to the benchmark goal.

#1 HEALTH NEED ACCESS TO CHILDCARE



ACCORDING TO THE 2023 COST OF CHILDCARE IN NEBRASKA BREAKDOWN REPORT, THE AVERAGE COST OF CHILDCARE IN NEBRASKA RANGES FROM \$11,420 PER YEAR FOR SCHOOL-AGED CHILDREN TO \$12,571 PER YEAR FOR INFANTS UNDER ONE YEAR OF AGE ¹⁵

IN OUR COMMUNITY



MORE THAN HALF (52%) OF COLFAX COUNTY MEMBERS SURVEYED SELECTED ACCESS TO CHILDCARE AS A PRIORITY COMMUNITY HEALTH NEED



56% OF COLFAX COUNTY CHILDREN IN NEED OF CHILDCARE DO NOT HAVE ACCESS TO IT, COMPARED TO 19% FOR NEBRASKA ¹⁶


75% OF NEBRASKANS SURVEYED SAY THAT QUALITY AFFORDABLE CHILD CARE IS ESSENTIAL TO THE ECONOMY AND WORKERS ¹⁷

“There is a lack of daycare positions or spots overall and there is a serious lack of daycare options for families where the parents work second or third shift. As a result, the parents are forced to work staggered shifts where one parent takes care of the children while the other is at work and then they switch spots.”
- Community Member Interview


“Lack of childcare impacts everyone.”
- Community Member Interview

PRIORITY POPULATIONS ACCESS TO CHILDCARE

While access to childcare is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

 Access to childcare was worse in COLFAX COUNTY, compared to the district where more than 50% of children in need did not have access ¹⁶

LOWER-INCOME RESIDENTS may have challenges affording childcare ¹⁶

 SINGLE PARENTS who lack social support may have a greater need for childcare ¹⁶

According to the community survey, Colfax County residents AGED 25-44 (68%) were significantly more likely to report childcare among their top five health concerns than other ages

HISPANIC/LATINO/A survey respondents of were significantly more likely to report access to childcare as a priority

Top issues/barriers for access to childcare (reported in interviews):
1. Lack of spots/availability

Top resources, services, programs and/or community efforts in the community for access to childcare:
1. Home daycares
2. Community daycare facilities

#2 HEALTH NEED SUBSTANCE USE



Substance use, drug overdose deaths, and social isolation greatly increased nationwide during the COVID-19 pandemic, according to the Centers for Disease Control and Prevention¹⁸

IN OUR COMMUNITY

IN THE COMMUNITY SURVEY, **43%** OF COLFAX COUNTY RESPONDENTS REPORTED **SUBSTANCE USE** AS ONE OF THEIR TOP HEALTH CONCERNS



23% of adults in East Central District reported **binge drinking** within the past month, higher than the **20%** for Nebraska¹⁹

7% of adults in East Central District and Nebraska are **heavy drinkers**, while **3%** engage in **alcohol impaired driving**¹⁹

ACCORDING TO THE YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM:

19% of Nebraska teens have **used alcohol** in the past month²⁰

9% of Nebraska teens have binge drank in the past 30 days²⁰

12% of Nebraska teens first consumed alcohol before age 13²⁰

39% of Nebraska teens usually obtain alcohol by someone giving it to them²⁰



3%

of East Central District adults have used marijuana in the past month, compared to **7%** for Nebraska²¹

5% of NSDUH* region 4 (includes East Central District counties) youth (12-17) surveyed have **used marijuana in the past month**, compared to **7%** for Nebraska youth, while **10%** used it in the past year, compared to **13%** for Nebraska youth²²



*National Survey on Drug Use and Health, Region 4 contains Colfax County



3%

of both East Central District and Nebraska adults have **misused opioids** in the past year²³



The **emergency room visit rate for suspected overdose** in Nebraska increased from **42 per 10,000** emergency visits in 2017 to **57 per 10,000** in 2021. Due to low counts, the rate for East Central District was unable to be calculated²⁴

"Addiction begins young and by adulthood it is hard for these people to let go of it."
- Community Member Interview

"There is alcohol and marijuana at the High School and Middle School."
- Community Member Interview

#2 HEALTH NEED SUBSTANCE USE



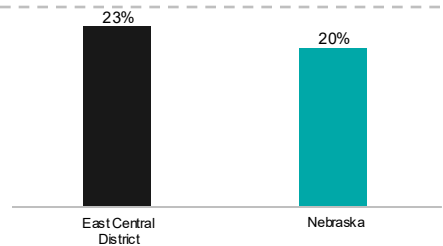
"CBD exposure is an issue, it is easy to purchase and sometimes prescribed by physicians."
- Community Member Focus Group

"Drugs and alcohol don't discriminate."
- Community Member Focus Group



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

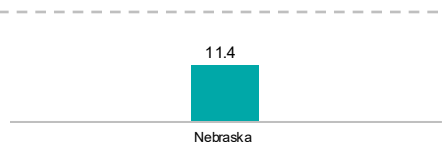
ADULT BINGE DRINKING



HP 2030 TARGET: 25%
DESIRED DIRECTION: ↓

✓ East Central District meets/ exceeds the target. This indicator was not available for Colfax County¹⁹

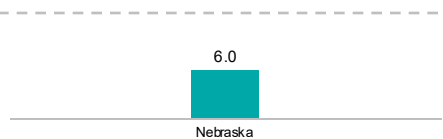
DRUG OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: 20.7 PER 100,000
DESIRED DIRECTION: ↓

✓ Nebraska meets/ exceeds the target. This indicator was not available for Colfax County²⁵

OPIOID OVERDOSE DEATHS PER 100,000




HP 2030 TARGET: 13.1 PER 100,000
DESIRED DIRECTION: ↓


✓ Nebraska meets/ exceeds the target. This indicator was not available for Colfax County²⁵

PRIORITY POPULATIONS SUBSTANCE USE

While **substance use** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...


 Survey respondents whose household income is \$50,000-\$74,999 were more likely to select substance use as a priority

According to research, Nebraskan **MALE TEENS** were more likely than female teens to try drinking alcohol at a younger age, while Nebraskan **FEMALE TEENS** were more likely to consume alcohol and binge drink²⁰

 Nebraska-wide non-fatal opioid overdose rates are highest among **BLACK** and **AMERICAN INDIAN/ ALASKAN NATIVE RESIDENTS** and **MEN**²³

Opioid misuse is highest among **WOMEN, HISPANIC, YOUNGER, LOWER INCOME, and LESS EDUCATED** (those with a high school diploma or less) residents²³

Marijuana use is highest among **YOUTH AND YOUNG ADULTS, WHITE, MEN, LOWER INCOME, and LESS EDUCATED** residents²¹

 **YOUTH** are more impacted by substance use due to their developing brains²¹

Top issues/barriers for substance use (reported in interviews):

1. Alcohol use/alcoholism
2. Marijuana
3. Too accessible for youth/high youth drug use

Sub-populations most affected by substance use (reported in interviews):

1. Low-income population
2. High school and middle school youth

Top resources, services, programs and/or community efforts in the community for substance use:

1. Local/school education

#3 HEALTH NEED ACCESS TO HEALTHCARE



IN OUR COMMUNITY

ACCORDING TO THE HEALTH RESOURCES AND SERVICE ADMINISTRATION...

East Central District has more access to primary care providers relative to its population than Nebraska overall, while **Colfax County** has much less access to dental care providers than Nebraska overall (Colfax County data was unavailable for primary care)³²

EAST CENTRAL*
1,165:1³²



NEBRASKA
1,302:1³²

5% of community survey respondents say that primary healthcare access is lacking in the community

COLFAX COUNTY**
5,249:1³²



NEBRASKA
1,243:1³²

11% of community survey respondents say that dental healthcare access is lacking in the community

52% of community survey respondents say that vision healthcare access is lacking in the community

"People just don't take advantage of healthcare services."
- Community Member Interview



1 IN 5

EAST CENTRAL DISTRICT ADULTS (19% VS. 21% FOR NEBRASKA) DO NOT HAVE A USUAL PRIMARY CARE PROVIDER³³



NEARLY 1 IN 3

COLFAX COUNTY ADULTS (30%) DID NOT HAVE A ROUTINE CHECKUP IN THE PAST YEAR, VS. 27% FOR NEBRASKA³³

BARRIERS TO CARE AND IMPACTS



8% of community survey respondents could not obtain a necessary prescription medication in the past year



22% of community survey respondents have delayed or gone without medical care due to being unable to get an appointment



5% of survey respondents lack health insurance due to cost. 9% of East Central and Nebraska adults did not get medical care when needed in the past year due to cost³⁴



Fewer adults in Colfax County (59%) than Nebraska (68%) have visited the dentist in the past year³⁵



11% of community survey respondents' usual source of care is an urgent care clinic

4% of Nebraska children did not visit the dentist in the past year³⁶



Fewer East Central District (48%) than Nebraska adults 40+ (56%) have eye care insurance coverage³⁴



42% of East Central District adults have lost teeth due to tooth decay or gum disease, vs. **35% for Nebraska³⁷**

61% of East Central District adults had an eye exam in the past year, vs. **62% for Nebraska³⁴**

13% of Colfax County adults have lost ALL their teeth, vs. **9% for Nebraska³⁷**

*Based on Boone and Platte Counties only

**All of Colfax County is a geographic primary care Health Professional Shortage Area (HPSA). All of Colfax County is a geographic dental care HPSA.

#3 HEALTH NEED ACCESS TO HEALTHCARE

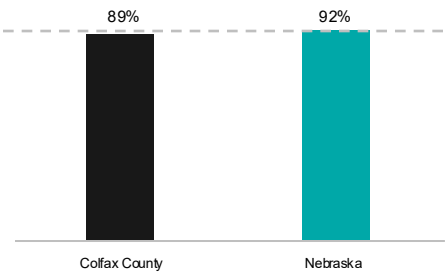


“A large portion of the community is uninsured.”
- Community Member Interview



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE



HP 2030 TARGET: **92%**
DESIRED DIRECTION:
 Colfax County does not yet meet the target³⁹

Top issues/barriers for access to healthcare (reported in interviews):

1. Not enough local providers
2. Not enough specialists
3. Lack of pediatricians
4. Lack of OB/GYN
5. Medicare/Medicaid issues

Sub-populations most affected by access to healthcare (reported in interviews):

1. Low socioeconomic status

Top resources, services, programs and/or community efforts in the community for access to healthcare:

1. Visiting Physicians Clinic

“People go without care, both adults and kids, because they cannot afford it.”
- Community Member Interview

PRIORITY POPULATIONS ACCESS TO HEALTHCARE

While **access to care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

11% of Colfax County residents LACK HEALTH INSURANCE. Coverage is much lower for **BLACK/ AFRICAN AMERICAN** (40% without coverage) and **HISPANIC** (20% without coverage) residents in East Central District³⁹



Only 84% of adults in COLFAX COUNTY have health insurance coverage³⁹

Colfax County survey respondents living in ZIP CODE 68601 were most likely to say their usual source of care is an urgent care clinic

Survey respondents **AGES 35-44** were more likely to say that they delayed care because they could not get an appointment that was convenient with their work or child’s school schedule

WHITE survey respondents were significantly more likely than Hispanic respondents to select access to healthcare as a priority



COLFAX COUNTY has much lower access to dental care providers than East Central district and Nebraska, as well as lower rates of dental visits and higher rates of tooth loss³⁷

10% of COLFAX COUNTY survey respondents reported that their last medical checkup was 3-5 years ago

#3 HEALTH NEED

ACCESS TO HEALTHCARE

HEALTH LITERACY



ACCORDING TO 2020 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA, EAST CENTRAL DISTRICT EXPERIENCES **LOWER HEALTH LITERACY** THAN NEBRASKA OVERALL³⁸



HEALTH LITERACY TOPIC	EAST CENTRAL DISTRICT	NEBRASKA
Very easy to get needed advice or information about health or medical topics ³⁸	68%	71%
Very easy to understand information that medical professionals tell you ³⁸	53%	58%
Very easy to understand written health information ³⁸	52%	60%

"Healthcare is complex, even for those that work in healthcare."
- Community Member Interview

"Health literacy is an issue for everyone and can be hard even for those with high education."
- Community Member Interview

"There needs to be more services to help immigrants with insurance that comes with vision and understanding medical bills."
- Community Member Focus Group

"Being in a new country and not knowing what to do for insurance is hard. Medicaid should cover 100%, but sometimes bills will still come later."
- Community Member Focus Group

Top issues/barriers for health literacy (reported in interviews):

- 1. Language barriers

Sub-populations most affected by health literacy (reported in interviews):

- 1. Non-English speakers/immigrants

Top resources, services, programs and/or community efforts in the community for health literacy:

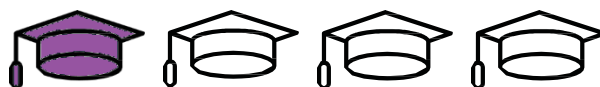
- 1. Translation services

#4 HEALTH NEED ECONOMIC STABILITY EDUCATION

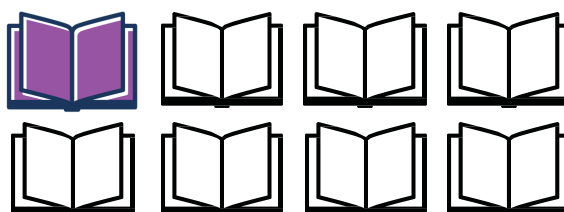


EDUCATIONAL ATTAINMENT IS A **KEY DRIVER OF HEALTH**, SELECTED AS A **PRIORITY HEALTH NEED** BY **32%** OF SURVEY RESPONDENTS

IN OUR COMMUNITY



ACCORDING TO CENSUS DATA, **27%** OF COLFAX COUNTY RESIDENTS **DID NOT GRADUATE HIGH SCHOOL**, WHICH IS **WORSE** THAN THE **8%** FOR NEBRASKA⁸¹



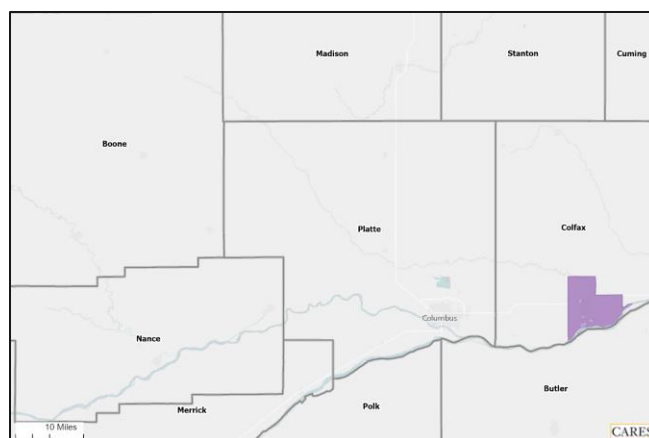
13% OF COLFAX COUNTY RESIDENTS HAVE A **BACHELOR'S DEGREE OR HIGHER** (VS. **34%** FOR THE STATE OF NEBRASKA)⁸²

61% OF 3- AND 4-YEAR-OLDS IN COLFAX COUNTY ARE **ENROLLED IN PRESCHOOL**, COMPARED TO **43%** FOR NEBRASKA⁸³

PRESCHOOL ENROLLMENT CAN **IMPROVE SHORT AND LONG-TERM SOCIOECONOMIC AND HEALTH OUTCOMES**, PARTICULARLY FOR DISADVANTAGED CHILDREN⁸³

COLFAX COUNTY'S AVERAGE **HIGH SCHOOL GRADUATION RATE** FOR 2022-2023 (**97%**) IS **HIGHER** THAN THAT OF THE STATE (**87%**)⁸⁴

LEIGH COMMUNITY SCHOOLS, CLARKSON PUBLIC SCHOOLS, AND HOWELLS-DODGE CONSOLIDATED SCHOOLS (COLFAX COUNTY) HAVE HIGH SCHOOL GRADUATION RATES OF **100%**⁸⁴



This “vulnerable population footprint map” from the Center for Applied Research and Engagement (CARES) shows areas of East Central District where more than **25% of the population lacks a high school education** (the southeast portion of Colfax County, highlighted in **purple**)⁸⁵

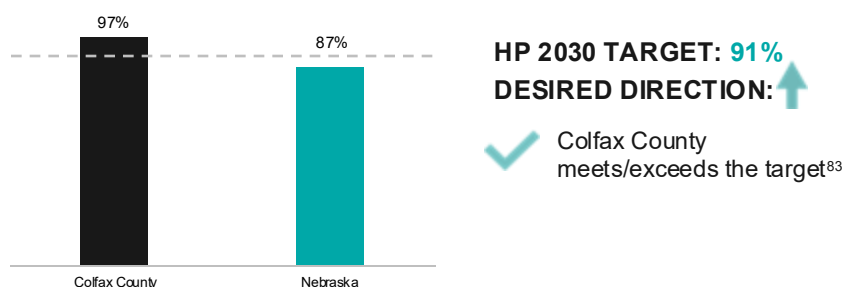
“Reading levels are not at the levels that they should be.”
- Community Member Interview

#4 HEALTH NEED ECONOMIC STABILITY EDUCATION



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



IN 2020-2021, COLFAX COUNTY'S **CHRONIC ABSENTEEISM RATE WAS 10%, BETTER THAN THE 22% FOR NEBRASKA**⁸⁶

CLARKSON PUBLIC SCHOOLS (COLFAX COUNTY) HAD THE LOWEST RATE AT 7%⁸⁶

"When it comes to preschool enrollment there's a lack of spots for children that are under the age of 3."

- Community Member Interview

"The high school immigrant students may struggle to assimilate, especially if they haven't been in school since elementary school."

- Community Member Interview

"There is stress of having to deal with those [troubled] students on teachers, and they are deciding whether they want to stay or leave their profession."

- Community Member Focus Group

PRIORITY POPULATIONS EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

27% of COLFAX COUNTY residents do not have a high school diploma and only 13% have a Bachelor's degree or higher⁸¹



HISPANIC survey respondents were significantly more likely than white respondents to select education as a priority health need



CHILDREN WHO ARE LOWER INCOME are less likely to be enrolled in school at 3 and 4 years old compared to higher income children⁸³

The Colfax County community survey found that those **AGED 55-64** were less likely to have completed post-secondary education compared to other age groups

Top issues/barriers to education (reported in interviews):

1. No interpreters/language barriers
2. Immigrant students struggle to assimilate
3. Teacher shortage

Sub-populations most affected by education (reported in interviews):

1. Non-English speakers/Immigrants

Top resources, services, programs, and/or community efforts for education:

1. English Language Program/language services
2. School system
3. Social Support program

#5

HEALTH NEED
ECONOMIC STABILITY
HOUSING AND HOMELESSNESS



HOUSING AND HOMELESSNESS IS A CONCERN IN TERMS OF QUALITY AND AFFORDABILITY, WHICH INCREASED DURING THE COVID-19 PANDEMIC AND CONTINUED TO DO SO

54% of community survey respondents report lack of affordable housing as an issue in the community. Affordable housing was the #1 reported resource needed in Colfax County

IN OUR COMMUNITY

ACCORDING TO THE U.S. CENSUS BUREAU, 1% OF ALL OCCUPIED HOUSING IN COLFAX COUNTY, AS WELL AS NEBRASKA, LACK COMPLETE PLUMBING AND/OR KITCHEN FACILITIES 26



Freddie Mac estimates that the vacancy rate should be 13% in a well-functioning housing market. There was only a 8% vacancy rate in East Central District in 2022, which decreased from 9% in 2017. 24% of households are renter occupied²⁷

.....



14% OF COLFAX COUNTY HOUSEHOLDS ARE 'COST BURDENED' (SPEND MORE THAN 35% OF THEIR INCOME ON HOUSING), VS. 26% FOR NEBRASKA. THIS IS MUCH HIGHER FOR RENTERS AT 23% ²⁸

.....



The number of affordable and available units per 100 very low income renters (<50% of area median income) in Nebraska was only 95. Colfax County (746) has more affordable and available units compared to the demand. A lack of affordable housing options puts renters at risk for rent burden, eviction, and homelessness²⁹

“There is a housing shortage and what is available is not affordable.”
- Community Member Interview



NEARLY 1 IN 3 (30%)
EAST CENTRAL DISTRICT ADULTS EXPERIENCED HOUSING INSECURITY IN THE PAST YEAR, COMPARED TO 29% FOR NEBRASKA³⁰



IN 2023, THERE WERE AN ESTIMATED
558 PEOPLE

EXPERIENCING HOMELESSNESS IN THE NEBRASKA BALANCE OF STATE CONTINUUM OF CARE (WHICH INCLUDES ALL NEBRASKA REGIONS OUTSIDE OF OMAHA AND LINCOLN)³¹



THE NATIONAL ALLIANCE TO END HOMELESSNESS REPORTED THAT FROM 2020 TO 2022, THE POPULATION OF PEOPLE EXPERIENCING HOMELESSNESS DECLINED BY 11%. THIS MAY HAVE BEEN IMPACTED BY COVID-19 FUNDING AND EVICTION MORATORIUMS³¹



Data shows that 10% of Colfax County households are seniors who live alone, compared to 13% of Nebraska households. Seniors living alone may be isolated and lack adequate support systems³²

#5 HEALTH NEED ECONOMIC STABILITY HOUSING AND HOMELESSNESS



"There's definitely a serious lack of housing options. The options that are available are extremely expensive and as a result a lot of people are forced to rent out basements or rent out a room in other people's homes. This could cause families to have to live in very tight spaces which is not healthy for them."

- Community Member Interview

"The market is very expensive for housing, but appraisal rates to sell homes are too low."

- Community Member Interview

"Houses are being sold before they are built."

- Community Member Interview

Top issues/barriers for housing and homelessness (reported in interviews):

1. Lack of affordability/expensive homes
2. Not enough available homes in general

Sub-populations most affected by housing and homelessness (reported in interviews):

1. Immigrants/undocumented population
2. Low-income population

Top resources, services, programs, and/or community efforts for housing and homelessness:

1. United Way
2. New housing developments

PRIORITY POPULATIONS HOUSING AND HOMELESSNESS

While **housing and homelessness** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



31% of COLFAX COUNTY survey respondents said that housing and homelessness is a top concern in the community

According to the Nebraska Balance of State Continuum of Care, nearly 13% of individuals experiencing homelessness were **UNSHELTERED**, 81% were White, 21% were Hispanic/Latino/a, 6% were **CHRONICALLY HOMELESS**, and 27% were **YOUTH**, 9% were **YOUNG ADULTS** (ages 18–24), and 4% were seniors³¹



RENTERS (23%) are more likely than homeowners (14%) to spend 35% or more of their income on housing²⁸

55-64 YEAR OLD survey respondents were significantly more likely than other ages to say affordable housing is lacking in the community

"Housing is hard for anyone in the area, no matter how much you make."

- Community Member Interview

#6 HEALTH NEED ADVERSE CHILDHOOD EXPERIENCES



ADVERSE CHILDHOOD EXPERIENCES (ACEs), INCLUDING ABUSE, NEGLECT, MENTAL ILLNESS, SUBSTANCE ABUSE, DIVORCE/ SEPARATION, WITNESSING VIOLENCE, AND HAVING AN INCARCERATED RELATIVE CAN HAVE **LIFELONG IMPACTS**⁸⁴

FIVE OF THE TOP 10 LEADING CAUSES OF DEATH ARE ASSOCIATED WITH ACEs⁸⁴

IN OUR COMMUNITY

22% OF SURVEY RESPONDENTS SELECTED ADVERSE CHILDHOOD EXPERIENCES (ACEs) AS A **PRIORITY HEALTH NEED**



Nebraska's child abuse rate of **5 per 1,000 children** is slightly higher than the national rate of **4 per 1,000 children**⁸⁵

17% OF NEBRASKA CHILDREN HAVE EXPERIENCED 2 OR MORE ACEs⁸⁶



Research shows that youth with the most assets are **MORE LIKELY TO:**⁸⁷

- Do Well In School
- Be Civically Engaged
- Value Diversity

Research shows that youth with the most assets are **LEAST LIKELY TO have problems with:**⁸⁷

- Alcohol Use
- Violence
- Sexual Activity

"Immigrant children are in a new or unknown environment and to not know the language only adds into that traumatic experience."

- Community Member Interview

"A majority of the students that come in have some pretty serious issues."

- Community Member Interview

PRIORITY POPULATIONS ADVERSE CHILDHOOD EXPERIENCES (ACEs)

While **adverse childhood experiences (ACEs)** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

CHILDREN WITH THE FOLLOWING RISK FACTORS:⁸⁷



- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults

A significantly higher proportion of respondents with a **MENTAL HEALTH CONDITION ranked 'adverse childhood experiences' as a top health concern in the community survey**

Top issues/barriers for ACEs (reported in interviews):

1. Cultural barriers
2. High concern in the community

Sub-populations most affected by ACEs (reported in interviews):

1. Refugees/immigrants
2. Low socioeconomic status

#7 HEALTH NEED PREVENTIVE CARE & PRACTICES



ACCESS TO PREVENTIVE CARE HAS BEEN FOUND TO **SIGNIFICANTLY INCREASE LIFE EXPECTANCY**, AND **CAN HELP PREVENT AND MANAGE CHRONIC CONDITIONS**, WHICH ARE THE MOST COMMON NEGATIVE HEALTH OUTCOMES IN THE COUNTY⁵⁷

IN OUR COMMUNITY



22% of community survey respondents said that **preventive care & practices** for chronic conditions are a priority health need

3%

of community survey respondents have **NEVER** had a **flu shot**

Childhood immunization rates entering Kindergarten in Nebraska range from **96%** for varicella (chicken pox) to **98%** for polio, compared to a national Kindergarten immunization rate of **93%** for all recommended vaccines⁶⁹



According to state data, more than 29% of East Central District **seniors** age 65+ **did not** receive a **flu vaccine** in the previous year, compared to 28% for Nebraska⁷⁰

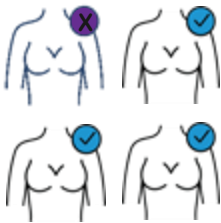
55%

of East Central District residents reported getting a **flu vaccine** the previous year vs. 53% for Nebraska, according to state data⁷²

For **pneumonia vaccination**, the rate is **72%** for East Central vs. **75%** for Nebraska seniors, and for **shingles vaccination**, the rate is **35%** for the district vs. **37%** for the state (ages 50+)⁷¹

“The lack of insurance coverage which results in adults not seeking the resources available.”
- Community Member Interview

“Sometimes people do face issues when it comes to transportation or a lack of awareness. There are some cultural barriers present as well.”
- Community Member Interview



NEARLY 1 IN 4 COLFAX COUNTY WOMEN AGES 50-74 HAVE **NOT HAD A MAMMOGRAM** IN THE PAST TWO YEARS⁷³



NEARLY 2 IN 5 COLFAX COUNTY ADULTS AGES 50-75 **DO NOT MEET COLORECTAL SCREENING GUIDELINES**⁷³



NEARLY 1 IN 5 COLFAX COUNTY WOMEN AGES 21-65 **HAVE NOT HAD A PAP SMEAR** IN THE PAST THREE YEARS⁷³

#7 HEALTH NEED PREVENTIVE CARE & PRACTICES



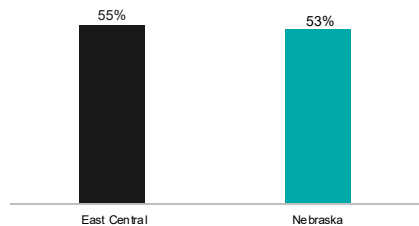
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT ANNUAL FLU VACCINATION

HP 2030 TARGET: **70%**

DESIRED DIRECTION:

East Central District does not yet meet the target. This data was not available for Colfax County⁷²

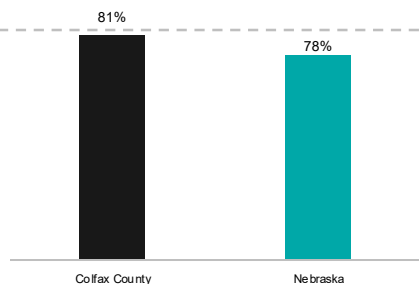


WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS

HP 2030 TARGET: **84%**

DESIRED DIRECTION:

Colfax County does not yet meet the target⁷³

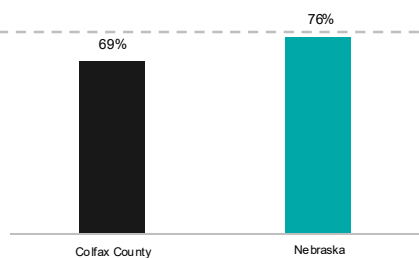


WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

HP 2030 TARGET: **77%**

DESIRED DIRECTION:

Colfax County does not yet meet the target⁷³

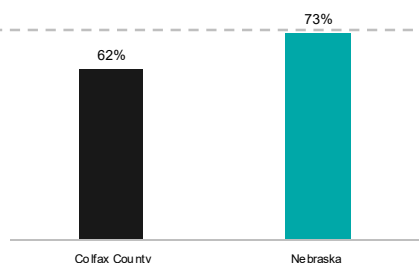


ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES

HP 2030 TARGET: **74%**

DESIRED DIRECTION:

Colfax County does not yet meet the target⁷³



PRIORITY POPULATIONS PREVENTIVE CARE & PRACTICES

While **preventive care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Data shows that Nebraskans are more likely to engage in preventive care the **MORE EDUCATED THEY ARE, THE MORE MONEY THEY MAKE, IF THEY ARE FEMALE, AND THE OLDER THEY ARE**⁷³

According to the community survey, respondents **AGES 45-54** were mostly likely to report that the last flu shot they got was 5+ years ago



According to the community survey, **MEN** were significantly more likely than women to have gotten a flu shot less recently or to have never gotten one

HISPANIC survey respondents were significantly less likely than White respondents to say they got a flu shot in the past year

Top resources, services, programs and/or community efforts in the community for preventive care and practices:

1. Immunization clinic at high school
2. Local clinics

"The clinic in Columbus does provide discounted care, however, some people still can't afford it or don't have the transportation."

- Community Member Interview

#8 HEALTH NEED FOOD INSECURITY



According to Feeding America, **8%** of Colfax County residents and **10%** of Nebraskans overall experience **FOOD INSECURITY**⁵¹



When asked what resources were lacking in the community of Colfax County survey, **26%** of respondents answered **affordable food**, while **21%** of survey respondents ranked **access to healthy food** as a top health concern

IN OUR COMMUNITY



The rate of food insecurity is higher in Colfax County **children (9%)**, while this rate is lower than for Nebraska children (**12%**)⁵²



According to Feeding America, **cost** is the **#1 barrier** to food security.⁵¹ **37%** of community survey respondents say that a top barrier to being healthy is that healthy food is too expensive



Colfax County **single moms** have a **lower SNAP* utilization rate** at **29%**, vs. **34%** for Nebraska⁵³

Seniors (60+) have a **lower utilization rate** at **5%** vs. **6%** for Nebraska⁵³



The percentage of students in Colfax County who are eligible for the National School Lunch Program (NSLP) Free & Reduced Price Meals is **53%** on average, with the highest rate being **63%** for **Schuyler Community Schools** in 2023-24⁵⁴



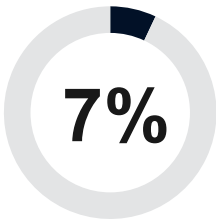
PLACES TO ACCESS FOOD IN COLFAX COUNTY:⁵⁵

FOOD RETAILER	COLFAX
Full-service supermarkets	0
Limited-service stores	0
SNAP* benefit retailers	8
Farmers' markets	0
Fast-food and takeout restaurants	N/A

The United States Department of Agriculture (USDA) rates 0 of 14 East Central District census tracts as 'low-income' or 'low-access'⁵⁵

*Supplemental Nutrition Assistance Program

A **slightly lower rate** of Colfax County than Nebraska households access **SNAP* benefits**⁵³



COLFAX COUNTY



NEBRASKA



Colfax County's **food environment rating** out of 10 (0 being worst and 10 being best) is **8.2/10**, vs. **7.8** for Nebraska⁵⁶

#8 HEALTH NEED FOOD INSECURITY



"There is one grocery store and one supermarket."

- Community Member Interview

"The summer lunch program is a big help to families that cannot afford food outside of school hours, I hope that doesn't go away."

- Community Member Focus Group

"Stores in rural areas don't carry fresh fruits and vegetables."

- Community Member Interview

"Oftentimes healthier foods are available in stores, but they are not affordable. There are situations where an individual may be aware that a particular item is \$2.00 cheaper at Walmart, however they have to weigh that option against how much money they would be spending in terms of gas if they were to drive there."

- Community Member Interview

Top issues/barriers for food insecurity (reported in interviews):

1. Expensive/lack of affordability
2. Lack of access/transportation
3. Lack of variety at grocery stores

Sub-populations most affected by food insecurity (reported in interviews):

1. Low-income
2. Immigrant families

PRIORITY POPULATIONS FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



According to research, food insecurity among **BLACK OR LATINO INDIVIDUALS** is higher than white individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **RURAL**. 1 in 3 people facing hunger are unlikely to qualify for SNAP⁵⁷

Census data says that 44% of food insecure residents in Nebraska are below the SNAP threshold of 130% of the **POVERTY** level and 66% qualify for federal nutrition programs⁵³



Survey respondents with a **MENTAL HEALTH CONDITION** were significantly more likely to report access to affordable food as a resource lacking in the community

Survey respondents **AGES 45-54** were significantly more likely than other age groups to select food insecurity as a priority health need

"How to do you tackle the fact that cheese puffs are cheaper than bananas?"

- Community Member Focus Group

#9

HEALTH NEED
ECONOMIC STABILITY
INCOME/POVERTY AND EMPLOYMENT



ECONOMIC STABILITY INCLUDES INCOME, EDUCATION, EMPLOYMENT, TRANSPORTATION, AND HOUSING AND HOMELESSNESS. 20% OF SURVEY RESPONDENTS SELECTED INCOME/POVERTY AND EMPLOYMENT AS A PRIORITY HEALTH NEED



COLFAX COUNTY IS RANKED **55TH** **OUT OF 79** COUNTIES IN NEBRASKA ON AVERAGE FOR SOCIAL AND ECONOMIC FACTORS (THE LOWER A RANKING IS, THE BETTER), PLACING IT IN THE **TOP 50%** OF THE STATE'S COUNTIES⁷⁵

IN OUR COMMUNITY



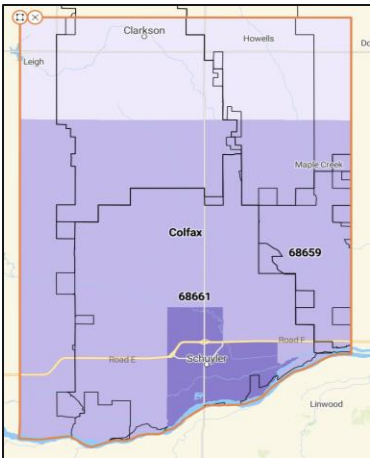
COLFAX COUNTY'S MEDIAN HOUSEHOLD INCOME IS **SLIGHTLY LOWER** THAN THE STATE AVERAGE⁷⁶

COLFAX COUNTY: \$69,500
NEBRASKA: \$69,800



2%

OF COLFAX COUNTY ADULTS ARE **UNEMPLOYED**, COMPARED TO **3%** FOR NEBRASKA⁷⁸



This “[Social Vulnerability Index map](#)” from PolicyMap shows a community’s capacity to prepare for and respond to the stress of hazardous events. **Dark purple** represents moderate social vulnerability levels. **Schuyler** experiences the **highest levels of social vulnerability** in Colfax County.⁷⁹

LIVES IN POVERTY⁷⁷

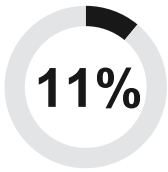


COLFAX COUNTY



NEBRASKA

IS LOW-INCOME⁷⁷



COLFAX COUNTY



NEBRASKA

COLFAX COUNTY HAS AN **EQUIVALENT POVERTY AND LOW-INCOME RATE** TO NEBRASKA⁷⁷

POVERTY RATES ARE **HIGHEST FOR ADULTS** AT 12%, COMPARED TO 10% FOR NEBRASKA⁷⁷

POVERTY RATES BY COUNTY AND AGE GROUP ⁷⁷				
LOCATION	OVERALL	CHILDREN (0-18)	ADULTS (18-64)	SENIORS (65+)
Colfax County	10%	8%	12%	8%
East Central District	9%	12%	9%	7%
Nebraska	10%	10%	10%	8%

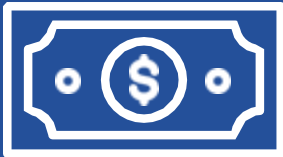
“There are a lot of minimum wage jobs available, but none that mitigate language barriers.”
- Community Member Interview

“Women in immigrant populations are less likely to work and they are not encouraged to work.”
- Community Member Interview

#9 HEALTH NEED

ECONOMIC STABILITY

INCOME/POVERTY AND EMPLOYMENT



6% OF LOW-INCOME COLFAX COUNTY HOUSEHOLDS UTILIZE **FOOD STAMPS, VS. 8% FOR NEBRASKA⁷⁹**

.....

ACCORDING TO THE U.S. CENSUS BUREAU

2% OF COLFAX COUNTY HOUSEHOLDS RECEIVE **PUBLIC ASSISTANCE, THE SAME AS NEBRASKA⁸⁰**

2% OF COLFAX COUNTY HOUSEHOLDS RECEIVE **SUPPLEMENTAL SECURITY INCOME (SSI), COMPARED TO 4% FOR NEBRASKA⁸⁰**



"There's a lack of job options for those that are undocumented. Oftentimes we see families where one parent is working because the other one is not able to so they're left being a single income family. There is also a language barrier."
- Community Member Interview

"I think they should put together a Resource Center that helps people apply for jobs or find jobs that match their skill set. The closest one is currently in Columbus, which not everyone is able to get to because we have an issue with transportation."
- Community Member Interview

Top issues/barriers for income/poverty and employment (reported in interviews):

1. People won't take the available jobs
2. Poverty is an increased issue
3. Lack of options for undocumented people
4. Language barriers

Sub-populations most affected by income/poverty and employment (reported in interviews):

1. Low-income residents
2. Physically disabled

PRIORITY POPULATIONS

INCOME/POVERTY AND EMPLOYMENT

While **income/poverty and employment** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Survey respondents **AGES 35-44** were significantly more likely than other age groups to select income/poverty and employment as a priority health need



8% of Colfax County CHILDREN, 8% of SENIORS, and 5% of FEMALE HEADS-OF HOUSEHOLD (HoH) living with their minor children, live in poverty⁷⁷

COLFAX COUNTY has a rate of **12% of individuals 18-64** living in poverty, higher than both East Central District (9%) and the state (10%)⁷⁷



According to research, people who are **IMMIGRANTS AND/OR EXPERIENCE LANGUAGE BARRIERS** may have additional challenges with accessing employment, education, and health and social services⁷⁷

Research shows that **PEOPLE WITH DISABILITIES** may experience additional challenges obtaining and maintaining employment⁷⁷

"There is a lack of resources that help undocumented or refugee groups."
- Community Member Interview

#10 HEALTH NEED ECONOMIC STABILITY TRANSPORTATION



TRANSPORTATION HAS A MAJOR INFLUENCE ON HEALTH AND ACCESS TO SERVICES (FOR EXAMPLE, ATTENDING ROUTINE AND URGENT APPOINTMENTS, AS WELL AS RUNNING ESSENTIAL ERRANDS THAT SUPPORT DAILY LIFE)

IN OUR COMMUNITY

22% OF COMMUNITY SURVEY RESPONDENTS SAY THAT TRANSPORTATION IS LACKING IN COLFAX COUNTY

“Most of the population needs access to a car and many people don’t have driver’s licenses, don’t register their cars, and have no insurance.”
- Community Member Interview



When analyzing the largest population centers in Colfax County, according to WalkScore.com, Schuyler is ‘Somewhat Walkable’ (some amenities within walking distance), Clarkson, Howells, and Leigh are ‘Car Dependent’ (a few amenities within walking distance)⁶⁰

ACCORDING TO THE AMERICAN COMMUNITY SURVEY:³⁴



77% OF ALL WORKERS IN COLFAX COUNTY DRIVE ALONE TO WORK, COMPARED TO 78% FOR NEBRASKA⁸⁹



0.1% OF COLFAX COUNTY RESIDENTS USE PUBLIC TRANSPORTATION TO GET TO WORK (VS. 0.4% FOR NEBRASKA) AND 8% WALK OR BIKE TO WORK (VS. 3% FOR NEBRASKA)⁸⁹



COLFAX COUNTY WORKERS SPEND AN AVERAGE OF 18 MINUTES PER DAY COMMUTING TO WORK. THIS IS COMPARED TO 19 MINUTES FOR THE STATE OF NEBRASKA⁸⁹



RELIABLE TRANSPORTATION KEPT COMMUNITY SURVEY RESPONDENTS FROM THE FOLLOWING IN THE PAST YEAR:

- Work/meetings
- Medical appointments
- Physical activity opportunities/the gym
- School

#10

HEALTH NEED
ECONOMIC STABILITY
TRANSPORTATION

"You could easily miss an appointment due to lack of transportation which could really affect you - court appointment, renting a place, etc. [For those with addiction issues], this very often ends up in relapse or incarceration due to disappointment in the system."

- Community Member Focus Group

"There is a city bus available, however a lot of people do not use it. It's both because of a lack of awareness that the resource is available but also because there is this idea that that resource is only for the elderly because that is the population group that uses it most often."

- Community Member Interview

"Sidewalks aren't great in the area, there are a lot of areas in Schuyler without sidewalks."

- Community Member Interview

Top issues/barriers for transportation (reported in interviews):

1. Lack of public transportation
2. Walking areas/sidewalks need improvement
3. Difficulties with getting a driver's license/The undocumented population does not have the paperwork to obtain a license
4. Safety concerns for those that walk

Sub-populations most affected by transportation (reported in interviews):

1. Elderly

Top resources, services, programs and/or community efforts in the community for transportation:

1. Van/shuttle service

PRIORITY POPULATIONS TRANSPORTATION

While **transportation** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

CLARKSON, HOWELLS, and LEIGH are more 'car dependent' areas of the county, compared to the 'somewhat walkable' Schuyler^{88,89}



RURAL AREAS have less access to public transit and residents must travel further to access necessary services⁸⁸

45-54 YEAR OLD survey respondents were significantly more likely to report transportation as a resource lacking in the community than other age groups



MEN were more likely than women to select transportation as a priority health need on the community member survey

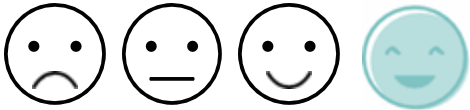
Survey respondents with a **MENTAL HEALTH CONDITION** were significantly more likely to report transportation as a resource lacking in the community

#11 HEALTH NEED NUTRITION & PHYSICAL HEALTH



IN OUR COMMUNITY

13% OF COMMUNITY SURVEY RESPONDENTS RATED THEIR PHYSICAL HEALTH AS 'EXCELLENT' WHILE 56% RATED IT AS 'GOOD'



83% of East Central District residents say they have access to safe places to walk in their neighborhood, compared to 88% for Nebraska⁴⁰

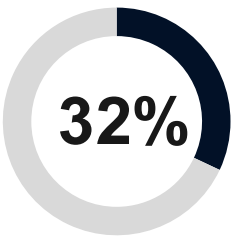
27% OF COMMUNITY SURVEY RESPONDENTS SAY THAT RECREATIONAL SPACES ARE LACKING IN COLFAX COUNTY



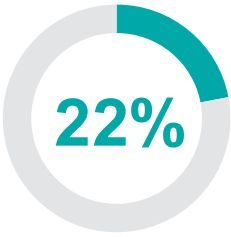
18% OF COMMUNITY SURVEY RESPONDENTS SAY THAT NUTRITION AND PHYSICAL HEALTH/ EXERCISE IS A TOP HEALTH CONCERN IN THE COMMUNITY



ACCORDING TO 2023 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA, MORE COLFAX COUNTY THAN NEBRASKA ADULTS ARE SEDENTARY (DID NOT PARTICIPATE IN LEISURE TIME PHYSICAL ACTIVITY IN THE PAST MONTH)⁴¹



COLFAX COUNTY



NEBRASKA



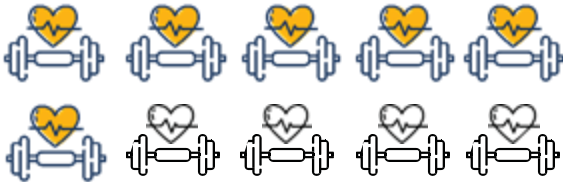
Nearly three-quarters (74%) of East Central District residents are overweight or obese, higher than the state rate of 70%. 43% of Colfax County adults were reported to be obese. 35% of Nebraska youth are overweight or obese⁴²



22% of adults in East Central District do not consume any daily vegetables, slightly higher than Nebraska (20%)⁴³



20% of East Central District adults meet physical activity guidelines, which is worse than 21% for Nebraska⁴⁴



58% of Nebraska youth meet physical activity guidelines, while 13% were not physically active at least one day of the prior week⁴⁵

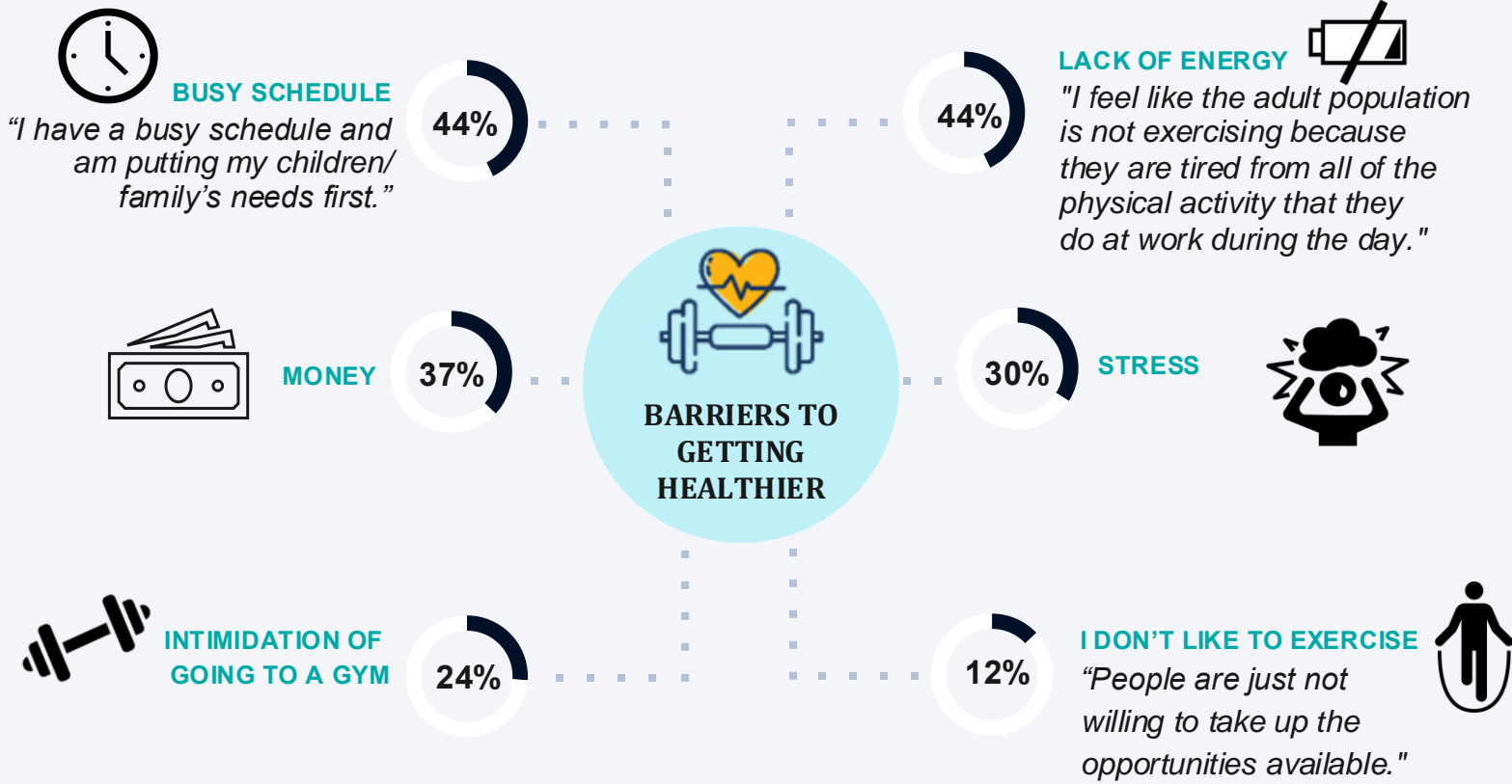


74% of Nebraska youth spent 3+ hours per day on screen time (not including schoolwork) on an average school day⁴⁶

COLFAX COUNTY WAS RANKED 48TH OUT OF 79 COUNTIES FOR HEALTH BEHAVIORS, WITH 1 BEING THE BEST RANKING AND 79 BEING THE WORST RANKING⁴⁷

#11 HEALTH NEED

NUTRITION & PHYSICAL HEALTH



Reported in community member survey, quotes from key informant interviews

"Immigrants are used to what they eat in their home countries, so they gravitate towards that, which is not always healthy."
- Community Member Interview

"Schools aren't serving very healthy choices."
- Community Member Focus Group

Sub-populations most affected by nutrition and physical health (reported in interviews):

1. Low-income
2. Immigrant population

Top resources, services, programs, and/or community efforts for nutrition and physical health:

1. Local gym/fitness center
2. Parks
3. Local education

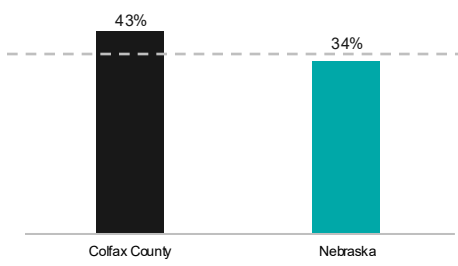
"A lot of immigrants are used to what their cultural foods are, but that's not necessarily always healthy or nutritious. We try to provide that education in situations where we can, however it's not always effective when the individual or their family don't listen."
- Community Member Interview

#1 HEALTH NEED NUTRITION & PHYSICAL HEALTH



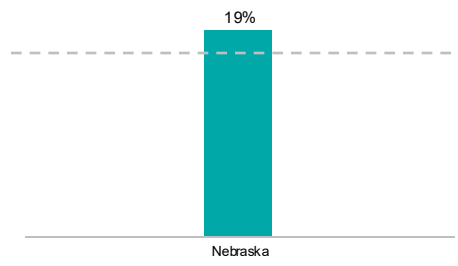
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT OBESITY



HP 2030 TARGET: 36%
DESIRED DIRECTION: ↓
✗ Colfax County does not yet meet the target⁴²

CHILDREN & TEEN OBESITY




HP 2030 TARGET: 16%
DESIRED DIRECTION: ↓
✗ Nebraska does not yet meet the target. This data was not available for Colfax County⁴²

"There are fewer issues when it comes to physical activity for the younger population, but when it comes to adults they oftentimes tend to overlook it because they feel like they're working hard at work and are too tired to engage in any additional physical activity."
- Community Member Interview


PRIORITY POPULATIONS NUTRITION AND PHYSICAL HEALTH

While **nutrition and physical health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

According to data, **TEEN GIRLS** are much more likely than boys to report trying to lose weight, regardless of BMI⁴⁸


 Survey respondents **AGES 35-44** were significantly more likely than other age groups to select stress, lack of energy, busy schedule, lack of support from family, and cost as barriers to getting healthier

According to research, **LOWER INCOME INDIVIDUALS, MALES, and OLDER ADULTS** are more likely to experience overweight and obesity, not exercise, and to not eat enough fruits and vegetables⁴⁹

 **YOUNG ADULTS AGES 18 TO 24** are at risk for being inactive⁵⁰

COLFAX COUNTY residents have less access to exercise opportunities (69%) compared to East Central District (74%) and Nebraska (83%)

25-34 YEAR OLDS were most likely to select overweight and obesity as a priority on the community member survey

 **MEN** who responded to the survey were significantly more likely than women to select overweight and obesity as a priority health need

LOWER INCOME survey respondents were significantly more likely to say that cost is a barrier to getting healthy

#12 HEALTH NEED INTERNET ACCESS



HOUSEHOLDS AND COMMUNITIES WITH **LIMITED INTERNET ACCESS** ARE AT A COMPETITIVE, EDUCATIONAL, AND HEALTHCARE DISADVANTAGE, CREATING A '**DIGITAL DIVIDE**'⁹⁵ INTERNET ACCESS WAS SELECTED AS A **PRIORITY NEED** BY **12%** OF SURVEY RESPONDENTS

IN OUR COMMUNITY

NEBRASKA RANKS

#33

OUT OF THE 50 U.S. STATES FOR
BROADBAND COVERAGE, WITH
1 BEING BETTER COVERAGE⁹⁶

**CELLULAR DATA
& BROADBAND
ARE THE MOST
COMMON FORMS
OF INTERNET
ACCESS**⁹⁶



12%

OF COLFAX COUNTY HOUSEHOLDS **LACK
ANY INTERNET ACCESS**, COMPARED
TO **JUST 9%** FOR NEBRASKA⁹⁶



21%

OF COLFAX COUNTY HOUSEHOLDS
LACK BROADBAND INTERNET ACCESS,
COMPARED TO **JUST 7%** FOR NEBRASKA⁹⁶

*"The community needs to publicly run
the internet system in the community
in the way that they do other utilities."*
- Community Member Interview

PRIORITY POPULATIONS INTERNET ACCESS

While **internet access** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

LOWER INCOME people have a lower likelihood of having internet access, according to research⁷⁰



According to the community survey, **65+ YEAR OLDS** were most likely to say that internet access is a priority health need

Sub-populations most affected by internet access (reported in interviews):

1. Rural areas
2. Low-income

Top resources, services, programs, and/or community efforts for internet access:

1. Library
2. Schools

"We don't have high speed internet throughout the whole community, so people can't work sometimes. They are forced to travel outside of town for an office or for a better access point."

- Community Member Interview

#13 HEALTH NEED CRIME AND VIOLENCE

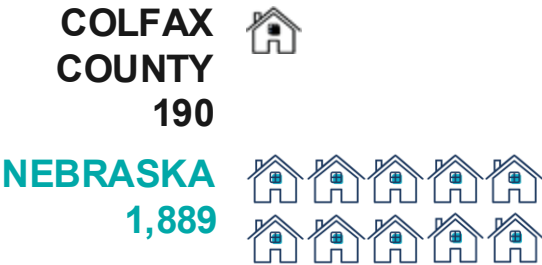


10% OF COMMUNITY MEMBERS SELECTED **CRIME AND/OR VIOLENCE** AS A **PRIORITY HEALTH NEED** TO ADDRESS IN THE COMMUNITY

IN OUR COMMUNITY

COLFAX COUNTY’S 2022 **PROPERTY AND VIOLENT CRIME RATES ARE MUCH LOWER** THAN THE STATE OF NEBRASKA OVERALL. BOTH **PROPERTY AND VIOLENT CRIME RATES HAVE DECLINED SINCE 2020**⁹⁴

SCHUYLER (COLFAX COUNTY) WAS RANKED AS THE #1 SAFEST CITY IN NEBRASKA IN 2024 BASED ON PROPERTY AND VIOLENT CRIME RATE DATA⁹⁴



PROPERTY CRIME RATES PER 100,000⁹⁴



VIOLENT CRIME RATES PER 100,000⁹⁴

PRIORITY POPULATIONS CRIME AND VIOLENCE

While **crime and violence** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

65+ YEAR-OLDS were significantly more likely to select crime and violence as a priority health need on the community member survey than other age groups

LOWER INCOME survey respondents were most likely to select crime and violence as a priority

Top issues/barriers for crime and violence (reported in interviews):

1. Massive turnover in law enforcement/Lack of experience/Lack of applicants
2. Driving under the influence (DUIs)

Top resources, services, programs and/or community efforts in the community for crime and violence:

1. Law enforcement

“There is a fair amount of gang type of grooming issues.”

- Community Member Interview

“Vapes are being sold to minors from the vape stores.”

- Community Member Interview

“There is a hard time getting police staff as we are not able to fund a larger force, and there is only one fireman. No one wants to volunteer anymore.”

- Community Member Interview

#14 HEALTH NEED TOBACCO AND NICOTINE USE



8% OF COMMUNITY SURVEY RESPONDENTS INDICATED THAT ADDRESSING TOBACCO AND NICOTINE USE IN THE COMMUNITY WAS A PRIORITY HEALTH NEED

IN OUR COMMUNITY

THE LEADING CHRONIC DISEASE CAUSES OF DEATH IN COLFAX COUNTY ARE:

- #1 CANCER
- #2 CHRONIC LOWER RESPIRATORY DISEASE
- #3 HEART DISEASE
- #4 STROKE

SMOKING IS A RISK FACTOR FOR ALL OF THESE CHRONIC DISEASES⁹⁰

RATES OF CURRENT CIGARETTE SMOKING ARE SIMILAR FOR NSDUH* REGION 4 TEENS TO NEBRASKA TEENS⁹¹



NSDUH* REGION 4 NEBRASKA

- 18% of Nebraska youth have ever smoked a cigarette⁹²
- 14% use e-cigarettes and 30% have ever used them⁹²
- 15% are currently using a tobacco product and 35% have ever used a tobacco product⁹²



17%

OF COLFAX COUNTY ADULTS ARE CURRENT SMOKERS (VS. 14% FOR NEBRASKA)⁹³



6%

OF BOTH DISTRICT AND STATE ADULTS USE E-CIGARETTES, WHILE 21% OF EAST CENTRAL DISTRICT ADULTS HAVE USED THEM IN THEIR LIFETIME, VS. 25% FOR THE STATE⁹³



- Attempted to quit smoking in past year: 57% for district vs. 53% for Nebraska⁹³
- Have rule not allowing smoking inside their home: 95% for district vs. 93% for Nebraska⁹³
- Have rule not allowing smoking inside their vehicle: 89% for district vs. 87% for Nebraska⁹³

“There should be more awareness and better education for parents [about vaping and smoking].”
- Community Member Interview

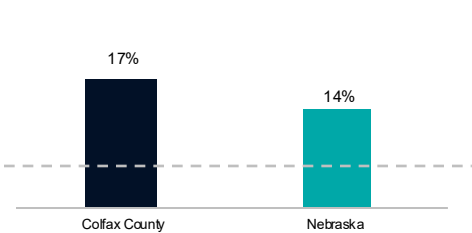
*National Survey on Drug Use and Health, Region 4 contains Colfax County

#14 HEALTH NEED TOBACCO AND NICOTINE USE



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING



HP 2030 TARGET: 6%
DESIRED DIRECTION: ↓

✗ Colfax County does not yet meet the target⁹³

“Vaping with THC, was bought in schools, concern about vapes being sold to minors in their stores.”
- Community Member Focus Group

Top issues/barriers for tobacco and nicotine use (reported in interviews):

- 1. Vaping

Sub-populations most affected by tobacco and nicotine use (reported in interviews):

- 1. Youth

Top resources, services, programs and/or community efforts in the community for tobacco and nicotine use:

- 1. Education in schools

PRIORITY POPULATIONS TOBACCO AND NICOTINE USE

While **tobacco and nicotine** use are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



According to East Central District data, the smoking rate is highest in **WHITE RESIDENTS AND RESIDENTS BETWEEN THE AGES OF 35-44**⁹³

45-54 YEAR OLDS were significantly more likely than other ages to select tobacco and nicotine use as a priority health need on the community member survey

People with **MENTAL HEALTH ISSUES** are more likely to smoke⁹³



YOUTH are more likely to **VAPE/USE E- CIGARETTES** than smoke tobacco⁹²

People who are **LOWER-INCOME AND LESS EDUCATED** are more likely to smoke⁹³

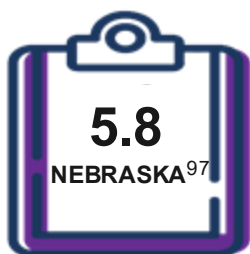
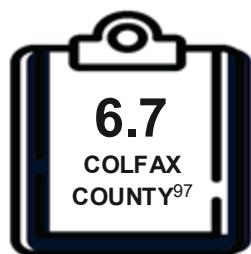


#15 HEALTH NEED ENVIRONMENTAL CONDITIONS



7% OF COMMUNITY SURVEY RESPONDENTS REPORTED ENVIRONMENTAL CONDITIONS AS A TOP HEALTH NEED FOR THE COMMUNITY

IN OUR COMMUNITY



In 2019, Colfax County had **poorer air quality than Nebraska overall** (a higher number of micrograms of particulate matter per cubic meter of air)⁹⁷



In 2021, no community water systems in Colfax County reported a **health-based drinking water violation**⁹⁷

"We'll get a letter in the mail saying that there is some sort of a contaminant in the water and to not drink the tap water. However, sometimes you do have situations where people are just not aware and they do proceed with drinking tap water."

- Community Member Interview

"There are efforts being made to clean the water, but I'm not sure if it is truly being cleaned."

- Community Member Interview

PRIORITY POPULATIONS ENVIRONMENTAL CONDITIONS

While **environmental conditions** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

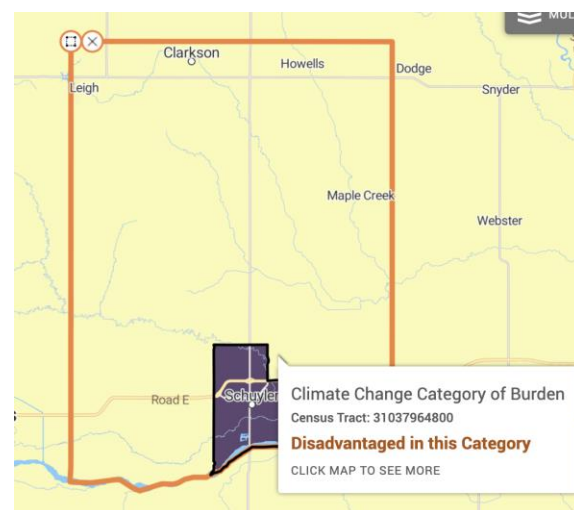


CHILDREN are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects⁵⁶

COLFAX COUNTY (tied with Platte County) has the highest level of air pollution in East Central District⁹⁷



In 2023, there were **0 cases of West Nile virus** and **1 positive mosquito pool** in East Central District⁹⁷



According to PolicyMap, one of the three census tracts in Colfax County (31037964800, Schuyler, highlighted in the map above) is considered to be a **disadvantaged community for climate change burden** (high climate risk and low-income)⁹⁸

HEALTH NEED SLEEP

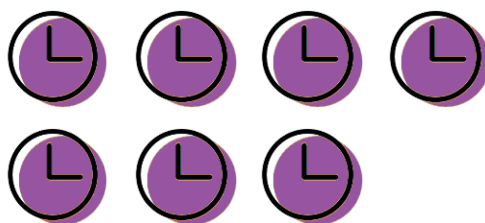
This health need was not ranked in the community member survey; however, it remains an important health need.



ADEQUATE SLEEP IMPROVES **BRAIN PERFORMANCE, MOOD, AND HEALTH**. NOT GETTING ENOUGH QUALITY SLEEP REGULARLY RAISES **THE RISK OF MANY DISEASES AND DISORDERS**. THESE RANGE FROM HEART DISEASE AND STROKE TO OBESITY AND DEMENTIA¹¹⁸

IN OUR COMMUNITY

**BOTH EAST
CENTRAL DISTRICT
AND NEBRASKA
ADULTS GET 7.1
HOURS OF SLEEP
PER NIGHT ON
AVERAGE¹¹⁸**



31%

**OF COLFAX COUNTY ADULTS GET **INADEQUATE
SLEEP** EACH NIGHT (LESS THAN 7 HOURS),
COMPARED TO **29%** FOR NEBRASKA¹¹⁸**



74%

**OF NEBRASKA YOUTH **DO NOT GET 8 OR
MORE HOURS OF SLEEP** ON A TYPICAL
SCHOOL NIGHT (INADEQUATE SLEEP)¹¹⁹**

“As for adults, a lot of them work odd shifts, either second or third shift. Their children will stay up late at night for their parents or kids will be waiting at daycare or wherever they are being taken care of.”

- Community Member Interview

PRIORITY POPULATIONS SLEEP

While **sleep** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

YOUTH are more likely to get inadequate sleep than adults and are more likely to experience adverse effects of not getting enough sleep¹¹⁹



COLFAX COUNTY has a slightly higher rate of inadequate sleep than adults in other East Central District counties¹¹⁸

Top issues/barriers for sleep (reported in interviews):

1. Kids are staying up late on their phones
2. People aren't getting enough sleep
3. Challenge for factory workers
4. Kids wait for their parents to get home from work at night

Sub-populations most affected by sleep (reported in interviews):

1. Immigrants
2. Non-standard working hours (evening/night) shift workers
3. Kids/youth
4. Students that work full-time jobs

When it comes to kids, they're on their phones all the time and end up staying up late into the night playing with their phones.”

- Community Member Interview

HEALTH NEEDS

HEALTH OUTCOMES



HEALTH NEEDS: HEALTH OUTCOMES

The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the overall Colfax County ranking from the community member survey as seen on page 23. Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Colfax County and/or East Central District and the state compared to the benchmark goal.

#1 HEALTH NEED MENTAL HEALTH



MENTAL HEALTH AND ACCESS TO MENTAL HEALTHCARE were the **#1 RANKED HEALTH NEED** reported in the community member survey, with **48%** of respondents selecting this option

14% of survey respondents **needed mental health counselling** in the past year but **could not get it**. **47%** said **mental healthcare access is lacking** in the community

OVER ONE-THIRD (36%)

OF COLFAX COUNTY RESIDENTS WHO RESPONDED TO THE COMMUNITY MEMBER SURVEY RATE **THEIR ACCESS TO MENTAL OR BEHAVIORAL HEALTH SERVICES AS LOW OR VERY LOW**, WITH ANOTHER **41%** RATING IT AS **NEUTRAL**

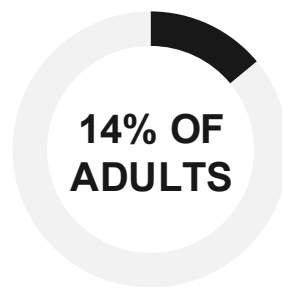
IN OUR COMMUNITY



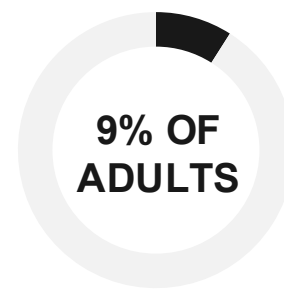
in Nebraska reported that their **mental health was not good** (most of the time or always) in the past month¹¹



in Nebraska felt **sad or hopeless** for at least 2 weeks in the past month, so that they stopped doing usual activities¹¹



in Colfax County have been diagnosed with **depression** by a mental health professional, compared to 17% for Nebraska¹¹



in East Central District experienced **frequent mental distress** (2+ weeks/ month in the past year), compared to 12% for Nebraska¹¹

THE 2023 COUNTY HEALTH RANKINGS FOUND THAT COLFAX COUNTY HAS **MANY FEWER MENTAL HEALTH PROVIDERS** RELATIVE TO ITS POPULATION COMPARED TO NEBRASKA¹²

COLFAX COUNTY
10,440:1¹²



NEBRASKA
329:1¹²

COLFAX COUNTY ADULTS REPORT **3.5 MENTALLY UNHEALTHY DAYS PER MONTH**, COMPARED TO **4.3** FOR NEBRASKA¹³

ONLY **12%** OF RESPONDENTS TO THE COMMUNITY MEMBER SURVEY REQUIRING MENTAL OR BEHAVIORAL HEALTH SERVICES **RECEIVED ALL THE CARE THEY NEEDED**



East Central District's adult suicide mortality rate of **23 per 100,000** is **higher** than Nebraska's rate of 19 per 100,000 (data was unavailable for Colfax County due to low counts)¹⁴

19% of Nebraska **youth considered attempting suicide** in the past year, while the youth (10-19) **suicide mortality rate was 8 per 100,000**¹⁴

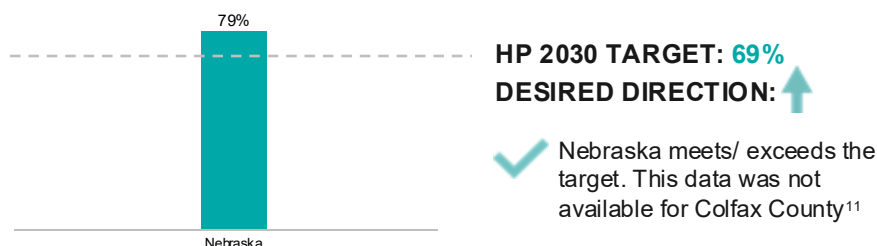
"The lack of socialization in our kids during COVID-19 has impacted their mental health."
- Community Member Interview

#1 HEALTH NEED MENTAL HEALTH

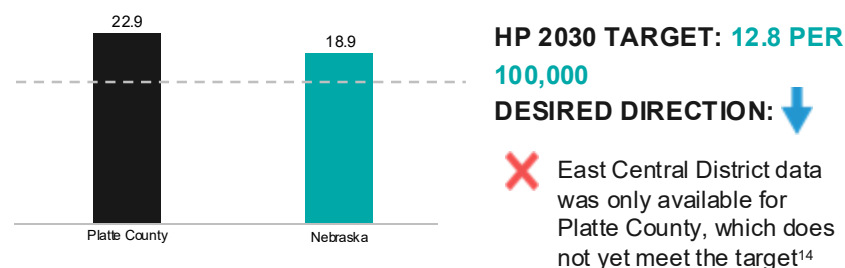


HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ABILITY TO GET HELP FOR MENTAL HEALTH ISSUES



SUICIDE RATE



"High school aged students suffer with mental health issues a lot."

- Community Member Interview

"Wait times at doctors' office need to decline and not be so long, especially for mental health issues."

- Community Member Focus Group

"We do not have any mental health care at a local level. This includes family therapy in situations where the entire family may need to seek that resource plus there is 0 mental health care that is available in additional languages other than English. Some people also can't afford it and end up foregoing that resource."

- Community Member Interview

PRIORITY POPULATIONS MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Colfax County survey respondents in ZIP CODE 68661 were more likely to rate their access to mental health services as very low than other ZIP Codes



COLFAX COUNTY has much lower access to mental health professionals compared to their population than East Central District and the state¹²

The entire "Catchment 4" area of Nebraska (made up of 22 counties including East Central District) is designated as a geographic **MENTAL HEALTH PROFESSIONAL SHORTAGE AREA (HPSA)**¹²



25-34 YEAR OLDS were significantly more likely than other ages to rank their access to mental healthcare as low in the community member survey

WOMEN were significantly less likely than men to rate their mental health as 'excellent' on the community survey and more likely to say that community mental healthcare access is lacking

WHITE survey respondents were significantly more likely than Hispanic respondents to select mental health as a priority

Top issues/barriers for mental health (reported in interviews):

1. More providers needed
2. Stigma

Sub-populations most affected by mental health (reported in interviews):

1. Immigrant population

#2 HEALTH NEED CHRONIC DISEASES



IN OUR COMMUNITY

15% COLFAX COUNTY ADULTS RATE THEIR HEALTH AS FAIR OR POOR, VS. 11% FOR NEBRASKA⁵⁸

☒ POOR
☒ FAIR
☐ GOOD
☐ VERY GOOD
☐ EXCELLENT

8%

8% of Colfax County adults identified as having a disability, compared to 12% of both East Central District and Nebraska adults

Hearing disabilities were the most common type (4%)⁵⁹

HEARING	AMBULATORY	COGNITIVE	INDEPENDENT LIVING	VISION	SELF-CARE
4%	3%	3%	2%	2%	2%

34TH

COLFAX COUNTY RANKS 34TH FOR HEALTH OUTCOMES IN NEBRASKA (OUT OF 79 COUNTIES, WITH 1 BEING THE BEST RANKING AND 79 BEING THE WORST RANKING)⁶⁰

THERE WERE 6,200 (AGE-ADJUSTED) YEARS OF POTENTIAL LIFE LOST AMONG EAST CENTRAL DISTRICT RESIDENTS UNDER AGE 75, IN 2023, VS. 6,400 FOR NEBRASKA⁶¹

"There is not enough cancer prevention happening."

- Community Member Interview

"For childhood conditions, there is lead exposure for those living in basements or old homes."

- Community Member Interview

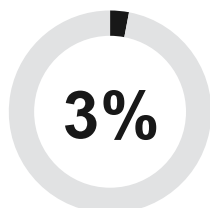
"[Colfax County] has a lot needs, barriers, and a lack of resources. Families should have somewhere they can get better foods, financial aid for bills, education, transportation, and a resource center. There is an endless chain and sometimes the links don't connect. We need a low income clinic at the local level with high quality care."

- Community Member Interview

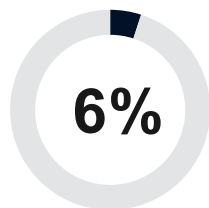
#2 HEALTH NEED CHRONIC DISEASES



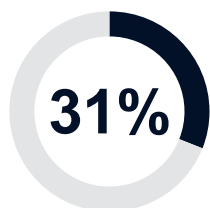
HEART DISEASE & HYPERTENSION



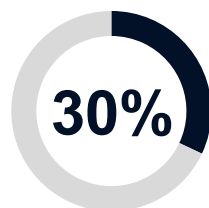
of Colfax County adults reported that they have had a **stroke**, vs. 2% for **Nebraska**⁶²



of Colfax County adults reported being told they have had a **heart attack, or coronary heart disease**, vs. 5% for Nebraska⁶²



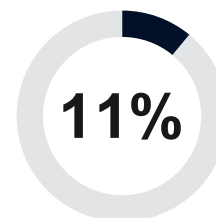
of Colfax County adults have **hypertension**. This is the same rate as for Nebraska⁶²



of Colfax County adults have **high cholesterol**, compared to 31% of Nebraska adults⁶²



DIABETES



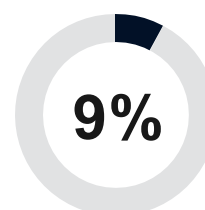
of Colfax County adults have **diabetes**, compared to 10% for the state⁶⁴

9% OF EAST CENTRAL DISTRICT ADULTS HAVE PREDIABETES (VS. 8% FOR NEBRASKA)⁶⁴

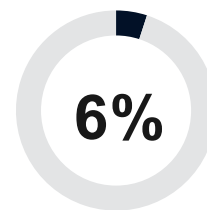
OF THOSE WITH PREDIABETES, 20% WILL GO ON TO DEVELOP DIABETES WITHIN FIVE YEARS WITHOUT LIFESTYLE MODIFICATION⁶⁴



ASTHMA AND COPD



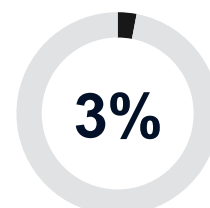
of Colfax County adults have **asthma**, vs. 8% for Nebraska⁶⁵



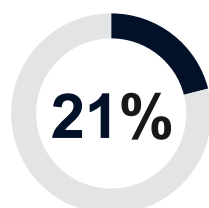
of Colfax County adults have **Chronic Obstructive Pulmonary Disease (COPD)**, vs. 5% for Nebraska⁶⁵



KIDNEY DISEASE & ARTHRITIS



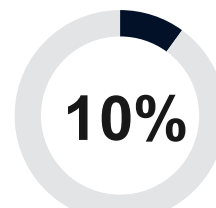
of Colfax County adults have **kidney disease** vs. 2% for Nebraska⁶³



of Colfax County adults have **arthritis**, compared to 23% of Nebraska adults⁶³



COGNITIVE DECLINE



of both East Central District and Nebraska adults ages 45+ experienced **worsening confusion or memory loss** in the past year⁶⁶

#2 HEALTH NEED CHRONIC DISEASES

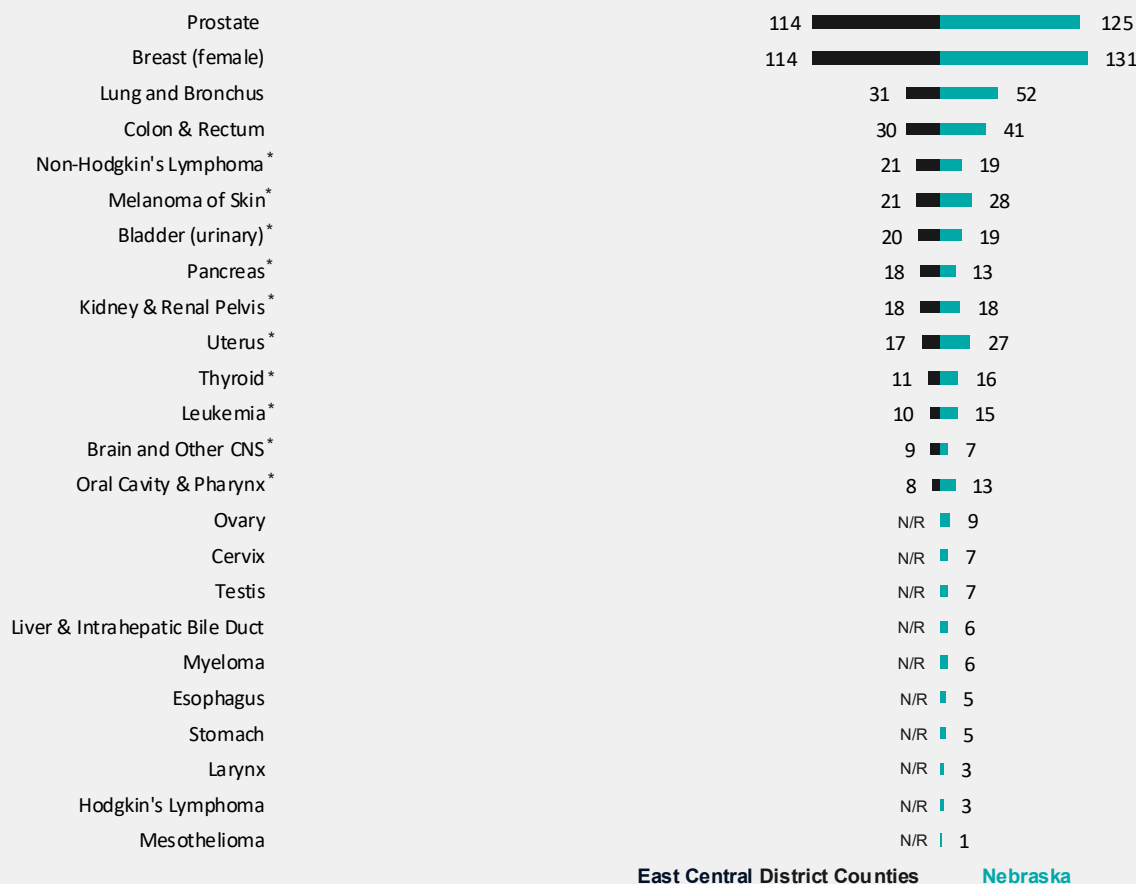


ACCORDING TO THE U.S. CANCER STATISTICS DATA VISUALIZATIONS TOOL, CANCER IS THE **LEADING CAUSE OF DEATH** IN COLFAX COUNTY, AND THE OVERALL CANCER INCIDENCE (CRUDE RATE) PER 100,000 IS **LOWER THAN NEBRASKA**⁶⁷

377
COLFAX COUNTY⁶⁷

530
NEBRASKA⁶⁷

WHILE INCIDENCE RATES PER 100,000 FOR MOST CANCERS COULD NOT BE CALCULATED FOR COLFAX COUNTY DUE TO LOW COUNTS, **PROSTATE, BREAST, COLON, AND LUNG CANCER** RATES FOR THE COUNTY WERE **LOWER THAN FOR NEBRASKA**⁶⁷



NOTE: Rates are per 100,000 population. Age-adjusted rates not available from the CDC at the county level after 2020. Number of deaths are not available for counties with 10 or fewer deaths, due to privacy concerns.
*Platte County only.



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS



East Central District does not yet meet the Healthy People 2030 target for breast, prostate, lung, colorectal, and overall cancer mortality rates. Only overall cancer and lung and bronchus mortality rates were available for Colfax County, which did not meet the target^{67,68}

#2 HEALTH NEED CHRONIC DISEASES



PRIORITY POPULATIONS CHRONIC DISEASES

While **chronic diseases** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

COLFAX COUNTY has higher rates of heart disease, hypertension, stroke, kidney disease, and COPD than the rest of East Central District⁶²⁻⁶⁶

COLFAX COUNTY has a higher chronic lower respiratory disease mortality rate than other counties within East Central District^{62,67}

COLFAX COUNTY has the lowest rate of up-to-date colon cancer screening within East Central District⁶²

WOMEN were more likely than men to select cognitive decline as a priority on the community member survey

LOWER INCOME and **PEOPLE WITH LOW EDUCATION** are at a higher risk of developing many chronic conditions⁶⁸

Chronic conditions are more common in **OLDER ADULTS**⁶⁸

People with **HIGH EXPOSURE TO AIR POLLUTION**⁶⁸

People who **SMOKE**⁶⁸

People with challenges with **PHYSICAL ACTIVITY AND NUTRITION**⁶⁸

"It has a lot to do with poor diet and lack of physical activity. The poor diet aspect has to do with cultural barriers and lack of education. Because of lack of affordability of healthcare, individuals tend to overlook screenings and other preventive practices until it's too late, at which point it's no longer preventive."

- Community Member Interview

"WIC (Women, Infants, and Children) helps with some of the lead testing for homes."

- Community Member Interview

"Some of the rural areas don't have specialty treatment for things like cancer, kidney disease, and getting transportation can be hard if they don't have it, especially for elderly."

- Community Member Focus Group

#3 HEALTH NEED MATERNAL, INFANT & CHILD HEALTH



2% OF COMMUNITY SURVEY RESPONDENTS SELECTED **MATERNAL, INFANT & CHILD HEALTH** AS A **PRIORITY** COMMUNITY HEALTH NEED TO ADDRESS

IN OUR COMMUNITY



COLFAX COUNTY'S **TEEN BIRTH RATE** IS 41 PER 1,000 FEMALE TEENS, **HIGHER THAN NEBRASKA** (18 PER 1,000)⁹⁸



THE **LACK OF LOCAL PRENATAL CARE PROVIDERS AND FACILITIES** WAS THE MOST FREQUENT ISSUE RELATED TO MATERNAL, INFANT, AND CHILD HEALTH RAISED IN INTERVIEWS



IN 2021, THERE WERE **10 CASES** OF ELEVATED BLOOD LEAD LEVELS IN EAST CENTRAL DISTRICT CHILDREN UNDER 6 (3% OF THE TOTAL NUMBER OF CASES IN NEBRASKA AND PROPORTIONAL TO THE COUNTY'S POPULATION). OUT OF THE **22% OF NEBRASKA CHILDREN TESTED, 1.5% HAD ELEVATED BLOOD LEAD LEVELS**⁹⁹



COLFAX COUNTY AND NEBRASKA'S **LOW BIRTH WEIGHT RATE** IS

6%

BABIES BORN AT A LOW BIRTH WEIGHT ARE AT HIGHER RISK FOR **DISEASE, DISABILITY, AND DEATH**¹⁰⁰



37% OF COLFAX COUNTY AND NEBRASKA HOUSEHOLDS ARE CARING FOR CHILDREN UNDER AGE 18 COMPARED TO 30% FOR NEBRASKA¹⁰¹

"[The clinic is] seeing more sick moms/maternal morbidity than when we first started because of the rise of diabetes, hypertension, and obesity."

- Community Member Interview

"Colfax County doesn't deliver babies."

- Community Member Interview



SEVERE MATERNAL MORBIDITIES (SMM) ARE UNEXPECTED OUTCOMES OF CHILDBIRTH THAT RESULT IN SIGNIFICANT HEALTH CONSEQUENCES. SMM ARE MORE THAN **100 TIMES AS COMMON AS PREGNANCY-RELATED MORTALITY** AND HAVE INCREASED UP TO 75% IN THE LAST DECADE NATIONWIDE¹⁰²



THE RATE OF SMM IN NEBRASKA IS **67 PER 10,000 HOSPITAL DELIVERIES (ONE OF THE LOWEST IN THE NATION)**¹⁰²

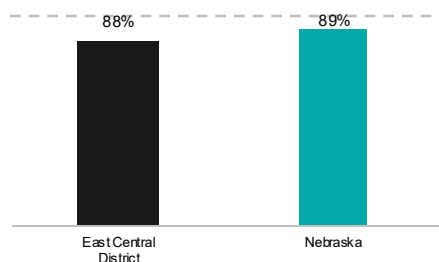
#3 HEALTH NEED

MATERNAL, INFANT & CHILD HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ANY BREASTFEEDING



HP 2030 TARGET: **92%**

DESIRED DIRECTION:

East Central District does not yet meet the target. This data was not available for Colfax County¹⁰⁴

“There’s a lack of occupational therapy or physical therapy options for children within the community. This could include speech therapy or any other additional resource that they may need to succeed; [they] have to go somewhere else.”
- Community Member Interview

FROM 2017-2021, **50 DEATHS** OCCURRED TO NEBRASKA RESIDENTS WHEN PREGNANT OR WITHIN A YEAR AFTER THE END OF A PREGNANCY **AND 14 (28%) WERE PREGNANCY RELATED**. NEBRASKA HAS A **LOWER PREGNANCY-RELATED MORTALITY RATIO** THAN THE NATION¹⁰³

CONTRIBUTING FACTORS TO PREGNANCY RELATED DEATHS IN NEBRASKA:¹⁰³

#1 LACK OF CONTINUITY OF CARE (71%)

#2 LACK OF ACCESS/FINANCIAL RESOURCES (57%)

#3 CLINICAL SKILL/ QUALITY OF CARE (57%)

#4 LACK OF KNOWLEDGE (43%)

#5 DELAY OF CARE (36%)

82% OF THESE DEATHS MAY BE PREVENTABLE¹⁰³

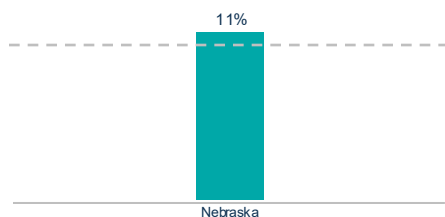
#3 HEALTH NEED

MATERNAL, INFANT & CHILD HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

PRETERM BIRTH RATE

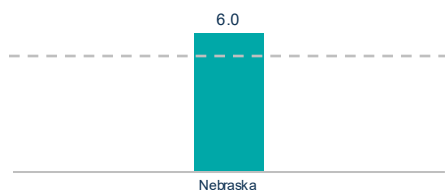


HP 2030 TARGET: 9%

DESIRED DIRECTION: ↓

✗ Nebraska does not yet meet the target. This data was not available for Colfax County¹⁰⁵

INFANT MORTALITY RATE PER 1,000

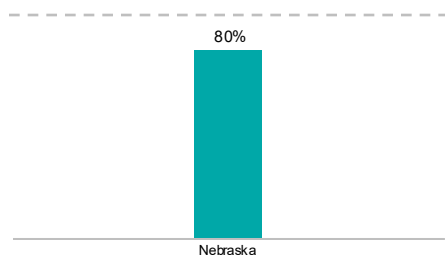


HP 2030 TARGET: 5 PER 1,000

DESIRED DIRECTION: ↓

✗ Nebraska does not yet meet the target. This data was not available for Colfax County¹⁰⁶

ON-TIME PRENATAL CARE

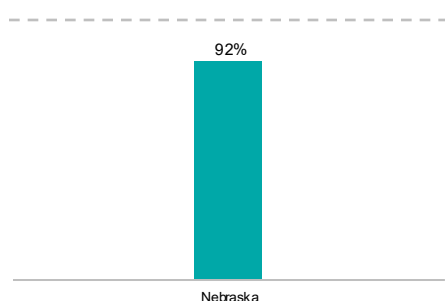


HP 2030 TARGET: 95%

DESIRED DIRECTION: ↑

✗ Nebraska does not yet meet the target. This data was not available for Colfax County¹⁰⁷

PRENATAL NON-SMOKING RATE



HP 2030 TARGET: 96%

DESIRED DIRECTION: ↑

✗ Nebraska does not yet meet the target. This data was not available for Colfax County⁰⁸

PRIORITY POPULATIONS MATERNAL, INFANT & CHILD HEALTH

While **maternal, infant, and child health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

In Nebraska, as in the nation, rates of severe maternal morbidity and mortality are higher among **NON-HISPANIC BLACK WOMEN** compared to white women^{102,103}



Research data shows that in **RURAL NEBRASKA** and for those with a **HIGH SCHOOL DIPLOMA OR LESS**, the severe maternal morbidity (SMM) rates and mortality rates are higher^{102,103}

"There is a lack of OB/GYN and pediatric care in this community. We have seen that some mothers tend to not seek care until later into their pregnancies, especially first-time moms. There is a lack of transportation and health insurance coverage, which is another reason as to why they are foregoing this prenatal care. We've also noticed that within the immigrant population, they just don't know where to go to seek this care, period."
- Community Member Interview

#4 HEALTH NEED HIV/AIDS & STIs

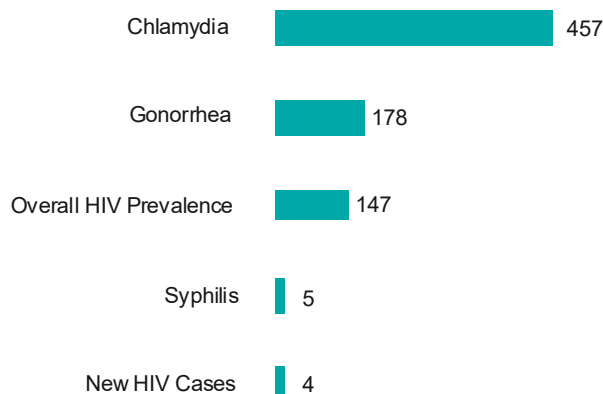


THE COVID-19 PANDEMIC **MAY HAVE IMPACTED THE TESTING AND DIAGNOSIS RATES FOR HIV & STIs**¹⁰⁹

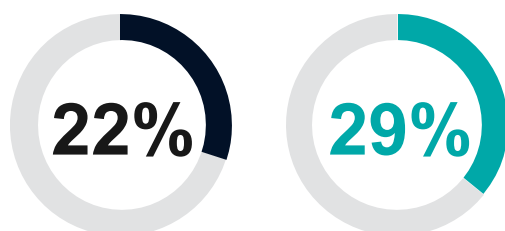
IN OUR COMMUNITY



THE MOST COMMON SEXUALLY TRANSMITTED INFECTIONS (STIs) IN NEBRASKA ARE **CHLAMYDIA AND GONORRHEA**, WITH A **LOWER PREVALENCE OF HIV**. DATA WAS NOT AVAILABLE AT THE COLFAX COUNTY LEVEL DUE TO LOW RATES^{110,111}



Nebraska rates per 100,000



EAST CENTRAL
DISTRICT

NEBRASKA



LESS THAN ONE-QUARTER OF EAST CENTRAL DISTRICT RESIDENTS HAVE **EVER BEEN TESTED FOR HIV**, COMPARED TO 29% FOR THE STATE¹¹²

PRIORITY POPULATIONS HIV/AIDS & Sexually Transmitted Infections (STIs)

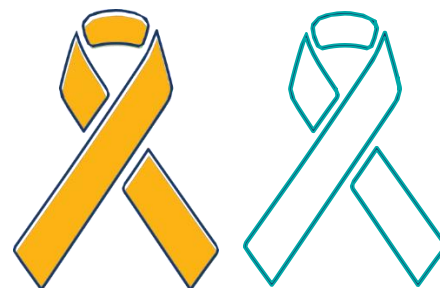
While **HIV/AIDS and STIs** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



BLACK MALES (7x), HISPANIC MALES (3x), and BLACK FEMALES (23x) are much more likely to be living with an HIV diagnosis than their white counterparts¹¹¹

WOMEN have higher rates of chlamydia, particularly those **AGED 20–24**¹¹²

MEN have higher rates of syphilis and gonorrhea¹¹²



ACCORDING TO STATE DATA, **JUST UNDER HALF (48%)** OF INDIVIDUALS LIVING WITH HIV IN NEBRASKA HAVE PROGRESSED TO AN **AIDS DIAGNOSIS**

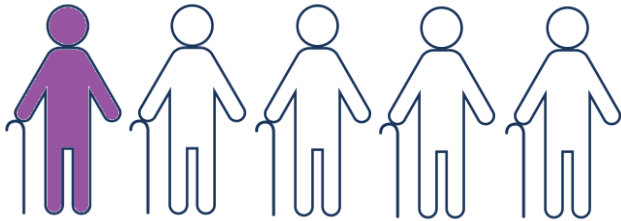
77% OF NEBRASKANS WITH HIV ARE **RECEIVING MEDICAL CARE** AND **68%** ARE **VIRALLY SUPPRESSED**¹¹³

#5 HEALTH NEED INJURIES



EAST CENTRAL DISTRICT'S **UNINTENTIONAL INJURY DEATH RATE** (55 PER 100,000 POPULATION) IS **HIGHER** THAN THAT OF NEBRASKA (45 PER 100,000)¹¹³

IN OUR COMMUNITY



1 IN 5 EAST CENTRAL DISTRICT ADULTS AGES 45+ **FELL ONE OR MORE TIMES** IN THE PAST YEAR (20%), COMPARED TO **24%** FOR NEBRASKA¹¹⁴

6% OF EAST CENTRAL DISTRICT ADULTS AGES 45+ EXPERIENCED A **FALL-RELATED INJURY** IN THE PAST YEAR, VS. **8%** FOR NEBRASKA¹¹⁵



59%

OF EAST CENTRAL DISTRICT ADULTS TALKED ON THEIR **CELL PHONE** WHILE DRIVING IN THE PAST MONTH, VS. **67%** FOR NEBRASKA¹¹⁶

24% TEXTED OR EMAILED WHILE DRIVING, VS. **27%** FOR NEBRASKA¹¹⁶

71% ALWAYS WEAR A SEATBELT IN THE CAR, VS. **77%** FOR NEBRASKA¹¹⁶



5%

OF BOTH EAST CENTRAL DISTRICT AND NEBRASKA ADULTS EXPERIENCED A **WORK-RELATED INJURY OR ILLNESS** IN THE PAST YEAR¹¹⁷

PRIORITY POPULATIONS INJURIES

While **injuries** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Individuals who work in jobs with a higher risk of occupational injury, such as **MANUFACTURING, CONSTRUCTION, AGRICULTURE, TRANSPORTATION, TRADES, AND FRONTLINE WORKERS**¹¹⁷

Sub-populations most affected by injuries (reported in interviews):

1. Undocumented immigrants

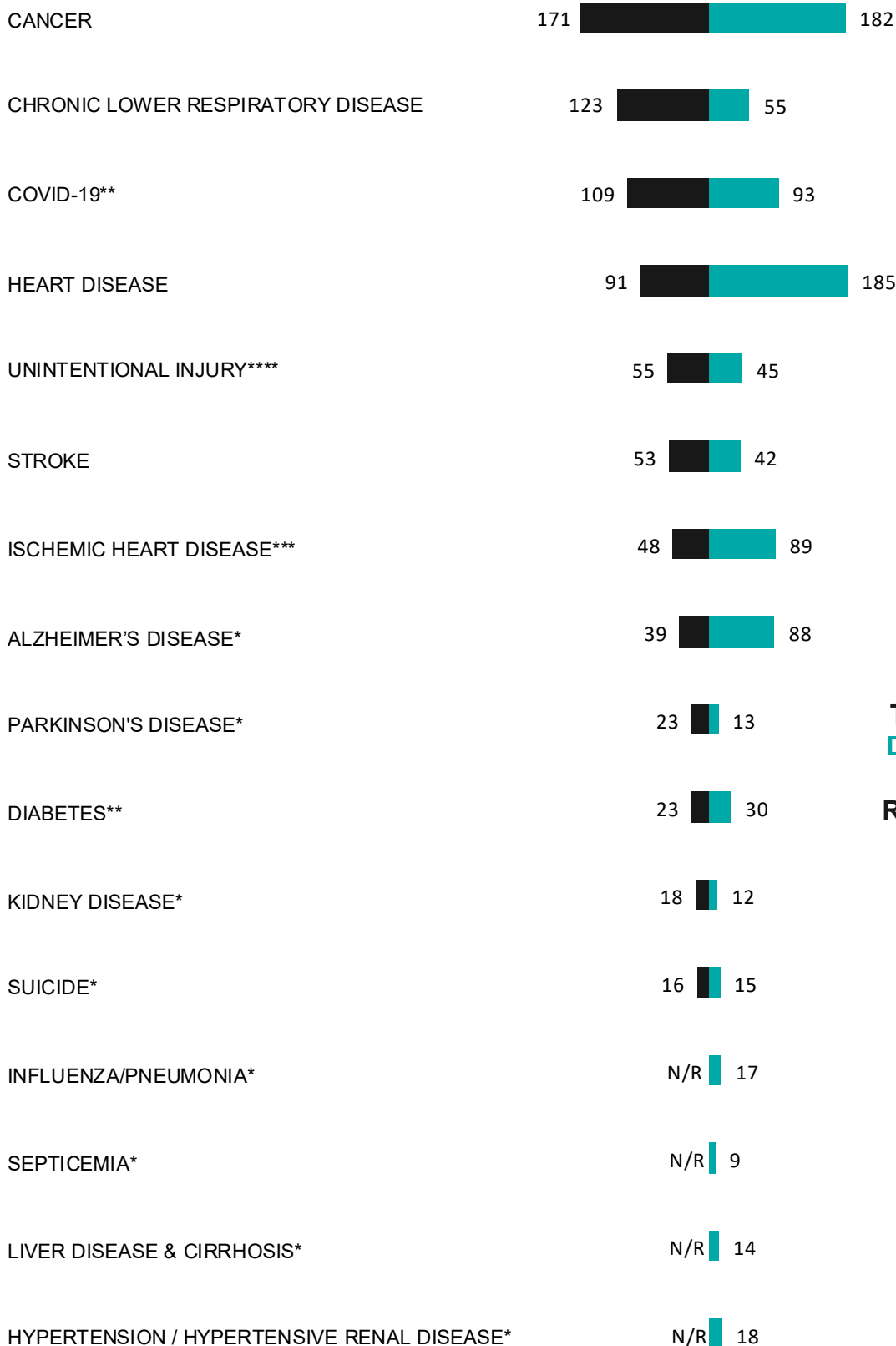
"Sometimes within the immigrant population, people will play off their injuries as no big deal and just say that time will heal it, not realizing that it can make the injury worse and result in further damage."

- Community Member Interview

"I'm not entirely sure about the cause of this issue or there are any barriers present, however we have seen that in the immigrant population. Individuals may to forgo injury care."

- Community Member Interview

LEADING CAUSES OF DEATH



THE TOP LEADING CAUSE OF DEATH IN COLFAX COUNTY IS CANCER. WHILE MORTALITY RATES PER 100,000 FOR MOST CAUSES WERE ONLY AVAILABLE AT THE EAST CENTRAL DISTRICT LEVEL, MOST RATES WERE HIGHER THAN FOR NEBRASKA¹²⁰

NOTE: Rates are per 100,000 population. Age-adjusted rates not available from the CDC at the county level after 2020. Number of deaths are not available for counties with 10 or fewer deaths, due to privacy concerns. For those causes, rates are ONLY for the remaining counties in East Central District.
 Platte County only.
 **Colfax & Platte Counties only.
 ***Boone, Nance and Platte Counties only.
 ****Boone, Colfax and Platte Counties only.

EAST CENTRAL DISTRICT COUNTIES NEBRASKA

IDEAS FOR CHANGE FROM OUR COMMUNITY



These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

PEOPLE WITH DISABILITIES

- Increase access to accessible bathrooms and automatic doors.
- Businesses need more ADA (Americans with Disabilities Act) friendly entrances.
- City Hall needs to make more disability accessible changes.

TOBACCO/NICOTINE USE

- Education for parents.

PREVENTIVE PRACTICES

- Increase support for caregivers.

ECONOMIC SECURITY/ POVERTY/EMPLOYMENT

- Have a resource center that helps people apply for jobs or find jobs that match their skill set.

TRANSPORTATION

- Involve employers in creating a shuttle service.
- Increase awareness of transportation options.
- Create/expand bus routes.

INTERNET/WIFI

- Create cost sharing options for internet/Wi-Fi.
- Colfax county should get the US rural development grant.

CHRONIC DISEASES

- More pulmonary services.



CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Childcare

Fits & Giggles Daycare, Too!
Jenae's Childcare
Junelle's Daycare
Little Angels Child Care Center
Little Peanuts Daycare
Noah's Ark Daycare

Crime and Violence

Clarkson Police Department
Colfax County Clerk of the District Court
Colfax County Sheriff's Department
Colfax County Victim Assistance
Howells Police Department
Leigh Police Department
Nebraska State Patrol
Nebraska Child Abuse Hotline
Schuyler Police Department

Education

Clarkson Memorial Library
Clarkson Public School District
Cooperative Extension: Colfax County
Dist 504/505 - Colfax County
Fisher's Public School
Howells Community Catholic School
Howells Public Library
Howells-Dodge Public School District
Leigh Community School District
Leigh Public Library
Schuyler Community School District
Schuyler Community Schools Foundation, Inc.
Schuyler Public Library
Schuyler Public Library Foundation
St. John Neumann Elementary School

Emergency & General Needs

2-1-1
9-1-1
Clarkson Volunteer Fire Department
Howells Volunteer Fire Department
Leigh Volunteer Fire Department
Schuyler Volunteer Fire Department

Healthcare

Clarkson Community Care Center
CHI Health Clarkson Clinic
CHI Health Howells Clinic
CHI Health Schuyler
CHI Health Schuyler Clinic
Colonial Manor Clarkson
Ear, Nose and Throat Head and Neck Surgery
Midwest Urology Associates

Social Services

City of Schuyler
City of Schuyler Handi Bus
Colonial Manor Clarkson
Divine Mercy Parish
Divine Mercy Parish Hispanic Ministry
Immanuel Lutheran Church
Maranatha Church
Saint Benedict Center
St. John's Lutheran Church
St. Paul's Lutheran Church
The Center
Trinity Lutheran Church



STEP 6

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



IN THIS STEP, COLFAX COUNTY:

- WROTE AN EASILY UNDERSTANDABLE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT
- ADOPTED AND APPROVED CHNA REPORT
- DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



Colfax County worked with Moxley Public Health to pool expertise and resources to conduct the 2025 Community Health Needs Assessment (CHNA). By gathering secondary (existing) data and conducting new primary research as a team (through focus groups with subpopulations and priority groups, interviews with community leaders, and a survey that went out to the community) the stakeholders will be able to understand the community's perception of health needs. Additionally, the community partners will be able to prioritize health needs with an understanding of how each compares against benchmarks and is ranked in importance by East Central District residents.

The 2025 Colfax County CHNA, which builds upon the prior assessment completed in 2021, meets all Public Health Accreditation Board (PHAB), Internal Revenue Service (IRS), and Nebraska state requirements.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This Colfax County CHNA report was adopted in June 2025.

The report is widely available to the public on the health department and hospital websites:

- CHI Health Schuyler: <https://www.chihealth.com/about-us/mission-values/community-health-needs-assessments>
- East Central District Health Department: <https://ecdhd.ne.gov/resources/health-department-reports.html>

Written comments on this report are welcomed and can be made by emailing:

- CHI Health Schuyler: connie.peters@chihealth.com
- East Central District Health Department: tfordwolfgram@ecdhd.ne.gov



CONCLUSION & NEXT STEPS



NEXT STEPS WILL BE:

- DEVELOP IMPROVEMENT PLAN (CHIP)/
IMPLEMENTATION STRATEGY
- SELECT PRIORITY HEALTH NEEDS
- CHOOSE INDICATORS TO VIEW FOR IMPACT
CHANGE FOR PRIORITY HEALTH NEEDS
- DEVELOP SMART OBJECTIVES FOR
IMPROVEMENT PLAN (CHIP)/IMPLEMENTATION
STRATEGY
- SELECT EVIDENCE-BASED AND PROMISING
STRATEGIES TO ADDRESS PRIORITY HEALTH
NEEDS

CONCLUSION

NEXT STEPS FOR COLFAX COUNTY



- Monitor community comments on this CHNA report (ongoing) to the provided contacts.
- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by Colfax County partners. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge.)
- Community partners (including CHI Health Schuyler, East Central District Health Department, Good Neighbor Community Health Center and many other community organizations) will select strategies to address priority health needs and priority populations. (We will use but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Nebraska Department of Health and Human Services.)
- The next Improvement Plan (CHIP)/Implementation Strategy (that includes indicators and SMART objectives to successfully monitor and evaluate the plan/strategy) will be adopted and approved by the hospital and community partners, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.



APPENDIX B BENCHMARK COMPARISONS



BENCHMARK COMPARISONS

The following table compares county rates of the identified health needs to national goals called **Healthy People 2030 Objectives** (where available). These benchmarks show how the county compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of our Improvement Plan (CHIP)/Implementation Strategy to address priority health needs.

APPENDIX B:

HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS



Where data were available, Colfax County health and social indicators were compared to the Healthy People (HP) 2030 objectives. The **black** indicators are HP 2030 objectives that did not meet established benchmarks, and the **blue** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. [Healthy People Objectives](#) are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS			
INDICATORS	DESIRED DIRECTION	LOCATION	HP 2030 OBJECTIVES
High school graduation rate ⁸⁴	↑	97.0% (Colfax County)	90.7%
Child health insurance rate ³⁹	↑	97.5% (Colfax County)	92.4%
Adult health insurance rate ³⁹	↑	83.6% (Colfax County)	92.4%
Unable to obtain medical care ³³	↓	8.5% (East Central District)	5.9%
Heart disease deaths ⁶⁵	↓	91.4 (Colfax County)	71.1 per 100,000 persons
Cancer deaths ⁶⁵	↓	171.1 (Colfax County)	122.7 per 100,000 persons
Colon/rectum cancer deaths ⁹⁰	↓	14.0 (Platte County only)	8.9 per 100,000 persons
Lung cancer deaths ⁹⁰	↓	26.0 (Colfax County)	25.1 per 100,000 persons
Female breast cancer deaths ⁹⁰	↓	26.0 (Platte County only)	15.3 per 100,000 persons
Prostate cancer deaths ⁹⁰	↓	18.0 (Nebraska)	16.9 per 100,000 persons
Stroke deaths ¹⁴	↓	52.8 (East Central District)	33.4 per 100,000 persons
Unintentional injury deaths ¹⁴	↓	55.0 (East Central District, excluding Nance County)	43.2 per 100,000 persons
Suicide deaths ¹⁴	↓	17.1 (Platte County only)	12.8 per 100,000 persons
Suicide attempts by adolescents ¹¹	↓	10.1 (Nebraska)	1.8 per 100 adolescents
Suicidal thoughts in sexually active L/G/B high school students ¹¹	↓	63.5% (East Central District)	52.1%
Liver disease (cirrhosis) deaths ¹⁴	↓	12.6 (Nebraska)	10.9 per 100,000 persons
Drug-overdose deaths ¹⁴	↓	11.4 (Nebraska)	20.7 per 100,000 persons
Overdose deaths involving opioids ¹⁴	↓	6.0 (Nebraska)	13.1 per 100,000 persons
On-time prenatal care (HP2020 Goal) ¹⁰⁷	↑	80.3% (Nebraska)	84.8%
Infant death rate ¹⁰⁶	↓	6.0 (Nebraska)	5.0 per 1,000 live births
Adult obese, ages 20+ ⁴²	↓	42.6% (Colfax County)	36.0%
Students, grades 9th to 12th obese ⁴²	↓	19.2% (East Central District)	15.5%, children & youth, 2-19
Food insecurity and hunger ⁵¹	↓	7.3% (Colfax County)	6.0%
Adults engaging in binge drinking in past month ¹⁹	↓	22.5% (East Central District)	25.4%
Cigarette smoking by adults ⁹³	↓	16.1% (Colfax County)	6.1%
Pap smears, ages 21-65, screened in the past 3 years ⁷³	↑	80.7% (Colfax County)	79.2%
Mammogram, ages 50-74, screened in the past 2 years ⁷³	↑	69.3% (Colfax County)	80.3%
Colorectal cancer screenings, ages 50-75, per guidelines ⁷³	↑	62.4% (Colfax County)	68.3%
Annual adult influenza vaccination ⁷²	↑	54.5% (East Central District)	70.0%
Persons with substance use disorder who received treatment ¹¹	↑	5.5% (East Central District)	14.0%

APPENDIX C

KEY INFORMANT INTERVIEW PARTICIPANTS



KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **11** leaders, representatives, and members of the Colfax County community who were consulted for their expertise on the needs of the community. The following individuals were identified by the CHNA team as leaders based on their professional expertise and knowledge of various target groups throughout the Colfax County community.

APPENDIX C:

KEY INFORMANT INTERVIEW PARTICIPANTS

COLFAX COUNTY



INTERVIEW PARTICIPANTS	
ROLE	ORGANIZATION
1. Principal	Fisher's and Richland Schools
2. Program Coordinator	Sixpence Early Learning Program
3. Home Services Provider	
4. Colfax County Attorney	Schuyler Police Department/Colfax County
5. Chief	Schuyler Police Department/Colfax County
6. Colfax County Sheriff	
7. Principal	Schuyler Middle School
8. Assistant Principal	
9. Principal / Director of Student Services	Schuyler Community Schools
10. Board Member	CHI Health Schuyler
11. Community Housing Specialist	Schuyler Community Development



APPENDIX D FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **6 focus groups** conducted with **49 community members**, including the number of participants, format, and groups represented.

APPENDIX D:

FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS				
GROUP REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	COUNTY/COUNTIES	# OF PARTICIPANTS
1. Hispanic	In-Person	East Central District Health Department	Colfax (Schuyler)	8
2. People who use substances or are in recovery from substance use	Zoom	Alcoholics Anonymous of Nebraska, Seekers of Serenity	Boone, Colfax, Nance, Platte	6
3. Youth (parents including single parents, teachers, youth-serving organizations)	In-Person	East Central District Health Department	Boone, Colfax, Nance, Platte	6
4. Elderly/Seniors (65+)	In-Person	Columbus Community Hospital	Boone, Colfax, Nance, Platte	10
5. Business and Industry Leaders	In-Person/ Zoom	Columbus Community Hospital, Lindsay Corporation, Loup Public Power, City of Columbus, Behlen Manufacturing, Pinnacle Bank, Platte County Employees, Cornhusker Public Power, Nor-AM Cold Storage, Commonwealth Electric, Camaco	Boone, Colfax, Nance, Platte	12
6. English Language Learners/African Immigrants (French-Speaking)	In-Person	Platte Valley Literacy Association	Boone, Colfax, Nance, Platte	7
TOTAL				49

APPENDIX E COMMUNITY MEMBER SURVEY



COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to the Colfax County community (along with the other counties in East Central District: Boone, Nance, and Platte) to get their perspectives and experiences on the health assets and needs of the community they call home. The survey was made available in English, French, Somali, and Spanish. This resulted in **196 responses** to the community survey from Colfax County residents.

APPENDIX E:

COMMUNITY MEMBER SURVEY



Boone, Nance, Colfax, and Platte Counties are conducting a Community Health Needs Assessment (CHNA) to identify and assess the health needs of the community. We are asking community members (those who live and/or work in Boone, Nance, Colfax, and Platte Counties) to complete this short, 15-minute survey. This information will help guide us as we consider services and programs that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary and you are free to leave any of the questions unanswered (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

1. Which county do you live in? (choose one)

- Boone
- Nance
- Colfax
- Platte

2. Which ZIP Code do you live or reside in? (choose one)

- | | | |
|---------|---------|---------------|
| • 68620 | • 68638 | • 68644 |
| • 68758 | • 68640 | • 68643 |
| • 68660 | • 68660 | • 68631 |
| • 68627 | • 68864 | • 68602 |
| • 68652 | • 68663 | • 68634 |
| • 68655 | • 68623 | • None of the |
| • 68601 | • 68601 | above, I live |
| • 68661 | • 68640 | primarily at |
| • 68629 | • 68642 | the following |
| • 68641 | • 68758 | ZIP code: |
| • 68633 | • 68660 | |
| • 68643 | • 68647 | |
| • 68659 | • 68653 | |

3. Where do you work? (choose one)

- | | | |
|---------|---------|---------------|
| • 68620 | • 68638 | • 68644 |
| • 68758 | • 68640 | • 68643 |
| • 68660 | • 68660 | • 68631 |
| • 68627 | • 68864 | • 68602 |
| • 68652 | • 68663 | • 68634 |
| • 68655 | • 68623 | • None of the |
| • 68601 | • 68601 | above, I work |
| • 68661 | • 68640 | primarily at |
| • 68629 | • 68642 | the following |
| • 68641 | • 68758 | ZIP code: |
| • 68633 | • 68660 | • I am not |
| • 68643 | • 68647 | currently |
| • 68659 | • 68653 | employed |

4. Which of the following best describes your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

5. What is your gender identity? (select all that apply)

- Woman
- Man
- Transgender
- Non-binary
- Prefer not to answer
- Other/Not Listed (feel free to specify)

6. What is your sexual orientation? (select all that apply)

- Heterosexual or straight
- Bisexual
- Gay
- Lesbian
- Asexual
- Prefer not to answer
- Other/Not Listed (feel free to specify)

7. What is your race and/or ethnicity? (select all that apply)

- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Other/Not Listed (feel free to specify)

8. Which is your primary language spoken at home?

- English
- French
- Somali
- Spanish
- Other/Not Listed (feel free to specify)

9. How many children, ages 0-18, live in your household?

- | | | |
|-----|------|--------------------------|
| • 0 | • 6 | • 12 |
| • 1 | • 7 | • 13 |
| • 2 | • 8 | • 14 |
| • 3 | • 9 | • 15 |
| • 4 | • 10 | • Other/Not Listed (feel |
| • 5 | • 11 | free to specify) |

APPENDIX E:

COMMUNITY MEMBER SURVEY



10. What is the highest level of education you have completed?

- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Trade School or Vocational Certificate
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)

11. Are you currently employed?

- Yes, part-time (less than 30 hours per week)
- Yes, full-time (30 hours per week or more)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled

12. If you are currently employed, which of the following best describes your occupational category? (select all that apply to your occupation)

- Art, culture, recreation, tourism and sport
- Business, finance and administration
- Education, law and social, community and government services
- Health
- Management
- Manufacturing and utilities
- Military
- Natural and applied sciences and related occupations
- Natural resources, agriculture and related production
- Sales and service
- Trades, transport and equipment operators and related occupations
- Other/Not Listed (feel free to specify)

13. What is your annual household income?

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000

14. Do you have any of the following disabilities or chronic conditions? (select all that apply)

- Attention deficit
- Autism
- Blind or visually impaired
- Deaf or hard of hearing
- Health-related disability
- Learning disability
- Mental health condition
- Mobility-related disability
- Speech-related disability
- Other/Not Listed (feel free to specify or tell us more)
- None of the above

15. What is your current living situation?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am living outside
- I am living in a car
- I am living elsewhere
- Other/Not Listed (feel free to specify)
- None of the above

16. Have you experienced any of the following types of abuse in the past year? (select all that apply)

- Physical violence (punching, hitting, slapping, kicking, strangling, or physically restraining someone against their will, use of weapons, etc.)
- Sexual (rape or other forced sexual acts, unwanted touching, etc.)
- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/Psychological (negatively affecting someone's mental health, manipulation, etc.)
- Financial/Economic (using money/finances to control someone)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Other/Not Listed (feel free to specify)

17. While it can be hard to choose, do your best to select what you feel are the TOP 5 CONCERNS OF OUR COMMUNITY? (please check your top 5)

- Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, health literacy, etc.)
- Access to childcare
- Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
- Chronic diseases (e.g. heart disease/stroke, high blood pressure/cholesterol, diabetes, cancer, asthma, arthritis, preventive care and screenings, etc.)
- Cognitive decline (worsening confusion, dementia, Alzheimer's)
- Crime and violence
- Drug and alcohol use (marijuana, opioids, heavy drinking, binge drinking, etc.)
- Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
- Environmental conditions (e.g. air and water quality, vector-borne diseases, etc.)
- Food insecurity (e.g. not being able to access and/or afford healthy food)
- Housing and homelessness
- Income/poverty and employment
- Internet/wifi access
- Infectious diseases
- Injuries (workplace injuries, car accidents, falls, etc.)
- Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal mortality and morbidity)
- Mental health and access to mental healthcare
- Nutrition and physical health/exercise
- Obesity and overweight
- Oral/dental health (dental visits, tooth decay/gum disease, etc.)
- Tobacco and nicotine use/smoking/vaping
- Transportation (e.g. public transit, cars, cycling, walking)
- Vision care (eye care access to care and utilization)
- Other/Not Listed (feel free to specify)

APPENDIX E:

COMMUNITY MEMBER SURVEY



18. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (select all that apply)

- I am waiting to get coverage through my job
- I don't think I need health insurance
- I haven't had time to deal with it
- It costs too much
- I am not eligible or do not qualify
- It is too confusing to sign up
- Does not apply - I have health coverage/insurance
- Other/Not Listed (feel free to specify)

19. During the most recent time you or a member of your household delayed or went without needed healthcare, what were the main reasons? (select all that apply)

- Could not get an appointment quickly enough/too long of a wait for an appointment
- Could not get an appointment that was convenient with my work hours or child's school schedule
- Distrust/fear of discrimination
- Insurance did not cover the cost of the procedure or care
- Lack of provider awareness and/or education about my health condition
- Lack of transportation to the appointment
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- Not knowing where to go or how to find a doctor
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- The appointment was too far away and outside of East Central District
- No barriers and did not delay health care - received all the care that was needed
- Other/Not Listed (feel free to specify)

20. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (select all that apply)

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Emergency room department at the hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above
- Other/Not Listed (feel free to specify)

21. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to a doctor for a checkup

22. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation.

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
- Emergency room department at hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

23. How would you rate your current access to mental or behavioral health services?

- Very high access
- High access
- Neutral
- Low access
- Very low access

24. What, if any, are your main barriers to accessing mental or behavioral health services, if needed? (select all that apply)

- Could not get an appointment quickly enough/ too long of a wait for an appointment
- Distrust/fear of discrimination
- No insurance and it costs too much
- I have insurance but it did not cover the cost of the services
- Not knowing where to go or how to find behavioral or mental health providers
- COVID-19 appointment cancellation, concern of
- Lack of provider awareness and/or education about my health condition
- Lacked transportation to the appointment
- Language barriers
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Office hours of provider don't work with my schedule
- Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
- Technology barriers with virtual visits/telehealth services
- Uncomfortable with mental or behavioral health provider
- Do not need behavioral or mental health care
- No barriers – received all the behavioral and mental health care that was needed
- Other/Not Listed (feel free to specify)

APPENDIX E:

COMMUNITY MEMBER SURVEY



25. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (select all that apply)

- Stress
- Lack of energy
- My busy schedule (I don't have time to cook or exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)
- Other/Not Listed (feel free to specify)

26. In the last year, was there a time when you needed prescription medicine but were not able to get it?

- Yes
- No

27. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to the dentist for a checkup

28. In the last year, was there a time when you needed dental care but could not get it?

- Yes
- No

29. In the last year, was there a time when you needed mental health counseling but could not get it?

- Yes
- No

30. Do you have a personal physician?

- Yes
- No

31. How long has it been since you have had a flu shot?

- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot

32. Overall, my physical health is:

- Good
- Average
- Poor
- Excellent

33. Overall, my mental health is:

- Good
- Average
- Poor
- Excellent

34. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):

- Medical Appointments
- Buying food/groceries
- Getting other things for daily living
- Work/meetings
- Childcare
- Physical activity opportunities/the gym
- School (for yourself or another member of your family)
- Not applicable
- Other/Not Listed (feel free to specify)

35. What resources are lacking within our community? (select all that apply)

- Affordable food
- Affordable housing
- Recreational spaces
- Primary healthcare access
- Dental/Oral healthcare access
- Vision healthcare access
- Mental healthcare access
- Transportation
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Other/Not Listed (feel free to specify)

36. How many times did you volunteer in our community in the past year? (This could include helping out with local charities, helping at your kids' school, serving on a board, at your church, or another local organization, reading at your local library, helping at a food bank, spending time with local senior citizens, etc.)

- I didn't volunteer
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10 or more times

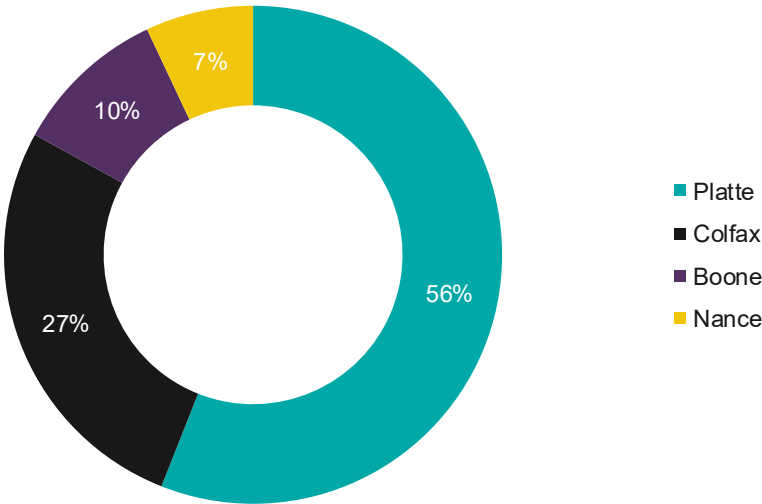
37. Do you have any other feedback or comments to share with us?

Thank you! Please send this survey to anyone you know who lives and/or works in Boone, Nance, Colfax, and Platte Counties.

APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS



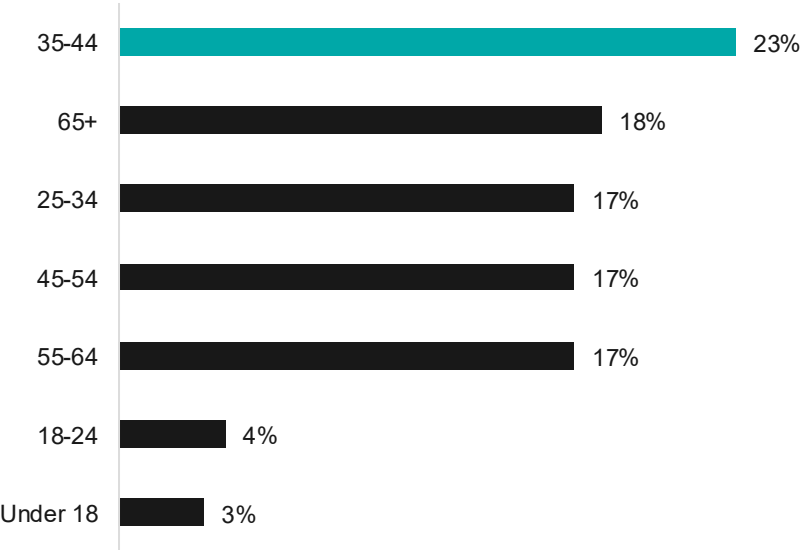
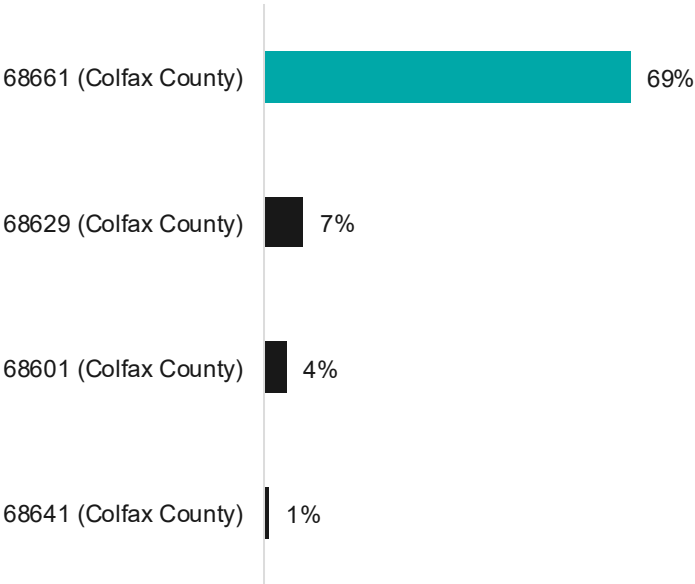
The majority of East Central District survey respondents live in **Platte County**, followed by **Colfax County**. The response breakdown by county was fairly **consistent with East Central District's population by county**, though there was slight underrepresentation of Platte County and overrepresentation of Colfax County



The highest proportion of respondents in Colfax County live in **ZIP Code 68661**, consistent with the population of the county



The highest proportion of survey responses came from the **35-44 year-old** age group. Half of respondents (50%) have children under 18 living with them



APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS



The majority of respondents were **women**



The majority of respondents were **White**, consistent with the composition of the county. There was a significant proportion of **Hispanic** respondents, though they were still underrepresented compared to the county population

Female 83%

Male 17%

White/Caucasian 78%

Hispanic/Latino/a 20%

Asian 2%

Multiracial/More than one race 1%



The majority of respondents' prefer to speak **English**, while there was a significant proportion who prefer **Spanish**

English 88%

Spanish 12%



The majority of respondents were **straight**

Heterosexual or Straight 90%

Prefer not to answer 8%

Bisexual 1%

Gay 1%



13% of respondents identified as having a **disability**

No Disability 87%

Disability 13%



Most respondents have **steady housing**

I have a steady place to live 98%

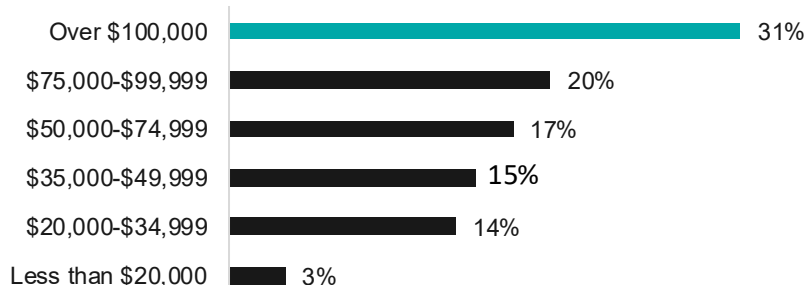
I have a place to live today, but I am worried about losing it in the future 1%

Other/Not Listed (feel free to specify) 1%

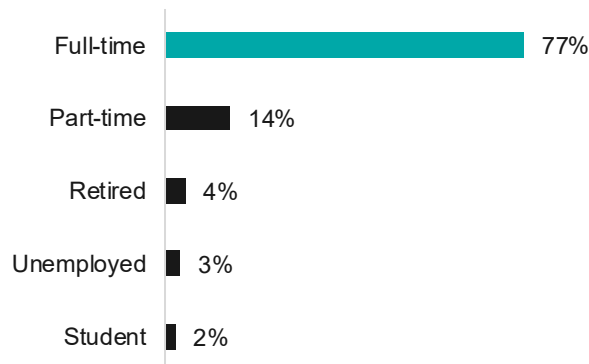
APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS



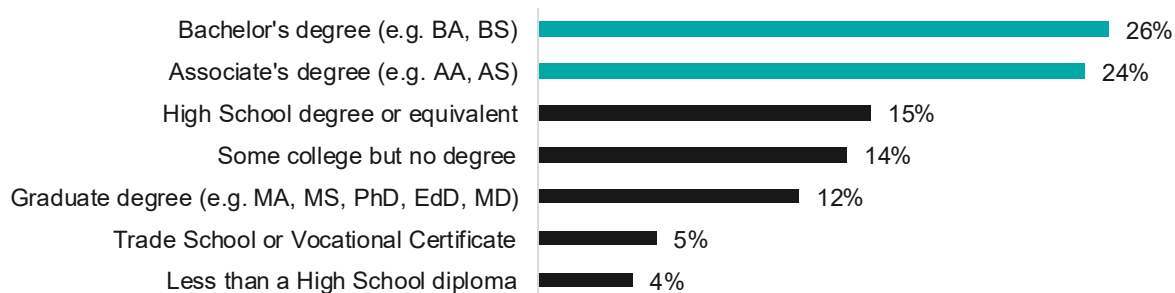
Respondents were generally **higher income**, with nearly one-third having an annual household income of \$100,000 or more. Lower income individuals were underrepresented



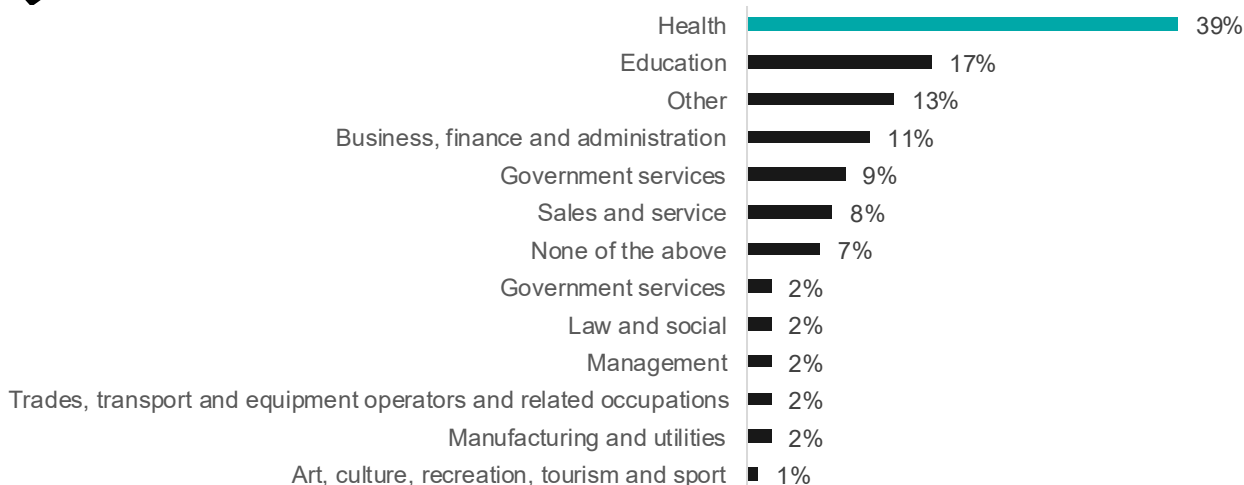
The majority of respondents are **employed full-time**



The majority of respondents have at least an **Associate's degree**



While a variety of occupational categories were represented, **Health** was by far the most common, followed by **Education**



APPENDIX F INTERNAL REVENUE SERVICE (IRS) CHECKLIST: COMMUNITY HEALTH NEEDS ASSESSMENT



MEETING THE IRS REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT

The Internal Revenue Service (IRS) requirements for a Community Health Needs Assessment (CHNA) serve as the official guidance for IRS compliance. The following pages demonstrate how this CHNA meets those IRS requirements.



APPENDIX F:

IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓	Appendix B (74-83)	A. Activities Since Previous CHNA(s) i. Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy. ii. Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(5)(C) (b)(6)(F)	
✓	4-23	B. Process and Methods <i>Background Information</i> i. Identifies any parties with whom the facility collaborated in preparing the CHNA(s). ii. Identifies any third parties contracted to assist in conducting a CHNA. iii. Defines the community it serves, which: a. Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. b. May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. c. May not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. iv. Describes how the community was determined. v. Describes demographics and other descriptors of the hospital service area.	b)(6)(F)(ii) (b)(6)(F)(ii) (b)(i) (b)(3) (b)(6)(i)(A) (b)(6)(i)(A) (b)(6)(i)(A)	



APPENDIX F:

IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓	Methods: 4-24, Appendix B, C, D, E Data: 24-73	<i>Health Needs Data Collection</i>		Primary and secondary data is integrated together throughout the report.
		i. Describes data and other information used in the assessment:	(b)(6)(ii)	
		a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	
		b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	
		i. CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii)	
		ii. Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(5)(i)	
		a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(6)(F)(iii)	
		b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(6)(F)(iii)	
		1. Medically underserved populations 2. Low-income populations 3. Minority populations		
		c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(i)(A)	
		iii. Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(5)(i)(B)	
		iv. Describes over what time period such input was provided and between what approximate dates.	(b)(5)(ii)	
		v. Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	



APPENDIX F:

IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓		C. CHNA Needs Description & Prioritization		Integrated throughout the report
	11-23	i. Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Community member survey included a question that asked respondents to select their top 5 community health needs and rate the importance of addressing each health need.
		ii. Prioritized description of significant health needs identified.	(b)(6)(i)(D)	
		iii. Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	
	67	iv. Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility).	(b)(4) (b)(6)(E)	
✓		D. Finalizing the CHNA		Integrated throughout the report
		i. CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	The CHNA was adopted by East Central District Partners leadership in 2024 and made widely available by posting on hospital and health department websites (report will be made available in other formats such as paper upon request):
		ii. CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	
		iii. Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	Boone County Health Center: https://boonecohealth.org/
		a. May not be a copy marked "Draft."	(b)(7)(ii)	
		b. Posted conspicuously on website (either the hospital facility's website or a conspicuously located link to a website established by another entity).	(b)(7)(i)(A)	CHI Health Schuyler: https://www.chihealth.com/about-us/mission-values/community-health-needs-assessments
		c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
		d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	Columbus Community Hospital: https://www.columbushosp.org/for-the-community/community-health-needs-assessment
		e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	East Central District Health Department: https://ecdhd.ne.gov/re-sources/health-department-reports.html Genoa Medical Facilities: https://www.genoamedical.org/

APPENDIX G **PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH ASSESSMENT**



MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHNA meets the PHAB requirements.

APPENDIX G:

PHAB CHA REQUIREMENTS CHECKLIST



PUBLIC HEALTH ACCREDITATION BOARD COMMUNITY HEALTH ASSESSMENT REQUIREMENTS			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	a. A list of participating partners involved in the CHA process. Participation must include: i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.	Integrated throughout the report Community member survey included a question that asked respondents to select their top 5 community health needs and rate the importance of addressing each health need.
✓	5-23	b. The process for how partners collaborated in developing the CHA.	
✓	24-73	c. Comprehensive, broad-based data. Data must include: i. Primary data. ii. Secondary data from two or more different sources.	Primary and secondary data is integrated together throughout the report
✓	13	d. A description of the demographics of the population served by the health department, which must, at minimum, include: i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction.	
✓	24-73	e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following: i. Health status ii. Health behaviors.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	24-73	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	67	g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges. The CHA must address the jurisdiction as described in the description of Standard 1.1.	

APPENDIX H REFERENCES



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APPENDIX H:

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