

Community Health Needs Assessment

CHI Health St. Mary's – Nebraska City, NE
2025

Approved April 2025



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Executive Summary

CHNA Purpose Statement

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

CommonSpirit Health Commitment and Mission Statement

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

CHI Health Overview

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

Hospital Overview

CHI Health St. Mary's is an eighteen-bed critical access hospital located in Nebraska City, Nebraska which has served local residents for 98 years. CHI Health St. Mary's has five primary care physicians and thirteen associate providers, such as nurse practitioners, physician assistants, and certified nurse anesthetists. CHI Health St. Mary's also has over 25 specialists that hold clinics monthly at the hospital.

CHNA Collaborators

- Southeast District Health Department (SEDHD)
- Johnson County Hospital

- Nemaha County Hospital
- Syracuse Area Health
- Pawnee County Memorial Hospital
- Community Medical Center

Consultants Contracted

- The College of Public Health, University of Nebraska Medical Center

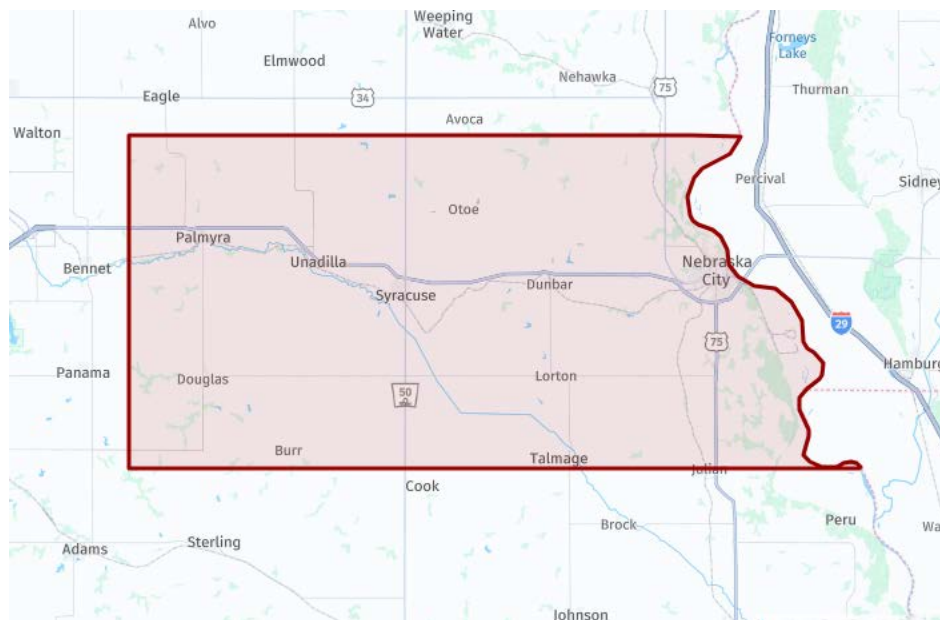
Contributing Organizations

- Nebraska City Public Schools
- Nebraska City News Press
- Nebraska City Police Department
- Lewis and Clark Center
- Heartland Family Workers
- Juvenile Diversion and Central Navigation
- The Faith Community
- Mission Field Treatment Center

Community Definition

CHI Health St. Mary's in Nebraska City primarily serves Otoe County, with 80% of patients from Otoe County and 20% from neighboring counties. For purposes of this CHNA, its primary service area is considered the county in which they are located (Otoe County). The following zip codes represent 80% of hospital inpatient and emergency department admissions: 51640, 51648, 51652, 51654, 68305, 68320, 68346, 68378, 68410, 68413, 68421, 68446, 68448, 68455 (see Figure 1 below).

Figure 1: CHI Health St. Mary's Service Area - Otoe County



Assessment Process and Methods

CHI Health St. Mary collaborated with the SEDHD, consultants from the College of Public Health at the University of Nebraska Medical Center (COPH), and the other five hospitals in the region. The process included the collection of primary and secondary data, including stakeholder focus groups to review data and prioritize needs. Primary data was collected through a community survey across the five counties served by SEDHD (Johnson, Nemaha, Otoe, Pawnee, and Richardson). The COPH analyzed the community survey data and secondary data from a variety of sources, including the Nebraska Department of Health and Human Services, the Crime Commission, the Department of Education, and the Behavioral Risk Factor Surveillance Systems (BRFSS).

CHI Health St. Mary's co-hosted one of the six focus group meetings, which was facilitated by staff from the COPH, on October 10, 2024. A total of 21 community stakeholders, including representatives from the provider community, the SEDHD, and various community organizational representatives, discussed areas of concern, strengths of the current health system, and opportunities for improvement. The focus group participants then identified five high priority needs. The following criteria were used to evaluate the health needs by applying various criteria during the focus group: (1) standing in comparison with benchmark data; (2) identified trends; (3) the magnitude of the issue in terms of the number of persons affected; (4) disparity and equity, (5) severity of the problem, (6) known effective interventions, (7) resource feasibility and sustainability, and (8) the perceptions of top issues among the key informants who provided input in the process.

List of Prioritized Significant Health Needs

- **Transportation services and barriers** – it is difficult for some people to get to the hospital, the grocery store, school or to work.
- **Behavioral health** (including mental health, suicide and substance abuse) – there has been an increase in e-cigarette use and alcohol use; the increase in alcohol use may be related to the number of liquor licenses.
- **Access to healthy foods, physical activity and weight control** – overweight and obesity were identified in the survey as an important health problem in Otoe County. Improving access to healthy foods is an important strategy to address this problem.
- **Child and adult care**, including day care and youth activities.

Resources Potentially Available

Because the high priority needs are complex, there is not a single solution or a single organization that can resolve these issues. To be successful, collaborative partnerships must be formed that involve a variety of organizations. In addition to the services provided by CHI Health St. Mary's, there are several assets and resources that are available to address the identified high priority health needs in Otoe County. In terms of physical assets and features, the community has outdoor recreational assets, including Riverview Marina SRA, Steamboat Trace Bicycle Trail, and many golf courses. There are also many public and private schools that have the potential to contribute during the implementation process. For example, Otoe County offers education through public districts (District 11 Smallfoot Public School, District 20 Unadilla Public School, District 27 Syracuse-Dunbar-Avoca Schools, District 111 Nebraska City Public School, and District OR1 Palmyra/Bennet), state-supported schools (Nebraska School for the Visually Handicapped, Nebraska City) and private schools (Nebraska City Lourdes Central Catholic).

There are also many churches that are committed to supporting the implementation efforts in several areas. Finally, there are a wide range of community organizations that support the health and well-being of both children and adults in the community (Visit Otoe County; About Otoe County, 2024.)

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. Mary's. Written comments on this report can be submitted to CHI Health, The McAuley Fogelstrom Center (12809 W Omaha, NE 68154 attn. Healthy Communities) or or electronically at: <https://forms.gle/NLkvs2hPbVHjkbJTA>, or by calling Ashley Carroll, Market Director, Community and Population Health, at (402) 343-4548.

Introduction

Hospital Description

CHI Health St. Mary's is an eighteen-bed critical access hospital located in Nebraska City, Nebraska which has served local residents for 98 years. CHI Health St. Mary's history dates back to 1872 when the Roman Catholic religious order for women, known as the Sisters of St. Mary (SSM) based out of St. Louis, Missouri founded hospitals throughout the Midwest. Since that time CHI Health St. Mary's has remained a cornerstone of the Otoe County community. In 1996, CHI Health St. Mary's became part of the Catholic Health Initiatives system and in 2014 joined the market-based organization, CHI Health, under the Catholic Health Initiatives umbrella.

In the fall of 2014, CHI Health St. Mary's relocated within Nebraska City to a new 110,000-square-foot campus to better meet the changing needs of the community with, among other benefits, an increased capacity for specialty clinics and an integrated primary care clinic. CHI Health St. Mary's has five primary care physicians and thirteen associate providers, such as nurse practitioners, physician assistants, and certified nurse anesthetists. CHI Health St. Mary's also has over 25 specialists that hold clinics monthly at the hospital. CHI Health St. Mary's Foundation, Community Board, and the senior leadership of the hospital work to identify top hospital priorities and determine the best strategies to meet the needs of the community.

CHI Health St. Mary's provides these services as a critical access hospital in Nebraska City.

- | | |
|--|-------------------------------------|
| • Arrhythmia | • Orthopedics |
| • Cardiology/Cardiopulmonary
Rehabilitation | • Perinatology |
| • Colonoscopy/Endoscopy | • Physical Therapy |
| • Dermatology | • Podiatry |
| • Diabetes Education | • Primary Care |
| • Ear, Nose & Throat (ENT) | • Psychiatry |
| • Emergency Care | • Pulmonary/Critical Care |
| • Hematology/Oncology | • Radiology |
| • Mammography | • Respiratory Therapy |
| • Maternity Center | • Rheumatology |
| • Nephrology | • Sleep Studies |
| • Neurological/Spinal Surgery | • Surgical Services |
| • Occupational Medicine | • Urology |
| • Occupational Therapy | • Women's Services |
| • Ophthalmology | • Wound Care & Vascular
Medicine |

Purpose and Goals of CHNA

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

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

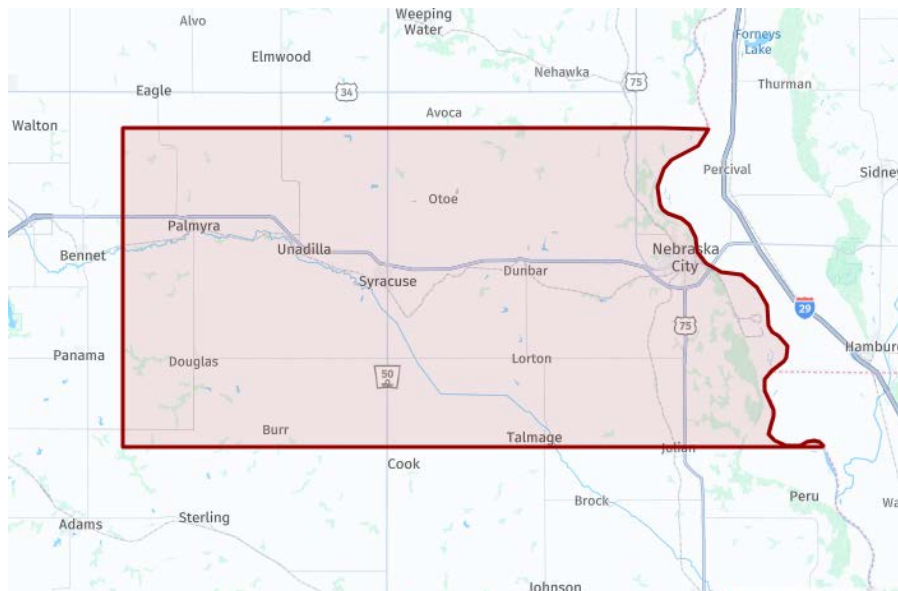
The goals of this CHNA are to:

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

Community Definition

CHI Health St. Mary's is located in Nebraska City, Nebraska and largely serves Otoe County. For purposes of this CHNA, its primary service area is considered the county in which they are located (Otoe County). The following zip codes represent 80% of hospital inpatient and emergency department admissions: 51640, 51648, 51652, 51654, 68305, 68320, 68346, 68378, 68410, 68413, 68421, 68446, 68448, 68455 (Figure 2).

Figure 2: CHI Health St. Mary’s Service Area – Otoe County



Community Characteristics

CHI Health St. Mary’s serves a largely rural population with over 616 square miles in Otoe County, Nebraska. Otoe County is home to ten communities and has five school districts. The population of these communities varies from 57 people in Burr, to 1,942 in Syracuse and 7,289 in Nebraska City. CHI Health St. Mary’s is located in Nebraska City, which also serves as the County Seat for Otoe County and is approximately 50 miles from the Omaha Metropolitan Area and 50 miles from the northern Kansas border.

Population

Table 1 describes the population demographics of Otoe County including size, age, gender, and race. Overall, Otoe County is slightly older and is less diverse (predominantly non-Hispanic White), compared to the State of Nebraska. The total population in Otoe has slightly increased as compared to other rural counties where the population has generally declined. The proportion of Nebraska City’s Hispanic population increased from 6.8% in 2014 to 14.2% in 2021 (U.S. Census Bureau, QuickFacts – Nebraska City

Table 1: Community Demographics, 2021

	Nebraska City	Otoe County	Nebraska	United States
Total Population	7,222	15,912	1,961,504	331,449,281
Population per Square Mile (density)	1554.3	25.8	25.5	87.4
Total Land Area (sq. miles)	4.69	615.63	76,824.17	3,531,905
Rural vs. Urban		Rural (55.11% live in rural)	Urban (73.13% live in urban)	Urban (80.89% live in urban)
AGE				
% Below 18 Years of Age	26.5%	24.2%	24.7%	22.1%
% 65 and Older	18.6%	20.3%	17.0%	17.3%
GENDER				
% Female	46.9%	48.5%	49.8%	50.4%
RACE				
% White Alone	80.6%	88.5%	78.4%	60.9%
% Black or African American Alone	1.6%	0.7%	4.7%	12.2%
% American Indian and Alaskan Native Alone	0.7%	0.3%	1.0%	1.0%
% Asian Alone	0.0%	0.1%	2.59%	5.9%
% Native Hawaiian/Other Pacific Islander Alone	0.0%	0.0%	0.1%	1.0%
Two or More Races	7.5%	6.2%	8.9%	12.5%
% Hispanic	14.2%	8.5%	12.3%	19.1%

Source: US Census Bureau QuickFacts -Nebraska City, accessed August 2024

<http://www.census.gov/quickfacts>; U.S. Census Bureau, 2021 – Nebraska 2020 Census.

Socioeconomic Factors

Table 2 describes key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by the hospital. The population in Otoe County experiences higher average income levels, lower bachelor's degree attainment, and slightly higher poverty rates for total persons in poverty and children in poverty than the state. However, the percentage of the population under aged 65 and the percentage of uninsured children under age 19 who are uninsured is substantially below the state average.

Table 2: Socioeconomic Factors, 2018-2022 Average

	Otoe County	Nebraska	United States
INCOME RATES			
Median Household Income	\$73,031	\$69,597	\$74,755
POVERTY RATES			
Persons in Poverty	11.4%	11.2%	12.6%
Children in Poverty	14.3%	13.8%	16.3%
EMPLOYMENT RATE			
Unemployment Rate	3.2%	2.3%	4.3%
EDUCATION/GRADUATION RATES			
High School Graduation Rates	87%	87%	87%
% Population Age 25+ with Bachelor's Degree or Higher	25.0%	34.1%	35.0%
% of People with Less than a High School Diploma	7.0%	8.0%	11.6%
% of People Age 5 and Older Who Are Non-English Speaking*	3.5%	10.0%	8.4%
INSURANCE COVERAGE			
% of Population Uninsured (under 65)	5.4%	6.7%	9.5%
% of Uninsured Children (under the age of 19)	1.2%	4.6%	5.08%
% of People with Medicaid Coverage**	8.4%	19.0%	20%

Source: U.S. Census Bureau, 2022 – Demographics and Housing Estimates, 2018-2022, American Community Survey 5-year estimates. *Source: Dept. of Health and Human Services, 2021. **Source: U.S. Bureau, 2023.

Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA)

Otoe County has seven designated Health Professional Shortage Areas (HPSA) including primary care, dental health, and mental health disciplines. The HPSA scores for the seven designated HPSAs range from 8-15 with a score range of 0- 26, in which the higher the score, the greater the priority. There are currently no Medically Underserved Areas/Populations (MUA) in Otoe County (HPSAFind and MUAFind, 2024).

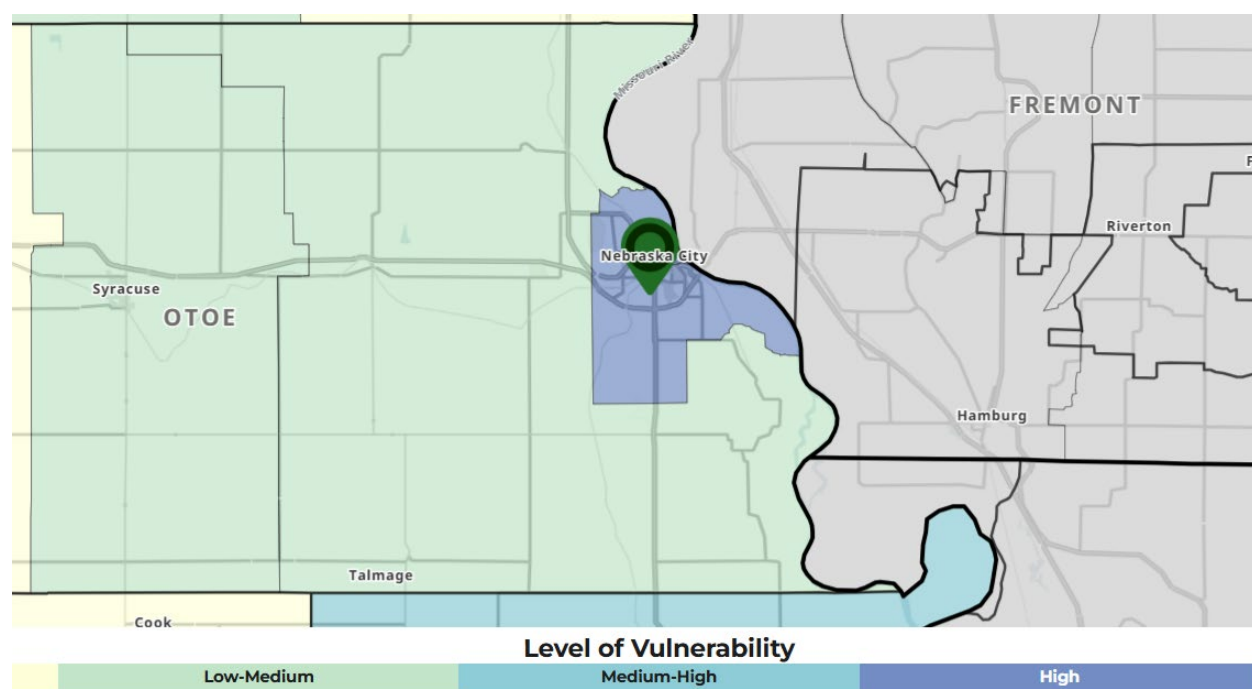
Social Vulnerability Index (SVI)

The SVI was created by the CDC to identify communities that may need support before, during, or after a public health emergency. The index includes 16 factors from the American community survey that are grouped into following four themes: (1) Household characteristics (e.g., age 65+, civilians with a disability, and English proficiency); (2) Socioeconomic status (e.g., below 150% of poverty, housing cost burden, and no health insurance); (3) Racial and ethnic minority status (e.g., Hispanic or Latino, Black, , or Native American); and (4) Housing type and transportation (e.g., mobile homes and no vehicle). Once all of the factors are taken into consideration, an overall social vulnerability score can be calculated. The SVI can also be used to identify the area's capacity to provide non-clinical support to help patients manage their health care needs. For example, patients who live in highly vulnerable areas are more likely to have less access to

health care and more likely to have unnecessary emergency room visits and hospitalizations (T. Afable, et al., 2024).

Figure 3 displays the Overall SVI for zip code 68410 which includes Nebraska City. This Figure shows that marginalized population groups who live in the Nebraska City area as compared to Otoe County as a whole are more likely to have difficulties responding to a public health emergency or managing their behavioral health or chronic disease conditions.

Figure 3: Overall SVI for Zip Code 68410 Nebraska City, 2024



Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry: OverallSVLComparison: ByCounty:2022.

Vizient Vulnerability Index (VVI)

VVI assists health care organizations to assess the social determinants of health that impact health equity in their communities. It aggregates 43 social determinants of health into nine categories where each category quantifies how specific vulnerabilities impact specific populations. The nine categories are economic, education, healthcare access, neighborhood resources, housing, clean environment (EPA), social environment, transportation, and public safety. Table 3 shows the VVI and the nine categories for the three zip codes that covers most of the service area for St Mary' Hospital. Any score greater than one (>1) is considered an area of "high vulnerability". None of these zip codes has a value greater than one (Vizient, 2024). The worst scores were found under the Clean Environment category for all three of the zip codes and

the score under the Social Environment category was significantly higher in zip code 51652.

Table 3: Vizient Vulnerability Index by Zip Code in Nebraska City, Nebraska, 2024

Zip Code	68305	68410	51652
VVI	0.551753	0.225008	0.069038
Economic	0.32974	0.15956	0.17751
Education	-0.02747	0.046964	0.260531
Health Care	-0.03802	-0.31649	0.067885
Neighborhood	0.033604	0.023906	0.347309
Housing	-0.1245	0.35273	0.25129
Clean Environment	0.639394	0.924134	0.73768
Social Environment	0.072993	0.15021	0.698284
Transportation	0.24733	0.216455	0.22618
Public Safety	0.053847	0.391324	0.115116

Source: Vizient Vulnerability Index, Retrieved from Vizient Inc. on December 20, 2024. The worst figures are bolded and highlighted in yellow.

Climate and Health Indicators

Climate change has impacted the health of the population in many ways. For example, in the Midwest, warmer temperatures have led to more drought, and more violent storms and tornados in some areas, and flooding. Although climate change affects everyone, it has a more severe impact on marginalized population groups. The National Risk Index (NRI) was developed by the Federal Emergency Management Agency (FEMA) to help communities assess their risk for 18 hazards. NRI uses available data to calculate the Expected Annual Loss from these hazards, Social Vulnerability, and Community Resilience to develop a baseline relative risk measurement for each county in the U.S. Although the NRI cannot be used to predict future health outcomes, it can be used by federal, state, and local officials to develop risk reduction strategies (C. E. Zuzak, et al., 2023).

Table 4 shows the NRI for Otoe County. Overall, the NRI is very low for Otoe County in that only 41% of all counties in the U.S. have a lower Risk Index although 63% of the counties in Nebraska have a lower Risk Index. The Expected Annual Loss, Social Vulnerability, and Community Resilience all contributed to this low-risk rating. The highest risk areas, hail, ice storm, strong wind, and winter weather, were considered relatively moderate. However, all other factors were considered relatively low or very low.

Table 4: Hazard Type Risk Index, 2023

Indicator	National Risk Index – Otoe County	Risk Compared to U.S.
Expected Annual Loss	44.3	Very Low
Social Vulnerability	28.6	Relatively Low
Community Resilience	91.4	Very High
Cold Wave	32.7	Relatively Low
Drought	79.8	Relatively Low
Hail	90.7	Relatively Moderate
Heat Wave	34.1	Relatively Low
Ice Storm	67.1	Relatively Moderate
Landslide	53.8	Relatively Low
Lightning	22.3	Very Low
Riverine Flooding	31.2	Very Low
Strong Wind	71.7	Relatively Moderate
Tornado	64.5	Relatively Low
Wildfire	32.0	Very Low
Winter weather	72.5	Relatively Moderate

Source: C. E. Zuzak, et al., 2023, National Risk Index Technical Documentation, Federal Emergency Management Agency, Washington, DC.

Unique Community Characteristics

Nebraska City is the county seat of Otoe County, and the home of several charitable foundations which provide funding and support to various projects related to the health and wellbeing of its community members. The Arbor Day Foundation, Arbor Day Farm, and Lied Lodge bring naturalists and conservationists to Nebraska City for meetings, events, and professional development. Kimmel Orchard and Kimmel Education and Research Center provide learning opportunities through the Nebraska Extension Cooperative. Southeast Community College recently opened a Learning Center in Nebraska City to offer continuing education and associate's degree-related classes for personal and professional development.

CHNA Collaborators

There were several organizations that were involved in the CHNA process. The overall scope and timing of the project were developed by the six hospitals within the SEDHD, including:

- Southeast District Health Department (SEDHD)
- Johnson County Hospital

- Nemaha County Hospital
- Syracuse Area Health
- Pawnee County Memorial Hospital
- Community Health Center

There were also many other organizations that contributed to the success of the project. The College of Public Health at the University of Nebraska Medical Center was the primary consultant on this project, but there were also many contributing organizations that are listed below.

- Nebraska City Public Schools
- Nebraska City News Press
- Nebraska City Police Department
- Lewis and Clark Center
- Heartland Family Workers
- Juvenile Diversion and Central Navigation
- The Faith Community
- Mission Field Treatment Center

Other Health Services in Otoe County

In addition to CHI St. Mary's Hospital, there are several other health services in Otoe County, including:

- Arbor Psychiatric and Wellness Center
- Blue Valley Behavioral Health
- Community Medical Center
- Community Health Services Home Care
- Fitness Plus Fitness Center
- Mission Field
- Syracuse Area Health
- CHI Health Clinic Family Medicine (St. Mary's)
- CHI Health Clinic Heart Institute Outreach (Syracuse)

The Southeast District Health Department (SEDHD) also offers a wide variety of public health services such as immunizations, health education, home visitation, and smoking cessation.

Soliciting Input from Public Health, Medically Underserved, Low-Income, and Minority Populations

CHI St. Mary's worked closely with the SEDHD and the other five hospitals in the region to design the process, including the surveys methods, the focus group interviews, and the secondary

data analysis. The staff from the SEDHD were mainly responsible for distributing the survey and collecting the survey data. They also attended all of the focus group interviews and worked with representatives from the College of Public Health to ensure that the timelines for key tasks were met.

One of the important requirements of the Community Health Needs Assessment is to obtain input from medically underserved low-income and minority populations. These population groups tend to have more barriers accessing health care services due to more limited insurance coverage, social needs such as food insecurity and transportation barriers, high risk lifestyle choices, and worse health outcomes. In Otoe County, a concerted effort was made to get input from these groups through survey responses and receiving feedback from organizations serving these groups at the focus group interviews. For example, 7% of the Otoe County survey respondents were from minority population groups and about 8% had household incomes of less than \$30,000 and about 25% had household incomes of less than \$50,000. In terms of soliciting input from representatives of organizations who primarily serve vulnerable populations, the focus group included a representative from the Heartland Family Workers who were representing Hispanic workers. There was also a Hispanic representative from the hospital who focuses on pre-authorization for Medicaid insurance. Other organizations that were represented included the Juvenile Diversion and Central Navigation, the Mission Field Treatment Center which provides alcohol and drug addiction treatment and has a suicide crisis hotline, the police department, the faith community, and the public schools.

Community Health Needs Assessment Process and Methods

The process of identifying the high priority health needs in Otoe County initially involved the following steps, including:

1. Convene a planning group that includes staff from the SEDHD and the hospital administrators from the six hospitals in the region to identify the breadth, scope, and timing of the process.
2. Collect and analyze secondary health data that assesses population characteristics, personal risk factors, social drivers of health such as food insecurity, prevalence of chronic and mental health conditions, and health outcomes such as life expectancy and mortality rates. Using a variety of data sources (the U.S. Census data, the Behavioral Health Risk Factor Surveillance System, the County Health Rankings from the University of Wisconsin, the Nebraska Crime Commission, the Nebraska Department of Education, and the Department of Health and Human Services.
3. Conduct a survey of adults in the five counties served by the Southeast District Health Department to identify the most important health problems, the changes needed to

improve the health of family and friends, the strengths of the current health system, and the quality of life in their communities (e.g., satisfaction with the health care system, a good community to grow old and raise children, economic opportunities, and a safe place to live).

4. Organize a facilitated focus group interview in each community with a hospital, including Nebraska City, to review the results of the survey and the secondary data analysis to determine the most significant health needs in the community.

The survey of the five-county area was conducted by the SEDHD to gain a better understanding of the health status and needs of the region. The surveys were available in August and September of 2024 and were emailed to community stakeholder listservs by each of the participating hospitals, promoted on social media by the SEDHD, and paper copies were made available at county fairs and other events. A total of 393 people completed the community survey, including 110 from Otoe County. Table 1 shows the demographic and other characteristics of the survey respondents.

Table 5 shows the demographic characteristics of survey participants in each of the 5 counties represented in the Southeast district. The results of the survey are calculated by county and were presented to the focus group participants.

Table 5. Community Health Survey Results - Respondent Demographics

	Johnson	Nemaha	Otoe	Pawnee	Richardson
Total Respondents	20	57	110	49	157
RACE					
White Non-Hispanic or Latino	87.5%	91.8%	93.0%	95.9%	97.3%
Hispanic or Latino	0.0%	2.0%	3.0%	0.0%	0.0%
African American	6.3%	0.0%	0.0%	0.0%	0.0%
American Indian/Alaska Native	0.0%	0.0%	0.0%	0.0%	0.7%
Asian	0.0%	0.0%	1.0%	0.0%	0.0%
Native Hawaiian/ Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%
Two or more races	0.0%	2.0%	3.0%	2.0%	1.3%
Prefer not to answer	6.3%	4.1%	0.0%	2.0%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	0.7%
GENDER					
Male	12.5%	12.2%	16.0%	22.5%	7.4%
Female	81.3%	85.7%	83.0%	73.5%	92.0%
Prefer not to answer	6.3%	2.0%	1.0%	2.0%	0.7%
AGE					
Under 18	0.0%	0.0%	0.0%	0.0%	0.0%
18 - 24	0.0%	2.1%	6.0%	6.1%	4.8%
25 - 34	33.3%	21.3%	18.0%	16.3%	21.8%
35 - 44	20.0%	36.2%	18.0%	14.3%	17.7%
45 - 54	20.0%	8.5%	26.0%	18.4%	16.3%
55 - 64	6.7%	17.0%	14.0%	20.4%	25.2%
65 or over	20.0%	10.6%	18.0%	22.5%	14.3%
Prefer not to answer	0.0%	0.0%	0.0%	2.0%	0.0%

Table 5. Community Health Survey Results - Respondent Demographics					
	Johnson	Nemaha	Otoe	Pawnee	Richardson
YEARLY HOUSEHOLD INCOME					
Less than \$15,000	6.25%	2.0%	1.0%	2.0%	0.7%
\$15,000 - \$29,999	0.0%	8.2%	7.0%	10.2%	5.4%
\$30,000 - \$49,999	31.3%	8.2%	16.0%	14.3%	12.1%
\$50,000 - \$74,999	18.8%	10.2%	10.0%	20.4%	19.5%
\$75,000 - \$99,999	12.5%	14.3%	22.0%	8.2%	19.5%
\$100,000 - \$149,999	12.5%	30.6%	14.0%	12.2%	20.8%
\$150,000 or more	18.75%	18.4%	22.0%	8.2%	13.4%
Prefer not to answer	0.0%	0.0%	0.0%	24.5%	8.7%
EDUCATIONAL ATTAINMENT					
Less than high school degree	0.0%	0.0%	1.0%	2.0%	0.7%
High school degree or equivalent	18.8%	4.1%	9.0%	20.4%	10.7%
Some college but no degree	12.5%	12.2%	15.0%	10.2%	22.2%
Associate degree	12.5%	14.3%	21.0%	20.4%	29.5%
Bachelor's degree	12.5%	44.9%	36.0%	18.4%	21.5%
Graduate degree	43.75%	20.4%	17.0%	18.4%	13.4%
Other	0.0%	2.0%	0.0%	2.0%	1.3%
Prefer not to answer	0.0%	2.0%	1.0%	8.2%	0.7%

Survey Results for Otoe County

The results of the survey revealed both positive and negative factors that influence the health of people in Otoe County. When the survey respondents were asked about what they feel are the three most important factors for a healthy community, the top five responses were (1) access to care, (2) affordable housing, (3) good jobs and a healthy economy, (4) access to affordable health insurance, and (5) availability of healthy foods. In response to the question about what they feel are the three most important health problems in the community, the top five responses were (1) mental health, (2) drug abuse, (3) overweight/obesity, (4) alcohol abuse, and (5) aging problems such as arthritis and hearing/vision loss.

The survey participants were also asked what is needed to improve the health of your family and friends in Otoe County. The top three responses were mental health/behavioral health services, wellness services, and job opportunities. There were several questions related to satisfaction with the quality of life in their community. Fifty-seven percent either strongly or somewhat agreed that they were satisfied with the quality of life and 61% strongly or somewhat agreed that they were satisfied with the health care system.

About 63% strongly or somewhat agreed that it was a good place to raise children and 60% strongly or somewhat agreed that it was a good place to grow old. However, only 43% strongly or somewhat agreed that there is economic opportunity in their community. In contrast, 64% strongly or somewhat agreed that their community was a safe place to live.

Highlights from the Secondary Data Analysis

The secondary data analysis also indicated some positive and negative trends. On the positive side, the population of Otoe County is slightly increasing as compared to most rural counties where the population is falling. In 2022, the median household income exceeded the state average and the total number of people who were uninsured was significantly below the state average (5.4% versus 7.8%). There were also some factors that may have a negative influence on health. For example, in 2022, the percentage of people below the poverty level was higher as compared to the state (11.4% versus 10.4%). As expected, the percentage of the population over aged 65 in 2022 was considerably higher in Otoe County as compared to the state (20.3% versus 16.2) [U.S Census Bureau, 2024].

In comparison with the other four counties in the SEDHD, Otoe County has a lower percentage of children enrolled in Medicaid and the State Children's Health Insurance Program (CHIP) (Nebraska Department of Health and Human Services) and a substantially lower percentage of people who participate in the Supplemental Nutrition Assistance Program. For example, in 2023, 5.9 percent of individuals in Otoe County participated in the program as compared to 8.5% in Nebraska and 10.5% in Nemaha County (U.S. Census Bureau, 2024).

Otoe County also had other strengths in comparison with the state. For example, the prevalence of diabetes was slightly lower (8% versus 9%), preventable hospital stays (1,285 days versus 2,249 days), primary care physicians to population ratio (1,330 versus 1,340), and life expectancy (79.2 years versus 78.4 years) and life expectancy in Otoe County was above all of the other counties in the region (County Health Rankings, 2024).

There were also some areas of concern which have a negative impact on health. The percentage of people who smoke in Otoe County was slightly higher than the state average (15% versus 14%), obesity levels exceeded the state average (39% versus 36%), and alcohol driving deaths (445 versus 32%) [County Health Rankings, 2024]. In addition, Otoe County is designated as a federal Health Professional Shortage Area for primary care professionals, dental health, and mental health professionals (HPSAFind, 2024).

Prioritized Description of Significant Community Health Needs

CHI Health St. Mary's co-hosted one of the six focus group meetings, which was facilitated by staff from the COPH, on October 10, 2024. A total of 21 community stakeholders, including representatives from the provider community, the SEDHD, and various community organizational representatives (public schools, the faith community, Juvenile Diversion, the police department, the Lewis and Clark Center, and Heartland Family Workers) discussed areas of concern, strengths of the current health system, and opportunities for improvement. The focus group participants then identified the significant community health needs using the following criteria: (1) standing in comparison with benchmark data; (2) identified trends; (3) the magnitude of the issue in terms of the number of persons affected; (4) disparity and equity, (5) severity of the problem, (6) known effective interventions, (7) resource feasibility and sustainability, and (8) the perceptions of top issues among the key informants who provided input in the process.

Most Significant Health Needs

Table 6 outlines areas of opportunity to improve health and wellbeing of the people in Otoe County. There are many reasons why these health needs are significant.

Table 6: Areas of Opportunity- Otoe County, NE

REASON FOR HIGH PRIORITY	
Transportation Services and Barriers	<ul style="list-style-type: none"> ● In 2022, 5.4% of Otoe County's population was uninsured compared to 7.8% in Nebraska. ● Almost 59% of the of SEDHD community survey respondents from Otoe County identified access to health care as one of the top three “important factors for a healthy community” and 54% of the survey respondents indicated that additional mental/behavioral health services are needed to improve the health of their family and friends. In the five counties that are included in the Southeast District Health Department’s jurisdiction. ● About 9% reported they had no personal doctor or health care provider, and 10% indicated that they needed care but were not able to afford it in the past year according to the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey. ● Transportation was identified as a high priority health need in the focus group interview because it limits access to health care services for low-income populations. ● There are few options for non-emergency transportation, and the need and demand greatly exceed the supply.

AREA OF OPPORTUNITY	REASON FOR HIGH PRIORITY
Behavioral Health (Includes Mental Health, Suicide & Substance Abuse)	<ul style="list-style-type: none"> • The ratio of mental health providers to the population in Otoe County has improved, but it is significantly higher when compared to the state (850:1 versus 360:1). • Almost 15% of Otoe County residents reported in the 2022 BRFSS survey that their mental health was not good in 14+ days of the last month which is higher than the state average of 12%. • About 17% of Otoe County adults reported they were told they had depression in 2022 based on the BRFSS survey. • Almost 12% of adults in the Southeast District Health Department's jurisdiction reported current cigarette use, and 15% indicated they engaged in binge drinking in the past month according to the BRFSS survey in 2022. • In the community survey, 63% of the respondents indicated mental health was an important health problem in Otoe County. The next highest rated problem was drug abuse at 47% and alcohol abuse was the fourth highest rated problem at 24%. • About 54% of the respondents in the community survey indicated that mental/behavioral health services are needed to improve the health of their family and neighbors.
Access to Healthy Foods, Physical Activity, and Weight Control	<ul style="list-style-type: none"> • The percentage of adults who are obese in Otoe County was higher than the state average in 2022 according to the BRFSS survey (39% versus 36%). The rates of obesity in the Southeast District have exceeded the state average every year for the past five years. • The BRFSS survey also found that adults in the Southeast District as compared to the state average were also less likely to report no leisure time physical activity in the past 30 days (30% versus 25%) and consume fruits an average of less than 1 time per day over the past month (47% versus 43%). • Over 38% of community survey respondents identified not being overweight as one of the top three most important health problems in our community and having the greatest impact on community health. • Almost 45% of community survey respondents indicated that wellness services were needed to improve the health of their family and friends. This percentage was the second highest response behind only mental/behavioral health services. • Slightly more than 6% of adults in the Southeast District reported having a heart attack or coronary heart disease according to the

AREA OF OPPORTUNITY	REASON FOR HIGH PRIORITY
	BRFSS survey in 2022. This percentage was almost identical to the state average. However, a higher percentage of adults in the Southeast District as compared to the state were told they have high blood pressure in 2021 (35% versus (32%) and ever had diabetes (14 versus 11%) in 2022.
Child and Adult Day Care and Youth Activities	<ul style="list-style-type: none"> • Otoe County has a larger 65+ population (20.3%) when compared to the state (17.0%). • Those 65+ account for about half of the population with any disability. • Aging problems such as arthritis and hearing and vision loss were identified in the community survey as one of the top 5 problems in our community. • The number of single parent family households with children under the age of 18 as a percent of total family households was somewhat higher in Otoe County as compared with the state (22.4% versus 21.2%). • The average number of juvenile arrests from 2020 to 2023 was 37. • The average childcare costs for a household with two children as a percent of median household income in 2024 was 25% in Otoe County which was slightly below the state rate of 28%. • The percentage of children enrolled in Medicaid and CHIP in 2024 was 40%.

High Priority Needs

After considering the major factors that are influencing the most significant health needs in Otoe County, the aforementioned needs were identified as high priorities for community action. There was considerable discussion about the faith community as a resource to address many of the priority areas, and this resource should be used in the development of the implementation activities.

Resources Potentially Available to Address the Needs

To address the high priority needs, many organizations need to be involved in the organizational efforts. CHI Health St. Mary's provides a variety of medical services and has been active in collaborating with many other organizations in the community. The hospital is responsible for managing a robust primary care clinic and several consulting physician specialists such as cardiology, dermatology, and urology are available. The hospital also provides maternity care, surgical services, and therapy services.

There are also many other resources such as the faith community, schools, foundations, and nonprofit organizations. The SEDHD offers a wide variety of health education and health promotion programs. It also has expertise in collaborating with many community-based organizations. There are also outdoor recreational assets such as the Riverview Marina SRA and the Steamboat Trace Bicycle Trail as well as several golf courses in the area. In addition, there is a senior center and long-term care facilities (e.g., nursing homes and assisted living facilities), emergency medical services, and behavioral health services (e.g., Arbor Psychiatric and Wellness Center).

Current Resources to Address the High Priority Health Needs

Address Transportation Barriers

- Small Beginnings
- CHI Health St. Mary's
- Nebraska City Fire Rescue – EMS Division
- Faith Community

Increase Education on Substance Use

- Arbor Psychiatric and Wellness Center
- Blue Valley Behavioral Health
- SEDHD
- Public and Private Schools
- Faith Community
- Nebraska Cooperative Extension

Activate the Religious/Faith Community

- Bethel Church
- Calvary Community Church
- Church of Christ

- Nebraska City First United Methodist Church
- First Christian Church
- Saint Benedict Catholic Church
- First Baptist Church
- Saint Mary's Catholic Church
- Cornerstone Church Nebraska City
- St Mary's Episcopal Church
- First Evangelical Lutheran Church
- Christ Lutheran Church
- Presbyterian Church
- Faith Baptist Church
- ReLeas T
- Apostolic Church UPC
- Saint Joseph's Catholic Church
- Community of Christ
- Pentecostal Kings Church
- The Church of Jesus Christ of Latter-day Saints
- Nebraska City Seventh-day Adventist Church
- Partners for Otoe County
- Kingdom Hall of Jehovah's Witnesses

Improve Access to Healthy Foods

- Public and Private Schools
- The Faith Community
- Nebraska Cooperative Extension
- SEDHD
- Growing Great Kids
- Partners of Otoe County Substance Abuse Prevention Team
- Blue Valley Behavioral Health
- Arbor Psychiatric and Wellness Center
- Mission Field

Increase Child and Adult Care


- Public and Private Schools
- The Faith Community
- World of the Aging Senior Center
- Growing Great Kids

- Services for Elderly People
- Nebraska City Caregivers – Home Care Nebraska City
- In-Home Senior Care Nebraska City
- Nebraska City Center for Child
- Nebraska City Center for Children and Families, Inc.
- Arbor Day Foundation
- Wirth Foundation

Evaluation of FY20-FY22 Community Health Needs Implementation Strategy

The previous CHNA for St. Mary's was conducted in 2022. Table 7 illustrates the progress and impact made around CHI Health St. Mary's previous implementation strategy to address community health needs.


Table 7: Strategies and Program Activities by Health Need

	Health Need #1: Behavioral Health
Goal & Anticipated Impact	<p>Goals:</p> <ul style="list-style-type: none"> Expand access to <ul style="list-style-type: none"> behavioral health services for youth and adults substance abuse treatment and early intervention for youth exhibiting substance misuse behaviors capacity to identify individuals in mental health crisis and respond appropriately Provide access to behavioral health services in Otoe County and encourage greater collaboration between primary care and behavioral health providers Increase capacity to implement Crisis Prevention Intervention <p>Anticipated Impact:</p> <ul style="list-style-type: none"> Decrease in youth feeling sad or hopeless Increase <ul style="list-style-type: none"> individuals who feel confident they can identify signs of mental health crisis and respond appropriately with resources individuals receiving Medication Assisted Treatment (MAT) for addiction/ substance misuse individuals receiving behavioral health services in Otoe County Reduce the need for Otoe County residents to travel outside the county to access BH services Increase number of CHI Health staff that have completed CPI training Reduce incidence of workplace violence and enhance culture of safety for patients and staff
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> The ratio of mental health providers to population in 2015 was 1,970:1 in Otoe County compared to 410:1 in Nebraska overall. Suicide rates have risen in the SEDHD five-county area <p>CHNA 2019</p> <ul style="list-style-type: none"> Ratio of mental health providers to population is 1,970:1 compared to NE overall at 410:1. Suicide rates in SEDHD service area have risen since 2011 from 3.9 per 100,000 to 21.4 in 2014. Community members report that “lack of awareness to identify mental health issues,” and “ability to support those who need care” are key issues. In addition, respondents noted that social stigma prevents individuals from seeking help. Community members report that “lack of awareness to identify mental health issues,” and “ability to support those who need care” are key issues. In addition, respondents noted that social stigma prevents individuals from seeking help.

	<p>CHNA 2022</p> <ul style="list-style-type: none"> Ratio of population to mental health providers in Otoe County has improved from 1,970:1 to 1,600:1 but is significantly higher when compared to NE overall (360:1). Otoe County residents reported 3.6 poor mental health days in the last 30 days (similar to NE overall). 12% reported frequent mental distress in Otoe County, which is slightly higher than the State of Nebraska at 11%.
Strategy	Key Activities
1.1 Expand access to mental health services for youth	<p>1.1.1 Provide mental health services for an integrated school- based mental health program that includes therapy services for students, facilitation of peer groups and training for parents and teachers</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> On hold due to expansion of Emergency Room triage services. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> No updates to report. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
1.2 Partner with the Region to promote adult/ youth Mental Health First Aid training	<p>1.2.1 Promote Region 5's Mental Health First Aid trainings in the community</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Promoted Mental Health First Aid and QPR training implemented by community partners including Nebraska City Public School's Project Aware, Southeast District Health Department (SEDHD), Auburn Public Schools, and Region V. Training promoted include Youth Mental Health First Aid and QPR <p>FY23 Measures</p> <ul style="list-style-type: none"> # of individuals trained in Youth Mental Health First Aid: 44 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Promoted Region V Systems's Mental Health First Aid and Question, Persuade, and Refer (QPR) trainings. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>

<p>1.3 Provide Medication Assisted Treatment (MAT)</p>	<p>1.3.1 Implement a Medication Assisted Treatment (MAT) program as part of HRSA opioid grant</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Implemented HRSA opioid grant including Medication Assisted Treatment (MAT) program. <p>FY23 Measures</p> <ul style="list-style-type: none"> 09-2022 to 02-2023 <ul style="list-style-type: none"> # of residential patients: 119 # of outpatient: 34 # of assessments provided: 54 # of patients served by HRSA grant: 48 <ul style="list-style-type: none"> # of patients admitted for Alcohol: 13 # of patients admitted for Opioid: 17 # of patients admitted for Methamphetamine: 18 03-2023 to 08-2023 <ul style="list-style-type: none"> # of residential patients: 148 # of outpatient: 34 # of assessments provided: 54 # of patients served by HRSA grant: 48 <ul style="list-style-type: none"> # of patients admitted for Alcohol: 60 # of patients admitted for Opioid: 30 # of patients admitted for Methamphetamine: 42 # of patients admitted for Cocaine: 5 # of patients admitted for Inhalant: 1 # of patients admitted for Benzodiazepine: 3 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> All St. Mary's providers have completed training and are prepared to provide MAT to patients who present at an emergency department or rural clinic. <p>FY24 Measures</p> <ul style="list-style-type: none"> St. Mary's served as one of seven service delivery sites for the HRSA grant. For these seven sites, between March 2024 and August 2024: <ul style="list-style-type: none"> Patients who received MAT: 88 Providers who provided MAT: 104 <ul style="list-style-type: none"> Medical Providers: 18 Non-Medical Counseling Staff: 54 Peer Recovery Support Specialists: 18 After Care Coordinator: 1 Community Support Works: 13 <p>FY25 Results Pending</p>
<p>1.4 Expand access to behavioral health services</p>	<p>1.4.1 Implement and sustain an Integrated BH primary care mode</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Engaged in discussion with contract services to increase capacity and implementation. <p>FY23 Measures</p>

	<ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Continued to collaborate with Lutheran Family Services and the CHI Health Behavioral Health Service Line to identify partnerships for access to prescribing providers and mental health counselors. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
1.5 Provide Crisis Prevention Intervention (CPI) training for staff	<p>1.5.1 Expand Crisis Prevention Intervention (CPI) training for staff and support CPI trainings in NE City Community Schools</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Training has been implemented with hospital nurses, discussion continues on efforts to increase trainer capacity to expand external training efforts. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> St. Mary's staff complete TEAM® (Techniques for Effective Aggression Management) training annually. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
Related Activities	Connect with schools/businesses to identify the need as well as engage in Better Together.
Planned Resources	The hospital will provide registered nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.
Planned Collaborators	<ul style="list-style-type: none"> Nebraska City Community Schools Region 5 Behavioral Health Services Mission Field Residential Treatment and Nebraska City Community Schools

	Health Need #2: Health Related Social Needs
Goal & Anticipated Impact	<p>Goal:</p> <ul style="list-style-type: none"> • Support <ul style="list-style-type: none"> ◦ community efforts to address health-related social needs through effective service referrals and resource navigation ◦ evidence-based programming to support financial literacy and goal setting among individuals living in poverty in Otoe County • Improve <ul style="list-style-type: none"> ◦ early detection of developmental delays and increase maternal and child health outcomes among individuals at risk due to low socioeconomic status ◦ access and availability of affordable housing in Nebraska City ◦ access to Early Childhood Education (ECE) for youth and workforce childcare <p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Reduce poverty and improve health outcomes by building capacity of community service agencies to remediate health-related social needs and improve quality of life • Increase early detection of developmental delays and expand access to community-based services through home-based assessment and referral • Expand access to housing at various income levels and for various needs of population strata (young people, families with children, aging, etc.) • Increase recruitment and retention of staff with young children • Increase community capacity to provide high-quality, early childhood education
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> • 15.1% of adults live in poverty in Nebraska City, compared to 10% in Otoe County and 12.4% in Nebraska overall • 13.4% of children 0-18 are living in poverty in Otoe County compared to 16% across the State • 3.7% unemployment in Otoe County, compared to 3.0% in Nebraska <p>CHNA 2019</p> <ul style="list-style-type: none"> • 13.6% of adults live in poverty in Nebraska City, compared to 9.1% in Otoe County and 10.8% in Nebraska overall • 13% of children 0-18 are living in poverty in Otoe County compared to 14% across the State • 3.4% unemployment in Otoe County, compared to 2.9% in Nebraska • 31.8% of rentals where gross rent exceeds 30% of household income <p>CHNA 2022</p> <ul style="list-style-type: none"> • 15.3% of persons live in poverty in Nebraska City, compared to 8.4% in Otoe County and 9.2% in Nebraska • 19.57% children under age 18 are living in poverty in Otoe County compared to 13.91% across the state • 1.1% unemployment rate in Otoe County, compared to 1.3% in Nebraska
Strategy	Key Activities

2.1 Connection to community-based services for unmet health needs	<p>2.1.1 Support Partners for Otoe County's efforts to provide central navigation services to families in crisis and avoid system involvement</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Collaborated with community partners to serve as resources for patients. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> No updates to report. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p> <hr/> <p>2.1.2 Invest in community organizations focused on Health Related Social Needs through the implementation of the Community Health Improvement Grant (CHIG) program.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Activity created in FY24. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Awarded a CHIG to Building, Reaching, Achieving, Nebraska City Housing (BRANCH). BRANCH facilitates programs that educate and empower participants to find safe and affordable housing and to develop employment skills. BRANCH also provides transportation to medical appointments. <p>FY24 Measures</p> <ul style="list-style-type: none"> CHIG funds awarded (1/1/24-12/31/24): \$15,000 <p>FY25 Results Pending</p>
2.2 Promote financial literacy	<p>2.2.1 Provide financial and in-kind support for the Bridges out of Poverty' Getting Ahead financial literacy program</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Implemented an 8 week class of the financial literacy program. <p>FY23 Measures</p> <ul style="list-style-type: none"> # of participants: 11 # of graduated investigators: 4 <p>FY24 Actions and Impact</p>

	<ul style="list-style-type: none"> Supported Bridges out of Poverty's Getting Ahead financial literacy program through in-kind staff time. <p>FY24 Measures</p> <ul style="list-style-type: none"> Participants: 15 <ul style="list-style-type: none"> Graduates: 4 In-kind staff hours: 40-50 <p>FY25 Results Pending</p>
2.3 Promote early detection of developmental delays and intervention for young children at greatest risk due to low SES	<p>2.3.1 Provide financial support for Southeast District Health Department to deliver the Growing Great Kids home visiting program serving families with children 0-3 and at risk for poor maternal/ child health outcomes</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Provided \$22,000 to Southeast District Health Department to support the Growing Great Kids program in Otoe County. <p>FY23 Measures</p> <ul style="list-style-type: none"> # of families served: 39 # of home visits completed: 908 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Continued to support the program. <p>FY24 Measures</p> <ul style="list-style-type: none"> CHI Health St. Mary's financial support of Growing Great Kids: \$22,000 <p>FY25 Results Pending</p>
2.4 Support community efforts to increase affordable housing	<p>2.4.1 Provide leadership and in-kind support for community efforts to improve housing access and affordability led by the Nebraska City Area Economic Development Corporation (NECAEDC)</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Engaged in NECAEDC efforts to increase housing availability, culminating in the city purchasing a lot north of the hospital to be developed by NorthStar Apartment Development. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Continued to engage with NECAEDC. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
2.5 Engage in community efforts to	<p>2.5.1 Explore the opportunity to launch an Early Childhood Education (ECE) center onsite/nearsite to CHI Health St. Mary's hospital</p>

address the lack of early childhood education	<p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Engaged in discussions with NECAEDC culminating in the city receiving \$250,000 in funding which will be utilized to receive certification. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> No updates to report. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
2.6 Health Equity Transformation Assessment (HETA)	<p>2.6.1 Complete the American Hospital Association's HETA and utilize results to develop an action plan.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Activity created in FY24. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Completed the HETA assessment. Created a health equity action plan and formed a committee to advance the work. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
Related Activities	EDGE Nebraska City is developing 5th grade financial literacy curriculum American Rescue Plan Act (ARPA) funding
Planned Resources	The hospital will provide philanthropic cash grants, outreach communications, and program management support for these initiatives.
Planned Collaborators	<ul style="list-style-type: none"> Partners for Otoe County (P4OC) Bridges out of Poverty/ Southeast Nebraska Community Action (SENCA) Nebraska City Housing Authority Southeast District Health Dept/ Growing Great Kids Program EDGE Nebraska City NE City Community Foundation NE City Area Economic Development Corporation NE City Chamber of Commerce

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11. Source: C. E. Zuzak, et al., 2023, National Risk Index Technical Documentation, Federal Emergency Management Agency, Washington, DC.
12. Nebraska Department of Health and Human Services, Nebraska Public Health Atlas Dashboard, 2020, <https://atlas-dhhs-.ne.gov/Atlas/f>
13. County Health Rankings & Roadmaps, 2022 Data Set, www.countyhealthrankings.org/

Appendix A

For a complete list of community health indicators reviewed in consideration of the CHNA for CHI Health St. Mary's, please refer to the Southeast District Health Department CHNA in Appendix A.

Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community's health, nor can we represent all interests of the population. Challenges exist in Otoe County around reliable data collection due to small sample sizes among different populations and indicators. 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 collected as needed.

2024-2025 **COMMUNITY HEALTH ASSESSMENT**



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INTRODUCTION

In partnership with the Southeast District Health Department (SEDHD), a team from the University of Nebraska Medical Center (UNMC) conducted and prepared this 2024-2025 Community Health Assessment (CHA) for the five counties within the Southeast Health District (Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties). This assessment was completed in partnership with the district's six nonprofit hospitals; Johnson County Hospital, Nemaha County Hospital, CHI St. Mary's, Syracuse Area Health, Pawnee County Memorial Hospital, and Community Medical Center in Falls City; as well as various other community partners and agencies. This assessment provides the foundation for the development of the Community Health Improvement Plan (CHIP) and serves as a reference document for the six hospitals to support their strategic planning initiatives, and it can be used to develop the Community Health Needs Assessments (CHNAs). Lastly, this assessment provides data and information that can be used to inform and educate interested community partners and stakeholders about the health status of the population in the Southeast Health District.

The CHA process is a collaborative effort and aims to serve as a single source of data for community partners, stakeholders, and organizations. The primary objective of this assessment is to describe the health status of the population, identify areas for health improvement, and outline the health priorities of the communities within the health department's jurisdiction. To provide continuous and up-to-date data, this assessment will be updated every three years. Subsequent revisions to this assessment should evaluate progress towards the current health priorities and identify new priorities that reflect the changes in health conditions and problems within our communities.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND METHODS

The process of identifying the high priority health needs in the five-county area of the SEDHD was multi-dimensional and involved several steps. A concerted effort was made to identify major health challenges from individuals through a community survey and focus group interviews with some representatives from organizations who represented vulnerable populations. A secondary data analysis using multiple data sources was also conducted. The ultimate goal was to select 3-5 high priority needs. The major steps in the process are summarized below:

1. Convene a planning group that includes staff from the SEDHD, the hospital administrators from the six hospitals in the region, and the COPH to identify the breadth, scope, and timing of the process.
2. Collect and analyze secondary health data that assesses population characteristics, personal risk factors, social drivers of health such as food insecurity, prevalence of

chronic and mental health conditions, and health outcomes such as life expectancy and mortality rates. Using a variety of data sources (e.g., the U.S. Census data, the Behavioral Health Risk Factor Surveillance System, the County Health Rankings from the University of Wisconsin, the Nebraska Crime Commission, the Nebraska Department of Education, and the Nebraska Department of Health and Human Services).

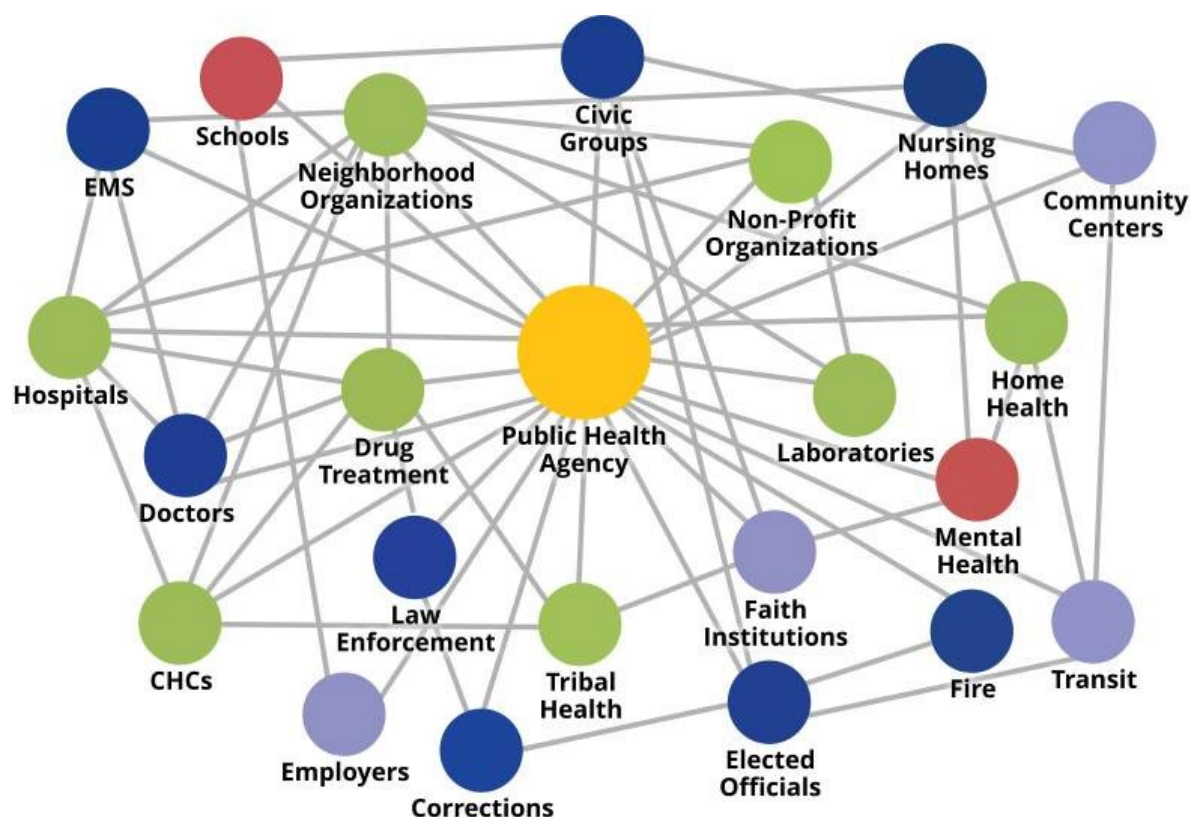
3. Conduct a survey of adults in the five county region to identify the most important health problems, the changes needed to improve the health of family and friends, the strengths of the current health system, and the quality of life in their communities (e.g., satisfaction with the health care system, a good community to grow old and raise children, economic opportunities, and a safe place to live).
4. Organize focus group interviews in each community with a hospital to review the results of the survey and the secondary data analysis and recommend high priority health needs in each of the hospital service areas.
5. Review all the information (i.e., the survey results, the secondary data analysis, and the priorities recommended by each of the six focus groups) to determine three to five health priorities for the district.

COMMUNITY HEALTH AND THE PUBLIC HEALTH SYSTEM

To address a broad array of community health issues, it is essential to create collaborative partnerships among many community-based organizations. Some of these issues include access to health care services, public safety and welfare, crime, substance use, poverty, obesity, diabetes, adolescent and child health, chronic diseases, and various other epidemiological challenges.

Improving the health of a community requires a collaborative effort among diverse community agencies and goes beyond efforts typically undertaken by hospitals and the local public health department. Figure 1 shows the public health network and interdisciplinary relationships needed between public, private and non-profit agencies that effectively address the community's health needs.

Figure 1. The Public Health System



Source: Centers for Disease Control and Prevention, 2018

COMMUNITY HEALTH COLLABORATORS

There were several individuals and organizations involved in the CHA process. The overall planning process and the scope of the plan were developed by the SEDHD and the six hospitals in the region because each of these hospitals is using the findings from the CHA as the foundation for their Community Health Needs Assessments (CHNAs) which is a requirement for all nonprofit hospitals under the Affordable Care Act. The following hospitals were key members of the planning group.

- Johnson County Hospital
- Nemaha County Hospital
- CHI Health St Mary's (Otoe County)
- Syracuse Area Health (Otoe County)
- Pawnee County Memorial Hospital
- Community Medical Center (Richardson County)

Consultants Contracted

The SEDHD contracted and worked closely with the College of Public Health (COPH) at the University of Nebraska Medical Center.

Contributing Organizations

The SEDHD also worked with each hospital to identify other community-based organizations that identify health challenges for vulnerable populations and help to devise intervention strategies to address the high priority challenges. These organizations are listed below.

Nemaha County

- City Council, City of Auburn
- Community Member
Nemaha County Veteran Service Officer
- Community Member, Retired Physician

Otoe County

- Nebraska City Public Schools
- School Nurse in Syracuse
- Superintendent in Palmyra/Bennet Public Schools
- Nebraska City News Press
- City Administrator in Syracuse
- Nebraska City Police Department
- Lewis and Clark Center
- Heartland Workers Center, Nebraska City
- Juvenile Diversion and Central Navigation, Nebraska City
- The Faith Community
- Mission Field Treatment Center, Nebraska City
- Senior Center, Syracuse
- Nursing Home, Syracuse

Pawnee County

- Pawnee County Sheriff's Office
- Pawnee County Public Schools
- Member of the School Board
- John and Pawnee County Emergency Management Agency
- Alpha Pet Food Company
- State Bank of TR
- Pawnee City Librarian
- Pawnee City Veterinary Clinic

One of the important requirements of PHAB accreditation is to demonstrate the involvement of

other organizations representing sectors other than governmental public health and community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes. In addition to the six hospitals in the SEDHD jurisdiction, there were many community organizations such as the public schools, various churches representing the faith community, a school nurse, law enforcement, and the Heartland Workers Center that emphasizes the rights of Hispanics and other foreign workers. All of these organizations were involved in the focus group interviews where health challenges for vulnerable populations were discussed at length.

The SEDHD also used the results of the community survey to seek input from racial/ethnic minorities and other underserved populations. For example, 7% of the Otoe County survey respondents were from minority population groups, about 8% had household incomes of less than \$30,000, and about 25% had household incomes of less than \$50,000. The characteristics of the survey respondents are summarized in Table 1.

COMMUNITY HEALTH SURVEY

As part of the CHA process, 393 residents within the SEDHD completed the community health survey in August and September of 2024. The survey findings provide valuable information about community members within the SEDHD. The survey is also used as a tool to gauge residents' perceptions on the quality of life in their community, personal health, and behaviors that may impact the health of their community.

Table 1 shows the demographic characteristics of survey participants in each of the 5 counties represented in the Southeast district. The results of the survey are calculated by county and presented as part of the data packets given to focus group participants.

Table 1. Community Health Survey Results - Respondent Demographics					
	Johnson	Nemaha	Otoe	Pawnee	Richardson
Total Respondents	20	57	110	49	157
Race					
White Non-Hispanic or Latino	87.5%	91.8%	93.0%	95.9%	97.3%
Hispanic or Latino	0.0%	2.0%	3.0%	0.0%	0.0%
African American	6.3%	0.0%	0.0%	0.0%	0.0%
American Indian/Alaska Native	0.0%	0.0%	0.0%	0.0%	0.7%
Asian	0.0%	0.0%	1.0%	0.0%	0.0%
Native Hawaiian/ Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%
Two or more races	0.0%	2.0%	3.0%	2.0%	1.3%
Prefer not to answer	6.3%	4.1%	0.0%	2.0%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	0.7%
Gender					
Male	12.5%	12.2%	16.0%	22.5%	7.4%
Female	81.3%	85.7%	83.0%	73.5%	92.0%
Prefer not to answer	6.3%	2.0%	1.0%	2.0%	0.7%
Age					
Under 18	0.0%	0.0%	0.0%	0.0%	0.0%

Table 1. Community Health Survey Results - Respondent Demographics					
	Johnson	Nemaha	Otoe	Pawnee	Richardson
18 - 24	0.0%	2.1%	6.0%	6.1%	4.8%
25 - 34	33.3%	21.3%	18.0%	16.3%	21.8%
35 - 44	20.0%	36.2%	18.0%	14.3%	17.7%
45 - 54	20.0%	8.5%	26.0%	18.4%	16.3%
55 - 64	6.7%	17.0%	14.0%	20.4%	25.2%
65 or over	20.0%	10.6%	18.0%	22.5%	14.3%
Prefer not to answer	0.0%	0.0%	0.0%	2.0%	0.0%
Yearly Household Income					
Less than \$15,000	6.25%	2.0%	1.0%	2.0%	0.7%
\$15,000 - \$29,999	0.0%	8.2%	7.0%	10.2%	5.4%
\$30,000 - \$49,999	31.3%	8.2%	16.0%	14.3%	12.1%
\$50,000 - \$74,999	18.8%	10.2%	10.0%	20.4%	19.5%
\$75,000 - \$99,999	12.5%	14.3%	22.0%	8.2%	19.5%
\$100,000 - \$149,999	12.5%	30.6%	14.0%	12.2%	20.8%
\$150,000 or more	18.75%	18.4%	22.0%	8.2%	13.4%
Prefer not to answer	0.0%	0.0%	0.0%	24.5%	8.7%
Educational Attainment					
Less than high school degree	0.0%	0.0%	1.0%	2.0%	0.7%
High school degree or equivalent	18.8%	4.1%	9.0%	20.4%	10.7%
Some college but no degree	12.5%	12.2%	15.0%	10.2%	22.2%
Associate degree	12.5%	14.3%	21.0%	20.4%	29.5%
Bachelor's degree	12.5%	44.9%	36.0%	18.4%	21.5%
Graduate degree	43.75%	20.4%	17.0%	18.4%	13.4%
Other	0.0%	2.0%	0.0%	2.0%	1.3%
Prefer not to answer	0.0%	2.0%	1.0%	8.2%	0.7%

FOCUS GROUPS

As a part of the 2024-2025 CHA and CHIP process, UNMC facilitated six in person focus groups within the SEDHD region. The focus group schedule included:

- October 1, 2024 - Richardson County, Falls City, NE
- October 1, 2024 - Johnson County, Tecumseh, NE
- October 3, 2024 - Nemaha County, Auburn, NE
- October 3, 2024 - Pawnee County, Pawnee City, NE
- October 10, 2024 - Otoe County, Syracuse, NE
- October 10, 2024 - Otoe County, Nebraska City, NE

Focus group participants included community members, stakeholders, and leaders from local businesses, schools, social service agencies, hospitals, local government, economic development, and police within the corresponding counties of the health district. Participants of the focus groups were recruited by partnering hospitals (CHI Health, Community Medical Center, Pawnee County Memorial Hospital, Syracuse Area Health, and Nemaha County Hospital). All focus groups were facilitated by UNMC researchers. Table 2 shows the number of participants in each focus group.

Table 2. Community Focus Groups Location and Number of Participants	
Location	Number of Participants
Falls City (Richardson)	11
Tecumseh (Johnson)	10
Auburn (Nemaha)	10
Pawnee City (Pawnee)	15
Syracuse (Otoe)	17
Nebraska City (Otoe)	16

The focus groups lasted approximately ninety (90) minutes. In each of the focus groups, participants were given a packet of information specific to their respective county, created by UNMC and reviewed by SEDHD, that consisted of data from secondary sources such as BRFSS, County Health Rankings and Roadmaps, American Community Survey/US Census Bureau, and the Nebraska Department of Education to provide a broad overview of the county's health status.

Focus group participants also reviewed selected survey response data from the community health survey which was administered by SEDHD and their partners in the five-county area.

Specifically, the group considered responses from survey questions 12, 13, and 14 which asked about the most important health factors, health concerns and what is needed to improve the community's health. After providing dedicated time for individual review, the UNMC facilitator asked the group to share and discuss their thoughts about these survey questions, the data, the strengths within the county, and the opportunities that exist in the county. After this discussion, the UNMC facilitator listed the opportunities discussed by the group on a white board and asked the group to use markers to vote for their top three priorities to determine which of the opportunities identified should be the focus moving forward.

FOCUS GROUP HIGHLIGHTS

This section highlights the emerging themes from the six focus groups.

- ***Strengths*** identified were quality healthcare; community pride among residents; availability of long-term care in the community (other communities had this as an opportunity instead of a strength); collaboration among public-private entities; good schools; strong police presence; strong community resources (pools, libraries, parks, and recreation programs, etc.).
- ***Areas of opportunity included*** increasing access to mental health; raising awareness of what kinds of services were available in each community; access to affordable housing; finding ways to keep people in the community (prevent community outmigration); child and adult daycare services; improve availability of transportation, especially for healthcare related needs; developing a community wellness center or for those communities that have one, expanding use of the wellness center/wellness services; consider adding weight management to community services/wellness center; expanding EMS services to mitigate overreliance on volunteer staffing; maximize telehealth services; expand availability of LTC in the community; Improve health literacy/Increase education on health behaviors such as substance abuse, social media use, vaping, etc.; activate the religious community as a resource; improve access to healthy foods; improve overall healthcare staffing.
- ***Themes on Priorities*** identified from the areas of opportunity across the six focus groups (priorities mentioned in two or more of the groups) included:
 - Access to affordable housing
 - Increasing mental health providers/services

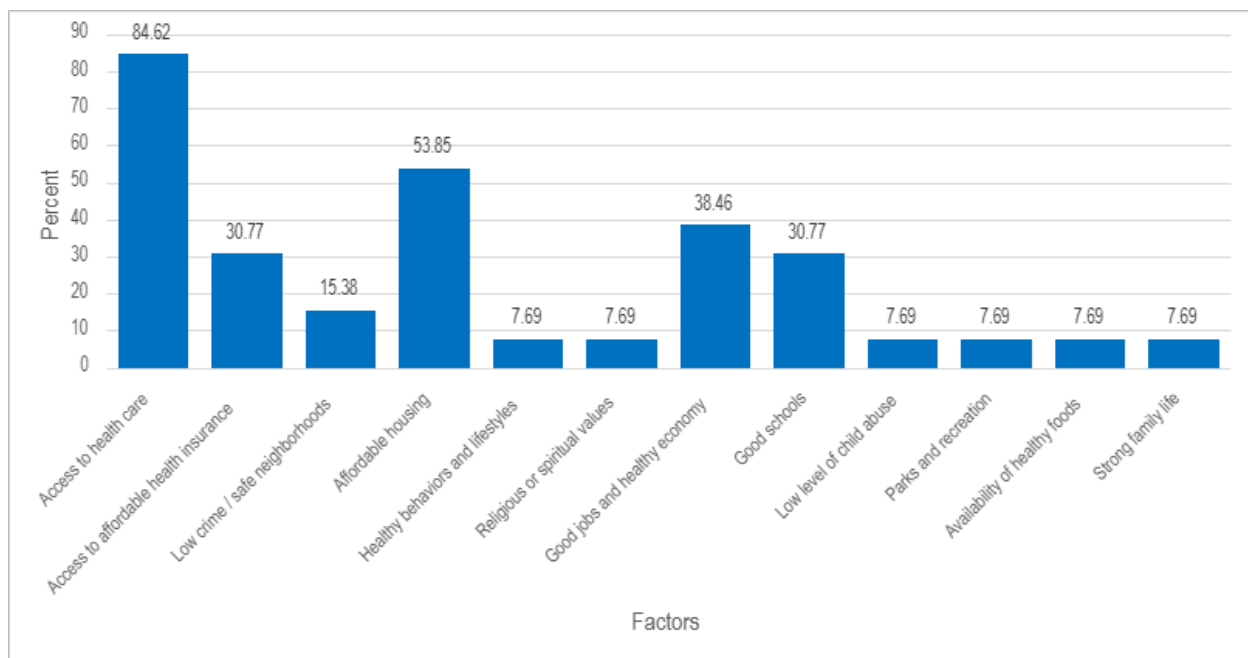
- Leverage telehealth to improve access (mental health often given as an example)
- Improve availability of transportation, especially for healthcare related needs
- Expanding EMS services to mitigate overreliance on volunteer staffing
- Expand/stabilize the healthcare workforce in general
- Increase child and adult day care programs (after school programs were mentioned)

FOCUS GROUP DETAILS

Johnson County Focus Group (10 Participants)

The data packets were provided and reviewed by the focus group members. Data packets included results for Survey Questions Q12-14:

Q12: In the following list, what do you think are the three (3) most important factors for a “Healthy Community” (Those factors which most improve the quality of life in a community)

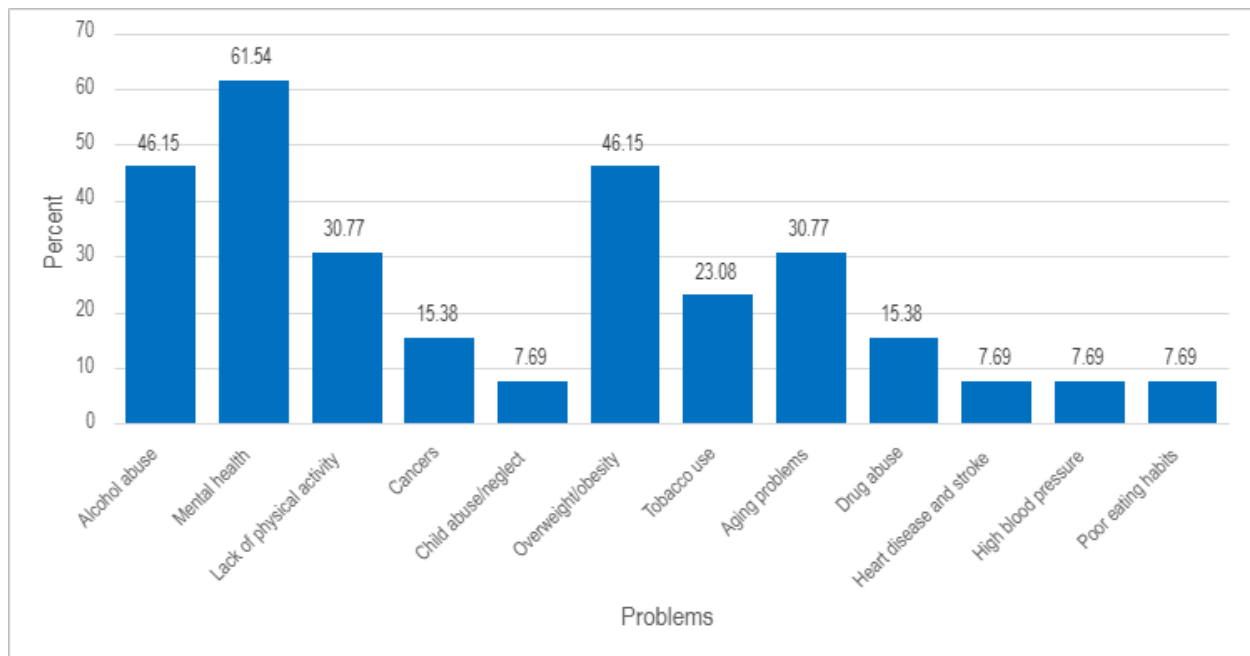


Top 5 Responses:

- Access to health care
- Affordable housing
- Good jobs and a healthy economy

- Good schools
- Access to good health insurance

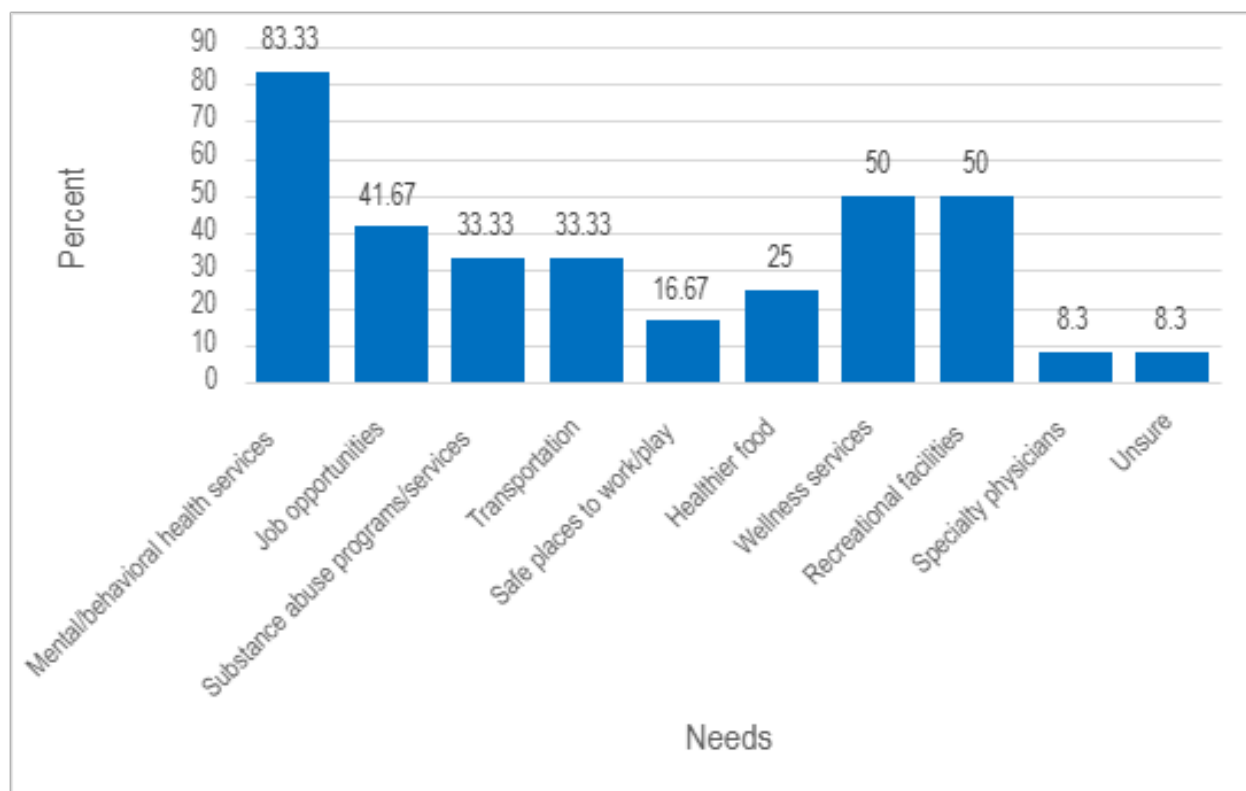
Q13: In the following list, what do you think are the three (3) most important “Health Problems” in your community? (Those factors which have the greatest impact on overall community health)



Top 5 Responses:

- Mental health
- Alcohol abuse
- Overweight/obesity
- Lack of physical activity
- Aging problems

Q14: What is needed to improve the health of your family and neighbors? (Select all that apply)



Top 3 Responses:

- Mental/behavioral health services
- Wellness services
- Recreational facilities

The results from these three questions were then discussed in the focus group.

Survey Q12. What are the most important factors for a healthy community? Does this seem right or are there other factors you would prioritize? “This pretty strongly reflects Johnson County.” Others agreed. One participant stated we need to make sure to highlight that while there are opportunities to think about, we need to make sure that people understand what an incredible area we live in and how lucky we are. That idea can get lost when all we are focusing on is the opportunities.

Survey Q13. What are the most important health problems in the community? Does this seem right or are there other health problems you would prioritize? “I don’t understand how aging is a problem. That just happens.” “It is more about the health problems gaining brings.” “For me, a lot of these run together. For example, lack of activity ties to obesity.” People supported the list

identified in the survey.

Survey Q14. What is needed to improve the health of your family and neighbors? Are there things other than what is identified that you would add? “We are taking some baby steps now, but there isn’t anything we can take off the list.” “When the service is there, you must be willing to reach out for it. There is accountability on the person. There are a lot of things available if you have the self-initiative to take advantage of it.” We do not have LTC. They are being “shipped out.” Staffing shortages; for example, strong EMS but shortages of staffing and dependence on volunteer systems resulting in longer response times.” “Childcare is an issue.”

What other strengths would you identify?

- We are recruiting a lot of primary care providers, and they are very busy
- We have added pediatric providers
- We have implemented a transfer system
- We just implemented paramedics
- More activities for kids through parks and rec including wellness

Opportunities?

- Survey result – wouldn’t raise children here (group thought this might be related to school quality or childcare) – 4 votes. (The group would like to reword this to recruitment/retention of young people/families)
- Community mental health services (e.g., AA, grief support) (combined) – 3 votes
- Collaboration between hospital and health department – zero votes
- Community paramedicine programs (e.g., home health) – zero votes
- Awareness of services (might add to the community welcome packet) – 4 votes
- Increasing services for mental health specifically in the 18-65 age group (combined) – 2 votes
- Availability of housing/affordable housing – 5 votes
- Community outmigration (added as a recommendation when the two mental health topics were combined)

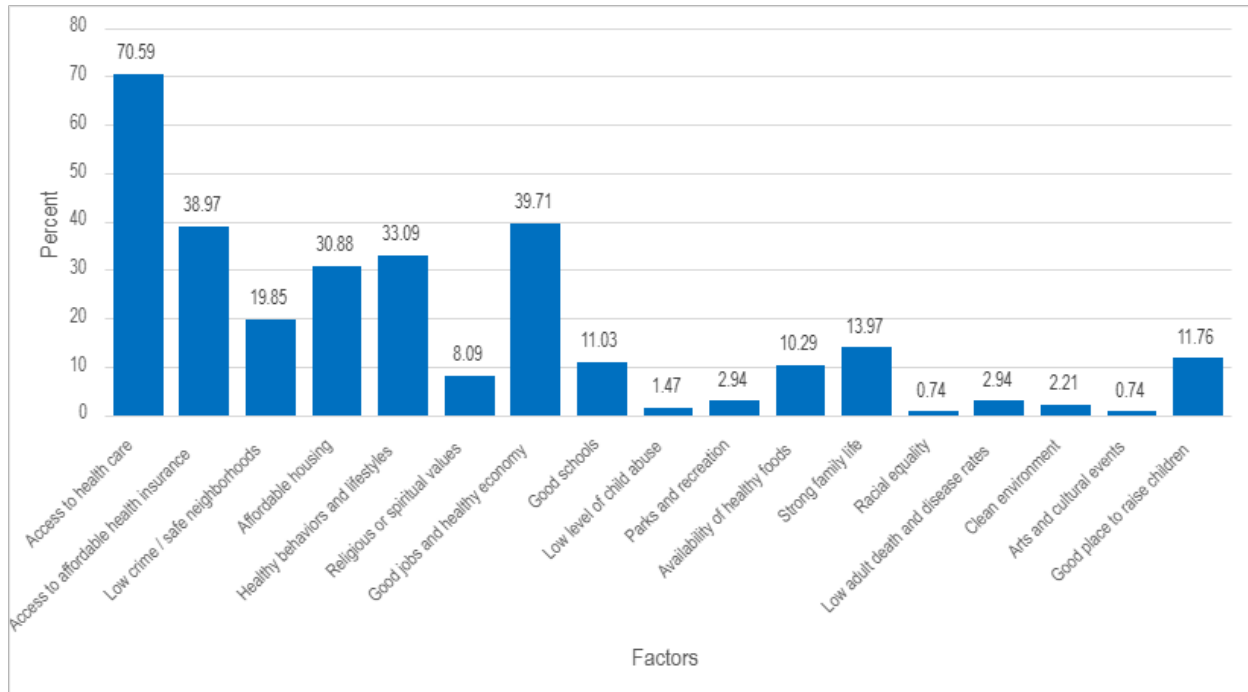
Top Priorities identified by the group

1. Housing
2. Awareness of services
3. Community member recruitment/retention
4. Mental health providers/services

Richardson County Focus Group (11 Participants)

The data packets were provided and reviewed by the focus group members. Data packets included results for Survey Questions Q12-14:

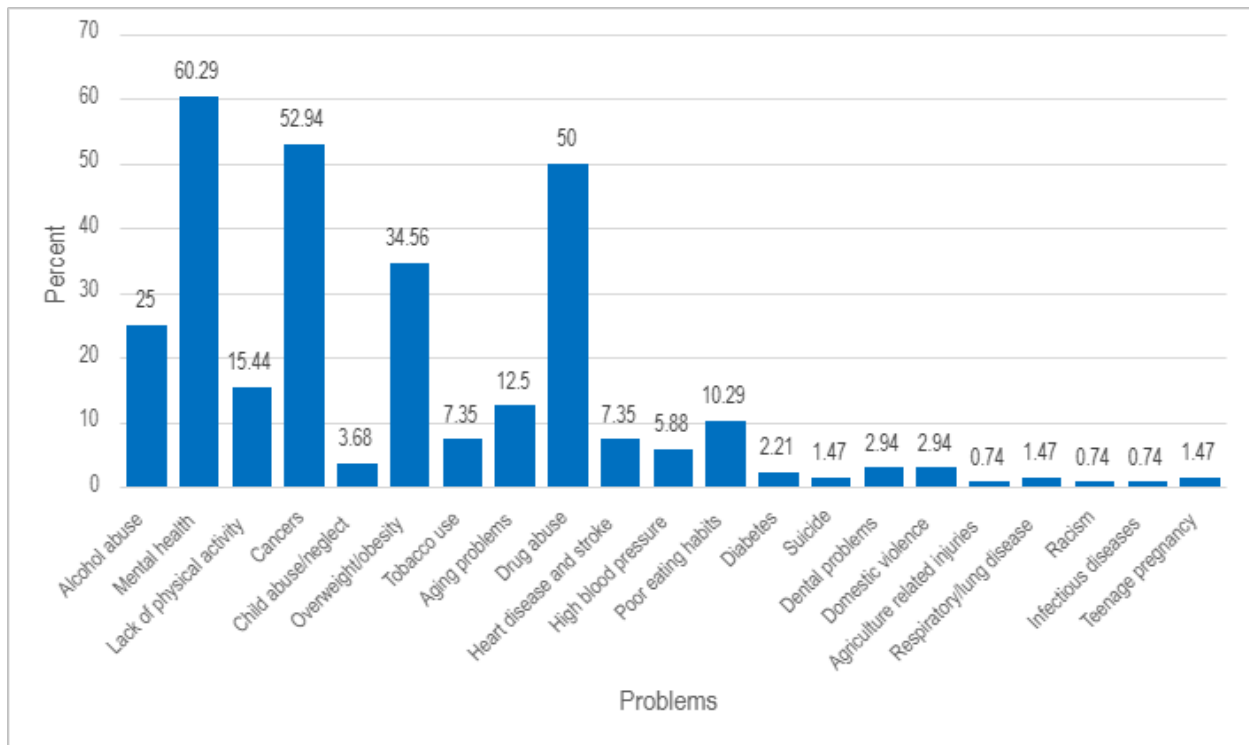
Q12: In the following list, what do you think are the three (3) most important factors for a “Healthy Community” (Those factors which most improve the quality of life in a community)



Top 5 Responses:

- Access to health care
- Good jobs and a healthy economy
- Access to affordable health insurance
- Healthy behaviors and lifestyles
- Affordable housing

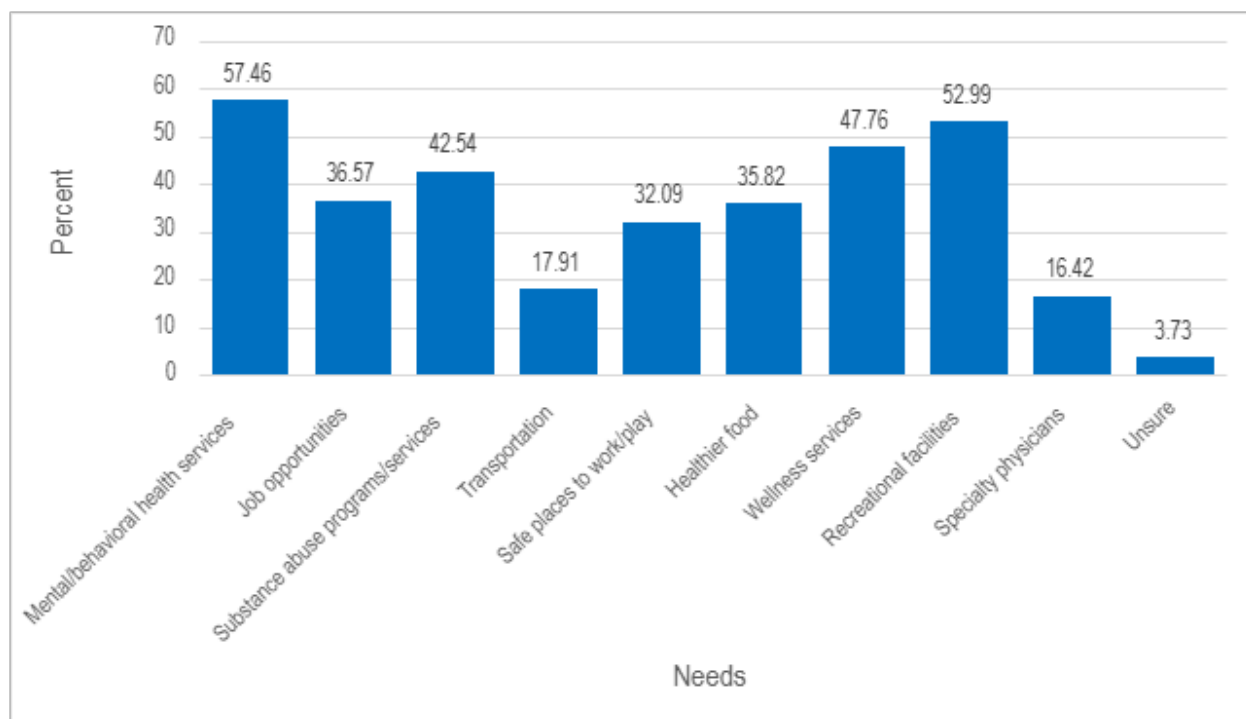
Q13: In the following list, what do you think are the three (3) most important “Health Problems” in your community? (Those factors which have the greatest impact on overall community health)



Top 5 Responses:

- Mental health
- Cancers
- Drug abuse
- Overweight/obesity
- Alcohol abuse

Q14: What is needed to improve the health of your family and neighbors? (Select all that apply)



Top 3 Responses:

- Mental/behavioral health services
- Recreational facilities
- Wellness services

The results from these three questions were then discussed in the focus group.

Survey Q12. What are the most important factors for a healthy community? Does this seem right or are there other factors you would prioritize? “For many people, it seems like access to healthcare and access to insurance are interrelated, but I guess that isn’t entirely the case.” “Affordable housing is complicated as well. Sometimes we have the reverse bell curve here.” “Affordable family housing is a big one. We have no place for low-income families.” “When we talk about access to care, we may have access to doctors, but we don’t have access to things like dental and vision for low-income families.” “Since the pandemic, supporting mental health and stability...work together to address mental health.”

Survey Q13. What are the most important health problems in the community? Does this seem right or are there other health problems you would prioritize? “Noting that drug abuse was mentioned at twice the rate that alcohol abuse is, does the group feel this is accurate?” “I see tons

of kids that are in that slot, 18-25 age, but there are a lot of people in town that I didn't know." "I don't know if drugs are abused at a higher level, but they are more visible." "I think they (drugs and alcohol) are pretty comparable." Others agreed. Recategorize as substance abuse. On a separate topic, one member was surprised to see diabetes, HBP so low. If you were going to rank 3-4 problems, what would they be? Mental health, substance abuse. One member agreed these two are priorities as well as Cancer. While obesity is mentioned, a lot of the things that go with it are not. The one not mentioned is SDOH and this should be captured. Transportation was later mentioned which is related to SDOH.

Survey Q14. What is needed to improve the health of your family and neighbors? Are there things other than what is identified that you would add? No additional comments from the group.

What other strengths would you identify?

- Hospital with high patient satisfaction
- Hospital expanded mental health outreach, transportation
- Strong family practice clinics
- Access to mental health facilities
- Some access to mental health through the schools
- Senior and worker focused on low-cost housing
- Community health workers to help with things like finding housing, services, etc.
- New walking trails, water aerobics, etc. have grown
- Expanded recreational activities for both adults and kids
- Data reflects that it is a safe community, schools are good, etc.

Opportunities?

- Community rec center - 4
- Expand community health workers - 2
- Affordable housing - 5
- Expand emergency services – reliance on limited volunteers - 4
- Expand transportation - 2
- Childcare - 4
- Job Corp focused on 18–25-year-old population/engagement and retention - 1
- Mental Health workforce expansion - 5

Top Priorities identified

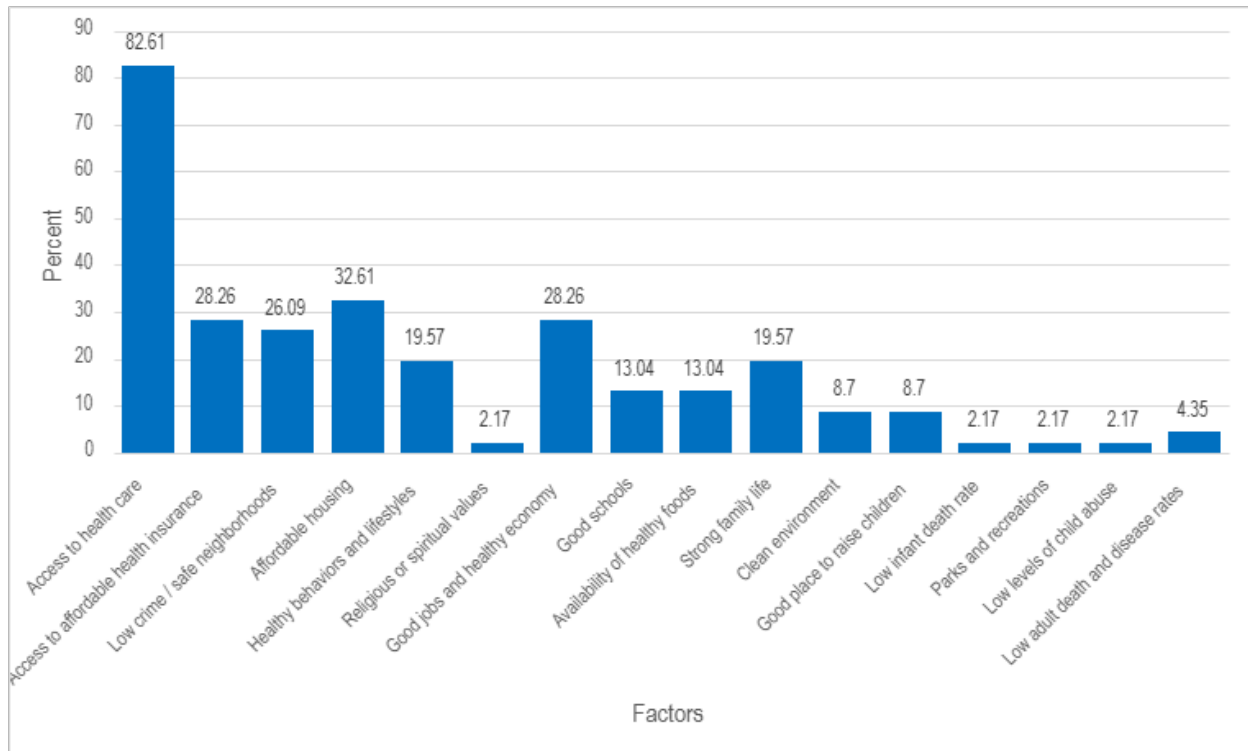
1. Affordable housing
2. Mental health workforce expansion
3. Community rec center
4. Childcare

5. Expand EMS services

Pawnee County (15 Participants)

The data packets were provided and reviewed by the focus group members. Data packets included results for Survey Questions Q12-14:

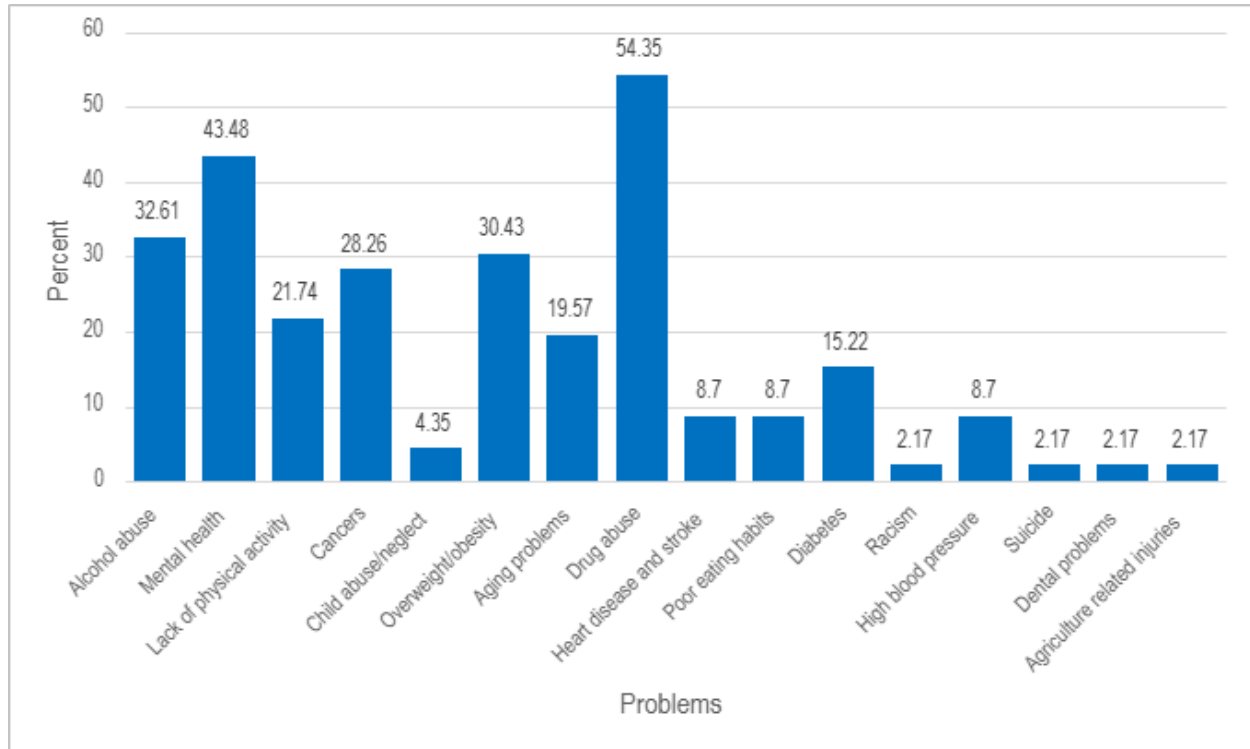
Q12: In the following list, what do you think are the three (3) most important factors for a “Healthy Community” (Those factors which most improve the quality of life in a community)



Top 5 Responses:

- Access to health care
- Affordable housing
- Access to affordable health insurance
- Good jobs and a healthy economy
- Low crime/safe neighborhoods

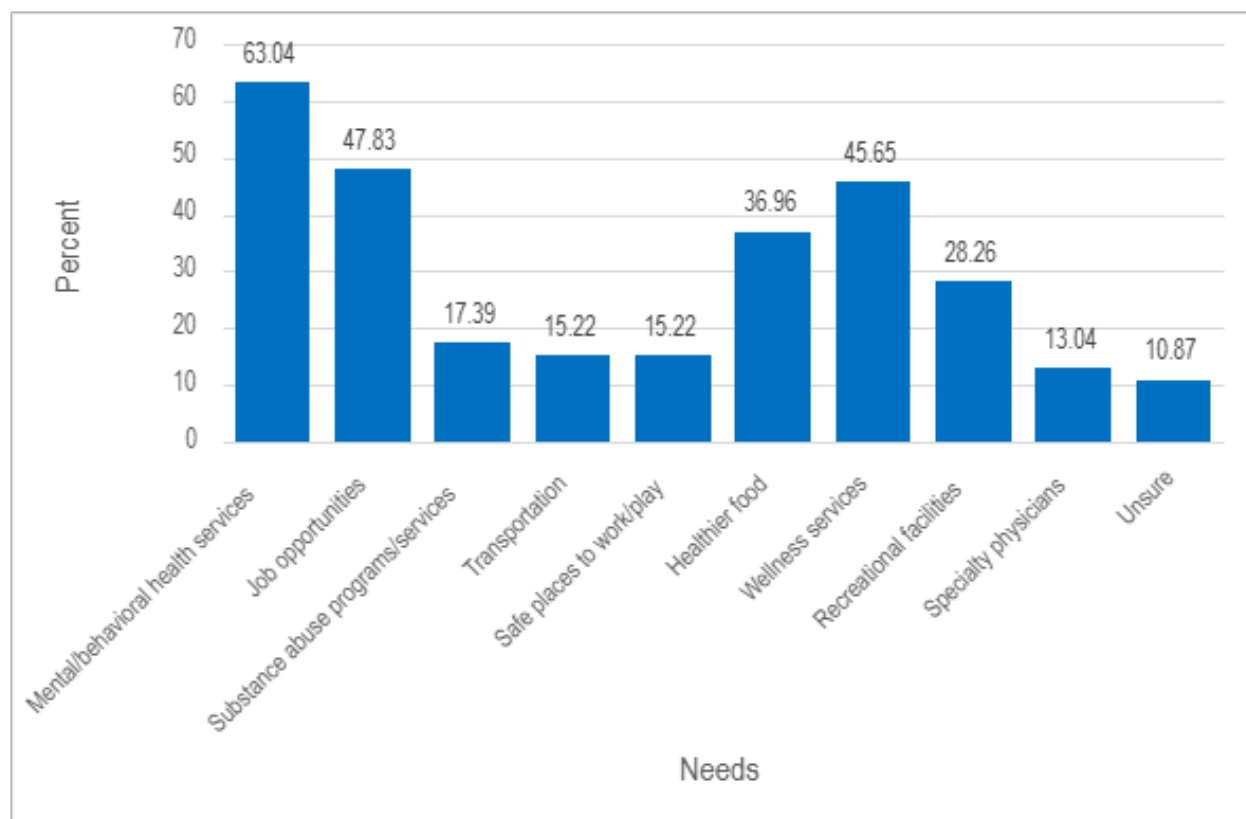
Q13: In the following list, what do you think are the three (3) most important “Health Problems” in your community? (Those factors which have the greatest impact on overall community health)



Top 5 Responses:

- Drug abuse
- Mental health
- Alcohol abuse
- Overweight/obesity
- Cancers

Q14: What is needed to improve the health of your family and neighbors? (Select all that apply)



Top 3 Responses:

- Mental/behavioral health services
- Job opportunities
- Wellness services

The results from these three questions were then discussed in the focus group.

Survey Q12. What are the most important factors for a healthy community? Does this seem right or are there other factors you would prioritize? “I am a little concerned religious/spiritual values are so low.” “Not a lot of people go to church anymore.” “I think this is skewed because it shows more of the concerns of 65 plus than people in my age group. We are more concerned about safety and security.” “I don’t know how expensive it would be...but, could we have volunteers that help with transportation.”

Survey Q13. What are the most important health problems in the community? Does this seem right or are there other health problems you would prioritize? “I have a different take on this than

most people would. We have had no end to issues with EPC (emergency protective custody). In my experience, we have many more problems with alcohol than with drugs (e.g., domestic violence, DUIs). Although this is changing with the younger generations, for example, drug rings, but you see less of the effects of drugs than alcohol. One of the reasons is they have enough money to live in an area like Pawnee County than somewhere else. “After the opioid crisis was shut down, meth became the drug of choice because it is cheap and easily accessed.” “From an E.R. perspective, this list nails it.” “From a school perspective, we see mental health issues younger and younger. This follows them through their lives.”

Survey Q14. What is needed to improve the health of your family and neighbors? Are there things other than what is identified that you would add? “There may be an education issue, but we have problems with people getting a headache and going to the ER. Availability of walk-in clinics would be helpful.” “Telehealth would be helpful.” “If you can establish a relationship with a healthcare provider long-term, it would be helpful.” “A wellness center available for the public would be helpful.” “More access to mental health.” “Incentives to bring more healthcare professionals to the area.” Difficulty retaining specialists like ENT, Pulmonology, etc. It is difficult to retain younger people unless they were originally from here because there are no social life opportunities.

What other strengths would you identify?

- New emergency manager
- Strong police force
- Nice healthcare system/patient experience
- Highschool recruitment programs for example, CNA program, ride along, shadowing

Opportunities?

- Telehealth/walk in care (option to get better access to medications/extended hours) – 10 votes
- Wellness Center – 4 votes
- Transportation/ride share – 10 votes
- Recruit and retain specialists and healthcare workers – 4 votes
- Affordable or free community weight management program – 9 votes

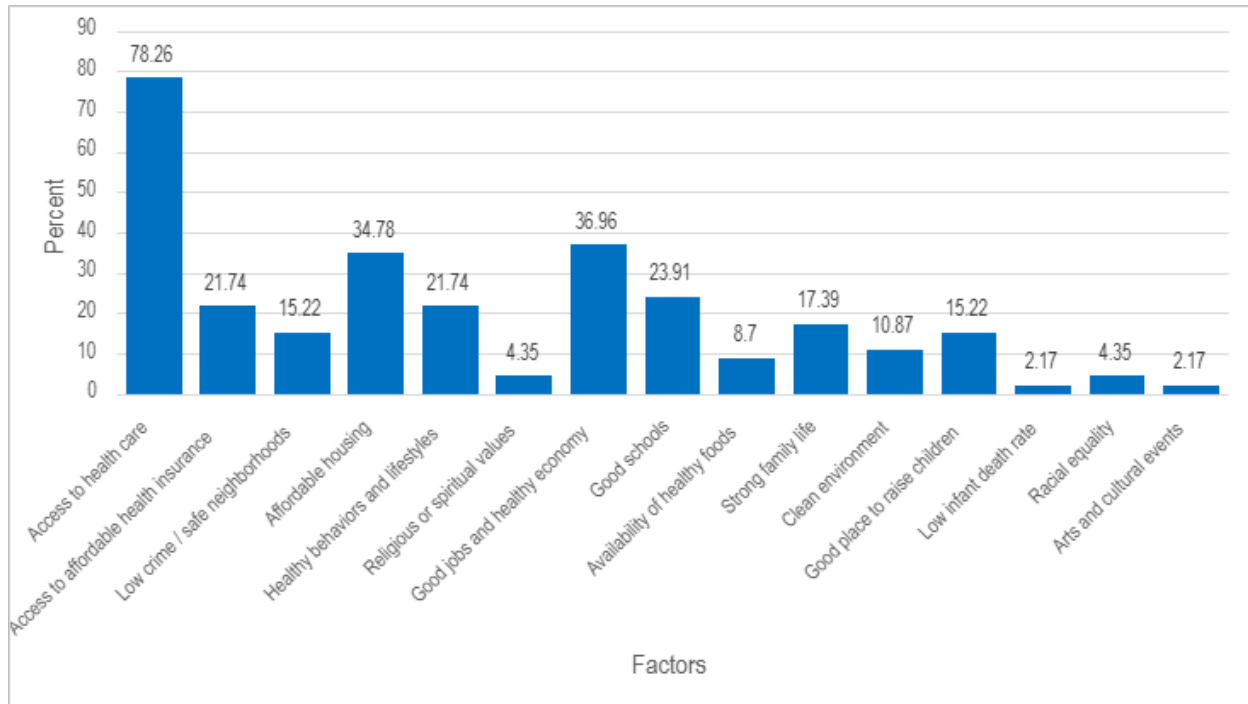
Top Priorities identified

1. Telehealth/walk in care
2. Transportation
3. Weight management program – could decide to combine with the wellness center

Nemaha County (10 Participants)

The data packets were provided and reviewed by the focus group members. Data packets included results for Survey Questions Q12-14:

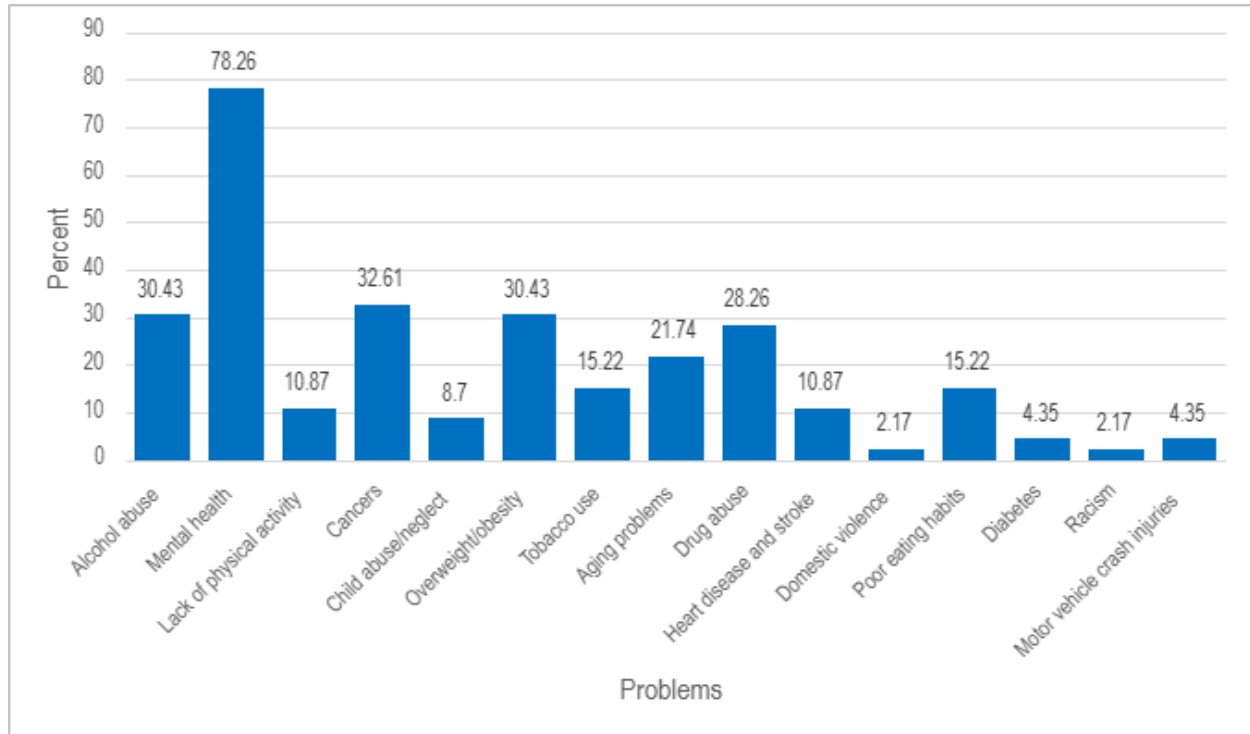
Q12: In the following list, what do you think are the three (3) most important factors for a “Healthy Community” (Those factors which most improve the quality of life in a community)



Top 6 Responses:

- Access to health care
- Good jobs and a healthy economy
- Affordable housing
- Good schools
- Access to affordable health insurance
- Healthy behaviors and lifestyles

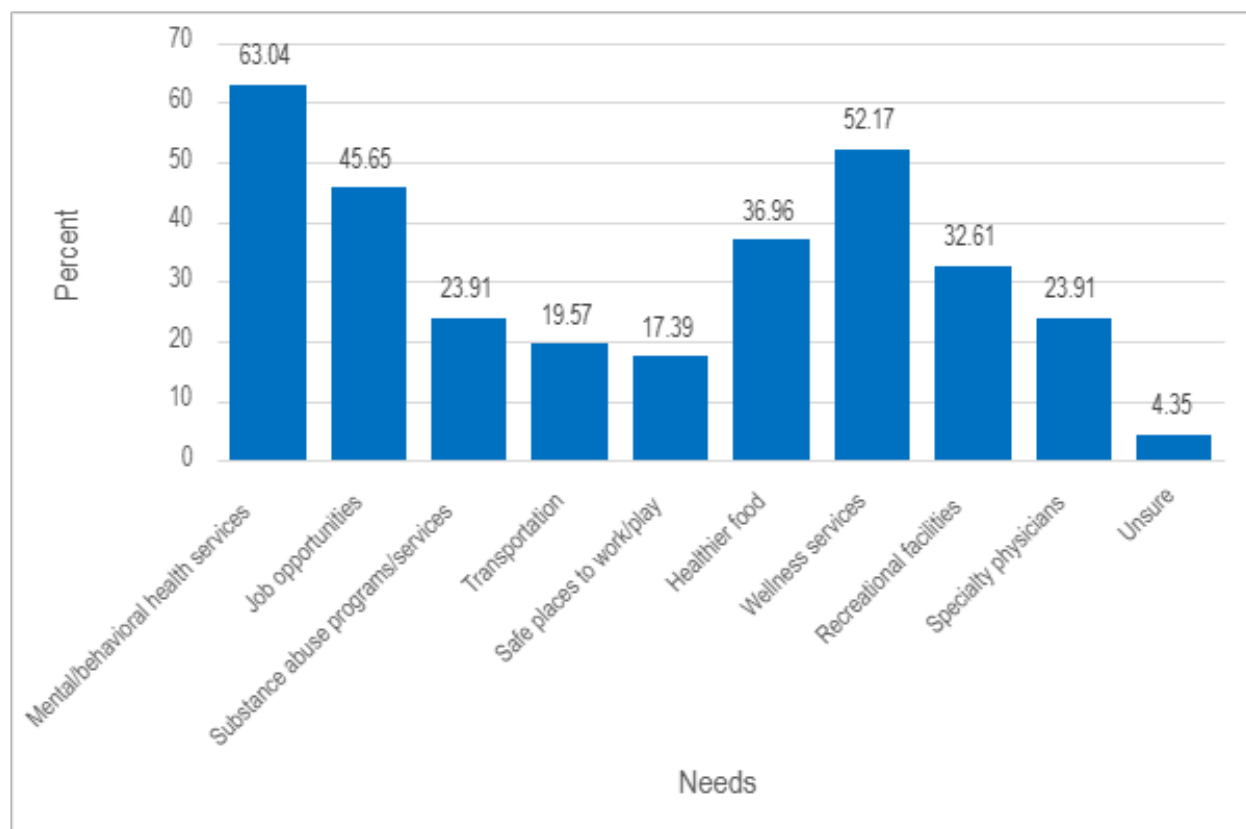
Q13: In the following list, what do you think are the three (3) most important “Health Problems” in your community? (Those factors which have the greatest impact on overall community health)



Top 5 Responses:

- Mental health
- Cancers
- Alcohol abuse
- Overweight/obesity
- Drug abuse

Q14: What is needed to improve the health of your family and neighbors? (Select all that apply)



Top 3 Responses:

- Mental/behavioral health services
- Wellness services
- Job opportunities

The results from these three questions were then discussed in the focus group.

Survey Q12. What are the most important factors for a healthy community? Does this seem right or are there other factors you would prioritize? “I think these are correct if not necessarily in the right order. These are the basic ones of any community.”

Survey Q13. What are the most important health problems in the community? Does this seem right or are there other health problems you would prioritize? “I was surprised to see how many people said mental health was a problem.” Others agreed that they were surprised as well and wondered if this was skewed because of age. Another group member pointed out that this has

been a trend. It was mentioned that this shows progression because mental health would not have been mentioned due to stigma 20 years ago. Other problems we might want to include are affordable housing and the availability of assisted living.

Survey Q14. What is needed to improve the health of your family and neighbors? Are there things other than what is identified that you would add? “I was surprised to see that wellness services were ranked so high in addressing the problems.” “I see mental health services, but a lot of people don’t realize that we have Blue Valley in Auburn. Has there been any thought about having a separate building?” Discussion in the group continued about how to raise awareness about services, e.g., Blue Valley, pediatric mental health, etc. One group member mentioned “some people are more reactive than proactive about their mental health, which contributes to the awareness problem.” “I’d like more information on wellness services”

What other strengths would you identify?

- Great healthcare coverage with the potential exception of mental health
- Availability of LTC
- Good working relationships/integration of health services

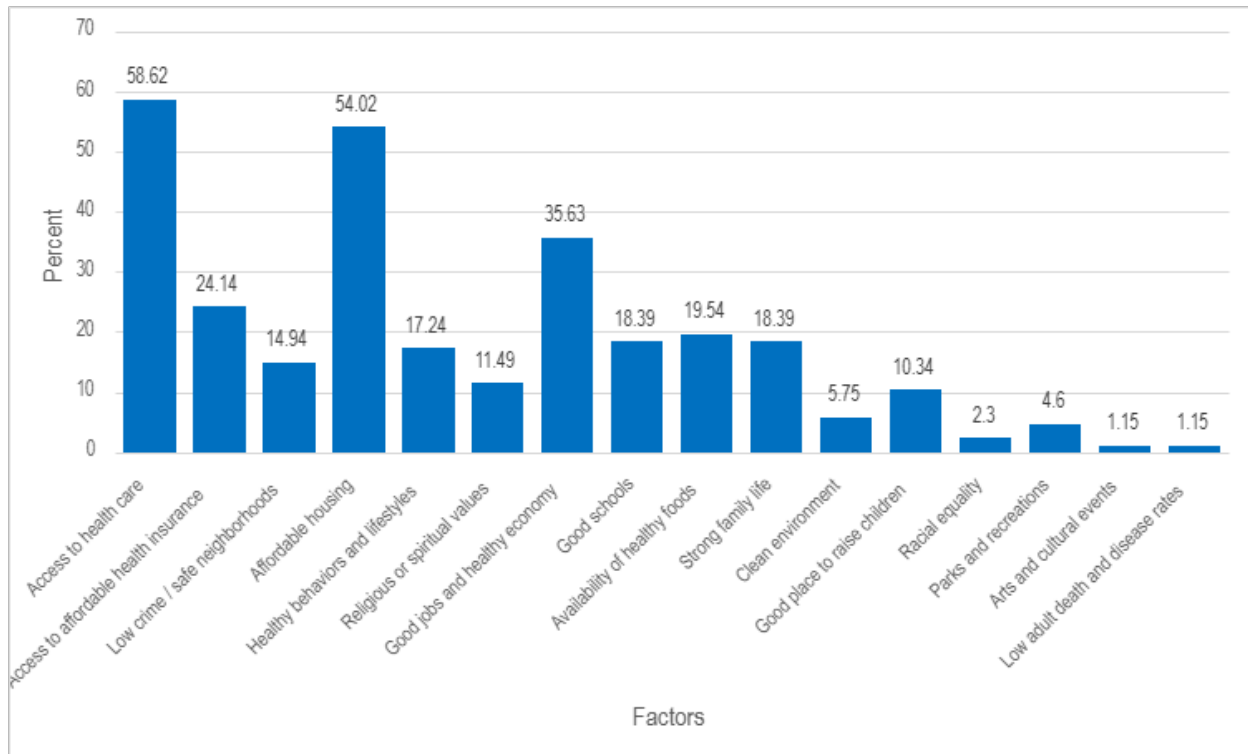
Opportunities?

- Availability/Awareness of services/Telehealth for mental health and substance abuse
- Availability of EMS
- Collaboration between wellness centers/health dept/hospital
- (The group discussed, combined areas, and just kept all three as priorities.)

Otoe County (CHI St. Mary's) (16 Participants)

The data packets were provided and reviewed by the focus group members. Data packets included results for Survey Questions Q12-14:

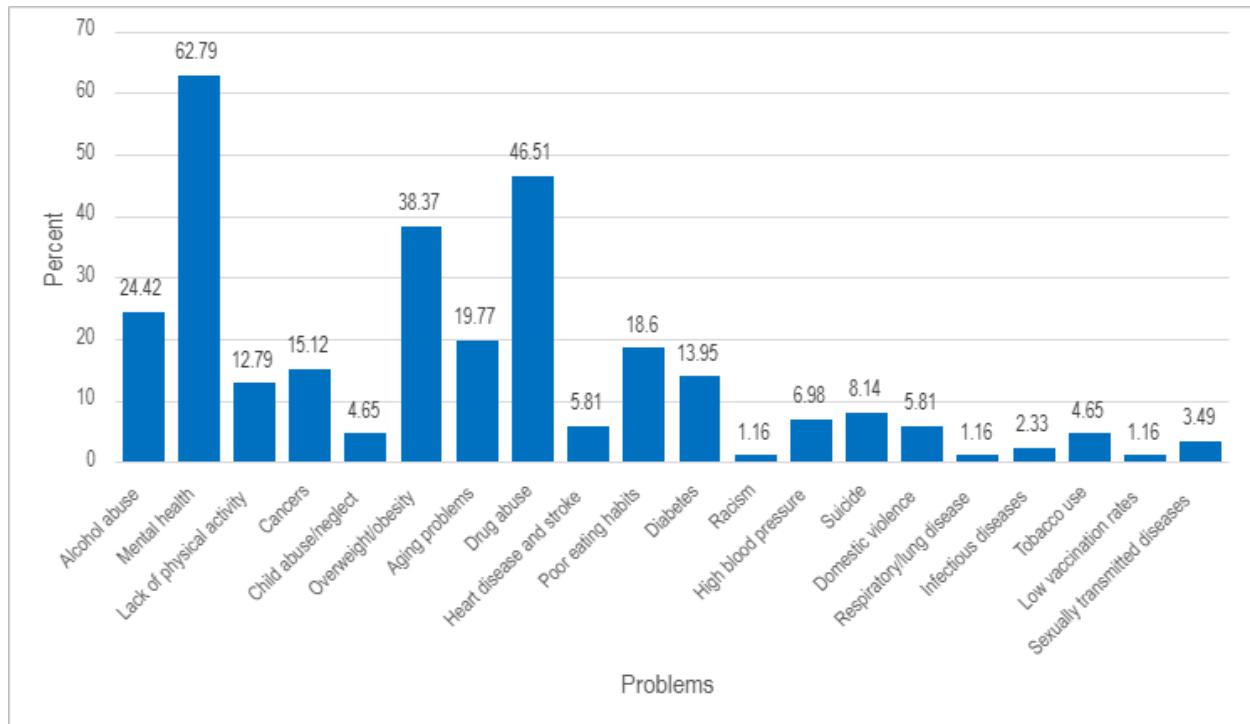
Q12: In the following list, what do you think are the three (3) most important factors for a “Healthy Community” (Those factors which most improve the quality of life in a community)



Top 5 Responses:

- Access to health care
- Affordable housing
- Good jobs and a healthy economy
- Access to affordable health insurance
- Availability of healthy foods

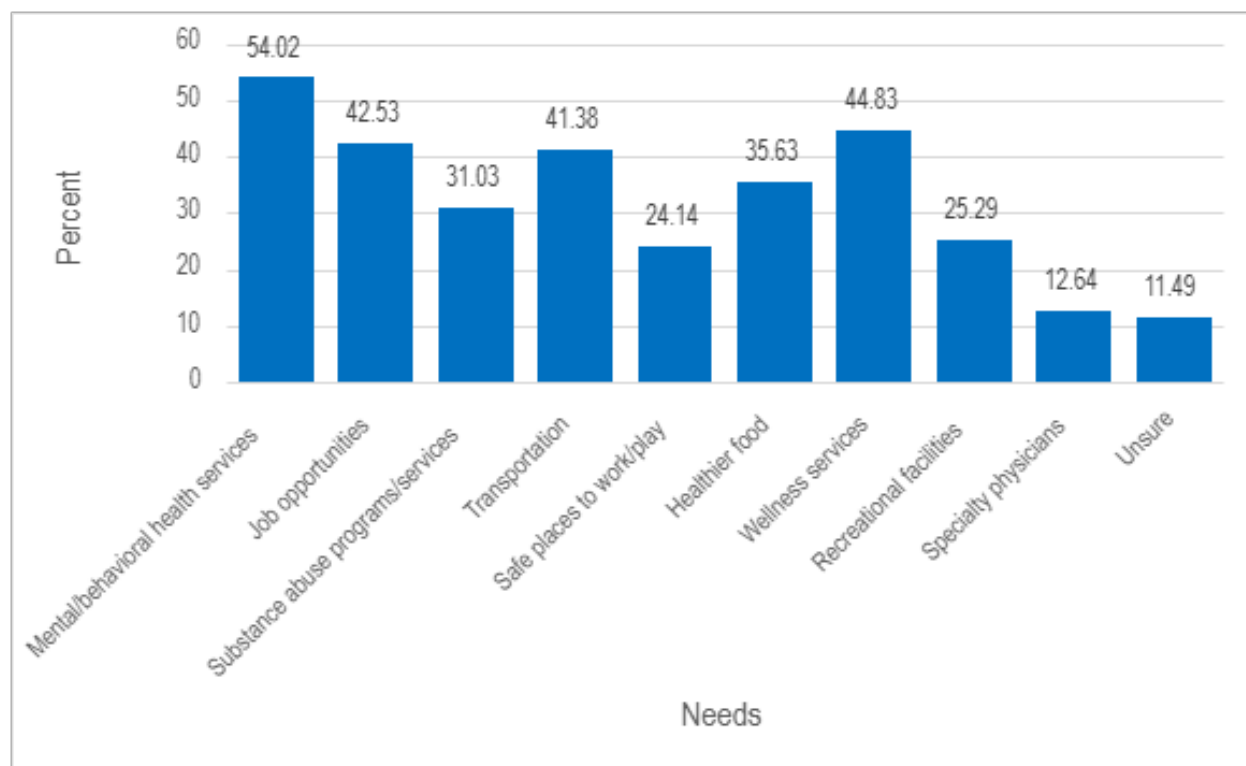
Q13: In the following list, what do you think are the three (3) most important “Health Problems” in your community? (Those factors which have the greatest impact on overall community health)



Top 5 Responses:

- Mental health
- Drug abuse
- Overweight/obesity
- Alcohol abuse
- Aging problems (e.g., arthritis, hearing/vision loss, etc.)

Q14: What is needed to improve the health of your family and neighbors?
(Select all that apply)



Top 3 Responses:

- Mental/behavioral health services
- Wellness services
- Job opportunities

The results from these three questions were then discussed in the focus group.

Survey Q12. What are the most important factors for a healthy community? Does this seem right or are there other factors you would prioritize? The group did not mention anything in reply – they moved ahead to opportunities.

Survey Q13. What are the most important health problems in the community? Does this seem right or are there other health problems you would prioritize? “I have noticed there is an increase in incidence of asthma and there is an increase in e-cigarettes. Are these related?” “Alcohol use is also up. Every gas station is a mini casino. We need to limit liquor license applications. I personally feel like the church needs to lead in this area. But the door is already open, so I guess at this point it is education.” “There is a lack of dental providers that accept Medicaid.” “Gambling is a problem.” “At one time, Otoe county had the highest percent of gambling in the

state.” “When COVID shut us down, it showed the lack of internet access, and this is a problem for kids trying to get their homework done.”

Survey Q14. What is needed to improve the health of your family and neighbors? Are there things other than what is identified that you would add? “Transportation is a big deal in our community. For them to get to here (hospital) and for them to get to grocery stores, get children to school, get to work is a challenge. I just heard this week that patients could not get to the hospital.” “There is a group called ‘small beginnings’ that is trying to help with transportation at least to and from the hospital. I just met with them last week. Sometimes in Nebraska City, police or EMS will come to take people home.” “The hospital also sometimes pays for transportation for patients.” “Another example is blue rivers – they transport to Lincoln and Omaha – but the hours are a problem.” The group went on to talk about access to healthy food. There is a community kitchen that is available to the community.

What other strengths would you identify?

- Excellent hospitals
- Access to specialists locally
- Good collaboration across healthcare entities, across EMS/Police/Fire, etc.
- Engaged community – e.g., volunteering
- People who truly care

Opportunities?

- Transportation - 13
- Access to healthy foods/using the community kitchen to make things ahead - 5
- Education on substance use - 9
- Dentists that accept Medicaid - 2
- The high percentage of gambling - 0
- Internet access - 0
- Home care/respite care - 0
- Long term care - 0
- Activate religious community as a resource - 7
- Child and adult care - 5
- Housing - 1
- Immunization clinic – 1

Top priorities identified

1. Transportation
2. Education on substance use
3. Activate religious community as a resource
4. Access to healthy foods

5. Child and adult care

Otoe County (Syracuse) (17 participants)

The data packets were provided and reviewed by the focus group members. Data packets included results for Survey Questions Q12-14. The data for Otoe County is shared in the prior section.

The results from these three questions were then discussed in the focus group.

Survey Q12. What are the most important factors for a healthy community? Does this seem right or are there other factors you would prioritize? “Top 4 were pretty expected for me. I was surprised that 5 (access to healthy foods) was listed.” No other comments were offered.

Survey Q13. What are the most important health problems in the community? Does this seem right or are there other health problems you would prioritize? “I think there is a direct relationship between overweight, substance abuse and mental health.” “E-cigarette use has gone up significantly. I was disappointed to see a vape shop come into town. Is there an education piece/health literacy need?” No other health problems were mentioned by the group.

Survey Q14. What is needed to improve the health of your family and neighbors? Are there things other than what is identified that you would add? “If you look at mental health providers, it is 850 to 1. Maybe we could up that to 2 or 3. That person will have too much to do.” “We have one mental health provider at the hospital.” “Is police/EMS availability a problem?” “My personal experience is that there is a problem with an individual in the community who they will no longer pick up because they don’t have mental health providers available.” “I used to work at Boys Town. They don’t listen to healthcare providers, teachers, police, etc., but they will listen to other kids. We need to find people who have gone through the same things to serve as resources.” “Transportation. The van is not for them. We could add another driver to this area. We are waiting on buses. We have ordered them but can’t get them. We need transportation that is wheelchair accessible. Our buses are very busy in Nebraska City.” “Day care and after school programming for children.” “The baby boomers are aging. They want to stay in their homes but that is not always possible. Then they show up in the E.D. because they can’t take care of them anymore and they don’t have a plan.” “We have good LTC availability, but the regulatory environment is difficult. For example, the new R.N. rule.” “Staffing is an issue for us in LTC and assisted living.” “Staffing is a problem everywhere. We don’t have enough staffing in home health.” “Volunteering will die. We have an issue relying on volunteering for EMS. Soon, we will not have paramedic level available because no one wants to go through that training for a volunteer position.” “We had a mental health patient in the hospital over the weekend, first had a problem with finding a facility that would accept them, and then when we did, didn’t have any

EMS available to transport them.”

What other strengths would you identify?

- People indicate they want to live in the community
- LTC availability – Good Sam
- Good chief for EMS
- People care
- Strong hospital, strong health system, collaborative
- School system
- Collaboration between hospital and schools – e.g., pathfinders – getting students interested in healthcare
- You can get a lot of healthcare here for the size of the community
- Good community trust

Opportunities?

- Transportation – specifically wheelchair accessible - 4
- Health literacy (e.g., vaping, mental health, social media) - 10
- Day care/ after school programs - 11
- More mental health providers - 10
- Home health, LTC, assisted living staffing - 1
- Staffing issue in EMS/reliance on volunteers – 7 (the group decided to combine the staffing categories into “health care staffing” in general after further discussion)

Top Priorities Identified

1. Day Care/after school programs
2. More mental health providers
3. Health literacy
4. Healthcare staffing
5. Transportation

The group discussed whether to also add transportation at length and decided to include it.

Description of Secondary Data Sources

Secondary Data Analysis

The purpose of the secondary data analysis is to identify the health-related factors that influence both the length of life and the quality of life. This analysis involves examining data on social and economic factors (e.g., education, employment, and income levels), access to clinical care services, and positive or negative changes in health behaviors (e.g., diet and exercise, alcohol and drug use, cancer screenings). The goal is to present a picture of the health and quality of life for people living in the SEDHD region and the impact on health outcomes.

Table 3. Frequently Cited Data Sources

Behavioral Risk Factor Surveillance System (BRFSS)	The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect data from all 50 states, making it the largest continuously conducted health survey system in the world. Each year, more than 400,000 U.S. adult residents are surveyed regarding their health-related risk behaviors, chronic health conditions, and usage of preventive services. The survey is conducted by the Centers for Disease Control and Prevention. The most recent BRFSS data consists of about 250 Nebraska residents in the SEDHD region.
County Health Rankings & Roadmaps (CHR&R)	County Health Rankings & Roadmaps (CHR&R) provide local-level data that depict how people from one county to another rank on a range of factors that determine overall health. These factors include measures such as unemployment, education, community safety, diet and exercise, violent crimes, premature deaths, and ratio of population to healthcare providers.
Nebraska Incident-Based Reporting System	Annual counts on arrests (adult and juvenile) by type submitted voluntarily by local and state-level police departments and compiled and reported by the Nebraska Crime Commission
Nebraska Department of Health and Human Services (DHHS)	A wide array of data on mortality rates, health professional shortage areas, and other areas. Note that all mortality data are age-adjusted.
Nebraska Risk and Protective Factor	The NRPFS is a substance abuse-related survey of Nebraska students in grades 8, 10, and 12 conducted by the Nebraska

Table 3. Frequently Cited Data Sources

Student Survey (NRPFS)	Department of Education and the Nebraska Department of Health and Human Services. NRPFS is the only school-based public health survey that generates local and regional estimates for topics related to alcohol, tobacco, delinquent behaviors, bullying, and risk and protective measures that predispose youth toward or protect them against problem behaviors like delinquency, school dropout, violence, and teen pregnancy
U.S. Census American Community Survey (ACS)	Every year, the U.S. Census Bureau contacts over 3.5 million households across the county to participate in the ACS. The ACS covers a broad range of topics about social, economic, housing, and demographic characteristics to provide annual estimates.
U.S. Department of Health and Human Services	Provided age-adjusted mortality rates for various causes of death in the counties comprising the Southeast District as well as information relevant to health professional shortage areas across Nebraska.
Nebraska Risk and Protective Factor Student Survey (NRPFS)	The NRPFS is a substance abuse-related survey of Nebraska students in grades 8, 10, and 12 conducted by the Nebraska Department of Education and the Nebraska Department of Health and Human Services. NRPFS is the only school-based public health survey that generates local and regional estimates for topics related to alcohol, tobacco, delinquent behaviors, bullying, and risk and protective measures that predispose youth toward or protect them against problem behaviors like delinquency, school dropout, violence, and teen pregnancy
U.S. Census American Community Survey (ACS)	Every year, the U.S. Census Bureau contacts over 3.5 million households across the county to participate in the ACS. The ACS covers a broad range of topics about social, economic, housing, and demographic characteristics to provide annual estimates.
U.S. Department of Health and Human Services	Provided age-adjusted mortality rates for various causes of death in the counties comprising the Southeast District as well as information relevant to health professional shortage areas across Nebraska.

DEMOGRAPHICS

This section describes the overall demographics for the five counties that represent the SEDHD. Demographics are statistics that describe populations and their characteristics, and they can help provide a better understanding of the health needs in communities and serve as a guide in planning future investments and services.

Total Population

Table 4 and Table 5 present total population statistics for the five counties within the SEDHD. Table 4 summarizes total population and population density; the total population is 38,691 from the 2020 census. Table 5 depicts the change in population; according to the 2020 census the population decreased by 1.7% – from 2010 to 2020.

Table 4. Total Population and Population Density			
	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
United States	331,449,281	3,532,068.58	93.8
Nebraska	1,961,504	76,823.79	25.5
Southeast	38,691	2,381.97	16.2
Johnson	5,290	376.05	14.1
Nemaha	7,074	407.38	17.4
Otoe	15,912	615.63	25.8
Pawnee	2,544	431.07	5.9
Richardson	7,871	551.84	14.3

Source: U.S. Census Bureau, 2021 – Nebraska 2020 Census

Table 5. Change in Total Population				
	Total Population, 2010 Census	Total Population, 2020 Census	Total Population Change, 2010- 2020	Percent Population Change, 2000-2010
United States	307,745,539	331,449,281	23,703,742	7.7%
Nebraska	1,826,341	1,961,504	135,163	7.4%
Southeast	39,341	38,691	-650	-1.7%
Johnson	5,217	5,290	73	1.4%
Nemaha	7,248	7,074	-174	-2.4%
Otoe	15,740	15,912	172	1.1%
Pawnee	2,773	2,544	-229	-8.3%
Richardson	8,363	7,871	-492	-5.9%

Source: U.S. Census Bureau, 2021 – Nebraska 2020 Census

Population Characteristics

The following section presents demographic data for the SEDHD. Understanding population characteristics provides crucial insights into the district's composition and needs, which allows better-informed decision-making in areas like healthcare, community development, government policy, and business strategy.

Table 6 and Table 7 depict age demographics of the Southeast District and counties. Overall, the Southeast District has a lower percentage of the population under the age of 18 (22.5%) and a higher percentage of the population aged 65+ (21.4%) compared to the Nebraska and the US populations. Table 8 presents the population by gender. Overall, the counties are split evenly between male and female, with Johnson County's statistics skewing toward a higher male population.

Table 6. Under 18 Population			
Report Area	Total Population	Population Age 0-17	Percent Population Age 0-17
United States	331,449,281	73,106,000	22.1%
Nebraska	1,961,504	485,377	24.7%
Southeast	38,691	8,707	22.5%
Johnson	5,290	964	18.2%
Nemaha	7,074	1,632	23.1%
Otoe	15,912	3,852	24.2%
Pawnee	2,544	559	22.0%
Richardson	7,871	1,700	21.6%

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Table 7. Total Population by Age Groups, Percent								
Report Area	Age 0-4	Age 5-14	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
United States	5.5%	12.3%	13.3%	13.6%	13.2%	12.1%	12.6%	17.3%
Nebraska	6.2%	13.7%	14.1%	12.8%	13.4%	11.0%	11.9%	17.0%
Southeast	5.6%	12.8%	12.3%	10.7%	12.1%	11.0%	14.3%	21.4%
Johnson	4.5%	11.1%	12.1%	13.4%	14.5%	12.3%	13.4%	18.7%
Nemaha	5.8%	12.1%	16.5%	10.8%	11.8%	9.9%	12.9%	20.3%
Otoe	5.7%	14.2%	11.4%	10.3%	12.4%	11.6%	14.0%	20.3%
Pawnee	7.0%	13.2%	9.6%	8.5%	11.0%	8.1%	14.3%	28.4%
Richardson	5.3%	11.4%	11.1%	10.0%	10.5%	10.8%	16.8%	24.2%

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Table 8 describes the total population by gender for each county; Johnson County has a larger percentage of males (61%) as compared to females (39%).

Table 8. Total Population by Gender		
Report Area	Male	Female
United States	49.6%	50.4%
Nebraska	50.2%	49.8%
Johnson	60.6%	39.4%
Nemaha	51.2%	48.8%
Otoe	51.5%	48.5%
Pawnee	48.6%	51.4%
Richardson	50.7%	49.3%

Table 9 and Table 10 show the Southeast District’s race and ethnicity statistics. Overall, the population is primarily white (89.4%) and non-Hispanic (94%) with percentages far exceeding both Nebraska and US race and ethnicity percentages. However, Johnson and Otoe counties have larger Hispanic populations compared to the rest of the district, 10.3% and 8.5%, respectively.

Table 9. Population by Race							
	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
United States	60.9%	12.2%	5.9%	1.0%	0.2%	7.3%	12.5%
Nebraska	78.4%	4.7%	2.5%	1.0%	0.1%	4.4%	8.9%
Southeast	89.4%	1.6%	0.2%	0.9%	0.0%	2.7%	5.3%
Johnson	82.2%	5.5%	0.8%	1.5%	0.0%	5.1%	4.9%
Nemaha	91.6%	1.6%	0.4%	0.5%	0.0%	1.0%	5.0%
Otoe	88.5%	0.7%	0.1%	0.3%	0.0%	4.2%	6.2%
Pawnee	95.2%	0.2%	0.0%	0.0%	0.0%	0.4%	4.2%
Richardson	92.1%	1.1%	0.1%	2.3%	0.0%	0.1%	4.4%

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Table 10. Population by Ethnicity					
Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
United States	333,287,562	63,553,639	19.1%	269,733,923	80.9%
Nebraska	1,967,923	241,898	12.3%	1,726,025	87.7%
Southeast	38,711	2,336	6.0%	36,375	94.0%
Johnson	5,294	545	10.3%	4,749	89.7%
Nemaha	7,019	214	3.0%	6,805	97.0%
Otoe	15,995	1,355	8.5%	14,640	91.5%
Pawnee	2,553	53	2.1%	2,500	97.9%
Richardson	7,850	169	2.2%	7,681	97.8%

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Languages Spoken within the SEDHD

Based on a report from the Office of Health Disparities and Health Equity in DHHS, there are many languages that are spoken in Nebraska, including Spanish, Vietnamese, and Arabic. The languages spoken in each of the five counties that are part of the SEDHD are summarized below.

- **Johnson County** – Spanish (378), Korean (5), Chinese (12), Tagalog (2), Other Asian Languages (49), and Other Languages (1); It was estimated that 166 people speak English “less than very well”.
- **Nemaha County** – Spanish (106), French (8), Russian (18), Indo-European Languages (2), Korean (3) Chinese (2), and Tagalog (44); It was estimated that 54 people speak English “less than very well”.
- **Otoe County** – Spanish (810), French (2), German (2), Russian (2), Indo-European Languages (20), Korean (33), Chinese (7), Arabic (6), and Other Languages (33); It was estimated that 465 people speak English “less than very well”.
- **Pawnee County** – Spanish (30), German (164), Russian (4), Indo-European Languages (4), and Other Languages (9); It was estimated that 46 people speak English “less than very well”.

- **Richardson County** – Spanish (34), French (3), German (5), Russian (11), Indo-European Languages (15), Korean (12), Other Languages (2); It was estimated that 28 people speak English “less than very well”.

Veteran Population Characteristics

Table 11 presents demographic data on the veteran population within the Southeast District.

Table 11. Veteran Population Demographics by County					
	Johnson	Nemaha	Otoe	Pawnee	Richardson
Period of Service					
Gulf War (9/2001 or later) veterans	33.9%	18.3%	22.0%	15.4%	11.3%
Gulf War (8/1990 to 8/2001) veterans	18.2%	11.3%	17.0%	6.0%	14.0%
Vietnam era veterans	24.3%	28.2%	38.4%	50.0%	32.1%
Korean War veterans	6.5%	15.7%	5.4%	21.4%	18.0%
World War II veterans	2.7%	0.9%	1.2%	1.6%	0.8%
Sex					
Male	94.2%	84.0%	89.3%	93.4%	95.5%
Female	5.8%	16.0%	10.7%	6.6%	4.5%
Age					
18 to 34 years	15.8%	1.2%	12.4%	5.5%	1.3%
35 to 54 years	19.2%	14.6%	18.5%	16.5%	20.0%
55 to 64 years	15.4%	27.1%	25.3%	15.4%	20.2%
65 to 74 years	16.8%	25.5%	21.3%	34.6%	11.5%
75 years and over	32.9%	31.7%	22.6%	28.0%	46.9%
Race And Hispanic or Latino Original					
White alone	90.8%	96.5%	96.3%	97.8%	94.7%
Black or African American alone	3.1%	1.9%	0.0%	0.0%	2.8%
Asian alone	0.0%	0.0%	0.0%	0.0%	0.0%
Native Hawaiian and					

Table 11. Veteran Population Demographics by County					
	Johnson	Nemaha	Otoe	Pawnee	Richardson
Other Pacific Islander alone	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race alone	0.0%	0.0%	0.0%	0.0%	0.0%
Two or more races	6.2%	1.6%	3.7%	2.2%	2.5%
Hispanic or Latino (of any race)	2.1%	1.6%	0.0%	0.0%	2.6%
White alone, not Hispanic or Latino	88.7%	94.9%	96.3%	97.8%	92.1%
Educational Attainment					
Less than high school graduate	4.6%	1.6%	0.3%	3.3%	5.5%
High school graduate (includes equivalency)	47.0%	50.6%	38.1%	59.9%	47.4%
Some college or associate's degree	19.2%	29.7%	43.6%	24.2%	28.9%
Bachelor's degree or higher	29.2%	18.1%	18.0%	12.6%	18.1%
Employment Status					
Labor force participation rate	63.3%	77.3%	93.4%	55.9%	78.2%
Unemployment rate	0.0%	8.4%	0.0%	0.0%	0.0%
Poverty Status in The Past 12 Months					
Income in the past 12 months below poverty level	2.4%	11.8%	12.0%	8.0%	14.1%
Disability Status					
With any disability	38.0%	41.5%	34.3%	42.5%	35.7%
Without a disability	62.0%	58.5%	65.7%	57.5%	64.3%
Service-Connected Disability (Estimate)					
Has a service-connected	60	88	335	79	201

Table 11. Veteran Population Demographics by County					
	Johnson	Nemaha	Otoe	Pawnee	Richardson
disability rating:					
0 percent	0	0	1	0	0
10 or 20 percent	38	5	149	33	90
30 or 40 percent	2	36	40	27	35
50 or 60 percent	14	10	33	6	18
70 percent or higher	6	10	93	9	38
Rating not reported	0	27	19	4	20

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Social Factors

This section presents demographic data on social factors for the counties in the SEDHD. Social factors are important because they provide crucial insights into the broader social context of a given population. These factors often explain behaviors, attitudes, disparities, and access to care opportunities.

Table 12, Table 13, and Table 14 present data on household structures within the SEDHD. Households primarily comprise married couples. In single-parent households, the householder is primarily female across all counties. Johnson, Otoe, and Pawnee have higher percentages of single-parent households than both the Southeast District and the state while Nemaha and Richardson counties are both below.

Table 12. Number of Married Couple Family Households with Children Under 18					
Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
2,690	243	446	1,235	178	588

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Table 13. Composition of Single Parent Households with Children Under 18						
	Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
Male householder, no spouse present, family household	251	52	5	105	23	66
Female householder, no spouse present, family household	627	81	95	280	40	131

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Table 14. Single Parent Family Households with Children Under 18 as a Percent of Total Family Households with Children Under 18						
Nebraska	Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
21.2%	15.47%	31.8%	14.4%	22.4%	24.1%	7.6%

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Table 15 and Table 16 present educational attainment levels for the Southeast District and each county. Approximately one third (35.4%) of residents in the Southeast District have a high school diploma or equivalent, which is greater than the state percentage (25.1%). Around one sixth (16.6%) of the population in the Southeast District has a bachelor's degree or higher, which is lower than the state percentage (22.6%). High school graduation rates remain strong across the Southeast District where most of the rates across all five counties mostly exceed the state's graduation rates.

Table 15. Highest Level of Educational Attainment – Individuals over 25, 2024 (5-year estimates)							
	Nebraska	Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
Less than 9th grade	3.3%	3.2%	3.8%	3.2%	3.0%	7.9%	1.7%
9th to 12th grade, no diploma	3.9%	5.7%	6.8%	6.6%	4.1%	6.2%	7.0%
High school graduate (or GED/ equivalent)	25.1%	35.4%	41.6%	29.4%	32.3 %	40.1%	40.6%
Some college, no degree	21.6%	20.7%	18.6%	20.6%	22.3 %	16.3%	20.3%
Associate degree	11.5%	11.1%	10.3%	9.8%	12.7 %	9.1%	9.9%
Bachelor's degree	22.6%	16.6%	12.0%	21.0%	17.7 %	12.7%	15.3%
Graduate or professional degree	12.1%	7.5%	7.0%	9.5%	8.0%	7.7%	5.1%

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Table 16. Public High School Graduation Rates			
	2019	2020	2021
Nebraska	89%	89%	87%
Johnson	86%	90%	-
Nemaha	92%	94%	92%
Otoe	92%	88%	87%
Pawnee	90%	100%	-
Richardson	89%	93%	92%

Source: County Health Rankings, 2024

Table 17, Table 18, and Table 19 present crime statistics for the Southeast District and the counties. In 2023, there were 52 juvenile arrests and 770 adult arrests in the Southeast District. Richardson County had the most juvenile arrests (30) in 2023. However, Otoe County had the largest number of arrests during the 2019-2023 five-year period. Richardson and Otoe counties had the highest numbers of adult arrests in 2023 with 357 and 293, respectively. Larceny, simple assault, drug abuse, and driving under the influence remain the most prevalent arrest types year over year. However, overall arrests for both juvenile and adult populations in 2023 show a decline from previous years.

Table 17. Total Juvenile Arrest by County					
	2019	2020	2021	2022	2023
Johnson	3	11	1	4	-
Pawnee	-	4	-	1	2
Richardson	13	15	17	26	30
Nemaha	19	8	7	3	3
Otoe	35	32	70	32	17
Southeast	70	70	95	66	52

Source: Nebraska Crime Commission, 2024

Table 18. Total Adult Arrests by County					
	2019	2020	2021	2022	2023
Johnson	78	116	50	61	12
Pawnee	7	36	5	8	13
Richardson	290	284	369	413	357
Nemaha	179	184	138	93	95
Otoe	404	349	634	480	293
Southeast	958	969	1,196	1,055	770

Source: Nebraska Crime Commission, 2024

Table 19. Total Arrests in the Southeast District by Type					
	2019	2020	2021	2022	2023
Criminal Homicide	0	1	0	1	0
Forcible Rape	6	3	3	1	2
Robbery	1	3	0	1	0
Aggravated Assault	36	26	26	20	14
Burglary	15	10	9	7	4
Larceny	73	56	35	44	72
Motor Vehicle Theft	5	6	3	4	0
Simple Assault	130	97	120	105	69
Arson	2	1	0	0	0
Forgery/Counterfeit	1	2	9	2	4
Fraud	11	6	12	14	1
Embezzlement	1	0	0	1	0
Stolen Property	5	11	3	2	5
Vandalism	14	15	22	21	16
Weapons	27	17	28	18	18
Sex Offense	1	1	3	1	0
Drug Abuse	176	246	329	241	177
Offense against kids	3	8	5	12	9
Driving Under the Influence	102	103	144	161	113
Liquor Laws	65	53	40	37	35
Disorderly Conduct	29	38	23	13	19
All other Offenses	318	333	469	415	262
Curfew (Juvenile)	2	1	6	0	2
Runaway (Juvenile)	0	0	0	0	0

Source: Nebraska Crime Commission, 2024

Economic Factors

Economic factors are important demographics to understand as they directly influence the size and composition of a population, impacting key aspects of the economy in each community. These factors often influence the ability of individuals and families to access various types of health care services and contribute to the general well-being of a population.

Table 20, Table 21, and Table 22 present income, unemployment, and poverty economic characteristics for the Southeast District. Overall, both median household income and per capita income are lower across all five counties compared to Nebraska and the US. Otoe County is the exception with a median household income of \$73,031 compared to Nebraska at \$69,597. Nemaha County has the highest unemployment rate at 6.4% while Johnson County is the only county that has a lower unemployment rate (1.4%) than the state (2.3%). Pawnee and Nemaha Counties have the highest percentage of residents in poverty within the Southeast District, 13.3% and 15.3%, respectively. Both exceed the state's poverty rate (11.2%) and the US's poverty rate (12.6%). Likewise, Otoe (14.3%), Pawnee (16.5%), and Nemaha (15.7%) Counties have the highest percentage of residents under 18 years of age in poverty, exceeding the state (13.8%).

Table 20. Median and Per Capita Income, 2024 (5-year estimates)							
	United States	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
Median household income	\$74,755	\$69,597	\$64,352	\$57,196	\$73,031	\$55,833	\$50,321
Per capita income	\$41,804	\$38,997	\$28,046	\$36,367	\$36,817	\$29,091	\$32,336

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Table 21. Unemployment Rate, 2024 (5-year estimates)						
United States	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
4.3%	2.3%	1.4%	6.4%	3.2%	2.4%	4.7%

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Table 22. Poverty Rate, 2024 (5-year estimates)							
	United States	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
All people	12.6%	11.2%	6.1%	15.3%	11.4%	13.3%	10.9%
Under 18 years	16.3%	13.8%	6.4%	15.7%	14.3%	16.5%	13.7%

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

Table 23 and Table 24 present data on economic factors related to children within the Southeast District. Overall, childcare costs for a household with two children as a percentage of median household income is comparable to the state. The percentage of children enrolled in Medicaid and CHIP programs has stayed consistent year after year for each county. Otoe County consistently has the lowest percentage (35.98%-39.91%). All Counties have seen a gradual rise in enrollment from 2020 to 2023.

The percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP) varies across the counties. Johnson, Otoe, and Pawnee Counties have lower percentages than the state (8.5%) while Nemaha and Richardson Counties have slightly higher percentages (Table 25). This table also shows the percentage of individuals in Nebraska and the five-county area with food insecurity between 2018 and 2022. During this period, there was generally an upward trend for both the state and the five counties. In 2022, the percentage in the state was 13.6%. Both Nemaha and Pawnee Counties had significantly higher percentages at 15.7% and 15.0%, respectively.

Table 23. Average Childcare Costs for a Household with Two Children as a Percent of Median Household Income, 2024 (Estimates 2022 & 2023)						
Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson	
28%	29%	28%	25%	31%	31%	

Source: County Health Rankings, 2024 – Estimates 2022 & 2023

Table 24. Percent of Children Enrolled in Medicaid and CHIP, 2020-2023 *

	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
2020	--	41.79%	41.17%%	35.98%	48.60%	48.12%
2021	--	40.87%	42.58%	38.06%	50.69%	49.88%
2022	--	41.79%	43.50%	38.95%	48.92%	51.39%
2023	--	40.10%	44.73%	39.91%	50.41%	50.60%

*Note: The 2023 percentages are estimated from the 2022 percentages.

Source: Nebraska Department of Health and Human Services, personal communication, December 2024.

Table 25: Food Insecurity Challenges in Nebraska**Percentage of People Participating in the Supplemental Nutrition Assistance Program 2018 -2022**

Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
8.5%	8.4%	10.5%	5.9%	6.6%	9.0%

Percentage of Food Insecurity Among Individuals, 2018-2022

	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
2018	12.3%	12.3%	12.4%%	12.2%	12.7%	13.1%
2019	12.3%	12.3%	12.4%%	12.2%	12.7%	13.1%
2020	12.3%	12.3%	12.4%%	12.2%	12.7%	13.1%
2021	12.3%	12.3%	12.4%%	12.2%	12.7%	13.1%
2022	12.3%	12.3%	12.4%%	12.2%	12.7%	13.1%

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018 – 2022 American Community Survey 5-year estimates and Feeding America – Estimates, 2018-2022

HEALTH OUTCOMES

Health outcomes refer to the health consequences resulting from the treatment of a health condition or access to the healthcare delivery system. Through a community lens, health outcomes inform us how long people live on average within a community setting, and the amount of physical and mental experiences people have while living in that community. Health outcomes are determined by several factors, such as employment, health insurance status, affordable housing, and access to quality medical services. By comparing health outcomes across communities, we can gain a better understanding of inequities and what health factors interact to influence these differences in health outcomes.

Length of Life

Length of life is a commonly used metric when determining overall health outcomes. Length of life is the measure of time between birth and death. We use this metric to determine how long people live and what may have led to early deaths. By investigating length of life among communities, we can better understand differences in overall health outcomes and then work to change how long people live by improving the community-level factors that influence health outcomes.

Table 26 shows the average life expectancy in the Southeast District. During the period 2019-2021, average life expectancy was lower in four of the five counties in the Southeast District as compared to the Nebraska rate of 78.4 years. The lowest rate of life expectancy was in Nemaha County (75.9 years and the highest one was in Otoe County (79.2 years).

Table 27 shows the leading causes of death during the period 2019-2021. The leading cause of death in Nebraska and each of the five counties in Southeast Nebraska is heart disease followed by cancer.as the second leading cause of death. Chronic lower respiratory disease is the third leading cause of death in Nebraska and three of the five counties. The fourth and fifth leading causes in Nebraska are accidents and adverse events followed by cerebrovascular disease. These causes are reflective in the counties although there is some variation. In three of the five counties in the Southeast District, hypertension and hypertensive renal disease is the fourth leading cause of death in Otoe, Pawnee, and Richardson Counties. Many of the deaths are preventable and related to personal lifestyle factors (e.g., eating more nutritious foods and regular exercise).

Table 26. Life Expectancy by County, 2019-2021							
	United States	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
Life Expectancy (years)	77.6	78.4	77.6	75.9	79.2	76.2	77.8

Source: County Health Rankings, 2024 – Estimates 2019-2021

Table 27. Leading Causes of Death for Persons < Age 75, 2019-2021

Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease
Cancer	Cancer	Cancer	Cancer	Cancer	Cancer
Chronic Lower Respiratory Disease	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Disease	Cerebrovascular Disease	Accidents & Adverse Events	Chronic Lower Respiratory Diseases
Accidents & Adverse Events	Cerebrovascular Disease	Accidents & Adverse Events	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Cerebrovascular Disease
Cerebrovascular Disease	Accidents & Adverse Events	Alzheimer's Disease	Hypertension & Hypertensive Renal Disease	Hypertension & Hypertensive Renal Disease	Hypertension & Hypertensive Renal Disease
Alzheimer's Disease	Suicide & Self-Inflicted Injury	Cerebrovascular Disease	Alzheimer's Disease	Cerebrovascular Disease	Diabetes Mellitus
Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Accidents & Adverse Events	Suicide & Self-Inflicted Injury	Accidents & Adverse Events
Suicide & Self-Inflicted Injury	Alzheimer's Disease	Hypertension & Hypertensive Renal Disease	Diabetes Mellitus	Diabetes Mellitus	Pneumonitis due to Solids & Liquids
Chronic Liver Disease & Cirrhosis	Septicemia	Septicemia	Parkinson's Disease	Nephritis & Nephrosis	Pneumonia
Pneumonia	Pneumonia	Chronic Liver Disease & Cirrhosis	Chronic Liver Disease & Cirrhosis	Parkinson's Disease	Chronic Liver Disease & Cirrhosis

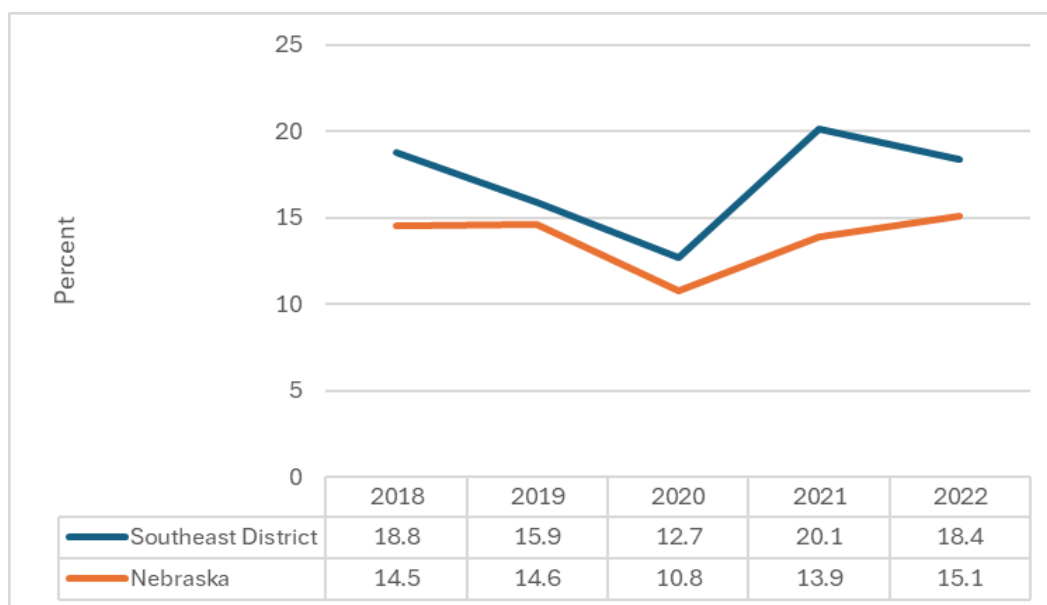
Quality of Life

Quality of life represents the overall well-being of a community and emphasizes the importance of physical, mental, social, and emotional health throughout life. Using quality of life as an indicator of health outcomes can help communities understand how their residents perceive their health and whether they are satisfied with their health status. It will also help them identify longitudinal patterns and inequities that may exist between groups of people and aid in identifying risk factors and policies to address these risks.

Overall Health

Figure 2 shows the percentage of adults reporting their general health as fair or poor. In comparison with the state average, the Southeast District had a higher percentage of people who indicated they had fair or poor general health. The same pattern was observed when the percentage of adults aged 18 and over reported that their physical health was not good on 14 or more of the past 30 days (Figure 3). However, the opposite trend was generally observed when people were surveyed about their mental health. During the period 2018-2022, the percentage of people in the Southeast District as compared to the state had a lower percentage of people reporting that their mental health was not good on 14 or more days of the past 30 days (Figure 4). The exception to this trend was in 2022 when it was almost 3% above the state rate. This indicator should be carefully observed to see if it was a one-year aberration or a new trend moving in a negative direction.

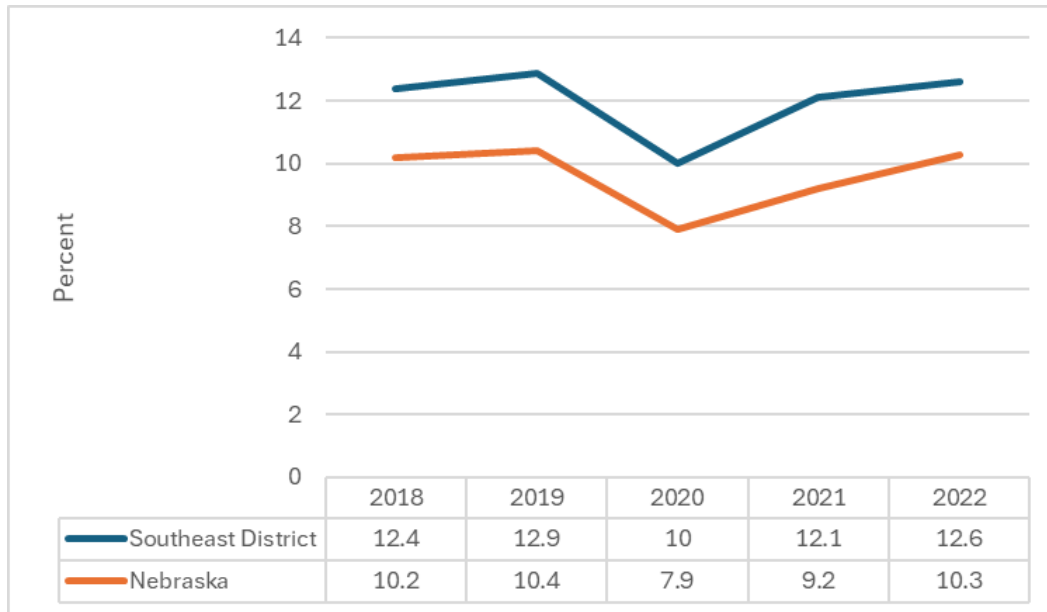
Figure 2. Percent of Adults Aged 18 and Over Reporting General Health as Fair or Poor



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

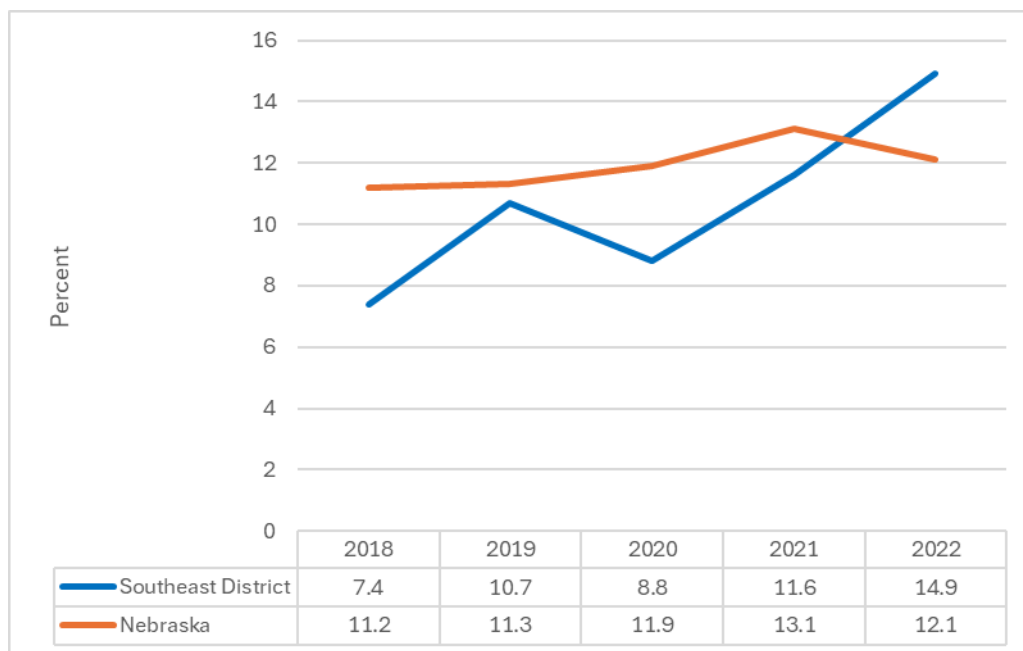
* Response options: Excellent, very good, good, fair, poor.

Figure 3. Percent of Adults Aged 18 and Over Reporting Physical Health Was Not Good on 14+ of the Past 30 Days



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

Figure 4. Percent of Adults Aged 18 and Over Reporting Mental Health Was Not Good on 14+ of the Past 30 Days



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

Results of the Community Survey

The community survey also asked respondents about their satisfaction with their quality of life. The responses varied considerably by county. In Nemaha County, 63% of the respondents indicated that they either strongly agreed or somewhat agreed with their satisfaction with the quality of life in their community. Fifty-seven percent of the respondents in Otoe strongly agreed or somewhat agreed followed by Richardson County at 55%, Pawnee County with 52% and Johnson County at 46%.

When they were asked about the economic opportunities in the community, 45% of the respondents indicated that they either strongly agreed or somewhat agreed about the economic opportunities. Otoe County had the second highest percentage at 43% followed by Richardson County at 34%, Johnson County at 31%, and Pawnee County at 29%.

The survey asked about the safety of their community. In Nemaha County, 78% of the survey participants reported that their community was a safe place to live. The respective percentages for Richardson, Otoe, Pawnee, and Johnson Counties were 73%, 64%, 63%, and 62%.

Maternal and Child Health

This section provides data of various maternal and infant health metrics, including data on births, prenatal care, breastfeeding, infant mortality, and other topics. Understanding maternal and child statistics and outcomes is a vital component of the strength of a community and is of utmost importance to mitigate risk factors, especially those risk factors that are easily preventable such as prenatal visits.

Table 28 displays the trends in births across the Southeast District from 2018 to 2022. For most of the counties, births have been increasing although there was a significant drop in both Nemaha and Pawnee Counties. in 2021 and 2022.

Table 28. Women With Births in the Previous 12 Months					
	2018	2019	2020	2021	2022
Southeast District	480	471	413	388	464
Johnson	51	50	60	54	56
Nemaha	87	67	41	32	46
Otoe	237	228	192	199	255

Table 28. Women With Births in the Previous 12 Months					
	2018	2019	2020	2021	2022
Pawnee	33	31	30	8	4
Richardson	72	95	84	95	103

Source: U.S. Census Bureau, 2024 – Demographic and Housing Estimates, 2018-2022 American Community Survey 5-year estimates

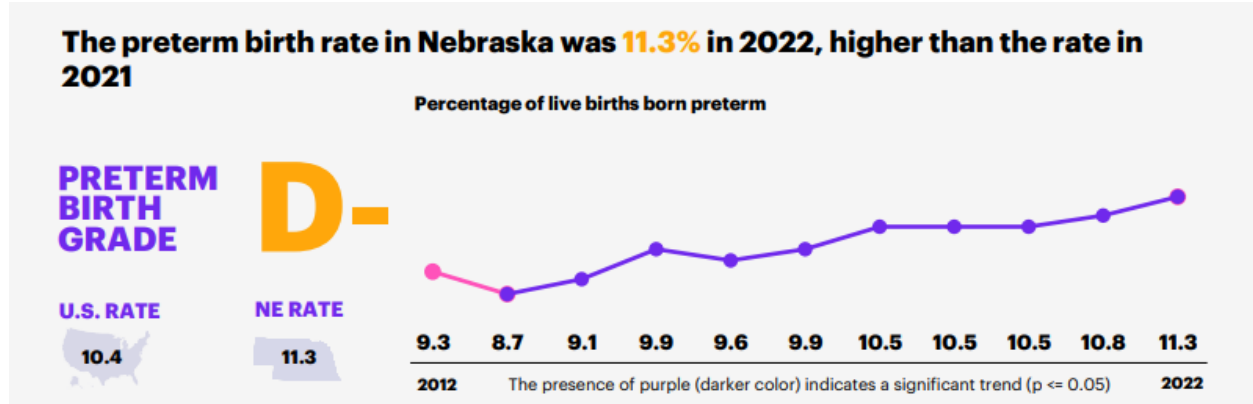
Table 29 portrays the percentage of adequate prenatal care by county. This is defined as the percent of women who received care prior to the fifth month and more than 80% of the appropriate number of prenatal visits for the infant’s gestational age. Most counties from 2019 to 2022 are close to reaching the 80% threshold with Otoe and Nemaha exceeding it. Richardson and Pawnee counties saw a dip into the 60% range, but this drop is due to the COVID-19 pandemic.

Table 29. Percentage of Women Receiving Adequate Prenatal Care				
	2019	2020	2021	2022
Johnson	76.5%	81.8%	81.6%	76.3%
Nemaha	85.7%	79.2%	76.9%	82.4%
Otoe	77.7%	76.6%	83.7%	77.5%
Pawnee	75.7%	87.0%	61.5%	76.0%
Richardson	75.0%	67.8%	62.5%	70.6%

Source: National Center for Health Statistics, final natality data. Retrieved December 13, 2024, from www.marchofdimes.org/peristat

Table 30 shows the percentage of premature births in Nebraska. County level information was not available. Preterm labor has been trending up in the state.

Table 30. Preterm Birth Rate in Nebraska



Source: March of Dimes 2023 Report Card for Nebraska

https://npqic.org/file_download/inline/69a3623d-87d7-4c81-a7d2-ff362e70fc93

In 2023, 1 in 13 babies (8.0% of live births) were low birthweight in Nebraska. Table 31 shows the 3-year average low birth weight by county.

Table 31 Low Birth Weight by County, 2020-2023 Average	
County	Percent LBW
Johnson	**
Nemaha	6.9
Otoe	7.7
Pawnee	11.1
Richardson	8.6

Source: National Center for Health Statistics, final natality data. Retrieved December 13, 2024, from www.marchofdimes.org/peristat

Table 32 presents the percentage of Women, Infants, and Children (WIC) beneficiaries that have ever breastfed, exclusively breastfed, and continued to breastfeed their infants up to one year of age.

Table 32. WIC Breastfeeding Prevalence												
	Nebraska		Johnson		Nemaha		Otoe		Pawnee		Richardson	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Ever Breastfed	27,672	28,394	50	54	60	68	107	105	21	17	36	47
Exclusively Breastfed-1 Week	3,171	3,201	12	19	11	12	16	20	2	2	6	8
Exclusively Breastfed-3 month	1,739	1,777	1	5	8	7	6	12	1	0	2	2
Exclusively Breastfed-6 month	939	1,066	0	3	7	2	2	3	1	0	2	2
12 Month	987	1,146	2	0	4	4	7	6	0	1	1	1

Source: Family Health Services, personal communication, September 2024

HEALTH FACTORS

Health factors are behaviors, access to clinical care services, physical environment, and social and economic factors that influence how well and how long people live. Positive changes in these factors can help people to live a longer, healthier, and more fulfilling life and improve the future health of a community. No single health factor fully determines or carries such weight that if improved upon it would drastically change the outlook of those living in a community. It is a conglomeration of health factors intersecting one another that creates the picture of overall community health.

Clinical Care

Clinical care is another component under the umbrella of Health Factors (Figure 5). Clinical care involves the direct medical treatment or testing of patients. Access to high quality and affordable clinical care is critical to prevent and control medical conditions. Access to health care services results in fewer premature deaths and a longer life expectancy.

Insurance Coverage

Lack of health insurance coverage is one of the most significant barriers to accessing necessary healthcare and in maintaining financial economic security in the long-term. Uninsured individuals often face more serious health consequences and events and are less likely to seek out and receive preventive care.

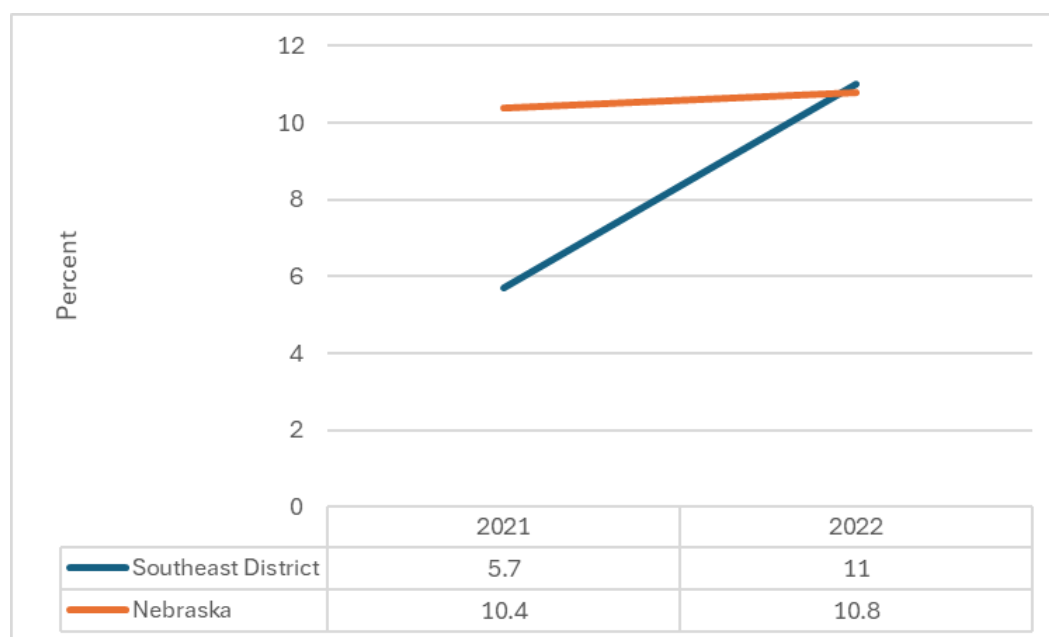
Table 33 shows the total percentage of uninsured adults and individuals under age 19. Nemaha, Pawnee, and Richardson Counties have higher percentages than the state for uninsured adults. Only Richardson County has a slightly higher rate of uninsured individuals under the age of 19 compared to the state.

Table 33. Uninsured in Nebraska, Percent					
Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
Individuals 19 and Under					
4.6%	1.3%	3.4%	1.2%	1%	4.9%
Total Uninsured (All Ages)					
6.7%	5.7%	8.9%	5.4%	12.3%	9.7%

Source: U.S. Census Bureau, 2022 – Demographic and Housing Estimates, 2018-2022 American Community survey 5-year estimates

Figure 5 depicts the percentage of adults aged 18-46 who reported that they have no health care coverage. The Southeast District has seen a sharp increase from 5.7% in 2021 to 11% in 2022.

Figure 5. Percent of Adults Ages 18 to 64 Reporting They Have No Health Care Coverage



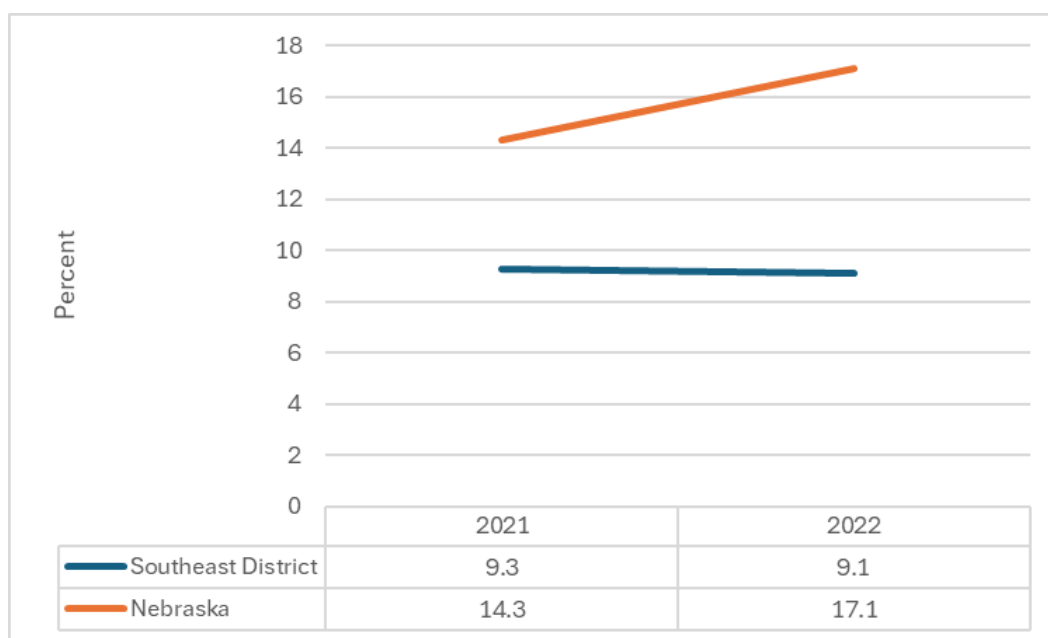
Source: Nebraska Behavioral Risk Factor Surveillance System, 2022

Access to Health Care

In many instances, access to health care is hindered not only by inadequate health insurance coverage, but also local care options, and a usual source of care. Having access to care allows individuals to enter the healthcare system, find care easily and locally, pay for care, and get their health care needs met, all within their local community.

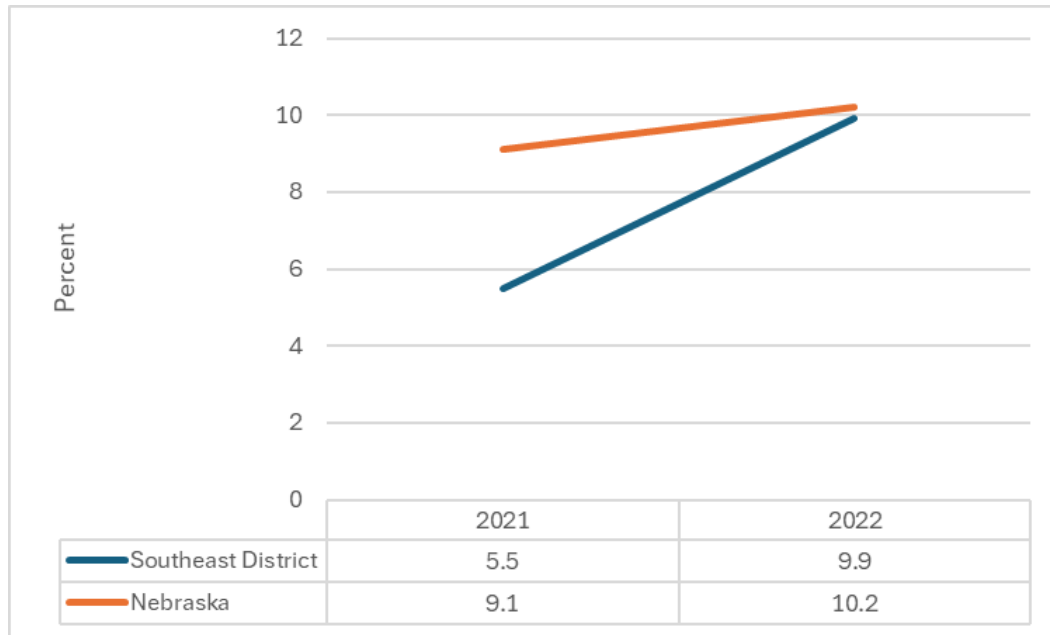
Figure 6, Figure 7, and Figure 8 depict Southeast District adults reporting on access to health care. The Southeast District has seen no change in adults reporting they have no personal doctor or health care provider. In contrast, there has been a sharp increase in those reporting that they needed to see a doctor but could not due to cost. Lastly, the percentage of adults reporting a routine checkup in the past year has remained relatively steady.

Figure 6. Percent of Adults Aged 18 and Over Reporting They Have No Personal Doctor or Health Care Provider



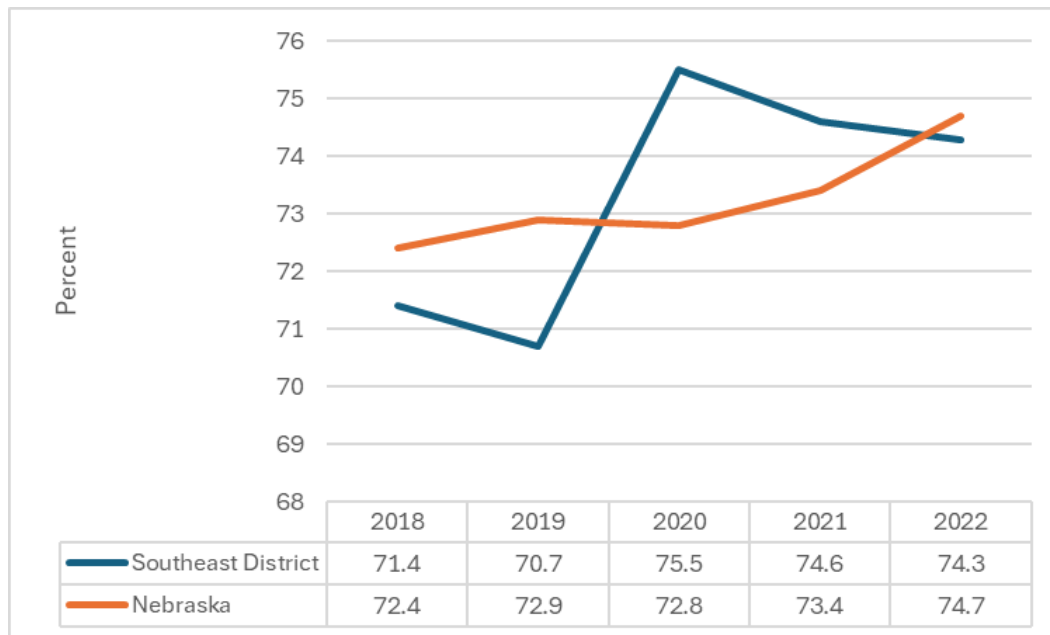
Source: Nebraska Behavioral Risk Factor Surveillance System, 2022

Figure 7. Percent of Adults Ages 18 and Over Reporting They Needed to See a Doctor but Could Not Due to Cost in Past Year



Source: Nebraska Behavioral Risk Factor Surveillance System, 2022

Figure 8. Percent of Adults Ages 18 and over Reporting They Had a Routine Checkup in Past Year



Source: Nebraska Behavioral Risk Factor Surveillance System, 2022

Health Professionals

Access to health care requires not only financial coverage but also access to providers. Nationally, many counties lack a sufficient number of providers to meet the needs of their community. The shortage includes primary and specialty care physicians as well as mental health and dental health providers.

Table 34 and Table 35 present Federal and state Designated Health Professional Shortages in the Southeast District. Nemaha, Pawnee, and Richardson Counties are designated shortage areas for primary care. Nemaha and Pawnee Counties are also designated shortage areas for dental health. Additionally, the entire Southeast District is a designated mental health shortage area. All counties within the district are full or partial shortage areas for general surgery, internal medicine, pediatrics, obstetrics and gynecology, and psychiatrics. Physical therapy is the only health profession in which the Southeast District did not have a full or partial professional shortage area designation.

Table 34. Federal Designated Health Professional Shortages						
	Johnson	Nemaha	Otoe	Pawnee	Richardson	SEDHD Region
Primary Care		X		X	X	X
Mental Health	X	X	X	X	X	X
Dental Health		X		X		X

Source: U.S. Health and Human Services Health Resources and Services Administration, 2024

Table 35. State or Federal Designated Health Professional Shortages						
	Johnson	Nemaha	Otoe	Pawnee	Richardson	SEDHD Region
Family Medicine	X	X		X	X	Partial
General Surgery	X	X	X	X	X	Total
Internal Medicine	X	X	X	X	X	Total
Pediatrics	X	X	X	X	X	Total
Obstetrics and Gynecology	X	X	X	X	X	Total
General Psychiatry	X	X	X	X	X	Total
General Dentistry		X		Partial	X	Partial
Pharmacy	X	X		X	X	Partial
Occupational Therapy		X				Partial
Physical Therapy						

Source: Nebraska Department of Health and Human Services Office of Rural Health, 2024

Table 36 displays the ratio of population to primary care physicians, midlevel primary care providers, dentists, and mental health providers. Text highlighted in red indicates health professions for which there is a higher number of people served per health care professional as compared to the state.

Table 36. Ratio of Population to Health Care Providers						
	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
Primary Care Physician	5,320:1	1,180:1	1,330:1	2,550:1	1,940:1	1,340:1
Midlevel Primary Care Providers*	660:1	2,350:1	1,160:1	630:1	700:1	630:1
Dentists	5,290:1	2,350:1	1,800:1	840:1	2,570:1	1,220:1
Mental Health Providers	5,290:1	2,350:1	850:1	2,530:1	960:1	310:1

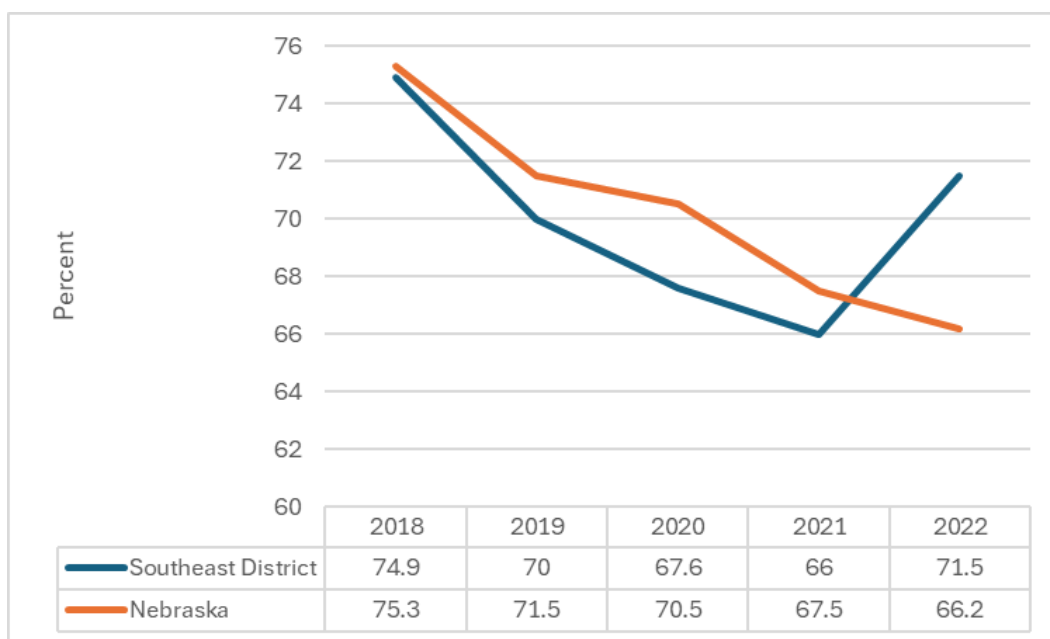
Source: County Health Rankings, 2024

* Midlevel primary care providers include nurse practitioners, physician assistants, and clinical nurse specialists

Health Literacy

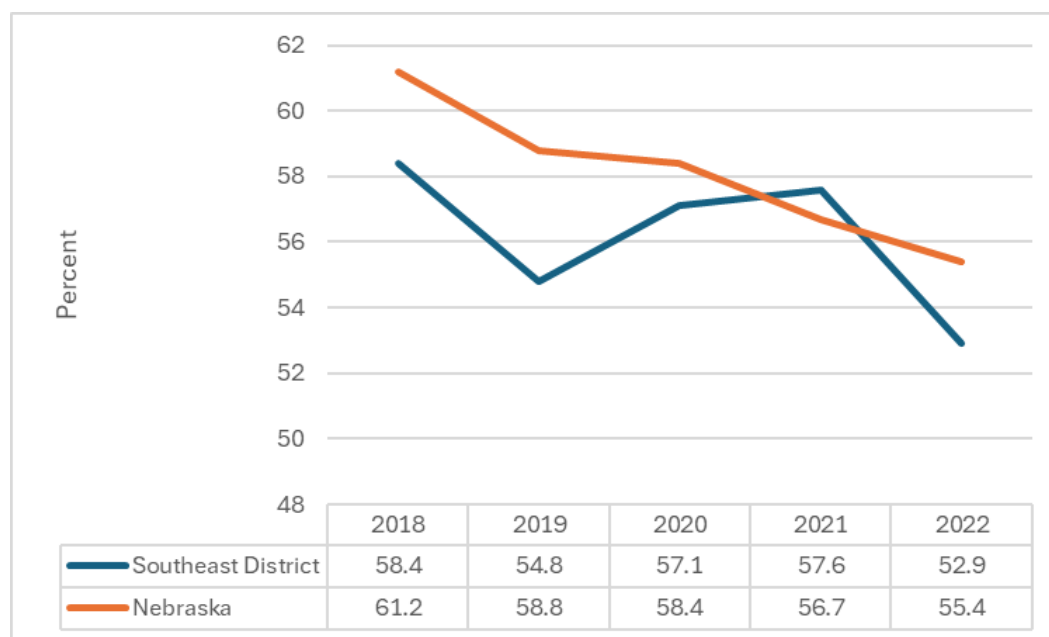
Health literacy is a health factor that can affect a person's ability to make healthy decisions, receive necessary care, and manage their overall health. Figure 9, Figure 10, and Figure 11 depict health literacy issues. Overall, a slightly smaller percentage of Southeast District adults found it very easy to get needed medical advice or information compared to the state. However, there was a sharp increase in this number from 2021 to 2022 in which the percentage surpassed the state by 5.3%. A smaller percentage reported it was very easy to understand information provided by medical professionals compared to the state. And a parallel downward trend was found between the Southeast District and the state reporting that it is very easy to understand written health information, with the Southeast District reporting lower percentages.

Figure 9. Very Easy to Get Needed Advice or Information About Health or Medical Topics

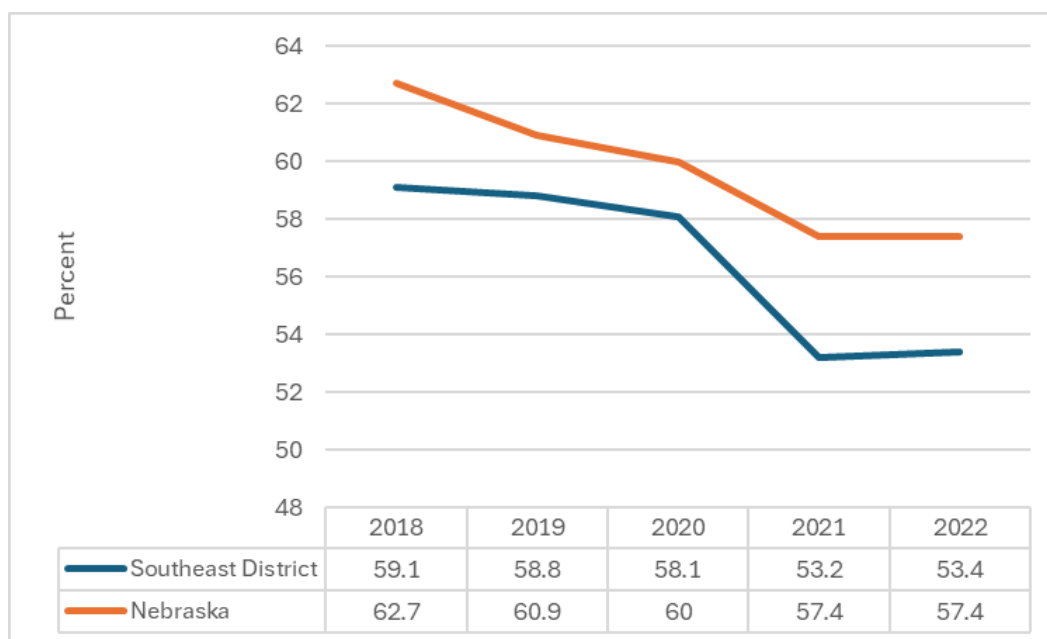


Source: Nebraska Behavioral Risk Factor Surveillance System, 2022

Figure 10. Very Easy to Understand Information that Medical Professions Tell You



Source: Nebraska Behavioral Risk Factor Surveillance System, 2022

Figure 11. Very Easy to Understand Written Health Information

Source: Nebraska Behavioral Risk Factor Surveillance System, 2022

Health Behaviors

Health behaviors are health-related practices, such as diet, exercise, and tobacco use, which can either improve or damage the health of individuals within a community. Health behaviors are highly determined by the individuals' choices people make in their community. For example, if most people follow positive health behaviors, they will not only become healthier as individuals, but workers in the community are more likely to be more productive and the community more economically vibrant.

Diet & Exercise

The environments in which people live, learn, work, and play affect access to healthy food and opportunities for physical activity. Along with genetic factors and personal choices, these community environments related to diet and exercise influence the risk of obesity.

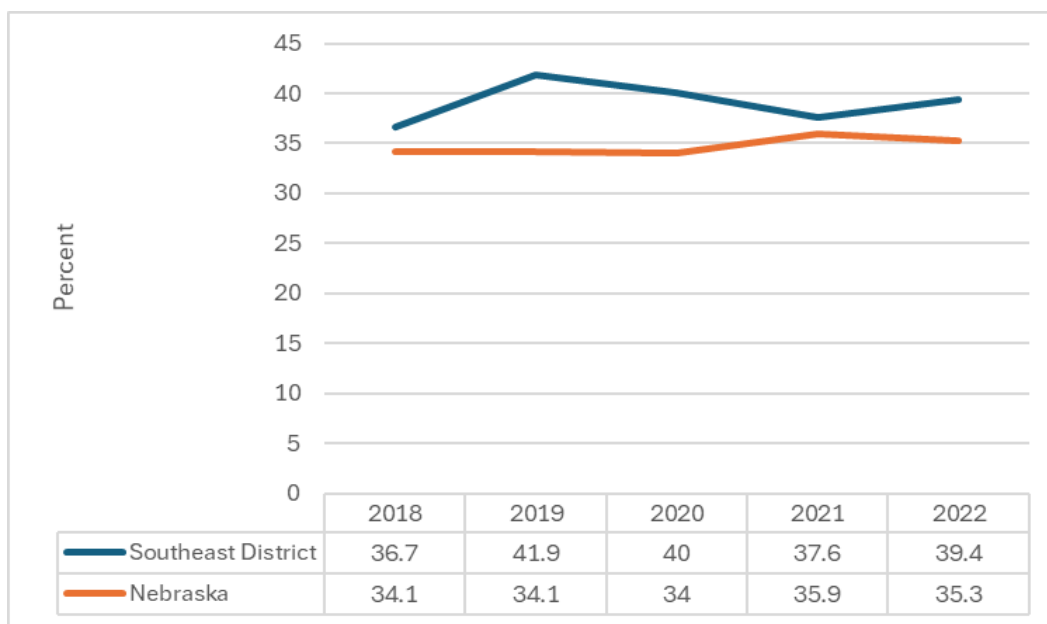
Obesity

Adult obesity is a chronic condition that is a precursor and cause of a myriad of chronic conditions including hypertension, heart disease, type 2 diabetes, breathing problems, chronic inflammation, mental illness, and cancer. Obesity is considered one of the most important health factors since it is often a direct product of the environment and personal choices individuals make in their communities. Furthermore, obese individuals often face stigma and discrimination

in communities, further cementing the importance of this risk factor.

Figure 12 shows the percentage of adults that report a body mass index (BMI) of 30.0 or greater. The Southeast District reports a higher percentage of the population with 30 BMI compared to Nebraska.

Figure 12. Percentage of Adults 18 and Older with a BMI of 30.0 or Greater*



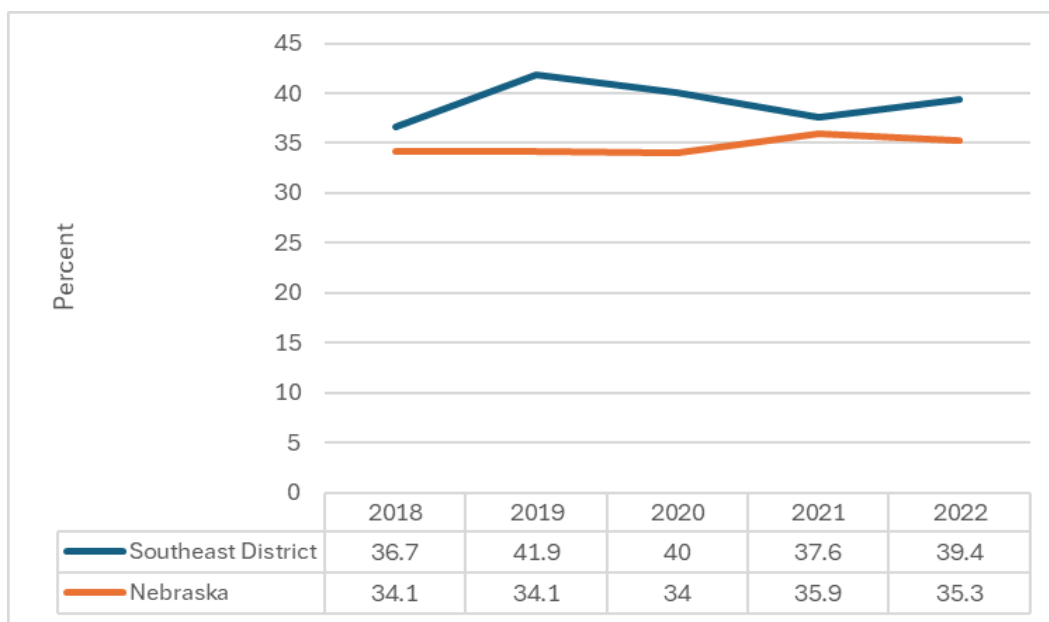
Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

* Based on self-reported height and weight

Physical Activity

Physical inactivity is linked to increased risk of health conditions such as Type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and shortened life expectancy. Conversely, healthy amounts of physical activity are associated with improved sleep, cognitive ability, musculoskeletal health, and reduced risk of dementia. Figures 13 through 17 depict physical activity trends among Southeast District adults. In general, compared to the state, adults indicated having less time devoted to leisure-time physical activity and tend not to meet recommendations for muscle strengthening or combination of aerobic and muscle-strengthening physical activities.

Figure 13. Percentage of Adults 18 and Older with a BMI of 30.0 or Greater*



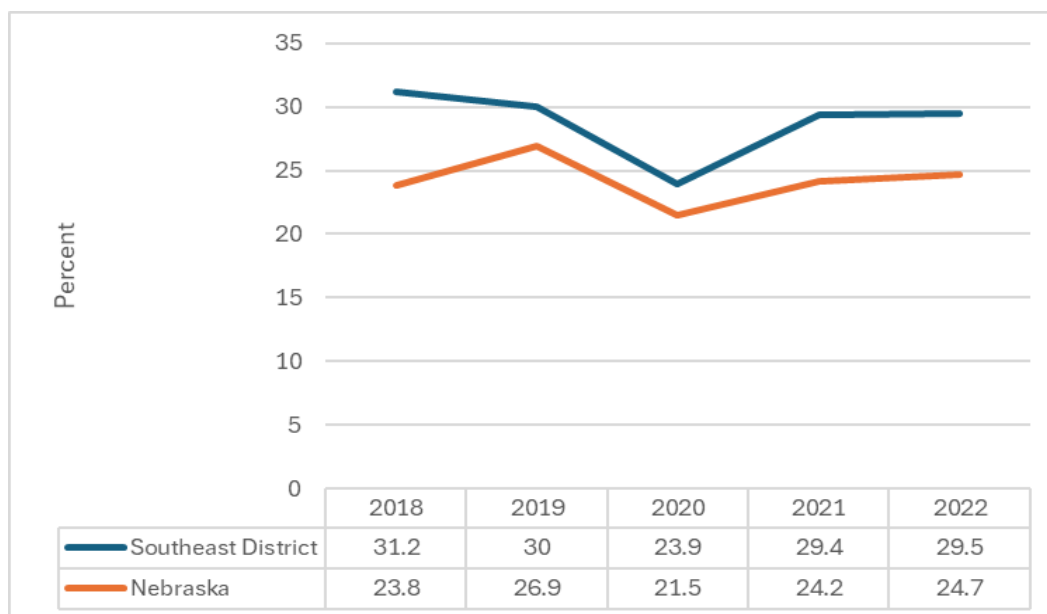
Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

* Based on self-reported height and weight

Physical Activity

Physical inactivity is linked to increased risk of health conditions such as Type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and shortened life expectancy. Conversely, healthy amounts of physical activity are associated with improved sleep, cognitive ability, musculoskeletal health, and reduced risk of dementia. Figures 14 through 17 depict physical activity trends among Southeast District adults. In general, compared to the state, adults indicated having less time devoted to leisure-time physical activity and tend not to meet recommendations for muscle strengthening or combination of aerobic and muscle-strengthening physical activities.

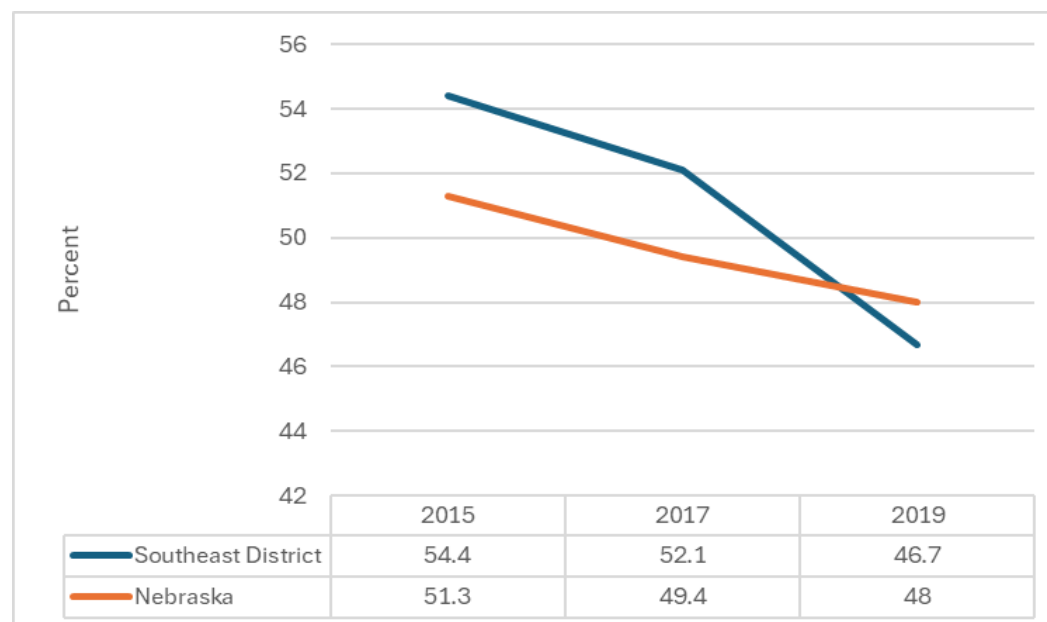
Figure 14. Percentage of Adults 18 and Older Who Report No Leisure-Time Physical Activity in past 30 Days*



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

* Percentage of adults 18 and older who report no physical activity or exercise (such as running, calisthenics, golf, gardening or walking for exercise) other than their regular job during the past month.

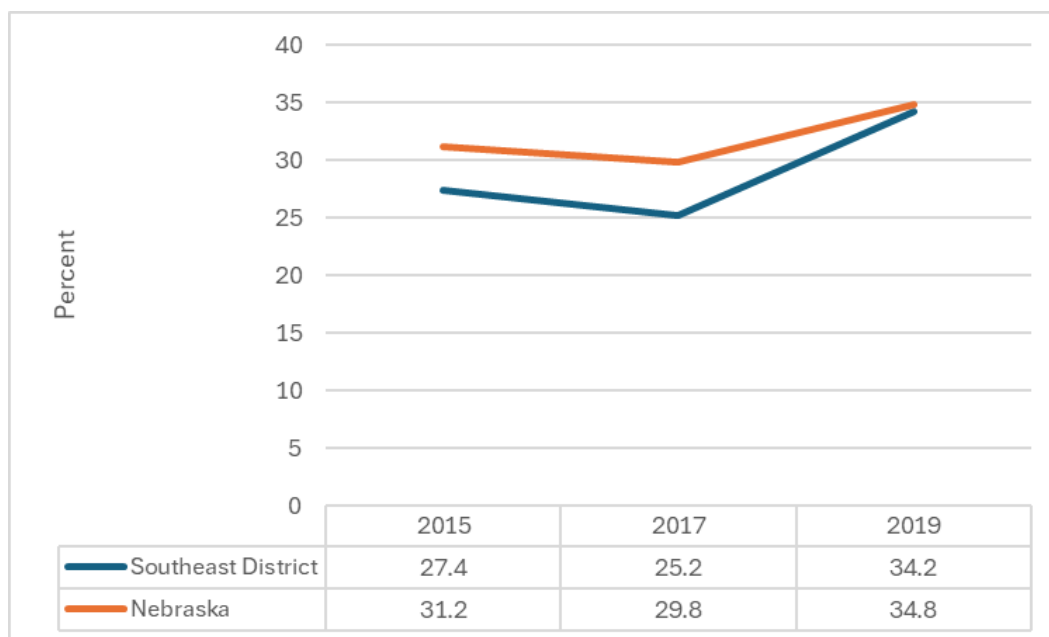
Figure 15. Percentage of Adults 18 and Older that Met Aerobic Physical Activity Recommendation*



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2015-2019

* Percentage of adults 18 and older who report no physical activity or exercise (such as running, calisthenics, golf, gardening or walking for exercise) other than their regular job during the past month.

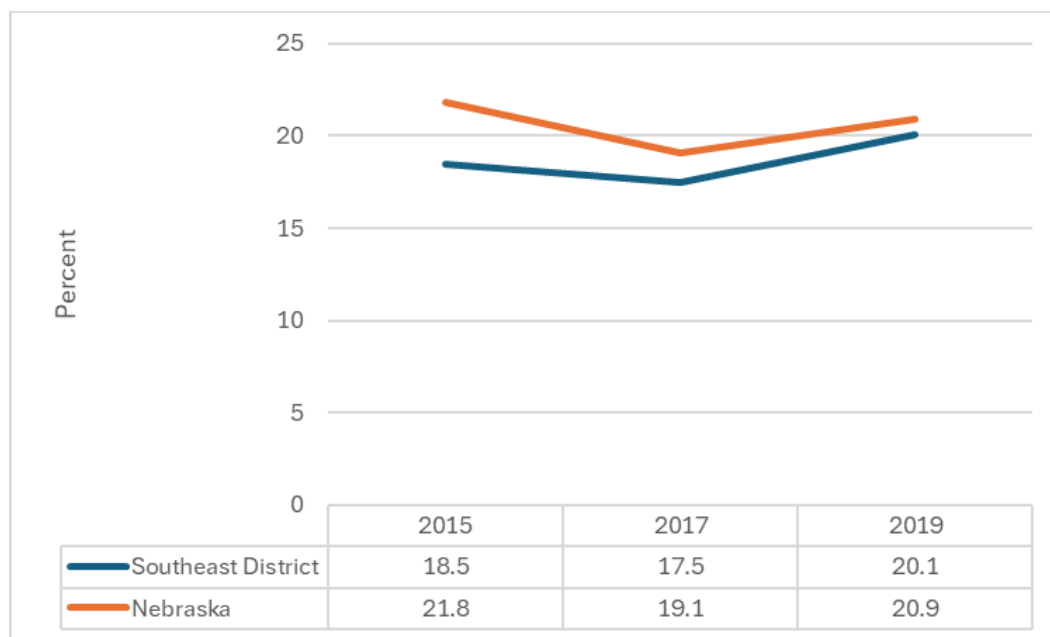
Figure 16. Percentage of Adults 18 and Older that Met Muscle Strengthening Recommendation*



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2015-2019

* Percentage of adults 18 and older who report that they engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month.

Figure 17. Percentage of Adults 18 and Older that Met Both Aerobic Physical Activity and Muscle Strengthening Recommendation*



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2015-2019

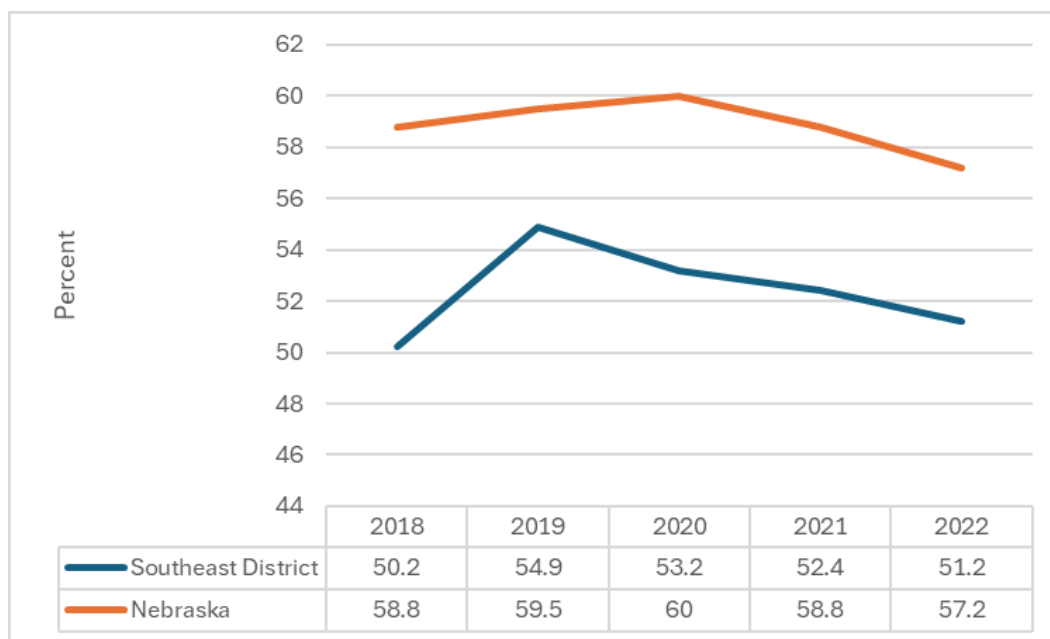
* Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity per week during the past month and that they engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month.

Alcohol Use

When consumed in excess, alcohol is harmful to the health and well-being of those that drink as well as their families, friends, and communities. Excessive alcohol use refers to both the amount and the frequency of alcohol consumed.

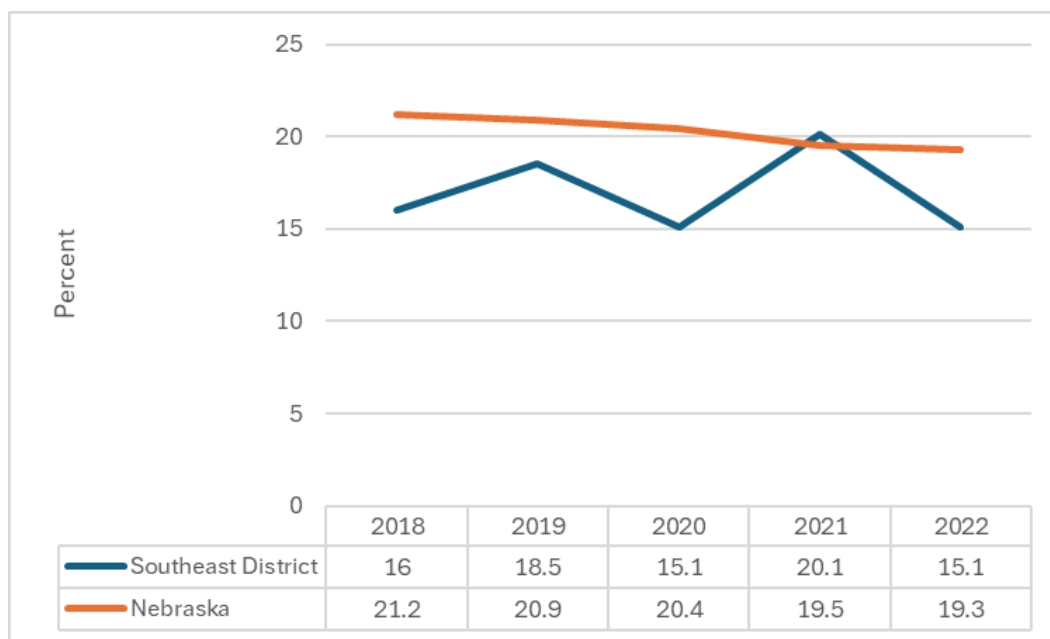
Figures 18 through 20 present information on adult alcohol consumption. In general, respondents in the Southeast District reported lower rates than the state for consuming any alcohol, binge drinking, or heavy drinking within the past 30 days, although there were slight increases in 2021.

Figure 18. Percentage of Adults 18 and Older Who Report Having Any Alcohol Consumption in past 30 Days



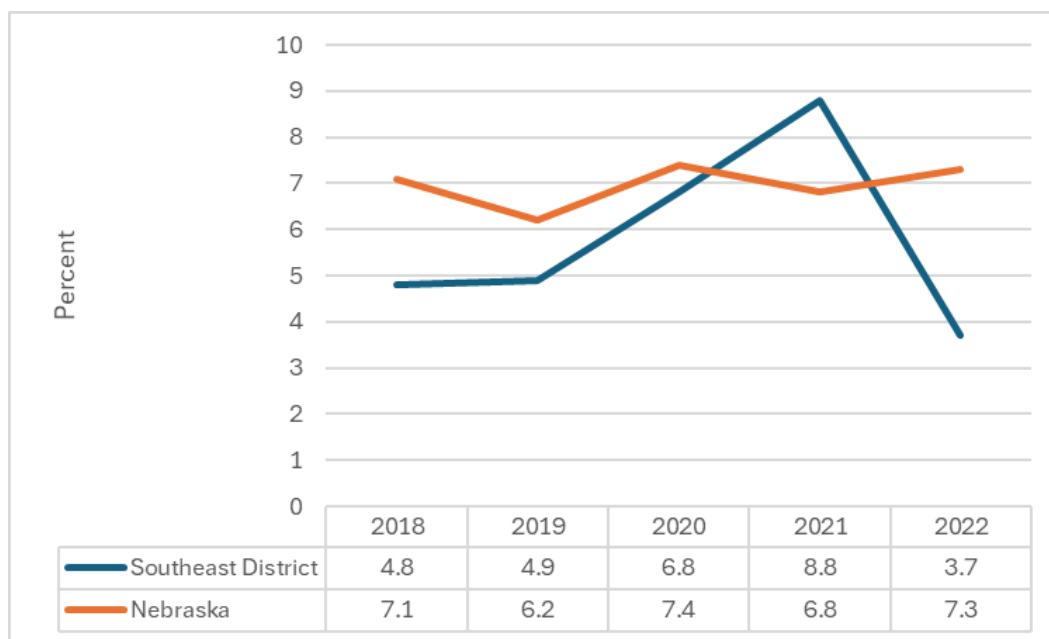
Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

Figure 19. Percentage of Adults 18 and Older Who Report Having Binge Drank in past 30 Days*



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

*Binge drinking defined as five or more alcoholic drinks for men/four or more alcoholic drinks for women on at least one occasion

Figure 20. Percentage of Adults 18 and Older Who Report Heavy Drinking in past 30 Days*

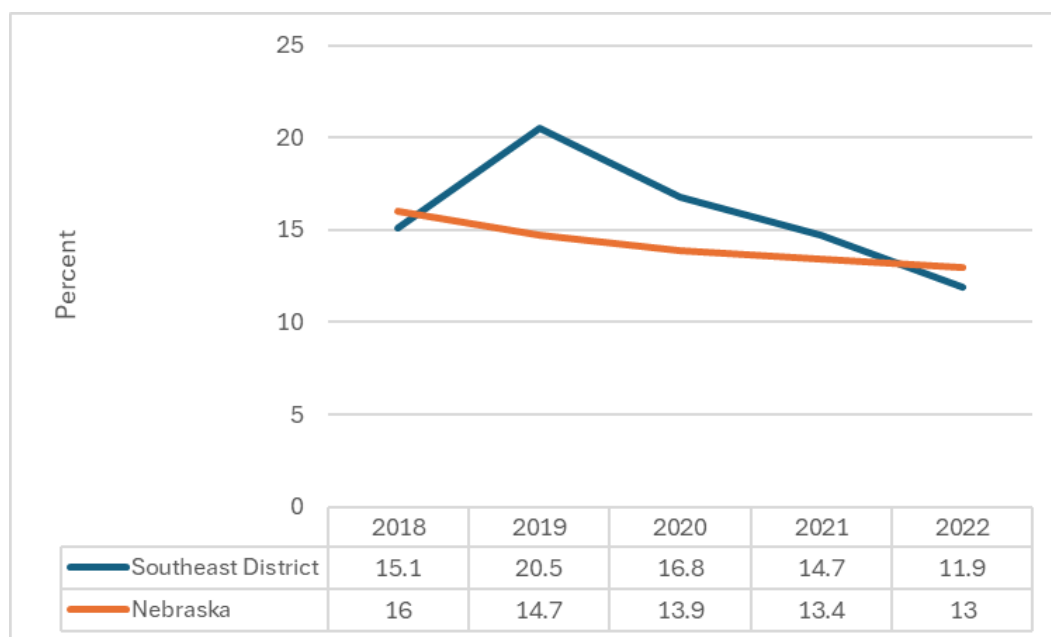
Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

* Heavy drinking defined as drinking more than 60 alcoholic drinks (an average of more than two drinks per day) during the past 30 days for men and drinking more than 30 alcoholic drinks (an average of more than one drink per day) for women.

Tobacco

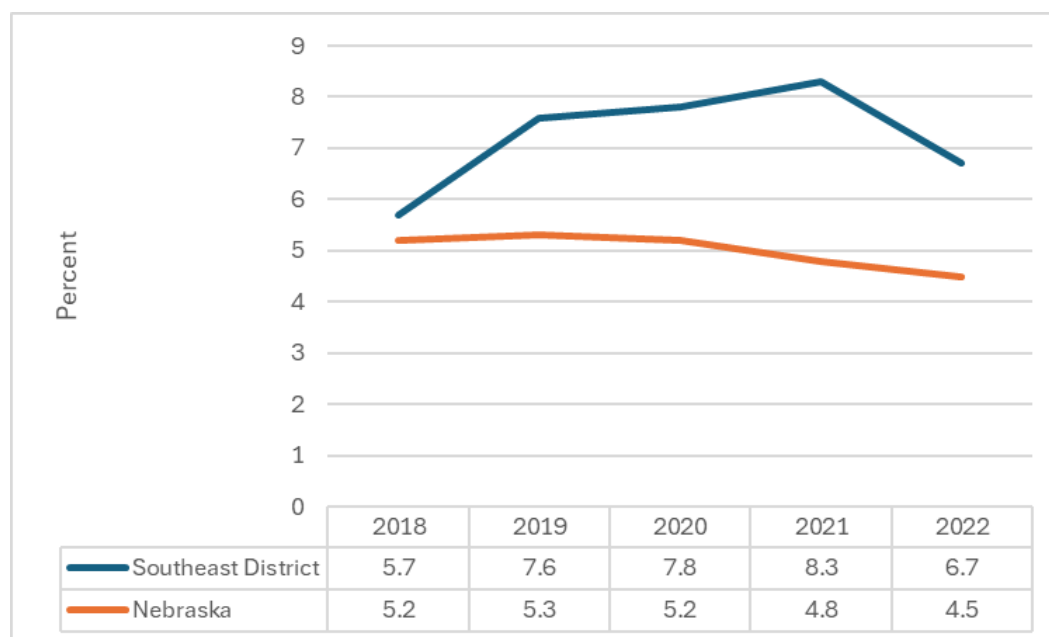
Figures 21 through 23 were below the state average in 2022 adult tobacco use. The Southeast District has seen a decline in the percentage of adults reporting current cigarette use, and a greater decline than the state. Although there was also a decline in smokeless tobacco products, the Southeast District continues to use smokeless tobacco at much higher rates than the state. Also, both for the state and the Southeast District there has been a sharp increase in the use of vaping products.

Figure 21. Percentage of Adults 18 and Older Who Report that They Currently Smoke Cigarettes



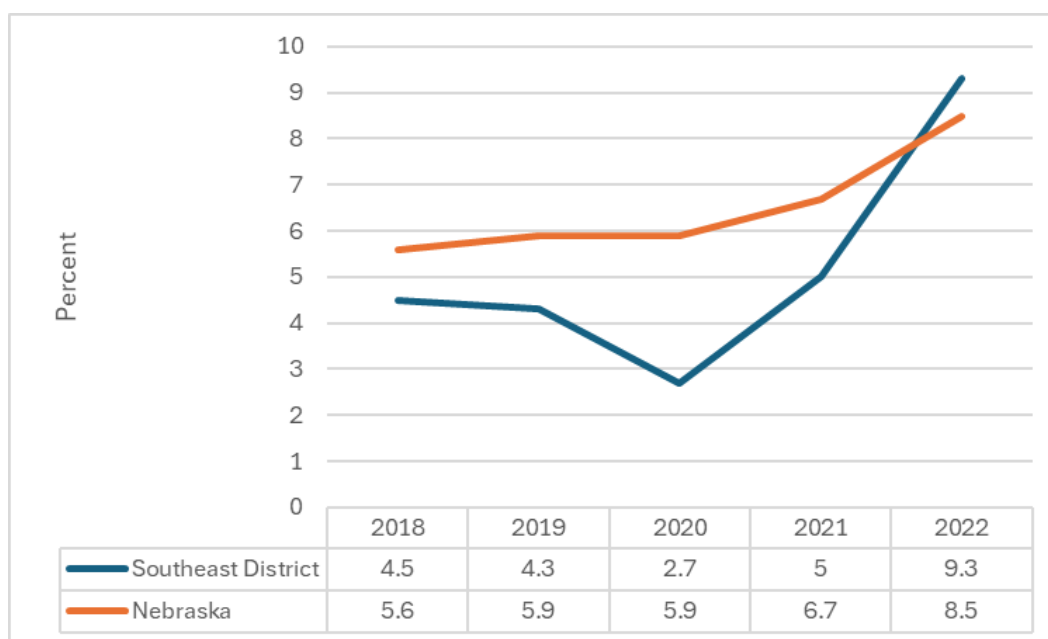
Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

Figure 22. Percentage of Adults 18 and Older Who Report that They Currently Use Smokeless Tobacco Products



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

Figure 23. Percentage of Adults 18 and Older Who Report that They Currently Use E-cigarettes or Other Electronic “Vaping” Products

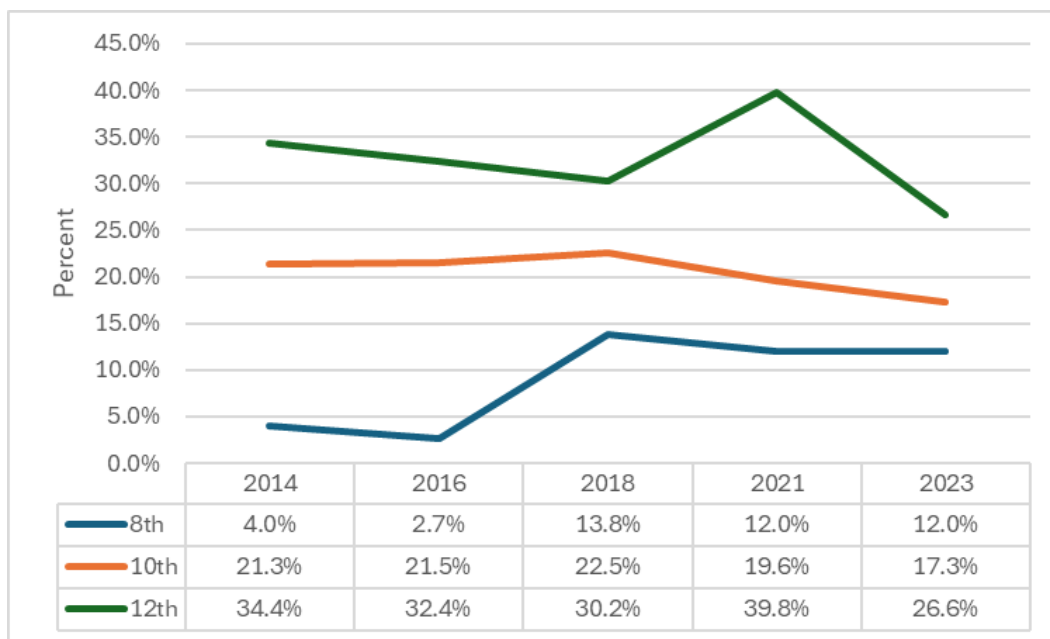


Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

Youth Alcohol, Tobacco & Drug Use

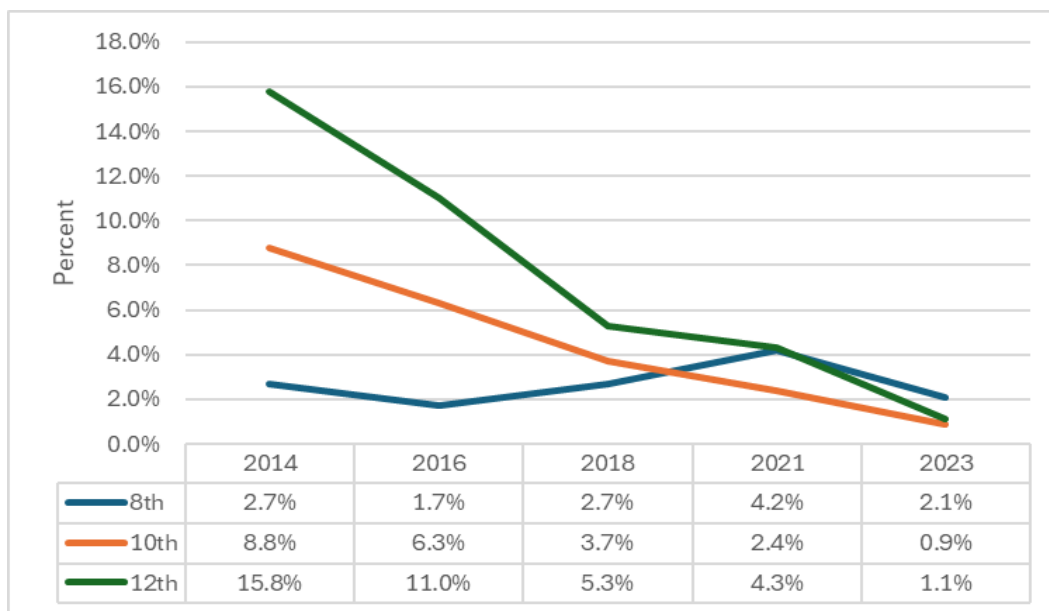
Figures 24 through 29 present data regarding youth alcohol, tobacco, and drug use. Prescription drug misuse and illicit drug use also have substantial health, economic, and social consequences within a community. Overall alcohol use and binge drinking have stayed steady over time, with a sharp increase in 2021. Youth cigarette and smokeless tobacco usage declined among all grade levels. Interestingly, marijuana usage has stayed constant among 8th graders, but the use has declined for both 10th and 12th graders. Similarly, prescription drug use has increased among 8th graders but declined for 10th and 12th graders.

Figure 24. Past 30-Day Alcohol Use Among 8th, 10th, and 12th Graders

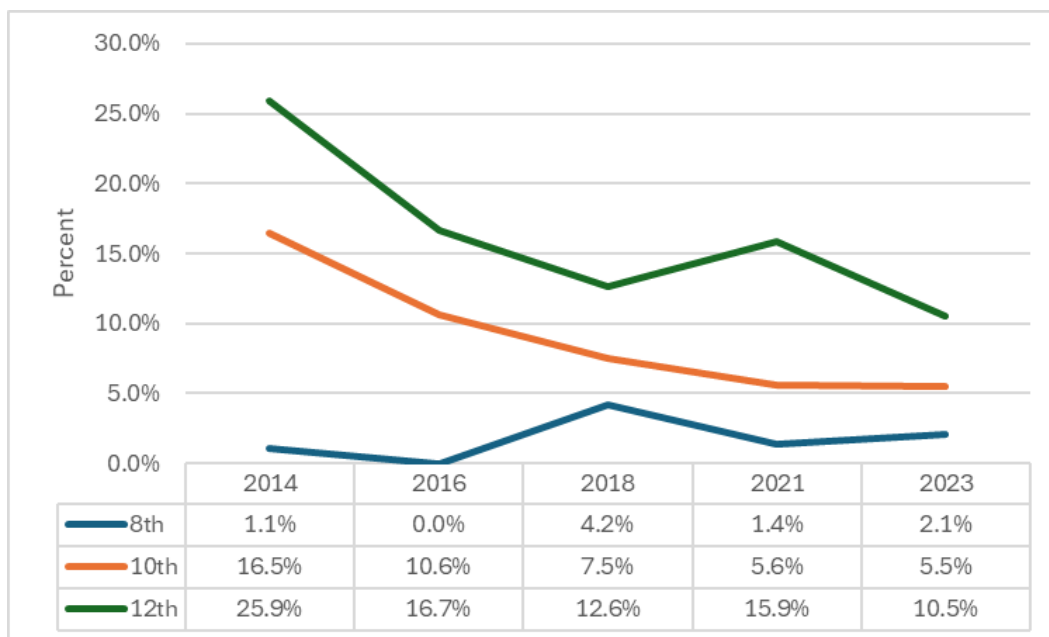


Source: Nebraska Risk and Protective Factor Student Survey, 2023

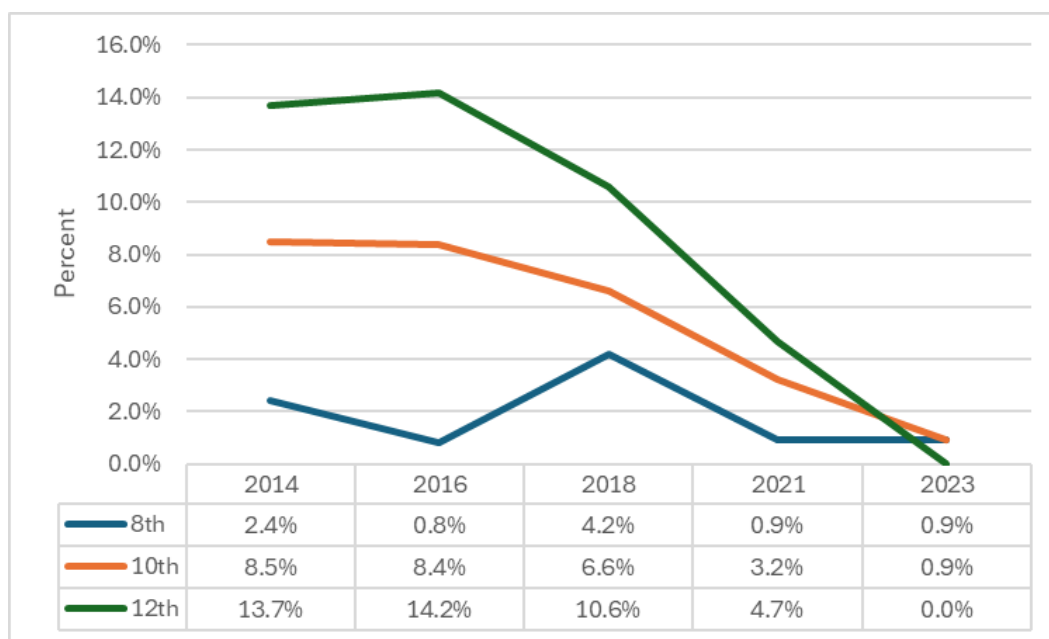
Figure 25. Past 30-Day Binge Drinking* Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2023

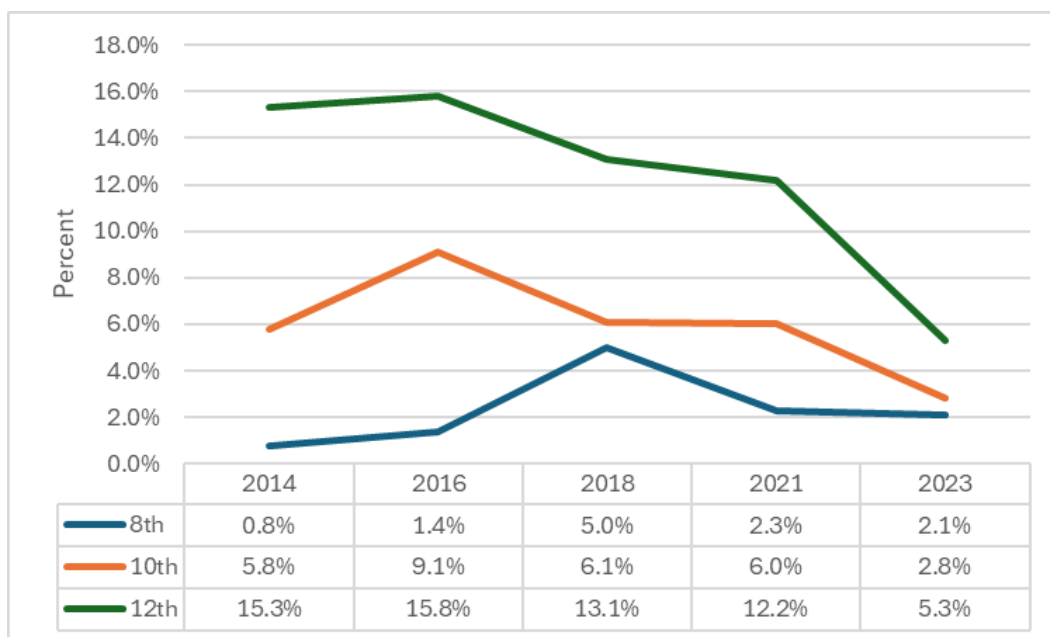
Figure 26. Past 30-Day Cigarette Use Among 8th, 10th, and 12th Graders

Source: Nebraska Risk and Protective Factor Student Survey, 2023

Figure 27. Past 30-Day Smokeless Tobacco Use Among 8th, 10th, and 12th Graders

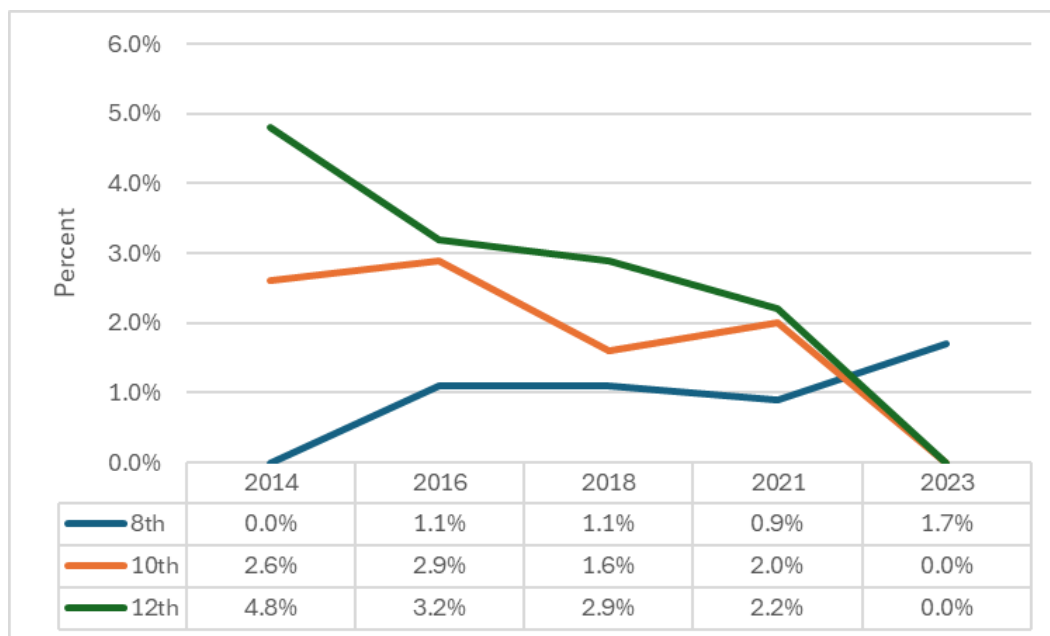
Source: Nebraska Risk and Protective Factor Student Survey, 2022

Figure 28. Past 30-Day Marijuana Use Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2023

Figure 29. Past 30-Day Prescription Drug Use (Not Prescribed by a Doctor) Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2023

Accidental Deaths

Accidental deaths include motor vehicle accidents, falls, drug poisoning, fires and burns, drownings, suffocations, work-related accidents, and similar unintentional injuries. Table 37 presents unintentional injury mortality rates for the Southeast District. In general, the Southeast District has slightly more accidents and adverse effects resulting in death than the state, although the rates in Richardson County are slightly lower.

Table 37. Accidents and Adverse Effects Age-Adjusted Mortality Rate (2018-2022)			
County	Deaths per 100,000	Average Annual Count	Recent Trend
Nebraska	42	889	rising
Johnson	46.8	3	-
Nemaha	52.1	5	-
Otoe	47.9	9	-
Pawnee	-	3 or fewer	-
Richardson	41.8	4	-

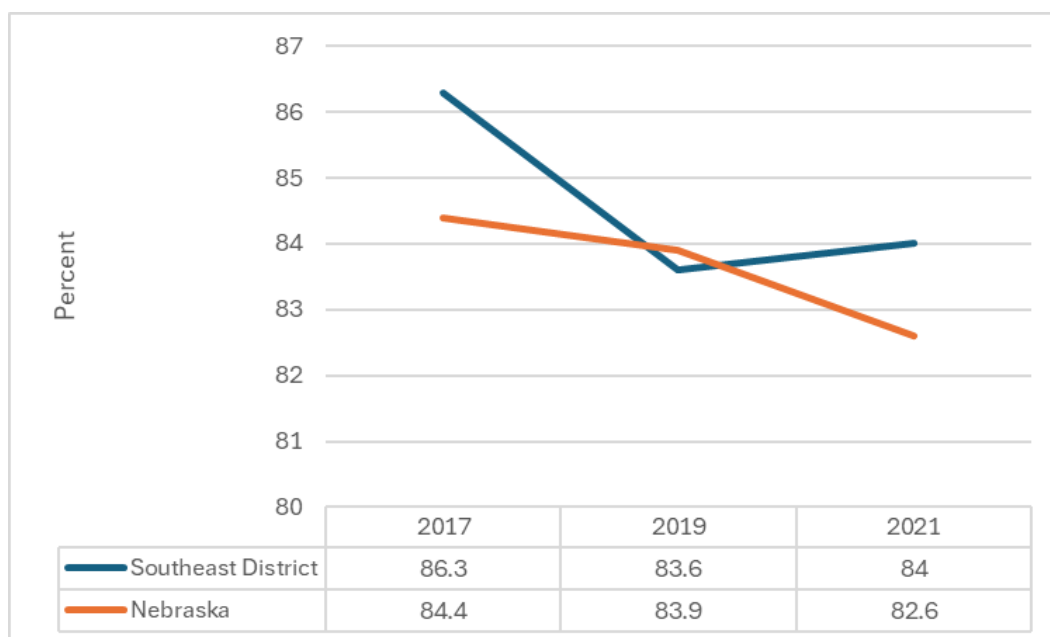
Source: National Institute on Minority Health and Health Disparities, 2024 – Estimates, 2018-2022

Preventive Health

Accessing preventive health care is a crucial health factor to maintain health and prevent diseases. Prevention involves engaging in regular checkups, screening for cancer and other diseases, vaccinations, and healthy lifestyle choices. These actions lead to early detection of potential health issues, fewer premature deaths, and a longer, healthier life.

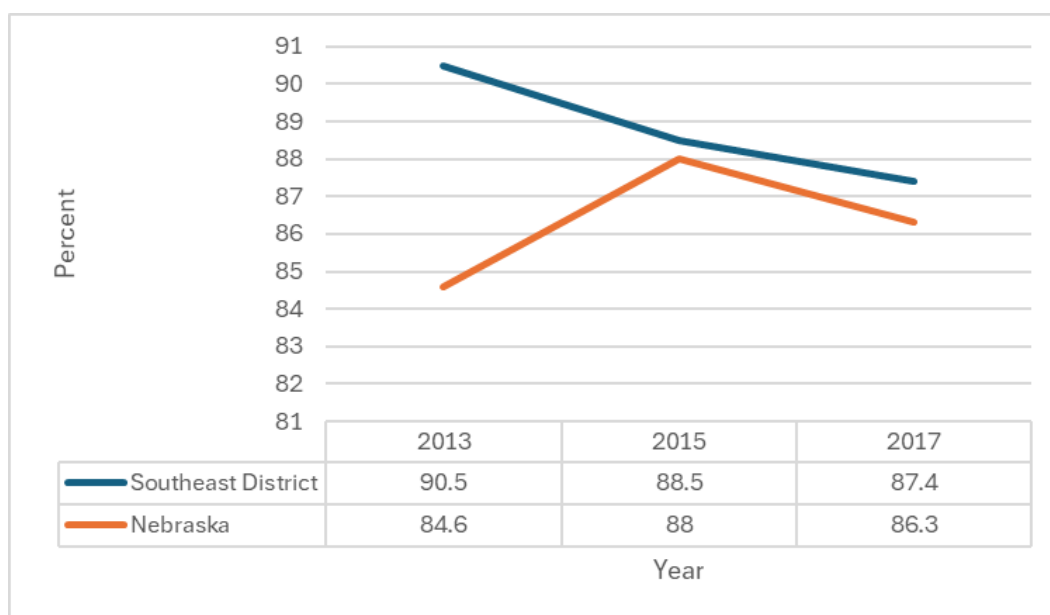
Figures 30-34 illustrate the percentage of Southeast District adults who have completed various health screenings within recommended time frames. Southeast District adults tend to have higher completion rates for blood pressure and cholesterol screenings but lower completion rates for cancer screenings (i.e., colon, breast, and cervical cancer screenings).

Figure 30. Percentage of Adults 18 and Older Who Report Having Had Their Blood Pressure Checked During the Past 12 Months



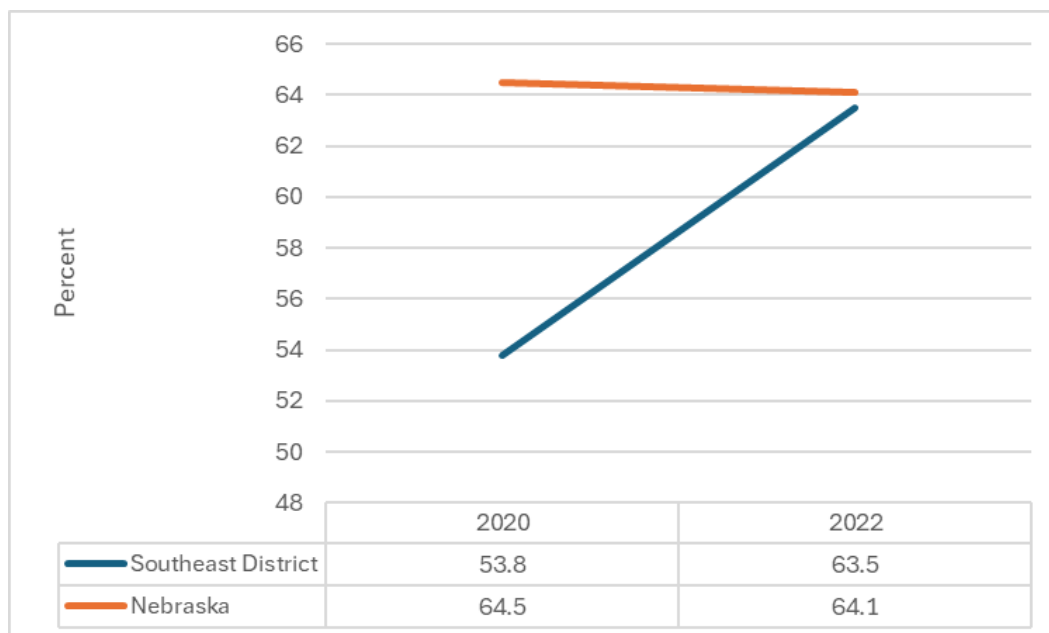
Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2013-2017

Figure 31. Percentage of Adults 18 and Older Who Report Having Had Their Blood Cholesterol Checked During the Past Five Years



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2013-2017

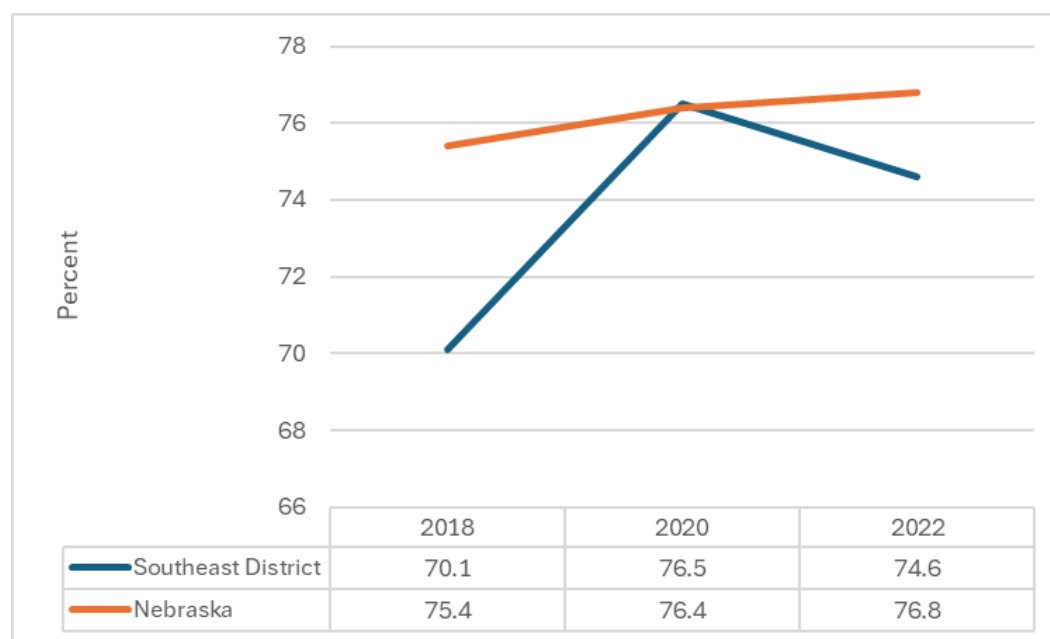
Figure 32. Percentage of Adults 45–75 Years Old Who Report Up to Date on Colon Cancer Screening*



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2020-2022

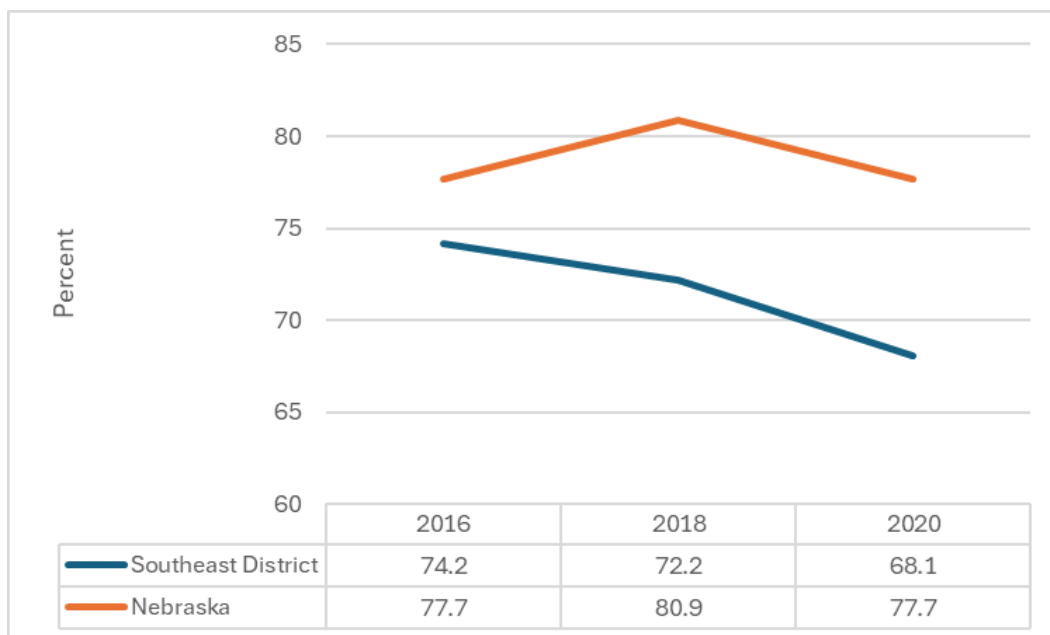
*Note: Up to date is determined from a blood stool test in the past year, a stool DNA test in the past 3 years, a sigmoidoscopy in the past 5 years, a virtual colonoscopy in the past 5 years, or a colonoscopy in the past 10 years

Figure 33. Percentage of Females 50-74 Years Old Who Report Having Had a Mammogram During the Past Two Years



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

Figure 34. Percentage of Females 21-65 years Old Without a Hysterectomy Who Report Having had a Pap Test During the Past Three Years



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2016-2022

CHRONIC DISEASES

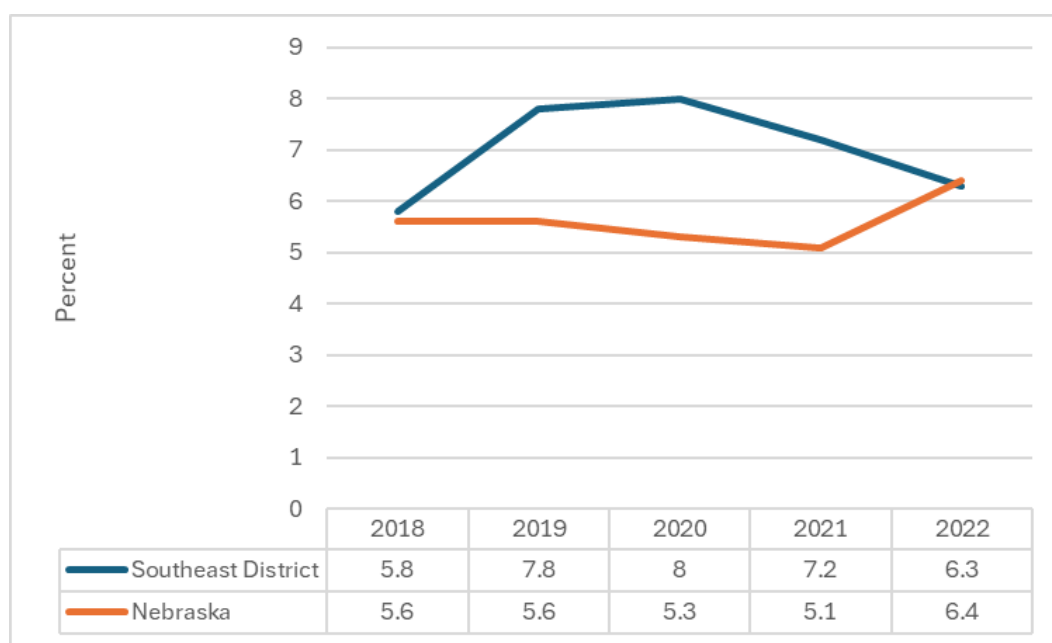
Chronic diseases are the leading cause of illness, disability, and death in the United States and contribute to several negative health outcomes including a decrease in life expectancy, a lower quality of life, and higher health care costs. Many chronic diseases are due to personal risk factors and poor health behaviors such as not eating nutritious foods, excessive alcohol and tobacco use, physical inactivity, and risky behaviors. Many chronic diseases are preventable by addressing these risk factors through preventive screenings, patient education and more effectively using community resources to implement evidence-based intervention strategies. The chronic diseases included are:

- Heart disease
- Stroke
- Blood pressure and cholesterol
- Mental health
- Cancer
- Diabetes
- Respiratory disease

Heart Disease

Figure 35 presents BRFSS response data on heart disease within the Southeast District. In 2022, 6.3% of respondents indicated that they have ever been told they had a heart attack or coronary artery disease, which is slightly below the state percentage. Table 38 displays heart disease, age-adjusted, mortality rates for each county as compared to the state. Only Otoe County has lower mortality rates than the state; all counties except Pawnee County have a relatively stable trend rate.

Figure 35. Percent of Adults Ages 18 and Older Ever Told They Had a Heart Attack or Coronary Heart Disease



Source: National Institute on Minority Health and Health Disparities, 2024 – Estimates, 2018-2022

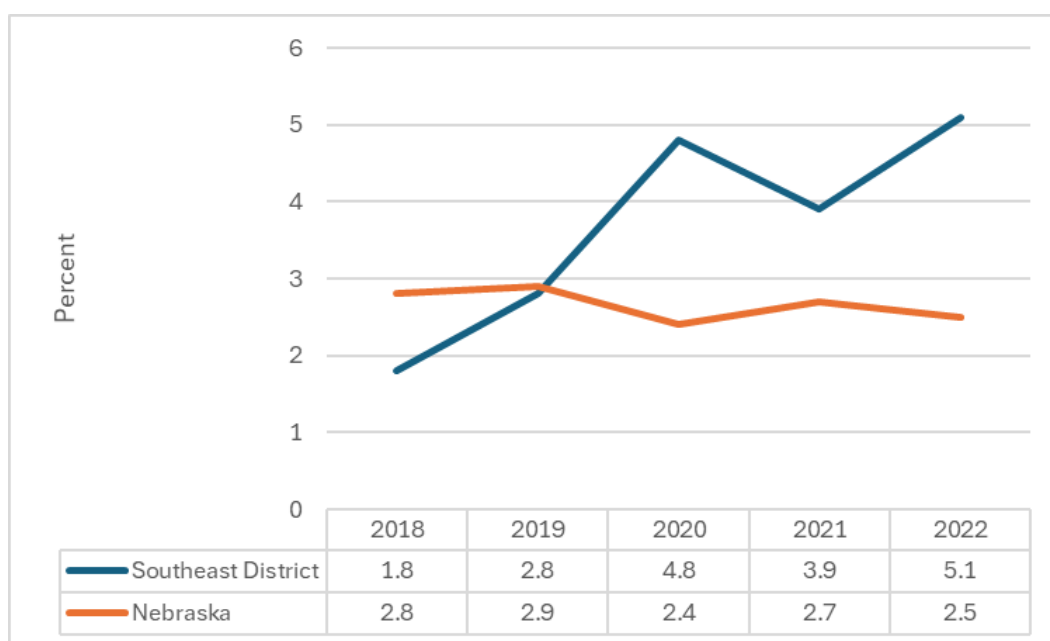
Table 38. Heart Disease Age-Adjusted Mortality Rate (2018-2022)			
County	Deaths per 100,000	Average Annual Count	Recent Trend
Nebraska	149.8	3,638	stable
Johnson	195.6	16	stable
Nemaha	152.1	17	-
Otoe	135.4	37	stable
Pawnee	206.1	12	rising
Richardson	156.8	25	stable

Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

Stroke

Figure 36 presents data on the percentage of people that have ever been told they have had a stroke within the Southeast District. In 2022, 5.1% of respondents indicated that they have ever been told they had a stroke in the Southeast District, which is considerably higher than the state percentage of 2.5%.

Figure 36. Percent of Adults Ages 18 and Older Ever Told They Had a Stroke



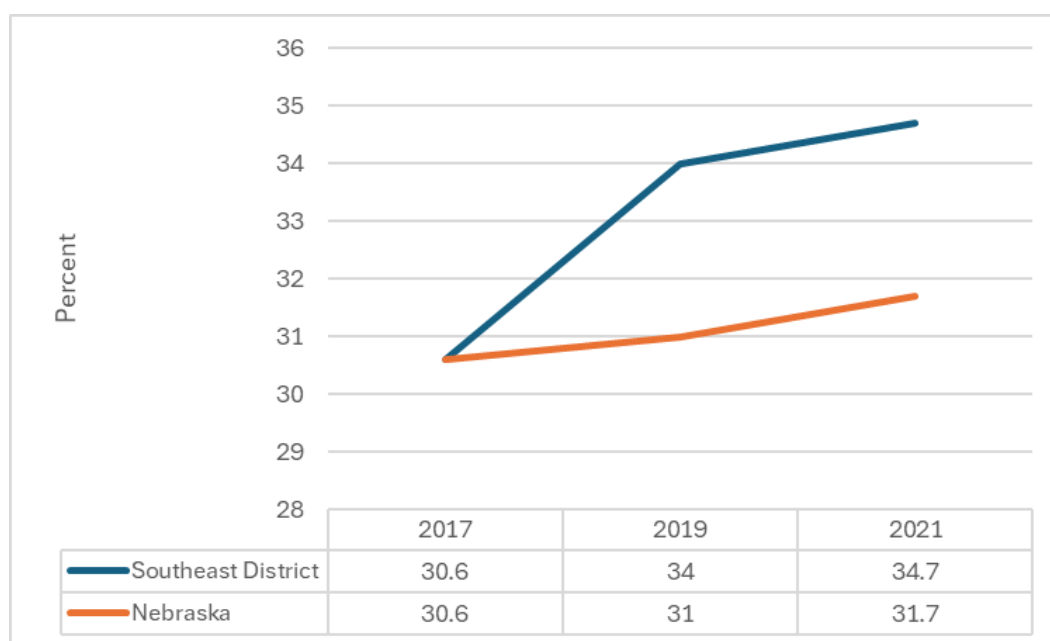
Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

High Blood Pressure & Cholesterol

Figure 37 shows the percentage of people who have ever been told they have high blood pressure within the Southeast District and Nebraska. In 2021, 34.7% of respondents indicated that they had been told they had high blood pressure, a slightly higher rate than the state percentage at 31.7%. Figure 38 reveals the percentage of people who have ever been told that their blood cholesterol is high. In 2021, 40.5% of respondents indicated that they have high cholesterol levels, a slightly higher rate than the state at 34.8%.

Table 39 displays cerebrovascular diseases, age-adjusted, mortality rates for each county as compared to the state. All counties in the Southeast District have higher mortality rates than the State.

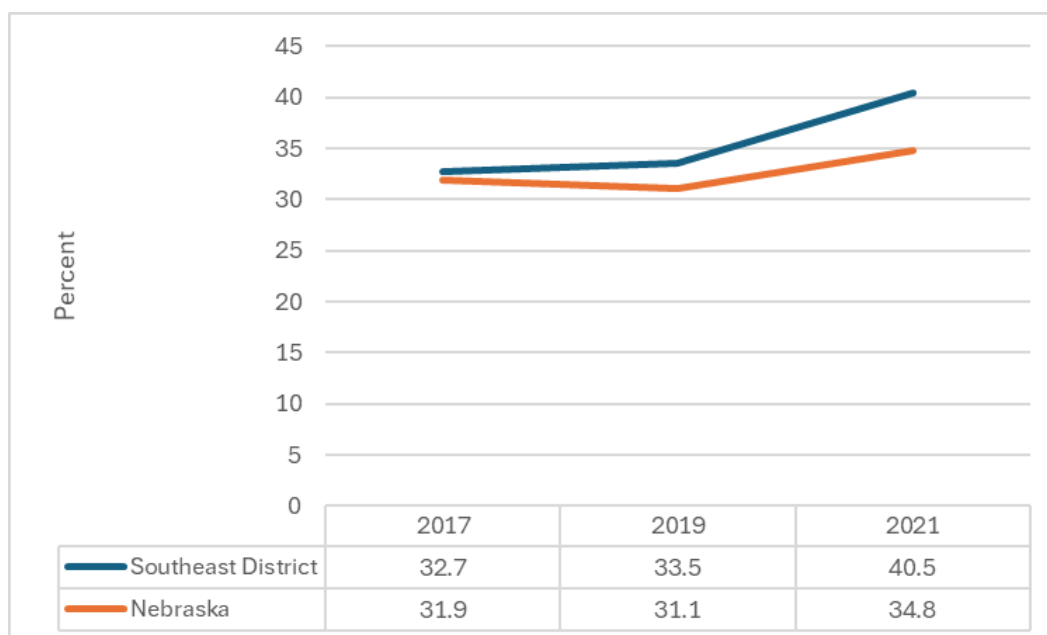
Figure 37. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told They Have Blood Pressure*



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2017-2021

* Excluding pregnancy

Figure 38. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told They Have Ever Been Told that Their Blood Cholesterol is High



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2017-2021

Table 39. Cerebrovascular Diseases Age-Adjusted Mortality Rate (2018-2022)			
County	Deaths per 100,000	Average Annual Count	Recent Trend
Nebraska	34.2	825	stable
Johnson	44.3	4	-
Nemaha	35.2	4	-
Otoe	41.9	11	stable
Pawnee	-	3 or fewer	-
Richardson	37.2	6	-

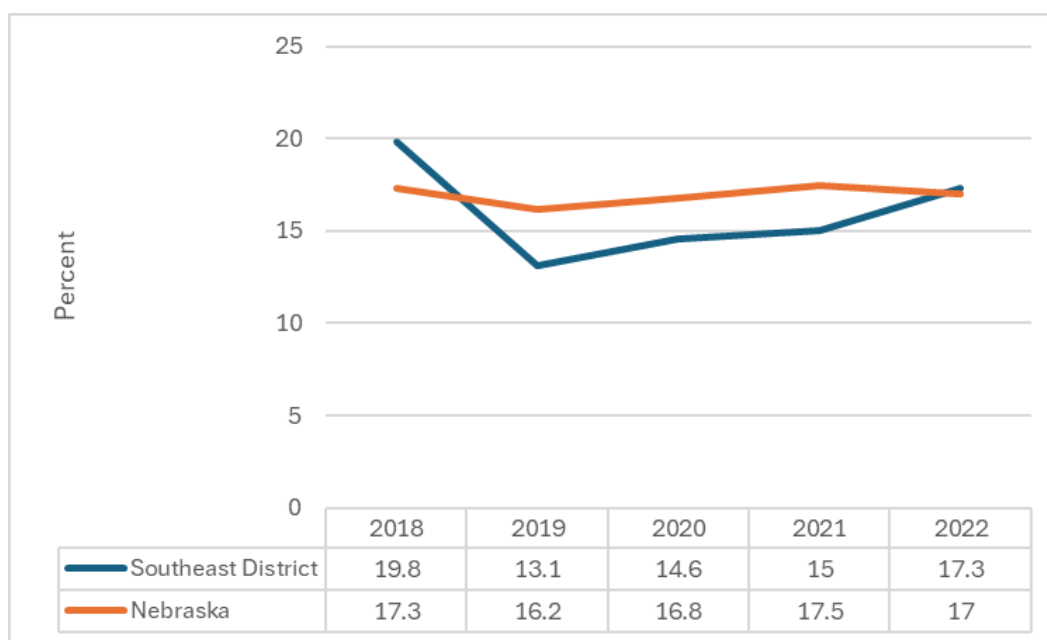
Source: National Institute on Minority Health and Health Disparities, 2024 – Estimates, 2018-2022

Mental Health

Figure 39 presents BRFSS response data on mental health condition of depression, within the Southeast District. In 2022, 17.3% of respondents indicated that they have depression, which is about the same as the state percentage at 17%. Figure 40 presents percentages of Southeast District youth who reported anxiety, depression, and suicide in 2023 among 8th, 10th, and 12th grade students. Depression is the most reported mental health disease and 8th grade students appear to be the most at risk across all mental health categories.

Table 40 displays mental health, specifically suicide and self-inflicted injury, age-adjusted, mortality rates for each county as compared to the state. All counties in the Southeast District have too few instances to make a true comparison.

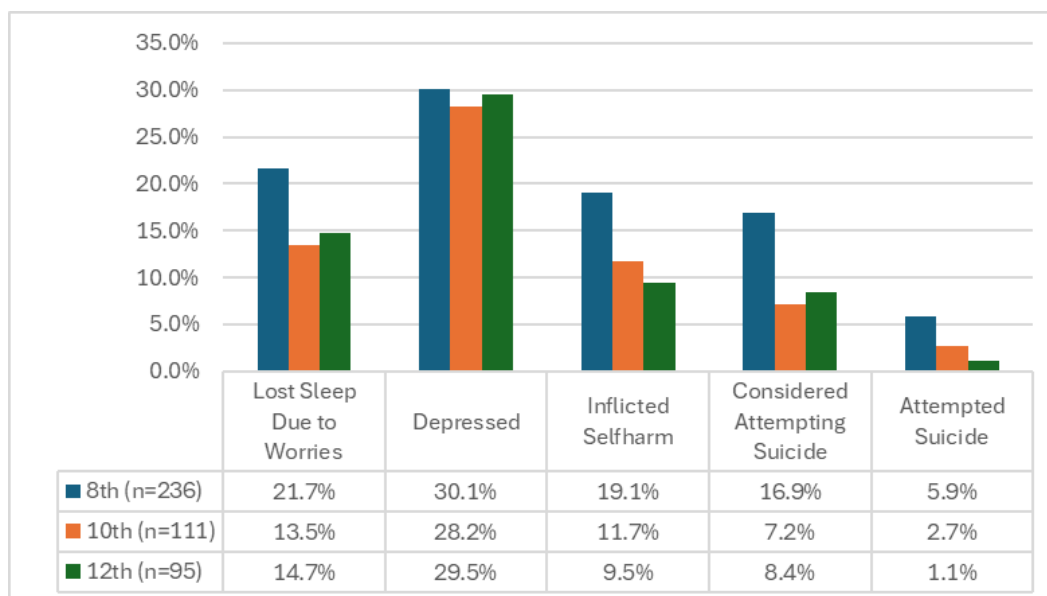
Figure 39. Percentage of Adults 18 and Older Who Report that They have Depression



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

* Includes depression, major depression, dysthymia, or minor depression

Figure 40. Percentage Reporting Anxiety, Depression, and Suicide During Past 12 Months Among 8th, 10th, and 12th Grade Students, 2023



Source: Nebraska Risk and Protective Factor Student Survey, 2023

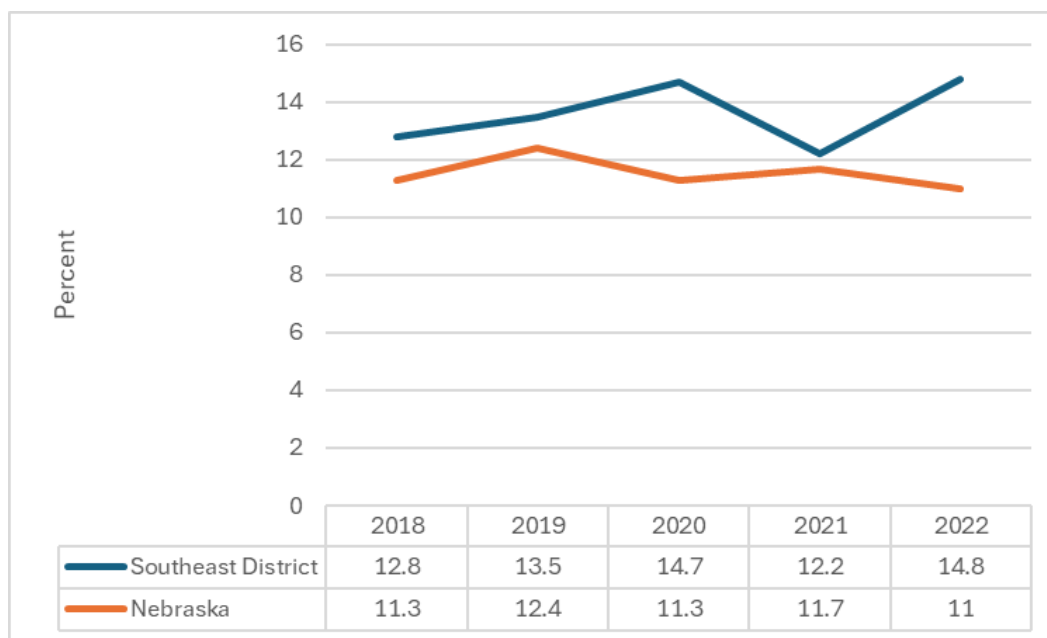
Table 40. Suicide and Self-Inflicted Injury Age-Adjusted Mortality Rate (2018-2022)			
County	Deaths per 100,000	Average Annual Count	Recent Trend
Nebraska	14.9	291	rising
Johnson	-	3 or fewer	-
Nemaha	-	3 or fewer	-
Otoe	-	3 or fewer	-
Pawnee	-	3 or fewer	-
Richardson	-	3 or fewer	-

Source: National Institute on Minority Health and Health Disparities, 2024 – Estimates, 2018-2022

Cancer

Figure 41 shows the percentage of people in the Southeast District and Nebraska who have ever been told they have cancer. In 2022, 14.8% of respondents indicated that they have ever been told they had any form of cancer, higher than the state percentage at 11%. Table 41 displays cancer, age-adjusted, mortality rates for each county as compared to the state. All counties in the Southeast District have higher mortality rates than the state, and only Richardson County has falling rates.

Figure 41. Percent of Adults Ever Told They Have Cancer (any form)



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

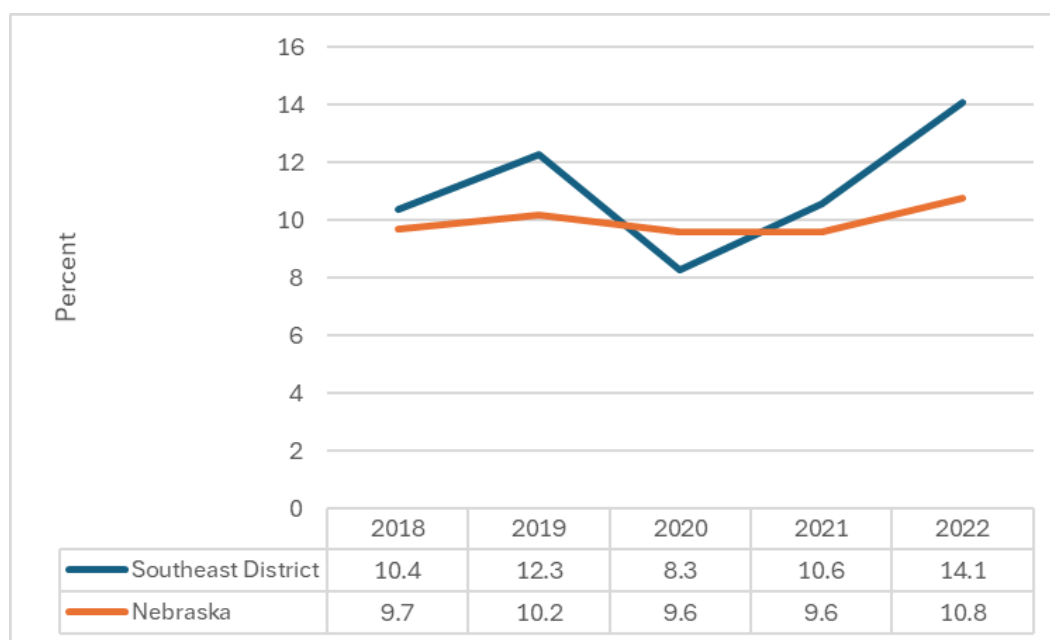
Table 41. Cancer Age-Adjusted Mortality Rate (2018-2022)			
County	Deaths per 100,000	Average Annual Count	Recent Trend
Nebraska	147.6	3,521	falling
Johnson	162.7	12	-
Nemaha	182.3	19	stable
Otoe	151.5	37	stable
Pawnee	156.9	8	-
Richardson	166.5	24	falling

Source: National Institute on Minority Health and Health Disparities, 2024 – Estimates, 2018-2022

Diabetes

Figure 42 presents data on diabetes within the Southeast District. In 2022, 14.1% of respondents indicated that they have ever been told they had diabetes, higher than the state percentage at 10.8%. Table 42 displays diabetes, age-adjusted, mortality rates for each county as compared to the state. All counties have such few data points that they are not comparable. Otoe and Richardson Counties have higher rates than the state.

Figure 42. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told that They Have Diabetes (Excluding Pregnancy)



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

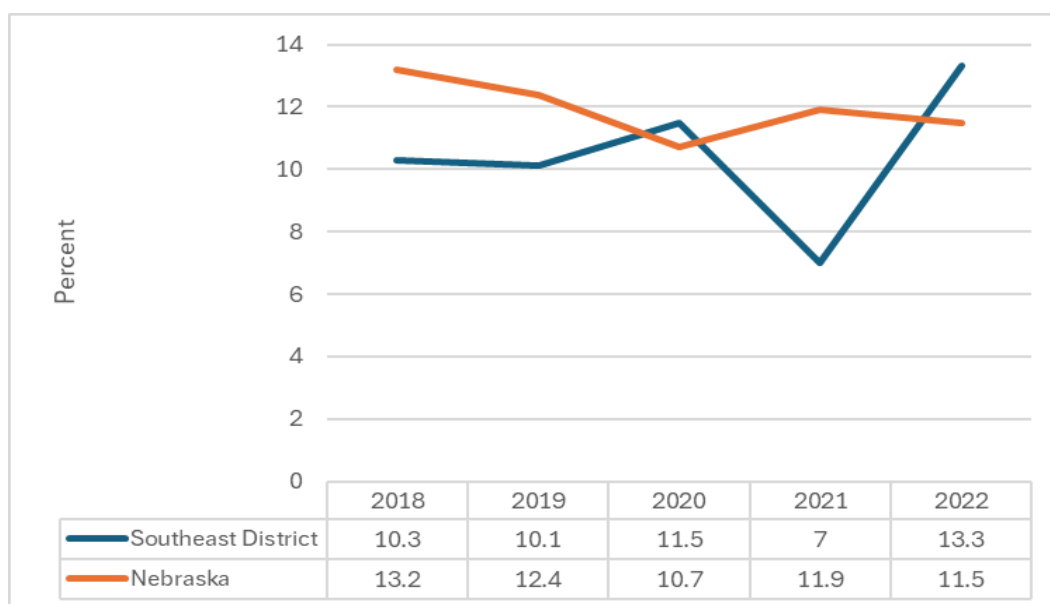
Table 42. Diabetes Age-Adjusted Mortality Rate (2018-2022)			
County	Deaths per 100,000	Average Annual Count	Recent Trend
Nebraska	24.4	576	rising
Johnson	-	3 or fewer	-
Nemaha	-	3 or fewer	-
Otoe	26.9	6	-
Pawnee	-	3 or fewer	-
Richardson	38.7	5	-

Source: National Institute on Minority Health and Health Disparities, 2024 – Estimates, 2018-2022

Respiratory Disease

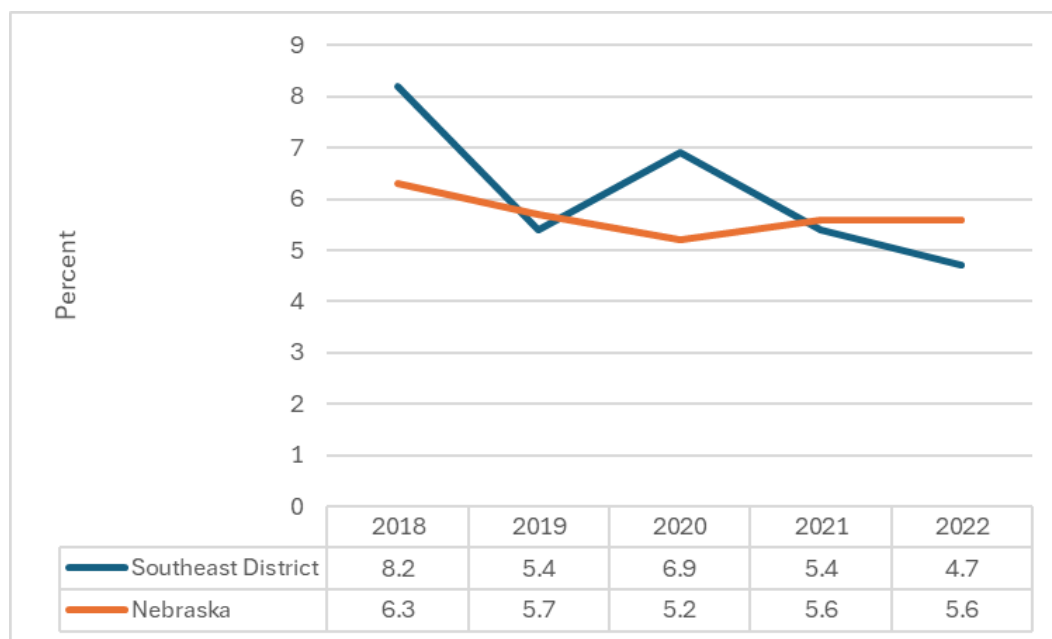
Figure 43 presents data on various respiratory diseases (e.g., asthma), within the Southeast District and Nebraska. In 2022, 13.3% of respondents indicated that they have been told they had asthma, slightly higher than the state percentage at 11.5%. Figure 44 presents data on COPD within the Southeast District. In 2022, 4.7% of respondents indicated that they have ever been told they had COPD, slightly lower than the state percentage at 5.6%. Table 43 displays respiratory diseases, age-adjusted, mortality rates for each county as compared to the state. All counties, except Otoe County, have higher mortality rates than the state, with Richardson and Nemaha Counties far exceeding the state rate.

Figure 43. Percentage of Adults 18 and Older Who Report that They Currently Have Asthma



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

Figure 44. Percentage of Adults Ages 18 and Older Ever Told They Have Chronic Obstructive Pulmonary Disease



Source: Nebraska Behavioral Risk Factor Surveillance System – Estimates, 2018-2022

Table 43. Chronic Lower Respiratory Disease Age-Adjusted Mortality Rate (2018-2022)			
County	Deaths per 100,000	Average Annual Count	Recent Trend
Nebraska	43.1	1,042	falling
Johnson	49.1	4	-
Nemaha	61.8	7	-
Otoe	42.6	11	-
Pawnee	-	3 or fewer	-
Richardson	64.9	10	-

Source: National Institute on Minority Health and Health Disparities, 2024 – Estimates, 2018-2022

SUMMARY AND CONCLUSIONS

The Southeast District has both strengths and weaknesses when examining the factors that influence health outcomes, including both the length of life and the quality of life in their communities. Some of the major strengths and weaknesses are listed below.

Strengths

- Unemployment rates are low in most counties.
- There has been some success in recruiting primary care professionals, and there are strong hospitals.
- Long-term care facilities are available in four of the five counties.
- Most people feel they live in a safe community.
- Mental health status is generally better than state averages.
- The percentage of adults that do not have a personal doctor or health care provider is substantially lower in the Southeast District as compared to the state (9.1% vs. 17.1% in 2022).

Weaknesses

- Overall, the population declined from 2010 to 2020 by 1.7%.
- The poverty rate varies, but it is above the state average in three of the five counties in the Southeast District.
- Based on the focus group discussions, some of the major challenges in the Southeast District were (1) lack of affordable housing, (2) shortage of health professionals, particularly mental health professionals and EMS volunteers.
- A strong perception that behavioral health issues are a major problem.
- Overall physical health issues are worse in the Southeast District as compared to state averages, but it could be due to a larger older population.
- The adult obesity rate is significantly above the state average (e.g., 39% versus 35% in 2022).
- No leisure time physical activity is also worse than the state average.
- There is an upward trend in the number of adults using e-cigarettes.
- The cancer screening rates for colon and breast cancer are below the state rates.
- For most years, the number of adults in the Southeast District who have ever been told they have high blood pressure or diabetes are generally above the state averages.

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Syracuse Area Health

Michael Harvey, President and Chief Executive Officer

Pawnee County Memorial Hospital

John Werner, Chief Executive Officer

Community Medical Center

Ryan Larsen, Chief Executive Officer



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Appendix B

2024 SE District Health Department Community Health Survey Questionnaire

Start of Block: Introduction

We are conducting this survey to gain valuable information about the health and well-being of our community members. Your participation is crucial in helping us identify the most urgent health needs and develop effective programs and services to address them.

Please note that your responses will remain anonymous and will be used solely for the purpose of improving community health outcomes. The survey should take approximately 10-15 minutes to complete.

Thank you for your time and participation.

End of Block: Introduction

Start of Block: Demographics

Q1 In which county of the Southeast Health District do you live?

- ☐ Johnson (1)
- ☐ Nemaha (2)
- ☐ Otoe (3)
- ☐ Pawnee (4)
- ☐ Richardson (5)
- ☐ I live in a county outside of the Southeast Health District (6)

Skip To: End of Survey If In which county of the Southeast Health District do you live? = I live in a county outside of the Southeast Health District

Q2 In which county of the Southeast Health District do you work?

- ☐ Johnson (1)
 - ☐ Nemaha (2)
 - ☐ Otoe (3)
 - ☐ Pawnee (4)
 - ☐ Richardson (5)
 - ☐ I work in a county outside of the Southeast Health District (6)
-

Q3 What is your zip code?

Q4 With what gender do you identify?

- ☐ Male (1)
 - ☐ Female (2)
 - ☐ Prefer not to answer (3)
 - ☐ Other (please specify) (4)
-

Q5 Which category below includes your age?

- ☐ 18-24 (3)
- ☐ 25-34 (7)
- ☐ 35-44 (8)
- ☐ 45-54 (9)
- ☐ 55-64 (10)
- ☐ 65+ (11)
- ☐ Prefer not to answer (5)
-

Q6 With what racial/ethnic group do you identify? (Select all that apply)

- ☐ White or Caucasian (1)
- ☐ Black or African American (2)
- ☐ Hispanic or Latino (3)
- ☐ Asian or Asian American (4)
- ☐ American Indian or Alaska Native (5)
- ☐ Native Hawaiian or other Pacific Islander (6)
- ☐ Prefer not to answer (7)
- ☐ Other (please specify) (8)
-

Q7 What is your highest level of education?

- ☐ Some high school (1)
 - ☐ High school diploma or GED (2)
 - ☐ Some college but no degree (3)
 - ☐ Associate's degree or technical training (4)
 - ☐ Bachelor's degree (5)
 - ☐ Graduate degree (6)
 - ☐ Prefer not to answer (7)
 - ☐ Other (8) _____
-

Q8 What is your estimated annual household income?

- ☐ Less than \$15,000 (1)
 - ☐ Between \$15,000 and \$29,999 (2)
 - ☐ Between \$30,000 and \$49,999 (3)
 - ☐ Between \$50,000 and \$74,999 (4)
 - ☐ Between \$75,000 and \$99,999 (5)
 - ☐ Between \$100,000 and \$149,999 (6)
 - ☐ Over \$150,000 (7)
 - ☐ Prefer not to answer (8)
-

Q9 How many children less than 18 years of age live in your household?

Q10 What is your marital status?

- ☐ Married (1)
- ☐ Divorced (2)
- ☐ Widowed (3)
- ☐ Separated (4)
- ☐ Never married (5)
- ☐ Prefer not to answer (6)

Q11 Have you or anyone in your family served or are currently serving in the military? (Select all that apply)

- ☐ I have served or am currently serving in the military. (1)
- ☐ My husband, wife, or significant other has served or is currently serving in the military. (2)
- ☐ My child(ren) have served or are currently serving in the military. (3)
- ☐ My parent(s) have served or are currently serving in the military. (4)
- ☐ Neither I nor anyone in my family has served or is currently serving in the military. (5)

End of Block: Demographics

Start of Block: Community Health Perception



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Q12 In the following list, what do you think are the three (3) most important factors for a "Healthy Community"? (Those factors which most improve the quality of life in a community)

- ☐ Access to health care (e.g. medical, dental, mental/behavioral health care) (1)
- ☐ Access to affordable health insurance (2)
- ☐ Healthy behaviors and lifestyles (3)
- ☐ Low adult death and disease rates (4)
- ☐ Low infant deaths (5)
- ☐ Affordable housing (6)
- ☐ Low crime / safe neighborhoods (7)
- ☐ Good jobs and healthy economy (8)
- ☐ Availability of healthy foods (9)
- ☐ Clean environment (10)
- ☐ Racial equality (11)
- ☐ Arts and cultural events (12)
- ☐ Parks and recreations (13)
- ☐ Religious or spiritual values (14)
- ☐ Good schools (15)
- ☐ Good place to raise children (16)
- ☐ Strong family life (17)

☐

Low level of child abuse (18)

☐

Other (please specify) (19)



Q13 In the following list, what do you think are the three (3) most important "health problems" in your community? (Those factors which have the greatest impact on overall community health)

- ☐ Mental health problems (1)
- ☐ Alcohol abuse (2)
- ☐ Lack of physical activity (3)
- ☐ Aging problems (e.g., arthritis, hearing/vision loss, etc.) (4)
- ☐ Cancers (5)
- ☐ Low vaccination rates (6)
- ☐ Infectious Diseases (e.g., hepatitis, TB, etc.) (7)
- ☐ Overweight/obesity (8)
- ☐ Drug abuse (9)
- ☐ Child abuse / neglect (10)
- ☐ Racism (11)
- ☐ Poor eating habits (12)
- ☐ Motor vehicle crash injuries (13)
- ☐ Firearm-related injuries (14)
- ☐ Agriculture related injuries (15)
- ☐ Diabetes (16)
- ☐ Domestic Violence (17)

- ☐ Tobacco use (including e-cigarettes and alternative nicotine products) (18)
 - ☐ Dental problems (19)
 - ☐ Heart disease and stroke (20)
 - ☐ Rape / sexual assault (21)
 - ☐ High blood pressure (22)
 - ☐ Respiratory / lung disease (23)
 - ☐ Sexually Transmitted Diseases (STDs) (24)
 - ☐ Suicide (25)
 - ☐ HIV/ AIDS (26)
 - ☐ Homicide (27)
 - ☐ Infant Death (28)
 - ☐ Teenage pregnancy (29)
 - ☐ Other (30) _____
-

Q14 What is needed to improve the health of your family and neighbors? (Select all that apply)

- ☐ Mental/behavioral health services (1)
 - ☐ Wellness services (2)
 - ☐ Safe places to work/play (3)
 - ☐ Recreational facilities (4)
 - ☐ Healthier food (5)
 - ☐ Job opportunities (6)
 - ☐ Specialty physicians (7)
 - ☐ Substance abuse programming and or rehabilitation services (8)
 - ☐ Transportation (9)
 - ☐ Unsure (10)
 - ☐ Other (11) _____
-

Q15 What health screenings or education/information services are needed in your community? (Select all that apply)

- ☐ Mental/behavioral health (1)
- ☐ Exercise/physical activity (2)
- ☐ Cancer (3)
- ☐ Sexually Transmitted Diseases (4)
- ☐ Heart disease (5)
- ☐ Nutrition (6)
- ☐ Diabetes (7)
- ☐ Dental screenings (8)
- ☐ Cholesterol (9)
- ☐ Infectious disease (10)
- ☐ Blood pressure (11)
- ☐ Substance abuse (12)
- ☐ Emergency preparedness (13)
- ☐ Immunizations (14)
- ☐ Falls prevention (15)
- ☐ Eating disorders (16)
- ☐ Prenatal care (17)

☐

Other (18) _____

Q16 How "Healthy" would you rate the Southeast Health District area?

- ☐ Very Healthy (1)
- ☐ Healthy (2)
- ☐ Somewhat Healthy (3)
- ☐ Unhealthy (4)
- ☐ Very Unhealthy (5)
-

Q17 Describe what a healthier community would look like to you.

Q18 Please mark the extent to which you agree with the following statements.

	Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)
I am satisfied with the quality of life in our community. (Consider your sense of safety, well-being, participation in community life and associations, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the health care system in this community. (Consider access, cost, availability, quality, options in health care, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This community is a good place to raise children. (Consider school quality, day care, after school programs, recreation, etc.) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This community is a good place to grow old.
(Consider elder- friendly housing, transportation to medical services, churches, shopping, adult day care, social support for those living alone, meals on wheels, etc.) (4)



There is economic opportunity in the community.
(Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.) (5)



This community is a safe place to live. (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?) (6)



There are networks of support for individuals and families. (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need. (7)



All residents believe that they, individually or collectively, can make the community a better place to live. (8)



Start of Block: Personal Health

Q19 How would you rate your own personal health?

- ☐ Very Healthy (1)
 - ☐ Healthy (2)
 - ☐ Somewhat Healthy (3)
 - ☐ Unhealthy (4)
 - ☐ Very Unhealthy (5)
-

Q20 Where do you and your family get most of your health information? (Select all that apply)

- ☐ Doctor/health professional (1)
 - ☐ Hospital (2)
 - ☐ Health Department (3)
 - ☐ Internet (4)
 - ☐ Social Media (5)
 - ☐ Family or friends (6)
 - ☐ Television (7)
 - ☐ Newspaper/magazines (8)
 - ☐ Library (9)
 - ☐ Radio (10)
 - ☐ Religious organization (11)
 - ☐ School (12)
 - ☐ Other (13) _____
-

Q21 Where do you receive your health care? (Select all that apply)

- ☐ Johnson County (1)
 - ☐ Nemaha County (2)
 - ☐ Otoe County (3)
 - ☐ Pawnee County (4)
 - ☐ Richardson County (5)
 - ☐ I receive health care outside of the Southeast Health District (6)
-

Q22 If you or someone in your family were ill and required medical care, where would you go? (Select one)

- ☐ Appointment only Doctor's Office/Outpatient Clinic (1)
 - ☐ Urgent Care/Walk-in Clinic (2)
 - ☐ Hospital Emergency Department (3)
 - ☐ Would not seek medical care (4)
 - ☐ Other (please specify) (5)
-

End of Block: Personal Health
