CHI Health
A member of CommonSpirit

Community Health Needs Assessment

CHI Health St. Francis & Skilled Nursing Facility - Long Term Care Hospital – Grand Island, NE 2025

A Joint Assessment

Approved April 2025

Contents

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 St. Francis and Skilled Nursing Unit (SNU). The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with the 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
Central District Health Department (CDHD)
Grand Island Regional Medical Center
Memorial Community Health
Merrick Medical Center

Community Definition

For the purposes of the CHI Health St. Francis and SNU CHNA, the primary service area was defined as Hall County, NE, based on hospital admissions data and overlapping service areas with CHNA collaborators. Additionally, the following zip codes represent 80% of admissions in FY22: 68801, 68803, 68810, 68818, 68824, 68826, 68827, 68831, 68832, 68841, 68865, 68872, 68873, 68883, and 68901.

Assessment Process & Methods

This assessment contains an assortment of data in both quantitative and qualitative formats. Primary community- level data was acquired through a five-question "Community Pulse Survey" that was originally created by the Lincoln-Lancaster Health Department in collaboration with the Nebraska Association of Local Health Directors (NAHLD). The questions are centered on the survey-taker's own health and the overall health of their family. Central District Health Department (CDHD), with the aid of community partners distributed the survey via social media, radio promotion, printed materials, and community events. Free response answers were categorized into several over-arching groups according to the frequency with which answers were received. A definition for each of the answer groups was also created using examples and verbiage received from respondents. Secondary sources of information came largely from the US Census Bureau-American Community Survey, the Nebraska Department of Health and Human Services, the Centers for Disease Control and Prevention, among others.

Process and Criteria to Identify and Prioritize Significant Health Needs

Identification of the community's greatest health needs consisted of a three-part process. First, CDHD collected secondary data, created a "Data Gallery," and facilitated a data review meeting with all CHNA partners in June of 2024. In the meeting, data was reviewed and discussed using the Technology of Participation (ToPs) "Focused Conversation" format. Then, in September 2024, CDHD facilitated a second data review meeting and Consensus Workshop. During this second meeting, CDHD presented the Community Pulse Survey (primary data) results. The group then used the ToPs Consensus Workshop format to identify eight potential priority areas that need collective attention from all community partners. Finally, CDHD used this

information to create and distribute a survey to all CHNA/CHIP partners who participated in the data review process to select the final priority areas. Partners were able to vote for up to five priority areas that need collective attention through the 2025-2027 Community Health Improvement Plan.

List of Prioritized Significant Health Needs
Behavioral health: in Hall County, mental health was one of the most referenced needs, worries, etc., for self and/or loved ones in the Community Pulse Survey (CPS).
Access to care: access to affordable and quality healthcare and support (i.e., language access, health literacy, timely access, applying for healthcare benefits) are one of the five top health concerns of Hall County residents.
Childcare: the median yearly price of childcare in the Central District continues to increase. Central district has a total of 99 childcare facilities, more than 80% of them are in Hall County.
Transportation: In Hall County, public transportation is limited (minimum 24-hour notice for rides, same day rides not always achievable.) Given said limitations, over half of the CPS respondents in Hall County shared a desire for a more pedestrian and bike friendly community.
Affordable housing: Hall County renters making less than 50% of the HUD area median family income (HAMFI) are more likely to experience one or more of the severe housing problems (overcrowding, high housing costs, lack of kitchen facilities, and lack of plumbing facilities).

Resources Potentially Available

In addition to the services provided by CHI Health St. Francis and SNU, there are many assets and resources that may help to address the identified significant health needs in Hall County. The partners involved in the CHNA and Community Health Improvement Plan (CHIP) work to convene numerous coalitions and work groups to address the needs of the community. Current coalitions include the Community Safety Planning Team, the Behavioral Health committee, the Birth - 11 Committee, the Early Childhood Education and Care Coalition, the Grand Island 2050 Long Range Transportation Planning Team, and more. An expanded list of resources can be found starting on page 46.

Report, Adoption, Availability and Comments

This CHNA report was adopted by the CHI Health Board of Directors in April 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at CHI Health St. Francis and SNU. 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, Healthy Communities & Population Health, at: (402) 343-4548.

Introduction

Hospital Description

CHI Health St. Francis, located in Grand Island, Nebraska, is a nonprofit, faith-based healthcare provider. Founded in 1883 by the Sisters of St. Francis, this hospital is now a regional treatment center, with more than 100 physicians and 1,100 employees working together to build a healthier community. With 153 licensed beds and designated as a Magnet organization by the American Nurses Credentialing Center (ANCC), St. Francis has extensive experience in the treatment areas of:

Alcohol and Drug Treatment Center Cancer Care CHI Health at Home Diabetes Education Emergency & Trauma Family Birthing Center Heart Care Imaging Neuroscience	Ophthalmology Orthopedic Services Pediatric Podiatry Primary Care Pulmonary Medicine Psychiatry Rehabilitation Sleep Disorders Surgical Service Wound and Ostomy Center

The CHI Health St. Francis Skilled Nursing Unit (SNU) received its license to practice in 1986, at the same time as a merger between St. Francis Medical Center and Grand Island Memorial Hospital into the community's sole acute care unit. The SNU provides inpatient skilled care to patients who require additional nursing or rehabilitative services after hospital discharge or cannot receive services in their home.

The Skilled Nursing Unit has 36 licensed beds and served 426 patients during fiscal years 2020-2021. The nursing care encompasses skilled nursing procedures, observations, and assessment of the patients' changing needs. The SNU complements existing health services in the area. Staff cooperate with other agencies to obtain financial assistance, personnel, and equipment for patient care. The services are provided under the direction of the patient's personal physician. A registered nurse is available 24 hours a day as well as licensed practical nurses and certified nursing assistants. Patient services available on the skilled unit include an in-house pharmacy, enterostomal and wound specialists, physical, occupational, and speech therapies, social services, nutritional services, and pastoral care. Referrals are accepted from physicians, hospitals, families, patients, and friends. The SNU was awarded the Best of Grand Island in 2018 by The Grand Island Independent readers.

Purpose and Goals of CHNA

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

The goals of this CHNA are to:

1. Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health.

2. Ensure that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.

3. Set priorities and goals to improve these high need areas using evidence as a guide for decision-making.

4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

CHI Health St. Francis and SNU conducted this CHNA jointly. The following report outlines the community description, CHNA process, findings, and prioritized health needs for both CHI Health St. Francis and SNU.

Community Definition

For the purposes of the CHI Health St. Francis and SNU CHNA, the primary service area was defined as Hall County, NE, based on hospital admissions data and overlapping service areas with CHNA collaborators. Additionally, the following zip codes represent 80% of admissions in FY22: 68801, 68803, 68810, 68818, 68824, 68826, 68827, 68831, 68832, 68841, 68865, 68872, 68873, 68883, and 68901.

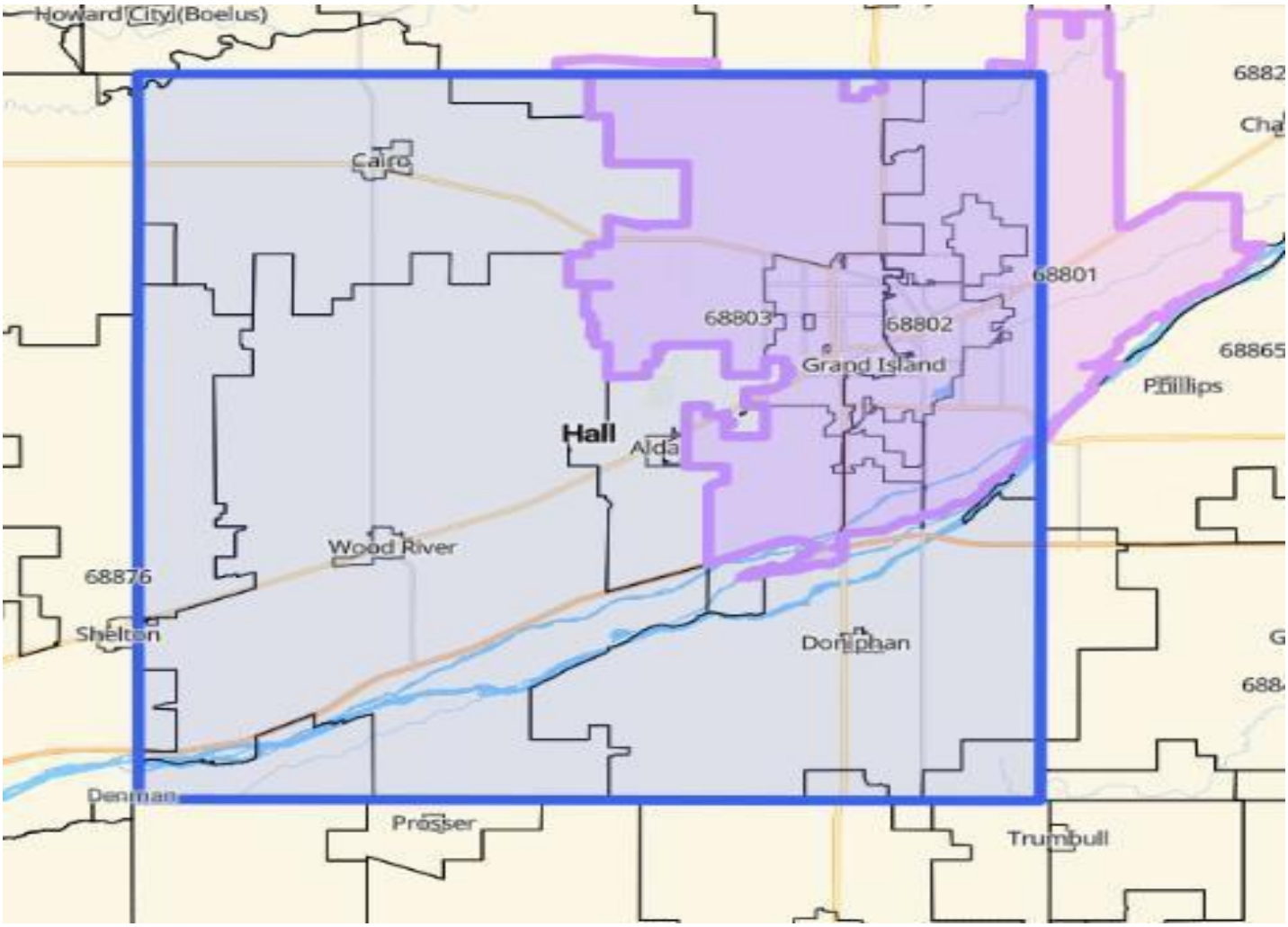
Key considerations for determining this community definition included the following:

Hall County is the geographic area from which a significant number of CHI Health St. Francis and SNU patients utilizing hospital services reside. While this CHNA considers other types of health care providers, hospitals are the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.

Surrounding counties of Hamilton and Merrick also have a significant number of CHI Health St. Francis and SNU patients, however, both counties have a local hospital which is also undergoing a CHNA process. In all three counties the hospitals are working closely with CDHD to ensure input from, and alignment with CDHD.

Hall County is one of the three counties (along with Hamilton and Merrick counties) in the Central District Region of the state of Nebraska. Home to 62,575 people, it is the fourth most populous county in the state. According to the United States Census Bureau, urban areas consist of densely developed territories, including residential, commercial, and other non-residential urban land uses.[1] To obtain urban status, territories must have at least 2,000 housing units or have a population of at least 5,000 people. Rural areas consist of population, housing, and other territories that do not meet urban criteria. [1] The figures that follow provide a snapshot of both the demographic and key social factors that make up and impact the community.

Figure 1: CHI Health Grand Island Market Primary Service Area and CHNA Community (Hall County)



(PolicyMap. 2022. Accessed March 2022. PolicyMap Map retrieved from https://commonspirit.policymap.com/)

Community Demographics & Socioeconomic Factors

Table 1: Community Demographics, (2018-2022)	Hall County	Nebraska	United States
Total Population[2]	62,575	1,958,939	331,097,593
Total Land Area (sq. miles)[3-5]	546.39	76,814.90	3,809,525
Rural vs. Urban[2]	Urban	Urban	Urban
Age[6]	Percent (%)	Percent (%)	Percent (%)
Under 5	7.4	6.5	5.7
5 to 9	7.0	6.8	6.0
10-14	8.4	7.1	6.5
15-19	7.0	7.1	6.6
20-24	6.0	7.1	6.7
25-34	12.8	13.0	13.7
35-44	12.4	12.8	12.9
45-54	11.6	11.2	12.4
55-59	6.2	6.0	6.5
60-64	5.8	6.3	6.4
65-74	8.9	9.4	9.7
75-84	4.2	4.6	4.8
Over 85	2.3	2.2	2.0
Gender [6]			
Female	49.0	49.8	50.5
Male	51.0	50.2	49.5
Race & Ethnicity [7]			
American Indian (n-H)	0.4	0.6	0.6
Asian (n-H)	1.0	2.5	5.7
Black (n-H)	3.0	4.7	12.1
Hawaiian/Pacific Islander (n-H)	0.1	0.1	0.2
Hispanic and/or Latino	30.0	11.8	18.6
White (n-H)	63.8	77.1	58.9
Single Race Other (n-H)	0.1	0.3	0.4
Two Or More Races Other (n-H)	1.5	3.1	3.5
Educational Attainment [8]			
Less than 9th Grade	7.8	3.8	4.7
9th-12th Grade, No Diploma	7.2	4.4	6.1
High School Degree	31.5	25.4	26.4
Some College, No Degree	23.3	22.2	19.7
Associate's degree	8.8	10.9	8.7
Bachelor's degree	14.1	21.8	20.9
Graduate degree	7.2	11.6	13.4
Ability to Speak English (Ages 5 & Older) [9]			
Very Well	87.7	95.0	91.8
Less than Very Well	12.3	5.0	8.2

Table 2: Socioeconomic Factors, (2018-2022)	Hall County	Nebraska	United States
Employment [10]	Percent (%)	Percent (%)	Percent (%)
Unemployment Rate sheet	2.9	3.1	5.3
Income Rates[11]	Dollar Amount	Dollar Amount	Dollar Amount
Median Household Income	$63,553	$71,722	$75,149
Families Below Poverty Level (2019-2023)[12]	Percent (%)	Percent (%)	Percent (%)
With Children Under 5	32.4	20.5	16.1
With Both Children Under 5 and Age 5-17	23.3	27.0	28.0
With Children Age 5-17	44.3	52.5	55.8
Veteran Status (18 years & older)[13]			
Total Veteran Population	6	7	7
Disability Status[14]			
Under 5	0.0	0.0	0.0
5-17	1.0	0.9	1.0
18-34	1.7	1.6	1.7
35-64	5.0	4.3	4.7
65-74	2.1	2.2	2.4
75+	3.2	3.0	3.1
Food Insecurity Rates[15]			
Overall Population	14.8	13.6	13.1
Seniors	n/a	4.5	7.4
Adults	17.7	12.8	13.9
Children	21.7	19.2	17.9
Black/African American (non-Hispanic)	48.0	35.0	20.4
Hispanic	29.0	28.0	19.4
White (non-Hispanic)	11.0	11.0	10.3
SNAP Status for Households[16]			
Receiving SNAP with Children	5.3	4.1	5.5
Not Receiving SNAP with Children	29.8	26.6	24.7
Receiving SNAP w/o. Children	4.2	3.9	6.0
No Receiving SNAP w/o. Children	60.7	65.3	63.8
Health Insurance Coverage[17]			
Insured	88.1	92.2	91.3
Uninsured	11.9	7.8	8.7
Medicaid & CHIP Recipients [18-19]	Count (n)*	Count (n)	Count (n)
Medicaid Enrollment	17,771	304,300	72,058,701
CHIP Enrollment	22,277	36,781	7,249,301
Other Hospitals that serve Hall County[20]	4**	--	--

**Information source only has percentage values for both Medicaid Enrollment and CHIP Enrollment variables. The counts for these variables were estimated using the corresponding (2023) percentage values and total population value (n=62,575), (Table 1 page 8).*

***Other hospitals that serve Hall County residents include:*

- *Grand Island Regional Medical Center – Hall County*
- *(Aurora) Memorial Hospital – Hamilton County*
- *Bryan Health Merrick Medical Center – Merrick County*
- *Mary Lanning Healthcare – Adams County*

Table 3: Medically Underserved Area & Population Designations (Hall County, Nebraska)[21]

Discipline	Primary Care
Service Area Name	Low Income & Migrant Farm Worker Population
Designation Type	Medically Underserved Area
Index Of Medical Underservice Score	67.3*
Rural Status	Non-Rural
Designation Date	06/08/1999

** The lowest score (highest need) is 0; the highest score (lowest need) is 100. [To qualify for designation,] the IMU score must be less than or equal to 62.0, except for a governor designation, which does not receive an IMU score. The score applies to the MUA or [MUP, and not to individual portions of it.]*

Social Vulnerability Index

The Social Vulnerability Index (SVI) is "a tool that helps identify communities that may need support before, during, and after disasters or other emergencies." [22-23] Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability) and are based on 15 variables including: socioeconomic status, household characteristics, racial & ethnic minority status, housing type, and transportation. Each of these are shown in the figure below. [22-23] Within the Central District, Hall County's SVI scores are significantly higher (overall and category-specific) compared to those of Hamilton and Merrick Counties. (Table 4).

Figure 2: Social Vulnerability Index Variables

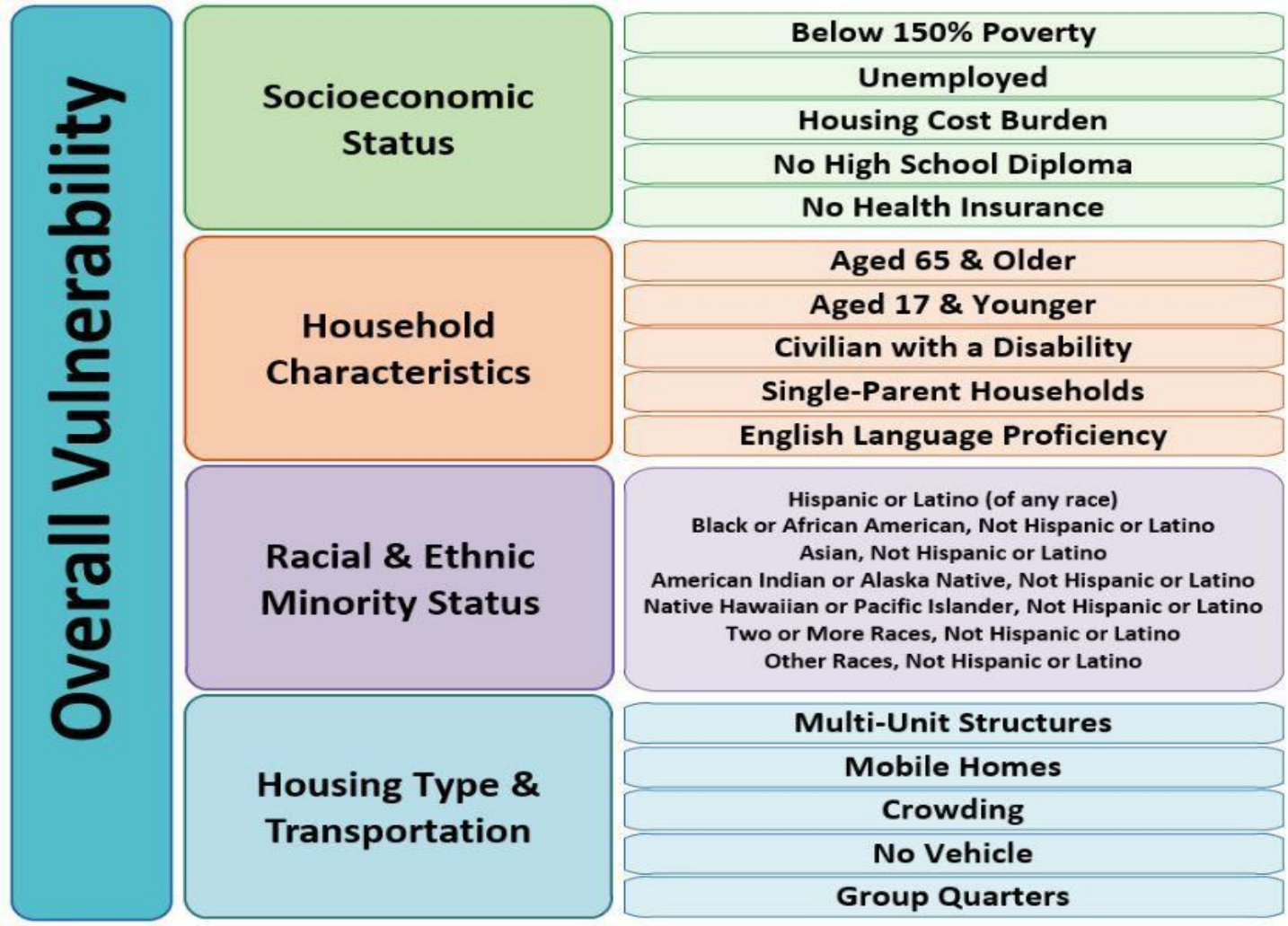


Table 4: Central District SVI Comparison (2022) [22-23]

County	Overall, SVI Score	Socioeconomic Status	Household Characteristics	Racial & Ethnic Minority Status	Housing Type & Transportation
Hall	0.9891	1	0.9348	0.9565	0.837
Hamilton	0.1196	0.1957	0.3152	0.2391	0.0652
Merrick	0.4783	0.5	0.5978	0.4891	0.3587

Vizient Vulnerability Index

Also, a measure of vulnerability, the Vizient Vulnerability Index provides an overall value based on nine domains of vulnerability (43 total data points) that are listed in Table 5A below.[24] A score greater than one (1) indicates an area is of "high vulnerability." [24] VVI's are available for zip codes and census tracts, which may provide a specific idea of an area's level of vulnerability and perhaps which domains should be focused on. The values for Hall County zip codes are on Table 5B.[24]

Table 5A: Nine Domains Of Vulnerability[24]

Domain	Description
Economic	• Individuals below 200% of poverty rate • Unemployment • Lower median income
Education	• Adults without college degrees • Lower high school enrollment • Lower preschool enrollment
Healthcare Access	• Percent uninsured • Provider shortages (Primary care, dental and mental health) • Distance to a hospital
Neighborhood Resources	• No park access • Food deserts (USDA data) • Broadband availability and household broadband subscriptions • Alcohol sales • Opioid dispensing
Housing	• Lower rates of homeownership • Homes with incomplete plumbing • Crowded housing • Low-income households with housing expenses >50% income (HUD)
Clean Environment (EPA)	• Air pollution (particulate matter, diesel, traffic proximity) • Water pollution (EPA health-related violations) • Hazardous waste and spill risk
Social Environment	• Lower rates of voting participation • Single-parent families and incarceration rates
Transportation	• Households with no access to automobile(s) or public transit
Public Safety	• Violent Crime (FBI Uniform Crime Reports) • Gun Violence

Table 5B: Vizient Vulnerability Index, Hall County, NE[24]										
City/ Zip Code	Overall VVI	Economic	Education	Healthcare Access	Neighborhood	Housing	Clean Environment	Social	Transportation	Public Safety
Grand Island/ 68801	-9.45E-05	-0.00359	0.40869	0.094801	-0.11799	0.507157	0.804527	0.739164	-0.10437	1.128087
Grand Island/ 68802	-0.32716	-0.32962	0.008175	-0.55967	-0.1268	0.24406	0.477918	0.019306	-0.0599	1.129247
Grand Island/ 68803	-0.32716	-0.32962	0.008175	-0.55967	-0.1268	0.24406	0.477918	0.019306	-0.0599	1.129247
Alda/ 68810	-1.23752	0.064624	0.358453	0.256961	0.168581	-0.41105	-0.16495	-0.1797	-0.66415	0.389908
Cairo/ 68824	-0.72323	-0.48462	0.468269	-0.43627	-0.10855	-0.16356	-0.71463	0.225113	-0.4795	-0.51198
Doniphan / 68832	-1.2922	-0.90016	-0.02457	-0.41176	-0.00942	-0.67682	-0.34588	-0.50002	-0.42745	-0.52477
Wood River/ 68883	-0.66249	-0.14431	0.196091	0.165235	0.695767	-0.25497	-0.60549	-0.39889	-0.48361	-0.53081

Key:	Note: VVI's allow use of negative numbers so note that the larger negative numbers will be in darker green which differs from other indexes like the SVI.	Scores farthest away from 1 indicate lower vulnerability.	Scores closer to 1 indicate higher vulnerability.

Unique Community Characteristics

Central Community College and College Park, offering courses through University of Nebraska-Kearney, provide students with local opportunities to pursue associate and bachelor's degrees. In addition, Grand Island is home to the Nebraska State Fair and the International Farm Progress Show, drawing crowds of outside visitors of over 500,000 combined each year in late August and early September.

Other Health Services

Grand Island has a wide range of healthcare providers, including medical, dental, and mental health services that not only address the needs of the local population, but also residents from throughout Central Nebraska and from across the state. Population health services are provided through community health workers and diabetes educators embedded within the health department and Multicultural Coalition of Grand Island. Some of the prominent health care providers available throughout the county include:

- Central District Health Department
- CHI Health Clinics in Grand Island
- CHI Health St. Francis
- CHI Heart Health
- Choice Family Health Care
- Grand Island Clinic
- Grand Island Regional Medical Center
- Grand Island VA Medical Center
- Heartland Health Center
- Memorial Community Health
- Merrick Medical Center
- Mid-Plains Center for Behavioral Health
- St. Francis Cancer Treatment Center
- Third City Community Clinic
- Urgent Care Clinics (Twin Rivers, CHI Priority Care)

Assessment Process & Methods

The Community Health Needs Assessment (CHNA) contains both primary and secondary data sources, including but not limited to community surveys, universities and research centers, and nonprofit and/or governmental organizations (see Data Sources lists on pg. 17-18). The collected information is used to identify issues, changes, and trends related to the community's health which then can help in reviewing and revising priority areas and related activities. Nationwide, the time between 2021 to 2024 was burdened by infectious disease outbreaks including Coronavirus 2019, mpox, avian influenza, and the subsequent responses of an overwhelmed healthcare system. The additional impact of increased mental health needs, misinformation and disinformation, and barriers to access to care made it challenging for public health, healthcare systems, and other sectors to respond.

Primary & Secondary Data Sources

In the summer of 2023, CDHD launched a community survey to hear directly from the community about their health needs and concerns. The "Community Pulse Survey" was created by the Lincoln-Lancaster Health Department in collaboration with the Nebraska Association of Local Health Directors (NAHLD). CDHD translated the survey into Spanish, Somali and Arabic. Survey questions include:

- What was the last major health issue you or your family experienced? (Free response)

- What worries you most about your health or the health of your family? (Free response)
- What are [your] top three health concerns? Choices:
    - Alcohol, Drugs and Tobacco Use
    - Cancer
    - Challenges getting healthy and affordable food
    - Chronic Lung Disease (like asthma, COPD)
    - Diabetes
    - Finding affordable, quality childcare
    - Getting around town safely (for example: driving, walking, riding)
    - Getting enough exercise
    - Heart Disease (for example: high blood pressure, stroke)
    - Mental Health (for example: Depression, Anxiety, PTSD, suicide, etc.)
    - Other
- What is something you do to be healthy? (Free response)
- What would make your neighborhood a healthier place for you or your family? (Free response)

To distribute the survey, CDHD partnered with Multicultural Coalition, the City of Grand Island, the Grand Island Chamber of Commerce, Central Nebraska Council on Alcoholism and Addictions (CNCAA), and Idea Bank (marketing agency). Distribution methods included social media promotion, radio promotion, flyers, business cards with QR codes that were distributed with the help of additional partners (not mentioned above), and distribution at community events (i.e., concerts, 4th street festival in Grand Island, etc.). This method resulted in 556 responses from the Central District Region, which includes Hall, Hamilton and Merrick Counties. The survey was also distributed in the winter of 2024 to gather additional survey responses from community members who speak Spanish, Arabic, and Somali, as well as community members with low literacy levels who may not have participated in the online survey. These additional survey responses (*n*=58) were obtained to bolster the survey responses from all segments of the Central District community. For the purposes of this CHNA, only Hall County data will be used.

For translational simplicity, the free response answers of the Community Pulse Survey were categorized into several over-arching groups according to the frequency with which related answers were received. Sorting responses in this way allowed for the quantification of the number of instances that a certain answer group was mentioned by survey-takers. The definition of each of the answer groups was also defined using examples and verbiage received from respondents (see Appendix, Figure 1).

Secondary source indicators include counts, death/mortality rates, incidence rates (number of new cases during a set period of time), prevalence rates (the number of people that have disease/condition at certain point in time), risk factors, rankings/grades, and years of potential life lost (the number of years lost due to early death). Most data described in this assessment will include values for Hall County and those of Nebraska and the US for comparison. Some variables do not have data available at the county level, (i.e., health district data (Hall, Hamilton, and Merrick Counties) may be the closest form of county level data accessible.) Analytical manipulation of the secondary source data included obtaining percentages derived by the available counts divided by the totals for each of the given populations of interest, (Hall County, the state of Nebraska, and the US).

Table 6A: Primary Data Collection: Community Partners	
Central District Health Department	Data collection, survey distribution
Idea Bank Marketing	Survey distribution
Multicultural Coalition	Survey distribution
Central Nebraska Council on Alcoholism and Addiction (CNCAA)	Survey distribution
City of Grand Island	Survey distribution
Nebraska Association of Local Health Directors (NALHD)	Provided Community Pulse Survey questions
Lincoln Lancaster Health Department	Developed original survey questions

Table 6B: Secondary Data Sources *(for full list, see citations)*
American Lung Association
ATTOM Data Solutions (Real Estate Data Company)
Campaign for Tobacco-Free Kids
Center For Disease Control And Prevention* • *Agency for Toxic Substances and Disease Registry (ATSDR)* • *Division for Heart Disease and Stroke Prevention (DHDSP)* • *Division of Diabetes Translation-United States Diabetes Surveillance System (USDSS)* • *Morbidity and Mortality Weekly Report (MMWR)* • *National Center For Chronic Disease Prevention And Health Promotion (NCCDPHP) – Office on Smoking and Health* • *National Center for Health Statistics (National Health Interview Survey (NHIS))* • Office Of Smoking And Health – (National Youth Tobacco Survey) • *Tobacco-Free Kids Action Fund* • *Vital Statistics Surveillance Report* • *Youth Risk Behavior Surveillance System (YRBSS)*
Feeding America: U.S. Hunger Relief Organization
InCharge Debt Solutions
March Of Dimes Perinatal Data Center
Mental Health America
National Cancer Institute*
National Institutes of Health (NIH)
National Safety Council
Nebraska (NE) Department of Health and Human Services (DHHS) - Behavioral Risk Factor Surveillance System (BRFSS), NE Public Health Atlas
Nebraska Department of Education
Nebraska Department of Labor
Step Up to Quality – Nebraska Preschool Development Grant

Surgo Ventures, Inc.
The Federal Deposit Insurance Corporation (FDIC)
The National Alliance for Public Safety GIS (NAPSG) Foundation
The National Literacy Institute, LLC
United States Census Bureau-American Community Survey
United States Department of Health and Human Services – Office of The Assistant Secretary for Health, Office of Disease Prevention and Health Promotion – Healthy People 2030
U.S. Department of Housing and Urban Development (HUD) – Office of Policy Development and Research (PD&R)
United States Department of Labor (Women's Bureau) – National Database of Childcare Prices
United States Food and Drug Administration
United States Department of Agriculture
University Of California Los Angeles School of Law - Williams Institute
University Of Wisconsin Population Health Institute - County Health Rankings and Roadmaps (CHR&R) Program
World Health Organization
**United States (U.S.) Cancer Statistics Working Group: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute*

Community Input Sessions

The Central District Health Department held two community input sessions, a Community Health Survey Review on September 19th, 2024, and a Data Review on secondary data (June 26th, 2024) based on the information obtained from the sources listed above. In both instances, CDHD facilitated discussion where partners provided input to identify any additional factors that need to be considered, where they see gaps in community resources compared to the data findings and vice versa. These conversations included partners who are representatives of underserved populations. Further details of these sessions and lists of participating organizations can be found in the Prioritized Description of Significant Community Needs section of this assessment that starts on page 42.

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

Assessment Data & Findings

Gaps in Information

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

Note: In Parts II and III of this assessment that follow county level data is minimally available, or completely unavailable in the following sections: Chronic Lower Respiratory Disease, Physical Health, Alcohol Use, Smoking and Tobacco Use, and Maternal and Child Health. District and/or state level data will be provided where needed.

Leading Causes Of Death

The 2018-2022 leading causes of death for the United States and the state of Nebraska are shown in Tables 7A and 7B. The US's top six causes of death are heart disease (167.2/100,000 people), cancer (142.3/100,000), accidents (64/100,000), COVID-19 (44.5/100,000), Stroke (39.5/100,000), and chronic lower respiratory disease (34.3/100,000). The top leading causes of death in Nebraska are heart disease (154.3/100,000), cancer (142.2/100,000), accidents (46.8/100,000), chronic lower respiratory diseases (37.4/100,000), COVID-19 (35.5/100,000), and Stroke (35.1/100,000). In Hall County (Table 7C), cancer is the most common cause of death, followed by heart disease. The national and state rates for these two illnesses are about two to three times larger by comparison.

Table 7A: Leading Causes of Death-United States, (2022) [25-26]	**Death Count *(n)***	**Death Rate**
Heart disease	702,880	167.2
Cancer	608,371	142.3
Accidents (unintentional injuries)	227,039	64.0
COVID-19	186,552	44.5
Stroke (cerebrovascular diseases)	165,393	39.5
Chronic lower respiratory diseases	147,382	44.2
Alzheimer's disease	120,122	28.9
Diabetes	101,209	24.1
Nephritis, nephrotic syndrome, and nephrosis.	57,937	13.8
Chronic liver disease and cirrhosis	54,803	13.8

Table 7B: Leading Causes Of Death-Nebraska, (2022) [25-26]	**Death Count *(n)***	**Death Rate**
Heart disease	3,804	154.3
Cancer	3,490	142.2
Accidents	989	46.8
Chronic lower respiratory diseases	929	37.4
COVID-19	873	35.5
Stroke	867	35.1
Alzheimer's disease	746	30.0
Diabetes	539	22.1
Hypertension	430	17.2
Suicide	306	15.6

Table 7C: Leading Causes of Death-Hall County, (2024) [27]	Death Count *(n)*	Death Rate
Malignant Neoplasms	163	94.5
Diseases of Heart	112	64.9
COVID-19	69	40.0
Accidents	60	34.8
Chronic Lower Respiratory Disease	44	25.5

Another way to view health outcomes is through the Years of Potential Life Lost (YPLL) variable, which measures the number of years lost due to premature death, which is defined as death before the age of 75 per 100,000 population (age-adjusted).[28] Table 7D below shows the YPLL data at the local, state, and national level. The YPLL of all individuals who have passed away of the same population are then added together for a total population YPLL.

YPLL (for one person) = Predetermined age (75) – Age of deceased individual[28]

Table 7D: Years Of Potential Life Lost, (2024) [28]	Years
Hall	7600
Nebraska	6800
United States	8000

Heart Disease

Heart disease or cardiovascular disease are the general terms used to describe ailments that affect the function and composition of the heart like coronary artery disease (CAD), heart failure, arrhythmia, and risk factors like hypertension, hypercholesterolemia, etc.[29] Heart disease is one of the top leading causes of death for Hall County, the state of Nebraska, and the United States. [25-26]

Table 8A show the state and national death rates for overall cardiovascular disease and related ailments and is disaggregated by race and ethnicity. Black and/or African American individuals are at significantly higher risk of having any of the four ailments regardless of geography. Persons of the American Indian & Alaskan Native race also have higher death rates, specifically in overall cardiovascular disease death rates. Hispanic and/or Latino individuals and Asian and Pacific Islander people have relatively low death rate levels for the same two variables. Caucasian people show similar rates to those of the US and NE for all four categories. Hall County tends to have higher numbers of Stroke deaths, but less preventable/avoidable deaths (Table 8B).

Table 8A: Heart Disease Death Rates per 100,000, All R/E, Genders, Ages, (2019-2021)[29]

	Overall Cardiovascular Disease Death Rate		Heart Disease Death Rate		Stroke Death Rate		Avoidable Heart Disease & Stroke Death Rate	
Race & Ethnicity	*NE*	*US*	*NE*	*US*	*NE*	*US*	*NE*	*US*
All R/E	203.4	223.0	149.6	168.1	34.7	39.0	132.7	159.5
Black/African American non-Hispanic (nH)	261.5	308.0	158.2	223.7	58.8	57.0	168.0	223.4
White (nH)	205.7	225.6	153.0	172.9	34	37.6	133.9	159.0
Hispanic	112.1	166.4	73.1	118.5	27.2	34.8	75.8	130.1
American Indian & Alaskan Native (nH)	254.8	198.0	193.6	149.5	n/a	33.6	175.3	148.9
Asian & Pacific Islander (nH)	109.6	128.6	64.1	85.0	34.5	31.5	87.2	102.7
Native Hawaiian or Other Pacific Islander	n/a	245.0	n/a	177.9	n/a	48.5	n/a	182.6
More than one race	69.8	101.0	n/a	74.1	n/a	19.1	54.2	75.4

Table 8B: Death (Mortality) Rates per 100,000, All R/E, Genders, Ages, (2019-2021) [29]

Region	Total Cardiovascular Disease	Heart Disease	All Stroke	Preventable/Avoidable Deaths
Hall	194.6	137.7	40.7	118.9
Nebraska	203.4	149.6	34.7	132.7
USA	223.0	168.1	39.0	159.5

High cholesterol, diabetes, obesity, physical inactivity, and smoking are all risk factors that can cause cardiovascular disease. Table 8C shows that high cholesterol, obesity, and physical inactivity are the most common risk factors for Hall County residents. Table 8D shows that 6.4% of Nebraskans and 10.6% of Central

District residents that took part in the Behavioral Risk Factor Surveillance System (BRFSS) Survey have been told they have had a heart attack or coronary heart disease. Approximately 2% of both geographies' respondents have been told they have had a stroke (Table 8E). *(Central District includes Hall, Hamilton, and Merrick Counties.)*

Table 8C: Prevalence (%), (2021) [29]				Risk Factors (%), (2021) [29]				
Region	Coronary Heart Disease	High BP	Stroke	High Cholesterol	Diabetes	Obesity	Physical Inactivity	Smoking
Hall	6.3	33.3	3.2	35.1	8.9	38.2	25.8	15.7

Table 8D: Ever Told They Had A Heart Attack or Coronary Heart Disease, Adults 18 & Older, Age-Adjusted, (2022) [30]		
Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,373	6.4
Central District	359	10.6

Table 8E: Ever Told They Had A Stroke, Adults 18 & Older, (2022) [31]		
Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,460	2.5
Central District	360	1.8

Diabetes

Diabetes is also a leading cause of death for Nebraska and the US. Although not present in the leading causes of death lists for the county, diabetes is worth mentioning because it is one of the risk factors for cardiovascular disease (the first or second cause of death at the state, local and national level.) Diabetes prevalence, which is the proportion of the population that has diabetes at a specific point in time, was a bit higher for Hall County (10%), compared to Nebraska (Table 9A). Rates of diagnosed diabetes for 2021 (and 2022), of the three areas examined, said value is highest for the state as shown in Table 9B. Diabetes mortality rates, also only available for NE and the US, are 22.1/100,000 and 24.1/100,000 respectively (Table 9C).

Table 9A: Diabetes Prevalence, Adults 20 & Older, (2024)[32] *	**Percentage (%)**
Hall County	10.0
Nebraska	9.0
United States	10.0

**Data from the year 2021 was used for the current (2024) values seen in Diabetes Prevalence Table above.*

Table 9B: Diagnosed Diabetes Total, Adults 18+ Years, Age-Adjusted, (2021)[32]		
Region	Percentage (%)	Count *(n)*
Hall	8.9	4,343
Nebraska (2022)	9.7	161,508
United States (2022)	8.4	24,400

Table 9C: Diabetes Mortality Rates By Region, per 100,000 People, (2022) [33]		
Region	Death Rate	Death Count *(n)*
Nebraska	22.1	539
United States	24.1	101,209

Cancer

The incidence rates (new cases per 100,000 people per year) for numerous cancer types among Nebraska and the US are shown in Table 10A. The Nebraska and United States incidence rates for all cancer sites are similar (456.2/100,000 and 444.4/100,000, respectively.) Breast cancer rates in females (NE: 130.7/100,000, US: 129.8/100,000), and prostate cancer in males (NE: 122.6/100,000, US: 113.2/100,000) are higher than the other cancer types listed on the table for both locations. Other cancers with high incidence rates for NE and US include breast in situ- an early form of cancer (NE: 28.3/100,000, US: 29.3/100,000), lung and bronchial (NE: 52.2/100,00, US: 53.1/100,000), melanoma of the skin (NE: 28.7/100,000, US: 22.7/100,000), and cancer of the uterus in females (NE: 27.7/100,000, US: 27.8/100,000). Table 10B shows similar patterns in the cancer type and incidence rates for Hall County. (Cancers with highest incidence rates are bolded on Table 10A.)

Table 10A: Cancer Age—Adjusted Incidence Rates (Cases per 100,000 Population per Year,) All Stages, (2017-2021) [34]	**NE Rate**	**USA Rate**
All Cancer Sites	*456.2*	*444.4*
Bladder	19.1	18.8
Brain & Ons	7.1	6.3
Breast (Female)	***130.7***	***129.8***
Breast (In Situ) (Female)	***28.3***	***29.3***
Cervix (Female)	7.4	7.5
Childhood (Ages <15, All Sites)	17.5	16.8
Childhood (Ages <20, All Sites)	19.6	18.4
Colon & Rectum	39.2	36.4
Esophagus	4.9	4.5
Kidney & Renal Pelvis	18.7	17.3
Leukemia	13.8	14.1
Liver & Bile Duct	6.0	8.6
Lung & Bronchus	***52.2***	***53.1***
Melanoma of the Skin	***28.7***	***22.7***
Non-Hodgkin Lymphoma	19.3	18.5
Oral Cavity & Pharynx	13.0	12.0
Ovary (Female)	9.0	10.1
Pancreas	13.1	13.5
Prostate (Male)	***122.6***	***113.2***
Stomach	5.0	6.3
Thyroid	15.7	12.9
Uterus (Corpus & Uterus, Nos) (Female)	***27.7***	***27.8***

Table 10B: Cancer Incidence Rates (For Every 100,00 People) (2017-2021)[35]							
Region	All Types of Cancer	Breast (Female)	Colon & Rectum	Lung & Bronchus	Melanoma of the Skin	Prostate (Male)	Uterus, (Corpus & Uterus, NOS) (Female
Hall	432	112	148	52	26	92	31

Mortality rates in the Central District are like the state and national rates. Higher death rates are noted in the following types of cancer: Lung and Bronchial, Breast (Female), Prostate (Male), Colon and Rectal, and Pancreatic (Table 10C). Mortality rates for all cancer types are around 150/100,000 people for the tri county area. Lung and Bronchial cancer death rates are the most prominent (Table 10D). (Cancers with the highest incidence rates are bolded on Table 10C.)

Table 10C: Cancer Age-Adjusted Mortality Rates by Cancer Site (2018-2022)[34]	NE Rate	USA Rate
All Cancer Sites	*147.6*	*146.0*
Bladder	4.1	4.1
Brain & Ons	5.1	4.4
Breast (Female)	***19.5***	***19.3***
Cervix (Female)	1.9	2.2
Childhood (Ages <15, All Sites)	2.3	1.9
Childhood (Ages <20, All Sites)	2.2	2.1
Colon & Rectum	***14.7***	***12.9***
Esophagus	4.5	3.7
Kidney & Renal Pelvis	3.9	3.4
Leukemia	6.2	5.9
Liver & Bile Duct	4.7	6.6
Lung & Bronchus	***31.7***	***32.4***
Melanoma of the Skin	2.5	2.0
Non-Hodgkin Lymphoma	5.0	5.0
Oral Cavity & Pharynx	2.8	2.6
Ovary (Female)	5.5	6.0
Pancreas	***11.9***	***11.2***
Prostate (Male)	***19.3***	***19.0***
Stomach	2.2	2.7
Thyroid	0.6	0.5
Uterus (Corpus & Uterus, Nos) (Female)	5.3	5.2

Table 10D: Cancer Death Rates (for every 100,000 People) (2017-2021)[35]							
Region	All Types of Cancer	Breast (Female)	Colon & Rectum	Lung & Bronchus	Melanoma of the Skin	Prostate (Male)	Uterus, (Corpus & Uterus, NOS) (Female)
Hall	141	16	43	30	<16	13	<16

Chronic Lower Respiratory Disease

Mortality rates for lower respiratory disease in the US and Nebraska are shown in Table 11A below.

Table 11A: Chronic Lower Respiratory Disease Mortality Rates by Region, (2022) [25-26]

Region	Death Rate	Death Count *(n)*
Nebraska	37.4	929
United States	44.2	147,382

Chronic obstructive pulmonary disease (COPD) is a serious respiratory disease. COPD is a group of lung diseases, including chronic bronchitis and emphysema. [36] Table 11B shows that 83,859 Nebraskans have been diagnosed with COPD, with an overall prevalence rate of 5.6%.

Table 11B: COPD In Nebraska, (2023) [36]

Adults Diagnosed with COPD	83,859 (people)
COPD Prevalence	5.6 (%)

The percentage of individuals that have been told they have COPD in the Central District is approximately 6.5%. If data is broken down by gender of respondents, 8.1% of women and 5% of men have been told they have COPD. The illness is also diagnosed more often in individuals that make less than $25,000, (NE: 11.9%, CD: 11.1%) (Table 11C). *(Central District includes Hall, Hamilton, and Merrick Counties.)*

Table 11C: Ever Told They Have COPD, Adults 18 & Older, Age-Adjusted, (2022) [37]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,453	5.6
Central District	361	6.5

Sex				
Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	3,995	5.9	3,458	5.2
Central District	198	8.1	163	5.0

Income								
Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,095	10.5	1,972	6.2	1,249	5.0	2,089	2.7
Central District	70	15.6	105	4.5	--	--	87	2.5

In 2022, 11.5% of 7460 Nebraskans sampled had been told they had asthma at some point in their lives, compared to 9.0% in the Central District (Table Group 11D). Breaking down data by income range, people who make less than $25,000 (NE: 15.3%, CD: 15.0%) are more likely to have been told they have asthma than people in other income categories.

Table 11D: Ever Told They Have Asthma, Adults 18 & Older, 2022 [38]		
Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,460	11.5
Central District	361	9.0

Income								
Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,097	15.3	1,976	12.1	1,251	11.8	2,089	10.6
Central District	70	15.0	105	7.0	--	--	87	9.2

Accidents

Accidents are the third leading cause of death, in both the United States (64 per 100,000 people, *n*=227,039) and Nebraska (46.8 per 100,000 people, *n*=989) (Tables 9 and 10).[25-26] Tables 12A and 12B show the injury death rates for Hall County, Nebraska, and the United States in 2024 and 2023. Injuries include but are not limited to homicides, suicides, motor vehicle crashes, and poisoning. [25-26] Overall injury rates appear to be stable between the two years.

Table 12A: Mortality Rates by Accident Type, (per 100,000), (2024) [27,39]	Injury	Firearm	Homicide	Motor Vehicle Crash	Suicide
Hall	63	8	--	13	15
Nebraska	63	10	3	12	15
United States	80	13	6	12	14

Table 12b: Mortality Rates By Accident Type, (per 100,000), (2023) [44]	Injury [66-68]	Firearm [66-68]	Homicide [66-68]	Motor Vehicle Crash [66-68, 83]	Suicide [66-68]
Hall	60	7	--	13	16
Nebraska	61	10	3	13	14
United States	76	12	6	12	14

Health Risk Factors

Quality of life is the second of the two variables used to measure health outcomes. Quality of life can be impacted by health risk factors, habits or exposures that increase the likelihood of developing a disease or health disorder.[28] Examples of health risk factors include mental health illnesses, physical inactivity, obesity, substance and/or tobacco use, and excessive alcohol consumption. [40] The table below shows a sample of

adults from Central District and Nebraska who self-reported fair or poor general health. *(Central District includes Hall, Hamilton, and Merrick Counties.)*

Table 13: General Health Fair or Poor, Adults 18 & Older, Age-Adjusted, (2022) [41]		
Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,465	15.1
Central District	361	14.8

Mental Health

Table 14 shows the "Poor Mental Health Days" variable which is defined as the average number of mentally unhealthy days reported in the past 30-days. The "Frequent Mental Distress" variable shows the percentage of adults reporting 14 or more days of poor mental health per month.

Table 14: Mental Health Markers, (2024) [27]	Poor Mental Health Days (per 100,000 People)	Frequent Mental Distress (%)	Patient to Mental Health Provider Ratio	Suicides (per 100,000 People)
Hall	4.1	14	240p:1	15
Nebraska	4.3	14	310p:1	15
US	4.8	15	320p:1	14

Physical Health

Table 15A shows that 24.7% (*n*=7467) of adult Nebraskans and 34.4% (*n*=362) of adult Central District residents had no leisure time activity in the past 30 days at the time of survey. In the Central District, 26.7% of White respondents and 48.4% of Hispanic and/or Latino respondents had no leisure time activity in the last 30 days, which is higher than the state rate for the same ethnic groups. *(Central District includes Hall, Hamilton, and Merrick Counties.)*

Table 15a: No Leisure-Time Physical Activity in Past 30 Days, Adults 18 & Older, Age-Adjusted, (2022) [42]		
Region	Count (n)	Percent (%)
State of Nebraska	7,467	24.7
Central District	362	34.4

Race/Ethnicity												
Region	White* *(n)*	P (%)	Hispanic *(n)*	P (%)	Black* *(n)*	P (%)	Asian/ PI* *(n)*	P (%)	Am. Indian* *(n)*	P (%)	Multi-racial**(n)*	P (%)
State of Nebraska	6,242	21.8	679	37.5	171	20.8	72	20.4	103	34.6	74	32.8
Central District	272	26.7	79	48.4	--	--	--	--	--	--	--	--

Lack of activity can significantly impact a community's rate of being overweight and/or obese. Overall obesity percentages (BMI of 30 or greater) for Nebraska and the Central District respondents are 35.3% and 36.3%

respectively (Table 15B). Over 70% of respondents at the local and state level reported they are overweight (BMI of 25 or greater) or obese (Table 15C). Being overweight and/or having obesity can lead to serious health issues like those discussed in the first part of this assessment: heart disease, cancers, and breathing problems.

Table 15B: Obese (BMI=30+), Adults 18 & Older, (2022) [43]

Region	Count *(n)*	Percent (%)
Nebraska	6,853	35.3
Central District	317	36.3

Table 15C: Overweight or Obese (BMI=25+), Adults 18 & Older, (2022) [44]

Region	Count *(n)*	Percent (%)
State of Nebraska	6,853	70.4
Central District	317	74.2

Substance Use

Substance use refers to the use of alcohol, tobacco products, illicit drugs, inhalants, etc., that can be consumed, inhaled, injected or absorbed into the body to the point of dependence and other health effects like heart disease, cancer, lung disease, mental illness, and death.[45] Youth are more at risk for these negative health effects if using these substances.

Marijuana-use in adults 18 and older in Nebraska and the Central District are 9.7% (*n*=6,564) and 6.0% (*n*=312), respectively (Table 16A). Marijuana-use among age groups is considerably greater in the 18–44-year age group, compared to the two older groups. Opiate misuse percentages are lower compared to those of marijuana use for both Nebraska (2.9%, *n*=6,492) and the Central District (3.6%, *n*=283) (Table 16B). Misuse percentages are highest among the Hispanic/Latino and American Indian groups (state data only). *(Central District includes Hall, Hamilton, and Merrick Counties.)*

Table 16A: Marijuana Use-Used Marijuana in Past 30 Days, Adults18 & Older, (2022) [46]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	6,564	9.7
Central District	312	6.0

Age Group						
Region	18-44 *(n)*	Percent (%)	45-64 *(n)*	Percent (%)	65+ (%)	Percent (%)
State of Nebraska	1,779	14.6	1,945	7.3	2,798	3.1
Central District	94	8.4	98	4.5	119	3.1

Table 16B: Opioid Misuse in Past Year, Adults 18 & Older, (2020) [47]		
Region	Sample Size *(n)*	Percent (%)
State of Nebraska	6,492	2.9
Central District	283	3.6

Race/Ethnicity										
Region	White* *(n)*	P (%)	Hispanic *(n)*	P (%)	Black* *(n)*	P (%)	Am. Indian* *(n)*	P (%)	Multi-racial**(n)*	P (%)
State of Nebraska	5,705	2.4	430	6.7	133	3.9	53	7.9	52	1.7
Central District	244	3.1	--	--	--	--	--	--	--	--

Table 16C below shows the increasing mortality rates in Hall County area like those of the state.

Table 16C: Drug Overdose Death Rates per 100,000 People [27]	(2024)	(2023)	(2022)	(2021)
Hall	8	7	7	5
Nebraska	10	9	9	8
US	27	23	23	21

Alcohol Use

The liver is a vital organ involved in metabolic processes like cleansing the blood and the digestive process. [48] The liver can process small amounts of alcohol, but excessive drinking and binge drinking can result in far ranging health effects like increased risk of injury, violence, and alcohol poisoning, hypertension, heart disease, liver disease, and cancer.[48] Among BRFSS survey respondents, 57.2% of Nebraska respondents and 48.5% of Central District respondents (48.5% *n*=324) reported alcohol consumption in the previous 30 days (Table 17A). Reports of binge drinking among respondents were 19.3% (*n*=6869) for Nebraskans and 21.0% (*n*=323) for Central District respondents (Table 17B). Binge drinking is more common among men than women and among those with an income of $75,000 and above when looking at income brackets. Table 17C shows heavy drinking with similar patterns to that of binge drinking, but on a smaller scale. *(Central District includes Hall, Hamilton, and Merrick Counties.)*

Table 17A: Any Alcohol Consumption In Past 30 Days, Adults 18 & Older, (2022) [49]		
Region	Sample Size *(n)*	Percent (%)
State of Nebraska	6,921	57.2
Central District	324	48.5

Table 17B: Binge Drank In Past 30 Days, Adults 18 & Older, (2022) [50]		
Region	Sample Size *(n)*	Percent (%)
State of Nebraska	6,869	19.3
Central District	323	21.0

Sex				
Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	3,671	15.6	3,198	23.2
Central District	177	12.4	146	28.5

Income								
Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,027	14.2	1,864	16.7	1,191	22.3	1,992	25.9
Central District	68	4.2	96	18.4	--	--	83	28.6

Table 17C: Heavy Drinking In Past 30 Days, Adults 18 & Older, (2022) [51]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	6,889	7.3
Central District	322	4.9

Sex				
Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	3,686	7.1	3,203	7.5
Central District	177	4.5	145	5.2

Income								
Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,030	6.1	1,868	6.7	1,194	6.7	1,998	9.6
Central District	69	0.0	95	2.6	--	--	83	10.4

Hall County's percentage of alcohol-impaired driving deaths is the highest among the tri-county area, and like that of the United States (Table 17D).

Table 17D: Alcohol-Impaired Driving Deaths Percents (%), (2024) [27]

Hall	23
Nebraska	32
US	26

Smoking & Tobacco Use

Smoking and tobacco use can cause illnesses like cancer, COPD, diabetes, heart disease, stroke, gum disease, and vision loss or blindness. [52] In the United States, smoking among adults is highest among those ages 25 through 64 (cumulatively 27.5%) and among White populations (12.9%) and Black or African American populations (11.7%) (Table 18A). [53] In the Central District, 11.9% and 13.0% of Nebraskan adults reported current smoking (Table 18B). Current e-cigarette use is about 8% for adults at the state and local level (Table 18C). When disaggregated by age groups, people aged 18 to 44 are more likely to use e-cigarettes compared to those 45 and older. Smokeless tobacco use among adults is shown on Table 22D. People ages 18-44 have a higher smokeless tobacco use compared to people ages 45 and above. Current cigarette tax in NE: $0.64, and ranks 42nd in tax amount, compared to the average of the U.S. of $1.96 per pack. [54] *(Central District includes Hall, Hamilton, and Merrick Counties.)*

Table 18A: Current Smoking Among Adults in The United States, (2022) [55]

Age	Percentage (%)
18-24	4.8
25-44	12.5
45-64	15.1
65+	8.7
Race Ethnicity	Percentage (%)
American Indian/Alaskan Native (Non-Hispanic) (nH)	19.3
Asian non-Hispanic (nH)	4.6
Black (nH)	14.2
Hispanic	8.0
White (nH)	12.7
Other Race (nH)	11.9
Sex	Percentage (%)
Men	13.2
Women	10.0

Table 18B: Current Cigarette Smoking, Adults 18 & Older, (2022) [56]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,090	13.0
Central District	337	11.9

Table 18C: Current E-Cigarette Use, Adults 18 & Older, (2022) [57]		
Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,087	8.5
Central District	336	8.0

Age Group						
Region	18-44 *(n)*	Percent (%)	45-64 *(n)*	Percent (%)	65+ (%)	Percent (%)
State of Nebraska	1,978	14.8	2,073	4.0	2,986	1.2
Central District	101	15.6	103	2.7	131	0.0

Table 18D: Current Smokeless Tobacco Use, Adults 18 & Older, (2022) [58]		
Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,102	4.5
Central District	337	6.1

Age Group						
Region	18-44 *(n)*	Percent (%)	45-64 *(n)*	Percent (%)	65+ (%)	Percent (%)
State of Nebraska	1,980	5.7	2,079	4.5	2,994	1.9
Central District	101	9.0	103	4.4	132	2.8

Nationally 2.8 million youth are currently using tobacco products, (2023-2024) [59]

Table 18E: Tobacco Use [59]	High School Students (%)	Middle School Students (%)
2022	16.5	4.5
2023	12.6	6.6
2024	10.1	5.4

Maternal & Child Health

Maternal and child health is an essential aspect of a healthy community, and there are three indicators that can be used to measure the status of this group (Table 19A). Fertility rate is defined as the number of children born to those of childbearing age, (15-44 years). [60] Teen birth rates are the number of births per 1,000 females ages 15-19. [60] Low birth weight refers to the percentage of live births with a birth weight of less than 2,500 grams. [60]

Table 19A: Maternal & Child Health Indicators (2024) [27, 60]

Region	Fertility Rate (per 1,000 females ages 15-44)	Teen Birth Rate	Low birthweight
Hall	null	33	7%
Nebraska	63.6 (2022)	18	7%
US	54.4 (2022)	19	8%

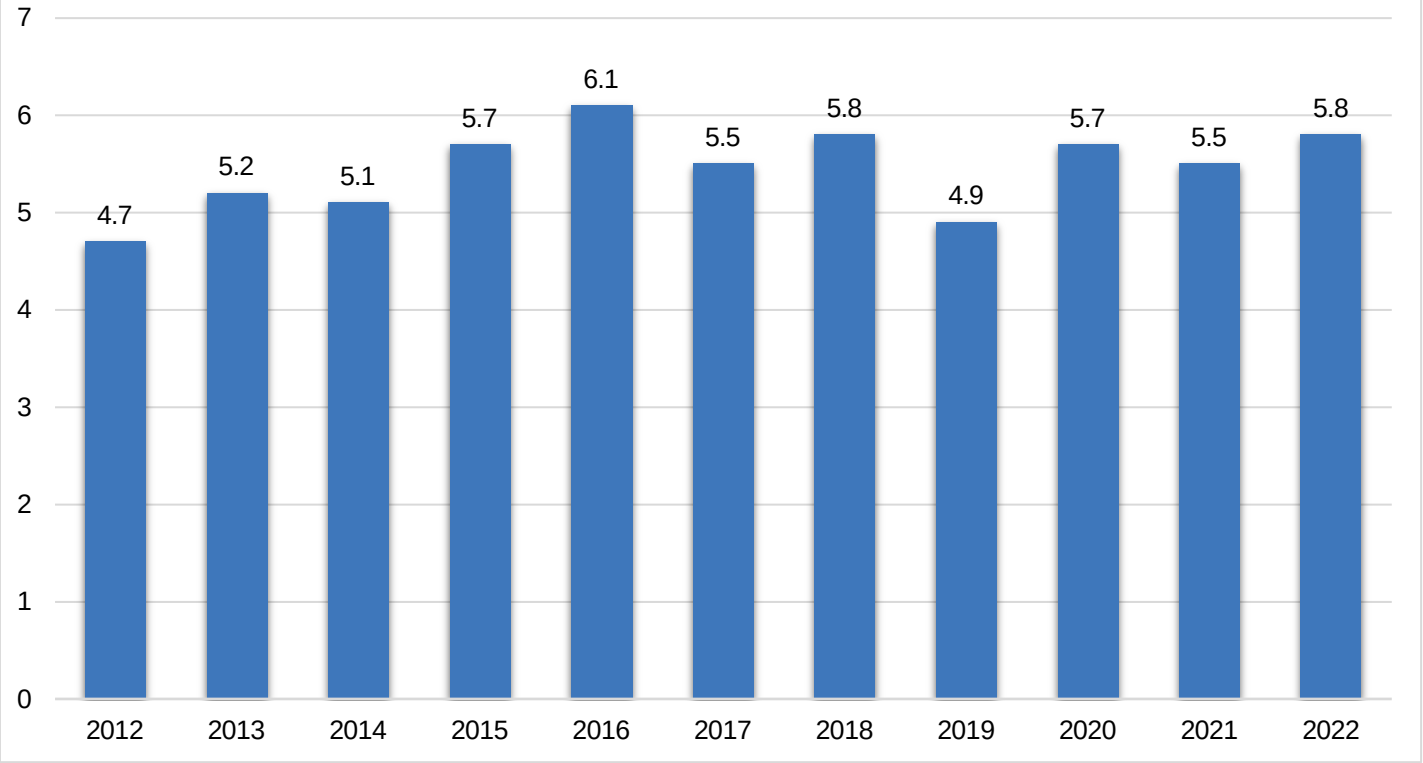
The status of the United States' infant mortality rate is shown in Table 19B. The total death rate includes deaths per 1,000 live births. [61] Neonatal death rates refer to the number of deaths before the 28-day mark. [61] Post-neonatal rates are the number of deaths from 28-364 days per 1,000 live births (Table 19B) [61] In the following section Table 19C, infant mortality rates for the nation in both 2021 and 2022 are shown to be highest among Black/African American individuals (10.55 and 10.86 infant deaths per 1,000 live births) and lowest among Asian Non-Hispanic individuals (3.69 and 3.50 infant deaths per 1,000 live births). Birth defects are the most common cause of infant deaths in Nebraska (23.9%) (Table 19D). From 2012 to 2022, the NE infant mortality rate was between 4.7-6.1 infant deaths per 1,000 live births (Figure 3).

Table 19B: US Infant Mortality Rate [62]	2021 (Final)	2022 (Provisional)
Total	5.44	5.60
Neonatal	3.49	3.58
Post-neonatal	1.95	2.02

Table 19C: US Infant Mortality Rate by Race & Hispanic Origin [62]	2021 (Final)	2022 (Provisional)
American Indian and Alaska Native, Non-Hispanic (nH)	7.46	9.06
Asian, (nH)	3.69	3.50
Black and/or African American, (nH)	10.55	10.86
Native Hawaiian or Other Pacific Island, (nH)	7.76	8.50
White, (nH)	4.36	4.52
Hispanic	4.79	4.88

Table 19D: Leading Causes of Infant Death in Nebraska (2024) [61]	Percent (%)
Birth Defects	23.9
Accidents	8.7
Preterm Birth and Low Birth Weight	8.3
Sudden Unexpected Infant Death	8.0

Figure 3A: Nebraska Historical Infant Mortality Rate, (2012-2022) [61]



The Maternal Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Scores range from 0 to 100, where larger values indicate increased vulnerability. [61, 63]

Table 19E shows that Hall County's MVI (45) is almost twice as high as that of Nebraska (26). Of the six factors related to maternal vulnerability that are listed in the second part of Table 19E, Nebraska's MVI is moderately affected by Reproductive Healthcare (84), which includes access to family planning and reproductive services including abortion, as well as the availability of skilled attendants. The rest of the factors listed are classified as low vulnerability and are defined as: [61]

- General Healthcare: accessibility and utilization of healthcare, including insurance coverage and Medicaid expansion status.
- Socioeconomic Determinants: include educational attainment, poverty, food insecurity, and social support.
- Physical Health: prevalence of noncommunicable diseases and sexually transmitted infections
- Physical Environment: violent crime rates, housing conditions, pollution, and access to transportation.

- Mental Health and Substance Abuse: included stress, mental illness, and addiction

Table 19E: Maternal Vulnerability Index (2024) [61,63]	Score
Hall County	45
Nebraska	26

Factors Related to MV (2024)[63]	Hall County	Nebraska
Mental Health & Substance Abuse	2	0
Physical Environment	76	10
Physical Health	48	36
Socioeconomic Determinants	61	34
General Healthcare	27	39
Reproductive Healthcare	69	84

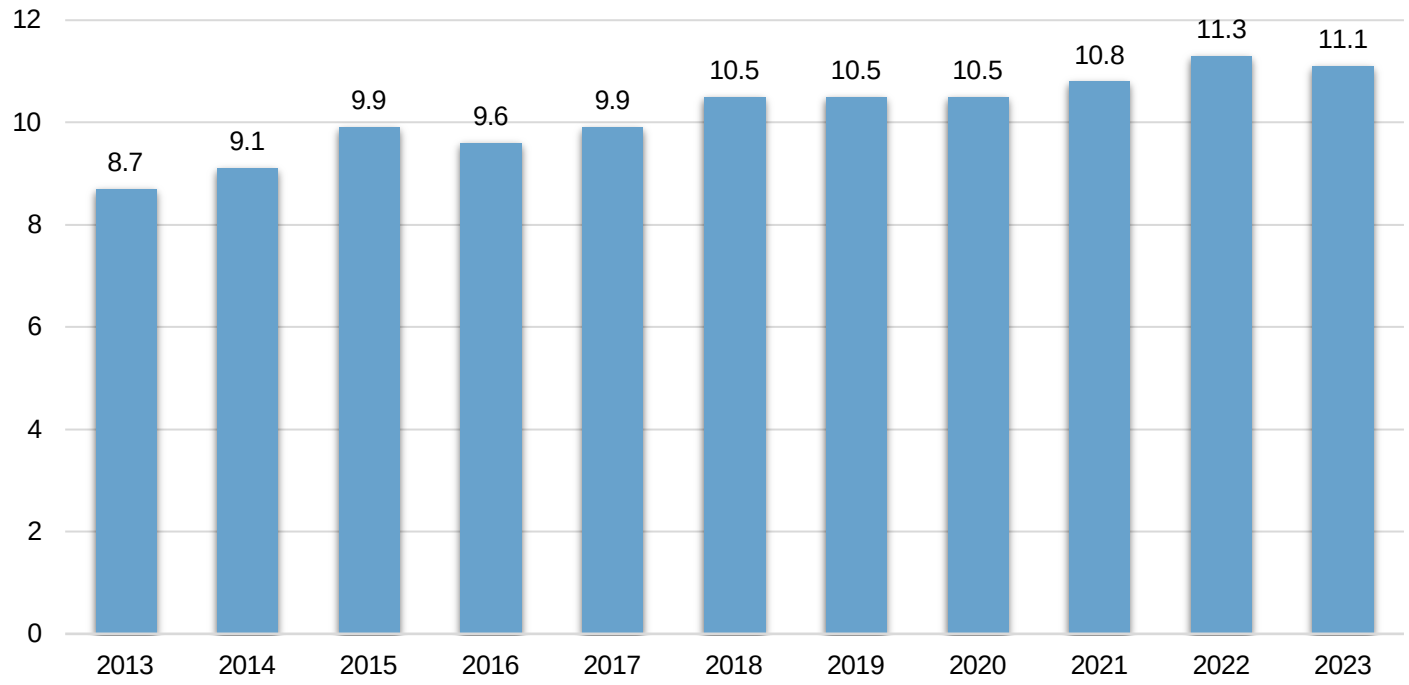
Preterm birth is defined as a birth with less than 37 weeks' gestation based on obstetric estimate of gestational age.[61] Every state has received a preterm birth grade that is compared to the goal preterm birth rate of 8.1% (A-), which is set by the March of Dimes.[61] Nebraska's preterm birth rate of 10.4% results in a D+ on the grading scale (Table 19F). When viewed by race and ethnicity, Black/African American people have the highest percentage of preterm births (15.0%), which is 1.5 times higher than the rate for White/Caucasian individuals (10.5%).[61] Factors that can increase likelihood of preterm births like smoking and high blood pressure are listed in the third portion of Table 19G.[61] Nebraska's historical preterm birth rate from 2013 to 2023 is shown in Figure 3B.

Table 19F: Preterm Birth Grade (2024) [61]	Percent (%)	Grade
US	10.4	D+
Nebraska	11.1	D

Preterm Birth Rate by Race/Ethnicity, (NE) (2024) [61]	Percent (%)
White	10.5
Hispanic	11.1
Asian	12.7
Pacific Islander	13.2
American Indian/Alaska Native	13.3
Black	15.0

Factors that Make Birthing People More Likely to Have a Preterm Birth (2024) [61]	Percent (%)	Percentage of All Births (%)
Smoking	14.9	5.9
Hypertension	26.2	3.4
Unhealthy Weight	12.9	34.0
Diabetes	32.1	1.3

Figure 3B: Nebraska Historical Preterm Birth Rate (%), (2013-2023)[61]



Maternal death is defined as the death of a person while pregnant or within 42 days of terminating a pregnancy, caused by, or aggravated by the pregnancy and/or its management. [64] The goal maternal mortality rate for the United States is 15.7 deaths per 100,000 live births. The current rates for the US and Nebraska are 23.2 and 25.1 deaths per 100,000 live births, respectively (Table 19G). [61, 65] Other related clinical measures include percentages for the following:

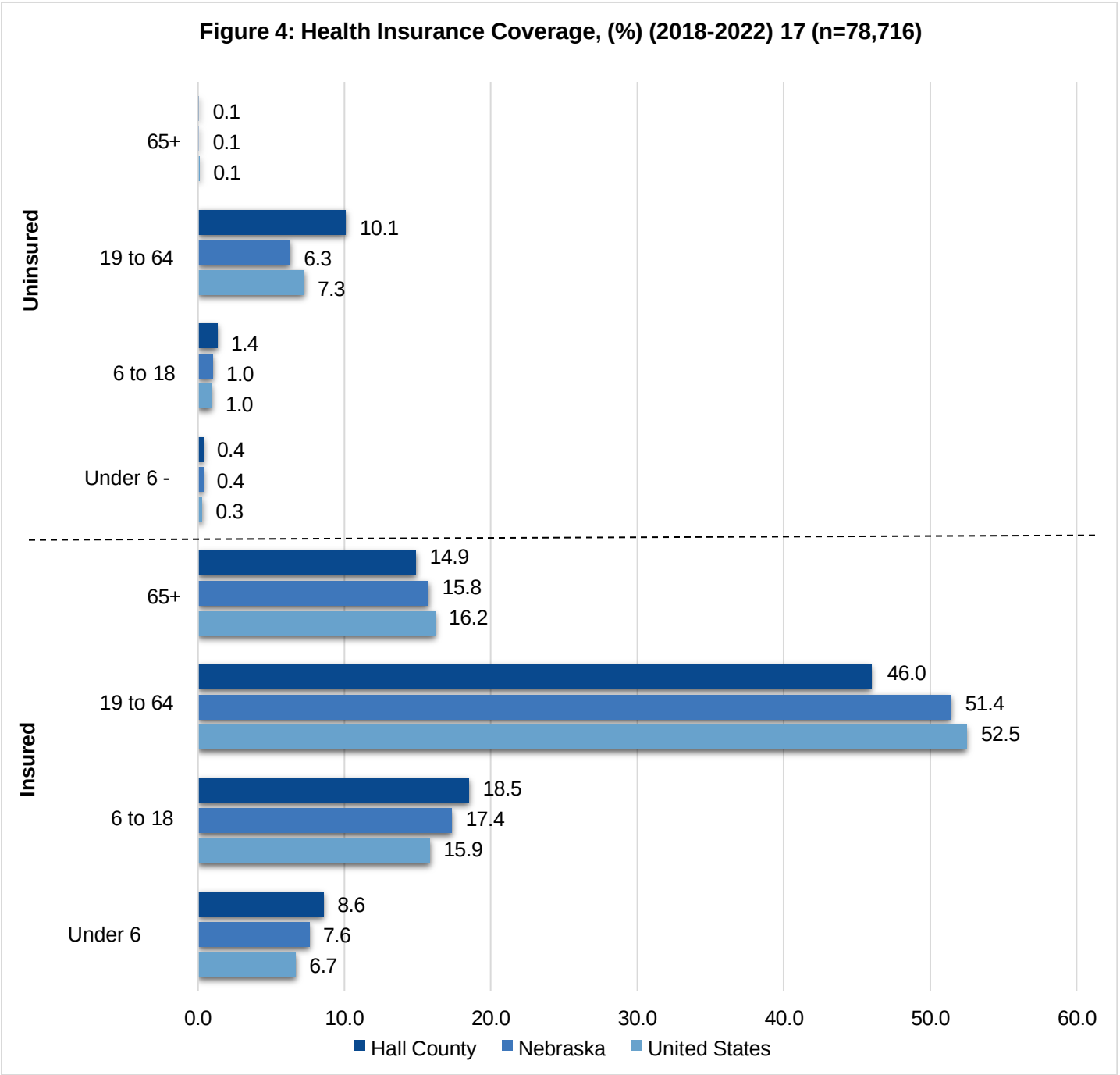
- *Low risk cesarean births:* for first-time moms, carrying a single baby, positioned head-first and at least 37 weeks pregnant. [61]
- *Inadequate prenatal care* includes those that received care at the fifth month or later of pregnancy or less than 50% of the appropriate number of visits for infant's gestational age. [61]

Table 19G: Clinical Measures, (2024) [61]	United States	Nebraska
Maternal Mortality Rate	23.2 per 100,000 births	25.1 per 100,000 births
Low Risk Cesarean Birth Percentage	26.6%	22.9%
Inadequate Prenatal Care Percentage	15.7%	12.6%

Healthcare Coverage

Quality healthcare and healthcare coverage is crucial for maintaining a decent quality of life, as well as key to protecting individuals from financial strain when they experience poor health. People may forgo both preventative and curative healthcare if they are uninsured or underinsured or if they do not have the means to get themselves to providers. [66] Figure 4 shows healthcare coverage by groups in the US, Nebraska, and for Hall County between 2018 and 2022.

Figure 4: Health Insurance Coverage, (%) (2018-2022) 17 (n=78,716)



Seeking Care

Approximately 10.2% (*n*=7,462) of Nebraskans and 11.7% (*n*=362) of Central District residents have forgone a doctor's visit due to costs in the past year (Table 20A). When separated by sex, the percentages are 11.3% for Nebraskan women and 15% of Central District women. The percentage among men is a bit lower at 9.1% for Nebraskan men and 8.18% of Central District men. Comparisons between race and ethnicity show that those who reported their race as White/Caucasian have a significantly lower percentage of individuals that could not afford health care at the time of survey. Approximately 20% of those that make less than $25,000 and those that make $25,000-$49,999 went without doctor appointments due to cost in the past year, compared to less than 5% among those making $75,000 or more. *(Central District includes Hall, Hamilton, and Merrick Counties.)*

Table 20A: Needed to See a Doctor but [Couldn't] Due to Cost in Past Year, Adults 18 & Older, Age-Adjusted, (2022) [67]

Region	Sample Size *(n)*	Percent (%)
State Of Nebraska	7,462	10.2
Central District	362	11.7

Sex				
Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	4,001	11.3	3,461	9.1
Central District	198	15.0	164	8.8

Race/Ethnicity												
Region	White* *(n)*	P (%)	Hispanic *(n)*	P (%)	Black* *(n)*	P (%)	Asian/ PI* *(n)*	P (%)	Am. Indian* *(n)*	P (%)	Multi-racial**(n)*	P (%)
State of Nebraska	6,240	8.7	679	19.3	171	16.8	71	12.2	103	11.1	74	19.8
Central District	272	8.9	79	22.0	--	--	--	--	--	--	--	--

Income								
Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,098	22.5	1,976	17.1	1,250	9.1	2,090	4.9
Central District	70	22.9	105	22.8	--	--	87	4.7

The percentage of individuals that reported no personal doctor or healthcare provider (HCP) was 17.1% for Nebraska and 21.9% for the Central District (Table 20B). In both Nebraska and the Central District, a lower percentage of women reported no personal HCP compared to men. Groups most likely to report no HCP were people ages 18-44, Hispanic and/or Latino respondents, and individuals that reported making less than $25,000. *(Central District includes Hall, Hamilton, and Merrick Counties.*

Table 20B: No Personal Doctor or Health Care Provider, Adults 18 & Older, (2022) [68]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,442	17.1
Central District	362	21.9

Sex				
Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	3,994	13.1	3,448	21.2
Central District	198	19.0	164	24.4

Age Group						
Region	18-44 *(n)*	Percent (%)	45-64 *(n)*	Percent (%)	65+ (%)	Percent (%)
State of Nebraska	2,048	27.5	2,194	10.6	3,134	3.7
Central District	105	36.3	115	10.4	141	10.0

Race/Ethnicity												
Region	White* *(n)*	P (%)	Hispanic *(n)*	P (%)	Black* *(n)*	P (%)	Asian/ PI* *(n)*	P (%)	Am. Indian* *(n)*	P (%)	Multi-racial**(n)*	P (%)
State of Nebraska	6,229	14.9	675	42.1	168	15.5	71	10.6	103	23.0	73	11.6
Central District	272	16.0	79	45.2	--	--	--	--	--	--	--	--

Income								
Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,097	27.7	1,967	23.5	1,247	17.4	2,087	10.9
Central District	70	37.8	105	34.9	--	--	87	10.0

Table 20C: Had a Routine Checkup in Past Year, Adults 18 And Older, (2022) [69]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,386	74.7
Central District	358	68.4

Table 20D: Up to Date on Breast Cancer Screening, Females 50-74 Years Old, (2022) [70]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	1,721	76.8
Central District	81	70.6

Table 20E: Up to Date on Cervical Cancer Screening, Females 21-65 Years Old, (2020) [71]		
Region	Sample Size *(n)*	Percent (%)
State of Nebraska	3,323	77.7
Central District	143	73.4

Table 20F: Up to Date on Colon Cancer Screening, 50-75 Years Old, (2022) [72]		
Region	Sample Size *(n)*	Percent (%)
State of Nebraska	3,810	64.1
Central District	176	58.2

Table 20G: Ever had a Covid-19 Vaccination, Adults 18 & Older, (2022) [73]		
Region	Sample Size (n)	Percent (%)
State Of Nebraska	6,654	76.2
Central District	317	70.9

Clinical care is anything related to the direct medical treatment or testing of patients. Access to affordable, quality health care can prevent disease and lead to earlier disease detection. [61-63] Communities are living longer lives because of breakthroughs in clinical care, such as advancements in vaccinations, surgical procedures, and preventative screenings. [61-63] Tables 20C-20H below present the percentage of those who participated in regular preventative healthcare opportunities, provider to patient ratios, and health care coverage of some at-risk groups (i.e., Medicare recipients.)

Table 20H: Clinical Care, (2024) [27]							
Region	Uninsured: Percentage of population under age 65 without health insurance.	Primary Care Physicians: Ratio of population to primary care physicians.	Dentists: Ratio of population to dentists.	Mental Health Providers: Ratio of population to mental health providers.	Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Mammography Screening: Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	Flu Vaccinations: Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
HALL	13%	r1,720:1	r1,110:1	r240:1	2,622	57%	55%
NE	8%	r1,340:1	r1,220:1	r310:1	2,249	50%	49%
US	10%	r1,330:1	r1,360:1	r320:1	2,681	43%	46%

Table 20I: Clinical Care, 2024 Not Included in Ranking [27]			
Region	Uninsured Adults: percentage of adults under age 65 without health insurance.	Uninsured Children: Percentage of children under age 19 without health insurance.	Other primary care providers: Ratio of population to primary care providers other than physicians.
Hall	15%	7%	r650:1
NE	10%	5%	r630:1
US	12%	5%	r760:1

Community Pulse Survey Results

Table 21A: CPS Survey-taker Demographics, Hall County, NE					
Zip Code	*Count (n=397)*	*Percent (%)*	*Race/Ethnicity*	*Count (n=397)*	*Percent (%)*
68801	192	48.4	American Indian	1	0.3
68802	3	0.8	Black or African American	6	1.5
68803	171	43.1	Black or African American, American Indian	1	0.3
68810	4	1.0	Hispanic or Latino	93	23.4
68824	3	0.8	Other	4	1.0
68832	8	2.0	White (Non-Hispanic)	285	71.8
68883	16	4.0	White, Hispanic or Latino	7	1.8
Gender	*Count (n=349)*	*Percent (%)*	*Language*	*Count (n=96)*	*Percent (%)*
Female	277	79.4	English	13	13.5
Male	66	18.9	Spanish	83	86.5
Other/Prefer not to Say	6	1.7			
*Age Group - 2023**	*Count (n=349)*	*Percent (%)*	*Age Group – 2024**	*Count (n=48)*	*Percent (%)*
18-25	20	5.7	19-24	7	14.6
26-40	93	26.6	25-39	21	43.8
41-64	165	47.3	40-64	17	35.4
65+	71	20.3	65+	2	4.2
			Blank	1	2.1

**Survey was distributed in two separate instances where age groups were categorized differently.*

The five tables that follow summarize the findings of the Community Pulse Survey distributed by Central District Health Department and partners during the summer of 2023 and winter of 2024. This survey provided the opportunity to gain a current, detailed understanding of the Hall County area's perspective on health, assess the degree to which needs are being met, and identify areas in need of improvement.

**Questions are detailed in the methods portion of this assessment (page 14) and details and definitions for each category of answers can be found in the Appendix (page 88).*

Table 21B-Q1: What was the Last Major Health Issue You or Your Family Experienced?

	Hall County (*n*=218)	Percentage (%)
Cancer	36	16
Cardiovascular Health	47	22
Health of A Loved One	27	12
Infection	47	22
Mental Health	30	14
Surgery	31	14

Table 21C-Q2: What Worries You Most About Your Health or the Health of Your Family?

	Hall County (*n*=226)	Percentage (%)
Cancer	30	13
Affordable & Quality Healthcare/Support	112	50
Deteriorating Health/Health Impairment	35	16
Health Of A Loved One	21	9
Mental Health	28	12

Table 21D-Q3: In Your Experience, What are the Top 3 Health Concerns?

	Hall County (*n*=1029)	Percentage (%)
Diabetes	87	9
Cancer	140	14
Alcohol, Drugs, & Tobacco Use	155	15
Challenges Getting Healthy & Affordable Food	117	11
Chronic Lung Disease	23	2
Finding Affordable, Quality Childcare	118	12
Getting Around Town Safely	35	3
Getting Enough Exercise	65	6
Heart Disease	90	9
Mental Health	199	19

Table 21E-Q4: What is Something You do to be Healthy?

	Hall County (*n*=308)	Percentage (%)
Healthier Consumption/Habits	112	36
Physical Activity	196	64

Table 21F-Q5: What Would Make Your Neighborhood A Healthier Place For You Or Your Family?		
	Hall County (*n*=308)	Percent (%)
Improve Environmental Quality	42	27
More Affordable & Accessible Recreational Areas/Opportunities	79	52
Positive Community/Social Engagement/Activities	32	21

Climate & Health Indicators

The information above demonstrates the interconnectedness of one's health to social, built, and natural environments. It is possible for changes in planet Earth's climate to affect most if not all parts of human life. Extreme hot and cold temperatures could increase the spread of certain diseases, as well as the number of exposure to heat/cold-related deaths, injuries, and illnesses.[74] Per the information above, one of the leading causes of death for Hall County is heart disease. Cardiovascular diseases can be exasperated by cold weather "likely due to the way cold affects blood circulation, blood vessels."[75] Additionally, groups like those experiencing homelessness, people that are immuno-compromised like infants and older adults are more susceptible to issues like frostbite and hypothermia. High temperatures tend to be an ideal environment for vector borne diseases to thrive.[76] Urban areas (like Hall County) are prone to experiencing significantly higher temperatures compared to rural areas (this is known as the "heat island effect.") Compounding this risk with the lack of affordable housing, there will likely be an increase in severe housing problems like overcrowding.

The US Department of Homeland Security – Federal Emergency Management Agency, has a National Risk Index which highlights communities in the United States that are most at risk for 18 natural hazards.[77] Overall, Hall County has a Risk Index (RI) rating of 84.28 percent (meaning that 84% of US counties have a lower RI). The hazard types with the highest values for Hall County are in Table 22 below, along with each risk's expected annual loss value.

Table 22: National Risk Index – Hazard Type Risk Index Score & Expected Annual Loss Value[78]		
	Hazard Type	Expected Annual Loss Value
Drought	94.2	$977,391
Hail	98.8	$6,518,965
Ice Storm	96.5	$1,362,023
Strong Wind	96.3	$2,616,439
Tornado	93.1	$7,340,816
Winter Weather	98.2	$1,007,884

Prioritized Description of Significant Community Health Needs

Data Review & Consensus Steps

Identification of the community's greatest health needs consisted of a three-part process. Central District Health Department hosted a Data Review on June 26, 2024, from 1:00 pm to 4:00 pm. A full "Data Gallery" was sent to all participants a week prior to this meeting for review. On June 26, CDHD presented key findings to all participants and then facilitated a discussion using the Technology of Participation "Focused Conversation" to explore deeper meanings of the data. Partners provided input to identify what additional factors need to be considered, what was missing from the data, where they see gaps in our community resources compared to the data findings. Participating organizations for this first meeting included Bryan Health Merrick Medical Center, CHI Health St. Francis Medical Center/SNU, Central District Health Department, Bryan Health Grand Island Regional Medical Center, Head Start, Heartland Health Center, Heartland United Way, Regional 3 Behavioral Health Services, and Sixpence Child Care Partnership.

CDHD then hosted a Community Survey Review and Consensus Workshop on September 19th, 2024, from 1:00 pm to 4:00 pm. Participants represented several different community organizations including CHI Health St. Francis Medical Center/SNU, Central District Health Department, Central Nebraska Council on Alcoholism and Addictions, City of Grand Island, Head Start, Nebraska Extension, and Sixpence Child Care Partnership. All participants were sent a Community Survey snapshot report prior to the meeting.

During this second meeting, results from the Community Pulse survey were presented (questions shown on pgs. 14-15), and then participants completed a Technology of Participation Consensus Workshop to identify potential priority areas for the 2025-2027 Community Health Improvement Plan. The workshop was divided into four different sections: Context setting, Brainstorming individually and in small groups, Clustering ideas as a large group, and then naming each cluster and identifying specific concerns for each cluster. The final 8 clusters were named as follows:

- Behavioral Health
- Childcare
- Affordable Housing
- Elderly Wellness
- Access to Healthcare
- Civic Engagement
- Wellness
- Transportation

CDHD then created a Qualtrics Survey with these potential priority areas. The survey asked partners to vote for up to five areas they believed should be prioritized for 2025-2027 CHIP. Participants were instructed to vote based on the following criteria:

- Size = many people affected
- Seriousness = many deaths, disabilities, hospitalizations
- Trends = getting worse, not better
- Equity = some groups affected more
- Intervention = proven strategies exist
- Values = our community cares about this
- Resources = Builds on current work

On September 20th, the survey was emailed to all partners involved in the June and/or September data review meetings. The survey closed on September 26th, 2024. The survey yielded responses from 31 partners representing the organizations below:

- Association of Child Abuse Prevention
- Central District Health Department
- Central Nebraska Council on Alcoholism and
- Addictions
- CHI Health St. Francis
- City of Grand Island
- Friendship House, Inc.
- Hall County Juvenile Services
- Head Start
- Heartland Health Center
- Memorial Community Health, Inc.
- Merrick Medical Center
- Multicultural Coalition
- Nebraska Extension
- Sixpence Child Care Partnership

Voting results were as follows:

1. Behavioral Health (26 votes)
2. Access to care (23 votes)
3. Child Care (20 votes)
4. Transportation (19 votes)
5. Affordable Housing (13 votes)
6. Elderly Wellness (9 votes)
7. Wellness (8 votes)
8. Civic Engagement (7 votes)
9. Other (0 votes)

Top 5 Priority Needs

The top 5 priority areas were selected and adopted as the focus of the 2025-2027 Community Health Improvement Plan and this Community Health Needs Assessment. CDHD then created a second Qualtrics survey which asked partners to list resources and assets that be mobilized in each of the newly identified priority areas. The results begin on page 49 of this assessment

Table 23: Prioritized Significant Health Needs	
Health Need	*Rationale*
Behavioral Health	Mental Health was one of the most referenced needs, worries, etc. for self or loved ones per the Community Pulse Survey (CPS) (Q1*n*=30, 14%, Q2*n*=28, 12%)
	Nearly 21% (CPS Q5*n*=32) of Hall County CPS respondents expressed desire to "connect" with their community/neighbors – they believed that more positive community and/or social activities would make their neighborhoods healthier places to live.
	Per the Nebraska Behavioral Risk Factor Surveillance System (BRFSS) 17% (*n*=7,451) Nebraskans included in the BRFSS survey, had been told they have depression at some point in their lives. The Central District value sits at 13.9% (*n*=361). At both state and district levels women are more likely to have been told they have depression (NE: 23.6%) (CD: 23.6%) than men (NE: 10.4%) (CD: 6.5%).[79]
	12.1% (*n*=7,420) of Nebraskans and 11.2% (*n*=357) of Central District respondents reported that mental health was not good for 14 or more days in the past month (frequent mental distress). Women were more likely to report frequent mental distress (NE: 15.7%), (CD: 16.1%) than men (NE: 8.4%), (CD: 6.9%). Those who earn less than $25,000 were more likely to report frequent mental distress (NE: 21.4%) (CD: 23.5%) compared to other age brackets.[80]
	Out of 51 states, Nebraska ranks 49th in "adults with any mental health illness with private insurance that did not cover mental or emotional problems."[81]
	Nebraska ranked 41 out of 51 among "youth who have experienced a major depressive episode who did not receive mental health services."[81]
	Regarding serious thoughts of suicide, Nebraska ranked 49th for adults and 41 for Nebraska youth.[81]
Access to Care	Access to affordable and quality healthcare and support (i.e., language access, health literacy, timely access, applying for healthcare benefits) are one of the five top health concerns of Hall County residents were one of the five top health concerns for Hall County individuals (CPS Q2*n*=112, 50%).
	Cancer was one of the most common major health issues survey-takers have experienced and/or were worried about, (CPS Q1*n*=36, 16%, Q2*n*=30, 13%, Q3*n*=140, 14%)
	According to BRFSS, about 10.2% (*n*=7,462) of Nebraskans and 11.7% (*n*=362) of Central District residents have forgone a doctor's visit due to costs in the past year.[82] When separated by sex, women (NE: 11.3%) (CD: 15%) were more likely to forgo visits compared to men (NE: 9.1%) (CD: 8.18%). [82] Comparisons between race and ethnicity show that people who reported their race as White/Caucasian (NE: 8.7%) in Nebraska were significantly less likely to report that they could not afford health care at the time of survey, Hispanic (19.3%, Black (16.8%), Asian (12.2%), American Indian (11.1%), Multi-racial (19.8%). [82] 39.6% of Nebraskans and 45.7% of Central District residents that made $49,999 or less went without doctor appointments due to cost in the past year, compared to the 4.9% of Nebraskans and 4.7% of Central District individuals that made $75,000+.[82]
	The percentage of individuals that reported no personal doctor or healthcare provider (HCP) was 17.1% (*n*=7,442) for Nebraska and 21.9% (n=362) for the Central District. In both Nebraska and the Central District, a lower percentage of women (NE:13.1%) (CD: 19.0%) reported no personal HCP compared to men (NE: 21.2%) (CD: 24.4%).[83] Groups most likely to report no HCP were people ages 18-44 (NE: 27.5%) (CD:36.3%), Hispanic and/or Latino respondents (NE: 42.1%) (CD: 45.2%), and those making less than $25,000 (NE: 27.7%) (CD: 37.8%).[83]
	The ratio of population to primary care physicians for Hall County (r1,720:1), is much higher than those of NE (r1,340:1) and US (r1,330:1).[27]
Childcare *(*Complete Childcare Data*	Finding affordable and quality childcare was one of Hall County's top five health concerns (CPS Q3*n*=118, 12%)

<table>
<tr><td>Can Be Found In The Appendices Page 89)</td><td>There has been a steady increase in the median yearly price of childcare in the Central District from 2022-2024. *

<table>
<tr><td colspan="9">Childcare Prices By Age Of Children And Care Setting* (2018-2022)</td></tr>
<tr><td>Median Yearly Price:</td><td>Infant-Center</td><td>Infant-Home</td><td>Toddler-Center</td><td>Toddler-Home</td><td>Pre-School-Center</td><td>Pre-School-Home</td><td>School-Age - Center</td><td>School-Age - Home</td></tr>
<tr><td>2022 Dollars ($)</td><td>9,737</td><td>5,590</td><td>9,230</td><td>5,850</td><td>8,450</td><td>5,980</td><td>8,190</td><td>6,110</td></tr>
<tr><td>2024 Dollars (Est.$)</td><td>10,798</td><td>6,199</td><td>10,236</td><td>6,488</td><td>9,371</td><td>6,632</td><td>9,083</td><td>6,776</td></tr>
<tr><td colspan="9">Childcare Price As Share of Median Family Income (%) *</td></tr>
<tr><td>Hall County</td><td>12.8</td><td>7.4</td><td>12.1</td><td>7.7</td><td>11.1</td><td>7.9</td><td>10.8</td><td>8</td></tr>
</table>
</td></tr>
<tr><td></td><td>Central District has a total of 99 childcare facilities with a total enrollment capacity of (n=3,195). 83 of these facilities are in Hall County. *</td></tr>
<tr><td></td><td>Of the 99 childcare locations in the Central District, 57% accept childcare subsidies, with 12% do not accept subsidies, and another 12% that may consider doing so in the future. *</td></tr>
<tr><td rowspan="3">Transportation</td><td>About 52% (CPS Q5n=79) of Hall County respondents expressed interest in more affordable and accessible recreational areas and/or opportunities like walking trails, improved sideways in neighborhoods, and bike lanes in streets.</td></tr>
<tr><td>Getting around town safely was/has become a unique health concern. Although this wasn't the most mentioned health concern among CPS respondents (Q3n=35, 3%), in the prioritizing health needs workshop in Sept 2024, participants had learned that the Grand Island Public School District would not be offering busing for students for the 2024-2025 school year. This heightened the desire for a more bike/pedestrian friendly community.</td></tr>
<tr><td>Per the CDC, the percentage of adults (18 and older) that lack reliable transportation is 9.6% for Hall County, the highest among the Central District counties (Hamilton: 5.7% and Merrick: 6.9%), and compared to the state (7.7%) and nation (8.2%).[84]

Access to a well-functioning vehicle is essential to daily life in the Central District because there are few public transportation options. The typical travel time to work is less than 14 minutes for 54% of Hall County. However, that means that the other 46% of Hall County has a 20 minute or greater. [85]</td></tr>
<tr><td rowspan="3">Affordable Housing</td><td>Hall County's largest increase in median estimated property value (MEPV) occurred from 2022 to 2023, (+$30,553). This swell in MEPV could in part be due to the nationwide inflation experienced during this period, which could be problematic if median earnings do not keep up with these increases.[38]</td></tr>
<tr><td>The median household income of owner-occupied housing ($80,414) is almost twice that of renter occupied housing ($42,402) for Hall County.[86] It is widely accepted that mortgage payments should be no more than 25-28% of monthly gross income. [87] Approximately 17% of Hall County homeowners pay a mortgage that is more than 30% of their income. Rent affordability can quickly become financially problematic and affect other aspects of life, especially for those whose rent is more than 30% of their income which may be the case for at least 14% of Hall County renters. [88]</td></tr>
<tr><td>Per 2017-2021 data Hall County renters are more likely to experience one or more of the severe housing problems, (overcrowding, high housing costs, lack of kitchen facilities, and lack of plumbing facilities) compared to their homeowner counterparts.[89] This is especially true for the Hall Count Renters making less than 50% of the HUD Area Median Family Income (HAMFI) (6%) compared to the 2% of homeowners who also make less than 50% of the HAMFI.[89]</td></tr>
</table>

Resources Potentially Available to Address Needs

Table 1: Behavioral Health

#, A-C	*C-H*	*I-M*	*N-S*	*S-Z*
988	Crisis Stabilization Unit	Integrated care for established patients	Need Resources in Spanish	St Francis Alcohol/Drug Treatment Center
Behavioral Health Committee	Friendship House (and Clinic)	Live Well Counseling Center	Prevention Project Coalition	Strong mental health program in rural health clinic - Merrick, Nance, Hamilton & Hall Counties
Behavioral Health Subcommittee (facilitated by Connie Holmes at Central Nebraska Council on Alcohol and Addictions, Inc. (CNCAA))	Grand Island H.E.L.P. Initiative	Lutheran Family Services	Project JumpStart	Tobacco Free Hall County
Boys Town Behavioral Health Mental Wellness	Goodwill: 308-384-7896 ext.261	MAPS Coalition serving Merrick County	Region 3 Behavioral Health: 308-237-5113	Willowbrook Mental Health
Central Nebraska Community Action Partnership (CNCAP)	Grand Island Mental Health	Merrick Medical Center	ReVive Behavioral Health	
COPE Coalition serving Hamilton County	Heartland Health Center: 308-382-4297	Mid-Plains Center for Behavioral Health	School social workers	
Central Nebraska Council on Alcoholism and Addictions	Hope Harbor	Mindful Path LLC	Sequential Intercept Model Workshop (hosted by Region 3 and including many behavioral health, corrections employees, etc.)	

Table 2: Access to Care

#, A-C	C-F	G-M	T-V	V-Z
211	Critical access hospital and rural health clinics in	Grand Island Regional Medical Center	Third City Community Clinic	Vitality Family Healthcare
Care for women and children	Central City and Fullerton	Heartland Health Center	Twin Rivers Urgent Care	Welcoming Week
Central District Health Department (CDHD)	Dental services offered – extremely high demand, emergency cases only	Hope Harbor	United Way Partner Agency Meetings	
CHI Health St. Francis	Department of Health & Human Services (DHHS) (& Aging and Disability Resource Center (ADRC))	Medical-to include family practice	VA Nebraska – Western Iowa Care System	
Continuum of Care	Friendship House therapists see youth at schools to minimize time/transportation barriers	Medical-to include family practice	Vibrance Family Health + Care	

Table 3: Childcare

#, A-C	C-K	K-R	S-Z
Angie's Busy Bees Child Care LLC	Childcare grant w/ CDHD	KDL Child Care Center	St Paul's Cornerstone Early Learning Center
Birth to 11 Committee	CRECIENDO Group	Nebraska Children's Foundation	The Teaching Tree
Blessed Sacrament Catholic Preschool	Dept. of Health & Human Services	O'Connor Learning Center	Third City Christian Preschool
Community for Kids (C4K)	First5Nebraska	Peace Lutheran Preschool	YMCA
Central City has a daycare that is full & increasing capacity	HeadStart	Platte Valley Children's Academy	YWCA (& Childcare Coalition)
Cherry Park Creative Corner, LLC	H3C initiatives-Central District Health Department	Presbyterian Preschool	
Childcare Coalition/Workgroup	Karime Child Care LLC	Rainbow Club	

Table 4: Transportation

#, A-C	C-L	M-Z
Action Cab	Crane 308-646-0069	Midland Transit (Merrick County) 888-997-1655
Bussing companies	DHHS Medical Transportation	Public Hall County Public Transportation (HCPT) – 308-385-5324, 304 E 3rd St
Car rental companies in Grand Island	Heartland Medical Transportation	Public transportation vouchers
Central City public transportation-does not work off hours	IntelliRide - 844-531-3783	Veterans Disabled American Veterans Shuttle – 308-389-5167

Table 5: Affordable Housing

#, A-F	G-H	H-R	S-Z
Builders (Starotska, Middleton, Steadfast)	Grand Island Housing Coalition	HUD	Salvation Army-rent assistance
Central City Economic Development Corp. supports Central City and surrounding areas that do not have adequate housing for a community this size.	Habitat for Humanity	Legal Aid of Nebraska – 308-381-0517, 1811 W. 2nd St., Suite 440	South Pine Street Home Ownership Habitat for Humanities – 308-385-5510, 502 W 2nd St.
Central Nebraska Community Action Partnership (CNCAP), rental assistance	Hall County Housing Authority – 308-385-5530, 1834 W. 7th St.	Lincoln Hwy. Dept. of Veterans Affairs – 308-395-3261, 2201 N. Broadwell Ave.	St. Leo's Church- rent assistance
Cherry Park Apartments	Heartland United Way	Rehab projects	State rental assistance - Nebraska Dept. of Health and Human Services – 308-385-6100, 116
Crossroads Mission Avenue	Hope Harbor 308-385-5190, 615 West 1st St, (Emergency/Evictions)	Rent and utility assistance	Subsidized housing
Economic development	Hospital utilizes a rental property & hotel to house on-call staff. Local developers assist the hospital with housing options. (Staff recruitment & retention)	Riverside	Veterans (CNCAP) – 308-385-5500 2525 Old Potash Hwy

Table 6: Additional Assets

#, A-C	C-G	H-M	M-S	S-Z
Backpack programs, food pantries/distribution efforts (i.e., Project Connect)	CDHD (Emergency only- hotel voucher)	HeadStart	Multicultural Coalition	Shelters: Hope Harbor, Crossroads
Big Brothers Big Sisters (BBBS)	Central City has a wellness/fitness center with pool, etc.	Heartland United Way	CDHD	Soccer fields
Boy Scouts, Girl Scouts	Churches in Hall, Hamilton and Merrick Counties – food distribution, rent assistance	Hospitals in Hall, Hamilton, and Merrick Counties	PTA organizations	TeamMates Mentoring
Bryan Health Merrick Medical Thrift Store -shop for necessities, gives profits back to the community in support funds.	City Council	Island Oasis	Recreational opportunities, public biking/hiking trails, parks	Third City Community Clinic
Physical Therapy Orgs.	Community Foundations in Hall, Hamilton, Merrick Counties	Lutheran Family Services	Schools in tri-county (i.e., extracurricular activity opportunities	Volunteerism
Central City High School-Dome for disaster preparedness	Farmers markets	MMC (wellness education & events, lab fairs, exercise events, etc.)	Senior Citizen Centers	

Impact Of Actions Taken Since The Preceding CHNA

Health Need #1: Access to Care		
Goal and Anticipated Impact	Goal: Ensure equitable access to clinic and community-based health services to improve the overall health of all in the community. Anticipated Impact: ● Improved collaboration between healthcare service providers and community service agencies ● Increased percentage of residents who have a personal doctor ● Reduced percentage of people unable to see a doctor due to cost	
Community Indicators	CHNA 2016 ● In 2014, the percentage of residents who needed to see a doctor but could not due to cost was 14.1%, which is higher than the State (11.9%) and has not reached the HP2020 Target of (9.0%) ● 18.2% of population age 16-64 in Central District three-county region is without health coverage, compared to 15.3% in Nebraska overall CHNA 2019 ● In 2017, the percentage of residents who needed to see a doctor but could not due to cost had increased to 15.6%, which is also higher than the State (11.7%) and the HP2020 Target of (9.0%) ● Ratio of primary care physician to population is 1,510:1 (Hall County) 1,320:1 (Nebraska) ● 24% of population has no personal doctor in Hall compared to 19.9% in Nebraska overall ● 19% of population age 16-64 in Hall is without health coverage, compared to 14.7% in NE ● 21.3% of pregnant women getting inadequate prenatal care compared to 17.2% in NE – (measure related to number of prenatal visits and trimester prenatal care started) CHNA 2022 ● The % of individuals uninsured in Hall County is worse than the Central District and state of NE (11.9% adults 65 years and older, 6.3% among youth under 18). ● Compared to the state, more residents in the CDHD region did not see a doctor due to cost, had no personal doctor, healthcare provider and/or lacked health coverage. ● The entirety of Hall County is designated as a Medically Underserved Area/Population for primary care. ● Ratio of population to provider: Primary care physician 1,620:1 Hall County, 1,310:1 NE.	
Strategy	**Campus or System**	**Key Activities**

1.1 Identify and address known barriers to accessing timely and effective health care in Hall County, to ensure services are coordinated, optimized, and promoted.	CHI Health St. Francis & SNU	1.1.1 Collaborate with existing safety-net and health care providers through a health department-led work group to identify and address gaps in the continuum of health and related services for all. Work may focus on: health care workforce (i.e. professional development, increasing the community health worker (CHW) workforce, etc.) ● capacity building of community partners ● identifying common barriers to accessing care and collectively work to address barriers FY23 Actions and Impact ● CHI Health St. Francis staff participated in the development of the health department-led Community Health Assessment and Community Health Improvement Plan (CHIP). CHI Health staff were instrumental in identifying CHIP priorities and are participating in strategies to address the greatest health needs. The following goals were set for CY2023 and will be reported on in the next report: ● Access to Care: ○ Central District Health Department (CDHC) will have 6 CHWs half way through the UNMC COPH training ○ CDHD will communicate with NALHD on infrastructure setup ○ 4 other organizations will have at least one functioning CHW ○ Infrastructure will be in place for data collection, access and application of best practices, etc., for CHWs ○ There will be a network of CHWs who communicate regularly and are provided with continuing education opportunities. ○ CHW activities will be shared with media ○ All organizations will use a share closed-loop referral system (Unite Us) ● Culturally Appropriate Behavioral Healthcare ○ A communications campaign supporting behavioral health needs will have been created and shared using community-centered design ○ The impact of the campaign will be measured regularly ○ Community Health Workers will have received Behavioral Health Trainings ○ All organizations will use a shared closed-loop referral system (UniteUs) ● CHI Health St. Francis continued building its relationship with Heartland Health. CHI Health St. Francis leadership continued communication with Heartland Health and is helping them to expand services to ensure proper referrals both ways. ● Supported Third City Community Clinic through board participation. ● Provided financial support to the Multicultural Coalition to assist with their community health worker program. Multicultural Coalition's core service philosophy is to assist any newcomer who walks in or calls with navigation to economic self-sufficiency in Central Nebraska. They accomplish this service philosophy through case management and immigration legal services. The staff provides services in Arabic, English, Somali, and Spanish. Other languages can be accessed through the LanguageLine and PocketTalk. Multicultural Coalition focuses on the five social determinants of health: food availability, employment, housing, access to healthcare, and immigration and documentation. Every client who seeks services is assessed and treated for the five social determinants of health. These five factors are ingredients of health and wellbeing, and if one or more are hampered, a person cannot be well in his or her entirety. This allows them to direct clients to the appropriate, effective, and timely service or referral. MC was able to collect specific data during 2023, demonstrating the impact services

		offered were having on the five social determinants of health. On average, clients faced two of the five determinants and over the four quarters we served 996 clients. Housing and healthcare were the two leading determinants during 2023. FY23 Measures ● Funding provided to Multicultural Coalition: $10,000 ○ Clients served: 996 ○ Total social needs addressed: 1992 ○ Clients reporting healthcare needs: 420 ○ Clients reporting housing needs: 312 FY24 Actions and Impact: ● CDHD CHW Work: ○ CHWs completed the UNMC COPH training. ○ Developed a CHE infrastructure, through UNMC guidance, that includes data collection and access and application of best practices. ○ Shared radio interviews, YouTube videos, and social media communications about CHWs. ● CDHD Culturally Appropriate Behavioral Healthcare Work: ○ Identified and adopted the CredibleMinds communications campaign. The campaign will begin in FY25. ○ All CHWs completed mental health first aid training. FY24 Measures ● CHWs who completed the UNMC COPH training: 10 FY25 Results Pending
	CHI Health St. Francis	1.1.2 Improving collaboration between emergency department and safety net providers to ensure referral of relevant patients to a medical home, communicating with the patients' primary care physician regarding ED visit, increasing outreach to reduce barriers to care (e.g. exploring further partnership with JBS Swift). FY23 Actions and Impact ● Went to JBS a couple of times in FY23 for blood pressure clinics. Staff member who coordinated and tracked metrics is no longer with CHI Health St. Francis so additional detail is not available. JBS felt events went well and requested a regular cadence of health events on site in partnership with CHI Health St. Francis. ED Director met with JBS employee health nurse weekly. The nurse transitioned out of the organization and the St. Francis ED Director is working to identify a new contact. The ED Director also worked with them on billing as workman's compensation was not being processed correctly. The issue was resolved and education was provided internally. ● Provided trauma, stroke, and ED education to nearby critical access hospitals.

		● Coordinated with Region 3 Behavioral Health for them to provide education on supporting patients experiencing suicidal ideation to ED staff; will continue to partner moving forward. ● Partnered with Children's Hospital and the Grace Foundation to improve pediatric oncology care; monthly competency continued in partnership with Children's. ● Heartland Health involved in summer safety event; need to continue to explore partnership. ● Partnered with the police department to streamline the process for individuals in custody. FY23 Measures ● No measures to report. FY24 Actions and Impact ● Partnered with JBS employee health and facilitated multiple blood pressure clinics for employees. ● Provided trauma, stroke, and ED education to nearby critical access hospitals. ● Completed Questions, Persuade, Refere (QPR) Suicide Prevention Training with Region 3 Behavioral Health's Suicide Prevention Coordinator. ● Partnered with Children's Hospital on Project Austin, which aims to provide continuity of care to children with medical complexity as they transition from the hospital to home. ● Signed a Memorandum of Understanding with Children's Hospital for the Patient Assistance Team At Children's Nebraska (PATCH) program, which aims to improve the hospital experience for a child with autism spectrum disorder or other developmental, neurological, and behavioral challenges by creating individualized adaptive care plans. ● Partnered with multiple area nonprofit agencies to offer the Summer Safety event. ● Met with the police department to discuss streamlining processes for individuals in custody. ● Facilitated the American College of Surgeons' Stop the Bleed class at the Nebraska State Fair and Husker Harvest Days. Offered it, by request, to any local organization. ● Facilitated teddy bear clinics at the library, Summer Safety event, and other children's events. Teddy bear clinics are an interactive event where children perform mock medical procedures to become more aware and comfortable with hospitals and medical equipment. FY24 Measures ● No measures to report. FY25 Results Pending
	CHI Health St. Francis	1.1.3 Provide prevention/wellness and safety outreach for chronic disease and connection to health care services. FY23 Actions and Impact ● The following activities took place in calendar year 2023 in Grand Island and Kearney as CHI Health St. Francis and Good Samaritan share a cancer outreach coordinator: ○ Continued to post stall stories - one page educational flyers placed in restrooms at 122 locations throughout the area. ○ Continued cancer awareness ads in the local newspaper.

		○ Provided an emotional sobriety support group. ○ Provided the freedom from smoking program. ○ Provided the Discovery Kids program at multiple schools. ○ Planned and hosted the CHI Health St. Francis Summer Spectacular - cancer prevention and importance of health screenings. FY23 Measures ● Stall stories: updated monthly ● Emotional sobriety group: weekly ● Summer Spectacular participants: 275 ● Screenings: ○ FIT Tests: 628 ○ FOBT Kids: 425 ○ Skin cancer screenings: 37 FY24 Actions and Impact ● Continued to post stall stories–one page educational flyers placed in restrooms. ● Facilitated two Freedom From Smoking Programs. ● Facilitated the Discovery Kids program at three elementary schools. ● Planned and hosted the CHI Health St. Francis Summer Spectacular Wellness Event. FY24 Measures ● Stall story locations: 149 ● Freedom From Smoking Program participants: 24 ● Discovery Kids Programs participants: 166 ● CH Health St. Francis Summer Spectacular Wellness Event Participants: 525 ● Screenings ○ Fecal Occult Blood Testing (FOBT): 228 ○ Skin Cancer Screenings: 47 FY25 Results Pending
	SNU	1.1.4 Assess and address gaps in accessing healthcare services for the aging population specifically FY23 Actions and Impact ● As one of the post acute care facilities in Grand Island, St. Francis Skilled Care provides care to individuals who need assistance to return to their previous level of function prior to their illness. As most of the population served is 65 years and older, Skilled Care has taken steps to become an Age Friendly Designated facility. Age Friendly Designation focuses on the 4Ms of care; What Matters, Medications, Mentation, and Mobility. Combining these 4 focus areas allows us to help our patients be successful in their post acute goals. Additional progress updates will be provided in FY24 reporting. ● Skilled Care has been involved in the CommonSpirit Health Quality Psych work group and we as a facility have made improvements with our antipsychotic medication uses. A collaborative effort between

		nursing and pharmacy ensures appropriate medications are being prescribed, discontinued or reduced. With these increased efforts and focus, Skilled Care was able to meet their quality goal related to antipsychotic medications. FY23 Measures ● No measures to report. FY24 Actions and Impact ● Achieved Institute for Healthcare Improvement's (IHI) level one and level two Age-Friendly Health Systems distinction. IHI recognizes clinical care settings that are working towards reliable practice of evidence-based interventions for all older adults in their care known as the 4Ms (What Matters, Medications, Mentation, Mobility). Level one recognizes teams who have successfully developed plans to implement the 4Ms. Level two recognizes teams that have three months of data of older adults who received 4Ms care. FY24 Measures ● Patients who received 4Ms care: 40 FY25 Results Pending
	CHI Health St. Francis	1.1.5 Explore work related to school-based primary health care and determine need and capacity to increase/improve services already offered by CHI Health St. Francis and affiliates in school settings. FY23 Actions and Impact ● Continued to support the wellness clinic within Grand Island Senior High School to ensure access to behavioral and physical health care for students. ● Provided no charge risk assessments on students identified by Grand Island Senior High as an immediate danger to themselves or others. FY23 Measures ● Grand Island Senior High School Wellness Clinic (2022-2023 school year) ○ Students that received medical care: 313 ○ Number of family medicine visits: 657 ○ Students that received behavioral health care: 142 ○ Number of behavioral health visits: 1402 ○ Vaccines administered: 1250 FY24 Actions and Impact ● Continued support of the wellness clinic within Grand Island Senior High School to ensure access to behavioral and physical health care for students. FY24 Measures

		● Grand Island Senior High School Wellness Clinic ○ Students served: 388 ○ Student visits to physical and behavioral health services: 2,735 ○ Vaccines administered: 845 ○ Staff hours: 1,768 ○ Mental health therapist hours: 3,750 ○ Family nurse practitioner hours: 920 FY25 Results Pending
	CHI Health St. Francis & SNU	1.1.6 Implement social needs screening and referral protocol using Unite Us to ensure efficient connection to community-based resources to remediate unmet health-related social needs. FY23 Actions and Impact ● Uptake of the Unite Nebraska referral platform was slow, but continues to grow. ● The majority of referrals were for housing and shelter. FY23 Measures ● CHI Health Clinics are the primary user internally: 1,174 referrals (statewide) FY24 Actions and Impact ● Integrated Unite Us within the electronic health record system, Epic, in May 2024. ● Launched universal health-related social needs screening of all adult inpatient admissions in April 2024. FY24 Measures ● Patients impacted by Unite Us referrals: 1 ● Referrals: 2 *Note: Counts may be skewed. Referral tracking was broken out by hospital beginning in May 2024. Previously, all tracking was centralized under one hospital/clinic reporting organization. FY25 Results Pending
	CHI Health St. Francis & SNU	1.1.7 Review and build capacity for transportation services in the community. FY23 Actions and Impact ● Activity created in FY24. FY23 Measures ● No measures to report. FY24 Actions and Impact

		● The Director of Acute Care Management met with Crane Public Transit to discuss transportation concerns in Grand Island. Crane was not able to make changes to their current Grand Island routes; however, they added a rural (outside of Grand Island) route. FY24 Measures ● No measures to report. FY25 Results Pending
	CHI Health St. Francis	1.1.8 Invest in community organizations focused on Access to Care through the implementation of the Community Health Improvement Grant (CHIG) program. FY23 Actions and Impact ● Activity created in FY24. FY23 Measures ● No measures to report. FY24 Actions and Impact ● Awarded a CHIG to the Multicultural Coalition. The Multicultural Coalition is a Grand Island nonprofit whose mission is to empower local families by addressing socioeconomic barriers that disproportionately affect minority communities. The Multicultural Coalition employs a bilingual Community Health Worker who performs community outreach, shares education materials, completes onsite consultations, and assists with setting appointments to address social determinants of health and access to healthcare. FY24 Measures ● CHIG funds awarded (1/1/24-12/31/24): $70,850 FY25 Results Pending
	CHI Health St. Francis & SNU	1.1.9 Complete the American Hospital Association's Health Equity Transformation Assessment (HETA) and utilize results to develop an action plan. FY23 Actions and Impact ● Activity created in FY24. FY23 Measures ● No measures to report. FY24 Actions and Impact

		• Completed the HETA assessment. Created a health equity action plan and formed a committee to advance the work. FY24 Measures • No measures to report. FY25 Results Pending
Related Activities	In addition to the specific strategies and key activities outlined above to address Access to Healthcare Services (to be reported annually on Schedule H tax narrative), CHI Health St. Francis & SNU also supports the following bodies of work related to this health need area: • MD Save offers low-cost, pre-paid care bundles for select services and procedures. • Grow Grand Island is a coalition focused on improving the community through economic growth. The organization has prioritized efforts to collaborate with healthcare services and address gaps in health-related services to increase the attractiveness of the community to working families. • CHI Health will be building a Family Health Center in Grand Island to ensure greater access to primary care and specialty clinics. • Partner with Grand Island Public Schools and Central Community College to create an Academy of Medical Sciences at CHI Health St. Francis. The Academy will have four pathways for high school students to be career ready when they graduate. • Partnership with JBS Swift to ensure workers have access to a primary medical home and on-site connection to healthcare services.	
Planned Resources	The hospital will provide staff time, philanthropic cash grants, outreach communications, and program management support for these initiatives.	
Planned Collaborators	• Central District Health Department • Heartland Health • Third City Community Clinic • Grand Island Public Schools • CHI Health Clinics • Midlands Area Agency on Aging • Grand Generations • Mid-Plains Center for Behavioral Health • Transportation service providers • Language services providers	

	Health Need #2: Behavioral Health
Goal and Anticipated Impact	Goal: • Improve service capacity for timely and effective outpatient behavioral health care and crisis response • Prevent violence and future traumatization once violence has occurred

	Anticipated Impact: ● Reduced emergency department use for non-emergent care by connecting patients to primary care and/or federally qualified health center for ongoing and preventive care ● Increased community capacity to respond to those in crisis as seen by the reduction of emergency department use for mental health,substance use issues or violence	
Community Indicators	CHNA 2016 ● 6.6% of adults 18+ reported frequent mental distress in the past 30 days. The suicide death rate was 13.2 per 100,000 population (age adjusted). CHNA 2019 ● 11.0% of adults 18+ reported frequent mental distress (defined as "not good on 14 or more of the past 30 days). (NE at 10.5) ● Domestic assaults increased dramatically across all types: Aggravated, simple, and arrests for both types trending up dramatically since 2014 CHNA 2022 ● 1 in 4 Nebraska high school youth reported feeling depressed ● 23% of females were told that they have depression compared to 12% of males and 12% of females reported poor mental health on 14 or more days in the past 30 days, compared to 9% of males. ● Suicide is the 9th leading cause of death in Nebraska, and the second leading cause of death for individuals aged 10-34. Hall County is at higher risk for youth suicide ideation and attempts. ● 66% of primary care providers report that they are unable to respond to people with behavioral health needs due to a shortage of mental health providers and insurance barriers. ● Drug and Opioid-related overdose fatalities are greater across the US than NE, however local law enforcement and human service agencies warn the rates are rising locally, and are concerned overdose fatalities are more prevalent among minority and low-income populations.	
Strategy	**Campus or System**	**Key Activities**
2.1 Engage with Central District Health Department, Hall County Community Collaborative (H3C), and other community partners to improve clinical and community-based behavioral health	CHI Health St. Francis & SNU	2.1.1 Participate in and support a health department led work group to: ● Increase knowledge of behavioral health access points ● Align efforts, form partnerships to leverage community resources and improve access to services ● Identify and support preventative methods to address behavioral health needs prior to crisis FY23 Actions and Impact ● CHI Health St. Francis staff participated in the development of the health department-led Community Health Assessment and Community Health Improvement Plan (CHIP). CHI Health staff were instrumental in identifying CHIP priorities and are participating in strategies to address the greatest health needs. The following goals were set for CY2023 and will be reported on in the next report: ○ Culturally Appropriate Behavioral Healthcare

services, and address gaps in care to ensure behavioral health services are optimized within Hall County.		■ A communications campaign supporting behavioral health needs will have been created and shared using community-centered design ■ The impact of the campaign will be measured regularly. ■ Community Health Workers will have received Behavioral Health Trainings ■ All organizations will use a shared closed-loop referral system (UniteUs) FY23 Measures ● No measures to report. FY24 Actions and Impact ● Not available at time of reporting. FY24 Measures ● No measures to report. FY25 Results Pending
	CHI Health St. Francis & SNU	2.1.2 Promote and support community-based trainings and programs related to crisis response for community-based public health and social service providers. Activities may include: ● Supporting Region 3 strategy to create a youth system of care ● Collaborating with law enforcement on involuntary commitments to improve the relevant placement for behavioral health patients (civil protective custody) and explore opportunities to advocate for legislative change alleviating challenges with placement ● Continuing support to family programs supporting parents and building stronger family connections (i.e. Rooted in Relationships and Circle of Security) and social emotional learning for children (i.e. Discovery Kids) ● Strategic planning around substance use and overdoses, with a focus on youth under 25 FY23 Actions and Impact ● Supported the Crisis Center financially and through Board of Director participation and leadership. They continue to see an increased need for their services. We are also partnering on a human trafficking focused grant received from CommonSpirit Health Mission and Ministry Fund (detailed in 2.2.1). ● Participate in quarterly Region 3 behavioral health meetings. A gap in care was identified for youth aged 10-12 given that Richard Young Behavioral Health Center takes people 13+, so the community came together to share resources and improve the process for 10-12 years olds. FY23 Measures ● BH meetings: 12 FY24 Actions and Impact ● The Director of Acute Care Management attended quarterly Hall County town meetings.

		● The Director of Acute Care Management attended Central District Health Department's quarterly Community Health Improvement Plan meetings. FY24 Measures ● No measures to report. FY25 Results Pending
	CHI Health St. Francis & SNU	2.1.3 Expand access to resources and provide support for individuals with Alzheimer's and related dementias and their caregivers FY23 Actions and Impacts ● CHI Health St. Francis staff and providers worked with partners at the Alzheimer's Association to host an education event in January and had a good turn out. FY23 Measures ● Events hosted: 1 FY24 Actions and Impacts ● Not available at time of reporting. FY24 Measures ● No measures to report. FY25 Results Pending
	CHI Health St. Francis	2.1.4 Invest in community organizations focused on Behavioral Health through the implementation of the Community Health Improvement Grant (CHIG) program. FY23 Actions and Impact ● Activity created in FY24. FY23 Measures ● No measures to report. FY24 Actions and Impact ● Awarded a CHIG to the Multicultural Coalition. The Multicultural Coalition is a Grand Island nonprofit whose mission is to empower local families by addressing socioeconomic barriers that disproportionately affect minority communities. The Multicultural Coalition employs a bilingual Community Health Worker who performs community outreach, shares education materials, completes onsite consultations, and assists with setting appointments to address social determinants and access to healthcare, including behavioral healthcare.

		FY24 Measures ● CHIG funds awarded (1/1/24-12/31/24): $70,850 FY25 Results Pending
2.2 Provide resources to and support to victims of violence	CHI Health St. Francis & SNU	2.2.1 Support victims of violence by increasing the capacity of staff to recognize and respond to violence, support community partners leading violence prevention efforts and care for victims of violence, and increase the forensic nurse examiner workforce. FY23 Actions and Impact ● This strategy is supported by a FY22-24 Mission and Ministry United Against Violence grant, managed by the Healthy Communities team. The following progress was made in FY23: ○ Established and convened a hospital based task force led by the VP of Patient Care Services to promote education and shared learning to better support victims of violence ○ A staff awareness survey was launched to measure the effectiveness of current awareness and education efforts as we continue to expand our work within the violence and human trafficking response/prevention spaces in the Lower Midwest division. The information being gathered in this survey will be helpful insight for our dedicated task forces to further location-based awareness efforts, as well as reinforce staff education within specific departments as needed. ○ Starting in February 2023, Shared Learning Opportunities slides were created in an effort to provide continuous awareness and education opportunities for the entire Lower Midwest Division. These monthly Shared Learning Opportunities (SLO) slides serve as a resource for hospital leaders to review and share with their respective departments/teams; department leaders may share the entire presentation or select only slides relevant for a specific department for staff meetings/huddles. ○ In January 2023, the Human Trafficking Awareness Webinar Series was launched as a continuation of the Omaha MMF Grant's Human Trafficking Lunch and Learn Series. The Series offers free, one-hour online webinars for healthcare, law enforcement and social service professionals throughout the Division. Each monthly webinar is presented by different community organizations and service providers across Nebraska and Southwest Iowa while highlighting national observances/awareness months as they relate to human trafficking, domestic/intimate partner violence and sexual abuse. ○ HT101 training is now required across the Lower Midwest Division via Pathways. Human Trafficking 101, PEARR Tool, and Trauma Informed Care trainings are automatically assigned yearly on October 1st with a completion deadline of December 31st. ■ Lower Midwest Division (FY23):* ● Human Trafficking 101: 81% completion rate ○ 13,087 assigned ○ 10,677 completed ● PEARR** (Trauma-Informed Approach to Victim Assistance in Health Care Settings): 86% completion rate

		○ 7,639 assigned ○ 6,571 completed ● Trauma Informed Care**: 86% completion rate ○ 7,645 assigned ○ 6,555 completed ● *Note: Non-employed Service Partner work was completed in May 2022 and vendors were inadvertently assigned this training. This most likely explains the discrepancy between assigned and completion rates. ● **PEARR/ Trauma Informed Care training was assigned to defined clinical staff only. ● The Grand Island Area Coalition on Trafficking (GI-ACT) was formed five years ago, and the current structure was implemented three years ago. GI-ACT continued to meet in FY23 with the support of St. Francis staff. The purpose of the GI-ACT is to provide education and an opportunity for numerous organizations to get involved in area efforts against human trafficking. There are currently 30 organizations receiving the regular communications and 6 - 8 organizations are attending the monthly meetings on a regular basis. There is representation from a local counseling organization, enCourage Advocacy Center, United Way, juvenile probation, the Grand Island Police Department, YWCA, CHI Health St. Francis, and Willow Rising. ● CHI Health hosted the second annual Midwest Regional Anti-Human Trafficking Conference on November 3, 2022 with 396 people registered. Live attendance peaked at 141 virtual and 69 in-person attendees from 22 different states. This conference was developed and provided by CHI Health and 11 community partners. At the Anti-Human Trafficking Conference, statewide and region-specific service provider information and resources were distributed both in-person and online. Presentation powerpoints and handouts were shared via the virtual event app, this included tips and guides for working with victims/survivors of violence and trafficking. See Appendix E for conference details, full post-evaluation, and event media coverage.The Anti-Trafficking Coordinator began leading last year's Conference Planning Committee after onboarding as a new employee and reconvened the Committee to plan the 2023 Conference. Initially, the Committee meets monthly then increases meeting frequency closer to the Conference date. There are 25 current Committee members representing 11 community/state organizations, including Willow Rising, Catholic Charities, and the Douglas County Sheriff's Department. ● In January 2023, CSH PEARR (Trauma-Informed Approach to Victim Assistance in Health Care Settings) pocket cards were distributed to staff at all emergency departments across the Lower Midwest division. ● Train the Trainer "Realize, Recognize, and Respond" HT sessions for the hotel/motel industry were on pause in the beginning of FY23, but started up

		again in January 2023 through YWCA Grand Island. There are a total of six trainers and one ambassador charged with contacting hotels/motels in the area and scheduling trainings. In FY23, there were 4 hotels/motels trained, reaching a total of 21 staff. ● In January 2023, GI-ACT coordinated a Red Sand Project event in downtown Grand Island to raise public awareness of human trafficking ahead of National Human Trafficking Awareness Day. Members of GI-ACT and the public filled sidewalk cracks with red sand to represent those who have fallen through the cracks to human trafficking. See Appendix G for event media coverage. FY23 Measures ● FNE at CHI Health St. Francis: 3 ● There were 23 identified IPV, SA, and/or HT cases between July 2022 - June 2023 and 7 missed opportunities for FNE response. ● CHI Health St. Francis staff training: reported above for FY23 ● Conference attendance: 396 registered; 22 states represented by multidisciplinary attendees FY24 Actions and Impact ● The Healthy Communities Team supported this strategy through a FY22-24 Mission and Ministry United Against Violence grant. Throughout FY24: ○ The Forensic Nurse Examiner (FNE) Program Market Manager provided ongoing education on Intimate Partner Violence (IPV), Sexual Assault (SA), and Human Trafficking (HT) identification to emergency departments. ○ The hospital-based Human Trafficking/Violence Prevention Task Force, co-led by the St. Francis Emergency Department Nurse Director and Emergency Department Manager, continued to meet bi-monthly. The task force implemented department-specific education at department meetings/huddles and initiated new projects to improve the identification and response for human trafficking and domestic violence victims. The task force co-leads regularly attend the Nebraska Human Trafficking Task Force meetings led by the Nebraska Attorney General's office. ○ Willow Rising, an organization that advocates for and supports victims/survivors of violence, facilitated community trainings. The organization also provided domestic violence, sexual assault, human trafficking, and healthy relationships presentations at schools, businesses, churches, town hall/county meetings, and other community settings. ○ The Grand Island Area Coalition on Trafficking (GI-ACT) continued to meet bi-monthly in FY24. Members included local counseling organizations, enCourage Advocacy Center, United Way, juvenile probation, the Grand Island Police Department, Young Women's Christian Association (YWCA), CHI Health St. Francis, and Willow Rising.

		○ Hosted in collaboration with Creighton University's Office of Continuing Education and 11 community/state organizations, including Willow Rising, Catholic Charities, Omaha Police Department, and the Douglas County Sheriff's Department, the second annual Midwest Regional Anti-Human Trafficking Conference was held on November 8, 2023, in Omaha, NE. Conference attendees received all resources such as PowerPoints and handouts via the virtual event app. ○ Continued to offer the Human Trafficking Awareness Webinar series. The webinars were free, one-hour, and offered online for healthcare, law enforcement and social service professionals. Various community organizations and service providers across Nebraska and Southwest Iowa served as presenters. ○ Required Human Trafficking 101, PEARR (Trauma-Informed Approach to Victim Assistance in Health Care Settings), and Trauma Informed Care staff training via Pathways. The Division releases these trainings annually on October 1st and requires their completion by December 31st. FY24 Measures ● FNEs on staff: 3 ● Identified IPV, SA, and/or HT cases for which FNEs were called to provide support: 10 ● Human Trafficking/Violence Prevention Task Force ○ Members: 14 ○ Meetings: 6 ● Willow Rising ○ Domestic violence, sexual assault, and human trafficking survivors supported: 1,000+ across four counties in the St. Francis service area ○ Community presentation attendees: 3,000+ ● GI-ACT ○ Organizations receiving the coalition's regular communications: 30 ○ Organizations that regularly attend meetings: 6-8 ● Midwest Regional Anti-Human Trafficking Conference ○ Registrants: 377 ○ Live attendees: 161 virtual and 77 in-person from 22 different states ○ CEUs: 786.5 claimed by 143 eligible professionals ● Human Trafficking Awareness Webinar Series (July-November 2023) ○ Webinars: 3 ○ Registrants: 230 ○ Live attendees: 125 ● Staff Pathways trainings (Nebraska and Iowa completion rates as of January 2024) ○ Human Trafficking 101: 85% (11,194/13,128) ○ PEARR Tool: 90% (6893/7686 **Assigned to defined clinical staff only. ○ Trauma-Informed Care: 90% (7089/7854)

		FY25 Results Pending
Related Activities	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: ● System-wide effort related to expanding integration of behavioral health into primary care. ● System-level legislative advocacy to improve laws related to behavioral health services for patients and care teams. ● Maintain a permanent seat on the Hall County Community Collaborative's Board of Directors, an organization working to ensure resources are available to children and families in Hall County.	
Planned Resources	● Staff and partner time ● Funding	
Planned Collaborators	● Central District Health Department ● H3C Behavioral Health sub-coalition Region 3 (System of Care work) ● Central Nebraska Council on Alcoholism and Addictions (CNCAA) ● Others to be determined ○ Law enforcement ○ School districts	

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See source #27

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Appendix

Community Health Assessment Free-Response Category Definitions

Figure 1: Community Health Assessment Free-Response Categories

Question	Category Name	Common Responses
What Was the Last Major Health Issue You or Your Family Experienced?	Cancer	Breast, thyroid, pancreatic, skin, and prostate cancer, cancer scares, diagnoses, recuperation
	Cardiovascular Health	Stroke, a fib, arrhythmia, heart attack/disease/failure, cardiac arrest, cholesterol, blood clots, blood pressure, factor five Leiden, surgery, hospitalization, (congenital) heart defects, blood sugar, circulation problems, anemia
	Health (of a Loved One)	Health of husband, child, parent, sibling, broken bone, chronic illness - Parkinson's, car accident, hit by car, alcoholism, relapse, diabetes, surgery
	Infection	Covid-19, Influenza, shingles, AMR (Antimicrobial Resistance), Histoplasmosis, food poisoning, dengue, meningitis, urinary tract infection, malaria, common cold, cellulitis
	Mental Health	Suicide/al ideation, anxiety, depression, sleepiness, insomnia, stress, isolation, PTSD, grief, ADHD/OCD diagnosis, worsening condition, alcoholism, psychogenic nonepileptic seizure, big life changes, behavioral issues
	Surgery	Replacement of the knees, hip(s), & heart valve. Removal of gallbladder, appendix, tonsils, hysterectomy. Surgery for: eyes, broken bones, back/spine, cervical fusion, hands, hernia, ulcerative colitis, aneurysm, & heart. Kidney transplant, giving birth.
What Worries You Most About Your Health or The Health of Your Family?	Affordable and quality healthcare/support	Do not seek care/take meds because financial burden is too much, cannot miss work. Must travel for care, long waiting lists, shortage of providers, health literacy support for older generation. Will never meet deductible. Keeping Medicaid/care/SSD.
	Cancer	Diagnoses, getting cancer, cancer recurrence in self and family, hereditary risks
	Deteriorating Health/Health Impairment	Need more expert care on aging, losing insurance, being a burden to others, getting a serious and/or chronic disease, controlling current disease, losing mobility, consequences of risky habits (lifetime smokers)
	Health (of a Loved One)	Cannot properly support family – partner, kids, newborn, aging parents. Weight gain, diabetes, heart attack, depression, smoking, risks for the chronically ill, my kids getting cancer, familial deaths, alcoholism, low quality HCPs, mental health provider access.
	Mental Health	At-risk youth, depression, lack of support/help, access to crisis mental health services, losing control/breakdowns – issues going untreated, aging, insurance coverage, stress management, apathy, impact of death of loved one
What Is Something You Do To Be Healthy?	Healthier Consumption/Habits	Practicing mindful eating, meal planning, growing food in garden, cooking at home, eating low carb meals, more fruits/veg, protein, (eating a plant-based diet) adding natural herbs and remedies to diet, drinking water, intermittent fasting, taking vitamins. No artificial sugar, fried, processed food. Completing an annual wellness check.
	Physical Activity	Exercise: with family, multiple times a week, work at standing desk, sports: Tia Chi, volleyball, pickleball, swimming. Activities: walking, yoga, meditation strength training, bike riding, step aerobics, sleep well, go to the gym/YMCA, clean/sanitize home, work outside/garden
What Would Make Your Neighborhood A Healthier Place	Improve Environmental Quality	Get rid of abandoned vehicles, moldy vacant houses/outdoor areas, cut down cotton trees, fireplaces and wood burning stoves, mosquitos/ants, smells from JBS and cow poo, less wildfire smoke, less noise pollution, stop spraying insecticides and herbicides. More

For You Or Your Family?		shaded areas, plant (fruit) trees/flowers, community gardens, organic farms, safe (lake/drinking water,) more walking areas, enforce speed limits, trash (and pet cleanup,) enforce animal control, no chickens in city.
	More affordable and accessible recreational areas/opportunities	Better trails (and sidewalks) for walking/biking/hiking, more (affordable) exercise facilities/equipment for senior citizens and people with mobility issues, handicap fishing areas. More kid/family friendly recreational areas/parks, summer pools, community sports for adults/kids, hands on health events that are free, group exercising opportunities/Zumba/yoga classes, make community pedestrian friendly.
	Positive community/social engagement/activities	More family-friendly areas/facilities like waterparks, diversified activities for all ages, get to know my neighbors, not experience racism/discrimination, community gardens, connect with people (in ways that do not include drinking and or religion,) make marijuana use legal, de-normalize alcohol abuse and other risky behaviors. Health Department involvement with the shelters and halfway houses to supply health education.

Childcare Prices & Availability

Table 1: Central District-Quick Demographics* (2018-2022) [62]

	Hall County	Hamilton County	Merrick County
Total Population (N)	62575	9400	7675
Asian (%)	1.1	0.4	1.7
Black (%)	3.4	0.2	0.1
Hispanic (of any race) (%)	30	3.9	5.4
White (%)	72.5	94.2	92.9
Women's labor force participation rate (%)	79.1	79.4	80.2
Women's median earnings ($)	32,606	29,825	29,583
Median family income ($)	76,048	90,913	82,596
Percent of families in poverty (%)	9.7	3.0	5.7

Table 2: Childcare Prices By Age Of Children & Care Setting* (2018-2022) [62]

Median Yearly Price:		Infant center-based	Infant home-based	Toddler center-based	Toddler home-based	Preschool center-based	Preschool home-based	School-age center-based	School-age home-based
2022 dollars ($)	Central District	9,737	5,590	9,230	5,850	8,450	5,980	8,190	6,110
2024 dollars (estimated) ($)	Central District	10,798	6,199	10,236	6,488	9,371	6,632	9,083	6,776
Childcare price as share of median family income (%)	Hall County	12.8	7.4	12.1	7.7	11.1	7.9	10.8	8
	Hamilton County	10.7	6.1	10.2	6.4	9.3	6.6	9	6.7
	Merrick County	11.8	6.8	11.2	7.1	10.2	7.2	9.9	7.4

**Values are based on the available values on the U.S. Census (2018-2022)*

Table 3: Facility Type, (2024) [61]	Count (*n*=99)	Percent Of Total Facilities (%)
Childcare Center	19	19.19
Family Child Care Home 1	62	62.63
Family Child Care Home 2	7	7.07
Preschool	4	4.04
Provisional Child Care Center	3	3.03
Provisional Family Child Care Home 1	1	1.01
Provisional Family Child Care Home 2	1	1.01
Provisional School-Age-Only Center	1	1.01
School-Age-Only Child Care Center	1	1.01

Table 4: Locations, (2024) [61]	Zip Code	Count (*n*=99)	Percent (%)
Hall County	68801	26	25.24
	68803	45	43.69
	68824	3	2.91
	68832	6	5.83
	68883	3	2.91
Hamilton County	68818	8	7.77
	68841	1	0.97
	68843	1	0.97
Merrick County	68628	2	1.94
	68663	1	0.97
	68826	4	3.88
	68864	3	2.91

Table 5: Childcare Facility By Capacity, (2024) [61]	Count (*n*=99)	Percent Of Total Facilities (%)	Enrollment Capacity (*n* =3,195)
8	3	3.03	24
10	61	61.62	610
12	8	8.08	96
30	2	2.02	60
35	1	1.01	35
40	1	1.01	40
43	2	2.02	86
45	3	3.03	135
54	1	1.01	54
55	1	1.01	55
60	1	1.01	60

71	1	1.01	71
73	1	1.01	73
75	2	2.02	150
78	1	1.01	78
82	1	1.01	82
120	1	1.01	120
124	1	1.01	124
125	1	1.01	125
140	1	1.01	140
155	1	1.01	155
168	1	1.01	168
183	1	1.01	183
225	1	1.01	225
246	1	1.01	246

Table 6 below shows that the age range permitted in Central District childcare locations is 1.5 months to 13 years. Most locations are open only Monday through Friday, (*n*=81, 81.82%) while approximately 17% (*n*=17) of locations also offer one or both weekend days, (Table 5).

Table 6: Age Range Acceptance, (2024) [61]

Minimum Age	*Count (n=99)*	*Percent (%)*	*Maximum Age*	*Count (n =99)*	*Percent (%)*
1.5 Months	83	83.84	6 Years	5	5.05
2 Mo.	3	3.03	8 Years	1	1.01
3 Mo.	1	1.01	10 Years	2	2.02
6 Mo.	2	2.02	11 Years	1	1.01
1.5 Years	1	1.01	12 Years	26	26.26
2 Yrs.	1	1.01	13 Years	64	64.65
3 Yrs.	6	6.06			
5 Yrs.	2	2.02			

Table 7: Days Of Operation, (2024) [61]	**Count (*n*=99)**	**Percent (%)**
MTWTHF	81	81.82
MTWTHFSSU	14	14.14
MTWTHFS	3	3.03
MTWTH	1	1.01

Table 8A: Subsidy Acceptance Status, (2024) [63]

Currently Accepts Subsidy	*Count (n=99)*	*Percent (%)*	*Willing to Accept Subsidy?*	*Count (n=99)*	*Percent (%)*	*Does Not Except Subsidy?*	*Count (n=99)*	*Percent (%)*

Blank	26	26	Blank	80	81	Blank	80	81
Yes	56	57	Yes	12	12	Yes	12	12
No	17	17	No	7	7	No	7	7

Table 8B: Step Up To Quality & Accreditation Status, (2024) [63]

*Step Up to Quality Rating**	*Count (n=99)*	*Percent (%)*	*Accredited?*	*Count (n=99)*	*Percent (%)*
Blank	72	73	Blank	98	99
1	11	11	Yes	1	1
2	13	13			
4	2	2			
5	1	1			

Tables 8a & 8B - "No" and "blank" indicate the licensee does not have a contract or is not accredited

**Step Up to Quality Ratings: 1-Committed to Quality Improvement, 2-Approaching Quality Standards, 3- Meets quality standards, 4-Exceeds quality standards, 5-Far exceeds quality standards* [63]